



Meeting: Health and Wellbeing Board

**Venue: Ryedale District Council
Ryedale House, Malton, YO17 7HH
(location plan attached)
PLEASE NOTE CHANGE OF VENUE**

**Date: Friday 21st July 2017 from
10.30 a.m. to 11.45 a.m.**

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Business

No.	Agenda Item	Action	Page Nos	Indicative timings
1	Apologies for absence	-		10.30 – 10.40
2	Welcome by the Chair and Introductions	-		
3	Minutes of the meeting held on 17 March 2017	To approve	7-17	
4	Election of Vice Chair	-		
5	Review of actions taken at the last meeting	To report	18-19	
6	Any declarations of interest	-		

7	Public Questions or Statements Members of the public may ask questions or make statements at this meeting if they have given notice and provided the text of their question or statement to Patrick Duffy of Democratic Services (<i>contact details below</i>) no later than midday on Tuesday 18 th July 2017. Each speaker should limit themselves to 3 minutes on any Item.	-		
8	Membership To note the Membership of the Board, as set out on the page following this Agenda. Presented by: Patrick Duffy	To note		10.40 –10.45
9	Terms of Reference Presented by: Patrick Duffy	To approve	20-29	10.45 – 10.50
	JHWBS Theme: All themes			
10	Mental Health Strategy 2015/2020 (Hope, Control and Choice) – Annual Update Presented by Kathy Clark Please note that, as part of this Item, a presentation will be made by three young people, who would like to talk to the Board about the issues facing young people in North Yorkshire and to put forward some of their suggestions to help improve services and support available currently:- <ul style="list-style-type: none"> - Emily Capsitck – Chair of the North Yorkshire Youth Executive - Eden Maia Shackleton – Member of the Youth Parliament (MYP) - Jazz Parkinson – Member of the North Yorkshire Youth Executive 	To note	30-40	10.50 – 11.10
	JHWBS Theme: Age Well			
11	Dementia Strategy “Bring Me Sunshine” – Living Well with Dementia in North Yorkshire Presented by Kathy Clark	To approve	41-88	11.10 – 11.20
	JHWBS Theme: Live Well			
12	Carers Strategy 2017-2022: Supporting the Health and Wellbeing of Carers in North Yorkshire Presented by Kathy Clark	To approve	89-110	11.20 – 11.30

	JHWBS Theme: All Themes			
13	Better Care Fund:- a) Better Care Fund Plan Update (To follow) b) Integrated Better Care Fund (To follow) Presented by Louise Wallace	To approve		11.30 – 11.45
14	Health and Wellbeing Board - Rolling Work Programme / Calendar of Meetings 2017//18	To approve	111-113	-
15	Other business which the Chair agrees should be considered as a matter of urgency because of special circumstances			-

PLEASE NOTE: “JHWBS” stands for Joint Health and Wellbeing Strategy

Barry Khan,
Assistant Chief Executive (Legal and Democratic Services)
County Hall, Northallerton

13th July 2017

North Yorkshire Health and Wellbeing Board – Membership

County Councillors (3)		
1	HARRISON, Michael (Chair)	Executive Member for Adult Social Care and Health Integration
2	DICKINSON, Caroline	Executive Member for Public Health and Prevention
3	SANDERSON, Janet	Executive Member for Children and Young People's Services
Elected Member District Council Representative (1)		
4	FOSTER, Richard	Leader, Craven District Council
Local Authority Officers (5)		
5	FLINTON, Richard	North Yorkshire County Council Chief Executive
6	WEBB, Richard	North Yorkshire County Council Corporate Director, Health & Adult Services
7	DWYER, Peter	North Yorkshire County Council Corporate Director, Children & Young People's Service
8	WAGGOTT, Janet	Chief Officer, District Council Representative
9	SARGEANT, Dr Lincoln	North Yorkshire County Council Director of Public Health
Clinical Commissioning Groups (5)		
10	RENWICK, Dr Colin	Airedale, Wharfedale & Craven CCG
11	PROBERT, Janet	Hambleton, Richmondshire & Whitby CCG
12	BLOOR, Amanda	Harrogate & Rural District CCG
13	METTAM, Phil	Vale of York CCG
14	COX, Simon	Scarborough and Ryedale CCG
Other Members (3)		
15	JONES, Shaun	NHS England NY & Humber Area Team
16	BROMFIELD, Judith (subject to formal County Council approval)	Healthwatch Representative
17	BIRD, Alex	Voluntary Sector Representative
Co-opted Members (2) – Voting		
18	MARTIN, Colin	Mental Health Trust Representative (Chief Executive, Tees Esk & Wear Valleys NHS Foundation Trust)
19	TOLCHER, Dr Ros	Acute Hospital Representative
Substitute Members		
	WARREN, Julie	NHS England NY & Humber Area Team
	CROWLEY, Patrick	Acute Hospital
	COLLINSON, Gill	Hambleton Richmondshire & Whitby CCG
	MELLOR, Richard	Scarborough and Ryedale CCG
	AYRE, Nigel	Healthwatch
	COULTHARD, Adele	Tees, Esk and Wear Valley NHS Foundation Trust
	HIRST, Helen	Airedale, Wharfedale & Craven CCG
	PHILLIPS, Andrew	Vale of York CCG

Notes:

1. The Health and Wellbeing Board is exempt from the requirements as to political balance set out in Sections 15-16, Schedule 1 Local Government Housing Act 1989
2. The Councillor Membership of the Board is nominated by the Leader of the Council. In the event that the number of portfolio holders responsible for health and well related issues increases, the additional portfolio holders will also be a Member of the Board.
3. All members of the Health and Wellbeing Board or any sub committees of the Health and Wellbeing Board are voting Members unless the Council decides otherwise



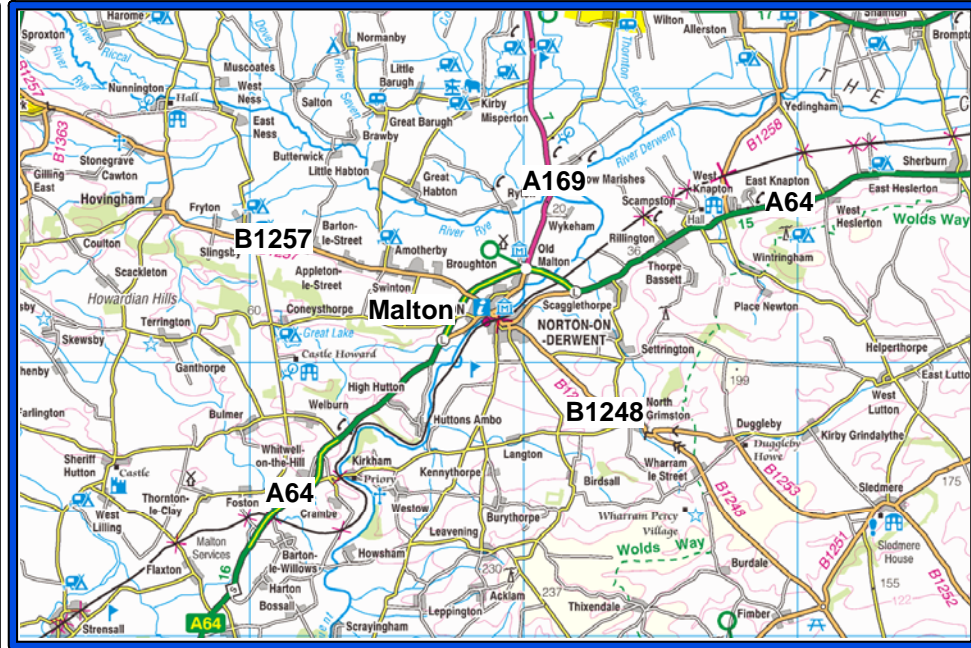
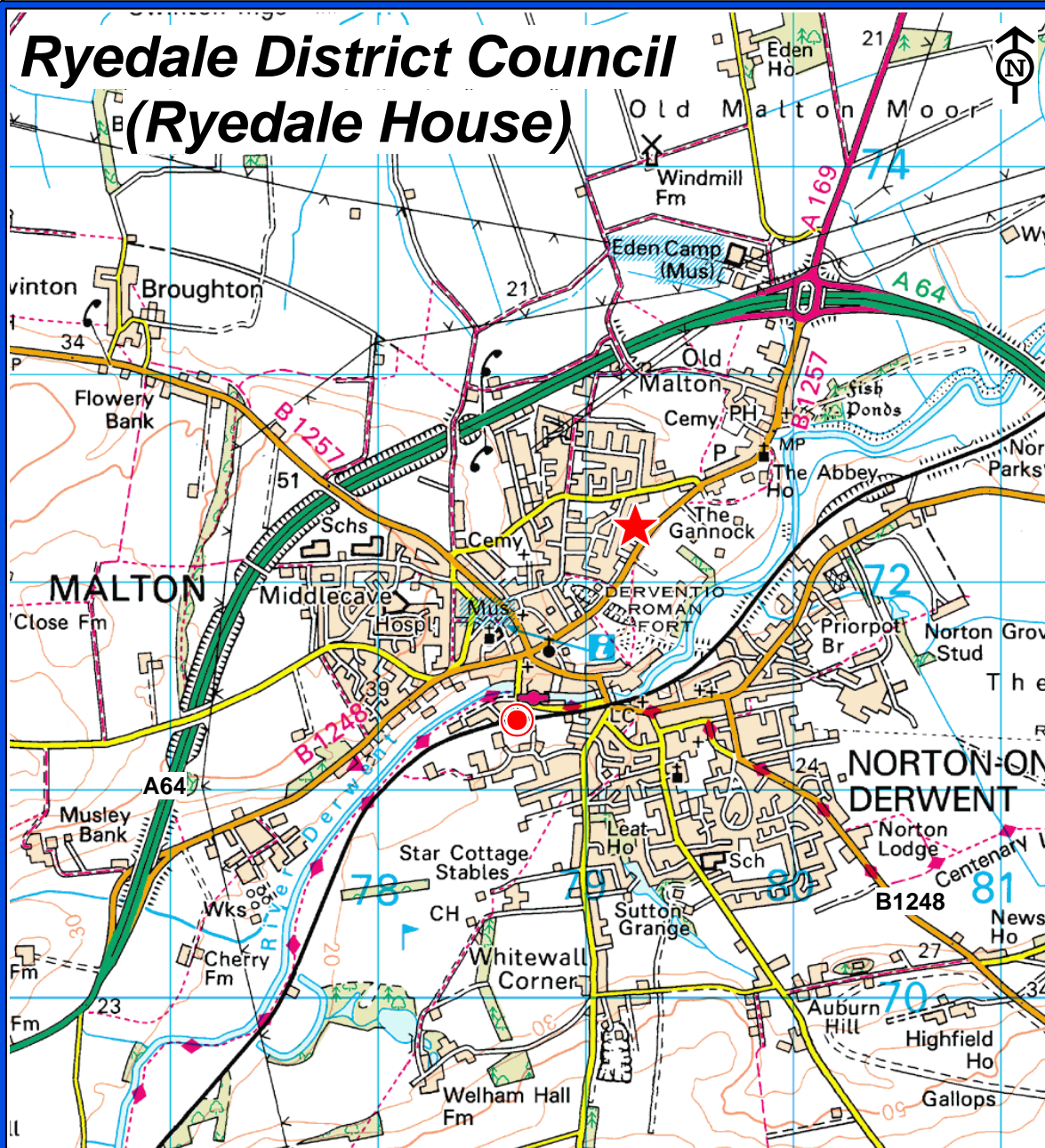
These ground rules are about Team North Yorkshire Health and Wellbeing Board and should apply within and outside of Board meetings. They were adopted by Board members in June 2015.

We have made a commitment that when working together we will treat each other with **respect**, with **openness and honesty**. We will make sure that there is **equality – everyone is of equal value in the room**. We will **contribute and take part, committing to listen and ask questions of each other, checking that what we heard is what was intended**. We believe it is **good to be passionate**, and we know that constructive **challenge is helpful in getting us to a better place**. We must **voice disagreement, otherwise silence implies consent** but recognise that this should be done **with respect** to other points of view. **We shouldn't expect the same sort of challenge in the public arena.**

We have a responsibility to model exemplary behaviour, inside and outside of the HWB meetings, as Board members we should **give and accept support** and **bring collective experience and knowledge to this Board**. **Our discussions need to focus on added value and outcomes** and we must **take responsibility for our decisions**. We should ensure that we **communicate and cascade to our respective audiences and organisations**.

We believe that we should **continually strive to be better and wear our team badges - Team North Yorkshire with pride**.

Ryedale District Council (Ryedale House)



Visitor Parking
at Ryedale House



Malton Railway Station



Bus Stops

Ryedale House
Malton
North Yorkshire
YO17 7HH



North
Yorkshire County Council

North Yorkshire Health and Wellbeing Board

**Minutes of the meeting held on Friday 17 March 2017 at
Falsgrave Community Resource Centre, Scarborough**

Present:-

Board Members	Constituent Organisation
County Councillors	
County Councillor Clare Wood (Chairman)	North Yorkshire County Council Executive Member for Adult Social Care and Health Integration
County Councillor David Chance	North Yorkshire County Council Executive Member for Stronger Communities and Public Health
County Councillor Janet Sanderson	North Yorkshire County Council Executive Member for Children and Young People's Service
Local Authority Officers	
Richard Webb	North Yorkshire County Council Corporate Director – Health and Adult Services
Peter Dwyer	North Yorkshire County Council Corporate Director - Children and Young People's Service
Janet Waggott	Chief Officer, District Council Representative
Dr Lincoln Sargeant	North Yorkshire County Council Director of Public Health
Clinical Commissioning Groups	
Helen Hirst (substitute for Colin Renwick)	Airedale, Wharfedale and Craven CCG
Gill Collinson (substitute for Janet Probert)	Hambleton, Richmondshire and Whitby CCG
Amanda Bloor (Vice-Chair)	Harrogate and Rural District CCG
Phil Mettam	Vale of York CCG
Simon Cox	Scarborough and Ryedale CCG
Other Members	
Gillian Lawrence (substitute for Shaun Jones)	NHS England, North Yorkshire and Humber Area Team
Nigel Ayre	Healthwatch, North Yorkshire
Alex Bird	Voluntary Sector (North Yorkshire and York Forum)
Co-opted Members	
Colin Martin	Mental Health Trust Representative (Tees, Esk and Wear Valleys NHS Foundation Trust)
Dr Ros Tolcher	Acute Hospital Representative

In Attendance:-

Judith Bromfield, Interim Chair, Healthwatch and County Councillor Jim Clark

North Yorkshire County Council Officers:

Michaela Pinchard, Amanda Reynolds, Michael Rudd and Louise Wallace (Health and Adult Services), Daniel Harry (Central Services), Patrick Duffy (Legal and Democratic Services), Holly Austin and Stephanie Haworth (Business Support)

Copies of all documents considered are in the Minute Book

207. Chairman's Announcements

The Chairman welcomed Louise Wallace, Helen Hirst, Gill Collinson and Gillian Lawrence to the meeting.

Louise Wallace had recently taken up the post of Assistant Director for Health and Integration. Amanda Reynolds would be leaving her role as Interim Assistant Director at the end of March 2017. The Chairman thanked Amanda Reynolds for having so ably filled the position in the interim.

The Chairman also reported that:

- a number of the issues discussed at today's meeting would be highlighted via social media, on twitter, by a new health account, which she encouraged all partner organisations to follow and share. Helen Bawn, from the County Council's Communications Unit, would be tweeting, as appropriate;
- Phil Mettam's nomination as the representative of the Vale of York CCG had now been formally approval by the County Council;
- she had asked that an Action Sheet be produced in advance of the Minutes, to enable partner organisations to receive confirmation of - and act upon - the Board's decisions at an early stage.

208. Apologies for absence

Apologies for absence were submitted by:

- Richard Flinton
- Shaun Jones
- Janet Probert
- Dr. Colin Renwick

209. Declarations of Interest

There were no declarations of interest.

210. Minutes

Resolved -

That the Minutes of the meeting held on 18 January 2017 be approved as an accurate record.

211. Public Questions or Statements

There were no questions or statements from members of the public.

212. Green Paper: Draft Carers Strategy 2017/2022 – Supporting the Health and Wellbeing of Unpaid Carers in North Yorkshire

Considered -

The report of the Corporate Director - Health and Adult Services, presenting the draft Carers Strategy 2017/2022. The draft Strategy outlined the themes and actions which the Health and Wellbeing Board were being asked to approve and which would support carers over the next period.

In introducing the report, Richard Webb, Corporate Director, Health and Adult Services highlighted the following:-

- There is a tremendous amount of work undertaken by many thousands of carers, which often goes unacknowledged.
- The draft Strategy remains work in progress and will be subject to an external consultation process, which will link in with National Carers Week in June 2017.
- There has - and will continue to be - involvement across agencies, and further contributions are welcomed.

Gill Collinson, Chief Executive Nurse at Hambleton, Richmondshire and Whitby CCG, commented that integration between agencies will be crucial in delivering the aims of the Strategy.

Alex Bird, Chief Executive Officer of Age UK North Yorkshire, agreed that integration of services and support across all sectors is vital. She asked what is the baseline for self-funders? Richard Webb responded that he will take this back to colleagues, but the intention is there will be a universal service, irrespective of who funds the package. This will be reflected in the final Strategy. The one-off grant currently offered needs to be reviewed and Social Workers will have to think differently as to how they understand a carer's assessment. This then links into a Personal Budget and whether there is a better way of providing services.

Amanda Bloor, Chief Officer, Harrogate and Rural District CCG, felt that carers stories are particularly powerful.

The Chairman said that she was struck by the message about identifying carers – often people do not think of themselves as “a carer”.

The primary care element is very important as, on occasions, GPs do not have sufficient time to identify carers.

Helen Hirst, Chief Officer, Airedale, Wharfedale and Craven CCG, felt that delivery is key; how do we bring the Strategy to life? The Strategy links in closely with the dementia and end of life care papers also being considered at today's meeting.

Pete Dwyer, Corporate Director, Children and Young People's Services, welcomed the profile for young carers in the draft Strategy. Discussions with young carers had identified that they feel they receive inconsistent support, with little flexibility offered on things such as completion of homework. Sometimes young carers are recognised and sometimes they are not. Whilst the contribution of young carers must be recognised and valued, they must still be allowed to be children.

Phil Mettam, Chief Officer, Vale of York CCG, felt this was a good start. Service-based spending patterns mean that carers, as such, are not funded. Should we think how we create a carers' community? Richard Webb agreed – transport, income and jobs are all big issues for carers, but are not funded by traditional routes.

Richard Webb suggested that the title be changed to something like “Aspiring to make North Yorkshire's communities carer friendly” to make it clear this is not a top down approach. Pete Dwyer agreed and suggested an alternative title could be “Aspiring to make North Yorkshire a carer friendly county”.

The Chairman hoped that partners would discuss the Strategy further within their own organisations and congratulated Kathy Clark and her Team for the work that has been done on it thus far.

Resolved -

- a) That approval be given to the draft Strategy going out to consultation, subject to it being amended to reflect the points made in the discussion.
- b) That if partners have any further comments on the draft Strategy, they should let Kathy Clark know by 31st March.

Kathy.Clark@northyorks.gov.uk

213. Green Paper: Draft Dementia Strategy – Bring Me Sunshine, Living Well with Dementia in North Yorkshire

Considered -

The report of the Corporate Director, Health and Adult Services which presented the draft Dementia Strategy. The draft Strategy set out the current position of dementia need and service provision in North Yorkshire and establishes a set of guiding principles and priorities for partners to deliver over the lifetime of the Strategy.

Michael Rudd took Members through the draft Strategy, highlighting the following aspects:-

- 9000 people in the county have been diagnosed with dementia – this figure is expected to double by 2030.
- A societal change around our approach to dementia and how it views dementia (the fact that there is still a sense of stigma associated with the condition, for example) is required.
- The draft Strategy captures the spirit, good humour and stoicism of people, so they are *living well*, rather than *suffering from* the condition.
- People living with dementia and their families and carers want to talk about it.
- The challenge is to harness work undertaken across agencies with the fact that local communities tend to know best.
- The four key principles and five priorities of the draft Strategy are:-

Principles

I am Me. I am not dementia. I have a name and expect it to be used

Carers Matter. Treat them as they treat us

The Small Things. Small acts of understanding can make a huge difference

Consistency. Where I live should not determine how I am treated

Priorities

Dementia Friendly North Yorkshire

Workforce Development

Diagnosis

Support and Advice

Planning for the Future and Dying Well

- A number of aims and outcomes, sit under each of the above priorities, as outlined in the draft Strategy.

The Chairman commented on the large number of people who had been engaged in the development of the draft Strategy so far – over 11,000. This was quite a feat. She also felt that the title (“Bring me Sunshine . . .”) was excellent. She thanked Michael Rudd for the work undertaken and felt that the Strategy has moved on well and is very clear. It sends out a strong message.

Colin Martin, Chief Executive of Tees, Esk and Wear Valleys NHS Foundation Trust, fully supported the draft Strategy and was pleased to see learning disabilities included, as this is not always well understood. Young Onset Dementia is a key developing aspect. Consistency will be crucial.

Simon Cox, Chief Officer Scarborough and Ryedale CCG, referred to the stigma associated with diagnosis. People are afraid that this will change who they are and who people feel they are and so we need to be careful about targets around identifying people with dementia.

Amanda Bloor felt the draft was excellent. We need to remember that dementia is not solely a disease of old age. A theme that had come through from engagement carried out within Harrogate and Rural District CCG, was that people were more anxious regarding a diagnosis of dementia than one of cancer. This is about our places and people in our places, rather than a health and social care response. We need to help people living with the condition to have as normal a life as possible and there is a lot that can be done creatively.

Janet Sanderson, Executive Member for Children and Young People’s Service, referred to the need for support after bereavement. Often people suppress their emotions and keep going until the person they are caring for passes away and then their own health crumbles. She had been at an Event and noticed that the audience knew every word of the wartime songs being performed. Might it be a possibility to put words into a song that would help people with their daily routine? The Chairman agreed that this was a good idea.

Lincoln Sargeant, Director of Public Health, commented that timely diagnosis is key. There is increasing evidence that dementia is preventable and it would be beneficial to convey this message. Also, even after diagnosis, lifestyle measures remain relevant.

Helen Hirst agreed that there needs to be greater emphasis on prevention.

Gill Collinson stated that the two dementia collaboratives she is involved with are keen to move to implementation phase and put the person living with dementia, their family and carers at the centre.

Ros Tolcher, Chief Executive of Harrogate District Hospital, advised the Board of work that has been undertaken in her Trust including mandatory training in dementia awareness and implementing a wide range of measures to improve the environment for people with dementia. These include having large clocks with the day as well as the time; red door toilets; and memory rooms.

The Chairman asked if Ros Tolcher and Colin Martin would have a conversation with other providers to discuss what else can be done to improve the environment for people with dementia in Hospitals.

A number of Members stated that the role of communities is powerful and referred to the seemingly small changes that can make a big difference to people living with dementia.

Alex Bird said that she had attended an event at Craven Action Area Alliance at which a lady showed a video of her and her husband, who is in the early stages of dementia. This was a brave and powerful message.

It is important to reach out and engage with others and capture examples of work being done by organisations in communities to become more dementia friendly, such as Craven and Skipton Building Society and Appleton's Butchers in Ripon. Dementia awareness cannot just involve statutory organisations.

In this connection, Michael Rudd advised that work is being undertaken to develop a module in schools about dementia awareness.

Pete Dwyer felt that different delivery models are now required – could, for example, videos be shown in cinemas?

Alex Bird referred to the work by West Yorkshire Playhouse, with the Dementia Alliance. Richard Webb added that Rural Arts in York had also produced good work.

Louise Wallace, Assistant Director for Health Integration, commented that workforce development is key.

Phil Mettam thought the draft Strategy was a great piece of work. The actual outcomes, however, would be crucial; how do we start measuring that we are “making a difference?”

A number of Members related how dementia had touched their lives.

Judith Bromfield referred to the positive impact of training.

