North Yorkshire County Council

Health and Adult Services

Executive Members Meeting

11th March 2022

REPORT TO Corporate Director of Health and Adult Services (HAS) in consultation with Executive Member for Adult Services and Health Integration and the Executive Member for Public Health, Prevention and Supported Housing, including Sustainability and Transformation Plans.

TARGETED PREVENTION IN LOCAL COMMUNITIES

This report includes a supporting Annex which contains exempt information as described in paragraphs 1, 3 and 5 of Part 1 of Schedule 12A to the Local Government Act 1972 (as amended).

1.0 Purpose Of Report
To consider the options for the future commissioning of targeted prevention activity in local communities and determine the agreed approach

2.0 Background

The paper focuses specifically around the future of the Health and Adult Services (HAS) Wellbeing and Prevention Service - a commissioned service to help people to stay well and independent in their local communities and to reduce the demand for long-term statutory services, care and support.

Key service **Outcomes** as identified in the original service specification were as follows:

- People are healthy
- People are safe and independent
- People experience social and emotional wellbeing
- People experience economic wellbeing
- Carers are healthy and experience wellbeing

Key service **Deliverables** as identified in the original service specification included;

- Information, advice and signposting (IAS)
- Social inclusion and social activities to address loneliness and social isolation.
- Low-level practical support (e.g. help with shopping, gardening, practical household tasks).

The service commenced on 1st October 2018 and the original term runs to the 30th September 2022. There is a 2 year extension clause built into the contract, plus a further 2 year extension option. The service is split across 7 lots; Craven, Harrogate, Hambleton, Richmondshire, Scarborough, Ryedale and Selby.

3.0 Issues for consideration

Over the past 12 months several large-scale, online events have brought partners together at a community and neighbourhood level to consider the following:

- How do we start to understand what the needs and ambitions of communities are?
- How best to align the different assets of the state (NYCC, Health etc.) alongside those of the VCSE sector and residents in neighbourhoods and communities?
- How to build on the various community responses to COVID by promoting the concept of Community Anchors - a clearly identifiable, recognisable network of organisations that galvanise and drive forward community energy?
- How to develop generous leadership - channelling resource to and through Community Anchors that are delivering everything themselves, but instead are networking with 40 – 50 smaller grassroots groups and voluntary organisations within a community?

A key purpose of these events was to also consider how HAS can commission wellbeing and prevention activity in a way that empowers communities e.g.

1. A clear commitment to co-production. How are we going to co-produce in all we do?
2. How to identify and fund (in a more collaborative way) hyper local, sustainable Community Anchors?
3. How to work in a collaborative way, promoting generous leadership over direct competition?

As a result of these events and additional consultation with HAS colleagues the following options have been developed around the future of the targeted prevention activity within local communities:

Option 1 Do Nothing
Through this approach NYCC would continue with existing service(s) across the 7 lots in their present form, and extend this provision to 30th Sept 2024 (with the option of a further 2 year extension thereafter).

Option 2: End the existing service on 30th Sept 2022; and develop new provision built around community anchor-style organisation(s) delivered through grant funding that is aligned to outcomes agreed in collaboration with Stronger Communities and Living Well teams.

4.0 Performance Implications

If **Option 1** were to be approved, the existing service would continue to support some vulnerable older people to live safely and independently at home, allowing some carers to take a break. The service would address some areas of loneliness and isolation through befriending, social groups and other interventions. Some new activities and support groups would be setup.

However, the service has been challenged in terms of consistency and coherence. This has been driven by generalised, high-level outcomes which do not reflect grassroots community aspirations, or the subtleties and complexities of need within different neighbourhoods.

Through this approach providers will not have the flexibility to develop their own solutions to issues presenting within their individual communities and neighbourhoods.

If **Option 2** were to be approved it would offer the opportunity to harness and build on community assets, sustaining the capacity and momentum of the new initiatives and grassroots innovations that have emerged during the COVID pandemic.

It would also offer an opportunity to align service outcomes with new and emerging neighbourhood priorities as we learn to live with COVID, and to develop a strengths and assets based approach by working with and through a Community Anchor model. The service would respond to the ebb and flow of needs within communities, using different partners and assets to find solutions for whatever that need is at that moment in time.

Refreshing the service could lead to a potential loss of revenue for existing providers, including a reduction in core funding / operating costs. However, the impact would be mitigated by working with existing providers over the next 6 months to ensure that they have a sustainable exit strategy / that no individuals are disadvantaged or left without service provision. Whilst some providers may see a reduction in funding it is likely that they will play a part of new neighbourhood partnership arrangements.

5.0 Financial Implications

Whether the existing approach is extended or a new grants based service is introduced it is proposed that, as a minimum, the existing NYCC budgetary contribution of £405,019 per annum is sustained within the new approach. This in itself will not represent a significant investment in targeted prevention across the county, but there will be opportunities for community anchor organisations to match fund and leverage additional resource (particularly through the refreshed grant based approach).

The North Yorkshire and Vale of York Clinical Commissioning Groups (CCGs) have indicated their willingness to continue making a matched funding contribution into the new service model. If the service model is refreshed this creates an opportunity to significantly strengthen the financial contribution of the CCGs (and their involvement in service shaping / delivery) since a refreshed and effective, strengths-based preventative service could have a meaningful impact on the provision of primary and community care.

6.0 Legal Implications and Governance compliance

Discussions have been held with NYCC Legal who have provided clear and detailed analysis of the differences and contexts regarding application of contracts or grants.

7.0 Equalities Implications

There no specific equalities implications associated with the report.

8.0 Recommendations

For HASEX to consider the options for the future commissioning of targeted prevention activity in local communities and recommend either Option 1 or Option 2 as set out above.

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