

**Executive**

**28 April 2016**

**Portfolio of the Executive Member for Adult Social Care and Health**

**Report of the Director of Adult Social Care**

**Community Wellbeing & Support (Housing Related Support)**

### **Summary**

1. As part of the approach to a New Operating Model within Adult Social Care and across the Council, officers have been working with colleagues in Housing, Public Health and Children's Services alongside current partner organisations to develop a vision and direction for the future of what has previously been known as the Housing Related Support Programme in York. A key strand of future direction is to re-define the programme into "Community Wellbeing and Support"
2. The current budget for the programme is £2,522,550 which covers 42 contracted services with some additional ad-hoc individual service provision. The 2014/15 two year budget set by the previous Executive agreed a £3m target savings in Adult Social Care (ASC), however £1.7m of this was deferred in the 2015/16 budget to 2016/17 as ASC thought it unachievable in 2015/16. These required efficiencies included the proposal to re-commission Housing Related Support Services to achieve a saving of £750K.
3. The proposals within this report are however to adopt a "co-design" approach enabling a consolidation of services into a reduced number of contracts whilst adopting a revised approach to the delivery of services within each individual service area.
4. The approach is one of "co-design" with the Council setting some minimum requirements but requesting providers to submit proposals that identify the added value that can be provided and setting out a five year vision for service delivery which will further enhance provision across the City.
5. There will be a "whole" service approach with all referrals being regarded as "customers" and if eligible, referred to the provider whom will be responsible for determining the range of services available on a

personalised basis. This may include drop in, formal support, use of social media, work shops, use of volunteers, peer mentoring, multi-agency engagement and other methods of customer engagement. It was clear from the consultation that one method of engagement does not fit everyone's requirements. This approach will therefore remove the requirement for a waiting list which fluctuates between 100-120 people at any one time.

6. The Government Spending Review on the 25th November 2015 announced that there would be a cap placed on Housing Benefit (HB) for social housing tenants in line with Local Housing Allowance (LHA) rates – the amount received by claimants in the private rented sector. It is estimated that the shortfall in revenue that local support providers could receive through HB if the cap was implemented fully would be in excess of £1m.
7. The possible implications of the cap on Local Housing Allowance are detailed in paragraphs 15-28 of this report. The proposal is that the approach identified within this report is continued and proceed to tender the services as described below. By the time new contracts can be awarded there should be an outcome to the debate taking place with ministers nationally, if the result was to present as un-affordable, the Council would need to cease the current re-commissioning proposals and re-evaluate the options. This might include reducing the service offer in order to deliver a new model affording efficiencies.

## **Options**

8. There are two options for consideration by the Executive:

Option A - The Council to commission an alternative service model for Community Support and Wellbeing (Early Interventions and Prevention). This will involve a radical approach, one of co-design and partnership working and proposes reducing the number of service contracts from over 40 to approximately 11 but with only 3 new commissioned service contracts/areas.

It is an ambitious proposal which may have an initial impact on the capacity of support available but it needs to be seen in the context of the whole Council transformation programme and the steps that will be taken in council wide workstreams to provide additional information and advice, community capacity etc which will assist in being able to reduce the dependency for the services within this programme. It is envisaged that this approach will deliver efficiencies of £750K as outlined in paragraph 2.

Option B – Retain the existing programme in its existing format but change the name to Community Wellbeing & Support. If Members adopt this recommendation, the £750K required efficiencies will have to be found from elsewhere in the Council budget.

## **Recommendations**

9. The Executive are asked to approve;

Option A, (Paragraphs 40-46) of this report and note the implications of the recent proposals regarding Local Housing Allowance, which is under review, and the impact that this may pose to the proposals within this report (Paragraphs 15-28)

Reason - to deliver a new model of delivering Housing Related Support Services to residents of York and ensure continuation of Housing Related Support programme.

