East Riding of Yorkshire Council

Adult Social Care
Market Position Statement 2015
Contents

The Purpose of the Market Position Statement (MPS) ........................................ 1.
Factors Impacting on the Care Market ............................................................... 2.
Performance ....................................................................................................... 3.
The Regulatory Framework .................................................................................. 4.
The Mental Capacity Act (2005) and Deprivation of Liberty Safeguards. .... 5.
Budget Constraints ............................................................................................. 5.
Core Values and Expectations of Providers ..................................................... 7.
Care Home Schemes .......................................................................................... 8.
The Current Local Situation ............................................................................... 9.
Self-Care and Prevention .................................................................................. 11.
Carers .................................................................................................................. 12.
Housing Needs ................................................................................................... 12.
Choice .................................................................................................................. 12.
Commissioning Intentions ............................................................................... 13.
Next Steps .......................................................................................................... 14.
Important Strategies and Links for Service Providers .................................... 15.

Appendices:
1 Key Issues for the County, Implications for Adult Social Care ............ 17.
2 The Current Adult Social Care Market ......................................................... 19.
The Purpose of the Market Position Statement (MPS)

The Care Act (2014) placed a new duty on local authorities to facilitate and shape their market for care and support, ensuring that their market is high quality, sustainable and offers diverse and innovative services. This requires local authorities to engage with the community to identify gaps in the market and to work with Service Providers throughout the social care market in order to stimulate the development of innovative services that meet local need. East Riding of Yorkshire Council has an important role in ensuring that the residents of the county can lead fulfilled lives as independently as possible so engagement is key to provision of appropriate services that support independence as opposed to promoting dependency.

The care market is made up of Service Providers of all sizes, with the majority of adult social care organisations being small or medium sized enterprises (SMEs) - this includes a growing number of smaller Service Providers with fewer than five employees. It can also include Third Sector organisations, social enterprises, user led organisations and community-based enterprises.

Market shaping exercises can help to break down the barriers these smaller companies may face in engaging in the market and promote collaborative working. The production of a Market Position Statement (MPS) is a part of this market shaping process as it identifies gaps in provision and stimulates discussion between the Council and Service Providers to consider how best to meet the diverse needs within the area whilst ensuring a thriving, sustainable market.

Following on from the publication of the 2014 MPS, the aim of this document is to provide an update for Service Providers on the existing services within the county, setting this against the background of our challenging demographics, financial constraints and proposals for integrated services.

The aim is for the MPS to be a dynamic piece of work which takes account of feedback and engagement with Providers and which is refreshed annually to account for changes in the market. The document aims to set out the Council’s future commissioning intentions which will be centred on community based assets, preventative services that reduce and/or delay the need for more expensive traditional services and on meeting the existing social care needs of the East Riding population.

Development of community based assets together with preventative services and short term interventions are going to be key if care and support is to be affordable for the needs of the future population. This has to be developed against the need to ensure that long term provision continues to meet the most complex of needs.

In order to facilitate the development of community based assets, information is given in this document to support Service Providers in understanding the local care market and likely future trends in that market and to highlight opportunities where Providers may consider directing their resources in order to best meet the current and future health needs of the population.
Factors Impacting on the Care Market

In addition to the growth in Self Directed Support (the need for which is further developed in the Care Act), the market needs to recognise the impact of the recent changes to the Care Quality Commission’s (CQC) regulatory framework, the financial constraints placed upon the Council and the need to develop integrated and innovative models of care.

The Care Act

The Care Act came into effect as of April 2015 and has (and will continue) to have significant impact on the Local Authority’s Adult Social Care commissioning intentions and the future development of the market. The Council must now focus on market shaping – ensure a high quality care market; must recognise what ‘good’ looks like and drive quality development to achieve that high quality provision. CQC will expect Local Authorities to have a clear picture of the quality of care in their area – and understand where it sits in comparison with the national picture of provision – also why it is better or otherwise than the national picture. Local Authorities will be expected to take action to ensure that their quality picture is good.

There is now a stronger emphasis on wellbeing to prevent or delay people getting to the point where they need long term or high level care. Local Authorities have a duty to focus on preventative services, increasing choice and control for individuals, promoting self-care and having good health in old age. In this there will be a tension - our role will be to keep people out of long term care – but at the same time we need to ensure a sustainable high quality care market. Balancing these duties and managing the changing market will be challenging.

