

NORTH YORKSHIRE COUNTY COUNCIL

CARE AND INDEPENDENCE OVERVIEW AND SCRUTINY COMMITTEE

3 October 2013Local Account for Adult Social Care Services 2012/13

Report of the Corporate Director – Health and Adult Services

1.0 Purpose of Report

- 1.1. To report to the Members of the Care and Independence Overview and Scrutiny Committee regarding the contents of the 2012/2013 Local Account in respect of the performance of the Adult Social Care Service (included as Appendix 1) and to ask for their comments.

2.0 BACKGROUND

- 2.1 Members of the Care and Independence Overview and Scrutiny Committee were asked at their last meeting in July 2013 to review the 2011/12 Local Account and to make suggestions as to any improvements they may wish to see in the production or content of the 2012/13 Local Account. The presentation of the 2012/13 Local account gives Members of the Care and Independence Overview and Scrutiny Committee further opportunity to comment on the Local Account process.
- 2.2 The Local Account is seen as an essential part of the sector-led performance assessment framework for Adult Social Care Services. In accordance with the Government's "Removing the Burdens" initiative, there is now no overall external performance assessment of Adult Social Care Services by the health and social care regulator, the Care Quality Commission (CQC). The Local Account continues to be regarded nationally as an important way in which people and local communities hold local authorities to account and demonstrate how services have improved.
- 2.3 There is no formal requirement to present the Local Account to its committees, however the Local Account is now the only way in which the performance of the Council's Adult Social Care function is reported publicly. The National Achieving Excellence in Social Care Board considers the presentation of a Local Account to a meeting of the Councils' Executive in particular to be best practice.
- 2.4 Since the publication of the first Local Account in January 2012, the sector-led improvement initiative has been considerably developed within the region. The Yorkshire and Humberside Association of Directors of Adult Social Services (ADASS) has developed a five stage approach to sector-led improvement including the sharing of local accounts within a common deadline. All Councils within the region have made a commitment to this approach and will ensure that it is

both proportionate and provides a robust performance challenge. A key element of this approach is a programme of peer and thematic reviews carried out by partner Councils so that best practice can be shared. North Yorkshire County Council is working closely with Councils in the region to develop this programme and will continue to play an active part in this improvement initiative. Feedback from the 2011/12 exercise was that the North Yorkshire Local Account was readable, had a balanced view of the directorate's performance and made good use of case studies. The review concluded that the North Yorkshire Local Account was one of the best examples in the Yorkshire and Humberside Region.

3.0 ISSUES

- 3.1 One of the prime purposes of the Local Account is to act as a mechanism by which the public can comment on the directorate's performance and on its future direction of travel. In order to assure ease of access to the Local Account, it was made available on the NYCC website (including an Easy Read version) and copies were placed in all libraries. Within the Local Account there was a dedicated page which contained a postal address, a central e-mail address and a telephone number to encourage people to provide feedback.

Between October 2012 and August 2013, the NYCC website received almost 400 hits from members of the public and staff (270 and 126 respectively). There was limited use of the e-mail address with four e-mails received from September 2012 to June 2013, which included two from Parish Councils providing feedback to the consultation referred to below. No telephone calls were received.

We also consulted with Parish Councils, Older People's Partnership Board, Learning Disabilities Partnership Board and the Carers Forum via a questionnaire and flyer. More than 580 questionnaires were sent out for the consultation. Although responses to the consultation were low, over 50% said they agreed with the priorities we had set for 2012/13 and over 50% of people said they found the 2011/12 Local Account a useful document and easy to understand.

We believe that the feedback through the consultation exercise provides a clear indication that we are working towards the right priorities for North Yorkshire and the areas where we can improve the next Local Account document based on the general comments received from all responders.

- 3.2 The Local Account provides both a backward look (which sets out its review of performance in 2012/13) and also a forward look in terms of 2013/14 and beyond. It reflects the vision set out in the Care and Support White Paper - Caring for our Future. The White Paper is currently being progressed through Parliament as the Care Bill. The fundamentals of both the White Paper and the Care Bill can be summed up by the following two vision statements:

- To promote people's independence and well-being by enabling them to prevent and postpone the need for care and support.
- 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:

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

In this Local Account we have used the above five statements to reflect on our work in 2012/13 and what our plans are for 2013/14.

3.3 The first tranche of Local Accounts were seen as contributing to innovation and as a learning process for best practice. Whilst it remains the case that there is no national prescription in either the process or the format of producing a Local Account, the North Yorkshire Local Account has adopted best practice regionally. Future editions of the Local Account regionally will be increasingly developed as a focus for engaging with local communities so that their involvement helps to shape and improve future services.

3.4 North Yorkshire's Local Account highlights many achievements in 2012/13, particularly:

- The Council's in-house reablement service - START (Short Term Assessment and Reablement Team) has been rolled out across all areas of the County. Of the people referred to START, 66% have improved their independence and have reduced needs as a result.
- The ongoing success of Extra Care Housing Schemes around the County. There are a further 12 schemes in the pipeline programme and plans to develop a further 29 with a nominated partner.
- The "Innovation Fund" which will be used to support organisations to develop innovative local services. Successful round 1 and 2 bidding has delivered 20 schemes.
- The successful transfer of Public Health functions from North Yorkshire and York Primary Care Trust to NYCC.
- The delivery of high performing services, delivering significant savings and within budget allocation.

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

- The numerous challenges for the Council and its partners in developing a local response to the Care Bill that works for North Yorkshire's large and predominantly rural geography;

- The need to work more closely with our Health partners to provide services in an integrated way;
- Continuing to modernise our existing services and exploring new ways of meeting people's needs;
- Continuing to deliver good quality services within budget.

4.0 PERFORMANCE IMPLICATIONS

4.1 The Local Account is now the way the Council reports the performance of its Adult Social Care Services to the public.

5.0 FINANCIAL IMPLICATIONS

5.1 The costs of producing the Local Account are modest and contained within existing Directorate resources.

6.0 LEGAL IMPLICATIONS

6.1 Although the production of a Local Account is not a statutory requirement, the Department of Health (DoH) has requested that Councils with Adult Social Services Responsibilities (CASSR's) publish an annual Local Account.

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. An "Easy Read" version was produced for the first Local Account and this will be repeated for this year's Local Account.

8.0 CONSULTATION UNDERTAKEN AND RESPONSES

8.1 The Local Account contains feedback from national and local satisfaction surveys conducted with regard to the Council's adult social care services. It will be presented to key user-led partnership boards such as the Older Peoples Partnership Board, and lessons learnt taken forward into the production of our next Local Account.

9.0 Recommendations

9.1 The Care and Independence Overview Scrutiny Committee is asked to:

- Note and give comments on the content of the Local Account.
- Note the positive contribution by all staff and managers in continuing to maintain the high level of service and performance improvements in the context of the Council's key objective: that affordable, high quality and safe care is provided.

HELEN TAYLOR
Corporate Director – Health and Adult Services

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APPENDICES:

1. Local Account 2012/13

Health and Adult Services Local Account 2012/13

How we have performed in delivering adult social care to the people of North Yorkshire in 2012/13 and our priorities for 2013/14



Foreword



Helen Taylor, Corporate Director, Health and Adult Services

I am pleased to present our third Local Account which details our achievements and challenges in delivering adult health and social care services during 2012/13.

Despite a backdrop of the most challenging financial period councils have ever faced, we have continued to improve the quality of our services. Our reablement programme has been hugely successful and more people than ever have been supported to live at home. This is in keeping with our strategy of promoting independence and is also very popular with people who use the service. Around two thirds of the people who go through the reablement programme do not need a long term service, so as well as leading to better outcomes for individuals, reablement has played a key part in managing demand and budgets.

During the year, our relationships with health partners in North Yorkshire have changed significantly. We have taken on the responsibility for public health and welcomed the new Director of Public Health and his team to the Council. We very much look forward to progressing the work to improve health outcomes for the people of North Yorkshire.

We have been working closely with the five Clinical Commissioning Groups that replaced the former Primary Care Trust and developing a framework for our shared approach to integrating health and social care services. This is both a national and local priority and will be overseen by the Health and Wellbeing Board.

We are in the midst of major transformation to prepare for the implementation of the Care Bill from 2015. New legislative requirements, combined with the continuing financial challenges mean that we have to consider new operating models, balancing prevention and support for carers, with our core responsibilities to protect the most vulnerable people in North Yorkshire.



County Councillor Clare Wood, Executive Portfolio Holder, Adult Social Care and Health Integration

The past year has seen Health and Adult Services deliver significant changes in response to a challenging economic climate. More change lies ahead of us in responding to the Care Bill with its fundamental reform of the legislation on care and support. What remains unchanged is our commitment to ensuring the people of North Yorkshire receive good quality services.

