

Our Reference: RW/dr

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Dear Colleagues

North Yorkshire County Council Targeted Prevention programme

Further to the discussions County Council colleagues and I have had with a number of leaders across the voluntary and community sector, I am writing to update on NYCC's approach to prevention for adults and, in particular, the targeted prevention programmes in the Health and Adult Services directorate.

As you will be aware, we are using Public Health Grant, and other County Council funding to invest significantly in universal and targeted prevention. We have protected existing Health and Adult Services funding for low level preventative services and are putting new funding into the Stronger Communities programme and other initiatives, many of which are being delivered by the voluntary and community sector. These measures will help us achieve our objectives for prevention and community support and resilience and, hopefully, they will be helpful in addressing the pressures being felt across the sectors and concerns within the VCS sector about the impact of potentially additional referrals to existing community and local services.

Subject to Member approval, we are also hoping to extend the Innovation Fund beyond its current cycle and to broaden this to include a Sustainability Fund, giving medium term security to those voluntary and community programmes which have the most impact.

As you are aware, we are also planning to launch a network of NYCC Prevention Officers, working specifically on targeted interventions with those people who may otherwise be at risk of needing long term support from social care.

I am conscious that some partners have been disappointed by the decision to deliver the Prevention Officer service in-house. I am also aware that there has been some concern about the pace of recent progress in relation to the work on the draft Prevention Strategy.

On the first point, this model will not be exclusive to NYCC: it will be part of our contribution to the wider prevention activity which we fund in the community and the whole spectrum of prevention that is generated by voluntary and community organisations themselves. However, the Prevention Officers' work is specifically linked to the County Council's 2020 targets and, in particular, savings of £2m over the next five years. Given the savings that are required, it seems appropriate that NYCC should employ these staff directly.

They will, though, work closely with VCS partners and the overall funding allocation, managed by Cath Simms (Head of Targeted Prevention), will include an element for social prescribing so that there are some flexible resources available to support community activity, if that is required in addition to the investment through Stronger Communities and the proposed Innovation / Sustainability Funds.

On the issue of the draft Prevention Strategy, on taking up post, I took the decision with Members and the HAS Leadership Team, that we needed to take stock of all HAS budget and spending commitments over the period to 2020, to ensure that our targets were realistic. As a consequence, we made the decision not to set any savings targets in relation to universal prevention programmes (eg Stronger Communities) and to reduce the targeted prevention savings from £5m to £2m. We needed to do a considerable amount of internal work to reach this point, reviewing the rest of the HAS savings programme. In this context, it seemed right and proper that it should be staff directly employed by NYCC who would undertake work which would contribute to specific savings.

Meanwhile, the work undertaken on the Prevention Strategy has remained in place and will form the basis of a new strategy or framework which I would hope we could share and develop further together later in 2015/16.

Some of these issues, and other factors which are impacting within the voluntary and community sector make it timely to take stock and I am supportive of moves emerging from VCS strategic leaders to hold a workshop to review our partnerships and key issues that need to be addressed across the voluntary and statutory sectors - for example, duration of contracts and funding arrangements, stability within the VCS, etc.

I look forward to working with you, and other NYCC and public sector colleagues, on these issues.

Best wishes

Yours sincerely



Richard Webb
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Health and Adult Services

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