



# **NYCC Health and Adult Services**

## **Wellbeing and Prevention Services Review**

**Consultation Report**

**March 2018**

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## 1.0 Introduction

This report summarises the key findings from the North Yorkshire County Council (NYCC) Health and Adult Services Wellbeing and Prevention Services Review consultation held from the 28<sup>th</sup> November 2017 until the 15<sup>th</sup> January 2018.

The consultation was held to understand people's views on proposals for how available investment for community-based wellbeing and prevention support could be best be used to help adults in North Yorkshire stay well and independent in their local communities. The aim was that the consultation feedback would then be used to develop future commissioning plans.

All current wellbeing and prevention contracts held by Health and Adult Services are due to end on the 30<sup>th</sup> of September 2018. The council is legally required to undergo a competitive purchasing exercise in order to secure future support provision, as extending current contracts is no longer possible under EU procurement regulations. New arrangements for delivery of support will need to be in place by the 1<sup>st</sup> October 2018.

Proposals for how the Council can invest in community-based wellbeing and prevention support were designed through engagement with stakeholders, and also based on a review of current contracts and needs assessment work.

A summary of the review engagement work is available from:

<http://www.nypartnerships.org.uk/sites/default/files/Partnership%20files/Health%20and%20wellbeing/Public%20health/Prevention%20engagement%20summary%20final%2022.11.17.pdf>

Full details of the consultation proposals are available from the consultation document available from: <http://www.nypartnerships.org.uk/wellbeingpreventionreview>

## 2.0 Methodology

People were able to respond to the consultation through the following different methods:

- By attending one of the two consultation events. These were held on the 8<sup>th</sup> January at the Forum in Northallerton, and on the 9<sup>th</sup> January at the Cedar Court Hotel in Harrogate
- By completing the consultation survey either online or in paper format.
- By emailing feedback to the Health and Adult Services Commissioning Team.

### 2.1 Survey responses

A total of 23 surveys were completed.

- Of those who completed the survey, 9% (n=2) described themselves as someone who used wellbeing and prevention services or activities and 44% (n=10) described themselves as someone who worked for an organisation which currently provided wellbeing and prevention services. 39% (n=9) described themselves as working for organisations interested in providing wellbeing and prevention services, and 9% (n=2) described themselves as 'other'.
- 83% (n= 19) of respondents were aged 40-64.
- 65% (n=15) of respondents were female and 26% (n= 6) were male with the remaining 8% (n= 2) either stating they would describe themselves in a different way or preferred not to say.

## 2.2 Consultation events

The two consultation events were attended by representatives from a wide range of organisations, including those currently contracted by the Council to deliver wellbeing and prevention support, organisations that delivered support not contracted through the Council, and older people's forums. Over 75 people attended both events.

The events were used to discuss the consultation proposals as part of group discussion, and attendees also had the opportunity to ask any questions about the consultation.

## 2.3 Email responses

Four written responses to the consultation proposals were received by email.

## 3.0 Key Findings

Key findings in relation to the consultation proposals are outlined as follows:

### 3.1 Proposal: Support should be prioritised to those at risk.

Based on local population need and strategic priorities, it was proposed that support should be prioritised to those most at risk of needing regular social care services, and should reflect the Council's aim to prevent, reduce and delay the need for statutory social care services.

In addition support provided should 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. However eligibility for support would not be restricted based on age or condition.

There was strong support for this proposal across the survey and other consultation responses.

(74%) (n =17) of survey respondents agreed that support should be provided to those most at risk, whilst 13% (n= 3) thought it shouldn't be, and 13% (n=3) weren't sure.

There was support for the fact that support should be prioritised to those at risk given the limited resources. It was also suggested that it would be important to ensure that organisations funded through future contracts should refer onto universal services.

*"It is a `no brainer."*

*"With limited resources it makes sense to have more criteria involved in how people can access services."*

*"Need to focus on those most at risk."*

It was felt that it was still challenging to prioritise support to those at risk with the limited resources available. There was also some debate about what the right time was to offer preventative support to people, and it was also noted that due to the limited investment support provided shouldn't become a 'catch all' for anyone unable to get support through any other means.

Some people raised concerns about how people at risk could be identified, and it being noted that those most at risk can often be hard to reach and or reluctant to seek or accept support.

Some ways people felt that support could be prioritised to those most in need could be through a local assets and place-based approach to understanding need, with organisations working together in partnership and being willing to share information. Partnership working was seen as important to avoid duplication and address gaps. It was also suggested effective assessment would help with this, and that it would be important to ensure that services have a local presence and are promoted within communities so that people are aware of where they can refer people to.

It was proposed that GP practices and the use of social prescribing could be useful in helping to identify people at risk. Also that there needed to be links with multi-disciplinary teams and hospital discharge services.

One respondent also noted that there were variations across the County with regards to need for support, and that allocation of funding across districts should take this into account.

It was also suggested it was important to have the opportunity to develop support in collaboration with Health and Adult Services as the contract develops.

### 3.2 Proposal: Future investment should include some funding for strategic development as well as services and support.

It was proposed that a new contracting model be developed to invest in both strategic development and support for service providers, as well as providing local funds for direct investment into local services and support.

It was suggested that some investment into strategic development 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.

In the survey responses 57% (n= 13) of respondents agreed with the proposal that future investment should include some funding for strategic development. 35% (n=8) stated they didn't agree with this and 9% (n=2) weren't sure.

