

Agenda

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

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

Date: Thursday 1 October 2015 at 10.00 am

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Business

1. **Minutes of the meeting held on 2 July 2015.**

(Pages 1 to 5)

2. **Public Questions or Statements.**

Members of the public may ask questions or make statements at this meeting if they have given notice to Ray Busby Policy & Partnerships (*contact details below*) no later than midday on Monday 28 September 2015, three working days before the day of the meeting. Each speaker should limit themselves to 3 minutes on any item. Members of the public who have given notice will be invited to speak:-

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

3. **Annual Report of the North Yorkshire Safeguarding Adults Board** – Report of the Corporate Director – Health & Adult Services. Jonathan Phillips, the Chairman of the Board, will be in attendance to present the report
(Pages 6 to 37)
4. **Stronger Communities and Living Well** – Briefing and Joint Presentation Head of Stronger Communities and NYCC Health & Adult Services.
(Pages 38 to 43)
5. **2014 Annual Report of the North Yorkshire Director of Public Health**
(Pages 44 to 47)
6. **Local Account for Adult Social Care and Public Health Services 2014/15**– Report of the Corporate Director – Health & Adult Services
(Pages 48 to 117)
7. **Provision of an integrated, adult substance misuse service: “North Yorkshire Horizons” – Discussion with the providers** - Developing Initiatives Supporting Communities and Lifeline
(Briefing report to follow)
8. **Strategy for meeting the needs of children, families and adults with autism in North Yorkshire 2015-2020**– Report of the Corporate Director – Health & Adult Services
(Pages 118 to 164)
9. **Work Programme** - Report of the Scrutiny Team Leader.
(Pages 165 to 169)
10. **Other business which the Chairman agrees should be considered as a matter of urgency because of special circumstances.**

Barry Khan
Assistant Chief Executive (Legal and Democratic Services)

County Hall
Northallerton

23 September 2015

NOTES:

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

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

(b) **Emergency Procedures For Meetings**

Fire

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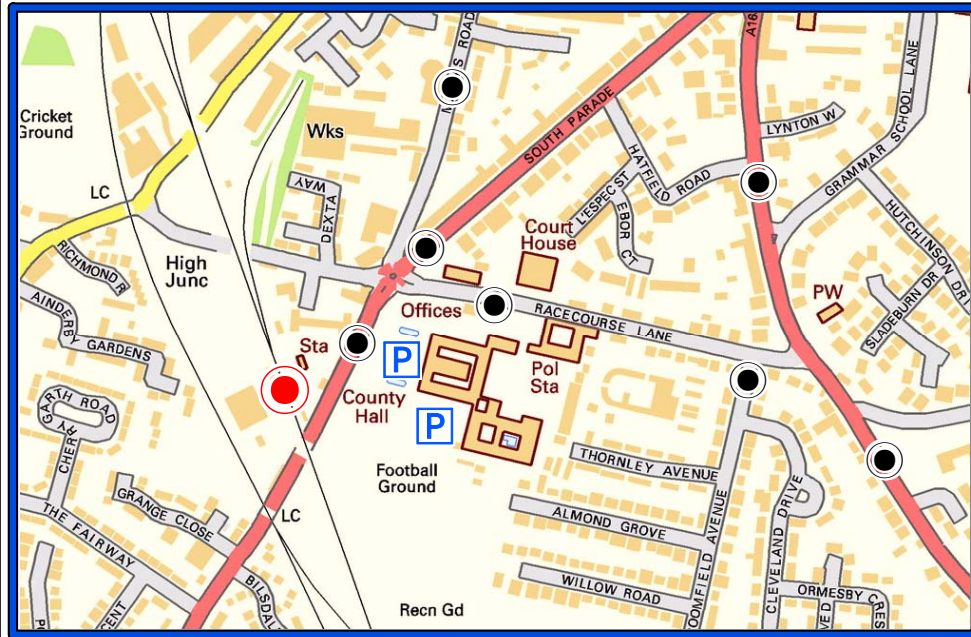
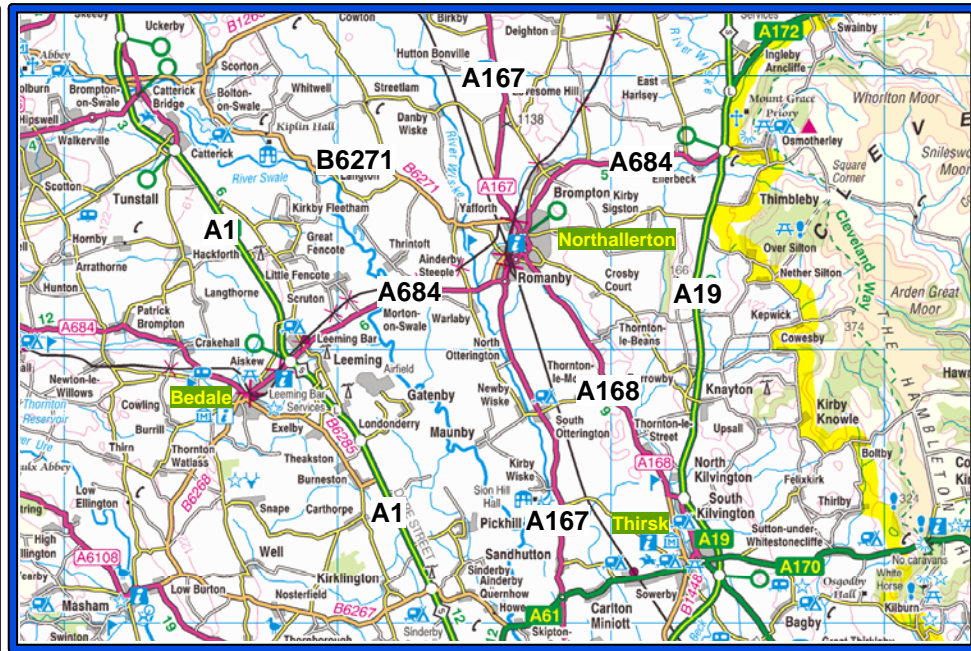
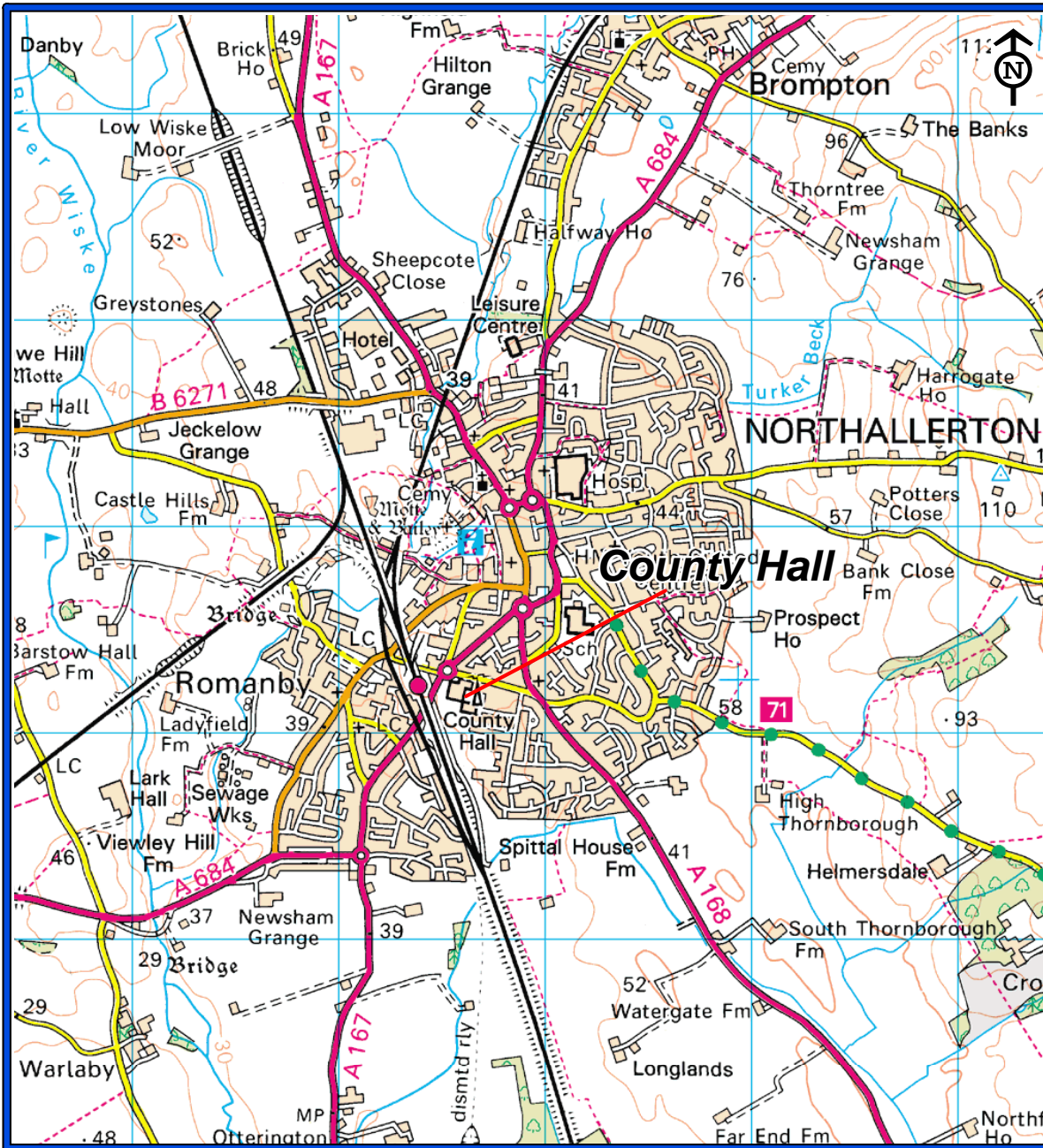
Care and Independence Overview and Scrutiny Committee

1. Membership

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

2. Substitute Members

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



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North Yorkshire
DL7 8AD

Tel : 0845 8 72 73 74



North
Yorkshire County Council

North Yorkshire County Council

Care and Independence Overview and Scrutiny Committee

Minutes of the meeting held on 2 July 2015 at 10.30 am at County Hall, Northallerton.

Present:-

County Councillor Patrick Mulligan in the Chair

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

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

In attendance: County Councillor Clare Wood (Executive Member for Adult Social Care Health Integration).

Officers: Mike Webster (Assistant Director, Contracting, Procurement and Quality Assurance (Health and Adult Services)), Kathy Clark (Assistant Director, Health and Adult Services), Avril Hunter (Strategic Commissioning Manager, Commissioning and Partnership (Health and Adult Services)), Ray Busby (Scrutiny Support Officer, (Policy and Partnerships))

Apologies: Mike Padgham (Independent Care Group)

Copies of all documents considered are in the Minute Book

66. Minutes

Resolved –

That, the Minutes of the meeting held on 23 April 2015, having been printed and circulated, be taken as read and be confirmed and signed by the Chairman as a correct record.

67. Exclusion of the Public

Resolved -

The public are excluded from the meeting during consideration of Item no. 9 on the agenda on the grounds that it involves the likely disclosure of exempt information as defined in paragraph 4 of Part of Schedule 12A to the Local Government Act 1972 as amended by the Local Government (Access to Information)(Variation) Order 2006.

68. Public Questions or Statements

There were no public questions or statements

70. Mental Health Strategy

Considered -

The report of the Corporate Director - Health and Adult Services advising the Committee of the progress made with the proposed joint mental health strategy for North Yorkshire including the approach to the development of the strategy, the proposed principles and key priorities within the Draft Strategy and timetabling of journey through approval processes.

A member suggested the meaning of the quoted figure in the report regarding the estimated loss of working days due to mental ill health, which was thought to cost something in the region of £26m year, be clarified.

A member was sceptical that the ambitious yet very necessary aims in the strategy could realistically be achieved in a climate of cuts to public expenditure. Kathy Clark explained that some mental health budgets were protected, and all partner agencies had shown willingness to consider using monies in a different way, but the challenge of financial constraints was acknowledged.

Members particularly liked the clarity of the three priorities in the strategy: resilience, responsiveness and reaching out, which focus on support to individuals, families and communities working in partnership and responding to needs.

Resolved -

- a) That the report be noted and the feedback given by Members on the development and the draft principles and priorities be noted.
- b) The Health and Well Being Board be advised that the draft strategy has this committee's wholehearted support;
- c) The committee look at the final version that is put to the Health and Wellbeing Board.

70. Deprivation of Liberty Standards

Considered -

The report of the Corporate Director - Health and Adult Services briefing Members of the Deprivation of Liberty Safeguards and its significance for the Adult Services Directorate.

The report highlights the issues of significant for the Committee because it affects some of the most vulnerable adults in our communities, safeguarding adults is a particular responsibility for Members of this Committee and the latest developments in connection with Deprivation of Liberty Safeguards are having a direct impact upon the Directorate obligations and resources, in addition to recognising the additional burdens, it is important that the Committee reassures itself that all possible steps are being taken to respond proactively to the recent legal requirements.

Members were advised that managing this demand and greater expectations will be achieved by a combination of reconfiguring in-house services, investments in resources, better use of purchaser services and changed internal processes to spread and enhance the capacity.

Mike Webster explained that measuring whether this response is having the right effect, and evaluating our overall performance relative to others, is not straightforward because there is so little national benchmarking data. All authorities seem to be struggling to cope with these increased demands and especially struggling to complete case assessments on time.

Resolved -

- (a) That it is recognised that NYCC as a Supervisory Body, alongside most Local Authorities nationally, is currently under extreme pressure to apply the Deprivation of Liberty Safeguards as they are intended.
- (b) That it is acknowledged that at this time, progress is affected in not undertaking the required work to develop MCA practice generally across the different agencies within the County.
- (c) That the burden associated with Deprivation of Liberty Safeguards is unlikely to significant changed within the next 2-4 years be noted.
- (d) Members recognised that the unexpected surge in demand undoubtedly places the Directorate's performance in jeopardy, but the Committee's view, from the information given, was that the Directorate's response has been effective.

71. Self-Funders

Considered -

The report of the Corporate Director - Health and Adult Services updating the Committee on the privately determined and financed social care market in respect of self-funders, this would help shape the work the Committee intended on customer experience and advice and the care funding reforms (commonly termed the Dilnot proposals).

It was explained that this is a significant issue for a county like North Yorkshire which has above average numbers of people who pay and arrange for their own care needs, with no direct Council involvement in setting up the care package, and above average numbers of people who, through the Council's charging arrangements, pay the full cost of their care package.

Resolved -

The committee noted that the position of self-funders and paying for residential care will be significantly affected by the Dilnot proposals to be introduced as part of the Care Act; the committee therefore agreed to look at the impact of this part of the Care Act provisions before it comes into force in April 2016.

72. Carers and the Care Act

Considered -

Avril Hunter (Strategic Commissioning Manager, Commissioning and Partnership (Health and Adult Services) reported on directorate activity and preparedness for that part of the care act that impacts upon work with carers. In particular, Avril addressed how the directorate is responding to the requirement to ensure that unpaid carers will have the same rights as those they care for, so may be able to get more help to carry on caring and look after themselves

Avril highlighted:

- Carers Resource Centre who will be carrying out some Carers assessments. Contract monitoring is will include those aspects of support including information and advice.
- How information will be gathered through existing HAS IT systems
- The Carers emergency Card
- The work with carers on the provision of quality, accessible information - especially leaflets.

Resolved -

That the oral report be noted.

73. Work Programme

Considered -

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

Resolved -

That the Work Programme be agreed.

This presentation was considered in private and the public have no right of access to that report. The following is a public summary of business conducted in private.

74. Assessment and Reablement Pathway: 2020 Savings

Considered -

Oral report by Anne Marie Lubanski (Assistant Director Social Care Operations, (Health and Adult Services)).

Anne Marie explained that much of the information provided to members was still very much provisional, the staffing matters associated with the work on the Assessment and Reablement Pathway was subject to further work and consultation with staff.

Anne Marie circulated a draft narrative: "Independence with Support When I need it" which set out the key themes and ambitions to transform our social care service. When referring to this, Anne Marie highlighted:

- The importance of the right information, support and motivation to help people find solutions for themselves.
- The work being done by prevention officers, in conjunction with stronger communities programme, ensuring local knowledge and opportunities for the local community are enhanced and identifying where services need to be developed.
- The exercise of examining what each step, each process within the Pathway, costs the service and whether it could and how it should be reconfigured.
- Work with the customer services centre on the response people receive on first contact to ensure that the person has all they need to explore possible options and optimise their independence.
- The work planned to improve people's experiences of hospital discharge

Resolved -

- (a) That the oral report be noted.
- (b) Recognising that these developments were part of the NYCC's 2020 savings targets, and that the staffing implications had yet to be worked through with the people affected, it was agreed that the Committee return to the topic in the New Year.

The meeting concluded at 1pm

NORTH YORKSHIRE COUNTY COUNCIL

CARE AND INDEPENDENCE OVERVIEW AND SCRUTINY COMMITTEE

1 OCTOBER 2015

NORTH YORKSHIRE SAFEGUARDING ADULTS BOARD
ANNUAL REPORT 2014/15**1.0 Purpose of Report**

- 1.1 To receive the Annual Report of the North Yorkshire Safeguarding Adults Board.

2 Background

The Care Act (2014) requires local authorities to set up a Safeguarding Adults Board, which gives the North Yorkshire Safeguarding Adults Board a clear basis in law for the first time. The County Council followed this national guidance to become a statutory Board from April 2015.

The Act says that the Board must

- include the local authority, the NHS and the police, who should meet regularly to discuss and act upon local safeguarding issues;
- develop shared strategic plans for safeguarding, working with local people to decide how to protect adults with care and support needs in vulnerable situations ;
- publish the strategic plan and report to the public annually on its progress, so that different organisations can make sure they are working together in the best way.

The Board presents the Annual Report for 2014/15 which highlights progress during the year and introduces the strategic priorities for the next three years.

3 Progress during 2014/15

This year the Board worked to meet four main outcomes which are based on the six principles of safeguarding as covered in the Care Act guidance. Progress in each of these areas by the Safeguarding Adults Board and partner agencies is considered in each of these areas. Stories are used throughout the Annual Report to illustrate these safeguarding principles in practice.

Awareness and Empowerment – people feeling safe and in control, being more able to share concerns and manage risk of harm either to themselves or others

Prevention – working on the basis that it is better to take action before harm happens

Protection and proportionality – support and help for those adults who are vulnerable and most at risk of harm. Responding in line with the risks and the minimum necessary to protect from harm or manage risks

Partnership and accountability – working for local solutions in response to local needs and expectations. Focusing on outcomes for people and communities and being open about their delivery.

The NYSAB Annual Report 2014/15 was published on 10 September 2015 and includes the following highlights.

During 2014/15 the Board

- Shared information and ideas with people who have care and support on the physical and sensory impairment board and the older people's forum.
- Measured how well each partner organisation is meeting national and local standards by using a regional audit tool and used this information to help decide what to put in the strategic plan.
- Worked with authorities in West Yorkshire to adopt a policy and procedure that promotes the values of empowerment from Making Safeguarding Personal.
- Ensured that the local authority, police and Clinical Commissioning Groups each appointed a Designated Adults Safeguarding Manager, in accordance with Care Act requirements. These individuals will work together to co-ordinate responses to safeguarding concerns where risks are posed by employees, volunteers and students.
- Ensured that Safeguarding Adults and Mental Capacity Act training was updated to take account of the changes to Deprivation of Liberty Safeguards following the Cheshire West Ruling and to achieve compliance with the Care Act 2014.
- Reviewed and refreshed the governance arrangements of the Board to ensure that it was as effective as possible in responding to the new statutory requirements. This resulted in streamlining the structure of the Board and establishing a Board delivery Group to ensure that the strategic plan is delivered.

There is a duty to publish in the Annual Report information on any Safeguarding Adults Reviews that the Board has arranged or are in progress. While there are none to report this year, North Yorkshire County Council has commissioned a review to learn lessons from the action taken with a care service in Harrogate.

4. Priorities for 2015/16

In accordance with Care Act requirements the Board has produced a safeguarding plan for 2015 – 2018 based on the core safeguarding principles. The Board has outlined the four main outcomes that it wants to achieve to deliver the plan and commissioned the Board Delivery Group and sub groups to ensure that these are delivered to achieve the vision.

Some key priorities for the year ahead include

- Ensuring that the new governance arrangements are embedded and that the strategic plan is delivered effectively.
- Ensuring that the multi-agency procedures have been adopted by partner organisations and that training is rolled out to ensure that staff are aware of their responsibilities under the procedures and that staff and volunteers have a

good understanding of Making Safeguarding Personal. This will include learning from the experience of the Designated Adult Safeguarding Managers.

- Increasing the level of awareness in the community of what abuse is, including the new definition in the Care Act.
- Continuing to develop engagement with people who use care and support so that they can influence the Board's priorities and see a difference.
- Developing a shared approach to challenges such as domestic abuse, self-neglect, modern slavery, exploitation, hate crime and radicalisation. This will include closer working with District Councils.
- Working together with other partnerships to ensure that safeguarding is delivered as effectively as possible.

4 Recommendations

- a. Note the Annual Report of the Safeguarding Adults Board;
- b. Agree to receive further ongoing reports of progress;
- c. Remain aware of national developments and best practice.

5 Appendices

5.1 Annual Report 2014/15

Jonathan Phillips
Independent Chair, North Yorkshire SAB

NORTH YORKSHIRE SAFEGUARDING ADULTS BOARD

ANNUAL REPORT 2014 – 2015



Keeping people safe from abuse and neglect

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Foreword by Jonathan Phillips Independent Chair for the North Yorkshire Safeguarding Adults Board



I am delighted to be presenting my third Annual Report and my first since the Care Act came into force in April 2015, bringing with it a clear statutory role for Safeguarding Adults Boards.

I am excited about the opportunities under the Care Act to make safeguarding more personal. I have always believed that adults are in the best position to have control over their own lives and deserve the very best care and support we can give when they are at risk of abuse or neglect. I am encouraged by the emphasis on support for carers.

