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# 1. Welcome from our Director of Adult Social Services



Alison Barker

I am pleased to present Hull City Council’s Market Position Statement (MPS) for April 2019 to March 2021.

The MPS describes how we see the social care market now and how it may develop over the coming years. This description is based on a combination of our current understanding of demand for existing services, and our strategic intentions and commissioning plans going forwards.

This MPS is a key document for the Adult Social Care Department. We want to use it to facilitate collaborative discussions with current care and support providers, potential future providers, and also our partners who commission and use care and support services. We hope that through these discussions we are, together, able to address

market capacity and capability issues. Our intention in producing this MPS, and working with it in this way, is to promote and shape a rich, dynamic, and diverse market place which delivers high quality outcomes for vulnerable people in Hull.

To deliver on this intention we need to make sure that we commission in ways that enable people who use services:

- To achieve positive outcomes by combining what they want with what they need
- To understand what support and services are available and to make informed choices
- To have a variety of providers and services to choose from
- To have easy access to information about the quality, safety aspects, and cost of these services
- To have opportunities to purchase their own services effectively wherever possible



To achieve these things, we have developed seven guiding principles which underpin our adult social care commissioning approach with providers:

- Focus on independence and wellbeing outcomes
- Build upon people's strengths and help them to achieve their personal goals as far as possible
- Place emphasis on prevention and self-management, helping people to help themselves to prevent needs from escalating wherever possible
- Promote short-term interventions that help people when they need it, preventing reliance on long term care packages as far as possible
- Provide good quality long-term services when they are required, which are value for money
- Support market sustainability so that we are paying the right price, for the right care, from the right place with a sustainable and skilled workforce
- Ensure that there is diversity within Hull's market for care and support

If we can deliver our commissioning approach, it will help us and our partners overcome, or at least manage, two major challenges that face the sector - growing demand and limited resources. It will also enable better cooperation through sharing important information, and in so doing, support a forward thinking and innovative social care market, that is able to achieve positive outcomes with and for the vulnerable people of Hull.

The structure of this MPS is designed so that the reader can 'dip-in' and 'dip-out' of the various sections as they choose. After a brief outline of our operating model in section two which provides us with our overarching framework, section three provides the key messages we want to deliver for the various market segments. Section four explains our new approach to commissioning and section five explains how this influences the market and our commissioning activities. Section six describes the currently commissioned services we purchase, whilst section seven sets out the tendering opportunities open to providers, and section eight explains how we will help providers make the most of opportunities in Hull.

We hope that you find the MPS helpful and that it provides you with an insight into how we want care and support to look in Hull, and how you can support us in delivering our vision of "A life not a service".

## 2. Our Vision - “A life not a service”

### Our vision of “A life not a service” consists of four elements:

- Focus on the person - we will build on people’s strengths, supporting them to take control of improving their health, resilience and wellbeing
- Maximise independence - we will champion people’s rights to live the fullest life they can, knowing that this provides the best outcomes for people who use services
- Work in partnership - we will work creatively with individuals, local communities and our partners, supporting them to deliver the best possible outcomes so that people can live well

- Work effectively within the set budget - we will have a cost-effective adult social care service delivered within the budget envelope to ensure those who most need support receive it and that we can continue supporting people in the future

During the past year, adult social care in Hull has been going through a transformational change with a new operating model to help deliver this vision. The new operating model is built around three steps, which are shown in the table below.

<b>Step 1</b> Help to help yourself	<b>Step 2</b> Help when you need it	<b>Step 3</b> Help to live your life
<ul style="list-style-type: none"> <li>• Helping people to live independently and to take responsibility for their wellbeing as long as possible without formal care</li> <li>• Providing people with information, advice and guidance about services in the community coordinated through social prescribing, Connect to Support and interactions with health and social care professionals</li> <li>• Helping people to manage and remain at home using equipment and assistive technology</li> <li>• Delaying the need for formal care and reducing the demand for adult social care input</li> <li>• Leveraging an integrated commissioning approach which is outcome focussed and prioritises resources and effort for prevention and early help</li> </ul>	<ul style="list-style-type: none"> <li>• Providing short-term support with no assumption of long-term support to people who are at risk of losing their independence; this will interface with intermediate care</li> <li>• Understanding people’s strengths and goals and the support that someone already has, working with them and carers to meet their outcomes and maintain independence</li> <li>• Using personal aids such as equipment and assistive technology to regain or maintain a person’s independence</li> </ul>	<ul style="list-style-type: none"> <li>• Developing innovative and tailored support plans with people that build on a person’s strengths and the goals they want to achieve rather than creating dependencies, considering their strengths, existing community provision and support networks</li> <li>• Ensuring that the response is proportionate and tailored to a person’s own circumstances and uses an innovative mix of provision including their informal network, community assets, assistive technology and equipment where appropriate within all support plans</li> </ul>

# 3. Our Key Commissioning Messages

## 3.1 Overall: independence and Wellbeing

Demand for services has increased by 11 per cent across Hull in the last four years in the context of increasing / ongoing austerity. Until the introduction of our new operating model, the current response to this 'increasing demand plus austerity' scenario was a traditional one, which sought cuts in back-office functions whilst preserving front-line services. Unfortunately this approach has proved unsustainable in the longer-term, leaving, as it did, two fundamental issues unaddressed:

1. Front-line service provision, on too many occasions, was being sourced for people too early – people were not being given the opportunity to be as independent as possible
2. Front-line service provision, on too many occasions, was being over provided and in so doing not supporting people's wellbeing

We are changing this, so that front-line services are working to support independence and maximise wellbeing in all that they do, and as much as they can.

Whilst the total population of Hull is projected to increase by only 2 per cent by 2030, there is projected to be significant growth in the number of people who are over 65 years of age. This growth is expected to be 25 per cent. This growth profile constitutes the most significant pressure on adult social care in Hull across multiple groups of people with differing needs.

The increase in the volume of people over 65 years of age is not the only key issue; the needs of this population are also changing.



Lifestyle factors are contributing to a prevalence of complex co-morbidities which impact on people's quality of life.

Whilst the overall numbers of working age people is set to reduce between 2017 and 2030 by about 4 per cent, there are a number of factors which suggest the people with social care needs will require increased specialist care and support provision and more personalised accommodation solutions.

In what follows these general messages are examined in more depth by area of need.

## 3.2 Learning Disability

The number of people aged 18-64 in Hull with either moderate or severe learning disability is projected to reduce marginally from 919 people in 2017 to 913 people in 2030. However, for people over 65, the prevalence is set to increase from 113 in 2017 to 141 in 2030.

## 3.3 Learning Disability, Autism and Behaviours that Challenge

Transforming Care Partnerships (TCPs) across the country are required to develop Accommodation Plans to support the aims of the programme by helping people to live healthy, safe and rewarding lives in their local community.

The Humber TCP Accommodation Plan 2018 – 2021 will have a wider impact than the Transforming Care population. It is envisaged there will be an improvement to the quality and the choices of accommodation for people with complex needs across the Humber Coast and Vale Partnership (HC&VP).

Commissioning activity that addresses the priority areas for the Humber TCP include:

- a) Hull City Council's lead and participation in the regional TCP framework, the procurement of which has been led by Doncaster Clinical Commissioning Group. This framework aims to support the discharge of highly complex forensic individuals from secure national units into provision as close to home as possible.
- b) There is a range of activity locally to support greater provider choice and a more dynamic market for local housing-related support, supported living and residential care options for people moving from the local assessment and treatment unit –Townend Court.
- c) Addressing the needs of young people transitioning from childhood to adulthood with disabilities is the responsibility of a partnership group called the 'Strategic Transitions Group'. A new Transitions Protocol has been agreed across all partners information about this is available on the Local Offer.

### 3.4 People with Profound and Multiple Learning Disabilities (PMLD)

An individual with PMLD has very severe cognitive impairments or learning disabilities and develops complex health needs as they go through their life.

This means that their ability to respond to care is limited and caring for them takes time and understanding. We are committed to continuing to provide the best possible residential support for people with profound and multiple learning disabilities, but to also work with partners in a number of different areas to improve health and wellbeing outcome and support carers.

In Hull there are 79 people identified with PMLD and this number is expected to rise to around 105 in 2026. Of these 79 people 49.4 per cent live in their family home and 35.4 per cent live in residential care and 8.9 per cent live in a nursing home. A small number of individuals are supported across both the family home and a residential home – known as shared care, in their own home or with Shared Lives carers.

