ADASS Yorkshire & Humberside
REGIONAL ACCOUNT 2015/2016
This has been a year of focus and support for councils meeting the requirements of the Care Act and a year of transition to put in place a regional infrastructure fit for purpose for the risk and challenges we face in the future. We have had a change in a number of DASS posts across the region and it has felt like the right time to refresh our approach and our priorities to help meet a number of significant challenges councils are facing.

We have had a dedicated focus on Care Act support. Specific regional support was put in place 18 months ago and through this and the regional network there has been a range of actions which have all contributed to councils’ readiness. We recognise that a few councils are still on this journey but we have in place the resources to support and provide specific improvement tools to get councils to where they need to be.

We have taken a proactive and positive approach to Sector Led Improvement. During the year we put in place stronger arrangements which have helped to provide a clearer picture on performance and the risks we are all facing. As well as our recognised models of good practice we have applied the national TEASC risk awareness tool in all fifteen councils and we have developed a MOU signed by CEO, Lead Members and DASS’ which clearly sets out the risk triggers and the range of peer support that is available. We have a peer review programme in place through which all councils will have received external scrutiny by early 2017. All fifteen councils carried out an assessment against the ‘Commissioning for Better Outcomes’ tool kit, the Care Act Stocktakes and the national ADASS budget survey. The outcomes are included in this document.

In spite of significant challenges, we are continuing to deliver a positive picture on the direction of travel across the ASCOF measures for the region, however there are some clear areas where we need to target improvement. We also have a number of risks which have come clearly out of the early findings of the risk awareness assessment such as the financial position, workforce capacity, DOL’s and the quality of the market.

The recent Comprehensive Spending Review has presented us with more challenges for the future. We are all dealing with ageing population, increases in demand and the introduction of the national living wage. Councils in the region have tried to protect funding for social care but there is a realisation that this will soon come to an end and this poses a significant risk to the future of the social care sector. This document aims to set out how we are targeting action to support each other through these challenging times. It also provides an overview of our regional performance picture, the risks and challenges we are facing, our priorities and the good practice that exists.

Our focus is to improve people’s lives and deliver better outcomes; the Yorkshire & Humberside Region Priorities for 2016 are:

- Workforce Development
- Commissioning
- Personalisation and Transformation
- Safeguarding/MCA/DOLs
- Sector Led Improvement
- National Living Wage
- The Comprehensive Spending Review
- Integration (Better Care Fund)
- Carers
Section 1: Leadership and Governance
1.1 Regional Developments and Future Challenges Overview

We have in place a DASS Branch meeting which meets every two months. This group has tackled a number of significant issues in the last twelve months including managing the impact of budget pressures, the introduction and development of the Better Care Fund, and delivery of early intervention and prevention activity across health and social care. The regional DASS chair is Bev Maybury (Calderdale) and Vice Chair is Cath Roff (Leeds).

We have a strong DASS leadership group which includes a number of national leads – Bev Maybury (ADASS Exec Group, Commissioning), Cath Roff (ADASS Exec Group), Rosy Pope (Learning Disabilities and Transforming Care) and Richard Webb (ADASS Honorary Secretary).

We have put in place a regional infrastructure which has supported councils to meet the requirements of the Care Act. The Care Act Stocktake provides a positive picture of how councils have been supported.

Sector Led Improvement has been strengthened through increasing regional resource which has supported the development of a two year peer review programme, regional masterclasses, a new memorandum of understanding, risk awareness of all fifteen councils and peer support where needed.

We have improved the dialogue and raised the profile of adult social care with CEO’s and Leaders across the region. The ADASS regional chair reports directly to this group.

We have embedded the TEASC risk awareness tool across all fifteen councils providing us with a picture of emerging common risks and identifying where peer support is needed. Kirklees and York took part in the national pilot and have supported other councils in the region to undertake the assessment.

We have reviewed and revised our regional priorities for the next twelve months and put in place a regional infrastructure to support its delivery.

We have seen a significant amount of changes in DASS’s over the last twelve months. Seven out of the fifteen are newly in position since 2014 and three are interims. Through the regional DASS group and other regional support networks we are supporting the new DASS’ to actively participate in SLI and identify any further support they require.

We have reviewed our infrastructure and support in the light of events in Rotherham. Risk awareness tool will go some way in helping the region proactively understand the risks it is facing and will allow individual councils to manage risks and flag up where support is needed.

All 15 Councils have embraced a self-assessment against the new TEASC risk awareness tools. Whilst councils have identified their own unique risks they are facing, there are some key common risks are emerging from the exercise that the region are facing:

1. Impact of the budget cuts and future efficiency agenda
3. Deprivation of Liberties – capacity to deal with statutory requirements and the impact on the ability to deliver other demands which lead to backlogs and delays in assessments and reviews.
4. Workforce Capacity across the whole Health and Social Care sector.
5. Quality of External Provider and Market Failure
6. Integration and partnership with Health
7. Impact of the Living Wage and the cost of care

Councils in the region have indicated that this is an extremely useful stock take and has helped them to clearly define the risks they are facing. At least seven councils in the region have identified that as a result of the tool kit they are considering a peer review or further peer support. All councils have begun identifying mitigating actions for the risks they have identified. The region will hold a ‘Risk Summit’ in early 2016 to review the key risk themes we are facing and to identify a work programme which will support risk mitigation.
1.2 Regional Progress and Improvement

1.2.1 Our Regional Priorities 2015

ADASS Y&H have had five long-standing priority areas: Person- nalisation, Commissioning, Safeguarding, Integration and Sector Led Improvement.

Added to these has been a cross cutting workforce issue and the BCF. Over the last year the demands on ADASS have grown with the implementation of the Care Act. There have also been demands from the NHS to get more involved in priorities such as Transforming Care, Clinical Senates, assistive technology networks, end of life care, and dementia networks amongst others.

The pressures upon a voluntary network led by a national charity have grown as it has become the only regional structure in Y&H offering any kind of adult social care improvement support. With three sources of funding: Legacy funds, Care Act funding and money to support the Better Care Fund, the regional priorities have been necessarily reviewed and energy and resources re-focused on key priorities and deliverables. These are:

1. Personalisation as a key principle for the ongoing modernisation and transformation process as well as a key way of delivering greater satisfaction and efficiency
2. Commissioning as the mechanism for achieving person centered services at less cost and greater quality
3. Safeguarding, an ongoing concern particularly around Deprivation of Liberty Safeguards
4. Learning disability focused on Transforming Care activity in the region
5. Sector Led Improvement focusing on peer review, shared learning and prioritising action in particular places and on particular issues
6. Carers, particularly focusing on assessment and the new priority for Carers in the Care Act
7. The Better Care Fund – sharing practice and providing support to local issues where they arise
8. Integration - sharing learning on NHSE initiatives such as Vanguard sites, Pioneers and considering the various ways of integrating health and social care, organisationally, and around the individual using Personal Health Budgets and Individual Personal Commissioning
9. Workforce and the development of asset-based social care as a transformation pathway

Other priorities are addressed via ADASS regional meetings, e.g. discussions on integration, devolution and finances. The ADASS regional chair links the ADASS network to the Chief Executive group via a memorandum of understanding which supports the Sector Led Improvement approach. Finally, a newly established assistant directors meeting, with members of this group taking lead roles in supporting councils where requested.

1.2.2 Putting in place a Regional infrastructure

In 2015-16 financial year there has been significant investment in the regional infra-structure.

New appointments were made to address the cross cutting issues of the Care Act and Sector Led Improvement. Additionally project support was commissioned in and some administrative assistance also. Total investment in the regional structure in 2015-16 was £200K over the year and a programme budget of over £110K

The regional support structure currently includes:

- Overall regional coordinator (3 days pw)
- Sector Led Improvement lead (5 days pw)
- Care Act lead (5 days pw)
- Project support (5 days pw)
- Admin support (3 days pw)

1.2.3 TEASC Risk Awareness Tool – Regional Adoption

ADASS Yorkshire and Humberside have fully adopted the new TEASC Risk Awareness Tool Kit as agreed at the DASS branch meeting in July 2015. Kirklees and York both formally participated in the pilot and informed the national evaluation. Both councils were subjected to external regional challenge in the form of the regional DASS chair, Bev Maybury and the Care and Health Improvement Advisor, Sandie Keene.

All councils in the region completed the assessment by the 16th October which was formally endorsed by ADASS, LGA and DH and launched at the National Conference for Adults and Children Services in October. The regions Sector Led Improvement Support Officer has offered support to all councils to help them complete.

Progress against the assessment as at the time of writing of this overview is as follows:

- Two councils have fully completed the exercise with external challenge
- Nine councils have completed their reports and are awaiting external challenge
- Four councils have a draft report awaiting DASS sign off

Based on the findings from the regional pilots external chal-
lenge is taking place via a buddy arrangement. This would take the form of a DASS to DASS meeting to review the final assessment and to challenge the outcome. Councils will carry out the external challenge over the period of November to January. The following external challenge buddy arrangements have been agreed so far:

- Leeds and Wakefield
- Sheffield and Calderdale
- Rotherham and Hull
- North Yorkshire and Hertfordshire
- North East Lincolnshire and York
- Barnsley and Kirklees
- Doncaster and Bradford
- North Lincolnshire and East Riding

Already the emerging risks are being used to identify regional support and the development of the regional annual work plan. Masterclasses were held on the 29th October which focused on delayed transfers of care, admissions to residential care and included sessions from national leaders including Leicester and Sunderland CCG’s around partnership working with health to tackle these issues.

The overall analysis will be reported at a regional ‘Risk Summit’ session which will take place in early 2016. The session will look at regional risk and how Sector Led Improvement can support councils to mitigate the current risk they face. The session will focus on the following:

- Agreeing the common risks facing Y&H councils
- Identifying actions that would support the region to collectively address these common risks
- Deciding on the ongoing use of the risk awareness tool and any specific support requirements

### 1.2.4 Regional Peer Review Programme 2015/2016

The following table sets out the regional peer review programme progress for 2015 and 2016. This is complemented by bespoke targeted regional support that is given to councils on request.

