



**Notice of meeting of
Decision Session - Cabinet Member for Health, Housing and
Adult Social Services**

To: Councillor Simpson-Laing
Date: Tuesday, 20 December 2011
Time: 4.30 pm
Venue: The Guildhall

AGENDA

Notice to Members – Calling In

Members are reminded that should they wish to call in any item on this agenda notice must be given to Democracy Support Group by:

10:00am on Monday 19 December 2011 if an item is called in before a decision is taken, or

4:00pm on Thursday 22 December 2011 if an item is called in after a decision has been taken.

Items called in will be considered by the Scrutiny Management Committee.

Written representations in respect of items on this agenda should be submitted to Democratic Services by **5:00pm on Friday 16 December 2011**.

1. Declarations of Interest

At this point Members are asked to declare any personal or prejudicial interest they may have in the business on this agenda.

- 2. Minutes** (Pages 3 - 6)
To approve and sign the minutes of the meeting held on 22 November 2011.

- 3. Public Participation**
At this point in the meeting members of the public who have registered their wish to speak at the meeting can do so. The deadline for registering is **5:00pm on Monday 19 December 2011**.

Members of the public may register to speak on:-

- an item on the agenda;
- an issue within the Cabinet Member's remit;
- an item that has been published on the Information Log since the last session. Information reports are listed at the end of the agenda

- 4. The Local Account for Adult Social Care** (Pages 7 - 90)
2011
This report introduces the Local Account for Adult Social Care 2011.

- 5. York Adult Care Workforce Development** (Pages 91 - 122)
Strategy
This report provides the Cabinet Member with the introduction of the first Adult Care Workforce Development Strategy for York focused on the whole of the adult care workforce. This includes organisations in the voluntary, statutory, private and independent sectors as well as unpaid carers and staff employed directly by individuals receiving direct payments.

- 6. Urgent Business**
Any other business which the Chair considers urgent under the Local Government Act 1972.

Information Reports

No "information only" reports have been published on the Information Log for this session.

For more information about any of the following please contact the Democracy Officer responsible for servicing this meeting

- Registering to speak
- Written Representations
- Business of the meeting
- Any special arrangements
- Copies of reports

Democracy Officers:

Catherine Clarke and Louise Cook (job-share)

Tel: 01904 551031

E-mail: catherine.clarke@york.gov.uk and louise.cook@york.gov.uk

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About City of York Council Meetings

Would you like to speak at this meeting?

If you would, you will need to:

- register by contacting the Democracy Officer (whose name and contact details can be found on the agenda for the meeting) **no later than 5.00 pm** on the last working day before the meeting;
- ensure that what you want to say speak relates to an item of business on the agenda or an issue which the committee has power to consider (speak to the Democracy Officer for advice on this);
- find out about the rules for public speaking from the Democracy Officer.

A leaflet on public participation is available on the Council's website or from Democratic Services by telephoning York (01904) 551088.

All the reports which Members will be considering are available for viewing online on the Council's website. Alternatively, copies of individual reports or the full agenda are available from Democratic Services. Contact the Democracy Officer whose name and contact details are given on the agenda for the meeting. **Please note a small charge may be made for full copies of the agenda requested to cover administration costs.**

Access Arrangements

We will make every effort to make the meeting accessible to you. The meeting will usually be held in a wheelchair accessible venue with an induction hearing loop. We can provide the agenda or reports in large print, electronically (computer disk or by email), in Braille or on audio tape. Some formats will take longer than others so please give as much notice as possible (at least 48 hours for Braille or audio tape).

If you have any further access requirements such as parking close-by or a sign language interpreter then please let us know. Contact the Democracy Officer whose name and contact details are given on the order of business for the meeting.

Every effort will also be made to make information available in another language, either by providing translated information or an interpreter providing sufficient advance notice is given. Telephone York (01904) 551550 for this service.

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Holding the Cabinet to Account

The majority of councillors are not appointed to the Cabinet (39 out of 47). Any 3 non-Cabinet councillors can 'call-in' an item of business from a published Cabinet (or Cabinet Member Decision Session) agenda. The Cabinet will still discuss the 'called in' business on the published date and will set out its views for consideration by a specially convened Scrutiny Management Committee (SMC). That SMC meeting will then make its recommendations to the next scheduled Cabinet meeting in the following week, where a final decision on the 'called-in' business will be made.

Scrutiny Committees

The purpose of all scrutiny and ad-hoc scrutiny committees appointed by the Council is to:

- Monitor the performance and effectiveness of services;
- Review existing policies and assist in the development of new ones, as necessary; and
- Monitor best value continuous service improvement plans

Who Gets Agenda and Reports for our Meetings?

- Councillors get copies of all agenda and reports for the committees to which they are appointed by the Council;
- Relevant Council Officers get copies of relevant agenda and reports for the committees which they report to;
- Public libraries get copies of **all** public agenda/reports.

City of York Council

Committee Minutes

MEETING	DECISION SESSION - CABINET MEMBER FOR HEALTH, HOUSING AND ADULT SOCIAL SERVICES
DATE	22 NOVEMBER 2011
PRESENT	COUNCILLORS SIMPSON-LAING

22. MINUTES

RESOLVED: That the minutes of the last Decision Session of the Cabinet Member for Health, Housing and Adult Social Services held on 25 October 2011, be approved and signed as a correct record.

23. DECLARATIONS OF INTEREST

The Cabinet Member was invited to declare at this point in the meeting any personal or prejudicial interests she might have in the business on the agenda.

No interests were declared.

24. PUBLIC PARTICIPATION

It was reported that there had been no registrations to speak at the meeting under the Council's Public Participation Scheme.

25. ANNUAL UPDATE ON THE CARERS STRATEGY

The Cabinet Member considered a report, on the Carers Strategy, that had been recommended to her by the Health Overview and Scrutiny Committee.

Officers gave an update and confirmed that:

- the York Carers Centre was now established as an independent organisation and was beginning to grow.
- three active and well established carer led forums were now in place across the City.
- they had worked actively with the Library Service during Carers Week 2011 to distribute information and raise carer awareness.
- the Flexible Carer Support Scheme had continued to provide an increased number of direct payments to support and sustain carers in their caring role.
- they were working towards better engagement with the hospital and GP's to promote carers issues and raise awareness.

- that they were working on promoting the Carers Friendly Employment Mark.

The Cabinet Member thanked officers for the very impressive work they had done and confirmed that:

- more information does need to be provided in public places which was accessible to people who may not recognise themselves as carers.
- the waiting list for Carers Assessments of Need does need to be reduced in length.
- It was vital that support was in place for all young carers.

Officers confirmed that a Young Carers Task Group was actively in place and that the Young Carers Revolution (the young carers forum) had produced a DVD which all Secondary School Headteachers had seen. Officers would continue to work with York schools to raise awareness and increase the school based support available to young carers.

RESOLVED: That the report be received and noted.

Reason: To comply with the recommendations of the Health Overview and Scrutiny Committee and to highlight the importance of the work of Carers in accordance with the council's Corporate Strategy.

26. DEMENTIA STRATEGY AND ACTION PLAN

The Cabinet Member consider a report that requested her approval on the North Yorkshire and York Dementia Strategy and the local plan to deliver the Strategy in York. The Cabinet Member also considered whether officers should sign up to the Dementia Declaration.

Officers gave an update and gave their apologies for not bringing the report to an earlier meeting but they had been co-ordinating with other parties. Officers confirmed that the National Dementia Strategy for England was published on 3 February 2009 and the North Yorkshire and York Primary Care Trust had been leading work since then to develop a joint local dementia strategy covering both City of York and North Yorkshire County Council. Officers stated that a separate York working group had been in place since 2010 which had identified the priorities for York from the National Strategy and officers were actively trying to achieve these priorities.

The Cabinet Member thanked officers for the report and stated that she would like to receive an update at a future meeting. She was pleased to see that a new strategy for early diagnosis and support was in place.

Officers confirmed they had been actively working with the Joseph Rowntree Foundation on a project called 'Dementia Without Walls' which was a 12 month project to support people living with dementia. It was

agreed that an update would be brought to a future meeting and officers from the Joseph Rowntree Foundation would be invited to attend.¹

RESOLVED:

- (a) That the North Yorkshire and York Dementia Strategy be approved.
- (b) That the report of the York Dementia Working Group be noted.
- (c) That officers sign up to the Dementia Declaration.
- (d) That the action plan proposed in Annex D of the report be agreed.
- (e) That an update be received on the Dementia Without Walls project and that officers from the Joseph Rowntree Foundation be invited to attend the meeting.

Reason: To improve the quality of life for those living with dementia.

Action Required

Invite officers from the Joseph Rowntree Foundation to a meeting in a year's time and provide an update on the Dementia Strategy to the Cabinet Member

KC

Cllr Simpson-Laing, Cabinet Member

[The meeting started at 4.30 pm and finished at 4.46 pm].

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**Decision Session – Cabinet Member for
Health, Housing and Adult Social Services**

20 December 2011

Report of the Director of Adults, Children and Education

The Local Account for Adult Social Care 2011

Summary

1. This report introduces the Local Account for Adult Social Care 2011. The Cabinet Member is asked to:
 - a. Comment on the content of the Local Account ahead of its publication in December 2011.
 - b. Note the performance and improvements described in the Local Account for 2010/2011 information.
 - c. Note the areas for development and improvement for the coming year.
 - d. Approve the Local Account for general publication on the council website.

Background

2. As of 2011/12, the Care Quality Commission (CQC) has stopped its regulatory assessment of councils and resultant Annual Performance Assessment, with councils moving instead to a more sector-led assessment process.
3. The Department of Health Document, *Transparency in outcomes: a framework for adult social care* establishes the concept of a Local Account created by councils to describe quality and outcomes in Adult Social Care.
4. The *Promoting Excellence in Councils' Adults Social Care Programme Board*, which is made up of representatives from ADASS, Local Government Group, CQC and the Department of

Health, has requested that all councils consider producing a Local Account for Adults Social Care by December 2011.

5. While the content and format of the Local Account is not defined, The Department of Health Document, *Transparency in outcomes* outlines that Local Account are expected to be comprehensive, and contain enough relevant detail, so that service users and members of the public see the evidence and data where they wish. It also aims to be accessible enough to allow service users, carers and the wider public to comment on our plans and priorities.
6. Upon approval by Cabinet, The Local Account for 2011 will be made available through the council website in this comprehensive version, with printed copies being made available on request. There will also be an Easy Read version, and a shorter summary, both available online to promote accessibility.

Council Plan 2011-2015

7. The content of the Local Account has direct links to the priorities established to protect vulnerable people in the council plan for 2011-15; specifically in its establishment of local priorities in support of:
 - improving care facilities to support people with specialist needs
 - investment in services to support people in the community, including telecare and reablement provision
 - safeguarding adults
 - promoting independence through individual budgets

Implications

Equalities

8. The Local Account has to be accessible and as such advice and guidance in the production of an easy read version of the document will be sought through equality officers.

Other

9. There are no implications relating to financial, HR, ITT, crime and disorder, property or legal issues arising from this report.

Recommendations

10. The Cabinet Member is asked to:
 - a. Note the performance and improvements described in the Local Account for 2010/2011 information.
 - b. Note the areas for development and improvement for the coming year.
 - c. Approve the Local Account, with any relevant changes, for general publication on the council website.
 - d. Endorse the Priority Actions arising from the Local account summarised in Section 5.1 of Annex 1 - Local Account City of York Council 2011. Namely:
 - to enable self funders to access financial advice through CYC by January 2012.
 - undertake a flexible carers support scheme grant survey and a carers' survey to look at the best way of distributing funds to make the most impact on carers' lives and wellbeing.
 - further promote self assessments for adult social care customers.
 - to promote personal budgets and proactively discuss the financial options with customer right from the first contact.
 - to improve our systems to help deliver information and advice about self directed support.
 - to make Quality Assurance reports available to all on request, in an appropriate format and to circulate to survey responders, prospective residents/relatives, customers and other professionals.
 - to carry out a survey of customers of our assessment and personalisation service in 2012 to obtain feedback on their experience and quality of: personalised support, assessment and support planning, individual budgets, self assessment, achievement of desired outcomes.
 - to extend links into the voluntary sector especially for people who will not require formal ongoing support, to minimise social isolation and encourage continued independence.

- to work to reduce the levels of delayed transfers of care from hospital in the city from 2010-11 rates.
- to support the development of community health capacity to deliver 'step down' care and make links to ensure this works in partnership with our reablement service.
- increase the capacity of our reablement service through a tender exercise with the independent sector.
- to develop "quality champions" within the services, to secure ownership of quality and to facilitate the sharing of good practice between teams.
- to undertake a Carers' Survey which will provide benchmarking for the national survey in 2013.
- carry out a survey of relatives who are willing to talk to us about their relative's end of life care within the council's residential care homes as part of the 2012/13 quality assurance programme.
- to carry out activity arising from the consultation on the proposed major changes in our residential care homes will drive our transformation programme.
- establish a stand alone safeguarding adults team with staff members whose dedicated role is to investigate abuse.
- develop an agreed safeguarding pathway with our providers to ensure all safeguarding referrals are dealt with in a consistent manner.
- continue to improve our safeguarding processes, including learning from safeguarding children's services, to provide better guidance to those investigating alleged abuse and those managing these cases.
- to undertake work through York Safeguarding Adults Board to develop a "York picture" to inform safeguarding priorities for partners across the city.

Reason: Approval by the Cabinet Member will enable ACE to meet its commitment to the Promoting Excellence in Councils' Adults Social Care Programme Board, in producing a Local Account in December 2011.

Contact Details

Author:

Mike Richardson
Performance & Improvement Manager
01904 554355

Chief Officer Responsible for the report:

Peter Dwyer
Director of Adults, Children and Education

Report Approved **Date** 07.12.11

Wards Affected:

All

For further information please contact the author of the report

Annexes

Annex 1 - Local Account City of York Council 2011

Annex 2 - Local Account Graphs & Analysis 2011

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City of York Council – ACE Directorate

Local Account for Adult Social Care

Achievements and Priorities in Adults Services

Adults, Children & Education Directorate

account (*n*,)

1. a verbal or **written report**, description, or narration of some occurrence, event, etc.
2. an explanation of conduct, *esp. one made to someone in authority*
3. ground; basis; consideration: *on this account, on account of*
4. importance, consequence, or value *of significant account*
5. **assessment; judgment**
6. profit or advantage: *to turn an idea to account*
7. on behalf of another; as in the phrase **on your account**

2011

Comprehensive Version

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Introduction to the Local Account 2010-11

I am pleased to welcome you to the City of York Local Account for Adult Social Care for 2010-11. I hope that you find it engaging and informative.

We work ever more closely with our partners to deliver the best possible outcomes social care users, their families and carers and have taken many of the opportunities to work with health community leaders to commission and deliver integrated health and social care services across the city. We are working to establish the new Health and Wellbeing Board underpinned by a Joint Strategic Needs Assessment and Health and Wellbeing Strategy which drives the nature of action, and delivery, to provide the best health and wellbeing for the citizens of York.

We have made significant improvements in the year, redesigning services to meet increased need and using the skills of our staff to deliver high quality services in a time of great change. We remain committed to continued performance improvement through the development of our staff, and the processes and systems to support them. There is no question that, along with all public services, we continue to face substantial challenges with the need to deliver even greater efficiencies to protect vital front line services.

This Local Account has been built around improving outcomes for people in the city, and we believe that we have set ourselves some challenging goals for the next year. However, it is vitally important that we stay in touch with what service users, carers and their families see as important, and that we can always be responsive to these needs. To that end, the Local Account is also asking for your views on our performance and our priorities. Please take the opportunity to comment and feedback on the content of this document and add your voice to shape the priorities for the future of services in York.

Pete Dwyer

Director of Adults, Children and Education

About this document:

A Local Account should allow members of the public to:

- understand the work we have done, and the priorities for the year ahead;
- see evidence for the statements we have made, and the reasons why actions or decisions have been taken;
- access supporting data and see trends and comparisons in activities which support better customer outcomes;
- have the opportunity to comment and feedback on the content either directly or as part of wider consultation processes.

The account also aims to be accessible and interactive to allow service users, carers and the wider public to comment on our plans and priorities. In order that we can achieve this, along with a document of Graphs & Analysis, the Local Account will be published in three versions:

- **The Comprehensive Version:** a data and analysis rich narrative document available at <sampleurl1.york.gov.uk>
- **The Accessible Version:** a shorter, easy read version of the account available at <sampleurl2.york.gov.uk>
- **The Summary Version:** an executive summary version of the account available online at <sampleurl3.york.gov.uk>

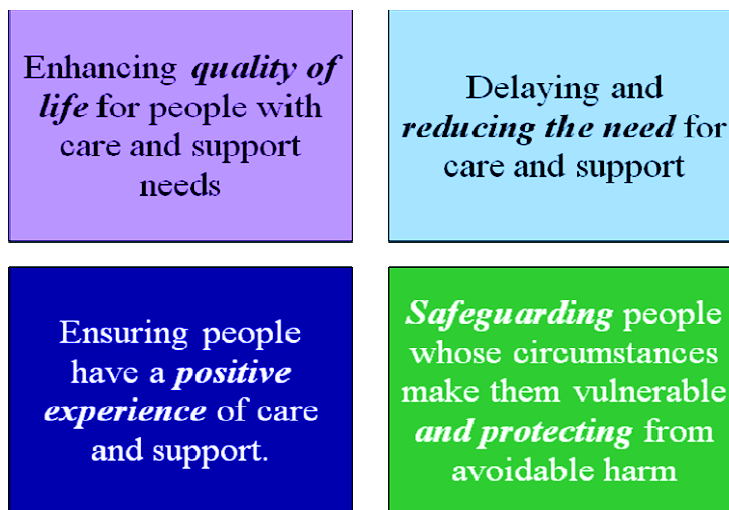
This is the **Comprehensive Version**

How to Use this Document:

This document describes the work and priorities for Adult Social Care in terms of **Domains, Outcomes** and **Measures**.

Domains express a broad policy for our services; that is the direction that we want to take the services in for the benefit the users and carers who access them. There are four Domains which describe the aims of our services.

Four Domains



Each of these **Domains** breaks down into a number of **Outcomes** which describe what things should look like for people in York. The **Measures** will evidence how well we are doing by looking at the data and information we have gathered.

Based on how we are doing in all these areas, we will set out our **Priorities** for the year ahead. As part of the Local Account for Adults Services we will also be inviting comment and feedback which, along with our other strategic plans and commitments, we will use to shape the direction future priorities for adults social care in the City of York.

Worked Example:

It is a policy that the work we do *Delays and Reduces the need for Care and Support*. This describes the **Domain**. In this case it describes Domain 2 - Reducing the Need.

This describes the **Outcomes** we want to see in order to achieve the aims of the Domain. The account will describe the services and support we have put in place to ensure we are making these conditions a reality.

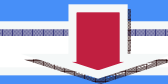
We will publish that available that we use **Measures**. These are available through the *Graphs & Analysis* document which accompanies the Local Account.

The Local Account will then outline **Priority** areas which we will take forward over the coming year, alongside our partners in the city and across the county.

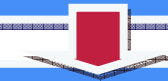
The Local Account will offer an opportunity for feedback and challenge and to contribute to the direction and Priorities for the future.

DOMAINS

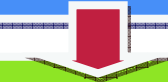
There are 4 of these main areas

**OUTCOMES**

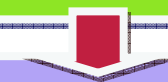
The description of what conditions should be like in York for Social Care Users, Carers and their families

**MEASURES**

Data and evidence supporting our progress and challenges

**PRIORITIES**

Our commitment to improvements and developments for the year ahead

**FEEDBACK**

An opportunity for citizen involvement and comment

York's Specific Challenges:

York is a growing city. Continued growth in the population and the fact that people are living longer raises specific challenges for the provision of social care. The majority of people accessing social care in the city are those who are living with a disability, or who need care and support as they age.

In 2010 the population of York was calculated as 202,400 which was 11.7% more than the 2001 census population, and works out as twice the national average increase of 5.6%. The population rises varies greatly across age groups but can be seen very clearly in the older people age groups.

Between 2001 and 2010 the over 60 age group has risen from 39,400 to 44,887, which is a 14% increase. It is predicted to rise further to 52,600 by 2021. Overall that will equate to a 34% rise in this age group since 2001.

The over 80 group has risen from 8,100 to 10,047 between 2001 and 2010 which is a 24% rise. The over 80 age group and is predicted to rise further to 13,100 by 2021, that's a 62% rise since 2001.

Between 2002 and 2010 there has been a 24% rise in people claiming disability living allowance, which is just above the regional rate of 23%, although less than the national rate of 31%. Those claiming incapacity benefit or severe disablement allowance claimants have decreased by 31% in the same period.

To meet the challenges of a growing and aging population in York, and to ensure that this is done in partnership with our health colleagues, we will be producing a new **Joint Strategic Needs Assessment (JSNA)** in 2012.

The purpose of the JSNA is to provide a comprehensive analysis of the local health and wellbeing needs of children, adults, older people, geographic and vulnerable groups. It comprises a mix of quantitative and qualitative data and will inform the development of the local health and well being strategy and in turn, together with other key strategies and plans, will inform priorities and commissioning decisions across the city.

This Local Account and the feedback we receive will be used to shape the JSNA, and in its turn, the findings from the JSNA will be reflected in future Local Accounts. This way we can be sure that social care and health are working together to deliver the best outcomes for York.

Working within a Financial Context

2010/11 Outturn

The Adult Social Services overspend was primarily due to an increased demand for care services above that provided for in the approved budget. The main contributory factors include; the fact that more people opted to take Direct Payments than anticipated as the personalisation of services was rolled out; a greater than anticipated number of referrals for independent residential and nursing; and a reduction in the level of income generated in elderly persons homes (EPHs).

2011/12 projection

In Adult Social Services, the pressures above that have been evident in previous years relating to demand for care still remain. There have also been delays on two major projects; in Home care, there have been delays in letting the reablement contract and reconsideration of other care services options, and in EPHs, implementation delays mean that the full savings expected in 2011/12 is unlikely to be achieved.

2012/13 and beyond

There will be continued pressure on budgets as the care demographic profile continues to increase and funding remains tight in these straitened economic times. The intention of helping people remain at home where possible will be met through the expansion of the reablement service. There is also a project underway looking at the care provided in our EPHs to increase the provision for those with dementia and higher dependency needs.

There is a wider national discussion taking place on care provision and how it is funded following the findings of the Dilnot Commission, which talks of such

things as capping individuals' contribution to their care, maintaining universal disability benefits and having consistent access to services nationwide. The government are set to respond in a white paper due out in the Spring of 2012 and this could have a significant impact on the directorate's financial position.

Personal health budgets and the reconfiguration of the health service may also have an effect on adult social care finance as the agenda to integrate services and realise efficiencies gathers pace.

The outlook is challenging from a financial perspective but has highlighted the need to do something quickly about the future financial pressure building from an ageing population.

Quality & Contract Monitoring

Quality of service provision for our customers is of utmost importance. We understand the moral and legal accountability for the duty of care and quality of the service and operate a framework of effective contract monitoring and quality assurance to fulfil our duties and responsibilities. We operate the complimentary processes of contract monitoring and quality assurance to stay in touch with both providers' and customers' concerns and identify how any required improvements can be made.

Contract monitoring ensures that both the council and the provider are working together to provide the best support possible for people, and work in partnership with providers to continuously improve the standard of care.

Quality Assurance works across the in-house and external providers to regularly review specific aspects of services to ensure the support provided is of good quality, safe, efficient and effective.

We work to identify any areas of concern arising from these processes and through regular oversight of senior managers, deliver appropriate actions to address those concerns quickly.

Domain 1: Quality of Life

We want to ensure that the people of York who use services and their carers enjoy a high **quality of life**. We believe that this means:

- **Delivering High Quality Support and Information** so that people are able to live their own lives to the full and helped to achieve the things which matter to them.
- **Supporting Carers** so that they are helped balance their caring roles while maintaining their own quality of life.
- **Delivering the Personalisation Agenda** to ensure that people are given the opportunity to manage their own social care support as much as they wish. Putting them in control of what, how and when this support is delivered to match their own personal needs.
- **Supporting People** so that people with social care needs to maintain a family and social life and contribute to community life, avoiding loneliness or isolation and find employment when they want to.

Looking back, this is what we said we would do in our 2010 assessment:

We will make a self-assisted assessment based tool available online to increase the access for people in self assessing their needs.

Residents living within the City of York Council area now have access to an online supported self assessment, which helps to provide more choice and more control to residents to help themselves with daily tasks but need equipment or professional advice. It can be found at <https://www.equip-yourself-york.org.uk/smartassist/york>

We will continue the work with local providers and stakeholders in developing market capacity to increase the choice for people in the city to an ever widening range of support.

Meetings with provider forums and the voluntary sector have identified the need for support to develop options further for customers. Support has been

provided to the York **Council for Voluntary Services (CVS)** to work with its members to develop a collaborative working and self directed support forum, looking at how capacity can be increased within the voluntary sector. We have worked with partners to look at a consortium approach to support planning and further work with providers will focus on support planning opportunities alongside care management colleagues. We have established framework agreements with home care providers which are outcome based, and give customers the chance to agree how their support will be delivered.

We will progress our transformation of services to self-directed support and deliver control of personal support and hit our targets by March 2011.

At the end of March 2011 we had achieved a figure of 24.9% against our nationally set target of 30% all our customers receiving Self Directed Support. We intend to stretch our targets to 37% for the year 2011/12.

Under the council's agenda for preparing to meet the needs of an increasing population of older people we will produce a profile of York older citizens to inform further actions and improvements against the World Health Organisation Global Age Friendly City Guide and other national and regional reports. Work in this area has progressed well through the last year and has identified a number of key priorities: keeping the ageing population issue on everyone's agenda, promoting a more positive attitude towards ageing and older people in York, engaging better with York's ageing population and engaging with the voluntary sector to help deliver on this agenda. We agreed a *Joint Vision for Older People with health partners in July 2010.*

We would work with York Contact Centre developing prompts and scripts to help them identify more carers and signpost these people to appropriate support. Work with the Carers Contact Centre has continued throughout the year although specific work on these scripts has not yet been completed.

Outcome 1.1 - Delivering high quality support and information

We understand our duty to provide information advice and support whether you receive services directly from the council, whether you pay for these yourself or with your personal budget.

