



OVERVIEW AND SCRUTINY COMMITTEE

Thursday 25 June 2015 at 6.30 pm

Council Chamber, Ryedale House, Malton

Agenda

- 1 **Emergency Evacuation Procedure.** (Pages 3 - 4)
The Chairman to inform Members of the Public of the emergency evacuation procedure.
- 2 **Apologies for absence**
- 3 **Minutes from the meeting held on the 9 April 2015** (Pages 5 - 8)
- 4 **Urgent Business**
To receive notice of any urgent business which the Chairman considers should be dealt with at the meeting as a matter of urgency by virtue of Section 100B(4)(b) of the Local Government Act 1972.
- 5 **Declarations of Interest**
Members to indicate whether they will be declaring any interests under the Code of Conduct.

Members making a declaration of interest at a meeting of a Committee or Council are required to disclose the existence and nature of that interest. This requirement is not discharged by merely declaring a personal interest without further explanation.
- 6 **Presentation by Mel Bonney-Kane, CEO of Coast and Vale Community Action**
- 7 **Attendance at Policy Committees** (Pages 9 - 18)
- 8 **Update on use of Regulation of Investigatory Powers Act 2000** (Pages 19 - 26)

- 9 **The Council's Priorities 2015-20** (Pages 27 - 50)
- 10 **Items referred by the North Yorkshire Health and Wellbeing Board:** (Pages 51 - 114)
- a. A North Yorkshire Approach to Integration, Prevention and New Models of Care
 - b. Draft North Yorkshire Mental Health Strategy
 - c. Draft North Yorkshire Joint Health and Wellbeing Strategy
- 11 **Customer Complaints Q4 2014-15** (Pages 115 - 118)
- 12 **Scrutiny Reviews Progress Report** (Pages 119 - 126)
- 13 **Decisions from other Committees**
Policy and Resources Committee held on 18 June 2015. (to follow)
- 14 **Any other business that the Chairman decides is urgent.**

Overview and Scrutiny Committee

Held at Council Chamber, Ryedale House, Malton
on Thursday 9 April 2015

Present

Councillors Acomb, P J Andrews, Raper, Mrs Shields (Vice-Chairman), Wainwright (Chairman) and Ward

By Invitation of the Chairman: Councillor Mrs Cowling and Councillor Arnold.

In Attendance

Audrey Adnitt, Steve Richmond and Janet Waggott

Minutes

80 **Apologies for absence**

There were no apologies for absence.

81 **Minutes of the meeting held on the 19 February 2015**

Decision

That the minutes of the meeting of the Overview and Scrutiny Committee held on the 19 February 2015 be approved and signed by the Chairman as a correct record.

82 **Urgent Business**

There were no items of urgent business.

83 **Declarations of Interest**

Councillors Raper and Mrs Shields declared a personal, non-pecuniary but not prejudicial interest in item 6 'Presentation from NHS Scarborough and Ryedale CCG into urgent care service at Malton Hospital' as they were the member representative and substitute on the NYCC Scrutiny of Health Committee.

84 **Presentation from NHS Scarborough and Ryedale CCG into the urgent care service at Malton Hospital**

Simon Cox, Chief Officer, NHS Scarborough and Ryedale Clinical Commissioning Group gave a presentation on the urgent care service at Malton Hospital.

85 **Report of Everyone Active on the first six months of the leisure contract for Ryedale District Council**

Kevan Murray, Contract Manager and Martin Miles, Area Manager for Everyone Active gave a presentation to update Members on their achievements during the first six months of the leisure contract for Ryedale District Council.

86 **Delivering the Council Plan Report March 2015**

Considered the report of the Chief Executive.

Decision

That the report be received.

87 **Appointments to Outside Bodies**

Considered the report of the Chief Executive

Recommendation

That the report be amended as follows:

- a. That the grouping of outside bodies into categories be retained.
- b. That the appointment of Members to an outside body for a four year term be adopted.
- c. That a list of the outside organisations which had been deleted from the proposed list be supplied to all Members.
- d. That the suggestion to appoint mainly Chairman of Committees to the outside bodies be revisited with appointments being open to all Councillors with consideration being given to their relevant expertise and experience.
- e. That the current incumbents be added to the list of outside bodies for information.

88 **Decisions from other Committees**

The minutes of the Policy & Resources Committee held on the 2 April 2015 were presented.

Decision

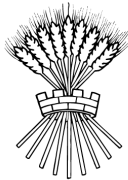
That the minutes be received.

89 **Any other business that the Chairman decides is urgent.**

During the discussion relating to Outside Bodies it was noted that Member representatives on CAVCA (Coast & Vale Community Action) had not been invited to attend any meetings during the past twelve months. A report on the work being undertaken in Ryedale by CAVCA and how the funding was being used was requested, to be presented to the next meeting of the Overview and Scrutiny Committee.

The meeting closed at 9.05pm

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REPORT TO:	OVERVIEW AND SCRUTINY COMMITTEE
DATE:	25 JUNE 2015
REPORT OF THE:	COUNCIL SOLICITOR ANTHONY WINSHIP
TITLE OF REPORT:	ATTENDANCE AT POLICY COMMITTEES
WARDS AFFECTED:	ALL

EXECUTIVE SUMMARY

1.0 PURPOSE OF REPORT

- 1.1 To provide Members with a draft rota for attendance to observe at policy committee meetings and to agree guidance to assist this process.

2.0 RECOMMENDATION

- 2.1 It is recommended that Members agree the rota for attendance at Policy Committees.

3.0 INTRODUCTION

- 3.1 One of the key legislative roles of the Committee is holding the Executive to account. In Ryedale's case this means examining the policy committees minutes and forward plans in detail and using call-in or other mechanisms to comment or intervene in the decision making process. In order to be effective in this it has been previously agreed that Members of the Committee would take turns to attend both the Policy and Resources Committee and, when policy decisions are being made, the Planning Committee for the purposes of observation. Subsequently, Full Council agreed that this be an approved duty for Members of this Committee.

- 3.2 Draft guidance and a checklist is attached at Annex A to assist Members in undertaking this responsibility.

- 3.3 Attached at Annex B is a draft rota for Members consideration.

4.0 CONCLUSION

- 4.1 Members have previously agreed a rota for attendance at policy committees. Guidance and an accompanying checklist have been produced to help Members with this important process.

**Anthony Winship
Council Solicitor**

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Background Papers:
The Constitution of the Council

Guidance for Members observing at a policy committee

This note sets out details of the issues that should be considered when observing. A simple checklist is appended at Appendix A.

The Role of the Committee

The Committee has a number of complimentary roles, being both the Scrutiny Committee, the Audit Committee, the Standards Committee and the Crime and Disorder overview and Scrutiny Committee for Ryedale District Council.

The Committee undertakes its work by:

- Scrutinising the decisions made by other committees and using the ability to 'call-in' a decision of a committee of the Council and refer it back if necessary for re-consideration;
- Scrutinising the performance and effect of council services and policies by receiving internal and external audit reports, reports on the Council's counter fraud work, monitoring and reviewing the statement on internal control, examining our approach to the minimization and control of risk, and examining progress on our improvement plans;
- Undertaking and instigating reviews of existing policy and the development of new policy;
- Monitoring service performance, through the performance management framework and customer complaints, and considering the outcomes of Best Value and other reviews.

Together this enables the Committee to focus on the improvement of services: considering in-depth major issues, examining other areas of the work of the Council or of other local and national agencies, highlighting when things are going wrong and seeking action to address this in the most effective way.

Decision-making and call-in

The main purpose of observing at policy committee meetings is to consider whether or not decision-making has complied with the Council's Constitution. All decisions of the Council will be made in accordance with the following principles:

- (a) the rule of law;
- (b) clarity of aims and desired outcomes.
- (c) proportionality (i.e. the action must be proportionate to the desired outcome);
- (d) due consultation and the taking of professional advice from officers and/or appropriately qualified consultants;
- (e) respect for human rights (see below for further details); and
- (f) a presumption in favour of openness.

If Members consider that one of more of these rules have been breached then the decision may be 'called-in'. To call in a decision a proforma, attached at Appendix B, must be completed with the reasons for the call-in clearly stated. It must be signed by either the Chairman or three Members of the Committee and must be handed to the proper officer within 10 working days of the publication of the decisions of the meeting. The Overview and Scrutiny Committee then meets within a further 10 working days of the decision to call-in. Members may request the attendance of relevant officers or Members to answer any questions that they may have. The Committee can then refer the matter back to the decision-making committee, setting out in writing the nature of its concerns or refer the matter to Full Council. If referred

back to the decision-making committee, a meeting will be convened to reconsider the decision within a further 10 working days.

Further details can be found in the Council Constitution on page 144.

At the heart of the Overview and Scrutiny Committees work should be the consideration of what impact the Policy Committees decisions, plans and policies have on the communities of Ryedale. If the Committee considers the decisions made will have an adverse affect they have a duty to say so and suggest improvements.

Members of Overview and Scrutiny Committees should also make efforts to identify issues of concern to the residents of Ryedale and where the Committee agrees, instigate a Scrutiny review.

General Framework for Scrutiny:

Function	Scope	How delivered:
Democracy and Governance	Local democracy and the achievement of effective, transparent and accountable decision making by the Council.	The Call in function and involvement in Policy Review Review of the Statement of Internal Control
Lifelong learning and culture	The provision, planning and management of education, training and Culture in the District in so far as the Council is responsible for this.	
Public Accounts	The Councils budget, the management of its budget, capital, revenue borrowing and assets and its audit arrangements.	Review of the relevant documents.
Regeneration and Housing	The physical, social and economic environment and regeneration of the Ryedale District; enabling the provision, planning and management of its housing and the rural and built environment.	Review of the Housing Strategy and Capital Strategy.
Services	The provision, planning, management and performance of Council services, including support services, the community plan and any other Council functions not otherwise addressed by any other Committee.	Review of the Performance Management framework on a quarterly basis and the review of policy documents. Their involvement in VFM processes.
Social Inclusion	Policies and Strategies of the Council and other bodies which affect the economic, social and political resources available to individuals to enable them to participate fully in Society.	Review of the Community Plan and budget/capital strategy. The money should follow the priorities.

Appendix A - Checklist

1. Review decision-making and consider call-in
2. Consider the effect of policy decisions on the community - have the intended policy outcomes been achieved?

Also consider against the implementation of the Council's Equalities Scheme, which is:

- To work towards the elimination of discrimination (either direct or indirect) and harassment
- To ensure that members and officers work towards mainstreaming equality of opportunity across all policies and functions
- To ensure equality, equity and consistency in working practices and conditions
- To ensure that the workforce represents the wider community of the District

3. Identify areas for future policy investigation
4. Identify any issues arising from the strategies and plans of the Council:
 - Corporate Plan
 - Medium Term Financial Plan
 - Capital Strategy
 - Asset Management Plan
 - Crime and Disorder Strategy
 - Housing Strategy
5. Budget issues: capital programme, revenue budgets, borrowing, assets
6. Performance issues
7. Value for Money issues
8. Management issues
9. Audit and Governance issues
10. Environmental issues

Appendix B – Call-in Proforma

Date

Committee:

Decision to be called in:

Council’s Constitution – Article 12 Decision Making

Principles of decision-making:

All decision of the Council will be made in accordance with the following principles:

- (a) the rule of law
- (b) clarity of aims and desired outcomes
- (c) proportionality
- (d) due consultation and the taking of professional advice from officers and/or appropriately qualified consultants
- (e) respect for human rights
- (f) a presumption in favour of openness

Reason for calling in the decision:

This form is to be signed by **either** the Chairman of Overview & Scrutiny Committee **or** 3 Members of the Committee

Signature of Chairman of Overview & Scrutiny Committee **or** Councillor

.....Date:.....

Signature of Councillor

.....Date:.....

Signature of Councillor

.....Date:.....

Date of meeting to consider the Call in
(Must be within 10 working days of call in)

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Agenda Item 7

ANNEX B

Attendance at Policy Committees 2015/16 – Draft Rota

Policy and Resources Committee		Jun 18	Sept 24	Nov 26	Feb 4	March 31							
G Acomb		X			X								
J Andrews		X			X								
D E Cussons		X				X							
K C Duncan			X			X							
P R Evans			X			X							
R W K Gardiner			X										
W E Jowitt				X									
J E Sanderson				X									
E L Shields				X									
C R Wainwright					X								
Planning Committee	Jun 23	Jul 21	Aug 18	Sep 15	Oct 13	Nov 10	Dec 1	Dec 22	Jan 19	Feb 16	Mar 15	Apr 12	May 10
G Acomb	X					X					X		
J Andrews	X					X					X		
D E Cussons		X					X					X	
K C Duncan		X					X					X	
P R Evans			X					X					X
R W K Gardiner			X					X					X
W E Jowitt				X					X				
J E Sanderson				X					X				
E L Shields					X					X			
C R Wainwright					X					X			

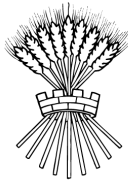
The rota is based on three Members observing at each meeting of the Policy and Resources Committee and two at the Planning Committee.

Observers are required at Planning Committee only when the agenda includes a Part A planning policy item requiring a decision by the committee.

If you are unable to attend could you please try and obtain a substitute in the first instance.

If you are unable to do so then please contact the Chairman of the Overview and Scrutiny Committee.

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REPORT TO:	OVERVIEW AND SCRUTINY COMMITTEE
DATE:	25 JUNE 2015
REPORT OF THE:	COUNCIL SOLICITOR ANTHONY WINSHIP
TITLE OF REPORT:	UPDATE ON USE OF REGULATION OF INVESTIGATORY POWERS ACT 2000 (RIPA)
WARDS AFFECTED:	ALL

EXECUTIVE SUMMARY

1.0 PURPOSE OF REPORT

- 1.1 This report provides details of the use of covert surveillance under the Regulation of Investigatory Powers Act by Ryedale District Council .

2.0 RECOMMENDATION(S)

- 2.1 To reaffirm the Council's RIPA policy and agree the new format as set out in Appendix 1 to this report.
- 2.2 To delegate to the Council Solicitor and Monitoring Officer the authority to update and amend the policy as necessary.
- 2.3 Members note that no application for covert surveillance has been made to the Council's approved "Authorising Officers" and as a consequence no application to the Magistrates Court requesting approval of any such grant has been made.

3.0 REASON FOR RECOMMENDATION(S)

- 3.1 To ensure oversight by Members of the Council's compliance with the legislation.

4.0 SIGNIFICANT RISKS

There are no significant risk management/assessment implications arising from this proposed decision.

REPORT

5.0 BACKGROUND AND INTRODUCTION

- 5.1 The role of local government is bound by a wide breadth of statutory duties and powers. In an attempt to quantify the full extent of legal duties placed on local government, the Department of Communities and Local Government undertook a review of local government statutory duties in 2011 and identified 1,294 statutory duties that central government places on local authorities. Local authorities have a wide range of prosecution powers in discharging its regulatory roles.
- 5.2 Currently (in England and Wales) local authorities can bring their own prosecutions based on their own investigations by their own departments – including housing benefit, environmental health, fly tipping, dangerous dogs, food safety, listed building control, planning control and health and safety.
- 5.3 When taking enforcement action, the Council's enforcing officers may on occasion consider it necessary to undertake covert surveillance work in order to undertake the Council's statutory duties or "core work". For example, covert surveillance may be necessary to observe individuals who may be suspected of benefit fraud.
- 5.4 The Regulation of Investigatory Powers Act 2000 (RIPA) was enacted to protect the human rights of individuals who are the subject of covert investigatory techniques, and others who might be affected by collateral intrusion. Contrary to widespread misreporting in the media, it is not anti-terrorism legislation and it did not give local authorities access to covert investigatory techniques for the first time. RIPA merely provides a regulatory framework for the exercise of existing powers which is transparent, addresses human rights issues and has clearly defined authorisation processes.
- 5.5 RIPA controls the use of covert surveillance operations by the Council when undertaking its various enforcement functions.
- 5.6 In essence, RIPA imposes a requirement that an investigating officer cannot use covert surveillance as a method of gathering evidence unless they have first obtained a proper authorisation by an officer of senior rank. RIPA requires that formal "Authorisation" from a senior officer must be obtained before carrying out covert surveillance, monitoring and other evidence-gathering activities.
- 5.7 The investigating officer must make a written application describing the proposed surveillance activity and giving details of the reasons for it, the person or persons who will be the subject of the surveillance, and what evidence the surveillance is intended to obtain. The authorising officer must be satisfied that the proposed surveillance is both **necessary** and **proportionate** in the circumstances and that there is no other reasonable method of achieving the desired outcome.
- 5.8 RIPA requires the Council to have in place procedures to ensure that when required, surveillance is necessary and is properly authorised. Surveillance is usually a last resort that an investigator will use to prove or disprove an allegation. RIPA sets out a statutory mechanism for authorising covert surveillance and the use of covert human intelligence sources.

5.9 Any such Authorisation granted must be supported by an Order approving the grant or renewal of such Authorisation from a JP (either a District Judge or lay magistrate) before it can take effect.

6.0 POLICY CONTEXT

6.1 Surveillance of illegal activity can take place as part of a number of Council regulatory functions which contribute to improving the district as a place to live.

6.2 Whilst the Council is not usually a user of covert surveillance, such methods are used where it is considered necessary and proportionate to do so in order to help achieve the Council's priorities, particularly in relation to the protection of the public and the environment.

7.0 CONSULTATION

7.1 Senior Council officers have contributed to the preparation of the report.

8.0 REPORT DETAILS

8.1 Systems have been in place since RIPA came into force and include guidance notes on the Council's Intranet, periodic training for officers, and advice and oversight from Legal Services . One of the requirements of the regime is that a central record of authorisations be kept. This is kept and maintained securely by the Legal Services Manager.

8.2 The Home Office has issued detailed Codes of Practice on compliance with RIPA's provisions together with standard authorisation forms. RIPA requires that only a "Director, Head of Service or Service Manager or equivalent are lawfully entitled to authorise covert techniques. Currently this is limited to the Chief Executive, Corporate Director, Council Solicitor, Head of Planning and Housing, Health and Environment Manager and the Finance Manager. Further key guidance notes, distilled from the Home Office codes of practice, are available to the Authorising Officers.

8.3 It is emphasised that the use of covert investigatory techniques should, in all cases, be the last resort and the only ground upon which an authorisation may be granted is for the purposes of preventing or detecting a criminal offence, which must be punishable by a maximum term of at least 6 months' imprisonment (with an exception relating to sale of alcohol and tobacco to children). In addition, as previously mentioned, local authority RIPA authorisations must be approved by the Magistrates' Court.

8.4 Although RIPA covers a number of activities undertaken by investigatory bodies (e.g., phone tapping by the Security Services and Police) its principle use in respect of Local Authorities relates to:-

- covert surveillance, and
- covert human intelligence sources.

8.5 Covert surveillance covers the monitoring, observing or listening to persons, their movements, conversations or other activities and communications in a way that is calculated to ensure that persons who are subject to surveillance are unaware. It may be conducted with or without the assistance of a surveillance device and

includes the recording of any information obtained. RIPA is most relevant to the Council's activities in effecting enforcement procedures such as the investigation and prosecution of offences. This would not include the initial investigation of contraventions such as planning enforcement or noise investigations. The Council's use of the powers has been very limited in recent years. For example, the Council has not used authorisations under the Act in the last four years.

- 8.6 Covert human intelligence sources relate to the use of a third party to gather information. For example, this could be an informer or someone used to undertake test purchases. This is not an activity that the Council engages in at all. The Council also needs the approval of a magistrate to carry out this activity.
- 8.7 The only area in which the Council very occasionally involves itself where RIPA might be relevant is covert surveillance. It is necessary for the Council therefore to follow the legislation and the requirements of Government Codes of Practice. Most of the requirements of the Code are dealt with at an Officer level. However, Members are expected to approve a Policy on RIPA and to have some involvement in the monitoring of how the Council implements RIPA requirements.
- 8.8 Members are asked to consider and the reaffirm the Council's RIPA policy and agree the new format as set out in Appendix 1 to this report.

9.0 IMPLICATIONS

9.1 The following implications have been identified:

- a) Financial
None arising from the report.
- b) Legal

Article 8 of the European Convention on Human Rights provides: "Everyone has the right to respect for his private and family life, his home and his correspondence."

There can be no interference by a public authority with the exercise of this right except such as is in accordance with the law and is necessary in a democratic society for the purpose of the prevention of disorder or crime.

The right to non interference with an Article 8 right is not absolute. It is a qualified right. This means that in certain circumstances the Council *may* interfere with the right if the interference is:

- in accordance with the law
- necessary, and
- proportionate

- c) Other (Equalities, Staffing, Planning, Health & Safety, Environmental, Crime & Disorder)

None arising from the report.

**Anthony Winship
Council Solicitor**

Telephone No: 01653 600666 ext: 267
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Background Papers:

1. [Home Office Guidance- Covert Surveillance and Property Interference\(December 2014\)](#)
2. [Home Office Guidance – Covert Human Intelligent Sources \(December 2014\)](#)
3. [Home office Guidance- Protection of Freedoms Act 2012- changes to the provisions under the Regulation of Investigatory Powers 2000 \(October 2012 \)](#)
4. [Office of Surveillance Commissioners- procedures and Guidance \(December 2014\)](#)

Background Papers are available for inspection at:

www.ryedale.gov.uk or Ryedale House, Malton, North Yorkshire, YO17 7HH

COVERT SURVEILLANCE POLICY STATEMENT

Introduction

1. Ryedale District Council is committed to building a fair and safe community for all by ensuring the effectiveness of laws designed to protect individuals, businesses, the environment and public resources.
2. Ryedale District Council recognises that most organisations and individuals appreciate the importance of these laws and abide by them. The Council will use its best endeavours to help them meet their legal obligations without unnecessary expense and bureaucracy.
3. At the same time the Council has a legal responsibility to ensure that those who seek to flout the law are the subject of firm but fair enforcement action. Before taking such action, the Council may need to undertake covert surveillance of individuals and/or premises to gather evidence of illegal activity.

Procedure

4. All covert surveillance shall be undertaken in accordance with the procedures set out in this document.
5. Ryedale District Council shall ensure that covert surveillance is only undertaken where it complies fully with all applicable laws, in particular the:
 - Human Rights Act 1998
 - Regulation of Investigatory Powers Act 2000
 - Protection of Freedoms Act 2012
 - Data Protection Act 1998
6. The Council shall, in addition, have due regard to all official guidance and codes of practice particularly those issued by the Home Office, the Office of Surveillance Commissioners (OSC), the Security Camera Commissioner and the Information Commissioner.
7. In particular the following guiding principles shall form the basis of all covert surveillance activity undertaken by the Council:
 - Covert surveillance shall only be undertaken where it is absolutely necessary to achieve the desired aims.
 - Covert surveillance shall only be undertaken where it is proportionate to do so and in a manner that it is proportionate.
 - Adequate regard shall be had to the rights and freedoms of those who are not the target of the covert surveillance.