A lot of pressure is placed on family carers even if a home-based care setting is possible, and even if a residential placement is made there are continued pressures on family members supporting their family member. The age of carers ranges from 30-70 years of age. The majority of

individuals with PMLD identified in Hull are being supported by carers in their 50s (40 per cent) with 25 per cent in their 60s and 21 per cent in their 40s. A small proportion of carers are in their 70s (12 per cent) and 30s (2 per cent).

Of those individuals living within the family home 90 per cent of them attend day services and 63 per cent have access to respite care.

We are working on an integrated carers strategy for Hull that will support the carers of people with PMLD to continue their caring role for as long as possible with the right support to help them.

### 3.5 Autistic Spectrum Disorder (ASD)

The number of people aged between 18 and 64 with autistic spectrum disorder is predicted to reduce from 1,680 in 2017 to 1,662 in 2030. However, the number of people aged over 65 with ASD is projected to increase from 369 in 2017 to 482 in 2030.

Following completion of our Autism Self-Assessment, we want to improve the following:

- Contact with people post diagnosis using and connecting the new floating support services and connecting it to the new diagnostic pathway to keep in touch with people who were ineligible at the diagnostic assessment, as well as those who were.
- Improving the psychology support and occupational therapy support currently available in Hull for autistic people
- Delivering on the training in practice arrangements developed in 2018
- Better supporting young people who have autism in the to transition adulthood

### 3.6 Young People Growing into Adulthood and Likely to Require Services from Adult Social Care

Adult and Children's Social Care has identified 546 young people currently aged between 14 and 24 who might potentially require some kind of adult social care and support. 362 of these young people are over 18, of which 86 have been confirmed as making a transition to adult social care before their 25th birthday. A further 184 young people are between the ages of 14 and 18 and transitions work is underway with 131 individuals some of whom will transfer to adult social care services.

### 3.7 Downs Syndrome

The number of people aged 18 to 64 with Downs Syndrome is also predicted to reduce very marginally from 104 in 2017 to 102 in 2030.

There is also a need to support people with Downs Syndrome who develop dementia to enable them to live independently for as long as possible.

### 3.8 People with Physical Disability (PD)

People aged 18-64 with a moderate or serious physical disability is projected to decrease from 12,289 in 2017 to 12,027 in 2030. However, the prevalence of people with physical disabilities is set to rise in the population of people over 65 years of age as follows:

- People with a long-term illness who cannot carry out their daily activities is projected to increase by 30 per cent from 11,990 in 2017 to 15,594 by 2030;
- People who can perform some elements of daily activity are projected to also increase by 30 per cent from 10,397 in 2017 to 13,352 by 2030.

### 3.9 People with Mobility Difficulties

People aged 65 years and over with a mobility issue who are unable to manage at least one activity by themselves is projected to increase from 7,153 in 2017 to 9,389 by 2030.

### 3.10 People Falling or at Risk of Falling

Many people fall or are at risk of falling, this event is far more serious for older people. A consequence of a fall amongst the population of people over 65 years of age is often an injury requiring hospital admission. Falls for people under the age of 65 are projected to increase from 809 in 2017 to 1,086 in 2030. However, the number of people aged over 65 predicted to have a fall is set to increase from 10,486 in 2017 to 13,611 by 2030.

### 3.11 People with Mental Health (MH) Issues

It is estimated that around one in six people in Hull (47,000) are affected by a mental health problem at any one time. The Mental Illness Needs Index 2000 has assessed that Hull has greater need in terms of mental health compared to other more affluent geographical areas nearby. However, the prevalence of mental health issues in the population of people 18-64 is predicted to reduce by an average of 2 per cent between 2017 and 2030. This includes people with a common mental health issue, borderline personality disorder, antisocial personality disorder, and psychotic disorders.

### 3.12 Adult Prisoners

During 2017/18 Adult Social Care received 84 referrals from prison (50 aged 18-64 and 34 aged 65+). Eight customers received services within a prison setting (three aged 18-65 and five aged 65+). Six customers received services within a prison as at 31 March 2018.

### 3.13 Older People with Dementia

The number of people with a dementia diagnosis in Hull was 1,362 in 2012/13, 1,861 in 2014/15, and 2,002 in 2015/16. This increased to 2,123 as of October 2017. The current predicted number of people with dementia, given Hull's population is 2,772, suggesting that there is an un-diagnosed population of 649 people.

60 per cent of dementia cases are Alzheimer's disease: This would equate to 1,274 cases of Alzheimer's disease in Hull. Acute admission data provided by Embed Health Consortium for Hull for the period 1 October 2017 to 30 September 2018 shows that of the 2,252 admissions of people with dementia 508 were coded as unspecified vascular dementia, 226 as unspecified Alzheimer's disease and 1,314 as unspecified dementia.

Although it is difficult to ascertain true Mild Cognitive Impairment (MCI) numbers we can be sure a significant number of people aged 65 and over will present with MCI, many of whom will go on to develop dementia. There are an estimated 4,500 people in Hull with MCI with up to 2,700 of those going on to develop dementia.

Two-thirds of people with dementia live at home. If we assume that most people with dementia in residential care have been identified and diagnosed then circa 700 people with dementia are in residential care and 1,400 are living at home.

### 3.14 End of Life Care

Approximately 2,500 people die each year in Hull. The majority of these deaths occur following a period of chronic illness related to conditions such as heart disease, liver disease, renal disease, diabetes, cancer, stroke, chronic respiratory disease, neurological diseases and dementia.

There has been significant improvement in the numbers of people dying in their preferred place of care in recent years, with the proportion of people dying in their usual place of residence increasing from 35.4 per cent in 2010/11 (Q1) to 41.9 per cent in 2016/17 (Q4). However this is still below the England national average 45.8 per cent 2016/17 (Q4) and there is scope for further improvement and a need to meet the increasing demand due to population growth.

### 3.15 The Integrated Care Centre (ICC) and Frailty Pathways

Hull's new ICC is called The Jean Bishop Integrated Care Centre and aims to address the 'system over-reliance on hospital care'. It was partially operational on 23 May 2018, and went fully operational on 2 July 2018. Immediate benefits have been realised including 770 patients having received fully integrated assessments and care plans and there is a plan to see an additional 2,300 patients before the end of the 2018-19 financial year.

The purpose of the ICC is to help older people to:

- Stay healthy and not needing urgent care
- Avoiding acute episodes of long term illness
- Maintain independence with multiple conditions
- Achieve the “golden two hour” community response
- Stay in their own home
- Receive integrated services, and multi-

disciplinary care

The way it is intended to achieve these outcomes are by improving quality of community support, improving hospital flow, managing the predicted increase in demand, and reducing costly GP call outs. Specifically the intention is to achieve:

- 10 per cent reduction in Emergency Department attends
- 10 per cent reduction in emergency admissions
- 10 per cent reduction in occupied bed days
- An average saving of £72 per patient on drug costs
- A reduction in GP 'call-outs'

The key issue being addressed by the ICC is the demographic pressures in Hull of a rapidly ageing population with growing acuity.

### 3.16 A Comment on the Financial Context

The impact of years of austerity and the prospect of an imminent departure from the European Union means that, as a council and as a sector, we have a financial challenge to reduce our costs by £22m from £69m over this next planning period, and a workforce challenge to address. Both of these matters are dealt with in more detail in other documents, for example the council's medium term financial plan and the integrated workforce strategy which will be available early in 2019. See appendix two for more details of the financial picture for Hull City Council.



## 4. Refreshed Commissioning Approach

We are making enormous changes to the way we operate internally and what we buy externally. Our guide in this endeavour is our revised operating model. The operating model places a greater emphasis on prevention and early intervention support through three tiers of support:

**Tier 1:** The prevention approach is aimed at helping people to help themselves, supporting them to employ and develop their own skills, abilities and knowledge, to connect people to friends and family and find informal supportive relationships so that they can maximise their independence and wellbeing in the context of where they live.

**Tier 2:** The early intervention element to the operating model involves providing help where and when people need it, in a way that helps people remain in their homes and their communities for as long as possible. It supports the voluntary and community sector to do as much as they can for people, to enhance independence and wellbeing. In this way our approach utilises creative support that draws from a diverse voluntary and community sector market place. This tier of short-term help and support aims to enable a move away from a reliance on expensive long-term care packages, and reducing and delaying needs from escalating.

