

NORTH YORKSHIRE COUNTY COUNCIL

CARE AND INDEPENDENCE OVERVIEW AND SCRUTINY COMMITTEE

2 FEBRUARY 2012

LOCAL ACCOUNT

1.0 Purpose of Report

- 1.1 To introduce the Local Account.

2.0 Background

- 2.1 In previous years this Committee considered the report of the Care Quality Commission on the outcome of the Adult and Social Care Services Annual Performance Assessment.
- 2.2 Prior to publication of last year's report the Government announced it was abolishing this system of reporting in favour of a Local Account. This reports the successes and challenges of Adult Social Care over the course of the past year. It should be an easily accessible public document, both interesting and relevant to people who use or have an interest in social care.
- 2.3 The first Local Account for North Yorkshire was considered by the Executive at its meeting on 20 December 2011 (attached). This was reviewed by the Group Spokespersons at their meeting on 6 January 2012. They thought the information on care provision and performance was useful background information for the Committee but might also highlight issues you want to consider in more depth as part of your work programme.
- 2.4 Work has started on next year's Local Account which will come to Committee probably at your August meeting. Your Group Spokespersons have already flagged up their intention to focus especially on the extent to which the public has had a voice in its preparation.

3.0 Recommendations

- 3.1 That the Committee consider the attached report and its implications for the work programme.

Bryon Hunter
Scrutiny Team Leader

County Hall
NORTHALLERTON

17 January 2012

Background Documents: None

EXECUTIVE**20 December 2011****Local Account for Adult Social Care Services 2010/11****Report of the Corporate Director – Health and Adult Services****1.0 PURPOSE OF THE REPORT**

- 1.1 To report to the Executive on the contents of the first Local Account in respect of the performance of the Adult Social Care Service (included as an Appendix).

2.0 BACKGROUND

- 2.1 Members will recall that at a meeting of the Executive on the 11 February 2011, there was an extremely positive outcome of the last Adult Social Care Services Annual Performance Assessment (APA) which was carried out by the Care Quality Commission (CQC). This resulted in an overall performance rating of “Excellent”.
- 2.2 Prior to the February report, the Government announced the abolition of the current CQC APA system as part of its “Removing the Burdens” strategy in November 2010. The Local Account is the new sector-led performance assessment framework for Adult Social Care Services which replaces the APA. Whilst there is no statutory requirement to present the Local Account to a meeting of the Executive, the Local Account is now the main way in which the performance on Adult Social Care is reported publically.
- 2.3 The Local Account is seen by the Government as a meaningful way in which Councils can demonstrate and describe the performance of their Adult Social Care Services. It is seen as a key way in which people and local communities hold local authorities to account and demonstrate how services have improved. It is expected to communicate a narrative to stakeholders and the public on the Council’s achievements and set out their priorities for the coming year. As the name suggests, the Local Account will be self-assessed and published by Councils and whilst there will be no national prescription in the process, it is expected that in the future Councils will engage citizens and consult with partners on the priorities chosen.

3.0 ISSUES

- 3.1 There is no prescribed format to the Local Account, however, the Adult Social Care Transparency in Outcomes Framework (ASCOF) operates over four domains and a good Local Account would demonstrate the progress the Council is making in these areas. The domains are:
- Domain 1: Enhancing quality of life for people with care and support needs.
 - Domain 2: Delaying and reducing the need for care and support.
 - Domain 3: Ensuring that people have a positive experience of care and support.
 - Domain 4: Safeguarding adults whose circumstances make them vulnerable and protecting them from avoidable harm.

- 3.2 This first tranche of Local Accounts nationally are seen as developing good innovative practice as a learning process for a best practice model. Following publication of North Yorkshire's first Local Account, people will be provided with the opportunity to feed back regarding its contents. The outcome from the current review of the Joint Strategic Needs Assessment (JSNA) will also be used to inform the development of future Local Accounts.
- 3.3 The Executive will note that North Yorkshire's Local Account reports back on the year 2010/11 to establish a baseline assessment and looks forward to 2011/12 and beyond in terms of its strategic priorities and plans. This is particularly in the context of the imminent changes set out in the Health and Social Care Bill.
- 3.4 North Yorkshire's Local Account highlights the many achievements in 2010/11. In particular:
- That in these financially challenging times, the Council has focused on spending on frontline services and attaining value for money, which has enabled people to remain independent for longer;
 - The opening of three Extra Care Housing Developments, which allow people to live independently within their local communities with on-site 24 hour support available if required. These schemes have helped reduce the need for permanent residential care;
 - The significant achievement of maintaining FACS (Fair Access to Care Services) eligibility criteria to meet "moderate" needs and to meet lower needs where the longer term risk to independence may be significant;
 - The investment of £1.5million in the voluntary sector through the "Innovation Fund" which will be used to support organisations to develop innovative local services for the most vulnerable to live independent and healthy lives in our communities.

The Local Account also highlights the Council's priorities and challenges. They include in particular:

- The need to work more closely with our health partners to start providing a range of integrated services that will see both health and adult care services delivered by the same provider;
- Developing close working relations with the newly formed Clinical Commissioning Groups who will oversee the purchase of health care in North Yorkshire;
- The transfer of public health functions to the Council and the setting of up a Shadow Health and Wellbeing Board. The Board will oversee the development of a range of projects to keep the people in local communities healthy and improve their wellbeing;
- The continuing modernisation of our existing services and exploring new ways of meeting the needs of services including the development of personalised approaches to care.

4.0 PERFORMANCE IMPLICATIONS

- 4.1 The Local Account is the new performance self-assessment framework which is now the key way in which local people and communities in North Yorkshire can hold the Council to account for the performance of its Adult Social Care Services. The Council will be expected to provide further information following the publication of the Local Account, should it be requested by the public.

5.0 FINANCIAL IMPLICATIONS

- 5.1 In considering this year's and future years' budgets, Members' attention is drawn to the implications on performance of any final decisions made by the Council within the Medium Term Financial Strategy.

6.0 LEGAL IMPLICATIONS

6.1 Although there is no statutory requirement to produce a Local Account for 2010/11, the Department of Health (DOH) has requested that all Councils with Adult Social Services Responsibilities (CASSRs) publish a Local Account by the end of the year covering this period. Following a national review of the first Local Accounts by the DOH, it is expected that it will become a statutory requirement to publish them from April 2012.

7.0 EQUALITIES IMPLICATIONS

7.1 The DOH is recommending that Local Accounts are placed on Councils' websites and that they are published in an accessible way for disabled people.

8.0 CONSULTATION UNDERTAKEN AND RESPONSES

8.1 The DOH has widely consulted on the Transparency in Outcomes: a framework for Adult Social Care in November 2010. Local Accounts were part of this consultation in the context of localism and transparency. In future Local Accounts there will be an expectation to demonstrate how the Local Account has been shaped by the citizens and service users of Adult Social Care Services.

9.0 REASONS FOR RECOMMENDATIONS

9.1 It is a requirement by the DOH for the Corporate Director – Health and Adult Services to publish a Local Account of the performance of Adult Social Care Services by the end of the year for 2010/11.

10.0 RECOMMENDATIONS

10.1 The Executive is asked to:

- i. Note the content of the Local Account and the priorities and challenges set out in future years.
- ii. Note the positive contribution by all staff and managers in continuing to maintain the high level of service and performance improvements within the context of the Council's key objective that affordable, high quality care is met.

HELEN TAYLOR
Corporate Director – Health and Adult Services

December 2011
County Hall, Northallerton

APPENDIX : Local Account 2010/11

Background Documents: Transparency in Outcomes: A Framework for Adult Social Care (DOH publication)

Author of report: Sukhdev Dosanjh, Assistant Director – Performance and Change Management

Local Account 2010/11



How we have performed in delivering adult social care to the people of North Yorkshire in 2010/11 and our priorities for 2011/12.

Foreword



Statement from County Councillor Clare Wood - portfolio holder

Since taking over the portfolio for Adult Social Care Services, I have been very impressed with excellent examples of how we are transforming adult social care so that we support as many people as possible to live independently in our communities.

