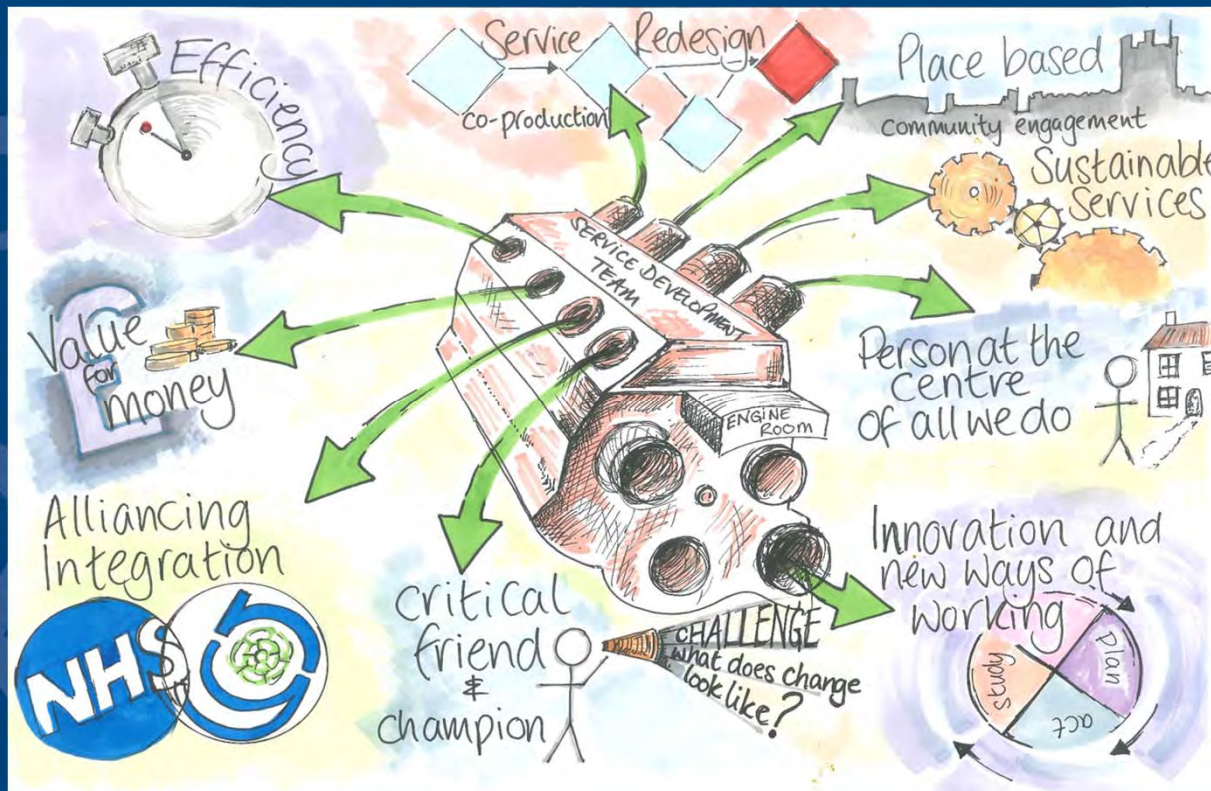


North Yorkshire Adult Social Care Market Overview



Social Care in North Yorkshire

200+ care homes **6** main hospitals **28** extra care schemes **500+** providers

8,917 people receiving a long-term support service from Social Care in 2021 / 22*
*People may receive more than one type of service over the course of a year

65,000 family carers

10,900 people with dementia

700 Court of Protection people

2,000+ directly employed staff

3,325 residential packages

5,579 community-based packages

3,887 referrals to Living Well

5,473 beds registered with CQC

3,677 responses to safeguarding concerns

827 direct payments

6000 financial assessments and
£45m raised in income maximisation



Adult Social Care Market Context



Approved Provider Lists
Direct Payments
Capital and transformation programme
Community Based Services – Block Contracts (Dementia, Carers, Advocacy, Mental Health Support, home from hospital, wellbeing)



