



Market Position Statement

for the care of older people and adults with physical disabilities,
mental health needs or learning disabilities

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Our Commissioning Intentions

Community Services

- The Council will implement arrangements to work with a smaller group of domiciliary care providers. These will be selected via procurement exercises which will take into account price but also crucially quality measures such as demonstrating that their services are reliable, they can provide consistency of care worker and appropriate level of training which emphasises safeguarding and specialist dementia care
- continue the development of Extra Care Housing provision
- Explore the development of other housing based solutions (where people can use their personal budget to find appropriate solutions) residential support

We wish to:

- Continue to reduce the number of residential and nursing care placements by providing alternative models of care to support people in their communities
- Where residential or nursing care is the most appropriate options, which will increasingly be for people with dementia, we will expect the homes to encourage contact and integration with their communities and help people to maintain their independence
- Engage with providers to explore solutions for people with more complex needs for people currently in settings out of county and coming through transitions

Innovation

We will have a further round of the Innovation Fund to encourage innovative services that support people to live independently.

Health Integration

- Work with the North Yorkshire based Clinical Commissioning Groups (CCGs) to agree a future joint statement about the commissioning of combined Health & Social Care Service

The providers we want to work with will need to:

- Have reliable and robust management and quality assurance systems and would be willing to publish results of their own independent monitoring.
- Be prepared to work in an open book accounting approach.
- Are able to put forward their understanding of changing demand and how they plan to respond to this.
- Are able to show the impact of their work in terms of the outcomes achieved rather than simply the number of people or hours for whom they provide a service.
- Have a wish to innovate and continue to work with people to ensure they remain or become as independent as possible.

Care for the future

Over the next decade, the numbers of older people aged 65+ within the county are set to increase by some 20% with an increase of 6,100 in the 85+ category. Whilst an increasing elderly population does not necessarily mean an increase in demand for services, it is inevitable that as the population ages there will be a requirement to provide support for some personal and domestic activities.

The majority of these increases will be seen in the two main populations of Scarborough and Harrogate but with increasing numbers in the Dales and East Coast as they continue to be popular retirement areas for people outside of North Yorkshire. The general health of the county remains good in comparison to other parts of the country, however, the number of older people with a long term illness is set to increase as medical advances and healthier lifestyles come into play.

As stated above, the commissioning intention of HAS is to enable people to remain in their own homes for as long as possible and as independent as possible. In order to meet these needs HAS will be looking for innovative schemes that will deliver these outcomes. The increased use of technology and equipment will be used to support people in their own homes. In addition HAS will look to support community schemes and social enterprises that will aid long term independence. In accordance with this, HAS will look to commission fewer residential and nursing placements but will continue to expand its programme of Extra Care housing in partnership with the independent sector and social care landlords.

To summarise:-

- Increasing elderly population
- The wish to remain independent as long as possible
- Flexible approach to delivering a range of service options
- Reduction in the reliance on residential care
- Increased use of technology
- Reduction in the number of domiciliary care suppliers contracted to NYCC
- Focus on improving quality and customer satisfaction

In keeping with national policy and the Think Local, Act Personal (TLAP) initiative, there will be an increase in the use of self-directed care and direct payments. This latter measure will enable individuals with a social care need to go out to the market and purchase individual care packages. This will mean that delivery of care will need to be more flexible and fit in with the individual's lifestyle, moving away from a traditional block contract approach. HAS will be working with the market to deliver these flexible arrangements and developing a market place where people can purchase these services safely.

This Market Statement is the first produced in this format by NYCC. It will be internet-based to allow regular updates on trends and intentions. It is meant to give some clear guidance as to how the Council wishes to develop the market in broad terms during 2013-14.

We also plan to add to the statement to take into account the specialist areas that are important to providers and the Council. These will include:

- Services to self-funders
- Public Health Services
- Joint Commissioning with Clinical Commissioning Groups
- Specialist services such as autism provision, mental health services and advocacy
- Learning disability care, support and accommodation intentions
- Extra Care Housing
- Workforce Development

Where we are now

The Council's Health and Adult Services (HAS) offers support and a wide range of local social care services to the people of North Yorkshire. We do this by either directly providing services or by offering advice about local services for people to arrange themselves. We provide support and services to older people, people with learning disabilities, people with mental health needs, those with physical disabilities and vulnerable people. We also offer support and services to people's carers. We have continued to encourage people to think about their own health and well-being by supporting a number of community groups around the county.

We have continued to provide quality services to the people of North Yorkshire, recognising that they wish to live independently in their own homes for as long as possible. In 2012/13 we provided services to 19,027 people, most of whom were aged 65 and over (13,838). Of those 19,027 people, 16,900 received services within their local community to maintain their independence and the others received services in care or nursing homes.

In 2012/13 we had 49,410 enquiries, 68% of which were dealt with by our Customer Service Centre. The remainder were passed to our adult social care teams for action to be taken.

The Adult Social Care customer profile as at 30 March 2013 for active clients in North Yorkshire shows that 3,852 people aged 18 to 64 receive a social care service, as well as 5,366 people aged over 65.

Within the 18-64 age group, there are 1,242 people who have a learning disability and 1,200 with a physical disability, including 135 people with a sensory impairment. People with mental health or substance misuse problems make up the rest of the 18-64 group.

We have recently taken on the responsibility for public health services, and have appointed Dr Lincoln Sargeant as our Director of Public Health. This change will give us even more opportunities to have an increased focus on preventing ill health and addressing health inequalities.

