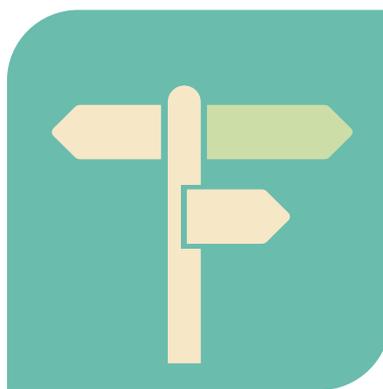
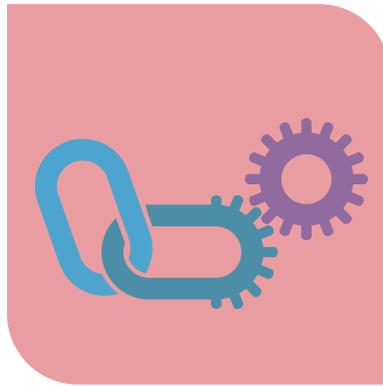
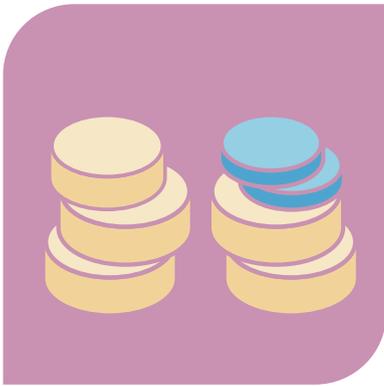


Adult Social Care

Market position statement

September 2017

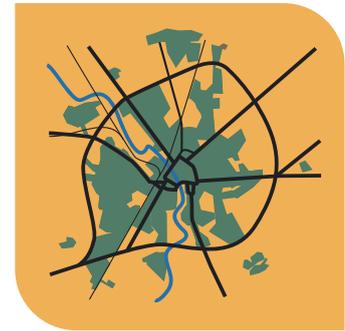




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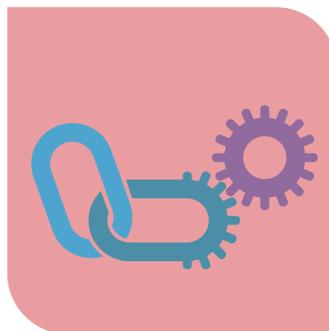
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Get in touch with us!

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Welcome to the Market position statement September 2017



Let's begin with some fantastic news. The people of York are living longer and people with complex needs are supported to enjoy real quality of life through greater choice and control. This city is growing and thriving and is a truly wonderful place to live.

In this report we take the opportunity to reflect on the messages we receive through a wide range of information sources. We need to be best placed to provide a breadth of services which meets both the needs and aspirations of our citizens.

Our change in demographic information shows to us how essential it is for us to be pro-active and have therefore started the process to re-design our operation model to focus on preventing, reducing and delaying the need to access statutory care and support provision.

We are now more actively focused on meeting local identified need, listening to the voice of York citizens and providing the mechanisms by which local groups can develop and flourish.

Please do feel free to contact us about anything that you read here in the Market Position Statement or if you would like to be involved in future conversations about Adult Social Care then we would to hear from you. Together we can improve the health and wellbeing of adults in this city for years to come.



Martin Farran

Corporate Director of Health, Housing



Cllr Carol Runciman

Executive Member for Adult Social Care and Health

What is a market position statement (MPS)?

Welcome to our updated market position statement which looks to bring together information for the benefit of current and prospective providers to help inform future business plans.

It will provide information and analysis on current care and support and will focus on older people, outlining how supply and demand is likely to change over the next few years in the face of unprecedented challenges to the public sector.

This document accompanies our annual report on social care in York, the Local Account which can be found at www.york.gov.uk/localaccount.

What is the market position statement for?

This MPS is intended to be a starting point for further discussions between our commissioning teams and providers on the challenges of delivering high quality personalised services at affordable costs.

It should be a tool to help providers with business planning, investment decisions, developing their solutions to new ways of working and as an enabler for opportunities and developments.

Market Shaping

Market shaping is the key enabler for ensuring that people can exercise choice and control over a meaningful range of high quality support options that meet their needs and aspirations.

It can also be defined as being the stimulation of public engagement in designing and developing services, strategically or locally to enable communities to be more resilient and self-supporting.

Market shaping is not the sole responsibility of local authorities, or commissioners. A vibrant successful care market is a shared responsibility between commissioners and providers of all kinds, where the success of the market relies upon mutual understanding and respect and a willingness to give people with support needs and their concerned others a voice.

We have taken a range of approaches to shape the market; many of these remain open and live as current opportunities for engagement and dialogue:

- We make an annual contribution towards the core infrastructure costs of the Independent Care Group, which provides a platform by which we can relay key messages and open up dialogue with providers.
- Consultations by telephone, via post and online covering a range of topics.
- Working with and alongside York Centre for Voluntary Services and their forums for mental health, learning disabilities and the voluntary sector generally to improve the design and delivery of services and accessibility.



Key messages

- That York has a strong established processes for monitoring the quality of service provision and supporting any providers that may be struggling
- That there is not sufficient knowledge around the needs of self-payers
- That information and advice provision needs to be well developed to meet the cities aspirations of promoting greater independence, choice and control
- That there has been an ongoing and continued pressure on providers to recruit and retain paid carers in a “full employment city”
- That our actions demonstrate commitment to maximising independence to prevent, reduce, and delay access to care services.
- There will be a focus on solutions that help people help themselves, to live the fullest life they can, and maintain their health and independence for as long as possible
- We need to facilitate a new relationship of shared responsibility with individuals, families and communities to maintain their wellbeing and independence
- Create the conditions within the workforce and the community that is person centred, focussed on independence and choice, and supports people to maintain their health and wellbeing.





