

ADULT SOCIAL CARE IN NORTH YORKSHIRE

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1. North Yorkshire – An Introduction



We are a two-tier shire County; North Yorkshire is England's largest County covering 3,103 square miles and comprises some of the most remote, rural and coastal communities in the country.

The total population is just over 600,000 with 132,000 0-19 year olds and 130,000 people aged 65 and over. Life expectancy is better than the England average, but the gap between the least and most deprived communities is around 6.3 years for men and 4.6 years for women.

There is a higher than average employment rate in the County, although earnings and GVA per head are less than the national average. In addition to this, the County has a greater than national rate of inactive working age people, mostly through early retirement. Whilst overall the County is one of the least deprived areas in England, there are 23 super output areas in Scarborough, Whitby, Skipton, Harrogate and Richmondshire that are within the most deprived 20% in England, including Catterick Garrison, which is the largest military base in Western Europe. North

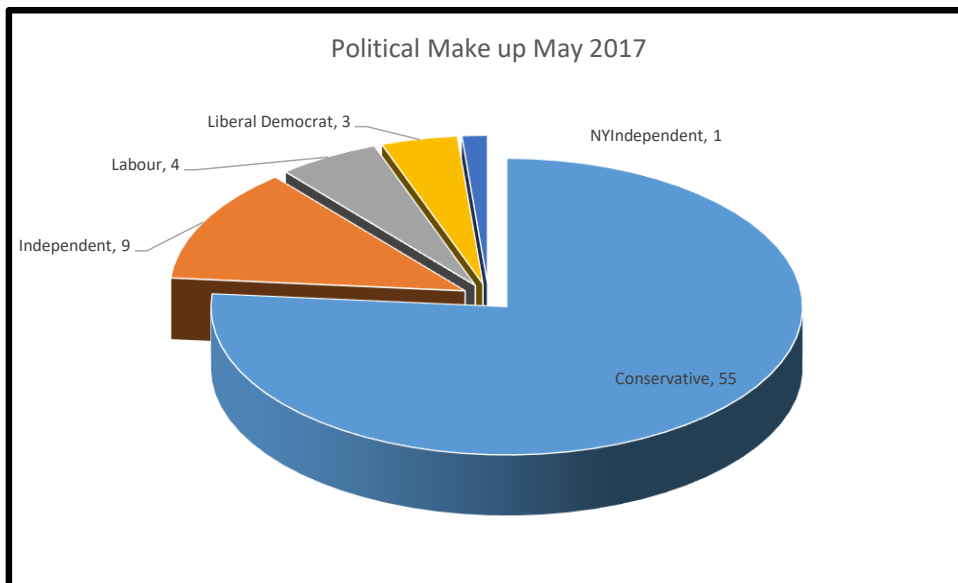
Yorkshire County Council has, traditionally, performed well as a local authority, including on adult social services, delivering value for money within the context of a low per capita spend. Historically, local government and the NHS in the County have had lower funding settlements from central Government than neighbouring areas and the County Council has continued to make the case to Whitehall for recognition of the increased transactional costs of delivering services in very rural areas.

The Council operates within a complex public services landscape, which mirrors the scale and rurality of the County. Key partners include 5 CCGs (plus one practice aligned to Cumbria), 4 main Acute and Community NHS Trusts and 2 main Mental Health NHS Trusts and 7 district councils. Only 1 of the 6 NHS Trusts has its headquarters in the County. Many secondary and all tertiary NHS services are provided from hospitals in Bradford, Darlington, Hull, Keighley, Lancaster, Leeds, Middlesbrough, Stockton on Tees, Wakefield and York. The County is divided almost equally between 3 Sustainability and Transformation Plan (STP) footprints, which have their focus in West Yorkshire, Teesside and Hull.

Likewise, the independent and voluntary sectors are highly diverse and very localised. The County Council continues to be a significant provider of services, in part because it is often the only viable provider in areas where the market is fragile. Market development in both Adult Social Care and Public Health is a key priority going forward.

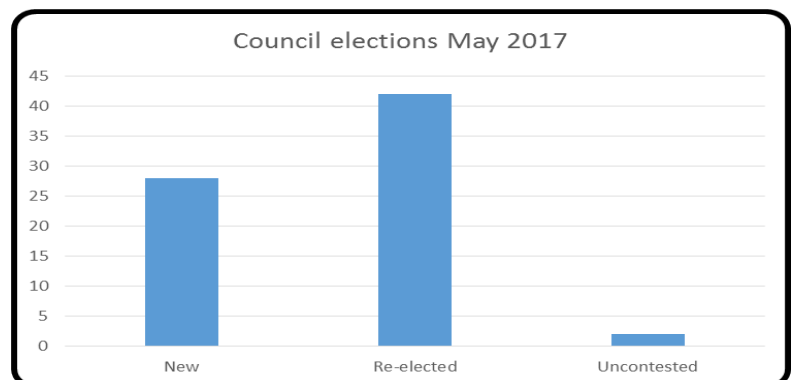
Whilst the County Council has a strong financial track-record, the local NHS previously experienced significant financial challenges, with a history of reducing investment in primary and community services to address acute sector cost pressures. The CCGs achieved financial balance in their first few years and invested in key services in their first year of operation, but several are now facing financial deficits, with Vale of York subject to directions and, alongside Scarborough and Ryedale CCG and York Trust, part of a capped

expenditure regime. Each CCG is seeking to develop its primary and community services offer - for example, Vale of York is developing a network of Care Hubs and Hambleton, Richmondshire and Whitby will be using its successful Prime Minister's Challenge Bid to re-design primary care services. Section 8, below, offers more information on the work being undertaken as part of the Better Care Fund.



Politically, the County Council has stable leadership, with a four year electoral cycle. The current political composition of the Council, following this month's elections, is shown opposite.

North Yorkshire has many differing environments and characteristics, ranging from the sparsely populated Moors and Dales to the urban areas of Harrogate and Scarborough and from the relative affluence of Harrogate to areas of deprivation on the east coast. Even the concept of isolation takes on two different meanings; there are those people who are isolated and lonely in the towns and urban centres, even though they can see people, activities and services from their front door, and there are those people for whom isolation has a literal meaning and they have to travel some distance to access basic amenities, and then further for services like GPs and Hospitals.



However, North Yorkshire has and continues to introduce services that are innovative and seek to harness the community spirit that exists within the County. A prime example is the extra care facility at Bainbridge in the Dales. Whilst initially built as an alternative to a traditional care home, it has now become the community hub of the village and the surrounding area. In addition to providing accommodation with care, it also acts as host to the Post Office, a small library/book exchange, a Café and a small shop, all of which are open to the public. The facility is also used by the local GP and hairdresser, and is a centre for many activities such as yoga, dance classes and a cinema!

Economy and enterprise

The county's economy is mixed. Employment opportunities, quality of work available and salaries offered are inconsistent across the county, with variances in relation to location. Coastal areas such as Scarborough have a heavier reliance on tourism as a source of

income generation and suffer from higher rates of deprivation, which is a stark contrast with more affluent areas such as Harrogate which has one of the lowest unemployment rates in the whole country. The local economy is characterised by mainly high levels of employment, high levels of skills, small but resilient businesses, high house prices but low wages. The value of the North Yorkshire economy is £10.3 billion which equates to a gross value added (GVA) per head of £18,179, below a UK average of £21,674.

The sectors which contribute the most to the value of the economy (2011 figures) are distribution (including retail), transport and accommodation and food which collectively make up £2.3 billion. Public administration, education and health contribute £2.0 billion and production (including manufacturing) makes up £1.9 billion. As a rural county, the number of agricultural businesses is over 6 times the national average. In terms of employment, the predominant sectors are retail, health and education.

Small and micro enterprises predominate across the county. The vast majority of businesses (85%) are micro-businesses with less than 10 employees while 12.5% of businesses are small with between 10 and 50 employees. Only 2.2% of businesses are classed as medium or large compared to the England average of 3.4% Self-employment (12.7%) is above the national average (9.7%). Self-employment tends to be higher in the more rural areas, where the proportion of businesses that are micro-enterprises is often also higher.

