

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

Report of the Director of Adult Social Care

The Future of Sensory Service Provision in York

1. Summary

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

2. Background

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

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

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

2.2 Current Position

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

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

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

3. Consultation

A. Sensory Engagement Event

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

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

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

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

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

B. Market Engagement Event

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

C. Customer Consultation

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

D. Vale of York CCG (VoYCCG)

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

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

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

4. Options

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

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

4.1 Option 1: Continuation / Strengthening of Existing Arrangements

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

4.2 Option 2: In-House Delivery Model

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

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

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

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

5. Analysis

Option 1: Strengths

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

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

- The co-location of the 3 x sensory Social Care Workers alongside the CYC Customer Centre in West Offices could form a coherent, frontline sensory screening and assessment service for the City of York. Customers who then required preventative services, or more specialist rehabilitative support, could be signposted onto the relevant voluntary sector organisation specialising in these fields i.e. York Blind Partially Sighted, the Wilberforce Trust and RCDP.
- This approach avoids the risk of decommissioning voluntary sector providers who, although to an extent working in silos, are delivering relatively well against the parameters and objectives in their contracts. The other major strength of the current approach is the close linkages and connections between Sensory Staff and other CYC Adult Social Care teams, such as the CAAT team and the Long Term Team.

Option 1 Weaknesses

- As identified earlier in this report the current arrangements are fragmented and not particularly well integrated. There is sometimes a lack of co-ordination / service overlap and communication breakdown between the various delivery partners. Current pathways and referral routes can be complex and vary according to condition. There is a risk of these issues becoming further entrenched and polarised if the status quo is maintained.
- Through the existing approach equipment is purchased through different teams depending on the type of sensory loss someone experiences (and is issued by three different organisations).
- Options for greater efficiencies (other than those already identified within the 16/17 budgetary savings plan) would not be realised. Similarly, the opportunity to approach the market for new, innovative delivery proposals which may bring added value and resource would be lost.
- This option could be regarded as making the minimum changes necessary to meet legislative requirements but lacking the drive and imagination needed to truly transform service delivery and improve customer outcomes.

- There may be other providers and delivery partners in the marketplace (particularly within the voluntary sector) who might be closer to service users and capable of delivering more effective outcomes and more creative ways of working with customers.
- Existing social care data systems are not streamlined - the recording, monitoring and tracking of sensory data would need to be markedly improved if CYC was to maintain the status quo.

Option 2: Strengths

- As with Option 1 the CYC Sensory Impairment Service would have a full complement of social care workers covering the three broad areas of sensory provision (Low Vision, Hearing Loss and Dual Sensory Loss).
- Social care assessment processes are not at present the same for Hearing and Visual pathways. An element of 'lower level' hearing loss assessment is undertaken in a voluntary sector setting, but does not provide a holistic assessment of social care needs. A wholly in house approach could ensure greater consistency around social care assessments / reviews etc.
- Some voluntary sector providers have limited capacity to develop their provision. The capacity of such providers to change and adapt is variable (i.e. RCDP contracts are not necessarily sustainable – staff are drawing the equivalent of minimum wage and there is limited capacity for service development). This could again be potentially remedied through an in-house approach.

Option 2: Weaknesses

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

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

Option 3: Strengths

- An entirely commissioned approach (driven and co-ordinated by a dynamic lead organisation) could bring about more radical solutions and customer outcomes. Although open to all providers this approach would be particularly suited to the voluntary sector. It could allow voluntary sector organisations who are currently working in silos genuine freedom to deliver innovative solutions and leverage additional resource.
- This approach could nurture the role of local sensory providers, placing them on a firmer footing financially, retaining their core strengths and capabilities and enabling them to expand and flourish over future years.
- The sharing of knowledge, good practice and trust between organisations from across the sensory disciplines (ideally co-located in a single geographic location) would be a significant step forward in terms of delivering a consistent, joined up approach to sensory provision.
- This option could open up the market to larger, national providers who might bring an added dimension in terms of innovation and best practice gleaned from other areas. Such organisations might also bring experienced consortia management and leadership skills.
- This option promotes the delivery of services and interventions within community based settings and links to the development of Wellness Hubs within the City as service co-ordination and delivery centres based within neighbourhood locations.
- There may be sensory providers in the marketplace who are closer to service users than CYC, able to see things from the customer's perspective and able to bring more creative ways of engaging with the hardest to reach.

