



North

Yorkshire County Council

Local Account

2011/12



How we have performed in delivering adult social care to the people of North Yorkshire in 2011/12 and our priorities for 2012/13

Health and Adult Services

A responsive County Council providing excellent and efficient local services

Foreword



Statement from County Councillor Clare Wood, Health and Adult Services Portfolio Holder

Since our last Local Account we have seen the publication of the Care and Support White Paper - Caring for our Future, published in July, which has received a huge amount of media coverage in recent months.

The headlines regarding this focused on funding and whether a cap will be introduced on how much anyone has to contribute to their care costs. Whilst it is undoubtedly very disappointing that the critical issue of funding has not been resolved, this should not be allowed to overshadow the many good things that are in the White Paper. I

welcome its publication and also its clear vision and plan for the much needed reform of adult social care services. The Council will contribute actively to the consultation and engagement events that will be set up by the Government as it seeks to turn its vision into reality.

The White Paper continues the direction of travel that this Council has been following for some time. I am pleased to see that this, our second Local Account, very much reflects the core principles set out in the White Paper which are familiar to us in North Yorkshire. Over this last year, I have been impressed with how committed our staff are to providing safe and high-quality services and increasingly working closely with our health partners in developing better joined up ways of working with the most vulnerable in our local communities. I am determined to continue to put people's experience of their care and support at the heart of our assessment of how we perform as a council.

I also see the role of the voluntary sector as being particularly crucial, as they and our local communities, along with the Council, help to support the most vulnerable in our society, whether or not they need our services directly. Our enterprising local voluntary groups can help us deliver services in a very different way. I am particularly proud of our £1.6m Voluntary Sector Innovation Fund which is continuing to develop a series of excellent local care initiatives.



Statement from Helen Taylor, Corporate Director, Health and Adult Services

This second Local Account arrives in a period of great change for Health and Adult Services. I very much hope that it continues the dialogue with the people of North Yorkshire in terms of our achievements over this last year, and indeed, the challenges for our services going forward. We live in a world that never stands still and I am reminded of the saying that "The only constant is change". As we change and transform the health and social care world, I am committed to improving the quality of services as we embark upon delivering the Government's vision set out in its recent White Paper. This Local Account is written to reflect the Government's expectations for people who use our services, their carers and their families.

A summary of how we have performed is included in this document. Whilst I believe that we do many things well and we are quite rightly proud of our achievements, we know there are areas in which we need to improve. I am particularly proud of the fact that we continue to support people with moderate needs and are one of a minority of councils nationally to do so, despite the difficult financial climate.

I will also work closely with my fellow Directors in the region to collectively improve the quality of services to vulnerable people. We will be actively involved in a programme of peer reviews so that we can learn from each others' best practice.

We have adopted best practice in developing this Local Account and, like last year, I would encourage you to send us your views regarding how we are developing our services in the feedback form provided. This will help us to improve our services in the future.



Statement from Richard Flinton, Chief Executive, North Yorkshire County Council

It is likely that North Yorkshire, like many councils across the country, will face increasing pressure on finances. Early indications are that the next public sector spending review in 2014 will be as tough as the last one in 2010. In these financially challenging times therefore, it is now more important than ever that we continue to perform well and deliver good quality and safe services to our local communities. I welcome the publication of this second Local Account as a key statement of our commitment to improving services and the opportunity that this provides for our local communities to hold us to account.

When I speak with other Chief Executives in our region one constant theme emerges - that of the importance of partnership working. We must continue to work differently and challenge ourselves and our partners to find new ways of delivering adult social care. This will be particularly important as we build new relationships with national health organisations that are being established as part of the Health and Social Care Act changes. Locally, this presents a considerable challenge for us where our health partners currently consist of six Shadow Clinical Commissioning Groups, three Mental Health Providers and five Hospital Acute Trust providers. We are working hard with colleagues from across the health sector in North Yorkshire to help develop the new arrangements and to work more effectively together for the benefit of people in the communities of North Yorkshire. I believe that the engagement of local GPs has brought a refreshing desire for closer integration between health and social care and the prospect of some interesting innovations.

Introduction

This Local Account shows the people of North Yorkshire what we have achieved and how we have performed in adult social care in 2011/12 compared with what we said we would do in last year's Local Account. This Local Account also explains what we will do in the coming year, our priorities for delivering adult social care, and importantly, why we are making those decisions.

In the Local Account we have outlined how we have engaged with and listened to the views of the people of North Yorkshire over the last year and how we intend to take account of people's views in the coming year. All the photographs and case studies used in the Local Account relate to people in North Yorkshire and are real examples.

About the county of North Yorkshire

At 3,300 square miles and with a population of almost 600,000, North Yorkshire is England's largest county. The county is sparsely populated, with 40% being within the North York Moors and Yorkshire Dales National Parks. Despite its rural nature, 20% of the population live in the two main towns of

Harrogate and Scarborough. There are also 36 other towns such as Thirsk, Skipton, Whitby, Malton and Selby.

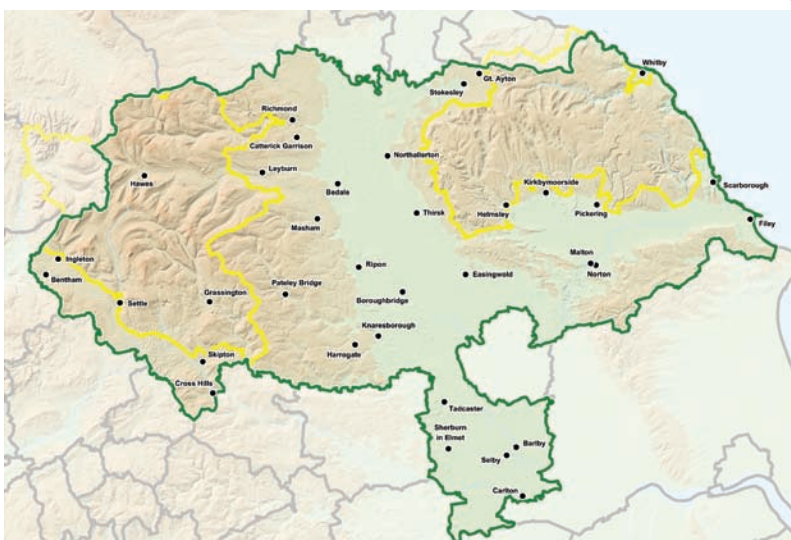
Health and Adult Services - what we do

The Council's Health and Adult Services (HAS) offers support and a wide range of local social care services to the people of North Yorkshire. We do this by either directly providing services or by offering advice about local services for people to arrange themselves. We provide support and services to older people, people with learning disabilities, people with mental health needs, those with physical disabilities and vulnerable people. We also offer support and services to people's carers. We have continued to encourage people to think about their own health and well-being by supporting a number of community groups around the county.

In 2011/12 we had 46,217 enquiries, 68% of which were dealt with by our Customer Service Centre. The remainder were passed to our adult social care teams for action to be taken.

We have continued to provide quality services to the people of North Yorkshire, recognising that they wish to live independently in their own homes for as long as possible. In 2011/12 we provided services to 20,961 people, most of whom were aged 65 and over (15,415). Of those 20,961 people, 18,500 received services within their local community to maintain their independence and the others received services in care or nursing homes.

Our focus will always be on protecting people who are vulnerable, and



on keeping people safe. We do this mainly 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 people come to light we act swiftly to review our services to minimise any risk to the people of North Yorkshire. We work with partners such as the Care Quality Commission (CQC) and our independent sector care providers to ensure that the quality of service is maintained. We remain determined that we will not be complacent when it comes to identifying and stamping out any form of abuse or poor practice.

Sector led improvement

As part of the Government's plans to reduce the burden on councils, it has introduced a 'sector led improvement initiative' to change the way councils' performance in providing social care is assessed and how performance across councils is to be improved. We are actively involved in this improvement initiative in the region to challenge ourselves and others to ensure that we are delivering the best possible services to our local communities.

