

## **Agenda**

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

**Venue: Brierley Room, No 3 Racecourse  
Lane Northallerton DL7 8QZ**

**Date: Thursday 5 March 2020 at 10am**

The Brierley Building (main County Hall building) is closed now until July 2020. All Committee meetings will be held in either No. 1 or No. 3 Racecourse Lane, Northallerton, DL7 8QZ. Please note the venue above for the location of this meeting. Please report to main reception which is located in No. 3 Racecourse Lane

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### **PLEASE NOTE START TIME OF MEETING**

#### **Business**

- 1. Minutes of the meeting held on 28 November 2019** (Pages 5 to 7)
- 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 2 March

2020. 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.

		<i>PROVISIONAL TIMINGS</i>
4.	<b>Chairman's remarks - Any correspondence, communication or other business brought forward by the direction of the Chairman of the Committee. (FOR INFORMATION ONLY)</b>	<i>10-10.10am</i>
5.	<b>Social Prescribing</b> – Community First Yorkshire to lead. Agreed Work Plan attached. <b>(Pages 8 to 9)</b>	<i>10.10- 11am</i>
6.	<b>Market intervention</b> - Presentation by Dale Owens, Assistant Director of Health and Adult Services <b>(Pages 10 to 19)</b>	<i>11 – 11.30am</i>
7.	<b>Health and Adult Services Local Account</b> – Report by Louise Wallace, Assistant Director Health and Integration, Commissioning (HAS) <b>(Pages 20 to 47)</b>	<i>11.30-11.50am</i>
8.	<b>Health and Social Care Integration</b> – The Scrutiny Team Leader will report	<i>11.50am -12noon</i>
9.	<b>Work Programme</b> - Report of the Scrutiny Team Leader <b>(Pages 48 to 53)</b>	
10.	<b>Other business which the Chairman agrees should be considered as a matter of urgency because of special circumstances.</b>	

Barry Khan  
Assistant Chief Executive (Legal and Democratic Services)

County Hall,  
Northallerton.

24 February 2020

NOTES:

Emergency Procedures for Meetings

Fire

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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

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

## 2. Substitute Members

<b>Conservative</b>		<b>Liberal Democrat</b>	
	<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	
<b>NY Independents</b>		<b>Labour</b>	
	<i>Councillors Names</i>		<i>Councillors Names</i>
1		1	COLLING, Liz
2		2	
3		3	
4		4	
5		5	

**North Yorkshire County Council**

**Care and Independence Overview and Scrutiny Committee**

Minutes of the meeting held on Thursday 28 November 2019 at 10.00am at County Hall, Northallerton.

**Present:-**

County Councillor Karin Sedgwick in the Chair.

County Councillors: Philip Broadbank, Eric Broadbent, Mike Chambers MBE, John Ennis, Caroline Goodrick, Helen Grant, David Jeffels, Andrew Jenkinson, Stanley Lumley, John Mann and Cliff Trotter.

Jill Quinn (Dementia Forward).

In attendance:

County Councillors Caroline Dickinson (Executive Member for Adult Social Care) and Andy Paraskos (Older Peoples Champion).

Officers: Ray Busby (Scrutiny Support Officer), Dale Owens

Apologies:

County Councillor Stuart Martin MBE.

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

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

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**207. Minutes**

**Resolved –**

That the Minutes of the meeting held on 26 September 2019 having been printed and circulated, be taken as read and be confirmed and signed by the Chairman as a correct record.

**208. Declarations of Interest**

There were no declarations of interest to note.

**209. 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.

**210. Chairman's Remarks**

The Chairman updated members on changes to the work programme she had agreed to.

## **211. Carers Transformation**

### **Considered**

Presentation by Dale Owens, Assistant Director Assistant Director of Commissioning & Quality, Health and Adult Services on the Strategic plan for the transformation of carers offer across North Yorkshire.

Dale Owens advised on how far we have progressed since the launch of the Caring for Carers' Strategy 2017-2022 in 2017. Our current offer is geared up to meet the strategy's objectives, but work is planned upon some areas:

- Improving information and advice.
- Enabling carers to take a break.
- Improving carers health and wellbeing.
- Enhancing financial wellbeing.
- Involving carers as experts.
- Improving identification of carers.

Dale agreed to provide information on the capacity Sitting Service Scheme

Members liked the process for reviewing the strategy, the coverage of the planned consultation events and the project's robust governance arrangements. The committee will look to play its part. We will be particularly interested to hear about how support is provided through respite and short breaks provision.

### **Resolved –**

- a) That the report be noted.
- b) The Chairman report the committee's positive conclusions in her statement to council.

## **212. Report of the Older Peoples Champion**

### **Considered –**

Joint Report by Councillors Andy Paraskos and Karin Sedgwick illustrating how the Older Peoples Champion role can celebrate the ways we support and encourage active, independent and healthy lives for older people.

### **Resolved -**

That the report be noted.

## **213. Health and Social Care Integration**

Ray Busby reported on the disappointing progress compiling the report of the task group on Health and Social Care Integration.

### **Resolved –**

That the update be noted.

- c) The Chairman report the committee's positive conclusions in her statement to council.

**214. Work Programme**

**Considered -**

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

**Resolved -**

That the work programme be agreed.

The meeting finished at 11.20am

## Care and Independence Overview and Scrutiny Committee

5 March 2020

## Social Prescribing

<b>Committee meeting date</b>	<b>Thursday, 5 March 2020</b>
Report or presentation	Leah Swain (Community First) will lead the discussion assisted by VCS Health Partnership Manager, Dewi Winkle. Cath Simms (Living Well) and Marie-Ann Freed (Stronger Communities will contribute)
The question that the committee is trying to answer	<ul style="list-style-type: none"> <li>• <b><u>Does social prescribing work?</u></b></li> <li>• <b><u>Is it effective?</u></b></li> <li>• <b><u>How is it being approached in NY</u></b></li> <li>• <b><u>What effects does it have?</u></b></li> <li>• <b><u>What does it cost?</u></b></li> </ul>
Background	<p>Social prescribing, sometimes referred to as community referral, is a means of enabling GPs, nurses and other primary care professionals to refer people to a range of local, non-clinical services.</p> <p>Recognising that people's health is determined primarily by a range of social, economic and environmental factors, social prescribing seeks to address people's needs in a holistic way. It also aims to support individuals to take greater control of their own health.</p> <p>Social prescribing schemes can involve a variety of activities which are typically provided by voluntary and community sector organisations. Examples include volunteering, arts activities, group learning, gardening, befriending, cookery, healthy eating advice and a range of sports.</p> <p>There are many different models for social prescribing, but most involve a link worker or navigator who works with people to access local sources of support</p> <p>Social prescribing is part of the NHS Five Year Forward View</p>
Key points that the committee would like to cover	<ul style="list-style-type: none"> <li>• The extent of social prescribing in NY</li> <li>• Link work, arrangements and protocols between the prescriber and the prescription</li> <li>• Who are the partners and organisations currently involved in the development and provision of social prescribing services?</li> <li>• What types of activities and interventions are provided, and how many people are being referred?</li> <li>• What types of problems is social prescribing commonly used for?</li> <li>• Which groups of people tend to be most commonly referred?</li> </ul>



	<ul style="list-style-type: none"> <li>• What is the potential for expanding social prescribing? For which problems and groups of people could it play more of a role?</li> <li>• What further partners and organisations could be involved in the development and provision of social prescribing?</li> <li>• What is the capacity of local partners and organisations to provide these and more services? What challenges are they facing?</li> <li>• The effectiveness of social prescribing so far - the NY experience compared</li> <li>• For which problems and groups of people has social prescribing been used most effectively?</li> <li>• How are the outcomes of activities and interventions captured and measured?</li> <li>• How is the effectiveness and efficiency of social prescribing schemes evaluated?</li> <li>• The gaps in social prescribing coverage - is the whole community being considered.</li> </ul> <p>Depending on the level of interest, afterwards there might be some benefit in members holding a series of less formal conversations with VCS organisations involved in the provision of or referral to activities about what they are doing, how they are getting on, and so on.</p>
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**DANIEL HARRY**  
**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](mailto:ray.busby@northyorks.gov.uk)

26 February 2020

# Care & Independence Overview and Scrutiny Committee

Market Intervention

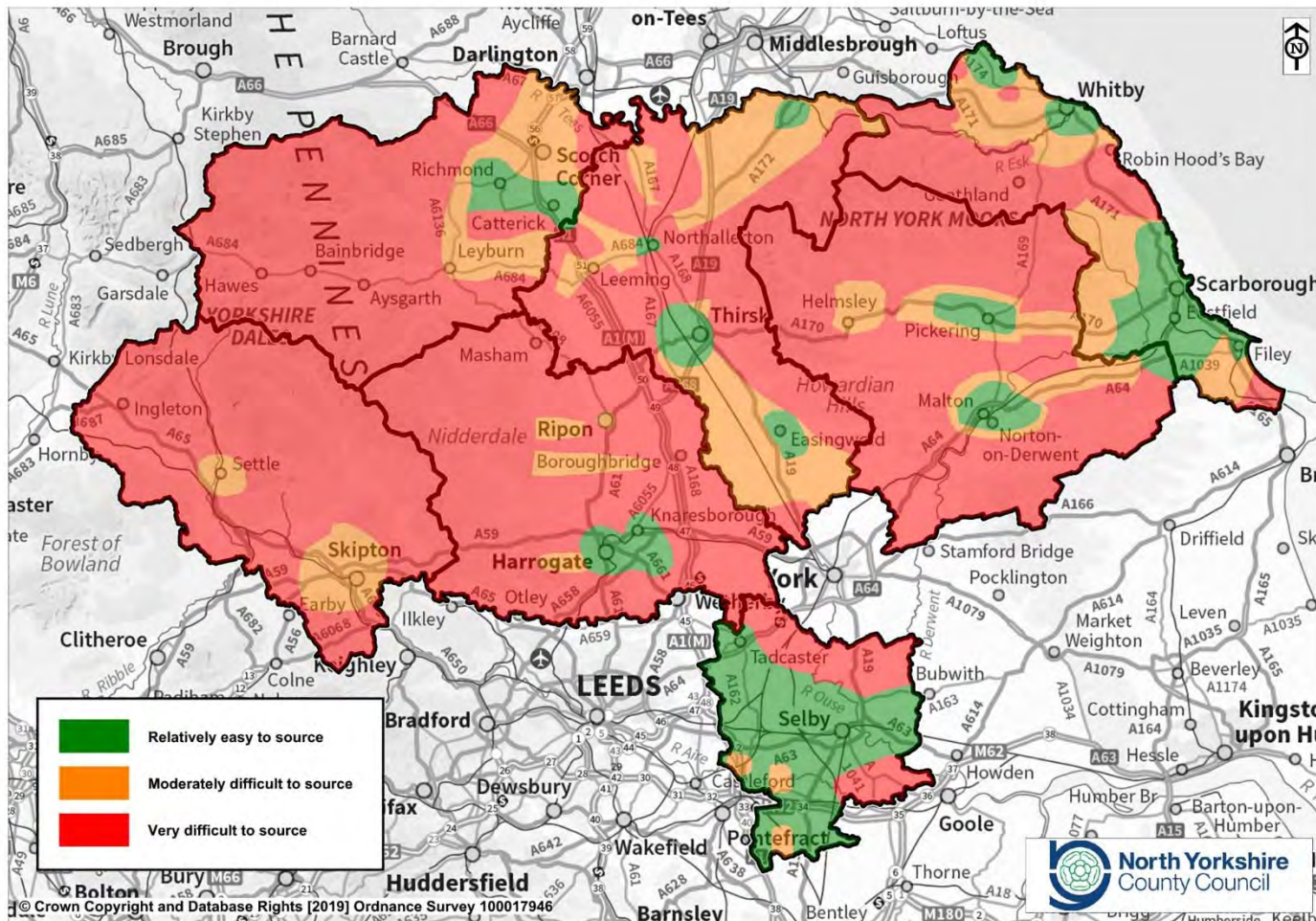
**Dale Owens**  
**Assistant Director, Commissioning & Quality**