The forthcoming changes to the thresholds for subsidised care which were laid out in the Care Act have been put on hold until 2020. This will increase financial pressures on the Council at a time when the budget will be reducing. The need therefore to reduce our reliance on traditional and more expensive care in favour of developing preventative less costly services, is self-evident.

The Care Act also has implications for the Council in terms of its obligations to Carers and self-funders. These new challenges will mean that we have to review the way we provide services and which services are required – but this will give opportunities for Service Providers to consider how they provide services and how they could do things differently to better meet the agenda of prevention and enablement within the East Riding of Yorkshire.

In 2014, the information provided by the Council in the Market Position Statement mainly related to services that the Council directly commissioned for service users who had been assessed as being eligible for funded care. However, the Care Act now requires Councils to provide information and advice – and to develop a market - that will meet the care needs of all people, regardless of how that care provision is funded.
Performance

The Department of Health’s Adult Social Care Outcomes Framework (ASCOF) measures how well care and support services achieve the outcomes that matter most to people. It requires Councils to ensure the availability of high quality care and support services. A national overview of adult social care outcomes will soon be published and this gives Councils and Service Providers of care and support opportunities for benchmarking and comparison. Provisional ASCOF results available at time of writing this document indicate that those adults receiving social care services commissioned by the East Riding of Yorkshire Council rate their quality of life in 2014/15 slightly higher than they did in 2013/14.

Early indications from the annual Service User survey also identify user satisfaction with care and support in East Riding at a higher level than that of the previous year.

Carer satisfaction however has fallen from 51.7% to 45.9%; Carers advise they do not feel as consulted in decisions as they were in 2013/14. This indicates that further work may be needed to support Carers in our communities.

A greater impact has been reported on the level of control Service Users feel they have had over their care and support following the increased usage of Self Directed Support. Statistics indicate an increase in perceived control from 79.5% in 2013/14 to 91.4% in 2014/15.

A new measure has been added to the ASCOF in 2015/16 which will gauge the effectiveness of reablement services. These services support the Council’s strategy of promoting care which enables people to have greater independence at home and to maintain their independence for as long as possible. Service Providers need to be aware that by offering diverse and innovative services, they will better support choice and this will be reflected within the ASCOF feedback.

The Care Act requires that people’s well-being, and the outcomes which matter most to them should be at the heart of every decision they make. We need to ensure that staff involved in the care of others are equipped with the appropriate skills and experience to appropriately care - and are committed to the role of caring. To ensure that we can meet our duty to have a market that provides high quality care the Council will continue to listen to the feedback from Service Users and Carers; we will continue to monitor the quality of provision and work with Service Providers, reviewing the quality of the training – and to sharing good practice and innovations in our regular Care Sector Forums.

Expectations of service provision will continue to be clearly defined in contractual documentation. We will also continue to advertise contract opportunities on Yortender and highlight these business opportunities at the Care Sector Forums. We will discuss potential developments with the sector prior to drafting specifications – to ensure that Service Providers, as the experts in care and support, are consulted on appropriate options for delivery. Once awarded, contracts will be monitored to ensure good quality provision, to support continuous improvement and to inform future procurement.
Please note that Service Providers must be registered on www.yortender.co.uk in order to view and tender for current opportunities.

Regulatory Framework

While we are delighted that user surveys identify East Riding as having high levels of satisfaction with quality levels, we are aware that there are still areas where quality needs to be improved.

As at September 2015, the CQC has issued regulatory enforcement action and has served a Notice of Proposal to remove the location on three Service Providers within the East Riding. With the new quality ratings in the regulated care sector and the publication of Inspection Reports and enforcement practice, Service Providers are now subject to greater public scrutiny with the subsequent reputational consequences.

In comparison with national statistics and as at time of publication of the Market Position Statement, Care Homes in the East Riding have evidenced good quality care. Nationally, of the Care Homes inspected under CQC’s new methodology, 55% have as a minimum, a ‘good’ quality rating – this compared with 82% in the East Riding. Similarly, whilst 45% of Care Homes nationally have a quality rating of ‘requires improvement’ or ‘inadequate’, only 18% of Homes in the East Riding have this rating. This is good news for the quality of care in this area. This is summarised in the table below:

**Latest inspection ratings for Care Homes as at September 2015**

<table>
<thead>
<tr>
<th></th>
<th>National Number</th>
<th>National Percentage</th>
<th>East Riding Number</th>
<th>East Riding Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outstanding</td>
<td>4</td>
<td>0.5%</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Good</td>
<td>365</td>
<td>54.5%</td>
<td>58</td>
<td>81.6%</td>
</tr>
<tr>
<td>Requires Improvement</td>
<td>246</td>
<td>37%</td>
<td>11</td>
<td>15.5%</td>
</tr>
<tr>
<td>Inadequate</td>
<td>55</td>
<td>8%</td>
<td>2</td>
<td>2.9%</td>
</tr>
<tr>
<td><strong>Total to date:</strong></td>
<td><strong>670</strong></td>
<td></td>
<td><strong>71</strong></td>
<td></td>
</tr>
</tbody>
</table>

However, with this increasing scrutiny and public awareness the need for continuous quality development and control is ever more essential. We need to appreciate that a good standard of care should be the minimum quality for all people receiving care services. Quality Development and Monitoring Officers in Business Management and Commissioning are available to support Service Providers with advice and guidance on implementation of new initiatives and directives in order to achieve and maintain good quality care.
The Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS)

National guidance has been issued on the Lord Mumby judgements and these have been discussed with the sector at dedicated briefings, training sessions and at Forums. Further guidance is expected soon and again, we will take updates to Care Sector Forums to support informed practice.

It is appreciated that the recent judgement has impacted on Providers with the need to assess whether or not an application for a Deprivation of Liberty Safeguard (DoLS) should be submitted – and the work entailed where a DoLS is required. It is envisioned that as DoLS are further integrated into what becomes usual working practice, this area of work will stabilise.

The Council has provided staff with training and support in these safeguards, is procuring Best Interest Assessors and ensures the safeguards are adhered to through regular monitoring.

Budget Constraints

The government’s austerity agenda continues to impact upon the level of funding allocated to local government and 2015/16 is shaping up to be a year when many Councils will have to make very difficult choices about which services to prioritise as a result of cuts to local government funding.

The Council is taking measured steps which have been well thought through to address the funding issues. The following figures summarise the position in terms of year on year savings made across the Council with over £17m of the £20.543 of the savings still to be found resulting from pressures in Adult Social Care.

<table>
<thead>
<tr>
<th></th>
<th>2015/16</th>
<th>2016/17</th>
<th>2017/18</th>
<th>2018/19</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net budget reduction</td>
<td>2.483</td>
<td>5.154</td>
<td>5.142</td>
<td>5.14</td>
<td>17.919</td>
</tr>
<tr>
<td>Budget pressures</td>
<td>20.986</td>
<td>15.796</td>
<td>12.926</td>
<td>6.356</td>
<td>56.064</td>
</tr>
<tr>
<td>Gross savings</td>
<td>23.469</td>
<td>20.95</td>
<td>18.068</td>
<td>11.496</td>
<td>73.983</td>
</tr>
<tr>
<td>requirement</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Proposed savings</td>
<td>23.469</td>
<td>16.775</td>
<td>7.373</td>
<td>5.823</td>
<td>53.44</td>
</tr>
<tr>
<td><strong>Balance to find</strong></td>
<td>-</td>
<td>-4.175</td>
<td>-10.695</td>
<td>-5.673</td>
<td><strong>-20.543</strong></td>
</tr>
</tbody>
</table>

In order to help mitigate these financial pressures, the Council is preparing strategies that will support in greater income generation, reducing costs and so achieve a sustainable financial position.

Underpinning these strategies will be the need to work more collaboratively, efficiently and innovatively across all areas in order to minimise the risk of service reduction.
Whilst these are challenging times financially, the quality of care that East Riding residents receive remains a key focus for the Council and this is incorporated into the core values and expectations of Service Providers.

The Council has an overarching philosophy of care which underpins how services are delivered and adopts the following basic principles:

- The care and support delivered in all our services should always maintain the dignity of those we serve.
- We will always promote choice and control where possible to those we care for.
- We will respect the rights of people we care for, their families, loved ones, our partners and each other to enable that everyone’s needs are met in a way that is compassionate, effective and lawful.
- We will uphold a zero tolerance of abuse and neglect no matter what the source or target.
- We have a commitment to providing person centred care that protects the vulnerable but allows people to take risks to ensure they can maximise their independence.
Core Values and Council Expectations of Service Providers

The Council’s vision is for successful, stronger partnerships to enhance effective ways of working between local authority commissioners; Service Providers; people who use services, their family and Carers:

- **Promote choice and control**
  Providers need to review their models of care and identify how they can meet needs in different and cost effective ways.

