



# HEALTH AND ADULT SERVICES LOCAL ACCOUNT 2013/14

How we have performed in delivering adult social care to the people of North Yorkshire in 2013/14 and our priorities for 2014/15



## FOREWORD

People tell us that they want to live independent, healthy and fulfilling lives, based on choices that are important to them. This document sets out our vision for how future services and support will help them stay more independent and be a part of their local communities.

Building on the reputation North Yorkshire County Council already has of providing high quality services, our ambition is to have a health and social care system that improves health, puts people in control of their care and support and protects those people who are most vulnerable.

The key focus for us is to enable people to live as independently as possible.

To achieve this ambition, we will be clear about what we can offer, and change the way we do things. Demand for public services is growing as people live longer and the number of people with complex and long term conditions, such as dementia, increases. We have less money than we had in the past, so to deliver value for money for the residents of North Yorkshire, we will focus our spending where we can make the most impact. We will encourage and support people to be independent and self-reliant wherever possible. We are proud of our on-going programme of Extra Care schemes which will ultimately give people around the county the opportunity to continue to live independently with access to care services.

Whilst we have had less money, we have continued to improve the quality of our services. Our reablement service continues to be highly successful with more people than ever being supported to live at home, with 62.6% of the people who go through the programme not requiring a long term service.

Working across North Yorkshire, recognising the needs of different communities, we will ensure that people are able to get the information, advice or support they need when they need it, and have a positive experience of public health and adult social care.



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<b>CONTENTS:</b>	<b>Page</b>
<b>Health and Adult Services in North Yorkshire .....</b>	<b>3</b>
<b>The challenges we are facing .....</b>	<b>9</b>
<b>1. “I am supported to maintain my independence for as long as possible” .....</b>	<b>11</b>
<b>2. “I understand how care and support works and what my entitlements are”....</b>	<b>20</b>
<b>3. “I am happy with the quality of my care and support” .....</b>	<b>25</b>
<b>4. “I know that the person giving me care and support will treat me with dignity and respect” .....</b>	<b>28</b>
<b>5. “I am in control of my care and support” .....</b>	<b>33</b>
<b>6. Now we need your help – how to provide your feedback .....</b>	<b>34</b>
<b>7. Glossary.....</b>	<b>35</b>

## **HEALTH AND ADULT SERVICES IN NORTH YORKSHIRE**

We are pleased to be sharing with you our fourth Local Account which details our achievements and challenges in delivering adult social care and public health services during 2013/14. All the photographs and case studies used in the Local Account are real examples of people in North Yorkshire.

This document also sets out our priorities for how future services and support will help people to stay more independent within their local communities.

We recognise the needs of different communities across North Yorkshire and we will work with residents in these communities to ensure that information, advice or support is available when people need it so that they have a positive experience of their contact with public health and adult social care.

We have used the following five statements to reflect on our work in 2013/14 and to describe our plans for 2014/15:

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

### **North Yorkshire 2020**

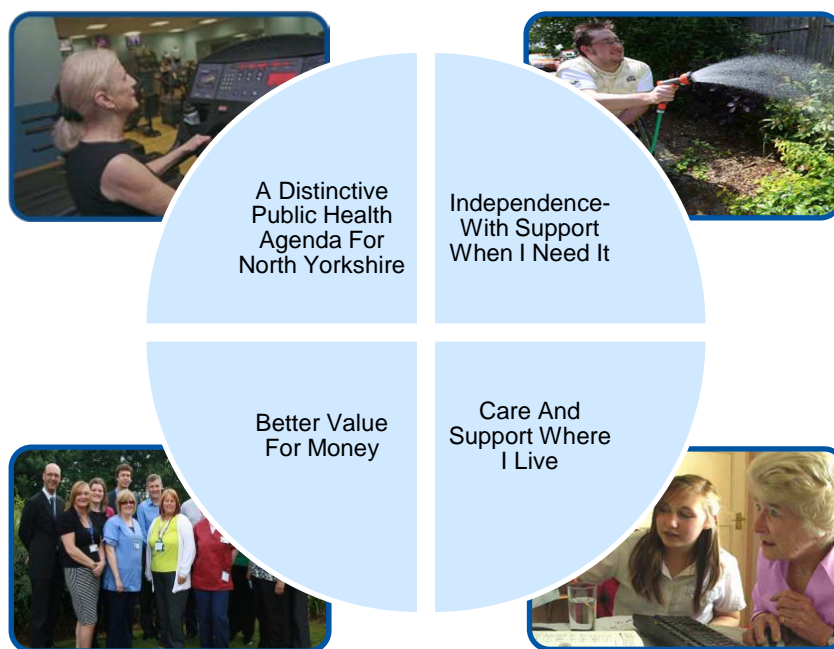
2020 North Yorkshire is an ambitious programme to change the way the County Council does things given the significantly reduced funding levels. The programme is based on a number of themes including:

- Becoming a smaller County Council;
- Having fewer staff with greater productivity;
- Being flexible and agile to respond to changing circumstances;
- Being clear about the County Council’s delivery role;
- Progressing towards a greater commissioning role and involvement of the private sector;
- A major effort to engage communities, voluntary groups, partners and others to share the role of delivering some services and to help potentially vulnerable people live independent lives minimising the need for more costly services; and
- Retaining the capacity to provide strong leadership on issues important to the public across all of North Yorkshire.



As part of 2020 North Yorkshire, Health and Adult Services (HAS) is developing its own vision of how services will evolve.

The HAS vision; “People Living Longer, Healthier, Independent Lives – A Vision for Health and Adult Services”, sets out how we will transform our services to meet the changing needs of the people of North Yorkshire. A copy of the HAS Vision will be available on the County Council website later in the year.



To achieve this we will:

- Be recognised as an innovative, effective leader of social care;
- Work collaboratively with a wide range of partners and local communities;
- Aim to deliver better results for people and value for money;
- Enable people to take control of their health and independence;
- Work with public health partners to improve the daily lives of people;
- Ensure that everyone has a responsibility to keep vulnerable people safe;

- Introduce a range of preventative services enabling individuals and communities to take more control of their lives.

Finally, we will look at how services are currently delivered and look at how people can access those services, always focusing on giving people maximum control over how their care is delivered.

Overall the sums of money that the County Council is trying to reduce from its budget are significant and the task becomes increasingly harder year upon year. The only way to address the magnitude of the challenge is by this ambitious programme of change across all services.

## **The Care Act**

The Care Act, which received Royal Assent in May 2014, is the biggest change in social care legislation in over 60 years. It introduces major reforms to the duties of local authorities, the rights of people who need social care and to the funding system. The main provisions of the Care Act include:

- Local authorities will have a broader care and support role in the local community, with new duties to promote physical, mental and emotional wellbeing in all decisions regarding someone's care needs and reduce the risk of people reaching crisis point.
- Introducing a national eligibility criteria against which all local authorities will be required to assess individuals' entitlements to care.
- The right for carers in England to receive support from their local council and introduces a duty to meet carers' eligible needs for support.
- A cap on care costs which anyone over state pension age will be liable to pay.
- A revised capital limit under which people are eligible for council support.

The Care Act is introduced in two parts. The social care changes will be implemented in April 2015 and the financial reforms in April 2016. To prepare for the Act's implementation we are working with our partners in a more integrated way at both strategic and individual service levels.

## **Better Care Fund**

The £3.8 billion Better Care Fund (BCF) was announced by the Government in the June 2013 Spending Round, to ensure a transformation in integrated health and social care. The BCF is a single pooled budget to support health and social care services to work more closely together in local areas.

Our current joint plan defines a 2014/15 pooled fund of £28.2m and £39.8m in 2015/16 and must deliver against clear requirements, measured through a series of metrics, all of which are interlinked and specifically require Health and Social Care to work together to deliver the results.

The Better Care Fund performance framework has been revised at a national level; we are now required to complete new plans which centre on both the protection of social care and the avoidance of emergency admissions to hospital.

Our plan describes how our shared investment will:

- Improve self-help and independence for North Yorkshire people;
- Invest in Primary Care and Community Services;
- Create a sustainable system by protecting Adult Social Care and by working with Secondary Care to secure the hospital, mental health and community services needed in North Yorkshire.

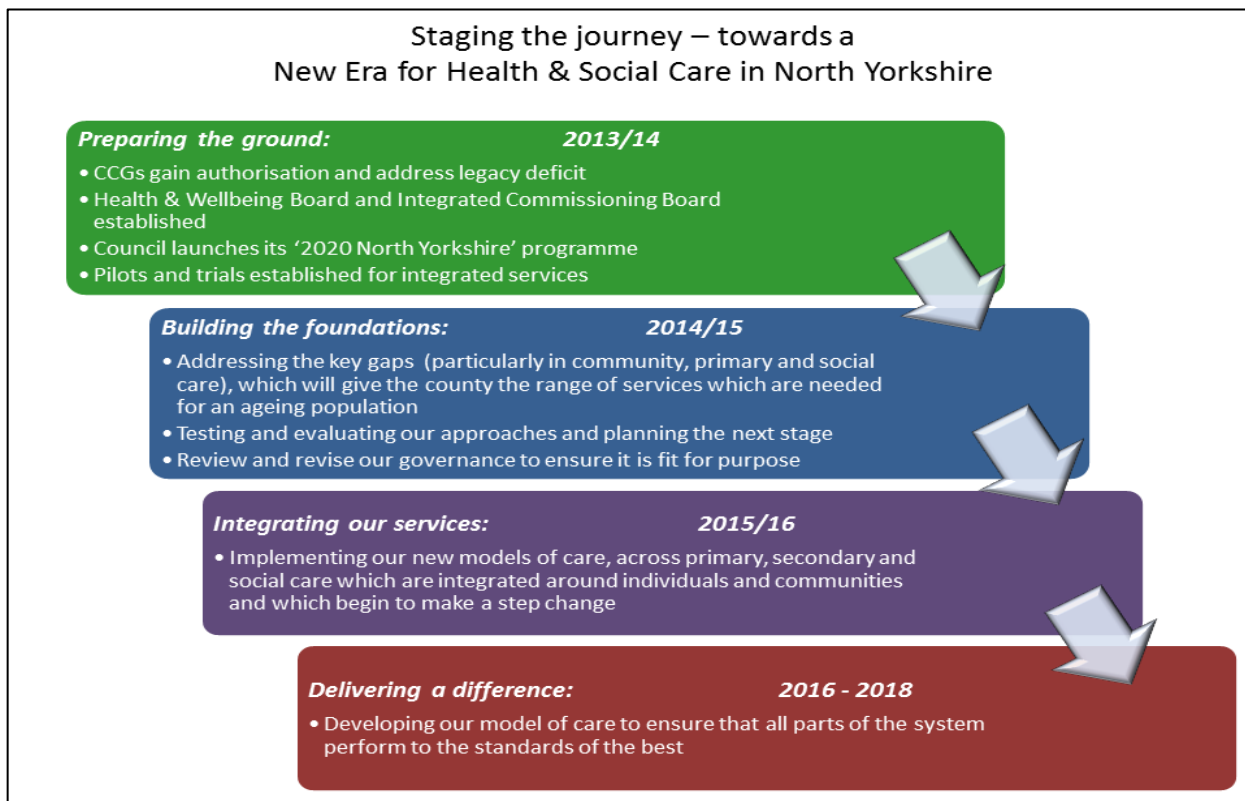
Care will be centred on the needs of the individual and their carers, empowering people to take control of their health and independence.



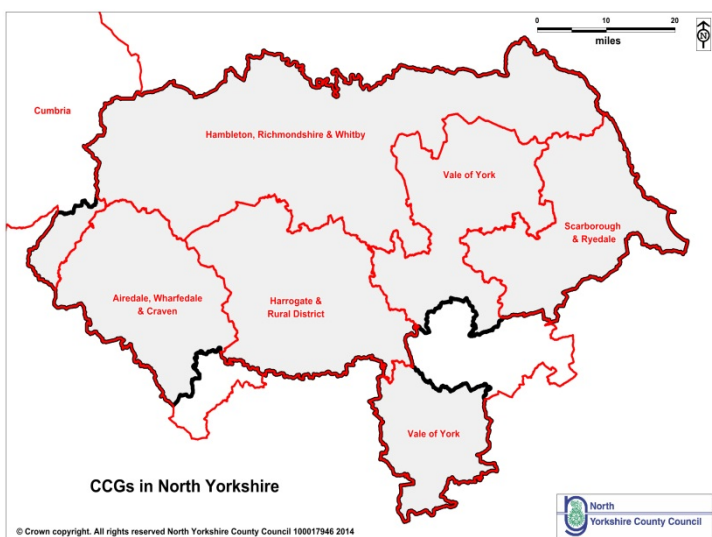
Our locally agreed high level priorities are in four broad areas which are:

- Prevention
- Integrated Reablement and Multi-disciplinary Teams
- Increased support in areas such as Mental Health, Dementia, Falls, Care Homes
- Funding to increase core levels of community staffing.