For me, one useful aspect of this Local Account is the personal stories of people who receive our services. I am particularly proud of the Council's continuing investment in Extra Care Housing developments throughout the county. Extra Care Housing developments provide supported living arrangements in the community for older people, giving them peace of mind of knowing that there is 24 -hour care support at hand if they need it. They represent the thousands of vulnerable people who are helped every year through the dedication and commitment of our staff.

In this first ever Local Account for adult social care services here in North Yorkshire we set our achievements, priorities and performance over the last 18 months. The Care Quality Commission has rated the county council adult social care services as "excellent" in their last assessment of our performance and despite financially challenging times the council is well placed to continue to support the people most in need of our care and support.



Statement from Helen Taylor, corporate director

I am pleased to be able to use the first Local Account to set out our priorities for adult social care, our achievements over the last 18 months and how we plan to improve services in the future. Whilst we welcome this opportunity to report on how we have performed and what progress we have made, this is also very much your Local Account and I would encourage you to talk to us about your views on these services in the feedback form provided.

This report will detail some of the very positive work we have done in the last 18 months. This includes the safeguarding adults service, Telecare services, our continuing investment

in low level prevention and early intervention services and our personalisation work which is developing services designed to fit around vulnerable people's lives. We know, however, that we cannot afford to be complacent.

This is a period of great change in both health and adult social care services and is set within a very challenging financial climate. The forthcoming Health and Social Care Act is an ambitious programme which will see the Council taking a lead role on public health responsibilities to achieve greater integration of care and support with our local health partners. I know that, working with our local partners in the voluntary and independent sectors, we can transform our services and make a positive difference to the quality of life for people in North Yorkshire.



Statement from Richard Flinton, chief executive

In my role, I am very aware of the challenges facing our local communities and our responsibility as a Council to meet these challenges. There are growing numbers of older people who are seeking our services and this will increase further in future years.

All vulnerable people, whether they are older people, people with learning disabilities, physical disabilities or mental health needs, have a right to quality care services. We have a responsibility to provide value for money adult social care services in this current difficult economic climate and, also, to make sure that our service users are treated with dignity and respect regardless of whether these services are in the community, in a care home or in a hospital.

I hope that this, and future Local Accounts, will help our communities to see how the Council, and its partners, are providing services together, in an integrated way, which are designed around the lives of vulnerable people and not just the organisations that provide them.

What is a Local Account?

This Local Account is an annual statement that all Councils who provide adult social care services, will have to produce from 2011 onwards. The account will allow the people of North Yorkshire to see what we have achieved in 2010/11 and what we will do in the coming years. This Local Account will also explain the Council's priorities for delivering adult social care and, importantly, why it is making those decisions.

We would like to take this opportunity to engage with local people and groups about our adult social care services and seek views on what we are planning for the future. There is an opportunity at the back of this document to tell us what you think of this process. The next Local Account, which will cover 2011/12, will be published in Summer 2012 and will report back on whether the Council has done what it set out to do.

This increased emphasis on local accountability opens up a route for the people of North Yorkshire, interested groups, people who use services and their carers to be able to offer greater challenge to us on how we set our priorities and actions. This will give more opportunity for people to help shape and improve local services.

Some examples of how people can contribute are:

North Yorkshire's Vision for Social Care

You can attend one of the presentations being held around the County. Details can be found on the Council's website at www.northyorks.gov.uk/adultsocialcarevision. Alternatively, we welcome comments using the feedback form which can be found at the back of each booklet, or again by following the link to the Council's website.

Joint Strategic Needs Assessment (JSNA)

The Council and its partners are currently looking at the JSNA to see if any amendments or improvements are necessary. People will have a chance to make their views known on this at a number of events around the County. You can find details of these events on the JSNA website at www.northyorks.gov.uk/jsna.

Citizens' Panel

The Council regularly consults the people of North Yorkshire on a range of issues via its "Citizens' Panel". If you would like to be a member of the Panel you can register your interest at: www.northyorks.gov.uk/citizenspanel.

About the County of North Yorkshire

At 3,300 square miles and almost 600,000 population (mid 2010), North Yorkshire is England's largest county; however, although large, it is sparsely populated with 40 percent of the area being within either the North York Moors or Yorkshire Dales National Parks. Although largely rural, 20 per cent of the population live in the two main urban centres of Harrogate and Scarborough. There are 36 other market towns and large settlements such as Thirsk, Skipton and Whitby. In total, there are 269,000 households in the county



An Ageing Population

One of the main challenges facing North Yorkshire over the coming years is the growth in the older people's population. It is forecast by the Office of National Statistics that the number of people aged over 65 will increase from 125,100 in 2011 to 196,100 by 2030. This is an increase of some 57% over the period.

In addition, the growth in the population of people aged over 85, (that part of the population which has the greatest need of our services, based on the number of referrals we receive), is forecast to rise from 17,400 in 2011 to 37,500 by 2030, an increase of 116% over the period.

A further consequence of this increase is the number of people with conditions such as dementia.

People are generally living longer because of advances in health care and healthier lifestyles. In addition, North Yorkshire is an extremely attractive county in which to live, and many people choose to come here when they retire.



Image: careimages.com

Health and Adult Services – what we do

The County Council's Health and Adult Services (HAS) offers support and a wide range of adult social care services to the people of North Yorkshire. This includes older people, people with learning disabilities, people with mental health needs, those with physical disabilities and vulnerable people. We also offer support and services for the carers and families of those receiving our services.

We want people to be able to access services that are local to them and we will always try to support people within their own communities, or as close to them as possible. We strive to keep people independent in their own homes for as long as possible. However, we recognise that in some instances residential or nursing care is in the best interest of the individual.

We only step in to support people where there is a risk to someone's independence or where there is an indication of personal risk and abuse.

Our focus will always be on protecting people who are vulnerable, and on keeping people safe. We do this in a number of different ways, but primarily through the North Yorkshire Safeguarding Adults Board which protects people by promoting co-operation and effective working practices between different agencies.

When national incidents involving vulnerable adult social care users come to light - for instance the alleged ill-treatment of people at the Winterbourne View centre in Bristol - we always act swiftly to ensure that nobody placed in such homes by HAS is at risk.

In the case of the financial collapse of Southern Cross Care Group, we worked actively with Southern Cross, with the new owners of the care homes, and with other social care professionals around the wider Yorkshire region to ensure a smooth transition of ownership. This has made sure that the transfer of care home ownership of the five Southern Cross care homes in North Yorkshire to other providers was completed with the minimum of disruption and distress to the residents, their families and carers.

We are determined that we will not be complacent when it comes to identifying and stamping out any form of abuse and poor practice.

Our contracting unit is planning a programme of inspections of all residential and nursing homes in North Yorkshire to ensure they all meet the ten 'essential standards' as set out by the regulator, Care Quality Commission (CQC). Where we have any concerns we carry out unannounced inspections. We work together with those homes found to be performing poorly through action plans and other interventions to improve their performance.

More information about safeguarding can be found in the Safeguarding Adults Board Annual Report 2010/11 which is available at: www.northyorks.gov.uk/safeguarding

Recognition for our provision of adult social care services

The Care Quality Commission has judged us as being providers of 'Excellent' adult social care services to the people of North Yorkshire since 2007/08.

In the most recent official inspection by the Audit Commission, North Yorkshire County Council as a whole was judged to be "a top Council that performs well", and we were awarded a 'Green Flag' for providing excellent services to the older people of our county. The Audit Commission commented that "North Yorkshire was a good place to grow old". North Yorkshire people rated the area highly as a place where they could get the help and support they need to live at home for as long as they want.

How we currently provide our services to the people of North Yorkshire

The focus for HAS is on maintaining the individual's independence whilst offering choice and control of how they receive their support to meet their personal needs. We do this in a number of ways including:

Making services personal for individuals. This is at the heart of our approach. Personalisation enables people to have maximum choice and control over their support and how they receive it. Many people choose to have a personal budget which allows them to purchase their care in a manner of their own choosing. This could mean having a direct payment or a managed



service from HAS. The flexibility of a personal budget means that people can purchase the care that is right for them.