Future Focus: Transforming Adult Social Care.

More and more people are reaching old age and greater numbers of people require the support of social care in their lives. As the demographics of the city change we need to change accordingly. For residents, we want to think about how health and care tomorrow looks better than today. For our organisation and our partners we want to make sure the future is sustainable and a better experience for all. We call this approach our Future focus.

The way we work needs to change to support people better before they need formal care, and when they do require help and support we need to engage with them in way that that supports them to live the life they want and prevent decline of their abilities as much as possible.

We know that resilience, independence and wellbeing cannot be achieved just through crisis management or provision of services; it must include a focus on delaying and preventing care and support needs, building resilience within people and their communities to support people to live as independently as possible for as long as possible.

Our focus will be to prevent, delay and manage care needs differently by working with residents to maintain independence and promote resilience through the conversations, contacts, information and support in adult social care. This will mean using the money, skills and resources we have in our system in better ways that help everyone maintain and make the best use of their skills and strengths and those assets and their community.

This means that we will invest in those things that actively seek to change behaviours and promote independence and resilience. Services and ways of working that prevent peoples' care needs increasing, and devising new delivery models to work more effectively for all partners on behalf of residents.

Our programme will succeed where the ethos is embedded across the whole approach. Through working with our partners we need to engage fully with self funders and those accessing direct payments through an improved information and advice offer and we would want our partners to ensure that services are widely publicised and accessible to all.



The way we work will be underpinned by principles of independence, choice and partnership, ensuring people remain at the heart of what we do. We will:

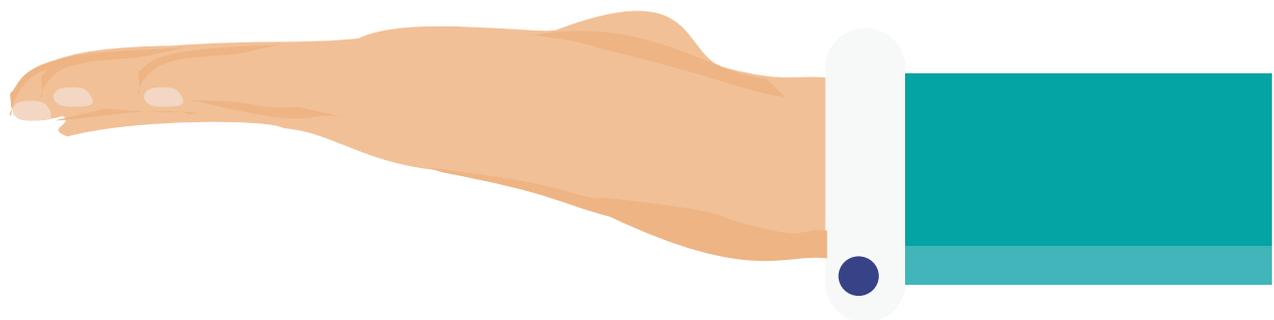
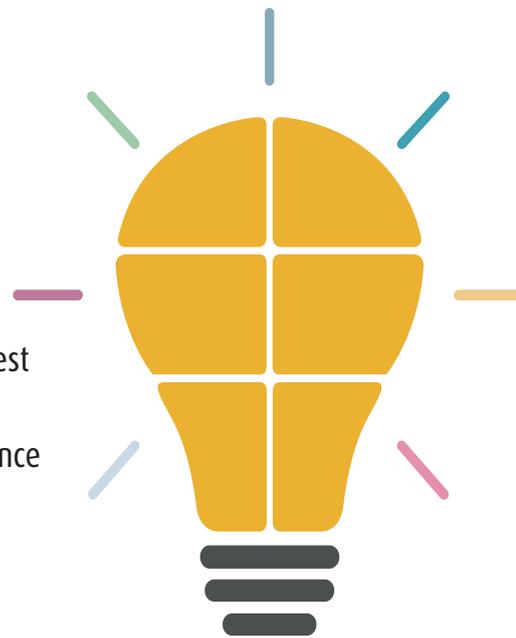
Look to make best use of the skills, assets and information in the city to ensure that support is always person-centred and focussed on independence and choice.

Simplify processes, paperwork and systems.

Have a skilled workforce who will provide the right level of support at the right time to help people plan for the future and maintain independence and wellbeing.

Focus on solutions that help people help themselves, to live the fullest life they can, and maintain their health and independence for as long as possible.

Model the principles of co-production: that is, valuing the contribution of people, treating them as partners and equals in the design and delivery of change.





National context

There are three key national drivers that are shaping the current and future provision of adult social care.

- The Care Act;
- Cuts in funding;
- Integration of health and social care.

Impact of national change

The Care Act introduced new duties for local authorities, which included local authorities facilitating a vibrant diverse and sustainable market for high quality care and support for the benefit of their whole local population and not just those who are known to the local authority. It also gave local authorities new responsibilities around provider failures and continuity of care for people needing care and support services when their provider can no longer deliver their care to them.

The Care Act made it clear that Local Authorities needed to move from being an influence on the care market solely through purchasing and procuring care, in the traditional sense, to influencing a local market where, alongside the providers, it can shape facilitate and support the market. This is different to 'controlling' the market; the Care Act was clear that we must 'shape' the market and make every effort to ensure that there are responsive, diverse and sustainable providers offering high quality personalized care and support that best meets the needs of the residents of York, regardless of who pays for their care.