<table>
<thead>
<tr>
<th>Year</th>
<th>Council</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>Rotherham</td>
<td>Rotherham has subjected itself to two external peer challenges in 2015/16 for Use of Resources and Safeguarding Adults through the LGA and are currently acting on the findings of both reviews.</td>
</tr>
<tr>
<td></td>
<td>Doncaster</td>
<td>Were subject to a peer challenge in 2013. Doncaster have had a peer review in November 2015 to look at their Safeguarding Adults arrangements. This was a joint LGA and regional approach, led by a DASS from the region.</td>
</tr>
<tr>
<td></td>
<td>Kingston Upon Hull</td>
<td>Kingston-Upon-Hull Council are currently going through major review and restructure of the whole organisation and are engaging in a corporate peer review which will commence in the near future. Hull will have peer support for Safeguarding Adults in December 2015.</td>
</tr>
<tr>
<td>2016</td>
<td>Calderdale</td>
<td>Calderdale Council have put themselves forward to be part of the next phase of ‘Commissioning for Better Outcomes’ peer review programme for 2015/16. The peer challenge will take place in January 2016.</td>
</tr>
<tr>
<td></td>
<td>North Yorkshire</td>
<td>A full council-wide peer review will take place in March 2016 and this will inform the scope and timing of an adult social care peer review.</td>
</tr>
<tr>
<td></td>
<td>Sheffield</td>
<td>Were subject to a regional/LGA peer challenge in 2014. Sheffield have been accepted onto the next round of Commissioning For Better Outcomes LGA Peer Challenges in June 2016.</td>
</tr>
<tr>
<td></td>
<td>Wakefield</td>
<td>A Commissioning For Better Outcomes Joint LGA and Regional Approach is being planned for June 2016.</td>
</tr>
<tr>
<td></td>
<td>York</td>
<td>York Council have taken part in the national risk awareness tool pilot and as part of this have been subjected themselves to external challenge of their overall assessment. York have new senior management starting in mid-September and are currently considering a regional peer challenge in Autumn 2016.</td>
</tr>
<tr>
<td></td>
<td>Leeds</td>
<td>LGA and Regional Peer Challenge is being planned for Summer/Autumn 2016 focusing on Use of Resources and Commissioning for Better Outcomes.</td>
</tr>
<tr>
<td></td>
<td>North East Lincolnshire</td>
<td>Regional Peer Challenge to be planned for 2016. Currently in discussions with SLI Support Officer.</td>
</tr>
<tr>
<td></td>
<td>East Riding</td>
<td>Regional Peer Challenge to be planned for 2016. Currently in discussions with SLI Support Officer.</td>
</tr>
</tbody>
</table>

NB – Barnsley, Bradford, Kirklees, North Lincolnshire have had peer reviews in 2013 and 2014.
Yorkshire and Humberside has had a strong commitment to Sector Led Improvement from the beginning and have been highlighted as national best practice in a range of approaches such as mystery shopping, regional reports and implementing buddy and supportive arrangements. To ensure that this commitment continues the regional DASS’ have agreed and are signing up to a Yorkshire & Humberside Memorandum of Understanding for Sector Led Improvement. The MOU sets out the agreed areas and initiatives in which councils will work together to support Sector Led Improvement. It identifies a clear menu of support and intervention as well as an agreement of the risk triggers that may lead to this. The document sets out what is expected of each local authority through their commitment to Sector Led Improvement. It is to be signed and endorsed by each councils Chief Executive, Lead Member and DASS.
The following table sets out the revised regional infrastructure following a review undertaken by the DASS’ in Autumn 2015 facilitated by Bill Hodgson. The revised priorities reflect the support areas that councils feel would help tackle the current risks and issues that councils are facing:

<table>
<thead>
<tr>
<th>Work stream</th>
<th>Issues</th>
<th>Regional group</th>
<th>Lead DASS</th>
<th>Lead AD</th>
<th>Regional lead</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resources</td>
<td>Workforce / HEY&amp;H</td>
<td>Commissioning Group</td>
<td>Bev Maybury</td>
<td>Keith Smith</td>
<td>Tim Gollins</td>
</tr>
<tr>
<td></td>
<td>Living wage</td>
<td></td>
<td></td>
<td>Iain Baines</td>
<td></td>
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<td></td>
<td>Commissioning</td>
<td></td>
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<td></td>
<td>Spending review</td>
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<tr>
<td>Delivery</td>
<td>Personalisation and Transformation</td>
<td>Personalisation Group</td>
<td>Dave Hamilton</td>
<td>TBC</td>
<td>Tim Gollins</td>
</tr>
<tr>
<td>Integration (BCF)</td>
<td>Virtual network</td>
<td></td>
<td>Richard Webb</td>
<td>TBC</td>
<td>Pete Lenehan</td>
</tr>
<tr>
<td>Safeguarding</td>
<td>Safeguarding Group</td>
<td></td>
<td>Cath Roff</td>
<td>TBC</td>
<td>Pete Lenehan</td>
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<tr>
<td></td>
<td>Mental capacity Act</td>
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<td></td>
<td>DOLS</td>
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<tr>
<td>Carers</td>
<td>Carers Group</td>
<td></td>
<td>Pete Lenehan</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Learning disability</td>
<td>LD Network</td>
<td>Rosy Pope</td>
<td>Inclusion North</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SLI</td>
<td>Peer review</td>
<td>Standards and Performance group</td>
<td>Richard Parry</td>
<td>TBC</td>
<td>Dave Roddis</td>
</tr>
<tr>
<td></td>
<td>Mystery Shopping</td>
<td></td>
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<tr>
<td></td>
<td>Performance &amp; Risk</td>
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<td></td>
<td>Local Accounts</td>
<td></td>
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<td></td>
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<tr>
<td>Overview / analysis / support function</td>
<td>Assistant Directors Group</td>
<td>Karen Pavey / Keith Smith</td>
<td>Tim Gollins</td>
<td></td>
<td></td>
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<tr>
<td>Strategic links</td>
<td>Chief exec group</td>
<td>Chair</td>
<td>TBC</td>
<td>TBC</td>
<td>None</td>
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<tr>
<td></td>
<td>CCG chief officer group</td>
<td>TBC</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>PH network</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Clinical senate</td>
<td></td>
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<tr>
<td></td>
<td>Dementia Lead</td>
<td></td>
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<tr>
<td>Themes for conversations at ADASS Y&amp;H</td>
<td>Finance / Integration / Devolution</td>
<td>ADASS branch</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
Section 2: Performance and Outcomes (incl. Safeguarding)
We have a picture of improvement across the region on a number of ASCOF measures. 70% have improved over the last twelve months.

63% of ASCOF average measures for the region are above the All England average.

Sector Led Improvement has helped us improve in five areas which were identified as areas for improvement – quality of life, learning disability and mental health employment, re-ablement (offered) and feeling safe.

Areas of improvement for the next twelve months are - self-directed support, direct payments, carers receiving self-directed support, re-ablement (offered), admissions into residential care, feeling safe, social contact and delayed transfers of care.

Through the Standards and Performance network we have held targeted masterclasses in areas we have identified as requiring improvement - Delayed Transfers of Care, Re-ablement and Admissions into Residential Care. This has informed our regional work programme.

We have invested considerable regional resource to support Councils to prepare for statutory responsibilities for Safeguarding and Making Safeguarding Personal as part of the Care Act.

Safeguarding Adults – We had a 17% reduction of alerts compared to the previous year. Neglect/Omission and Physical Abuse were the highest abuse categories across the region. The highest location where abuse took place is in the person's own home. In around 60% of cases, local authorities in the region took action and either reduced or removed risk. 31% of cases resulted in being fully substantiated however 29.5% resulted in being not substantiated.

Deprivation of Liberties - There were around 12k applications compared to 1k in 2013/14.

Reviews and Assessments – councils are dealing with significant demands placed on them, data compared regionally shows that we are the second highest region in assessing new clients and for people who are still in receipt of long-term support after twelve months. We are average performers for carrying out reviews of unplanned/planned support. We will be putting in place a range of learning sets to support social workers across the region.
2.2 Regional Risks

Deprivation of Liberties – capacity to deal with statutory requirements and the impact on the ability to deliver other demands which lead to backlogs and delays in assessments and reviews.

All councils are dealing with significant demands placed on them to deliver the DOL’s agenda falling out from the Cheshire West ruling. A masterclass is in development focusing on supporting councils on the issues they are facing around DOLs (deprivation of liberties). This will pull together national and regional learning and identify useful improvement tools that can support councils. This will take place in early February 2016.

Views from the TEASC risk awareness assessment:

“We are struggling to meet the demand that judgements of successive Case law which increases the cohort that is likely to need consideration under Deprivation of Liberty Safeguards. We are concerned about effective use of resources and the future resourcing of this significant area of new activity”

“We have huge concerns about DOL’s and we currently don’t achieve all priority one’s. There are insufficient BIAs as there has been a twelve fold increase after Cheshire West. There are insufficient training courses so have commissioned external support. The backlogs are a priority. The Legal implications are huge and impact on resources is significant.”

“There is an unprecedented demand and we have a backlog of authorisations – although these are classed as non-urgent. We are struggling with standard authorisations.”

“The impact from MCA/DOLs has created a significant work pressure on both the social work teams and legal staff. Significant workload pressures for social workers as they are required to act as BIAs. MCA/DOLs is a significant risk and one that is difficult to manage as demand fluctuates. There is a sizeable corporate litigation risk also.”

“The pressure arising from trying to manage DOLS assessments is having an adverse impact on other safeguarding duties. Significant backlog exists and systems are not robust. The backlog is also impacting on normal reviews. The current number of BIAs is not meeting demand. Often unable to source a BIA when required.”

“Numbers and managing the volumes remains a significant challenge. Impact on front-line staff re ability to undertake routine reviews is high and an area we are focusing on as an urgent priority.”

Regional Deprivations of Liberties Data

Based on the 2014/15 Deprivation of Liberties data collection, Yorkshire and Humberside has:

- The lowest level of authorisation with reviews (one) compared to four nationally.
- The 3rd lowest number of DOLs applications
- There were around 12k applications compared to 1k in 2013/14.

- The 2nd lowest number of applications which are classed as urgent 39% compared to 59% nationally
- The 2nd lowest percentage of applications completed in 7 days – 11%, compared to 17% nationally
- The 2nd lowest level of completed authorisations per 100,000 at 33% compared to 42% nationally.
2.3 Regional Progress and Improvement

2.3.1 Regional ASCOF Performance

- Thirteen out of Fifteen Councils have improved more comparable measures than decreased
- Top Three Improvers (% of measures) – Calderdale (100%) / East Riding (85%) / North Yorks (85%)
- The comparison of the Yorkshire and Humberside average performance against the All England average.
- 63% of regional average measures are above the all England Average
- 70% of regional average measures have improved since 2013/14, compared to 36% nationally (see Table 1 below).