We recognise the benefits of early intervention and prevention as a means of increasing people's independence whilst their care needs are still low. This helps to avoid the need for more intensive services later in life. We work with the Voluntary Sector (these are other organisations outside the County Council which also provide social care services) to deliver a range of services that meet these low level needs. In many cases the provision of these services prevents further services being needed.

In our aim to keep people independent and in their own homes for as long as possible we use technology and support, known as 'Telecare', which enables vulnerable people to live safely and securely. It is an effective way of giving people more control over their daily lives. North Yorkshire has a national reputation for its development of Telecare services. Telecare also plays a key role in helping people regain confidence and skills after periods of ill health or a stay in hospital and has transformed the delivery of home care services and improved the quality of life for people in residential settings.

Our Short Term Assessment and Reablement (START) Teams operate around the county. START offers a six week service which gives people the help they need to regain the skills of daily living, making the most use of Telecare, directly providing a limited range of equipment, and offering guidance and advice on services available from other sources. The service covers people with learning disabilities, younger people with physical disabilities, and people with mental health problems. The aim of START is to help



people to regain control by supporting them to learn or re-learn the skills and abilities they need for daily life.

We have continued to develop a range of Extra Care housing across the County. This new way of supporting people to live independently for as long as possible provides the security and privacy of a home of your own, combined with a range of facilities on the premises with access to 24 hour care and support if required. Extra Care developments are a partnership between local housing associations and the Council which enable people to either buy or rent a home of their own. The introduction of Extra Care housing has reduced reliance on long term residential care.

We recognise the important role that carers play in maintaining the quality of life and independence of those they care for. We have strong links with carer networks and offer a range of services including respite care so that carers can have lives of their own whilst continuing with their caring roles.

To help us to decide on the appropriate level of care for a person we use the Department of Health's Fair Access to Care Services criteria, known as 'FACS'. A person will be assessed at a Low, Moderate, Substantial

or Critical level of risk. These levels refer to the risk to the independence of a person. Currently, our services are available to people who have 'moderate' needs under FACS, but we will act to provide services at a lower level where there is a significant risk to long term independence.

Why we need to modernise and transform our services

In November 2010 the Government published "A Vision for Adult Social Care: Capable Communities and Active Citizens" which set out how the social care system needs to be reformed to provide much more control to individuals and their carers. This modernisation is being built on seven principles – Prevention, Personalisation, Partnership, Plurality, Protection, Productivity and People.

The Department of Health also published "Transparency in Outcomes: A Framework for Adult Social Care" which contained four "domains" (areas) which detailed what outcomes we should be measuring on the basis that they most closely reflect what matters to people and the priorities for social care. The four domains are:

- Enhancing quality of life for people with care and support needs;
- Delaying and reducing the need for care and support;
- Ensuring that people have a positive experience of care and support;
- Safeguarding adults whose circumstances make them vulnerable and protecting from avoidable harm.

In this Local Account, we have reported our achievements and priorities under these four 'domain' headings.

How we will modernise and transform our services

We recognise the need to transform some of our traditional adult care services so that they fit around people's lives and support more people to live independently. This may mean investing in more flexible, personalised care services that will better meet the needs and outcomes for people and reducing investment in a range of fixed services such as day care.

The North Yorkshire Vision for Social Care sets out the process that we will undergo to transform our services to meet the differing levels of need of the people of North Yorkshire. It also details the 'customer journey' that an individual may take from initial contact with us to the provision of packages of support if required. Further details on the Vision and the customer journey can be found at: www.northyorks.gov.uk/adultsocialcarevision

Changes to the role of Health and Adult Services

The Government is proposing major changes to the National Health Service (NHS) which will have an impact on North Yorkshire County Council. We need to take account of



these changes, in particular the wider role for General Practitioners (GPs) in commissioning services. We need to take the opportunity presented by the NHS reforms and the creation of Health & Wellbeing Boards to join up all our services and create better outcomes for people in North Yorkshire.

We work in partnership with those organisations who provide care services within North Yorkshire to ensure that standards and quality of service are maintained. This is known as the Quality Assurance Framework. We are working with these organisations to ensure that a consistent level of care is provided and can be accessed across North Yorkshire. This is important in developing the care market so that people with personal budgets can have confidence in the care that they purchase.

We work with the health service to ensure that following a joint assessment, individuals can, where appropriate, have access to continuing health care arrangements. "Continuing health care" means care paid for by the NHS and provided over an extended period to meet physical or mental health needs that have arisen as a result of disability, an accident or illness. We will increasingly look to integrate care and health across a range of services.

We will promote the health, well-being and independence of people and communities in North Yorkshire in line with 'Healthy Lives, Healthy People' - the Department of Health's Strategy for Public Health in England. We have already starting working with our colleagues in public health in preparation for the time when we will be required to take over their responsibilities for local health improvement. While the Government will set national objectives for improving the health



of the local population, local authorities like North Yorkshire County Council will have the freedom to decide how those objectives should be achieved.

Who we provide services to

In 2010/11 we provided services to over 23,000 people, the majority of whom were aged 65 and over (17,300). The rest were adults aged 18-64. Of those 23,000 people, 20,000 received services in their own home to maintain their independence. The others received either residential or nursing care.

What we spend on adult social care

In 2010/11 we spent in excess of £130 million on adult social care services. 60% of this was spent on directly purchased care services and the remainder was spent on staffing, including the provision of our own in-house services, buildings and client assessments. The finance tables are available at the end of the Local Account.

Enhancing quality of life for people with care and support needs

How North Yorkshire supports people to:

- Live their own lives to the full and achieve the outcomes which matter to them by accessing and receiving high quality support and information.
- Manage their own support as much as they wish, so that they are in control of what, how and when support is delivered to meet their needs.
- Help carers to carry out their caring roles while at the same time maintaining their quality of life.
- Find employment when they want, maintain a family and social life, contribute to community life, and avoid loneliness or isolation.

What we have done to improve people's quality of life in 2010/11:

We have made great progress in personalising services for people who require support. Personalisation means ensuring that people have a wider choice in how their support needs are met, and have access to a wide range of services such as transport, leisure, education, housing, health, and opportunities for employment - regardless of age or disability.

Personalisation means addressing the needs and desires of whole communities to ensure that everyone has access to the right information, and to the right advice and advocacy to make the right decisions about the support they need.

Personalisation is about giving people much more choice and control over their lives as well as giving them personal budgets and direct payments.

We have increased the numbers of people receiving personal budgets, giving choice and control to people to be flexible and creative in meeting their own needs.

Eileen's story – Personal Budget

When Eileen started to fall over, she was diagnosed with motor neurone disease (MND). After talking her situation through with a Social Care Assessor, she decided to take her personal budget (the amount of money calculated to meet her needs) as direct payments rather than services. This gives her much more choice about the way she is supported to meet her social care needs.

This means she can choose to get support from the person she wants – in this case, Maddy, who only lives a few doors away. Eileen and Maddy can be flexible in their arrangements, which is also good for Maddy as she can fit her work around her children's needs. She helps Eileen with dressing, chores and preparing meals. Eileen keeps busy and as independent as possible.

Every day, with the help of Maddy and an outdoor walking frame, Eileen walks into town to do her shopping and it may be because of this exercise that she has been told she is not deteriorating as fast as expected, which has given her hope. "Look at Dr Stephen Hawking", she says.



Image: careimages.com

The national Adult Social Care Survey showed that 79% of the 430 service users in North Yorkshire who responded said they either have “as much control as they want” or “adequate control” over their daily lives.

We have continued to invest in Telecare, preventative and early intervention services for people whose need for support is low or moderate. This approach defers the need for costly packages of care early on and keeps people independent at home.

We are introducing a multi-agency process for the provision of disability equipment such as bathing equipment, hoists and grab rails. This streamlined process will offer a supply of easily accessible equipment suited to the needs of people of all ages and abilities who may require access to equipment to maintain their independence. The process will give information on different forms of assessment, and will provide full advice to people on how to find the right equipment for their needs - an increasingly important choice for people using a Direct Payment.

