Notice of a public meeting of
Decision Session - Executive Member for Adult Social Care and Health

To: Councillor Runciman (Executive Member)

Date: Monday, 25 July 2016

Time: 12.00 pm

Venue: The King Richard III Room (GO49) - West Offices

A G E N D A

Notice to Members – Post Decision Calling In:

Members are reminded that, should they wish to call in any item* on this agenda, notice must be given to Democratic Services on **Wednesday 27 July 2016 at 4.00 pm**.

*With the exception of matters that have been the subject of a previous call in, require Full Council approval or are urgent which are not subject to the call-in provisions. Any called in items will be considered by the Corporate and Scrutiny Management Policy and Scrutiny Committee.

Written representations in respect of items on this agenda should be submitted to Democratic Services by **5pm** on **Thursday 21 July 2016**.

1. Declarations of Interest

At this point in the meeting, the Executive Member is asked to declare:

- any personal interests not included on the Register of Interests,
- any prejudicial interests or
- any disclosable pecuniary interests

which they may have in respect of business on this agenda.

2. Minutes (Pages 1 - 2)
To approve and sign the minutes of the Decision Session held on 9 March 2015.

3. Public Participation
At this point in the meeting, members of the public who have registered their wish to speak at the meeting can do so. The deadline for registering is **Friday 22 July 2016** at **5pm**.

Members of the public may register to speak on an item on the agenda or an issue within the Executive Member's remit.

Filming, Recording or Webcasting Meetings
Please note this meeting will be filmed and webcast and that includes any registered public speakers, who have given their permission. This broadcast can be viewed at http://www.york.gov.uk/webcasts.

Residents are welcome to photograph, film or record Councillors and Officers at all meetings open to the press and public. This includes the use of social media reporting, i.e. tweeting. Anyone wishing to film, record or take photos at any public meeting should contact the Democracy Officer (whose contact details are at the foot of this agenda) in advance of the meeting.

The Council's protocol on Webcasting, Filming & Recording of Meetings ensures that these practices are carried out in a manner both respectful to the conduct of the meeting and all those present. It can be viewed at https://www.york.gov.uk/downloads/file/6453/protocol_for_webcasting_filming_and_recording_council_meetingspdf

4. The Future of Sensory Service Provision in York
(Pages 3 - 52)
The Executive Member for Adult Social Care and Health is asked to approve the recommended option for the future delivery of the Council's sensory provision, in order to achieve the outcomes identified through the recent review of sensory services.

5. Genito-Urinary Medicine (GUM) – Cross Charging Policy (Pages 53 - 60)
This report describes a policy which details how City of York Council will manage non-contracted sexual health out of area activity (City of York residents attending sexual health services commissioned by other local authorities in England) and provide clarity on the conditions and payment terms for cross charging. This is based on the agreed Yorkshire and Humber approach endorsed by the Regional Association of Directors of Public Health Network.

6. Stop Smoking Support and the provision of Pharmacotherapies (Pages 61 - 66)
This report outlines the development of a targeted approach to Nicotine Replacement Therapy (NRT) provision within the City of York Council stop smoking service.

7. Yor-Wellbeing Service (Integrated Wellness Service) (Pages 67 - 92)
The purpose of this report is to describe the proposals for the development of an Integrated Wellness Service (Yor-Wellbeing Service).

8. Urgent Business
Any other business which the Executive Member considers urgent under the Local Government Act 1972

Democracy Officer
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For more information about any of the following please contact the Democracy Officer responsible for servicing this meeting:

- Registering to speak
- Business of the meeting
- Any special arrangements
- Copies of reports and
- For receiving reports in other formats

Contact details are set out above.

This information can be provided in your own language.

我們也用您們的語言提供這個信息 **(Cantonese)**

এই তথ্য আপনার নিজের ভাষায় দেয়া যেতে পারে। **(Bengali)**

Ta informacja może być dostarczona w twoim własnym języku. **(Polish)**

Bu bilgiyi kendi dilinizde almanız mümkündür. **(Turkish)**

یہ معلومات آپ کی اپنی زبان (بولی) میں بھی مہیا کی جاسکتی ہیں۔ **(Urdu)**

☎ **(01904) 551550**

Agenda Item 2

City of York Council	Committee Minutes
Meeting	Decision Session - Cabinet Member for Health & Community Engagement
Date	9 March 2015
Present	Councillor Cunningham

4. Declarations of Interest

The Cabinet Member was asked to declare any personal interests not included on the Register of Interests, any prejudicial interests or any disclosable pecuniary interests she may have in respect of the business on the agenda.

She declared a personal interest that she was a Council appointed representative on the Citizens Advice Bureau, as an observer not a trustee.

5. Minutes

Resolved:

i) That the minutes of the last Crime and Community Safety Decision Session held on 27 September 2013 be approved

ii) That the minutes of the last Health & Community Engagement Decision Session held on 27 November 2014 be approved.

6. Public Participation

It was reported that there had been no registrations to speak under the Council's Public Participation Scheme.

7. Service Level Agreements with Infrastructure Organisations

The Cabinet Member received a report that sought approval for three year funding agreements to 31 March 2018 with York Centre for Voluntary Services (CVS), York Citizens Advice Bureau (CAB) and the Welfare Benefits Unit (WBU).

Officers gave an update and confirmed they had negotiated with each organisation to agree a three year partnership funding.

It was noted that a new Chief Executive of the CVS had been appointed and he was currently considering the services they offered to the sector. These would be launched in April and it was agreed that officers monitor the arrangements and the Service Level Agreement (SLA) against the new proposals.

The Cabinet Member agreed to support these critical organisations to the City and felt it was important to give them funding security for the next three years.

Resolved:

i. That the three funding agreements set out in paragraph 3 of the report and the associated SLA's set out in the annexes be approved.
ii. That the York and District Citizens Advice Bureau address be updated on their SLA.
iii. That the CVS new proposals be monitored against their SLA.

Reason: To further the objective of Building Stronger Communities.

Cllr Cunningham, Chair
[The meeting started at 11.32 am and finished at 11.37 am].

Decision Session - Executive Member for Adult Social Care & Health **25 July 2016**

Report of the Director of Adult Social Care

The Future of Sensory Service Provision in York

1. Summary

The Executive Member for Adult Social Care and Health is asked to approve the recommended option for the future delivery of CYC's sensory provision, in order to achieve the outcomes identified through the recent review of CYC's sensory services.

2. Background

The Sensory Impairment Review is based on the principle of developing a coherent, co-ordinated sensory pathway for the City of York, in line with CYC's key duties under the Care Act 2014.

The review has been driven by the fact that existing sensory pathways and referral routes are complex and vary according to condition. Current arrangements are fragmented, un-coordinated and there is very limited provision for adult customers with dual sensory loss.

The introduction of the Care Act 2014 places far greater emphasis upon prevention and delay, and the ability to plan and anticipate future needs. Given the gaps and fragmentation within current sensory provision CYC is not Care Act compliant. The need to consider a revised approach is, therefore, essential.

2.2 Current Position

Sensory services in York are delivered through a number of internal and external arrangements which have evolved in a somewhat ad hoc fashion over a number of years. There exists a range of provision delivered by the CYC Sensory Team and various contracts with external providers.

As indicated above the Care Act demands a more cohesive approach, with greater emphasis placed upon service co-production, involving voluntary and user organisations, service users, carers and communities in the design and delivery of services.

The fragmentation of existing provision coupled with the legislative drive towards personalisation has led to the consideration of various alternative delivery models (outlined in Section 4 of this report). Before considering these it is initially important to understand the current budgetary and operational position as outlined in **Annex A.**

3. Consultation

A. Sensory Engagement Event

CYC hosted a Sensory Engagement Event with key stakeholders on 8th October 2015.

The event was well received, and attended by representatives from local, regional and national stakeholders. The voluntary sector was particularly well represented. Other stakeholders invited included Vale of York Clinical Commissioning Group (CCG), York CVS and representatives of local ophthalmology and audiology boards.

Some of the key conclusions drawn from the event were as follows:

1. There was agreement that the current sensory systems and pathways in place required improvement in terms of co-ordination / clarity for the service user.
2. Cross-referral routes and quality assurance systems were of overriding importance, a configuration where is there is no overlap and where everything is complementary. Integration between health and social care services was also regarded as being critical.
3. Customers need to get the right sensory services at the right time - extending and optimising reach and strengthening the linkages and connections between services (and improving the way people are using services).
4. There is potential to combine elements of vision and hearing provision into a unified singular service. The co-location of staff from across the disciplines was seen as helpful to achieving a combined role.
5. A move towards preventative services, particularly outreach within neighbourhood based settings, was regarded as important.

6. A series of high level Sensory Outcomes were also agreed by partners.

B. Market Engagement Event

A Market Engagement / Market Testing Event was held in March 2016 which was well represented by a number of local, regional and national voluntary sector providers. Providers expressed confidence that they were able to deliver roles that have traditionally been the preserve of the local authority (social care assessments, reviews and support planning, rehabilitation etc).

C. Customer Consultation

An extensive customer consultation exercise was undertaken in Spring / early Summer 2016 including focus groups and questionnaires distributed to users of CYC and voluntary sector sensory provision, and user-led voluntary organisations. **Annex B** sets out the consultation findings in further depth.

D. Vale of York CCG (VoYCCG)

VoY CCG has recently undertaken a review of its Ophthalmology Services. The CCG intend to develop a community based **Low Vision Hub** that will primarily focus on the movement of some low vision assessments, support and rehabilitation from a clinical to a community setting.

CYC's initial intention was to pursue a joint commissioning approach with VoY CCG. This proposal was taken to the Ophthalmology Board in June 2015 but the Board decided that it wanted to pursue other options through its Low Vision Working Group.

CYC approached the CCG Ophthalmology Board again in May 2016 and requested that they reconsider their initial decision. The Board agreed to reconsider. However, over recent weeks the CCG's appetite for tendering / procurement has waned quite considerably and the CCG is moving more towards a collaborative approach with existing providers.

4. Options

In light of the various developments identified above, CYC finds itself in a position where it now needs to make a decision regarding the future direction shape and scope of its sensory provision.

Moving forwards there are three options for the design and delivery of services for people with sensory impairments. The strengths and disadvantages of each are considered in detail below.

4.1 Option 1: Continuation / Strengthening of Existing Arrangements

Through this option CYC would seek to maintain the status quo by retaining and strengthening the current in-house operational arrangements i.e. by filling the vacant Dual Sensory Social Care Worker post. (NB the vacant Senior Practitioner for Sensory Impairment post would not be filled since it has been identified as part of 16/17 budgetary savings). Similarly the current levels of voluntary sector provision would be protected - funding would continue to support the same organisations, at the same level as at present.

4.2 Option 2: In-House Delivery Model

Through this option CYC would seek to deliver sensory provision through an entirely in-house approach. The current contracts / Service Level Agreements with voluntary sector provision would cease in December 2016 and all sensory activity would thereafter be delivered by the Adult Social Care Sensory Impairment Team.

4.3 Option 3: Commissioning of Sensory Provision (Preferred Option)

CYC would approach the market to deliver against agreed future sensory outcomes. Consortia approaches, with a lead provider, would be encouraged. (Although an alliance approach could also be considered).

The successful provider(s) would be encouraged to deliver various statutory 'givens' that have been identified within the Care Act within a budget envelope of £160k. The provider(s) would also be expected to demonstrate a substantial amount of added value - delivering additional activity and leveraging added resource.

5. Analysis

Option 1: Strengths

- Moving forwards the CYC Sensory Impairment Service would have a full complement of social care workers covering the three broad areas of sensory provision (Low Vision, Hearing Loss and Dual Sensory Loss). Line management responsibility and direct co-ordination of the day-to-day

activities of social care workers would remain within CYC, under the direction of the Group Manager for Sensory Services.

- The co-location of the 3 x sensory Social Care Workers alongside the CYC Customer Centre in West Offices could form a coherent, frontline sensory screening and assessment service for the City of York. Customers who then required preventative services, or more specialist rehabilitative support, could be signposted onto the relevant voluntary sector organisation specialising in these fields i.e. York Blind Partially Sighted, the Wilberforce Trust and RCDP.

- This approach avoids the risk of decommissioning voluntary sector providers who, although to an extent working in silos, are delivering relatively well against the parameters and objectives in their contracts. The other major strength of the current approach is the close linkages and connections between Sensory Staff and other CYC Adult Social Care teams, such as the CAAT team and the Long Term Team.

Option 1 Weaknesses

- As identified earlier in this report the current arrangements are fragmented and not particularly well integrated. There is sometimes a lack of co-ordination / service overlap and communication breakdown between the various delivery partners. Current pathways and referral routes can be complex and vary according to condition. There is a risk of these issues becoming further entrenched and polarised if the status quo is maintained.

- Through the existing approach equipment is purchased through different teams depending on the type of sensory loss someone experiences (and is issued by three different organisations).

- Options for greater efficiencies (other than those already identified within the 16/17 budgetary savings plan) would not be realised. Similarly, the opportunity to approach the market for new, innovative delivery proposals which may bring added value and resource would be lost.

