ITEM 6

NORTH YORKSHIRE COUNTY COUNCIL
CARE AND INDEPENDENCE OVERVIEW AND SCRUTINY COMMITTEE

1 October 2015

Local Account for Adult Social Care and Public Health Services 2014/15

Report of the Corporate Director – Health and Adult Services

1.0 Purpose of Report

2.0

1.1. To report to the Members of the Care and Independence Overview and Scrutiny Committee regarding the contents of the Draft 2014/15 Local Account in respect of the performance of the Adult Social Care and Public Health Services (included as Appendix 1) and to ask for their comments.

2.0 BACKGROUND

2.1 A draft version of the Local Account was presented to Group Spokespersons at their mid-cycle briefing on 15 September 2015. This gave Members the opportunity to comment on the draft 2014/15 Local Account.

2.2 The Local Account is seen as an essential part of the sector-led performance assessment framework for Social Care. It is also an opportunity for the Director and Executive Members of Adult Social Care and Public Health Services to present an annual report on the achievements of the whole directorate, including Public Health. This is in addition to the Director of Public Health's own annual report on Public Health.

In accordance with the Government's "Removing the Burdens" initiative, there is now no overall external performance assessment of Adult Social Care Services by the health and social care regulator, the Care Quality Commission (CQC). The Local Account continues to be regarded nationally as an important way in which people and local communities hold local authorities to account and demonstrate how services have improved.

2.3 There is no formal requirement to present the Local Account to its committees; however the Local Account is now the only way in which the performance of the Council's Adult Social Care and Public Health function is reported publicly. The National Achieving Excellence in Social Care Board considers the presentation of a Local Account to a formal meeting of the Council to be best practice.

2.4 Since the publication of the first Local Account, the sector-led improvement initiative has been considerably developed within the region. The Yorkshire and Humberside Association of Directors of Adult Social Services (ADASS) has developed a five stage approach to

sector-led improvement including the sharing of local accounts within a common deadline. All Councils within the region have made a commitment to this approach and will ensure that it is both proportionate and provides a robust performance challenge. A key element of this approach is a programme of peer and thematic reviews carried out by partner Councils so that best practice can be shared. North Yorkshire County Council is working closely with other Councils in the region to develop this programme and will continue to play an active part in this improvement initiative.

2.5 A final version of the 2014/15 Local Account will be produced incorporating any additional comments Scrutiny Committee may have and following a review of content by the Executive Members and Corporate Director for Health and Adult Services.

3.0 ISSUES

3.1 One of the prime purposes of the Local Account is to act as a mechanism by which the public can comment on the directorate's performance and on its future direction of travel.

In order to assure ease of access to the Local Account, it was agreed by this committee last year that access to the Local Account was mainly via the NYCC website with printed copies on request. It is intended to continue this practice for 2014/15.

In order to further publicise the 2014/15 Local Account, a A4 flyer will be produced highlighting the key issues, this will be circulated to; Parish Councils, Libraries and voluntary organisations in North Yorkshire. In addition an easy read version is to be produced and published on the Councils website.

3.2 The Local Account provides both a backward look (which sets out its review of performance in 2014/15) and also a forward look in terms of 2015/16 and beyond. It reflects the vision set out in the Care Act and our internal vision which is set out in the Councils 2020 Modern Council and 2020 North Yorkshire A Vision for Health and Adult Services People living Longer, Healthier, Independent Lives.

3.3 North Yorkshire's Local Account highlights many achievements in 2014/15, particularly:

- The ongoing success of Extra Care Housing Schemes around the County. In Thirsk, the first phase of a new scheme has recently become operational along with schemes in Scarborough and Settle .
- As a result of the FACS consultation and subsequent increase to FACS substantial for service provision. A new team of Living Well Co-ordinators, has been created, whose primary aim is to support people to access services in the wider community to maintain their independence and wellbeing.
- The Public Health team are developing a distinctive health agenda for the people of North Yorkshire and they have commissioned a

range of services to deal with issues such as substance misuse and sexual health.

- The continued delivery of high performing services, whilst delivering significant savings.

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

- The numerous challenges for the Council and its partners in developing a local response to the Care Act that works for North Yorkshire's large and predominantly rural geography;
- The need to work more closely with our Health partners to provide services in an integrated way. An example of which is the multi-agency Vanguard Project in Harrogate ;
- Continuing to modernise our existing services and exploring new ways of meeting people's needs to ensure that people remain independent but have access to support when they need it;
- To further promote the uptake of Direct Payments by streamlining the application process.

4.0 PERFORMANCE IMPLICATIONS

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

5.0 FINANCIAL IMPLICATIONS

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

6.0 LEGAL IMPLICATIONS

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

7.0 EQUALITIES IMPLICATIONS

7.1 The DoH is recommending that Local Accounts are placed on Councils' websites and that they are published in an accessible way for disabled people. An "Easy Read" version was produced for the first Local Account and this will be repeated for this year's Local Account.

7.2 As in 3.1 above, to maintain the policy of publishing this year's Local Account in electronic format only. Printed copies would be provided on request.

8.0 Recommendations

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

i. Note and give comments on the content of the Local Account.

ii. Consider and continue the policy of publishing the Local Account as an electronic document only.

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

RICHARD WEBB
Corporate Director – Health and Adult Services

Author of report: Tony Law, Head of Performance and Intelligence

APPENDICES:
1. Local Account 2014/15

HEALTH AND ADULT SERVICES

LOCAL ACCOUNT 2014/15

How we have performed in delivering adult social care and public health services to the people of North Yorkshire in 2014/15 and our plans for

DRAFT Version 2

FOREWORD

Over the year people told us that they wanted to live independent, healthy and satisfying lives, in places that they are familiar with doing things which are important to them. This Local Account sets out how we have helped people to achieve these aims during the past year. Having listened to what the people of North Yorkshire are saying and in line with the Council's main objectives we have developed "2020 North Yorkshire – A Vision for Health and Adult Services – People Living Longer, Healthier, Independent Lives". The Vision will enable us to deliver the services people want in the right places at the right time, ensuring that they remain independent for as long as possible.

Building on the reputation we already have for working closely with communities and providing high quality services, often with our partners in health, we aim to deliver a care system which improves the health of the people of North Yorkshire, puts them at the centre of their care and support, most importantly protects those who are most vulnerable in society and delivers value for money for all involved.

To achieve our goal of helping people to live independently whilst meeting increasing demand for services and dealing with reducing resources, we must ensure that we focus our efforts on the areas where we can make most impact to the health and wellbeing of the people of North Yorkshire.

Through our 2020 project we will focus on building individual's and communities' existing resources and strengths. We will work with communities to find new ways of enabling people to help themselves wherever possible.

We will work with others around the County, both in the Health Service and District Councils, to develop new ways of working which will deliver better joint solutions for quality care. This joint approach will ensure that care from whichever source will be provided effectively for the people of North Yorkshire.

Some of the ways in which we will do this is by supporting people in their own homes rather than in residential care. We will wherever possible work with others to reduce the need for unnecessary admissions to hospitals where alternatives can be arranged in community settings. As part of our drive for improving the overall health of the people of North Yorkshire we will develop a range of preventative services that will enable people to stay active for longer. We will join our services with Health partners where practical to deliver better outcomes to the people of North Yorkshire.

Our aim is to deliver the right information, advice, care and support to the people of North Yorkshire, where they live and when they need it. Our future investments will make a difference to individuals and communities across North Yorkshire. In doing we recognise the needs of the many different communities across North Yorkshire. Finally we will ensure that people who are in contact with the Directorate have a positive and rewarding experience.

COUNCILLOR CLARE WOOD
Executive Member for Adult Social Care and Integration

COUNCILLOR DAVID CHANCE
Executive Member for Stronger Communities and Public Health

RICHARD WEBB
Corporate Director Health and Adult Health Services

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1 ABOUT HEALTH AND ADULT SERVICES

We are pleased to be sharing with you our fifth Local Account which details our achievements and challenges in delivering Adult Social Care and Public Health services during 2014/15. All the photographs and case studies used in the Local Account are real examples of the work undertaken by Health and Adult Services (HAS) for the people in North Yorkshire.

This document also sets out our priorities for future years and is linked to the Directorate's "2020 North Yorkshire - A Vision for Health and Adult Services - People Living Longer, Healthier, Independent Lives".

Further details on the 2020 North Yorkshire – A Vision for Health and Adult Services can be found at http://nyccintranet/wisdom

HEALTH AND ADULT SERVICES – WHO WE ARE AND WHAT WE DO

We provide care and support needs to communities and individuals across North Yorkshire by helping them to live more independently whilst exercising the maximum degree of choice on how their services are delivered and working with people in these communities to ensure that they become more resilient and self-sustaining.

This will be achieved through our prevention initiative and will ensure that information, advice or support is available when people need it so that they have a positive experience of their contact with public health and adult social care.

Health and Adult Services (HAS) currently directly employs 2,100 staff and commission services from a wide range of partners both in the public and independent sector to provide a wide range of services for the people of North Yorkshire. We are responsible for a budget of £141m in 2014-15.

We provide the following services, either directly or via our partners:

Adult Social Care

- Assessment and care management services.
- Carers' services.
- Care Homes provided by the County Council.
- Day Services provided by the County Council.
- Equipment and loan store services.
- Extra care housing.
- Housing related support for vulnerable young people and adults.
- Information and advice.
- Occupational therapy services.
- Hospital discharge services.
- Short term Reablement and intermediate care services to help people regain skills, confidence and independence.
- Services for older people.
- Services for people with autism.
- Services for people with dementia.
- Services for people with mental health issues.
- Services for people with learning disabilities.
- Services for people with a physical disability and physical health issues.
- Services for people with a sensory loss.
- Short Breaks services (also known as respite care).
- Supported living and shared lives services.
- End of life care.
- Transitions services from childhood to adulthood.

Since April 2013 the County Council has been responsible for improving the public's health which includes commissioning a range of public health services. The Public Health Team provides public health advice and leadership across the County Council in partnership with NHS Clinical Commissioning Groups (CCGs), Borough and District Councils, the Police and voluntary and private sector organisations. This contributes to improving the health of the whole population and ensuring that variations in health between communities are reduced.

The mandatory public health services we have to deliver:

- Ensuring NHS commissioners receive the public health advice they need
- Ensuring plans are in place to protect the health of the population
- Appropriate access to sexual health services
- The National Child Measurement Programme
- NHS Health Check Assessment.
- Elements of the Healthy Child Programme

2 OUR PRIORITIES

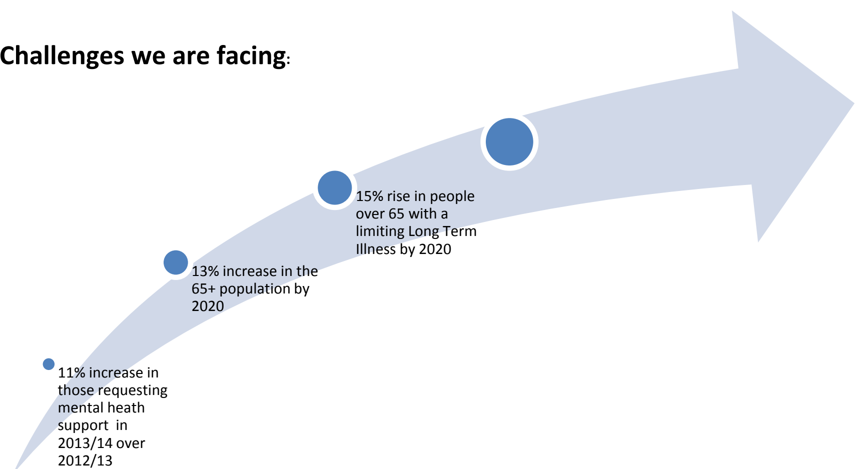
The County Council has developed a number of headline priorities which are aimed at ensuring that we can meet the needs of the people of North Yorkshire within the current economic climate. These include:

- Becoming a smaller County Council;
- Having fewer staff with greater productivity;
- Being flexible and agile to respond to changing roles;
- Being clear about what the County Council does or does not do;
- Progressing towards a greater commissioning role and involvement of private providers;
- A major effort to engage communities, voluntary groups, partners and others to share the role of delivering some services and to help potentially vulnerable people live independent lives minimising the need for more costly services; and
- Retaining the capacity to provide strong leadership on issues important to the public across all of North Yorkshire.

The headline priorities above are being delivered through a number of projects under the heading of "2020 North Yorkshire". This is an ambitious programme to change the way the County Council does things given the need to make significant efficiencies in the way services are delivered. ".

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



OUR KEY DEVELOPMENTS TO DELIVER IMPROVED SERVICES

PREVENTION - investing in locally based services and activities that mean people can continue to live independently in their communities, close to family or friends

RESOLUTION - our Customer Service Centre will offer advice, information and support that means people have the help they need to resolve their concerns at an early stage

MARKET DEVELOPMENT - working with providers in the market to develop an improved range of high quality public health and adult social care services

COMMISSIONING *(buying services from external organisations)* – home care and other services to help people live independently at home

COMMISSIONING ***(buying services from external organisations)*** **– home care and other services to help people live independently at home**

SUPPORT - people will have more choice and control over the support to meet their social care needs

DIGITAL BY DEFAULT - encouraging people to contact us through the website and staff using more technology

2020 HEALTH AND ADULT SERVICES: PROGRAMMES

Within the overall 2020 North Yorkshire programme we have developed our own “Vision for Health and Adult Services - people living longer, healthier, independent lives

The four key programmes within the HAS 2020 Vision are:

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

The 2020 vision is designed so that:

- 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
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In order to achieve the above we will:

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

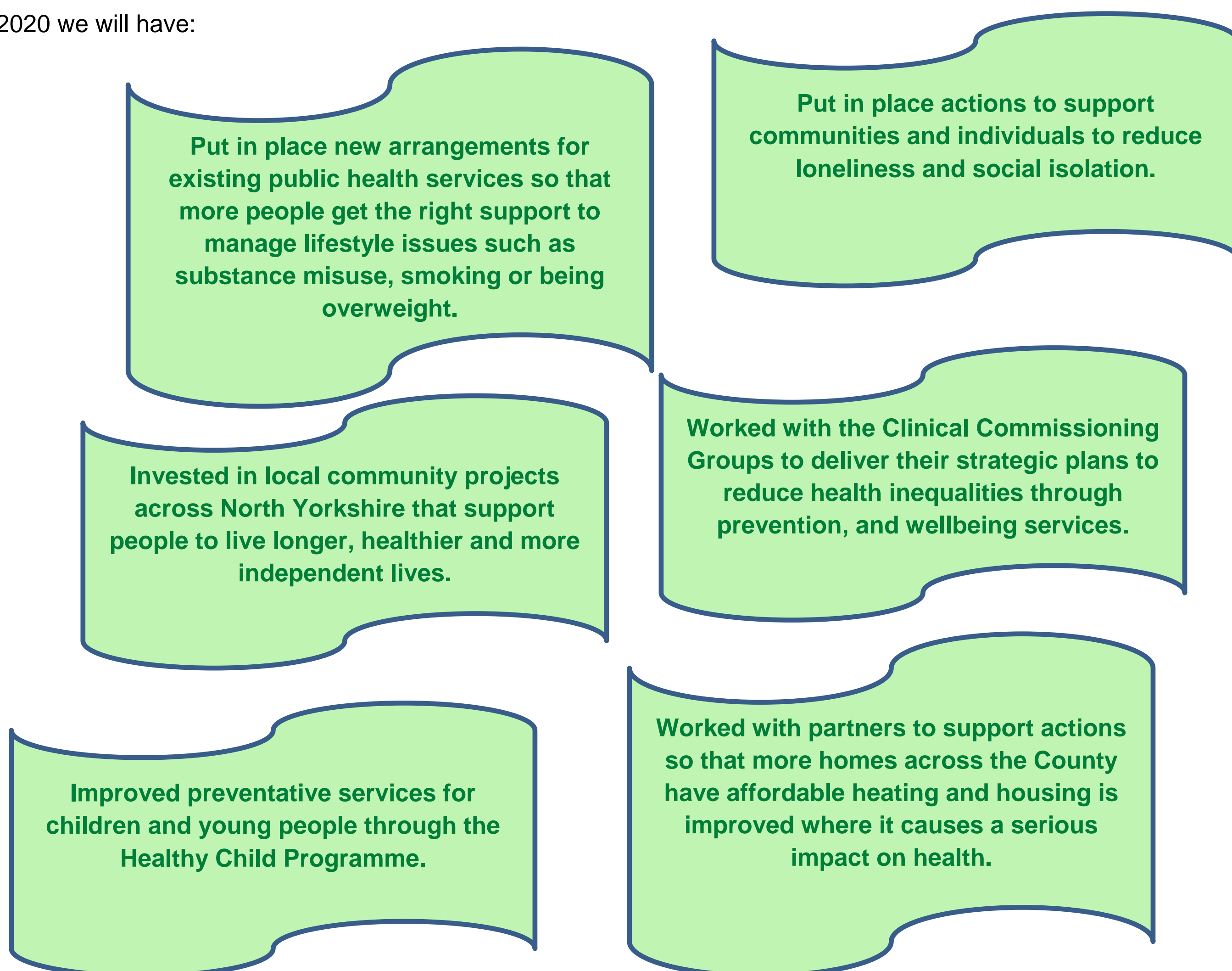
We will continue to undertake assessment and care management services through our own staff. However, we will not necessarily be the provider of services such as care homes, day services and short breaks services. We will look for opportunities for the community and other sectors to run and develop these services, using alternative delivery models such as staff mutual and community ownership.