Day Care
78 providers
800 NYCC funded people



Domiciliary Care
155 providers
2800 NYCC funded people



Care Homes
225 Residential/Nursing
6325 CQC Registered
Beds



Extra Care
28 Schemes



State of the Market - Headlines

- Very low nursing and residential home vacancy rates with limited capacity across North Yorkshire
- Challenges with sourcing home care particularly in Selby and Scarborough and in some cases where people require very bespoke/specialist support
- Non-regulated Day Service providers continue offer a blended model of support with some face-to face and some virtual services
- Workforce issues across health and care sector
- Sustainability of the care market remains a priority, issues relating to financial stability and workforce recruitment and retention

BUT – we do have well established working relationships with the care market, voluntary and community sector and health and are committed to working together as a local health and care system

Where we are now: The health and wellbeing of North Yorkshire



A male living in Scarborough district has a life expectancy of 78 years, which is 4 years less than a male living in Hambleton district.



Males and females in Scarborough district have the lowest life expectancy at birth.

Smoking—All districts in North Yorkshire are similar to the England average with the exception of Hambleton which is lower (8.4%) and Harrogate is higher (14.4%).



69% of adults living in Scarborough are classified as overweight or obese which is higher than the England average.



All districts of North Yorkshire have population densities far lower than the England average.

23.1% of the population of North Yorkshire are aged 65+. This is expected to increase to 29.8% by 2035.



The highest current physical disability rates per 10K are in Scarborough district. The 2035 prediction is that the greatest need will be in Harrogate followed by Scarborough districts.



Harrogate and Scarborough districts have the highest predicted dementia rates for 65+ by 2035. Harrogate and Craven districts are above the England average for diagnosed rates.



Suicide rate in Scarborough is significantly higher than the England average at 16 people per 100K.



Richmondshire and Ryedale districts have the highest proportion of 'good' or 'outstanding' nursing homes.

Craven district has the highest percentage of residential care homes which are 'good' or 'outstanding' compared to Richmondshire who only has 4 providers.

Selby, Harrogate, Scarborough and Ryedale districts are above 90% occupancy despite the Covid pandemic. Nursing occupancy rates are at 98% demonstrating that demand may outstrip supply.



28.6% of deaths occurred in care homes. The highest proportion was in Harrogate district (34.4%) while Hambleton district had the lowest proportion (24.1%). The proportion of deaths at home was highest in Hambleton (34.7%) and the lowest was in Harrogate district (23.7%).



Harrogate and Scarborough districts are the highest populated in the county. It is estimated they will have the highest levels personal care by 2035 for those aged 18-64.



Average length of stay in a care home in North Yorkshire is 2 years with Richmondshire having the lowest length of stay at 1.9 years.

Selby district has the highest number of unsourced home care packages.



Current commissioning Arrangements

Approved Provider Lists

- Currently allow providers to set own rates
- No assurance of market coverage
- Spot purchase only rules
- Limited information provided to the social care market on the longer term vision
- Brokerage service for CHC and discharge to assess via APLs

Framework Agreements

- Running in Selby and Harrogate

Block Contract for rural homecare

- Reeth, for delivery of home care

Micro enterprises

- Ryedale, to recruit micro providers for the delivery of home care

Care Rooms

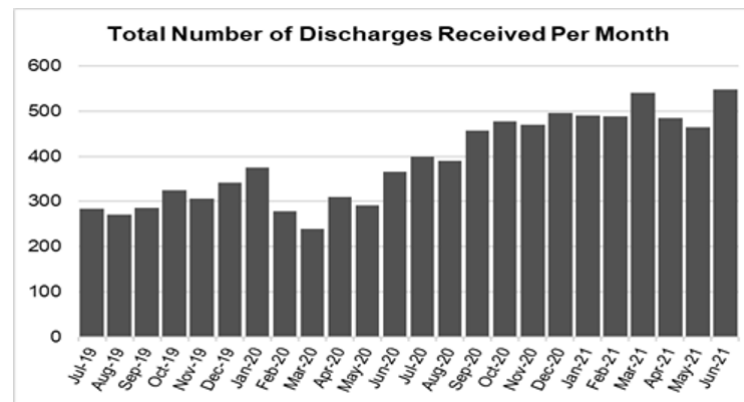
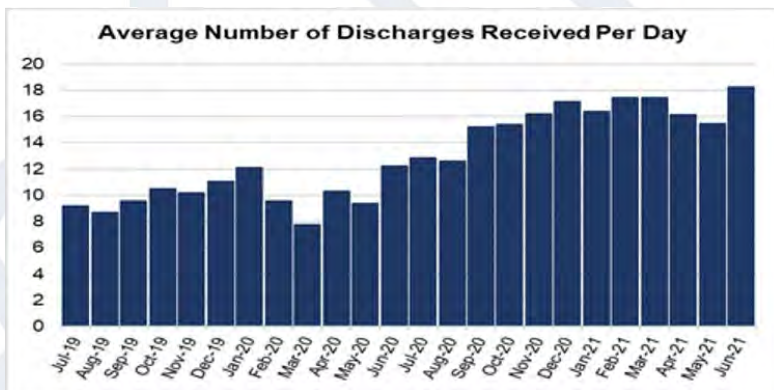
- Selby and York, to offer an alternative hospital step down from hospital solution

