

# Agenda

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

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

**Date: Thursday 22 January 2015 at 10.30am**

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## Business

1. Minutes of the meeting held on 2 October 2014.

(Pages 1 to 5)

2. Public Questions or Statements.

Members of the public may ask questions or make statements at this meeting if they have given notice to Ray Busby Policy & Partnerships (*contact details below*) no later than midday on Friday 16 January 2015, three working days before the day of the meeting. Each speaker should limit themselves to 3 minutes on any item. Members of the public who have given notice will be invited to speak:-

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

3. **20/20 Challenges & Social Care Issues** – Presentation by the Corporate Director – Health & Adult Services.
4. **Care & Support Where I Live (Feedback from Consultation and Final Draft Strategy)** – Report of the Corporate Director – Health & Adult services  
(Pages 6 to 70)
5. **Annual Report Older People’s Champion** – Report of County Councillor Shelagh Marshall.  
(Pages 71 to 74)
6. **Winterbourne Concordat Review** – Report of the Corporate Director – Health & Adult Services  
(Pages 75 to 100)
7. **Work Programme** - Report of the Scrutiny Team Leader.  
(Pages 101 to 106)
8. **Other business which the Chairman agrees should be considered as a matter of urgency because of special circumstances.**

Barry Khan  
Assistant Chief Executive (Legal and Democratic Services)

County Hall  
Nothallerton

14 January 2015

**NOTES:**

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

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

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

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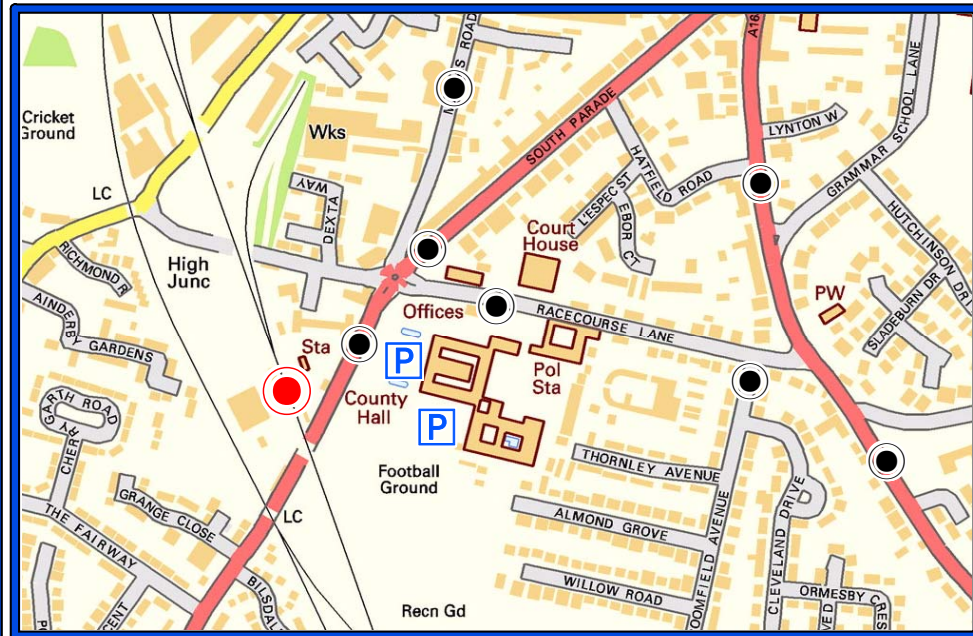
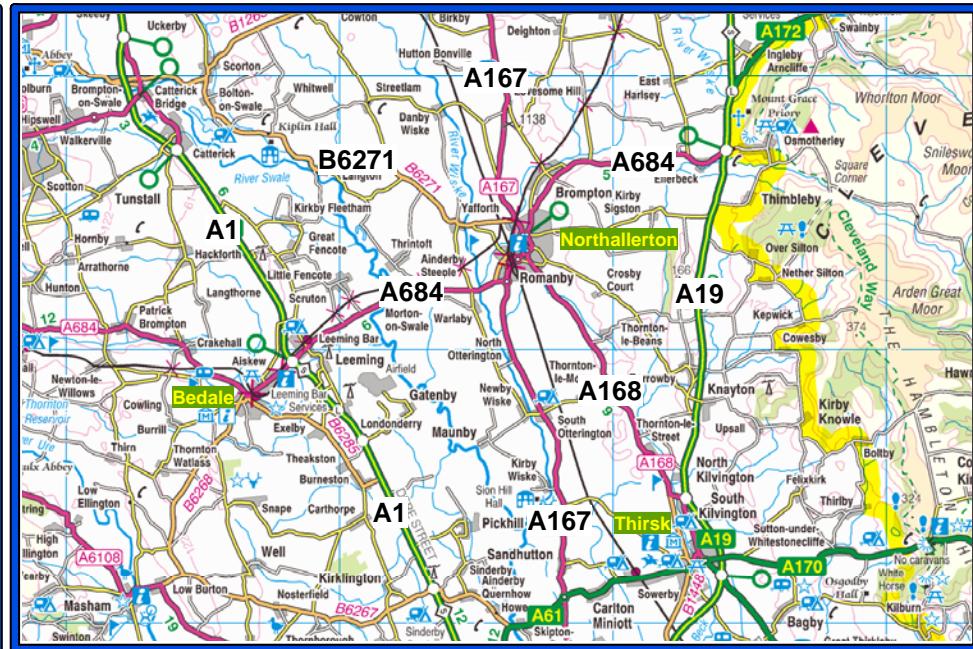
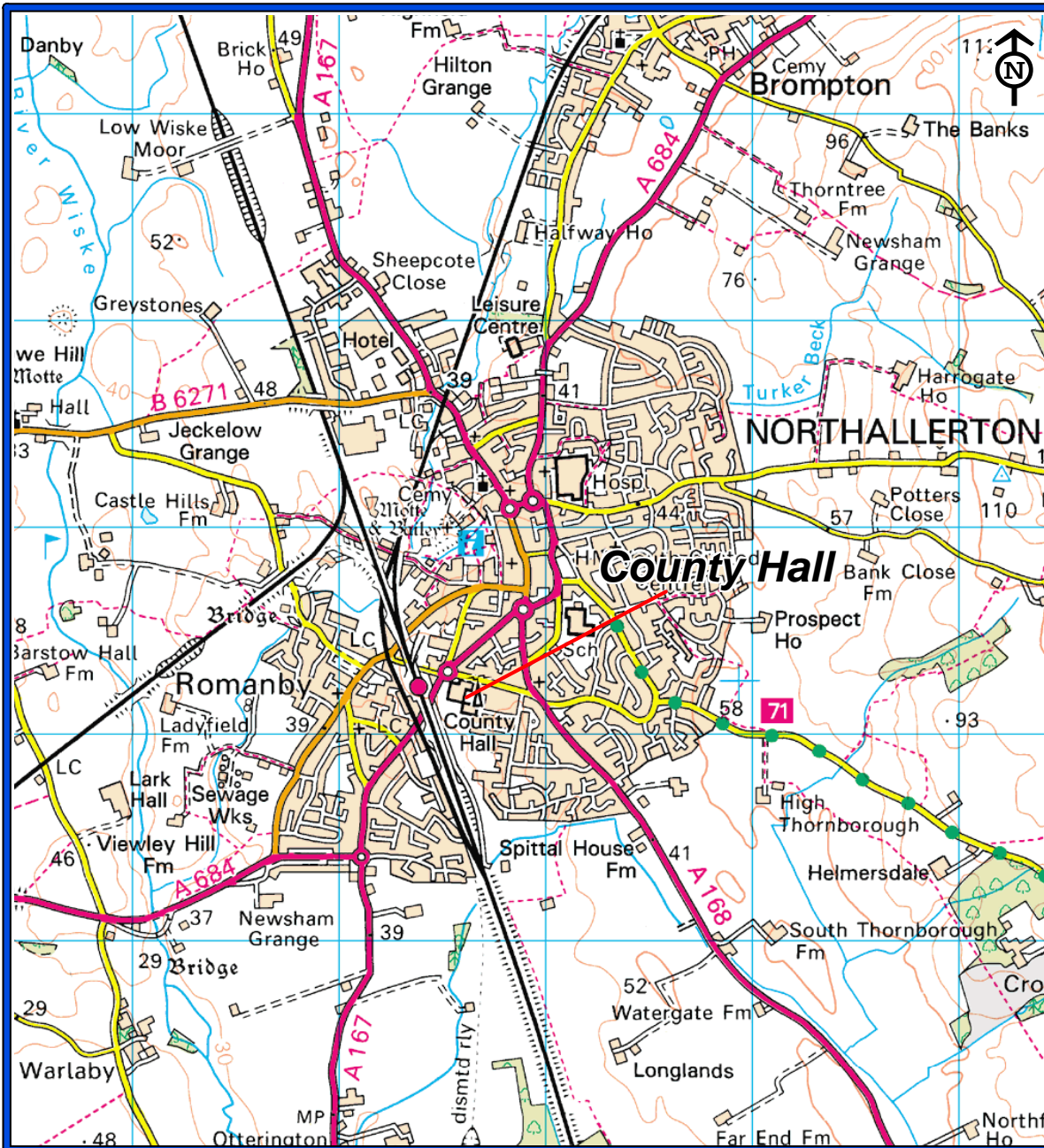
# Care and Independence Overview and Scrutiny Committee

## 1. Membership

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

## 2. Substitute Members

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



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North Yorkshire  
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North  
Yorkshire County Council

**North Yorkshire County Council**

**Care and Independence Overview and Scrutiny Committee**

Minutes of the meeting held on 2 October 2014 at 10.30 am at County Hall, Northallerton.

**Present:-**

County Councillor Patrick Mulligan in the Chair

County Councillors: David Billing (substituting for Brian Marshall), Lindsay Burr MBE, Liz Casling, John Ennis, Helen Grant, Mike Jordan, John McCartney, Heather Moorhouse, Joe Plant and John Savage.

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

In attendance: County Councillor Don Mackenzie (Executive Member for Public Health and Prevention)

Officers: Sally Anderson (Safeguarding Adults Policy Officer, Adult Social Care Operations (Health and Adult Services)), Neil Irving, Assistant Director (Policy & Partnerships, (Policy and Partnerships)), Tony Law (General Manager Performance & Change, Performance and Change Management (Health and Adult Services)), Anne Marie Lubanski (Assistant Director Social Care Operations, (Health and Adult Services)), Lincoln Sargeant (Director of Public Health, (Health and Adult Services)), Mike Webster (Assistant Director, Contracting, Procurement and Quality Assurance, (Health and Adult Services)), Ray Busby (Scrutiny Support Officer, (Policy and Partnerships))

Apologies: Cllr Penny Marsden, Cllr Brian Marshall, Cllr Chris Pearson, Mike Padgham (Independent Care Group)

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

**42. Minutes**

**Resolved –**

That the minutes of the meeting held on 3 July 2014, having been printed and circulated, be taken as read and be confirmed and signed by the Chairman as a correct record.

**43. Public Questions or Statements**

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

**44. North Yorkshire Local Assistance Fund**

Considered -

The report of the Assistant Director - Partnerships and Policy outlining to Members the progress of the North Yorkshire Local Assistance Fund (NYLAF) to date, and plans for stakeholder engagement on the future of the NYLAF in October 2014 and

seeking their views about the options for the future of the NYLAF ahead of a decision being sought from the Executive in December 2014 or January 2015. An identical report was to be presented to the Young People Overview & Scrutiny Committee on 24 October 2014.

Members reviewed progress, specifically how NYLAF has adapted to ensure that expenditure is used wisely, but does not exceed its existing budget. The challenges for 2015/16 onwards were understood by Members, and the stakeholder consultation undertaken welcomed. As part of this consultation, Members were presented with a number of options regarding funding for the future. Because of the support NYLAF gives to some of our most vulnerable adults, the Committee strongly believed that the NYLAF should continue as currently. This means NYLAF continuing to provide awards up to the amount that has been provided to date by central Government. In reaching this decision Members were mindful that even relatively small sums, when made available to struggling families, can have a significant, often life-changing impact. That said, in coming to this recommendation, the Committee did acknowledge the financial implications this has for the County Council now that the Government has announced that funding to support NYLAF will be incorporated into mainstream grant funding.

**Resolved -**

That the Executive be advised that: In recognition of the support NYLAF gives to some of our most vulnerable adults, the Committee strongly believes that the NYLAF should continue as currently. This means NYLAF continuing to provide awards up to the amount that has been provided to date by central Government.

**45. Council Plan - 2020 North Yorkshire Plan**

Considered –

The report of the Assistant Director - Policy and Partnerships

Members commented that loneliness and isolation had featured in the Committee's work on a number of occasions; the Older People's Champion also providing updates on the national campaign to raise awareness in her annual reports to the Committee. Having to endure the adverse effects of loneliness and isolation, a Member said, is not something confined to many older people, other groups and vulnerable individuals in society - for example people with long-term conditions, young people in rural communities, disabled people - could all be similarly affected and disadvantaged.

**Resolved –**

1. The responses to the proposed priorities and implications for the vision, objectives and values of 2020 North Yorkshire, be noted; and
2. The proposal that the priorities identified be those adopted for the Council Plan be supported.

**46. 2013/14 Local Account**

Considered -

The report of the Corporate Director - Health and Adult Services updating Members on the contents of the 2013/14 Local Account in respect of the performance of the Adult Social Care Service (included as Appendix 1 to the report) and asking for Members' comments.

Given that the Local Account is now an essential part of sector - led improvement and must be an honest assessment of social care performance over the previous years, it was important that the Committee had an opportunity to review, pass comment and make suggestions for any amendments, before it is published. Members found the document well written and accessible. It passed what they believed was perhaps the pivotal test: it is not self-congratulatory, evidenced in part by the included case studies which describe how the Directorate has learned from experience, and then improved practice.

Members agreed that the North Yorkshire version is a high quality document, and were pleased that the CQC has held up the North Yorkshire Local Account as an example of best practice.

Members considered how the Account is published, where it is “on deposit”, to whom it is sent, how people can get to see it and comment if they wish. It was noted that this year, consideration is being given to publish this year’s Local Account in electronic format only. The cost benefits might speak for themselves, but Members sought reassurances about the document’s continued accessibility. When it was explained that hard copies would still be available for those that want and/or need it, and it is intended to continue to spread the word through existing networks, Members were comfortable with this streamlined approach.

**Resolved –**

- (a) The Committee noted the content of the Local Account.
- (b) Agreed that the Local Account be published as an electronic copy only.
- (c) The positive contribution by all staff and managers in continuing to maintain the high level of service and performance improvements in the context of the Council’s key objective: that affordable, high quality and safe care is provided be noted.

**47. Care and Support Where I Live Strategy**

Considered –

The oral report of the Corporate Director - Health and Adult Services

Members reviewed the consultation document: “2020 North Yorkshire Care and Support Where I Live”. They supported the strategy which they agreed represents a significant part of the Council’s vision to meet people’s needs now and in the future. The notion of planning ahead to respond to the increasing number of people who need care and support was welcomed. It is also indeed vital, Members thought, that Extra Care homes are at the heart of the community in targeted locations so that people know they can receive the help, support and advice they need. Equally important is that we continue to manage demand, to cope with the implications of demographic change.

**Resolved -**

Members looked forward to the results of the consultation process and emerging Directorate thinking being available for the January Committee meeting, prior to a decision being taken by the Executive.



**48. 2013/14 Annual Report of the North Yorkshire Safeguarding Adults Board**

Considered –

The report of the Scrutiny Team Leader asking the Committee to receive the Annual Report of the North Yorkshire Safeguarding Adults Board.

**Resolved –**

The report be noted and the Committee agreed to receive further ongoing reports of progress.

**49. 2014 Annual Report of the Director of Public Health for North Yorkshire**

Considered –

The reports of the Scrutiny Team Leader and the Director of Public Health for North Yorkshire presenting to Members the 2014 Annual Report of the Director of Public Health for North Yorkshire.

**Resolved –**

That:-

- (a) The reports be noted.
- (b) NYCC, District Councils and CCGs work closely to implement NICE guidance with regard to providing an integrated approach to preventing and managing obesity and its associated conditions ensuring that gaps in current services are addressed.
- (c) NHS England continues to work closely with the provider of the Child Health Information Systems (CHIS) covering the child population of North Yorkshire to ensure there is an improvement plan to achieve delivery of the national service specification in accordance with national timescales, liaising with NYCC in respect of any current or future inter-dependencies in relation to commissioning, service provision and data or information flows.
- (d) Statutory and VCSE partners continue to work together to develop a North Yorkshire Mental Health Strategy to ensure there is a co-ordinated approach to improving the mental health and wellbeing of the population of all ages, improving outcomes for people with mental health problems and combating the stigma and discrimination associated with mental illness.
- (e) NYCC, District Councils and NHS partners make the most of the opportunities presented by the Better Care Fund and the shift towards integrating services to respond to community needs and maximise the use of community assets working closely with the VCSE where possible.
- (f) Statutory bodies work closely with the VCSE sector to plan the development, delivery and support for health and care services which draw on volunteers
- (g) Organisations working with local communities promote an asset based approach to understanding and responding to the issues that are important to those communities.

- (h) Any assessment of need such as Joint Strategic Needs Assessments should include an assessment of the available assets that are already available to address the needs identified.

**50. Work Programme**

Considered –

The report of the Scrutiny Team Leader on the Work Programme.

**Resolved –**

That the Work Programme be agreed.

The meeting concluded at 12:45 pm

## NORTH YORKSHIRE COUNTY COUNCIL

## CARE AND INDEPENDENCE OVERVIEW AND SCRUTINY COMMITTEE

**CARE AND SUPPORT WHERE I LIVE STRATEGY – FEEDBACK FROM CONSULTATION  
AND FINAL DRAFT STRATEGY  
22 January 2015**

**1.0 Purpose of Report**

- 1.1. The purpose of this report is to inform members of the Care and Independence Overview and Scrutiny Committee of the results of the public consultation in relation to the draft Care and Support Where I Live Strategy.
- 1.2. The report also asks members to give their views on the proposed final draft of the Care and Support Where I Live Strategy, which will be considered by the County's Executive on 2 February 2015.

**2.0 BACKGROUND**

- 2.1 At its meeting on 24<sup>th</sup> July 2014 the County's Executive decided to consult with the public on a draft Care and Support Where I Live Strategy
- 2.2 The Care and Support where I Live Strategy sets out the Council's proposed approach to the future provision of care and support, with a focus on how we can help people live within the community for longer with the appropriate support.
- 2.3 The key proposals within the draft strategy were that by 2020 we will have:
- Developed local accommodation, services and activities which will enable people to be safe and can live independently at home for as long as possible
  - Improved the way people can choose, buy and fit equipment and Telecare so that more people can live independently at home
  - Expanded the number of extra care housing schemes across the County and developed community hubs in some of these schemes
  - Explored different models of accommodation, such as Homeshare, to see if they might be beneficial for some North Yorkshire residents
  - Increased the availability and choice of accommodation and services for people with:
    - complex needs
    - mental health issues
    - learning disabilities
    - physical disabilities
    - sensory impairment
    - autism
    - young people with disabilities moving from childhood into adulthood
    - age-related frailty and disability

- Established a regular basis for involving people who use these services now, or in the future, including people already living in extra care housing, in having their say about services

2.4 The consultation was launched on 18<sup>th</sup> August and closed on 17th November. A questionnaire was made available to as many people as possible by printing the document and publishing it online. Seven drop in events were held in the main library in each District of the County. The consultation was publicised through press releases, letters to key partners, through the Councils internet site and newsletter to residents. We included information in our regular newsletters to our different provider groups, and through voluntary sector partners. Staff attended our Partnership Boards and the Housing Forum.

2.5 During the consultation we received 402 responses to the questionnaire, and 110 people attended the drop in sessions. We received 8 written responses from individuals, external partners and organisations.

### **3.0 MESSAGES FROM THE CONSULTATION**

3.1 Annex 1 contains a report outlining the results of the consultation, with appendices providing more detailed comments

- Appendix 1 – comments from the questionnaires
- Appendix 2 – other comments from the drop in sessions and written submissions
- Appendix 3 – views from residents in the Council's residential care homes

### **3.2 Response to consultation**

Analysis of the responses to the questionnaire shows:

- Responses to the questionnaire were received from all districts of the council, with the highest number received from people living in Scarborough (26%) and the lowest in Selby (6%)
- Of those responding 27% of responses were from males and 73% were from females
- The majority of responses 28% came from those people aged 65-74 with the least responses 1% from those aged 18-24
- The majority 96% were of white (British, Irish and other) background with 3% declining to respond
- 32% considered themselves to have a disability or a long term limiting condition
- The majority of responses 57% were received via a paper copy of the questionnaire, whether that was a standard, large print or easy read version

### **3.3 Key messages**

3.3.1 A large majority of people responding agreed to the Council's ambition to help people to live independently in their own homes (94%).

3.3.2 The top priorities for people were around services being provided in their own homes, that is:

- good quality home care,
- help with home adaptations
- access to good quality information and advice
- telecare/equipment to help them stay safe.

3.3.3 Whilst the majority of people (89%) supported the expansion of extra care housing throughout the County, there was less support for replacement of care homes. There was still a majority in favour of the replacement proposal (59%). Of the rest 22% of respondents expressed concern around the closure of the Council's elderly persons' homes and 19% did not know.

3.3.4 The most popular services that people wanted to see in their local area or in a community hub to allow them to remain in their own homes were health related (GP or pharmacy). Many people wanted to see social activities, meeting rooms, and cafés being held in schemes and there was a strong message that community transport was needed to help them to access these services if they were not available locally.

3.3.5 Only 25% of respondents had heard of Homeshare schemes. 18% of respondents would consider using a Homeshare scheme, but many felt that help would be needed to help set up an arrangement and somewhere to go for help if there were problems.

3.3.6 74% of respondents agreed we should also focus on developing supported accommodation for younger adults with complex needs.

3.3.7 Partners in District and Parish Councils and housing providers were supportive of the strategy and are keen to work with the County Council to help shape the delivery of the strategy. Some questions have been raised about whether the Strategy can be clearer about how the County Council might support the development of new extra care schemes.

