NORTH YORKSHIRE COUNTY COUNCIL

CARE AND INDEPENDENCE OVERVIEW AND SCRUTINY COMMITTEE

1 OCTOBER 2015

Briefing on the Stronger Communities & Living Well Programmes

1.0 Purpose of Report

1.1 The purpose of this report is to brief Members on the relationship between the Stronger Communities and Living Well Programmes and will outline the differences and the inter-dependencies between them as they work towards the aim of helping to combat loneliness and isolation by strengthening existing and building new individual and community assets and networks.

2.0 Background & Introduction

2.1 Faced with delivering significant budgetary savings by 2020, the Council recognises that there will be a range of services it has traditionally provided that will no longer be available or will need to be delivered in a different way and in partnership with others - such as libraries transitioning to become community managed.

2.2 There is also a shift from the provision of universal services to targeted prevention and programmes have been put in place to manage future demand on social care budgets.

Stronger Communities Programme

2.3 Using public health funding, the Council has invested in the Stronger Communities programme to support communities to help themselves and create local solutions for services at a time of significant financial challenge for the authority thus helping to mitigate against the potential impact of service reductions.

2.4 The vision is to have strong and vibrant communities in all parts of the county, where the skills, knowledge and capacity of those communities play a key role in the design and delivery of local services that maximise the well-being of people of all ages.

2.5 Stronger Communities will work with local organisations, community groups and other partners from the public and private sectors across North Yorkshire, identifying opportunities to co-produce a range of local support and services aimed at improving the well-being of people of all ages.

Living Well Service

2.6 As part of its wider prevention programme - Independence with Support When I Need It (IWSWINI) - the Council has also invested in a new Living Well Service which aims to improve the health, well-being and independence of individuals and in doing so prevent, reduce or delay their need for long-term health and social care support.

2.7 The aim of the service is to help to reduce loneliness and isolation and help to prevent or resolve issues for people before they become a crisis and to ensure that the Council meets its new legal duties for both prevention and the promotion of well-being and independence as required by The Care Act (2014).

2.8 Whereas the focus for the Stronger Communities programme is to support voluntary and community groups, services and facilities, the Living Well team will work with individuals (and their carers) who are on the cusp of becoming regular users of health and social care services by helping them access their local community and supporting them find their own solutions to their health and wellbeing goals.

2.9 The two programmes are therefore inter-dependent. The success of the Living Well team's approach of working with individuals and helping them access both their own and their local community's assets relies in part on the Stronger Communities programme supporting a strong and vibrant voluntary and community sector offer. The Living Well Service supports the work of the Stronger Communities team by helping to identify both what works and any gaps in community led provision.

3.0 Evidence base for NYCC strategic approach

3.1 There is growing evidence that small improvements to a person's life or circumstances can improve their health, well-being and independence. Most research in this area has focused on social circumstances, networks and relationships. Evidence suggests that as people increase their confidence, develop links into their local community and have access to good quality advice and information, this will prevent, reduce and delay their need for long-term health and social care support.

3.2 A report for *Think Local, Act Personal*[1] (2012) makes clear links between social networks and better health outcomes and found that low levels of social integration, and the prevalence of loneliness, significantly increases mortality whilst people with stronger networks – high social capital – are healthier and happier.

3.3 The North Yorkshire Joint Health & Wellbeing Strategy (2013-18) highlights that over the next 10 years and beyond, the county will continue to see a substantial increase in the elderly population, and in the prevalence of age related conditions including obesity, diabetes, stroke and dementia and other long-term conditions. This presents a huge challenge to find new ways of adequately meeting the resulting care and support needs of much higher numbers of very elderly people in the County. Faced with both this changing demographic; budget constraints; and the new duties in the Care Act, the Council has adopted a number of prevention projects to help manage the growing demand for health and social care. This strategy recognises the need for a shift in focus from sickness and cure to wellness; people should be enabled to stay healthier for longer. Support should be provided as close to people's homes as possible so that they are enabled to live independently and maintain their quality of life for as long as possible within their local community.

3.4 In addition to the Living Well service the IWSWINI programme also includes a review

[1] Think Local, Act Personal (2012) *Building Community capacity – Evidence, efficiency and cost-effectiveness*

of the Care Assessment pathway and improved Information, Advice & Guidance. These services are directed at individuals, particularly those on the cusp of care, and are designed to help people stay living independently for longer by using both their own assets (skills, knowledge and relationships) and by sign-posting them to activities, networks and services provided in their local communities.

3.5 The annual report of the Director of Public Health (2014)[2] highlights that the 'conditions in which people grow, live, work and age have a powerful impact on our health. Strong communities with high levels of resilience thrive and people with good social networks live longer and have healthier lives.' The report identifies the role of the voluntary, community and social enterprise (VCSE) sector as partners in delivering services to residents and acknowledges the 'importance of community resilience and community assets… in discussions about how we will ensure that the most vulnerable in our communities are supported'.