Richard Webb mentioned the power of personal testimony and made the following points about the Strategy:-

- Value for money and quality needs to be included. The issues about consistency and workforce development should be flagged up.
- More examples of good practice – such as those referred to by Ros Tolcher – should be included.
- When the Strategy is launched, it should be across partners and feature businesses who are doing good things in terms of helping to create a dementia-friendly environment.

The Chairman concluded the discussion by referring to sporting memories, which can be inspirational for people with dementia. She congratulated the officers involved in the development of the draft Strategy.

Resolved –

- a) That approval be given to the draft Strategy going out to consultation, subject to it being amended to reflect the points made in the discussion.
- b) That provider representatives be asked to have a conversation with other providers to discuss what can be done to make Hospitals more dementia-friendly, along the lines of the examples provided by Ros Tolcher.
- c) That with regard to the examples provided of reaching out to people with dementia, Members be asked to provide any other examples that they may be aware of to Michael Rudd. Michael.rudd@northyorks.gov.uk

- d) That the possibility of linking in with/utilising the work being done by West Yorkshire Playhouse (with the Dementia Alliance) and Rural Arts be looked into.
- e) That today's discussion be fed back to organisations.

214. North Yorkshire Scrutiny of Health – In-depth Study of End of Life Care in the County

Considered -

The report of the Scrutiny Team Leader, Central Services Directorate, presenting the recommendations of the Scrutiny of Health Committee, following the extended piece of scrutiny they had undertaken looking into the commissioning and provision of end of life care services in the county. This had involved engagement with a broad range of commissioners, service providers, patients and the public.

Councillor Jim Clark, Chairman of the Scrutiny of Health Committee, said that the work linked in closely with the Joint Health and Wellbeing Strategy Theme of Dying Well.

Councillor Clark also made the following points:-

- 28% of people said they do not receive good end of life care.
- People prefer to die in their own home but many do not.
- There are wide variances across the county in end of life care provision.
- Good work is being undertaken, but this lacked a coherent plan.
- Closer sharing of information is required.
- The Hospice movement do not feel as involved as they might be in planning and commissioning of end of life care services in the county.
- Bereavement counselling is crucial.
- How do we best deal with the challenge of providing end of life care in remote areas?
- Best practice needs to be available for everyone. Therefore, the key recommendation of the Committee is to establish a multi-agency forum for commissioners and providers of end of life care in the county to enable greater co-ordination of service planning; the agreement of common standards, etc.

Daniel Harry, Scrutiny Team Leader, made the following points:-

- Carers of people coming towards the end of their life can, themselves, need support. If not, then this can lead to a breakdown of the community-based care package.
- There has been a strong focus on cancer, when it comes to end of life care. Care needs to be adapted to meet the needs of people with a number of long term conditions, including dementia.
- Training ranges from basic awareness raising and engagement skills to specialist medical training.

- There is some confusion as to legalities and how people can ensure that their wishes are respected.
- A “bad death” (where, for instance a person’s wishes are not able to be respected) can have a long term impact on the family and carers.
- Relatively simple and small things can make such a difference e.g. ensuring that people coming towards the end of their life receive meals that they enjoy or can have a bath.
- How will end of life care fit into the plans of the three Sustainability and Transformation Plans covering North Yorkshire?
- How long will existing, operational goodwill, that plugs gaps in service delivery, be sustainable, in the face of funding pressures?
- Whilst no funding is available from Government, there is money in the system and consideration should be given as to where it flows from and how it might be better utilised.
- In terms of Palliative Care, drugs are not available in the community when needed. This can result in A&E admissions, often late at night.

The Chairman commented that District Nurses are one of two areas not to have 24/7 service and asked if this could be discussed.

Alex Bird stated that this subject touches everyone in different ways. She referred to a draft End of Life Care Charter that she had presented to the North Yorkshire Partnership Conference which had three recommendations:-

- A single directory for advice and support to enable people to get comprehensive information on end of life issues.
- A Learning and Development Plan to ensure staff and/or volunteers have the knowledge and skills required.
- Adopting the Charter to act as a catalyst for change.

Gill Collinson commented that this is about how we start to change the system. Traditionally, a fast track package is made available, yet it can be difficult to source domiciliary care in rural areas. Therefore, people sometimes do not die at home when it is their preferred choice to do so. Services are not co-ordinated.

Lincoln Sargeant mentioned that sometimes death is seen as a failure. Could we get to the point, as with some cultures, whereby a “good death” is seen as the end of a good life?

Amanda Bloor stated that people can find death difficult to talk about and that there can be almost heroic interventions that add no value to the quality of someone’s life. There can be a tendency to over-medicalise when people are on a journey towards the end of their days.

Simon Cox commented as follows:-

- There is some outstanding provision by Hospices.
- There has been a large increase in palliative care but, on the ground, there is an increasing sense of disintegration and overlap in the services provided.

- With District Nurse provision, it is not just increasing capacity, but ensuring the right support by the right people.
- Helping people make the right choice is key in that sometimes people die at home and, when you talk to the family afterwards, it becomes clear that this was not necessarily the best place for them to end their days.

Richard Webb felt this was an excellent report and advised that the North Yorkshire Commissioner Forum has discussed this issue. He suggested that that Forum, and Executive Nurses, take this forward.

The Chairman thanked Councillor Clark and Daniel Harry for this report and also Bryon Hunter, former Scrutiny Team Leader, who had been involved in much of the initial work.

Resolved -

- a) That the North Yorkshire Commissioner Forum and Executive Nurses to respond to the recommendations in the report and then come back to a future meeting of the Health and Wellbeing Board with a progress update.
- b) That the draft End of Life Care Charter, presented by Alex Bird at the North Yorkshire Wider Partnership Conference in October 2016, be circulated to Members of the Health and Wellbeing Board.

215. North Yorkshire Tobacco Control, 2016 Report: One Year On

Considered -

The report of the Director of Public Health, which highlighted all of the work achieved in the last 12 months.

Lincoln Sargeant stressed that, despite the good progress that is being made, as highlighted below, smoking remains the primary cause of premature deaths and preventable illness.

There were five priorities for the coming year:-

- Prevention for children and young people
- Normalising a smoke free lifestyle
- Reduce illegal tobacco in the community
- Support smokers to quit and reduce smoking
- Carry out marketing and communication programmes

Key achievements include:-

- Undertaking an illicit tobacco survey
- Recommissioning the stop smoking service
- Initiation of the Baby Clear Programme
- Roll out of smoke free playgrounds
- A number of successful communication campaigns, including Breathe 2015 and 16 Cancers Campaign, on a regional level.

Good progress is being made and, as the Board had been made aware from Pete Dwyer's report on the Young and Yorkshire Survey at its last meeting, there is a generational shift occurring in smoking, with fewer children and younger people taking it up. This is encouraging.

In response to a question from Louise Wallace concerning e-cigarettes, Lincoln Sargeant said that a lot of people are using these to cut down or quit smoking. Whilst this is welcomed, there is some anecdotal evidence that e-cigarettes are being used by young people to experience “smoking” for the first time and not as an aid to quit. It is a balance, in that if e-cigarettes lead people to reduce or stop smoking this is a good thing, but they still carry an addictive substance.

Richard Webb referred to the Public Health videos on smoking and suggested these be circulated to Members of the Board. He added that consideration should be given to how vaping is handled.

The Chairman thanked Lincoln Sargeant for his report and commented that the aim of a smoke free generation was an excellent idea.

Resolved -

- a) That the priorities for the coming year be approved.
- b) That links to the Public Health videos referred to on smoking, be circulated to Members of the Health and Wellbeing Board.

216. Development of future Integrated Commissioning Arrangements in North Yorkshire – Progress Update

Considered -

The briefing paper by Michaela Pinchard, Head of Integration, which provided Members with an update on progress towards developing an approach to future integrated commissioning arrangements in North Yorkshire, together with the next steps.

Amanda Reynolds, Assistant Director, advised that at its recent meeting the North Yorkshire Commissioner Forum had had a useful session on governance and Section 75 of the Local Government Act which will be key elements, moving forward. The Forum would be holding facilitated sessions to help develop its thinking towards integrated commissioning.

Resolved -

That the update be noted.

217. Better Care Fund Update

Considered -

The verbal update of the Assistant Director for Integration.

Amanda Reynolds advised that the Guidance from NHS England was still awaited. Gillian Lawrence, from NHS England, stated that her understanding was that it would be published within the next fortnight.

218. Health and Wellbeing Board – Rolling Work Programme/Calendar of Meetings 2017/18

Considered -

The Work Programme/Calendar of meetings for 2017/18.

Richard Webb suggested that meetings of the Board alternate between public meetings and private discussions.

The Chairman thanked Janet Waggott for agreeing to Ryedale District Council Offices, Malton, being the venue for the next meeting on Wednesday 31st May at 2.00 p.m.

Resolved -

- a) That the Work Programme/Calendar of Meetings be noted.
- b) That meetings of the Board alternate between public meetings and private discussions, as required.

The meeting concluded at 12.30 p.m.

PD

NORTH YORKSHIRE HEALTH AND WELLBEING BOARD – ACTION SHEET FOR MEETING HELD ON 17TH MARCH 2017

MIN NO.	ITEM	ACTION AGREED	ACTION BY
212	Green Paper: draft Carers Strategy 2017-2022 – Supporting the Health and Wellbeing of Unpaid Carers in North Yorkshire	<p>That approval be given to the draft Strategy going out to consultation, subject to it being amended to reflect the points made in the discussion.</p> <p>If partners have any further comments on the draft Strategy, would they let Kathy Clark know by 31st March . . .</p> <p>Kathy.Clark@northyorks.gov.uk</p>	<p>Kathy Clark</p> <p>ALL</p>
213	Green Paper: Draft Dementia Strategy – Bring me Sunshine, Living Well with Dementia in North Yorkshire	<p>That approval be given to the draft Strategy going out to consultation, subject to it being amended to reflect the points made in the discussion.</p> <p>Provider representatives to have a conversation with other providers to discuss what can be done to make Hospitals more dementia-friendly, along the lines of the examples provided by Ros Tolcher.</p> <p>Regarding the examples provided of reaching out to people with dementia, please provide any other examples you may be aware of to Michael Rudd.</p> <p>Look into the possibility of linking in with/utilising the work being done by West Yorkshire Playhouse (with the Dementia Alliance) and Rural Arts.</p>	<p>Michael Rudd</p> <p>Ros Tolcher and Colin Martin</p> <p>ALL</p> <p>Michael Rudd</p>

MIN NO.	ITEM	ACTION AGREED	ACTION BY
214	North Yorkshire Scrutiny of Health – In-depth Study of End of Life Care in the County	<p>Commissioner Forum and Executive Nurses to respond to the recommendations in the report and then come back to a future meeting of the Health and Wellbeing Board with a progress update.</p> <p>Circulate to Members of the Health and Wellbeing Board the draft End of Life Care Charter presented by Alex Bird at the North Yorkshire Wider Partnership Conference in October 2016.</p>	<p>Janet Probert</p> <p>Patrick Duffy</p>
215	North Yorkshire Tobacco Control 2016 Report: One year On	<p>That the priorities for the coming year be approved.</p> <p>Circulate to Members of the Health and Wellbeing Board links to the Public Health videos that were referred to on smoking.</p>	<p>Lincoln Sargeant</p> <p>Patrick Duffy</p>
218	Health and Wellbeing Board Rolling Work Programme/Calendar of Meetings 2017/18	<p>Meetings of the Board to alternate between public meetings and private discussions, as required.</p> <p>Next Meeting: Wednesday 31st May at Ryedale District Council Offices, Malton at 2.00 p.m.</p>	<p>ALL TO NOTE</p> <p>ALL TO NOTE</p>

NORTH YORKSHIRE HEALTH AND WELLBEING BOARD – 21ST JULY 2017

Report of the Assistant Chief Executive (Legal and Democratic Services)

North Yorkshire Health and Wellbeing Board – Terms of Reference

1. Purpose of Report

- 1.1 To suggest minor amendments to the Board's Terms of Reference.

2. Background

- 2.1 The Terms of Reference, were last approved in July 2015.
- 2.2 The main elements of the Terms of Reference are still appropriate. There are, however, some suggested amendments, set out below, to reflect changed circumstances and the decision of the Board at its last meeting that it would wish to alternate between public meetings and private discussions.

3. Suggested amendments

Section 2, Key responsibilities

- Insert "(a) to support and have oversight of and actively promote programmes on integration and joint working."
- At paragraphs 2 (j) and 2 (o) change references from "NHS Commissioning Board" to "NHS England".
- Delete paragraph (e), as it is covered by the new point (a) referred to above.
- Delete paragraph (k), as it is no longer included in NHS Planning Guidance.

Section 4, Conduct of Meetings of the Board

- Amend the first two sentences of paragraph 4.1 to read "The Board will hold formal public meetings and informal private meetings and these will usually alternate on a bi-monthly basis. One meeting per year will be a development session." In the final sentence, change "Chairman" to "Chair".
- Amend paragraph 4.2 to read: The Board will be chaired by the Executive Member who has designated responsibility for the Health and Wellbeing Board. The Deputy Chair will be appointed by the Board and should be from the NHS or from an NHS commissioning organisation.

4. Additional Information

- 4.1 The current Terms of Reference, annotated with the changes proposed above, are included at Appendix A.
- 4.2 An amended “clean” copy of the Terms of Reference, incorporating the suggested amendments, is enclosed at Appendix B.
- 4.3 Any amendments to the Terms of Reference need to be agreed by the County Council’s Constitution Working Party.

5. Recommendation

- 5.1 That the County Council’s Constitution Working Party be recommended to approve the changes to the Board’s Terms of Reference, as set out above.

Barry Khan
Assistant Chief Executive (Legal and Democratic Services)

July 2017

North Yorkshire Health and Wellbeing Board

Terms of Reference, annotated with proposed changes

1. Core Functions

- 1.1 The Health and Social Care Act 2012 requires the Council to establish a Health and Wellbeing Board (the Board) for its Area to encourage the improvement and integration of working of health and social care for North Yorkshire.
- 1.2 To promote integration and partnership across the Council's area including promoting joined up commissioning plans across the NHS Social Care and Public Health.
- 1.3 To support joint commissioning and pooled budgets.
- 1.4 To assess the needs of the population in the Council's area and lead the statutory Joint Strategic Needs (JSNA) assessment and the Joint Health and Wellbeing Strategy (JHWS).

2. Key responsibilities

The main responsibilities of the Board are:

Insert the following and renumber subsequent paragraphs:

- (a) to support and have oversight of and actively promote programmes on integration and joint working;**
- (a) to prepare and implement the Joint Strategic Needs Assessment (including the Pharmaceutical Needs Assessment) based on the needs of the population in the Council's area with the aim of improving healthy life expectancy and reducing health inequalities and to undertake an annual review;
- (b) to determine priorities, prepare and publish the (JHWS) for North Yorkshire, and undertake an annual review;
- (c) to be mindful of, and include throughout its activities a concern for both adults' and children's health and wellbeing;
- (d) to encourage integrated working between health and social care commissioners including the provision of advice, assistance or other support to encourage arrangements under Section 75 National Health Service Act 2006, such as leading commissioning, pooling budgets and or integrated provision in connection with the provision of Health and Social Care Services;
- (e) **Delete the following, as it is covered by the new point (a), above:**
to encourage closer working between the commissioners of health related services and the Board;
- (f) to encourage closer working between the commissioners of health related services such as housing and other local government services and the commissioners of health and social care services;

- (g) to provide strong leadership, system leadership and direction to the health and wellbeing agenda by agreeing priority outcomes for the health and wellbeing strategy;
- (h) to provide a platform for partners to work together to ensure the people of North Yorkshire are able to benefit from improvements in health and wellbeing;
- (i) to undertake any other functions that are delegated to the Board by the Council under Section 196(2) Health and Social Care Act 2012;
- (j) to advise all health and social care commissioners as to whether their commissioning plans observe the JHWS and to express concerns to:-
 - The NHS Commissioning Board **change to NHS England** if the content of CCG commissioning plans and/or
 - the local authority if local authority commissioning plans

deviate from JHWS;

- (k) **Delete the following as it is no longer included in NHS Planning Guidance: to engage with health commissioners in relation to the requirement upon them to agree local priorities with the Board as stated in the NHS planning framework**
- (l) to engage with the public health service commissioners to ensure the effective commissioning of services to help to deliver the priorities of the JHWS and to achieve public health outcomes.
- (m) to provide advice to commissioners of health related services on meeting the assessed needs of the population through effective interventions to improve health:
- (n) to receive reports annually through arrangements agreed by PHE centres and the Director of Public Health on health protection arrangements, including the local agreement of health protection priorities, and to receive such other reports as are necessary for the reporting of serious incidents or areas of concern with a view to ensuring acute and longer term health protection responses and strategies delivered by Public Health England are delivered to properly meets the health needs of the local population;
- (o) to report annually to the NHS Commissioning Board **change to NHS England** as part of their annual assessment of CCGs as to how the CCGs have helped to deliver JHWBS;
- (p) to receive the Annual Report of the Director of Public Health and to consider its recommendations in reviewing the priorities for improving population health and reducing health inequalities

3. **Governance and Accountability**

- 3.1 The Board will be accountable for its actions to its individual member organisations.
- 3.2 The Board will liaise with key statutory and non-statutory national and local organisations which have a remit to improve health & wellbeing in North Yorkshire.

These will include Local Government North Yorkshire and York (LGNYY), the North Yorkshire Children's Trust and the Community Safety Forum.

- 3.3 The representatives of the Board will be accountable through their own organisations decision making processes for the decisions they take. It is expected that members of the Board will have delegated authority from their organisations to take decisions within the terms of reference of the Board.
- 3.4 Subject to 3.5 below, decisions within the terms of reference will be taken at meetings and will not normally be subject to ratification or a formal decision process by partner organisations (provided that at least 10 days notice of forthcoming decisions have been given). However, where decisions are not within the delegated authority of the Board members these will be subject to ratification by constituent bodies.
- 3.5 The Joint Health and Wellbeing Strategy will be referred to the Council for approval as part of the Council's Policy Framework.

4. **Conduct of Meetings of the Board**

- 4.1 Meetings of the Board will take place four times each year and will normally be conducted in public subject to the provisions as to exempt information. In addition, two seminars will take place each year. Additional meetings of the Board may be called if agreed by the Chairman to be essential to the effective transaction of business.
Change first two sentences to: The Board will hold formal, public meetings and informal private meeting and these will usually alternate on a bi-monthly basis. One meeting per year will be a development session. In the final sentence, change "Chairman" to "Chair".
- 4.2 The meetings will be chaired by the Leader of the Council, or the relevant portfolio holder nominated by him and the Deputy Chairman will be appointed by the Board.
Change to: The Board will be chaired by the Executive Member who has designated responsibility for the Health and Wellbeing Board. The Deputy Chair will be appointed by the Board and should be from the NHS or from an NHS commissioning organisation.
- 4.3 The quorum for meetings shall be 50% of its statutory membership.
- 4.4 Decisions shall be made on the basis of a show of hands of a majority of members present.
- 4.5 Each meeting will have an open forum session where members of the public may ask questions.
- 4.6 Minutes of meetings will be available on the websites of the Council and partner agencies.
- 4.7 The Chair shall sign the minutes as a true and accurate record of the meeting.
- 4.8 The Board may establish sub committees to undertake any of their functions.
- 4.9 The Board may set up strategy groups or task groups to assist in the undertaking of their functions, but such strategy or task groups will not have decision making powers, and terms of reference for each group will be agreed.

4.10 The Board may hold informal seminars or public engagement conferences to facilitate the environment of the public in their work.

5. Codes of Conduct and Conflicts of Interest

5.1 All non Councillor Members of the Board who are entitled to vote are governed by the County Council's Members' Code of Conduct and will be required to sign an undertaking to comply with the Code and complete a register of interests, and observe requirements as to the disclosure of pecuniary and other interests. Members of the Board are prohibited from participating in discussion or voting on any matter relating to an interest contained in their register of interests.

6. Scrutiny

6.1 The discharge of functions by Board falls within the remit of scrutiny, but the core functions are not subject to call-in as they are not Executive functions.

6.2 The review and scrutiny of decisions made or other action taken by the Board in connection with discharge of the functions of the Local Authority should not be undertaken by any Member who is involved in the decision making or actions of the Board. Accordingly Members of the Board should not also be Members of any Overview and Scrutiny Committee undertaking scrutiny of the work and decisions of the Board.

North Yorkshire Health and Wellbeing Board

“Clean” copy of Terms of Reference, incorporating the changes proposed at Appendix A

1. Core Functions

- 1.1 The Health and Social Care Act 2012 requires the Council to establish a Health and Wellbeing Board (the Board) for its Area to encourage the improvement and integration of working of health and social care for North Yorkshire.
- 1.2 To promote integration and partnership across the Council’s area including promoting joined up commissioning plans across the NHS Social Care and Public Health.
- 1.3 To support joint commissioning and pooled budgets.
- 1.4 To assess the needs of the population in the Council’s area and lead the statutory Joint Strategic Needs (JSNA) assessment and the Joint Health and Wellbeing Strategy (JHWS).

2. Key responsibilities

The main responsibilities of the Board are:

- (a) to support and have oversight of and actively promote programmes on integration and joint working;
- (b) to prepare and implement the Joint Strategic Needs Assessment (including the Pharmaceutical Needs Assessment) based on the needs of the population in the Council’s area with the aim of improving healthy life expectancy and reducing health inequalities and to undertake an annual review;
- (c) to determine priorities, prepare and publish the (JHWS) for North Yorkshire, and undertake an annual review;
- (d) to be mindful of, and include throughout its activities a concern for both adults’ and children’s health and wellbeing;
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- (j) to advise all health and social care commissioners as to whether their commissioning plans observe the JHWS and to express concerns to:-

- NHS England if the content of CCG commissioning plans and/or
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deviate from JHWS;

- (k) to engage with the public health service commissioners to ensure the effective commissioning of services to help to deliver the priorities of the JHWS and to achieve public health outcomes.
- (l) to provide advice to commissioners of health related services on meeting the assessed needs of the population through effective interventions to improve health:
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- (n) to report annually to NHS England as part of their annual assessment of CCGs as to how the CCGs have helped to deliver JHWS;
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- 6.2 The review and scrutiny of decisions made or other action taken by the Board in connection with discharge of the functions of the Local Authority should not be undertaken by any Member who is involved in the decision making or actions of the Board. Accordingly Members of the Board should not also be Members of any Overview and Scrutiny Committee undertaking scrutiny of the work and decisions of the Board.



Update on the North Yorkshire Mental Health Strategy 2015-2020

'Hope, Control and Choice.'

21st July 2017

Presented by: Kathy Clark- NYCC Assistant Director, Commissioning

Summary:

This paper provides an update on progress with the delivery of the North Yorkshire Mental Health strategy 2015-2020 'Hope, Control and Choice' during 2016-17 to date.

Key achievements of the strategy so far are detailed within this report, along with plans for delivery and further development work during 2017-18.

Which of the themes and/or enablers in the North Yorkshire Joint Health & Wellbeing Strategy are addressed in this paper?

[Please tick as appropriate]

Themes	✓
Connected Communities	✓
Start Well	✓
Live Well	✓
Age Well	✓
Dying Well	

Enablers	
A new relationship with people using services	√
Workforce	√
Technology	√
Economic Prosperity	

How does this paper fit with other strategies and plans in place in North Yorkshire?

- Crisis Care Concordat
 - Future in Mind (Transformation Planning)
 - Dementia strategy
 - Autism Strategy
 - Carers strategy
-

What do you want the Health & Wellbeing Board to do as a result of this paper?

- Note the progress made with the delivery of the North Yorkshire Mental Health strategy 2015-2010 'Hope, Control and Choice' during 2016-17 and plans for delivery during 2017-18.

1.0 Purpose

- 1.1 To provide an update to the Board on the work undertaken on the delivery of the North Yorkshire Mental Health Strategy 2015-2020 'Hope, Control and Choice' during 2016-17 including key achievements against strategy objectives.

The report also notes plans for future delivery and development work during 2017-18.