On the end of the telephone we have the adult social care initial assessment team, who are a dedicated team of trained staff ready to help people who require information, advice and signposting, or an assessment of their social care needs, whether routine or urgent. Team members complete social care assessments and deal with any referrals concerning safeguarding vulnerable adults.

Our online Information is available from the City of York Council website, and contains a wealth of information for services users, their carers and their families in many areas of health and social care. We offer advice and information for carers, and for people with learning disabilities, mental health problems or physical disability including how to access specialist services and such as blue badge and green badge parking permits, helpline and specialist equipment.

We offer a range of information and help for those looking to access home care and support services for people who may need extra help to live in their own home or extra care and support such as warden call, access to community or day centres in the city, mobile meals or residential care and we have a mental health support line provides telephone based support and information to people aged 18 and over who experience mental health problems.

For those people wishing to find out about health services we have general advice on accessing doctors, GPs' and hospitals, as well as information, advice and support if you go into, or come out of hospital.

We work with North Yorkshire County Council to provide an Emergency Duty Team which can be contacted outside office hours only, including weekends and bank holidays, on 0845 034 9417. The service is available to everyone

living in York and to people who normally live elsewhere but who are staying temporarily in or visiting the area. The team will provide you with help and advice and deal with emergencies over the phone.

Outcome 1.2 - Supporting carers

We know that Carers make a significant contribution in providing health and community care to relatives, friends and neighbours. Our vision in York is to work towards developing a local community where carers' needs are identified and supported by all public services and other organisations in the City. In short: "Carers are everybody's business". Carers should be respected and acknowledged as each carer has a unique perspective, alongside skills and knowledge gained through the experience of caring. We have worked with our partners across the city to provide exclusive benefits for carers such as the free **Carers Discount Card** which was launched by York Carers Centre supported by 50 local businesses and a **Carers Emergency Card Scheme** which has been taken up by over 400 carers of all ages.

We run the **Flexible Carer Support Scheme** which provided direct payments to over 600 carers in 2009/10 and 680 carers in 2010/11 to support and sustain caring role. We offer support through **Carers Breaks**, a vital opportunity for carers to have a short break to refresh and re-energise them. During a survey carried out of customers who had received a flexible carers support grant, 96% told us that having the grant had helped them in sustaining their role as a carer, and in getting the support the needed. This is what some of them said:

- *"It costs £12 a time so I can pay for ironing monthly. This takes the pressure off"*
- *"A great help. It has made the difference between being able to afford to run the car and not"*
- *"The grant gave me self confidence to be able to learn to use facilities for getting information"*

Outcome 1.3- Delivering the personalisation agenda

Personalisation is about making sure that when people have to access social care support, people are still able to live as they wish, confident that services are of high quality, are safe and promote their own individual needs for independence, wellbeing and dignity.

Personal budgets are a new way of giving you control over your care and support. This is what is commonly known as "self-directed support". This lets you plan how you want your social care and support managed. It gives you more choice and control over the support you need. You have the choice to be more involved in deciding what support is arranged, and who is going to do what. It gives you the opportunity for more flexibility with your social care funding.

How to get a personal budget Since August 2010 we have re-organised our teams to make it as simple as possible for people with support needs and their carers to access a personal budget by completing their own personal needs questionnaire, supported by a care manager. Following this, and dependent on the types of need, a budget will be calculated and you will have an idea of exactly how much money your allocation might be, right from the start. Working together we will then help you come up with a support plan, which will focus on how you want to live your life, making sure you can use the resources available to help you achieve those goals which will also take into account the needs of your carers.

Outcome 1.4 - Supporting people

All directorates and services in City of York Council aim to be fair and inclusive. To do this we ensure that we challenge all forms of unfairness and value diversity. We want our communities to be self-confident, health places and this means reduce social, economic and educational disadvantage.

The York Fairness Commission has been set up to look into how to make the city **a fairer and more equal place to live and work.** Its aim is to set forward a

vision for York that can inform, influence and inspire the council and others, including the public and local employers, to lead by example and work for change that will improve the quality of life in York for us all. The Commission will focus on **social and economic inequalities** of income, education and occupation that create divides between citizens, and which are harmful to everybody's health and wellbeing. The results of the commission's work will be used to influence the council's budget decisions and the work of its partners, to create a fairer York for all its residents

We want to see people who use social care services involved in our community and helping us make decisions.

Since 2001 York has had a lively Valuing People Partnership Board which sets out to make sure that all people with learning disabilities have equal access to all services and facilities, including people with complex support needs and those from minority ethnic backgrounds. The group works in partnership with other organisations in York to understand the whole picture in the city and identify gaps and opportunities and responds to both local and national requests for action/information that will help to improve the lives of people with learning disabilities. The Board is co-chaired by one independent person and one person with a learning disability.

There are five priority groups, each with a lead person and a co-lead who is a person with a learning disability or is a family carer. There are priority groups for: health; housing; personalisation; what people do in the day, on an evening and on a weekend; and involving everyone to make it happen. The priority groups have written action plans for the period 2009 to 2012. The work of the priority groups is reported to and monitored by the Partnership Board.

We fund a self advocacy service to provide support to people with learning disabilities to take an active and valued part in our Valuing People Partnership Board (including support to the co-chair, who is a service user). We also have service users and carer representatives on our key stakeholder groups including the York Mental Health Partnership and Modernisation Board, Supporting People Consultation Groups and the York Dementia Working Party.

We have also funded the development of a user led organisation, York Independent Living Network, and they are hosting five forum events this year for anyone with a disability, including hard to reach groups, on a variety of topics alongside the continued funding of a range of advocacy services.

We want to see more disabled people and those with mental health needs in employment. **We work with Future Prospects' Supported Employment Service** and **The Blueberry Academy team** which are organisations that support and assist disabled people and people with health issues with all aspects of training and employment to help people realise their potential to gain sustainable paid employment. The team of learning and work advisers, job coaches and mentors give individualised information, advice and guidance and help arrange the relevant support and back-up a person needs to achieve success.

The Community Recovery Team is a team of health and social care workers dedicated to supporting inclusion and recovery for people who have experience Mental Health problems. By using community facilities trainees are supported by a mentor and facilitators, backed up with personalised training packages and plans. The training received is transferable, not just helping people return to work in a supported way and increasing skills and confidence and support recovery.

1.5 Measures - How well are we doing?

We have established a number of measures to help us see how well we are working to achieve some of these outcomes. ***The Graphs & Analysis document which has been published in support of the local account highlights current out-turns and comparative performance where this is available.***

To measure the overall **social care-related quality of life**, we use the responses we received to the Social Care Survey. The social care related quality of life score for an individual is a composite measure using responses to questions from the ASCS covering eight domains (control, dignity, personal care, food

and drink, safety, occupation, social participation and accommodation). Our overall score is shown in *Graph 1 of the Analysis of Indicators & Targets document and places York above its comparator group and the national average. Detailed responses to the question can be found in the adult social care survey section of the document.*

We are working to enable **people to manage their own support as much as they wish**, so that are in control of what, how and when support is delivered to match their needs. This is measured through the provision of self directed support. Under the current published measures York is performing below that of the average in England, and the comparator groups delivering personal budgets to 24.9% of all social care customers, however, when measuring in year, and using only those people who qualify for a personal budget, rather than all customers known to the authority, our performance was 47.5%. **It is our intention to use this more accurate and reflective measure in the future.**

To measure our commitment to **increasing the proportion of service users in employment and preventing social isolation** we measure the proportion of adults with learning disabilities in paid employment and the *proportion of adults with learning disabilities who live in their own home or with their family (settled accommodation), Graphs 4 & 5 of the Analysis of Indicators & Targets document* . Our performance in these areas exceeds both the national average and comparator groups in these areas.

We intend to enhance further enhance the measures in this Domain to include:

- *the proportion of people who use services who have control over their daily life*
- *carer-reported quality of life measured through a carers survey*

1.6 Quality of life: our priorities for the coming year

- **Enable self funders to access financial advice by January 2012.**
- **Undertake a flexible carers support scheme grant survey and a carers' survey to look at the best way of distributing funds to make the most impact on carers' lives and wellbeing. To run an "easy read" version of these in order that carers with learning disabilities can contribute and shape the future of the services.**
- **Further promote self assessments.**
- **To promote personal budgets and proactively discuss the financial options with customer right from the first contact. To improve our systems to help deliver information and advice about self directed support.**
- **We intend to make QA reports available to all on request eg The 2010/11 Residential Care Homes and Home Care QA reports to be styled in an appropriate format to circulate to survey responders, prospective residents/relatives, customers and other professionals**
- **We shall be carrying out a survey of customers of our assessment and personalisation service in 2012 to obtain feedback on their experience and quality of: personalised support, assessment and support planning, individual budgets, self assessment, achievement of outcomes.**

Domain 2: Delaying and Reducing Need

We want to ensure that the people of York who use services and their carers are supported in **delaying and reducing the need for services and maintaining their independence** by:

- **Preventing Illness and Dependency** by ensuring that everybody has the opportunity to have the best health and wellbeing throughout their life, and can access support and information to help them manage their care needs.
- **Earlier diagnosis, intervention and reablement** mean that people and their carers are less dependent on intensive services.
- **Delivering Timely and Appropriate Support** by ensuring that, when people develop care needs, the support they receive takes place in the most appropriate setting, and enables them to regain their independence.

Looking back, this is what we said we would do in our 2010 assessment:

We will reduce levels of delayed discharges from hospital care and improved access to intermediate care provision. *Delayed discharges had continued to rise during 2010/11. An extensive analysis of the causes showed a large increase in the number of referrals from the hospital as more people are able to go home earlier. Work to improve the pathway of people being discharged is ongoing, and as part of our commitment to reduce delays we are redesigning services in 2011/12 and have set ourselves targets to return to 2009 levels.*

We will focus on more complex telecare packages targeting those people with higher levels of need to retain their independence. *The service continues to receive an average of 55 new referrals every month and we expect this to increase when the Intensive Support Service begins and the telecare team become an integrated part of the reablement processes.*

We will commission the new extra care scheme at Auden Court with housing

colleagues and York Housing Association. The first extra care project in York has been launched in the spring of 2011, providing 41 apartments for over-55s who are paying for care. Auden House offers professional on-site support for older people, allowing them greater independence while still having the peace of mind that comes with knowing people are nearby.

Outcome 2.1 - Preventing illness and dependency

The 2010 Joint Strategic Needs Assessment (JSNA) was commissioned by the Director of Adults, Children and Education and the Associate Director of Public Health/Locality Director. The purpose of the JSNA is to provide a comprehensive analysis of the local health and wellbeing needs of children, adults, older people, geographic and vulnerable groups. It comprises a mix of quantitative and qualitative data and will inform the development of the local health and well being strategy and in turn inform priorities and commissioning decisions. The JSNA will incorporate the following dimensions:

- **Population level** analysis of the city to ensure that appropriate services are available to suit the age; gender; ethnicity; and vulnerable groups. The JSNA will incorporate an analysis of **social and place**: community wellbeing; economy & income; environment; education; housing; crime & disorder and
- **Lifestyle determinants of health**: such as physical activity; healthy eating; alcohol and drug misuse; smoking; health improvement interventions. There will be a view of overall wellbeing; measured by life expectancy & mortality; disability; mental health; cardiovascular health, cancers & respiratory health.

Colleagues working in clinical health alongside staff from children's and adults social care, managers of specialist services and special interest groups will be invited to participate to give their views on service access and use, and be invited to offer their perspectives of the services and the issues being presented in the city.

Outcome 2.2 - Earlier diagnosis, intervention and reablement

Our Reablement works with the majority of people discharged from hospital where additional support is needed. It times its first visit for when people have returned home puts in support to see them through the initial six weeks of recovery. Through this period the support will be gradually reduced as customer recovers. Our staff go out on this first visit and ask people what they see as important to them, and plan the support around their needs and wishes.

Other 'traditional' home care services enable people to stay at home by supporting people with just the tasks they struggle with. **Reablement works specifically to get people back to their earlier level of independence, or near to it.** They can work with the customer to identify what is important to them and work towards it. Support will then withdraw or reduce so people do not become overly dependent upon it.

A survey undertaken of people over 65 who had been discharged from hospital to rehabilitation services during the period October–December 2010 found that:

- 94 % of those surveyed were happy at the time of discharge with the decisions made about the care and support they were to receive after leaving hospital
- 54% said they were given something in writing (a care or support plan) which detailed how you were going to be supported and enabled to continue living at home
- 89% felt that they got the support/service that they were expecting
- 77% said that it made their level of independence better
- 91% said they were happy with the support they had received from social services since their last stay in hospital

Our rapidly developing programme of telecare and warden call services

support people with deteriorating health or reduced independence to stay in their own homes for as long as possible. Customers can have the security to remain at home and these services provide their families much needed reassurance (sometimes they are able to 'listen in' and monitor themselves). "Just checking" services can be used to see what people are doing at home and so know what support needs to be put in.

Outcome 2.3 - Delivering timely and appropriate support

The council work with health colleagues to ensure the quality and effectiveness of hospital discharge arrangements through regular meeting. In these meetings the performance of timely and appropriate discharges from York District Hospital is monitored. This is a forum where concerns related to poor quality discharge arrangements and/or lack of co ordination of services can be raised and resolved.

The department is contributing towards the work initiated by the acute trust and PCT looking at 'levels of care'. This will result in closer partnerships and integrated working with community health services and colleagues in the acute trust and enable more people to be treated in the community and at home.

In times of particular pressure resources can become stretched. As in previous years six 'winter pressure beds' are being established in one of York's residential homes. This will enable 'step down' facilities to be available for patients who need further recuperation and rehabilitation but who don't require acute, higher level care. In addition extra resource has been made available by the acute trust for the purchase of more care manager or social work hours which will enable timely assessment and discharge over the winter months. In cases of intense pressure fortnightly co-ordinated up dates by PCT/Acute Trust and CYC are in place to monitor winter pressures.

Customers/patients in the community with long term needs are supported through services commissioned by social care. Multi-agency support is provided by community nursing services, community matrons, physiotherapy

and occupational therapy services. Specialist renal social workers and a neuro-social worker offer support to patients who may have inpatient stays or clinic attendance but need support to live in their own homes between these episodes.

The continuing health care assessment process is well developed in York, the work being closely co-ordinated between specialist care managers who focus exclusively on continuing health assessments and their health colleagues working in the nursing assessment team at Malton. This arrangement enables timely assessments and funding decisions to take place for patients who may have chronic and enduring conditions.

2.4 Measures - How well are we doing?

The Graphs & Analysis document which has been published in support of the local account highlights current out-turns and comparative performance where this is available.

Our performance detailing the *Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services* (Graph 6) shows that York is showing a high percentage of people remaining at home following reablement.

Delayed transfers of care from hospital, and those which are attributable to adult social care have risen over the past three years. The number of acute delayed transfers of care attributable to adult social care aged 65 or over, rose from 4 to 11 per 100,000 population. This rise is more than double the England rate of 4 and the comparator group rate of 5 per 100,000 population. Average days of acute delay per week attributable to ASC rose to 32.8 from 9.3 in York between 2007-08 to 2009-10. This failing performance is being addressed through partnership working, improved systems and challenging targets for 2012.

2.5 Delaying and reducing needs: our priorities for the coming year

- To extend links into the voluntary sector especially for people who will not require formal ongoing support, to minimise social isolation and encourage continued independence.
- Reduce the levels of delayed transfers of care from hospital in the city from 2010-11 rates.
- To support the development of community health capacity to deliver 'step down' care and make links to ensure this works in partnership with our reablement service.
- Increase the capacity of our reablement service through a tender exercise with the independent sector.

Domain 3: Positive Experience

We want to ensure that the people of York who use services and their carers have a **positive experience of social care** whenever and wherever they access it. We believe that this means:

- **Maintaining Quality and Service** to ensure that people who use social care and their carers are satisfied with their experience of care and support services.
- **Involving Carers** to ensure that they feel that they are respected as equal partners throughout the care process.
- **Being Transparent about Services and Care** so that people know what choices are available to them locally, what they are entitled to, and who to contact when they need help.
- **Maintaining Dignity and Respect** to make sure that people, including those involved in making decisions on social care, respect the dignity of the individual and ensure support is sensitive to the circumstances of each individual.

Looking back, this is what we said we would do in our 2010 assessment:

We would implement a 'Customer Services Blueprint' ensuring a first class, single point of contact. Customer service in the future will be owned and delivered by a single service within our organisation. Our initial Assessment and Safeguarding Team went live in 2010 and has been acting as a single point of contact for social care contact in York.

We will continue to keep people informed about changes and developments in the services and seek their views to shape the delivery of social care. Consultation for the major areas of change in the city...

The Mental Health Partnership Board will improve engagement of service

users in service development through a 'Bright Ideas Group' and consultation with services users and current services. This will be tracked through the Board's work plan, and will be reported in an annual report on the Board's achievements. The Bright Ideas Group consists of experienced and proactive members who draw on their practical knowledge of service delivery in York and good practice in other areas of the country to seed pragmatic and innovative ideas and ways of working into day to day delivery. The group's mandate from Partnership and Modernisation Board was to "think big and think differently". Its report was published in March 2011.

We will be expanding the older people's signposting service to include outreach for hard to reach and minority groups and include monitoring of this through contract reviews. There is further work required to develop the partnership between the signposting service provider and YREN (York Racial Equality Network). Further development work is under way between all parties and the council and it is hoped that awareness of the service will be made more widely available to minority groups within the community in 2011-12.

Developing joint council and PCT commissioning structures to support our drive to deliver integrated and outcome focused health and social care services. The integrated commissioning service arm of Adults, Children and Education was newly established in Autumn 2011 as part of the organisational review following the creation of the Directorate of Adults, Children and Education. The intention is to create a cohesive commissioning arm across the full range of council-funded services for children and adults. The service arm is also the key interface with the NHS and will play a key part in establishing the new mechanisms and structures that will emerge from the coalition government's health reforms. Ultimately, the hope is that commissioning will be "integrated" not just within the council, but across its partners in the NHS as well.

Support the development of more personalised care, through new home care contracts, link to regional market development work stream and work with residential and nursing homes. As part of the re-commissioning of locality

home contracts and framework agreements, an outcomes based service specification was introduced in November 2010. The specification focuses on personalised support and monitoring of outcomes enabling customers to maximise their independence, and give them choice and control over how and when their service is delivered to them. The quality audit undertaken in Residential & Nursing Care in 2010 focused on personalisation within care homes and will provide a "benchmark" to monitor providers against in 2011-12.

Progress with our review of residential homes in the city. The review has been progressing during 2010/11 and into 2011/12. It is expected that the conclusions will be made by members before the end of 2011/12 based on the consultation exercises undertaken in the year.

Outcome 3.1 - Maintaining quality and service

A rolling quality assurance programme covers all service areas over a 2-year period, and a lively programme of customer consultation is carried out to support service reviews and to monitor and improve services on the basis of customer feedback. The 2010-12 programme included surveys of the following customer groups:

Residential care residents, relatives , other professionals and staff (to support a service review); home care customers; sheltered housing with extra care/supporting people; intermediate care services; telecare/warden call; learning disabilities customer review satisfaction survey.

As part of the national annual adult social care survey we asked 982 out of 5033 customers about the quality of our service. Of the 655 customers who responded, 91% were either satisfied or very satisfied with the care and support services they received. The outcomes of the survey are published in the local press and the national/council's comparison report is available on the internet. Customers taking part in the survey are provided with a copy of the report on request.

All quality assurance material and reports can be produced on request in any

format the customer requires i.e. other languages, bold print etc. Survey tools and reports are automatically made available in accessible version as appropriate to customers who are elderly, disabled or have a learning disability so they can read and self complete as they prefer. Signers, interpreters and advocates are used when required.

Outcome 3.2 - Involving carers

Carers Strategy Group: The Carers Strategy Group is a partnership of people from statutory and voluntary organisations as well as carer representatives from the carer led forums. The group meets every three months to monitor progress with the Carers Strategy Action Plan. The group is co-ordinated by City of York Council's Adults, Children and Education directorate and is working towards increasing carer awareness at all levels of strategic planning.

York Carers Strategy Group supports partnership working between health and social care agencies in the commissioning and provision of services. City of York Council dedicates funding from the area based grant and NHS North Yorkshire and York uses funding from its core budget to support carers through strategic support and direct payments for carers, commissioning services specifically for carers, funding respite and sitting services and through support provided to the cared for person which allows carers to take a break. There are also other specialist services for example community mental health services that provide advice and support to carers.

Carers shaping policy: There are three active carer led forums in York helping to make sure carers voices are heard: CANDI, York Carers Forum and Young Carers Revolution. To support Integrated services and better coordination, a "Care Pathway for carers support" has been drafted and initial discussions have taken place about some of the implications for City of York Council's adult social care services. There has been Carer Awareness Training held for library staff, workers in primary care health settings and those undertaking carers assessments of need. And York Carers Centre led the development of the

young carer and adult Carer e-learning tools.

Outcome 3.3 - Being transparent about services and care

Accredited Provider lists are published on the Council's web site which includes links to recent CQC inspection reports and the latest CQC published rating. The council maintain accredited provider lists which are available to both public and care management colleagues and is looking at enhancing its quality assurance framework for providers with an option for this being made available to the public in the future.

The council has produced specific 'easy read' fact sheets on our website about the personalisation agenda and self directed support. We are also intending to redevelop the adult social care section of our council website to make it more accessible and easier to use.

This information is available to everyone, regardless of how they are funded.

Our website contains an OT self assessment tool, which enables people to complete a self assessment form on line in order to identify equipment that may be suitable for them (if required) and suppliers of this equipment. We are also intending to redevelop the adult social care section of our council website to make it more accessible and easier to use which will include a wide range of information on services across the city which self funders will be able to access.

How this Shapes Services: Quality Assurance consultation programmes undertaken since 2009 have highlighted that the majority of residents in the council's residential homes did not like food prepared for them by the hospital. They asked for better quality, home cooked food. During 2010, there was a phased re-introduction of food cooked by their own chef on the premises in each of the homes. A subsequent survey has shown that the vast majority of residents feel there has been a great improvement in quality and choice. These were some of their comments:

“It’s smashing, no complaints”

“Before it came from the hospital but now we have a cook and it’s very good”

“Since hospital food it’s fantastic. We get more variety”

During 2010 we surveyed a sample of sheltered housing with extra care residents. They told us that organised activities were limited. As a result activities have been increase and volunteer activity workers from CVS have been recruited to help. A survey of residents in this year’s programme will be used to check whether they are satisfied with the outcome of these improvements.

Following a survey of warden call/telecare customers, because of the variation in information given by customers on the frequency of system checks, the service has reviewed its procedures and is planning to introduce two monthly calls by a dedicated team to establish a consistent approach for customers’ peace of mind.

3.4 Maintaining dignity and respect

How does the council work with the PCT to ensure that people and their carers have their wishes respected and are treated with dignity?

Care homes and care services have been involved with the roll-out of local protocols on ‘Do Not Attempt to Resuscitate’ which will ensure that the known wishes of residents are respected at the end of their lives.

Staff in all council-run homes have received Dignity in Care training. The effectiveness of this has been followed up by a survey of 50% of the home’s residents and a sample of their relatives, friends and other professional plus staff. When asked if they felt they were always cared for in a courteous and considerate way 100% said ‘yes’ in five of the homes, with 61– 92% responding ‘yes’ in the other homes and staff in general were spoken very highly of for the way they treated residents and supported relatives.

The 2010 home care services survey also focussed on whether we were meeting the NHS Dignity in Care standards and **all of the council's home care teams scored 100% for always treating customers with dignity and respect.**

For front line staff, any issues are dealt with through their line management and supervision. The 2010 residential care services survey, which focussed on the Dignity in Care standards, found that the majority of residents felt their individual homes rated well in these areas. In response to asking how they felt they achieved the appropriate treatment of residents, they said recruiting the right staff, good training, understanding the residents and good teamwork. The vast majority were confident about reporting poor practice and how.

Our staff are well aware of the importance of maintaining dignity in care, and these were some of the things they said about how the residents should be treated:

- *“Understanding residents needs. Good communication and teamwork.”*
- *“We all are very professional and have regular training on dignity awareness.”*
- *“We always try to involve customers in our conversations. We try to involve them in care planning, we have behavioural management plans in place to follow.” (from a staff member of the LD respite unit)*

All surveys conducted by social services monitor and promote dignity and respect, choice, inclusion and the right to expect the highest quality service. Customers with learning difficulties, memory loss etc are given exactly the same opportunity to contribute their views and raise concerns. This has been clearly demonstrated in the 2010/11 residential care survey with lively, useful feedback being provided by our respite learning disability customers as well as the residents of our EMI units.

3.5 Measures – How well are we doing?

The Graphs & Analysis document which has been published in support of the local account highlights current out-turns and comparative performance where this is available.

In the adult social care survey for 2010-11 we asked about the overall satisfaction of people who use services with their care and support. **We found that the overwhelming majority were satisfied to some degree**, and in the top two selected answers. 30% of respondents said they were extremely satisfied and 35% were very satisfied (*ASC Q1, Graphs and Analysis Document*).

We also asked whether people who use services and carers who found it easy to find information about support. **More than three quarters said they found it easy to find information**, with 29% reporting it very easy to find and 49% saying it was fairly easy to find.

We intend to supplement these measures in the coming year with:

- A measure to gauge the overall satisfaction of carers with social services, ensuring people know what choices are available to them locally, what they are entitled to, and who to contact when they need help.
- **To ensure that carers feel that they are respected as equal partners throughout the care process we will be looking to ask about carers who report that they have been included or consulted in discussions about the person they care for.**

3.6 Positive experience: our priorities for the coming year

- **Following the completion of a major consultation exercise within the residential services, one of the recommended outcomes is to have a quality champion within the service to secure ownership of quality and to facilitate the sharing of good practice between teams.**
- **A carers' survey is being carried out in 2011 which will provide**

benchmarks for the national survey in 2013. 5% of carers and 20% of carers of people with learning disabilities are to be targeted. We will specifically ask carers whether they feel they have been involved as much as they wanted to be in discussions about the support or services provided to the person they care for.

