



Wakefield Metropolitan District Council Adult Social Care Market Position Statement

2026-2030 Market Position Statement

Welcome to Wakefield



What is a Market Position Statement and who is it for?

Market Position Statement, or MPS, is a document used by local authorities to facilitate development and growth within their care markets. The MPS provides an overview of the current care market, the most statistically probable demand forecast for the period that the MPS covers, then the actions that need to be taken to ensure people are able to receive the care and support they need.

The MPS is mostly aimed towards the following people:

- people who buy social care services which includes local authorities, integrated care boards (representing GPs and hospital trusts), personal budget holders and people who meet all or some of their own costs, commonly referred to as self-funders
- providers of social care services, including those regulated by the Care Quality Commission (CQC), such as residential and nursing care providers, homecare providers, supported living services and extra care.
- wider services which support well-being of local populations including community and voluntary services, micro and social enterprises, personal assistants, housing, leisure, transport, and information and advice services
- a range of potential investors in the social care market from corporate investors through to charitable or philanthropic donations

Why do we need a Market Position Statement?

The expectation for market shaping and commissioning of services, for Local Authorities across the UK, are set out in various legislation and national guidance, for more information please see:

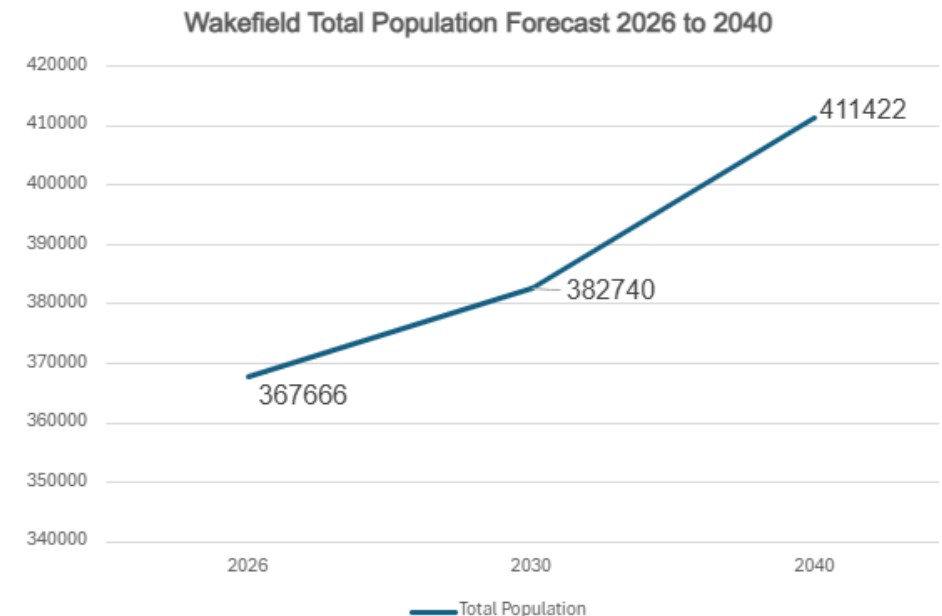
- [Care Act 2014](#)
- [People at the Heart of Care: adult social care reform white paper 2021](#)
- [Health and Care Act 2022](#)
- [Adult Social Care Market Shaping 2024](#)
- [Mental Health Act 2025](#)

Wakefield - Demographics

Wakefield District spans 339 square kilometres and is home to 367,666* people, across a rich mix of city, town, and rural communities. It boasts a historic city, proud towns, vibrant villages, and beautiful countryside, making it one of the most well-connected areas in West Yorkshire.

The population is predicted to grow by 4.0% in the next 5 years, with a population projection of 387,428 by 2031. There is a continued trend towards an aging population across the district. People aged 65+ will account for 20.9% of the total population by 2031.*

With healthy life, or years living in good health, expectancies of 55.8 years for women and 55.7 years for men*, comparing to the full life expectancy of 81.4 years for women and 77.5 years for men**. Meaning that people could live with ill health, potentially in need of care and support, for up to 25.6 years for women and 21.8 years for men.

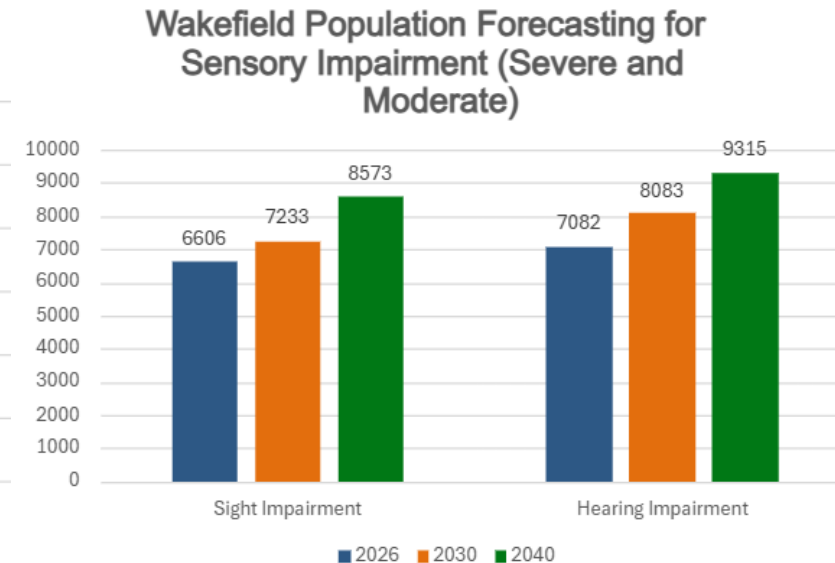
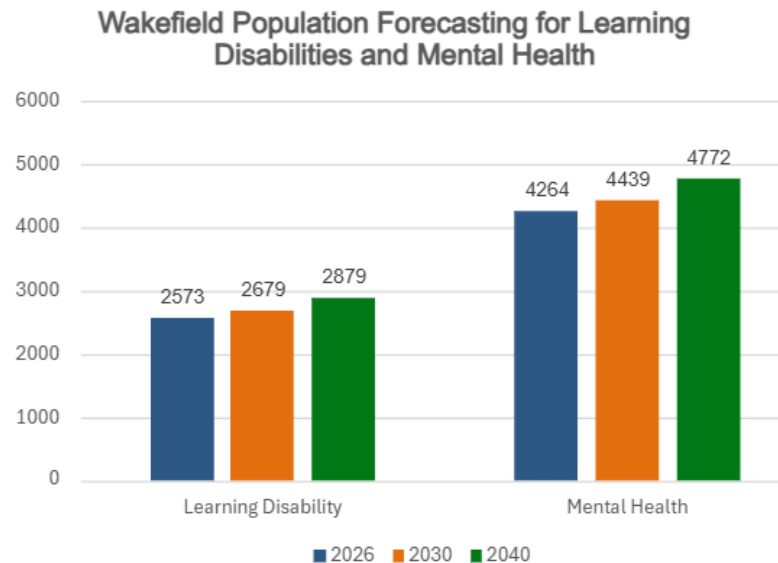
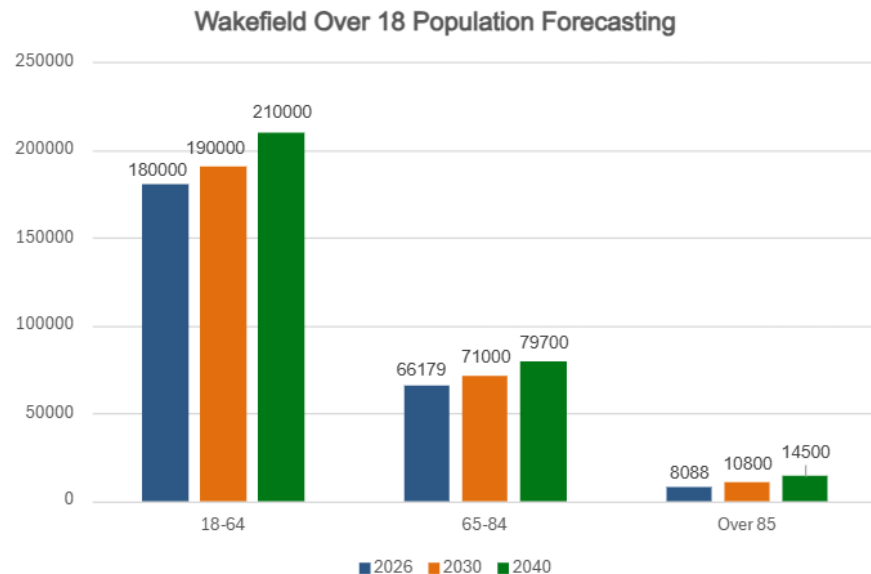


*Office National Statistics 2024; [Local indicators for Wakefield \(E08000036\) – ONS](#)

** Wakefield Joint Strategic Needs Analysis; [Life expectancy – Wakefield JSNA](#)

Demographics

With the expected population growth of 4% across the district, we also expect to see an increase in those needing support. Currently, of the total population, 0.7% of people live with a learning disability and 1.16% with a severe and enduring mental illness. Should these statistics continue, we will see an increase in people needing support with Learning Disabilities and Mental Health by approximately 11% between now and 2040. For people with sensory impairments, the population affected by severe or moderate impairments, is due to increase 23% for sight and 24% for hearing by 2040.



Further demographics data for Wakefield can be found at [Demographics – Wakefield JSNA](#).

Wakefield – Strategic Priorities

Below are the key strategies and plans for Wakefield that will influence and be influenced by the Market Position Statement. For more information on individual strategies and statements, please see:

- [Wakefield District Plan 2025-2035](#)
- [Adults and Health Strategy 2030](#)
- [Adults Learning Disability Plan for Wakefield District](#)
- [Health and Wellbeing Board](#)
- [Safeguarding Adults Board strategy summary 2023 to 2026](#)
- [Strategic housing market assessment](#)
- [Wakefield Council Corporate Plan](#)
- [Wakefield District Local Plan](#)
- [Wakefield Housing Plan 2026-2029](#)



Wakefield – CQC Outcome

Wakefield Council was inspected by CQC in April 2025, the resulting score was requires improvement.

Within the two areas which focus on the Council's relationship with the care market in the district, in both categories the results were 'Good'.

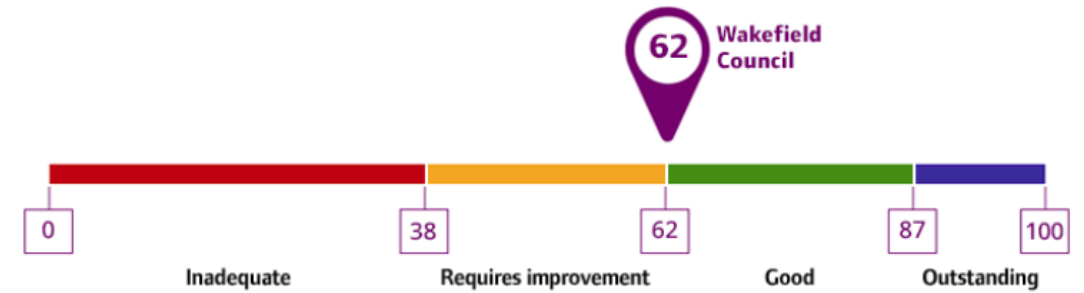
The outcome of this rating was as a result of there being evidence of:

- Good strategic awareness of population need, including inequalities, with links into Public Health
- Strong commissioning foundations, with a clear shift towards community-based care and promoting independence
- Mature partnership working, particularly with the Integrated Care Board and Housing colleagues
- Active market oversight and sustainability planning

To see more information on our inspection report, please see: [Wakefield Council: local authority assessment - Care Quality Commission](#)

Wakefield Council

Requires improvement 



Care provision, integration and continuity

Score: 3 

Partnerships and communities

Score: 3 

What has changed?

2023-25 Market Position Statement

Unless stated otherwise, the below information is from the 2022/23 financial year:

- We provided 906 short term services to maximise people's independence
- 5,616 adults received long term care and support, either in the community or in residential or nursing settings
- 64% of adults receiving long term care were supported in the community, 36% were in residential or nursing care setting
- 490 aged 65 and over were permanently moved into residential care with our help (including self-funders)
- 1,527 people aged 18-64 in receipt of long-term support with 83% supported at home
- 2,781 people aged 65+ of which 60% supported to live at home
- There were 906 episodes of short-term support to maximise independence provided. 775 (85.5%) were new referrals and 131 (14.5%) from people already in receipt of a longer-term service
- The number of episodes of short-term support for new clients has decreased 11% compared to 2020 / 2021 (95 less) and 21% for existing clients (34 less)
- From short-term provision, 192 people went on to receive long-term support in comparison to 260 people in 2020/2021
- Wakefield Council's adult social care received 12,383 new requests for support: an average of 34 per day.

2026-30 Market Position Statement

- 820 people with a concluded short-term support to maximise independence episode during 2025 (Jan-Dec).
- 6,205 adults aged 18+ accessed long term care and support during the year, either in the community or in residential or nursing settings. 4,695 adults aged 18+ accessing long-term care and support at period end (as at Dec-25 published data)
- 3,245 adults aged 18+ accessing long -term care and support for 12 months+ (as at Mar-25)
- 71% of adults aged 18+ receiving long term care are supported in the community, 29% in residential or nursing care setting (as at Dec-25 published data)
- 1,395 adults aged 18-64 accessing long-term care and support, of which 84% supported at home (as at Dec-25 published data)
- 1,930 adults aged 65+ accessing long term care and support, of which 64% supported to live at home (as at Dec-25 published data)
- 3,055 adults aged 18+ received an adult social care assessment (in the 12 months up to the end of Dec-25)
- In 2024-25 470 adults aged 65+ were permanently moved into residential care with our help (including self-funders), 33 adults aged 18-64.
- In 2024-25 86.8% of new adult social care clients receiving reablement, where no further request was made for ongoing support
- In 2024-25 Wakefield Council's adult social care received 7,795 new requests for support

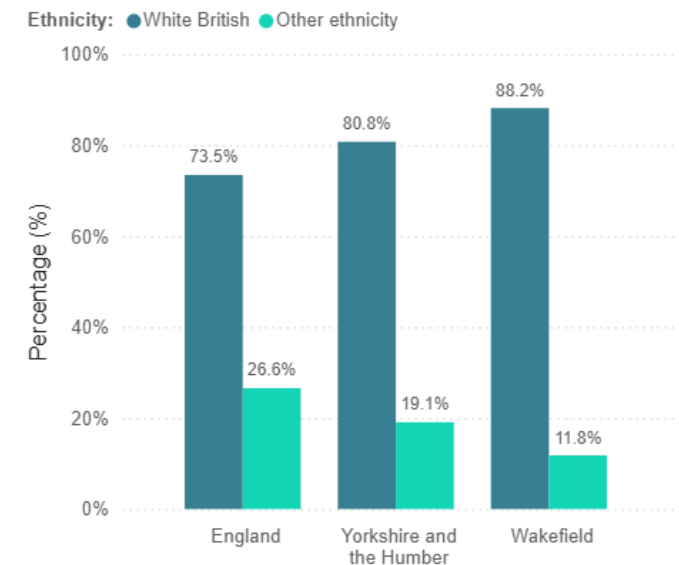
Equality Diversity and Inclusion

Wakefield Council are committed to ensuring our commissioned services meet the diverse needs of our local community, to deliver this we have the following priorities:

- Map the assets commissioned by Wakefield Council, as this will allow a clear understanding of gaps in relation to service accessibility for diverse groups and demographics of people accessing services.
- Work with our wider Council services such as Communities teams and Public Health, and VCSE to engage with those who are under-represented within services.
- Revising procurement and contract management processes to embed Equality, Diversity and Inclusion principles within their approach and intended outcomes.
- Understanding why services can be 'hard to reach' for these communities and identifying opportunities to improve access to support and awareness of services that are available.