- **Support people to live their lives**
  Providers should employ and train compassionate Carers to help deliver effective care that maintains dignity and keeps vulnerable people safe.

- **Keep people at the heart of what we do**
  Providers should work to promote a culture in their organisation based on the ‘customer and their needs’.

- **Promote independence**
  Providers should be flexible and work in ways that meet people’s expectations and needs.

- **Uphold dignity and respect**
  Providers should be able to clearly evidence how they ensure safeguarding and dignity is demonstrated in their service delivery at all times.
Care Home Schemes

Over the past year the CCG has commissioned six Care Home Schemes across their localities within the East Riding - with these being delivered by different health care professionals. These schemes cover the 146 care homes in the county (18 with nursing) - with approximately 4,360 beds:

<table>
<thead>
<tr>
<th>Locality</th>
<th>Care Home Scheme Delivery</th>
</tr>
</thead>
<tbody>
<tr>
<td>Haltemprice</td>
<td>GP &amp; Pharmacist</td>
</tr>
<tr>
<td>Beverley</td>
<td>Community Nurse and Pharmacist</td>
</tr>
<tr>
<td>Bridlington</td>
<td>Community Nurse and Pharmacist</td>
</tr>
<tr>
<td>Driffield</td>
<td>GP</td>
</tr>
<tr>
<td>Holderness</td>
<td>GP</td>
</tr>
<tr>
<td>Goole and West Wolds</td>
<td>Consultant and GP</td>
</tr>
</tbody>
</table>

The aim of these Schemes is to ensure that all patients receive consistent support from the clinicians involved in their care and to be confident that care home staff are trained appropriately to support residents’ needs. Recent trends had shown a consistent 4-year decline in non-elective admissions from care homes to March 2015 but then an increase against the trend of 49 admissions compared to the same period of the previous year. This equates to an increased cost of approximately £148k for the whole of the CCG which is a significant shift from the £409k saving of the previous year. This highlights the volatility of how the schemes are performing and demonstrates a need to continually monitor and measure the success of the schemes.

Based upon learning from these Schemes, the CCG is currently investigating whether a single model of care could be adopted across the localities which would be more cost effective whilst still supporting high quality care for East Riding residents. It is thought this model, which is planned to be implemented in 2016/17 could include:

- Pro-active patient-centred care to reduce emergency admissions and facilitate timely discharges;

- Specialist clinicians working as part of a multi-agency, multi-disciplinary approach underpinned by ongoing training and development, to ensure optimum care for all patients

- The possibility of procuring a new nursing home bed model and the implementation of a new workforce model; and

- The use of technology to improve links between care homes, GP Practices and care agencies, providing shared access to patient records.
The Current Local Situation

The Council’s Adult Social Care budget to provide care and support for East Riding residents in 2015-16 is £84.172 million. This is apportioned to the following areas:

The Single Intake and Duty Team (SIDT) reports an increase year on year on the number of contacts for Adult Social Care. In the past year these have increased by 1146 giving a total number of 7308 contacts to the Team. Of these, 71% (5,192) resulted in support being provided with the majority of this being procured from the Independent Sector. Of the 29% (2,116 people) assessed as not currently requiring care; the Council provided advice and information on support and relevant preventative services, signposting to other services as appropriate.

Care Home provision continues to increase and commands the majority proportion (63%) of the Adult Services budget. In 2014/2015, 851 new placements were made with 756 of these being within the East Riding of Yorkshire. Approximately 20% of these new placements were for nursing provision.

Domiciliary care continues to have the second largest share of the total Adult Social Care budget with approximately 16% forecast for generic provision with a further 2% allocated to Independent Supported Living Schemes – this forecast for 2015/16. This is based upon over 878,650 generic hours being allocated to meet the identified need for domiciliary care in 2014/15.

Self-Directed Support is also increasing with 13% of the allocated budget for 2015/16.

The remaining commissioning budget has been allocated to Day Care and Short Breaks provision.
With the ongoing pressure on budgets we continue to consider innovative and collaborative models of care that will support both quality and efficiencies. Integrated practice will form the basis of future care delivery and we will be meeting with Service Providers to discuss and develop potential cost effective ways forward.

