

# Agenda

**Meeting: Care and Independence  
Overview & Scrutiny Committee**

**Venue: The Grand Meeting Room,  
County Hall, Northallerton DL7 8AD  
(See location plan overleaf)**

**Date: Thursday 3 July 2014 at 10.30 am**

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## Business

1. **Minutes of the meeting held on 24 April 2014.**

**(Pages 1 to 4)**

2. **Public Questions or Statements.**

Members of the public may ask questions or make statements at this meeting if they have given notice to Ray Busby Policy & Partnerships (*contact details below*) no later than midday on Tuesday 1 July 2014, three working days before the day of the meeting. Each speaker should limit themselves to 3 minutes on any item. Members of the public who have given notice will be invited to speak:-

- at this point in the meeting if their questions/statements relate to matters which are not otherwise on the Agenda (subject to an overall time limit of 30 minutes);
- when the relevant Agenda item is being considered if they wish to speak on a matter which is on the Agenda for this meeting.

3. **Better Care Fund– Report of the Corporate Director – Health & Adult Services**

**(Pages 5 to 9)**

4. **Care Quality Commission Consultation on Inspection Methodology and the HAS Processes for the Monitoring of Services**– Report of the Corporate Director – Health & Adult Services.  
**(Pages 10 to 15)**
5. **North Yorkshire Tier 2 Lifestyle Service** – Report of the North Yorkshire Director of Public Health.  
**(Pages 16 to 18)**
6. **The Care Act** – Report of the Corporate Director – Health & Adult Services  
**(Pages 19 to 23)**
7. **Work Programme** - Report of the Scrutiny Team Leader.  
**(Pages 24 to 50)**
8. **Other business which the Chairman agrees should be considered as a matter of urgency because of special circumstances.**

Barry Khan  
Assistant Chief Executive (Legal and Democratic Services)

County Hall  
Nothallerton

25 June 2014

#### **NOTES:**

- (a) Members are reminded of the need to consider whether they have any interests to declare on any of the items on this agenda and, if so, of the need to explain the reason(s) why they have any interest when making a declaration.

The relevant Corporate Development Officer or the Monitoring Officer will be pleased to advise on interest issues. Ideally their views should be sought as soon as possible and preferably prior to the day of the meeting, so that time is available to explore adequately any issues that might arise.

- (b) **Emergency Procedures For Meetings**

#### **Fire**

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Persons should not re-enter the building until authorised to do so by the Fire and Rescue Service or the Emergency Co-ordinator.

An intermittent alarm indicates an emergency in nearby building. It is not necessary to evacuate the building but you should be ready for instructions from the Fire Warden.

#### **Accident or Illness**

First Aid treatment can be obtained by telephoning Extension 7575.

# Care and Independence Overview and Scrutiny Committee

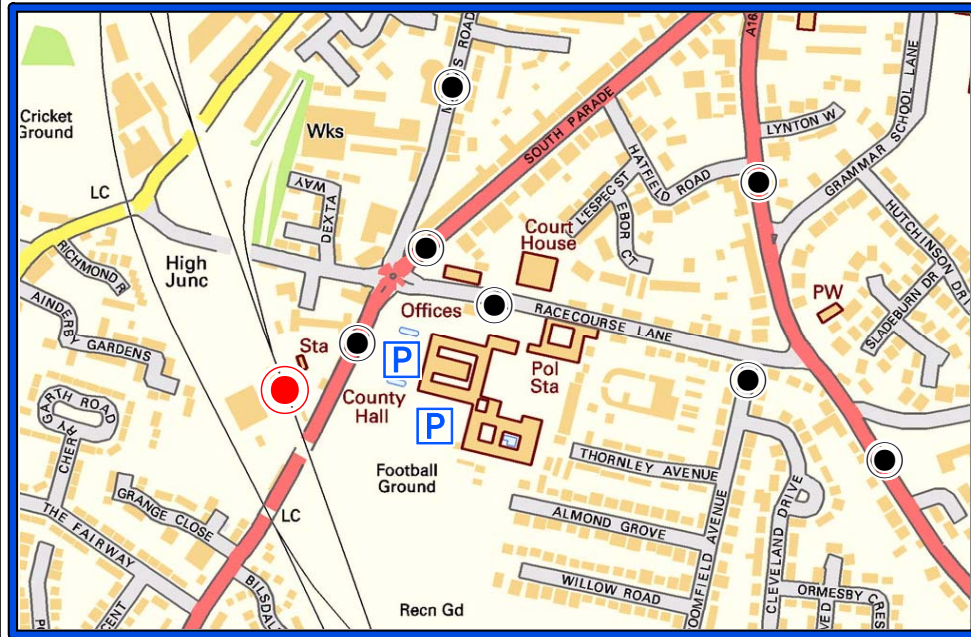
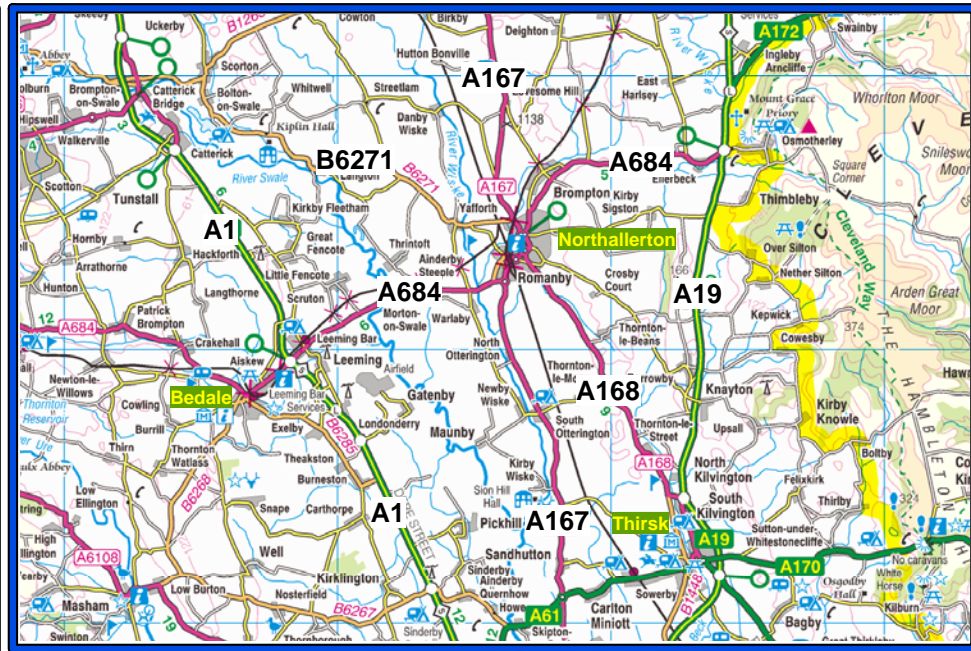
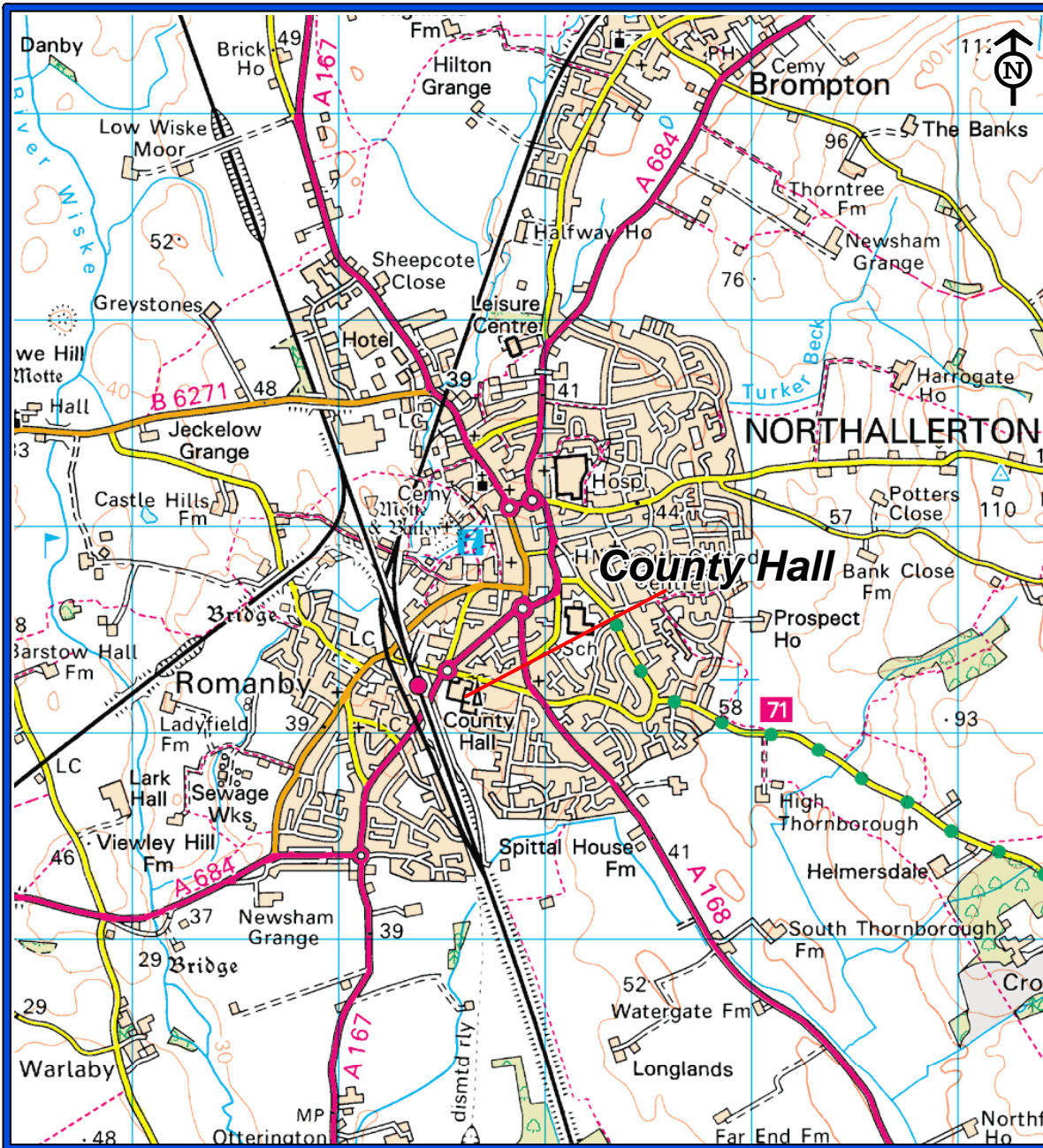
## 1. Membership

<b>County Councillors (13)</b>								
	<i>Councillors Name</i>	<i>Chairman/Vice Chairman</i>	<i>Political Party</i>	<i>Electoral Division</i>				
1	BURR, Lindsay MBE		Liberal Democrat					
2	CASLING, Liz		Conservative					
3	ENNIS, John		Conservative					
4	GRANT, Helen		NY Independent					
5	JORDAN, Mike		Conservative					
6	McCARTNEY, John	Vice Chairman	NY Independent					
7	MARSDEN, Penny		Conservative					
8	MARSHALL, Brian		Labour					
9	MOORHOUSE, Heather		Conservative					
10	MULLIGAN, Patrick	Chairman	Conservative					
11	PLANT, Joe		Conservative					
12	PEARSON, Chris		Conservative					
13	SAVAGE, John		Liberal					
<b>Members other than County Councillors – (2)</b>								
<b>Non Voting</b>								
	<i>Name of Member</i>	<i>Representative</i>	<i>Substitute Member</i>					
1	CARLING, Jon	North Yorkshire and York Forum						
2	SNAPE, Jackie	Disability Action Yorkshire						
3	PADGHAM, Mike	Independent Care Group						
<b>Total Membership – (15)</b>				<b>Quorum – (4)</b>				
	<b>Con</b>	<b>Lib Dem</b>	<b>NY Ind</b>	<b>Labour</b>	<b>Liberal</b>	<b>UKIP</b>	<b>Ind</b>	<b>Total</b>
	8	1	2	1	1	0	0	13

## 2. Substitute Members

<b>Conservative</b>		<b>Liberal Democrat</b>	
	<i>Councillors Names</i>		<i>Councillors Names</i>
1	MARSHALL, Shelagh OBE	1	
2	CHANCE, David	2	GRIFFITHS, Bryn
3	JEFFELS, David	3	JONES, Anne
4	BACKHOUSE, Andrew	4	
5		5	
<b>NY Independent</b>		<b>Labour</b>	
	<i>Councillors Names</i>		<i>Councillors Names</i>
1	HORTON, Peter	1	BILLING, David
2	JEFFERSON, Janet	2	
3		3	
4		4	
5		5	
<b>Liberal</b>			
	<i>Councillors Names</i>		
1	CLARK, John		





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Northallerton  
North Yorkshire  
DL7 8AD

Tel : 0845 8 72 73 74



North  
Yorkshire County Council

## North Yorkshire County Council

### Care and Independence Overview and Scrutiny Committee

Minutes of the meeting held on 24 April 2014 at 10.30 am at County Hall, Northallerton.