3.3.8 Concerns, which were picked up in the comments in the questionnaires and in the written submissions from partners, focussed on:

- Ensuring we considered location and access - particularly for those in villages and rural locations but also for those who might want to community facilities that Extra Care schemes could offer. This was linked to concerns about transport
- The importance of understanding housing need and the demand for Extra Care
- The importance of the care and support model, with some concerns about help being available when needed and some views that there will be people will still need residential or nursing care
- Concerns about affordability, primarily for residents of the schemes, but also the need to consider the costs for the whole of the public purse
- There were some views that we should adapt what we have and use current assets better.

#### **4.0 Proposed changes to draft strategy**

4.1 A revised draft strategy is attached as Annex 2, with a revised Equality Impact Assessment appended to this. Changes to the original wording of the draft strategy have been highlighted.

- 4.2 No significant changes are proposed to the overall objectives and proposals in the draft strategy, but account has been taken of the comments and concerns. In particular on page 5 of the revised draft there is a commitment that the Extra Care Programme will to address the issues of:
- Affordability – for individuals and for organisations
  - Ensuring the care and support model can meet changing needs
  - The need for quality care homes alongside extra care
  - Developing the options and opportunities for community facilities within schemes
  - Working closely with partners in health, housing and the voluntary sector to make best use of our resources, assets and expertise.
- 4.3 A summary of the findings from the consultation has been added at paged 18-20.
- 4.4 On page 29 there is a more explicit commitment to look to use our land and assets to support the development of new extra care schemes where we are replacing our current Elderly People’s Homes.
- 4.5 On page 30 there is a commitment to keep the affordability of extra care and the *Flexicare* model under review.
- 4.6 On page 32 we have added a clearer statement about ensuring there will be times when a care home might provide the right care for someone and ensuring that where this is the case people can still choose homes which offer good quality care and a homely environment.

#### **4.0 RECOMMENDATIONS**

- 4.1 The Care and Independence Overview Scrutiny Committee is asked to:
- i. Note and give comments on the consultation report;
  - ii. Note and give comments on the proposed changes to the Care and Support Where I Live Strategy in the light of the consultation feedback and make its views known to enable officers to take them into account in preparing recommendations for Executive.

RICHARD WEBB  
Corporate Director – Health and Adult Services

Author of report:  
Kathy Clark  
Assistant Director Commissioning – Health and Adult Services  
January 2015



# Care and Support Where I Live

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## Engagement report

Yvonne Pottinger

11/28/2014

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## Background

Between August and November 2014 as part of the Draft Care and Support Where I Live strategy consultation we asked members of the public to tell us their views on the services the Council provides which enable people to live independently in their own homes. In order to meet the requirements of an ageing population we asked about different types of accommodation e.g. extra care housing, and the replacement of Council owned Elderly Persons' Homes along with suggestions for accommodation to meet the needs of younger disabled people.

We created a questionnaire and made it available to as many people as possible by printing the document and also publishing it online. We publicised 7 drop in events, one being held in the main library in each District of the County. These events gave people the opportunity to find out more about extra care housing, telecare, Ask Sara and to ask staff questions about the draft strategy, enabling them to make a more informed response to the questionnaire.

The questionnaire was made available in different formats and was supplied to various organisations working with older, disabled or vulnerable client groups.

The information collected from the questionnaires and the comments received from the drop in events will inform the final version of the Care and Support Where I Live Strategy.

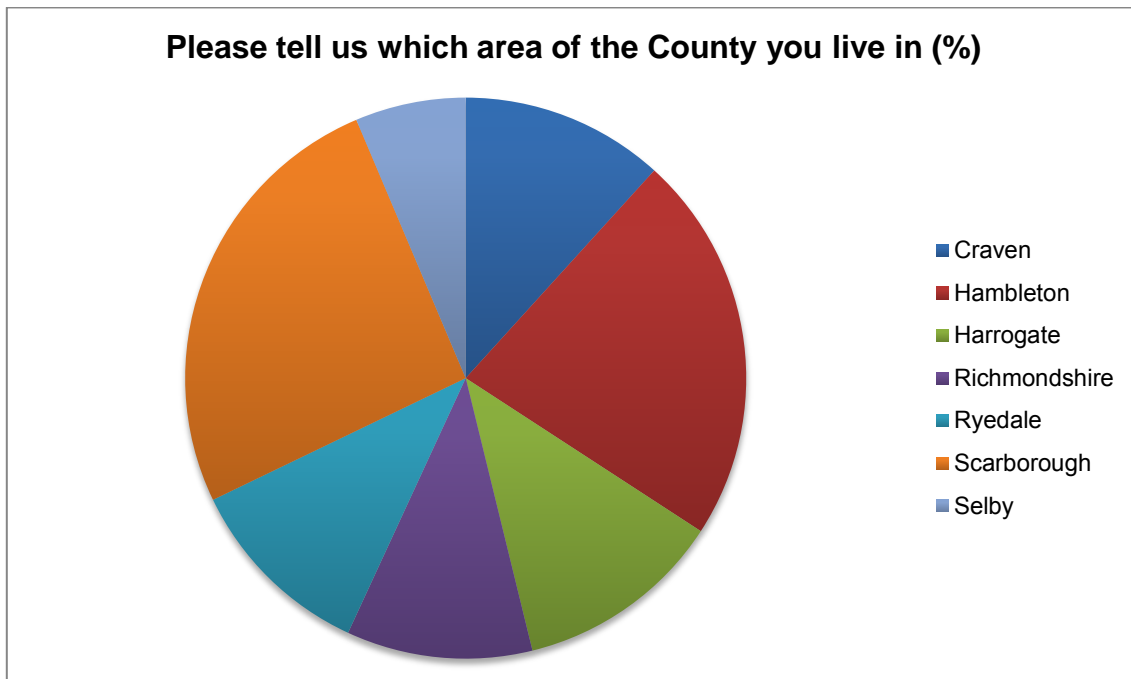
## Findings

During the consultation we received 402 responses to the questionnaire.

The majority of people, 94%, agreed with question 1 regarding the Council's ambition to help people live independently in their own homes, whether this is their existing home or in accommodation with care. Responses were collated and covered the following themes:

### General information

- Responses to the questionnaire were received from all districts of the council
- Of those responding 27% of responses were from males and 73% were from females
- The majority of responses 28% came from those people aged 65-74 with the least responses 1% from those aged 18-24
- The majority 96% were of white (British, Irish and other) background with 3% declining to respond
- 32% considered themselves to have a disability or a long term limiting condition
- The majority of responses 57% were received via a paper copy of the questionnaire, whether that was a standard, large print or easy read version



The majority of respondents 26% live in the Scarborough area, whilst only 6% of respondents live in the Selby area.

### **Question 2; Services to help people live independently**

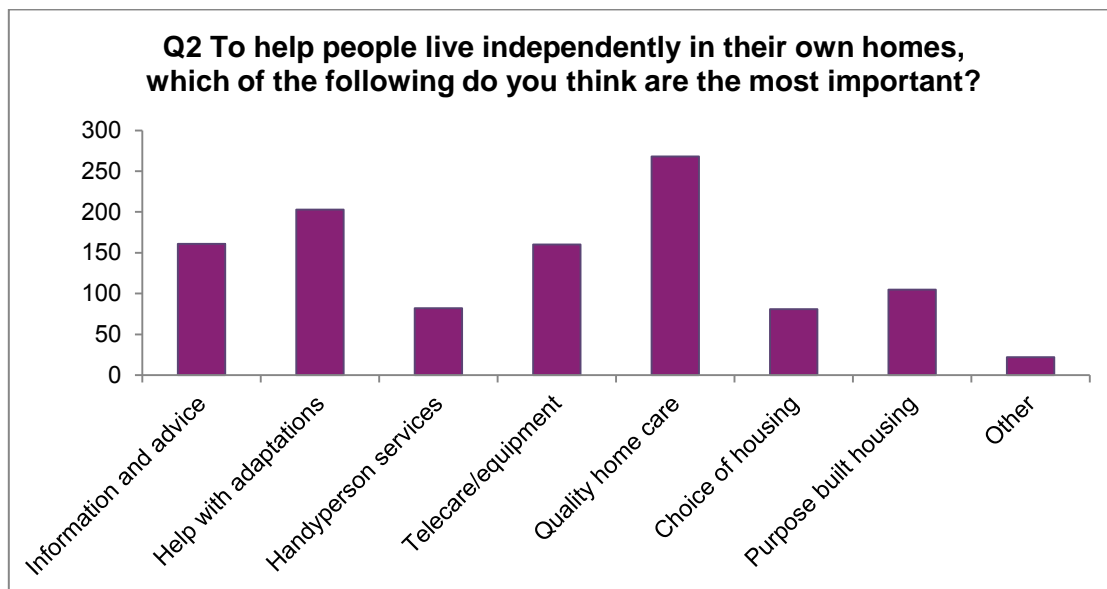
To help people live independently in their own homes, we think that the following are very important. Which do you think are the most important? (Top 3 requested)

- Access to good quality information and advice
- Help to adapt your home if you start to have difficulties
- Handyperson services to help you maintain your home
- Telecare and equipment to help you stay safe in your own home
- Good quality home care services
- A choice of accommodation with support to rent or buy
- New Housing stock designed with the needs of older and disabled people in mind
- Other

The responses indicated that the top 3 choices for most people were:

1. good quality home care services,
2. help to adapt your home if you start to have difficulties and
3. equal in 3<sup>rd</sup> place; access to good quality information and advice and telecare and equipment to help you stay safe in your own home.

The least popular choice was split equally between a choice of accommodation with support to rent or buy and handyperson services to help you maintain your home.

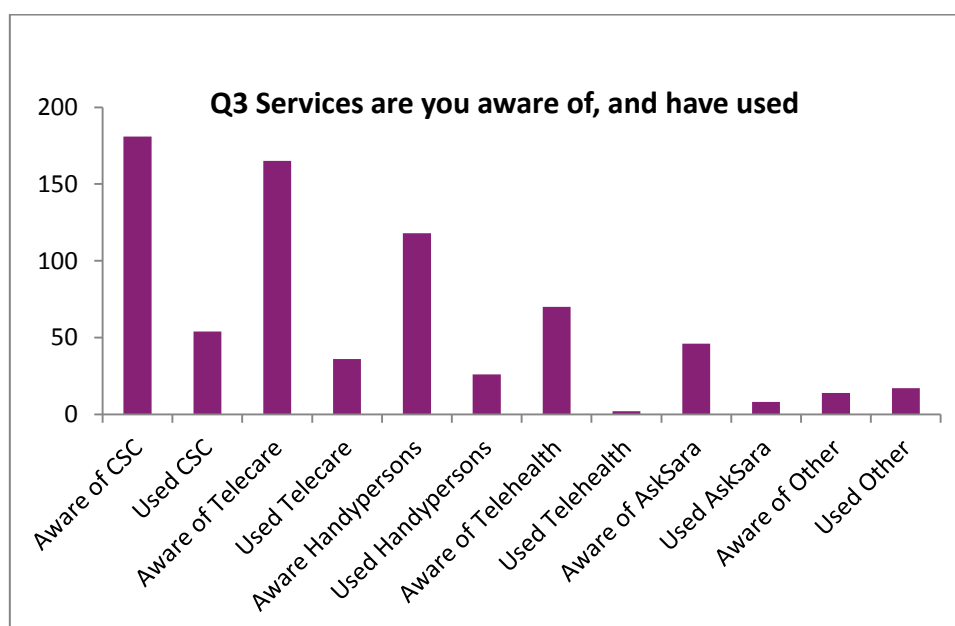


Other suggestions included care homes, concerns were expressed around affordability and social isolation, whilst some felt that all of the options listed were important.

**Question 3; Awareness of existing services**

Thinking about the way people find out about services to help them to live more independently at home. Which of the following services are you aware of and which, if any have you used?

- County Council's Customer Service Centre
- Telecare
- Handypersons
- Telehealth
- Ask Sara
- Other

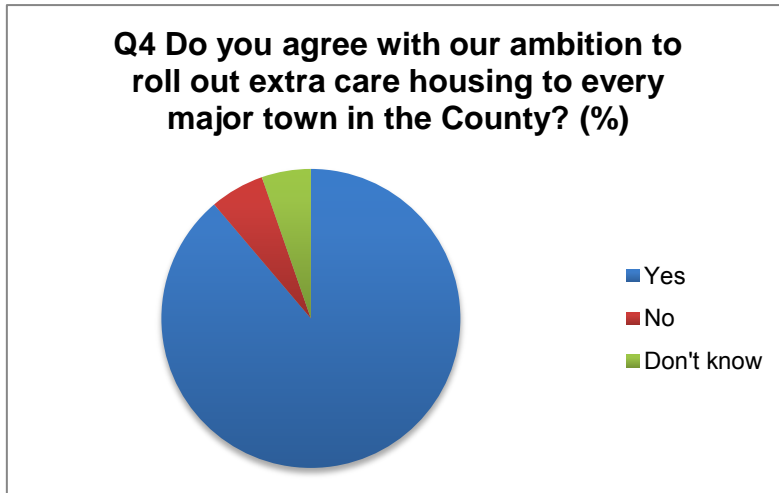


181 people replied that they were aware of NYCC's Customer Service Centre however only 46 stated that they were aware of the new Ask Sara facility.

**Question 4; Provision of extra care housing**

Do you agree with our ambition to roll out extra care housing to every major town in the County?

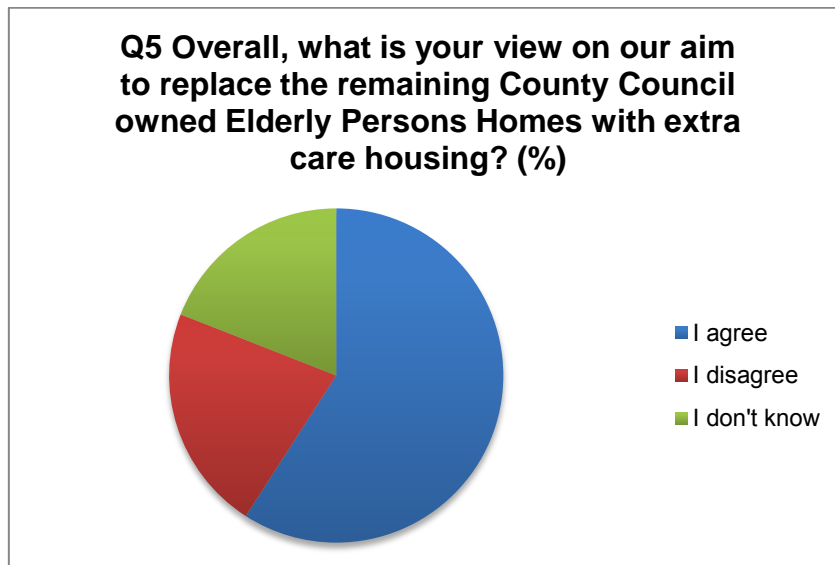
89% replied yes compared to 6% of people stating no and 5% who didn't know.



**Question 5; Replacement of EPHs**

Overall, what is your view on our aim to replace the remaining County Council owned Elderly Persons Homes with extra care housing?

59% agreed compared to 22% of people who disagreed and 19% who didn't know.

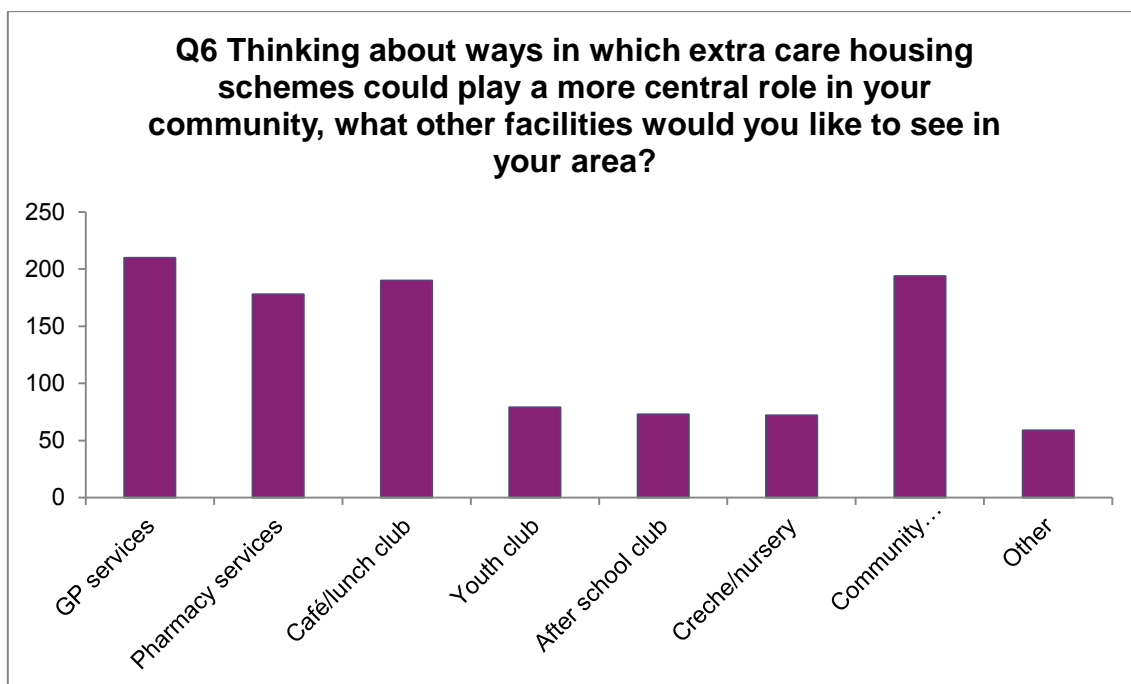


This contrasts with the previous question in that more people were keen to have a greater provision of extra care housing, but were less sure about the replacement and therefore closure of the Council's Elderly Persons Homes.

Some of the comments received indicated that the respondents feel both should be provided to give people a choice or that different services are required in order to meet individual needs.

### Question 6; Other facilities in your local area

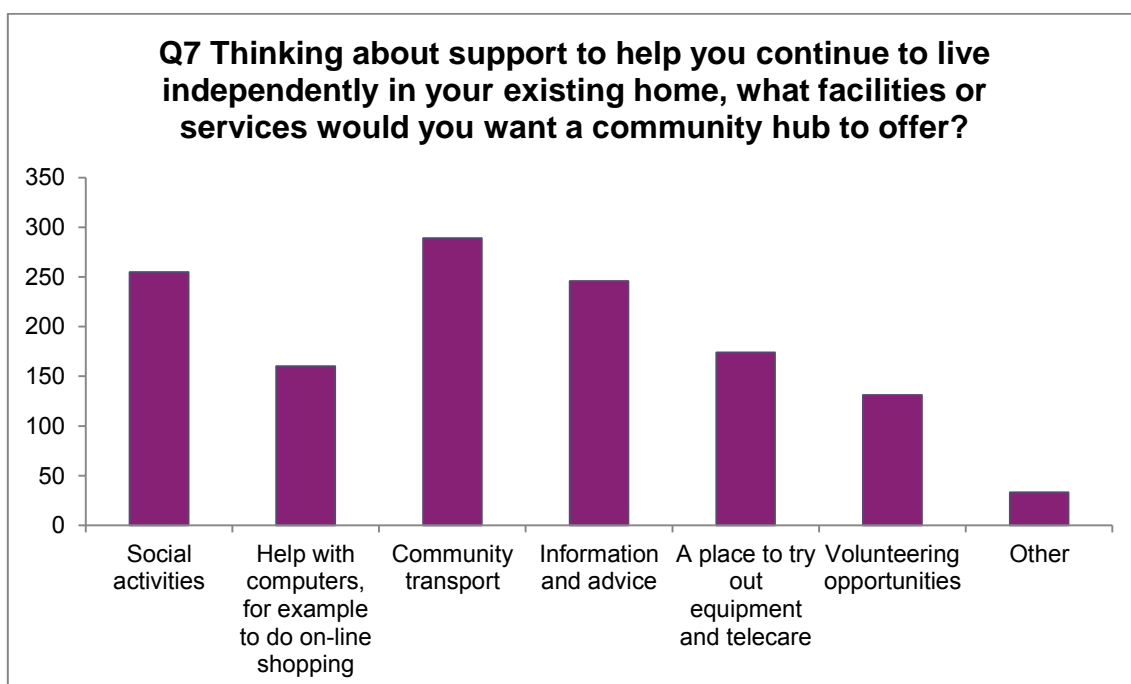
Thinking about ways in which extra care housing schemes could play a more central role in your community, what other facilities would you like to see in your area?



The majority of people 52% would like to see GP Services in their area. Other suggestions included sports facilities, better transport, social activities and libraries.

### Question 7; Facilities or services in a community hub

Thinking about support to help you continue to live independently in your existing home, what facilities or services would you want a community hub to offer?



The most popular response, selected by 289 individuals, identified community transport as the facility most wanted to help people to continue to live independently in their own home.

### Question 8; Comments re extra care housing

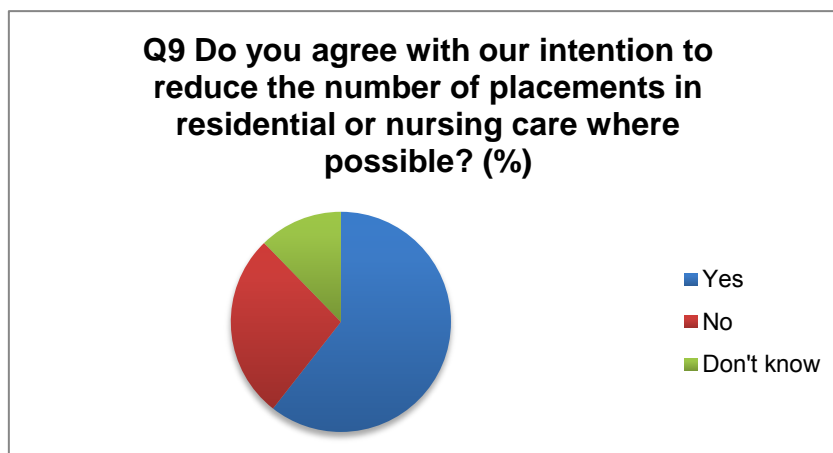
Do you have any comments about the provision of extra care housing in north Yorkshire?

An analysis of comments is listed on page 8, with the general comments attached at Appendix 1.

### Question 9; Reduce placements in care

Do you agree with our intention to reduce the number of placements in residential care or nursing care where possible?

61% replied yes compared to 27% of people stating no and 12% who didn't know.