It is anticipated with the further roll out of Self Directed Support, people who reach older age in the next 10 to 20 years will be used to having greater choice and control over the services they use and will expect more from their Council and from Service Providers. This is likely to mean increased demand for care and support but specific to the individual as opposed to acceptance of traditional services. This will therefore require development of flexible, personalised services in the local market. This will be supported by a culture of Service Provider-generated information leading to shared decision making between services and Service Users, giving people information they need to make effective choices regarding their care. Flexible care will be required if providers are to be able to respond to the changing needs and aspirations.

The map below identifies the categories and numbers of Care Providers within the East Riding’s Care Management Districts.
The following map identifies where the 756 in-county placements were made and the type of support that was required.

Self-Care and Prevention

The Council will continue to focus on the need for self-care and the use of preventative services within the community, reviewing the housing needs of vulnerable people and in providing additional support for those who care for others.

Self-care is about individuals, families and communities taking responsibility for their own health and wellbeing. It includes actions people can take in order to stay fit and maintain good physical and mental health; to meet their social and psychological needs; to prevent illness or accidents; and care more effectively for minor ailments and long term conditions.

People living with a long term condition, disability or a minor illness (and this includes Carers) can benefit greatly from being supported to self-care. They may live longer, suffer less pain, anxiety, depression and fatigue, have a better quality of life, and be more active and independent.
Many of the Council’s Public Health initiatives support people to do just that. These include Smoking Cessation, Health Trainers, Health Check Services and a range of Sexual Health and Substance Misuse Services which have been tendered by the Council in the past year and which are now available to support in self-care. Service Providers should be aware of and promote these and similar services amongst their Service Users where applicable. Further information can be found on the Public Health Team and their services on the East Riding of Yorkshire Council’s website:

http://www2.eastriding.gov.uk/living/health-and-wellbeing/public-health/

Carers

In 2014/15, 1,866 Carer’s Assessments were progressed in the East Riding. It is expected that this will increase in 2015/16. At any one time throughout 2014/15 there has been in excess of 3,000 Carers subscribed to the Carers’ Newsletter. The Council will continue to provide advice and support to Carers (for example training, respite and referrals to self-care / self-management services) with a view to supporting and improving the quality of life for those people who care for others.

Further information in relation to Carers can be found at:

http://www2.eastriding.gov.uk/living/care-and-support-for-adults/Carers/support-for-Carers/

Housing Needs

Poor housing, unsuitable housing and instances of precarious housing affect people’s physical and mental health. Generally older people, disabled people and people with long term illnesses are at greater risk from poor housing conditions. The right range of housing, particularly social and affordable housing, is required to meet local needs, to prevent homelessness and enable people to live at home longer, even if their needs change. A wide range of support services to enable people to re-establish their lives after a crisis for example homelessness or hospital discharge is also required.

Both Adult Social Care and Health will be getting together to discuss / plan the county’s vulnerable people’s housing needs and review plans in 2015.

Choice

The Council requires Service Providers to engage with and gain feedback from their Service Users to support continuous improvement of their services as the care market further evolves. The increasing take up of personal budgets and direct payments is likely to mean more people are arranging their own care. It is essential that Service Providers are up to date and informed on the changing market environment.
Commissioning Intentions

It is appreciated that the social care market is working through a significant period of change. The market and expectations will continue to be fluid as the Care Act becomes embedded and Local Authority budgets continue to reduce, however the focus on development of innovative and cost effective services that directly support those in greatest need and preventative services to delay the need for more costly interventions - will continue to be key. Over the forthcoming period and in conjunction with colleagues in Health, we intend to:

- Develop specialist care to support people with complex and challenging needs both in the community and in Care Home provision;
- Develop a range of specialist services which will support safe, timely hospital discharge to improve patient flow, customer experience of service and reduce overall hospital bed occupancy;
- Develop specialist services for people with a Learning Disability (LD) and Dementia;
- Develop a range of ‘fit for purpose’ short breaks for people with LD and autism;
- In consultation with stakeholders, review models of domiciliary care with a view to supporting sufficient capacity in the sector;
- In consultation with the CCG, review the existing Care Home with Nursing provision to ensure cost effective, sustainable, high quality provision;
- Review the existing provision of Day Care / Day Services with the aim of identifying cost effective, sustainable and diverse, high quality provision;
- In conjunction with stakeholders, develop options to improve the take up of self-directed support options.