This will be supported and enabled by enhanced capacity at a North Yorkshire wide level developing infrastructure, IT and Communications.



## CHANGES TO THE NATIONAL HEALTH SERVICE IN NORTH YORKSHIRE



The five CCGs within North Yorkshire came into being on 1 April 2013.

Over the year HAS has worked closely with our colleagues in the CCGs culminating in the joint submission of the Better Care Fund proposal to the Department of Health in April 2014.

High on the agenda is more integrated working with the CCGs ranging from joint delivery of front line services to earlier identification of people who may need assistance or guidance.

## PUBLIC HEALTH

Public Health became a statutory function of the County Council on 1 April 2013. Having public health as part of the County Council's responsibilities will allow the objectives of the County Council and public health to be included in all our contracts for services. The Director of Public Health published his first report "What is public health?" in September 2013. The report is available here: <http://www.nypartnerships.org.uk/index.aspx?articleid=26291>



The County Council has a statutory duty to provide public health advice to our CCGs and to support their commissioning of healthcare services. The Public Health Team has supported HAS and CCGs with public health advice in the preparation of the North Yorkshire Better Care Fund. The Team ensured the proposals focus on prevention and target specific health outcomes as priorities for integration of health and social care services across the County.

The Public Health Team, in collaboration with Public Health England and the County Council's Emergency Planning Unit, have worked together to ensure that systems are in place to respond to health threats arising from infections or environmental hazards. Public health advice plays a vital role in managing incidents such as the fire at the tyre dump in Sherburn-in-Elmet.

The team is working on a number of initiatives so that by 2020 and as outlined in the HAS 2020 Vision, we will have:

- New arrangements for existing public health services so that more people get the right support to manage lifestyle issues such as substance misuse, smoking or being overweight.
- Actions to support communities and individuals to reduce loneliness and social isolation.
- Worked with partners that ensure more homes have affordable heating and housing is improved where it seriously impacts on health.
- Improved preventative services for children and young people through the Healthy Child Programme.
- Invested in local community projects that support people to live longer, healthier and more independent lives.

## HEALTH AND WELLBEING BOARD



The Health and Wellbeing Board is chaired by the Portfolio Holder for Adult Social Care and Health Integration. It also includes the Chief Executive, the Corporate Director – Health and Adult Services, the Corporate Director – Children and Young People's

Services, the Portfolio holder for children and young people's services, the Portfolio Holder for Public Health and Prevention and the Director of Public Health, together with representatives from each of the five CCGs, District Councils, other health partners and the voluntary sector. The Board enables the key representatives of health and social care together with the voluntary sector to discuss and plan joint strategies for improving the health of the people of North Yorkshire. During the year the Board has considered topics such as the new Autism Strategy, the Better Care Fund and Adult Substance Misuse.

The Board has produced its initial Joint Health and Wellbeing Strategy to improve the health of communities in North Yorkshire. This will be updated on an annual basis. More information can be found here: <http://www.nypartnerships.org.uk/index.aspx?articleid=16804>


The Joint Strategic Needs Assessment (JSNA) and the Joint Health and Wellbeing Strategy (JHWS) are produced by North Yorkshire's Health and Wellbeing Board. The JSNA describes the health and wellbeing needs of people in North Yorkshire, and the JHWS uses this evidence to explain the Board's priorities to meet these needs and improve people's health and wellbeing. The JHWS will be used to guide what health and social care services are commissioned and developed in the county, including those with an indirect impact on people's health, such as affordable housing, lifelong learning and economic development.

In future it is not planned to produce a regular full updated JSNA report. There will be a move to a more continuous JSNA process by:

- Producing an annual update of core data each summer;
- Producing quarterly in depth studies of particular topics. A rolling programme of topics will be agreed by the Health and Wellbeing board.

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

## HEALTHWATCH

 Healthwatch, is the independent consumer champion for health and social care in North Yorkshire. It exists in two distinct forms – Local Healthwatch, at local level, and Healthwatch England, at national level.

The local Healthwatch is the 'go to' organisation and supports everyone across North Yorkshire to:

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

You can find out more about North Yorkshire's Healthwatch and read its 2013/14 Annual Report on its website: <http://www.healthwatchnorthyorkshire.co.uk/>



## The challenges we are facing –

The number of people needing help is increasing at a time when the budget is reducing.

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Increase in the number of people over 65 by 2020. From 137,700 (in 2014) to 155,400

Number of people over 65 with a long-term, limiting illness projected to rise by 2020. From 60,969 to 69,903

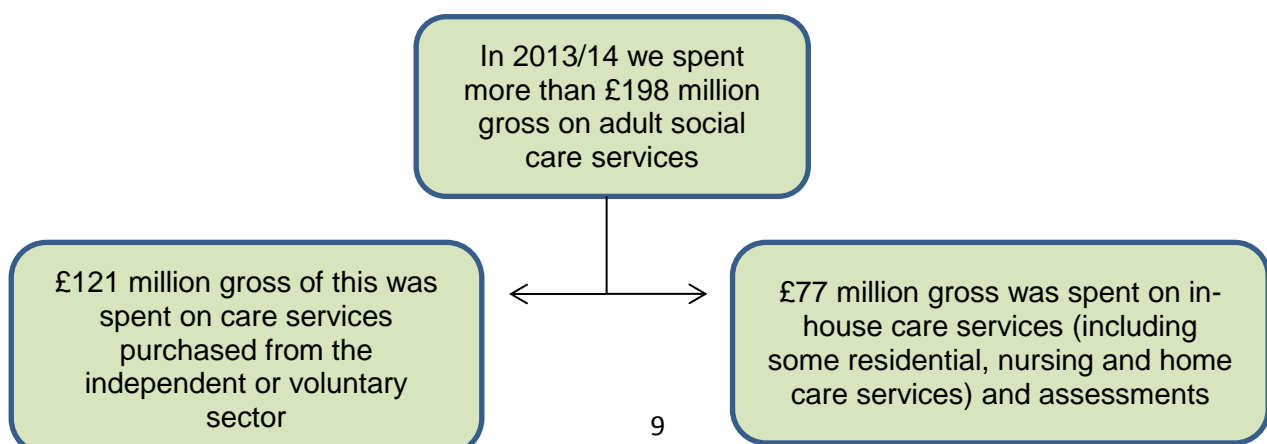
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Increase in the number of people with mental health needs requesting support in 2013/14 compared with the previous year. From 2,215 to 2,497

Rising demand for services and reducing public spending mean we will have to work closely with the public and our partners to transform the way we work and change what we offer people. We will continue to prioritise the provision of high quality services and focus on the most vulnerable members of our communities.

## How the money is spent –



Last year we said we needed to make significant savings towards the overall County Council budget but we would protect the most vulnerable people.

The County Council's and Adult Social Care's budget continue to be under significant financial pressure. HAS had to contribute over £6.4 million savings in 2013/14 which has been achieved by further reviews of back office support functions, alternatives to costly out of county residential placements and other efficiencies in the way that services are delivered.

Whilst significant savings have been achieved in HAS, the County Council through its 2020 North Yorkshire Vision, is proposing further significant budget reductions towards which HAS must contribute an additional £21.5 million in efficiencies between 2015-2020. This is a significant challenge. The publication of the HAS 2020 Vision in 2014 will describe the transformation of how services will be delivered, placing increased reliance on prevention, rehabilitation, community and personal resilience.

More financial information on how we spent the money for adult social care and public health in 2013/14 is available at the end of the Local Account.

## SECTOR LED IMPROVEMENT

Sector Led Improvement (SLI) is a programme of self-improvement and monitoring led by the Association of Directors of Adult Social Services (ADASS) in partnership with the Local Government Association and the Department of Health. The purpose is to offer mutual support to councils in the Yorkshire and Humberside region and nationally through monitoring of indicators and reviews of documents such as this Local Account.

As part of this on-going process we listened to the comments made by our regional colleagues on the 2012/13 Local Account. As a result we have improved consultation with people who use our services, their carers and those who may use our services. We are also contributing to the redevelopment of the County Council's website and are developing a programme of customer consultation. This will ensure that people's feedback on services helps to inform our future planning.

## 1. "I AM SUPPORTED TO MAINTAIN MY INDEPENDENCE FOR AS LONG AS POSSIBLE" - How we have helped people to stay active, independent and connected in their communities.

### CHARGING FOR SOCIAL CARE SERVICES

In 2012/13 we said we would seek the opinions of people in North Yorkshire on proposals to deliver cost effective, high quality services that meet their future needs in remaining independent.

As a result, we consulted on changing our eligibility threshold for adult social care and changes to our charging arrangements. This consultation was to anticipate changes in the Care Act requiring greater national consistency on eligibility. Between September and November 2013 a total of 5,514 questionnaires were sent out and more than 450 people attended local meetings. Following the debate at the meeting of the County Council's Executive on 23 January 2014 the proposals to raise our eligibility criteria from 'moderate' to 'substantial' and a change to the charging were agreed. We decided against the proposal to charge for two carers as it would impact on the most disabled people in society.

The consultation showed very positive attitudes towards preventative services. Respondents believe that appropriate advice and guidance would help people to maintain their independence and would reduce or even remove the need for formal adult social care support services. More than 80% (1,119 people) of those who responded said preventative services were important and should be designed to help them stay in their own homes. As part of the 2020 North Yorkshire Programme we are developing a targeted preventative approach designed to continue supporting more people to live at home for as long as possible. It will encourage joint working with a range of partners, including health, housing providers, voluntary and community organisations and will build on existing, and introduce new, preventative initiatives. It will also form part of the County Council's broader Stronger Communities Programme which will support local communities to support each other more and to encourage voluntary effort alongside statutory services.

### PROMOTING INDEPENDENCE

We provide a range of options to support people at home for as long as possible. This includes adaptations to people's own homes, working with other organisations to signpost people to services that will help them remain independent including handyman and gardening services. Together with our prevention and rehabilitation strategies we aim to keep people independent for as long as possible.

"I can now stay in the home I love ..."

A lady who had received a Disabled Facilities Grant, equipment and support from the Sensory Team wrote to offer her appreciation:

"..... I wanted to thank you so very much for all the help I have received to make life so much easier, in the bathroom, the steps and hand rail at the front door and the stairlift which is wonderful as the stairs were becoming a problem. I am so very grateful and happy that I can now stay in the home I love....."

### START (Short Term Assessment and Reablement Team)

Last year we said we would continue with our START service to rehabilitate people to regain confidence and skills after an accident or stay in hospital. It is seen as an excellent way for people to regain confidence after a crisis through a mixture of occupational therapy, intensive home care, the use of Telecare and other small pieces of equipment. In 2013/14 START teams supported



3,665 people countywide. START provides a free initial service of up to six weeks which is offered to all people referred to Health and Adult Services.

Reviews in 2013/14 show that 85.55% of people are extremely satisfied with their START experience which is a slight increase on last year and 62.9% of people required no on-going services following the initial six week period.

#### Telecare Case Study

Mr H is a 40 year old man living in a flat within a shared supported housing property. His learning disability is managed and supported effectively by HAS and partner agencies.

A number of local people had 'befriended' him and were turning up uninvited at the property at unsocial hours, causing a nuisance and disturbing other neighbours. Mr H did not have the confidence to refuse them entry and subsequently become stressed and anxious with the situation. He was also worried about what would happen if he did challenge them.

Mr H already had a lifeline system so was used to technology within the property. Discussions took place about the best way forward in this situation and together we decided to install a Bogus Caller Button. This was located near his front door and when pressed it alerted the Control Centre who would listen to the call and respond appropriately. These calls were recorded and could prove beneficial in any further investigation of the problem.

In order for this arrangement to work there needed to be a 'joined up' approach between HAS, the Housing Provider and the Control Centre to ensure Mr H remained safe and was capable of using the equipment.

As a result, Mr H has increased confidence that if he needs help with unwanted guests he can ask for assistance via his Telecare. It has increased his ability to say no to his 'friends' when they ask to enter his property, safe in the knowledge that if he needs support it is only a call away. His quality of life and emotional well-being have improved and he feels better able to carry out his daily routine. This equipment continues to manage the risks and helps him to remain at home in familiar surroundings.

#### MENTAL HEALTH SERVICES

Mental health services in North Yorkshire are jointly delivered with three Acute NHS Mental Health Trusts. This has enabled the County Council to carry out its statutory duties whilst meeting increasing demands on the service. Services for those people with mental health issues are embedded across all of our service areas including employment support, accommodation, Supporting People service and other core services such as home care and day care.

During 2013/14 the outcomes for people with long term and acute mental health challenges seeking paid employment, retraining and volunteering have continued to improve, particularly in the Harrogate, and Hambleton and Richmondshire areas.

The Support, Time and Recovery Workers have introduced a more targeted recovery model to increase independence. The model is for a short term intervention and mirrors the Reablement START Model in Adult Social Care.