# Our Market Shaping Responsibilities

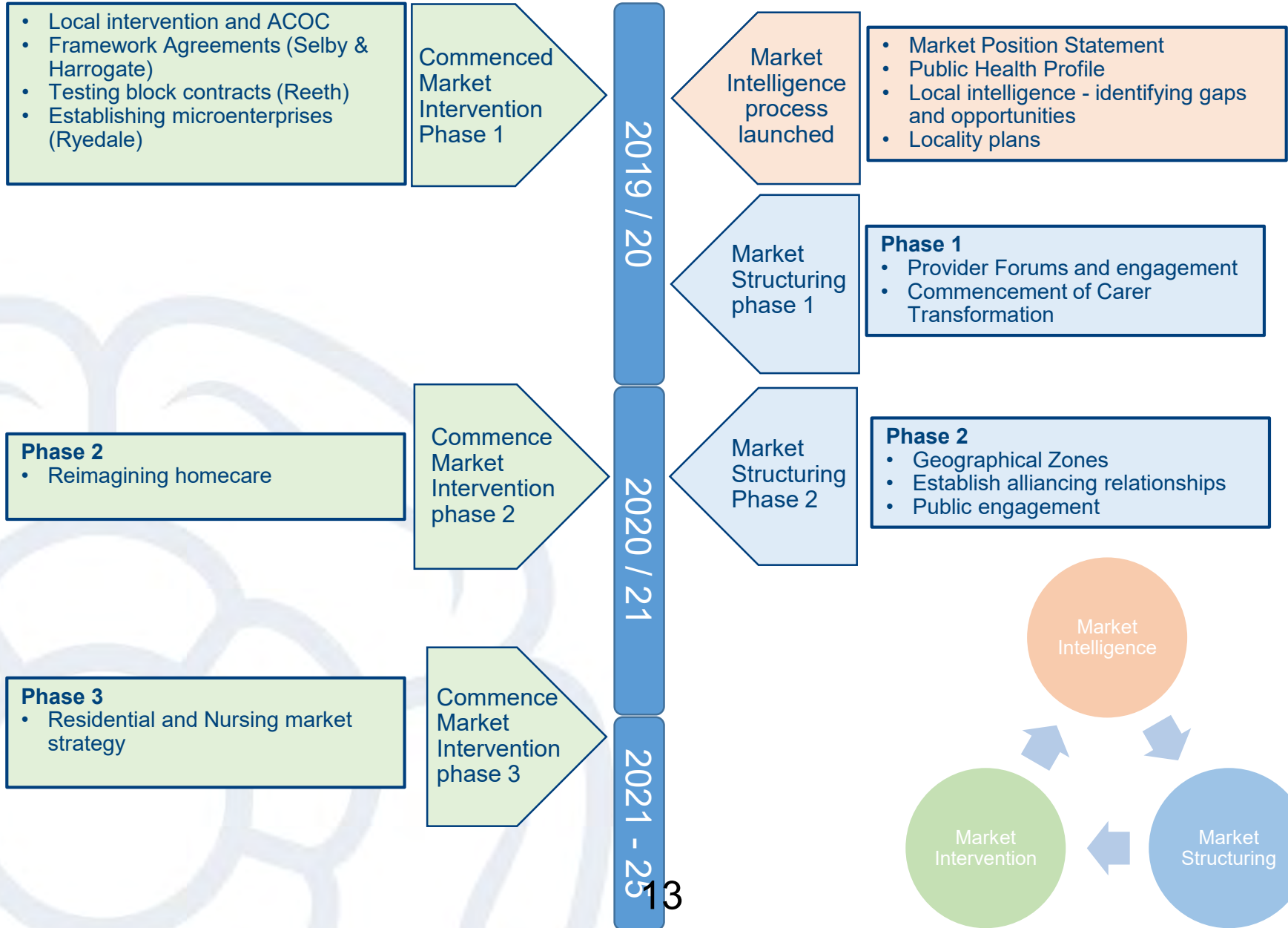
Within the Care Act we are required to:

- Focus on outcomes and wellbeing
- Understand market and facilitate development
- Have strategies that assess and meet local need
- Promote quality services, including through workforce development, remuneration and appropriately resourced care and support
- Support sustainability
- Ensure choice
- Co-production with partners and stronger voice of users and carers
- Provide people with meaningful choice regardless of who pays for it – covers whole market

# Market Heat Map – September 2019



# Market Development Programme



# Understanding the market - the Mazars Report

- Local intervention
  - the Cost
  - Capacity vs choice
  - Quality of provision and CQC action
  - Workforce pressures
  - Estate/premises
  - Shortage of nurses
  - Deregistration of homes
  - Needed robust evidence base

# Supported Living in the future

To address this we are working on developing a new 'Supported Living Model' which will address the commissioning of:

- Housing Development
- Ongoing Housing Management
- Wrap around Care

Some of the key benefits of this work will be:

- Better outcomes for vulnerable people (both in terms of care and housing)
- More housing options for people with disabilities
- Savings in terms of care costs and housing costs to the public purse by housing people in the accommodation which is most appropriate for them
- A housing stock fit to meet the future needs of people
- Freeing up housing stock for other uses
- More influence over the market to meet need, rather than commercial targets
- A wider range of housing options will be built as need information is developed

# What is Supported Living?

- Different to Supported Housing/Accommodation and Residential or Nursing Care Homes
- Its usually a shared house or cluster of properties (e.g. apartments), where the person has a tenancy and there is also a significant, flexible, presence from a care provider (which may be shared between tenants).
- Properties are often specially adapted or purpose built to be disability friendly





# What is Supported Living?

- There are around 200 Supported Living properties in North Yorkshire, housing around 500 people
- There are a wide range of care and housing providers
- Most properties have not been specifically commissioned by NYCC or District/Borough Council's, the market place has grown organically
- In most instances the Housing Costs are paid through the Housing Benefit system and qualify as 'exempt rent'
- North Yorkshire County Council spend in excess of £20 Million per year on care and support packages for people living in Supported Living

# Current Work

We are undertaking a review of all Supported Living properties in North Yorkshire, providing a new social care assessment for tenants and improving the information we hold.

So far we are finding:

- Properties are often low quality or not fit for purpose
- A number of properties are poorly located
- Tenants are often being charged very high levels of rent/service charge
- Some care packages are artificially high to compensate for inappropriate housing
- Expectations of accommodation for younger people with disabilities are increasing

We believe this is going to lead to an increased demand for new Supported Living properties and a decrease in some of the existing stock.



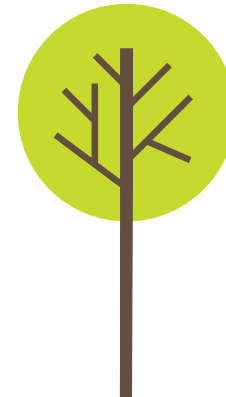
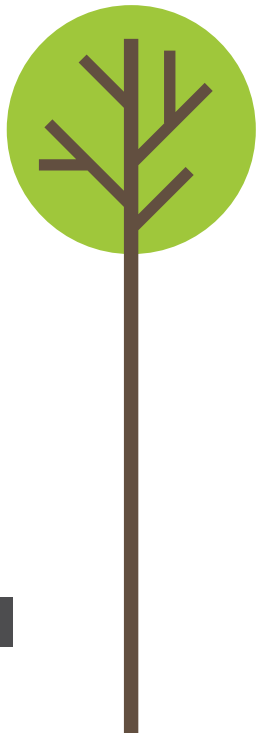
# Health and Adult Services Local Account 2018-19





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# Introduction

**This is the Local Account for North Yorkshire Health and Adult Services for 2018/2019. It is an account of what we have done to support people across the County during last year; how we have invested public money and what we aim to do in 2019/2020.**

The main focus of this report is Adult Social Care, however Health and Adult Services includes Public Health and this report should be read in conjunction with the Director of Public Health's Annual Report available on the following link.

[www.nypartnerships.org.uk/DPHAR](http://www.nypartnerships.org.uk/DPHAR)

During 2018/19 we have continued to implement our new model of social care that is aimed at offering support to people who need it. It is based on preventing, reducing and delaying when people need social care. The model has a strong focus on prevention. Support is offered through focusing on what people can do and through their local communities. We work with people to focus on what individuals can

do to maximise their opportunities to remain independent. We aim to offer care and support where people live, ideally in their own home or within their own community.

Much of our work is undertaken in partnership with other agencies such as care providers, the NHS; District and Borough Councils, Police, Fire Service, community and voluntary sector organisations.

We would like to thank everyone who works across the service and to individuals and communities who work with us. We hope that you will find this report interesting and helpful.