The Health and Social Care Act 2012 established Health and Wellbeing Boards as a forum where key leaders from the health and care system

work together to improve the health and wellbeing of their local population and reduce health inequalities. Health and Wellbeing Board members collaborate to understand their local community's needs, agree priorities and encourage commissioners to work in a more joined-up way. As a result, patients and the public should experience more joined-up services from the NHS and local councils in the future. As Chairman of the North Yorkshire Health and Wellbeing Board, I have spent much of the past year in developing the relationships that underpin the leadership of such a complex health and social care economy. The challenges are immense but ensuring that people experience more joined up, community based care has never been more important.

North Yorkshire County Council continues to be at the leading edge of the development of Extra Care Housing, a key part of our strategy for meeting future needs and demand.

Our Innovation Fund continues to offer new opportunities to voluntary sector organisations who want to develop innovative community-based services. I am looking forward to hearing about the new projects that will emerge from the third round of the Innovation Fund later this year and the on-going evaluation of all three rounds which will inform our future strategy.

County Councillor Don Mackenzie, Executive Member for Public Health and Prevention



As the new Executive Member working with the Health and Adult Services Directorate, I am looking forward to the challenge of developing the portfolio for public health and prevention. Much work has been done over the last year in order to ensure a smooth transfer of the public health responsibility from the NHS to the County Council.

The role of prevention is crucial to the continued success of HAS given the predicted increase in the number of older people in North Yorkshire. It is important that we direct people to services before they reach crisis point. Working together with public health colleagues and the new Health and Wellbeing Board, we will encourage people to lead active and healthy lives, and so prevent the need for our social care services for as long as possible. Where persons have suffered serious illness or crisis, our focus will be to rehabilitate them so that they have the confidence and ability to remain independent.

Introduction

This Local Account shows the people of North Yorkshire what we have achieved in 2012-13. It also provides an indication of our plans in 2013-14.

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 are real examples of people in North Yorkshire.

About the county of North Yorkshire

At 3,300 square miles and with a population of more than 602,000, 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

We are committed to improving our performance and by doing so improving the lives of people in North Yorkshire. We will do this by working in partnership with those people receiving the service, carers and other Councils where we can

learn from best practice. In addition we will seek out views and comments from a wider audience than previously in relation to the information contained within this document.

This Local Account highlights a number of areas where we consider our performance is good or outstanding. This includes supporting people to stay in their community rather than going into residential care; we have high levels of people who have been successfully rehabilitated back into their own home, especially those coming out of hospital. We are proud of our on-going development of extra care throughout the county and we will seek to continue to expand this programme. Despite the difficult financial times, we have been successful at finding employment for people with a learning disability and mental health issues.

We take feedback on our services very seriously, so when we were told that there are areas where we could do better we have listened and have started a programme of work to improve them. For example, the number of direct payments that we currently provide is relatively low. We need to increase them so that more people have the maximum choice and control over their care and support. Whilst we provide a good service to carers, we could give more advice and information to them. As part of a wider review of our services, a "mystery shopping" exercise was undertaken by a regional group of colleagues to see how easy people found it to access information and services. We found that people are satisfied with telephone contact with our Customer Service Centre and our Emergency Duty Team, but we could improve on the number of times people are transferred during the call. The exercise also indicated we could improve how we deal with people requesting information on a face-to-face basis. Finally, a review of our website found that information could be presented in a more accessible way and could allow people to book services.

We have listened to our regional colleagues and taken on board their comments. We are developing a programme of customer consultation from a range of different sources including surveys and face-to-face contact. This will help our future planning and ensure that people are satisfied with our services. The issue of access to information on the Council's website is being addressed by a redesign of the overall NYCC website which should be completed by Autumn 2013.

In 2012/13 we spent more than £183 million on adult social care services. £113 million of this was spent on care services purchased directly 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. However, like most other parts of the Council's budget, social care has been under significant financial pressure. The Council's financial strategy required Health and Adult Services to contribute savings in excess of £9 million in 2012-13. This was largely achieved through measures including more effective purchasing, maximising external funding and 'back-office' efficiencies, which minimised the impact on front-line services. As part of the Council's Medium Term Financial Strategy, which reflects the impact of the continuing reduction in central government funding, further savings/efficiencies will be required from the social care budget in the coming years. More financial information is available at the end of the Local Account.

We continued to negotiate with North Yorkshire and York Primary Care Trust (PCT) to ensure that people received their entitlement to Continuing Health Care funding. During 2012/13, 370 cases were agreed with the PCT with a total value in excess of £9.5 million. Significant work was also undertaken to ensure a smooth transition of funding arrangements to the new Clinical Commissioning Groups which have replaced the

PCT in the re-organised health service.

In 2012/13, Health and Adult Services had 49,410 enquiries, 68.9% 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 support people to live independently in their own homes. In 2012/13 we provided services to 19,027 people, most of whom (13,838) were aged 65 and over. Of the total number, 16,942 (89%) received services within their local community to maintain their independence and the others received services in care or nursing homes.

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 reduces the risk of people reaching crisis point. HAS is committed to working towards the changes contained in the White Paper. 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 used the above five statements to reflect on our work in 2012/13 and what our plans are for 2013/14.

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

How have we helped people to 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 enable 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.

START (Short Term Assessment and Reablement Team)

START provides a free initial service of up to six weeks which is offered to all people referred to HAS and is seen as an excellent means of people regaining their confidence after a crisis. The service 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. On-going surveys show that 84% of people are extremely satisfied with their START experience and 57% of people require no on-going services following the initial six week period. In a number of other cases following START, it is possible to substantially reduce the home care input required to meet the person's needs. In 2012/13 START teams supported 3,668 clients countywide.

Telecare Case Study

Mrs C's husband was her only carer and Mrs C declined any outside support. Mrs C has Parkinson's disease and also lacks insight as to her safety and is very unsteady on her feet. She has had a recent fall in which she broke her ankle and then soon afterwards, in another fall, she broke her wrist. Mr C did not then feel he could leave Mrs C's side. A chair sensor was fitted to enable Mr C to leave Mrs C whilst she sat in her chair. Mr C was able to get on with jobs in another part of the house and respond very quickly if Mrs C was moving. Mr C felt more reassured that he could get to Mrs C before she fell again.

Extra Care

We have continued to invest in Extra Care schemes as a replacement for traditional residential care homes. Currently there are 15 schemes around the county, providing 644 apartments run in conjunction with seven different housing providers. Extra care housing helps people to live independently, safely, with care and privacy. There is also access to other facilities

such as restaurants, shops and hairdressers and act as community hubs for the surrounding areas. As the ageing population increases, these schemes will provide an on-going, high quality solution that enables older people to remain in their own homes in supportive local communities, thus reducing the demand on the County Council for more intensive care services. The schemes will also provide a network of hubs across North Yorkshire, which can be used for the provision of a wide range of community services and could be developed to provide integrated health and social care support with the NHS.

The County Council has identified a need for a further 41 extra care housing schemes in addition to the existing 15 schemes, to meet the growing requirement for accommodation with care across the county. We have a pipeline programme that aims to deliver 12 of the schemes and it is proposed to launch a procurement process to identify a partner to enable the development of the remaining 29 schemes which would make a total of 56 schemes across the county. The schemes will offer the opportunity to develop modern, fit for purpose accommodation that enables care needs to be met within communities.

We currently have Extra Care schemes under construction in Settle, (pictured below) Scarborough and Thirsk. The Settle scheme is due for completion in July 2014, and the Scarborough scheme in September 2014. The development of the Thirsk scheme is split into two phases due for completion in March 2014 and March 2015.

In addition to the above construction projects, there are two further schemes awaiting planning submission.

Within existing Extra Care housing schemes, approximately 28% of tenants live with dementia. The care and support model is being reviewed to ensure that future schemes will be designed so that people living with dementia are supported to live successfully within Extra Care housing. The new Settle scheme includes a wellbeing suite offering memory clinic services.

DEMENTIA - How we are responding to this challenge

We have jointly established the Harrogate Dementia Collaborative with health partners as part of our strategy for improving the experiences of people with dementia.



Case Study - Dementia Champion

When Ruth completed her dementia champion training she developed the Dementia Unit in the Care Home where she works by passing on her skills and knowledge to other colleagues. Ruth talked with the people who used the service to decide on a name for it. Rather than calling it “the unit”, they chose Carleton View. Ruth planned the redecoration of Carleton View using the learning from her dementia training, using simple plain colours rather than patterns. Carleton View now has a quiet room Ruth has supported the completion of one page profiles which describe each person’s individual needs and preferences. Ruth has used visual aids such as picture menus to make it easy for people to make their choices. There is now a notice board at the entrance to Carleton View with details of activities and photographs for families to see.

The Collaborative has held a number of workshops to identify and resolve issues in caring for people with dementia. More than 50 stakeholders including patient representatives, carers and third sector agencies have been involved in helping to steer the workshops. Frontline staff from health, social care, and local provider services have also been involved in workshops.