Where there are sound reasons for us to continue to be a direct provider of services, we will continue to do so, judging each case on its merits.

A DISTINCTIVE PUBLIC HEALTH AGENDA FOR NORTH YORKSHIRE

- By shifting public health priorities and spending towards those issues which are most relevant to North Yorkshire people (for example, warm homes, reducing loneliness, improving mental health, reducing the number of hospital admissions caused by falls, tackling door-step crime).
- By changing existing public health services (such as sexual health, smoking cessation and substance misuse services) so that they reflect specific issues in North Yorkshire's communities and provide more locally available advice, resolution and services wherever possible.

By 2020 we will have:



INDEPENDENCE WITH SUPPORT WHEN I NEED IT

People continue tell us that if they feel they are part of their community, including helping others where they can, they feel less lonely, more able to manage their own needs, and less likely to need social care and health support.

We will work differently with our partners, including greater integration and joint provision with the NHS, housing providers, and other social care organisations to enable groups and people to help each other, providing opportunities

for them to gain the skills they need to live independent lives including, where appropriate, help to find or keep work. If people do need support, they will be able to choose and organise it in the best way for them.

By 2020 we will have:

CARE AND SUPPORT WHERE I LIVE

Choosing where you live has a huge impact on your quality of life, and having well designed and supported accommodation is an important part of us being able to deliver our 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 our partners, or directly by the Council where there are significant reasons to do so.

By 2020 we will have:

Expanded Extra Care Housing provision across the County

Explored different models of accommodation for people

Improved the way people can choose, buy and fit equipment and Telecare so that more people can live independently.

Increased the availability and choice of services for people who have complex needs.

Developed local services and activities that mean that people are safe and can live independently at home for as long as possible.

Worked with the Clinical Commissioning Groups to ensure that people have access to appropriate care and support, and that their experience is positive.

BETTER VALUE FOR MONEY

We can only achieve our ambitions and priorities by improving and changing what we do and how we work with others, building on what we do well and using evidence about what works. As people take control of their care and support, we will all need to think differently about the services we offer. We need to minimise what we spend on administrative costs and support our staff to deliver our vision. We need to ensure that each North Yorkshire care £ is spent wisely and delivers the maximum benefit for the people in the County.

By 2020 we will have:

Implemented and embedded requirements of the new Care Act.

Become more efficient in the way we work, making more use of technology to produce better results for people.

Supported new and existing providers of public health and social care to increase the range and quality of services.

Developed a confident, skilled and knowledgeable workforce that works flexibly with a range of partners to provide services.

Kept more vulnerable people safe by raising awareness and understanding in the social care workforce and the public about what to do if they are worried about someone who is vulnerable.

Worked jointly with partners to integrate service delivery where appropriate.

Invested over £700 million in health and adult social care services in North Yorkshire.

Developed a process for sharing information appropriately with partners that means less duplication and better overall results for people.

Achieved ongoing efficiencies of £21.5 million per year by reducing costs in management and other areas of service and changing the way we work.

Reviewed our approach to performance and quality management.

Worked with our NHS partners to ensure better value for money by reducing duplication through integration of services where appropriate, better use of patient data to reduce the administrative burden and making better use of our infrastructure by co-locating staff where possible.

3 HOW WE HAVE PERFORMED IN 2014/15

We actively supported over 11,000 people within North Yorkshire with direct services and support, of which approximately 7,500 were aged 65 and over. These people were supported through a range of different services including residential and nursing care and care within their communities.

From work we have carried out both locally and nationally we can say that over 80% of people in a recent survey stated they had satisfactory control over their daily lives. Over 51% reported that they had as much social contact as they would like and that 75% of people said that services made them feel safe and secure.

We performed well in ensuring that following a period of reablement almost 88% of these people still remained in their own home 91 days after discharge from hospital. In keeping with our policy of maintaining people in their own homes we again were one of the lowest users of residential and nursing care within the Yorkshire and Humberside region.

During the year we continued with our programme of extra care development with three new schemes being brought online. These were Jazz Court in Eastfield Scarborough, Limestone View in Settle and Meadowfields (phase one) in Thirsk.

In 2014/15 we successfully developed a number of Public Health services which will have significant benefits for the whole of North Yorkshire. These included a new substance/misuse service and work on improved sexual health services and lifestyle services, including stopping smoking and weight management.

In 2014/15, North Yorkshire was in the Top 3 in the region for six Adult Social Care Outcome Framework (ASCOF) measures – LD Employment, MH Employment, Social Contact, Admissions under 65, Re-ablement (offered), Carers Discussion/Consultation. Conversely we need to better understand our performance in the areas of Social Contact Carers and Feel Safe as a Result of Services. Work is ongoing to achieve this. Whilst showing improvement, the numbers of people taking a direct payment as a means of commissioning services is below national average. Work continues to make the direct payment process easier to administer from the point of view of the user.

SECTOR LED IMPROVEMENT

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

As part of this on-going process we listened to the comments made by our regional colleagues on the 2013/14 Local Account. A key part of the SLI programme is the use of a team of mystery shoppers who visit each Authority in the region and test responses to a range of scenarios. During the 2013/14 exercise the mystery shoppers who visited North Yorkshire found the following:

- Contact by Telephone – 2014 rating Good. Friendly manner, clear advice.
- Website evaluation – 2014 rating Good. Good amount of information, easy to locate.
- Face-to-Face evaluation – 2014 rating Fair. Staff were friendly and helpful but limited to amount of help offered.
- Out of Hours – 2014 rating Fair.
- Safeguarding – 2014 rating Good. Very helpful, made sure I was given the correct information.

Unlike some of the other Authorities in the region North Yorkshire does not have a single one stop shop where all Council services can be accessed. Face-to-face contact is predominantly accessed through the Library service who provide contact to the Customer Service Centre where expert advice is available.

In 2014/15 we received 668 compliments regarding staff members, an increase from 601 in the previous year. We also received 234 complaints about our services or the way that we assessed for services.

Of these, 46 complaints were upheld and 66 were partially upheld, 94 were not upheld, 11 were not pursued/investigated and 17 are ongoing.

The number of complaints investigated by the Local Government Ombudsman (LGO) remains low at 22 cases. In the main, the Council was found to have acted appropriately in the majority of cases where a decision has been received. In five instances, minor fault was found, which has been remedied with the complainants.

4 SUPPORTING NORTH YORKSHIRE'S COMMUNITIES

Across North Yorkshire there are a wide range of communities both rural villages and urban areas, all have their own unique characteristics and concerns. Some of these concerns may be similar in that the community feels isolated, which can happen both in our towns and rural areas of North Yorkshire. Other joint concerns could be about access to services.

One of the key priorities of the HAS 2020 programme is to make all communities more resilient and self-supporting, capitalising on the social assets within an area to improve the independence and wellbeing of those most vulnerable. Significant investment is being made to develop a range of preventative services across North Yorkshire.

Stronger Communities, an ambitious new programme we have to support communities to play a greater role in the delivery of services in the county, was launched in September 2014. The Council has developed the programme to support communities to help themselves and create local solutions for services at a time of significant financial challenge for the authority.

'Try It Programme' – Dancing for Well-being, Chain Lane, Knaresborough

Many communities within North Yorkshire have vibrant groups and active volunteers who work innovatively and collectively to add to the richness of local life and to help more vulnerable people. Working with communities already took place successfully with community involvement in a range of services such as libraries, rights of way, school governors, local befriending services, and volunteer community drivers. Building on this experience this programme is working with local communities and offers opportunities, to design, develop and deliver services to meet local needs.

Faced with a requirement to make savings there is a range of services that the council has traditionally provided that will no longer by available or will need to be delivered in a different way. However for some of these much valued services, by working with the community and voluntary sector and parish and town councils the Stronger Communities programme offers a package of support, including grants, to help to ensure that there is the skills and capacity available to enable others to work with the council to take a greater role in managing and delivering a range of services.

The Stronger Communities team works with local residents, community groups and other partners from the public and private sectors across North Yorkshire, identifying opportunities to co-produce a range of local support and services aimed at improving the well-being of people of all ages. Community groups are being encouraged to work together where appropriate, maximising the use of buildings, assets and volunteers in order to create a focal point or local network of support.

A team of Delivery Managers, one for each of the district areas in North Yorkshire, have been appointed and from January 2015 have been working with local groups who are interested in taking on a greater role in the delivery of services helping them to access the full range of support we offer, including the possibility of transfer of assets and buildings into community ownership, some start-up grants, ICT equipment and services, training; and on-going specialist advice, support and development.

Residents of Kirby Grindalythe enjoying lunch in the Village Hall at the newly supported Lunch Club

The initial priorities of the programme are:

- Local libraries
- Open access youth services
- Community transport and
- Some services for older and more or vulnerable adults.

Grants of up to £15,000 are available and already a number of successful awards have been made to support a range of groups and activities including a Mens' Shed project, the development of a Community Library in Pateley Bridge, a community car for the communities of Nidderdale, Luncheon Clubs in Ryedale and a new programme of activities for children, young people and older people in Chain Lane Community Hub, Knaresborough.

The Stronger Communities team is also working with the Library service to develop 21 community libraries as part of a major service review.

PROMOTING INDEPENDENCE

Prevention is at the core of everything we do and will form part of the new operating model for adult social care which has its emphasis on prevention and early intervention.

The main aims of moving to a more preventative way of working:
- Help people maintain their independence and avoid the need for social care or health intervention for as long as possible.
- Ensure that the care pound is best spent by delivering early interventions which avoid or reduce the reliance on more intensive and costly support services later in a person's care pathway.
- Make best use of the existing care networks and supports the development of a wide ranging variety of community projects that will have a major impact on the preventative role
- Indentify "at risk" adults. These are people who are unknown to social care and potentially other services who are at risk of a crisis that will lead to significant social and health care intervention (e.g falls, poor nutrition, social isolation).

Our guiding principles in developing the preventative way of working are:
- Services help people lead active healthy lives by focusing on prevention, recovery and early intervention.
- People can access the right services at the right time to meet their needs.
- Putting people who use services and their carers at the centre of the service, and giving people choice and control in the services they receive.
- People who use services and their carers will be treated with respect and dignity at all times, and assisted to take decisions themselves and to live their lives free from discrimination and harm.

Together with our prevention and rehabilitation strategies we aim to keep people independent for as long as possible.

Some of the actions already taken include:
- Development of a Living Well service
- Development of a Prevention Framework
- Development of wider prevention services funded by Public Health
- Development of a lifestyle service for weight management
- Older people's physical activity programme linked to falls
- Public Health investment in the Stronger Communities programme to develop a wide range of community assets and helping communities to support one another
- Specific projects to be developed on reducing social isolation and loneliness, and bereavement support.

As part of the consultation on the proposed changes to social care eligibility, undertaken in 2013/14, there was a wide ranging consultation on prevention. 80% of respondents stated that preventative services would help maximise independence. People told us that they felt they were part of their community, they felt less lonely, more able to manage their own needs, and less likely to need social care and health support.

When people were asked to identify what makes a "good day", they provided a list of aspirations. The list demonstrates how simple steps can make immeasurable improvements to health and wellbeing:

Aspirations:
- I would like contact with other people
- I want the choice to go out and about

- I would like to keep active
- I want to achieve something
- I like having a sense of purpose
- I feel safe, comfortable and not worried
- I am able to maintain my interests

We are committed to supporting people in the County to live longer, healthier and independent lives. Prevention and early intervention are fundamental to this ambition. We aim to do this in two main ways:

1) Universal prevention –enabling individuals and communities to be self-reliant and to support each other. Our Stronger Communities programme, based in local areas, is at the heart of this universal approach and is already bringing together the County Council's infrastructure and new opportunities for support and funding for community and voluntary organisations. The four Strong Communities priorities are community libraries, community transport services in areas where there are no commercial bus services, activities for young people, children and families and support for older and more vulnerable people and carers to remain involved and active within their community.

2) Targeted prevention – specific programmes to tackle issues and support those people where there is greatest risk of needing long term social care or health care without early intervention and assistance

MR & MRS MORRIS'S STORY

HAS made a Disabled Facilities Grant referral for a Shower and Curved Stair Lift. While Mr and Mrs Morris were being visited by a Needs Advice and Support Officer (NAS) it became apparent that the property had limited heating. As they were in receipt of Housing Benefit and had limited income this was a particular hardship for them. They agreed to have a Surviving Winter Assessment funded through the Two Ridings Association.

The couple did have oil central heating but they were unable to use it as they could not afford to fill the tank. They used solid fuel to heat the downstairs lounge and there was no independent heating in the bedrooms or bathroom. The cost of the solid fuel and electricity was very high and they used a pre-paid electricity meter.

An application was made for a Macmillan grant of £300 for the initial oil delivery which was successful and advice was given in ways to join monthly payment plans to enable the couple to have future deliveries.

MR FRANCIS'S STORY

We received a referral from an Occupational Therapist for a Disabled Facilities Grant for a stair lift and new door threshold to the internal door for a customer who has MS.

The Needs, Advice & Support (NAS) Officer went out to complete an initial assessment. On arrival at the customer's house our NAS Officer found that the customer was slow in getting to the door and that the door was unlocked.

Through discussion with Mr Francis about this our NAS officer asked about security in the home and established that he was eligible for security assistance through the new community grant funding. Through this the NAS officer has arranged to install a door chime, and security chain.

LIVING WELL CO-ORDINATORS

Background
We have joined with our Public Health colleagues to create a new team of Living Well Co-ordinators to work predominantly with disabled and older people and their carers. The Living Well Co-ordinators will support people to access what's going on in their communities and to find solutions to reach their own health and wellbeing goals. Living Well Coordinators will work predominately within a community setting:

- They will provide advice, signpost and support adults to access support and maximise their independence and wellbeing
- They will work with existing networks and services in North Yorkshire including: family & friends, community and voluntary sector and statutory services.
- They will support the further development of the Stronger Communities programme by identifying gaps in service.
- Key partner organisations will contribute to the service implementation

In addition to the links above they will work closely with GP practices, community health services, voluntary and community organisations and district council services, ensuring the person remains at the centre of the process.

Why have we adopted this approach?

- A consultation process around Prevention took place in 2013, this led to the subsequent design concept of the service, key requirements from the public consultation included:
- Support to live in my own home
- Support to find and use information and advice
- Help to manage my health and stay well

Further consultation with potential service users, members of the public and key partner organisations have helped shaped the service design so far, this includes the titles for the staff team and service, what qualities they would like to see in someone supporting them and they would like to access the service.

What happens next?
The new team will begin to take shape from August 2015, the first phase of the service will roll out in October 2015 and work will continue to take place around development with a wider service roll out anticipated in April 2016.

Regular updates on progress will be available via the NYCC website and through a number of key stakeholder events, forums and publications, if you would like any further information please contact targeted.prevention@northyorks.gov.uk.

HOME IMPROVEMENT AGENCY AND HANDYPERSONS

The County Council in partnership with the District and Borough Councils commission a Home Improvement Agency and Handypersons Service to help people live independently in their own homes.

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

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

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

In 2014/15 across the county 3,400 people were assisted with adaptations such as handrails to their home or small repairs jobs around the house that they could not manage themselves. 365 people were assisted with major adaptations to their homes with the majority receiving financial assistance through Disabled Facilities Grants and 1,500 people had equipment fitted that supported their return home from hospital.

MRS ABBOTT'S STORY

Mrs Abbott, a frail resident living in the Ryedale District was unable to keep her home at a constant temperature, as she was unable to set the heating timer and thermostat at her home. She was therefore struggling to keep warm and this was affecting her general health and well-being. The Agency's Handyperson service visited the home and was able to support the lady and teach her how to set the controller to ensure that a constant temperature was kept throughout the house.

MRS EAST'S STORY

Mrs East, aged over 65 had received a wellbeing visit from the Agency. Her gas fire hadn't been serviced for several years. The Well Being Officer, instructed a framework contractor to visit to service the fire, to ensure it was safe. Upon visiting, the contractor advised that the fire was of considerable age (30yrs +) and the chimney had partly collapsed behind the fire, leaking CO into the property. It was deemed unsafe and was therefore condemned. Mrs East did not have the funds to have the chimney fixed and replace the fire. The repair works were outside the scope of the emergency fund, but the Agency was able to send the Handyperson service to block up the chimney (where the old fire had been removed) and install a plug in electric fire to replace the heat source.

MAXIMISING BENEFITS FOR RESIDENTS

One aspect of our new preventative services is a facility to help improve peoples' financial wellbeing. We now have a new team of people who are completing benefits check for those clients who have been supported for a short period of time through our START service. The aim of this service is to ensure that people are in receipt of all of the welfare benefits to which they are entitled. Experience shows us that there are substantial numbers of people who are simply unaware of the welfare benefits to which they are entitled. The benefits system as a whole is complex and in providing the support and advocacy to complete the claim forms we are able to ensure that people receive their full entitlement. By providing this advice and the full support to claim such benefits we are helping people to remain independent for longer in their own homes thus delaying any further need for support through statutory services.