- **We shall be carrying out a survey of relatives who are willing to talk to us about their relative's end of life care within the council's residential care homes as part of the 2012/13 quality assurance programme.**
- **The results of the consultation on the proposed major changes in our residential care homes will drive our transformation programme.**

Domain 4: Safeguarding

We want to ensure that the people of York circumstances make them vulnerable are **Safe and Protected from Harm**. We believe that this means:

- helping everyone enjoy physical safety and feel secure
- working to ensure that people are free from physical and emotional abuse, harassment, neglect and self-harm
- protecting people as far as possible from avoidable harm, disease and injuries
- supporting people to plan ahead and have the freedom to manage risks the way that they wish

Looking back, this is what we said we would do in our 2010 assessment:

We will recruit an independent chair of the Safeguarding Board. This will ensure the chairing of the Board is undertaken in a professional, fair and consistent way without possibility of compromise for the agencies involved

This has been achieved. The independent chair has been appointed and is in post.

We will ensure feedback mechanisms are in place to any agencies involved in safeguarding processes. This will ensure that the information given by those customers and others who are part of the safeguarding process influences the policies, procedures and practice of those working in this area.

Progress has been made towards achieving this. All agencies receive feedback on every safeguarding concern made to the council. We also meet with agencies to look at particular issues relating to their organisation and the safeguarding issues for their customers. We are undertaking quality assurance work with our customers and will use the information we gain from this to inform the development of our safeguarding practice.

Outcome 4.1 - Helping everyone enjoy physical safety and feel secure

The council works with partners through York Safeguarding Adults Board.

The members are signed up to a implementing a multi agency policy which makes it clear that safeguarding is everybody's business. We commission training for the independent and voluntary sector to promote this message and to let them know how to alert and refer safeguarding concerns. We routinely monitor where these alerts come from. Information to the public about safeguarding is provided through our website.

We have strong governance arrangements and reporting processes in place to monitor the effectiveness of arrangement. We report to the council and to York Safeguarding Adults Board. This provides scrutiny from both our peers and those elected by the people of York, and the annual report has been published and is available online. York Safeguarding Adults Board provides the partnership approach to implementing the recommendations within it. We are undertaking work to ensure that those who have been through safeguarding processes have their voice heard and that we learn from this experience.

We are currently reviewing our protocols as the lead agency to improve the pathway for our partner colleagues to refer safeguarding concerns to us. We continue to routinely monitor where our referrals come from and work with referring agencies to ensure these pathways work.

All agencies are aware of the safeguarding procedures and are signed up to the multi-agency policy. We have a dedicated Safeguarding Manager who as a matter of routine ensures that all safeguarding referrers receive advice consistent with these procedures. Problems with the implementation of procedures that cannot be resolved at an operational level are progressed through York Safeguarding Adults Board. We collect data regarding the source of our safeguarding alerts. We meet regularly with our partner agencies who alert us to safeguarding concerns. We have also held meeting regarding developing safeguarding responses for hard to reach groups.

To ensure we learn from any serious incidents and case reviews, the council runs a safeguarding practice group at which lessons learned and national and local developments are shared with those responsible for running safeguarding investigations. We recognise the many shared areas of interest and practice between safeguarding children and safeguarding adults work. Work is underway to share learning and practice which will influence the development of our strategic approach to investigations and the practice of those running

them.

We produce a leaflet for the public to let everyone know how to report an incident of abuse. There is a single point of contact we provide for all referrals and a variety of means for people to contact us including email, fax and telephone. We have a safeguarding website which includes guidance on how to report abuse and a standard form.

Outcome 4.2 - Working to ensure that people are free from physical and emotional abuse, harassment, neglect and self-harm

We ensure that people's rights to equal access and consideration of cultural, religious and spiritual needs are considered in assessments and support planning as we routinely conduct equality impact assessments on changes in policy we make within the council. Our care management documentation prompts our staff to consider cultural, religious and spiritual needs. Our approach to personalisation means that we are encouraging people to identify their own support needs and outcomes in these areas which we will help them to meet.

We continue to develop our focus on human rights through training such as safeguarding and mental capacity. We work closely with our contracting colleagues to focusing on human rights issues with providers. This includes working on improvement planning with providers to improve their understanding and practice with regard to human rights and issues of discrimination.

Outcome 4.3 - Protecting people as far as possible from avoidable harm, disease and injuries

We have procedures in place to deal with evidence of poor practice in our own staff through competence and disciplinary policies. Regular supervision and PDR processes are in place to pick up on such evidence. Our management team works to identify potential areas of poor practice and rectify through a variety of responses including training, staff development changes in processes. Our safeguarding procedures provide a response where there is evidence of poor practice that might lead to serious harm.

4.4 Measures – How well are we doing?

The Graphs & Analysis document which has been published in support of the local account highlights current out-turns and comparative performance where this is available.

In this year's Adults Social Care Survey we asked people about their feelings of safety and security. The proportion of people using social care services who feel safe and secure. Nearly two thirds of respondents said they felt as safe as they would like to feel, while 32% said they felt adequately safe, but not as safe as they would like.

We would like to supplement these measures with additional indicators that show:

- the proportion of referrals to adult safeguarding services which are repeat referrals
- the safety and security of carers

4.5 Safeguarding: our priorities for the coming year

- **Establish a stand alone *Safeguarding Adults Team* with staff members whose dedicated role is to investigate abuse.**
- **Develop the pathway with our providers so that we know that all safeguarding referrals are dealt with in a consistent manner.**
- **Improve our safeguarding processes, including learning from safeguarding children's services, to provide better guidance to those investigating alleged abuse and those managing these cases.**
- **Work through York Safeguarding Adults Board to develop a "York Picture" to inform safeguarding priorities for partners across the city.**

Comments and Feedback

5.1 Summary of Priorities from this Local Account

- **Enable self funders to access financial advice through CYC by January 2012.**
- **Undertake a flexible carers support scheme grant survey and a carers' survey to look at the best way of distributing funds to make the most impact on carers' lives and wellbeing.**
- **Further promote Self Assessments for Adult Social Care Customers.**
- **To promote personal budgets and proactively discuss the financial options with customer right from the first contact. To improve our systems to help deliver information and advice about self directed support.**
- **To make Quality Assurance reports available to all on request, in an appropriate format and to circulate to survey responders, prospective residents/relatives, customers and other professionals**
- **To carry out a survey of customers of our assessment and personalisation service in 2012 to obtain feedback on their experience and quality of: personalised support, assessment and support planning, individual budgets, self assessment, achievement of desired outcomes.**
- **To extend links into the voluntary sector especially for people who will not require formal ongoing support, to minimise social isolation and encourage continued independence.**
- **To reduce the levels of delayed transfers of care from hospital in the city from 2010-11 rates.**
- **To support the development of community health capacity to deliver 'step down' care and make links to ensure this works in partnership with our**

reablement service.

- Increase the capacity of our reablement service through a tender exercise with the independent sector.
- To develop “quality champions” within the services, to secure ownership of quality and to facilitate the sharing of good practice between teams.
- To undertake a Carers’ Survey which will provide benchmarks for the national survey in 2013.
- Carry out a survey of relatives who are willing to talk to us about their relative’s end of life care within the council’s residential care homes as part of the 2012/13 quality assurance programme.
- To carry out activity arising from the consultation on the proposed major changes in our residential care homes will drive our transformation programme.
- Establish a stand alone *Safeguarding Adults Team* with staff members whose dedicated role is to investigate abuse.
- Develop an agreed Safeguarding pathway with our providers to ensure all safeguarding referrals are dealt with in a consistent manner.
- Continue to improve our safeguarding processes, including learning from safeguarding children’s services, to provide better guidance to those investigating alleged abuse and those managing these cases.
- Work through York Safeguarding Adults Board to develop a “York Picture” to inform safeguarding priorities for partners across the city.

5.1 Comments and feedback

Have your say!

We encourage feedback on all our activity and services, positive or negative it helps us to address problems and shape the services for the future. With specific reference to this document we would like to know:

- **Do you agree with the priorities we have set for ourselves for the coming year? What would you add or remove?**
- **Are there any other areas of adult social care you feel we should focus on as a priority?**
- **Have you found the Local Account easy to access and understand? What changes would you like to see in the future?**

Please also feel free to comment on any aspect of adults social care in York.

Please make it clear whether you are a service user, a carer, a family member, or other interested party.

We will incorporate these views in our planning and preparation of next years local account, the Joint Strategic Needs Assessment for the city, and where applicable notify our partners of these issues. You are welcome to contact us by post or email.

**Adults Children & Education (ACE)
10-12 George Hudson Street
York
YO1 6ZE**

**By email:
haveyoursay@york.gov.uk**

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City of York Council – ACE Directorate

Local Account for Adult Social Care

Analysis of Indicators & Targets

Adults, Children & Education Directorate.

account (*n*,)

1. a verbal or written report, description, or narration of some occurrence, event, etc.
2. an explanation of conduct, *esp. one made to someone in authority*
3. ground; basis; consideration: *on this account, on account of*
4. importance, consequence, or value *of significant account*
5. assessment; judgment
6. profit or advantage: *to turn an idea to account*
7. on behalf of another; as in the phrase *on your account*

2011

GRAPHS & ANALYSIS

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About this document:

A Local Account should allow members of the public to:

- Understand the work we have done, and the priorities for the year ahead;
- See evidence for the statements we have made, and the reasons why actions or decisions have been taken;
- Access supporting data; see trends and comparisons in activities which support better customer outcomes,
- Have the opportunity to comment and feedback on the content either directly or as part of wider consultation processes.

The account has been published in three versions.

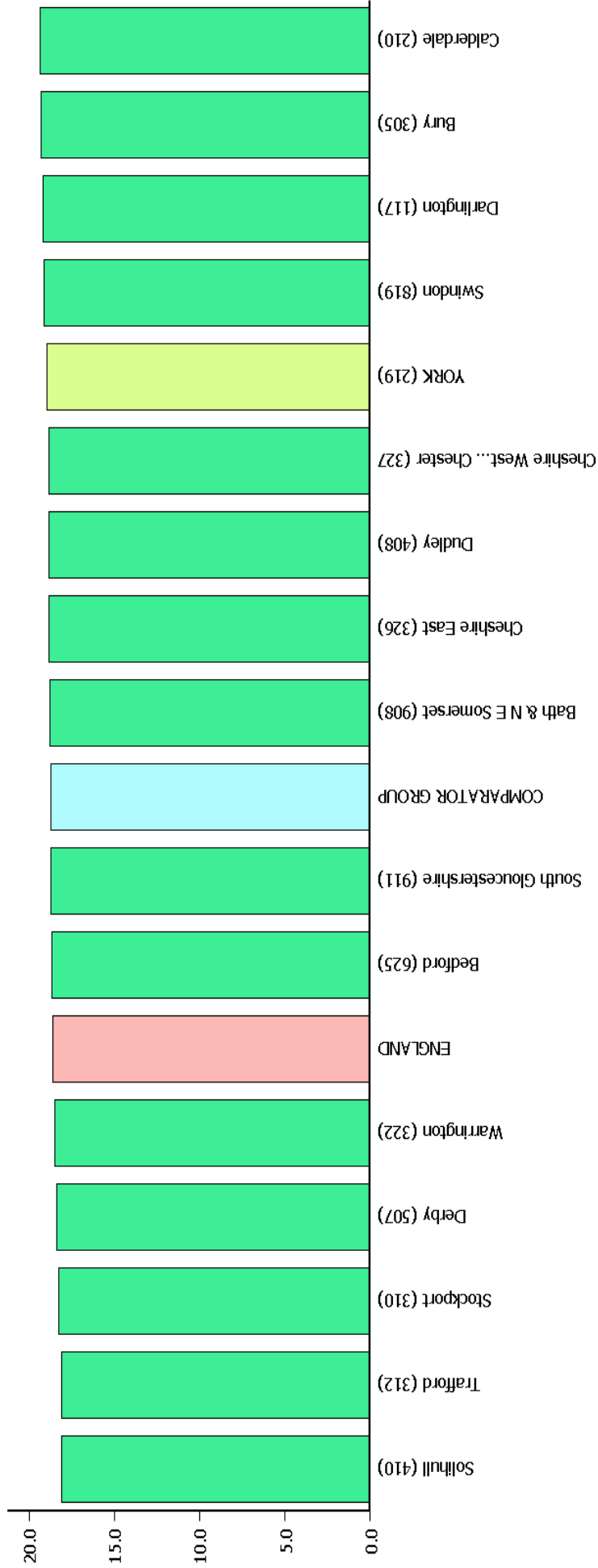
- **The Comprehensive Version:** a data and analysis rich narrative document.
available at <sampleurl1.york.gov.uk>
- **The Accessible Version:** a shorter, easy read version of the account.
available at <sampleurl2.york.gov.uk>
- **The Interactive Version:** an executive summary version of the account
available online available at <sampleurl3.york.gov.uk>

A single document showing an analysis of our performance will accompany all three versions called the GRAPHS & ANALYSIS document.

This is the GRAPHS & ANALYSIS Document which accompanies all the versions.

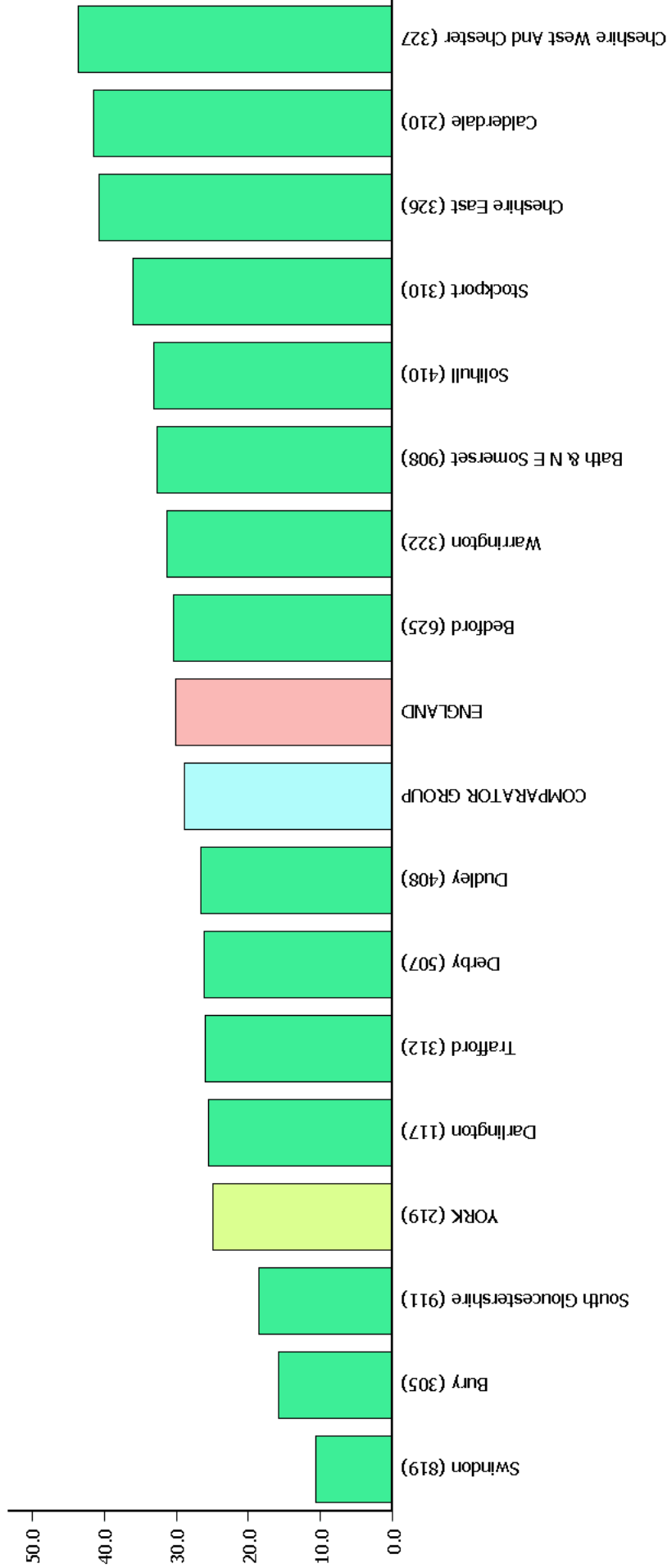
National Returns Data Sets.

Graph 1: Self reported experience of social care users (expressed as a score out of 24), 2010-11



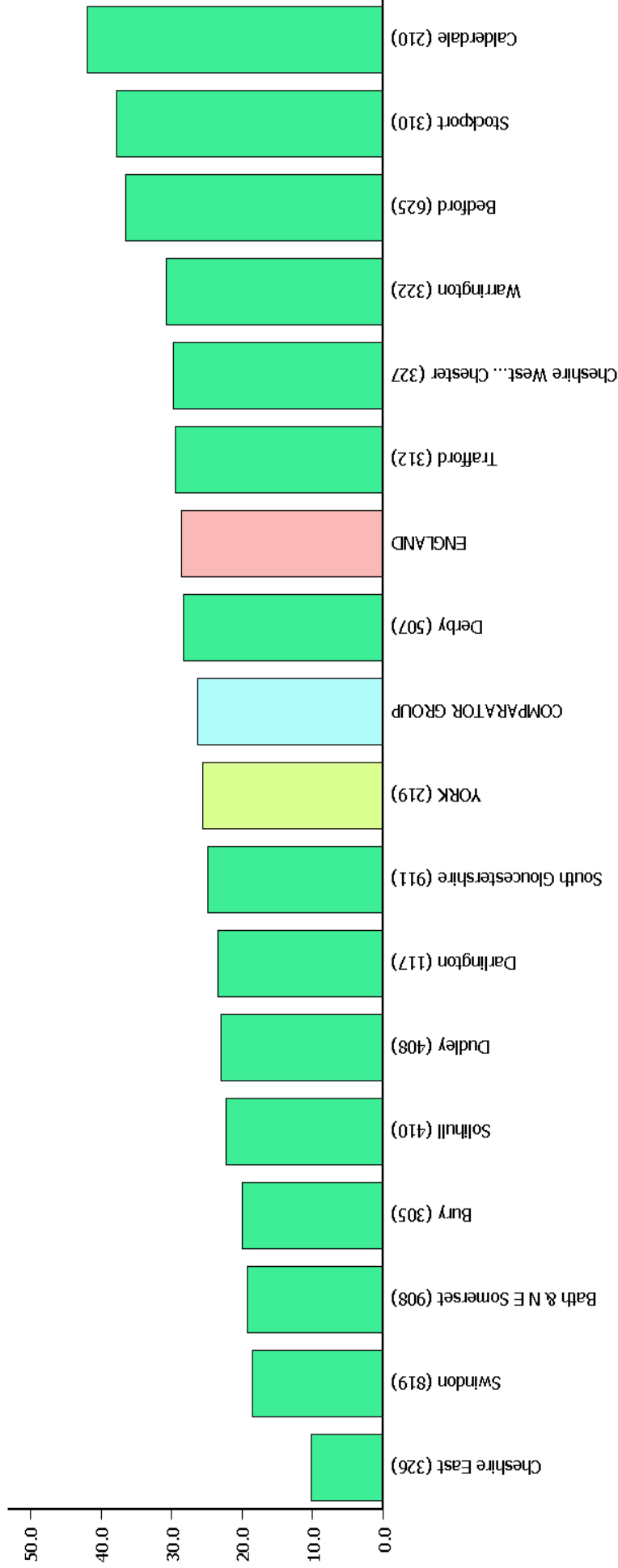
Comparator	Minimum	25th Percentile	Average	75th Percentile	Maximum
YORK (219)	.	.	18.9	.	.
COMPARATOR GROUP	18.1	18.5	18.8	19.0	19.4
ENGLAND	17.4	18.3	18.6	19.0	19.7

Graph 2: Proportion of people using social care who receive self-directed support, and those receiving direct payments



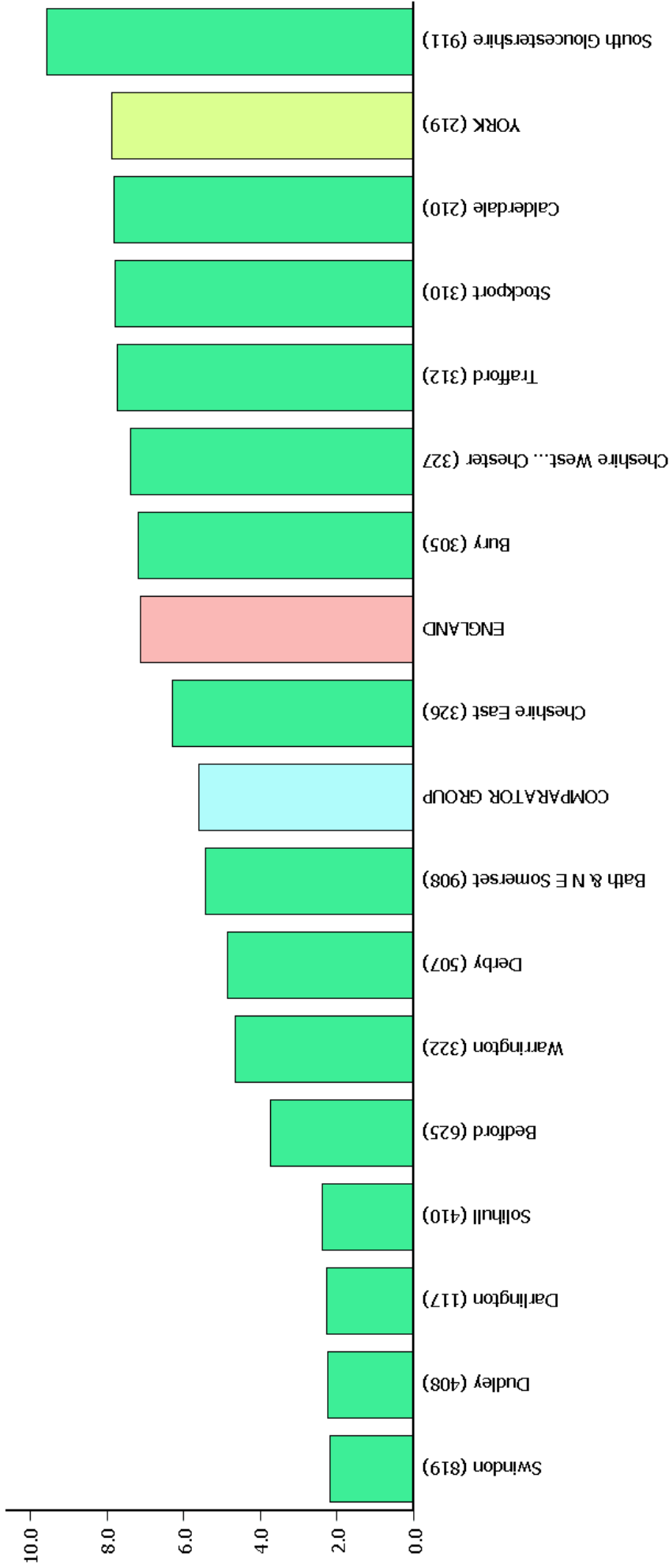
Comparator	Minimum	25th Percentile	Average	75th Percentile	Maximum
YORK (219)	.	.	24.9	.	.
COMPARATOR GROUP	10.6	25.2	28.9	34.6	43.5
ENGLAND	4.0	22.1	30.1	35.2	98.5

Graph 3: Carers receiving needs assessment or review and a specific carer's service, advice or information (expressed as a percentage), 2010-11



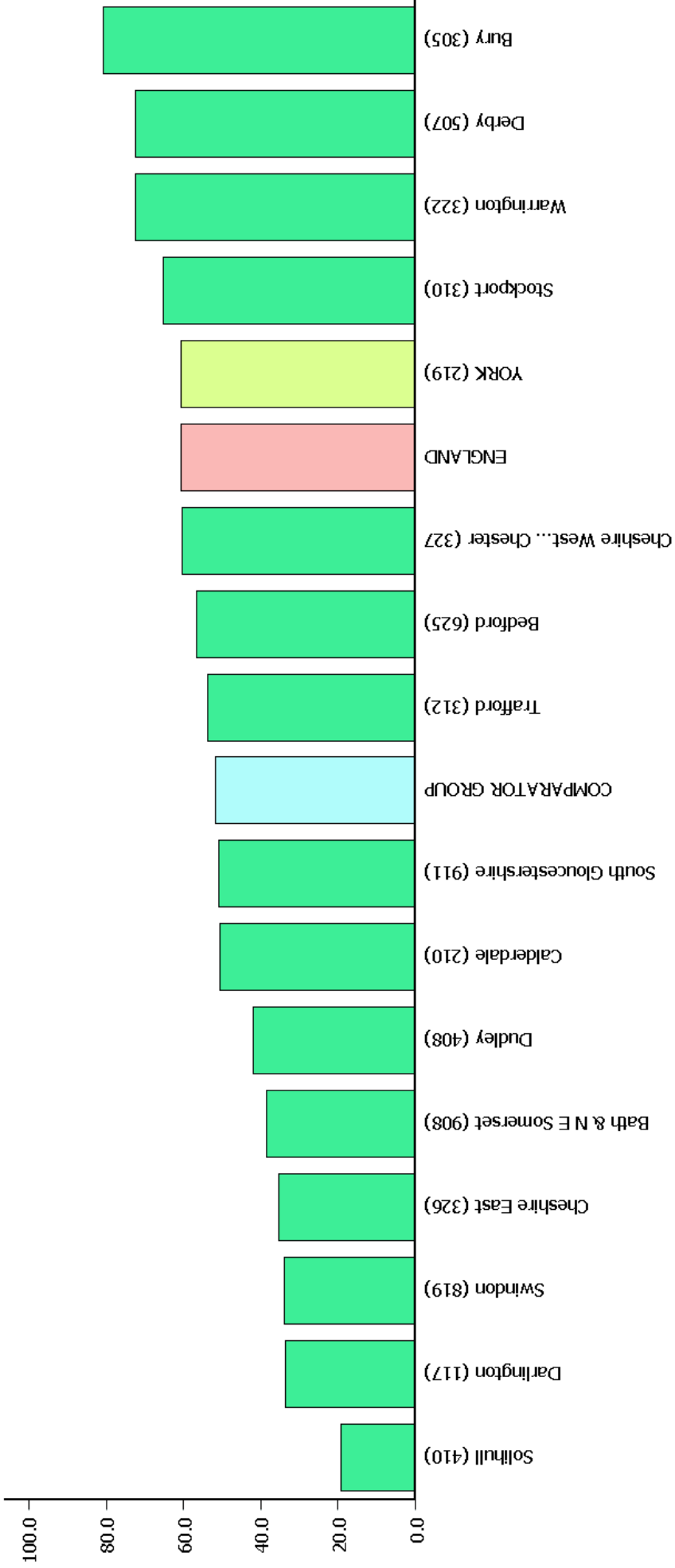
Comparator	Minimum	25th Percentile	Average	75th Percentile	Maximum
YORK (219)	.	.	25.5	.	.
COMPARATOR GROUP	10.2	21.1	26.4	30.2	41.9
ENGLAND	8.4	22.3	28.7	33.0	60.2

