



Notice of a public meeting of

Health, Housing and Adult Social Care Scrutiny Committee

- To:** Councillors J Burton (Chair), Vassie (Vice-Chair), Hook, Moroney, D Myers, Rose, Runciman, Smalley, Wann and Wilson
- Date:** Wednesday, 11 September 2024
- Time:** 5.30 pm
- Venue:** West Offices - Station Rise, York YO1 6GA

AGENDA

- 1. Declarations of Interest** (Pages 1 - 2)
At this point in the meeting, Members are asked to declare any disclosable pecuniary interest or other registerable interest they might have in respect of business on this agenda, if they have not already done so in advance on the Register of Interests. The disclosure must include the nature of the interest.

An interest must also be disclosed in the meeting when it becomes apparent to the member during the meeting.

[Please see attached sheet for further guidance for Members]
- 2. Minutes** (Pages 3 - 20)
To approve and sign the minutes of the meetings held on 15 May, 12 June, and 10 July 2024.
- 3. Public Participation**
At this point in the meeting members of the public who have

registered to speak can do so. Members of the public may speak on agenda items or on matters within the remit of the committee.

Please note that our registration deadlines are set as 2 working days before the meeting, in order to facilitate the management of public participation at our meetings. The deadline for registering at this meeting is **5:00pm on Monday 9 September 2024.**

To register to speak please visit www.york.gov.uk/AttendCouncilMeetings to fill in an online registration form. If you have any questions about the registration form or the meeting, please contact Democratic Services. Contact details can be found at the foot of this agenda.

Webcasting of Public Meetings

Please note that, subject to available resources, this meeting will be webcast including any registered public speakers who have given their permission. The meeting can be viewed live and on demand at www.york.gov.uk/webcasts.

During coronavirus, we made some changes to how we ran council meetings, including facilitating remote participation by public speakers. See our updates (www.york.gov.uk/COVIDDemocracy) for more information on meetings and decisions.

- 4. Community Pharmacy Provision in York** (Pages 21 - 30)
Members are asked to consider an update on the provision of community pharmacy services in York, including recent changes and the potential impact on resident access to pharmacies.
- 5. Homelessness Future Resettlement Pathway** (Pages 31 - 94)
Members are asked to consider an update on the council's plans to reduce homelessness through the resettlement pathway. Consideration of this item has been deferred from the committee's 12 June 2024 meeting.
- 6. Work Plan** (Pages 95 - 96)
Members are asked to consider the Committee's work plan for

the 2024/25 municipal year.

7. Urgent Business

Any other business which the Chair considers urgent under the Local Government Act 1972.

Democracy Officer:

Name: James Parker

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

- Registering to speak
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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 (ہولی) میں بھی مہیا کی جاسکتی ہیں۔ (Urdu)

Declarations of Interest – guidance for Members

- (1) Members must consider their interests, and act according to the following:

Type of Interest	You must
Disclosable Pecuniary Interests	Disclose the interest, not participate in the discussion or vote, and leave the meeting <u>unless</u> you have a dispensation.
Other Registrable Interests (Directly Related) OR Non-Registrable Interests (Directly Related)	Disclose the interest; speak on the item <u>only if</u> the public are also allowed to speak, but otherwise not participate in the discussion or vote, and leave the meeting <u>unless</u> you have a dispensation.
Other Registrable Interests (Affects) OR Non-Registrable Interests (Affects)	Disclose the interest; remain in the meeting, participate and vote <u>unless</u> the matter affects the financial interest or well-being: (a) to a greater extent than it affects the financial interest or well-being of a majority of inhabitants of the affected ward; and (b) a reasonable member of the public knowing all the facts would believe that it would affect your view of the wider public interest. In which case, speak on the item <u>only if</u> the public are also allowed to speak, but otherwise do not participate in the discussion or vote, and leave the meeting <u>unless</u> you have a dispensation.

- (2) Disclosable pecuniary interests relate to the Member concerned or their spouse/partner.
- (3) Members in arrears of Council Tax by more than two months must not vote in decisions on, or which might affect, budget calculations, and must disclose at the meeting that this restriction applies to them. A failure to comply with these requirements is a criminal offence under section 106 of the Local Government Finance Act 1992.

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City of York Council

Committee Minutes

Meeting	Health, Housing and Adult Social Care Scrutiny Committee
Date	15 May 2024
Present	Councillors Vassie (Vice-Chair), Baxter, Rose, Runciman, Smalley, Steels-Walshaw, Wann [until 18:51], Wilson and J Burton (Substitute)
Apologies	Councillors D Myers and Kelly
In Attendance	Councillor Coles (Executive Member for Health, Wellbeing and Adult Social Care) Councillor Pavlovic (Executive Member for Housing, Planning and Safer Communities)
Officers Present	Sara Storey, Corporate Director of Adult Social Care and Integration Michael Melvin, Director of Adult Safeguarding
External Visitors	Michelle Carrington, Director of Nursing, Humber and North Yorkshire Integrated Care Board Shaun Macey, Assistant Director of Primary Care and Pathways for York, Humber and North Yorkshire Integrated Care Board Angie Walker, Senior Contract Manager, Humber and North Yorkshire Integrated Care Board (remotely) Liam Goodwin, Head of Neurodevelopmental Services, The Retreat (remotely)

Chair

Apologies were received from the Chair, Cllr Myers. As Vice-Chair, Cllr Vassie took the chair for the duration of the meeting.

45. Declarations of Interest (17:31)

Members were asked to declare at this point in the meeting any disclosable pecuniary interests or other registerable interests they might have in respect of the business on the agenda, if they had not already done so in advance on the Register of Interests. None were declared.

46. Public Participation (17:32)

It was reported that there had been four registrations to speak at the meeting under the Council's Public Participation Scheme, but that one of the speakers was no longer able to attend.

Johnathon Beatson raised concerns about the funding and staffing of social work and mental health support, drawing on his personal experience. He drew attention to the problems caused by a lack of consistency of contact with a dedicated social worker for those navigating the mental health system and called for a solution to funding issues.

Geoff Beacon stated that over several decades the planning system had encouraged an increase in property values, penalising renters, particularly the poor and the young. He called for revision of the Local Plan, including planning for car-free living to reduce carbon emissions, and for the committee to consider housing inequality and climate change in its work plan.

Flick Williams, speaking remotely and describing a recent hospital experience drew attention to the ongoing challenges of the Covid-19 pandemic for those who were clinically vulnerable. She raised concerns over risk assessments and safeguarding, questioning how far the status quo was sustainable for staff and patients, and if it met the city's goal of reducing health inequalities.

47. Briefing on Adult Autism and ADHD Assessment services (17:45)

Members considered a report from the Humber and North Yorkshire Integrated Care Board (ICB) on assessment services for Adult Autism and ADHD (attention deficit hyperactivity disorder).

The Director of Nursing for York and North Yorkshire at the ICB, the ICB's Assistant Director of Primary Care and Pathways for York, and the Head of Neurodevelopmental Services at The Retreat provided an overview, noting that:

- There had been an exponential national rise in people being referred for assessment for ADHD and Autism. There had been an unprecedented increase in demand for local assessment services, which were commissioned from The Retreat.

- In response to growing waiting list pressures, a pilot project had been introduced to test a new referral process as part of a needs-led service, including clear prioritisation criteria and an online screening and support tool.
- The process had been subject to critical feedback, including from those with lived experience, and Healthwatch York.
- Engagement with professionals and people with lived experience through the pilot phase had informed proposed solutions, including prioritisation being based on clinical professional judgment by GPs and Community Mental Health teams, improvements to the online platform, and work with the local provider to maximise availability of triage and assessment capacity.

In response to questions from the committee, it was confirmed that:

- The service could now be accessed by telephone or email, as well as through the online platform, while there continued to be a direct referral route to The Retreat as the service provider; staff could help with filling in referral forms if needed.
- Proposed changes to the online platform would see it used for purely for registering and confirmation referrals, not screening, and to provide some pre-diagnostic support while people were waiting. Digital platforms would only improve with feedback from service users, and members of the neurodiverse community would be involved in testing these changes over the next few months.
- More work was needed with GPs and Community Mental Health teams to ensure that expectations were managed and that both professionals and people using the service understood the pathway.
- There were challenges around recruitment, particularly for clinical psychologists, and at times sessional or locum staff were needed, although figures were not currently available for comparison with other ICBs or providers.
- Demand was a significant and ongoing challenge. Although autism assessment times had improved through the pilot and capacity had increased, positive diagnoses had also risen, and around half of service capacity was now taken up by ADHD medication follow-ups. Figure 1 in the report referred to direct referrals to The Retreat and did not capture referrals from the platform. When the service was commissioned, 60 referrals per month had been expected; at peak times this had been as high as 400 per month although 80-100 per month was more typical, with a corresponding impact on resources.

- Future work in conjunction with partners would focus on outreach to employers and education providers to develop more consistent pre-diagnostic support. Both of York's universities were using the online platform and helping students with suitable academic adjustments and support plans.
- There was an access gap for some groups including people who were homeless, living in hostels, or in prison. There was an ambition for a community-led service, but much work was needed to improve access for harder-to-reach groups, although the ICB did not commission prison services.
- In making decisions on next steps, all options that could improve the service would be considered, including the possibility of re-procurement of the online platform. Colleagues in the neurodiverse community were valued critical friends in the design of online tools.

Resolved: To request that Members' input in relation to the digitally excluded, managing expectations of the pathway, pre-diagnostic support, assessment times, and support at universities and for harder-to-reach groups be considered.

Reason: To inform the proposed solutions under consideration for the commissioned service and the approach taken to involve patients and their representatives on changes to services.

[The meeting adjourned from 18:30-18:37 for a comfort break].

48. Adult Social Care Strategy (18:37)

Members considered a paper summarising the Council's draft Adult Social Care Strategy for 2024/25.

The Corporate Director of Adult Social Care and Integration and the Director of Adults Safeguarding provided an overview, noting that:

- The strategy was in a formative stage and the Adult Social Care team was looking to engage with service users, their carers and families, frontline staff, and internal and external partners in its development. Adult Social Care was one of the Council's most significant functions and it was important to get the strategy right.
- The draft document built on work that was already underway across the Council and was being developed in partnership with the National

Development Team for Improvement to draw on best practice from across the sector.

- It sought to recognise the unique strengths of individuals and communities and to help people lead better, more independent lives and reduce inequalities, by helping people to stay at home and providing affordable, safe and high-quality services.
- The strategy was built around commitments to eight key themes, each with a set of statements outlining what was being worked towards; action plans around the delivery of the strategy were likely to follow. These commitments were aligned to the expectations of the Care Quality Commission's quality assurance framework.

In response to questions from the committee, it was confirmed that:

- It was an ambition to work with primary care and community services to enhance and encourage early conversations around care needs, as many people would only seek this information in times of crisis. These conversations were part of a solution to enable people to access the support they needed without going through a lengthy assessment process.
- Collecting data and intelligence was critical in understanding workload pressures and financial resources to improve care and support. Although capacity was lean and limited, improving the quality and consistency of data collection was a work in progress, including consideration of utilising automated reports and establishing priorities for data collection.
- It was a legal requirement to offer Direct Payments, but people often needed support to access and use them. Work was underway to improve the process, and officers were looking to engage with people who had experience with, or who might benefit from, Direct Payments; proposals around this would be brought forward.
- Care workers were undervalued, and while there was a national shortage of funding, it was important to support people to build careers in care, and to work with partners to raise parity of esteem for the care workforce. Improving training and opportunities for career development were priorities of the workforce element of the strategy.
- The Council had a statutory duty to consider best value. The ambition of the strategy was likely to outstrip available resources and priorities would need to be considered.
- Support for unpaid carers was a high priority; their work was invaluable in a context where care had become more expensive and more difficult, and they deserved greater support. There were

national challenges around respite care and short breaks, but options around how respite care was commissioned could be considered.

- Work with partners was needed to highlight the challenges faced by people with disabilities, sensory impairments, or mental ill health in navigating processes for national benefits such as Attendance Allowance. It was hoped that a pilot scheme to support people to fill out complex forms from home could be extended across the city.
- Members' suggestions around enhancing the accessibility of the document for a general audience, including the possibility of including case studies to illustrate the process, would be considered.
- Collaboration and co-production were central to the strategy, and it was an ambition to create more opportunities for engagement across the city, including around supporting young carers.

The Executive Member for Health, Wellbeing and Adult Social Care was in attendance and emphasised the importance of celebrating and supporting paid and unpaid carers across York.

Resolved: That the Committee receive regular updates on the development of the strategy with the opportunity to input into its development.

Reason: To keep the Committee updated on the development of the Adult Social Care Strategy.

49. Work Plan (19:42)

The committee considered a draft work plan for the 2024/25.

During the discussion it was noted that:

- The committee had already agreed several items for its scheduled meetings in June and July.
- An update on a York pipeline of proposals for Combined Authority funding opportunities had been suggested by officers for the June meeting; it was anticipated that this pipeline would be considered by all four scrutiny committees.
- A peer review of the Council's Adult Social Care services had recently been carried out by the Association of Directors of Adult Social Services (ADASS) and a final report was expected soon; it was likely that an action plan would be developed in response and could be considered as a future scrutiny item.

- Several members expressed an interest in gaining a more practical understanding of available options in reablement technology.
- That the committee's July meeting would be an appropriate date for a further update on the development of the Adult Social Care Strategy. Suggested Public Health and Adult Social Care items could be split across the scheduled meetings in July and September if required.

In addition, suggestions made for future scrutiny items included:

- An update on Void Properties.
- An update on Dentistry following on from an item at the December 2023 meeting of the committee.
- A review of the Housing Estate Management pilot begun under the previous administration.

Resolved:

- i. That the York pipeline of proposals for Combined Authority be considered at the scheduled meeting in June.
- ii. That a further update on the Adult Social Care Strategy and an item on the ADASS peer review be considered for the scheduled meeting in July, and that the Chair and Vice-Chair liaise with officers to determine a suitable agenda for both that meeting and the following scheduled meeting in September.
- iii. That the Chair and Vice-Chair liaise with officers to organise a practical demonstration of reablement technology options for committee members, with a view to holding this in July.
- iv. That an update on Void Properties be added to the work plan for the October meeting alongside an existing item on Housing Repairs Policy.
- v. That an update on Dentistry and a review of the Housing Estate Management pilot be added to the work plan with dates to be confirmed.

Reason: To keep the committee's work plan updated.

Cllr C Vassie, Vice-Chair

[The meeting started at 5.31 pm and finished at 7.49 pm].

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Meeting	Health, Housing and Adult Social Care Scrutiny Committee
Date	12 June 2024
Present	Councillors J Burton (Chair), Vassie (Vice-Chair), Hook, D Myers, Rose, Runciman, Smalley, Wann and Wilson
In Attendance	Councillor Pavlovic (Executive Member for Housing, Planning and Safer Communities)
Officers Present	Pauline Stuchfield, Director of Housing and Communities Claire Foale, Assistant Director of Policy and Strategy Sam Blyth, Strategic Manager - Corporate Policy and City Partnerships Denis Southall, Head of Housing Management and Housing Options Andrew Bebbington, Housing Strategy Officer

1. Declarations of Interest (5:31 pm)

Members were asked to declare at this point in the meeting any disclosable pecuniary interests or other registerable interests they might have in respect of the business on the agenda, if they had not already done so in advance on the Register of Interests. None were declared.

2. Public Participation (5:31 pm)

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

3. York pipeline of projects for the York and North Yorkshire Combined Authority (5:32 pm)

The committee was invited to consider a pipeline of proposals for projects that could receive funding from the York and North Yorkshire Combined Authority (YNYCA). These projects were listed in Annex A, organised under the following headings:

- Great Places for All
- Housing
- Well-connected economy
- Productive and Innovative Economy

It was reported that Annex A was a live document which was expected to change according to developing priorities, and would be considered by all four scrutiny committees. In developing the pipeline consultation had taken place internally as well as with North Yorkshire Council and YNYCA counterparts.

Members suggested a range of amendments and additions including:

- That the healthy places infrastructure plan include consideration of integrated localised primary care health centres (particularly in York's villages).
- That support for care leavers be considered as part of the York and North Yorkshire Housing Strategy.
- That sustainable transport projects consider aligning work at a regional level to better connect York with towns, villages and other areas across the region, including developing cycling connectivity and full dualling of the outer ring road, and that options to establish York as a hub for regional transport be explored.
- That improved bus connectivity to York's villages, the provision of e-scooters, and an EV shuttle bus around the city centre be considered as part of public transport enhancements.
- That funding for the provision of SEND transport be considered as part of home to school transport proposals.
- That Early Years Training proposals include working with education providers to overcome barriers including restrictions on funding.
- That proposals to build international relationships consider utilising York's assets including the Lord Mayor to further the region's global impact.
- That cultural funding proposals consider funding to achieve the aspirations of York's cultural strategy, including capital investment in York Castle Museum, and to promote York as a national and international destination for sporting events.