“Safeguarding means protecting an adult’s right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adults wellbeing is promoted including where appropriate having regard to their views, wishes, feelings and beliefs in deciding on any action” Care Act (2014)

As a Board, we embraced this approach and used the safeguarding principles as the cornerstone for all our activities this year; assessing our readiness for the Care Act and preparing our strategic plan for the next three years.

Last year, we started sharing information and ideas about safeguarding with people who have care and support; they told us how important it is to keep getting information to the right people about safeguarding and give feedback on how it is working. I am pleased to report that we have continued that work this year, by talking to people on the physical and sensory impairment board and the older people’s forum. They told us that they wanted to know more about what abuse is and how safeguarding can help. All the members of the Board will share responsibility for this in the year ahead and we will set out clearly how these views influence our strategic plan. As a member of the Board, Healthwatch is able to play the role of critical friend by providing challenge from a patient and public perspective in the delivery of the strategic plan.

We worked closely with authorities in West Yorkshire to adopt a policy and procedure that promotes the values of empowerment from Making Safeguarding Personal. In the year ahead we will make sure that staff and volunteers use these procedures to understand what abuse is, including the new types of abuse in the Care Act, and feel skilled to take proportionate action to ensure protection of adults at risk of abuse and neglect.

Approved 26 August 2015

I am encouraged by the progress we have made to strengthen the Board and increase the level of co-operation and challenge amongst partners. The local authority, police and CCG have all appointed Designated Adult Safeguarding Managers to co-ordinate work where employees may pose a risk to adults with care and support needs.

We have a duty to provide information on any Safeguarding Adults Reviews that the Board has arranged or are ongoing and I can report that there have been none this year. However, the Board has commissioned a review to learn lessons from the action taken with a care service in Harrogate.

In the coming year we will continue to develop safeguarding in North Yorkshire; by sharing information across agencies, learning from experience and developing a shared response to new and challenging areas such as domestic abuse, self-neglect, modern slavery, exploitation, hate crime and radicalisation.

This will be my last Annual Report for the Safeguarding Adults Board as I will be moving on from North Yorkshire at the end of 2015, so I wish the Safeguarding Adults Board and its new chair every success for the future.

Jonathan Phillips OBE

Independent Chair – North Yorkshire Safeguarding Adults Board

Approved 26 August 2015

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1.0 What we have achieved this year

This year the Board worked to meet four main outcomes which are based on the six principles of safeguarding.

Awareness and Empowerment – people feeling safe and in control, being more able to share concerns and manage risk of harm either to themselves or others

Prevention – working on the basis that it is better to take action before harm happens

Protection and proportionality – support and help for those adults who are vulnerable and most at risk of harm. Responding in line with the risks and the minimum necessary to protect from harm or manage risks

Partnership and accountability – working for local solutions in response to local needs and expectations. Focusing on outcomes for people and communities and being open about their delivery.

Progress in each of these areas by the Safeguarding Adults Board and partner agencies is considered below.

2.0 Awareness and Empowerment

Safeguarding Adults Board

- Worked on the plan to keep sharing information and ideas with people who have care and support. We talked to people on the physical and sensory impairment board and the older people's forum. They told us that they wanted to know more about what abuse is and how safeguarding can help.
- During the year, the Board considered safeguarding stories at the meetings, to enable members to consider themes and lessons from situations across North Yorkshire. The stories throughout this Annual Report illustrate safeguarding principles in practice.

What the data tells us about awareness

Refer to Appendix A for the complete balanced scorecard.

To demonstrate the level of awareness of safeguarding three indicators have been considered for 2014/15

- Numbers of alerts reported to North Yorkshire County Council under the multi-agency safeguarding procedures. It is included as it is an indication of how aware people are of the need to report and how to report safeguarding concerns.

- Groups of people who raise alerts, this is included in order to assess differences in levels of awareness. This data can then be used to look at trends and consider where additional work may be required to raise the level of awareness with different groups.
- Consider whether abuse was substantiated at the conclusion of the safeguarding process. Although it is a complex picture, it is included to give an indication of how appropriate some alerts or safeguarding investigations may be.

KEY ISSUE – The data showed that there was a significant increase in the number of alerts between 2013/14 and 2014/15, particularly an increase in the number of referrals from residential care staff and social workers. The number of referrals from members of the public has also increased slightly.

COMMENT – The Safeguarding Adults Board actively promotes awareness of abuse through publicity and training and encourages reporting of concerns of abuse whenever a member of the public, member of staff or volunteer is concerned about an adult at risk. Increased reporting may therefore indicate a positive level of awareness particularly as there has been an increase in safeguarding activity relating to some care providers this year. The Board has responded to this increase by monitoring the level of alerts monthly and the level of referrals quarterly so that it can ensure that partners are able to respond appropriately to the demand.

Health and Adult Services (North Yorkshire County Council)

- Promoted safeguarding at public events and delivered training sessions for Healthwatch volunteers.
- Promoted the 'guides to safeguarding' to enable workers to talk through the safeguarding process with people at the beginning and throughout.
- Ensured compliance with the Care Act to provide Information Advice and Guidance; this included production of a care services directory.

Clinical Commissioning Groups

Partnership Commissioning Unit (*Commissioning services on behalf of NHS Hambleton Richmondshire and Whitby CCG, NHS Harrogate and Rural District CCG, NHS Scarborough and Ryedale CCG and NHS Vale of York CCG*)

- Led on work funded by NHS England to raise the profile and importance of the Mental Capacity Act and Deprivation of Liberty Safeguards. A number of events targeted at leaders in primary care, NHS and private sector providers took place across the county. Leaflets for members of the public on their rights in respect to choices on their care and support were distributed.
- Produced detailed prompt cards for professionals to help them negotiate the complexities of best interest decisions and deprivations of liberty on the frontline.

Airedale Wharfedale and Craven Safeguarding Team and wider CCG

- Piloted Personal Health Budgets (PHB) which gives people a range of ways to gain greater choice and control over how their Continuing Healthcare funding is spent in order to best meet their needs.

NHS England

- Provided assurance that the local health system, including Clinical Commissioning Groups (CCGs) and designated professionals have worked effectively to safeguard and promote the welfare of adults at risk (Safeguarding Vulnerable People Accountability and Assurance Framework, NHS England 2013).
- Ensured that CCGs were working with their directly commissioned providers to improve services as a result of learning from safeguarding incidents.

North Yorkshire Police

- Reviewed and updated its Safeguarding Adults procedure to incorporate the statutory changes in line with The Care Act 2014. The procedure details the role and responsibility of each member of staff when dealing with a report involving an adult safeguarding matter. All officers have been made aware of the changes and know where to locate the document should they need to refer to it.
- Ensured that a “Vulnerable Adults missing or absent from home or care” joint protocol was written to ensure a multi-agency response to such circumstances.

Healthwatch

- Featured safeguarding news in a couple of electronic newsletters to help raise the profile of safeguarding.
- Organised bespoke safeguarding training for all Healthwatch volunteers, carrying out our statutory Enter and View activities. Volunteers felt empowered to be able to identify and report safeguarding concerns in care homes and hospitals when visiting.

Tees Esk and Wear Valleys NHS Foundation Trust

- Developed a new internal training programme for practitioners and secured additional resource to roll out the training.
- Established a corporate system which provides advice and guidance with regard to safeguarding concerns across the whole organisation.
- Began implementation of a two year project, 'Force Reduction' to address the use of physical restraint. With the introduction of positive behavioural support approaches across all our services this has already seen a positive impact in the reduction of the use of restraint in in-patient services for people with learning disabilities.
- Implemented a new framework to guide staff on using minimum restriction throughout the delivery of care; in response to safeguarding concerns in our Care Quality Commission inspection of forensic services.

North Yorkshire District Councils

- Safeguarding policies and procedures have been adopted by all district councils.
- Information and signposting on safeguarding was promoted on district council websites.

Acute provider trusts

- All acute provider trusts are working towards compliance with the Care Act 2014 by reviewing and updating safeguarding adult procedures.
- All acute provider trusts continued to develop and revise adult safeguarding training programmes to reflect the requirements of the Care Act 2014.
- All acute provider trusts have ensured there are robust governance arrangements relating to adult safeguarding including Board oversight.



A safeguarding story – Pauline

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.

3.0 Prevention

Safeguarding Adults Board

- Measured how well each partner organisation is meeting national and local standards. This information was used to help decide what to put in the strategic plan. It told the Board that there is still more to do to take account of the experience of people with care and support needs at risk of abuse, and that more could be done to recognise people at risk who may be experiencing hate crime or could be vulnerable to radicalisation.

What the data tells us about prevention

For further detail refer to Appendix A – balanced scorecard.

To demonstrate the level of prevention of safeguarding these indicators have been considered for 2014/15

- Percentage of safeguarding alerts by client groups - chosen as North Yorkshire's performance does not follow the national trends. If certain client groups are underrepresented or over represented it potentially raises questions over whether more can be done on prevention.
- Indicators on the location or setting of the incident - included as they could potentially show areas where more targeted safeguarding involvement may be required from a preventative perspective. Linked to this, we have shown the numbers of care providers that have been suspended by NYCC and trend data will be shown in future.
- When North Yorkshire Police complete a vulnerability risk assessment a 'flag' is applied to adults when there is a high level of risk. The graph shows where these people are situated and in future, trend information will be shown to monitor the effectiveness of prevention.
- The police also record the number of vulnerable people who are "missing from home" and rate this risk as high, medium or low. This information will be represented to show the trends as an indicator of the success of prevention measures.

COMMENTS – no specific issues of concern have been identified with this data for 2014/15. The Board will continue to review this data alongside other measures to see what the data tells us about the prevention of abuse in North Yorkshire.

Health and Adult Services (NYCC)

- Ensured that care providers were informed about the new arrangements for the Care Act and that they had support to provide safe, good quality care.
- Worked with NHS staff to help residents of Alexander Court in Harrogate move to new homes to tackle what was perceived as poor quality care. Co-ordinated a review to ensure that there has been learning from the action taken.
- Developed a programme of targeted prevention type work which will support people to resolve their own issues and to find the support they need to stay independent.

Clinical Commissioning Groups

Partnership Commissioning Unit (*Commissioning services on behalf of NHS Hambleton Richmondshire and Whitby CCG, NHS Harrogate and Rural District CCG, NHS Scarborough and Ryedale CCG and NHS Vale of York CCG*)

- Introduced a system of collecting and collating soft intelligence. Some of this is gathered in its day to day work but there is also the offer to other partner organisations including the police and local authority for them to send soft intelligence concerns to the team.
- Set up a system of regular reporting between the Continuing Health Care team and Safeguarding Team that picks up quality and performance issues where there is a potential to cause harm. In these cases the team gives advice and guidance to providers and, if necessary, puts processes in place to prevent such harm occurring.

Airedale Wharfedale and Craven Safeguarding Team and wider CCG

- With support from the Named GP for safeguarding adults, the team has delivered training and development events on a range of issues to CCG staff, GP practices and independent health providers. Subjects include recognising and responding to adult abuse, Mental Capacity and Deprivation of Liberty Safeguards.

NHS England (North Yorkshire and Humber team)

- Worked with Clinical Commissioning Groups (CCGs) to ensure their commissioned providers take all reasonable steps to reduce serious safeguarding incidents.
- Provided templates for CCGs to allow them to feedback on the assurance of safeguarding practice; developing safeguarding standards and aspirations for GP practices for benchmarking purposes.
- Was involved in an assurance process with CCG's around the Transforming Care

programme (formerly known as Winterbourne View Review). This has necessitated regular tracking exercises and returns to regional NHS England Transforming Care team.

North Yorkshire Police

- Identified victims and potential victims of domestic abuse and provided them with information as a result of the use of the Domestic Violence Disclosure Scheme (DVDS) – “Right to ask” and “Right to know”; so that they can take proactive measures to protect themselves and ensure they have details and access to all relevant support agencies.

The Independent Care Group

- Promoted to social care providers the changes to safeguarding adults brought in by the Care Act 2014 and the Statutory Guidance.
- Sent out Trading Standards alerts where they concerned vulnerable people.

Healthwatch

- Carried out an Enter and View visit to a care home in Ryedale, where it was identified that not all staff had received their statutory safeguarding training. Healthwatch subsequently made a recommendation to the management to ensure that all their care staff received safeguarding training.

Tees Esk and Wear Valleys NHS Foundation Trust

- Addressed the concerns regarding privacy and dignity in some of the zones used to ensure that there is no mixed sex accommodation. This involved changing some ward layouts and revising the privacy and dignity policy.
- Developed a system that measures how well the values and behaviours that support the prevention of harm are being embedded across the organisation.
- Revised the Whistle Blowing policy and introduced a new ‘anonymous concerns’ facility for staff to email anonymously any issues directly to the Executive Management Team. The outcomes to these issues are published weekly in the Trust E-Bulletin.

North Yorkshire District Councils

- Relevant training for staff, volunteers and Elected Members was undertaken.

Acute provider trusts

- Each acute provider trust has programmes in place to reduce harm to adults at risk, for example pressure ulcer prevention and falls reduction plans.

- Each acute provider trust has a system for recording safeguarding alerts. This is essential to identify areas for targeted safeguarding involvement from a preventative perspective.



A Safeguarding Story – Joyce

Joyce is a 58 year old woman who lives alone. Joyce has sight loss and requires some support with tasks around the house. Her sight loss has affected her confidence and self-esteem. Joyce has been having some issues with her neighbour, who had been asking her to lend him money.

Joyce reported this to her social worker, saying that it had been happening for a few years and she feels she can't say no to him. Joyce didn't want 'anything to be done' as he was 'very kind' and she didn't want him to stop visiting her.

There is a discussion between the social worker, the designated safeguarding manager and Joyce and they agreed that the social worker would talk through the options with Joyce. This might be informing the police, Joyce talking to the neighbour or the social worker talking to the neighbour.

The council agreed to take no action without Joyce's permission unless the neighbour posed a threat to others or it was in the public interest.

Joyce felt able to talk to the neighbour herself, after some help from the social worker to help her with the conversation. Although he was initially defensive, he apologised for putting her in a position where she couldn't say no. Although this has left their relationship 'a bit fragile', he still visits Joyce and hasn't asked her for any money since she spoke with him.

4.0 Protection and Proportionality

Safeguarding Adults Board

- Worked with authorities in West Yorkshire to adopt a policy and procedure that promotes the values of empowerment from Making Safeguarding Personal, thereby making sure that safeguarding procedures are up to date, clear and accessible.
- Ensured that the local authority, police and Clinical Commissioning Groups each appoint a Designated Adults Safeguarding Manager, in accordance with Care Act requirements. These individuals will work together to co-ordinate responses to safeguarding concerns where risks are posed by employees, volunteers and students.
- Ensured that Safeguarding Adults and Mental Capacity Act training was updated to take account of the changes to DoLS following the Cheshire West Ruling and to achieve compliance with the Care Act 2014. An online learning package from Me Learning with a module on Safeguarding and the Care Act was introduced. Evaluation of the alert training showed positive results.

What the data tells us about protection and proportionality

For further detail refer to Appendix A – balanced scorecard.

To demonstrate the level and effectiveness of protection the following indicators have been considered for 2014/15

- Proportion of safeguarding alerts where safeguarding action is taken after the alert so that trends can be analysed and differences investigated.
- When the safeguarding investigation is concluded, the level of risk which remains is monitored, so that the effectiveness of protection can be monitored.
- The percentage of individuals assessed as lacking capacity and the percentage of cases where the individual at risk without capacity has been supported by an advocate. This is to show that those without mental capacity are adequately represented and protected.

KEY ISSUE

- Higher percentage of alerts that have been progressed to strategy and case conference, particularly in Selby.

COMMENT

As a result of this observation, an audit of cases was carried out for Selby cases and assurances were received that decision making was appropriate.

Health and Adult Services (NYCC)

- Introduced a new practice based ICT system and delivered Action Learning Sets to support good safeguarding practice focused on the person at the centre.
- Continued to make sure that safeguarding investigations were carried out effectively and professionally and that staff were supported to develop their practice. A rolling programme of practice workshops took place.
- Ensured compliance with the Care Act statutory guidance in procedures and ways of working, appointed a Designated Adult Safeguarding Manager and made sure that staff had the right training.

Clinical Commissioning Groups

Partnership Commissioning Unit (*Commissioning services on behalf of NHS Hambleton Richmondshire and Whitby CCG, NHS Harrogate and Rural District CCG, NHS Scarborough and Ryedale CCG and NHS Vale of York CCG*)

- Continued to work with local authority and police partners to ensure an effective response to safeguarding concerns. Each new challenge is a development opportunity for example; a human trafficking case recently came to light in the county, initially raised with children's safeguarding. Although relatively unusual and complex the PCU team was able to work with Adult Social Care, Children's Services, the Police and Immigration to coordinate a rapidly expedited protection plan.
- Used a collaborative and proportionate approach to enable care homes to address safeguarding issues, using processes such as voluntary suspension. The team has learned from some very complex cases over the last year where radical action was required.

Airedale Wharfedale and Craven Safeguarding Team and wider CCG

- Liaised closely with multiagency partners to support local safeguarding procedures where there have been concerns of abuse or neglect. This includes using our role as commissioners to ensure the cooperation and accountability of NHS funded services, as well as providing expert advice and support in relation to health issues

and services.

- Continued to support providers with advice, support and the development of Mental Capacity Act (2005) related practice. A good understanding of consent, ethics and the law are central to concepts of positive risk taking and personalisation.

NHS England

- Worked in partnership with local Safeguarding Boards to ensure that the NHS contribution was fit for purpose and that there were no unnecessary duplications of requests for safeguarding reviews to be undertaken. NHS England has also had its own assurance processes in place concerning NHS safeguarding reviews, learning and improvements.

North Yorkshire Police

- Joint screening takes place within the City of York of those referrals from any agency or individual which provides information that an adult may be at risk. This helps to provide a consistent approach and ensure that the right service or intervention takes place in a timely manner.
- Since July 2014, 22 Domestic Violence Protection Notices (DVPN) were authorised and 21 Domestic Violence Protection Orders (DVPO) were granted by the Courts. A further two were considered but due to the perpetrator being remanded in custody for further offences, it was not felt appropriate to progress them.
- Ensured that a Designated Adult Safeguarding Manager (DASM) is in place. This role is taken by a Detective Inspector within the Safeguarding Hub with the day to day operational work undertaken by the Detective Sergeants in their new roles as Safeguarding Officers.

The Independent Care Group

- Promoted Safeguarding Adults training to independent care providers including the recommended e-learning package.
- Disseminated the changes to Deprivation of Liberty Safeguards following the Cheshire West judgment, and gave information on where to get the new application forms.

Healthwatch

- Raised two safeguarding alerts with North Yorkshire County Council's Safeguarding Team, in an attempt to protect vulnerable adults at risk of harm.

Tees Esk and Wear Valleys NHS Foundation Trust

- Supported the corporate safeguarding department with additional resource to ensure help and guidance is available to staff working with vulnerable and at risk adults.
- Monitored the inspection reports from the Care Quality Commission, commissioners and accreditation bodies to identify any risk issues in relation to safeguarding and addressed the risk issues through action plans.
- Engaged with Local Authority partners and other stakeholders in the implementation of safeguarding procedures and action plans for individuals.
- Worked with the Equality and Diversity team to provide education and support to service users in relation to Hate Crime and incidents.

North Yorkshire District Councils

- Co-ordinated partner audits for safeguarding arrangements in district councils in response to the Board's requirements.
- Worked in partnership with local Safeguarding Forums to ensure that the contribution from District Councils was effective and fit for purpose.

Acute provider trusts

- Each acute provider trust has ensured that safeguarding investigations are conducted effectively and responsively with mechanisms to ensure outcomes are shared.
- Continued to work with local authorities and police partners to ensure effective responses to safeguarding concerns.



A Safeguarding Story – Mr A

Mr A is a 62 year old man living in his own home with his wife and son, B. He has a daughter C, who lives nearby. Mr A has a medical history of lung disease, diabetes and Parkinson's disease.

The home environment can be volatile, son B drinks to excess and there are frequent arguments, leading to Mrs A calling the police and alleging assault or abusive behaviour by her son. Mrs A had mental health problems.

Mr A was admitted to hospital following a collapse at home and while in hospital he had a stroke. It was alleged that his son may have assaulted him so the police investigated this and started safeguarding procedures. Mr A had difficulties with memory and communication as a result of the stroke.

It was established that Mr A lacked capacity around major decision making such as accommodation and finances and an advocate was instructed to provide support with best interest decisions.

Mr A wanted to maintain his relationship with his wife and daughter but not his son. He wanted to be in a safe and supportive environment where his care needs could be adequately met. After an assessment of all the risks and a best interest assessment, Mr A was admitted to a nursing home.

Although Mrs A wanted to care for her husband at home, it was decided that it was in Mr A's best interests to remain in the nursing home while maintaining as much contact as possible with his wife and daughter.

Individuals pictured are models and are used for illustrative purposes only.

5.0 Partnership and Accountability – working for local solutions in response to local needs and expectations

Safeguarding Adults Board

- Followed the national guidance for the Care Act to become a statutory Board from April 2015.
- Developed the strategic plan by using the core principles for safeguarding to focus on outcomes for people and communities.

Health and Adult Services (NYCC)

- Increased support for the Board. Appointed a Head of Engagement and Governance who has a clear leadership role in supporting the development and quality work of the Board and in co-ordinating community engagement.
- Appointed a Head of Safer Communities with a leadership role for countywide community safety initiatives, including Domestic Abuse, Domestic Homicide Reviews, Multi-agency Public Protection and Prevention of violent extremism.
- Participated in a new multi-disciplinary team with Trading Standards working on tackling and preventing financial abuse.

Clinical Commissioning Groups

Partnership Commissioning Unit (*Commissioning services on behalf of NHS Hambleton Richmondshire and Whitby CCG, NHS Harrogate and Rural District CCG, NHS Scarborough and Ryedale CCG and NHS Vale of York CCG*)

- Worked in partnership with NYCC and others to improve service provision across the community and ensure that safeguarding threads through everything the PCU influences. These include The Learning Disabilities Transforming Care Group (formerly the Winterbourne Implementation Group), the Crisis Concordat Group and the multi-agency care homes workshop.
- Chaired and coordinated the Health Partnership Group which channels the works streams of the Board into the main NHS and private sector providers to influence policy and practice across all health providers.
- Provided detailed fortnightly reports to each of the four North Yorkshire Clinical Commissioning Groups on safeguarding activity in their localities. These include information on individual concerns and progress on the multi-agency response. A recent addition is an accumulating record of each care home's safeguarding

activity.