Financial context

The government's spending review in 2015 set out the overall direction of travel regarding funding for local authorities up to 2020 including:

- A social care precept to give local authorities who are responsible for social care the ability to raise new funding to spend exclusively on adult social care, by giving local authorities the flexibility to raise council tax in their area by up to 2 percent above the previous threshold. If all local authorities use this to its maximum effect it could help raise nearly £2 billion a year by 2019 to 2020
- Additional social care funds for local government from 2017 additional, rising to £1.5 billion by 2019 to 2020, to be included within the umbrella of the Better Care Fund.



Brexit

It is generally recognised that it is too early to predict the impact of Brexit on adult social care but particular consideration is required, particularly as this has been implemented in a period of significant economic uncertainty.

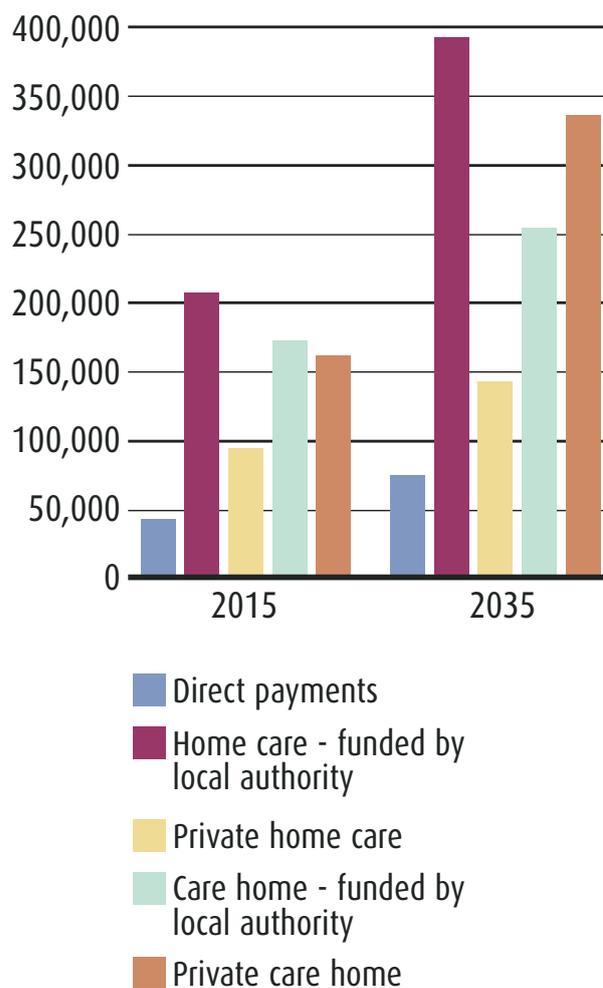
The Kings Fund identified five key health and adult social care areas for consideration:

- Staffing
- Accessing treatment here and abroad
- Regulation
- Cross boarder co-operation
- Funding and finance

The level of impacts is likely to be both national and local with variances between local areas. Based on current issues around recruitment and retention it would suggest that the impact on accessing suitable staff may be of significant importance here in York.

National state-funded and privately-funded markets

A 2015 report from the London School of Economics personal social services research unit provided estimates of people assessed as having social care needs, and projections for 2015 and 2035:

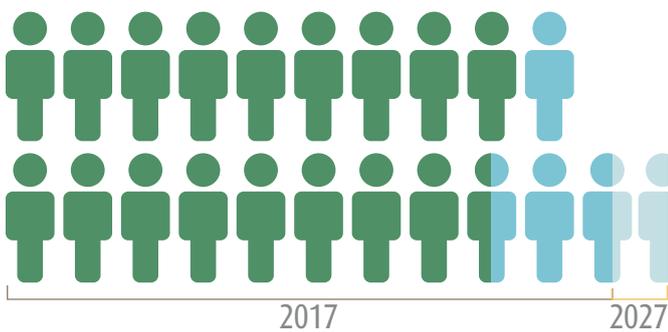


Local context

Our population

York is an attractive and prosperous city with a rich heritage; most adults under retirement age in York are employed, well educated, live in good quality housing and, overall, people living in York enjoy a good quality of life.

Population 206,856



83.9% state that they are in very good or good health, compared to 80% regionally and 81.2% nationally¹.

York is ranked as the 17th least deprived upper tier local authority in England, although there are five areas of the city that are amongst the most deprived 20% in the country².

The city has become more culturally and religiously diverse with a black and ethnic minority population of **9.8%** compared to 4.9% in 2001.



¹ City of York Join Strategic Needs Assessment

² 2015 Indices of Multiple Deprivation

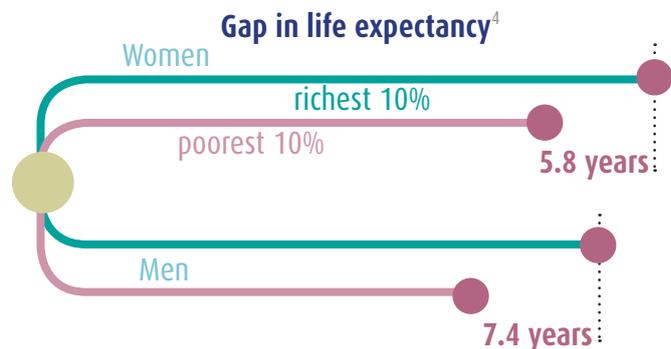
³ www.poppi.org.uk

⁴ Public Health England Area Profile 2014

The highest non-white group is Chinese, who account for 1.2% of the population. According to a 2012 Joseph Rowntree Foundation study report, the increase in BME population is as a result of the growth in higher education, the arrival of refugees and those seeking asylum.

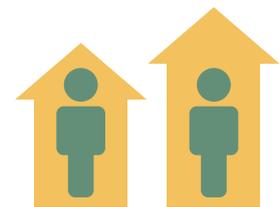
Information available specifically in relation to older people includes:

- the number of people aged over 65 is expected to increase by one-fifth and those aged 85 years by just over two-fifths³ by 2025.
- life expectancy for men is 79.4 years and for women is 83.5 years, which is similar to the national average.