Timescale - Implementation by February 2017

## **Service Model**

10. The model proposed will increase opportunities for engaging with local and ward based initiatives and as an outcome from the re-modelling, we will look for providers to access other funding streams to enhance the services provided. This is also an integral aspect of the added value sought as part of the tender process.
11. The model proposed to deliver a new service framework recognises the “expertise” of the provider and brings any decisions around delivery of services closer to the customer. The budget envelope will be used to deliver outcomes with a focus on the provider to demonstrate this effectively alongside their customers. A direction of travel is expected towards co-production with customers having a greater say and empowered to take more responsibility to demonstrating delivery of outcomes.
12. The Council is moving towards a new operating model, one that which re-shapes how the Council works in terms of early intervention and prevention, community capacity, place making and is area focused. The move to a community model will support the Council’s direction of travel.
13. Communities will need support to identify problems early and try to put in place preventative help. This will need to work across the whole city in order to join up approaches, target resources, avoid duplication,

improve intelligence and communication and reduce costs. The proposed new model of Community Wellbeing and Support supports this direction and approach. The new model will support providers in developing capacity, networks and developing partnerships and skills within communities.

14. There are increasing challenges and uncertainty regarding support services for vulnerable people that do not receive statutory provision. This is particularly so with the impact of welfare reform which creates greater risk of homelessness as well as threatening the viability of existing supported housing services. We believe the model being proposed will deliver better services and outcomes within the resources available and that as a result there is a need to change the model. It is therefore imperative that the successful support provider is able to have contractual flexibility to continue to maximise outcomes while adapting to a changing climate that has significant impacts on York residents that are on low income.

### **Local Housing Allowance**

15. As detailed in paragraph 7, The Government Spending Review on the 25th November 2015 announced that there would be a cap placed on Housing Benefit (HB) for social housing tenants in line with Local Housing Allowance (LHA) rates – the amount received by claimants in the private rented sector.
16. The move is expected to have the largest impact on supported housing and specifically adapted properties because they are more costly to develop and manage. The Government currently have no plans to exempt any particular property types or tenants of pension age. However in response to widespread concern from the housing and care sector about the future viability of such schemes the Government have now announced that Department of Communities and Local Government (DCLG) and Department of Work and Pensions (DWP) will undertake a strategic review of how supported housing is funded.
17. Officers have held discussions with landlord partners and one key partner specifically, who owns or leases the majority of buildings from which the support services included in this tender are currently delivered. There is concern from this partner that the uncertainty surrounding supported housing and the LHA will detrimentally affect the tender submissions. This is because they will not be able to guarantee any rental income, above LHA, to supplement support funding.

18. This rental income currently helps to provide a range of additional services needed to provide a safe and secure home and applies to all supported living and hostel provision. They have been advised that they should issue all new supported tenants or renewed tenancies after April 2017 with a letter explaining that the LHA cap will apply from April 2018.
19. Whilst there has been a pause in implementation to allow for more thinking time from central government there is no indication as yet if it will proceed and what may be exempt. There is likely to be an increase in the discretionary housing fund that can be used by LA's to supplement the shortfalls but as yet it is not confirmed to what extent this will mitigate the impact and for how long.
20. If the limit (described at paragraph 15 above) is adopted and agreed in full, the impact will be significant on one key partner in York. This partner provides a significant proportion of the properties within the current programme whereby Housing Benefit supplements the eligible tasks carried out in the schemes. It is estimated that the shortfall in revenue that local support providers could receive through HB if the cap was implemented fully would be in excess of £1m. Approaches have been made by some providers requesting that the tender timetable is delayed but as indicated in Paragraph 23, we are proposing that we continue with the approach identified within the timescales specified.
21. From a wider perspective the direction of travel of central government is thought to be towards a mixed social market where there will be:
  - Reduced levels of public revenue
  - The likely elimination of public capital outside of the statutory sector, and reductions within it
  - Wider freedoms for quasi-social/quasi-private landlords, including Housing Associations, to set rents
  - The "socialisation" of existing private sector accommodation and the development of new buildings from non-statutory funding sources
  - The introduction of social investment for capital (especially from pension funds which have significant amounts of money, a social responsibility obligation and an interest in long-term, low yield, risk-free investments) and revenue funding
  - A change of emphasis from buildings to people where additional needs are an issue