There are nine regions, Yorkshire & Humberside have eighteen measures fifth place or above, no regional average measures are the best in the country although six measures are ranked second. Three measures are either eighth or ninth (bottom). Yorkshire & Humberside is bottom for carers receiving self-directed support, eighth for re-ablement (offered) and feeling safe as a result of social care services. Four measures have deteriorated over the last twelve months across the region – social contact, re-ablement (offered), delayed transfers of care (all) and delayed transfers of care (social care). As a result of the outturn data the Standards and Performance network agreed to hold regional masterclasses to look at re-ablement, delayed transfers of care and admissions to residential care.

The following sets out our overall regional strengths and areas for action:

<table>
<thead>
<tr>
<th>Areas of Strength</th>
<th>Areas for Action:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carers – QOL, Social Contact, Satisfaction, Consultation and Info &amp; Advice</td>
<td>Personalisation – SDS and DP (incl. carers)</td>
</tr>
<tr>
<td>LD Employment</td>
<td>Admissions Older People</td>
</tr>
<tr>
<td>MH Employment and Independence</td>
<td>Re-ablement – Effectiveness and Offered</td>
</tr>
<tr>
<td>Admissions Younger People</td>
<td>Delayed Transfers of Care</td>
</tr>
<tr>
<td></td>
<td>Short Term Support Outcomes</td>
</tr>
<tr>
<td></td>
<td>Safe &amp; Safe as a result of services</td>
</tr>
</tbody>
</table>

The Standards and Performance network identified a number of areas for improvement in 2013/14. A continued focus on performance, the independent performance assessment and buddy arrangements has delivered improvements in the following ASCOF measures:

- Quality of Life
- Learning Disability Employment
- Mental Health Employment
- Re-ablement (Offered)
- Feel Safe
<table>
<thead>
<tr>
<th>ASCOF REGIONAL PICTURE 2014/15</th>
<th>Yorkshire &amp; Humberside</th>
<th>Position (out of 9)</th>
<th>Y &amp; H 13/14</th>
<th>All England</th>
</tr>
</thead>
<tbody>
<tr>
<td>1A - Social care-related quality of life</td>
<td>19.1</td>
<td>5</td>
<td>18.9</td>
<td>19.1</td>
</tr>
<tr>
<td>1B - Proportion of people who use services who have control over their daily life</td>
<td>78.1</td>
<td>4</td>
<td>78</td>
<td>77.3</td>
</tr>
<tr>
<td>1C(1A) - Proportion of adults receiving self-directed support</td>
<td>81.1</td>
<td>6</td>
<td>83.7</td>
<td></td>
</tr>
<tr>
<td>1C(1B) - Proportion of carers receiving self-directed support</td>
<td>63.1</td>
<td>9</td>
<td>77.4</td>
<td></td>
</tr>
<tr>
<td>1C(2A) - Proportion of adults receiving direct payments</td>
<td>24.4</td>
<td>7</td>
<td>26.3</td>
<td></td>
</tr>
<tr>
<td>1C(2B) - Proportion of carers receiving direct payments for support for carer</td>
<td>59.9</td>
<td>7</td>
<td>66.9</td>
<td></td>
</tr>
<tr>
<td>1D - Carer-reported quality of life</td>
<td>8.1</td>
<td>2</td>
<td>7.9</td>
<td></td>
</tr>
<tr>
<td>1E - Proportion of adults with learning disabilities in paid employment</td>
<td>6.6</td>
<td>4</td>
<td>5.2</td>
<td>6</td>
</tr>
<tr>
<td>1F - Proportion of adults in contact with secondary mental health services in paid employment</td>
<td>8.3</td>
<td>2</td>
<td>7.7</td>
<td>6.8</td>
</tr>
<tr>
<td>1G - Proportion of adults with learning disabilities who live in their own home or with their family</td>
<td>81.4</td>
<td>2</td>
<td>73.3</td>
<td></td>
</tr>
<tr>
<td>1H - Proportion of adults in contact with secondary mental health services who live independently, with or without support</td>
<td>67.2</td>
<td>3</td>
<td>63.2</td>
<td>59.7</td>
</tr>
<tr>
<td>1H(1) - Proportion of people who use services who reported that they had as much social contact as they would like</td>
<td>45.7</td>
<td>4</td>
<td>44.3</td>
<td>44.8</td>
</tr>
<tr>
<td>1H(2) - Proportion of carers who reported that they had as much social contact as they would like</td>
<td>40.5</td>
<td>3</td>
<td>44.2</td>
<td>38.5</td>
</tr>
<tr>
<td>2A(1A)_M45 - Long-term support needs of younger adults (aged 38-64) met by admission to residential and nursing care homes, per 100,000 population</td>
<td>11.5</td>
<td>2</td>
<td>14.2</td>
<td></td>
</tr>
<tr>
<td>2B(1) - Proportion of people (65 and over) who were still at home 91 days after discharge from hospital into rehabilitation services (effectiveness of the service)</td>
<td>83.2</td>
<td>4</td>
<td>85.3</td>
<td>82.1</td>
</tr>
<tr>
<td>2B(2) - Proportion of people (65 and over) who were still at home 91 days after discharge from hospital into rehabilitation services (effectiveness of the service)</td>
<td>2.6</td>
<td>8</td>
<td>1.9</td>
<td>3.1</td>
</tr>
<tr>
<td>2A(1B) - Long-term support needs of older adults (aged 65 and over) met by admission to residential and nursing care homes, per 100,000 population</td>
<td>726.9</td>
<td>7</td>
<td>668.8</td>
<td></td>
</tr>
<tr>
<td>2C(1) - Delayed transfer of care from hospital per 10,000 population</td>
<td>9.6</td>
<td>4</td>
<td>9.1</td>
<td>11.1</td>
</tr>
<tr>
<td>2C(2) - Delayed transfer of care from hospital which are attributable to social care per 10,000 population</td>
<td>3</td>
<td>4</td>
<td>1.9</td>
<td>3.7</td>
</tr>
<tr>
<td>2D - Proportion of those that received a short-term service during the year where the sequel to service was either ongoing support or support of a lower level</td>
<td>70.5</td>
<td>7</td>
<td>74.6</td>
<td></td>
</tr>
<tr>
<td>3A - Overall satisfaction of people who use services with their care and support</td>
<td>65.9</td>
<td>4</td>
<td>65.8</td>
<td>64.7</td>
</tr>
<tr>
<td>3B - Overall satisfaction of carers with social services</td>
<td>43</td>
<td>2</td>
<td>41.2</td>
<td></td>
</tr>
<tr>
<td>3C - Proportion of carers who report that they have been included or consulted in discussion about the person they care for</td>
<td>74.6</td>
<td>3</td>
<td>72.3</td>
<td></td>
</tr>
<tr>
<td>3D(1) - Proportion of people who use services who find it easy to find information about services</td>
<td>74.4</td>
<td>5</td>
<td>74.1</td>
<td>74.5</td>
</tr>
<tr>
<td>3D(2) - Proportion of carers who find it easy to find information about services</td>
<td>68.3</td>
<td>2</td>
<td>65.5</td>
<td></td>
</tr>
<tr>
<td>4A - Proportion of people who use services who feel safe</td>
<td>67.7</td>
<td>7</td>
<td>68.8</td>
<td></td>
</tr>
<tr>
<td>4B - Proportion of people who use services who say that those services have made them feel safe and secure</td>
<td>81.8</td>
<td>8</td>
<td>78.7</td>
<td>84.5</td>
</tr>
</tbody>
</table>

Table 1
2.3.2 Assessments and Reviews - Regional Picture

- In 2014/15 there were 1.8m social care contacts made by people not in receipt of long term support when the contact was made. This ranged from 101k in North East up to 304k in the South East. Yorkshire and Humberside had 259k, the second highest in England. Across England, 12% of these contacts resulted in a Re-ablement service being offered. This offer ranged from 8% in Yorkshire and Humberside up to 19% in North East.

- In England in 2014/15 there were 225k unplanned reviews of people with long term support. This ranged from 15k in North East, up to 40k in South East. There were 22k in Yorkshire and Humberside.

- In England in 2014/15 there were 287k planned reviews of clients who had been receiving long term support or more than 12 months. This ranged from 20k in South West, up to 29k in London. There were 32k in Yorkshire and Humberside.

2.3.3 Regional Master Classes to Improve Performance

On 30th October, 2015 the Standards and Performance network organised a series of master classes, chaired by Sandie Keene – Care and Health Improvement Advisor, to focus on improvement in three identified ASCOF measure – Delayed Transfers of Care, Re-ablement and Admissions of Care. Seven Councils took part in presenting their good practice and journeys to around sixty delegates from all fifteen councils. This included three councils from the region – Bradford, North Lincolnshire and Kirklees, all recognised as good performers in these areas. Four councils were invited as national good practice – Leicester, Sunderland, Suffolk and Wigan. All provided an excellent insight into the progress they had made and their innovative services. All Councils took away ‘golden nuggets’ from the session however the delegates helped formulate a plan to support regional improvement. The action plan has been adopted by the region and will feed into the work programme for regional support resources. The actions focused on improving six key areas:

1. IT Information and Data Sharing
2. Front Line Approaches and Processes
3. Regional Common Definitions and Good Practice
4. Customer Experience
5. Partnership Working
6. Culture and Workforce Development

2.3.4 Case Study 1 - Sheffield City Council Peer Challenge

In February 2014, we asked for a peer challenge of our adult social care services as part of Sector Led Improvement in the ADASS Yorkshire and Humberside region. This was for two reasons – partly because in 2012-13 our performance deteriorated, but also to ensure that customers get the best possible service at a time of austerity.

Peers suggested areas with the potential for improvement and identified strengths that could be developed further. From these, we developed an action plan, with leads and timescales for completion. A year later, we reviewed our progress.

We had made considerable progress on assessments – the average number of days taken to complete assessments for new customers has reduced from over ninety days in 2012-13 to less than thirty days. The time taken to agree support plans has also reduced from a high point of eighty-nine days in 2012-13 to an average of twenty-four days. We have done a lot of work on the customer journey, streamlining processes and introducing new practice guidance. We have strengthened the interface with Health, using weekly operational flow group meetings.