**Cllr Caroline Dickinson**  
Executive Member  
Public Health, Prevention  
and Supported Housing



**Cllr Michael Harrison**  
Executive Member  
Adult Social Care and  
Health Integration



**Richard Webb**  
Corporate Director  
Health and Adult Services



# Section 2

## Who we are and what we do

North Yorkshire is England's largest county. It has some urban areas and is also highly rural. We serve a total population of 614,500 people with 149,000 people (24.2%) over the age of 65 years. North Yorkshire is the retirement destination of choice for many people and this has clear implications as the population ages.

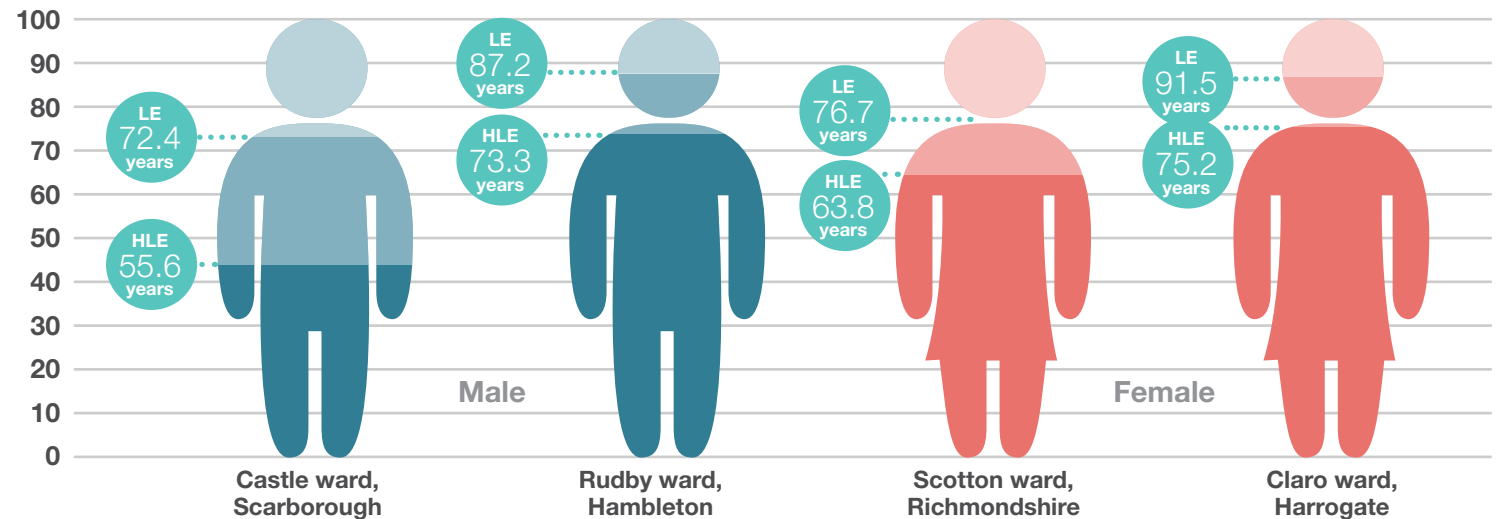
At 80.6 years for men and 84.2 years for women, life expectancy is better than the England average meaning there are many people living into their 80s. However, there is a gap between the least and most deprived

communities of around 5.6 years for men and 4.3 years for women. Wider gaps can be seen between wards and in the absolute gap between the least and most deprived neighbourhoods.

The chart below shows, for males, healthy life expectancy in Rudby ward, Hambleton is higher than overall life expectancy in Castle ward, Scarborough.

### Healthy life expectancy (HLE) and life expectancy (LE) by gender, 2009-13

Health state life expectancy by 2011 Census wards in England and Wales



### Population forecasts suggest significant increases in older age groups. By 2041:

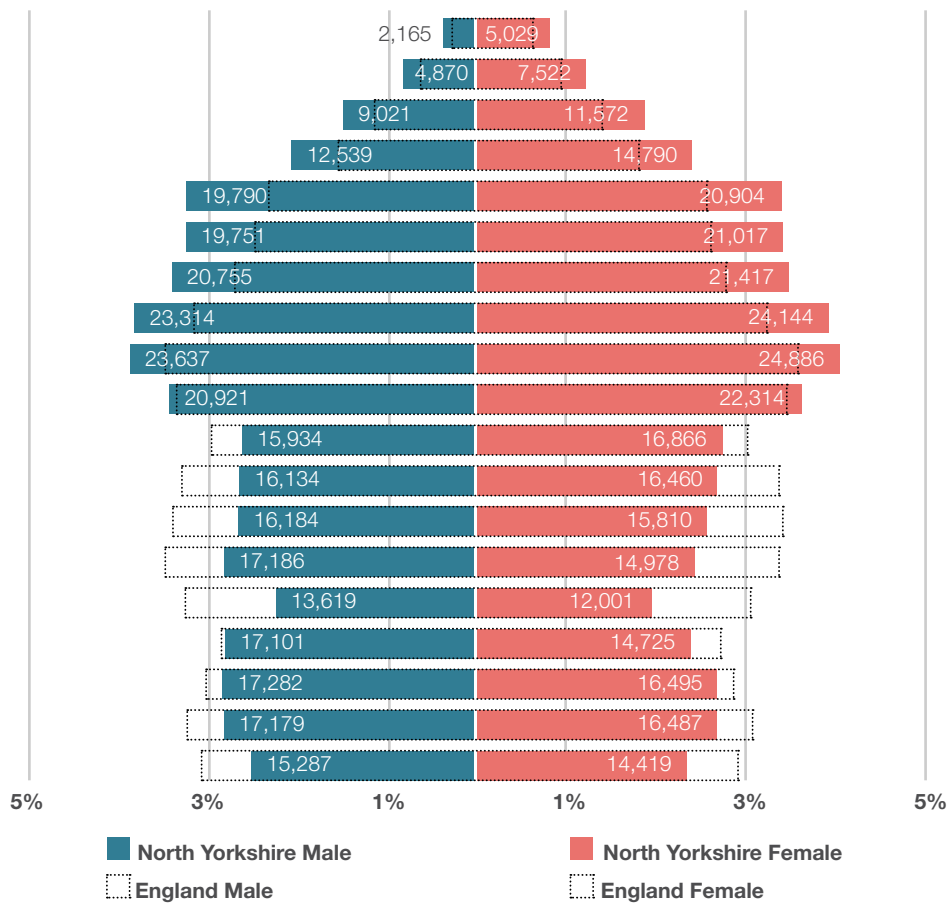
- the largest population groups will be aged 70-79, compared with 50-59 at present;
- 211,400 people (33.6% of the total population) will be aged 65+, up from 149,000 in 2018, a 42% increase in numbers;
- 76,700 people (12.2%) will be aged 80+, up from 40,200 in 2018, a 91% increase in numbers;
- Those aged 90+ will more than double from 7,200 to 18,300.

An ageing population is a positive: many older people are the glue of our communities, caring for younger and peer generations and

providing a bedrock of volunteers, however advanced age does bring with it greater likelihood of physical and mental frailty.

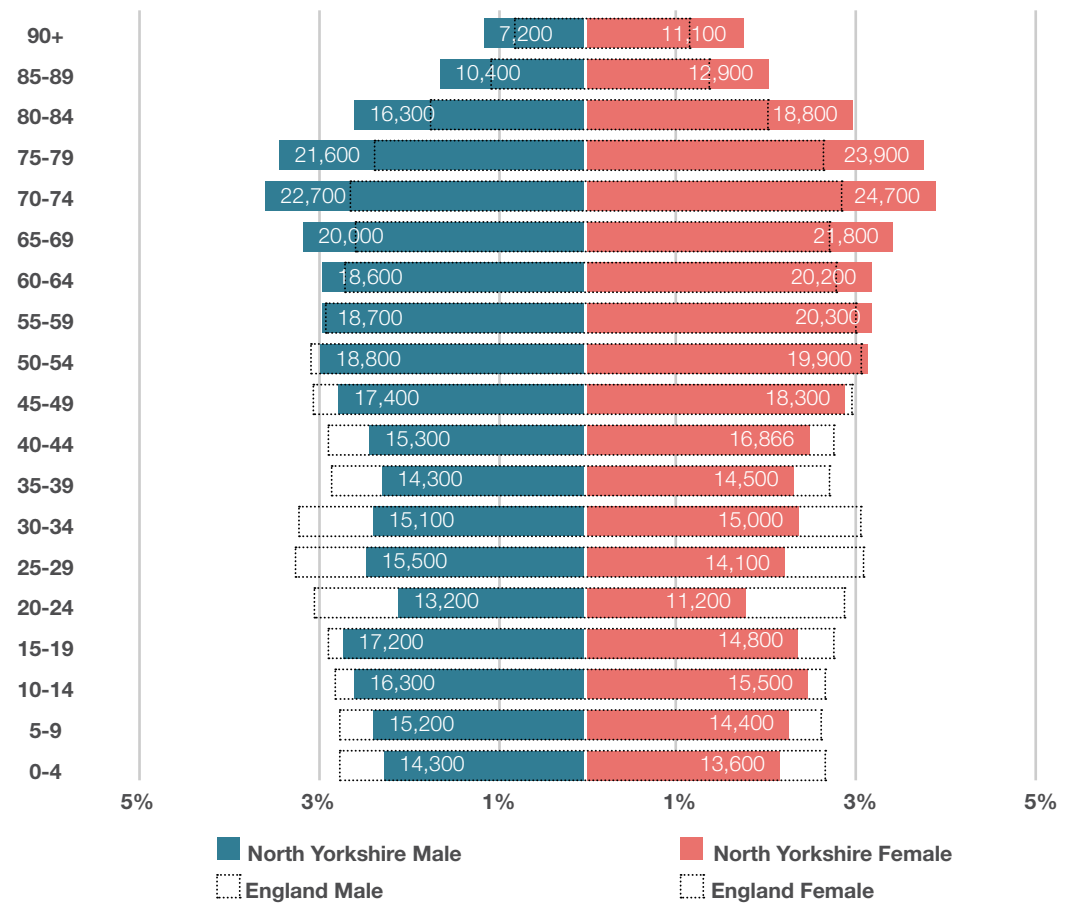
## Age profile, North Yorkshire

ONS mid-year population estimates 2018



## Projected age profile, North Yorkshire, 2041

ONS 2016 population projection





**We are among the least deprived Local Authorities in England, ranked 126th most deprived out of 152 upper tier local authorities for the overall Index of Multiple Deprivation (IMD 2015). However, Scarborough continues to be the most deprived district in North Yorkshire, ranked 82nd most deprived out of 326 lower tier local authorities.**

**Based on the most recently published comparative data<sup>1</sup>, our strengths are:**

- Low placement of adults aged 18-64 into residential and nursing care.
- A high proportion of adults with a learning disability in paid employment.
- A high proportion of adults with learning difficulties who live in their own home or with family.
- A high proportion of adults in contact with secondary mental health who are in paid employment.