More information on our ethnicity demographics can be found here:

[Ethnicity – Wakefield JSNA](#)



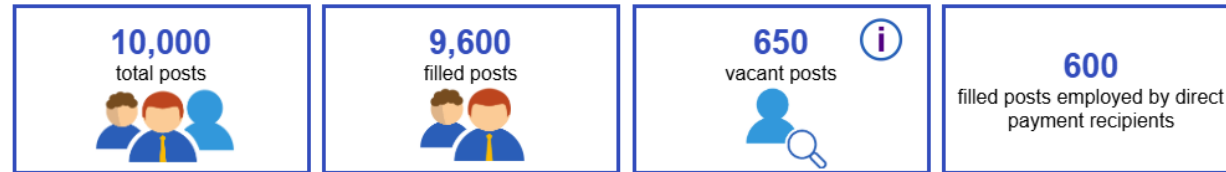
Wakefield Workforce – Skills for Care

Key findings, 2024/25

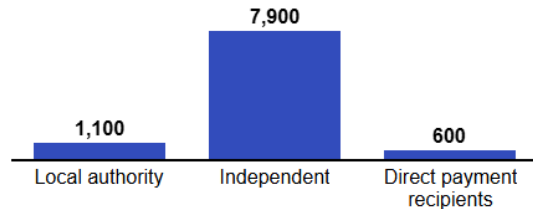
[Download PowerPoint](#)

You are looking at data for **Wakefield**

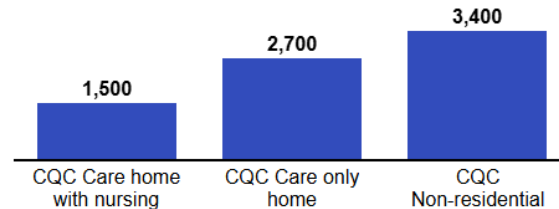
This summary of the adult social care workforce in **Wakefield** includes data from the whole adult social care sector: **local authorities** (LA), the **independent** (IND) sector, and posts working for **direct payment recipients** (DPR).



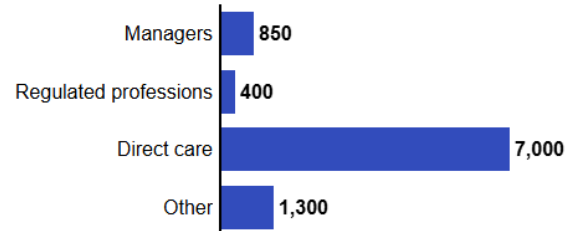
Filled posts by sector



Filled posts by service



Filled posts by job role group



CQC-regulated establishments



182

CQC-regulated establishments in Wakefield

With 7,900 posts of 9,600 across Wakefield being linked to the external market, this confirms Wakefield's high dependency on the independent sector, reinforcing the MPS position that market sustainability is critical to statutory delivery. Workforce instability in even a small number of providers presents system-wide risk, strengthening the case for proactive engagement, fair cost of care approaches, and early market-failure mitigation.

The data supports the MPS narrative that recruitment and retention remain structural risks, particularly in frontline roles. The limited regulated workforce raises concerns about professional oversight, safeguarding capacity, and clinical leadership, especially as complexity of need increases.

Workforce capacity must be treated as a core market-sustainability metric, not a provider-level issue, requiring joint action with providers, and system partners, rather than short-term recruitment initiatives conducted in silo.

Wakefield Workforce – Skills for Care

The 2024/25 recruitment and retention data highlights persistent workforce instability across Wakefield's adult social care market, reinforcing the key risks set out in the Market Position Statement (MPS). Across the local authority and independent sectors there are around 9,000 filled posts, but this capacity is under sustained pressure from high turnover and ongoing vacancies.

The turnover rate has increased to 30%, equating to approximately 2,500 leavers in the year, up from 27% in 2023/24. This level of churn significantly undermines continuity of care, provider resilience and quality, and aligns with the MPS assessment that workforce retention is a critical threat to market sustainability. The vacancy rate remains high at 6.9% (around 600 posts), showing little improvement year on year and limiting providers' ability to respond flexibly to demand.

Workforce health and stability indicators also reflect pressure: the average 4.7 sickness days per worker adds to short-term capacity challenges, particularly in frontline services. Encouragingly, 69% of recruitment comes from within adult social care, suggesting some internal labour market resilience, but also highlighting the limited success of attracting new entrants into the sector, a concern already recognised in the MPS.

Recruitment and retention, 2024/25

[Download PowerPoint](#)

You are looking at data for **Wakefield**

Use the drop down menus to filter the information shown on this dashboard

Select a sector:

All sectors - LA and IND

Select a service:

All services

Select a job role:

All job roles

Number of filled posts
9,000

This page shows data from the **local authority (LA)** and **independent (IND)** sectors

the **turnover rate** was

30.0%

or (2,500 leavers)



the **vacancy rate** was

6.9%

or (600 vacant posts)

4.7

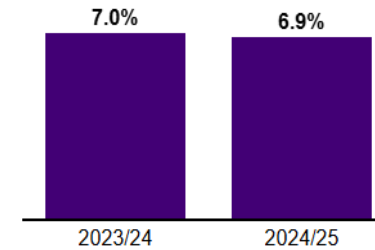
the **average number of sickness days**



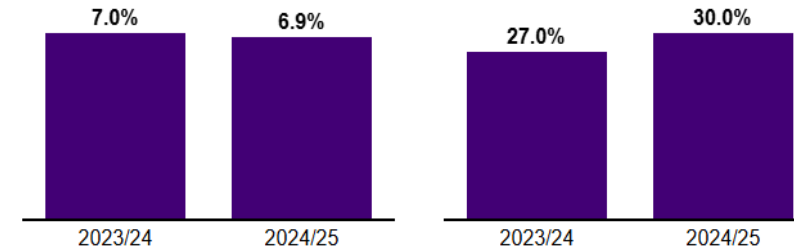
69%

of **recruitment** is from
within **adult social care**

Vacancy rate



Turnover rate



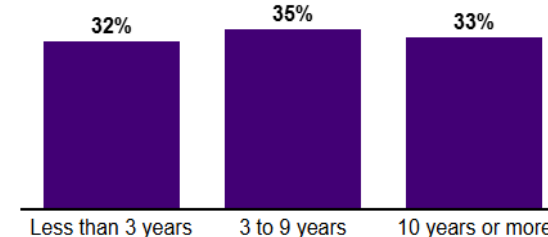
Select a view:

- ☒ Experience in sector
☐ Experience in role

Experience in sector

8.6

average years of
experience in sector





inclusion VISION kindness purpose
awareness TEAMWORK unite SOLUTIONS
TIME compassion SERVICE get involved
make a difference NOW • generosity
Community inspire
support friendship network • charity
VOLUNTEER contributed diversity SHARE

Engagement

Wakefield Council Priorities

Working closely with our partners, we will place people and communities at the heart of our decision making, raise aspirations and create career opportunities to ensure we have a thriving workforce, establish and deliver quality and effectiveness in the services that we provide, and we will continue to provide joined-up care and support that meet the needs of the people of Wakefield.

Prevention & Independence

- Shift commissioning towards prevention and early intervention
- Expand Independence at Home and reablement
- Embed TEC-first within commissioned pathways/ Least restrictive – reducing residential, 2-1/1-1
- Reduce reliance on long-term care
- Develop our offer for Direct Payments and individual service funds

Integrated, Place-Based Support

- Commission a stronger community and VCSE offer
- Commission integrated health, care and housing pathways
- Prioritise carers and dementia prevention

Sustainable Market & Workforce

- Shape a sustainable, outcome-focused care market
- Transform care sourcing and brokerage including for specialist/complex referrals
- Embed workforce wellbeing and trauma-informed practice
- Develop market for Mental Health provision



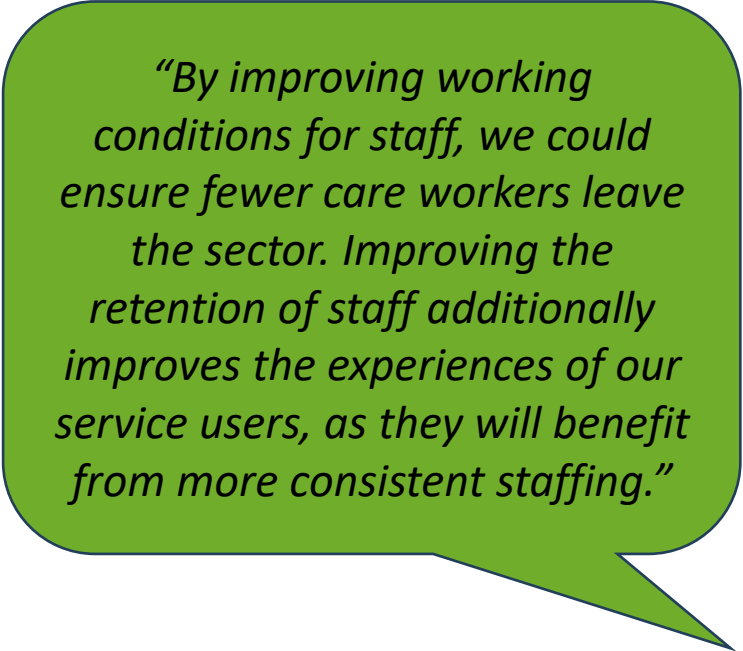
Our Adult Social Care Commissioning Statement 2026 will provide further information on our wider objectives and priorities.

Care Provider Priorities

Contact was made with care providers, those located within Wakefield, working within the area but based outside the district, or potentially interested in developing in the area. Opportunity was made through a Market Engagement exercise on YORtender, through the Registered Managers' Networks and Care Association.

The following priorities were identified:

- Stabilise the workforce, improving the offer of working in the care sector and increase retention of people within the sector through career progression opportunities.
- Understanding of the increase in demand for complex care, including the support to providers to know what is expected of them and ensure consistency in approach.
- Improve communication across the health and care system, between care providers, local authority and the integrated care board.
- Clearer direction of growth and gaps in the market, with increased opportunity for contracts and frameworks that allow space for providers to develop their quality and plan for future demand.



“By improving working conditions for staff, we could ensure fewer care workers leave the sector. Improving the retention of staff additionally improves the experiences of our service users, as they will benefit from more consistent staffing.”

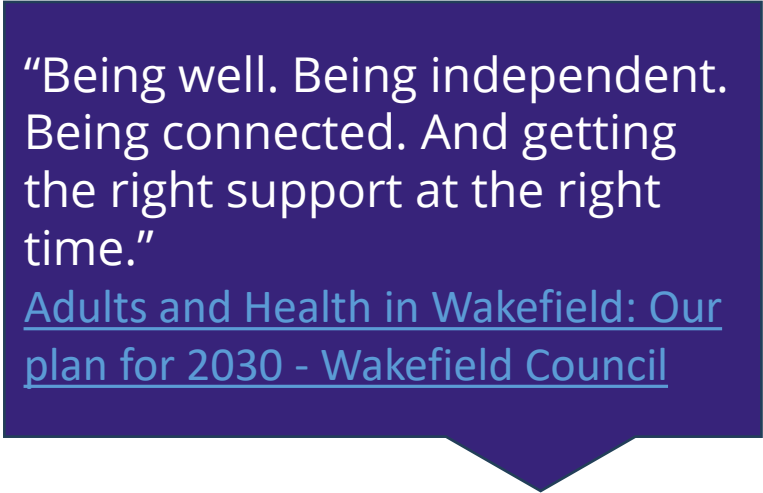
People with Lived Experience Priorities

Within Wakefield, we have a commitment to co-production with people with lived experience, below are comments provided through the Citizen Panel and Making it Real Board, from the questions around adult social care and the care market.

- “We would like a standard of training for care workers delivering ‘hands on support’, with the preference that training is done in person, not online. With this to be monitored to ensure care providers are following the standards.”
- “We want improved and efficient monitoring of the quality of care provided. Ensuring accountability and proactive responses to concerns and issues in quality.”
- “We want investment into the awareness of care values, and for increased vocational opportunities to develop the next generation of social care workforce.”
- “We want better signposting, and support, to self-service access to information about social care within Wakefield.”
- “We want better communication on what is available and 'what is going on' within Wakefield, as opportunities to access support or information days.”



More co-production values
will be shared through our
Co-Production Strategy
and Framework



“Being well. Being independent.
Being connected. And getting
the right support at the right
time.”