#### **Present:-**

County Councillor Patrick Mulligan in the Chair

County Councillors: Liz Casling, Helen Grant, Mike Jordan, Penny Marsden, Brian Marshall, Shelagh Marshall (substitute for John Ennis), Heather Moorhouse, Joe Plant, Chris Pearson and John Savage.

Representatives of the Voluntary Sector: Ian Carling (North Yorkshire and York Forum) and Jackie Snape (Disability Action Yorkshire)

Officers: Richard Webb (Corporate Director - Health and Adult Services), Dr Lincoln Sargeant (Director of Public Health, (Health and Adult Services)), Mike Webster (Assistant Director, Contracting, Procurement and Quality Assurance, (Health and Adult Services)), Ruth Chamberlain (Commissioning and Change Implementation Manager, Procurement, Partnerships & Quality Assurance (Health and Adult Services)), Robert Ling (Assistant Director (Technology and Change)), Ray Busby (Scrutiny Support Officer, (Policy, Performance and Partnerships))

Apologies: County Councillors: John Ennis, Lindsay Burr.  
Independent Care Sector Representative: Mike Padgham

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#### **Copies of all documents considered are in the Minute Book**

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#### **27. Minutes**

##### **Resolved –**

That the minutes of the meeting held on 23 January 2014, having been printed and circulated, be taken as read and be confirmed and signed by the Chairman as a correct record.

#### **28. Public Questions or Statements**

The Committee was advised that no notice had been received of any public questions or statements to be made at the meeting.

#### **29. Health and Adult Services Directorate**

Considered -

Presentation by Richard Webb, NYCC Corporate Director - Health and Adult Services.

Richard Webb spoke to a series of slides covering: his career and background; the national and local challenges facing social care; and briefly updated on progress on the Prevention Strategy.

He highlighted the significant changes brought about by the Care Bill, and its expected additional financial burdens. It was agreed that this would feature in a report to the next Committee meeting.

Members supported Richard's remarks when he emphasised the importance of mental health services and agreed with his opinion that, in the range of support services for people in the community, for too long this had been "a forgotten corner".

The implications of the Better Care Fund – a national pooled arrangement which is worth £39.8m locally, between the NHS and North Yorkshire County Council - would be reported to the next meeting summarising the main implications.

Richard also covered how social care, like many other local authority services, would benefit from the transfer of public health responsibilities and funding. He was aware the Committee had taken a great interest in this.

Richard stressed that assisting people, especially those who are vulnerable to access the right information about support and social care services would be critical.

Richard responded to questions about people living longer and North Yorkshire's demographic profile. In this context, the prevention agenda and implications and importance of the Loneliness and Isolation agenda were discussed - Shelagh Marshall in particular commenting on the national campaign and local initiatives. Richard supported Shelagh's comments. For him, combatting, and dealing with, the effects of Loneliness and Isolation remained a key concern of the Directorate; he understood it was also a priority area for the Health and Wellbeing Board.

He agreed with Members' comments regarding the vital role carried out by the voluntary and community sector in the health and social care agenda. He emphasised his commitment to working in partnership.

#### **Resolved -**

That the information given be noted and a report be made to the Committee at its next meeting on Better Care Funding.

### **30. Integrated Reablement and Intermediate Care Service**

Considered -

The report of the Corporate Director - Health and Adult Services updating Members on the performance of the START/Reablement Service and proposals to develop and integrate with Health Intermediate Care Services in North Yorkshire.

In speaking to the report, Mike Webster highlighted the challenges of providing consistent services across the County. North Yorkshire was one of the first authorities to provide a Reablement Service. Over time, the results have clearly shown the effectiveness of the service in terms of supporting people, helping them live independently in the community. During this period START had remained an "in-house" provided service. Acknowledging the advantages of integration with health services, it was now time to consider other potential options for how those services might be configured, commissioned and provided. The report outlined current thinking.

Members were interested in knowing more about the workforce implications of the different potential options. Mike Webster explained that, in anticipation of alternative models of provision being developed, work is on-going to clarify transition requirements, such as the terms and conditions of transferred staff.



In the meantime, the Committee asked its Group Spokespersons to review these workforce considerations and consider when it would be appropriate for a report to be brought to Committee.

**Resolved -**

That the report be noted.

**31. Dementia Strategy**

Considered -

The report of the Corporate Director - Health and Adult Services updating Members of the Joint North Yorkshire and York (NY&Y) Dementia Strategy 2011-2013, and informing of plans to refresh the strategy and associated action plan and outlining current activity.

Ruth Chamberlain explained the good progress that had been made up to 2013 on the joint Dementia Strategy with health. The changing commissioning landscape had presented challenges in maintaining that early positive momentum.

Members discussed the award of the contract for Dementia Support Services and agreed that Group Spokespersons monitor progress regarding the contract. Assurances were given by Mike Webster regarding the capacity of the successful providers to deliver against the terms of the contract.

**Resolved -**

That the report be noted and an update on the progress of the Dementia Strategy be brought back at a future date later in the year.

**32. 2020 North Yorkshire**

Considered -

Robert Ling, the recently appointed NYCC Assistant Director (Technology and Change), spoke to a presentation regarding 2020 North Yorkshire.

Robert explained that a similar presentation was being made to all Scrutiny Committees. Robert explained the purpose behind 2020, current progress and how Members were involved in the governance arrangements regarding decision making.

**Resolved –**

1. That the presentation be noted.
2. That further updates be submitted as appropriate in order that the Committee could:
  - i. be briefed on how the Directorate was responding to the requirements of the 2020 programme;
  - ii. test whether service developments brought before the Committee or which Members became aware of, were consistent with 2020 objectives; and
  - iii. feed in whatever relevant comments and learning it was believed could helpfully inform the 2020 process, for example comments

from user groups and organisations Members received whilst engaged in their scrutiny work.

### **33. North Yorkshire Draft Alcohol Strategy**

Considered -

The report of the Director of Public Health for North Yorkshire noting the information in the report and Draft Alcohol Strategy and asking the Committee to participate in and encourage others to participate in the engagement process.

Dr Lincoln Sargeant acknowledged the references Members made to comments reported in the media that morning about the recent encouraging national figures on the volume of alcohol consumption. Anecdotally, professionals were seeing some of these reported emerging national trends reflected at a local level, but it was important, he observed, not to be too hasty in 'declaring victory too soon'.

**Resolved -**

- a. That the information in the report be noted.
- b. It be noted that Members were encouraged and were invited to encourage others to participate in the engagement process regarding the preparation of the Strategy.

### **34. Work Programme**

**Resolved -**

That the Work Programme be agreed and that items relating to the Care Bill and Better Funding for Care come forward to the next meeting of the Committee and that Group Spokespersons consider how the agenda for the next meeting should be amended to accommodate those items.

The meeting concluded at 12:35 pm

RB



**NORTH YORKSHIRE COUNTY COUNCIL****CARE AND INDEPENDENCE OVERVIEW AND SCRUTINY COMMITTEE**

3 July 2014

**BETTER CARE FUND UPDATE BRIEFING****1. Purpose of the Report**

- 1.1 To report to the Committee on the progress with the development of the North Yorkshire Better Care Fund plan

**2. Background**

- 2.1 The Government has created a £3.8b pooled budget for 2015/16, intended to help move care out of hospital and into the community and improve working and integration between Health and Social Care. This consists mostly of existing funding in the health and social care system with some pump-priming from Central Government in 2014/15.
- 2.2 In 2014/15 the existing NHS Transfer arrangements will continue and nationally an additional £200m (locally £2.02m) will be added to help LAs prepare for the implementation of the BCF and make early progress. This arrangement will change to require Clinical Commissioning Groups (CCGs) to allocate a proportion of their budget to the fund in 2015/16. Disabled Facilities Grant funding will also be added 2015/16 with stipulation for direct passage to Districts
- 2.3 The fund includes capital and revenue which includes some of the transitional support needed by Local Authorities to implement the Care Act. Responsibility for production and management of the plan is with Health and Wellbeing Boards (HWB). The joint plan for North Yorkshire was submitted on the 4<sup>th</sup> April 2014.
- 2.4 There was national encouragement to increase the size of the pool, to draw together commissioning spend and deepen the integration. North Yorkshire has agreed a single pooled fund to be administered by the County Council. For 2014/15 the pool size is set above the minimum of £11.1m at £28.2m but for 2015/16, the pool has been set at the minimum of £39.8m. This can be changed if required as and when confidence in the process increases and opportunities arise.
- 2.5 There is little national definition of the way in which integration should happen, although there are nationally set conditions that must be met which will be used in a performance assessment.

The plans were required to be specific about how the fund would:

- Protect social care services
- Provide 7 day services to support discharge

- Enable data sharing – using the NHS number as primary identifier plus other data sharing requirements
- Enable joint assessments and accountable lead professionals

2.6 Approximately £10m of the local funding will be performance related based on the National Conditions and National Measures through a series of metrics, all of which are interlinked and specifically require Health and Social Care to work together to deliver the results.

### 3. Current Situation

3.1 The North Yorkshire Plan sets out three main priorities:

#### **Improve health, self-help and independence for North Yorkshire people by:**

- Implementing integrated Prevention Services across all localities,
- Supporting Carers,
- Improving access to housing based solutions including adaptations, equipment and assistive technology and extending our flagship Extra Care Strategy,
- Ensuring everyone can access a comprehensive falls service.

#### **Invest in Primary Care and Community Services**

- Creating an integrated health and social care reablement and intermediate care service in each area,
- Investing in core community health services to increase capacity,
- Creating and growing integrated health and social care multi-disciplinary teams in each area,
- Developing mental health in-reach services to support people in acute care and in community settings,
- Investing in dementia services,
- Better support to care homes.

#### **Create a sustainable system**

- Protecting Adult Social Care, maintaining and growing the effectiveness of social care reablement,
- Developing more alternatives to long term care for older people and those with learning disability and mental health needs,
- Investing in support to carers,
- Implementing the Care Bill and ensuring that all customers, however funded, get improved information and advice,
- Increasing the reach of assistive technologies to support people at home and in care homes,
- Working with Secondary Care to secure the hospital, mental health and community services needed in North Yorkshire.

3.2 The Plan describes how in five years' time, as a result of the Better Care Fund and broader investment and service transformation, North Yorkshire people will benefit from:

- an **integrated, locality driven Prevention Service** which supports them and their carers to improve their lifestyle, improve health, reduce social isolation and use digital and personal-contact channels to obtain advice and information on how they can manage their situation,
- a **24/7 fast response to assess** their needs and wherever possible avoid a hospital admission should they become ill, and an integrated team approach to helping them get home again if they do go to hospital,
- **support for people and families living with dementia,**
- **improved access** to psychological therapies, fast response services and in-reach community services **for people with mental health needs,**
- specialist support from community staff, good liaison between care staff and health staff, **care at home for people living in a care home if they become ill,**
- support by **multi-disciplinary teams for people with complex needs** who know them well, they will have a named care coordinator and will be supported to avoid the need to go to or stay in hospital, to manage their conditions and to maintain social activity and contacts.

3.3 The Plan was assessed by NHS England and a peer review by another Local Authority and the highlights of that assessment show:

- Engagement with Acute Trusts is improving, but there's still more to do,
- Deliverability and Affordability are of concern to the various organisations involved, especially NHS England, but the plan carries no more risk than other health and wellbeing board peers around the country,
- The Health and Adult Services ambitious transformation programme in Social Care has been recognised, as well as the risks associated with Care Act; assurances have been given to NHS England that resources will be used to support transformation,
- Clarification is sought from CCGs on how Acute provider contracts and capacity will affect and influence the plan,
- The North Yorkshire approach to the Metrics targets was sympathetically received – cautious targets were set for the first year because of the time it will take to build up capacity and services to meet them.

3.4 Nationally, pooled funds totalling some £5.4bn are apparently defined compared to the minimum expectation of £3.8bn, although there are concerns that echo the local ones; this is a complex plan and there is much more to do to:

- Assure Government, the organisations involved and the public that the required changes can be delivered,
- Determine that emergency and avoidable Acute care costs and volumes can be reduced sufficiently to ensure that local plans for the future of health and social care are affordable.

3.5 Ministerial approval has been put on hold, pending a further round of information about the implications of the plan, especially on the acute care providers.