**Our areas for further development are:**

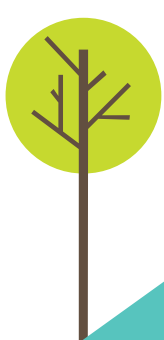
- A low proportion of people using social care who receive direct payments.
- A low proportion of carers who receive direct payments.
- Road safety continues to be a challenge and we continue to work with the '95 Alive' campaign to further reduce road deaths.

We work closely with 5 (soon to be 3) Clinical Commissioning Groups, 4 main Acute and Community NHS Trusts and 2 main Mental Health NHS Trusts, in excess of 70 GP practices and 7 borough and district councils. There is one Sustainability and Transformation Plan footprint in Humber Coast and Vale, and one Integrated Care System in West Yorkshire and Harrogate.

We commission public health and social care services from a range of providers including the NHS. We are also a significant provider of social care services, in part because we are often the only viable provider in areas where the market is fragile. Building social care market capacity continues to be a key priority going forward.

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<sup>1</sup> 2017/18 Adult Social Care Outcomes Framework and 2018 Public Health Profile



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<sup>1</sup> 2017/18 Adult Social Care Outcomes Framework and 2018 Public Health Profile

# Section 3

## What we did in 2018/19

### Care and Support

There have been 2,878 contacts to the Living Well service during 2018/19. This is an increase of 11% from the previous year with a significant increase in referrals from Primary and Secondary Care. This has diverted referrals away from Independence and Planned Care Teams. We have also developed the Supported Employment Service, as part of Living Well.

We also participated in the Safe and Connected trial with Royal Mail as part of the Government's Loneliness Strategy to deliver early intervention to people in Whitby.

We have been working to develop an improved offer for carers within North Yorkshire. An Implementation group has been working to deliver actions identified in the Carers Strategy, launched early 2018. This has included working in partnership to improve early identification of carers; to provide an initial response to enquiries and offer more carers assessments. We have re-commissioned our carers respite sitting services. We have been exploring new ways to build carers' influence into planning and delivery of the carers' offer at different stages of their caring journey. However, we plan to work more closely with carers in the coming years to look at how we can support people better.



Our care pathway has a focus on prevention to help people live well and remain independent for as long as possible. Our Reablement Delivery Teams continued to help people regain their independence with over 83.1% of people not requiring any care and support 90 days after their reablement support has ended.

This year we participated in an LGA/ADASS Adult Social Care Peer Review with a focus on the use of resources. This was a positive review which endorsed our investment in prevention. As in all reviews, there were areas of development identified and we have been working to build on our current performance to make further improvements. Likewise, our LGA/ASPH Public Health peer review commended our work and prevention.

## Mental Health

Over the last year, the mental health service has been working to develop a distinct social care mental health offer to the people of North Yorkshire. In May 2019, we implemented the new social care pathway with the NYCC social care staff relinquishing care coordination responsibility to enable them to work alongside health colleagues to provide holistic approach for people receiving mental health support. We have worked to develop the prevention offer, by widening the service criteria to be able to support people in receipt of both primary care and crisis services and increase the offer into the inpatient services to support effective discharge planning and ongoing support in the community where required. The AMHP (approved mental health professional) model has been developed to support a more consistent approach across the county when a request for a Mental Health Act assessment is received ensuring a timely and appropriate response.



## In-house Provider Services

This year has been an exciting and busy year for our in-house provider services. We have invested in both additional staff and building improvements at 5 Whitby Road, Pickering to enable the development of 10 beds for people living with dementia.

Benkhill Lodge won an award for the efficiency category as part of the Innovations Award for their Step up Step Down work in supporting preventing avoidable hospital admissions.

In relation to our CQC rating 25 out of 39 services were inspected within the last 12 months. 24 have been rated as Good, 1 rated “Requires Improvement.” Where there have been areas for improvement we have developed action plans and we aim to improve our rating at the next inspection.



This year we have also introduced an online customer survey – the initial draft report indicates an overall rating of 4.5 out 5 stars. This will be available on the NYCC website.



## Seasonal Flu vaccination for frontline care staff

Residential and domiciliary care staff will be eligible to receive a free vaccine through the national programme.



In the last flu season teams were asked to collate data on uptake, and 1,092 members of staff informed us whether or not they had the vaccine. Of these 453 (41.5%) reported having had the vaccine. We are planning to increase uptake further by recruiting flu champions in teams and providing additional options for staff to access the vaccine. A communications campaign will also be delivered to encourage uptake.



## Workforce

We have continued to try innovative approaches to attract people to a career in care through our 'Make Care Matter Campaign' and we are using social media extensively to raise the profile of this campaign. This is open to all employers in health and social care as we want to make health and social care in North Yorkshire a career of choice.

We have implemented the County Council's apprenticeship scheme with the largest uptake in Health and Adult Services. Over 60 new starters undertaking the level 2 qualification and an up-skilling programme of 30 staff wanting to undertake the level 3 qualification.

**Make Care Matter**  
RECRUITMENT HUB


**We will be here on  
Thursday 30th May,  
1pm – 3pm.  
Come and speak to us.**

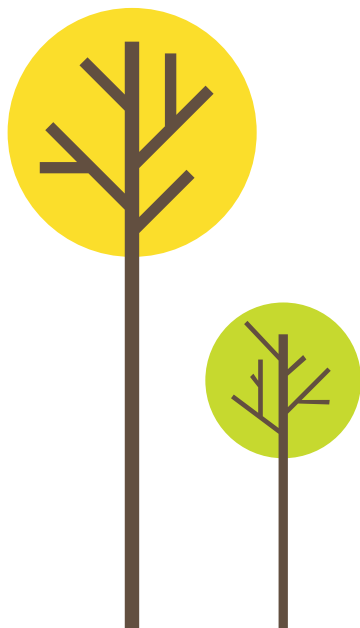



Do something extraordinary and **make care matter**

Find out how **you** can make care matter at  
[www.makecarematter.co.uk](http://www.makecarematter.co.uk)

Working in partnership with







We have continued to work closely with our partners in the NHS. Throughout the year we have been working with our partners in Harrogate, including the Foundation Trust, Primary Care, the Mental Health Trust (TEWW) and the Clinical Commissioning Group, to develop an alliance of health and social care in Harrogate and Rural District. We intend to implement these plans, aiming to have joint health and social care teams, during 2019/20. We will be working with the current Alliance partners as well as other partners, including the voluntary sector.

We have worked with colleagues from Hambleton Richmondshire Whitby Clinical Commissioning Group and South Tees Foundation Trust to embed our integrated discharge pathways and are continuing to embed the trusted assessor model, where “Home first” is our aim and unnecessary delays are reduced or eliminated. Working with Primary Care is an increasingly important part of what we do.

## Health and Wellbeing Board

Engagement events have been completed in Scarborough, Harrogate and Northallerton to gain the public’s views on the draft Health and Wellbeing Board Digital Strategy, with further events being planned for the Vale of York area and Craven. This is a strategy called ‘*My Health, My Technology*’ which is being led through the Health & Wellbeing Board. A digital challenge process is underway for technology companies to present innovative solutions to social isolation and rurality to the Board.

### My Health My Technology

An anticipated £50k funding has been allocated for innovation bids. Further information is available on [www.northyorks.gov.uk/digitalchallenge](http://www.northyorks.gov.uk/digitalchallenge)



## Commissioning Activity

### Domestic Abuse Services

There has been a long history of the local authorities of York; North Yorkshire and the Office of the Police Fire and Crime commissioner in improving domestic abuse services. This has culminated in the joint commissioning of an enhanced and complete package of support to help all victims and survivors cope with the effects of domestic abuse and also refuge and accommodation based services.

Funding from all parties has been put together to develop the joint service aligned to one shared set of outcomes and a shared focus of quality and customer service. There has been recognition of this in a good practice guide “Putting victims first” – how PCCs are making a difference.

### Assistive Technology

The Council have re-commissioned the AT service moving from 7 locality contracts with a range of providers to a single Countywide contract. This new service is now led by occupational therapy and has a countywide responder service incorporated, delivered by Yorkshire Ambulance Service.



### Extra Care

Two new Extra Care Developments have opened, one in Harrogate and one in Helmsley providing over 110 extra care units across the county.

The North Yorkshire Extra Care programme is one of the largest and most successful development programmes in the country. In 2019/20 schemes have opened in Harrogate and Helmsley meaning that there are currently 23 Extra Care schemes operating across North Yorkshire providing over 1200 units of accommodation with support. As well as providing permanent homes for people, some schemes in the Hambleton, Richmondshire & Whittby CCG area house short stay intermediate care beds which allow people to remain in, or return to their own community instead of remaining in hospital.

Schemes are now operational in most major market towns as well as smaller places such as Bainbridge and Helmsley. Additional schemes are currently in development in Scarborough, Great Ayton, Skipton, Filey and Bentham with plans for a further 5 schemes well developed.

These future Extra Care schemes may look different from traditional builds with a focus on Hybrid Residential/Extra Care developments, Extra Care+ which will allow schemes to support people with more complex care needs including those with nursing needs, and smaller scale schemes to support smaller, rural communities.

We will continue to work with our development partners to explore opportunities for a range of housing with support options for people with a range of care and support needs.



## Quality Improvement Team

A new service has been created to improve quality within the care market and in turn increase market sustainability. The QIT team focus on regulated care delivery and provide advice, guidance, training and practical support to ensure providers meet their regulatory requirements. The work of the team has had a direct impact on the market and on people that use services. This is shown in the numbers of providers supported, with recognised improvements based on the CQC rating, and the lifting of full suspensions.

