

Agenda

Meeting: Care and Independence Overview & Scrutiny Committee

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

Date: Thursday 27 June 2019 at 10am

Recording is allowed at County Council, committee and sub-committee meetings which are open to the public. Please give due regard to the Council's protocol on audio/visual recording and photography at public meetings, a copy of which is available to download below. Anyone wishing to record is asked to contact, prior to the start of the meeting, the Officer whose details are at the foot of the first page of the Agenda. We ask that any recording is clearly visible to anyone at the meeting and that it is non-disruptive. <http://democracy.northyorks.gov.uk>

Business

1. Minutes of the meeting held on 4 April 2019

(Pages 5 to 8)

2. Any Declarations of Interest

3. Public Questions or Statements.

Members of the public may ask questions or make statements at this meeting if they have delivered notice (to include the text of the question/statement) to Ray Busby of Policy & Partnerships (*contact details below*) no later than midday on Monday 24 June 2019. 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.

If you are exercising your right to speak at this meeting, but do not wish to be recorded, please inform the Chairman who will instruct those taking a recording to cease while you speak.

**PROVISIONAL
TIMINGS**
10-10.10am

4. **Chairman's remarks - Any correspondence, communication or other business brought forward by the direction of the Chairman of the Committee. (FOR INFORMATION ONLY)**

5. **(i) Learning Disabilities and (ii) Update on the All Age Autism Strategy-** Presentation by the Corporate Director of Health and Adult Services

10.10-11.15am

**(Item 5(i) attached to end of agenda)
(Item 5(ii) pages 9 to 24)**

6. **Direct Payments** – Report by Corporate Director of Health and Adult Services

11.15-11.45noon

(Pages 25 to 44)

7. **Work Programme** - Report of the Scrutiny Team Leader

(Pages 45 to 47)

8. **Other business which the Chairman agrees should be considered as a matter of urgency because of special circumstances.**

Barry Khan
Assistant Chief Executive (Legal and Democratic Services)

County Hall,
Northallerton.

19 June 2019

NOTES:

Emergency Procedures for Meetings
Fire

The fire evacuation alarm is a continuous Klaxon. On hearing this you should leave the building by the nearest safe fire exit. From the Oak Room this is the main entrance stairway. If the main stairway is unsafe use either of the staircases at the end of the corridor. Once outside the building please proceed to the fire assembly point outside the main entrance

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

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

Accident or Illness

First Aid treatment can be obtained by telephoning Extension 7575.

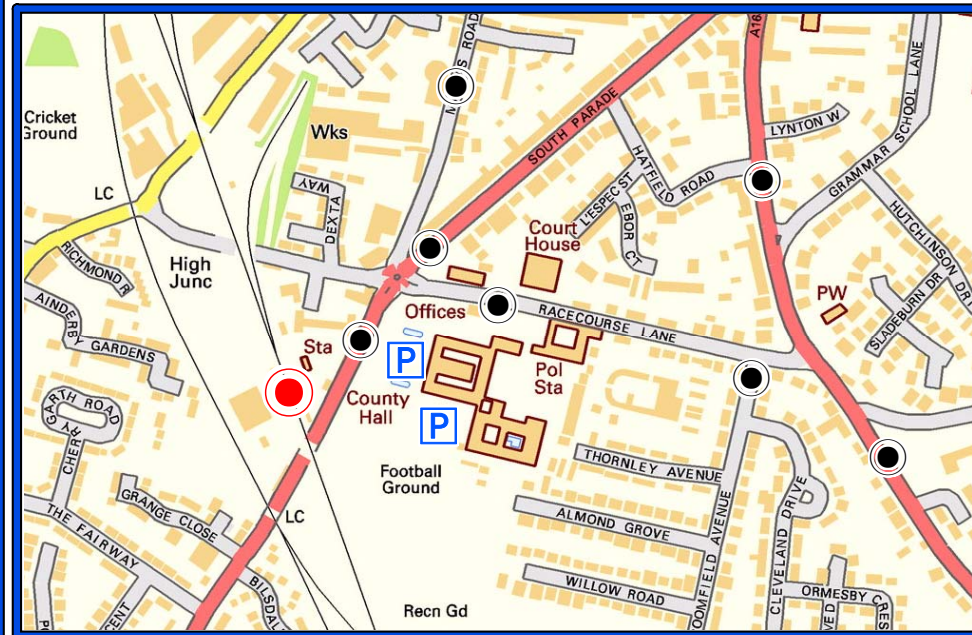
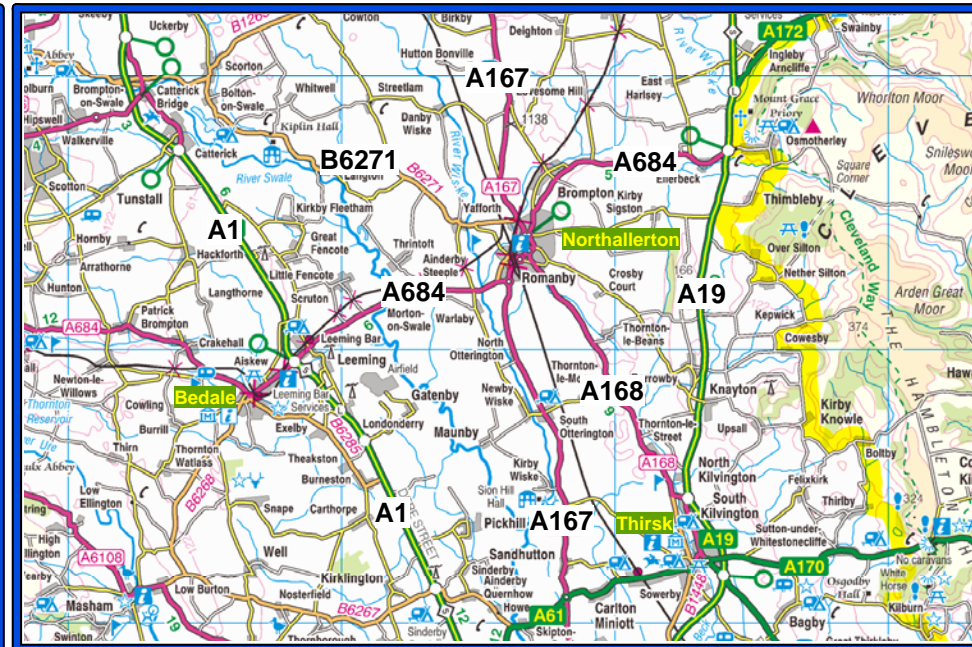
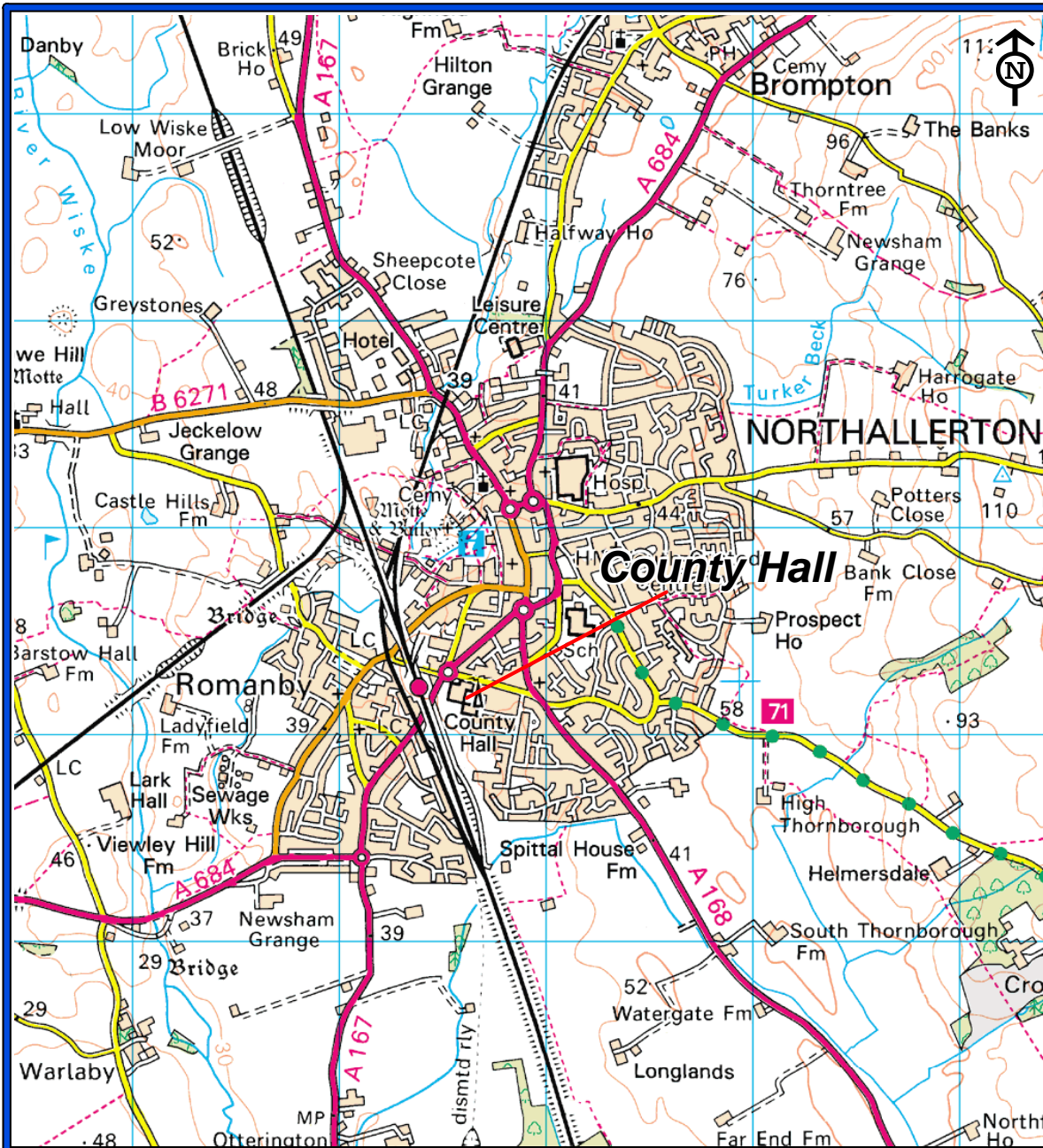
Care and Independence Overview and Scrutiny Committee