- This option could be regarded as making the minimum changes necessary to meet legislative requirements but lacking the drive and imagination needed to truly transform service delivery and improve customer outcomes.

- There may be other providers and delivery partners in the marketplace (particularly within the voluntary sector) who might be closer to service users and capable of delivering more effective outcomes and more creative ways of working with customers.

- Existing social care data systems are not streamlined - the recording, monitoring and tracking of sensory data would need to be markedly improved if CYC was to maintain the status quo.

Option 2: Strengths

- As with Option 1 the CYC Sensory Impairment Service would have a full complement of social care workers covering the three broad areas of sensory provision (Low Vision, Hearing Loss and Dual Sensory Loss).

- Social care assessment processes are not at present the same for Hearing and Visual pathways. An element of 'lower level' hearing loss assessment is undertaken in a voluntary sector setting, but does not provide a holistic assessment of social care needs. A wholly in house approach could ensure greater consistency around social care assessments / reviews etc.

- Some voluntary sector providers have limited capacity to develop their provision. The capacity of such providers to change and adapt is variable (i.e. RCDP contracts are not necessarily sustainable – staff are drawing the equivalent of minimum wage and there is limited capacity for service development). This could again be potentially remedied through an in-house approach.

Option 2: Weaknesses

- The approach goes against the direction of travel identified in the Care Act, namely to promote outreach, early intervention and prevention within community and neighbourhood settings and encourage preventative approaches to independence and wellbeing. As with Option 1 this approach could be regarded as making the minimum changes necessary to meet legislative requirements but lacking the drive and imagination needed to truly transform service delivery and improve customer outcomes.

- Option 2 contradicts the wishes of customers, clearly captured in the customer consultation survey and customer focus groups (Annex B). In terms of the operating model that might best deliver the best outcomes for customers the majority of respondees felt that sensory provision would be far better delivered by strengthening voluntary sector arrangements.

Option 3: Strengths

- An entirely commissioned approach (driven and co-ordinated by a dynamic lead organisation) could bring about more radical solutions and customer outcomes. Although open to all providers this approach would be particularly suited to the voluntary sector. It could allow voluntary sector organisations who are currently working in silos genuine freedom to deliver innovative solutions and leverage additional resource.
- This approach could nurture the role of local sensory providers, placing them on a firmer footing financially, retaining their core strengths and capabilities and enabling them to expand and flourish over future years.

- The sharing of knowledge, good practice and trust between organisations from across the sensory disciplines (ideally co-located in a single geographic location) would be a significant step forward in terms of delivering a consistent, joined up approach to sensory provision.
- This option could open up the market to larger, national providers who might bring an added dimension in terms of innovation and best practice gleaned from other areas. Such organisations might also bring experienced consortia management and leadership skills.

- This option promotes the delivery of services and interventions within community based settings and links to the development of Wellness Hubs within the City as service co-ordination and delivery centres based within neighbourhood locations.

- There may be sensory providers in the marketplace who are closer to service users than CYC, able to see things from the customer's perspective and able to bring more creative ways of engaging with the hardest to reach.

Option 3 Weaknesses

- Innovation and added value would need to be clearly evidenced at the tender stage and captured / monitored through contractual arrangements. Otherwise there is a risk that the successful provider(s) end up delivering services of no better quality than the existing arrangements. Too narrow a contracting ethos might discourage service providers from being flexible or innovating, concentrating on the statutory givens specified in the contract.

- The successful provider(s) would need to evidence robust governance / joint working arrangements and indicate how they will effectively draw together various strands of service delivery and financing models as part of a consortia approach. If partnership arrangements were to break down this could impact negatively on a highly vulnerable client group.

- Although contractual and monitoring arrangements will be in place CYC will be one step removed from service delivery and an element of day-to-day oversight will be lost - making it potentially more difficult to identify under-performance and address it.

- There may be a geographical disconnect between the new provider(s) and the wider Adult Social Care teams / CYC Customer Contact Centre. This does not necessarily mean that liaison with these teams will be affected, but clear lines of communication would need to be established.

Option 3: Recommended Timeline

- If the recommended approach is adopted the timeline for implementation of the revised sensory model will be as follows:

- Jul 16: AMT/Executive Member to agree future sensory approach.
- Jul - Aug 16: ASC Commissioning Team to prepare tender docs (service spec & outcomes).
- Sept - Oct 16: Tender Process.
- Nov - Dec 16: Evaluation & Award of Contract
- Jan - Mar 17: Implementation Phase
- April 17: New Service Offer Commences.

6. Council Plan

The proposals are in line with corporate priorities, as set out in the Council's Plan 2015-19 in particular the following aim; "to ensure a joined-up approach is taken across services and that services are firmly people focused". The proposals contained within this report are in also line with the legislative guidance contained within the Care Act 2014.

7. Implications

- **Financial:** The available budget for future sensory proposals will be £160k per annum, comprised of £100k from the operational budget and £60k from the Commissioned Services budget. (This delivers upfront savings of 39k as part of 2016/17 Budgetary Savings Proposals).

- **Human Resources (HR):** If sensory provision was to be outsourced it is likely that 2 x social care workers would transfer to the new employer via TUPE arrangements. If CYC social care workers are to be TUPE transferred the council has a duty to inform and consult with the staff affected. If and when the contract is awarded further consultation will take place and the new employer will be involved in this consultation. Consideration needs to be given as to how this is managed by the new employer within the budget envelope available. (Senior management time for these staff is, at present, not proposed to be transferred across from CYC budgets). The £160k budget envelope may not be sufficient to deal with this particular issue, or that of pensions, although the hope is that management costs are sourced from within the £160k budget envelope by the new service provider.

- **Equalities:** If the recommended approach is adopted CYC needs to be mindful of equalities legislation contained within the Care Act 2014; there are specific requirements in relation to sensory provision that local authorities must ensure that they or commissioned services comply with - particularly in relation to making the social care assessment processes and other information available in accessible formats.

- **Legal:** If the recommended approach is adopted CYC must ensure that external providers of sensory provision comply with data sharing and data protection legislation.

- **Crime and Disorder:** There are no crime and disorder implications.

- **Information Technology (IT):** If the recommended approach is adopted there will be IT implications if external providers of sensory services wish

to share CYC IT systems e.g. Mosaic. This will require purchase of software licences for providers as well as the establishment of data sharing agreements as identified above. A significant amount of work will need to be undertaken to ensure shared IT and data systems are effectively implemented.

- **Property:** There are no property implications.
- **Other: Equipment -** CYC holds a list of Sensory Equipment that it supplies free of charge (up to the value of £1,000) to customers assessed as needing support with daily living as a result of visual or hearing impairment. If sensory provision was to be outsourced in future, the assessment process would be undertaken by an external party. CYC needs to make a decision as to whether or not to release a budget to this organisation to actually procure the equipment as well, or whether CYC would continue to procure equipment itself. This is a separable element of the contact (CYC has partially embedded equipment procurement within the voluntary sector via the YBPSS contract but not the RCDP contract).

8. Risk Management

- The key risks associated with the recommended approach include the potential risk that the successful external provider(s) selected as a result of the tender exercise deliver services of no better quality than the existing arrangements. This risk is likely to be mitigated by the fact that the recommended approach will promote the sharing of knowledge, good practice and trust between organisations from across the sensory disciplines (ideally co-located in a single geographic location). This would be a significant step forward in terms of delivering a consistent, joined up approach to sensory provision. Robust performance monitoring of outcomes will also be implemented.
- A further risk occurs around the potential split / separation of data recording systems. This risk will be mitigated by working closely with IT, Legal and Information Governance around shared data and IT recording systems.

9. Recommendations

The Executive Member is asked to consider the three options available, and the implications of the Sensory Review, particularly in respect of current sensory service provision (i.e. ASC's non compliance with the Care Act 2014).

Whilst all of the options set out in this report have their own positives and are deliverable, **Option 3** is felt to be the one that will deliver the desired outcomes most effectively.

Reason: As this will ensure a joined-up approach is taken across services and that services are firmly people focused.

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Report Approved ✓ **Date** 29 June 2016

Wards Affected: **All** ✓

For further information please contact the author of the report

Background Papers: N/A

Annexes: Annex A: Summary of Existing Sensory Provision
Annex B: Summary of Customer Consultation Exercise

Abbreviations in the report and annexes

ASC- Adult Social Care

BSL- British Sign Language

CAAT- Customer Access and Assessment Team

CAB- Citizens Advice Bureau

CVS- Centre for Voluntary Services

CYC- City of York Council

IT- Information Technology

JDC- Jorvik Deaf Connections

PIP- Personal Independence Payment

RCDP- Resource Centre for Deafened People

RNIB- Royal National Institute of Blind People

SLA- Service Level Agreement

TUPE- Transfer of Undertakings Protection of Employment

VOYCCG- Vale of York Clinical Commissioning Group

YBPSS- York Blind and Partially Sighted Society

ANNEX A

Summary of Existing Sensory Provision

Sensory services in York are delivered through a number of internal and external arrangements which have evolved in a somewhat ad hoc fashion over a number of years. There exists a range of provision delivered by the CYC Sensory Team and various contracts with external providers.

As indicated above the Care Act demands a more cohesive approach, with greater emphasis placed upon service co-production, involving voluntary and user organisations, service users, carers and communities in the design and delivery of services.

The fragmentation of existing provision coupled with the legislative drive towards personalisation has led to the consideration of various alternative delivery models (outlined in Section 5 of this report). Before considering these it is initially important to understand the current budgetary and operational position as outlined below.

Operational Budget

The acting Group Manager for Sensory Services holds a budget for staffing. Line management responsibility for CYC staff sits under the Group Manager's responsibilities.

The total CYC operational budget for Sensory services is £138,910 per annum of which staff costs form £127,810. (A breakdown of posts within this budget as follows).

- 1 x Social Care Worker for Visually Impaired. (CYC currently employ 1 x officer, grade 7, 18.5 hrs per week).
- 1 x Social Care Worker for Deaf and Hard of Hearing. (CYC currently employ 1 officer, grade 7, 25 hrs per week).
- 1 x Social Care Worker for Dual Sensory Impairment. **Vacant post,** grade 7, 20 hours per week.
- 1 x Senior Practitioner for Sensory Impairment. **Vacant post**, grade 10, 22 hrs per week.

ANNEX A

- 1 x Rehabilitation Officer for Visually Impaired. (Directly employed by Wilberforce Trust. Salary paid through CYC operational budget, grade 9, 30 hrs per week).

- NB The operational budget also includes 11k to cover subscriptions to RNIB Talking Books Service. (This has been included as a 2016/17 budgetary saving since the service will shortly be offered to individuals free of charge – see page 6 for further detail).

CYC Commissioned Voluntary Sector Provision:

In addition to the above the Adults Contracts and Commissioning team contracts with York Blind and Partially Sighted Society and York Deaf Resource Centre as detailed below. The team also has a call-off type contract with the Wilberforce Trust (although this contract is funded through the operational budget). All existing contracts currently expire on 31st March 2016 (Although it is proposed to extend to enable the move to a new operating model. See timeline)

- **Wilberforce Trust**
  Provision of Visual Impairment Rehabilitation short interventions. This is a call-off type contract with a maximum annual contract value **£27,600** (met through operational budgets as referred to in 3.1 above).

- **York Blind & Partially Sighted Society (YBPSS):** 4 x SLAs **£45,568 per annum**

  Equipment Service: Equipment identified in the social care assessment is issued through an SLA with York Blind and Partially Sighted Society (YBPSS). YBPSS procure equipment and manage a demonstration centre which customers can assess directly. CYC funded equipment is only issued by YBPSS if it has been identified in a social care assessment. The equipment element of the SLA amounts **£4,543** per annum

for the purchase of CYC-assessed equipment and admin support.

Volunteer Visiting Service: Contribution to the costs of project co-ordination of YBPS volunteer/home visiting scheme. **£17,937**

Talking Books Service: Administration of subscriptions to the RNIB talking books service. **£3,168**

Information and Advice Service: Partial contribution to the costs of the YBPS shop-front city centre information and advice centre. **£19,920**

- **York Resource Centre for Deafened People (RCDP):** 2 x SLAs **£14,358 per annum**

  Equipment Service: RCDP have permission to issue equipment (which is funded from the ASC operational budget). The equipment is procured by Be Independent. The organisation is also authorised to register people as hard of hearing. A record of their discussion is kept by the RCDP and recorded on their own system ***but is not recorded on Frameworki***. **£5,139**

  Volunteer Visiting Service: The Adults Commissioning team have a contract with RCDP to provide a home visiting service which includes the fitting of minor equipment in the customer's property. **£9,129**

  NB: Customers who have more severe hearing difficulties are referred through CAAT to the CYC Social Care Worker for Deaf & Hard of Hearing.

  These customers are offered a specialist sensory assessment and the option to be registered as deaf.