[Adults and Health in Wakefield: Our
plan for 2030 - Wakefield Council](#)

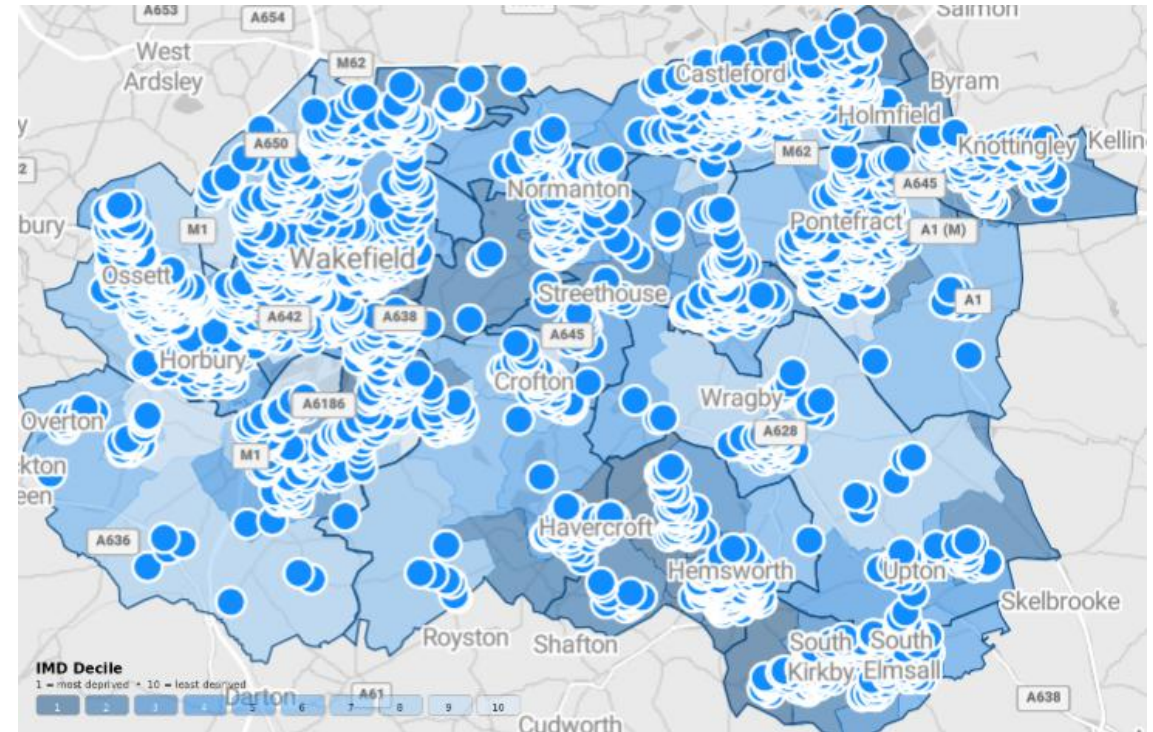
The Care Market



Market Position Overview

As of May 2026:

- Over 11,000 people accessing preventative services
- 13,000 registered unpaid carers
- 4,830 people support in both long-term and short-term services
- £3.92 million per week in care package costs
- 182 CQC registered providers within Wakefield
- Of people supported, there are 345 people 'out of area' at a cost of £626,670 per week



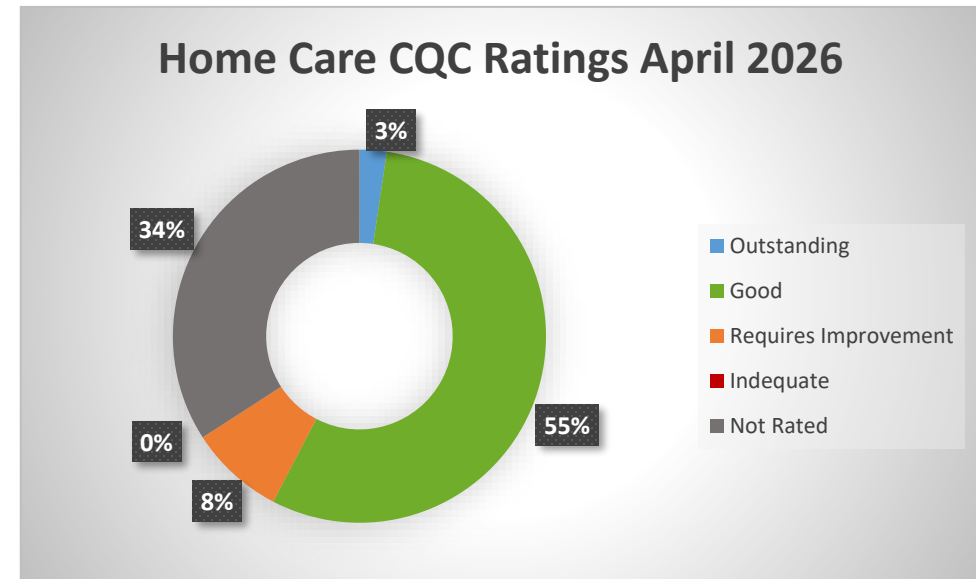
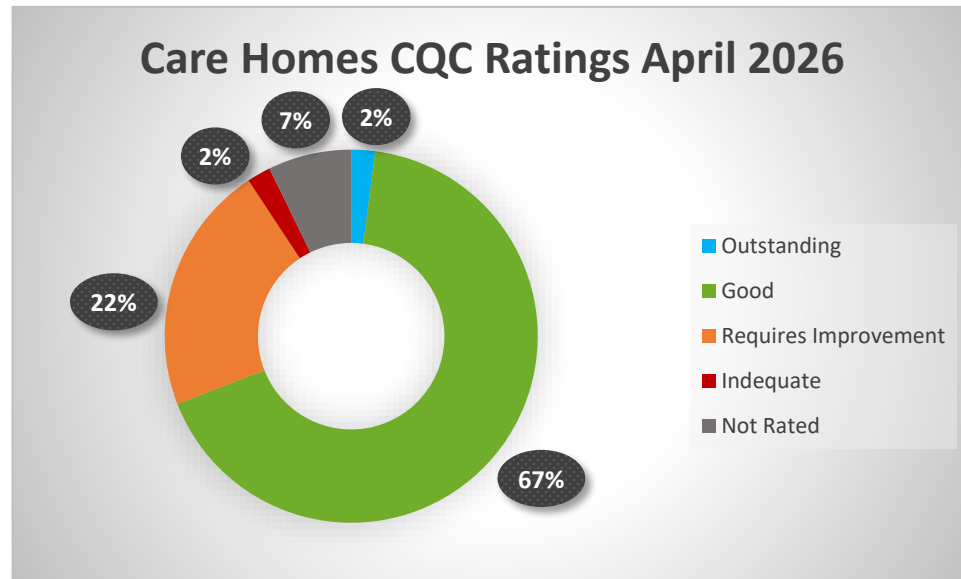
Care provision mapped against level of deprivation for 'in district' provision.

Market Shaping Overview

Provision Type	What is working well	Area for improvement
Nursing Homes	Capacity within the market for standard nursing care.	Supporting the workforce, especially registered nurses, remains important.
Residential Homes	There is a strong overall supply of residential care, with a mix of small independent homes alongside regional and national providers.	Improving messaging to clearly reflect the oversupply of general residential care in the Wakefield District and the need to develop specialist provision.
Respite	The offer provides good quality standard and emergency respite through a mixture of in-house and external services.	Demand is high than capacity, there is the need to understand that gap to better shape the development of this sector.
Supported Living	Good capacity with Learning Disability provision, with the ability to now reflect on best practice and develop the existing market to meet complexity and service for people with mental health needs.	Still a high number of requests to enter a high vacancy market from developers. Need to develop the offer around mental health provision.
Extra Care	High demand for service with a model that offers both prevention and reduction in care needs.	Need to appropriately review demand to understand potential development opportunities due to growing waiting lists for already full schemes.
Home Care	The domiciliary care service has no waiting list, with all individuals receiving timely support. Sufficient capacity with the learning disability offer, meaning no waiting lists for community engagement.	The next domiciliary care contract will focus on delivering high-quality, sustainable provision. The My Life contract needs to develop the offer to expand from learning disability and into mental health support.
Day Opportunities	Sufficient capacity to meet existing demand, with a core group setting offer across the district.	Need to understand the unmet need within this provision, potential to initially shape market through personal budgets to help understand commissioning activity potential.
Homelessness Pathway	Provision meets a wide range of need, although tested due to co-complexities of people, often can support people presenting with multiple needs.	Need to develop capacity within move on provision, including strengthening pathways into standard housing options.
Prevention (VCSE)	Scope of the services on offer to support people before the need for assessed services.	How we engage with the market on new opportunities.
Personalisation	Consistent demand in new services under Direct Payments and Individual Service funds, which can be built upon in relation to improvement priorities.	The current offer is limited, to increase referrals a clear understanding of what can be offered through budgets needs outlining.
Carers Service	Ensuring the inclusion of carer voice within market offers and shaping to what should be offered and could help them.	Awareness of how to access support and reaching seldom heard voices.

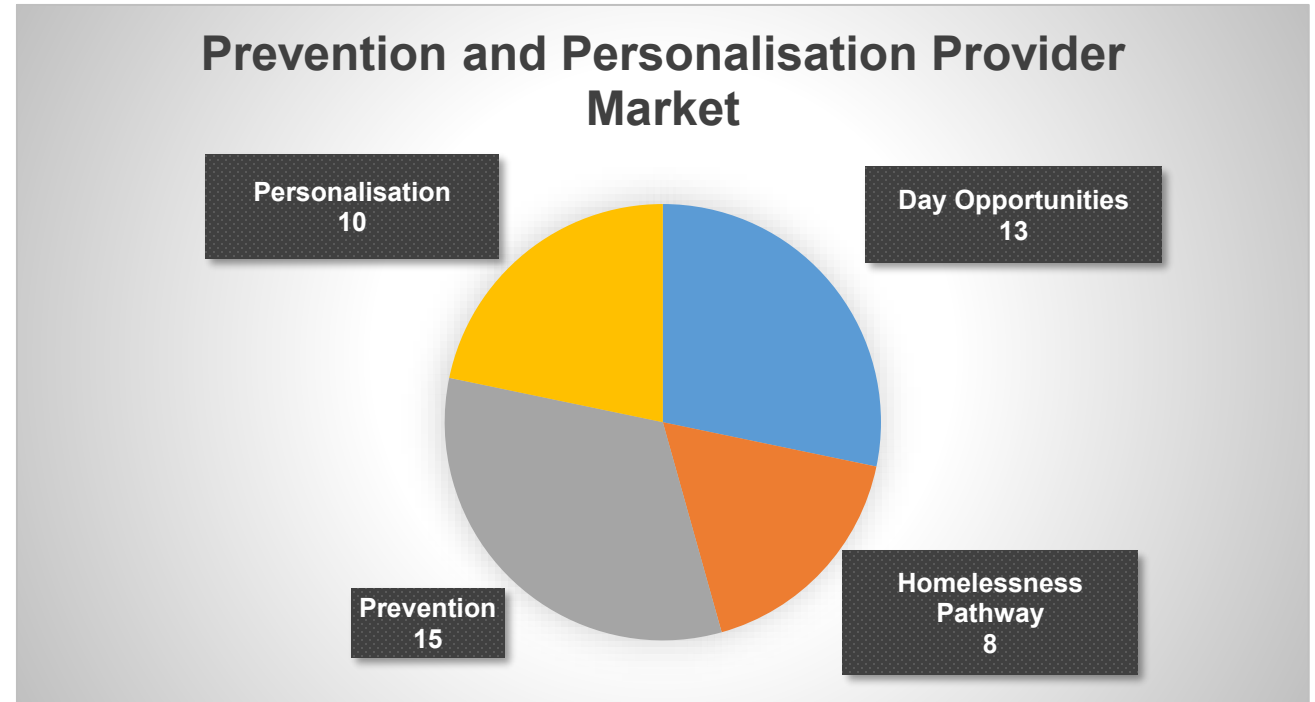
CQC Regulated Provider Overview

Wakefield has 182 services registered with the Care Quality Commission (CQC) across all service types to support adults, or over 18s, across the district. Of the 182 services registered 148, or 81%, have been inspected and received a rating. We closely monitor care homes, both nursing and residential, and home care ratings, with the aim to expand local reporting into wider CQC regulated provision types, such as supported living. Regionally and nationally, Wakefield compares fairly with other local authorities in relation to ratings of providers, we have an ambition to reduce Requires Improvement, prevent services from becoming Inadequate, and ensure all providers across the district are rated Good or Outstanding. We are making positive steps to become more proactive in relation to provider engagement on quality and sharing of best practice.



Non-CQC Regulated Provider Overview

Within Wakefield, we also work with non-CQC regulated care providers, to deliver support outside of the 'personal care' provision that is regulated by CQC. This could include support such as social inclusion, community engagement and information and advice on social care related subjects. These providers, such as the VCSE, of which contribute an overall majority to our prevention services, day opportunities and ISF manager providers, support delivery of our duty to prevent, reduce and delay the need for care and support for people across Wakefield. Our non-CQC regulated commissioned market is as follows:



In-House Provision

In addition to the externally commissioned services, Wakefield Council offers care services, directly managed by Council staff. This offer includes two residential homes on both the western and eastern sides of the district, two extra care facilities, jointly with the on-site housing providers, also on the eastern and southern parts of the district. Bed and Home based Reablement services are offered across the whole district through a Recovery Hub in the West and two home care hubs located in the east and west Wakefield. In addition to these, Wakefield also delivers supported living and shared lives provision, which is spread across the district. All services delivered by Wakefield are rated good or outstanding by the Care Quality Commission (CQC).

Whilst in-house services are not directly commissioned, they form part of the market shaping activity, alongside the external market. Reviewing the market as a whole, both internal and external provision, helps to achieve our goals in ensuring there are no gaps in the offer of care and support across the district.