Graph 4. Proportion of adults with learning disabilities in paid employment:



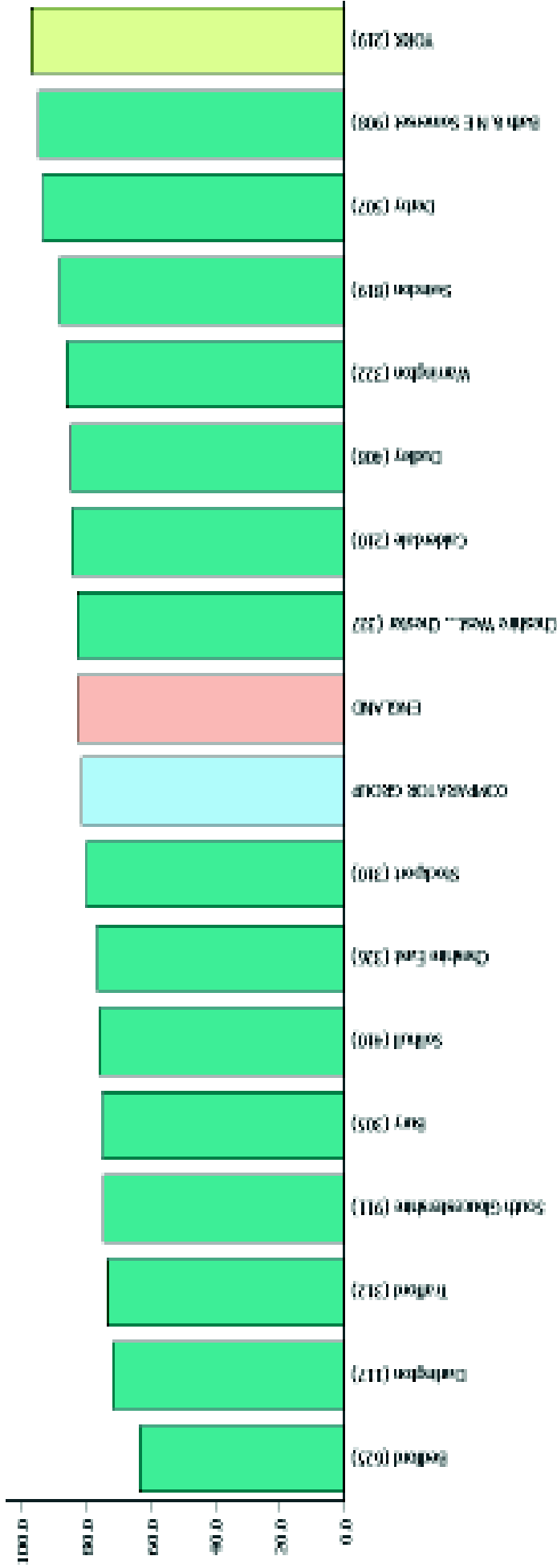
Comparator	Minimum	25th Percentile	Average	75th Percentile	Maximum
YORK (219)	·	·	7.9	·	·
COMPARATOR GROUP	2.2	3.1	5.6	7.8	9.6
ENGLAND	0.0	4.1	7.1	9.0	30.8

Graph 5. Proportion of adults with learning disabilities in settled accommodation



Comparator	Minimum	25th Percentile	Average	75th Percentile	Maximum
YORK (219)	*	*	60.6	*	*
COMPARATOR GROUP	19.3	36.9	51.6	62.8	80.8
ENGLAND	19.3	51.5	60.6	70.2	100.0

Graph 6. Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services



Comparator	Minimum	25th Percentile	Average	75th Percentile	Maximum
YORK (219)	*	*	97.1	*	*
COMPARATOR GROUP	63.4	74.9	81.6	87.2	97.1
ENGLAND	44.9	78.5	83.1	88.8	100.0

Adults Social Care Survey (ASCS) 2011

Background & methodology

Each year local authorities are required to compile and submit a number of statistics to the Department of Health concerning social care services provided by Social Services Departments. This year, the Adult Social Care Survey replaced the old user experience survey programme (PSS survey). The survey includes all eligible service users who were in receipt of a service on 30th September 2010. This included service users who were in their own home, residential care, nursing care, extra care housing and sheltered accommodation who have received services funded by Social Services.

Postal questionnaires were sent out towards the end of January 2011 to 982 eligible customers selected at random. Two separate reminders were sent out in February 2011. Following two reminder letters, a total of 655 customers completed a survey. This gives an excellent response rate of 67%.

Data-processing was carried out by an independent research agency. The report was written by the CYC Business Intelligence Team.

Statistical reliability explained

Based on statistical rules, the overall results from this survey are accurate to within +/- 3.6% at the 95% confidence level. This means that if the exact same survey was carried out 100 times, 95 out of 100 times the results would not be more or less than 3.6% from the figures in this report. *This level is superior to the accepted industry standard of +/- 5%.*

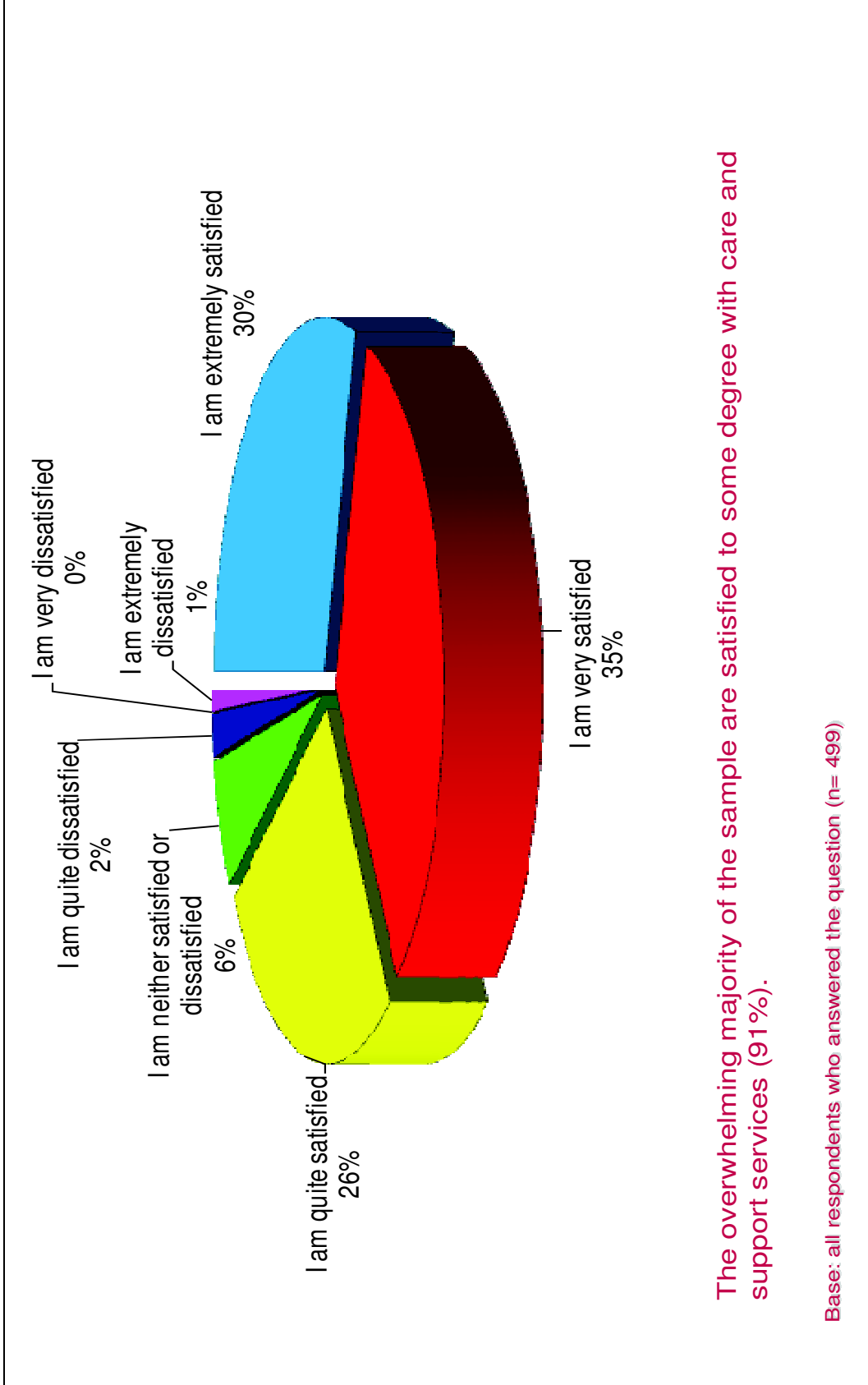
The statistical accuracy of results at sub-level will vary. As a guide, a base size of 400 will have an accuracy level of +/- 4.7% at the 95% confidence level, 250 at +/- 6.0% and 100 at +/- 9.7%.

This report shows the figures for respondents who gave a definite response to each question so base sizes will vary where there are questions that have not been completed. Where responses do not add up to 100%, this is due to multiple coding (respondents could choose more than one option) or computer rounding.

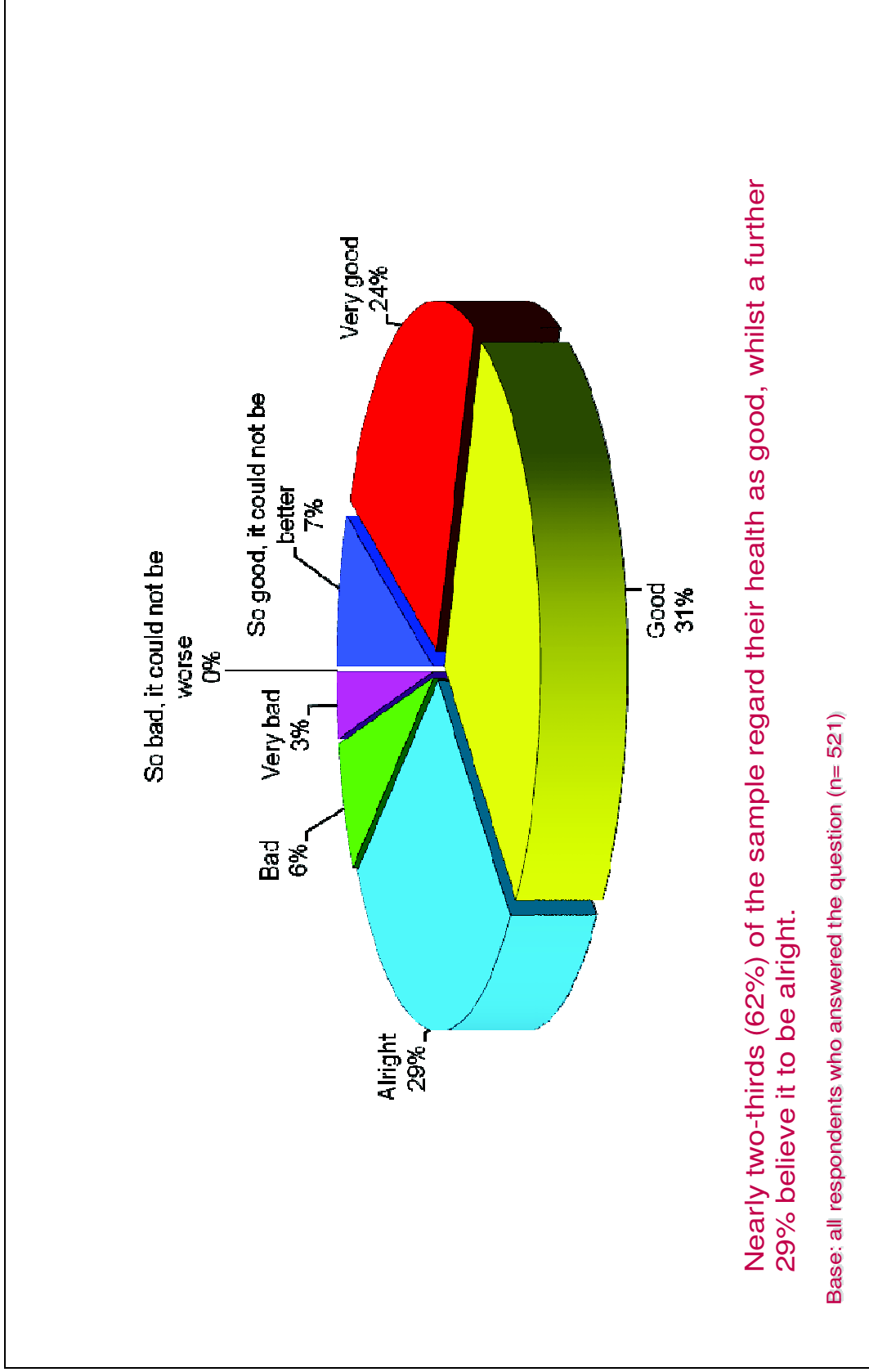
Profile Sample from the Survey

- 655 People Completed the Survey.
- 84% of People completing the survey were over 55 years old.
- Of the remaining 17%, 13% were between 35 and 74 years old, and 4% were 18 to 34 years old.
- 72% of respondents described themselves as having a physical disability, frailty or sensory impairment.
- 10% had a Learning Disability.
- 5% had Mental Health problems.
- 13% described themselves as “other” vulnerable people.

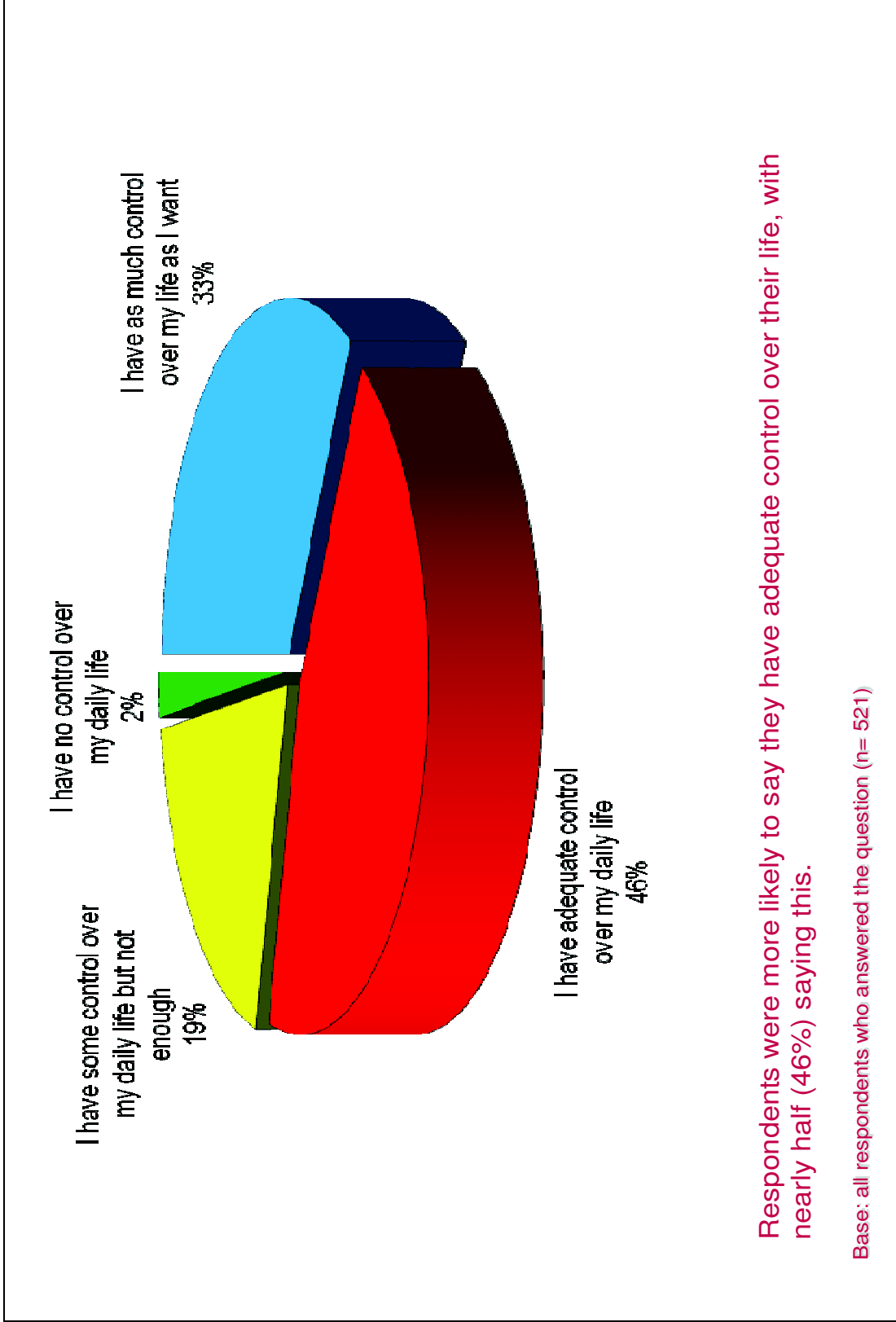
ASCS Q1: Overall, how satisfied are you with the care and support services you receive?



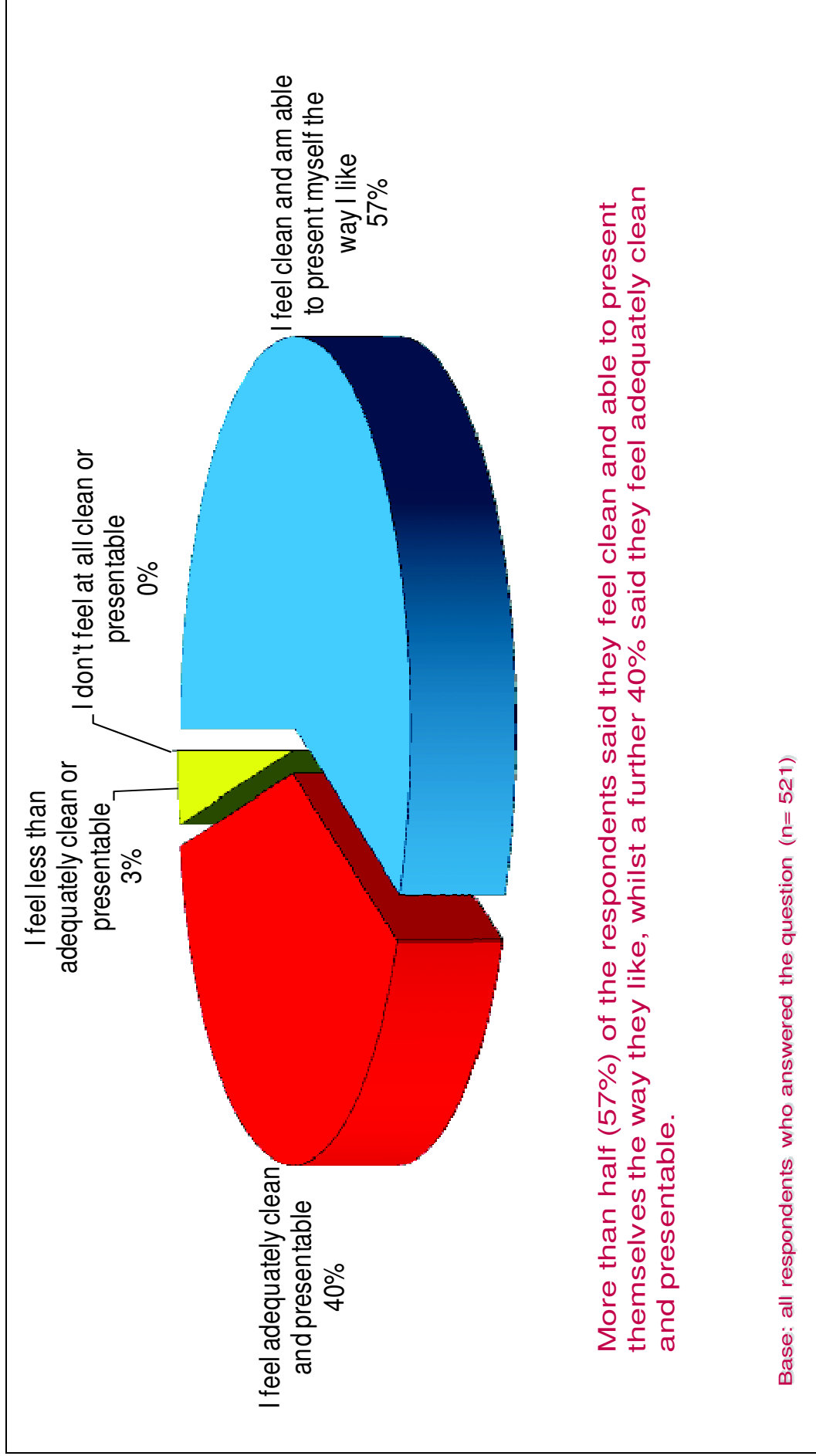
ASCS Q2: Thinking about the good and bad things that make up your quality of life, how would you rate the quality of your life as a whole?



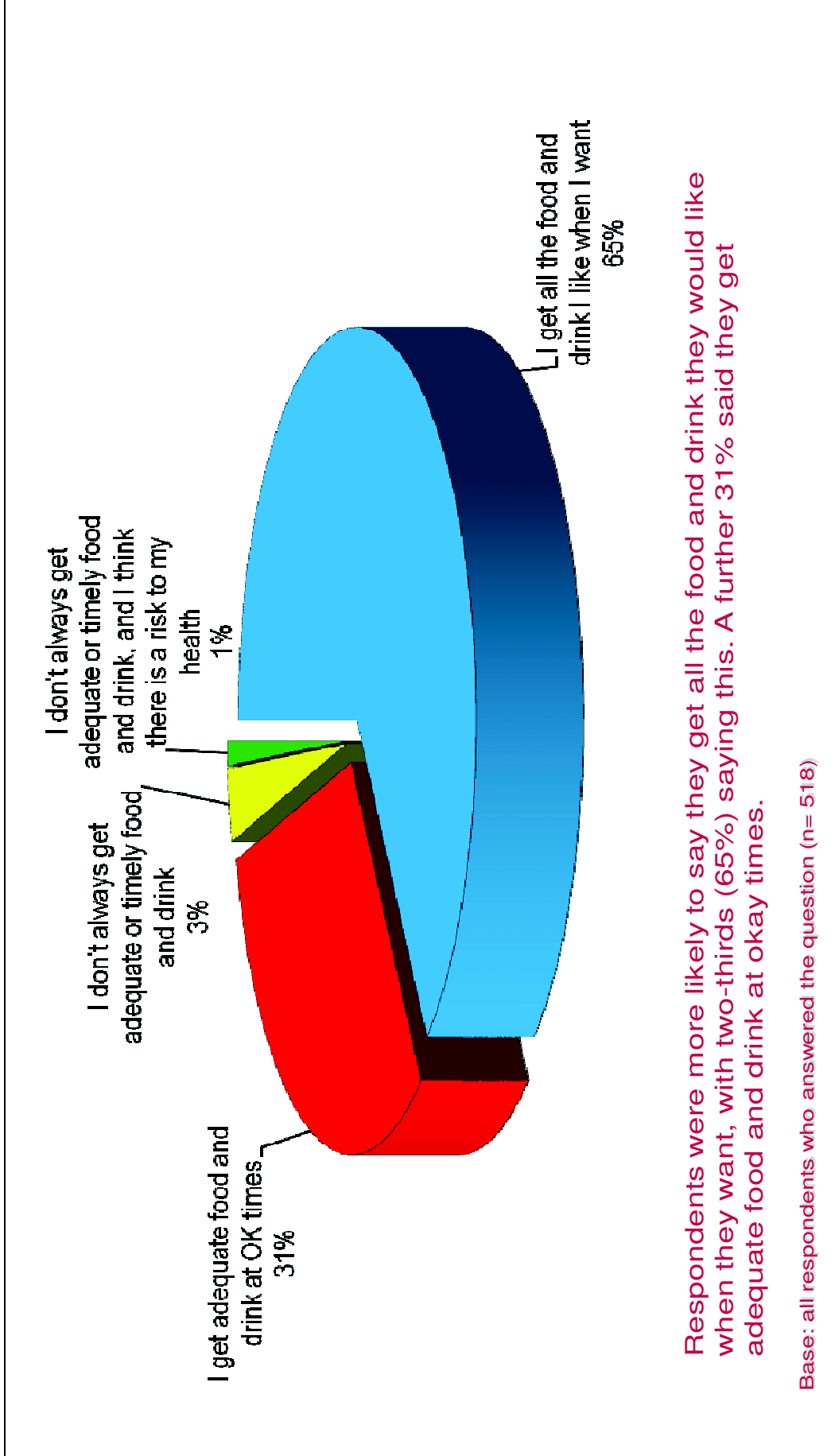
ASCS Q3: Which of the following statements best describes how much control you have over your daily life?