We are improving our support for carers in many ways. One way of demonstrating that improvement is in the increase in the number of carers who receive either advice, information,

or an element of service after undergoing an assessment or a reassessment. The proportion of carers who receive a service following assessment (as a percentage of all people who receive a service) is 20.1%.

We have revised the Carers Emergency Respite Service (Emergency Carers Card service) following staff and carer feedback to improve the application process and accessibility. This has led to an increase in the number of carers registered on the scheme.

We are committed to involving carers in the development of the service, and to ensuring that they have every opportunity to feedback and comment upon issues which affect them. As part of this commitment we have developed a North Yorkshire Carers Forum. The first meeting took place in March 2011.

We have supported people to find employment by engaging with major employers within North Yorkshire - particularly public sector employers - encouraging them to actively recruit more people with learning disabilities or mental health needs. The number of people with a learning disability in paid employment as a percentage of all known people with a learning disability is



Liz's story - Carer

Liz is the main carer for her daughter, Clare, 45, who has had mental health difficulties for over twenty years. "When it started", Liz says, "we had no idea it could go on so long." Liz and her husband moved to their North Yorkshire village to be with Clare; and to be near their other daughter and their grandchildren.

Clare lives with Liz and her husband, and has her own floor in the three storey house. The grandchildren pop round regularly - "Tonight it's for pancakes," Liz beams. But for all she makes light of her caring role, Liz needs some time when she is not just thinking of others. She needs support too, and she and her husband have joined a group which meets regularly to share experiences and understanding. "You don't want to talk about it to everybody," she says.

She enjoys the opportunity to support other people in the group too. She also has her own Carers Support Worker who can be there when she needs him. Through him, Liz found she could get a Direct Carer's Support Grant to pay for some "me time" and remembered that she had always enjoyed creative writing. So the Council funded a place on a course close to Liz's home. Liz finds creative writing is just what she needs - it challenges her, and in her words, "keeps her brain going". Her enthusiasm is inspiring - she thinks all carers could benefit from it. Then, to cap it all, she won a national prize for her writing!

5.4%. This represents 87 people in paid employment during the year. The number of people with a secondary mental health service in paid employment is 11.4%. This is above the all-England average of 9.0%. Whilst we continue to assist vulnerable people into employment, we recognise that in these difficult economic times it is not always possible.

Marketing packs inform employers about a range of local services and support networks that can identify potential job seekers and will provide helpful information on work retention options. Mental health awareness training is provided for key employers.

We offer payments to individuals to support their employment, such as a cycling helmet and bicycle, new shoes or costs relating to vehicle maintenance.

All public sector employers within the region have been made aware of 'Valued in Public', the Mencap guide for public sector employers about employing people with a learning disability - and have signed up to an agreement to identify ways of employing



Image: careimages.com

Jonathon's story

Jonathon's only reliable method of transport to and from work was cycling, but his bike was getting old and he was worried about finding work if he could not get there.

Supported Employment Services used a grant to help Jonathan buy a new bicycle and a safety helmet. "Supported employment funding helped me back into work and the bicycle will mean I can get to and from work, saving me a lot of problems. I couldn't work on a Sunday without my bike.

Now that I am working again it means I am gaining more experience. I would love to work more hours in the future," he says. This simple intervention made a huge difference to Jonathan's life; he is now travelling safely with the added advantage that he can now be relied upon at his places of work. He now works a minimum of 19 hours per week in 2 jobs.

more people with learning disabilities or people with mental health needs.

What we need to do in 2011/12

We will continue to develop personal budgets and increase our support to people to take up direct payments.

We will continue to work together with other organisations who provide social care services to make sure that there is a range of services available to meet people's requirements.

We will continue to engage with people who use our support, service user groups and

carers in the development of personalised support.

We will use the money awarded through the Innovation Fund to create modern support approaches in partnership with the voluntary sector.

We will work with NHS colleagues to explore options for introducing Personal Health Budgets.

We will be updating the Joint Strategic Needs Assessment (JSNA) during 2011/12. This will involve holding a series of events to discuss this with people in North Yorkshire. Information about how to participate is given in the "How to contact us" section at the back of this Local Account

We will publish an interim Carers Strategy for 2011/12, and later a Joint Carers Strategy in 2012 with our colleagues in the Council's Children and Young People's Services, and with our health partners. We will continue to develop the Carers Forum which plans to meet quarterly and make sure that the Carers Forum feeds into local consultation and development of both services and structures, for example, the setting up of the Health and Well-being Board.

We will explore supported employment and self employment opportunities with interested people.

We will extend, over time, the mental health awareness training to employers

Delaying and reducing the need for care and support

How North Yorkshire supports people to:

- Give them every opportunity for the best health and well-being throughout their lives, and to give them access to the support and information they need to help them manage their care requirements.
- Ensure earlier diagnosis, intervention and reablement so that people and their carers are less dependent on intensive services.
- Ensure that when they develop care needs, the support they receive takes place in the most appropriate setting, and enables them to regain their independence.

What we have done in 2010/11 to help people stay independent

In these financially challenging times, we have focused our spending on front line services and on obtaining value for money to help people to stay independent. This has enabled us to keep our FACS eligibility criteria at 'moderate' and we will act to meet lower needs where the longer term risk to independence may be significant.

During the year we have supported more than 20,000 people to live independently at home, thereby reducing the number of people who have needed nursing or residential care.



Image: careimages.com

We have increased the number of personal budgets to 31%, achieving the Department of Health's target of 30% by April 2011.

We have continued the modernisation of learning disability day services by: increasing the use of community resources; supporting people where possible to use services near their own homes; and increasing the number of people who access paid or voluntary work. We also provide appropriate facilities such as changing places, sensory facilities and quiet rooms for people with high support needs within the community. By adopting this approach, we have moved away from traditional day care placements (that only provide for people with learning disabilities) to more community-based options.

We have continued to work with our colleagues in the Council's Children and Young People's Services to make sure that the transition from children's services to adult services at the age of 18 is as seamless as possible and that the services offered meet the needs of these young adults as they move towards adulthood and independence.

During 2010/11 we have continued to put in place our START (Short Term Assessment and Reablement Team) programme which focuses on reabling people to achieve maximum independence following an illness or a stay in hospital. The focus of START is on people's abilities. We don't assume automatically that they need our services. We will make an initial assessment, and people who are eligible for social care support will be supported for up to six weeks initially, before any decisions are made about their further care.

This six week period consists of intensive support from START with the aim of helping people to regain control of their lives. The focus is on helping them to learn or re-learn the skills and abilities they need for daily life.

People's Comments about START:

"The START service provided me with the confidence I needed and gave my family peace of mind that I could cope."

"I was soon able to prepare and cook my own meals with the help of START. It took longer for me to have the confidence to shower myself again."

"It has helped me to regain my confidence and independence."

"The visits have put me back on track."

Mr G's daughter referred her 91 year old father as he had taken to his bed, having no motivation to self care. He had previously refused to engage with services and declined the offer of a respite stay.

START workers began with 3 calls a day, often finding him in a wet or soiled bed. The workers developed a good relationship with Mr G, supporting him to go out, for example, to his local café.

At the end of the 6 week intervention he was making his own breakfast, doing shopping, and going to the café for his main meal. One daily call continues as ongoing support to ensure that he maintains his motivation.

In many cases this process will quickly help people to regain their independence, thereby reducing the need for longer term support.

In these initial phases the START service is primarily delivered by our own care staff. However, in the longer term, the aim is that while we provide the reablement, the independent sector will take over the provision of long term care packages.

We have received much positive feedback from people who have benefitted from START.

The percentage of older people who were still at home 91 days after discharge from hospital into reablement or rehabilitation services is 86.5%.

The number of people not requiring an ongoing personal care service has increased from 16.6% to 55.9% following the introduction of START across the county.

People using telecare have told us:

"I feel safe",

"I don't feel alone when I am alone",

"The telecare sits in the background and alerts someone if I need them",

"Telecare has turned my life around; more young people need to know it's a great thing".