### Question 10; Homeshare

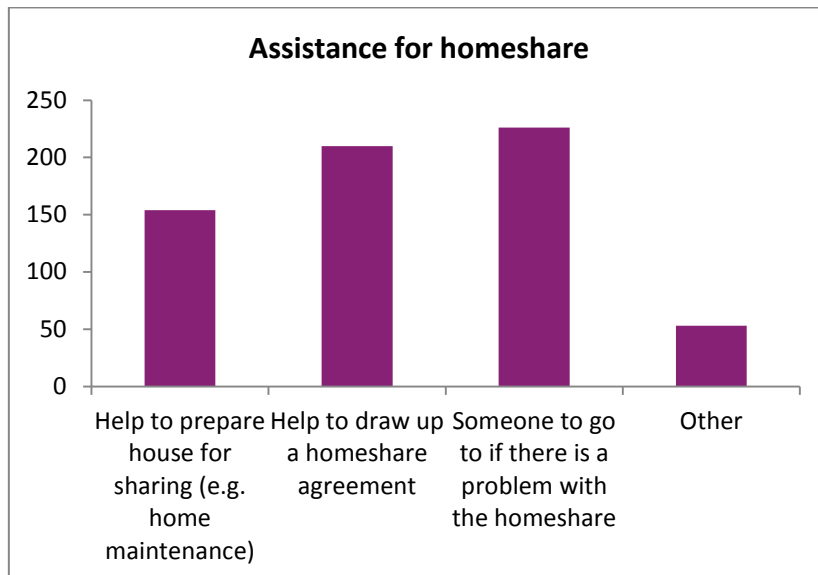
We are exploring different models of accommodation to see if they might be beneficial for some North Yorkshire residents. Homeshare is one model that other parts of the country are developing.

25% replied they had heard of Homeshare compared to 73% of people stating they hadn't and 2% who didn't know.

18% replied they would consider using Homeshare for themselves or a relative compared to 50% of people stating they wouldn't and 32% who didn't know.

Comments received about Homeshare related to it being perceived as a bad idea with concerns around the potential for abuse, the need for a trial period and an agreement to share the cost of bills.

The following graph shows what people feel they would need to have in place to consider Homeshare as a possible option;



**Question 11; Other models of accommodation**

What other models of accommodation with care do you think we should consider?

An analysis of suggestions is listed on page 10, however the most popular ideas were for sheltered/warden controlled accommodation, care homes and to have support services delivered to their own home.

**Question 12; Younger people**

The Council is also focusing on supported accommodation for younger people with complex needs and smooth transition to adults’ services.

74% agreed these are the right areas to focus on compared to 7% of people who disagreed and 19% who didn’t know.

Some of those who disagreed commented that the focus should be on services for the elderly, citing an ageing population as the reason.

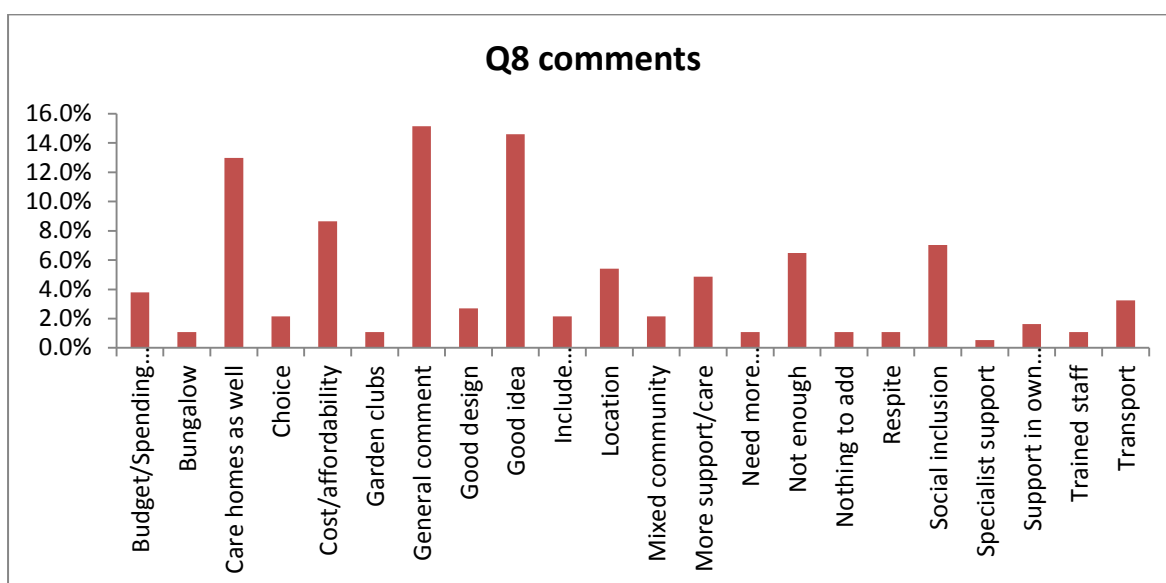
**Qualitative responses**

**Question 8; Comments re extra care housing**

A large number of the comments received were general comments about the provision of extra care housing. Comments were also received about extra care being a good idea and about giving people choice and retaining the provision of residential care.

Themes	Number of comments	% of comments
Budget/Spending cuts	7	3.8%
Bungalow	2	1.1%
Care homes as well	24	13.0%
Choice	4	2.2%

Cost/affordability	16	8.6%
Garden clubs	2	1.1%
General comment	28	15.1%
Good design	5	2.7%
Good idea	27	14.6%
Include younger/disabled people	4	2.2%
Location	10	5.4%
Mixed community	4	2.2%
More support/care	9	4.9%
Need more information	2	1.1%
Not enough	12	6.5%
Nothing to add	2	1.1%
Respite	2	1.1%
Social inclusion	13	7.0%
Specialist support	1	0.5%
Support in own home	3	1.6%
Trained staff	2	1.1%
Transport	6	3.2%

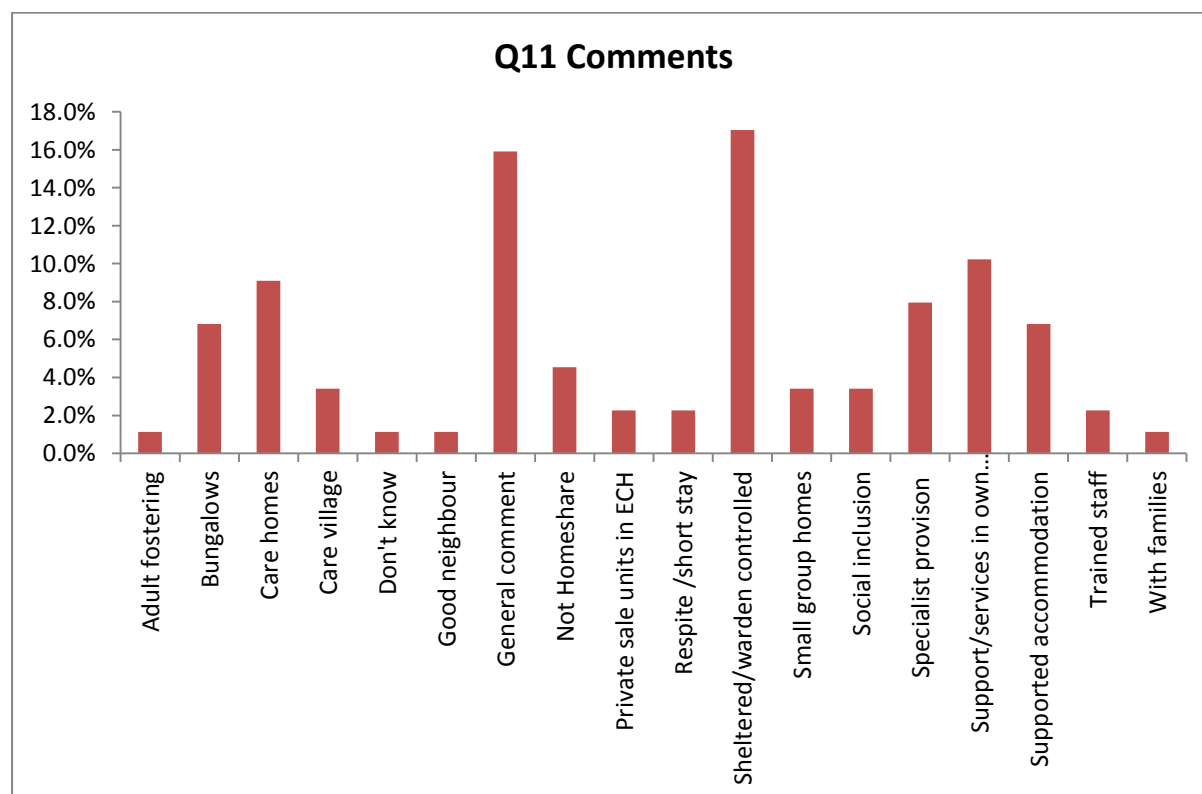


### Question 11; Other models of accommodation

Whilst the most popular suggestion was for sheltered or warden controlled accommodation other comments were received about providing specialist services e.g. for dementia, MS or autism, with the provision of small group homes, supported accommodation or care homes.



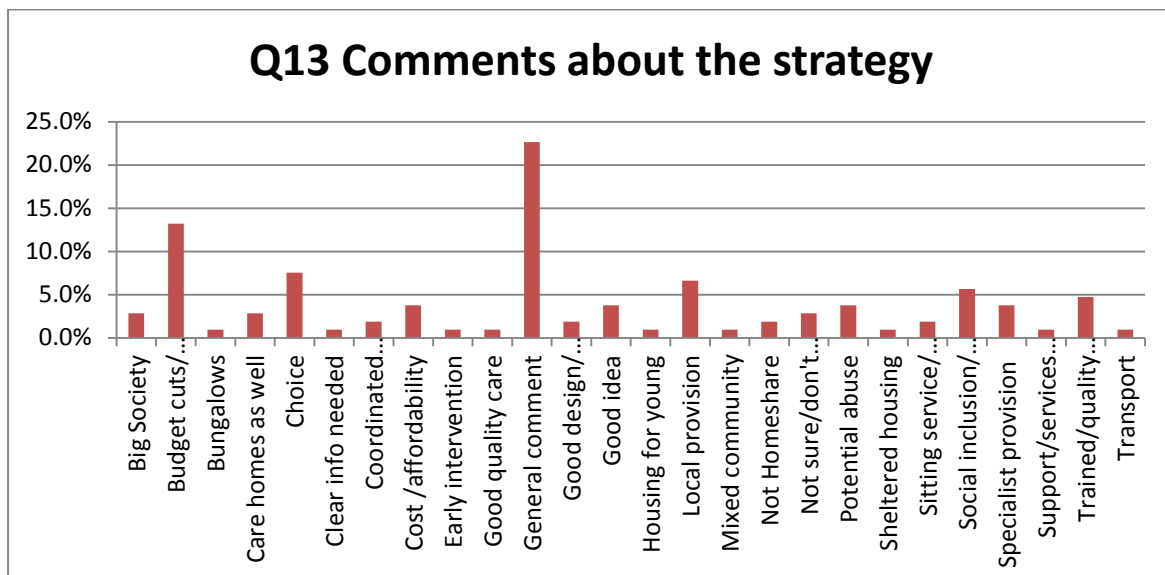
Themes	Number of comments	% of comments
Adult fostering	1	1.1%
Bungalows	6	6.8%
Care homes	8	9.1%
Care village	3	3.4%
Don't know	1	1.1%
General comment	14	15.9%
Good neighbour	1	1.1%
Not Homeshare	4	4.5%
Private sale units in ECH	2	2.3%
Respite /short stay	2	2.3%
Sheltered/warden controlled housing	15	17.0%
Small group homes	3	3.4%
Social inclusion	3	3.4%
Specialist provision	7	8.0%
Support/services in own home	9	10.2%
Supported accommodation	6	6.8%
Trained staff	2	2.3%
With families	1	1.1%



### Question 13; Comments on the strategy

There were a number of themes that have been consistently mentioned throughout the comments sections of the previous questions which were re-iterated under question 13. Comments were made around the strategy being driven by a need to cut spending, about the need for choice and local provision along with the need for community transport to help people access services and reduce social isolation. The general comments are listed at Appendix 1.

<b>Themes</b>	<b>Number of comments</b>	<b>% of comments</b>
Big Society	3	2.8%
Budget cuts/ funding	14	13.2%
Bungalows	1	0.9%
Care homes as well	3	2.8%
Choice	8	7.5%
Clear info needed	1	0.9%
Coordinated services	2	1.9%
Cost /affordability	4	3.8%
Early intervention	1	0.9%
Good quality care	1	0.9%
General comment	24	22.6%
Good design/ planning	2	1.9%
Good idea	4	3.8%
Housing for young	1	0.9%
Local provision	7	6.6%
Mixed community	1	0.9%
Not Homeshare	2	1.9%
Not sure/don't know	3	2.8%
Potential abuse	4	3.8%
Sheltered housing	1	0.9%
Sitting service/ carer respite	2	1.9%
Social inclusion/ loneliness	6	5.7%
Specialist provision	4	3.8%
Support/services in own home	1	0.9%
Trained/quality staff	5	4.7%
Transport	1	0.9%



## Other Feedback

Various comments about the strategy have been received from stakeholders and partners, and from members of the public attending the ‘drop in’ events held at NYCC libraries. The analysis of these comments is attached at Appendix 2.

Consultation meetings took place in NYCC’s Elderly Persons’ Homes, where the residents were invited to watch a DVD about extra care housing and then discuss the idea of providing more extra care apartments across the County. The results of these discussions are attached at Appendix 3 and show that whilst the residents thought extra care housing was a good idea for future provision it was not somewhere that they would wish to move in to at their present stage of life.

## Conclusions

The majority of people responding agreed to the Council’s ambition to help people to live independently in their own homes. This was reflected in the response to question 2 where the top 3 priorities for people were around services being provided in their own homes i.e. home care, help with home adaptations and telecare/equipment to help them stay safe.

Whilst the majority of people supported the expansion of extra care housing throughout the County, some concerns were expressed around the closure of the Council’s elderly persons’ homes. Comments were made regarding the availability of choice and the provision of different types of accommodation and/or services as someone’s needs change.

Services that people wanted to see in their local area or in a community hub to allow them to remain in their own homes were health related (GP or pharmacy), referred to social inclusion (social activities, meeting rooms, cafés) otherwise community transport was needed to help them to access these services if they were not available locally.

This was also reflected throughout the comments on the strategy, where people cited the desire for services to be provided in their own locality irrespective of how rural their community may be. However, in order to be able to access facilities and to prevent social isolation concerns were raised around the availability of transport and the cost/affordability of services and accommodation.

The option of services for younger people (youth club, after school club, crèche) in a community hub was less popular but could be a reflection of the age profile of respondents as those respondents aged 75-84 years were less keen to focus on facilities for younger people.

Overall the majority of respondents were in favour of the proposals put forward in the strategy, and supported findings from previous surveys where people have expressed a desire to be supported to live independently in their own homes.

## Question 8 - General Comments re extra care housing

- Concern that a community hub within extra housing could cause additional issues.1. People in extra care housing feel they live in a community centre. 2. vulnerability as lots of people coming/going in their home environment and extra care should prevent that and would need careful monitoring.3. contact instead of isolation would be good but would need very experienced staff to monitor.4. Do those in extra care housing have a choice? Some may feel they have no home without intrusion. Needs a careful balance. Some may retreat into their rooms for privacy. Extra care means extra needs and it needs confidence when disability has created barriers of inclusion. Social inequalities are ingrained and need careful transition.
- Housing provided needs to compare to the aspirations of older people and reflect the changes that have occurred - people driving for longer, increased use of computers etc
- If Risendale is an example I am not impressed!!
- In Leyburn, it seems Brentwood is to be replaced with this sort of housing. What's the matter with just updating Brentwood?
- Possibly limited and overstretched
- I do not know of any other extra care apart from the one at Brayton and I am unsure where that covers individual support for 24 hours per day
- Wheelchair access
- Do you have older lesbian or gay men even trans people or provisions for them to live independently in your homes
- I couldn't understand many of the things online due to memory problems. Don't want to choose online equipment. Not everyone on computer. Want to see my social worker/OT more. More communication required. I have hard of hearing, complex health problems but community Matron does not want to look after me. I feel devalued, put on scrap heap, need to be given more hours so I can go out with my carers as voluntary agencies have let me down. I would be concerned about a stranger living with me just prefer my carers visiting me.
- please re-educate lawyers (county council and social services) at very earliest opportunity that care home residence should be VERY LAST RESORT only once every other option has been explored.....whilst having NO experience of NYCC, decades of personal and professional experience elsewhere bear out that most local govt lawyers simply don't 'get' this vital point which will become even more vital once ECH is rolled out
- People move into extra care housing because they think there will be help when they need it, but if they call for help it takes a long time to come. They do not get the help they are promised.
- Try visit Plaxton Court housing
- If its needed I am gradually finding out its there
- As long as the care is constant
- What demand is there for extra care housing, this will depend on area by area and will have to be monitored carefully
- The prime need will be for continuity of care which is reliable, appropriate to need. The present day system is fragmented and driven by targets, time and costs. It is not customer centred or care focussed.
- North Yorkshire neglects it's elderly residents It leaves old ladies unsupported then bangs them in nursing homes Social workers do not help
- This document should have been sent out 3 or 4 months ago at least. Following the links and long email addresses is far too complicated
- Referrals from appropriate people. Not money-lead.
- It needs to provide joined up services GP/social services/all helping agencies
- Using telecare diminishes the quality of life - it is a cheap option to keep people safe but it does not mean that people talk to you
- ...from my limited experience there is a danger that over time and as residents health deteriorates, there is a danger that residents become increasingly unable to benefit from the facilities provided and have needs which stretch the limited resources and skills available and block places for others who might benefit more.

- ...Public awareness needs promoting, Introduce pilot scheme
- Elderly people living alone can have accidents therefore access to emergency facility would help...
- ...how many care entities could successfully be provided?
- I believe that people should stay in their own homes as long as possible with the right kind of support and care provided with an assessment of their need and links with other services provided. Communication with other professionals is important.
- It seems a good idea as long as it does not overload the infrastructure of local villages or houses built on green belt

**Question 11 - General Comments re Other models of accommodation**

- keep accommodation with care as local as possible
- Why build new? work with what we have and adapt. Children's nurseries housed in present elderly care homes. Dementia support groups meeting in libraries/cafes. Schools involved in local communities.
- Are you OLGA friendly
- Exercises in studying whether modern student accommodation buildings provide examples of how units for care accommodation could be designed / adapted may be useful. Could redundant church buildings be adapted and in part used?
- It might be constructive to recruit local volunteers in every community to offer support services to the elderly in the community.
- First option on sheltered accommodation to be offered to people who have lived in the area/village for more than 10 years.
- Legislation needed to ensure usage of underused buildings (e.g. above shops/developers buying but not using property)
- Plaxton Court at Scarborough is a good model.
- Re Homeshare above, good idea but lacking in detail. What happens to those who already live in a one bedroom flat or bungalow? How will this affect claims for housing benefit/Universal Credit and Council Tax Support? Will this have an impact on disability premiums paid to poorer disabled people? It sounds like 'care on the cheap' and not what the vast majority of disabled people want.
- Close your own antiquated, expensive care homes and invest more funds providing a better service with the private sector.
- How about social workers who listen to concerns and help get support in rather than leaving elderly to be abused by other older folk then when it all hits crisis dumping them in a home and walking away
- Individual accommodation in a safe building
- All these things are OK when 70s and 80s but by the time they are in their 90s they want looking after not ignoring
- As people age their needs change hence the need for the hub system which caters for a range i.e. from drop in provision, to end of life care

**Question 13 - General Comments about the strategy**

- MORE GROUND STAFF NEEDS TO BE EMPLOYED TO MAINTAIN SERVICES IN THE EXTRA CARE/COMMUNITY SERVICES.
- Full engagement with people needs to be done who may use these services in the future. Ask those who have needed the services of extra care homes and their experiences...learn from those already having knowledge.