ANNEX A

Savings proposals from the CYC Operational Budget (as part of the 2016/17 budgetary savings plan) are set out in the table below:

	£
Existing Staffing Budget	127,810
RNIB Talking Books Subscriptions	11,100
Sub Total - Existing Operational Budget	**138,910**
16/17 Savings Proposals RNIB Taking Books Subscriptions Senior Sensory Practitioner Post **Total Savings Proposals**	 11,100 27,736 **38,836**
Net Operational Budget for 2016/17	**£100,074**

NB: RNIB Talking Books service has been included as a budgetary saving since this service will shortly be offered to individuals free of charge.

ANNEX A

Summary of Available Budget for Future Sensory Proposals:

Operational Budget	£100k
Commissioned Services	£60k
Total	**£160k**

(Delivers upfront savings of 39k as part of 2016/17 Budgetary Savings Proposals)

Summary of Current Sensory Provision

It is evident from the information outlined above that current sensory pathways and referral routes are complex. Delivery is piecemeal and fragmented across pathways and providers. Whilst relationships between providers are generally strong, there is a lack of consistent practice in the identification, recording and assessment of people with sensory impairments.

Service provision, whist often of reasonable quality, suffers from a similar lack of co-ordination and integration. There is also no specialist provision to meet the needs of people with Dual Sensory Loss in terms of assessment, support planning or service delivery.

Evidence suggests that the demand for preventative information, advice and support from older people with sight and hearing loss is greater than the capacity of current service provision. The connections between health and social care services could also be considerably stronger.

It was in this context that a re-commissioning approach in partnership with the voluntary sector was initially considered. The primary intention was to gauge the views of the sector about the pros and cons of existing sensory provision and to elicit expertise and opinion around what could be done differently in the future.

This led to CYC hosting a Sensory Engagement Event in October 2015, with input from local, regional and national partners and providers.

As indicated in Section 3.3 above, the savings detailed in the 2016/17 Budgetary Savings Plan are 20% of the current available budget. The proposal is for up to £160k to be made available for the delivery of sensory provision moving forwards.

There is the potential to realise further savings still. The commissioning of new providers may leverage added resource - or result in alternative, more cost-effective service models of service delivery. The potential for additional savings further to the £39k already realised is, however, unlikely since the main purpose of any new model is to ensure consistency of provision, that provision is Care Act compliant etc.

ANNEX B

City of York Council Sensory Provision: Customer Survey Feedback

1. Background

As part of CYC's review of its Sensory Provision various consultation exercises have been undertaken. These included a Sensory Engagement Event with key delivery partners and stakeholders in October 2015, followed by a Market Engagement Event with prospective service providers in March 2016.

Following on from these events a comprehensive survey of existing customers has been undertaken during April-June 2016. The target audience included people with sight loss and/or hearing loss. The survey included service users accessing voluntary sector provision commissioned by CYC, those accessing provision directly from CYC (social care workers, rehabilitation officers and wider social care teams) and those not accessing provision at all.

2. Methodology

Customer Survey

A comprehensive customer survey was distributed via CYC and voluntary sector mailing lists. The survey asked customers to identify their age range and covered a range of topics, including the current support received by service users and their satisfaction with it / whether there were gaps in existing provision.

The survey also focused on the importance of the following **key themes** to users of sensory services:

- Access to information and support about support services
- Ability to communicate and receive information in an appropriate format.
- Being able to socialise and communicate with others
- Access to counselling and support with emotional needs
- An individual's ability to look after themselves, their home and their family
- Access to social services e.g. rehabilitation, equipment, care

ANNEX B

- Access to financial advice and support, including access to benefits
- Access and understanding of new technology e.g. online shopping, voice recognition software etc.
- Access to education, training and lifelong learning.
- Access to employment and volunteering opportunities.
- Access to sports and leisure opportunities.
- Access to affordable, easy-to-use equipment

Service users were asked to rank the importance of the above on a scale of 1-5 (with 5 indicating 'very important' and 1 indicating 'not at all important'). Customers were then asked to identify whether their needs were being met in these areas (with 5 indicating 'needs completely met' and 1 indicating that the service user's needs were not being met at all).

Customer Focus Groups

In addition to the surveys 2 x focus groups were held with customers experiencing sight and/or hearing loss. These were hosted by the York Blind and Partially Sighted Society and Jorvik Deaf Connections, a user led group of customers with hearing impairment.

3. Summary of Survey Feedback

The customer response demographic consisted largely of those with sight loss, with only 21% experiencing hearing loss and 18% Dual Sensory Impairment.

- Specialist equipment was highlighted as the most prevalently used source of existing support by respondees, with 32 out of 37 citing having access and making use of specialist equipment as part of their current support.

- "*Meeting others with sight loss can be an inspiration, gives a sense of determination."*

- *"Emotional support with health and wellbeing is the most important thing to me- and feeling capable."*

- This was followed closely by those who currently made use of both social and leisure activities and counselling and advice services.

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This corresponds directly to Question 5, in which customers had been asked to rate the importance and provision of a range of practical, financial and emotional support needs. With 94.59% of customers rating being able to ‘socialise and communicate with others’ as extremely important.

- According to customer comments this need was necessary to help ‘build confidence’ and ‘avoid isolation’, largely being met through counselling, communal activities and events arranged by organisations such as YBPSS and the Wilberforce Trust.
- Over 75% of customers felt that the equipment they needed was largely accessible and affordable.
- The majority of customers agreed that: “Support comes from regular contact with local society, where I can ask questions and get support.”
- Although many customers felt that they had little use for the internet, they highly appreciated any assistance in accessing audio books and other forms of entertainment.
- The area where the largest number of customers felt that their needs were fully met was access to information services and support, with 37% rating it a 5.
- Responses were divided over the importance of both work and volunteering and education and lifelong learning, with 35% rating access to education as not important at all and 30% rating it as highly important.
- According to the customer comments this is largely due to the age variation in the sample, with many customers highlighting it would be of higher importance had it not been for their old age. Opinions on current provision of the above mentioned services were equally divided, with 14 out of 37 suggesting they felt access to learning provision was inadequate

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- There was also some concern surrounding access and street mobility, many customers felt that getting around the streets of York presented a challenge. Customers felt that they could cope well although they had to rely heavily on partners, friends and family. The issues are worsened by a lack of consistency and proper notice of road works and bus timetable changes. "*Road safety is a big problem. Stuff'on pavements, workmen closing pavements with no way round and traffic lights. Often have to rely on good will of passers by when I get stuck.*

- Overall service users felt that they could largely access the services they required to a lesser or greater extent, they often felt more comfortable and supported when accessing services and equipment through organisations specifically tailored to their impairment rather than directly from the hospital or through a social worker. A full break down of customer responses can be found in Appednix A.

4. Summary of Focus Group Feedback

Focus Group 1: York Blind & Partially Sighted Society (YBPS)

The focus group lasted for 2 hours and was attended by 22 service users with visual and/or hearing impairment (predominantly visual impairment). The event sparked a healthy debate across a range of subject areas and was well received by attendees. A brief resume of key discussion points is set out below:

Service Delivery Models: In terms of the operating model that might best deliver the best outcomes for customers there was unanimous opinion. Attendees strongly felt that sensory provision would be better delivered by strengthening and maintaining voluntary sector arrangements. The key source of support, advice and assistance for participants in their day-to-day lives was the voluntary sector, particularly YBPS.

City of York Council Provision: Very few of the focus group participants had any awareness of City of York Council's Sensory Team or its functions, although that could be because CYC staff are largely

based within voluntary settings and perceived as being part of the 'voluntary sector offer'.

Those that did have an understanding of the role of CYC social care workers and the CYC funded Mobility/Rehabilitation Officer suggested that they offered an excellent, but highly restricted service – for instance the Rehabilitation Officer was only available three days per week and was overwhelmed with demand.

It was noted by one participant that CYC has steadily reduced its in-house Sensory Team over recent years whilst investment in the voluntary sector has remained fairly static. Investment in the voluntary sector was the key to achieving results, but there had to be some financial commitment behind that, and not over-reliance on the sector to leverage its own resources.

Social Care Assessments: The group did not think that being classed as eligible for support under the Care Act translated into particularly creative solutions for people with visual impairment - access to equipment, benefits advice and support with rehabilitation seemed to be the key sources of support. If anything the Care Act seems to have created more paperwork.

Customers were aware of Direct Payments and had thoughts/ideas in terms of how these could be used creatively to support them in their lives. Few had taken their personal budget in the form of a direct payment however. It was felt that there was a lack of guidance around Direct Payments and how they could be used flexibly. Also, there was a lack of guidance around how to manage PAs and the paperwork associated with Direct Payments etc.

NHS / Hospital Provision: Participants thought that the hospital based services (funded by the Vale of York CCG) were important and the connection between these, and the services provided by City of York Council needed to be maintained. The Low Vision Assessments Clinic should be offered within a community setting.

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The role of the Eye Care Liaison Officer (a CCG-funded YBPS staff member based within York Teaching Hospital) was regarded as particularly helpful - as an initial contact point when medical treatment has ended and the patient was left with a residual level of vision.

Social/Emotional Support: Many of the participants stressed the value of initiatives to overcome social isolation- volunteering, befriending, counseling and emotional support.

Access to Equipment: Access to a city centre shop front facility where equipment was available to buy was regarded as important. How expensive/complex does a piece of equipment have to be before an individual pays for it themselves? It was noted that 'essential' equipment was routinely offered at the point of registration, when many people tend not accept it (but then want equipment later down the line). In addition, it was sometimes provided as part of a programme of rehabilitation.

Access to information about support services: The focus group mentioned that there was heavy reliance on voluntary organisations such as YBPS. The council website was difficult to access unless people had the ability to download speech software onto their computer, a difficulty being that a sighted person is required to undertake the download in the first instance. Many people do not have a computer and are not computer literate. Access to information and advice outside of office hours was regarded as important.

What was absolutely critical in all of the above cases was the ability of people to return later down the line and to access all types of activity – Low Vision Assessments, Equipment, Counselling etc.

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Focus Group 2: Jorvik Deaf Connections (JDC)

The focus group again lasted for 2 hours and was attended by the Management Committee of Jorvik Deaf Connections (who had consulted with their 90 strong membership beforehand). Group members range from 16-60 and suffer from varying levels of hearing loss. A brief resume of key discussion points is set out below:

Service Delivery Models: Attendees strongly felt that sensory provision would be better delivered by strengthening voluntary sector arrangements. A shared city centre base for all sensory community organizations would be ideal - from which various forms of support, information and advice could be delivered to the community. It was felt that this would offer stability to organizations such as JDC, place them on a firmer footing moving forwards and enable them to reach out to more people with hearing loss. The key to success was to establish strong working relationships between different local voluntary organizations, which JDC felt would prove to be a significant challenge.

There is very heavy reliance on word of mouth and peer-to-peer communication amongst people with hearing loss; building the capacity of locally based user-led support groups is absolutely critical. The importance of emotional support and counselling was identified as being of paramount importance – more than access to equipment, sign language classes etc (although these were valued).

It is often the grassroots user-led groups, run on a shoestring with no paid staff, who people with hearing loss turn to for support on a day-to-day basis.

City of York Council Provision: CYC provision was felt to be limited. There were positive comments about the CYC social care worker for people with hearing loss but the worker was only part-time and therefore unable to fully address the needs of the community. Much of the CYC support was focused around access to equipment and how to use it.

Access to Information and Advice: Group members regarded City of York Council's customer contact centre in West Offices services as a key source of information and advice around practical issues - benefits, housing enquiries etc. particularly as it also accommodated other

agencies such as CAB. However, CYC has no specialist support for people with hearing loss - no instant access to a BSL interpreter for instance.

Some other authorities operate a nationally recognised online system in their customer contact centres, which allows instant real time access to a remote BSL interpreter via a screen. Group members has reported numerous instances of being allocated a ticket number at the contact centre, but not being able to hear the number when it was called out - thereby missing their allocated appointment slot.

CYC's website was regarded as being well designed and set out but there was no webchat chat or signing function that people with hearing loss could access in order to further understand web content. Deaf Sign Language users whose first language is not English would find it difficult to access the site.

Out of hours support was regarded as being important because many people with hearing loss are actively employed.

General Point: JDC reported significant levels of challenge faced by people with hearing loss, many of which are entrenched, longstanding difficulties - none are improving or being effectively addressed. JDC reported significant social isolation amongst its members, a feeling of being cut-off from the mainstream of society - often resulting in mental health issues, alcoholism, heavy smoking etc.

5. Conclusion

Respondees repeatedly mentioned that support organisations should remain in touch with the service user. Service users may require a clinical reassessment of their eye/ear function, mental and emotional health, rehabilitation **at any time** (not just at the point of initial diagnosis). To know what support is available and to be able to quickly and easily access that support at any point in time is of paramount importance.

There was overwhelming customer support for provision to be based within the voluntary sector; and a strong degree of support for existing voluntary organisations within the City. It is clear that the provision of existing voluntary organisations was held in high regard by customers.