"Telecare helps me to choose how my needs are met and gives me the choice in how I want to be supported, I feel in control!"

Telecare is the use of a range of sensors and equipment to support individuals and/or their carers to live safely and securely in their own homes. Telecare provides benefits in a range of settings – in someone's own home in the community, in supported housing, and in residential care settings. As modern technology has supported our lives in so many areas – from mobile phones to the internet – so it is being used to make lives easier and better in the field of social care. The experience of Telecare in North Yorkshire has demonstrated how it can be personalised to help people who, because of their poor health, their frailty, or their disability, need help on a daily basis to live safe and independent lives.

Telecare can range from a simple 'lifeline' system to more sophisticated packages that monitor movement, access to buildings, falls and flooding alerts. Each package can be individually tailored to the person's needs. In many instances, the installation of a Telecare package gives increased confidence to the

recipients and their carers - adding hugely to their ability to lead full, independent lives.

Telecare is seen as an effective way of ensuring care continues to be delivered to people in a range of settings. A prime example of this is the introduction of systems that prompt users to take their medicine at set times without the need for a home care visit.

We have promoted Telecare at a number of talks and market place events, i.e. Age UK (256 attendees), Talks for Learning Disability events, LINK, Red Cross, and Carers events.



Image: Tunstall Healthcare UK Ltd.

DVDs about Telecare are available on line at <http://www.northyorks.gov.uk/telecare>
What is Telecare? For an introduction to Telecare and the support it can provide.

Independent surveys carried out in 2008 and 2009 showed how highly Telecare users in North Yorkshire valued the service:

How would you rate the service which looked at your need for Telecare and possible solutions?	2008 – 85% rated good or excellent. 2009 - 92% rated good or excellent.
Has Telecare helped you to carry on living at home?	2008 – 89.5% rated good or excellent. 2009 – 94% rated good or excellent.

Three case video studies which show how Telecare has helped people are available at www.northyorks.gov.uk/telecarevideos

These are:

Eileen (high risk of falls) After a bad fall, Eileen was hospitalised with a fractured ankle and knee. Assessed as ‘at high risk of falls’, she resisted the idea of residential care. Instead, with Telecare, she now lives independently in her own ground floor flat.

Helen (living independently with learning difficulties) Helen is 30 and has learning difficulties. For the first time in her life, she’s living independently in her own house. Telecare has given Helen the choice and opportunity she’s always wanted. Lynne is Helen’s main carer.

Hayley (learning difficulties and physical problems) A severe road accident left Hayley with head injuries, learning difficulties and physical problems. She lives at home with her parents and younger brother in a specially built flat. Telecare gives Hayley safety, security and the independence she wants.

We are currently carrying out, in partnership with the Independent Care Group, Telecare awareness and training at more than two hundred residential care homes. This is the first time such an approach to training has been undertaken anywhere in England, and follows a 14 month trial of Telecare in a Scarborough care home, specialising in dementia care.

North Yorkshire has in total 15 Extra Care schemes developed with a range of housing partners and providing 605 purpose-built apartments. The schemes are located across the county, from remoter rural areas such as Upper Wensleydale to more urban settings such as Harrogate. Ten of these schemes replaced existing Council run care homes, whose residents, in the main, were re-located to these new schemes. The schemes enable residents to live independently but with 24 hour access to care and support services if required.

During 2010/11 three further Extra Care housing schemes were opened: Rivendale in Northallerton with 51 properties; Popple Well Springs in Tadcaster with 51 properties; and Greyfriars in Richmond with 39 properties. All the schemes are hugely successful and highly popular, and also provide community facilities for people who live nearby. The scheme at Bainbridge in Upper Wensleydale, for example,

Case Study:

Mrs DJ loves making hand made cards. Her health issues meant working as a volunteer at a local shop was not possible, so she tried selling her cards in the shop in the Extra Care facility where she lives. She found the experience so enjoyable that she no longer needs to attend any formal day care and instead goes to informal craft sessions run in the Extra Care scheme.

forms the focal point of the village, with a small shop, a hairdresser, a post office and a library.



Rivendale is a mixed occupancy Extra Care housing facility, promoting a sustainable mixed community which provides living and day time accommodation for people with different disabilities and both for older people and working age adults. One couple with learning disabilities enjoyed using computers and have typed up song sheets for people who moved into the Extra Care schemes who wanted to join the choral group.

A further four Extra Care housing schemes are being provided - two in Harrogate; one in Settle and one in Scarborough. In addition, the County Council is about to launch the first stage of a formal procurement process to identify a partner to assist in the creation of a further 30 Extra Care housing schemes across the county by April 2020. Information

about the existing Extra Care housing schemes is available on our website: www.northyorks.gov.uk/extracare

Our Supporting People Team provides housing related support to help vulnerable people to live as independently as possible in the community. This could be in their own homes or in hostels, sheltered housing or other specialised supported housing.

Supporting People – In 2010/11:

- 11,454 people were supported to live independently in their home;
- 345 people were supported to move from temporary accommodation into more suitable and permanent living accommodation;
- 803 people were supported to achieve positive outcomes across a range of needs including maximising income, gaining training and employment.

What we need to do in 2011/12

We will increase the use and consideration of using Telecare.

We will undertake the first stage of the procurement process to secure the wider Extra Care project for the development of a further 30 schemes.

We will increase the capacity for the service shift from START teams to the independent sector for providing on-going care.

We will progress the move of long term care cases between HAS and the independent sector.

It will be a priority for 2011/12 to ensure that people continue to receive their entitlement to continuing health care where appropriate.

Ensuring that people have a positive experience of care and support

How North Yorkshire ensures that:

- People who use social care and their carers are satisfied with their experience of care and support services.
- Carers feel that they are respected as equal partners throughout the care process.
- People know what choices are available to them locally, what they are entitled to, and who to contact when they need help.
- People, including those involved in making decisions on social care, respect the dignity of the individual and ensure support is sensitive to the circumstances of each individual.



What we have achieved in 2010/11

We have worked with the council's Customer Service Centre to improve outcomes for the people of North Yorkshire in their first contact with HAS. In the recent CQC survey, North Yorkshire was awarded the accolade "best performing" for the way it deals with people in their first contact with the Council on social care issues.

The Adult Social Care survey showed that the proportion of our service users who find it very or fairly easy to find information about support is 57.7%. This is in line with other Councils in the region.

We have, with the Customer Service Centre, developed a 'Universal Services Directory' to assist in signposting people with low

level needs to services or groups in their communities which will be able to assist them. We have also produced information for people who purchase their own social care services.

We have developed a Quality Assurance Framework which monitors the performance of those service providers on the North Yorkshire County Council list. A significant number of services have been improved for the benefit of service users by this monitoring process.

New "provider lists" have been opened for organisations which provide adult social care services. Organisations from around the county can apply to be on the list, thus extending the range of services available.

A Market Development Board is in place with representatives from HAS, the Independent Care Group and the NHS. The Board's role is to develop joint initiatives with the

independent sector to extend the range and type of care services available to people.

We re-introduced social care provider forums to discuss topics such as developing the social care market, particularly in relation to personalisation.

We operate a more transparent information mechanism regarding registered and contracted organisations and their prices.

We have in place a robust policy of using action plans for service providers who are found to be under-performing, to help them improve their services.

We have invested £1.5 million in the voluntary sector Innovation Fund over three years. This has led to a number of projects being developed. Phase 1 bids for funding have been submitted for 2011 and a further round of bids will be made in 2012.

We have reduced the number of people we place in residential care homes and increased both community care support and specific developments such as Extra Care housing, reablement and Telecare. Permanent admissions to residential and nursing care homes of people aged over 18 per 100,000 of the population is 135.5. This represents a reduction to 650 permanent admissions. This is an improvement on the previous year's performance.

North Yorkshire County Council was awarded the 'Achieving' level of the Equality Framework for Local Government.

We have analysed the people who use our services, and have identified under-represented groups. As a result we have continued to look for opportunities to engage



with minority communities, who are under-represented in our customer profile, such as the Gypsy & Traveller Wider Forum and Lesbian, Gay, Bi-sexual and Transgender (LGBT) groups.