Many people felt that strategic development support would be beneficial for this sector in order to sustainability of the wellbeing and prevention sector, and support existing organisations as well as help the growth of new projects, including micro-organisations. It was also felt this would be beneficial to help facilitate better partnerships and collaborative working. Support for new developments was seen as being useful to address where there were gaps in availability of support for people. It was also suggested that this could be helpful to support better joined up 'integrated' support. Other benefits suggested included supporting innovation, supporting equity in access to and availability of support, sharing best practice and toolkits, and enabling good quality of support across the County.

However, other people were less clear of the benefits of strategic development support for the sector. There were also questions raised why this could not be provided either by currently funded programmes such as Stronger Communities or Community First Yorkshire as part of the support they already provide. It was also suggested by some that currently contracted organisations delivered some of the elements of strategic development suggested.

There were some concerns about strategic development funding being taken from the available investment 'pot.' However, people felt that if any funding was to be used for strategic development then it should be no more than 10% of the overall budget. It was also suggested that funding for strategic development could be tapered or time limited.

*"Strategic development is important and it releases potential rather than reinventing the wheel."*

*"Want to protect funding for delivery but accept there is a need for some strategic development support."*

### 3.3 Future contracting model

As part of the consultation people were asked on their views for two different contracting models:

**Option A: Future investment would be used for a County-wide strategic development contract and 7 x locality-based contracts (based on District and Borough Council boundaries) for local services and support delivery.**

**Option B: Investment used to award a number of locality contracts (proposed a maximum of 7 and minimum of 3) to cover both strategic development and local services and support delivery.**

Overall there were mixed views from respondents about which would be the most appropriate contracting model, with some acknowledging that they found it hard to make a decision about this.

The survey results showed a slight lean towards option B with 55% (n=12) saying this would be their preferred option to support both strategic development and delivery of support, and 32% (n=7) saying they thought that they preferred option A. 14% (n=3) responded to say they weren't sure.

Some people indicated that they could see the benefits of having a separate County-wide strategic development contract to enable a more coordinated strategic approach, and access new resources, including match funding for delivery of support.

Some people raised questions about how governance and accountability would work with option A- for example whether the locality contract organisations would be accountable to the strategic development contract organisation.

Reasons given why people said they preferred option B included the fact that they felt local delivery organisations were best placed to understand local assets, priorities and needs. It was also suggested that it may be more practical to enable delivery, and that delivery organisations could deliver the strategic development requirements as part of locality contracts.

However there were also comments about how both options were challenging given the available budget, and that funding may not support full-cost recovery services. One comment noted that they felt there may be challenges in achieving a consistent and equitable approach to delivery of support with available funds.

*“Challenge that strategic development organisation/unit would need to have a very wide, almost impossible understanding of local level (for option A), option B has the potential to do this easier.”*

*“Option B would be better at a local level.”*

*“Countywide specialist support would provide a far more consistent and cost effective model and collaborative approach across boundaries.”*

Most people felt that if contracting option B was chosen then between 5 and 7 locality-based contracts would be best. There was the suggestion that this would be best based on district council boundaries as organisations already had good working relationships with district councils. Some respondents thought districts could be `paired up`.

## 4.0 Identified actions

### 4.1 Prioritisation of support

There are no plans to change the proposed approach regarding prioritisation of support as a result of the consultation feedback. However further consideration will be given to as to how this can be effectively delivered and monitored as part of contracts delivery.

### 4.2 Strategic development

Analysis of the consultation feedback suggests that there is an identified need for specialist strategic development support for the adult wellbeing and prevention support sector, in order to support consistency of approach and sustainability and growth of the sector to be able to respond to the needs of the North Yorkshire population.

Although consultation feedback suggested that people thought some aspects of strategic development could be covered by locality delivery organisations, including having the understanding of local assets and needs, local collaboration and managing volunteers. However it was less evident how other elements could be delivered- including supporting sustainability of the sector, including micro-enterprises.

Following consideration of the consultation feedback and possible options for securing strategic development support, the decision has been taken not to use any of the current existing budget to fund strategic development support for the sector. However North Yorkshire County Council will be investigating other options for how this may be secured and delivered. In the meantime some support to look at organisational development and new projects, as well as managing and recruiting volunteers will continue to be available from the Council's Stronger Communities team and Community First Yorkshire.

Links to further information:

Stronger Communities: <https://www.northyorks.gov.uk/stronger-communities>

Living Well: <https://www.northyorks.gov.uk/living-well-north-yorkshire>

### 4.3 Contracting model

Based on the consultation feedback the intention is that the Council will be undertaking a procurement exercise to award seven locality contracts for delivery of services and support, to be based on District and Borough Council boundary areas.

Given the intention to explore alternative options for delivery of strategic development support, there is not the expectation that locality contract providers will be expected to deliver these requirements (as per contracting Option B in the consultation), and this would be a separate resource to locality contracts. Hence the intended future contracting model is more closely aligned to Option A.

However all organisations holding locality contracts would still be required to work in partnership with local community organisations and groups to address wellbeing and prevention needs within their geographical area; as well as subcontracting or allocating contract funds through other means to other local organisations and groups to help address identified local needs.

The limits of the amount of support that could be made available through available investment was acknowledged in the consultation document, along with the expectation that support provided through contracts investment should complement and not duplicate existing assets and resources. It is expected that delivering equity and consistency of support across districts will be addressed through taking this into account as well as providers having a good understanding of local strengths. Approaches to delivery of this will be monitored and reviewed with organisations awarded locality delivery contracts.

### 5.0 Next Steps

The proposed future model has been presented to and approved by Health and Adult Services Executive committee.

Work is now currently underway to finalise the service specification and tender documentation for the procurement exercise planned to be launched in March 2018.

Further updates regarding the Wellbeing and Prevention Services review will continue to be posted at the following webpage:

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