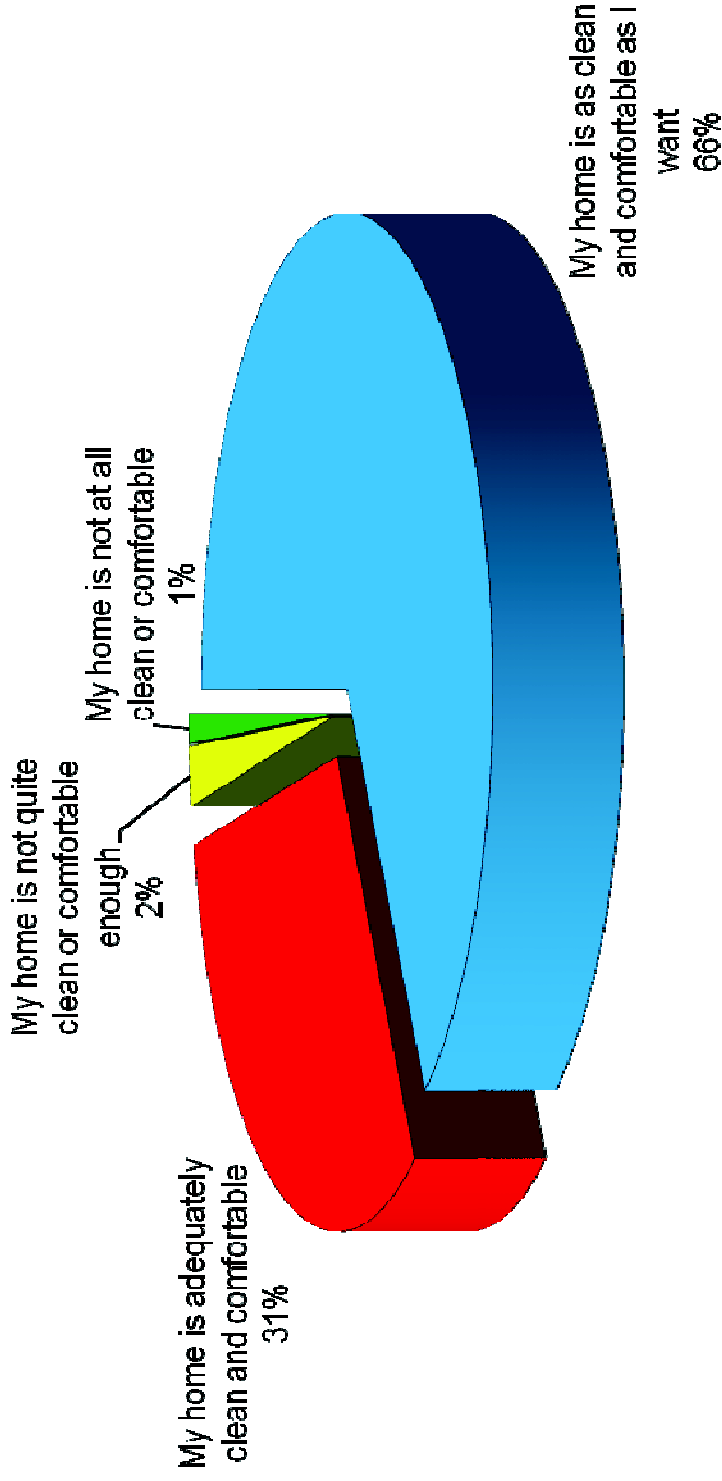
ASCS Q4: Thinking about your personal care, by which we mean being clean and presentable in appearance, which of the following statements best describes your situation?



ASCS Q5: Thinking about the food and drink you get, which of the following statements best describes your situation?



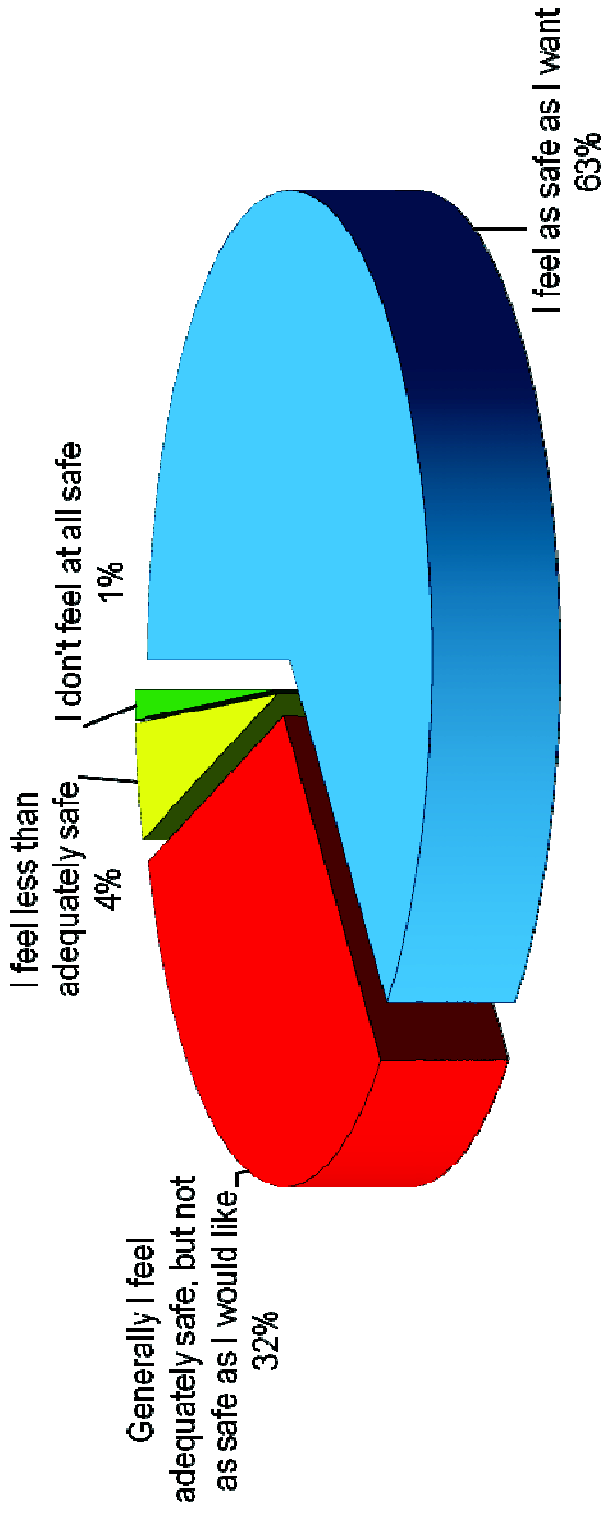
ASCS Q6: Which of the following statements best describes how clean and comfortable your home is?



The overwhelming majority of the sample are satisfied with the cleanliness and comfort of their home, with 97% saying it is at least adequately clean and comfortable.

Base: all respondents who answered the question (n= 520)

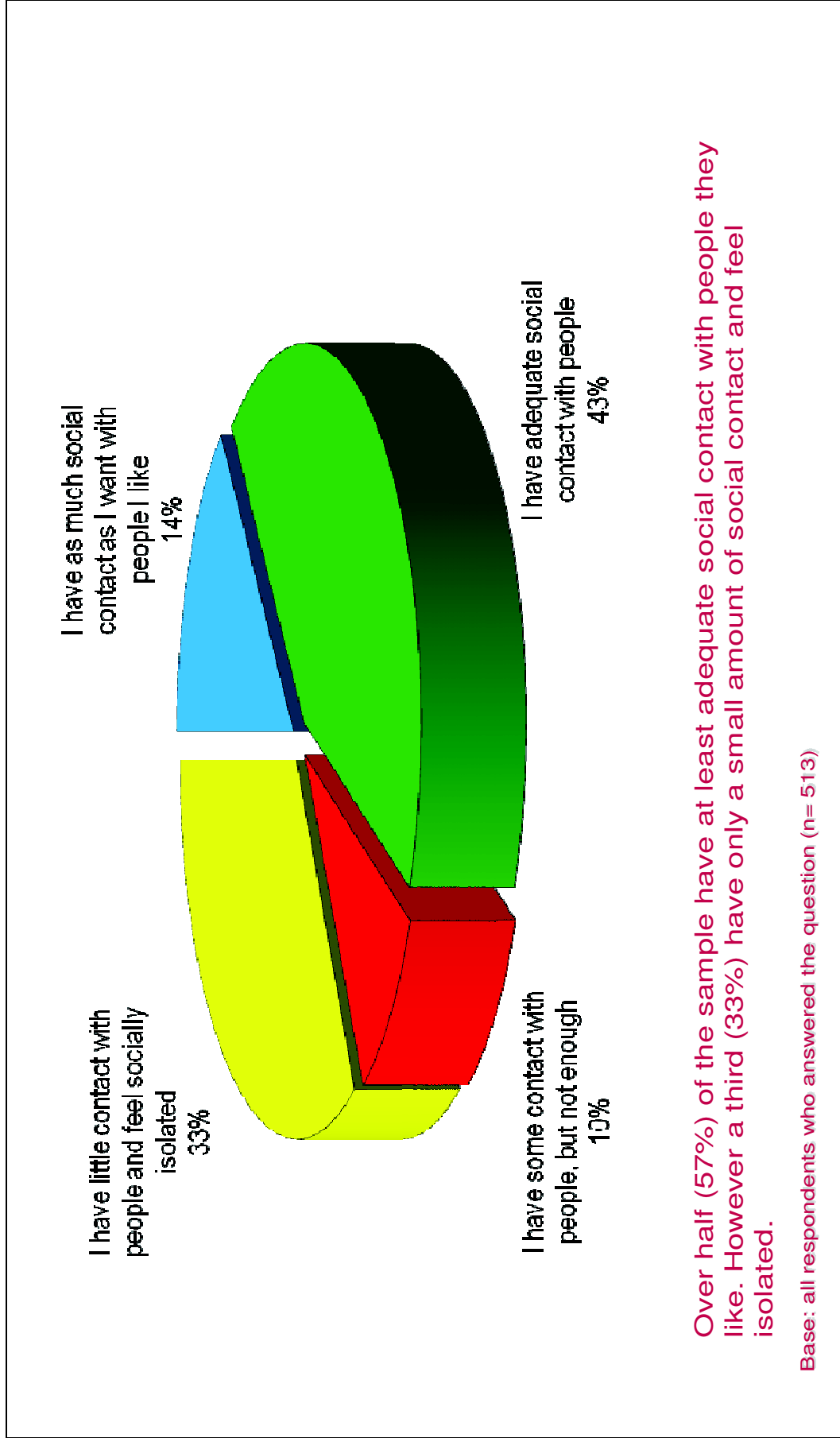
ASCS Q7: Which of the following statements best describes how safe you feel?



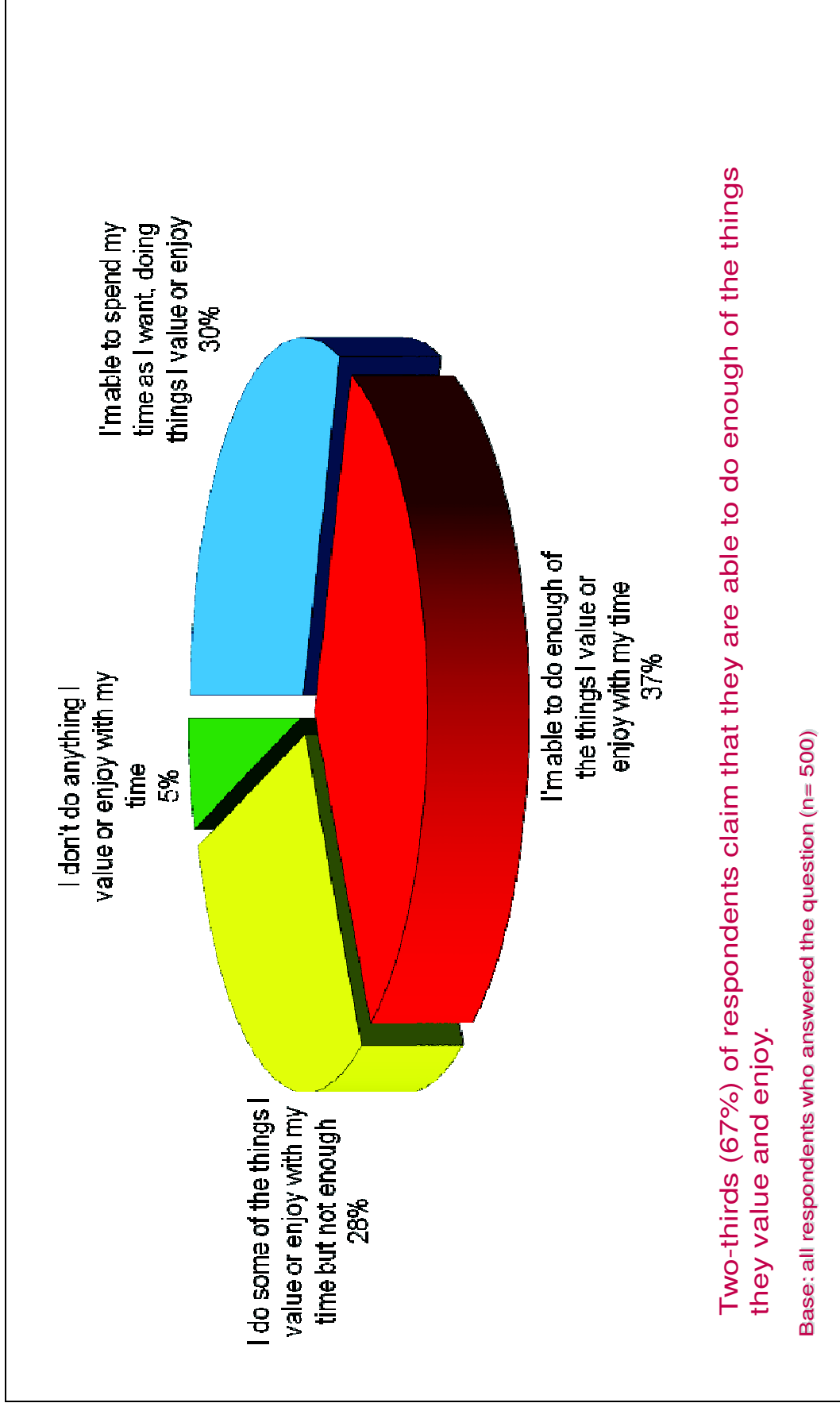
Nearly two-thirds (63%) of the respondents say they feel as safe as they would like, whilst 32% feel adequately safe, but not as much as they would like.

Base: all respondents who answered the question (n= 513)

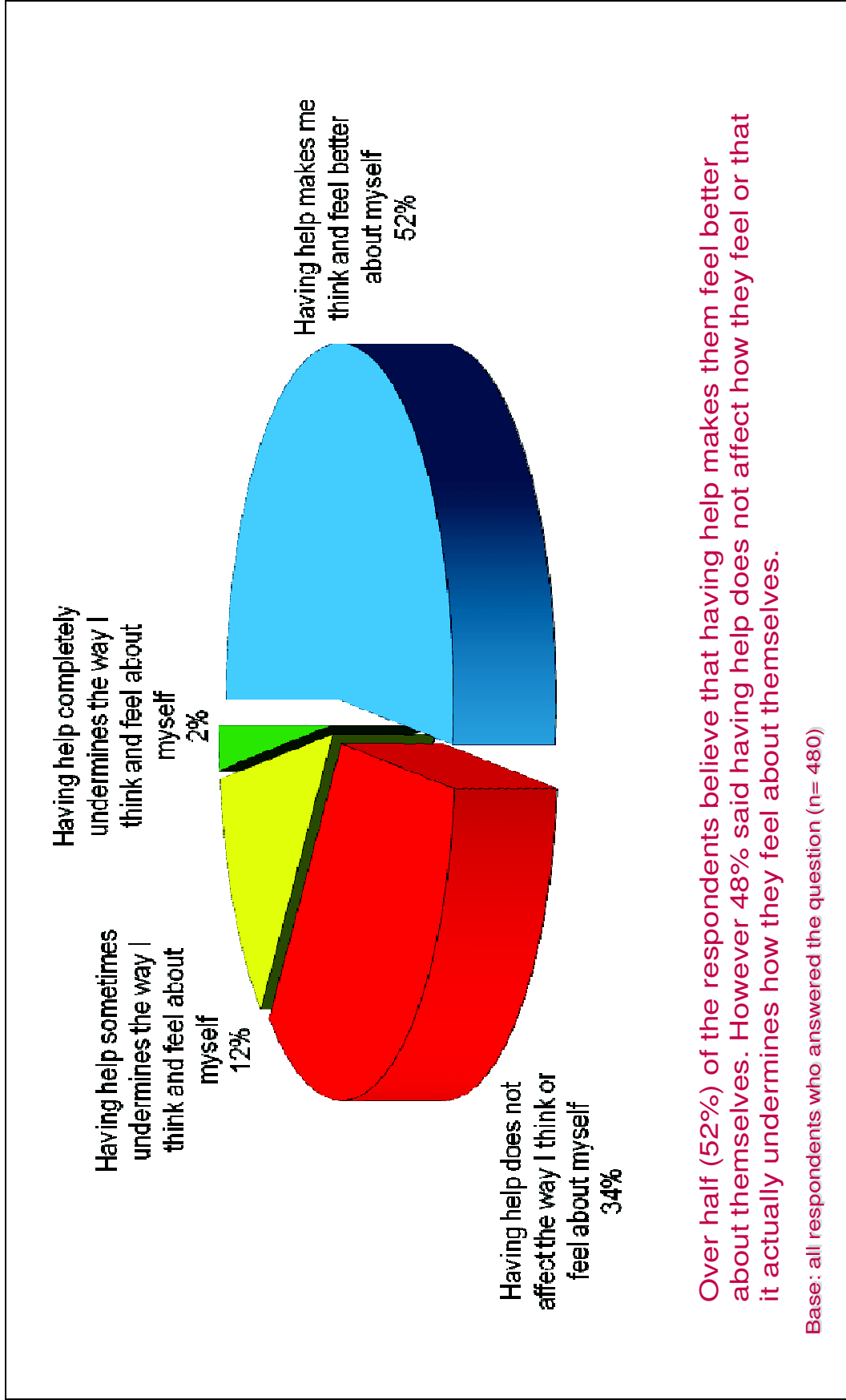
ASCS Q8: Thinking about how much contact you've had with people you like, which of the following statements best describes your social situation?



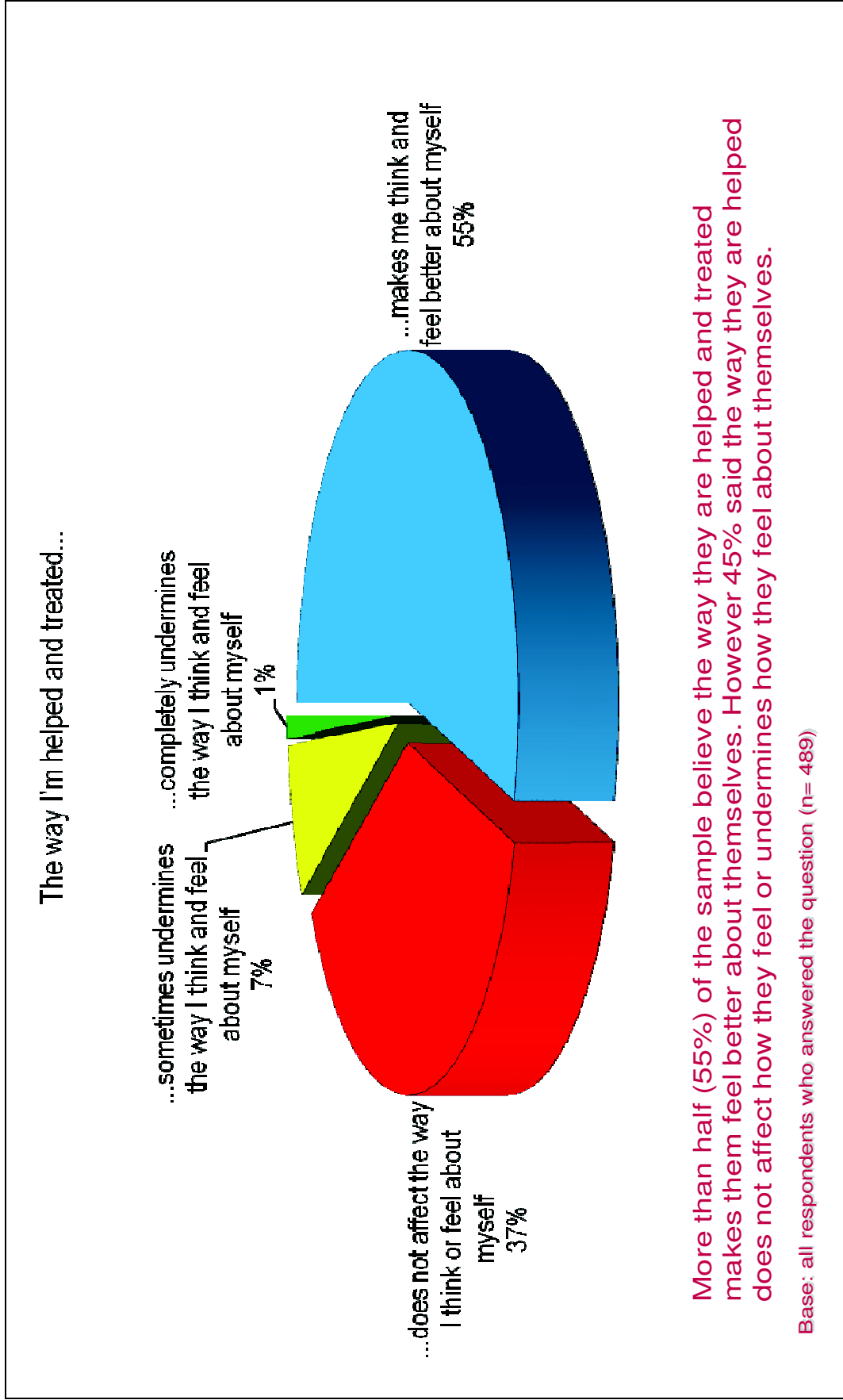
ASCS Q9: Which of the following statements best describes how you spend your time?



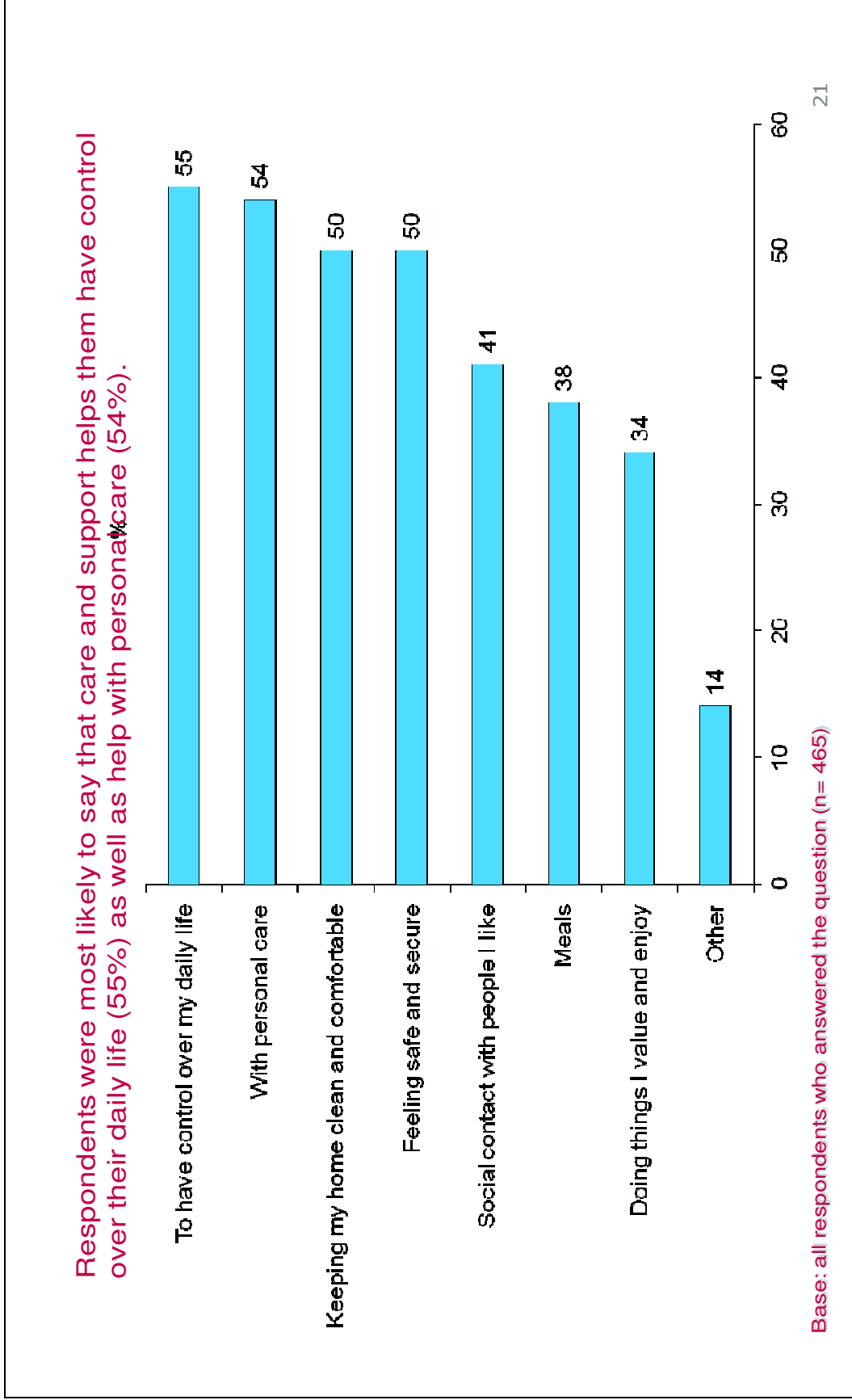
ASCS Q10: Which of these statements best describes how having help to do things makes you think and feel about yourself?