In addition to the CQC registered care services, there are frontline services that provide an in-house offer in relation to prevention, under our Care Act duties, these are:

- **Technology Enabled Care** – technology-first approaches to reduce risk and support independence
- **Optimised Handling** – early triage and right-first-time support
- **Equipment** – aids to daily living and support for discharge
- **Adaptations** – housing solutions to enable safe living at home
- **Wheelchairs (Health funded)** – mobility support to maintain independence
- **Sensory Services** – rehabilitation to reduce isolation and promote wellbeing
- **Day Opportunities** – 10 bases across the district providing daytime activities and social inclusion for people

Through meeting our prevention duties these services:

- Prevent escalation and hospital admission
- Support hospital discharge and the Home First approach
- Reduce reliance on long-term and residential care
- Improve outcomes and system sustainability



Care Home Market

Nursing Homes

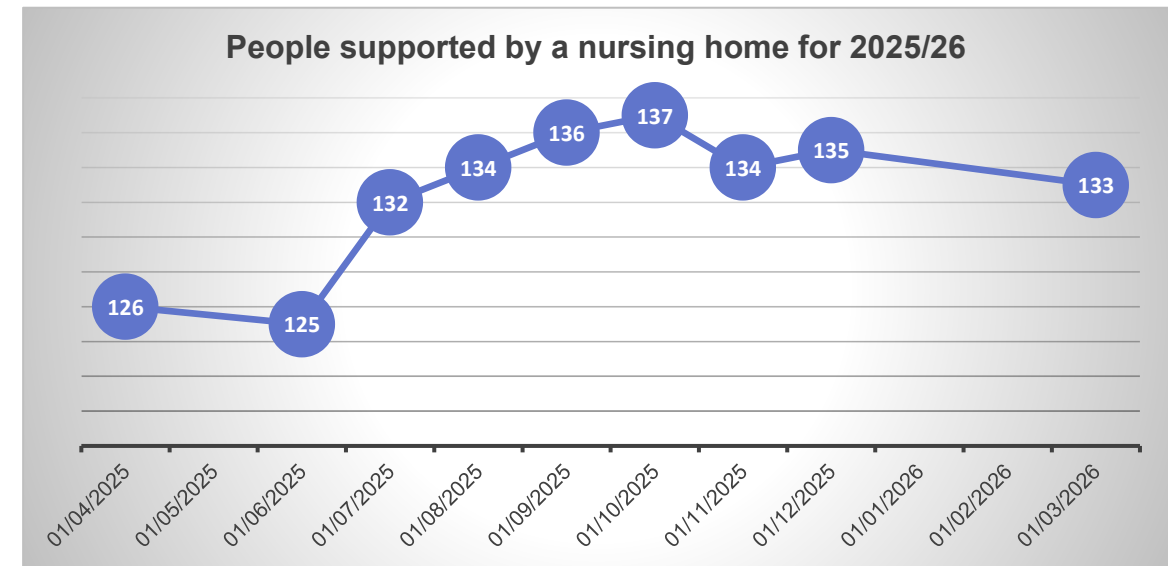
The nursing home market is sustained pressure, as of May 2026 the whole market presented an 18% vacancy rate, of a total of 429 beds. With a decline in demand during the last financial year, 2025/26, and increase in home closures or deregistration to residential, the overall capacity is reducing. This has caused a particular gap within the dementia nursing provision. Care homes that have deregistered nursing beds or ceased offering nursing care altogether, over the last financial year, stating that funding constraints and persistent workforce shortages were leading causes.

Provision is unevenly distributed geographically, resulting in limited choice across some areas in district and increased reliance on extended boundary provision for those living closer to the borders, leading to high percentage of out of county requests for support.

Reported vacancy levels do not present an accurate picture of available capacity. As there remains some care homes that remain registered with CQC for nursing care, presenting a soft-deregistration and refusal of new nursing care referrals, instead only accepting people that need residential care. These positions in practice reflect provider refusal to accept people with complex needs rather than a lack of beds to facilitate the demand. This limits a true reflect on vacancy information and suggests that the true vacancy rate is a lot lower than reported.

Workforce capability remains a key constraint. Discussions with providers have highlighted training gaps, particularly in dementia care and complex nursing, which are leading to increased requests for enhanced staffing and further escalating costs. Development of training standards to drive consistent delivery of good quality care is required for care providers within this service area.

The Home First model has begun to show a cultural shift from nursing homes to favouring people remaining within their own home for longer, therefore the level of complex care that people enter into nursing provision has increased, which has increased pressure for providers to adjust rapidly to care needs, rather than people moving into this provision with lower needs, that develop into more complex care whilst in the home.



Residential Homes

Similar to nursing homes, the care needs of people entering residential homes has increased as a result of the Home First approach. Some people are now presenting with higher levels of complexity, reduced mobility, and greater dependency, placing increased pressure on providers and challenging traditional models of residential care.

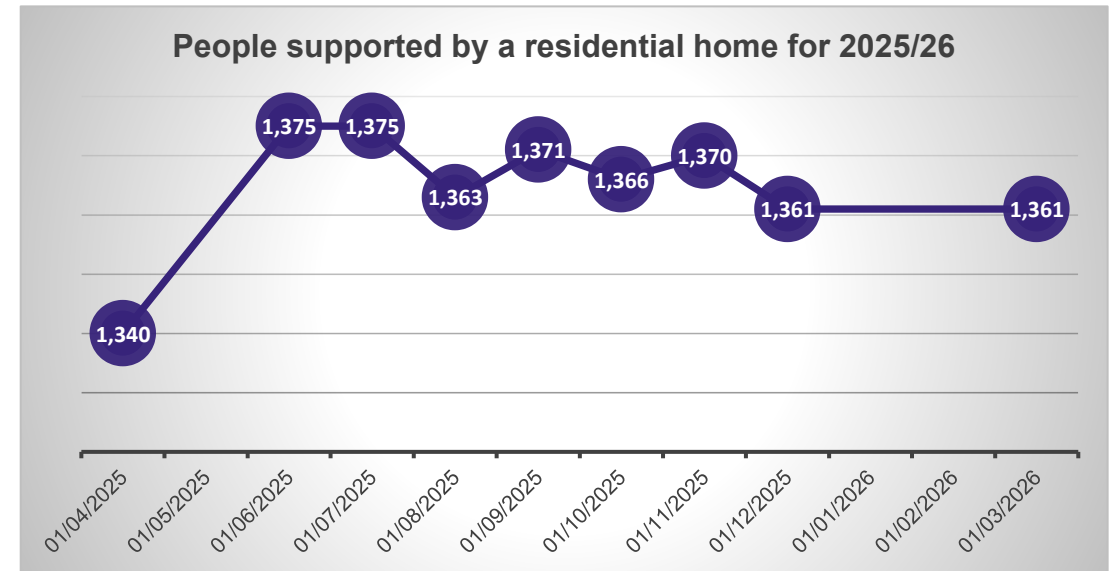
As of May 2026, the sector is operating with a reported vacancy rate of 15%. Overall quality across the market is mixed, with many good providers delivering safe and compassionate care, there persists the need to improve outcomes that directly affect lived experience. With primary focus on shaping the delivery of meaningful activities, food quality, and day-to-day engagement with people within residential homes.

High turnover of registered managers is of significant concern, with frequent changes in leadership that have reduced consistency, impacted staff morale, and reduced contract compliance and quality assurance for this sector. This turnover also reduces the effectiveness of improvement support and contributes to repeated cycles of decline and recovery. Despite system wide support, some residential homes continue to be rated as requires improvement, highlighting the need for consistency in support provided and leadership with this sector.

Quality monitoring is highlighting a need to support residential sector to improve consistency around good governance and ensure that providers are meeting CQC standards for safe and well led to improve quality of care people receive.

High percentage of learning disability and mental health provision is currently procured through spot arrangements. Intentions are to review these arrangements and deliver better outcomes for people through commissioning these services through frameworks.

The market has begun to develop specialist provision, such as dementia units within larger residential homes. While this reflects attempts by providers to respond to increasing complexity for people entering residential care, these developments are a risk of inconsistent standards and shared expectations, as they are rarely developed with commissioning involvement.



Respite and Carer Short Breaks

Wakefield's current Respite and Carer Short Breaks offer is delivered through general and specialist provision, supporting carers and people with care and support needs across a wide range of situations. The offer aligns with Care Act 2014 duties to support carers and prevent escalation of need, however, there is limited capacity and availability of a consistent offer across the district.

Carer Short Breaks deliver the preventative offer, such as relief for carers of people in need of support, including flexible, free or subsidised activities. These could be from a few hours to a few days, offering access to hospitality, leisure, or wellbeing activities without cost and without formal assessment, promoting prevention, resilience, and carer wellbeing. However, Carer Short Breaks do not include replacement care, such as providing personal care, this limits their suitability for carers supporting people with high or complex needs.

Respite, for over 65s and mental health, or also locally referred to as 'Short Breaks' for learning disability, is offered through a mixture of in-house and external market provision, especially for emergency overnight support. Planned respite for carers and people in receipt of care can be offered through residential homes, shared lives and direct payments. At present demand for overnight breaks within planned respite exceeds capacity, leading to the requirement to review the offer around planned respite and potential alternatives to traditional respite models.

For May
2026:

64 people
accessed
planned
respite

102 people
supported
through
Discharge to
Assess Pathways

60 people
supported
through
Shared Lives



Accommodation with Support

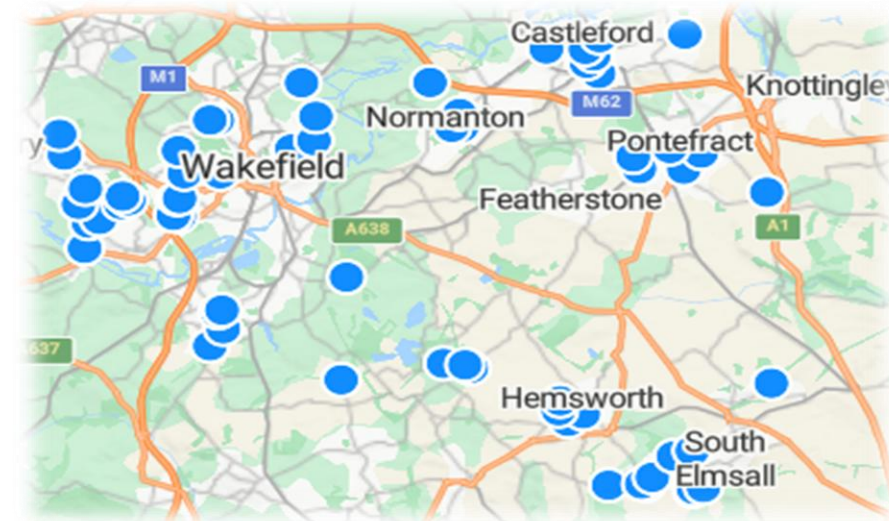
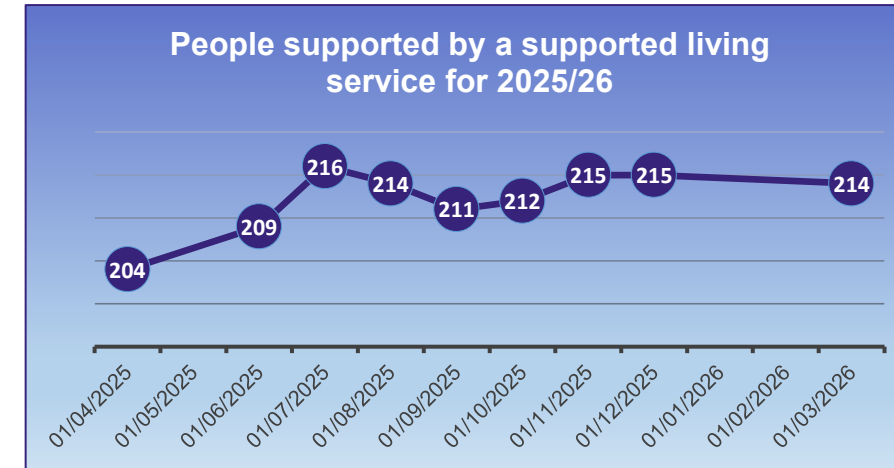
Supported Living

The supported living sector has had recent growth in the capacity of provision, however this has far exceeded demand within this service type. There is a large saturation within the Learning Disability focused supported living offer, with a large focus on shared accommodation, in a time when people are more often wanting their own front door. Wakefield has a consistent vacancy rate of 20% within district, showing a need to prioritise quality over quantity within this offer.

At the same time, as much of this provision remains focused on Learning Disabilities, there is limited specialism in mental health provision. There is a gap in flexibility to meet the changing needs of people in need of support. This reduces the market's ability to respond to complexity, especially recovery-focused pathways for those with Mental Health conditions. This limited offer is impacting people's ability to access timely, appropriate accommodation that supports recovery and independence. There is potential for existing services to redirect their offer to better suit the unmet demand.

Due to the high proportion of shared accommodation, compatibility can present a persistent blocker to new referrals. This reinforces the need to promote “own front door” options, which is now a national shift in expectation from modern supported living models. Additionally, there is need to review the partnership between housing and care, to ensure that priorities are aligned and supporting people to move into more independent offers once their need for supported living services has reduced.

Review of the existing provision within the district to better support the known gaps, working with providers to redirect their offer to deliver for the unmet demand will support in reduction of the need to utilise high-cost out of area provision for the people with the most complex care and support needs. This includes understanding of a complexity model, that will better inform both the Council and providers of what complexity is, and who meets that threshold within the services being delivered.



Map of supported living provision across the Wakefield district

Extra Care

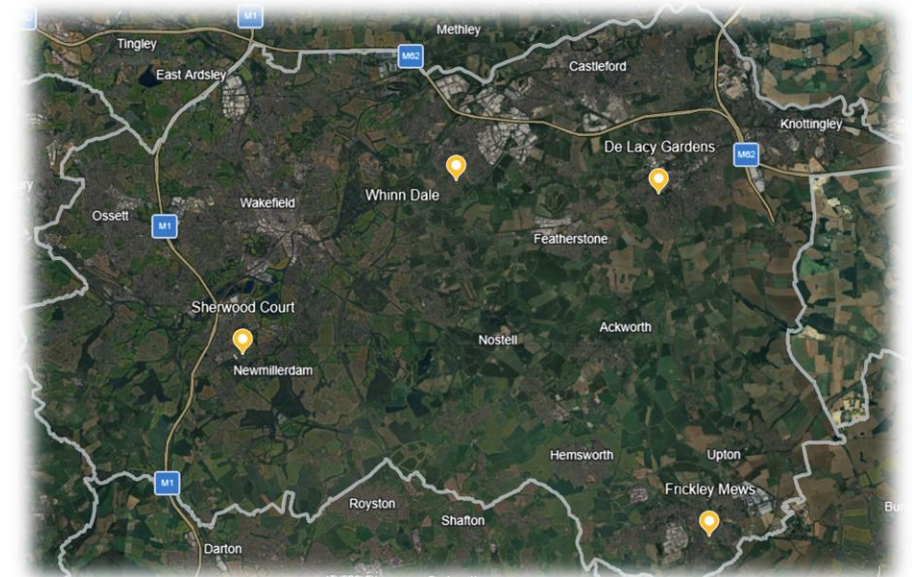
Extra care across Wakefield offers a traditional approach to supporting adults with care and support needs, typically over 65, supporting them to live independently within a supported housing environment. Care provision is split with two supported by in-house teams, DeLacy Gardens and Sherwood Court, and two through externally commissioned providers, Frickley Mews and Whinn Dale, with housing delivered through different Social Landlords for each scheme. All schemes often operate at full capacity, with a mixture of care needs from people living there, any occasional vacancies are consistently allocated to people on pre-existing waiting lists.