Our focus will always be on protecting people who are vulnerable, and on keeping people safe. We do this mainly through the North Yorkshire Safeguarding Adults Board which protects people by promoting co-operation and effective working practices between different agencies. We are also working to The Winterbourne concordat which required Health and Social Care commissioners to work together to ensure services commissioned for people, who live out of area, with Learning Disabilities (LD), Autistic Spectrum Disorder (ASD) and challenging behaviour are safe, of good quality and meets the individual needs of each person.

When national incidents involving vulnerable people come to light we act swiftly to review our services to minimise any risk to the people of North Yorkshire. We work with partners such as the Care Quality Commission (CQC) and our independent sector care providers to ensure that the quality of service is maintained. We remain determined that we will not be complacent when it comes to identifying and stamping out any form of abuse or poor practice.

Why a Market Position Statement?

Market Position Statement

This is a web-based statement that will be developed through and grown under the auspices of the North Yorkshire Market Development Board. Initially relating to North Yorkshire County Council purchased services, the areas covered will be developed to include the partners that comprise the Board ie the Clinical Commissioning Groups, Skills for Care, Independent Care Group, Housing.

The council values its relationship with providers of services. Any market development statement and subsequent actions needs to involve providers. We have a long established Market Development Board (MDB) and work closely with the Independent Care Group (ICG) who represent North Yorkshire providers. A key area of work for 2014/15 is to further enhance the role of the MDB especially as we move towards integrated commissioning arrangements.

What is the purpose of a market statement?

This Market Position Statement (MPS) is designed to contain information and analysis of benefit to providers of care and support services in North Yorkshire. It is intended to help identify what the future demand for care might look like and to act as a starting point for discussions between the local authority and those who provide services.

It contains information concerning:

- What North Yorkshire looks like in terms of current and future demography and service provision?
- The Council's intentions as a facilitator of care for people requiring adult social care.
- The Council as a facilitator of care for adult social care people.
- The Council's vision for how services might respond to the changing needs for care and support in the future.
- The emerging picture of services within an integrated market with health

This statement builds and updates on the market dialogue that NYCC carried out in 2009. At that point NYCC indicated that it would develop reablement arrangements and that the bulk of domiciliary care services would be provided by the Independent Sector. These would also assist the Council in its aim to reduce the number of people having to move into residential care.

These changes have largely been successful with the reablement service now established and are assisting in the continuing reduction in residential placements.

This statement looks forward to how the Council wishes to further develop the market to meet the demands of providing social care across a rural and diverse county. It will be further developed to take into account specialist areas.

North Yorkshire County Council's commitment: What we will do by Summer 2014

- **Communication** – North Yorkshire County Council (NYCC) will inform providers of the commissioning of major areas of care services via regular meetings of the Market Development Board, through the ICG, Bulletins and stakeholder events
- **Reduce Placements** – NYCC will continue to reduce the number of residential and nursing care placements whilst developing community based support and Extra Care Housing provision
- **Domiciliary Care** – NYCC will work with the market to improve quality and coverage by closer working with a smaller number of domiciliary care providers
- **Integration with Health** – NYCC will work with the North Yorkshire based Clinical Commissioning Groups (CCGs) to agree a future joint statement about the commissioning of combined Health & Social Care Services

Key Statistics

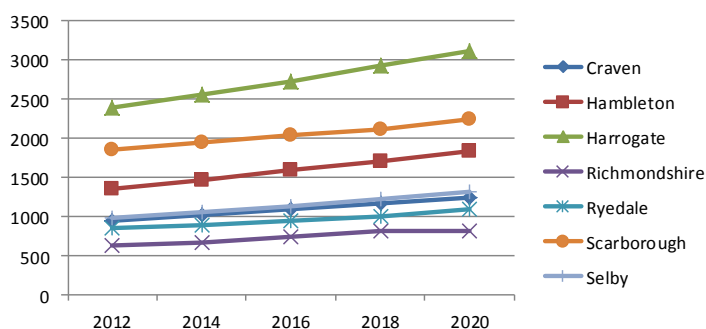
- Population c 600,000
- 269,000 households
- 20% of people live in Harrogate and Scarborough
- 36 market towns and large settlements
- More than 12,000 adults supported by Health and Adult Services
- 2,385 people supported by NYCC to live in permanent residential care
- 1,800 older people in permanent residential care; 1700 in nursing care funded by HAS.
- 20,691 people received services in 2011/12
- £187million spent on adult social care services in 2011/12
- 15 extra care schemes, providing 643 units of accommodation with 7 different providers
- 24.5% of people using Telecare
- 21,000 hours of domiciliary care

Our Market

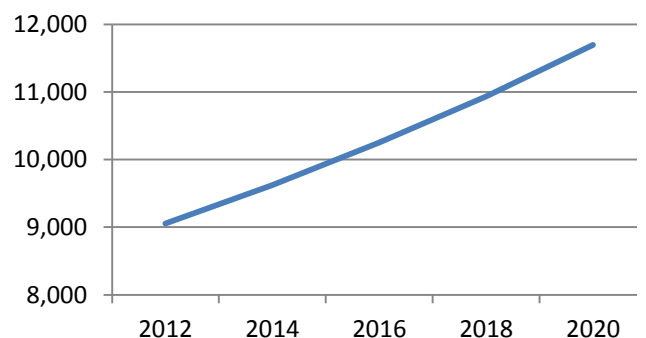
North Yorkshire is a large rural authority. The opportunities and the constraints that this brings to service delivery, people's ability to access universal services and to develop and maintain social networks, particularly for people from a minority group, is recognised. Market development will be key in providing services in rural communities, including community solutions such as community hubs, micro providers and involvement of user-led organisations. This needs to be combined with achieving a 'mix' of NYCC and independent provision. For commissioning and administrative purposes, Health and Adult Services (HAS) is divided into three geographical areas, namely East, West and Central.