Involving service users has helped the County Council, to refresh its Mental Health Strategy, developing new services, especially in the voluntary sector where individual service contracts are more tailored to meeting individual needs.

#### CASE STUDY – MENTAL HEALTH

Miss F is 26 years old with a diagnosis of anxiety and depression. She was referred to the Selby Community Recovery Team (CRT). Miss F required assistance with graded exposure work; as her

confidence was low and her anxiety meant that she was unable to use public transport to travel from her village into Selby on her own. Miss F wanted to pursue employment opportunities, but this was not possible given her symptoms.

We worked together with Miss F to review anxiety management strategies whilst discussing a plan to take public transport. Miss F was given factual information - bus timetables, map routes, time commitments – related to upcoming journeys, which helped to reassure her. She also responded well to distraction techniques: support staff maintained active dialogue with her during particularly anxiety-provoking situations. Within three weeks, Miss F became independent getting into Selby using public transport, pushing herself when, in the past, she had often remained in the comfort of her home.

Miss F expressed interest in painting and drawing. Support staff therefore introduced her to a summer arts course hosted by a small charity organisation called Magnetic Arts. The worker also accompanied her to a café hosted one afternoon a week by Horton Housing Association, where vulnerable people from diverse backgrounds would gather for a meal or drink and engage in crafts, games, or a simple chat with one another. Miss F began attending both activities using public transport alone with only minimal encouragement from staff. Attendance at the café led Miss F to begin volunteering there, making drinks for others and chatting to elderly people who attended regularly. This was a natural opportunity to develop confidence in the very social situations she had long avoided.

Miss F now feels ready to take another step toward her longer term goals by expanding her volunteer work in to other areas. Her support worker helped her meet the volunteer champion from the local Association of Volunteer Services to discuss her options. And while paid employment has not yet materialised, it is no longer out of sight; she is aware that a referral to a County Council Employment Officer can be made promptly when she is ready. Recently, she visited her brother in the North of England, taking two trains and a bus to get there. In her words: “I now feel like I have a future.”

## EXTRA CARE



We have continued to invest in Extra Care schemes as a replacement for traditional residential care homes. Extra care housing provides high quality, specifically designed, apartments with a care team on site that can provide care at any time 24 hours a day, 7 days a week. Currently there are 15 schemes around the county, providing 644 apartments run in conjunction with seven different housing providers. Extra Care housing helps people to live independently, safely, with care and privacy. There is also access to other facilities such as restaurants, shops and hairdressers and they act as community hubs for the surrounding areas. As

the ageing population increases, these schemes will provide an on-going, high quality solution that enables older people to remain in their own homes in supportive local communities, thus reducing the demand on the County Council for more intensive care services. The schemes will also provide a network of hubs across North Yorkshire, which can be used for the provision of a wide range of community services and could be developed to provide integrated health and social care support with the NHS. We aim to launch a consultation on our Care and Support Where I Live Strategy during summer 2014. A detailed guide to Extra Care Housing can be found at [www.northyorks.gov.uk/extracare](http://www.northyorks.gov.uk/extracare)

## EXTRA CARE

Mr & Mrs C had been relatively healthy and active when a blood clot left Mr C having a leg



amputated above the knee and unable to return to their bungalow which they owned. Adaptations were not possible due to its layout. They applied and moved into an extra care scheme, living together in an enabling environment for Mr C and one which allowed Mrs C to live her life to the full and not solely as carer to her husband as, if she wants to go out she can, secure in the knowledge that if he has an emergency he can call for assistance.

They have been so happy with their move that they would like to purchase a lease of their flat as they wish to stay. Mr C's independence is returning thanks to an artificial limb which allows him some freedom, but even not wearing that he can propel himself around the scheme. As a couple they have involved themselves in tenant issues assisting recently in an interview panel and expressing an interest in the future of tenant liaison. Mrs C has been able to keep up her interest in crafting and attend social events and Mr C can come down to domino drive evenings.

The County Council has identified a need for a further 41 Extra Care housing schemes in addition to the existing 15 schemes, to meet the growing requirement for accommodation with care across the county. We have a pipeline programme that aims to deliver 12 of the schemes and it is proposed to launch a procurement process to identify partners to enable the development of the remaining 29 schemes.

We currently have Extra Care schemes under construction in Settle, (pictured above) Scarborough and Thirsk. The Settle scheme is due for completion in September 2014, and the Scarborough scheme in November 2014. The development of the Thirsk scheme is split into two phases with residents moving into Phase 1 throughout 2014 and with Phase 2 due for completion in March 2015. The Settle and Thirsk schemes will provide a replacement for the existing libraries.

Construction will start in Leyburn, Sowerby and Pickering this year and there are three further schemes awaiting planning and it is anticipated these will start construction later this year or early next year.

Approximately 28% of tenants within Extra Care live with dementia. The care and support model is being reviewed to ensure that future schemes are designed so that people living with dementia are supported to live successfully within extra care housing. Three schemes in Settle, Leyburn and Harrogate have been specifically designed to incorporate the latest best practice guidance to ensure that the physical environment supports people living with dementia as much as possible and in Settle there is a wellbeing suite offering memory clinic services. The County Council will review these different design models to ensure we learn what works and apply it to future schemes.

#### DEMENTIA – How we are responding to this challenge

This year has seen a significant step forward in our response to the needs of people living with dementia. Six new Dementia Support Services have been commissioned jointly with the local Clinical Commissioning Groups. Working to a single specification to ensure consistency across the county, the service is delivered on a local basis in the Clinical Commissioning Group areas, to make sure they can respond to local issues and utilise local strengths. Making Space will be the provider in Hambleton, Richmondshire and Whitby CCG area, Airedale, Wharfedale and Craven CCG and South Lakes CCG and Scarborough and Ryedale. Dementia Forward will be the provider in Harrogate and the Vale of York.

The services provide Dementia Care Navigators who will offer personalised help to those who have been diagnosed with dementia, and to their families and carers. We want to see more people getting an early diagnosis and to be able to feel that a diagnosis is a helpful part of living with the condition. Working with social care and health, and with other community organisations, Care Navigators will help people understand their diagnosis, feel supported, and help them to think about their options as the illness progresses. The schemes will keep people as well as possible for as long as possible, promote their independence, and help them stay active and involved in their communities. The schemes will also offer an education and awareness raising function within the local community.

This year we have continued to respond positively and with strong commitment to the Government's Dementia Challenge, with Councillors and staff across the council signing up and acting as Dementia Champions. Trading Standards and the Library Service have committed to the Dementia Action Alliance, alongside Health and Adult Services. This has led amongst other things to new 'Pictures to Share' resources being developed in libraries, and a dementia sensitive approach to doorstep crime in our Trading Standards team. Our Public Health Team has supported the Dementia Friend's campaign and through the work in the Dementia Support Services we are beginning to see more activity to build Dementia Friendly Communities.



On-going work of the Harrogate Dementia Collaborative has resulted in:

- Increased referrals to the memory clinic from primary care (up 20%), plus a reduction of waiting lists and referral times to the Memory Clinic.
- Reduced avoidable admissions to acute health services from care homes.
- Changes to hospital ward environments and introduction of the Butterfly Scheme (which identifies people with dementia and indicates personal needs and preferences).
- "Getting To Know Me" booklets are now completed to enable information to be passed onto care providers, to promote more informed and personalised support.

Our ambitious and growing Extra Care programme is developing resources to help care and support providers working with people with dementia in specialist housing schemes, and dementia friendly designs for new schemes are currently being planned.

Staff awareness has been raised about supporting people with dementia through Telecare equipment thus ensuring the most suitable equipment is offered.

Our priorities for the year ahead are to refresh our dementia strategy, jointly with partners and with people who are living with dementia. The strategy will consider the wider links to public health initiatives and advice. We will develop dementia friendly communities by increasing public awareness and enabling a range of public and private sector services to consider how they can make their services more accessible and customer services more responsive to the needs of people living with dementia

We will work to ensure a range of services which people living with dementia may access, will deliver the outcomes that are important to them, whilst also recognising the needs of carers - for example, home support, reablement services, supported housing, hospitals and primary care.

We will work to ensure that memory clinics, dementia support services, and other specialist dementia services are designed and delivered around the needs of the person living with dementia, at the same time ensuring carers get the information and support they need. This will also include support for people reaching the end of life.

Ultimately, it is all about making sure dementia is not just regarded as a health and social care issue - it is everybody's business. Everyone can play a role in helping people with dementia and carers to feel part of their community.

## SUPPORTED EMPLOYMENT

Our Supported Employment Service (SES) has continued to support people with learning disabilities, mental health needs, physical and sensory impairments - and their carers - to find and maintain paid employment and volunteering opportunities. In the current economic climate it continues to be challenging to identify suitable employment opportunities with local employers. The team are currently working with Children and Young People's Services (CYPS) Personalised Learning Pathways to increase the vocational opportunities for young people preparing for adulthood.



### Employment & Voluntary Work

In North Yorkshire:

- There are 131 people with learning disabilities in paid employment (including self-employed) known to the County Council
- There are 77 people with learning disabilities in paid employment or self-employed (less than 16 hours per week) and not in unpaid voluntary work
- There are 54 people with learning disabilities in paid employment or self-employed (16 hours+ per week) and not in unpaid voluntary work
- There are 39 people with learning disabilities in both paid employment or self-employed and in unpaid voluntary work
- There are 239 people with learning disabilities in unpaid voluntary work only.

### CASE STUDY – SUPPORTED EMPLOYMENT

Mr Y was referred to our team in 2012 as he was having difficulty with his job. He had found his own employment in a supermarket. However he had not explained his Asperger's to his employer.

Over several weeks, this had led to misunderstandings between Mr Y, his manager and supervisors about how he interpreted workplace policies and procedures. He was confused about who was responsible for giving him instructions, and how he should prioritise his workload if several people asked him to do different tasks. This was creating the impression he was disruptive and Mr Y was likely to be disciplined and fail his probation period.

We met Mr Y and discussed the situation. We felt that if the employer understood why Mr Y was responding in certain ways, then some adjustments could be negotiated. We asked Mr Y to consider a meeting with his manager where we could support him to explain that he has Asperger's Syndrome, and could follow this with information, advice and guidance for the Manager/staff team.

Mr Y agreed and the manager was very supportive once he understood. Adjustments were made, store policies and procedures were explained and techniques for presenting verbal information to Mr Y were put into place from his team leaders, and with minimal embarrassment being caused to Mr Y, who did not want everyone to be aware of his Asperger's. We also let the manager know about the support that is available via ourselves or the County Council's Autism Officer, if there were future questions.

Mr Y now feels work is going well, and after agreeing with Mr Y and his manager, we no longer need to support either the manager or Mr Y.

## SUPPORT FOR ADULTS WITH LEARNING DISABILITIES

We have continued to develop and transform day services with new facilities opening in Selby and Scarborough in 2013 for people with complex needs, and their carers.

In Selby, two facilities have been officially opened. The new Kingfisher Place day service provision for people with learning disabilities and complex needs was opened by Councillor Clare Wood, North Yorkshire County Council's Executive Member for Adult Social Care. She also performed the opening ceremony for the adjoining Tawny Lodge – a four-bedded respite unit, with its own private garden, where people with complex needs can enjoy short stays while their carers take a break.



“These two marvellous facilities will make a huge difference to the quality of life for many people from Selby, and from further afield,” said Councillor Wood.

“I am very proud that, despite the very pressing financial times in which we live, North Yorkshire County Council has brought into being these first class facilities for some of the most deserving and vulnerable people.”

The new day centre includes a Changing Place – combined toilet, shower and changing room for use by disabled people who need access to a hoist or changing bed.

The facilities represent a major investment by the County Council in care services in Selby. £4 million has been spent ensuring that people have access to modern, purpose-built facilities. Kingfisher Place and Tawny Lodge replace the old Selby Day Centre – a highly valued resource which, over time, had become unsuited to the demands being made of it.

A new service for people with learning disabilities who have complex needs also opened on 2 September 2013 in the completely remodelled and renamed Castle House, on Elders Street Scarborough.

Castle House can support up to 12 people. It is ready to receive new referrals. Users and parent carers report that they find Castle House to have a bright and relaxing building and have particularly found the interactive room and the new garden enjoyable.

The manager of Castle House received the following note from a parent carer who had been sceptical about the redevelopment: “To congratulate the manager and staff on the wonderful transformation. What a lot of hard work! It’s all been worthwhile, everywhere is beautiful. It’s certainly set our minds at ease.”

## WINTERBOURNE VIEW

The County Council has continued to respond to the requirements of the Winterbourne View Concordat; in particular to ensure that people with learning disabilities in out of county placements are reviewed and supported to move to community based support where appropriate. We have achieved all of the objectives set out in the Winterbourne View Concordat and also our internal goals namely:

- A comprehensive register of people placed out of area.
- All people in out of area placements have a named lead contact within the Local Authority.
- All people (300) in out of area placements had a robust reassessment/review by 31 May 2014.