- Received a positive opinion of 'Significant Assurance' from an audit carried out by independent auditors NYAS (North Yorkshire Audit Service, NHS England).

Airedale Wharfedale and Craven Safeguarding Team and wider CCG

- In April 2014, the safeguarding team was joined by the Violence against Women and Girls (VAWG) Strategy Implementation Manager. The post is financed jointly in partnership with the two Bradford CCGs.
- Played a key role in the accountability of NHS funded providers. Throughout the year we regularly receive reports and information about the wider quality and safety of services, as well as updates in relation to providers safeguarding work and assurance against detailed safeguarding contract standards.

NHS England

- Co-ordinated the North Yorkshire and Humber Safeguarding Forum which met quarterly throughout 2014-15 to facilitate the NHS England role for safeguarding as well as providing an opportunity for sharing learning.

North Yorkshire Police

- Implemented a Street Triage process in Scarborough, York and Selby areas. This is a mobile service providing timely interventions by mental health professionals at incidents where mental illness, alcohol and / or substance misuse are thought to be component factors. This assists in ensuring that people suffering from mental health / substance misuse issues obtain the most appropriate assistance at the earliest opportunity, and helps reduce unnecessary detentions for people, particularly in police stations. The aim is for better outcomes for the individuals concerned.

Healthwatch

- Since joining the Safeguarding Adults Board, Healthwatch has been able to learn from the experience of partners involved in delivering health and social care services. This has enabled Healthwatch to work more effectively with partners to help make safeguarding personal.

Tees Esk and Wear Valleys NHS Foundation Trust

- Engaged with the Safeguarding Adult Board, the subgroups and working groups ensuring that the mental health voice is present within the partnerships.
- Has an effective corporate structure for safeguarding within the Trust Directorate of Nursing and Governance so the interface with partners can be managed effectively.

- Monitored safeguarding activity with the internal alerts and requests for guidance as well as gaining feedback about Trust referral rates from Local Authority partners, to evaluate effectiveness.
- Attended strategy meetings and participated actively in serious case review work.

North Yorkshire District Councils

- Nominated a Chief Executive lead for safeguarding who sits on the Board on behalf of the District Councils.
- Nominated a Director lead for co-ordinating District Council engagement with safeguarding.

Acute provider trusts

- Acute provider trusts have engaged with the Safeguarding Adults Board, the subgroups and working groups to ensure the voice of acute providers is present within partnerships.
- Each acute provider trust has an effective corporate structure for adult safeguarding, with a designated Executive Director lead to effectively manage the interface with partners.



A Safeguarding Story – Mr S

Mr S lives in his own flat in a supported housing scheme and has a physical and learning disability. He has a part time job and tells his friend at work that the manager of the scheme collects his benefits for him and pays his bills. Mr S is vague about when he receives the rest of his money. He often seems 'hard up'.

The friend contacts Mr S's social worker. The social worker talks to the other residents of the scheme and finds that the manager also collects their benefits. The social worker contacts the council's Contracts Team. This is the team that pays the supported housing scheme. The Contracts Team confirms that it is not part of the agreement that the manager would collect the residents' benefits. The senior manager suspends the scheme manager while she investigates the concerns. After investigation, she finds the manager has been stealing from residents. The manager is sacked and the police prosecute for theft.

6.0 Looking forward – our safeguarding plan

The Board has produced a three year safeguarding plan for 2015 – 2018 based on core safeguarding principles. Our vision for the Board is to **provide leadership, challenge and direction to ensure that the partner agencies improve outcomes for adults at risk of harm or abuse**. We will promote values of openness, trust, respect and learning will be promoted.

There are four main outcomes, things we want to be different from now, that make up the strategy to achieve delivery of the vision. These are based on the six safeguarding principles (Care Act 2014).

Strategic Outcomes	What this means to the people who live in North Yorkshire
<p>Awareness and Empowerment – people feeling safe and in control, being more able to share concerns and manage risk of harm either to themselves or others</p>	<p>“I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens”</p>
<p>Prevention – working on the basis that it is better to take action before harm happens</p>	<p>“I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help”</p>
<p>Protection and proportionality – support and help for those adults who are vulnerable and most at risk of harm. Responding in line with the risks and the minimum necessary to protect from harm or manage risks</p>	<p>“I get help and support to report abuse. I get help to take part in the safeguarding process to the extent to which I want and to which I am able”</p> <p>“I am sure that the professionals will work for my best interests, as I see them and will only get involved as much as needed”</p>
<p>Partnership and accountability – working for local solutions in response to local needs and expectations. Focusing on outcomes for people and communities and being open about their delivery</p>	<p>“I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together to get the best result for me”</p> <p>“I understand the role of everyone involved in my life”</p>

For each of these strategic outcomes, we have identified our priority actions for the next three years. For each of these we will set out the difference it will make, what good will look like and how we will know and be assured when it is better.

The Quality and Performance sub group will play a large part in developing the measures that we will use to support this work. We will develop our annual delivery plan from the strategy.

AWARENESS AND EMPOWERMENT OUTCOMES

Local people, staff, volunteers and people with care and support needs

- know what abuse is (including new definitions in Care Act)
- know how to raise safeguarding concerns
- are confident that they will get the right response
- influence the Board's priorities and can see a difference ('you said, we did')

PREVENTION OUTCOMES

Care and support is safe personalised and of high quality, where people are treated with dignity and respect so that the likelihood of abuse occurring is minimised.

Carers understand safeguarding and are supported to enable them to continue caring and minimise the likelihood of causing intentional or unintentional harm or neglect to the adult they support.

PROTECTION OUTCOMES

People with care and support needs are involved in deciding the right level of protection for them.

The Mental Capacity Act and Deprivation of Liberty Safeguards are implemented in such a way that people are safeguarded from abuse and neglect.

Concerns about risks of abuse posed by staff, volunteers and students are co-ordinated by Designated Adult Safeguarding Managers (DASMs) and inform the work of the Board.

Making Safeguarding Personal, the Mental Capacity Act and safeguarding policy and procedures are high priorities for training staff and volunteers. Staff are confident of their roles.

PARTNERSHIP EFFECTIVENESS AND ACCOUNTABILITY OUTCOMES

People of North Yorkshire have told us that they see GPs as a first point of call, so we will strengthen their contribution to safeguarding adults.

Information is shared appropriately across agencies and is effectively acted upon.

The Board will have a shared approach to new challenges such as domestic abuse, self-neglect, modern slavery, exploitation, hate crime, radicalisation.

We will put in place a systematic approach to learning from experiences in North Yorkshire and in other areas.

We will strengthen the contribution of District Councils, in particular in developing a shared safeguarding response to self-neglect.

Continue to improve the Board's understanding of how safe North Yorkshire is for people with care and support needs.

The Board will show how well it is doing by benchmarking itself against national improvement tools.

7.0 Members of the Board

The North Yorkshire Safeguarding Adults Board was set up in 2008 and became a statutory board from April 2015 under the Care Act (2014)

In April 2015 the members were

Jonathan Phillips – Independent Chair

Richard Webb - Corporate Director of Health and Adult Services (NYCC)

Lincoln Sargeant - Director of Public Health (NYCC)

Amanda Robson - North Yorkshire and Humber Area Team, NHS England

Tim Madgwick - Deputy Chief Constable, North Yorkshire Police

Janet Probert - Director of Partnerships, Partnership Commissioning Unit

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

Nancy O'Neill - Director of Collaboration, the CCG Collaborative Team

On behalf of Airedale, Wharfedale and Craven Safeguarding Team and wider CCG

Approved 26 August 2015

Anne-Marie Lubanski, Assistant Director Care and Support (NYCC)

Mike Webster - Assistant Director Quality and Engagement (NYCC)

Wallace Sampson - District Council Chief Executive (Harrogate Borough Council)

Representing District Councils in North Yorkshire – Craven District Council, Hambleton District Council, Harrogate Borough Council, Richmondshire District Council, Scarborough Borough Council and Selby District Council,

Jill Foster – Harrogate District NHS Foundation Trust

Representing NHS Foundation Trusts in North Yorkshire – Bradford District Care Trust, Harrogate and District NHS Foundation Trust, South Tees NHS Foundation Trust

Chris Stanbury – Tees, Esk and Wear Valleys NHS Foundation Trust

Representing Mental Health Foundation Trusts - Tees, Esk and Wear Valleys NHS Foundation Trust and Leeds and York Partnership Foundation NHS Trust

Keren Wilson - Independent Care Group

David Ita – Healthwatch North Yorkshire

In attendance from North Yorkshire County Council

Cllr Clare Wood - Executive member for adult social care and health integration

Sheila Hall - Head of Engagement and Governance

Sally Anderson - Safeguarding Adults Policy Officer

North Yorkshire Safeguarding Adults Board Balanced Scorecard

Reporting Period

Year end - 2014 - 15

In line with the Strategic Plan, the Balanced Scorecard has been broken down into the following areas:

- awareness;
- prevention; and
- protection.

Awareness: People in North Yorkshire know what to do if abuse or neglect happens

To demonstrate the level of awareness of safeguarding three indicators have been selected. The first graph looks at the numbers of alerts which are reported to North Yorkshire County Council. It is included as it is an indication of how aware people are of the need to report and how to report potential safeguarding incidents. The second graph looks at which groups of people who raise alerts in order to assess differences in levels of awareness. This data can then be used to look at trends and groups where additional work may be required to raise the level of awareness with different groups.

The third set of data looks at whether safeguarding was substantiated at the conclusion of the safeguarding process. Although it is a complex picture, it is included to give an indication of how appropriate some alerts / investigations may be.

Prevention: Abuse of people with care or support needs is prevented wherever possible

Under Prevention, the first indicator of client groups has been chosen, as North Yorkshire's performance does not follow the national trends. If certain client groups are under or over represented it potentially raises questions over whether more can be done on prevention. Similarly, indicators on the location / setting of the incident have been included as they could potentially show areas where more targeted safeguarding involvement may be required from a preventative perspective. Linked to this, a record of providers currently suspended by NYCC is included and trend data will be shown in future.

The Police place a flag on Vulnerable adults identified on their system. The geographical breakdown of where these people are situated is shown and in future, trend information will be shown to monitor the effectiveness of prevention. The number of vulnerable adults involved in incidents and crimes is also reported.

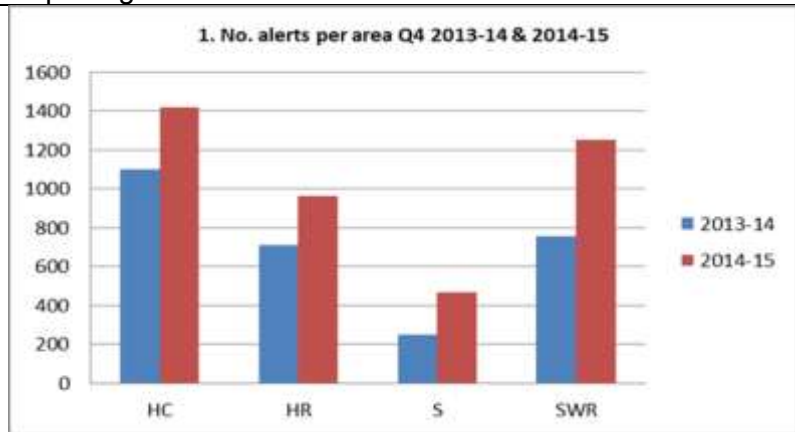
The police also record the number of vulnerable people who are "missing from home" and rate this risk as high, medium or low. This information will be represented to show the trends and to act again as an indicator of the success of prevention agenda.

Protection: Adults are protected from harm when they need to be

Under Protection, the ratio of safeguarding alerts which are progressed beyond alert is considered to analyse trends and so differences can be investigated. When the safeguarding investigation is concluded, whether the risk remains is being monitored, to ensure that the effectiveness of protection can be monitored. The final two measures currently proposed under Protection look at whether an individual at risk is assessed as having capacity and the percentage of cases where the individual at risk is supported by an advocate. This is to ensure that those without mental capacity are adequately represented and protected.

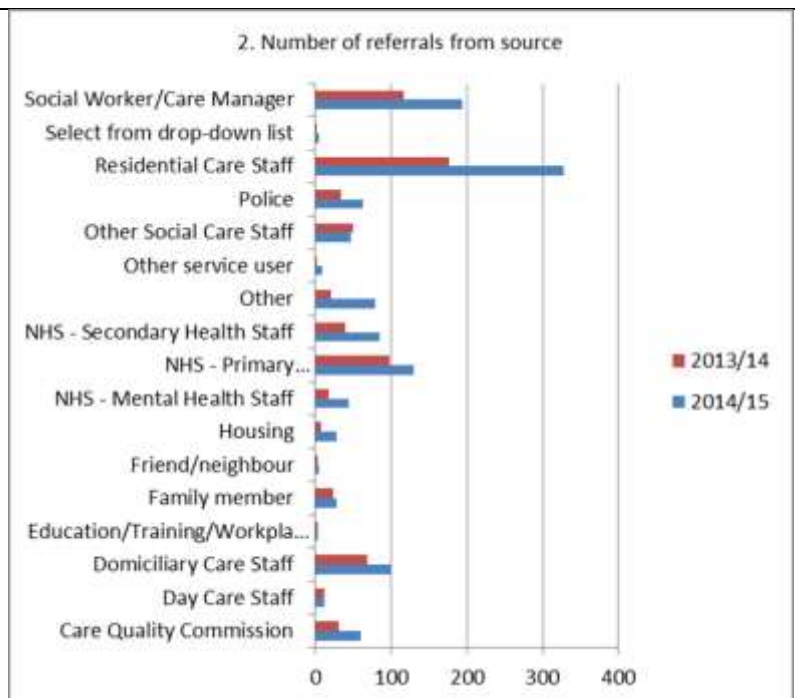
Awareness - NYSAB Balanced Scorecard

Reporting Period – Year end – 2014-15



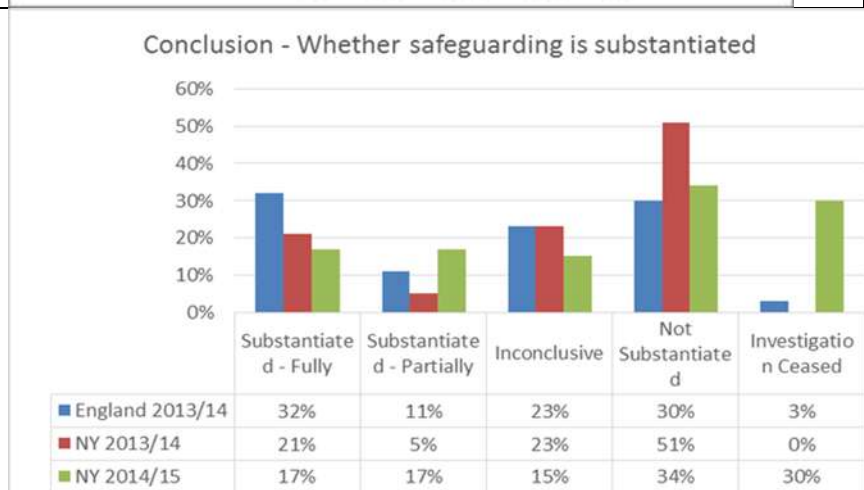
1. Graph 1 shows an increase in the number of alerts in all areas in 2014/15 with SWR showing the biggest increase.

HC – Harrogate/Craven
 HR - Hambleton/Richmondshire
 S – Selby
 SWR – Scarborough/Whitby/Ryedale



2. Graph 2 shows that the number of referrals from members of the public (i.e. family members or neighbours) has increased in 2014/15.

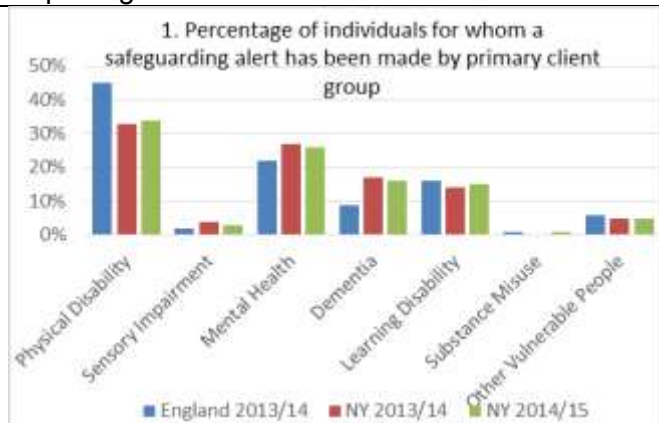
There are increases from all groups with the most significant increase in referrals coming from Residential Care staff and Social workers.



3. The number of Fully Substantiated cases has decreased by 4% in 2014/15 and the number of Not Substantiated cases has decreased by 17%. However in 2014/15 there was a 12% increase in the number of Partially Substantiated cases.

Prevention - NYSAB Balanced Scorecard

Reporting Period – Year end - 2014-15



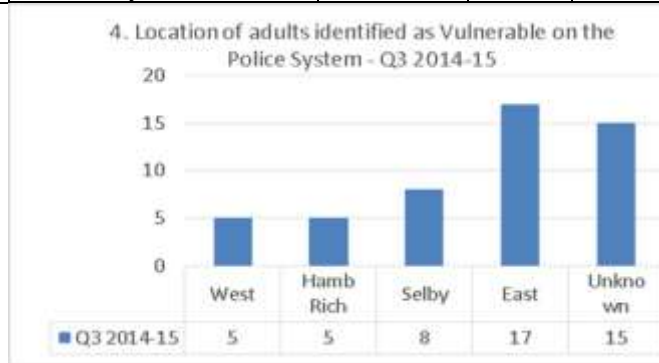
1. A smaller percentage of the individuals at risk had physical disabilities in North Yorkshire (graph 1) than the national average; however a larger percentage of people had dementia and mental health as their primary support reason. This may reflect the population of older people in North Yorkshire which is higher than the England average. More work is required to see how this matches the local population.



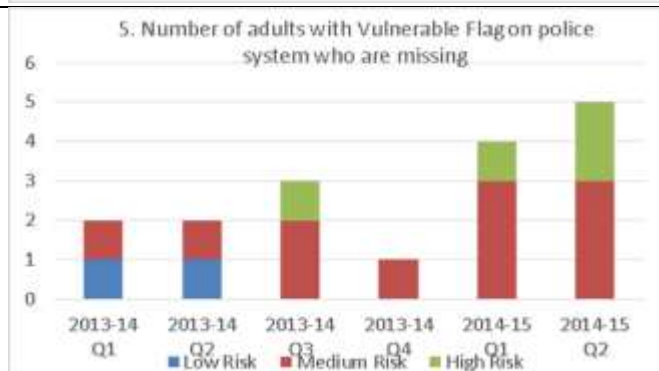
2. The number of incidents taking place in the clients own home has remained constant in 2014/15. However there has been a 3% increase in the number of incidents taking place in care homes and a decline in the number of incidents taking place in the community and hospitals.

3. Social care provider suspensions	Fully Suspende d	Phase d Lifting	Voluntary Suspensi ons
Residential / nursing	5	3	4
Domiciliary Care	3	1	1

3. Currently, (table 3) there are 5 residential and nursing providers suspended by social care and 3 domiciliary care providers.



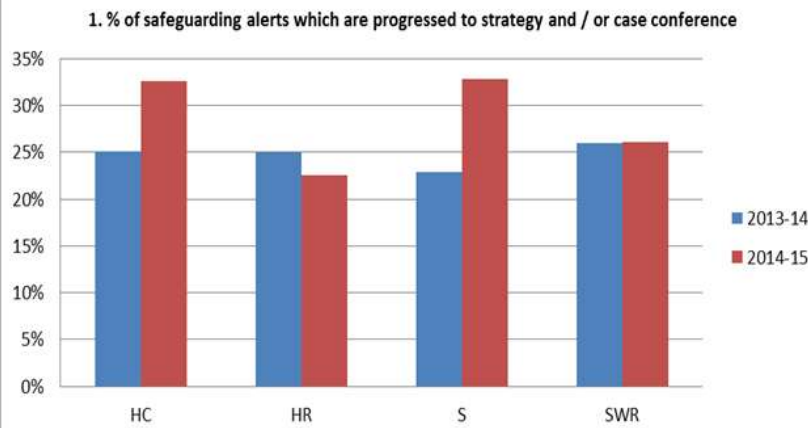
4. When a vulnerability risk assessment is completed, North Yorkshire Police apply a 'vulnerable' flag to adults when they meet the highest level of risk (Graph 4). Flags are subject to review and may expire when the risk is mitigated. 50 adults had an active vulnerable flag during Q3. Of these: - 18 adults were the victim of an incident (for example, anti-social behaviour); as a result of the incidents above, 10 of the 18 adults were the victims of crime.



5. Graph 5 shows the number of vulnerable adults who went missing from home by the level of risk applied to those incidents. Since 2013-14 there has been a small increase in the number of vulnerable people who have gone missing from home.