In 2014/15 our Benefits and Assessments Team submitted 1492 claims and helped people to receive £5.2m in benefits for Attendance Allowance, Disability Living Allowance and Severe Disability premiums alone. The team also continues to claim a substantial number of other welfare benefits in every case where benefits entitlement is identified.

Benefits' Team with Executive Member Cllr Clare Wood

In January 2015 a new Benefits Maximization service was established as part of the authority's Prevention Agenda. This new service is initially being made available for people who have been provided with an intensive period of personal care and support in their homes by the county council's START team in health and adult services. START support follows serious illness, often after discharge from hospital. By ensuring that people receive their maximum entitlement to welfare benefits we will be assisting them to remain independent for a longer period of time and increasing their financial well-being.

MR & MRS HARROW'S STORY

Mr and Mrs Harrow received a short period of support from the START team following a recent illness. A Benefits and Assessments Officer visited them when this service ended. As a result of their intervention and assistance successful claims were made for high rate Attendance Allowance and Severe Disability Premium for both, increasing their household income by £288.30 per week. This increase in weekly income will help Mr and Mrs Harrow to remain independent in their own home for a longer period of time

5 LISTENING TO PEOPLE

We can only improve the services we provide if we listen to what people are telling us ie, what sort of services they require, how they are delivered to them and who is delivering them. There are a many ways in which we currently engage with people from formal surveys and consultations to complements and concerns. In addition to the individual voice, we also support a wide range of organisations from around the county. These organisations advocate on behalf of and champion a wide range groups and individuals.

HEALTHWATCH

Improving Health & Social Care Together

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

Healthwatch North Yorkshire is the 'go to' organisation that supports everyone across North Yorkshire to:

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

Over the last year, Healthwatch has worked hard to build up a team of trained volunteers to undertake statutory "Enter & View" visits to Health & Social care providers and to develop strong local links. A total of 9 Enter and View visits took place during 2014/15 into care homes and local acute hospitals, and more are planned for 2015/16. Visit our website to read our Enter and View reports www.healthwatchnorthyorkshire.co.uk

You can find out more about Healthwatch North Yorkshire and read its 2014/15 Annual Report (available from 30th June 2015) on its website: http://www.healthwatchnorthyorkshire.co.uk/

PHYSICAL AND SENSORY IMPAIRMENT

Our Physical and Sensory Impairment partnership board and reference groups have worked together during 2014/15 to consider and refocus their work, with the aim of developing a stronger voice for disabled people. Achievements include:

- Developing a street-mapping toolkit to identify access barriers, starting in Selby but with the ambition to roll out to other areas
- Developing the disability access advisory role, for example providing access advice to the new Selby Leisure Centre, Ripon Museum, the Ripon City Plan, Gallows Close community centre on Barrowcliffe estate in Scarborough, and advice that resulted in improving access to retail outlets.
- Contributing the experience and views of disabled people to a number of county council consultations, including the recent Library Service consultation
- Running a Health Forum to feedback experiences of disabled people when accessing health care to the local CCG
- Participation in an Overview and Scrutiny Committee review into access to local services and facilities, looking in particular at public transport
- Investigating food bank provision, reasons for needing the support of food banks, and whether the service they provide is accessible to disabled people
- Partnership working, for example attendance at other forums such as North Yorkshire Healthwatch and independent advisory groups, and working with the North Yorkshire Learning Disability Partnership Board to develop the new Safe Places scheme.

For 2015/16, the Board and Reference Groups intend to widen their networks to increase membership, and to focus on active involvement in service developments and local access issues.

NORTH YORKSHIRE FORUM FOR OLDER PEOPLE

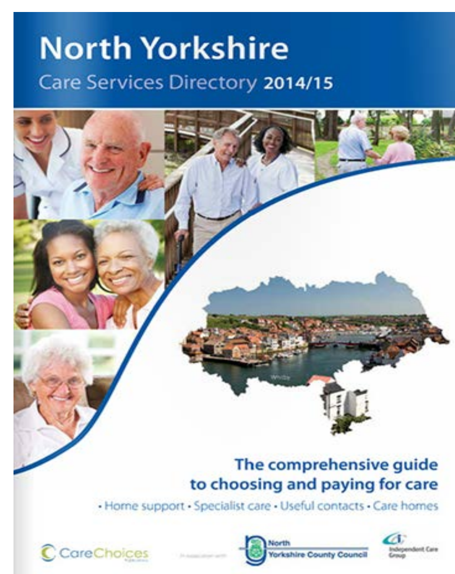
During 2014/15 the North Yorkshire Older People's Partnership Board amalgamated with North Yorkshire Forum for Older People (NYFOP), a volunteer-led charitable organisation run by and for older people. Membership of the Forum is made of representatives from local older people's forums, with a total membership of around 1,000. Many of the people involved with the Older People's Partnership Board are also involved with the Forum.

Ourselves, NYFOP, and other statutory partners such as the Police Service, health colleagues and district councils, now meet each quarter to discuss issues affecting older people and to invite feedback on council plans. So far this has contributed to the library consultation, discussed the new Stronger Communities priorities, and developed their understanding of the Care Act 2014 and of health structures and ambitions of integration of health and social care.

Feedback from members of the Forum indicates that they feel very much more involved in decision making and better informed. The intention for 2015/16 is to continue to develop this relationship and the role of local older peoples' forums, so that we involve more people more often in our decision-making.

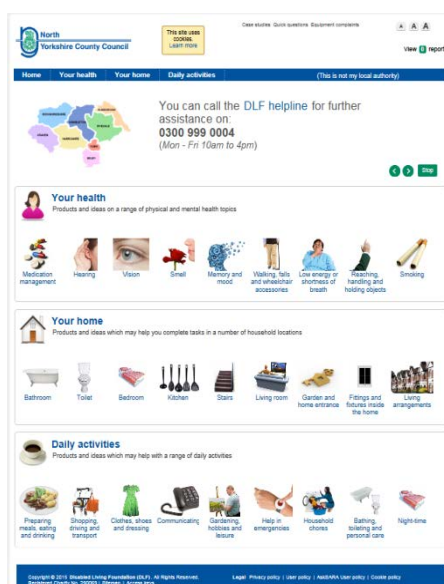
ACCESS TO INFORMATION

We are committed to providing good quality information and advice in a range of formats. To support this we completed a survey in January 2015 with the members of our Citizens panel to look at the effectiveness of the information we provide. The feedback was then used to help design and shape our information and advice offer.



Our website information was recently user tested by SOCITM (society of information technology managers) among 300 other Council websites. The results were very promising for North Yorkshire as we were pitched as one of the top 20 sites and received the highest accolade of four stars. We were praised particularly for the variety and comprehensive nature of the information we provide.

As part of the Adult Social Care Survey and the Carers' Survey we asked how easy it was to find information about social services. Over 69.4% said it was very easy or easy to find information. This score ranks us as 9th in the region, the best performing being Barnsley at 74%. This is an area where further improvements are being made so that people looking for information can easily find it and make an informed choice about their care needs.



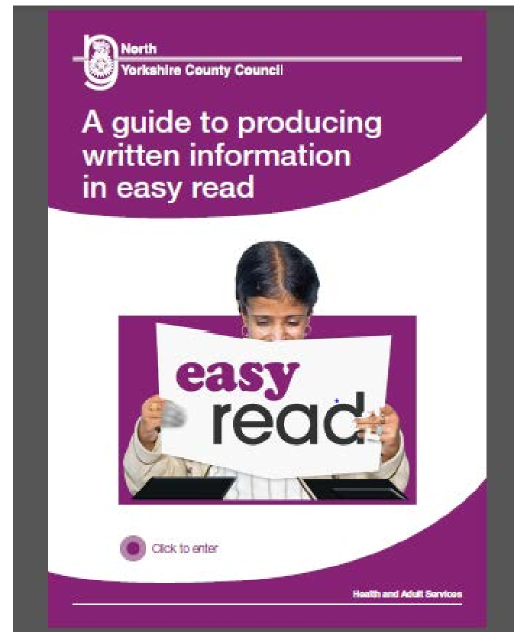
The recently introduced Care Act places a duty on all Local Authorities to provide good and accurate advice and information and this is one of the key principles of our 2020 North Yorkshire programme.

To complement our website information, we also produce a number of printed leaflets giving information about Adult Social Care Services. We also produce these leaflets in a variety of formats, for example: Easy read, Large Print.

You can also make contact with our Customer Service Centre who will support you with tailored information and advice. Our Customer Service Centre is available by phone at 01609 780780, or by email at social.care@northyorks.gov.uk. It is also possible to enquire about Social Care information via the "Web Chat" facility which enables users to have an online discussion via the web.

As well as providing information to those with a need for care and support services, we also produce information to support those who do not need a service from us, in support of the government's aim to prevent and reduce the need for care and support, as well as helping people to think about and plan for the future.

We have published the fourth edition of our Care Services Directory which has been produced by Care Choices Ltd, in association with North Yorkshire County Council and the Independent Care Group. The Directory is a useful resource and gives a helpful summary of North Yorkshire's Adults Social Care services, as well as information about care service providers in the area. Distribution of the Directory has now doubled to 10,000 copies per annum, and now extends to include partners in health and other voluntary organisations as well as in other public places, like libraries. For a free copy, please visit http://www.northyorks.gov.uk/article



We have introduced a self assessment tool to our website, called AskSARA, which aims to look at supporting you to find ways of helping yourself with daily activities in your own home and is alternative option if you do not wish to contact us directly for an assessment. If you would like to find out more, please visit: http://www.northyorks.gov.uk/AskSARA

Making Information Accessible – Easy Read
It's really important that information is produced in ways that make it accessible to people. In 2014, North Yorkshire Learning Disability Board and a small team of officers from across the council co-produced a guide and e-learning package to help colleagues in the council and other sectors to produce better quality easy-read information (easy read uses pictures and simple words). Self-advocates from the Partnership Board produced video clips to explain why accessible information is so important, and how it promotes independence and choice. The e-learning will be rolled out during 2015/16.

The guide and video clips, and other easy read resources, are available here:
http://www.nypartnerships.org.uk/index.aspx?articleid=29699

NORTH YORKSHIRE LOCAL ASSISTANCE FUND

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

Applications are made through authorised agencies, including County Council front line services, registered social landlords, and some voluntary organisations. The authorised agencies must assess the applicant and identify them as eligible and vulnerable. The biggest categories of vulnerability helped were: 'families under exceptional pressure' (49%), 'homeless/risk of homelessness' (20%) and 'mental health problems' (11%).

In the financial year 2014/15 the fund saw a total number of 3,978 applicants, a rise of more than a thousand from the previous year. This resulted in 6,200 items being awarded of which 2,001 (32.3%) were utility awards, 1,714 (27.6%) food awards and 1,104 (17.8%) white goods.

The County Council has committed to continuing the NYLAF in 2015/16 and beyond, funded in line with the sum identified by the Government.

MR JONE'S STORY

Mr Jones suffers from mental health issues and also has no any money. He has gone without food or electric was recently supported by an agency. We applied to NYLAF on his behalf and he was able to receive a food parcel and an electricity voucher. This enabled him to be able to eat and have hot water and heating; also to prevent him going into crisis.

6 OUR SERVICES

Currently we provide or commission a range of services which enable people to remain independently in their own homes for as long as possible. We do, however, acknowledge that there is a point at which it is no longer safe to maintain an individual in their own home, at which point residential or nursing care needs to be considered.

A number of these services are provided directly by HAS staff members, other services are commissioned from the independent and voluntary sector. The range of services we provide is listed on page 4 of this Local Account. In addition to providing and commissioning services on behalf of clients, there is also the opportunity for individuals to have direct payments and Individual Service Funds which enables them to have the maximum choice and control over how their services are delivered.

During 2014/15 there have been significant changes in how services are delivered and the role of HAS in providing them. The most fundamental changes are being introduced by the newly enacted Care Act.

THE CARE ACT

The Care Act, which received Royal Assent in May 2014, is the biggest change in social care legislation in over 60 years. It introduces major reforms to the duties of local authorities, the rights of people who need social care and to the funding system. The main provisions of the Care Act that came into effect from April 2015 include:

- Local authorities having a broader care and support role in the local community, with new duties to promote physical, mental and emotional wellbeing for the whole population and in all decisions regarding someone's care needs, and to reduce the risk of people reaching crisis point.
- Introducing a national eligibility criteria against which all local authorities are required to assess individuals' entitlements to care.
- The right for carers in England to an assessment and to receive support from their local council in line with new national eligibility criteria

In preparation for the introduction of the Act, we have worked with partners and staff to review our practice and procedures to ensure they meet the requirements of the Act.

START (Short Term Assessment and Reablement Team)

Last year we said we would continue with our START service to rehabilitate people to regain confidence and skills after an accident or stay in hospital. It is seen as an excellent way for people to regain confidence after a crisis through a mixture of occupational therapy, intensive home care, the use of Telecare and other small pieces of equipment. We have also extended the range of START to now include people with physical and learning difficulties.

In 2014/15 START teams supported 3051 people countywide with a START package. START provides a free initial service of up to six weeks which is offered to all people referred to Health and Adult Services.

As part of 2020 North Yorkshire it is our intention to offer START services to other long-term clients where we feel there is a prospect of increasing their independence and reducing their reliance on the need for long-term care.

MR ANDERSON'S STORY

Mr Anderson is a 19 year old man who has a diagnosis of Asperger's Syndrome. He was referred to the LD START service because of his lack of ability to build routine into his day with personal care and daily living skills and he needed assistance to prepare himself to cope independently when he goes to university later this year.

Whilst the team were working with him, it became evident that he spends a considerable amount of time on his iPad and is passionate around modern IT devices. With help from the START Team Mr Anderson was able to download a suitable application (app) onto his iPad. This app now alerts him at the right time each day to start the appropriate task, for instance at 08.00hrs the iPad will ring and announce a chosen Wake Up call.

Very shortly after the iPad had been programmed, Mr Anderson informed the START Team that he was delighted with technology and advice given as well as assistance from the LD START had made to his independence and improved to his lifestyle. The outcomes are that he is now closed to Adult Services and he has acquired the mechanism to develop a sustainable routine which will support his attendance at University.

AUTISM

Autism Accreditation

Our day and respite provider services, plus the Supported Employment and Autism Outreach (Children and Young Persons Services) are undertaking National Autistic Society (NAS) accreditation at the current time. We are all due to complete the accreditation by November 2015, within a two-year timeframe which will be an excellent achievement. NAS tells us that we are the first to put such a large group of services through accreditation at one time.

We received a capital grant of £18.5k from the Department of Health in January 2015 to be spent on autism work. The autism project board decided to spend the money on iPads to be housed in the services seeking accreditation. They will be in used in services by people with autism and others. Each service has been given £100 in ITunes vouchers to spend on apps that can be used by people in their service. A workshop event was held on 5 May for managers to collect their iPads and be given a demonstration of how to use them. They were also given a list of suggested apps for people with autism.

iPad Workshop Event

Autism champions

A major focus of the 2010 national autism strategy 'Fulfilling and Rewarding Lives', and its follow up, 'Think Autism' (2014), is to raise awareness of autism within public services. Part of this work has been to increase our own capacity within HAS around knowledge and awareness of autism. One method to achieve this has been to develop a model of 'autism champions'. The champions are HAS staff, mainly drawn from assessment teams, but also including staff from Supported Employment, mental health, direct payments, brokerage and customer services. The champions undertook a one-day introductory autism awareness course and this has been followed by five one-day modules on specific subjects related to autism. We have a 'cascade' model where autism champions take their learning from training modules and disseminate this to their colleagues. In this way, the learning is passed to as many staff as possible. The HAS autism champions model is being rolled out to children's social care currently.

Autism Champions

DEMENTIA

How we are responding to this challenge
The six new Dementia Support Services commissioned jointly with the local Clinical Commissioning Groups have been making a real difference to people living with dementia. Working to a single specification to ensure consistency across the county, the service is delivered on a local basis in the Clinical Commissioning Group areas, to make sure they can respond to local issues and utilise local strengths. Making Space is the provider in Hambleton, Richmondshire and Whitby CCG area, Airedale, Wharfedale and Craven CCG and Cumbria CCG and Scarborough and Ryedale. Dementia Forward is the provider in Harrogate and the Vale of York.

The services have offered support to nearly 750 people living with dementia and around 700 carers, in the first six months of the service. The schemes keep people as well as possible for as long as possible, promote their independence, and help them stay active and involved in their communities. The schemes also offer an education and awareness raising function within the local community, and over 230 people had benefited from this part of the service by November 2014.

We have continued our strong commitment to the Dementia Champions work, and have been delighted to highlight work across the county of some of our Champions, including a Dementia book launch in our Library Service, .the opening of a dementia café in Malton, training for staff at Castle Howard, and one Dementia Champion who has managed to encourage and sign up 100 new dementia friends in one year.

We have seen local Dementia Friendly Community initiatives developing in Harrogate, Scarborough and Richmondshire, with support from our health and District Council colleagues as well as the voluntary sector. Our ambitious and growing Extra Care programme is developing resources to help care and support providers working with people with dementia in specialist housing schemes, and dementia friendly designs for new schemes are currently being planned.

We are ready to launch guidance which we have developed with partners for providers together with a self-assessment tool for care homes, to help them support staff to be more dementia aware and to improve the quality of support they provide. Ultimately, it is all about making sure dementia is not just regarded as a health and social care issue - it is everybody's business. Everyone can play a role in helping people with dementia and carers to feel part of their community.