- Plans were put in place to support people to move to community based support where appropriate.
- We have completed 83 case file audits, which identified some excellent examples of good practice and personalised approaches.
- We have completed 75 Pen Pictures which will inform a joint commissioning strategy with our Health and City of York partners.
- Operational teams have worked closely together and have supported each other by undertaking assessments on behalf of each other.
- Acknowledgement that many people are appropriately placed and the reassessments confirmed this to be the case.

Our priorities for 2014 to 2016 are to:

- Monitor the reassessments of out of county placements.
- Continue to report to the Health and Wellbeing Board.
- Improve our knowledge and understanding of the number of placements made by other Councils in North Yorkshire.
- Develop a commissioning strategy which will focus on delivering care for those with a learning disability and/or autism to stay within North Yorkshire and receive appropriate care and support rather than having to move away.
- Support people who wish to return to the local area.
- To hold various events with families/carers and professionals to help develop the most appropriate responses to their needs.

## PHYSICAL AND SENSORY IMPAIRMENT

Our Physical and Sensory Impairment reference groups have been active providing advocacy support for disabled people, helping them access information and advice including:

- Delivering disability training and awareness to help local services improve their service to disabled people.
- Running “Reaching out to our communities” events increasing contact with disabled people or those working to support disabled people.
- Assisted a nurse who needed a way to form a communication system for her partner with spinal injuries/stroke by putting her in touch with ‘Speakability’.
- Assisted a Village Hall Committee to successfully apply for grants to create a disabled-friendly venue for activities and sports.
- Produced a DVD to explain the social model of disability from the perspective and expertise of disabled people to be used as a training and awareness raising resource.

## INNOVATION FUND

Last year we said we would offer a wider choice of services through a range of Innovation Fund projects, encouraging voluntary sector groups to develop flexible and personalised services to meet local people's needs.

The first two rounds in 2010/11 and 2011/12 successfully established 20 projects injecting more than £921,000 into North Yorkshire's voluntary sector. In 2013 we appointed Your Consortium to work with us on the Innovation Fund learning lessons from previous rounds, to liaise with existing providers and to administer future rounds of the funding. They are working with existing schemes to ensure that they are sustainable.



The latest round opened in June 2014 aimed at supporting the transformation of health and adult social care in North Yorkshire. By prioritising areas for transformation the fund will enable voluntary and community organisations to provide innovative approaches to early intervention and/or prevention projects reducing or delaying the need for a referral to the County Council or its partners. There will also be a focus on reducing social isolation and loneliness and preventing falls.

The County Council faces significant challenges, through the Innovation Fund the voluntary sector is developing services that enable individuals and communities to become more resilient and less reliant on the County Council's direct services.

The fund has two distinct aims:

- to support voluntary sector organisations to deliver outcome-focused services with demonstrable impact in communities; and
- to provide high quality value for money services, in line with the County Council's priority areas

To find out more visit: <http://www.northyorks.gov.uk/article/26256>

#### CASE STUDY – INNOVATION FUND

Rural Action Yorkshire developed the Community Hubs Project through the Innovation Fund. The project was to “provide preventative social care and early interventions through the creation of seven community hubs in the heart of key rural communities across North Yorkshire”. Community Hubs, based on existing community venues, were developed through the project with volunteers organising additional activities and services. More than 82 volunteers organised activities supporting over 285 people which has increased the use of community venues, with more involvement of people in the community and a greater awareness of what was on offer.

In Brompton by Sawdon: “...Today we got our Village Ventures community meals off to a start for 2014. Our newest innovation has been to send some meals out to some of the members who were too ill to come this week. We are going to investigate some ‘hot boxes’ or something similar to facilitate this efficiently. “

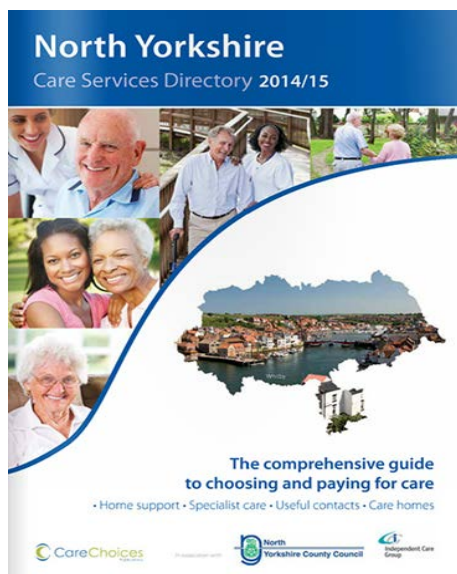
In Cold Kirby, the Hub's organisers are working with the local vicar who is helping them to identify the most vulnerable residents who are housebound and volunteers are then delivering books to their homes.

The project has supported the provision of preventative social care and early intervention, by working with groups of volunteers with responsibility for community venues such as village halls, which has led to the development of activities or services to benefit vulnerable, isolated people. Examples of such activities have included:...table tennis, computer clubs, zumba, health and fitness, film societies, ancestry and local history clubs, jewellery classes, lunch clubs, community cafes, community libraries, book exchanges and village newsletters!

## 2. "I UNDERSTAND HOW CARE AND SUPPORT WORKS AND WHAT MY ENTITLEMENTS ARE" - How we have provided information and access to our services in 2013/14.

### ACCESS TO INFORMATION

We have published the third edition of our Care Services Directory which has been produced by Care Choices Ltd, in association with North Yorkshire County Council and the Independent Care Group. The directory is a useful resource for people looking for care service providers in the area.



5,000 copies of the directory have been distributed and are available in public places including local libraries and on-line <http://www.northyorks.gov.uk/article/26660/Care-services-directory> . For a free copy call our Customer Service Centre on 0845 8 72 73 74.

We have continued to develop an e-Market Place which gives access to a range of care providers with solutions to maximise their independence, including care provision, reducing social isolation, property maintenance, advice on finances and welfare benefit issues.

We understand that people need access to information about services and providers we contract with so that they can make informed decisions. Details of all our contracted provision in North Yorkshire is made available on our website, enabling people to link directly to CQC reports on our providers and to

see where we have taken action to suspend a provider. The Market Position Statement for North Yorkshire is available here: <http://www.northyorks.gov.uk/article/27589/Market-position-statement>

### ASSESSMENTS

During 2013/14, we completed 6,590 assessments of adults. 90.8% were completed within 28 days. We also carried out reviews of 14,988 people supported, the equivalent of 81.4% of people receiving services.

### WELFARE BENEFITS

In 2013/14 our Benefits and Assessments Team submitted claims for 463 welfare benefits to the Department for Work and Pensions (DWP) and helped people to receive more than £1.8m in benefits for Attendance Allowance and Disability Living Allowance. The benefits system remains complex and ever changing with new schemes and policies being introduced on a regular basis. The ability for individuals to access all the benefits they are entitled to and providing good advice and information to the people of North Yorkshire is essential in maintaining people's independence.

#### Case Study – Welfare Benefits

We did not have anybody supporting them who had the capacity to identify and address their shortfall in weekly income. After protracted disputes and challenges between our Benefits and Assessments Officer and various departments within Department for Work and Pensions, over an 8 month period, the officer was successful in obtaining £33,000 in backdated payments of welfare benefits and also increased the client's weekly income by approximately £60 per week.

## NORTH YORKSHIRE LOCAL ASSISTANCE FUND

The North Yorkshire Local Assistance Fund (NYLAF) was established in April 2013 to replace the discretionary Department for Work and Pensions Social Fund scheme. This is a set amount of money transferred from the DWP to provide emergency support for vulnerable adults to move into or remain in the community, and to help families under exceptional pressure to stay together. Awards are made in kind. No cash payments, crisis loans or community care grants are available. Items requested must be essential and critical to the needs of the applicant or those of their family.

Applications are made through authorised agencies, including selected County Council front line services, registered social landlords, and some voluntary organisations. The authorised agencies must assess the applicant and identify them as eligible and vulnerable. The fund helped: 'Families under exceptional pressure' (40%), 'Homeless/Risk of homelessness' (12%) and 'Mental health problems' (10%).

In the financial year 2013/14 the fund saw a total number of 2,796 applicants. This resulted in 4,616 items being awarded, 1,593 (34.5%) of these were white goods and 1,581 (34.3%) were food. The NYLAF has increasingly come under financial pressure due to the growing demand on the fund. Total spend was 79.2% of the total budget however, in the second half of the year the total spend was 105.7% of the equivalent 6 month budget.

### CASE STUDY

One authorised agency commented that the food given to a family fleeing domestic violence bought them time when in a chaotic situation and ensured that their practical needs were met quickly. Another family fleeing domestic abuse had no available funds or possessions. The fund gave them a bed, bunk beds, a table and chairs, clothing vouchers and a food parcel to allow them to resettle into a new flat.

## CARERS

The 2011 Census indicated that there were more than 64,000 unpaid carers in North Yorkshire, including families, friends and neighbours. Carers undertake a vital role, supporting people of all ages and play a key role in our communities.

The North Yorkshire Carers Strategy and Implementation Plan was drawn up with CYPS and the local CCGs, following public consultations and work with North Yorkshire Carers Forum. Priorities were identified to improve the lives of carers in North Yorkshire. One improvement is the new Carer's Assessment Form which was updated after asking carers what they thought.



The North Yorkshire Carers Forum meets four times a year in different parts of the county. The Forum gives Carers the opportunity to let the County Council know what they think about services and any changes that are being suggested. The Corporate Director for Health & Adult Services, Richard Webb, attended a meeting of the Forum to hear first-hand from carers about what works well and what could be better.

A new contract for carers services started on 1<sup>st</sup> July 2014 meaning providers must identify carers; provide them with information, advice and support and work with them to help them to have a life outside of caring.

The Care Act comes into force from 1<sup>st</sup> April 2015. It states that carers will have the same right to an assessment as the people they care for and if eligible they will have a right to support.

The County Council supports carers in a lot of ways, including:

- A carer's assessment, designed to ensure that both the carer and the person cared for get the right support. In 2013/2014, 2,500 carers had assessments;
- Carer's grants give carers breaks from caring. Grants can be applied for once a year and is generally up to £250. Last year, over 1,000 carers benefited getting help with tasks around the home, such as gardening; relaxation; weekend breaks and rail fares to visit family;
- Respite gives carers a break from caring, while the person they care for is looked after. In 2013/14, respite was provided for 784 people;
- A carer's emergency card provides cover if a carer is suddenly unable to carry out their caring role through illness or accident. There are more than 5,000 carers with a card;
- Support and advice for young carers.

#### CARERS CASE STUDY

Mary was diagnosed with multiple sclerosis just after her husband had taken early retirement. She had always been a stay at home Mum doing all household tasks. Her husband had to adapt and learn to cook, etc., as well as looking after Mary.

Mary's daughter contacted a Community Care organisation that provides services on behalf of the County Council, and a volunteer with similar interests to Mary was organised. The volunteer takes Mary to a local choir group and other social groups on a Tuesday morning, allowing her husband to go out and play golf. Both are very happy with the arrangement.

**SUPPORTING PEOPLE** - supported housing for vulnerable people in North Yorkshire.

The Supporting People partnership of the County Council, the seven District/Borough Councils, Probation and Health, commissions housing related support for vulnerable people across North Yorkshire.

In 2013/14, 9,865 older people received community support and emergency lifeline, and 3,826 other vulnerable people received housing support, working with gypsies and travellers, people fleeing domestic abuse, those with offending behaviour, substance misuse problems and mental health issues, as well as single homeless people and homeless families.

#### CASE STUDY



Rebecca is 27 and had lived in residential care for the past four years. In April Rebecca moved out of residential care into a supported tenancy nearer her family. She shares the house with two other people and is supported by MENCAP.

Rebecca has a full life, volunteering, attending social clubs and an educational employment facility where she hopes to work as a paid employee in the future. She enjoys performing and is a member of her local drama group.

Rebecca is independent in lots of areas. She is a keen and able baker and proficient in the kitchen.

Rebecca is gradually adapting to the transition from residential care to person centred support which is available when she requires it.



The Supporting People Partnership has helped a range of people to achieve better outcomes. In 2013/14:

- Offender services – 95% maximised their income, including welfare benefits, 96% maintained contact with external groups such as friends and family, 88% managed their mental health.
- Homeless Prevention Services – 98% maintained contact with external groups such as friends and family, 96% developed greater confidence in exercising choice and control over their own lives, 88% maintained accommodation and avoided eviction.
- Mental Health Services – 84% managed their physical health, 91% managed their mental health, 96% secured settled accommodation.
- Domestic Abuse – 97% minimised risk of harm from others, 98% maximised their income and 99% developed greater confidence in exercising choice and control over their own lives.