The five Clinical Commissioning Groups (CCGs) took over the local commissioning of health services from April 2013. The CCGs will help develop more integrated working arrangements between the Council and the NHS. Working in this integrated way will result in fewer unnecessary admissions to hospital and long term residential care by targeting those people most at risk of losing their independence.

Population aged 65 and over predicted to have dementia by district council



North Yorkshire: Total population aged 65 and over predicted to have dementia by 2020



Key North Yorkshire Information

Our Population

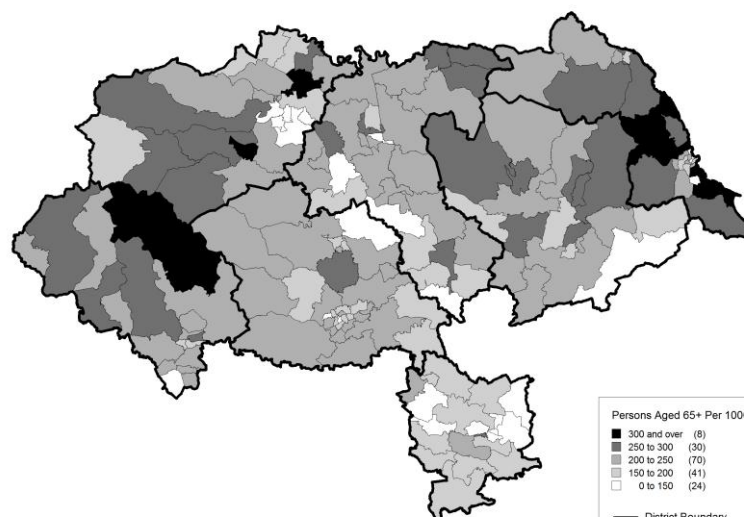
North Yorkshire Population aged 65 and over, projected to 2020					
	2012	2014	2016	2018	2020
People aged 65-69	40,500	43,100	43,300	39,600	38,700
People aged 70-74	29,500	31,500	34,800	40,100	41,000
People aged 75-79	24,100	25,800	26,000	27,300	29,900
People aged 80-84	18,100	18,600	19,600	20,900	22,100
People aged 85-89	11,100	11,900	12,600	13,300	14,100
People aged 90 and over	6,500	7,200	7,900	8,700	9,600
Total population 65 and over	129,800	138,100	144,200	149,900	155,400

North Yorkshire Percentage increase Population aged 65 and over, projected to 2020					
	2012	2014	2016	2018	2020
People aged 65-69	0	6%	7%	-2%	-4%
People aged 70-74	0	7%	18%	36%	39%
People aged 75-79	0	7%	8%	13%	24%
People aged 80-84	0	3%	8%	15%	22%
People aged 85-89	0	7%	14%	20%	27%
People aged 90 and over	0	11%	22%	34%	48%
Total population 65 and over	0	6%	11%	15%	20%

Figures are taken from Office for National Statistics (ONS)

The above two tables show the continual increase in older people aged 65 and above within North Yorkshire, rising from just under 130,000 people in 2012 to over 155,000 people in 2020, an increase of 20%. However, within these headline figures there are more significant increases in the over 85 population which is going to increase by 6100 people, or 35%. The map below shows the current distribution of older people 65+ per 1000 population on a ward basis.

Persons Aged 65+ Per 1000 Population by Council Ward



Notes
 1. Source: 2011 Census Table KS102EW
 2. Ordnance Survey Map Data © Crown Copyright, 100017946, (2013)
 3. Compilation & Analysis: Corporate Information Systems Team, Central Services, NYCC, 2013
 4. For more statistics, research and mapping for North Yorkshire & York visit www.streamills.org.uk
 5. Filename: NY\GEC-DATA\PPP\GIS\Demographic_Data\Maps\Gen\HAS\Referrals\Older People Rate 65+ by Ward.WOR



The health of people in North Yorkshire

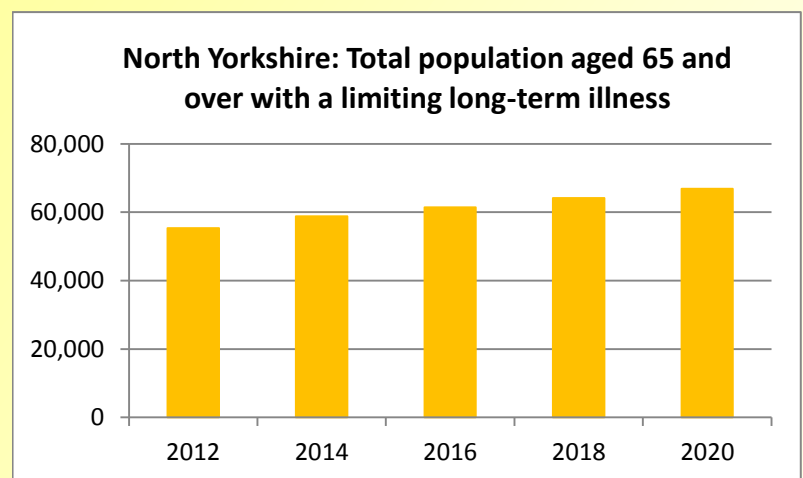
- The health of people within North Yorkshire is generally good compared to other parts of England.
- There is a gap in life expectancy between the least and most deprived communities across North Yorkshire of 6.3 years for men and 4.6 years for women.
- Circulatory disease and cancers account for the greatest proportion of deaths within the county.
- Cancer is the most common cause of death for those under the age of 75.
- There are particular challenges for certain conditions due to increasing age (eg stroke and dementia) or change in projected prevalence (eg obesity and diabetes).