In 2012 the business start rate for North Yorkshire (9.3% of stock, 66.6 per 10,000 population) is below the English average (11.6% of stock, 69.9 per 10,000 population). At a local level, Harrogate has the highest start-up rate whilst the lowest business formation rates are in Richmondshire. The three year business survival rates are above average – so overall fewer businesses start, but those that survive for more than a year are more robust than average.

Skills levels are good with qualifications levels above the national average. 36.9% of the working age population are highly qualified to NVQ level 4 and above (degree level) above the national rate of 34.2%. However, there are localised areas where skills levels are lower, most notably on the Yorkshire Coast. In Scarborough only 23.3% are qualified to NVQ level 4 and 21.1% have no qualifications. The areas where qualifications are lower have higher unemployment levels.

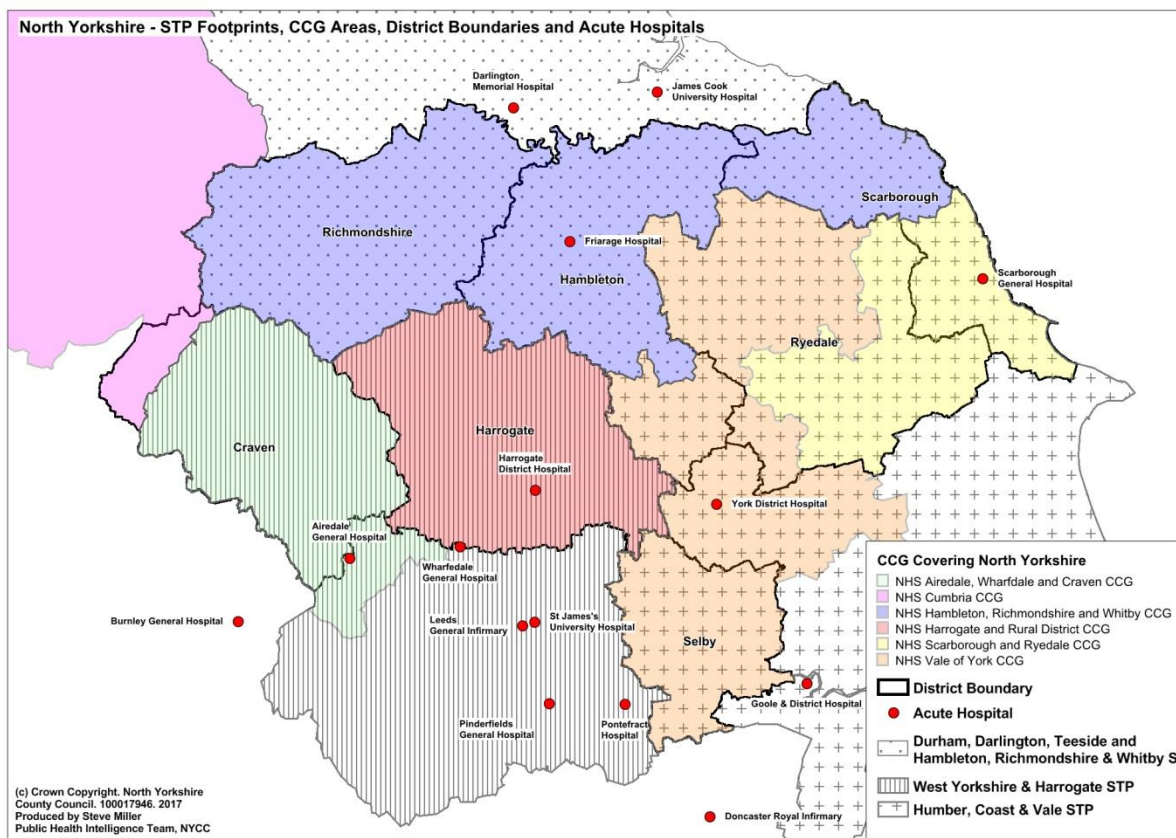
Employment rates are high but there are low wage levels. Economic activity rates are generally well above national average however rates vary considerably, with Scarborough (78.7%) having lower figures than the best performing areas of Harrogate (82.2%), Hambleton (80.8%) and Craven (80.7%) – but still not below national average (78%). Scarborough has the highest Jobseekers Allowance Claimant rates (3.0%), although these are still only around England average (2.7%). JSA claimants are below 2% everywhere

else in North Yorkshire (April 2014 ONS data). The economy is reliant on a smaller working age population than elsewhere due to the high proportion of people who are retired. Rural incomes locally are variable, complex, and often the average hides the true picture. Districts such as Harrogate and Selby have some of the highest median weekly earnings for those residing in the area, £503.90 and £552.60 respectively. However, median weekly earnings are lower for those working in these districts, at £459.80 and £514.80 suggesting that those commuting out of the area have higher incomes. More rural and remote rural districts such as Craven, Hambleton, Ryedale and Richmondshire have lower median weekly incomes (£418 to £451) and have some very low incomes with 25th percentile

incomes between £160 and £198 substantially below the England average of £249. With good skills and employment levels but low wages there is extensive 'in-work poverty'. This is especially the case in more remote areas such as the Dales and Moors. Low wages are confounded by higher living costs and a lack of local support services and facilities. The combination of these issues can create real challenges for the care sector in parts of the County.

North Yorkshire faces some real challenges in the future such as further reductions in public sector employment, the isolation and accessibility of upland rural economies, the difficulties faced by our coastal towns and an ageing population. However, there are some significant opportunities such as excellent north-south connectivity, new industries (for example, potash and shale gas extraction), an outstanding landscape and coastline, high quality and attractive towns and new growth opportunities to exploit.

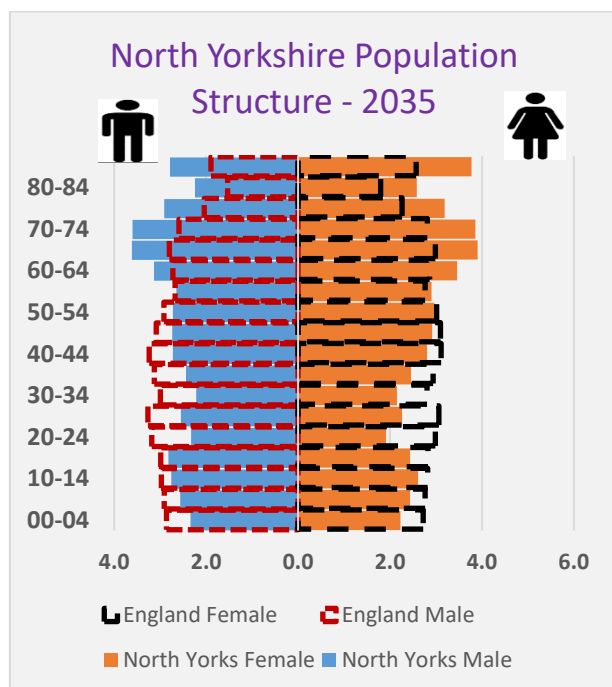
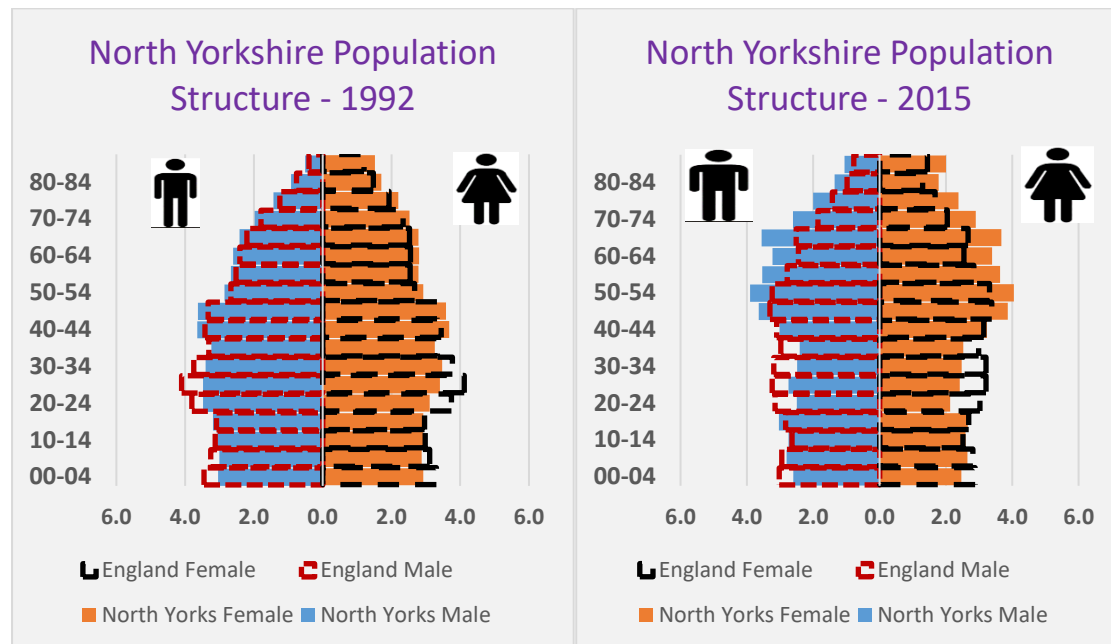
2. North Yorkshire Health and Local Authority Map