- there are 2,700 older people in York with dementia; this is set to grow to around 3,500 in the next 10 years¹.

- across York, 14,000 older people live alone. In the next ten years this will rise to around 16,000 people¹.



- there are estimated to be around 2,500 people over 65 providing 20 hours or more unpaid care each week, with 1,800 of these providing more than 50 hours of unpaid care each week. By 2025, it is estimated that this level of care provided by older people will increase by 16%¹.



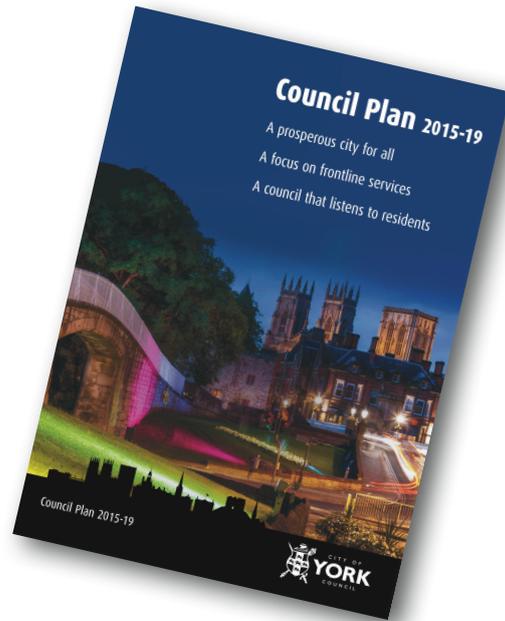
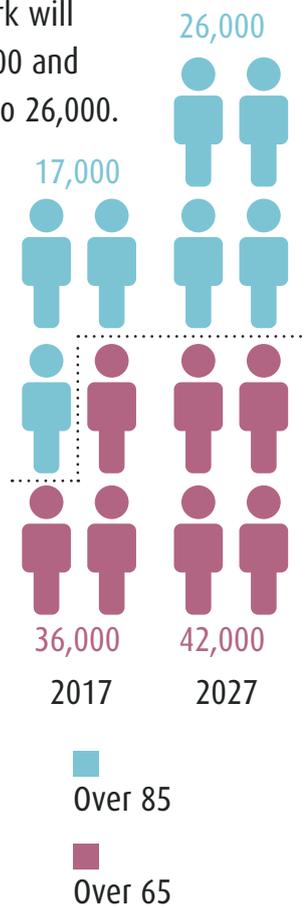
We are working hard to meet the challenge of providing better support and services to an increasing number of older people alongside a decrease in government spending which is putting increasing pressure on public services. Building strong communities is important, alongside working to protect vulnerable people as we know there are many people who need help to lead full and independent lives.

We know that over the next 15 years the number of people aged over 65 in York will increase from 36,000 to 46,000 and people over 85 from 17,000 to 26,000.

One in ten older people are suffering from chronic loneliness and we see it, as one of our top priorities, to reduce loneliness and isolation for older people.

We also know that, for a variety of factors, in York the number of delayed discharges from hospital beds is higher than the national average.

We want to see York as a fantastic place to grow old, with our ageing population assisted to stay fit, healthy and independent for longer.



Our Local Plan

Our vision for York is outlined in our council plan 2015-19. Our key priorities are:

- **A prosperous city for all**, where local businesses can thrive and residents have good quality jobs, housing and opportunities;
- **A focus on front line services**, to ensure all residents, particularly the least disadvantaged can access reliable services and community facilities; and
- **A council that listens to residents**, to ensure that we deliver services that they want and work in partnership with local communities.

Local drivers

- **Health and Wellbeing Boards**

The Health and Social Care Act established Health and Wellbeing Boards as the forum at which leaders in health and social care can come together to improve and enhance the health and well being of their local population.

York's Health and Wellbeing Board recently published its Strategy for 2017-2022. The ambition for the Health and Wellbeing Board is that every York resident enjoys the best possible health and wellbeing throughout the course of their life:

- by promoting greater independence, choice and control;
- building up community based support'
- by supporting self care and management;
- with greater use of early help through targeted and short-term interventions;
- by imaginative use of new technology; and
- with fewer people using statutory services.



- **Joint Strategic Needs Assessment**

The Joint Strategic Needs Assessment (JSNA) has informed the development of the Health and Wellbeing Strategies. It provides a detailed analysis of the population of York.

- **Local Account**

This document very much sits alongside the MPS by providing a clear overview of service provision in York with a clear emphasis of the customer viewpoint for services received. The Local Account therefore both enables us to understand what works well and where improvements are required and can help to inform decisions how services should look in the future.

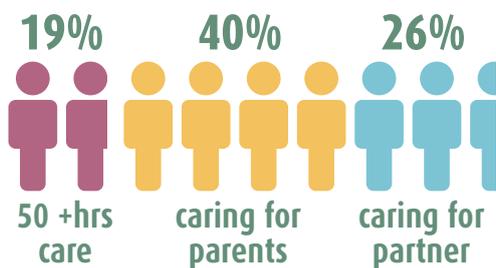
- **Better Care Fund**

The Better Care Fund will ensure that there is a joining up of resources and commissioning of services to meet better health and wellbeing and social care outcomes for local populations. The commissioning practices need to focus on integration of services and services outside of hospital settings and requires a large number of partners working together. For the Better Care fund to be a success we need to work with the Clinical Commissioning Group, primary care, independent, voluntary, third sector organisations and other health partners as well as the citizens of York.