The two extra care schemes delivered through externally commissioned providers have had recent commissioning activity. Whinn Dale is operating at full capacity and continues to experience a high demand for referrals to vacant properties. Frickley Mews, is under redevelopment, although currently open for people that lived there before these began, it has been closed for new referrals since the start of this work. With the aim of opening to new referrals by the end of 2026, this will bring the sector back to full capacity, but in silo will not address the wider lack of capacity against demand.

Despite these pressures, the extra care model across Wakefield offers both a prevent, reduce, delay model of delivery, with allocations allowing a flexible approach to care and support, with people's needs ranging from low housing and tenancy assistance to near 1:1 and 2:1 wrap around care for people with complex needs.

Given the sustained demand, limited vacancies, extra care will be a priority of review, with commissioning led initiatives to meet demand. This review should develop a clearer understanding of the existing offer across both in-house and external provision, assess how well current models meet future demand, and ensure alignment with demographic trends and care pathways. We aim to increase accessibility and inclusion within our services going forward, including learning disability and mental health provision within extra care. To support this, we look to review the allocations process, with further input from commissioning, to support mixed dependency levels and avoid a higher proportion of people with low care and support needs within extra care.

Wakefield Council engages with both housing and care providers to support a holistic approach. Strengthening this integrated commissioning approach will be essential to ensure extra care provision remains sustainable, responsive, and capable of meeting future need while supporting independence and preventing escalation into higher-cost care settings. With Waiting lists are evident across extra care provision throughout Wakefield, highlighting a system-wide gap in capacity rather than a gap in provision at any one scheme.



Map of extra care schemes across the Wakefield district

Social Housing Providers

Adult Social Care within Wakefield closely works with the social housing providers to deliver our various accommodation with support services, extra care and supported living, including our preventative offer through housing related support. Below are the overviews for each provision type and how we work with social housing providers to deliver wholistic services that support peoples care and housing needs.

Supported Living

Within Wakefield we engage with both the housing and care providers to support a wholistic service in relation to supported living. Working with housing providers independently enables that clear separation between care and housing, which is especially important with Supported Housing Regulatory Oversight Act 2023 and the true tenancy test. We look to conduct a review of our existing arrangements with housing providers. There is a need to explore improving the offer around bespoke and mental health provision.

Extra Care

Wakefield engage with four housing providers, one each at the four extra care schemes across the district, all of which work closely with the onsite care teams. There is understanding that we need to review the service level agreements between Wakefield and the Housing Providers at these services. This work will be included as part of the wider extra care review.

Housing Related Support

Wakefield has a varied market in respect to housing related support, with some successes and some areas for improvement. This market is affected through limited move on processes, with emergency or short-term support hindered by tenancy processes within the wider system. Reviews for the homelessness and floating housing support are planned for this market.

Community Support



Home Care (Domiciliary Care Services)

The home care market has become increasingly over-saturated following the transition from closed frameworks to open Pseudo Dynamic Purchasing Systems (PDPS). While this shift has increased capacity and choice, it has also intensified competition between providers, contributing to potential market instability and undermining long-term sustainability.

Sustainability risks are growing across the sector. Many providers are highly exposed to fluctuations in commissioned volumes and experience financial pressure when care packages are lost or reduced. This pressure, particularly for smaller and medium-sized providers, is limiting their ability to invest in workforce development, digital systems, and quality improvement.

Overall quality of care is variable. Personal care delivery is generally reported as good, and most providers are meeting care expectations. However, there are persistent operational issues that directly impact people's experience, notably late or missed calls and inefficient rota planning. These issues are often linked to workforce shortages, travel time pressures, and poor alignment between commissioned care patterns and provider capacity, and they remain a key source of complaints and quality concern.

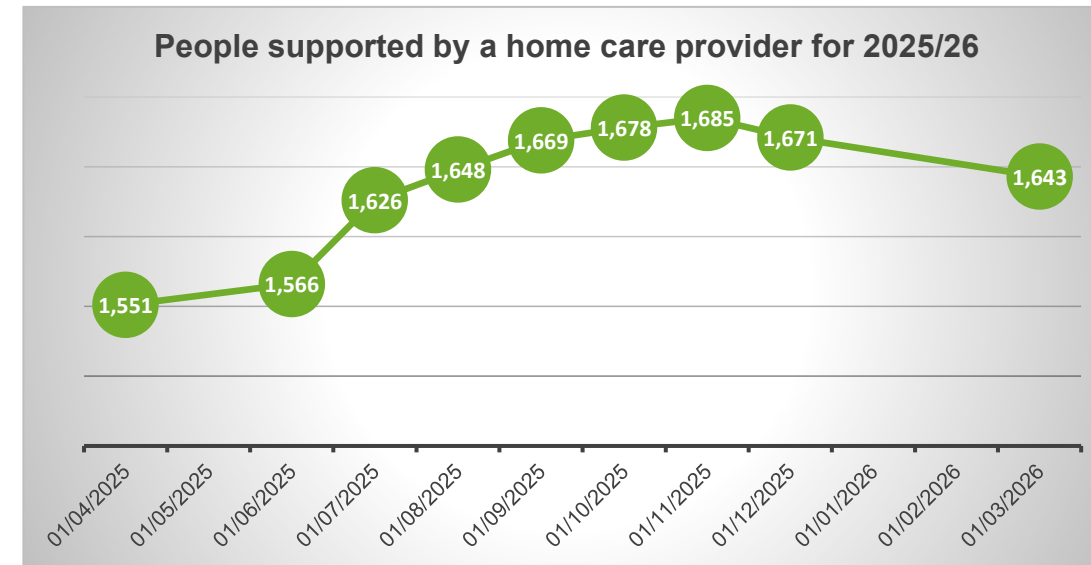
Workforce challenges continue to constrain performance and sustainability. There is a heavy reliance on overseas recruitment to fill vacancies across a number of providers, which has helped maintain capacity but brings additional challenges. This increases cost pressures for providers and variability in practice across the market due to the need to deliver effective training, which can be time consuming when facing staff shortages.

To increase sufficiency and deliver less restrictive services within the sector. The offer from the optimised handling service will be shared through future home care contracts, increasing capacity of this type of support, by delivering improved single-handed provision, through effective training and use of equipment.

Data quality and Electronic Call Monitoring (ECM) remain in need of improvement. There are consistent discrepancies between planned and actual hours, and care that is reported within systems. The Coordination team is regularly reviewing call monitoring returns against invoices in order to understand the impact of this.

Packages Started
2025/26
943

Packages Ended
2025/26
788



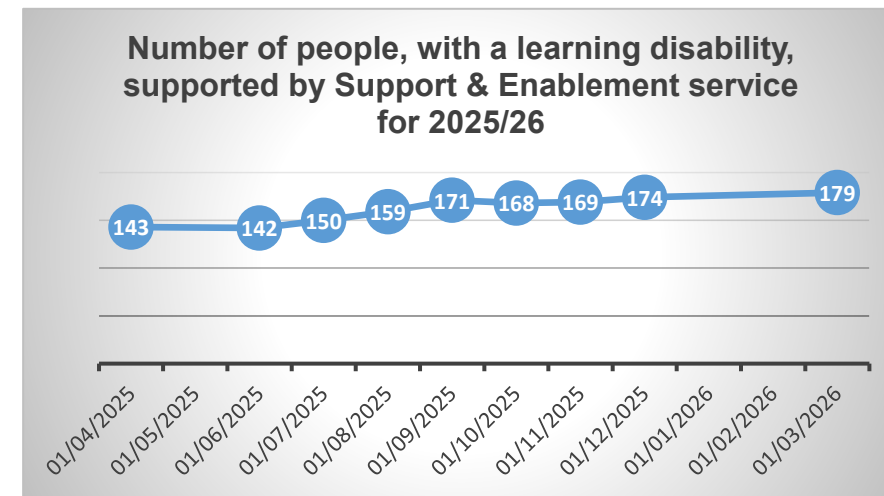
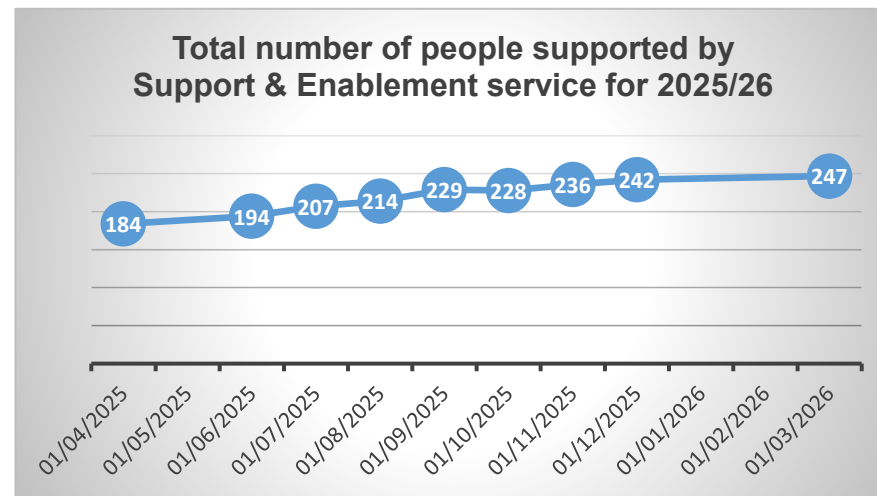
Home Care (Support and Enablement)

This home care for learning disabilities and mental health support is delivered through the My Life Dynamic Purchasing System, providing targeted support and enablement to help people access their local communities. Historically, the offer has focused primarily on people with a learning disability, with outreach support designed around that cohort. There is now a clear requirement to review and further develop the offer to better meet the needs of people with mental health needs, ensuring the offer reaches all people that need this type of support.

The service is designed to meet needs around community access and outcomes-based support, rather than traditional personal care. A flexible delivery model allows people to 'bank' their support hours over a four-week period, enabling more personalised, outcome-focused interventions aligned to people's goals and preferences. For example, this system allows people, especially those with fluctuating care needs within mental health, the ability to tailor their weekly support in response to their current presenting needs. This offer will be explored further during our review, to maximise this offer.

It is recognised that the current service specification is due for review. There is an opportunity to introduce greater flexibility within the offer, supporting innovation in delivery and better alignment with prevention and personalisation objectives, to promote and continue people's independence pathways.

Demand for the service has reduced, with a corresponding decrease in the waiting list for provision. This presents an opportunity to reflect on current commissioning arrangements, assess market capacity and utilisation, and consider how the service can be reshaped to respond to emerging needs particularly in relation to mental health while maintaining a good quality within the community-based outcomes for those supported by this service.



Day Opportunities

Day Opportunities across Wakefield are delivered through a variety of arrangements, including in-house, spot contracted and grant arrangements. There remains inconsistency in the offer, delivery and demand across this sector. Ranging from transitional to over 65s day opportunities, there is opportunity to develop and shape existing, potentially new, provision into a stronger offer for the whole district.

There is a long established in-house day opportunity offer for Wakefield, and due to existing arrangements in place with the external market, there will be a review of the sector to explore how the internal and external provision can be offered at the point of need, what the offers will be how gaps in the market can be met.

The standard offer operates between 9am and 3pm, which limits suitability for working families and reduces flexibility. Where in-house provision is unavailable or unsuitable, provision is then sought based on location, availability, and offer, often resulting in people attending multiple different day services concurrently to meet needs.

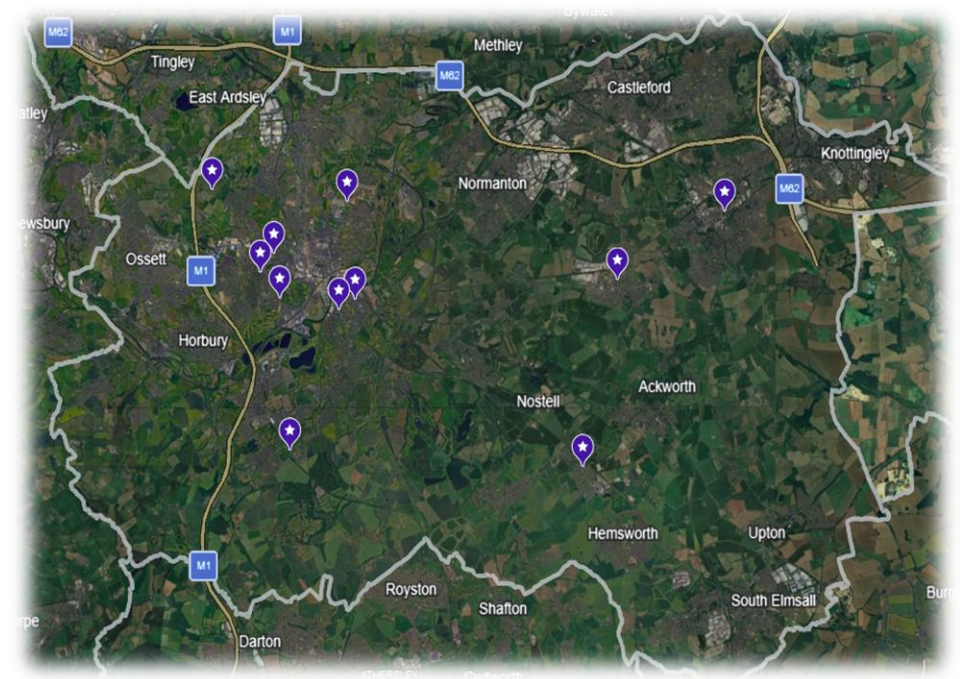
A range of external and spot-purchased provision is used to supplement in-house capacity, whilst these arrangements enable greater choice for some, they generate inconsistent offers and lack a clear commissioning framework within adult services, leading to inconsistencies in access, sustainability, and understanding of what can be offered from this sector. For example, there is a need to jointly develop day opportunities linked to employment pathways, as previous services within this offer have since ceased providing services. Specialist provision exists but is constrained. With some day opportunities that are valued but have limited capacity within the offer, due to complexity of need at these services, those offering this provision have very few available spaces.

Traditional day opportunities, or previously known as day services, remain the dominant model, and practice has increasingly focused on stabilisation rather than progression, with people becoming accustomed to fixed levels of support. Where support is withdrawn, people known to the Learning Disabilities team often “bounce back” into services, highlighting ongoing vulnerability and limited resilience of the current offer.

There is a need for clearer oversight and management with a review of the balance between in-house and external provision, addressing the gaps for complex and what would require 1:1 support. With strengthened progression pathways beyond traditional day services, allowing for greater alignment between children's and adult commissioning, alongside clearer strategic intent for specialist and employment-focused day opportunities, all will be critical to improving outcomes and sustainability.