**Tier 3:** The third tier of our operating model focuses on prioritising, once again, wellbeing and independence before providing formal support services. The way this is done is through strengths-based social work in communities, with families and individuals. This tier recognises that even when people have substantial needs they

still have their own skills, abilities, relationships and priorities that matter to them, and that maintenance or even enhancement of these are essential for their sense of wellbeing. Focussing on wellbeing and independence – making sure we have done everything we can to address these before providing formal service means:

- a) People are happier because we focus on what they can do, not just on what they cannot, so they maintain their self esteem
- b) People feel more in control of their lives
- c) People feel they are more connected to others in meaningful relationships, so that they are less isolated and loneliness is reduced
- d) People are supported to be contributing members of their communities
- e) People receive services that fit around their lives and do not replace their informal networks and relationships, or reduce their levels of engagement with communities
- f) The need for formal services is reduced and outcomes are better

We want our commissioned providers to understand and replicate this approach, putting wellbeing and independence before the provision of services, and all the time working with the strengths people have – weaving in provisions to people's lives and not 'layering', 'replacing' or 'substituting' for real life skills and abilities and informal support.

## 4.1 The Future Priorities for Prevention and Early Intervention

The operating model increases the focus on prevention and early intervention approaches to improve outcomes for individuals. It maximises independence and prevents, reduces and delays reliance on long term care packages. If low-level needs can be prevented from turning into acute needs, or at least their progress slowed down, people retain their independence for longer while adult social care becomes financially sustainable for the future.

Extra finances have been allocated to support the additional commissioning activity to extend the range of community provision available to support people to live independent lives. This commissioning activity is led by the development of the Social Prescribing Service (SPS).

## 4.2 Social Prescribing

The SPS is a jointly funded service between the council (Public Health and Adult Social Care departments) and the Clinical Commissioning Group (CCG). Its aim is to support people for whom GPs are not able to help with ‘standard’ medical interventions because the individuals concerned are experiencing issues of isolation and loneliness or low-level mental health problems. These needs are not well addressed by formal service provision, either of a medical or a social kind. The SPS accepts referrals from both GPs and Adults Social Care, provides immediate information and advice about a range of social inclusion issues, sources voluntary and community sector solutions and provides a volunteer support provision to help people access the voluntary and community sector provisions that may help. In this way health and social care jointly address issues of social isolation, inclusion and loneliness ‘up front and centre’ when people first make contact with us.

To support the voluntary and community sector (VCS) to meet the prevention needs of people approaching health and adult social care, joint

funding has also been agreed across the council and CCG, to be used on a thematic basis, to provide small grants of no more than £50,000 to commission specific areas of prevention activity.

The intention is that, by commissioning from the VCS through the lens of the SPS we will be able to respond promptly to gaps in the market, target resources where they are most needed taking into account our strategic priorities, and mobilise providers. The success of the approach will be reviewed against a new outcomes framework to inform priorities for the commissioning of services on an annual basis.

## 4.3 Self-care

Connect to Support (CtS) is the information and advice hub Hull City Council and its partners use to promote the notion of ‘self-care’ which works alongside the council’s single point of access. The single point of access, the council’s web site and CtS all work together to promote ‘self-care’, the way in which adult social care provides residents and their families with the information and advice they need and the tools and support to manage their own well-being and maximise their independence for as long as possible.

The information on CtS is coproduced, which means it is designed and created with people who use services and carers. It is under regular review by a network of people, and tested regularly to make sure it is accessible, relevant.

Providers are represented on CtS in two ways, firstly they may well be referenced in the information and advice section of the hub, and secondly, they may register for a live ‘shop’ on the eMarketplace.

Beyond the use of CtS, we want providers of all services to consider how they incorporate information and advice to people they provide services to as part of a more holistic offer of support. We would also like providers to let us know how the redesign of on-line information and advice can be helpful for them and the people they provide services to. CtS can be accessed at <https://hull.connecttosupport.org>



## 4.4 Active Recovery

Early intervention in Hull is 'Goal Based'. This means that when a person or a family need some help 'to get them back on their feet' perhaps after a fall or a short hospital stay, or simply some professional help to deal with an unexpected set of circumstances, like bereavement or homelessness or unemployment and mental health issues. Hull's Adult Social Care team has invested in a tier of social care workers and occupational therapists who can support people to address their identified short-term goals. We call this Active Recovery.

Active Recovery services are short term professional support or it could be packages of care, which aim to assist people to maximising their capacity to care for themselves and live independently. This is currently provided in-house. This has been very successful in helping people, who have often just come out of hospital, to regain their independence after a crisis through ill health.

## 4.5 Assistive Technology and Equipment

Assistive technology and equipment has a key role to play in supporting people to maximise their independence, self-manage and remain living at home safely for longer. Assistive technology and equipment can also be geared to support the carer, reducing the pressure on them and providing greater personal freedom. We expect there to be an increased market for assistive technology and equipment as we look to support more people in their homes for longer. Assistive technology is not limited to telecare, but expands further into devices such as communication aids,

home environment controls, and memo minders.

We want technology companies and equipment providers to let us know how they can contribute to our aim of maximising independence and helping people live the fullest life possible at a sustainable cost. The market for such technology will grow across services affording considerable opportunities for providers.

We want providers of all services to consider how they will appropriately adopt assistive technology as part of a more holistic offer of support. Providers should listen to people who use services, and their carers to determine what assistive technology would be useful.

## 4.6 Support for Unpaid Informal Carers

We want to ensure that all carers in Hull are well supported in their caring roles and opportunities are made available so that carers can also have a life outside of caring should they wish to do so. We have a statutory duty to ensure our carers have access to an assessment of their health and wellbeing which they can request directly. We also want to support carers who are working to remain in employment and receive the necessary support to continue balancing working and caring life. City Health Care Partnership will continue to deliver support to our carers in the community through the jointly commissioned Carers Information and Support Service (CISS).

We are developing a coproduced integrated carers' strategy which will set out what we want to achieve for all carers in Hull. This will be available from July 2019.



## 4.7 Strengths-Based Approaches to Social Care

Wellbeing is subjective, it is interactive, it is relational and contextual. Strengths-based approaches to social care work recognise this and place the achievement of wellbeing ‘up front and centre’ alongside and even prior to the delivery of formal services.

We want providers and partners to think the same way. Before providing formal paid for services, we want organisations working with us to prioritise:

- Information and advice
- Self-care
- Support to carers
- Goal-based short-term interventions
- Person-centred strengths-based social care work

We are not trying to reduce our social care budget by getting people to do more for themselves and stretching often already fragile lives. We want to support wellbeing and independence, and supply services that add value to lives. We estimate the benefits to people who use services and carers, their wellbeing and level of long-term independence will be long-standing and provide significantly better outcomes.

## 4.8 Brokerage

The Brokerage service is a new provision which aims to do two things:

- Enable social workers and social care support officers to have more time ‘in the field’ doing social work and supporting people to maximise their wellbeing and independence

- Complete the purchasing role of adult social care in a way that demonstrates best value for money for the ‘public purse’

Every care and support package that has to be funded by Adult Social Care must be sent to the Brokerage service.

If residential care or supported living provision is needed then the Brokerage Service will use the Dynamic Purchasing System to identify the provider and agree the service.

## 4.9 The Dynamic Purchasing System

A Dynamic Purchasing System (DPS) provides a flexible means to procure contracts for services through a two stage process. In the first stage, interested providers apply for admittance onto the DPS by demonstrating that they meet defined acceptance criteria. There is no limit to the number of providers who can be accepted onto the DPS. The second stage is where contracts for services or individual packages of care are offered to all the providers on the DPS. The providers can then express interest in delivering the service and an evaluation process is then undertaken to determine the successful provider.

Currently, we have a DPS for residential care and will be launching in 2019 DPS’ for supported living arrangements and Day Care Services. Under the DPS process it is possible to either procure a block contract for the delivery of a prescribed level of service, or individual packages of care can be procured.