The above map (see previous page) shows the interaction of the County Council with the six CCGs that are within the council's boundary including the small area in Craven that is part of Cumbria CCG. The Vale of York CCG covers two other Local Authorities, City of York and East Riding of Yorkshire. The Airedale, Wharfedale and Craven CCG also extends into Bradford Metropolitan District Council's area. In addition to the number of CCGs within North Yorkshire, some join together geographic areas that have traditionally been seen as distinctly separate. For example, Hambleton, Richmondshire and Whitby CCG spans the north of the County, covering not only three District Councils but also localities as varied as the sparsely populated Arkengarthdale and, also, Whitby, with its pockets of deprivation.

Within North Yorkshire there are seven District Councils, each with its own identity, culture and economy. These range from Selby with its industrial heritage of mining and ship building to Richmondshire with its mainly rural farming economy. One example of strong partnership working is Selby District Council, where stronger ties and joint services are being developed for the benefit of the people of Selby. An indication of this joint working is the appointment of the Chief Executive of Selby District Council as an Assistant Chief Executive of North Yorkshire County Council.

3. Population and demographic growth

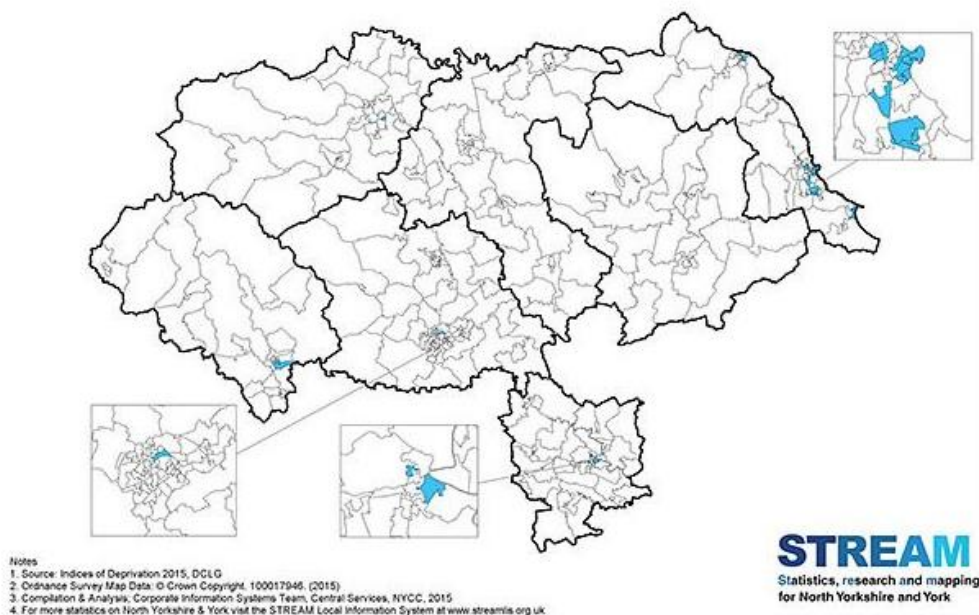


The three graphs show the percentage comparison between North Yorkshire and all England for the growth in population by age band. By 2035 the estimated population for North Yorkshire will be 627,700 and proportion of older people aged 65 and over will increase by 45.2%. Two thirds of the population growth in North Yorkshire over the last 10 years has been as a result of increased numbers of people aged 65 and over. Significantly low proportion of people aged between 20 to 39 years live in North Yorkshire.

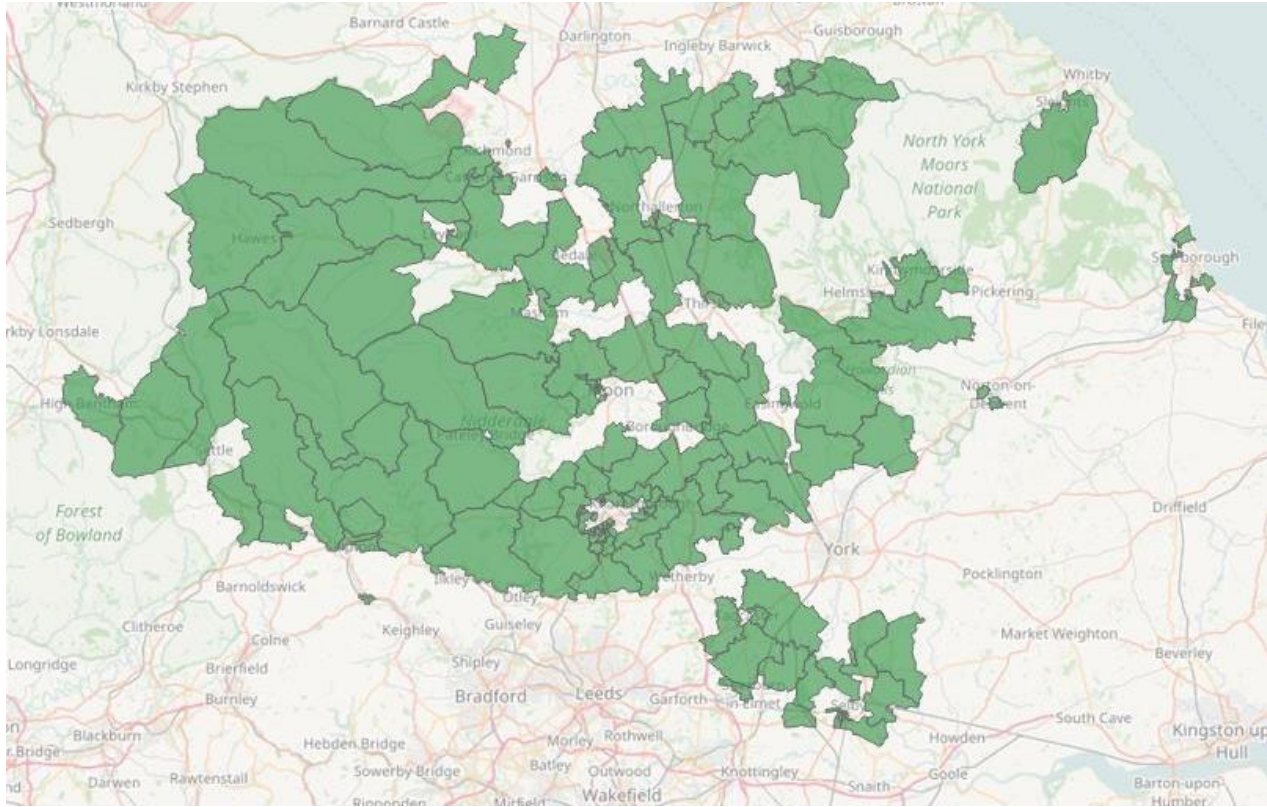
4. Economic and social factors (including people who fund their own care)

At the local authority level North Yorkshire remains among the least deprived in England, ranked 125th least deprived out of 152 upper tier local authorities for the overall Index of Multiple Deprivation (IMD). In the 2010 Index of Multiple Deprivation it was ranked 129th out of 149 upper tier local authorities. Scarborough continues to be the most deprived district in North Yorkshire, ranked 90th most deprived out of 326 lower tier local authorities in the Index of Multiple Deprivation. However it is relatively less deprived than in the 2010 Index of Multiple Deprivation when it was in 83rd place. Richmondshire is found to have high levels of deprivation in terms of the Barriers to Housing & Services domain - the 10th most deprived local authority in England for this indicator. This domain looks at a range of indicators including the affordability of housing and road distances to key services. Ryedale and Craven are 34th and 36th most deprived in England respectively in the Living Environment domain which looks at factors including the condition of the housing stock, houses without central heating, air quality and road traffic casualty figures. As in the Indices of Deprivation 2010, at Lower Super Output Area (LSOA) level the Indices of Deprivation 2015 highlight some very high levels of deprivation within North Yorkshire. The number of North Yorkshire LSOAs which are within the Index of Multiple Deprivation most deprived 20% in England has increased from 18 in 2010 to 23 in 2015. Large areas of North Yorkshire fell within the most deprived 20% in England in the Indices of Deprivation 2010 in terms of the Geographical Barriers to Services sub-domain. This looks at road distances to key services including a primary school, general store or supermarket, GP surgery and post office. This continues in the Indices of Deprivation 2015. The LSOA which covers the Dales district council ward in Ryedale is now the most deprived LSOA in England for this indicator, having ranked 3rd in 2010.