Resolved: To note the pipeline and request that the amendments and additions suggested by the committee be included in the list of proposals and considered as part of the pipeline's development.

Reason: To ensure the pipeline aligns with the 10-year strategies for York, the 2023-2027 Council Plan, and YNYCA Economic Framework, enable different perspectives from across the Council to be considered in the pipeline's development, and ensure that York has a strong, consolidated list of proposals through which to engage future funding opportunities emerging from the YNYCA.

4. Homelessness Future Resettlement Pathway (6:04 pm)

The committee considered a report on resettlement pathways for those over the age of 16 in York who found themselves homeless.

Officers provided an overview, noting that the 9 May Executive meeting had made several decisions to reshape delivery of these services, with an emphasis on a person-centred, strength-based approach to resettlement. The first stage would see existing services brought in-house, and the second would ensure the council could provide a variety of effective, flexible accommodation and support solutions for residents who found themselves homeless; to this end a refreshed Homelessness and Rough Sleeping Strategy and delivery plan would be brought to the Executive later this year.

Several members stated that they were unable to participate in the discussion owing to the pre-election period. It was noted that members wanted to discuss the report, but that it was a question of the appropriate timing. It was also noted that that the report was the product of considerable work by officers, and that members would welcome another opportunity to consider it in detail once the pre-election period had closed.

The Executive Member for Housing, Planning and safer Communities was in attendance. He noted that the process outlined in the report was already underway, and that he would welcome the report being brought back to the committee at an early opportunity.

Resolved:

- i. To thank the officers for their work in this area
- ii. To defer consideration of the report until after the general election.

Reason: To allow all members to participate fully in discussion of the progress on this service provision.

5. Work Plan (6:36 pm)

The committee considered its work plan for the 2024/25 municipal year. It was noted that there was a desire amongst members to consider the Homelessness Future Resettlement Pathway report as soon as possible after the general election. It was also noted that several items had been scheduled already for the committee's next meeting in July, some of which could be rearranged if necessary.

Resolved: That the Chair and Vice-Chair liaise with officers to determine the agenda for the committee's next scheduled meetings, with a view to bringing back the Homelessness Future Resettlement Pathway report at an early opportunity.

Reason: To keep the committee's work plan updated.

Cllr J Burton, Chair

[The meeting started at 5.31 pm and finished at 6.45 pm].

Meeting	Health, Housing and Adult Social Care Scrutiny Committee
Date	10 July 2024
Present	Councillors J Burton (Chair), Hook, D Myers, Rose, Runciman, Wilson, Knight (Substitute) and Cuthbertson (Substitute)
Apologies	Councillors Smalley and Wann
In Attendance	Councillor Steels-Walshaw (Executive Member for Health, Wellbeing and Adult Social Care)
Officers Present	Peter Roderick, Director of Public Health Anna Lee-Hughes, Infant Feeding Lead
External Visitors	Dawn Parkes, Chief Nurse, York and Scarborough Teaching Hospitals NHS Foundation Trust Simon Morrith, Chief Executive, York and Scarborough Teaching Hospitals NHS Foundation Trust

6. Declarations of Interest (5:33 pm)

Members were asked to declare at this point in the meeting any disclosable pecuniary interests or other registerable interests they might have in respect of the business on the agenda, if they had not already done so in advance on the Register of Interests.

None were declared, although in relation to agenda item 4 (York and Scarborough Teaching Hospitals NHS Foundation Trust CQC Update) Cllr Rose noted in the interests of transparency that he was an appointed City of York Council representative on the Trust's Council of Governors.

7. Minutes (5:34 pm)

Resolved: That the minutes of the meeting held on 23 April 2024 be agreed as correct record and signed by the Chair.

8. Public Participation (5:35 pm)

It was reported that there had been two registrations to speak at the meeting under the Council's Public Participation Scheme.

Flick Williams, speaking remotely in relation to agenda item 4 (York and Scarborough Teaching Hospitals NHS Foundation Trust CQC Update), drew attention to issues of patient safety around Covid-19 for those who were clinically vulnerable. Describing a recent hospital experience, she raised concerns about hospital-acquired infections and the sustainability of safe staffing, querying the place of patient protection in the Trust's improvement plan.

Dr Ernestine Gheyoh Ndzi, speaking in relation to agenda item 5 (Breastfeeding and Infant Feeding), noted that while the benefits of breastfeeding were well-documented, her work with stakeholders across the region highlighted the need for more support. Noting the drop in breastfeeding rates by six weeks and cost of living challenges for those formula feeding, she called for stronger support structures and resources to help parents make informed decisions and work towards a city where all babies could have the best start in life.

9. York and Scarborough Teaching Hospitals NHS Foundation Trust CQC Update (5:44 pm)

Members considered an update from York and Scarborough Teaching Hospitals NHS Foundation Trust on the approach the Trust was taking to address issues identified by the last Care Quality Commission inspection. This followed a previous update to the committee in September 2023.

The Trust's Chief Executive and Chief Nurse provided an overview and responded to questions from the committee. It was noted that:

- The 'must do' and 'should do' actions issued by the CQC had been amalgamated into 73 actions as part of the Trust's 'Journey to Excellence' improvement plan, overseen by a fortnightly programme board. These actions required robust evidence to be signed off, with 40 actions having been so to date, with a further eight completed pending final approval.
- Extensions had been approved for 13 actions to ensure consistent audit feedback that they were being met, and the CQC were aware of this. This included some 'must do' actions, including an electronic mental health assessment for Emergency Departments.

- 10 off-track actions required an extension; these needed time to embed and there were no major concerns around achieving them. An exception was Emergency Care workload; it was likely that this would be put into normal monitoring processes following discussion with the CQC.
- The CQC had been invited later back in the month. Its assessment processes had changed and re-inspections, which could take place at any time, would focus on specific areas. The Trust provided monthly assurance updates to the CQC.
- The Trust was required to deliver a 7% financial efficiency programme in 2024-25, comparable to neighbouring Trusts. Everything possible was being done to prevent these efficiencies having an impact on the quality of patient care. While staff regularly went above and beyond, this entailed management of service levels within the existing resource settlement. All partners across the broader health and care system were facing similar financial challenges.
- Balancing improvements with delivery of the efficiency programme was a key risk, but nurse staffing changes to improve safety in Emergency Department waiting areas were fully sustainable and processes were in place to support teams if issues arose.
- The Trust continued to follow national guidance around the management of Covid-19, which remained a challenge including around staffing. Specific care plans were put in place for clinically vulnerable patients.
- In relation to the Trust's relationship with the Council, there was an emphasis on continuing to work together constructively to innovate and strengthen the integration of services.

Resolved: To note the Trust's response to the CQC inspection and the wider Journey to Excellence focused improvement programme.

Reason: To keep the committee updated on the progress of the Trust's improvement programme.

10. Breastfeeding and Infant Feeding (6:19 pm)

Members considered an update on the Breastfeeding and Infant Feeding Delivery Plan. This followed a previous report to the committee in December 2023.

The Director of Public Health and the Infant Feeding Lead provided an overview and responded to questions from the committee. The Chair also invited Dr Ndzi, the public participant, to join the discussion. It was noted that:

- The Public Health team was expanding its work in this area through the York Breastfeeding and Infant Feeding Partnership, including working towards UNICEF Baby Friendly Initiative (BFI) accreditation, developing a food insecurity pathway, and adopting a 'Feeding Friendly City' approach. This collaborative work would be informed by feedback on current service provision.
- Breastfeeding rates in York fell from an average of 74% at delivery to 44% by 6-8 weeks. This drop was more pronounced in wards with higher rates of deprivation, falling to 29% in the most deprived ward. Work was in progress to reach families in these areas through family hubs, which were now included in BFI standards, as well as through baby and toddler groups, to provide advice and support including around expressing, and gather feedback.
- Quarterly auditing of families' experiences of care formed part of BFI accreditation, and audits could be tailored to ask additional questions. It was an ambition to collect a deeper level of data to better understand the reasons for falling rates within wards.
- It was hoped that the multi-agency pathway which had been developed to support families experiencing food insecurity would be live by the end of the summer. This would include vouchers to provide formula for families in crisis issued by the Healthy Child Service and community midwifery, alongside wraparound support and advice including signposting to relevant advice organisations who could offer support around accessing benefits, fuel costs, and budgeting.
- Work was being done with maternity services to improve the consistency of in-hospital breastfeeding support. It was important that those unable to breastfeed felt fully supported, and strategic and specialist clinical work was underway to achieve this.
- Local efforts to counter the exploitative marketing of formula milk focused on the supportive networks across the city, but the Council's voice was added to national campaigns when appropriate. It was noted that the Competition and Markets Authority was currently investigating formula milk pricing, and inappropriate marketing claims could be reported.
- Peer support was invaluable, and while organisations such as Treasure Chest ran groups across the city, it was a challenge to

engage families in wards where breastfeeding rates were lower. It was an ambition to undertake specific impact work with women in those areas to help develop peer support networks. A text or call-back service was also an aspiration.

- Initial communications work was underway for a 'Feeding Friendly City' approach to foster an enabling environment for breastfeeding in York. This would be informed by successful initiatives from other towns and cities, and would include a public health campaign, education and training around safe feeding practices, and engagement with businesses and venues to support them to be 'feeding friendly' however babies were being fed. A 'nudge' approach would be considered as part of this work.
- Local efforts for World Breastfeeding Week in August would focus on supporting families to make informed choices on infant feeding, particularly around preparation during pregnancy.

The Executive Member for Health, Wellbeing and Adult Social Care was in attendance and indicated her support for a 'Feeding Friendly City' approach.

Resolved:

- i. To note and support the work being undertaken to achieve the ambition of protecting, promoting and supporting breastfeeding and safe infant feeding practices.
- ii. To support the approach to York becoming a 'feeding friendly city'.

Reason: To keep the committee updated and to support and promote breastfeeding and safe infant feeding in York.

11. Work Plan (7:19 pm)

The committee considered its work plan for the 2024/25 municipal year. It was noted that:

- The previously deferred report on the Homelessness Future Resettlement Pathway was not the agenda for the present meeting. Members indicated their desire to discuss the report at an early opportunity, and the question of ensuring the timeliness of future work plan items was also raised.

- With reference to Public Health work on Autism and ADHD, it was confirmed that officers were in the process of producing a Health Needs Assessment on the needs of those with Autism and ADHD. A report on this subject was scheduled to be considered by the committee in November, and would be followed at a later date in 2025 by a co-produced city Autism and ADHD strategy informed by the Health Needs Assessment. An update on progress with the strategy would be given at the November meeting.
- It was suggested that certain areas of Adult Social Care finance, including around supporting those with complex needs based outside the city, could be considered in more depth during discussion of an upcoming Finance and Performance Monitor Report.
- The Chair noted that the committee had previously requested that the Audit and Governance Committee review the ending of the Early Intervention and Prevention Contract with the Salvation Army. She noted that while this was now a matter for the Audit and Governance Committee, interested members could register to speak at that committee's next meeting when a report on the subject was due to be considered.

Resolved:

- i. To note the committee's work plan.
- ii. That the Chair and Vice-Chair liaise with officers to ensure suitable agendas for upcoming meetings, including requesting that the Homelessness Future Resettlement Pathway be brought back at an early opportunity.

Reason: To keep the committee's work plan updated.

Cllr J Burton, Chair

[The meeting started at 5.33 pm and finished at 7.27 pm].



**Health, Housing, and Adult Social Care
Scrutiny Committee.****11 September 2024**

Report of the Director of Public Health

Community Pharmacy Provision in York**Summary**

1. Community pharmacy in our city is a huge asset to local communities and to public health. It has ‘fantastic potential to improve access to healthcare and alleviate pressures on the wider health service’¹. However, it as a sector it faces a number of challenges.
2. This report provides an overview of recent changes to pharmacy provision in York, and the potential impact on resident access to pharmacies. This report also provides an overview of the broader challenges facing community pharmacies in the UK.
3. Evidence for this Scrutiny session has been gathered from Public Health through the pharmaceutical needs assessment (PNA), with updates on changes since the PNA was published.² This is presented together with a summary of national and local challenges facing the sector, which has had input from both the local pharmaceutical committee (Community Pharmacy North Yorkshire, “CPNY”) and the commissioner of community pharmacy (NHS Integrated Care Board, “the ICB”)

Background

4. A paper on this topic was requested following a meeting of HHASC Scrutiny Committee in January 2024.

¹ <https://committees.parliament.uk/publications/45156/documents/223614/default/>

² <https://www.healthyyork.org/jsna-1/list-jsnas-1>

National context

5. There is much ambition for community pharmacy to continue as the linchpin of local same-day, minor ailment, and routine care in communities, as well as dispensing the majority of medications to the population. The NHS Long-term Plan in 2019 acknowledged the essential role pharmacists play within a health and care system with a commitment to community pharmacy ‘to make greater use of community pharmacists’ skills and opportunities to engage patients, while also exploring further efficiencies through reform of reimbursement and wider supply arrangements.’
6. Recent examples of this include the ambition to expand the scope of pharmacy services include Pharmacy First, a service includes enabling patients to get certain prescription medications directly from a pharmacy, without a GP appointment, for seven common conditions (Acute otitis media, Impetigo, Infected insect bites, Shingles, Sinusitis, Sore throat, Uncomplicated urinary tract infections), and the introduction of independent prescriber roles within the pharmacy workforce.
7. The recent Health and Social Care Select Committee report into Pharmacy highlights a number of challenges to these ambitions.
8. In terms of funding, it identifies that Community pharmacy funding has fallen by over 30% in real terms since 2015. For individual pharmacy owners this has often meant an annual shortfall for their business.
9. Viability of community pharmacy, which is delivered by independent contractors not salaried NHS staff, has therefore been poor, leading to the number of community pharmacies reducing by over 1,100 since 2015, of which 35% were in the most deprived communities. In addition, opening hours have also been affected.
10. The report notes ongoing challenges relating to medicine shortages and the major impacts on patients and pharmacies. People living with type 2 diabetes ADHD, epilepsy, and cystic fibrosis and those experiencing the menopause have faced challenges accessing the vital medication they need.
11. Staffing problems reflect broader health and care workforce challenges, and the Select Committee report notes that most pharmacies are now facing staffing shortages, and 86% of the pharmacy workforce is at risk of burnout. They state that ‘the government is right to want to grow the

pharmacy workforce, but the necessary training places, and support for those in training, are not available to meet that ambition.”