The Council gathers intelligence around specific issues and gaps in provision from Care Management Teams on a quarterly basis. This will inform discussions with Providers on how to resolve the issues that are being identified - for example:

- The need for respite for younger adults with Dementia / LD
- The need for an Overnight Dementia Sitter Services in people’s own homes
- Capacity issues in rural areas for domiciliary care

It is envisaged that models for these services will be reviewed during the 2015/16 financial year:

Day Care in a Care Home  Nurse Call
Community Based Day Opportunities  Health Trainers
Care Home provision  Lifeline
Independent Supported Living provision  Bereavement Services
Domiciliary Care  Drug and Alcohol Services
Next Steps

The market for provision of care and support and the models for such provision are likely to continue to change for the foreseeable future in order to meet the increasingly complex needs of an ageing population, whilst at the same time resources will continue to be under considerable pressure. Going forward, service provision will need to be tailored to individuals’ needs and this will require innovation and flexibility. The Council will continue to liaise with Service Providers; Service Users and Carers to ensure that changes to care models are progressed safely and to cost effectively meet the needs of the East Riding population.

Adult Social Care has identified the following short to medium term priorities:

- Further developing preventative services; supporting the facilitation of community capacity; ensuring the full utilisation of community assets and resources; identifying and/or co-producing new service models that are flexible and responsive enough to prevent Service User needs from escalating.
- Stepping up the Council’s engagement with stakeholders and providers, to work together wherever possible to identify solutions to issues.
- Empowering Service Providers to work directly with their current and potential Service Users to personalise their services to better achieve the individual wellbeing outcomes that people want; and aim to identify or develop new approaches to commissioning and contracting to make this happen.

Faced with the requirement to save a further £74 million between now and 2018/2019 the Council needs to look at ways of doing things differently and would be pleased to hear from any Service Provider who has ideas for innovative models of provision to support the above points. The Business Management and Commissioning Unit will be coordinating workshops to hear the views of the market.

Further data on the profile of the East Riding is available on The Council’s Data Observatory website at:

http://dataobs.eastriding.gov.uk/

The key issues affecting the county and the implications for adult social care are summarised in Appendix 1 of this document.

For a summary of the current Adult Social Care Market please see Appendix 2.
Important Strategies and Links for Service Providers

The MPS is an overview of the current situation within the East Riding and aims to give Service Providers information on the direction of the Council in relation to the services that will be required in the forthcoming period. There are a number of strategies and sources of information which underpin this MPS and these are listed below:

- **Better Care Plan**: the Better Care Fund Plan and more information about the shared vision for ‘Better care at, or closer, to home, through integration.’ can be found at: [http://www.eastridingofyorkshireccg.nhs.uk/our-plans/bettercare/](http://www.eastridingofyorkshireccg.nhs.uk/our-plans/bettercare/)

- **Connect to Support East Riding**: anyone asking for information and advice on care and support services will be signposted to this website. Providers are encouraged to register on the ‘Connect to Support East Riding’ website where people needing support can access details about available services: [https://www.connecttosupport.org/s4s/WhereILive/Council?pageId=362](https://www.connecttosupport.org/s4s/WhereILive/Council?pageId=362)

The Council has ensured that providers no longer have to pay transaction fees for advertising on this site. The following graph identifies the number of new people per month in 2014/15 who have registered on the website looking for services and support in the East Riding.


- **Health & Social Care Information Centre** – Adult Social Care Outcomes provides information on the Health & Social Care market for the Council as compared to England and other local authorities: [http://ascof.hscic.gov.uk/Outcome](http://ascof.hscic.gov.uk/Outcome)
• **Health and Wellbeing Strategy** (2013 – 2016):  

• **Joint Commissioning Strategy 2012 – 2017** (East Riding of Yorkshire Council and East Riding of Yorkshire Clinical Commissioning Group):  
  [https://www.recruiteastriding.co.uk/attachments/5895/Services%20for%20Adults%20Joint%20Commissioning%20Strategy%202013.pdf](https://www.recruiteastriding.co.uk/attachments/5895/Services%20for%20Adults%20Joint%20Commissioning%20Strategy%202013.pdf)


• **Yortender:** Providers are encouraged to sign up to Yortender where they can view Council procurement opportunities (as well as other opportunities in Yorkshire and the Humber): [www.yortender.co.uk](http://www.yortender.co.uk)

**Important Contacts for Service Providers**

**Connecting Communities Grant information:**

The Connecting Communities Grant is a time limited grant (1-3 years). It is a partnership between the Council and the East Riding of Yorkshire Clinical Commissioning Group. The aims and objectives of the scheme are as follows:

- To stimulate and encourage community activity that contributes to addressing loneliness and isolation for older people with emerging health and social care needs.
- To generate social return on community investment.
- To improve the quality of life of participants in the funded projects.
- To promote independence and support self-management and self-care.