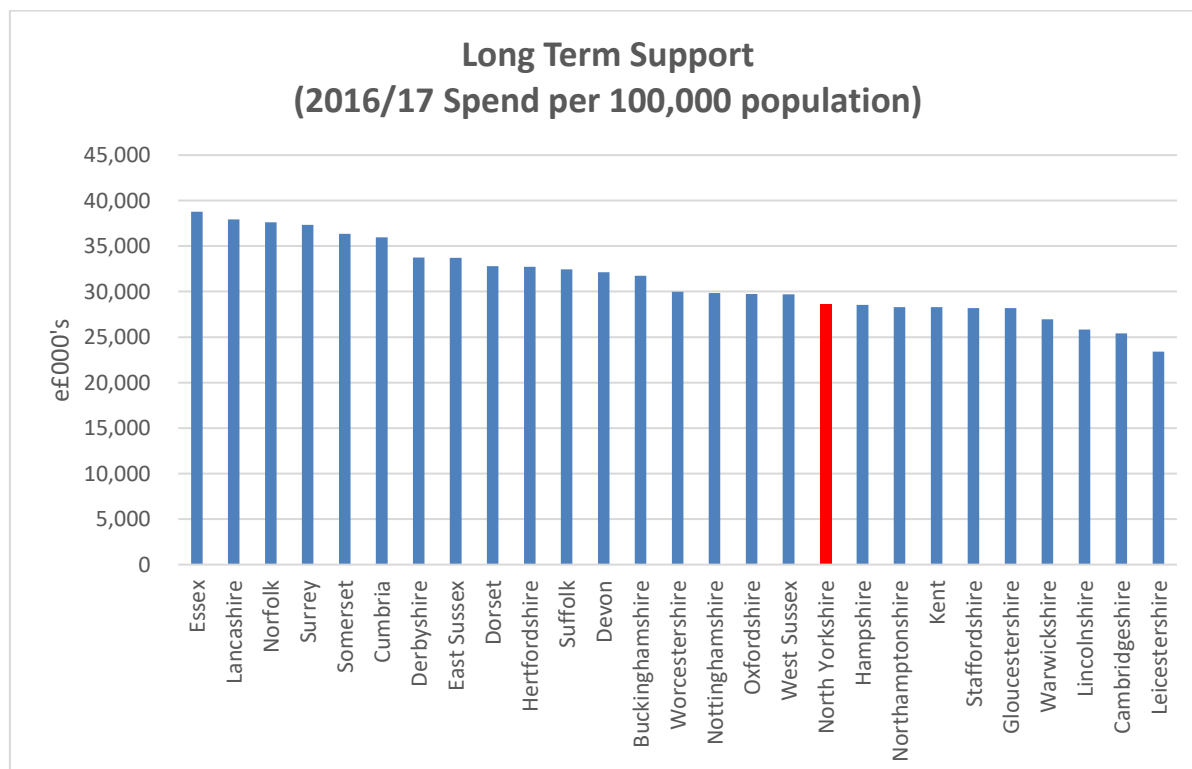
**North Yorkshire LSOA's Within 20% Most Deprived in England
Index of Multiple Deprivation, Indices of Deprivation 2015**

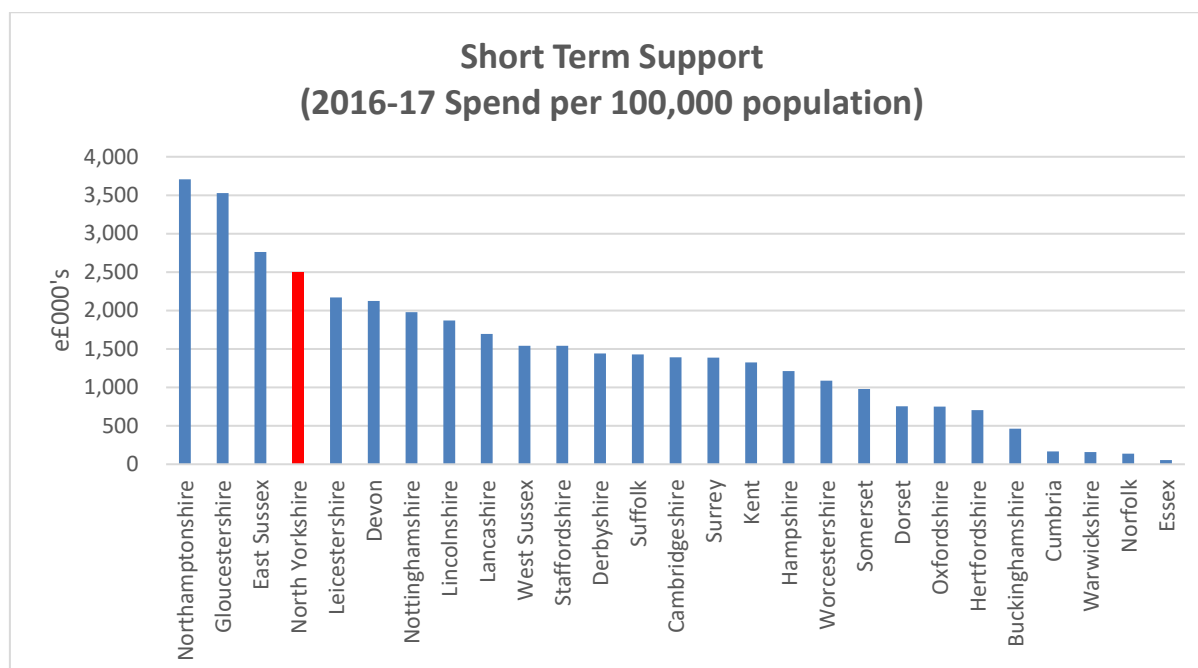


The map below shows the 135 LSOA that are in the 81%-100% quintile nationally for the least income deprivation (36%) 65% of all North Yorkshire LSOA are in the top 2 quintiles for least income deprivation This reflects the higher levels of income in the commuter and retirement belts. North Yorkshire is the retirement destination of choice for many people and this has clear implications as the population ages.



5. Financial Information





North Yorkshire's Health and Adult Services net budget (including Public Health Grant) in 2017-18 was £146.9m and the Directorate achieved a balanced budget in that year, although this reflects staff vacancies and other savings offsetting significant demand and cost pressures on care services. The net budget for 2018-19 is £146.9m, after further funding had been allocated for growth and inflation, but offset by savings agreed as part of the Council's 2020 Transformation programme. This amount does not include the additional £9.4m allocated in 2017-18 as part of the national £2bn grant, nor the Public Health budget, funded by grant of £22m.

The first graph shows North Yorkshire's relative position to other Shire counties on spend on long term support (per 100,000 population aged 18+). At £28,607k North Yorkshire is the tenth lowest spending Shire.

The second graph shows North Yorkshire's relative position on spend on short term support per 100,000 population. North Yorkshire has the fourth highest spend per head, reflecting significant investment in reablement services to assist people to regain their independence and reduce their longer term service needs.

6. Adult Social Care and Public Health Performance (see Appendices 1 and 2)

Appendix 1 sets out the Adult Social Care Outcomes Framework (ASCOF) indicators for 2016/17. The indicators are presented in comparison to the All England average and the average for local authorities in the Yorkshire & Humber region.