Government white paper: *"Caring for our Future - Reforming Care and Support"*

The Government's White Paper "Caring for our Future - Reforming Care and Support", was published in July 2012. It sets out a vision for a reformed care and support system which promotes well-being and independence and reducing the risk of people reaching crisis point:

The White Paper can be summed up by the following two vision statements:

- 1. To promote people's independence and well-being by enabling them to prevent and postpone the need for care and support.**
- 2. To transform people's experience of care and support, putting them in control and ensuring that services respond to what they want.**

In the future the Government expects people to be able to say:

- 1. "I am supported to maintain my independence for as long as possible".**
- 2. "I understand how care and support works and what my entitlements are".**
- 3. "I am happy with the quality of my care and support".**
- 4. "I know that the person giving me care and support will treat me with dignity and respect".**
- 5. "I am in control of my care and support".**

In this Local Account we have decided to use the above five statements to reflect on our work in 2011/12 and what our plans are for 2012/13. The key headlines from the White Paper are:

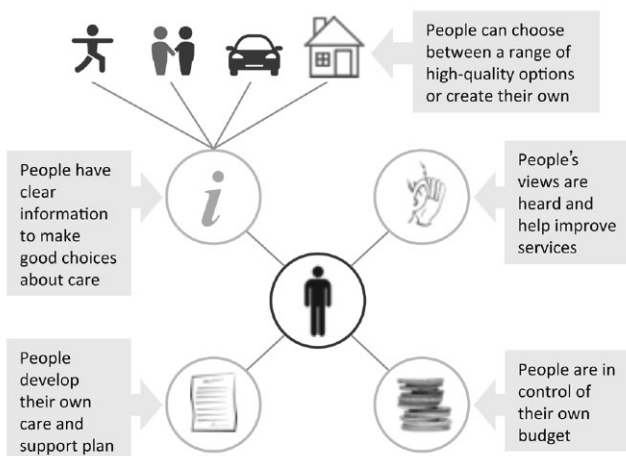
- An acceptance of a lifetime cap on how much money people contribute towards their care, although details of the level of the cap and the implementation date have yet to be decided.
- The introduction of a national system to end the post code lottery in care provision.
- People's assessments will be 'portable' if they move between local authorities.
- A loan scheme so that people do not have to sell their houses to pay for care.

- £200 million will be made available nationally to support the development of specialised housing for older and disabled people.
- Changing the law to ensure that carers receive an assessment and proper levels of support.

These changes which reflect the way adult social care has been evolving in North Yorkshire in the last few years will be supported by the introduction of a single new law to replace a large number of laws dating back to 1948 with the aim of modernising and simplifying things. We expect that these proposals will happen in 2015. We will work closely with the Government as it consults on these proposals and future Local Accounts will report back on progress.

The diagram below illustrates how the Government expects the new system to work:

In the new, person-centred system...



What we said we would do in 2011/12 and what we have done

In the last Local Account we set out a number of key priorities and challenges for the year ahead. In this section we will tell you how we have performed against these challenges.

Last year we said we would 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.

During 2011/12 we successfully continued to provide services at a “moderate” level in line with the Fair Access to Care Services criteria. This is a considerable achievement in the current financial climate. North Yorkshire is in a minority of councils who provide services at a ‘moderate’ level, with the majority providing services only at the ‘substantial’ level. We have achieved this through our programme of prevention and reablement and ensuring that people whose needs were assessed at lower than ‘moderate’ are offered advice and signposted to a range of third sector services and other providers. We continue to ensure that the Council’s key objective of providing affordable care is met.

Last year we said we would continue to develop a personalised approach to services. We said we would seek your views on our Vision for Social Care and begin to implement some of the changes contained within the Vision. However, to achieve this policy, we would need to modernise some of our existing services and explore new ways of meeting people’s needs.

Over the year we have continued to embed our personalised services for people so that services fit around people’s lives. We have done this by significantly increasing the number of people on a personal budget and we have continued to make use of our Short Term Assessment and Reablement Teams (START) which has led to 65% of people having improved independence and reduced need. We have also continued to extend the number of Extra Care housing schemes across the county.

During 2011/12 we held 30 vision roadshows, which were attended by over 300 people, who told us what they thought about our Vision. As a result we have already changed some of our processes. In light of your feedback and the new White Paper we will look at our Vision again in the Autumn and we will seek your comments on this new vision.

Last year we said we would 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. This included work with the newly formed Clinical Commissioning Groups (CCGs) and the transfer of public health functions to the Council.

We have set up the Shadow Health and Well-being Board to oversee the development of health and social care services in North Yorkshire. We have updated our Joint Strategic Needs Assessment (JSNA) and are developing a Joint Health and Wellbeing Strategy (JHWS) which we will consult people on in the autumn.

We have worked with our health partners to ensure the successful transfer of public health duties to the Council. Senior council officers now sit on the Shadow CCGs throughout the county and are working with the CCGs on a number of projects. Working closely with the CCGs is essential especially on issues that have a county-wide impact such as supporting carers and Continuing Health Care funding.

Last year we said we would ensure that the issues above would be carried out whilst meeting the demands of significant internal reorganisation and trying to transform through the Council's ambitious 'One Council' programme for change.

During 2011/12 we successfully undertook a major reorganisation of our adult social care teams which reduced the number of

managers and provided better overall control of our functions. In addition, reviews have been undertaken of our back office services as part of the "One Council" programme which has resulted in considerable savings being achieved.

Our priorities and challenges for 2012/13

The key challenge for 2012/13 is sustaining progress on our transformation agenda. This will ensure that services are fit for the future (in line with the White Paper), deliver the agreed efficiencies, and develop more integrated services with our local NHS partners. We will:

Make sure that vulnerable people are kept safe - We can have no greater priority. It is our responsibility to keep vulnerable people safe from abuse by working closely with our partners in the Adults Safeguarding Board and tackling poor care practice wherever it is found.

Promote people's dignity and respect by checking the quality of the adult social care services we either provide directly or buy on behalf of the people of North Yorkshire, and insisting that all providers have dignity and respect built in to their businesses.

Maximise people's independence and reduce their risk of needing more intensive care services through our Short Term Assessment and Reablement Teams (START) service and by investing in local voluntary sector services which keep people well for as long as possible.

Continue to help our growing older population and the growing number of people who ask for our help who have complex needs such as dementia. Our latest projections are that the population over 65yrs will increase by 19.6% and the population over 85yrs will increase by 32% by 2020. We need to continue to release more resources

by reducing our residential and nursing home numbers and investing more in community services so that people receive services closer to their own homes. We already perform well in doing all that we can to stop people needing residential care. We are doing more to develop Telecare, Extra Care Housing and community provision through the voluntary sector to identify and help people at an early stage helps to stop them needing intensive care services.

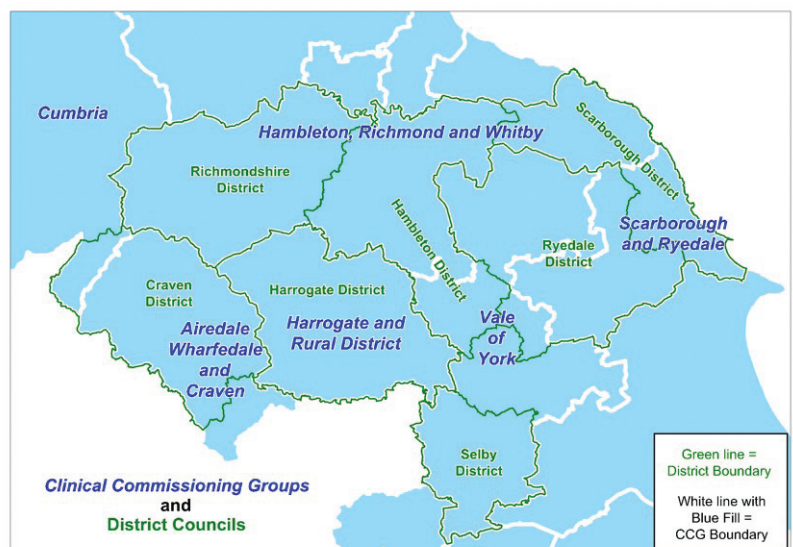
Put more people in control of their care so that they can purchase care services that fit around their lives. We will offer a personal budget to everybody who is eligible for adult social care services by April 2013, and will do more to help people take up direct payments so that they can arrange their own care. This presents a significant challenge for the Council and so we are reviewing our direct payments procedures to make them easier for people to use.

