

**NORTH YORKSHIRE COUNTY COUNCIL****20 July 2016****CARE AND INDEPENDENCE OVERVIEW AND SCRUTINY COMMITTEE****CHAIRMAN'S STATEMENT****Extra Care: Dialogue with Providers**

1. In the second of a series of planned conversations with social care providers, chiefly those delivering commissioned services, we talked to two of our current extra care providers: Broadacres, and Housing and Care 21.
2. North Yorkshire has a long and strong track record on extra care housing and now has nineteen schemes across the county, with 5 more under development in Leyburn, Sowerby, Pickering, Harrogate and Ripon. Most feature some form of increased on-site support, to enable individuals with illnesses or disabilities to live as independently as possible. People have their own flats and tenancies, and there is often a range of communal facilities available, such as hairdressers, restaurants and shops.
3. Extra care housing is housing designed to have care arrangements on site. This ranges from low to high intensity care with low to high dependence and varies from staying put services such as home help and floating support.
4. We wanted the views of these two providers on the rationale for extra care housing – that it acts as a preventative model, supports independence and helps avoid admissions into residential care. Their overriding opinion, shared by the directorate, was that it is still very much all these things and remains the most successful and cost effective form of care delivery when compared to other models, including residential care and care in the community.
5. Formal and informal relationships between the providers and the HAS Directorate in terms of communication, referral, arrangements, the sharing of ideas and good practice, were excellent at all levels - strategic through to operational. As an example, we were especially impressed at the close attention that is paid jointly to initial and ongoing allocations to ensure that overall dependency levels do not rise too high or fall too low for that matter - an important factor in securing a good standard of social life and help shape a vibrant community.
6. Building a community spirit when people have mixed levels of dependency and differing levels of need can be challenging. To help grow and foster that sense of community, we learned how providers remain committed to involving and engaging with residents so that their views about facilities and community living are fully

taken into account and that community activities and facilities reflects people's wishes and aspirations.

7. We were reassured that participation in community events, facilities and activities is two way: non-residents are actively encouraged to participate and make use of the home's community facilities and schemes, clubs, hobbies and groups; and, conversely, tenants and residents are encouraged to take part in community life. It was good to hear the importance the providers placed on an extra care facility being a good neighbour.
8. We heard how more recent schemes have been able to improve the physical layout so that it is even more open and therefore promoting and reinforcing a sense of independent belonging whilst not compromising on safety.
9. Compared to the domiciliary care providers we talked to at our last meeting, the extra care providers had less grave concerns about the business effects of the Living Wage, recruitment and retention and staff turnover. Those aspects are always going to be a worry in a labour intensive enterprise like social care provision, but not, it seems, according to the representatives we spoke to to anything like the same extent as they appear to be in personal and domiciliary care provision.
10. We have asked that the directorate come back to us in the new year with a clear account of how it *knows* extra care is performing well, how it is delaying higher needs dependency, the extent to which it is cost effective, how it enables an improved lifestyle, whether it is still delivering the outcomes that were predicted and expected, and so on. In short, we will get to grips with the qualitative and quantitative data and information used by the authority to inform commissioning decisions.
11. This whole exercise, the dialogue with providers and the information promised, should put the committee in a good position to assess progress of the next phase of the implementation plan for extra care.

### **Alcohol Strategy One Year On**

12. We reviewed the progress of January 2015 North Yorkshire County Council published joint alcohol strategy, which is aimed at galvanising partners to collectively reduce the harms from alcohol. The data we saw shows good progress against the identified three outcome areas; establish responsible and sensible drinking as the norm; identify and support those who need help into treatment through recovery and to reduce alcohol related crime and disorder. Alongside this key date is evidence of significant developments and initiatives within each of the three outcome areas.

13. There is still lot more to do to adequately and effectively address alcohol and its associated consequences, but with the support of key partners across North Yorkshire, we can continue to realise the vision presented in the strategy.

**Next Meeting: Dementia**

14. The method and format we adopted in this meeting - that of an open conversation and dialogue with providers - is one that we intend to replicate in the future with both in-house and external providers where the scope of their activity matches key areas of our work programme. Because of the committee's past interest in the effects of Dementia, and the tireless commitment of one its previous Chairmen, Tony Hall, to improve awareness of the condition, I ought to mention that up next is a conversation with representatives of Making Space, and Dementia Forward. These organisations provide support workers to work on a one-to-one basis with people diagnosed with dementia to help them to continue to enjoy an active and independent life for as long as possible. This is timely in that the committee should also be able to review the update of the Dementia Strategy before it goes to Health and Well Being Board.

**COUNTY COUNCILLOR PATRICK MULLIGAN**

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Background Documents - Nil.