Packages
Started 2025/26
20

Packages
Ended 2025/26
17



Prevention



Voluntary, Community, and Social Enterprise Sector

A wide range of preventative and support services is currently delivered through commissioned Voluntary, Community, and Social Enterprise (VCSE) organisations. These services include support for carers, people with sensory impairment, people living with dementia, and the installation of equipment to promote independence.

Commissioning arrangements across the VCSE sector are delivered through a mixture of contracts and grants. There is an active review underway to ensure that commissioning practice is more consistent, corporately aligned, and supports greater stability and sustainability within the VCSE organisations the council works with.

VCSE-commissioned prevention services play a critical role in supporting people at an earlier stage, before they require a Care Act assessment or long-term care package. These services contribute directly to the council's statutory duties under the Care Act 2014 to prevent, reduce and delay the need for formal care and support. There is, however, a need to better understand the current reach, utilisation and outcomes of these services, and how their impact can be maximised across the system.

To support this, further work is required to develop a clearer picture of the existing scope, scale and delivery models across the VCSE sector. This will enable a stronger asset-based commissioning approach, recognising and building on community strengths, and improving coordination and collaboration across providers. There is an opportunity to use this work to drive more consistent system-wide practice and partnership working, ensuring VCSE capacity is used effectively to respond to current and future demand.

A new VCSE Strategy is currently in development and will provide a clearer framework and set of priorities for the system. This will support the shaping of the VCSE sector to meet demand, strengthen prevention and early intervention, and ensure the sector is well positioned to contribute to wider health and care objectives.



The map of the areas that deliver the Wakefield Together Partnership, a key aspect of the approach to delivering place-based preventative services.

Homelessness Pathways

Services supporting people with mental health, housing, and crisis support are experiencing sustained high demand and increasing complexity. People requiring access to these services often have multiple, overlapping needs, including mental health, housing crisis, and social vulnerability. These needs, when presented together, are placing significant pressure on provision and limiting the ability of the system to support timely recovery and progression.

A key challenge is the prolonged length of stay in emergency and temporary accommodation. Slow and constrained tenancy pathways mean that people who are ready to move on are frequently unable to access suitable housing, leading to extended periods in high-cost, short-term provision. This creates bottlenecks across the system, reduces capacity for new presentations, and increases the likelihood of repeat crisis episodes.

Feedback from people who actively engage with services is generally positive, suggesting that the support offered is effective for those who access and sustain engagement. However, there is a recognised engagement bias, as the views of people who disengage, cycle repeatedly through crisis, or face the greatest barriers to stability are less well captured. This limits the completeness of insight into service effectiveness and lived experience.

Overall, the market is considered sufficiently stable to warrant a light-touch review in the short term, focused on understanding demand, performance, and immediate pressures. A more detailed and targeted review is planned for complex needs provision, recognising that current arrangements may not be well aligned to the level of complexity now being seen.

Commissioning will strengthen integration with mental health commissioning and the wider housing strategy to address structural barriers to move-on. A sharper focus on developing and improving move-on pathways is required to reduce prolonged stays in emergency accommodation, improve flow, and prevent repeat crisis, supporting better outcomes for people and greater system sustainability.

**Supported
Housing**

**Rough Sleepers
Service**

**Housing
Sustainment**

**Complex Needs
Service**

**Access to
Housing**

**Assessment
Centre**

**Cold Weather
Night**

Young Families

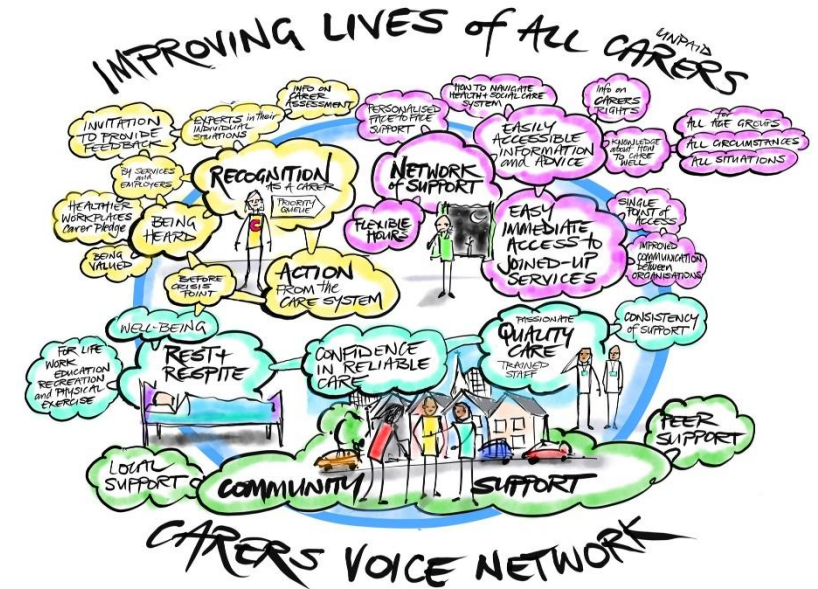
Mental Health

Unpaid Carers

Wakefield has over 13,000 unpaid carers registered with the local carer support provision, with an estimated total of 36,000 unpaid carers across the district. Recent workshop feedback highlights that carers benefit from strong local support networks, valued services such as Carers Wakefield and specialist programmes, and initiatives that recognise carers as experts and give them a voice. However, these positives are overshadowed by significant systemic challenges. Carers they face complex and fragmented systems, excessive administration, and poor coordination between services, often needing to repeatedly explain their situations. Access to healthcare can be difficult, and there is limited awareness of available support, carer rights, and entitlements. Gaps in respite provision, inconsistent support staff, and limited out-of-hours services further contribute to stress, fatigue, and feelings of being undervalued and unheard. In addition to this there are plans to review and address crisis intervention planning, to ensure that support is in place prior to crisis occurring.

To address these issues, the feedback emphasises the need for a more joined-up and accessible system centred around carers' needs, programmes such as the Improvement Group, made of system partners, look to address issues raised. Key improvements include establishing a single point of access for information and services, enhancing communication and coordination across organisations, and simplifying administrative processes and financial support systems. Expanding high-quality respite care, improving continuity and training of staff, and offering flexible, timely emotional and practical support are also critical. Alongside this, increasing recognition of carers, improving awareness of rights and available services, and ensuring both digital and offline access will help create a more inclusive and supportive environment that prioritises carers' wellbeing and prevents crisis situations.

The Wakefield Carers Strategy is being developed, this aims to promote the options of what is available and raise the awareness of how the system across Wakefield will address the concerns raised by carers and look to improve the offer to carers in need of support.



Tech Enabled Care

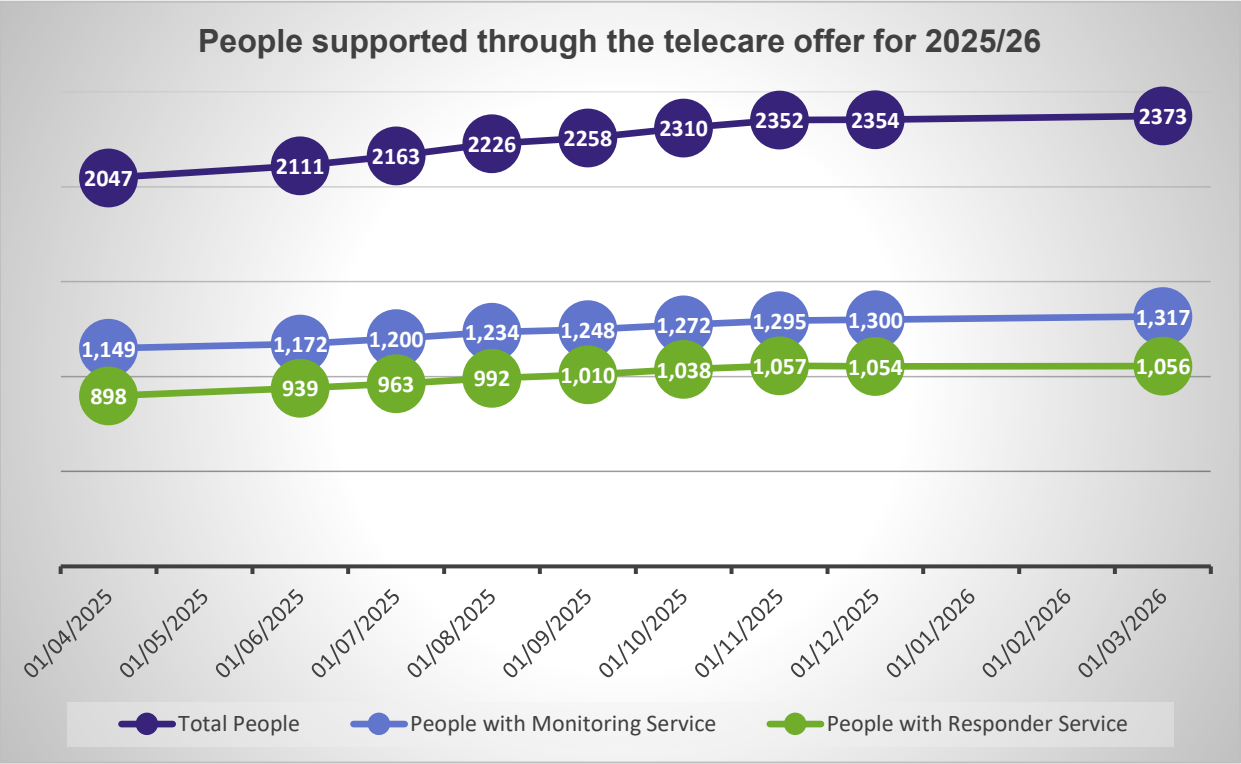
The Council is undertaking a major transformation of its Technology Enabled Care (TEC) and telecare services through a change of provider, with the aim of improving the quality, connectivity, and delivery of assistive technology, telecare, and response services. This programme supports a shift towards prevention, independence, and digitally enabled care.

Recent commissioning activity has created opportunities for innovation and market engagement. Internal system improvements, including enhanced integration within the Council systems, will improve access to and visibility of available technology, supporting more effective commissioning and practice.

The district has already completed the transition from analogue to digital telecare, with most people now being supported through an improve network. Internet of Things (IoT) connectivity development is expected to further strengthen the TEC offer and improve system responsiveness.

Capacity and capability are being strengthened a large-scale TEC awareness programme has reached over 800 frontline staff across the Council, VCSE, and health partners, supported by community engagement events. Engagement with GP practices has been limited, but there is a clear ambition to develop this further to improve referral pathways, delivering a system wide approach to the TEC offer.

A core element of the programme is a culture shift towards a “technology-first” approach, moving away from reactive telecare and building our preventative solutions such as sensors, alarms and alerts, lifestyle monitoring, and recovery hub equipment, which are being developed at the in-house residential homes. Referral processes are being strengthened to ensure practitioners understand what technology is already in place, what digital tools and apps are freely available, and how these could connect to a wider network of assistive technology for a wholistic offer.



An illustration of three people in a room. On the left, a woman with dark hair, wearing an orange sweater and blue jeans, is seen from the back, looking towards the other two people. In the center, a man with short brown hair, wearing a teal polo shirt and brown trousers, is smiling and waving his right hand. On the right, a woman with dark hair, wearing a brown jacket over a white shirt and dark trousers, is also smiling. The room has a yellow wall with a round clock and a framed picture. To the right, there is a doorway leading to another room with a round table and a chair. A semi-transparent white box with the word 'Personalisation' is overlaid on the left side of the image.

Personalisation

What is personalisation?

Under this section we will cover Direct Payments and Individual Service Funds. These are alternative offers to a managed service, all three are explained below:

Direct Payments

are paid to someone that would like to and is able to manage the arrangement, either the individual or to a nominated third party, such as a trusted family member or friend.

Individual Service Funds

are paid directly to an approved provider, who manages the budget on behalf of the individual. The provider works with the person to determine how and when care and support is delivered to meet their agreed outcomes.

Managed Accounts

enable the Council to organise and manage care and support services on an individual's behalf. The council work with a number of approved providers who are contracted to deliver care on their behalf.

Direct Payments

To increase choice and control, there is a need to increase and strengthen the Direct Payment Support Service as mentioned in the outcomes of the recent CQC assessment, particularly in relation to effective use of personal budgets. Internal programmes and project groups have been setup to address this and improve our offer on direct payments.

Wakefield Council currently commissions external support to deliver our direct payment offer, review activity by the commissioning team has commenced with the current contract ending this financial year. This presents an opportunity to re-shape the offer in line with learning from the CQC assessment, emerging commissioning priorities, and the council's statutory duties under the Care Act 2014.

There has been consistently low demand for personal budgets, through direct payments, with an average of 22 referrals received from adult social care teams each quarter, on behalf of people wanting to manage their own care and support. However, delays from requesting to starting a direct payment can extend past the standard eight weeks setup period, creating pressures on the system to review practice and improve delivery when initiating a Direct Payment.

At present, feedback from people with lived experience highlighted that the direct payment offer is limited in scope, which restricts the innovative use of personal budgets to support prevention and early intervention. There is a clear opportunity to explore more flexible and creative approaches to using personal budgets to better support the Care Act duties to prevent, reduce and delay peoples need for more complex care and support. This includes enabling community-based, outcomes-focused solutions that promote independence, wellbeing and choice.

The offer around direct payments has an opportunity to develop when reviewing alongside other commissioning activity with contracted services, potentially allowing greater flexibility in the offers where contracted care could become limited.

For the period
January 2026 to
March 2026:

350 people used a
Direct Payment to
support their care
needs

199 people
accessed support
through the
Direct Payment
Support Service

Top three support requests
were for:
Administration Support
Employment Advice
Social Worker Queries

Individual Service Funds

There are approximately 100 people receiving support via an individual service fund (ISF) with eight providers on the approved provider list. With the current commissioning arrangement undergoing a review, there is need to understand the limitations of the current offer and how the market can be shaped to deliver within these areas. One such aspect is the management function of the individual service funds, whereby the individual service fund provider is solely managing and not also delivering care, this offer needs to be developed and strengthened to truly reflect the outcomes required.

There is still a higher percentage of individual service fund providers from the original pilot, which focused on supporting people with learning disabilities. Therefore, commissioning will need to raise awareness of the expectation on providers, working to improve the offer, not only to increase capacity, but develop a consistent approach of good quality across all care needs. This is reflected by the need to develop a wider market within the support that can be accessed through individual service funds to offer true choice of support through this service type.

To provide guidance and improve the offer, there are programmes being delivered by the Council, which includes focused work on delivery, management, processes and awareness.