1. Membership

County Councillors (13)						
	Councillors Name	Chairman/Vice Chairman	Political Group	Electoral Division		
1	BROADBANK, Philip		Liberal Democrat	Harrogate Starbeck		
2	BROADBENT, Eric		Labour	Northstead		
3	CHAMBERS, Mike MBE		Conservative	Ripon North		
4	ENNIS, John		Conservative	Harrogate Oatlands		
5	GOODRICK, Caroline		Conservative	Hovingham and Sheriff Hutton		
6	GRANT, Helen	Vice-Chairman	NY Independents	Central Richmondshire		
7	JEFFELS, David		Conservative	Seamer and Derwent Valley		
8	JENKINSON, Andrew		Conservative	Woodlands		
9	LUMLEY, Stanley		Conservative	Pateley Bridge		
10	MANN, John		Conservative	Harrogate Central		
11	MARTIN, Stuart MBE		Conservative	Ripon South		
12	SEDGWICK, Karin	Chairman	Conservative	Middle Dales		
13	TROTTER, Cliff		Conservative	Pannal and Lower Wharfedale		
Members other than County Councillors – (3)						
Non Voting						
	Name of Member	Representative	Substitute Member			
1	QUINN, Jill	Dementia Forward				
2	PADGHAM, Mike	Independent Care Group				
3	VACANCY					
Total Membership – (16)				Quorum – (4)		
Con	Lib Dem	NY Ind	Labour	Ind	Total	
10	1	1	1	0	13	

2. Substitute Members

Conservative		Liberal Democrat	
	<i>Councillors Names</i>		<i>Councillors Names</i>
1	MOORHOUSE, Heather	1	GRIFFITHS, Bryn
2	PLANT, Joe	2	
3	PEARSON, Chris	3	
4	ARNOLD, Val	4	
5	LUNN, Cliff	5	
NY Independents		Labour	
	<i>Councillors Names</i>		<i>Councillors Names</i>
1		1	COLLING, Liz
2		2	
3		3	
4		4	
5		5	



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at County Hall**



**Northallerton National
Rail Station**



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County Hall

Northallerton
North Yorkshire
DL7 8AD

Tel : 0845 8 72 73 74



**North
Yorkshire County Council**

North Yorkshire County Council

Care and Independence Overview and Scrutiny Committee

Minutes of the meeting held on Thursday 4 April 2019 at 10.00am at County Hall, Northallerton.

Present:-

County Councillor John Ennis in the Chair

County Councillors: Cllrs Philip Broadbank, Eric Broadbent, Mike Chambers MBE, Caroline Goodrick, Helen Grant, David Jeffels, Andrew Jenkinson, Stanley Lumley and Stuart Martin MBE and Karin Sedgwick.

Jill Quinn (Dementia Forward).

In attendance:

County Councillors Caroline Dickinson (Executive Member for Adult Social Care).

Officers: Ray Busby (Scrutiny Support Officer), Dale Owens (Assistant Director of Commissioning & Quality, Health and Adult Services)

Apologies:

County Councillor John Mann

Voluntary and Community Sector: Independent Sector: Mike Padgham (Independent Care Group)

Copies of all documents considered are in the Minute Book

182. Minutes

Resolved –

That the Minutes of the meeting held on 17 December 2018 having been printed and circulated, be taken as read and be confirmed and signed by the Chairman as a correct record.

183. Declarations of Interest

There were no declarations of interest to note.

184. Public Questions or Statements

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

185. Respite

Considered –

- a) Brief on Respite as agreed by Group Spokespersons.

- b) Presentation by Dale Owens (Assistant Director of Commissioning & Quality, Health and Adult Services)

Dale explained that our NYCC Carers Strategy emphasises the importance of carers being enabled to have a life outside of their caring role, but the current offer is quite traditional with NYCC offering in excess of 70% of respite services through their in house provision.

Members were pleased, therefore, to be informed of early directorate thinking on how to improve respite and short breaks. NYCC currently manages respite at 5 settings across the county, with the option of individual beds in our Elderly Persons Homes when they are available. Day services are provided at 7 locations.

In answer to the question: have we got our offer right? Dale responded that the intended review has some important issues to address:

- Availability of appropriate respite can be an issue particularly for young people transitioning into adulthood.
- There is a lack of respite generally available from the market due in part to the high costs of delivery.
- Currently we offer a very traditional respite service, focussed mainly for people with a Learning Disability.
- There are gaps in the market particularly around people transitioning into adulthood and people with a dementia.
- We do have emergency respite available at our in-house services across the county – this will always be costly to provide.

Members voiced some clear ideas, borne out of both personal and professional experience, about what ought to be part of this exercise: the role of volunteers; the gap in dementia respite provision; and the advantages of a brokerage arrangement whereby the authority purchases guaranteed places in the private and voluntary sector.

The directorate's ambition is to engage fully with communities in order to identify a proposed model beyond 2020. The committee agreed it needs to be involved.

Resolved –

- a) That the presentation be received.
- b) It was agreed that the committee be involved in any consultation process that is undertaken in connection with these proposals, and also has the opportunity to offer comments prior to any formal decision is taken.
- c) In respect of b) above, an appropriate reference be included in the committee's work programme.

186. NYCC Use of Resources Peer Challenge – Feedback Report

Considered -

- a) Final report of the regional Use of Resources (UoR) peer challenge as part of sector led improvement within the Yorkshire and Humber ADASS Region.

- b) Presentation by Dale Owens covering the main points and conclusions of the report, how the directorate has responded, and what action was being taken to meet the challenges the review team put forward.

Resolved –

That the report be noted.

187. Health and Social Care Integration

Considered -

Ray Busby reported that the joint members task group on Health and Social Care Integration had all but completed the key stage of its work - holding in-depth conversations with representatives of key Clinical Commissioning Groups and NHS Trusts, based on submissions they have already made.

The task group Chairman, Cllr John Ennis, said that carrying out an assessment of such a huge and complex topic was always going to be challenge. A significant body of information had been assembled to help the group arrive at some strategic level concluding thoughts. Those will be presented in full to meetings of the two parent committees - Care and Independence and Scrutiny of Health.

He advised that the overriding, emerging view was that whilst there is a common interest in integration, there are different interpretations of what it means in practice. There is a sense that health partners and providers have not reached a common understanding of what integration means. So despite efforts to integrate, and many examples of excellent practice, there is still a good deal of experimenting with ways to join up. With so many different health partners operating to complex boundaries in North Yorkshire, co-ordination on a wide scale will remain an ever-present challenge.

Resolved -

That the report be noted.

188. User Participation and Co-Design – Feedback from Members and next steps

Considered -

Feedback from Group Spokespersons

Ray Busby explained that the committee had previously agreed to look at service user participation. The aim was to be as confident as possible that our services are person centred, are locally appropriate and have been planned with individuals to put them and their carers in control.

Rather than see this as a task group project, group spokespersons and other committee members attended and participated in user-led meetings of service users - North Yorkshire Learning Disability Partnership Board, the North Yorkshire Disability Forum, and the Scarborough Dementia alliance.

Group Spokespersons emphasised that as a piece of scrutiny work, attending these user group sessions had given them a good opportunity to see whether the

engagement principles under which the directorate says it works appeared to operate in practice.

The conclusions of those members include:

- **Value each person as an individual - treat with dignity and compassion.** Arrangements at meetings are designed to make them as accessible as possible. Sensitive and appropriate techniques were employed which work for people with different experiences, abilities and perspectives
- **Support people to make choices in their own lives** – Members found there was a clear ambition to stretch up the ladder of participation as much as possible whilst respecting and understanding peoples abilities and choices. It was pleasing that the numbers of people with a learning disability who can self-advocate is growing.
- **Be accountable to people, listening to what they have to say and involving them in decision about their health and social care** – At the North Yorkshire Disability Forum the recent - and contentious - issue of Care Charging was opened up in such a way that prompted a full, frank and open discussion with people feeling freed up, in a safe space, to offer their views. This was not the only example members saw of accessible, timely information is being made available to help individuals and groups make choices.

Cllr Helen Grant commented that at the NY Disability Forum she attended the issue of Care Charging was opened up in such a way that prompted a full, frank and open discussion with people feeling freed up, in a safe space, to offer their views. This was not the only example that she and Cllr Eric Broadbent had seen demonstrating that accessible, timely information is being made available to help individuals and groups make choices. She praised the professionalism and understanding shown by the HAS members of staff responsible for facilitation these groups.

Resolved -

- a) The message those scrutiny members wanted to get across was that the directorate is committed to involving people in the designing, monitoring and improvement of services.
- b) The committee agreed that other groups scrutiny members might want to know more about, to observe and where appropriate participate in, included North Yorkshire Carers, Mental Health Forums, and patient participation forums.

189. Work Programme

Considered -

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

Resolved -

That the work programme be agreed.



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ITEM 5

**Update on the All Age Autism Strategy and
implementation within Health and Adult Services.**



Autism Lead for NYCC

Jane le Sage- Assistant Director Inclusion CYPS.

Autism Leads for Health and Adult Services

Care and Support Portfolio : Joss Harbron Head of Provider Services

Practice Lead : Niki Benstead, Senior Social Worker

Practice and Provider support: Melanie Trotter, Autism Strategy Implementation Officer

Commissioning Lead: Victoria Marshall, Commissioning Manager



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Context:

Autism is **much** more common than **many people** think. There are around 700,000 **people** on the **autism** spectrum in the **UK** – that's more than 1 in 100¹. If you include their families, **autism** is a part of daily life for 2.8 million **people**.

Autism is a hidden disability – you can't always tell if someone is autistic.

34% of children on the autism spectrum say that the worst thing about being at school is being picked on².

63% of children on the autism spectrum are not in the kind of school their parents believe would best support them³.

17% of children with Autism have been suspended from school; 48% of these had been suspended three or more times; 4% had been expelled from one or more schools⁴.



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Context continued.....