- All authorisations to carry out covert surveillance shall be granted by appropriately trained and designated authorising officers.
- Covert surveillance [regulated by RIPA] shall only be undertaken after obtaining judicial approval.

Training and Review

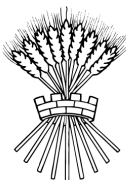
8. All Council officers undertaking covert surveillance shall be appropriately trained to ensure that they understand their legal and moral obligations.
9. Regular audits shall be carried out to ensure that officers are complying with this policy.
10. This policy shall be reviewed at least once a year in the light of the latest legal developments and changes to official guidance and codes of practice.
11. The operation of this policy shall be overseen by the Council's Overview and Scrutiny Committee by receiving reports every 12 months.

Conclusion

12. All citizens will reap the benefits of this policy, through effective enforcement of criminal and regulatory legislation and the protection that it provides.
13. Adherence to this policy will minimise intrusion into citizens' lives and will avoid any legal challenge to the Council's covert surveillance activities.
14. Any questions relating to this policy should be addressed to:

Anthony Winship
Council Solicitor

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REPORT TO:	OVERVIEW AND SCRUTINY
DATE:	25 JUNE 2015
REPORT OF THE:	CHIEF EXECUTIVE JANET WAGGOTT
TITLE OF REPORT:	THE COUNCIL'S PRIORITIES 2015-20
WARDS AFFECTED:	ALL

EXECUTIVE SUMMARY

1.0 PURPOSE OF REPORT

- 1.1 The purpose of this report is to present the delivery against the Council's priorities in 2014/15 to committee, highlight the challenges facing the Council for the next 12 months and to reaffirm the Aims and Strategic objectives of the Council Business Plan for 2015/16 within this context. The Council Plan is attached at Annex A

2.0 RECOMMENDATIONS

- 2.1 That members note the progress made by the Council in delivering its priorities in 2014/15 and the challenges to be faced in 2015/16
- 2.2 That members agree the Aims and Strategic Objectives of the Council Business Plan for 2015/20 as attached at Annex A.

3.0 REASON FOR RECOMMENDATIONS

- 3.1 The Council Business Plan sets the strategic priorities for the Council for 2015 to 2020. The aims and strategic objectives are reviewed by members annually.
- 3.2 Members of the Council review the progress being made in delivering the Council's priorities at every committee cycle. This report is the annual review and is an element of the Council's performance management arrangements.

REPORT

4.0 BACKGROUND AND INTRODUCTION

- 4.1 The Council Business Plan has been revised following a review of the context in which the Council is operating, the Council's delivery of its priorities in 2014/15 and the challenges facing Ryedale in the next 5 years.

5.0 POLICY CONTEXT

5.1 The Council Business Plan is the key policy statement of the Council and is complimented by other plans such as the Financial Strategy and Service Delivery Plans and strategies. Links to these can be found in the document attached at annex A.

6.0 CONSULTATION

6.1 The Council engages with the communities it represents throughout the year and in relation to all policy development. The intelligence gathered from all engagement activities informs the delivery of the Council Business Plan and the annual budget process.

6.2 This report will be considered by each of the Council's committees ahead of its consideration by Council in July 2015.

7.0 REPORT DETAILS

7.1 The following priorities are proposed for the Council Business Plan for 2015-20 which is attached at Annex A :

Aim 1: To create the conditions for economic success

Strategic Objectives:

1. Place of opportunity – economic structure and supporting infrastructure
2. Opportunity for people – increasing wage and skills levels through the provision of more and better jobs

Aim 2: To meet housing need

Strategic Objectives:

3. To change and add to housing stock to meet the local housing needs
4. To support people to access a suitable home or remain in an existing home

Aim 3: To have a high quality clean and sustainable environment

Strategic Objectives:

5. Reducing waste - sustain existing high levels of dry recycling, promotion of home composting and monitoring the impact of charging for green waste
6. To protect and improve the quality of our local environment

Aim 4: To have safe and active communities

Strategic Objectives:

7. Working with partners, statutory and VCS, to improve health and wellbeing of communities

Aim 5: To transform the Council

Strategic Objectives:

8. To understand our communities and meet their needs
9. To develop the leadership, capacity and capability to deliver future improvements, considering options for alternative modes of delivery.

7.2 The work undertaken in reviewing the Council Business Plan includes:

- Review of the context in which the Council operates taking into account comparative data from a wide variety of sources.
- Review of the Council's performance in delivering its priorities and the key performance indicators used to monitor and report performance to members
- Analysis of the feedback received from consultation undertaken

- Consideration of the challenges which may face the place of Ryedale and its communities and the Council itself in the next 5 years

7.3 Progress in delivering the Council's priorities is reported quarterly to the Policy and Resources Committee and the Overview and Scrutiny Committee. These reports are complimented by the Revenue Budget Monitoring reports also submitted to the Policy and Resources Committee. These reports are available on the Councils website and contribute to the delivery of the transparency agenda for local government.

7.4 The Councils Business Plan is attached at Annex A.

8.0 IMPLICATIONS

8.1 The following implications have been identified:

a) Financial

There are no new financial implications in considering this report which are not accounted for in the Financial Strategy.

b) Legal

There are no significant legal implications arising from this report

c) Other

There are no significant other implications arising from this report.

Janet Waggott
Chief Executive

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Background Papers:

Council Plan 2009 -13

Delivering the Council Plan Reports – Reported quarterly to Policy and Resources Committee

Background Papers are available for inspection at:

www.ryedale.gov.uk

Ryedale District Council Plan 2015-2020

Introduction

Welcome to Ryedale District Council's business plan – The Council Plan 2015-20. This plan is intended to explain to Councillors, members of the public, to partner organisations and to our staff what the priorities of the Council are for the next five years. We want our customers to have a clear understanding of the issues that this Council believes are most important for the next five years. The Council has linked the planning for its resources to the priorities in this plan. We want to focus our effort on those things that will make the difference to the lives of people in Ryedale's communities, targeting resources for those in greatest need.

The Council Plan includes 5 Priorities that will guide the Council as it delivers services for the people of Ryedale district over the next five years, challenges to be met in the next 12 months, examples of the action to be taken to meet these challenges and performance indicators which will be used to manage delivery of the priorities. Also included is a summary of achievements against priorities made in the preceding year.

Why have we chosen these priorities?

Aim 1 To create the conditions for economic success

There is a need to strengthen and diversify Ryedale's economy. Levels of unemployment are low but for those in employment wages are also low, making housing unaffordable for many. The Ryedale economy is currently over reliant on traditional industries that are associated with low pay there is strength in the advanced engineering, agri-food and creative economy and tourism sectors. People in Ryedale are very entrepreneurial with many working at home, in self employment or running small businesses.

The conditions need to be created in Ryedale to support the development of opportunities within sectors that are generally better paid than the current low average income levels. This would then provide opportunities for those with higher and specialist skill levels and additionally the potential to employ younger people who often choose to leave the area to access better opportunities. The population is ageing and businesses continue to struggle to access skilled workers, whilst good students leave the area. Communities in Ryedale have poor transport links via the A64 and only one rail station, broadband coverage is estimated to be 74% compared to 84% in York and North Yorkshire and mobile phone coverage is patchy. Ryedale is the 5th least affordable rural area in which to live in the country with poor access to services such as supermarkets, schools, post offices and petrol stations.

The biggest challenges are therefore to develop the infrastructure whilst valuing the historic towns and mitigating flood risk. There is a need to attract investment from the Local Growth Fund into Ryedale.

Aim 2 To meet housing need in the Ryedale District Council area

In Ryedale there is an imbalance between market house prices and the amount that many local people can afford to pay for a home. This is a result of low wage levels (£10.33 an hour in Ryedale, £13.15 GB average) and high house prices (£213,983). Ryedale has an increasingly ageing population and as people get older their housing needs often change, with an increased level of support from services and access to specialised housing provision. People want to live in Ryedale and believe it is a good place to live where they can enjoy a high quality of life. Affordable housing includes social rented and intermediate housing provided to specified eligible households whose needs are not met in the market.

Ryedale has performed very strongly in delivering housing is one of the few authorities in North Yorkshire to be delivering new homes at the level required by their Local Plan. The delivery of new housing is all currently from market housing and this is delivering all of the affordable housing.

Aim 3 – To have a high quality, clean and sustainable environment

A striking characteristic of Ryedale is the outstanding quality of its countryside, villages and market towns. This is reflected in the designation of the North York Moors National Park and the Howardian Hills Area of Outstanding Natural Beauty. The finest examples of historic buildings and features in Ryedale are legally protected; there are 46 conservation areas, more than 2,000 listed buildings, 440 scheduled ancient monuments and eight registered historic parks and gardens. Ryedale District is very sparsely populated relative to the rest of England, being ranked 2nd, with over half of the population living in villages, hamlets and isolated dwellings. Ryedale possesses a very high quality environment and our aim is to maintain this in future years.

Aim 4 – To have safe and active communities

Ryedale has a network of community facilities for recreation and leisure activities which are all owned and managed by local communities for their own use, and that of other residents and visitors. The council supports existing and new facilities through a community grants programme. The Council owned facilities are now managed under contract with Everyone Active.

The health of people in Ryedale is generally better than the average in England, deprivation is lower than the average, but Ryedale remains the area with the highest rate for road casualties in England. Levels of activity in our communities are high, for physical activity and social activity such as volunteering and gardening (11.4% census) and the half of the population report they are in very good health (45.5 % census).

Ryedale has one of the lowest crime rates in the country and much work is undertaken to maintain this level and to try and gain improvements. The priorities for Safer Ryedale in response to concerns expressed by residents are tackling dog fouling, safer roads, Alcohol and substance harm reduction, reducing levels of domestic violence and anti-social behaviour and tackling crime in the community. Safer Ryedale – the community safety partnership - responds to the needs of our community through shared intelligence and deployment of joint resources.

Aim 5 – To Transform the Council

We need to ensure that we understand our communities and deliver improvement in the areas which will make the greatest difference in the quality of life of people in our communities. We need also to target our resources on those who are in the greatest need, whilst ensuring that we deliver high quality services which represent good value for money for the taxpayer. The Council faces significant challenges in balancing its budget over the next 5 years, with savings in the region of £500k needing to be realised in 2016/17 and it is anticipated that since launching the one 11 programme the Council will have saved over £4 million by 2020. The Council will be required to make a saving of between 6% and 7% on the revenue budget of £6.8 million to achieve a balanced budget in 2016/17.

Because of the rural nature of Ryedale inequality and disadvantage can occur in small pockets within any community. We need therefore to be innovative in the way we deliver our services and that they can be accessed. Ryedale is fully parished with 100 parishes, 5 town councils, 66 parish councils and 29 parish meetings. The level of turn out at elections is consistently high, we will continue to support local democracy and encourage participation in civic life. The election turnout in May 2015 was 69.4% with 42,241 registered to vote in Ryedale.

**RYEDALE
DISTRICT
COUNCIL**



The Council's vision for Ryedale is of a place

where all residents can enjoy a good quality of life, with strong, prosperous and welcoming communities

The Mission of the Council is

working with you to make a difference

Council Priorities 2015-20

Aim 1: To provide employment opportunity and create the conditions for economic success in Ryedale

Strategic Objective 1:

Place of opportunity – to have the economic structure and supporting infrastructure in place

Strategic Objective 2:

Opportunity for people – increasing wage and skills levels through the provision of more and better jobs.

We will do this through the development of sites and premises, physical infrastructure and business support and increasing levels of wages and skills in the workforce.







Our priority activities will include:



















- Identifying sufficient sites for industrial, business and retail use
- Improving the vitality of Malton as a retail centre
- Improving the infrastructure and strengthening the role of the market towns
- Serving the needs of local businesses in a changing economic climate
- Helping people to acquire the skill they need to access employment opportunities
- Paying the right benefit to the right people at the right time
- Contribute to securing the best deal for devolution for Ryedale, North Yorkshire and York and the East Riding
- A64 upgrading:

- With Highways England – Hopgrove to Barton Hill
- With NYCC/SBC and the LEP – Crambeck to Malton / Norton to Scarborough
- Growing agri-food sector
 - Working in partnership with Fera, University of York and Stockbridge on a network of bio-economy growth sites
 - Growth at Fera site – 800 jobs – national agri-food innovation campus – with investment of £8.3m from Local Growth Fund
 - Malton Food Enterprise Zone including the new livestock market and investment of £2.1m Local Growth Fund
 - Y&NY LEP ambition is to be the global leader in food, agri-tech, and bio-renewables
- Supporting growth of our engineering sector linked to the Potash scheme
 - Kirkbymoorside campus
 - Strengths of Derwent Training
- Using planning to support appropriate growth eg allocating employment land
 - Expansion of Thornton Road Industrial Estate, Pickering
- Communicate with businesses and understand where council can help
- Funding apprenticeships and linking skills with employer needs
 - Ryedale Employability Partnership

Challenges for 2015/16 are:

- To have the Community Infrastructure Levy scheme examination in autumn 2015.
- To build a business case and secure implementation of major projects in the Ryedale Economic Action Plan, including securing Local Growth Fund and LEP support, to include FERA, A64 improvements and Malton AgriBusiness Park, and other projects to meet the needs of market towns and villages
- To have the sites document ready for examination and the Helmsley Development Plan Document adopted to compliment the LDF
- To establish the Malton Food Enterprise Zone and a network of bio-economy sites around York
- To continue to seek to secure a sustainable future for the Milton Rooms
- Brambling Fields – assess and introduce traffic management measures to make effective use of the improved junction
- Progress initiatives to improve the skills match between the local workforce and the needs of local employers, including apprenticeship schemes and expanding the employability partnership.

Aim 1: Employment Opportunity & Economic Success						
		EC 10	Total Job Seeker Allowance Claimants Aged 16 – 64			
Current Value	0.8%	April 2015	Previous value	1.6% March 2014	Data is published monthly	
April 2015: Yorkshire and the Humber 2.6%, Great Britain 1.9%.						
		EC 12a	% Ryedale population aged 16-64 qualified - NVQ1 or equivalent			

Current Value	83.1%	Jan - Dec 2014	Previous value	91.9% Jan - Dec 2013	Data is published annually
Ryedale has the lowest percentage of population qualified to NVQ level 1 or above in North Yorkshire and is the third lowest in Yorkshire and the Humber. Young people achieve level 1 and 2 NVQ's in order to improve their career prospects. The council has targeted resources through various apprenticeships. This level is a stepping stone to future learning opportunities.					
		EC 12b	% Ryedale population aged 16-64 qualified - NVQ2 or equivalent		
Current Value	67.5 %	Jan - Dec 2014	Previous value	80 %	Jan - Dec 2013
Ryedale has the lowest percentage of population qualified to NVQ level 1 or above in North Yorkshire. Young people achieve level 1 and 2 NVQ's in order to improve their career prospects. The council has targeted resources through various apprenticeships. This level is a stepping stone to future learning opportunities.					
		EC 12c	% Ryedale population aged 16-64 qualified - NVQ3 or equivalent		
Current Value	54.4%	Jan - Dec 2014	Previous value	53.2%	Jan - Dec 2013
Ryedale performance is above the North Yorkshire average for this level of qualification.					
		EC 12d	% Ryedale population aged 16-64 qualified - NVQ4 or equivalent		
Current Value	41%	Jan - Dec 2014	Previous value	40.1%	Jan - Dec 2013
Ryedale performance is well above the North Yorkshire average for this level of qualification.					
		EC 13a	Gross weekly earnings by workplace excluding overtime		
Current Value	£414	2013/14	Previous value	£412.6	2012/13
Ryedale has the lowest level of earnings by workplace in Yorkshire and the Humber.					
		EC 13b	Gross weekly earnings by residency		
Current Value	£424.80	2013/14	Previous value	£412.20	2012/13
Although an increase in weekly pay compared to last year - Ryedale still has the lowest gross weekly earnings in Yorkshire and the Humber.					
		EC 40	Employment Rate - aged 16-64		
Current Value	84.5%	Jan - Dec 2014	Previous value	81%	Jan - Dec 2013
Jan-Dec 2014-15: Yorkshire & Humber - 70.5%, Great Britain - 72.4%					
Jan-Dec 2013-14: Yorkshire & Humber - 69.7%, Great Britain - 71.3%					

Page 33

- Supporting Plans:
- [The Ryedale Plan](#)
- [The Ryedale Economic Action Plan](#)

Achievements in 2014/15 include:

- £8.3m of funding towards the transition of the Food and Research Environment Agency site at Sand Hutton to the National Agri Food Innovation Campus, with an expected 800 new jobs to be created at the site over forthcoming years.
- £2.1m of Government funding has been secured to help bring forward the new Livestock Market and Agri- Business Parks at Old Malton.

- Injured Jockey's Fund second respite and rehabilitation centre, is set to open in Malton in late Spring 2015
- Ministerial visit to Rosti McKechnie, where 400 new jobs have been created at this specialist supplier for the car industry.
- Ryedale Apprenticeship scheme – supported apprentices in industry and within the Council
- 4th year of opportunity knocks, with a record 20 companies taking part and 400 school pupils from all four of Ryedale's secondary schools attending.
- Established the Ryedale Employability Partnership involving schools and industry
- Partnership working with NYBEP including 4 secondary schools took part in Careers Practitioner Professional Development day
- Tourism campaign two centre holiday
- Visitor Information Point opened in a bookstore in Helmsley
- Love your market campaign
- Business Rates Reoccupation Relief Scheme adopted

Aim 2: To meet housing needs in the Ryedale District Council area

Strategic Objective 3:

To change and add to housing stock to meet the local housing needs

Strategic Objective 4:

To support people to access a suitable home or remain in an existing home

We will achieve this through the provision of additional affordable and specialist homes and the adaptation of existing homes and by supporting people to access a suitable home or remain in an existing home with support services provided.

And our priority include:

Affordability and the supply of homes

- Work with partners to increase the supply of good quality new housing across all tenures and locations (in line with Local Plans/site allocations).

Our geography

- Ensure that our housing stock reflects the needs of urban, rural and coastal communities

Changing demography

- Ensure that our housing stock meets the diverse needs of our communities at all stages of their lives

Quality of our housing stock

- Via policy guidance and negotiation, ensure new homes are of high design and environmental quality
- Continue to ensure that we make best use of our existing stock and that it is of a decent quality and meets the needs of our communities
- Ensure all homes have a positive impact on health and well being and are cheap to run

Homelessness and specific needs groups

- Continue to reduce homelessness
- Ensure Housing is allocated fairly and on the basis of need
- Provide appropriate housing and support for those with specific housing needs

The Challenges for 2015/16 are:

Affordable Housing Delivery:

- To maintain delivery of new affordable homes in the current economic climate and deliver more than 375 affordable homes by 2020. Developments on site or with permission are expected to deliver around a further 200 additional affordable units during 2015/16 and 2016/17.

- The LEP have identified a stretch target of 250 new homes for Ryedale a year for the next 5 years, whilst also maintaining a 5 year land supply, in line with government policy. Recent experience has demonstrated that the most effective form of delivery of affordable homes is through the delivery of market led housing schemes – in order to maintain new housing supply, permissions need to be granted to developers for major housing schemes.
- Maximising income from New Homes Bonus through permissions for new housing and reducing numbers of empty homes.
- Preparation of LDF Sites Documents for publication in 2015
- Helmsley Plan to be published, examined and adopted by December 2015
- Maximise opportunities to support housing delivery through funding initiatives such as Local Growth Fund, Get Britain Building
- Thoroughly investigate innovative ways of building and local delivery of affordable homes in Ryedale.
- CIL examination and links to Housing and infrastructure by the end of 2015

Ensuring that our housing stock reflects the needs of the Ryedale communities across all areas

- Continue to support the work of the Rural Housing Enabler Network and RHE Team
- Address the needs of housing markets including tackling poor quality private housing
- Reducing the number of empty properties in the District and maximising income from New Homes Bonus

Ensuring that our housing stock meets the diversity of needs of our communities at all stages of their lives

- Increase the number and range of homes suitable for our ageing population
- Increase the number and range of homes suitable for working age households, particularly first time buyers, to enable mixed and sustainable communities through policy guidance and negotiation ensuring new homes are of high design and environmental quality
- Work closely with house builders, land owners and registered providers to communicate aspirations and needs around quality and design

Promoting grants and loans schemes and service available to improve private sector housing stock

Continue to make best use of existing stock and ensure it is of a decent quality to meet the needs of our communities

- Develop and maintain an understanding of the condition of existing stock
- Identify and use opportunities to redevelop existing residential or commercial stock for new housing

Ensure all homes have a positive impact on health and wellbeing and are affordable to run

- Continue to deliver investment in Energy Efficiency
- Reduce the impact that poor housing has on health and wellbeing

Continue to reduce Homelessness:

- Reduce homelessness through prevention
- Reduce the use of and improve the quality of temporary accommodation
- Reduce the incidence of youth homelessness
- Improve access to support services
- Managing the impact of changes to the welfare benefits system on vulnerable residents
















Ensure Affordable Housing is Allocated Fairly and on the Basis of Need

- Support the sub regional Choice Based Lettings approach and local solutions were appropriate

Provide appropriate Housing and Support for those with Specific Needs

- Identify new and improved opportunities to provide housing and support for households with specific needs
Support the needs of Gypsy, Roma, Traveler and Showmen
- Continuing the good practice and joint working across the sub-region

Aim 2: Housing Need						
		BS RB 3	Speed of processing - changes of circumstances for HB/CTB claims			
Current Value	9.0 days	2014/15	Current Target	12.0 days	March 2014 - 8.7	
Recent focus on Change of Circs forms has led to dramatic reduction in time taken. Latest value of 5 days for April 2015 well down on December 2014 figure of 14.7 days.						
		FP 7	Net additional homes provided			
Current Value	261	2014/15	Current Target	200	2013/14	
Increase of 37 on 2013/14 figure of 224 additional homes provided.						
		FP 8	Supply of deliverable housing sites			
Current Value	118%	2014/15	Current Target	100.0%	See Annual Monitoring Statement and Strategic Housing Land Availability Assessments. Target five year housing supply= 100%	
		HS 1	Homeless applications on which RDC makes decision and issues notification to the applicant within 33 working days (was LPI 70)			
Current Value	100.0%	2014/15	Current Target	100.0%	Target is to decide on all applications within 33 days	
100% completion of homeless applications within target in 2014/15 year. During quarter 4 of 2014/15, 4 homeless applications were made. All 4 of these had a decision made within 33 days of application receipt.						
		HS 5	Number of Homeless Applications			
Current Value	30	2014/15	Current Target	35	Total number of applications for 2013/14 = 35	
A total of 30 homeless applications were received over the course of 2014/15, lower than the target set and now at its lowest level.						
		HS 8	Prevention of Homelessness through Advice and Proactive Intervention			
Current Value	159	2014/15	Current Target	155	Target is to achieve 10% improvement in numbers of preventions year on year	
159 homeless preventions during the course of the 2014/15 year.						
		HS 10a	% Households in Ryedale in Fuel Poverty (10% income measure)			
Current Value	26%	2013/14	Current Target	27.3%	2012/13	
Latest results yet to be published. Est. no. of households 23,090 of which 6,446 in fuel poverty.						
		HS 10b	% Households in Ryedale in Fuel Poverty (Low Income High Cost)			
Current Value	11.1%	2013/14	Current Target	11.4%	2012/13	
Latest results yet to be published. Est. no of households 23,090 and 2,738 households in fuel poverty						

		HS 14	Affordability Ratio			
Current Value	7.36	2013/14	Current Target	8.65	2012/13	
North Yorkshire 7.20, England 6.45						
		HS 11	Empty Domestic Properties (New Homes Bonus Annual Return)			
Current Value	249	2014/15	Current Target	253	2012/13	
Annual figures of 885 empty at the end of 31st March 2014, with a total of 299 being empty for more than 6 months.						
		BS RB 2	Speed of processing - new HB/CTB claims			
Current Value	34.2 days	2014/15	Current Target	25 days	March 2014 – 61.5 days	
Much improved processing speed for new claims - Latest figures for April 2015 show the speed of processing now at 25.7 days compared to 73.6 days in August 2013. Processing speed has been as low as 12.1 days in March 2015.						
		HS 2	Length of stay in temporary accommodation (B&B, weeks) Snapshot			
Current Value	6.25 weeks	2014/15	Current Target	4.00 weeks	Target: National maximum allowable is 6 weeks. Local target of 4 weeks	
Length of stay in temporary accommodation increased over 2014/15 due to an anomaly result in Q4 of 22 weeks. Q1 - 4 weeks. Q2 - 0 weeks, Q3 - 1 week.						
		HS 17	Number of affordable homes delivered (gross)			
Current Value	67	2014/15	Current Target	75	35% of market housing target would result in 70 affordable homes arising from 200 net additional homes.	