Option 3 Weaknesses

- Innovation and added value would need to be clearly evidenced at the tender stage and captured / monitored through contractual arrangements. Otherwise there is a risk that the successful provider(s) end up delivering services of no better quality than the existing arrangements. Too narrow a contracting ethos might discourage service providers from being flexible or innovating, concentrating on the statutory givens specified in the contract.
- The successful provider(s) would need to evidence robust governance / joint working arrangements and indicate how they will effectively draw together various strands of service delivery and financing models as part of a consortia approach. If partnership arrangements were to break down this could impact negatively on a highly vulnerable client group.
- Although contractual and monitoring arrangements will be in place CYC will be one step removed from service delivery and an element of day-to-day oversight will be lost - making it potentially more difficult to identify under-performance and address it.
- There may be a geographical disconnect between the new provider(s) and the wider Adult Social Care teams / CYC Customer Contact Centre. This does not necessarily mean that liaison with these teams will be affected, but clear lines of communication would need to be established.

Option 3: Recommended Timeline

- If the recommended approach is adopted the timeline for implementation of the revised sensory model will be as follows:
 - Jul 16: AMT/Executive Member to agree future sensory approach.
 - Jul - Aug 16: ASC Commissioning Team to prepare tender docs (service spec & outcomes).
 - Sept - Oct 16: Tender Process.
 - Nov - Dec 16: Evaluation & Award of Contract
 - Jan - Mar 17: Implementation Phase
 - April 17: New Service Offer Commences.

6. Council Plan

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

7. Implications

- **Financial:** The available budget for future sensory proposals will be £160k per annum, comprised of £100k from the operational budget and £60k from the Commissioned Services budget. (This delivers upfront savings of 39k as part of 2016/17 Budgetary Savings Proposals).
- **Human Resources (HR):** If sensory provision was to be outsourced it is likely that 2 x social care workers would transfer to the new employer via TUPE arrangements. If CYC social care workers are to be TUPE transferred the council has a duty to inform and consult with the staff affected. If and when the contract is awarded further consultation will take place and the new employer will be involved in this consultation. Consideration needs to be given as to how this is managed by the new employer within the budget envelope available. (Senior management time for these staff is, at present, not proposed to be transferred across from CYC budgets). The £160k budget envelope may not be sufficient to deal with this particular issue, or that of pensions, although the hope is that management costs are sourced from within the £160k budget envelope by the new service provider.
- **Equalities:** If the recommended approach is adopted CYC needs to be mindful of equalities legislation contained within the Care Act 2014; there are specific requirements in relation to sensory provision that local authorities must ensure that they or commissioned services comply with - particularly in relation to making the social care assessment processes and other information available in accessible formats.
- **Legal:** If the recommended approach is adopted CYC must ensure that external providers of sensory provision comply with data sharing and data protection legislation.
- **Crime and Disorder:** There are no crime and disorder implications.
- **Information Technology (IT):** If the recommended approach is adopted there will be IT implications if external providers of sensory services wish

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

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

8. Risk Management

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

9. Recommendations

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

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

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

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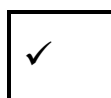
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Report
Approved



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Wards Affected:

All

For further information please contact the author of the report

Background Papers: N/A

Annexes: **Annex A: Summary of Existing Sensory Provision**

Annex B: Summary of Customer Consultation Exercise

Abbreviations in the report and annexes

ASC- Adult Social Care

BSL- British Sign Language

CAAT- Customer Access and Assessment Team

CAB- Citizens Advice Bureau

CVS- Centre for Voluntary Services

CYC- City of York Council

IT- Information Technology

JDC- Jorvik Deaf Connections

PIP- Personal Independence Payment

RCDP- Resource Centre for Deafened People

RNIB- Royal National Institute of Blind People

SLA- Service Level Agreement

TUPE- Transfer of Undertakings Protection of Employment

VOYCCG- Vale of York Clinical Commissioning Group

YBPSS- York Blind and Partially Sighted Society