What is Telecare?

These are electronic devices which can be installed in people's homes that alert a professional or family member if something is wrong. This could be someone falling for example.

Our Health

The 2011 Census gathered much more information on health than was available from the 2001 survey. For the first time we now have a breakdown of people within North Yorkshire who are in 'fair health' (13.2%), 'bad health' (3.6%) and 'very bad health' (1.0%). The national averages for England are 13.1%, 4.2% and 1.2% respectively. North Yorkshire has a slightly higher proportion of people in the 'very good health', 'good health' and 'fair health' categories than the national average. Harrogate and Richmondshire have considerably higher proportions of people in the 'very good health' category, both with more than 50% of people compared with 47% for England overall.



The above graph shows the steady increase of the 65+ population with a limiting long-term illness. Looking beyond 2020, with the increasing elderly population advances in medical care and healthier lifestyles, this demographic is set to increase even further.

Our Carers

10.8% of the population of North Yorkshire provide some level of unpaid care, an increase from 9.9% in the previous Census. 2.1% of the population of the county provide 50 or more hours of unpaid care per week. This is an increase from 1.8% in 2001.

Our Ethnicity

The ethnicity data shows that the population in the non-white ethnic groups within North Yorkshire has increased from 1.1% in 2001 to 2.7% in 2011. Richmondshire has the highest proportion of non-white population at 2,409 people or 4.6% of its usual residents. This in part reflects the diverse ethnicity of its military population.

The National Picture

The Government White Paper 'Caring for our future'

The Government's White Paper "Caring for our Future – Reforming Care and Support", was published in July 2012. It sets out a vision for a reformed care and support system which promotes well-being and independence and reducing the risk of people reaching crisis point:

The White Paper can be summed up by the following two vision statements:

1. To promote people's independence and well-being by enabling them to prevent and postpone the need for care and support.
2. To transform people's experience of care and support, putting them in control and ensuring that services respond to what they want.

In the future the Government expects people to be able to say:

"I am supported to maintain my independence for as long as possible".

"I understand how care and support works and what my entitlements are".

"I am happy with the quality of my care and support".

"I know that the person giving me care and support will treat me with dignity and respect".

"I am in control of my care and support".

Key Messages from the White Paper

- An acceptance of a lifetime cap on how much money people contribute towards their care (Dilnot). The recent announcement by the Secretary of State indicated that the lifetime cap on contributions to care would be £72,000, with on-going hotel costs of approximately £12,000 per annum. This to be introduced from 2015. The upper threshold of capital limits to be extended from £22,500 to £122,000, the lower capital limit to remain at £12,000.
- The introduction of a national eligibility system to end the post code lottery in care provision.
- People's assessments will be 'portable' if they move between local authorities.
- A loan scheme so that people do not have to sell their houses to pay for care.
- £200 million will be made available nationally to support the development of specialised housing for older and disabled people.
- Changing the law to ensure that carers receive an assessment and proper levels of support.

These changes which reflect the way adult social care has been evolving in North Yorkshire in the last few years will be supported by the introduction of a single new law to replace a large number of laws dating back to 1948 with the aim of modernising and simplifying things. We expect that these proposals will happen in 2015. We will work closely with the Government as it consults on these proposals and future Local Accounts will report back on progress.

All providers will need to take account of the White Paper 'I' statements, both in how their services are run and in assessing the quality of their own services.



Key Supply Information in North Yorkshire

The State of Supply in North Yorkshire and across the country

- 43.4% (175,000 people) are full cost payers nationally, 44% in North Yorkshire
- 56,000 (14%) pay a top-up nationally
- An increase of 2.2% during 2012 of the numbers in care nationally
- A reduction of 11% in the number of “state beds” to 38,800.
- An increase of 8,300 new beds in the private sector nationally
- An average occupancy rate of 89% nationally, 84% in North Yorkshire
- Value of the national residential market: £15.4bn – up £0.6bn
- Homecare hours commissioned nationally from the independent sector: 168m hr.
- National value of the non-residential market: £7.4bn

National figures supplied by Laing & Buisson (2011/12)

The current state of supply: Accommodation based services

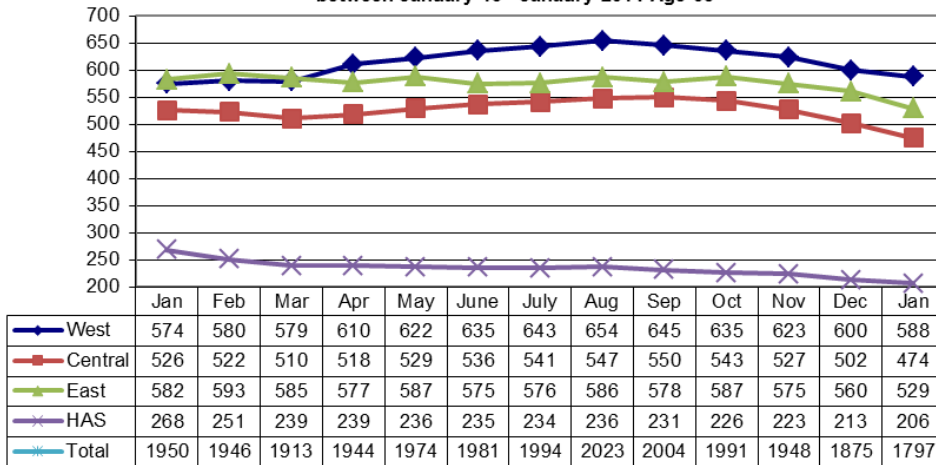
North Yorkshire has a diverse residential and nursing care market with a total of 235 homes registered with the Care Quality Commission (CQC) as per the area profile November 2013. These homes vary in size from small specialist homes of less than 10 beds to larger homes of 50 plus beds. In total there are 6735 beds available countywide. The Council still maintains 15 of its own residential care homes with 508 registered beds. The CQC area profile indicates there are 70 (3410 beds) care homes with nursing in North Yorkshire. The profile also shows 165 (3325 beds) care homes without nursing in North Yorkshire. These figures include specialist and homes for those with a learning disability.