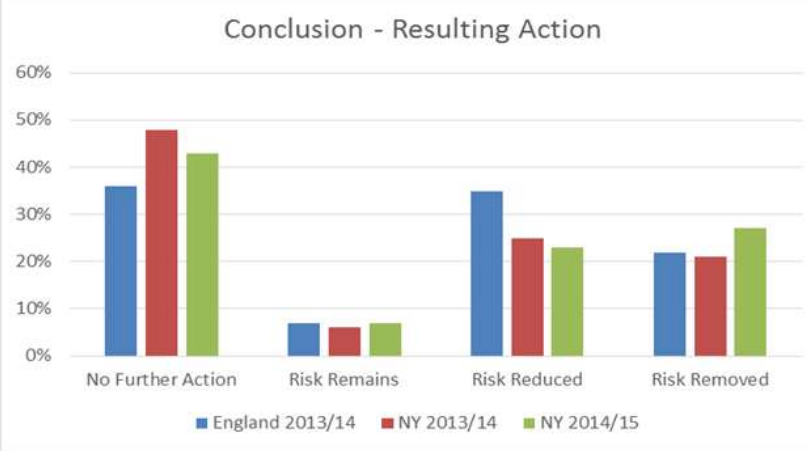
Protection - NYSAB Balanced Scorecard

Reporting Period – Year end - 2014-15

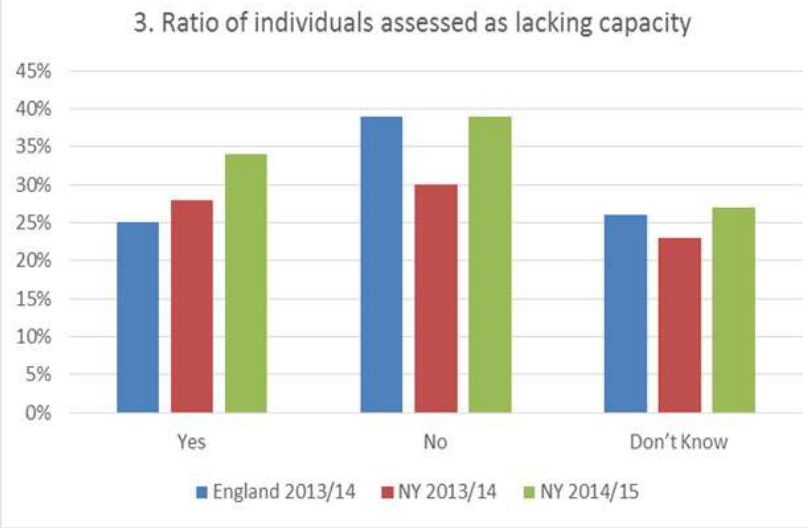


1. Graph 1 shows that most of the local areas have a higher percentage of alerts that are being progressed to Strategy and Case Conference with the biggest increase coming from Selby in 2014/15.

HC – Harrogate/Craven
 HR - Hambleton/Richmondshire
 S – Selby
 SWR – Scarborough/Whitby/Ryedale



2. The number of cases resulting in no further action has decreased by 5% however the number of cases resulting in the risk being removed has increased by 6% in 2014/15.



3. The number of individuals assessed as lacking capacity has increased by 6% in 2014/15.

The number of individuals supported by an advocate has increased by 42%, bringing it to 61%. This shows an increase because informal advocates are included for 14/15 (e.g. friends/family members). Most other local authorities are between 40% and 80%

3b. Those assessed as lacking capacity	England 2013/14	NY 2013/14	NY 2014/15
Supported by an advocate	11%	19%	61%

NORTH YORKSHIRE COUNTY COUNCIL

CARE AND INDEPENDENCE OVERVIEW AND SCRUTINY COMMITTEE

1 OCTOBER 2015

Briefing on the Stronger Communities & Living Well Programmes**1.0 Purpose of Report**

- 1.1 The purpose of this report is to brief Members on the relationship between the Stronger Communities and Living Well Programmes and will outline the differences and the inter-dependencies between them as they work towards the aim of helping to combat loneliness and isolation by strengthening existing and building new individual and community assets and networks.

2.0 Background & Introduction

- 2.1 Faced with delivering significant budgetary savings by 2020, the Council recognises that there will be a range of services it has traditionally provided that will no longer be available or will need to be delivered in a different way and in partnership with others - such as libraries transitioning to become community managed.
- 2.2 There is also a shift from the provision of universal services to targeted prevention and programmes have been put in place to manage future demand on social care budgets.

Stronger Communities Programme

- 2.3 Using public health funding, the Council has invested in the Stronger Communities programme to support communities to help themselves and create local solutions for services at a time of significant financial challenge for the authority thus helping to mitigate against the potential impact of service reductions.
- 2.4 The vision is to have strong and vibrant communities in all parts of the county, where the skills, knowledge and capacity of those communities play a key role in the design and delivery of local services that maximise the well-being of people of all ages.
- 2.5 Stronger Communities will work with local organisations, 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.

Living Well Service

- 2.6 As part of its wider prevention programme - Independence with Support When I Need It (IWSWINI) - the Council has also invested in a new Living Well Service which aims to improve the health, well-being and independence of individuals and in doing so prevent, reduce or delay their need for long-term health and social care support.

- 2.7 The aim of the service is to help to reduce loneliness and isolation and help to prevent or resolve issues for people before they become a crisis and to ensure that the Council meets its new legal duties for both prevention and the promotion of well-being and independence as required by The Care Act (2014).
- 2.8 Whereas the focus for the Stronger Communities programme is to support voluntary and community groups, services and facilities, the Living Well team will work with individuals (and their carers) who are on the cusp of becoming regular users of health and social care services by helping them access their local community and supporting them find their own solutions to their health and wellbeing goals.
- 2.9 The two programmes are therefore inter-dependent. The success of the Living Well team's approach of working with individuals and helping them access both their own and their local community's assets relies in part on the Stronger Communities programme supporting a strong and vibrant voluntary and community sector offer. The Living Well Service supports the work of the Stronger Communities team by helping to identify both what works and any gaps in community led provision.

3.0 Evidence base for NYCC strategic approach

- 3.1 There is growing evidence that small improvements to a person's life or circumstances can improve their health, well-being and independence. Most research in this area has focused on social circumstances, networks and relationships. Evidence suggests that as people increase their confidence, develop links into their local community and have access to good quality advice and information, this will prevent, reduce and delay their need for long-term health and social care support.
- 3.2 A report for *Think Local, Act Personal*¹ (2012) makes clear links between social networks and better health outcomes and found that low levels of social integration, and the prevalence of loneliness, significantly increases mortality whilst people with stronger networks – high social capital – are healthier and happier.
- 3.3 The North Yorkshire Joint Health & Wellbeing Strategy (2013-18) highlights that over the next 10 years and beyond, the county will continue to see a substantial increase in the elderly population, and in the prevalence of age related conditions including obesity, diabetes, stroke and dementia and other long-term conditions. This presents a huge challenge to find new ways of adequately meeting the resulting care and support needs of much higher numbers of very elderly people in the County. Faced with both this changing demographic; budget constraints; and the new duties in the Care Act, the Council has adopted a number of prevention projects to help manage the growing demand for health and social care. This strategy recognises the need for a shift in focus from sickness and cure to wellness; people should be enabled to stay healthier for longer. Support should be provided as close to people's homes as possible so that they are enabled to live independently and maintain their quality of life for as long as possible within their local community.
- 3.4 In addition to the Living Well service the IWSWINI programme also includes a review

¹ Think Local, Act Personal (2012) *Building Community capacity – Evidence, efficiency and cost-effectiveness*

of the Care Assessment pathway and improved Information, Advice & Guidance. These services are directed at individuals, particularly those on the cusp of care, and are designed to help people stay living independently for longer by using both their own assets (skills, knowledge and relationships) and by sign-posting them to activities, networks and services provided in their local communities.

- 3.5 The annual report of the Director of Public Health (2014)² highlights that the ‘conditions in which people grow, live, work and age have a powerful impact on our health. Strong communities with high levels of resilience thrive and people with good social networks live longer and have healthier lives.’ The report identifies the role of the voluntary, community and social enterprise (VCSE) sector as partners in delivering services to residents and acknowledges the ‘importance of community resilience and community assets... in discussions about how we will ensure that the most vulnerable in our communities are supported’.
- 3.6 The report also recognises that there ‘must be investment to ensure that communities have the necessary skills and resources to take the roles and functions previously delivered’ by the Council and others. The investment in the Stronger Communities programme is to help to ensure that communities have the necessary skills, capacity and confidence to take on these roles, including an understanding of what currently exists and works (asset mapping) and an assessment of where there are gaps.
- 3.7 There is good evidence that action to reduce loneliness is likely to drive improvements across a wide range key health & wellbeing outcomes. A recent report from the Campaign to End Loneliness³ strongly supports the concept that to best combat loneliness and isolation a combination of targeted interventions with individuals and support for community activity is necessary. The diagram at the end of this report at Annex A illustrates how these two strategies work together: the ‘Foundation Services’ and ‘Direct Interventions’ being very closely aligned to the Council’s Living Well Services and the ‘Structural Enablers’ and ‘Gateway Services’ mirroring the support offered through the Stronger Communities Programme.

4.0 NYCC delivery approach

- 4.1 A team of 7 Stronger Communities Delivery Managers, one based each of the district areas in North Yorkshire, assist local groups interested in taking on a greater role in the delivery of services to access the full range of support being offered by the Council 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. The team works across all Council directorates and will actively seek out opportunities to develop or strengthen community assets where there are identified gaps or weaknesses.
- 4.2 The key characteristic of the delivery of the Stronger Communities Programme, as

² North Yorkshire Health & Wellbeing Board. (2014) *Working with Communities: taking an asset based approach to Public Health*

³ Campaign to End Loneliness. (2015) *Loneliness & Isolation: Guidance for local authorities & commissioners.* <http://campaigntoendloneliness.org/guidance/>

distinct from the Living Well Service, is it works with communities whereas the focus of the Living Well Service is with individuals.

- 4.3 A team of 24 Living Well Coordinators, based out in localities, will work with people on a one-to-one basis to identify what is important to them, what potential networks of support they have and what their priorities are using various person centred tools and techniques. Their focus will be to work with individuals to achieve the outcomes that are important to them.
- 4.4 This might range from access to home adaptations, such as a grab rail to prevent someone having a fall in their own home, support to access a local friendship club to stop someone feeling isolated, to providing advice on healthy living and sign posting to lifestyle services.
- 4.5 In addition to working with individuals, Living Well Coordinators will be extra eyes and ears in the community. They will provide feedback on the quality and availability of low level support in the community to health and care commissioners. They will also support the work of the Stronger Communities team to identify gaps, needs and community assets, providing information for the community directory.
- 4.6 The key characteristic of the support offered by the Living Well Service is that it is targeted one to one support for individuals.

5.0 Case Study of how this approach is working in practice

5.1 Men's Sheds

Following a joint planning workshop between Stronger Communities and Health & Adult Services teams, a lack of social activities and services for men was identified as a gap in the current services provided by VCSE sector. This gap was also highlighted by mental health charities working in the county. The Stronger Communities programme, working in partnership with Adult Learning and Job Centre+ sought a VCSE partner (Ryedale based mental health charity Next Steps) to pilot 'men's shed' activities in market towns. The end result is a weekly Thursday morning programme of Men's craft activity, based in the Community Café, with staff on hand to offer mental health support and advice if needed. It is still early days to consider long term outcomes, but visiting the café now, the results of the crafts are proudly displayed and the sessions are full. The pilot is attracting interest from elsewhere in the county and it is planned to support additional projects providing similar activities.

6.0 Measuring success

- 6.1 In order to assess the impact of the two programmes in terms of: providing mitigation for communities against service reductions; preventing, delaying and reducing the need for long-term health and social care support and thus delivering savings; and a reduction in feelings of loneliness and isolation, a shared outcomes framework is being developed with public health and baselines will be set against which to measure future performance.
- 6.2 The two programmes – and in particular their inter-dependence - will be independently

evaluated by Universities of York & Central Lancashire under the title Connecting People: Connected Communities.

7.0 Recommendation

7.1 It is recommended that:

- (i) Members receive the report.
- (ii) At a future mid cycle briefing, the committee's Group Spokespersons be advised on the progress on the shared outcomes framework, so that they can take a view whether, and at what point, the Committee should review this topic again.

Marie-Ann Jackson (Head of Stronger Communities)

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Cath Simms (Head of Targeted Prevention)

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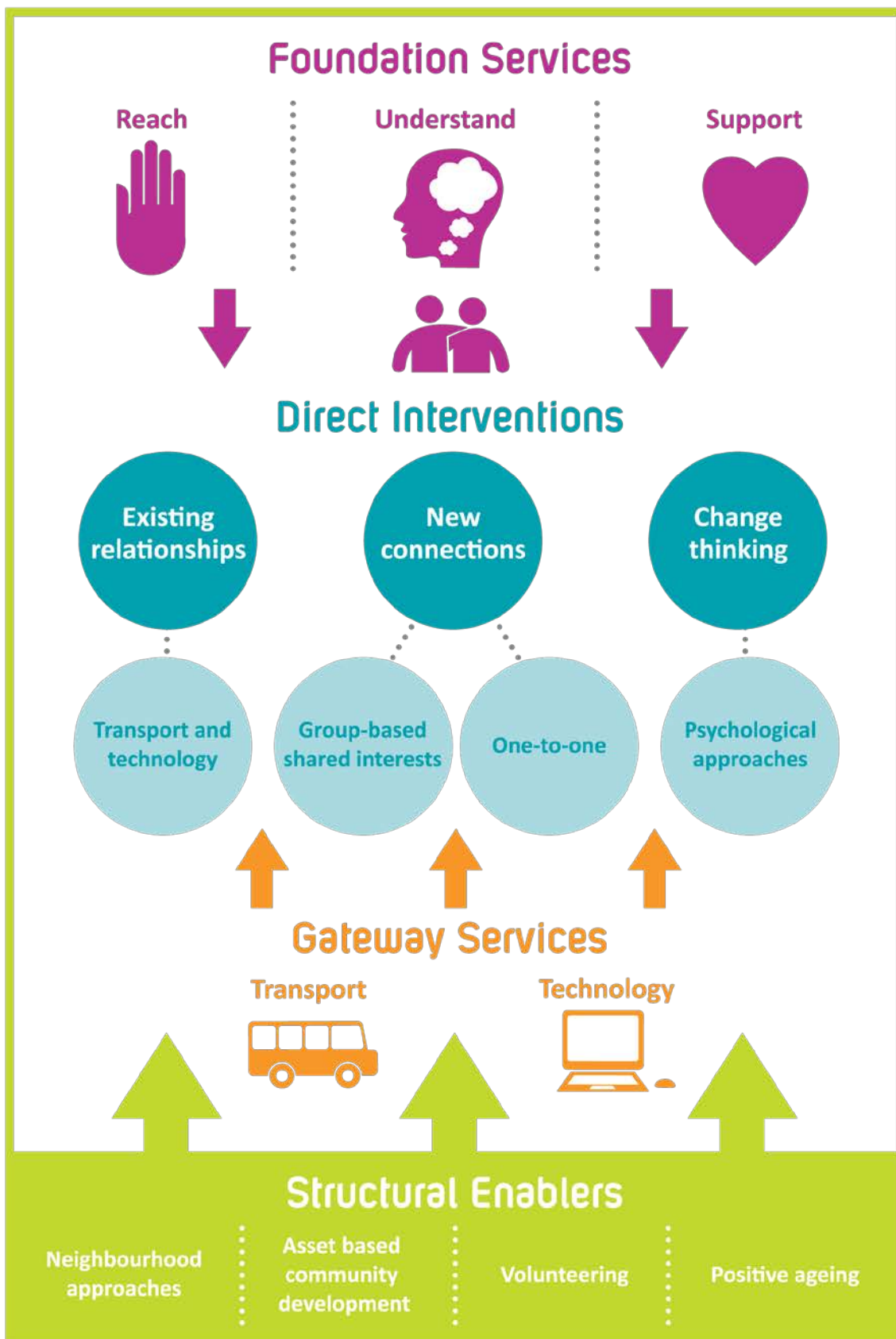
Annexes

A. Loneliness Framework - Campaign to End Loneliness. (2015)

Background Papers

- i) The Care Act (2014)
- ii) Building Community capacity – Evidence, efficiency and cost-effectiveness, Think Local, Act Personal (2012)
- iii) North Yorkshire Joint Health & Wellbeing Strategy (2013-18)
- iv) Working with Communities: taking an asset based approach to Public Health. North Yorkshire Health & Wellbeing Board. (2014)
- v) Loneliness & Isolation: Guidance for local authorities & commissioners. Campaign to End Loneliness. (2015)

Loneliness Framework



NORTH YORKSHIRE COUNTY COUNCIL

CARE AND INDEPENDENCE OVERVIEW AND SCRUTINY COMMITTEE

2 OCTOBER 2014

DIRECTOR OF PUBLIC HEALTH: ANNUAL REPORT

1. PURPOSE OF REPORT

- i. To introduce the Director of Public Health's report.

2. BACKGROUND

- 2.1. Under the Health and Social Care Act 2012 the County Council now has key responsibilities across the three domains of public health – health improvement, health protection and public healthcare. This is the third opportunity the Committee has had to review the Director of Public Health's Annual report.

3. SCRUTINY COMMITTEE INTEREST

- 3.1. In his report for this year (still in draft form) , Dr Lincoln Sergeant provides insight into the health issues for children, young people and their families in North Yorkshire, the progress made to date and recommendations for future action. The attached covering paper, intended for the Health and Wellbeing Board, gives a précis of the Annual Report's content. Bearing in mind Dr Sergeant has focused on children issues, and with your Chairman's agreement, I took the view that although this item was on your work programme, printing the full document at this stage (all 83 pages), was not the best approach. Dr Sergeant will be at your meeting to talk through his report – particularly where it is relevant for your remit – and at some point I should be able to send you a link to the final, published version.

4. RECOMMENDATION

- 4.1 That the Committee consider the North Yorkshire Director for Public Health Annual Report 2013/2014.

BRYON HUNTER
SCRUTINY TEAM LEADER

County Hall
 Northallerton

Author and Presenter of Report: Ray Busby
 Contact Details: Tel: 01609 532655
 E-mail: ray.busby@northyorks.gov.uk

22 September 2014
 Background Documents: None

HEALTH & WELLBEING BOARD

Friday 30 September 2015

Annual Report of the Director for Public Health for North Yorkshire 2015

1 Purpose of the Report

- 1.1 To present the Annual Report of the Director for Public Health for North Yorkshire 2015, “The health of our children: Growing up healthy in North Yorkshire.”
- 1.2 The Health and Wellbeing Board are asked to receive the report and to consider the actions that members can make to implement the recommendations.

2 Background

- 2.1 It is the duty of the Director of Public Health (DPH) to write an annual report on the health of the local population. This is my third report.
- 2.2 This year’s report provides insight into the health issues for children, young people and their families in North Yorkshire, the progress made to date and recommendations for future action.
- 2.3. The report uses a lot of the excellent information collated from the “Growing Up in North Yorkshire” survey and complements the North Yorkshire Children and Young Peoples plan “Young and Yorkshire”.

3 Executive Summary

- 3.1 The report describes how every year some 6000 babies are born in North Yorkshire. The majority will be born into stable families with the resources to ensure they have the best start in life. Most will develop the skills and knowledge needed for them to be ready for school. The majority will learn and practice healthy behaviours and will develop into well-adjusted young adults with the educational attainment and life skills needed for the careers of their choosing. However, there are some children who will face adversity from the outset.
- 3.2 In this report, each chapter highlights some of the challenges that children and young people face at different stages of their lives. In some situations, these challenges can be removed or the impact reduced. However, this is not always possible and children and young people

require help to be resilient – to overcome the obstacles that may threaten their development and progress into healthy and productive adulthood.

3.3 To illustrate the scale of the challenge in North Yorkshire the report notes that:

- 1 in 10 children are born into poverty
- 2 in 5 are not ready for school
- 1 in 5 start school with excess weight; increasing to 1 in 3 by Year 6
- 1 in 4 secondary school children report having tried smoking or currently smoke
- 1 in 3 report a low measure of resilience
- 1 in 4 leave school without achieving 5 or more GCSEs or equivalent qualification including maths and English

3.4 In addition there are groups that are vulnerable and need additional support to build their resilience. These include 1,800 children and young people with a Statement of Special Educational Needs, about 600 young carers and 465 children in care. Lesbian, Gay, Bisexual and Transgender youth and young people from black and ethnic minority groups report higher levels of bullying compared to other youth.

3.5 This report notes some of the actions being taken to address these challenges and indicates where further action is needed.

4 Annual Report Recommendations

1. Child poverty

Strategies and plans that affect the health and well-being of children and young people should be assessed for their impact on childhood poverty. Agencies and professionals working with pregnant women, children and families should include national objective measures of child poverty in their assessments to ensure that appropriate support is available to help overcome the wider social, economic and environmental factors that can adversely affect the health of these children.

2. 0-5 Healthy Child Programme

On transfer of the 0-5 health visiting programme, NYCC should review current provision with partner agencies to ensure the future service delivery model is embedded as part of wider range of prevention and early help services available.

NYCC as lead commissioner should ensure there is a balance between targeted services for vulnerable groups and also universal services.

3. Parenting Programmes.

NYCC and partner agencies should ensure that there are a range of evidence-based parenting programmes on offer to all parents with a range of needs, which have the outcomes of building family resilience and reducing demands of services

by enabling parents to self-help.

4. Childhood obesity

Partner agencies should agree a comprehensive 'Healthy Weight, Active Lives' Strategy, providing a strategic approach to encouraging children and young people to do more physical exercise and improve their eating habits. This should include initiatives to improve access to opportunities for physical activity and reduce factors in the wider environment that may promote obesity such as fast food outlets near schools.

5. PSHE in Schools

Schools should work in partnership with NYCC and other agencies to deliver high quality, consistent PSHE in line with the Department for Education guidance. , provide an age appropriate PSHE education for pupils.

Schools should explore different ways of tailoring and delivering lessons that is age appropriate, meets the needs of all pupils, and explores concepts that impact on risky behaviours such as healthy relationships and consent.

6. Maximise opportunities for Future in Mind

As highlighted in Future in Mind, although many schools support their pupils' mental health, more needs to be done to help schools develop knowledge about mental health, and also to develop a whole school approach to emotional health and wellbeing. There also needs to be better and easier access to specialist services for children and their families.

CCGs and Local Authorities need to maximise the opportunities provided by Future in Mind, and utilise available new investment to develop and deliver against their local transformation plans, with the aim of improving children and young people's physical and emotional resilience.

5 Appendices

- 5.1 Appendix 1 – Report of the Director of Public Health for North Yorkshire 2015 – draft proof.