- Seventy per cent of adults with Autism say that they are not getting the help they need from social services.
- Seventy per cent of adults with Autism also told National Autistic Society that with more support they would feel less isolated.
- •At least one in three adults with Autism are experiencing severe mental health difficulties due to a lack of support.
- •Only 16% of adults with Autism in the UK are in full-time paid employment, and only 32% are in some kind of paid work.
- Only 10% of adults with Autism receive employment support but 53% say they want it⁸.



What proportion of people with Autism have a learning disability?

Between 44% - 52% of autistic people may have a learning disability.

Between 48% - 56% of autistic people do not have a learning disability.

What proportion of people with a learning disability are autistic?

Around a third of people with a learning disability may also be autistic.

Around a third of people who have learning disabilities.

- Five times as many males as females are diagnosed with autism.

Note that autism is under-diagnosed in females, and therefore the male to female ratio of those who are on the autism spectrum may be closer than is indicated by the figure of 5:1.



How many people with Autism in North Yorkshire?

As of December 2018 (SAF submission) 182 people who were assessed as having autism met social care eligibility criteria in the year 2017/18

Of the 182 total 90 people also had a learning disability

Of the 182 total 6 people were also in receipt of treatment for mental health problems.

No. of children/young people with Autism in school in 2017/18:

Year 10: 103

Year 11: 124

Year 12: 32

Year 13: 50

Number of adults with autism estimated to be living in North Yorkshire is 4,847

Aged 65 and over: 1,413 (sourced from POPPI)

Aged 18 – 64: 3,434 (sourced from PANSI)



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National and Local Context

2009 The Autism Bill

2010 National Autism Strategy-
“Fulfilling and Rewarding Lives”

2014 Think Autism

NY All Age Autism Strategy and
Implementation Plan-

“The changing landscape of
North Yorkshire”

All Age Autism Strategy Group



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Key Commitments

- Supporting improved Diagnosis and referrals
- Staff investment and training
- Information and signposting
- Employment and education
- Supporting people through life changes
- Support people and their families
- Improved assessment processes
- National Accreditation scheme for NYCC Provider Services with National Autistic Society



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Self-Assessment Framework

Submitted fifth self-assessment framework in December 2018.

Currently awaiting report from PHE on all responses.

The self assessment highlights progress and areas for improvement.

Highlighted positives around:

Partnership working – working with CCG colleagues around diagnostic services, develop co-production and engagement opportunities, good representation of partners at meetings (steering group, adults operational group)

Training and raising awareness

Employment – NYCC and partners working with employers to raise awareness of autism and monitoring employment outcomes.



Improvements from Self Assessment Framework

- Data – highlighted need for JSNA (*now in progress, update below*) and some gaps where unable to answer questions due to permissions not being in place to share data between systems and organisations.
- Diagnostic pathway – waiting times are currently not NICE compliant and as of December 2018 for the NY and York service (excludes Craven) there was a wait of 57 weeks between referral and assessment. The CCGs are currently remodelling the pathway to slow down the rate by which the waiting list is growing and improve value for money on the current contract without compromising clinical quality. A quality improvement event is planned for September 2019 with key stakeholders to consider a service redesign for wider consultation which can then be used to create a specification of the future model and pathway.
- Reasonable adjustments and accessibility of services – a number of areas were RAG rated as Amber indicating some areas/examples of good practice however not yet in place consistently across the county. For example this included NHS services, mental health and acute services, libraries and public transport. Improving and promoting reasonable adjustments have been picked up as a priority for the current strategy groups.



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Joint Strategic Needs Assessment

Development of an all-age JSNA was signed off by the Editorial Group in May 2019

Victoria Marshall leading on the development working with Carol-Ann Howe as the lead for CYPS

Adults side to be coordinated by the Adults Autism Operational Group, with CYPS to restart their Operational Group to coordinate

Full scoping document and engagement and communication plans to be signed off by the strategy steering group on 15th July

Engagement currently scheduled to take place for two months September – October 2019.

JSNA scheduled for completion April 2020 to feed into writing refresh of the strategy.



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Staff investment and training

Refresh of online autism awareness training.

Autism competency workshops for provider and reablement teams

Specialist training commissioned for champions and practice advisers and Provider Services staff.

Sensory workshops

Attendance at National Conferences.



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Practice Improvements

Revised Autism Good Practice Guidance- support to social workers when undertaking needs assessment and support planning with adults with Autism.

Practice Advisers in each team

Autism Champions in each provider service.



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Autism Accreditation

Autism Accreditation is an internationally recognised quality standard provided by The National Autistic Society, the UK's leading autism charity.

Accredited services include:

- schools
- prisons
- short break services
- adult services

A service will be accredited if it can demonstrate that staff have a specialised knowledge and understanding which is consistently applied.



Autism Accreditation

First Local Authority to have
ALL of its Adult services
accredited in the UK in 2016
17 services were accredited.
All being re-inspected this year.
Additional service this year-
Living Well are undertaking the
Autism Accreditation process





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Direct Payments

Background/context of Direct Payments

Government Initiative

Community Care (direct Payments) Act 1996

Important contribution to independence

Care Act 2014

Duty of a local authority

What is a direct payment?

They are
monetary
payments made
to individuals.

Not Classed
as Income.

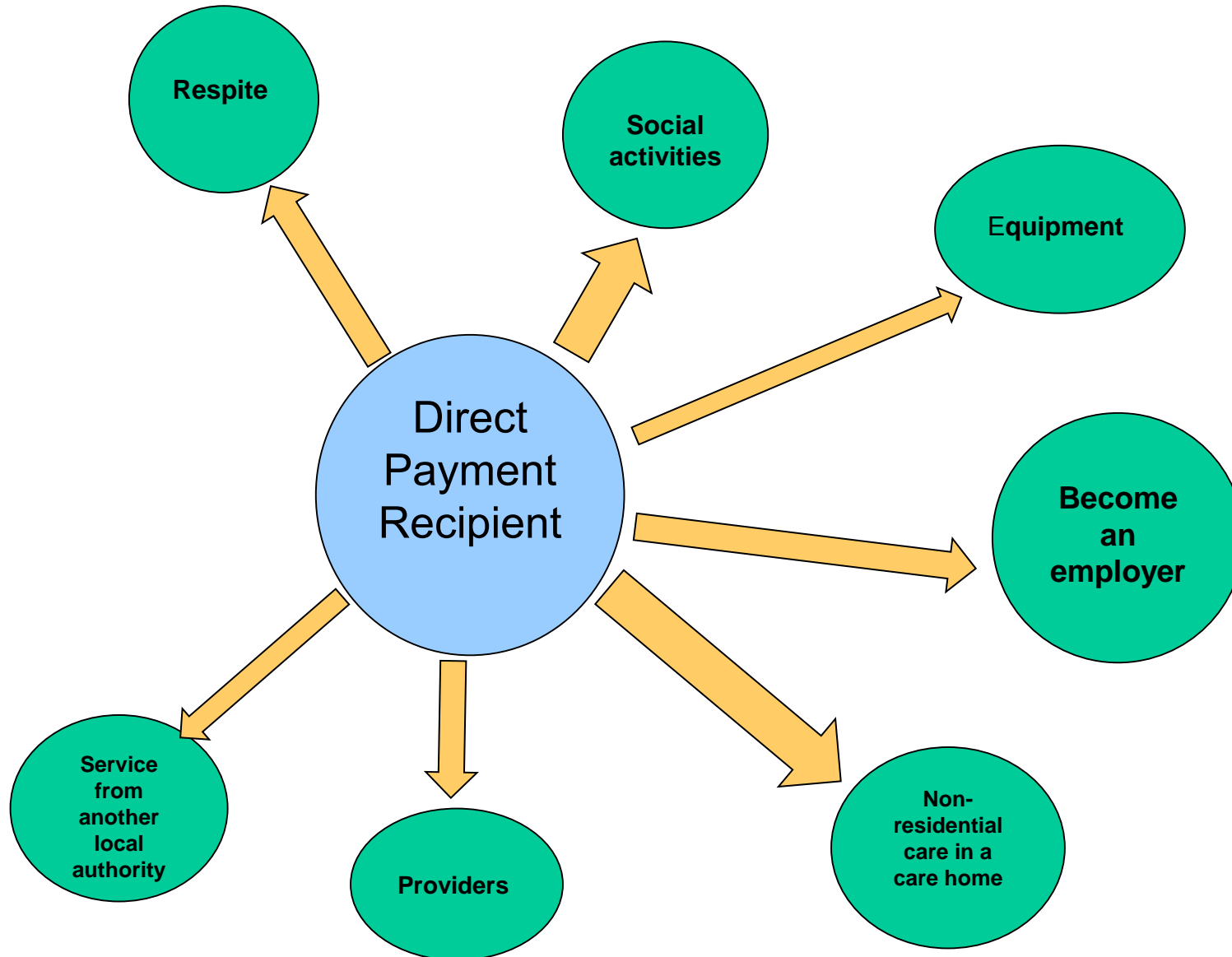
The money
remains public
money until it
is spent for the
purpose given.

Charges!

Who can have a direct Payment?

- Parents of disabled children.
- Disabled young people aged 16 or 17.
- Disabled Parents.
- Adults who meet the eligibility criteria.
- Carers to meet their assessed needs.
- Adults who have capacity to consent.

How can Direct Payments be used?



Risk Assessing, Monitoring & Reviews

What the Care Act says?

Risk assessment.