The number of approved providers in North Yorkshire is 295, the team has supported approximately 60 to date. Out of the 60 providers supported 18 have been re inspected by the CQC, all 18 Providers have improved in their ratings to “Good” The team have focused on supporting providers that have a CQC rating of Requires Improvement or Inadequate or that may be suspended from working with the Local Authority based on risk.

Feedback from the market has been very positive, with a 100% positive feedback.

The team have received a commendation from the Hambleton, Richmondshire CCG and at the 2019 Innovation awards were finalised and highly commended.

“Increased use of the Immedicare Telemedicine Service to reduce patient’s admissions to acute sites across Hambleton, Richmondshire and Whitby. Collectively we have worked with the Quality Improvement Team to communicate the benefits of telemedicine and to support additional training. The team has been invaluable at promoting this service to ensure the CCG’s investment is utilised and that patients benefit from this additional resource.”

“In summary we look forward to working with the Quality Improvement Team in 2019/20 to ensure that there remains a coordinated, collaborative approach towards safeguarding the quality and safety of services provided to our patient population”.

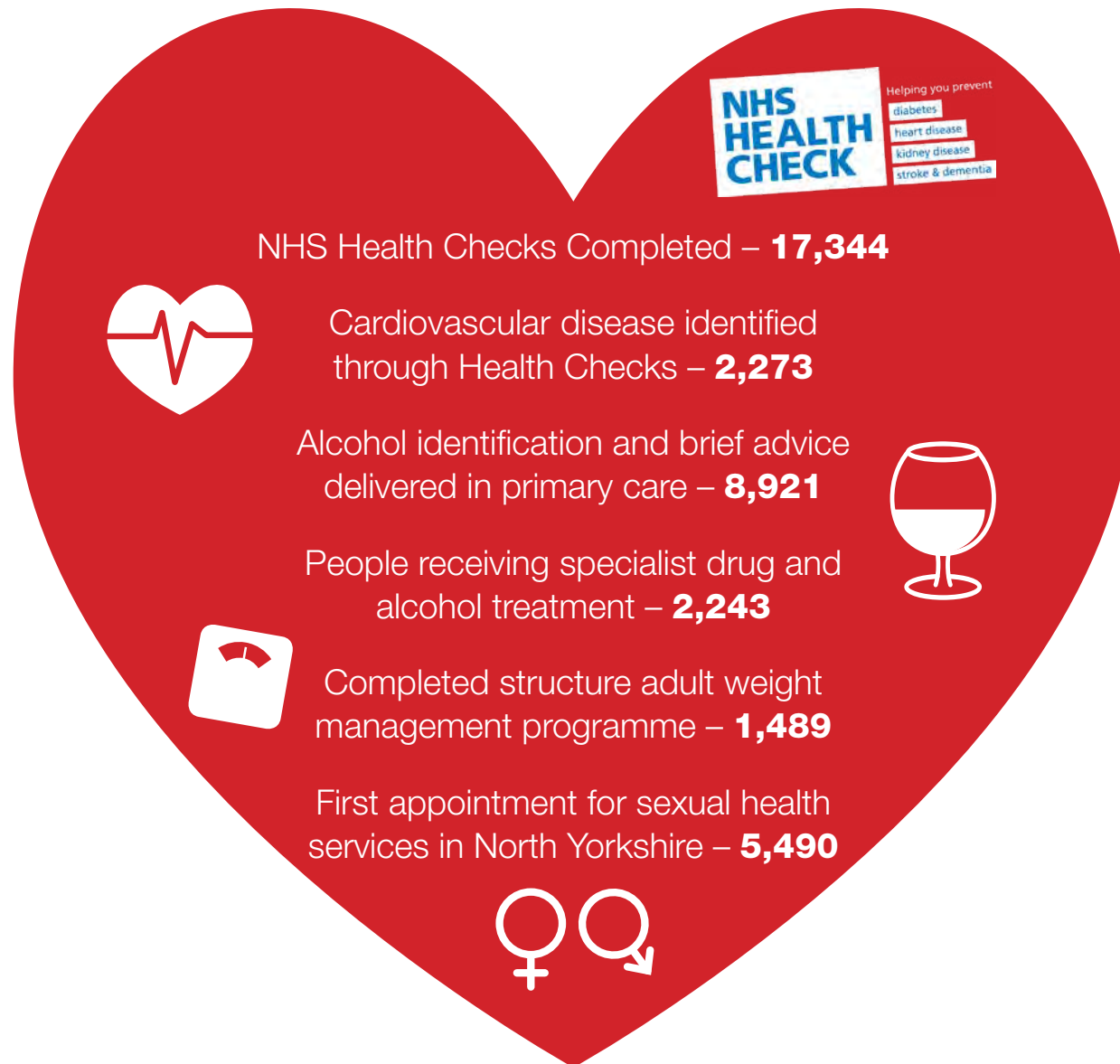
Feedback from the Independent Care Sector Group:

“The ICG are highly supportive of the essential support role the quality team at NYCC offer to the sector. The team strive to break down any barriers and create opportunities for early meaningful engagement with individual providers. Ultimately with the passion to drive improvement in quality and safety. We look forward to working with the team in the future and congratulate them on the successes.”

Feedback from a Provider Member of the ICG:

“We are currently working with North Yorkshire County Council improvements team which we have found to be an invaluable and continually strive to comply with legislation and best practice. The training support and help with documentation has been invaluable. We have specifically benefited from the fire training which has helped us to address some of the CQC inspection feedback.”

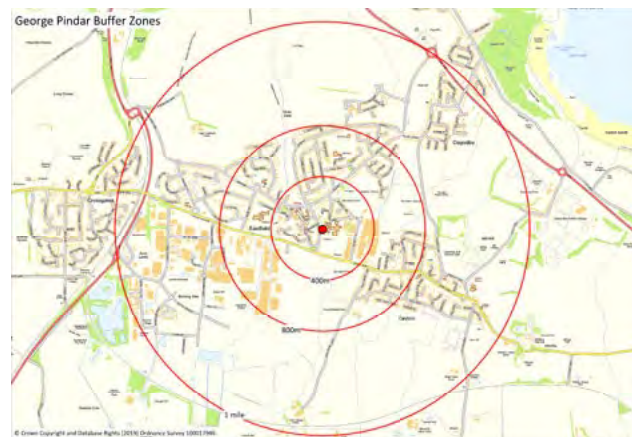
## Public Health





## Tackling childhood obesity

The Public Health team led North Yorkshire bid to take part in national Childhood Obesity Trailblazer Programme and were one of 13 councils selected to take part in the Discovery phase. The bid was based on the School Zone concept, which is about creating healthy food and physical activity environments within a school zone (the school environment itself, and the environment surrounding the school). We are now working with two schools.



Other initiatives include promoting healthy catering in schools working with the Council's School catering team and action to reduce sale of high energy drinks to children with the Trading Standards team.



On 31 October 2018, the Responsible Retailer scheme was officially launched alongside the introduction of a voluntary ban on the supply of energy drinks to under 16s in Colburn, Richmondshire.



**Responsible Retailer Award**  
A responsible retailer of age restricted goods

**North Yorkshire County Council**

# Under 16?

You will be asked for ID to buy high caffeine energy drinks. This shop will not sell to under 16s.

**Acceptable forms of ID**

- Driving licence
- Passport
- Cards bearing the PASS hologram

**NO ID NO Sale**

Trading Standards

## Workplace Wellbeing Award

In March we launched the North Yorkshire Workplace Wellbeing Award. As the UK workforce continues to age and the State pension age continues to rise, there will be an increasing number of employees living with long-term conditions so it is more important than ever to make changes that improve and maintain the health and wellbeing of the North Yorkshire workforce.

After short-term illnesses the most common reasons for sickness absence are musculoskeletal problems such as back pain and mental health issues, in particular stress, depression and anxiety. The Workplace Wellbeing Award is designed to address these health problems.

It is open to any size and type of business in North Yorkshire: public, private or voluntary sector organisations. There are three levels to the award – bronze, silver, and gold. Each level builds on previous achievements and has core components relating to organisational culture, leadership and employee engagement along with specific lifestyle elements to deal with preventable ill health issues in the workplace.



## Take home Naloxone

A key initiative to tackle drug related deaths is availability of Naloxone. Naloxone is an emergency medication that can be given to an individual who has or is suspected to have taken an overdose of opiates. It reverses the effects, providing an opportunity for immediate medical treatment until further medical help can be provided, ultimately preventing death.

On 1 July 2018, North Yorkshire Horizons launched a Take Home Naloxone programme. The programme developed in partnership with the North Yorkshire Public Health team, and funded by the North Yorkshire Police and Crime Commissioner Community Fund, aims to reduce the number of drug related deaths across the county.

Through the programme individuals at risk of opiate overdose, their close family members and friends are provided with a Take Home Naloxone kit. All individuals receiving the kit complete training on recognising the signs of a drug overdose, basic first aid and step by step guidance on how to administer the Naloxone.



## Suicide prevention and self-harm

We work closely with the NHS and other organisations to reduce suicides and self-harm. In April 2018, the Durham, Darlington, Tees, Hambleton, Richmondshire and Whitby STP was invited to submit a plan to NHS England for suicide prevention. The funding enhances

existing work underway through the locality Suicide Action Plan and improves access to and quality of mental health services, preventing suicides.

Funding for the Hambleton, Richmondshire and Whitby (HRW) CCG area is delivered via the Stronger Communities grant process and launched in January 2019, contributing towards a national 10% reduction in the suicide rate by 2020/21.



Additionally, NHS funding has been secured to further develop Mental Health First Aid (MHFA), Applied Suicide Intervention Skills Training (ASIST) and SafeTalk training in the HRW CCG area. Other STPs are developing their approach to this important public health concern. Risks include coordination across all three STPs covering North Yorkshire, given their different stages of funding allocation for suicide prevention. In each STP, the provision for postvention or bereavement support may be different; NYCC currently has the Major Incident Response Team (MIRT) providing some trained volunteer support through coroners.