The Council published its commissioning strategy, ‘Strategic Commissioning for Independence, Well-being and Choice: Strategic Commissioning for Adult Social Care in North Yorkshire for the next 15 years, 2007-2022’, in which it outlined its intention to reduce the number of residential placements by 15%. The Council has already been successful in reducing the overall numbers of placements in residential care by 6% in the twelve months up to September 2013. The Council has to progress and the development of other community based initiatives such as the expansion of extra care facilities and increased use of Telecare. The Council’s current and future requirements for residential care are aimed primarily at supporting people with dementia, due to the anticipated increase in this population, rather than purchasing general residential care for older people. The graphs below demonstrate the predicted increase in population that have dementia.

We know that of the people currently being supported, over 60% are at the critical and substantial level of care needs, which indicates the resources currently at our disposal are directed to those who are frail and require the most support.

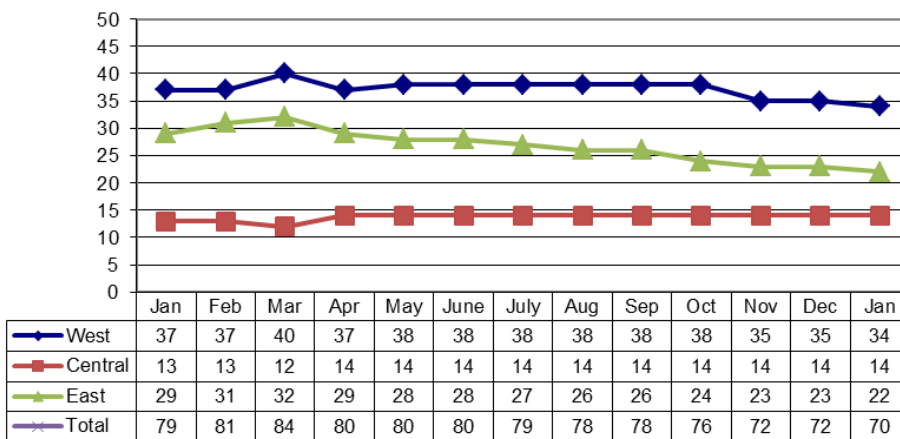
The current state of supply: Residential and Nursing care

Number of OP placed in Permanent Res/Nurs Care at the end of each Month between January 13 - January 2014 Age 65+



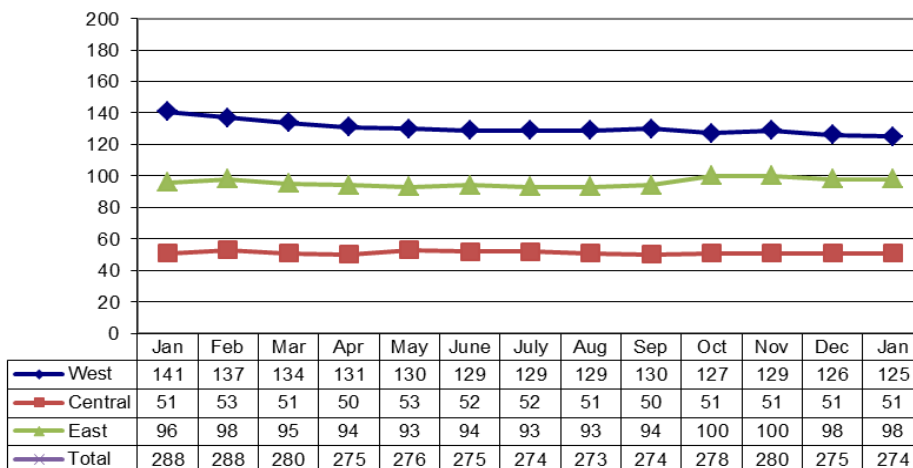
The graphs show the number of supported residents who are older people (OP) and those with a learning disability (LD) or physical disability (PD). In broad terms, the numbers of clients in a residential setting with a learning disability has dropped slightly over the year. A significant factor in this decrease is the Council's policy of supporting more people through community options such as supported living than traditional residential care.

Number of people with PD placed in Permanent Res/Nurs Care at the end of each Month between January 13 - January 2014 Age 18-64



The numbers of older people supported have decreased over the year across all areas of the county. The numbers supported in our own elderly person homes has also decreased predominantly in line with the Council's policy of developing extra care facilities. Underlining this reduction in residential care is also our policy of promoting independence and choice, and enabling people to remain in their own homes for as long as possible.

