

## Agenda

**Meeting: Care and Independence Overview & Scrutiny Committee**

**Venue: The Brierley Room, County Hall,  
Northallerton, DL7 8AD  
(See location plan overleaf)**

**Date: Thursday 28 June 2018 at 10.30am**

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### Business

1. **Minutes of the meeting held on 22 March 2018**

**(Pages 6 to 8)**

2. **Any Declarations of Interest**
3. **Public Questions or Statements.**

Members of the public may ask questions or make statements at this meeting if they have delivered notice (to include the text of the question/statement) to Ray Busby of Policy & Partnerships (*contact details below*) no later than midday on Monday 19 March 2018. Each speaker should limit themselves to 3 minutes on any item. Members of the public who have given notice will be invited to speak:-

- at this point in the meeting if their questions/statements relate to matters which are not otherwise on the Agenda (subject to an overall time limit of 30 minutes);
  - when the relevant Agenda item is being considered if they wish to speak on a matter which is on the Agenda for this meeting.
- If you are exercising your right to speak at this meeting, but do not wish to be recorded, please inform the Chairman who will instruct those taking a recording to cease while you speak.

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|---|--|
|   | <i>PROVISIONAL<br/>TIMINGS<br/>10.30-10.45am</i> |
| <b>4. Chairman's remarks - Any correspondence, communication or other business brought forward by the direction of the Chairman of the Committee.</b> |  |
| <b>(FOR INFORMATION ONLY)</b>   |  |
| <b>5. Annual Older Peoples Champion Briefing</b>  | <i>10.45-11am</i>                                |
| <b>(Pages 9 to 11)</b>  |  |
| <b>6. Financial Assistance for People receiving Housing Support -</b><br>Report by Assistant Director, Health and Adult Services                      | <i>11am-11.20am</i>                              |
| <b>(Pages 12 to 17)</b>   |  |
| <b>7. Supported Housing Consultations -</b> Report by the Assistant Director,<br>Health and Adult Services  | <i>11.20-11.45am</i>                             |
| <b>(Pages 18 to 30)</b>   |  |
| <b>8. Wellbeing and Prevention Services Review –</b> Report by the Assistant<br>Director, Health and Adult Services                                   | <i>11.45-12noon</i>                              |
| <b>(Pages 31 to 36)</b>   |  |
| <b>9. Community Support Mental Health: Future Commissioning -</b> Report<br>by the Assistant Director, Health and Adult Services                      | <i>12-12.15pm</i>                                |
| <b>(Pages 37 to 43)</b>   |  |
| <b>10. Work Programme -</b> Report of the Scrutiny Team Leader  |  |
| <b>(Pages 44 to 48)</b>   |  |
| <b>11. Other business which the Chairman agrees should be considered as a matter of urgency because of special circumstances.</b>                     |  |

Barry Khan  
Assistant Chief Executive (Legal and Democratic Services)

County Hall,  
Northallerton.  
20 June 2018

## **NOTES:**

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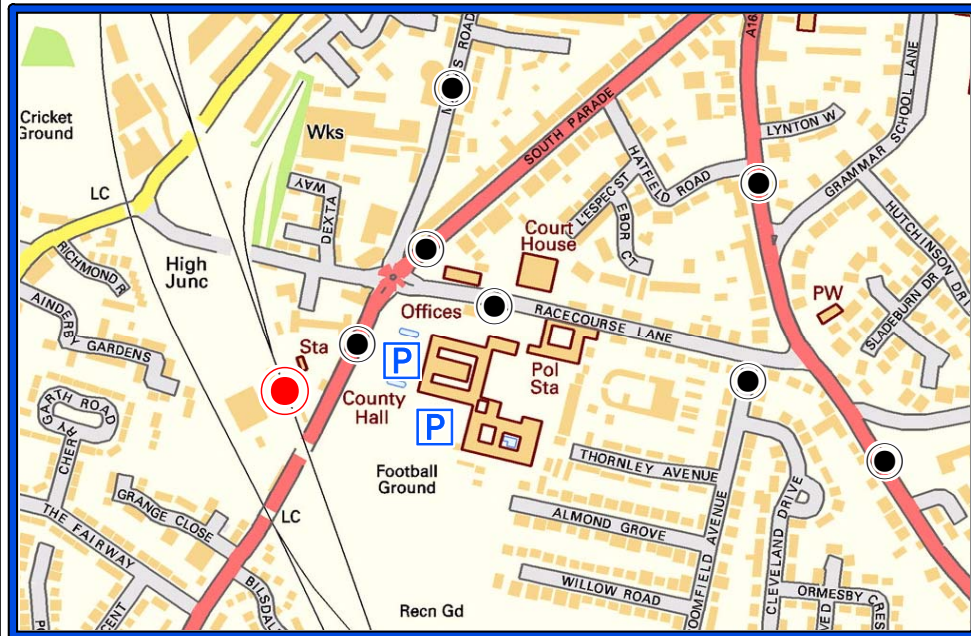
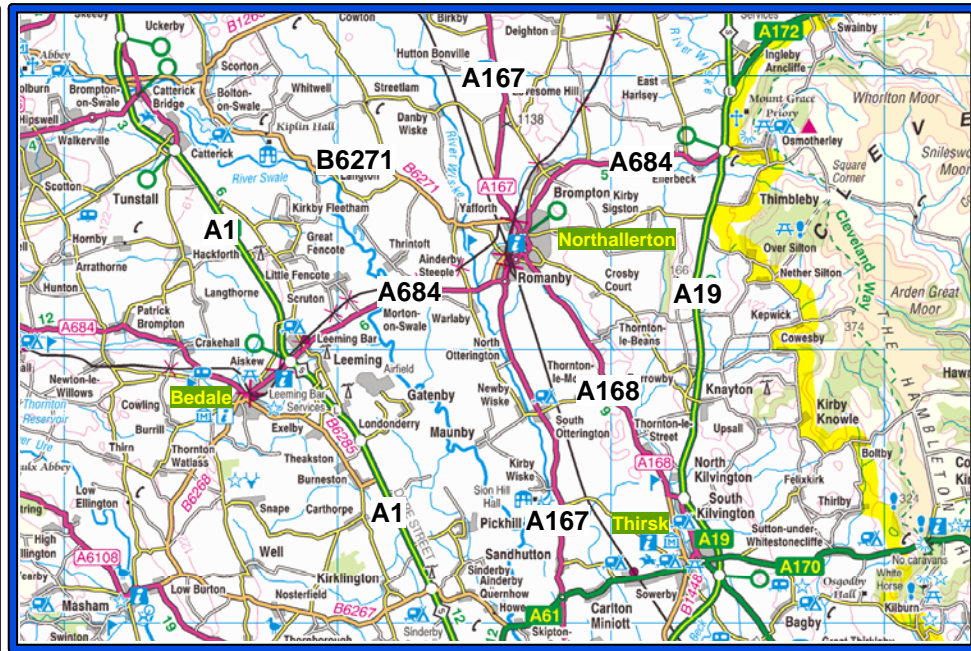
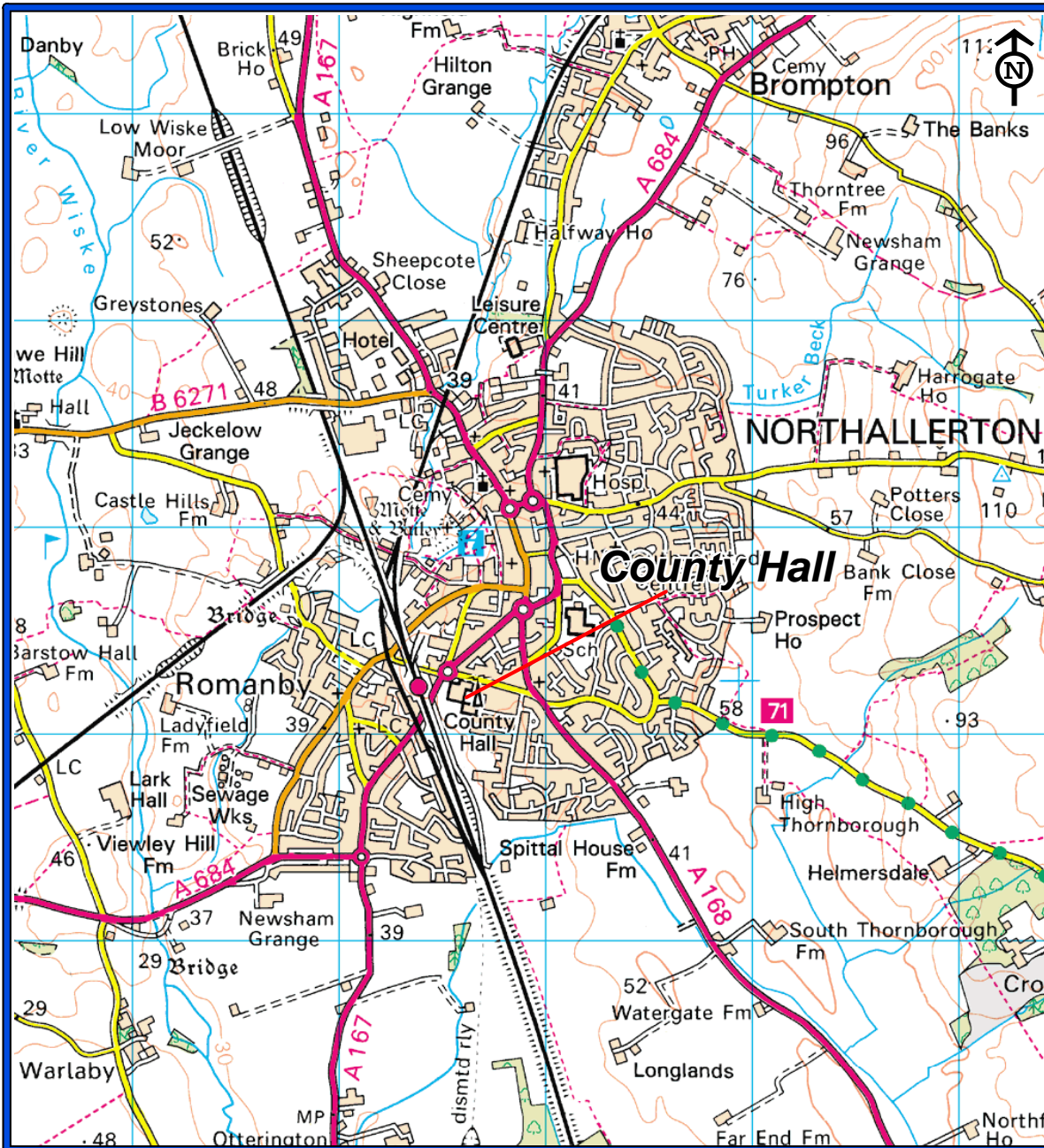
# Care and Independence Overview and Scrutiny Committee