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Greater co-ordination and collaboration within that provision would be welcomed; although not at the expense of losing the uniqueness that each individual voluntary organisation is able to bring to the table – this is particularly true of the local voluntary organisations supporting visually impaired people. The strengths of the sector were regarded as being very firmly based in the fields of social / emotional support and information / advice

CYC provision (social care workers and rehabilitation) was not regarded as in any way poor or unhelpful but limited in terms of the resource available. Demand significantly outstrips supply. Irrespective of who provides these ‘traditional’ services moving forwards it was regarded as important that they were operational from voluntary sector bases and community spaces.

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Figure 1 Age of Respondees

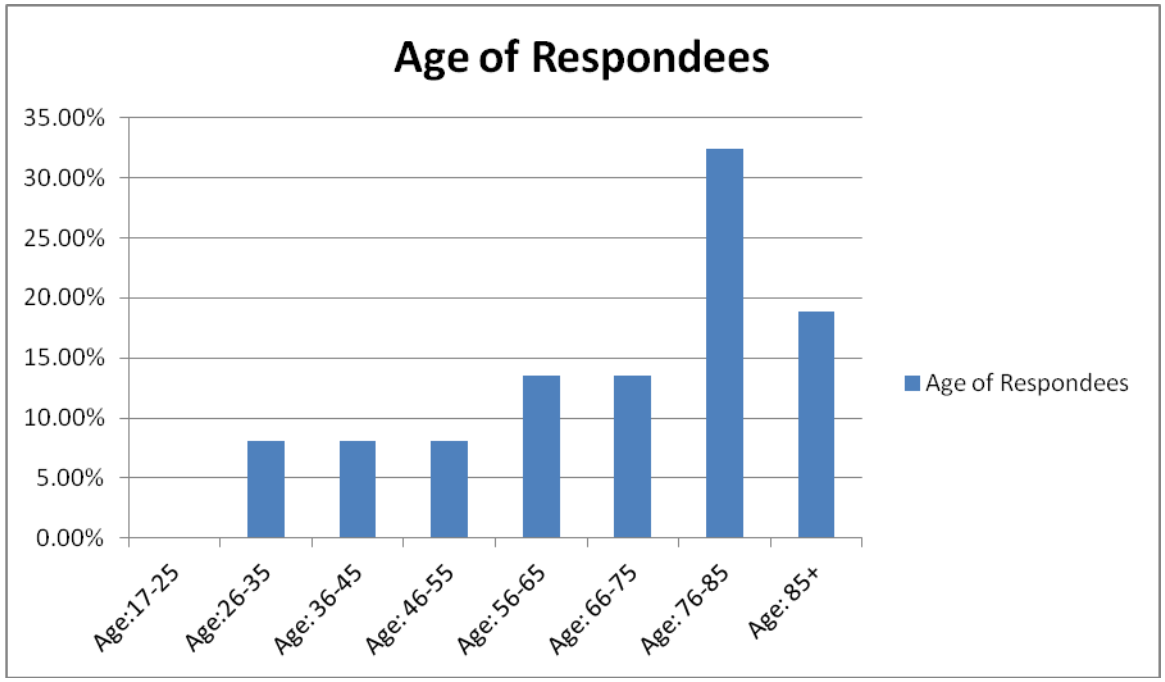


Figure 2 Respondee Impairment

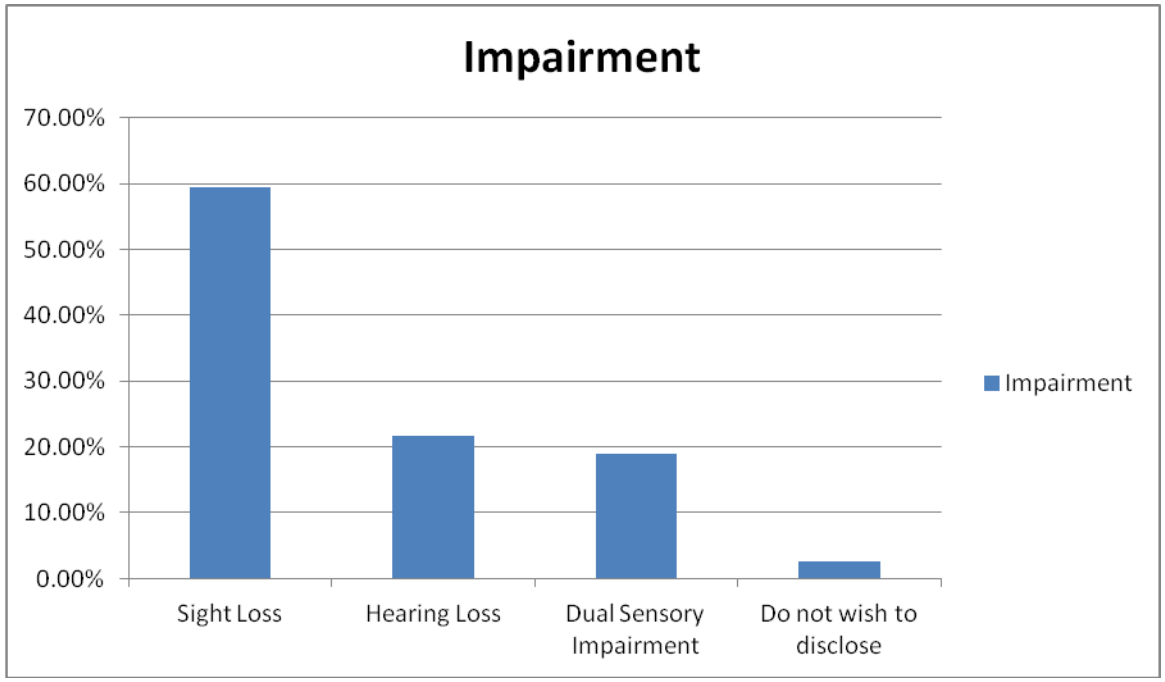
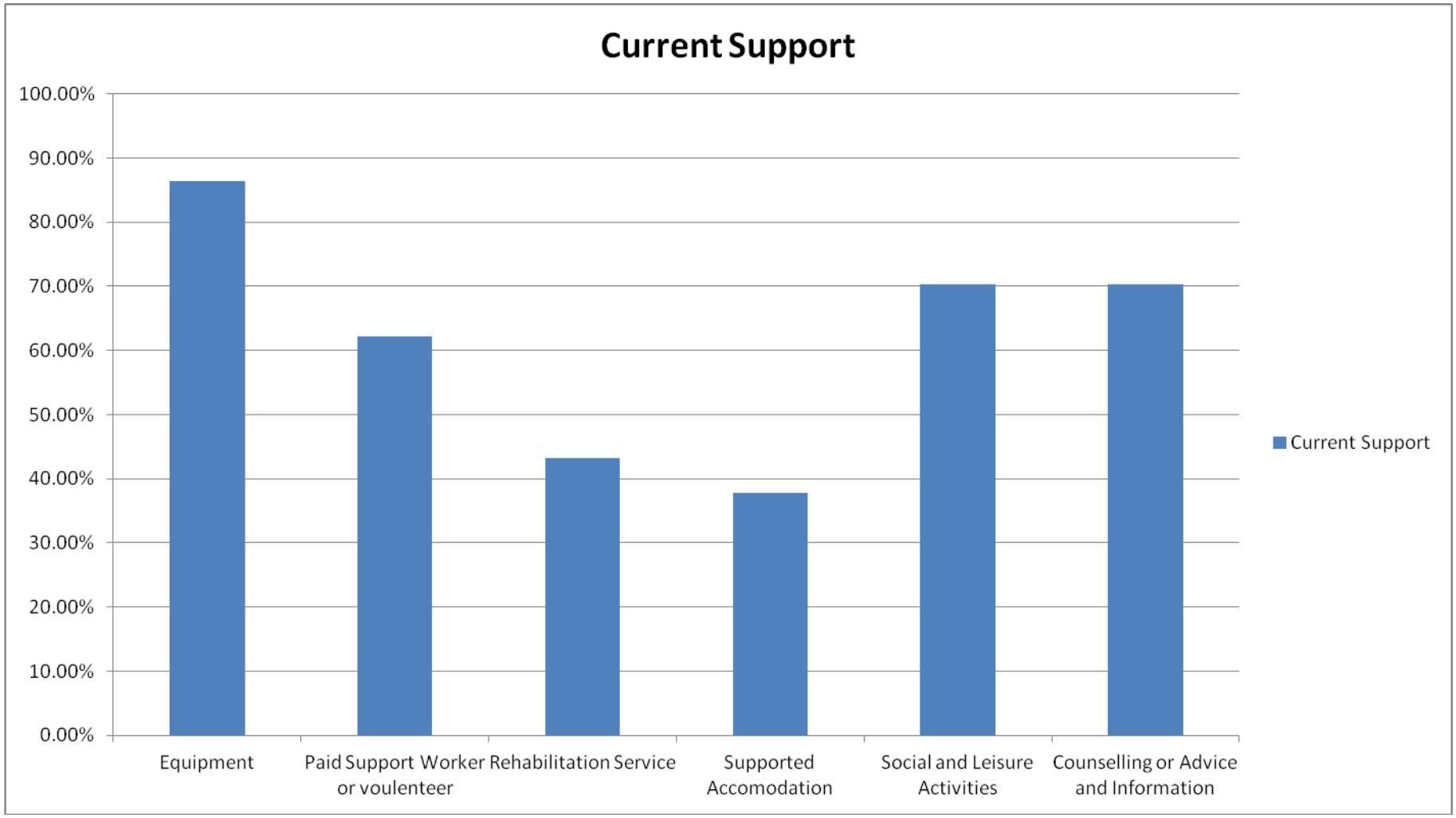


Figure 3 Current Support Received.



4. Was your experience of using these services a positive one? E.g. Where services responsive, accessible, and cost effective?

4a. Positive notes on experience of using these services

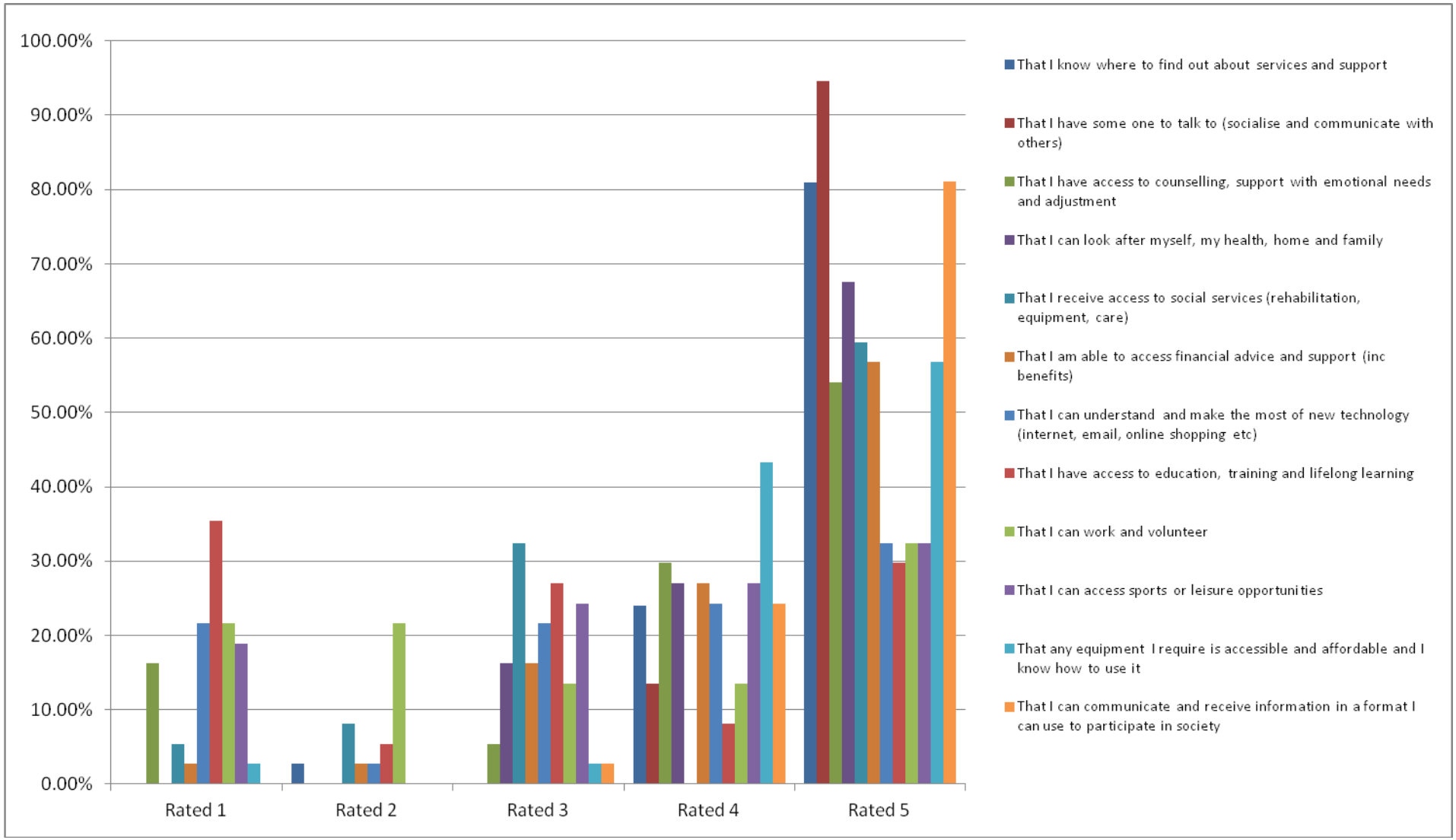
- “Yes the experience of using these services was excellent, more recent access to counselling support”
- YBPSS have been extremely helpful and supportive and accessible.”
- “Yes, a very positive experience.”
- “Positive- Fairly effective. Cost of equipment always reasonable.”
- “I am very happy with the services I receive from the Wilberforce Trust” (x3)
- “YBPSS is excellent.”
- “Positive, yes.”
- “Yes in all three questions, very grateful for help. At 85 you need to know someone is there.”
- “Volunteers at centre on street are very kind, helpful and understanding.”
- “It was easy to get a radio loaned from the Council.”
- “Yes.”
- “Positive.”