2.0 Progress with strategy delivery and key achievements during 2016-17

- 2.1 Progress with the strategy delivery during 2016-17 has been monitored and reviewed through the Hope, Control and Choice Joint Commissioning Group and Mental Health Strategy Implementation Group.

Key achievements identified across work programmes that have contributed towards delivery of strategy objectives during 2016-17 are outlined in appendix A of this report, and include the following:

Public Mental Health

- Public Health have awarded grants to organisations across the county for Mental Health First Aid (MHFA) and ASIST (Applied Suicide Intervention Skills Training) instructor training and course delivery, which is part of local suicide prevention strategy. As a result of the grants 7 new MHFA and 10 new ASIST trainers have been trained, and 191 people have attended either a MHFA or ASIST trainer delivered course.

Children & Young People

- A new County-wide School Mental Health and Wellbeing Service has been implemented and is being delivered by Compass. The service aims to provide support to schools to develop a whole school approach to positive mental health, and improve early identification and access to support.

A key risk for the project is the large geographical area the project will have to cover and service will be offered based on need. An audit of schools will be completed to identify where the need is initially.

Improving Access to Psychological Therapies

- Harrogate and Rural (HaRD) CCG have obtained national monies (300K) to implement an IAPT service dedicated to people with long-term conditions.
- Harrogate have also been nominated for a national award following the introduction of IAPT working in the maternity department at Harrogate Hospital.
- All North Yorkshire CCG's except Vale of York (VoY) have met IAPT prevalence targets.

Crisis Care

- TEWV has secured funding through the Tier 4 vanguard to support the delivery of crisis response and intensive home treatment for children and young people in North Yorkshire and York.
- Vale of York Clinical Commissioning Group have successfully bid to receive funding of £498K from NHS England to bolster liaison mental health services, in order to deliver prompt access to care 24/7.
- North Yorkshire Police has awarded £9.5K to the Major Incident Response Team to develop further MHFA and ASIST.

Social care

- The fourth round of Innovation Fund awarded grants in January 2017 for delivery of 8 early intervention and prevention projects, including 6 which are specifically targeted towards mental health.

- 2.2 Intelligence from a range of sources, including Mental Health Forums, Service User Involvement Groups and professionals indicates that there is the need for more investment into early intervention and prevention, and low level community mental health support across all North Yorkshire localities. In addition it has been identified that the NYCC Living Well Service has been receiving referrals for and providing support to significant numbers of people with mental health issues across all districts of North Yorkshire. This need for support has been identified by the Living Well Service as being highest in the Scarborough Borough Council area.
- 2.3 There has been ongoing engagement with local Mental Health Forums and other mental health interest groups throughout 2016/17. In order to widen the range of expertise to inform the ongoing strategy development, the membership of the Mental Health Strategy Implementation Group has been expanded to include representation from mental health forums and TEWV Service User Involvement Groups.

3.0 Priorities for delivery and further development in 2017-18

- 3.1 The delivery plan for the mental health strategy has been reviewed and refreshed for 2017-18 delivery by members of both the Hope, Control and Choice Joint Commissioning Group and Mental Health Strategy Implementation Group.

Key activity planned for 2017/18 includes:

NYCC Health and Adult Services (HAS) Mental Health Review

During 2017-18 a review will be led by NYCC Health and Adult Services (HAS) to use our current resources better, and to design and implement a Social Care Mental Health offer that meets the needs of the North Yorkshire population, covering both in-house and commissioned service provision.

The aim is to ensure a focus on prevention and recovery within these services and to offer support to enable people with mental health needs to live the full life that the Hope Choice and Control strategy aims to deliver.

An initial review of HAS in-house provision has already been completed and has resulted in a new management structure. The service is still delivered in an integrated way with health provision but with a stronger focus on the social care contribution to mental health. An engagement exercise will commence in July to involve people using services, their carers, current and potential

providers in what a Social Care Mental Health offer in North Yorkshire should look like.

The final model will inform re-commissioning of current voluntary and community sector services, and the development of HAS in-house service provision.

Public Mental Health

NYCC Public Health have commissioned an organisation ICE Creates to deliver a targeted wellbeing campaign. ICE Creates are currently engaging with local stakeholders and looking to recruit people to take part in the initial research and co-design of the campaign.

NYCC Public Health has been working with the national Time to change anti stigma campaign and has awarded a contract to Scarborough survivors to deliver an anti-stigma programme. The service will adopt a social contact model to administer small community grants for anti-stigma activities and co-ordinate the involvement in service users.

The public health approach “Making Every Contact Count” (MECC) is complementary to the mental health agenda in that the five topics covered in the training include mental health and wellbeing.

NYCC employees have been able to undertake MECC training since September. A second stage roll-out has commenced and is using a train the trainer approach to target the wider Public Health workforce. Participants on this second phase MECC training will attend a RSPH (Royal society of Public Health) accredited knowledge and skills training course, which will help them develop skills and knowledge to have ‘healthy’ conversations with the public. Following this they will use course materials to practice deliver elements of the MECC course to their work colleagues. Local mental health organisations will be encouraged to participate in the phase 2 delivery.

A Public Mental Health Group has been established and is being led by NYCC Public Health to support delivery of early intervention and prevention objectives across the North Yorkshire Mental Health Strategy. This group will explore opportunities to improve access to early intervention and prevention across North Yorkshire, taking into account other work that is already being undertaken regarding this on a strategic level and in local communities.

Children and Young People

The Social, Emotional and Mental Health (SEMH) steering group priorities will include progressing the following pieces of work:

- The development of a workforce strategy
- Establishing routes for co-production
- Establishing a coherent perinatal mental health offer
- Implementing the School Wellbeing Project
- Implementing the SEMH Partners In Practice extension embedding 'No wrong' door principles to a particular co-hort of children
- Re-modelling of locality Special Educational Needs and Disability (SEND) Social Emotional and Mental Health provision

Crisis Care

Work is ongoing towards the implementation of an all age 24 hour, seven day week service, to be called the North Yorkshire Mental Health Crisis Service.

CCGs are working closely with the provider trust TEWV on the pilot for New Models of Care for crisis support and intensive home treatment (IHT) for children and young people. This project is establishing a model based on planned and unplanned care, with the crisis team 'holding' urgent cases until and after assessment and decisions regarding care and treatment. The service will be open daily seven days per week.

There has been a successful bid to the Department of Health for a York safe haven, with £178K allocated to refurbish Sycamore House. This is expected to launch October 2017

Improving Access to Psychological Therapies

Achievement of IAPT targets remains a priority for all North Yorkshire CCG's.

In response to performance concerns a VoY CCG action plan has been developed which aims to deliver sufficient capacity to meet and sustain the 16/17 prevalence target of 15%, achieve the 50% recovery target, and to reduce the existing backlog of patients waiting for second appointment (treatment modalities) to an acceptable level.

Engagement and co-production

Further work will also be undertaken during 2017-18 to develop engagement and co-production as part of the strategy, in order to build upon what is already in place and working well throughout the County- including the TEWV engagement approach.

Report author:

Caroline Townsend

Commissioning Manager- NYCC HAS

Appendix A: Summary of key HC&C achievements 2016-17

Work programme	Activity	Achievements / Expected benefits
Public Mental Health	<p>Public health have awarded grants to organisations across the county for Mental Health First Aid (MHFA) and ASIST (Applied Suicide Intervention Skills Training) instructor training and course delivery, which is part of local suicide prevention strategy.</p> <p>In May 2017, the public health team commissioned an organisation to develop an evidence based campaign to promote mental health promotion techniques including the 'Five Ways to Wellbeing'.</p>	<ul style="list-style-type: none"> ➤ 7 new MHFA trainers in North Yorkshire ➤ 10 new ASIST trainers in North Yorkshire ➤ 6 ASIST courses delivered (83 participants) ➤ 5 MHFA courses delivered (108 participants (total = 191)) ➤ Overall aim is that MHFA/ASIST training will be delivered to 700 individuals across the county
Children & Young People	<p>Implementation of the School Mental Health and Wellbeing Service, being delivered by Compass. The service aims to provide support to schools to develop a whole school approach to positive mental health by delivering tiered training to school staff and key partners, followed up by expert professional consultation, coaching and mentoring to education staff on</p>	<ul style="list-style-type: none"> ➤ Service aims- to improve early identification and improve access to support. ➤ All 370 schools/colleges/PRS' in North Yorkshire were contacted and sent the service factsheet. All schools that provided lead contact information received a follow-up email from the project requesting further data for the school matrix to ensure service can meet the specific needs of the schools. At the current time 52 schools/colleges/PRS' have provided this information

	<p>the use of brief interventions and targeted group work.</p> <p>Eating disorder offer (FiM funded), delivered by CAMHS service.</p> <p>A DfE strategic plan for specialist education provision & improved outcomes for children with SEMH difficulties.</p>	<ul style="list-style-type: none"> ➤ Tiered Training - The Wellbeing Workers are receiving 'train the trainer training' ➤ Will bring access and waiting times in line with national expectations. ➤ The community eating disorder service for children and young people has been commissioned through Tees Esk and Wear Valley NHS Foundation Trust. The service is available Monday-Friday 5 days a week, 9am-5pm, and is delivered in the community through the hub and spoke model, working in partnership with locality based CAMHS teams. The Harrogate and York hubs are fully operational and the service is delivered at the Scarborough & Northallerton 'spokes' once a week. ➤ To build a support team around schools that can prevent exclusion and improve outcomes for children and young people with SEMH difficulties. A 'Deep Dive' report updating on the progress of this service is due at the end of Aug 17.
<p>Improving access to psychological therapies</p>	<p>Work on developing IAPT (Increasing Access to Psychological Therapies) services) across all CCG's.</p> <p>Harrogate CCG were successful in bidding for national monies (300K) to</p>	<ul style="list-style-type: none"> ➤ Harrogate/Scarborough and Ryedale and Hambleton, Richmondshire and Whitby CCGs all saw an increased performance in IAPT during 2016/17. All met the prevalence, 6 and 18 week targets. Hambleton, Richmondshire and Whitby CCG and Harrogate CCG met the national recovery target and Scarborough saw their recovery rate increase from the outset of 2016/17.

	<p>implement an IAPT service dedicated to people with Long-term conditions.</p> <p>BDCFT successfully bid for £48k funding to improve IAPT recovery rates. The monies were used to:</p> <ul style="list-style-type: none"> • Replace existing Stresspac psycho-educational courses with StressControl • Implement and publicise the SilverCloud online platform for computerised Cognitive Behaviour Therapy. • Subcontract The Cellar Trust to recruit Peer Support Workers to take telephone and online self-referrals. <p>VoY CCG action plan developed in response to performance concerns</p>	<ul style="list-style-type: none"> ➤ Harrogate have also been nominated for a national award following the introduction of IAPT working in the maternity department at Harrogate Hospital. ➤ Improve IAPT recovery rates ➤ Airedale, Wharfedale and & Craven CCG continues to maintain recovery rate well above the national target of 50% <ul style="list-style-type: none"> ➤ Plan objectives: to deliver sufficient capacity to meet and sustain the 16/17 prevalence target of 15%, achieve the 50% recovery target, and to reduce the existing backlog of patients waiting for second appointment (treatment modalities) to an acceptable level.
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<p>Crisis Care</p>	<p>TEWV has secured funding through the Tier 4 vanguard.</p> <p>Vale of York Clinical Commissioning Group have successfully bid to receive funding of £498K from NHS England to bolster liaison mental health services</p> <p>North Yorkshire Police has awarded £9.5K to the Major Incident Response Team to develop further MHFA and ASIST.</p> <p>Crisis Care Concordat looking at 136 information sharing between partners, availability of Section 12 doctors, AMHPs and issues relating to transport.</p>	<ul style="list-style-type: none"> ➤ To support the delivery of crisis response and intensive home treatment for children and young people in North Yorkshire and York ➤ To deliver prompt access to care 24/7. ➤ Increased capacity and capability in MHFA and ASIST ➤ Urgent and emergency access to crisis care - making sure that a mental health crisis is treated with the same urgency as a physical health emergency. Quality of treatment and care when in crisis - making sure that people are treated with dignity and respect, in a therapeutic environment. Recovering and staying well - preventing future crises by making sure people are referred to appropriate services.
<p>Social care</p>	<p>The fourth round of Innovation Fund has awarded grants in January 2017 for delivery of 8 early intervention and prevention projects, including 6 which</p>	<ul style="list-style-type: none"> ➤ Innovation Fund round 4 projects are being evaluated on the following: <ul style="list-style-type: none"> - Reduction in social isolation/loneliness - Increased wellbeing

	<p>are specifically targeted towards mental health.</p> <p>Mental health review A strategic review of HAS mental health services will begin in July 2017 with the aim of developing a distinct Mental Health Social Care offer for North Yorkshire. The overall offer will include HAS in-house services and commissioned services.</p>	<ul style="list-style-type: none"> - Social return on investment <p>The round 4 evaluation report will be completed by Dec 17.</p> <ul style="list-style-type: none"> ➤ The aim is to ensure there is a NY distinct social care mental health offer which meets local needs and is based on prevention and recovery.
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“Bring Me Sunshine” – North Yorkshire Dementia Strategy

Presented by: Mike Rudd

Summary: This is the final draft for approval, after formal consultation, of “Bring Me Sunshine” which outlines the themes and actions for Health and Wellbeing Board members to support people living with dementia and their carers from 2017-2022.

Which of the themes and/or enablers in the North Yorkshire Joint Health & Wellbeing Strategy are addressed in this paper?

Themes	✓
Connected Communities	✓
Start Well	
Live Well	✓
Age Well	✓
Dying Well	✓
Enablers	
A new relationship with people using services	✓
Workforce	✓
Technology	
Economic Prosperity	✓

How does this paper fit with other strategies and plans in place in North Yorkshire?

- The strategy links with North Yorkshire’s Mental Health Strategy “Hope, Choice and Control”
 - The strategy links with North Yorkshire’s Carer’s Strategy, “Caring for Carers”
 - The strategy links with North Yorkshire’s draft Learning disability strategy, “Live Well, Live Longer”
-

What do you want the Health & Wellbeing Board to do as a result of this paper?

- The Health and Wellbeing Board to approve the final draft of the strategy to be launched and agree to receive a report on progress in implementing the strategy annually starting in October 2018.



North Yorkshire County Council

Health and Adult Services Directorate

Report Prepared for North Yorkshire Health and Wellbeing Board

North Yorkshire Dementia Strategy

1.0 Purpose of Report

- 1.1 To present the final draft for approval, after formal consultation, of “Bring Me Sunshine” which outlines the themes and actions for Health and Wellbeing Board members to support people living with dementia and their carers from 2017-2022.

2.0 Context

- 2.1 The previous North Yorkshire Dementia Strategy expired in 2013. This draft strategy looks to define the future strategic direction for all partners when supporting people living with dementia and their carers.
- 2.2 It is estimated that 10,000 people in North Yorkshire are living with dementia, whilst only 5,800 of these have a formal diagnosis. The number of people living with dementia is set to almost double by 2030.
- 2.3 With this expected increase it is vital that health, social care and other statutory and voluntary organisations work together to develop solutions that support people to live well and stay independent for as long as possible, whilst also developing the more specialist and acute services that people will need as their dementia progresses.
- 2.4 The draft strategy aims to bring together thinking across health and social care to agree a joint set of principles and priorities for action in the coming years.

3.0 Content and Style

- 3.1 The strategy is written for people living with dementia and their carers whilst also being useful and informative for professionals. The style is intended to be clear, concise and free from jargon wherever possible.
- 3.2 The importance of portraying the genuine voice of people living with dementia has been recognised throughout the development of the strategy, each section is introduced in the first person by a person living with dementia, this style will be reinforced through the graphic design of the strategy.
- 3.3 The strategy looks to set out the context of dementia across North Yorkshire, drawing in relevant facts and figures along with descriptions of services and need from across the county.
- 3.4 It is important to stress that whilst we can and must do better, dementia support is well developed in North Yorkshire and the strategy takes the time to acknowledge some of the excellent work being done across health, social care and the voluntary and community sectors.
- 3.5 The final section of the strategy sets out the 4 key principles and 5 priorities with associated actions which will form the basis of work for the strategy partners and others through the lifetime of the strategy.

- 3.6 Part of the 2016 Dementia Congress was an artwork exhibition at which people living with dementia could submit pieces of artwork they had created. It is intended that some of this artwork will be used as part of the graphic design for the final strategy document to bring it to life and again place people living with dementia at the heart of the document.
- 3.7 Following feedback from Health and Wellbeing Board additional content regarding community best practice and specific examples of changes made within acute hospitals has been included in the final draft.

4.0 Engagement

- 4.1 Initial engagement in early 2017 led to over 1300 responses from members of the public, often in the form of rich personal stories.
- 4.2 Following approval by Health and Wellbeing Board the draft strategy was released for public consultation in May 2017, this yielded a further 36 responses.
- 4.3 The response to the strategy was positive with the tone and style being identified as particular strengths. The positive nature of the consultation meant that no substantive changes to the nature or structure of the strategy document were required.
- 4.4 The Principles and Priorities set out in the strategy were widely supported by all respondents.
- 4.5 The consultation did raise the issue of supporting LGBT people living with dementia which was not included in the original draft. This is an emerging area of practice which is now referenced within the body of the strategy.
- 4.6 A full report on the consultation responses is attached as Appendix A, with the final draft of the Strategy at Appendix B.

5.0 NEXT STEPS

- 5.1 The final design be completed including images from people living with dementia in North Yorkshire.
- 5.2 A joint launch to take place with “Caring for Carers” in October 2017.
- 5.3 Strategy Partners to draw up implementation plans and report progress to Health and Wellbeing Board annually.

6.0 RECOMMENDATIONS

- 6.1 The Health and Wellbeing Board to approve the final draft of the strategy to be launched and agree to receive a report on progress in implementing the strategy annually starting in October 2018.

Mike Rudd, Head of Commissioning, Services for Older People, NYCC

County Hall, Northallerton

Report compiled by:

Adrienne Lucas – Commissioning Manager

Stacey Annandale – Commissioning Officer

‘Bring me sunshine’ multi-agency dementia Strategy consultation

The draft dementia strategy ‘Bring me sunshine’ brings together the experiences of people from North Yorkshire who are living with dementia and their carers. It describes what people have said they would like dementia support services in the county to look like over the next five years.

The strategy has been developed by talking to nearly 1300 people who live with dementia every day of their lives. They have described the things that are important to them.

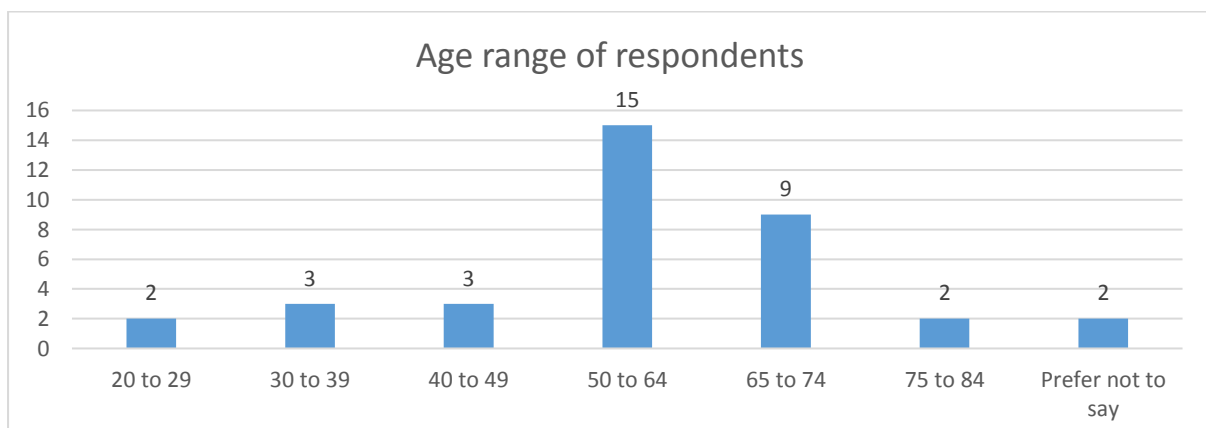
This information has informed a set of themes, now incorporated into the dementia strategy, which will shape how dementia support will be provided by organisations and people in North Yorkshire working together.

To check that this has been described effectively in the strategy we have consulted with the wider community and an online survey with an easy read, plain English and a full version have been hosted on the NYCC dementia webpage from 15/05/17 to 23/06/17 and received 428 hits.

Online survey results

36 people responded to the online survey, geographically this was distributed as Scarborough 23%, Harrogate 20% Hambleton 17%, Selby 14%, Ryedale 9%, Richmondshire 9%. Craven 6% and 3% preferred not to say.

The median age range of the respondents is 50 – 74

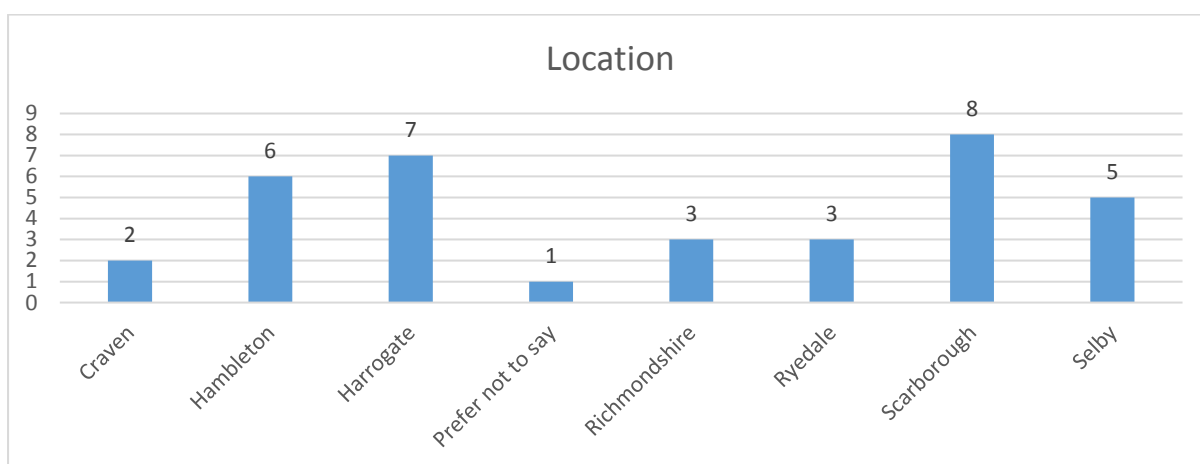


The gender distribution was mostly female 71% and 24% male and 5% preferring not to state their gender.

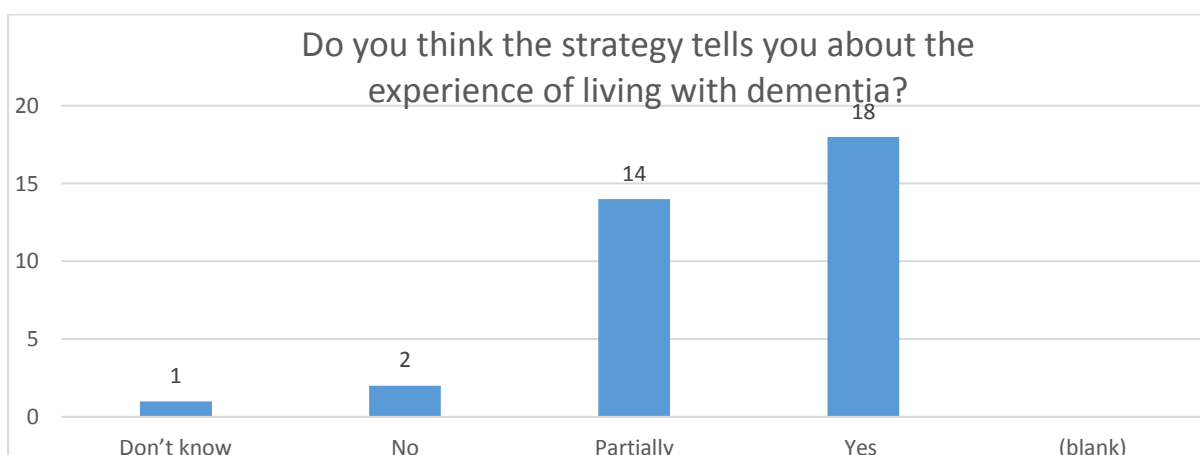
Of those people who responded 57% were carers, 17% were general public, 14% were NHS/social care professionals, 9% were groups i.e. community groups and 3% stated as other.