- A levelling of the playing field to include statutory, non-profit and private providers on equal terms (although the statutory players will be encouraged to become non-statutory)
- A much wider and deeper role for non-statutory providers
- A focus on investment in prevention as an alternative to statutory sector intervention
- A system of accreditation for all providers of services to people with additional needs based on quality of outcome and social and financial return on investment
- The creation of a Community-Based Prevention Fund from devolved enhanced Housing Benefit, NHS & Local Authority funding
- A unified commissioning infrastructure

*(Support Solutions UK - February 2016)*

22. The proposed model for developing Inclusive Health and Wellbeing Support is one of less reliance on traditional buildings based models of support and adopting a co-design approach, although partners will propose their own models. As a result it is difficult to assess the full impact of any changes as it is not known yet if any such changes will be implemented fully.
23. The proposal is that the approach identified within this report is continued and proceed to tender the services (further details of which are set out at paragraphs [40] to [46] below). By the time new contracts can be awarded there should be an outcome to the debate taking place with ministers nationally, if the result was to present as a result as unaffordable, the Council would need to cease the current re-commissioning proposals and re-evaluate the options. These might include reducing the service offer in order to deliver a new model affording efficiencies.
24. Members are asked to note the implications of the above Government announcement which may impact on the final direction of the development of a new service model.
25. However recognition is required that there will need to at least be some hostel provision, so whilst reference to the use of specific buildings was not originally anticipated, it is recommended that the proposed tender specifies the requirement of using one property (Union Terrace) which is the only purpose built hostel provision within York. Built in 2008 at a cost of £3.8m, the scheme was grant funded by two sources, - Housing Corporation finance as a direct grant to the Housing Association and the CLG Capital Project fund for hostels via the City of York Council.

This funding may be required to be repaid in the event the hostel ceases to be used for the purpose it was funded. The balance of the funding was provided by the Housing Association who own the property and their funding hasn't yet been recovered through rental income. Not utilising this property would have a significant impact on effectively delivering a service that can meet council protocols of No Second Night Out and Severe Weather Procedure which mitigate against the risk to street homelessness. The property is also unlikely to be able to be used for an alternative function. The position regarding the growth in street homelessness (30% increase nationally this year and 44% in York with 39% in use of emergency homeless beds) and the national publicity around insufficient provision to meet this increasing demand.

26. Other neighbouring authorities are also considering moving in a similar direction to York; Leeds are looking to tender accommodation provision in the summer and are taking a view regarding approaches taken by other Local Authorities. They are rationalising their provision and creating one floating and one accommodation based provision, increasing the floating provision and decreasing the accommodation provision but are not going down a co-design model and are using the traditional approach of specifying accommodation and how it will be used.
27. Sheffield are currently tendering some elements of supported housing provision and North Yorkshire County Council are currently out to tender on offender support services. Both authorities are taking the decision to proceed with plans on the basis that the outcome of the Local Housing Allowance is not known.
28. Lincolnshire have already commissioned a new service model in 2015 based on a single access point and services based on need rather than client group. Based on one contract for direct access accommodation and one for supported housing per district and a county wide floating support contract.

### **Background**

29. The services which are provided at present were initially part of the Council's Supporting People Services but have been part of Adult Social Care "base" budget provision since April 2012. Services provided are Non-Statutory and on the whole not provided to customers who are eligible for social care services. The provision however is seen as a vital aspect of the Council's preventative approach.