Community pharmacy provision and issues in York

12. The pharmaceutical needs assessment (PNA) process is a statutory duty of the Health and Wellbeing Board (HWBB) and is carried out by public health. The PNA provides a descriptive overview of all pharmacy services in York, including opening hours, location, and services offered. It also makes a judgement on whether pharmacy services are sufficient to meet the needs of the population, or whether there is a local ‘gap’ in provision.
13. The PNA offer 29 conclusions on pharmacy services, access, provision, type of service, opening hours and the future demographics affecting pharmacy in the city, utilising data and responses to a public consultation. The PNA process is repeated on a three-year cycle; the current PNA covers 2022-2024, and a new PNA will be published in 2025.
14. There is no national standard for ‘Good’ access to pharmaceutical services, no threshold based on population size or distance travelled. A gap in provision is identified based on professional judgment and knowledge of the local area. On this basis, the conclusions of the current PNA did not identify any gaps in pharmaceutical provision:

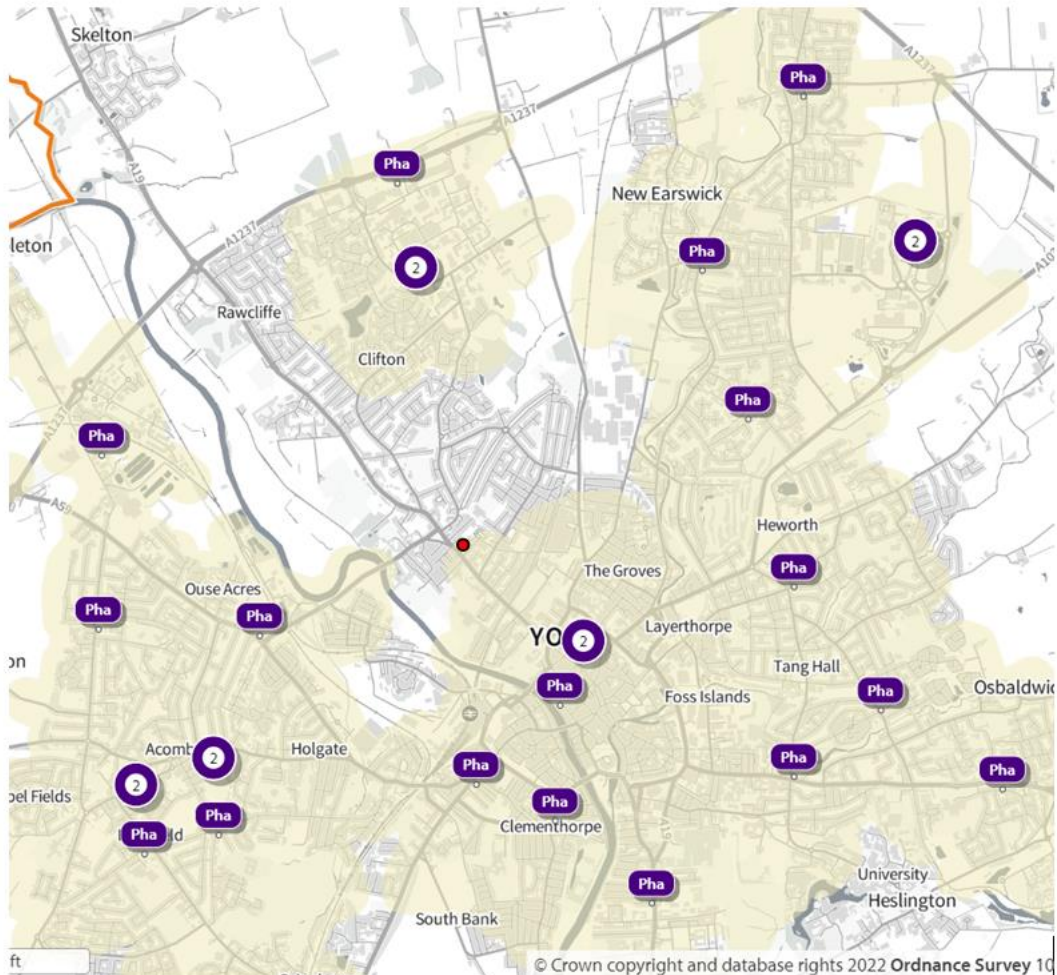
“There is adequate choice of pharmacies and a good geographic spread of pharmacies in York. The majority of people are within reasonable walking or travel distance of a pharmacy. Overall, there is good pharmaceutical service provision in most of York from Monday to Friday. In urban areas there is good provision of pharmaceutical services on Saturday and Sundays.”
15. Pharmacies have both core contractual and additional supplementary opening hours. Core hours cannot be changed without approval from the Pharmacy Services Regulations Committee (PSRC) and supplementary hours can be removed if the contractor provides 5 weeks' notice. If the contractor wishes to remove these opening hours with less than 5 weeks' notice, this needs approval from the PSRC.
16. If a pharmacy wishes to close, as long as they provide the notice period required by regulations, this is treated as a notification with no further

consultation. As with the supplementary hours, if the contractor wishes to close with less than the notice period required by regulations, this will need support from PSRC.

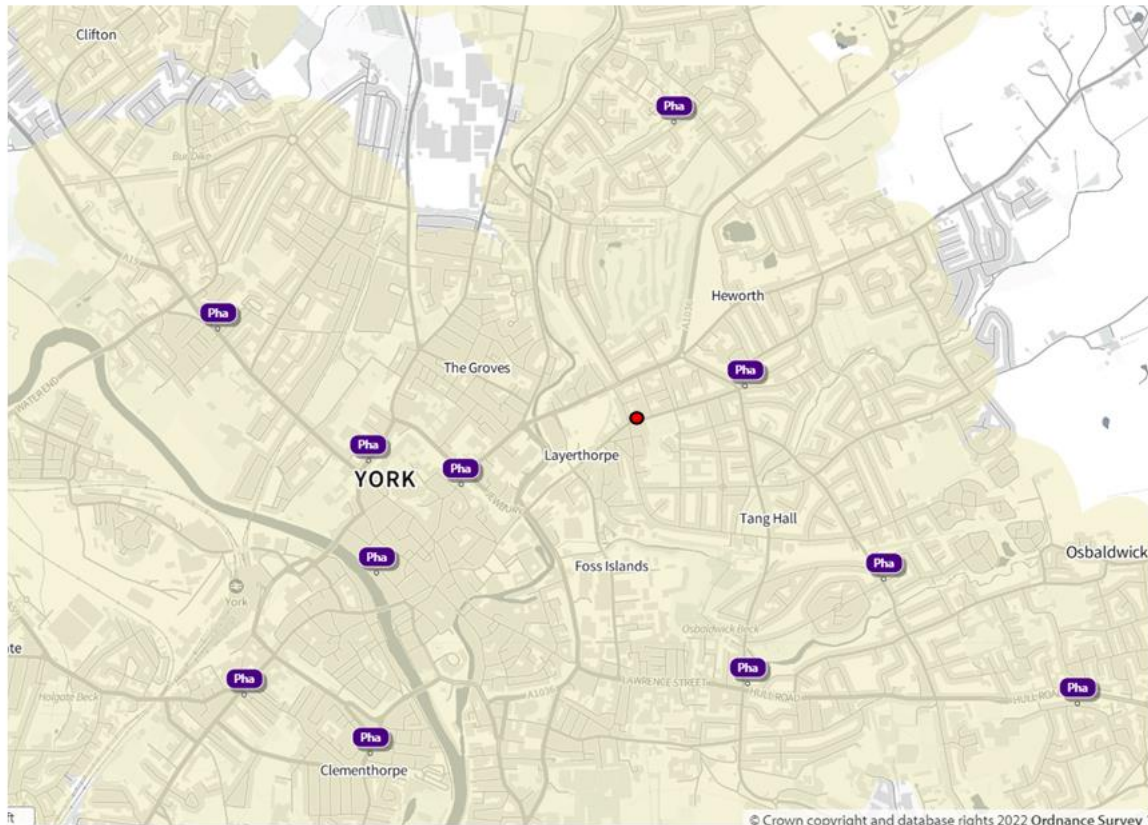
17. Some of the applications to change pharmacy provision require comments from the HWBB lead. Others are notifications and, in these instances, the ICB notify the local public health team. Since publishing the PNA, the following changes to provision have been notified. It was decided that none of the changes resulted in a 'gap' in provision:
- Four 100hr pharmacies have reduced their hours to between 72 and 82 hours during 2023. All four pharmacies still provide a seven-day service, and still provide a service until 9pm on weekday nights³.
 - Lloyds pharmacy at Monks Cross closed on 23 April 2023. The nearest pharmacy is 0.2 miles away.
 - Citywide 100hr pharmacy in Huntington closed on 27 May 2023. There are 6 other pharmacies within a mile.
 - Boots pharmacy on Kings Square closed on 28 October 2023. There are 10 other pharmacies within a mile.
 - There was also a change of ownership of a pharmacy in Huntington in April 2023.
18. So far, in 2024 there have been two pharmacy closures who closed on 17 February and 9 March 2024 respectively:

³ Under [new regulation](#) introduced by the Department of Health and Social Care (DHSC) and NHS England (NHSE), from 25th May 2023, these pharmacies are now able to give notification to reduce their core hours to a minimum of 72 hours per week. These changes in regulations aim to give contractors greater control and flexibility over their opening hours and reduce the impact of rising business costs. As part of the reduction, they are not allowed to reduce their hours between 5pm and 9pm, Monday to Saturday, or reduce their overall opening hours on a Sunday.

- Boots on 86 Clifton (see map below). Yellow shading indicates locations within 15 minute walk of a pharmacy. The red dot indicates where the pharmacy was, and the non-shaded residential area to the north of that red dot is the area which is now more than a 15 minute walk from a pharmacy.



- Boots on 10 East Parade Heworth (see map on next page). The red dot marks where the pharmacy was. This closure does not put any additional residents more than 15 minute walk from a pharmacy.



19. There are no legal powers to require a community pharmacy to open or remain open in a location. However, PNAs identify within them whether there is a gap, a current or future need. Where there are changes in pharmacy provision, a supplementary statement may be published which will state what the changes are. These must be taken into by the ICB commissioners of pharmacy services in assessment of applications for a pharmacy licence.
20. In response to the Clifton pharmacy closure in February 2024, public health drafted a supplementary statement which was issued by the chair of the Health and Wellbeing Board, stating a gap in provision in the Clifton area.⁴ This document does not automatically mean new applications for pharmacies will be successful, but it is one of the factors considered when applications are made.
21. There have been three applications to open a new pharmacy in the Clifton area.
 - Application by Marra Healthcare, submitted March 2024.
 - Application by Haxby Group, submitted April 2024.

⁴ [2022-pharmaceutical-needs-assessments-supplementary-statement \(healthyeast.org\)](https://www.healthyeast.org/2022-pharmaceutical-needs-assessments-supplementary-statement)

- Application by Pharmacy Group Corp, submitted June 2024.
22. Public Health/Health and Wellbeing Board responded to these applications. Support was given to each application in line with the identified a gap in pharmacy provision in the Clifton Area. In some cases, additional comments were made about the benefit of more comprehensive opening hours.
 23. In August 2024, the ICB issued responses and has rejected all three of the applications for a new pharmacy in the Clifton area.
 24. In July there was an application for a distance selling pharmacy. This type of pharmacy operates exclusively online and has no in-person customers. Public Health/Health and Wellbeing Board responded to the application with no objection to the application. The ICB will publish their decision in October 2024.
 25. In 2024 so far, two pharmacies have notified a permanent decrease to their supplementary dispensing hours. This means that they will now only operate for the core hours.
 - Fittleworth Medical at Kettlestring Court, Clifton Moor: new dispensing hours are Monday-Friday 9:00-15:00.
 - Monkton Road Pharmacy: new dispensing hours are Monday-Friday 9:00-17:00.

Consultation

26. The production of a PNA involves a 60-day statutory consultation process with the public and key professional bodies.
27. Scrutiny is asked to note that there was a resident led petition in January 2024 to keep the pharmacy in Clifton open.

Options

28. The Committee is asked to note and comment on pharmacy access and provision in York, as set out in this report and in the verbal evidence presented at the committee.

Analysis

29. Pharmacies are a crucial part of the health and care system, are key local community assets, and have a significant role to play in improving the health of our city, which is statutory duty of the council.

Council Plan

30. Health is one of the four key commitments of the council plan. Within this, the council commits to 'strengthen York's integrated prevention and early intervention model'. Although not specifically mentioned, high street pharmacy services are one part of primary and secondary care.

Implications

- **Financial** *There are no financial implications.*
- **Human Resources (HR)** *There are no HR implications.*
- **Equalities** *There are no equalities implications.*
- **Legal** *There are no legal implications.*
- **Crime and Disorder** *There are no crime and disorder implications.*
- **Information Technology (IT)** *There are no IT implications.*
- **Property** *There are no property implications.*
- **Other** *There are no implications to other departments.*

Risk Management

31. There are no direct risks to the council, with pharmacy services being commissioned and provided as part of the NHS. However as local community assets and health facilities, the provision of and access to, pharmacy services is of importance to local residents and members.

Recommendations

32. The Committee is asked to note and comment on pharmacy access and provision in York, as set out in this report and in the verbal evidence presented at the committee.

Contact Details

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Peter Roderick
Director of Public Health

Report Approved

Date 03/09/2024

Wards Affected: *List wards or tick box to indicate all*

All

For further information please contact the author of the report

Background Papers:

Current York Pharmaceutical Needs Assessment 2022-2025,
<https://www.healthyyork.org/jsna/downloads/file/35/2022-york-pharmaceutical-needs-assessment-2022-to-2025>

Supplementary Statement to the York Pharmaceutical Needs Assessment 2022-2025, April 2024,
<https://www.healthyyork.org/jsna/downloads/file/39/2022-pharmaceutical-needs-assessments-supplementary-statement>

House of Commons Health and Social Care Committee Pharmacy Report, May 2024,
<https://committees.parliament.uk/publications/45156/documents/223614/default/>

National Health Service (Pharmaceutical and Local Pharmaceutical Services)
(Amendment) Regulations 2023,
<https://www.legislation.gov.uk/uksi/2023/479/made>

Annexes

There are no annexes.

Abbreviations

CPNY Community Pharmacy North Yorkshire

ICB Integrated Care Board

HWBB Health and Wellbeing Board

HHASC Health, Housing, and Adult Social Care Scrutiny Committee

PNA Pharmaceutical Needs Assessment

PSRC Pharmacy Services Regulations Committee



**Health, Housing and Adult Social Care
Scrutiny Committee****11 September 2024**

Report of the Head of Housing Management and Housing Options

Homelessness Future Resettlement Pathway**Summary**

1. The council has a clear ambition to reduce homelessness and since 2023 significant cross directorate work has been undertaken between Housing Adult Social Care, Children's Services and Public Health to explore ways of achieving this. On 9 May 2024, the council's Executive took a number of decisions to reshape delivery of these services. This followed a review of existing provision identifying opportunities to enhance a person centred, integrated system approach to delivery: <https://democracy.york.gov.uk/ieListDocuments.aspx?CId=733&MId=14497&Ver=4> (item 127)
2. The resettlement pathways provide emergency/temporary accommodation and support, using residential placements, for everyone who is homeless over the age of 16. The pathways support people to develop the skills to live independently and prevent homelessness. The 9 May report outlines the progressive journey towards a tailored, person-centred, strength-based approach to resettlement. The first stage will bring the existing service in house and will then be followed by a second stage, to deliver a long-term ambition to ensure the council can provide a variety of effective, flexible accommodation and support solutions for residents who find themselves homeless. The approach is evidence based and will shift away from hostel accommodation, provide increased levels of service to prevent homelessness, and a focus upon rapid rehousing for those who become homeless but have relatively low support needs.
3. Following further consultation, a refreshed Homelessness and Rough Sleeping Strategy and delivery plan will be brought back to Executive later this year. This will be based on ongoing work with DLUHC (Department for Levelling Up, Housing and Communities) and the

advice of internationally renowned Homelessness and Rough Sleeping expert Nicholas Pleace, who is based at the Centre for Housing Studies at the University of York. A review of the 2018-23 Strategy period accomplishments and draft key priorities for 2024-29 is shown in Annex B.

4. During 2024 the service priority will be implementation of the Executive decisions with a project team in place to bring the accommodation services in house and integrate all provision to improve system-wide outcomes, monitor performance, and build on existing governance structures to facilitate effective partnership work at the strategic level. The plans are detailed in the 9 May Executive Report and Annexed documents, including policy basis, analysis, risks and mitigations and implications.

Background

5. Please see 9 May Report to Executive.

Consultation

6. Please see 9 May Report to Executive.

Options

7. Please see 9 May Report to Executive.

Analysis

8. Please see 9 May Report to Executive.

Council Plan

9. Please see 9 May Report to Executive.

Implications

10. Please see 9 May Report to Executive.

Risk Management

11. Please see 9 May Report to Executive.

Recommendations

12. It is recommended to note the progress on this service provision and to agree to a further item to be presented to the Committee in early 2025, once the new in-house service delivery is underway.

Reason: To keep the Committee updated.