94% of people stated their ethnicity as White and 6% did not state.

All areas of the county were represented as below.

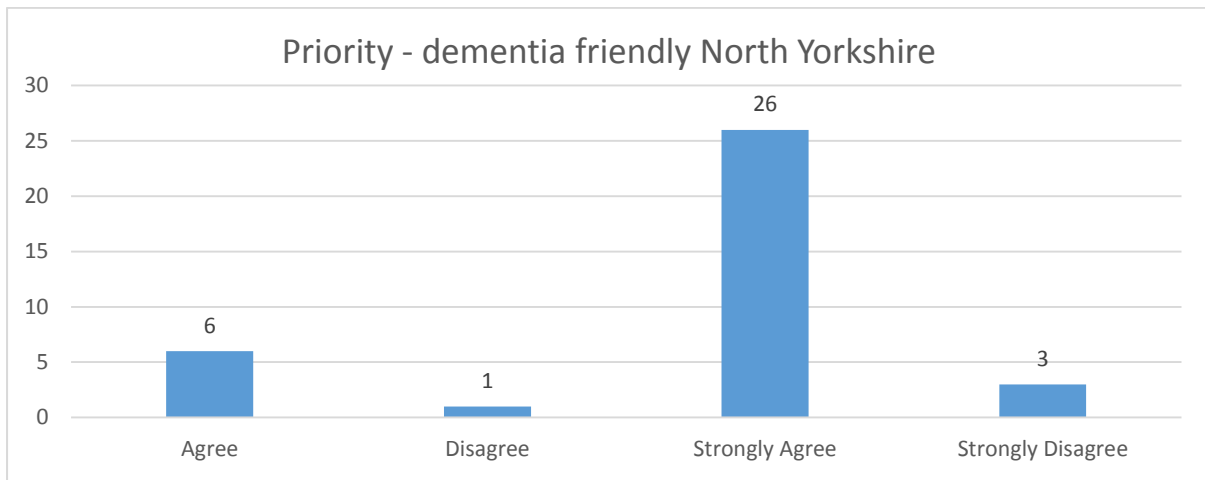


When asked “do you think the strategy tells you about the experience of living with dementia?” 51% (18 people) said yes, 40% (14 people) said partially, with 9% (3 people) saying no or don’t know.



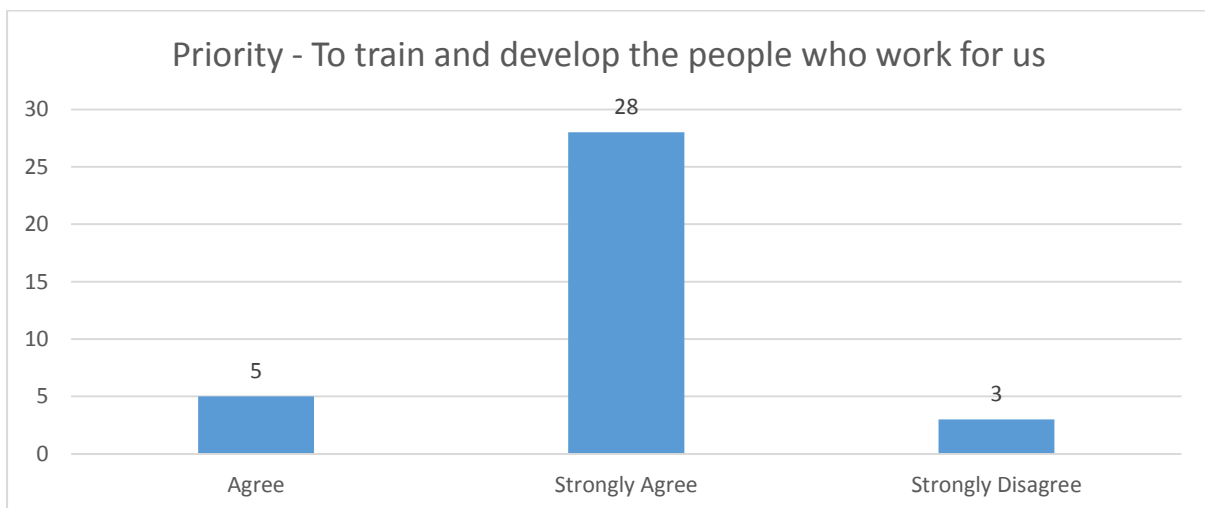
Additionally 92% (33 people) of people agreed with the themed feedback with the strategy from people living with dementia and their carers, with 8% (3 people) partially agreeing.

Consultation about the 5 priorities under which outcomes are described as follows:



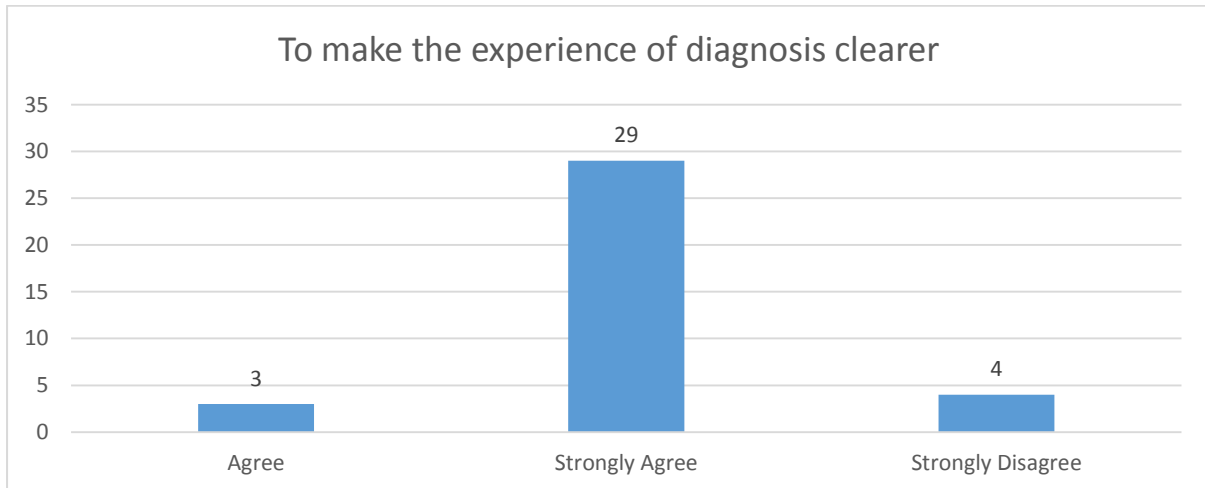
Regarding the ambition to develop the people who work with people living with dementia 92% (33 people) agreed or strongly agreed it was important with 8% (3 people) strongly disagreeing that it was important.

One lady commented *“When my husband was admitted to James cook hospital with loss of mobility, he was not allowed out of bed during his 6 days stay, not even to toilet him!! I also saw dementia patients not being helped to eat - & so going hungry!”* name and contact details provided.



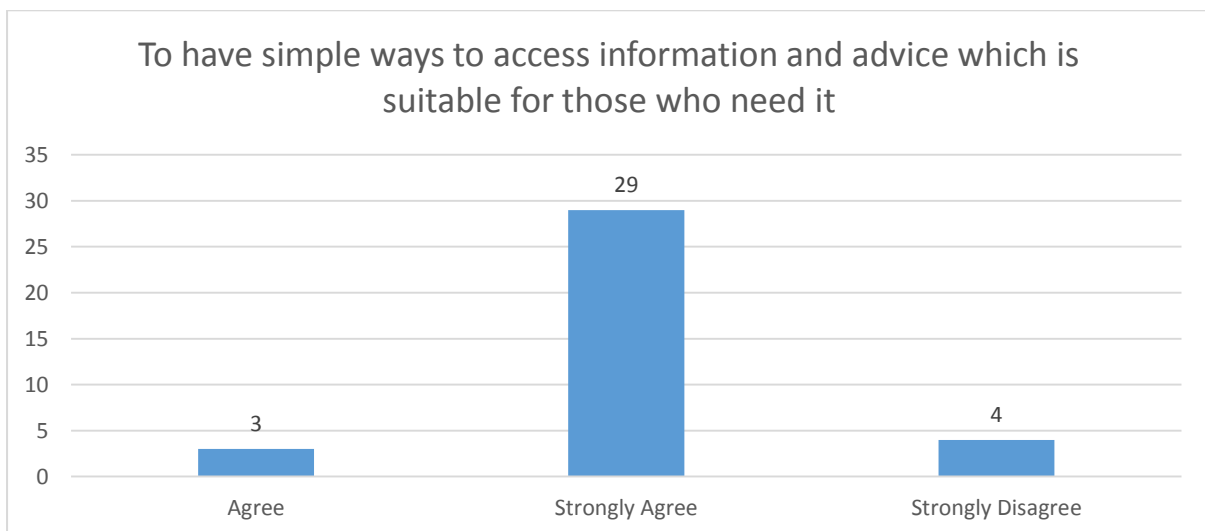
Regarding the ambition to improve the experience of diagnosis 89% (32 people) agreed or strongly agreed it was important with 11% (4 people) strongly disagreeing that it was important.

A health professional comments *“diagnosis is targeted at 11 weeks from point of referral and happens in most cases - one positive step would be to speed up the neuroimaging which currently is the biggest problem and can halt the process”*



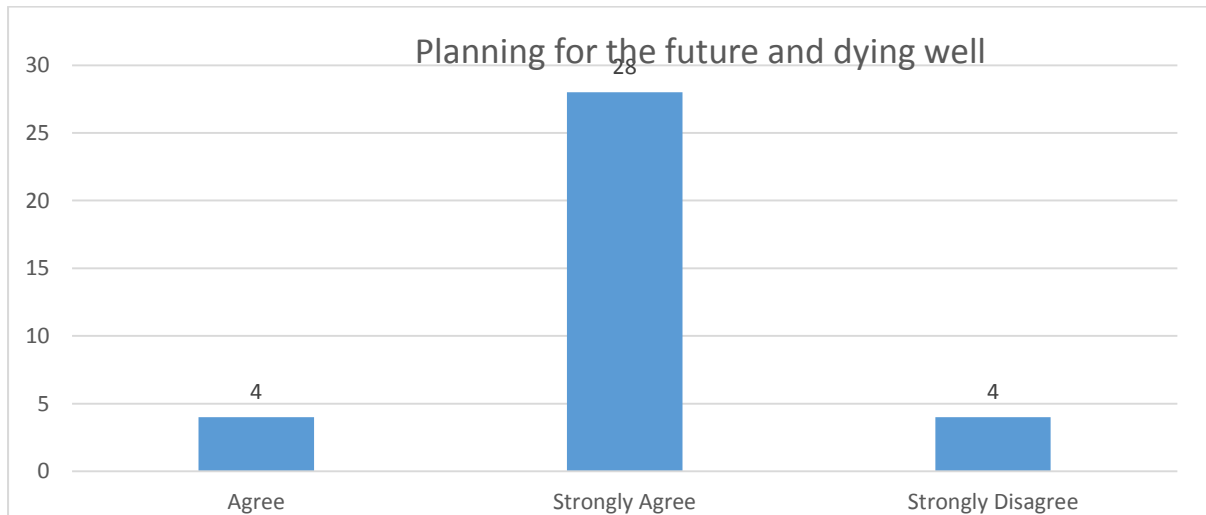
Regarding the ambition to have simple ways to access information and advice suitable for those who need it 89% (32 people) agreed or strongly agreed it was important with 11% (4 people) strongly disagreeing that it was important.

One person comments *“The issues most carers face is a lack of good clear advice on how to deal with this Disease. My experience is that it is too difficult to find the help you need. Too much of a splintered system where different sections of the Care / medical system work without effective communications”*



Regarding the priority to enable planning for the future and dying well 89% (32 people) agreed or strongly agreed with 11% (4 people) strongly disagreeing that it was important.

One person contributes *“I think the same bereavement support should be suitable for people with or without dementia.”* whilst another offers *“I think that at present people often have little influence in later stage care, and this should be looked at.”*



We will take all the contributions into consideration. A number of comments are:

“Think it tells you what the strategy aims to do but doesn’t fully cover how you are going to make it work”

“Would love to see them [outcomes] happen but knowing there's no money and Dementia isn't and hasn't been taken seriously then I have serious doubts about any of this happening. Until dementia is accepted as an illness as cancer and heart disease is then I fear this is just another paper exercise”

Need “consultation with LGBT communities”

“The lack of and difficulty in finding good respite care to enable carers to take planned breaks. This is especially difficult for self-funders who are reliant on finding a vacancy in a home.”

“Until you actually experience it for yourself, it's impossible to equate to the reality of the situation. This is why more respite care in the home is needed on a regular basis.”

Particularly a number of areas of good practice:

“a forum to include providers of equipment used around the house such as washing machines and cookers that have dementia friendly controls. Something like that would greatly help someone with dementia keeping their independence.”

Could be referred to the developing Assistive Technology strategy work stream to promote and find solutions.

The overall response to the survey is positive and supports the progression of the strategy.

DRAFT

'Bring Me Sunshine'

Living Well With Dementia in North Yorkshire



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Introduction/foreword

To be included on completion of final draft document.

Signatory page

Who are 'we'?

This strategy would not have been possible without the input of people living with dementia and carers from across North Yorkshire. From the outset it was clear that maintaining the genuine voice of people was vital to making this strategy compelling and worthwhile. With this in mind the strategy is written with two distinct voices:

'We', 'Us', 'Our' or 'I' refers to people living with dementia and their carers in North Yorkshire

'The Partners' refers to the signatories to the strategy as set out on page XX from across the statutory, voluntary and community sectors.

Purpose and scope of the North Yorkshire vision for dementia support

This strategy brings together the experiences of those of us living with dementia and our carers, along with a wealth of health and social care expertise and best practice from both North Yorkshire and beyond to describe a collective ambition for dementia support over the next five years.

This approach centres on our experiences as the people living with dementia and our carers and it is our stories which have informed every aspect of this document.

The strategy has only been made possible through the significant input from partner organisations including the Alzheimer's Society, Dementia Forward and Making Space, all of whom have been part of the editorial group and who have been able to involve people living with dementia in the development of the strategy.

In particular these organisations led in the planning and delivery of a hugely valuable and uplifting Dementia Congress, in October 2016, with people living with dementia and their carers. The name of this Strategy is derived from that Congress, 'Bring Me Sunshine' was the title of the conference – suggested by one of our dementia singing groups, as a song that they love. It symbolises the message that although living with dementia brings many challenges, it does not automatically have to stop people enjoying life.

Alongside the messages about what matters to those of us living with dementia, the strategy sets out to describe the current position in terms of the numbers of us currently living with dementia, along with other useful but less well known information about those of us living with

young onset dementia and people living with dementia and a learning disability.

The main focus of the document, however, is the rich information gathered through extensive engagement with over 1300 of us and the key priorities that have been developed as a result.

These principles and priorities will shape the North Yorkshire approach to how we are supported throughout the lifetime of the strategy. We will aim for a clearer, simpler and more person centred system of support and information for those of us living with dementia and our carers. All partners are committed to the delivery of the 4 Principles and 5 Key Outcomes outlined on Page 39.

What's the Picture?

Current population estimates are forecasting significant increases in the numbers of people living with dementia

- Of the 700,000 people believed to be living in England with dementia only 419,000 have received a diagnosis.
- 10,000 people are estimated to be living with dementia in North Yorkshire but only 5,793 people have actually been diagnosed.
- By 2025 13,573 people are expected to be living with dementia, in North Yorkshire
- Public Health England estimates that approximately a third of dementia cases might be in part caused by preventable factors such as diet.

In addition we know that:

Over 65,000 people in North Yorkshire identified themselves as carers at the last census. In North Yorkshire in 2015/16 the Carers Resource Centres, funded by the Council and the Clinical Commissioning Groups had over 1,800 referrals. In the same time period over 3,200 carers assessments have been undertaken on behalf of the County Council, to help adults look at the different ways caring affects their lives, and agree how their own needs will be supported.

- 16.9% of the population in North Yorkshire live in areas which are defined as “super sparse” (fewer than 50 person/km). The issues of living in a rural area and access can increase people’s feelings

of social isolation and has an impact on commissioning and provision of support.

Most people living with dementia are likely to be older people, with 1 in 4 people over 85 at risk of the conditions that cause dementia.

There are other groups of people also experiencing memory loss and other difficulties caused by dementia, with young onset (aged 64 or under) and people with a learning disability as two groups that are often overlooked.

Young Onset Dementia

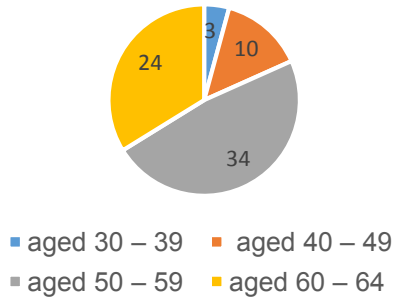
- It is difficult to know the exact number of people who were originally diagnosed under the age of 65, because of the way data is currently collected. Only those still under the age of 65 are recorded as 'young onset'.
- In the UK, in 2014 there were over 40,000 people aged 64 and under recorded as living with dementia. Around 4% of people with Alzheimer's disease are under 65.
- In North Yorkshire, based on these figures it is currently estimated that 173 people are living with early onset dementia¹.

Specific issues for people with young onset dementia include:

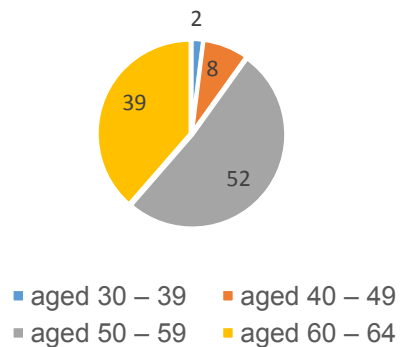
- Having to leave work due to illness or to be a carer for a loved one, people of working age can lose their income,
- Benefits are different to those over 65 years and may affect income
- Younger adults may have children who still need support, so any loss of income may be difficult and may lead to challenges for childcare.

¹ <http://www.pansi.org.uk/index.php?pageNo=408&areaID=8640&loc=8640>

Females with early onset dementia in North Yorkshire 2015



Males with early onset dementia in North Yorkshire 2015



People with Learning disabilities

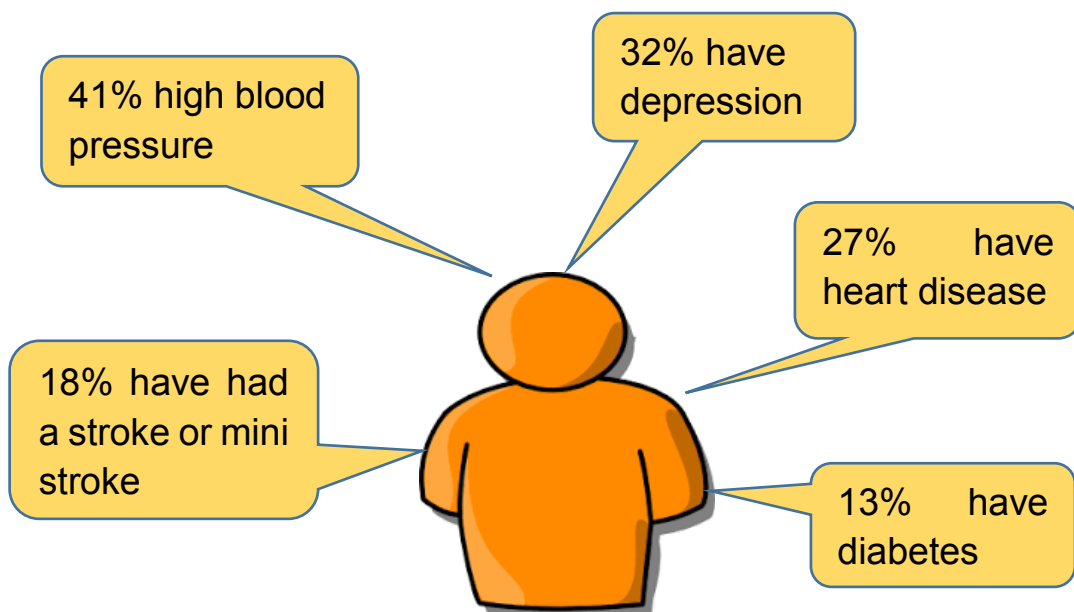
- People with learning disabilities, particularly those with Down's syndrome, are at increased risk of developing dementia.
- Studies indicate 1 in 10 people aged 50 to 65 with learning disabilities other than Down's syndrome have dementia.
- It is estimated that 1 in 50 people with Down's syndrome develop dementia in their 30s, this rises to more than half by age 60+. It is likely to develop at a younger age than the general population.
- People with learning disabilities often show different symptoms in the early stages of dementia and are more likely to have other physical health conditions which are not always well managed.
- People with a learning disability are less likely to receive a correct or early diagnosis of dementia.
- People with learning disabilities may experience a more rapid progression of dementia and will need specific support to understand the changes they are experiencing and to access appropriate services.
- People with Down's syndrome are at increased risk of developing Alzheimer's and it is more likely to develop at an earlier age.

Living with dementia and other health conditions

- 70% of people with dementia are living with at least one other long-term health condition.²

² Alzheimer's Society, *People with dementia and comorbidities are receiving disjointed substandard care*, April 2016, https://www.alzheimers.org.uk/site/scripts/news_article.php?newsID=2591, last accessed 20/07/16

- Poor management of dementia associated with diabetes, depression and urinary tract infections costs the health and social care system almost £1 billion a year.
- People with dementia are less likely to receive a diagnosis for other health conditions and get the care and support they need to manage them.
- Untreated long term health conditions, such as diabetes, can cause dementia to progress on average one to two years faster.
- Studies have shown that of the 850,000 people living with dementia in the UK they are also likely to have³:



Dementia and LGBT communities

Older LGBT people tend to be more isolated than their heterosexual counterparts, due to social stigma leading to family estrangement and the fact that they are statistically less likely to have children to support them.

The importance of strong social networks to support people living with dementia is identified as vital throughout this strategy, meaning that LGBT people are more at risk of isolation and poorer outcomes.

We will continue to monitor emerging best practice in the support of LGBT people living with dementia, and will develop policy and practical solutions to support this group in line with the evidence base.

³ All Party Parliamentary Group on Dementia, *Dementia rarely travels alone: Living with dementia and other conditions*, April 2016, p. 5

Prevention

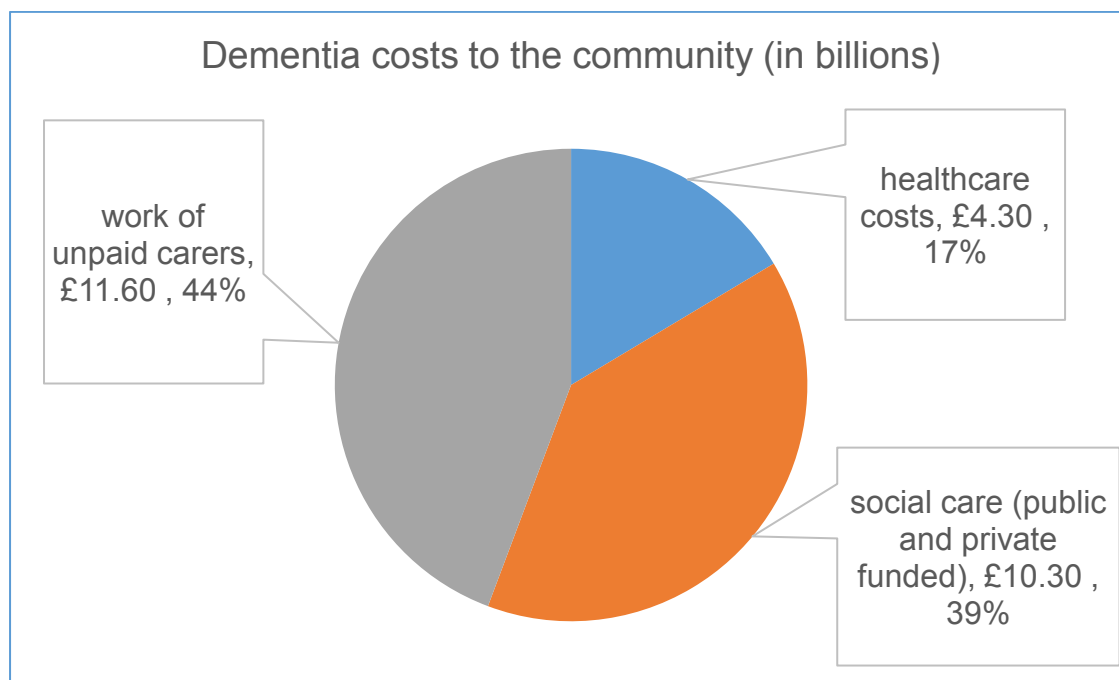
Support should always begin with prevention of the illness not diagnosis. Vascular dementia is the second most common type of dementia. However there is evidence that individual cases of dementia are often a mixture of Alzheimer's disease and vascular dementia. Vascular dementia has the same risk factors for us as heart disease and stroke therefore the same preventative measures are likely to reduce our risk.