30. There has been a significant debate regarding the need for not only Adult Social Care (ASC) but the whole Council to continue to adopt a preventative approach whilst acknowledging that the services provided were not statutory and in some instances not relevant for ASC to continue to manage and fund via its budgets. It was agreed that an approach was needed where efficiencies could be achieved by a consolidation of existing services taking a transformational view of the service model. It was also acknowledged that all parties who would be affected by any proposals to change the Council's delivery of Housing Related Support Services needed to be part of the discussions and a working group involving CANS, Children's Services and Public Health was established.
31. As part of the efficiencies programme in ASC, significant savings have been realised, on a year by year basis, during the period 2007-15. This was part of a planned programme to make efficiencies by reducing the number of services previously commissioned and undertaking service reviews enabling services to be delivered on a more efficient basis. Members may also be aware that in 2013-14 it was agreed to transfer both budget and management responsibility for services provided directly by the Council to CANS and this was effective from October 2013.
32. During the past year there has been an extensive engagement programme with partners, the Voluntary and Community Sector, internal Directorate colleagues and in June 2015 a customer consultation exercise was undertaken across all service areas (see Annex B). A number of meetings have been held with partner organisations and the Council has been pro-actively working with partners on the proposed service delivery model and the development of consortiums to deliver the proposed vision. The Council is also committed to further engagement with customers during the process of implementing the proposals and during the initial phase of the new service model.
33. It is acknowledged that the significant transformation of the programme may cause disruption to service users and in some instances whilst a new approach is embedded there is likely to be a reduction in the levels of service provision given the levels of efficiencies proposed. Officers have looked at mitigating these but with any major service change, we have to recognise the potential implications whilst a new direction and vision becomes embedded. Service activity increases but more importantly be delivered in line with a transformational and preventative approach for customers.



34. During the engagement process, partners and service users have understood and appear to be in agreement with the vision for the future service delivery. A number of providers openly looking forward to the challenge of defining the future service model rather than just delivering against an exacting service specification. There is however apprehension amongst providers and partners regarding the significant service change that will take place and any resulting reductions in capacity. Some customers have also expressed anxiety over potential change of providers but this will not be known until after the outcome of the proposed “tender” exercise. It should also be noted that most services are short term, with the exception of older people services, and it is likely that current customers will have stopped receiving services by February 2017, the proposed date of implementing the new approach.

### **Community Wellbeing and Support (Housing Related Support)**

35. Under it's previous form, Housing Related Support is not a key aspect of ASC nor eligible under the Care Act 2014 but is seen as a preventative role best defined as “Support services which are provided to any person for the purpose of developing that person’s capacity to live independently, or sustaining his/her capacity to do so”
36. Although provision is not eligible under the Care Act 2014 the services meet:

“The local authority’s responsibilities for prevention apply to all adults, including:

- people who do not have any current needs for care and support;
- adults with needs for care and support, whether their needs are eligible and/ or met by the local authority or not”

In addition the Care Act 2014 (section 2) states a duty to provide or arrange provision of services, facilities or resources that it considers will prevent, reduce or delay needs.

37. This can be within their home, supported housing or hostels. Most support is classified as short term (up to two years) to develop confidence and life skills to live independently. Client groups for short term services include: homeless, young people at risk (16-25 year olds including care leavers and teenage parents) offenders, mental health, substance misuse and domestic violence. Long term services are to

support residents with permanent needs including: older people; learning disabilities and mental health.

38. Housing-related support services are not general health, social care or statutory personal care services, but rather services whose aim is to support more independent living arrangements.

The initial CLG definition of support tasks was:

- ✓ Help In Setting Up And Maintaining Home Or Tenancy
- ✓ Developing Domestic/Life Skills
- ✓ Developing Social Skills/ Behaviour Management
- ✓ Advice, Advocacy And Liaison
- ✓ Help In Managing Finances And Benefit Claims
- ✓ Emotional Support, Counselling And Advice
- ✓ Help In Gaining Access To Other Services
- ✓ Help In Establishing Social Contacts And Activities
- ✓ Help In Establishing Personal Safety And Security
- ✓ Supervision Or Monitoring Medication
- ✓ Peer Support And Befriending
- ✓ Help Finding Other Accommodation
- ✓ Provision Of Community Or Social Alarms
- ✓ Help Maintaining The Safety And Security Of The Dwelling
- ✓ Cleaning Of Own Rooms (As Defined Under THBS)
- ✓ Liaison With Probation
- ✓ Risk Assessment (Likely To Be Enhanced In Offender Provision)
- ✓ Advice And Support On Repair Work/Home Improvement Work
- ✓ Management Of Handyperson Services
- ✓ Help With Shopping, Errand Running And Good Neighbour Tasks
- ✓ Liaison And Advocacy Support From The Same Ethnic Group
- ✓ Culture Specific Counselling/Emotional Support
- ✓ Access To Local Community Organisations
- ✓ Security Support Related To Racial Harassment
- ✓ Signposting To Culture Specific Legal Services
- ✓ Signposting To Culture Specific Health/Treatment Services