Contact Details

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Report
Approved



Date 4 June 2024

Wards Affected:

All



For further information please contact the author of the report

Background papers

Future Resettlement Pathway – Building Independence 9 May Report to
Executive and associated Annexes

<https://democracy.york.gov.uk/ieListDocuments.aspx?CId=733&MIId=14497&Ver=4> (item 127)

Update Report on Homelessness / Resettlement Services 2023 including
winter provision, commissioning issues and strategy update – November
2023 report to Scrutiny Committee

<https://democracy.york.gov.uk/ieListDocuments.aspx?CId=1056&MIId=14273>
(item 15)

Appendices

Appendix A – 9 May Report to Executive and associated Annexes A-C
<https://democracy.york.gov.uk/ieListDocuments.aspx?CId=733&MId=14497&Ver=4> (item 127)

Appendix B – Review of the 2018-23 Homelessness Strategy lifecycle and draft 2024-29 priorities

Appendix C – Resettlement pathway review - key recommendations

Appendix D – Proposed Best Practice 16 to 25 Accommodation Pathway



Meeting:	Executive
Meeting date:	May 9th, 2024
Report of:	Corporate Directors of Place, Adult Social Care, Childrens Services, Director of Public Health Director of Housing Economy Regeneration
Portfolio of:	Executive Members for Housing, Adults, Childrens Cllr Pavlovic Cllr Webb Cllr Coles

Decision Report: Developing Homelessness Resettlement Pathways – Building Independence

Subject of Report

1. The council has a clear ambition to reduce homelessness and since 2023 significant cross directorate work has been undertaken between Housing Adult Social Care, Children’s Services and Public Health to explore ways of achieving this. The report to Executive in December 2023 on the Procurement of the Adult Community Wellbeing and Support Service provided the opportunity for a 6-month contract extension to allow for a consultation process, prior to reprocurement. The report noted the lack of business case for the option to bring the services inhouse, whilst also noting that the elements of the service that were already delivered in-house, delivered better outcomes than externally delivered services.
2. This 6-month extension has provided opportunity for further consultation and refinement of the council’s ambition to reduce homelessness. While the presumption in December was to reprocure services, it has also allowed the council to develop a business case for the option to bring most of the resettlement pathway in-house, with the objective of increasing efficiency, managing costs, and improving outcomes.
3. Due diligence on Housing Benefits subsidy arrangements has significantly altered the financial implications of insourcing the service

and as a result this option is presented in this report alongside the option to reprocore.

The resettlement pathways provide emergency/temporary accommodation and support, using residential placements, for everyone who is homeless over the age of 16. The pathways support people to develop the skills to live independently and prevent homelessness. The report outlines the progressive journey towards a tailored, person-centred, strength-based approach to resettlement. The first stage will bring the existing service in house and will then be followed by a second stage, to deliver a long-term ambition to ensure the council can provide a variety of effective, flexible accommodation and support solutions for residents who find themselves homeless. The approach is evidence based and will shift away from hostel accommodation, provide increased levels of service to prevent homelessness, and a focus upon rapid rehousing for those who become homeless but have relatively low support needs.

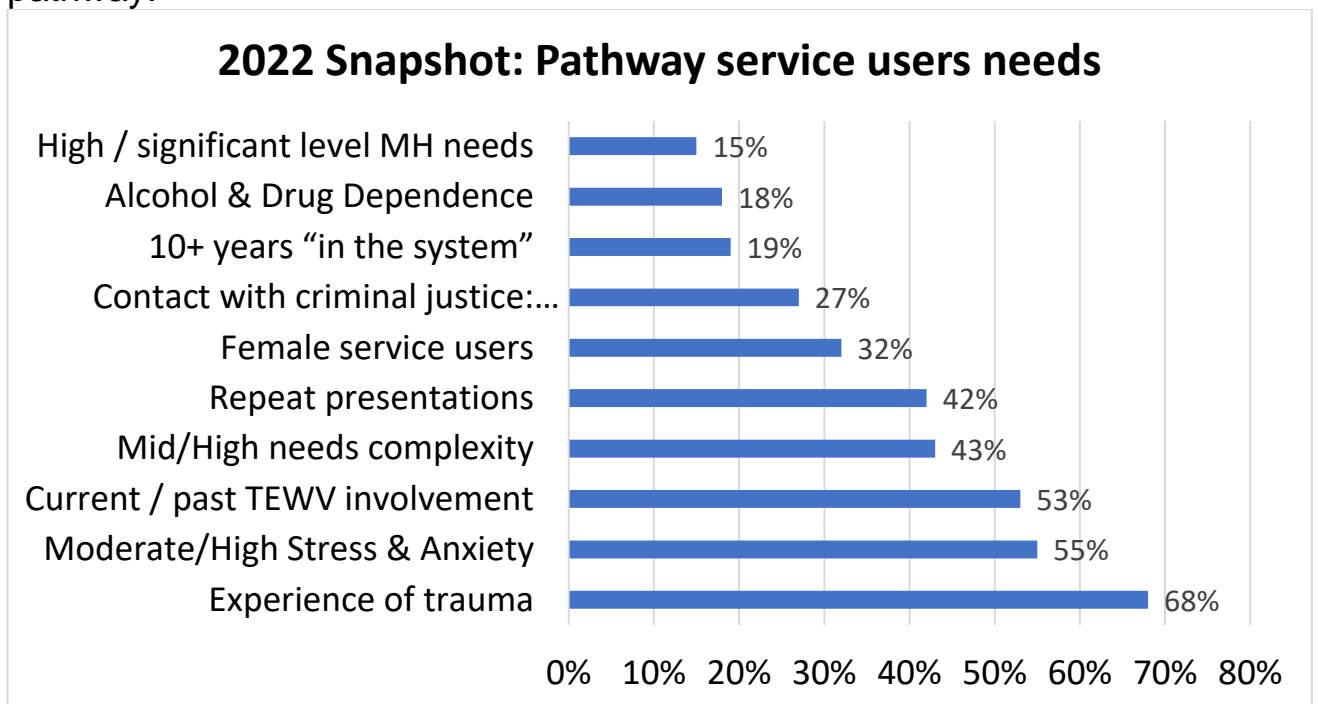
4. Following further consultation, a refreshed Homelessness and Rough Sleeping Strategy and delivery plan will be brought back to Executive later this year. This will be based on ongoing work with DLUHC (Department for Levelling Up, Housing and Communities) and the advice of internationally renowned Homelessness and Rough Sleeping expert Nicholas Pleace, who is based at the Centre for Housing Studies at the University of York. This strategy and our wider approach will ensure we are able to take a trauma informed approach in accordance with the motion passed at full council in March 2024.

Background

The context

5. The landscape of resettlement is wide ranging and complex and has evolved quickly in recent years. Rough sleeping reached crisis point nationally and locally in the middle of the last decade, due to austerity and national underinvestment in preventative services. Nationally, rough sleeping and the number of families in temporary accommodation continue to rise, with a national increase of 120% in rough sleeping levels from 2010 to 2023, and 60% since 2021. The Homelessness Reduction Act 2017 (HRA) set out new statutory responsibilities for local government in preventing and relieving homelessness. Similarly, the Children's Act has also refined our duty of care to 16 and 17-year-olds who are homeless and can also be Looked After Children (LACs).

6. A number of significant factors have exacerbated the situation, not least the impact of welfare reform (Universal Credit, Changes to disability benefits, bedroom tax etc.), the ongoing impact of the Covid pandemic on services and the health and wellbeing of individuals, followed recently by the ongoing cost of living crisis, the rise in short term holiday lets, the rise in S21 no fault evictions and the lack of sufficient affordable housing. A whole range of services around housing support, health (including mental health), social care and wider public services are all struggling to cope with demand within tight financial constraints. The picture for local government is one of extreme financial challenge. Changes to the asylum arrangements across the UK are also adding pressure to affordable housing supply in areas which have not previously experienced them. This includes York.
7. The diagram below articulates the presenting issues of customers in the pathway.



Existing Service Delivery

8. Existing provision is a mixture of internally delivered and externally commissioned services. The pathways are set out in Annexes A and B.

Externally commissioned services

9. The existing external contract was commissioned on 1st February 2017 from The Cyrenians Ltd. (t/a Changing Lives) to reduce homelessness. The Contract will expire on 31st July 2024 (the term having previously been extended beyond the original expiry date of 31st January 2022 by a further 2.5 years). The current annual cost is £1,098,375.

10. The scope of this contract covers: -
- 24/7 hostel provision at Union Terrace (39 male units)
 - 24/7 hostel provision at Robinson Court (14 female units and 4 young people's units)
 - floating tenancy support to shared housing and people living in the community (74 units across 14 houses, including Scarcroft Rd, and 12 training flats).
 - Making Every Adult Matter services ("MEAM") which provide intensive support and multi-agency coordination to up to 28 adults with complex needs.
 - Mental Health Housing First service ("MHHF") which supports up to 21 individuals with a long history of mental ill health and challenging lives to live independently. This service element is currently funded by ICB/TEWV as part of the future specialist Mental Health Supported Accommodation pathway.
11. This is also supplemented by charitable provision by Restore who provide a further 41 beds of uncontracted, shared accommodation in 10 properties, at zero cost to the council. The service provided has proven highly effective at supporting individuals and getting them to the point where they can move on into self-contained accommodation.

Council delivered resettlement services

12. York's Homelessness Service had been proactively developing a preventative approach to homelessness even before the legislative changes of 2017, resulting in the services receiving the national gold standard award in 2018. The council continues to directly deliver homeless resettlement services with a General Fund budget of £670k pa.
- Howe Hill - providing 34 hostel places for young people.
 - The Peaseholme Centre - providing 23 hostel places for adults.
 - Housing First – 37 supported tenancies with mental health support
 - Supported housing in council properties.
 - Navigator service providing early intervention, prevention services for rough sleepers and people at risk of homelessness.
 - Private Rented Sector team– places rough sleepers or single homeless people in private-rented, emergency resettlement accommodation - 34 people/households this year.

Homelessness Strategy

13. Work is ongoing to develop a revised homelessness strategy to reflect the ambitions and recognise wider work that will be needed to support

the ending of rough sleeping. This will be brought back to Executive later in the year supported by a delivery plan. It will need to consider the impact of increased demand in the system from the cost-of-living crisis, the national deterioration of public services, most notably mental health and support and the impact of increased numbers of asylum seekers with permission to remain which are all having impact at a national level.

The emerging draft priorities of the new Homelessness Strategy are shown below and are informed by the analysis set out in this report.

Emerging Homelessness Strategy key priorities summary
1. Expansion of Housing First with a target for additional homes over the strategy period, and multi-disciplinary team support for each tenant
2. Delivery of Resettlement Review exercise recommendations
3. Expansion of social housing with clear priorities to meet key needs
4. Expansion of Temporary Accommodation based on needs evidence
5. Build on existing arrangements to implement a robust governance structure and performance framework

Options Analysis and Evidential Basis

14. External service contracts end in the summer of 2024, and this provides an opportunity to review the business case for internal and commissioned options against performance and financial data and to consider the ability of each option to deliver a future service model, characterised by: -
 1. Provision of a range of accommodation options to meet individual need.
 2. Clear focus on outcomes and using data to shape future residential provision.
 3. A collaborative approach to providing the most appropriate support for people to achieve independence.
 4. Strong financial controls to ensure value for money.

15. The service review, undertaken over the last 2 years, has informed the draft homelessness strategy and future delivery options set out in this report. If the pathway is to deliver better outcomes, it will need to change, and that change will be organic rather than immediate. This is extremely

hard to build into a service specification whilst still retaining control of cost and service direction.

16. With current diverse arrangements in place, it has been difficult to create a reliable performance framework and finance schedule nor is it possible to map the journey to a new pathway, to quantify demand and plan future residential and support needs. A major barrier is that there is no overall control over the pathway to enable a root and branch redesign.
17. The existing mixed economy of provision was initially designed to simplify provision, with the contracted services providing more specialist support for the more complex clients. However, the pathway is still complex and opaque. It is difficult to assess end to end outcomes and costs and the intended specialism of the contracted element has been watered down, leaving a service offer that is almost identical, and clients with the same presenting issues being placed in Union Terrace and Peasholme. There is a mismatch between the residential solutions being delivered and those that evidentially deliver better outcomes.
18. As the needs of the individuals in the homelessness pathway become more complex, with higher incidences of drug and alcohol abuse and more significant mental health needs, the specialist services (Rough Sleeper Navigators, MEAM and MHF) are the most able to meet need and are therefore oversubscribed, whereas the Floating/Shared Housing Services have experienced a lack of referrals because the contracted level of support has not been sufficient to achieve resettlement.
19. Services, particularly those in house, have organically developed their offer to meet the level of support required by those with complex needs. In addition, the complexity of need and resulting challenging behaviours are being found to be progressively more difficult to manage within a hostel setting and the Rough Sleeping Navigator & Housing First approach has been developed to address this issue, allowing a flexible and person-centred service. A more integrated, direct support to the pathways is needed from a range of services, including social work, local area coordination, specialist children services, health, drug and alcohol, mental health support, as well as better access to other basic services such as dentistry, training and employment and meaningful activity.
20. There are two options:
Option 1 – Continue the mixed economy of provision and procure the existing scope of resettlement services.

Option 2 – Expand the current in-house service to incorporate the services in the scope of the Adult Community Wellbeing Support Service contract, with smaller commissioned work packages where needed.

21. The options need to be evaluated based on
 - a) Outcomes in resettling and preventing homelessness.
 - b) Cost control
 - c) Ability to meet our statutory duties.

Option 1 - Reprocure existing scope of resettlement services

22. The existing Adult Community Wellbeing Support Service contract expires on 31 July 2024. If it is to be reprocured it would need to be tendered in line with the Public Contract Regulations 2015, soon to be the Procurement Act 2023.
23. It will be impossible to accurately specify (up front) any long-term change to the service model to move away from a service defined by contracted bed space and to an outcome based, person-centred model. It is highly likely that the pathway would therefore remain static.
24. The contract length would need to be sufficiently long to attract a range of providers – 5 years or more - which would fix the pathway in its current form indefinitely. If a shorter contract were offered, it is likely there would be limited competition and a substantial risk of increased costs.
25. The contract would need to have clearer performance outcomes to facilitate better contract management and enable greater control over the use of council assets, for instance for shared housing to accommodate childless couples. This may also increase the price and reduce the field of bidders.
26. Most of the assets used to provide services pursuant to the contract are in council ownership (excluding shared housing properties leased to or owned by the incumbent supplier) so could be operated by a new supplier or be delivered internally.
27. As the statutory duty to prevent homelessness and provide accommodation for those defined as homeless resides with the council, it is difficult to meet these duties when the provider does not have the same responsibilities. If the provider evicts a tenant for being in breach of their tenancy, or refuses a placement based on previous behaviour, the council still has an absolute duty to provide a placement. This then increases the pressure on council operated services.

Option 2 – Expand the current in-house service to incorporate the services in the scope of the Adult Community Wellbeing Support Service contract with smaller commissioned work packages where needed.

28. The management structure already exists to triage, assess, place, deliver housing first, rapid rehousing, hostel provision with support and supported housing. This could be expanded to incorporate all resettlement services and allow more effective placement across the estate with improved quality of outcomes.
29. In-sourcing this service provision is likely to be viewed as a relevant transfer which would be managed in accordance with the TUPE (Transfer of Undertakings and Protection of Employment) regulations. If TUPE is deemed to apply, staff wholly assigned to the current contract would have certain employment protections and would transfer to the council on their existing terms and conditions. Any transfer would be managed in accordance with the legislation and the council's workforce change policies and would require HR support to be identified and allocated to support the change.
30. There are potential management efficiencies of integrating the two halves of the service, which would be achieved post transfer. Other opportunities for efficiencies would also be explored and there would be no additional external organisational overheads charge.
31. This option better enables the council to meet its' statutory responsibilities by balancing the risks of placements with the risk of failing to meet our statutory duties associated, increasing the available residential options under council control.
32. This option would enable a remodelling of the pathway to evolve as the homelessness strategy is agreed and as we develop a suite of performance data to facilitate the move to an early intervention, person centred service. It would also ensure that cost controls were in the gift of the council with no fixed contract costs committed over the long term. Efficiencies of operation would be identified following the transfer.
33. The provision of floating support in a range of residential settings is an aspect of the current contract where significant change is needed. This provision is currently inadequate to effectively resettle someone and referrals into this service and the scope of the contract have reduced during the contract term. This element of the service needs to be a

priority, to match the needs of the customer with the multi-agency support needed to support them in their resettlement journey. Further engagement with other agencies, such as Restore, Public Health, TEWV, NYP and health services will inform a development of this pathway, and this will be brought back to Executive.

34. The transition from an externally contracted service to an internally delivered service will require careful management and may be difficult to achieve before the end of the existing contract. These risks would be mitigated by properly resourcing the work and by exploring short extension period. The risk of legal challenge to a short extension is likely to be low if there is no intention to retender the works.

Analysis

35. The following table summarises the relative performance and risks of the options against these criteria:

Option	Performance	Cost	Statutory Duty
Option 1 – reprocure			
Option 2 - Insource			

36. The performance data for hostels is shown below: -

		CYC Peasholme	CYC Howe Hill	External Union Terrace	External Robinson Court
2021/22	% planned resettlement / successful move on	50%	60%	31%	64%
	Average length of stay	13.2 weeks	18 weeks	32.9 weeks	49 weeks
2022/23	% planned resettlement / successful move on	38%	59%	39%	43%
	Average length of stay	17.7 weeks	18.9 weeks	27.2 weeks	51 weeks
2023/24	% planned resettlement / successful move on	58%	60%	47%	32%
	Average length of stay	27.6 weeks	21.6 weeks	26.6 weeks	49.4 weeks

Financial Implications

37. The current General Fund budget for the resettlement pathway is spread across Adult Social Care and Housing and was initially funded from Supporting People funding, supplemented by additional grant funding.
38. The Adult Community Wellbeing Support Service contract value of £1,098,375, made up of the core contract (£960,175), MEAM service (£61,500) and Housing First service (£76,700). There is also a net budget of £670k for the delivery of in-house services by the Housing team.
39. Below is a high-level summary of the gross and net costs for the two largest elements of the resettlement service – the hostel provision.