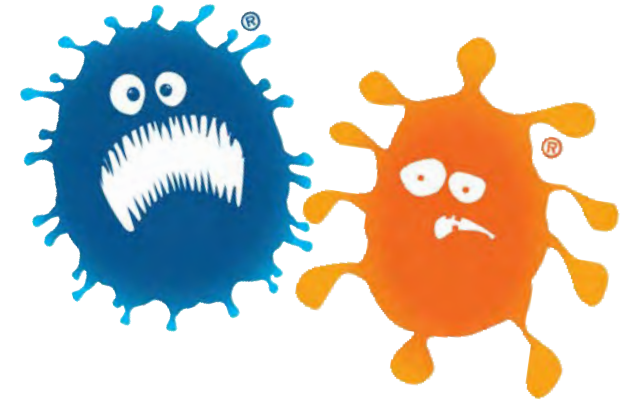
## Protecting the population from outbreaks

Pandemic flu is different to seasonal flu as it arises when a flu virus emerges for which there is no human immunity and no vaccine available. Pandemic influenza remains the top risk nationally. A pandemic could emerge at any time of the year, anywhere in the world, including the UK. The Public Health team and the Resilience and Emergencies Team worked together to develop a plan for NYCC to respond to a pandemic outbreak.

The plan was exercised in January with the aim of testing the capacity and resilience of NYCC directorates and services in the event of a pandemic flu outbreak, with the assistance of partner organisations, including North Yorkshire Police, NHS England, Public Health England and local CCGs.

The event was attended by approximately 30 people. Participants fed back that the event had increased their understanding of pandemic flu, roles and responsibilities during a pandemic and how best to work with partners.

The team has also led work on developing a mass treatment and vaccination plan for outbreaks where large groups of people need to be treated or vaccinated in order to control the outbreak. The plan covers common scenarios and has been updated in response to exercises as well as real incidents where it has been used.



## Section 4

# How did we do?

### During 2017/18 we delivered:

**11,415**  
people received a long term support service

**7,527** community based packages

**3,888** residential packages

**1,111** extra care places

**2,101** contacts to Living Well Service

**1,507** Direct Payments

### During 2018/19 we delivered:

**12,720**  
people received a long term support service

**8,405** community based packages

**4,315** residential packages

**1,117** extra care places

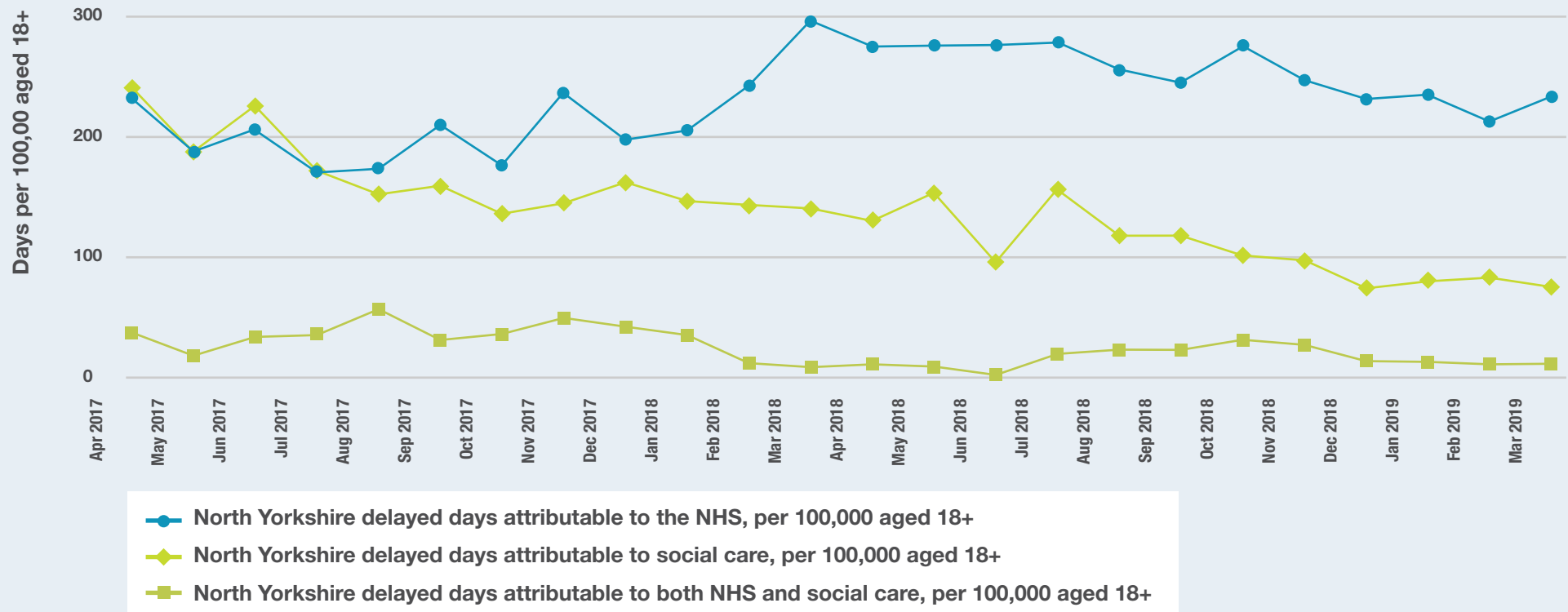
**2,890** contacts to Living Well Service

**1,536** Direct Payments

Our performance around hospital discharges has improved throughout the year and remains a key priority for our assessment teams. It is important people are not delayed in hospital as this can lead to further illness and de-conditioning which can result in a person becoming dependent on others to meet their care and support needs. It is also important we help local hospitals manage their discharges so hospital beds are only used for people who have a medical need to stay in hospital as delayed discharges create other pressures in the hospital.

Throughout 2018/19 we worked hard to improve our performance around reducing delays for people being discharged from hospital. Our performance reflects this, and the chart below shows that we maintained the steady reduction in social care delays that was started during 2017/17.

### Delayed days per 100,000 population aged 18+ by attributable organisation for North Yorkshire



At the end of the year, we had achieved a 70% reduction in social care delays against the government’s target that required a 65% reduction. We achieved this by improving data sharing with our hospital trust partners and by agreeing joint

Transfers of Care Protocols, which has meant we have more consistent approaches to transfers of care in health and social care teams. This makes it easier to work together for quicker and better outcomes for the people we are supporting.

The progress we have made is worth celebrating, but improving Transfers of Care remains a priority and will be a key feature of our increasingly joined-up work with health partners in 2019/20.

## Complaints

During 2018-19, **317** complaints were received, compared to 308 in 2017-18. This is a slight increase of 5. The figures demonstrate that there continues to be a year on year increase.

During 2018-19, 23 decisions were received from the LGSCO, a slight decrease from the previous year.

Of the 23 decisions received this year, they were classified by the LGSCO as:

- 3 – Closed Out of jurisdiction
- 5 – Not Upheld – No further action
- 14 – Upheld: maladministration and injustice
- 1 – Upheld: maladministration, no injustice



## Compliments

During 2018-19, **1,209** compliments have been recorded for Health & Adult Services. This is an increase of 342 recorded during the previous year.

Below are some comments we have received about our services:

**“My Re-ablement team were brilliant! Everyone kind, professional, knowledgeable, friendly, encouraging, caring, patient, did not rush me and noticed my progress and made positive comments respectfully made helpful suggestions.**

**They were very supportive of me and each other – a real team and I am very lucky to have had them working with me. I would like to thank them so very much for what they did and how they did it. I would like that to be recognised and applauded by their management.”**

**“I would just like to say a big thank you to all the staff who visited me after my recent stay in hospital. The support and encouragement was first class, particularly the confidence they all gave me to walk up and downstairs on crutches. Also the help keeping my scalp psoriasis under control. A lovely professional and friendly team of workers that supported both myself and Raymond. Thank you.”**

**“We had a visit from a worker – she was excellent, she understood my daughter’s problems and had an excellent knowledge of Asperger’s Syndrome. Explained things in ways my daughter could relate to. Offered excellent ideas and solutions, spent the time to get to know her (my daughter) and was not made to feel rushed. She has only been with North Yorkshire for 3 weeks when we saw her and we believe she will be a great asset to your Selby team.”**

“I am writing to you to thank you for the love, kindness, understanding and patience you have shown in caring for my mother for nearly five years. All of you have been really brilliant and my husband and I have been so impressed with your dedication, professionalism and your willingness to go the extra mile even when she was very agitated and poorly. I am particularly pleased that she was able to stay at Silver Birches in the last stages of her illness. Your home is a model of excellence and we are so grateful to every member of staff – thank you.”

“Thank you all for the last 15 months looking after Mrs M. It can’t have been easy especially with me on your backs. It was only because I cared. She was so determined to stay amongst us all in her last days, she certainly was where she wanted to be. I know you all will miss her very much with her smile.

That’s one thing she never lost – all the endless cups of tea, mum always kept you all on your toes. I really would love you to accept these chocolates as a thank you from me and when your next have a cup of tea, have a chocolate and smile. All above and beyond is what you all did and I said it before I salute all of you for the care and understanding.”



## Safeguarding



We completed **1,021** enquires relating to safeguarding concerns

**10%** of safeguarding concerns related to people over the age of 65 years

**60%** of safeguarding enquiries related to people over the age of 75 years

**60%** of safeguarding enquiries related to female adults

Risk was reduced or removed in **88%** of enquiries

**57%** of reported abuse occurred in the adult at risk’s own home

**6%** of reported abuse occurred in care homes

**65%** of adults at risk felt their outcomes were fully met

**3,025** Deprivation of Liberty applications were received

Safeguarding week took place in June with the Council involved in a number of events taking place across the county. In Skipton Fire Station there was information on a range of safeguarding issues including avoiding scams, staying safe online, cyber-bullying and grooming. In Scarborough information was available in the town centre from the police, County Council and community partnerships focusing on fraud, cyber fraud and scams.





## Co-Production

North Yorkshire County Council Health and Adult Services is committed to working with communities to develop our services and increase opportunities for coproduction and co-design. The directorate worked with a number of user-led representative groups and forums, including:

- North Yorkshire Disability Forum and five local disability forums
- North Yorkshire Learning Disability Partnership Board and associated groups
- North Yorkshire Forum for Older People +



Our work with forums includes facilitation, liaison and partnership working, grant funding, and together strengthening people's voice and participation. We directly supported and/or attended over 50 forum meetings with the above groups, and worked with forum members on a number of projects including the following examples:

- Age Friendly Communities steering group and local engagement events
- Co-producing and co-delivering Live Well Live Longer Learning Disability Strategy action plans including plans to improve take up of annual health checks
- Co-producing a series of top tips, guides and films about issues such as safety in the home, a good social care assessment and energy saving
- Co-writing a letter about the importance of the Accessible Information Standard, sent to over 900 health and social care organisations
- Local accessibility audits and access awards
- Liaison with NYCC Business and Environmental Services on criteria for allocating the Highways Improvement Budget
- Local user-led forums designed and delivered projects in their community such as the Ripon 'Take a Seat' project and the Selby Mystery Shopping project

- Taking part in LGA peer review, staff awards judging panels, recruitment panels and commissioning of new services
- Contributing to the Director of Public Health's annual report,
- Discussions with commissioners on the wheelchair service for North Yorkshire (building on previous involvement in developing the specifications for the wheelchair and community equipment services)

Health and Adult Services colleagues also worked with and/or supported a number of other groups and forums in our communities such as the Craven Mental Health and Wellbeing Forum, the Harrogate Service User Involvement Group (mental health), dementia strategy implementation groups and carers strategy steering group.