It is worth noting that now the funding for these services are part of the base budget and no longer ring-fenced, we have the flexibility to amend eligibility criteria to best meet the needs of the community. This has specifically been looked at with Older People's services with consideration of widening tasks to include previously in-eligible tasks like collecting medication or carrying out shopping when the customer is ill and socially isolated.

Outcomes for commissioned services were also defined by the CLG through a National Outcome Framework. This no longer exists and the ASC commissioning team aligned outcomes with statutory service outcomes through a cross service Quality Assurance Framework. This Framework is being revised to take into consideration the implementation of the Care Act 2014 so they are fit for future. The intended outcomes for this and other service areas are:

Outcome 1:

Customers feel treated with dignity and respect

Outcome 2:

Customers feel supported with their physical, mental health and emotional wellbeing

Outcome 3:

Customers are protected from abuse and neglect

Outcome 4:

Customers are involved in the planning and review of support they receive

Outcome 5:

Customers are enabled to participate in work, education, training or recreation

Outcome 6:

Customers identified social and economic wellbeing needs are effectively met

Outcome 7:

Customers are effectively supported in domestic, family and personal relationships

Outcome 8:

Customers are supported to obtain and maintain suitable living accommodation

Outcome 9:

Customers are enabled to contribute to society

With an additional prevention outcome of:

Outcome 10

Customers are supported to minimise requirement to or delay the need to access statutory services (including ASC; health services; prisons etc)

## **Options & Analysis**

39. As indicated there are two options for consideration by the Executive:

## Option A - Analysis

40. Whilst recognising that there would be a reduction in the initial level of service delivery due to the efficiencies from services, all parties agree and recognise that the approach is one that should longer term increase availability and access to services as they become more embedded in the community.
41. As part of the proposed approach it was agreed that a small number of services should be outside the revised service structure as they were part of other strategic reviews or projects

### Services outside of revised service model;

- Handypersons Service – Working in Conjunction with colleagues in Health to move towards a joint commissioned approach to deliver services.
  - Shipton Road and New Lane (mental health supported housing – short-term)- Part of ASC Mental Health Review of Accommodation and Support
  - MH Projects (mental health supported housing – permanent) – Services do not align with cluster of service areas outlined within this report.
  - Individual Customer Payments – This is a small and scaled down reducing process with no new customers.
  - IDAS – Domestic Violence services. The review proposes these services are not part of a re-commissioning approach.
  - Women’s Housing Project – The review proposes these services are not part of a re-commissioning approach
  - Making Safe – Client Group does not fit within the proposed co-design proposals
  - Family Support – Client Group does not fit within the proposed co-design proposals.
42. The commitment for the eight areas referred to in paragraph 41 above, is at present approximately £498K. It is proposed to re-commission the remaining services as 3 contracts covering:

- Community Wellbeing and Support Service - Adults (including Mental Health, Homeless, substance misuse, offenders and Young People)
- Community Wellbeing and Support Service - Older Persons
- Young People – Supported Lodgings