For further information or an application form, please contact: [jean.oconnell@eastriding.gov.uk](mailto:jean.oconnell@eastriding.gov.uk) (Tel: 01482 392234).

For procurement queries please contact:  
**Procurement Officers:** [planningandprocurement@eastriding.gov.uk](mailto:planningandprocurement@eastriding.gov.uk)

For quality issues, please contact  
**Quality Development & Monitoring Officers:** [quality.development.team@eastriding.gov.uk](mailto:quality.development.team@eastriding.gov.uk)
APPENDIX 1 – Key Issues for the County; the Implications for Adult Social Care

The County: An Introduction to the East Riding

The East Riding of Yorkshire is located in the North of England on the East coast and comprises of 26 Wards, 171 Parishes, 210 LSOAs (Lower Super Output areas) and 1,114 OAs (Output Areas), covering an area of approximately 240,768 hectares (or 930 square miles). The coastline stretches for 85 kilometres from Bempton to Spurn Point.

In 2014 the population was estimated at 337,115 (2014 Office for National Statistics Mid-Year Estimates). In 2037 the population is predicted to reach 368,728 (2012 Office for National Statistics Population Projections), which is a higher rate of growth than the national growth rate.

In 2013, the Office for National Statistics classified the East Riding as being approximately 93% rural by area and 44% by population. This results in a low population density of approximately 1.4 people per hectare.

In East Riding of Yorkshire, people of working age account for 59.7% of the total population (or 201,327 people). 23.9% of people are of pensionable age (80,611 people).

The key points for the East Riding are summarised below:

<table>
<thead>
<tr>
<th>The East Riding of Yorkshire Facts</th>
<th>Implication</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Office for National Statistics Mid-Year Estimates advises the population of the East Riding is 337,115. It is expected this population will increase at a rate higher than the national growth rate.</td>
<td>This places pressure on Local Authority budgets and resources, which emphasises the need to do things differently.</td>
</tr>
<tr>
<td>Over the next 10 years (2015-2025), it is projected that the East Riding will experience a 21% growth in people aged 65 and over, from 82,700 to 100,100. <em>(Data source: Projecting Older People Population Information System - POPPI)</em></td>
<td>As the ageing population increases, demand for support will rise and the support needed will become more complex.</td>
</tr>
<tr>
<td>Between 2015 and 2025, the overall number of people with dementia aged 65 and over is forecast to increase from 5,547 to 7,738. <em>(Data source: POPPI)</em></td>
<td>It will be necessary to increase support in communities and ensure Service Providers have staff who are fully trained to care for people with dementia.</td>
</tr>
<tr>
<td>In 2013, the Office for National Statistics classified the East Riding as being approximately 93% rural by area.</td>
<td>This poses challenges for commissioners and Service Providers in ensuring provision is available across the full area of the county. We need Service Providers to consider how they can better ensure full county cover.</td>
</tr>
<tr>
<td>Whilst the East Riding is relatively healthy overall, there are still large pockets of deprivation, particularly in and around Bridlington, Goole and both South and East Holderness.</td>
<td>This needs to be taken into account in the commissioning and targeting of services.</td>
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<tr>
<td>As at May 2015 there are 4,366 Care Home beds in the East Riding</td>
<td>The Council is keen to develop preventative services which will support Service Users to be independent and in their own home for as long as possible as well as promoting self-care (individuals, families and communities taking responsibility for their own health and wellbeing).</td>
</tr>
<tr>
<td>In 2015, it is estimated that 2.4% (4,685 people) of the population aged 18-64 years are adults with a learning disability. Whereas 1,716 are older (65+). <em>(Data source: POPPI &amp; PANSI)</em></td>
<td>Promotion of independence will remain key and personal budgets will support choice and control. Community provision for social activities will help to support people with learning disabilities - as will Telecare.</td>
</tr>
<tr>
<td>In the East Riding it is estimated that in 2015 there are 31,261 people aged 18-64 with a mental health problem. It is also estimated that there are 13,976 people aged 18-64 with two or more psychiatric disorders. <em>(Data source: Projecting Adult Needs and Service Information - PANSI)</em></td>
<td>It is estimated that up to 2030, these figures will remain static; however more females than males are diagnosed for both sets of conditions. Again, promotion of independence will be key; self-care where appropriate; building Service User’s resilience.</td>
</tr>
<tr>
<td>In 2015, the East Riding CCG outlined a range of long term health needs for our older (65+) population including:</td>
<td>This identifies the importance of increased integration between health and social care services to support those with long term needs; support safe and speedy hospital discharges and to support people to live as independently as possible for as long as possible.</td>
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<tr>
<td>- Limiting long term illness (21,120 people)</td>
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<td>- Stroke (around 700 people)</td>
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<tr>
<td>- Bladder problems (13,391 people)</td>
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<tr>
<td>- Predicted to have a fall (21,678 people)</td>
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<tr>
<td>It is predicted that there will be an increase of approximately 25% in these areas by 2030.</td>
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<tr>
<td>Older people predicted to fall and be admitted to hospital is projected to increase by 29% by 2030, that’s almost 10,000 older people.</td>
<td></td>
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</tbody>
</table>
APPENDIX 2 - The Current Adult Social Care Market

