

NYCC

Wellbeing and
Prevention Services
Review

Engagement summary report

Victoria Marshall, NYCC Health and Adult Services
Commissioning Officer

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1.0 Introduction

North Yorkshire County Council's Health and Adult Services currently provides funding towards a range of community-based prevention services from ten local voluntary and community sector organisations. These services provide or facilitate access to a range of interventions, such as:

- Support to address social isolation and loneliness
For example: befriending schemes, social activities and outings
- Supporting people's independence in their own homes
For example: support with shopping and daily living
- Information and advice covering a range of issues
For example: benefits and signposting to services

All contracts are currently due to end on the 30th September 2018, and the Council is legally required to re-procure service provision as continuing to extend these is no longer possible under EU procurement regulations.

In order to understand what future services will need to look like, the Council has been reviewing current services and working with stakeholders in order to design a series of proposals for future services. This report provides a summary of the work undertaken as part of the review so far – including the engagement exercise – and details how this has informed the development of future proposals for investment, as well as what next steps will be taken with the review.

2.0 Engagement, service reviews and needs assessment methodology

Work undertaken to date has been used to inform the development of future proposals. This includes the following:

- Review of engagement already undertaken relating to wellbeing and prevention services;
- Review of current funded services;
- Understanding current and future support needs for people in North Yorkshire;
- Meeting with North Yorkshire Forum for Older People; and
- Holding a countywide stakeholder engagement event.

2.1 Previous Wellbeing and Prevention Services engagement

Prior to the commencement of this review, a significant amount of engagement had already been undertaken for other Council projects relating to wellbeing and prevention services. Previous engagement included the 2013 consultation on eligibility and charging for adult social care which included questions around prevention services; a series of focus groups held as part of this looked at 'What do people need to maintain independence, promote their wellbeing and prevent them from needing higher levels of support?' There was also engagement as part of targeted prevention research conducted in 2015.

Collectively, previous engagement told us:

- Overall, people agree that wellbeing and prevention services help people stay independent for longer provided they get the right kind of support at the right time;
- There are concerns about how it would be delivered and the capacity of/reliance on volunteers;
- There are concerns about accessibility of services e.g. issues with transport and impact of rurality of North Yorkshire;
- Support for people to live independently in their own homes is very important to people;
- It is important to have information available from a variety of sources and in different formats to suit people's needs;
- Support for carers is important to people;
- It is important to have people to speak to and groups and activities to go to, to tackle social isolation;
- All the different elements and organisations involved in wellbeing and prevention services, including the local authority, health and VCS organisations, need to work well together in partnership; and
- It is important to have suitable accommodation to meet people's needs.

2.2 Review of current services

To review current services we met with all of the current providers to understand what support was being provided, and collated and analysed data on service activity. We found that:

- Between 01/10/15 and 30/09/16, a total of 25,996 people accessed these services.
- Of these people 14,400 (55%) were accessing day services and 7,080 (27%) were receiving information and advice.
- Data relating to the age breakdown was not available for everyone supported during this time. Where data was available, 65% of people were over 65, with 50% over 75.
- Data was also limited relating to gender of people being supported. Across the services, 882 men and 2,389 women were recorded as accessing services.
- Of the 3,271 people for whom information relating to primary support need was available, 65% were recorded as being frail or having a temporary illness.
- 50% of referrals into services (3,175) were self-referrals, 19% came from other, not listed sources, 12% from Health and Adult Services, 10% from voluntary agencies and 8% from Health.

All feedback gathered as part of the review, for example through case studies and annual surveys carried out by providers, demonstrated that the current services are highly valued by the people they support. They enjoy getting out and seeing people at the social activities and look forward to the groups they are involved in. People appreciate having someone to go to in the volunteers and/or staff if they need someone to talk to or need help with something. People are also very appreciative of any help they get with transport; not just for social activities but also, for example, for getting to appointments.

The vital role of volunteers in delivering wellbeing and prevention services was also highlighted. The typical model for current services is to have a small number of paid staff to

manage the service who are supported by a number of volunteers in delivering services. Across the different services some of the things volunteers help with include providing transport i.e. driving people to the different groups, appointments or taking a number of people out on outings, cooking meals for lunch clubs, and acting as befrienders both in person and by phone. The significant role of volunteers in delivering services enables these type of services to often provide support to significant numbers of people with the available funds. Many services also included charging for some elements of support (e.g. for lunch clubs).

The distribution of current services and therefore funding for wellbeing and prevention services was found to have developed in an inequitable way across the county. Consequently, circa 48% of current investment is concentrated in the Harrogate borough, with 16% in Selby district, 12% in Craven, 11% in Hambleton, 6% in Scarborough, 4% in Richmondshire and 3% in Ryedale.

2.3 Needs Assessment

Needs assessment undertaken included looking at local and national policy and evidence base; including guidance from the National Institute for Health and Care Excellence (NICE), the Local Government Association and ADASS (Association of Directors of Adult Social Services).