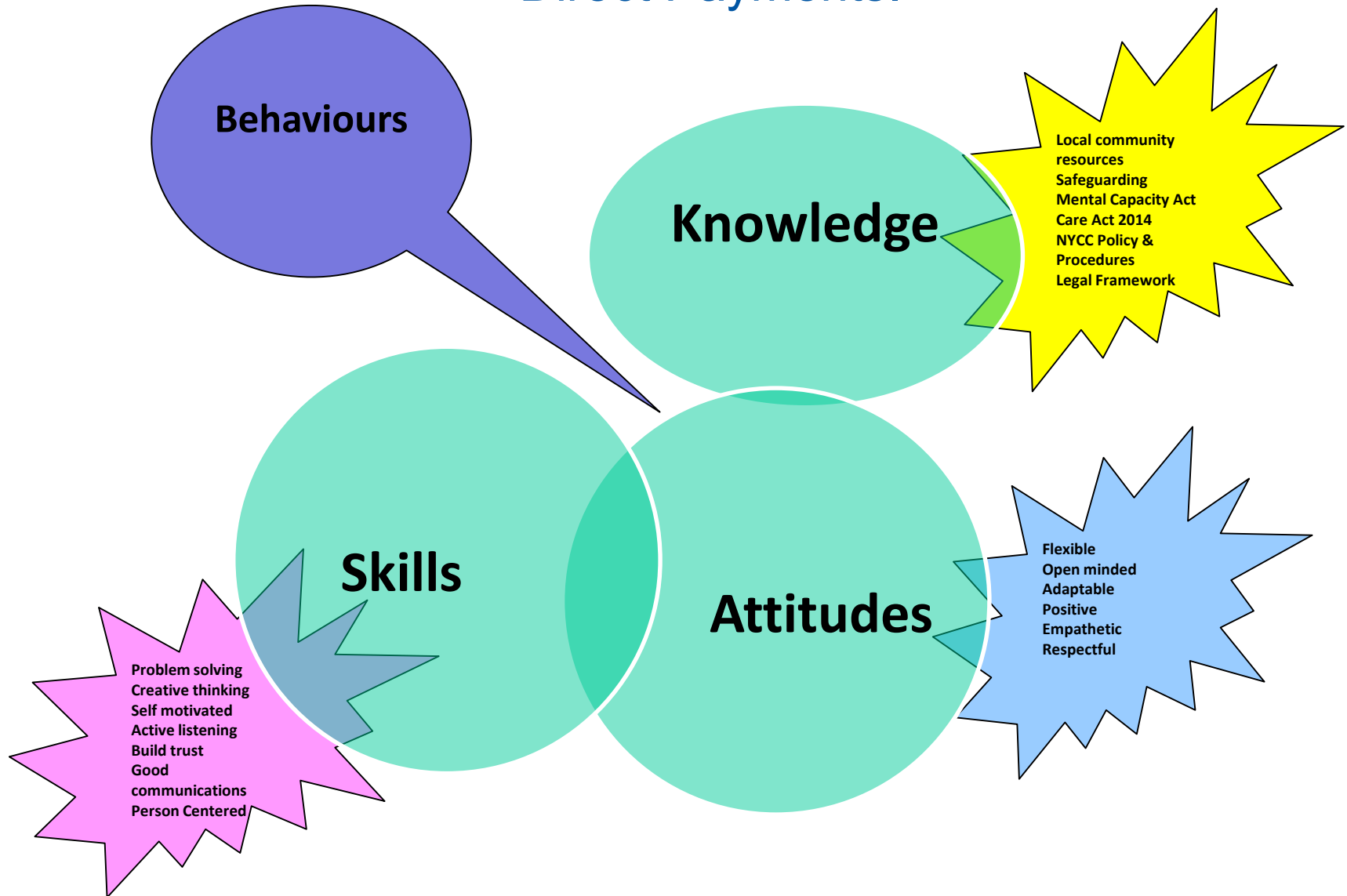
Reviewing & monitoring.

The monitoring tool.

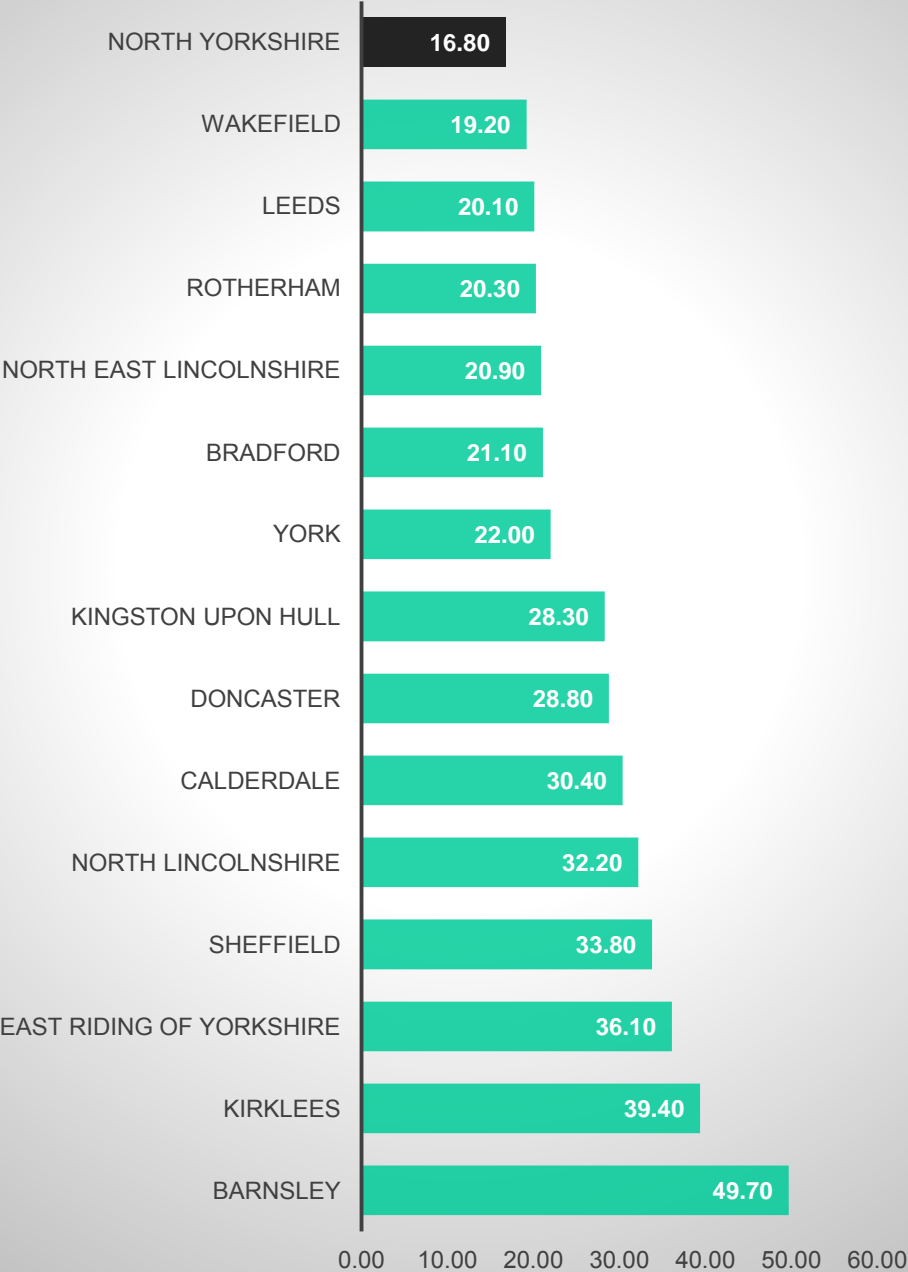
Managed Accounts.

Audit Outcome 18 – 19.

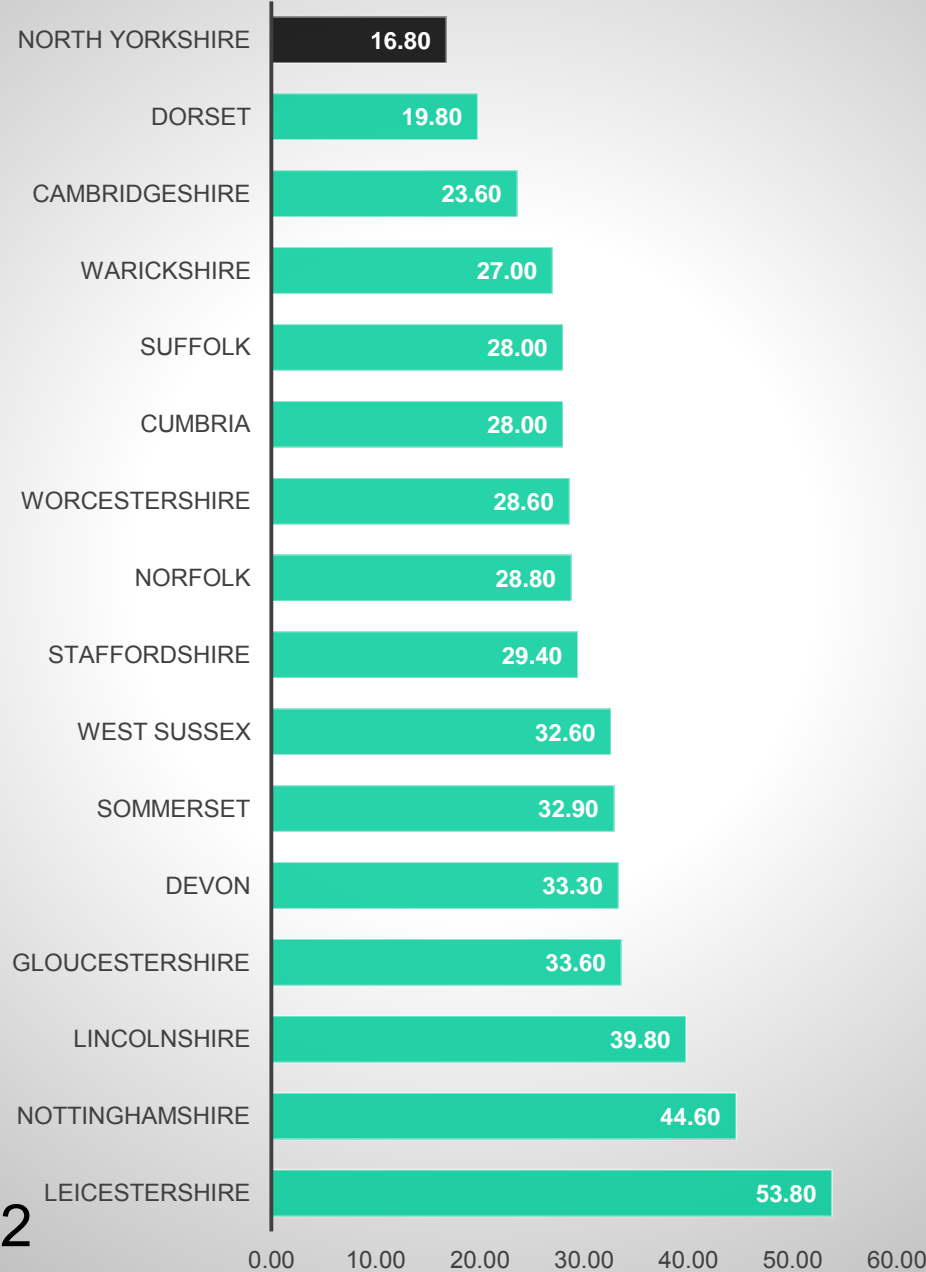
How local authorities should approach the application of Direct Payments.