#### **4. Next Steps**

4.1 Some of the infrastructural requirements are being dealt with first, such as the Governance, Legal and Financial frameworks.

4.2 Ministerial sign-off is expected during the summer, but the absence of that approval will not delay activity. Detailed definition of the various schemes and plans is underway and a performance measurement and monitoring process will be built around these. Then, once the core is in place, the further work required to deliver the stated ambitions can be addressed.

4.3 In parallel with this, Health and Adult Services is in the process of a restructuring of the directorate, and working to support the wider 2020 North Yorkshire transformation programme.

4.4 The Districts and Integrated Commissioning Board will be brought together in August to work through how best to use the opportunities BCF provides.

4.5 The Care Act now prescribes several integration duties on Local Government, NHS England and the CCGs. The County Council and its partners must carry out their care and support responsibilities with the aim of promoting greater integration with NHS and other health-related services. This:

- requires partners to have an aim to join up the services provided and includes services such as housing and leisure services;
- includes the prevention of needs, providing information and advice and shaping and facilitating the provider market;
- requires us to consider when securing services how they will improve the quality of health and/or reduce inequalities in access or outcomes.

4.6 Integration at this strategic level might be achieved by the use of Pooled Budgets, such as the Better Care Fund, or through Joint Commissioning arrangements.

4.7 Partners in this context includes CCGs, Primary and Secondary Care providers, Districts, Police, DWP, registered social housing providers, Prisons and Probation as well as other Local Authority functions such as Children's Services, Public Health, Planning etc.

4.8 There are very clear and frequent indications that housing needs to play a significant part in all aspects of assessment, care planning, support provision and prevention.

4.9 The BCF will be the subject of a forthcoming Members Seminar.

**5. Recommendation**

The Care and Independence Overview and Scrutiny Committee is recommended to note and comment on the information in this report.

**Richard Webb**  
**Corporate Director, Health and Adult Services,**  
**County Hall**  
**Northallerton**

Author of report  
Keith Cheeseman  
Keith.cheeseman@northyorks.gov.uk

Background papers	None
Annexes	None

**NORTH YORKSHIRE COUNTY COUNCIL****CARE AND INDEPENDENCE OVERVIEW AND SCRUTINY COMMITTEE****3 July 2014****Care Quality Commission Consultation on Inspection Methodology and the HAS Processes for monitoring of services****1.0 Purpose of report**

- 1.1 The report is to inform the Committee of the proposed changes to how the Care Quality Commission (CQC) intends to regulate, inspect and rate health and social care services. All services will be inspected under the new arrangements by March 2016.
- 1.2 The report also details how the Directorate undertakes its own monitoring of services including the scope and outcomes during the past year.

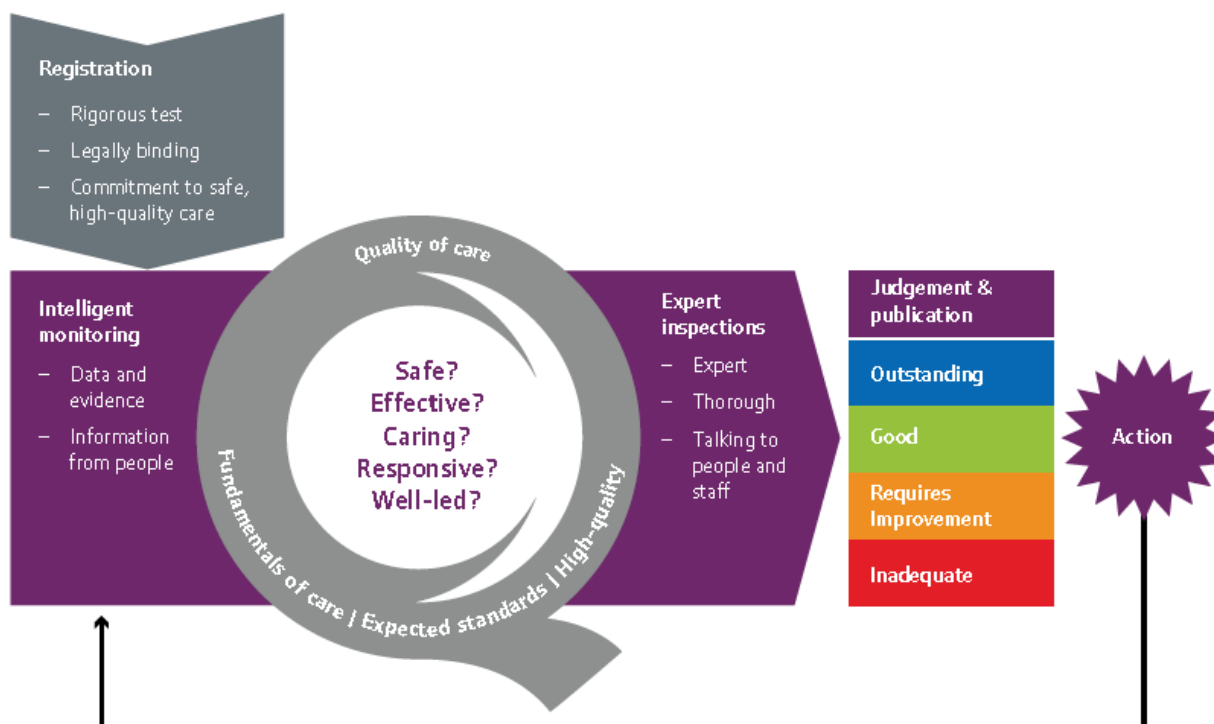
**2.0 Background to the CQC Proposals**

- 2.1 In October 2013 CQC published "A Fresh Start for the Regulation and Inspection of Adult Social Care". The document set out proposals for a revised methodology for the inspection and regulation of adult social care.
- 2.2 The initial five priorities from "A Fresh Start" were:
  1. Develop changes to how CQC monitor, inspect and regulate adult social care services.
  2. Develop ratings system for adult social care services.
  3. Develop an approach to monitoring the finances of some adult social care providers.
  4. Support CQC staff to deliver.
  5. Build confidence in the CQC.
- 2.3 One key to the above was the creation of the post of Chief Inspector of Adult Social Care, currently held by Andrea Sutcliffe. The Chief Inspector role will oversee the regulation of: Care home services with nursing; Care home services without nursing; Specialist college services; Domiciliary care services; Extra Care housing services; Shared Lives; Supported living services; Hospice services and Hospice services at home. These are all services regularly contracted for by HAS.
- 2.4 The new methodology will use more specialist teams that include members of the public (Experts by Experience). They will use a new system of intelligent monitoring (data led) that will help CQC decide when, where and what to inspect. More use will be made of listening to people's experiences of care and linking in to information across the range CQC monitoring systems.



### 3.0 CQC Proposals

3.1 The proposed new system can be summarised as:-



3.2 **Registration** - the registration process will be more rigorous and will focus on leadership and management of the service. A part of the registration process will ensure that applicants have the right values and motives as well as ability and experience.

3.3 **Intelligent Monitoring** - Intelligent monitoring' is how the CQC describes the processes used to gather and analyse information about services. Together with local insight and other factors, this information will help CQC to decide when, where and what to inspect. By gathering and using the right information CQC can target activity where it is most needed. In addition CQC is developing a Provider Information Return which will provide more information on a service and help target resources and lines of enquiry.

#### 3.4 Five Key questions

For all health and social care services, CQC have defined these five key questions as follow:

**Safe** That people are protected from abuse and avoidable harm.

**Effective** That people's care, treatment and support achieves good outcomes, promotes a good quality of life and is evidence-based where possible.

**Caring** That staff involve and treat people with compassion, kindness, dignity and respect.

**Responsive** That services are organised so that they meet people's needs.

**Well-led** That the leadership, management and governance of the organisation assures the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

3.5 **Key Lines of Enquiry (KLOE)** - Each of the five key questions will have a series of KLOE to aid and prompt the inspector to form an opinion. As already happens inspectors will triangulate responses and evidence from different viewpoints to arrive at a conclusive answer.

3.6 **Ratings** - Each key question will be given one of four ratings:- Outstanding, Good, Requires Improvement or Inadequate.

In deciding on a key question rating, the inspection team will answer the following questions:

- Does the evidence demonstrate that we can rate the service as good?
- If yes – does it exceed the standard of good and could it be outstanding?
- If no – does it reflect the characteristics of requires improvement or inadequate?

Each rating will have its own set of characteristics

Future inspections will be linked to the ratings rather than an annual time scale.

3.7 **Other Proposed Changes** – Other proposed changes are

- Better use of technology to capture people's views and experiences
- Avoiding duplication of effort with Local Authorities

#### **4.0 HAS's response to the consultation**

4.1 The consultation ended on 4 June and HAS submitted a full response. This covered HAS's role as both a provider and commissioner of services.

4.2 In broad terms the Directorate was supportive of the proposals but with the caveat that more development and detail was needed. It was felt that the proposed inspection system will help inform users of the service about the quality of the provision. The new methodology combined with the recently produced CQC area profiles will also help give reassurance in the commissioning of HAS services as to the quality of the provision.

4.3 Specifically comments were submitted:-

- More clarification should be given on examples of a "good" service and how inspectors will judge this. In a number of instances the phrase "will tell" is used and this should be changed to "will evidence"
- In respect of the KLOE's our response expressed a good degree of confidence however it was noted that the use of mandatory and non-mandatory questions could lead to incompatibility of judgement issues when comparing services. This may be especially relevant as the new regime "bed in".
- Covert surveillance activities. In some respects it was felt that this went against CQC statement of wanting to have an open and honest relationship with providers. However it was accepted that in a minority of cases where poor practice has been identified by other means this is an acceptable tool.

- The use of “Mystery Shoppers” was unclear from the consultation documentation.
- Rating adult social care services. There was agreement with CQC that the overall rating system was sound, although of the five key questions those regarding “Safe” and “Well Led” should be given more emphasis in the overall rating.
- Gathering information on adult social care. There was broad agreement on CQCs plans to use information to inform inspections and to initially risk rate the service. Registration information should be maintained throughout the year not at any set points. CQC should hold open meetings in localities to gather base line information on services. Whilst helping to form opinions on services it was felt that raw information without context could not on its own identify good or poor practice.
- A key “element” of the “good” and “outstanding” rating is “skills and time to develop positive and meaningful relationships” and a comment was made as to the possible financial impact of additional time spent in the service users home to develop these skills.
- It was felt that further clarity on CQCs approach to Deprivation of Liberty (DOLs) and the Mental Capacity Act was required.

## **5.0 HAS Monitoring of Services**

### **5.1 Current Market**

There are the following CQC regulated services in North Yorkshire:

- 164 Care Homes without Nursing (including those run by NYCC)
- 70 Care Homes with Nursing
- 120 Domiciliary Care providers (including 14 run by NYCC) numbers and range

### **5.2 Current Process**

- 5.2.1 Baseline Assessment Visits are undertaken to assess the quality of registered service provision commissioned by the Council. This includes NYCC run services. Staff from the Contracting, Procurement & Quality Assurance Team, and in some circumstances staff from the Continuing Health Care Team, visit the provider to review paperwork, discuss practice with the provider and, where possible, speak to staff, clients and relatives. The information reviewed may include recruitment and staffing, care planning, risk assessment, recording, medication and safeguarding.
- 5.2.2 Following the visit a summary report is produced which is shared with the provider and forms the basis of any action plan which may be required. The summary form may be shared with other commissioners, CQC, etc. subject to the provider’s agreement. With the introduction of revised terms and conditions future summary forms will be published on the Council’s website. If required, these documents can be sent automatically to CQC.
- 5.2.3 In some cases the Baseline Assessment Visit is undertaken jointly with a CQC inspection. This enables the information to be viewed simultaneously and for either agency to take any required action. It also ensures a consistent message is given to the provider.

5.2.4 When action is taken this is on a sliding scale of seriousness:-

1. Agreement of Action Plan
2. Suspension of new placements overseen by Action Plan
3. Suspension of new placements, issuing of default notice which details Action Plan
4. Removal of all placements

However it should be noted that monitoring often finds good practice which is fed back to the provider and may also inform best practice guidance for others.

### 5.3 Outcomes (last year)

- NYCC undertook 206 Baseline Assessment Visits
- April 2013 there were 5 organisations suspended (of which 2 suspensions were partially lifted) 4 organisations were fully suspended, 4 suspensions were partially lifted and 3 suspensions were fully lifted.
- As at 1 April 2014 there were 7 organisations suspended (of which 2 suspensions were partially lifted)

### 5.4 Examples

5.4.1 Concerns were raised including institutional practice, poor care, staffing and cleanliness. The home was visited and a suspension of new admissions was put in place. The home produced an action plan and progress towards improved outcomes was monitored via a series of Baseline Assessment Visits. Over a period of approximately 2 years the home improved to a standard whereby the suspension was fully lifted and new admissions could be accepted. This is a time intensive situation however with partnership working between agencies a positive outcome was achieved for the people living in the home.