Page 38

Supporting Plans:

[The Ryedale Plan](#)

York, North Yorkshire and East Riding Housing Strategy 2015/21

[The Ryedale Housing Strategy Action Plan](#)

Achievements in 2014/15 included:

- Ryedale District Council partnered with iChoosr – the UK's leading expert in collective energy switching and together was able to deliver market leading tariffs - to help residents save on fuel bills
- 8 affordable rented homes completed in Nawton, Beadlam

- Council has teamed up with Yorkshire Energy Partnership to offer free home insulation to all residents living in the Ryedale area. The 'Wrapping up Yorkshire' scheme is a move aimed at tackling fuel poverty and helping residents save up to £310* a year on their fuel bills
- RDC and Yorkshire Energy Partnership to promoted a new "free green electricity" scheme to local residents, which will give homeowners the opportunity to have solar panels installed for free.
- encouraged residents to apply for a government incentive scheme to insulate solid walled properties
- Ryecare continued to provide peace of mind for over500 potentially vulnerable residents
- White Rose Home Improvement Agency produced 'warm packs' containing practical items to help keep people safe and warm this winter and providing a winter weather emergency fund, to help those who may suffer in their homes as a result of cold, wintry weather
- White Rose Home Improvement Agency (HIA) was awarded a three year contract with North Yorkshire County Council, so that it can continue to help older and vulnerable residents live independently in their own homes across the Borough of Scarborough and the Ryedale district.
- Supported parish councils in undertaking housing needs surveys
- Supported a scheme which enable residents can reap the financial benefits of being part of Oil Buying Co-operatives – saving up to 10% off fuel bills. Over a quarter of Ryedale homes are heated using oil.
- A record number of affordable homes have been built in rural North Yorkshire over the past four years – exceeding the target by 25%. And the past 12 months has been the best – with the North Yorkshire Rural Housing Enabler Network and its partners delivering 179 completions over 23 sites. Ryedale has delivered 67 affordable homes over the last 12 months
- Private landlord forum with information relating to issues for all private landlords including loan sharks, housing benefit and the Consider-Rate scheme
- Promoted the Warm Home Discount Scheme which helps those in need with their winter energy costs by paying a credit onto the energy account of the qualifying account holder.
- Through CAB, supported Senior Citizen Warm Winter Health Package Week, preparing consumers for winter by offering free, impartial and confidential advice to help consumers save energy, cut their bills and get all the support they are entitled to.

Aim 3: To have a high quality, clean and sustainable environment

Strategic Objective 5:

Reducing waste - sustain existing high levels of dry recycling, promotion of home composting and monitoring the impact of charging for green waste

Strategic Objective 6:

To protect and improve the quality of our local environment

We will achieve this through the reduction of CO2 emissions and planning to adapt to climate change and improving the quality of our local environment

Our priority activities will include:



















- Page 40
- Reducing levels of CO2 emissions from our own operations
 - Increasing the rate of recycling and reducing the amount of waste collected
 - Reducing the amount of trade waste sent to landfill sites
 - Designing for the environment
 - Ensuring that future developments are in the right locations
 - Avoid inappropriate development in flood risk areas and managing the risk of future flooding
 - Improving street and environmental cleanliness
 - Improving levels of local biodiversity
 - Encouraging communities to manage their local environment

The Challenges for 2015/16 are:











- Encourage the increased take up of home composting as the first stage in the councils waste prevention hierarchy.
- To maintain the level of Garden Waste subscriptions at or above 46%.
- Maintain the percentage of dry recycling collected with the consequential reduction in waste sent to landfill.
- Reviewing waste collections, targets and tonnages following implementation of our sustainable policy to charge for green waste.
- Respond to changes in the public health system to ensure that there is the capacity to meet local needs influencing better care fund and integration, managing

the impact for Ryedale

- Continue to work to alleviate pockets of flooding in Ryedale, working in partnership with other agencies to address problems in market towns and villages and contributions towards pumping stations
- Progressing the development of the York and North Yorkshire Waste Partnership.

Aim 3: High Quality Environment					
		DM 2	Planning appeals allowed		
Current Value	38.00%	2014/15	Current Target	33.00%	Target based on national averages and benchmarking
The national performance level is consistently in line with the target figure of 33%, performance for Ryedale has varied because of the relatively low number of appeals received.					
		DM 157a	Processing of planning applications: Major applications (13 weeks)		
Current Value	81.48%	2014/15	Current Target	70.00%	Targets originally set under Planning Delivery Grant regime
By definition these applications are complex, often requiring for example legal agreements such as Section 106. These applications represent 4% of the total number received. Performance has improved in recent months, now well above target.					
		HE 13	% of Food establishments in the area broadly compliant with food hygiene law		
Current Value	76%	2013/14	Current Target	72%	Target is to improve on previous year. Assessments of premises undertaken using risk based scoring and national guidance. 17% of premises are low risk and not accessed and by default not compliant under the national definition for this indicator.
17% of premises are low risk and not assessed and by default not compliant under the national definition for this indicator.					
		SS 16	% of Household Waste Composted		
Current Value	33.64%	2013/14	Current Target	30.00%	Target set following analysis of previous performance levels
Performance continues to be above target.					
		SS 35	% CO2 reduction from LA operations.		
Current Value	-7.5%	2013/14	Current Target	3.0%	Target set for three years, based on national guidance. To be reviewed following analysis of performance to date
Investment made in energy efficiency measures continues to result in improvements in levels of CO2.					
		SS 36	Tonnes of CO2 from LA operations		
Current Value	1,622	2013/14	Current Target	1,754	Target set for three years, based on national guidance. To be reviewed following analysis of performance to date

Page 41

See above				
		SS 192	% of household waste sent for reuse, recycling and composting	
Current Value	52.70%	2013/14	Current Target	49.70% National target to achieve 50% by 2020
Performance continues to be above target and national average				
		DM 157c	Processing of planning applications: Other applications (8 weeks)	
Current Value	88.20%	April 2015	Current Target	93.00% Targets originally set under Planning Delivery Grant regime
Processing of applications in this area continues to perform close to the target level. Customer satisfaction has increased on previous years. Delegated decisions are currently made on 88% of decisions against a target of 90%.				
		SS 15	% of Household Waste Recycled	
Current Value	19.02%	2013/14	Current Target	20.00% Target set following analysis of previous performance levels
Performance continues to improve slightly but priority is now to maintain this level of performance				
		DM 157b	Processing of planning applications: Minor applications (8 weeks)	
Current Value	68.10%	April 2015	Current Target	80.00% Targets originally set under Planning Delivery Grant regime
Performance has been improving for some months and this trend is continuing. The latest processing level of 80% in May 2015 is now at its highest level since May 2010.				
		SS 17	Household Waste Collection - % change in kilograms per head	
Current Value	6.29%	2013/14	Current Target	0.25% Target is to improve on previous years change
Residual waste going to landfill continues to reduce, year on year.				

Page 42

Supporting Plans:

The Ryedale Plan

Service Delivery Plans are available on Covalent

Achievements in 2014/15 included:

- A new website was launched by the North Yorkshire Building Control Partnership (NYBCP) providing information on the many aspects of Building Regulations needed by residents of Hambleton, Richmondshire, Ryedale, Scarborough and Selby when altering their properties
- The one day sale of subsidised compost bins, organised by Ryedale District Council and the York and North Yorkshire Waste Partnership, proved to be a huge success, with over 355 containers sold.

- Four award winning developments in Ryedale featured at the 2014 Local Authority Building Awards for North and East Yorkshire.
 - Winner of the Best Refurbishment or extension of a Listed Building
 - Winner of the Best Commercial Small Building/Scheme
 - Winner of the Best Social or Affordable Housing Development
 - Winner of the Best Educational Building
- Introduced charging for garden waste collections launched in June 2014 and continued in March 2015. An overall target of 46% was reached for 2014/16 which substantially exceeded the 35% target set
- Support provided for local litter picking groups throughout the year with collection of rubbish and promotion of community clear up days
- A multi-agency flood group which has been meeting since 2012 to look at the emergency response to flooding in the area, commissioned a flood study which models the causes of flooding in four affected locations in Malton, Norton and Old Malton.
- Following consultation with local people Safer Ryedale are working in partnership to tackle dog fouling - one of the main complaints highlighted by the Ryedale Community.

Patrols have been stepped up in hotspot areas and £50 fines issued to irresponsible dog owners in a bid to reduce the amount of dog waste left on any designated land open to the air and to which the public have access.
- Facilitated a public meeting 'unpacking fracking'
- In an effort to support Ryedale District Council's Choose2Reuse campaign, community groups in Malton, Kirkbymoorside and Pickering are hosted three 'Give or Take' events in October and early November
- North Yorkshire Building Control partnership achieved the Investors in People (IIP) Gold Standard
- Yorwaste won a contract to handle, process and sell all recycling materials collected from households in Ryedale.
- North Yorkshire Building Control Partnership (NYBCP) has retained the prestigious ISO 9001:2008 certification for their efforts to provide a quality service to their customers
- For the second year in a row Ryedale District Council has earned an RSPCA Gold Footprint for its efforts to deal with stray dogs in regard to animal welfare. Around 100 stray dogs a year are looked after by the Ryedale District Council supported by the RSPCA, local dog rescue groups and breed rescue groups

Council Priorities 2015-20

Aim 4: To have safe and active communities

Strategic Objective 7

Working with partners, statutory and VCS, to improve health and wellbeing of communities

We want to encourage active lifestyles in communities where everyone feels welcome and safe and will achieve this through our support for safe and healthy villages and towns

Our priority activities will include:

- Minimising the effects of crime and anti-social behaviour on communities within Ryedale
- Improving perceptions of local crime levels.
- Working to increase participation in and satisfaction with the sport, active recreation
- Improving the cultural offer in Ryedale




Page 44

The Challenges for 2015/16 are:

- Continue to maintain low levels of crime through local delivery whilst the structural changes to community safety partnerships are implemented across North Yorkshire
- To support improvements in reducing the levels of obesity, the council is in the process of introducing a Tier 2 weight management programme as part of a healthy weight initiative, following obtaining grant funding from NYCC. The programme will be delivered by Everyone Active.
- Provide community grants to support the solutions proposed by the market towns, villages and parishes.
- Allocate funds, as appropriate, to CAB to commission and deliver the services required in Ryedale to support vulnerable people, including the Foodbank.
- To offer support for the continued provision of urgent care at Malton Hospital.

Aim 4: Active Safe Communities

		EC 77	Total Crime in Ryedale			
Current Value	1483	2014/15	Current Target	2200	2013/14	

		HE 10	Adult participation in sport and active recreation. Sport England Active People Survey-Annual			
Current Value	28.2%	2014/15	Current Target	23.6%	Active People Survey 7	
Ryedale has shown a 5.2% increase in adult participation in sport and active recreation since October 2005.						

Supporting Plans:

[The Ryedale Sports Strategy](#)

[Safer Ryedale Partnership Plan](#)

Service Delivery Plans are available on Covalent

Achievements in 2014/15 included:

- The third Ryedale Social Enterprise event run by Coast and Vale Community Action (CaVCA) and sponsored by Ryedale District Council, held in Pickering.
- Community grants awarded to help 29 local projects get off the ground, including village halls, sports facilities and community services and projects
- Worked in partnership with NY Police through safer ryedale to target offenders and reduce the number of metal thefts across Ryedale.
- Safer Ryedale promoted a Crime Prevention Menu, giving advice about how to keep your home safe over the Christmas period.
- The Office of National Statistics' "Crime in England and Wales, year ending September 2014" report published in January this year, places the North Yorkshire Police area as the second lowest crime location in England.
- A range of energy efficient and technical improvements have been made to Derwent Pool for the benefit of customers
- North Yorkshire Police, Safer Ryedale, North Yorkshire County Council and other agencies launched their annual crackdown on motorists who drive under the influence of drugs or alcohol in December.
- As part of a community effort to raise the profile of the district and funds for a local charity "A Rose for Ryedale" has been created
- Safer Ryedale urged Ryedale residents to get sheducated and take some simple steps to keep thieves at bay.
- Defra has confirmed that the North York Moors, Coast and Hills (NYMCH) LEADER Programme and the Coast, Wolds, Wetlands & Waterways (CWWW) LEADER area were successful in their bid for funds from the Rural Development Programme for England, which seeks to improve the quality of life in rural areas. £2.3 million will be available over the next 6 years
- Sports and Leisure Management (SLM) Ltd, operating under its brand name, Everyone Active, took charge of the three leisure facilities in the area on 1 October 2014 in partnership with the Council, with the aim of getting more people in the area active. The successful procurement exercise unlocked substantial savings over the life of the contract, plus capital investment by Everyone Active into Ryedales leisure facilities which included a new gym at Pickering.
- Provided support for the tour de france and tour de yorkshire enroute through Ryedale
- Hundreds of cycle fans turned out to watch a weekend of top action at the Ryedale Grand Prix at Ampleforth
- RDC issued a set of final accounts which were unqualified by the external auditors

Council Priorities 2015-20

Aim 5: To transform Ryedale District Council

Strategic Objective 9:

To know our communities and meet their needs

Strategic Objective 10:

To develop the leadership, capacity and capability to deliver future improvements, considering options for alternative modes of delivery.

We want to transform Ryedale District Council to ensuring we understand our communities and that their needs are met.

We will achieve this by delivering outcomes that are important to local people and developing the leadership, capacity and capability of the Council to deliver improvements in priority areas.






















Our priority activities will include:

- Page 46
- Supporting service improvement to meet the needs of all – excellence and diversity
 - Promoting and supporting democracy, encouraging participation in civic life
 - Delivering services which are effective, efficient and economic
 - Building our capacity to deliver through collaboration and working in partnership
 - Secure continuous improvement against the Councils Corporate Governance Framework
 - Achievement of value for money in all the councils operations
 - Monitoring levels of customer satisfaction

The Challenges for 2015/16 are:

- To maximise the opportunities to achieve efficiencies and meet the needs of customers through the further of the development of the Business Hub
- To deliver a balanced budget in 2016/17 and plan for meeting future financial challenges, including generating projected income.
- Make effective use of the New Homes Bonus funding
- To meet the ongoing challenges presented to the Council by the finance reforms including localisation of Council Tax, business rates and the implementation of Universal Credit
- Maintain processing times for benefits claims and maintain these in line with national targets – 30 days for new claims and 10 days for change of circumstance
- Rolling programme of investment to Council owned property – Ryedale House and the Depot to maximise income by attracting other tenants
- Continue to work with NYCC, other Districts and partners to deliver services
- Agree and deliver a transformation programme to ensure the Council has the capacity to deliver services and meet needs through to 2020

Aim 5: Transforming the Council

		BS AS 3	Payments made using electronic channels	
Current Value	91%	2014/15	Current Target 85%	Target is set to maintain performance
Electronic channels include web, telephone and Direct Debit.				
		BS BI 02	% FOI Requests responded to within 20 working days	
Current Value	95%	2014/15	Current Target 90%	ICO Target to LAs
608 FOIs were received between 01/04/14 -31/03/15, with 95% answered within 20 working days.				
		BS RB 11	% of Council Tax collected	
Current Value	98.52%	2014/15	Current Target 98.39%	Target is set to maintain performance
Collection rates are above target and above the previous year's performance.				
		BS RB 12	% of Non-domestic Rates Collected	
Current Value	98.86%	2014/15	Current Target 98.83%	Target is set to maintain performance
Collection rates are above target and slightly above the previous year's performance.				
		BS AS 1 RDC	Service enquiries resolved at first point of contact (telephone)	
Current Value	37%	2014/15	Current Target 50%	Target is for year on year improvement
Telephone enquiries continue to range in number and complexity. Further training to be given for Streetscene queries to improve response rate in this area.				
		BS MD 1	Standard searches done in 5 working days	
Current Value	40.5%	2014/15	Current Target 90.0%	Target is set to maintain performance
Late responses from NYCC are pushing back timing of standard searches.				
		HR A 01 R	Average number of Working Days Lost Due to Sickness Absence per FTE, RYEDALE	
Current Value	1.35 days	February 2015	Current Target 0.63 days	Target is North Yorkshire average for 2009

Supporting Plans:

[The Ryedale Plan](#)

[The Ryedale Economic Action Plan](#)

[The Ryedale Housing Strategy Action Plan](#)

[The Ryedale Sports Strategy](#)

[Safer Ryedale Partnership Plan](#)

RDC Financial Strategy 2015-20

Achievements in 2014/15 included:

- As part of Ryedale District Council's Democracy Rocks project, Crash Bang Ballot!, a Stomp style musical performance using old metal ballot boxes, was held at Helmsley Arts Centre
- Successfully implemented all changes to the system for registering to vote - Individual Electoral Registration - with online registration available for the first time.
- Delivered a challenging triple election in May - General, District and Parish elections
- Council Tax has been frozen for the sixth year running. Ryedale District Council's part of the Council tax bill is just over 11% of the total bill and is £176.72 for a band D property. The remainder of the bill is made up by the County Council (71% of the bill), Police Authority (14%) and Fire Authority (4%). Overall a resident in a band D property saw the Council Tax rise from £1,527.19 to £1,554.06.
- A number of successful prosecutions for fraud have been concluded following joint investigations conducted by Veritau, who investigate fraud on behalf of Ryedale District Council, and the Department for Work and Pensions.



REALISING OUR POTENTIAL - OUR NEW NORTH YORKSHIRE

A North Yorkshire Approach to Integration, Prevention and New Models of Care
June 2015

Background

This paper is designed to be the starting point for a discussion with the Health and Well-being Board and across organisations. It is deliberately written in a 'green paper' style so that HWB can be involved in the development of these the models going forward. It focuses primarily on the adult population.

The NHS Five Year Forward View (5YFV) was published in October 2014 and describes an ambitious challenge to the NHS and Local Authorities to develop robust and resilient services that meet the very different needs of our population into the future:

It is a future that empowers patients to take much more control over their own care and treatment. It is a future that dissolves the classic divide, set almost in stone since 1948 between family doctors and hospitals, between physical and mental health, between health and social care, between prevention and treatment. One that no longer sees expertise locked into often out-dated buildings with services fragmented, patients having to visit multiple professionals for multiple appointments, endlessly repeating their details. One organised to support people with multiple health conditions not just single diseases. A future that sees far more care delivered locally but with some services in specialist centres where that clearly produces better results. One that recognises that we can't deliver the necessary change without investing in our current and future workforce.

5YFV

Likewise in March 2014, the Association of Directors of Adult Social Services, which works with local authorities, the Local Government Association and the Government, to shape, co-ordinate and deliver adult social care policy, published it's equivalent forward look prospectus: Distinctive, Valued, Personal – why social care matters: the next five years. This prospectus sets out:

- Protecting the NHS also requires the protection of social care: together, both services need to be protected, aligned and re-designed, with greater use of pooled budgets
- Outcomes, rather than structural solutions, should be the focus of integrated services
- Health and Well-being Boards offer the best prospects of crafting local solutions tailored to local needs and circumstances
- Personalisation should be at the heart of public services and the voices and views of people who use services are integral to shaping services and to making individual decisions about care
- The core components of adult social care services should be good information and advice; building supportive relationships and resilient communities; services that help us get back on track after illness or support disabled people to be independent; care and support services that address our mental, physical and other forms of well-being and are much better joined up
- Health and social care should be seen as much greater contributors to a stronger economy and as sources of potential economic growth – social care alone contributes £43bn annually to the national economy through employment and goods and services

The recent devolution package for Greater Manchester ('Devo Manc'), which includes health and social care, offers new opportunities for developing approaches to investment and service delivery which combine both critical mass and local prioritisation - the mantra of Devo Manc is 'no decision about Greater Manchester, without Greater Manchester' and it was encouraged by the fact that, prior to the deal, only 16 percent of health and social care spend in the area was determined by organisations based in and directly accountable to Greater Manchester. Whilst the communities, service models and political landscape in North Yorkshire is very different to that of Manchester, the learning is significant, including the opportunity to develop a way of working which combines size, scale and reliability with the ability to make local, place based decisions.

The scope of change required to meet these challenges is huge and requires the participation of every sector of care. The ingredients that underpin successful change are complex but key ingredients are:

- Clarity of purpose and ability to describe the journey and the destination
- A motivated skilled resilient workforce
- Real involvement and ownership of change by staff
- The development of an ongoing conversation with the public and with patients and carers that fosters real co-creation.
- Capacity to make change happen (tools and time) for every organisation involved.