	CYC Services		Changing Lives	
	Peasholme	Howe Hill	Union Terrace	Robinson Court
Net Cost	£380k	£203k	£288k	£200k
Beds	23	34	35	19
Net cost per bed	£16.5k	£6k	£8.2k	£10.5k
Weekly Rent	£266.54	£269.34	£424.10	£392.81

40. CYC rents do not contain a charge for the use of the asset, whereas the contracted beds contain a c.£90 per week charge to pay for the rent levied by CYC to pay for the acquisition of the asset. This is allowable under housing benefit rules and needs to be equalised between the hostels. This could bring in additional revenue of c£ 240k per annum.
41. The due diligence undertaken for this report has identified an anomalous position regarding housing benefit subsidy. For externally delivered hostel accommodation, income from Housing Benefits has been eligible for a 100% subsidy from DWP which has meant the whole rent is recovered by the provider. This differs from council operated hostels which have previously been subject to a Local Housing Allowance cap on eligible rent. This anomaly is being explored and the advice we have received indicates that, following changes in DWP guidance, CYC owned hostels are now eligible for 100% rent subsidy. This will be followed up with DWP and is expected to reduce a budget

deficit in the Housing Benefit budget of c. £600k. This is not included in the cost summary above.

42. There has been significant due diligence undertaken, from information provided by Changing Lives in operating the current contract. The Housing team has also considered what team structures and assets would be required to undertake the service if it were to be in-sourced. The table below shows the results of this. It should be noted that these are high level, indicative costs, from information provided.

	Changing Lives £'000	In house Model £'000
Income		
Contract Income	-1,098	
Rent	-1,510	-1,510
Total Income	2,608	-1,510
Expenditure		
Staffing Costs	1,319	1,255
Other Costs	955	945
Lease Costs	334	72
Total Expenditure	2,608	2,271
Net Cost	0	761
Contract Budget		-1,098
Reduced Lease Income		262
Agreed Budget Savings		75
Net Position for CYC	0	0

43. The above table shows that the in-house provision can deliver the service at a net cost of £761k. This is the budget available once the current budget £1,098k is reduced by £75k and the impact of the lost revenue from property rents is considered. As stated above this is indicative and the project team will need to undertake further work as part of the implementation of the project to ensure the service is delivered within the budgetary envelope.
44. It is unknown whether the contract could be reprocurd at the current contract price less the saving agreed, and that will be a significant risk if that option is pursued.
45. In conclusion, this review of performance and cost shows that CYC delivered services achieve better outcomes and that the service efficiencies that could be made would deliver the current service scope

within budget and potentially achieve further savings. It would also enable a long-term transition to the new pathway set out in this report.

Transition

46. The intention is to transition the as-is service, settle it down and undertake further analysis to establish an implementation plan for the new pathway. This will require dedicated, additional short-term resource, funded from existing budgets. Governance arrangements will be put in place involving a multi-agency partnership board, a CMT project board overseeing the work of task and finish groups for workstreams relating to:

-

- Finance
- HR
- Property
- ICT and Information Management
- Operations
- Future pathway development

Looked After Children and Youth Homelessness

47. In the current pathway there are principally two options for young people who become homeless at 16 - 25 as a transition towards a tenancy through resettlement, they are placed either through Safe and Sound Homes (SASH) in supported lodgings or in Howe Hill Hostel. Those who are 16/17-year-old are provided with joint housing and child in need assessment which is backed up by the Joint Housing Protocol which is regularly scrutinised by the Government's Youth Homelessness Advisor. Care Experienced young people in the council's care have a managed transition to independence with the help of the Pathway team. This transition is facilitated through the Council's Allocations Policy for social housing in York and the wider corporate parenting offer is detailed in the Joint Housing Protocol for Care Experienced Young People.

48. The Young People's Community Wellbeing and Support Service is an important part of the offer to Young People at risk of homelessness. It offers a unique model of delivery using host families. The first part of the Service provides up to 12-months of support to young people estranged from their family, including care leavers, through a community model of Supported Lodgings (structured support in a host's home to develop the skills and independence to move into independent accommodation). The second element is a Nightstop service (emergency supported accommodation through a host) for up to 14-nights to assess needs in a

safe environment and re-engage with the family or find suitable alternative provision.

49. The Services for supported lodging for young adults and homeless 16/17-year-olds via SASH and emergency accommodation in someone's home for young people (NightStop) were procured alongside the main Adults Wellbeing contract and are due to expire at the same time.
50. In this financial year, SASH provided Supported Lodgings to 16 Young People. Eight of these young people have moved on, 4 to a positive outcome of either family reconciliation or into settled accommodation. SASH have also enabled 16 young people (100%) to participate in work, education, or training. In 2022/23, the Nightstop Service arranged 88 emergency bed nights for six young people who as a result were able to access more long-term alternatives to homelessness. Since the start of the contract SASH has helped 30 Young People maintain their City of York Council ("CYC") tenancies with no evictions or loss of tenancies. They have delivered this through their offer of floating support to overcome any issues in the first year of tenancy.
51. The current contract was intended to provide a high outcome and high added-value service. SASH's relationship with grant funders enables them to deliver their SASH Active programme which delivers a range of activities and voluntary opportunities to tackle the more complex causes of homelessness within the young people's lives. It also enables additional individual support to their young people such as private counselling, travel costs to apprenticeships and laptops to support further education. However, the reality is that young people with lower support need and therefore risk tend to be accommodated with those of higher need accessing Howe Hill hostel. The intention is to reprocure the service but to get it to focus on keeping more complex young people out of hostel accommodation.
52. In October 2023 there was an amendment to the Care Planning, Placement and Case Review (England) Regulations 2010, which prohibits the placement of a looked after child or care leaver aged 16/17 in any provision which has not been registered with Ofsted. This requires supported accommodation to register under The Supported Accommodation (England) Regulations 2023.
53. Almost all children in care usually leave at or post 18, although some will begin this transition earlier through periods of time in a taster flat (which will now require a registration). In addition, young people who

become homeless at 16/17 require a joint housing and social care assessment which may deem them as requiring ongoing support under section 20 of the Children Act 1989 (Looked After), whilst it remains appropriate that they live in independent supported accommodation. These young people will now need to be in registered accommodation.

54. Howe Hill is a council run hostel which provides accommodation and support to a much wider population of young people, including many who are over 18 and it means this facility would therefore be inappropriate to serve as registered provision. However, it is also recognised that younger more vulnerable adults require more focussed support and should be the targeted group accessing existing provision such as SASH, whilst developing new provision which will meet the requirements of registration and inspection.
55. There is a need for a range of accommodation options due to the varying needs of young people post 16. Some young people will transition into 'trainer flats' through our *Staying Close* Programme supported by *Together WE Can*, however, the offer needs to be broader to support young people who are not ready for this level of independence. The broader offer needs to include Ofsted Registered Provision for those young people who present with a higher level of need.
56. It is also proposed that 89/91 Scarcroft Road, currently part of the Adult Wellbeing contract but owned by the council, is registered with OFSTED for the provision of support services for those young people who need supported accommodation as part of their pathway to independence. This is likely to be young people who present as homeless where it is deemed they need to be cared for by the Local Authority, young people moving on from foster care but not yet ready for full independence, young people who present with a higher level of risk and unaccompanied asylum seeking young people as a stepping stone to independence.
57. It is also proposed that the Young People's Community Wellbeing and Support Service should be reprocured following a review of the specification by officers to ensure that the service provides individual accommodation for homeless young adults and 16/17 with higher support needs as these would usually be placed at Howe Hill under the current arrangements. This will be a better environment for the people involved and allow Howe Hill to provide a safer and more stable environment for the residents undergoing resettlement there.

Policy Basis for Decision

58. The Council Plan highlights that in York the average cost of houses are at least 10 times higher than average earnings and rents rose by 10% in 2021-22. The Council Plan demonstrates this administration's commitment to reducing homelessness by including "number of people sleeping rough" as one of its new key performance indicators. In addition, provision of good quality housing to meet the range of needs across the City's residents is recognised as central to the Council's 2023-27 Plan as part of Core Commitments, Affordability and Health and Wellbeing, and to the vision of "One City, for all".
59. The National Institute for Health and Care Excellence ("NICE") guidelines published last year highlighted that people experiencing homelessness face significant health inequalities: mortality is around ten times higher than the rest of the population and life expectancy is around 30 years less. Barriers to accessing health and social care services are attributed in part to the high numbers of preventable deaths within this population. The Council Plan contains a focus on fairness and health inequalities, with the ambition to reverse the widening trend of health inequalities in our city. It is recognised in the Health and Wellbeing Strategy that housing access and affordability is fundamental in meeting the aims of the Strategy and tackling wider determinants of health.
60. The Council's approved 2018-23 Homelessness Strategy is currently under review. It is expected that the key themes relevant to this proposal will be maintained in the new strategy. This delivers outcomes integral to three of the key strategic aims set out in the document:
- Prevention of homelessness.
 - Ensure appropriate accommodation for people who are homeless or at risk of homelessness.
 - Ensure appropriate support for people that are homeless or at risk of homelessness.

Recommendation and Reasons

61. Executive are asked to:
- i. Agree the principles of the new Resettlement pathway and develop a Homelessness and Rough Sleeping strategy to be reported to a future meeting of the Executive.
 - ii. Approve the insourcing of services previously contracted under the Adult Community Wellbeing Support Service contract, and to implement the new Resettlement pathway to develop residential and support/care

solutions for adults based upon early intervention and personalised support.

- iii. Approve the short-term extension of the current Adult Community Wellbeing Support Service contract by way of a variation to enable a smooth transition to an in-house service, to run absolutely no later than 31 December 2024, and to delegate authority to the Corporate Director of Adult Social Care in consultation with the Head of Procurement and the Director of Governance to determine and conclude the terms of such a variation.
- iv. Approve the commissioning of support services as needed by the pathway following the transition of the residential elements of the current contract, and to delegate authority to the Director of Housing, Economy and Regeneration in consultation with the Head of Procurement and the Director of Governance to take such steps as are necessary to procure, award and enter into the resulting contracts (and any subsequent modifications and/or extensions thereto).
- v. Agree to appoint a temporary project team from existing budgets to manage the service transition and develop a detailed service transition model, and approve the establishment of a governance board to oversee the transition to the new pathway and engage city partners.
- vi. Approve the commissioning of the Young People's Community Wellbeing and Support Service following a review of the specification, and to delegate authority to the Corporate Director of Children's Services in consultation with the Head of Procurement and the Director of Governance to take such steps as are necessary to procure, award and enter into the resulting contracts (and any subsequent modifications and/or extensions thereto).
- vii. Approve that 89/91 Scarcroft Road, currently part of the Adult Wellbeing contract but owned by the council, is registered with OFSTED for the provision of support services for those young people who need supported accommodation as part of their pathway to independence.

Organisational Impact and Implications

62. **Financial**, – included in the report.

63. **Human Resources (HR)**: the contracting in / in-sourcing of a service provision is likely to be deemed a relevant transfer. Where a relevant transfer is deemed to take place the Transfer of undertakings (TUPE) Protection of Employment Regs 2006 as amended by the collective redundancies and transfer of undertakings (Protection of Employment) (Amendment) Regs 2016 automatically applies. TUPE

provides those employees assigned to the entity with certain employment protections which would see them transfer to the Council's employment on their existing terms and conditions. Any transfer would be managed in accordance with the legislation and the Council's policies.

Contract & Commercial Law

64. With regards to the proposed short extension to the current Adult Community Wellbeing Support Service contract, to allow the Council time to transition to an in-house service, there are no further options to extend the term available under the existing contract compliantly. Whilst it is possible to extend the contract from 1st August 2024 until 31st December 2024 by way of a variation to the current contract, this would be outside the provisions of regulation 72 of the Public Contract Regulations and the Council's Contract Procedure Rules. This would carry a risk of challenge from any providers who feel they have not been given an opportunity to bid for the service. It is considered the risk of challenge is low given the proposal is to bring the service back in-house and so it is unlikely a provider would feel aggrieved. With that in mind, when considering whether to approve the proposed extension, Members should ensure that any such extension is kept to an absolute minimum to mitigate the risk of challenge as much as possible.
65. Any additional support services that may need to be commissioned to allow for and/or following the transition from the current contractual arrangements to an in-house service must be done so under a robust and compliant procurement strategy in accordance with the Public Contract Regulations 2015 and the Council's Contract Procedure Rules. Any resulting contracts (and any subsequent modifications and/or extensions thereto post award) will be drafted and concluded with advice from the Council's Legal officers.
66. Any insourcing of the Adult Community Wellbeing Support service is likely to trigger the exit management, TUPE, and pension related provisions under the current contract with Changing Lives. The transition to an in-house service will be managed with advice from legal, finance and HR officers to ensure the relevant contract provisions and the relevant transfer requirements under employment law are followed correctly.

Property Law

67. The Adult Community Wellbeing Support Service contract is operated from Council owned properties at:
- 9 Melbourne Street

- 89/91 Scarcroft Road
- 16/18 Bootham
- 2 Sandringham Street
- Union Terrace
- Robinson Court

68. Upon expiry of the service contract, the Council should ensure that any keys held for the properties, by the contractor are returned and the condition of the properties should be checked to ascertain that the contractor has complied with their obligations pursuant to the leases, regarding maintenance and repair of the properties.

Employment Law

69. Any decision to bring a Service in-house is likely to engage TUPE if the situation meets the criteria for a service provision change, i.e., the activities carried out after the insourcing must be fundamentally the same as those carried out before and there needs to be an organised grouping of employees whose principal purpose was to carry out the activities transferred.

70. If TUPE applies, then any employees will automatically transfer to the Council and retain their existing terms and conditions of employment. This includes their length of service, salary, and any other contractual benefits. The Council would be required to inform and consult with employee representatives from the Service about any measures the Council envisages taking and the legal, economic, and social implications of the transfer for any affected employees. This process must be conducted with sufficient lead time prior to the transfer.

71. Any liabilities associated with the transferred employees, including past employment liabilities, would transfer to the Council. This can include liabilities such as failure to consult or unfair dismissal claims. The Council would need to consider the pension implications of any transferring employees and if necessary, contact the North Yorkshire Pensions Scheme Administrator for advice. This process would also need to be conducted with sufficient lead time prior to the transfer.

72. If the Service is instead put back out to tender, then TUPE would not be of any direct concern to the Council, as it would be neither the

transferor nor transferee. Instead, the Council would act as a conduit for the provision of employee information during the tendering process.

Procurement

73. Due to the current contract having no further extension provisions, there is no ability for the council to compliantly extend the contract. The value of the contract is above the Light Touch threshold £663,540 and therefore requires a new procurement exercise to take place to comply with the council's CPR's and the Public Contract Regulations 2015 (PCR). There are no provisions in the PCR's that the council could rely upon to modify the term of the contract.
74. Whilst there are no direct procurement implications (due to the current contract expiring naturally rather than the council relying on termination), should any procurement or purchasing requirements come to light, these will be procured via a compliant, fair open and transparent process in accordance with the council's Contract Procedure Rules and where applicable, the Public Contract Regulations (soon to be Procurement Act 2023).

Health and Wellbeing

75. There are also significant preventative opportunities to improve health and quality of life, as well as reducing housing issues, through maximising every opportunity to connect individuals in the housing pathway with the drug and alcohol treatment and recovery system. This includes a number of areas of provision commissioned by the council, including:
- Addiction treatment services, including a clinical element focused hosted at 3 Blossom Street.
 - Criminal justice pathways working in tandem with HM Probation services and HM Prison services.
 - Community day recovery, a 12-week service hosted at Bowes Morrell House
 - Bedded services commissioned by CYC out of area, including:
 - Inpatient detoxification
 - Residential rehabilitation
 - The Recovery Hub, a new project which is due to be launched at Wellington Row in 2024
76. There is also a need for the prevention tier of homelessness pathways to include embedded support around Domestic Abuse, which

is part of the programme of DAHA accreditation mentioned above. This includes the facilitation of temporary accommodation, support for housing register applications, resettlement itself, supporting a management transfer / home swapping / mutual exchange, supporting legal options Domestic Abuse clients could access e.g., obtaining an occupation order, safety measures within the home, and of course bedded accommodation through sanctuary (refuge) schemes commissioned by CYC from the provider IDAS.