4b.Negative notes on experience of using services

- “Social worker was rude and upsetting. Questioned why I needed a social worker and so the relationship went back down. A dedicated social worker would defiantly help some people.”
- “Generally a lack of information regarding changes etc.”
- “Financial support and advice has come from YBPSS, not from benefits team.”

- “I feel very reliant on family and friends. Not everyone has them.”
- “No.”

Figure 4:Overall Importance, rated 1-5. 1= Not important at all. 5= Highly important.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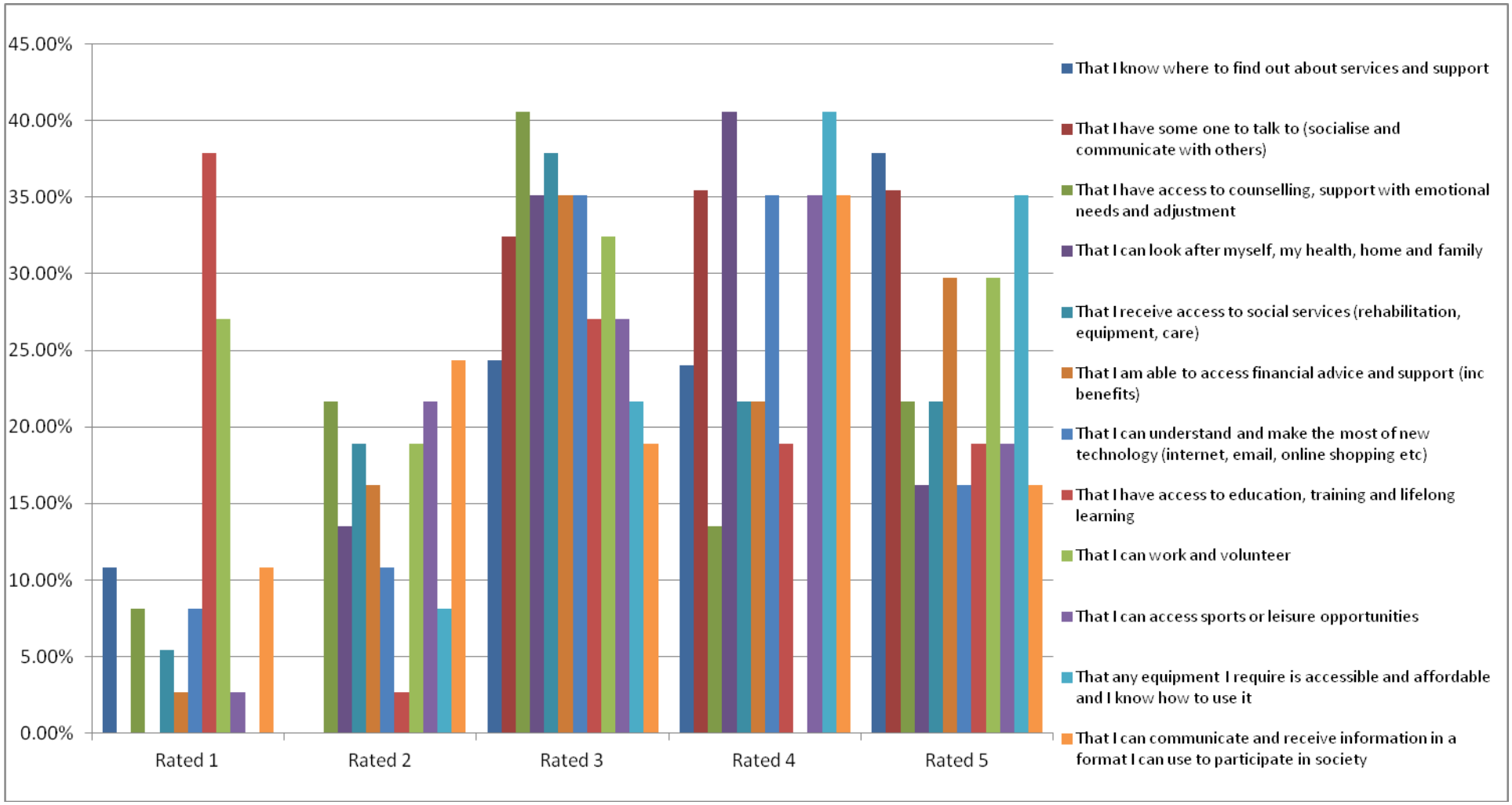
Rated 1
Rated 2
Rated 3
Rated 4
Rated 5
That I know where to find out about services and support
That I have some one to talk to (socialise and communicate with others)
That I have access to counselling, support with emotional needs and adjustment
That I can look after myself, my health, home and family
That I receive access to social services (rehabilitation, equipment, care)
That I am able to access financial advice and support (inc benefits)
That I can understand and make the most of new technology (internet, email, online shopping etc)
That I have access to education, training and lifelong learning
That I can work and volunteer
That I can access sports or leisure opportunities
That any equipment I require is accessible and affordable and I know how to use it
That I can communicate and receive information in a format I can use to participate in society

Figure 5: Overall Needs Met, rated 1-5. 1= Not met at all, 5= Fully met



37 Respondees	Rated: 1	Rated: 2	Rated: 3	Rated: 4	Rated: 5
5a.That I know where to find out about services and support	0	1	0	9	30
Currently met	4	0	9	10	14
5b.That I have some one to talk to (socialise and communicate with others	0	0	0	5	35
Currently me	0	0	12	13	13
5c.That I have access to counselling, support with emotional needs and adjustment	6	0	2	11	20
Currently met	3	8	15	5	8
5d.That I can look after myself, my health, home and family	0	0	6	10	25

Currently met	0	5	13	15	6
5e.That I receive access to social services (rehabilitation, equipment, care)	2	3	12	0	22
Currently met	2	7	14	8	8
5f.That I am able to access financial advice and support (inc benefits)	1	1	6	10	21
Currently met	1	6	13	8	11
5g.That I can understand and make the most of new technology (internet, email, online shopping etc)	8	1	8	9	12
Currently met	3	4	13	13	6
5h.That I have access to education, training and lifelong learning	13	2	10	3	11

Currently met	14	1	10	7	7
5i. That I can work and volunteer	8	8	5	5	12
Currently met	10	7	12	0	11
5j.That I can access sports or leisure opportunities	7	0	9	10	12
Currently met	1	8	10	13	7
5k. That any equipment I require is accessible and affordable and I know how to use it	1	0	1	16	21
Currently met	0	3	8	15	13
5l.That I can communicate and receive information in a format I can use to participate in society	0	0	1	9	30
Currently met	4	9	7	13	6

ANNEX B- APPENDIX A

ANNEX B- APPENDIX A

Respondees comments in relation to the above ratings.

5a.That I know where to find out about services and support.

- “I still need to keep up my long care skills but don’t get that understanding from rehabilitation team. I need to explain ‘why’ to them and they should know these things.”
- “I am very lucky to have my husband and am able to get out. I have friends that are alone and struggle.”
- “I know services are out there but it is hard to find the right person to contact.”
- “You need to have help to find out about service and what is available in a accessible format.”
- “Information is not always available when needed.”
- “It is important to know what is available. So I came in and asked.”
- “Inconsistent communication from services- they are often unsure where to find relevant information.”
- “Need help with small tasks such as cutting my nails, gardening and problems around the house.”
- “The council assessment for PIP was a negative experience.”
- “I have had help with financial support that I could not have got through the NHS.”
- “People don’t understand in general society, but they do understand at YBPSS.”

5b That I have some one to talk to socialise and communicate with others.

- “People need to be able to communicate with other to understand what help is out there. People under some circumstances can give encouragement and support.”
- “Cant access support individual to you- e.g. mobility to get to social events.”

- “If I come to all the classes and activities available at YBPSS.”
- “Met as much as I want! Used to looking after myself.”
- “Due to my recent experience of loosing my sight, having access to someone who can help is important.”
- “Not being able to read is the biggest problem when living on your own. E.g. turning on cooker.”
- “Meeting up in groups in a big help and confidence boost.”
- “Very guarded about sight loss. Everyone keeps it quite and does not like to discuss.”

5c.That I have access to counselling, support with emotional needs and adjustment.

- “My condition is rare and I have not talked to people in York. Would like to talk to others suffering, perhaps nationally, but need support to make that happen.”
- “People don’t have the right support to access the services available-needs not being met at the moment.”
- “Support comes from regular contact with local society, where I can ask questions and get support.”
- “Over time, as my sight has got worse. I ask for help and advice at the centre when I need it.”
- “As I need it, it is there. Go to groups and meet people who are coping: If they can cope I can!”
- “Meeting others with sight loss can be an inspiration, gives a sense of determination.”
- “Positive experience though YBPSS, but counsellor has just been made redundant. Negative experience with access to work.”
- “I went though a course of counselling feeling that I didn’t need it, but by the end of the sessions I felt that I had benefited and had needed it.”

- “Mind counsellors not equipped to deal with sight loss, don’t understand. YBPSS counsellor was helpful but no longer there.”
- “Needs have been met recently through access to counselling service.”
- “Lack of support with things like road crossings. Often no beeps to assist, no consistency.”
- “Friends help me a lot.”

5d.That I can look after myself, my health, home and family.

- “I cope with my husbands support, without that I would require more expensive equipment/help and the cost would be difficult”
- “Emotional support with health and wellbeing is the most important thing to me- and feeling capable.”
- “I need help with form filling etc and my family help me.”
- “Fortunately I live with my husband, without him day to day life would be difficult.”
- “I can’t do some stuff without help, such as cooking. Sight getting worse.”
- “Very important, but I can’t manage alone.”
- “If you are having an off day it can be a problem, hot and cold weather also.”
- “Moved three years ago-made life easier to look after home and bills in smaller accommodation.”
- “Currently managing well.”
- “I can at them moment. But I don’t know what would happen if I didn’t have the financial help I currently have.

5e.That I receive access to social services (rehabilitation, equipment, care).

- “I don’t think I have a social worker, no emergency care plan if my carer goes into hospital, nothing in place for me.”
- “Some social services don’t listen to the individual themselves.”
- “Not really met by local authorities. Much more by YBPSS- most help comes from here.”
- “Getting all I need at the moment, and know where to come.”
- “Yes, though my husband.”
- “We would just come and ask at YBPSS where to get help.”
- “YBPSS are my first point of contact-tell who can help if they can’t.”
- “We have done it all ourselves, family etc.”

5f. That I am able to access financial advice and support (Inc benefits).

- “Support has come from YBPSS not benefits team.”
- “I have a financial advisor, who visits annually.”
- “Luckily I get help attendance allowance and pension credit. I didn’t know i could get that help so the finance officer at Jo Ro was really good at helping me.”
- “I have my benefits checked by CYC.”
- “Help from my mum with this.”
- “Only know about benefits and access to support because a neighbour told me. I went to age concern for help to fill out the forms as I did not know where else to go.”
- “I will need to access their support as my sight continues to deteriorate faster and jeopardises my ability to do my job.”

5g.That I can understand and make the most of new technology (internet, email, online shopping etc).

- “Have a friend who works in I.T who helps me. I have ‘Thunderstorm’ but can’t use it alone.”
- “Only use audio books. Happy with this.”
- “Audio books from RNIB.”
- “Tang Hall library have helped such an awful lot in giving me books to read on my Ipad.”
- “I rely on my husband as not allowed to touch computer, I can’t see it anyway.”
- “Audio books most important thing to me at home. Text messaging on ETS phone.”
- “My talking books is a lifeline, I would not want to be without it.”
- “Not bothered for internet, but enjoy radio and talking books.”
- Unable to cope with new technology, but I do use audio books.”
- “Technology has been a life saver in many ways. We need to be kept updated and in the loop.”
- “Finding your feet service as YBPSS has been really helpful with this.”
- “Have a reader, different ways of reading and accessing information. I also use a computer.”

5h.That I have access to education, training and lifelong learning.