Key areas of strength are:

- Low placement of older people aged 65+ into residential and nursing care.
- Low placement of older people aged 18-64 into residential and nursing care.
- A higher proportion of adults with learning difficulties in paid employment.
- A high proportion of adults with learning difficulties who live in their own home or with family.

Areas for further development are:

- A low proportion of people using social care who receive direct payments.
- Delayed transfers of care.

The Public Health performance chart for 2017 is also included at the end of this document.

Key areas to note are:-

- Road safety continues to be a challenge and we continue to work with the '95 Alive' campaign to further reduce road deaths.
- We continue to work with CCG partners on hospital stays related to alcohol and we are re-procuring substance misuse services including alcohol.

7. 2020 North Yorkshire corporate transformation programme

As a Council, our vision is that we want North Yorkshire to be a thriving County which adapts to a changing world and remains a special place for everyone to live, work and visit.

Launched in 2014, the 2020 North Yorkshire change programme focussed on challenging the way we do things, seeking innovative and creative solutions to how we deliver or commission services and how we support our staff. The original challenge was to achieve a reduction in overall spending across the Council by £74m in the period 2015-2020; but since its launch, the programme has remained flexible to respond to subsequent Local Government Financial Settlements. The programme is now set to deliver a further £33m savings in the period 2017-2020.

We know there is still much work to do but we are moving forward knowing that we have sound strategic planning and a record of excellence, which has been endorsed by our recent exceptionally successful LGA peer review.

The Local Government Association (LGA) assessed our performance, processes and strategies in early March 2016 and gave us fantastic feedback, including:

- our staff has a passion for the County;
- we have a strong and well-regarded political and managerial leadership;
- there is a respectful and respected culture with a can-do attitude;
- this is a warm and friendly place to work with a loyal and committed workforce at all levels;
- the Council has a sound financial position, a strong track record of delivering efficiency savings and all round a "tremendous grip";
- our services are strong, with some at a beacon level nationally;
- we have a good understanding of our communities, the opportunities and the challenges of our localities;
- we enable creative thinking and innovation; and
- we listen to the voices of our residents and users in our approach to services.

Our challenges remain great, particularly in the face of growing demand for services and increases in standards for social care. We know that we have more to do to transform, but some of the focus we have made on working with communities; investing in prevention; promoting innovation and a commercial approach are starting to deliver returns. In addition investing in our staff and their tools and environment through the Modern Council initiative

will see increased productivity so our staff can continue to deliver excellent services in a time of reducing resources.

The 2020 Programme and its underpinning principles still represent a good foundation to build upon as we face these challenges. As supported by our LGA Peer Review in March 2016, we are well placed to rise to the challenge with our plans working to 2020.

8. 2020 HAS directorate transformation programme

Our ambition through the Health and Adult Services (HAS) 2020 programme is to make sure that the people of North Yorkshire are given every opportunity to live longer, healthier, independent lives. Our transformation programme is set to deliver £15m savings in the period 2017-2020, and has 7 priorities. These are described below, along with key initiatives and developments in each area.

- **Prevention**

A reduction in demand for social care through improved preventative, independence, reablement and public health offers, easier access to information and advice without the need for direct contact with staff and increased support through communities through:

- *Developing and expanding our range of preventative services*
- *Maximising people's independence and reducing reliance on the need for contact with statutory services, for example by launching our Living Well Service*
- *Embedding professionals earlier on in our Care and Support pathway, and more options for people to self-serve including online (see section 9)*

- **Partnership**

Improved flexibility to respond to changes in the way in which social care may be provided, including opportunities for integration with health through:

- *Delivering on our Better Care Fund and Integration proposals (see section 10)*
- *Improving our performance on Delayed Transfers of Care (see section 11)*
- *Reviewing our approaches to Mental Health and Continuing Health Care (see section 12)*

- **Provider Market**

A more stable, flexible and diverse market place offering a range of services and products that support strength based and innovative approaches through:

- *Strengthening the market through commissioning, quality and monitoring and market development activity (see section 13)*
- *Promoting and supporting innovation amongst Personal Care At Home providers*
- *Delivering our Extra Care Programme (see section 14)*

- **Practice and Quality**

Improved efficiency and quality of service through streamlined processes, systems and ways of working including more effective use of technology, through:

- *Launching our new Care and Support pathway (see section 9)*
- *Embedding strength-based approaches to practice throughout the pathway*
- *Reviewing and streamlining our processes and systems, underpinned by our 2020 Modern Council programme*

- **People: Customers and Carers**

People are able to live safe and healthy lives, to live independently for as long as possible and to have more choice and control over their lives. Carers feel valued and supported and are able to carry on in their caring role, through:

- *Ensuring that customers are at the heart of our proposals for change, and help to shape them, for example the co-designing our online initial assessment tool*
- *Developing our new Carers Strategy and Carers Offer*
- *Aligning with our Customer and Stronger Communities Programmes*

- **People: Workforce**

A more stable, high performing and motivated workforce (organisation and sector-wide), underpinned by an improved ability to recruit and retain staff and opportunities for them to develop their skills, knowledge and career through:

- *Developing our workforce to give them the skills, knowledge and approaches, and develop the right culture for our operating model*
- *Increasing the skill mix of professionally qualified staff throughout the pathway*
- *Working with the wider sector locally to deliver initiatives to improve recruitment, retention and career development (see section 13)*

- **Pounds and Budget**

Overall reduction in cost of public health and adult social care services, underpinned by improved financial controls, better understanding of spend and intelligence-led planning and decision-making through:

- *Delivering sustainable savings within an overall balanced financial outturn position*
- *Implementing more dynamic tools and systems for performance and financial management*
- *Ensuring a pragmatic yet robust approach to savings delivery through balanced assessment of value for money and value to customers and partners*

Key elements of the Directorate transformation programme are outlined in more detail in the sections below.

9. Care and Support Pathway

The Care and Support Pathway is key to the transformation of our adult social care offer within the 2020 Programme and represents a transformation of the way we work with the public and partner agencies; and organise our services and resources, through:

- **Improved Prevention offer** – The Care Act requires us to embed a culture of Prevent, Reduce and Delay across the Social Care offer. This is achieved by linking our offer to preventative services like the Living Well Team and Stronger Communities, which have been pump-primed by Public Health Grant investment. Stronger Communities focuses on the community infrastructure (loneliness and isolation, community transport, lunch clubs etc), whilst Living Well targets people who are on the cusp of needing long term care;
- **Improved offer at first point of contact** - Strengthening our front door at the Customer Service Centre by ensuring staff give the right information and advice at

the right time to keep customers out of service. This is achieved by adding qualified social work and occupational therapy staff to the pathway at the first point of contact so that key decisions can be made sooner in the pathway without bringing customers into long term care;

- **Professionalising the workforce** – The directorate is committed to having professionally qualified staff throughout the pathway so that customers are not brought into long term care unless they really need it and so that people are given the right professional advice at each part of the pathway. This approach has included increasing the skills mix of professionally qualified staff to vocationally qualified staff, which had previously been below the ratio of comparator authorities;
- **Embedding a Strength Based Approach to Practice and promoting best value** – This means that staff look at how the person is currently supporting themselves, what they can do for themselves, and what assets exist within family support or within the community to help the person remain as independent as possible. This also mean making better use of a services available in a person's community and voluntary services;
- **Development of Practice** - Ensuring innovative practice is developed and the customer is supported to remain as independent as possible, without the need for traditional social care services;
- **Integration** - Consideration of integration opportunities with the NHS across the pathway, which may include co-location of services or multi-disciplinary teams as well as emerging proposals around joint commissioning and integrated delivery of services;
- **Becoming a Re-ablement Organisation** – In our previous model, only our START teams worked to re-able a person to their maximum level of independence, however the new operating model will ensure that across the pathway, a person's needs are maximised so that we provide services to those only where it is absolutely necessary; and
- **Be compliant with all regulatory requirements** – This would include the Care Act 2014, Mental Health and Mental Capacity Acts, Care Quality Commission (CQC) requirements and any others.