A positive of this approach is that improvements were achieved without people needing to move to other providers.

5.4.2 A Baseline Assessment Visit was undertaken jointly with the Continuing Health Care Quality Assurance Nurse. Staff undertaking the visit shared significant concerns with CQC. As a result a further visit was undertaken involving all three agencies. This was followed by a meeting of all commissioners who reviewed the information gathered during the visits and additional information which had been collated. As a result of the process commissioners agreed that it was not safe for people to remain in the home and all clients were removed to alternative care settings. Information gathered via this process was submitted to the Nursing and Midwifery Council so that consideration could be given to the removal of nurses PINs, ultimately preventing them practicing as nurses in future.

This is at the extreme end of the scale of action but where such risks are identified such steps will be taken.

## **6.0 Conclusion & Summary**

6.1 With the changes proposed within the consultation it is anticipated that there will be some distinct improvements:-

- Clearer information for commissioners and the public regarding the standards of service being delivered by registered providers including the publishing of NYCC reports
- More opportunities for joint working between CQC and the Council, avoiding duplication in processes and visits
- CQC has powers to pursue legal action which the Council does not have and this will be further clarified

6.2 With a joint approach and better opportunities for information sharing and collaboration there should be an opportunity to ensure good and excellent care is provided and poor quality services who fail to improve are removed from the care market. This will either be via regularity action from CQC or direct action by the Council.

## **7.0 Recommendation**

7.1 The Care and Independence Overview and Scrutiny Committee is recommended to note and comment on the information in this report.

Richard Webb Corporate Director HAS  
County Hall  
Northallerton

Authors of report

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Background reports      None  
Annexes      None

**NORTH YORKSHIRE COUNTY COUNCIL****CARE AND INDEPENDENCE OVERVIEW AND SCRUTINY COMMITTEE**

3 July 2014

**North Yorkshire Tier 2 Lifestyle Service****1.0 Purpose of Report**

- 1.1 This report provides information for the Care and Independence Overview and Scrutiny Committee on the North Yorkshire Tier 2 Lifestyle Service.

**1. Background**

1.1 North Yorkshire's strategy to focus on prevention and early intervention for health, wellbeing and care ("Looking Ahead") and North Yorkshire's proposal for the Better Care Fund identify lifestyle services as a key priority. Combining lifestyles service including older people's health issues in to a multi-component and holistic service is part of North Yorkshire distinctive public health agenda.

1.2 Being overweight or obese can lead to both chronic and severe medical conditions (Foresight 2007). It is estimated that life expectancy is reduced by an average of 2 to 4 years for those with a BMI of 30 to 35 kg/m<sup>2</sup>, and 8 to 10 years for those with a BMI of 40 to 50 kg/m<sup>2</sup> (National Obesity Observatory 2010)}. Around 85% of patients with hypertension have a BMI greater than 25 kg/m<sup>2</sup>, and 90% of those with type 2 diabetes have a BMI greater than 23 kg/m<sup>2</sup>(Foresight 2007). People who are obese may also experience mental health problems as a result of stigma and bullying.<sup>1</sup>

1.3 The cost of overweight and obesity to society and the economy was estimated at almost £16 billion in 2007 (over 1% of GDP). It could rise to just under £50 billion in 2050, if obesity rates continue to rise unchecked (DH 2011).

1.4 In 2011, just over one quarter of adults in England (24% of men and 26% of women aged 16 or older) were classified as obese. A further 41% of men and 33% of women were overweight<sup>2</sup>

1.5 Key issues for North Yorkshire:

- Modelled estimates suggest that 24.2% of adults in North Yorkshire are obese, the same as the national average of 24.2%.
- However, national projections suggest that around 90% of adult men could be obese or overweight by 2050.
- The prevalence of obese adults known to all GPs in North Yorkshire during 2010/11 was 9.5%, much lower than expected levels suggesting that there is under recording in GP practices
- Obesity prevalence is known to be associated with socioeconomic status with a stronger association in women than men

<sup>1</sup> NICE Overweight and obese adults: lifestyle weight management services consultation draft (2014)

<sup>2</sup> The NHS Information Centre 2013



## **2. Progress to date**

**2.1** Health & Adult Services through Public Health have committed an annual investment of £1million to provide a multi-component lifestyle service that supports people to make sustained changes including; increased physically activity, stopping smoking, and eating a healthier diet.

**2.2** Hambleton, Richmondshire and Whitby Clinical Commissioning Group (CCG) have committed an additional £150,000 to develop the programme. Public Health is working with all CCG's to develop joint pathways and align funding.

**2.3** Each District has identified additional resource to support the delivery of the programme.

**2.4** The primary purpose of the service is to deliver an adult (18+) multi-component lifestyle service that supports long-term sustainable behaviour change with specific aims to:

- increase the confidence and ability of service users to make positive, long-term behaviour changes specifically focused on; increasing physical activity levels; reducing sedentary levels and improving dietary intake and behaviour,
- a designated post to work with older people to reduce falls and provide additional lifestyle support
- improve service user's knowledge and skills for effective, independent and sustainable lifestyle change;
- develop the skills of service users to build capacity (e.g. as peer support) within the service.

**2.5** Districts will provide a multi-component programme which will offer the following components in line with NICE guidance for Overweight and obese adults: lifestyle weight management services.

- Dietary advice
- Physical activity sessions (with an emphasis on variety of activities)
- Falls prevention and core strengthening activities
- Behavioural modification techniques and strategies
- Promotion of weight loss and maintenance of weight loss where necessary
- Referral to lifestyle services including: smoking cessation, alcohol and mental health services

The service will provide a comprehensive assessment of service users accepted into the programme including agreement of personal goals and creation of individual action plans. The programme will involve three main phases.

**2.6** The following districts are looking to implement the lifestyle programme :

- Scarborough and Whitby
- Rydale
- Hambleton
- Richmondshire
- Harrogate
- Craven
- Selby

### **3 Next steps**

- 3.1** An evaluation of the implementation, process and impact of the lifestyle service in each area will be undertaken.
- 3.2** Training for districts has been identified and will be provided later in the year
- 3.3** The model will be developed alongside the development of the North Yorkshire Prevention Strategy.

### **4 Recommendation**

- 4.1** The Care and Independence Overview and Scrutiny Committee is recommended to note the information in this report.

Lincoln Sargeant  
Director of Public Health  
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**NORTH YORKSHIRE COUNTY COUNCIL****CARE AND INDEPENDENCE OVERVIEW AND SCRUTINY COMMITTEE**

3 July 2014

**THE CARE ACT****1.0 Purpose of the Report**

- 1.1 To report to the Committee on the implications of the Care Act and preparations for implementation.

**2.0 Background**

- 2.1 The Care Bill received Royal Assent on 14 May and has now been passed into law as the Care Act 2014. The Act introduces major reforms to the legal framework for adult social care, to the funding system and to the duties of local authorities and rights of those in need of social care. The potential impact on local authorities' finances and working practices is enormous.
- 2.2 Much of the legislation that has underpinned social care in England, going back to the National Assistance Act 1948, will be repealed when the Care Act goes onto the statute book in 2015. It consolidates more than a dozen different laws into a single modern framework for care and support and enshrines the principle of individual wellbeing as the driving force behind it.
- 2.3 The Department of Health (DH) launched a consultation on 6<sup>th</sup> June on draft regulations and guidance for Part 1 of the 2014 Care Act that will come into effect in April 2015. This is the majority of the Act, with the exception of the financial reforms. It seeks views on how local authorities should deliver the care and support reforms in the 2014 Care Act, and should be read alongside the draft regulations and guidance. These have been developed by the DH working with expert groups, including users of care and support, local authority staff, voluntary sector organisations, social workers, and national bodies.
- 2.4 The consultation runs until Friday 15th August 2014. A further consultation on the financial reforms that come into effect from April 2016 - which include the cap on care costs - will take place this autumn. Copies of the documents can be found here: <https://www.gov.uk/government/consultations/updating-our-care-and-support-system-draft-regulations-and-guidance>

**3.0 Main provisions of the Care Act**

- 3.1 The Act introduces a broader care and support role for local authorities towards the local community, giving a new duty to authorities to promote physical, mental and emotional wellbeing in all decisions regarding an individual's care needs. The Act places more emphasis than ever before on prevention, to help reduce or delay someone developing care and support needs. This means moving to a system that focuses on people's strengths and capabilities, and supports them to live independently for as long as possible. Work to implement the requirements will be carried out through projects within the HAS 2020 Transformation Programme.

- 3.2 There is a new duty to establish and maintain an information and advice service. This must cover the needs of all our population, not just those who are in receipt of care or support funded by us, and needs to be tailored information for specific groups – a website alone will not fulfil the duty. In particular, independent financial advice is seen as being a key aspect, given the funding reforms from April 2016. Work is underway to review our existing information and advice services as part of a wider corporate strategic review of customer pathways.
- 3.3 It introduces a new duty for the Local Authority to facilitate a vibrant, diverse and sustainable market for high quality care and support for the benefit of the whole population, regardless of how services are funded. Our commissioning and procurement practices will need to take account of these market shaping duties, and workforce development and remuneration will also need to be considered. It clarifies the Local Authority's responsibilities for meeting the needs of individuals if a care provider goes out of business. Discussions have begun with the providers' trade organisation, the Independent Care Group, and further sessions will be held over the summer to consider the implications in more detail.
- 3.4 The Act enshrines the right of carers in England to receive support from their local Council and introduces a duty to meet carers' eligible needs for support. This gives them the same legal rights as the people for whom they care. There are a large number of "hidden" carers in North Yorkshire, and we will need to work with carers organisations to identify them and consider what support will be needed.
- 3.5 Under the new legislation there is a new duty to promote integration and a duty to co-operate. Local authorities will be required to carry out their care and support functions with the aim of integrating services with those provided by the NHS and any other health-related service (such as housing). It prescribes several integration duties on local authorities, NHS England and the CCGs. These are at three levels – Strategic, Individual Service and combining and aligning processes. There are new provisions to ensure NHS and LA's work together more effectively to plan the safe discharge of NHS hospital patients and to set out the consequences of a failure to provide or enact a satisfactory plan. Throughout the Act there are very clear and frequent indications that housing needs to play a significant part in all aspects of assessment, care planning, support provision and prevention.
- 3.6 It maps out the process of assessments, charging, establishing entitlements, care planning and the provision of care and support, emphasising a whole family approach and taking more account of what people can do for themselves and what support they can get from their local community.
- 3.7 The Act puts safeguarding on a statutory footing for the first time, outlining the responsibilities of local authorities and other partners in relation to safeguarding adults, including a new requirement to establish Safeguarding Adults Boards in every area. Work has begun with the Independent Chair of the Safeguarding Board to identify the implications for North Yorkshire.

- 3.8 It supports the transition for young people between children's and adult care by giving local authorities powers to assess the needs and entitlements of children, young carers and parent carers. Discussions are taking place with colleagues within Children and Young People's services to review current practice and identify where changes to policy or practice are needed.
- 3.9 A national minimum eligibility threshold will be introduced. This is set at a level similar to that of the current "substantial" under the Fair Access to Services criteria at which we currently operate. We will need to identify any differences between the new threshold and the current level, in particular, the implications for people who need prompting to do some tasks eg people with dementia or autism, as they may not meet eligibility criteria, and the fact that it does not include the ability to manage money or financial affairs.
- 3.10 Linked to the national eligibility criteria are new duties to enable people to move between local authorities without interruption to their care (this is known as 'portability' of care). While the principle of the portability of care established by the Act is welcomed, it is unclear how it will be implemented. Even if the eligibility threshold is going to be national, decision-making about entitlement will still depend on local interpretation and, on what services are available to someone moving to a new local authority area. We will need to revise our procedures for when someone moves into the area, and introduce a process for sharing data with other authorities.
- 3.11 The Care Act also reforms the way that care is paid for, with the introduction of a cap on care costs from April 2016. This is in response to the recommendations of the Dilnot Commission, and will be set at £72,000 for people over pensionable age – the maximum amount that anyone will have to pay for their care costs. The level for people under 65 has not yet been determined by Government. Young people who already have care needs when they turn 18 will now receive free adult care and support when they reach that age. This will result in a loss of income for the County Council.
- 3.12 From April 2016 there will be an increase in the threshold at which people are eligible for support from local authorities, from the current £23,250 to £118,000. Given the large numbers of self-funders in North Yorkshire, this has considerable financial implications for us.
- 3.13 The Act provides a new legal entitlement to a personal care budget for eligible individuals, including "Independent Personal Budgets" for people who fund their own support, but who have eligible needs that will count towards meeting the Care Cap. All people with eligible social care needs, regardless of how their care is funded, will be entitled to a Care Account, which will be a record of their progress towards meeting the Care Cap. This will need to be updated annually. We will need to work with our IT supplier to ensure that there are robust systems in place to support the changes.
- 3.14 There is a new legal duty for local authorities to enter into 'deferred payment agreements'. This is where people who have non capital assets of less than £23,250 will not have to sell their home during their lifetime to pay for care. We

currently have a Deferred payment scheme, but will need to review it against the requirements of the new Regulations.