MENTAL HEALTH SERVICES

Mental health services in North Yorkshire are jointly delivered with NHS Mental Health Trusts. Services for those people with mental health issues also form part of the core offer from other service areas including employment support, accommodation, Supporting People, home care and day care.

We are currently drawing up our own long-term mental health strategy with the NHS Police. Key actions from this are to:

- continue to support and deliver integrated mental health services with teams across the county council and in the National Health Service.
- continue to be well-placed to recruit and retain skilled social care mental health practitioners.
- invest Public Health Grant in new work around suicide prevention.
- set up new programmes to support people who are coping with bereavement.
- sign up to the national Crisis Concordat to follow good practice in helping people in crisis locally.

During 2015/16 we are undertaking a review of our social care services in order to enhance delivery of services with investment in staffing, rolling out the crisis care concordat and working with the newly established posts of Living Well Co-ordinators. The Care Act will underpin this and allow us to meet more specific mental health needs for individuals within the community. We are involving service users in this refresh to help in developing new services, especially in the voluntary sector where individual service contracts are becoming more tailored to meeting individual needs.

Mr OWEN'S STORY

Mr Owen, a young man in his twenties, and his siblings were raised by his mother. He is highly intelligent, extremely pleasant and very quiet. He has suffered from social anxiety and agoraphobia, eventually becoming mute, predominantly due to Asperger's Syndrome. Mr Owen behaves and perceives the world very differently to most of us.

In July 2014 Mr Owen was referred to the Selby Community Recovery Team (SCRT). He has engaged in graded exposure work to help with his agoraphobia and has joined the local library, using their computers to download papers for his university studies, working towards a BSc in Computer Science. Having little income, he applied and was awarded a Personal Independent Payment from the Government. From this he has acquired inexpensive second-hand furniture and the cheapest internet access he could find (first 12 months free!).

Mr Owen is determined to build himself a 'normal' life. As he recovers he plans to graduate, utilise his skills to earn himself a living.

CARERS

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

The North Yorkshire Carers Strategy sets out actions to work with other partners and carers to improve the health and well-being of carers and the people they care for.

The Care Act which came into force in April 2014 includes a statutory right for carers to have an assessment. An assessment helps carers to think about their caring role, how it affects their health and well-being and what support they may need. In preparation for the increased carers' responsibility from April 2015 additional advice and information has been developed on the Council's website.

Carers' Week 'Quest'

We support carers in a lot of ways, including:

- Health and Adult Services along with Clinical Commissioning Groups contract with carers' centres across the county who help in identifying carers and assist carers individually in looking at their own needs and their lives outside of the caring role as well as providing advice and information.
- A carer's assessment, designed to ensure that both the carer and the person cared for get the right support. People can undertake self-assessments online and carers centres can support them to do this as well as Health and Adult Services.

- Nearly 7,000 carers received services during 2014/15. This includes advice and information, carer's support grants and sitting services.
- Carer's support grants help carers improve their well-being - .last year, over 1,000 carers benefited getting help with tasks around the home, such as gardening; relaxation; weekend breaks and rail fares to visit family;
- Commissioning sitting services across the county in order to allow the carer time to pursue an interest outside of their caring role whilst their cared for person is looked after.
- A carer's emergency card ensures that if a carer is suddenly unable to carry out their caring role through illness or accident, the cared for person is looked after.

RUTH'S STORY

Ruth had been supporting husband with Parkinson's and mobility issues for over 10 years. Unfortunately Ruth's husband's condition had deteriorated recently and Ruth was struggling to provide the care her husband needed.

As her husband is now unable to drive, after contacting the Carers Centre Ruth gained an Attendance allowance for £54 a week which enables her to pay for taxi's to take them both for trips around the local area and also for them to receive a 25% discount on their Council tax each year.

Ruth has received a Carers Emergency card for peace of mind and also a Carers grant from HAS of £150 to support her as a carer to allow her to have some time out for herself.

Rails have been fitted into the bathroom and steps around the property to aid husband with mobility and links have been made with the local Parkinson's' support group, for both her and her husband to attend local social activities. Transport was provided and Ruth had the opportunity to share experiences with other carers in similar situations.

PERSONALISATION

Personal Budgets and Direct Payments

2014/15 has seen the number of people taking a direct payment increase from 13.8% to 16.4%. We have seen an increase in the number of people taking a direct payment to purchase support from an agency of their choice, whilst we are also supporting individual employers in meeting the new requirements around auto enrolment onto a pension scheme.

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

Over the last 12 months, we have continued to work with people to promote the advantages of personal budgets and direct payments, emphasising how direct payments give greater choice and flexibility in meeting individual needs. We have co-produced a series of fact sheets with another Local Authority which offer clear advice and information about direct payments and the support that the County Council provides to people considering taking a direct payment. The fact sheets are available online or through the Direct Payments Support Service.

In 2013/14 an Innovation Fund grant was given to the North Yorkshire Centre for Independent Living (NYCIL) to provide practical support and advice to people with a direct payment and self-funders to recruit and train their own staff, as well as offer a payroll service for people with a direct payment. This service is now running independently of the Innovations Fund grant and supports people countywide.

Individual Service Funds

An Individual Service Fund (ISF) is a way in which individuals can have more choice, control and flexibility over their care needs without the need to hold a direct payment. The individual's personal budget is given to a provider and the person works with that provider to determine their individual support plan and how the budget is spent. ISFs can also offer the opportunity for people to choose their own staff, without taking on the responsibility of being an employer.

In December 2012 we started a pilot for Individual Service Funds (ISF) with six providers and 40 users, countywide. The pilot ended in November 2014 and the evaluation has been used to develop an ISF element in all new Domiciliary Care contracts. We will be working with Domiciliary Care providers over the coming months to support them to provide ISF's to their customer base putting the person in the centre of the process and creating a more flexible personalised approach to how their care is being met.

SAMUEL'S STORY

Samuel was employed as a milk tanker driver in and around the North Yorkshire Dales and is very familiar with the area. Samuel has MS (Multiple Sclerosis) and requires support with personal care and assistance to maintain his social links.

Samuel chooses to have his support provided via an Individual Service Fund (ISF) as it gives him greater flexibility and ownership on how his care is delivered. The ISF provider supports Samuel with the financial aspect of the ISF and he is able to plan his own care. Samuel uses some of his care hours to support his daily care needs and the remaining hours are used flexibly to enable him to enjoy social community activity time.

Moving forward Samuel has applied to relocate to his own independent accommodation that is more suitable to his requirements and feels that having an ISF will make the transition easier.

EXTRA CARE

Over the past 15 years extra care housing has become the cornerstone of our approach to keeping people healthy, independent and able to live at home in supportive local communities, thus reducing the demand for more intensive services. It is our flagship investment programme and one of which we are justly proud.

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

Extra care housing provides high quality, specifically designed, apartments with a care team on site that can provide care at any time 24 hours a day, 7 days a week. It helps people to live independently, safely, with care and privacy. There is also access to other facilities such as restaurants, shops and hairdressers. Many of the schemes are at the heart of community life – Sycamore Hall in Bainbridge, for example, provides a village shop, library and post office as well as accommodation with care.

In 2014/15 we have continued to support and invest in the development of further extra care housing schemes. During the year new extra care schemes were opened at Jazz Court in Eastfield, Limestone View in Settle and Meadowfields (Phase 1) in Thirsk. In addition to this, we also reached an agreement with Abbeyfield for their extra care scheme at Woodlands in Skipton, which opened in 2013. This means that North Yorkshire now has 19 schemes. These are run by 9 different housing organisations

Jazz Court, Eastfield

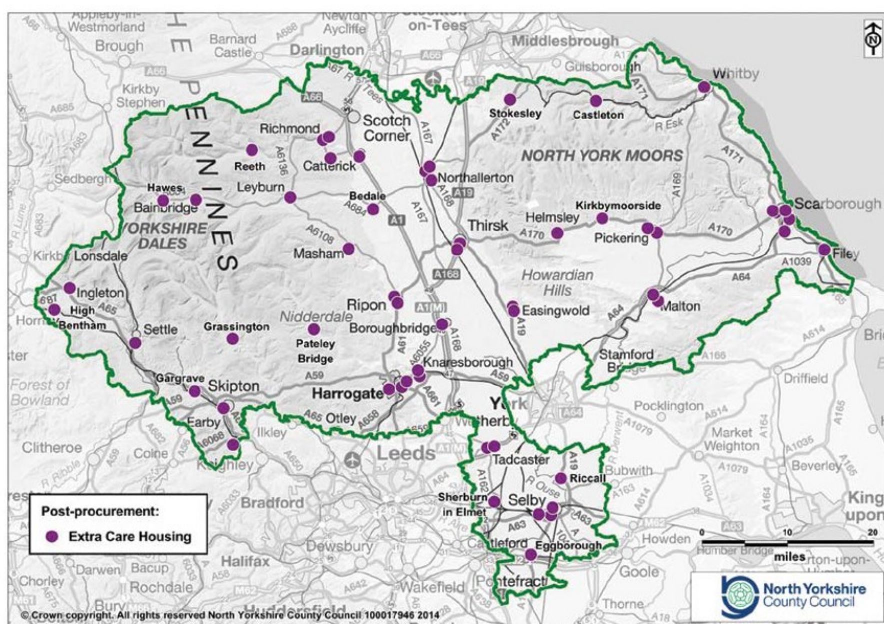
and provide a total of 807 units of extra care housing across the County.

Limestone View, Settle

The scheme at Meadowfields in Thirsk is being developed in two phases on the site of the Council's Elderly Persons' Home at Cherry Garth. The first phase of the scheme was completed in May 2014 and work is now well underway to complete Phase 2 of the scheme by June 2015. The phased construction allowed Cherry Garth to remain operational until phase one was completed and provided residents with the option of then moving into the completed first phase of the new scheme. Construction work also commenced in 2014/15 on new schemes in Leyburn, Pickering and Sowerby with a number of other projects at early proposal stages.

During 2014/15 extensive public consultation on our new Care and Support Where I Live Strategy was also undertaken. This indicated an overwhelmingly positive response to extra care:

- 94% of people agreed with the Council's ambition to help people live independently in their own homes, whether in their existing home or in accommodation with care;
- 89% of people agreed with our ambition to roll out extra care housing to every major town and location in the County;
- 74% of respondents agreed we should also develop housing options for younger people with complex needs



The final Strategy was approved by the Council's Executive in March 2015

In February 2015 we launched the procurement of a Framework Contract to deliver the next generation of extra care housing schemes across the County. This Framework Contract will build on the successful formula that has worked well in North Yorkshire to date. It also explores the potential for schemes to contribute to the challenges that we in delivering accommodation and services that are sustainable and meet customers' future expectations. These challenges include:

- The range and quality of services to support those who need nursing care;
- Integrated service delivery with the NHS;
- The specific requirements of very rural areas;
- The increasing number of people living with dementia;
- Recruitment and retention of staff;
- Provider market development; and
- Changing tenure patterns

A detailed guide to Extra Care Housing can be found at www.northyorks.gov.uk/extracare

MR & MRS BRADLEY'S STORY

Mr and Mrs Bradley were living in a bungalow and felt isolated and vulnerable in their own home. They worried about the up keep of their home and maintaining the house and garden. Mrs Bradley had recently been diagnosed with Alzheimer's disease, and they were concerned about the future and the support that they may need. They visited a new extra care scheme and immediately wanted to move in as they loved the environment, the staff and the whole concept of extra care.

They now rent a two bedroomed ground floor apartment and they have been able to make it a home from home by bringing their own furniture and personal belongings. Mrs Bradley was feeling isolated at home and as she liked to mix with other people - she now meets friends she has made through the extra care scheme for coffee and for lunch. Mr Bradley has been able to maintain a piece of garden within the grounds and keep his interest in gardening alive.

Mrs Bradley and her husband say they have 'a new lease of life' as they feel safe and secure in the extra care environment. Their health has improved since moving in and their worries have been alleviated by knowing there is always someone around if ever they need anyone or have an emergency.

CARE HOMES OPEN DAY

As in previous years, we opened our doors to our care homes to enable the public to visit and join in with activities as part of the National Care Homes Open Day.

A number of events took place across the County which saw residents enjoy a range of activities such as a foot spa and cake day at Sycamore Hall, Bainbridge, an exotic animals exhibition for residents at Bilton Hall, Harrogate, and a racing themed day in Thirsk.

Some residents from Neville House, Skipton, enjoyed a day out to Lake Windermere. "Our day out on Windermere is always lovely," said Neville House manager Margaret Rooke, "but we still wanted to celebrate the open day. Links with our local community are very important at Neville House. We are always joining in with activities at the village hall, visiting exhibitions and attending other events. Children from the local school regularly join us for our games afternoons and we make every effort to be community focused."

Care Homes Open Day

SUPPORTED EMPLOYMENT

Our Supported Employment Service (SES) has continued to support people with learning disabilities, mental health needs, physical and sensory impairments - and their carers - to find and maintain paid employment and volunteering opportunities. In the current economic climate it continues to be challenging to identify suitable employment opportunities with local employers. The team are currently working with Children and Young Peoples Services (CYPS) Personalised Learning Pathways to increase the vocational opportunities for young people preparing for adulthood. The team as part of a wider partnership within NYCC plan to explore the development of Supported Internships, which aim to enable young people leaving education to gain training and qualifications whilst on work experiences.

The Supported Employment Service is playing an important role in the development of the county-wide Autism Strategy, with staff undertaking training to enable them to better understand the needs of people with autism and to support them more effectively

The team this year are also working toward Autism Accreditation status with National autistic society. This will ensure that the service and staff within it are able to support more fully people with Autism when looking for and maintaining employment.

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

Launch Day!

Creative Coffee Initiative
We are in partnership with Creative Coffee to train people with disabilities, mental health and other needs to be baristas in order to increase their opportunities in the jobs market. The Coffee Cart is an initiative by the County Council's supported employment service . Visitors, staff and people who live in the vicinity of County Hall in Northallerton can call at the Coffee Cart.

"This is a great project which is giving people with disabilities and other needs real skills to boost employment prospects" said County Councillor Clare Wood, North Yorkshire's Executive Member for Health and Adult Services "The coffee is delicious and the cart is bright and attractive and we hope it will develop income as a business that can provide the trainees with paid employment. This is an excellent example of the county council working with partners to provide effective support for people who otherwise might have limited opportunities. This way people with disabilities and other needs can develop real and marketable skills to lead more independent and fulfilling lives in their communities."

MATTHEW'S STORY

I have worked with supported employment for a long time, looking for my ideal job which is admin. I have had several interviews but unsuccessful at getting the job. Because of this I felt disheartened.

I heard from Supported Employment about a work placement taking place within North Yorkshire County Council doing admin work. At first I was hesitant about the work placement because it was not paid work, but I decided to give it a try. I was nervous when I first started, but everybody made me feel welcome. The two people I was sat next to helped me with any query I had with the work I was doing. Supported Employment was supporting me in the office, but I soon felt confident enough to where I didn't require them as much.

I am enjoying the work I have been doing; this has been mainly compiling data for spread sheets. I have been working at a pace which was faster than they expected. I think this has surprised everybody in the office. I now feel I am part of the team and have fitted in well. Because I have worked so well they have offered me six months paid work which I accepted. I feel very happy about this and cannot wait to start.

SAM'S STORY

My name is Sam and I'm a 22 year old amateur photographer from Northallerton. I have always struggled to fit in at school and was bullied on occasions. I never knew how to act or what teachers wanted of me. Now I have been diagnosed as being on the autistic spectrum and I can see why I feel like I do.

I started taking photographs in my teens and went on to study photography at Cleveland College of Art and Design in Middlesbrough. I started a degree course at Carlisle University of Cumbria but struggled away from home and familiar surroundings and was not able to complete the course.

Through North Yorkshire County Council, my Supported Employment Officer (SEO) is helping me to become known as a photographer, set up my own website and display my work. My SEO is helping me gain more confidence in social settings that I find difficult. My hope for the future is to be a self-employed photographer or working in a job which uses my skills and where I am helped in the areas that I find challenging. I feel that with the correct support and encouragement I have the potential to achieve anything.

Included throughout this year's Local Account are a number of excellent photographs taken by Sam. We hope you will take time to appreciate Sam's work.

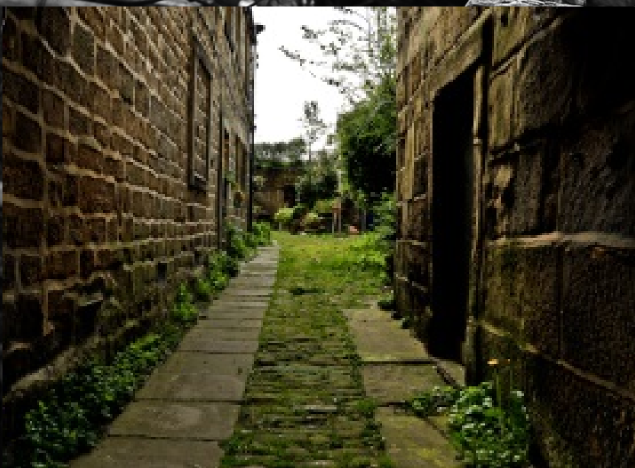
Sam has already had a number of exhibitions, including The Station at Richmond, the Joe Cornish Gallery in Northallerton and Olivia's bakery and café in Thirsk.