Dr Lincoln Sargeant
Director of Public Health for North Yorkshire
14 September 2015

**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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- 7 WORKING TOGETHER WITH THE NHS AND OTHER PARTNERS**

- 8 QUALITY AND VALUE FOR MONEY**

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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:

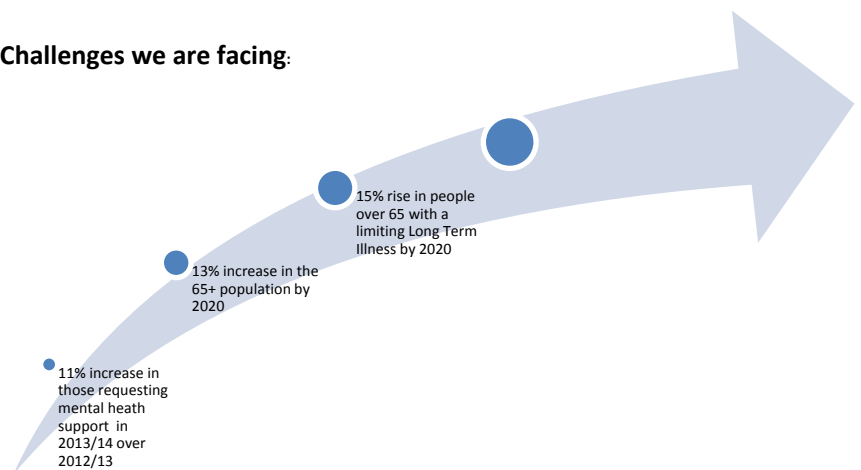
- Becoming a smaller County Council;
- Having fewer staff with greater productivity;
- Being flexible and agile to respond to changing roles;
- Being clear about what the County Council does or does not do;
- Progressing towards a greater commissioning role and involvement of private providers;
- A major 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

The Challenges we are facing:



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.



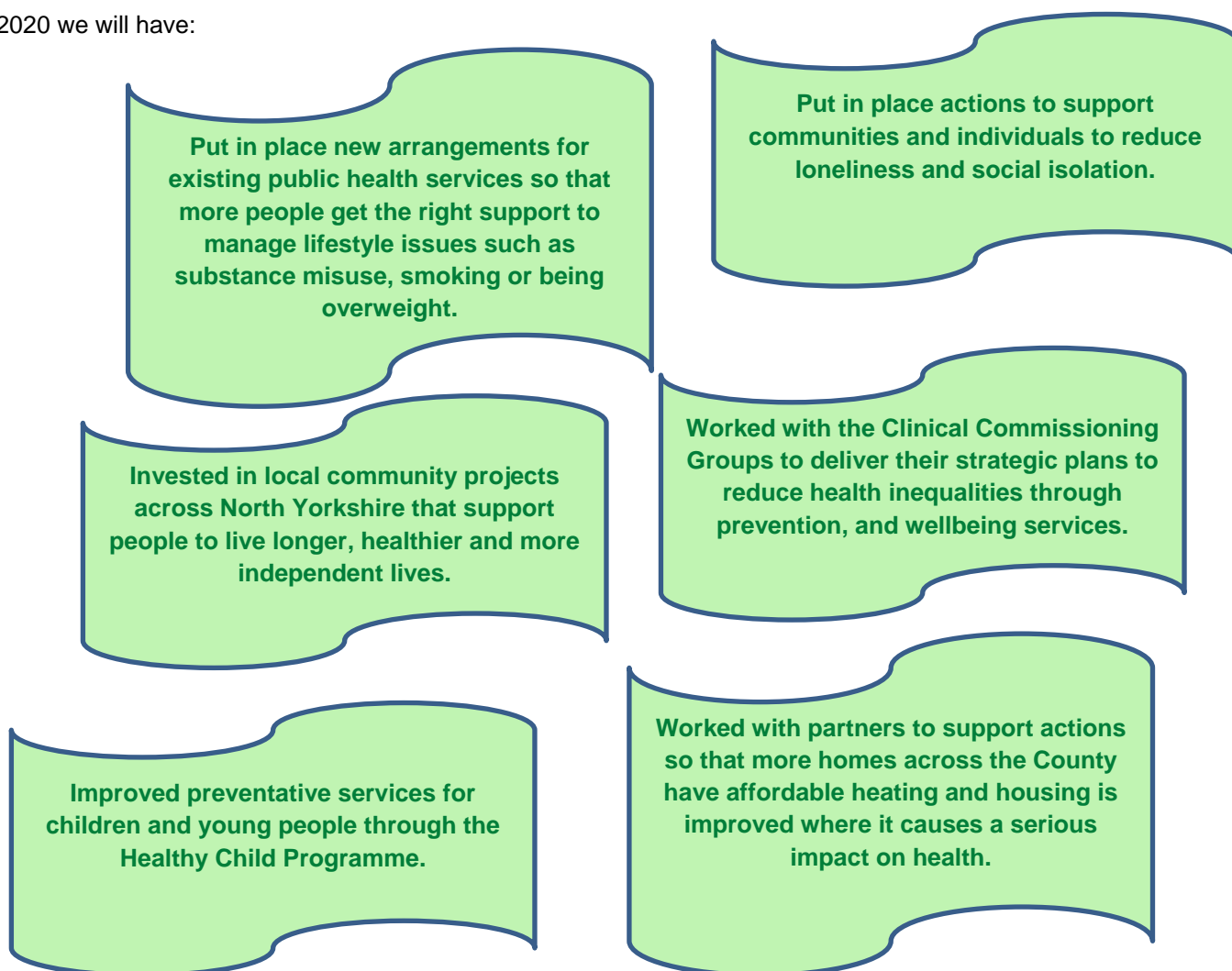
We will continue to undertake assessment and care management services through our own staff. However, we will not necessarily be the provider of services such as care homes, day services and short breaks services. We will look for opportunities for the community and other sectors to run and develop these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



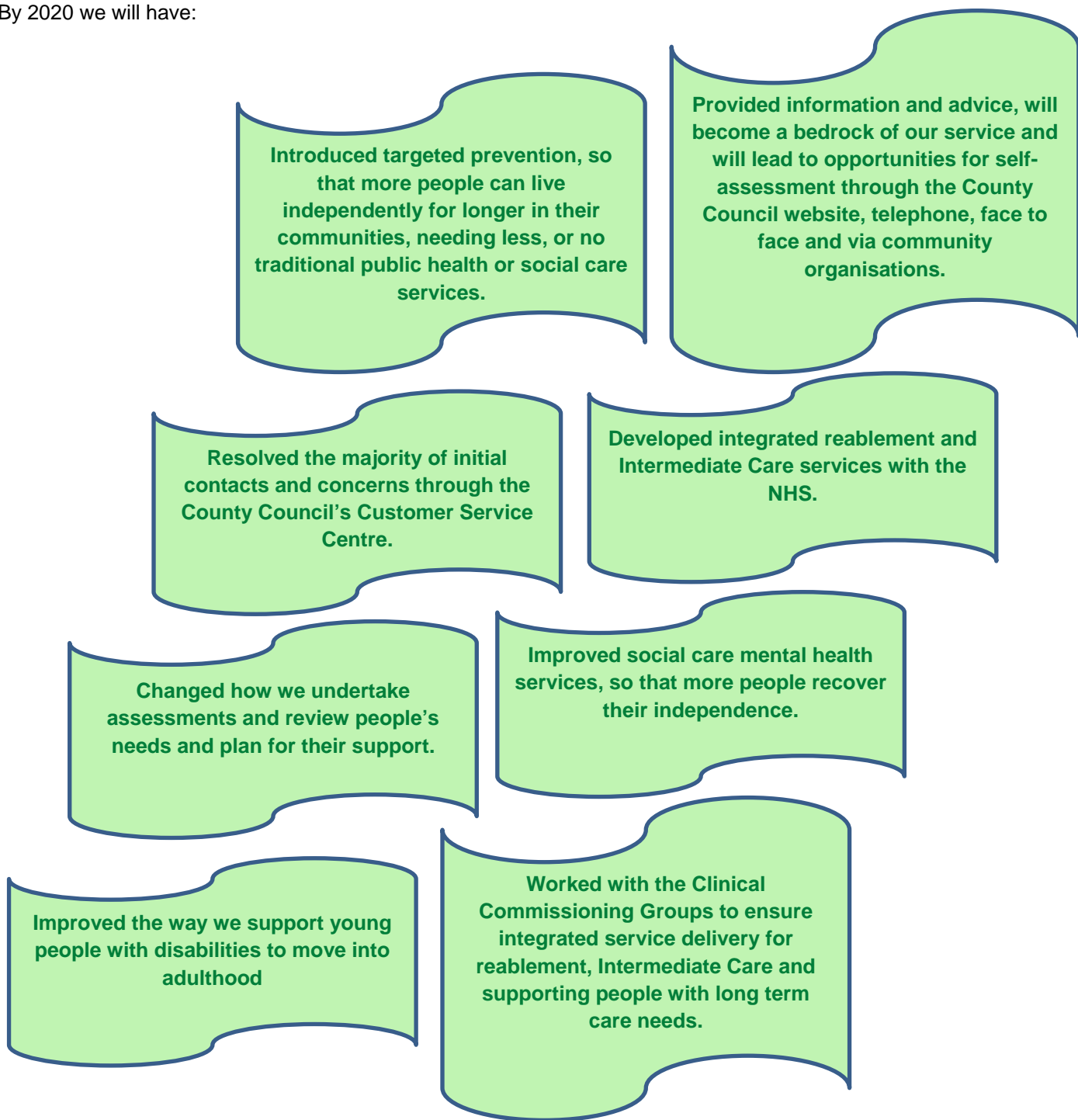
INDEPENDENCE WITH SUPPORT WHEN I NEED IT

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 be 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
- Identify "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



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.

Improving Health & Social Care Together

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.

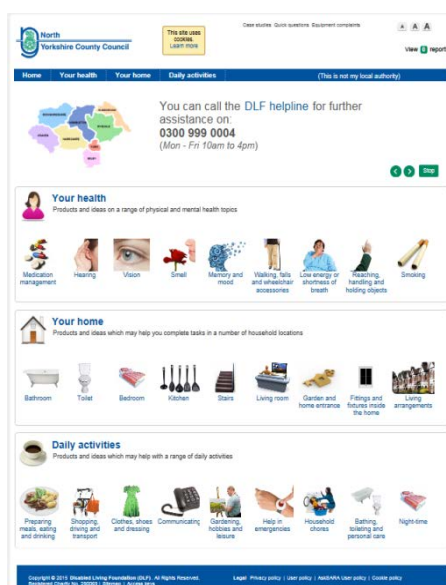
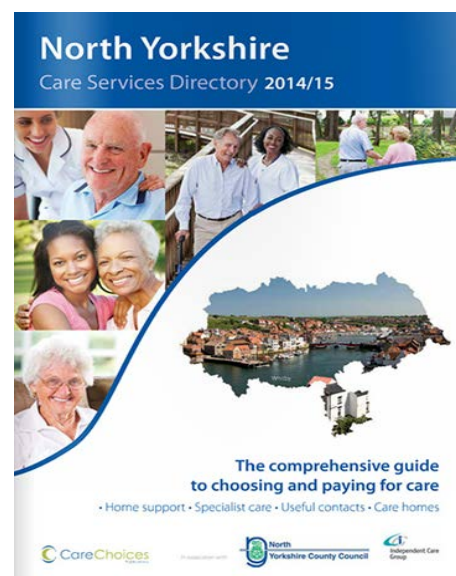
Feedback from members of the Forum indicates that they feel very much more involved in decision making and better informed. The intention for 2015/16 is to continue to develop this relationship and the role of local older peoples' forums, so that we involve more people more often in our decision-making.

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.

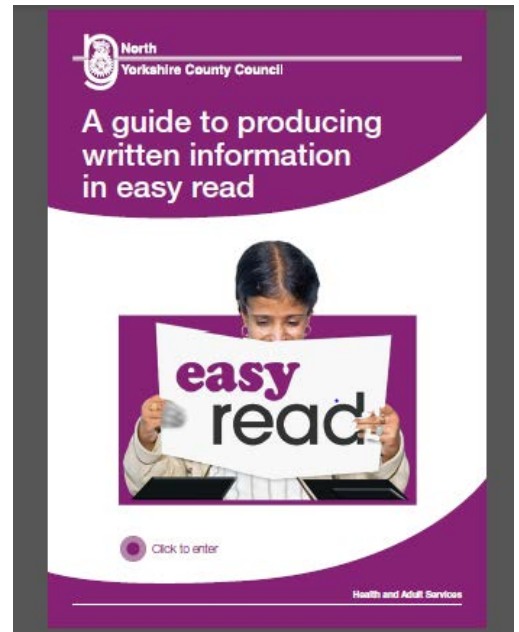
Applications are made through authorised agencies, including County Council front line services, registered social landlords, and some voluntary organisations. The authorised agencies must assess the applicant and identify them as eligible and vulnerable. The biggest categories of vulnerability helped 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:

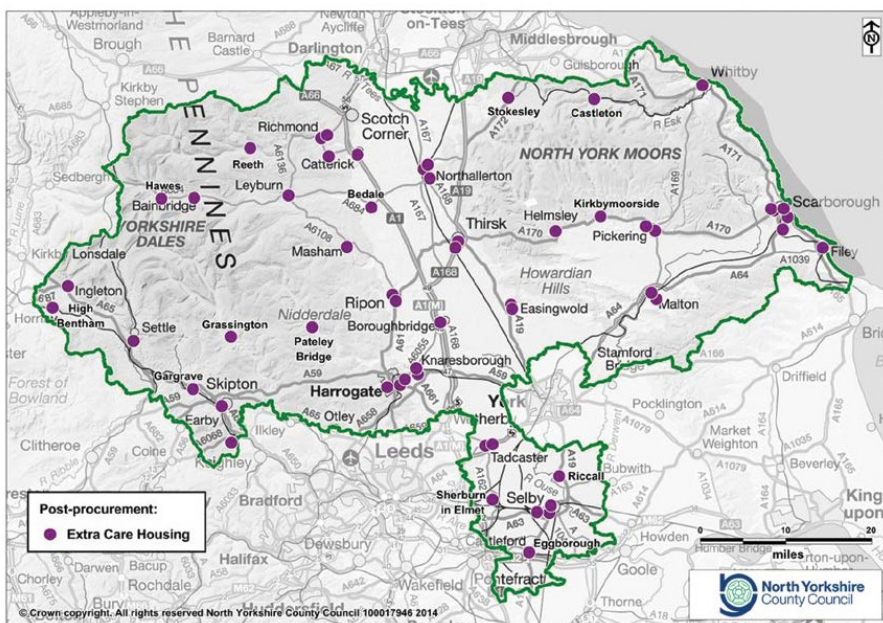
- 94% of people agreed with the Council's ambition to help people live independently in their own homes, whether in their existing home or in accommodation with care;
- 89% of people agreed with our ambition to roll out extra care housing to every major town and location in the County;
- 74% of respondents 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 bedrooomed 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.



Photos on the next page are of:
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.

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.

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 think 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 got 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)

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@cravenc.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 approaches 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

Health and Wellbeing Board
North Yorkshire



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:

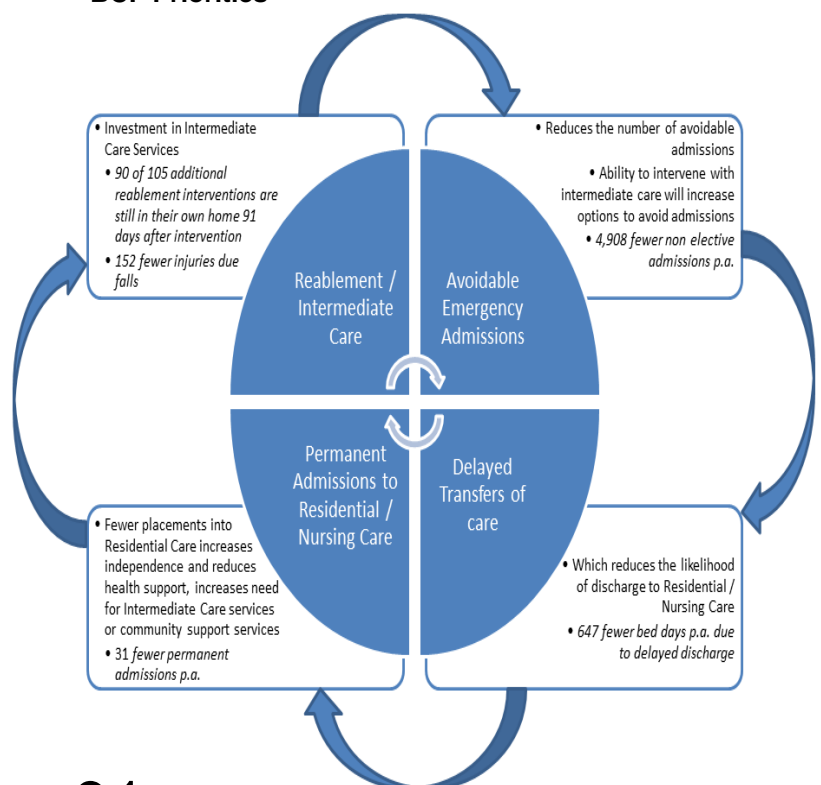
Mrs Scaife received three visits a day from the Hub response team supporting activities of daily living and the Health and Adult Services' START team were able to put in the late 'put to bed' service as this was required after our 8pm finish due to her continence needs.

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 general 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.



North

Yorkshire County Council



DRAFT Version 2

HEALTH AND ADULT SERVICES

LOCAL ACCOUNT 2014/15

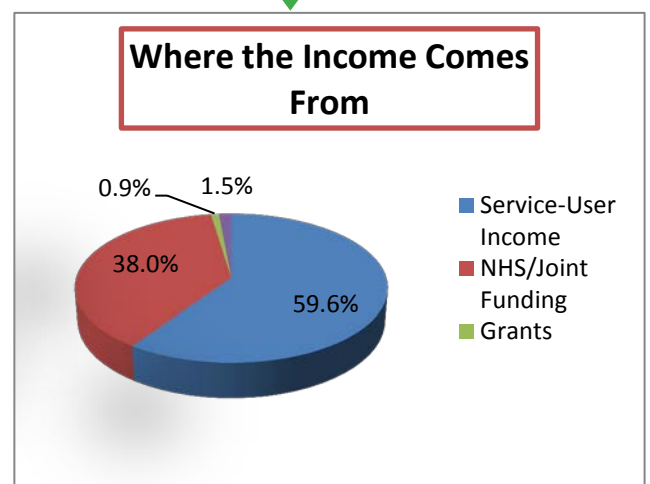
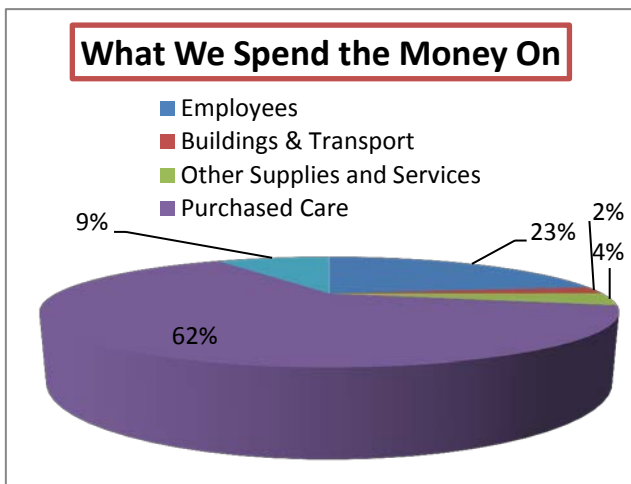
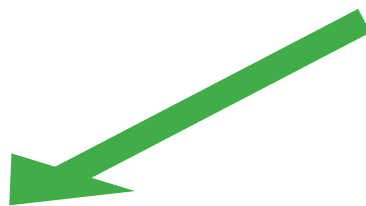
Information Sheets

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

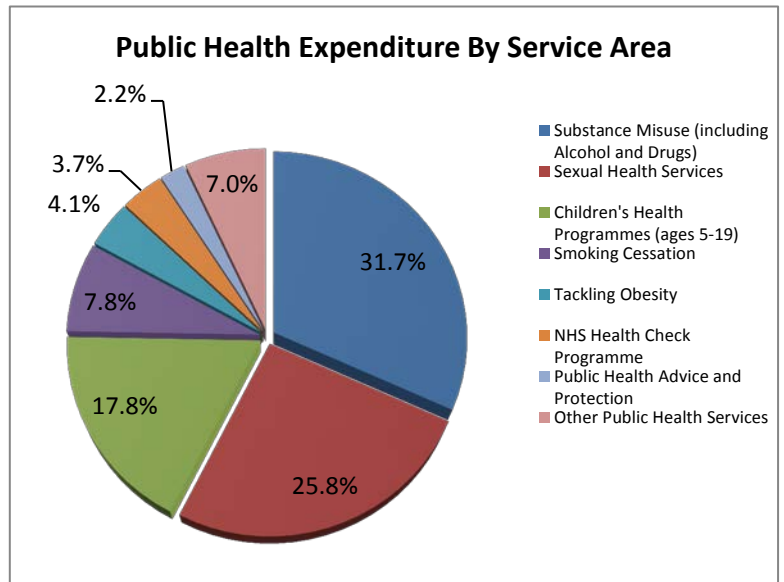
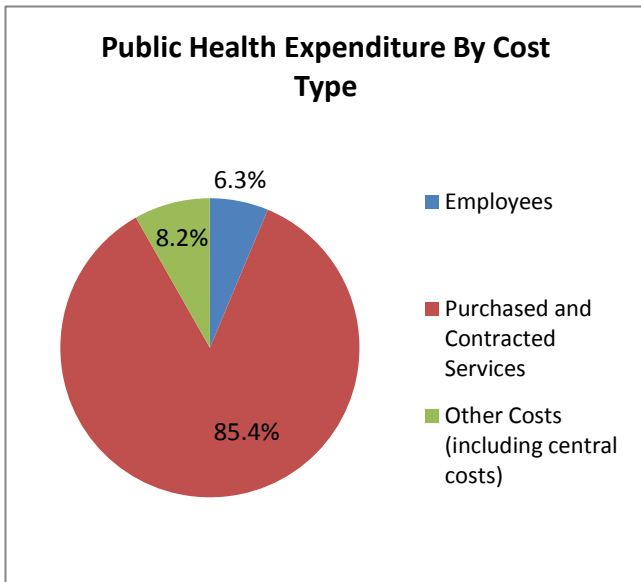
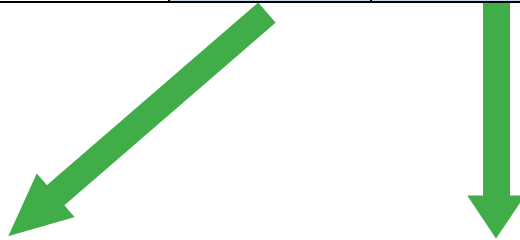


How much do we spend on Public Health?