- “Nothing is available.”
- “I worry that going to classes would mean that I could not read the text, handout etc. Happy in a conversational/lecture format.”
- “Saturday morning W3A lecture.”
- “To most people it is important, but not to me now.”

- “I continue to do my current job, but that may change.”
- “Very important but I can’t manage due to my lack of sight.”

5i. That I can work and volunteer.

- “I volunteer, very important to make things happen.”
- “Currently training/volunteering at York Mind.”
- “Volunteer when I can and enjoy doing so.”
- “Able to bake for garden sale, feel part of a community.”
- “Looking for work. Going though Sure Start before was such a bad experience I feel reluctant to use them again.”
- “Cuts to Remploy, everything gone. I wish I could be back in care work.”

5j. That I can access sports or leisure opportunities.

- “Costs too much. Energise free swimming for carer is good”
- “Go tandem riding in warm weather. Walk dogs each day.”
- “I go to most of the activities, when I can at YBPSS.”
- “I enjoy the classes I go to; I try to do something everyday.”
- “YBPSS provide some opportunity, much appreciated.”
- “My social activities happen at YBPSS, otherwise I would feel very isolated.”
- “Plenty of leisure activities available if I need them.”
- “Need access to transport and help from a sighted person once there.”

5k.That any equipment I require is accessible and affordable and I know how to use it

- “If my circumstances changed I would need more support.”
- “Some things are a bit expensive in YBPSS.”
- “Equipment out there- hard to find. I get most information from York Hospital.”
- “I am able to access this support though my employer.”
- “YBPSS sell equipment.”
- “Money is important, I am lucky in that I have what I need.”
- “Needs met though YBPSS only, no help from local authorities.”
- “Some I can not use, but I get to know that by seeing it.”
- “The readers cost £400 that is not affordable for me.”

5l. That I can communicate and receive information in a format I can use to participate in society.

- “When I have asked many companies say that they don’t do it (Audio/brail/large print). All information should be provided in said formats.”
- “Large print statements help.”
- “All council letters in small print. I have told them loads of times, requested large print but not done. Same with DWP.”
- “Things often don’t come in large print.”
- “Without the support of others I can not do anything, feel very stuck.”
- “The necessary format is often not available.”
- “This depends on who the information is from. Lots of information is unreadable. My bank sends me large print.”

- “Using a postal vote, a magnifier and large print information from banks etc.”
- “I have to rely on my husband, I do use the phone.”

6a. Do you think there are any gaps currently in support for people with sight and/or hearing loss?

- “Unsure”
- “Mainly for the young ones.”
- “Not at the moment.”
- “There is a need for professional advice on adapted computers which are of great importance in the everyday lives of visually impaired people.”
- “It would be nice to have access to trained counsellors when times are hard. I know YBPSS offer this service in limited capacity.”
- “More voluntary and employment opportunities.”

6b. What might be improved and How?

- “Access to trades people who will not take advantage of blind/PS people.”
- “Nothing needs improving.”
- “Not everyone is the same- support needs to be tailored to the individual.”
- “Bus drivers could stop for you, they don’t always take notice.”
- “Crossing parts better maintained.”
- “Transport.”
- “One of the main obstacles is things in the street, especially bollards, which are the same colour as the ground. Painting them would be extremely helpful.”

- “I am very anxious about proposed closure of Hearing Together Resource Centre. It is very important for me that the YBPSS be supported.”
- “Better notice of changes in the community, i.e. buss timetables/road closures.”
- “No consistency with road crossings. All should have audio and cones.”
- “Old and broken paving need replacing. Difficult for partially sighted people.”
- “When they say ‘any format’ it should be another way, ideally CD/MP3.”
- “Streets-All crossing should have working sound.”
- “Buses-Rudeness of bus drivers, buses too quiet, can’t hear them coming.”
- “Sports-need to be cheaper.”
- “Information about support needs to be more accessible.”
- “Did not have any support at first, did not know where to get help and advice. Until recommended that I go to YBPSS.”
- “Emotional support is needed throughout.”
- “Road safety is a big problem. ‘Stuff’ on pavements, workmen closing pavements with no way round and traffic lights. Often have to rely on good will of passers by when I get stuck.”

Decision Session – Executive Member for Adult Social Care and Health **25 July 2016**

Report of the Director of Public Health

Genito-Urinary Medicine (GUM) - Cross Charging Policy.

Summary

1. This report describes a policy which details how City of York Council will manage non-contracted sexual health out of area activity (City of York residents attending sexual health services commissioned by other local authorities in England) and provide clarity on the conditions and payment terms for cross charging. This is based on the agreed Yorkshire and Humber approach endorsed by the Regional Association of Directors of Public Health Network.

2. Under the terms of the policy the Council will only reimburse:

- Invoices for Genito-Urinary Medicine (GUM) activity within the national tariff cost envelope (the tariff currently in force is the 2014/15 tariff)

3. Under the terms of the policy the Council will not:

- Reimburse invoices for contraception activity
- Pay charges for Market Forces Factor (MFF)

4. Before making payment, invoice supporting data will be reviewed and the data will clearly provide all the required information to ensure City of York Council are the responsible local authority.

Recommendations

5. That the out of area cross charging policy, which is based on the agreed approach endorsed by the Yorkshire and Humber Association of Directors of Public Health, be approved.

6. Reason: This approach reduces the risk of any legal challenge to City of York Council and applies a consistent and fair approach across the region whilst not exposing any one local authority.

Background

7. Since 1 April 2013, Local Authorities have been mandated to ensure that comprehensive, open access, confidential sexual health services are available to all people who are present in their area (whether resident in that area or not). The requirement for Genito-Urinary Medicine (GUM) and Contraception and Sexual Health (CaSH) services to be provided on an open access basis is stipulated in the *Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013* ("the Regulations").

8. Re-charging by the provider of costs back to the area where the individual is normally resident is recommended for out-of-area use of services. These arrangements support open access integrated sexual health services and patient choice.

9. The Department of Health issued guidance on cross charging in August 2013 outlining principles for Local Authorities to make payment for residents accessing sexual health services outside the area.

10. The cross charging guidance suggests that it is for local determination how these arrangements work and solutions that meet the needs of local areas and local populations should be in place. The guidance was developed to encourage a consistent, equitable, fair and transparent approach to cross-charging and billing for out of area service users from both a commissioning and provider perspective.

11. The guidance suggests that it is for local determination how these arrangements work and solutions that meet the needs of local areas and local populations should be in place. The guidance was developed to encourage a consistent, equitable, fair and transparent approach to cross-charging and billing for out of area service users from both a commissioner and provider perspective.

12. Cross charging has been regularly debated across the Yorkshire and Humber region since the responsibility for sexual health was transferred to local authorities in April 2013. Local authorities had interpreted cross charging guidance differently and there were a number of approaches taken both within the region and further afield.

13. Members of the regional Yorkshire and Humber Sexual Health Commissioning Forum had contacted the Department of Health to request further clarity relating to cross charging. The Department of Health responded to say that they had no plans to issue further guidance and that local authorities should find local solutions.

Options and Analysis

14. There is really only one option to ensure consistency and transparency of cross-charging arrangements for GUM activity and that is to adopt the policy developed with the Yorkshire and Humber region.

15. A paper detailing cross charging options within the Yorkshire and Humber region was circulated to the Regional Directors of Public Health Network in June 2015 to agree a Yorkshire and Humber wide approach. The options were based on existing operational arrangements in the 15 local authorities within the region. Yorkshire and Humber Directors of Public Health recommended that all local authorities in the region adopt the following principles:

- Authorities will only pay for invoices for Genito-Urinary Medicine activity within the national tariff cost envelope (the tariff currently in force is the 2014/15 tariff)
- Authorities will not reimburse invoices for contraception activity
- Authorities will not pay charges for market forces factor (MFF)
- Before making payment invoices and supporting data will clearly provide all the required information

16. There are a number of benefits to aligning to this regional position but primarily this will help to provide clarity, equality of approach across the region, and make better, more efficient use of limited resources.

Consultation

17. This information was posted for circulation on the HIV and Sexual Health Commissioners Group for England national forum alongside a request for commissioners to share this information with their commissioned services.

18. The Yorkshire and Humber Association of Directors of Public Health will keep the policy under review, taking account of feedback from stakeholders

Council Plan

19. The Council Plan 2015-19 sets out three overall aims and the decisions outlined in the paper reflects these aims in the following ways:
    - **A prosperous City for all** – all projects are assessed in a robust and evidenced based way, when making tough decisions on finance we do so in an open and transparent way so all partners are clear about the financial challenges we face.
    - **A focus on frontline services** – engagement with residents, partners encourages views to be listened to and opinions considered; we ensure access opportunities are equal regardless of background, and residents are supported to live healthily. We work to reduce the gap between those who are the highest achievers and the most vulnerable, by targeting services to those most in need.
    - **A council that listens to residents** – the use of evidence based decision making underpins all the decisions made and a commitment to public engagement ensure that view and opinions are listened to.

Specialist Implications

Financial

20. In adopting this policy, City of York Council will reimburse against GUM activity up to national tariff (the tariff currently in force is the 2014/15 tariff). Tariff prices are reviewed annually by the Department of Health. The current published tariff gives a maximum value of £140 for a first appointment and £105 for a follow up. In some instances, this would mean a saving to the Council.

21. CYC has an assigned budget allocation from the Public Health Grant of £30,000 in 2016/17 to cover the cost of these treatments.

22. The majority of cross-charging happens within the region; therefore agreeing the same payment terms and conditions and adopting this policy will provide a fair and transparent payment system which would also assist the Council to manage the budget within a decreasing budget envelope.

Human Resources (HR)

23. No known implications

Equalities

24. In making this decision, all local authorities across the region will maintain confidential, open access services and ensure that local residents can attend a sexual health service of their choice without geographical boundaries.

25. There are a number of benefits to aligning to this regional position but primarily this will help to provide clarity, equality of approach across the region and make most efficient use of limited resources for the benefit of York residents.

Legal

26. Hull City Council has been leading this piece of work on behalf of the region and has sought legal advice through their town clerk who recommended that each local authority prepares a decision record setting out their policy.

27. The national document is guidance and not set in statute. CYC does not hold a contract with any of the out of area providers and the Council has been open and transparent about our regional approach.

28. Bringing an action in contract law would be challenging for the challenger. Essentially, albeit that there is no national tariff, DH / PHE have indicated what the national tariff would be if there was one. Making a policy decision that we will pay this rate (GUM Non Mandatory Tariff) is defensible and more likely to involve DH / PHE in any legal challenge if there was one.

29. Advice has been sought from the CYC legal department who support this policy.

Crime and Disorder

30. No known implications.

Information Technology (IT)

31. No known implications

Risk Management

32. There are a number of challenges across the region relating to this approach, primarily relating to not honouring the Market Forces Factor (MFF) payments. At the time of writing, no legal challenges have been made to CYC.

Contact Details

Author:	**Chief Officer Responsible for the report:**
Philippa Press Health Improvement Manager, Public Health Tel No. 555756	Sharon Stoltz Director of Public Health

Report Approved √ **Date** 14/07/16

Specialist Implications Officer(s)
Financial: Patrick Looker, Finance Manager
Legal: Ruth Barton, Senior Solicitor

Wards Affected: **All** ✓

For further information please contact the author of the report.

Background Papers:

The following papers are available from Democratic Services:

Sexual Health: Key Principles for Cross Charging. Department of Health, August 2013.

Yorkshire and Humber Cross Charging Position letter. Sent to all providers of SH who invoiced CYC from September 2015.

Glossary of abbreviations used in the report:

CaSH	**Contraception and Sexual Health Services (formally known as Family Planning)**
CYC	**City of York Council**
DH	**Department of Health**
GUM	**Genito-urinary Medicine, treatment and management of sexually Transmitted infections.**
MFF	**Market Forces Factor -The Market Forces Factor (MFF) is an estimate of unavoidable cost. It includes differences between health care providers, based on their geographical location. The MFF is used to adjust resource allocations in the NHS. As CYC is not a NHS organisation this does not apply.**
PHE	**Public Health England**

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Decision Session – Executive Member for Adult Social Care and Health **25 July 2016**

Report of the Director of Public Health

Stop Smoking support and the provision of Pharmacotherapies.

Summary

1. This report outlines the development of a targeted approach to Nicotine Replacement Therapy (NRT) provision within the City of York Council stop smoking service.

Recommendations

2. The Executive Member is asked**:**

To support and agree to Option two detailed within this paper.
The provision of NRT free of charge for 12 weeks to pregnant women receiving stop smoking support services and for 2 weeks to those in receipt of stop smoking services who meet the criteria

Reason: This will help to protect the unborn child from the effects of passive smoking by providing free NRT to pregnant women for 12 weeks thus increasing their chances of successfully quitting smoking for the duration of their pregnancy. NRT will also be made available free of charge for 2 weeks for those residents accessing the Council's stop smoking service who are financially disadvantaged. This is to provide interim support with the expectation that they then fund NRT themselves after this period.