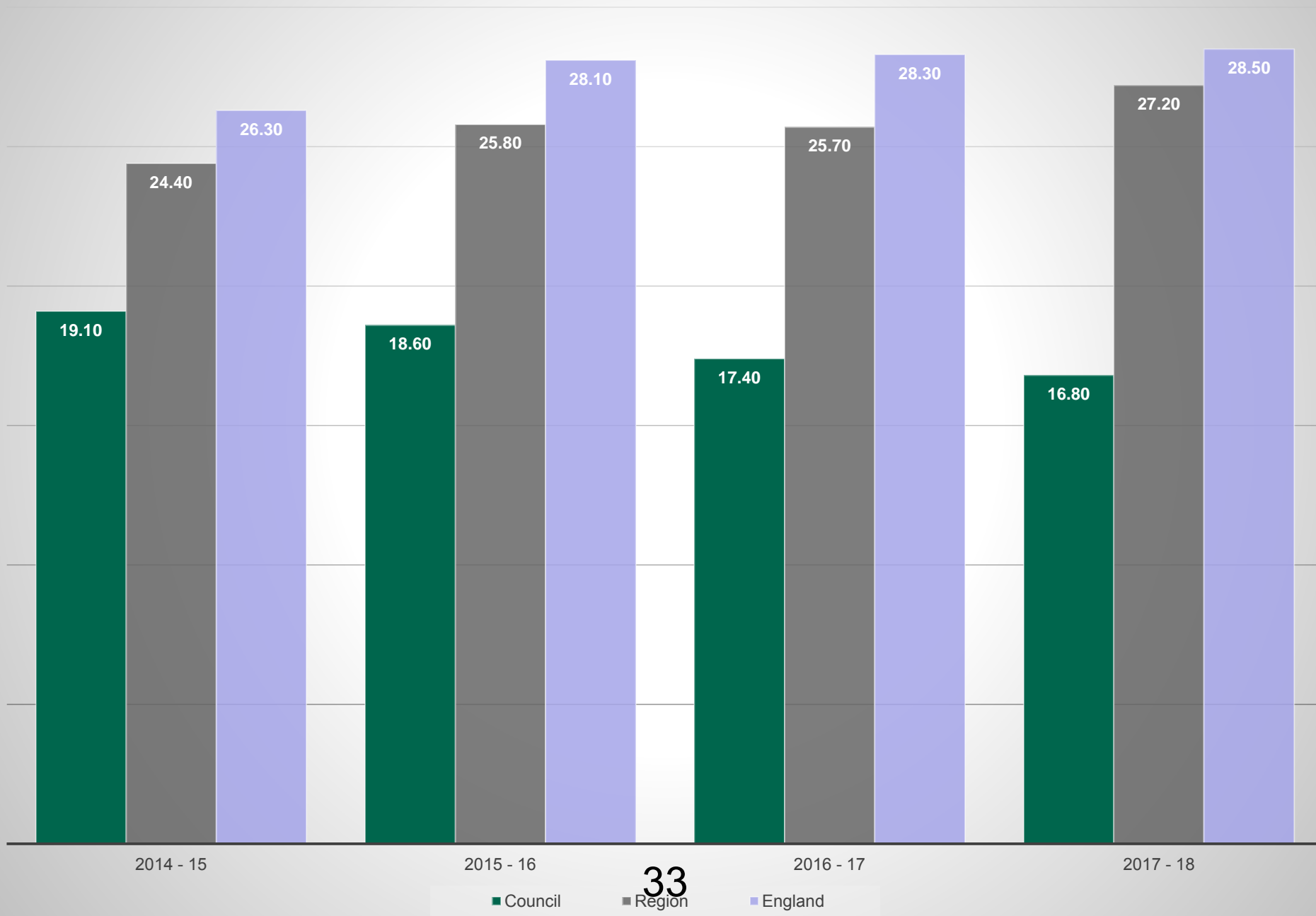
Comparative DP Performance -
N'rest Neighbour 2017 - 2018



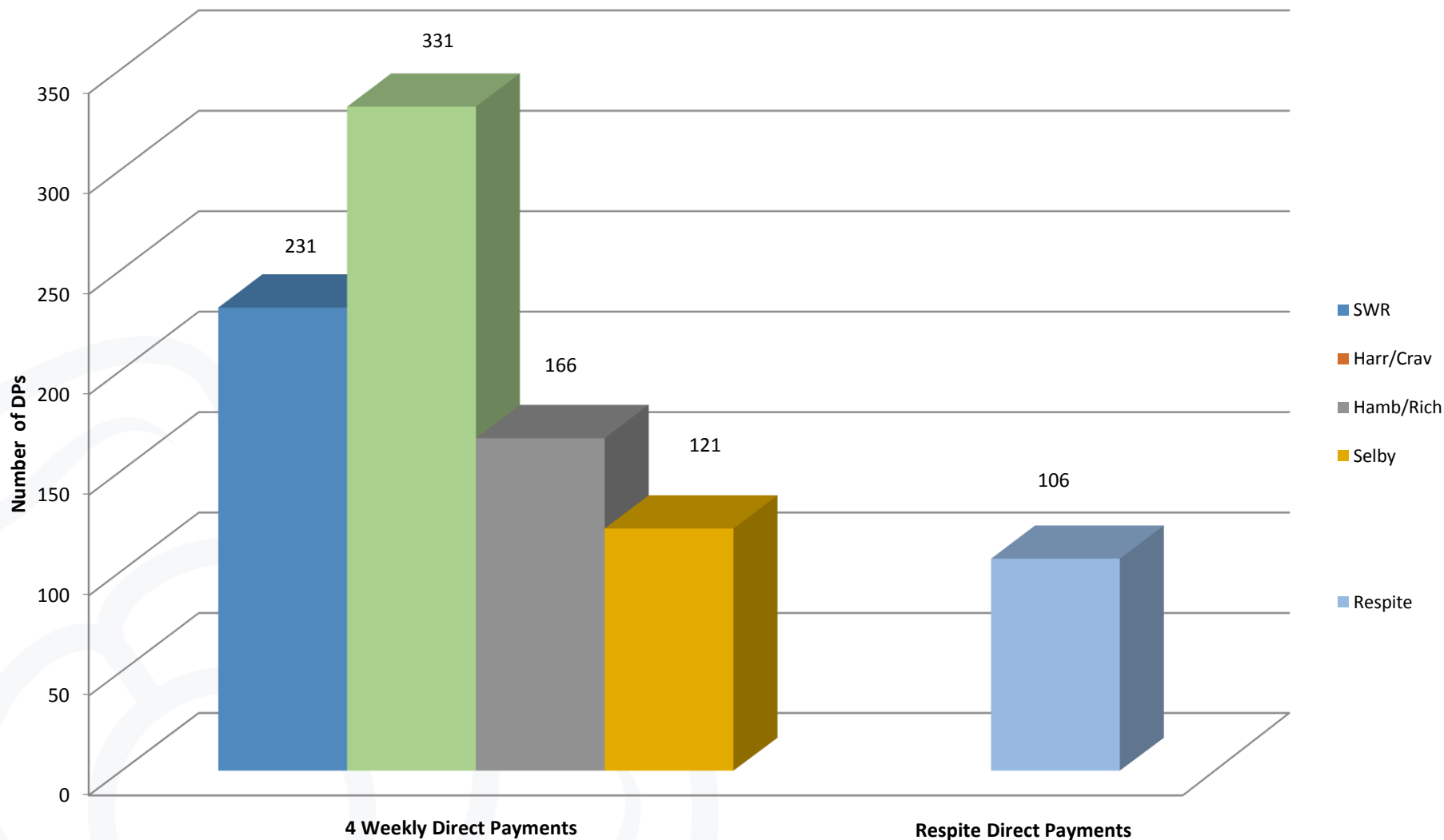
Comparative DP Performance -
Region 2017 - 2018