Carers

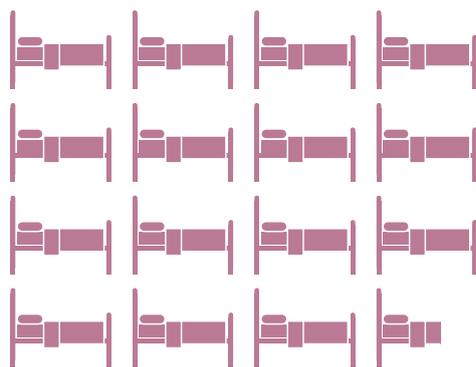
There are over 18,000 carers in York making up 9.2% of the population. 19% of this number provide 50+ hours of care each week; 54% of those over 16 are juggling paid work with unpaid caring responsibility and the proportion of carers over 65 years is increasing nationally, with 40% of carers caring for their parents, or parents in law and 26% caring for their spouse or partner (Care UK, 2014).



Our Markets – What we Know

As of November 2016 there were 75 providers of regulated adult social care services, of which:=

- 33 were community based services;
- 42 were residential care providers, with a total of 1,563 beds available across these services.



Self Funders

There are many people across England that fund their own care, in whole or in part, who are not included in any local authority datasets regarding service user, supply or demand. Given the changes to the country’s demographics and the impact of the Care Act tightening the eligibility and financial criteria, the numbers of self funders, already significant, is likely to grow

We know that the number of people who fund their own care will grow; national studies suggest that between 15% and 57% of older people currently fund their own care in residential settings – which is around 45% of all registered care home places.

In York we have a much higher rate of self funders in care homes to the national average. We estimate that in York approximately 70% of local care home beds are funded by people paying for their own care.

In addition around 40% of people currently fund care in their own home, with an additional 21% topping up local authority funded care to some extent, in some areas⁵.

In future more older people will enter the market place needing information and advice and diverse range of support without necessarily approaching the local authority, so it will be increasingly important for providers to think about facilitating good access to services for people who purchase them directly.

⁵ Think Local Act Personal Partnership, 2012, Follow-on study: older people who pay for care

Funding now and funding the future

The combination of cuts in central government funding to local authorities and an increased demand from an ageing population means that, like many other local authorities, we are facing significant financial challenges.

These pressures mean that we have had to review our approach to adult social care so that we are not only able to meet our statutory duties but in doing so we are able to offer high quality services to the residents of York. We continue to retain our strong focus on getting the best quality care to the people that need them most, whilst demonstrating value for money, efficiency and added value.

For us, 'efficiency' is about delivering value for money, ensuring our services are of the highest quality standard possible and are focussed.

Our net budget for 2017/18 is £119.7m of which £47m is spent on adult social care, 40% of the total net budget.

York has the fourth lowest spend per head of population and the ninth lowest spend per head of any unitary council in England.



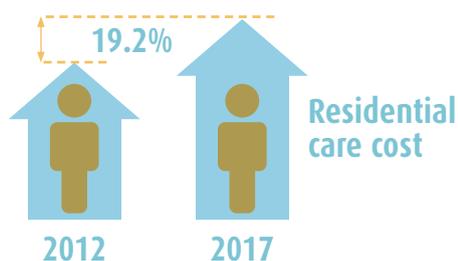
£m	13/14	14/15	15/16	16/17	17/18
Council Tax	69.7	71.8	72.7	77.1	81.6
Revenue Support Grant	34.9	28.7	20.1	14.9	8.6
Business Rates	23.2	23.7	24.1	24.3	27.4
Other			1.8	1.6	2.1
Total	127.8	124.2	118.7	117.9	119.7

Over the next four years, the our grant from central government will reduce from £8.6m to zero. The department has committed to make savings of approximately £4m over the next three years to assist with mitigating this reduction in funding.

The government has, however, recognised the pressure facing adult social care allowing councils to raise a precept on top of council tax (6% in total over the next three years), funding an adult social care grant and bringing forward additional investment for the Better Care Fund (a pooled budget jointly managed by health and social care to promote closer working between the two sectors).



The challenge has and will continue to be whether the extra funding for social care is enough to cover the demographic pressure it faces as well as the inflation it has to be pay to its staff and to the organisations it buys services from. The standard rate we pay to place an older person in residential care (as agreed with the Independent Care Group) has increased by 19.2% over the last five years.



We are entering a period of change and redesigning adult social care to ensure that services are fit for purpose and making sure every public pound spent is making as much difference as possible. We will invest in early intervention and prevention, encourage self care and develop community support. We will give more focus to the prevention agenda whilst encouraging personalisation to ensure that there is a genuine choice of service.

We have taken steps to reduce the number of contracts we hold with adult social care providers but with personalisation the requirements to have a diverse and vibrant market remain. Providers play a key part in helping us to deliver personalised care to our residents and we are aware of how cuts in public sector finances, the increase in the National Living Wage and the pension auto enrolment scheme have put additional pressures on to providers of service as their infrastructure costs are increased.

We will continue to work in partnership with home care and care home providers and have an established agreements in situ for any new providers wanting to work in our city.

We will invest in early intervention and prevention, encourage self care and develop community support.



Integration

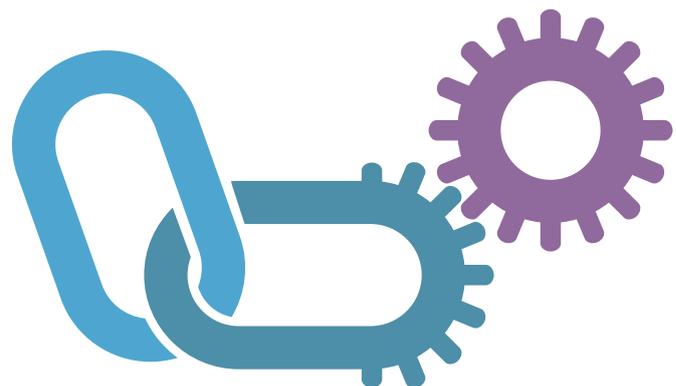
We are working closely with local health colleagues on a programme of work to develop joint approaches to commissioning of health and social care. Our intention is that together we will be better prepared to commission co-ordinated models of care to the residents of York.