The regional arrangements continue to provide opportunities for us to learn from peers on new and emerging performance challenges.
2.3.5 Safeguarding Adults - Regional Care Act Preparation

The regional Safeguarding Adults Network has identified a number of inconsistencies/confusions in guidance emerging on the Care Act. These have included:

- Some potential lack of clarification/confusion over the operational and governance arrangements for Safeguarding Adults Boards (SAB)
- The precise remit of SABs and their role in prevention, and quality of care issues.
- The role of the SAB as a separate entity.
- Lack of any guidance about the role of the DASS in relation to SABs.
- Questionable quality of some of the draft practice guidance emerging from SCIE (high profile).
- Some confused messages about links between adult safeguarding and domestic abuse (NB governance)
- Difficulties in reaching consensus over ‘enquiry’
- The role of the Designated Safeguarding Adults Manager (DASM)

Answers to queries from national safeguarding leads has resolved some of these issues but others form the basis of the proposed regional safeguarding support programme for 2105/16.

At the beginning of 2014/15, an exercise was undertaken asking each Safeguarding Adults Board in the region about their preparation for becoming Statutory Boards. All SABs responded but it is fair to state that the state of preparedness varied. To monitor the effectiveness of local programmes to support SABs meeting the requirements of the Care Act statutory guidance, this exercise will be revisited in 2015/16.

Based on the 2014/15 Safeguarding Annual Return, Yorkshire and Humberside has:

- The lowest rate of referrals at 172 per 100,000
- The highest proportion where social care support is the source of risk of referrals – 42%
- The highest percentage of risk were the alleged abuse happened in a care home – 44%
- The highest rate of non-substantiated cases – 40%, a 5% increase on the highest region in the previous year.
- The lowest level of serious case reviews undertaken at zero.
2.3.7 Case Study 2 – Leeds Peer Challenge – Safeguarding Adults

Leeds City Council subjected themselves to a LGA peer challenge in 2014. This valuable challenge has led to a number of improvements to the safeguarding arrangements in Leeds and the LSAB:

- The Board has been reconstituted, ensuring the governance and function of the SAB is clear.
- The Board has reviewed its priorities and its approach to the SAB annual plan has been revised, to ensure a more person-centred approach and presentation.
- The review of safeguarding adults staffing structures and the Board’s support unit is underway.
- A board-to-board protocol (LSCB, LSAB, and H&WB Board) is being further developed.
- The LSAB sub groups have been reviewed, and there are now four more focussed work-streams, with each being led by a Board Member.
- The Learning & Improvement sub-group has moved from being focussed on the detail of training content to a more strategic approach focussing on learning from cases, both local and national.
- A Board development session is planned to explore the overlap of safeguarding with quality of care issues.

2.3.8 Regional Safeguarding Network

The network engaged in active regional involvement and coordinated a regional response to the national Safeguarding Adult Return 2016-17 Consultation exercise.

Work is ongoing to streamline relationships with the regional Mental Capacity Act group, the regional independent SAB chairs network and the Care Act regional leads group.

All councils in the region have signed up to ‘Making Safeguarding Personal’. There are varying levels of progress on this. The impression is that this has stalled a little at national level, with the possible explanation that much of the MSP emphasis has been mainstreamed by the introduction of the Care Act.

The region is waiting to hear more details of National ADASS meeting set up in July 2015 to evaluate MSP. In the meantime the regional network has been asked to ensure that they can evidence how SABs are implementing MSP. This will form part of a regional stocktake in 2015/16.

Regional Support for local safeguarding adult’s networks is a key regional priority for 2015/16 and beyond. The proposal for regional support contains three elements:

- Support for SAB chairs and SAB managers to develop their roles in the light of the legal framework, responsibilities and SAB partnerships. The support will be coordinated to explore roles, the law in relation to safeguarding adults and effective partnership working. A network of mentors will be established to offer individual support and to promote shared learning.
- To promote a better understanding of Safeguarding Adults Reviews so as to enable more effective and consistent decision making. Training and support for SAB managers, SAR report authors and SAB chairs in developing effective processes will be established.
- Making safeguarding adults and DOLS responsibilities the business of every practitioner will be supported through peer to peer learning networks. However bespoke training in areas such as court skills and decision making may also be necessary.

SARs (Safeguarding Adults Reviews) - In 2014/15 the group undertook a regional stocktake on SAR activity. A snapshot of regional activity post Care Act indicates that there may have been a marginal increase since April 2015.

However, it has been identified that there is a need to promote a better understanding of safeguarding adult reviews i.e. training and support for report authors and support for board managers in the processes and decision making leading to SARs. There is also a need to create a regional approach to the appointment of independent chairs for SARs, to include setting parameters for the costs for chairs. This will be part of the regional support programme in 2016.
2.3.9 Case Study 3 - Rotherham Adult Safeguarding Peer Challenge

Following the unprecedented corporate inspection of children’s services and corporate governance in Rotherham, Dr Adi Cooper was invited to review Rotherham’s Adult Safeguarding procedures in early June 2015. The two day ‘health check’ focused on how the Safeguarding Adults’ Board was functioning and how the Council’s adult social care services were meeting its safeguarding responsibilities. The deadline for implementation of the Care Act (2014) by April 2015 provided a further framework for reviewing these functions.

Summary of findings

There are areas of considerable knowledge and expertise in adult safeguarding. Relationships between partners on the Safeguarding Adults Board are positive and they are committed to working together to safeguard Rotherham citizens. However the Care Act statutory guidance has not been fully implemented and there are a number of areas where action, development and change are needed. Eleven recommendations were made which focused on embedding making safeguarding personal, putting in place a strategy, infrastructure and performance management framework to support the leadership of the Safeguarding Adults Board and strengthened workforce development programme. We are now implementing the findings and have appointed a new independent safeguarding adults board chair.

2.3.10 Case Study 4 - City of York Council – Making Safeguarding Personal

City of York Council developed a new way of working with providers of CQC regulated service to ensure that a care act compliant, making safeguarding personal approach was followed.

Providers were supported by the council safeguarding team to meet their new obligations under the care act and their existing duties under the mental capacity act.

A designated worker within the safeguarding team took all concerns about customers in regulated settings and using an MSP developed tool, which through a structured conversation prompted the provider to ensure that steps were taken at the earliest stage of the safeguarding concern to follow a personalised approach.

At the end of all enquiries further questions were asked to ensure

- The views of the person as to whether they felt safer
- Whether the persons outcomes were met
- How principles of MCA were used
- What steps were taken to keep risk reduced for the future

Through this structured conversation approach with all providers, there is a greater sense of partnership and clarity of the making safeguarding personal approach in the city.

Through this providers were guided to

- Ensure the immediate safety of the person
- Talk to the customer about the outcomes they want
- Consider the mental capacity of the person
- Put in place independent advocacy for the person either through the care act or MCA where this was required
Section 3: Commissioning and Quality
3.1 Regional Developments and Future Challenges Overview

We undertook an assessment against the LGA ‘Commissioning for Better Outcomes’ tool kit across all fifteen councils. The self-assessment has informed each council of their strengths and weaknesses and allowed us to provide dedicated support to councils who require support.

We have further developed the regional e:market resource ‘Connect for Support’ to improve access for citizens and carers. We have engaged with customers to test out the accessibility of the website and we are working through co-production to develop a more customer user friendly website.

The Commissioning Priority Network has supported all councils in the region to produce a published Market Position Statement and Joint Strategic Needs Assessment.

The Commissioning Network held a number of events to support councils improve commissioning for learning disability person centered services, support social work practice and domiciliary care services.

Yorkshire & Humberside has the highest level of registered care services which are rated ‘inadequate’ by the Care Quality Commission (12%)
3.2 Regional Risks

Quality of External Provider and Market Failure -
The region has seen a number of organisations over the last twelve months close down, encounter significant safeguarding concerns or have received an inadequate rating from CQC’s inspection regime. This has put significant pressure on councils to intervene and support. In particular this has been more difficult in nursing care settings due to the limited amount of beds available.

Views from the risk awareness assessment

“In December 2014, one of our domiciliary care providers went into administration with no notice due to business failure, which put forty care packages at risk. In October 2015, another domiciliary care provider (twenty-two packages) withdrew from the market due to enforced ill health retirement of director, leading to a planned transition to alternative provider undertaken in conjunction with the provider.”

“Closure of care homes is a considerable risk and the new CQC regime will increase the number of closures. The Potential closure of three homes is causing significant workforce pressures Business failure in care homes is a sizeable risk. An increase in the number of homes closing is expected.

“Lack of nurses and care workers have resulted in a number of homes deregistering.”

“We have eighteen homes which are classed as inadequate and there is a higher volume of notice of closure.”

“Homes are deregistering as nursing homes as a result of recruitment problems and the number of people in the homes are insufficient and therefore, the home becomes non-viable.”

“Of current concern is the approach of CQC when care homes or other regulated providers are struggling. The timescales and approaches are not always beneficial to a planned safeguarding response – and this has been problematic recently – eg – where the best solution for a home (ie the residents) maybe a transfer of ownership / sale – but the restrictions and timescales sought by the CQC don’t allow for this more planned approach. The council is working closely with the CQC officers on the ground to try to address this.”

“As a responsible commissioner, we are always concerned about costs, quality and sustainability. There has been a dramatic reduction in our funding in recent years; clearly this reduces the funds available to pay providers.”

3.3 Regional Progress and Improvement

3.3.1 Regional Commissioning Network

In 2015-16 the Commissioning Group produced:

1. Commissioning for outcomes self-assessment analysis, which looked at how far commissioners were progressing this important area of activity
2. An event for the region on learning disability commissioning – how to take a more personalised approach to people with long-term complex needs attended by about 120 people with very positive feedback
3. A second event on human rights and social work, which considered how social work practice needs to become more person-centered and link to commissioning was attended by one hundred people with excellent feedback
4. A regional domiciliary care event on commissioning and procurement of person centered and yet bulk purchased domiciliary care services

3.3.2 Commissioning for Better Outcomes Regional Self-Assessment

All fifteen Councils in the region undertook a self-assessment against the emerging LGA Commissioning for Better Outcomes tool kit. Councils RAG rated themselves against the standard and shared their assessments. The work provided a good raw assessment of how councils felt they were performing against the standard. It provided the region with a baseline with a view to repeating the exercise in twelve months’ time. Each council identified their own specific improvement plan based on their assessment. It also identified lots of good practice that councils could immediately tap into. The work was further picked up as part of the TEASC risk awareness assessment to focus on progress and gaps. Since the assessment was completed three councils have identified peer reviews in this area – two councils have been accepted on the national programme through the LGA.
3.3.3 Case Study 5 - Calderdale Council - Commissioning for Better Outcomes

Our self-assessment using the Commissioning for Better Outcomes tool in Calderdale highlighted that our key strength was our approach towards connecting the personal, human approach into all our commissioning practices. With strong leadership from our Director, Bev Maybury, we determined to take a positive inquiry approach towards improvement and build from what we were good at rather than worry about the areas where we needed to improve. This meant we needed to integrate fully our service improvement and market shaping commissioning work with the human rights, person centred planning approaches emerging from our front line social work colleagues. This meant that instead of focusing on procurement led commissioning cycles, our commissioning resources needed to be rechannelled into designing new, more flexible personal commissioning options such as Individual Service Funds, Integrated Health & Social Care Personal Budget Payments and developing a new approach towards co-designing newly imagined futures with people who are supported by social care.