Live within our means. Like all other councils, we have to make significant savings and contribute to reducing the national deficit. Following the Government's Comprehensive Spending Review, the Council has had to save £69m over a 4 year period. The Health and Adult Services directorate's contribution to this is £21.5m. This represents a 27% reduction in Government's grants over the period. Early indications from the Government are that there will be a similar savings requirement from 2014 onwards.

Provide services as efficiently as we can in a difficult overall economic situation and continue to ensure that we make the most of every pound of public money that we spend.

Help our local communities to understand national changes of the Care and Support White Paper. A priority for the Council will be to respond to the Government's consultation and engagement process for the White Paper. It is important that we discuss the proposals in the White Paper with our local communities, health partners, independent and voluntary sector providers and carers, so that we understand what these proposals mean for North Yorkshire.

Continue to develop joined up working with NHS bodies such as the NHS Commissioning Board, and the 6 CCGs. This and developing our "integrated care services" work with our local NHS partners is one of our main priorities over the next few years. The fragmented nature of NHS structures covering North Yorkshire presents us with considerable challenges.



What we spend on adult social care

In 2011/12 we spent £187 million gross on adult social care services. £112 million of this was spent on care services purchased from the independent or voluntary sector with the remainder spent on assessments and the provision of our own in-house care services, buildings, transport and running costs. More financial information is available at the end of the Local Account.

“A recent survey of our Citizens’ Panel showed that over 85% of respondents agreed with the Council’s approach to make our savings. The Council will continue to consult with the public on specific proposals for changes to services in line with our engagement promise”. (Council Plan 2012-15)

We continued to work with the North Yorkshire and York Primary Care Trust (PCT) in ensuring that people continue to receive their entitlement to Continuing Health Care funding. During 2011/12, 382 cases were referred to the PCT with a total value in excess of £9.9 million. This meant that many more people received the free nursing care that they were entitled to.

We brought in a new charging structure in May 2011 following guidance issued by the Government. This means that the Council now charges more realistic and equitable prices for services. Contributions are still worked out through a means tested financial assessment.

Role of Health and Adult Services - Health and Social Care Act 2012

The Government published the Health and Social Care Act 2012 in March 2012 which brought in radical reforms for the NHS and adult social care, which we are currently implementing. The key implications for HAS are:

- The abolition of the PCT, to be replaced by six CCGs, the NHS Commissioning Board and the NHS Commissioning Support Service.
- The transfer of a range of public health duties from the PCT directly to the Council.
- The establishment of a Shadow Health and Well-being Board which will become a formal committee of North Yorkshire County Council in 2013.

The six CCGs will take over the local commissioning of health services from April 2013. CCGs will help develop more integrated working arrangements between the Council and the NHS. Working in this integrated way will result in fewer unnecessary admissions to hospital and long term residential care by targeting those people most at risk of losing their independence.

1. “I am supported to maintain my independence for as long as possible”

What we have done to help people stay active, independent and connected in their communities.

How North Yorkshire supports people to

- Have opportunities for the best health and well-being throughout their lives, and to have access to the support and information they need to help them manage their own care.
- Receive earlier diagnosis, intervention and reablement so that people and their carers are less dependent on intensive services.
- Receive support, when they do have care needs, in the most appropriate setting, and enables them to maintain their independence.
- Find employment when they want, maintain a family and social life, contribute to community life, and avoid loneliness or isolation.

We are preparing for the transfer of the responsibility for public health services from 1 April 2013, and have recently appointed a new Director of Public Health. This change will give us even more opportunities to have an increased focus on preventing ill health and addressing health inequalities.

START

We have continued to successfully embed our Short Term Assessment and Reablement Teams (START) around the county. START provides an initial six week service which is offered to all people referred to HAS, including older people, people with learning disabilities, people with physical disabilities and people with mental health needs. START gives people the help they need to regain the skills of daily living, using a mixture of occupational therapy, intensive home care, by using Telecare and other small pieces of equipment.

In 2011/12 a total of 2,558 clients went through START countywide. 54.1% regained their independence to the extent that they needed no on-going services. 11.5% of people still needed support but at a lower level, with 34.4% of people staying about the same.

Over the last year we have transformed approximately 90% of the personal care at home service (PCAH) into START. Long term support that used to be provided by PCAH teams is now provided by the independent sector. In some of the more rural parts of the county there is a lack of alternative home care service providers, however we are working with providers to promote new services in these areas.

Extra Care

Extra Care housing helps people live independently with the security and privacy of a flat of their own that they can either buy or rent, with 24 hour care available if needed. Extra Care developments are partnerships between local housing associations and the Council.

We continue to invest in Extra Care schemes, often as a replacement for traditional residential care homes. Currently, there are 15 schemes around the county, providing 643 units of accommodation with 7 different providers. In addition, we have one further scheme in development in Settle and four others in various stages of planning or consultation.

Case study - Popplewell Springs, Tadcaster

Popplewell Springs has a community café bar in which tenants and local people can socialise with friends, family and other visitors to the café. It has an innovative approach for people in its restaurant using the latest technology. The key fob that people use to enter their flats also acts as an electronic payment device which means they can buy a meal without needing to carry cash. This is particularly helpful to those who are worried about carrying money or those with dementia.

Early Intervention and Prevention

We recognise the benefits of early intervention and prevention as a way to maintain people's independence whilst their care needs are still low - avoiding the need for more intensive services later. We work with the Voluntary Sector to deliver a range of services that meet these lower level needs. We also offer information and advice on other services available that may help maintain people's health and independence.

Telecare

We use technology known as 'Telecare' to keep people independent and in their own homes for as long as possible, helping people regain confidence and skills after periods of ill health or a stay in hospital. Together with the use of Telecare, Telehealth systems will be explored with NHS partners.

During 2011/12 we increased the number of people using Telecare as part of their care arrangements from 20% to 24.5%. We expect this to rise to 30% by March 2013. The most frequently issued items of Telecare equipment include bed occupancy sensors, door exit sensors and automatic medicine dispensers.

We are regarded nationally as being a national leader on telecare. We were shortlisted at the

'Innovation Nation' winner's event for our use of Telecare in a dementia care home. This event was a celebration of some of the most cutting edge use of technology in care.

Case Study - Telecare

Frank Robertson, a widower in his 70s, lives in East Ayton: Mr Robertson has Parkinson's disease, which causes severe shaking. He also has cataracts and macular degeneration, a disease of the eye. He recently had a three-month stay in hospital because of problems caused by not taking his medication at the right time or taking the wrong dose. Mr Robertson was keen to get back home and to be as independent as possible, but he was concerned about managing to take his six daily doses of medicine. If he couldn't, he would have to wait at home for someone to arrive to give them to him. His care coordinator suggested a Telecare medication dispenser. This simple device has allayed Mr Robertson's fears. "It is a carousel with a plastic dish," he says. "It has an alert timed to come on at certain times and deliver a range of medicines." The carousel holds tablets in individual slots and sits on a tipper. When it is tilted, they drop into a dish, and it also reminds Mr Robertson when to take his tablets. The first time Mr Robertson used the dispenser, despite his shaking hands, he exclaimed: "I can do it!" He added: "It is a very simple thing to use, and it has given me more confidence."



Dementia

We have developed a North Yorkshire and York Dementia Strategy aimed at improving the experience of people with dementia by increasing the skills of the workforce. Independent and voluntary sector providers now know the skills their staff need to work with people with dementia, and each has been sent a Dementia Competencies Self Assessment Questionnaire and resource pack to help them develop action plans to build upon skills and knowledge.