Partnership working with our health colleagues is crucial if we are to ensure the deliver of an integrated approach, which will be fundamental to driving local health and social care changes in the future.

Alongside the Better Care Fund, the Humber Coast and Vale Sustainability and Transformation Plan (STP) covers six NHS Clinical Commissioning Groups and six local authority boundaries, representing communities in Hull, East Riding, Scarborough and Ryedale, North Lincolnshire, North East Lincolnshire and York.

This STP sets out a clear vision of how the challenges within the NHS Five Year Plan can be met locally by 2020. The Humber Coast and Vale Sustainability plan includes plans to:

- improve the quality of hospital services through working together to redesign clinical and operational processes.
- develop high quality specialised services. We propose to review complex rehabilitation services, paediatrics, neonatal intensive care and specialised orthopaedics over the next five years.
- share support services to become more efficient where there will be little direct impact on the quality of patient care for example: pathology, pharmacy, procurement and imaging.



York's workforce



Workforce

In general the workforce for people with social care needs is very diverse, including voluntary, statutory, private and independent sectors as well as unpaid carers and volunteers and staff employed directly by people in receipt of direct payments. Skills for Care outline three main challenges for the adult social care sector:-

- Target and attract a diverse range of new talent, address misconceptions about the sector and better promote the rewarding career opportunities it offers to ensure care is a career of choice
- Recruit more people into the sector with the right values and skills
- Raise retention levels and reduce vacancy rates.

One of the priorities within the council's strategic plan 2015-2019 is 'a prosperous city for all, where local businesses can thrive and residents have good quality jobs, housing and opportunities.' Within the council's workforce strategy this vision is expanded to, 'improve the quality of people's lives in York by developing a skilled, confident and competent workforce able to deliver truly person centred care'. We want a workforce who can work in partnership with carers, families and communities to support individuals to retain and regain their independence, providing care and support with skill, compassion and imagination.

Across York there is constant strain on the sector to deliver the level of care required to meet demand. This regularly leads to problems getting care to the people who need it without delay.

Recruitment and retention of staff poses problems to health and social care employers across York and is especially problematic in homecare services as employment levels across the city are consistently high; York is known as a 'full employment city' and there is fierce competition across construction, retail, hospitality, tourism and the health and social care sector when recruiting. In short, there is fierce competition to fill vacancies and keep staff.

To explore the issues and potential solutions, we re-established, in 2016, the York Adult Health and Social Care Workforce Development Group with the aim of bringing together all key partners to identify shared challenges in relation to adult health and social care workforce in York and to identify where we can jointly work on solutions to these challenges. A number of action plans are steered by this Group.

The members of the Workforce Development Group are acutely aware that there must be closer working across organisations, sectors and teams if there is to be a robust workforce that meets the modern day requirements on the social and health care sectors. The increasing number of older people requiring care and the essential shift away from more traditional routes of long term care and hospital admissions means that the workforce needs to shift, with new skills required of its leaders and workers.

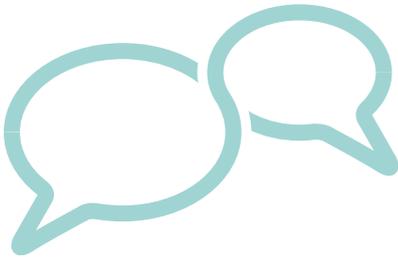
Job fairs, shared web links and fees paid to providers will continue to be at the forefront of our work-plans as we continue to seek ways to improve recruitment and retention with our providers.



What our customers tell us

The last home care report tells us that 95% of customers feel that the care and support they receive maximises their independence and 90% of carers offer support to the customers' satisfaction.

We want to continue in this vein and have a skilled, confident and competent workforce, able to delivery truly person centred care.



Living Wage

We want to work with providers who offer fair working practices. The York Fairness Commission was set up to look into how to make the city a fairer and more equal place to live and work. Its aim was to set a vision for York that could inform, influence and inspire the council and others, including public and local employers, to lead by example and work for change that will improve the quality of life in York for all.

The commission's focus was on social and economic inequalities of income, education and occupation that create divides and which are harmful to health and wellbeing.

https://www.york.gov.uk/downloads/file/2440/fairness_commission_and_a_living_wage_for_yorkpdf



Zero hour contracts

With the care trade, in particular home care, there are a number of providers that employ based on zero hour contracts. It was anticipated that this would be regarded as detrimental to staff and indeed has received very negative publicity nationally. However the local picture is more mixed as feedback from providers has indicated that some staff prefer to be employed under this approach to increase their flexibility and choice over how many hours they take on from week to week. At present there is not a requirement for York care providers to have a particular employment model but this will be continued to be discussed and considered through the Workforce Development Group.

Learning and development

We are committed to ensuring that the workforce in the city has support, information and the skills they need to meet the needs, choices and preferences of those they work with and support, both now and in the future.

To support this, our Workforce Development Unit publishes an annual adult care prospectus of learning and development opportunities which include courses, networks and e-learning and on line resources. All of these opportunities are designed to ensure that the adult care workforce in York has access to high quality and good value learning. Between September 2015 and September 2016, our Workforce Development Unit trained 3,168 people who work with adults in the city.