#### **4.0 Implications**

- 4.1 A number of implications of specific aspects of the Act have already been outlined in the report. As North Yorkshire has a very high number of self-funders and carers and people over 65, there are significant workload and resource implications for the County Council, with a high financial risk if the Government allocation is not sufficient.
- 4.2 We are part of regional and national groups modelling the potential costs arising from increased demand for assessments, and with implementing the Care Cap and the increased financial threshold. We are one of 20 authorities working with the Association of Directors of Social Services (ADASS) on a model developed by Surrey County Council, with the eventual aim that all authorities undertake a national modelling exercise. Initial indications are that the costs are significantly higher than the Department of Health estimates, and this work is being fed into a review of its impact assessments, which will be revised in the Autumn.
- 4.3 The Government has indicated that implementation monies will be made available in 2015/16 as part of the new burdens funding and through the Better Care Fund. Indicative allocations for North Yorkshire are £4.813million. As previously mentioned, initial modelling has indicated that this will be insufficient to meet the additional demand, particularly around the new duties for carers.
- 4.4 There are obvious implications for our workforce, as they will need to adapt and work differently with healthcare, housing and other sectors, and recognise which legislation will remain intact throughout the reform, and exist alongside the new Act. A programme of general awareness and targeted training will be put in place once the Regulations and Guidance are finalised in October.

#### **5.0 Preparation for Implementation**

- 5.1 We have adopted a Programme Management approach to planning for the implementation of the Act. Work will be overseen by a Steering Group chaired by myself, with senior colleagues from within the Council and Health.
- 5.2 The Government has allocated £125,000 to each authority for 2014/15 to assist with implementation costs. This has been used to fund additional project management and data analysis capacity.
- 5.3 A number of Task and Finish Groups will meet during the consultation period to identify the implications of the Regulations and Guidance on our current policy and practice, and develop our responses to the Consultation. Consultation has also been arranged with partners including NHS and Housing colleagues, the Safeguarding Adults Board, and with providers.
- 5.4 Once the implications have been identified, project groups will take forward the necessary work prior to implementation in April 2015. This will include raising the awareness and understanding of people who use support, carers and partners with whom we work.



## **6.0 Recommendation**

- 6.1 The Care and Independence Overview and Scrutiny Committee is recommended to note and comment on the information in this report.

**Richard Webb**  
**Corporate Director, Health and Adult Services**  
**County Hall**  
**Northallerton**

Report compiled by  
Sheila Hall sheila.hall@northyorks.gov.uk

Background reports	None
Annexes	None

## NORTH YORKSHIRE COUNTY COUNCIL

## CARE AND INDEPENDENCE OVERVIEW AND SCRUTINY COMMITTEE

3 July 2014

## WORK PROGRAMME REPORT

**1.0 Purpose of Report**

- 1.1. The Committee has agreed the attached work programme (Appendix 1).
- 1.2. The report gives Members the opportunity to be updated on work programme items and review the shape of the work ahead.

**2.0 Background**

- 2.1 The scope of this Committee is defined as:

*'The needs of vulnerable adults and older people and people whose independence needs to be supported by intervention from the public or voluntary sector.'*

**3.0 Group Spokespersons Mid-Cycle Briefing****Integrated Reablement and Intermediate Care**

- 3.1 At your last meeting you reviewed the progress of the Reablement Service, START, current performance and future options for service delivery - particularly the notion of a combined service with Health. You asked your Group Spokespersons to consider workforce issues resulting out of a potential reconfiguration of the service.
- 3.2 The briefing covered workforce issues regarding integration of NHS and County Council teams, detailing the matters which would be considered including, for example, terms and conditions, potential management operations, professional relationships, accountability, training requirements through to cultural differences and work that would be undertaken to help move from silo working to an integrated approach. The briefing also highlighted the number of options for integration and what various forms that might be, ranging from procuring from existing NHS trusts, an element of in-house provision, open tender through to promoting and establishing the social enterprise arrangement. We are in the very early stages of this process and therefore your Group Spokespersons agreed to return to this issue later in the year.

**Long-Term Conditions**

- 3.3 Your Group Spokespersons considered the key Health and Adult Services Performance Indicators as at 31 March 2014. In addition the report also introduced some national information on Long-Term Conditions as a pre-cursor to more detailed work suggested for future meetings. Your Group

Spokespersons had the option of deciding whether to take this topic further. Appendix 2 details the information given.

- 3.4 Clearly, because Long-Term Conditions are more prevalent in older people it is a significant issue for the County Council, Health and Adult Services and partnership working with Health. Like so many issues, the close involvement of public health in local authority services work will assist in this. Your Group Spokespersons decided, based upon the information given in the Appendix, that other items on your agenda today, notably the Care Bill and Better Care Funding should take prominence.

#### **North Yorkshire Local Assistance Fund**

- 3.5 Group Spokespersons reviewed the North Yorkshire Local Assistance Fund which was established in April 2013 to replace the Discretionary Social Fund Scheme. A copy of the relevant report is attached as Appendix 3. Group Spokespersons were reassured at the success of the Scheme locally, especially as many national media reports had shown that local authorities in some areas had not committed expenditure for the whole year.
- 3.6 Of concern to Group Spokespersons was the notion that in future years payment to the local authority for this work might be part of the local authority's mainstream budgets.

#### **4.0 Other Items Coming to Committee**

- 4.1 Group Spokespersons agreed that a report on smoking cessation will now be considered at the October meeting; as will the configuration of Adult Drug and Alcohol Services Provision that the Council is responsible for commissioning under its public health responsibility. A new integrated service will be in place by October 2014 and it is important that the Committee is made aware by regular updates of what is happening. Consideration is to be given as to whether a specific written or verbal update briefing will be given at the Committee or at the Group Spokespersons' meeting.

#### **5.0 Recommendations**

- 5.1 The Committee is recommended to consider the attached work programme and determine whether any further amendments should be made at this stage.

#### **BRYON HUNTER SCRUTINY TEAM LEADER**

County Hall  
Northallerton

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13 June 2014

Background Documents: None

## Care and Independence Overview and Scrutiny Committee – Work Programme Schedule 2014/15

### Scope

The needs of vulnerable adults and older people and people whose independence needs to be supported by intervention from the public or voluntary sector

### Meeting dates

<b><i>Scheduled Mid Cycle</i></b> Lead Members of Committee	Thurs, 15 May at 10:30am	Thurs, 4 September at 10:30am	Thurs, 4 December at 10:30am	Tues, 24 March 2015 at 10:30am
<b><i>Scheduled Committee Meetings</i></b> <i>Agenda briefings to be held at 9.30am prior to Committee meeting. Attended by Lead Members of Committee</i>	Thurs, 3 July at 10:30am	Thurs, 2 October at 10:30am	Thurs, 22 January 2015 at 10:30am	Thurs, 23 April 2015 at 10:30am

### Overview Reports

MEETING	SUBJECT	AIMS/TERMS OF REFERENCE	ACTION/BY WHOM
<b>Thursday, 2 October 2014 at 10:30am</b>	Out of County Placements/Complex Needs	Update	Report from HAS
	Safeguarding Issue	to be determined. <i>(possibly specialist work to safeguard vulnerable people?)</i>	
	Developing the local market - services to support personalisation		Report from HAS
	Integrated Community Equipment/Centres for Independent Living/User led organisations		Report from HAS

Please note that this is a working document, therefore topics and timeframes might need to be amended over the course of the year.

**NORTH YORKSHIRE COUNTY COUNCIL  
CARE AND INDEPENDENCE OVERVIEW AND SCRUTINY COMMITTEE  
Mid Cycle Briefing  
15<sup>th</sup> May 2014**

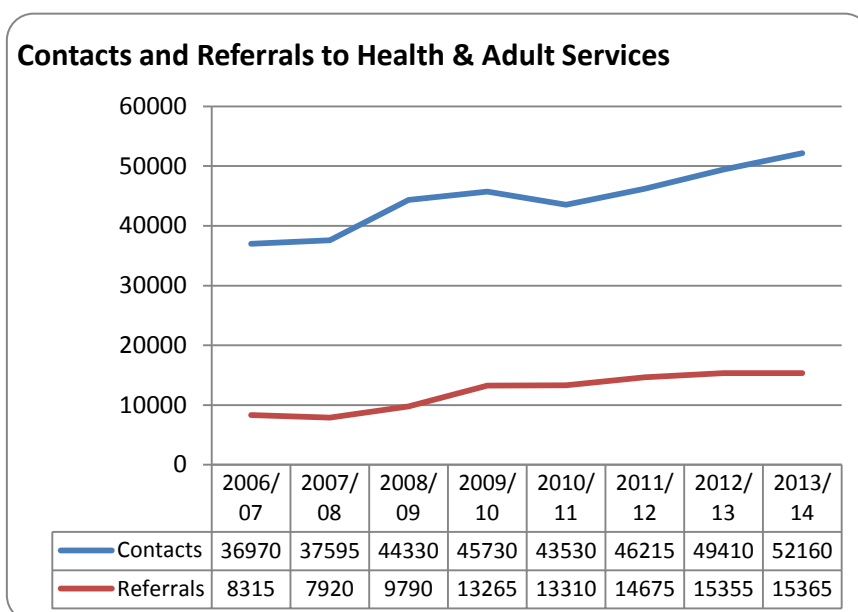
**Quarter4 Performance Figures  
Long Term Conditions**

**Purpose of Report**

To report to Mid Cycle Briefing of the Overview and Scrutiny Committee regarding the key Health and Adult Services performance indicators as at 31 March 2014 , Quarter4 In addition the report also introduces some national information on Long Term Conditions as a pre cursor to more detailed work being produced for future meetings.(dependant on the direction group spokespersons would wish to take on the topic)

**Quarter4 (31March 2014) key performance**

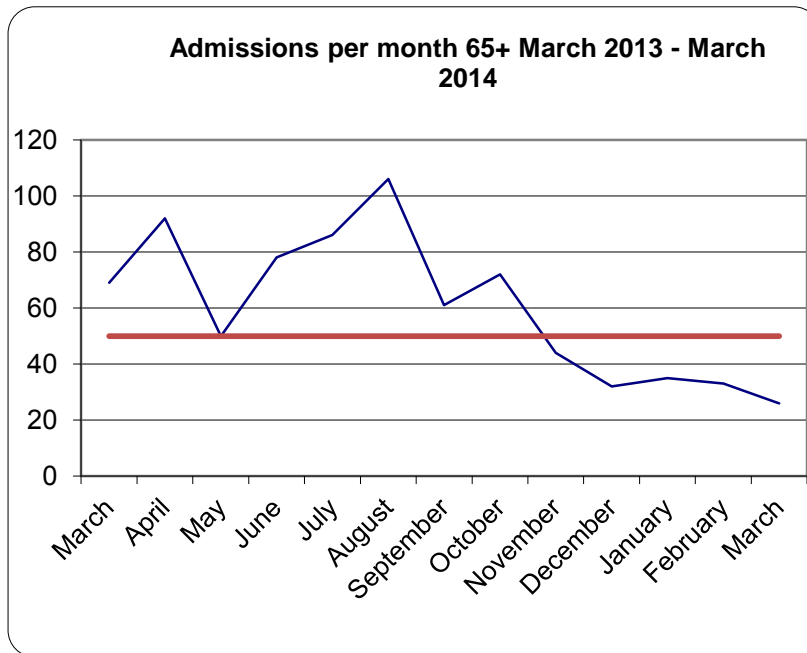
**Contacts and Referrals**



The graph shows the year-end position since 2006/07 plus an estimated outturn for 2013/14 for the number of contacts from the public, with a social care matter. In addition, following on from these contacts, the graph also shows the number of referrals that are passed to teams for further action. The general trend since 2006 reflects an increasing conversion rate from contact to referrals, as well as an absolute increase in the number of referrals for social care assessments.

