

NORTH YORKSHIRE COUNTY COUNCIL

22 JULY 2020

STATEMENT OF CHAIRMAN

CARE AND INDEPENDENCE OVERVIEW AND SCRUTINY COMMITTEE

Social prescribing

Social prescribing, sometimes referred to as community referral, is a means of enabling GPs, nurses and other primary care professionals to refer people to a range of local, non-clinical services such as volunteering, arts activities, group learning, gardening, environmental initiatives, befriending, cookery, healthy eating advice and a range of sports.

We heard from representatives of Community First North Yorkshire about how social prescribing seeks to address people's needs in a holistic way. It also aims to support individuals to take greater control of their own health.

Introduced last summer, initial funding for schemes has been centred on primary care networks, involving a link worker or navigator who works with people to access local sources of support. Commissioning support through Living Well has ensured targeted support and avoided duplication.

Market Intervention: Supported Living

Different to Supported Housing/Accommodation and Residential or Nursing Care Homes, Supported Living is usually a shared house or cluster of properties (e.g. apartments), where the person has a tenancy and there is also a significant, flexible, presence from a care provider (which may be shared between tenants).

We were pleased to learn that the council is developing a new 'Supported Living Model'. Some of the key benefits of this work will be:

- Better outcomes for vulnerable people (both in terms of care and housing).
- More housing options for people with disabilities.
- Savings in terms of care costs and housing costs to the public purse by housing people in the accommodation which is most appropriate for them.
- A housing stock fit to meet the future needs of people.
- Freeing up housing stock for other uses.
- More influence over the market to meet need, rather than commercial targets.
- A wider range of housing options will be built as need.

When we return to this topic later in the year, I am sure we will see increased demand for new Supported Living properties and a decrease in some of the existing stock.

Progress on Extra care development

Extra care provision has been one of North Yorkshire's major success stories. Progress within the county continues to impress at local, regional and national level.

Since 2015/16 the Extra Care programme has generated cashable savings of £1.59m with an additional £1m savings in progress linked to other schemes. In addition, non-cashable benefits include reductions in care need due to the environment and ethos of Extra Care and reductions in admissions and delayed transfers where Step up/ Step down units are available.

By 2023, the ambition to see Extra Care in all key towns will have been met, the programme will have delivered 33 schemes and approximately 2000 units of high quality, purpose built accommodation with support.

Before we moved into lockdown, the plan was to hold a themed meeting/workshop to understand better how future need is changing and how we propose to address new challenges and changing demand. Committee members will, I'm sure, want to return to this when it is right to do so.

Keeping up to date and connected since Lockdown

Since that move into lockdown, one formal committee meeting, in June, has been cancelled. Ordinarily however, a good deal of planning and development occurs between meeting dates with the group spokespersons - consulting officers informally, speaking to partner organisations, developing topics for scrutiny, and so on. To maintain this way of working during the current crisis, I have met informally and virtually with the group spokespersons - usually involving portfolio holders and occasionally officers (being mindful to avoid any additional workload).

These "conversations" (rather than scrutiny as we would recognise it) have looked at the impact of the new operating model, including how the directorate is supporting vulnerable people during the Covid 19 crisis; how we are supporting all care homes and residential nursing care establishments; suspension of all day places for social distancing reasons; how directorate staff are being supported; and adjustments to pathways of care - especially on mental health.

Suicide Prevention, Mental Health and Community Leadership

In April, I followed up the committee's workshop on Suicide Prevention and Audit by seeking the views of Scrutiny Board colleagues about how we, as community leaders, might help constituents with mental health issues who seek our support. For those of us who have expressed an interest in more intensive training, before the current crisis arrangements were to be made via our in-house team for a two-day course, leading to a qualification as a Mental Health First Aider. The aim is to give:

- An in-depth understanding of mental health and the factors that can affect wellbeing.
- Practical skills to spot the triggers and signs of mental health issues.
- Confidence to step in, reassure and support a person in distress.
- Enhanced interpersonal skills such as non-judgemental listening.
- Knowledge to help someone recover their health by guiding them to further support - whether that's self-help resources, through their employer, the NHS, or a mix.

I hope that we can look at this option again when it is appropriate.

COUNTY COUNCILLOR KARIN SEDGWICK

9 July 2020