It became very clear, very quickly that we needed to give more support to providers to understand the implications of changes in how the Courts and the CQC were applying the Mental Capacity Act (2005). The integration of rights and responsibilities through the new CQC methodology has proven particularly challenging for the traditional, well established social care market. It has been turbulent as providers who have always been perceived to be performing well under the previous regulatory environment are finding that they are requiring improvement under the new methodology. Providers have found some difficulties in adjusting to the pace at which we are changing our approach from traditional block contracts and service shapes to one which is very personalised support planning.

The evidence from our Social Care Quality of Life survey results is that our approach is working and that we are getting better outcomes for people from our more personalised approach. This tell us that we are doing the right thing and we should keep on making these changes.

3.3.4 Local Area Profile – Yorkshire & Humberside

There are many good adult social care services in every region in England. However, there are some differences. In the inspections to 31 May 2015, the South East, Yorkshire and Humber, and London had a higher proportion of services rated inadequate than elsewhere. We will need to carry out further analysis to understand more about these regional differences.
3.3.5 Case Study 6 - Kirklees - Connect to Support (CtS);
Care Act Systems Developments

There is a direct link between the overall vision for Kirklees and
the transformation of ASC. The transformation commenced
in 2009 with Putting People First and the development of Care
Navigation and EIP approach, with the aim to give greater
choice and control to people.

The Council’s vision - Early intervention and prevention en-
compases the whole council plus partners and communities
– key aims to support people to have the lives they want with
support from the council only when they need it and to prevent
problems before they escalate.

To achieve the vision, a change in priorities and the way the
council works is required. This includes providing services
online as standard.

Institute for Public Policy and Research report – Next Genera-
tion Social Care published in May 2015, examines the role of
e:marketplaces in transforming services and empowering care
users and carers – Kirklees has always believed in the potential
of e:marketplace.

Kirklees Council has focused on the choice and control that the
e:marketplace provides, rather than just as a cost saving tool.
It has been a long journey in terms of customer take up, but it
is now becoming much more than a self-service portal.

CtS is a member of the Council’s Project Group. They are a
partner rather than a supplier

Kirklees has worked with CtS and users to develop:

- Refreshed look and feel for improved usability – respon-
sive to screen size, combined search
- Web chat including initiating chat icon which appears after
twenty-five seconds
- Roaming feedback button, including star rating and cus-
tomer feedback
- Micro commissioning pilot – with complex learning disabil-
ity cases, with a budget over £100 per week and needed
help to decide what to spend their money on.

The council is also looking to make better links throughout its
corporate information and advice web pages at relevant points
and moving to corporate branding – to help create a seamless
journey. It has used its corporate logo as this provides some
reassurance to people.
Section 4: National Priorities and Partnerships
4.1 Regional Developments and Future Challenges Overview

We have put in place significant regional support to all fifteen councils through the implementation of the Care Act with focused work to improve information and advice, support for Carers, further development of ‘Connect to Support’ and communication to the public.

The Care Act Stocktake 4 has highlighted three key areas which the region needs to address, these are Support for Carers, Market Management and Finance. We are holding round table discussions with the PMO in December 2015 to focus improvement activity in these areas.

The Care Act Stocktake has demonstrated the improvement journey that has taken place in the region and has helped target support where it is needed most. Improvements include: the preparation and continued development of assessment and support planning practitioners; the development of information and advice services and levels of confidence in ensuring that councils are on track with embedding necessary changes. Care Act Stocktake 5 shows that the following are key areas for further regional development – carers, workforce & culture, advocacy and making safeguarding personal.

The region has put in place a number of events to support Councils and Health Partners develop their Better Care Fund Plans. A significant number of partnerships are rating themselves as ‘green’ to achieve targets.

In the first quarter of the Better Care Fund Plans for 2015/16 only five out of fifteen plans had delivered against their targets for non-elective admissions whilst eight out of fifteen plans had delivered targets set for delayed transfers of care.

Delayed Transfers of Care have increased for the last five years. We are only one of two regions where delayed transfers of care attributable to social care have increased compared to 2010/11. We have the fourth lowest level of DTOC’s. However the region has a number of councils that are classed as Red/Amber in the September 2015 Department of Health statistics.

We have recognised that performance on Delayed Transfers of Care is an issue due to the direction of travel, this is similar across the country. We have held masterclasses with a number of regional and national councils and CCG to identify a regional improvement plan. All fifteen councils in the region are about to undertake a self-assessment against the newly launched LGA high impact change tool to help winter preparations.
4.2 Regional Risks

**Acute Sector and System Resilience** – Impact on delayed transfers of care and avoidable admissions into residential care.

“Discharges are causing pressures and tensions. Cultural change of the hospitals is needed and a whole systems approach is required. The performance and culture of the acute trust is a risk to ASC and the delivery of the new operating model.”

“Systems resilience is an issue – especially as organisational (hospital trusts) boundaries are not co-terminus. There are issues regarding performance of other LAs which are part of the acute trust area – these are clouding the arrangements for ourselves where performance is better.”

“Integration and Partnership with Health.”

Some Councils are dealing with a number of tensions between partnerships either through their budgets, delivery of BCF or their governance arrangements.

**Views from the risk awareness assessment**

“We have not yet agreed a joint pathway with health to move people through the system. Cultural change required in health in terms of identifying alternative support rather than just care homes.”

“Both Acute providers experiencing financial issues. CCGs are also under a lot of financial pressure. BCF providing contingency but won’t be there in the future and both CCGs projecting about £2m shortfall – even if we achieve the performance targets in the BCF the CCGs may not release the incentive money as a result. “

“Health partners are experiencing problems. Both hospitals are overspending on agency staff and the foundation trust cannot recruit nurses”

“We have a Transformation Programme to look at how to achieve savings and look at the national agenda and integration however the cuts impact on the ability to achieve the transformation through creativity”

“Integration at a local level is stifled by the different governance arrangements on each organisation”.

Views from the risk awareness assessment

“All organisations are experiencing significant financial difficulties as a result of the imposition of challenging efficiency targets. Demand is having an impact on performance in a number of areas notably non elective admissions. Performance of the BCF is an area of risk and liability is jointly shared by the Council and CCG.”

“We are mainly concerned around admissions target, also concerned around rehab target. We have concerns about the reduction in non-elective admissions measure which we have signed up to. We are not quite sure how we will achieve it or even effectively measure it. Overall financial position is the biggest risk – putting a lot in the pool for shared responsibilities. Risks of affordability outweigh the risk of not delivering the outcomes.”

“The pressure on the acute trust remains a key issue. Lots of work undertaken to reduce admissions but still not seeing significant impact in trust. What happens with trust next is key. It is under extreme pressure.”

“We are not hitting the target for unscheduled admissions. We are exceeding on delayed transfers of care but are hitting our social care targets.”

“We have little confidence in how geared up the hospital trust are to deal with winter pressures due to its financial position and challenging performance issues. The fragile state of the acute sector finances and the need for more accountable care partnerships.”
4.3 Regional Progress and Improvement

4.3.1 Regional Support to Implement the Care Act

Informatics -
Two workshops focusing on the requirements to engage citizens on line have been held during the summer. All councils have been involved and with an emphasis on shared learning and support from national leads and the PMO, all have benefitted. The Yorkshire & Humber informatics group will take this agenda forward in the region and be the main link between Yorkshire & Humber and the national informatics programme to support local developments in individual councils.

Carers -
Generic DVDs for use with young carers, adult carers and professionals are in production. Co-produced with carers and the Yorkshire & Humber carer officers’ network, these are for use in a variety of settings including GP surgeries, as a training aid, with carer’s groups, etc. They highlight the important role of carers and what carers might expect in terms of support from councils and other organisations. These are scheduled to be delivered by the end of this year.

Connect to Support -
Further development of modules to support the duties of the Care Act continues. An event was held in October to look at the longer term development of the project and its sustainability.

Prisons -
Prisons and approved premises, a number of regional events for partners and council managers have taken place to aid the development of local protocols.

Communications and engagement -
All councils now have access to three training DVDs focusing on the positive impact of the Care Act and personalisation on carers, people with mental health issues and on social workers. Regionally produced leaflets about the impact of the Care Act for public use have been distributed to councils. Practitioners will shortly have access to ‘Getting to Know You’, a regional guidance tool that focuses on having conversations that will help in the development of assessment practice. A leaflet for the public explaining what to expect from the assessment and support planning process and principles is in production, to be delivered in November. A product in the form of a presentation or DVD explaining the role of adult social care for use with partners is in the final planning stages. This is likely to be delivered early in 2016.

4.3.2 Care Act - The picture in Yorkshire and Humber

Outcomes of Stocktake 5

The raw data presented on 17th November suggested that in terms of progress, Yorkshire and Humber again fared well in comparison with other regions. Outcomes show that some of the challenges expressed in Stocktake 4 are being addressed. These include areas related to market shaping, workforce and carers. Other areas continue to be challenging for Y&H councils, including fluctuations of emergency admissions and hospital discharges on market capacity and confidence in social care budgets for 2016/17 and beyond. There are the usual variations in the level of risk to implementation expressed by councils which may give an opportunity for further buddying arrangements as part of the region’s SLI process. Attached to this report is a summary document illustrating how Y&H compares to other regions in terms of stocktake 5 reporting, including a view on the risk areas relating to Y&H councils.

Implementation Support in Yorkshire and Humber

• The regional Care Act leads network continues to meet monthly to drive the programme, share learning and to connect with the Programme Management Office (PMO) and national developments. The Care Act leads are currently undertaking an exercise by which good practice developments in all 15 councils related to Care Act implementation will be identified. The impact of these developments will be evaluated and the results will form the basis of a report to the CHIA, to the next branch meeting and subsequently to the Care and Support Reform Board.