77. **Environment and Climate action** - Insourcing the services would provide opportunities to review the sustainability standards of the properties that are currently leased out.
78. **Affordability** - The recommendations in this report are seeking to mitigate the impact of welfare changes, the pandemic and now the cost-of-living crisis and resulting impacts on the health and wellbeing of individuals often with complex circumstances and needs, alongside the lack of affordable homes in York. The report provides residential support solutions for those at risk of homelessness alongside a person-centred approach with early intervention and personalised support with the aim of improving outcomes for those individuals and families in the short and long term.
79. **Equalities and Human Rights** - *EIA is attached at Annex C*
- **Data Protection and Privacy**, *all customer data will be transferred from the supplier to the council in line with GDPR regulations*
 - **Communications**, *A communications plan will be developed as part of the transition project.*
 - **Economy**: *Successful resettlement increases the economic activity of the York workforce and promotes the ambition for an inclusive economy*

Risks and Mitigations

80. The current Adult Community Wellbeing and Support Service contract may include employees that may be liable to transfer under the provisions of the Transfer of Undertakings Protection of Employment regulations (TUPE). The risks to the council if those staff liable to transfer under TUPE is not completed in a timely manner and aligned to the applicable Legal advice and TUPE protocols could mean the transition to the new service may not be seamless and our customers could be impacted by the service not commencing on time. This will be mitigated by effective project management and early staff engagement.

- 81. If the service is retendered there is a risk of procurement challenge until a new contract is in place. Development of a clear timeline for re-procurement will mitigate this risk.
- 82. There is a risk that a future contract may exceed the current budget or that the cost of inhouse provision exceeds existing budget due to the payment of the living wage. This could be mitigated by a reduction in service levels.
- 83. There is a risk that if services are reprocured there continue to be ongoing issues with placing complex cases within the new contracted services and it may be difficult to make sophisticated person-centred transitions within the existing service definitions. This is currently a managed risk, but this may become more difficult to resolve if homeless presentations continue to rise.
- 84. There is a risk that the current service provider refuses to extend the contract. This has been mitigated by early positive engagement.
- 85. There is a risk that the housing benefit subsidy definitions change, and which will have a significant impact in the cost of the service.
- 86. There is a risk to either option of increasing homeless presentations. The mitigation for this is to continue with the grant funded homelessness prevention and early intervention works undertaken by the Navigator teams.

Wards Impacted

All wards

Contact details

For further information please contact the authors of this Decision Report.

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Report approved:	Yes
Date:	30/04/2024

Background papers

All relevant background papers must be listed.

[Executive paper Procurement of the Adult Community Wellbeing and Support Service](#)

Annexes

- Annex A: Adult Resettlement Pathway diagram
- Annex B: Children's Resettlement pathway diagram
- Annex C: Equalities Impact Assessment (EIA)

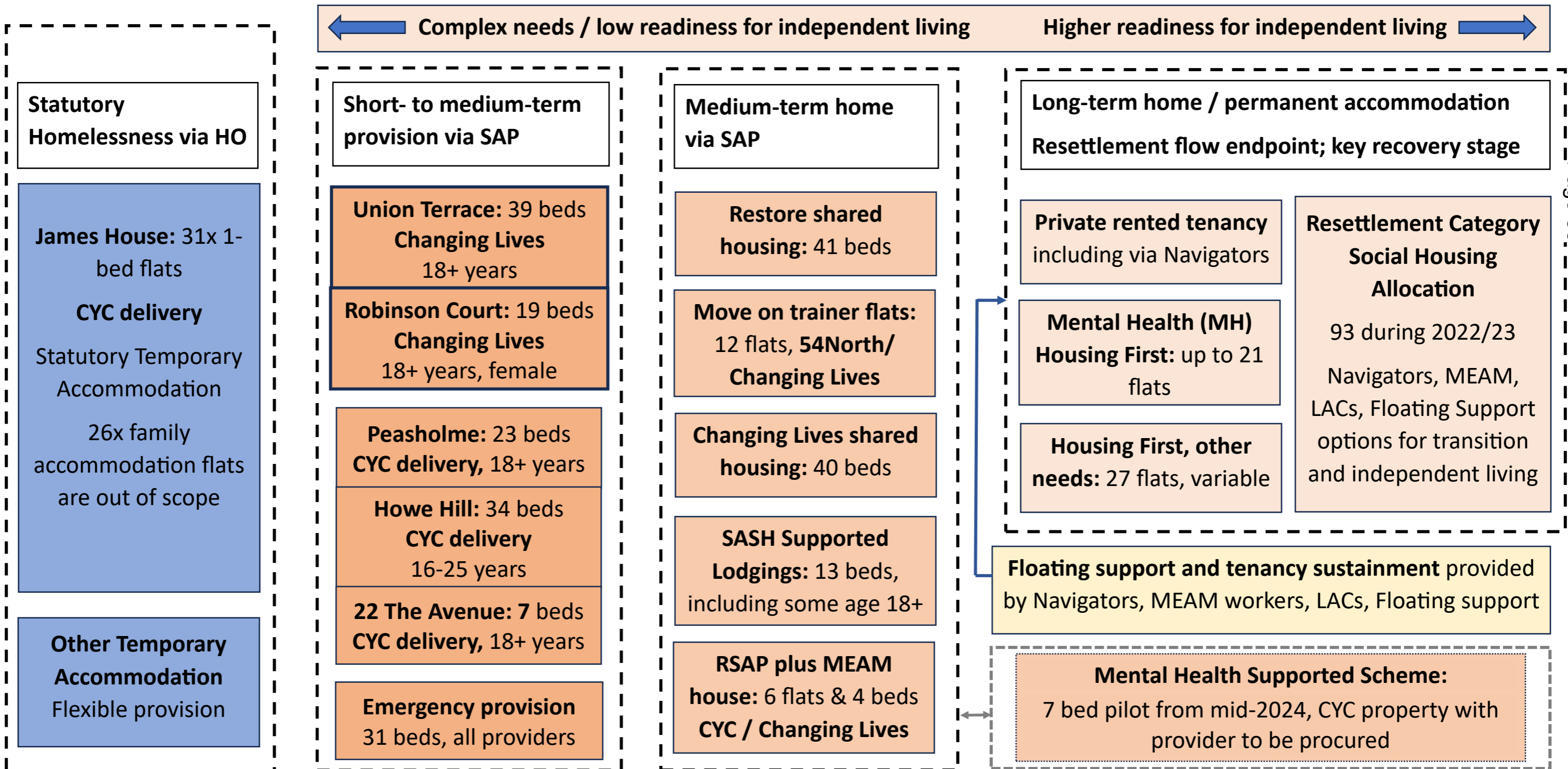
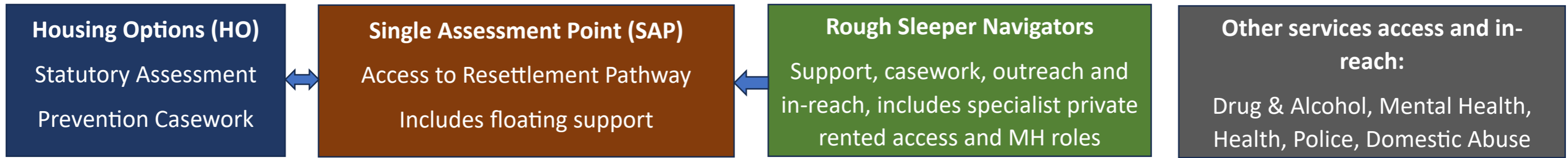
Glossary

- **DWP** - Department of Work and Pensions
- **Housing First:** Permanent accommodation with individualised wraparound support for service users with complex needs, that can be met in the community.
- **Housing Options:** Statutory homelessness decision making and prevention of homelessness casework.
- **HRA:** Housing Revenue Account
- **LACs:** Local Area Coordinators
- **MEAM:** Making Every Adult Matter, an approach to service delivery and the term for several workers supporting homeless people, "MEAM workers"

- **MH:** Mental Health
- **Navigator:** Rough Sleeper Navigators provide intensive support for rough sleeping individuals and those in the process of resettlement following rough sleeping, including the transition to permanent accommodation
- **Rapid rehousing:** Access to a tenancy for individuals who are homeless or facing homelessness, with a minimal time within the resettlement pathway, and often with lower support needs than Housing First tenants.
- **RSAP:** Rough Sleepers Accommodation Project, 6 flats for independent living with support for individuals with complex needs, government funded programme which accords with Housing First principles.
- **SASH:** Safe and Sound Homes, a third sector organisation contracted separately within the Resettlement Pathway
- **TEWV** – Tees Esk and Wear Valley Foundation Trust
- **Tier 1:** Hostel accommodation – 24-hour on-site support
- **Tier 2:** Shared housing with floating support – minimum one hour a week floating support
- **Tier 3:** Longer term housing in the social rented or private rented sector – support can be minimal through to full wrap around multi-agency team.
- **Tier system within resettlement note:** Initial access to a Tier within the service is based on a formal needs assessment using the SAP (Standard Assessment Procedure) needs matrix. It is not a requirement to move through the Tiers, for example Tier 1 service users who are assessed as being ready for move-on can access permanent accommodation with floating support in Tier 3 without any intermediate Tier 2 placement.

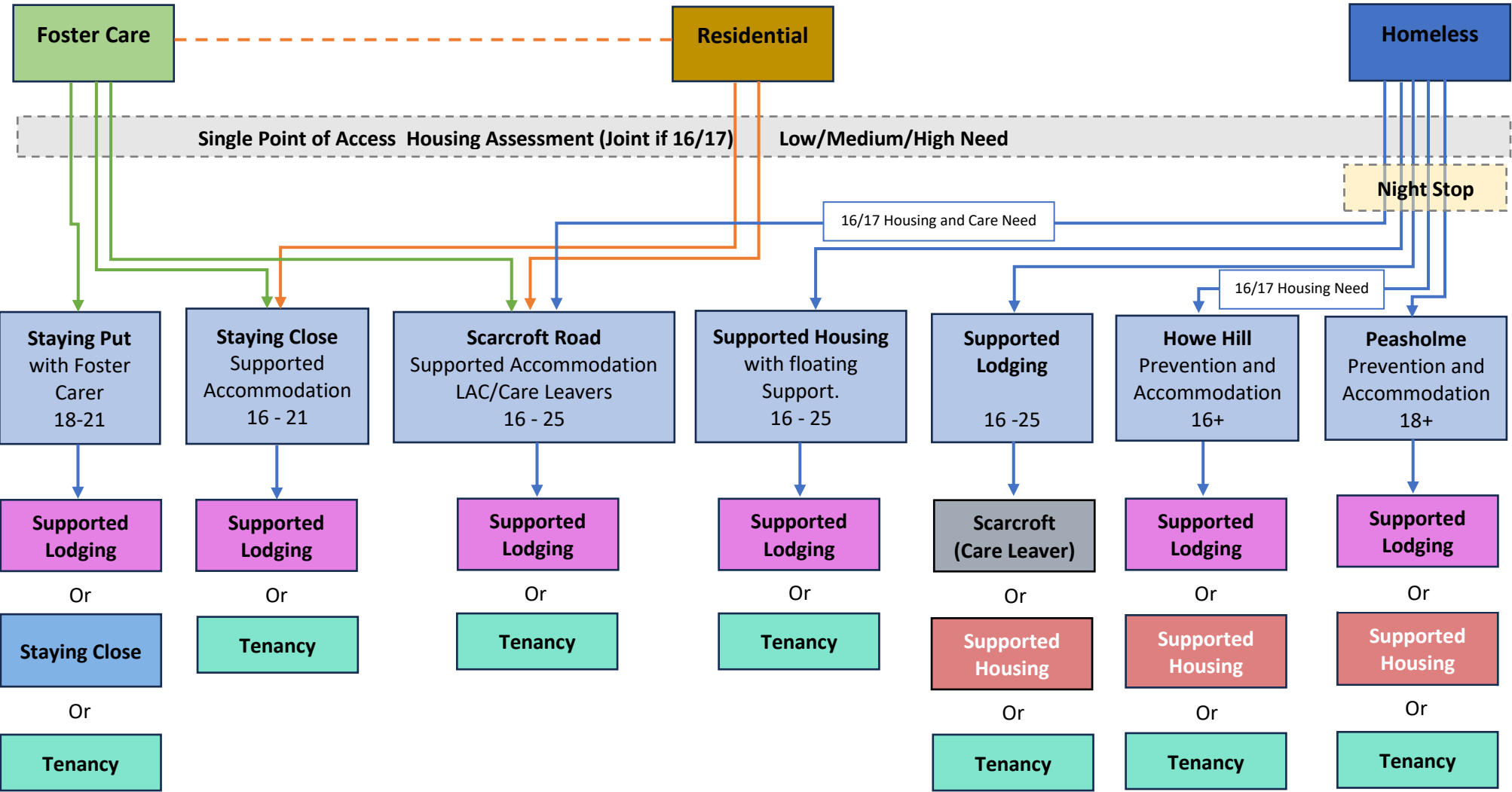
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Homelessness pathways: Resettlement for adults 18+ without children



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Proposed Best Practice 16 to 25 Accommodation Pathway



Families First Principle - To Support Appropriate Growth to Independence and Reduce Risks of Dependence

Long Term outcomes for young people are likely to have greater success through sustained relationships with their family members and important parts of their network. These relationships create a level of resilience that can not be replicated by services. The pathway will therefore maintain a relentless culture of prevention and restoration. **A return to Family Members should always be considered as a priority** upon initial presentation and every subsequent transition within it. All Services should have a proactive approach to restoring fractured relationships.



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City of York Council
Equalities Impact Assessment

Who is submitting the proposal?

Directorate:	Adult Social care Integrated Directorate		
Service Area:	Adult Social care Integrated Directorate		
Name of the proposal :	Resettlement Pathway		
Lead officer:	Abid Mumtaz		
Date assessment completed:	08/05/2024		
Names of those who contributed to the assessment :			
Name	Job title	Organisation	Area of expertise
Uzmha Mir	Contracts and Quality Improvement Manager	City of York Council	Contracts and Quality Manager, Equality and Diversity
Andrew Bebbington	Housing Strategy Officer	City of York Council	Housing Strategy

Step 1 – Aims and intended outcomes

<p>1.1</p>	<p>What is the purpose of the proposal? Please explain your proposal in Plain English avoiding acronyms and jargon.</p>
	<p>City of York Council (CYC) has a statutory duty to prevent homelessness for its residents under the Homelessness Reduction Act 2017 (HRA) and the Care Act 2014.</p> <p>Existing provision is a mixture of internally delivered and externally commissioned services. The external service contracts come to an end in the summer of 2024, and this provides an opportunity to redefine the future service model and implement innovative approaches to resettlement characterised by: -</p> <ul style="list-style-type: none"> a) Provision of a range of accommodation options to meet individual need. b) Clear focus on outcomes and using data to shape future residential provision. c) A collaborative approach to providing the most appropriate support for people to achieve independence. d) Further build on the trauma informed approach to service delivery that has been developed within the resettlement pathway services. e) Strong financial controls to ensure value for money. <p>The Executive Report sets out the results of the review of York’s homelessness & rough sleeping resettlement pathways and makes recommendations to develop the current pathway to improve outcomes and value for money. The pathways provide emergency/temporary accommodation and support using residential placements for everyone who is homeless over the age of 16 who needs it. The pathways support people to develop the skills to live independently and prevent homelessness.</p> <p>The Homeless Reduction Act 2017 places a statutory duty on preventing homelessness ensuring timely and accessible housing advice and information is critical to helping people make planned housing moves and avoid a homelessness.</p> <p>York’s long-term ambition is to have a variety of effective, flexible accommodation and support, with increased levels of homelessness prevention, and a focus upon rapid rehousing. This will be reflected in the</p>

refreshed Homelessness and Rough Sleeping Strategy to be consulted on and published in 2024 and is based on ongoing work with DLUHC (Department for Levelling Up, Housing and Communities) and the advice of internationally renowned Homelessness and Rough Sleeping expert Nicholas Pleace based at the Centre for Housing Studies at the University of York.

The proposal will raise equality opportunity for people who share protected characteristics and focus on many of the most vulnerable young people and groups experiencing disadvantages.