County Councillor Clare Wood, North Yorkshire's Executive Member for Adult Social Care and Health Integration said "Our Supported Employment Service helps people with disabilities and other needs to develop real skills to boost employment prospects. In this way Sam's excellent photographic ability is being supported so that he can develop real and marketable skills to lead a more independent and fulfilling life in his chosen career".

"This support has been a lifeline to Sam," said Kath Guy, Sam's mother. "His SEO has helped Sam understand why he does things the way he does and she has also brought out the things he is good at and has helped him to grow in confidence. He has had a lot of positive feedback from his exhibitions.

<u>Photos on the next page are of:</u>
Lobster Pots on the quayside in Scarborough
Ripon Cathedral
Pately Bridge
Scarborough Beach
Carving in Montpellier Gardens, Harrogate
Constantine statue

SOME EXAMPLES OF SAM'S WORK FROM AROUND THE AREA



INNOVATION FUND

The innovation fund was launched in December 2011. Since then we have allocated £1,412,000 to the voluntary and community sector organisations to provide innovative approaches to early intervention and/or prevention projects to transform adult social care services in North Yorkshire. The fund has two distinct aims:

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

In 2013 we appointed Your Consortium to work with us on the Innovation Fund learning lessons from previous rounds, to liaise with existing providers and to administer future rounds of the funding. They are working with existing schemes to ensure that they are sustainable and have administered the latest round of the innovation fund to support voluntary and community organisations to provide innovative approaches to early intervention and/or prevention projects which:

- prevent falls;
- reduce loneliness;
- help people to remain in their own homes; and
- reduce fuel poverty.

The latest round of the innovation fund has resulted in 32 innovation grants totalling £497,770 and a further nine small grants totalling £8,590 were made to enable low cost activities that have a big impact in local communities. To find out more visit: http://www.northyorks.gov.uk/article/26256

TRANSFORMING CARE – WINTERBOURNE VIEW REQUIREMENTS

Over 2014/15 we have continued to respond to the requirements of the Winterbourne View Concordat; in particular to ensure that North Yorkshire people with learning disabilities being cared for outside the county in residential accommodation are reviewed and supported. We have achieved all of the objectives set out in the Winterbourne View Concordat and in addition our internal goals namely:

- A comprehensive register of people placed out of area.
- All people in out of area placements have a named lead contact within the Local Authority.
- All people (300) in out of area placements had a robust reassessment/review by 31 May 2014.
- Plans were put in place to support people to move to community based support where appropriate.
- We have completed 83 case file audits, which identified some excellent examples of good practice and personalised approaches.
- We have completed 75 Pen Pictures which will inform a joint commissioning strategy with our Health and City of York partners.
- Operational teams have worked closely together and have supported each other by undertaking assessments on behalf of each other.
- Acknowledgement that many people are appropriately placed and the reassessments confirmed this to be the case.

Our priorities for 2014 to 2016 are to:

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

SUPPORTING PEOPLE - supported housing for vulnerable people in North Yorkshire

Changing Lives Service
Scarborough has a long history of homelessness and associated problems amongst mainly single men, with many individuals stuck on a spiral of failure (alcohol/drug addiction, crime, tenancy failure, homelessness and prison).

Whilst a variety of services are provided locally to these individuals, no previous service is geared up to provide the in-depth management and support required to successfully change lives for the better.

The aim of the Changing Lives Service is to provide a service which provides housing with intensive outreach support and timely access to a wide range of support services, which are able to work flexibly to engage and meet the needs of this particularly chaotic and hard to reach group of individuals. Health and Adult Services, through the Supporting People partnership procured the service and co-ordinate performance monitoring as partners feel that its officers are best placed to do this.

The service supports 24 people at any one time, 6 at an accommodation based setting in Scarborough and 18 people in the community around the Borough.

This is one of the current tenant's thoughts on the service and how it is changing his life for the better:

JR would like his poem to be added to it to start the board off. He wants 'to give something back' and wants to show 'those that fund Changing Lives to know what a difference this is making to people'. He said he never wants to return to the 'bearded hobo' that he has been in the past. This is one of his poems.

POEM OF THE HOMELESS MAN

As I wander down the street, I stop for a moment, rest my feet.

I bend on one knee and pick up a tab, another step closer to the slab.
Some would be glad if I dropped down dead.
They could think about something else instead.

People stare at me as I walk,
They don't want to smile, they don't want to talk.
I see couples eating fish and chips:
They sneer at me with their greasy lips.

I know they're thinking: ''look at that tramp
It's enough to give you the belly cramp,
Walking all day and going nowhere''.
That's what they think. I try not to care.

I think of the past and it makes me smile.
It lifts me up for a little while.
I remember my brother Mark Anthony,
And the fun he used to have with me.

He'd roll me up in a tractor tyre
And there's me yelling like my bums on fire
As he sends me spinning down the hill,
Screaming and laughing. I can hear myself still.

We used to play cowboys and Indians,
And I had one of them little guns.
No bullets in it, just for show,
But Mark had arrows and a bow.
''Get running'' he'd shout and off I'd go.
One thing I know, that's for sure,
It's the one time the Indians won the war.

So if you see a homeless lad smile to himself,
He's not gone mad, he's just reliving some memories.
See, we're not so different you and me.

I've got some mates and all, Dino and Brett (the guitar man)
And Barry and Pat and the other Harry and Sylvie and Phil.
Why do people always want to spoil something good?
Now I can't have hugs, we have to shake hands in blue plastic gloves.

I stay clear of kids when it comes to dark.
If they catch me alone they thinks it's a lark
To beat me and kick me whenever they can,
Just because I'm a homeless man.

Do they think we've not go it hard enough?
Hungry and cold and sleeping rough.
But at night I look up to the stars
And I remember prison bars.

Whatever you may think of me,
I'm freer than you'll ever be.

As written by a homeless man, J.N Rothery (JR)

TRANSITIONS – PREPARING FOR ADULTHOOD

The Children and Families Bill 2014 highlights how Government is transforming the system to ensure services consistently support the best outcomes for children and young people and will extend the system from birth to 25, giving children, young people and their parents greater control and choice in decisions and ensuring needs are properly met.

The Care Act pulls together threads from over a dozen different Acts into a single, modern framework for care and support. It reforms how the law works, prioritising individual wellbeing for adults with care and support needs over the age of 18, with a particular focus on person-centred practice and outcomes, putting people in control of their care and support.

For disabled young people aged 18-25 there will be an impact from both pieces of legislation. This is a period of time which can be particularly challenging for young people and their families. It is therefore vital that when local authorities and partners are planning for implementation of the reforms, in both the Children and Families Act and the Care Act, that they are considered together with an emphasis on joining up processes where there are links between them.

Children and Young Peoples Services and Health and Adults Services are working jointly and by Autumn 2015 we are aiming to:

- improve the Transition journey for young people 14-25 and their families through the implementation of an integrated Preparing for Adulthood model service:

The Key Functions of the Proposed Preparing for Adulthood Model are:
- Advice and Guidance
- High quality Information
- Assessment and Support
- Effective planning and support
- Outcome focused pathways
- Coordination and implementation of pathways
- Joint reviewing and monitoring

The Preparing for Adulthood Model 14-25 will have a team of key specialists who will support the young person and their family as they prepare for adulthood including support on:

- higher education and/or employment – this includes exploring different employment options, such as support for becoming self-employed and help from supported employment agencies
- independent living – this means young people having choice, control and freedom over their lives and the support they have, their accommodation and living arrangements, including supported living
- participating in society, including having friends and supportive relationships, and participating in, and contributing to, the local community being as healthy as possible in adult life

PUBLIC HEALTH

Following an initial 2 year in which the Public Health Team in the Council was developed and new services implemented, the next phase of public health strategy been captioned “a Distinctive Public Health Agenda for North Yorkshire.” There are two broad objectives to this approach:

- the re-design and re-commissioning of core public health services and functions so that they are more relevant and bespoke for North Yorkshire and
- aligning public health investment and leadership to new and emerging public health priorities over the period up to 2020.

International cycling in North Yorkshire

The vision for this Distinctive Public Health agenda reflects the changes taking place across the Council as part of the 2020 North Yorkshire programme and the existing assets of North Yorkshire. Thus the focus now is to engage everyone in ‘health’ in order to design, build and create healthy environments, both cultural and physical which allow people to thrive, at work, at home and at play. The objectives for the Public Health Team in 2015-17 are to:

- Develop public health programmes that address distinctive issues of North Yorkshire
- Maximise health gain through effective, efficient, targeted and evidence based initiatives
- Monitor and evaluate public health services and functions to ensure they are tailored to the needs in North Yorkshire and deliver quality and value for money
- Provide public health leadership and advice to partners ensuring key strategies and programmes deliver public health outcomes and maximise population health

In delivering these objectives the Public Health Team will focus particularly on six areas in 2015-17 in addition to other work now being implemented as mainstream activity. These are:

- To lead the delivery of the public health outcomes of 'Young in Yorkshire' to give every child a healthy start in life – we will focus on ensuring the effective delivery of the 0-19 Healthy Child Programme and contributing to the implementation of the Emotional Health and Wellbeing Strategy
- To refresh the 'Healthy Weight, Active Lives' strategy for North Yorkshire – we will work with partners to ensure that weight management services are in place for children, families and adults who are overweight and obese and will work with partners to promote policies and initiatives to increase healthy eating and physical activity
- To scope and develop programmes aimed at the working age population to promote health and wellbeing in workplace settings – we will work with partners and employers to develop a range of offers that can be adapted to different work place settings in the county
- To scope and develop a strategy to reduce the impact of seasonal climate change on the population health and wellbeing – we will work with partners to co-ordinate actions to improve resilience from extremes of temperature and to alleviate the effect of fuel poverty
- To promote a clear health improvement pathway that identifies people at risk of vascular diseases and support them into services where appropriate, such as weight management, and stop smoking. In addition we will ensure the continual improvement of NHS Health Check invitations and uptake rates – we will deliver two outreach programmes in Scarborough and farming communities to ensure that the programme is targeted to those who could benefit most and contribute to reduction in premature death
- To develop a model for the delivery of the Public Health Advice Service – we will agree this with our clinical commissioning groups and develop a performance framework for the service

MRS WOOD'S STORY

Mrs Wood, a 75 year old female service user, was referred to North Yorkshire Horizons, the County's drug and alcohol rehabilitation team, by her GP, who informed HAS that she suffers from Alzheimer's and had very little support in the community. Jo, her worker, engaged with Mrs Wood and quickly realised she was very vulnerable in her current situation as she was going out to the shops up to four times a day to buy alcohol after forgetting she had any in the house, and had suffered numerous falls due to intoxication.

Jo submitted a referral to the Adult Social Team at NYCC to ensure that the client received the appropriate amount of care due to her fluctuating capacity. Jo arranged and attended a comprehensive assessment to advocate for Mrs Wood and ensured that the Assessment Worker gained a full understanding of her needs.

Mrs Wood is now working with this team and has a thorough network of professional support to complete a holistic approach to her recovery.

LIFESTYLE SERVICES

Through our Public Health grant funding we are providing £700,000 over two years to the seven district councils across the County to pilot a Lifestyle Weight Management Programme for individuals aged 18 and over with an ongoing weight problem. The free programme offers people tailored support to lose weight and make lifestyle changes, delivered as a group session over a 12 week period. The sessions comprise of advice and guidance on nutrition and physical activity.

Currently, weekly sessions are offered in a variety of different venues within four districts that have launched their programmes (Hambleton, Harrogate, Richmondshire and Selby). Schemes in Ryedale and Scarborough are due to be launched later in 2015.

For more information on the programmes offered in each of the districts please contact the relevant service using the details below:

Hambleton's 'Take That Step' programme
01609 767109 or 767241 lisa.wilson@hambleton.gov.uk

Richmondshire's 'Step by Step' programme

01748 901044 lesley.williams@richmondshire.gcsx.gov.uk

Harrogate's 'Fit 4 Life' programme
01423 500600 ext 58382 natalie.smith@harrogate.gov.uk

Selby's 'Move It Lose It' programme
01942 488481 j.massam@wlct.org

Craven's Lifestyle Weight Management programme started in July 2015
01756 792805 nharrison@cravendc.gov.uk

MR KING'S STORY

Mr King is 56 year old male with high risk conditions who was referred to the Lifestyle Weight Management Programme. With the help of the Programme he has made changes to his lifestyle which include reading labels when shopping and having a wider choice of foods than before. He has made a huge change from sitting at a computer all day to walking more than 3 hours per week, including to and from the meeting (which is a 4 mile walk) and joining the Walk for Health Group. He is now considering becoming a walk leader for them and a walk 'buddy' for the programme. He has lost 8.5kg. His weight at the beginning of the Programme was 116.0kg to 107.5kg at the end of the Programme. Overall Mr King feels healthier and has increased confidence as wellbeing.

KEEPING WARM AND HEALTHY DURING THE WINTER

Excess winter deaths are a significant issue for North Yorkshire and an issue that can be easily addressed to enable people to keep their homes warm, improve their wellbeing and reduce health inequalities across the County. In order to tackle this problem we have established the North Yorkshire Winter Health Strategic Partnership with District Councils, voluntary agencies and energy providers. One of the first actions of the Partnership was to hold a multi-agency North Yorkshire Seasonal Winter Health event to begin the development of the North Yorkshire Seasonal Winter Health Strategy.

The first key priority agreed by the partnership was to develop a joint Strategy and the second to agree consistent coordinated messages on Winter Health as part of a general 'awareness raising' campaign.

We are also supporting partners who are submitting bids to various 'pots' of resource including the DECC Central Heating Fund and the NEA Warm Health Homes Fund in order to improve the fabric of homes in North Yorkshire and make them warmer.

The first draft of the North Yorkshire Seasonal Winter Health Strategy has been produced
Partners agree to support an awareness raising campaign for winter 2015/16 around the theme "Keep Well, Keep Warm, Keep Safe".

MRS BOLTON'S STORY

Mrs Bolton , a vulnerable lady aged over 65, lived alone in a property in a rural area of Scarborough Borough. Mrs Bolton contacted the White Rose HIA's Well-Being service in a distressed state as her heating had broken during a spell of bad weather. She did not have the funds to fix the boiler or the ability to locate a suitable contractor to assist her. A Well Being Officer visited the lady to offer re-assurance and arranged for a contractor from the Agency's framework to carry out emergency repairs. The plumber visited within hours and restored the heating system. The cost was met through the emergency fund.

7 WORKING TOGETHER WITH THE NHS AND OTHER PARTNERS

One of the key initiatives over the next few years is how we progress joined-up working with our health partners, both at a general practitioner and hospital level. This will prevent people from attending hospital unnecessarily, being able to be discharged from hospital more quickly and ultimately being able to manage their long-term conditions more effectively in the community.

Currently we are engaged in a number of initiatives including the Better Care Fund, New Models of Care with Harrogate Hospital, local government and voluntary sector partners in Harrogate. We are also developing similar approached to the hubs in Craven, Hambleton, Richmondshire and Whitby and in Scarborough. Also joint working in Malton and Selby in developing a joined-up approach to delivering primary care to the people in those areas.

HEALTH AND WELLBEING BOARD

North Yorkshire's health and wellbeing board is a formal committee of North Yorkshire County Council. The board is where leaders work in partnership to develop robust joint health and wellbeing strategies. These in turn set the North Yorkshire framework for commissioning of health care, social care and public health.

By involving democratically elected representatives from the council; representation from elected member of district councils; chief officers from both county and districts; local commissioners from health, public health and social care; and representation from Healthwatch and the voluntary sector, it strengthens the democratic legitimacy of our health and wellbeing commissioning decisions.

It provides a platform for challenge, discussion and the involvement of local people, young and old, through our wide North Yorkshire health and wellbeing network and so over time it will make the health and wellbeing of our community everybody's business. It has a strong role in driving a genuinely collaborative approach to commissioning across health and social care.

Functions of the health and wellbeing board:
The Health and Social Care Act imposes a duty on the board to encourage integrated working between commissioners of health, public health and social care services for the benefit of the health and wellbeing of the population of North Yorkshire. It aims to provide advice, assistance or other support to commissioners of health services, public health and social care, in order to encourage the development of agreements to pool budgets or make lead commissioning arrangements.

The act also requires our health and wellbeing board to prepare the North Yorkshire joint strategic needs assessments and joint health and wellbeing strategies.

The board must encourage people who arrange for the provision of services related to the wider determinants of health, such as housing, education or employment, to work closely with the board and encourage them to work closely with the commissioners of health and social care services.

If the service commissioning plans produced by clinical commissioning groups and local authorities are not in line with the published strategy, then they must be able to explain why. Although it will not have a veto, the health and wellbeing board has a clear right to refer plans back to the group or to the NHS commissioning board for further consideration.

The health and wellbeing board itself is subject to oversight and scrutiny by the existing overview and scrutiny committees.

INTEGRATION OF HEALTH AND CARE

People benefit from care that is person-centred and co-ordinated around their health and social care needs. In North Yorkshire organisations, care professionals and local people are getting together to talk about what matters to them about their health and social care. These conversations are starting to shape what services might look like in the future so that the person receiving care is in control of decisions made about them, and is supported to stay independent for longer. There are a number of plans already in place that help organisations work together to develop integrated services and some examples are outlined below.