The Dementia Network North Yorkshire has been set up to implement the Strategy and promote best practice. It has 140 members, including people with dementia, their carers and professionals who provide services. The Network promotes best practice for both staff and people with dementia. Initiatives include sharing information from the Regional Dementia Group, developing information in order to support people to identify appropriate residential care, and in the identification of organisations to be involved in a training programme.

North Yorkshire is taking a lead in tackling dementia by appointing dementia champions to help improve the quality of care and support for people living with dementia and their

families. The Champions Programme, which has been piloted by HAS, is a key part of this work. It is designed to ensure that everyone working directly with the public is able to deal effectively with people living with dementia. This photo shows County Councillors Clare Wood and Shelagh Marshall celebrating our Dementia Champions. Further information is available at: <http://www.northyorks.gov.uk/index.aspx?articleid=20629>

Hotspots

In December 2011 we received a grant of £48,000, from the Department of Health's 'Warm Homes, Healthy People' Fund to address fuel poverty, particularly in Selby, Scarborough and Ryedale, our areas where fuel poverty is highest. We have continued to promote and support the Hotspots project, in partnership with 21 other agencies including the PCT, the Pension Service, North Yorkshire Fire and Rescue, and the Yorkshire Energy Partnership. Hotspots has also addressed the wider issues of home safety and welfare entitlements, and has been a success, receiving more than 200 referrals between December 2011 and March 2012.

Supported Employment

We have increased the support provided to people with learning disabilities, mental health needs, physical and sensory impairment, people on the autistic disorder spectrum and family carers to find and maintain paid employment. The success of the Innovation Fund has created 100 new employment and training opportunities for people across the county. The service has developed an online tool which has up to date information to enable people to explore their employment options. This is available at www.northyorks.gov.uk/employmentpathways



Case study - Supported Employment

A man in his fifties who was previously self-employed became unable to work due to poor physical and mental health. He was supported to return to work as a self employed courier driver, and under supported work rules, obtained funding to repair his van. He has received support from the Mental Health Community Support Officers with his housing, benefits and other financial assistance. Support Time and Recovery workers supported him to get out more, visiting the library to use the computers and generally improving his confidence. Nine months later he is working more than 16 hours per week and is able to end his claim for Employment and Support Allowance and claim working tax credits instead. He is very pleased to progress his business and after an initial amount of temporary support he will no longer need a service.

Mental Health

The work carried out by the county's staff in mental health services helps improve the lives of people in times of real crisis, helping many of them to be more independent, safely housed and to find and retain paid employment, education or training.

We are in the process of reviewing our current agreements for mental health services. These services will be delivered by three Mental Health Acute Trusts and will have social care staff working alongside health professionals.

Personal Budgets

People have been supported to be creative and flexible when planning how to use their personal budgets, and they have been supported to use community facilities rather than traditional services.

We have reviewed how we give Direct Payments in line with the Government's Think Local Act Personal: 'Improving Direct Payment Delivery' guidance, which has encouraged the wider use of personal budgets and direct payments. This simplified process focuses mainly on providing clearer information, creative and flexible support planning and more proportionate monitoring.

Six to eight week reviews ensure that direct payments and personal budgets are being used effectively. This early review significantly reduces the potential risks of direct payments and ensures that the direct payment is set up properly and is running effectively for the individual.

We have discussed the introduction of personal health budgets with NHS colleagues for people with long term conditions, where this would give them more choice and control over their lives.

Some NHS partners in our region have begun piloting personal health budgets, and we will be sharing our experiences and learning with them to help them develop personal health budgets more widely.

Partnership Boards

We continue to support the Physical and Sensory Impairment (PSI), Older People (OP) and Learning Disability (LD) Partnership Boards. Their purpose is to make sure that people's voices are heard by the Council and its partners. Partnership Boards also make sure that services are delivered in ways that give choice and control over how their needs are met.

The PSI Board represents the views of people with disabilities and their carers. Two people with disabilities are elected from each of the four local Reference Groups and one person represents carer issues for the county. Partner organisations are also represented.

The Older People's Partnership Board seeks to influence priorities, commissioning and how services are delivered. The current priorities for the board are dementia, community transport, lifelong learning, keeping warm in winter, fuel poverty, and information, advice and guidance.

The Learning Disability Partnership Board aims to make sure that the way services for people with learning disabilities, and their carers are delivered take account of their needs.

The board includes members from the Council, the NHS, voluntary groups, advocacy organisations, people with a learning disability and their carers from all over the county. There are also four area groups which discuss things at a more local level.

Joint Strategic Needs Assessment (JSNA)

The JSNA has been updated and is based around the six policy objectives from the Marmot Review: 'Fair Society, Healthy Lives', which is an independent review of the most effective, evidence-based strategies for reducing health inequalities in England.

During the year we asked people and organisations what they thought were the 'Big Issues' that affected the health and well-being of people in North Yorkshire as part of the review of the JSNA and they were asked how spending should be prioritised regarding these issues.

At the end of this process the three 'Big Issues' identified by people were:

- Good transport facilities to allow them to get to health appointments, work, leisure, etc.
- Services to be conveniently accessible (regarding time and place).
- Services to appropriately meet the needs of people with learning or other disabilities

The information contained in the JSNA will go to form the foundation of the Joint Health and Well-being Strategy (JHWS) which will be delivered by the Shadow Health and Well-being Board as the future direction of health and social care in North Yorkshire. The JHWS will ensure that the commissioning of services leads to improved health and well-being. The report is available on the Council's website at: www.northyorks.gov.uk/jsna

What we need to do in 2012/13

- We will increase the numbers of people with a Personal Budget and encourage the take up of Direct Payments. To achieve this we will run an Individual Service Fund pilot which will provide further choices for people on how to manage their personal budget.
- We will continue to progress our Extra Care Programme with partners.
- We will continue to work with people with dementia and their carers in the implementation of all elements of the North Yorkshire Dementia Action Plan.
- We will provide a range of options to allow people to be supported at home for as long as possible.
- We will continue to embed the START service and to develop new home care providers in rural areas.
- We will continue to make best use of Telecare in people's own homes and in residential care. Where opportunities arise we will also work with NHS partners to provide joined up Telehealth services.
- The Health and Well-being Board will progress the Joint Health and Well-being Strategy based on the findings of the Joint Strategic Needs Assessment 2012.

2 “I understand how care and support works and what my entitlements are”

How we have provided information and access to our services

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.
- Carry out their caring roles while at the same time maintaining their quality of life.
- Be respected as a Carer so that they feel they are equal partners in the care process.
- Get information about the choices available to them locally, what they are entitled to, and who to contact when they need help.

Website information

We have continued to improve the information on our website including the publication of a Care Directory which was produced with the co-operation of the Independent Care Group (ICG), which represents a number of local independent residential and home care providers.

We have worked with our Customer Service Centre (CSC) to improve their knowledge of social care so they can deliver a better initial response to callers. The CSC has asked people about their experience of contacting the Council. Most people said they preferred using our website, however some people said that using the website was difficult, so we will try to improve it.

Assessments

During 2011/12, we completed 6,097 assessments with people over 18yrs. 93.2% were completed within 28 days. This is excellent performance compared to other County Councils.

17,039 reviews of services were also carried out during the year, the equivalent of 81.3% of people receiving services. Those not reviewed

were mainly those who had recently started receiving services, those who were no longer getting a service at the time of planned review, or had died during the year. This performance compares well with other County Councils.

Carers

Carers play a significant and important role in maintaining the quality of life and independence of the people they care for. We continue to develop strong links with the North Yorkshire Carers Forum which makes sure that the voice of carers is heard when planning social care across the county. The forum is open to all carers of adults and young people over the age of 14yrs who are receiving services.