Covid-19 – Support to the Care Market

- At the start of the Covid-19 pandemic it was recognised that there needed to be rapid financial support for the care market
- Cohesive approach to financial support included:
 - Agreed annual uplift payments;
 - An additional 5% compensatory increase;
 - Payment on Planned activity & Payments in advance
 - Block purchasing provision where appropriate
 - Infection Prevention Control Fund (Part1/2)
 - National Personal Protective Equipment Portal
 - Supplier relief and Hardship processes
 - Sustainability surveys and webinars to understand the pressures as they changed throughout the pandemic
 - Market Development Board commissioned some work to identify at risk providers via mortality and vacancy rates

Discharge to Assess

- Since March 2020, discharge numbers per month have increased from 308 by 240, to 548
- During 2019/20 the average number of discharges per day was 10, and in 2018/19, this was 9. Since the start of the pandemic this figure had increased to 18 per day in June 21

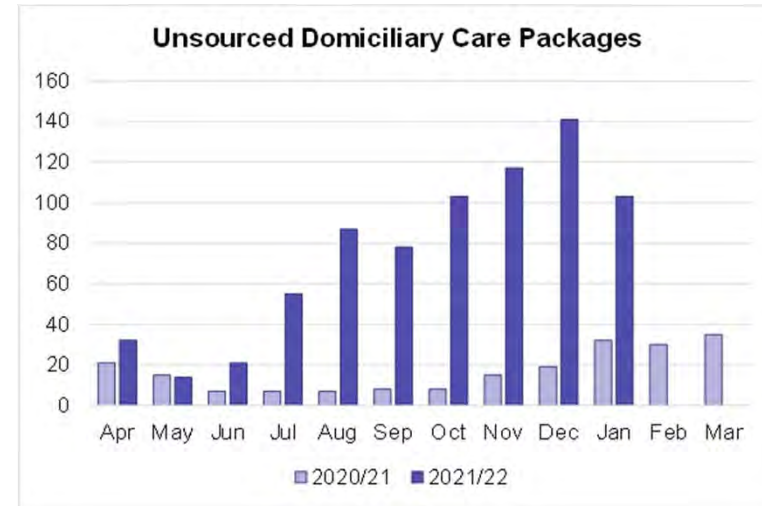


Unsourced Packages of Care

Overall numbers have remained above 100 in each of the last four months, with significant volatility in localities in response to local pressures.

Unsourced packages are monitored weekly with brokerage. This has identified that where we might report 100+ unsourced packages, people are receiving support from alternative short term provision.

The shortage of capacity in the market requires additional, innovative work with providers on altering runs or changing visit times to providers to make it easier for providers to pick up more people needing support.



Care Costs

Residential/Nursing Care

4.65% increase since March 22
 Largest increase Hambleton & Richmondshire
 HARA remains highest cost locality

Locality	Change Since March 2022
HARA	+1.89%
Vale of York	+4.63%
Scarborough & Whitby	+3.38%
Craven	+5.14%
Hambleton & Richmondshire	+7.25%
Total	+4.65%

Home Care

HARA remains highest cost locality
 Most localities are above 2021/22 UKHCA rate of £21.43
 UKHCA rate for 2022/23 rate represents 8.2% increase

Homecare 2021/22 average rates paid						
	URBAN		RURAL		Super Rural	
	Generic	Complex	Generic	Complex	Generic	Complex
Countywide	£21.24	£22.77	£22.74	£23.93	£25.60	£25.58



Quality

Quality & Market Support Interventions

Hambleton / Richmondshire	Craven	Harrogate	Vale of York	Scarborough/ Whitby	Out of County
36	15	52	47	47	9

A number of provider failure issues are being managed by teams to reduce impact where possible

Suspension from Approved Provider List

Phased Suspensions	Full Suspensions	Voluntary Suspensions
5	17	3

Covid 19 (16.05)

Individual cases: **48 (-22)** cases identified in last 7 days

Multiple cases: **15** care homes/extra cares and **3** dom care/non-reg services in last 14 days.