Elements of the Care and Support Pathway:

Strong Front Door – Customer Resolution Centre (CRC) and Living Well Services, Stronger Communities and Public Health:

- A single dedicated point of access for the public;
- An initial point of contact for professionals and partners into adult social care in North Yorkshire and, where possible;
- Maximising opportunities to respond to enquiries at this point, including:
 - ✓ Adult Social Care Professionals being based in CRC;
 - ✓ On-line assessments for some areas;
 - ✓ Validation of assessment and resolution at CRC (e.g. simple equipment).

Independence and Reablement:

This will focus on supporting individuals to maximise their independence, including:

- Preventing unnecessary hospital admission and premature admission to long term residential care;
- Providing early, well planned, safe discharge from hospital and a rapid response to urgent need. This may include a period of reablement for those known to services who are identified as having reablement potential.

Planned Care:

Planned Care and Support will support people with long term social care and support needs as well as supporting their carers through:

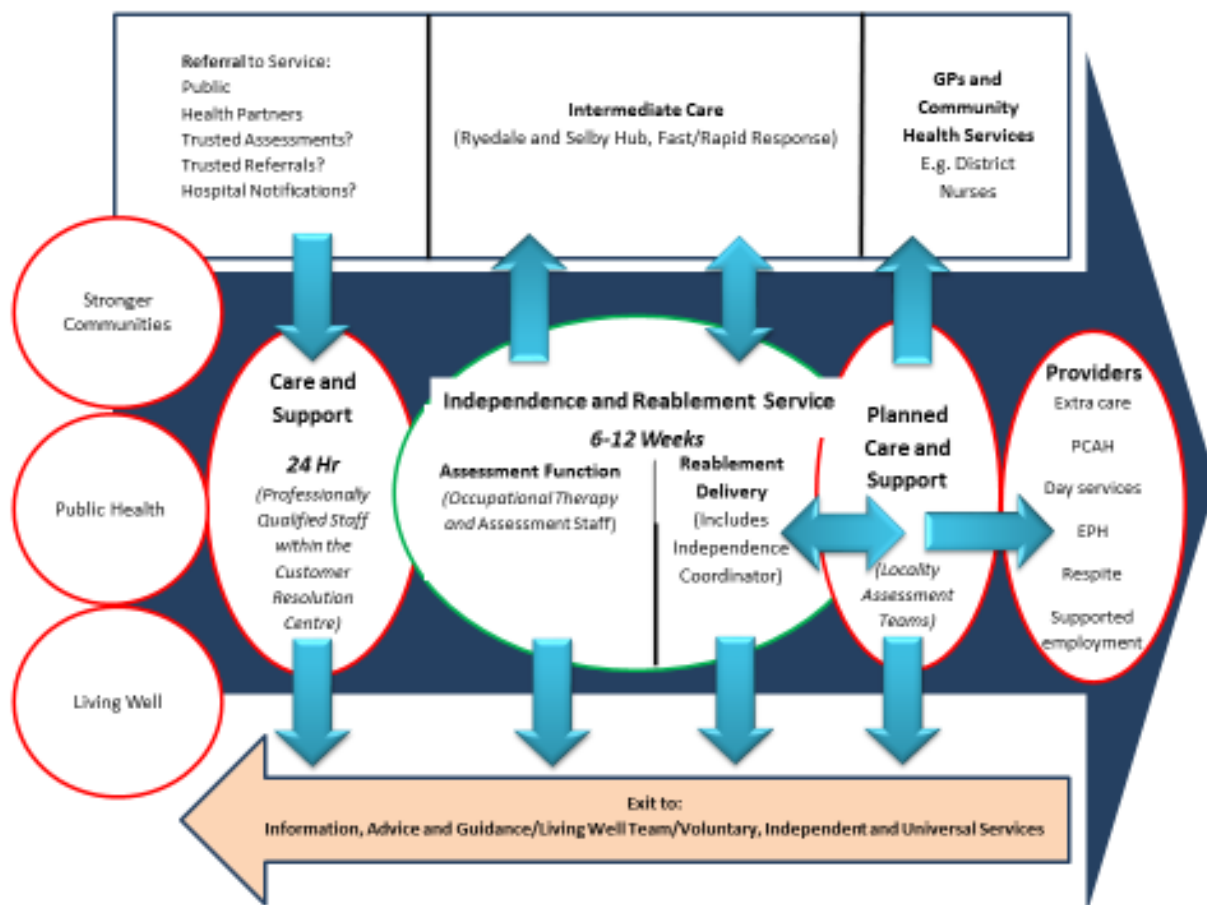
- Better care co-ordination
- Support interventions through commissioned services
- The provision of support will include:
 - ✓ Deprivation of Liberties;
 - ✓ Best Interest Assessments
 - ✓ Safeguarding Investigations (enquiries).

Provider Services:

We will develop a niche role for our Provider services, which includes:

- Elderly Persons Homes;
- Respite Service;
- Day Centres;
- Personal Care at Home Services linked to Extra Care schemes
- In areas with an under-developed or failing provider market, the in-house Personal Care at Home (PCAH) Service will be a defined and separate service from the Reablement Care and Support workers.

The model is set out below:



Social Care Mental Health Services:

Social Care Mental Health Services, whilst co-located with NHS mental health services, have been managed directly by the County Council since October 2016, so as to ensure

Care Act compliant practice and a stronger mental health component to the overall social care offer.

10. Integration and the Better Care Fund

As set out earlier, Integration with the NHS, and other partners, in the County, is complex: the sheer number of agencies involved makes it so.

The Better Care Fund (BCF) offers a significant opportunity for improved joint working between all partners and our shared ambition is to be an exemplar of how to deliver an integrated approach to care in a complex, rural economy. The 2017/18 BCF (value £54m) was resolved at a national escalation panel due to the partners challenging NHS England DTOC trajectory for North Yorkshire

Combined with the Joint Health and Wellbeing Strategy our Better Care Fund plan reinforces our commitment to improving the following outcomes for local people:-

- **Improved choice and control** – people will feel more involved in designing care services and being in control of care when they need it
- **Improved experience of care** – people will experience a more joined-up approach to care supported by sharing information and more integrated working between staff
- **Improved safety of care** – people should experience fewer incidences of poor quality care or adverse incidents through higher quality services and less hand-overs between different services
- **Improved outcomes of care** – people's health will be improved leading to, for example, fewer years of life lost due to conditions amenable to healthcare, fewer falls, and improved management of long term conditions

Our current focus is to consolidate progress made as result of the previous years and embed this in wider system planning for new models of care. This will accelerate spread of effective service planning and support delivery according to our three overarching priorities for joint work stated in the BCF plan:-

- **Prevention and community resilience**
Public health/prevention
Voluntary sector
- **Integrated locality services**
Community/intermediate care/reablement/multi-disciplinary case management teams
- **High impact interventions**
Mental health and dementia
Care home support

Local Transformation Boards are key to developing and delivering new models of care.. Examples of success in this area include:-

- **Harrogate:** 'What Matters to Us', a new model of care encompassing community hubs and integrated care delivery, shared care plans, and a virtual information hub
- **Scarborough and Ryedale:** Delivery of the Ambition for Health programme focussing on healthy lifestyles, care at home and sustainable services
- **Hambleton, Richmondshire and Whitby:** Fit 4 the Future, a new model of care in urgent care, intermediate care, diabetes services and rural community services

- **Airedale, Wharfedale and Craven:** Implementing New Models of Care as part of the National Integrated 'Pioneer Programme' including developing, reconfiguring and expanding integrated community services. This compliments the Vanguard work in care homes
- **Vale of York:** has established an Accountable Care System Board and locality groups which will further develop plans for a new model of care and integration

Our ambition is to establish a more integrated approach to commissioning across North Yorkshire with a focus on Place, Prevention and Wellbeing to consistently improve health and care outcomes, better manage and reduce demand on health and care sectors and deliver financial sustainability in the longer-term.

This will enable North Yorkshire to be collectively represented and therefore more effectively shape, influence and inform the on-going development of the three Sustainability and Transformation Plans which impact its geography.