- Make sure houses have 1 bedroom for council tax purposes - what happens if people need night care how will you deal with bedroom tax issues here? People should not be penalised financially because the council stock does not meet their needs. They either need flexibility to move to place that suits their needs and be rehoused if necessary within same community where they are settled or be exempt from things like bedroom tax
- My daughter was offered a place in a house sharing with another person plus twenty four hour care but it fell through (the care provider pulling out at the last minute) and nothing has been offered since. We are not desperate for her to leave but would like her to be settled whilst we are still alive.
- As a non-user at present, it is not easy to imagine what might be needed. We did require help some years ago for a disabled son, and nothing like this was available at that time. We had to buy a property, then adapt it at our own expense, before we could move in.
- I think help and advice for people wanting to move to a different area of the country (say to be nearer to family support) should be available. Offering for example transfer options.
- With regard to supported employment for young adults with disabilities this is an important issue. My concern is that two of my sons who have supported employment as part of their care packages have to pay for the privilege! I find this unacceptable - not only do they not get paid even minimum wage but they have to pay to work for whichever organisation they are with. Slavery is clearly not dead and they are paying for the opportunity to work for nothing.
- People should be vetted thoroughly before moving into an area where they might upset the current residents
- Why does there appear to be no involvement with the successful bidders for Whitby community services contract? Surely you need to be talking very seriously to these organisations?
- Working for an organisation which already provides an excellent independent living service for both its tenants and other vulnerable people living in the local area, I am pleased to see that these services are being recognised and continued to be supported and provided by the council. We are about preventing people having to access costly services, such as hospital admissions, emergency services etc. and supporting them to remain living independently in their own homes.
- Criteria for access is everything and the accessibility in volume terms.
- It is hoped you have a good response to this strategy - especially from people already using the various services
- To see areas where disabled, elderly or people with health and mobility problems live that the areas are kept well gritted
- Rather a broad policy/wish list. Glad though there is open consultation
- I work for an organisation which provides support to help older/vulnerable people live independent lives - this is all valuable to continue our work.
- The access roads, paths. Lighting, so elderly can walk in evenings and feel safe with pets in mind
- There needs to be more council houses and people who live in council houses who don't need to should be made to move out, my daughter has a serious heart condition and can't work her partner works to support her and their son but they are renting a house that is not right for her needs and the rent is massive. They have no chance of saving for a mortgage and can't get a council house as the point system won't allow it, something must change.
- Activities such as arts and health need to be funded
- ? question in future. 1) elderly and ?/disabled. 2) Younger disabled
- Not to reduce quickly and upset people. People need time to adjust/accept
- When my mother-in-law had dementia I had just retired but my husband, her son, was working. She became very upset and confused by the number of phone calls/visits she received from NYCC officials and yet these people would not speak to me because I was not next of kin/blood relative

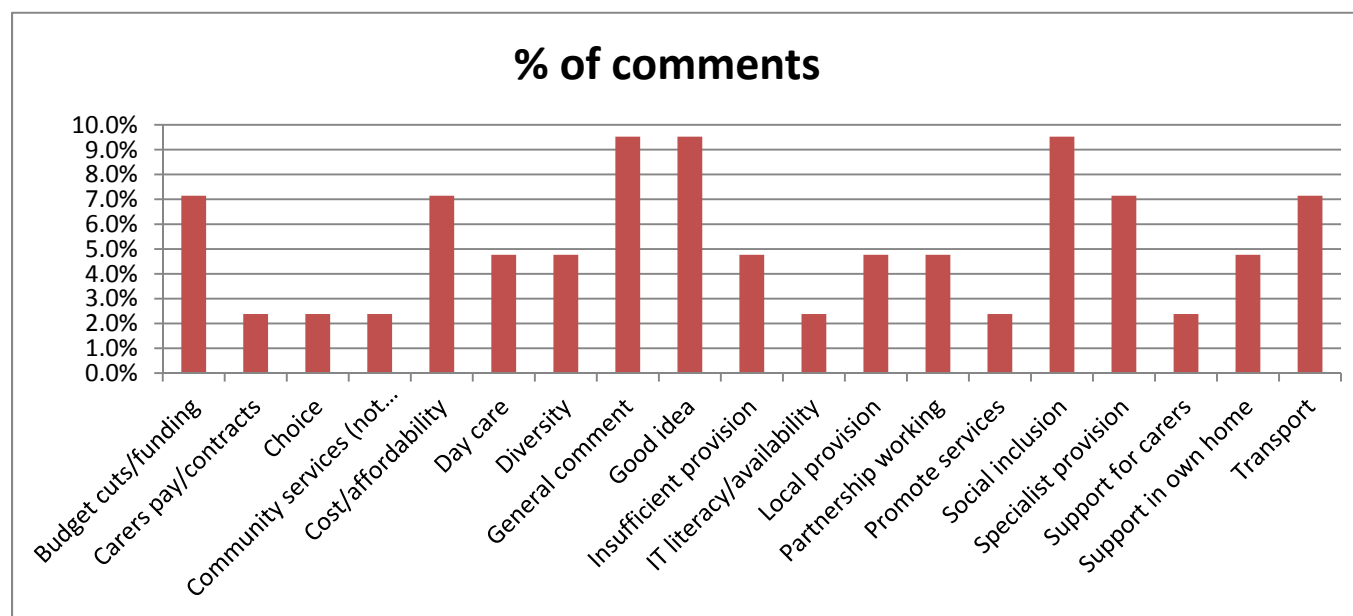
- This has been poorly advertised - suggest sizeable posters in High Street, shop windows - town hall and bus, doctors surgery, shop notice boards etc. instead of 2-3 lines in area newspaper not purchased by every household - if you want a public response let them know the your questions with plenty of time to reply
- ...Perhaps North Yorks ought to look at its finance department because its invoicing for services the Council provides is abysmal, there must be substantial sums outstanding to the Council for incompetent invoicing - irrespective of the computer system.
- I think the strategy is impressive and ambitious. Is it really affordable in the current economic climate. It also important to ensure that the community hubs and accommodation facilities are not too large and impersonal, so that they become isolated from the surrounding community.

DRAFT



**OTHER COMMENTS**

Comments about the strategy were received from stakeholders and points discussed at the ‘drop in events’ were noted and listed below. Whilst 9.5% of the comments were supportive of the strategy, the main themes raised by stakeholders reflected the concerns raised by those responding to the questionnaire i.e. social inclusion, cost/affordability, transport, budget cuts and the need for specialist provision. Stakeholders were also keen that partnership working should continue and be developed.



Budget cuts/funding	3	7.1%
Carers pay/contracts	1	2.4%
Choice	1	2.4%
Community services (not just in ECH)	1	2.4%
Cost/affordability	3	7.1%
Day care	2	4.8%
Diversity	2	4.8%
General comment	4	9.5%
Good idea	4	9.5%
Insufficient provision	2	4.8%
IT literacy/availability	1	2.4%
Local provision	2	4.8%
Partnership working	2	4.8%
Promote services	1	2.4%
Social inclusion	4	9.5%
Specialist provision	3	7.1%
Support for carers	1	2.4%
Support in own home	2	4.8%
Transport	3	7.1%

**Comments received via e-mail:**

Please note that Draughton Parish Council supports the strategy in principle.

I would like to provide a brief response from Housing and Care 21 to the 'Care and Support Where I Live' Consultation.

Firstly we welcome the scope and ambition of NYCC in launching this strategy, it recognised the changing economic and social environment in which people live. With regard to the ambitious plans for extra-care development I would like to submit the following comments.

Demand planning – we would like to work with NYCC and other providers to develop a tool and methodology to support local demand planning. It is essential that providers have good data and local market intelligence in order to predict future demand and develop proposals that address need and affordability. We need to have a good understanding of the right scale and tenure mix for each location.

Care Profile – we would like to work with NYCC to develop our approach to getting the right profile of residents care needs to achieve a sustainable mix of high, medium and low care needs. Experience shows that this has a significant impact on the well-being of residents and the ability of providers to create vibrant and active communities. It can have a significant impact on the viability of on-site services such as salons and restaurants and the utilisation of communal facilities.

Community Hub – whenever possible we would like our extra-care facilities to be an integral part of the communities we serve by providing a hub for other community services and activities. In order to achieve this we need to develop partnerships with a range of community organisation. We would like NYCC to actively facilitate and promote the community hub model by involving local community and voluntary groups in the early planning of schemes.

Specialist care – providing specialist support for people with dementia and mental health needs is essential if they are to live successfully in extra-care. We have experienced people with dementia being marginalised and stigmatised if they do not have the support needed to integrate into the community life in a scheme. We need to learn better ways of providing specialist support without creating 'care home' environments.

Flexi-care or well-being service – we would like to work with NYCC and other providers to develop an evidence base for good practice to demonstrate the value of well-being services. There is a risk that flexi-care services can be narrowly focused and be used to fill gaps in planned care. If this happens it would be an opportunity missed. Housing and Care 21 would like the opportunity to demonstrate that a well designed and commissioned well-being service can have a significant impact on a wide range of outcomes.

Technology – the continuous development of assistive technology is a great opportunity to support people to live well and independently in their own homes. We need to design platforms that will allow us to keep pace with new developments in order to maximise these opportunities. Sharing good practice and experience across the sector could be facilitated by NYCC by hosting regular conferences and market place events.

Thank you for the opportunity to respond to this consultation. (H&C21)

RDC response - I refer to your recent letter enclosing a copy of the above Strategy and inviting the Council's comments thereon, which we welcome.

As a Council and Housing Authority we broadly welcome the new strategy and its aspirations and our general comments/observations are set out below:-

- 1) There is bound to be a tension between the need for NYCC to make significant savings and the need to improve / enhance / re-shape housing and housing related support. These tensions appear to be “brushed over” and more commentary on how this tension will be managed would be useful.
- 2) Related to point one, the continued commitment to working with Districts / Boroughs is to be welcomed – extra care would not have been such a success without these partnerships. However, these partnerships cost money, a lot of money, so how can this be sustained in the context of reducing budgets? For example, is there a continued commitment, in general terms, for NYCC to gift or sell their assets at less than best value in order to make new housing schemes deliverable?
- 3) There is growing anecdotal evidence that extra care is becoming more expensive to end users. This issue needs to be dealt with head-on otherwise we run the risk of delivering more supported housing that people simply cannot afford to live in, particularly self-payers. The only real way to make housing costs affordable is to increase the subsidy that goes into the construction of housing schemes – however, this goes against the current trend to reduce upfront subsidy and let the benefit system “take the strain” (or not as the case may be).
- 4) The document makes specific reference to “securing nomination rights from providers” and we need more clarity around what this means. With extra care, for example, we have joint nomination arrangements between the district councils, NYCC and housing associations already in place which work well. Does this reference mean that NYCC wishes to strengthen their position in this respect? If so, this will create tensions in partnerships which need to be enhanced and not undermined.
- 5) There needs to be an acknowledgement that extra care is not necessarily a home for life. There will still be a need to residential / nursing provision where the needs of older people are very high. There is a danger that reduced investment in this area, if not handled carefully, will lead to significant problems in terms of greater, inappropriate reliance on acute health services.
- 6) This whole agenda is heavily reliant on improved working with health colleagues. All interested parties around the integration table are sending out the right messages but the jury is still out on whether there is genuine intent to share resources to make joined up services really happen.
- 7) Telecare and telehealth have a role to play moving forward but they need continued investment and clarity is needed around NYCC’s intentions in this respect.

PSI Partnership Board comments - Members of the Board said that they thought that accessible housing was very important, and that there was not enough of it available. This had an impact on the ability of people with physical impairments to live independently.

After reading your documents laying out plans for providing accommodation for Older people and people with complex needs. I am sure that it is already a done deal. Speaking as a pensioner

While the accommodation is modern and attractive and for those who have unsuitable housing it is attractive, most older people would much prefer not to be in a communal living group but the home they have chosen and improved to their own liking. I can however appreciate that some people may be lonely and benefit from the proximity to others and if a hot meal is available is a focal point as well as ensuring that they have the opportunity to eat well even if cooking is difficult or someone is feeling unwell. I have heard complaints about the huge costs of living there.

There is clearly a need for this provision but it cannot be the be all and end all.

In circumstances where someone is beginning to suffer from dementia a move to this sort of housing away from what is familiar will have serious adverse effects, and should never be suggested.

The best option is with a non-intrusive telecare package allow the person to remain in their long term home, with people around who will keep a discrete eye without being intrusive. allow them to function as long as possible without any move and when they do become a serious risk to themselves or others to move to a good residential care home which is safe and secure providing for people with dementia. Keep all options open.

Luttons Parish Council considered your consultation document at their bimonthly meeting on 18th November; Council have asked me to forward their comments.

There is an understandable emphasis on major towns, including Malton, but little consideration of the rural communities, in a county with a high proportion of rural area.

Whilst the creation of community hubs is seen as key to supporting the elderly in the community, there was no consideration of public or volunteer transport to provide access.

Broadband is to be employed to provide information and monitoring in the home, but there was no mention of IT literacy amongst the elderly or the affordability/availability of broadband to the elderly, particularly in rural areas.

Council thanks you for the opportunity to consider the strategy.

I read the 'Care & Support Where I live' Consultation document with interest, and would like to submit the following comments:

As a charity providing 'hospice at home' services to people in Hambleton & Richmondshire for the past 22 years, we welcome the proposals to enhance independence and choice for local residents, and see the move to increase the provision of 'Extra Care' accommodation as very positive.

We believe that the proposals should give additional consideration to the need to ensure high quality support for those affected by life-limiting illness and who wish to remain at home (whether that be council-run or otherwise) for as long as possible, including provision for them to die at home, if that is their choice.

Whilst we understand the rationale and potential cost-savings involved in the move to contract with a smaller number of home care providers, we are concerned that this may preclude the opportunity for high quality, small-scale 'specialist' providers like ourselves to provide services which sit 'between' the NHS and social care, but which enhance the quality of life of those with life-limiting illness, and enable them to remain at home for much longer than would otherwise be the case.

We would welcome the opportunity to work with the Council in exploring how 'hospice at home' provision might be extended to/delivered in Extra Care Schemes across North Yorkshire. Herriot Hospice.

### **Extract from Hambleton over Fifties Forum Newsletter – September 2014 edition**

Since the forum began some 15 years ago it has tried to be a voice for older people and to work for improvement for older people in the area. We have had some small successes over the years and provided local service providers with a means of ensuring that they could say they have been consulted. Have things improved?

The answer is NO. Austerity has had and is having a big effect on older people and despite consultations the bad news keeps coming. Changes to Social Care, Public transport, Health services have been proposed, we have challenged the policies and yet they have all been pushed through usually on the grounds of safety and more recently on the grounds of saving money.

We have a social care system that will only support people financially when their health is so bad they are unable to get to the toilet without help.

We have a public transport system that does not serve a rural population and cannot even deliver people to doctors' surgeries.

We no longer have sheltered housing as wardens are now mobile and deal with people wherever they live but the sheltered site purpose built meeting rooms are now under threat.

Extra Care is now seen as the new way forward but who can afford it? Many who moved in on the promise of their health needs being met as they declined are finding that they have to pay for the care as they do not qualify for Adult and Community Care help and those that cannot afford the help....?

The new strategy of building more Extra Care Homes and making them a local hub for services may well work in a village setting but in a town, unless the building is centrally placed people will not be able to access the services offered due to poor transport links. Are the Extra Care Homes going to be full of people who do qualify for Social Care help and therefore will these homes become the very care homes/ high dependency units that NYCC are planning to close? Is Extra Care suitable for someone who needs a high level of care and support?

What about the rest of us? No sheltered housing to go to. So we live in our own homes supported, if we qualify or can afford to pay, by Telecare, Social Care providers and isolated, probably lonely. Homeshare is also raised as an option.

The only care homes will be independent ones of varying quality and unaffordable to most who will be offered one choice Extra Care Homes. Do Extra Care Homes work with a Dementia Section? The jury is still out on that one. This is a personal opinion and you may disagree but please respond to the consultation.

### **Comments received from drop in events:**

I really like the idea of extra care housing and people staying independent. However, it's really important that people still have access to things in the community and not just in the extra care complex.

You need to promote Ask Sara – have leaflets that can be distributed.

Really concerned about zero hour contracts and low pay for carers – there are good carers but they can't afford to pay their rent etc.

It's very important to make sure elderly people still have plenty of things to do and can meet other people. Carers need more support as well.

Here are some positive views I've been lucky enough to pick up from experts. Day care (daily, a few times per week or weekly) can enable elders and less able clients stay at home. Recall guidance timely day care support may help prevent the need for residential care.

- 1) Hotel/friendly 'club' atmosphere ambience for day centres can be helpful. Personal details/family preferences considered
- 2) Personal touches e.g. decorated cups etc.
- 3) Relative involvement – relatives encouraged not just at set times – to help, visit, etc. Relatives' discussion groups
- 4) 'Skill maintenance' group activity
  - o Simple healthy fayre
  - o Budget work
  - o Dealing with benefits
  - o Crafts/cards for celebrations (just for e.g.)
- 5) Valuing activities
  - o Group discussion – consultation – where would clients like to go for trips/which visiting speaker or talker would you like for discussion activities?
- 6) Special treats (they've worked so hard!)
  - o E.g. pie and peas – old films
  - o Pampering sessions
  - o Trips
- 7) Small coffee bar area/magazines and books
- 8) VIP – cater for those from various groups with challenges so requiring care e.g. (elderly and sick and minority religions) Consult with community leaders/training staff in cultural aspects (e.g. NYCC booklet) Make all feel welcome and included.

Special attention for elders of people of different backgrounds.

Consultation with local experts/NYCC booklet is really good.

Catering important

Sensitive allocations near to relatives who are close and supportive

A lot of people don't want to move out of their local community, which means currently they have to move to the nearest extra care, which might not be as local – especially in the Dales.

Issues in Richmond: Waiting list for Greyfriars – concerns that have to have extensive needs before considered for extra care.

- Loss of both Lyle Close and Richmond House – created an issue in terms of capacity.
- No day service facility – which is a loss/need. Impact on social interaction when have high level of needs.

Negative experience of people moving to Deansfield – distress having to make own decisions again

People feeling more isolated in the village as bus services have been cut

Wonderful idea (independent in own homes) but don't think there is the money at the moment to provide the services.

**Care & Support Where I Live Consultation. In–House Older People’s Homes Summary 17/11/14.**

Q1 Do you think it is a good idea to have more extra care housing for older people as shown in the film?

Q2 If the council agreed a new plan the result would be to have more Extra Care Housing for older people and less homes is this a good idea/ bad idea?

Q3 if ever you were asked to move to a place like the one in the film would you want to?

Name of Home	Date of Meeting	No of Residents	Q1 Yes	Q1 No	Q1 no concrete opinion	Q2 Good Idea	Q2 Bad Idea	Q2 No concrete Opinion	Q3 Yes	Q3 No	Q3 no concrete opinion
1, Larpool	5.11.14	17	4	3	10	4	3	10	-	10	7
5 Whitby Road	22.10.14	9	3	-	6	3	-	6	-	6	3
Ashfield Malton	22.10.14	11	-	6	5	-	6	5	-	6	5
Silver Birches	27.10.14	11	2	-	9	2	-	9	-	6	5
Carentan Hse	7.11.14	5	1	-	4	1	-	4	-	3	2
Benkhill Lodge	25.9.14	11	3	-	8	3	-	8	-	5	6
Ashfield Skipton	28.10.14	10	6	-	4	6	-	4	-	5	5
Neville House	28.10.14	14	6	8	-	6	8	-	1 possible	8	5
Southfield Garth	20.10.14	5	3	-	2	3	-	2	2	3	-
Woodfield (Is/staff)	9.11.14	7	-	4	3	-	4	3	-	4	3
<b>Total</b>		100	<b>28</b>	<b>21</b>	<b>51</b>	<b>28</b>	<b>21</b>	<b>51</b>	<b>3</b>	<b>56</b>	<b>41</b>
<b>%</b>		100%	28%	21%	51%	28%	21%	51%	3%	56%	41%

N.B: Brentwood & Braeburn no residents meetings as an active extra care housing project.

101Prospect Mount Road / Station View no permanent residents (other than Willow unit at 101) so not included in this consultation.

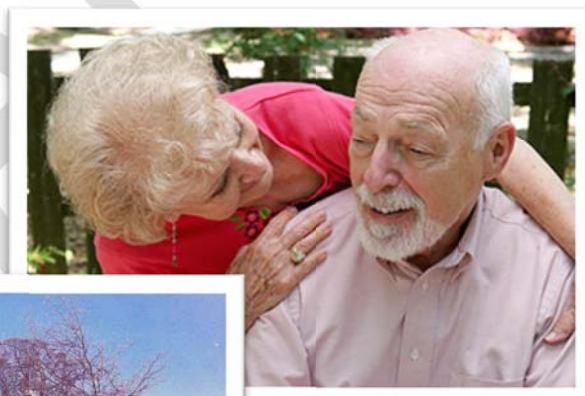
**Selection of representative residents comments during consultation events**

- It looks smart – looks like a nice place
- The DVD was good
- Is it too expensive, is care 'all in' the price
- I have everything I need here, what more could I ask for
- It sounds a good idea for those not already in a residential home who move straight from home
- I have been encouraged to cook, but I feel it has been years since I did and I am still thinking about it
- I would like to go out every day but need to go in wheelchair friendly transport, which costs too much
- I do not want things to change, I pay to be here and do not feel I should do more without a reduction in what I pay
- Wouldn't want to be alone, like company.
- A bit late in the day for me, very much for the future.
- A good idea but you need to be younger to appreciate it.
- Like the idea of it.
- Don't like the idea as likes people around all the time
- Would worry, would be on my own.
- Happy at present and knows everyone & would not want to go back to being alone.
- Like the company of others in the sitting room & would not want to have to go to a larger communal area to be in company.
- People in the DVD were a lot younger & more able, do not feel the extra care housing would be suitable.



# Health and Adult Services

## 2020 North Yorkshire Care and Support Where I Live Strategy



## Foreword

People in North Yorkshire have told us that they want to live independent, healthy and fulfilling lives, based on choices that are important to them. This Care and Support Where I Live Strategy represents a significant part of the Council's vision to meet people's needs now and into the future.

Based on the Council's Our Future Lives Policy, between 2003 and the end of 2015, the Council will have supported the building of twenty specialist developments, known as extra care housing, providing 949 apartments and bungalows and five new supported living schemes providing 24 apartments with housing support for adults, mainly younger people with a learning disability.

There is however, more to do.

Whilst this programme has been successful, the Council is now planning ahead so that we can respond to the increasing number of people who need care and support where they live along with the increasing number of people who need specialist support, such as those people living with dementia. We know from the experience of the existing extra care housing schemes that they are popular with people and that developing more extra care housing is the right thing to do. The development of more extra care housing will also assist the Council with the challenging financial climate.

We understand that people's health and wellbeing is best met in their own homes and from within their own communities and the extra care housing programme has supported this so far but in this Strategy we set out what will be new in the future.

The Council will build on the success of the extra care programme to make more solutions available for delivering accommodation with care and support for a wider range of people, and for making a major contribution to the vitality of towns and villages across the County.

The Council proposes to roll out extra care housing in every major town in North Yorkshire and will accelerate its plans to develop services and support by working with partners to deliver accommodation and services which will help people stay more independent and be part of their local communities for longer.

Together we will ensure that people are able to get care and support where they live, when they need it, and that our future investment makes a difference to individuals and communities across North Yorkshire.



**Councillor Clare Wood**  
**Executive Member, Adult Social Care and Health**  
**Integration**  
**North Yorkshire County Council**

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## Executive Summary

This Strategy sets out proposals for how Health and Adult Services will transform services to ensure people can remain safe and independent in their own homes, improve the amount and quality of accommodation with care and support across the County by 2020 and meet financial savings.

The Strategy replaces the Council's Our Future Lives Policy which is now out of date and also reflects that:-

- The economic circumstances have changed
- We have reviewed our current extra care housing programme and want to change what's offered so that, in particular, we are better placed to meet the needs of people living with dementia and the changing aspirations of the wider population
- We want to ensure that extra care housing schemes are able to meet the requirements of future generations and that they play a pivotal role at the heart of the community in ensuring that North Yorkshire towns and villages are active, thriving and stronger places in which to live
- We want to roll out more extra care housing schemes across all the major towns and locations within the County
- We want to develop our approach beyond extra care housing to include supported living and other models of accommodation with care and support which keep more people independent and well
- Where practicable, we will replace the Council's remaining Elderly Persons' Homes with extra care housing schemes

The Strategy is an ambitious set of proposals and we wanted to hear people's views. We held a public consultation about this strategy between August and November 2014. We have looked at the responses to produce a final Strategy for consideration by the Council's Executive.