Risk factors for us include getting older, smoking, lack of physical activity along with an inactive lifestyle, drinking too much alcohol, eating a poor diet which has a lot of fat, sugar and salt and for us to be overweight in midlife. Smoking doubles our risk of dementia.

NHS Health checks for adults aged 40 – 74 are an ideal opportunity for GPs and other health care professionals to offer advice and to talk to us about a healthier lifestyle.

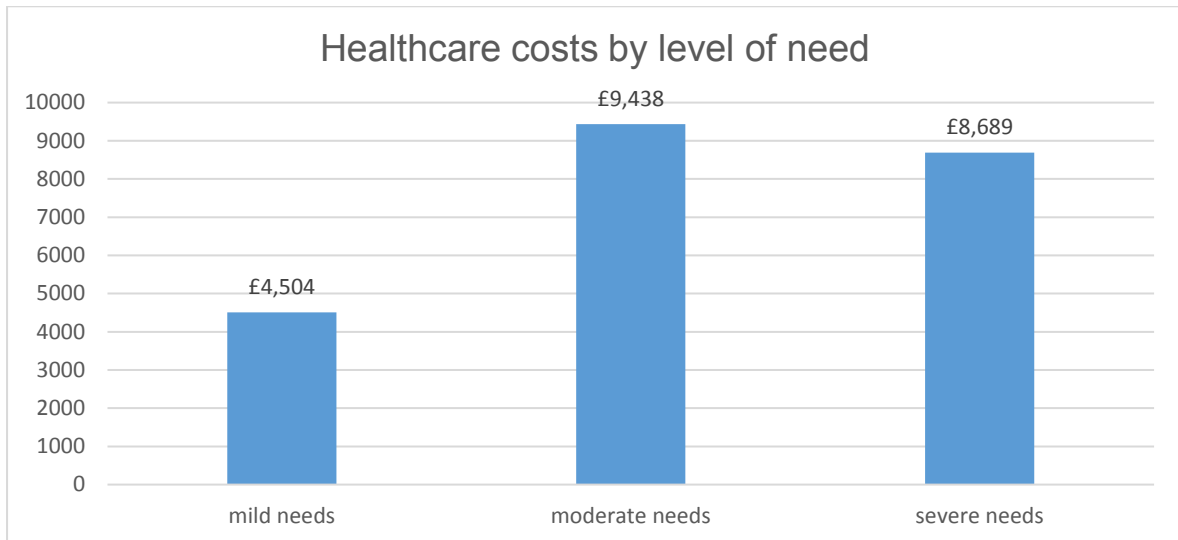
Financial Impact - the national picture

- Approximately three quarters of the total costs for people with dementia is provided as unpaid care by our family and friends.⁴
- In 2014 the estimated annual cost of dementia was over £26 billion, at £32,250 per person annually.



- For people living with dementia in the community the average health costs are:

- £2,751 per year for those with mild dementia,
- £2,695 for those with moderate dementia,
- £11,258 for those with severe dementia.
- The pattern of healthcare costs is different for people in residential care.



- For people with early-onset dementia, around 10% of residential social care costs and around 5% of community-based social care costs are met by the person living with dementia.
- Of 17,000 missing persons enquiries it is estimated that one in fifteen are for people with dementia. Police costs for looking for missing persons due to dementia are £22 to £40 million per year.

What else do we know?

National Strategies

The National Dementia Strategy for England 'Living Well with Dementia' 2009⁵ identified 17 key objectives to progress improvement in the quality of services for us, including:-

- Improving public and professional awareness and understanding of dementia.
- Good-quality early diagnosis and intervention for all.
- Good-quality information for those with diagnosed dementia and their carers.

⁵ <https://www.gov.uk/government/publications/living-well-with-dementia-a-national-dementia-strategy>

- Enabling easy access to care, support and advice following diagnosis.
- Improved end of life care for people with dementia.

The Prime Ministers Challenge⁶, launched in March 2012, set out a programme of action to deliver improvements in health and care, create dementia friendly communities, and boost dementia research. They worked with people living with dementia and their carers and created a series of ‘I’ statements describing a vision of how people living with dementia wish to be supported by society. These were:

- I have personal choice and control over the decisions that affect me.
- I know that services are designed around me, my needs and my carer’s needs.
- I have support that helps me live my life.
- I have the knowledge to get what I need.
- I live in an enabling and supportive environment where I feel valued and understood.
- I have a sense of belonging and of being a valued part of family, community and civic life.
- I am confident my end of life wishes will be respected. I can expect a good death.
- I know that there is research going on which will deliver a better life for people with dementia, and I know how I can contribute to it.

NHS Well Pathway for Dementia⁷ – describes 5-year plan which covers:

- preventing well – I am given information about reducing my personal risk of getting dementia,
- diagnosing well – I am given a timely diagnosis, an integrated care plan and a review with the first year
- supporting well – I have access to safe high quality health and social care for people with dementia and carers,
- living well – those around me and looking after me are supported and I feel included as part of my community
- dying well – I am given choice and control to die with dignity in the place of my choosing

⁷ <https://www.england.nhs.uk/mentalhealth/wp-content/uploads/sites/29/2016/03/dementia-well-pathway.pdf>

SCIE Guidance to support people with dementia and their carers

sets out how to identify, treat and care for people living with dementia and the support that should be provided for carers by GP practices, hospitals and social care. Examples are:

- People living with dementia not be excluded from any services because of diagnosis, age or other disabilities.
- The rights of carers to have an assessment of needs are upheld.
- Health and social care managers coordinate the treatment and delivery of health and social care services for people with dementia and their carers.
- Memory assessment services should be the single point of referral for all people with a possible diagnosis of dementia.
- Health and social care managers should ensure that all staff working with older people in the health, social care and voluntary sectors have access to dementia-care training that is consistent with their roles and responsibilities.

Public Health England aims to reduce the numbers of people with dementia in midlife. It expects partners in our communities such as health, local authorities, voluntary sector, leisure services, and emergency services, should:

- use routine appointments and contacts to identify those of us at risk of dementia by making every contact count
- talk to us about being healthy during our lives
- give advice on how to reduce our risk factors for dementia

North Yorkshire Strategies

North Yorkshire Joint Health and Wellbeing Strategy has five themes: Connected Communities; Start Well; Live Well; Age Well and Dying Well.

The strategy sets out ambitions for

- Vibrant and self-reliant communities in all parts of North Yorkshire.
- More dementia friendly communities.
- A stronger link across health and social care.
- More people receiving personal budgets for their care.
- A range of options in place that help people to keep their independence for longer with fewer older people entering nursing or residential homes for long term care and more Extra Care housing available.

- More support options for people in their last years of life.
- More people receiving support for themselves and their families at the end of life.
- More carers feeling that they can have a life outside caring.

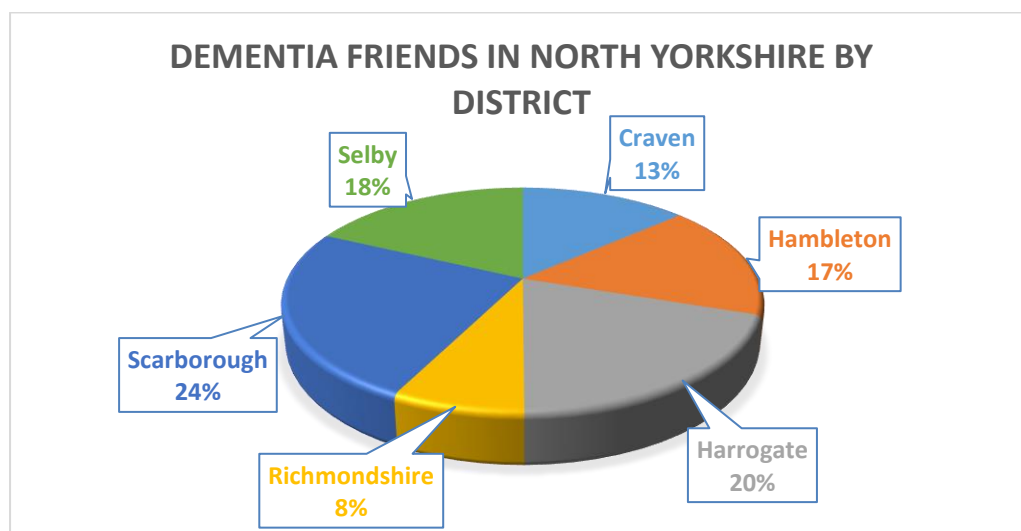
North Yorkshire Community Plan sets out its ambitions to support our communities to be able to develop and deliver the services we need and to enhance their ability to support us in a changing world.

2020 North Yorkshire sets out the County Councils' corporate vision and plan for Health and Adult services, with an overall objective for people to live longer, healthier, independent lives

- Investing in local services and activities to support people to live independently in their communities, close to family and friends
- Offering advice information and support to help people resolve concerns at an early stage
- More choice and control for people, over the support to meet social care needs
- Developing services with providers to improve the support available to people

Community action

The Alzheimer's Society Dementia Friends programme encourages greater awareness and supports people of all ages to think about how they can support those of us living with dementia in our communities. It includes the training for children and young people to create a 'dementia friendly generation'. As of February 2017 there are 22,614 Dementia Friends across North Yorkshire.



The Alzheimer's Society Dementia Friendly Communities aims to create dementia-friendly communities across the UK. Ensuring that people with dementia feel understood, valued and able to contribute to their community.

Dementia Action Alliance launched the [National Dementia Declaration](#). Members engage in awareness raising, education and encourage organisations to see dementia as their business.

How services are currently set up

North Yorkshire County Council has responsibility to deliver Adult Social Care across the county and works with our 7 district councils. The County Council is responsible for assessing the needs of those of us who may need support with daily living. Support can include where we are living in our own homes, support for our carers and where necessary can arrange residential and nursing home care. Anyone receiving support from social care is assessed to establish what personal contributions can be made to the cost of care and support.

In addition to statutory and commissioned services there is a large range of both formal and informal support groups within our communities, and the Council has invested in a Stronger Communities Team and a Living Well service to help people to find and access informal support available in communities.

North Yorkshire County Council Public Health commissions health checks and healthy living services. The campaign 'One You' targets people aged 40 – 60 that encourages us to think about how we live. Other ways to improve how we live include:

- Developing, delivering and enforcing local tobacco control plans
- Developing and implementing guidance and policies to reduce alcohol consumption across the population
- Improving where we live and work to encourage and enable us all to build physical activity into our daily lives
- Supporting us to eat healthily
- Addressing loneliness and encouraging us to be socially active and mentally stimulated.
- NYCC Public Health team are working with a range of partners to ensure the above actions are progressed in North Yorkshire.

NHS Services in North Yorkshire

The National Health Service in North Yorkshire is made up of Clinical Commissioning Groups (CCGs) which are groups of family doctors and other health professionals responsible for the planning and commissioning of health care services for our local areas. NHS England has put together a 5 year plan for a better NHS. The CCGs in North Yorkshire link to three Sustainability and Transformation Partnerships which between them cover West Yorkshire and Harrogate; Humber Coast and Vale; and Tees Durham and Darlington.

The Tees, Esk and Wear Valleys NHS Foundation Trust delivers Mental Health services across the county.

Health organisations across the county recognise how important prevention and engagement with our communities is. Clinical Commissioning Groups and GP Surgeries are involved with dementia collaboratives and dementia friendly communities. These groups work to raise the profile of dementia, including the early warning signs and reduce the stigma of dementia in local communities. The NHS in North

Yorkshire is a complex network of organisations all of whom have responsibility for supporting those of us living with dementia and our carers.

There are two main types of organisation responsible for our health services in North Yorkshire:

Commissioners who determine what services are needed in which areas
providers who are paid to deliver the services

- a. **Hambleton, Richmondshire and Whitby CCG** have developed a Dementia Collaborative which brings together key stakeholders from across the area including the voluntary, community and statutory sectors to agree key areas of work and drive forward awareness and change across the area.
- b. **Scarborough and Ryedale CCG** are actively involved in developing Scarborough into a Dementia Friendly Community where people living with dementia and their carers are at the centre of planning for local development and services.

It is also essential that all mental health services, including those for people living with dementia strive for 'parity of esteem' with physical health services. This means that health conditions which mainly affect a person's mental abilities or wellbeing will be treated with the same sense of urgency and importance as physical health needs.

Primary Care

Primary Care in North Yorkshire is commissioned via the Clinical Commissioning Groups and mostly delivered by GP surgeries across the county.

GP surgeries are responsible for the ongoing support of local communities whilst also providing services such as community nursing, pharmacies and a range of clinics. In most instances it is the GP who will be the first point of contact when worries about memory problems begin to emerge.

Some examples of the work which is currently planned or underway:

1. **Improving diagnosis rates and speed of diagnosis** – too often diagnosis occurs too late for the person to make important choices, this is often at a time of crisis which could have been avoided had the diagnosis been made earlier
 - a. **Harrogate and Rural CCG** will develop dementia navigators, support for community teams and increased capacity for memory clinics. This joined up approach will improve early detection, diagnosis, outcomes and quality for people living with dementia and their carers.
 - b. Scarborough and Ryedale CCG are involved in developing Scarborough into a Dementia Friendly Community where people living with dementia and their carers are at the centre of planning for local development and services.

2. **Developing Capacity within primary care** - to ensure access to diagnostic tests and skilled professional support that they need, close to home and when it is needed. This will include new, more effective screening tools and a focus on ongoing support.
 - c. **Airedale, Wharfedale and Craven CCG** will expand diagnostic services available in GP surgeries and other community settings, as well as developing a system that supports people to live safely and with social interaction in their own homes for as long as possible
 - d. **Scarborough and Ryedale CCG** have a training and skills programme to increase the knowledge and capacity of primary care staff to ensure more effective early identification, diagnosis and support for people living with dementia.

3. **Workforce Development** –
 - working with practice staff to increase their knowledge and skills in supporting people living with dementia
 - being aware of the availability of the range of dementia services and the importance of timely referrals
 - a. **Vale of York CCG** aim to increase the knowledge and skills of practice staff, to improve the efficiency of screening, coding and links to memory and care navigator services.

4. **Ongoing support to maintain independence** – an initial diagnosis of dementia does not automatically have to stop people

enjoying life. Coping strategies and regular health checks and medication reviews can help people living with dementia and their carers live the life they want to live.

Secondary (hospital) Care

Admission to hospital can be a challenging and upsetting time for those of us living with dementia and our carers and we know that if this time is not handled correctly it can have a severe negative impact on our future health and wellbeing. - The importance of continuity is recognised by all hospitals routinely accessed by people living in North Yorkshire.

All these hospitals are signatories to 'John's Campaign' which operates on the principle that our families or carers are able to stay with us when we go into hospital. Access should be easy and their expert knowledge as carers should be used to support us.

At any one time it is thought that round 1 in 4 people in hospital are living with dementia, and that once in hospital those of us living with dementia have worse outcomes than the general population. It is vitally important that hospitals are dementia friendly places for us to be treated and that we are supported, wherever possible to return home as soon as possible.

All the CCGs and Hospital Trusts routinely accessed by people living in North Yorkshire have plans to transform services and improve outcomes for those of us living with dementia, some of which are set out below, these can be summarised into 4 key themes:

1. **Outreach and Prevention** – As part of the NHS 5 Year Plan there is a strong focus on supporting people in the community, away from hospital, whether this be in the person's home, in a residential or nursing home or an Extra Care housing scheme.
 - a. **Airedale, Wharfedale and Craven CCG** are developing their care home liaison service which supports people living residential homes to reduce hospital admissions.
 - b. **Hambleton, Richmondshire and Whitby CCG** are developing a collaborative approach with South Tees Acute Trust so that people receive appropriate care and support and fewer people with dementia are admitted to hospital unnecessarily.

2. **Workforce Development** – As in Primary Care the experience of a person living with dementia is often influenced by the skills,

knowledge and approach of the individual member or members of staff responsible for their care whilst in hospital. Current work focusses on developing knowledge, skills and a broader understanding of the personal impact of dementia beyond the purely practical or medical.

- a. **Vale of York CCG** are developing a dementia awareness training programme for all clinical and staff working with the public to having a better understanding of what it's like to live with dementia or care for someone who does.

3. **Environment** – Hospitals can be disorienting and confusing places for those of us living with dementia especially where our dementia is relatively advanced. The change in location, people and routine can be upsetting and lead to an increase in challenging behaviour which in turn may exacerbate the condition and lead to a longer hospital stay than is necessary.

- a. **Harrogate and Rural District CCG** together with Harrogate Foundation Trust have improved the environment of the Byland ward at Harrogate Hospital to ensure that people with dementia are able to better orientate themselves within the hospital

4. **New or Improved Services** – as the clinical understanding of dementia and the practical needs of people who live with it improve, new services are being developed. These will support people to retain their independence and ensure that where possible people are not treated in hospital if appropriate. This innovation and progress will continue through the lifetime of this strategy.

Mental Health Services:

Tees, Esk and Wear Valleys NHS Foundation Trust provides a range of mental health services across North Yorkshire including supporting people living with Dementia.

Ryedale

Springwood specialist Mental Health Unit in Malton which has 14 en-suite bedrooms with a high dependency suite. This offers specialist assessment and care for people living with dementia who have the most complex mental health needs associated with their dementia.

Harrogate

The Acute Hospital Liaison Service has developed a programme of dementia awareness training.

Northallerton

The Mental Health Care Home In Reach Service working with North Yorkshire County Council in supporting care homes with some training in the care and support of people living with dementia- there have been two planned training events so far.

Countywide

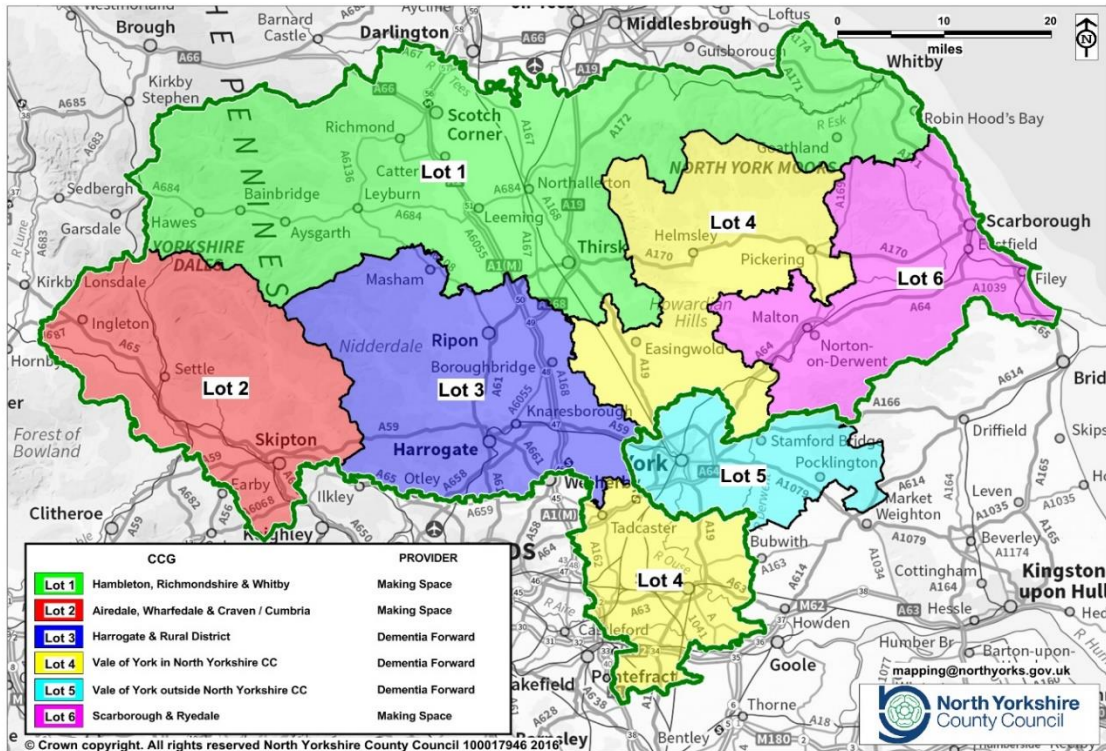
Mental Health Services for Older People deliver dementia care based on the individual's needs, the needs of carers.

Acute Hospital Liaison Services in Harrogate, Northallerton and Scarborough are based at the hospital site. These teams operate 7 days a week and respond to referrals. They support ward staff with the assessment and treatment of people living with dementia, who have been admitted to hospital where their mental well-being is affected.

Memory Services have been developed in Harrogate and Northallerton, offering post diagnostic support, signposting and advice

TEWV support dementia research, with designated staff who will visit interested people and their families who want to participate in research.

NYCC and the CCGs jointly commission Dementia Support Services and Carers Resource Centres. The Dementia Support services are delivered by two providers – Making Space which deliver services in Hambleton, Richmondshire, Whitby, Craven, Scarborough and Ryedale and Dementia Forward which deliver services in Harrogate, Vale of York (Selby and South Hambleton / North Ryedale) as well as City of York.



There are many other services which are important particularly in the voluntary sector to support us locally e.g.:

- Practical support
- Activity based groups
- Advocacy
- Befriending

Care and Support

North Yorkshire County Council commissions care from over 100 domiciliary care providers and 210 residential and / or nursing homes registered with the Care Quality Commission.

Of the 210 residential and nursing homes, 81 (36%) are registered to offer care and support to people living with dementia.

The availability of residential and nursing support for people living with dementia varies by area due to market capacity, as of February 2017 there were the following number of homes registered to provider dementia support in each district:

Craven – 10 homes
 Hambleton – 5 homes
 Harrogate – 24 homes
 Richmondshire – 18 homes

Ryedale – 0 homes
 Scarborough – 16 homes
 Selby – 7 homes

Residential and Nursing Quality

The Care Quality Commission together with NYCC’s Quality and Monitoring team have responsibility for the inspection and support of all regulated care providers in North Yorkshire.

CQC rate providers on a scale of ‘Inadequate’, ‘Requires Improvement’, ‘Good’ and ‘Outstanding’.

The chart below shows a comparison between the UK wide care sector, the wider North Yorkshire sector and homes registered to provide dementia care.

Rating / Area	UK	North Yorkshire	NY Dementia
Outstanding / Good	72%	85%	65.8%
Requires Improvement	26%	14%	22%
Inadequate	2%	1%	6.1%

In 2015 NYCC launched a dementia self-assessment tool for residential and nursing homes, which allowed providers to assess their current position in terms of delivering effective dementia care. The results from this self-assessment can then be used to highlight areas of need and development. This process will continue to be developed over the lifetime of the strategy.

Achievements

- Dementia Support services commissioned by North Yorkshire County Council and CCGs provides support to people living with dementia and their carers. Within the first six months of the Dementia Support Services being set up in 2014, they had offered support to nearly 750 people living with Dementia and almost 700 carers in North Yorkshire. Over 230 people had also benefited

from the education and awareness raising sessions provided by this service.