## 1. Membership

<b>County Councillors (13)</b>					
	<i>Councillors Name</i>	<i>Chairman/Vice Chairman</i>	<i>Political Group</i>	<i>Electoral Division</i>	
1	BROADBANK, Philip		Liberal Democrat	Harrogate Starbeck	
2	BROADBENT, Eric		Labour	Northstead	
3	CHAMBERS, Mike MBE		Conservative	Ripon North	
4	ENNIS, John	Chairman	Conservative	Harrogate Oatlands	
5	GOODRICK, Caroline		Conservative	Hovingham and Sheriff Hutton	
6	GRANT, Helen	Vice-Chairman	NY Independents	Central Richmondshire	
7	JEFFELS, David		Conservative	Seamer and Derwent Valley	
8	JENKINSON, Andrew		Conservative	Woodlands	
9	LUMLEY, Stanley		Conservative	Pateley Bridge	
10	MANN, John		Conservative	Harrogate Central	
11	MARTIN, Stuart MBE		Conservative	Ripon South	
12	SEDGWICK, Karin		Conservative	Middle Dales	
13	WILSON, Nicola		Conservative	Knaresborough	
<b>Members other than County Councillors – (3)</b>					
<b>Non Voting</b>					
	<i>Name of Member</i>	<i>Representative</i>	<i>Substitute Member</i>		
1	QUINN, Jill	Dementia Forward			
2	PADGHAM, Mike	Independent Care Group			
3	VACANCY				
<b>Total Membership – (16)</b>				<b>Quorum – (4)</b>	
Con	Lib Dem	NY Ind	Labour	Ind	Total
10	1	1	1	0	13

## 2. Substitute Members

<b>Conservative</b>		<b>Liberal Democrat</b>	
	<i>Councillors Names</i>		<i>Councillors Names</i>
1	MOORHOUSE, Heather	1	GRIFFITHS, Bryn
2	PLANT, Joe	2	
3	PEARSON, Chris	3	
4	ARNOLD, Val	4	
5	LUNN, Cliff	5	
<b>NY Independents</b>		<b>Labour</b>	
	<i>Councillors Names</i>		<i>Councillors Names</i>
1		1	COLLING, Liz
2		2	
3		3	



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## County Hall

Northallerton  
North Yorkshire  
DL7 8AD

Tel : 0845 8 72 73 74



North  
Yorkshire County Council

**North Yorkshire County Council**

**Care and Independence Overview and Scrutiny Committee**

Minutes of the meeting held on Thursday 22 March 2018 at 10.00am at County Hall, Northallerton.

**Present:-**

County Councillor John Ennis in the Chair

County Councillors: Philip Broadbank. Eric Broadbent. Mike Chambers MBE, John Ennis (in the Chair), Caroline Goodrick, Helen Grant, David Jeffels, Andrew Jenkinson, John Mann and Karin Sedgwick.

In attendance:

County Councillors Caroline Dickinson (Executive Member for Adult Social Care).

Officers: Rachel Bowes (Assistant Director Care and Support, Care and Support (HAS)), Ray Busby (Scrutiny Support Officer), Louise Wallace (AD Health and Integration, Commissioning (HAS))

Apologies:

County Councillors Stanley Lumley, Stuart Martin MBE and Nicola Wilson

Voluntary and Community Sector: Jill Quinn (Dementia Forward).

Independent Sector: Mike Padgham (Independent Care Group)

**Copies of all documents considered are in the Minute Book**

**150. Minutes**

**Resolved –**

That, the Minutes of the meeting held on 28 September 2017, having been printed and circulated, be taken as read and be confirmed and signed by the Chairman as a correct record.

**151. Declarations of Interest**

There were no declarations of interest to note.

**152. Public Questions or Statements**

The committee was advised that no notice had been received of any public questions or statements to be made at the meeting.

**153. Chairman's remarks**

Councillor John Ennis reported on the letter sent to Jeremy Hunt MP detailing the conclusions of the Joint Scrutiny members task group on workforce challenges associated with Health and Social Care Integration,.

## **154. Health and Social Care Integration**

### **Considered -**

- a) Presentation by Louise Wallace (Assistant Director, Health and Adult Services)
- b) Report by the Scrutiny Team Leader setting out a possible approach for a joint task group involving both the Scrutiny of Health Committee and the Care and Independence Overview and Scrutiny Committee

Louise Wallace explained the complex picture of health and social care integration by highlighting the three areas

- 1. National policy
- 2. Integrated commissioning
- 3. Integrated provision

In response to questions about how to measure the progress of Integration and its effectiveness, and in particular the relevance of Key Performance Indicators, Louise advised that a number of approaches were under consideration with the latest being the release by SCIE of an integration model. This proposed the adoption of a series of indicators.

Ray Busby added that this framework would be a key document for the task group's review of the wider health and social care integration in North Yorkshire which was the second element of this task group's scrutiny work – the first being the completed examination of workforce challenges

### **Resolved -**

- a) That the presentation be noted.
- b) That the proposed terms of reference for the task group be agreed.

## **155. Strength Based Assessments**

### **Considered -**

Report by Rachel Bowes (Assistant Director, Health and Adult Services) explaining: the purpose behind moving to the practice of strength based assessments; what makes a good assessment; how the authority has implemented strength based assessments; performance data and outcomes; case studies; and the extent to which required savings had been achieved.

Rachel explained that a strengths-based approach to care, support and inclusion says let's look first at what people can do with their skills and their resources and what can the people around them do in their relationships and their communities.

Members concluded that the local approach pointed to good progress in all areas - not just the fact that Strength Based Assessments are contributing to 2020 savings requirements.

These assessments are supporting our responsibility to promote wellbeing and independence and reduce dependency. They are helping us achieve our requirement to prevent, reduce or delay needs. They are used across our entire pathway.

**Resolved -**

That the presentation be noted.

**156. Engagement in Health and Adult Services**

**Considered –**

Introduction and Presentation by Louise Wallace (Assistant Director, Health and Adult Services) on engagement structures, options and practice.

**Resolved -**

- a) That the report and presentation be noted.
- b) Group Spokespersons consider the suggestion that committee representatives attend the Learning Disability Partnership Board and/or the North Yorkshire Disability Forum

**157. Work Programme**

**Considered -**

The report of the Scrutiny Team Leader on the Work Programme.