1.2	Are there any external considerations? (Legislation/government directive/codes of practice etc.)
	<p>As a local authority, the City of York Council (CYC) has a duty under the Care Act 2014, to prevent, reduce and delay formal intervention for people with care and support needs.</p> <p>The All-Age Commissioning Strategy, Market Sustainability Plan and the 10-year vision 'People at the Heart of Care: adult social care reform paper' clearly outlines that the Council will work with existing Providers within the market to provide sustainable, quality and value for money services. The Care Act 2014 statutory guidance outlines outcomes for individuals, groups and local populations and makes specific references to people with an impairment.</p> <p>The Council Plan 2023 to 2027, One City, For All, which sets a strong ambition to increase opportunities for everyone living in York to live healthy and fulfilling lives, as follows:</p> <ul style="list-style-type: none"> a) Health-Improve health and wellbeing and reduce health inequalities, taking a Health in All Policies Approach. b) Equalities and Human Rights- Equality of opportunity c) Affordability- Tackling the cost-of-living crisis. <p>Young people who become homeless at 16/17 require a joint housing and social care assessment which may deem them as requiring ongoing support under section 20 of the Children Act 1989 (Looked After), whilst it remains appropriate that they live in independent supported accommodation. These young people will now need to be in registered accommodation. The council has a legal duty to prevent and relieve homelessness as set out in Part 7 of the Housing Act 1996, as subsequently amended, and the Homelessness Reduction Act 2017.</p>

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1.3	Who are the stakeholders and what are their interests?
	<p>Stakeholders: City of York Council Access Team, Community Links, York and Scarborough Teaching Hospitals, NHS Humber and North Yorkshire Integrated Care Board, Tees Esk Wear Valleys NHS FT, Age UK, Healthwatch, York Advocacy, , Carers Groups/Forums, Youth Homeless Support Worker, Registered Providers (Housing Associations), York College, York CVS, North Yorks Police, Probation, Youth Justice Service, IDAS.</p> <p>These stakeholders will value a service which effectively delivers long term resettlement outcomes for service users with complex needs, and which delivers health and wellbeing improvements for some of the City's most vulnerable residents.</p>

1.4	What results/outcomes do we want to achieve and for whom? This section should explain what outcomes you want to achieve for service users, staff and/or the wider community. Demonstrate how the proposal links to the Council Plan (2023- 2027) and other corporate strategies and plans.
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The Council Plan 2023 to 2027, **One City, For All**, which sets a strong ambition to increase opportunities for everyone living in York to live healthy and fulfilling lives, as follows:

- **Health**-Improve health and wellbeing and reduce health inequalities, taking a Health in All Policies Approach.
- **Equalities and Human Rights**- Equality of opportunity

This are related to the following outcomes for the service.

- **Prevent, Reduce and Delay the need for ongoing Support**- This are related to the statutory duty under Section 2(1) of the Care Act 2024 to contribute towards preventing or delaying the development by adults in its area of needs for care and support. This is related to Health and wellbeing and reducing inequalities within the council plan
- **Provide Excellent Experiences of Care and Support**- focus on the provision of consistent / joined-up provision, effective promotion of the service, timeliness and responsiveness of the service. Examples of publicity, awareness raising, marketing and promotional activities undertaken. This is related to Health and wellbeing and reducing inequalities within the council plan
- **Flexible, Choice and Control**- focus on work undertaken to involve customers, families and their carers in the planning of their care and support, evidence of delivering support tailored to the needs of the individual rather than a one size fits all approach, evidence of remaining in ongoing contact with customers, how service provision is internally evaluated and monitored. This is related to Health and wellbeing and reducing inequalities within the council plan
- **Linkages and Connections**; focus on work undertaken to strengthen the connections between homeless provision and other forms of support for customers - health, housing, voluntary sector provision, leisure, community initiatives etc. Evidence of strong and effective partnership working with a range of other agencies and support organisations. This is related to Health and wellbeing and reducing inequalities within the council plan

	<ul style="list-style-type: none"> • Provision of accessible daily equipment. This is related to Health and wellbeing and reducing inequalities within the council plan
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Step 2 – Gathering the information and feedback

2.1	What sources of data, evidence and consultation feedback do we have to help us understand the impact of the proposal on equality rights and human rights? Please consider a range of sources, including: consultation exercises, surveys, feedback from staff, stakeholders, participants, research reports, the views of equality groups, as well your own experience of working in this area etc.	
	Source of data/supporting evidence	Reason for using
	All Age Market Position Statement, City of York Council, 2023-2025 all-age-market-position-statement-2023-to-2025 (york.gov.uk)	Includes outcomes for City of York Population and outlines key priorities
	York Local Health and Wellbeing Strategy 2022-2032, York Joint Health & Wellbeing Strategy	Details the health and wellbeing priorities for the city will be and how these will be addressed
	City of York All Age Commissioning Strategy 2023-2025	Includes outcomes for City of York Population as well as detailing key priorities
	The Council Plan 2023 to 2027, One City, For All https://www.york.gov.uk/council-plan-1/one-city-2023-2027	
	Resettlement Services Review exercise undertaken in 2021	Utilise consultation responses and co-production events to inform future service design

Service Performance Data	Understand the existing performance and identify improvement opportunities.
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Step 3 – Gaps in data and knowledge

3.1	What are the main gaps in information and understanding of the impact of your proposal? Please indicate how any gaps will be dealt with.		
Gaps in data or knowledge		Action to deal with this	
Some impacts are not currently monitored as part of the service data collection.		Development of new performance framework of the service to cover the outstanding areas.	

Step 4 – Analysing the impacts or effects.

4.1	Please consider what the evidence tells you about the likely impact (positive or negative) on people sharing a protected characteristic, i.e. how significant could the impacts be if we did not make any adjustments? Remember the duty is also positive – so please identify where the proposal offers opportunities to promote equality and/or foster good relations.		
Equality Groups and Human Rights.	Key Findings/Impacts	Positive (+) Negative (-) Neutral (0)	High (H) Medium (M) Low (L)
Age	Impact identified: Positive impacted of the prevention pathway on individuals: <ul style="list-style-type: none"> • Single people or couples 	Positive (+)	High (H)

	<ul style="list-style-type: none"> • Rough sleepers • Young people with Care Leaver social care status • Families <p>The recommendations of the executive report are intended to improve the integration across the resettlement pathway and enable to collect better data to understand the positive impact and address negative impact in service delivery.</p> <p>Mitigation:</p> <p>CYC will implement a new data led [performance framework, that will enable continual improvement of service and identify improvements from the data generated within the framework expectations.</p> <p>All services commissioned and delivered by CYC are available to residents of York under the individual service criteria. Further information can be found on the Live Well York site that can be accessed https://www.livewellyork.co.uk/</p> <p>The Council will comply with all relevant and forthcoming legislation, Equalities Act 2010, Human Rights Act 1998.</p>		
<p>Disability</p>	<p>Impact identified:</p> <p>Positive impact of the prevention pathway on individuals with disability:</p> <ul style="list-style-type: none"> • Mental Health • Autism • Learning disability • Sensory impairment • EHCP • Mobility related. 	<p>Positive (+)</p>	<p>High (H)</p>

	<p>The person centred, trauma informed service design and support approach provides additional positive impact to meet these long term needs and achieve sustainable outcomes for groups with Mental Health related disabilities and other relevant vulnerabilities.</p> <p>The recommendations of the executive report are intended to improve the integration across the resettlement pathway and enable to collect better data to understand the positive impact and address negative impact in service delivery.</p> <p>Mitigation:</p> <p>CYC will implement a new data led performance framework, that will enable continual improvement of service and identify improvements from the data generated within the framework expectations.</p> <p>All services commissioned and delivered by CYC are available to residents of York under the individual service criteria. Further information can be found on the Live Well York site that can be accessed https://www.livewellyork.co.uk/</p> <p>The Council will comply with all relevant and forthcoming legislation, Equalities Act 2010, Human Rights Act 1998.</p>		
<p>Gender</p>	<p>Impact identified:</p> <p>Positive impact of the prevention pathway on individuals including victims of domestic violence:</p> <p>The recommendations of the executive report are intended to improve the integration across the resettlement pathway and enable to collect</p>	<p>Positive</p>	<p>Low(L)</p>

	<p>better data to understand the positive impact and address negative impact in service delivery.</p> <p>Mitigation:</p> <p>CYC will implement a new data led performance framework, that will enable continual improvement of service and identify improvements from the data generated within the framework expectations.</p> <p>All services commissioned and delivered by CYC are available to residents of York under the individual service criteria. Further information can be found on the Live Well York site that can be accessed https://www.livewellyork.co.uk/</p> <p>The Council will comply with all relevant and forthcoming legislation, Equalities Act 2010, Human Rights Act 1998.</p>		
<p>Gender Reassignment</p>	<p>Impact identified:</p> <p>The service will continue to provide a person centres approach to take into account individual needs.</p> <p>The recommendations of the executive report are intended to improve the integration across the resettlement pathway and enable to collect better data to understand the positive impact and address negative impact in service delivery.</p> <p>Mitigation:</p> <p>CYC will implement a new data led performance framework, that will enable continual improvement of service and identify improvements from the data generated within the framework expectations.</p>	<p>Positive</p>	<p>Low(L)</p>

	<p>All services commissioned and delivered by CYC are available to residents of York under the individual service criteria. Further information can be found on the Live Well York site that can be accessed https://www.livewellyork.co.uk/</p> <p>The Council will comply with all relevant and forthcoming legislation, Equalities Act 2010, Human Rights Act 1998.</p>		
Pregnancy and maternity	<p>Impact identified:</p> <p>The service will continue to provide a person centred approach to take into account individuals needs.</p> <p>The recommendations of the executive report are intended to improve the integration across the resettlement pathway and enable to collect better data to understand the positive impact and address negative impact in service delivery.</p> <p>Mitigation:</p> <p>CYC will implement a new data led performance framework, that will enable continual improvement of service and identify improvements from the data generated within the framework expectations.</p> <p>All services commissioned and delivered by CYC are available to residents of York under the individual service criteria. Further information can be found on the Live Well York site that can be accessed https://www.livewellyork.co.uk/</p>	Positive	Low(L)
Race	Impact Identified:	Positive	Medium (M)

	<p>Positive impact of the prevention pathway on individuals including:</p> <ul style="list-style-type: none"> • New refugees • York Gypsy and Travellers group • BAME • People with English as a second language <p>The service will continue to provide a person centres approach to take into account the individual's needs.</p> <p>The recommendations of the executive report are intended to improve the integration across the resettlement pathway and enable to collect better data to understand the positive impact and address negative impact in service delivery.</p> <p>Mitigation:</p> <p>CYC will implement a new data led performance framework, that will enable continual improvement of service and identify improvements from the data generated within the framework expectations.</p> <p>All services commissioned and delivered by CYC are available to residents of York under the individual service criteria. Further information can be found on the Live Well York site that can be accessed https://www.livewellyork.co.uk/</p>		
<p>Religion and belief</p>	<p>Impact Identified:</p> <p>The service will continue to provide a person centres approach to take into account the individual's needs.</p> <p>The recommendations of the executive report are intended to improve the integration across the resettlement pathway and enable to collect</p>	<p>Positive</p>	<p>Low(L)</p>

	<p>better data to understand the positive impact and address negative impact in service delivery.</p> <p>Mitigation:</p> <p>CYC will implement a new data led performance framework, that will enable continual improvement of service and identify improvements from the data generated within the framework expectations.</p> <p>All services commissioned and delivered by CYC are available to residents of York under the individual service criteria. Further information can be found on the Live Well York site that can be accessed https://www.livewellyork.co.uk/</p>		
<p>Sexual orientation</p>	<p>Impact Identified:</p> <p>The service will continue to provide a person centres approach to take into account the individual's needs.</p> <p>The recommendations of the executive report are intended to improve the integration across the resettlement pathway and enable to collect better data to understand the positive impact and address negative impact in service delivery.</p> <p>Mitigation:</p> <p>CYC will implement a new data led performance framework, that will enable continual improvement of service and identify improvements from the data generated within the framework expectations.</p> <p>All services commissioned and delivered by CYC are available to residents of York under the individual service criteria. Further information</p>	<p>Positive</p>	<p>Low(L)</p>

	can be found on the Live Well York site that can be accessed https://www.livewellyork.co.uk/		
Other Socio-economic groups including :	Could other socio-economic groups be affected e.g. carers, ex-offenders, low incomes?		
Carer	<p>Impact Identified:</p> <p>Positive impact of the prevention pathway on individuals including:</p> <ul style="list-style-type: none"> • Unpaid Carers • Adult carers • Young Adult Carers • Young Carers • Children in Care <p>The service will continue to provide a person centres approach to take into account the individual's needs.</p> <p>The recommendations of the executive report are intended to improve the integration across the resettlement pathway and enable to collect better data to understand the positive impact and address negative impact in service delivery.</p> <p>The recommendations of the executive report are intended to improve the integration across the resettlement pathway and enable to collect better data to understand the positive impact and address negative impact in service delivery.</p> <p>Mitigation:</p>	Positive	Medium(M)

	<p>CYC will implement a new data led performance framework, that will enable continual improvement of service and identify improvements from the data generated within the framework expectations.</p> <p>All services commissioned and delivered by CYC are available to residents of York under the individual service criteria. Further information can be found on the Live Well York site that can be accessed https://www.livewellyork.co.uk/</p>		
<p>Low income groups</p>	<p>Impact Identified:</p> <p>Positive impact of the prevention pathway on individuals including</p> <ul style="list-style-type: none"> • Loss of employment • Debt and financial crises. • Cost of living crises <p>The service will continue to provide a person centred approach to take into account individual needs.</p> <p>The recommendations of the executive report are intended to improve the integration across the resettlement pathway and enable to collect better data to understand the positive impact and address negative impact in service delivery.</p> <p>The recommendations of the executive report are intended to improve the integration across the resettlement pathway and enable to collect better data to understand the positive impact and address negative impact in service delivery.</p> <p>Mitigation:</p>	<p>Positive</p>	<p>Medium(M)</p>

	<p>CYC will implement a new data led performance framework, that will enable continual improvement of service and identify improvements from the data generated within the framework expectations.</p> <p>All services commissioned and delivered by CYC are available to residents of York under the individual service criteria. Further information can be found on the Live Well York site that can be accessed https://www.livewellyork.co.uk/</p>		
<p>Veterans, Armed Forces Community</p>	<p>The City of York has signed the Armed Forces veteran’s covenant. It is an agreement that no one who has ever served in the Armed Forces, or their families, should be disadvantaged because of their service.</p> <p>In practice, this does not mean that Armed Forces personnel receive preferential treatment compared to other people, but that everyone agrees to work together to ensure that the Armed Forces community can access the same level of service as non-serving citizens</p> <p>Mitigation:</p> <p>Senior Officers are actively engaged in the Armed Forces Covenant Executive Steering group to develop data collection and performance monitoring in respect of this group. Effective Information Communication Technology (ICT) systems will be utilised where appropriate to understand outcomes and to inform service development.</p> <p>All services commissioned by CYC are available to residents of York under the individual service criteria. Further information can be found on the Live Well York site that can be accessed https://www.livewellyork.co.uk/</p>	<p>Positive</p>	<p>Low(L)</p>

	The Council will comply with all relevant and forthcoming legislation, Equalities Act 2010, Human Rights Act 1998.		
Other	<p>Employee Wellbeing Support</p> <p>To continue to support the wellbeing of our staff during this demanding and difficult time, the Employee Wellbeing Line and email has been setup. The service is for all staff HR related queries, worries or concerns; relating to working hours, pay, health or wellbeing.</p> <p>Email: employee wellbeing@york.gov.uk</p>		
Impact on human rights:			
List any human rights impacted.	<p>There will be no impact on human rights with the change of provider.</p> <p>Ongoing reflection and feedback from users of the service to learn and improve Human Rights and Equalities Board. The City of York Council and the York Human Rights City Steering Group established the Human Rights and Equalities Board with a remit to:</p> <ul style="list-style-type: none"> • provide strategic direction for the council's human rights and equalities work • tackle the issues raised within the York Human Rights City Indicator Report <p>Any services being developed and put in place to provide person centred care must adhered to these principles.</p>		

Use the following guidance to inform your responses:

Indicate:

- Where you think that the proposal could have a POSITIVE impact on any of the equality groups like promoting equality and equal opportunities or improving relations within equality groups
- Where you think that the proposal could have a NEGATIVE impact on any of the equality groups, i.e. it could disadvantage them
- Where you think that this proposal has a NEUTRAL effect on any of the equality groups listed below i.e. it has no effect currently on equality groups.

It is important to remember that a proposal may be highly relevant to one aspect of equality and not relevant to another.

