



Information Pack for Partners

March 2019



What is Living Well?

Living Well in North Yorkshire aims to improve the health; well-being and independence of adults and reduce their use of formal support services, including emergency admissions to hospital. The **core principles** of the service are:

- To provide free, time limited, targeted, support for appropriate people, not a default for all.
- To promote independence and facilitate self-help
- To *work with* individuals, not *do for*
- To facilitate self-assessments and make referrals where appropriate.
- To complement existing services, not to replicate voluntary services already in existence
- To provide practical advice, information and support

Living Well Coordinators spend time with individuals 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. They will work with individuals such as Phyllis (page 6) to achieve the outcomes that are important to them.

There isn't a definitive list of 'things' that the Living Well Coordinator does with a person because it is a personalised service and it will vary as to what the individual wants to achieve. Some of the types of support that have been provided so far include;

- Support to build self-confidence
- Support with practical advice and skills
- Advice on healthy living and sign posting to lifestyle services such as stop smoking or exercise
- Help to get online either in the home or using a universal/community service e.g. library or cyber café
- Help to become a volunteer or to access the community
- Helping a person to be connected to, linked with or signposted to a voluntary agency for support or involvement for a specific support e.g. befriending, shopping, transport, advocacy etc.

Frequently asked questions

Q: If I know someone who might benefit from Living Well – can I make a referral on their behalf?

A: The Living Well team is currently accepting referrals from individuals who are referred through the Customer Service Centre. If you contact the Customer Service Centre on behalf of someone else, one of the advisors will listen to you and ask for more details about the person, including whether they know that you are contacting the council for them.

Where possible, the advisor will call the person directly to gain their agreement and will also speak to them to make sure it is appropriate for Living Well or whether a different response is needed. **A person can refer themselves directly to the Living Well Team using the method above.**

Q: Is there a list of things the Living Well Coordinator will do?

A: There isn't a definitive list of 'things' that the Living Well Coordinator will do with a person. It is a personalised service and it will vary as to what the individual wants to achieve. Living Well Coordinators spend time with individuals 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. There is some support that the Living Well Coordinator will not provide directly, such as personal care, befriending or domestic tasks such as shopping, cleaning. The Living Well Coordinator will help a person to be connected or linked to support of this kind.

Q: Will the Living Well Team support an individual who is already in receipt of health or social care service?

A: The Living Well Team does not accept referrals when a person has been assessed by the council as having on-going care and support needs.