The training we incorporate into the prospectus is available to anyone who supports – either paid or unpaid - York residents with their care and support needs.

In 2016/17 the charging policy for these courses was reviewed, based upon feedback from local providers. We will continue to offer learning and development opportunities at these subsidised rates and also offer some courses which are free to delegates.





Future focus

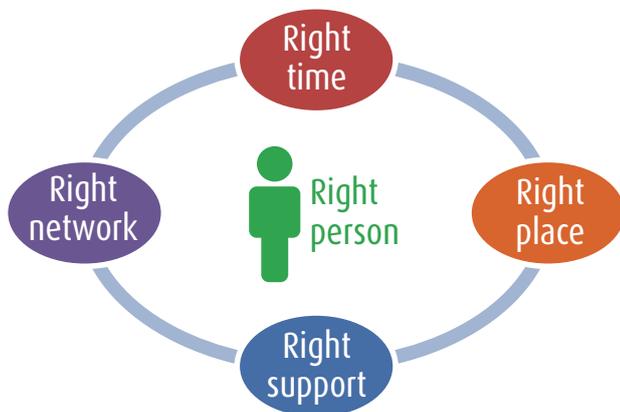
We have been working on developing our operating model for adult social care. Our revised approach will focus on:

- services that everyone can use and are quick and easy to access;
- more targeted support for those that need more help in the short term;
- longer term support for those with the highest need.

We will work to a set of principles that put the individual at the centre of everything we do. This will help to maintain our focus on assisting the individual to find care and support that deliver the best outcomes for them.

The over-arching aim is simple, we wish to keep our resident population independent and exercising choice and control over how they live their lives.

In light of the increased pressure on our budgets it is important that we work towards a local spending plan that funds services for the population as a whole, through universal services, such as information and advice, to preventative services, to individualised care packages.



We believe the best support for an individual is that which appropriate to maintain their independence and reduce the escalation of need. We will take a proportionate approach, creating layers of support which relate to the needs of the individual. By doing so, people will find support as soon as they need it to maximise their independence, preventing, reducing or delaying the need for longer term ongoing care and support.



Moving to the new operating model, based on self care and community services underpins the aim to reduce costs to adult social care. This revised model facilitates recurring services which have been estimated to reach £1.2m pa by 2019/20.

Our commissioning principles, listed below:

- Focus on the customer;
- Engagement;
- Good information;
- Working with partners;
- Transparency and openness;
- Delivering best value and quality for public money;
- Achieving positive outcomes;
- Continual improvement.





The provision of good quality care and support is a shared outcome for customers, providers and commissioners. We want to work with providers who share our commitment to quality and can translate this into good standards of care, with the customer at the heart of all operational practice.

We have robust commissioning systems - which we seek to continuously improve - which define, identify and evidence high quality service provision.

We require all of the care providers with Agreements in place to demonstrate and evidence knowledge of and compliance with number essential key areas, such as safeguarding, lifting and handling, mental capacity assessments, deprivation of liberty, medication and dementia. To assist providers in this area we offer a variety of free training events and will continue to do so.

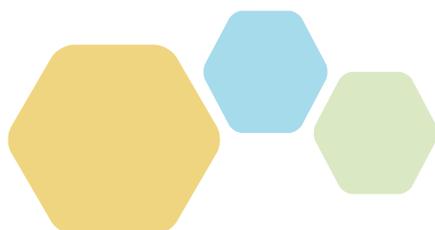
We have developed - and recently revised - a quality assurance framework that helps us monitor the quality of services and which is implemented through our commissioning and contracting arrangements. This complements regulatory inspections and provides assurance about the quality of care and support that is delivered by each provider, regardless of how services are purchased.

We use information from our quality assurance framework, benchmarking exercises, Care Quality Commission reports and local analysis to ensure that our commissioning and market in York generally promotes quality and demonstrates value for money.

We want to have an open and transparent relationship with the providers of York and to build upon our existing relationships we do offer support where we believe the quality of care falls short of our expected standards. In this instance we will not only steer the improvement plan but we will provide resources to assist with any developmental work required from the provider.

We have a proactive approach to overseeing the quality of the market as a whole and in 2016/17 we instigated and supported 24 providers with their improvement plans and enhanced monitoring. We will continue to monitor this area of work, year on year and address further concerns with providers who continue to be the subject of have improvement plans.

We will continue to develop our quality assurance systems and evaluate quality and performance at a city wide level and support providers to ensure that York can demonstrate not only good quality services but can be a model of best practice. We provide development support to all framework and contracted providers through regular monitoring and business meetings.





Local Providers

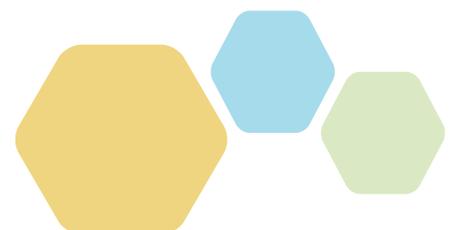
York prides itself on excellent customer services – the revised operating model puts customer fulfilment at the heart of the decision making pathway and a new universal information and advice strategy will channel people to the right source at the right time, from any provider.

Our commissioning is now shaped by outcomes rather than being based around activity levels expected from the provider. In addition to the shift away from the more traditional approach to commissioning there is also the new approach to purchasing care that personalisation has brought about. Reablement and specialist services aside, our role in directly purchasing and block contracting is reducing as more people arrange their own care using direct payments (DP) and individual service funds (ISF).

In York, as at November 2016, there were 304 adult customers with regular direct payments, of which 253 were supported by a direct payment brokerage support service. The proportion of customers who get a direct payment to manage their own care in York is higher than the national and regional average.