Together, each CCG in North Yorkshire and the County Council cover the full range of differences in demography and geography. Although there is great synergy around the over-arching vision, delivery of their objectives will be local and different. Each CCG put in a bid to become a Vanguard site for the 5YFV. Harrogate and Rural District CCG working with NYCC, Harrogate District Foundation Trust, TEWV and Harrogate Borough Council, were successful. The Vanguard sites will attract central NHS investment and expertise to facilitate their plans. The other CCG'S are committed to progressing their programmes of work and will continue. Each CCG has outlined their local plans in the appendices.

What we have achieved so far

All of the CCG's emerging from the former NHS North Yorkshire and York Primary Care Trust faced inherited financial deficits in their first year of operation. All of the 5 main CCGs have been able to repay inherited deficits and remained in surplus in 2015-16, providing the most stable NHS financial situation for over a decade.

Since the implementation of the 2012 Health and Social Care Act the county has seen significant advances across the health and social care communities. Some examples of these are:

- Large-scale improvements in Mental Health services such as:
 - The creation of health-based places of safety for those detained under section 136 of the Mental Health Act
 - Dramatically increased access to community based talking therapies (IAPT) from 2% of the potential population served to nearly 15%
 - Mental Health Liaison has been commissioned to support staff both in the Emergency Department and on Inpatient wards to provide the best possible care for people with mental health problems, with the aim of reducing inappropriate A and E attendances, unnecessary admissions and the length of inpatient stay for people with complex problems.

- Investment in community based services to prevent hospital admission and speed up hospital discharge including:
 - FAST response/intermediate care teams
 - Home from hospital schemes commissioned from the voluntary sector
 - Paramedics working in primary care and closer working between the ambulance service and GP's so that people are not automatically taken to hospital when they dial 999 if their problems can be managed locally.
 - Case finding in primary care to develop care plans to actively manage frail and vulnerable patients more effectively.
- Significant investment in, and commissioning of prevention and independent living services, including the roll-out of new extra care schemes, locally based weight management services and the healthy child programme
- New, comprehensive Public Health services for sexual health and substance misuse
- Implementation of the first phase of the Care Act, including new services for carers
- Greater use of personal budgets and direct payments, including the first personal health budgets – putting more people in control of their care and the funding that provides it
- The emergence of new ways of working as organisations and with the public, including through Health and Well-being Board, Healthwatch, provider partnerships , GP federations etc

Our approach to integration

The Better Care Fund has been a catalyst for new ways of working together in North Yorkshire. However, in many ways, it has been practical steps, like the management of winter pressures, which has begun to build confidence and to improve what we do and how we do it. These relationships and ways of working are still at an early stage.

The North Yorkshire Commissioner Forum has identified a series of principles which it believes should underpin how we develop our model of working together in the future.

We want to make the step from responding to national policy to, with local people, shaping policy and taking a step towards self-determination. We know that what works best is when we combine local knowledge and delivery with county-wide collaboration and scale. We want to combine together to be able to plan for the next ten years and beyond. We are therefore starting work on what a devolution deal might look like for North Yorkshire's health and social care services which:

- Reaffirms the importance of place based commissioning, centred around GP's in the County's main localities, and partners in local government and the voluntary sector
- Delivers services around clusters of GP practices and / or identifiable communities: Team around Primary Care or Team around the Community
- Commits to reinforcing this model irrespective of any subsequent changes to NHS – or even – local government boundaries and responsibilities
- Emphasises the increasing role of the public and particularly people who use services in having more choice and control over decisions which impact on their care and their lives, as well as in co-creating the plans and models which are developed for services in the future

- Makes sure the North Yorkshire Pound – and indeed, the Ryedale Pound, and the Scarborough Pound and the Hambleton Pound etc. is spent well and, where appropriate, more of it is pooled to get better impacts across the NHS and local government
- Focus on outcomes as the basis for change, rather than structural solutions
- Empowers local people to take control of their own health and well-being through expert programmes, peer support and inputs from the stronger communities programme
- Shifts focus and investment towards prevention, self-care and care at home, rather than hospitalisation and 24 hour care, so that patients only are admitted to hospital because they are too unwell to be managed at home. No one should be in hospital unless their care cannot be delivered safely in the community 24/7
- Ensures no-one should be discharged to long term care without the opportunity for a period of enablement
- Ensures that the County continues to have 3 sustainable general hospitals within its boundaries at Harrogate, Northallerton and Scarborough, which deliver high quality safe local services as well as hospitals in Darlington, Keighley, Middlesbrough and York which serve the County well. The ethos on which the hospital services are built is that all that can be delivered locally safely is and that only services that need to be delivered from specialist centres because of compelling quality and workforce issues are provided from more distant larger hospitals
- Improves health and reduces the variations in health outcomes and access to services experienced in some urban areas and the remotest rural areas

Our Emerging models of prevention and care

Whilst each local area has different needs and circumstances, there are some common approaches emerging in how we are developing models of prevention and care across the County.

Prevention, self-care and community resilience

Our aim is to keep people healthy and self-reliant for as long as possible: none of us wants to use services unless we really have to do so. We believe that we should focus more energy and investment towards enabling people to live healthily, to get the information and advice any of us need.

Examples include:

- Plans to introduce a network of prevention officers and village agents, working with the voluntary sector and statutory agencies to support people to remain independent and well at home
- Action to promote warm homes and reduce fuel poverty
- Falls prevention services
- Mental First Aid and suicide prevention
- Better information and advice for people on-line and in person about health and social care issues
- Good neighbours schemes, village hall hubs, carers support and other grassroots initiatives funded through the Stronger Communities programme and borough and district councils
- Work with pharmacists to support prevention around minor ailments
- The roll-out of extra care and supported living developments across the County

Re-designing the space between services

Whilst recognising that most of us would rather not use services unless we have to, when we need to do so, then we expect services to be high quality, responsive, in the right place at the right time, and, increasingly, taking account of our convenience, our views and making decisions with us rather than for us.

There are many examples of how we plan to re-model these services from around the county. These include:

- Integrated urgent care services, based in care hubs with staff from primary and secondary care working together to meet the needs of patients
- Physicians assistants and urgent care practitioners working alongside GP's and practice nurses in primary care together
- Intermediate care and reablement services coming together to develop seamless services
- GP hospitalists working in Acute Care medical assessment units to enhance medical capacity in small hospitals and bring a GP focus
- GP practice nursing reaching out into nursing homes and working to better manage frailty
- Individuals with long term conditions owning comprehensive care plans designed with them and their family/carers to support and maintain independence and reduce the need for an urgent intervention.

Building the foundations for new models of prevention and care

To integrate services effectively we need to consider a move away from traditional funding mechanisms including payment by results (PBR). An example of this would be an integrated hospital "front of house". At present patients can access both GP Out of hours services and A&E services which are often located very close to each other. GP out of hours services are commissioned as block contracts whereas A&E is on a tariff. We also need to consider if pooling budgets between organisations gives us increased flexibility and economies of scale. If the service is to be truly seamless we need to develop a single funding mechanism which rewards the best outcomes for patients.

Developing an appropriately skilled and motivated workforce to take forward this ambitious vision for the future is perhaps our biggest challenge. The reasons are complex and include:

- A history of poor workforce planning in the NHS
- A reduction in the hours worked and a desire for a better work-life balance by the clinical workforce over the last 15 years
- Preference for newly qualified professionals to work in larger towns and cities, making it hard to attract them into rural areas
- Preference for younger professionals to live and work in the south
- Relatively expensive housing costs in North Yorkshire when compared to surrounding areas (Co Durham, West Yorkshire etc.) and a perceived lack of local services in a deeply rural county
- Very localised labour markets, with significant differences in supply and demand, for example between Filey, Scarborough and Whitby
- Competition for those undertaking caring roles which are relatively poorly remunerated compared with the retail sector etc.

North Yorkshire Delivery Board has already started to look at these issues on behalf of the HWB and will report back in due course.

To deliver new models of care we will also need to develop new roles: physician's assistants, GP hospitalists, primary care emergency practitioners and generic care workers. The individuals filling those roles cannot simply be taken from those who at present fulfil other roles locally as that only creates another pressure, so we will need to make North Yorkshire a beacon of NHS and Social Care innovation attracting people into the area for the first time, or encouraging those originally from the county to return home to work in an energetic and forward thinking environment. Hosting local education and skills development opportunities together which will also bring together health and social care teams will be an essential component to success.

We will need to use new technologies to their maximum. Where better to really explore the benefits of e-consultation, supporting palliative care patients in their own homes, smart working, and enabling patients to better manage their own illness through technology than a deeply rural community such as ours?

We are committed to involving the public in a very different way from how we have done in the past. We want the patients, their carers and the public to work with us from the beginning to create our vision. This means we need to develop new ways of having those conversations, to welcome the public as team members into every piece of work we do. We will need to reach out to groups already in existence, fully exploiting social media, find ways of involving children and young people and find those who have traditionally been seen as hard to reach by thinking creatively beyond our normal models of working. This will take time. It is far away from a simple traditional "consultation". It will also require energy and real commitment from the public themselves to be active participants in both managing their own health and in service development. Across the county we have started those conversations but we know we have a long way to go.

We also need to ensure people are more in control of their own care and their own lives – shared decision making between people using services and professionals, personalisation, personal budgets and direct payments, across health and social care, are not the only ways of achieving this ambition, although they are important factors.

As we develop our new services it is vital we weave services which address mental health issues and which promote well-being and mindfulness into all our services from the foundations upwards rather than as an addition later in their design. Remembering every aspect of illness and care has a psychological component which needs to be addressed effectively.

Enablers

To move the work forward a set of enablers may need to underpin progress:

1. A commitment to an overarching strategy for delivering new models of prevention and care, with an explicit agreement that localities will play a key role in the service design and architecture of delivery, whilst making best use of countywide economies of scale and critical mass
2. An agreement to work together to make North Yorkshire a more attractive place for people to come to live and work. We need to consider:
 - a. Making care a positive career choice (New roles, remuneration, pay policies across organisations, market conditions, academic links etc).
 - b. Housing policies.
 - c. Other ideas?
3. A commitment to develop new funding models and risk pooling both in localities and across the county.
4. Development of new technologies.

Questions for Health and Well-being Board to consider:

- Is this vision shared by members of the HWB?
- What more could we do collectively to drive the work forward?
- What are the contributions of the individual organisations that make up the HWB?
- How do we best enable localism whilst making sure we progress as a county across all our geography?

Vicky Pleydell

Clinical Chief Officer
Hambleton Richmondshire and Whitby CCG

Richard Webb

Corporate Director
Health and Adult Services
North Yorkshire County Council



NORTH YORKSHIRE HEALTH AND WELLBEING BOARD
Draft Mental Health Strategy
3rd June 2015

1. Purpose of Report

1.1 This document is an early draft of the proposed joint mental health strategy for North Yorkshire. It is being shared with the Health and Wellbeing Board (HWBB) at a development stage, following the recent HWBB workshop which highlighted the need for members of the HWBB to have an early opportunity to influence and shape key strategies.

At the front of the strategy the 'Plan on a Page', summarises the key elements of the draft plan. The Plan on a Page is also attached as Annex1

Health and Wellbeing Board partners are asked to comment on:

1.2 Whether they are able to support the key elements of this strategy

1.3 Identify how the strategy can be further improved.

1.4 Describe how they would contribute to the implementation of the strategy

2. Background

2.1 This is the first Mental Health Strategy to be developed since the inception of the North Yorkshire Health and Wellbeing Board.

2.2 It is produced at a time when mental health is beginning to receive the attention it needs, and is now being seen nationally as a priority for action.

2.3 Mental Illness can affect any one of us. It is estimated that one in four people will experience at least one mental health problem during their lifetime. Mental health has a personal and an economic cost, with the potential to significantly affect life expectancy and reduce life opportunities. Someone with an enduring mental health problem is more likely to develop chronic diseases and die, on average, 20 years earlier than the general population. Someone with mental ill health is likely to have fewer qualifications, experience more unemployment and a lower income, and is more likely to be homeless or living in unsecured housing. Up to 23% of the total burden of ill health is due to mental ill health, and loss of working days costs employers around £26m year.

2.4 Working together to improve mental health and wellbeing will make a key contribution to improving health and wellbeing. Annex 2 provides a summary of the core principles in the Draft Health and Wellbeing Strategy and the core principles which have emerged from the consultations which inform the Mental Health Strategy.

3. Development of the draft strategy

3.1 The strategy has been drawn up following a number of conversations with people across North Yorkshire who use mental health services, their carers, and staff. It aims to reflect, and is driven, as much by what people tell us, as it is by national policy.

3.2 It incorporates the Children and Young People's Emotional and Mental Health Strategy which was agreed in 2014.

3.3 The strategy's aim is to provide a lifetime approach to mental health in North Yorkshire.

3.4 It has benefited from a strong input from our Public Health Services, with partners from health, police and the voluntary sector. The final drafting of the document has been overseen by a sponsoring group from the Health and Wellbeing Delivery Group, led by Richard Webb, Corporate Director North Yorkshire County Council and Vicky Pleydell, Chief Clinical Officer of Hambleton, Richmondshire and Whitby Clinical Commissioning Group. We have invited input from partners in District Councils and the voluntary sector

3.5 Because this is an overarching strategy some of the detailed plans to deliver the strategy will be held in supporting strategies. Some of these will be local delivery plans, which each Clinical Commissioning Group area will be responsible for. Others, such as the Crisis Concordat Action Plan will be overseen on a county wide basis.

4. Key messages

4.1 The current draft of the Strategy is attached as Annex 3. The strategy sets out three key areas where we need to work together to improve the opportunities for North Yorkshire residents to enjoy good mental health.

- Ensuring that individuals families and communities are able to develop resilience and an understanding of mental health
- Ensuring that people who develop mental health issues are helped to recover and achieve better outcomes as a result of the support and treatment they receive
- Ensuring that people with mental health needs can achieve as much as possible in their lives

4.2 The key messages from service users, carers and staff have been developed as 'supporting outcomes' to these priorities.

4.3 People with episodes of severe mental illness, tell us they experience stigma and discrimination and seek a better understanding of their difficulties and themselves as people. They want to be treated as equal partners in their care. They need better information about services and support to help

people early on. They prefer to be supported and treated in their own home, with seven day care and support for them and for their families. They want holistic care that addresses their social, mental and physical health needs.

4.4 Where people need hospital care they want facilities that are fit for purpose and services which are local, reducing the need to travel far from home to receive the care they need.

4.5 People with enduring mental health needs are anxious about a recovery model which is focused on time bound interventions. They want support that offers hope that they can live fulfilling and safe lives, which will offer useful occupation and a greater sense of self-worth.

5. Next steps

5.1 Feedback from the Health and Wellbeing Board will be considered and incorporated into the ongoing development of the strategy, and the original 'Writing Group' will be review final draft.

5.2 The document will be formatted for draft publication and there will be a further consultation with local communities, people who access mental health support, carers, staff and voluntary sector groups over the summer.

5.3 The consultation allow us to assess whether the strategy has focused on the issues that people have told us matters to them, and whether we have been ambitious enough in our priorities and plans.

5.4 A final version of the strategy will be brought to the Health and Wellbeing Board in the autumn.

6. Recommendations

Health and Wellbeing Board partners are asked to:

6.1 Comment on:

- Whether they are able to support the key elements of this strategy
- How the strategy can be further improved.
- How they would contribute to the implementation of the strategy

6.2 Agree that further consultation will be undertaken once the Writing Group has considered the final draft

6.3 Agree that the Mental Health Strategy will be considered by the Board, for approval, in September 2015

Authors of report:

Janet Probert

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"We will work together to ensure the people of North Yorkshire have the resilience to enjoy excellent mental health, whatever their age and background, supported by effective, integrated and accessible services, designed in genuine partnership with the people who need to make use of them and those who care for them."

The **ten core principles** we will adopt in everything we do:

1. **Whole Person** - focusing on **all** aspects of people's health as well as their wider circumstances
2. **Resilience** - building partnerships that enable people and communities to help themselves
3. **Participation** - enabling people with mental health needs to make a positive contribution to the design of services and the support they receive
4. **Community** - recognising that mental health is everybody's business and that different communities have different needs
5. **Accessibility** – services delivered in places and at times to suit people's needs
6. **Early Intervention** - tackling issues early
7. **Recovery** - a model based on helping people to get well and to stay well wherever this is possible
8. **Integration** - joining things up to make life simple
9. **Cost-effectiveness** - spending money wisely
10. **Respect** - keeping people safe, tackling stigma and eliminating discrimination

Our **three priorities** and **the supporting outcomes**:

(1) Resilience: individuals, families and communities with the right skills, respect and support

- Support for family, friends and carers embedded in all services
- Better public understanding and acceptance of mental health issues
- Effective campaigns to promote good mental health and wellbeing for all ages and all places
- Investment in prevention and early intervention for children and adults
- Targeted work with communities and settings, including employers
- Dementia friendly communities across North Yorkshire
- Strategies to combat the impact of rural isolation on mental health
- Better partnership working, especially with the voluntary and independent sectors

(2) Responsiveness: better services designed in partnership with those who use them

- Timely diagnoses for all conditions, especially dementia
- Better services for those experiencing a mental health crisis
- Evidence-based and personalised interventions including personal budgets
- Greater access to talking therapies
- Better transitions between services, eg children to adults
- Better outcomes for those detained under the Act
- Better services for vulnerable groups, eg veterans
- Better services for those with mental health and substance misuse needs
- Better Advocacy Services
- Services delivered at times and in places that suit people's needs







(3) Reaching out: recognising the full extent of people's needs

- Better understanding of the wider cultural aspects of mental health
- Better understanding of the links with physical health, leading to dual diagnoses
- Combating the particular pressures on young people, eg from social media
- Support for people with mental health needs to gain/maintain employment
- Support for people with mental health needs to gain/maintain housing
- More volunteering and other activities to promote wellbeing
- Mental health featuring in a wide range of partners' strategies
- Action to ensure that all our staff understand the importance of Safeguarding

(Maybe a suitably inspiring - or challenging - quotation from a service user)

ANNEX 2

Core principles in the Health and Wellbeing and Mental Health strategies

<u>Mental Health Strategy</u>	<u>Health and Wellbeing Strategy</u>
<ul style="list-style-type: none"> • Whole Person - <i>all aspects of people's health and wider circumstances</i> • Resilience - <i>helping people and communities to help themselves</i> • Participation— <i>People with mental health needs will help design services and support</i> • Community - <i>mental health is everybody's business. Recognise where things are different</i> • Accessibility - <i>delivered in places and at times to suit people's needs</i> • Early Intervention - <i>Tackle Issues Early</i> • Recovery - <i>a model based on hope</i> • Integration - <i>Join things up to make life simple</i> • Cost-effectiveness - <i>Spend Money wisely</i> • Respect - <i>Keeping people safe</i> 	<ul style="list-style-type: none">  Make a positive contribution  Recognise when things are different  Tackle issues early  Join things up to make life simpler  Spend money wisely  Keep People Safe
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Wellbeing in Mind

Note: Working Title pending possible suggestion
from someone who uses our services.

**North Yorkshire's Mental Health and
Wellbeing Strategy 2015-18**

North Yorkshire Mental Health and Wellbeing Strategy 2015-18

Contents

	Chapter	Page
1	Joint Foreword	x
2	The Plan in a Page	x
3	What's the Picture? <i>A snapshot of mental health nationally and in North Yorkshire</i>	x
4	What's Most Important? <i>The views of people who use our services and those who care for them</i>	x
5	What Else do we Know? <i>An overview of recent national and local related strategies, a description of current provision and performance, and a brief outline of some workforce and financial issues</i>	x
6	The New Vision and Core Principles	x
7	The New Strategic Priorities and Supporting Outcomes	x
8	Turning Words into Actions	x
9	Keeping it Real <i>An overview of delivery arrangements, governance, monitoring, workforce and financial commitments.</i>	x
	Annexes	
A	More Detailed Statistics	x
B	A Full List of Performance Indicators	x
C	Feedback and How to Find out More	x

The Scope and Purpose of this Strategy

This document sets out the over-arching strategy for our approach to mental health in North Yorkshire from 2015-2018. [Note - or perhaps 2016-19/20?] It covers our assessment of the prevalence of mental health issues within our community, our work to promote wellbeing and to prevent problems from escalating, and the delivery of services to those who need them.

It has been produced by the Health and Wellbeing Board for North Yorkshire, working on behalf of North Yorkshire residents: particularly for the one in four of us who will experience mental health issues at some point in our lives and who may need to access mental health services, and for those who care for them. Their voices have been the most important influence on the content of this strategy.

The document is intended for all those who commission or deliver mental health services in the County or who have an interest in improving these services: North Yorkshire County Council, District Councils, the Clinical Commissioning Groups who cover this area, other NHS suppliers [update after contract award], and a wide range of voluntary and independent organisations. References to "we" in the text of the strategy are intended to include all of these bodies, working together and in partnership with those who use our services and those who care for them.

The Strategy describes a Vision to which we all aspire and the principles we share. It sets out three high level priority outcomes we want to achieve over the next three years, together with a range of supporting ones. Detailed decision-making and action-planning will continue to take place at a local level, including through local Mental Health Forums, and specialist services will be described in more detail in a range of subsidiary strategies and plans, as set out in Chapter 8 of this document.

[Note: the final document will be broken up with a series of case studies, quotations, artwork and poetry from those who use our services.]

1. Joint Foreword

Welcome to the new Mental Health and Wellbeing Strategy for North Yorkshire. This is the first time we have written such a comprehensive strategy, covering all age ranges and all service providers. It is also the first time we have come together to produce a joint strategy – working across the NHS, Local Authority, Police and Voluntary sectors, and in close partnership with those who use our services and those who care for them.

One in four of us will experience poor mental health in our lifetime. Within North Yorkshire, that is more than the combined population of Harrogate and Scarborough, or equivalent to the entire population of Craven, Richmond and Ryedale. Each of us who is a signatory to this Strategy has experienced mental illness either directly or indirectly at one time or another.

We are determined to work together to make a real difference for the people of North Yorkshire: to improve our services and the outcomes for people who use them; to promote wellbeing and resilience in our communities; and to tackle head on the issue of the stigma that still too often surrounds mental illness. The most important aspect of this Strategy is the extent to which it has been shaped by the needs and wishes of those who use our services, and those who care for them. These conversations will continue as we move towards Action Plans, implementation and monitoring. Your voices are the most important ones, because you are the real experts.

This Strategy reflects best national practice, with its emphasis on preventative work and on recovery, rather than simply “managing” mental illness. It recognises the value of “talking therapies” as a route towards better mental health. And it takes into account the particular features of the County of North Yorkshire, with its large rural areas, its significant urban pockets, and the UK’s largest garrison.