Since April 2016, there have been 2393 new referrals for people living with dementia and 1771 new referrals for carers. Additionally 1154 people have undertaken the education and awareness raising sessions.

- A pilot is underway at Kings Road GP Surgery in Harrogate who are working with Dementia Forward to help those of us who are worried about our memory. It helps GPs find out more about us and our families, listens to our carers who know us best and helps those of us who may have problems understanding what is happening such as a learning disability. Support workers will link with GPs, raise any concerns and also collect our experience on what it is like to access support in the health system.
- John's Campaign⁸- all the larger hospitals covering North Yorkshire, James Cook, Friarage, Harrogate, Scarborough, Airedale and most community hospitals have signed up to the national 'John's Campaign' where our family/carers are able to stay with us when we go into hospital. Access should be easy for our family carers and their expert knowledge as our carers should be used to support us. John's Campaign applies whether a person with dementia is living in a mental health unit, a nursing home, a rehabilitation unit, supported housing or a care home.
- Alzheimer's Society, Dementia Forward and Making Space are delivering dementia advice clinics in GP practices across North Yorkshire for people diagnosed with dementia or worried about memory loss.
- Scarborough hospital, working with the Alzheimer's Society, has reviewed their dementia awareness and led to training for all staff from porters to nursing staff. This has led to changed support and benefits people with dementia during stays. The 'forget me not' logos are used on beds to indicate that we have dementia and for our beds not to be moved which can lead to increased confusion.
- Scarborough Hospital is in the process of developing their own Dementia Strategy 2017-2020. This includes:

⁸ <http://johnscampaign.org.uk/#/about>

- A personalised care plan such as 'All About Me' or the hospitals version 'This is About Me' for use on all elderly care wards.
 - Dementia Friends Training offered to all staff throughout the organisation with additional higher level training offered to those directly involved in caring for people with dementia. We deliver these sessions monthly at Scarborough and Malton Hospitals. These sessions have been taken up by volunteer visitors, security staff, grounds-people, porters, housekeepers, consultants, registrars, matrons, HR and admin staff totalling over 200 in the last 12 months.
 - We are delivering combined Dementia Friends and Awareness Sessions on a bi-monthly basis to Health Care Assistants as part of their inductions. These sessions are very much focussed on their roles and how they can make a difference to a person with dementia during their hospital stay.
 - Twice yearly we are involved in the Staff Nurses Induction Programme (we deliver a Dementia Awareness Session similar to Dementia Friends but with a clinical approach to make the sessions relevant to their roles and the environment).
 - Other actions have been the active promotion and working with the hospital on the promotion and use of the Forget me Not Flower above the beds of those with dementia as an indicator. This has now been launched across the whole organisation.
 - We are also supporting the hospital by undertaking follow up calls to carers of people with dementia (Carers Survey) who have been in hospital to gain feedback on their experience of the care received and feeding this back to the hospital to implement changes and improvements.
- Dementia Action Alliances involve all 7 District Councils in North Yorkshire promoting activities and events such as Dementia Awareness Week. A number of cross cutting themes for the District councils linked with this work has emerged this includes:
 - Supermarkets reviewing their interior design, black mats which are often seen by people living with dementia as a black hole to fall into are removed. Staff awareness sessions

to improve interaction with people who may have dementia. Coin recognition charts at checkouts dementia friendly symbols added to exit, toilet and checkouts.

- Recruitment of banks, Town Halls, hospices and community groups e.g. scouts, theatres, leisure pools, museums. Plans being developed with the wider community.
 - The Dales Pharmacy in Hawes completed a dementia friendly refurbishment of shelving, displays, carpeting, décor, lighting and layout to improve orientation and navigation. A safe haven is provided with seating for people with dementia. Its staff became dementia aware with training extended to local care homes where the pharmacist is the registered provider of prescriptions and medication.
 - Doctors Surgeries have worked to refurbish practices as Dementia Friendly.
- North Yorkshire County Council Police⁹ have implemented the Herbert Protocol which is for when people with dementia go missing. Vital information about the person such as medication, description, photograph, significant places in the person's life and their daily routine are recorded. This information is essential to locate the person quickly, at any time of day or night.
 - Sporting Memories provide training for our carers, relatives and health and social care staff working to use sport as a way to help people living with dementia reminisce. Memories are stimulated giving opportunities for conversations with us and inclusion.
 - North Yorkshire Sport is a charity which encourages us to take part in sport either by watching or doing it. It is working with Dementia Forward promote sport and its benefits for those of us living with dementia, our families and our carers
 - Richmondshire Youth Theatre: Section to be added
 - NYCC dementia awareness training is mandatory for all 2010 Health and Adult Services staff and must be refreshed every 3 years. As the Council's first point of contact all 38 of the Customer Service Centre's specialist advisors have received the dementia awareness training. As a further first contact point all the library staff have dementia awareness training.

⁹ <https://northyorkshire.police.uk/content/uploads/2016/01/Herbert-Leaflet-2016.pdf>

- October 2016, North Yorkshire Dementia Congress. This event was attended by 150 people living with dementia, carers, professionals from health, social care, private and voluntary sector and school pupils. Presentations included a gentleman living with dementia who told his story, a joint presentation from the Alzheimer's Society, Dementia Forward and Making Space about dementia support across North Yorkshire. Pupils from St Aidan's High School in Harrogate and Harrogate High School talking about dementia as an intergenerational subject and Airedale, Wharfedale and Craven CCG and Dyneley House GP surgery in Skipton talking about health approaches to dementia. There was a market place, art exhibition and songs from the Harrogate Singing for the Brain group and workshops which have contributed to the collective themes identified by surveys and the priorities and actions outlined in this strategy.
- Dyneley house Surgery have undertaken significant work to refurbish the practice as Dementia Friendly, colour schemes, signs, staff training have led to this GP Practice winning a national award recently.

Accommodation

North Yorkshire County Council is engaged in an ambitious project to develop accommodation with care to meet the needs of our current and future communities.

This includes the development of extra care housing schemes and other specialist housing and supported accommodation to meet the needs of people who need support in the county, including those of us living with dementia. North Yorkshire County Council's Design and Good Practice Guide, Dementia Care and Support in Extra Care Housing, focuses on design principles and how to support people living with dementia in extra care housing.

There are currently two schemes where North Yorkshire County Council have already achieved this, Limestone View in Settle (below), and Kirkwood Hall in Leyburn.

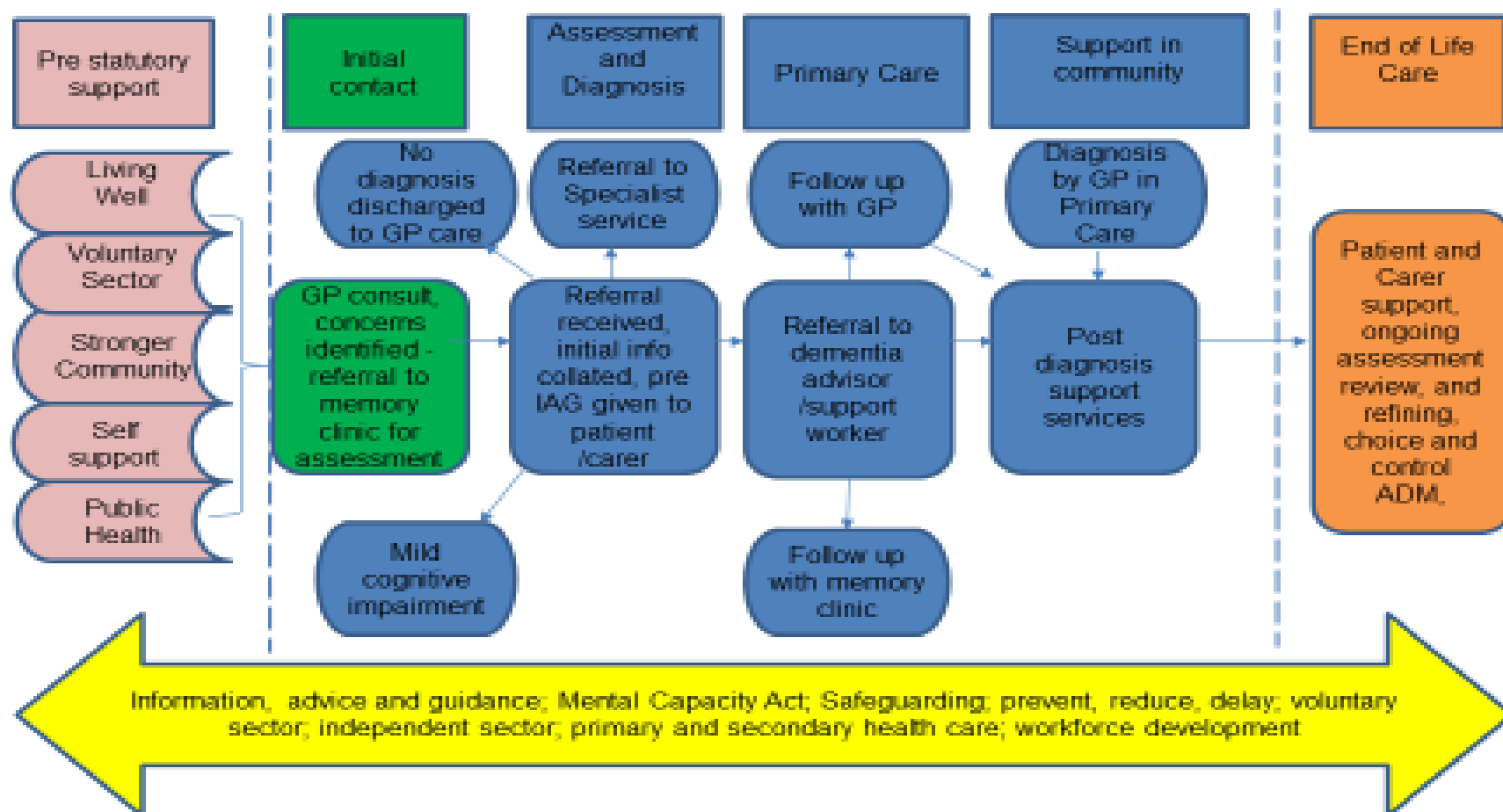


Dementia Pathway

The pathway below describes how support should ‘wrap around us’ when we need it and is dependent upon how much we need at each point in time. Sometimes close and intense and sometimes more distant but there if we need it. This includes prevention in the community with information, advice and guidance to enable us to make informed choices and potentially prevent, delay or reduce the impact of dementia on our lives; through to respecting our wishes at the end of our lives.

This pathway has been identified by the organisations contributing to the development of the strategy to illustrate what needs to happen for those of us worried about or living with dementia. We are aware that currently this pathway is far from consistent across North Yorkshire, with peoples experience dependent on the level of knowledge and capacity in different parts of the county. For example we have heard great things about the one stop shop approach to diagnosis taken in both Scarborough and Northallerton, but this is not available in all parts of the County.

Community pathway for dementia awareness, diagnosis and support.



End of Life Care and Support

It has been recognised that for people living with dementia the 'end of life' period may be longer and less well-defined than for those of us with other conditions such as cancer. Similarly, the Care Quality Commission has identified people with dementia as a group at particular risk of receiving poor end of life care.

This strategy aims to ensure 'access for all' to early advance care planning, the same quality of end of life care and the importance of providing support for carers, both before and after the death of a loved one is made available for everyone regardless of their condition or location.

What matters most to people living with dementia - Consultation and engagement across North Yorkshire

Overview

The most important part of developing this strategy has been talking to those of us who live with dementia and our carers in order to fully understand the day to day challenges we faced. We have asked what is already done well, where people living with dementia feel supported and effectively helped to live healthy and independent lives, but we are even more interested in where support falls short and the lessons that can be learned for the future.

The development of this section has also been greatly helped by face to face conversations with individuals and groups across the whole of North Yorkshire, on-line surveys, workshops and a dementia congress attended by some of us who are living with dementia and our carers.

During the engagement process over 1200 people assisted us with their responses, the following themes and recommendations have been identified as below.

We would like to thank everyone for their assistance particularly those people living with dementia and their carers who have illustrated key points of emphasis. These contributions more than any statistic or policy are at the core of what this strategy is all about and the document is richer and more meaningful for their inclusion.

Key themes

Challenging the stigma and raising awareness

21% of responses to the survey said that awareness of dementia was the most important issue for them. Places we live and places we go to such as GP Practices, Dentists, shops, Hospitals, Local Authorities, Housing, Police, residential homes, voluntary groups need to be dementia aware and dementia friendly.

- “Educate children to have knowledge around younger people with dementia and family members. There is still a social stigma around dementia and too many of us are too scared or embarrassed to tell even those closest to us”
- “Modern society is very fast paced, we need a space where we can take a little more time whether it’s in shops, on the bus or just going about our day to day lives”
- “We need people to understand what dementia is all about and what it means for us, we don’t want pity but more understanding of what it’s like to live with dementia and how much the little things can help”
- “We should be educating our grandchildren from an early age, kids are great at asking questions and having open minds without any fear or embarrassment”

Accessibility

20% of responses said that accessibility was important e.g. Signage, Dementia Friendly Communities, Transport, Inclusivity and Equalities.

- Transport – taxis, buses, aware of dementia and “Extra space in parking bays for people with dementia using a logo such as the forget me not”, “I can’t get my husband into the car in usual spaces and if I stand him by the car he runs away”
- Being able to get around my community with “signage simple and clear, shops thinking about what it means when the change layout/offer”
- Systems not working together e.g. health, social care, district councils, voluntary sector - duplicate information activities, partnership working, planning, lack of funding, cost implication for clients.
- Simple English/easy read - We need more information and the right sort of advice, sometimes it’s a lot to take on board all at once

Early diagnosis and support

5% of responses said that diagnosis and support was important. There was a real appreciation of the support provided by the two Dementia support services and other organisations, but still a number of issues that could be improved:

- “GPs are separated from the problem. Because of confidentiality they won’t share with carers not present at consultations what was said”
- “District nurses from the surgery are fantastic, I don’t know what I would do without them. It’s important to know they are there and will come out. They do more than just put a plaster on”
- “When I was first worried that my husband had memory problems, our GP did not listen. They did a very simple diagnostic test but was too low functioning and we had to go back to 3 different GPs before they listened and referred to memory clinic”
- “Good GP access and support here, that’s important to help me and my family manage”
- “It can be hard to know what the real symptoms of dementia are – there is not enough general awareness or information”
- “Whilst many of us receive a timely diagnosis this is not always the case, often we are passed between doctors and clinics with no-one taking responsibility for making a final decision”
- “Doctors need to understand the impact of saying ‘you have dementia’, they might say it a lot but hearing it is life changing and often terrifying”
- “We need clear, concise and relevant information at the right time – simple things like ‘am I still allowed to drive’ as well as the longer term health and social care information” Evidence indicates people want different types of support, small amounts of information and directions in the early weeks of having received a dementia diagnosis and then on-going in small amounts at the right time.
- “Booklets and leaflets were given, but in large amounts at a time of crisis or when a ‘shattering’ diagnosis had just been given and we could not take it in.”
- “We were bombarded with leaflets & left to our own devices - no advice given”.

Ensuring consistent care and support

13% of responses said that experience of living with dementia is far too varied, whether in the individual’s residence, care home or hospital setting the some of us receive excellent support, a quick diagnosis and manage to make connections with groups and professionals who are knowledgeable and supportive. Too many of us do not have this

experience and are left to fend for ourselves in a disjointed and often bewildering system

- “This goes wrong in hospitals” evidence of lack of dementia awareness in hospitals by all staff from consultants to nurses.
- “different response depending on the GP and resources”
- “it’s important for people to listen to me and what I need, I might be old but I’m still all there”
- “People living with dementia should be identified easily for staff to support them on wards e.g. butterfly/forget me not scheme”
- “Regardless of the type of dementia I have I am still offered treatment and support and this is reviewed”
- “Too many of us wait too long for a diagnosis or receive conflicting messages from healthcare professionals, there should be a quick and simple process for finding out if we have dementia”
- “Once we receive a diagnosis there should be a consistent process that offers advice, support and lets us know what to do next, too many of us feel lost or abandoned with the life changing news of a diagnosis”
- “Those of us living in residential or nursing home shouldn’t be written off and forgotten about”
- “Health and social care professionals need to work together more effectively, we don’t care about your organisational boundaries, we care about getting the support and help we need at the right time”
- “We should be able to consent to our information being shared between organisations when it would benefit our care, especially as our dementia progresses”
- “Co-ordination and continuity of care planning for people living with Dementia to live well, this should include GPs playing a leading role in ensuring co-ordination.”

Planning for the future and dying well

17% of responses said that planning for the future and dying well was important e.g. “having control as far as possible”, advanced care planning, decision making and end of life care for people living with Dementia.

- “You only die once, let’s get it right please”
- “Making sure carers are supported after death of loved one”
- “Acceptance of having a ‘dying plan’ as you would have a ‘birth plan’ before the delivery of a child”
- “Parallel approach to Macmillan nurses for people diagnosed with Dementia.... it’s hard to know who to approach for what”

- “Power of Attorney, Wills... wishes met, choice, it’s hard to know what all the options are or mean”
- “Professionals need to be sensitive but honest with us on what the diagnosis means in the long term”
- “We should be supported to put our affairs in order at an early stage”
- “We need the opportunity to discuss our wishes for the end of our lives and for how we wish to be treated once our dementia has developed to a stage where we will no longer be able to fully express ourselves”
- “Don’t forget about our loved ones as soon as we are gone”

Communities and networks - seeing the person, not the dementia

10% of responses said that networks were important to use local facilities more to spread info e.g. libraries/churches, drop-in facilities

- “I want to continue the things that I have always done but with support”
- Dementia is part of my life, not my life”.
- “I am a person not an illness. I can live positively with my illness that I can continue my interests e.g. gardening, thinking about my house/home and my memories so I can stay there in familiar surroundings where possible.”
- “People Living With Dementia are not separate, but part of the community”
- “Local community networks are our strongest asset if we can motivate and educate them”
- “As dementia progresses we are seen less and less as ourselves and more as a ‘dementia’, we have names and we expect them to be used”
- “Professionals need to understand the emotional toll of our diagnosis, we won’t always be happy or polite, sometimes we may be upset, angry or rude – this doesn’t mean we don’t want or need help”
- “We are not defined by dementia, we want to live active lives for as long as we can and not be treated any differently to our friends and families”
- We want to live in our homes and communities for as long as possible

The value and importance of carers support

7% of responses said that carers support was important

- “All carers given opportunity to attend a carers course, essential!”

- “Ensure carers are equipped with knowledge, aware of rights, carers assessment and support to cope”
- “Listen to carers/don’t let confidentiality get in the way”
- “Carers need to be more involved in planning and care prior to and during their stay [hospital]”
- “The people who care for us are vital to our health and independence, they need to be recognised and supported properly and given the rest they deserve from what is a 24 hour a day job”
- “Those of us who live alone should be properly supported and recognised as having additional needs to people with active support networks”
- “Our carers need advice and education around what to expect as dementia progresses, they know it won’t be easy but shouldn’t have to learn everything for themselves”
- “Our carers should also have early access to emotional support to help them cope with the diagnosis”
- “When things get too much there should be someone with the power to make decisions available for our carers to speak to at all times of the day or night”

Workforce Development

7% of responses said that workforce development was important e.g. people have told us of their experiences with GPs, hospitals, communities and whilst some comments were positive there is room for improvement.

- “Where does the business person go to get information about being more dementia friendly? “
- “Hospital should have nurse specialist in dementia care all wards should be dementia friendly”
- “Sometimes we may be upset, angry or rude – this doesn’t mean we don’t want or need help”

In addition we have heard specific issues that affect people with young onset, and with a Learning Disability

Young onset dementia

- Diagnosis is taking too long and young onset is too often misdiagnosed.
- Diagnosis rate is improving but still needs to get better.
- Memory services could be better if they had a specialist lead.
- GPs need to be better at recognising and understanding young onset dementia.

- Specific services, in particular residential care is rare and often people are placed out of area.
- Traditional day services and respite are not appropriate for young people with dementia – they are not age appropriate and do not support those more physically able.

People Living with a Learning Disability and Dementia

As outlined in earlier in this strategy the number of people living with a learning disability and dementia continues to grow and is becoming of increasing importance to health and social care.

It is important that we develop the right support services and mechanisms for people living with a learning disability and dementia that recognise the needs of both long term conditions. As this is an emerging area we will wait for the publication of Social Care Institute for Excellence (SCiE) guidance in 2017 before committing to specific actions.

This strategy contains a number of commitments and priorities and these will apply equally to those of us living with a learning disability and dementia. The overriding principle of seeing us as an individual, offering suitable and accessible information and helping us and our carers to make informed decisions will form the core of future work in this area.

Delivering the strategy - action plan

The key areas outlined above have allowed us to develop 4 key principles which will run through everything we do and 5 key Priorities which will form the focus of the work to be done to improve the support and information we provide for people living with dementia and their carers.

These principles and priorities are of equal importance and have been identified and agreed in partnership between those of us living with dementia and our carers and health and social care professionals.

Principle :
I am Me
I am not dementia
I have a name and I expect
it to be used

Principle :
Carers Matter
Treat them as well as they
treat us

Principle :
The Small Things
Small acts of understanding
can make a huge difference

Principle:
Consistency
Where I live shouldn't
determine how I am treated

Priority :
Dementia Friendly North
Yorkshire

- We will:**
- work with local government, businesses and communities to promote dementia friendly communities across North Yorkshire
 - develop a schools' dementia awareness programme to create a 'dementia friendly generation'
 - work with employers to emphasise the importance of supporting and valuing our carers in employment
 - support local Dementia Action Alliances and Collaboratives to make communities accessible and welcoming to those of us living with dementia and our carers
 - develop and deliver accommodation options for those of us living with dementia and our carers

Priority
Workforce Development

- We will:**
- work to improve awareness of the experience and impact of living with dementia amongst health and social care professionals
 - review the training and development offer to independent sector care staff and work with providers to assess training and development needs
 - ensure that all signatories to this strategy work to become dementia friendly organisations and aspire to all public facing staff undertaking dementia friends training
 - support individuals and groups who wish to challenge examples of bad practice
 - ensure health and social care professionals are aware of and trained in the importance of carers and the specific challenges carers of people living with dementia can face

Priority :
Diagnosis

- We will:**
- work to ensure that the diagnosis process is clear and transparent to people and involves no more professionals or appointments than necessary
 - work towards a target of everyone receiving timely formal diagnosis
 - work with professionals to ensure that a diagnosis is delivered in a suitable way that recognises the impact on the us and our carer and that full follow up support is offered
 - ensure that everyone who wishes to be referred on to our dementia support services
 - ensure that carers are offered support and advice relevant to their needs and are supported through the diagnosis process

Priority
Support and Advice

- We will:**
- create simple points of access for information for those of us living with dementia and our carers in North Yorkshire including improved access to peer support
 - review the current information and advice available, look at ways of improving what already exists and where there is scope for a more innovative approach
 - monitor and share the progress of new technology and the ways it could support those of us living with dementia and our carers
 - ensure dedicated Dementia Support Services for those of us living with dementia and our carers from diagnosis through to bereavement
 - develop support specifically for those of us living with young onset dementia and our families

Priority
Planning for the Future and
Dying Well

- We will:**
- develop training and awareness around the importance of planning for the future and having open discussions around our wishes and fears
 - improve and promote information advice and guidance to enable us to make early and informed decisions when our mental capacity declines, planning for the future and our end of life care wishes
 - work to challenge the social and professional stigma and nervousness around death and dying
 - continue to support our carers through this period and ensure appropriate have the physical, emotional and social support

Moving Ahead

This chapter highlights the key steps the partners will take to ensure that the immense amount of support, information and goodwill that has been harnessed as part of the development of this strategy is turned into positive action and a visible improvement in the lives of those of us living with dementia and our carers.

Leadership and Governance

The overall leadership for this strategy rests with the North Yorkshire Health and Wellbeing Board which commissioned and approved this document.