All our Dynamic Purchasing Systems are administered through the YORtender portal. Any providers interested in applying to join any of the DPS’ should visit [www.yortender.co.uk](http://www.yortender.co.uk)



# 5. How Our New Commissioning Approach Enhances the Market

Commissioning processes are essential for delivery of the adult social care operating model. Getting the right commissioning practices will

enable us to put people who use services at the forefront of what we are doing. There are four key elements to this new commissioning approach:

Outcome Focussed	Co-design	Ongoing Engagement	Market Intelligence
<ul style="list-style-type: none"> <li>• Services focus on the right outcome for the service user</li> <li>• Building services around the outcomes not activity</li> </ul>	<ul style="list-style-type: none"> <li>• Detailed specification and performance measures are co-designed with providers driving innovation</li> </ul>	<ul style="list-style-type: none"> <li>• Continuous open channels for engagement with service users, staff, providers and wider community</li> </ul>	<ul style="list-style-type: none"> <li>• Interpreting data and increasing knowledge of the local care market to be able to facilitate and encourage a modern sustainable local offer</li> </ul>

The model promotes independence, wellbeing and strengths-based approaches; it acknowledges the strengths that individuals and communities have and identifies ways of maximising their potential and impact. In this context, the council takes on the role of an enabler, unlocking the capacity that already exists in communities. Time, energy and creativity are the most valuable assets. The ability to maximise community potential will come into commissioning decisions and be prevalent in both specifications and contract monitoring as this is important to future service delivery. We want to work with community, voluntary and private

providers to meet needs, maximise independence, and reduce dependency.

We will be working with providers to diversify services where possible and to create more capacity in other areas through the provider forums and engagement processes. The following sections outline the principles of the approach and how we want providers to engage.

Hull City Council is committing to enhance commissioning and support the development of the care market as outlined below.

## 5.1 Investment in Commissioning Staff

- Recruited a new lead commissioner for adult social care
- Recruited a market lead focused primarily on Connect to Support and Social Prescribing
- Recruiting a lead on personalisation and self-directed support
- Developing a new commissioning function focused on strategic commissioning and performance management
- Developing a new brokerage function

## 5.2 Commissioning Practice Focused on Engagement

- Improving our commissioning capabilities through staff training
- Increasing our focus on early intervention and prevention approaches
- Becoming outcomes focused
- Developing continuous open channels for engagement with people being supported, staff, providers, partners and the wider community
- Using market intelligence to facilitate and encourage a modern and sustainable local offer
- Co-designing specification and performance measures with providers to drive innovation
- Investing in quality monitoring for commissioned service

## 5.3 Commitment to Invest in the New Approach

- Investing additional finances to extend the range of early intervention provider contracts to support people to live independent lives.
- Investing in Connect to Support information and advice portal with online directory of services and community actives and an e-market place

- Joint investment with Health on Social Prescribing
- Extending the lifeline/telecare offer to include a responder service
- Significant investment on Occupational Therapy (OT), Trusted Assessor Training Programme and supporting equipment delivery
- Investment in Shared Lives schemes
- Investing £63million in Extra Care design properties
- Partners in the regional supported living framework to support people with autism and learning disability who have previously lived in health units to live safe and independent lives.

## 5.4 Health and Social Care Commissioning Integration

We recognise that individuals' needs are often complex and not distinguishable between a health and care need. We also recognise that organisational and political boundaries between health and social care often result in fragmented approach to commissioning. We are working hard to address these issues to provide individuals and service providers with a more holistic approach to development of services. We are progressing integration of our health and social care commissioning functions as follows:

- Hull City Council and NHS Hull Clinical Commissioning Group (CCG) are aligning budgets, a total of £600million, to ensure the most effective and efficient way to spending the Hull Pound
- Making strategic commitment to joint decision making, regarding how best to prioritise allocate resources, ensuring best value and best outcomes, for local people
- To use Improved Better Care Fund (IBCF) in a coordinated way. The council works proactively with our key partner Hull CCG to deliver integration of health and social care services for adults

## 5.5 A Flexible Homecare Response Focused on Outcomes

By placing a greater emphasis on prevention and early intervention services, adopting strength based approach, and utilising creative support that draws from a diverse market place, we are expecting to reduce the demand on homecare.

As part of our new commissioning approach, we will be exploring ways to better focus on achieving goals for people rather than time and task activity. Rather than prescribing conditions, we want to work with providers to ensure they can offer flexibility in achieving outcomes. Regular monitoring will underpin this to assess whether outcomes are achieved.

We want providers who can be innovative, flexible and responsive to meeting people's needs at home for as long as possible. This service model will support individuals to maximise their independence and gain skills to lead a healthy and prosperous life. We are encouraging homecare providers to use assistive technology to support individuals and their family carers. Recruitment and retention of a good quality, local workforce with the right ethos and values is crucial for sustainability going forward.

## 5.6 Harnessing Community Activity

We want providers who can provide new, innovative and creative day opportunity services in Hull. These day opportunities need to support people to maximise their independence, participate in meaningful activities, strengthen links with their local communities, build their confidence, and support positive social interaction with their family, friends and the community.

We aspire to have 'community connectors' working in local post code areas as volunteers, trained and with support, to help people with potential or actual health and social care needs to develop informal connections to others, network with the Social Prescribing Service and help people to support their own wellbeing, and in so doing reduce loneliness and isolation. We hope to

get this kind of informal volunteer 'community connector' support in place during 2019 even if as a pilot to prove the concept works to reduce loneliness and isolation, and increase wellbeing.

## 5.7 The Changing Face of Residential and Nursing Care

By placing a greater emphasis on prevention and early intervention services, prioritising providing support that helps people remain in their communities, utilising creative support that draws from a diverse market place, and developing Extra Care provision and housing support services that focus on independence, we are expecting to reduce reliance on residential and nursing care and anticipate fewer placements.

Based on the findings from the Winterbourne View reports we want to ensure that people are supported to remain in their homes and communities, avoiding residential and nursing placements if possible. People requiring residential care are therefore likely to be people with complex health and care needs, with people with lower needs being supported in the community. Providers will need to be able to respond to this changing profile, and we will work with them to explore opportunities to diversify or specialise.

We want providers of residential and nursing care to be able to demonstrate how their service improves outcomes for people, such as maximising independence as far as possible and making a difference to wellbeing and quality of life.

## 5.8 Alternative Support for Living Independently - Extra Care

Our support for people to live independently is reflected in our development of Extra Care to reduce reliance on residential and nursing care as an alternative to care homes, offering a home for life for those with care needs, enabling a more independent life with the added security of onsite care and support in a community environment. It provides 316 one and two-bedroom self-contained apartments with onsite tenancy support and emergency care available 24 hours per day, seven days per week alongside assessed

packages of care as required. The care is flexible to meet people's changing needs as their situations change. The range of care and support needs range from low to high needs including, but not limited to, older people, people with physical and learning disabilities, mental health needs and dementia.

We are working closely with our housing colleagues to increase the opportunity for our older people, as well as those from the 18 – 64 age groups who can live more independently. As part of this journey we are developing an older people's housing strategy which will identify the numbers and housing models needed for older people in later life.

We would like to engage in conversations with private developers, housing association and registered social landlords who are looking to develop Extra Care provision in Hull as we have potential buildings and land for more of this provision to be developed.

## 5.9 Alternative Support for Living Independently - Supported Living

Supported Living has proved to be a successful model of living independently in the community for people with learning disabilities and we would like this model of housing to be provided to a greater range of people, going beyond those with learning disabilities. We want to work with private and registered social landlords and believe this is an area of tremendous growth.

We will be working with our Housing colleagues to deliver a housing strategy with more housing options for people who need adult social care support. We particularly wish to focus on the support available for adults with complex care needs who have been placed out of the area, or in long stay hospitals. We are keen to support people to return to their communities and family networks, if this is their aspiration.

We have been actively involved in establishing the regional framework of providers who will work across the region to support some of our most vulnerable people with autism and learning

disability who demonstrate behaviours that challenge or have a history of offending behaviours. It is crucial that we work collaboratively across health, the council and with providers to provide good quality accommodation along with personalised and stable care and support to ensure that people are supported to live safe, fulfilling and independent lives.