It commits us to a series of joint initiatives - including :

- investment in preventative work in our communities, with new Prevention Officers;
- full roll-out of our new Mental Health Crisis Concordat;
- rapidly reaching national standards for timely and comprehensive diagnoses;
- greatly improved access to talking therapies;
- developing the role of psychiatric liaison support in physical health care settings;
- rolling out more personal budgets using both NHS and social care funding;
- innovative approaches to severe and enduring mental health conditions;
- targeted work with vulnerable groups.

Mental health and wellbeing should be everybody's business. We hope this Strategy will ensure that, in North Yorkshire, this really is the case.

To be jointly signed by:

CLlr Clare Wood (as Chairman of the H&WB), R Flinton, CCG chiefs, HWB partners, Richard Webb, Pete Dwyer, Lincoln Sargeant

2. North Yorkshire's Mental Health and Wellbeing Strategy in a page

"We will work together to ensure the people of North Yorkshire have the resilience to enjoy excellent mental health, whatever their age and background, supported by effective, integrated and accessible services, designed in genuine partnership with the people who need to make use of them and those who care for them."

The **ten core principles** we will adopt in everything we do:

1. **Whole Person** - focusing on **all** aspects of people's health as well as their wider circumstances
2. **Resilience** - building partnerships that enable people and communities to help themselves
3. **Participation** - enabling people with mental health needs to make a positive contribution to the design of services and the support they receive
4. **Community** - recognising that mental health is everybody's business and that different communities have different needs
5. **Accessibility** – services delivered in places and at times to suit people's needs
6. **Early Intervention** - tackling issues early
7. **Recovery** - a model based on helping people to get well and to stay well wherever this is possible
8. **Integration** - joining things up to make life simple
9. **Cost-effectiveness** - spending money wisely
10. **Respect** - keeping people safe, tackling stigma and eliminating discrimination

Our **three priorities** and **the supporting outcomes**:

(1) Resilience: individuals, families and communities with the right skills, respect and support

- Support for family, friends and carers embedded in all services
- Better public understanding and acceptance of mental health issues
- Effective campaigns to promote good mental health and wellbeing for all ages and all places
- Investment in prevention and early intervention for children and adults
- Targeted work with communities and settings, including employers
- Dementia friendly communities across North Yorkshire
- Strategies to combat the impact of rural isolation on mental health
- Better partnership working, especially with the voluntary and independent sectors

(2) Responsiveness: better services designed in partnership with those who use them

- Timely diagnoses for all conditions, especially dementia
- Better services for those experiencing a mental health crisis
- Evidence-based and personalised interventions including personal budgets
- Greater access to talking therapies
- Better transitions between services, eg children to adults
- Better outcomes for those detained under the Act
- Better services for vulnerable groups, eg veterans
- Better services for those with mental health and substance misuse needs
- Better Advocacy Services
- Services delivered at times and in places that suit people's needs

(3) Reaching out: recognising the full extent of people's needs

- Better understanding of the wider cultural aspects of mental health
- Better understanding of the links with physical health, leading to dual diagnoses
- Combating the particular pressures on young people, eg from social media
- Support for people with mental health needs to gain/maintain employment
- Support for people with mental health needs to gain/maintain housing
- More volunteering and other activities to promote wellbeing
- Mental health featuring in a wide range of partners' strategies
- Action to ensure that all our staff understand the importance of Safeguarding

3. What's the Picture?

Introduction

3.1 Mental health affects us all, even though we sometimes find it hard to talk about. National statistics suggest that at any one time, at least one person in six is experiencing a mental health condition and over a lifetime one in four will experience poor mental health. Depression and anxiety affect about half of the adult population at some time in their lives.

3.2 Even if we are lucky enough to enjoy good mental health ourselves, we are very likely to have encountered its impact on others, whether it be an adolescent with an eating disorder or an elderly relative with dementia. There can be no doubt at all about the devastating human impact that mental illness can bring, both for individuals and their carers, quite apart from its economic cost. Yet few of us could with hand on heart say that we are yet delivering the services and the support to which we should be aspiring.

3.3 This chapter sets out what we know about mental illness nationally and in North Yorkshire. It describes the nature of the county and how this affects the picture. It offers a snapshot of the current pattern of services, spending and the workforce. Further information can be found by following the links in the footnotes and in the Annexes.

Background Facts and Figures

3.4 The graphics show some recent facts and figures about the prevalence and impact of mental illness in England.

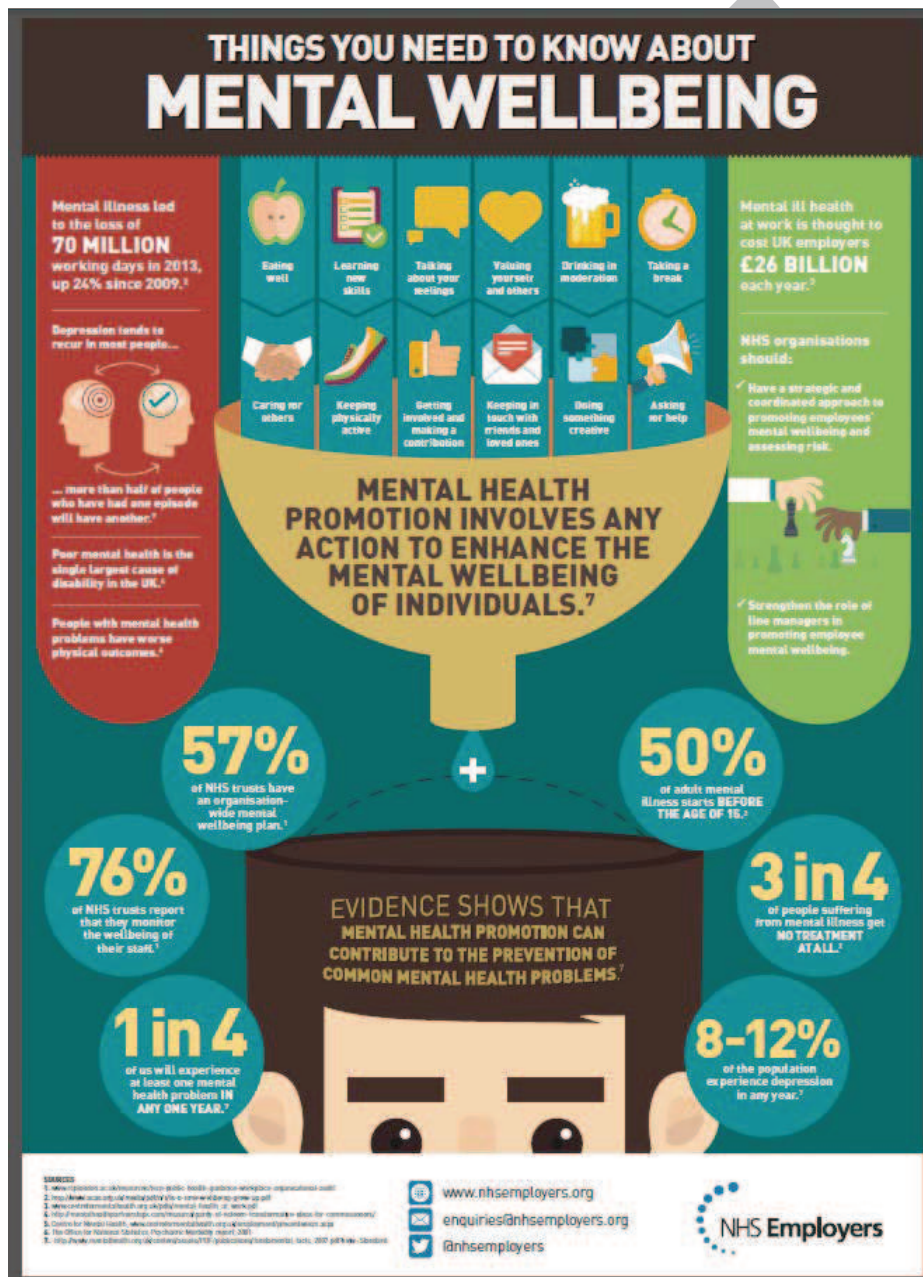
Note: we can turn some or all of these facts into graphics

Personal cost

- 1 in 10 children between the ages of 5-16 has a mental health problem
- over half of those with mental health problems experience symptoms before the age of 14
- People with severe mental illnesses die on average 20 years earlier than the general population
- People with mental health problems often:
 - have fewer qualifications
 - find it harder to obtain and stay in work
 - have lower incomes
 - are more likely to be homeless or live in unsecured housing
 - are more likely to develop chronic diseases such as cardiovascular and respiratory diseases
 - have poor health due to risk taking behaviours, eg smoking, alcohol and substance misuse
- Mental health conditions account for 23% of the burden of disease in England (compared to 16% for cancer and 16% for heart disease) but comprise just 13% of NHS spending
- Carers of people with long-term illness and disability are at greater risk of poor health than the general population, and are particularly likely to develop depression.

Economic cost

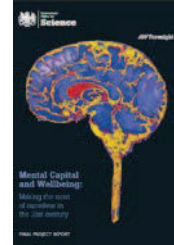
- Nearly 11% of England's annual secondary care health budget is spent on mental health
- Mental health problems are estimated to cost the economy £105 billion
- Mental illnesses can be as fatal as physical ones. Suicide caused over eleven times more deaths than homicide in 2013
- Treatment costs are expected to double in the next 20 years
- Not everybody with a mental illness needs expensive drugs, hospital care, or even direct access to highly trained psychiatrists. Carers or family members can be trained and supported to provide brief, effective psychotherapies.



Note: this infographic is available at www.nhsemployers.org/case-studies-and-resources/2015/03/things-you-need-to-know-about-mental-wellbeing-infographic

We also know that the evidence suggests that even a small improvement in wellbeing can help to decrease some mental health problems and also help people to flourish. This issue has been extensively researched, not least in the report *Mental Capital and Wellbeing*, produced by the New Economics Foundation (NEF) on behalf of Foresight, which set out five actions to improve personal wellbeing:

- Connect
- Be Active
- Take Notice
- Keep Learning
- Give



www.gov.uk/government/publications/mental-capital-and-wellbeing-making-the-most-of-ourselves-in-the-21st-century

We are beginning to develop new ways to measure the impact of a more holistic approach to wellbeing, for example through the idea of a Happiness Index promoted by Lord Richard Layard which has now been taken up by central Government.

www.ons.gov.uk/ons/guide-method/user-guidance/well-being/index.html

There are good economic reasons for investing in public mental health and there is good evidence that public mental health interventions deliver large economic savings and benefits. Improved mental health leads to both direct and indirect savings in NHS costs – for example reduced use of GP and mental health services, improved physical health and reduced use of alcohol and smoking consumption. Improved mental health also leads to savings in other areas: reduced sickness absence due to mental ill health, reduced costs to individuals and families, and to reduced spending in education, welfare and criminal justice, as well as increasing the overall economic benefits of wellbeing for individuals and families.

In 2011 the Department of Health published a report which outlined significant savings which can be made from public mental health interventions. Some examples were summarised showing that for every £1 invested in public mental health interventions, the net savings were:

- £84 saved – school-based social and emotional learning programmes
- £44 saved – suicide prevention through GP training
- £18 saved – early intervention for psychosis
- £14 saved – school-based interventions to reduce bullying
- £12 saved – screening and brief interventions in primary care for alcohol misuse
- £10 saved – work-based mental health promotion (after one year)
- £10 saved – early intervention for pre-psychosis
- £8 saved – early intervention for parents of children with conduct disorder
- £5 saved – early diagnosis and treatment of depression at work
- £4 saved – debt advice services

www.crisiscareconcordat.org.uk/wp-content/uploads/2014/11/Knapp_et_al_MHPP_The_Economic_Case.pdf

3.5 North Yorkshire is England's largest county, covering over 3000 square miles. It ranges from isolated rural settlements and farms to market towns such as Thirsk and Pickering and larger urban conurbations such as Harrogate and Scarborough. The current population is around 600,000.

3.6 Whilst North Yorkshire is in overall terms more affluent than a typical local authority in England, there are nevertheless areas of profound deprivation, including some parts of the county that are ranked within the 10% most deprived areas in England. The mental illness issues associated with the urban centres are typical of any such community in the country, including problems connected to unemployment or drug and alcohol misuse. In North Yorkshire during the period October 2012 – September 2013, 4.7% of the population were classed as unemployed; of these, 15.6% were on long term sickness benefits.

3.7 Outside of urban centres and market towns, North Yorkshire is sparsely populated with 16.9% of the population living in areas which are defined as "super sparse" (fewer than 50 persons/km). The issues of rurality and access are not only apparent to commissioners and providers, but are frequently raised with us by those who use our services and those who care for them. We need to do more work to understand the impact of rurality on mental health, both in terms of its prevalence and on the provision of services.

3.8 The county is also home to a significant military presence, including the UK Army's largest garrison at Catterick. It is estimated that at any one time, 17,000 MOD personnel may be based in North Yorkshire and this figure is likely to grow in coming years.

3.9 The 2011 census recorded 132,358 children aged 0-19 across North Yorkshire. Projections indicate that the proportion of children aged under-11 will grow by around 5% by 2018.

3.10 The North Yorkshire population is, on average, older than the English population and the population is ageing at a quicker pace, with a predicted increase in people aged over 65 from 133,000 in 2013 to 211,000 by 2037, and in people aged over 85 from 17,500 to 47,000.

3.11 The BME community in North Yorkshire, though small, has doubled between the 2001 and 2011 Census to more than 50,000 across North Yorkshire and York. 25 of the 195 Wards have a BME population that is 10% or higher. In the most diverse ward in the county, the BME population exceeds 35%.

Prevalence of Mental Illness

[Some of these figures could be shown as graphics.]

3.11 Detailed information comparing the prevalence of mental health problems in North Yorkshire with the national average is available in the form of a Community Mental Health Profile at www.nepho.org.uk/cmhp/index.php?pdf=E10000023.

3.12 Across North Yorkshire it is estimated that at least **8,000 children** aged between 5 and 16 have a mental health disorder. Conduct disorders (e.g. anti-social behaviours, aggression etc.) are estimated to be most common, with around 1,800 children aged 5 to 10 years old and 2770 children aged 11 to 16 estimated to suffer from conduct disorders.

3.13 In terms of the **adult population**, in 2013, the providers of secondary mental health services in North Yorkshire dealt with **35,803** individuals. Public Health England estimates that approximately **78,000** residents in North Yorkshire suffer with depression. This table shows the number of North Yorkshire residents aged 18-64 predicted to have mental health disorders in 2016:

A common mental disorder	55,266
A borderline personality disorder	1,544
An antisocial personality disorder	1,203
A Psychotic disorder	1,373
Two or more psychiatric disorders	24,723

3.14 [Note - the final version will include additional data from the CCGs in the form of graphs and tables, and from NYCC Social Care]

3.15 In terms of the **elderly**, the number of people aged 75 and over with dementia in North Yorkshire is forecast to nearly double, from **7,633** in 2011 to **15,021** in 2030, a 97% increase. In the group aged 85 and over, the number is forecast to more than double from **4,128** in 2011 to **9,048** in 2030, a 119% increase. The largest forecast increase is in Richmondshire, the smallest is in Scarborough. The table below gives more detail:

Numbers with Dementia in North Yorkshire			
	Male	Female	Total
2010	5,624	3,103	8,727
2015	6,233	3,721	9,954
2020	7,030	4,454	11,484
2025	8,240	5,333	13,573

There is a great deal more about dementia in North Yorkshire at www.northyorks.gov.uk/CHttpHandler.ashx?id=18860&p=0

[Note: final version will include more on mental health and autism]

3.16 We have the following additional information about three other groups:

Service Personnel

We have **17,000** serving service personnel in the County. Evidence shows that:

- The majority of serving and ex-Service personnel have relatively good mental health; however, there is evidence to suggest that they may find such issues hard to talk about;
- Early Service Leavers show high rates of heavy drinking, report suicidal thoughts or have self-harmed in the past compared to longer serving ex-Service personnel
- Alcohol misuse in UK military personnel represents a significant and well-known health concern.

We need to do more work to understand better the particular needs of service personnel and veterans in North Yorkshire.

Homeless People

824 homeless people in North Yorkshire received a housing-related support service in 2010/11. Of these:

- 33% had a support need relating to physical health, 32% a mental health need, and 26% had substance misuse issues.
- Over 45% of people using our homelessness services – such as hostels and day-centres - feel that they require more support in coping with their mental health needs, according to our research.

Carers

In North Yorkshire during 2009/10 over **6,000** carers were assessed or reviewed, with just under 4,000 receiving services.

- Of those carers, 62% felt their own general health was good, while fewer than one in ten (8%) felt their health was bad. In comparison with the Health Survey for England 2008, North Yorkshire carers were considerably less likely to describe their general health as good (62% compared to 76%), though this reflects, in part, the older age profile of carers in the County.

4. What's Most Important?

4.1 The most important part of preparing this Strategy has been talking to those who use mental health services and those who care for them. Quotations from some of the contributors, as well as case studies and artwork, are scattered throughout this document.

4.2 We have benefited from talking to a number of established **mental health forums** in the County. These provide an opportunity for providers (both statutory and voluntary, as well as service users and carers) to work together to improve the range and quality of mental health services in their areas. These are variously supported by the local authority and local infrastructure organisations and include, amongst others:

- Craven Mental Health Forum
- Harrogate Mental Health Forum
- Hambleton and Richmond Mental Health Forum

Service User and Carer forums are primarily organised by the lead providers, Tees Esk and Wear Valley in North Yorkshire and [\[Leeds York Partnership Foundation Trust\]](#) in the Vale of York.

4.3 We have also listened to the **North Yorkshire Service User and Carer Information Group (SUCIG)**. The main aim of this group is to be a service user and carer involvement resource for North Yorkshire County Council, Mental Health Services, and partner provider organisations, so as to ensure service user and carer involvement in improving service development and delivery. Currently Tees Esk and Wear Valley hold dedicated Service User Forums in Scarborough (where there is no equivalent mental health forum) Northallerton and Harrogate. We recognise that there is a lack of consistency in approach across the county, with no forum being in place e.g. Easingwold/Selby - and will seek to address this during the lifetime of this strategy.

4.4 As well as the established forums, our preparations have been greatly enhanced by two additional consultation projects - both of which are still continuing. Starting in 2012, York Mind were commissioned to set up a project called **No Decision About Us Without Us**. The remit of this project was to promote and coordinate the provision of high quality service user involvement for people with Mental Health problems living in North Yorkshire and York. It has generated a rich source of evidence about the issues of most concern to those who use our services and those who care for them - some of which is summarised in the box below.

No Decision About Us Without Us - comments from service users and carers

Easy things to do:

- Give us more information on services
- Ensure GPs have all the information they require
- Show us evidence that you have listened and made changes
- Review all activities and make sure there is something for everyone
- Involve us in proper consultation
- Make sure GPs work with carers as well as service users

No Decision About Us Without Us - comments from service users and carers

Things that will take longer

- Find a cheaper way to run activities - use the voluntary sector
- All current services must be kept - there is very little already
- Provide more advocacy support
- Look at what happens in A&E
- Find ways to provide more 1-1 support
- Instead of group activities, could befriending provide support?
- More funding for groups in the community so people don't become unwell and need expensive care
- Look at whether services can be done nearer to us so we don't need to travel

4.5 In addition, NHS colleagues have set up the **Discover** programme, a unique engagement tool to support the commissioning of mental health services in North Yorkshire and York. The programme is based on a technique known as "appreciative enquiry" to find out what really matters to service users and carers and what works well. Uniquely, staff were also involved in the exercise in order to support a culture change and engender a more collaborative, sense making mind-set. Powerful messages quickly emerged about the involvement of service users and their families in decision-making, and how community-based services are even more important than traditional mental health services. Some of the other emerging themes from the exercise are summarised in the box below.

Themes emerging from the Discover programme

- More Joined-up Services (across the health and welfare systems, including follow-up)
- Person-Centred Care
- Removing the Stigma of Mental Illness
- Culture
- Communication, Engagement and Information
- Building Local Communities
- Support for Carers
- Single Point of Access For All
- Out of Hours Provision
- Early Intervention
- Lower Waiting Times
- Focus on Innovation & Creativity
- Continuity of Care

4.6 In short summary, taking the comments and feedback from all sources, these are the main points that **users of our services** have told us:

- There is a need for increased capacity in the community to support early intervention and prevention;
- They want improved information about services;

- Improving the GP gateway - with GPs better educated to understand mental illnesses, especially at the early stages - should be a priority;
- Importance of housing and employment on people's mental health - there is a need for a holistic approach that looks at all aspects of the individual's life;
- Importance of safe spaces and group activities especially during the day - the availability of some form of day time occupation is as an essential ingredient in any future model;
- A need to review crisis care/accident and emergency services for people with mental health issues, and adequate inpatient facilities to avoid out of area placements;
- Better involvement of service users in all aspects of their care - in particular, "recovery" needs to be individually defined and not a time-limiting factor. Many people hope that we can change the system to one where 'helping people to recover' is the accepted approach from day one and that they as individuals are both challenged and assisted to achieve this;
- Many people feel they do not have enough information in the medication they are being prescribed and have insufficient say in what is being prescribed;
- There is a strongly held view that many of our mental health hospitals are outdated in style, giving little sense of safety and security;
- Service users say that many professional people and many in society do not yet see people who suffer from a mental illness as individual people but as 'a condition to be managed';
- Importance of access to good quality advocacy services;
- Review of where services are delivered, so as to address transport issues;
- Early identification and support for carers; and better links between carers and medical professionals;
- The importance of having some form of useful occupation, or gaining a greater sense of self-worth through further education;
- Some felt that issues around identity and their sexuality, around managing stress and pressures could be managed more effectively in schools during early adolescent years.
- Stigma and discrimination affect a significant number of people.

4.7 This is a summary of what **carers** have told us:

- There is great frustration for carers in trying to get the care system to accept and understand that their loved one might need urgent professional assistance when the first signs of problems are emerging;
- Carers benefit from peer group support but not all commissioners invest in this area;
- Some carers spoke of their anger that their child had to come into a mental health system when the proper diagnosis might have been autism or Asperger's Syndrome;
- Much could be done to improve sign-posting and information giving;
- On average it takes 5 years to identify a carer - carers and their own needs should be picked up at the earliest point of diagnosis;
- Lack of support for carers will lead directly to increased costs in secondary care;
- Users are often not able to communicate their problems but carers can - but this is no use if professionals won't listen. Some service users won't speak to anyone except their partner.

