

# NORTH YORKSHIRE COUNTY COUNCIL

20 JULY 2022

## STATEMENT OF COUNTY COUNCILLOR MICHAEL HARRISON

### **Public Health – COVID-19**

The Office of National Statistics is reporting that levels of infection are increasing, with the number of people in hospital with COVID-19 in the region also increasing June. The latest increase is being driven by the BA.4 and BA.5 sub-variants of Omicron, which has also caused high rates in other countries across the world. There is evidence that BA.4 and BA.5 are more transmissible than previous variants, and there is limited protection from infection with previous variants against BA.4 and BA.5.

Advice remains to try and avoid COVID-19 infection wherever possible, or minimise the number of times you have it. Even for those who do not develop severe symptoms there is still a risk of developing Long COVID, which can be debilitating. There is also evidence that individuals are at increased risk from cardiovascular problems such as heart attacks and strokes in the days and weeks following COVID-19 infection.

The ways to prevent the spread of BA.4 and BA.5 remain the same as for other COVID-19 variants. Getting vaccinated, meeting outdoors where possible or in well-ventilated areas indoors, wearing a face covering in enclosed or crowded spaces, and good hand and respiratory hygiene will all reduce the risk of transmission.

Those with symptoms of a respiratory infection, and who have a high temperature or do not feel well, are advised to stay at home and avoid contact with others. Those who test and get a positive COVID-19 result should try to stay at home and avoid contact with other people for five days following the day of their positive result. Free COVID-19 testing is no longer available for the majority of the population, but tests can be purchased from local pharmacies (including many supermarket pharmacies).

### **Recruitment**

Recruitment into adult social care continues at pace with co-ordinated campaigns that include social media. There is some success from campaigns, although vacancies do remain in many areas that are adding pressure to both our own services and the wider care market. We are working on a number of initiatives to increase opportunities to recruit, including the creation of new roles to widen the scope of potential applicants.

### **Service Pressures**

We continue to experience further closures of care homes. Some closures are linked to quality of service, whilst others are due to significant reliance on agency staffing. There has been a significant increase in financial sustainability requests from providers in the year so far. This has led to an increased pressure on our budgets, but we will continue to intervene to protect the market where this can be justified.

Demand is outstripping capacity within the teams both in community referrals and discharge arrangements. This means that it continues to be necessary for our teams to carefully

manage waiting lists. Work is ongoing around our ethical decision framework in relation to people waiting for an assessment. Additional resource through the HAS Winter Plan is allowing the teams to trial different ways of working to try to better meet demand. In-house reablement teams are now using e-scheduling to manage workloads and skill mix.

### **Hospital discharge and avoidance**

Our 'Discharge Hub' teams continue to be exceptionally busy in working to maintain a timely flow of patient discharge from hospital, with an emphasis on home first at all times. Current hospital discharge performance is declining, with higher numbers of hospital delays and people staying in hospital longer than they need to owing to capacity within the market and increasing levels of activity through each of the discharge hubs.

Work is underway with health colleagues to create an integrated, health and social care, community discharge hub. This is building on the new working arrangement introduced as part of our COVID response. We are looking at the possibility of establishing 'virtual' wards as an alternative to a stay in hospital.

We're operating a 'discharge to assess' model to support timely discharges, which means there is a rapid, light touch assessment in the hospital to identify what a person may need to be able to leave hospital initially. This is then followed up in the community with a more comprehensive Care Act assessment.

### **Service Development**

A number of service development initiatives are currently underway, and these include a new outcomes based specification for our approved providers. A procurement exercise is underway covering Home Based Support, Community Based Support, Supported Living and Residential and Nursing care. The new approved provider lists will go live in November and will see revised contract terms with clarity on notice periods and the inclusion of the quality pathway to drive quality in the market.

Another service development is a pilot of Care Rooms, an intermediate care service for people leaving hospital to receive support via a short stay with an approved host in the local community.

Our in-house reablement teams are now using e-scheduling to manage workloads and skill mix.

In addition, we have recently completed the recommissioning of three important services:

- Our Advocacy service provides resource for Care Act Advocacy, Independent Mental Health Advocacy, Independent Mental Capacity Advocacy and non-statutory advocacy.
- Carers Information & Advice, aims to promote, support and improve the mental, physical, emotional and economic wellbeing of carers, so that they can continue in their caring role, look after their own mental health and wellbeing and have a life of their own in terms of opportunities for work, training, education, leisure and social interaction.
- Home from Hospital services, which supports safe and timely hospital discharge

These services will see an investment of nearly £10m over the maximum 7 year lifespan of these contracts.

## **Public Health - Update on Drugs Strategy and Treatment Plan**

The new Drugs Strategy for England, from 'Harm to Hope', published on 6<sup>th</sup> December 2021, sets out a ten-year vision, with an initial three-year implementation phase, covering the Comprehensive Spending Review period 2022/23 – 2024/5.

The spotlight, during the initial implementation phase, is on expanding and improving the quality of drug and alcohol treatment and associated support, for people who experience substance misuse. We anticipate receiving in the region of £2m in ring fenced grants to support this and we plan to develop a local substance use strategy, which will include a refresh of our alcohol strategy. Work to tackle drugs has been a long-standing priority for North Yorkshire and this renewed focus will help us to strengthen local support for people who experience substance misuse, and refocus our collective efforts to prevent use, reduce harms and promote recovery.

### **Extra Care**

NYCC currently has 28 open Extra Care schemes, comprising over 1500 homes, with new schemes having opened at Filey, Bentham and Skipton in the past year. The next proposed scheme is at Whitby, to be located on part of the site of the former Whitby hospital. The procurement for a development partner is currently ongoing, with a decision likely to be made in late July / early August with building work likely to start later this year.

COUNTY COUNCILLOR MICHAEL HARRISON