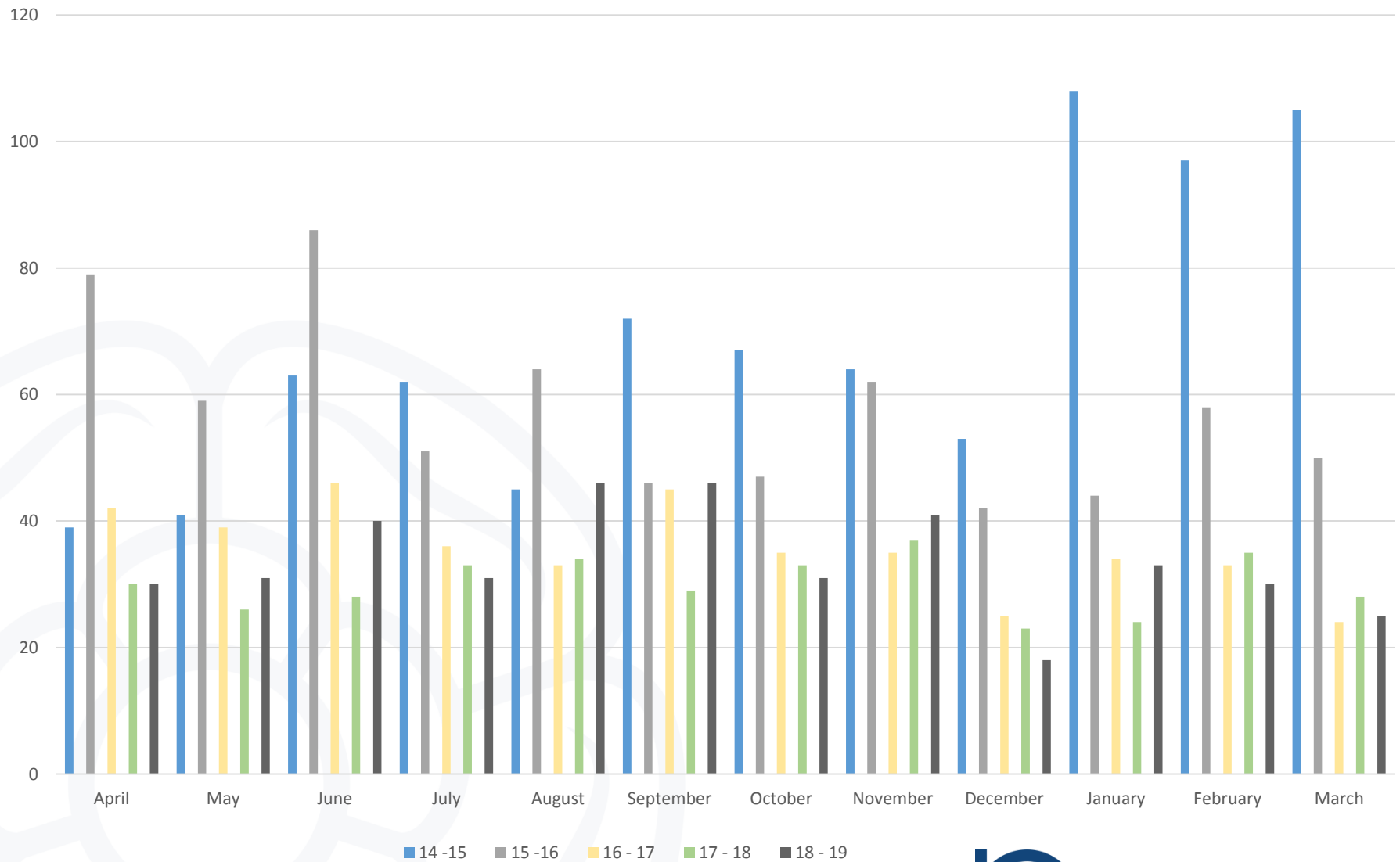
DP Performance by year



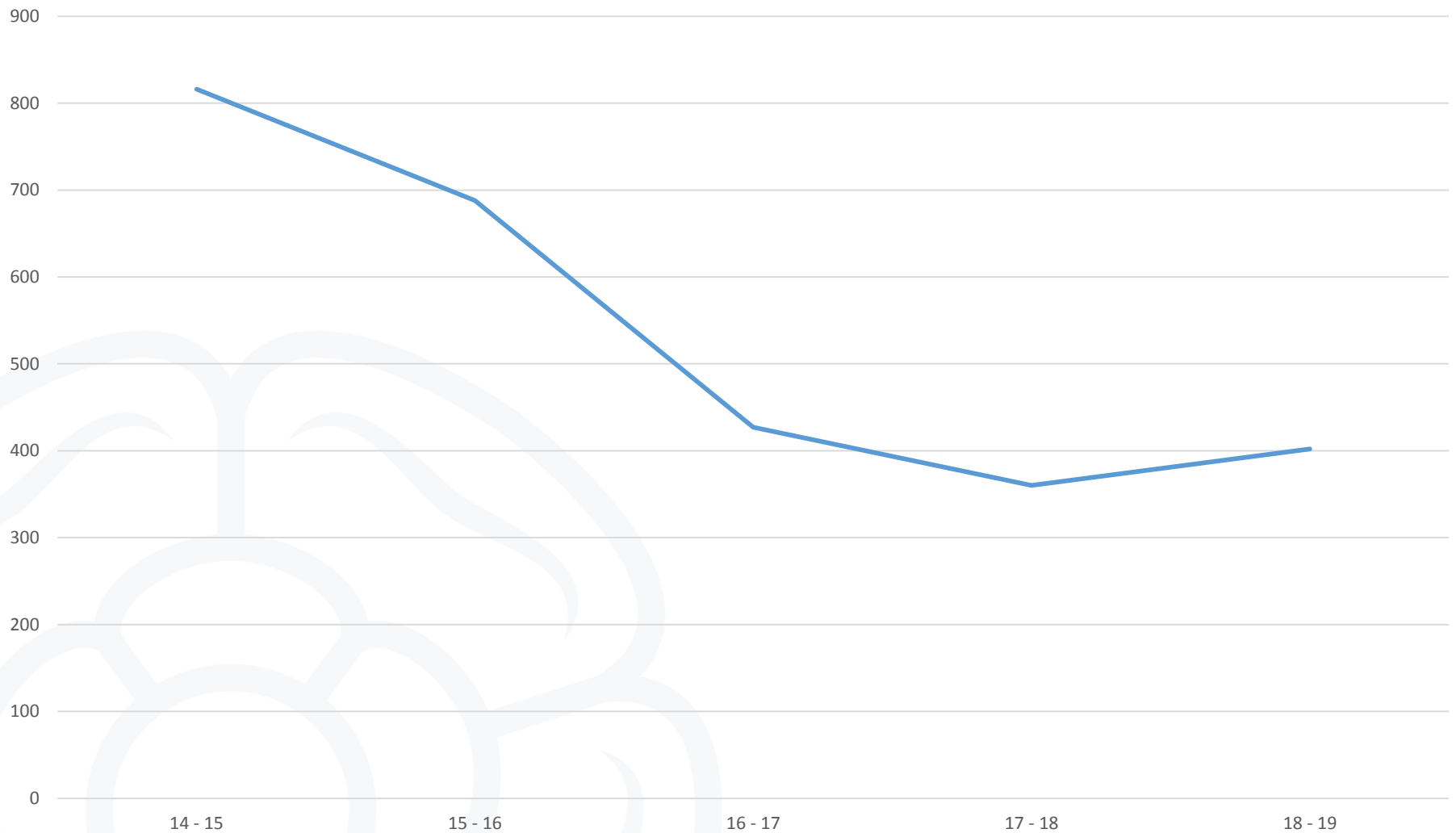
North Yorkshire County Council Direct Payments - April 2019



Monthly DP Requests for Involvement by year 2014 - 2019



Trend of DP Requests for Involvement Trend per annum 2014 - 2019



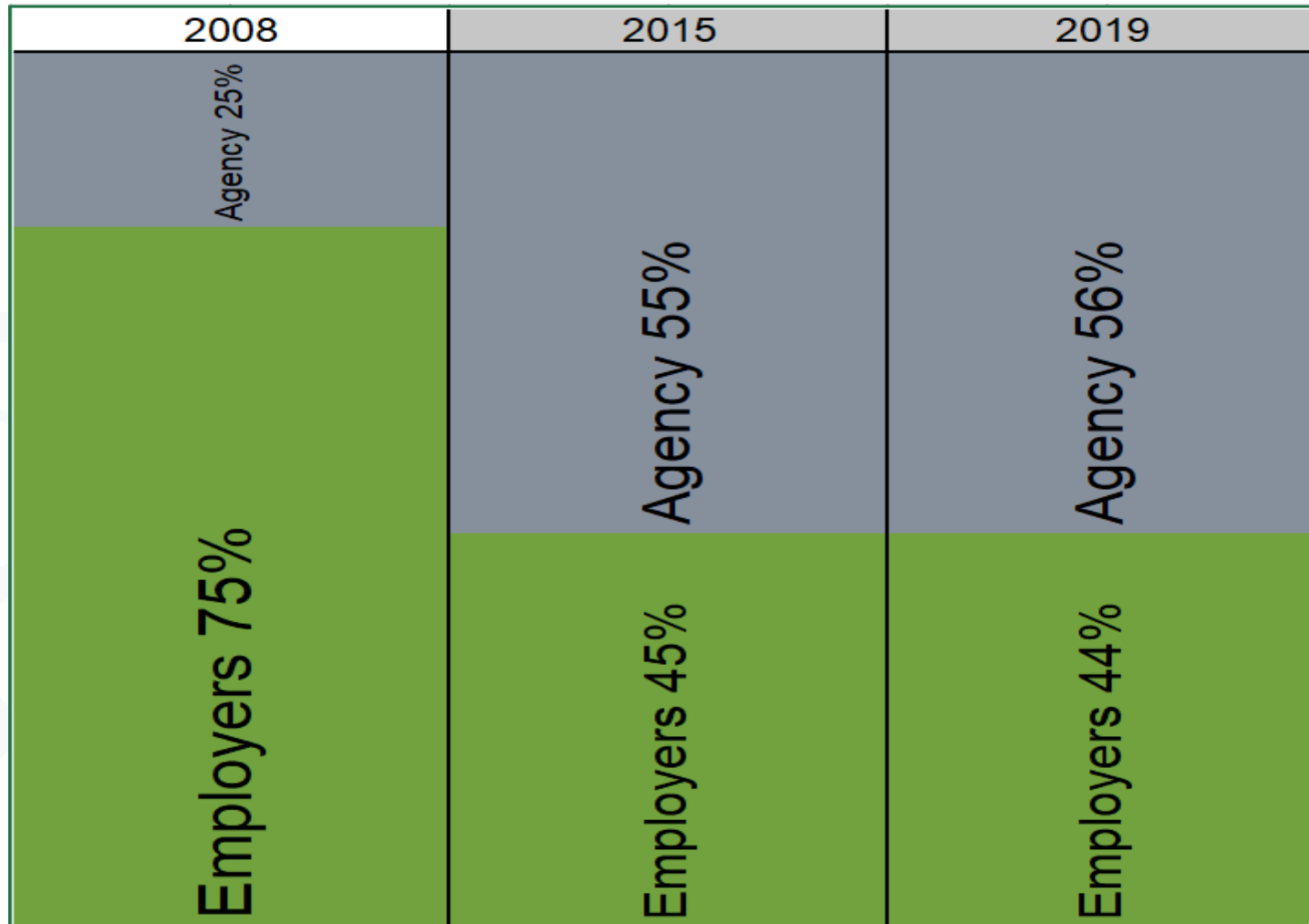
Direct
Payment up
take static
for last 3
yrs.

Little appetite
to support the
wide range of
choices and
high degree of
control.

No flexibility or
management
backing for
undertaking the
type of care and
support
planning that
helps people
make the most
of the resources.