43. Based on existing costs for Housing Related Support, the proposed service model budgets would be in the region of £1.274m plus £498K for services excluded from new contract proposals realising a potential efficiency of £750K. This, as detailed previously will lead to a reduction in the capacity of services available but a proposed model can be flexible and re-designed dependent on the level of efficiencies to be achieved. This level of efficiency is regarded as a maximum to maintain a sustainable service model
44. It is proposed to adopt an innovative approach to the re-commissioning of services, one that will enable providers to design the service working as part of consortiums under a lead provider. It is envisaged that this will enable a flexible approach to future service delivery and create a transformational approach to delivering added value in all areas. It is proposed that the Council will stipulate a number of “essential” aspects only that are to be provided but then ask providers to submit proposals based on the budget “envelopes” within this report.
45. Providers will be asked to design the service and outline their approach to service delivery and their vision for a five year period. It is envisaged that this vision will include the added value that can be provided which will enable them to access alternative funding streams alongside taking a transformational approach to service delivery. Providers will be asked to identify additional efficiencies and added value that will be achieved during the duration of the new contract period(s).
46. Attached at Annex A is a summary of the current services and the proposed service models which identify the profile of the new approach and outline the risks, reduced capacity and mitigations in each of the three areas.

#### Option B – Analysis

47. The alternative option for Members to consider is to retain the existing service programme but change the name from Housing Related Support to Community Health and Support.
48. This would not deliver the Council’s vision of developing a community focused model and if Members adopt this recommendation the £750K

required efficiencies will have to be found from elsewhere in the Council budget.

### **Consultation**

49. A provider and stakeholder event was organised as part of Housing Week on 7<sup>th</sup> November 2014 to consult on the future direction of Housing Related Support services. There were focus groups organised around excluded client groups; mental health; older people and younger people.
50. This was followed by internal meetings inviting public health housing, children's services and Youth Offending Team.
51. Based on these sessions a further series of meetings took place with providers in the week of 23<sup>rd</sup> February 2015 where an outline plan was provided along with clarification around which services that were "in scope". The session also discussed how to effectively consult with the customer groups with buy in from providers to support the process.
52. Due to the complexity of services with excluded client groups a follow on meeting took place as part of the Resettlement Strategic Group to define the customer questions and approach.
53. The Young People's consultation took place as a Survey Monkey with paper questionnaire provided on request.
54. The Older People's consultation consisted of requesting the landlords of sheltered housing to have scheme meetings with residents followed by paper questionnaires delivered on a scheme by scheme basis.
55. The Excluded client group consultation took place as Survey Monkey with paper questionnaires provided on request. It also included two customer discussion sessions to help customers define what feedback they would like to provide.
56. All consultations took place in June 2015 and is detailed in the attached as Annex B of this report.
57. The consultations have informed the recommendations and will be issued as information to inform prospective organisations. In addition the scoring of submitted bids will need to take into consideration customer and stakeholder feedback as part of the co-design approach. The successful provider/consortium would also need to evidence in their bid how they would fully include customers in the journey to a

more community focused approach and one of co-produced solutions in how their services are delivered.

### **Timetable for Proposals**

58. A draft timetable for implementing option A is detailed below;

Date	Milestone
28 <sup>th</sup> April 2016	Council Executive Meeting
25 <sup>th</sup> May 2016	Tender issued for co-design approach to new service
6 <sup>th</sup> July 2016	Deadline for return of tender submissions
7 <sup>th</sup> July – 15 <sup>th</sup> July 2016	Evaluation
25 <sup>th</sup> July – 10 <sup>th</sup> August 2016	Formal Clarification Process
12 <sup>th</sup> August 2016	Decision and Standstill Period
1 <sup>st</sup> September 2016	Award of contract
September – January 2017	Implementation Plan
1 <sup>st</sup> February 2017	Community Based model commences

### **Council Plan**

59. This report supports the priorities within the Council Plan that focuses on frontline services and listens to residents.