Current estimates show that by 2020 there will be a 20% increase in the over 65 population and a 35% increase in the over 85 population which we anticipate will result in an increased number of contacts and referrals for service. Although there has been a sharp increase in contacts over the previous three years, improved management of the presenting demand through signposting has resulted in a slower increase in referrals. The 2013/14 outturn figures are based on the first nine months actuals. This indicates that over the summer months contacts are down but referrals continued to increase.

## Admissions to residential & nursing care 65+

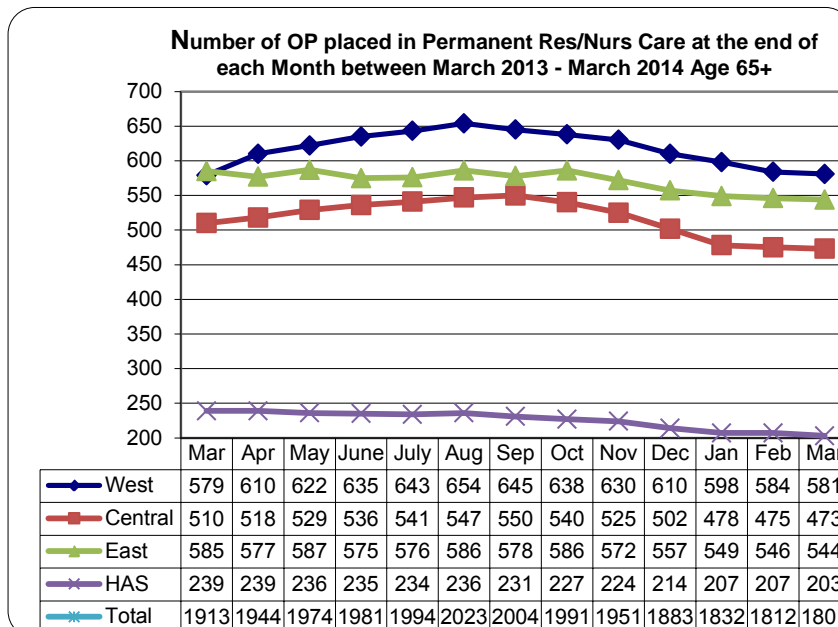


Ensuring that the numbers of permanent admission is kept under review is a key indicator for HAS Placement in residential care is an option that is considered after alternatives such as Extra Care or support to live independently in the community have been explored.

The graph shows that the number of permanent admissions to residential and nursing care have fluctuated over the year with a peak in August before steadily decreasing. In comparison to other years this graphs does

show seasonal increase in placements between June and July. The decrease between August and September is also typical based on 3 of the last 4 years.

## Numbers of older people supported in Residential and Nursing Care



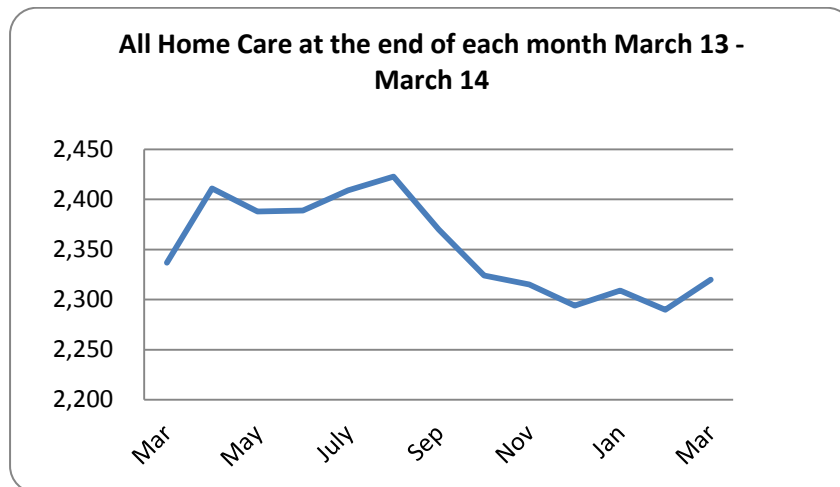
The graph shows the number of older people supported by HAS in residential and nursing care, including the in-house provision. As at the 31 March 2014 there were 1801 older people in care. In the last month there has been a net decrease of 11 placements evenly spread across the county. Over the last 12 months there has been an overall reduction in older people supported in care of 112 people or 5.8% of the total. The number of people placed in HAS managed homes has reduced by 36 over the past

12 months, this is due to the re-provision programme, this is expected to drop further as more Extra Care units go live in line with the directorates Extra Care Housing development programme.



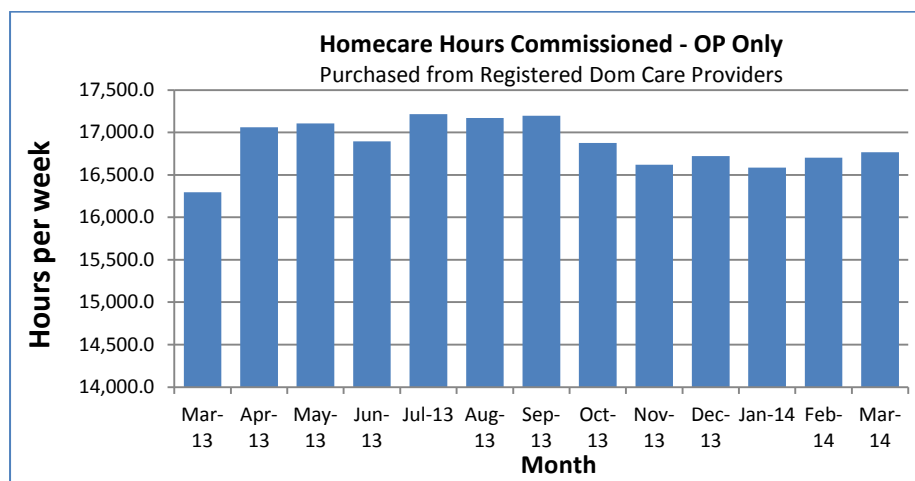
## Home care commissioned from independent providers

### Commissioned Homecare



The total number of people receiving purchased home care including Supported Living at the end of March 2014 is 2320, which is a decrease of 17 people since March 2013.

Within the overall figure of 2320 the largest group is older people with 1654 receiving home care as at March 2014. There has been a slight dip in the overall numbers since August, whilst the overall number of hours being commissioned continues to rise



The above graph shows the average weekly volume of hours purchased from independent home care providers . In March 2014 there was on average 16750hr purchased per week which is 500 more per week than in 2013 for approximately the same number of clients. This in conjunction with the reduction in the numbers supported in residential care would indicate a that service users are being supported in the community or extra care with higher levels of need.

## Long-term conditions and multiple conditions

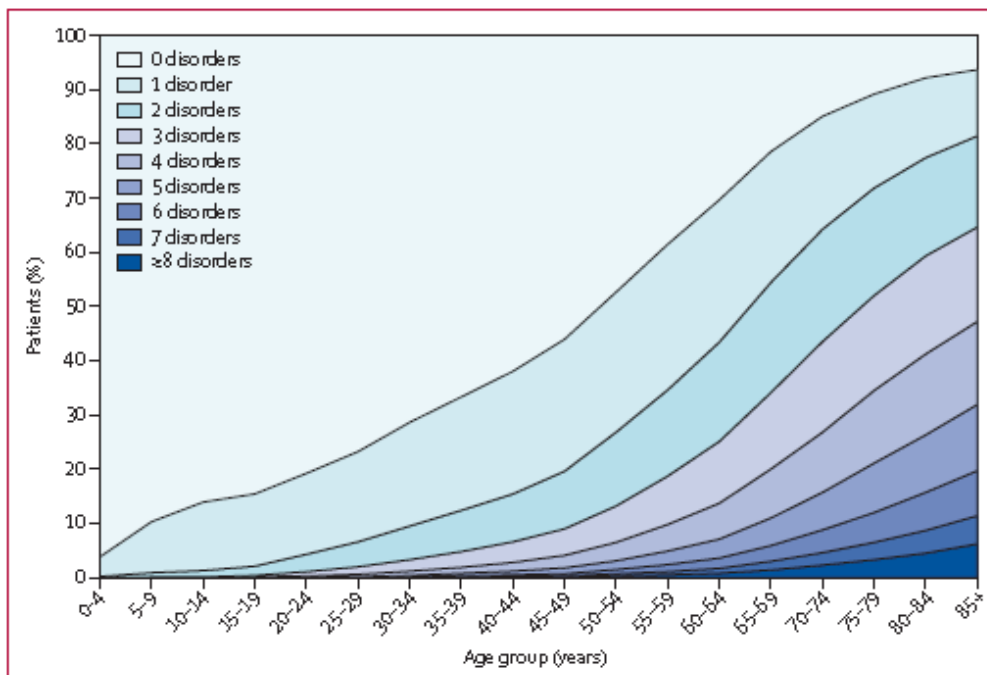
About 15 million people in England have a long-term condition Long-term conditions or chronic diseases are conditions for which there is currently no cure, and which are managed with drugs and other treatment, for example: diabetes, chronic obstructive pulmonary disease, arthritis and hypertension.

### Long-term conditions

Long-term conditions are more prevalent in older people (58 per cent of people over 60 compared to 14 per cent under 40) and in more deprived groups (people in the poorest social class have a 60 per cent higher prevalence than those in the richest social class and 30 per cent more severity of disease) People with long-term conditions now account for about 50 per cent of all GP appointments, 64 per cent of all outpatient appointments and over 70 per cent of all inpatient bed days.

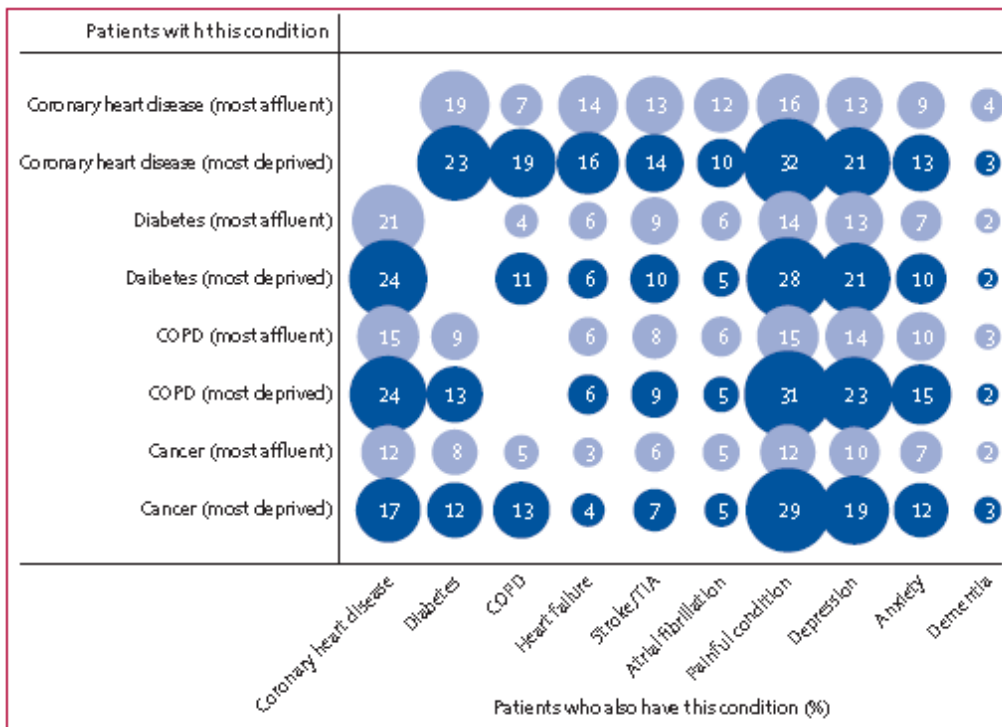
Treatment and care for people with long-term conditions is estimated to take up around £7 in every £10 of total health and social care expenditure Projections for the future of long-term conditions are not straightforward. The Department of Health (based on self-reported health) estimates that the overall number of people with at least one long-term condition may remain relatively stable until 2018. However, analysis of individual conditions suggests that the numbers are growing, and the number of people with multiple long-term conditions appears to be rising (Source The Kings Fund)