### MY STORY - By Will

When I left home I lived in two residential care homes.

At these homes I spent time in my room and they brought my food to me. I wouldn't do as I was told. I got so wound up I hated it. I didn't want to be in a home. One day I asked what the meal was and they said liver. I did not want liver but they would not give me anything else. I never knew who was supposed to help me. They started letting me out but then stopped me with no reason. They put me in the same lesson every day and would not change my rota.



I first thought about moving last year. A Care Manager came to see me. They helped me find somewhere to live and worked with me to make plans for me to move. The Care Manager gradually introduced me to my new home. Avalon, an organisation that helps people to live independently, supports me to live at the house with two other people.

When I first moved I was a bit scared, but gradually got to know the staff. I now know who is helping me and when, which is important to me. I also do different things on different days. I do voluntary work without support on a Monday and do work training on a Wednesday. I also attend sports clubs. I'm now in charge of my money and plan how to spend this with help. I have learned to save money and have used this to buy myself a TV, a phone and a Tablet computer.

I get support from the Avalon staff, and have friends at various clubs. I am a committee member of the KeyChain Advocacy Group and have attended national events and ran workshops.

One thing I would like to change is to have a bit more freedom. Staff and my Care Manager are helping me plan this, to make sure I keep safe.

Health & Adult Services have done a lot to help me and my life is now so much better. I now want to have a girlfriend.

### Home Improvement Agency and Handypersons

The County Council commission a Home Improvement Agency and Handypersons Service to help people live independently in their own homes.

It helps older, disabled and vulnerable people improve and adapt their homes, enabling them to remain there in safety and security. The Service is provided free or at subsidised rates and some are available to the wider community. It includes:

- Support for choice and well-being/home safety assessments,
- Minor repairs service, adaptations and gardening
- Helping with hospital discharges





- Disabled Facilities Grants.

These services are provided across North Yorkshire by Yorkshire Housing, covering the Harrogate, Craven, Hambleton, Richmondshire and Selby areas and White Rose Home Improvement Agency, covering Scarborough and Ryedale.

In 2013/14 across the county 13,719 referrals were made to the handyperson service. Of these, 402 people were assisted with Disabled Facilities Grants and 972 people had equipment fitted that supported their return home from hospital. In the same year, 4513 people were referred for help with small repairs; 85% of priority referrals were completed within 48 hours and 98% of none priority referrals were completed within 4 weeks.

### **3. “I AM HAPPY WITH THE QUALITY OF MY CARE AND SUPPORT” - How we have ensured in 2013/14 that people can be confident that their care will be of a high standard.**

Last year we said we would work with providers and regulators to quickly identify and stamp out poor practice to make sure the highest standards of care are given and ensure that people are treated with dignity and respect.

We continued with our programme of monitoring residential and nursing care homes and we aim to visit all providers on a regular basis and specifically if there is cause for concern. Whilst the majority of providers' care is of the highest standards, there are occasions where standards are not met and we have to take action

During 2013/14 the position regarding suspensions from the County Council's approved provider list was as follows:

As at 1 April 2013 five organisations were suspended (two which were partially suspended, one of which was a County Council older peoples' home).

Between 1 April 2013 and 31 March 2014, four organisations were suspended (and four were partially suspended, one of which was a County Council older peoples' homes) and three organisations had suspensions fully lifted.

As at 31 March 2014, there were seven organisations suspended (two of which were partially suspended, one of which was a County Council older peoples' home).

The partial suspension of the County Council's elderly persons' home which was in force during 2013/14 was fully lifted in August 2014.

From November 2013 the Care Quality Commission (CQC) produced an area profile document for North Yorkshire which supports our own internal reviews of establishments and services and is updated quarterly.

The CQC also undertakes unannounced inspections of the County Council's services including adult respite, older people's homes, home care and rehabilitation services (START). These inspections check the quality of the service given to the customer. Currently CQC has recorded no areas of non-compliance in the standards/final reports for older people's homes and adult respite services. To maintain the highest standards we follow a Quality Assurance Framework for in house services which includes the following elements.

Each regulated service has a Registered Manager whose key responsibility is to oversee the quality, adhere to CQC outcomes and respond to/implement initiatives. We ensure that staff training and development are maintained at the highest level. Alongside the CQC inspections in house services are subject to review from other Registered Managers and our Contracting Unit undertakes quality assessments on the same basis as external providers and sanctions would include suspensions if necessary. Regular Provider Forums take place which are aimed at identifying and improving service quality.

## CASE STUDY – RESIDENTIAL CARE

Residents at one care home were asked “If you had a wish what would it be”? Mrs B, a former pub landlady, wished to be able to “pull a pint” again. It was arranged with a local publican for Mrs B to have her wish. “It has been a while since I did this, but I still know how to pull a good pint of beer” said Mrs B.



## ADULT SOCIAL CARE SURVEYS

In January 2014, we sent out 1000 Adult Social Care questionnaires to people receiving services asking how people viewed the services they received and how we responded to their needs. 520 (52%) were returned.

64.7% of people said they were very or extremely satisfied with their care and support, a slight increase on last year's figure of 62.7%.

One of the key questions was about how much control people have over their daily lives. This decreased slightly on last year's performance of 78% to 75.2% of people responding saying that they have sufficient control over their daily lives. We are investigating the reasons why people feel that they are experiencing less control over their daily lives.

The number of people who said that they felt safe again increased from 65.4% to 69.9% with 74.5% feeling that their care and support contributed to this feeling (an increase from last year which was 67.7%).

For 2013/14 one new indicator was included in the survey on the percentage of people who use services who reported that they had as much social contact as they would like. At 42.3% we are slightly below the regional and national averages, given the wider implications of social contact on people's health and wellbeing we wish to better understand these results both locally and nationally so that we can improve this outcome for people within North Yorkshire.

## COMPLAINTS, COMMENTS/CONCERNS AND COMPLIMENTS

We received 685 compliments regarding staff members, up from 601 in the previous year. We also received 198 complaints about our services or the way that we assessed for services, a slight decrease on last year's figure of 207. Of these, 22 complaints were upheld and a further 54 were partially upheld, 88 were not upheld, 14 were not pursued/investigated and 20 are continuing.

The nature of complaints and concerns remains wide and varied. A consistently high proportion of complaints relate to paying for care and communication between staff and those receiving support. In addition to the 198 complaints, we also received a further 146 comments or concerns that did not lead to a formal complaint. It is pleasing to note that given the number of people we serve the level of complaints remains extremely low. The number of complaints considered by the Local Government Ombudsman (LGO) remains low at 25 cases, of which the LGO formally investigated 17 of these. In the main, the Council was found to have acted appropriately in the majority of cases, however in four instances minor fault was found and these have been remedied with the complainants.

Below are some of the compliments received about our services.

## START

"I wish to thank you and your excellent START Team for the efficiency, kindness and understanding they brought to their care. .... They handled my embarrassment with gentleness, tact and a splendid sense of humour. I wish to thank them all personally for their help. You should be proud of producing such a well organised system with a team that works so willingly to carry out a very complex and varied service. Yours with gratitude". IB

"My 93 year old mother was discharged from hospital. She was at that point very fearful and agitated. She was supported at home by the START team. I cannot speak highly enough of all the ladies who make up that team. They were kind, considerate, patient and attentive to my mother during all their visits. Due to their good work she is now much more calm and reassured. They have helped her to regain much of her confidence, a more positive outlook and even her sense of humour. Please pass on my appreciation for all that was done".

"This service (START) was put in following a fall at home. The ladies that have supported me have been wonderful, excellent, I will give them 4 stars. They have supported me, encouraged me and motivated me. I was very apprehensive about going back home but with their support a cloud has lifted. Many thanks for everything".

## BENEFITS, ASSESSMENT AND CHARGING SERVICE

"The Benefits and Assessment officer was very pleasant and sympathetic to R's required level of care. She listened intently to R who has learning difficulties and poor communication skills. Her assessment of R's benefits and household expenditure was very professional and fair. R is very pleased at the outcome of the assessment and is relieved that his level of care is going to continue. He was very anxious prior to the visit, but now he is happy "that everything will be just the same as before". Thank you". (Carer)

"....J seemed to understand my situation and the problems I had with my health almost as if she could read my mind. Empathy is an understatement and I felt as if she had gone above and beyond the call of duty to assist. If there were Oscar awards for Council employees she should get one...."

#### 4. "I KNOW THAT THE PERSON GIVING ME CARE AND SUPPORT WILL TREAT ME WITH DIGNITY AND RESPECT" - How we have ensured in 2013/14 that the care and support is provided with dignity and respect.

##### DIGNITY AND RESPECT

We again celebrated Dignity Day in February with a range of events and celebrations held in local care service settings across the county. Below are a few examples of activities which reflect the themes in the Charter.

- A "vintage tea party" was held at Greyfriars Extra Care Scheme in Richmond. A relative of someone who attended said "...I thought that the Dignity Day at Greyfriars was great today. The dining room looked really good, the staff looked fab and were really cheerful and helpful, and the atmosphere was lovely. My Mum has just been on the phone to tell me that she won the first prize in the raffle, she was thrilled to bits. She said that when she saw the dining room this morning it reminded her of her honeymoon in London in 1938 when her and my Dad used to go to 'Lyons Corner House Cafe' for afternoon tea"... My mum said that she has had a really lovely day".



- Involving people in gardening, particularly those residents for whom this had been a strong interest before going into residential care, and building raised beds in the garden area so that everyone can participate.

Following on from last year's initiative, members of staff were again offered the opportunity to experience what it is like to be in a hoist.

A member of staff said:

*"I have just had a hands-on demonstration of two hoists and stand aid ... and it was most informative indeed [...]. The exercise has been very worthwhile and very insightful and has certainly given food for thought for the future. Perhaps more demonstrations such as these should be arranged for HAS workers at all levels in order that we may have a deeper understanding and appreciation of needs of the clientele we work with."*

We continue to ensure dignity in care in commissioned services through our procurement and quality assurance; we use the Quality Assurance Framework (QAF) to assess the quality of non-regulated services – dignity is an integral part of the Framework. Feedback is sought from people who use the services during monitoring visits including on dignity issues.

We have reduced 15 minute domiciliary care visits which carry out multiple care tasks, recognising it is not appropriate for certain personal care tasks. We have continued to work with providers to ensure that support plans focus on what people want to achieve rather than a task/time emphasis.

Our Dignity in Care Charter sets out what a person can reasonably expect when they need and use care and support services in North Yorkshire and is available here:

<http://www.northyorks.gov.uk/article/26139>





An example of assisting people to maintain confidence and a positive self-esteem:

In October 2013 the LD Partnership Board was asked if they could supply volunteer stewards for the ADASS Conference in Harrogate over three days. This was quite a challenge and something we had not asked people with a learning disability to do before. People helped with registration and directing people to workshops and speaker sessions.

The Older People's Partnership Board commissioned research from York University into loneliness for older people. Its findings and the consultation feedback from the eligibility criteria consultation are being used to identify what approaches should be used to prevent this issue.

## NORTH YORKSHIRE AUTISM STRATEGY

### **Interim strategy for meeting the needs of adults with autism in North Yorkshire 2014-15**

North Yorkshire published this strategy to coincide with World Autism Day. An online questionnaire was available and six public meetings were held at venues around the county which enabled people with autism and their carers to actively comment on the proposals. The interim strategy is now being implemented.

HAS, CYPS and Health are working together to produce a full five-year strategy to meet the needs of all people with autism in North Yorkshire. This strategy will run from April 2015 to 2020 and will be launched via a public event in early April 2015, with input from people with autism and their families/carers.

### **Autism champions**

Between June 2013 and January 2014 over 60 autism champions took part in a one-day training course designed to improve their knowledge and awareness of autism. They were tasked with cascading their learning down to their teams. In order to increase the spread of knowledge, five more specialist modules in autism have been identified and autism champions will undertake this training beginning Summer 2014.

### **Autism Self-assessment 2013**

This national exercise was completed in October 2013 and North Yorkshire is performing at a comparable level to other councils. It identified areas for further development and these form our key actions in the 2014/15 strategy. Progress is monitored through the multi-agency Autism Steering Group. Our key priorities reflect those outlined in the National Autism Strategy 'Fulfilling and Rewarding Lives' (2010) and are:

1. Raise awareness and understanding of autism amongst adult social care and health staff as well as other frontline staff in the public sector.
2. Developing a clear, consistent pathway for diagnosis of autism.
3. Improving access for adults with autism to the services and support they need to live independently within the community.
4. Helping adults with autism into work.
5. Enabling local partners to develop relevant services for adults with autism to meet identified needs and priorities.

We are collecting information on people who are diagnosed with autism and those who have suspected autism but are undiagnosed. This is to recognise the desires of some people who do not wish to be diagnosed with autism.

There are 411 people diagnosed with autism who meet our eligibility criteria. 229 also have a learning disability and six also have mental health problems.