We are committed to respecting the dignity of all those who use our services. We took part in the national Dignity Day celebrations held in February 2011 with local activities in care homes, Extra Care and day services. Our safeguarding training (this involves partner agencies and service providers) includes a focus on dignity.

We have made sure that people have rapid access to specialist teams, and that communication is accessible - including rapid access to interpreters.

We have widened our criteria for Extra Care housing so that more people are able to access this form of housing with support.

In developing the Carers Strategy we engaged with black and minority ethnic people, younger carers and LGB carers.

We have introduced a protocol for planned closures of residential care homes, to ensure that there is consideration of cultural needs.

Our Benefits and Assessments Officers submitted 1,254 claims for the full range of welfare benefits and helped vulnerable people to claim £2,188,811 for Attendance Allowance, Disability Living Allowance, Carers Allowance and the Severe Disability Premium alone. It is anticipated that the current economic situation and changes in benefits and welfare reforms will lead to increased demands on the Benefits and Assessment Team.

We have continued to support fuel poverty arrangements, working closely with other agencies including NHS North Yorkshire and York, Pension Service, North Yorkshire Fire and Rescue, and the Energy Savings Trust Advice Centre.

Case Study:

A financial assessment was completed during a visit to Peter and Geraldine by a member of HAS staff. Geraldine was going to receive a service from the Council. Peter receives state pension of £102.15 per week. Geraldine receives £61.20 and attendance allowance of £49.30 per week. Peter and Geraldine have joint capital of £17,000 (therefore not entitled to council tax benefit).

As a result of our visit a Pension credit claim was submitted which resulted in a change to their pension credit, increase in pension credit, a carers claim was also submitted for Peter's caring role. As a result of these changes Peter and Geraldine were also able to claim council tax benefit which meant they are better off by £90.72 per week.

Case Study:

A lady living in the Yorkshire Dales was only able to access oil fired heating. We referred her to the HOTSPOTS system, to the Energy Savings Trust Advice Centre (ESTAC) so that a home fire safety check could be carried out by North Yorkshire Fire and Rescue. We applied for Attendance Allowance for her, thus increasing her weekly income by £73.60.

We were also able to reduce her council tax as she was living as a single person following the loss of her husband and had not applied for the single person rebate. The ESTAC gave her advice and assisted her to obtain a grant for loft insulation and a new, more efficient and cost effective boiler. She was thus able to pay for oil and reduced consumption at the same time.

We have reviewed all existing services for carers provided by the voluntary sector for consistency and value for money. In common with other services, these reviews will continue over the coming year to challenge and seek to deliver further improvements in value for money for people who use the services.

We received 684 compliments during 2010/11. We also received 169 complaints of which 31 (18%) were fully upheld and a further 59 (39%) were partly upheld. The remainder were not upheld or withdrawn. We have also taken account of national Local Government Ombudsman's reports on poor practice in other Councils and used the findings of those reports to improve and develop best practice in our own services.

The 3 year national autism strategy “Fulfilling and Rewarding Lives” was launched by the Government in March 2010, and was followed in December 2010 by the Statutory guidance “Implementing Fulfilling and Rewarding Lives”. The Statutory Guidance sets out the duties of Councils in implementing the Autism Strategy.

We have welcomed the Autism Strategy and in 2010 appointed a lead officer to develop North Yorkshire County Council's response. Work has been taking place locally and with regional and national organisations to develop an action plan to meet the statutory requirements.

The North Yorkshire Strategic Partnership (NYSP) continues to be active across a range of client groups and has Partnership Boards including Physical and Sensory Impairment, Learning Disabilities and Older People.

All NYSP Partnership Board minutes and papers are available for information on the NYSP website. Area Reference Group notes of meetings, newsletters and activities are available on the NYSP website at: <http://www.nysp.org.uk/>



What we need to do in 2011/12

We need to introduce a range of initiatives that will allow people who pay for their own care (self funders) and those with personal budgets to purchase their care more flexibly. These include care brochures, development of an e-marketplace and improved information and signposting on the Council's website.

We will submit second and third round bids for the voluntary sector Innovation Fund.

We will work with independent service providers to develop efficient and flexible models of care and support to improve the outcomes for the people of North Yorkshire.

We will work with other colleagues in the Council, to make sure that we meet the Public Sector Equality Duty (general and specific duties). We must publish information not later than 31 January 2012 and subsequently at intervals of not greater than one year beginning with the date of last publication.

We will refresh and refocus on the Dignity in Care Day to be held on February 2012 so that the public profile of dignity is raised.

We will continue to improve the availability of accessible information for people, for example, in easy read format.

We will train staff in autism awareness so that they can identify potential signs of autism and work more effectively with adults with autism. By Spring 2012, all social care assessment staff will have received this training.

We will report on the range of community resources for people with autism. The outcome of this work is underway and will be available by Spring 2012.

Safeguarding adults whose circumstances make them vulnerable and protecting them from avoidable harm

How North Yorkshire ensures that:

- Everyone enjoys physical safety and feels secure.
- People are free from physical and emotional abuse, harassment, neglect and self-harm.
- People are protected as far as possible from avoidable harm, disease and injuries.
- People are supported to plan ahead and have the freedom to manage risks the way that they wish.

What we have done in 2010/11 to safeguard vulnerable adults

In 2010/11 we received 2065 referrals and alerts of suspected abuse within North Yorkshire. This is an increase of 94% from 1062 in 2009/10. Over 500 of these came from our safeguarding partners including police, health, housing and the CQC, which demonstrates our effective working partnership practices. This increase is due to increased public awareness of national and local safeguarding issues and increased levels of training for our own and other organisations' staff.

Of the 2065 referrals and alerts, 991 went on to have a Strategy Meeting or discussion on further action required. Of the cases completed in 2010/11, 337 were found to be fully or partly substantiated (proven) and

appropriate action plans were put in place. The remaining 459 were found to be not substantiated or inconclusive and no further action was required.

The 2010/11 Adult Social Care survey showed that the proportion of people in North Yorkshire who use services who feel safe is 67.4%. This represents 292 people out of the 433 who responded to this question.

From the same survey, the proportion of people who use services who say that those services have made them feel safe and secure is 54%.

Protecting and supporting vulnerable people is one of three priority areas in the Sustainable Community Strategy for North Yorkshire 2011/14.

Our partnership arrangements for safeguarding remain robust: strengthened by senior NHS representatives joining the Safeguarding Adults Board and reinforcing the key role that the NHS plays in safeguarding.

We have reported regularly to the Council's Overview and Scrutiny Committee and acted on the Committee's recommendations.

We have a strong approach to holding partner agencies to account by the Board, through adoption of Statements of Assurance from each of the 22 statutory agencies represented on the Board; including assurances about procedures and training for staff.

John's story: safeguarding

John is 67, lives at home and has dementia. He receives daily support from personal care at home and meals on wheels. His son visits once a fortnight. There were two alerts raised about possible financial and emotional abuse. The home carer noticed that John did not have much food in the house, his house was cold and there was no hot water. He did not appear to have any money for the electricity meter. Another worker noticed that some children had chased him down the street and some had asked him for money.

A meeting was held by the Designated Safeguarding Manager (HAS) which included family, service providers, social care assessor (HAS), police, community mental health team and safeguarding officer. John was represented by his son at the meeting. As a result, it was agreed that a mental capacity assessment would be done to find out how well John could manage his money and keep himself safe at home and a reassessment would be done of his support needs.

As a result of the assessments John was able to choose ways that he could stay at home more safely; he had a sign inside his front door to remind him to lock it. A key safe was installed so that carers could access his property safely. An arrangement was made with the local shop that he could buy items on a tab and carers would check he had enough funds for the electricity.

A police community support officer talked to the parents about their children's inappropriate behaviour and neighbourhood watch were involved.

High levels of training and awareness across the partnership contributed to a significant increase in safeguarding referrals.

We have continued to deliver training at a high level – with free training delivered for private, voluntary and third sector organisations, including housing, with more take-up of e-learning.