**Resolved -**

- a) That the following matters be taken at the next meeting:
  - Financial Assistance for People receiving Housing Support
  - Supported Housing (Funding) Consultation
  - Feasibility study in relation to the provision of nursing care
  - Prevention contracts and Mental Health contract
- b) That the following matters be added to the work programme
  - Public Health Grant - assessment of priorities
  - Social Care Green Paper: Department of Health and Social Care Changes - this be the subject of a broad ranging committee session later in the year, ideally when the Governments intentions around the green paper become clearer.
  - Delayed transfers of Care. An update report has been requested for the September committee meeting.
  - Short Breaks Proposals: review of respite/short term breaks
  - Client Contributions



**NORTH YORKSHIRE COUNTY COUNCIL**

**16 May 2018**

**CARE AND INDEPENDENCE OVERVIEW AND SCRUTINY COMMITTEE**

**OLDER PEOPLES CHAMPION BRIEFING**

I was delighted to take on the role of Older Peoples Champion shortly after being elected as new councillor in May 2016. Firstly, I want to pay tribute to the record and body of work that my predecessor, Shelagh Marshall achieved in her sixteen years in this role. We were fortunate to have had such a respected ambassador for North Yorkshire older peoples' interests. She has left big shoes for me to fill.

This briefing updates the committee on what has been a busy, but enjoyable first year. I have had to learn so much, and so quickly, about active ageing, older people's engagement and services. I have been helped in this by the many truly dedicated and committed people I have met, both from the community and staff from the council and our partners.

When I asked "...what is the role, what is expected of me" more often than not people said "the job is what you choose to make it". True, but essentially it's about raising the profile of older people and their needs within the Council and a range of partner agencies, organisations and user led groups.

I am very conscious that whilst this is a strategic role that should maintain a countywide focus on policies, strategies and service planning and delivery and how that meets the needs of older people, often the best way of getting to grips with a very complex subject like social care is to understand it through local activity.

Dementia is one of society's biggest challenges, especially so for North Yorkshire especially bearing in mind the demographic profile of the county. I have worked with Richmondshire Dementia, Action Alliance (at Mercury House, Richmond) working with the Alzheimer's Association, Dementia UK, Age UK. I know that work is underway on what happens as the current contract for Dementia Navigators comes to an end. Something I'm sure in which the committee will renew its interest.

I have attended 4 North Yorkshire Forum for Older People (NYFOP) at Sutton under White Stone Cliff.

I have attended Bring Me Sunshine meetings, Older and Vulnerable People meeting at Hawes and most recently Age Friendly Communities planning meeting with Mike Rudd (HAS) and Natalie Turner (from London).

I have also taken part in HAS stakeholders events held in Northallerton,

These are all key activities and initiatives in local communities which successfully contribute to older people's health and wellbeing, and which will be crucial if we are to meet that demographic challenge, and the NYCC 2020 programme. Here I would also highlight the contribution the stronger communities and the living well teams will make to reducing loneliness in older age in their communities. Loneliness is a massive public health issue which councils across the UK are beginning to take seriously.

Last week I met with Gillian Wall, Stronger Communities, to work on implementing the actions (regarding Older People) of the recently produced Leyburn town plan. I shall be carrying out research and working with Leyburn Good Neighbours Project.

Regarding unmet needs of older people, cutbacks affect services but there is a big disparity between what people expect and what they get. This is really people's expectations and standards and is difficult to deal with on a personal level.

I recently met with Richard Flinton regarding the possibility of a nursing home/residential home, daycare facilities and the possibility of an early years nursery in Wensleydale. There is a large, suitable area designated in the Local Plan for development. This was following on from a feasibility study with Mazaars of York to identify the needs of North Yorkshire, working with Dale Owen and Kathy Clark. The results of this project may not be fully clear until later in the year: I know the committee has this on its work programme.

Lynn Iverson, a clinical lead physiotherapist for community services in Hambleton and Richmondshire is liaising with me on how to improve Older peoples care in the Richmondshire area. We are looking at End of Life Care and Support. Perception v Reality. I have mentioned this to Cllr Jim Clark as Chair of the Scrutiny of Health Committee as I gather his committee completed a piece of scrutiny work on just this subject. I have also attended Dying Matters with Lincoln Sergeant.

I have also met with Andy McLoughlin from Broadacres to discuss the possibility of a daycare centre or adapted bungalows in Leyburn.

I regularly talk to Caroline Dickinson, portfolio holder for health etc.

#### Future plans

I hope to be working with Making Space to develop a Death Cafe in either Northallerton or Leyburn.

As a result of meeting with Richard Flinton, in May I met with Neil Irving, Mike Rudd and Shanna Carell with a view of looking at how we can progress working with

NYFOP. As it happens, in November I am speaking at the Harrogate NYFOP (they class themselves as ageing but active!) meeting regarding Safeguarding the interests of Older People.

In January I am speaking at a rotary dinner talking about my role as older People's Champion. I have already done one Rotary talk last year on my role.

Being on Care and Independence Overview and Scrutiny and Scrutiny of Health Committees obviously helps my understanding of older peoples issues, but the role should not be limited to social care and health needs: it's about looking at the person in the round and the broad range of needs that an older person may have, such as access to transport, housing and adult education and learning. Also, one of the things that I find difficult is getting a countywide focus on policies and strategies for all the different areas of North Yorkshire.

For both these reasons I am looking at attending the area constituency committees, ACCs, by appointment, to liaise with them regarding the needs of older people in their areas.

This, to me, seems in keeping with the intended new culture of area committees. Members of NYFOP have asked me if they can have a representative on the appropriate area committees. This is shortly to be discussed.

I am of a mind to attend the Transport, Economy and Environment Scrutiny committee meetings to discuss the problem of transport in rural areas. I mentioned this to Cllr Mike Jordan when I similarly updated all Scrutiny Chairs on my work as Champion thus far.

There are now only 4 NYFOP's. Selby, Richmondshire and York have ceased to continue. It is pleasing that Loneliness and Isolation, and Dementia and Frailty are current issues that are being addressed at these meetings.

Last year I had the opportunity to meet with the Prime Minister, Theresa May. I told her I was North Yorkshire's Older People's Champion and I had the opportunity to ask her about what Brexit means for the Sustainable Transformation Plans.

KARIN SEDGWICK  
Older Peoples Champion

County Hall,  
NORTHALLERTON

30 April 2018  
Background Documents - Nil

**NORTH YORKSHIRE COUNTY COUNCIL****Care and Independence Overview and Scrutiny Committee****28 June 2018****Financial Assistance for People Receiving Housing Support****1.0 Purpose of Report**

- 1.1 This report outlines the process of coming to a difficult decision regarding one of the HAS2020 proposals

**2.0 Executive Summary**

- 2.1 The decision to withdraw financial assistance for people receiving housing support is one of the HAS2020 proposals to realise £250,000 of savings. Resources have also been realised to develop the Assistive Technology offer. If the proposal had not gone ahead, savings would have to be found elsewhere and the Assistive Technology service could not be developed.
- 2.2 The proposal was subject to consultation with people directly affected by letter and through the website with the public and other interested parties such as housing providers and the voluntary and community sector.
- 2.3 There was a very good response to the consultation from people directly affected (1,037 out of 1,748 – 59%) and the response broadly reflected the age and gender profile of all people directly affected. 85% were over 65 and 63% female. 79% directly affected by disability or long-term limiting condition.
- 2.4 Over half of respondents disagreed or strongly disagreed with the proposals and strong feelings were expressed in individual comments about the effect on financial and mental wellbeing. Some respondents did express that they agreed with the proposal and over one third neither agreed nor disagreed.
- 2.5 The consultation asked what would make it easier if the proposal went ahead and the mitigations favoured by over half of respondents were giving six months' notice and having access to welfare benefits check from the IMT team.
- 2.6 The responses to the consultation show finely balanced views of the proposal and clear opinions about what would make it easier if the proposal was to be implemented. It is a difficult decision as the proposal will make things worse for people but in order to make the savings required and to develop the Assistive Technology service, it was agreed that the proposal should be implemented.

2.7 The following mitigations were agreed:

- Implementation has been deferred to 1st October for people currently in receipt of financial assistance in order to allow people and their carers to decide whether they are going to continue with the service, for service providers to be able to talk to them about the options available, for sheltered housing providers to review their service and for the programme of BACS triage to be embedded.
- There is a programme of prioritised triage from the Benefits, Assessment and Charging (BACS) Team

### **3.0 Background**

3.1 The reason for the decision is to make some of the savings for the HAS2020 programme. It was put forward because the County Council does not have to offer financial support for people in these circumstances. It is only obliged to offer a financial assessment to people who receive social care services after they have been assessed as being eligible for that support. Most other County Councils have already had to do this.