Customers contributed to the co-design of the new Blue Badges online application process and social care financial assessment online forms.

A series of open-invitation digital drop-ins took place and events run with members of local groups including Harrogate Older People's Forum and Craven Communities Together. These were very positive sessions, most interestingly highlighting that people often do not see, now common pieces of equipment such as smart phones and iPads as 'technology'. The feedback from events and survey were fed back to North Yorkshire Health and Wellbeing Board to assist with the development of a digital strategy.

As well as traditional telecare aids such as call pendants and fall monitors, NYCC takes a highly personalised approach to supporting people through the use of technology. This has included trialling robotic pets for people living with dementia in partnership with Dementia Forward. Although at the early stage, this trial is already showing positive results for people in terms of reducing anxiety and behaviour that challenges.

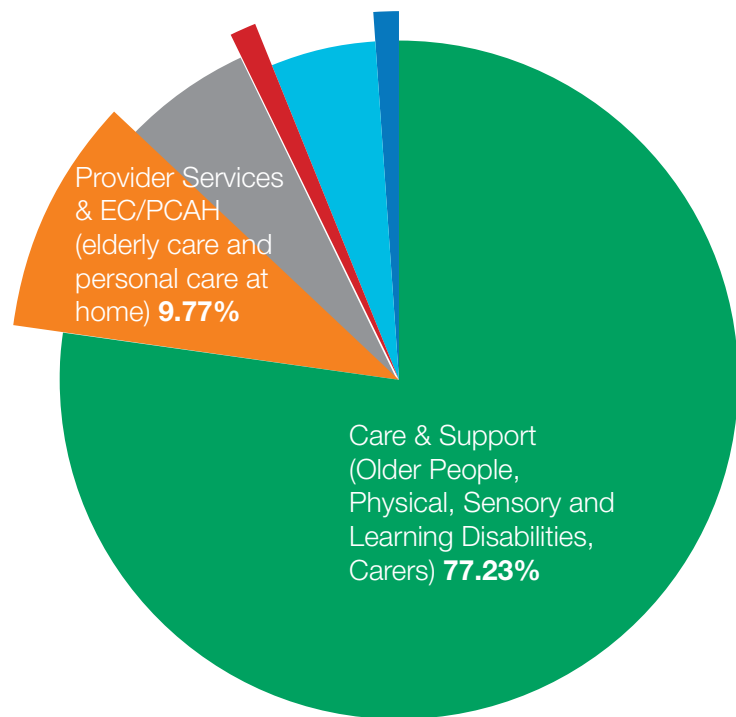
In our engagement programme, we work in partnership with our Stronger Communities colleagues to connect with local communities and support local engagement groups, such as the local disability forums.

We support colleagues working on the Customer programme to reach disabled and older people to understand their views and needs, such as the importance of accessible information, in order to inform strategy and practice.



## Section 5

### How much did we spend?



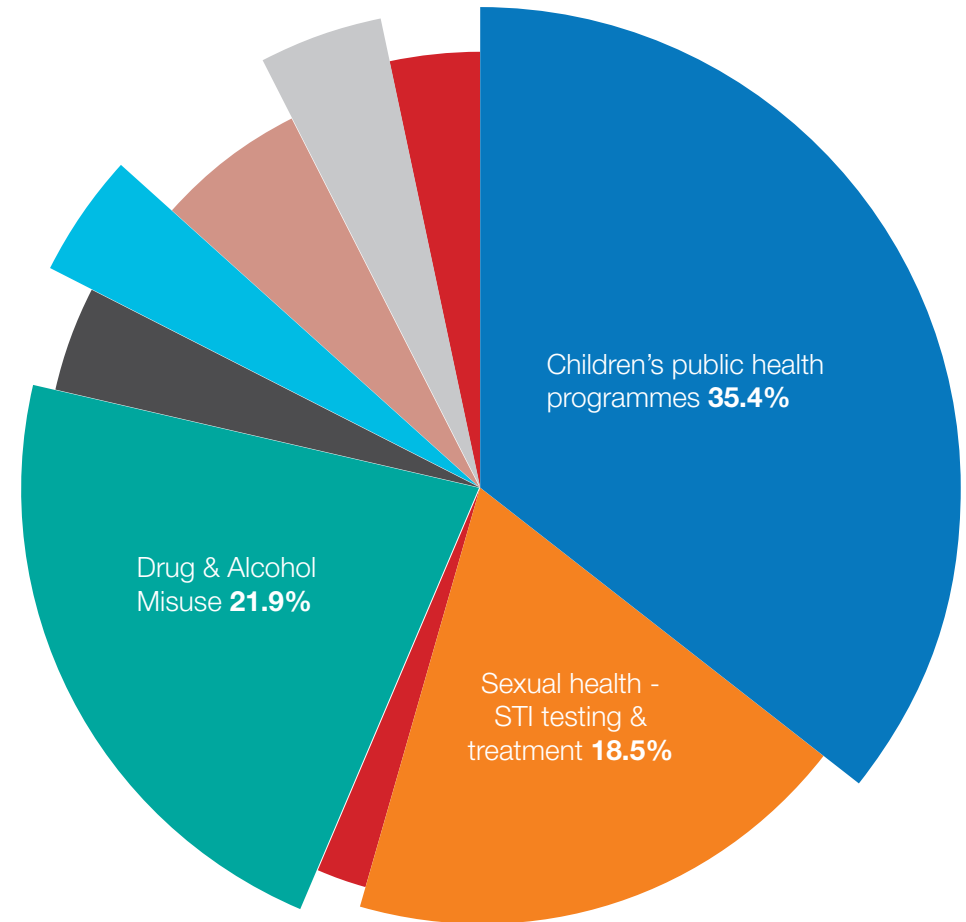
The Adult Social Care Budget for 2018/19 was **£257,227,000**. It was invested in a range of services as illustrated below:

Care & Support	<b>77.23%</b>
Provider Services	<b>9.77%</b>
Mental Health Services	<b>5.68%</b>
Quality & Engagement	<b>1.09%</b>
Commissioning	<b>5.06%</b>
Director & Cross-Directorate	<b>0.94%</b>

The Public Health Grant in 2018/19 was **£23,407,000** and was spent on the following public health services and interventions as illustrated below:

**Gross Expenditure 2018-19**

Children’s public health programmes	<b>35.4%</b>
Sexual health - STI testing & treatment	<b>18.5%</b>
NHS Health Check programme	<b>2.1%</b>
Drug & Alcohol Misuse	<b>21.9%</b>
Obesity & Physical Activity	<b>3.8%</b>
Stop Smoking Services & Tobacco Control	<b>4.1%</b>
Stronger Communities Programme	<b>5.8%</b>
Targeted Prevention	<b>4.3%</b>
Services with focus on Older People	<b>3.1%</b>



# Section 6

## What are we doing in 2019/20?

### Prevention

- Developing and expanding our range of preventative services including the introduction of the Living Well Smoke Free service.
- Maximising people's independence and reducing reliance on the need for contact with services, for example by continuing to build our Living Well Service, we will promote social prescribing. Social prescribing, sometimes referred to as community referral, takes a holistic approach. Social prescribing schemes can involve a variety of activities which are typically provided by voluntary and community sector organisations.
- Strengthening advice at an earlier stage, and provide more options for people to self-serve including online.
- Review, design and co-produce a new carers pathway; introducing a new strength based approach to carers assessments.