The North Yorkshire Health and Wellbeing Board Better Care Fund plan ' ***A New Era for Health and Social Care in North Yorkshire'*** was submitted to NHS England and agreed in January 2015. The plan sets out how through a pooled health and social care budget we can address gaps in current provision, increase coordination of services and add value through spending the Yorkshire pound wisely with a clear focus on

- Delaying peoples need for care services and supporting independence
- Investment in primary care and community services
- Creating sustainable local hospitals

The plan has over 30 schemes including: better access to mental health liaison services; support for care homes; a specialist falls coordinator to introduce best practice reducing the likelihood of falls; and community hubs which through a package of health and care support are already providing a real alternative to being admitted to hospital or being able to return home from hospital quickly.

Developing New Models of Care in Harrogate

In Harrogate area we have come together with Harrogate and Rural District CCG, Harrogate and District NHS Foundation Trust, Tees Esk and Wear Valleys NHS Foundation Trust the Borough Council and Yorkshire Health Network to develop a new model of care Harrogate is one of only 29 'Vanguard' sites in the country to be chosen to lead the way in transforming care for local people.

The project will deliver access to prevention, advice and information for individuals who find themselves needing support 24/7. The aim will be to provide support to people to remain independent, safe and well at home with care provided by a team that the person knows and they can trust, set out in a joint care plan. This will mean that a person's care will be delivered by a small and dedicated team that will deal with all aspects of their care, both medical and social.

This service will be provided by an integrated care team from community based hubs which include GPs, community nursing, adult social care, occupational therapy, physiotherapy, mental health and the voluntary sector. Boundaries between primary, community, acute, mental health and social care will be removed and acute hospital beds will be used only when they are truly needed.

This means that "George" for example, who has multiple long term conditions and lives alone, will have an agreed care plan going forward that people involved in his care, share and understand. He will be able to access advice and information in times of crisis 24/7 which will support him to stay in his own home whenever possible.

As a Vanguard site, the partners involved will be able to access a transformation fund and tailored national support to redesign local health and care services to keep people well. For local people, this will lead to significant improvements in their experience of health services and will ensure they can access the right care, in the right place, at the right time.

The key elements of our new model are: Prevention, Proactive Management, Locally based support, Intermediate Care and Reablement, and Rapid Response. Our assumption is that preventing clinically avoidable hospital admission will release the costs associated with bed based activity to be reinvested in out of hospital solutions.

As well as increasing capacity in the community we will develop new roles, and we will support staff to develop new skills to enable them to provide seamless care and respond to the issues that matter to people. Lastly, we aim to develop the contracts, funding arrangements and incentives that will drive better coordination and efficiencies going forward.

Community Hubs

In May 2014, York Teaching Hospital was tasked, financed through the Better Care Fund, to develop a new model of care, the Care Hub. Initially there are two hubs, the first covering the Ryedale locality based in Malton and the second covering the Selby locality based in Selby. The Care Hub is designed to deliver a joined-up and integrated health and social care service to the residents of Ryedale and Selby.

A fundamental feature of the Care Hub is GPs, Social Care and Hospitals all working in partnership to provide integrated care for the most frail in the district. The service is run 7 days a week for 12 hours a day. The success of the Hub will be measured by a reduced number of people being admitted to hospital for emergencies, fewer people being placed in permanent residential care and an increase in wellbeing and independence for those in the community.

MRS SCAIFE'S STORY – Malton Hub

Mrs Scaife was a referral from Fitzwilliam Ward at Malton Hospital where she had been a resident for a considerable length of time after becoming unwell. She was desperate to get home but was not considered to be safe to move independently and not able to use the toilet/commode by herself.

After liaising with the Fitzwilliam Ward it was decided that whilst not ideal she would use incontinence pads at night and agree not to get up and use the toilet during the day or night between carer visits. It was planned for our team to use this as one of her goals aimed at enabling her to being independent and safe. This would reduce her need to be in hospital for a much longer period and let her return home as was her desperate wish.

Mrs Scaife received nursing, physiotherapy and OT input and assessment for equipment was identified and put in place:

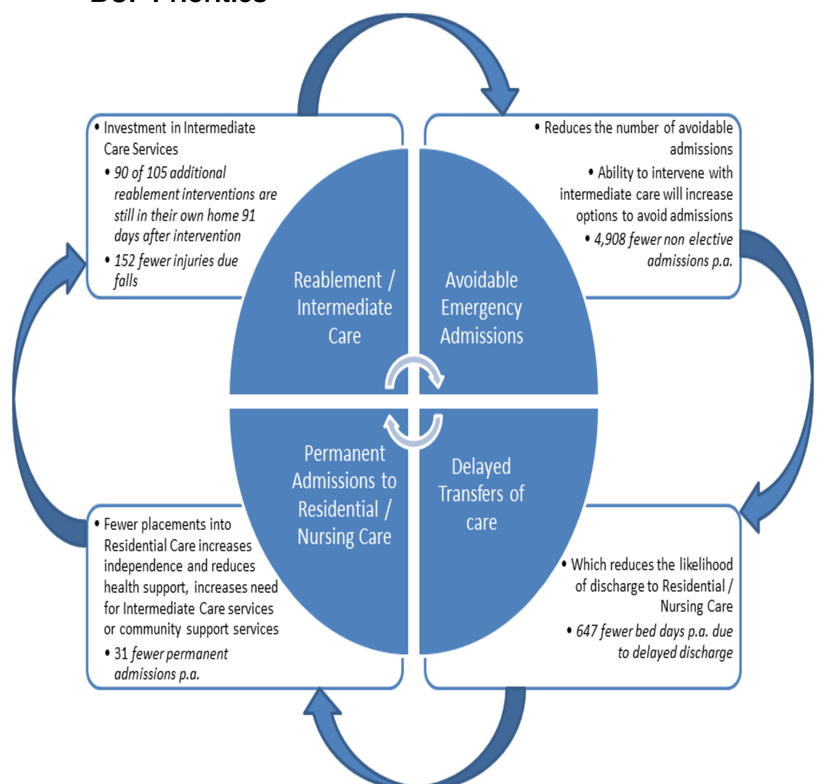
Mrs Scaife received three visits a day from the Hub response team supporting activities of daily living and the Health and Adult Services' START team were able to put in the late 'put to bed' service as this was required after our 8pm finish due to her continence needs.

At discharge from the Hub, Mrs Scaife was able to walk with a frame and was able her own toileting. She was also able to walk outdoors with a 4 wheeled walker. The Hub Response Team liaised with the Health and Adult Services START team and it was identified that Mrs Scaife would benefit from longer term care and all parties involved were able to assist with the smooth transition into this longer-term service. Mrs Scaife initially had three visits from her long term carers, this has more recently been reduced to two calls.

BETTER CARE FUND

The Better Care Fund is one way organisations are using their collective resource to deliver a joined-up service but NYCC HAS is also working with partners, people and communities to develop 'New Models of Care'. These may look different depending on where you live but they all have the ambition of building a local health and care service that is sustainable, avoids unnecessary hospital and residential care home admissions and supports people staying independent for longer.

BCF Priorities



8 QUALITY AND VALUE FOR MONEY

In 2014-15 Health & Adult Services has a budget of £141million. Around 70% of this is earmarked to be spent on direct purchasing of care and support services, housing- related support and public health services. A further 20% pays for social care and public health employees, such as social work staff and those who provide support in people's homes and in our own residential care facilities. The remainder pays for the other costs of the Directorate, such as the running costs of our care homes, and transport costs.

Like the rest of the County Council, HAS will be required to make savings in its budget in light of the reduced national funding for local authorities and the Directorate has a target reduction of £21.5 million to make in its base budget by 2019-20.

Whilst ensuring that every care pound is spent wisely we also need to ensure that the quality of services provided to the people of North Yorkshire is of the highest calibre. Taking positive action where we find instances of poor quality, including suspending some providers if the situation warrants it. In addition we have a duty to the wider public in North Yorkshire to ensure that any safeguarding concerns are quickly and fully investigated and that prompt action is taken to protect the more vulnerable in our society.

DIGNITY AND RESPECT

National Dignity Action Day in February 2015 is an opportunity each year to celebrate and showcase dignity in care. As we have done in previous years, we held events and celebrations in local care service settings across the county. It's important to highlight, however, that we work with people throughout the year to maintain their dignity and to facilitate their inclusion in community life.

Here's what dignity means to some of the people who live in Fernbank Court extra care scheme:

- 'Dignity is being considerate and respectful to each other. Showing kindness and where possible giving help if needed, also listening to each other's troubles and offering comfort."
- "Dignity – keeping up appearances or helping others who can't help themselves."
- "Dignity is to be treated with respect at all times. Treating others as you would like to be treated yourself. Giving people a little of your time, making them feel needed and wanted. Including them in everything taking place. In the main, patience to make them always feel special."

At 5 Whitby Road people were treated to a pamper day with massage, foot spa, nail painting and a cream tea

And here's a few examples of activities which reflect the themes in the Dignity Charter.

Home care managers in the West area each contacted three people, chosen randomly, who had received support from the START team, to check that they felt that their dignity had been respected. Everyone contacted responded positively. Here's a few of the replies:

"Wonderful people have made such a difference to me. Treated me with dignity and respect, always polite and very caring. Informative, passing on information."

"[…] stated that the service received has been wonderful. Didn't realise that there was such a service. Felt the service had been explained properly and they knew what to expect. Feels that there needs and preferences have been taken into account and has been treated with dignity and respect. Is sorry that they cannot keep the team."

"START service ended the day before and they were brilliant. Very helpful and friendly. Felt they were treated with dignity and respect and would recommend START to other people."

Because the theme for Dignity Action Day is ‘digni-tea’, cream teas were as popular as ever. At Greyfriars, people living in Greyfriars and people in the local community joined together for a cream tea, board games and a movie afternoon with popcorn.

At Valley Road a pony therapy provider brought a miniature American pony to the unit

At Sunnyfield Lodge Extra Care Scheme in Ripon a 1950’s cinema was recreated, showing the film ‘Singing in the Rain’ on a big screen with 1950’s snacks during the interval.

At Valley Road in Northallerton, people had a visit from a very different sort of guest! A pony therapy provider brought a miniature American pony to the unit, and people could interact with the pony in ways that they were comfortable with, for example simple eye contact, touch, vocalisation or even walking the pony along the corridor on a lead rope. The service manager said: “Our residents really enjoyed interacting with the pony and the handler. One young man with autism was seen first walking and then trotting the pony up our long corridor. Another person refused to have anything to do with the activity and this was respected. Another young person seemed a little reticent, but when he had the confidence to interact with the pony he was beaming!”

CARE HOMES - Dealing with poor quality provision

In previous years we said we would work closely with providers and the Care Quality Commission (CQC), the care regulator, to quickly identify and stamp out poor practice to make sure the highest standards of care are given and ensure that people are treated with dignity and respect.

We maintained our programme of monitoring residential and nursing care homes and aimed to visit all providers on a regular basis and more specifically if there is a cause for concern. Whilst the majority of providers’ care is of the highest standards, there are occasions where standards are not met and we have taken prompt action to work with the provider and CQC to rectify the situation. Unfortunately in some circumstances this has meant suspending admissions to the home either voluntarily or enforced and in exceptional circumstances working with the provider and the regulator, CQC, to close the home.

During 2014/15 the position regarding suspensions from the County Council’s approved provider list was as follows:

As at 1 April 2014 five organisations were suspended (two which were partially suspended, one of which was a County Council older peoples’ home).

Between 1 April 2014 and 31 March 2015, twenty organisations were suspended (and seven were partially suspended) and seven organisations had suspensions fully lifted.

As at 31 March 2015, there were eighteen organisations suspended (five of which were partially suspended)

The partial suspension of the County Council’s elderly persons’ home which was in force during 2014/15 was fully lifted in August 2014.

In 2013 a number of concerns were raised regarding the care and support being delivered in a nursing home in North Yorkshire. Concerns were being raised by a range of statutory agencies and covered a variety of issues, both environmental and care related. Also, the number of safeguarding alerts relating to clients living in the home increased.

Representatives from a range of statutory agencies visited the home, either to discuss specific needs for specific clients or to review the service as a whole. As a result of these visits the home was required to make a number of improvements. Over the following months evidence of improvements made was sought. However, in a number of areas there was little or no improvement demonstrated. CQC, the regulator, was involved and considered what action they should take against the home in light of poor inspections.

As concerns remained and progress was not evident, statutory agencies came together to determine whether it was safe to continue to commission services from the home. The multi-agency group agreed that it was not appropriate to

continue to commission nursing care from the home and agreed that it was necessary to remove people. This is not a decision which is taken lightly and indicates the level of concern expressed by all involved.

Statutory agencies worked together to reassess all of the people living in the home, offering support to people who funded their own care as well as the people they funded. They sourced alternative nursing placements and the people living in the home moved. Following these moves the provider informed the statutory agencies that they would not be able to continue as a residential home and the decision was taken to remove all remaining people in the home. Again, all people in the home were supported to move to alternative settings.

Due to the limited availability of appropriate placements locally and the need to ensure people's safety and wellbeing within a short timescale, a number of people were placed some distance from where they, or their families, would have chosen. However, work was undertaken to move people to their preferred setting as quickly as placements became available.

The decision to stop working with a provider and to remove people from a service is always viewed as a last resort. We always endeavour to plan this process in advance and to limit the distress to everyone concerned as much as possible.

SAFEGUARDING

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

In 2014/15, we received 4,054 alerts of suspected abuse in the County, an increase from 2013/14. Almost 1,500 came from our partners, including the police, NHS, housing organisations and the CQC. Of the 4,054 alerts, 1,203 resulted in a strategy meeting or discussion on further action required. Of the 796 cases completed in 2014/15, 162 were found to be fully or partly proven, a slight increase on last year. Appropriate action plans were put in place. The remaining 634 were found to be not substantiated or inconclusive and no further safeguarding action was required. Other appropriate action was taken for the remainder of the referrals, either by social care or another agency.

This year the SAB reviewed the way that it works and measured how well each partner is meeting national and local standards, so that it was ready for April 2015 when the Board became statutory under the Care Act. HAS continues to make sure the SAB works effectively and has strengthened the ability to provide consistent challenge to safeguarding practice. We continued to develop our plan around the government's principles of empowerment, prevention, proportionality, protection, partnership and accountability. We also continued to talk to representatives from partnership boards and reference groups for carers and people who use services so that we plan together for what needs to happen locally for safeguarding.

We adopted new procedures with SABs in West Yorkshire which give a high priority to the key messages of Making Safeguarding Personal, about how to respond in safeguarding situations in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety.

HAS continues to strengthen skills and consistency in decision making for safeguarding and the Mental Capacity Act in line with good practice; by making our systems simpler and ensuring that our programme of peer support and practice sessions continues to embed practice. We continue to raise awareness of safeguarding concerns amongst vulnerable adults, their family and friends through promotion of the awareness campaign. The aim is to help people to be resilient and to protect themselves from abuse or exploitation and to encourage more self-reporting.

PAULINE'S STORY

Pauline is a 68 year old woman in the early stages of dementia who lives at home. She has support from a mental health team and a home care agency. A social worker did an assessment recently, and found that Pauline does not have the mental capacity to make complex decisions about her living arrangements.

Her home care worker notices that Pauline's grandson has moved in. In the course of the next few weeks, the worker often comes across the grandson and his friends sitting in Pauline's living room and drinking beer. She notices that Pauline keeps to her bedroom when they are around, and looks very anxious.

The home care worker contacted the council and told them her concerns. A social worker then made enquiries about the situation. As Pauline does not have mental capacity, the professionals have a lot of responsibility to make sure that she does not experience harm.

After carrying out a risk assessment which included talking to Pauline to find out more about her situation and her wishes, the social worker spoke to the grandson, to see if he understood the effect his friends were having on Pauline. The social worker also talked to a housing officer, to find out if the grandson was breaking a tenancy agreement. The social worker also contacted the police neighbourhood team to see if they could offer any help. The social worker also spoke to other friends or family, to see what they thought about the situation.

Together, the social worker and all those involved decided what was in Pauline's best interests. They found out that the grandson was helping Pauline with her day to day life, and did not realise his friends made his grandmother uncomfortable so those involved agreed that the grandson would stay on the basis that he and his friends did not 'take over the flat' and intimidate Pauline in any way.

DEPRIVATION OF LIBERTY SAFEGUARDS (DoLS)

Following a High Court Judgement referred to as the 'Cheshire West judgement', the interpretation of the meaning of Deprivation of Liberty was significantly expanded. As a result there has been a significant increase in the number of DoLS assessments and authorisations undertaken by HAS staff for people in residential care homes, hospice as well as care homes.

The number of DoLS applications continued to rise last year, seeing a 13 fold increase in the number of assessment requests. Early indications for 2015-2016, will see this trend continue. The Mental Capacity Act/DoLS team have been increased in numbers, however, the high volume of requests continue to be a cause for concern.

FINANCE

Last year we continued to operate within our financial means and make further savings towards the overall County Council budget whilst continuing to protect the most vulnerable people in our community.