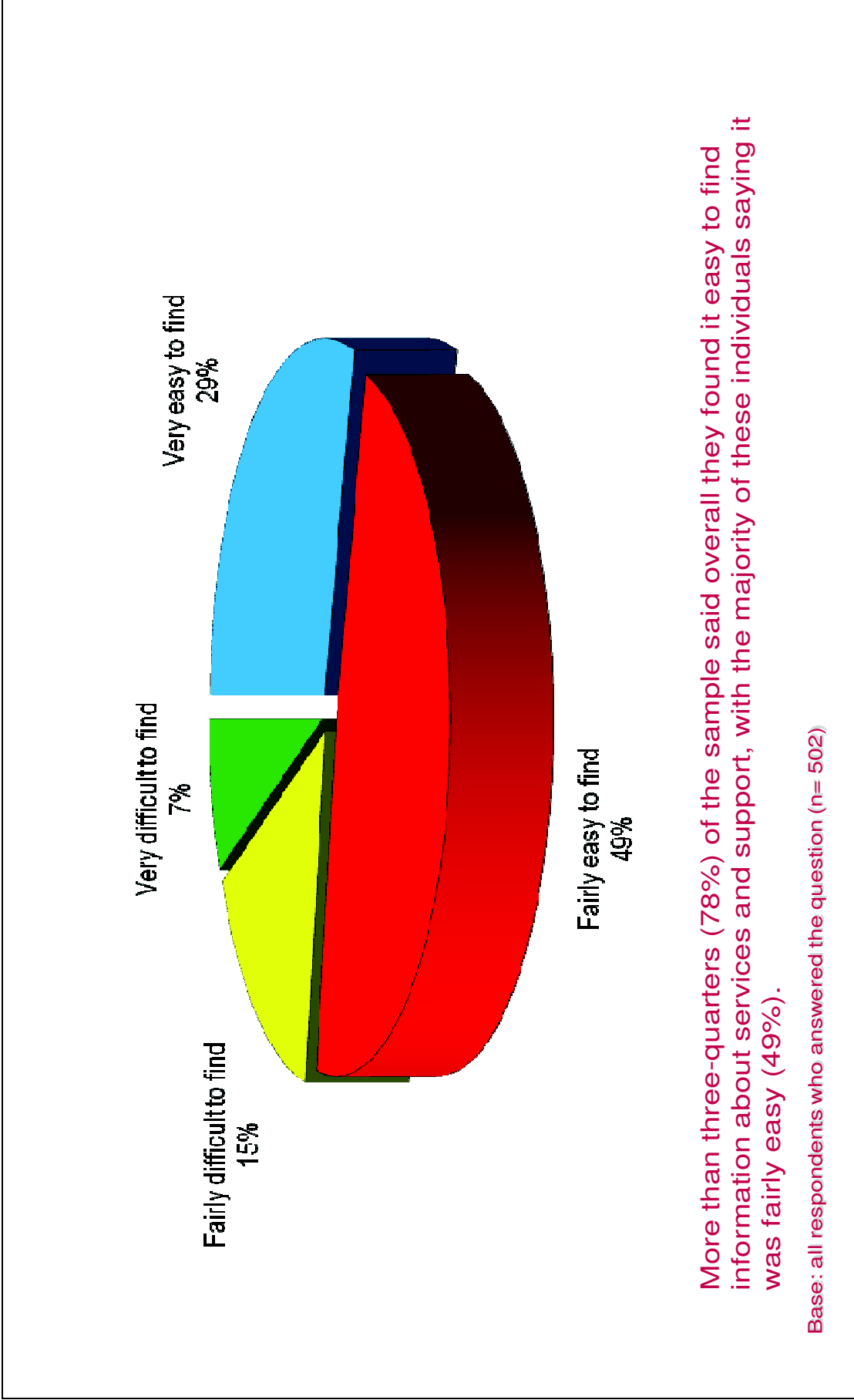
ASCS Q11: Thinking about the way you are helped and treated, and how that makes you think and feel about yourself, which of these statements best describes your situation?



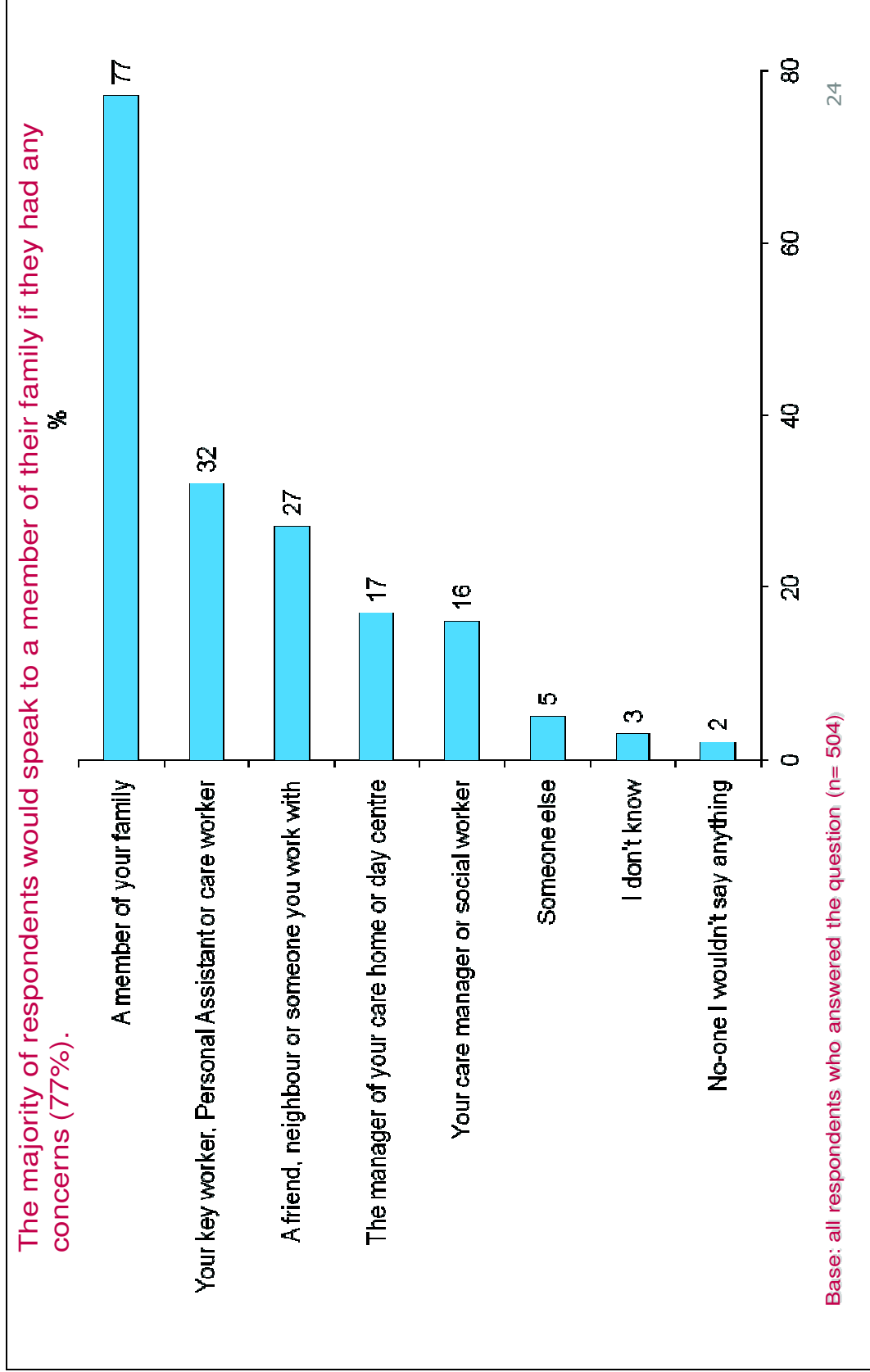
ASCS Q12: In what ways do care and support services help you?



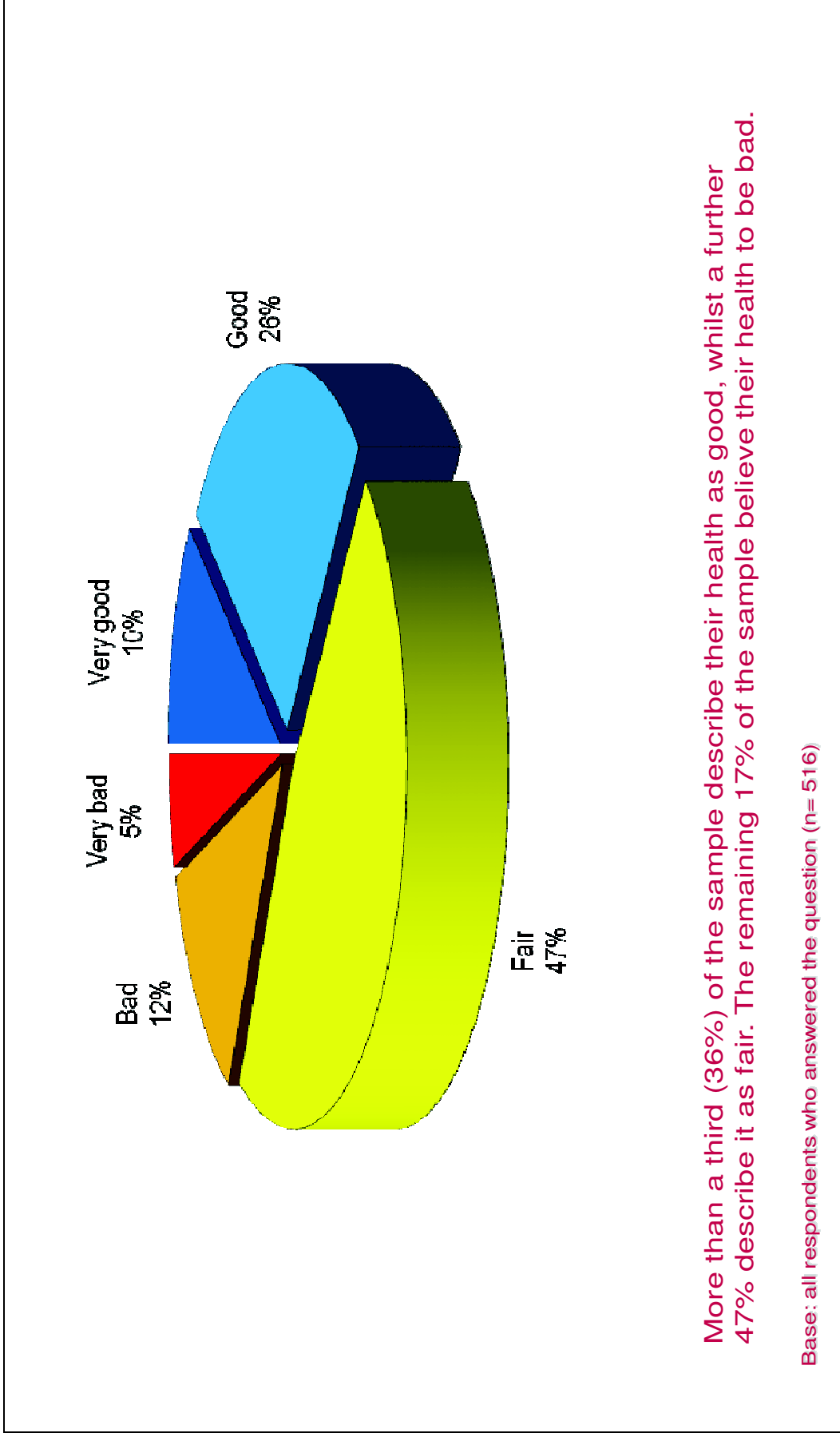
ASCS Q13: In the past year, have you found it easy or difficult to find information and advice about support, services or benefits?



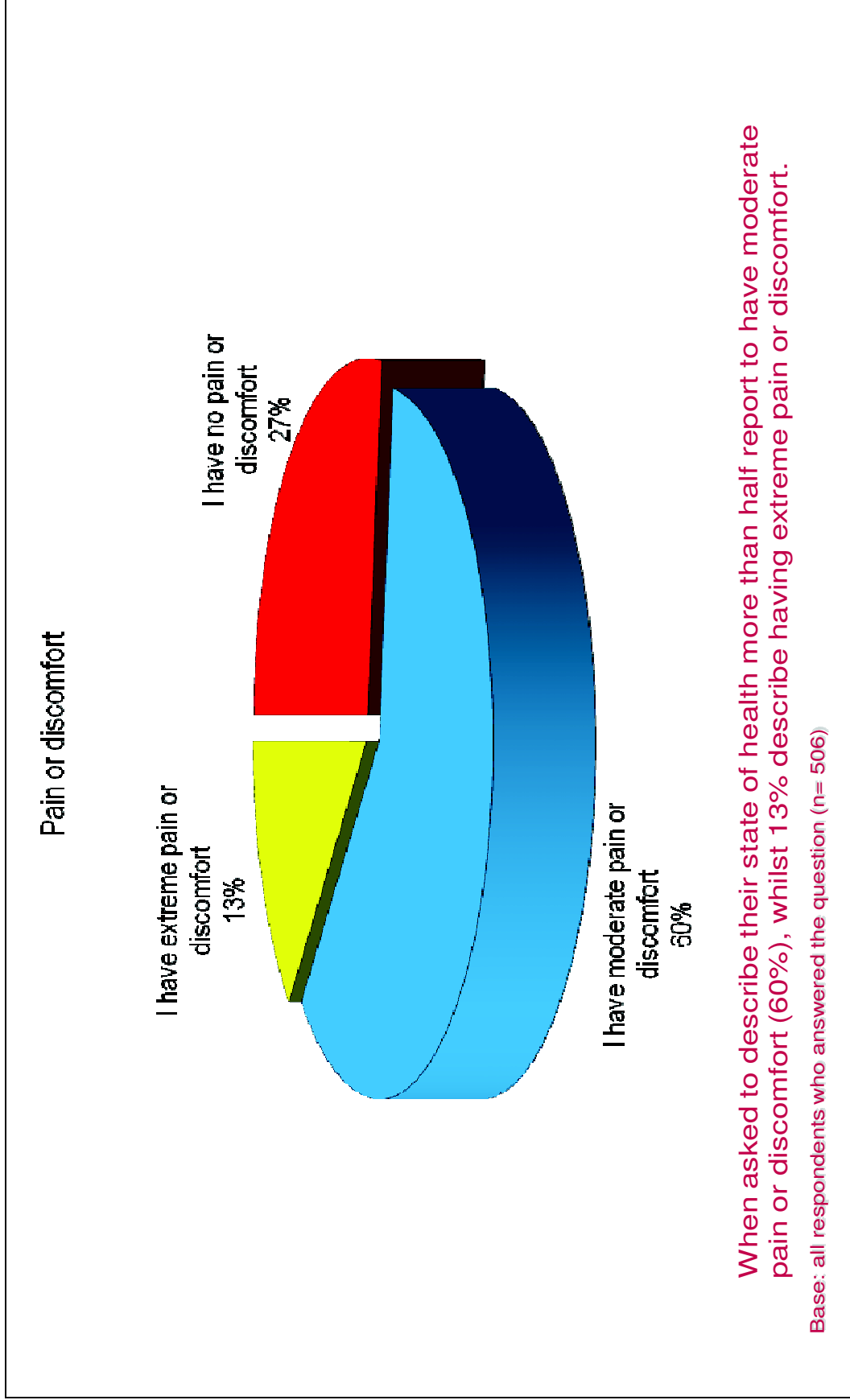
ASCS Q14: Thinking about the care and support you receive, if you felt unsafe or were worried about something that had happened to you, who would you talk to?



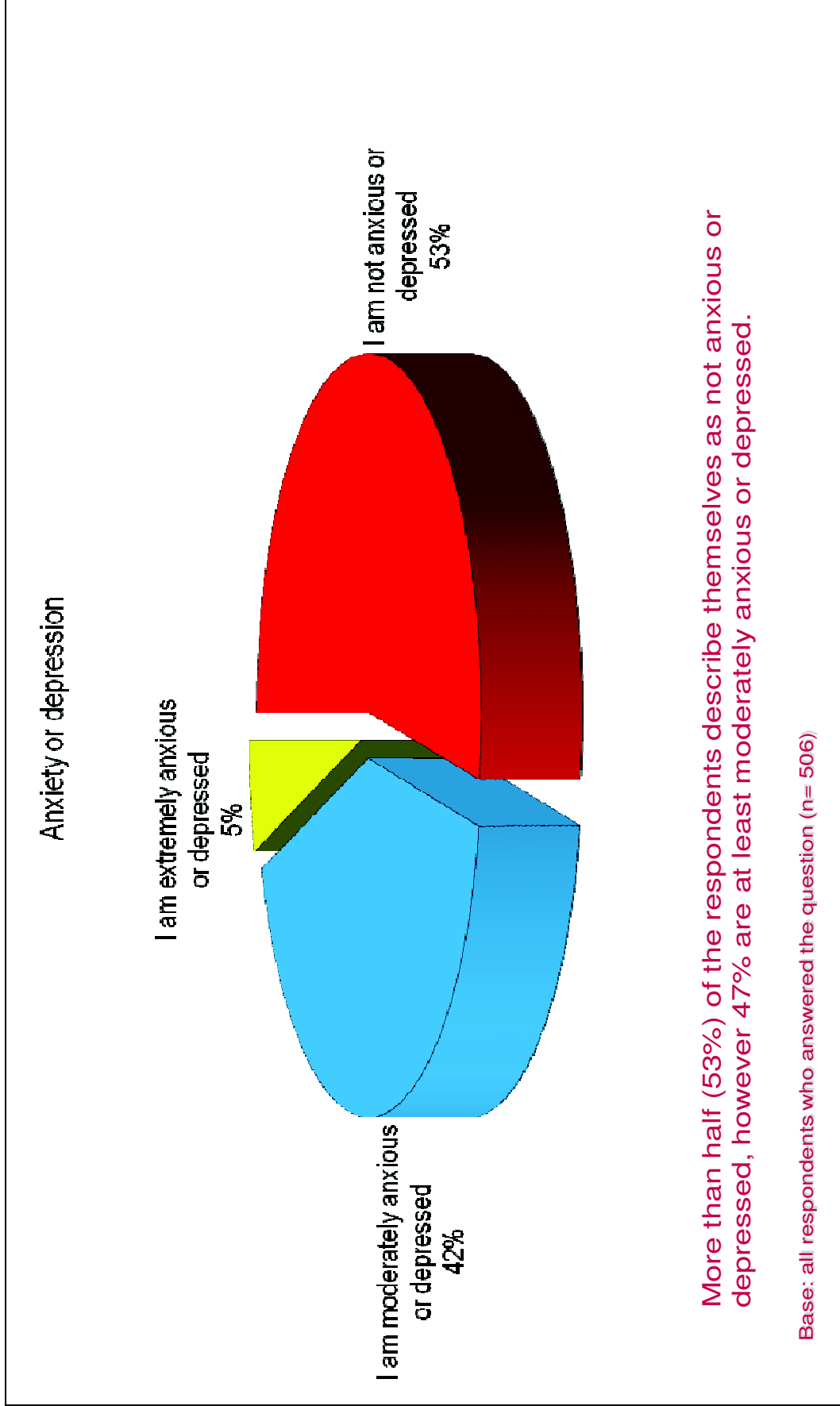
SCS Q15: How is your health in general?



ASCS Q16 (a): Please indicate which statements best describe your own health state today.



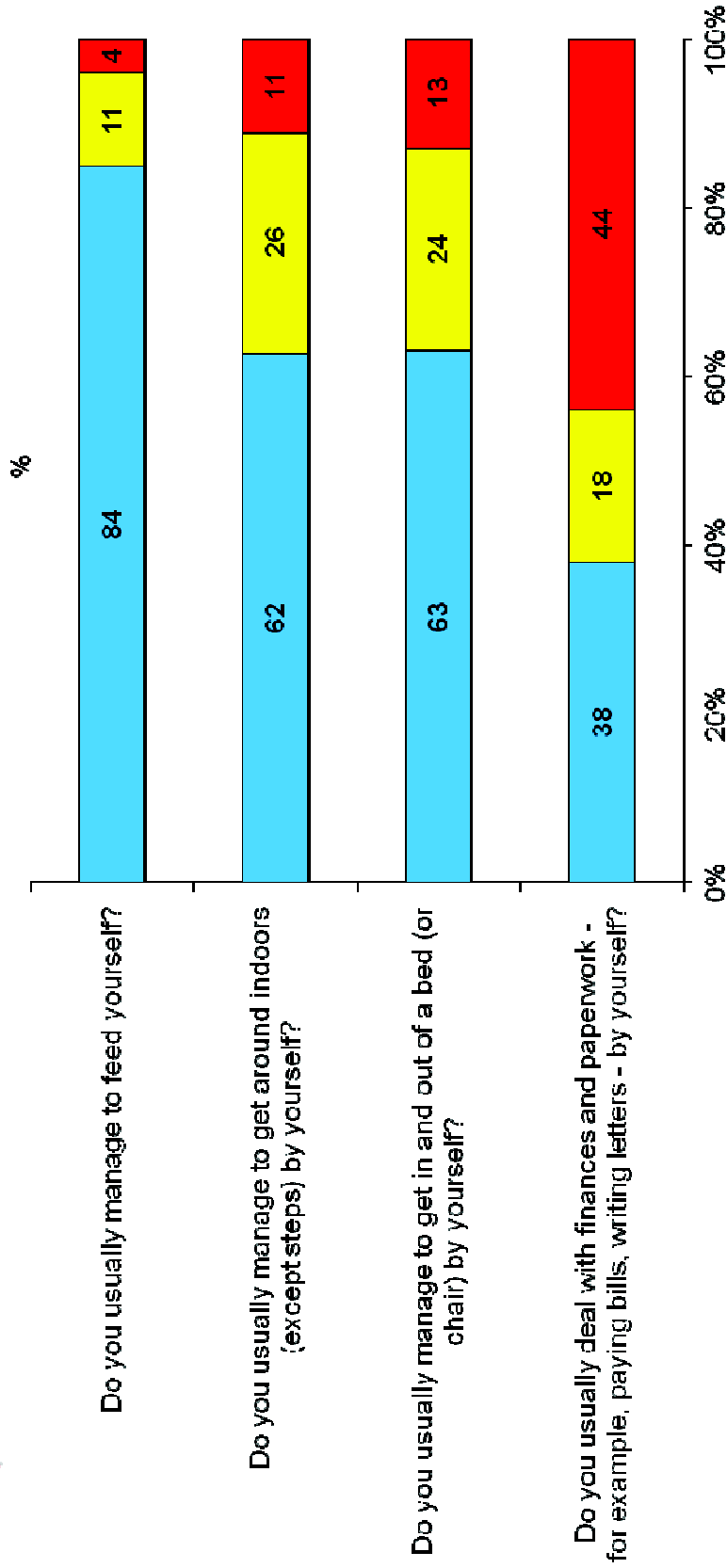
ASCS Q16 (b): Please indicate which statements best describe your own health state today.



ASCS Q17: Please place a tick in the box that best describes your abilities for each of the following questions

Respondents were most likely to say that they can feed themselves (84%) and least likely to deal with finances and paperwork (38%).

I can do this easily by myself
 I have difficulty doing this my myself
 I can't do this by myself

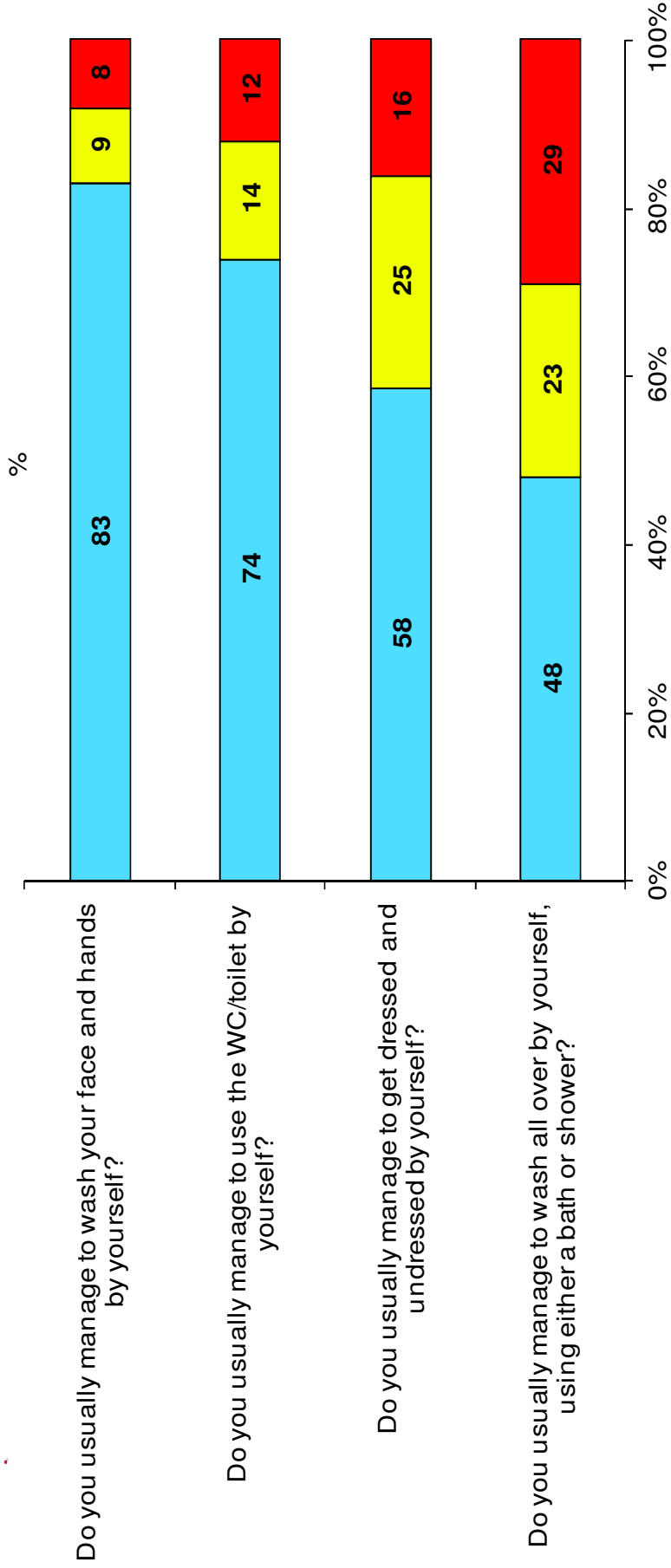


Base: all respondents who answered the question (n= 503-518)

ASCS Q18: Please place a tick in the box that best describes your abilities for each of the following questions

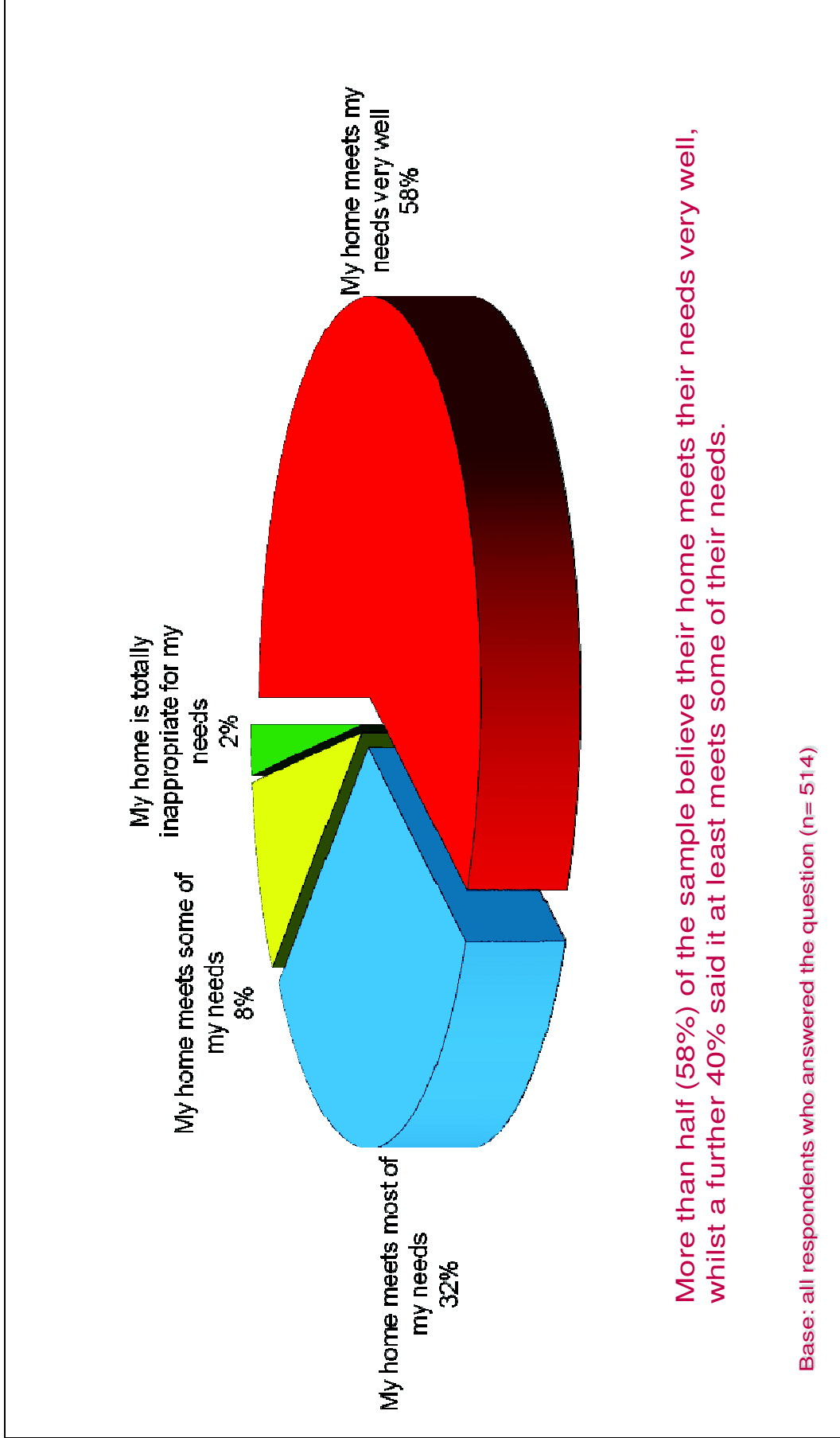
Respondents were most likely to say that they can wash their hands and face (83%), but least likely to manage washing themselves all over in the bath or shower (48%).