## 5.10 A Step in the Right Direction - Housing Related Support (HRS)

Hull City Council has a statutory obligation to meet the needs of vulnerable people from becoming homeless. The Housing Related Support services does this by working with people who have a history of offending, those with chaotic lifestyles who can become either homeless, those with learning disabilities, mental health or complex care needs. The service model consists of two key areas of support: the accommodation and support provided within those accommodations where people have a short hold tenancy agreement; and, to ensure that those people who are living within the community are also supported and progressed on to obtaining suitable permanent accommodation.

We have tendered the housing related support service and have a framework agreement in place until 2020. The framework will offer an innovative service which supports people to progress on to fully permanent and independent living and enable providers to work together in partnership to actively support that pathway in a collective and competitive environment.

## 5.11 Providing a Stable Home Environment - Shared Lives

We want more Shared Lives carers in Hull. This model of care and support has proven to be an enormous success for those aged over 18 who want to live independently in the community, offering people an opportunity to live within a supported family home environment with an approved Shared Lives Carer. This is usually



delivered in the carer's own home, either on a long-term or short-term basis, however we are open to exploring alternative accommodation set ups that provide the same level of support, such as using neighbouring properties.

Different people use the scheme, some have complex learning and or physical disabilities and health care needs, some individuals have been diagnosed with autistic spectrum disorders or other disorders affecting their ability to manage parts of their lives without support, and others have mental health issues.

## 5.12 Managing Effective Transitions to Adulthood

We want to work with providers to ascertain how best to ensure the young people moving into adult care services are well supported in the community with the appropriate care and support services provided and monitored. Adult Social Care is working more closely with our Children & Young People's Services and ensuring timely sharing of information to support a smooth transition. This collaboration has produced a 'Transitions Protocol'. This protocol sets out the agreed work of different parties involved in young people's lives.

## 5.13 Personal Budgets: Enhancing Choice for People through Direct Payments, Council Managed Budgets and Individual Service Funds (ISFs)

Personal budgets provided by the council can be administered in different ways, as a direct payment to an individual who then manages all the purchasing of care and support themselves, as a council managed budget where the council takes on the purchasing responsibilities on the individual's behalf, or as an ISFs, which places the administration duties with a provider who then acts on the individual's behalf. These different forms of personal budget are different ways of taking control of allocated resources, which enable people and their families have the degree of control they want over their allocated funds.

Innovative solutions from the market are required to support the council to deliver the use of these kinds of payment methods to enable people to manage their own support as much as possible.

Individual Service Funds are a relatively new possibility in Hull. People started accessing Individual Service Funds (ISF's) in 2015, with only 4 people. In 2017 this has increased to 21, which remains low, but does show an increase is taking place. At 31 March 2018 there were 19 ISF in place. ISF arrangements are not often taken up at the moment. People tell us that the contractual arrangements between an identified provider, the people they work with and Hull City Council as the commissioning authority, are too complex to be desirable. However, in 2019/20 we would like to discuss with providers the best ways that they can deploy ISFs, working in partnership with the person to provide flexible support when changes are needed. We are interested in working out how contracting arrangements between the council and providers will need to change to help support this practice.

We want providers to help us to improve this, as well as to develop ISFs which are more likely to suit those who want flexible support, but without all the responsibilities that come with managing a direct payment. Providers will need to ensure they are able to contract with individuals through personal budgets.

## 5.14 Keeping Active - Meaningful Day Activities

We will be reviewing our day care offer and ensuring it is fit for the future and reflects the expectations of young people who use these services. The day care offer has traditionally been all building-based for a range of vulnerable people and it does have many benefits such as reducing social isolation, and enabling people to make friends, learn or regain skills in a meaningful way. However the current offer is not sustainable and from the review exercise we will gather the intelligence needed to move forward. The review was carried out during 2018 and early 2019 and has consulted with people currently using the service.



## 6. Current Commissioned Services

### 6.1 Supporting Informal Unpaid Carers

We recognise the invaluable contribution that our unpaid informal carers make to the people they care for and the health and social care system. To support our statutory responsibilities to carers we have commissioned Carers Information and Support Service (CISS) which delivers the following:

- Information and advice
- Support groups
- Training
- Counselling services
- Activities for carers and volunteers

During 2017/18, 3,601 carers received support, some of these carers are registered with CISS who deliver a six-week self-management course for individuals with a long-term health condition and the course is delivered by volunteer tutors who suffer a long-term health condition themselves. The long-term condition ranges from low level depression, arthritis, stroke, heart disease, diabetes, back problems, and many other conditions.

In 2017/18, 427 carers were in receipt of a direct payment via CISS of which 312 were aged 18-64 (73 per cent) and 115 (27 per cent) aged 65 and over.

There are 5,281 older carers providing unpaid informal care across Hull, and 53 per cent of these

provide 50+ hours of care per week. It is predicted that with the number of people living longer the number of older carers will also increase and this group is likely to experience increasing need for care and support services themselves.

To actively provide support to our carers there is a range of services on offer across the community and voluntary sectors including;

- **Age UK** - Provides support to our carers through advice and information, early intervention and linking to nursing programme, day services – as a pop in session, support around shopping and meals; however, there is a cost to this for the individual
- **Alzheimer's Society** - Provides support to carers of people with dementia through advice, support and information for individuals, carers and professionals, music sessions, group activities group work
- **Stroke Association** - Provides support to carers with advice and information and for people who need rehabilitation, which gives carers respite
- **Barnardo's** - Provides support for young carers who act as a carer for their parent or with whom they live with. This can be for terminal illness, physical or mental disabilities etc
- **MIND** - Support carer's through advice and information for those caring for people with mental health issues. They offer talking therapy, advocacy at low levels and Gateway

carers and classes for those with disabilities, which allows the carers some respite.

- **CASE** - Provides support to carers, for those who support loved ones with learning disabilities. They also offer respite.
- **MENCAP**- Provides support carers and offer self-advocacy groups

## 6.2 Multi- Agency Response to Prevent People Becoming Injured Through Falling

Adult Social Care receive referrals from a range of agencies relating to individuals who require support following a fall. This includes hospital, GP, self-directed, family members and, community health teams. Hull has a Falls Team and a multiagency action group which deals with falls and they have access to a range of services:

- In-house disability team who deal with minor injuries
- Age UK which carries out prevention work
- City Health Care Partnership (CHCP) undertakes clinical work
- Humberside Fire Brigade will go into homes and pick up people who have fallen. The Fire Brigade have now been linked into Lifeline and if a person with a lifeline has a fall there is a link straight through to them to respond. This is something new and will soon be linked into Extra Care
- Lifeline is now linked to Humberside Fire Brigade from November 2016 – March 2017 and shows how many people they have already helped

The Falls Team also provide advice to community health colleagues around major adaptation, rehousing and approve recommendations they have made to reduce people's time waiting for solutions. They also forward people onto the appropriate team in housing services if necessary.

## 6.3 Active Recovery

Active Recovery is delivered in-house and provides active recovery packages for around 1,167 people per year, with packages running up

to six weeks and fully subsidised by the council. This helps people regain daily living skills and maximise their independence. We are aiming to increase the number of individuals accessing active recovery services over the next three years. A result of this aim is that those individuals accessing long term care are likely to display more complex needs and as such require a greater level of support.

## 6.4 Home Care

In Hull, we provided a total of 711,724 home care hours during 2017/18, providing support for 1,762 people in Hull. The majority of this is commissioned externally (98 per cent) and our expectation is that all long-term home care is commissioned externally. We will need a stable market offering responsiveness and choice for us to achieve this goal and we intend to work with providers to ensure this happens.

## 6.5 Day Care

We have commissioned a total of 32 day care services across Hull City Council, of which 26 are private/voluntary sector, four in-house and two from a neighbouring authority. The day care services support those aged 18 years and over to enjoy meaningful activities and reduce social isolation, regain function skills and abilities. Day care activities are an excellent method of connecting individuals to their communities and supporting their independence. We are looking for innovative solutions from the market to support these aims.

## 6.6 Residential and Nursing Care

Currently we have 91 providers and 2,331 residential and nursing care beds across Hull, including nursing homes; the five largest providers operate 578 beds, although the market is dominated by small and micro providers who largely operate just one or two small homes in the area. This also includes the in-house services of 49 beds for adults of all ages and two respite beds. Hull City Council is now focusing on commissioning of residential care from the external market rather than being a provider. 88 per cent of current long-term services are provided by the independent sector.