3.2 The decision will directly affect about 1,700 people who would lose the contribution to their costs by between £0.36 and £27.00 every week. Most people would lose between £6.00 and £9.00. It also means that new users of the services in the future would not be able to apply for a financial assessment towards the costs.

3.3 The decision will save c£960,000 every year. This will be used for savings (250,000 from 2019/20), and to develop the Assistive Technology service for people with eligible social care needs and provide a trusted provider for the wider community to be better able to help vulnerable people live independently at home using this money.

3.4 If the decision had not gone ahead, other ways would have to have been looked at to make the savings for the HAS2020 programme and to develop the Assistive Technology service

### **4.0 Key messages from the consultation:**

4.1 The significant majority of respondents were aged over 65 at 84.9%. Of those over 65, 41% were 75-84 and just over 28% over 85. The next age category was 12.4% being 50-64. 63% of respondents were female.

4.2 79% were people directly affected by disability or long-term limiting condition.

4.3 The analysis of responses by District/Borough area shows response rates of between 52.8% (Ryedale) and 63.1% (Selby).

- 4.4 Of those that gave a response, the highest response rate was from those living in sheltered housing at 69%, followed by those with a community alarm service at 54%. Just under one third of those living in Extra care responded.
- 4.5 53% responded that they completely or mostly understood the proposal. 33.5% that they somewhat or partly understood and 13.7% that they did not understand.
- 4.6 56% strongly disagreed or disagreed with the proposal. 15.6% agreed or strongly agreed. One third neither agreed nor disagreed.
- 4.7 Managing money was seen as making things worse for the highest percentage of respondents at 61.4%, followed by the ability to live independently at 51.6%. Just over half said it would make mental wellbeing worse.
- 4.8 An average of 1 in 4 respondents said that the proposal wouldn't make any difference to any aspects of their well-being. A small number of respondents said that the proposal would make things better – between 2.4% and 5%.
- 4.9 Most respondents, at 44.7%, ranked having 6 months' notice the most important mitigation to the proposal, followed by an Income Maximisation check at 40.4%. Looking at the 1st and 2nd most important together, having 6 month notice was the most mentioned at 65.5% followed by an income maximisation check at 55.5%. Giving three months' notice was seen as most important for 13.3% and second most important for 25.7%
- 4.10 Unpaid carers were asked how the proposal would affect them in their caring role across four aspects of their well-being. The highest number of respondents (5) felt their ability to live independently would be made worse, followed by managing money (4) and mental well-being (4) also being worse
- 4.11 The comments have been themed, then grouped according to theme. Some comments covered more than one issue so were allocated to more than one theme (up to three themes). The comments reflected the balance of views from the questions above.
- 4.12 When asked about how it would affect them (700 comments), the bulk of the themes reflected the impact on them financially (47.9%), that the service provides reassurance for themselves and carers (30%), the ability to live independently (12.7%), impact on well-being (22.7%) and causing anxiety and stress (10.4%). It has to be noted that there were many individual comments expressing very strong feelings (disagreeing) about the impact the proposal would have.
- 4.13 A small number of comments (25) related to people who said they did not need the service or would pay fully or partially.

People Directly affected Additional comments received re how proposal will affect them		
Top 5 main concerns raised	No of comments received	% of total 700 comments
Individuals either unable / would struggle to afford to fund service themselves	335	47.9%
Individuals feel that the service provides reassurance for themselves / family / carers	210	30.0%
Individuals feel that the proposal will impact on their health and wellbeing	159	22.7%
Individuals feel proposal will make them more vulnerable / less able to remain independent in their own home	89	12.7%
Individuals feel that the proposal is causing / likely to cause anxiety/stress	73	10.4%

4.14 When asked about things that could make it easier, (285 comments) the most common theme was not to go ahead with the proposal mentioned in just over 1 in 5 of the comments. 11% of the comments indicated that people either didn't know what could make it easier or that nothing else would make it easier. A number of comments related to: phasing it out gradually (20), keeping for those who currently have assistance and stopping new applications (18), having 12 months to prepare (3), service being provided at a reduced cost (1).

4.15 16 people mentioned concern about their tenancy or having to move to another property.

People directly affected Additional comments rec'd re what could make it easier if proposal goes ahead		
Top 5 suggestions	No of comments rec'd	% of total 285 comments
Do not go ahead with proposal / Disagree with proposal	64	22.5%
Don't know / Nothing else would make it easier	32	11.2%
Does not understand some or all of the options for mitigation given	28	9.8%
Individuals either unable / would struggle to afford to fund service themselves	23	8.1%
Phase out gradually	20	7.0%

4.16 When asked if they had any other comments (366 comments), 26% were about struggling financially, 22% that the service provides reassurance, 16% about disagreeing with the proposal, 15% that public sector cuts are targeting the vulnerable and 11% about the impact on their well-being.

People Directly Affected Additional comments received on the proposal		
Top 5 concerns raised	No of Comments rec'd	% of total 366 comments
Individuals either unable / would struggle to afford to fund service themselves	95	26.0%
Individuals feel that the service provides reassurance for themselves / family / carers	80	21.9%
Do not go ahead with proposal / Disagree with proposal	57	15.6%
Concern about Public Sector targeting cuts at older people/most vulnerable/most in need	56	15.3%
Individuals feel that the proposal will impact on their health and wellbeing	41	11.2%

4.17 One immediate lesson learnt from the consultation was that the communication was not clear enough that it was not the service that was being reviewed, but the NYCC financial help for paying for the service.

## 5.0 Significant Risks and Mitigations

5.1 A number of risks were identified as part of the decision making:

- That there is criticism and adverse publicity for the Council about going ahead with the proposal when the majority of respondents did not agree and said it would make things worse for them
- That there is one or more incident where a person no longer has the service as a result of the proposal who falls or is put at risk through not having the service.
- That there are more referrals to Health and Adult Services because of the proposal which could result in increased expenditure.
- The mitigations of deferring implementation until 1st October and having access to an IMT check were identified from the consultation as being most important and therefore were part of the decision made.

5.2 Other mitigations are that there are other lower cost options available to provide community alarms (e.g. current housing providers have lower cost options, Age Concern)



## **6.0 Equality Impact**

- 6.1 The Equalities Impact Assessment (available on request) has shown that there will be detrimental impacts on people as a result of this measure. The response to the consultation confirmed the detrimental impacts to people's financial situation, ability to live independently and well-being.
- 6.2 Adverse impacts have been identified on people who are directly affected as current recipients of financial assistance and potential recipients who are likely to be older, have a disability and more likely to be female. This will have a direct impact on people's income. If living in Extra Care or an accommodation based service, it could result in some people building up debt if not able to pay the charge.
- 6.3 They may decide to cancel the community Telecare service and therefore be at risk of isolation, reduction of peace of mind and increased risk of falls. If they continue to pay the charge, it may mean that they have to make difficult decisions about other expenditure which could impact on their health and wellbeing.
- 6.4 The adverse impact can be justified by the proposal reducing expenditure that will be used to mitigate reductions in services for the most vulnerable and developing more effective preventative services (Assistive Technology service).

## **7.0 Recommendations**

- 7.1 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**

Report compiled by Avril Hunter

Email [Avril.hunter@northyorks.gov.uk](mailto:Avril.hunter@northyorks.gov.uk)

County Hall  
Northallerton

19 June 2018

Background Documents Nil

## NORTH YORKSHIRE COUNTY COUNCIL

## Care and Independence Overview and Scrutiny Committee

28 June 2018

## Supported Housing Consultation

**1.0 Purpose of Report**

- 1.1 To provide an overview of the response to the Department for Work and Pensions consultations on Funding for Supported Housing.

**2.0 Background**

- 2.1 Supported housing helps hundreds of thousands of vulnerable people in England – from the elderly, homeless and victims of domestic violence to those living with disabilities, mental ill-health or addiction issues. It is that key link for those who need it between hospital and independence, helping them get back on their feet. It is also an important investment which brings savings to other parts of the public sector, such as health and social care.