### TRANSITIONS – PREPARING FOR ADULTHOOD

The transition of young people into adult life involves supporting young people aged 14-25 in many different aspects of life to achieve positive outcomes. In addition to continuing education and training and moving into employment, young people may need support around housing, transport and developing a social life.

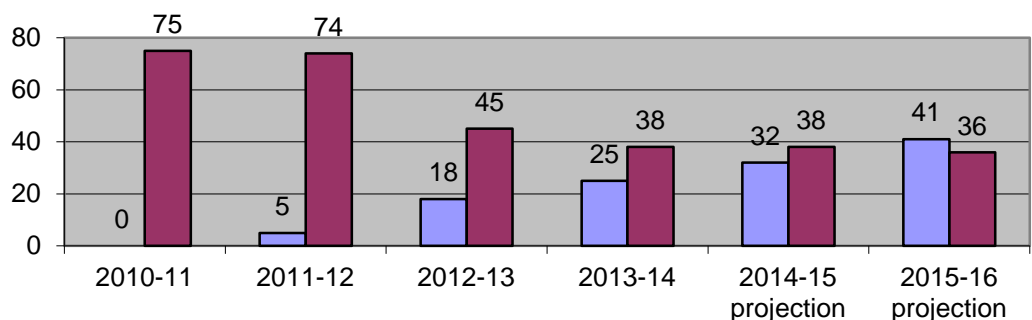
Although significant numbers of young people with special educational needs and disabilities (SEND) successfully make the transition from Children’s to Adult services, there is evidence that for some disabled young people or those with complex health needs, the process of transition from Children Services to Adulthood is problematic and this has been acknowledged in recent government policy and guidance. The Children and Families Bill 2013 highlights how Government is transforming the system to ensure services consistently support the best outcomes for children and young people and will extend the system from birth to 25, giving children, young people and their parents greater control and choice in decisions and ensuring needs are properly met.

Progress has been made through the Local Transitions groups, particularly in the east of the county which has seen a significant reduction in the number of young people going out of county to high cost independent specialist post 16 residential provisions. This is due to the development of local provision designed to meet the individual needs of young people named Personalised Learning Pathways. Following 2011’s successful pilot, the Personalised Learning Pathways were expanded to other areas of the county.

CYPS and HAS are working jointly and by September 2015 we are aiming to:

- improve the Transition journey for young people 14-25 and their families through the implementation of an integrated Preparing for Adulthood model service;
- support young people achieve better life outcomes such as paid employment, independent living, choice and inclusion;
- provide young people and their families with consistent communication and information; and
- ensure that agencies work closer together.

The graph below identifies the number of young people accessing specialist education provision (red) and the increased numbers of young people seeking to access a local Personalised Learning Pathway (blue). This is a significant culture shift within North Yorkshire. We will see these numbers continue to grow over the next couple of years.



## SAFEGUARDING

Last year we said safeguarding would continue as a high priority so that vulnerable people are protected from harm, supported to feel safe and treated with dignity and respect by working with other agencies and the Safeguarding Adults Board (SAB). We also said we would continue to raise awareness to safeguarding issues and ensure that training is given to providers of care.

In 2013/14, we received 2819 referrals of suspected abuse in the County, an increase of 4% from 2012/13. Almost 1,000 came from our partners, including the police, NHS, housing organisations and the CQC.

Of the 2819 referrals, 705 resulted in a strategy meeting or discussion on further action required. Of the 482 cases completed in 2013/14, 124 were found to be fully or partly proven, a slight decrease on last year. Appropriate action plans were put in place. The remaining 358 were found to be not substantiated or inconclusive and no further safeguarding action was required. Other appropriate action was taken for the remainder of the referrals, either by social care or another agency.

The Independent Chair of the Safeguarding Adults Board, Jonathan Philips, has continued with his 'arm's length' overview of safeguarding activity with a review of governance and effectiveness of each agency.

We continue to review our safeguarding arrangements in the light of the Winterbourne View Concordat and Francis recommendations and the findings from our own Serious Case Review.

We worked with our health partners to assure the Health and Wellbeing Board that services for people with learning disabilities are safe and of a good quality and that people are supported to move to community based support where appropriate.

The SAB is preparing for the requirements for safeguarding in the Care Act; by setting out a three year Strategic Plan around the government's principles of empowerment, prevention, proportionality, protection, partnership and accountability. Key to this has been developing new links to the Health and Wellbeing Board and Police and Crime Commissioner. Healthwatch is now represented on the SAB.

Empowerment at the heart of safeguarding was the subject of a workshop held in July 2014 with representatives from partnership boards and reference groups for carers and people who use services to make a plan together for what needs to happen locally for safeguarding.

HAS continues to strengthen skills and consistency in decision making for safeguarding and the Mental Capacity Act in line with good practice; introducing a Safeguarding Adults Risk Assessment (SARA) process with a programme of peer support sessions to embed practice.

We continue to raise awareness of safeguarding concerns amongst vulnerable adults, their family and friends through promotion of the awareness campaign. The aim is to help people to be resilient and to protect themselves from abuse or exploitation and to encourage more self-reporting.

The County Council's Care and Independence Overview and Scrutiny Committee has commenced an in depth review of the issues associated with financial abuse and will be taking action to ensure that awareness and understanding of these risks are included in our work on prevention and joint working with community organisations.

### Case Study - Financial abuse

Mrs S is 99 years old and lives alone. She receives support from her family with practical tasks such as shopping and cleaning; her son also helps her with managing her finances. A domiciliary care agency visits twice each day to help her with her personal care needs.

Mrs S told her son that £10 was missing from her purse. Mrs S's son always wrote the amount and denomination he put in her purse in her diary. Mrs S did not want to report it to the police but agreed it could be looked at under safeguarding. Mrs S and her son were suspicious of a carer employed by the domiciliary care service but did not want to get her into trouble. Mrs S felt sorry for the carer because she was having financial problems and had to support her children.

At the safeguarding strategy meeting Mrs S was represented by her son where he reiterated his mother's wish not to make a formal complaint to the police, the meeting agreed to respect Mrs S's wishes but had to consider the risk to other vulnerable people if the allegation against the carer was substantiated.

A safeguarding investigation took place and the alleged perpetrator was asked for her response to the allegations which she denied but was unable to give a clear account of her actions. There was strong evidence to suggest that the carer was responsible for the missing money and financial abuse was substantiated. A protection plan was agreed with Mrs S and her family. The domiciliary care provider reviewed their finance policy and dismissed the carer on grounds of reasonable suspicion. A referral was made to Independent Safeguarding Authority for the carer based on the risk of further financial abuse of other vulnerable adults.

Key learning points highlighted:

- Self-determination of the person,
- Interplay between safeguarding procedures and disciplinary procedures,
- Relationship between a paid carer and the person that they care for.

This case has also been shared with the County Council's scrutiny committee for its review of financial abuse.

## DEPRIVATION OF LIBERTY STANDARDS (DOLS)

Following the Cheshire West judgement in the High Court, which broadened the interpretation of the meaning of DOLS, there has been a significant increase in the number of DOLS authorisations undertaken by HAS staff for people in residential care homes. The numbers of DOLS applications will continue to rise during 2014/15 placing additional burden on a small number of the specialist HAS staff who undertake this work.

## **5. “I AM IN CONTROL OF MY CARE AND SUPPORT” - How we have ensured in 2013/14 that care and support focus on meeting individual needs and helping them to achieve their aspirations?**

### PERSONALISATION

#### Personal Budgets and Direct Payments

Direct payments and personal budgets are an important part of personalising services for people. We believe that people should have access to good advice and information about both direct payments and personal budgets, so that they can choose the best option to meet their individual needs. We have supported people to be creative and flexible in planning their care needs rather than through traditional routes.

We continue to ensure that all people who are eligible for services have a personal budget. For 2013/14, based on the revised ADASS definition of eligibility, 86.9% of eligible people have a personal budget; this is well in excess of the Government's 70% target. One of the remaining challenges for us is that many people, especially older people, prefer to have their services directly commissioned or provided by the County Council.

Over the last 12 months, we have worked with people to promote the advantages of direct payments, emphasising how direct payments give greater choice and flexibility in meeting individual needs.

This has seen the number of people taking a direct payment increase from 9.5% (1,858 people) to 13.8% (2405 people). Streamlining the process has made it easier for our customers to take a direct payment and we are considering other ways further simplifications including prepaid cards. We have seen a particular increase in Direct Payments for respite and short term breaks. However this is an area where we perform below the national and regional averages and is an area for continued development.

An Innovation Fund grant was given to the North Yorkshire Centre for Independent Living (NYCIL) to provide practical support and advice to people with a direct payment and self-funders to recruit and train their own staff, including a personal assistant (PA) database and payroll service for people with a direct payment. Due to positive feedback it now covers the whole County.

#### Individual Service Funds

We have also promoted Individual Service Funds (ISF). An ISF provides more choice, control and flexibility than a directly commission service. The personal budget is held by a provider and the person works with that provider to determine their individual support plan and how the budget is spent. ISFs can also offer the opportunity for people to choose their own staff, without taking on the responsibility of being an employer.

In December 2012 we started a pilot for Individual Service Funds (ISF) with six providers, countywide, involving 26 people. The pilot is due to end in November 2014 and the outcomes from it will be used to develop an ISF element in all new Domiciliary Care contracts.



## Here is an example of how an ISF works:



Basil has high support needs and chose a local provider to be his ISF fund holder and deliver the support for him. Recently Basil was admitted into hospital. The provider using the flexibility of the ISF put Basil's funding on hold and saved the hours up for him. When Basil was due to be discharged from hospital he was able to increase his hours to make the transition from hospital to home a quicker process. Once he returned home and settled back into home life the care was adjusted accordingly.

Basil said he was very happy to be back in his own home with his wife in familiar surroundings where he is comfortable and at ease.

### Making it Real

The County Council has signed up to the Government's Think Local Act Personal (TLAP) - "Making It Real" programme. This helps councils, providers and other organisations working with people to monitor their progress towards personalisation. A "Making it Real" working group was established, including people who access services, providers and voluntary organisations. The group identified the first three priorities for action linked to direct payments and personal budgets which are:

**Priority 1: Information and Advice:** having the information I need, when I need it

**Priority 2 : Workforce:** my support staff

**Priority 3: Personal budgets and self-funding:** my money.

A co-produced initial action plan will be published on both the North Yorkshire County Council and TLAP websites soon.

### **Now we need your help:**

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

Regarding this 2013/14 Local Account, we would like to know:

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

Your comments will help us greatly in preparing the content for the 2014/15 Local Account in a way that is accessible and understandable for everyone.

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

**By e-mail:** [LocalAccount@northyorks.gov.uk](mailto:LocalAccount@northyorks.gov.uk)

**By telephone:** 01609 532648

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

## Glossary

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

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

**Commissioning** - when North Yorkshire County Council purchases goods or services from other organisations we call this "commissioning".

**Direct payment** - payments we make to people after an assessment so they can organise and buy their own social care services, instead of them being arranged by the County Council.

**Emergency carer's card** - a credit card sized plastic card, which identifies you as a carer if you have an accident or are unable to identify yourself.

**Eligibility Criteria** - The Government provides these criteria to help councils decide who is eligible for services. This makes sure that councils use a fair, consistent and open method to decide who is in need of our help and support and to use the available budget to support them. Level of need will be identified as either: critical; substantial; moderate, or low.

**Independent Sector** – These are businesses outside the County Council who also provide social care services

**Partnerships** – North Yorkshire County Council works closely with a number of other organisations, including the NHS and other care services. We call these organisations our 'partners'.

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

**Preventative Services** - for people who would benefit from help including those who are not eligible for support from Adult Social Care. They help people maintain their independence and can prevent or delay the need for more intensive services in the future.

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

**Safeguarding** – is the process of protecting adults with care and support needs from abuse or neglect. Local authority safeguarding duties apply to any person aged 18 or over who is at risk of abuse or neglect because of their needs for care and support.

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

**START** – **Short Term Assessment & Reablement Team** offers a service usually for up to six weeks. It focuses on supporting people to regain skills of daily living, maximising the use of Telecare, directly providing a limited range of equipment and signposting to universal services.

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

**Telecare** - Is the continuous, automatic and remote monitoring of service users by means of sensors to enable them to continue living in their own home, while minimising risks such as a fall, smoke and flood detection and relate to other real time emergencies and lifestyle changes over time.