In general people have been very supportive of our proposals, and we are not making any major changes to the strategy.

However the consultation has shown that there are some areas where people and partners have concerns about how we will be able to achieve our objectives. These concerns will inform our work going forward:

- Ensuring extra care remains affordable – both for individuals and for organisations
- Making sure the care and support model can meet increasing needs, and the likely need for quality care homes to remain a choice for some people, alongside extra care
- Developing the community offer, and particularly ensuring people can access the opportunities offered in extra care by addressing location and transport issues.
- Working closely with partners in health, housing and the voluntary sector to make best use of our resources, assets and expertise.

There were still some uncertainties about the aim of replacing our care homes with new extra care schemes, but over half of those responding support the proposal. We recognise the level of support is lower amongst current residents of care homes and we will consult further on each specific proposal:

- We will carry out a consultation with the residents, people using services, relatives and staff at any of the Council's Elderly Person's Homes at the time when an extra care housing opportunity is available
- As part of the planning process, local planning authorities will consult with the public about any new development proposals

Once it has been approved by the North Yorkshire County Council Executive, this Strategy will then underpin our future plans for the provision of care and support where people live.

## **1.0 About this Strategy**

This strategy sets out the Council's proposed approach to the future provision of care and support where you live, including ensuring that extra care schemes play a role at the heart of the community in key locations where people can go for advice and support and to be able to use facilities and services.

It is for:-

1. People who use services and their carers
2. Council staff delivering those services
3. People who are thinking about their next accommodation move
4. Organisations who provide services to people
5. Elected Members, the wider Council, partner agencies and the public

## 2.0 Our Vision for 2020

2020 North Yorkshire is the vision and approach of the Council that will result in a changed and modernised Council.

Within Health and Adult Services there are several reasons why we need to change how we work:

- People's changing expectations about what they need, and how they want to live their lives
- The growing number of older people in North Yorkshire – by 2020 nearly a quarter of residents will be over 65
- An increase of over 8,000 people who have a limiting long-term illness
- The number of people predicted to be living with dementia will increase by more than 20% by 2020
- The availability of new technology that can help us to work more quickly and efficiently
- Changes in national social care policy, including the Care Act, the biggest change to social care law in over 60 years
- The national deficit reduction programme which has resulted in the Council needing to save £74 million by 2020, of which £21.5 million will need to be met by Health and Adult Services

Within the Council's Health and Adult Services Directorate the 2020 vision is designed so that:

### ***People in North Yorkshire will live longer, healthier, independent lives***

- The Council will be recognised by our partners, and people who use support, as an innovative and effective leader, working collaboratively with a wide range of partners and local communities to deliver better results for people, and value for money
- Support will be centred on the needs of people and their carers, so they are able to take control of their health and independence

- Good public health services and social care that improve people's daily lives will be available across our different communities
- Everyone will have a responsibility to keep vulnerable people safe, with individuals, organisations and the wider community all having a part to play in preventing, identifying and reporting neglect or abuse

Due to the savings being made as part of the national deficit reduction programme, we will need to think differently, and work differently with the people of North Yorkshire and our partners.

How we work will reflect the changes taking place across the Council as part of the 2020 North Yorkshire programme to look at how services are delivered. We will be working closely with our partners to provide a quicker response and better results for people, these include:

- Being clear about our priorities, and what we are able to provide
- Being clear about what we want to achieve
- Making the most of our strengths, including our committed staff

These changes mean that Health and Adult Services will focus more of our efforts on:

- Prevention – for example, investing in locally-based services and activities that mean people can continue to live independently in their communities, close to family or friends
- Resolution - for example, our Customer Resolution Centre will offer advice, information and support that means people have the help they need to resolve their concerns at an early stage
- Support – for example people have more choice and control over the support to meet their social care needs
- Commissioning (arranging and buying services from external organisations) – for example, home care services to help people live independently at home
- Digital by default – for example, encouraging people to contact us through the website and our staff using more technology



The Council will continue to undertake assessment and care management services through its own staff. However, it will not necessarily be a direct provider of services such as care homes, day services and short breaks services. We will look for opportunities in the community and other sectors to run and develop these services, including alternative models of staff mutuals and community ownership, but may continue to provide some services ourselves.

Within the 2020 Vision there are four key themes that will help us to deliver our objectives. These themes will direct the changes that we will make by 2020:

- A distinctive Public Health agenda for North Yorkshire
- Independence – with support when I need it
- Care and Support Where I Live
- Better value for money

In Health and Adult Services there will be the implementation of a new operating model across the service, with a particular focus in the following areas:

- Investment in prevention and community services to reduce demand
- Reviewing and developing the current START (Short-Term Assessment and Re-ablement) service to provide a more comprehensive service with a greater emphasis around rehabilitation
- Develop more extra care schemes across the County to enable the Council to move away from its own residential provision and help enable older people to live within the community with reduced support packages of care
- To develop and implement models of integrated working between social care and health

This Strategy focuses on how we can help older people live within the community for longer with the appropriate support.

### 3.0 Care and Support Where I Live

Choosing where you live has a huge impact on your quality of life, and having well-designed supported accommodation is an important part of the Council being able to deliver our 2020 vision. We know that people want more choice and control over their support, particularly when this is over a longer period of time. This might be when they are living at home, or in other accommodation with support. A range of services such as care homes and home care will be provided by others or directly by the Council where it is practicable to do so.

By 2020 we will have:

- Developed local accommodation, services and activities that mean that people are safe and can live independently at home for as long as possible
- Improved the way people can choose, buy and fit equipment and Telecare so that more people can live independently at home
- Expanded the number of extra care housing schemes across the County and developed community hubs in some of these schemes
- Explored different models of accommodation, such as Homeshare, to see if they might be beneficial for some North Yorkshire residents
- Increased the availability and choice of accommodation and services for people with:
  - complex needs
  - mental health issues
  - learning disabilities
  - physical disabilities
  - sensory impairment
  - autism
  - young people with disabilities moving from childhood into adulthood
  - age-related frailty and disability
- Established a regular basis for involving people who use these services now, or in the future, including people already living in extra care housing, in having their say about services

In order to make sure that this specialist accommodation is prioritised for North Yorkshire people who rely on the Council for support and to ensure the Council gets best value for its investment, the Council will secure nomination rights from the providers that own and manage the accommodation and we will improve upon the current process and ensure that we can refer people to an apartment every time it becomes available.

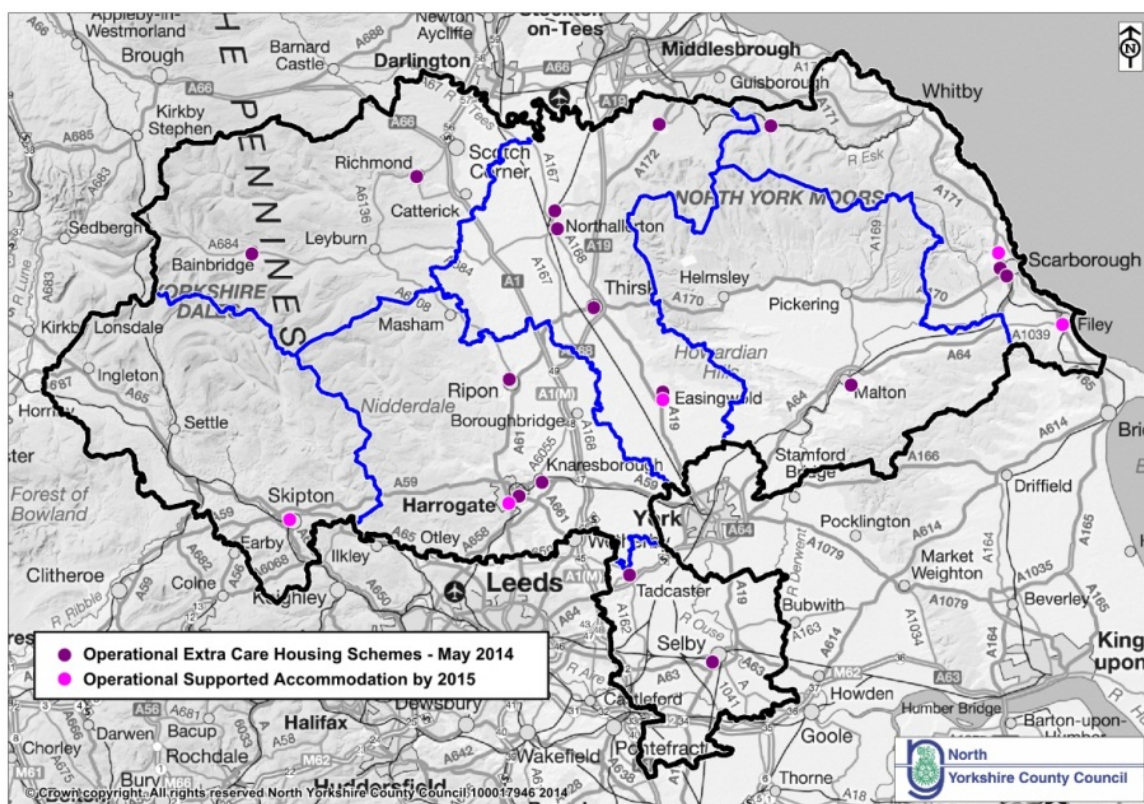
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## 4.0 What we do now

In the past, the Council had relied on the use of traditional models of residential care but it is now our policy to help people maximise their potential for independence through the accommodation in which they live.

Research shows that the majority of people would rather stay in a home of their own and have choice and control over their care and/or support needs.

Between 2003 and the end of 2015, the Council will have supported the building of twenty specialist developments, known as extra care housing, providing 949 apartments and bungalows which will have replaced fourteen of the Council's Elderly Persons' Homes. In addition there will be five new Supported Living Schemes that the Council has worked with providers to develop, providing 24 apartments with housing support to adults, mainly younger people with a learning disability.



At the time this Strategy is being published (August 2014), there are sixteen extra care housing schemes in management across the County, providing 662 apartments providing accommodation with care and support to adults, mainly older people.

The development of extra care housing and the increasing use of services that help people to maintain their independence has already been successful in reducing the number of people that have needed to go into a care home in North Yorkshire.

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## **5.0 Why we need to change**

### **5.1 North Yorkshire context**

The Council is working to support people to live in their own homes and maximise their independence for as long as possible.

This is what people tell us they want and the Council supports this view.

The Council is committed to ensuring that high-quality sustainable accommodation with care and support is available across North Yorkshire for older and vulnerable people. The statutory responsibility for providing housing sits with the District and Borough Councils and the Council will work with them to ensure that specialist housing to rent and buy, with care and support that is appropriate to people's needs will be available across the County. This applies to older people, including those with a physical disability, age-related frailty and those living with dementia and to younger people who need some level of care and/or support such as people with a learning disability, autism, a physical disability, a sensory impairment, mental health issues and other, more complex needs.

On their own, traditional models of residential living will no longer meet the changing expectations of adults across the County or the Council's vision of promoting independence and choice.

The numbers of people needing care and support where they live will increase substantially between now and 2020<sup>1</sup> and beyond and so the Council needs to increase the development of modern, fit for purpose accommodation with care across all areas of the County so that people have choices about the accommodation that will be available to them. This provision must support the needs of the next generation of people who will need care and support where they live. This generation of people will be demanding in their expectations for the accommodation they will require.

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<sup>1</sup> North Yorkshire County Council Housing Needs Analysis 2010  
[http://www.northyorks.gov.uk/media/11269/Housing-needs-analysis---accommodation-with-care-2010/pdf/Housing\\_Needs\\_Analysis\\_-\\_Accommodation\\_with\\_Care.pdf](http://www.northyorks.gov.uk/media/11269/Housing-needs-analysis---accommodation-with-care-2010/pdf/Housing_Needs_Analysis_-_Accommodation_with_Care.pdf)

Due to reductions in Government funding, the Council has had to cut its spending by £94m over the last four years and it anticipates having to reduce its budgets by an additional £74m over the next four years. All Directorates within the Council are required to make significant savings. Health and Adult Services has drawn up proposals to save an additional £21.5m in the period 2015-2020. This will see the implementation of a new model for Health and Adult Services working with the NHS and other partners, including local communities.

The Council will develop services which are fit for the digital age. It will promote self-help and independence and focus on prevention, re-ablement and giving control to people, creating new models of accommodation and services for all ages and needs, providing Telecare and assistive technology solutions to enable people to stay at home and provide online self-help solutions that people can access so that they can retain control and independence.

The Council will focus its limited resources on accommodation, care and support services that are more in line with people's expectations and wishes. This work includes reviewing the provision of short-term breaks and respite care, intermediate care in partnership with the NHS and day support services. It will also consider how additional benefits linked to an extra care scheme or other accommodation can be secured for communities such as improving transport, information and advice services, supported employment, supporting the wider use of technology such as Telecare and Telehealth. It will also develop services such as home care where they do not exist by taking advantage of the services provided in an extra care housing scheme and offering them to people living around the scheme.

Evidence<sup>2</sup> says that extra care housing, rather than residential care can offer the dual benefit of improved outcomes for people as well as a better financial position.

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<sup>2</sup> Kneale D (2011). Establishing the extra in extra care housing. Perspectives from three extra care Housing Providers, ILC UK

The Council has been working with people who have had to move out of the County to find the right accommodation and support to meet their needs so that they can return to live independently in their local community. This includes people with a physical disability, learning disability, mental health issues or more complex needs who have specific accommodation requirements that the Council was unable to provide at the time they needed them. Development of more accommodation with support, especially the specialist services, will enable more people to more quickly return to be nearer their families and friends and their informal support networks.

## **5.2 National context**

The Dilnot Commission on Social Care<sup>3</sup> found that the current social care system is widely regarded as inadequate, unfair and unsustainable. Under the current means-testing arrangements, anyone with assets of more than £23,250 must pay the full cost of their care. This leaves 1 in 10 people over 65 facing costs of more than £100,000. Eligibility criteria for Council-funded services mean that in most areas, including North Yorkshire, only those people with critical and substantial care needs qualify for support and financial help. Increasing demand for services and the national requirement to make savings as part of the deficit reduction programme mean the Council will provide services primarily to people with very high needs. This means that more affordable solutions need to be found for people who will self-fund, or whose needs are less intensive.

The 'Caring for our Future' White Paper<sup>4</sup> published in July 2012 set out the Government's vision for a reformed care and support system in response to the Dilnot review. In May 2014 the Care Act<sup>5</sup> was passed into law, representing the most significant change to adult social care legislation in over 60 years. The Act introduces fundamental reforms to the law on adult social care, the funding system, the duties of local authorities and the rights of people who need social care and their carers and has significant implications for local authorities, both

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<sup>3</sup> <http://www.dilnotcommission.dh.gov.uk/our-report/>

<sup>4</sup> <https://www.gov.uk/government/publications/caring-for-our-future-reforming-care-and-support>

<sup>5</sup> <http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>



financially and on their working practices. It is the law that will most shape social care practice, and a key element is that people should have choice and control over how their needs are met, including where they live.

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## 6.0 What people have told us

We consulted with the public on the Draft Strategy for a period of 12 weeks, starting on 18<sup>th</sup> August 2014. This consultation provided a number of different ways that people could tell us what they think.

Various media sources were used to promote the strategy:

- local newspapers
- local radio stations
- e-newsletters
- social media
- direct email/letter to local organisations requesting their participation and feedback.

Questionnaires were available on line, posted to ....., and made available through voluntary sector groups

A series of 'drop in' events were held in local libraries with up to 35 people attending each event

Staff have attended meetings and events held by partner and voluntary sector organisations in order to promote the consultation e.g. information stands at Ham/Rich/Whitby CCG's AGM held in Richmond and at Age UK's over 50's event in Bedale.

Responses were received from residents in all 7 Districts, all age groups were represented and replies to all 4 types of questionnaire (on-line, standard paper version, large print and easy read) have been received indicating that all client groups were able to consider the consultation questions.

It is clear that most people still want to be able to stay in their own homes rather than have to move.

The response to a question about what is the most important to help people stay in their own homes indicated that the top choices for most people were:

- Good quality home care services,
- Help to adapt your home if you start to have difficulties
- Access to good quality information and advice

- Telecare and equipment to help you stay safe in your own home.

A choice of accommodation with support to rent or buy and handyperson services to help you maintain your home were ranked lowest of the seven options provided.

However 89% agreed with our ambition to roll out extra care housing to every major town in the County 6% of people stating no and 5% who didn't know.

The response to our aim to replace the remaining County Council owned Elderly Persons Homes with extra care housing was supported by 59% of respondents. 22% disagreed and 19% did not know. The responses from those currently living in our residential care homes showed higher levels of uncertainty with 51% having no concrete opinion on the proposal to develop more schemes. 56% of those currently living in the County's care homes said they would not want to move to an extra care scheme and 41% said they had no concrete opinion.

There were a range of services that people would like to see developed or supported through extra care, the most popular were:

- GP and pharmacy services
- Lunch clubs or cafes
- Community activities

Access to Community transport, social activities hand information and advice were the services people most wanted to be able to access from a community hub

Far fewer people who responded to the consultation were aware of Home Share as an option - 25% replied they had heard of Homeshare compared to 73% of people stating they hadn't and 2% who didn't know. Although the level of awareness was low 18% replied they would consider using Homeshare for themselves or a relative.

74% of respondents agreed we should also develop housing options for younger people with complex needs, compared to 7% of people who disagreed and 19% who didn't know.

In addition to the answers to our questions we received a number of comments from individuals and partners. These were varied and the following offers a summary of some of the key themes:

- Concerns about reducing budgets and funding
- Concern about affordability for residents
- The need for responsive and reliable support, especially as people's needs change
- The importance of social interactions, including the impact of public and community transport reductions
- Particular challenges in smaller rural communities
- The balance between being a community hub, allowing residents privacy and encouraging other activities in the wider community
- Understanding local need and demand
- The importance of home care and the need for specialist support both in the community and in care homes
- Diversity and minority needs

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## **7.0 What we will do in the future**

The following are the Council's proposals for how it can assist people to get care and support where they live.

### **7.1 Develop local accommodation, services and activities that mean that people are safe and can live independently at home for as long as possible**

#### **7.1.1 People's Existing Homes**

The Council is aware that most people wish to remain in their existing own home for as long as they can. We will support this aspiration by providing information and guidance so that people can access accommodation, support and services that will assist them to remain independent at home.

#### **7.1.2 New Housing Developments**

There are ambitious plans over the next ten years to build 2,000 homes every year across North Yorkshire, with seven locations where there will be over 1,000 new homes built. The Council wants to make sure by working with the District and Borough Councils that new houses which are built in these communities recognise and respond to the aspirations and needs of older and more vulnerable people.

#### **7.1.3 Home Improvement Agencies and Handyperson Services**

Home Improvement Agencies and Handyperson services can help you to live independently, safely and comfortably at home.

The Council, in partnership with the District and Borough Councils, offers home improvement and handyperson services across North Yorkshire. These services can help with maintenance and odd jobs such as fitting light bulbs, putting up curtain rails and all those little jobs that can make a big difference to ensure you feel safe and independent. They also offer support with larger projects such as making your bathroom accessible and can help you to apply for Disabled Facilities Grants which is funding available from local authorities to help you adapt your home. They can also help you find other sources of funding to help pay for adaptations.

Advice will be available to help with:

- Identifying potential hazards
- Falls prevention
- Fire safety
- Crime prevention
- Energy efficiency and reducing fuel bills

The Council will continue to ensure that these services are available for older and vulnerable people and also want to make them more available to people who can pay for the work themselves and who want a trusted organisation to carry out work in their properties. We also want to offer volunteer opportunities within the Home Improvement Agencies to people who can offer practical skills to their neighbours and local communities.

#### **7.1.4 Home Care**

The Council is working with care organisations to make sure you can access home care and have a range of organisations to choose from to deliver that care. We are looking to have a smaller number of home care organisations who will work closely with you and the Council. This will ensure care is of a high quality but is also delivered in a personal and flexible way. We will also make sure that intensive support services are available to you after a period of illness or if you have become disabled.

#### **7.1.5 Considering which Option is the Best for You**

We recognise that it is difficult deciding what to do for the best when you have to think about where to live in the future. The Council will work with you and ensure that advice, information and guidance is available where possible that assists you to make informed choices about what accommodation, care and support you need.

## 7.2 Improve the way people can choose, buy and fit equipment and Telecare so that more people can live independently at home

### 7.2.1 Telecare Equipment

Telecare helps people feel safe at home and provides reassurance that help can be called in an emergency.

Equipment is provided to support the individual in their home and tailored to meet their needs. It can be as simple as the basic community alarm service, able to respond in an emergency and provide regular contact by telephone. It can include detectors for example for fire and gas or monitors such as motion or falls that trigger a warning to a response centre staffed 24 hours a day, 365 days a year with further links to other support services, including carers.



We will take advantage of developments in digital technology so that people can access a range of equipment and technology that will support their needs. In the future, this may include robotic technology.



### 6.2.2 Telehealth

The Council will work with GPs and other health bodies to provide Telehealth which is a range of equipment that can monitor people's temperature and blood pressure as well as consultations with nurses and doctors through a television screen.


### 7.2.3 AskSara

This is a system on the Council's webpage that takes you through a set of questions that helps you decide which equipment will best support you at home. This may include grab rails and walking aids amongst others.

## 7.3 Expand the number of extra-care housing schemes across the County and develop community hubs in some of these schemes

### 7.3.1 More Extra Care Housing

Extra care housing is now a rapidly growing sector of the housing and care market. This model of housing and care can offer everything



"We don't think of it as somewhere that old people live, we think of it as home"

Robert, a tenant in an extra care housing scheme in Selby

traditional residential care does in terms of on-site care provision but considerably more in respect of accommodation standards, community involvement and individual wellbeing. The Council has managed a very successful programme of extra care development across the County which has given many people the chance to live in their own home with care and support when they

otherwise may have had to move into a care home. This Strategy marks a turning point for future extra care housing schemes to do even more to help people who need support to live independently but also to help people that live in the communities around the schemes.

Extra care housing is built to high standards providing a solution that enables older people and vulnerable adults to live in their own home where they decide how long they stay (because they have a tenancy to rent an apartment or a lease to buy an apartment), control over their finances and choice over who comes into their home to help them with their own care and support needs.