We have continued to increase the skills of the workforce to work better with people with dementia and have made dementia training mandatory for all staff. We have continued to implement the North Yorkshire Dementia Action Plan including work with our Dementia Champions to improve the quality of care and support for people living with dementia and their families.

We have also worked with a number of other organisations to improve the quality of dementia

care services available. Some examples of the work completed so far include:

Reducing the waiting time for access to the Memory Service for older people with the aim of all patients being seen within 28 days:

Patients are now seen more quickly, with nobody waiting more than 28 days for the Memory Service, an improvement of 28%. No patient has to wait more than 10 days before being seen by the Community Mental Health Team, a 62% improvement.

Reduce unnecessary attendance at Emergency Departments for people with dementia living in a care home:

There has been a 58% reduction in hospital admissions from care homes (based on the experience of three care homes over a three month period). We also produced a RADAR (Respond to Any doubt, Document it, Alert someone and Review) tool, which provides better information to support pro-active care by identifying any potential issues early or even before they happen. Residents’ files are updated in a more timely way and carry only the relevant information.

Primary Care Dementia Assessment (work currently on-going)

GP surgeries are looking to identify patients at risk of dementia, raise awareness and improve information sharing with carers. GPs are also improving signposting to information for people before a formal diagnosis is made.

Care at home (Domiciliary Care)

This area for improvement was driven by feedback from customers of domiciliary care. Awareness training is now being planned for staff in the Council’s Customer Contact Centre and assessment staff will be gathering “Getting to know me” information, which is similar to

the Alzheimer's Disease Society's "This is Me" approach. The information gathered and a standard information pack will stay with the person throughout their care. An improved handover process has been introduced between the assessment team and the care provider in line with CQC best practice.

Promoting independence

We provide a range of options to allow people to be supported at home for as long as possible. This includes adaptations to people's own homes and exploring different types of accommodation, including Extra Care and sheltered accommodation. We are working with other organisations to signpost people to services that will help them remain independent including handyman and gardening services. This approach together with our prevention and rehabilitation strategies aims to keep people independent for as long as possible.

Case study - maximising independence

M is a 30 year old man with a learning disability who was living in a residential care home an hour and a half's drive away from his family. He had said for a number of years that he wanted to be closer to his family. With the intensive support of the Social Care Assessor, he has found and furnished his own flat very close to where he grew up. M is able to see his family much more frequently and has learned good budgeting skills. He is pursuing voluntary work through Supported Employment with a view to getting some paid work. Recently, he said things were "amazing" for him. M now receives a much lower level of individualised support. The cost of his previous residential home was £1,650 per week which has now reduced to under £200.

Warm homes and healthy people (WHHP)

We obtained a grant of £148,000 from the Department of Health's Warm Homes and Healthy People (WHHP) fund to help vulnerable people prepare for cold winter weather.

The WHHP Project included Hotspots - assessments for home safety and welfare advice, practical emergency support such as boiler repairs and food parcels, training and a toolkit for winter weather and information on staying warm and safe during winter.

The project resulted in 126 people being referred to partner agencies for new heating/ replacement boilers, 21 Fire Risk Assessments, 19 people referred for benefit checks, 60 people referred for insulation grants and 18 people referred to the local Home Improvement Agencies for other services including repairs, boiler services and draught proofing. The project also provided immediate support to help people in crisis to keep warm, so reducing cold-related ill-health and admissions. Approximately 2700 across North Yorkshire were supported including those who attended outreach events.

The project also supported rural communities in setting up Winter Weather Village Agent schemes, focusing on support for vulnerable or potentially isolated members of their communities by helping to prepare for bad weather. This gave communities the opportunity to focus on meeting local need rather than adopting a one-size-fits-all approach. 609 Parish Councils were contacted, and 47 community representatives were offered advice. 24 winter weather schemes were established.

In addition, 5 Keep Warm events at existing Community Hubs information events were held and 167 external agencies received eLearning packs raising awareness of fuel poverty and the help available in North Yorkshire. 92 Outreach

events aimed at a wide range of people reached 1800 people, giving them advice and information on keeping warm and healthy and providing them with hot meals or snacks.

Supported employment

Our Supported Employment Service (SES) has continued to support people with learning disabilities, mental health needs, physical and sensory impairments - and their carers - to find and maintain paid employment and volunteering opportunities. In the current economic climate it has become increasingly difficult to identify suitable placement opportunities with local employers, although successful initiatives like the Innovation Fund and assistance for building social enterprises have helped in this regard.

Support for adults with learning disabilities

We continue to develop and transform day services. In September 2013, the newly refurbished day service based in Elders Street in Scarborough will be reopened to provide day time support and respite for people with complex needs and their families.



County Councillor Clare Wood, Portfolio Holder for HAS and the Chairman of the County Council, Cliff Trotter with service users, carers and parents at the opening of Jubilee Lodge Adult Respite Centre in Skipton in November 2012. The Centre provides respite care for up to five adults with complex needs.

In Selby work is continuing to redevelop the Brook Lodge site to provide a respite service and day support for people with complex needs and their families. It is planned that these services will be available from early 2014. Jubilee Lodge, a respite service in Skipton for people with complex needs, opened in November 2012.

Partnership boards

Partnership Boards are an important element of our partnership working. The Boards ensure there is a means for the independent voice of service users to be heard. Our investment in Partnership Boards has continued and has contributed to the development of the new local Healthwatch and to the Health and Wellbeing Board. The new Carers Forum is developing well, with a growing membership. We will use the Boards as a way of informing our thinking on a range of topics by linking into their networks.

Members of the Physical and Sensory Impairment Partnership Board have received 'community reporter' training which supports community representatives to develop their own voices to allow them to:

- challenge perspectives and enable them to describe their own realities;
- improve their communities by presenting positive stories, views and concerns;
- develop dialogues between communities and agencies to support community cohesion;
- raise aspirations of individuals; and
- work with the whole community to develop their own solutions.

The Learning Disability Partnership Board supports the North Yorkshire Self Advocates Forum. The Forum is run by and for people with learning disabilities in the county and meets four times a year in different towns so that a wide range of people can attend. Two people with

learning disabilities co-chair the meetings with support from Keyring Advocacy and NYCC's Valuing People Co-ordinator.



The Forum discusses issues which people with learning disabilities have chosen as priorities.

The Forum has focused on hate crime and the Mencap 'Stand By Me' campaign. It has filmed people's own stories to illustrate what hate crime means to them. The films are used widely. They are part of NYCC's Safeguarding Alerter training and are included in the 'train the trainer' packs. The Forum has also worked closely with the Police who have improved the way they work with this client group. The films will soon be on the North Yorkshire Police website. One of the films is about building relationships and shows the importance of local police officers getting to know people in their community and raising their confidence to report hate crime.

“People with learning disabilities in North Yorkshire have raised awareness of hate crime in the community and they now have a voice and the confidence to speak out to stop this happening to them. At last people are listening”. Sue Lear, Valuing People Co-ordinator for NYCC.

Changes to the national health service in North Yorkshire

There has been a significant change to the National Health Service in North Yorkshire.



We have worked with our NHS partners on the challenges of developing five Clinical Commissioning Groups within North Yorkshire. The Corporate Director - Health and Adult Services and her Assistant Directors are each linked to a CCG to ensure we have a shared understanding of the needs of our communities and that we make the connection between the outcomes each organisation is expected to deliver. One of the key features in our joint working with the CCGs is the development of more integrated care pathways at a local level in order to deliver better outcomes for people.

The Council with its Public Health partners worked towards the transfer of the statutory public health function to the Council from 1 April 2013. The process involved the appointment of a Director of Public Health and associated staff, the transfer of a number of statutory duties and a number of public health contracts for the provision of services. Having public health as part of the Council's responsibilities will allow the objectives of the Council and public health to be included in all our contracts for services.

Health and Wellbeing Board North Yorkshire



To help achieve this, the Health and Wellbeing Board has been established as a formal committee of the County Council, chaired by the Portfolio Holder for Adult Social Care and Health Integration and includes the Corporate Director - Health and Adult Services, the Corporate Director - Children and Young People's Services, Director of Public Health and Councillors, together with representatives from each of the five CCGs, District Councils and other health partners. The Board has produced its initial Joint Health and Wellbeing Strategy to improve the health of communities in North Yorkshire. More information can be found at <http://www.nypartnerships.org.uk/index.aspx?articleid=16804>.

We have supported a number of events run by LINK, the organisation which previously represented people in receipt of services. This function will now be undertaken by Healthwatch, the new independent consumer champion for health and social care introduced by the 2012 Health and Social Care Act. It will exist in two distinct forms - Local Healthwatch, at local level, and Healthwatch England, at national level. The local Healthwatch will give citizens and communities a stronger voice to influence and challenge how health and social care services are provided within their locality. It will also provide or signpost people to information to help them make choices about health and care services. In developing a North Yorkshire Healthwatch the expectation is that it will be locally accountable rather than just being a countywide body.