Support being
put in place; is
largely home
care, residential
respite to help
carers get a
break, and
supported living

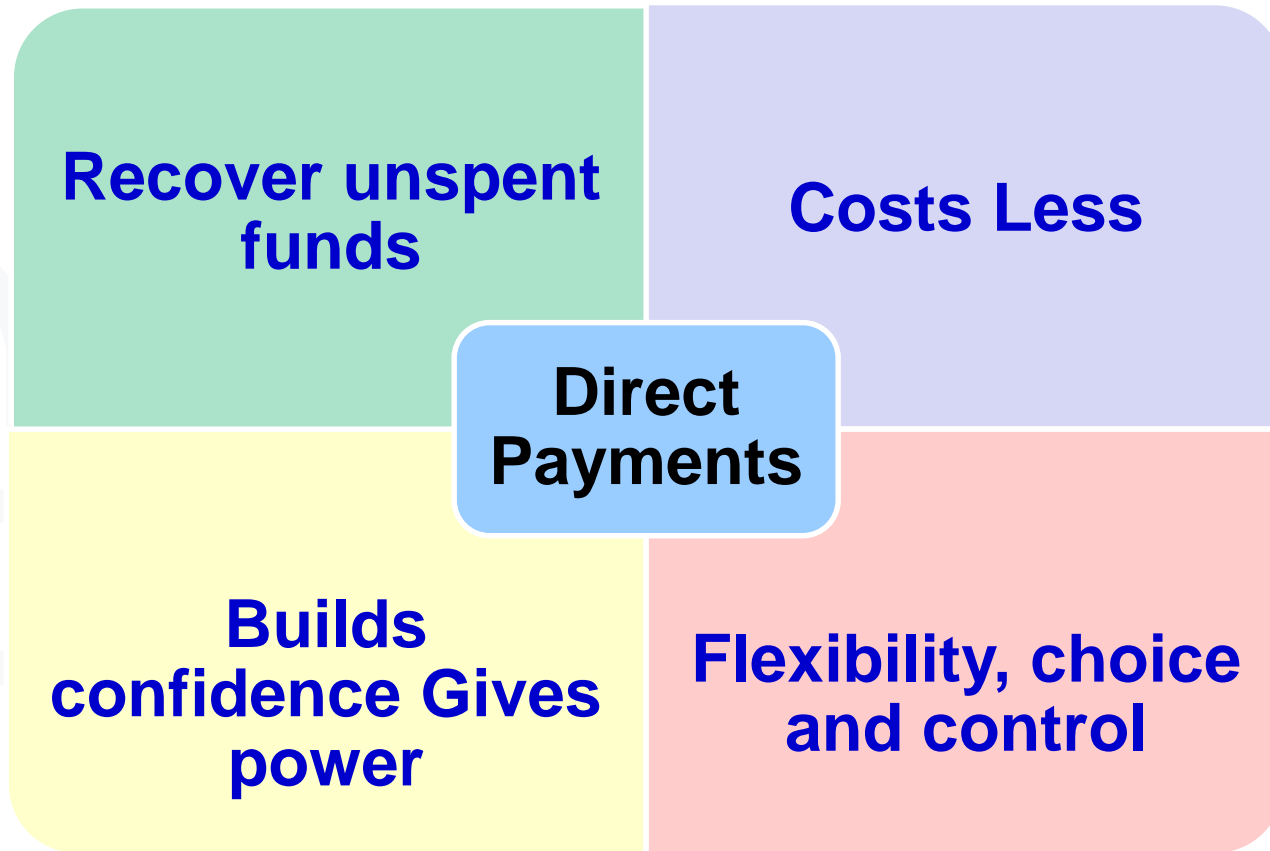
DP Employers v's DP Contracted



Operation & Practice Issues



Advantages of Direct Payments



Case Studies.

Leann

In 2010 Leann was diagnosed with Dystonia, a neurological movement disorder. She has had a series of surgeries to manage the symptoms, including complex brain surgery.

Leann has received a direct payment for a number of years to provide weekly support.

Case Studies



Abigail Bubb (Abi) is a young woman who was born with a physical disability, Arthrogryposis.

Abi's Life!



Sailing
Brownies
Friends
Adventure
Swimming
Family
Travelling
Social Work
Befriending
Craft
Tea
Gardening
Volunteering
Cooking
Student
Baking



Any Questions?



Care and Independence Overview and Scrutiny Committee

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 Details

Committee meetings	Thursday 27 June 2019 at 10am
	Thursday 26 September 2019 at 10am
	Thursday 28 November 2019 at 10am
	Thursday 5 March 2019 at 10am

Programme

BUSINESS FOR THURSDAY 27 June 2019			
Direct Payments	Take up of Direct payments as a part of personal budgets. Update on Directorate performance	How NYCC is ensuring that Direct Payments enable more choice and control over the support people receive and how their social care needs are met.	Chris Jones-King/Toya Bastow
Learning Disabilities	Progress against the HWB Strategy Understanding Co-production		Chris Jones-King/ Cara Nimmo/Abigail Barron
BUSINESS FOR THURSDAY 26 September 2019			
Annual Safeguarding Board Report	.	On hold. Difficulty encountered finding suitable dates	Sheila Hall and Sue Proctor

Health and Social Care Integration	Task Group Report - Final		Ray Busby
Budget position	Operational Actions overspend update	Assurance item	Anton Hodge
Short Breaks/respite review –	possible update and report of the findings of engagement sessions	More likely date for Short Breaks/respite review is the next committee meeting in November	Dale Owens
Mental Health – implementation and pathway	Probable approach more towards implementation and pathway rather than SBA work		Chris Jones-King
Living Well - evaluation	Possible link to Stronger communities item and social proscripting		Chris Jones-King/Cath Simms
Assistive Technology - Independent Living. To include reference to procurement	How NYCC uses Assistive Technology	Understanding and evaluation	Dale Owens/Mike Rudd
BUSINESS FOR THURSDAY 28 November 2019			
Short Breaks/respite review – possible news on engagement sessions	More likely date for Short Breaks/respite review		Dale Owens
Transfers of Care Annual update	Performance item		
BUSINESS FOR THURSDAY 5 March 2020			
Commissioned Services: The Provider perspective	Series managed dialogue/conversation with providers:	eg Wellbeing, Prevention and mental health contracts, Advocacy, Dementia Support	

Mid Cycle Briefings Dates – all at 10am

25 July 2019

Suicide prevention and audit

Support for Carers – in particular how we respond to pressures upon families. Preparation for committee item.

DoIS /LPS informal briefing

Harrogate Integrated Working

Primary Care Engagement -informal briefing?

31 October 2019

DPH Annual Report

Public Health grant review - priorities

Public Health Campaigns briefing

Reablement Prevent Reduce Delay current situation informal briefing

Local Account

Meeting Substance Misuse Providers

13 February 2020

Market Intervention and Residential Care/Domiciliary trade

Review in-house residential provision

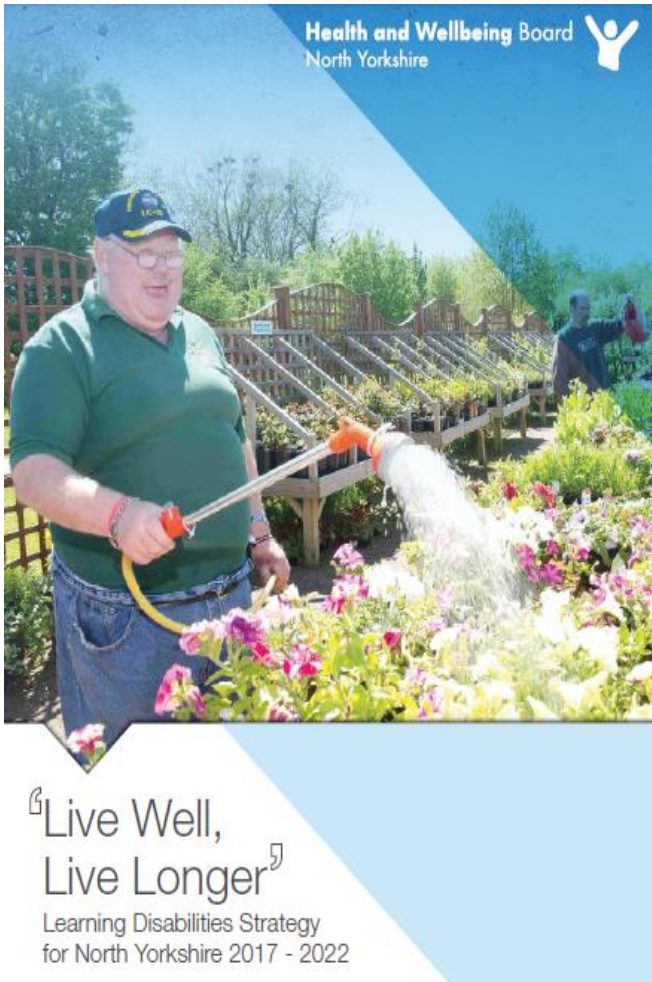
Extra Care Programme Update and overview

Supporting People With Learning Disabilities in North Yorkshire

June 2019

Learning Disability Lead for Health and Adult services

- Care and Support Portfolio : Cara Nimmo
Head of Craven Locality
- Practice Lead : Niki Benstead, Senior
Social Worker
- Commissioning Lead: Jonathan,
Commissioning Manager



- Launched in June 2017
- Created in consultation with people who have a Learning Disability in North Yorkshire
- A partnership approach between NYCC & NHS

Live Well, Live Longer – Learning Disabilities Strategy

Vision

People with a learning disability should have the opportunity to live long and healthy lives.

They should be supported to exercise choice in their daily lives, feel happy, safe and supported, be active and fulfil their potential, enjoy the best health and wellbeing possible and, be respected and treated with dignity

The national picture

A learning disability is different for every person who has one. There are some things that are true for everyone with a learning disability and some common (and not so common) conditions that will mean someone has a learning disability.