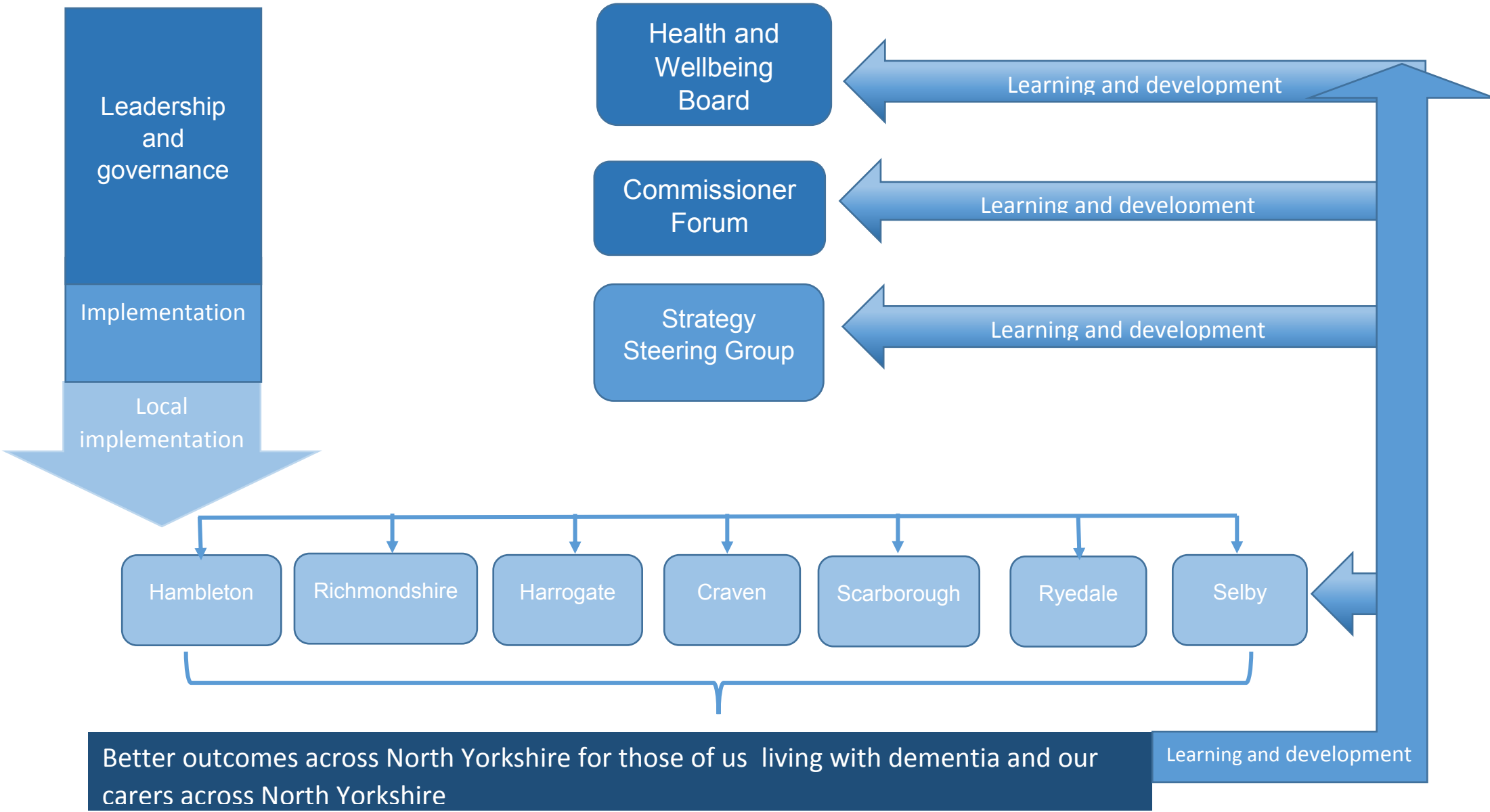
Beneath the Health and Wellbeing Board, sits the Commissioner Forum which is made up of NHS and local authority partners and then below that is the Strategy Steering Group made up of the partners involved in the development of this strategy along with representation from people living with dementia and our carers, this group will oversee the progress of the implementation of the strategy.

The partners recognise that change cannot be imposed from the centre, engaging with those of us living with dementia and our carers has been a central part of the development of the strategy and this approach will continue as implementation of the principles and priorities begins.

Delivery of change in communities will be led by local groups, either already established or specifically developed for this purpose, supported by the partners. In this way local knowledge, skill and experience can be best used to ensure change happens and the words of this strategy are not lost.

The role of these groups will be to develop and deliver local action plans for the implementation of the key priorities set out in Page 39, action plans may be variable based on the current position of services and need in each area but all will be co-ordinated to ensure that across North Yorkshire the current inconsistency is minimised.

Working together these groups will commit to produce an annual report on progress. In addition NYCC will continue to host an annual Dementia conference in order to highlight best practice and discuss new and emerging issues with those of us living with dementia and our carers and colleagues from health and social care.





“Caring for Carers” – North Yorkshires all ages carers strategy

Presented by: Avril Hunter

Summary: This is the final draft for approval ,after formal consultation, of “Caring for Carers” which outlines the themes and actions for Health and Wellbeing Board members to support unpaid carers of all ages from 2017-2022.

Which of the themes and/or enablers in the North Yorkshire Joint Health & Wellbeing Strategy are addressed in this paper?

Themes	✓
Connected Communities	✓
Start Well	
Live Well	✓
Age Well	✓
Dying Well	✓
Enablers	
A new relationship with people using services	✓
Workforce	✓
Technology	
Economic Prosperity	✓

How does this paper fit with other strategies and plans in place in North Yorkshire?

- The strategy links with ‘Hope, Choice and Control’, North Yorkshire’s Mental Health Strategy
- The strategy links with North Yorkshire Dementia Strategy, “Bring me Sunshine
- The strategy links with North Yorkshire’s draft Learning disability strategy, “Live Well, Live Longer”

What do you want the Health & Wellbeing Board to do as a result of this paper?

- The Health and Wellbeing Board to approve the final draft of the strategy to be launched and agree to receive a report on progress in implementing the strategy annually starting in October 2018.



NORTH YORKSHIRE COUNTY COUNCIL

REPORT PREPARED FOR
NORTH YORKSHIRE HEALTH AND WELLBEING BOARD
21ST JULY 2017

“CARING FOR CARERS” - NORTH YORKSHIRE’S ALL AGES CARERS STRATEGY

1.0 PURPOSE OF REPORT

- 1.1 To present the final draft for approval, after formal consultation, of “Caring for Carers” which outlines the themes and actions for Health and Wellbeing Board members to support unpaid carers of all ages from 2017-2022.

2.0 CONTEXT AND BACKGROUND

- 2.1 North Yorkshire is home to around 65,000 people who have identified themselves as providing unpaid care in the 2011 Census. In reality the number is likely to be far higher than this, accounting for people who provide unpaid care but do not identify themselves as a carer. This accounts for over 10% of the overall population who give up their own time to support friends, families and loved ones who need help.
- 2.2 Local authorities and the NHS have a duty through the Care Act 2014 to support carers in their role. In addition Carers UK and the University of Sheffield report that nationally unpaid carers save the state £132 billion a year – close to the cost of a second NHS. In austere times it is imperative that unpaid carers are supported from a local level up to support their health and wellbeing and keep on caring.
- 2.3 The unpaid carers’ agenda in North Yorkshire was previously underpinned by the ‘North Yorkshire Carers Strategy 2012-2015’, a joint strategy developed by North Yorkshire County Council and the NHS in North Yorkshire.
- 2.4 The actions contained in the strategy above were taken forward or are now incorporated into this carers strategy. For example, a number of issues were taken forward through the commissioning of the carers advice and information service. This strategy for unpaid carers is intended to cover the period from 2017-22 and covers all ages.

3.0 ENGAGEMENT AND CONSULTATION WITH CARERS

- 3.1 Over the summer of 2016 an extensive programme of engagement with unpaid carers was undertaken. This included online feedback, face to face meetings and a ‘one question’ postcard which was available through carers centres and libraries across the County. Several user forums have also been attended to gather feedback including North Yorkshire Older Peoples Forum and North Yorkshire Parent Carers Together (NYPACT).
- 3.2 A small reference group of unpaid carers was also brought together to input into the development of the strategy and to provide a ‘sense check’ on the work undertaken by officers.

- 3.3 Over 200 responses were received from the engagement with a wide range of issues raised which resulted in the key themes being determined.
- 3.4 The formal consultation period ended on 23rd June. An Easy Read summary of the Strategy and questionnaire was produced to facilitate participation.
- 3.5 Appendix 1 outlines the outcome of the formal consultation which had 70 responses. The feedback supported the themes and key commitments. There were no specific comments relating to adults which required amendments to the strategy. A number of comments related to the level of detail which will be addressed in the implementation plans for all the partners of the Health and Wellbeing Board.
- 3.6 The consultation gave a number of options about what to call the strategy and over 50% responded with “Caring for Carers”.
- 3.7 In response to feedback from parent carers of disabled children, some amendments have been made.
- 3.8 Further social media (Appendix 2 for comments) was arranged and the advert was viewed by 19,237 people, shared 42 times, received 39 likes, three love hearts and one angry face.

4.0 NEXT STEPS

- 4.1 The final draft to be designed including images from North Yorkshire carers.
- 4.2 A joint launch to take place with “Bring Me Sunshine” in October 2017. .
- 4.3 Health and Wellbeing board members to draw up implementation plans and report progress to Health and Wellbeing Board annually.

5.0 RECOMMENDATIONS

- 5.1 The Health and Wellbeing Board to approve the final draft of the strategy to be launched and agree to receive a report on progress in implementing the strategy annually starting in October 2018.

**Richard Webb, Corporate Director Health and Adult Services
County Hall, Northallerton**

Report compiled by:
Avril Hunter– Locality Head of Commissioning
Jonathan Prince – Commissioning Officer

Date: July 2017

Appendix A: Consultation Summary
Appendix B : “Caring for Carers”

Appendix A: Carers Strategy Consultation Summary

1.0 Background

- 1.1 In 2016 the North Yorkshire Health and Wellbeing Board asked for a new strategy to support unpaid carers to be developed to replace the previous strategy which ended in 2015.
- 1.2 Over the summer of 2016 a wide ranging engagement exercise took place to ask carers what the big issues currently were for them. There were over 200 responses to this which were summarised to the Health and Wellbeing Board. A draft strategy was developed on the basis of this feedback.
- 1.3 The draft strategy was released for public consultation lasting 6 weeks from 15th May 2017 to 23rd June 2017. The consultation was widely publicised through a variety of methods which are detailed in the communications plan at Appendix A.
- 1.4 70 responses were received to this consultation process.

2.0 The findings of the consultation process

- 2.1 A detailed summary of responses from the consultation can be found at Appendix B.
- 2.2 Of the 70 respondents, around half who responded described themselves as an adult carer, with the other major groups of respondents being former carers, parent carers or people being cared for.
- 2.3 The highest response rate in terms of age categories was 50-64 (38%) and the majority of respondents were female (79%).
- 2.4 The areas of North Yorkshire that people were responding from was split relatively evenly apart from Richmondshire which had a lower rate of response.
- 2.5 Six themes were set out as part of the strategy and the consultation asked people how important each theme was on a scale of not important at all to very important. The following feedback was given:

Theme	% who thought the theme was Important or Very Important
Improving identification of carers	98%
Improving information and advice	99%
Enabling carers to take a break	96%
Improving carers health and wellbeing	94%
Enhancing financial wellbeing	98%
Involving carers as experts	97%

- 2.6 For each theme a set of actions was outlined and the consultation asked if people agreed with these actions on a scale of not agreeing with any of the actions to agreeing with all of the actions. The following feedback was given:

Theme under which the action was categorised	% who agreed with...			
	None of the actions	A few of the actions	Most of the actions	All of the actions
Improving identification of carers	3%	3%	33%	61%
Improving information and advice	4%	4%	29%	62%
Enabling carers to take a break	4%	4%	22%	70%
Improving carers health and wellbeing	4%	4%	29%	62%
Enhancing financial wellbeing	4%	4%	30%	61%
Involving carers as experts	4%	3%	21%	72%

2.7 When asked for comments about any actions that they disagree with, 38% of the feedback was relating to the amount of detail included in the actions, 25% was regarding lack of funding and carers not being a priority for organisations, 25% was around information and commitments to parent carers and other issues made up the final 12%.

2.8 When asked for comments about any actions that hadn't been included that they though were important, the following categories of feedback were received

Comment category	No. of Comments
Respite/Breaks	4
Funding/Resource to implement	3
Consultation with parent carers	2
Information availability	2
Doctors recognising carers	1
Childcare	1
Speed of help to carers	1
Exclusions of disabled children	1
Children moving directly into highly specialised support	1
Health and education appointments for parents	1
Help for retired carers	1
Mental health	1
Use of educational institutes to recognise carers	1
Coproduction of the strategy	1

2.9 The consultation also asked if respondents agreed with the key commitments outlined in the draft strategy. 65% said they agreed with all of the commitments, 26% agreed with most of the commitments, 3% agreed with some of the commitments and 5% disagreed with some, most or all of the commitments.

2.10 When asked for comments if they disagreed with the commitments the following categories of responses were received:

Comment category	No. of Comments
Parent carer commitments	4
Hope that the commitments are implemented	1
Want the plan to be easier to read and understand	1
Listening to carers commitment	1

2.11 When asked for any additional comments with regard to the commitments, the following categories of responses were received:

Comment category	No. of Comments
Disabled children	3
Not enough detail of how they will be met	3
Schools should be extended to all higher learning institutions	1
Better communications between health and social services	1
No commitment for older people	1
Government approach	1
Seeing it from the view of the carer	1

2.12 Part of the consultation asked respondents to select a name from the strategy from a short list, or suggest a name themselves. 51% selected 'Caring for Carers', 20% selected 'By your side' and the remaining vote was split over 8 others suggestions, or indications that the name of the strategy did not matter to the respondent.

2.13 When asked if there was anything else the respondent would like to say about the strategy, there were 21 comment left. These were regarding the following issues:

Comment category	No. of Comments
More detail and actions required	4
Talking to parent carers, developing the strategy in terms of parent carer content and further consultation with parent carers	3
The need to support carers	3
Resources to implement the strategy	2
Recognising 'hidden' carers	1
Consistency of service across the County	1
Attitude of NYCC managers	1
Negative feedback on the purpose and underlying reasons for producing the strategy	1
Informing people about how the strategy will be implemented and asking how it has impacted them	1
Supporting lone Carers	1
Raise awareness of caring	1
Having one organisation to provide carer services to avoid confusion	1
Taking notice of Carers	1



Draft Carers Strategy 2017 - 2022

Supporting the health and wellbeing
of carers in North Yorkshire



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Foreword

To follow post approval

Scope and purpose

This document sets out North Yorkshire’s over-arching strategy for promoting carers health and wellbeing from 2017-2022. It has been produced by the Health and Wellbeing Board for North Yorkshire, working on behalf of local residents.

The document is intended for all those who come into contact with carers or who commission and deliver services in the County or who have an interest in improving these services: North Yorkshire County Council; District/Borough Councils; the Clinical Commissioning Groups who cover this area; the acute hospital trusts, and community trusts; and a wide range of voluntary and independent organisations.

References to “we” in the text of the strategy are intended to include all of these bodies, working together and in partnership with those who use our services and those who care for them.

When we refer to ‘carers’, this is defined as: Anybody who looks after a family member, partner or friend who needs help because of their illness, frailty or disability. All the care they give is unpaid.

Introduction

Three in five people will be a carer at some point in their lives and almost everyone will know family members, friends and colleagues who are currently carers. Carers play a vital role in maintaining the health and wellbeing of those who need help. We know that most carers are happy to support the person they care for and want to be able to continue offering that support, but the caring role can often affect their own health and wellbeing.

Carers UK estimate that the value of care now stands at £132 billion, which is almost the equivalent to the annual spend on the NHS. The role that carers play in our communities is to be celebrated, but providing care can come at a great personal cost to those who sacrifice their own time, effort and money to become a carer.

This strategy reflects what carers have told us in North Yorkshire, along with other local and national evidence about the effects of being a carer. The strategy sets out the ways in which carers in North Yorkshire will be supported and how we can protect the health and wellbeing needs of carers alongside the needs of the people they care for.

The Care Act recognised that the mental and physical health and wellbeing of both carers, and those being cared, for should be considered equally. As a result local authorities now have a statutory duty to assess the impact of caring on a carer's mental and physical health and wellbeing and to agree a support plan with the carer, to meet the carer's needs. The Care Act Guidance recognises that the best way to meet a carer's needs may be to provide care and support directly to the person that they care for, for example, by providing replacement care to allow the carer to take a break providing the person needing care agrees.

The vision of the Act is to actively promote wellbeing and quality of life, and not just wait to respond when people and their carers reach crisis point

Wellbeing includes:

- personal dignity;
- good physical and mental health;
- protection from abuse and neglect;
- control over day-to-day life;
- participation in work, education, training or recreation;
- social and economic security;
- domestic, family and personal relationships;
- suitability of living accommodation; and
- making a positive contribution to society.

It makes real sense that at a time when we have increasing financial pressures to continue to make sure that carers are supported and valued as partners and experts. Supporting carers helps to reduce the need for more formal services and it also helps families and vulnerable people to continue to live in the community as they would wish. Carers should be helped to maintain both their caring role and their own health and wellbeing, which at times will include having access to good alternative care and support for the people they care for when they need a break or are unable to provide care. Just as importantly we need to listen to carers and recognise the contributions they make and the skills and understanding they have.



We should also recognise that the 'carer's journey' does not come to an abrupt finish when their caring role ends. Increasingly we hear from carers of the impact of the loss of the person they have cared for. A carer might well need support through the transition of adjusting to no longer being a carer; a role that may have been a big part of their life for many years.

Our vision

We have set out a vision that people in all communities in North Yorkshire have equal opportunities to live long, healthy lives. For carers, this will mean that:

Carers themselves can live long and healthy lives and be able to continue to care as long as possible and as long as they would want to. We want to encourage more carer friendly communities, and promote carer issues across wider society.

How does it fit together?

The North Yorkshire Joint Health and Wellbeing Strategy 2015-20 sets out our ambitions in respect of five areas: Start well, Live well, Age well, Dying well and Connected communities. All of the commitments within the strategy apply to carers including the specific outcomes that; carers have a life of their own (Living well) and all individuals, their carers and families experience good end of life care (Dying well).

Our other strategies also recognise the role and importance of carers in North Yorkshire. These strategies specifically address autism, young people, learning disabilities, mental health, dementia, extra care/supported housing and end of life care. Carers have helped to shape these strategies and are seen as a key partners in addressing the challenges that face us in each of these areas. A comprehensive list of these strategies and where to find them can be found in the further information section of this document.

The carers strategy as a separate strategy brings together the key messages from all carers about what matters to them *as carers* and sets out the ways in which we will specifically work to support our carers. The strategy will shape the specific 'carers offer' and it will also enable the delivery of the other strategies by setting out our commitment to carers.

North Yorkshire County Council's vision is for people in North Yorkshire to have every opportunity to live longer, healthier, independent lives: "We will make sure that support is centred on the needs of people and their carers, allowing them to take control of their health and independence and we will work to keep vulnerable people safe, with individuals, organisations and communities all playing their part". With programmes such as Stronger Communities, North Yorkshire County Council is investing in helping communities and individuals build resilience and find local support.

As part of this, North Yorkshire County Council is well on its way to transforming social care services in North Yorkshire, by developing and strengthening services, such as the Living Well Team and the Children and Families Prevention Service, to help people remain independent and prevent them from requiring more formal care services. The way assessment, review and support planning is done is also changing to support people to stay independent for longer in their own homes. Future assessments and reviews will look at solutions involving friends, family and the wider community and will maximise every opportunity for people and carers to remain or become more independent, or achieve their outcomes through creative care and support planning where appropriate.

Across North Yorkshire work is under way to link our health and social care services for adults. This may differ from area to area, but increasingly we will see adult social care staff working alongside GP's, community and primary health services. This will aim to make services more joined up and easier for carers to understand.

On a national scale, the government has consulted on a review of the National Carers Strategy and is analysing the results. The revised strategy is due to be published in 2017. The government says that the national strategy needs to reflect carers' lives now, their health and financial concerns, and give them the support they need to live well while caring for a family member or friend. Some of the issues that are important to carers can only be considered at a national level, particularly in relation to national welfare benefits and changes to employment legislation. We will review the national strategy when it is published to see how it can help in North Yorkshire. NHS England's Commitment to Carers sets out the importance of carers to the NHS and their commitment to supporting them. Plans for the future of the NHS (Five Year Forward View) also emphasise and recognise the importance of carers.

Who are carers in North Yorkshire?

There are around 65,000 people in North Yorkshire across all age groups who identified themselves as providing unpaid care in the 2011 census, which is more than one in ten people. This is higher than the average both nationally and through the Yorkshire and Humber region. Only Richmondshire (9.2%) had a lower rate of identified unpaid carers than the national average. In reality there are likely to be many more people providing unpaid care, who either do not recognise themselves as a carer or do not wish to be recognised as a carer.

The number of people providing unpaid care has increased by almost 15% (8,250 people) since the 2001 Census compared with a 2.3% increase in the county's overall population. Almost one in four (24.3%, 15,538 people) of the female population aged 50-64 are providing unpaid care, which rises to 25% in Ryedale and 26.6% in Craven, compared with a national average of 23.5%.

Being an unpaid carer at different times of life can present different challenges. Over a quarter of carers in North Yorkshire are over the age of 65. There are also over 18,000 carers aged 25-49 and over 3,000 under the age of 25, including young carers under the age of 18. We are aware that many carers will also have their own care needs, and some to a level that means they may also require social care support in their own right.



In 2015/16 the Carers Centres, funded by North Yorkshire County Council and the Clinical Commissioning Groups had over 1,800 referrals and supported over 1,200 new, previously unidentified adult carers. 476 young carers have also been supported through Carers Centres.

In the same time period over 3,200 carers assessments have been undertaken to help adults look at the different ways caring affects their lives, and agree how their own needs will be met

What's the evidence of how caring affects health and wellbeing?

Our Public Health Team has undertaken a review of evidence on the impact of caring for the Joint Strategic Needs Assessment. It is clear that a caring role has significant impacts on the carer, in terms of their physical and mental health, relationships, ability to socialise and manage their finances. Across all ages of carers this includes the following examples:

- Carers report that they find it hard to look after their own health, doing less exercise and not eating a balanced diet because of their caring roles and responsibilities. When finances are tight, they will ensure that the cared for person gets enough food but the carer will 'make do'.
- Health being affected by the need for hands-on care which is physically exhausting (especially for young people caring for adults). This is often combined with sleep deprivation, injury and strain.
- Carers can experience loneliness at work and say that colleagues do not understand the impacts of caring and that occasionally they cannot give work their full attention.
- Social isolation and impact on mental wellbeing.

The following examples show how caring affects young people in particular.

- Young carers can be reluctant to disclose that they are a carer due to the stigma associated with certain illnesses.
- They can experience bullying and poor behaviour at school because of their caring role.

- They are also at risk of missing school trips, not completing homework and have poor school attendance. This impacts on the young person's education attainment and in later years this can affect employment outcomes, lifetime career prospects and income.
- Emotional wellbeing: stress, tiredness and mental ill-health are common for young carers.
- Feeling different or isolated from their peers and with limited social opportunities.
- Lack of a stable environment: traumatic life changes such as bereavement, family break-up, losing income and housing, or seeing the effects of an illness or addiction.

What do carers in North Yorkshire tell us?

Over the summer of 2016, we asked members of the public to tell us what they thought the big issues affecting carers were. We did this through a widely publicised 'one question' postcard, online and by attending carers groups across the County to speak face to face. Over 200 responses were received and we talked to a wide range of carers of all ages about their experiences. In addition to this work, we have received feedback from carers who were consulted about the North Yorkshire Dementia Strategy and the new North Yorkshire County Council Care and Support Pathway.