For 2025/2026
ISFs delivered:

Over 175,000 hours
of support for people

Supported the
independence of 86
people through this
offer

Supported someone
to move into their
own home and
learn how to access
their community
independently

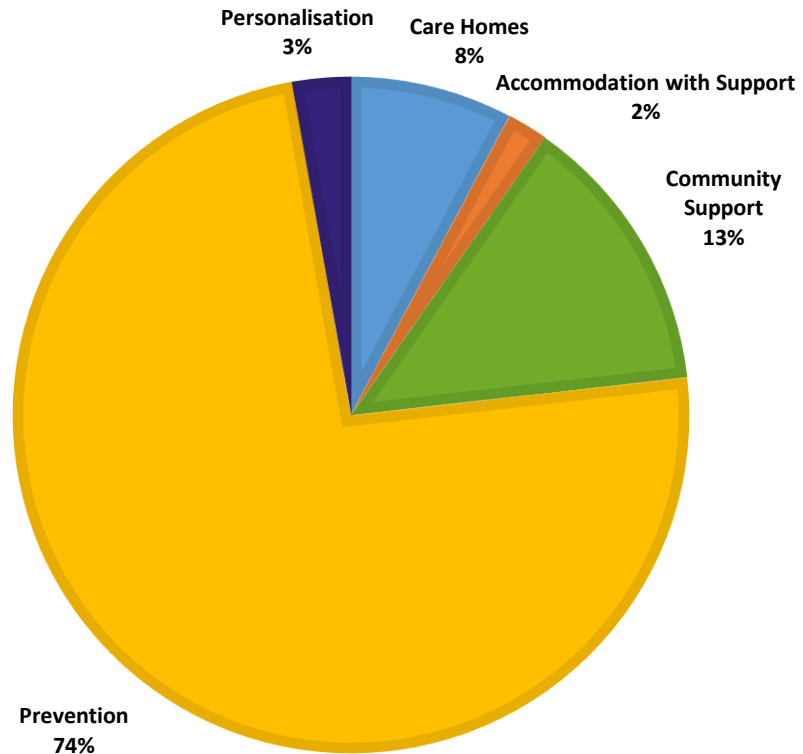
Nine management
providers available
through the offer



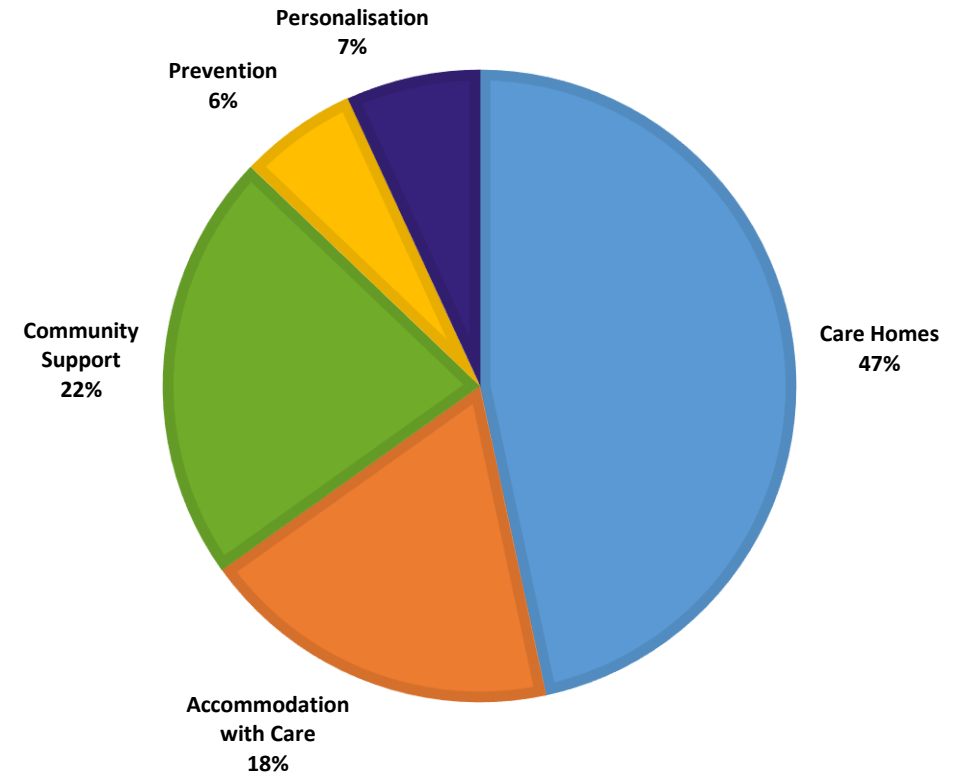
Market data and Intelligence

Market Offer for 2025/26

PEOPLE SUPPORTED BY COMMISSIONED SERVICES
BY SERVICE GROUP IN 2025/26

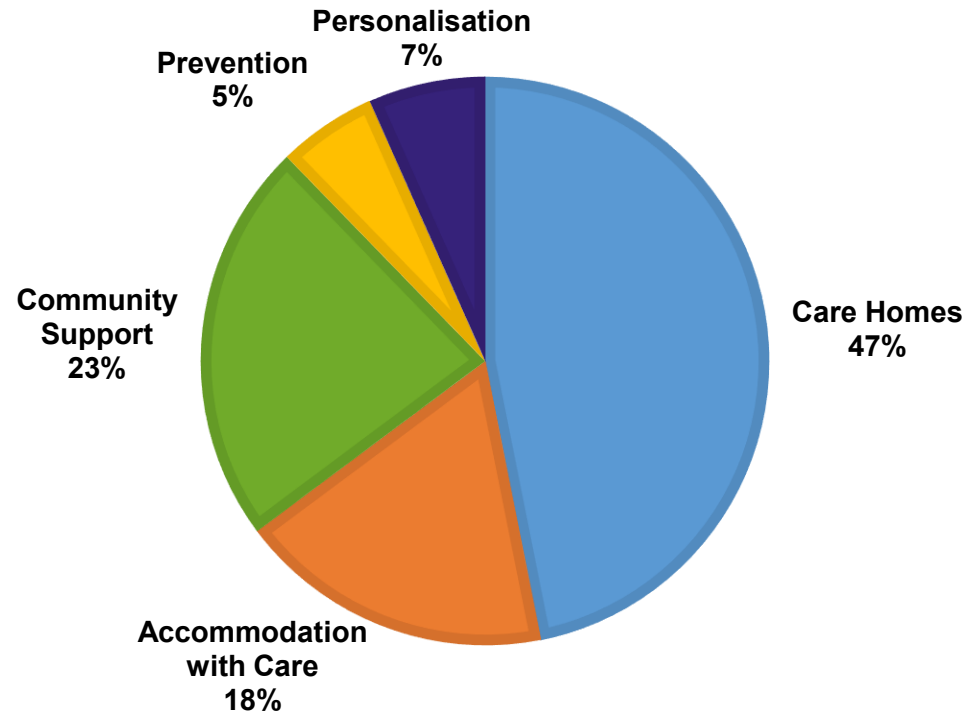


ANNUAL SOCIAL CARE COMMISSIONED SERVICE
COST BY SERVICE GROUP IN 2025/26

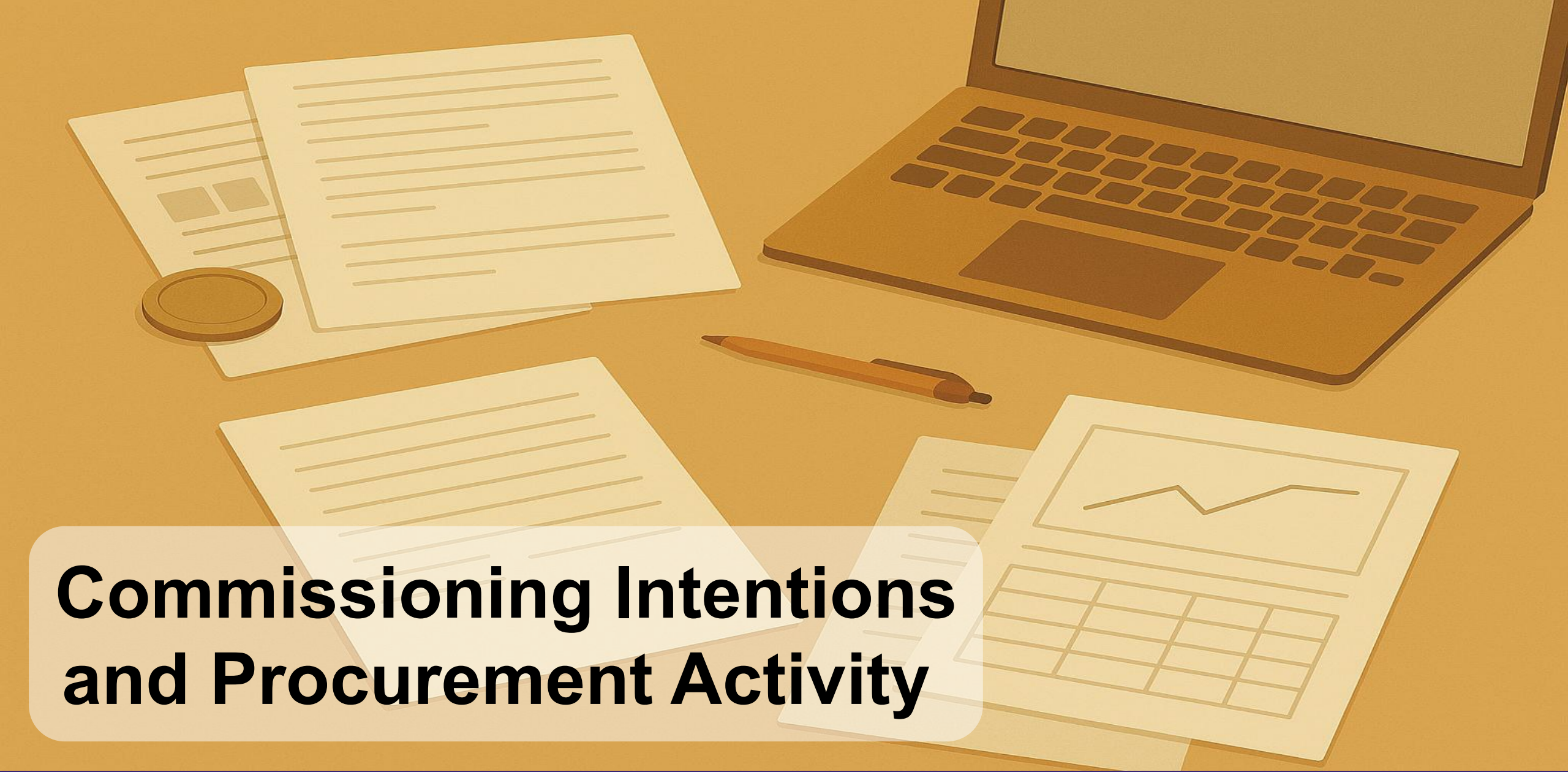


Market Budget Allocation 2026/27

ADULT SOCIAL CARE COMMISSIONED SERVICES BUDGET,
ACROSS SERVICE GROUPS FOR 2026/27



Our budget allocation remains similar between 2025/26 and 2026/27 financial years, however this hides our priorities. During 2025/26 we supported over 20,000 people across all commissioned services. With personalisation and prevention offers reaching a high proportion of the population in comparison to our higher costing sectors. Our aim is to promote preventative services, to reducing the demand for complex social care, supporting our ability to increase the number of people that can live at home, accessing their community, supporting healthier lives, for longer.

An illustration of a workspace on a warm orange-brown background. In the top right, a laptop is open. To its left are several sheets of paper with horizontal lines, representing text documents. One paper in the foreground features a line graph with three peaks and a table with four columns and three rows. A simple wooden pencil lies horizontally in the center. A small, thick gold coin is positioned near the top left papers.

Commissioning Intentions and Procurement Activity

Overall intentions

Market Shaping

Commissioning activity builds awareness of existing provision. However further work will be undertaken to identify potential unknown gaps, such as day opportunities, and engage with care providers to shape the market to build provision in areas of unmet need.

Horizon Scanning

Through our work with the market, we will consistently review the existing services, using public health and adult social care data to project future changes to demand. Utilising this information, we will work to shape the market to meet future needs.

Provider Sustainability

Deliver whole market sustainability, ensuring sufficient capacity to meet demand across all sectors of care and support.

Move to Spot Contracting

For out of framework commissioning, there is a transitional programme to move from spot purchasing to spot contracts, to better improve contract management and quality processes for these services.

Care Home Market

Residential Homes

There is need to improve consistency around quality, with focus of shaping the market to efficiently meet the 'safe and well led' criteria for CQC. In addition to this, some people are entering homes presenting with high needs, with staying at home for longer, leading to residential homes having to adjust to a mixed demographic of needs, especially within dementia and mental health. It is vital these services remain affordable and proportionate.

Nursing Homes

In response to the changes brought from the 'Home First' model. There is need to develop the offer around complexity, especially for dementia and mental health, ensuring people with complex care and support needs have services that can meet these.

Short Breaks and Respite

There is a clear need to further develop this sector, especially shaping the offer around emergency provision for people and families in crisis. Both offers are of a traditional nature and alternative, or innovative, developments are being reviewed.

Accommodation with Care

Extra Care

Commissioning activity will focus on delivering connection between care and housing delivery, ensuring a wholistic approach to support provided. There is also a need to review capacity, in which a needs analysis will be carried out to understand the unknown demand for this offer. We look to expand the existing offer to support with wider needs, such as younger adults, with learning disability and mental health, and sensory impairment provision.

Supported Living

Alongside supporting shaping in line with implementation of the Supported Housing Regulatory Oversight Act nationally, delivering further scrutiny on the sector. There are reviews to reduce need on high-cost, out of area services, through shaping of existing services, as capacity has far exceeded local demand.

Community Support

Home Care (Domiciliary Care Service)

In line with the commissioning activity taking place, there are reviews and plans to improve market sustainability. As the current market highlights the need for retaining capacity for people and to ensure providers remain viable, there is need to expand the offer around strength-based support and reablement.

Home Care (Supported and Enablement)

With the primary focus historically on learning disability, of which capacity have reached beyond demand. The focus will be on the quality of existing provision, whilst also shaping the market to address the lack of support for people with mental health.

Day Opportunities

Due to the variety of arrangements and lack a clear framework, commissioning activity will focus initially on need analysis and understanding what is being offered and identifying the gaps that need addressing. Future reviews will provide direction on how day opportunities can meet expected demand, provide meaningful local connections to community and look to support people into employment.