4.8 This is a summary of what **professionals working in the field** have told us:

- Social Care staff in mental health services often do not feel they are part of mainstream social care culture or support;
- Social Care staff feel NHS partners do not fully understand social care statutory requirements in mental health;
- Lines of accountability and case load management are not as robust as some Social Care staff would wish for - many see caseloads as too high;
- There are calls for the on-going training and development of staff working in mental health services;
- There needs to be a shift in culture away from success measured by numbers of people in a service to one of numbers of people helped *out* of the service or to a lower level of support;
- Mental health budgets are seen as insufficient to support direct payments and personal budgets in social care;
- There is frustration at the duplication of effort required to service separate IT systems which do not interconnect;
- There are concerns about the number of and the age profile of approved mental health professionals (AMHPS) in North Yorkshire;
- There is a perceived shortage in psychiatrist and psychology skills to allow nursing staff and out-reach support staff take a much more assertive approach towards a recovery model;
- Some would wish to see a greater separation of intensive mental health accommodation-based support and substance misuse accommodation based support;
- There is a desire for access to recovery beds and specialist accommodation and support for those with high-end needs within North Yorkshire;
- Some staff want the development of Crisis Beds, i.e. a facility linked to respite where people can access a bed at short notice for a few days to prevent an acute admission;
- There is a particular need to:
 - address issues around common and shared assessments in mental health services;
 - move quickly to a situation where the assessment belongs to the person who uses services and not any one organisation or professional group;
 - address the issue of inter-connectivity of IT systems and shared information flows.

4.9 This is a summary of what a number of **voluntary organisations** have told us:

- The profile of the population is changing and levels of need are increasing;
- Agencies are now being asked to support people without a commensurate investment in their skill base;
- Many would wish to see a new partnership and care-planning approach between voluntary organisations and providers meeting acute need: there is a sense that we are missing an opportunity to develop more "whole system" step up – step down approaches;
- Some voluntary organisations have, or are developing, working partnerships with local colleges, housing and employment services in recognition of the fact that their customers need a range of opportunities and not just traditional day care.

5. What Else do we Know?

5.1 This chapter contains a brief overview of recent national and local strategies that we have taken into account when preparing this document. There is also a description of the current provision of mental health services in North Yorkshire, and an outline of some workforce and financial issues.

National Strategies

5.2 There is a wealth of national advice and guidance available to commissioners of mental health services. Seven key documents are:

- *No Health Without Mental Health*¹
 - And also the *Guide for Directors of Public Health*²
- *Closing the Gap – Priorities for Essential Change in Mental Health*³
- *Joint Commissioning Panel for Mental Health – Guidance for Commissioning Public Mental Health Services*⁴
- *Talking Therapies – A Four Year Plan of Action*⁵
 - And the accompanying *Quality Standards*⁶
- *Achieving Better Access to Mental Health Services by 2020*⁷
- *The Mental Health Crisis Care Concordat*⁸
- *Future in Mind - Promoting, protecting and improving our children and young people's mental health and wellbeing*⁹
- *Working our way to better mental health: a framework for action*¹⁰
- *Living well with dementia: A National Dementia Strategy*¹¹

5.3 The first of these documents - *No Health Without Mental Health* - established six overarching objectives for the development of mental health services in England, which have been prominent in our thinking in developing this strategy:

¹ www.gov.uk/government/uploads/system/uploads/attachment_data/file/213761/dh_124058.pdf

² www.mind.org.uk/media/343126/No_Health_Without_Mental_Health_Directors_of_Public_Health.pdf

³ www.gov.uk/government/uploads/system/uploads/attachment_data/file/281250/Closing_the_gap_V2_-_17_Feb_2014.pdf

⁴ www.jcpmh.info/wp-content/uploads/jcpmh-publicmentalhealth-guide.pdf

⁵ www.iapt.nhs.uk/silo/files/talking-therapies-a-four-year-plan-of-action.pdf

⁶ www.iapt.nhs.uk/silo/files/iapt-for-adults-minimum-quality-standards.pdf

⁷ www.gov.uk/government/uploads/system/uploads/attachment_data/file/361648/mental-health-access.pdf

⁸ www.crisiscareconcordat.org.uk/wp-content/uploads/2014/04/36353_Mental_Health_Crisis_accessible.pdf

⁹ www.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf

¹⁰ www.gov.uk/government/uploads/system/uploads/attachment_data/file/228874/7756.pdf

¹¹ www.gov.uk/government/uploads/system/uploads/attachment_data/file/168220/dh_094051.pdf

(i) **More people will have good mental health** - More people of all ages and backgrounds will have better wellbeing and good mental health. Fewer people will develop mental health problems – by starting well, developing well, working well, living well and ageing well.

(ii) **More people with mental health problems will recover** - More people who develop mental health problems will have a good quality of life – greater ability to manage their own lives, stronger social relationships, a greater sense of purpose, the skills they need for living and working, improved chances in education, better employment rates and a suitable and stable place to live.

(iii) **More people with mental health problems will have good physical health** - Fewer people with mental health problems will die prematurely, and more people with physical ill health will have better mental health.

(iv) **More people will have a positive experience of care and support** - Care and support, wherever it takes place, should offer access to timely, evidence-based interventions and approaches that give people the greatest choice and control over their own lives, in the least restrictive environment, and should ensure that people's human rights are protected.

(v) **Fewer people will suffer avoidable harm** - People receiving care and support should have confidence that the services they use are of the highest quality and at least as safe as any other public service.

(vi) **Fewer people will experience stigma and discrimination** - Public understanding of mental health will improve and, as a result, negative attitudes and behaviours towards people with mental health problems will decrease.

5.4 We have noted the following words in the *Manifesto*¹² of the Conservative Government elected in May 2015:

We will continue to take your mental health as seriously as your physical health. We have legislated to ensure that mental and physical health conditions are given equal priority. We will now go further, ensuring that there are therapists in every part of the country providing treatment for those who need it. We are increasing funding for mental health care. We will enforce the new access and waiting time standards for people experiencing mental ill-health, including children and young people. Building on our success in training thousands of nurses and midwives to become health visitors, we will ensure that women have access to mental health support during and after pregnancy, while strengthening the health visiting programme for new mothers.

5.5 It is likely that the national drive to improve mental health services for children and young people will be maintained under the new Government. The recommendations included within 'Future in Mind' will impact on local delivery and it is likely that there will be additional funding available for improving services. Accessing this resource will be dependent on areas producing local transformation plans and in North Yorkshire this process is being led by the Partnership Commissioning Unit with plans being established for each CCG area.

¹² <https://s3-eu-west-1.amazonaws.com/manifesto2015/ConservativeManifesto2015.pdf>

5.6 We will also be keeping in close touch with the new *National Mental Health Taskforce*¹³ which will explore the variation in access to and quality of mental health services across England; look at outcomes for people who are and aren't able to access services and also consider ways to tackle the prevention of mental health problems. As recommendations emerge from the Taskforce we will consider the need to update our Action Plans.

Local Strategies

5.7 Within North Yorkshire, we have had regard to the *North Yorkshire Community Plan 2014-17*¹⁴ and, in particular, the second and third of its key priorities:

- Supporting and enabling North Yorkshire communities to have greater capacity to shape and deliver the services they need and to enhance their resilience in a changing world;
- Reducing health inequalities across North Yorkshire.

5.8 As the owners of the *North Yorkshire Joint Health and Wellbeing Strategy 2013-2018*¹⁵ we have also ensured consistency with that document, especially its particular focus on emotional health and wellbeing. Our core principles reflect the principles in that document. The *Joint Strategic Needs Assessment* which was produced as part of the preparation of the *Health and Wellbeing Strategy* has also informed this document.

5.9 A key local strategy is the Children and Young People's Emotional and Mental Health (CYPEMH) Strategy 2014-17¹⁶ and it will contribute significantly to attaining the outcomes of this overarching Mental Health strategy. The CYPS EMH strategy's vision is for all children in North Yorkshire to enjoy good emotional wellbeing and mental health. This will be achieved through the delivery of integrated support and targeted services, which are delivered at the earliest opportunity, in a way that is accessible and achieves positive and sustainable outcomes.

[Note – key messages from CCG Strategic Plans will be included in the final document]

5.10 *2020 North Yorkshire*¹⁷ sets out the County Council's corporate vision and its vision for Health and Adult Services in the 2020. The overall objective is for people to live longer, healthier, independent lives. The Council is committed to

- Investing in locally based services and activities that mean people can continue to live independently in their communities, close to family and friends
- Offer advice information and support to help people resolve concerns at an early stage
- People having more choice and control over the support to meet their social care needs
- Developing services with providers to improve the support available to people.

¹³ www.england.nhs.uk/wp-content/uploads/2015/03/mh-tor-fin.pdf

¹⁴ www.northyorks.gov.uk/media/28323/North-Yorkshire-community-plan-2014-17/pdf/North_Yorkshire_Community_Plan_2014_17.pdf

¹⁵ www.nypartnerships.org.uk/CHttpHandler.ashx?id=21125&p=0

¹⁶ <http://m.northyorks.gov.uk/CHttpHandler.ashx?id=30162&p=0>

¹⁷ http://www.northyorks.gov.uk/recruitment/has_assistant_director_commissioning/docs/has_vision.pdf

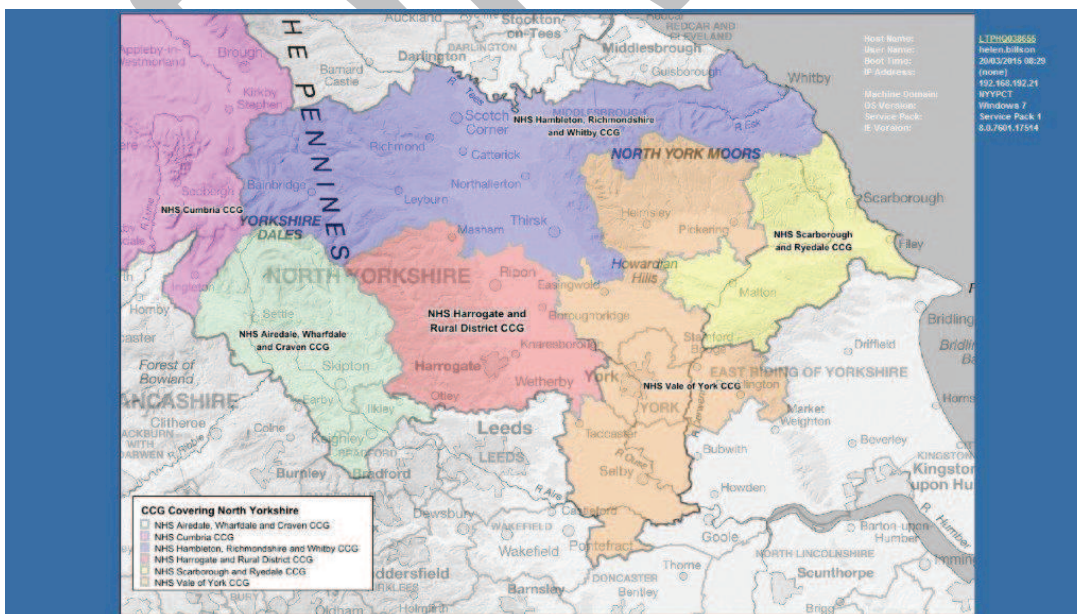
5.11 The distinctive public health agenda for North Yorkshire includes shifting priorities and spending to issues most relevant to North Yorkshire people, including mental health. Public health funding is supporting both the County's Stronger Communities programme and a Targeted prevention service which will help communities and individuals build resilience and find local support. A review of social care mental health services will help to improve the support available so that more people can recover and remain independent.

5.12 *The Care and Support where I live Strategy*¹⁸ sets out our plans to explore different models of accommodation for people with support needs, including those with mental health and complex needs.

How Services are currently organised in North Yorkshire

5.13 [This section needs to be constructed to convey the roles of:

- NYCC Social Care staff (HAS)
- AMHP role (care and support needs assessments, supporting planning and personal budgets)
- NYCC Public Health Staff
- CYPS staff
- CCG staff
- Primary MH Services
- Secondary (contracted) services
- Voluntary organisations
- District Councils (employment and housing)]



¹⁸ www.northyorks.gov.uk/recruitment/has_assistant_director_commissioning/docs/care_and_support_strategy.pdf

5.14 North Yorkshire benefits from a widespread and diverse group of voluntary sector organisations that deliver support across the whole county. These groups play an invaluable role in providing services both to those already in receipt of secondary mental health services and also the lead role in early intervention and prevention. For many people suffering from mental ill health the only support available is through voluntary sector organisations. These can include

- Peer Support Groups
- Befriending
- Talking Therapies
- Self Help Groups
- Drop Ins
- Advocacy
- Vocational Educational groups
- Outreach

5.15 Mental distress has a significant impact upon other agencies within North Yorkshire, including the police. For example:

- It is estimated that between 20 - 40% of policing activity involves engaging with people (either as victims, witnesses, offenders or other contacts) who have a degree of mental vulnerability;
- Suicide is the single greatest cause of death in men under 50;
- Over half of deaths following police contact involve people with a mental health issue;
- Up to 80% of people who go missing from home are experiencing a mental health crisis at the time they go missing;
- People with mental health problems are up to ten times more likely to become victims of crime than the general population.

Outside of normal working hours, the police are often the first point of contact for people experiencing a mental health crisis. Through the local Mental Health Crisis Care Concordat Action Plan (see Chapter 8), we are working with partners in health, the police and other services to enhance the way we work together to help vulnerable people in times of greatest need.

Workforce

5.16 **[More content will be provided in the final version]**

Approved Mental Health Professionals

In 2013 NYCC invested heavily in a further nine AMHPs whose number now compares well with similar Shire Counties. There remains a national shortage of AMHPs and posts remain difficult to recruit to. This has been mitigated by applying a market supplement payment. Succession planning

will need to focus upon Social Care Assessors who would also bring expertise in the deficit area for present AMHPs, namely to work with older people and the dementia spectrum. The provision of sufficient AMHPs remains a statutory duty for NYCC and a priority to ensure that there is the resource available to respond to the need for Mental Health Act assessments.

Finances

5.17 [Note - the following tables will be presented in the form of graphics. e.g. pie charts, in the final version, and will include data relating to children's mental health and public health. We may also attempt a separate estimate of *indirect* costs of mental health for all partners, including the Police.]

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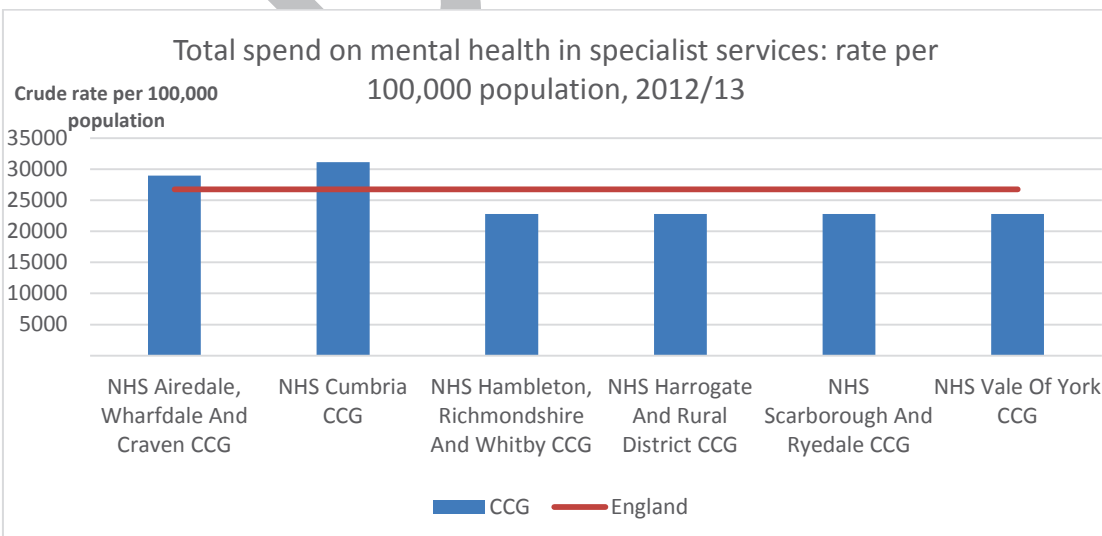
NYCC Spend on Adult Mental Health Social Care 2014-15

Spend on:- Mental Health by Expenditure Type	Gross Spend £	% Share
Pay	3,685,646	46%
Transport	162,000	2%
Premises	14,353	0%
Supplies and Services	695,181	9%
Agency Payments	3,431,430	43%
Recharges	603	0%
Gross	7,989,214	100%
Income (see below)	-1,343,442	
TOTAL (Net of Income)	6,645,771	

Spend on:- Mental Health by Area	Gross Spend £	Income £	Net Spend £	Share %
	819,778	-28,522	791,257	12%
Hambleton, Richmond & Selby	1,774,333	-264,892	1,509,441	23%
Harrogate/Craven	2,557,251	-391,019	2,166,232	33%
Scarborough/Whitby/Ryedale	2,837,851	-659,010	2,178,841	33%
		-		
TOTAL	7,989,214	1,343,442	6,645,771	100%

It is estimated that 40% of primary mental health expenditure is related to mental health, which would give the following figures for North Yorkshire:

	Primary care spend	40%
HRW	19,654,372	7996806
HaRD	19,992,016	7996806
SR	16,580,437	6632175
VoY	40,220,938	16088375
Total	96,447,763	38714163



6. Our Vision and Core Principles

Vision

6.1 In preparing this Strategy, and having listened to the views of those who use our services and those who care for them, we felt it important to refresh our shared *vision* for mental health services for people of all ages in North Yorkshire. Our vision is as follows:

"We will work together to ensure the people of North Yorkshire have the resilience to enjoy excellent mental health, whatever their age and background, supported by effective, integrated and accessible services, designed in genuine partnership with the people who need to make use of them and those who care for them."

Core Principles

6.2 We also thought we should draw up a set of *core principles* that will underpin all of our work to develop mental health services in the County. These principles express the things that remain important in *everything* we do as professionals, all of the time, in promoting good mental health and supporting those who need help and those who care for them.

6.3 There are ten such core principles, as set out below. Where there is a direct match with one of the core principles in the draft Health and Wellbeing Strategy, this is illustrated in **[red]**.

1. Whole person

- Our services will address physical health needs as well as mental health needs, in partnership with specialists and primary care;
- We will take into account all of the factors that may be relevant to a person's mental health - including employment, accommodation, benefits, as well as the cultural dimension.

2. Resilience

- We will help people to develop the personal resilience to sustain good mental health;
- We will work to reduce risk factors for poor mental health and increase protective factors;
- Our services will be designed to help *all* of North Yorkshire's localities to develop their own community resilience;
- We will develop North Yorkshire's social and emotional capital through a workforce of prevention officers and community social capital and asset based approaches.

3. Participation {Making a Positive Contribution}

- We already consult people who use our services, and their carers, through a variety of mechanisms. We need to ensure that this translates into regarding them as active partners in the commissioning, design, improvement and evaluation of our services, and that we truly listen to their views and feedback;
- Individuals who use our service should truly feel that they "own" all aspects of their care, including their care plans, because we recognise that they are the real "experts";
- We will promote and support networks that are led by the people who use our services;
- We will ensure that support is offered in a personalised way, and we will "co-produce" new support models.

4. Community {Recognise where things are different}

- Mental health is everybody's business - it's in all our interests to promote mental wellbeing ;
- Our services need to be designed and delivered alongside existing community assets;
- We respect and celebrate the contribution of the voluntary and independent sectors in providing support and services for people with mental health needs;
- We recognise and celebrate the active involvement of carers, family and friends, and will ensure they have the appropriate education, information, support and advice;
- We will strive to increase social inclusion and minimise the effects of rural isolation.

5. Accessibility

- Maintaining and improving existing supports and networks will be our first priority;
- We recognise that community services should be provided in neighbourhoods and - wherever possible - directly to people's homes;
- Hospital admissions will be minimised and should be focussed, purposeful and brief;
- Services will be available 365 days a year, at the right times of the day and night to respond to people's needs and to fit in with people's lives.

6. Early Intervention {Tackle issues early}

- We subscribe to the principle of helping people to prevent becoming ill by promoting ways to improve their mental health and wellbeing;
- We will champion good mental health for all, across the course of life, from childhood to old age;
- We will intervene at the first sign of problems, whether this be recognising the signs of autism in a teenager, or dementia in an older member of the population.

7. Recovery

- We will focus our services on people recovering and their strengths and abilities, rather than emphasising illness and disability;
- We will help people to manage their own path to recovery;
- We will be positive and optimistic even when facing setbacks;
- Where full recovery is not possible - for example for severe and enduring mental illness, or progressive conditions - we will nevertheless make full use of modern best practice to ensure people can still enjoy the maximum quality of life, without pre-judging their capabilities;
- We incorporate techniques such as "mindfulness" into our approach.

8. Integration {Join things up to make life simple}

- We will work across organisational boundaries with those who use our services to identify their individual needs and the resources to meet them;
- We will ensure single points of access to our services, with no internal 'referrals';
- An 'integrated experience' for the people who use our services is more important than organisational integration;
- We will plan ahead effectively (eg for discharge from the point of admission) with the assistance of a consistent care coordinator;
- We will develop a no blame culture , where issues are discussed open and transparently and lessons learnt from previous experience;
- Where necessary, we will share information, jointly commission, and pool budgets;
- We will explore innovative approaches to delivering services and interventions.

9. Cost-effectiveness {Spend money wisely}

- We have responsibilities to the taxpayer as well as to those who use our services - efficiency and cost effectiveness will be at the forefront of our minds;
- When resources are constrained, it is especially important to be able to demonstrate the effectiveness of our interventions. This is not always a straightforward task when multiple agencies may be involved, but we will nevertheless strive to develop ever-better ways to assess our impact.
- We will seek to improve continuously, actively seeking out best national and international practice.

10. Respect {Keep people safe}

- We will ensure equal access for all, including BME communities, travelling and transient communities, recognising the need for cultural awareness and specialised support as required;
- All health and social care services, not just specialist mental health services, will ensure that people with mental health problems or learning disabilities are treated with respect and taken seriously;
- All of our staff will be aware of the fundamental need to observe safeguarding procedures;
- Specialist mental health services will play a key role in public awareness and reducing stigma;
- Our services will be defined by inclusion not exclusion;
- We will try always to understand things from the perspective of those who use our services and those who care for them;
- Above all, we will respect those who use our services, and those who care for them, as individual human beings.