"I'd like a place within my community to take my daughter and myself that accepts us for who we are and can meet people of our age groups to talk to and have a cup of tea. This would make us feel included within the area, the isolation of North Yorkshire and villages and rural environment does not always allow this for people who are carers."

The feedback from these conversations has given us a rich picture of what matters to carers. From these messages we have identified a number of themes that affect carers which have underpinned and shaped this strategy.

We got a clear message that carers do not see themselves as carers but as lifelong partners, sons, daughters, siblings, neighbours and friends. People do not resent being carers, but the commitment and social isolation can be overwhelming at times.

Identifying yourself as a carer can be a difficult process, especially for young carers, and even after this many found it hard to get the information they need at the right time for them.

We heard that carers do not think that they are valued by professionals as experts in care and are often excluded from important decisions and not kept informed. Carers were often frustrated that professionals did not seem to communicate with them and have to tell the same story over and over.

We heard how much carers valued being able to talk to people in a similar position to get things off their chest. Many carers told us how valuable they had found help from the local Carers Centres across North Yorkshire and other groups.

Carers of people with mental health problems who made comments as part of the mental health strategy development echoed the themes: a great many said that carers were undervalued, that they wanted better links with GP's, that it takes too long for carers to be recognised and that they should have a role in assessing the safety and quality of services offered to the person they care for.



What carers are saying nationally

National organisations that support carers are continuing to provide information about carers views across the UK.

The Carers UK State of Caring UK 2016 report says that “Without practical support with caring from health and care services, carers cannot get the time they need to look after their own health and maintain relationships with others. Replacement care for the person they support is essential in enabling carers to juggle work, study or have hobbies and interests alongside caring, or to manage care with other family responsibilities such as childcare.”

“I would like to feel confident that my husband would be looked after if anything happened to me”

The Carers UK reports regarding ‘Carers at Breaking Point’ and “Caring and Family Finances Inquiry” also report that

- Six in ten felt they had been pushed to breaking point
- 46% said they had fallen ill but just had to continue caring
- One in five carers were forced to give up their jobs because they were in crisis
- 61% of the carers said they had been in debt as a result of caring

NHS England’s ‘Commitment to Carers’ reports that:

- 70% of carers come into contact with health professionals yet health professionals only identify one in ten carers with GPs, more specifically, only identifying 7%
- 66% of carers feel that healthcare staff don’t help to signpost them to relevant information or support, and when information is given, it comes from charities and support groups

Views that carers have given in North Yorkshire reflect many of the issues being raised in national reports. Information about national carers organisations can be found in the further information section of the strategy.

Diversity of carers

What is very clear from talking to carers and their responses, is that carers are a diverse group who have a variety of different needs that depend on a range of factors including the needs of the cared for person, gender, age, as well as employment and family circumstances. It is clear from this information that good assessment of both the cared for person and the carer is critical if we are to support carers.



There are particular challenges faced by some groups, which are not mutually exclusive, including the following examples:

- Young carers are children and young people under 18 who provide care to a family member who is physically or mentally ill, disabled or misuses substances. Being a young carer means balancing the caring role with education, which may lead to anxiety and stress. It can also affect young people’s health, social life and self-confidence. The tasks and level of caring undertaken by young carers can vary according to the nature of the illness or disability and the structure of the family as a whole.
- Young adult carers are aged between 16 and 25. They usually face similar challenges to young carers, but are at an important time of life in terms of school progression, further education, career decisions and taking on the responsibilities of becoming an adult. There

are also difficult decisions about leaving the person they are caring for or dealing with bereavement at an early age.

- Parent carers are defined by Carers UK as someone who is over 18 who provides care to a disabled child for whom they have parental responsibility. Parent carers are likely to be carers for a longer time period than others and often have to plan long term for how to balance their caring role with their life outside of caring.
- Working age carers are those who carry out a caring role and are of working age. The main challenges for working age carers is gaining and maintaining employment and being able to strike a balance between the caring role and life outside the caring role.
- Older carers are those individuals who have a caring role into their older age. Older carers often provide long hours of care and support, but can be at additional risk of doing this to the detriment of their own health and wellbeing. Older carers can also need additional support with more demanding and physical tasks.
- 'Sandwich' carers or 'dual' carers have a caring role for more than one person, often of different generations. The term can also be applied to carers who are caring for someone but also have additional responsibilities, such as having a child. Juggling two caring roles can be overwhelming, even before consideration is given to life outside the caring role.
- Carers of people with mental health or substance misuse - who are less likely to identify themselves or to be identified as carers
- Short term carers take up their role over a short time period for reasons such as illness and may have less time and experience to adjust to becoming a carer
- Lesbian, gay, bisexual and transgender carers reported a feeling of 'double isolation' – this being the usual feelings of isolation due to the fact they are a carer, but also because they need to talk to someone openly about the issues that are important because they are lesbian or gay.
- Carers from the gypsy, roma, traveller and show people (GRTS) communities - who are much less likely to access health and social care services.
- Carers from black, Asian and minority ethnic (BAME) communities - Language barriers and cultural traditions will impact on whether people see themselves as carers and able to seek support or whether it is seen as part of family responsibilities.
- Carers of people with HIV/AIDS, who can be reluctant to disclose that they are a carer due to the stigma associated with HIV/AIDS.

Case study

When Scarborough & Ryedale Carers Resource first received a referral for Penny she was 14 years old and living with her mother. They had fled domestic violence and were living in unsuitable temporary accommodation. Penny's mother has complex physical and mental health needs and Penny is her primary carer. They had no family and no friends to help support them. Penny's older brother had also moved north with them but he had mental health issues and had wrecked the room on a number of occasions so was no longer living with them. He was staying in a flat locally and needed their support daily. Penny had not attended full time school for two years and was awaiting an assessment about her education. She did go into a local school for a day but struggled to cope. She had and still has some mental health issues of her own. Her mother and she are very close, spending all their time together and even sharing the same bed. Penny believed that if she doesn't look after Mum then nobody else will. At the time Penny felt that everyone else has or will let them down.

This was the situation when the Young Carer Service began to support the family. They provided one to one contacts as well as small targeted group sessions for Penny and supported her within a range of professional meetings. The team have been part of a multi-agency support system to getting appropriate housing for the family. They helped to arrange for specialist advice on moving and handling for Penny and supported her to formulate an emergency contact plan for when Mum is ill. Penny now feels safe during times that her mother is in hospital. We arranged for dental care and GP appointments for Penny so that she could start focusing on her own health and wellbeing.

Case study continued

The team encouraged her self-confidence and she attended activities, workshops and a residential trip. Penny had support to process a funding application and help with decorating her own bedroom to give her personal space. They also encouraged Penny to apply for a local College course, helped her get to the interview and took her there on her first day. The team supported Penny to apply for a computer and printer for her personal use. This was successful and has helped Penny to be able to complete her coursework.

Penny's mum was referred to the Scarborough & Ryedale Carers Resource in her role as carer for Penny's brother and was given help to apply for the appropriate benefits. We also helped mum find a new source of support through the MIND befriending service. By taking Penny shopping for essentials such as food and clothing the team encouraged her to think about value for money as well as budgeting skills and helped Penny take responsibility for her own future and financial security.

The themes and priorities for improvement

The six themes that have come through clearly when talking to carers and organisations who are supporting our carers are in line with themes that have been identified nationally:

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

The following sets out our objectives for each of these themes. In addition to these area we will commit to take into account what carers see as important to them to continue their caring role when redesigning or delivering services.

Identifying carers

One of the most important steps for carers in accessing support is being able to identify themselves as a carer. This is not always easy as many carers do not like to ask for help for a number of reasons. For some they do not want to feel like they are losing control, or that they might be judged. Some carers worry that safeguarding workers may become involved if they say they need help or that the person will be taken out of their care. Many also see themselves not as a carer, but as fulfilling a family duty. This makes it difficult to get services to carers that can help them in their role. Carers are less likely to identify themselves or to be identified as carers if they are caring for someone with mental health or substance abuse issues rather than physical health conditions or illnesses.

"I would like to see help for people to recognise themselves as carers, because often they just see themselves as being neighbourly or family"

What happens now?

- Carers Centres are currently commissioned across North Yorkshire to actively identify new carers in the community.
- North Yorkshire County Council currently identify carers through social care and through schools.
- In some areas carers are identified through NHS settings such as GPs.

To increase awareness of carers of all ages and help carers access support services, we will:

- Explore how we can effectively identify carers, particularly in hospitals, schools and GP practices and point carers in the right direction for support.
- Make it easier for people to identify themselves as carers, especially those who may not come into contact with health or local authority organisations and those caring for people with mental health or substance misuses issues
- Increase awareness of carers across communities and wider society
- Encourage communities and organisations to become more 'carer friendly'.
- Make it easier for carers for people with mental health or substance abuse issues to identify themselves

Information and advice

A vital part of being able to help carers in their role is by ensuring they have the right information and advice at the right time. This can be crucial in building a support mechanism to help a carer in their role. When we spoke to carers about what they thought the biggest issues around caring are, the most common response was regarding the availability of information. In addition, the North Yorkshire 'Survey of Adult Carers' 2014/15, showed that 92% of respondents had used information and guidance services during the previous 12 months. This shows that information and advice plays a large role in being able to maintain a caring role.

"I'd like to explain to people (public) that saying you are a carer can bring benefits and doesn't necessarily mean that you'll get bombarded with a whole menu of officialdom. I.e. That you can just get information, advice and guidance"

What happens now?

- Carers Centres, alongside a number of other voluntary organisations, are currently commissioned across North Yorkshire to provide information and advice for adult carers.
- Some Carers Centres and Action for Children are currently commissioned across North Yorkshire to provide information and advice for young carers and schools.
- North Yorkshire County Council currently provide information to carers through the customer service centre and assessment process.
- North Yorkshire PACT (a collective voice for parents of children with disabilities and additional needs) support parents and carers by helping them find relevant information about what support is available for their children and how to access this support.
- NHS provide information and advice in a variety of ways, for example GP practices may have their own carer's policy, and try to identify carers

In order to help improve information and advice for carers of all ages, we will:

- Think creatively and find new ways to inform carers.
- Work better together to more effectively get information and advice to carers.
- Get the right information to carers at the right time in the right formats and not overwhelming them at the most stressful times.
- Give the same level of information and advice to carers who fund their own care.
- Continue to support carers services to give information and advice to all carers.
- Adopt a proactive approach to supporting carers to plan for the future

Giving carers a break

To help carers of all ages in maintaining a life of their own outside their caring role, it is important that there are options for them to be able to take a break from caring. When we spoke to carers about what they thought the biggest issues around caring are, the second most common response was regarding the ability to have a break from their caring role. By taking a break, it allows carers to recharge their batteries and help build up long term resilience. However, carers want to be sure that the cared for person is safe and supported. It is essential therefore that we have a range of options to support the cared for person and always take into account the carers needs when agreeing support plans for people

What happens now?

- We have a mixed offer for both carers and those they care for. Some services are currently offered as 'carers services' and some for the cared for person
- 'Carers sitting services' provide short breaks for adult carers in some areas of the County on a volunteer basis.
- North Yorkshire County Council provide and commission a range of short breaks in short stay centres, day services and care homes as part of support plans for cared for people
- North Yorkshire County Council can offer a direct payment which some carers choose to use to take short breaks
- A wide range of carer groups have been established in most areas of the County to give carers and cared for people a place to meet and speak with other carers
- Parent/carers of severely disabled children receive support and short breaks through the Disabled Children and Young People's Service. This could include services in the community, in families own homes and in day or overnight settings.

In order to improve the offer of giving carers a break, we will aim to:

- Review the way we undertake assessments for both carers and those they care for to ensure that where a carer needs help to take a break this is included in the support plan for the person they care for.
- Review the best way to give carers greater choice in the way they use carers personal budgets
- Review our carers sitting services to ensure these work well in conjunction with carers personal budgets
- Promote and raise awareness of what break options are available for adult carers.
- Promote the development of ways that all carers can get information and support from each other.
- Review how we assess and respond to needs of disabled children who do not meet the eligibility criteria for the Disabled Children's Service.

Carer health and wellbeing

It is essential for carers to maintain their own health and wellbeing in order for them to be able to continue in their caring role and to be able to do this to the best of their ability.

“I don't like to have to ask friends for help all the time and many of my friends have died.”

What happens now?

- Carers Centres and other voluntary organisations provide emotional support to carers on the phone or face to face if appropriate.
- A review of the needs of the cared for person can take place if carers are finding their caring role is putting their health or wellbeing at risk
- Carer groups have been established in some areas of the County to give carers and cared for people a place to meet and speak with other carers.
- Carers can access the universal mental health services and the Children and Young People Prevention Service.
- Over 3,200 adults have a Carers Emergency Card to help provide additional peace of mind by identifying carers as having a cared for person, should anything happen to them
- Carers Centres and North Yorkshire County Council undertake carers assessments with carers to help identify support that could be provided to assist the carer in their role
- Carers who have been assessed as eligible for a one-off personal budget in the form of a Carers Support Grant from North Yorkshire County Council to help them to pay for things which will help them in their caring role
- GP practices may offer flu jabs and health checks to carers, as well as signposting to Carer's Centres.

In order to improve the wellbeing of carers, we will aim to:

- Continue to highlight the importance and requirement for emotional support for carers.
- See how we can promote carers being able to support each other through groups, one to one contact and online.
- Raise awareness of the mental health of carers.
- Improve the range of places for carers to go where they feel safe and supported.
- North Yorkshire County Council will ensure that all carers have a keyworker if they have had an assessment
- Provide the right support for carers through end of life care and bereavement.
- Support carers to look at plans for emergencies and introduce a Carers Emergency Card for young carers.
- Give further consideration to wider issues of living in North Yorkshire that impact carers such as transport and accessing services.
- Encourage healthcare providers including GPs to recognise the effect caring can have on a carers mental and physical health.
- Review the best way to give carers greater choice in the way they use carers personal budgets

Financial wellbeing

Becoming an carer often means that financial circumstances can change. When we spoke to carers about what they thought the biggest issues around caring are, many responses revolved around finances, funding for carers and maintaining employment with the caring role. It is important that being an adult carer does not become a financial hardship and that they are aware of the assistance that is out there if required.

What happens now?

- Carers Centres work with local employers to raise awareness of carers in the workplace and how they can support them to stay at work.
- North Yorkshire County Council's supported employment service can provide help for carers who need support to continue working and caring.
- North Yorkshire County Council's income maximisation team support carers as part of their role to develop financial resilience in North Yorkshire.

In order to help prevent adult carers being forced into financial hardship as a result of their role, we will aim to:

- Maintain the principle that the caring role should not become a financial hardship.
- Raise awareness of the challenges carers in the workplace face and support employers to promote carer friendly policies.
- Provide the right support and information to support carers stay in employment or return to employment
- Encourage people to plan ahead for example through setting up power of attorney, living wills
- Ensure advice on how to maximise income continues to be available along with help filling in relevant paperwork.

Case study

The CReate project at Carers' Resource, Harrogate and Craven empowers carers to find and stay in paid employment alongside their caring role. Specialist advisers support carers through workshops and advice sessions to develop skills, think creatively about their caring role and advise on their employment rights. They work closely with employers to support them in developing a carer-positive working environment, through recognising the contribution of carers on their workforce and introducing carer friendly working practices. They also work with carers supporting them into employment or self-employment.

CReate has worked closely with Skipton Building Society, one of the Craven district's largest employers, over the last ten years. This positive relationship has culminated in the development and launch by Skipton Building Society of their new Carer Policy, supported by Carers' Resource. Carers' Resource has worked with managers to strengthen carer awareness throughout the organisation and has provided independent work-based support to carers working for the building society through workplace drop ins and one to one advice sessions.

Carers being more involved in care

Carers have told us that they do not feel they are recognised as experts, and are not included in important decisions about diagnosis and treatment for the person they care for. It is important that we acknowledge the role and knowledge of carers in both health and social care settings. Carers views should be valued and listened to and considered in any plans made.

What happens now?

"I would like a carers supporter in my GP surgery. I do not know if GP's fully understand you can have physical symptoms caused by the stress of caring"

- There are some good examples of involving carers in decision making in both health and social care settings.
- North Yorkshire PACT act as a collective voice for parents of children with disabilities and additional needs, supporting parents and carers by helping them find relevant information about what support is available for their children and how to access this support.

In order to make sure carers are included appropriately in the important decisions about the person they care for, we will:

- Make sure we use a 'whole family approach' and use carers as the experts.
- Support carers to develop new skills and techniques, for example through reablement or positive behaviour support training for family carers of those with more complex needs and whose behaviour can be challenging
- Continue to work with, and provide support to North Yorkshire PACT to understand the issues that are affecting parent carers.
- Extend staff training in Triangle of Care to include carers as partners and treat them with respect
- Provide staff training in how to effectively engage with carers. The experience of carers will be included in all relevant training.
- Clinical Commissioning Groups will promote carers involvement throughout the treatment of the cared-for person by GPs and hospitals
- Involve carers in service redesign and commissioning
- Ensure that GP's have a system for agreeing and recording who patients are happy to share information with so that carers do not experience difficulties communicating with professionals

Our key commitments for 2017 – 2019

As well as taking into account all the aims set out above in strategies and redesigning services, we are committed to focussing on the following twelve actions for the next two years. An action plan will be produced to show progress against these commitments which will be brought back to the board on an annual basis.

- We will commit to improving how carers are involved in the co-production and co-design of services at all levels including the way that young carers are involved.
- We will make sure that carers feel more informed and involved in the treatment of the person they care for.
- We will make sure that the Care Act principles for personal budgets are embedded in the adult carer offer from North Yorkshire County Council.
- We will work with employers to raise awareness of flexible working policies to help carers combine their caring role with paid employment.
- We will help carers take a break from caring.
- We will make it easier for carers to get the right information they need at the right times for them.
- We will listen to what carers say is important to them and look at solutions involving friends, family and the wider community when undertaking carers assessments
- We will work with schools to raise awareness of flexible policies to help carers thrive and be successful in their school.
- We will encourage schools to participate in the Young Carers in Schools Award scheme.
- We will ensure all young carers have been assessed using our comprehensive North Yorkshire Assessment and use the Signs of Safety model.
- We will support schools to recognise young carers and offer additional support as appropriate.

- The Disabled Children and Young People's Service will assess the needs of disabled children and their parent/carers to ensure they receive the right level of support and short breaks to support and sustain their parenting role.
- We will be working to ensure that all disabled children referred to the Council will receive an assessment and services made available where appropriate to meet those assessed needs. This will close the identified gap in service to those children with higher functioning conditions who do not meet the eligibility criteria for the DCS.

How will we measure success?

Our progress on these commitments will be measured in a number of different ways:

- Through the progress on the action plan which will be reported to the Health and Wellbeing Board on a regular basis
- Monitoring of key performance indicators from each partner on the Health and Wellbeing Board, such as:
 - Numbers of new carers identified (including those from harder to reach groups)
 - Number of carers referred to appropriate services
 - Number of services provided to carers
 - Number of carers assessments and reviews carried out
- Monitoring of feedback from the Survey of Adult Carers in England (SACE)
- Monitoring the outcomes of people accessing the carers sitting services and carers information services
- Monitoring the outcomes of carers accessing other carer services including Living Well service

Further information

North Yorkshire Carer Centres

Further Information and Contact Details Available at www.northyorks.gov.uk/carers

- Carers Resource (Adult Carers Only) – Harrogate and Craven Districts
- Hambleton & Richmondshire Carers Centre – Hambleton and Richmondshire Districts
- Scarborough & Ryedale Carers Resource – Ryedale and Scarborough Districts
- Carers Count (Adult Carers Only) – Selby District
- Action For Children (Young Carers Only) – Harrogate, Craven and Selby Districts

Related strategies

- [North Yorkshire Autism Strategy](#)
- [Care and Support Where I Live](#)
- [North Yorkshire Mental Health Strategy](#)
- [North Yorkshire Dementia Strategy](#)
- [Young and Yorkshire](#)
- [Live Well, Live Longer - Learning Disability strategy](#)
- [Five Year Forward View – NHS England](#)
- [North Yorkshire 2020](#)

National information

- [National Carers Strategy](#)
- [Carers UK](#)
- [Carers Resource](#)
- [Care Act](#)

Local information

- [Census Data](#)
- [North Yorkshire Carers Health and Wellbeing Evidence Review](#)
- [North Yorkshire PACT](#)



North Yorkshire Health & Wellbeing Board, Delivery Board (DB) and Commissioner Forum (CF)

ROLLING WORK PROGRAMME/CALENDAR OF MEETINGS 2017/2018 - Updated 10th July 2017

Date	Meeting	Details	Item (contact)
July 2017	Health and Wellbeing Board <i>Report Deadline: Tuesday 11 July</i>	Time: 10.30 a.m. Date: Friday 21 July Venue: Ryedale District Council Ryedale House, Malton	<ul style="list-style-type: none"> • Terms of Reference – suggested changes • Dementia Strategy (final sign off) • Carers Strategy (final sign off) • Mental Health Strategy 2015/2020 (Hope, Control and Choice) – Annual Update • Better Care Fund <ul style="list-style-type: none"> - BCF Plan update - Integrated BCF • Rolling HWB Work Programme
August 2017	Commissioning Board <i>Report Deadline: Tuesday 1 August</i>	Time: 2.00 p.m. Date: Thursday 10 August Venue: Rowntree Room, City of York Council, West Offices, Station Rise	<ul style="list-style-type: none"> • Key Updates from Members • Rolling HWB Work Programme

Date	Meeting	Details	Item (contact)
September 2017	Health and Wellbeing Board <i>Report Deadline: Thursday 24 August</i>	Time: 2.00 p.m. Date: Wednesday 6 September Venue: Middleham Key Centre, Park Lane, Middleham,	<ul style="list-style-type: none"> • Director of Public Health Annual Report • Healthwatch Annual Report • Complaints Advocacy Service Annual Report • Safeguarding Adults Board Annual Report • Pharmaceutical Needs Assessment – Progress Update • Joint Alcohol Strategy (2014/2019) – Annual Update • Rolling HWB Work Programme
	Commissioning Board <i>Report Deadline: Tuesday 29 August</i>	Time: 2.00 p.m. Date Thursday 7 September Venue: Rowntree Room, City of York Council, West Offices, Station Rise NOTE: This date may change	<ul style="list-style-type: none"> • The role of the Fire and Rescue Service in Health and Social Care - proposals • Key Updates from Members • Rolling HWB Work Programme
November 2017	Commissioning Board <i>Report Deadline: Tuesday 31 October</i>	Time: 2.00 p.m. Date Thursday 9 November Venue: Rowntree Room, City of York Council, West Offices, Station Rise NOTE: This date may change	<ul style="list-style-type: none"> • Key Updates from Members • Rolling HWB Work Programme

Date	Meeting	Details	Item (contact)
November 2017	Health and Wellbeing Board NOTE: This date is to be used for a Development Session – timings and venue to be confirmed	Time: To be confirmed Date: Friday 24 November Venue: To be confirmed	
December 2017	Commissioning Board <i>Report Deadline: Tuesday 28 November</i>	Time: 2.00 p.m. Date: Thursday 7 December Venue: Rowntree Room, City of York Council, West Offices, Station Rise NOTE: This date may change	<ul style="list-style-type: none"> • Key Updates from Members • Rolling HWB Work Programme
January 2018	Health and Wellbeing Board <i>Report Deadline: Friday 12 January</i>	Time: 2.00 p.m. Date: Wednesday 24 January Venue: The Cairn Hotel, Harrogate	<ul style="list-style-type: none"> • Growing up in North Yorkshire Survey 2017 • Safeguarding Children Board Annual Report • Rolling HWB Work Programme
March 2018	Health and Wellbeing Board <i>Report Deadline: Tuesday 13 March</i>	Time: 10.30 a.m. Date: Friday 23 March Venue: Sneaton Castle, Whitby	<ul style="list-style-type: none"> • Pharmaceutical Needs Assessment (final sign off) • North Yorkshire Tobacco Control – Annual Update • Rolling HWB Work Programme

Commissioner Forum - Dates for 2018 to be confirmed **Delivery Board** - Dates to be confirmed