Financial Sustainability

Care Market Support

- Sustainability Policy – 24 applications since Sept 21
- Workforce Recruitment and Retention Fund
- Workforce Integrated Care System Funding
- Annual inflation settlement
- Care Setting Outbreak Management Support

Key workstreams

- Fair cost of care exercise for home care, working in partnership with ICG, deadline 31 May for regional verification
- ACOC for care homes – liaison with DHSC ongoing
- Development of Market Sustainability Plan
- Upcoming procurement of the Approved Provider Lists
- Wider transformation plan incorporating national health and care reform

Market Sustainability

Establishment of Strategic Market Development Board, priorities include:

- Addressing wide range of challenges in the social care market and provide a strategic focus on the implementation of solutions
- Multi-agency membership with opportunity for collaboration and integration with partners and to increase transparency across the sector
- Forum to proactively manage care market supply and demand and to support sufficient market capacity at a strategic level
- Explore innovative commissioning models and develop preventable approaches to the delivery of personalised care

Examples of key projects:

- Review of provider sustainability
- Actual Cost of Care Exercise
- Transformation plans for Residential and Nursing care, Home care, Day Services and Supported Living Services
- Reviewing the care market and developing locality plans and future commissioning intentions
- Targeted support to care providers highlighted within the sustainability review



Transformation Vision

In developing our vision described in HAS 2025 we have considered what outstanding adult social care and public health services might look like which is underpinned by both policy and the experience of the people who work for us, with us and those we provide and commission our services on behalf. We have strived to ensure:

- A focus people and their outcomes
- The person remaining as independent as possible and living in their own home for as long as possible
- Focus on prevention and alternative provision for complex needs and switching away from residential homes and nursing beds
- Frontline colleagues excelling at strengths-based practice, being empowered to be creative
- Organisation interfaces working seamlessly together and not being visible to people we support



Service Development Transformation Programme

Market Intelligence	Market Shaping					Local Community Integrated Support
<ul style="list-style-type: none"> Locality plans, district profiles, Market Statement Provider Relationship Management Links to local communities and Voluntary Sector Market and provider sustainability Public health intelligence Best Practice / benchmarking 	Contractual mechanism for Approved Provider Lists	Residential & Nursing Care	Community Based Support	Supported Living	Home Based Support	<ul style="list-style-type: none"> Community Mental Health services Carer Pathway to support information and advice, sitting services and carer respite Dementia Support ensuring early identification and diagnosis Prevention & Wellbeing of local communities Advocacy Transitions Safe Hospital Discharge Intermediate Care
	<ul style="list-style-type: none"> Standard contract template Revised terms and conditions Embed quality pathway Standards and Outcomes Framework Procurement 	<ul style="list-style-type: none"> Strategy development Test new models of care Discharge to Assess and intermediate care Care Rooms NYCC in house services 	<ul style="list-style-type: none"> Develop Day Care support for people with complex needs Stronger pathways to supported Employment Routes to enable better access to community assets 	<ul style="list-style-type: none"> Outcomes based specification New provider list Needs analysis to future-proof Transforming Care Partnership link Housing solutions 	<ul style="list-style-type: none"> Geographical Zoning Micro-enterprises Framework agreements Reeth Pilot Rapid Response Outcomes based specification 	



Care Market Support

- Workforce Recruitment and retention fund
- Workforce Integrated Care System Funding
- Annual inflation settlement
- Active & regular engagement with current providers and potential new providers around expansion into difficult to source parts of the County
- Working with homecare providers and stronger communities to identify opportunities to sub-contract non-regulated care
- Care Setting Outbreak Management Support
- Ongoing commissioning of block purchased discharge beds in residential and nursing care settings
- Upcoming procurement of the Approved Provider Lists
- Fair cost of care exercise for home care
- Wider transformation plan incorporating national health and care reform



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