We recently carried out an analysis of the current

market for residential and nursing across all ages and a whole spectrum of care need, part of this exercise also included conducting a cost of care exercise using a national toolkit to understand where we are in terms of paying the right price for care to ensure future market sustainability in the market is considered.

A providers' forum was held in April 2018 and had a good turnout of providers from the independent sector. It explored several ways we can work together to deliver a better service model going forward. From that we have:

- Reinstated Hull's Care Homes Association, which will support and work with us and the market to get this right
- Established a task and finish group consisting of small, medium and large providers, based locally, regionally and nationally to work through some of the technicalities of the various engagements exercises
- Established draft terms of reference, agree the fair price for care toolkit, and provider survey, and will explore best practice models and carry out a regional benchmarking on the weekly costs for residential and nursing care services
- Following service specification and performance framework development and a tendering process the Dynamic Purchasing system become operational in autumn 2018

In addition to the council commissioned services, the CCG also commission:

- 46 intermediate care beds
- 16 step-down beds (all in nursing homes)
- 18 move-on flats in Thornton Court
- 17 stroke beds within independent care homes
- The total gross spend on people 18–64 years is £19.9m, split in-house residential care is £3.6m and those in private residential care is £16.3.

In Hull, we have recently secured eight short stay step down beds to assist with timely discharge from hospital to support people to return home when they feel confident and well to do so. There is a dedicated social work team to work with people and the provider to enable people to build confidence and competence so they can return home as soon as possible.

Other support provided by care homes during 2017/18 include:

- 11 people aged 18–64 are being supported to live well with memory, cognitive / dementia registered on CareFirst, following early diagnosis of the condition
- There were 324 18–64-year olds in permanent residential or nursing homes, of which 237 are placed within Hull. Of the 237 there are 99 with a learning disability;
- There were 40 out of area LD placements for 18–64-year olds, of which 18 were placed in neighbouring (HU) postcode areas;
- 506 people are being supported with Dementia. Recording health conditions are not mandatory therefore this will under-represent the number of people with dementia.

The needs of individuals are changing in relation to requirement for residential and nursing care. The people entering this type of care in the future are likely to be older, more complex, with multiple needs. We also require providers to follow principles in supporting individuals to remain independent for as long as possible.

## 6.7 Extra Care

An alternative to residential care in promoting independence is provision of Extra Care facilities. Working in partnership with Riverside Estuary LTD, we have built 316 apartments over three sites across the City.

## 6.8 Supported Living

During 2017/18 we spot purchased 53 supported living services from 18 supported living providers; of which 4,604 hours of support was provided for 137 people, we also have 44 out of area placements.

## 6.9 Shared Lives Scheme

During 2017/18, 59 people received care from a Shared Lives carer. We are looking to develop this scheme as an alternative to statutory services across all age groups.

# 7 Tendering Opportunities 2019 - 2021

Providers should register on YORtender to get access to commissioning opportunities. We will also use this site to discuss engagement and events so we urge all providers to have an account.

We are looking at more innovative ways of commissioning services e.g. lead provider models,

sub contract agreements by lead providers of services, co-ordination approach as a framework agreement. For each element, we will be holding provider events to go through the service specification and discuss further with providers.

We want to commission the following services:

## Tendering Opportunities by Service Area

Service Area	Target Group	Time scale
Residential Care Dynamic Purchasing System	This will form a framework agreement for all residential and nursing care services for all age groups.	<ul style="list-style-type: none"> <li>DPS established in 2018. Procurement of care packages ongoing.</li> </ul>
Retendering of Housing Related Support (HRS)	<p>This will target all adults from 18 + and of all levels of need.</p> <p>Due to the anticipated changes in housing benefit this award was shortened to minimise risks to providers and the council.</p>	<ul style="list-style-type: none"> <li>Tender November 2017.</li> <li>Re-tender 2020 as part of the system wide approach to dealing with homelessness</li> </ul>
Advocacy Framework	<p>For anyone who requires support to have their voice heard or is being subject to a restriction e.g. Deprivation of Liberty or Best Interest.</p> <p>This framework will also provide targeted advocacy to support people to understand the Care Act.</p>	<ul style="list-style-type: none"> <li>Tender April 2019</li> </ul>
Day Opportunities Framework	<p>All adults with social care need who are socially isolated.</p> <p>Respite support for carers</p>	<ul style="list-style-type: none"> <li>Dynamic Purchasing System to be established May 2019</li> </ul>
Review of direct payments and personal health budgets, with a view to supporting and increased take-ups.	Open for ages 18+	<ul style="list-style-type: none"> <li>Review Summer 2019</li> <li>Implemented by April 2020</li> </ul>
Integration of Continuing Health	Open to all age groups from 18 + and all levels of social care needs.	<ul style="list-style-type: none"> <li>Completed By 2021</li> <li>ALL areas of continuing health care.</li> </ul>
Supported Living framework	For adults who require care and support to live safe and independent lives this will include tenancy support along with care and support	<ul style="list-style-type: none"> <li>Dynamic Purchasing System to be established Spring 2019</li> </ul>
Review of the Home Care Framework	This framework will support adults who have personal care needs or require assistance to perform activities of daily living	<ul style="list-style-type: none"> <li>Engagement winter 2018</li> <li>Specification design Spring 2019</li> <li>Re-tender October 2019</li> </ul>



## 8 How We Will Assist Providers

Throughout the duration of this Market Position Statement, we will assist providers in the following way:

- Supporting the relaunch of our provider forums
- Re-assignment of Provider Association
- Providing tendering opportunities via YORtender system
- Support providers to market their service through our e-Marketplace in Connect to Support
- Hold provider events to inform providers about our commissioning intentions, recognise the excellent work our providers do and share best practices amongst our provider networks
- Hold a city-wide conference on achieving outstanding in 2019
- Hold a city-wide workforce event for providers in winter 2019
- To engage with providers more openly and therefore have open discussions in several ways e.g. one to one sessions, as a group or as a forum
- Carry out regular contract monitoring checks
- Review and feedback on services, including co-producing design of services and pathways with providers, practitioners, voluntary sector, commissioners, service users and their carers
- We will use provider forums to engage with providers on issues and work together to solve these issues for mutual benefit

## Appendix 1: Looking Back – Unsustainable Demand

The number of people placed in permanent residential placements has fallen by 13 per cent between 2013 and 2018 from 1,592 to 1,415. The table below shows increasing use of homecare,

direct payments, supported living as alternatives to residential and nursing care are already being delivered however the total number of people supported each year is increasing year on year and therefore the demand placed on meeting those needs remains a significant challenge to sustainability.

Commissioned Services	Snapshot at end of March each year, all age groups					
	2013	2014	2015	2016	2017	2018
Home Care	978	1,048	1,007	1,072	1,086	1,178
Day Care	172	186	217	232	256	394
Direct Payments	501	590	642	641	642	606
Residential Care	1,489	1,480	1,447	1,432	1,447	1,415
Nursing Care	82	79	91	76	75	104
Supported Living	29	43	54	86	104	113

## A Historical Reliance on Residential Care

We supported a total of 4,830 people during 2017/18 with services to meet their support needs of which 1,504 people were aged 18-64 and a further 3,326 people aged 65 and over.

At any one time around 3,600 people are supported by our services and that the majority are in receipt of home care or residential care. This reflects that, in some respects, care markets are under developed and lack a range of diverse options for meeting care needs. This creates an over reliance on the two models to meet a broad spectrum of needs.

Those in receipt of Long Term Residential Care during this period was 1,740, of which 1,416 were

aged 65 and over and 324 aged 18-64. There were 149 people in receipt of Nursing Care, of which 118 were aged 65 and over whilst 31 were aged 18-64 whose primary need was physical, sensory, and cognitive, learning disabilities and mental health needs. Of those:

- Total number of people taking a direct payment were 774 (515 aged 18-64 and 229 aged 65 and over)
- Total number of people taking a part direct payment were 274 (177 aged 18-64 and 97 aged 65 and over)
- Total number of people taking a managed account were 4,360 (1,166 aged 18-64 and 3,194 aged 65 and over)

## A Growing over 65 Population to Impact on Demand

Hull is the third most deprived local authority area in the country, with 17 of Hull's 23 wards being in the 20 per cent most deprived wards of England. One third of homes are classed as income deprived which is often linked to high instances of poor lifestyle choices, with smoking, alcohol and obesity posing risks locally. (JSNA 2016).