The Forum has a membership of approximately 80 carers and has played a key role in producing the joint interim statement, “Supporting Carers in North Yorkshire - A Statement from North Yorkshire County Council” which was produced for 2011/12. Consultation on this Strategy has been undertaken and we will publish the final document in September 2012. The Interim Statement and final Strategy is available from: <http://www.northyorks.gov.uk/carers>

Carers' Assessments

In 2011/12, 4,506 carers received a service or advice following an assessment. This is the equivalent of 24.3% of the people receiving services over the year. Although this is an increase on the previous year's performance, it remains an area where we can improve and offer more advice and services to carers. This is one of the key issues in the White Paper 'Caring for our Future: Reforming Care and Support'. The White Paper extends the right to an assessment to more carers and introduces a clear entitlement to support to help carers to maintain their own health and well-being.

Entitlements

During 2011-12, our Benefits and Assessments Team submitted 936 claims for welfare benefits to the Department for Work and Pensions (DWP) and helped people to receive more than £1.6m in benefits. The Welfare Reform Bill 2011 made changes to the benefits system, and may reduce the benefits received by some people. The Benefits and Assessment Teams will continue to work with vulnerable people to make sure they receive their full entitlement.

Case Study One

Attendance Allowance was stopped for a person who did not realise this had happened as they had no one supporting them with their finances. A Benefits and Assessment Officer acted on behalf of the person, securing £18,230 in previously unpaid benefits.

Case Study Two

Back payment of £15,790 was obtained in Severe Disability Premium for a person with mental health needs, who had no one to help them to challenge the DWP. DWP initially refused to review the person's entitlement until the Benefit and Assessment Officer acted.

Supporting People - supported housing for vulnerable people in North Yorkshire

The Council manages a £14.3 million budget through the Supporting People partnership which includes all the District/Borough Councils, Probation and Health. Evidence showed that for every £1 spent on Supporting People services, £2.63 in benefit is gained by reducing costs in homelessness, tenancy failure, crime, health and residential packages. This could mean that in 2012/13, around £37 million would be saved overall.

There are 7,513 older people receiving support through a warden and emergency lifeline and 1,800 other vulnerable people across North Yorkshire receiving housing support. Each person has an individual support plan and is helped to improve their situation through training or work to better manage their health, sustain their accommodation and make a positive contribution to society. The service also works with people leaving custody to help them resettle back in the community and reduce their risk of re-offending.

Supporting People works with members of gypsy and traveller communities. GATEWAY North Yorkshire provides advice and support for gypsies and travellers who are having difficulty with accommodation or other services.

Domestic abuse affects 1.5% of the North Yorkshire population, with over 7,200 incidents recorded by the Police. Joint working with partners is the key to addressing this challenge, as is having a range of services in place to support victims and their children.

Three refuges are provided across the county and in addition the "Making Safe" service which supports victims of domestic abuse and their children to be kept safe from the perpetrator in their own homes.

A recent external report commissioned by the Home Office gave North Yorkshire a 'Good' score in relation to coordinated partnership working to address domestic abuse.

Case Study - Making Safe service

A lady who was referred by the police to the Making Safe service said that the support staff helped her with a range of issues including housing options, court attendance, getting locks, panic alarms and services for her children.

Market place

During 2012/13 we will work to develop an internet based service for those who fund their own care and who take up direct payments. People will be able to compare different providers' costs, availability and quality before buying. This will extend peoples' choice and control when arranging their own services.

There is now also a directory of social care services in North Yorkshire available on the Council's website at: <http://edition.pagesuite-professional.co.uk/launch.aspx?referral=mypagesuite&refresh=nG14D08e7Wd0&PBID=1a50c196-4e73-4505-9c54-738d03bc3e6b&skip>

A paper copy of the Directory can be requested by calling the Customer Services Centre on **0845 8 72 73 74** or by visiting your local library to read a reference copy.

Citizens' Panel.

The Council consulted the people of North Yorkshire on a range of issues in 2011/12 including adult social care through its "Citizens' Panel". The report of the outcomes from the 2011 Panel is on the website below. If you would like to be a member of the Panel in the future you can register your interest at: www.northyorks.gov.uk/citizenspanel

What we need to do in 2012/13

- We will explore opportunities to develop an 'e-market place' for care services.
- We will continue to improve people's access to information.
- We will continue to work with Carers in the development of the Carers Strategy.
- We will develop our North Yorkshire Vision for Social Care in line with the White Paper published in July 2012.
- We will continue to deliver a range of supported housing arrangements with partners for vulnerable people.

3. “I am happy with the quality of my care and support”

How we have ensured that people can be confident that their care will be of a high standard:

How North Yorkshire ensures that

- People who use social care and their carers are satisfied with their experience of care and support services.

The Care Quality Commission (CQC) undertakes unannounced inspections on our services including adult respite, elderly persons homes, and PCAH and START services. Inspections check compliance with the CQC Essential Standards. As at the end of July 2012, the following HAS services have been inspected against five of the 16 key standards:

Three of our four adult respite services have been inspected and judged to be compliant in the areas inspected. All three of our personal care at home and START services have also been judged as being fully compliant in all areas in which they have been inspected.

Twelve of our 15 elderly person’s homes have been inspected. 10 were found to be either fully compliant or only needing minor improvements. In two homes, we did not meet the standards. Action plans have been agreed with CQC to bring the homes back up to the required standard. The Inspection Reports are available on the CQC website: <http://www.cqc.org.uk/public>

Our contracting team continues with its programme of monitoring all 241 residential and nursing homes and home care providers in North Yorkshire. We help make sure that homes meet the required CQC standards. If we have any concerns, we carry out unannounced visits and produce improvement action plans where they are needed.

As a result during 2011/12, we suspended 13 providers from our approved list. This means

we did not place any new people with these providers and on one occasion, removed all the people to keep them safe. Of these 13 providers, 10 are still suspended, however, we are working with them to improve their service.

Although at first this might appear to be a negative aspect of care provision in North Yorkshire, it shows that we are doing all we can to identify poor practice and make people safe. It also shows that with the right advice and support, poorly performing services can be improved.

To see information about the ways that we check the quality of the services we have commissioned, including details of how we have supported providers, go to: <http://www.northyorks.gov.uk/socialcarecontracting>

Adult Social Care Survey

All councils are required to conduct an annual Adult Social Care Survey on behalf of the Department of Health to assess how services affect people’s lives.

In January 2012 we sent out 957 survey forms to people receiving services and 545 or nearly 57% were returned, an increase from a 50% response rate in the previous year.

We found that 67% of people said that the services they received from HAS made them feel safe and secure, up from 54% in 2010/11. However, this increase is in contrast to a more general question regarding the proportion of

people using services that feel safe overall. This decreased from 67.4% in 2010/11 to 64.8% in 2011/12.

One of the broader measures of the survey is the social care related quality of life, which looks at a range of questions to come up with an average measure. In 2010/11 the average score was 19.0 out of a maximum score of 24. This year there has been a slight reduction to 18.9.

The overall satisfaction of people who receive care and support services from the Council has fallen from 66.5% last year to 61.6% this year. Further work will be undertaken to understand this decline in satisfaction even though we successfully continued to provide services at a “moderate” level in line with the FACS criteria.

We believe that some people’s responses are affected by the national economic climate and their perceptions of public sector financial restraint. Results from other council’s Adult Social Care Surveys will be published in the autumn and so we will be able to see if there has been a national downward trend in satisfaction levels.

We received 465 compliments during 2011/12 which is fewer than the previous year. We also received 196 complaints, an increase of 16% on 2010/11. 32 complaints (16%) were fully upheld and a further 66 (34%) were partly upheld. The rest were not upheld or withdrawn. The nature of complaints remains varied with a high proportion relating to client contributions to social care costs. However, the number of complaints received in relation to the 20,961 people that we provide a service to remains extremely low. The Local Government Ombudsman (LGO) raised no matters with the Council in 2011/12 concerning maladministration. We continue to review and take account of recommendations made by the LGO to other councils.

Case Study

An emergency respite placement was needed for someone after their carer was taken into hospital. The person received an invoice for the stay directly from the home, which was paid by the person, even though the care should have been funded by the Council.