I can do this easily by myself
 I have difficulty doing this my myself
 I can't do this by myself

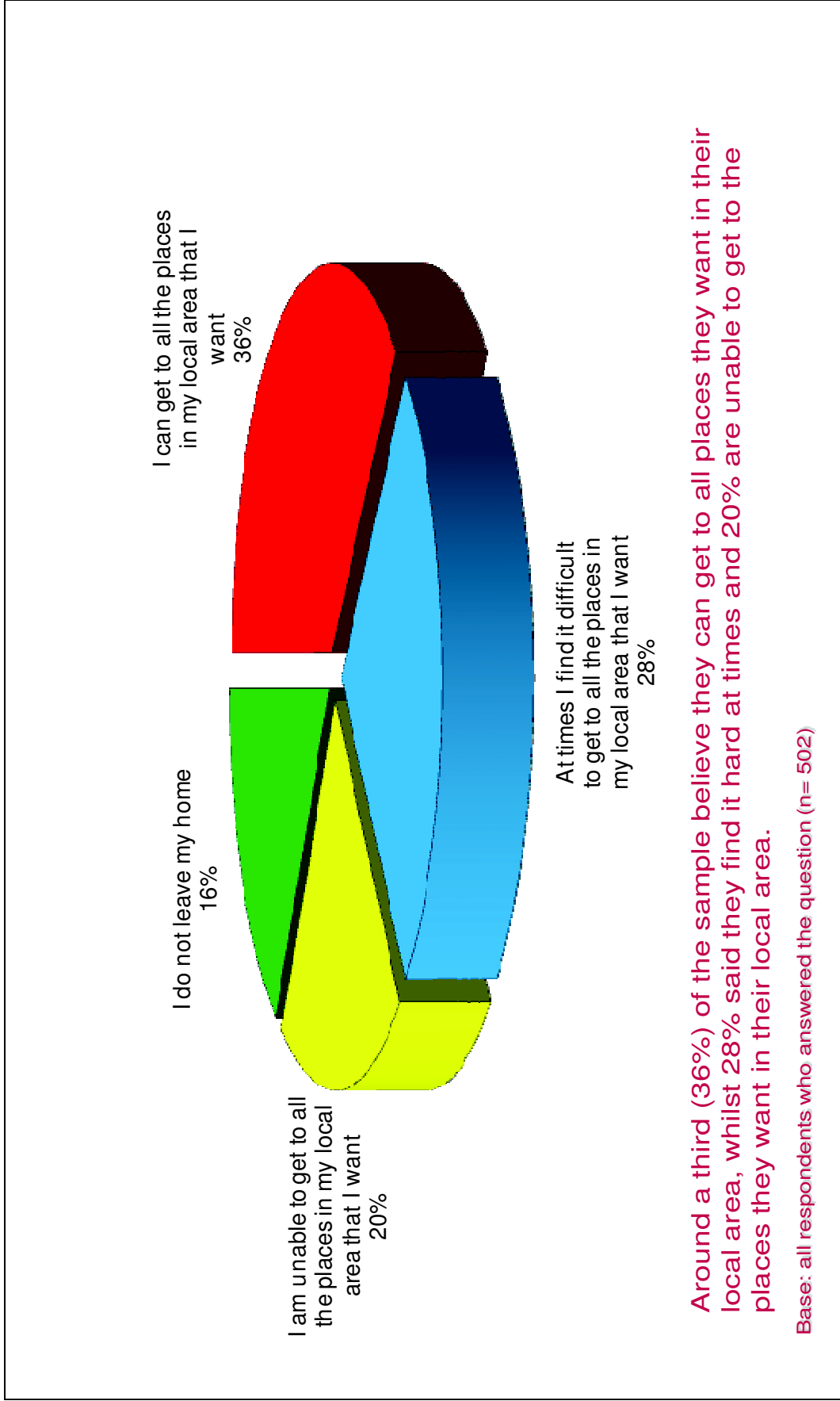


Base: all respondents who answered the question (n= 508-514)

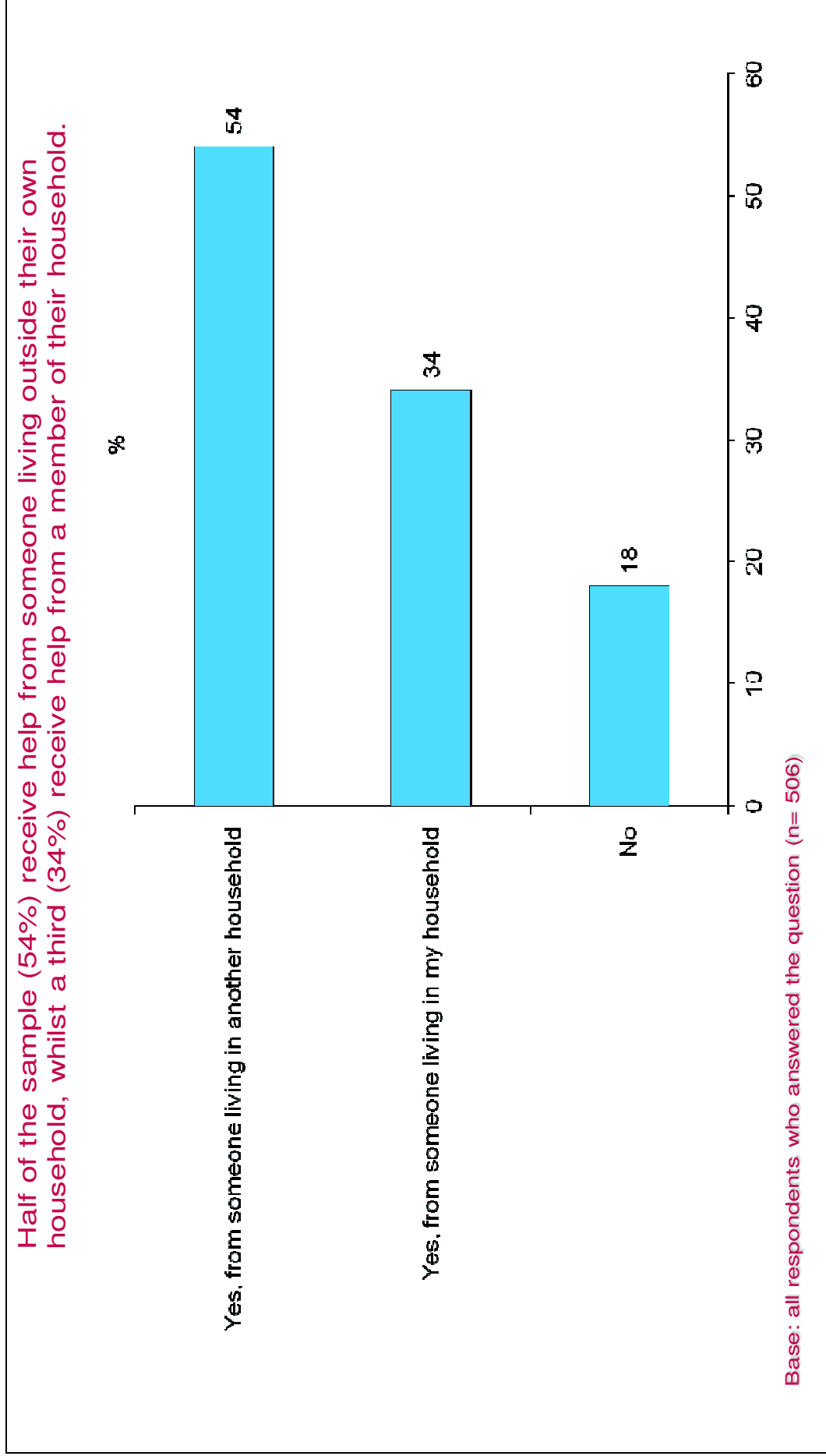
ASCS Q19: How well do you think your home is designed to meet your needs?



ASCS Q20: Thinking about getting around outside of your home, which of the following statements best describes your present situation?

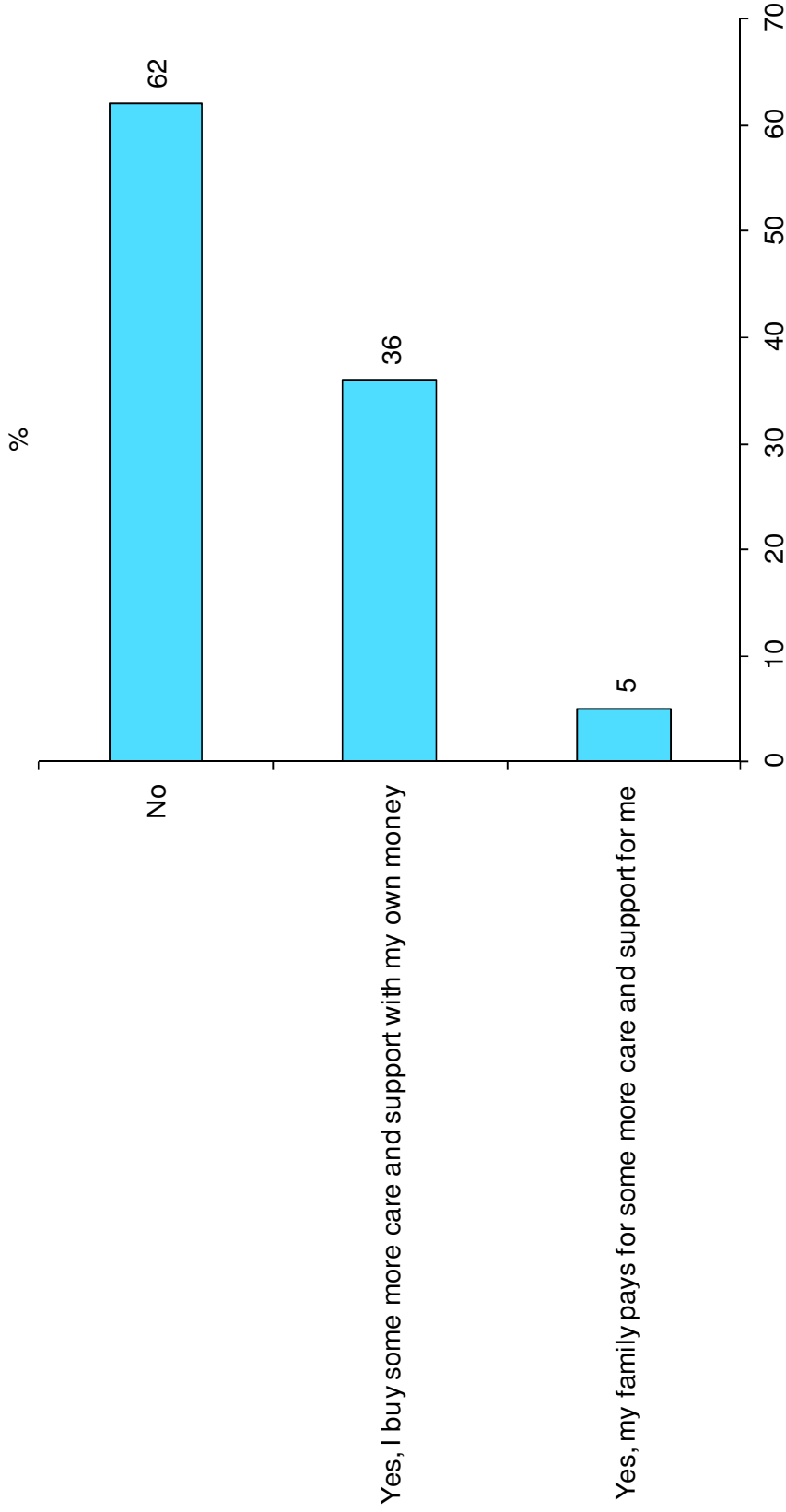


ASCS Q21: Do you receive any practical help on a regular basis from your husband/wife, partner, friends, neighbours or family members?



ASCS Q22: Do you buy any additional care or support privately or pay more to 'top up' your care and support?

More than half (62%) of the sample do not pay for any additional care or support, whilst 36% do pay for more support with their own money.



Base: all respondents who answered the question (n= 482)

Notes on Graphs.

- Data for 2010-11 is provisional. Please note that the England figures currently displayed on the Standard Reports are an average of the indicator values for all councils, as opposed to the sum of all the council numerators over the sum of all the council denominators.
- Comparator Groups are based on the CIPFA “nearest neighbour methodology” which makes it possible to identify councils with like demographic features. This data is calculated from the submitted values from 15 other councils with the most similar “nearest neighbour profile”. NB: These groups are not necessarily the same as the family groups used by other inspectorates or council departments.
- Sources for data which are not from the survey will be references. The CYC analysis and graphing pre-dates that of the DH, and uses partially completed surveys as well as responses to easy read survey. This means that there are minor discrepancies between local graphs and published DH data.
- The author acknowledges that the data contained within charts and tables featured in this report in respect of the former National Indicator set are sourced from *NASCIS, The website of the Health and Social Care Information Centre.*

Useful Links.

The Adult Social Care Outcomes Framework - Handbook of definitions:

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_128362

Personal Social Services Adult Social Care Survey, England - Provisional 2010-11: <http://www.ic.nhs.uk/statistics-and-data-collections/social-care/user-surveys/personal-social-services-adult-social-care-survey-england--provisional-2010-11>

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Decision Session - Cabinet Member for 20 December 2011 Health, Housing and Adult Social Services

Report of the Assistant Director, Integrated Commissioning, Adults, Children and Education

York Adult Care Workforce Development Strategy

Summary

1. Introduction of the first Adult Care Workforce Development Strategy for York focused on the whole of the adult care workforce. This includes organisations in the voluntary, statutory, private and independent sectors as well as unpaid carers and staff employed directly by individuals receiving direct payments.
2. The strategy aims to improve the quality of people's lives in York by developing a skilled, confident and competent social care workforce who are able to deliver truly person centred care.
3. The document identifies 4 key priorities:
 - a skilled and competent workforce
 - working together
 - strong and effective leadership
 - knowing what we need from our future workforce
4. City of York Council, along with a range of partners, has produced this strategy to demonstrate a commitment to developing this workforce to ensure that they continue to be able to deliver services with care, compassion and imagination.
5. The implementation of the strategy will be led by a multi agency workforce board, which includes representation from a wide range of partners. These partners will work together to ensure the delivery of high quality services across the City, sharing and highlighting best practice, empowering individuals to be able to

make informed choices about the services they receive and working closely with the commissioning team where relevant.

Background

6. In these difficult economic times, it is even more important to ensure vulnerable people within our communities receive the support and care that they need. This relies on the tens of thousands of people who are providing care and support in our communities, both paid and unpaid.
7. Integrated Local Area Workforce Strategies (InLAWS) was an approach initially introduced by Skills for Care and supported by ADASS (Association of Directors of Adult Social Services). InLAWS is an approach or methodology that aims to help areas ensure that they have “the right workforce, doing the right things at an achievable cost”.
8. The InLAWS approach aims to support Local Authorities to fulfil their statutory responsibility for the quality of adult social care services delivered across the statutory, independent and third sector.
9. We have an ageing population and the number of people with dementia and long term conditions is set to rise dramatically. Therefore the size of the adult care workforce will need to increase. This presents challenges in terms of ensuring we can recruit talented and passionate people who have opportunities to progress and develop should they wish.
10. As well as increasing in size, the workforce will increasingly require a different and expanding range of skills as we continue to focus on the personalisation of services and on autonomy, independence and self directed support.
11. The York Adult Care Workforce Strategy sets out a series of ambitions for the next three years to ensure that the workforce is able to meet these challenges and the needs, expectations and preferences of those who use services both now and in the future.

Consultation

12. Consultation took place across York and North Yorkshire in late 2010 via email and workshops with a broad range of organisations across the public, private and voluntary sectors. The draft strategy has been circulated for comment across key partners in the City who will form the basis of the new partnership group. The strategy and delivery plan will continue to be developed and delivered via a process of consultation with partners and key stakeholders who are represented on the partnership group.
13. The strategy also highlights the importance of ensuring that workforce development and training is informed by the needs, views and priorities of those who use services. This will be a key priority of the strategy group going forward.

Options

14. There are no options to consider at this stage.

Analysis

15. There are no options to consider at this stage.

Council Plan

16. The York Adult Care Workforce Strategy links to the following priorities within the Council Plan:
 - *Create jobs and grow the economy* – the strategy prioritises the need to ensure that careers within adult social care have a high profile across the City and that effective recruitment and retention mechanisms are developed.
 - *Build strong communities* – the strategy prioritises the need to work in partnership with families, carers and communities in the delivery of care and support. It also highlights the need for workers to routinely look to an individual's strengths, networks and community when planning and delivering support.
 - *Protect vulnerable people* - ensuring vulnerable people within our communities receive the support and care that they need relies on the tens of thousands of people who are providing care and support in our communities, both paid and unpaid. As

a partnership we are committed to supporting and developing this workforce to ensure that they continue to be able to deliver services with care, compassion and imagination.

Implications

Financial

17. There are no financial implications as implementation of the strategy will be on a partnership basis and funding will be identified from within partners existing budgets and from relevant external funding streams.

Equalities

18. An equalities impact assessment will be completed alongside the development of an action plan.

Other

19. There are no Human Resources (HR), Legal, Crime and Disorder, Information Technology (IT) or Property implications arising from this report.

Risk Management

20. There are no known risks associated with the strategy.

Recommendations

21. The Cabinet Member is asked to:
 - a) Endorse this strategy and the establishment of a partnership group to oversee its implementation.
Reason: to demonstrate City of York Council's ongoing commitment to developing the adult care workforce.
 - b) Endorse the proposal to take a paper reflecting the priorities of both the children's and adults' workforce strategies to the Health and Wellbeing Board.
Reason: to ensure that leadership of both strategies is on a partnership basis.

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Report **Date** *Insert Date*
Approved

Pete Dwyer
Director of Adults, Children and Education

Report **Date** *Insert Date*
Approved

Specialist Implications Officer(s) None

Wards Affected:

All

For further information please contact the author of the report

Background Papers

None

Annexes

- Annex 1 -York Adult Care Workforce Strategy
- Annex 2 - York Adult Care Workforce Strategy Group Terms of Reference

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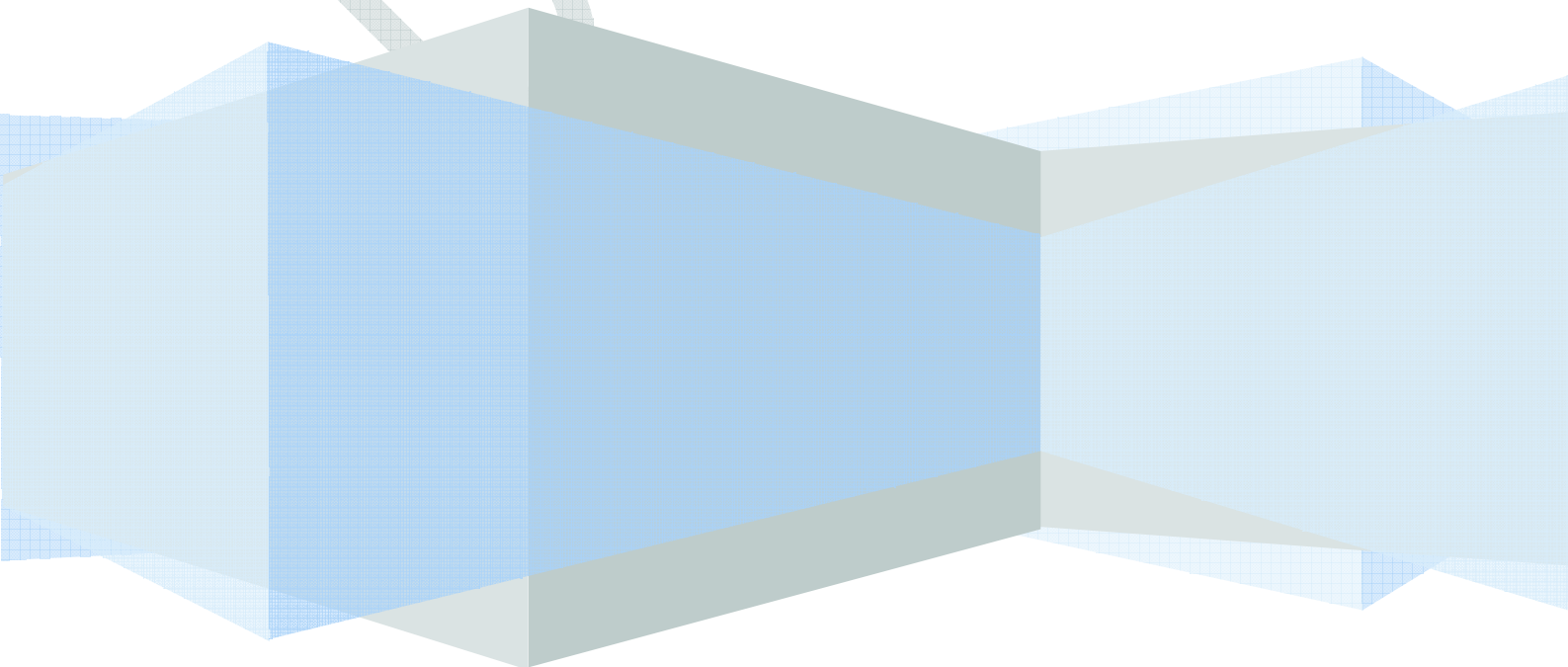
Annex 1

York Adult Care Workforce Development Strategy

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2012–2015

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FOREWORD



As the statutory Director for Adult Social Services in York, I have a clear responsibility for the quality of adult social care services delivered across the statutory, independent and voluntary sector. Our success in delivering quality services is fundamentally dependent upon the quality of our workforce and as a result I am really pleased to be able to introduce Yorks first adult care workforce strategy.

In these difficult economic times, it is even more important to ensure people within our communities receive the support and care that they need. This relies on the tens of thousands of people who are providing care and support in our communities, both paid and unpaid. As a partnership we are committed to supporting and developing this workforce to ensure that they continue to be able to deliver services with care, compassion and imagination. I hope that this document is easy to read and demonstrates our commitment to releasing the potential of this workforce.

We know that there are many challenges ahead, with difficult financial times, and an ageing population. People living longer is welcomed and older people should not be viewed as either a burden or as simple recipients of services. However we also know that the numbers of people with dementia and long term conditions is set to rise dramatically. We have seen great progress in creating more tailored, less institutionalized packages of support across all customer groups but more is still to be done. The needs and expectations of the public are changing with an increased focus on the personalisation of services and on autonomy, independence and self directed support. This will mean that our workforce requires a different and expanding range of skills.

Whilst the development of this strategy has been led by City of York Council, this is a partnership document, led by a multi agency workforce board. Delivering truly person centred care involves working in partnership across different sectors and with families, carers and communities. Let's respect professional disciplines but also ensure that there is a seamlessness to delivery. The ambitions set out in this strategy will only be achieved if we work together, sharing resources, skills and expertise.