The indication is that citizens awareness of safeguarding is relatively high. Over two thirds of respondents to the citizens survey would report suspected abuse of a vulnerable person to the Council or the Police.

Positive work has been carried out with care providers to promote dignity and safeguarding, including emphasis on involving people at risk of harm; regular briefings being provided for in house and independent providers and a seminar held for over 100 providers and free training for care providers.

Local partnership arrangements make sure that widespread sharing of learning and improvements is in practice. Multi-agency workshops, organised by the Safeguarding Team highlighted issues such as pressure care and information sharing.

What we need to do in 2011/12

We will demonstrate that people's lives are improved as a result of safeguarding.

We will ask for views on whether people feel safer as a result of safeguarding. This will be done on an ongoing basis as part of a person's support plan. Questionnaires will be issued to people, their carers and family from November 2011 and views will be sought

through face to face interviews when that is the person's choice.

We will involve individuals at risk of harm or abuse in their own safeguarding process; this will be emphasised in training for safeguarding managers and a guide to safeguarding will be published in plain English and in easy read.

Safeguarding will be subjected to some form of independent scrutiny or checking.

We will continue to report regularly to the Council's Overview and Scrutiny Committee and act on their recommendations.

We will continue to work with an independent adviser to make sure that best practice is being applied and there is an external review of our processes.

We will increase the level of challenge and scrutiny through the appointment of an independent chair to the Safeguarding Adults Board.

We will make sure that we act on evidence from external inspections of services within North Yorkshire and nationally.

We will tell our local population about the quality and safety of local services.

We will publish the Safeguarding Adults Board Annual Report for 2011/12, including statements of assurance for each of the statutory agencies.

We will publish information about the ways that we assure ourselves of the quality of commissioned services.

The Safeguarding Adults Board will make sure that partners account for how they quality assure their services.

We will continue to make sure that communication and awareness raising is extended so that more people in the community are aware of safeguarding issues.

The Safeguarding Adults Board will show that it is effective

By continuing to report regularly on performance and quality assurance based on the Board's Development Plan and annually in the Board's Annual Report.

By reinforcing the importance of training for all staff and volunteers who provide local services.

By highlighting the effectiveness of interventions for individuals and evidencing the ability to respond when things go wrong.

Our Priorities and Challenges for 2011/12

Over the next year we will have to balance a number of priorities and challenges to provide the best service and outcomes for the people of North Yorkshire.

In 2011/12, we will continue to provide high quality front line services whilst working within the challenging budget set by the Government. This, in the context of the projected increase in numbers of older people and vulnerable adults needing services over the coming years, will be demanding.

We will continue to develop a personalised approach to services during 2011/12. We will seek your views on our Vision for Social Care and will begin to implement some of the changes contained within the Vision. However, to achieve this policy, we will need to modernise some of our existing services

and explore new ways of meeting the needs of service users.

We will work more closely with our partners in health to start to provide a range of integrated services that will see both health and care services delivered by the same provider.

We will also work closely with the newly formed Clinical Commissioning Groups (CCG) who will oversee the purchase of healthcare in North Yorkshire.

We will work with partners in health, district councils and the wider community, to deliver

a range of projects to keep the people of North Yorkshire healthy and improve their well-being. Two key priorities will be the transfer of public health functions to the council and the setting up of a joint Health and Well-being Board to oversee these developments.

A final challenge will be to ensure that the above issues are carried out whilst meeting the demands of significant internal reorganisation and trying to transform. The Council has developed an ambitious 'One Council' programme for change which it will implement over the coming years.

In Summary

In this first Local Account, we have shared our main achievements in 2010/11 and highlighted our priorities for 2011/12. We have outlined what people might expect of North Yorkshire County Council Health and Adult Services, whether they are older people seeking support, people with a disability or people with a mental health need.

We have also set out our position regarding the future Vision for adult social care. Making the Vision a reality means that we must look at the whole of adult social care, working together with the people of North Yorkshire and our partners to develop a system that works fairly for everyone.

We want this Vision for adult social care in North Yorkshire to help us move towards improving the lives of all adults at risk to their independence. We think that the changes and new initiatives outlined will mean:

- People will be supported to have more choice and control from within their community;
- People's health and well-being will be improved through early and preventative services, meaning they will be less likely to need statutory services;
- There will be innovative and wide-ranging support, from which everyone will be able to choose, irrespective of how their support is funded.

Now you can tell us what you think

Your feedback on our services and priorities for the future is an important part of the development of adult social care services in North Yorkshire. We would like to hear from service users, carers, family, friends and other people/organisations with an interest in adult social care.

Regarding this Local Account, we would like to know:

- Have we set the right priorities for the coming year?
- Have we got the right balance of priorities?
- What other areas of adult social care should we look at as a priority?
- Has this Local Account been easy to understand? How could we improve the document in the future?

Your comments will help us greatly in preparing the content for the 2011/12 Local Account in a way that is accessible and understandable for everyone.

If you would like to provide feedback on this Local Account, please use the contact details below:

By e-mail: social.care@northyorks.gov.uk

By telephone: 01609 532035

By Post: Health and Adult Services
North Yorkshire County Council
County Hall
Racecourse Lane
Northallerton
North Yorkshire
DL7 8DD

A reminder that you can also be involved in shaping the future of adult social care in the following ways:-

North Yorkshire's Vision for Social Care

Attend one of the "Vision" presentation events being held around the County, details of which can be found on the Council's website. Alternatively, we would welcome comments on the Vision using the feedback form which can be found at the back of each Visioning booklet, or again on the Council's website at: www.northyorks.gov.uk/adultsocialcarevision

Joint Strategic Needs Assessment (JSNA)

The Council and its partners are currently looking at the JSNA to see if any amendments or improvements are necessary. A number of events will be held around the county where people can give feedback and opinions about these issues. Details of these events can be found on the JSNA website at: www.northyorks.gov.uk/jsna

Citizens' Panel

The Council regularly consults with the people of North Yorkshire on a range of issues via the Citizens' Panel. If you would like to be a member of the Panel you can register your interest at: www.northyorks.gov.uk/citizenspanel

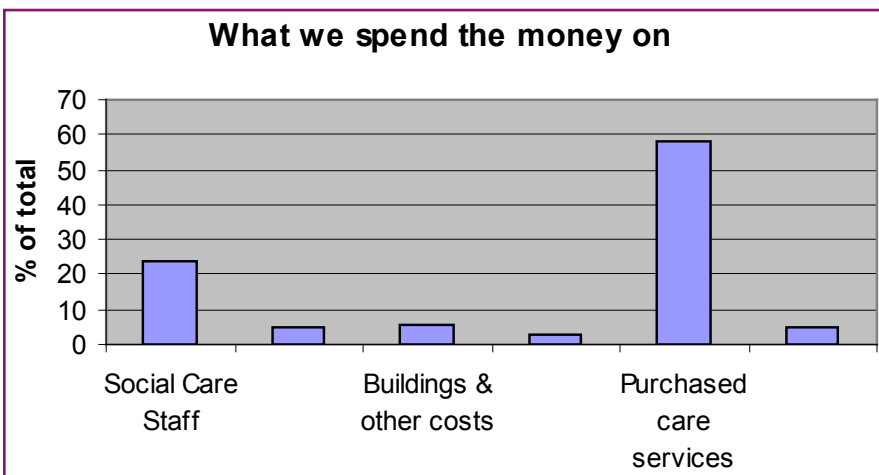
How much did we spend?

Adult social care accounts for 40% of the Council's total net spend for 2010/11. The table below shows how this is shared between people with different needs.