The Council will make sure that these schemes are protected for North Yorkshire people first. We will be able to put forward the names of people who would benefit from living in the schemes so that they can



live in their own home that has been specially designed to support their needs with the right care and support for them.

The existing extra care housing schemes already support people who are living with dementia but we know that in the future there will be more people living with dementia. We also know that people want to be able to stay in their own homes for as long as possible after their dementia has been diagnosed, only moving into extra care housing once they are no longer able to stay in their own home.

There are three extra care housing schemes currently being built which are designed to support people living with dementia and we will learn lessons from how well these new designs work. We need to make sure that all future extra care housing schemes can support people living with dementia at every stage of their condition and to avoid unnecessary moves onto more specialist, often institutional, accommodation at a later stage. The accommodation is only one part of the answer as the care and support service must be tailored to meet people's individual needs. We will need to make sure that care staff get to know the particular needs, likes and dislikes of each person so that they can support them to continue their normal lifestyles and behaviours.

Well-designed and well-built accommodation with care and support brings wider benefits such as ensuring affordable warmth, providing an appropriate design solution for people living with a disability or long-term condition and support the principle of 'good housing, good health'<sup>6</sup>.

The emphasis on good quality design has always been at the forefront of the Council's extra care housing delivery programme. The Council's 'Accommodation with Care Design and Ethos Guide' sets out the minimum design standards expected. It is recognised that each building is someone's home and not just a place to provide care. Each scheme will be future-proofed to allow for changing needs and priorities. The design of the internal layout of each apartment will be flexible to allow for the changing care and support needs of individual residents and to

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<sup>6</sup> UK Chartered Institute of Environmental Health 2008 Good Housing Leads to Good Health. A toolkit for Environmental Health Practitioners.

maximise their ability to continue to receive care and support at home. Schemes need to be seen as community assets which allow residents to continue to meet with local people but also enable them to feel their home is secure and private.



Sunnyfield Lodge Extra Care Housing Scheme, Ripon

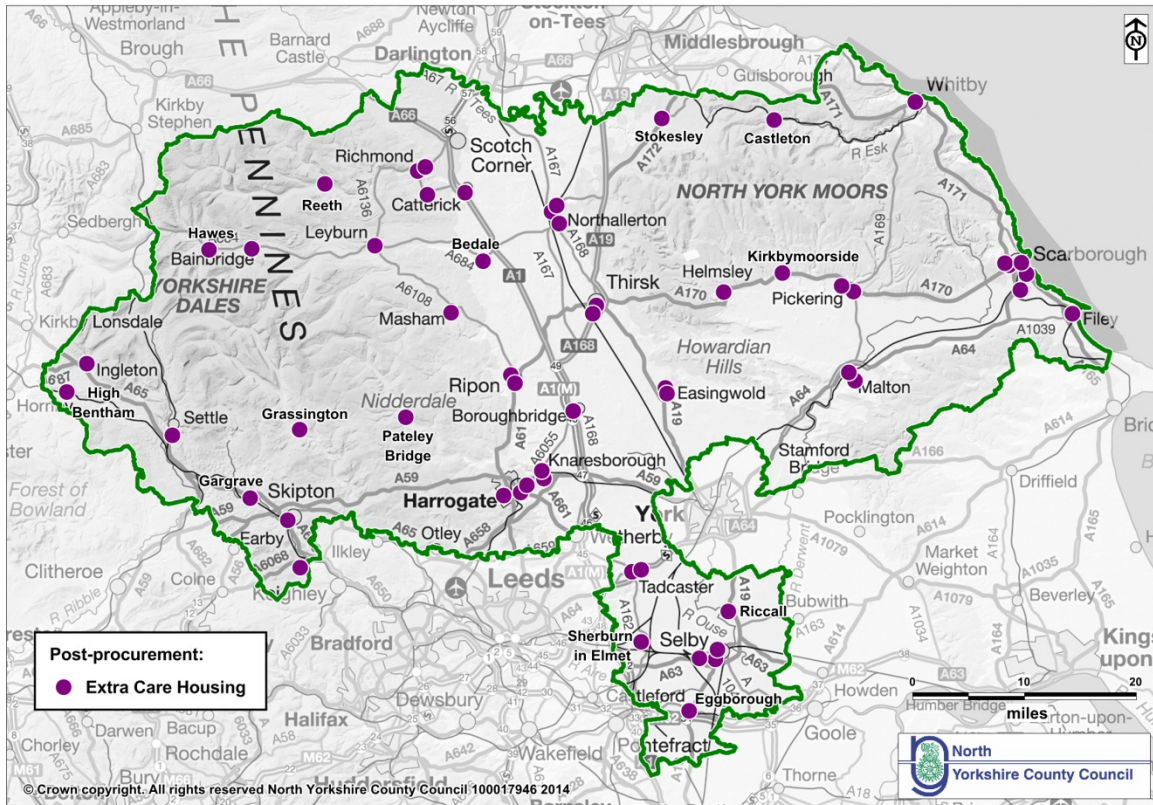


Limestone View Extra Care Housing Scheme, Settle

It is not the intention of the Council that a single 'model' of design be used. Each scheme is developed in response to site circumstances and local requirements, providing a diversity of accommodation across the County.

There are sixteen extra care housing schemes in management across the County, providing 649 apartments of accommodation with care and support to adults, mainly older people. The Council will work with the organisations that own and manage these existing schemes to make sure that the schemes are looked after well and remain safe, comfortable and pleasant places to live for many years to come. In particular ensuring support for people living with dementia, keeping the schemes up to date with best practice and ensure they involve the wider community, bringing additional benefits to that community

The intention is that there will be an extra care housing scheme in every major town across the County providing more than 2500 apartments and bungalows for people who need care and support where they live. The map below shows the locations where we aim to have an extra care housing scheme in the future.



### 7.3.2 Extra Care Housing Schemes as Community Hubs

Accommodation with care and support, especially extra care housing, will also operate as a community resource for local people who will be able to go into the schemes to use the facilities and to take advantage of the information available as well as the services and facilities on offer. The Council will work with providers to ensure that each scheme is at the heart of the community, supporting people to stay healthy for longer. In this way, they will play a pivotal role in the Council's ambition to support North Yorkshire's communities to be active, thriving and stronger.

For example, the extra care housing scheme at Bainbridge in the Dales has become the community hub of the village and the surrounding area. As well as providing homes for people to live in, it also has within it the post office, a community library, a café, a small shop and a hair and beauty salon all of which are open to the public. The scheme is also used by the local GP and district nurses and it has a defibrillator that people in the community can borrow whilst waiting for an ambulance to

arrive. There are a range of activities that are available to people in the community such as yoga, dance classes, cinema and lunch clubs.

All extra care housing schemes will be expected to provide basic facilities such as shops, hair and beauty salons, cafés, libraries, information and guidance services, assisted bathing rooms, day support services, respite facilities, social activities and lifelong learning opportunities. Some schemes may also provide more specialist support services such as Changing Places facilities where disabled people can pop in to use the personal hygiene facilities and Memory Clinics so that people do not have to go to hospital to get help and advice about living with dementia.

The Council will work with providers to also use extra care housing schemes as bases from which to run other community services such as car clubs where volunteers will be able to use the cars available to transport people to medical appointments, social activities, shopping trips, etc. Other examples will be to have allotments on schemes with the produce being used for the caterers to run healthy living projects for people of all ages in the community.

As each new scheme is developed we will identify the needs that the community has and build in solutions for those needs.



Rivendale Extra Care Housing Scheme, Northallerton



Popple Well Springs Extra Care Housing Scheme, Tadcaster

### 7.3.3 How we will do it

The development of accommodation with care and support is identified as a need in the North Yorkshire Housing Strategy 2010-2015 which is due to be refreshed next year. The Council will work closely with housing and planning partners in the District and Borough Councils and

the National Parks as well as colleagues in health bodies such as Clinical Commissioning Groups and Hospital Foundation Trusts to ensure that future development is truly integrated.

The Council is conducting a procurement exercise to identify partners to design, fund, build, manage and operate extra care housing schemes. The aim is that by 2020, there will be more than 50 extra care housing schemes across the County. **Where we are replacing our current Elderly People's Homes we will look to use our land and assets to support the development of new extra care schemes.**

Alongside this, we will work with organisations who wish to develop extra care housing in the County on land that they own. We will support them to make sure that the building is designed appropriately and that the ethos and service delivery of the scheme, as well as the costs to live there, are in line with the Council's aspirations. These are known as growth schemes.

#### **7.3.4 Specialist Services**

For future schemes, there will be a greater emphasis on working with other partners for joint solutions such as schemes incorporating a GP surgery, library, respite care, short break service and specialist accommodation for people living with dementia and people with other complex needs. The Council is working with partners to design schemes that will provide people, especially those living with dementia, with accommodation that will minimise the impact of their condition such as the use of colours and other design features to establish familiar routes through the building; Telecare technology to assist staff to discreetly monitor people and open-plan apartments with built in safety features. The Council is also developing a care and support service that will focus on each person's very specific needs as they move through the different stages of their lives. For people living with dementia, this will concentrate on putting support in place that will identify their likes and dislikes and aim to maintain the daily activities they enjoyed before the onset of dementia.

#### **7.3.5 *flexi*Care**

The Council has worked with partners to put in place a new care and support service for extra care housing schemes called '*flexiCare*'. This service ensures there is staff in the building 24/7 to respond to emergencies, assist people with attending social activities and getting to the dining room for meals, and helps people with going to the toilet and turning in bed during the night. On top of this, each person living in the scheme will have their own personal care and support plan which will be tailored to meet their particular needs.

The cost for the 24/7 service will be charged along with the rent and service charge for each apartment and some of this charge may be paid by Housing Benefit where the person can get this financial help. **We will keep the affordability of extra care and flexi care under review as we know this a key concern to people.**

The personal care and support can be provided either by the same staff that are providing the 24/7 service, or people may choose to have a different care and support organisation visit them in their apartment to deliver this service.

This model means that in future, people living in extra care housing will have choice and control about who comes into their home to provide services.

### **7.3.6 Replacing Traditional Care Homes**

The Council has twelve elderly persons' homes across the County that do not yet have a proposed extra care housing scheme to replace them. These facilities offer an excellent service to residents, however, the buildings are now outdated and expensive to run and maintain. Even with a major refurbishment programme, the physical fabric of the homes cannot be improved to any great degree and would not provide the space and standards that people now require, such as en-suite facilities. If for example money was invested to refurbish the buildings by increasing the size of each bedroom and creating en-suite facilities, this would mean an inevitable reduction in the overall number of bedrooms in each home. Traditional models of residential care will no longer be fit for purpose as care homes will not have the capacity to meet demand.

Equally, the existing Council-owned Elderly Persons' Homes are not always able to meet the specialist care that people require, such as for people living with dementia.

Where practicable, and subject to consultation with key stakeholders, the Council aims to replace its remaining Elderly Persons' Homes with extra care housing by 2020. The Council's shift away from directly owned and operated Elderly Persons' Homes to housing-based provision is entirely consistent with national and local policies.



Cherry Garth Elderly Persons' Home transforming in a two-phase build process into Meadowfields Extra Care

With the numbers of older people increasing in the coming years, it is important that the Council ensures there are as many places as possible for people who need care and support where they live. Extra care housing schemes provides this due to the ability of couples and/or carers to stay together.

If a particular Council-owned Elderly Persons' Home is likely to be affected, the Council will conduct a twelve week consultation with residents, people using services (such as respite and day services), relatives, their family and friends and other key stakeholders.

As the replacement programme extends to 2020, it could be a number of years before some of the homes will be affected.

People living in the affected Council-owned Elderly Persons' Homes will have an automatic right to move into the extra care housing scheme that replaces their home if they wish to do so. If they would prefer to remain in residential care or, at that stage, need to move into nursing or more specialist provision, they will be supported to do so. People will not be financially disadvantaged by the move and all practical support will be offered to them and their families before, during and immediately after the move.

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## **7.4 Explore different models of accommodation (such as Homeshare) to see if they might be beneficial for some North Yorkshire residents**

### **7.4.1 Sheltered Accommodation**

The Council will work with housing associations and District and Borough Councils to make best use of sheltered accommodation in the County and to help people consider whether this is the best option for them.

### **7.4.2 Residential and Nursing Care**

The Council aims to reduce the number of residential and nursing care placements by ensuring there are alternative models of accommodation with care and support available. **We recognise that there will be times when a care home might provide the right care for someone. We will work with our health partners and independent sector colleagues to ensure that where this is the case people can still choose homes which offer good quality care and a homely environment.** We will expect the homes to offer specialist services and encourage contact and integration with their communities and help people to maintain their independence.

### **7.4.3 Homeshare**

Homeshare involves matching someone who needs help to live independently in their own home with someone who has a housing need and is willing to provide a little help and support in exchange for accommodation. Homeshare can benefit people who own or rent a home who need low-level support. Typically, this would include people who are anxious or isolated or disabled people who need support to maintain their independence. Homeshare can benefit people who cannot access affordable housing such as students and key workers on modest incomes or people at the bottom of council house waiting lists, or those living in hostel accommodation.

The Council will explore the feasibility of a 'matching' service to support people who wish to look into Homeshare so that people with similar

interests can be matched up, the accommodation checked and relevant security checks undertaken.

## 7.5 Increase the availability and choice of accommodation and services for people with:

- Complex needs
- Mental health issues
- Learning disabilities
- Physical disabilities
- Sensory impairment
- Autism
- Young people with disabilities moving from childhood into adulthood

### 7.5.1 Supported Living

The Council is working with partners to enable the development of supported living schemes for younger people with a learning disability, with autism or with a physical disability. People will be supported to live more independently by care and support staff who will visit regularly. This will typically be between four and twelve apartments in a location near to shops, transport links and sometimes linked to an extra care housing scheme.

*"You're independent,  
once you're in your  
flat you do what you  
like"*

Sally, a tenant in a  
supported living  
scheme in Scarborough



### **7.5.2 Supported Living Plus**

This is enhanced supported living that offers accommodation that is specially designed with specialist care and support on site for people with complex needs. This will typically be no more than eight apartments with staff on site and sometimes linked to an extra care housing scheme.

### **7.5.3 Transitions**

We will continue to work with colleagues in Children and Young People's Services to ensure the smooth transition of young people between services and to identify their needs and the care and support they may require as they move from childhood into adulthood. This information will then be used to plan any future housing developments.

### **7.5.4 Supported Employment**

We will work with partners to put in place employment and training opportunities, especially within extra care housing schemes, for people who cannot access these through traditional routes.

### **7.5.5 Information and Guidance**

We will make sure that information is available to young people, their parents and carers so that they can make informed choices about how best to meet their needs.

**NORTH YORKSHIRE COUNTY COUNCIL****Care and Independence Scrutiny Committee****22<sup>nd</sup> January 2015****Annual Report of the Older People's Champion****1.0 Introduction**

This is my fifteenth Annual Report – I am not following the pattern of previous years, but rather report on the national picture and how this relates to North Yorkshire.

I would like to begin with the latest figures relating to the growth in numbers of older people. By 2030 it is estimated that there will be approximately 1million people over 90 in the UK, approximately 15,000 of whom will be in North Yorkshire. This is a national increase of 109% from 2014, but a 122% increase for North Yorkshire. As a local authority with responsibility for public health, we have a role in ensuring that opportunities for physical, social and educational activities and appropriate transport are available for older people, so that their need for social care is delayed, and social isolation can be prevented.

**2.0 Campaign to End Loneliness**

The national Campaign to End Loneliness published its intermediate strategy for the next three years. I remain very committed to this campaign. I am actively engaged and lead the Age Action Alliance, Isolation and Loneliness Working Group which meets quarterly in London. I led a pilot scheme in Hampshire in 2014, 'Making Connections' in partnership with Hampshire County Council, Boots Pharmacy and Age Concern Hampshire (ACH); we tested ways to identify those in the community who may be at risk of the effects of loneliness.

Questionnaires were given to those:

- 60 years and over;
- having at least one long term condition; and
- in receipt of repeat prescriptions.

39 people from 115 completed questionnaires were referred to ACH either for a telephone call or a visit, and case studies showed some took up offers of a social activity or information so that they could pursue an activity themselves and manage their lives better.

I am very keen to explore the possibility of building on existing networks and schemes between HAS, the Fire Service and Police to improve the way we identify people in North Yorkshire at risk of the effects of loneliness, and improve their awareness of local activities available. In 2013 the North Yorkshire Fire and Rescue Services carried out work to identify

vulnerable people, living alone, who may be at risk of dying in a fire in their own home. Quite a number of people were identified and referred to other organisations such as HAS.

In 2013 the former NY Older People's Partnership Board commissioned York University to carry out desk top research, followed by a Survey, to establish how many 50s Forums have as one of their aims reducing loneliness and encouraging social inclusion. A database was produced for each district/borough area. The information in this database has been included in information we already have of organisations and activities, so that it can be used to signpost older people to a social activity if that's what they choose to do.

I presented a report of the project and its conclusions to the Health & Well Being Board early last year. Recommendations included that GPs should consider offering social prescriptions to patients whom they believed could be suffering from the effects of loneliness. A pilot scheme had been carried out in parts of Yorkshire to evaluate the use of social prescriptions.

I have signed up as a Dementia Friend; the Government's aim is to have a million Friends nationally - the figure currently stands at 500,000. I recently had training to be a Dementia Champion.

### **3. Transport and Concessionary Fares**

I was co-opted onto the Task Group which looked into all forms of transport in North Yorkshire. In a county the size of North Yorkshire, it is not sustainable to have a network of public transport, as not enough people use the buses. I learned a lot about concessionary fares during the Task Group's work, such as reimbursement is not 100% for the use of a bus pass, but much less. North Yorkshire reimburses well within the Government guidelines, but with few fare paying passengers, the future looks grim. Community transport can help, but a report published by the Parliamentary Transport Committee concludes that the Voluntary sector cannot be expected to fill the gaps left by the lack of public transport.

Much survey work has been carried out relating to older people and the value of concessionary bus fares to older people. There will be no change to universal benefits (including concessionary fares) before the General Election.

In preparation for a new Government, I am planning to carry out an England-wide survey to gather evidence of the social value of bus passes to older people. I gave a presentation to the September meeting of the UK Advisory Forum on Ageing (UKAFA) informing members of the reason for such a survey at this time. I have the support of The Campaign, Age UK and Hull University who will be co-ordinating the responses and doing the 'number crunching'. Future Years, The Yorkshire and Humber Forum on Ageing, is leading this project which I is called 'Happy and Independent'. The results with the recommendation will be presented to an incoming Government next May. The aim is to seek a review by Government. Meanwhile the Government has given £25m for the Voluntary Sector to bid for funding to buy new minibuses. I am encouraging village Hubs in Craven to apply.

#### **4. Village Agents and Stronger Communities**

The Airedale, Wharfedale and Craven CCG has funded the appointment for 4 village agents. I chair the Village Agents Steering Group in Craven. A report on the success and value of the project will be written for publication at the financial year end. The County Council has appointed a new Stronger Communities Team to work in communities across the County. I have met with the Manager and the Craven Officer and there is an item on the agenda for the next meeting of NY Older People's Reference Group in February for them to report on the work and any early successes of this initiative. The County Council will also be appointing targeted Prevention Officers working with those people who may be on the cusp of needing care.

#### **5. Digital Connectivity for Older People**

I am a member of the Age Action Alliance, Digital Inclusion Working group. The Chair of this Group, Nigel Lewis, and I attended an event in London organised by the DCLG and the Government Office for Science looking into the Digital Connectivity of older people and the best way older people can learn. The Government has a Grey Cells Policy based on their concerns that older people in the future may not have access to information. It is events such as the Digital Connectivity one where I am able to engage fully with Government officials and academics to tell them how it really is for older people. Nigel Lewis and I were the only older people at that event to talk about how older people use and/or learn digital skills. I was recently given the opportunity to see a demonstration of a TV-PC. This enables an older person to use the remote control of a TV to access email and the internet on their own TV. The system is already on sale in Australia. I have asked if this system could be used for older people to talk to their GP instead of having to find transport to attend a surgery. We have telemedicine to link a patient with a hospital consultant.

#### **6. Cold Calling**

Members will recall that in previous years I have spent time on ways to prevent cold calling. This year we older people have been inundated with cold calls about free boilers. There are now two methods which can be purchased and guarantees you will not receive any calls from someone you do not know. For more information please follow this link:

<http://www.truecall.co.uk/home.aspx>

This product is supported by Trading Standards Institute and certainly works very well and the cost is not too prohibitive.

#### **7. Big Lottery Funding**

The winners of the above were announced in September. At the December meeting of the Regional Forum on Ageing, one of our members, representing the Big Lottery, explained how they want to look at those bids which were not successful so that the work and ideas put into the applications is not wasted. Leeds and Sheffield Councils were each awarded £5.9m of funding for 'Fulfilling Lives'. I asked about Scarborough whose bid was unsuccessful. The BIG

lottery are extremely concerned about the coastal towns of Yorkshire, from Whitby to Hornsea and the fact there are deprived areas and an unknown number of people suffering the health effects of loneliness. Work is needed to identify those who are suffering the effects of loneliness. The Y & Humber Forum on Ageing is looking into ways this piece of work could be carried out. It is interesting to note that the Lottery funding does not recognise administrative boundaries. I am planning to contact East Riding on this issue to seek opportunities for lottery bids.

## **8. News in Brief**

I have run workshops for the Airedale Wharfedale Craven Clinical Commissioning Group on Loneliness and Isolation through the Health Champions Groups, now attached to GP practices in the CCG area and to the NY Forum for Older People and the Selby 50s Forum.

## **9. Memberships**

- North Yorkshire CC, NYFRS, and Future Years are members of the Age Action Alliance
- Future Years, Y & H Forum on Ageing (Chair)
- Member of the Campaign to End Loneliness.
- Lead for the AAA Isolation & Loneliness W/Group.
- Member of the AAA Digital Inclusion Group.
- EFA (English Forums on Ageing (9) Chairs group
- Member of the AAA Partnership Development Group.

No report is complete without thanking the members of North Yorkshire Older People's Forum for their hard work and commitment to ensure the voices of older people are expressed and heard. I could not do my work without them.

Additionally, officers in HAS who are working with me to improve the quality of life for older people in North Yorkshire.