### Numbers of people with multiple long term conditions



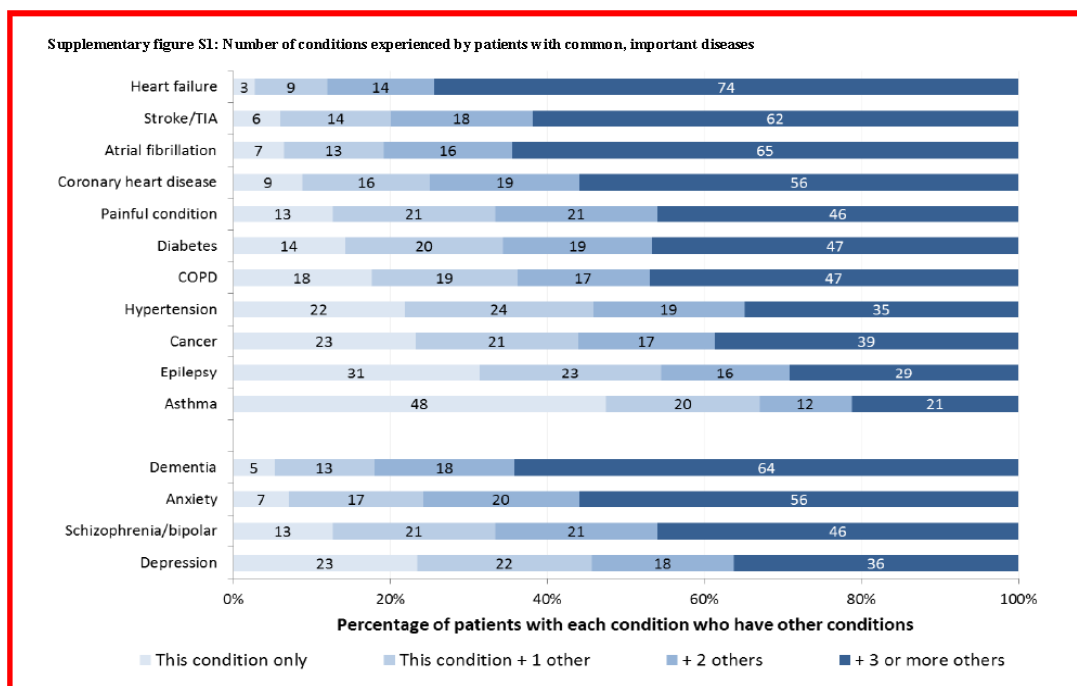
The above graph shows that with age the likelihood of having multiple conditions increases.

## Multiple Conditions



The above diagram shows the relationship between the 4 most common conditions and a range of other conditions. For example, if you have coronary heart disease, there is a 23% chance you will also have diabetes too.

## Other Conditions experienced by patients with common important conditions



The above graph shows that for certain conditions such as heart failure or dementia there is a high likelihood that you will have 3 or more other conditions , whereas if you have asthma that will be your sole condition.

Looking forward a number of these conditions can be mitigated by adopting healthier lifestyles such as exercising more, drinking less and quitting smoking. This is one of the main aims of the Public Health prevention agenda.

**Care & Independence Overview & Scrutiny Committee Mid-Cycle Briefing**

15 May 2014

**North Yorkshire Local Assistance Fund (NYLAF)****1 Why was NYLAF established and what did it replace?**

The NYLAF was established April 2013 to replace the discretionary Social Fund scheme. The Welfare Reform Act 2012 abolished the Social Fund and meant that new locally based provision would now be delivered by local authorities instead of the Department for Work and Pensions (DWP).

The Social Fund previously provided crisis loans, crisis loan alignment payments and community care grants. These were to provide finances for general living expenses and see people through during times when there were issues with their benefits.

The NYLAF provides emergency support for vulnerable adults to move into or remain in the community, and to help families under exceptional pressure to stay together. The NYLAF does not replicate what was previously provided by DWP. No cash payments, crisis loans or community care grants are available. Awards are made in kind, for example by supplying vital household goods and basic necessities.

**2 Budget**

Budget 2013/14 – a specific grant from DWP to NYCC

- Awards: £793,346
- Admin: £167,640

Budget 2014/15 – a specific grant from DWP to NYCC

- Awards: £793,346
- Admin: £153,660

Budget 2015/15 – For this and subsequent years there will not be a specific grant from DWP. Government ministers have said that there will be an allocation included within the main revenue support grant but the main revenue support grant has not been increased.

**3 How the NYLAF works**

Awards are made in the form of goods. Items requested must be essential and critical to the needs of the applicant or those of their family. Available items include essential items of household furniture and equipment, beds and bedding, food vouchers, clothing vouchers, utility top-up vouchers, utility reconnection charges and essential home repairs (full list in Appendix 1).

Applications to the fund are made through authorised agencies (e.g. selected county council front line services, registered social landlords, and voluntary organisations). It is the role of the authorised agencies to assess the applicant and identify them as

eligible and vulnerable. It is expected that authorised agencies will see an application to the NYLAF as part of a package of support. In exceptional circumstances it is possible to apply without going through an authorised agency.

All applicants must fulfil the eligibility criteria and fit into one of the vulnerability categories (as described in appendix 2).

However, if there is an urgent need for food/utility top-up but the applicant does not strictly fall into one of the vulnerability categories then the NYLAF may be able to issue a one-off food/utility top-up voucher without going through an authorised agency. Any second request must go through an authorised agency and meet the full requirements.

A customer may apply for up to two awards of emergency food and/or utility top-ups in any twelve month period. For other items provided under the fund, a maximum entitlement of three items (including a maximum of one white good) may also be awarded within the same twelve month period.

Day to day management is undertaken by Charis Grant Ltd. This includes managing the application process, making the decision on awards within the criteria specified by the county council, and ensuring the supply and delivery of all items that are awarded. All awards over £1000 have to be approved by the county council.

Unsuccessful applicants can ask for the decision to be reviewed. Initially this is undertaken by Charis Grants Ltd, but any subsequent review would be undertaken by the county council.

We also have an agreement with the Rainbow Centre in Scarborough to provide food parcels five day a week to people who meet the NYLAF eligibility criteria (all awards are documented on the main system operated by Charis Grants Ltd).

#### **4 Summary of activity during financial year 2013/14**

Total applicants:	2,796
Total applications:	3,211
Total items awarded (including food)	4,616
Food awards:	1,581

Total spend for the financial year 2013/14 was £628,243. This equates to 79.2% of the total budget.

Expenditure was low in the first few months of the year, but in the second half of the year the NYLAF came under increasing financial pressure and the total spend was 105.7% of the equivalent budget for these six months. Because of this a decision was made to remove rent deposits and rent in advance from its provision and to restrict white goods to one award per application.

## **5 Items awarded in 2013/14 (% of awards):**

White goods:	35%
Furniture and beds:	11%
Rent deposits (withdrawn February 2014):	1%
Utility top-up (started November 2014):	16%
Food (including food issued by the Rainbow Centre):	34%
Clothing:	3%

## **6 Vulnerability groups assisted in 2013/14 (% of awards)**

Homeless/Risk of Homelessness:	12%
Learning disability:	2%
Released from prison/Supervised on community order:	2%
Drugs/Alcohol dependency:	3%
Family under exceptional pressure:	40%
Mental health problem:	10%
Domestic abuse:	3%
Physical disability:	8%
Carer:	1%

(Please note these percentages are incomplete as the remaining percentage (19%) was awarded via the Rainbow Centre food bank, Scarborough. The Rainbow Centre's main client group are 'Homeless/Risk of homelessness'.)

## **7 Location of successful applicants in 2013/14 (% of awards)**

Craven:	5%
Hambleton:	10%
Harrogate:	13%
Richmondshire:	6%
Ryedale:	8%
Scarborough:	46%
Selby:	11%

## **8 Overall cost of awards by item in 2013/14 (% of awards budget)**

White goods:	65.7%
Furniture and beds:	14.8%
Rent deposits (withdrawn February 2014):	2.4%
Utility top-up (started November 2014):	4.4%
Food ( <b>Not</b> including food issued by the Rainbow Centre):	7.6%
Clothing:	4.9%

## **8 Additional information**

Also attached are two leaflets. One is for potential applicants. The other signposts people to other organisations that may be able to help, whether or not an application to the NYLAF has been successful. There is also information about the NYLAF on the county council website [www.northyorks.org.uk/nylaf](http://www.northyorks.org.uk/nylaf).

## **Appendix 1 – List of goods available under the NYLAF**

### **White goods**

- Electric cooker: free standing
- Gas cooker
- Table top hob
- Built-in electric hob
- Built-in electric hob and electric oven
- Built-in electric oven
- Microwave
- Microwave with roasting function
- Washing machine
- Fridge
- Fridge / freezer
- Freezer

### **Furniture, household items & bedding**

- Table and four chairs
- Utensil set and 16 piece dinner set and pans
- Single bed and bedding
- Double bed and bedding
- Bunk beds and bedding
- Cots
- Waterproof mattress and pillow covers

### **Utility**

- Electricity meter top-up
- Gas meter top-up
- Utility reconnection charges

### **Clothing**

- Adult clothing
- Child clothing
- Baby clothing (for children up to 12 months)

### **Food**

- Adult food voucher
  - Child food voucher
  - Baby food voucher
- (Food vouchers contain a set amount which should be enough to buy at least 5 days food. These vouchers are for either ASDA, Morrisons, Sainsbury's or Tesco).

### **Other Household Costs**

- Essential home repairs



## **Appendix 2 – Eligibility criteria and vulnerability categories**

The eligibility criteria are:

- 16 years old or over; and
- Live in North Yorkshire; and
- Receive a means-tested benefit or have a household income below the current HMRC low income threshold (for 2013/14 this was £15,910) and less than £1,000 capital; and
- Have a need that cannot be met from other forms of support

The vulnerability categories are:

- Homeless/Risk of homelessness
- Learning/Physical disabilities
- Mental health problems
- Recently released from prison/Supervised on community order
- Victim of domestic abuse
- Carer
- Drugs or alcohol dependent
- Couples and single parents with children, and people caring for children who are under exceptional pressure



North

Yorkshire County Council

# North Yorkshire Local Assistance Fund



### What is it?

The North Yorkshire Local Assistance Fund ("the Fund") provides support for vulnerable adults to move into or remain in the community, and for families under exceptional pressure to stay together.

Awards are made in the form of goods, not cash. Items requested must be essential and critical to your needs or those of your family. They include essential items of household furniture and equipment, beds and bedding, food vouchers, clothing vouchers, utility top-ups, utility reconnection charges and essential home repairs.

### Can I apply?

You can apply if:

1. you are over 16 years old; **and**
2. you live in or are moving to North Yorkshire (including if you are leaving an institution and resettling in North Yorkshire); **and**
3. you are in receipt of specific means-tested benefits or you have a household income below the government's 'low income threshold' (for 2013/14 this is £15,910) and have less than £1,000 in capital; **and**
4. you have a need that cannot be met from other forms of support; **and**
5. you fall into one or more of the following categories:
  - Homeless
  - Learning / physical disabilities
  - Mental health problems

- Recently released from prison / supervised on Community Order
- Victim of domestic abuse
- Carer
- Drugs or alcohol dependent
- Couples and single parents with children and people caring for children, who are under exceptional pressure ('Exceptional pressure' may be the result of acute domestic difficulties. An award under this category would normally be to help members of a family to stay together).

**If you have an urgent need for food or a utility top-up (that is, credit added to your gas or electricity account) but do not strictly fall within one of our categories above, then we may be able to provide a one-off food voucher and/or a utility top-up (see also "How do I apply for food and/or utility top-up?" below).**

Each case will be looked at individually and awards depend on funds available. Support will be given to those most in need.



### **How can I apply?**

You will need to contact North Yorkshire County Council's Customer Services Centre on **0845 8 72 73 74** to talk about your circumstances and what support you feel you need.

### **Lines are open Monday to Friday from 8am to 5:30pm.**

If you have an urgent need for support, the County Council will put you in contact with an organisation in your local area who will want to discuss your needs with you a bit more and talk about the kind of support that they may be able to help you access. This may include the agency completing an online application for the Fund for you, if you are eligible for assistance.

### **Can I apply myself, without seeing another agency?**

In exceptional circumstances, we can help individuals who need to make their own application, without the need for them to attend another agency in their area. For example, this might be because:

- the local agency is unable to urgently get access to the internet;
- there is an access issue and the individual simply can't get to the local agency; or
- there isn't an agency who has access to the online application form in that area.

This process can be slightly slower though, as individuals will need to make

sure they send all the documentary evidence required to support their application (see the criteria in "Can I apply?", above). Online applications through an agency are preferred, to make sure we get assistance urgently to people who need it.

If an individual application is needed, then please call NYCC Customer Services on **0845 8 72 73 74**.

### **How often can I apply?**

You will only be able to apply for a maximum of three items in any rolling 12 month period, unless your circumstances change, and this can be demonstrated to the agency that is helping you to apply.

The exception to this rule is for people who have an urgent need purely for food or utility top-up and who are eligible for support from the Fund. If you need a food voucher or a utility top-up, you will be able to apply to the Fund for both of these, if needed, up to two occasions within 12 months. You will also be able to submit an additional application that year for other items from the Fund, such as household goods or clothing, up to a maximum of three items.