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7. Our Priorities for 2015-18

7.1 When it comes to deciding our *priorities* for the duration of this Strategy, we have taken very careful note of all of the feedback from people who use our services, and practitioners who deliver them as set out in Chapter 4, as well as the objective evidence in Chapter 5. This leads us to identify three particular priorities for 2015-18:

Priorities for 2015-2018

(1) Resilience: *individuals, families and communities with the right skills, respect and support*

(2) Responsiveness: *better services designed in partnership with the people who use them*

(3) Reaching out: *recognising the full extent of people's needs*

7.2 In selecting these priorities, we are mindful that they will not necessarily cover all areas of our work. This is why we devised the guiding principles set out in the previous chapter, which will apply across *all* of our activities. The three priorities that we have selected represent the key areas where the evidence suggests we need to improve outcomes and concentrate our collective resources at a time of sustained reductions in public expenditure. The following pages describe these priorities in more detail.

7.3 It is important to state at the outset that we believe all three priorities, and all of the supporting outcomes, are relevant to all of the partners listed at the beginning of this strategy. Words such as "health" or "social care" should not be taken to imply that only one set of professionals need take heed of the section in question: we all have a part to play in delivering these shared priorities.

7.4 The specific ***actions*** to which we are immediately committing our services are set out in Chapter 8.

Priority 1: Resilience

<i>Priority Outcome</i>	<i>Supporting Outcomes</i>	<i>Delivery Mechanisms</i>	<i>Selected Performance Measures</i>
Individuals, families and communities with the right skills, respect and support	<ul style="list-style-type: none"> 1.1 Support for family, friends and carers embedded in all services 1.2 Better public understanding and acceptance of mental health issues 1.3 Effective campaigns to promote good mental health and wellbeing for all ages and all places 1.4 Investment in prevention and early intervention for children and adults 1.5 Targeted work with communities and settings, including employers 1.6 Dementia friendly communities across North Yorkshire 1.7 Strategies to combat the impact of rural isolation on mental health 1.8 Better partnership working, especially with the voluntary and independent sectors 		

Priority 2: Responsiveness

<i>Priority Outcome</i>	<i>Supporting Outcomes</i>	<i>Delivery Mechanisms</i>	<i>Selected Performance Measures</i>
<i>Better services designed in partnership with the people who use them</i>	<p>2.1 Timely diagnoses for all conditions, especially dementia</p> <p>2.2 Better services for those experiencing a mental health crisis</p> <p>2.3 Evidence-based and personalised interventions including personal budgets</p> <p>2.4 Greater access to talking therapies</p> <p>2.5 Better transitions between services, eg children to adults</p> <p>2.6 Better outcomes for those detained under the Act</p> <p>2.7 Better services for vulnerable groups, eg veterans</p> <p>2.8 Better services for those with mental health and substance misuse needs</p> <p>2.9 Better Advocacy Services</p> <p>2.10 Services delivered at times and in places that suit people’s needs</p>		

Priority 3: Reaching Out

<i>Priority Outcome</i>	<i>Supporting Outcomes</i>	<i>Delivery Mechanisms</i>	<i>Selected Performance Measures</i>
<i>Recognising the full extent of people's needs</i>	<p>3.1 Better understanding of the wider cultural aspects of mental health</p> <p>3.2 Better understanding of the links with physical health, leading to dual diagnoses</p> <p>3.3 Combating the particular pressures on young people, eg from social media</p> <p>3.4 Support for people with mental health needs to gain/maintain employment</p> <p>3.5 Support for people with mental health needs to gain/maintain housing</p> <p>3.6 More volunteering and other activities to promote wellbeing</p> <p>3.7 Mental health featuring in a wide range of partners' strategies</p> <p>3.8 Action to ensure that all our staff understand the importance of Safeguarding</p>		

[Note: Chapters 8 (Turning Words into Action) and 9 (Keeping it Real) will be drafted after the feedback from the Health and Wellbeing Board.]

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NORTH YORKSHIRE HEALTH AND WELLBEING BOARD
Draft Joint Health and Wellbeing Strategy
3 June 2015

1. Purpose

- 1.1 To bring the draft Joint Health and Wellbeing Strategy (JHWS) before the Board prior to producing a final draft document for consultation with public and wider partners.

2. Background

- 2.1 The Board agreed to update the strategy in July 2014 and a task and finish group was established to lead this work on behalf of the Board. The Board has been involved shaping this strategy, including the key themes and outcomes, through the March development session and through its supporting structures, the North Yorkshire Delivery Board and the Commissioner Forum.
- 2.2 A review of all recent consultations by partner organisations has been completed to distil key messages from local people about what is important to them in health and social care. These messages have been used to shape the outcomes within the draft document which will be further tested through the consultation period.

3. Draft JHWS Content

- 3.1 The draft JHWS is in line with national policy direction and reflects the key priorities identified by the Joint Strategic Needs Assessment refresh in 2014. The JHWS provides a framework for North Yorkshire Health and Wellbeing Board to organise its work programme and it aligns with, a number of other strategies and work plans including: Young in Yorkshire, Mental Health, Autism, and several key public health strategies, all of which support improved health and wellbeing outcomes for local people and communities.
- 3.2 The JHWS is framed within four themes:
- Connected Communities
 - Start Well
 - Live Well
 - Age Well

Each theme has a number of outcomes and from these HWB partner organisations will set out their priorities that will support delivery and improvement. Work is underway to develop a HWB dashboard that can help measure progress and provide the Board with assurance.

- 3.3 Health and wellbeing messages are signalled throughout the draft document which aims to help people make the right choices to live a healthy lifestyle from birth and throughout their lifetime and so reduce the burden of ill health on our communities, now and in the future.
- 3.4 The draft strategy also highlights four key enablers that can support the system working together better and start to reshape the relationship of care between the individual and the care provider. The enablers are:

- A new relationship with people who use services
- Workforce
- Technology
- Economic prosperity

3.5 These enablers capture some of the discussion points raised by HWB members in the course of the last year as critical components of good health and wellbeing outcomes.

4. Next Steps

4.1 Following consideration by the Board the draft strategy will be revised further over the next few weeks to final draft status. Easy Read and Plain English versions of the document will also be finalised. The Board is asked to note that the current format of the draft document will be amended to create a more visual document prior to consultation.

4.2 Towards the end of June and into July consultation with wider partners and the public will take place. This will be done through a range of consultation methods including website survey/feedback opportunities. Wherever possible, and with the support of HWB partners, existing forums will be used to facilitate face to face conversations with people that access services. A number of consultation questions will be developed to support the engagement process such as:

- *Do you agree with the strategy? If not, what have we missed?*
- *What would be the areas that you would want us to prioritise?*
- *What would you want to know more about?*
- *How could we improve the strategy?*

4.3 The final wording of any questions used in the consultation period will be developed as part of the communications materials.

4.4 Feedback from the consultation will be gathered and analysed during August/September. This information will be used to produce a final strategy to be brought to HWB at its next meeting on 30 September 2015.

5. Required from the Board

5.1 The Board is asked to:

5.1.2 Approve the attached draft Strategy and ask the task and finish group to take forward to a final draft version.

5.1.3 to note and support the proposed timetable for consultation and feedback to the Board.

Wendy Balmain
Assistant Director Integration
3 June 2015



Draft Joint Health and Wellbeing Strategy 2013 - 2018

2015 Update

Contents

Foreword	3
Why are we updating the strategy?.....	4
Why do we need to change?.....	4
How does this fit into the national picture?.....	5
What is this strategy really about?.....	5
Understanding the strategy.....	6
How we want things to happen.....	6
Theme 1 - Connected communities	7
Why is it important?.....	7
What changes can you expect to see?.....	7
Theme 2 - Start well	8
Why is it important?.....	8
What changes can you expect to see?.....	8
Theme 3 - Live well	9
Why is it important?.....	9
What changes can you expect to see?.....	9
Theme 4 - Age well	10
Why is it important?.....	10
What changes can you expect to see?.....	10
Getting the whole system working better	11
A new relationship with people who use services.....	11
Workforce.....	11
Technology.....	12
Economic prosperity.....	12
Our principles for making these changes real	13
What do we expect from the Health and Wellbeing Board?.....	14
What do we expect from local communities?.....	15
What do we expect from people living in North Yorkshire?.....	15
Letting you know how we're doing.....	15
How can you get involved?.....	15

Foreword

The North Yorkshire Health and Wellbeing Board is made up of partner organisations from across the county. We understand that there are diverse and complex communities across the County and recognise the strong sense of local identity that this brings. We have a history of working together to develop healthier, stronger communities in North Yorkshire and are well placed to tackle the next stage in partnership not only with each other but, more importantly, with those people who use services and the individuals or groups that provide direct support and care to others.

In 2013 we produced our first health and wellbeing strategy, which took into account what local people and our partners told us they thought our priorities should be. This updated draft document reflects on the progress we have made so far and outlines what we need to adapt to take into account changing local and national health priorities, as well as managing our reduced budgets. It also takes into account the findings of the latest Joint Strategic Needs Assessment (JSNA), and what local people have told us really matters to them for their long term health and wellbeing.

This updated strategy gives us an opportunity to restate our commitment to improving health and wellbeing as well as setting out how we want to continue to improve services. The four themes of: Connected Communities; Start Well; Live Well and Age Well describe how we intend to maintain the momentum we have built up in delivering our ambition to ensure that people in all communities in North Yorkshire have equal opportunities to live full and active lives from childhood to later years.

Councillor Clare Wood

Executive Member for Adult Social
Care and Health Integration
North Yorkshire County Council
Chairman of North Yorkshire Health
and Wellbeing Board

Amanda Bloor

Chief Officer
Harrogate and Rural District Clinical
Commissioning Group
Vice Chairman of North Yorkshire
Health and Wellbeing Board

Why are we updating the strategy?

We want our strategy to make a difference, rather than being a document on a shelf. That's why we have taken this opportunity to bring it up to date so that people living in North Yorkshire continue to have access to great services which take account of:

- the latest evidence from our Joint Strategic Needs Assessment (JSNA)
- changes in national policy, local ambition and people's expectations
- listening to local people about what's important to them for their long term health and wellbeing and using feedback to shape our services

There are many changes taking place across North Yorkshire all the time that have an impact on our health and wellbeing, and there is always more to do. This document won't describe every change that is taking place but it has been developed to help us stay focused on achieving those things that are most important for local people and make a difference reducing variations in health and care outcomes across the county.

We know that if we do this, we will be making a positive and lasting impact on the health and wellbeing of people and communities in North Yorkshire.

You can see some of the things that people have said recently in the "You told us ..." bubbles which appear throughout this strategy.

Why do we need to change?

- People in North Yorkshire are living longer than ever before. That means we all have the potential to enjoy more years of healthy, active life from childhood right into old age by helping ourselves and our families to live well. But it also means that we may need more help as we get older, to age well and be as healthy and independent as we can be.
- Not all the communities in North Yorkshire are as healthy as we'd like them to be. Life expectancy for men living in Scarborough, for example, can vary by as much as 11 years between the richest and poorest areas of the district. We are seeing widening variations in obesity between children living in affluent and deprived neighbourhoods. We want to reduce the gaps as part of our strategy to make North Yorkshire healthier and happier.
- There are more demands on the money available to the health and care system than in the past. This means all organisations need to plan carefully about how to spend the North Yorkshire pound. By doing that together, and using new technology wisely, we believe we can deliver better value for money and do more with the resources we have at our disposal.

The North Yorkshire Joint Strategic Needs Assessment (JSNA) contains more information on the current health and wellbeing of North Yorkshire communities. You can download a copy at www.northyorks.gov.uk/article/.../Joint-strategic-needs-assessment.

How does this fit into the national picture?

Since 2012 there have also been some big changes in the priorities for health and wellbeing at national level. As the largest county in England, it's not surprising that these are all highly relevant to North Yorkshire.

The most important of these include:

- Working with people throughout their lives to prevent the need for longer term care and making sure people are in control of the choices made about their care and their lives.
- Making sure children's services work together to help every child have the best start in life.
- A new focus on ways in which local health and social care organisations can work together so that people's experience of care is more integrated.
- A new focus on care delivered in or close to people's homes with fewer people being admitted to hospital.

What is this strategy really about?

Working together to make North Yorkshire healthier and happier

This strategy really is important. It is a shared agreement between each partner organisation in the Health and Wellbeing Board, with and for people of all ages living in North Yorkshire, about what we can and want to change.

Those of us who commission health and social care have a legal responsibility to make sure that our commissioning plans are guided by this strategy, and the Health and Wellbeing Board has a responsibility to ensure that this happens.

Health and wellbeing is about more than health and social care services. Every aspect of public life - education, childcare, housing, employment, the quality of the local environment, and the type of community we live in - can affect our health and wellbeing at any point through our lives. We understand this and want to help and encourage everyone to be aware of the impact of their actions on health and wellbeing, and to take account of this strategy when they plan to make changes.

Part of our job is to ensure that we all work well together so that we can achieve the best possible outcomes for local people and communities. We have a responsibility to make sure that our individual plans all face the same way, and complement each other.

Understanding the strategy

What we plan to do

To help us concentrate on the most important things for North Yorkshire's health and wellbeing, we have agreed on four key themes to help us organise our work. These themes will sometimes overlap and will be relevant to all age groups.

- Connected communities
- Start well
- Live well
- Age well

We set out why each of our themes is important, what we hope to achieve (our outcomes) and the changes you can expect to see, on pages 7 to 10.

Getting the whole system working better

To really make change happen we want to improve the ways in which the whole health and care system works together in North Yorkshire. We think that a focus on four things, which if we get them right, will help all organisations to achieve better outcomes for local people and communities:

- A new relationship with people using services
- Workforce
- Technology
- Economic prosperity

We explain more about these and why we think they are important on pages 11 to 12.

How we want things to happen

There are some guiding principles that we have adopted which organisations and people who receive services can use as a checklist when we develop new services. This will help build services that are more personal, joined up and equal across North Yorkshire. Our principles are:

- Recognise where things are different
- Tackle issues early
- Joining things up to make life simpler
- Making a positive contribution
- Keep people safe
- Spending our money wisely

We explain more about these and how we will use them into practice on pages 13 to 15.

Theme 1 - Connected communities

Outcome

We want North Yorkshire to be a place where communities flourish, people shape services and have control of their lives

Why is it important?

- North Yorkshire people live longer, healthier lives compared to England as a whole, but there are significant variations between districts, communities and population groups.
 - For example, a girl born today in Hambleton can expect to live for 2.5 years longer than the average for England, but a girl born in Scarborough can expect to live for 0.5 years less. This variation has grown bigger over the last 10 years.
 - People with severe mental health problems often have poorer physical health too.
- Strong local communities have been proved to be effective in supporting people to make healthy choices. They also help people cope with and recover from adverse events like illness, economic pressures and even extreme weather.
- Prevents individuals feeling lonely and isolated which, in turn, reduces depression and anxiety.
- Volunteering has benefits for both the volunteer and for those they help. Voluntary organisations are a vital part of connected communities - they provide things that other parts of the system can't, and their experience of working locally is a valuable resource.

- Technology is a key asset for communities, helping to support local business opportunities, providing everyone with better ways of communicating with the outside world, and providing new solutions to self-manage our care.

What changes can you expect to see?

By 2018, you can expect to see:

- Vibrant and self-reliant communities in all parts of North Yorkshire, with local people and organisations working together to develop community libraries, community transport services and activities for all age groups.
- Dementia friendly communities where people living with dementia and their families feel supported and confident and a part of their local area.
- Improvements in technology in rural areas, for businesses and homes, and increased access to technology for children and young people from disadvantaged communities.
- More opportunities for volunteering for people of all ages, and more people taking up these opportunities.

Theme 2 - Start well

Outcome

Ensuring education is our greatest liberator

Outcome

Helping all children enjoy a happy life

Outcome

A healthy start through healthy lifestyles

Why is it important?

- There are over 130,000 children and young people aged 0-19 in North Yorkshire - and this number is growing.
- Most North Yorkshire children already get a good start in life, but in a large and diverse county, there is still some who don't experience all the good things we would hope for. This may be for a range of reasons such as rural isolation, poverty, urban deprivation, disability or family breakdown. We need to make sure that these children's needs are spotted early and that they and their families receive the help they need from birth.
- It's vital that every child has an excellent education to maximise their life chances - we know that this is a major factor in health and wellbeing throughout life. That includes a positive, safe experience throughout school and college as well as wider educational work to encourage children and young people to make healthy choices about their lifestyle.
- Emotional and mental health and wellbeing is important at all ages. We need to support children and young people to be mentally and emotionally healthy. This doesn't just mean the 16,000 or so under-19s who have a recognised mental health disorder. We know that low self-esteem and anxiety can make daily life difficult, and we want to make sure every young person has a source of help when they need it.

What changes can you expect to see?

By 2018, you can expect to see:

- A higher percentage of babies who are breast fed and a higher percentage of children who receive immunisations and vaccinations.
- More children and young people making healthy choices, exercising regularly and eating well.
- A lower percentage of children who are obese or overweight.
- Fewer children and young people taking part in unhealthy, unsafe or risky behaviour - smoking or taking drugs, self-harming, unsafe sex - or becoming the victims of physical, mental or sexual abuse.
- An increase in the level of mental well-being amongst children and young people.
- A reduction in the gap in educational attainment between those children who receive free school meals and those who don't.

You can find out more about the work taking place to support children and young people from 'Young and Yorkshire'.

www.northyorks.gov.uk/media/2725/Children-and-Young-Peoples-Plan-2014-17---Young-and-Yorkshire/pdf/Young_and_Yorkshire_-_Children__Young_Peoples_Plan_2014-17.pdf

Theme 3 - Live well

Outcome

People are emotionally resilient and experience good mental health

Outcome

Everyone has the opportunity to have a healthy body and a healthy mind

Outcome

People are active, involved and can be free from isolation and loneliness

Why is it important?

- North Yorkshire people are healthier, and live longer, than the average for England. But there is still work to do to reduce the number of people affected by conditions that can be prevented or delayed. Heart disease, stroke and cancer account for the greatest proportion of deaths within North Yorkshire. Many of these illnesses can be avoided if everyone is helped to make positive lifestyle choices.
- The risk of social isolation and loneliness is greater for people living in rural communities, especially (but not exclusively) amongst older people and those with a disability or long term illness - and people who are socially isolated are more likely to die prematurely.
- Being in good employment increases mental and physical health and wellbeing. We need to maximise local opportunities for economic and job development, including apprenticeships and graduate opportunities for the young people who are our future workforce.
- The quality of our home is another major factor in health and wellbeing. For example, fuel poverty and cold homes are major contributors to poor winter health. We need to ensure that there is an affordable supply of North Yorkshire homes that have a positive impact on health and wellbeing.

What changes can you expect to see?

By 2018 you can expect to see:

- Fewer people saying that they feel socially isolated in their local communities.
- More people receiving personal budgets for their care, to give them choice and control over their lives.
- More people helped to self-manage their own care at home or through local community hubs.
- Fewer hospital admissions and lower death rates from heart disease, stroke and cancer, with the biggest improvements in the most deprived areas of the county.
- Improved employment opportunities, including in rural areas and particularly for young people and those people who often face most barriers in the labour market (for example, people with mental health issues, people with autism and people with disabilities).
- A higher proportion of young people taking up apprenticeships in North Yorkshire.
- Fewer people living in poor quality or inappropriate housing, or living in fuel poverty.
- More people with autism will have access to a diagnostic pathway to support and help improve their health, wellbeing and independence

Theme 4 - Age well

Outcome

People can make choices to self-manage their care to help them stay independent for longer

Outcome

Carers are supported to live their own life

Outcome

All Individuals, their carer's and families experience good end of life care

Why is it important?

- North Yorkshire people are living longer these days - more than a year longer, on average, than ten years ago. That means more active older people in good health, but also more people (especially the very old) living with on-going conditions such as arthritis, dementia, heart problems or osteoporosis.
- We expect there to be a third more people aged 85 plus by 2021 compared to 2011.
- The number of families caring for loved ones continues to rise, with the sharpest rises amongst those providing the highest levels of care. The number of carers over 65 is increasing above any other age group
- Care and support for older people takes up the greatest share of resources in the NHS and social care. So it's important to get this right - and if we make services work well together for older people, we can be confident that they can work well together for everyone else, too.
- People can feel in control of their lives and are able to, make decisions and choices for themselves and be valued as part of a community.
- Providing people with a choice about how to spend the end of their lives increases their wellbeing (and that of their loved ones) when the time comes.

What changes can you expect to see?

By 2018 you can expect to see:

- More health and social care staff working together across local GP surgeries and primary health care centres to support older people in the local community.
- New community hubs offering advice, access and care to people receiving services and those who care for them.
- More carers feeling that they can have a life outside caring.
- Improved the way people can choose, buy and fit equipment and Telecare so that they can stay independent for longer.
- We will have in place a range of options that help people to keep their independence for longer. For example, intermediate care and reablement services.
- Fewer older people entering nursing or residential homes for long term care.
- More Extra Care housing available to people across North Yorkshire.
- More people receiving support for themselves and their families at the end of life, with more people dying at home or in the place that they choose.

Getting the whole system working better

A new relationship with people who use services

We want to develop a new relationship with people who use services and the communities they live in. We recognise that people are part of a community and that we need to build on the strong relationships that are already in place locally to get the best outcomes we can for everyone.

We want people to have a bigger say over their own care and how they manage their lives, no matter what their health and care needs might be. For people to be able to do this it is important that there is easy access to good information and advice that helps people make informed choices about their care. Getting this right means that, as our needs change, we can look after ourselves and each other for longer and that we can get the right help at the right time from others.

As well as having more input into decisions about the sort of care people might receive we want people to have direct control of the money available to support their care. We are already doing some of this through personal budgets for both health and care but we expect to see more people using these budgets to self-manage their care.

You told us:

I can't manage the garden like I used to - if I could get some help with that I'd get a lot more exercise

Workforce

To deliver good health and wellbeing services we need a skilled, motivated and flexible workforce. Organisations don't always find it easy to recruit and retain staff to work locally - we need to help change that. We also need to make sure that as well as a good place to live, North Yorkshire is a good place to work. Being in employment is a major factor in maintaining good health and wellbeing.

North Yorkshire health and care organisations are working with local people to redesign the health and care system. This includes developing new models of care which will help people access more services in the community that join up health and social care. This will mean staff from different organisations will need to learn new skills so that people using services have a better experience of care.

Some of the ways we can make this happen are through:

- Creating new roles that offer exciting career choices in health and social care.
- More local opportunities for people to develop their skills in health and social care sectors, as well as in education and other children's services.
- More opportunities for people to return to work after a break or after retiring from a full time role.
- Better opportunities for people who have experienced poor mental health to access paid employment.

Technology

Technology is now a fundamental part of every aspect of our lives. The way we access and share information, interact with each other and use services all relies on technology working well and in a way that suits our lives. We want to help organisations to talk to each other more easily so that people can use technology to find out more about health and social care.