**3.0 Reform of Supported Housing Costs**

- 3.1 The Government first committed to reforming the funding for housing costs of supported housing in September 2016 along with a stated commitment to protecting and boosting the supply of supported housing as an important component of a transformed health and social care system.
- 3.2 The government proposals were subject to consultation between October 2017 and January 2018. A response to the consultation is expected in summer of 2018.
- 3.3 The funding and models of supported housing are complex and in order to be viable often have a variety of funding going in – this includes grant and charitable funding, contracted payments for support, rent and service charges (housing costs).
- 3.4 The models proposed for the funding of the housing costs of supported housing are:
- For sheltered housing and extra care the Government is proposing a “sheltered rent” – this means that the Government recognises that rents may be higher than in general needs housing. Tenants would continue to be responsible for their rent and receive financial assistance through housing benefits dependant on circumstances.
  - For short term supported housing (in North Yorkshire accommodation such as refuges, accommodation for people with mental health problems,

veterans etc.) the Government is proposing that this is funded and commissioned by local authorities (upper tier) through a grant from local authorities. The grant will be ring-fenced with a commitment to maintain it indefinitely and take account of future needs.

- For longer term supported housing (such as for people with learning disabilities), it is intended that the rent costs remain in the welfare system (that is that tenants remain responsible for their rent) with further work to be done to address cost effectiveness.

3.5 The new models would sit alongside local authorities developing a supported housing strategy which would set out the needs for supported housing and how they will be addressed

3.6 This proposal needs to be considered alongside the fact that the Council currently funds the support element of some supported housing.

3.7 The Council submitted a joint response with the District and Borough councils. The key points made were:

- Government must ensure that sufficient funding is provided to meet current needs, guarantee the ring fence in the long term and consider five year settlements.
- 
- Local authorities must have sufficient flexibility to develop the commissioning and oversight arrangements to meet their local needs and maximise the potential to bring housing and the commissioning of supported housing more centrally into joint arrangements with health and social care.
- There must be sufficient and timely New Burdens funding to implement and manage the arrangements and a light touch approach to national monitoring national monitoring.

#### **4.0 Recommendations**

4.1 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**

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County Hall

Northallerton

19 June 2018 Background Documents Nil

## North Yorkshire Submission to Supported Housing Consultation

### Annex B – Response for Consultation on housing costs for short-term supported accommodation

22nd January 2018

#### Key points

- Government must ensure that sufficient funding is provided to meet current needs, guarantee the ring fence in the long term and consider five year settlements.
- Local authorities must have sufficient flexibility to develop the commissioning and oversight arrangements to meet their local needs and maximise the potential to bring housing and the commissioning of supported housing more centrally into joint arrangements with health and social care.
- There must be sufficient and timely New Burdens funding to implement and manage the arrangements and a light touch approach to national monitoring.
- We ask that 2020/2021 should pilot shadow allocations so that Government can be sure that funding is sufficient.

#### **Question 1: Do you agree with this definition? [Yes/No] Please comment**

A qualified yes: from experience there does need to be some flexibility for people with complex issues which may go over the two years, particularly in areas such as North Yorkshire with severe housing pressure. However, this timescale can be a perverse incentive to stay longer in the scarce resource of supported housing. We therefore need the flexibility locally to determine on a scheme by scheme basis the most appropriate length of stay.

The definition needs to take account, not only the length of time but be comprehensive about the type of temporary supported accommodation. We would welcome clarity about whether dispersed properties will be included, where there are additional management costs

#### **Question 2: What detailed design features would help to provide the necessary assurance that costs will be met?**

Importantly, the initial baseline of existing provision needs to be calculated accurately through a comprehensive mapping exercise of the financial resources that are already being used for rents and eligible service charges in order that the new arrangements start on a sustainable basis. The Supported Housing

Evidence Review did not undertake comprehensive mapping at a local authority level. This would need to be developed using a combination of information from providers and local housing benefit payment data.

We would ask the Government to guarantee the ring-fence in the long term and commit to a five-year grant settlement in order to give providers the certainty they need to continue investing in short-term supported housing for vulnerable people. As the Government proposes asking councils to set out plans for meeting supported housing need over five years, this must be the length of time covered by the ring-fenced grant. Through the twice yearly monitoring, we need a mechanism to respond to changes in local need during the five-year period, in particular to reflect a need for growth in supply and to take account of inflation.

We would like to emphasise that rents and eligible service charges *in this sector* in North Yorkshire have, when benchmarked with other local authorities, always been low. Therefore we do not feel that there are opportunities for “value for money” savings within existing provision if that is expected. Conversely, in order to develop the level of provision that provides a good and safe service, we may find that additional funding is required in current provision.

As well as this detailed work to fully understand the current baseline we would like to know how the current projections of future need will be determined and the timescales involved. Further clarity on how provision to grow supply will be reflected in the funding model so that councils are not left facing a future funding gap. Given the overall funding challenges facing councils, there must be no expectation that councils can meet any shortfall now or in the future. We would be concerned if the intention is for Government to use a formula based approach to determine future allocations of funding to North Yorkshire for this provision as the experience of the Supporting People funding formula was detrimental to North Yorkshire.

### Question 3:

- a) **Local authorities – do you already have a Supported Housing plan (or plan for it specifically within any wider strategies)? [Yes/No]**
- b) **Providers and others with an interest – does the authority (ies) you work with involve you in drawing up such plans? [Yes/No]**
- c) **All - how would the Supported Housing plan fit with other plans or strategies (homelessness, domestic abuse, drugs strategies, Local Strategic Needs Assessments)?**

We do not have a specific supported housing plan. Plans for supported housing are explicitly mentioned in a number of strategies and plans including :  
York, North Yorkshire and East Riding Housing Strategy 2015-21  
Care and Support Where I Live Strategy  
Live well, live longer – Learning Disabilities Strategy for North Yorkshire 2017-2022

Hope, Choice and Control) – North Yorkshire Mental Health Strategy  
Domestic Abuse Commissioning Plan.

As long as councils can demonstrate to Government that they have clearly articulated plans in place for supported housing and can meet the grant conditions in relation to short term supported housing, there should not be a national requirement for a stand-alone plan and this should be a decision for the local partnership.

**Question 4:**

**a) Local authorities – do you already carry out detailed needs assessment by individual client group? [Yes/No]**

**b) Providers – could you provide local government with a detailed assessment of demand and provision if you were asked to do so? [Yes, both / Yes, demand only / Yes provision only /No]**

**All – is the needs assessment as described in the National Statement of Expectation achievable? [Yes/No]**

Needs assessments for supported housing for vulnerable groups has always proved a challenge to policy makers as there is a lack of any clear, consistent, reliable, and verifiable methodology for undertaking such assessments.

If a methodology for needs assessment is developed, it should be in agreement with local authorities and applied in a consistent way across the country.

Experience with supported housing for vulnerable groups has shown that vulnerable people in need of supported housing, cannot be simply identified by labelling them wholly as being part of one discrete client group e.g. homeless, mental health, substance misuse and have a range of support needs.

In any case, a needs assessment approach has always to be balanced against local circumstances and policies. When needs for all groups are important, experience has shown that it is a sensitive process to be able to prioritise competing priorities which requires a mature partnership approach and good governance arrangements locally.

In two-tier local authority areas the grant will be allocated to the upper tier, to fund provision as agreed with districts in line with the Strategic Plan. Grant conditions will also require the upper tier to develop this plan in cooperation with district authorities and relevant partners.

**Question 5: Do you agree with this approach? [Yes/No]. Please comment.**

**Question 6: The draft National Statement of Expectation (see Section 4) published today sets out further detail on new oversight arrangements and the role of local authorities. We would welcome your views on the statement and suggestions for detailed guidance.**

**Q5**

We agree that the County Council is well placed to support good strategic planning and commissioning for the key groups who are likely to need supported housing. However the County Council does not have the skills and expertise to manage the housing delivery elements of this.

However, whatever the final outcome of who should hold the funding, in North Yorkshire we would set up joint governance arrangements for commissioning with agreed decision-making processes and administrative arrangements. All councils in North Yorkshire would play their part and have a role in the governance and decision-making for any new arrangements. The partnership arrangements would need to ensure that the needs of all vulnerable people in North Yorkshire are considered on a fair basis. As with all local authority duties, the arrangement will comply with the public sector equality duty.

An option may be, in North Yorkshire, that funding in part or full is derogated to lower tier authorities if that makes sense.

As part of any implementation of future proposals, we would explore how we can make best use of the Health and Wellbeing Board, and its Joint Commissioning Board, and the Chief Housing Officers' Group, to provide the over-arching partnership arrangements and offer the potential to bring housing and the commissioning of supported housing more centrally into joint arrangements with health and social care.

**Q6**

With respect to any arrangements nationally, we would propose that they are 'light touch' with minimum additional burden to local authorities. Existing national outcome frameworks, could, in time, be amended to include supported housing.