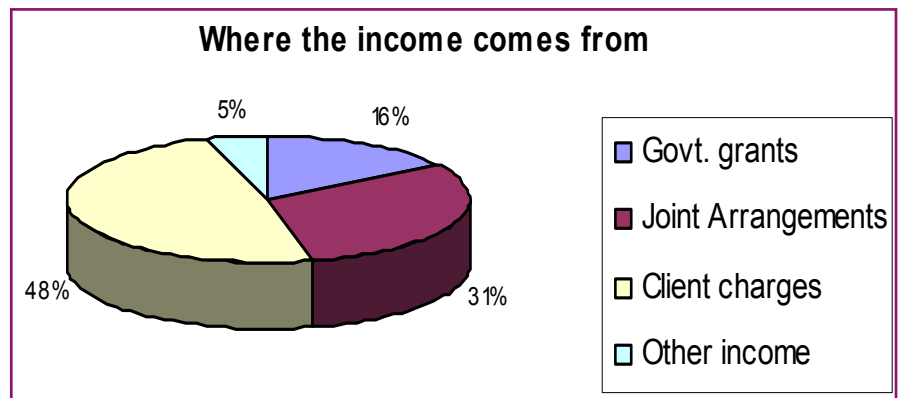
These are the actual spend figures for 2010-11

(including our share of the overall running costs of the County Council)

Spend on:	Gross Spend £000	Income £000	Net Spend £000
Service Strategy	337	0	337
Older People	107,634	-30,095	77,539
People with physical disabilities	15,364	-2,460	12,904
People with learning disabilities	54,754	-12,188	42,566
People with mental health needs	7,783	-1,177	6,606
Other adult services	1,178	-14	1,164
Specific Govt. Grants		-10,274	-10,274
Total	187,050	-56,208	130,842



This represents around 40% of the total net spend of the County Council



Further information on the County Council's financial accounts can be found at www.northyorks.gov.uk/accounts

How do we spend the money

During 2010/11, 23,182 people with a variety of needs received services from HAS. These included residential care services as well as services in a person's own home to enable them to remain independent. Services to older people remain the largest client group.

The total number of people who received services during 2010/11 by type of service delivered, gender and age group.

Please note: this table shows the number of people that have received a service by Service Type. This includes people who have moved between services, for example, a person moving from a community based service (such as day services and personal care at home) to a residential service would be counted twice. For the total number of people see the table below - 'Total People' row.

Service type	18 - 64		18 - 64 total	65 and over		65 and over total	Total people
	Female	Male		Female	Male		
Community Based eg Day Services, Personal care at home	3056	2602	5658	10094	4936	15030	20688
Residential	181	249	430	1589	535	2124	2554
Nursing	30	28	58	829	360	1189	1247

The total number of people who received services during 2010/11 by need, gender and age group is:

Main client category	18 - 64		18 - 64 total	65 and over		65 and over total	Total people
	Female	Male		Female	Male		
Phys Dis	1605	1118	2723	10472	4899	15371	18094
Mental health	891	759	1650	1066	498	1564	3214
Learning Dis	632	854	1486	74	99	173	1659
Subs Misuse	5	11	16	2	6	8	24
Other Vulnerable People	6	6	12	134	45	179	191
Total People	3139	2748	5887	11748	5547	17295	23182

How we have done in 2010/11

Enhancing quality of life for people with care and support needs

Key Indicator	2010/11 performance	2011/12 target
People who use services who say they have control over their daily life. This is the proportion of people who responded to a user survey saying they have “As much control as I want” or “adequate control” over their daily life.	79%	80%
The number of people receiving Self Directed Support or Direct Payments as a percentage of all people receiving a service.	31.2%	50%
The number of Carers receiving a service following assessment as a percentage of all people receiving a service.	20.1%	26%
The number of people with learning disabilities in paid employment as a percentage of all known people with a learning disability	5.4%	6%

Delaying and reducing the need for care and support

Key Indicator	2010/11 performance	2011/12 target
Permanent admissions to residential and nursing care homes per 100,000 population over 18 years of age (Lower rate of admission is considered to be better performance).	135.5 admissions per 100,000 pop 18+	125.0 admissions per 100,000 pop 18+
Percentage of older people (65 & over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services.	86.5% remained at home.	90% to remain at home.

Ensuring that people have a positive experience of care and support

Key Indicator	2010/11 performance	2011/12 target
Overall satisfaction of people who use services with their care and support.	66.5%	70%
The proportion of people who use services who find it very or fairly easy to find information about support.	57.7%	65%

Safeguarding adults whose circumstances make them vulnerable and protecting from avoidable harm.

Key Indicator	2010/11 performance	2011/12 target
The proportion of people who use services who feel safe	67.4%	70%
The proportion of people who use services who say that those services have made them feel safe and secure.	54.0%	60%

Glossary

Budget – the money Health & Adult Services has available to spend on adult social care services.

Carer - if you offer substantial help to a relative or friend on a regular basis and are not employed to provide care, then you are a carer.

Commissioning – when NYCC purchases goods or services from other organisations we call this “commissioning”

Continuing health care – continuing health care is NHS-funded care which is provided over an extended period of time to meet any physical or mental health needs that have arisen as a result of disability, an accident or illness

Direct payment - payments we make to people to enable them to organise and buy their own social care services, instead of these being arranged by their local adult’s or children’s service. They can be used in a variety of ways to pay for services such as personal care; respite and day services; minor home adaptations; and specialist equipment.

Emergency carers card service - a plastic card, the size of a credit card, which will identify you as a carer if you have an accident or are unable to identify yourself.

Extra Care housing - a new way of supporting people to live independently for as long as possible. It provides the security and privacy of a home of your own, a range of facilities on the premises, combined with access to 24-hour care/support services if required.

Fair Access to Care criteria - The Government provides criteria to help councils decide who is eligible for support. This is to ensure that councils reach decisions in a fair, consistent and open way about who is in most need of our help and to use the available budget to support them. This helps to make sure that adults across North Yorkshire are treated fairly. Level of need will be identified as either:

- critical;
- substantial;
- moderate; or
- low

Currently in North Yorkshire, people with needs in the critical, substantial and moderate bands will be offered support by social care services. We will also act to meet lower needs where a risk to longer independence has been identified.

See www.northyorks.gov.uk/facs for more details of the fair access to care services criteria.

Health and Well-being Boards - NYCC and the City of York Council are required as part of the Government’s vision for social care to establish Health and Well-being Boards with a joint duty (with GP commissioning consortia) to prepare and implement a joint health and well-being strategy.

Other Vulnerable People - These are people whose situation cannot be fitted into the main client categories such as physical disabilities or mental health, however, are assessed to be at risk and in need of social care services.

Partnerships – NYCC works closely with a number of other organisations, including the NHS and other care services. We call these organisations our ‘partners’.

Personal budget - the sum of money needed to pay for your support after your social care needs have been assessed. It is an allocation of funds to you, which you can use to pay for your own care services.

Reablement - maximising people's long-term independence, choice and quality of life, while at the same time attempting to minimise the requirement for ongoing support.

Respite - the term used for regular periods of alternative care that is provided on a short-term basis so that carers can have a break from caring. It is our aim that respite care should be a positive experience for both the carer and the cared for person. It also can be achieved in a variety of ways, including overnight stays for the person cared for, or through the day.

Safeguarding – keeping people safe. All adults should be able to live free from fear and harm and have their rights and choices respected.

Pathways to Employment Providers

- organisations that provide a variety of employment experiences or vocational training for people with disabilities.

Signposting – giving a person information about another organisation or service available to them.

START – Short Term Assessment & Reablement Team. START offers a service for up to six weeks (this period may be longer for people with complex needs) following a person's initial assessment. It focuses on supporting people to regain skills of daily living, maximising the use of telecare, directly providing a limited range of equipment and signposting to universal services.

Supported Employment services – a service provided by North Yorkshire County Council which aims to assess a person's abilities and strengths, provide signposting, advice and guidance to finding paid work within North Yorkshire. If necessary, the service will provide initial, short term, on the job, support when first starting work.

Telecare (otherwise known as assistive technology) - a range of sensors, matched to a person's individual needs, linked to a lifeline (a kind of telephone). Telecare can support people with things they might find difficult, (for example, remembering to take medication). It can also sense and react, using panic buttons or pendants if someone were to fall over.

Contact us

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Our Customer Service Centre is open Monday to Friday 8.00am - 5.30pm (closed weekends and bank holidays). Tel: **0845 8727374** email: **customer.services@northyorks.gov.uk**

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