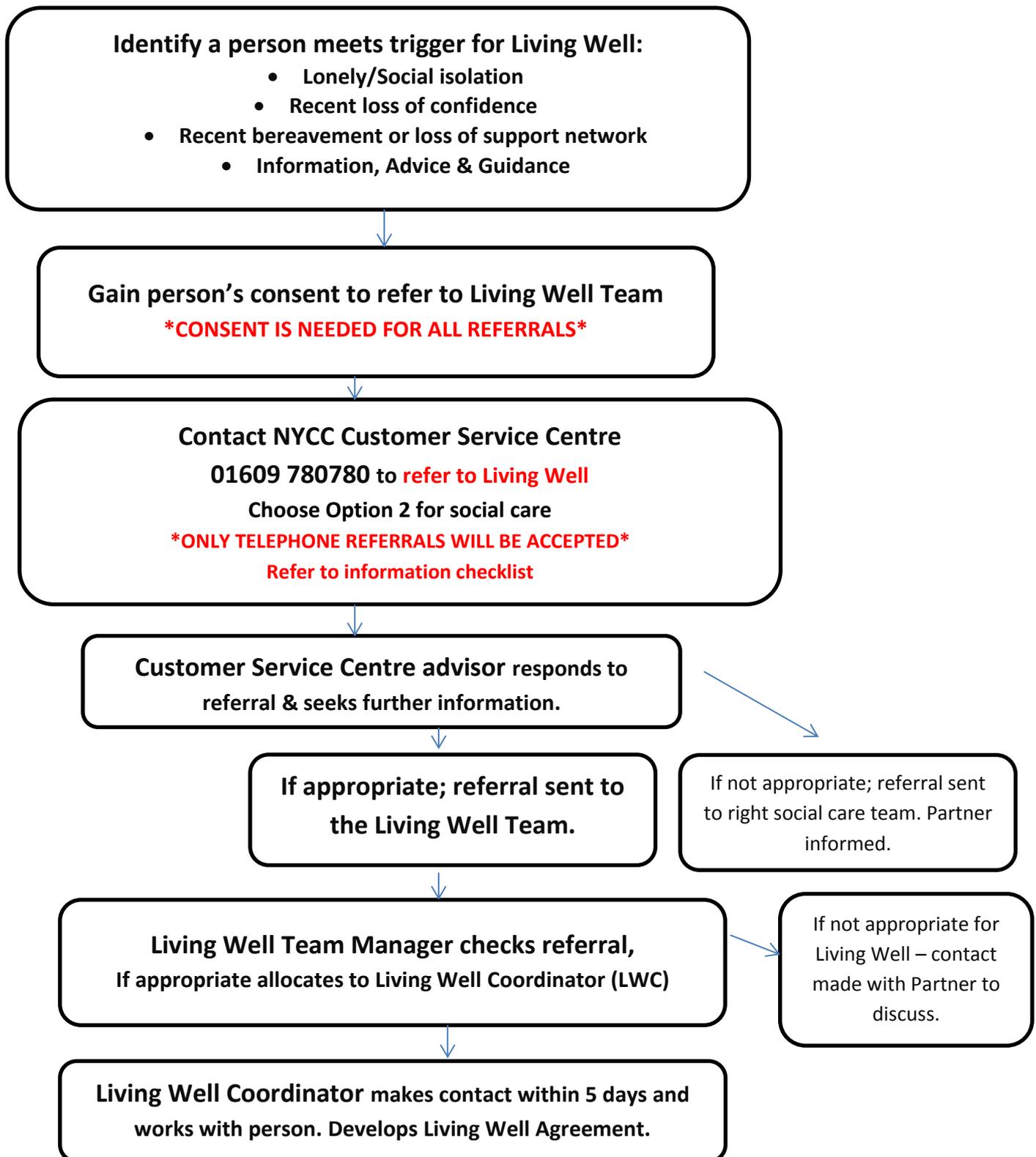
Q: Will the Living Well Coordinator signpost to other voluntary services?

A: The aim of the team is to promote sustainable independence and build on a person's own personal and community strengths. This may include signposting to other organisations, including the voluntary sector when that is what people want. If a person is interested in a voluntary or community service, the Living Well coordinator will help them to access the service using the organisation's own referral process.

Q: Can someone receive support from Living Well more than once?

A: The aim of Living Well is to encourage and support sustainable independence. If a person appears to need repeated episodes of Living Well, consideration will be given as to whether the person needs more long term or different support. Living Well is a form of targeted support and will not work for everyone.

Living Well Referral Guide for Partners



NOTES:

1. If a person referred to the Living Well Team is in receipt of on-going care and support, referral will be passed to the NYCC Health and Adult Services team/worker by Customer Service Centre.
2. You will be informed of this.
3. Once a partner organisation has identified that an individual meets the triggers, self-referrals are permitted.

Information required when making referral

Person being referred

Title

First Name

Family Name

Address including post code

- Person needs to be resident of North Yorkshire

Home Telephone

Mobile Telephone

Email address

NHS number

Date of Birth

- Age must be 18 or over

Demographics such as gender, nationality, religion etc.

Next of kin

Nature of the referral

Requirements of the person being referred:

- The person is lonely and / or isolated
- The person has recently been bereaved or had a loss of support network
- The person has had a loss of confidence
- The person needs face-to-face information, advice and guidance

What the person would like support with?

Consent and contact preference

Gain person's consent to refer to Living Well Team

Preferred contact methods: Telephone/Email

People who are Living Well - Phyllis

Phyllis is 67 and lives on her own. She has been unable to work for a number of years due to ill health; she suffered two heart attacks, had numerous operations and has been left feeling very breathless. This has resulted in her becoming more and more isolated in her own home lacking the confidence to go out. She has no family nearby and her friends do not live locally. She had quite a lot of support from her neighbours but didn't like to rely on them too much. She struggles to maintain her home and it gets her down.

What does she want to achieve?