The needs assessment also considered key issues for North Yorkshire such as the rurality of the county and its ageing population, and the impact of these and associated factors on demand for services. Some of the key points from this work include:

- On average, the North Yorkshire population is currently older and ageing at a quicker pace than the English population. By 2020 it is estimated that nearly a quarter of North Yorkshire residents will be over the age of 65.
- There are a range of evidence-based community-based prevention approaches. A useful summary of approaches is available from: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/402889/A_guide_to_community-centred_approaches_for_health_and_wellbeing_briefi_.pdf
- Although North Yorkshire is a relatively prosperous County, there are pockets of deprivation, including around the east coast and within the centres of the market towns.

As well as the current commissioned contracts, the needs assessment also looked at other prevention programmes and services operating in North Yorkshire. This included the Living Well service which provides targeted early intervention to people who are on the cusp of needing social care. It was found that in 2016 more women were referred to the service than men (952 women, 646 men), people aged 75 – 94 had the most referrals per age group, and the most common reason for referral was being physically frail and/or temporarily ill.

2.4 NYFOP presentation and countywide stakeholder event

The intelligence gathered from previous engagement, service reviews and needs assessment was used to develop some outline proposals for how investment might be used in the future. These outline proposals were presented in September 2017 to both the North Yorkshire Forum for Older People (NYFOP) and at a countywide stakeholder event in Northallerton. A

wide range of voluntary and community sector organisations attended the countywide event, including currently contracted wellbeing and prevention providers.

Outline proposals provided to those in attendance at both the NYFOP meeting and countywide stakeholder event were as follows:

Scope

It was proposed that any future support delivered across the County would continue to have a focus on older people, and this was widely supported. However in order to address relevant local need, it was also proposed that there should be some flexibility in provision of support to working age population and other at risk groups. This was also supported by stakeholders.

Core Functions

Feedback as part the engagement undertaken supports interventions and support being based around the following three core functions:



These are based on current evidence relating to community-based prevention and reflect the interventions currently delivered. It was proposed that interventions focused around the three core functions for each area would be determined according to local need within communities, rather than having a defined set of interventions to be delivered across North Yorkshire.

Key principles and proposed outcomes

Feedback at the stakeholder event indicated that stakeholders generally agreed with the following proposed key principles and outcomes that services should contribute towards:

Key Principles

- Services for local people, run by local people;
- Partnership working and collaboration with local community organisations to develop a system approach;
- Building upon what's working well across the sector;
- Complementing community assets and existing networks;
- Pragmatic and innovative approach to ensure that there is equitable coverage across districts;
- Enabling small and micro-providers to be part of the offer;
- Delivery supported by volunteers;

- Enables models of peer support; and
- Improving digital inclusion.

Proposed outcomes

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

Feedback from County-wide stakeholder event

At the countywide event group discussions were based around the following questions:

1. What examples do you have from your experience of what helps people to stay well and independent in their local communities? What has worked well?
2. How might NYCC best prioritise support (with the available money) to achieve good outcomes for people in North Yorkshire?
3. Provide your thoughts and opinions on the proposed core functions and outcomes. Is there anything else you would like to see?
4. How might we best measure success of interventions and support?
5. What contracting models would allow us to make most effective use of the resources available?

All feedback from the event was captured and key points from this included:

- Involving and asking people what they want from support to stay well and independent is important;
- Collaboration and partnership working between organisations is important;
- Some people thought that it would be helpful to target investment to specific groups given the limited investment available, however others felt there were risks with this and it would be better to have more open access with some targeted support but only where there was clearly identified need;
- Some felt it would be helpful to continue to prioritise support for older people, but others referred to consideration of flexibility for younger people to help prevent them from developing problems;
- Making use of new technology would be something to consider, but it needs to be acknowledged that this will not be accessible for everyone;
- Although there was no consensus about what outcomes measurement tools might work best, feedback included ensuring that methods used for capturing information on outcomes were proportionate and reflected the interventions being delivered;
- There was no overarching consensus on what delivery and contracting models people thought would work well for the proposed approach. Some people referred to the importance of ensuring strategic direction, mapping and supporting partnership working, and enabling smaller organisations to be involved in future delivery. However there was a clear desire stated from others to retain a locality focus and locality contracts; and
- It was also acknowledged that in light of what locality investment may be available it may be challenging to achieve an equitable and effective offer across some districts,

with one person referring to the need to avoid spreading the investment too thin, so it becomes ineffective.

3.0 Next steps

Feedback on the outline proposals for investment into Wellbeing and Prevention Services is being used to inform further development of future commissioning options. A consultation will then be held on these proposals, following which the service delivery and contracting model will be finalised and procurement to secure future services will take place. The consultation is due to be launched in late November 2017.

Further information about the consultation and how you can take part will be made available at <http://www.nypartnerships.org.uk/wellbeingpreventionreview>.