• Assessment and Support planning. Proposals for a regional peer to peer learning programme is still "on the shelf" awaiting news of LGA funding.

• Safeguarding - A support programme for safeguarding adults is in development as a result of the collaboration between the Care Act leads group and the regional safeguarding network. A paper outlining the support proposal was presented to the last ADASS branch meeting. Another paper giving the details of the proposal is attached to this report for consideration. If the proposal is agreed, at some point a decision will need to be made how this will be funded once all funding for Care Act implementation is finalised through the LGA

• Round table discussions.

The PMO have replaced deep dive reviews into councils that are seen to be having particular challenges with Care Act implementation with regional round table discussions. The PMO has asked that each region hold round table discussions on regional challenges as identified by Stocktake 4. The discussions are designed for DASSs
and their senior managers to share challenges and good practice relating to the topics chosen, so that strategic plans for improvement are put in place both in councils and in the region. The PMO also expect that experts by experience are present at the discussions to help councils find solutions. Amongst the challenges for councils in Yorkshire and Humber identified through Stocktake 4, were those related to market shaping and carers. It is interesting to note that these are also two of the improving areas seen as a result of Stocktake 5 so part of the discussions may well be to learn about what is working. Round table discussions on each of these areas took place on Monday 14th December at the Crowne Plaza Hotel, Leeds. The carers’ discussion was facilitated by Carers UK and included local representatives of carers’ organisations. The market shaping discussion was chaired by Bev Maybury and included representatives of local providers of care and support. The PMO was present and a report of the event will be shared with the region and with the Care and Support Reform Board in January.

Headlines from Stock Take 5

- We are only one of three regions to have a ‘Red’ for confidence in meeting new responsibilities for Carers
- We have the most councils rated ‘Red’ for confidence in providing information and advice and advocacy services
- We have the most councils rated ‘Green’ in having confidence that there is sufficient money in the budget for implementation in 15/16 and have the least ‘Red’ in having sufficient money in 16/17
- We have no ‘Green’ rated councils for confidence in provider workforce arrangements
- We have the most ‘Green’ rated councils for confidence that future service users are aware of the impact of care act reforms
- We have the most ‘Green’ rated councils for confidence that they are shaping a diverse and sustainable market beyond 15/16
- We have no councils rated ‘Red’ in having confidence that they will deliver expected outcomes outlined within the Care Act beyond 15/16

4.3.3 Case Study 7 – Wakefield Council – Prisons and the Care Act

As a result of the Care Act introducing new responsibilities for LA around Social Care Prisons, Wakefield co-ordinated a number of regional events in order to share and develop knowledge between organisations to effectively discharge these new duties. These regional events started off involving Prisons, Local Authorities, NHS England and NOMS. Over time they expanded to also include Health providers, Approved Premised Managers, Probation, the newly formed Community Rehabilitation Companies and Manchester College (now Novus) a key education provider in Prisons.

Achieving such wide engagement meant that not only were systems introduced to ensure the effective delivery of Social care in prisons and Approved Premises, but other areas of benefit and improvement were also identified. Examples are: systems are being reviewed to ensure that prisoners moving into Approved Premises have the correct medication accompanying them – a key issue for both the prevention agenda and health care services; the impact of changes around Education Health and Care Plans in the Criminal Justice system are starting to be explored; improving processes to enable better identification and response to prisoners with autism and learning disabilities.

4.3.4 Regional Integration Programme

In February 2015 a regional event was held with one hundred and fifty delegates from Y&H councils and CCGs, joined by delegates from the North West and from the North East. The event focused on the different approaches to integration being taken in different regions, but it also contained national perspectives led by Damon Palmer from the national Department of Health team. Regional input came from Tameside and Glossop CCG who presented their organisational integration approach, Salford who discussed their alliance contract approach for older people, and then there were workshops on the approach to integration from Leeds, Barnsley, South Tyneside and Cheshire.

Feedback from delegates was very positive and there were two regional outcomes attained as well as all the localised learning. The first was the generation of a regional BCF virtual network which we have been running since the event, and the second is the development of a relational value project in the region.

The relational value projects focused on the importance of the views and perspectives of people working together across organisational boundaries, rather than just focusing on organisational integration of structures. Three sites volunteered to run the project, Sheffield, North East Lincs and East Riding.

The Relational value tool is deployed across the CCG and Council leadership groups and is based on five attributes
which research has shown to be important features of relationships. These can be defined briefly as:

- **Integrity**: How things interconnect and function;
- **Respect**: How we treat others;
- **Fairness**: How equity is achieved;
- **Empathy**: How much we understand each other;
- **Trust**: How much will put in the other's hands.

The perspectives and attitudes across individuals and organisations are then summarised and fed back to both groups. This helps objectify relational issues and it supports the development of specific activity to address relationship problems that are identified. A Sheffield participant said:

> ‘If you believe that emotional intelligence is as important as strategic intelligence, and if you believe that relational work is essential when developing partnerships that deliver results, it’s a useful tool that will flush out some useful lines of enquiry / action if you are prepared to follow through.’

Work is ongoing with NELincs and East Riding of Yorkshire.

### 4.3.5 Better Care Fund Progress

The Better Care Fund has been identified as a priority for the region over the next 12 months following the assessment of the quarter 1 position statement which told us:

- Only five out of the fifteen plans in Yorkshire & Humberside have met their targets for Quarter 1 2015/16 for Non-Elective Admissions.
- Eight out of fifteen plans have delivered their Quarter 1 2015/16 target for delayed transfers of care days.

### 4.3.6 Case Study 8 – North East Lincolnshire - Integration

#### Background

North East Lincolnshire council and its PCT formed a Care Trust plus in 2007, under a section 75 agreement. This enabled the pooling of health and social care money to develop an integrated health and social care approach. This model has matured and stood the test of time as it partners and collaboration between the council and its NHS partners. Following the health and social care act reforms in 2013 which in effect dissolved the Care Trust, a new section 75 agreement was created between the council and new CCG to enable the continuance of the integration journey.

Through this partnership the council and CCG have stimulated the creation of an integrated health and care provider organisation, operating as a social enterprise. This is able to deliver a wide range of services to individual clients with multiple needs. Additionally, the formation of a free standing social care practice has enabled a shift of emphasis towards a more asset based approach to social work, building on individuals’ strengths rather than deficits, and linking individuals more closely with support networks based within the community setting. Underpinning all of this is the single integrated case record which enables health and social care professionals to access and use key information about clients’ health and social care needs.

The partnership between the council and CCG has developed a strategic approach to the use of resources with the intention of optimising prevention and well-being opportunities; Clients are encouraged to contact the single point of access for advice and information as early as possible to prevent the escalation of needs, and to ensure that an early assessment, if required, can be carried out. The single point of access is a multi-disciplinary venture and enables a range of health, social care and mental health practitioners to work collaboratively to meet the needs of service users quickly and efficiently, deploying the most appropriate services when needed.

The council and CCG have worked collaboratively to pool resource which have been used to stimulate the range of well-being and preventative support services available to local people. Some of the services have been made available at no cost through the extension of local voluntary provision, whereas others are provided on a minimum cost basis, and have stimulated the provision of a number of small local enterprises. Using the “services for me” portal, clients are able to be linked via the single point of access to local groups, organisations and services which can help them live independently within the community and feel less socially isolated.

Moving forward the council and CCG are seeking further opportunities from their integration partnership, developing a more closely aligned commissioning function, a shared outcomes framework and an aspiration for an integrated management team. This provides opportunities for resource sharing, optimising the mix of skills available to both organisations as well as opportunities for integrating the customer interface more holistically.
4.3.7 Delayed Transfers of Care

On a regional basis, for delayed transfers of care the overall trend over the last five years has been upwards (worsening) for five out of the nine regions (East Midlands, Eastern, North West, South West and Yorkshire and Humber), and generally getting lower in the four remaining areas. However there has been some variation in the pattern of change. For delays attributable to Social Care, only the South West and Yorkshire are showing a higher rate of days delayed in 2014/15 than they did in 2010/11.

Delayed Transfers of Care in Yorkshire and Humberside have increased for the last five years. We are only one of two regions where delayed transfers of care attributable to social care have increased compared to 2010/11. However, compared to other regions we have the 4th lowest level of DTOC’s.

Delayed Transfers – September 2015 (Delayed Days per 100,000)

Yorkshire & Humberside have:

- Two councils (out of fifteen) where the delayed days are attributable to social care are above the England average.
- Three councils (out of fifteen) where the delayed days are attributable to NHS are above the England average, two are almost double the England average.
- Four councils (out of fifteen) where the delayed days are attributable to both Social Care and NHS are above England average, one is almost 7 times the England average.
- LGA Rating For Social Care – Three Reds (All England Bottom Quartile), four Ambers (Below All England Average) and nine Green (Above All England Average)
- LGA Rating For NHS – Two Reds, four Ambers and nine Green
- LGA Rating For Both – Three Reds, four Ambers and eight Greens

Sector Led Improvement Master Class – Delayed Transfers of Care

Following the identification, by the Standards and Performance network, of critical performance areas that the region should be tackling, regional master class sessions took place on 29th October at Cedar Court Hotel, Wakefield. The sessions focused on delayed transfers of care which an additional focus of re-ablement and admissions to residential care and the event was chaired by Sandie Keene, Care and Health Improvement Advisor. The following councils presented master classes, from the region - Bradford, Kirklees, North Lincolnshire and nationally – Leicester CCG, Sunderland CCG, Suffolk Council and Wigan Council. Around 60 delegates attended each session and the attendance covered all 15 councils in the region.

