

NORTH YORKSHIRE COUNTY COUNCIL**Care and Independence Overview and Scrutiny Committee****28 June 2018**

Wellbeing and Prevention Services Review

1.0 Purpose of Report

- 1.1 To provide background on the new commissioning model for Health and Adult Services investment into delivery of Wellbeing and Prevention support, to help people to stay well and independent in communities..

2.0 Introduction and Background

- 2.1 North Yorkshire County Council's Health and Adult Services commissions a range of community-based prevention services from 11 different local voluntary sector and community organisations. Support is primarily provided to older people.
- 2.2 The types of support and interventions delivered include day services/lunch clubs, befriending schemes (both face-to-face and telephone), help with transport and low level practical support in people's homes.
- 2.3 The current total annual investment into these services is £490,190 per annum. This includes £29,750 investment from the North Yorkshire Clinical Commissioning Groups into the Prevention Services for Older People service delivered by REACT (Reaching Everybody Age Concerns Together). This contract is the largest and only County-wide contract.
- 2.4 These services have been a long standing element of the Council's approach to prevention, but have not been reviewed other than for contract compliance for a long time. Whilst they help the Council fulfil its responsibilities under the Care Act (2014) to prevent, reduce and delay the need for statutory health and adult social care services and support the Council's 2020 vision, no strategic review has been undertaken since the implementation of the Act.
- 2.5 As part of the budget proposals agreed by the Council for 2017 savings of £50,000 per annum has been agreed from the current budget. Hence the maximum available future investment for support delivery provision is £440,190 per annum.
- 2.6 All contracts are currently due to end on 30th September 2018, and the Council is required to re-procure service provision as continuing to extend these is no longer possible under EU procurement regulations. Hence new arrangements for delivery of services will need to be in place for the 1st October 2018.

3.0 Future investment model

3.1 Following the consultation on proposals held between 28th November 2017 and the 15th January 2018, the proposed future wellbeing and prevention commissioning model has been refined, and is outlined as follows.

3.1.1 Future approach

3.1.2 Community-based Wellbeing and Prevention Services form part of the Council's overall investment into 'targeted' prevention, which aims to support to people who may be at risk to help them avoid developing problems and needing long-term support from statutory social care services.

3.1.3 The proposed future delivery model will aim to integrate provision better with Care and Support delivery and the work of Stronger Communities, Living Well, and Public Health services and programmes. It will also build upon the approach of utilising community assets as part of early intervention and prevention, which has already been developed by Stronger Communities and Living Well.

3.1.4 It is known that there is a range of other community-based prevention initiatives and support in North Yorkshire. Some of these are funded by public money, while many others are not funded by local authorities or the NHS. Therefore the aim is that Health and Adult Services funding should complement and not duplicate what is already existing in communities. The available investment can only provide so much support across the whole of the County, and only represents one element of the wider strategic approach to helping people in North Yorkshire to stay well and independent.

3.1.5 Support provided by investment will be prioritised to those most at risk of needing regular social care services, and reflect the Council's aim to prevent, reduce and delay the need for statutory social care services. Support provided will also reflect the local population and demographics of North Yorkshire, which includes a growing ageing population, and linked to this an increase in people living longer with long-term conditions. Eligibility for support will not, however, be restricted based on age or condition.

3.1.6 Core functions

3.1.7 Interventions delivered using future investment will be focused on the following three core functions: information, advice and signposting; social inclusion/social activities; and low level practical support.



3.1.8 These are based on what is known to work well in providing community-based prevention and reflect current interventions delivered. Because the types of support and services currently available vary widely across North Yorkshire’s communities, the model for delivery and types of support will be based on identified need and to complement existing community assets.

3.1.9 Contracting model

3.1.10 Funds will be provided to organisations through award of seven locality-based contracts for investment into support delivery based on District and Borough Council boundary geographies.

3.1.11 Locality-based contracts could be awarded to either a lead provider or consortium of organisations. All lead providers/consortia would be required to work in partnership with the strategic development provider and local community organisations and groups to address wellbeing and prevention needs within their geographical area. Where appropriate and possible they will also be expected to subcontract or allocate contract funds through other means to other local organisations and groups to help address identified local needs.

3.1.12 The review identified an inequitable distribution of services and funding across North Yorkshire with a disproportionately high amount of the investment in Harrogate District (around 42% of the total amount).

3.1.13 In order to establish a more equitable approach to allocation of funds based on population need an evidence-based funding formula has been developed with Public Health, which incorporates a number of factors linked to need for preventative support. This formula forms the basis for future allocation of funds through locality contracts, and will result in the reallocation of some funds from the Harrogate district into other North Yorkshire localities.