This level of deprivation is associated with significant health needs and, consequently, the overall health population of Hull is characterised

by shorter life expectancy, higher mortality (and early deaths), and poor mental/physical health and disability rates.

The total population estimated for all ages (0-90+years) in Hull for 2017 is set to be at 260,000 and is set to grow to 265,000 by 2025 (an increase growth of 1.92 per cent). The total working age adult population is projected to reduce by 4 per cent between 2017 – 2030. However, the population for over 65s is projected to grow by 19 per cent. This will have significant impacts on the health and social care system.

### Population projections for ages 18-64 from 2017 - 2030<sup>5</sup>

Age range	2017	2018	2020	2025	2030
18-24	28,400	27,700	26,700	26,100	29,100
25-34	41,800	42,000	41,700	39,700	36,800
35-44	31,600	31,300	31,700	33,900	35,100
45-54	33,800	33,400	32,100	29,200	28,700
55-64	28,900	29,500	30,600	31,400	29,600
<b>Total projection 18-64</b>	<b>164,500</b>	<b>163,900</b>	<b>162,800</b>	<b>160,300</b>	<b>159,300</b>

### Population projections for ages 65 from 2017 - 2030<sup>6</sup>

Age range	2017	2018	2020	2025	2030
65-69	12,100	11,800	11,800	12,900	14,500
70-74	9,800	10,400	11,100	10,600	11,700
75-79	7,000	7,100	7,200	9,700	9,300
80-84	5,500	5,600	5,700	5,700	7,800
85-89	3,200	3,300	3,300	3,700	3,900
90 and over	1,700	1,700	1,800	2,000	2,500
<b>Total projection 18-64</b>	<b>39,300</b>	<b>39,900</b>	<b>40,900</b>	<b>44,600</b>	<b>46,700</b>

<sup>1</sup> PANSI data-2017 to 2030

<sup>2</sup> POPPI data-2017 to 2030

## Ethnicity

The JSNA suggests that from the 2011 census the ethnic makeup of Hull is predominantly a mixed community but which is dominated by those with a white ethnic background as follows (figures may not add to 100 due to rounding):

- 94 per cent are from white ethnic backgrounds
- 1.3 per cent are from mixed multiple ethnic backgrounds
- 1.2 per cent are from black African or Caribbean backgrounds
- 0.4 per cent Indian
- 0.3 per cent Pakistani
- 0.3 per cent Bangladeshi
- 0.8 per cent Chinese
- 0.6 per cent Other Asian
- 0.8 per cent Other ethnic

Service responses need to be cognisant of the different requirements for people within each of these backgrounds.

## Appendix 2: Financial Budget and Spend Information

Large level budget reductions nationally mean there is not enough funding for Adult Social Care. This financial pressure is magnified by the growing demographic demands and additional

responsibilities for adult social care. Doing nothing is not an option. We have adopted a new operating model, with a fundamental shift in practice, to help the people of Hull to live the fullest life they can - A Life not a Service - in a way that is financially sustainable in the medium and long term, reducing the financial pressure.

The total net budget for 2018/19 was £71m. The largest portion of our budget 49 per cent was allocated to older people services and the second largest was our learning disabilities services with 38 per cent.

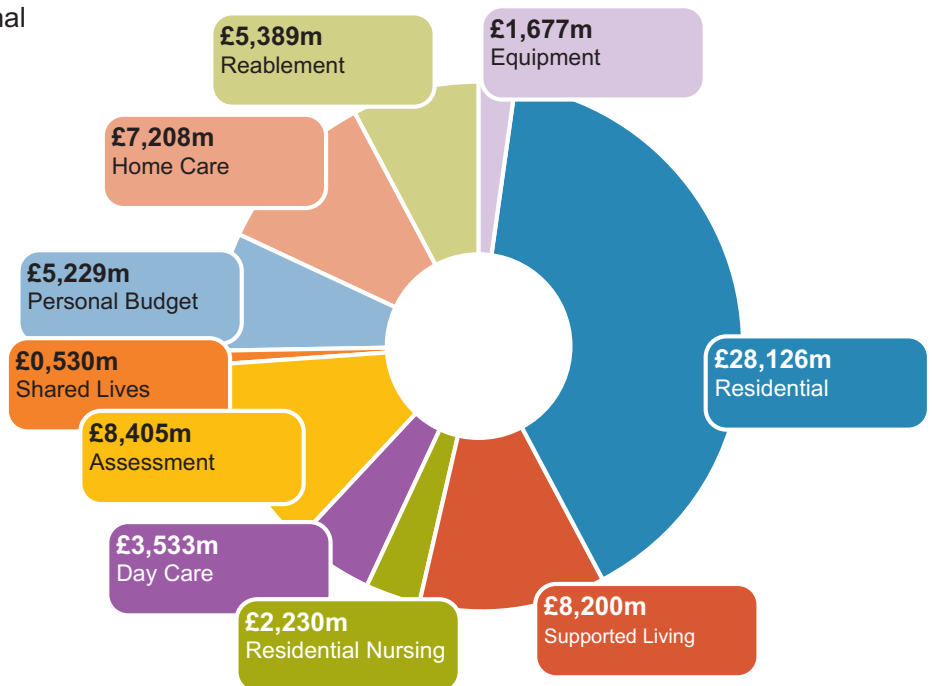
In addition to the above budget we will also allocate £1m to support the voluntary sectors as they make a valuable contribution to the community every year.

The budget allocation by service user group in 2018-19 is:

- Older People - £34.586m
- Learning Disability - £26.633m
- Physical Disability - £6.847m
- Mental Health - £2.462m

The graph below shows the breakdown of the budget in to service areas, the biggest area of spend 40 per cent has been in the residential care home market, which includes both under and over 65's and a further 3 per cent in nursing care placements, giving a total budget spend on care homes of 43 per cent (£30.356m).

### Adult Social Care Budget 2018-19 by Placement Type



### Spend Profile and Future Savings Targets

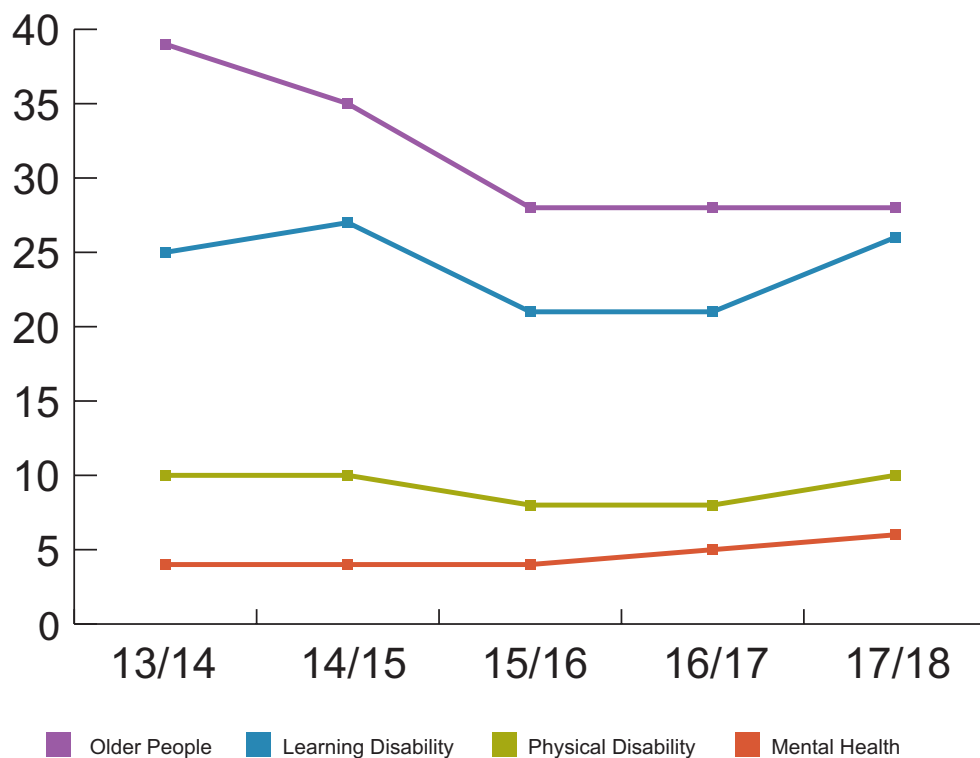
The table and graph below provides a comparative analysis of ASC spend across the past five years. From 2013/14 there were significant reductions in spend for all our ASC

client groups other than mental health services, where demand has increased costs. In 2017-18 the Better Care Fund was shown gross meaning the spend looks like it has increased.