A number of councils have expressed how useful they have found the sessions –

- “Excellent day, really got a lot from it. Many thanks for organising”,
- “I certainly enjoyed the day & learned a lot. I think we will be following up on some of the contacts we made”
- “Thanks for organising a really informative and enjoyable conference last Thursday in Wakefield. It was good to hear what is happening elsewhere, and to get a few golden nuggets which we can hopefully utilise in the East Riding”

We also asked delegates to send through their golden nuggets which they were taking back to their organisations, these are still coming through and they include the following:

- “I’m going to contact Bradford and go across to visit to view their work with telehealth, looks really interesting”
- “My golden nugget is to find out how we can get Wi-Fi into more people’s homes. As you can imagine the majority of patients we deal with are not that much into IT. It will be our generation that will come with their iPod, iPhone etc.,”
- “Love the concept of ‘Discharge to Assess’ but in order to do this we need more staff in the community, access to home care packages & therapy staff. So we need to put funding there & less funding in beds.”
- “An approach to placements based on a more traditional LD supported living approach, moving away from old school residential to smaller more person-centered settings can have a huge impact”
- “a place where people can challenge correctly, and respond to the challenge in the right way, all realising that Health and Social Care are on the same team”

At the end of each of the three sessions the Chair asked the delegates to have round table discussion to identify what regional support and action they would like to see. Round table regional support suggestions included – unblocking data governance obstacles, developing a region wide IT like ‘Wigan Live’ dashboard, further investigative work around the Leiceste- ter ‘Why not Today’ model, developing a shared model for ‘Discharge to Access’, using more customer experience to improve pathways, supporting the strengthening of LA/CCG relationships and workforce development to tackle cultural issues.
In Bradford we have reported excellent performance on Delayed Transfers of Care in recent years. In 2014-15 we were the highest performing Local Authority on both elements of the current ASCOF 2c measure, across health and social care. Hospital discharges are part of an often complex health and social care system in which many of the elements are interrelated, and so delayed transfers have an impact on other health and social care services. The positive steps taken strategically in Bradford in bringing health and social care together are now embedded operationally, involving the staff on the ground who make the individual decisions across the Trusts and Local Authority.

Delayed Transfers of Care are an important marker of the effective joint working of local partners, and the NHS SitRep data, which informs ASCOF 2c and other DToc indicators, is a measure of the effectiveness of the interface between health and social care services. Minimising delayed transfers of care and enabling people to live independently at home is one of our desired outcomes of social care and we have used this data as leverage in all our integrated working with the NHS, not just system resilience. An integrated business process and joint working agreement is now in place with figures monitored via our Integrated Care for Adults Dashboard.

We have a robust, effective and integrated process for agreeing and reporting delayed transfers of care at all hospitals in our District. Discharge co-ordinators attend wards on a daily basis and identify complex patients and details of patients and reasons for perceived delays are communicated to the Integration Lead Nurse who meets with Adult Social Care Team Manager on a weekly basis to discuss how each patient can be transferred and agree a joint integrated plan of action and to agree the most appropriate Delay Reason. We also now have a robust, correct integrated process of agreeing and reporting delayed transfers of care for Non Acute patients.

We have relatively low Permanent Admissions to Care (ASCOF 2A Bradford in Top 3 in Y&H for 18-64 and above our Regional average for 65+) and we now are aiming to implement a care pathway based on ‘discharge to assess’ where no decision is to be made in an acute bed about long term care. We are also looking to maximise the use of existing Intermediate Care beds across our system and designing an integrated pathway and bed bureau managed by our Integrated Hub. Our Enablement Service takes all Hospital transfers but does not currently triage out, a 24hr and rapid response service is to commence via our Hub in Nov 2015.

When it comes to hospital discharge we aim to adhere to recognised Best Practice:

- Effective patient involvement and choice
- Prevention, reducing emergency hospital admissions and promoting independence
- Planning hospital discharge as early as possible, involving family and carers where appropriate
- Having a range of professionals working together in multi-disciplinary teams
- Good communication and information sharing between professionals and with patients
- Wherever possible long term decisions should not be taken while the patient is in an acute hospital bed. Older people should have the time to consider their future options and to discuss their choices with family and carers where appropriate

Along with Wigan and Leicester we presented our story on Delayed Transfers of Care as part of our recent Regional ADASS Sector Led Improvement Master Class Event, an extremely useful session where good practice, information and knowledge sharing took place across a number of areas within the adult social care pathway.

In 2016-17 we are also implementing Integrated Digital Care Records with our Social Care customer journey to be recorded and reported on System One, widely used across the NHS in Bradford and Airedale and another step in successful integration between health and social care in our District.
Between 2003 and early 2016, North Yorkshire County Council will have supported the building of 20 extra care schemes, which will have replaced fourteen of its Elderly Person’s Homes. In addition there will be five new Supported Living Schemes that the Council has worked with providers to develop, providing 24 apartments with housing support to adults, mainly younger people with a learning disability.

This year, following public consultation, the Council agreed its new Care and Support Where I Live Strategy. This Strategy represents a significant part of the Council’s vision to meet people’s needs now and into the future. It sets out proposals for how Health and Adult Services will transform services to ensure people can remain safe and independent in their own homes, improve the amount and quality of accommodation with care and support across the County by 2020 and meet financial savings.

One of the key proposals within this strategy is to build on the success of the existing extra care programme in North Yorkshire. It proposes to expand the number of extra care housing schemes that are provided across the County and to develop community hubs from some of these schemes.

In 2015 the Council successfully completed a six-month procurement process and appointed six organisations that will now have the opportunity to work in partnership with the Council to deliver further extra care schemes across the County.

The six organisations that have been appointed to the Extra Care Housing Framework are: Ashley House; Galliford Try Partnerships North; Housing and Care 21; Keepmoat; Places for People; and Your Housing Group. These organisations will be able to bid to take the lead role in the design, build, funding, management and operation of new schemes developed through the Framework.
Section 5: Resource and Workforce Management
5.1 Regional Developments and Future Challenges Overview

The Comprehensive Spending Review poses more challenges in delivering adult social care for the future. Whilst it allows for councils to increase council tax by 2% to support adult social care, this will only go some way in meeting the demands and pressures of the Care Act, the Living Wage and care costs. On the face of it more money has been injected into the Better Care Fund but there are uncertainties about how this will be distributed.

The ADASS Budget Survey said in 2015/16 four councils regionally are fully confident that savings will be met, seven councils are partially confident. But in 2026/17 and 2017/18 councils are only partially confident at best, four have no confidence at all in either year.

Regional Financial Picture - Gross expenditure is average across all regions, however we have the lowest gross expenditure on long term support, and expenditure has reduced by 2% in real terms. We have the second lowest unit costs for residential and nursing care unit costs.

We have put in place a number of support events in the region to support workforce development and capacity to deal with the Care Act.

A number of councils have carried out an assessment against the LGA ‘Use of Resources’ tool to identify further efficiencies.

20% of social care workforce is over fifty-five years old. The average age of workers is forty-three years old, slightly less in direct care, which is forty-one. One in five workers have left their jobs in the last twelve months – these are predominantly care workers and registered nurses. 4.3% of jobs are currently vacant – these are predominantly professional job and direct care roles. 3.8% of vacancies are senior managers.

Most councils express that there is a shortage of nursing capacity in the market. This is significantly impacting on bed capacity and limiting the offer available.
5.2 Regional Risks

Impact of the budget cuts and future efficiency agenda –
All fifteen councils are continuing to feel the pressure of the budget cuts. Millions have been cut from budgets in the region with further pressures having come from the Comprehensive Spending Review. Some Councils have had to use reserves or have significant overspends to deal with this.

View from the risk awareness assessment:

“Whilst there is certainty for 2016/17 from a planning perspective (as budget has been agreed), this is not the case for 2017/18 and beyond. The outcome of the Govt spending review in 2015 would likely see further funding cuts imposed on the Council (current planning suggests anything up to 40%), which would invariably impact on ASC – as one of the largest spending service of the Council”

“The cuts and increased pressures are negatively impacting on the delivery of the transformation programme”

“ASC will have to be looked at and we will have stop doing things. Quality is of concern, safeguarding alerts might increase. It is impossible to take £ms out of the budget without affecting quality.”

“Further budget reductions coupled with increased demand will leave the council with few places to go as majority of provision is already within the independent sector”

“We can be reasonably confident of continued support and prioritisation of Adult Social Care services within the council, but the extent to which this is financial in nature is much more difficult to be confident about given the likely scale of future funding reductions for local government. Using the Use of Resources methodology it indicates some services areas where there may be scope for further savings, some of them potential-ly substantial, but more work is needed to clarify the scope.”

“Alongside the overall financial challenges facing the Council in the next few years the other two key finance risks facing Adult Social Care are demand pressures arising from the health sector and those arising from the Care Act. The health risk is likely to be the most significant financially, and without whole system change across the health and social care sector our ability to fund the level of social care services required in the future is a significant risk.”

“The Impact is significant and has been far reaching in terms of re-organisation within the commissioning arm and within provider organisations. We have had to reorganise the way in which we offer day care and transport services and this has caused much service user and carer upheaval.”

“The local authority is unlikely to be able to fully fund the additional pressures on the ASC system associated with;
• the planned increased to minimum wage/living wage
• demographics
• Increased in activity in relation to MCA/DOLS
Without impacting on other areas of the ASC system or without additional funding from central government. This has the potential to fundamentally de-stabilise the community care market and lead to a likely increase in instances of provider failure.”

“There is a series of unknowns – e.g., the autumn settlement, extra money from government. We cannot have a robust financial plan for 5 years. We are not going to deliver a balanced position for 2020 without something changing significantly.”

Impact of the National Living Wage and the Cost of Care –
All councils in the region have concerns about the impact of the national living wage and what that will mean to budgets and the cost of care in their area. Councils are hopeful that the Comprehensive Spending Review recognises this pressure and use money from the postponed Care Act phase 2 to support the sector to deal with this.

View from risk awareness assessment

“General concerns about the sustainability of residential and nursing care and domiciliary care sector and the implications of the National Living Wage and other cost pressures on the sector – apprehensively waiting for the CSR settlement! The financial challenges and risks are being highlighted to the SMT and will be taken into account in the council budget setting and financial planning arrangements.”

“The biggest issue we face is that a lot of our providers would not meet the new living wage criteria. We are receiving letters from providers challenging the prices we pay. Commissioning are working with Corporate Finance to enable us to renegotiate the rates we pay. The national living wage will also have an impact on the learning disability market”

“The introduction of a compulsory National Living Wage (NLW) for workers aged 25 and over from April 2016 is estimated to generate an increase in costs to community care budgets by £22.8m (2020/21). This projection is based on a series of assumptions as much of the details around the national policy are yet to emerge The main risk relates to the affordability of the likely increase in costs within the context of continued substantial reductions in government funding for councils over the next 5 years.”
“Although we have protected ASC to date, the predicted increase in demand pressures plus factors such as national living wage means that it will be increasingly difficult to balance the budget without finding savings between ourselves and the CCG.”