Both corporate colleagues and HAS have worked hard in developing a specification for Healthwatch which is the new 'go to' organisation that will support everyone across North Yorkshire to:

- Have a say in how health and social care services are provided;
- Find out about health and social care services; and
- Make a formal complaint about NHS services.

You can find out more about North Yorkshire's Healthwatch from its website: <http://www.healthwatchnorthyorkshire.co.uk>.

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

How have we provided information and access to our services in 2012/13?

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 what choices are available to them locally, what they are entitled to, and who to contact when they need help.

Access to information

Access to clear and accurate information is vital to meet our priority of prevention. We have taken steps to ensure that people have access to the best information on which to base their future care choices. With the Independent Care



Group (ICG) we have published the second edition of our Care Services Directory which gives information on care providers and care options.

More than 10,000 copies of the directory will be distributed, supported by a

poster campaign. The Directory can be viewed at <http://www.northyorks.gov.uk/index.aspx?articleid=3100>. For a free copy call our Customer Service Centre on **0845 8 72 73 74**.

We have continued to develop an e-Market Place which will give people access to a range of care providers with solutions to maximise their independence. These solutions include care provision, reducing social isolation, property maintenance, advice on finances and welfare

benefit issues. The development of the e-Market Place is closely linked to the implementation of our new IT care management system “LiquidLogic”.

Assessments

During 2012/13, we completed 5,777 assessments with people over 18 years. 94.3% were completed within 28 days. We also carried out reviews of 15,780 people’s support, the equivalent of 83% of people receiving services.

Welfare benefits

Our Benefits and Assessments Team submitted claims for 1,311 welfare benefits to the Department for Work and Pensions (DWP) and helped people to receive more than £2.8m in benefits. This is a significant increase on the previous year’s figure of £1.6m. The Benefits and Assessments Officers have reported an increased demand as a result of the complex changes to the benefits system.

Case Study - Welfare benefits

A back payment of £47,000 was obtained in Severe Disability Premium and Income Support for a person with a learning and physical disability. He lived alone and did not have the capacity to understand his benefit entitlement. The Benefits and Assessments officer identified that his benefit entitlement was incorrect and paid the money that had been due but not paid to him for the last 8 years.

Carers

The 2011 Census indicated that there were 64,800 unpaid carers in North Yorkshire, including family members, friends and neighbours. Carers provide vital help to vulnerable people of all ages and play a vital role in our communities.

The North Yorkshire Carers Strategy and Implementation Plan was drawn up in collaboration with the Children and Young People's Service (CYPS) and the five CCGs, following a public consultation and work with the North Yorkshire Carers Forum. We have identified eight priority areas to help improve the lives of carers in North Yorkshire. We will move forward

Carer's Case Study:

Mrs A cares for her mother who has dementia. She had moved house to do so and had become unable to work due to the level of support her mother needed. Mrs A had limited support from other family members and felt that she had been forced to put her life on hold to care for her mother.

Mrs A had a carer's assessment and was provided with a Direct Carers Support Grant and a Carers Emergency Card. Mrs A also took part in the assessment of need for her mother. This identified the level of support needed and the support Mrs A was able and willing to provide.

on each of the eight priority areas and where appropriate we will procure value for money services to meet these priorities.

The Carers Strategy identifies ways in which we can support carers. As a result of listening to people we will continue to improve services and support for carers in North Yorkshire. Our vision is to have carers recognised and valued as being vital to strong families and communities. Support will be tailored to meet individual needs, enabling carers to maintain a balance between their caring responsibilities and a life of their own.

An in-depth survey was undertaken in 2012 to inform the Carers Strategy. The survey was co-produced with partners including the Carers Resource Centres and the North Yorkshire Carers Forum. People told us about a wide range of issues and concerns, including:

- wanting to be more involved in the planning and delivery of care and support;
- the need to have a break from their caring role, to have time to themselves;
- the need for access to good advice and support and the importance of someone to talk to; and

To help Mrs A to go to work her mother requires a lot of care to meet her needs and be safe as she cannot be left alone. The carers also take her to a day service where she can meet other people.

When Mrs A needs to travel as part of her job, additional care is provided for her mother. To allow Mrs A a substantial break, four weeks respite was also put in place to give her time to recharge.

Mrs A has peace of mind to know her mother is safe and well looked after when she isn't able to be there. Mrs A said she has been "very happy" with the support she has received.

- welcoming the flexibility of a personal budget which allowed them to do a range of activities that would help them to maintain their caring role.

By listening to carers, the Partnership has committed to improving services for them including:

- promoting carer involvement in developing specific services within health and social care;
- continuing to provide benefits advice through its Welfare Benefits and Charging staff;
- continuing to commission Carers Centres to provide support, advice and signposting, especially in the areas of end of life care and those experiencing bereavement; and
- exploring ways of overcoming barriers to accessing activities outside their caring role.

In 2012/13, 5224 carers received either a service or advice and information following a carers assessment or review. This is an increase on the previous year to 34.2% of the total people receiving a service, including 903 Direct Carers Support Grants and 950 Emergency Carers Cards.

We have continued the joint commissioning of Carers Resource Centres and Carers Centres. Over the six month period October 2012-March 2013 they have supported a total of 6,163 carers. Jointly commissioned sitting services have enabled 620 carers to have multiple breaks throughout the year. We will continue to review how best these services are delivered to the carers of North Yorkshire.

Supporting people - supported housing for vulnerable people in North Yorkshire.

The Council manages a £13.75 million budget through the Supporting People partnership, which includes the seven District/Borough Councils, Probation and Health, and commissions housing related support services which help vulnerable people across North Yorkshire.

In 2012/13, 9,520 older people received support through a warden and emergency lifeline and 3,681 other vulnerable people across North Yorkshire received housing support. Housing related support services work with gypsies and travellers, people fleeing domestic abuse, those with offending behaviour, those with substance misuse problems and those with mental health issues as well as single homeless people and homeless families.

The Supporting People Partnership has helped a range of people to achieve better outcomes. In each of the cases below the percentage achieving the outcome is of those people with an identified need:

- Domestic Abuse services - 96% minimised risk of harm from others; 95% developed the confidence to have greater choice control or independence
- Offender Services - 100% maximised income including receipt of correct welfare benefits; 83% maintained accommodation and avoided eviction; 76% secured/obtained settled accommodation
- Homeless Prevention Services - 96% maximised income, including receipt of correct welfare benefits; 89% maintained accommodation and avoided eviction; 83% secured or obtained settled accommodation

A key concern of Supporting People is domestic abuse. In 2012/13, more than 7,500 incidents were recorded by the police (to the end of February 2013), of which more than 2,400 were repeat incidents. Services are in place to support victims and their children including refuges and a making safe service which supports the victims of domestic abuse.

Case Study - Domestic Abuse

S had drug/alcohol issues and was living with her abusive partner who also supplied the drugs. The police advised S to leave the area or risk losing her child. She was referred to a domestic abuse service (DAS) away from her home town, and referred to a specialist drug agency to access a programme of support. The specialist DAS gave her structure and helped her to access a GP, assisted with family support/child protection issues, and a Freedom programme which helped with her self-awareness and self-esteem. A safety plan was put in place should the perpetrator turn up or try to contact her or her child. S is now living in the new area. She has indicated that the support had been very valuable and is now a volunteer with the service and would be interested in working in this field. Without the service she said she would not have been in a position to care for herself or her child.

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

How have we ensured in 2012/13 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 of our services including adult respite, older people’s homes, home care and rehabilitation services (START). These inspections check the quality of the service given to the customer. Currently CQC has recorded no areas of non-compliance in the standards/final reports for older people’s homes and adult respite services.

START teams have been an area of particular focus for CQC in their recent inspection activity, following the registration of ten new locations by HAS in September 2012. Of the 14 teams, 12 have been inspected to date, and there has been one instance of non-compliance in the standard relating to record keeping. In response, an action plan was completed by the Registered Manager to address the issue raised.

We understand that people require access to information about the services and providers we contract with so that they can make informed decisions about their care choices. Details of all our contracted provision in North Yorkshire is made available on our website which enables people to link to CQC reports on our providers and to see where we have taken action to suspend a provider.

We continued with our programme of monitoring residential care homes and nursing homes and we aim to visit all providers of care on a regular basis. Whilst the majority of care providers provide care services to the highest standards, there are occasions where standards are not met

and we have to take action. In the vast majority of cases this action has led to adherence to an action plan and the provider has remedied and improved the service it provides.

As at 1 April 2012, there were 7 organisations suspended (2 of these were partially suspended).

Case Study - Residential Care

Born in a tent in Canada in 1913, M was fiercely independent and wanted to remain independent for as long as possible. After receiving support from START and homecare, she somewhat reluctantly decided - in consultation with her family - to move into residential care.