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.

Type of Service	18-64			65 and over			Total People
	Female	Male	Total	Female	Male	Total	
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	<p>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.</p> <p>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.</p>

N

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 policies to maintain independence	Old measure, now withdrawn.

N

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.

N

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.

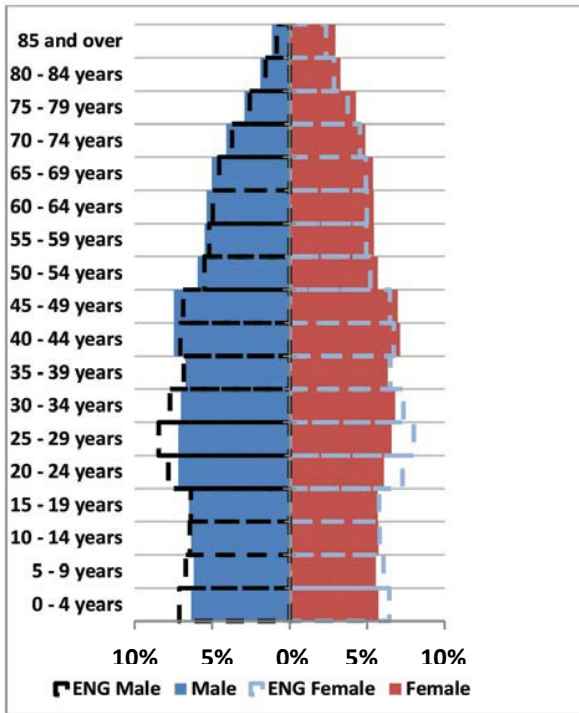
Measure	How it is measured	How we score it	2013/14	2014/15	Why are we measuring this?	What do we think?
Percentage of carers who report that they have been included or consulted in discussion about the person they care for	Percentage	higher is better	N/A	78.7%	A measure of how Carers have been involved 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

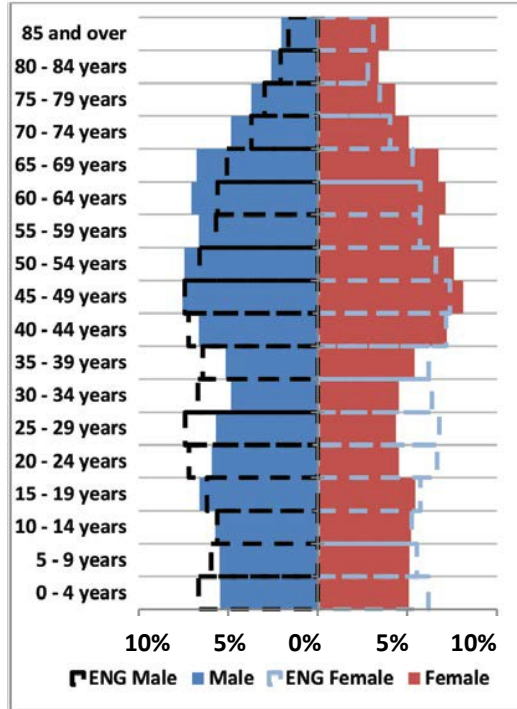
Measure	How it is measured	How we score it	2013/14	2014/15	Why are we measuring this?	What do we think?
Percentage of people who use services who say that those services have made them feel safe and secure	Percentage	higher is better	74.5%	74.8%	A measure of independence and safeguarding	Below Yorkshire 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

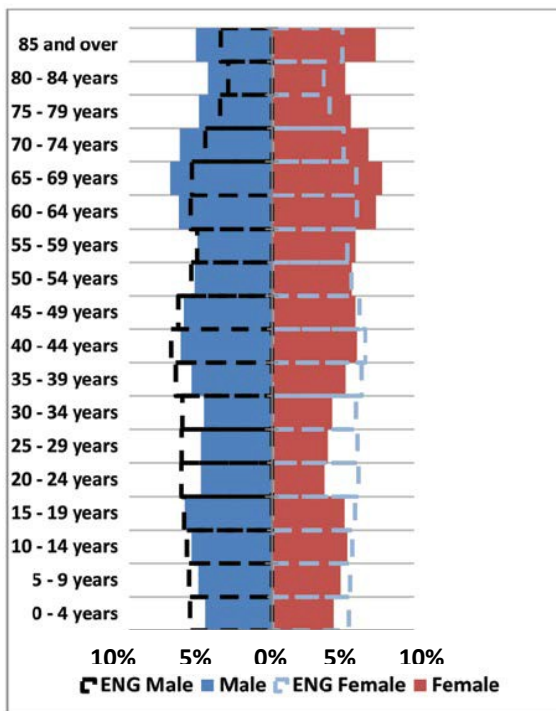
North Yorkshire 1992



North Yorkshire 2012



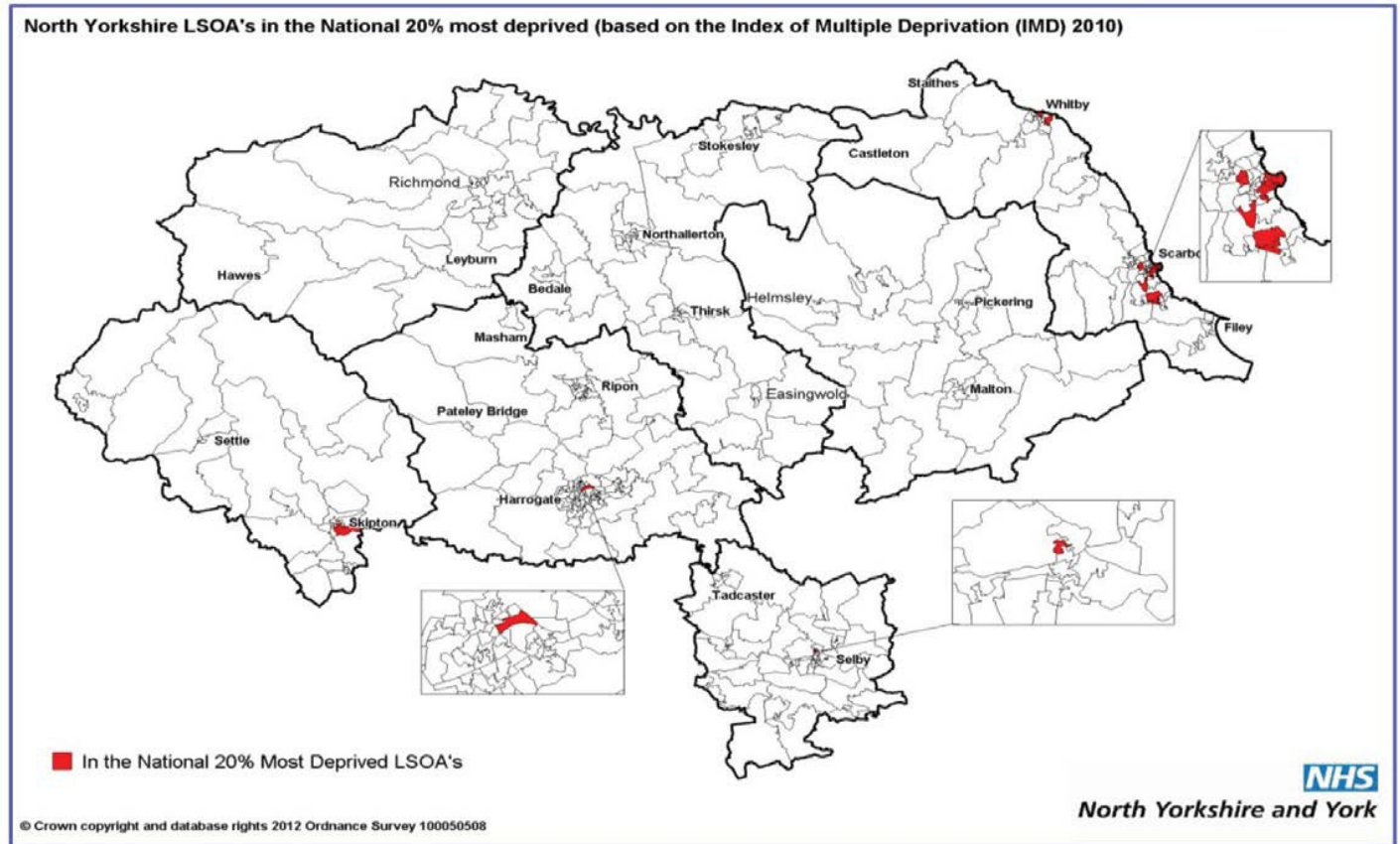
North Yorkshire 2035



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.



Contact us

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

Tel: 01609 532917 Email: communications@northyorks.gov.uk

NORTH YORKSHIRE COUNTY COUNCIL**CARE AND INDEPENDENCE OVERVIEW AND SCRUTINY COMMITTEE****1 October 2015****Strategy for meeting the needs of children, families and adults with autism in North Yorkshire 2015-2020****Purpose of Report**

1. To update the Care and Independence Overview and Scrutiny Committee on progress of the strategy for meeting the needs of children, families and adults with autism in North Yorkshire 2015-2020 to be published in October 2015.
2. To update the Care and Independence Overview and Scrutiny Committee on Health and Wellbeing Board's decision on whether to publish a brief document specifically for people with autism and the wider public stating the overall ambitions for supporting people with autism in North Yorkshire up to 2020.

Background

3. The strategy for meeting the needs of children, families and adults with autism in North Yorkshire 2015-2020 has been developed by North Yorkshire County Council (NYCC) and NHS Partnership Commissioning Unit (PCU) on behalf of the four North Yorkshire and York Clinical Commissioning Groups (CCGs) with input from neighbouring CCG representatives.
4. Joint working is not confined to the local authority and the NHS but to other public and independent sector organisations. As part of the consultation phase for the strategy, other public and independent sector organisations have been asked for their views on the strategy's proposed aims and outcomes, and invited to formally endorse the strategy.
5. Public consultation took place on the draft strategy between 21 May and 11 September 2015. There was an online consultation questionnaire and five consultation events held in Harrogate, Skipton, Selby, Scarborough and Northallerton. The feedback was positive and constructive and has informed some significant revisions to the strategy. A document detailing the key themes that were raised during the consultation has been attached to this report at Appendix 2. Key themes to emerge were in relation to; support for people with autism and their families; assessment and diagnosis, raising awareness and training, information and signposting, employment and education, supporting people with autism at key stages in their life, and working together.

6. A key piece of feedback, raised a number of times during the consultation was that people want a strategy document that states the key ambitions on autism in North Yorkshire, in a short and accessible format. The project board discussed this issue on 9 September and recommended to the Health and Wellbeing Board that an additional document be produced. This document will be no longer than 4 pages in length and people with autism will be invited to work with a design team comprising NYCC and PCU officers to produce it. This document will include a vision for the work on autism in North Yorkshire between 2015-2020. It will be published via a public launch event in November/December 2015. The Health and Wellbeing Board will be asked for approval to produce this document at their meeting on 30 September.

7. Subject to Health and Wellbeing Board's approval, there will be three documents comprising the autism strategy.
 1. A public autism vision document
 2. A market position statement: a formal strategy available for professionals and providers and other interested parties
 3. An Easy Read version

All three will be available online via the NYCC and North Yorkshire Partnerships websites following approval from the Health and Wellbeing Board.

8. An implementation plan will be produced in the first instance for the period 1st November 2015 to 31st March 2016. It will be made up from outstanding items from the current but separate children's and adult plans which will be brought together under one banner. In January 2016 the first annual implementation plan for April 2016 to March 2017 will be produced taking the new strategy forwards. This will be reviewed and refreshed on an annual basis for the duration of the strategy.

9. This report will provide the Committee with assurances that the publication of the autism strategy is on schedule.

10. Joss Harbron (Head of Provider Services, HAS) will be attending the meeting to summarise the emerging themes received to date as part of the consultation. A summary of the themes is attached as Appendix 2.

Recommendation

11. Members to note the progress on the strategy for meeting the needs of children, families and adults with autism in North Yorkshire 2015-2020.

22 September 2015

Sally Ritchie
Development officer, autism strategy

County Hall
NORTHALLERTON

Background Documents:

Appendix 1 – autism market position statement

Appendix 2 – key themes emerging from public consultation held summer 2015



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



North Yorkshire
County Council

**Meeting the needs of children, families and adults
with autism in North Yorkshire 2015-2020**

Market Position Statement

(Working title)

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Meeting the needs of children, families and adults with autism in North Yorkshire 2015-2020

Foreword: A message from North Yorkshire's autism leads

We hope you find this market position statement a positive step forward with the challenges facing us in meeting the needs of people with autism. We want this document to be aspirational.

We want to see North Yorkshire becoming an “autism friendly” place, so that the unique perspective of people with autism is a welcome part of the local community, and that people with autism can contribute fully to local life, through education, employment opportunities and support for families.

This market position statement is only the first step in our journey. We are living in challenging times and we need to work together to realise the aspiration. Together, we are determined to improve services for people with autism.

This market position statement is endorsed by a number of organisations that work with people with autism in the North Yorkshire area. We look forward to working together to implement the priorities you have told us matter most.

Signatures of:

Councillor Janet Sanderson, executive member for children's services, special needs, youth justice, youth service and adult learning

Councillor Clare Wood, executive member for adult social care and health integration

Richard Webb, Corporate Director of Health and Adult Services

Pete Dwyer, Corporate Director of Children and Young People's Services

Chief Officer Hambleton, Richmondshire and Whitby Clinical Commissioning Group

Chief Officer Harrogate and Rural District Clinical Commissioning Group

Chief Officer Scarborough and Ryedale Clinical Commissioning Group

Chief Officer Vale of York Clinical Commissioning Group

Chief Officer Airedale, Wharfedale and Craven Clinical Commissioning Group

Deputy Chief Constable, North Yorkshire Police

Chief Executive Hambleton District Council

Chief Executive Harrogate Borough Council

Chief Executive Selby District Council

Chief Executive Craven District Council

Chief Executive Scarborough Borough Council

Chief Executive Richmondshire District Council

Chief Executive Ryedale District Council

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Executive Summary

What is this market position statement for?

The overall objective of this market position statement is to ensure that services are identified, commissioned and improved to meet current and future needs and improve support for people with autism in North Yorkshire; in line with current national policy e.g. Think Autism (2014). It runs for a five-year period from October 2015 to October 2020.

This market position statement achieves the following objectives:

- One market position statement across children, young people and adult services in the county
- Highlights the key priorities of local people
- Considers national policy and guidance

The partner organisations in North Yorkshire that have collaborated to produce this market position statement share a vision that within local communities people with autism can depend on mainstream services, to understand them and treat them fairly as individuals.

What will this market position statement do?

People with autism see things differently, and we want to see North Yorkshire as an 'autism friendly' place, so that this unique perspective is a welcome part of the local community, and that people with autism can contribute fully to local life, through education, employment opportunities and support for families.

Engagement with children, young people and adults with autism and their families has highlighted a number of local themes that are important to people. This market position statement considers these emerging themes and identifies priority actions.

Themes highlighted by people with autism
Assessment & diagnosis
Awareness raising and training
Information and signposting
Employment and education
Support for people with autism and their families
Supporting people with autism during key life changes
Working together

Why do we need a market position statement for people with autism in North Yorkshire?

- There are an estimated 7,000 people with autism across North Yorkshire. This is assuming 1% prevalence.
- There is a projected growth in demand for diagnostic assessment and support services.
- There should be a continuum of provision to support positive outcomes for people with autism ranging from universal services to highly specialist support.

How have we developed this market position statement?

We have developed this market position statement with direction from a virtual reference group of people with autism, their families and organisations that work with people with autism. We also held a public consultation in the summer of 2015 consisting of five consultation events about the market position statement and an online questionnaire. We gathered the views of people with autism, their families and frontline professionals, reviewed the market position statement and made changes to it as necessary.

What work has already been done for people with autism in North Yorkshire?

As a result of previous autism strategies in North Yorkshire there have been a number of achievements, including the establishment of joint strategic groups consisting of senior managers from the NHS and North Yorkshire County Council. The joint strategic groups are driving the work around the development of the autism market position statement and the associated actions within it. This market position statement will supersede the previous strategies and build upon the foundations established.

How will we know whether the market position statement is working?

The actions within the market position statement will be monitored regularly by the joint strategic groups and the virtual reference group. Reports on progress will be taken to the North Yorkshire Health and Wellbeing Board on a regular basis.

This market position statement is endorsed by a number of organisations that work with people with autism in the North Yorkshire area. These organisations will be provided with regular updates on progress of the market position statement actions.

Chapter 1 – Introduction

Why has this market position statement been produced?

The overall objective of a market position statement for autism is to ensure that services are identified, commissioned and improved to meet current and future needs and improve services for people with autism. The Autism Act (2009) statutory guidance places a duty on all local authorities to produce an autism market position statement. North Yorkshire's market position statement is written with due regard for all relevant UK legislation and statutory guidance. A summary of this can be found in Appendix 1, "Autism Policy Framework".

People with autism have the right to the same life opportunities as all local residents. They should have fair and equitable access to services and support as required to meet their life aspirations. The Equality Act requires that North Yorkshire County Council (NYCC) and its partners advance equality of opportunity, foster good relations between people and eliminate unlawful discrimination. Following feedback from the public on the two previous autism strategies, NYCC and partners have decided on a joint approach that will continue to raise awareness of autism and to improve services for people with autism.

In order to produce this market position statement, our priority was to engage with people living in North Yorkshire who have autism. We wanted to gather their views, opinions and experiences on what was working well for them, and what areas they would like to see improve.

We have used feedback from public consultation events held for the separate children's and adults' autism strategies published in 2012 and 2014, as well as feedback from public consultation events in 2015 and an online questionnaire about this draft market position statement. Feedback from our virtual reference group has also been vital in developing this market position statement. Finally, we have used feedback from the 2014-15 development of a commissioning plan for NHS assessment and diagnosis service to help us to identify the key themes that are important to people with autism and their families in North Yorkshire.

What is the scope of this market position statement?

This market position statement is for people with autism and their families and carers. It recognises that there is a range and severity of need. It reflects upon the work that has been carried out in the previous children's and adults' autism strategies and extends this work to set new longer-term objectives. The market position statement does not cover details of interventions for autism.

Autism means many different things to each individual person, family and setting, and can present very different challenges. Each person is an individual and, as such, pathways and interventions need to be personalised.

Through early identification of autism and by providing appropriate support we plan to improve opportunities for people throughout their lives with the aim of reducing unemployment and the need for mental health services in adult life. Through this market position statement we will review commissioning activity and monitor key performance indicators in line with NICE guidance. The market position statement will also consider services available for people with autism and their families locally and aim to ensure the services available meet the needs of those who access them.

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Chapter 2 - What do people with autism tell us?

What are the themes that have come up so far?

The views of children, young people and adults with autism and their families have been central to the development of the market position statement. Together we have identified some key themes in North Yorkshire that are important to people with autism and their families. These themes have been raised frequently by a number of people; however, different people rated the different themes as having higher or lower priority depending on their individual circumstances and the locality within which they lived.

1. *Support for people with autism and their families:* we know that it can be challenging for people with autism and their carers to know where to go for support.
2. *Assessment and diagnosis:* we know families and people with autism would like to be able to receive a diagnosis closer to home, without waiting for long periods of time.
3. *Raising awareness and training:* we know people with autism and their families would like to access mainstream services and find suitable “reasonable adjustments” have been made to ensure provision is “autism friendly”.
4. *Information and signposting:* we know that navigating services is difficult for people with autism and their families and it can be difficult to understand different access criteria.
5. *Employment and education:* we know that many young people find school difficult and understanding of autism varies significantly across educational settings. We also know that not enough people with autism are able to find or maintain work.
6. *Supporting people with autism during key life changes:* we know that key life changes, such as moving from school to university or employment can be particularly challenging for people with autism and their families.
7. *Working together:* we know that it is important to get all agencies that work with or support people with autism to play a part in implementing the aims of this market position statement.

In order to respond to the needs of local people, we have used these themes to plan the priorities for action for 2015-2020 in Section 5 below. We will continue to gather people’s views, opinions and experience to help us understand what works well and what needs to improve locally.

In the summer of 2015 we held five consultation events across the county and asked people to complete an online questionnaire. Those people that contributed to the consultation included parents of children, young people and adults with autism and

professionals working across a range of services and organisations. The information received provided a valuable insight into their experiences of autism, the positive aspects of their lives and the challenges that they have faced. We have incorporated people’s views and additional actions to improve the market position statement. Alongside this market position statement we will publish a “You said, we did!” to demonstrate the changes we have made which you can find by clicking this link ([link to be inserted on publication](#)).

People told us what they would like to see and these have been considered and reflected within the market position statement.

What people would like to see
An early diagnosis, support from professionals, more information during assessment and after diagnosis, service user feedback to inform commissioning going forwards, better links with education, Open and transparent diagnostic process, focus on NICE guidelines and positive relationships with parents
Schools, GP’s, job centres, universities and the police having a good understanding of the needs of children, young people and adults with autism.
Carers require good information pre and post diagnosis about services and resources available. They would like a single point of support during crisis and would benefit from additional training to learn strategies in relation to behaviour management. More support for parents that continues throughout the child or person with autism’s life, to ensure they retain good emotional and mental health and plan for the future.
There is a need for knowledgeable teachers, staff and employers within all settings who value the strengths of people with autism, have high aspirations and promote a positive perception of autism. Parents want schools and other professionals to acknowledge parents’ expertise in relation to their child’s needs. Education and health need to work better together post diagnosis to ensure that information is shared and influences future support.
Better information, guidance and support is needed for parents, carers and individuals with autism for children moving from primary to secondary school and for those leaving school for FE/HE/employment. This is particularly true for families of children and young people with high functioning autism
There needs to be better identification and assessment for girls with autism and support needs to reflect the gender differences. There is also a need for support for those with a PDA diagnosis

Chapter 3 - What's the bigger picture?