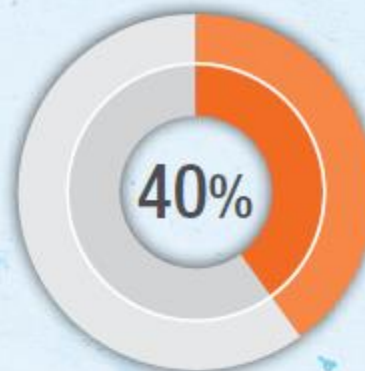
A learning disability reduces a person's ability to do some everyday activities - for example household tasks, socialising or managing money. These are challenges which affect someone for their whole life.

People with a learning disability may take longer to learn and need support to develop new skills, understand complicated information and interact with other people.

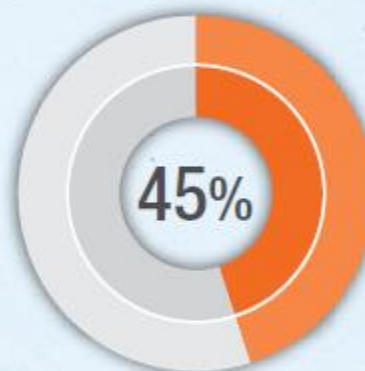
What does the data tell us?

How many people in the UK have a learning disability?

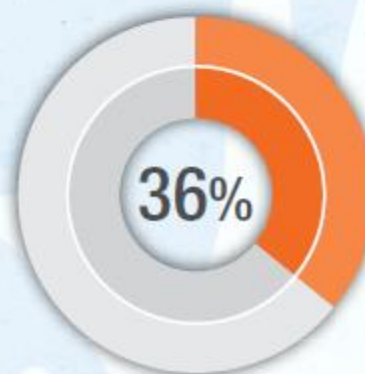
Approximately 1.5 million people in the UK have a learning disability. It was estimated that in England (in 2011) 1,191,000 people had a learning disability. This included 905,000 adults aged 18+ (530,000 men and 375,000 women).



40% of people with a learning disability also have physical and/or sensory impairments



Up to 45% of people with a learning disability may have a mental health condition



36% of children and young people with a learning disability also have a diagnosable psychiatric disorder and are 33 times more likely to be on the autism spectrum

The Local Picture

What does the data tell us?

How many people in North Yorkshire have a learning disability?

In North Yorkshire it is estimated there are 11,338 people with a learning disability aged 18-85. This is predicted to rise to 11,870 by 2030. Of these around 2,300 will have a moderate to severe learning disability, and will be likely to need services from North Yorkshire County Council and the NHS. Approximately 1,880 adults aged 16-64 are funded by and known to North Yorkshire County Council.



11,338

People in North Yorkshire aged 18-85 with a learning disability

There are approximately 2,300 people with a learning disability registered with GP practices across North Yorkshire. Because of the way this information is recorded, we believe this is an underestimation of the true number of people.



550

Young people aged 14-18 with a learning disability in North Yorkshire

The total number of young people with a learning disability aged 14-18 in North Yorkshire is approximately 550. On average annually just over 100 young people will 'move' from Children's Services to Adult Social Care, of whom over a third will have an array of complex needs and will also require support with their health needs.

There are 310 people with learning disabilities who also have autism known to North Yorkshire County Council.

There are some people who have complex needs and behaviours that challenge. There are currently 38 local people receiving a service as an inpatient in secure accommodation or from within an assessment or treatment unit. They may have complex learning disabilities and/or autism, together with mental health/substance misuse or another disorder. People in inpatient services may have behaviours which put themselves or the public at risk. Based on current experience, it is anticipated that two to three people will leave inpatient services each year.

North Yorkshire
County Council

Health inequalities for people with Learning Disability:

Data shows there are approximately 1.5 million people in the UK that have a Learning disability.

- *This includes 905,000 adults:*
- *530,000 men*
- *375,000 women*

National research tells us people with learning disabilities are more at risk of health problems. They are more likely to develop conditions such as:



- *diabetes,*
 - *sensory impairments*
 - *heart disease*
 - *respiratory problems.*
-
- *They are also at greater risk of developing dementia, particularly if they have Down's Syndrome.*



- **Health Inequalities cont..**



- *Findings from a 2013 inquiry into premature deaths of people with a learning disability found that on average:*

-  *men die 13 years sooner*  *women die 20 years sooner,*

than those without a learning disability.

- *It is estimated that as many as 1200 people still die avoidably each year.*
- *Lessons learned have indicated that people need to receive the health care they require in a timely way.*

Live Well, Live Longer – Learning Disabilities Strategy group

A strategy group has been set up to drive forward the ambitions of the strategy. Their priorities on the strategy are:

- Personalisation and Choice
- Prevention, Early Help, Support and Care
- Right Care In The Right Place
- Empowerment and Enablement
- Preparing for Adulthood
- Caring for Carers

The strategy group meets 2 monthly and includes a range of stakeholders from different organisations (including NHS). It has formed an action plan with timescales and named individuals to lead on each action.



Learning Disability Partnership Board

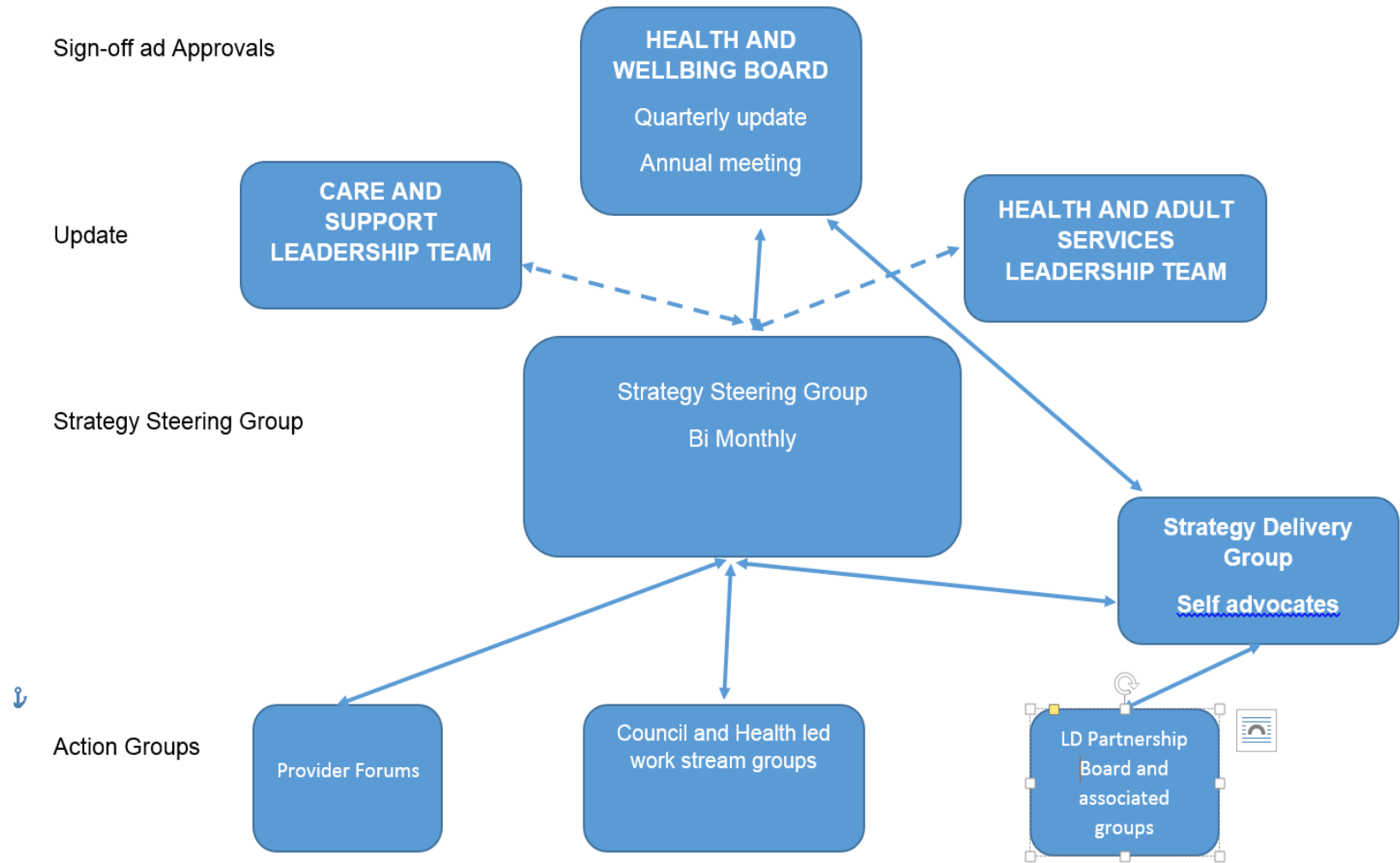


This group meets quarterly and includes Self Advocates from each area of the County.

- Set up own Strategy Action
- Group where Self Advocates
- Are helping us deliver the
- Strategy through their own
- Actions.



Live Well Live Longer Governance Structure



Practice update

- Since April 2017 assessment staff throughout the whole of Adult social care pathway work with and support adults with Learning Disability.
- This ensures adults with Learning Disability are supported by Care Act compliant practice , and are encouraged to maintain maximum independence, choice and control in their day to day lives.
- Practice advisors for learning disabilities are based in locality teams to support staff to achieve best outcomes for people

Strength Based Assessment – Supported Living

A programme of work was started in September 2018 to provide a strength based assessment for all adults with Learning Disability, residing in supported living accommodation. The aim is to focus on individuals strength's and promote maximum independence.

We are also taking the opportunity to improve the information we hold around the properties which are used for Supported Living and the care that is provided to inform decisions around the future commissioning arrangements for this provision.

Across the County there are around 200 Supported Living properties, housing over 500 people, so its essential that we ensure services and properties are good quality and provide value for money.

New Supported Living Model in North Yorkshire

We are currently working on the development of a new Supported Living 'model' in North Yorkshire.

This will take the learning from Strength Based Assessment project and look at developing a new commissioning model that improves quality, consistency and availability of Supported Living across North Yorkshire. Work is already underway and will continue into 2019

Transitions pathway update

- New pathway for young people transitioning from Children's social care to Adult social care introduced this year.
- This means that for Adult social care will work alongside children's social care from the age of 16, to support the young person with LD/Autism and their family.
- This will enable the young person to have the right support, from the right professional and the right time, to prepare the young person for adulthood.