The staff assessed her needs and provided support in a personalised way which allowed her to maximise the independence she still had, making sure that despite being in need of residential support she retained choice and control over her life.

M flourished in the new environment taking part in the craft groups, sing alongs and resident meetings. “Our lovely M always knew what she wanted and how it should be done and kept us all on our toes, in the nicest possible way.”

Her family said she considered the staff and residents to be part of her extended family and when she was admitted into hospital shortly before her death, she was adamant that she would return “home” one last time. She made it.

Between 1 April 2012 and 31 March 2013, 28 organisations were suspended (17 were partially suspended during the year). Between 1 April 2012 and 31 March 2013, there were 14 organisations whose suspensions were fully lifted. As at 31 March 2013, there were 21 organisations suspended (8 of these were partially suspended). We monitor our own provision in a consistent manner to the independent sector and where appropriate will take action in terms of suspension from the provider list.

Adult social care and carers surveys

In 2012/13, all councils were required to conduct two surveys on behalf of the Department of Health - the annual Adult Social Care Survey (to assess how services affects people's lives) and a new Carers' survey, which looked at whether or not services received by carers were helping them in their caring role and in their life outside caring.

In January 2013, we sent out 1000 Adult Social Care survey forms to people receiving services and 548 (nearly 55%) were returned. The survey asked a range of questions concerning how people viewed the services they received and how we responded to their needs.

One of the key questions asked is about how much control people have over their daily lives. This has increased slightly on last year's good performance to 78% of people responding saying that they have sufficient control over their daily lives.

Overall 62.7% of people said they were very or extremely satisfied with their care and support. This again is a slight increase on last year's figure of 60.3%.

The number of people who said that they felt safe and that their care and support contributed to this feeling both increased slightly compared to last year.

The second survey looked at carers and the services that are provided for them. The survey was run in October and November 2012 for the first time so there is no previous information with which to compare it.

A total of 950 survey forms were sent out with 653 (68.7%) being returned. 40.8% of carers who responded said that they were extremely or very satisfied with the services they received, and 62.9% of carers felt that their views were taken into account when the cared for person was being assessed. However, it is disappointing to note that over 20% felt that they were only sometimes or never consulted when the cared for person was being assessed. This latter point was raised as part of the Carers' Consultation run between April and July 2012 and there is an implementation plan in place to address this concern.

Complaints, comments/ concerns and compliments

We received 601 compliments regarding staff members, up from 465 in the previous year. We also received 207 complaints about our services or the way that we assessed for services. Of these, 29 complaints were upheld and a further 71 were partially upheld, 64 were not upheld, 6 were not pursued/investigated and 37 are continuing.

The nature of complaints remains wide and varied. However a high proportion relate to client charges. In addition to the 207 complaints, we also received a further 147 comments or concerns that did not lead to a formal complaint. It is pleasing to note that given the number of people we serve the level of complaints remains extremely low. Whilst a number of complaints were referred to the Local Government Ombudsman (LGO) they raised no matters of concern with the Council.

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

How have we ensured in 2012/13 that the care and support is provided with dignity and respect?

How North Yorkshire will ensure that:

- **All workers, including those involved in making decisions on social care, respect people’s dignity and ensure support and services are sensitive to individual’s 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

We continue to hold dignity and respect as core principles within all services whether provided by us or commissioned by us from others. We place the Dignity in Care Charter at the centre of all our services and we expect external providers to do the same. We have worked with a number of partners including the Independent Care Group (ICG) and the Local Involvement Network (LINK) to monitor the quality of social care services.

In 2012, much of our dignity work focused on quality assurance. This included a project with the Older People’s Partnership Board, where we looked at the 10-point dignity challenge and decided on a way of helping older people to feel more comfortable about giving feedback about services (point 7 of the dignity challenge). This is the Critical Friends project and it involves peer support through volunteers to help older people in residential and extra care to have a stronger voice. The Board also produced a research report into older people’s experience of loneliness and isolation. An action plan is being developed, based on the recommendations of the report.

We celebrated National Dignity Action Day on 1st February 2013. There were displays in libraries and Extra Care housing schemes with staff asking the public to contribute their ideas

and pledges. One team handed out leaflets to shoppers and put up posters in public places; an Extra Care scheme also invited external agencies e.g. Red Cross, Volunteer Bureau to promote their services. There were lots of creative events in North Yorkshire’s residential and day services including the promotion of a befriending and pen pal scheme, a shopping service with the opportunity for interaction being as important as the shopping; and a practical theme with one of the Occupational Therapy teams offering members of staff the opportunity to be hoisted in a sling - this helped staff to realise how vulnerable it feels to be powerless in a hoist.

Our Dignity in Care Charter is available at <http://www.northyorks.gov.uk/index.aspx?articleid=11961>.



North Yorkshire autism strategy

We have held four engagement events with people with autism and their families across North Yorkshire. The findings of the events are helping us to develop the initial action plan with the Autism Steering Group. It is our intention to develop a more comprehensive strategy following further engagement with people with autism and their families during November and December.

Autism training and NAS accreditation

Key Health and Adult Services assessment staff have undertaken intermediate autism training and assist other staff when undertaking assessments with people with autism, to help gain a greater understanding of their needs. Further autism awareness workshops have been commissioned

by the Learning Disability Partnership Board and will be held in the summer and autumn of 2013.

Transitions

Transition to adulthood for young people with disabilities can be difficult and stressful. We have continued to focus resources on this area and we are working closely with our colleagues in the Children and Young People’s Services (CYPS) to improve the transitions.

The Transitions Steering Group continues to work on behalf of CYPS, HAS and the five CCGs to make sure that we all work together to support young people and their families in this transition period. We have continued to work with partners in the local Further Education Colleges to offer alternatives to costly out-of-county college placements. This approach allows young people to progress their education whilst remaining in their home environments.

Case Study - Complex Transition

OT was successfully supported through transition from Children's Services into Health and Adult Services for respite provision. OT has complex health needs and her mother was extremely anxious about her transition. For eight months before the move, adult social care staff attended school reviews, linking with the children's respite team, with school staff and meeting with OT's mother. We worked closely with health prior to OT's first stay, and arranged training in specific health tasks. OT attended several times whilst being supported by parents for social visits and this built up to tea visits. Once OT was 18 she came unsupported for several tea visits before staying for the night. At the six week review Mrs T, OT's mother, commended the staff and service for their support, sensitivity and time with a complex transition and intense health support needs.

Safeguarding

We have continued to review our safeguarding arrangements in light of the Winterbourne View investigation and the Francis report into the Mid Staffordshire Hospital. The Independent Chair of the Safeguarding Adults Board appointed in April 2012 has continued with his "arms-length" overview of safeguarding activity.

The report into Winterbourne View was published in December 2012, with specific recommendations to ensure that vulnerable people who are supported by local authority or health services are in safe, personalised services, including those placed outside the county. We have established a Winterbourne View Review Group to take forward these issues. The 'Expert by Experience' in the Winterbourne investigation attended our Safeguarding Conference in November 2012 and gave a powerful presentation representing the voice of the user.

In conjunction with health colleagues we have developed an action plan which has been considered and approved by the Health and Wellbeing Board and we launched the Safeguarding Awareness Campaign at the Safeguarding Adults Board. The campaign is aimed at ensuring vulnerable people get the help and support they need and deserve.

"Abuse can happen to vulnerable people at any time" said County Councillor Clare Wood, Executive Member for Health and Adult Services, "and we want to use our new campaign to get out the message that people have the right to live their lives independently, free from violence, harm or exploitation".



"The campaign strapline is Seen it? Heard it? Report it, because we always want people to know more about safeguarding and encourage the reporting of abuse. We have produced a new guide called 'Protecting adults at risk; guide to safeguarding adults from abuse' and the series of six posters show real stories in real settings".

Feedback from the North Yorkshire County Council Citizens' Panel was used to inform and target the campaign. Together with our partners we will distribute the campaign materials around the county to care homes, hospitals, doctors' surgeries and in community settings such as post offices and village halls. The Care and Independence Overview and Scrutiny Committee has identified financial abuse as one of its main work areas and will be conducting an indepth review of the issues associated with the financial abuse of vulnerable people.

Our colleagues in the Trading Standards Service continue to operate the "No cold call zones"

across North Yorkshire which endeavours to protect vulnerable people from unsolicited doorstep selling.

In 2012/13, we received 2,704 referrals of suspected abuse in the County, an increase of 18% from 2011/12. More than 700 referrals come from our partners, including the police, NHS, housing organisations and the CQC. We believe this increase is due to increased public awareness of safeguarding issues and better training for our own and other organisations' staff.

Of the 2,704 referrals, 716 resulted in a strategy meeting or discussion on further action required. Of the cases completed in 2012/13, 151 were found to be fully or partly proven and appropriate action plans were put in place. The remaining 433 were found to be not substantiated or inconclusive and no further safeguarding action was required. These figures show a slight decrease in the numbers of strategy meetings and cases found to be fully or partly proven when compared to last year. Other appropriate action was taken for the remainder of the referrals, either by social care or another agency.