How does national policy influence this market position statement?

The National Autism Plan for children was published in 2003. This was followed by the Autism Act which was passed in 2009. The Autism Act placed a number of obligations on a range of public bodies to improve opportunities for people with autism. The strategy for adults with autism in England 'Fulfilling and Rewarding Lives' followed in 2010 and provided clear direction in terms of how public services must transform to better address the needs of adults with autism. More recently 'Think Autism', published in April 2014 shared detailed consultation and research into the views of people with autism and their families on how progress has been taken forward in implementing the 2009 Autism Act. In March 2015 "Statutory guidance for Local Authorities and NHS organisations to support implementation of the Adult Autism Strategy" was also published. The policy framework governing our work on autism is extensive and can be found at Appendix 1 – autism policy framework (insert link to this document here on publication).

What is the national prevalence of autism?

Owing to variable identification rates and a general lack of data, it is difficult to quantify with certainty the number of people with autism. Studies have found the prevalence of autism is approximately 1% in the UK and this estimate is used by the National Autistic Society (NAS) and National Institute for Clinical Excellence (NICE). If the 1% prevalence figure is applied to the UK population, this means that over 695,000 people in the UK may have autism.

Uncertainty about the prevalence of autism means that it is also difficult to estimate its associated cost. It is estimated that autism costs the UK economy around £28.2 billion per year (£25.5 billion for adults, and £2.7 billion for children). Of the £25.5 billion cost for adults, 59% is accounted for by services, 36% by lost employment for individuals with autism, and the remainder by family expenses. (Knapp et al. 2009).

What about people with protected characteristics and autism?

People may have stereotypes and preconceptions about what someone with autism is like. For example, "male", "white", "good at maths" are often things people have in their mind. Some of these preconceptions may prevent people accessing support that they need, for example, in relation to their sexuality or what is considered to be "right" for their cultural or religious background. It may also lead to significant under-diagnosis amongst certain groups, for example, people from a Black or Minority Ethnic (BME) background.

There is strong evidence to suggest that there are more males with autism than females. However, females are less likely to be identified with autism even when their symptoms are equally severe. This is because their traits can be more subtle and females may be more able to mask their difficulties by modelling their behaviour on others. In addition autism diagnostic criteria has historically been developed using the behaviours that males display. Many females are never referred for diagnosis and are missed from the statistics.

Autism is a development disorder, which is also considered a disability, recognised by the Equality Act of 2010. Although autism is not a mental health condition or a learning disability, it is estimated that between 44% - 52% of people with autism may have a learning disability and an estimated 71% of people with autism are likely to have a mental health condition at some point during their life.

There is limited research around ethnicity and autism which has given an inconsistent picture as to whether autism is more prevalent or frequently diagnosed in particular ethnic groups. Some minority ethnic communities have a limited understanding of autism and the condition is perceived differently by some communities. This is important as it is likely to have implications for how families, carers and professionals respond to autism and how likely and easy an individual may find it to access appropriate support.

It is recognised that Looked After Children (LAC), children from military families and those from travelling communities may be less likely to be referred for a diagnosis of autism. There may be a reluctance to engage with services either because of a lack of trust or a lack of knowledge of services available. Sometimes there are difficulties with diagnosis due to the behaviours of attachment disorder which some children display being similar to autism.

Using the 1% prevalence rate it is expected that there are around 1,272 adults over the age of 65 with autism in North Yorkshire. As the older adult population grows it is estimated that this figure will increase by over 500 people by 2030. Older people are less likely to have received a diagnosis.

We don't yet know enough about the Lesbian, Gay, Bi-sexual and Transgender (LGBT) population and autism. Nationally the Department of Health has committed to bring together groups and networks that work on equality issues, including race, gender and sexuality, with third sector and other experts on autism to look at the issues experienced by people who are lesbian, gay, bi-sexual or transgender, and members of BME groups, who have autism.

What is the local prevalence of autism in North Yorkshire?

Between April 2014 and March 2015 in the areas covered by the four North Yorkshire and York CCGs, there were 245 children diagnosed with autism. 23 children were diagnosed with autism between April 2014 and March 2015 in the Craven area. As at March 2015 there are 1,721 children and young people with autism up to the age of 25 in North Yorkshire known to service providers. There are 154 children and young people who have a statement of special educational needs (SEN) or an Education Health and Care Plan (EHCP) with autism identified as their primary need. This reflects 23% of all statements/EHCPs.

There has been a 25% increase in the number of children and young people with autism who require additional support from the Inclusive Education Service since 2010 and as of April 2015 there are 489 requiring additional educational support from the service. This is equivalent to 28% of all children and young people 0-25 that are known to the local authority. Projection figures for 2015 suggest a further increase in requests for assessment and diagnosis services and the involvement of the Inclusive Education Service of approximately 30%. This puts a huge pressure on all diagnostic, educational, and social care services.

In 2015, 50 young people with autism moved from school to post-16 provision. Further consideration needs to be given to how to support young people with autism when preparing for adulthood e.g. moving into further education and employment.

In 2014, 17 adults per month were referred for assessment of autism and/or ADHD by their GP across the four CCG areas (which include City of York). Current rates of referral (0.03% of practice population) are below the expected prevalence rates for ADHD and autism. There are 270 adults with autism supported by Health and Adult Services (as at February 2015). There are many more people with autism who may never come to the attention of services. This is because they have learned strategies to overcome any difficulties with communication and social interaction and found employment.

Chapter 4 - What is on offer in North Yorkshire?

This market position statement reflects the ambition to improve the range of services available locally and aligns with the ambitions within the Health and Wellbeing Strategy for North Yorkshire. The information below highlights the different types of provision for adults and children with autism. In future we aim to reduce the impact of transitions from children's to adults' services. Further information on all North Yorkshire services can be found on our [local offer](#).

There is a continuum of provision to support positive outcomes for people with autism ranging from universal services to highly specialist support. The needs of children, young people and adults with autism will be met on an individual basis and support will be personalised to the needs of each person.

What health provision is available for people with autism?

All people with autism will have access to universal health services, for example primary care, and there will be some who will require access to more specialist services.

How do I get a diagnosis of autism?

A health professional will make the referral for an autism diagnostic assessment. For children and young people, a health professional will carry out an initial assessment, and then make the decision to refer on to the autism diagnostic assessment team. The assessment should start within three months of the initial referral to the autism diagnostic assessment team. A health professional could include a paediatrician, child psychiatrist, clinical psychologist or speech and language therapist.

There is a local service provider in each locality for children and young people (Harrogate, York, Scarborough, Northallerton and Skipton).

For adults over 18 years of age, a GP, or another health professional involved in their care will make a referral for an autism diagnostic assessment. Assessments for adults will change in the winter of 2015 to provide a more localised service. Previously adult diagnosis services were provided out of county.

The autism diagnostic assessment teams are multidisciplinary in line with NICE guidance QS51. For children and young people the team may consist of a paediatrician, psychiatrist, speech and language therapist, clinical psychologist, and specialist CAMHS consultant. The adult autism diagnostic team may include a psychologist, psychiatrist and other mental health professional. These teams have specialist skills in autism diagnostic assessments. They can advise other professionals involved in the patient's care about the impact of a diagnosis or treatment, education or social support. The diagnostic process can be complex and

challenging for some families and individuals. Professionals working in this area are sensitive to the emotional impact of this process and work within the most up to date NICE guidance and diagnostic tools e.g. ICD 10 or DSM-V for children and young people.

Following an assessment, support will be offered dependent on the presenting healthcare needs of the patient. This may include further signposting and support to access relevant services for people who have not received a diagnosis. For those who do receive a diagnosis, post diagnostic support for children and young people includes a parent information pack and access to autism specific parent training programmes which is offered jointly by the NHS and CYPS. Post diagnostic support is provided on an individual basis for adults and may include carer support, signposting to support networks, provision of information or attending a support group.

If further NHS provision is required or is more appropriate the person with autism may be signposted to an alternative service. For example, children may be referred to CAMHS, therapy services, and adults to social support or counselling. This may involve joint working with mental health or learning disability NHS providers to achieve a personalised approach for the individual.

What education provision is available for children and young people with autism?

The majority of children and young people with autism attend their local nursery, pre-school, maintained mainstream school or academy and have their needs met within the mainstream from delegated funding. Resources are delegated to Early Years settings and schools to enable them to meet the needs of pupils with Special Educational Needs (SEN) including autism. For children with higher levels of need, the local authority may provide resources through an Education, Health and Care Plan (EHCP).

The local authority encourages all education settings to develop their knowledge, skills and competencies to meet a wide range of needs including autism. The Inclusive Education Service encourages all settings to continually develop their provision through the implementation of 'The Autism Education Trust Quality Standards and Competency Framework'.

In line with the 2014 SEN Code of Practice, local authorities have a duty to ensure that they provide adequate and efficient educational provision for any child or young person with additional support needs including children and young people with autism. The code emphasises that having an SEN is not a reason for poor educational attainment. North Yorkshire promotes the personalisation of learning for children and young people with autism. The local authority pattern of provision aims

to develop the capacity of local education provision, by sharing expertise in autism. Some children and young people will require specialist educational provision. Further information on the specialist educational provision available can be found [here](#).

The local authority has an Inclusive Education Service who offer specialist services for schools and settings requiring support to improve their inclusive provision.

What provision is available for families with autism?

Parents of, or professionals working with children and young people with autism may consider a referral to access services provided by children's social care (higher functioning conditions) or disabled children's services (for children with a learning disability). They can request that a Child in Need Assessment is carried out to see if their child is eligible to receive support or short breaks, either from social care or from the Prevention Services under the [common assessment framework](#) (CAF).

Short breaks are available to some children, young people and their families where their caring responsibilities are significant and where they need a break. Information on short breaks provision can be found [here](#).

There is also advice available around parenting, behaviour management and sleep. Agencies work together to coordinate support in order to provide a consistent response.

Carers of people with autism are also entitled to request a carers' assessment to identify their own support needs in caring for an adult with a disability. Carers can include spouses, family, children and young people. A range of [carers' resource centres](#) have been established across the county to provide information and signposting.

How do we prepare young people with autism for adulthood?

Making the transition from childhood, through adolescence and into adulthood is challenging for any young person. Young people with special educational needs or disabilities and those with autism can face additional barriers. This period of time, often referred to by professionals as 'transition' can be both daunting and frustrating for young people and their parents.

Transition is most successful where there is good communication and planning between the young person, their parents, school and professionals.

Significant work has been undertaken to improve the process of transition for young people. In 2008 the National Transitions Support Programme was introduced by the government to develop systems which would improve the experience of young people including those with autism. North Yorkshire is committed to improving local provision for post-16 learning opportunities, including the development of flexible and

personalised packages of support to continue in education or training. It will also ensure integrated person-centred planning and assessment approaches through the transition period, using the Preparing for Adulthood section of the Education, Health and Care plan. Young people with autism are able to request a care assessment and carers can request an assessment of their needs. Special Educational Needs Coordinators (SENCOs) in schools should make young people with autism and their families aware of their right to request such assessments.

In the past, transition was largely seen as being the move from one council service to another, whereas Preparing for Adulthood (as Transitions is now known nationally) involves supporting young people aged 14-25 to achieve positive outcomes in many different aspects of young adult life, with a focus on maximising skills and achieving independence. NYCC have developed an integrated Preparation for Adulthood Service that will come into effect from 1 November 2015. Young people who are eligible for support from this service will have access to a support planner who will act as a key worker, and there will be links with specialist careers advice, supported employment and travel trainers.

Adopting a more holistic approach to post-19 Personalised Learning has already seen significant reduction in spending on out of county placements, and the development of local provision. The proposed Preparing for Adulthood model will build on this success, way of working and making provision so that a larger group of young people either do not go out of county, or are able to return at an earlier stage.

What support is available for adults with autism?

Adults who have been diagnosed with autism are entitled to have a social care assessment that will consider individual communication preferences. Those with social care needs may be eligible to receive support from the local authority. This support is means-tested, and may be free of charge subject to eligibility. North Yorkshire County Council's brokerage service has access to a wide range of social care providers who can support a range of needs. Social care assessors will liaise with the brokerage service on behalf of the person with autism.

The local authority will consider prevention measures that reduce social care needs, e.g. adults with autism can also access adult education classes and local support groups where these are available, and for those in further education, disability advice workers may be able to signpost students to the right support and help to maintain their education.

Job Centre Plus is part of the Department for Work and Pensions. It provides services that support people of working age from welfare into work, and helps employers to fill their vacancies. Disability Employment Advisors (DEAs) are

available to support people who have disabilities, including people with autism. DEAs will act as advocates for those who experience difficulty in communicating with employers. DEA training covers a wide range of conditions including autism, and advisers undertake autism specific training.

In addition, North Yorkshire County Council's Health and Adult Services offer a Supported Employment Service which includes support for people with autism. They are able to support people with autism to gain and retain employment. Supported Employment staff also work with employers to advise on reasonable adjustments in the workplace.

What provision is available in my community?

There are a number of organisations and independent groups that support people with autism, such as the National Autistic Society (NAS). The NAS website, www.nas.org.uk, contains a list of useful local contacts and support groups.

There are a range of local community groups and support available for people with autism and their families. These include leisure and sport activities, youth provision, after school clubs, parent support groups and peer support groups.

Chapter 5 - How will the market position statement make a difference for people with autism?

In the following pages each theme highlighted by people with autism and their families is considered and joint priorities have been identified.

- 5.1 Support for people with autism and their families**
- 5.2 Assessment and diagnosis**
- 5.3. Raising awareness and training**
- 5.4 Information and signposting**
- 5.5. Employment and education**
- 5.7 Supporting people with autism during key life changes**
- 5.8 Working together**

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Theme 1 - Support for people with autism and their families

We know that caring for someone with autism can be extremely rewarding but can also be hugely challenging. We want families to feel supported at all stages, starting before diagnosis and continuing throughout the person with autism's life. Many people with autism find it difficult to make friends. It is important that all people with autism can easily access information in their local area about what support from peers, charities and other community groups is available.

What is the progress so far?

- Autism specific parent programmes are available for families of children and young people that receive a diagnosis of autism.
- In line with the requirements within the Care Act 2014, all carers are entitled to a carer's assessment and may be eligible for a personal budget to support their needs.
- A new Prevention Service became operational in April 2015. The new service has 12 area prevention teams which work across the 0-19 age range. Their service provides targeted support for individuals, families and groups.
- A Local Crisis Care Concordat has been agreed for mental health services, which includes developments for people with autism.
- Mental health staff employed by NYCC's Health and Adult Services (HAS) have received specialist training on how autism can affect a person's mental health and three mental health staff are autism champions.
- NYCC and NY Police are jointly developing Safe Places with third party, voluntary sector and statutory bodies. Safe Places have been created so that people are able to travel independently and safely in their own communities. There will be a formal launch of Safe Places in 2016, but the system will be trialled from September 2015. .

What are the priorities going to be?	What we will do?	How will we do it?
Ensure that the support available for families is of a high standard and that families feel confident that the support they receive is appropriate	Provide information for families about autism, local services and support networks available	<p>Deliver effective and timely autism specific parent support programmes</p> <p>Promote the AET parent guides among parents of children who receive a diagnosis of autism</p> <p>Map and facilitate the development of parent support groups led by parents for parents in partnership with the</p>

		<p>NYCC Building Stronger Communities Managers</p> <p>Develop local information for families in relation to interventions and publish this on the NYCC website</p> <p>Provide flexible support for families through the Prevention Service</p> <p>Explore autism training pathways across NYCC and the NHS</p> <p>Expand the number of autism champions within the Prevention Services, children's social care and Health and Adult Services</p> <p>Develop a structure for on-going support for autism champions</p>
	<p>Ensure that professionals working directly with children young people and adults with autism and their families develop the skills, knowledge and understanding of autism and challenging behaviour</p>	
<p>Support active engagements in local communities</p>	<p>Support children and young people with autism and their families in accessing mainstream universal services</p>	<p>Offer additional short term support to access universal services through the Prevention Service</p> <p>Provide advice and training for providers or short term additional support to enhance their confidence and skills in supporting children and young people with autism</p> <p>Offer activity based groups for children with disabilities including those with autism</p>
<p>Ensure that all mental health staff can identify</p>	<p>Review mental health provision and ensure</p>	<p>Evaluate training programme by providers</p>

<p>the mental health needs of people with autism effectively particularly during a point of crisis.</p>	<p>that those providing mental health treatment are knowledgeable about autism</p>	<p>to mental health staff.</p> <p>Update the service specification for child and adolescent mental health services.</p> <p>Review the Child and Adolescent Mental Health Service (CAMHS) pathway for children in crisis</p> <p>Ensure that the Looked After Children CAMHS have access to information on differential diagnosis</p> <p>Look to develop autism champions within the Healthy Child programme including, Compass Reach and CAMHS</p> <p>Review the urgent care pathway for adults ensuring services are inclusive for people with autism</p>
<p>People with autism feel included and safe within their local communities</p>	<p>Explore community development opportunities to ensure people with autism have local access and involvement</p>	<p>Continue to develop safe places for people with autism to access</p> <p>Explore community development opportunities to support people with autism (e.g. sports and leisure)</p> <p>Support the development of autism friendly communities through the NYCC Stronger Communities team to reduce isolation and develop opportunities for</p>

	friendship
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Theme 2 – Assessment and Diagnosis

There is an increasing demand for diagnostic services for people of all ages and an increase in the overall volume of referrals to the teams that support those with a diagnosis. Many people will require support from a range of services at the same time as accessing an autism assessment, including education, social care, and primary and secondary health services, including mental health.

What is the progress so far?

- A 0-19 years pathway for local assessment and diagnosis is now well established.
- An information pack for parents and autism specific parent training is available for parents of children and young people who receive a diagnosis of autism.
- A North Yorkshire and York autism assessment and diagnosis service for adults with autism which is close to home, will be procured in 2015 on behalf of NHS Vale of York, NHS Hambleton, Richmondshire, Whitby, NHS Scarborough, Whitby, Ryedale and NHS Harrogate and Rural District.
- A diagnostic service was commissioned from Bradford District Care Trust in April 2015, in the Craven area of North Yorkshire, as part of Bradford and Airedale, Wharfedale and Craven CCG's commissioning plan. This is the Bradford and Airedale Neuro Developmental Disorder Service (BANDS) and assesses for Autism Spectrum Condition (ASC), Asperger's and Attention Deficit Hyperactivity Disorder (ADHD) in adults. It then works in support and consultation with other services to provide for mental health problems which may be encountered.
- A GP survey has been completed to assess current understanding of the adult referral pathway and areas for improvement.
- From April 2014 the PCU began collecting baseline data around referrals and NICE compliance, which will be used to inform future commissioning intentions for children and young people.
- Commissioners adopt autism-friendly approaches in commissioning and include a requirement to signpost to relevant available post diagnostic support including education, social care and the voluntary sector in the service specifications.

What are the priorities going to be?	What will we do?	How will we do it?
To review local pathways for assessment and diagnosis to ensure services have effective feedback mechanisms in	Improve and develop local autism assessment and diagnostic services within North Yorkshire as identified through on-	By undertaking a quality review of autism diagnostic services, service user feedback will be used to inform future service

<p>place to continually improve.</p>	<p>going reviews of service availability and quality</p> <p>Build on existing established baseline data within children's services to monitor activity across all ages</p> <p>Monitor data on how assessment services are accessed by groups with protected characteristics e.g. Looked After Children, older people, women, Black and Minority Ethnic (BME) and Lesbian, Gay, Bisexual and Transgender (LGBT) communities</p> <p>Implement any new international criteria for diagnosis (ICD) once published, relevant statutory guidance and NICE Quality standards</p> <p>Include suggested tools for identifying and supporting differential diagnosis in children that are looked after within relevant service specifications</p>	<p>development</p> <p>By continuing to collect autism monitoring activity reports</p> <p>Services are able to monitor data on those with protected characteristics</p> <p>Consider any new changes with providers</p> <p>Relevant service specifications include tools for identifying children that are looked after</p>
<p>To look to review pathways for additional needs</p>	<p>Review pathways for additional needs. Diagnosis and assessment services have clear pathways into mainstream provision for all provision</p>	<p>By reviewing pathways and listening to patient's experience feedback which should be shared with commissioners</p>
<p>Consider the need for post diagnostic support for people with autism in understanding the diagnosis and living with autism.</p>	<p>Review existing diagnostic support provision for children and young people and their families</p> <p>Review and improve</p>	<p>By reviewing the provision, coverage, uptake of post diagnostic support and feedback from families. Including this as a theme within the Autism Quality Review</p>

	existing post diagnostic support pathway for adults with local partners	Monitor post diagnostic support requirements
Provide diagnostic services which are accessible	Review current provision alongside user feedback	Patient's experience feedback to be shared with commissioners
Post diagnostic support, information and signposting	Review existing support and information provided	North Yorkshire Steering Group for autism to review information that is currently available using feedback received from the consultation and will identify needs going forward

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Theme 3 - Raising awareness and training

Raising awareness is key to improving the lives of people with autism in all areas of day to day life. A prevalence level of 1% means that most teachers, social care workers, general practitioners and other health professionals will support a person with autism at some point during their career.

What is the progress so far?