### Spending Profile by Area 2013-14 to 2017-18

Area of spend	2013/14 £'m	2014/15 £'m	2015/16 £'m	2016/17 £'m	2017/18 £'m
Older People	39	35	28	28	28
Learning Disability	25	27	21	21	26
Physical Disability	10	10	8	8	10
Adult Mental Health	4	4	4	5	6
<b>Total</b>	<b>78</b>	<b>76</b>	<b>61</b>	<b>62</b>	<b>70</b>

### Spending Profile by Area 2013-14 to 2017-18



In 2018/19 the total budget allocation of £60.5m has been profiled. The table below demonstrates the highest area of spend is the residential care market at £28m (40 per cent of the total budget).

## Spending Profile by Area 2013/14 to 2017/18

Adult Social Care Budget 2018/19 by Placement Type, £m		
Residential	£28,126	40%
Supported Living	£8,200	12%
Residential / Nursing	£2,230	3%
Day Care	£3,533	5%
Assessment	£8,405	12%
Shared Lives	£0.530	1%
Personal Budget	£5.229	7%
Home Care	£7,208	10%
Reablement	£5,389	8%
Equipment	£1,677	2%
<b>Total</b>	<b>£70,528</b>	<b>100%</b>

Over the four years from 2017/18 Adult Social Care are required to make savings of £22.6m – this breaks down as £7.3m in 2017/18, £6.5m in 2018/19 and £5.9m in 2019/20 and £2.9m in 2020/21. We value the need for front line services to continue to support people; however, this sets us the challenge in delivering services differently and in partnership with health and other sectors as we cannot do this alone.

## Income Generation

£16.0million was generated by service user's contributions in 2017/18 – this included meals, residential care and homecare services.

### Pooled Budget Arrangement

The Better Care Fund (BCF) allocation is a pooled budget with Hull CCG and is to be used to support the following service areas:

- Community Health
- District Nursing
- Intermediate Care
- Active Recovery and Rehabilitation Services

The council and the CCG allocate funding to the pooled budget on both a mandatory and voluntary basis, with the total fund then being allocated between the partners on an agreed basis to undertake a range of projects for which either the council or the CCG is the lead commissioner. The estimated size of the total fund over the next three years (including the Improved Better Care Fund allocations announced by the Government in late 2015 and in the Spring Budget of 2017) is as follows.

- 2017/18 £36.8m
- 2018/19 £40.8m
- 2019/20 £44.2m

This fund is to encourage integration between health and social care in improving outcomes for individuals and reduce reliance on hospital based services. Providers need to be aware of the changing funding sources available to support new ways of working.

Hull City Council and NHS Hull CCG are also developing formal delegated authority to pool entire adults and health commissioning budgets in support of integration.

## Appendix 3: Workforce Overview

Skills for Care published a summary of the workforce in the adult social care sector for each local authority for the 2017/18 year. This doesn't just cover the council, but the social care sector across the city as a whole. Some of the key points for Hull include:

- In the city there are an estimated 7,100 jobs in adult social care split between the council (10 per cent), independent sector providers (75 per cent) and jobs for direct payments recipients (15 per cent)
- The 7,100 jobs include 500 managerial roles, 200 regulated professionals, 5,500 direct care (including 3,600 care workers) and 900 other non-care providing roles
- The turnover rate of staff is 31.1 per cent, similar to the England average 30.7 per cent
- Around three quarters (73 per cent) of people recruited come from within the adult social care sector, meaning that although employers need to fill these posts, the sector retains their skill and experience
- Adult social care has an experienced 'core' of workers, with an average 8.1 years experience in the sector and 78 per cent of the workforce had been working in the sector for at least three years

- There are an estimated 6.1 per cent of posts vacant, which equates 375 vacancies at any given time. The vacancy rate across England is 8.0 per cent
- The average number of sickness days taken in 2017/18 was 6.3 (compared to 5.1 in England). This equates to 36,000 days sick over the whole year
- Around 10 per cent of the social care workforce are on zero-hours contracts. In England the figure is 25 per cent
- Almost half (46 per cent) of the workforce worked on a full time basis, 38 per cent were part time and the remaining 16 per cent had no fixed hours
- The majority (86 per cent) of the workforce is female and the average age is 42.6
- Those aged over 55 account for around a quarter of the workforce, meaning approximately 1,600 people will be reaching retirement age in the next ten years
- An estimated 65 per cent of the workforce across Hull hold a relevant adult social care qualification compared to 53 per cent in England

The full report can be viewed at the Skills for Care website at [www.skillsforcare.org](http://www.skillsforcare.org)



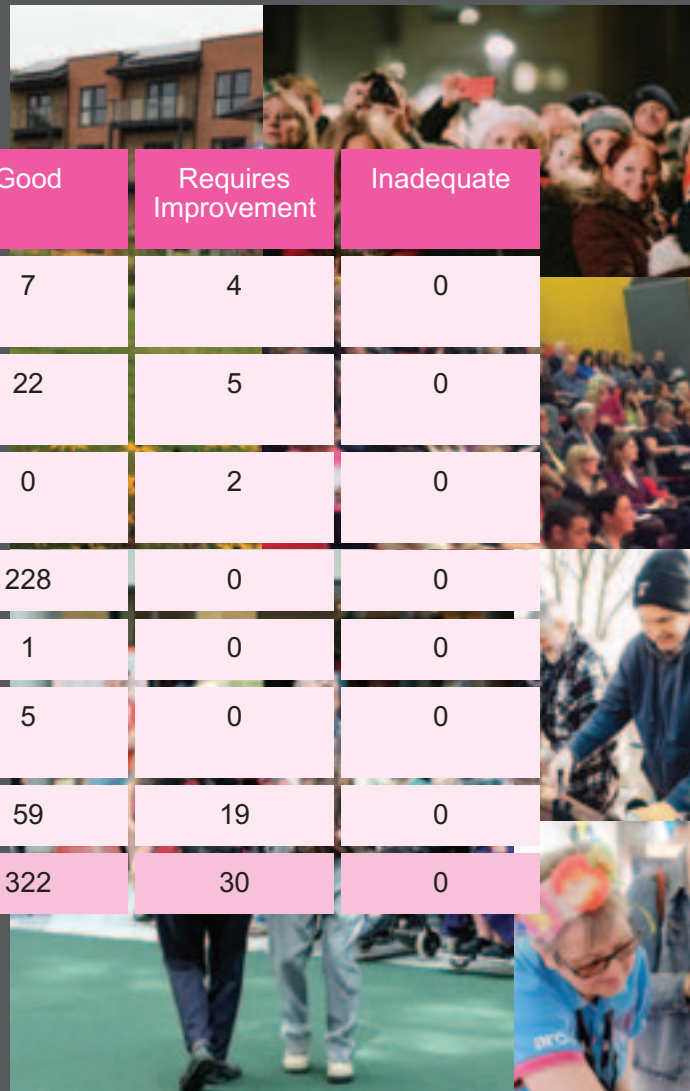
## Appendix 4: Regulated Services

The Care Quality Commission (CQC) monitors, inspects and regulates services to make sure they meet fundamental standards of quality and safety. We publish what they find, including performance ratings to help people choose care.

The most recent ratings (March 2019) across Hull are:

Service Type	Outstanding	Good	Requires Improvement	Inadequate
Acute Hospital - NHS non-specialist	0	7	4	0
Community Based Adult - Social Care Services	2	22	5	0
Community Substance Misuse	0	0	2	0
GP Practices	17	228	0	0
Hospice Services	0	1	0	0
Mental Health - Community and Hospital - independent	0	5	0	0
Residential Social Care	0	59	19	0
<b>Total</b>	<b>19</b>	<b>322</b>	<b>30</b>	<b>0</b>

Further details, and full inspection reports for each regulated service are available on the Care Quality Commission website, [www.cqc.org.uk](http://www.cqc.org.uk)



Adult Social Care  
Market Position  
Statement 2019-2021  
“A life not a service”