### **Implications**

#### Financial

60. The table below gives a summary of the new contract projections and efficiencies of proceeding with Option A as detailed in this report:

<b>Service Area</b>	<b>Projection</b>
Community Wellbeing Support Service	£1,007,527
Older People Services	£156,668
Young People – Supported Lodgings	£110,000
<b>Total</b>	<b>£1,274,195</b>

Current Housing Related Support Budget	£2,522,550
Proposed New Contracts	£1,274,195
Excluded Services	£498,534
Efficiencies	-£749,821

Savings that will be achieved in 2016/17 will be £124,970 with a full year effect of £749,821 from April 2017. This will mean a shortfall of £625k against the original transformation savings target for 2016/17 expected from this project.

The Department is investigating several areas to make up this shortfall including amongst other things:

- Reviewing Continuing Health Care and Direct Payment arrangements
- Reviewing charging policy to ensure we are recovering full cost of services
- Introducing a Reablement pathway aligned with Health to ensure customers can live independently where possible or with greatly reduced care packages

It is proposed that the implementation date of the new service delivery model is February 2017. It is potentially feasible to commence the new model earlier, mid January or possibly late December. Partner organisations though have asked that “start” dates are not during the winter period so as not to affect services at a critical time (no second night out, emergency beds etc) and would prefer a 1<sup>st</sup> April start date.



No efficiencies would be achieved if an April 2017 date were to be agreed in the 2016/17 financial year and it is proposed that the timetable outlined in paragraph 58 is adopted.

### Human Resources

61. There are significant Human Resource and specific TUPE issues for the proposals in respect to external providers, and the provider/consortiums that are successful. As a result there is a longer “lead” in time that would normally be present within the implementation phase of the contract award.

### Equalities

62. A Communities Impact Assessment is attached as Annex C of this report.

### Legal

63. The report identifies that these services are non statutory. In other words there is no individual who has been assessed as having a need which the Council is obliged to meet and does so by means of providing to them any of the services covered by this report.

In considering this matter the Council must have regard to the public sector equality duty. In summary, those subject to the equality duty must, in the exercise of their functions, have due regard to the need to:

- a. Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- b. Advance equality of opportunity between people who share a protected characteristic and those who do not.
- c. Foster good relations between people who share a protected characteristic and those who do not.

The Act explains that having due regard for advancing equality involves:

- a. Removing or minimising disadvantages suffered by people due to their protected characteristics.
- b. Taking steps to meet the needs of people from protected groups where these are different from the needs of other people.

- c. Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low

A community impact assessment is annexed which highlights the equalities implications of the proposal.

Legal advice will be required over the details of the proposed contractual arrangements.

#### Crime & Disorder

- 64. There are no known additional implications

#### Information Technology (IT)

- 65. There are no known additional implications

#### Property

- 66. There are a number of properties identified as in scope, some of which CYC own. If the properties were no longer required as part of the new service models then the future use of these properties would need to be considered by the Capital Asset Management Board or could return to CANS Management.

#### Information & Technology

- 67. There are no implications noted at this stage.

#### Risk Management

- 68. The proposals described in this report are complex and will require a new approach to commissioning i.e. one of co-design which may be testing for both the Council and partners. There are many risks associated with change of this complexity, these have been identified and are noted with Annex A. All risks will be kept under review and carefully managed as the re-commissioning progresses.

## Contact Details

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**Report Approved** ✓

**Date** 14/03/2016

**Wards Affected:** All ✓

For further information please contact the author of the report

### Annexes:

Annex A – Summary of Proposed new Contracts  
Annex B – June 2015 Service User Consultation Report  
Annex C – Community Impact Assessment

### Glossary of abbreviations used in the report:

ASC – Adult Social Care  
CAN's – Communities and Neighbourhoods  
CPN - Community Psychiatric Nurse  
DCLG – Department of Communities and Local Government  
DWP – Department of Work and Pensions  
FTE – Full time equivalent  
GP's – General Practitioners  
HB – Housing Benefit  
JRHT – Joseph Rowntree Housing Trust  
LHA - Local Housing Allowance  
NHS - National Health Service  
PD – Physical Disability  
TUPE - Transfer of Undertakings (Protection of Employment) Regulations 1981  
YACRO - York Association for the Care and Resettlement of Offenders  
YHA – York Housing Association