

NORTH YORKSHIRE COUNTY COUNCIL

15 February 2017

CARE AND INDEPENDENCE OVERVIEW AND SCRUTINY COMMITTEE

CHAIRMAN'S STATEMENT

Annual Older Peoples Champion

1. For seventeen years Shelagh Marshall has reported to us on her work as Older Peoples Champion, promoting the interests of people aged 50 and above. In this year's report - which Shelagh says is to be her last - she took us through the changes she has seen in her role, and how she has furthered older people's interests in the things they say matter the most: health, financial security and social connections. Her's is an impressive record of championing opportunities for older people, ensuring they are well informed to make the right choices to improve the quality of their lives in their later years.
2. I am pleased that Shelagh intends to continue supporting the national older people's agenda through involvement in the Campaign to End Loneliness and, in North Yorkshire, through the Yorkshire & Humber Advisory Forum. We have indeed been fortunate to have had such a respected and well-liked ambassador for North Yorkshire older peoples' interests.

Supported Employment

3. In the fourth in a series of conversations the committee has had with social care providers, at the last meeting we turned to Supported Employment - an in-house service for supporting people with significant disabilities to secure and retain paid employment.
4. We found that the service performs well in the following key areas:
 - Providing a comprehensive assessment of a person's skills, abilities resulting in a vocational/employment related action plan.
 - Supporting people to find paid employment, both part time and full time.
 - Signposting and advice for jobseekers and carers and professionals on a range of employment issues.
 - Supporting disabled people to retain their jobs if their support needs change.
 - Supporting and advice to employers on adjustments or training
5. But there are challenges. Within the current economic situation, there is evidence both within the team and nationally that finding paid work is becoming increasingly difficult for disabled job seekers. There is also local evidence that disabled employees are finding

it increasingly challenging to maintain their employment as employers have increased expectations of their workforce and are often unwilling to make reasonable adjustments within the workplace.

6. The figures suggest the service is doing well in this difficult climate. In 2015, 61 people were successfully supported into employment by the service in North Yorkshire - 17 people with a physical or sensory impairment, 22 with learning disability and 22 people with Autism. Nationally, the current employment rates are 74% of the general population. 43% of people with mental health problems are in employment. 65% of people with other health conditions. Figures show that in North Yorkshire 10.7% of people with an LD are in employment against a national average of 6%. This is against national target of 46% for people with LD. Figures for people with MH in North Yorkshire are at 13.9%, which compares favourably against a national average of 6.8%.
7. The stability of the management and operation of the service helps it to build strong and long lasting relationships. The continuity of the support it offers is seen, by employers especially, as credible. The team's track record inspires confidence in clients but also in employers who can be reassured that the service's approach will be both comprehensive, stable and sustainable. It also is able to leverage existing relationships with key partners for example health, other authorities and other service providers.

Emerging Conclusions after meeting Social Care Providers

8. What we learned from reviewing Supported Employment augments our emerging thoughts about how the authority commissions and works with organisations that deliver, on our behalf, social care services and public health initiatives:
 - There is a good understanding the needs of users and other communities;
 - There is regular review of the impact that the service is having;
 - There is a determination to seek and use feedback from service users, communities and providers so that commissioning is in tune with local needs;
 - Contract monitoring is good, but because there is good information sharing, terms can be flexible, allowing appropriate changes to be made.
 - The success of these contractual relationships stems in part from people's willingness to use resources imaginatively rather than protectively.
9. We now intend to move the topic another step forward by:
 - Reviewing the linkages between strategic policies and the commissioning process;
 - Focussing on how service user and provider views are harnessed to ensure commissioning is in tune with local needs; and
 - Examining how we guarantee compliance with the very best practice standards.

Upcoming Work

10. Advocacy was reported last year as part of the committee wanting to understand our preparedness for the Care Act implications. One year into the current contract, we will talk to the successful providers at our meeting on 27 April 2017. We will be interested to learn about their experiences and what is like on the ground.
11. More broadly, to help plan business for the next eighteen months, I will be suggesting that the committee settle on a limited number of big themes. I would anticipate “integrated health and social care services” will feature, as, I hope, will “how services are being transformed and resources managed to respond to growing/changing demand”.

Delayed Transfers of Care

12. Unnecessary delays in discharging people from hospital are a long standing issue nationally. In a recent report the National Audit Office (NAO) cautioned: “*There are currently far too many older people in hospitals who do not need to be there. Without radical action, this problem will worsen and add further financial strain to the NHS and local government*”.
13. The main drivers for the increase are attributed to the number of days spent waiting for a package of home care and waiting for a nursing home placement or availability. The committee's aim was to try to understand the scale of the problem in North Yorkshire from a social care perspective. And, if the problem is significant, to what extent can that be traced to local social care provision and support in the community.
14. For the year April 2015 – March 2016, data indicates there were 14,290 delayed transfer days for patients resident in North Yorkshire who were the subject of a transfer of care from hospital. The NHS was solely responsible for 60% (8,596) of the total delayed days with social care being solely responsible for 34% (4,801). Both the NHS and social care were jointly responsible for the remaining 6% (893) i.e. the patient requires both health and social care support upon discharge.
15. The period June to October 2016, however, shows that there has been a steady and significant increase in the number of days attributable to social care. This is in part explained by South Tees Hospital Trust beginning to report adult social care delays for the first time since 2014.
16. In respect of delayed days, North Yorkshire’s performance compares better against shire counties than with regional authorities, though rankings have slipped across all categories since April 2016.

17. A locally agreed target and action plan for reducing delayed transfers of care has been developed, as part of the 2016/17 North Yorkshire Better Care Fund plan, on the basis of maintaining the outturn position for 2015/16.
18. While partners agreed that a stretch target would not be realistic at this time, the committee acknowledged there remains a strong ambition across the partnership to further reduce delayed transfers of care and improve the health and independence of local people in line with the aims of the Better Care Fund and the Joint Health and Wellbeing Strategy.
19. While delays are increasing this is clearly in the context of a worsening situation across the country; comparative performance in North Yorkshire remains good. Action plans are being developed at all levels and for all partners, with specific actions being taken by Health and Adult Services to address social care delays. The provision of social care is critical to preventing unnecessary delays in discharge from hospital but there are some significant challenges for social care in North Yorkshire, in particular capacity within the care market and the ability of social care providers to respond to demand.
20. I don't doubt the committee will want to maintain a keen interest in this very topical issue.

PATRICK MULLIGAN

Chairman, Care and Independence Overview and Scrutiny Committee
County Hall,
NORTHALLERTON

3 February 2017

Background Documents - Nil.