We want to help people take responsibility for self-managing their care and technology has a role to play in offering easy ways to access advice and information. There are now many ways to keep in touch and we want to maximise these opportunities for the people who use services.

Technology can be a key asset for communities, helping to support local business opportunities, improving educational experiences across all age groups, providing everyone with better ways of communicating with the outside world, and offering the opportunity to learn from others. We also need to ensure that children are protected from the potential pitfalls of technology especially where this might compromise the personal safety of young people or increase their likelihood of exploitation.

Economic prosperity

Our successful tourism sector gives us a special sense of the importance of our local communities and heritage. We want to encourage ourselves and our partners to think more creatively about how we can use these assets and the things that are best about North Yorkshire to find new ways in which they can contribute to health and wellbeing.

Creating a supportive environment for businesses is good for the health and wellbeing of the communities around them. For individuals, we know that an increase in income leads to an increase in psychological wellbeing and a decrease in anxiety and depression.

Growing our existing businesses and inspiring enterprise is part of the long term strategy for North Yorkshire. Health and social care organisations are major employers in North Yorkshire and play an important part in the economy not only in supporting us to stay well, but by offering a wide choice of employment opportunities. This helps local people stay local and it also helps North Yorkshire attract new talent so that we can achieve outstanding quality improving health and care.

Our principles for making these changes real

We will always use these principles when developing plans, commissioning services and delivering care to check that we are keeping our promises in this strategy

1) Recognise where things are different ...

- So that we respond to differences between local communities
- So that we prioritise the people and place that need things most
- So that we take full advantage of the different assets in urban and rural communities

Every community in North Yorkshire has a different range of resources and assets that can contribute to improving health and wellbeing. Our role is to help support people at every stage in life to use those assets wisely and well, in the way that suits the local community best.

We also need to make sure that we target our improvements on the people and communities that need it most. Although North Yorkshire is relatively prosperous overall, pockets of deprivation exist both in towns and in rural areas where improving health and wellbeing can have a really significant effect, and which we need to make priorities for new investment.

2) Tackle issues early ...

- By investing more in local services so that we prevent illness in the first place for all age groups
- So that you have more opportunities to access local care and support that can nip problems in the bud

Keeping healthy and well, and tackling ill health in its early stages is much better than trying to deal with things once they have become more serious.

We all know what we should be doing to increase our chances of staying healthy for longer - stopping smoking, cutting down on alcohol, avoiding drugs, keeping our weight down, taking more exercise - but it's much easier to do them when there is a local source of help and support.

3) Joining things up to make life simpler ...

- So that you only have to tell your story once
- So that you can trust local services to work together effectively
- So that you get the response that meets your needs, not what's convenient for different organisations
- so that there's less waste caused by duplication

Many of the old organisational barriers that stopped services working together are being broken down. We want to make the most of these opportunities to do things differently - when it makes sense locally. This will mean increased integration between health and social care services as well as between county and district councils or NHS services and the voluntary or independent sectors.

You told us:

Don't use jargon when you're telling me about what you're going to do

4) Make a positive contribution ...

- So that you're inspired and enabled to take responsibility for your health and wellbeing and the decisions about your care are shared between the person and the professional
- So that you have opportunities to support the health and wellbeing of others in your community

These days we hear a lot about the importance of being able to live independently - and having control over our lives is good for our health and wellbeing. You can take responsibility for your own health and wellbeing through lifestyle changes, or by having more control about how you use services - for example by managing your own medication, or having a personal budget to spend on the care you need.

But we also depend on each other to live our lives well. The greatest assets we have in North Yorkshire are the people of North Yorkshire. We want everyone to feel able to make a positive contribution to the health and happiness of your local community - whether that's as an employer, an employee, a volunteer, or just by being a good neighbour.

5) Keep people safe ...

- So that you can feel safe and secure in your local community, your school and your family home
- So that you can be confident that you will be treated with dignity and respect
- So that you know we take a 'zero tolerance' approach to any form of abuse

Feeling safe in and around your own home is an important part of your overall sense of wellbeing. We will encourage organisations to make safety a priority when they plan and deliver services, particularly where these relate to children, disabled people, those with dementia, and other vulnerable groups.

We also know that you expect high standards whenever you use public services. Everyone who uses services, and everyone who works in them, has the right to be treated with dignity and without being abused and is responsible for treating other people in the same way.

6) Spend money wisely ...

- So that we invest in things you can be confident will deliver good value
- So that we improve the quality of services for the long term
- So that we make the most of the North Yorkshire pound

Value for money is always important, but especially at a time when demands on services are growing and budgets are under pressure. Part of our role is to make sure that what we do spend is spent wisely, on things that we know make a real long term difference.

What do we expect from the Health and Wellbeing Board?

- We will challenge each other to improve health and wellbeing
- We will support each other to tackle problems together
- We will respect local differences
- We will look for ways in which we can work together
- We will stay focused on the strategy
- We will be ready to take hard decisions together when necessary - and stick to them

What do we expect from local communities?

- They will value positive contributions from everyone, whoever they are and at all stages of their life
- They will support people to make healthy choices and live well throughout their lives
- They will speak up about the needs of local people including those who are at risk of being marginalised or in particular need, especially where this relates to children and young people, and other groups who might not ordinarily be able to speak up for themselves

What do we expect from people living in North Yorkshire?

- You will take on more responsibility for your own health and wellbeing
- You will make more healthy choices to improve your health and wellbeing
- You will look out for each other in your community
- You will ask for help when you need it
- You will speak up when things go wrong

Letting you know how we're doing

Every quarter ...

We hold Board meetings to look at progress on this strategy and to discuss ideas about how we can best improve health and wellbeing in North Yorkshire. Meetings are held in public, and papers are available on the County Council's website.

Every year ...

We will publish a report on what has been achieved, and what impact it has had on health and wellbeing in North Yorkshire.

We hold a range of events across North Yorkshire to bring people together to talk about what's important to their health and wellbeing. Look out for details in your local newspaper, or check on the website at [address].

How can you get involved?

Find out more

While this strategy sets out how we will organise our work and some of the biggest changes we expect you to be able to see by 2018, it can't cover all the changes that are planned for your local area.

If you want to find out more, you can contact North Yorkshire HealthWatch, who can signpost you to information about what's being planned for your local area.

Contact them on:

By phone:
01904 621631

By email:
healthwatchny@nbforum.org.uk

Website:
www.healthwatchnorthyorkshire.co.uk

Twitter:
@HealthwatchNY

Help us develop this strategy

We won't always get things right first time and we need and value your help to tell us what's working and what we could do better.

We will be talking to you as part of a consultation on the strategy and we look forward to hearing your views.

Complaints Q4 2014-15

Generated on: 03 June 2015



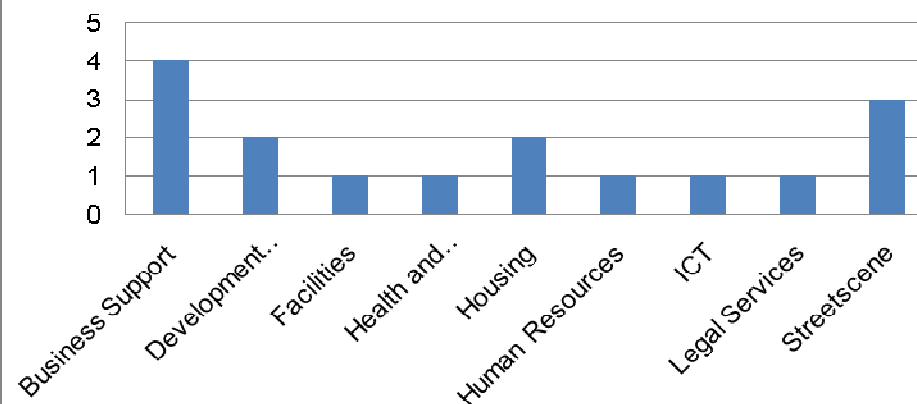
Complaint Type Description



- Complaints regarding conduct, attitude and actions of employees = 2
- Delays in responding or complaints about the administrative process = 2
- Dissatisfaction with the way Council policies are carried out = 8
- Failure to achieve standards of service = 1
- Failure to provide a service = 3

Page 113

Customer Complaints Q4 2014-15



Service Unit	Summary of Complaint	Complaint Type	Remedy	Ward	Stage Title	Opened Date	Closed Date	Total
Business Support (BS)	Dissatisfaction with opening times at Ryedale House	Dissatisfaction with the way Council policies are carried out	Written explanation provided	None given	Stage 1	06-Jan-2015	08-Jan-2015	4
Business Support (BS)	Dissatisfaction with time taken to answer phone	Failure to achieve standards of service	Written apology and explanation provided	Ryedale South West	Stage 1	19-Feb-2015	24-Feb-2015	
Business Support (BS)	Dissatisfaction with card payment system	Dissatisfaction with the way Council policies are carried out	Written explanation provided	Malton	Stage 1	18-Mar-2015	23-Mar-2015	
Business Support (BS)	Dissatisfaction with level of support	Dissatisfaction with the way Council policies are carried out	Written explanation provided	Malton	Stage 2	16-Jan-2015	12-Mar-2015	
Development Management (DM)	Council's handling of site planning application	Dissatisfaction with the way Council policies are	Written explanation provided	Norton West	Stage 2	17-Jan-2015	28-Jan-2015	

Service Unit	Summary of Complaint	Complaint Type	Remedy	Ward	Stage Title	Opened Date	Closed Date	Total
		carried out						2
Development Management (DM)	Dissatisfaction with planning procedure and staff	Complaints regarding conduct, attitude and actions of employees	Written explanation provided	Ryedale SW	Stage 2	19-Feb-2015	20-Apr-2015	
Facilities (FE)	Dissatisfaction with alterations to Derwent pool	Dissatisfaction with the way Council policies are carried out	Call made by Kevan (Derwent Leisure) explaining changes made.	Norton West	Stage 2	14-Jan-2015	02-Feb-2015	1
Health & Environment (HE)	Dissatisfaction with service response time	Delays in responding or complaints about the administrative process	Written explanation and issued guidance to staff	Cropton	Stage 1	09-Jan-2015	12-Jan-2015	1
Housing (HS)	Dissatisfaction with window installation	Dissatisfaction with the way Council policies are carried out	Written explanation provided and alternative solution suggested	Pickering East	Stage 1	16-Jan-2015	23-Jan-2015	2
Housing (HS)	Dissatisfaction with customer service and communication	Complaints regarding conduct, attitude and actions of employees	Written explanation and apology provided	Malton	Stage 1	11-Feb-2015	20-Feb-2015	
Human Resources (HR)	Complaint about no reply to email job applications	Delays in responding or complaints about the administrative process	Written explanation and apology provided	Norton East	Stage 1	29-Jan-2015	02-Feb-2015	1
ICT Services (IT)	Dissatisfaction with user experience of RDC website	Failure to provide a service	Written explanation provided	Derwent	Stage 1	05-Jan-2015	05-Jan-2015	1
Legal Services (LS)	Concern over removal of trees	Dissatisfaction with the way Council policies are carried out	Written explanation provided	Pickering West	Stage 2	19-Jan-2015	10-Mar-2015	1
Streetscene (SS)	Dissatisfaction with recycling equipment provided	Dissatisfaction with the way Council policies are carried out	Written explanation, provided with net to cover plastic recycling	Kirkbymoorside	Stage 1	14-Jan-2015	15-Jan-2015	3

Streetscene (SS)	Dissatisfaction with household waste collections	Failure to provide a service	Unscheduled pickup of accumulated bags and explanation of procedures.	Sherburn	Stage 1	04-Feb-2015	09-Feb-2015	
Streetscene (SS)	Dissatisfaction with household waste collections	Failure to provide a service during bad weather	Letter of explanation & apology and rubbish collected	Sinnington	Stage 1	08-Feb-2015	11-Feb-2015	
							TOTAL	16

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REPORT TO:	OVERVIEW AND SCRUTINY COMMITTEE (SCRUTINY)
DATE:	25 JUNE 2015
REPORT OF THE:	HEAD OF CORPORATE SERVICES
TITLE OF REPORT:	SCRUTINY REVIEWS PROGRESS REPORT
WARDS AFFECTED:	ALL

EXECUTIVE SUMMARY

1.0 PURPOSE OF REPORT

- 1.1 To provide an update on progress with implementing the recommendations agreed resulting from previous scrutiny reviews.

2.0 RECOMMENDATIONS

- 2.1 It is recommended that members:

- (i) note the progress report for previous scrutiny review recommendations; and

3.0 REASON FOR RECOMMENDATIONS

- 3.1 To keep the members of the committee apprised of the progress with implementing recommendations made following previous reviews. See table attached at Annex A

4.0 SIGNIFICANT RISKS

- 4.1 No significant risks have been identified

5.0 POLICY CONTEXT AND CONSULTATION

- 5.1 Scrutiny reviews link into corporate aim 5 (to transform the Council) and strategic objectives 8 (to know our communities and meet their needs) and 9 (to develop the leadership, capacity and capability to deliver future improvements).

REPORT

6.0 REPORT DETAILS

- 6.1 The table attached details the recommendations agreed following previous scrutiny reviews.

7.0 IMPLICATIONS

7.1 The following implications have been identified:

- a) Financial
None
- b) Legal
None
- c) Other (Equalities, Staffing, Planning, Health & Safety, Environmental, Crime & Disorder)
None

8.0 NEXT STEPS

8.1 The Fuel Poverty Scrutiny Review Task Group will meet following the scrutiny committee meeting to consider the draft report and recommendations for the review.

Clare Slater
Head of Corporate Services

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E-Mail Address: clare.slater@ryedale.gov.uk

Background Papers are available for inspection at:
Ryedale House, Malton or www.ryedale.gov.uk.

Links to final reports have been included in the table attached at annex A

Scrutiny Review of Members Involvement in Outside Bodies and as Member Champions - Link to final report	
Recommendations – Meeting of Council 6th March 2014	Progress as at 2 June 2015
1. That the following outside bodies be removed from the list: Supporting People NY Joint Committee (agreed at Annual Council on 16 May 2013), Endowment Governors Charity called Malton School, LG Yorkshire & Humber Elected Members Cohesion Group (agreed at Annual Council on 16 May 2013), Rural Action Yorkshire (formerly YRCC);	The list of outside bodies was updated in preparation for Annual Council in May 2014. The outside bodies to be removed have been notified. The website was updated at the end of the 2013/14 municipal year.
2. That substitute representatives be appointed for outside bodies, where their governance arrangements permit,	Implementation completed at Council on 4 September 2014
3. That a précis from Member representatives on outside bodies be published on the website following each meeting	Implementation completed 4 September 2014
4. That appointments to outside bodies be for four year terms, from 2015 onwards to coincide with the District elections, subject to an annual review by the Overview and Scrutiny Committee to address any issues with attendance or publication of précis;	This action was implemented in May 2015 at the meeting of Annual Council.
5. That nominations of representatives to outside bodies should be made by Council based on their skills and expertise, in addition to attendance records, and that Members be asked to provide an oral statement of this upon nomination.	The implementation of this recommendation was completed at Council on 4 September 2014. Skills and expertise should now form the basis for nominations going forward.
6. That the Independent Remuneration Panel be requested to review allowances payable to representatives on outside bodies, where a payment is currently made;	This matter has been considered by the Independent Remuneration Panel and recommendations included in their report.
7 That all Members note that any representative on an outside body cannot be involved in any financial or regulatory decision taken by the Council that relates	This resolution reinforces the requirements set out in the Members' Code of Conduct, in the Council's Constitution. No further action is required.

to that body.	
Scrutiny Review of the Role the Council Should play in Supporting the Voluntary and Community Sector Link to final report	
Recommendations – O&S 4th October 2012	Progress as at 2 June 2015
Key Recommendation The contribution of the Voluntary and Community Sector is highly valued in Ryedale. The Council should help to sustain the Voluntary and Community Sector by providing financial and officer support.	All recommendations have been considered by the committee to whom they were addressed. Budget provision for community grants was removed as part of the budget making process for 2013/14 by Council. It was then resolved at the meeting of the Commissioning Board on 6.6.13 to establish a new Community Grants Budget. The Community Grants Working Party makes recommendations to the Policy and Resources Committee and has a budget of £45,000 for 2015/16.
Recommendations to Commissioning Board	
1. The Council should undertake a review of how it core funds organisations with a view to commissioning/contracts ensuring continuity for organisations and giving notice of any changes in line with the North Yorkshire Compact. This allows organisations to employ people and plan for the future.	Commissioning Board accepted this giving the following reason: The Council core funds a very limited number of organisations and this review would reflect the approach agreed at Commissioning Board held on 24 January 2013 to core funding of the Ryedale CAB. Reviews now completed for CAB, RVA and Ryecat to establish the commissioning relationship. Each of these grants is now awarded with a service level agreement in place. A review is being undertaken of the funding relationship with CAB following recent additional funding awarded at Council. CAVCA has been invited to attend the June meeting of the Overview and Scrutiny Committee.
2. Core funding should be for a longer time with more notice of change (ie 4 months minimum), linked to commissioning/procurement processes	Commissioning Board accepted as this is in line with the principles within the North Yorkshire compact.
3. Investigate how the Council could help support Ryedale Voluntary Action to encourage volunteering in the Ryedale area.	Commissioning Board accepted as this is consistent with the decision of the CIF Panel to support RVA volunteering services.
Recommendations to Policy & Resources	

Committee	
4. Grant schemes should be streamlined making it easier for organisations to access and, all decisions should be made by one panel i.e. the CIF panel.	Policy and Resources accepted this recommendation subject to the deletion of “the CIF Panel” and the addition of “the Commissioning Board and to be confirmed by Full Council”
Recommendations to Commissioning Board and Policy & Resources Committee	
5. Development officers are essential in helping to develop projects within the voluntary and community sector and this role is highly valued by the sector. The Council should continue to provide development officers and continue to support their provision within the voluntary sector.	<p>Commissioning Board accepted this recommendation, recognising that development workers are intrinsic to the delivery of Commissioning Board activities, subject to any wider consideration regarding the Council’s budget</p> <p>Policy and Resources accepted this recommendation with the following reason: Taking account of the additional information presented regarding expenditure on development workers, the Policy and Resources Committee recognises the benefits and financial leverage achieved through these roles.</p>
6. The Council should make it clear what its funding priorities are and what outcomes it is trying to achieve.	<p>Commissioning Board accepted this recommendation as this approach is consistent with good practice in budgeting and grant making.</p> <p>Policy and Resources accepted this recommendation</p>
7. The Council should ensure that it is clear with all contracts and grants what it expects and monitor/evaluate/performance manage the outcomes accordingly ensuring Value for Money in the investment made.	<p>Commissioning Board accepted this recommendation as this approach is consistent with good practice in budgeting and grant making. Members welcomed the introduction of additional monitoring of outcomes, subject to available resources.</p> <p>Policy and Resources accepted this recommendation</p>
8. Maintain a small grants element in all grant programmes.	Commissioning Board accepted this recommendation, recognising that small scale grants are intrinsic to the delivery of Commissioning Board

	<p>activities, subject to any wider consideration regarding the Council's budget</p> <p>Policy and Resources accepted this recommendation</p>
<p>9. The Council should take every opportunity to co-ordinate funding and evaluation processes with other funding bodies, for example, lists of projects supported and case studies illustrating the impact of the funding awarded should be published on the Council website.</p>	<p>Commissioning Board accepted this recommendation as this approach is consistent with good practice in budgeting and grant making. It was noted that the extent of such activities would be subject to resources available.</p> <p>Policy and Resources accepted this recommendation</p>
<p>10. The Council should use every opportunity to promote and champion Ryedale and all that it has to offer. It should also support, celebrate and recognise the value and contribution of the voluntary and community sector.</p>	<p>Commissioning Board accepted this recommendation as this reflects current practice at the authority and is a key role of an elected member.</p> <p>Policy and Resources accepted this recommendation</p>
<p>11. When considering future budget decisions, the Council must recognise that the funding available to the VCS to meet the needs of communities in Ryedale is reducing. The Council has a role in championing the needs of Ryedale with other funders.</p>	<p>Commissioning Board accepted this recommendation and it was noted that Members considered that the Council already does this at every opportunity.</p> <p>Policy and Resources accepted this recommendation</p>
<p>Recommendations to Management Team</p>	
<p>12. The Council should ensure that any changes to the services it provides are clearly communicated to all those affected. This includes maintaining lists of key contacts for all services on the Council's website.</p>	<p>Management team accepted this recommendation with work ongoing to improve the information available on the Council's website.</p>

13. Investigate better use of the Council's website for communicating and advertising events on behalf of the voluntary and community sector.	Management team accepted this recommendation and the Head of Economy and Infrastructure is investigating future options for improvement with their team.
14. Undertake joint member and officer training regarding funding schemes, priorities and processes for those members and officers directly involved with grant making.	Management team accepted this recommendation and training will be arranged for any funding schemes offered by the Council in future
15. Investigate the possibility of supporting VCS organisations with specialist skills available within the Council.	Management team accepted this recommendation. Support for organisations is currently being explored.
16. Review to be undertaken to define the members roles as champions and board members of voluntary and community organisations.	Management team accepted this recommendation and this was included in the terms of reference for the scrutiny review into members involvement with outside bodies.
Scrutiny Review of Post Offices 2010-11	
Link to final report	
Recommendations - O&S 15th December 2011	Progress as at 2 June 2015
1. That the Committee responds to the Department of Business, Innovation & Skills' consultation document on the mutualisation of the Post Office.	Response to the consultation sent by the Committee in December 2011.
2. Officers continue to work on options for front office for local government with Post Office Ltd.	Council agreed to the bar coding of all council bills to enable more options for payment of bills including council tax for more residents. HCS to met with representative of PO ltd to discuss the latest position with regard to the network transformation programme and receive an update on the position in Ryedale 1.12.14. Council Tax bills issued by the Council are now bar coded to enable payment at any post office. The Council presence in market towns is kept under review. The collection rate for Council Tax has been maintained following the bar coding

	of bills.
3. Accept any opportunity presented by Post Office Ltd to work in partnership.	Officers continue to work in partnership with PO Ltd. Ryedale has been included in a joint Post Office LGA strategic engagement and the report of this can be found here: http://www.postoffice.co.uk/sites/default/files/Political_Stakeholder_Pathfinder.PDF
4. Undertake further research on the mobile/hosted and home service.	Survey undertaken in May 2012 with Cllr Janet Sanderson. Results show that although the majority of people would have preferred to see the local branch still open – the mobile service, however, was an acceptable alternative.
5. Provide feedback to the Post Office regarding their website and how it could be improved for rural areas.	Meeting held with Post Office Ltd and copy of Review document discussed.