Background

3. In April 2013 the responsibility for commissioning local stop smoking services transferred from the NHS to local authorities. City of York Council inherited a number of contracts for stop smoking services which ended on 31 March 2016. Since 1 April 2016, stop smoking services are now provided by the Council.

4. Up to 31 March 2016, under the old contracts, all patients accessing the stop smoking service were able to access NRT free of charge as part of a universal offer. Since the service transferred to the Council, the universal offer has been reviewed and a decision has been made to target the offer to ensure the maximum benefit from the stop smoking services budget by focusing on those with the highest need.

5. The review of the service has been undertaken against a background of increasing financial constraints with cuts to the local authority Public Health Grant Allocation imposed by the Department of Health.

Consultation

6. Discussions have taken place with the Vale of York Clinical Commissioning Group, the Local Medical Committee and Community Pharmacists. There is broad support for continuing to provide NRT free of charge. The CYC Public Health Team will be working in partnership with Community Pharmacy North Yorkshire to ensure that residents who are eligible for free NRT are able to access this.

Options

7. **Option one:** provision of NRT to pregnant women only. There is a strong evidence base for supporting pregnant women to stop smoking. The risks of smoking during pregnancy are very serious and include premature delivery to low birth weight, miscarriage, still birth and sudden infant death. Quitting smoking is the best thing a pregnant woman can do for herself and her baby. Pregnant women will be referred via a Maternity pathway established with community midwives during the gestation of pregnancy. Women will be seen every week by a specialist smoking adviser who will issue a request for NRT based on the individuals need via the Pharmoutcomes software. This system will is already established within designated community pharmacies.

8. The other target groups will be offered supported advice to enable them to quit successfully and given advice on which products they can buy over the counter.

9. **Option two:** Would follow option one – the provision of free NRT for pregnant women - with the addition of the provision of a small ‘hardship fund’. This would be accessible for clients who, through their discussions with the smoking advisers, have disclosed that they are financially disadvantaged (for example on benefits, unemployed) and that the cost of NRT is substantially more costly than the cost of

cigarettes, this difference in cost could be due to the fact they are smoking 'roll up cigarettes' or buying illicit or cut price cigarettes. The smoking advisor will arrange for 2 weeks supply of free NRT; this would enable the individual to 'save' the cost of the cigarettes and move to purchase the NRT for themselves.

10. The decision to provide two weeks free NRT will be based on strict criteria including:

- Proof of receipt of benefit, e.g. income support
- Proof of residency of City of York Council
- Client agreement to fund the rest of their own course of NRT.

Analysis

11. Options one and two offer evidenced based solutions to providing a targeted smoking support service which takes into account the substantial cuts that have been made to the Public Health budget; in City of York the cuts to the Public Health Budget already made in 2015/16 and 2016/17 amount to £1.2 million, whilst protecting the needs of the most vulnerable in our city. Smoking remains an important public health issue and by providing this service we are protecting an essential provision to support the health of our population.

12. The smoking support offered by the Council is only part of the offer of smoking advice, information and guidance to support smokers to quit smoking. The Council has signed up to 'Breathe 2025', which is a campaign which individuals and organisations to sign up to 'inspire a smoke free generation'. While the region has the highest adult smoking prevalence in England (20.1% compared to an England average of 18%), only one in eight 15-year-olds smoke and the proportion of young smokers is dropping. Within the next decade there could be a generation of children that don't smoke.

13. Breathe 2025 is part of the proposed approach to tobacco control across the city, working with partners from the NHS, Vale of York Clinical Commissioning Group and the voluntary and business sectors to work towards the aspiration to have a city wide Tobacco Control Strategy and Action Plan that addresses the use of tobacco across the life course.

Council Plan

14. The Council Plan 2015-19 sets out three overall aims and the decisions outlined in the paper reflects these aims in the following ways:

- **A prosperous City for all** – all projects are assessed in a robust and evidenced based way, when making tough decisions on finance we do so in an open and transparent way so all partners are clear about the financial challenges we face.
- **A focus on frontline services** – engagement with residents, partners encourages views to be listened to and opinions considered; we ensure access opportunities are equal regardless of background, and residents are supported to live healthily. We work to reduce the gap between those who are the highest achievers and the most vulnerable, by targeting services to those most in need.
- **A council that listens to residents** – the use of evidence based decision making underpins all the decisions made and a commitment to public engagement ensure that view and opinions are listened to.

Specialist Implications

15. Financial

Option one: The numbers of pregnant smokers referred varies from year to year so this is an estimate. Approximately 200-300 pregnant women are referred each year, of these 80 to 100 pregnant women engage with the service. If each woman was 'prescribed' 12 weeks of medication of a single NRT product this equates to 960 weeks of NRT.

Offering NRT through community pharmacists will incur a dispensing charge of £3 per prescription.

For option one the total maximum anticipated cost would be £16,800.

Option two: Would incur the same costs for pregnant women as detailed above plus the cost of providing two weeks NRT for those who are seriously financially challenged.

The total cost of Option 2 is estimated to be £17,988.

For both options the costs will be met from the Public Health Grant Local Authority Allocation. Funding has been allocated in the budget for 2016/17 for this purpose.

Human Resources (HR)

16. There are no HR implications from this report**.**

Equalities

17. Smoking during pregnancy is strongly associated with a number of factors including age and deprivation. By prioritising pregnant women who smoke and targeting resources to help them to quit the stop smoking service will be helping to tackle health inequalities across the City and improve the life chances of the unborn child.

18. Rates of smoking declined in the UK in recent years, but the rate of decline has been significantly slower in more disadvantaged groups. Smokers from disadvantaged areas find it more difficult to stop with the help of stop smoking support than their more affluent neighbours. Evidence suggests that this is due to: lack of social support, higher nicotine dependency and challenging life circumstances. The cost of tobacco represents a higher proportion of household income amongst poorer smokers, meaning that their tobacco use not only damages their health but also contributes to trapping people in poverty.

19. A Community Impact Assessment is in the process of being completed.

Legal:

20. No known implications.

Crime and Disorder:

21. No known implications.

Information Technology (IT):

22. No known implications.

Risk Management

23. By targeting our increasingly scarce resources to those most at risk of poorer health outcomes through smoking we are helping to tackle an important cause of health inequalities in York. This approach will be kept under review and evaluated.

Contact Details

Author:	**Chief Officer Responsible for the report:**
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Report Approved √ **Date** 14/07/16

Specialist Implications Officer(s)

Financial: Patrick Looker, Finance Manager
Legal: Ruth Barton, Senior Solicitor

Wards Affected: **All** ✓

For further information please contact the author of the report

Background Papers:

None

Decision Session – Executive Member for Adult Social Care and Health 25 July 2016

Report of the Director of Public Health

Yor-Wellbeing Service (Integrated Wellness Service)

Summary

1. The purpose of this report is to describe the proposals for the development of an Integrated Wellness Service (Yor-Wellbeing Service). The service will ensure the legacy of previously Sport England funded physical activity and sport initiatives in York targeted to priority groups and the delivery of stop smoking support and the provision of NHS Health Checks to eligible groups across the City.

Recommendations

2. The Executive Member is asked to:

- Note the proposals for the development of the Yor-Wellbeing Service
- Support the new approach to tackling unhealthy behaviours in York residents which is based on the life-course and with a focus on wellbeing.

Reason: To enable the Yor-Wellbeing Service to be developed with a focus on promoting healthier, independent and more active lives using a personalised approach structured around Local Area Teams.

Background

3. The responsibility for public health services transferred from the NHS to local authorities in April 2013. City of York Council inherited a number of contracts from the NHS for healthy lifestyle services including stop smoking support and the delivery of NHS Health Checks. These contracts came to an end on 31 March 2016.

4. Since 2013, the Council has had a number of grants from Sport England for the delivery of sport and physical activity initiatives, including the Healthy, Exercise, Active Lifestyles (HEAL) Exercise on Referral programme for residents with long term health conditions. The Sport England funding ends in July 2016.

5. With these changes in mind, in November 2015 the City of York Council Public Health Team hosted a procurement event and invited potential providers to discuss the formation of an Integrated Wellness Service for the city. This will allow for the various healthy lifestyle services to be brought together into a single service providing opportunities for an integrated service provision through a 'one-stop shop' approach and also deliver cost efficiencies.

6. The outcome of the event, together with wider consultation with stakeholders, including an on-line survey, has led the council to decide to develop this service internally. The service will be there to support the people of York through a life course approach to live well by addressing the factors that influence their health and enhance their capacity to be independent, resilient and maintain good wellbeing for themselves and those around them.

7. The integrated wellbeing service will be known as the Yor-Wellbeing service. The service will have several strands and one of them will target the physically inactive priority groups to enable them to become more active and improve their overall levels of wellbeing. The service will continue to support Active York, and work in partnership with North Yorkshire Sport.

8. In addition to the physical activity offer, the service will take in the existing Stop Smoking Service and will deliver the city's NHS Health Check offer.

9. The outcomes of the service will be measured against how it addresses the 'Six Ways to Wellbeing'.

1. Be active
2. Keep learning
3. Give
4. Connect
5. Take notice
6. Care for the planet

10. For those who are able, we are in the process of developing an online health assessment tool that will support individuals with advice and guidance in order to make positive lifestyle changes (self care) to improve their wellbeing.

11. Libraries and the voluntary sector will support people where needed to use this tool. The new model of wellbeing will have a **person centred approach** and work with those with the greatest health inequalities, helping individuals to understand and address their lifestyle behaviours in relation to improving their wellbeing. For one individual, this could be healthy eating and physical activity and for another, this could be joining a social club and volunteering.

12. We will enhance community capacity by working with community partners to deliver services, provide training and strengthen community assets. Through this approach we will support community clubs and groups to take on new participants and to identify and tackle unhealthy behaviours.

13. The development of the Yor-Wellbeing Service aligns with the review of the 0-19 early intervention and prevention work around early help arrangements which align with the council's move towards a wider vision of a new place-based operating model. Staff will work in geographical areas with those most at need, offering individual information, advice and guidance and community capacity building.

14. A new staffing structure (due to be implemented on 1 August 2016) will locate officers in three geographical zones in the city where they will develop links with other frontline council services, community organisations, GP practices and health and care

providers. Customers will have direct access to the service through their area based Public Health Wellbeing Officers tackling improvements in health outcomes particularly mental wellbeing, diabetes prevention and cardiovascular disease.

15. Our intention is to seek additional funding from Sport England and other funders, as appropriate, based on increasing the physical activity of those in the our target groups, using a life-course approach – Starting and Growing Well, Living and Working Well and Ageing Well – and work with academic partners to evaluate the effectiveness of what works. Initial discussions with Sport England at the recent North Yorkshire Sport Conference were extremely supportive of the approach we are taking.

Options

16. There are no other options to consider.

Analysis

17. By bringing all the healthy lifestyles services and delivery of NHS Health Checks together into a single, Council Public Health Team provided service we can ensure that we are making maximum use of increasingly scarce public health resources, exploiting the opportunities for integration with other Council provided services and targeting those residents who are most vulnerable and at greatest risk of poor health and wellbeing outcomes.

Consultation

18. Key discussions have taken place including with Healthwatch York and York Community and Voluntary Service who are engaged in the process and can see the links with their service users and community partners.

19. The future priorities for Sport and Active Leisure have been discussed with partners on the Active York partnership board. They were supportive of the direction of travel and the need to tackle inequalities in participation. The board are planning future meetings to discuss how the work of the partnership can reflect this. All of the Sport and Active Leisure and Public Health staff have been consulted on the development of the Yor-Wellbeing Service and the roles within it. During 2015, pilot work in three wards in the city looked at how to engage communities in tackling unhealthy

behaviours and the appetite for change. The findings of this work have been incorporated into the design of the wellbeing service.

20. Regular meetings between the Vale of York Clinical Commissioning Group and Public Health have led to the development of the Yor-Wellbeing Service and the Health Check offer. We continue to work collaboratively to ensure that these services are fit for purpose and support the work of both organisations

Council Plan

21. The actions set out in the report contribute to the Council Plan (2015 – 2019) 's objective of a focus on frontline services where specifically All York's residents live and thrive in a city which allows them to contribute fully to their communities and neighbourhoods Delivering frontline services for residents is the priority; Everyone has access to opportunities regardless of their background Support services are available to those who need them Residents are encouraged and supported to live healthily.

Specialist Implications

22. **Financial:** The financial impact of the staffing and service changes have been addressed in the wider departmental restructure. This factors in the loss of grant funding from Sport England and other sources.

23. The Yor-Wellbeing Service operational budget will be made up of the Sport and Physical Activity budget Improved physical activity and mental wellbeing (£343K in 2016/17), the Stop Smoking Service budget (£291k) and the NHS Health Checks budget (£100k). By pooling these budgets and tackling all lifestyle behaviours through one pathway the service will reach more individuals and be able to evidence the impact of combined service delivery. Any efficiencies required from this budget area will be addressed through the 2017/18 budget process.