Number of people with LD placed in Permanent Res/Nurs Care at the end of each Month between January 13 - January 2014 Age 18-64



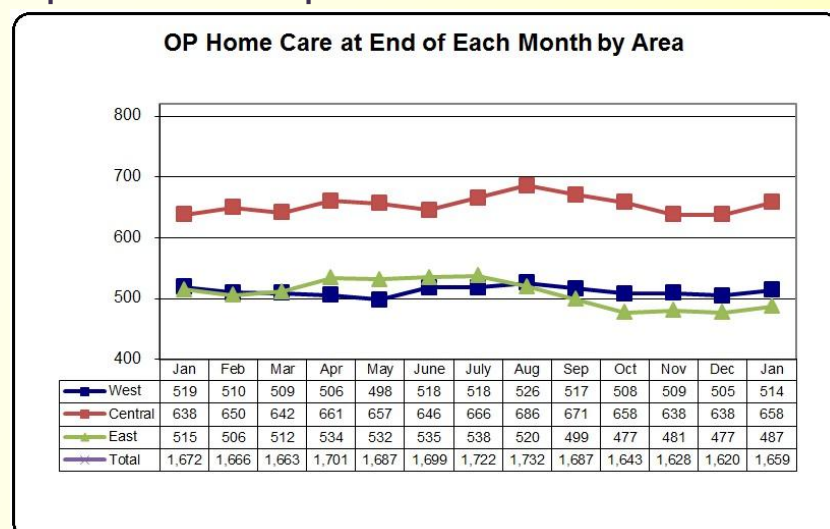
What people in North Yorkshire are telling us about services?

- 48.3% of people using social care receive self-directed support
- 7.9% of people using social care received direct payments
- 8.1% of adults with learning disabilities are in paid employment
- 9.8% of adults in contact with secondary mental health services are in paid employment
- 78.7% of adults with learning disabilities live in their own home or with their families
- 47.7% of adults in contact with secondary mental health services living independently with or without support
- 92.6% of older people aged 65+ are still at home 91 days after discharge from hospital into reablement/rehabilitation services
- 8.9% of permanent admissions of younger adults (aged 18-64) to residential and nursing care homes, per 100,000 population; 500 of older people
- 74% of people who use services and carers who find it easy to find information about services
- 61.6% satisfaction of people who use service with their care and support
- 64.8% of people who use services feel safe
- 67% of people who use services say that these services have made them feel safe and secure
- 77.7% of people who use services have control over their daily life

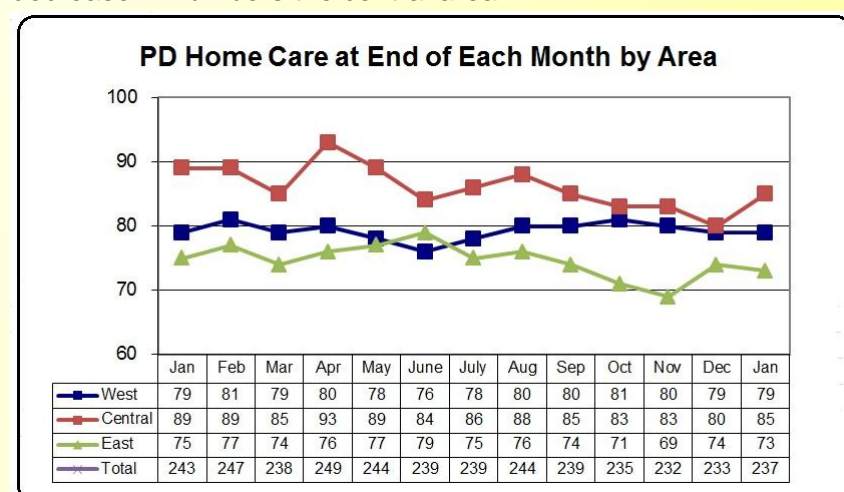
Taken from North Yorkshire Adult Social Care Outcomes Framework 2011/12 findings

The current state of supply: Community services

September 2012 – September 2013



The graph above shows the numbers of Older People (OP) supported by the council via Home Care provided by the independent sector. In broad terms the numbers in the east and west of the county have remained static, there has been a slight decrease in numbers the central area.

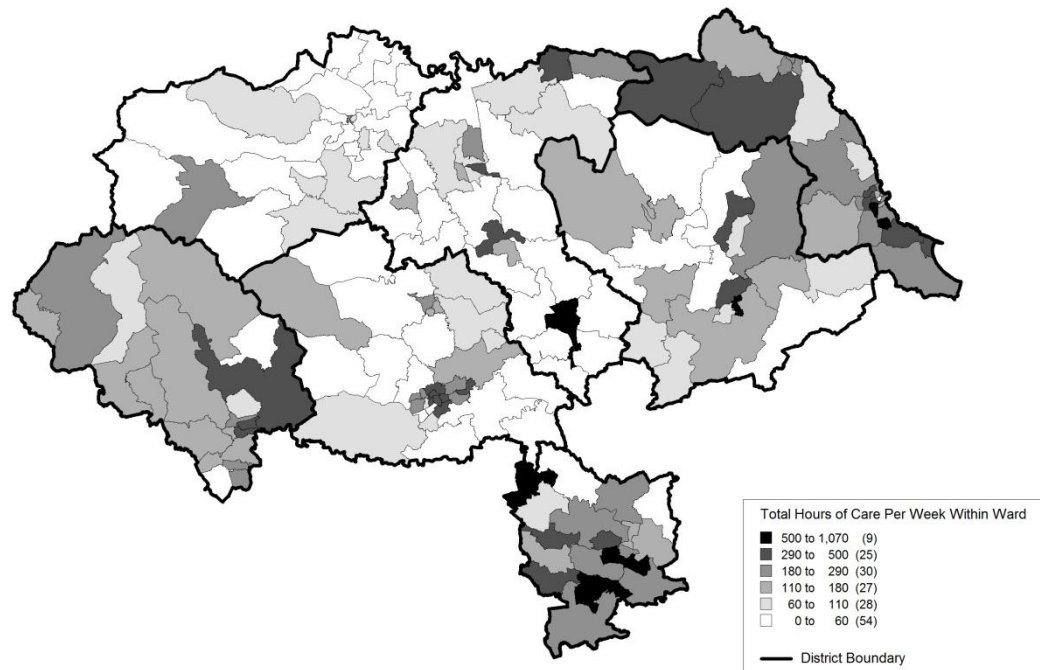


The number of Physically Disabled clients has steadily increased over the year, with higher numbers in the central area.