Local authorities need the flexibility to plan the implementation of this new responsibility within their existing partnership and administrative processes and systems. We would anticipate that, in North Yorkshire, as previously documented, joint partnership arrangements would be developed. We would encourage, where possible, the adoption of benchmarking and peer review between authorities and the active involvement of people who use services. Some element of the oversight may be more appropriately provided by District/Borough Councils who have specialised staff dealing with housing conditions.

Providers in North Yorkshire would like to be assured that the funding for the oversight arrangements should not come from the short-term supported housing pot, but should be part of the New Burdens.

**Question 7: Do you currently have arrangements in place on providing for those with no local connection? [Yes/No] If yes what are your arrangements?**

Provision, such as refuges and veteran accommodation take referrals country wide and for refuge accommodation there are reciprocal arrangements. There is no agreed protocol for the access to veterans accommodation. Support in this provision was originally funded in part by government, and local contribution is now minimal for support costs

**Question 8: How can we help to ensure that local authorities are able to commission both accommodation and associated support costs in a more aligned and strategic way? Do you have further suggestions to ensure this is achieved?**

Q8

There is now no separate ring fenced funding stream for support costs. North Yorkshire County Council are not able to guarantee that even existing support funding will be retained, given the funding is not ring fenced and the County has a progressive savings target to find, and the current support provision will need to be reduced and reviewed over the next 2 years to meet savings requirements Therefore, Government needs to consider how to safeguard and ring fence support funding rather than Upper tier authorities.

Supported housing has required the funding from both support and housing costs to be able to deliver safe environments and this proposal does not address this issue by keeping them separate.

We would also like to highlight that short-term accommodation sits alongside other support for vulnerable people and that people can need support in making the transition from temporary supported accommodation and in the longer term to make accommodation sustainable.

**Question 9: How will you prepare for implementation in 2020, and what can the Government do to facilitate this?**

**Question 10: What suggestions do you have for testing and/or piloting the funding model?**

Q9

Given the complexity of the change, we feel that full implementation by 2020 is extremely ambitious. We would propose that 2020/21 should pilot shadow allocations so that Government can be sure the funding is sufficient.

The Government needs to consider adequate funding for New Burdens and provide a decision as soon as possible and clear guidance throughout. The



implementation will require detailed planning involving a number of partners – providers, the County Council, District and Borough Councils, housing providers. There will be less than two years to mobilise and implement which will be a very tight timescale to cover all the stages required from final decision to the transitional arrangements for existing schemes.

There is a need to understand the breadth of impacts of the administration of this funding and the allocation of New Burdens funding would need to include an acknowledgement of the impact on local authorities.

Specific tasks would include:

- project management for the transitional period including baseline mapping, setting up of any new processes and systems required, communications with all parties and affected tenants
- consideration of inter-dependencies with other funding sources for individuals and services.
- development of commissioning policy and criteria development,
- relationship management between providers, commissioners and other agencies
- quality assurance and contract management.

Local authorities already have systems in place to monitor outcomes, quality of services and value for money and existing systems can be built on to provide the administrative and political oversight that will be required. This will, however create significant additional burdens on those existing systems and additional technical skills will be required.

We would also ask for special consideration to be given to the additional transactional and infrastructure costs borne by councils in remote rural and coastal communities and that the Government makes allowance for these burdens.

Q10

In principle, robust testing in order to design the detailed features of the scheme would be attractive. However, unless the date for full implementation is rolled back, it does not give sufficient time for learning from the pilot areas.

**Question 11: If you have any further comments on any aspects of our proposals for short-term supported housing, please could you state them here.**

#### **Impact on people in short term accommodation**

Without rent payments, it is unclear what the tenant/landlord relationship will be and therefore what impact that will have on rights and responsibilities. There is no reference at all to this in the consultation.

People living in short-term supported housing will still have to interact with Universal Credit as they may be eligible for non-housing Universal credit. We need to ensure that people get the appropriate advice and support to help them

and in the transition to help manage paying monthly when they leave short term supported accommodation.

We do not understand the statement below and would welcome clarification

- An individual's entitlement for help with their housing costs (through Housing Benefit or the housing cost element of Universal Credit) will be unchanged.

DRAFT

## Question 1:

- **Sheltered Housing definition: what are the features and characteristics of sheltered housing and what would be the practical implications of defining it in those terms?**

We have a range of 'sheltered housing' across the county. Broadly it includes properties where there are some restrictions on access to tenancies or to purchasing properties (usually age related). The schemes offer residents security both with regards to the likely mix of residents and often through physical access security.

There is usually at least one communal area and there is an expectation that there is some way of accessing support. This can be with a warden on site during office hours, a visiting warden or it can be through a responsive call system.

Schemes usually offer more accessible accommodation than standard housing but the specifications of schemes are very varied. There is not always a clear differentiation between the needs of residents in sheltered schemes compared to those who are supported to live independently at home.

- **Extra Care definition: what are the features and characteristics of extra care housing and what would be the practical implications of defining it in those terms?**

Extra care housing provides alternative options, usually for those over the age of 55 who are planning for their possible future needs. Most schemes operate on the basis of a third of occupants having either no care/minimal or support need, a third with medium care and support requirements and the remaining third who may have higher levels of both care and support. Allocation of accommodation is usually undertaken in partnerships with the housing provider, support provider and the County Council

The buildings themselves are designed to a high specification and enable access to all parts for all residents enabling participation and a comfortable lifestyle. North Yorkshire would expect any scheme designated as Extra Care to meet the Councils' building and support standards, which are publicised on the Council's website.

We would expect the scheme to respond to local needs, including offering community facilities to a wider community than the schemes residents where appropriate. Support is available on site 24 hours a day and there is usually a care team operating on site. .

Increasingly we are using extra care in partnership with health partners including for step up and down facilities and for end of life care.

Extra Care is often more expensive than traditional sheltered housing, but with good management offers value for money and can meet increasing needs in a more targeted and cost effective way.

- **Is there an alternative approach to defining this stock, for instance, housing that is usually designated for older people? What would be the practical implications of defining sheltered and extra care supported housing in those terms?**

This risks confusing the issue – unless there is a range of additional support and services that is intrinsic to all properties designated for older people. It also risks undermining aspirations for Lifetime Homes if properties more suitable for older people are segregated in housing stock

### Question 2:

**Housing costs for sheltered and extra care housing will continue to be funded through the welfare system. To meet the Government’s objectives of ensuring greater oversight and value for money, we are introducing a ‘Sheltered Rent’ to cover rent inclusive of eligible service charges.**

**How should the detailed elements of this approach be designed to maximise your ability to commit to future supply?’**

- The different elements and the approach to calculating gross eligible service charges need to be clear and understandable.
- Whilst providing value for money the elements and levels must be sufficient to give provider confidence in developing new schemes and being able to charge and recoup rent and service charge costs, with the welfare system being able to fund these costs for individual residents where required, whilst ensuring that new schemes continue to be affordable for residents and other services that might be provided within the scheme such as respite, intermediate care, end of life planning etc.
- Any formula for a sheltered rents needs to take account of the challenges around rural provision.
- We know that in North Yorkshire housing costs vary considerable across the County, and that our costs do not reflect regional benchmarks. Setting a fair sheltered rent needs to take account of local issues.
- Smaller schemes could be more expensive. North Yorkshire is always careful to consider value for money, but to ensure local needs are met we will have some smaller schemes than larger urban areas.
- Sheltered rent levels need to adequately fund all of the housing costs, including the higher costs for extra care housing.
- We need to be mindful that many Extra Care Schemes are of mixed tenure and may residents who are capital rich but cash poor would still aspire to live n such schemes. Any provision for service charges within a sheltered rent should also be accessible for this cohort in addition to rent.

### Question 3:

**We are keen to make appropriate allowance for eligible service charges within Sheltered Rent that fairly reflects the costs of this provision, whilst protecting the taxpayer. What are the key principles and factors that drive the setting of service charges (both eligible and ineligible)? What drives variations?**

- The definition of what extra care housing is – i.e. extra care is a model that has communal facilities, on site care provision and support etc. that then has an impact on the service charge element that is required
- Service charge levels are based on full cost recovery of genuine costs – the service charge levels are set every year based on actual costs incurred

- There are a wide number of things that drive variations but some are:
  - Geographical location
  - Scheme design, size and layout
  - Number of units
  - Level, type and size of facilities provided
  - Type of services needed/provided
- We need to be mindful that in more rural communities sizes of schemes are usually limited due to demand and the need for additional community services are increased. This can inflate the costs of such schemes and additional capacity should be included in any funding provision to take account of this.