The SAB continues to reinforce the importance of training for all staff and volunteers. A safeguarding event for staff was held in November which promoted the importance of dignity and wellbeing in safeguarding, with workshops on the multi-agency support available for vulnerable adults (including community safety/ safer neighbourhoods; Trading Standards; food, nutrition; telecare, dementia and dignity).

We continue to deliver a high level of training for alerters and now provide online materials to support direct training. We supported the growing number of champions to help maintain their knowledge and skills and strengthened training for those who are responsible for responding to alerts in health and social care

Serious Case Review

North Yorkshire Safeguarding Adults Board published a Serious Case Review concerning the death of a homeless man in his mid 40s, who died in North Yorkshire in January 2012.

The review recommended 14 actions or learning points for the agencies involved and for the Safeguarding Adults Board. Individual agency recommendations have been or are being implemented. The Board has adopted the recommendations and an action plan is being implemented.

Jonathan Phillips, independent chair of North Yorkshire Safeguarding Adults Board, said ***"This is the first Serious Case Review to be considered by North Yorkshire Safeguarding Adults Board and is unusual in that it focuses on a very short period of the man's life over the extended Christmas and New Year holiday period"***.

"We accept the recommendations in this report fully as they will further professionals' understanding, support wider knowledge sharing and improve services for homeless people in this complex and unique area of adult social care."

"There are a number of lessons to be learned for all the agencies involved. In particular there is a need for greater understanding and information sharing across agencies on both homelessness legislation and its interaction with community care and the duty to take vulnerability into account in relation to homelessness."

services, by linking their training more closely to CQC essential standards and line management and supervision of staff within their role.

The Government's intention is to put safeguarding adults on to a statutory footing. There is a clear commitment in the Care and Support Bill to safeguarding which is expressed in the statement ***'I know that the person giving me care and support will treat me with dignity and respect'*** which we took as the title of our conference in November 2012.

Safeguarding

Quote from a vulnerable adult

"I was a bit daunted about attending a safeguarding meeting as I am not very good at speaking up for myself. I needn't have worried; the safeguarding team knew so much about the case. They were so kind and patient and the Chair was so good at going through my concerns."

Quote from a relative

"Thanks to the fast action of all the people involved in my dad's case, he was safeguarded and protected so well and with such care"

Public sector equality duty

We have met the requirement to publish our 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; and

- continue development work with Gypsy, Roma, Traveller and Show people communities.

The latest update on our equality objectives, May 2013, is available at <http://www.northyorks.gov.uk/index.aspx?articleid=3131>.

A Wider Forum event took place on 19th March 2013, aimed at Gypsy, Roma, Traveller and Show people communities. The event focused on engaging and seeking community views on accommodation and education. Findings will be fed into service development and commissioning.

We continue to pay due regard to the Public Sector Equality Duty when considering service developments and changes. The way we currently evidence this is via our needs analysis and equality impact assessments. In 2012/13, we published 15 equality impact assessments, including one on the new carers' strategy and implementation plan. We have a forward plan for assessments in 2013/14. Completed assessments are available on the NYCC website: <http://www.northyorks.gov.uk/index.aspx?articleid=11685>.

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

How have we ensured in 2012/13 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 remain committed to ensuring that all people who are eligible for services have a personal budget. For 2012/13, 84% of eligible people have a personal budget; this is well in excess of the Government's 70% target which forms part of the Think Local, Act Personal (TLAP) initiative. We have also talked about TLAP in Statement 1 of the Local Account.

The number of people with a personal budget has increased as well as the percentage taking a direct payment which has increased from 7.9% to 9%. A key challenge for us is that many people, especially older people, prefer to have their services directly commissioned or provided by the Council. We are working on new ways of allowing people to access the benefits of direct payments without the administrative burden.

The Government's Think Local Act Personal - “Making It Real” programme helps councils, providers and other organisations working with people 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

We have established a “Making it Real” team with providers and organisations, and have joined the Yorkshire and Humber - Making it Real Programme. The programme's ‘Getting Started Event’ was held in December 2012 which has helped us progress personalisation. We have been commended for our consultation and engagement with people who use services and we expect to make our public declaration of our commitment to the milestones on the TLAP website in 2013/14.

Personal budgets and direct payments

Direct payments and personal budgets are a central part of personalising services for people, giving them choice and control over their care and support. We continue to promote and encourage the use of direct payments and are working towards ensuring that, where appropriate, people are in receipt of personal budgets.

Case Study - “My home, my life and my choice”

Mr D, who has a learning and physical disability, had lived with his mother all his life until she became too frail to care for him. Mr D went into an emergency placement in September 2012. The Social Care Assessor (SCA) spoke to him about living in his own flat. Mr D agreed to this, although some of his family were not happy with this decision.

Mr D expressed his desire to live independently, as he kept saying it was “his choice” and “his life”. The risks of independent living due to his support needs were explained in detail to him and he understood all the implications but was determined that this was his choice. His sister was a great support for him at this time and championed his decision to live independently.

The SCA discussed options for Mr D and when a flat became available the Learning Disability START team began working with him in preparation for the move. The LD START team supported Mr D to move his possessions into his new flat. The team worked closely with health colleagues and ensured there was a good handover to the agency who took over his support.

This has been a major change for Mr D and in his own words it’s “my home”, “my life” and “my choice”. He still requires a lot of support to do this, and has recently said that he often feels lonely. However, everyone has worked hard to make his dream happen for him, including his sister.

care services. Whilst the overall number of direct payments is relatively low in comparison with other local authorities, the number of people taking up direct payments has increased.

In December 2012 we started a pilot for Individual Service Funds (ISF). ISFs provide an alternative way for people who do not want the responsibility of a direct payment to choose how and when they receive support. ISFs offer flexibility, choice and control and are a positive option for some people. The NYCC pilot is currently working with six providers across the County.

We have developed a peer support network to provide practical support to people who choose to recruit their own staff with their direct payment. The scheme is run by the North Yorkshire Centre for Independent Living (NYCIL). The project also aims to create a personal assistant (PA) database of those people offering PA services. Initially this was only offered in the east of the County and it has recently been rolled out to west.

We have continued to work alongside regional and national initiatives such as “Think Local, Act Personal” to encourage and simplify the use of direct payments. We note the comments made by the regional Sector Led Improvement initiative and are working with various groups and organisations to improve the take up of direct payments through a range of action plans.

We have continued to support a wide range of people through personal budgets, allowing them to be creative and flexible in planning their care needs, focusing more on the use of services in the community rather than on more traditional

Jamie's Story

I'm Jamie and I'm 19 years old. I've just finished my first year as a student at Durham University. I have cerebral palsy and I'm a wheelchair user. Moving to university represented the biggest change in my life so far in terms of living independently away from home.

Until then I had had no experience of organising my own support but I wanted to go to the university which suited me best regardless of location. It was difficult to plan exactly what support I would need before going to University and a direct payment seemed to offer the best solution as it gave me the maximum flexibility to organise my own support.

Initially, I used an organisation which provided live-in carers and my direct payment was used to pay for this. Although I thought that this was the right solution for me, I found that it did not work out so I was able to change the type of support to better suit my needs. I changed to a combination of agency support staff, who

would come at set hours and with support from other students. The advantage of student support was that I was able to interview and select people I got on with and that it allowed me to be more flexible rather than having to plan my support a few days in advance. It did mean that I had to advertise the posts, interview people, write job descriptions and provide contracts, but once this was set up, it was very successful. I use a payroll agency to pay my student helpers and the only thing I have to do is to fill in monthly time sheets for each of them. I have three student helpers so one of them will usually be available. Another advantage is that if I unexpectedly need extra help during the week, I can call on one of them at short notice.

My direct payments adviser visits me at the end of every term to check that everything is going OK. I would definitely recommend direct payments as it's the most flexible and efficient way of organising effective support and gives me maximum control.

Innovation fund

NYCC's Innovation Fund encourages voluntary sector groups to develop more flexible and personalised services which fit with local people's needs. The first two rounds successfully established 20 projects injecting more than £921,000 into North Yorkshire's voluntary sector. We will use what we have learned from the first two rounds when we launch the third round of bidding later this year, which will allocate the remaining innovation funding.

We have evaluated the projects and will share good practice with other providers to ensure they can develop their services effectively. An example of this was the NYCC's Innovation Day in August 2012 which presented the latest work of the innovation fund and gave voluntary organisations the opportunity to network and to learn from one another. To find out more visit the NYCC website: <http://www.northyorks.gov.uk/index.aspx?articleid=15614>

Purple Patch Arts received a £49,350 grant for the Purple Hub from the Innovation Fund. The Purple Hub is a new type of social club for, and

managed by, adults with learning disabilities. It



provides informal and low cost social interaction, rather than activity-based sessions led by facilitators. It replicates the 'let's meet for a chat' that any of us might arrange, but deals with people's access issues.