As part of the revised operating model we have looked at our local infrastructures and how we can better enable local choice and control. To this end we have relaunched our grant application process, to encourage independent sector developments, expanding and developing our community based prevention services and to compliment services purchased via the personalisation route.

Given the developments with the personalisation agenda it is no longer the sole responsibility of Local Authorities to directly procure and manage all services for all individuals with care and support needs and it is not possible for us to manage the provider market en masse, from the top down. We do, however have a duty to oversee the care market for our whole population and we continue to look at ways to shape and reshape the market and enhance and develop the services that are available.





Working with local providers

We have a four year dynamic framework in place for home care providers. This is an open arrangement with 19 providers registered in May 2017. Two tier one providers are offered all home care packages and should they not be able to – or choose not to – provide care, then the care is offered to other providers on the Framework. All providers on this framework have signed up to the terms and conditions of a pre-purchase agreement.

When new providers sign up to this framework the contracts team work very closely with them to ensure their care is of the standard and quality we would expect of our providers.

Grant Funding

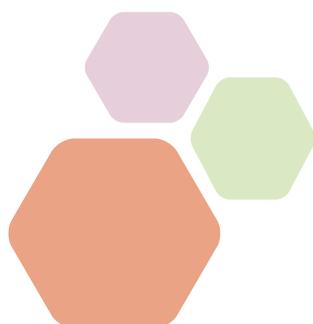
We have a small quantity of grant funding to provide a financial contribution to not for profit organisations that meet the council priorities around the prevention agenda.

We allocate adult social care community funding to each Ward to provide the opportunity to develop initiatives that supports independence within the community.

Future focus



Adult social care transformation programme

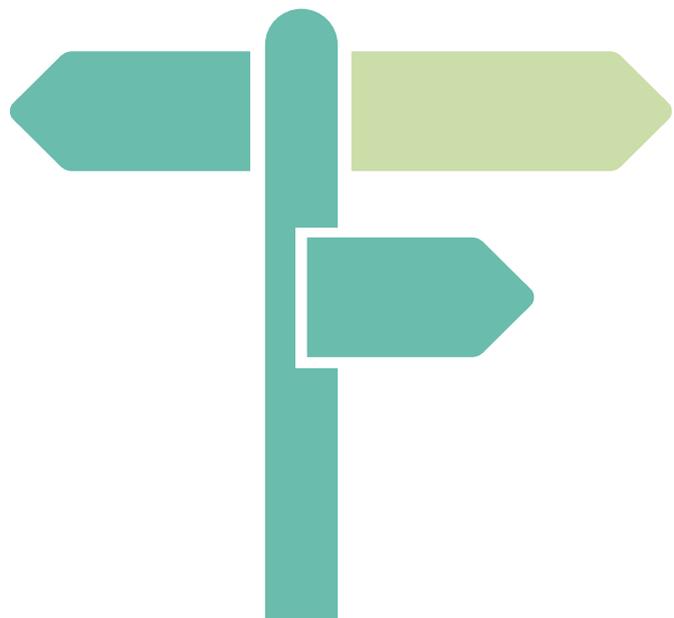
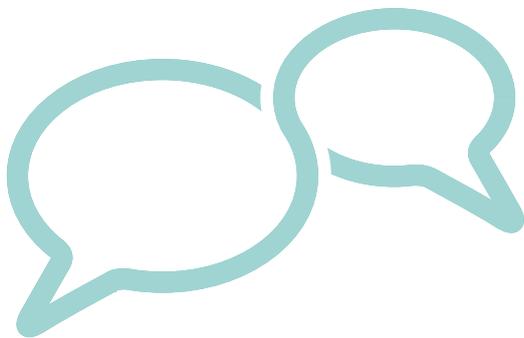




What next?

We recognise that there are challenges ahead that can not be met without engagement and contribution from those that receive support and care; carers; providers and local communities.

There are a number of forums held across the city, which we chair or link in to and these forums are a useful way for us to hold meaningful dialogue or briefing sessions on specific issues or commissioning intentions.





Commissioning intentions and recent service developments

- The Council is a key partner in the delivery of the Transforming Care Programme across York and North Yorkshire. We will continue to work with partners in developing a range of accommodation and support options alongside our partners in health.
- Continue to implement the Older People's Accommodation Project and develop additional Extra Care and specialist care beds across the City.
- Develop greater understanding, support and action to support a greater take up of direct payments, ISFs and commitment to citizen empowerment.
- Implement a programme of Local Area-co-ordination
- Implement a new Reablement Service and development of a One -Team approach
- Joint Partnership with Independent Sector to deliver a Supported Employment Service commencing November 2017.
- Promoting Asset based working and scaling social action including developing a co-production approach, volunteering strategy and information portal.
- Developing and delivering a Mental Health Accommodation and Support Plan and Project in collaboration with partners.
- Support further development of existing service models including Shared Lives.
- Recent initiatives developed include a Community Service for Older People, Community Wellbeing Services, Framework for Direct Payments Support, Cultural Commissioning for Wellbeing, A Sensory Hub, Advocacy Hub, Community Catalysts (Social Isolation), "Ways for Wellbeing" Social Prescribing Service and a Mental Health Activities Service.
- In the near future we will also be re-commissioning and tendering a Handyperson's Services, Domestic Violence Services, Short Breaks for Learning Disabilities, Carers Service and an Activity Base for Learning Disabilities.

If you would like to comment on this Market Position Statement or would like to be more involved then please initially contact the Adult Commissioning Team on 01904 554661 and we can advise what option may be best for you.

If you would like this information in an accessible format
(for example in large print, in Braille, on CD or by email)
please call (01904) 551550

This information can be provided in your own language.

Informacje te mogą być przekazywane w języku ojczystym.
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