People will increasingly want to control their own services in line with the 'I' Statements. The Council will be looking to work with a smaller number of community based providers who can demonstrate a higher level of quality provision.

In some areas of the county such as North Craven where there is a scarcity of supply, the Council will want to develop provisions alongside providers and service users. However in other areas, care providers should be aware of the changing needs due to an increase in people with dementia, Extra Care housing and more services being delivered in the community. This in conjunction with relatively high levels of vacancies in North Yorkshire may indicate that there is an over-provision of some types of residential care in the county.

Homecare hours including independent sector and long term NYCC homecare by council ward



Notes
1. Source: HAS, NYCC data
2. Ordnance Survey Map Data: © Crown Copyright. 100017946. (2013)
3. Compilation & Analysis; Corporate Information Systems Team, Central Services, NYCC, 2013
4. For more statistics, research and mapping for North Yorkshire & York visit www.streamlis.org.uk
5. Filename: N:\CEG-DATA\PPP\CIS\Demographic Data\Maps\Gen\HAS\Hours\Hours of Care.WOR

The above map shows the current distribution of personal care hours across the county. The main areas of commissioning fall on Harrogate, Scarborough and the larger market towns. A couple of hot spots are caused by specific projects such as extra care or Learning Disabilities communities. In general terms the more rural moors and dales have lower levels of commissioning. However there is a band of lower commissioning that follows the Vale of York and A1 corridor through the central area of the county.

The Financial Position in North Yorkshire



Resources

- A recent survey of our Citizens' Panel showed that over 85% of respondents agreed with the Council's approach to make our savings. The Council will continue to consult with the public on specific proposals for changes to services in line with our engagement promise". (Council Plan 2012-15)
- £187 million spent in 2011/12 on adult social care services by NYCC
- £112 million spent on care services purchased from the independent or voluntary sector by NYCC

Our Spending

The current and future levels of resourcing

North Yorkshire, like many councils across the country, will face increasing pressure on finances. The next public sector spending review in 2014 will be tougher than the last one in 2010. In these financially challenging times therefore, it is now more important than ever that we continue to perform well and deliver good quality and safe services to our local communities. North Yorkshire will be developing new ways of working and delivering services across all of its services under an over-arching programme of reforms and developments entitled North Yorkshire 2020.

What we spend on Adult Social Care

In 2012/13 we spent £183 million on adult social care services. £113 million of this was spent on care services purchased from the independent or voluntary sector with the remainder spent on assessments and the provision of our own in-house care services, buildings, transport and running costs. More financial information can be found in our Local Account, the link for which can be found on page 17.

We will work with the newly formed CCGs to ensure that people receive their entitlement to Continuing Health Care funding. During 2012/13, 370 cases were referred to the Primary Care Trust with a total value in excess of £9.5 million.

We have a Fairer Contributions Policy following guidance issued by the Government. This means that the Council now charges realistic and equitable prices for services. Contributions continue to be worked out through a means tested financial assessment.

Current Developments

Innovation Fund

The Council's Innovation Fund supports a number of projects providing community hubs such as Pioneer Projects who provide a Mental Health Day Centre which runs alongside other community-based projects such as a community lunch, community craft workshop or walking group. People can use any or all of these services and potentially reduce the need for formal social care services.

Personal Budgets

A personal budget is an amount of money allocated to a person who is eligible for social care services after they have been assessed. In line with Government policy, it is anticipated that 100% of those clients eligible for a personal budget will be in receipt of one by 2016. While some people chose to take their personal budget as a Direct Payment and manage the money and support themselves, the Council is also exploring other ways in which clients can spend their personal budgets without taking on the full responsibility of taking a Direct Payment, whilst maintaining full choice and control.

An example of this is through an Individual Service Fund (ISF) where the personal budget is paid to a provider to support individuals to arrange and manage their support. An 18 month ISF pilot is currently on-going across the whole of North Yorkshire with 6 domiciliary providers who hold the individual's personal budget and tailor the service to meet their assessed needs and outcomes. The providers can directly provide the service and/or purchase a service from other organisations depending on how the individual chooses to spend their personal budget. The pilot is countywide and covers all client groups - physical and learning disabilities, working and non-working age adults living in the community.

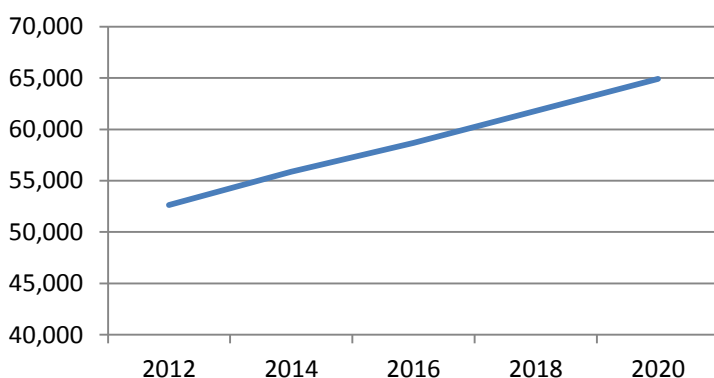
Home from Hospital Scheme

This scheme was recently procured on a countywide basis jointly with the CCG. It will provide a low level service to assist people when being discharged home from hospital. Practical help will include settling into their home and provision of shopping services.