<p>High impact (The proposal or process is very equality relevant)</p>	<p>There is significant potential for or evidence of adverse impact The proposal is institution wide or public facing The proposal has consequences for or affects significant numbers of people The proposal has the potential to make a significant contribution to promoting equality and the exercise of human rights.</p>
<p>Medium impact (The proposal or process is somewhat equality relevant)</p>	<p>There is some evidence to suggest potential for or evidence of adverse impact The proposal is institution wide or across services, but mainly internal The proposal has consequences for or affects some people The proposal has the potential to make a contribution to promoting equality and the exercise of human rights</p>
<p>Low impact (The proposal or process might be equality relevant)</p>	<p>There is little evidence to suggest that the proposal could result in adverse impact The proposal operates in a limited way The proposal has consequences for or affects few people The proposal may have the potential to contribute to promoting equality and the exercise of human rights</p>

Step 5 - Mitigating adverse impacts and maximising positive impacts

5.1	Based on your findings, explain ways you plan to mitigate any unlawful prohibited conduct or unwanted adverse impact. Where positive impacts have been identified, what is been done to optimise opportunities to advance equality or foster good relations?
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There will be no negative impact on the above groups and subsequent customers of the Homeless Services. Any impacts will be managed as part of an assessment of individuals needs and care and support services will be designed in accordance with information provided by the customer.

The council will ensure that information about the Homeless Reduction Act 2017, advice and support is accessible to agencies and partners. In addition the Council will ensure advice and prevention tools are relevant to tackling the main structural causes of homelessness – housing supply and poverty. The council will ensure the prevention tools are relevant to tackling the main causes of homelessness like relationship breakdown and loss of tenancies.

Deploy the most effective early intervention and prevention tools:

- The council will support access to financial advice, skills and employment services.
- The council will build on skills and workforce within the voluntary sector partners to deliver free and independent debt advice and identify those at risk of homelessness at an early stage.

The service will not change in any way that will have detrimental equality impact on individuals, the council will be delivering services in accordance with the robust specification.

Solutions in the above EIA have been provided to provide reassurance that any impacts that we foresee will be minimised by the actions outlined in the EIA.

Step 6 – Recommendations and conclusions of the assessment

<p>6.1</p>	<p>Having considered the potential or actual impacts you should be in a position to make an informed judgement on what should be done. In all cases, document your reasoning that justifies your decision. There are four main options you can take:</p>	
<p>- No major change to the proposal – the EIA demonstrates the proposal is robust. There is no potential for unlawful discrimination or adverse impact and you have taken all opportunities to advance equality and foster good relations, subject to continuing monitor and review.</p>		
<p>- Adjust the proposal – the EIA identifies potential problems or missed opportunities. This involves taking steps to remove any barriers, to better advance quality or to foster good relations.</p> <p>- Continue with the proposal (despite the potential for adverse impact) – you should clearly set out the justifications for doing this and how you believe the decision is compatible with our obligations under the duty</p> <p>- Stop and remove the proposal – if there are adverse effects that are not justified and cannot be mitigated, you should consider stopping the proposal altogether. If a proposal leads to unlawful discrimination it should be removed or changed.</p> <p>Important: If there are any adverse impacts you cannot mitigate, please provide a compelling reason in the justification column.</p>		
<p>Option selected</p>	<p>Conclusions/justification</p>	
<p>No major change to the proposal</p>	<p>The impacts from the proposals are limited, and expected to be positive with mitigations in place to deliver on these aims.</p>	

Step 7 – Summary of agreed actions resulting from the assessment

7.1 What action, by whom, will be undertaken as a result of the impact assessment.			
Impact/issue	Action to be taken	Person responsible	Timescale
Equality and Human Rights Act	Quality Assurance	Laura Williams	

Step 8 - Monitor, review and improve

8.1	<p>How will the impact of your proposal be monitored and improved upon going forward? Consider how will you identify the impact of activities on protected characteristics and other marginalised groups going forward? How will any learning and enhancements be capitalised on and embedded?</p>
	<p>The approach to the market for the Homeless service reflects the journey outlined in our commissioning Strategy as this has been developed to focus on outcomes and principles for commissioning services, in line with the Council’s Strategy and plan. Each contract will have Key Performance Indicators that will measure the outcomes with our providers included in the specifications. Training and outcomes expressed as part of the returned surveys will be incorporated into key documents.</p> <p>The procurement of the new contracts should have no negative impact on the end recipient of services. Any future changes will be assessed at the time they are proposed; however, it is unlikely that any of these will have a negative impact.</p>

Appendix B: Review of the 2018-23 Homelessness Strategy lifecycle

12/6/24 Homelessness Future Resettlement Pathway Report

1. The [2018-2023 Homelessness Strategy](#) progress and actions undertaken are summarised below.

2018-23 Strategic Priority	Actions and achievements during 2018-23
<p>1. Reduce Rough Sleeping</p>	<p>A significant reduction of the number of people sleeping rough, from 29 in 2017 to 15 in 2023 using street count figure, and 4 using late 2023 estimate</p> <p>Implementation of the Rough Sleepers Initiative and additional resources to support people with complex needs, providing effective outreach</p> <p>Rough Sleeper Housing Navigator Team playing a critical role in identifying needs at an early stage for anyone rough sleeping or faced with from July 2020</p> <p>An increase in Making Every Adult Matter (MEAM) to work with complex / entrenched rough sleepers and people with complex mental health issues</p>
<p>2. Prevent Homelessness</p>	<p>Full implementation of the new homeless legislation the Homeless Reduction Act 2018, which extended LA responsibilities and embedded the prevention approach in service delivery</p> <p>A maintained and sustained core focus on early intervention and the prevention and prevention of homelessness</p> <p>An increase in the number of housing options workers</p> <p>Use of the YorHome social lettings service to offer accommodation for people at risk of homelessness</p>

2018-23 Strategic Priority	Actions and achievements during 2018-23
<p>3. Ensure appropriate accommodation for people who are homeless or at risk of homelessness</p>	<p>The development and opening of James House 57 purpose built and fully furnished units of temporary accommodation</p> <p>An increase in emergency bed spaces available so services can react quickly to rough sleeping through NSNO, NAP Pads, B&B and other forms of temporary accommodation. This creates additional spaces to meet short term peaks in demand.</p> <p>Zero homeless 16 or 17 year olds have been placed in B&B and zero families for longer than 6 weeks</p> <p>Rough Sleepers Accommodation Programme attracted capital and revenue funding to provide appropriate accommodation and support for 6 individuals with complex needs</p>
<p>4. Ensure appropriate support for people that are homeless or at risk of homelessness</p>	<p>Joint working with Housing, Mental Health clinical services and Adult Social Care via the mental health and housing meeting</p> <p>Housing First established with 33 tenancies providing both a home and the support needed to resolve homelessness</p> <p>Trauma informed service provision developed</p> <p>Introduction and expansion of Rough Sleeper Navigator Team from 2019 onwards</p> <p>Introduction of Making Every Adult Matter workers and Mental Health Housing First workers.</p> <p>Introduction of Rapid Rehousing – needs further development</p>

2018-23 Strategic Priority	Actions and achievements during 2018-23
	<p>Youth Homeless Workers and joint assessments with Children Services.</p> <p>Additional resources to expand our resettlement offer through capital and revenue grant funding (Rough Sleeping Accommodation Programme – RSAP) and purchased six 1 bed flats for rough sleepers (these are specific for this purpose for the next 30 years and will then become part of the general stock). Includes a specific support worker.</p> <p>Ex-offenders support worker helping people in to the private rented sector</p>
<p>5. Maintain and develop partnership working and strategic direction</p>	<p>Continued delivery of a comprehensive resettlement programme</p> <p>“Everyone in” successful emergency response to pandemic conditions in 2020</p>

2. Draft key priorities for 2024-29:

Key priority	Homelessness Strategy 2024-29 Themes
<p>1. Expansion of Housing First</p>	<p>Expansion of Housing First through a formal partnership investment model to increase revenue funding, alongside strategic purchases of suitable flats into the HRA stock and Registered Provider commitment</p> <p>Multidisciplinary Team providing holistic support for service users with complex needs, including factors such as dual diagnosis</p>

Key priority	Homelessness Strategy 2024-29 Themes
	This takes into account core elements of the Resettlement Review recommendations and builds on existing service strengths including the Mental Health Housing First provision
2. Resettlement service redesign delivering review recommendations	Incorporate Resettlement Review recommendations into the new services, including a revised model with Mental Health specialism and considerations of other specialist service areas
3. Expansion of social housing	Maximise delivery through Section 106 planning permissions and the council's Housing Delivery Programme, in addition to work with social housing partners to increase the level of Homes England grant funded investment in the City Priorities informed by the Local Housing Needs Assessment 2022 or successor evidence base document ¹
4. Expansion of Temporary Accommodation providing needs: evidenced	Analysis of needs with proposals for additional Temporary Accommodation to ensure capacity is sufficient for families faced with homelessness. Options include purchase of additional properties into the Housing Revenue Account for 'dispersed' Temporary Accommodation.
5. Revised governance structure and performance framework	A new governance structure and enhanced data reporting to establish clearly "what success looks like" in the new service delivery model as an effective performance framework. Regular performance review integrated into ongoing service improvement to achieve the strategy objectives.
6. Tackling Domestic Abuse	Achieve Domestic Abuse Housing Alliance (DAHA) accreditation. Support survivors, prevent homelessness where possible, including preventative work with perpetrators and individuals at risk of becoming perpetrators.

¹ <https://www.york.gov.uk/downloads/file/8270/ex-cyc-92-local-housing-needs-assessment-by-iceni-july-2022>

Appendix C

Resettlement pathway review - key recommendations

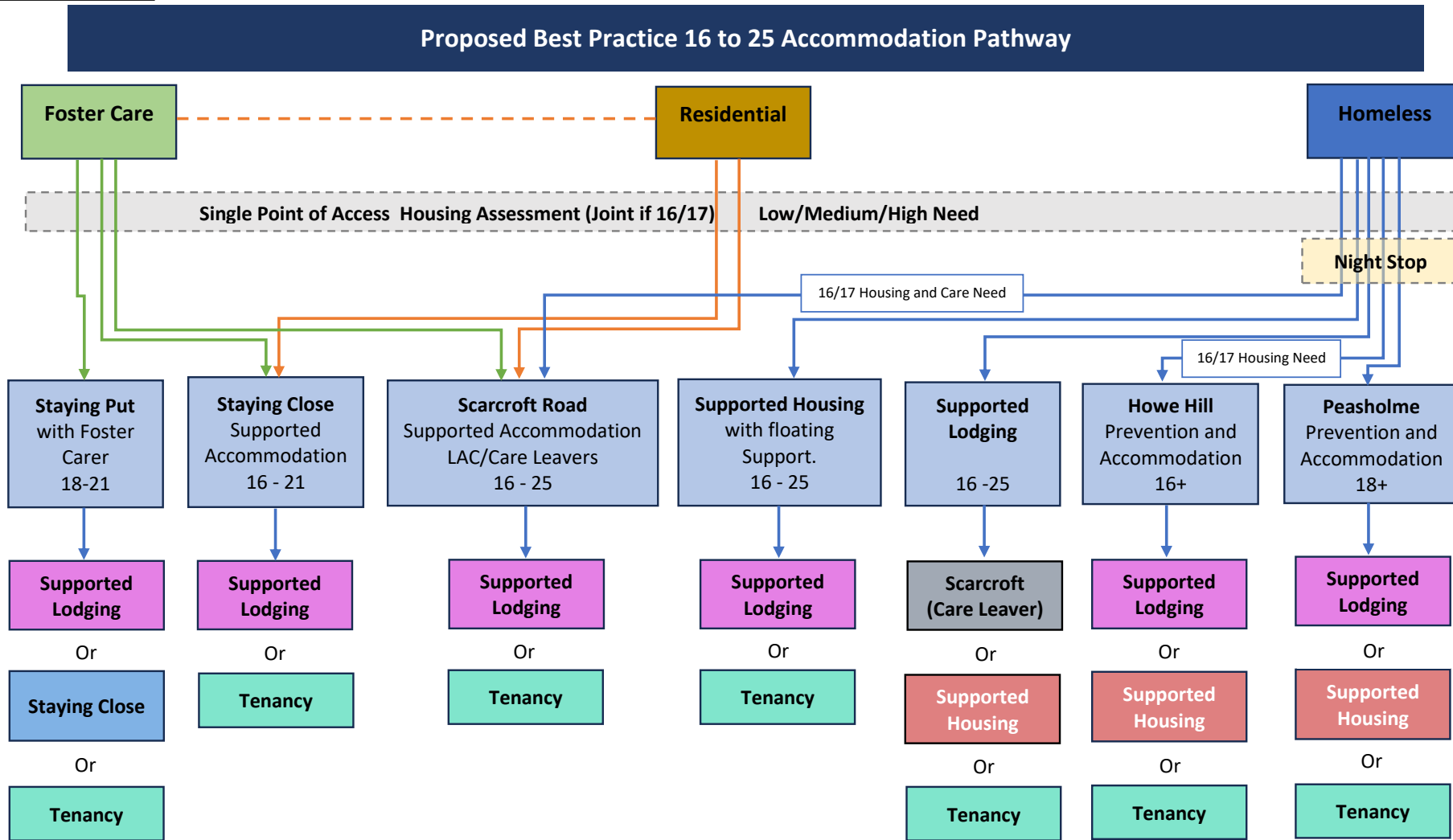
Based on previous review work which included lived experience consultations, research, and focus groups, it was decided that focus should be on 4 groups accessing the pathway:

1. Women
2. Young People
3. People with multiple/complex needs
4. Lower-level needs (prevention/rapid rehousing)

Some key themes/recommendations that cut across the groups and whole system:

- Need to adopt (or build on) a strengths-based, person-centred, positive risk-taking approach - tailor support to the individual's needs.
- Need for more flexibility within the pathway (tiers, criteria, too linear, time limited etc.) to give workers and service users more choice and control.
- Pay, training, support and working conditions need to be improved and consistent across the workforce to attract and retain skilled staff. This should help to enhance the quality and consistency of support and strengthen relationships between staff and customers.
- Better collaborative/joined up working between services - more coordinated approach, offering more consistency.
- Specialist mental health support is needed within the pathway.
- Build on trauma-informed practice.
- Housing supply - access to good quality, affordable and secure housing - people getting stuck, bottlenecks, difficult to keep away from negative influences and progress with other support needs.
- More opportunities for social connection, meaningful activities, and safe spaces.

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Families First Principle - To Support Appropriate Growth to Independence and Reduce Risks of Dependence

Long Term outcomes for young people are likely to have greater success through sustained relationships with their family members and important parts of their network. These relationships create a level of resilience that can not be replicated by services. The pathway will therefore maintain a relentless culture of prevention and restoration. **A return to Family Members should always be considered as a priority** upon initial presentation and every subsequent transition within it. All Services should have a proactive approach to restoring fractured relationships.

Long Term Outcomes Resilience Scale



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Health, Housing and Adult Social Care Scrutiny Committee Work Plan 2024/25

Meeting Date	Item
9 October 2024 Adult Social Care	<ul style="list-style-type: none"> • Finance and Performance Outturn Report and Monitor 1 • Adult Social Care Strategy update (<i>TBC</i>) • ADASS Peer Review of Adult Social Care
6 November 2024 Public Health	<ul style="list-style-type: none"> • Review of Urgent Care delivery in York and the East Coast • Health Needs Assessment for people with Autism and ADHD; to include update on the production of the Autism and Neurodivergence Strategy • Lasting effects of the pandemic and review for winter 2024/25
4 December 2024 Housing	<ul style="list-style-type: none"> • Finance and Performance Monitor 2 • Revised Housing Repairs Policy – final draft • Update on Void Properties
15 January 2025 Adult Social Care	<i>TBC</i>
12 March 2025 Public Health	<ul style="list-style-type: none"> • Finance and Performance Monitor 3
2 April 2025 Housing	<ul style="list-style-type: none"> • Asset Management Investment Plan (including a breakdown of budget forecast spending on contractors, apprenticeships, and an update on training to up-skill and cross-skill existing staff). • Housing Estate Management – review of the pilot

Unallocated items

- Autism and Neurodivergence Strategy (Spring 2025)
- LD Provision – The Glen and Lowfields
- Relevant outputs from LGA Peer Review
- Reablement technology (Practical)

- **Task and Finish Group Review** of Home Care Commissioning

- **Joint Committee with Children, Culture and Communities Scrutiny Committee** on healthy weight/weight management.