The placement was made by the Emergency Duty Team (EDT) and referred back to the local assessment team to follow up. The local team should have drawn up a contract with the home and carried out a financial assessment to establish the proper client contribution. This error led to the home independently issuing the invoice directly to the person.

The issue was raised with the local team and EDT Manager to ensure that the contracting process is always made clear to the home in these circumstances and such delays are avoided in the future. A re-imburement was made to the client.

What we need to do in 2012/13

- We will publish information about how we check the quality of the services we commission.
- We will continue to work to make sure that all our own services meet the CQC Essential Standards. Where we fall down we will implement an action plan and work with CQC to meet the required standard.
- We will continue with our programme of monitoring of residential care homes and nursing homes with our health partners to meet the CQC Essential Standards.
- We will continue to monitor the complaints we receive and act on any lessons learned. We will continue to act on any wider LGO reports to ensure we are following best practice.

4. “I know that the person giving me care and support will treat me with dignity and respect”

How North Yorkshire will ensure that:

- All workers, including those involved in making decisions on social care, respect peoples’ dignity and ensure support and services are sensitive to individuals’ circumstances.
- 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.

Dignity and respect

The Council is committed to making sure that people who need social care support are treated with dignity and respect. The Council has worked with partners to produce a Dignity in Care Charter which tells people how they can expect to be treated. Each year the Council holds a Dignity Action Day and most recently in February 2012 a range activities took place including:

- Dignity displays in a number of libraries with staff in attendance, together with information on plasma screens during the week of Dignity Action Day,
- Care providers held diverse and imaginative Dignity events in locations across the county,
- Councillors took up the challenge of Dignity in Action Day, notably: the HAS Executive Portfolio Member and Older People’s Champion, raised awareness with their colleagues in the County Council, with almost 30 Councillors signing up to be Dignity Champions,
- Information in the HAS and Council staff bulletins was published to raise awareness.
- Discussions at Partnership Boards and Forums, highlighting the Dignity Challenge.
- Safeguarding was included in the media coverage for Dignity Day to encourage people to report abuse when they see it or hear about it.

- Finally, we published a press release to highlight the day and distributed 200 Dignity Challenge cards and 100 Dignity Challenge posters to locations around the county.

Autism

In line with the national Autism Strategy we are committed to the development of an Autism Strategy with our NHS colleagues and the voluntary sector. We have created two new posts to work on promoting best practice, to support staff working with people with autism and to improve service.

We have funded 3 new Autism Social Groups in Thirsk, Scarborough and Harrogate, run by the National Autistic Society (NAS). The groups help people with autism develop life skills and maintain their health and well-being. We will make sure our new respite units in Selby and Skipton become accredited with the NAS, like our facility in Scarborough. A number of projects funded through the Innovation Fund are available for people with autism.

Transitions

Transition to adulthood for young people with a disability can be difficult. We have increased our staffing in this area and we are working closely with the county’s Children and Young People’s Services (CYPS) to improve the experience of young people and their carers.

A Transitions Steering Group has been created to work on behalf of CYPS, HAS

and the PCT to make sure that we all work together to support young people and their families in transition. Together with partners including local FE colleges and voluntary sector providers we are developing local provision for young people leaving school so they can continue their education in North Yorkshire rather than having to move away.

Safeguarding

We published the Safeguarding Adults Board Annual Report in October 2011. This allows the Council to assure itself that safeguarding is receiving the highest priority.

The Health and Adult Services Executive Member has joined the Board, and in April 2012, an Independent Chair was appointed which has increased the level of challenge and scrutiny to our safeguarding activity. The Board continues to receive input from an independent advisor ensuring that best practice is applied.

The Board makes sure that partners account for how they quality assure their services, by publishing the statements of quality assurance and by reporting on compliance with external inspections.

In November 2011 we surveyed people using services and their carers who had been involved in the safeguarding process to get their feedback. 85% of respondents said that the vulnerable adult was given more support to feel safe and 73% said that the vulnerable adult felt safer.

Most said that they were treated with respect during the investigation and that their views were listened to. Most also said that the safeguarding process was very good or good.

We are publishing a "Guide to Safeguarding" to help support people in their own safeguarding process. We will keep listening to people involved in safeguarding and hold follow up interviews with people who requested one in their questionnaire.

Mrs D's story: safeguarding

Mrs D is 70 and lives in a residential care home and has fluctuating mental capacity regarding managing her finances. Mrs D had agreed for her daughter to manage her finances on her behalf and to bring money in each week for her personal expenses.

The manager noticed that Mrs D's daughter stopped bringing in money so that Mrs D could no longer buy personal items or get her hair cut, which raised concerns about possible misuse of Mrs D's money. A safeguarding alert was made to NYCC about possible financial abuse. A strategy meeting was then held with the manager of the home, an Independent Mental Capacity Advocate (IMCA) to represent Mrs D, the social care and mental health teams, the Police, and a safeguarding officer.

The police started a criminal investigation when it was discovered that £10,000 had been taken from Mrs D's bank account. Mrs D agreed that the Local Authority could act as Appointee for her benefits to be received. With Mrs D's consent her bank account was closed and a new one opened without a cash card. The criminal investigation could not be taken further because there was insufficient evidence.

Mrs D still wanted to see her daughter so a new support plan was agreed with the home, to make sure that there was enough support when her daughter visited.

Advocates routinely support people with safeguarding, including IMCAs for people who lack the capacity to make decisions about keeping themselves safe.

In 2011/12, we received 2285 referrals for suspected abuse in the County. This is an increase of 11% from 2010/11. More than 700 of referrals came from our partners, including the Police, NHS, housing and the CQC. This increase is due to increased public awareness

of safeguarding issues and better training for our own and other organisations' staff.

Of the 2285 referrals and alerts, 732 resulted in a Strategy Meeting or discussion on further action required. Of the cases completed in 2011/12, 225 were found to be fully or partly proven and appropriate action plans were put in place. The remaining 370 were found to be not substantiated or inconclusive and no further safeguarding action was required.

Safeguarding training

The Board continued to reinforce the importance of training for all staff and volunteers who provide services. Training has continued during 2011/12, with a wide range of courses available. From October 2011 we delivered a new course especially for designated safeguarding managers in HAS which includes an emphasis on involving people at risk of abuse in their own safeguarding process.

We have also issued guidance to local Safeguarding Adults Groups reminding them of the importance of involving people in their own safeguarding, based on best practice guidance from the Social Care Institute for Excellence. As a result two people with a learning disability attended safeguarding training and gave their feedback to the trainer afterwards.

We have worked with the voluntary sector on training for volunteers, including the development of a basic awareness checklist for managers of volunteers. We also provided support on policies and procedures and gave presentations to voluntary sector management meetings.

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

Public Sector Equality Duty

The Council met the requirement to publish its Public Sector Equality Duty information by 31 January 2012. Details of the specific equality objectives for Health and Adult Services are to:

- Make representation on Partnership Boards, Forums and reference groups more diverse.
- Ensure that HAS customer information and systems are accessible.
- Support disabled people to gain paid employment.
- Ensure that there is engagement with Black and Minority Ethnic communities and other 'seldom heard' groups to share information and identify barriers to access.
- Continue development work with Gypsy, Roma, Traveller and Showpeople communities.

More information is available here: <http://www.northyorks.gov.uk/index.aspx?articleid=3131>

What we need to do in 2012/13

- We will make sure that the services we deliver and commission are provided to people in a dignified and respectful manner.
- We will work with Partnership Boards and people who use services to plan Dignity Action Day 2013.
- Where we make any changes to services we will make sure that we think about equalities issues.
- We will continue with our arrangements to keep people safe. This will be overseen with our partners at the Adults Safeguarding Board.
- We will make sure that we act on evidence from CQC reports for example Winterbourne View and the national review of learning disability services.

5. “I am in control of my care and support”

How we have ensured that care and support focuses on meeting individual needs and helping them to achieve their aspirations.