### Provider Market

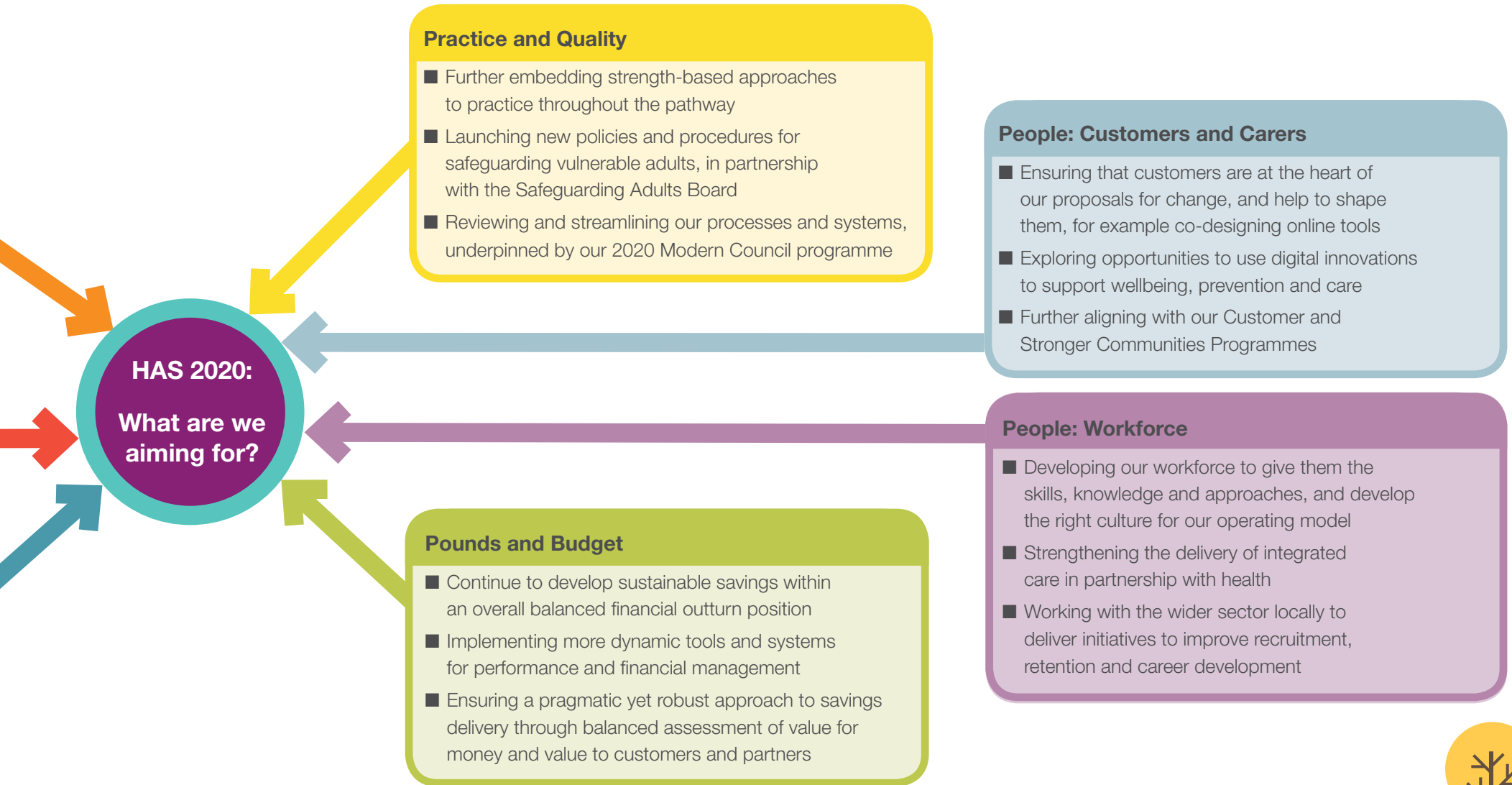
- Strengthening the market through commissioning, quality and monitoring and market development activity
- Promoting and supporting innovation in the market
- Delivering our Extra Care Programme 2020 welcomes a new extra care scheme for our locality over at Great Ayton, offering affordable homes to our local community, the scheme will be named Fry Court and will have a Total of 57 units – mix of 1 and 2 bed apartments, Shared ownership – 25 units, Rental units – 32 units, The expected practical completion and residents moving in by end of Feb 2020. Our teams will be busy assessing and supporting people ready for their transition to the new build.



### Partnership

- Delivering on our Better Care Fund proposals and other initiatives working towards integrated care
- Improving our performance on Delayed Transfers of Care
- Embedding our approaches to Mental Health and Continuing Health Care jointly with partners
- Developing a strategy for working collaboratively with primary care
- Launching the Harrogate and Rural Alliance







## Contact us

**North Yorkshire County Council, County Hall, Northallerton, North Yorkshire, DL7 8AD**

Our Customer Service Centre is open Monday to Friday 8.00am - 5.30pm (closed weekends and bank holidays). Tel: **01609 780 780**  
email: **[customer.services@northyorks.gov.uk](mailto:customer.services@northyorks.gov.uk)** web: **[www.northyorks.gov.uk](http://www.northyorks.gov.uk)**

If you would like this information in another language or format please ask us.

Tel: **01609 780 780** email: **[customer.services@northyorks.gov.uk](mailto:customer.services@northyorks.gov.uk)**

## NORTH YORKSHIRE COUNTY COUNCIL

### Care and Independence Overview and Scrutiny Committee

5 March 2020

#### Work Programme Report

#### 1.0 Purpose of Report

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

#### 2.0 Background

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

#### 3.0 Scheduled Committee dates/Mid-Cycle Briefing dates

- 3.1 The new calendar of meetings was tabled at the November council meeting. Here are the relevant dates for this committee.

##### Committee meetings

- Thursday 25 June 2020 at 10am
- Thursday 24 September 2020 at 10am
- Thursday 3 December 2019 at 10am
- Thursday 4 March 2021 at 10am

##### Mid cycle briefing dates

- Thursday 7 May 2019 2020 at 10am
- Thursday 23 July 2020 at 10am
- Thursday 29 October 2020 at 10am
- Thursday 4 February 2021

#### 4.0 Suicide Prevention and Audit

- 4.1 The chairman followed up the briefing you received on Suicide Prevention and Audit at your last meeting. At the recent Scrutiny Board meeting it was agreed that a slot be made available on the Members seminar programme for a similar session. For those members who expressed an interest in more intensive training, arrangements are to be made via our in-house team. This is a two-day course, leading to a qualification as a Mental Health First Aider. The aim is to give:



- An in-depth understanding of mental health and the factors that can affect wellbeing.
- Practical skills to spot the triggers and signs of mental health issues.
- Confidence to step in, reassure and support a person in distress.
- Enhanced interpersonal skills such as non-judgemental listening.
- Knowledge to help someone recover their health by guiding them to further support - whether that's self-help resources, through their employer, the NHS, or a mix.

## **5.0 Extra care Housing**

5.1 Group Spokespersons reviewed progress and the current position on Extra care development within the county. The headline points were:

- One of the largest Extra Care programmes in the country, recognised as an exemplar of good practice and effective delivery
- 23 schemes ranging from 12 to 90 units in places as diverse as Bainbridge and Harrogate
- 1218 units with a mix of one and two bedroom apartments or open plan living for people with complex needs or dementia
- 8 Step up / Step down and 5 short stay / respite units

5.2 In terms of the Financial model:

- New schemes cost approximately £10 - £12m to build
- Developer / Provider account for ~60% of total cost
- Homes England grant ~30%
- NYCC Grant ~10%
- NYCC grant is protected by a legal charge which requires the full grant amount to be repaid if the use of the building changes from Extra Care within 25 years of opening

5.3 Extra Care savings are predicated on either:

- Closure of linked EPH estate, saving on staffing, maintenance etc.
- Reduction in care costs

5.4 Since 2015/16 the Extra Care programme has generated cashable savings of £1.59m with an additional £1m savings in progress linked to other schemes. In addition, non-cashable benefits include reductions in care need due to the environment and ethos of Extra Care and reductions in admissions and delayed transfers where Step up/ Step down units are available.

5.5 By 2023 the ambition to see Extra Care in all key towns will have been met, the programme will have delivered 33 schemes and approximately 2000 units of high quality, purpose built accommodation with support. This is the area group spokespersons believed ought to be brought more into the committee's consideration

### **ECH+**

An enhanced staffing and care model to deliver levels of care comparable to nursing homes to allow ECH to become a true home for life and meet the need to support increasing levels of complexity.

### **ECH Mini**

Small scale Extra Care to support rural locations and allow people to remain within their communities.

### **Hybrids**

Mixed usage sites, including Extra Care, Residential and Nursing support and Supported Living all on one site.

- 5.6 Group Spokespersons believe the committee would benefit from a better understanding of how future need is changing and how we propose to address new challenges and changing demand. The suggestion that emerged was that a themed meeting/workshop should be arranged – possibly in a relevant locality including a premises visit.

## **6.0 Provider Services Overview**

- 6.1 Group Spokespersons were updated on provider services. In short, this encompasses:

- 10 Care Homes - all registered for accommodation for people requiring personal care.
- 5 Respite/Short Breaks services (4 -6 bedded units).
- 7 Day Services for adults with Learning - Disabilities.
- 13 extra care services with additional PCAH hours in the community.

- 6.2 Members welcomed the successes in achievements over the last year, especially the training of personnel, refurbishment of premises and so on. It was suggested that the broader content around provider services, and its place within directorate priorities, be brought to members at their June meeting.

## **7.0 Recommendations**

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

**DANIEL HARRY**

**SCRUTINY TEAM LEADER**

County Hall,  
Northallerton

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26 February 2020

## 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**

<b>Committee Meetings</b>	Thursday 5 March 2020 at 10am
	Thursday 25 June 2020 at 10am
	Thursday 24 September 2020 at 10am
	Thursday 4 March 2021 at 10am

**Programme**

<b>BUSINESS FOR THURSDAY 5 March 2020</b>			
<b>TOPIC</b>	<b>CONTENT</b>	<b>APPROACH</b>	<b>LEAD</b>
Social prescribing	<ul style="list-style-type: none"> <li>• Does social prescribing work?</li> <li>• Is it effective?</li> <li>• How is it being approached in NY</li> <li>• What effects does it have?</li> <li>• What does it cost</li> </ul>	Discussion guided by Community First	Leah Swain
Market Intervention and Residential Care/Domiciliary	<ul style="list-style-type: none"> <li>• Our Market Shaping Responsibilities</li> <li>• The state of the NY Social Care Market</li> <li>• Market Development Programme</li> <li>• Supported Living</li> <li>• Initial findings of review of all Supported Living properties in North Yorkshire</li> </ul>	Presentation	Dale Owens
Health and Social Care Integration	Task Group Report	Update Briefing on headline conclusions	Ray Busby
Local Account	Receive this Annual report		Louise Wallace

<b>BUSINESS FOR THURSDAY 25 June 2020</b>			
Commissioned Services: The Provider perspective	Series managed dialogue/conversation with providers:	eg Wellbeing, Prevention and mental health contracts, Advocacy, Dementia Support	
Update on HARA	A review of how Harrogate and Rural Alliance (HARA). The progress achieved in linking Community health and social care services to local primary care practices, with community nurses, therapists and social care practitioners, working together to respond to people's needs.	Overview presentation	Louise Wallace
Transfers of Care Annual update	An understanding of how we are improving the Transfer of Care - a priority for the health and care systems and a commitment of the NHS Long term Plan.	Performance item	Louise Wallace
Transformation	An understanding of strategic thinking on how we ensure that people with the most complex learning disabilities are supported to live in their own communities with the right specialised support around them.	Overview presentation	Chris Jones-King
<b>BUSINESS FOR THURSDAY 24 September 2020</b>			
Advocacy	A review of this commissioned service	Report and a discussion with the provider	
Welfare Benefits Information and Advice Service			

**Mid Cycle Briefings Dates –10am start**

Local Account	Thursday 7 May 2019 2020 at 10am
Reablement Review update	Thursday 23 July 2020 at 10am
Respite breaks current position	Thursday 29 October 2020 at 10am
Prevention - run through of commissioned services	Thursday 4 February 2021
Domiciliary Care Update	
Supported Living LD	
Community Mental Health Services	
Annual Safeguarding Board Report	

**Other arranged meetings**

Follow up to Transitions: Joint meeting with YPOSC members to be arranged in the Autumn