Social Enterprises supported by HAS

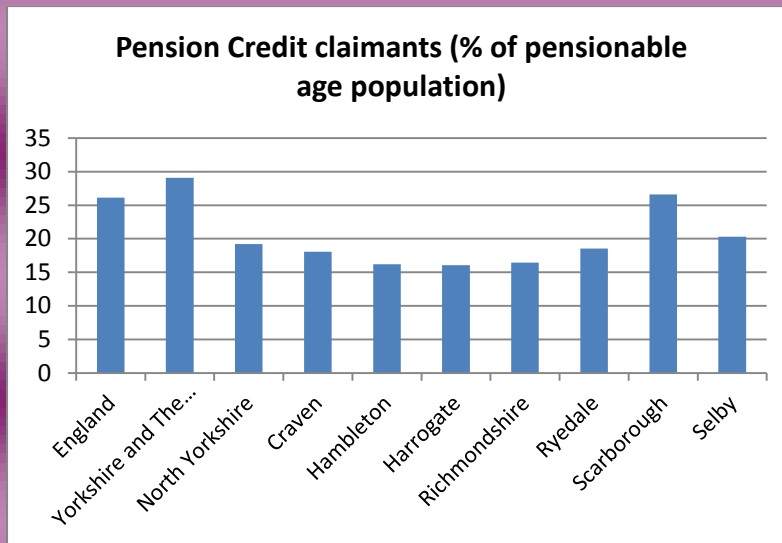
The Innovation Fund also supports a number of social enterprise schemes such as Paperworks and Horticap. The schemes support people to work in a safe environment and develop every day work skills. The overall finances of these organisations are enhanced by earnings from commercial or retail sales. We will be looking to work alongside providers who can deliver this form of social enterprise.

Total population aged 65 and over unable to manage at least one domestic task on their own



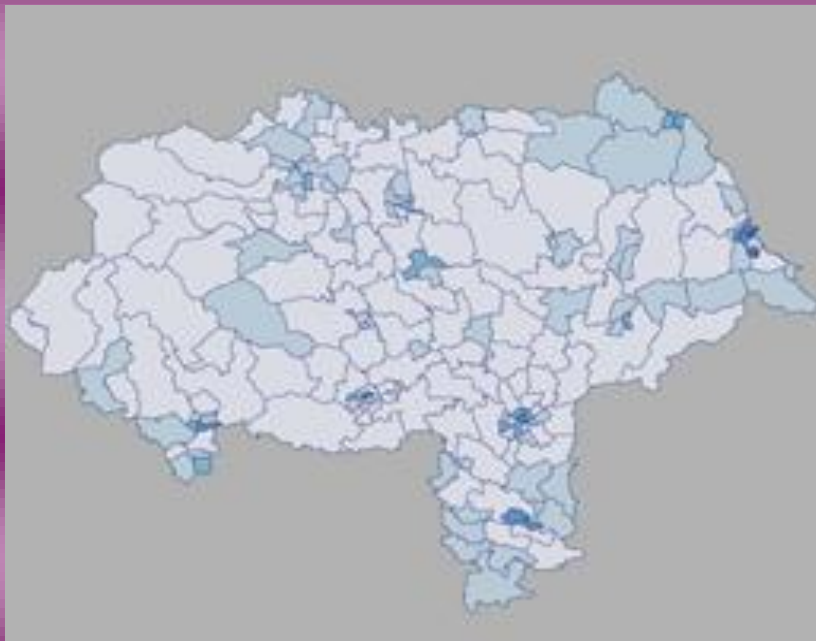
In keeping with the increases in the elderly populations and those with a long-term limiting illness, there is also a corresponding increase in the number of people who are unable to do one or more domestic task on their own such as cleaning, gardening and routine home maintenance. It is often the case that the failure to carry out these simple tasks leads to more complex problems at a later date. Providers should be aware of these low level needs of clients which are fundamental to them maintaining their independence.

Self-funders



The Council recognises that it is not the only commissioner of care services in North Yorkshire. In fact, for both residential and domiciliary care the Council is not the biggest purchaser of care. Self-funders purchase the largest share of the market at approximately 30% of the market share.

Pension credit claimants by ward



The graph and the associated map show the take-up of pension credits and the spread of this take-up. Overall North Yorkshire is well below both the national and regional averages. This indicates a degree of affluence throughout the county. However, there are a number of hotspots where the numbers claiming pension credit is higher than the county average. These are shown on the map as the darker blue areas. Providers need to understand the impact of high take-up of pension credits has on the self-funding market.

Sources of information

- Health and Adult Services Local Account 2012/13
<http://www.northyorks.gov.uk/localaccount>
- Government White Paper “Caring for our future – reforming care and support”
<https://www.gov.uk/government/publications/caring-for-our-future-reforming-care-and-support>
- Towards Excellence in Adult Social Care programme
<http://www.scie.org.uk/publications/misc/towardsexcellence.pdf>
- Think Local, Act Personal concordat
<http://www.thinklocalactpersonal.org.uk/>
- Joint Strategic Needs Assessment
<http://www.northyorks.gov.uk/jsna>
- The state of health care and adult social care in England in 2011/12, CQC
- Dementia Champions
- Partnership Boards – Learning Disabilities, Older People, Physical and Sensory Impairment
- Dementia Strategy
[http://intranet/directorate/acs/performance_and_change_management/marketing/social_care_leaflets/Adult_social_care_operations/Dementia_awareness_and_good_practice_guide_\(Sep_2007\)_-large_print.doc](http://intranet/directorate/acs/performance_and_change_management/marketing/social_care_leaflets/Adult_social_care_operations/Dementia_awareness_and_good_practice_guide_(Sep_2007)_-large_print.doc)
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