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



# HEALTH AND ADULT SERVICES LOCAL ACCOUNT 2013/14 INFORMATION SHEETS



## HOW MUCH DO WE SPEND ON ADULT SOCIAL CARE?

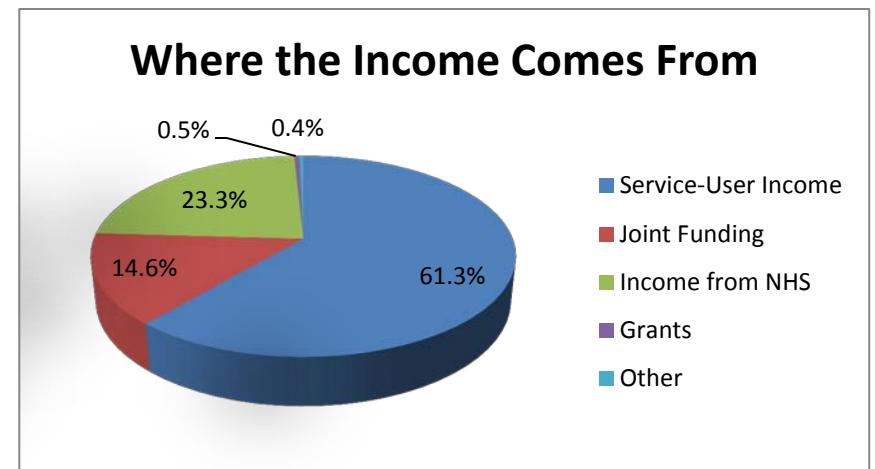
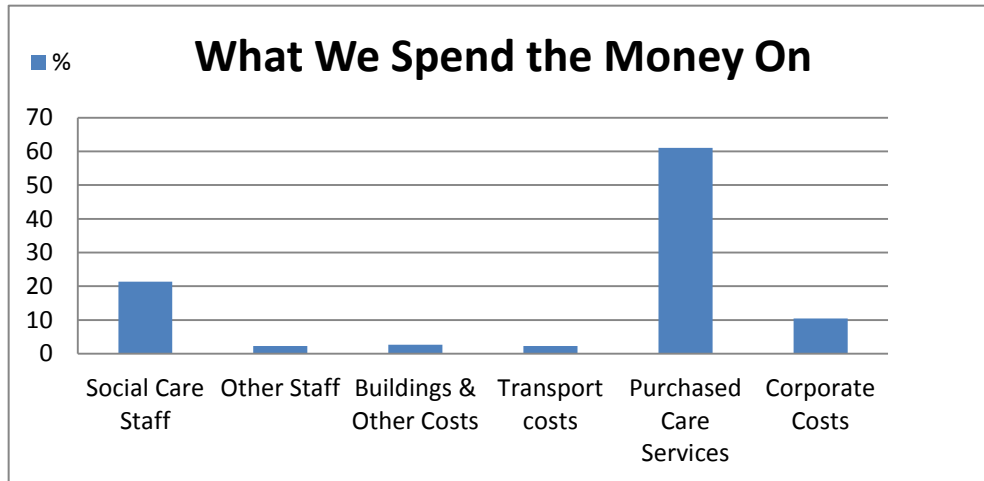
These are the actual spend figures for 2013-14, including our share of the overall running costs of the County Council.

Further information on the County Council's financial accounts can be found at:-

[www.northyorks.gov.uk/accounts](http://www.northyorks.gov.uk/accounts)

Spend on:-	Gross Spend £000	Income £000	Net Spend £000
Social Care Service Strategy	648	0	648
Older People	109,269	33,373	75,896
People with physical disabilities	15,796	2,643	13,153
People with learning disabilities	60,563	15,030	45,533
People with mental health needs	8,657	1,556	7,101
Other adult services	3,616	2,225	1,391
Specific Government Grants	0	262	-262
<b>TOTAL</b>	<b>198,549</b>	<b>55,089</b>	<b>143,460</b>

Source: PSS EX1



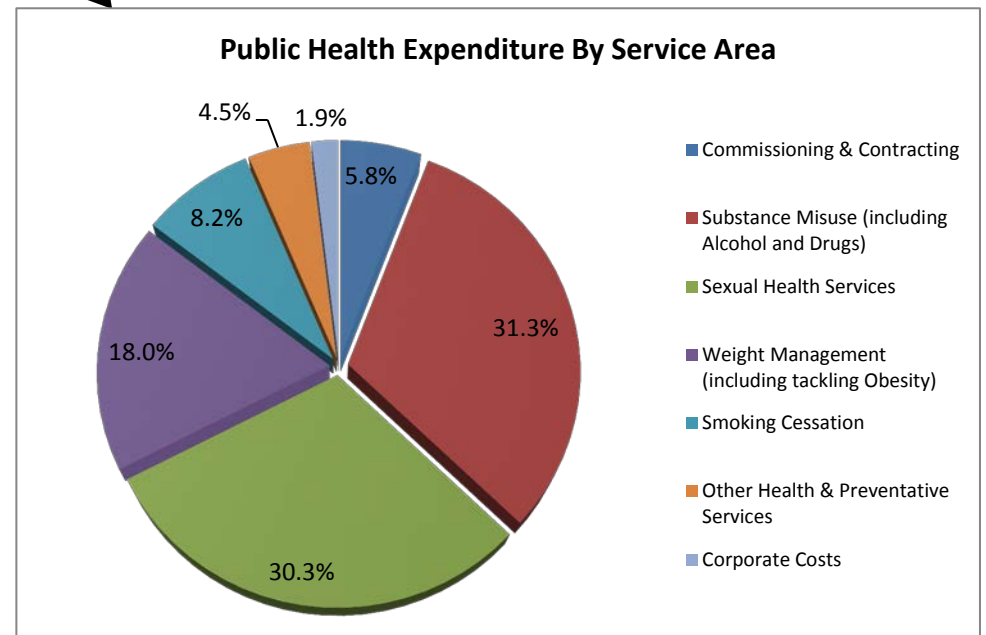
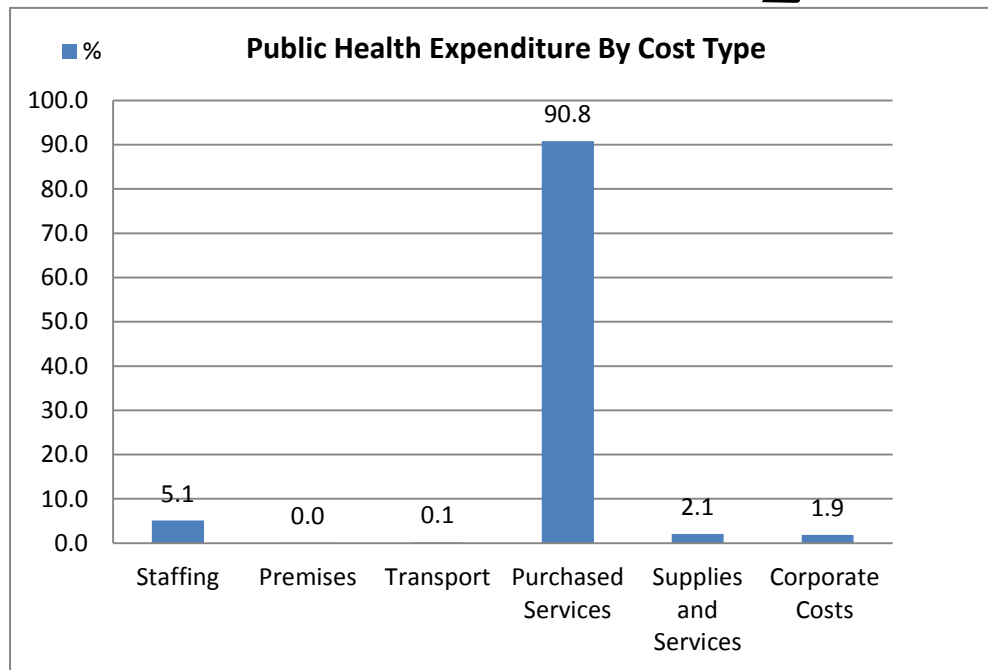
## HOW MUCH DO WE SPEND ON PUBLIC HEALTH?

These are the actual spend figures for 2013-14, including our share of the overall running costs of the County Council.

Further information on the County Council's financial accounts can be found at:-

[www.northyorks.gov.uk/accounts](http://www.northyorks.gov.uk/accounts)

Spend on:- Public Health	Actual Spend £000	% Spend
Commissioning & Contracting	832	5.8%
Substance Misuse (including Alcohol and Drugs)	4,484	31.3%
Sexual Health Services	4,338	30.3%
Weight Management (including tackling Obesity)	2,575	18.0%
Smoking Cessation	1,171	8.2%
Other Health & Preventative Services	638	4.5%
Corporate Costs	273	1.9%
<b>TOTAL</b>	<b>14,311</b>	<b>100%</b>





## WHAT DOES THE MONEY ACHIEVE?

During 2013/14 18,424 people received services from HAS, including residential care, personal care at home, day care, and respite care, through personal budgets and direct payments. The majority of people continued to live in their community and were helped to maintain their independence.

The largest group of people supported remain those over 65 years (over 13,000 people).

**The total number of people who received services during 2013/14 by need and age group is:**

Main Category	18 - 64	65 and over	Total People
Physical Disability	1,884	11,230	13,114
Mental Health Needs	1,853	1,141	2,994
Learning Disability	1,480	182	1,662
Substance Misuse	16	10	26
Other Vulnerable People	178	450	628
<b>Grand Total</b>	<b>5,411</b>	<b>13,013</b>	<b>18,424</b>

**The total number of people who received services during 2013/14 by type of service delivered, gender and age group.**

Type of Service	18 - 64		18 - 64 Total	65 and over		65 years+ Total	Total People
	Female	Male		Female	Male		
Community Based Services e.g. personal care at home, day services	2,729	2,552	5,281	7,260	3,934	11,194	16,475
Residential Care	147	224	371	1,404	516	1,920	2,291
Nursing Care	26	25	51	750	384	1,134	1,185
<b>Total</b>	<b>2,758</b>	<b>2,653</b>	<b>5,411</b>	<b>8,598</b>	<b>4,415</b>	<b>13,013</b>	<b>18,424</b>

## HOW WE HAVE DONE IN 2013/14

In 2013/14, North Yorkshire was in the Top 3 in the region for four measures - Mental Health Employment, Admissions (younger adults), Admissions (older adults) and Reablement (offered). We were best in region for Admissions (older adults). We need to work to improve in the areas of control over daily life, receive Direct Payments, Mental Health Independence, social contact (new), delayed transfers social care and feeling safe as a result of services.

Outlined below are the 19 Adult Social Care Outcome Framework (ASCOF) indicators which are produced by all councils with adult social care responsibility. These indicators fall into four domains which are the headline areas in the framework and are reproduced as titles below. 2013/14 was the fourth year of collection for some of the indicators and where appropriate the 2012/13 and the 2013/14 figures are shown.

Measure	How it is measured	How we score it	2012/13	2013/14	Why are we measuring this?	What do we think?
<b>Enhancing the quality of life for people with care and support needs</b>						
Social care-related quality of life	Average score out of 24	higher is better	19.2	18.9	Measure of general satisfaction	Slight reduction on the 2012/13 figures. Marginally below Shire counties and all England average. Same as Yorkshire & Humberside average.
Percentage of people who use services who have control over their daily life	Percentage	higher is better	78.0%	75.1%	Measure of the degree of independence and control a person has	Slight decrease on 2012/13 figures. Below Shire, all England and Yorkshire & Humberside averages. (ie All averages)
Percentage of people using social care who receive self-directed support	Percentage	higher is better	32.8%	36.5%	Measure of the degree of choice and control a person has	Increase in performance against 2012/13 figure. However despite this improvement still remains below all averages. However, if this measure was focused on those needing long term care as per the ADASS methodology this figure would rise to 86.9% of those eligible.
Percentage of people using social care who receive direct payments	Percentage	higher is better	9.0%	12.3%	Measure of the degree of independence and control a person has	As last year, we said we wanted to increase the uptake of direct payments. We further reviewed our processes to make them easier to use We remain committed to increasing the numbers of direct payments as we believe that they offer people even more flexibility and choice in arranging their own services.

Measure	How it is measured	How we score it	2012/13	2013/14	Why are we measuring this?	What do we think?
						However despite this improvement still remains below all averages.
Carer-reported quality of life	Average score out of 12	higher is better	8.2	N/A	Measure of carers satisfaction with services	Carers Survey is to be run in Autumn 2014.
Percentage of adults with learning disabilities in paid employment	Percentage	higher is better	7.2%	7.2%	Links to reducing social isolation and increasing independence	Performance remains the same as 2012/13 for the numbers of adults with Learning disabilities in paid employment. However, this represents excellent performance in relation to all averages.
Percentage of adults in contact with secondary mental health services in paid employment	Percentage	higher is better	12.3%	10.6%	Links to reducing social isolation and increasing independence	Despite a reduction in figures for 2013/14, this still represents good performance and is above all averages, indicating that more employment opportunities are available for those with mental health issues.
Percentage of adults with learning disabilities who live in their own home or with their family	Percentage	higher is better	79.7%	75.7%	Links to reducing social isolation and stability	Slight reduction in performance. Remains above all England and Shire averages. The reduction is associated with the number of clients moving out of family settings into alternative accommodations.
Percentage of adults in contact with secondary mental health services living independently, with or without support	Percentage	higher is better	58.5%	52.0%	Links to reducing social isolation and increasing independence	This indicator remains below both all England and Y&H averages. However this is slightly above the Shire average. Work is ongoing with NHS partners to better understand this reduction.