County Councillor, Shelagh Marshall OBE

January 2015

**NORTH YORKSHIRE COUNTY COUNCIL****CARE AND INDEPENDENCE OVERVIEW AND SCRUTINY COMMITTEE****Winterbourne Concordat Review****22 January 2015****1. Purpose**

1.1 The purpose of this report is to provide assurance that the requirements of the Winterbourne Concordat are being met, inform the Committee of the progress made over the last 12 months and highlight issues for consideration.

**2. Background**

2.1 In 2011 a Panorama programme exposed evidence of abuse of some individuals with learning disabilities, who were living in Winterbourne View. Winterbourne View was an Assessment & Treatment Unit, privately run by Castlebeck Plc. An enquiry was held and in December 2012 the Department of Health published The Winterbourne Concordat 'Programme of Action'. The action plan sets out key milestones to transform services for people with learning disabilities or autism and mental health conditions or behaviours described as challenging. Each organisation has a commitment to take forward the agenda.

2.2 The Winterbourne concordat required Health and Social Care commissioners to work together to ensure services commissioned for people with Learning Disabilities (LD), Autistic Spectrum Disorder (ASD) and challenging behaviour were safe, of good quality and meets the individual needs of each person.

2.3 In July 2013 the Winterbourne View Joint Improvement Programme asked each Local Area to complete an initial stocktake of progress against the Winterbourne concordat commitment. The stocktake asked about the following:

- Partnership working
- Understanding the money
- Case Management of individuals
- Current review programme
- Safeguarding
- Commissioning arrangements
- Developing local teams and services
- Prevention and crisis response
- Understanding the population
- Children and adults – transition planning
- Current and future market requirements

2.4 This report identifies progress and outlines the current position against each of the above categories. I have included, as Appendix 1, the report to Health and Well Being Board November 2014, as evidence of the Boards preparedness and commitment to this agenda. There is some unavoidable duplication in the narrative.



### **3. Progress to date**

#### **3.1 Partnership Working**

A Winterbourne Implementation Group (renamed Transforming Care in line with national changes ) has been established (chaired by Janet Probert, Director of Partnerships, Partnerships Commissioning Unit- PCU) and includes North Yorkshire County Council, City of York Council, Tees Esk Wear Valley Foundation Trust, Leeds and York Partnership Foundation Trust, chair of the North Yorkshire Learning Disability Partnership Board and Inclusion North. The group has developed an Action Plan to address each area highlighted in the Stocktake. The aim of the group is:

- To ensure the necessary evidence to provide assurance that the Winterbourne Concordat is delivered
- To be a champion for continuous improvement, aspire to excellence and to be the best in the treatment and care of those who are vulnerable.

To support the implementation of the Action Plan, Operational Groups are in place to co-ordinate the reviews of individuals and ensure a joint approach.

A Joint Strategy Commissioning Group for out of area placements has been established to analyse the feedback from the reviews, identify any themes or gaps and implications for commissioning of services and how commissioners will work with the Independent sector to ensure the correct provision of services are available within North Yorkshire to meet people's needs. This group is accountable to the Transforming Care group, however each partner also reports to its respective organisation on commissioning needs and outcomes. See appendix 2 for structure

#### **3.2 Understanding the Money**

Each organisation can identify the spend on those funded. There are currently no pooled budgets. The focus at this time is on ensuring each person is reviewed and being cared for appropriately. The development of pooled budgets will be considered at a later stage.

#### **3.3 Case management of individuals and the review process**

##### **3.3.1 Health funded placements:**

As of October 2014 the total number of people with Learning Disability (LD) and/or Autistic Spectrum Disorder (ASD) in receipt of NHS funded care is 444 across North Yorkshire (NY) and York. 368 are from NYCC area.

Of this total the total number of people in in-patient hospital settings is 21. Sixteen of these are in the two in-patient units White Horse View (Easingwold) and Oak Rise (York). All of these have been reviewed in the last six months. Nine of these are due to be discharged to community settings before June 2014.

Those who are not due to be discharged remain in the hospital setting because they are either on a section under the mental health act or their needs are considered to be too complex to move to a community setting at this time.

351 of the total are in residential placements and 81 of these are placed outside of North Yorkshire and York. No placements have been to residential settings out of area in recent months.

Of the 444 in receipt of NHS funded care 282 people are jointly funded between health and social care.

### **3.3.2 NYCC Social Care Placements**

1. NYCC have 353 people placed out of area as of October 1st 2014 and 111 of these have LD/ASD. In the February report there was 318 people placed out of area, 115 of which were people with LD/ASD. 11 people with LD/ASD have been placed out of area since August 2013. Of the 353 placed out of area 312 are within an approx. 50 mile radius of the North Yorkshire Borders. The majority of people have moved out of North Yorkshire to be close to their families, or through personal choice

See appendix 3 for map of NYCC out of area placements.

2. NYCC and PCU have invested in extra capacity to carry out the reviews of those out of area in line with the Winterbourne concordat.
3. The NYCC Operational group has drafted guidance for staff on 'What a good review should look like'. This was used by NYCC and PCU to develop a joint checklist for the reviews of individuals to ensure a consistent approach is taken.
4. NYCC has taken the position of undertaking a complete reassessment of all people placed out of area. By June 2014 all reassessments had been completed.
5. Of those with LD/ASD placed out of area all have been reviewed
6. The reviews have confirmed that the majority are in safe and appropriate placements and a move back within North Yorkshire and York would not be in their best interests.
7. However at present 15 people with LD/Autism have been moved back into area and 2 have moved closer to North Yorkshire which has been positive and of benefit to the person and their families.
8. Pen pictures have been completed of all people with ASD or LD who live out of area. 21 people have indicated they would like to return to area or move to a more community based living arrangement within the area they are currently living. NYCC is working with these individuals to develop an appropriate plan to achieve this aim.

### **3.4 Safeguarding**

1. Before someone is placed with a provider a check is made on the CQC status and for any safeguarding issues. This is recorded on the Winterbourne registers. Whenever someone is reviewed the checks are repeated.
2. If a safeguarding alert is raised colleagues within health and social care, commissioners, operational staff and safeguarding leads work closely to make sure the appropriate action is taken to ensure the safety of the individual. This is via direct communication between the safeguarding leads, the operational groups or multiagency safeguarding groups.
3. If concerns are picked up through the review of an individual discussions are held with the safeguarding team staff to agree any actions that need to be taken.
4. NHS England has developed a protocol for the notification of NHS Out of Area Placements (including Continuing Healthcare). This protocol is being implemented by the PCU. This enables local and out of area commissioning services to work together and communicate information, including escalating concerns about the quality of care and incidents.
5. NYCC engage fully with other Local Authorities in accordance with recommended national guidance whenever contacted by other Local authorities (Las). However, there have been some situations identified where other LAs safeguarding arrangements delegate the investigation process to care providers which can be unsatisfactory. NYCC are monitoring this process.
6. Safeguarding training is offered to all providers in the area. This is monitored and actions taken where a provider has low take up of the training.
7. Regular reports on the progress against the Winterbourne Concordat are presented to the Safeguarding Adults Boards and the North Yorkshire Learning Disability Partnership Board.
8. It is recognised that there is a need to identify those living within NY who are funded by other LA and CCGs. A register is currently being developed to support this.

### **3.5 Commissioning arrangements**

The Joint Strategic Commissioning Group has identified the commissioning requirements informed by the outcome of the reviews and is currently developing joint commissioning plans.

### **3.6 Developing local teams and services**

One of the issues being raised through the review process is the access to advocacy services, both in area and when someone is placed out of area.

In area: NYCC and the CCGs jointly commission Advocacy services from the advocacy consortium. The services reported that demand was high and on occasion some people have had to wait up to about 2 weeks.

The CCGs and NYCC will look at how the views of service users and carers can inform the continuous improvement of these services. Questionnaires have been used to gain more feedback from people who have used the service.

Out of area: we are monitoring through the winterbourne registers take up of independent advocacy for people living out of area. We ensure everyone has undertaken a mental capacity assessment and had a Best Interests meeting and decision where appropriate. Independent advocacy is commissioned on an individual basis.

### **3.7 Prevention and crisis response**

1. The development of s136 Places of safety in Scarborough and York will ensure those being detained will be supported appropriately in health services and not detained in police cells. This will include those with LD/ASD and other vulnerable people detained under s136 of the Mental Health Act.
2. Section 136 is a part of the Mental Health Act which allows the police to take someone who is in a public place to a place of safety. A public place is anywhere the public are allowed to go, even if they have to pay to get in. It does not include a person's own home. They can be kept in a place of safety for up to 72 hours or 3 days. In that time they need to be checked by a doctor and an Approved Mental Health Professional to see what care they need.
3. On 23<sup>rd</sup> October and 4<sup>th</sup> December two workshops were delivered for health commissioners, practitioners and Health and Adult Services assessment staff to explore ways to develop practical solutions to reducing the need for crisis response and supporting the prevention of people with ASD or LD being admitted into Assessment and treatment Units.

### **3.8 Understanding the population including children and transitions to adulthood**

1. Preparing young people with LD/ASD for adulthood is jointly managed and supported by Health and Adult services and children and young people's services through the North Yorkshire Transitions Steering group. It has been agreed to implement in June 2014 an integrated transitions service which will take into account the population and future demands on service delivery.
2. The aim of the integrated transitions service will be improve the transitions to adulthood journey for young people 14-25, support young people to achieve

better life outcomes and provide young people and their families with consistent communication, information and approaches.

### **3.9 Current and future market requirements**

1. NYCC have developed a Market Position Statement which will provide information to enable providers with future business development.
2. Engagement with service users and carers has taken place to gain their views on approaches to personalised support. These views have been presented to Independent providers to inform the development of services that meet people's needs and are in line with the principles of the Winterbourne concordat.
  - An engagement workshop led by Inclusion North was delivered in February 2014
  - There are updates on Out of Area placements at every North Yorkshire Learning Disability Partnership Board meeting.
  - An "open" Joint Winterbourne Implementation group meeting was held on 30<sup>th</sup> September 2014 for people receiving services, families and carers to attend. 9 people with learning disabilities attended, 2 support workers and one independent provider. The feedback from this meeting has resulted in agreed engagement with providers on how to best meet people's needs to ensure people where possible remain in their local community.

## **4. Issues**

- 4.1 The Specialist Commissioning Group (SCG) linked to the Area Team commission services for those within the criminal justice services (CJS). Staff working within the criminal justice system may come into contact with people with learning disabilities. Evidence from the Prison Reform Trust shows that up to 7% of adult prisoners have an IQ under 70; another 25% have an IQ under 80 (this is higher in children and young people). 60% of prisoners have problems with communication - either understanding or expressing themselves or both. Prisoners with learning disabilities are five times more likely than other prisoners to experience control and restraint, three times more likely to experience segregation and three times more likely to have depression or anxiety. Changes to the area each SCG is responsible for has resulted in difficulties in collating the information of those in the CJS from North Yorkshire. The recent development of a national database will allow each CCG to receive information regarding the people in the CJS from their area.
- 4.2 Establishing a sustainable infrastructure of care and support which enables people to remain in their local area.
- 4.3 Maintaining assurances that people living out of area are regularly reviewed and the placement is in their Best Interests.
- 4.4 Developing appropriate responses to crisis to enable people to remain in their own home with intervention and support

## **5. Feedback from the National and Regional Winterbourne View Groups**

5.1 In the autumn of 2013 each LA area was asked to complete the Health and Social Care Self-Assessment framework. A number of difficulties were experienced (nationally) in gathering this data due to the changes in the NHS structures. A summary report (see appendix 4) has been presented to the Winterbourne Implementation group for consideration.

5.2 A small task group with user representation has been formed to develop an action plan around the key target areas. The key areas for improvement include:

- The numbers of people on the LD and Downs syndrome registers reflects the requirements outlined in the LD QOF register in primary care
- Screening: People with LD are accessing disease prevention, health screening and health promotion in each of the following health areas: Obesity, Diabetes, Cardio vascular disease, Epilepsy
- That 80% of people with a LD have an Annual Health Check and these generate Health Action Plans which contain specific health improvement targets for 50% of patients.
- Screening: to ensure there is comparative data of people with learning disability vs. similar age cohort of non-learning disabled population in each health screening area and scrutinised exception reporting and evidence of reasonably adjusted services.
- Secondary care and other healthcare provides can evidence that they have a system for identifying LD status on referrals based on upon the LD identification in primary care and acting on any reasonable adjustments suggested. There is evidence that both an individual's capacity and consent are inherent to the system employed.
- Local commissioners have good data about numbers and prevalence of people with learning disabilities and there is good information about the health needs of people with LD within the Criminal Justice System
- Evidence of 100% of health care and social care commissioned services for people with LD had full scheduled annual contract and service reviews, and demonstrate a diverse range of indicators and outcomes supporting quality assurance
- Evidence of 100% of services Involving people with LD in training and recruitment and monitoring of staff.

5.3 The national Winterbourne Joint Improvement Programme has developed the national Enhanced Quality Assurance Programme (EQAP). This will be jointly run by the Association of Directors of Adult Social Services, NHS England and CQC and will engage representatives of users and carers and their families.

The objectives include:

- To understand where people live now and if they are close to their family home
- For people to have high quality reviews, have a clear care plan and are receiving the best care and support possible
- New people are not wrongly admitted to assessment and treatment units and other inpatient units

- For hospitals not to be homes for anyone else in a similar situation; and
- Work is underway in local areas to provide good quality support to people in communities to support these objectives a new data collection process is being proposed.
- EQAP are making final adjustments to the data tool and then will write to CCG commissioners to request the data.

## **6. Next Steps**

6.1 The Transforming Care Group will continue to ensure the actions are taken to meet the concordat and to give assurance to the Health and Well Being Board.

6.2 The PCU will complete the data collection as required by the EQAP.

## **7. Conclusion and recommendations**

7.1 The Committee note the position of out of is placements and the progress made on the actions required from the Winterbourne Concordat.

7.2 The Committee to be reassured that this report demonstrates that the aims outlined in the Winterbourne Concordat are of high priority to Health and Adult Services and partners and that the focus will continue to be that people are appropriately placed, with the right care and support in their local communities near their families and friends.

7.3 The Committee to advise on what information they require for future updates.

RICHARD WEBB  
Corporate Director – Health and Adult Services

Author of report:  
Joss Harbron

January 2015

**Partnership Commissioning Unit**

Commissioning services on behalf of:  
NHS Hambleton, Richmondshire and Whitby CCG  
NHS Harrogate and Rural District CCG  
NHS Scarborough and Ryedale CCG  
NHS Vale of York CCG

Report To:	North Yorkshire Health and Wellbeing Board 26 <sup>th</sup> November 2014
Report Title:	Winterbourne Update
Report For:	Update and Assurance
Date:	14 <sup>th</sup> November 2014
Prepared by:	Janet Probert – Director of Partnership Commissioning, Partnership Commissioning Unit  Anne Marie Lubanski – Assistant Director Adult Social Care, North Yorkshire County Council

## 1. Background

In 2011 a Panorama programme exposed evidence of abuse of some individuals with learning disabilities, who were living in Winterbourne View. Winterbourne View was an Assessment & Treatment Unit, privately run by Castlebeck Plc. An enquiry was held and in December 2012 the Department of Health published The Winterbourne Concordat ‘Programme of Action’. The action plan sets out key milestones to transform services for people with learning disabilities or autism and mental health conditions or behaviours described as challenging. Each organisation has a commitment to take forward the agenda within clear time frames to address the NHS Commissioning Board’s stated objective.

*‘To ensure that Clinical Commissioning Groups work with Local Authorities to ensure that vulnerable people, particularly those with learning disabilities and autism, receive safe, appropriate, high quality care. The presumption should always be that services are local and that people remain in their communities; we expect to see a substantial reduction in reliance on inpatient care for these groups of people.’*



## **2. Summary**

The Partnership Commissioning Unit (PCU) and North Yorkshire County Council (NYCC) have worked closely together to ensure each individual service user has a personalised needs assessment and package of care. Progress has been made against the key objectives so that the Local Authority and the Clinical Commissioning Groups have a clear understanding of their responsibilities. The positive actions are set out below but a further update will be provided in 3 months' time.

## **3. PCU - hospital patients**

Key Action from Concordat – Health and Care Commissioners will review all current hospital placements and support everyone inappropriately placed in hospital to move to community facilities.

- All hospital patients have been reviewed.
- Personal care plans are in place for all patients who have been in hospital for more than 3 months. Those patients who have been in hospital for less than 3 months are still within the assessment period.
- Currently there are 9 in-patients for North Yorkshire, 7 are placed in hospitals outside of North Yorkshire. All patients have discharge and review plans in place. This data is not inclusive of short term treatment and assessment admissions or patients who are placed in secure hospital; provisions. For note: secure facilities care commissioned by NHS England Specialist Commissioners. Personal care plans are in place for all patients with the exception of recent admissions.

## **4. PCU - patients in community**

- Care Management reassessments have been undertaken on all eligible people.
- All non-hospital patients for vulnerable people are reviewed in line with the Care Programme Approach and Winterbourne requirements.
- All patients are reviewed every 6 months.
- The Partnership Commissioning Unit currently have 226 individuals with live funding streams for individuals with a diagnosis of Learning Disability or Autism that meet the Winterbourne Concordat.
- We have 117 individuals who are currently living outside of the North Yorkshire and York boundary and out of their Clinical Commissioning Group locality. The table below shows how this figure is broken down by Clinical Commissioning Group. This population has been reviewed in full and decisions have been made with the individuals and those key to their care regarding suitability and need of continued care out of area. Where appropriate care packages are being arranged to move back in to area.

<b>Number of individuals living outside the North Yorkshire and York boundary</b>	
Hambleton Richmondshire and Whitby Clinical Commissioning Group	28
Harrogate and Rural District Clinical Commissioning Group	23
Scarborough and Ryedale Clinical Commissioning Group	20
Vale of York Clinical Commissioning Group*	46
<b>Total</b>	<b>117</b>

*\*It should be noted that there is a small percentage of individuals within the VoYCCG figure that fall within the City of York.*

### **5. Local Authority – clients**

- North Yorkshire County Council are working with all individuals who have expressed a wish to return to North Yorkshire to live. This will be supported on an individual basis.
- As of October 2014 the total number of people with LD/ASD in receipt of NHS funded care is 444 across North Yorkshire and York.
- 368 are from NYCC area.
- In-patient hospital settings - Those who are not due to be discharged remain in the hospital setting because they are either on a section under the mental health act or their needs are considered to be too complex to move to a community setting at this time.
- 351 of the total are in residential placements and 81 of these are placed outside of North Yorkshire and York. No placements have been to residential settings out of area in recent months.
- Of the 444 in receipt of NHS funded care 282 people are jointly funded between health and social care.
- NYCC have 344 people placed out of area as of 1<sup>st</sup> October 2014 and 108 of these have LD/ASD. In the February report there was 318 people placed out of area, 115 of which were people with LD/ASD. 11 people with LD/ASD have been placed out of area since August 2013. Of the 344 placed out of area 312 are within an approx. 50 mile radius of the North Yorkshire Borders. The majority of people have moved out of North Yorkshire to be close to their families, or through personal choice.

- NYCC has taken the position of undertaking a complete reassessment of all people placed out of area. By June 2014 all reassessments had been completed. Of those with LD/ASD placed out of area all have been reviewed.
- The reviews have confirmed that the majority are in safe and appropriate placements and a move back within NYY would not be in their best interests.
- However, at present 12 people with LD/Autism have been moved back into area and 2 have moved closer to North Yorkshire which has been positive and of benefit to the person and their families.
- Pen pictures have been completed of all people with ASD or LD who live out of area. 21 people have indicated they would like to return to area or move to a more community based living arrangement within the area they are currently living. NYCC is working with these individuals to develop an appropriate plan to achieve this aim.

## **6. Register**

Key action from Concordat - Ensure that all Clinical Commissioning Groups develop registers of all people with learning disabilities or autism who have mental health conditions or behaviour that challenges in NHS-funded care as soon as possible and certainly no later than 1 April 2013;

- The PCU on behalf of the Clinical Commissioning Groups have a live Register of all individuals diagnosed either with a Learning Disability or Autism Spectrum Disorder who have a mental health condition.

## **7. Commissioning Plan**

Key action from Concordat - Every area will put in place a locally agreed joint plan for high quality care and support services for people of all ages with challenging behaviour that accords with the model of good care. These plans should ensure that a new generation of inpatients does not take the place of people currently in hospital.

- A strategic North Yorkshire commissioning plan is being developed in partnership to support people to remain in area and reduce unavoidable admissions where possible.
- The PCU and Local Authority are working together to draft a joint commissioning plan. The first draft should be completed by December 2014.
- A Service User engagement meeting was also held on 30<sup>th</sup> September which raised important themes. The meeting on the 30<sup>th</sup> September was a helpful way of connecting with service users. A second Service User engagement meeting will be arranged for January 2015 and the PCU will endeavour to invite service users and self-advocates from across North Yorkshire

- A Learning Disabilities Practitioners Workshop was held on 23 October with key expertise from Providers, Local Authorities and Health and Social Care Commissioners in attendance. The purpose of the workshop was to work through some 'real life examples' to consider how unnecessary admissions and out of area placements might be avoided and how this can be fed into the joint commissioning plan. The workshop on the 23 October was considered useful. A further workshop has been arranged for 4<sup>th</sup> December. The purpose of the second workshop is to build on the work from the previous workshop to develop a clear way forward for health services that support people with a learning disability.
- The PCU have met with with Local Independent Health Providers on 11<sup>th</sup> November to look at Business Plans to meet North Yorkshire and York local needs for repatriation of the Winterbourne population. A further two Provider meetings have been arranged for 13<sup>th</sup> and 19<sup>th</sup> November.
- The draft commissioning strategy will be developed by December 2014 for consultation with all Stakeholders.