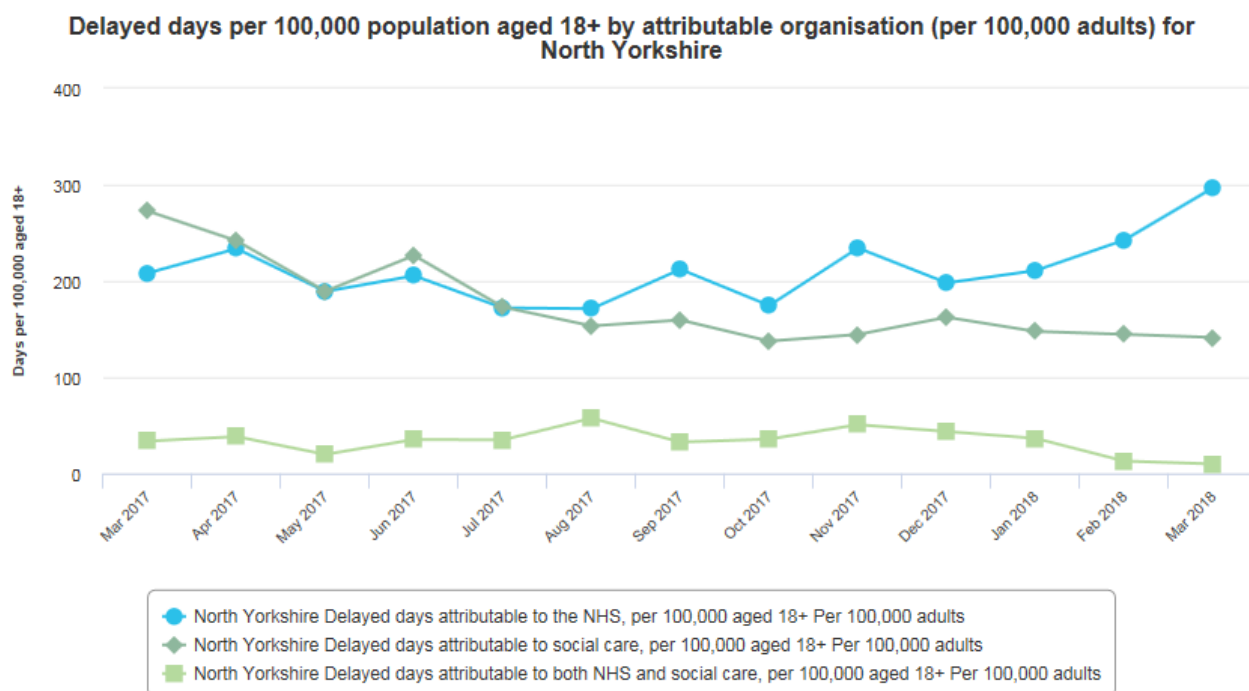
The Council is seeking to develop a consistent approach to delivering out of hospital services in partnership with our Health colleagues. This has resulted in the creation of Section 75 agreements in two CCG areas (as well as closer working on new model of cares in the other three areas.

11. Delayed Transfers of Care

Delayed discharges remain a high priority for North Yorkshire County Council. We have developed a project board to look at processes from both an adult social care and health angle to understand if there are any system barriers that can be overcome. Analysis of the NHS England dataset and NYCC processes which support and facilitate hospital/setting discharge has taken place and work is underway to develop a prioritised plan of activity to implement improvements to internal NYCC processes. Future activity includes joint exploration of the underlying causes of delay along the discharge pathway within a mental health setting and development of plans to implement improvements.

A locally agreed target and action plan for reducing delayed transfers of care has been developed as part of the 17-19 North Yorkshire Integration and Better Care Fund plan, with quarterly reporting established and twice-yearly reviews through the governance of our Health and Wellbeing Board. We have agreed with partners an investment plan for the additional £2billion grant for social care, for which improving Delayed Transfers of Care is an important focus. In addition, we are actively engaged with our Health partners to address the eight high impact changes, for example to agree an appropriate Discharge to Assess process that is consistent from a County wide perspective and ensures that people receive appropriate assessment in a timely manner outside of an acute setting. We are working with the 4 A&E Boards across the County with Assistant Director representation on the Boards.

Over the past year there have been significant efforts to improve data processes and joint working with NHS Trusts in relation to DTOC. There has been a reduction in the number of delayed days attributable to social care:



12. Continuing Health Care

Within North Yorkshire, we currently work with the NHS continuing health care functions with varying degrees of success. We have two main systems: one with the 4 CCGs in the north, east and south of the County; and one with the CCG in the Bradford, Airedale and Craven area. It is recognised that Continuing Health Care eligibility is an important aspect of the whole customer journey for people. A lot of work has been done over the last 18 months to ensure that people known to Health and Adult Services have been appropriately assessed with appropriate decisions. This work is on-going. For people accessing Health and Adult Services now, we are confident that we are identifying and referring people appropriately.

In recognition of the importance of Continuing Health Care and recognition of the improvements that could be made, NYCC has with its health partners developed a joint Programme Board to consider all parts of the Continuing Health Care pathway and ensure best practice throughout and identify any resources that may be required to improve the customer journey for people. The board covers 4 of the 5 NHS areas excluding the Craven area at this point. A joint programme of work exists to review current practice and consider integrated pathways for health and social care moving forward.

13. Commissioning and the Market

Whilst we have an extensive and varied market for care and support we have seen increasing fragility over the last few years, with workforce a key pressure as providers find

it harder to recruit and retain quality staff. The downside of near full employment in much of the County is the challenge of attracting people into the care sector.

The geographic scale and diversity of North Yorkshire also creates unique challenges for Market Development.

The council has looked to develop the home care market and Extra Care as alternatives and this has been largely successful. Framework contracts for domiciliary care cover the urban area of Harrogate and the Selby area. Whilst there was significant instability at the outset of the Framework the recent feedback from the Framework providers is that they have found the Framework highly beneficial in respect of being able to plan their work and workforce, and in improved relationships with North Yorkshire Commissioners and Brokers. The 'heat map' for sourcing care packages shows that these two areas are the only two where improvements can be seen over the last three years. Care in other areas has been sourced through approved provider lists, with providers setting a sustainable fee rate. Care is placed based on cost and availability, with rural and super rural rates to accommodate the challenges of the areas beyond the market towns. Where there are hotspots for sourcing care bespoke action is taken to understand the challenges and work with providers to try to build capacity. Rollout of the Framework approach to other parts of the county was considered but not pursued because of the early issues in the two existing areas, where some Framework providers, who were new to North Yorkshire, withdrew from the agreements.

We maintain approved provider lists for residential and nursing care homes and for non-regulated services.

We have a good voluntary sector offer, and our corporate programme for Stronger Communities, which is funded through Public Health Grant, is working with Health and Adult Services to develop new local community support and to shape and sustain the sector.

We work with 119 domiciliary care providers and most of the 200+ care homes in the county but we have a strong self-funding market and so we have to look at commissioning levers beyond our purchasing power to shape the market. Only a third of beds funded by the Council; a further third occupied by people who are self-funders; and the rest by people who are funded by Continuing Health Care or other Councils

We use a variety of channels to work with the providers, including through the Independent Care Group (ICG), which we grant fund to support their costs, as well as provider forums and regular provider bulletins. Providers are keen to work collaboratively on wider issues than funding but fee levels continue to be a concern to all our providers. We undertook a second cost of care exercise for residential and nursing care homes last year, jointly commissioned with the ICG, and our fee levels are relatively high within the region. However providers still feel that our fees are low.

Our Workforce Heatmap project confirms what providers tell us: that there are issues about wage levels, as well as the demands of care workers' roles, with an increasing complexity of the needs that staff are being asked to support. We know a number of providers are already paying above National Minimum Wage, but still struggle to recruit. Competition with other sectors, including retail and tourism, offer attractive alternatives for our traditional workforce. We are working with staff in the sector, with colleges and schools to explore ways to attract more people in to the care sector

Our domiciliary care providers and care home providers are above the national average for good and outstanding CQC ratings, but we want to do more to support improvement and have used the IBCF social care funding to work with the ICG to support the development of more sector led improvement capacity. We have lost providers from the market because of quality issues, many impacted by failings around leadership and retention of nursing staff. We do still see new homes being developed, although most at fee levels far in excess of our standard fees.