How North Yorkshire ensures that:

- People 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.
- People are supported to plan ahead and have the freedom to manage risks the way that they wish.

Personalisation

We are committed to ensuring that all people eligible for services have a personal budget by April 2013. A national ADASS personalisation survey showed that we performed well, with 58.7% of people having a personal budget, against the national average of 52.8%.

Personalising services helps people to have more flexibility, choice and control over how they plan and receive their support. While the numbers of people with personal budgets has increased, the number of people that take a direct payment has fallen from 15.7% to 7.9%. A key challenge for us is that many people, especially older people prefer their services to be either commissioned or provided directly by the Council.

We want to encourage more people to take direct payments, as we believe they give people even more flexibility, choice and control. Therefore in the coming year we want to work with groups and individuals to increase the numbers of direct payments by making direct payments easier to understand and manage.

The Government’s Think Local Act Personal (TLAP) - “Making It Real” programme, helps councils to monitor their progress towards personalisation against these six milestones:

- Information and advice: having the information I need when I need it.

- Active and supportive communities: keeping friends, family and place.
- Flexible integrated care and support: my support my own way.
- Workforce: my support staff.
- Risk enablement: feeling in control and safe.
- Personal budgets and self funding: my money.

These TLAP ambitions are shared by us and our NHS partners as well as people who use social care services, their carers and families. We will make a public declaration on the TLAP website about our top three actions to support the above milestones during 2012/13.

Innovation Fund

The Council’s Innovation Fund encourages voluntary sector groups to develop more flexible and personalised services which fit in better with local people’s needs. To help make sure this happens the Council has set aside £1.6m over a three year period.

Round 1 of the Innovation Fund in September 2011 saw eight organisations awarded a total of £324,000 to develop projects including a social enterprise in Nidderdale offering training towards employment for people with disabilities, a scheme offering one to one support to carers with mental health needs in Scarborough and an initiative providing

opportunities for exercise and leisure for older people in the Hambleton area.

In the 2012 round of the Innovation Funds, we specifically asked voluntary sector providers to put forward more bids for projects to increase employment, education and training opportunities for people with disabilities.

In May 2012, a further 12 projects were awarded a total of £625,000. Those that were successful included a peer support project to help people arrange their own services by managing a direct payments, (this will start in Scarborough before expanding across the county), a website design and IT support scheme based in Richmond which will provide employment opportunities for people with disabilities and a new sandwich round aimed at people who work in firms in Pickering which will be run by people with learning disabilities, and will provide them with catering and food hygiene training.

Case Study - Creative Coffee Whitby

This exciting social enterprise is one of the successful bidders to the Innovation Fund in 2012. Creative Coffee has purchased a mobile coffee cart which will be sited in public areas in and around Whitby and will be run by people with a learning disability. The people working with Creative Coffee will be trained in catering, food hygiene and 'barista' skills. It is envisaged that within 12 months the scheme will be self funding.



Councillor Clare Wood (centre) with all the successful bidders at our Innovation Fund event at Burn Hall, Huby

What we need to do in 2012/13

- We will work with people to help them make different choices about the way in which their support is arranged and help people to live as independently as possible.
- We will work to make sure that the services that people receive fit their lives.
- We will continue to help develop different ways of providing people's support and will invite bids for a third round of the Innovation Fund in April 2013.

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 2012/13 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: localaccount@northyorks.gov.uk

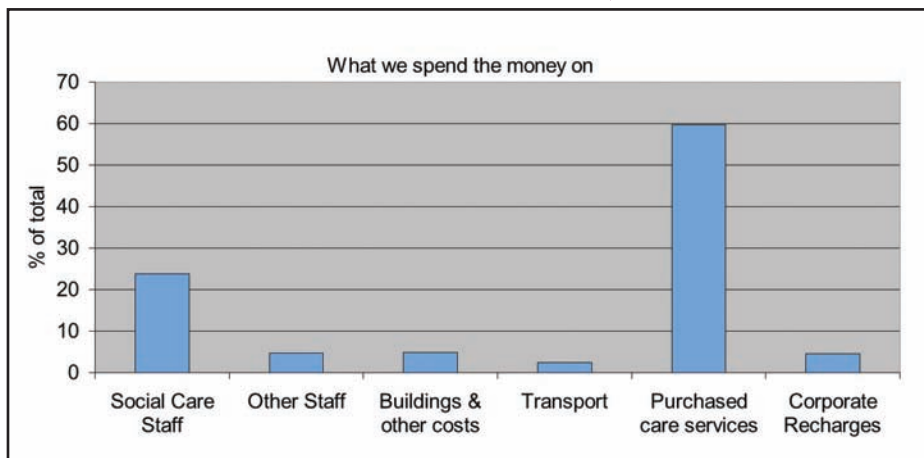
By telephone: (01609) 532648

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

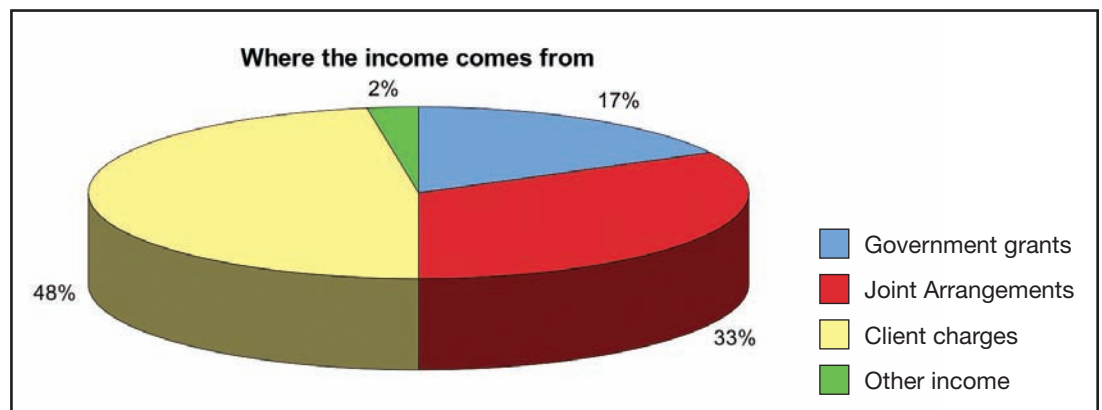
How much do we spend on adult social care?

The actual figures for 2011-12 below include our share of the overall costs of the Council.

Spend on:	Gross Spend £k	Income £k	Net Spend £k
Service Strategy	333	0	333
Older People	104,658	27,186	77,472
People with physical disabilities	15,216	2,881	12,335
People with learning disabilities	58,447	19,289	39,158
People with mental health needs	7,348	1,097	6,251
Other adult services	1,288	16	1,272
Specific Government Grants		10,639	-10,639
Totals	187,290	61,108	126,182*



* This represents more than 35% 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 2011/12 20,961 people with a variety of needs received services from HAS.

The services provided include residential care, personal care at home, day care, and respite care. The majority of services were offered to people living in their community to help maintain their independence.

Services and other support were delivered by providing both personal budgets and direct payments. The largest group of people we supported remained those over 65yrs with more than 15,000 people.

The total number of people who received services during 2011/12 by need and age group is:

Main need category	18-64 total	65 and over total	Total People
Physical disability	2379	13815	16194
Learning disability	1502	186	1688
Mental health needs	1640	1264	2904
Substance misuse	17	7	24
Other vulnerable People	8	143	151
Total people	5546	15415	20961

The total number of people who received services during 2011/12 by type of service delivered, gender and age group.

Service Type	18-64yrs		18-64yrs total	65yrs +		65yrs + total	Total People
	Female	Male		Female	Male		
Community Based e.g. personal care at home, day services	2817	2540	5357	8900	4303	13203	18560
Residential care	153	230	383	1501	515	2016	2399
Nursing care	35	26	61	802	350	1152	1213
Total	3005	2796	5801	11203	5168	13371	22172*

* the reason why this number is higher than in the table above is that some people will have received both community based and residential services in the same year.