**Question 4:**

**The Select Committee and a number of other sector representatives have suggested that we use a banded approach to reflect variety of provision across the sector. We are interested in understanding more about this. How do you think this might work for sheltered and extra care housing?**

- Would have to reflect different levels and broad spectrum of needs and costs of the different types of accommodation/services e.g. sheltered levels would be different (lower) to extra care housing
- Would need to reflect different geographical locations and how this would impact on costs – North Yorkshire is a large county and we have 7 districts so costs would be different within locations across the county alone so any banded care approach would need to reflect this
- How would bands be determined and set – would they be at levels that will allow for full cost recovery otherwise will impact on viability/deliverability/affordability of future scheme development.
- More detailed work will need to be done to ensure that any new banded system does not become cost prohibitive and complicated.
- We will need to await outcome and final proposals before we are able to accurately determine the likely impact of the new proposals and have concerns that there may be a negative financial outcome for North Yorkshire districts.

**QUESTIONS 5 AND 6 FOR PROVIDERS TO COMMENT UPON**

**Question 7:**

**Attached to the policy statement is a draft National Statement of Expectation (see Section 4). We would welcome your views on the Statement and suggestions for detailed guidance.**

**Question 8:**

**The National Statement of Expectation encourages greater partnership working at local level regarding supported housing, including sheltered and extra care housing. What partnership arrangements do you have for sheltered and extra care housing at the local level?**

- North Yorkshire County Council has an excellent record of leading and supporting strategic commissioning planning for the provision of extra care housing across the county. This has required good working relationships with District and Borough Councils
- There are no formal partnership arrangements with regards to supported housing at present, but the Boroughs and Districts work collaboratively through the Chief Officers Housing Group and have a joint Housing Strategy, together with City of York and East Riding. North Yorkshire County Council works in collaboration with the Chief Housing Officers and there is a commitment to work in partnership in response to these changes

#### Question 9

**Government has moved the implementation of the reform on sheltered and extra care accommodation to April 2020.**

**How will you prepare for this implementation in 2020 and what can government do to facilitate this?**

- There is a need to balance the uncertainty that an extended implementation period brings with the need to ensure that new arrangements are robust and without unforeseen consequences.
- Early indication of the approach to be taken to determine sheltered rents is required to allow good planning and to ensure that current schemes remain viable.
- Similarly information is essential as soon as possible about how planned and new schemes can be assured of access to appropriate funding.
- Without this information preparation will not be possible
- We will however be working with our housing colleagues to develop a supported housing strategy

#### Question 10:

**Deferred implementation will allow for additional preparatory measures. What suggestions do you have for testing Sheltered Rent?**

- This is a critical issue that needs to be right to ensure that any new proposals do not impact viability/deliverability of schemes
- Pilots or modelling of schemes under the new proposals but this would need to be done on a basis that tested and assesses the impact in different geographical areas so establish if any different impact in locations, particularly across North Yorkshire where the variations in cost differ according to district.
- Would need to model/test the proposals against schemes currently being brought forward for development
- Testing needs to consider a number of different factors in terms of impact on charge levels and costs recovery, affordability

**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**

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County Hall  
Northallerton

19 June 2018  
Background Documents Nil

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

Community Support Mental Health: Future Commissioning Approach

**1.0 Purpose of Report**

- 1.1 To provide background on the proposed future commissioning approach for delivery of mental health community support.

**2.0 Introduction and Background**

- 2.1 Health and Adult Services (HAS) currently holds community support mental health block contracts with a number of different voluntary and community sector organisations for delivery of support across North Yorkshire.
- 2.2 Most of these contracts have been in place for many years and the Council is legally required to re-procure this service provision, as continuing to extend the contracts is no longer possible under EU procurement regulations. New arrangements for delivery of support will need to be in place by the 1st October 2018, when the current contracts are due to end.
- 2.3 The review work to date has informed the development proposals for future investment into voluntary and community sector organisations to deliver mental health support on its' behalf. A consultation took place on these proposals from the 22nd January to the 19th February 2018. The consultation feedback is currently being reviewed to finalise the future commissioning plans and procurement documentation for the procurement planned to be launched in early April.

**3.0 Introduction and background**

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- 3.3 The review of these contracts has been included as part of the overall HAS Social Care Mental Health Review, which aims to develop a distinct social care mental health offer to meet the needs of the North Yorkshire population.
- 3.4 The community support contracts provide a range of different types of support, including:
- Mental health resource centres/hubs
  - Social inclusion support/social activities
  - Peer support
  - A mental health sheltered workshop
- 3.5 Local Clinical Commissioning Groups (CCG's) currently contribute £40,652 per annum towards delivery of these contracts.
- 3.6 Service provision has developed in an inequitable way across the County over a number of years, with a higher proportion of the current investment being concentrated in the Harrogate District – 60% of the total investment. None of the current contracts provide any support in Selby or Craven Districts.
- 3.7 An engagement exercise as part of the Health and Adult Services Social Care Mental Health Review has informed the development of proposals for how voluntary and community sector organisations will be commissioned to deliver mental health support on behalf of the Council in the future.

#### **4.0 Future investment approach**

- 4.1 The proposed future investment approach has been based on a range of information, including the review engagement feedback, and is outlined as follows:
- 4.1.1 Adults mental health prevention offer
- 4.1.2 A clear message from the mental health engagement exercise was that people felt there was a need for a mental health prevention offer across North Yorkshire, to help people to avoid developing mental health issues and prevent the escalation of need in those who have existing mental health issues.
- 4.1.3 Hence it is proposed that future investment in third sector mental health will be used to support delivery of adults mental health prevention support across the County. This is in line with the Council's commitments made in our mental health strategy and with current national policy on mental health.
- 4.1.4 Mental health 'hub and spoke' delivery model
- 4.1.5 Based on the feedback received from people through engagement, it is proposed that the available funding be used to invest in delivery of local mental health 'hubs' or 'centres' across North Yorkshire.
- 4.1.6 These would act as a point of contact for local people to be able to access information and advice on mental health issues, provide brief interventions on practical support (e.g. around benefits support and support on training and employment) and also support social inclusion and provide peer support.

4.1.7 Health and Adult Services currently funds a small number of organisations to deliver mental health centres which provide these and other types of support in some parts of the County. During the engagement exercise people described how highly valued these services are in their local communities, about the benefits they provide in helping to prevent people from developing mental health issues and helping people to recover from mental health issues and stay well.

4.1.8 These services accept referrals from a range of sources, including self-referrals, and the intention is that this would be the case for the proposed future model. In addition it is proposed that support would be available to all adults aged 18 and over, and access to support would not be restricted based on mental health condition.

4.1.9 Support would be delivered using a 'hub' and 'spoke' approach to maximise access, to include delivery of support from central 'hubs' as well as from 'spokes' – other venues located in local communities.

4.1.10 The key areas which would be supported through delivery of the hub and spoke model are as follows:

- Information, advice and signposting
- Practical support brief interventions (for example around benefits, employment/training or housing)
- Support with self care and life skills
- Social and peer support



Figure 1: Mental health hub and spoke functions

- 4.1.11 It is proposed that locality-based contracts for hub and spoke delivery would be awarded to organisations to deliver support.
- 4.1.12 Investing in the future prevention offer
- 4.1.13 Use of current investment in community support mental health contracts that support delivery of preventative support provides a maximum total annual funding available from Health and Adult Services and CCG's for investment into a mental health prevention offer across North Yorkshire of approximately £240,000.
- 4.1.14 Some of the other community support contracts are not a natural fit with the proposed future preventative model, and Health and Adult Services will be exploring alternative options for people who currently access these services may be supported in the future using a person-centred approach. This will include looking at individual support plans and options around personal budgets.
- 4.1.15 In addition, it is proposed that the County-wide out of hours mental health support line service jointly funded by Health and Adult Services and CCG's be re-procured for an additional period of time in order to allow for further time to review the need for out of hours support, which is to include consideration of ongoing developments around crisis support.
- 4.1.16 The available investment for the prevention offer is acknowledged as being challenging for delivery of all elements of the proposed approach. Initial analysis of the consultation feedback indicates strong support for the approach described but some concerns about how much support may be deliverable within the budget available.
- 4.1.17 However, it is known that there are a range of other existing mental health and wellbeing community support assets within local communities which also contribute towards promoting good mental health and wellbeing, and preventing mental health problems. It is proposed that the investment into community mental health prevention should be used to complement and support partnership working with existing local community assets and resources. There is evidence from the existing community support mental health contracts of some organisations already working to this type of approach.
- 4.1.18 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 mental health support. This formula will form the basis for future allocation of funds through locality contracts.
- 4.1.19 The formula takes account of:



- Age profiles
- BME
- Rurality indicators
- Prevalence of common mental illness
- New cases of psychosis rate per 100,000
- Employment Support allowance claimants for mental disorders
- Homelessness
- Deprivation indices
- Long term unemployment

4.2 This would result in the proportions allocated to be as follows

District/Borough Council area	New allocation	Current allocation
Craven	9.2%	0%
Hambleton	13.1%	16.7%
Harrogate	22.5%	40.2%
Richmondshire	8.6%	16.7%
Ryedale	8.3%	9.1%
Scarborough	24.6%	17.2%
Selby	13.5%	0%
Total=	100.0%	100%

## 5.0 Significant Risks and Mitigation

- 5.1 It is identified that the majority of the currently contracted community support mental health organisations are local small voluntary sector organisations, and many are inexperienced in tendering for contracts, with some of these highly reliant on Health and Adult Services funding. Hence there are potential risks to organisational sustainability of some organisations if they were unsuccessful in continuing to receive funds as a result of the pending procurement.
- 5.2 As part of service reviews discussions have been held with all currently contracted organisations about pending re-procurement of services, and organisations have been signposted to support for organisational development. There are also plans for Community First Yorkshire to jointly deliver with NYCC a 'tender ready' workshop for the voluntary sector in March 2018.
- 5.3 There is a risk that if future commissioned mental health prevention delivery is not be suitably aligned with Health and Adult Services operational (in-house) mental health support, then there may be duplication in functions and resources used.
- 5.4 Development of preventative support within is also key to development of the operational social care mental health offer. As both elements of review work have been integrated, there is ongoing close joint working between commissioning and mental health operational staff to ensure development of a

single overall model. The review working group chaired by the Commissioning Team includes membership from mental health operational staff.

5.5 Many existing contracts have been in place for several years with organisations that are highly valued and respected by local stakeholders and the public. Hence there are potential risks of political or public interest in the event that any of these are unsuccessful in receiving funds for future delivery as a result of the procurement.

5.6 As part of the review planning, a detailed communications plan has been developed and will be regularly reviewed by the project working group.

## **6.0 Consultation**

6.1 An engagement exercise as part of the adult social care mental health review took place during September and October 2017. This engagement included a number of locality engagement events which were used to explore what was working well with mental health services and support in different North Yorkshire localities, and how things might be improved. A copy of the review engagement report is available from:

<http://www.nypartnerships.org.uk/mentalhealthreview>

6.2 A consultation on proposals for how the voluntary and community sector would be commissioned to deliver mental health support on behalf of the Council in the future took place from the 22nd January –19th February 2018.

6.3 As part of the consultation a stakeholder event was held on the 5th February at the Forum in Northallerton to hear people's views on the proposals. The event was attended by a range of stakeholders, including people with lived experience of mental health issues and family members and carers of those with mental health issues, Health and Adult Services and Mental Health Trust staff, and voluntary and community sector mental health and wellbeing support organisations. The event was attended by approximately 50 people.

6.4 In addition to the stakeholder event, people were able to respond to the consultation by completing either an online or paper-based survey, or emailing feedback to the commissioning team.

6.5 24 respondents completed the survey and a further 12 responses were received either through the feedback forms or by email.

6.6 A report summarising key findings from the consultation is published on the review webpage.

## **7.0 Contract Award**

7.1 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.

**8.0 Recommendations**

- 8.1 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**

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County Hall  
Northallerton

19 June 2018  
Background Documents Nil

**NORTH YORKSHIRE COUNTY COUNCIL****Care and Independence Overview and Scrutiny Committee****28 June 2018****Work Programme 2018****1.0 Purpose of Report**

- 1.1 The Committee has agreed the attached work programme (Appendix 1).
- 1.2 The report gives Members the opportunity to be updated on work programme items and review the shape of the work ahead.

**2.0 Background**

- 2.1 The scope of this Committee is defined as: 'The needs of vulnerable adults and older people and people whose independence needs to be supported by intervention from the public or voluntary sector.'

**3.0 Social Care Green Paper: Department of Health and Social Care Changes**

- 3.1 It was announced last November that the government would publish a green paper on care and support for older people by summer 2018. Damian Green, then first secretary of state, said it was important that the government "took the time needed" to debate the "many complex issues" which surround adult social care.
- 3.2 The promised Green paper was to be about older people and a strategy for working age adults. Both are big issues for NYCC in terms of demographics, quality and cost. Our major demographic and market issues are about older people, but highest costs are around support for people with learning disabilities. Also, the greatest service risk is the scarcity of mental health provision across the County.
- 3.3 Bearing in mind there is also a joint Health Select and MHCLG Select Committees' review of long term funding of adult social care, these three major elements were to be the subject of a broad ranging committee session later in the year.
- 3.4 However, the government has just announced a postponement in the review's publication following the announcement of increased funding for the NHS, emphasising "that it "did not make sense" to publish the green paper before the NHS plan had been drafted.

#### **4.0 Recommendations**

- 4.1 The Committee is recommended to consider the attached work programme and determine whether any further amendments should be made at this stage.

**DANIEL HARRY**

**SCRUTINY TEAM LEADER**

County Hall,

Northallerton

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14 March 2018

## Care and Independence Overview and Scrutiny Committee

### Scope

The needs of vulnerable adults and older people and people whose independence needs to be supported by intervention from the public or voluntary sector

### Meeting Details

Committee meetings	Thursday 28 June 2018 at 10.30am
	Thursday 27 September 2018 at 10.30am
	Thursday 13 December 2018 at 10.30am
	Thursday 10 May 2018 at 10.30am
	Thursday 26 July 2018 at 10.30am
Mid Cycle Briefings	Thursday 15 November 2018 at 10.30am

### Programme

Community Mental Health Pathways	Folded into item on Health and Social care Integration Theme	Understand better how community services are organised around the communities where people live and the GP practices people use, and how partners work together	Louise Wallace
<b>BUSINESS FOR THURSDAY 28 JUNE 2018</b>			
Annual Older Peoples Champion Report			
Learning Disabilities Service	Changes to the service focusing on user participation and co-design of	Part of Committee work on User Engagement and Participation	

	services. Possible strategy consideration		
Supported Housing (Funding)	The former SP budgets and savings and the national consultation on supported housing funding	possibly moved to September meeting	Kathy Clark
Prevention/Voluntary Sector mental health contracts	Overview of the wellbeing and prevention block contracts across North Yorkshire.	Review and outcome of procurement process	
Supported housing	Consultations and Withdrawal of Financial Assistance		Avril Hunter
Scarborough Bid	Lessons learned		Richard Webb
Feasibility Study in relation to the provision of nursing care			Kathy Clark
<b>BUSINESS FOR THURSDAY 27 SEPTEMBER 2018</b>			
Short Breaks Proposals	Major review of respite/short term breaks (aiming to offer more to people with dementia but also potential changes to existing services), transport (initially focusing on income collection but will look at charging), charging levels		Dale Owens/Kathy Clark
Banded Extra Care Charges	Revision of charging scheme in all extra care settings across the county Committee as consultee.	Issue may have to be moved to Mid Cycle Briefing in July. RB to liaise to consider necessity/feasibility converting status of MCBriefing to full committee.  Second meeting required – probably in prior to proposals being taken by Executive	Dale Owens
Health and Social Care Integration	Report of Task Group		

BUSINESS FOR THURSDAY 13 DECEMBER 2018			
Delayed transfers of Care	Trends and actions on Delayed Transfer of Care	Update on current performance and implications	Louise Wallace
PH Grant Proposals	Impact of £2.7m national reduction in North Yorkshire's Public Health Grant by 2020/2021		Dr Lincoln Sargeant
Session on Ageing Green paper	Government is currently working on a Green Paper which is about older people and a strategy for working age adults.	Discussion will reference the intended national strategy for working age adults and the review of the long term funding of social care.	

#### Mid Cycle Briefings

10 May 2018

H & SC Integration: Update on Lessons Learned Scarborough Bid

Consultants work on Care Market - emerging conclusions. Possible committee item for June

Introduction to the Adult Social Care Outcomes Framework (ASCOF) - measures how well care and support services achieve the outcomes that matter most to people..

26 July 2018

Supported Living Review – savings and possible joint commissioning approach with aligned investment and shared priorities.

Prevention/Voluntary sector mental health contracts

15 November 2018

Initial discussions on PH Grant Proposals – Impact of £2.7m national reduction in North Yorkshire's Public Health Grant by 2020/2021

Update on DPH Annual report