Prevention and Personalisation

Tech Enabled Care

Increase awareness of preventative assistive technology, increasing uptake before and to compliment standard care provision. Reducing dependency of 'traditional' care.

Unpaid Carers

Improve awareness of, and access to, the offer to reduce carer stress and build resilience within people that care for a loved one.

Voluntary, Community, and Social Enterprise Sector

Improve access to tender opportunities and provide long-term sustainability through commissioning activity.

Homelessness Pathways

Review the pathways to further independence and understand the blockers in the availability to step down into more independent and less restrictive offers.

Personalisation

Individual Service Funds

Review the delivery and understand the limitations of the current management function under the existing offer. Understand the blockers to uptake and potential to support people with limited capacity access personal budgets.

Direct Payments

Continuously review the uptake and processes to improve access to information and increase innovative approaches to how Direct Payments are offered. Consider the options that can be achieved using Direct Payments when other commissioning activity delivers changes to market engagement.

Market Awareness and Opportunities

Markets For Development

Mental Health – Expanding person-centred support across all care markets, ensuring people with mental health needs can access the right support, at the right time, in ways that promote independence, wellbeing, and individual recovery goals.

Extra Care – Exploring innovative housing and support models, including intergenerational living, to provide greater choice and independence while responding to increasing demand and changing aspirations.

Day Opportunities – Developing a wider range of personalised opportunities that reflect individual strengths, interests, and outcomes, helping people to build skills, connections, independence, and community inclusion.

Markets Under Review

Nursing and Residential Care Homes – Developing high-quality, person-centred care options for people with complex needs and dementia, supporting independence, dignity, and wellbeing.

Supported Living – Increasing personalised support that empowers people to live independently and achieve their individual outcomes.

Home Care – Creating more flexible, locally focused services that provide tailored support and help people remain independent within their communities.

How to engage with procurement opportunities

All contracts will be advertised through YORtender (<https://yortender.eu-supply.com/>) which has a variety of guides to help navigate the system. An account can be requested through the link here: [Supplier registration](#).

For notifications on future procurement activity for opportunities worth over £2 million in total, these would be for the lifetime of the contract or framework, we publish pipeline information on the national database here: [Find a Tender](#).

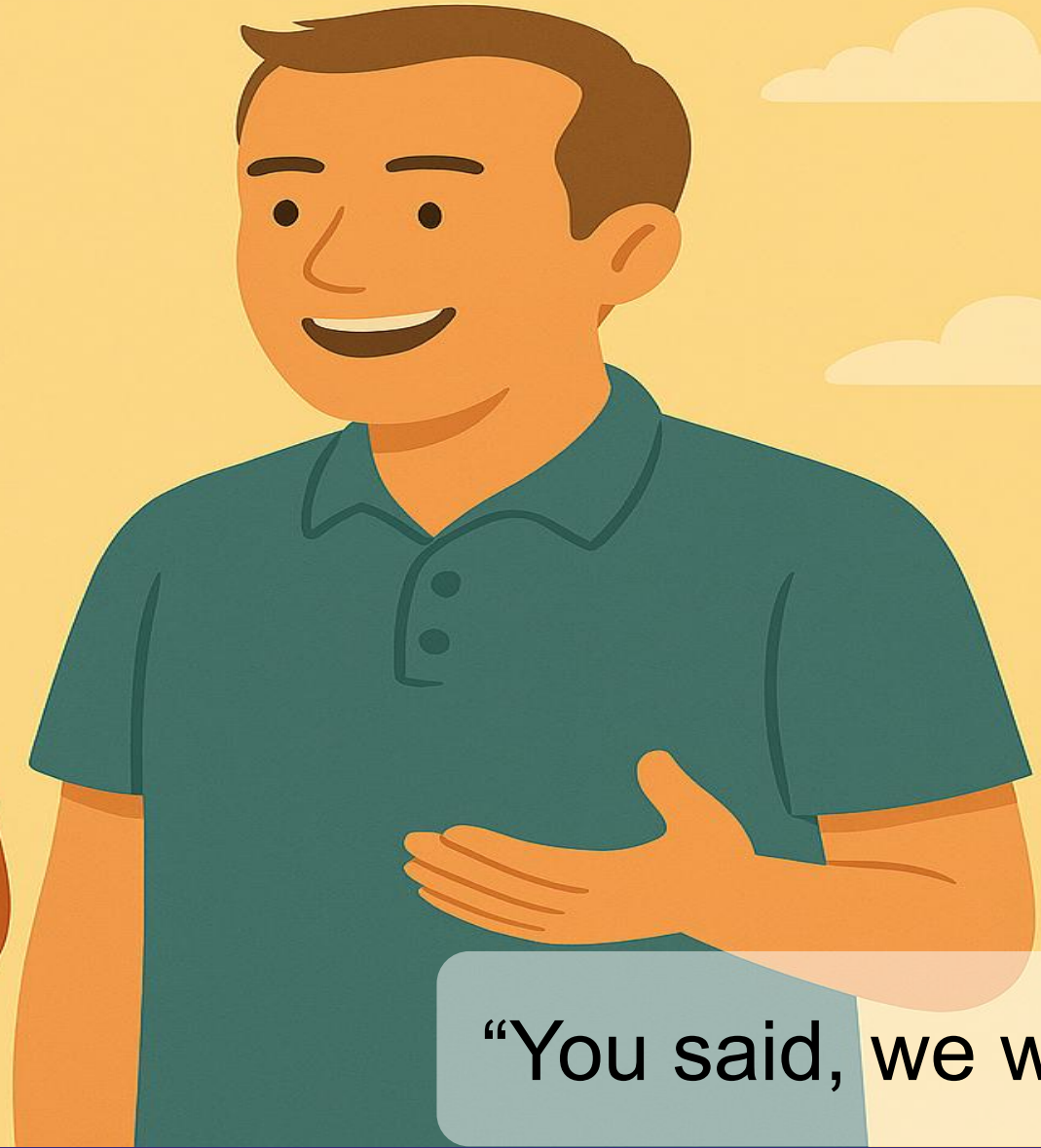
Please note that for providers wishing to submit a response to an opportunity they must complete and submit the Procurement Specific Questions in the format that it has been supplied, for example do not convert a word document to a PDF.

Within Wakefield we have embraced the use of Market Consultation to help to gain an understanding of the market, the providers, and assistance to inform specifications going forward. Premarket engagement should be considered for every procurement exercise to support co-production for the activity being undertaken.

Further useful links can be found below:

- [The Procurement Act 2023: A short guide for suppliers \(HTML\) - GOV.UK](#)
- [20250224 Act Now A guide for suppliers A4 v2.0 FINAL](#)
- [Suppliers: How to register your organisation and first administrator on Find a Tender in three easy steps \(HTML\) - GOV.UK](#)

Outcomes



“You said, we will do”

Commissioning Outcomes

Improve awareness of services that can support people

Development of the existing service directories on Connect to Support could offer members of the public, people with lived experience, social workers and providers, especially ISF providers, wider knowledge of the care and support available.

Improve access to information and engagement opportunities for care providers

Creation of a new provider zone, on Connect to Support, could provide a front facing, 'one stop shop' for provider information and engagement through the Care and Support Commissioning Team.

Proactive quality monitoring in relation to care provision

Increase the resource within the Quality Team will allow more capacity to shift to a proactive quality assurance approach, with support with monitoring development from the wider team.

Increase awareness of seldom heard voices

In line with the Council's Equality, Diversity and Inclusion priorities, development of EDI monitoring returns with providers will help us understand existing scope and also provide a analysis of the gaps in the market.

Outcomes and the Wakefield Pound

Through our market shaping and commissioning activity, we will continue to deliver and look to improve upon existing work priorities to provide value for money, high quality care, to ensure good outcomes for people that need care and support across Wakefield.

Council Outcomes

Prevention & Independence

Improving awareness and access to information on both Direct Payments and Individual Service Funds, will allow people an informed choice in how they access care and support, when in the community. Both have the potential to shape underdeveloped markets and provide increased opportunity to promote a self-service and preventative approach to social care. Through the alternatives to respite programme, delivering emergency and intermediate, short-term, care can support people, and their carers, to remain independent of long-term adult social care for longer. Increasing what is available through our Tech Enabled Care and ensuring better connectivity to existing 'mainstream' devices, such as Alexa or Google Hubs, will provide a wider offer in our tech first commissioning approach. All leading to further development of our Home First objective, and meeting our 'prevent, reduce, delay' requirements under the Care Act.

Integrated, Place-Based Support

Review of our approach to commissioning with our Voluntary, Community and Social Enterprise Sector, with the focus of stability and sustainability within this sector. Strengthening our VCSE will also strengthen our prevention offer, helping people avoid or delay the need for statutory care services. Promoting a system wide approach to prevention, with wider Council departments, such as Children's and Public Health, but also external partner agencies such as the Integrated Care Board, will develop a connected Wakefield offer, maximising the resources to provide the best offer for people in need of support, or those supporting them, such as their carers, especially in areas in need of development, such as dementia and mental health.

Sustainable Market & Workforce

Through development of our processes in sourcing care packages, we aim to approach a transparent and effective referral process, or brokerage function, across all service types, especially when searching for specialist or complex provision within supported living and care homes. Delivering outcomes for people will be a system wide objective, from care and support planning to care delivery, ensuring the needs, wishes and beliefs of the person are considered at every stage of their care journey. Through strategic workforce programmes, we aim to improve the career opportunities and awareness that social care roles have opportunities to develop and therefore retain skilled staff within the sector at all levels across the care market in Wakefield. Through need and gap analysis, we will engage with the care market to ensure that providers have all opportunities to help us in our requirement to meet people's assessed care and support needs, proactively planning market shaping and development with care providers and people with lived experience.

People with Lived Experience Outcomes

“We would like a standard of training for care workers delivering ‘hands on support’, with the preference that training is done in person, not online. With this to be monitored to ensure care providers are following the standards.”

Through new contracts we can review and refresh the expectations of contracted providers in relation to induction and training of care workers.

“We want improved and efficient monitoring of the quality of care provided. Ensuring accountability and proactive responses to concerns and issues in quality.”

We are increasing resource within the team to provide the capacity to shift towards a proactive quality assurance process.

“We want investment into the awareness of care values, and for increased vocational opportunities to develop the next generation of social care workforce.”

Working closely with local colleagues and nearby universities, we will be able to draw interest into work placements and raise the benefits of working in the care sector.

“We want better signposting, and support, to self-service access to information about social care within Wakefield.”

Furthering our use of platforms, such as Connect to Support, and delivering a ‘no wrong front door’ model, we will provide a wholistic approach to information on social care.

“We want better communication on what is available and ‘what is going on’ within Wakefield, as opportunities to access support or information days.”

Service directories will help organisations advertise what is available to people and provide a single point of information and signposting for preventative and ‘paid for’ social care services.

Provider Outcomes

Stabilise the workforce

The development of a proactive approach to quality assurance will enable commissioning and quality teams to better support both existing and new registered managers through sharing information, signposting to training, and strengthening links with organisations such as Skills for Care. Workshops will provide opportunities for providers to share best practice across networks, fostering continuous improvement in care quality. By promoting stability within competitive market sectors, this approach will help providers shift their focus away from competition and towards workforce development and service delivery, ultimately supporting the consistent delivery of high-quality care.

Increased demand for complex care

Through our market engagement plan, we will ensure care providers are aware of the projected increases, which care needs this will impact, for example we are aware of increases complexity within dementia care. Working alongside this will be our recommissioned contracts, outlining the expectation of delivery and training of staff, to meet the required standard of care for the increased complexity we are seeing across all service types.

Improve communication

We have listened to comments made around past engagement over the previous market position statement and workstreams, providers felt that communication between the local authority and them did not lead to meaningful outcomes or responses. Recent activity, such as closer links with the Care Association and the engagement opportunity to input into the Market Position Statement are only the start of renewed progress from Wakefield Council to improve honest and transparent communication with the care market. Working better together, for the benefit of those we support.

Clearer direction of growth and gaps in the market

The publication and subsequent conversations around the Market Position Statement will help providers to understand the current view of each service type across the care market. This statement will highlight what is working well, what areas need improvement and those that need development to meet unmet need or future demand. Through the engagement sessions during the lifetime of this statement, we hope to allow providers the opportunity to input, with impact, into future commissioning and quality decision making, alongside people with lived experience, for a true co-production approached to market shaping across Wakefield.

Market Position Statement Summary and Signposting



Summary

Wakefield Council currently spends in the region of £220 million per year on delivering adult social care, both for people with assessed needs and to deliver our prevent, reduce, delay, duties within the Care Act 2014.

Currently our care market has mixed capacity, with over saturation in some areas, such as home care for over 65s and supported living learning disabilities, however, we have high demand but a lack of capacity for mental health and complex dementia.

Over the duration of this market position statement, we aim to strengthen our preventative offer through the VCSE, improve awareness for care and support services, both generally and to aid carers in access for support they can use. For care providers we look to build upon recent developments to engagement with them, aiming to develop co-production and market shaping activity with the market, rather than doing to the market.

We have aims to improve our awareness around hard to reach services, for people considered at 'seldom heard voices' through our networks for people with lived experience.

Our main priority as a commissioning team will be to ensure that our near future commissioning activity will achieve changes that prepare our market for the projected demand and the expectation of people's needs becoming more complex when they do need care and support, as people will be living at home for longer, managing their conditions through preventative support, before their needs escalate to the point whereby they can no longer manage without more substantial care.

Next Steps

Wakefield Council is committed to development of this Market Position Statement, with regular quarterly updates on key progress made towards the objectives highlighted in this statement.

In addition to progress updates, we will take the opportunity to engage with system partners, such as the integrated care board, care providers across all sectors and people with lived experience, and their networks, to better understand and shape the impact of the services we commission and the care market as a whole.

The next engagement planned is the following:

- Care Provider engagement to be provided in the first and third quarters of the year
- Lived Experience engagement to be provided in the second and fourth quarters of the year

If you would like to be involved with future engagement activity please contact the Care and Support Commissioning Team by emailing cscthub@wakefield.gov.uk.

Signposting

Useful links for wider on Wakefield Council and awareness of policies and external systems that would compliment the information in this Market Position Statement:

- [Home - Wakefield Council](#)
- [Policies and procedures - Wakefield Council](#)
- [Wakefield Connect to Support](#)
- [Wakefield JSNA](#)
- [Care Quality Commission](#)
- [NOVA - VCSE Sector](#)
- [YORtender](#)