3.6 The report also recognises that there 'must be investment to ensure that communities have the necessary skills and resources to take the roles and functions previously delivered' by the Council and others. The investment in the Stronger Communities programme is to help to ensure that communities have the necessary skills, capacity and confidence to take on these roles, including an understanding of what currently exists and works (asset mapping) and an assessment of where there are gaps.

3.7 There is good evidence that action to reduce loneliness is likely to drive improvements across a wide range key health & wellbeing outcomes. A recent report from the Campaign to End Loneliness[3] strongly supports the concept that to best combat loneliness and isolation a combination of targeted interventions with individuals and support for community activity is necessary. The diagram at the end of this report at Annex A illustrates how these two strategies work together: the 'Foundation Services' and 'Direct Interventions' being very closely aligned to the Council's Living Well Services and the 'Structural Enablers' and 'Gateway Services' mirroring the support offered through the Stronger Communities Programme.

4.0 NYCC delivery approach

4.1 A team of 7 Stronger Communities Delivery Managers, one based each of the district areas in North Yorkshire, assist local groups interested in taking on a greater role in the delivery of services to access the full range of support being offered by the Council including the possibility of transfer of assets and buildings into community ownership, some start-up grants, ICT equipment and services, training; and on-going specialist advice, support and development. The team works across all Council directorates and will actively seek out opportunities to develop or strengthen community assets where there are identified gaps or weaknesses.

4.2 The key characteristic of the delivery of the Stronger Communities Programme, as

[2] North Yorkshire Health & Wellbeing Board. (2014) *Working with Communities: taking an asset based approach to Public Health*

[3] Campaign to End Loneliness. (2015) *Loneliness & Isolation: Guidance for local authorities & commissioners.* http://campaigntoendloneliness.org/guidance/

distinct from the Living Well Service, is it works with communities whereas the focus of the Living Well Service is with individuals.

4.3 A team of 24 Living Well Coordinators, based out in localities, will work with people on a one-to-one basis to identify what is important to them, what potential networks of support they have and what their priorities are using various person centred tools and techniques. Their focus will be to work with individuals to achieve the outcomes that are important to them.

4.4 This might range from access to home adaptations, such as a grab rail to prevent someone having a fall in their own home, support to access a local friendship club to stop someone feeling isolated, to providing advice on healthy living and sign posting to lifestyle services.

4.5 In addition to working with individuals, Living Well Coordinators will be extra eyes and ears in the community. They will provide feedback on the quality and availability of low level support in the community to health and care commissioners. They will also support the work of the Stronger Communities team to identify gaps, needs and community assets, providing information for the community directory.

4.6 The key characteristic of the support offered by the Living Well Service is that it is targeted one to one support for individuals.

5.0 Case Study of how this approach is working in practice

5.1 Men's Sheds

Following a joint planning workshop between Stronger Communities and Health & Adult Services teams, a lack of social activities and services for men was identified as a gap in the current services provided by VCSE sector. This gap was also highlighted by mental health charities working in the county. The Stronger Communities programme, working in partnership with Adult Learning and Job Centre+ sought a VCSE partner (Ryedale based mental health charity Next Steps) to pilot 'men's shed' activities in market towns. The end result is a weekly Thursday morning programme of Men's craft activity, based in the Community Café, with staff on hand to offer mental health support and advice if needed. It is still early days to consider long term outcomes, but visiting the café now, the results of the crafts are proudly displayed and the sessions are full. The pilot is attracting interest from elsewhere in the county and it is planned to support additional projects providing similar activities.

6.0 Measuring success

6.1 In order to assess the impact of the two programmes in terms of: providing mitigation for communities against service reductions; preventing, delaying and reducing the need for long-term health and social care support and thus delivering savings; and a reduction in feelings of loneliness and isolation, a shared outcomes framework is being developed with public health and baselines will be set against which to measure future performance.

6.2 The two programmes – and in particular their inter-dependence - will be independently

evaluated by Universities of York & Central Lancashire under the title Connecting People: Connected Communities.

7.0 Recommendation

7.1 It is recommended that:

(i) Members receive the report.

(ii) At a future mid cycle briefing, the committee's Group Spokespersons be advised on the progress on the shared outcomes framework, so that they can take a view whether, and at what point, the Committee should review this topic again.

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Annexes

A. Loneliness Framework - Campaign to End Loneliness. (2015)

Background Papers

i) The Care Act (2014)
ii) Building Community capacity – Evidence, efficiency and cost-effectiveness, Think Local, Act Personal (2012)
iii) North Yorkshire Joint Health & Wellbeing Strategy (2013-18)
iv) Working with Communities: taking an asset based approach to Public Health. North Yorkshire Health & Wellbeing Board. (2014)
v) Loneliness & Isolation: Guidance for local authorities & commissioners. Campaign to End Loneliness. (2015)

Loneliness Framework