24. **Human Resources (HR):** All public health employees and their union representatives have been fully consulted with both at group meetings and individual 1-1 sessions about changes to the public health structure. The HR process followed was in accordance with the CYC Supporting Transformation (Management of change) guidelines. Two members of staff have been successfully redeployed in to suitable alternative roles within CYC which has mitigated the requirement for any compulsory redundancies.

25. **Equalities:** A Communities Impact Assessment has been completed against the new service (Annex 1). Where any impacts have been identified, they have shown a positive impact. The service is being designed to address health inequalities and target those most at risk of unhealthy behaviours.

26. There are no Property, Crime and Disorder or Information Technology implications arising from this report.

Risk Management

27. In compliance with the Council's risk management strategy the main risks that have been identified associated with the proposals contained in this report are those which could lead to the inability to meet business objectives and to deliver services, leading to damage to the Council's reputation and failure to meet stakeholders' expectations. The level of risk is assessed as "Low". This is acceptable but means that regular monitoring is required of the operation of the new arrangements.

Contact Details

Author:	**Chief Officer Responsible for the report:**
Paul Ramskill Health Improvement Manager Tel: 01904 553372	Sharon Stoltz Director of Public Health 553224
Marion Gibbon Assistant Director of Public Health	**Report Approved** √ **Date** 15/07/16

Specialist Implications Officer(s)
Patrick Looker, Finance Manager 01904 551633
Sue Foley, Senior Human Resources Business Partner 01904 551690

Wards Affected: **All** √

For further information please contact the author of the report

Background Papers:
Report January 2016 Consultation Report on Integrated Wellness Service

Annexes
Annex 1-Community Impact Assessment – Integrated Wellness Service – Yor-Wellbeing Service

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ANNEX 1

SECTION 1: CIA SUMMARY

Community Impact Assessment: Integrated Wellness Service – Yor-Wellbeing Service		
1. Name of service, policy, function or criteria being assessed: **Public Health, contract reprocurement and development of an integrated Wellness service.**		
2. What are the main objectives or aims of the service/policy/function/criteria? To develop a service which will work with those most at risk of ill health, from preventable unhealthy behaviours. The service will offer information, advice and guidance, will work with community partners to increase the community capacity and support individuals on a 1:1 and small group basis.		
3. Name and Job Title of person completing assessment: **Health Improvement Manager**		
4. Have any impacts been Identified? (Yes/No) Yes	**Community of Identity affected:**	**Summary of impact:** **There will be a positive impact on**
5. Date CIA completed: 12 July 2016		
6. Signed off by: Paul Ramskill		
7. I am satisfied that this service/policy/function has been successfully impact assessed. **Name:** **Position**: **Date:**		
8. Decision-making body:	**Date:**	**Decision Details:**
Send the completed signed off document to ciasubmission@york.gov.uk It will be published on the intranet, as well as on the council website. **Actions arising from the Assessments will be logged on Verto and progress updates will be required**		

SECTION 2: CIA FORM

ANNEX 1

Community Impact Assessment (CIA)

Community Impact Assessment Title:	Integrated Wellness Service – Yor-Wellbeing Service

What evidence is available **to suggest that the proposed service, policy, function or criteria could have a negative (N), positive (P) or no (None) effect** on quality of life outcomes? (Refer to guidance for further details)

Can negative impacts be justified? **For example: improving community cohesion; complying with other legislation or enforcement duties; taking positive action to address imbalances or under-representation; needing to target a particular community or group e.g. older people.** NB. Lack of financial resources alone is NOT justification!

ANNEX 1

Community of Identity: Age				
Evidence		**Quality of Life Indicators**	**Customer Impact** (N/P/None)	**Staff Impact** (N/P/None)
The service will work directly with adults, but the community initiatives and information services will also benefit children and families.		Improved quality of life for older people as a result of improvements in wellbeing.	**P**	**None**
Details of Impact	***Can negative impacts be justified?***	**Reason/Action**	**Lead Officer**	**Completion Date**
Working with Adult Social care the service will work in communities tackling health issues including loneliness and social isolation. The new service will include sport and physical activity provision that will prioritise older people and will provide activities specifically for them.			Health Improvement Manager (Integrated Wellness Service)	

ANNEX 1

Community of Identity: Carers of Older or Disabled People				
Evidence		**Quality of Life Indicators**	**Customer Impact** (N/P/None)	**Staff Impact** (N/P/None)
The service will prioritise working with those with disabilities and those at highest risk of ill health. Where services improve the wellbeing of disabled and older people it will impact on the lives of their carers.		Improved quality of life for older people and disabled people as a result of improvements in wellbeing.	**P**	**None**
Details of Impact	***Can negative impacts be justified?***	**Reason/Action**	**Lead Officer**	**Completion Date**
			Health Improvement Manager (Integrated Wellness Service)	

ANNEX 1

Community of Identity: Disability				
Evidence		**Quality of Life Indicators**	**Customer Impact** (N/P/None)	**Staff Impact** (N/P/None)
The service will be available to those who are most at risk of preventable ill health. The facilities used will be fully accessible community settings in geographical zones. Physical activity services will be targeted specifically at disabled people, increasing the opportunities to be active, working with community groups to help them be able to cater for those with disabilities.		The opportunities provided will increase physical activity for those with disabilities and improve their mental wellbeing.	**P**	**None**
Details of Impact	***Can negative impacts be justified?***	**Reason/Action**	**Lead Officer**	**Completion Date**
Increased physical activity. Improved mental wellbeing. Reduction in unhealthy behaviours.			Health Improvement Manager (Integrated Wellness Service)	

ANNEX 1

Community of Identity: Gender			
Evidence	**Quality of Life Indicators**	**Customer Impact** (N/P/None)	**Staff Impact** (N/P/None)
The service will be offered on the basis of risk of ill health regardless of gender. Some elements of the service will be open to all but some will be specifically targeted to women. The stop smoking elements of the service will provide services directly for pregnant women (husbands, partners and families of these women may also benefit). The sport and physical activity service will provide services specifically for women and girls as participation data shows that they are less likely to be active.	Reduction in smoking during pregnancy. Increase in smoke free homes. Increase in physical activity in women and girls.	**P**	**None**

ANNEX 1

Details of Impact	*Can negative impacts be justified?*	Reason/Action	Lead Officer	Completion Date
The impact will be a positive one for women and girls as some elements of the service will be specifically targeted at them, as they are most at risk. Other elements of the service will be open to all regardless of gender			Health Improvement Manager (Integrated Wellness Service)	

ANNEX 1

Community of Identity: Gender Reassignment			
Evidence	**Quality of Life Indicators**	**Customer Impact** (N/P/None)	**Staff Impact** (N/P/None)
Information, advice and guidance will be available to all. The community based services will be available in neighbourhoods and communities (both geographical and communities of interest). It will be important to ensure that organisations who work with those undergoing gender reassignment are included in this. The 1 to 1 service will be accessed by those most at risk from unhealthy behaviours, this will not be dependant on any other criteria. The 1 to 1 sessions will be non judgemental and will focus on the behaviours that the clients wish to tackle.	Improved physical activity and mental wellbeing.	**None (but impact will be monitored and the service adapted where necessary to ensure equality of access)**	**None**

ANNEX 1

Details of Impact	*Can negative impacts be justified?*	Reason/Action	Lead Officer	Completion Date
		It will be important to monitor who is accessing the services to ensure that no one is being excluded. The capacity building element of the service will seek out organisations who support and advocate for those at any stage of the gender reassignment process, and aim to train volunteers from these groups to promote health behaviours and signpost to the 1 to 1 service where appropriate. Where group sessions are delivered, these will be organised in a way that does not discriminate on the grounds of gender or gender reassignment, with appropriate changing/ toilet/ access/ dress code etc	Health Improvement Manager (Integrated Wellness service)	

ANNEX 1

Community of Identity: Marriage & Civil Partnership				
Evidence		**Quality of Life Indicators**	**Customer Impact** (N/P/None)	**Staff Impact** (N/P/None)
All elements of the service will be accessible to, and designed for, individuals. The service will be available on line or in leaflet format, through community organisations (which will provide activities for a range of clients, netball for young women, men in sheds for older males etc). Many activities will be available to individuals and couples.		Improved physical activity and mental wellbeing.	**None**	**None**
Details of Impact	***Can negative impacts be justified?***	**Reason/Action**	**Lead Officer**	**Completion Date**
			Health Improvement Manager (Integrated Wellness Service)	

ANNEX 1

Community of Identity: Pregnancy / Maternity				
Evidence		**Quality of Life Indicators**	**Customer Impact** (N/P/None)	**Staff Impact** (N/P/None)
Some stop smoking interventions will be targeted specifically to pregnant women. All other aspects of the service will be available to individuals based on their level of health risk from unhealthy behaviours.		The risks of smoking in pregnancy are well known and this group have been identified as a key priority for the service Reduction in smoking during pregnancy. Reduces complication in pregnancy, including risk of miscarriage, still birth and threatened premature delivery.	**P**	**None**
Details of Impact	***Can negative impacts be justified?***	**Reason/Action**	**Lead Officer**	**Completion Date**
The service will take referrals from anti-natal services to work individually to encourage pregnant women (with advice and guidance for their families to stop too if relevant) to stop smoking, to prevent risks to their own and the baby's health.		This group is a key priority for the stop smoking service. The success of the service at reaching these clients and at supporting successful quits will be monitored.	Health Improvement Manager (Integrated Wellness Service)	

ANNEX 1

Community of Identity: Race				
Evidence		**Quality of Life Indicators**	**Customer Impact** (N/P/None)	**Staff Impact** (N/P/None)
The service is available to all on an individual basis, based on level of health need, with no other eligibility criteria. However, there are different cultural behaviours that will affect access to activities which may present barriers to participation. Language barriers, traditional roles based on gender and age in some communities, mental health stigma in some cultures, culturally different diets etc.		Improved physical activity and mental wellbeing.	**None, but the service will be continually monitored to ensure that non white British clients are accessing all elements.**	**None**
Details of Impact	***Can negative impacts be justified?***	**Reason/Action**	**Lead Officer**	**Completion Date**
The impacts for all clients will be improved mental and physical health, but where there are barriers to participation this may broaden the gap in health inequalities and prevent access to wellbeing services.		Take up of the service will be monitored to ensue that its services are available to those of different races. The capacity building component of the service will ensure that it is	Health Improvement Manager (Integrated Wellness Service)	

		working with organisations which support and advocate those from non white British communities, eg York Racial Equality Network (YREN) bespoke training packages may be needed to address cultural health differences. The service will ensure that advice and services are accessible to those who are non English speakers and are reflective of different cultures (e.g. nutritional advice that reflect the diet of different races).		

ANNEX 1

Community of Identity: Religion / Spirituality / Belief			
Evidence	**Quality of Life Indicators**	**Customer Impact** (N/P/None)	**Staff Impact** (N/P/None)
All information, advice and guidance services will be available to all on an individual basis. The capacity building elements of the service will work with advocacy services such as YREN to ensure that community groups are trained and able to accommodate those from mixed faiths. They will also work with community groups for different faiths, consulting local groups about their health needs and any barriers to participation. The 1 to 1 service will make appointments in venues and at times to suit the client. These sessions will be client driven and will only tackle behaviours the client wishes to address.	Improved physical activity and mental wellbeing.	**None (but services will be monitored to ensure that those from all beliefs are able to access services)**	**None**

ANNEX 1

Details of Impact	*Can negative impacts be justified?*	Reason/Action	Lead Officer	Completion Date
Improved physical and mental health for those who access the service. Better community interaction and shared understanding of other faiths.		The service will ensure that information is widely distributed to a range of venues to ensure that those from all belief systems can access them. Where open community or group sessions are provided the venues will be selected to not exclude those of any beliefs. However some sessions may be designed specifically to attract those from certain beliefs (e.g. physical activity sessions for Muslim women). These will be at times and in venues specifically designed to meet the needs of these clients.	Health Improvement Manager (Integrated Wellness Service)	

ANNEX 1

Community of Identity: Sexual Orientation			
Evidence	**Quality of Life Indicators**	**Customer Impact** (N/P/None)	**Staff Impact** (N/P/None)
The information advice and guidance will be available to everyone on an individual basis either on line or in leaflet format. Care will be taken to ensure that this information is available at a range of venues where it can be accessed by people regardless of sexual orientation. The capacity building element of the service will ensure that community activities are inclusive and accessible to all, but will also ensure that LGBTQ groups are supported to provide appropriate activities to tackle mental health, physical activity, nutrition etc. The 1 to 1 service will be non judgemental and will only tackle behaviours as chosen by the client.	Improved physical activity and mental wellbeing.	**None (but the service will be monitored to ensure that all elements of the service are accessible regardless of sexual orientation.**	**None**

ANNEX 1

Details of Impact	*Can negative impacts be justified?*	Reason/Action	Lead Officer	Completion Date
Improved mental and physical health for those who access the service. Improved community understanding and access to activities for LGBTQ residents.		Consult the LGBTQ community to establish health needs. Train representatives of LGBTQ groups as health champions. Ensure that the capacity building training includes information for other groups to ensure that they are inclusive and non judgemental.	Health Improvement Manager (Integrated Wellness Service)	

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