3.1.14 The formula takes account of the following factors:

- Population age profiles
- People living alone aged 65 and over
- People aged 65+ and living in areas which are within the 20% most deprived nationally
- Rurality indicators
- People aged 60+ with income deprivation (Indices of Multiple Deprivation Domain)
- BME population

3.1.15 This would result in the proportions allocated to be as follows:

District/Borough Council area	New allocation	Current allocation
Craven	10.6%	13%

Hambleton	15.4%	12%
Harrogate	23.6%	42%
Richmondshire	7.9%	5%
Ryedale	10.6%	3%
Scarborough	20.5%	10%
Selby	11.4%	15%
Total=	100.0%	100%

3.1.16 Strategic development support

3.1.17 As part of the consultation on future investment proposals, people were asked whether they supported the need for use of some of the available investment into strategic development support around wellbeing and prevention. It was proposed that this would allow for close working with both the Council's Stronger Communities and Living Well teams in order to develop a shared understanding of effective local community-based support and local assets, support innovation and create the conditions that would help new, sustainable local delivery organisations to become established.

3.1.18 Consultation feedback indicated that many people were supportive of the need for strategic development support to support future sustainability for the sector and new organisations. However there was a strong feeling that securing this should be cost-effective in order to maximise resources available for support delivery, and should not risk duplicating other support available to the voluntary sector. Options are currently being explored for whether a small proportion of the available investment (no more than 10% of the total annual investment) might be used to secure strategic development support.

4.0 Significant Risks and Mitigation

4.1 It has been identified as part of the review that there is the potential for impact on organisational sustainability for some of the currently contracted organisations, in the event that they are unsuccessful in receiving funds through the procurement process due to reliance on current funding.

4.2 Some of the current providers have limited experience of bidding in an open tender and the very small groups will struggle with capacity around tendering.

4.3 As part of the review process an analysis of risks to currently contracted organisations has been undertaken, and discussions about preparation and planning in light of a future re-procurement have been held with all currently contracted organisations. In addition Stronger Communities are working with Community First Yorkshire to deliver 'tender preparation' workshops for local VCS organisations.

4.4 Whichever approach is taken to procurement of prevention contracts going forward – even if it were like for like replacement - there would be a risk that members of the public who might lose the access to current support and

activities if current providers were not successful in any bid, and alternative funding sources are not available.

- 4.5 Depending on the outcome of a competitive procurement exercise, HAS commissioners will work with Stronger Communities and Public Health colleagues at exploring some transitional arrangements for providers, and to offer support around sustainability for any unsuccessful current providers.
- 4.6 Consideration of developing partnerships has been encouraged throughout the review engagement and consultation exercises.
- 4.7 As current contracts support a significant number of frail and vulnerable people, any sudden disruption to delivery of support could result in increased demands on health and social care services.
- 4.8 There may be a potential role for Living Well to work with people who use any services if the services are not able to continue as a result of the re-procurement, to help them explore alternatives to the support or activity they currently enjoy.
- 4.9 In order to mitigate against any issues with regards to this a communications plan will be implemented during the procurement stage, which will include ensuring that elected members are updated on the outcome of the procurement.

5.0 Consultation

- 5.1 Extensive engagement and consultation has been undertaken as part of the review work. This included a full review of services currently provided through the contracts, needs assessment, and engagement with both internal and external stakeholders
- 5.2 As part of engagement outline proposals for future commissioning of services were shared with stakeholders in September at a stakeholder engagement event September 2017 and also presented to the North Yorkshire Forum for Older People (NYFOP).
- 5.3 Based on the engagement feedback, proposals for future investment were developed further, and a consultation was held on these between 28th November 2017 and the 15th January 2018. Two consultation events were held as part of the consultation in January for stakeholders to share views on the proposals, and people were also able to respond to the consultation by either completing a survey or providing email feedback. A wide range of stakeholders participated in the consultation, including current and potential provider organisations and representatives from local older people's forums.
- 5.4 Analysis of the consultation feedback has helped refine the final future commissioning model, which is outlined in section 5.2. The consultation report can be found at <http://www.nypartnerships.org.uk/wellbeingpreventionreview>

5.5 Submissions resulting from the Invitation to Tender and currently being evaluated. The expectation is that contracts will be awarded soon. For commercial reasons no further information can be shared at this stage regarding the likely outcome of this process; however, updates could be made to committee later in the year.

6.0 Recommendations

6.1 The Care and Independence Overview and Scrutiny Committee is recommended to note the information in this report.

Kathy Clark

Assistant Director Commissioning, Health and Adult Services

Email : Kathy.Clark@northyorks.gov.uk

County Hall
Northallerton

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Background Documents Nil