- As at September 2015 over 1500 of North Yorkshire County Council's workforce have undertaken online autism awareness training; over 150 non-local authority staff have also undertaken this training
- North Yorkshire has been awarded the position of Yorkshire and Humber Autism Education Trust Early Years and Post 16 training hub, it also offers the school programme through a reciprocal arrangement with Leeds STARS
- North Yorkshire Police Community Support Officer (PCSO) training based on NAS resources is provided
- 61 Health and Adult Services operational staff are registered autism champions and have received enhanced level training on autism
- 65 children's social care and Prevention Service staff have gained accredited autism training through the Cygnet practitioner programme
- 18 North Yorkshire County Council services have commenced the National Autistic Society accreditation process with a view to achieving accreditation for autism-friendly services

What are the priorities going to be?	What we will do?	How will we do it?
Raise awareness of autism generally within local communities	Target specific audiences during World Autism Week each year i.e. older people who may not have received a diagnosis, women, Looked After Children	Support voluntary sector groups in promoting autism awareness through the development of resources
Map current training on autism throughout public sector agencies in North Yorkshire and identify training pathways for professionals who work with people who have autism	Develop a training pathway for all public sector services in line with the standards for care requirements including safeguarding.	Develop a training pathway Seek approval from all public sector agencies Develop an autism training offer with reciprocal arrangements between teams for CYPS wider workforce Measure the number of staff within each agency

		at universal, enhanced and specialist level. Look to setting targets with each agency in respect to autism training
Support the development of universal, targeted and specialist training opportunities available to all public sector agencies	<p>Contribute to the development of skills, knowledge and understanding of the autism workforce, enabling them to promote the positive aspects of autism</p> <p>Develop a traded autism training offer for educational establishments</p> <p>Identify new opportunities for commissioning training within the NHS</p> <p>Raise awareness of the different presentation within autism</p>	<p>Promote the autism champion model across NYCC and the NHS and with other agencies i.e. housing, police, district councils etc</p> <p>Promote the AET tiered training programme with all educational establishments (Early Years, schools and Post 16 providers) through the SENCO networks, School's forum and SIN meetings and Inclusive Education Service information</p> <p>Emphasise the importance of understanding the individual and raise awareness of the needs of girls, those with PDA and the subtle complexities of people with high functioning autism</p> <p>To scope and explore avenues to increase training opportunities for clinical and non-clinical healthcare staff</p> <p>Work with universal services to raise awareness of how people with autism may present differently and their responsibility to make reasonable</p>

		adjustments (GP's, hospitals, police, schools, social workers etc.)
Encourage frontline services to become "autism friendly"	<p>Successful achievement of the NAS accreditation</p> <p>Promote the National Autism Society accredited status and Access award.</p> <p>Improve knowledge, understanding and inclusive practice in educational settings</p> <p>Commissioned service specification includes reference to autism where relevant</p>	<p>Support the NAS accreditation of 18 NYCC day, respite and outreach services through allocating resources for accreditation and providing specialist advice and support as appropriate</p> <p>Monitor the number of services undertaking NAS accreditation and those implementing the Access award</p> <p>Promote the Autism Education trust Standards and Competency framework and support their implementation through the Inclusive Education service</p> <p>NHS, public health and social care commissioners will include reference to autism in service specification for commissioned services where relevant e.g. signposting to the NAS access award or equivalent</p>
Raise awareness of the impact of bullying on children, young people and adults with high functioning autism	Promote and deliver support	Adopt the AET Peer awareness programme within the Enhanced Mainstream Schools (EMS) initially and then roll out to other schools through outreach teams

		<p>Deliver autism peer awareness as part of the Crucial Crew programme targeted at year 6 pupils</p> <p>Promote the My Autism and Autism Education Trust video clips that demonstrate the impact of bullying on individuals with autism within mainstream schools</p> <p>Raise awareness of the mental health needs of CYP with autism within mainstream schools</p>
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Theme 4 - Information and signposting

Key to achieving a fulfilling life with autism is having easy access to information and advice about what support is available. This is important regardless of whether someone wishes to sit exams at school, leave home and go to university, apply for a new job or maintain a new tenancy. Later in life, it may be important for someone with autism to have consistent caring arrangements in place for themselves or a loved one, and to have clear information about accessing welfare, benefits or other welfare rights information. Adults with autism and their families involved in national consultations have said that it can sometimes be hard to know where to go for advice and information locally.

What is the progress so far?

- An information pack for parents was developed in 2012 jointly between parents, the NHS and NYCC, for assessment and diagnostic teams to share with parents after assessment/diagnosis
- 18 day, respite and autism outreach provider services within North Yorkshire have been given tablet computers for use by people with autism and others in their services. The tablets contain apps that have been designed for people with autism and include apps to enhance sensory experiences, learn life skills and improve communication
- Some libraries in North Yorkshire contain autism-specific resources for use by the public
- Autism specific parent training is available for parents of children and young people who receive a diagnosis of autism
- The local offer has been developed
- NYCC's Customer Service Centre staff have undertaken basic autism awareness training in order to better understand the needs of people who ring up requesting advice and guidance
- A member of staff in NYCC's customer service centre is an autism champion and has undertaken enhanced training modules in different issues around autism, enabling a greater level of knowledge of autism within the customer service centre
- NYCC has developed a guide to developing accessible information

What are our priorities going to be?	What we will do?	How will we do it?
Improve the way we communicate with children, young people and adults with autism and their families	Use a wide range of communication methods to interact with people with autism and their families that are designed with the needs of people with	Public sector agencies will provide information that is "autism friendly" i.e. use clear and straightforward language

	autism in mind	<p>Maintain web-based information including information on interventions for families and services that support people with autism</p> <p>Review existing information on the NYCC website in relation to autism</p> <p>Include children, young people, adults with autism, parent support groups, voluntary organisations and the virtual reference group in the design of key communications</p> <p>Canvass how best to promote and publicise autism information and signposting</p> <p>Use social media to promote key messages as widely as possible</p>
Provide easily accessible information about autism	Develop autism information hubs and networks	<p>Make autism resources available within NYCC public libraries for those with autism locally and for those moving into the area</p> <p>Develop and deliver training for library staff to ensure that they are able to signpost appropriately</p> <p>Get advice from people with autism to ascertain what resources would be useful for people with autism and the wider public</p> <p>Develop an online network for autism champions to share information.</p>

		Invite further participation from public and private sector organisations and local voluntary groups on the virtual reference group
Improve information and signposting available	Develop local information and signposting pre and post diagnosis	<p>Review pre and post diagnosis information available</p> <p>Ensure that GP's are aware of the autism diagnostic pathway and signposting for those who move into the area</p> <p>Explore the role of the key worker within the assessment and diagnostic process to ensure appropriate signposting relevant to individual circumstances</p> <p>Signpost parents to relevant services and materials through the parent support programme</p>
Make it easier for people to know how to access appropriate services and support	Reduce the number of referral points for the families of children and young people with autism	<p>Single point of referral for the Inclusive Education Service (Education)</p> <p>Single point of referral for the Prevention service (Family Support)</p> <p>Single point of referral for the Healthy Child Service (Health)</p>

Theme 5 - Employment and education

Education and employment are critical for ensuring a positive future with good outcomes for people with autism. We know that young people with SEN including those with autism do less well than their peers at school and college and are more likely to be out of education, training and employment at 18. In order to aspire high for people with autism we need to improve education and employment opportunities locally.

What is the progress so far?

- A “Review of Evidence Based Educational Interventions for Autism in North Yorkshire” has been written to highlight the national recommendations and best practice guidelines; leading to an NYCC statement regarding autism and evidence based intervention
- A range of training and development opportunities have been made available for schools and settings to access
- The Inclusive Education Service has developed a single point of referral to ensure that schools can easily access support required
- Schools have been supported to implement Lego Therapy as an intervention to increase social competence.

What are our priorities going to be?	What we will do?	How will we do it?
<p>Improve the knowledge, understanding and inclusive practice in educational settings (0-25)</p>	<p>Provide training opportunities, offer interventions and develop resources to support schools’ understanding of their statutory requirements and understanding of autism</p>	<p>Implement continuing professional development opportunities for staff across all educational establishments</p> <p>Promote the Autism Education Trust standards and competency framework across educational establishments to support them in improving their offer to children and young people with autism.</p> <p>Develop SEND guidance for mainstream schools to support them in their understanding of the Code of Practice and the Equalities Act</p> <p>Support schools in</p>

		developing their knowledge of therapeutic and educational interventions and their implementation through the “assess, plan, do, review” model
Improve education opportunities for young people with autism in mainstream schools	Increase access to intensive support for reintegration of children and young people with autism that are excluded or at risk of exclusion to reduce breakdowns in educational placements	Employ an autism consultant to work specifically with children that are excluded or at risk of exclusion
Develop appropriate peer support for children and young people with autism	Support the quality and availability of peer mentors in schools through developing and rolling out training	Work with Barnados/Flying High to; <ul style="list-style-type: none"> • Formulate an action plan • Investigate and consider peer mentoring training availability nationally. • Create peer mentoring training package to be used by specialist staff in schools • Pilot in schools and evaluate before general roll-out
Children, young people and their families report the school that they attend is autism friendly	Support parents in making decisions about the most appropriate educational setting for their child	Promote the AET parent information Provide advice, guidance and advocacy for parents through the SENDIASS service
Improve and expand employment opportunities for people with autism	Ensure that people with autism seeking work feel enabled to do so and that employers feel confident in employing people with autism Ensure people with autism are able to access support if required to maintain their employment	Provide opportunities for young people with autism to become autism trainers for NYCC Provide support for people with autism seeking work. Guide employers in making reasonable adjustments in order for

		<p>people with autism to maintain their employment</p> <p>Include support for employers within the post diagnostic pathway for adults with autism e.g. advice on reasonable adjustments within the workplace</p> <p>Link with the Department for Work and Pensions regionally to discuss their targets and objectives for supported adults with autism into employment</p>
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Theme 6 – Supporting people with autism through key life changes including preparing for adulthood (transitions)

Appropriate support during periods of change is important for many people with autism and their families. Planning key life changes such as a transition from primary school to secondary school or from education to employment involves bringing together all of those involved with the person and is vital in helping to support people with autism to lead independent lives and fulfil their potential.

What are the priorities going to be?	What we will do?	How will we do it?
<p>Remove the perceived 'cliff edge' for the young person and their families through implementing a seamless model of support</p>	<p>Provide a Preparation for Adulthood Service for young people with autism who meet the eligibility criteria</p>	<p>Work together to improve pathways and better manage expectations for young people preparing for adulthood</p> <p>Offer personalised pathways for people with autism who have EHCPs and cannot access mainstream post-16 provision locally</p> <p>Have increased levels of support in place through linking services such as Inclusive Education Service, Health and Adult Services (Adult Team), Housing and Leisure</p> <p>Have an identified team in place who work together to ensure that the needs of the young person are met</p> <p>Improve the links with schools to ensure curriculum offer in relation to employment underpins vocational profiling and builds on skills learnt in the work environment</p>

	<p>Improve transition from primary to secondary school for children with autism</p> <p>Improve transition to Further Education (FE) for young people with autism</p> <p>Promote and where possible increase levels of independence for people with autism</p>	<p>Provide an outreach visit for all children and young people transitioning from primary to secondary and secondary to post 16 provisions</p> <p>Promote the AET transition guide across all schools and settings</p> <p>Develop enhanced partnerships with independent providers, offering training and tracking pupils at the transition phase</p> <p>Promote adult learning opportunities for people with autism</p> <p>Facilitate appropriate travel training through early intervention and through later life</p>
<p>Provide high quality support locally to meet the needs of people with autism</p>	<p>Increase the level of support for people to move back into the local area</p> <p>Ensure that support planners and Specialist Careers Advisors are knowledgeable about autism</p>	<p>Improve partnerships with specialist providers who are out of area with the local authority providing the opportunity to monitor the quality of the provision being delivered at residential colleges</p> <p>Have increased levels of support for young people to move back into the local area after completing their placement at a residential college</p> <p>Support Planners will receive training in autism</p>

Theme 7 - Working together

The 2015 “Statutory guidance for Local Authorities and NHS organisations to support implementation of the Adult Autism Strategy” sets out that every local area is expected to have an Autism Partnership Board (APB) or a similar mechanism in place to ensure that all relevant stakeholders, including people with autism and their families and senior commissioners of health and care services, help identify local need and plan appropriate services and support.

We think it is vital that individuals, families and organisations know what the priorities are, that they have contributed to the development of these priorities and know how they are going to be achieved. That way, everyone can be confident that we are working together as consistently and effectively as possible.

What is the progress so far?

- Governance structures were set up to support the development of this market position statement
- A ‘virtual reference group’ has been created in order to involve people with autism, their families and interested groups in the development of autism provision across the county. People expressed a preference to be proactively engaged and involved in producing this market position statement and the group operates mainly by email to reflect that not everybody is able, or wishes to attend meetings
- North Yorkshire Police and the seven district and borough councils in North Yorkshire have been engaged in the development of the market position statement and have endorsed its priority areas for action

What are the priorities going to be?	What are we going to do?	How will we do it?
Improve communication with the voluntary sector	Provide opportunities for all relevant public and voluntary sector organisations to be involved in autism development	Ensure that all relevant public and voluntary sector agencies are invited to join the virtual reference group and all other relevant groups
Continue to ensure people with autism and their families are centrally involved in developing autism	Expand representation from people with autism and their families on the virtual reference group	Promote representation on the virtual reference group with people with autism and their families

<p>support in North Yorkshire feel empowered and involved in autism developments</p>		<p>Continue to engage with people regularly by producing annual reports about progress against this market position statement and seek views to ensure full and transparent discussions about the perceived success of the market position statement</p>
<p>Share progress and celebrate success</p>	<p>Be transparent and honest about progress by regularly sharing progress against the priorities in the market position statement to as wide an audience as possible</p>	<p>Publish regular reports to update on progress against the priorities set in this market position statement</p> <p>Take regular reports on progress to the North Yorkshire Health and Wellbeing Board</p>

Chapter 6 – How will we make the aims of this market position statement happen?

A key piece of feedback, raised a number of times during the consultation was that the market position statement was a long document. People said they wanted a document to sit alongside the market position statement that clearly communicated key ambitions, the vision and what will be different by 2020. Therefore people with autism will be invited to work alongside the NYCC and PCU to produce this document.

An implementation plan containing Specific, Measurable, Achievable, Realistic and Timely (SMART) targets will be written following the publication of the market position statement clearly demonstrating what we aim to achieve and how we will measure progress towards this.

Governance and accountability will be agreed and the success of the market position statement will be measured against the themes presented in Chapter 5. The Health and Wellbeing Board will provide overall governance and overview.

Autism Strategy consultation events
Main feedback by theme

Diagnosis

- Improve diagnosis for girls with autism
- Improve post diagnostic services from health to include supporting young people in understanding the diagnosis, sleep difficulties, eating difficulties, sensory needs
- The diagnostic process does not always consider behaviour within the home
- There is not always a key worker – this would be helpful
- The links between diagnostic services and schools are not good
- Diagnosis is not open or transparent enough
- There needs to be a follow up visit after families have had time to digest the diagnosis information.
- An information booklet or website would be useful that explained what to expect in relation to a diagnosis and what to do next.

Awareness raising

- Needs to be about awareness, knowledge and understanding – awareness is not enough.
- Knowledgeable teachers, support staff, GP's, social care staff, hospital staff, mental health services, provider services are needed that really understand autism and know how to work effectively with children, young people and adults with autism.
- GP's need to know about the referral pathway.
- There is a need for parent training/support at different stages through the child/young person or adults journey. This training needs to offer tools and strategies for dealing with issues such as behaviour that challenges.
- There needs to be increased understanding around girls with autism and children with autism who are looked after or adopted.
- More needs to be done to raise awareness of higher functioning children with autism and the subtle difficulties that they are experiencing.
- Provider services need training in autism.

Information and signposting

- An online hub would be useful that contained information and a chat forum.
- A single database of children, young people and adults with autism would be helpful for informing people of events and activities.

- Information on interventions and strategies need to be available to families as well as schools.
- An information pack post diagnosis is not enough.
- A single point of contact would be helpful for advice, guidance and signposting.
- Clear support plans need to be developed and maintained for children, young people and adults with autism to support information sharing.
- Literature is needed for children, young people and adults with autism, their siblings and the extended family. Library hubs would be good that include fiction and reference books.
- There is a lack of information for services about how to support children, young people and adults with autism.
- The NYCC website needs to be more user friendly for those with autism.

Employment and education

- Primary to secondary transition is difficult for many families.
- Schools need to make more reasonable adjustments to make the environment and curriculum work for children and young people with autism.
- Transition from education to employment and careers advice for young people with autism is poor.
- Peers need to be better informed in relation to autism.
- There is a need to measure the number of people with autism in paid employment.
- Employers need to be better informed about autism and there needs to be job coaching and employment support for young people with high functioning autism (HFA).
- There needs to be more of an incentive for employers to recruit people with autism.
- NYCC and the NHS should provide supported internships for people with autism and lead by example.
- Schools need more knowledge of autism interventions.
- Job centre plus need a better understanding of autism.
- Schools should be more accountable and transparent in demonstrating how they are using SEN funding to support individuals.
- Schools need to value the parent's knowledge of their child and of autism and work with the family not against them.
- Schools need to develop their knowledge of the C&FA and the EHCP process.
- Consideration needs to be given to how the LA can achieve engagement from all schools even those that are resistant.
- There is a need for autism champions in every school.

- The strategy needs to consider how best to support parents seeking a good education establishment for their child.

Support for people with autism and their families

- Parent support needs to be strengthened - this could be facilitated by parents for parents.
- Groups for parents have been invaluable but funding cuts puts these groups under threat.
- There is a lack of social activities for children, young people and adults with autism.
- There is a need for positive handling training for parents of children with autism.
- Families need support with planning for the future as they get older.
- When a person disengages with services the family still require support
- Families do not feel well supported
- The local authority needs to ensure that carers assessments are available for parents of children and young people with autism
- There is a need to develop safe environments within the community for people with autism
- Crisis support needs to be available 24 hours a day, 7 days a week
- The emphasis needs to change from supporting children and families at crisis point to early intervention and better understanding and acceptance

Working together

- There needs to be collaboration with the police and district councils to develop skills in children with autism in relation to stranger danger, road safety, health eating etc.

NORTH YORKSHIRE COUNTY COUNCIL

CARE AND INDEPENDENCE OVERVIEW AND SCRUTINY COMMITTEE

1 October 2015

WORK PROGRAMME REPORT

1.0 Purpose of Report

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

2.0 Background

- 3.1 The scope of this Committee is defined as: 'The needs of vulnerable adults and older people and people whose independence needs to be supported by intervention from the public or voluntary sector.'

3.0 YorSexual Health Integrated Sexual Health Service

- 3.2 Group Spokespersons received a progress report on the YorSexualHealth Integrated Sexual Health Service, and discussed the experiences of the providers, the York Teaching Hospital Foundation trust . From 1st July 2015 people no longer have to attend two different services in order to have both their sexual health (STI testing and treatment) and contraception needs met.
- 3.3 The key points of the new service were
 - One main provider responsible for the development and delivery of all aspects of sexual health care and support
 - A standardised and equitable approach to sexual health provision throughout North Yorkshire
 - Greater patient choice and easier access
 - Coordinated approach to quality training
 - Seamless, joined up working
- 3.4 Members recognised the good relationship between the providers and the public health, the commissioners which was ensuring that adaptations were being made to the service in the light of experience.
- 3.5 Members agreed to return to this topic towards the end of the contract period when thoughts turn to re-commissioning the service.

4.0 Recommendations

- 6.1 The Committee is recommended to consider the attached work

programme and determine whether any further amendments should be made at this stage.

BRYON HUNTER
SCRUTINY TEAM LEADER

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23 September 2015

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

Scope

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

Meeting dates

<p><i>Scheduled Mid Cycle</i> Lead Members of Committee</p>	<p>Tuesday 15 September 2015 at 10:30am</p>	<p>Thurs, 3 December 2015 at 10:30am</p>	<p>Thurs, 31 March 2016 at 10:30am</p>
<p><i>Scheduled Committee Meetings</i> <i>Agenda briefings to be held at 9.30am prior to Committee meeting. Attended by Lead Members of Committee</i></p>	<p>Thurs, 1 October 2015 at 10:30am</p>	<p>Thurs, 21 January 2016 at 10:30am</p>	<p>Thurs, 21 April 2016 at 10:30am</p>

MEETING	SUBJECT	AIMS/TERMS OF REFERENCE	ACTION/BY WHOM
21 January 2016	Equipment and Telecare (NYCC Savings Target item)	How the relevant savings target is being achieved. How the impact upon service users is being managed, focussing on delivering savings through the rationalisation of the current equipment and stores arrangements.	HAS
	Better Care Funding	Success against the Better Care Funding Programme in terms of the three main priorities; to improve health, self-help and independence for North Yorkshire people; invest in primary care and community services; and create a sustainable system. Update on progress.	HAS

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

	Care Quality Commission	<p>Dialogue with the Care Quality Commission on How CQC works, including:</p> <ul style="list-style-type: none"> • CQC's inspection teams • How CQC works with local partners <p>And how this informs:</p> <ul style="list-style-type: none"> • the development, design and monitoring of CQC's new approach to regulating health and care services. • QC's planning and delivery of inspections across all sectors. 	HAS with CQC representatives
	Smoking Cessation	Update on the public health strategy	HAS -Public Health
	Mental Health Strategy	HWB adoption of the strategy and intended plan of action	HAS
21 April 2016	Complex needs	Current situation and progress against 2020 Savings requirement.	HAS
	NYLAF	Update on NYLAF (eg latest data awards etc plus appointment of new contractor to provide the service wef from 1 Oct)	C/Ex – Neil Irving
	Targeted Prevention and Support. (NYCC Savings Target item)	How the relevant savings target is being achieved. How the impact upon service users is being managed, focussing on the evidence regarding the effect of the range of preventative services funded by the council for people who already have low level health and/or social care needs and their carers.	HAS
	Domiciliary Care update	Progress on the commissioning process. Dialogue with providers.	HAS
	Assessment Reablement Pathway	Possible update.	HAS

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

	<p>Independent Advocacy (Information and Advice)</p>	<p>As part of the committee’s assement of directorate preparedness for the Care Act. Under the Care Act, HAS and its partnership organisations must make a referral for an Independent Advocate for any adult they are working with who has substantial difficulty with:</p> <ul style="list-style-type: none"> • understanding information • retaining information • using information to make a decision • communicating their views, wishes and feelings • not having an appropriate relative, friend or carer to support their involvement. 	<p>HAS</p>
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Please note that this is a working document, therefore topics and timeframes might need to be amended over the course of the year.

Additional issues (to those above) which will be picked up at Mid-Cycle Briefings and which may also be brought to the subsequent Committee include:

<p>3 December 2015</p>	<p>, Workforce, Employment of Care Workers, Assessment and Re-ablement, The Care Cost Gap</p>
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