There are two hubs so far. The "Words and Wisdom Hub" explores creative writing and poetry, and listening to audio books. The "Lifestyle Hub" enables members to meet for a mixture of gentle exercise, socialising and healthy living advice. "Cafe Hub" and "Pub Hub" are about to be launched. Hub members say:

"I really like the Story-out-of-a-Hat bit of Words and Wisdom as it gets your imagination going, and we make some crazy stories. It's a friendly space and I love coming."



"I don't think I've moved so much in years. I woke up the next day and felt muscles I didn't know I had! I love it, and it's great to be outside in the fresh air."

Other things we have done and you may be interested in

Public health

Good public health is fundamental to a healthy and active population. The transfer of public health to the Council will ensure that health and wellbeing are central to all of the Council's policies and strategies. Over the coming years, public health will feature more prominently in the Local Account. We have worked towards taking statutory responsibility for public health in communities. We have worked closely with our NHS partners to ensure the smooth transition of public health services to the Council ready for implementation. We have appointed the Director of Public Health who will produce an annual report which will be available later in the year. It will outline plans and achievements.

Public Health has a budget of £19 million for 2013/14 (rising to £19.7 million in 2014/15) to deliver a range of public health contracts.

The early commissioning intentions are:

- We will increase the options available to parents and families with overweight and obese children. This will be part of the national measurement programme.
- We will improve the mechanisms for tobacco control and look at measures to prevent younger people from smoking and helping people who smoke to stop. We work with Trading Standards on underage campaigns and also work with communities, schools and licensees.
- We will work with partners to commission sexual health services for all, including contraception, infection and screening.
- We will work with partners to promote good mental health as there is a clear link between good mental health and long term health and wellbeing.
- We will work with communities to improve

vaccination rates for preventable diseases like measles and also promote the uptake of flu vaccinations especially those in at risk groups and their carers.

Joint strategic needs assessment and joint health and wellbeing strategy

The Joint Strategic Needs Assessment (JSNA) and the Joint Health and Wellbeing Strategy (JHWS) are produced by North Yorkshire's Health and Wellbeing Board. The JSNA describes the health and wellbeing needs of people in North Yorkshire, and the JHWS builds on the JSNA to explain the Board's priorities to meet these needs and improve people's health and wellbeing. The JHWS will be used to guide what health and social care services should be commissioned in the county. It will also guide development of other services which can have an indirect impact on people's health.

The five CCGs play an active part in the Health and Wellbeing Board and are jointly accountable for the development of the JSNA and the JHWS. In each CCG area, discussions are taking place about the development of integrated neighbourhood teams. People's views were sought and the final version of the strategy, which was published in December 2012, was developed from the draft version using the many comments and suggestions received.

Key areas for particular focus during the next 1 to 2 years identified in the strategy are:

- Making a concerted multi-agency approach to identify children and families who are vulnerable to poverty, have high and complex needs or are in challenging situations. All partners should work together to develop integrated solutions.
- Social isolation and its impact on mental health and wider aspects of people's health.

- Creating opportunities to support, expand and grow the contribution people can make in developing safer, supportive communities. Health, social care and other organisations should develop their knowledge of what community assets exist in their area and how they can be better used and developed. The important role played by unpaid carers should be recognised and supported.
- Ensuring services are developed placing emphasis on integrated services which reduce unnecessary hospital admissions for people with long-term conditions.
- Encouraging positive lifestyle behaviour changes. Improving awareness around the need to develop healthy lifestyles, in particular smoking reduction, obesity and alcohol consumption.
- Seeking opportunities to develop healthy lifestyles by supporting wide-ranging less obvious initiatives such as maximising the use of our local countryside and local nature partnerships and supporting local sports clubs.
- Improving the availability of more affordable housing that is appropriate to people's needs.
- Maximising opportunities for local economic and job development, including the continued development of a more sustainable transport system to meet the social and economic needs of local communities and safeguard the environment.

North Yorkshire's JSNA is available on the Council's website: <http://www.northyorks.gov.uk/jsna>. The JHWS is available on the North Yorkshire Partnerships website: <http://www.nypartnerships.org.uk/index.aspx?articleid=20933>. Easy Read versions of the reports are also available.

Flooding

North Yorkshire was severely affected by flooding twice in 2012. In September, large parts of the county had local and main roads closed (including a section of the A1). This resulted in the evacuation of one sheltered housing scheme in Richmondshire and the evacuation of two whole communities in Topcliffe and Boroughbridge. Two rest centres were set up by the Council's Major Incident Response Team who ensured vulnerable residents were cared for and able to return home as soon as possible. Travel around the county was severely restricted and all agencies worked together to ensure that vulnerable people were safe and secure. Home care staff had to use 4 x 4 vehicles and make extensive detours to ensure that visits were made and people remained safe.

This excellent partnership working resulted in NYCC and Richmondshire District Council being jointly awarded the Radio York Flood Heroes award for the combined response to the severe flooding and the successful evacuation, assessment and relocation of the residents of a sheltered housing scheme.

In December the Malton area was significantly affected by flooding. Again agencies including the County and District Councils worked together to ensure that vulnerable people were kept safe and had a place of refuge if needed.

Our priorities and challenges for 2013/14

The challenge for 2013/14 for HAS is to continue with the pace of the change and transformation in social care and health.

Our main priority is to support people in ways which will minimise the need for long term care in the future. We will do this by extending our programme of Extra Care schemes; using telecare to help people to remain in their own homes rather than be placed in residential care;

continuing with our START service to rehabilitate people to regain confidence and skills after an accident or stay in hospital; and offering a wider choice of services through a range of Innovation Fund projects.

Going forward, we are required to make significant savings towards the overall Council budget. In working to achieve these savings we will always endeavour to protect the most vulnerable people in the county. We will seek the opinions of the people of North Yorkshire on our future proposals in order to deliver cost effective and high quality services that meet the needs of people.

We will continue to ensure that safeguarding is a high priority and that vulnerable people are protected from harm, supported to feel safe and treated with dignity and respect through our partnership working with other agencies and the Safeguarding Adults Board. We will continue to raise awareness on safeguarding issues and ensure that appropriate training is given to providers of care. We will always act quickly to stamp out poor practice and we will work with our providers and regulators to ensure the highest standards of care are given. We will ensure in all our actions people are treated with the utmost dignity and respect.

We will work with our NHS and public health partners to implement the proposals introduced by Government including greater integrated working, promoting healthier lifestyles and reducing inequality in the levels of deprivation throughout the county. One of our key focuses will be the preparation for the introduction of the social care reforms introduced by the Government in the Care Bill. These include a life time charge for social care, national guidance on minimum level of service, the right for carers to receive an assessment and services, and an emphasis on prevention, rather than reactive services.

Now we need your help:

Please take a moment to provide your feedback. 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 2012/13 Local Account, we would like to know:

- **Has this Local Account been easy to understand? How could we improve the document in the future?**
- **Has it been informative?**
- **Have you found it useful?**
- **Are the case studies useful - do they bring the work we do alive?**

Your comments will help us greatly in preparing the content for the 2013/14 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**

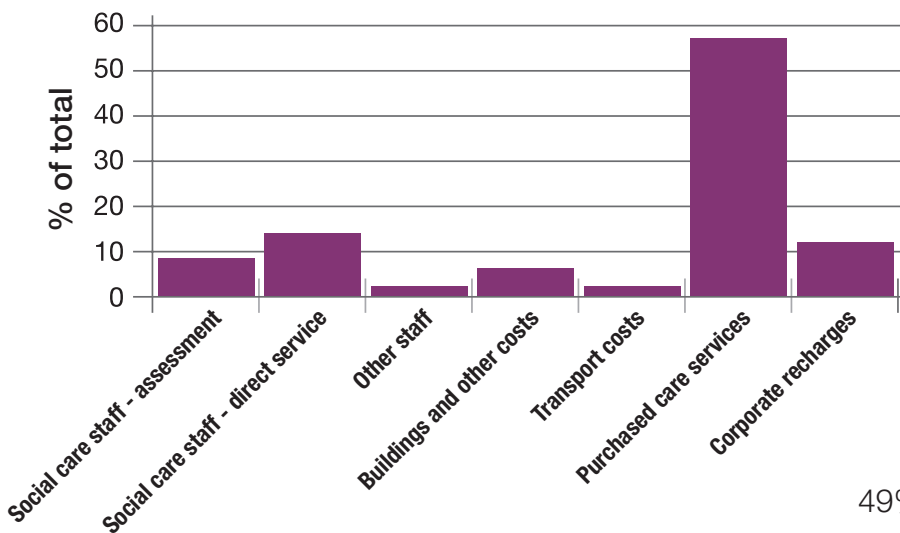
How much do we spend on adult social care?