Efficiencies this year included:

- Savings from re-negotiating the fees paid for packages of care for some people with a learning disability
- Review of other commissioned care contracts
- More efficient delivery of our directly run care services

As part of the County Council's 2020 North Yorkshire Vision, Health and Adult Services has embarked upon a significant savings programme which will require an additional £21.5 million in efficiencies to be met between 2015-2020, including £5.1 million in 2015/16:

We will:

- Continue to review the cost of care for complex care packages and personal budgets,
- Increase the number of people who can access short term reablement services,
- Provide more Extra Care opportunities as an alternative to residential care,
- Review our Supporting People subsidies, contracts and charging arrangements
- Implement more back-office savings through use of technology and smarter ways of working

More financial information on how we spent the money for adult social care and public health in 2014/15 is available at the end of the Local Account.

COMPLAINTS, COMMENTS/CONCERNS AND COMPLIMENTS

In 2014/15 we received 668 compliments regarding staff members, an increase from 601 in the previous year. We also received 234 complaints about our services or the way that we assessed for services.

Of these, 46 complaints were upheld and 66 were partially upheld, 94 were not upheld, 11 were not pursued/investigated and 17 are ongoing.

The nature of complaints and concerns remains wide and varied, however it is pleasing to note that given the number of people we serve the level of complaints remains extremely low. A consistently high proportion of complaints relate to paying for care and communication between staff and those receiving support. In addition to the 234 complaints, we also received a further 141 comments or concerns that did not lead to a formal complaint. The number of complaints investigated by the Local Government Ombudsman (LGO) remains low at 22 cases. In the main, the Council was found to have acted appropriately in the majority of cases where a decision has been received. In five instances, minor fault was found, which has been remedied with the complainants.

Below are some of the compliments received about our services:

"..cannot praise them highly enough, they have helped her gain her confidence, while still keeping her dignity. Their care, advice, support and genera attitude has been outstanding… I now have my mum back! Smiling and confident which she wasn't six weeks ago"

"The team of care workers were outstanding; in their quality of care, their concern for the comfort and wellbeing of their patients… an environment to allow progress towards recovery. This is how healthcare should be"

"Was lovely and extremely helpful – very informative, efficient and pleasant – a credit to NYCC"

"JR has been totally amazing, overcoming insurmountable problems with ease. She has shown great skill, kindness and compassion towards myself and my father. On meeting her I was instantly impressed by her warmth and her attention to detail"

ADULT SOCIAL CARE SURVEYS

In November 2014 we sent out 1218 Adult Social Care questionnaires to people receiving services asking how people viewed the services they received and how we responded to their needs. 618 (50.7%) were returned.

65.3% of people said they were very or extremely satisfied with their care and support, a slight increase on last year's figure of 63.7%.

One of the key questions was about how much control people have over their daily lives. This increased slightly on last year's performance of 74.6% to 78.6% of people responding saying that they have sufficient control over their daily lives.

The number of people who said that they felt safe again remained similar from 68.8% last year to 68.9% this year, with 72.2% feeling that their care and support contributed to this feeling (similar to last year which was 72.7%).

CARERS' SURVEY

In November 2014 we sent out 950 Carers' questionnaires to carers. 634 (66.7%) were returned.

40.4% of people said they were very or extremely satisfied with their care and support, a slight increase on the last survey's figure two years ago of 39.8%.

One of the key questions was about how much control people have over their daily lives. This was similar on last year's performance of 26.7% to 25.1% of people responding saying that they have sufficient control over their daily lives. We are investigating the reasons why people feel that they are experiencing less control over their daily lives.

NOW WE NEED YOUR HELP

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

Regarding the 2014/15 Local Account, we would like to know:

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

Your comments will help us greatly in preparing the content for the 2015/16 Local Account in a way that is accessible and understandable for everyone.

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

By e-mail:	LocalAccount@northyorks.gov.uk
By telephone:	01609 532375
By Post:	Health and Adult Services, North Yorkshire County Council County Hall, Racecourse Lane, Northallerton, North Yorkshire, DL7 8DD

9 GLOSSARY

Alzheimer's - the most common type of dementia, affecting almost 500,000 people in the UK.

AskSARA - A new service that aims to keep residents living independently in their own home. AskSARA provides guided advice and help with daily living, with the intention of empowering people to make informed decisions. It is run by the Disabled Living Foundation charity and licensed for use by us in order to develop a personalised service for our customers.

Autism - a condition that affects social interaction, communication, interests and behaviour. It includes Asperger syndrome and childhood autism.

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

Better Care Fund - a government-driven pooled fund approach which requires us to plan how we will move care from hospital to the community and to improve integration between health and social care. It consists mainly of existing health and social care funding.

Care Act – from April 2015, the legislation under which Care and Support was delivered changed. The Care Act is a new piece of legislation which sets out how a Local Authority must deliver care and support. The new national changes are designed to put a person in control of the help they receive and make sure that decisions about a person's care and support considers their wellbeing, what is important to that person, so that they can stay healthy and remain independent.

Care Home - Care homes may be privately owned or run by charities or councils. Some will be small care homes based in home-like domestic dwellings, while others will be based in large communal centres. There are permanent care homes for older people, homes for younger adults with disabilities, and homes for children.

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

Commissioning - when we purchase goods or services from other organisations we call this "commissioning".

Dementia – a syndrome associated with an ongoing decline of the brain and its abilities.

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

Deprivation of Liberty Safeguards (DoLS) - The Deprivation of Liberty Safeguards (DoLS) were introduced in 2009 (with strong links to the Mental Capacity Act 2005 and Mental Health Act 2007). DoLS aim to prevent the unlawful detention of adults in hospitals and care settings who lack capacity to choose where they live and/or to consent to care and treatment.

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

Eligibility Criteria – what we use to work out whether you are entitled to receive support from us. We apply the National eligibility criteria to make sure that we treat everyone fairly.

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

Extra Care Housing - provides high quality, specifically designed, apartments with a care team on site that can provide care at any time 24 hours a day, 7 days a week. It helps people to live independently, safely, with care and privacy. There is also access to other facilities such as restaurants, shops and hairdressers. Many of the schemes are at the heart of community life.

Healthwatch - Healthwatch is the independent statutory patient and public champion for health and social care in England. It exists in two distinct forms – Local Healthwatch, at local level (Healthwatch North Yorkshire), and Healthwatch England, at national level.

Health & Wellbeing Board – a formal committee of North Yorkshire County Council. The board is where leaders work in partnership to develop robust joint health and wellbeing strategies. These in turn set the North Yorkshire framework for commissioning of health care, social care and public health.

Independent Living Budget - young people having choice, control and freedom over their lives and the support they have, their accommodation and living arrangements, including supported living

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

Innovation Fund - supports voluntary sector organisations to deliver outcome-focused services with demonstrable impact in communities; and provides high-quality value for money services, in line with our priority areas.

Integration – partners working together with a common purpose.

Local Account – documents how we have performed in delivering adult social care to the people of North Yorkshire in 2014/15 and our plans for 2015/16.

Local Assistance Fund - was established in April 2013 to replace the discretionary Department for Work and Pensions (DWP) Social Fund scheme. This utilises funding transferred from the DWP to provide emergency support for vulnerable adults to move into or remain in the community, and to help families under exceptional pressure to stay together.

Mental Capacity Act - The Mental Capacity Act 2005 covers people in England and Wales who cannot make some or all decisions for themselves. The ability to understand and make a decision when it needs to be made is called 'mental capacity'.

North Yorkshire 2020 - an ambitious programme to change the way we do things given the significantly reduced funding levels.

Partnerships – We work closely with a number of other organisations, including the NHS and other care services. We call these organisations our 'partners'.

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

Personalisation - people are given more choice and control over their care with the freedom to assess their own needs, plan their own support and manage their own social care money, all with the help and guidance of social care staff.

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

Public Health – helping people to stay healthy, and protecting them from threats to their health. The government wants everyone to be able to make healthier choices, regardless of their circumstances, and to minimise the risk and impact of illness.

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

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

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

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

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

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

Supporting People – supported housing for vulnerable people in North Yorkshire.

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

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

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

Winterbourne View Concordat - ensures that North Yorkshire people with learning disabilities being cared for outside the county in residential accommodation are reviewed and supported.

DRAFT Version 2

HEALTH AND ADULT SERVICES

LOCAL ACCOUNT 2014/15

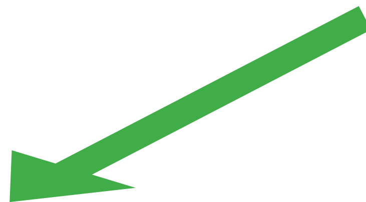
Information Sheets

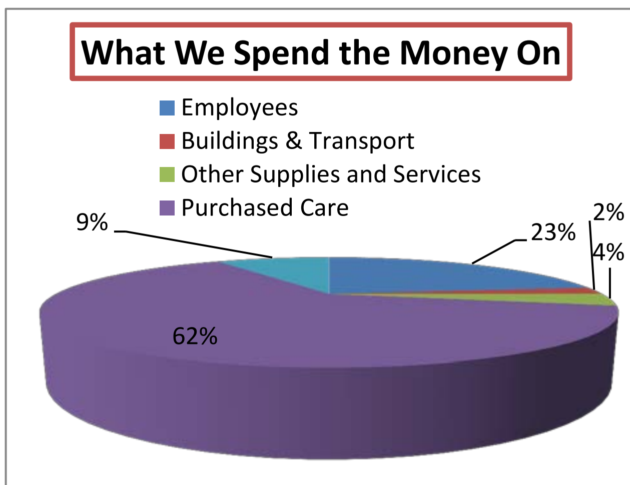
How much do we spend on Adult Social Care?

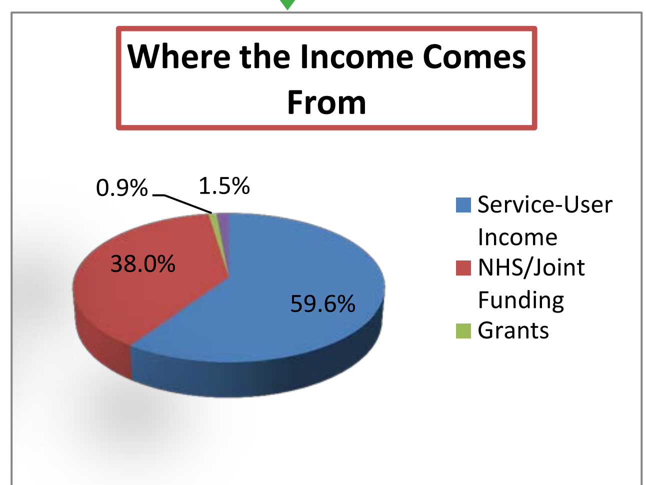
These are the actual spend figures for 2014-15, including our share of the overall running costs of the County Council.

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

Spend on:-	Gross Spend £000	Income £000	Net Spend £000
Care and Support Services			
Physical Support	74,068	25,198	48,870
Memory and Cognition	5,122	1,420	3,702
Sensory	2,611	774	1,837
Learning Disability	60,784	15,224	45,560
Mental Health	8,714	2,274	6,440
Other Adult Support	3,173	815	2,358
Social Care Assessment and Care Management	26,125	6,599	19,526
Early Intervention and Information	6,378	317	6,061
Commissioning and Service Delivery	19,472	2,964	16,508
Specific Government Grants	0	523	-523
TOTAL	**206,447**	**56,108**	**150,339**





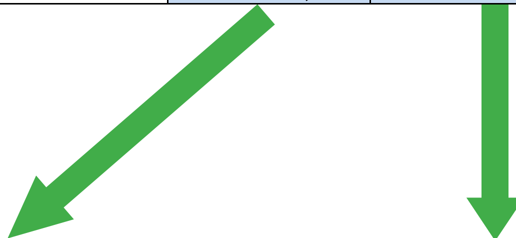


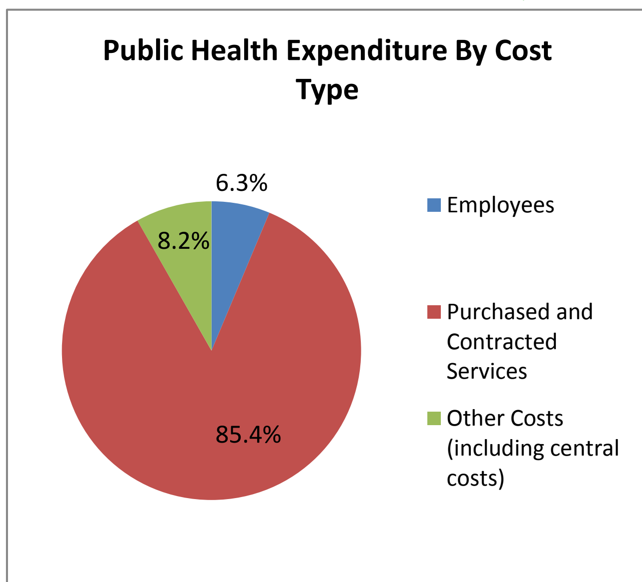
How much do we spend on Public Health?

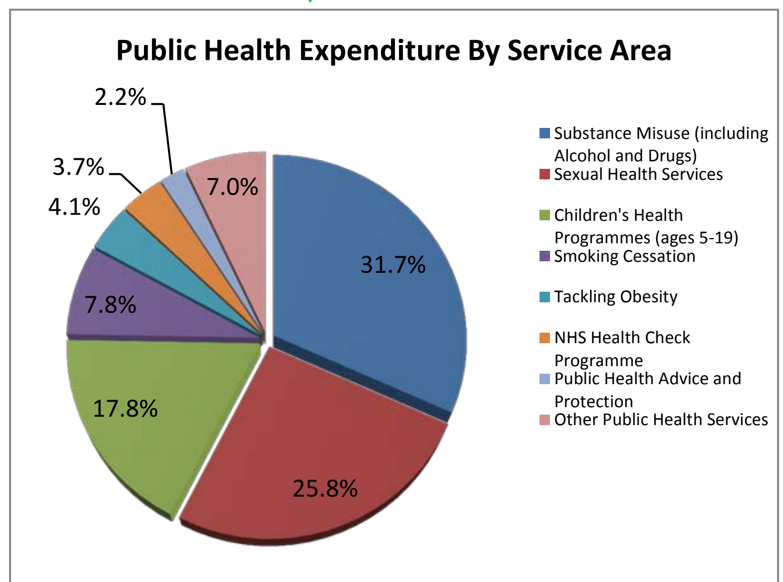
These are the actual spend figures for 2014-15, including our share of the overall running costs of the County Council.

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

Spend on:- Public Health	Actual Spend £000	% Spend
Substance Misuse (including Alcohol and Drugs)	5,010	31.7%
Sexual Health Services	4,075	25.8%
Children's Health Programmes (ages 5-19)	2,808	17.8%
Smoking Cessation	1,225	7.8%
Tackling Obesity (adults and children)	640	4.1%
NHS Health Check Programme	592	3.7%
Public Health Advice and Protection	343	2.2%
Other Public Health Services	1,102	7.0%
TOTAL	**15,795**	**100%**







What does the money achieve?

During 2014/15 11,178 people received services from HAS, including residential care, personal care at home, day care, and respite care, through personal budgets and direct payments. The majority of people continued to live in their community and were helped to maintain their independence.

The largest group of people supported remain those over 65 years (over 7,451 people).

The total number of people who received services during 2014/15 by need and age group is:

Main Category	18-64	65 and over	Total
Physical Support – Access and Mobility Only	127	450	577
Physical Support – Personal Care Support	646	5,297	5,943
Sensory Support – Support for Visual Impairment	61	88	149
Sensory Support – Support for Hearing Impairment	56	52	108
Sensory Support – Support for Dual Impairment	5	45	50
Support with Memory and Cognition	25	677	702
Learning Disability Support	1,507	190	1,697
Mental Health Support	1,203	431	1,634
Social Support – Substance Misuse Support	9	8	17
Social Support – Support for Social Isolation/Other	88	213	301
Grand Total	**3,727**	**7,451**	**11,178**

The total number of people who received services during 2014/15 by type of service delivered, gender and age group.

	18-64			65 and over			
Type of Service	**Female**	**Male**	**Total**	**Female**	**Male**	**Total**	**Total People**
Community Services	1,639	1,679	3,318	2,880	1,570	4,450	7,768
Residential Care	144	205	349	1,349	489	1,838	2,187
Nursing Care	38	22	60	760	403	1,163	1,223
Total	**1,821**	**1,906**	**3,727**	**4,989**	**2,462**	**7,451**	**11,178**

How we have done in 2014/15

In 2014/15, North Yorkshire was in the Top 3 in the region for six measures – LD Employment, MH Employment, Social Contact, Admissions under 65, Re-ablement (offered), Carers Discussion/Consultation.

We need to better understand our performance in the areas of Social Contact Carers and Feel Safe as a Result of Services.

Outlined below are the 26 Adult Social Care Outcome Framework (ASCOF) indicators which are produced by all councils with adult social care responsibility. These indicators fall into four domains which are the headline areas in the framework and are reproduced as titles below. 2014/15 was the fifth year of collection for some of the indicators and where appropriate the 2013/14 and the 2014/15 figures are shown. Please note during 2014/15 a new comprehensive statistical return was introduced which means direct comparison to previous years for some indicators is not possible, for example admissions to permanent care.