Measure	How it is measured	How we score it	2012/13	2013/14	Why are we measuring this?	What do we think?
Percentage of people who use services who reported that they had as much social contact as they would like	Percentage	higher is better	N/A	42.3%	Measure of people's social contact with others.	New indicator for 2013/14, taken from the Adult Social Care Survey. Whilst below all averages, maximum Shire performance is only recorded as 49.4%.
<b>Delaying and reducing the need for care and support</b>						
Permanent admissions of younger adults (aged 18 to 64) to residential and nursing care homes, per 100,000 population	rate per 100,000 population (18-64)	lower is better	11.6 per 100,000	6.5 per 100,000	Measure of the success of policies to maintain independence	Significant increase in performance. Best performing Shire and well below all averages. A reflection of the work of the Complex Needs Review Team and the increased use of Supported Living arrangements as opposed to residential and nursing care.
Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population	rate per 100,000 population 65+	lower is better	518.5 per 100,000	525.4 per 100,000	Measure of the success of policies to maintain independence	Whilst a slight increase in numbers, still in keeping with overall direction of travel in maintaining people's independence at home. High performing when compared to all England and Y&H averages. Best performing Shire.
Percentage of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services <b>(effectiveness of the service)</b>	Percentage	higher is better	85.7%	85.5%	A measure of the success of rehabilitation for social care clients	Very slight reduction in performance to 85.5%. This still represents good performance and is above all regional and national averages One of the challenges currently faced by HAS is the increasingly complex needs presented by people discharged from hospital.
Percentage of older people (65 and over) who were still at home 91 days after discharge from hospital into Reablement/rehabilitation services <b>(offered the service)</b>	Percentage	higher is better	2.4%	3.0%	A measure of the success of rehabilitation and prevention in the wider 65+ population	This measure is linked to general hospital admissions for the over 65 age group. It reflects on the general level of preventative services in the community to prevent hospital readmissions.
Delayed transfers of care from hospital per 100,000 population	rate per 100,000 population	lower is better	9.3 per 100,000	7.6 per 100,000	A measure of the general success of health and social care in quickly moving people on from acute hospitals.	An improving picture which is of benefit to both Hospital Trusts and HAS. High performing when compared to other councils. A good measure of how well we work with our partners in health.

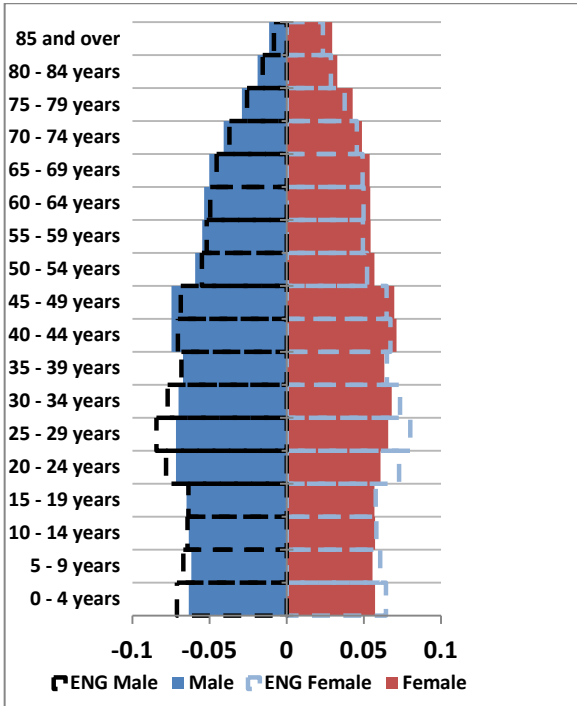
Measure	How it is measured	How we score it	2012/13	2013/14	Why are we measuring this?	What do we think?
Delayed transfers of care from hospital which are attributable to adult social care per 100,000 population	rate per 100,000 population	lower is better	3.3 per 100,000	3.1 per 100,000	A measure of the success in which social care services quickly moves people on from acute hospitals with appropriate services	Slight increase in performance. Below Shire averages, but above Yorkshire & Humberside and All England averages.
<b>Ensuring that people have a positive experience of care and support</b>						
Overall satisfaction of people who use services with their care and support	Percentage	higher is better	64.2%	66.8%	Measure of general satisfaction with services	Further increase in the overall satisfaction of people. Above all averages.
Overall satisfaction of carers with social services	Percentage	higher is better	41.8%	N/A	Measure of general satisfaction of carers with services	Carers Survey is to be run in Autumn 2014.
Percentage of carers who report that they have been included or consulted in discussion about the person they care for	Percentage	higher is better	75.6%	N/A	A measure of how Carers have been involved with the care planning process	Carers Survey is to be run in Autumn 2014.
Percentage of people who use services and carers who find it easy to find information about services	Percentage	higher is better	72.4%	74.3%	A measure of how easy people find it to access information.	A slight increase in the ease with which people find information on County Council services. Performance above all Shire average, but slightly below Yorkshire and Humberside and All England averages.
<b>Safeguarding adults whose circumstances make them vulnerable and protecting from avoidable harm.</b>						
Percentage of people who use services who feel safe	Percentage	higher is better	65.4%	69.9%	A measure of independence and safeguarding	A general question on people's perception of safety, which shows a slight increase to 69.9%. This now puts HAS above all averages.



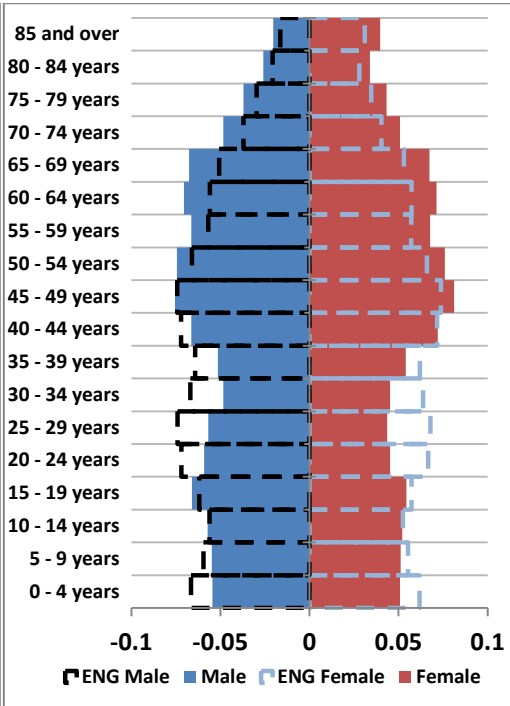
Measure	How it is measured	How we score it	2012/13	2013/14	Why are we measuring this?	What do we think?
Percentage of people who use services who say that those services have made them feel safe and secure	Percentage	higher is better	67.7%	74.5%	A measure of independence and safeguarding	In line with the above indicator, this reflects people's perception of safety when using services. Whilst a further increase in the numbers of people who feel safe as a result of County Council services, at 74.5% this however remains below all averages.

DEMOGRAPHIC CHANGE IN NORTH YORKSHIRE

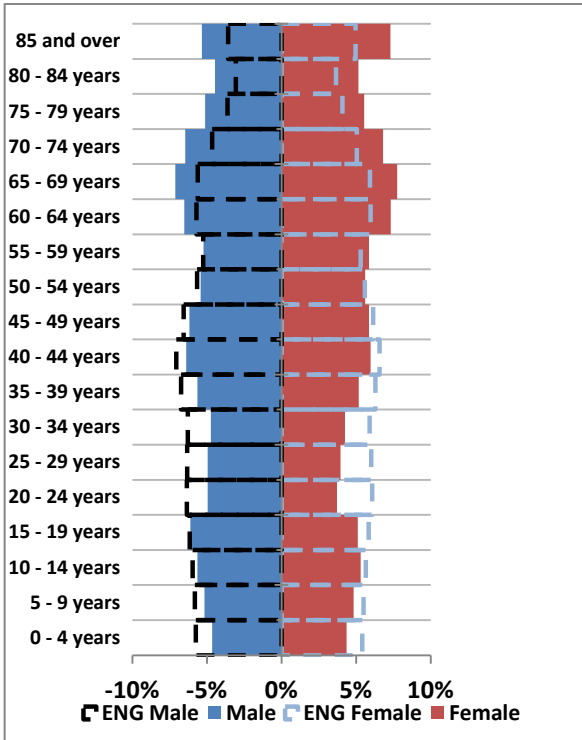
North Yorkshire 1992



North Yorkshire 2012

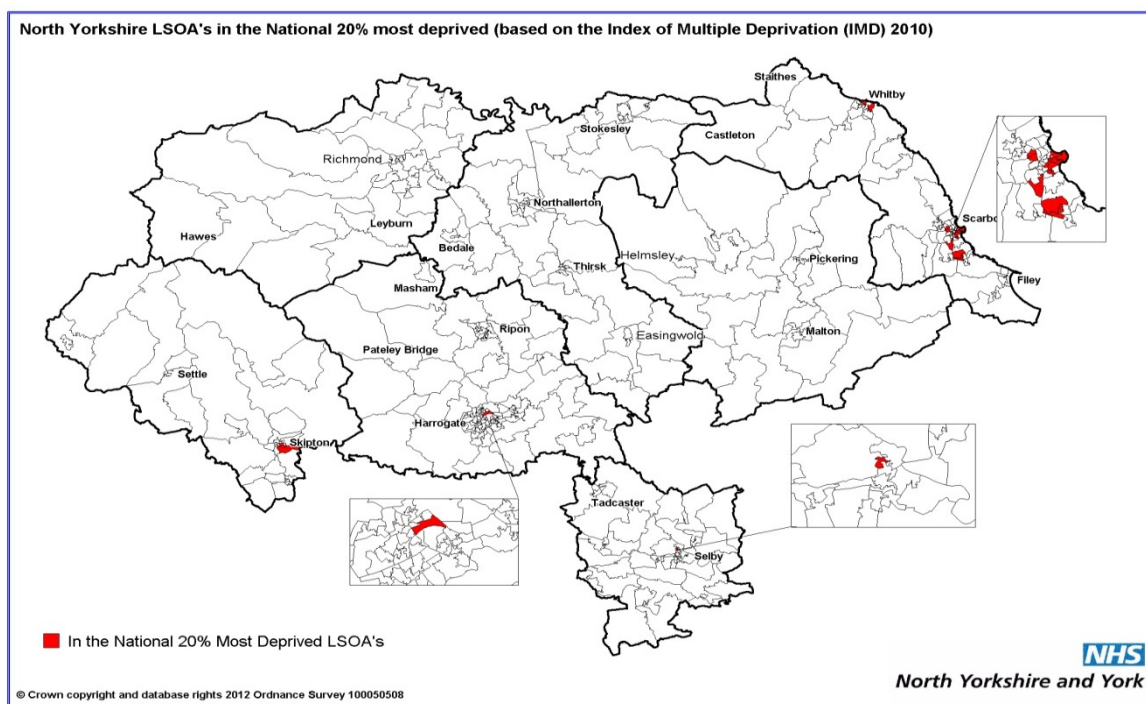


North Yorkshire 2035



The three graphs show the percentage comparison between North Yorkshire and All England for the growth in population by age band. By 2035 North Yorkshire's estimated population will be 650,400. This growth is driven largely by movement from other parts of the UK, particularly pre-retirement and the recently retired people. The ratio of people over the retirement age against the number of people at working age is significant. In North Yorkshire this is already high and set to increase, whereas in neighbouring cities (such as Leeds) this ratio is set to reduce. Clearly, such demographic challenges will require the county, together with its partners, to continue to innovate as services are developed.

## Economic and Social Status of People Using Services



North Yorkshire is a relatively prosperous county compared to the rest of England, although there are pockets of deprivation. The 2010 Index of Multiple Deprivation (IMD) identifies eighteen Lower Super Output Areas (LSOAs) within North Yorkshire which are amongst the 20% most deprived in England. Fourteen of these LSOAs are in Scarborough district (around Scarborough and Whitby), two in Craven district (around Skipton), one in Selby district and one in Harrogate district.

Despite being relatively prosperous compared to the national average based on the overall IMD scores, areas right across the county suffer deprivation specifically in relation to access to services (one of the components that make up the overall IMD score). Of North Yorkshire's 370 LSOAs, 27 are in the most deprived 1% of England's LSOAs (ranked by the Geographical Barriers deprivation index) and 354 in the top 20%. This is calculated by road distance to a GP surgery, a supermarket or convenience store, a primary school and Post Office.

This emphasises the challenge North Yorkshire's rurality poses.