I look forward to working together to make the ambitions set out within this strategy a reality.

A handwritten signature in black ink, appearing to read 'Kate Helme', written in a cursive style.

INTRODUCTION

Our vision is to improve the quality of people's lives in York by developing a skilled, confident and competent social care workforce who are able to deliver truly person centred care. We want a workforce who can work in partnership with carers, families and communities to support individuals to retain and regain their independence, providing care and support with skill, compassion and imagination.

We will achieve this through:

1. A skilled and competent workforce
2. Working together
3. Strong and effective leadership
4. Knowing what we need from our future workforce

*Putting People First*¹ set out the need to put choice and control into the hands of people who use adult social care. It called for services to fit around the needs, preferences and choices of individuals and work in partnership with the care they may receive from family and friends. This personalisation of services will mean that the workforce requires a different and expanding range of skills to meet the changing needs and expectations of people who use services.

Throughout this document we refer to the adult social care workforce in York. This includes anyone who supports York citizens with their care and support needs, both paid and unpaid. This is a very diverse workforce including organisations in the voluntary, statutory, private and independent sectors as well as unpaid carers and staff employed directly by individuals receiving direct payments.

The aim of this strategy is to set out our commitment to this workforce and to ensuring that its members have the support, information and skills they need to meet the needs, choices and preferences of those they work with and support, both now and in the future.

¹ 'Putting people first: a shared vision and commitment to the transformation of adult social care' (DoH, Dec 2007)

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_081118

CONTEXT

The population demographics show us that the workforce to deliver these services will need to grow in the next few years and beyond:

- For the first time in our history there are more people over 65 than under 16;
- By 2036 the number of people over 85 will rise from 1.055m to 2.959m;
- By 2025 there will be 42% more people in England aged over 65;
- The number of people with long term conditions will rise by 3m to 18m;
- The number of people with dementia is expected to double over the next 30 years;
- The number of people over 50 with learning disabilities is projected to rise by 53% by 2021.

In York it is a similar picture with the over 70 population expected to rise by 40% by 2020 to nearly 30,000².

The Government produced *A vision for adult social care: Capable communities and active citizens*³ in November 2010. This vision sets out how the Government wishes to see services delivered for people; a new direction for adult social care, putting personalised services and outcomes centre stage. This is built on seven principles:

1. **Prevention:** empowered people and strong communities will work together to maintain independence. Where the state is needed, it supports communities and helps people to retain and regain independence.
2. **Personalisation:** individuals not institutions take control of their care. Personal budgets, preferably as direct payments, are provided to all eligible people. Information about care and support is available for all local people, regardless of whether or not they fund their own care.

² Data from the York Joint Strategic Needs Assessment 2010

³(DoH, Nov 2010)

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_121508

3. **Partnership:** care and support delivered in a partnership between individuals, communities, the voluntary and private sectors, the NHS and councils – including wider support services, such as housing.
4. **Plurality:** the variety of people’s needs is matched by diverse service provision, with a broad market of high quality service providers.
5. **Protection:** there are sensible safeguards against the risk of abuse or neglect. Risk is no longer an excuse to limit people’s freedom.
6. **Productivity:** greater local accountability will drive improvements and innovation to deliver higher productivity and high quality care and support services. A focus on publishing information about agreed quality outcomes will support transparency and accountability.
7. **People:** we can draw on a workforce who can provide care and support with skill, compassion and imagination, and who are given the freedom and support to do so. We need the whole workforce, including care workers, nurses, occupational therapists, physiotherapists and social workers, alongside carers and the people who use services, to lead the changes set out here.

In support of this Vision, Skills for Care produced the national adult workforce development strategy in May 2011: *‘Capable, Confident, Skilled – A workforce development strategy for people working, supporting and caring in adult social care’*.⁴ This workforce development strategy is intended to support workforce commissioning, planning and development to meet the new vision and priorities in adult social care.

For further information about the national policy context, please see appendix 1.

⁴http://www.skillsforcare.org.uk/workforce_strategy/workforcedevelopmentstrategy/workforce_development_strategy.aspx

THE ADULT SOCIAL CARE WORKFORCE

The adult social care workforce in York includes anyone who supports York citizens with their care and support needs, both paid and unpaid. This is a very diverse workforce including organisations in the voluntary, statutory, private and independent sectors as well as unpaid carers and staff employed directly by individuals receiving direct payments.

A number of key points about the workforce stand out, both nationally and regionally:

- In 2009, the paid adult social care workforce in England was estimated to be about 1.6 million⁵. This is an increase on previous years and it is predicted to grow even more quickly to meet increased demand;
- Over two thirds of adult social care jobs (69%) are within the private and voluntary sectors;
- It is estimated that there are 6 million people nationally providing unpaid care for friends and relatives;
- Staff employed in residential settings still make up nearly half of the workforce – the growth in Personal Assistants is not predicted to change this as they will impact primarily on home care provision;
- The number of Personal Assistants is expected to grow significantly with some predicting a nine fold increase by 2025;
- Nationally there are over 40,000 provider establishments. Adding in the 114,500 recipients of direct payments takes the total to 154,000 local units of employment;
- Adult social care is dominated by small businesses. Over 30,000 (74%) of the 40,600 local units have fewer than 20 employees, and 21,670 (53%) have fewer than ten;
- The care workforce is unrepresentative of the general working population with regard to gender and age balance.

As the workforce is so diverse, it is very difficult to estimate its size and make up. In the future, the National Minimum Data Set for Social Care (NMDS SC) will provide more comprehensive and reliable workforce data both nationally and locally. The need to

⁵ State of the Adult Social Care Workforce, Skills for Care, 2010

improve the quantity and quality of information available on the NMDS-SC for the City of York is a key priority of this strategy.

In May 2011, 53 City of York establishments had submitted data to NMDS-SC (excluding City of York Council). Some of the key findings from that data are shown in the table below:

Total number of staff employed	1,688 (1646 permanent)
Total number of staff including others (pool staff, volunteers)	1954
Turnover rate	24%
Leaver destinations	51% destination not known, 16 % stay in the sector, 4 % go into retail, 6 % go into health
Gender	78% female workforce
Age	53% of workforce is 40 and over, with 27% aged between 20 and 29.
Ethnicity	59% white, 2 % mixed, 3% Asian or Asian British, 2% Black or Black British, 1 % other, 33% not known or not recorded
Median salary of Care Worker	£6.50 per hour
Working Hours	40% full time, 32% part time, 10% not recorded
Qualifications	53% Registered Managers have a registered manager qualification. 7% are working towards. 18% Care Workers have achieved a level 2 qualification or higher. 8% are working towards

Locally, the following information gives an indication of the size and breadth of the workforce:

- There are currently 179 organisations registered with the Care Quality Commission (CQC) in York. There are likely to be hundreds more unregulated organisations,

many of whom are part of the voluntary sector. York CVS have approximately 109 voluntary and community organisations within their mental health, older people and learning disability forums. The number of voluntary organisations working with adults in York is likely to be much higher than this. A recent study by 'Involve Yorkshire and Humber' estimates that for every 100 registered charities there are a further 90 unregistered third sector organisations.

- The Independent Living Scheme currently process wages for 299 Personal Assistants. Again, this number will be higher as the Independent Living Scheme will not process wages for all Personal Assistants in the City.
- There are approximately 18767 unpaid carers in York.

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THE STORY SO FAR

Community Facilitators – have been working to develop and support existing community options to help individuals to connect more actively with their own communities.

They have supported work looking at Time-banking– where people can offer time, skills and expertise in exchange for another persons time.

A Community Directory has also been developed that can be accessed by the community and professionals to help to ensure that community resources are utilised when meeting peoples support needs.

Care Management Re-script – this is a time limited pilot that looked at simplifying the personalisation process for people with less complex needs so that they get a more proportionate response to meeting their needs. There has been a link to the work of the Community Facilitators so that where possible people are exploring community options and support from other people who have similar support needs and are keen to help others in a similar position.

Personalisation and Personal Budgets – There has been a drive over the last 18 months to bring about a move to offer all customers a Personal Budget – sometimes called a direct payment. A range of information has been developed under the My Life My Choice banner to help people understand this approach.

Carers Strategy – The York Carers Strategy 2009–11 is currently been revised and reviewed. Its aim is to promote the valuable work done by carers and to improve the way City of York Council and its key partners identify carers and ensure they have access to information and support. Some key achievements in relation to workforce development so far have been the development of e learning tools to provide basic carer awareness training to staff and awareness raising training with library staff.

Workforce Development – The Workforce Development Unit for Adults, Children and Education within City of York Council was established on the 1st April 2011. The Unit has continued to offer a range of high quality learning and development opportunities to the adult social care workforce. The Unit has been heavily involved in developing this strategy and will have a key role in its delivery.

Care Alliance for Workforce Development (CAWD) – This partnership of local employers, training providers and support organisations formed in 2008 as one of the Skills for Care sub-regional partnerships. It is actively supported by City of York Council and North Yorkshire County Council. CAWD aims to support employers in developing their managers and staff and to improve the knowledge and skill levels in adult social care thereby raising the quality of services for people who use them and their carers in York

and North Yorkshire. The partnership has been responsible for developing a large number of initiatives in response to identified need across York and North Yorkshire. These include the Care Ambassador scheme, an e learning project, Life Story work and leadership and management development opportunities.

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OUR VISION FOR THE ADULT SOCIAL CARE WORKFORCE IN YORK

Our aim is to improve the quality of people's lives in York by developing a skilled, confident and competent social care workforce who are able to deliver truly person centred care and support. We want a workforce who can work in partnership with carers, families and communities to enable individuals to retain and regain their independence, providing care and support with skill, compassion and imagination.

Underpinning this vision are the following principles and values:

Prevention – we recognise the impact of preventable crises upon health and wellbeing outcomes for individuals and families. We are therefore committed to ensuring access to activities and support that maintain good health for as long as possible, enabling people to live independently for longer. Wherever possible our focus will be to ensure that early support is available with a focus on retaining and regaining independence for individuals, working in partnership with families and communities to achieve this.

Personalisation – all workforce development activities will be underpinned by the principles of personalisation, ensuring that services and support are shaped and delivered in a way that is centred around the needs, preferences and choices of the individual.

Involvement and Engagement – the views and experiences of the organisations and staff within the social care sector will continue to inform the ongoing development and implementation of this strategy. The engagement and involvement of those who use services and their families and carers will remain at the heart of workforce development so that any actions delivered as part of this strategy ultimately lead to an improvement in services and support for individuals and their families.

Partnership and Integrated Working – working in partnership is key to improving care and support. We hope to strengthen partnership working across the workforce, whilst also ensuring that individual specialisms, backgrounds and experience are understood, respected and valued.

Equality and Diversity – we will promote the principles of equality and diversity, promoting inclusive practice and respect for the beliefs, culture, values and preferences of individuals. We acknowledge that ensuring equality of access to support can mean working in different and creative ways and that we are more likely to achieve this by having a workforce that reflects the diversity of the people it serves.

Safeguarding – safeguarding adults is everyone’s responsibility. Through this strategy, we are working to ensure that all organisations and individuals fully understand their responsibilities for safeguarding adults and are committed to ensuring that people are safe in our care and in their local community. However we also recognise that risk is not an excuse to limit people’s freedom, preferences and choices. Working in a person centred way involves enabling people to take positive risks.

Personal and professional development – is key to ensuring the development of a competent, confident and skilled workforce. Through the implementation of this strategy we will work to ensure that the workforce has access to high quality personal and professional development opportunities.

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PRIORITIES FOR THE ADULT SOCIAL CARE WORKFORCE IN YORK

1. A SKILLED AND COMPETENT WORKFORCE

WHERE WE WANT TO BE:

Workforce development is key to ensuring that the workforce is capable, confident, skilled and able to deliver person centred, preventative and risk enabling support both now and in the future. This will require people to continue to develop, learn new skills, work in different ways and in different contexts.

WE WILL ACHIEVE THIS IF:

- Members of the workforce understand what it means to work in a person centred way, supporting people to meet their aspirations, goals and dreams. There is a common focus on retaining and regaining independence for individuals wherever possible;
- Workers routinely work in partnership with other services, those who use services, communities, families and carers in the planning and delivery of support. An individuals own strengths and networks are taken into account when support planning;
- Everyone in the workforce understands their responsibilities in relation to safeguarding adults, has been appropriately trained and knows what to do if they have any form of concern. However risk is not used as an excuse to limit people's freedom, choices and preferences;
- Effective mechanisms are in place to identify learning and development needs across the workforce in relation to performance and competence. This is driven by the views and needs of those who use services;
- Innovative and creative learning and development solutions are developed to meet these needs, driven by the involvement and views of the workforce and those who use services and their families and carers;
- Those who use services, families and carers have confidence that the people they work with have the skills, confidence and knowledge to support their needs, preferences and choices;
- All staff, regardless of their role, are valued and recognise their own contribution to improving people's lives;
- Workers feel empowered and supported to use their own professional judgment in order to drive continuous service improvement;
- Individual employers are supported to ensure that personal assistants are appropriately skilled and competent and able to meet their needs, preferences and choices;

- Innovative mechanisms are developed to support the retention of personal assistants.

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2. WORKING TOGETHER

WHERE WE WANT TO BE

We want a diverse and vibrant social care market where organisations and individuals across sectors feel part of a wider workforce, regularly working in partnership with each other and with friends, families and communities to provide truly person centred care and support.

WE WILL ACHIEVE THIS IF:

- Common standards across the workforce are agreed and embedded within commissioning arrangements;
- The variety of people's needs is matched by diverse service provision, with a broad market of high quality service providers, including community and social activities;
- We have a reliable profile of the size, scope and make up of the adult social care workforce in York through increased promotion and use of NMDS -SC and improved communication and joint working across sectors;
- Workers have information about the range of services available to the people they support and have a clear mechanism for feeding in any gaps in services to commissioners;
- Opportunities for joint learning, service development and sharing best practice across sectors are maximised;
- The workforce are skilled and confident in understanding and meeting carers needs;
- Learning and development opportunities reflect the views and needs of those who use services;
- Children's and adults services work closely together in supporting the transition between services to ensure support is well planned, timely and meets the needs, choices and preferences of the individual;
- Robust arrangements to understand and meet workforce development needs across the social care workforce include those of communities, families and carers;
- An individuals strengths and networks are routinely identified, valued and utilised in the planning and delivery of support;
- All individuals are enabled to participate, influence and express their views, needs and choices;
- Workers know what community capacity building is and how it enhances independence and safety. Community capacity building is an essential part of their skill set;

- Volunteering is seen as a community asset and employers are supported to recruit, induct, train and support volunteers to add value to services and provide support in local neighbourhoods.

3. LEADERSHIP

WHERE WE WANT TO BE:

Leaders and managers across all sectors have the skills, experience and qualifications they need to fulfil their role effectively and to develop and adapt their team, organisation or business to meet the changing needs and expectations of those with whom they work. Clear career pathways, learning, qualifications and progression routes are in place for aspiring, new and established leaders, managers and commissioners.

WE WILL ACHIEVE THIS IF:

- A core set of competencies for leaders and managers are agreed. The skills of existing and aspiring leaders are mapped against these competencies and development opportunities are planned to address any gaps;
- There is a cross sector approach to the development of leadership and management and opportunities for shared learning and development across sectors are maximised;
- There is a shared understanding and commitment to the transformation agenda amongst all leaders and managers across sectors. All leaders and managers are committed to a focus on retaining and regaining independence for individuals, working in partnership with families and communities to achieve this ;
- There is appropriate management and leadership capacity and capability across the sector;
- Leaders and managers have the skills to support staff and to assess staff competence on a regular basis, using a broad range of mechanisms and solutions to support staff learning;
- Leaders and managers have the skills to work in partnership with those who use services, communities, families and carers in the development and transformation of services;
- Leaders and managers have the skills and confidence to manage and lead change, ensuring that staff are equipped to deal with change and have opportunities to explore new and developing ways of working and different working environments;
- Leaders and managers have the skills to develop and adapt their team, organisation or business to meet the changing needs and expectations of those with whom they work;

- Managers are skilled in providing high quality supervision for staff and in developing and encouraging reflective practice.

4. FUTURE WORKFORCE

WHERE WE WANT TO BE:

Careers within adult social care have a high and positive profile across the City, particularly with young people. Managers are skilled in effective recruitment processes and innovative ways of increasing retention rates within the sector are explored and embedded.

WE WILL ACHIEVE THIS IF:

- Individuals who choose to employ their own personal assistants have access to advice, support and information to support them in their role as an employer;
- Careers within adult social care have a positive profile across the City;
- The use of common induction standards and common core principles is expanded to support new and emerging employers across the sector;
- Effective and consistent induction is in place across the workforce as a basis on which to build a workforce that can implement person centred, preventative and risk enabling support;
- Young people have opportunities to find out about, and experience different careers within adult care, building on the success of the care ambassador programme;
- There are clearly defined roles and career pathways that make it easy for workers to see the range of options and possibilities. People know how to enter the workforce, what type of jobs there are, how to progress and what experience or qualifications they need;
- Creative retention initiatives are promoted across the sector;
- Good practice in recruitment and retention is tailored appropriately to those providing additional unpaid support, e.g. volunteers;
- Across the workforce there is a consistent and high quality approach to recruitment processes, including the involvement of those who use services, their families and carers at all stages;
- There is a clear understanding of the future skills needs of the workforce and plans in place to provide opportunities for the workforce to gain these skills.

DELIVERY OF THE STRATEGY AND MONITORING PROGRESS

An Adult Care Workforce Strategy Board will be established to oversee the development and implementation of this strategy. Terms of reference and membership can be found at appendix x.

In order to achieve the ambitions set out in this strategy, all partners will need to work together to share resources, skills and expertise in order to improve services and avoid duplication. Many organisations already invest heavily in workforce development across the adult care sector and there are various funding streams available to support this work. It will be the role of the new Adult Care Workforce Strategy Group to ensure that resources are maximised across the partnership to achieve the ambitions set out in this document.

This workforce strategy group will report directly to the Adult Commissioning Board, which in turn reports to the York Health and Wellbeing Board (tbc).

There will be links and lines of communication with other relevant partnership groups including:

- York Carers Strategy group
- York Safeguarding Adults Board
- York and North Yorkshire Dementia Workforce Strategy Group
- York Dementia Working Group
- End of Life Strategy group
- The Care Alliance for Workforce Development
- North Yorkshire Adult Integrated Workforce Board

APPENDIX – NATIONAL POLICY CONTEXT

BIG SOCIETY

This concept, championed by the Coalition Government, is the foundation of many of the recent Government policies and sees a greater emphasis upon:

- Community Empowerment – devolution of power to communities;
- Social Action – fostering and supporting a new culture of community involvement;
- Public service reform and supporting co-ops, mutuals and social enterprise – opening up public service to new providers.

THINK LOCAL ACT PERSONAL⁶

This sector-wide commitment to moving forward with personalisation and community-based support calls on councils and their partners to develop and facilitate workforce skills and activity to help people use their personal, family and community capacity.

The principles of personalisation remain at the centre of this change, underpinning a leaner, more outcome focussed and outward facing role for the public sector. The overall aim is to secure a shift to a position where as many people as possible are enabled to stay healthy and actively involved in their communities for longer and delaying or avoiding the need for targeted services. Those however who do need such help, including many people at the end of life, should have maximum control over this, with the information, means (financial and practical) and confidence to make it a reality.

PRACTICAL APPROACHES TO IMPROVING THE LIVES OF DISABLED AND OLDER PEOPLE BY BUILDING STRONGER COMMUNITIES⁷

This briefing, published in November 2010, sets out why building strong and resilient communities is a key component of social care transformation. It aims to make community capacity building integral to personal budget support plans and the redesign of all personalised services. The document highlights the need for:

⁶ A sector-wide commitment to moving forward with personalization and community-based support January 2011, http://www.thinklocalactpersonal.org.uk/_library/Resources/Personalisation/TLAP/THINK_LOCAL_ACT_PERSONAL_5_4_11.pdf

⁷ (DoH, Nov 2010) http://www.thinklocalactpersonal.org.uk/_library/PPF/NCAS/Practical_approaches_to_Building_Stronger_Communities_12_November_2010_v3_ACC.pdf

- Secondments/staff exchanges or free/subsidised access to public sector training for voluntary organisations;
- Developing different skills sets for staff including personal assistants and the wider social care workforce – including skills in facilitating community connections;
- Working with providers to encourage and help them to build community capacity as core to their service offer;
- Removing barriers that get in the way of the contribution of small enterprises or charities.

In order to achieve the vision the document suggests the use of tools such as neighbourhood workforce planning, community skills development and neighbourhood apprenticeships.

LIVING WELL WITH DEMENTIA. A NATIONAL DEMENTIA STRATEGY⁸

This strategy is particularly significant due to the projected increase in the number of people with dementia over the coming years. The aim of the Strategy is to ensure that significant improvements are made to dementia services across three key areas: improved awareness, earlier diagnosis and intervention, and a higher quality of care. A core component of the strategy is the development of a skilled workforce, which is able to communicate effectively with people with dementia and their carers, and to support them to live well with dementia.

END OF LIFE CARE STRATEGY – PROMOTING HIGH QUALITY CARE FOR ALL ADULTS AT THE END OF LIFE⁹

The Government has published the End of Life Care Strategy – promoting high quality care for all adults at the end of life which is the first for the UK and covers adults in England. Its aim is to provide people approaching the end of life with more choice about where they would like to live and die. It encompasses all adults with advanced, progressive illness and care given in all settings.

⁸ (DoH, Feb 2009)

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_094058

⁹ (DoH, July 2008)

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_086277

This document sets out the Government's response to the consultation on the implementation of the White Paper, Equity and excellence: Liberating the NHS, and its accompanying consultation documents.

It describes how the Government has developed its plans in the light of consultation and gives further detail on the NHS reforms and a timetable for implementation. The document also explains how the consultation has shaped the Health and Social Care Bill, planned for introduction in January, reaffirming the Government's commitment to reforming the NHS so that it:

- puts patients right at the heart of decisions made about their care;
- is focused on delivering health outcomes that are comparable with, or even better than, those of our international neighbours;
- puts clinicians in the driving seat on decisions about services.

The resulting changes will mean the establishment of new local GP consortia that will be responsible for planning and commissioning local health services. Local authorities will take on new public health roles and new Health and Wellbeing Boards will be established to bring together councillors, clinical commissioning groups and local communities to ensure patients and the public experience more joined-up health and care services in the future.

¹⁰ DoH, Feb 2011) http://www.dh.gov.uk/en/Healthcare/LiberatingtheNHS/DH_122624

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TERMS OF REFERENCE			
York Adult Care Workforce Strategy Group			
Objective: To ensure that partners within the City are working together to develop a skilled, confident and competent social care workforce who are able to deliver truly person centred care, responding to changing needs and expectations, in order to improve the lives of people in York.			
	ORGANISATION	POST HELD	NAME
Membership	City of York Council	Group Manager, Home Care Services	Ann Ferguson
		Group Manager, Assessment and Personalisation	Ralph Edwards
		Assistant Director, Integrated Commissioning	Paul Murphy (Chair)
	Independent Care Group	Chief Executive	Keren Wilson
	York Council for Voluntary Service	Chief Executive	Angela Harrison
	Riccall Carers	Development Manager	Mike Richards
	Skills for Care	Area Officer	Rachael Ross
	York Hospitals Trust	Corporate Development Lead	Gail Dunning
	York Independent Living Network (YILN)	Trustee	Chris Edmondson
	Learning City York	Partnership Manager	Julia Massey
	Job centre plus	Account Manager, North Yorkshire & East Coast	Guy Richards
	York Carers Centre	Manager	Carole Zagrovic
	Joseph Rowntree Housing Trust, Care Services	Head of Quality & Compliance	Tracy Rose
	Your Consortium	Chief Executive	Sue Vasey
York St John University	Dean of Faculty, Health and Life Sciences	Prof. Pam Dawson	
University of York	Area Manager	Amanda Hullick	

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Receives papers	United Response City of York Council North Yorkshire County Council	Manager, Workforce Development Unit Workforce Development Officer (Adults) Manager, Workforce Development Unit	Claire Smith Nigel Burchell Kate Helme Julia Spencer
Terms of Reference	<ol style="list-style-type: none"> 1. To ensure the production of a partnership workforce development strategy and delivery plan; 2. To monitor and evaluate the progress and impact of the Workforce strategy and delivery plan; 3. To share resources, skills and expertise in order to support the delivery of the strategy; 4. To establish agreed priorities within the context of the strategy; 5. To commission training and development opportunities to meet identified priorities; 6. To promote opportunities to increase joint learning, integrated working and multi agency training; 7. To promote the involvement of those who use services, their families and carers in workforce development; 8. To act as champions and raise the profile of the adult care workforce development agenda; 9. To establish workgroups where relevant to support the delivery of the Strategy; 10. To receive and progress specific queries and work commissioned by the Adults Commissioning Board; 11. To progress the collation of data and other information relating to the adult social care workforce through the promotion and use of the NMDS-SC; 12. To support the identification of additional relevant sources of funding to support the successful implementation of the strategy. 		
Decision making	Decisions made by the WSG will be informed/underpinned by: <ul style="list-style-type: none"> • The vision, principles and priorities of the National Vision for Adult Social Care and the National Workforce Strategy; • Information and priorities from the local Joint Strategic Needs Assessment and Joint Strategic Health and Wellbeing Strategy; • Best practice and evidence of what works locally and elsewhere; • The views of those who use services, their families and carers; • The views of managers and practitioners from across the workforce. 		
Role of Members	<ul style="list-style-type: none"> • To champion and raise the profile of workforce development within members' particular agency/sector/setting • To cascade information • To support the implementation of the strategy through working groups 		

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	<ul style="list-style-type: none"> • To actively participate in the implementation of the strategy • To keep the strategy group informed about workforce development activities and issues within members' specific agency/sector/setting • To ensure that relevant sector specific strategies relate to the Adult Care Workforce Strategy • To attend meetings or nominate a suitable representative if unable to attend • To share resources, skills and expertise where relevant
Frequency of Meeting	Approximately six times a year
Accountability & Reporting Arrangements	Reports to: <ul style="list-style-type: none"> • The Adult Commissioning Board – to be confirmed Receives reports from: <ul style="list-style-type: none"> • Relevant working groups

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