How we have done in 2011/12

Outlined below are the 17 Adult Social Care Outcome Framework (ASCOF) indicators which are produced by all councils with an adult social care responsibility. The ASCOF indicators are split over the four domains which are the headline areas in the framework and are reproduced as titles below. 2011/12 was the second year of collection for some of the indicators and where appropriate the 2011/12 and 2010/11 figures are shown.

Enhancing the quality of life for people with care and support needs

Measure	How it is measured	How we score it	2010/11	2011/12	Why are we measuring this?	What do we think
Social care-related quality of life	Average score out of 24	higher is better	19.0	18.9	Measure of general satisfaction	Slight reduction. Remains above all England and Shire county averages.
Percentage of people who use services who have control over their daily life	Percentage	higher is better	79.0%	77.7%	Measure of the degree of independence and control a person has	While reducing, a high number of clients feel in control of their day to day life. Remains above all England and Shire county average
Percentage of people using social care who receive self-directed support	Percentage	higher is better	31.2%	48.3%	Measure of the degree of choice and control a person has	An increase in the number of people who have a personal budget. Above all England and Shire county average
Percentage of people using social care who receive direct payments	Percentage	higher is better	15.7%	7.9%	Measure of the degree of independence and control a person has	This reduction is mainly due to changes in our processes. A number of local authorities are showing a trend of high levels of personal budgets but low uptake of direct payments. We want to increase the uptake of direct payment and are reviewing our processes to make them easier to use as we believe that they offer people even more flexibility in arranging their own services.
Carer-reported quality of life	Average score	higher is better	N/A	N/A	Measure of carers satisfaction with services	This measure will not be collected until late 2012 and will be reported in next year's Local Account.

Measure	How it is measured	How we score it	2010/11	2011/12	Why are we measuring this?	What do we think
Percentage of adults with learning disabilities in paid employment	Percentage	higher is better	5.4%	8.1%	Links to reducing social isolation and increasing independence	Encouraging increase in numbers. This indicator benefits by schemes moving to social enterprise models. Will be further helped by measures introduced by the Innovation Fund. High performing in comparison to other Shire Counties.
Percentage of adults in contact with secondary mental health services in paid employment	Percentage	higher is better	11.4%	9.8%	Links to reducing social isolation and increasing independence	Slight reduction in performance but remains above the all England average. Balance between the learning disabilities in employment and Mental Health in employment inline with national trend, with people with Mental Health needs in work.
Percentage of adults with learning disabilities who live in their own home or with their family	Percentage	higher is better	79.5%	78.7%	Links to reducing social isolation and stability	Good performance. Above all England and Shire averages. Reflects policy of reducing admissions into residential care and increasing independence.
Percentage of adults in contact with secondary mental health services living independently, with or without support	Percentage	higher is better	44.0%	47.7%	Links to reducing social isolation and increasing independence	An increase on past years' performance but remains under both all England and Shire averages.

Delaying and reducing the need for care and support

Measure	How it is measured	How we score it	2010/11	2011/12	Why are we measuring this?	What do we think
Permanent admissions of younger adults (aged 18 to 64) to residential and nursing care homes, per 100,000 population	rate per 100,000 population (18-64)	lower is better	7.0 per 100,000	8.9 per 100,000	Measure of the success of policies to maintain independence	A slight increase in numbers but driven by individual need for residential care. High performing in comparison to all England and Shire averages.
Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population	rate per 100,000 population 65+	lower is better	520 per 100,000	500 per 100,000	Measure of the success of policies to maintain independence	In keeping with overall direction of travel in maintaining people's independent at home. High performing when compared to all England and Shire averages.
Percentage of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/ rehabilitation services (effectiveness of the service)	Percentage	higher is better	86.5%	92.6%	A measure of the success of rehabilitation for social care clients	Improving, linked to the above indicator showing a reduction in the use of residential care and successful rehabilitation services.
Percentage of older people (65 and over) who were still at home 91 days after discharge from hospital into Reablement/ rehabilitation services (offered the service)	Percentage	higher is better	N/A	2.9%	A measure of the success of rehabilitation and prevention in the wider 65+ population	This measure is linked to general hospital admissions for the over 65 age group. It reflects on the general level of preventative services in the community to prevent hospital admissions. This is a new measure that has not been collected before.
Delayed transfers of care from hospital per 100,000 population	rate per 100,000 population	lower is better	N/A	9.2 per 100,000	A measure of the general success of health and social care in quickly moving people on from acute hospitals. Integrated working	High performing when compared to other authorities. A good measure of how well we work with our partners in health. Well below all England and Shire averages. The way in which this is measured has been changed so cannot be compared to the previous year.
Delayed transfers of care from hospital which are attributable to adult social care per 100,000 population	rate per 100,000 population	lower is better	N/A	1.9 per 100,000	A measure of the success in which social care services quickly move people on from acute hospitals with appropriate services.	High performing when compared to other authorities. Well below all England and Shire averages. The way in which this is measured has been changed so cannot be compared to the previous year.

Ensuring that people have a positive experience of care and support

Measure	How it is measured	How we score it	2010/11	2011/12	Why are we measuring this?	What do we think
Overall satisfaction of people who use services with their care and support	Percentage	higher is better	66.5%	61.6%	Measure of general satisfaction with services	We believe that the fall in this measure is in keeping with both the all England and Shire averages. Further work to be undertaken to understand this response to the survey question.
Overall satisfaction of carers with social services	Percentage	higher is better	N/A	N/A	Measure of general satisfaction of carers with services	This is a new measure that will not be collected until late 2012.
Percentage of carers who report that they have been included or consulted in discussion about the person they care for	Percentage	higher is better	N/A	N/A	A measure of how Carers have been involved with the care planning process	Not to be collected until late 2012.
Percentage of people who use services and carers who find it easy to find information about services	Percentage	higher is better	57.7	74.0	A measure of how easy people find it to access information. This is one of the key measures for good prevention	A significant increase in the ease that people can find information on council services. Performance above all England and Shire averages.

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

Measure	How it is measured	How we score it	2010/11	2011/12	Why are we measuring this?	What do we think
Percentage of people who use services who feel safe	Percentage	higher is better	67.4%	64.8%	A measure of independence and safeguarding	A more general question on people's perception of safety, which shows a slight reduction to 64.8%. This figure is slightly above the all England figure of 63.8% but below the Shire average figure of 65.4%.
Percentage of people who use services who say that those services have made them feel safe and secure	Percentage	higher is better	54.0%	67.0%	A measure of independence and safeguarding	An increase in the numbers of people that feel safe as a result of council services. However, at 67% this falls below both the All England average and the Shire county average.

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 so they can organise and buy their own social care services, instead of them being arranged by the Council. They can be used in a variety of ways to pay for things like personal care, respite and day services, minor home adaptations, and specialist equipment.

Emergency carer's card - a credit card sized plastic card, which identifies 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 these criteria to help councils decide who is eligible for services. This makes sure that councils use a fair, consistent and open method to decide who is in need of our help and support and to use the available budget to support them. Level of need will be identified as either:

- critical,
- substantial,
- moderate, or
- low.

In North Yorkshire currently, people assessed as being in the critical, substantial and moderate bands are offered social care support. 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 CCGs) to prepare and implement a joint health and well-being strategy.

Independent Sector - These are business outside the Council who also provide social care services

Other Vulnerable People - These are people whose situation cannot be fitted into the main client categories such as physical disabilities or mental health.

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 short term care that is provided so that carers can have a break from caring. Respite can be provided in various ways, including overnight stays, or through the day time. We aim to make sure that respite care is a positive experience for both the carer and the cared for person.

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.

Voluntary Sector - These are not for profit organisations outside of the Council who also provide social care services, and may be partly funded by the Council.

Contact us

North Yorkshire County Council, County Hall, Northallerton, North Yorkshire, DL7 8AD

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**

Or visit our website at: **www.northyorks.gov.uk**

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Tel: 01609 532917 Email: communications@northyorks.gov.uk