Measure	How it is measured	How we score it	2013/14	2014/15	Why are we measuring this?	What do we think?
Enhancing the quality of life for people with care and support needs						
Social care-related quality of life	Average score out of 24	higher is better	18.9	19.3	Measure of general satisfaction	Slight increase on the 2013/14 figures. Above Yorkshire and Humberside regional average and all England average.
Percentage of people who use services who have control over their daily life	Percentage	higher is better	75.1%	80.3%	Measure of the degree of independence and control a person has	Significant increase on 2013/14 figures indicating a greater degree of control over how services are delivered. Above Yorkshire and Humberside regional average and all England average.
Percentage of people using social care who receive self-directed support **(Old Measure).**	Percentage	higher is better	36.5%	N/A	Measure of the degree of choice and control a person has	Old measure, now withdrawn.

Measure	How it is measured	How we score it	2013/14	2014/15	Why are we measuring this?	What do we think?
Percentage of people using social care who receive self-directed support **(New Measure – Adults 18+)**	Percentage	higher is better	N/A	76.9%	Measure of the degree of choice and control a person has	This is a revised definition for the proportion of people using social care who receive self-directed support. The measure focusses on those who would be eligible for a long-term service and who are receiving SDS. Below Yorkshire and Humberside and all England averages.
Percentage of people using social care who receive self-directed support (New Measure – Carers)	Percentage	higher is better	N/A	53.7%	Measure of the degree of choice and control a person has	This is a revised definition for the proportion of carers eligible for social care who receive self-directed support. Below Yorkshire and Humberside and all England averages.
Percentage of people using social care who receive direct payments	Percentage	higher is better	12.3%	19.1%	Measure of the degree of independence and control a person has	As with the previous two indicators this measure now focusses on the percentage of people in receipt of long-term services who have chosen to take a full or part direct payment. Below Yorkshire and Humberside and all England average. We have continued to review our processes for direct payments to make them easier to use and increase take-up. We remain committed to maximising the numbers of direct payments as we believe that they offer people even more flexibility and choice in arranging their own services.

Measure	How it is measured	How we score it	2013/14	2014/15	Why are we measuring this?	What do we think?
Percentage of carers who receive direct payments	Percentage	higher is better	N/A	53.8%	Measure of the degree of independence and control a person has	This measure focusses on the percentage of carers who support a cared-for person who are in receipt who have taken a part or full direct payment to help them in their caring role. Below Yorkshire and Humberside and all England average.
Carer-reported quality of life	Average score out of 12	higher is better	N/A	8.1	Measure of carers satisfaction with services	Above all England average representing a good degree of satisfaction with carers' services.
Percentage of adults with learning disabilities in paid employment	Percentage	higher is better	7.2%	10.7%	Links to reducing social isolation and increasing independence	Increase in performance on 2014/15 for the numbers of adults with learning disabilities in paid employment. Above Yorkshire and Humberside and all England averages.
Percentage of adults in contact with secondary mental health services in paid employment	Percentage	higher is better	10.6%	13.9%	Links to reducing social isolation and increasing independence	This indicator is above Yorkshire and Humberside and all England averages, indicating that more employment opportunities are available for those with mental health issues.
Percentage of adults with learning disabilities who live in their own home or with their family	Percentage	higher is better	75.7%	86.1%	Links to reducing social isolation and stability	Above Yorkshire and Humberside and all England averages indicating an increase in appropriate accommodation for those adults with a learning disability.

Measure	How it is measured	How we score it	2013/14	2014/15	Why are we measuring this?	What do we think?
Percentage of adults in contact with secondary mental health services living independently, with or without support	Percentage	higher is better	52.0%	69.6%	Links to reducing social isolation and increasing independence	Above Yorkshire and Humberside and all England averages indicating an increase in appropriate accommodation for those adults with a mental health condition.
Percentage of people who use services who reported that they had as much social contact as they would like	Percentage	higher is better	42.3%	51.6%	Measure of people's social contact with others.	A significant increase in Yorkshire and Humberside and all England averages in the number of people who have as much social contact as they would wish above
Percentage of carers who use services who reported that they had as much social contact as they would like **(New Indicator)**	Percentage	higher is better	N/A	37.8%	Measure of people's social contact with others.	Below Yorkshire and Humberside and all England averages whilst being only marginally under both averages further work is required to fully understand the outcome of this indicator.
Delaying and reducing the need for care and support						
Permanent admissions of younger adults (aged 18 to 64) to residential and nursing care homes, per 100,000 population	rate per 100,000 population (18-64)	lower is better	6.5 per 100,000	N/A	Measure of the success of polices to maintain independence	Old measure, now withdrawn.

Measure	How it is measured	How we score it	2013/14	2014/15	Why are we measuring this?	What do we think?
Permanent admissions of younger adults (aged 18 to 64) to residential and nursing care homes, per 100,000 population **(New Definition as per SALT return)**	rate per 100,000 population (18-64)	lower is better	N/A	8.5 per 100,000	Measure of the success of polices to maintain independence	Below Yorkshire and Humberside and all England averages. This represents good performance.
Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population	rate per 100,000 population 65+	lower is better	525.4 per 100,000	N/A	Measure of the success of polices to maintain independence	Old measure, now withdrawn.
Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population **(New Definition as per SALT return)**	rate per 100,000 population 65+	lower is better	N/A	808 per 100,000	Measure of the success of polices to maintain independence	Above Yorkshire and Humberside and all England averages. Further work is ongoing in year to better understand this indicator.

Measure	How it is measured	How we score it	2013/14	2014/15	Why are we measuring this?	What do we think?
Percentage of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/ rehabilitation services **(effectiveness of the service)**	Percentage	higher is better	85.5%	87.8%	A measure of the success of rehabilitation for social care clients	This indicator represents the success of the reablement programme including START. Above Yorkshire and Humberside and all England averages.
Percentage of older people (65 and over) who were still at home 91 days after discharge from hospital into Reablement/ rehabilitation services **(offered the service)**	Percentage	higher is better	3.0%	3.1%	A measure of the success of rehabilitation and prevention in the wider 65+ population	Above Yorkshire and Humberside and all England averages. This measure is linked to general hospital admissions for the over 65 age group. It reflects on the general level of preventative services in the community to prevent hospital readmissions.
Delayed transfers of care from hospital per 100,000 population	rate per 100,000 population	lower is better	7.6 per 100,000	7.7 per 100,000	A measure of the general success of health and social care in quickly moving people on from acute hospitals.	Whilst marginally increasing this indicator represents an improving picture given the pressures which the health system was under over the Christmas period. High performing when compared to other councils. A good measure of how well we work with our partners in Health. Below Yorkshire and Humberside and all England averages.

Measure	How it is measured	How we score it	2013/14	2014/15	Why are we measuring this?	What do we think?
Delayed transfers of care from hospital which are attributable to adult social care per 100,000 population	rate per 100,000 population	lower is better	3.1 per 100,000	2.9 per 100,000	A measure of the success in which social care services quickly moves people on from acute hospitals with appropriate services	Slight increase in performance. Below Yorkshire and Humberside and All England averages.
Outcome of short-term service: Sequel to service **(New Indicator)**			N/A	79.3%		
Ensuring that people have a positive experience of care and support						
Overall satisfaction of people who use services with their care and support	Percentage	higher is better	66.8%	69%	Measure of general satisfaction with services	Further increase in the overall satisfaction of people. Above Yorkshire and Humberside and all England averages.
Overall satisfaction of carers with social services	Percentage	higher is better	N/A	44.1%	Measure of general satisfaction of carers with services	Above Yorkshire and Humberside and all England averages.

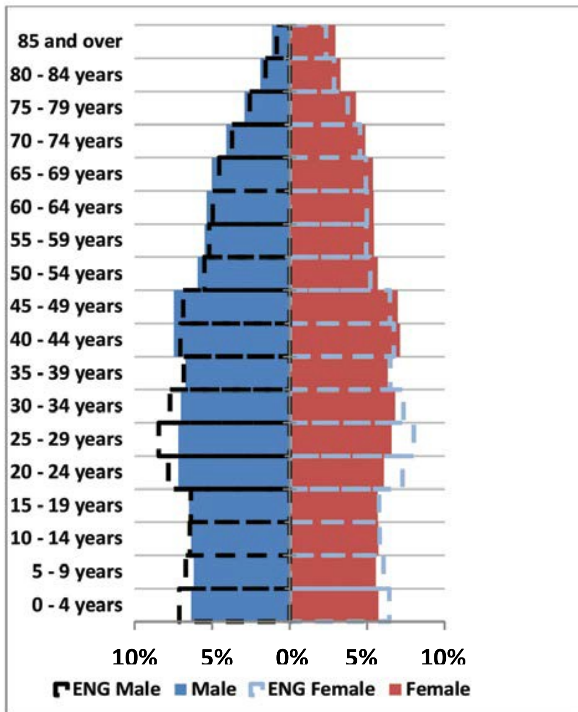
Measure	How it is measured	How we score it	2013/14	2014/15	Why are we measuring this?	What do we think?
Percentage of carers who report that they have been included or consulted in discussion about the person they care for	Percentage	higher is better	N/A	78.7%	A measure of how Carers have been involved with the care planning process	Above Yorkshire and Humberside and all England averages.
Percentage of people who use services and carers who find it easy to find information about services	Percentage	higher is better	74.3%	75.8%	A measure of how easy people find it to access information.	Above Yorkshire and Humberside and all England averages. This is a key indicator given the need to ensure that the people of North Yorkshire are well informed and have easy access to social care data and services that they may commission themselves.
Percentage of carers who find it easy to find information about services **(New Indicator)**	Percentage	higher is better	N/A	69.4%	A measure of how easy people find it to access information.	Above Yorkshire and Humberside and all England averages. This is a key indicator given the need to ensure that the carers of North Yorkshire are well informed and have easy access to social care data and services that they may commission themselves enabling them to continue their caring role.
Safeguarding adults whose circumstances make them vulnerable and protecting from avoidable harm.						
Percentage of people who use services who feel safe	Percentage	higher is better	69.9%	68.7%	A measure of independence and safeguarding	Above Yorkshire and Humberside and all England averages.

No

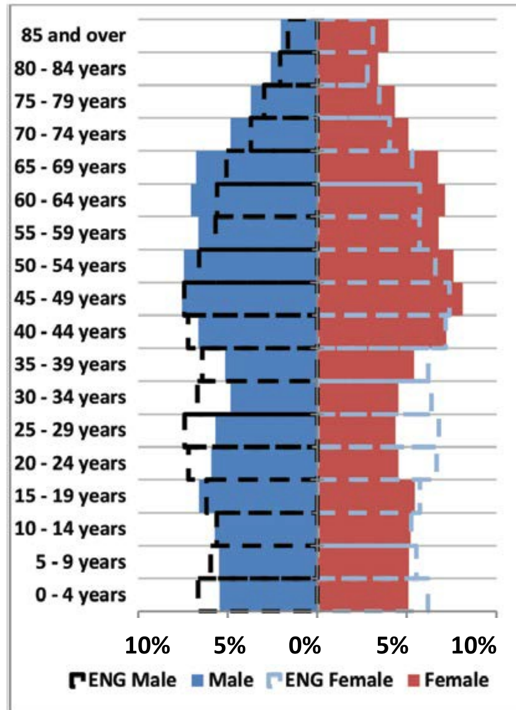
Measure	How it is measured	How we score it	2013/14	2014/15	Why are we measuring this?	What do we think?
Percentage of people who use services who say that those services have made them feel safe and secure	Percentage	higher is better	74.5%	74.8%	A measure of independence and safeguarding	Below Yorkshire and Humberside and all England averages. This remains an area for investigation as the majority of other councils see a 15% increase between the previous indicator and this one.

Demographic change in North Yorkshire

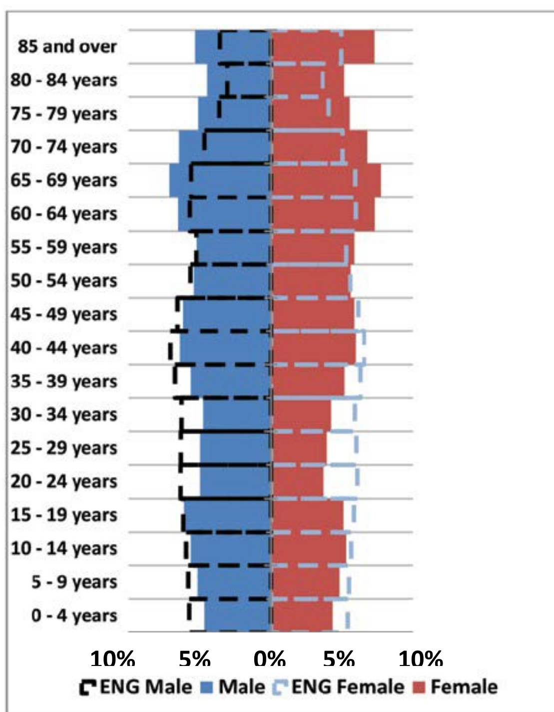
North Yorkshire 1992



North Yorkshire 2012



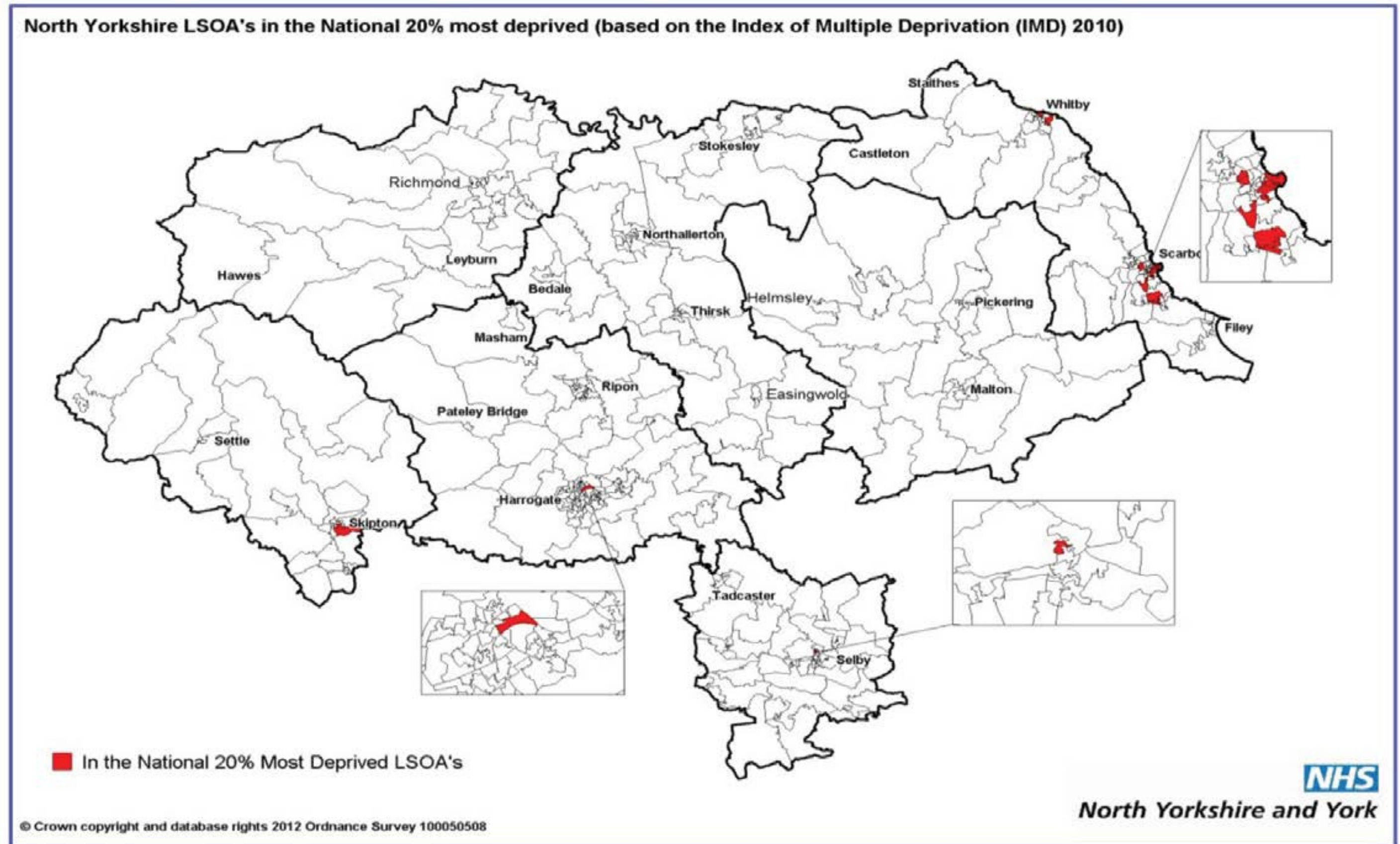
North Yorkshire 2035



The three graphs show the percentage comparison between North Yorkshire and All England for the growth in population by age band. By 2035 North Yorkshire's estimated population will be 650,400. This growth is driven largely by movement from other parts of the UK, particularly pre-retirement and the recently retired people.

The ratio of people over the retirement age against the number of people at working age is significant. In North Yorkshire this is already high and set to increase, whereas in neighbouring cities (such as Leeds) this ratio is set to reduce. Clearly, such demographic challenges will require the county, together with its partners, to continue to innovate as services are developed.

Economic and social status of people using services



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

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

This emphasises the challenge North Yorkshire's rurality poses.

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