Phyllis wanted to sort out her finances as it was causing her some distress. She also identified other goals such as increasing exercise, improving her social life, being able to keep a clean and tidy home, doing small DIY jobs, finding a different means of transport, going back to the hairdressers, gaining confidence with going out, and regaining her independence.

How did Living Well support Phyllis?

The Living Well Coordinator asked her about her current situation and what she wanted to achieve. Identifying what strengths she had and support networks in place also helped to focus on the positives in her life and to build on them.

Phyllis agreed to be referred to the Income Maximisation Team which helped her to get Attendance Allowance and a reduction in her council tax bill. This meant she had more money to spend on social activities and jobs around the house.

Phyllis said that she had got to a stage where she had been in the four walls of her house for so long, not feeling that she could go out, that she became more and more demotivated.

The Living Well Coordinator provided support around motivation, helping to prioritise her goals. Visiting each week gave her the motivation to get the jobs done. Another area of support was to build her confidence to be able to connect with the local community, for example taking her to the local chair exercise group in the village hall which resulted in meeting people who offered her regular lifts to the class.

What was the outcome for Phyllis?

Phyllis achieved all her goals and many more!! She has become a member of the U3A and joined several groups. She has joined in with the local visiting scheme social activities. She has regained confidence at leaving the house and has even decided to try driving again. She has felt more motivated to get things done and feels happier that she is socialising with people and being able to talk to people about current affairs.

Phyllis said **“Before Living Well I found that the less I did, the less I wanted to do. Now I feel motivated to do more and I am really enjoying meeting new people and learning new things”**

Service Evaluation

As part of the development of the Living Well Service a two year independent evaluation has been carried out (2016-2018) with the final report published October 2018. This is a brief outline of some of the findings.

- 4,507 referrals up until the 31st March 2018, similar volume and client profiles over both years
- Demographic profile similar across both years, 60% female, 40% male. 44% aged 75 or over. 56% live alone. Average age 66 years.
- Source of referral changed between years 1 and 2 with increasing numbers of referrals from primary health care.
- 91% of clients across the two years said the support received from Living Well was successful
- Warwick Edinburgh Mental Wellbeing Scale (WEMWBS) used to measure personal wellbeing. 72% of clients recorded a meaningful increase in wellbeing scores (mean +8 points)
- Main short-term outcomes focus on information, advice and guidance, but there are longer term impacts on social, emotional and practical support
- Segmentation analysis suggests there may be more benefits for certain groups, but the evidence is not strong enough to suggest a more targeted service
- £1.7m saving due to delayed entry to social care
- £8.9m net social impact (Return On Investment £3.84)

Self-reported outcomes (from survey of individuals supported by Living Well):

- Continue living in own home (54%)
- Feel more confident in self (49%)
- Have social contact with people I like (41%)
- Pay greater attention to health (33%)
- Take up/return to a new hobby (29%)

Recorded outcomes from Living Well Team:

- Access the community (31%)
- Support to build self-confidence (30%)
- Support with practical advice skills (23%)
- Linked to voluntary agency (18%)
- Became a volunteer (7%)
- Lifestyle services (5%)
- Help to get online (5%)

Contacting Living Well

If you are not sure whether Living Well is suitable for the person you are working with, you can contact the Customer Service Centre on T: **01609 780780** and talk it through with one of the specialist advisors. Alternatively you can also contact the Living Well Team Manager for your area.

Contact Details	Telephone	Mobile	Email
Head of Targeted Prevention	01609 526612	07966 867129	Cath.simms@northyorks.gov.uk
Harrogate and Craven	01609 536631	07966 929065	Linda.White@northyorks.gov.uk
Hambleton/Richmondshire	01609 536630	07966 929105	Glenda.Middleton@northyorks.gov.uk
Scarborough/Whitby/Ryedale	01609 536632	07966 929123	Trudy.Rodgers@northyorks.gov.uk
Selby	01609 536681	07976 907160	Wendy.Derbyshire@northyorks.gov.uk

Find out more about Living Well at www.northyorks.gov.uk/livingwell and more about Health and Social Care at www.northyorks.gov.uk/socialcare

If you have any general enquiries about the Living Well team please contact Living.Well@northyorks.gov.uk This email is **not** to be used to make referrals - please see page 4 for details of referral process