We are working to develop new approaches to care, with initiatives building on our local community strengths, as well as addressing workforce and process issues – examples include looking at how regulated tasks could be delivered differently and development of personal assistant roles. We are developing alternatives to residential care through our extra care and supported housing programme, as set out above, and we will be exploring how we can influence and promote the development of new nursing care homes, working together with Health partners on the challenges around nursing staff.

We have piloted the use of our brokerage teams to support NHS placements for CHC.

The national £2bn Grant for social care, announced in the 2017 Budget, is providing an opportunity to launch new initiatives designed to reduce pressures, stabilise the care market and improve the position on delayed hospital transfers. Whilst the grant is welcome, its non-recurrent nature limits the step changes we would wish to make on care worker pay and structural reform of the market. Options we are implementing include a new quality improvement team to work with struggling providers, a training academy and nursing bursaries, a managed recruitment service for all providers: additional capacity to support countywide discharge to assess pilots.

14. Extra Care and Supported Accommodation

North Yorkshire County Council is leading an ambitious extra care housing delivery programme. It has been investing in extra care housing since 2003 and now has 22 schemes in operation, providing 1111 apartments. We also have 2 further developments at build stage and plans to procure a further 5 schemes this financial year. Our ambition is to see a scheme in every major market town in the county.

The Council has developed a framework of providers to develop Extra Care across the County. The framework was awarded in September 2015 and will be the mechanism to deliver a number of new developments in the future.

The schemes also serve as community hubs offering a variety of facilities and services to people living around the scheme, not just those living within it. Increasingly, also, they will offer a base to help stimulate the local provider market.

The Council has established close partnerships with colleagues in CCGs and this has enabled the development of a number of step-up, step-down, intermediate and palliative care apartments to be developed in Extra Care which are commissioned jointly. These projects are amongst the first of their kind in the country and will provide a very localised alternative to acute and community hospitals.

For more information about extra care housing in North Yorkshire please visit our webpage at www.northyorks.gov.uk/extracare

15. Better Efficiency through Sustainable Transformation (BEST)

North Yorkshire County Council has well developed performance and financial processes which maintain rigour around delivering outcomes within a sustainable fiscal environment.

This year our strategic planning process is taking on a new dimension. Through an enhanced focus on analysing performance and spend against class leading peers, our Better Efficiency through Sustainable Transformation (BEST) programme is utilising benchmarking data and team level performance analysis, to provide an accurate picture of the current Value for Money.

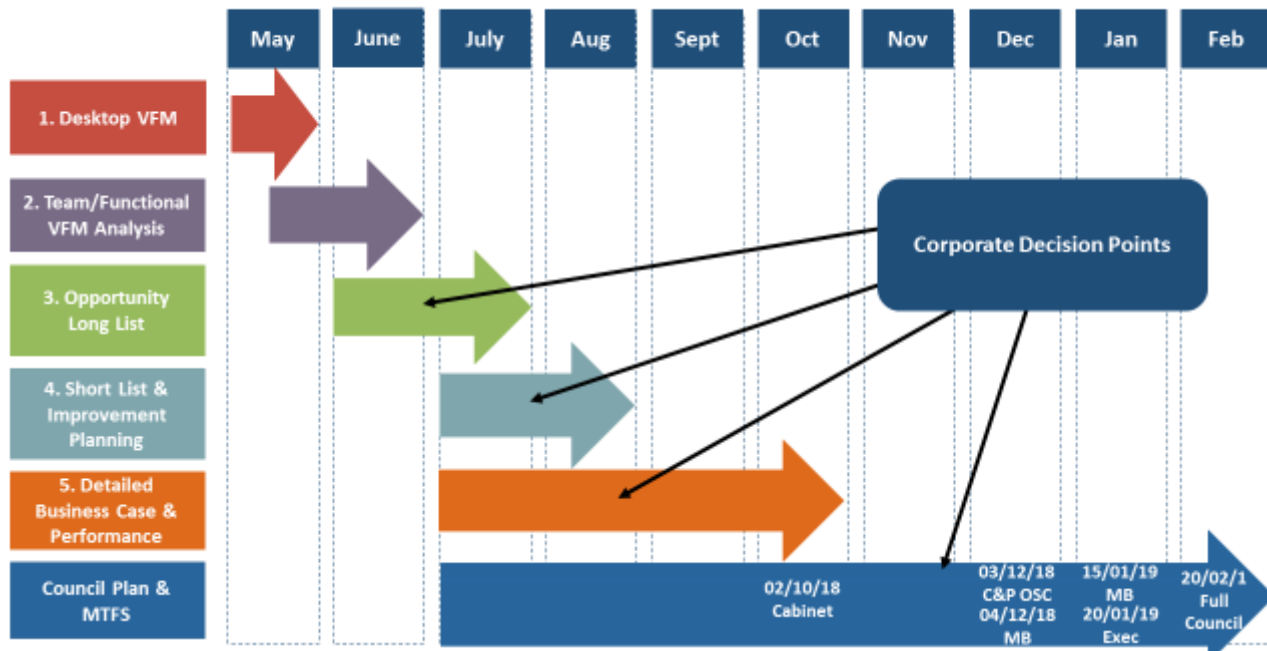
VfM assessments will be used by services to support a self-evaluation process that assesses opportunities for learn from others alongside analysis of current team level performance. The evidence used through the self-evaluation process will lead to the identification of opportunities for more efficient and effective service delivery, which will drive our strategic planning and transformation programmes.

Whilst this is the first year of BEST, it is anticipated that the approach will be embedded as a part of future years strategic planning cycle, and as such will become an integral part of VfM assurance process.

BEST Process Flow Chart



BEST – Proposed Timeline



Appendix 1 – Adult Social Care Performance Chart

2016/17 ASCOF Outcome Measures

Measure	Description	North Yorkshire	YHR Average	England Average
1A	Social care-related quality of life score	19.4	19.1	19.1
1B	The proportion of people who use services who have control over their daily life	79.3	77.4	77.7
1C(1A)	The proportion of people who use services who receive self-directed support	90.2	88.1	89.4
1C(1B)	The proportion of carers who receive self-directed support	59.5	70.5	83.1
1C(2A)	The proportion of people who use services who receive direct payments	17.4	25.7	28.1
1C(2B)	The proportion of carers who receive direct payments	59.5	64.5	74.3
1D	Carer-reported quality of life	8.2	8.0	7.7
1E	The proportion of adults with a learning disability in paid employment	9.3	6.7	5.7
1G	The proportion of adults with a learning disability who live in their own home or with their family	88.9	79.4	76.2
1I(1)	The proportion of people who use services who reported that they had as much social contact as they would like	46.0	45.6	45.4
1I(2)	The proportion of carers who reported that they had as much social contact as they would like	37.7	38.7	35.5
1J	Adjusted Social care-related quality of life – impact of Adult Social Care services	0.4	0.4	0.4
2A(1)	Long-term support needs of younger adults (aged 18-64) met by admission to residential and nursing care homes, per 100,000 population	8.7	13.8	12.8
2A(2)	Long-term support needs of older adults (aged 65 and over) met by admission to residential and nursing care homes, per 100,000 population	489.4	658.4	610.7
2B(1)	The proportion of older people (aged 65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	83.6	83.4	82.5
2B(2)	The proportion of older people (aged 65 and over) who received reablement/rehabilitation services after discharge from hospital	2.4	2.6	2.7
2C(1)	Delayed transfers of care from hospital, per 100,000	14.7	12.3	14.9
2C(2)	Delayed transfers of care from hospital that are attributable to adult social care, per 100,000 population	7.9	4.8	6.3
2D	The outcome of short-term services: sequel to service	79.6	69.7	77.8
3A	Overall satisfaction of people who use services with their care and support	68.9	64.6	64.7
3B	Overall satisfaction of carers with social services	41.0	41.3	39.0
3C	The proportion of carers who report that they have been included or consulted in discussion about the person they care for	74.2	73.6	70.6
3D(1)	The proportion of people who use services who find it easy to find information about support	76.2	72.6	73.5
3D(2)	The proportion of carers who find it easy to find information about support	61.1	66.4	64.2
4A	The proportion of people who use services who feel safe	68.8	69.1	70.1
4B	The proportion of people who use services who say that those services have made them feel safe and secure	84.2	86.6	86.4

Appendix 2 – Public Health Care Performance Chart

Public Health Summary, North Yorkshire 2017