<table>
<thead>
<tr>
<th>Market Profile (as at September 2015):</th>
<th>Domiciliary Care Agencies:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Care Homes:</strong></td>
<td>• As at September 2015 there are 9 preferred Domiciliary Care Agencies (DCAs) commissioned by the Local Authority with up to 5 agencies per ‘Lot/district’; covering a total of 7 ‘Lots’. Of these, 1 agency covers all 7 Lots; 3 agencies cover 4 Lots; 1 agency covers 3 Lots; 1 agency covers 2 Lots and a further 3 agencies cover 1 Lot each.</td>
</tr>
<tr>
<td>There are currently 146 Care Homes in the East Riding with a total of 4,366 care beds as follows:</td>
<td>• There are 35 CQC registered DCAs in the county.</td>
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<tr>
<td>• 95 Registered for the Elderly, Elderly Dependent and Dementia with Exceptional Needs (DEN);</td>
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<tr>
<td>• 37 Registered for people with Learning Disabilities;</td>
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<tr>
<td>• 7 Registered for people with Mental Health conditions;</td>
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<tr>
<td>• 2 Registered for people with Physical Disabilities;</td>
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<tr>
<td>• 18 Care Homes with Nursing (also included in above statistics);</td>
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<tr>
<td>• 5 Council Care Homes plus 1 which is a Nursing Home; the Nursing Home has a joint workforce with HFT;</td>
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<tr>
<td>Average occupancy rate for the county is at 94%.</td>
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<tr>
<td>As at time of publication there are 6 Care Home providers with either expansion plans/seeking planning permission for developments with a potential for a further 192 beds to be made available in the next 2 years.</td>
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</table>

<table>
<thead>
<tr>
<th>Domiciliary Care Agencies:</th>
<th>Nursing Capacity:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• As at September 2015 there are 9 preferred Domiciliary Care Agencies (DCAs) commissioned by the Local Authority with up to 5 agencies per ‘Lot/district’; covering a total of 7 ‘Lots’. Of these, 1 agency covers all 7 Lots; 3 agencies cover 4 Lots; 1 agency covers 3 Lots; 1 agency covers 2 Lots and a further 3 agencies cover 1 Lot each.</td>
<td>• As at publication, there are 1168 beds in Care Homes with Nursing. However, only 24% of this capacity is used for nursing care. This figure varies but will be dependent on the number of nursing staff and the needs of the individuals placed in the Home.</td>
</tr>
</tbody>
</table>

<table>
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<tr>
<th>Short Breaks:</th>
<th>Accommodation with Care:</th>
<th>Day Care Opportunities:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• 1 Local Authority CQC registered provision for short stay/respite for people with learning disabilities.</td>
<td>East Riding has approximately 108 units of independent living accommodation for people with learning disabilities and Autism.</td>
<td>• 23 independent Care Homes have a contract with East Riding to provide ‘day care within a care home’ provision 10 organisations have a contract to provide Day Opportunities, which are activities based in the community (as opposed to in Care Homes) to meet the needs of vulnerable adults.</td>
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<td></td>
<td>A new 40 unit Extra Care Housing Scheme for older people has recently opened in Beverley.</td>
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