#### **8. Clinical Commissioning Group key objectives**

The CCGs are also assessed against 6 key objectives of which the following have been achieved:-

- % of patients not placed on a register.
  - 100% of patients are on the register.
- % of patients without a care coordinator.
  - 100% of patients have a care coordinator.
- % of patients who have not been formally reviewed for more than 26 weeks.
  - 100% of patients have been reviewed.
- % of patients who have had a care plan review and are without a planned transfer date.
  - 100% of patients have had a care plan review and have a planned transfer date
- % of patients without a planned transfer date.
  - 100% of patients have a planned transfer date
- % of patients in a non-secure hospital setting for more than 2 years.
  - 100% of patients have been assessed and reviewed including those under the Ministry of Justice. (An annual report is submitted for these patients)

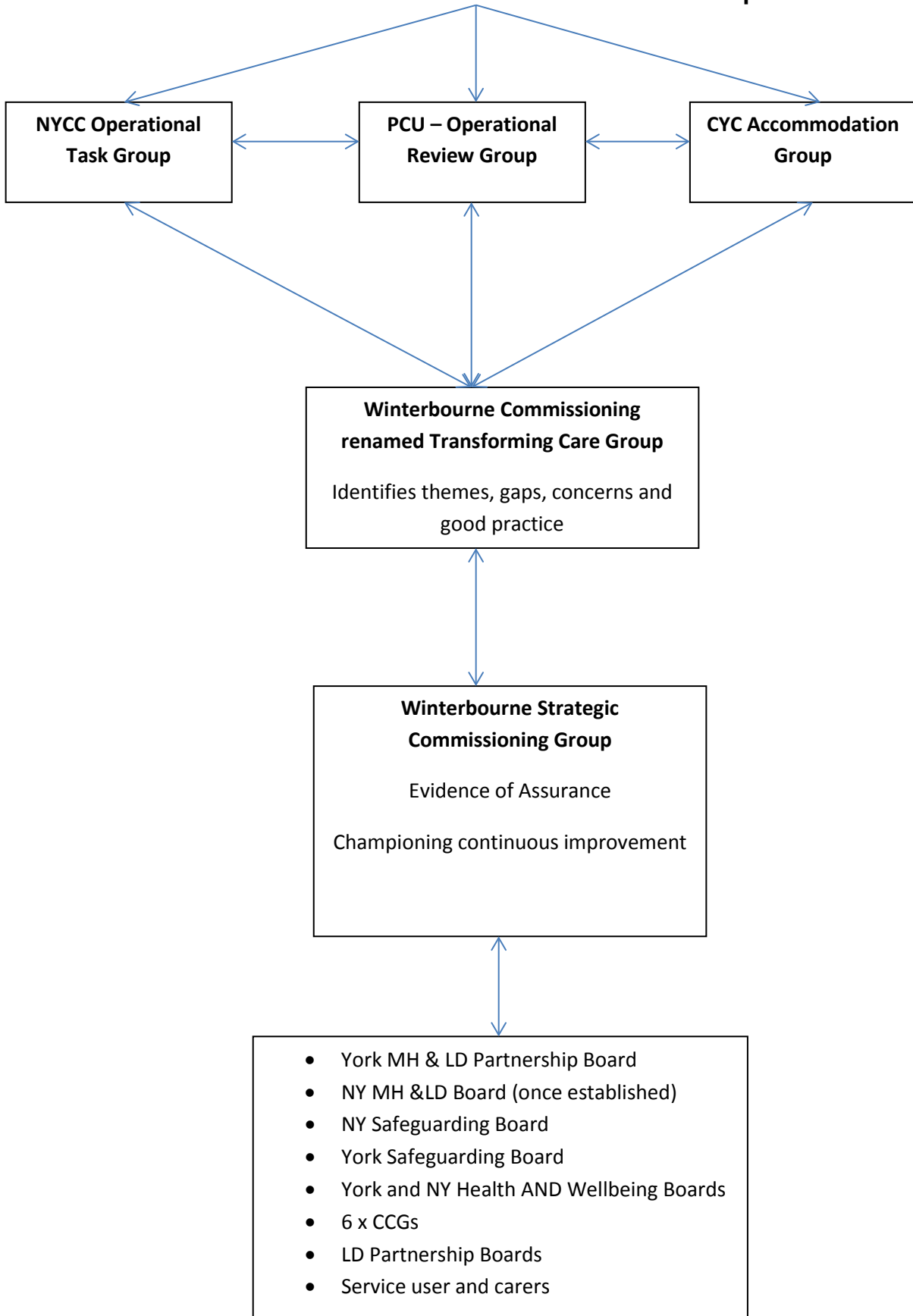
## **9. Additional Actions**

- At the point of the October 2014 Winterbourne Quarterly returns it was noted by the NHS England Area Team of the good work undertaken by Health and the Local Authority on the monitoring of non-hospital Learning Disability population.
- It is noted that there have been more frequent and urgent requests from NHS England Area team for Winterbourne information. The PCU has been able to respond within these tight timescales.
- The development of Place of Safety (section 136 services) in North Yorkshire will ensure those being detained will be supported appropriately in health services and not detained in police cells. This will include those with LD/ASD and other vulnerable people detained under s136 of the Mental Health Act.
- NYCC and the PCU have invested in extra capacity to carry out the reviews of those out of area in line with the Winterbourne concordat. The NYCC Operational group has drafted guidance for staff on 'What a good review should look like'. This was used by NYCC and PCU to develop a joint checklist for the reviews of individuals to ensure a consistent approach is taken.
- The PCU are now reporting to all four Clinical Commissioning Groups on a monthly basis on the Winterbourne population in accordance with the concordat requirements with an agreed template. These reports are to be submitted the second week of the month. The November reports have been submitted.

## **Recommendations**

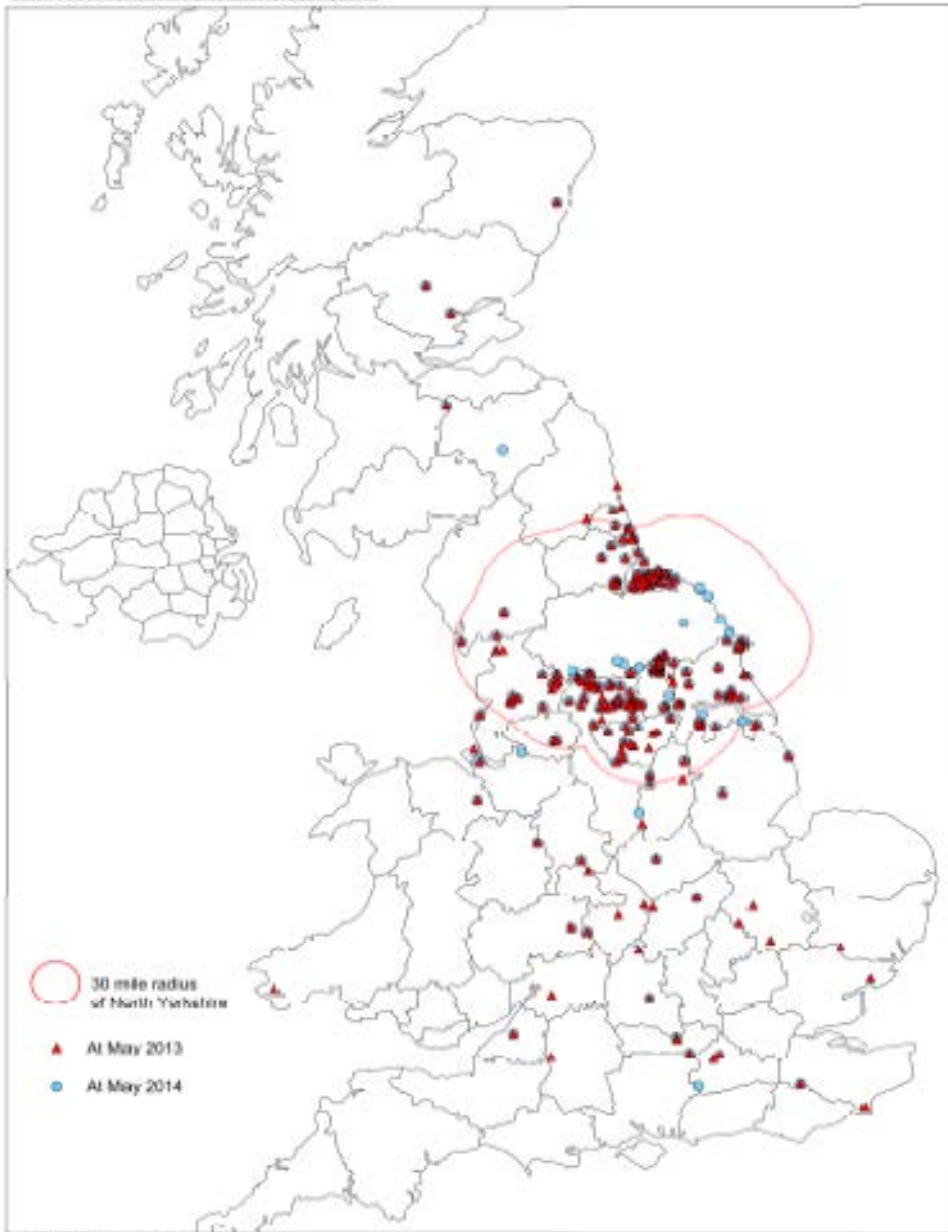
1. Note the Report
2. Members of the Health and Wellbeing Board to continue to promote integrated multi-agency working on the Winterbourne Agenda and to support the Joint Commissioning Plan.
3. Due to the importance and profile of the Winterbourne Agenda it is proposed that the Health and Wellbeing Board is to be updated in 3 months' time.

**Joint Assessments and Reviews of People**



### Appendix 3: Map of NYCC Out of Area Placements

OUT OF COUNTY ADULT PLACEMENTS (02 May 2014)



David Garsford, Performance & Change Management  
Ordnance Survey MapData - Crown Copyright North Yorkshire County Council 100017681 (2014)



## The Joint Self Assessment Framework



What's happening in Yorkshire & Humber



## The Joint Self Assessment Framework

We are talking about the Self Assessment North Yorkshire did

Other areas in Yorkshire and Humber did this too

We are talking about this because we want to make sure the Partnership Board can check on and be part of what happens now



## What's it all about?



The Joint Self- Assessment is a way of checking how good services are working for people with learning disabilities and their family members. It checks things such as:

- Housing
- Going to the doctors or the hospital
- If the local swimming baths or libraries are accessible
- How personal budgets are working for people

## What it includes



The big things (sometimes called measures) that have been checked:

**Staying Healthy-** This includes lots of things such as getting a good service from the doctors, chemist, dentists or when going to hospital.

**Being Safe-** This includes lots of things such as in their own home, in hospital or out and about where they live

**Living Well-** This is about lots of things such as having a say about how services should would or being welcomed by their community

## What we found out

Some things were hard to get or prove

- The numbers
- Understanding some questions were hard
- The time to do it



Some areas did not include people with learning disabilities or families in their work

## What we found out

Some things are going well

- Every area did the self assessment to check how they are making things better
- Lots of people are getting good support in acute hospitals areas said
- Most areas says services are listening to and acting on complaints



## What has happened



Local areas filled the self assessment in by December 2013

We read all the self assessments to check how they compare to each other

The officers who are responsible for the self assessment have worked together to check each other's work – peer review workshop

## What about **North Yorkshire**?

Each question gets a score

There are 27 questions

- 8** Reds
- 16** Ambers
- 3** Greens



## What about North Yorkshire?

### Greens – going well

- B3 We monitor the standards of care offered to people with LD by our Providers
- B7 Commissioning Strategies and Equality Impact Assessments are shared with people who use services
- All appropriate providers can show they have policies in place to monitor the use of the Mental Capacity Act.



## What about North Yorkshire?

### Ambers – needs more work

- A3 Annual Health Checks – more people need them
- A7 LD liaison function in acute setting
- A8 General primary and community services (eg dentist, optician, community nursing)
- B1 Evidence of at least 90% of all care packages including personal budgets reviewed at least annually



## What about **North Yorkshire**?

**Ambers** – needs more work

- B4 Assurance of safeguarding for people with LD in all provided services and support (some not all)
- B6 Providers are required to demonstrate that recruitment and management of staff is based on compassion, dignity and respect and comes from a value based culture.
- B8 Commissioners can demonstrate that all providers change practice as a result of feedback from complaints, whistleblowing experience



## What about **North Yorkshire**?

**Ambers** – needs more work

- C1 Effective joint working
- C2 Local amenities and transport
- C3 Arts and culture
- C4 Sport & leisure
- C5 Supporting people with learning disability into and in employment
- C6 Effective Transitions for young people



## What about **North Yorkshire**?

**Ambers** – needs more work

- C7 Community inclusion and Citizenship
- C8 People with learning disability and family carer involvement in service planning and decision making including personal budgets
- Family Carers



## What about **North Yorkshire**?

**Reds** – needs a lot more work

- A1 LD QOF register in primary care
- A2 Screening: People with LD are accessing disease prevention, health screening and health promotion in each of the following health areas: Obesity, Diabetes, Cardiovascular disease Epilepsy
- A4 No evidence that the Annual Health Check and Health Action Plans are integrated.



## What about **North Yorkshire**?

**Reds** – needs a lot more work

- A5 Screening: Comparative data of people with learning disability vs. similar age cohort of non-learning disabled population in each health screening area
- A6 Primary care communication of LD status to other healthcare providers



## What about **North Yorkshire**?

**Reds** – needs a lot more work

- A9 Offender Health & the Criminal Justice System
- B2 Contract compliance assurance
- B5 Training and Recruitment – Involvement



## **What will happen now**



Each area will now make an action plan on what is important to make better

Areas in Yorkshire are working together to plan what they can help each other with

## **What will happen now**



The big ideas from all of Yorkshire and Humber will be fed back to NHS England and Directors of Social Services

The Area Team are working hard to make sure the numbers are easier to get in the future





## Any questions?



If we cannot answer any questions today please write them down and we will find out the answer and send it to you

## NORTH YORKSHIRE COUNTY COUNCIL

## CARE AND INDEPENDENCE OVERVIEW AND SCRUTINY COMMITTEE

22 January 2015

## WORK PROGRAMME REPORT

**1.0 Purpose of Report**

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

**2.0 Background**

- 2.1 The scope of this Committee is defined as:

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

**3.0 Mental Health Telephone Support Services Consultation**

- 3.1 A consultation has just concluded on proposals regarding mental health telephone support services; Crisiscall and Mental Health Telephone Support Line.

Background information

- 3.2 North Yorkshire County Council provides two telephone support services that cover different areas of the county. These are CrisisCall and the Mental Health Support Line. These services are for people who have mental health needs and are worried or upset and need somebody to give them advice or support.
- 3.3 CrisisCall is jointly funded through North Yorkshire County Council, Tees Esk and Wear Valley NHS Foundation Trust and the clinical commissioning groups. The service is available for people living in Craven, Hambleton, Harrogate, Richmondshire, Ryedale, and Scarborough.
- 3.4 The Mental Health Telephone Support Line is provided by City of York Council on behalf of North Yorkshire County Council and covers Easingwold, Selby and Tadcaster.
- 3.5 Since these services were set-up statutory mental health services have developed the crisis resolution and home treatment teams. The way that the telephone support services are being provided has remained the same for many years, and there has been very little change to reflect the changing needs of customers or the use of technology.

3.6 The services have recently been reviewed and we found that different services were offered within North Yorkshire. These differences included:

- In some areas the service is offered 24-hours a day but in other areas it is only available out of normal working hours;
- One service was available to anybody who felt they needed it. The other service was only available to people as part of their support plan; and
- In one service the phone was answered by a support worker. In the other, callers leave a message and a support worker calls them back.

3.7 What is being proposed:

- Proposal 1: The current mental health telephone support services will be replaced.
- Proposal 2: There will be more than one way to contact the service including telephone, text, email and webchat. The service will also be staffed by call handlers who answer the call rather than the caller having to leave a message and get a call back.
- Proposal 3: The service will be available out of normal working hours and at weekends.

3.8 The consultation closed on 21<sup>st</sup> December 2014.

3.9 With the agreement of the Chairman the Corporate Director intends to give an update on the results of the consultation process verbally to your meeting. A similar update is to be provided at the next meeting of the Scrutiny of Health Committee.

#### **4.0 Members involvement in Inspection Matters: Group Spokespersons Mid-Cycle Briefing**

4.1 Group spokespersons looked again at how how elected members - not just those on this committee - are informed about, and possibly connected to, the regulation and inspection of care establishments.

4.2 Group spokespersons had the elected member role in promoting stronger communities in mind when they gave some thought to this question, but acknowledged the sensitivities about entering what is, after all, someone's home. Equally, the group spokespersons wanted to understand just how manageable any such arrangement would be so that they can ask themselves, objectively, how (if at all) Members can contribute positively.

4.3 Members will recall that at the last meeting that I reported that Janine Tranmer, Contracting, Procurement & Quality Assurance Manager, had come forward with options as to how Members could become involved in and add value to the quality assurance and monitoring of care homes. One approach which mirrors the Care Quality Commissions (CQC) risk profile, which forms part of the new CQC inspection methodology, is to look at options for members to be a conduit in the community to channel information to the Contracting, Procurement & Quality Assurance team.

- 4.4 Constituents regularly contact local Members about issues they are experiencing personally or in relation to family members. A clear route to feed this information into the internal inspection process regarding concerns and positive experiences would help the team form a picture of the home's performance over time.
- 4.5 In addition, the team can share performance data about the care home and domiciliary care market with Members which would inform on what is happening locally, for example regarding suspensions. Scrutiny and the relevant local Member could be notified automatically when a provider is suspended or ceases trading. This will now happen as a matter of routine. Regular updates could be given to the Overview and Scrutiny Committee Mid Cycle Briefings.
- 4.6 When told that between now and April the directorate is redesigning its quality assurance process and paperwork, with links to the requirements of the Care Act and provision information to the public, your group spokespersons saw an opportunity to make progress. They liked the idea that this would link into the inspection of HAS by CQC as a commissioner of adult social care, demonstrating Members are informed of quality and safeguarding activity, demonstrating openness.
- 4.7 Data is also collated on the care market on a quarterly basis which is shared with HAS Leadership Team, and will now form the basis of occasional discussions at Mid Cycle Briefings and reported to Committee as appropriate.

## **5.0 Adult Substance Misuse Service for North Yorkshire**

- 5.1 Your Group Spokespersons reviewed the introduction of the new integrated substance misuse service called "North Yorkshire Horizons" due to start on 1 October 2014. Members discussed this with representatives of the two providers, Developing Initiative Supporting Communities (DISC), its director Danny Glew and Dolly Dalton, Service Manager, Lifeline Project. DISC is responsible for the new treatment services and Lifeline is responsible for the new recovery and mentoring service.
- 5.2 A copy of the frequently asked questions is attached. This largely summarises the line of enquiry Group Spokespersons took at the meeting. It is still early days in the progress of this new service and Group Spokespersons have agreed that a fuller update on the work of the contract be made later in the year – probably to the September meeting of the Committee. The representatives of the provider organisations will be invited.

## **6.0 Sexual Health Services – Redesign and Procurement**

- 6.1 Group Spokespersons considered the attached paper which provided an update on the redesign of sexual health services and procurement of an integrated sexual health service for North Yorkshire. The report outlines the progress of North Yorkshire public health in a procurement process for a new North Yorkshire Integrated Sexual Health Service. It is expected that this will be provided by a single provider although there may be a consortium arrangement. At its next meeting in March Group Spokespersons will be informed about the successful tender. But, bearing in mind the service commencement date is not until July 2015, it would not seem sensible for the Committee to receive an update on

process until the service has had time to bed down. Especially bearing in mind this service is to run up until 31 March 2018 and there is the power to extend the contract period for a further two years. This item will, therefore, be provisionally scheduled for consideration early next year.

## **7.0 The Care Act**

7.1 In July you learned that the Care Act introduces a broader care and support role for local authorities towards the local community.

7.2 The Care Act received Royal Assent in May 2014. The Act is the first overhaul of social care legislation for more than 60 years, building on a 'patchwork' of Acts. Whilst much of the legislation leaves practice as it is now, there are a number of significant changes. These include:

- Introduction of a principle of wellbeing that needs to be applied to every element of care and support;
- A national minimum eligibility threshold;
- Carers being placed on an equal footing with service users;
- A general duty on local authorities to prevent, reduce and delay the need for care and support;
- Every person receiving care from the local authority to receive a personal budget;
- Adult Safeguarding Boards becoming a statutory requirement; and
- Local authorities having to promote greater integration with the NHS and health-related services – eg, housing.

The Act also embodies the Dilnot recommendations for the funding of social care. These changes will not come into effect until April 2016.

7.3 It has been agreed that progress against this wide ranging agenda will be considered at the March Mid-Cycle Briefing, to which all Members will be invited, so that the Committee can examine the evidence of the Council's state of readiness for implementing the Act. Each subsequent Mid-Cycle Briefing will look at each of these new duties in turn with the benefit of an update from the relevant workstream lead. Group Spokespersons will then take a view as to how this matter should be raised at the subsequent Committee.

## **8.0 Better Care Funding: Health and Social Care Integration**

8.1 In his July statement the Chairman referred to the Committee's consideration of Better Care Funding, making reference to the ambition reflected in the Government's creation of a £3.8b pool budget for 2015/16, intended to help move care out of hospital and into the community and improve working and integration between health and social care.

8.2 The Committee was pleased that, together with health partners, the North Yorkshire Plan set out our three main priorities; to improve health, self-help and independence for North Yorkshire people; invest in primary care and community services; and create a sustainable system. Your Group Spokespersons have

agreed that an update on progress will be provided to the March Mid-Cycle Briefing and this will help shape the way the Committee takes an interest in the Better Care Funding issue itself, but also the wider Integration agenda.

## **9.0 Recommendations**

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

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

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14 January 2015

Background Documents: None

## Care and Independence Overview and Scrutiny Committee – Work Programme Schedule 2015

### Scope

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

### Meeting dates

<p><b>Scheduled Mid Cycle</b> Lead Members of Committee</p>	Tues, 24 March 2015 at 10:30am	Thurs, 11 June 2015 at 10:30am	Thurs, 3 September 2015 at 10:30am	Thurs, 3 December 2015 at 10:30am	Thurs, 31 March 2016 at 10:30am
<p><b>Scheduled Committee Meetings</b> <i>Agenda briefings to be held at 9.30am prior to Committee meeting. Attended by Lead Members of Committee</i></p>	Thurs, 23 April 2015 at 10:30am	Thurs, 2 July 2015 at 10:30am	Thurs, 1 October 2015 at 10:30am	Thurs, 21 January 2016 at 10:30am	Thurs, 21 April 2016 at 10:30am

MEETING	SUBJECT	AIMS/TERMS OF REFERENCE	ACTION/BY WHOM
<b>23 April 2015</b>	Financial Abuse review	Update report	Task Group
	Developing the local market - services to support personalisation		

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