Additionally, if you meet all of our basic criteria around age, residency and income and have an urgent need for food or utility top-up but do not strictly fall within one of our categories at point 5 above, then you may still be able to apply for a one-off food voucher or a

one-off utility top-up (see “How do I apply for food?” below). This exception is only made for food vouchers and utility top-ups from the Fund.

### **How do I apply for food and/or utility top-up?**

You will need to contact NYCC Customer Services (**0845 8 72 73 74**) to ask about any kind of support from the Fund, including food and utility top-up. You can call us between 8am and 5:30pm, Monday to Friday.

When you call for the first time to ask for either food or utility top-up, Customer Services will obtain your details and ask you some questions to identify whether you meet all of the key eligibility criteria for the Fund. If you do then we will put you through to the company who process our applications. If you cannot pay for the full call, we will take a number from you and ask the company to get in touch with you urgently. They will speak to you to ask you a few more questions about your circumstances, but you will not need to visit an agency in your area, nor will you be asked to send evidence of your circumstances. The application will be automatically approved and, depending on your application, either a food voucher will be sent out to you directly or a PayPoint voucher will be issued to you via email, text or post, for you to take to a PayPoint outlet to scan and credit your energy account. For more information about how this process works, please see “How does utility top-up work?”, below.

If you'd like to apply for food or utility top-up a second time within twelve months, you will need to contact NYCC Customer Services again, but this time we will ask you to make contact with another agency in your area as you may have a need for longer term support. This will involve you providing some documentary evidence of your circumstances to the agency that helps you to apply.

Food vouchers are credited with enough money to enable you to purchase enough food to last for at least five days. The value of the voucher is enough to buy a healthy diet and it is hoped this will be spent on a mixture of fresh and preserved foods. We guarantee that a voucher will be delivered to you within 24 hours, if your call is received before 11:30am, Monday to Friday. We cannot guarantee to get a food voucher to you within a shorter period of time so if your need is urgent then you may need to get support from another agency. NYCC Customer Services may be able to help with information about other places which provide food in your area.

### **How does utility top-up work?**

Once your application for utility top-up has been approved (either by phone, for the first application, or via an online application through an agent for the second application), you will be sent a pre-credited voucher or code with a set amount to help top up your energy supply. You will be able to receive the voucher by post or email. You will be

able to specify how you would like to receive your voucher or code when you apply. Vouchers will need to be taken to any PayPoint outlet, such as a local newsagent, along with your gas prepayment card or electricity key. Outlets offering the PayPoint service can be identified with the PayPoint logo in the window. Once the voucher barcode has been scanned against your card or key, this will automatically credit your account with one of the amounts below.

- Individual - £28
- Family (more than one adult in the household) - £45

You will not be required to provide identification to the PayPoint merchant and as such it is important that you make sure that we know what is the best way of sending the voucher on to you. Repeat vouchers cannot be provided in the event that you mislay your voucher. Each voucher will only work once and, once redeemed, cannot be used again.

In circumstances where a customer only has access to a coin meter or requires other fuel such as coal, it may be possible to provide utility top-up in the form of a voucher which can be redeemed for cash at a PayPoint outlet. Customers requiring a voucher for a coin meter or other fuel must indicate this to NYCC Customer Services or to the referring agent when requesting support.

Please note that where a standard voucher is issued by us for direct top up of gas or electricity accounts, these cannot be exchanged for cash and the PayPoint merchant will be unable to provide you with a cash alternative.

If you desire a utility top-up voucher to be sent to you in the post we guarantee a next day delivery providing your call is received before 1:45pm, Monday to Friday. If you desire a utility top-up voucher to be issued by email we can guarantee the voucher will be issued within 24 hours providing your call is received before 3:45pm, Monday to Friday. Unfortunately we cannot guarantee to help you within a shorter period of time.

Please note that utility top-up vouchers will expire after a month of the date they were issued.

### **Can I still get some support if I don't meet all of the criteria?**

If you do not strictly fall within one of our categories (see "Can I apply" on page 1) but meet our other criteria and have an urgent need for food or utility top-up which cannot be met through other forms of support, then we may be able to issue a food voucher and/or utility top-up to you on a one-off basis. To apply for this, you will need to contact NYCC Customer Services in the usual way to discuss your circumstances. These applications will be processed in the same way as other first-time applications for food or utility top-up from the Fund.

### **I don't have money to pay for a call to NYCC Customer Services - how do I get in touch?**

You can go to any NYCC Library and Information Centre in North Yorkshire and ask them to put you through to NYCC Customer Services. Alternatively, if you call the Customer Services Centre and give a phone number that we can contact you on then we will call you back directly so that you are not charged for the full call.

### **What if I apply to the Fund for assistance and I am not happy with the decision?**

You can ask for the decision to be looked at again. Details about how to get the decision reviewed will be provided in the response to your application.



### **Where can I get urgent help if my application is not successful or if I am not eligible?**

Information will be available for those who are not eligible for the Fund or not successful with their application to get other forms of support elsewhere in the county.

### **Where can I get help with other costs that aren't included within the Fund?**

The Department for Work and Pensions are responsible for providing a number of payments and advances for those who meet the eligibility criteria. These include:

- Funeral Payments
- Sure Start Maternity Grants
- Winter Fuel and Cold Weather Payments
- Short-term Benefit Advances
- Budgeting Advances

For further information please speak to your local JobCentre Plus office.

## **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](mailto:customer.services@northyorks.gov.uk)

Or visit our website at: [www.northyorks.gov.uk](http://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.

**Tel: 01609 532917 Email: [communications@northyorks.gov.uk](mailto:communications@northyorks.gov.uk)**



# North Yorkshire Local Assistance Fund

## Other forms of support





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# Other forms of support

Whether you have benefitted from the North Yorkshire Local Assistance Fund or not you may still benefit from further help and support. You will find details of other agencies below who may be able to help you whether this is in the form of advice, material provisions or signposting you to somebody who can help.

Please note, each council can only help you if you are a resident in their district, if you are resident outside their district or resident outside of North Yorkshire you will need to contact your own council.

## Financial Help

Various agencies are there to help if you are struggling to manage your finances.

### Debt Advice

#### My Money Steps

My Money Steps offers free personalised debt management solutions to help you get back in control of your debts and learn how to manage your finances going forward.

[www.mymoneysteps.org](http://www.mymoneysteps.org)

#### Step Change

Step change offers free debt help either via the phone or online.

[www.stepchange.org](http://www.stepchange.org)

Tel. 0800 1381111

#### The Money Advice Service

The Money Advice Service offer free advice about money and financial issues.

[www.moneyadviceservice.org.uk](http://www.moneyadviceservice.org.uk)

#### The National Debt Line

Those who don't have access to the internet can ring the National Debt Line on 0808 808 4000. This service is available Monday to Friday 9am – 9pm and Saturday 9:30am – 1pm.

### Benefits Advice

#### Turn 2 Us

This tool allows you to check whether you are missing out on any financial help available to you through welfare benefits.

[www.turn2us.org.uk](http://www.turn2us.org.uk)

## Loans

### South Yorkshire Credit Union

Credit unions offer a host of financial service including low cost loans. They are not-for-profit organisations and are owned and controlled by their members.

Tel. **03030 30010**

[info@sycu.co.uk](mailto:info@sycu.co.uk)

## Housing

### District Councils

Each District Council can be contacted to provide free advice and support for any housing issues you may currently be facing. Each district council also has provisions to help you with housing costs should you meet the eligibility criteria. Contact details and details of each scheme can be found on their website or by ringing the council directly.

Craven: [www.cravenc.gov.uk](http://www.cravenc.gov.uk)

Tel. **01756 700600**

Hambleton: [www.hambleton.gov.uk](http://www.hambleton.gov.uk)

Tel. **01609 779977**

Harrogate: [www.harrogate.gov.uk](http://www.harrogate.gov.uk)

Tel. **01423 500600**

Richmondshire: [www.richmondshire.gov.uk](http://www.richmondshire.gov.uk)

Tel. **01748 829100**

Ryedale: [www.ryedale.gov.uk](http://www.ryedale.gov.uk)

Tel. **01653 600666**

Scarborough: [www.scarborough.gov.uk](http://www.scarborough.gov.uk)

Tel. **01723 232323**

Selby: [www.selby.gov.uk](http://www.selby.gov.uk)

Tel. **01757 705101**

### Shelter

Shelter offer free advice, help and support for people facing problems with housing. They also have regional centres which can be found on their website.

[www.shelter.org.uk](http://www.shelter.org.uk)

### Homeless UK

Homeless UK offers a search facility allowing the user to search to find advice and support services specific to their issue and locality. This includes hostels and other accommodation projects.

[www.homelessuk.org](http://www.homelessuk.org)

## Help with Utilities

### Home Heat Helpline

The Home Heat Helpline advises people worried about paying their energy bills. It also gives advice to low income households in urgent need of heating help and advice.

Their website can also be used to find out if you may be eligible for help with your energy bills.

[www.homeheathelpline.org.uk](http://www.homeheathelpline.org.uk)

Tel. 0800 336699

### Gas/Electricity

If you are a low income household and are a customer of one of the following energy companies you may be eligible to apply for help with your energy bills and any debt you may have accrued. More information and the application process can be found on their website.

#### The British Gas Energy Trust

[www.britishgasenergytrust.org.uk](http://www.britishgasenergytrust.org.uk)

#### The Npower Energy Fund

[www.npowerenergyfund.com](http://www.npowerenergyfund.com)

#### The EDF Energy Trust

[www.edfenergytrust.org.uk](http://www.edfenergytrust.org.uk)

### Northern Gas Networks

Northern Gas Networks own and maintain all of the piping in North Yorkshire. For low income households and for those struggling with their utility payments they offer a free connection service. If you are currently not connected to mains gas and electricity this may be something you would consider. More information can be found on their website or by the telephone.

[www.northerngasnetworks.co.uk](http://www.northerngasnetworks.co.uk)

Tel. 0113 2372720

## Oil

### Oil Club

Oil club are the leading heating oil club in the UK with over 2,500 clubs and tens of thousands of members. Membership is free and their website allows you to search for your nearest oil club.

[www.oil-club.co.uk](http://www.oil-club.co.uk)

### **Broadacres oil purchase scheme**

Broadacres offer advice and support on a range of issues, including debt advice and handyperson schemes. They run an oil club for all Broadacres tenants. More information can be found on their website or by getting in touch.

[www.broadacres.org.uk](http://www.broadacres.org.uk)

email: [info@broadacres.org.uk](mailto:info@broadacres.org.uk)

Tel. 0800 5875291

## **Water**

### **Yorkshire Water Community Trust**

The Yorkshire Water Community Trust exists to help those in real need, and who are unable to pay their water charges. Details of the trust can be found on their website, or you can call the community trust helpline.

[www.yorkshirewater.com](http://www.yorkshirewater.com)

Tel. 0845 1242426

## **Furniture**

### **Furniture Re-use Network**

The Furniture Re-use Network website can be used to locate your nearest re-use supplier. Local furniture re-use stores sell good quality, used furniture and electrical items at an affordable rate. You can find contact details for your local re-use store by entering your postcode into the furniture re-use network site.

[www.frn.org.uk](http://www.frn.org.uk)

### **Local Councils**

Local Councils also offer advice and support on how to acquire affordable furniture and white goods. For information on how to contact your local council please see the information listed under the heading 'Housing'.

## **The Elderly**

### **Age UK**

Local Age UKs provide vital direct services to people in later life, working in partnership with the national organisation. Local services can include: information, advice and advocacy services, day centres and lunch clubs, home help and 'handyperson' schemes, and various training. To find your local Age UK visit the website.

[www.ageuk.org.uk](http://www.ageuk.org.uk)

## Mental Health

### Mind

Mind exists specifically to help those with mental health problems. Local Mind services include supported housing, crisis helplines, drop-in centres, employment and training schemes, counselling and befriending. To find your local Mind visit the website.

[www.mind.org.uk](http://www.mind.org.uk)

## Wider Support

### Citizens Advice Bureau

Citizens Advice can offer support and help with a whole number of issues issues from help with debt to advice on health services.

Citizens Advice offer free help and their nearest centre can be found on their website where you can also find other contact details.

[www.citizensadvice.org.uk](http://www.citizensadvice.org.uk)

Citizens Advice also offers a separate advice page.

[www.adviceguide.org.uk](http://www.adviceguide.org.uk)

### Salvation Army

The Salvation Army offer practical and unconditional help, support and assistance on any issue you may be experiencing. The website allows you to search for your nearest Salvation Army centre.

[www.salvationarmy.org.uk](http://www.salvationarmy.org.uk)

## 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**

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