These are the actual expenditure figures for 2012-13 (including our share of the overall running costs of the County Council)

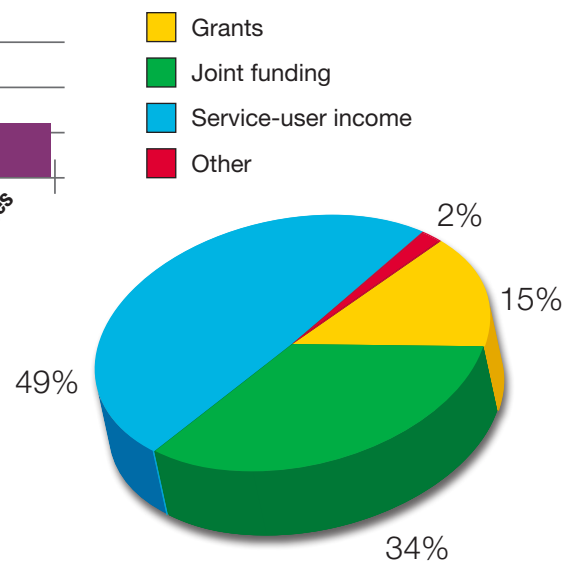
Spend on:	Gross Spend £000	Income £000	Net Spend £000
Social Care Service Strategy	358	0	358
Older People	100,961	-31,837	69,124
People with physical disabilities	15,223	-2,813	12,410
People with learning disabilities	56,933	-16,357	40,576
People with mental health needs	7,952	-1,661	6,291
Other adult services	2,011	-894	1,117
Specific Government Grants		-9,389	-9,389
	183,438	-62,951	120,487



What we spend the money on



Where the income comes from



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

What does the money achieve?

During 2012/13, 19,027 people with a variety of needs received services from HAS. The services include residential care, personal care at home, day care, and respite care. The majority of services were offered to people living in their communities 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 the age of 65 - more than 13,000 people.

The total number of people who received services during 2012/13 by need and age group is:

Main Category	18 - 64	65 and over	Total People
Physical Disability	2151	12310	14461
Mental health needs	1515	1248	2763
Learning Disability	1502	179	1681
Substance Misuse	16	9	25
Other Vulnerable People	5	92	97
Grand Total	5189	13838	19027

The total number of people who received services during 2012/13 by type of service delivered, gender and age group.

	18 - 64		18 - 64	65 and over		65 years+	Total People
	Female	Male	Total	Female	Male	Total	
Community Based Services e.g. personal care at home, day services	2583	2423	5006	7825	4115	11940	16946
Residential Care	152	233	385	1472	503	1975	2360
Nursing Care	36	32	68	790	380	1170	1238
Total	2771	2688	5459*	10087	4998	15085*	20544*

* 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 2012/13

Outlined below are the 17 Adult Social Care Outcome Framework (ASCOF) indicators which are produced by all councils with adult social care responsibility. These indicators fall into four domains which are the headline areas in the framework and are reproduced as titles below. 2012/13 was the third year of collection for some of the indicators and where appropriate the 2012/13 and the 2011/12 figures are shown.

Measure	How it is measured	How we score it	2011/12	2012/13	Why are we measuring this?	What do we think
Enhancing the quality of life for people with care and support needs						
Social care-related quality of life	Average score out of 24	higher is better	18.9	19.2	Measure of general satisfaction	Slight improvement on 2011/12 figures. Remains above all England and Yorkshire and (Humber Y&H) averages.
Percentage of people who use services who have control over their daily life	Percentage	higher is better	77.7%	78.0%	Measure of the degree of independence and control a person has	Slight increase on previous year's figure. However significant numbers of clients feel that they have control of their day to day life. Remains above all England and Y&H average
Percentage of people using social care who receive self-directed support	Percentage	higher is better	48.3%	32.8%	Measure of the degree of choice and control a person has	For 2012/13 we redefined those people who we believed would benefit from a long term social care package that required a personal budget (self-directed support). We focussed on those with long term needs that could not be met through reablement, equipment or telecare. Consequently the measure has reduced to 32.8% of those in receipt of community services.
Percentage of people using social care who receive direct payments	Percentage	higher is better	7.9%	9%	Measure of the degree of independence and control a person has	Last year we said we wanted to increase the uptake of direct payments. We have reviewed our processes to make them easier to use We remain committed to increasing the numbers of direct payments as we believe that they offer people even more flexibility and choice in arranging their own services.
Carer-reported quality of life	Average score out of 12	higher is better	N/A	8.2	Measure of carers satisfaction with services	This new measure reflects the Carer Reported Quality of Life over a range of questions. The information is collected from the Carers Survey which was run in November 2012. This reflects a position above the all England average and just under the Y&H average
Percentage of adults with learning disabilities in paid employment	Percentage	higher is better	8.1%	7.2%	Links to reducing social isolation and increasing independence	It is disappointing to see a reduction in the number of adults with Learning disabilities in paid employment. However, this still represents good performance in relation to Y&H and England averages.

Measure	How it is measured	How we score it	2011/12	2012/13	Why are we measuring this?	What do we think
Percentage of adults in contact with secondary mental health services in paid employment	Percentage	higher is better	9.8%	12.3%	Links to reducing social isolation and increasing independence	An improving outcome indicating that more employment opportunities are available for those with mental health issues.
Percentage of adults with learning disabilities who live in their own home or with their family	Percentage	higher is better	78.7%	79.7%	Links to reducing social isolation and stability	Good performance. Above all England and Y&H 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	47.7%	58.5%	Links to reducing social isolation and increasing independence	Whilst showing an improving position this indicator remains below both all England and Y&H averages.

Delaying and reducing the need for care and support

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	8.9 per 100,000	11.6 per 100,000	Measure of the success of policies to maintain independence	A slight increase in numbers but driven by individual comparison to all England and Y&H 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	500 per 100,000	518.5 per 100,000	Measure of the success of policies to maintain independence	In keeping with overall direction of travel in maintaining people's independence at home. High performing when compared to all England and Y&H 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	92.6%	85.7%	A measure of the success of rehabilitation for social care clients	Whilst this outcome still represents good performance and is above regional and national averages it is disappointing that this indicator has decreased over the year. One of the challenges currently faced by HAS is the increasingly complex needs presented by people discharged from hospital.
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	2.9%	2.4%	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.

Measure	How it is measured	How we score it	2011/12	2012/13	Why are we measuring this?	What do we think
Delayed transfers of care from hospital per 100,000 population	rate per 100,000 population	lower is better	9.2 per 100,000	9.3 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 Councils. A good measure of how well we work with its partners in health. Below England and Shire averages.
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	1.9 per 100,000	3.3 per 100,000	A measure of the success in which social care services quickly moves people on from acute hospitals with appropriate services	High performing when compared to other Councils. Well below all England and Shire averages.

Ensuring that people have a positive experience of care and support

Overall satisfaction of people who use services with their care and support	Percentage	higher is better	61.6%	64.2%	Measure of general satisfaction with services	A slight increase in this indicator on 2011/12 performance. Performance is above all England average but slightly below Y&H average.
Overall satisfaction of carers with social services	Percentage	higher is better	N/A	41.8%	Measure of general satisfaction of carers with services	A slightly disappointing outcome for this indicator as it lies below both the all England and Y&H averages. Further work is being undertaken with carers as part of the overall Carers Strategy.
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	75.6%	A measure of how Carers have been involved with the care planning process	Whilst being a positive outcome and above the all England average, carers have indicated they wish to play a greater role in arranging services for the people they care for. This will be addressed as part of the Carers Strategy.
Percentage of people who use services and carers who find it easy to find information about services	Percentage	higher is better	74.0%	72.4%	A measure of how easy people find it to access information.	A slight decrease in the ease with which people find information on council services. Performance above all England average.

Measure	How it is measured	How we score it	2011/12	2012/13	Why are we measuring this?	What do we think
Safeguarding adults whose circumstances make them vulnerable and protecting from avoidable harm						
Percentage of people who use services who feel safe	Percentage	higher is better	64.8%	65.4%	A measure of independence and safeguarding	A more general question on people's perception of safety, which shows a slight increase to 65.4%. This figure is slightly above the all England figure of 65% but below the Y&H average figure of 67.8%.
Percentage of people who use services who say that those services have made them feel safe and secure	Percentage	higher is better	67.0%	67.7%	A measure of independence and safeguarding	Whilst a further increase in the numbers of people who feel safe as a result of council services, at 67.7% this remains below both the All England average and the Y&H 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.

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.

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.

Independent Sector - These are businesses outside the Council who also provide 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'.

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

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 on-going 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.

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

START - Short Term Assessment & Reablement Team offers a service usually for up to six weeks, 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 the Council which assesses 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).

Voluntary Sector - These are not for profit organisations outside 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**

If you would like this information in another language or format such as Braille, large print or audio, please ask us.

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