“We are very concerned about the lack of availability of people wanting to work within social care – especially in generic domiciliary care and in nursing care in care homes. Whilst we are working closely with our CCG partners to mitigate these risks, the real pressure on our finances gives us little room for maneuver prices. The introduction of the Living Wage is a further, very immediate pressure on providers which we are struggling to address.”

5.3 Regional Progress and Improvement

5.3.1 ADASS Budget survey and financial position

Key issues in summary for Y&H emerging from the ADASS finance survey in 2015 are:

- Only one council in the region has to make more savings in 2017/18 than in previous years, the only council in this position
- Three councils expect demographic pressures to be highest for LD services
- Three councils expect older people’s services to have the largest demographic impact
- Three councils expect demographic pressures to impact LD and OP services fairly equally
- As a general rule, about 50% of demographic impacts are funded
- In 2015/16 the most important areas for savings are, in order: increased prevention, better procurement, use of assistive technology, integration, move to cheaper settings
- In 2016/17 integration moves to 3rd most important savings area, and we also see an increase in the importance of reducing numbers of eligible people, stopping services and increasing use of the independent sector
- In 2015/16 no impact expected, savings will be met

- In two years impacts expected to be: increased challenges, reduced access, reduced PBs, increased pressure on the NHS, financial problems for providers
- In 2015/16 4 councils are fully confident that savings will be met, seven councils are partially confident. But in 2026/17 and 2017/18 councils are only partially confident at best, four have no confidence at all in either year
- Between 2014/15 and 2015/16 six councils will increase spending on prevention for non-eligible people

Key findings from the Unit Cost and Expenditure Return for Yorkshire & Humberside

- 46% of gross expenditure is on short and long term support – this is average across all regions, however we have the lowest gross expenditure on long term support.
- Gross expenditure has reduced by 0% in cash terms, however 2% in real terms from 2013/14 which is in line nationally
- There has been a 6% increase in income in real terms which is average nationally.
- We have the second lowest unit costs for residential and nursing care unit costs.
5.3.2 Case Study 11 – Hull City Council - Use of Resources and Change Programme

Earlier this year, Hull City Council adult social care embarked upon an ambitious programme of change, reorganising and reconfiguring its existing resources to achieve better outcomes for people. The detail of the programme was informed by the use of the LGS/ADASS/TEASC tool ‘Making best use of reducing resources in adult social care’ which asks local authorities to benchmark their performance against what good looks like. This enabled us to identify areas where our practice was already good, where it could be improved at no cost/ low cost and where improvements to practice would deliver savings. We were then able to agree priorities, some of which could be achieved in the short term and some of which would be longer term pieces of work.

Many of the improvements centered on changing the relationship we have with people who approach us for support or who use support services. We are having conversations with people which explore what resources they already have at their disposal, how they can better utilise those and how we complement them. This approach means that people do not ‘enter the care system’ but stay in control with a little support and the psychological impact of that is huge. Our vision is that people have ‘A life, not a service’ and our change programme centers on this.

One of the longer term pieces of work, involving major restructuring was changing the access offer and work is well underway to redesign the offer and redirect resources throughout the access pathway to use an asset based approach focusing on early intervention, prevention and enablement. This will become fully operational in early 2016, but we are already having different conversations when people first contact us and the feedback is that people are telling us they feel supported, to seek their own solution supporting resilience/self-help rather than automatically providing a formal service.

Hull City Council’s performance has steadily improved year on year, and we currently perform above the England average in twenty-one out of twenty-seven ASCOF measured areas. This is largely as result of changing conversations and changing relationships so that people do have ‘A life, not a service.’

5.3.3 Regional Workforce Development

In terms of the Care Act duties and requirements, all staff and frontline managers in assessment and support planning services have received training on the new legal framework and the practice implications. All staff in council and externally provided services have access to Care Act materials produced by ‘Skills for Care’ and SCIE.

There is a risk that without support on culture and practice changes, front line staff and managers may simply layer new processes on top of those that already exist to ensure Care Act compliance. The proposed peer to peer learning programme will help to address this risk.

Around 70% of adult social care is delivered externally by independent, third and community sector organisations. Not to acknowledge and address the needs of this wider workforce will build additional risks into the system. The region will be looking to implement a programme of support for councils to address these issues with their providers.
5.3.4 Workforce Development Regional Picture

Based on the Skills for Care regional report for 2014/15 the picture in Yorkshire & Humberside is as follows:

- The region has around 10% of the national adult social care workforce, almost 150,000. 77% of this is made up of direct care workers,
- 72% of jobs are in the independent sector. People employed directly by local authorities is down to 13%.
- The majority of people are working in residential care (51%) and 35% in domiciliary services. This is broadly in line with the national picture.
- The majority of the workforce are on wither annualised hours or zero hour contracts.
- Pay in senior management position is above the national average however social worker pay is on average £2,600 less than the all England pay figure.
- 20% of social care workforce is over 55 years old. The average age of workers is 43 years old, slightly less in direct care, which is 41. Both are in line with the national picture.
- The region has a slightly higher percentage of women in the social care workforce 84%, than the national average of 82%.
- 91% of workers are British, however this varies in jobs – 67% for registered nursing and 97% for registered managers. The main nationalities making up the 9% are Poland, Philippines and Zimbabwe.
- One in five workers have left their jobs in the last 12 months – these are predominantly care workers and registered nurses.
- 4.3% of jobs are currently vacant. These are predominantly professional job and direct care roles. 3.8% of vacancies are senior managers.
- 42% of post were recruited to - compared to 40% nationally.
- Main reasons why people left jobs in the region were for personal reasons (19%) or resignations or undisclosed (17%). Most people leaving jobs went back into other social care posts or voluntary work.
- More training and development took place in safety, handling and awareness and dementia in Yorkshire & Humberside than the national average.

5.3.5 Case Study 12: Planning Staff Training for the Care Act in East Riding of Yorkshire

We began communication and engagement with all staff in the form of Big Challenge events and workshops, which started in April 2014. Teams were provided with an overview of the proposals and opportunity to ask questions and relate this to their current ways of working, preparing for what might need to change.

Our Care Act Executive Board, which oversaw the planning and delivery of the Care Act, was supported by a number of work streams, one of which focused specifically on workforce. This work stream oversaw the Training Plan, and liaised with other work streams to establish what the key areas of change would be for practice and how we intended to implement this in East Riding.

We considered what resources and support was available, and opted to use the material from Skills for Care to deliver the training to the front line staff using practitioners and our in-house training team.

We envisaged the training would be a combination of what the duties and responsibilities were and how we would deliver these in practice. We were conscious that this training would be required as a rolling programme for new staff so rather than bringing external facilitators back in each time, we involved our in-house training staff very early on so the knowledge would be embedded within our training programme.

Regular meetings with the training team took place to look at how we would use the learning materials from Skills for Care in conjunction with guidance and any new paperwork for East Riding staff and then developed session plans, personalised the handbooks and presentations.

On the 20 January we started delivery of eight sessions on each topic;

- Overview of the framework,
- Advice and information,
- Assessment and eligibility,
- Support planning and review.

We also scheduled briefing sessions after these topics had finished on transitions, hospital discharge, deferred payments and additional payments.

The feedback from these sessions was extremely positive, and we continue to hold practice discussion sessions within the teams to support and embed the training. We are reviewing some of our paperwork, having now had the benefit of using it in practice and learning from practitioners what has worked and what needs to change.
5.3.6 Case Study 13 – Doncaster Council – ‘Rescript’

Assessment and Eligibility

There are significant design changes around assessment that are progressing well. The changes involve a wholesale review of the assessment paperwork and associated processes. Perhaps more importantly the review challenged the status quo with regard to the way the assessment is approached. Practitioners engage the skills they developed in their training but have not been able to apply in their practice because the system makes them gatekeepers rather than enablers and agents for social change. Citizens have a conversation with the practitioner that, whilst outlining their needs, also explores their strengths and the contribution that they could make both to providing solutions and to the community more broadly. It helps them to explore how they can stay resilient for longer, managing their own care and support arrangements by accessing informal support provided by friends, family and through community networks.

The assessment process identifies all resources available and only those which remain unmet and eligible will require resources from the Council in order to fill the gaps that remain. The approach is complemented by changing the approach taken to developing a support plan. The default option will be that the citizen develops their own plan, on their own, with help from friends or peers, or from a support planning service. In a limited number of cases it is anticipated that support planning will remain in house. This helps to provide more capacity which is needed to enable practitioners to cope with increased demand as a result of demographic pressures, the implications of the Care and Support Bill regarding assessments for self-funders and to place more emphasis on high quality, meaningful reviews and to explore the outcomes that have been achieved through use of the resources available.

Building capacity in communities, targeted prevention and early intervention

It is critical that capacity is available within the community to support citizens right across the spectrum of need, and that they are aware of what is available to help them stay at home healthy and well for as long as possible. A range of targeted prevention and early intervention services have already been established and are working well, though we know there is more to do.

Self-Management

A range of developments are already available and further are planned to help citizens self-manage their care and support needs. Connect to Support is an online facility that provides information and advice about services available and enables citizens to then purchase that support in an e:marketplace.

Doncaster is considering the use of prepayment cards, a credit card which is preloaded that will enable people to take a direct payment but with enhanced auditing arrangements in place.

Personal Assistants are a new style of care worker which Doncaster is supporting to a much greater extent. They offer service users much flexibility over care and support arrangements. Since the service user is their employer, they have much more control over their day to day lives.

A summary of Doncaster’s Care Act compliant approach is below:
6.1 Regional Developments and Future Challenges Overview

We have strengthened the Sector Led Improvement support across the region. We have put in place peer review programme and used the TEASC risk awareness tool to identify targeted, regional support and peer support where needed.

All Councils in the region produced a Local Account for 2014/15. Councils are working on producing Local Accounts for 2015/16 by end December 2015. Twelve Councils have already produced drafts which they have had a Standards and Performance supportive assessment and a test by the regional customer inspectors.

An external Independent Performance Assessment has been undertaken on all Councils in the region identifying how each council is performing against the national ASCOF measures with an assessment of how they compare regionally, with their comparator group and nationally. It also identifies areas of strength and urgent areas of further investigation. The assessment identifies where good practice exists in the region and nationally to facilitate buddy arrangements.

We have begun to establish a regional pool of mystery shoppers initially from two councils in the region but supported by a further three councils. This pool of ‘real’ customers undertook mystery shopping on all fifteen councils in November/December 2015. This is the fourth year the region has carried out this exercise. Exercises over the last three years have seen thirteen out of fifteen councils improve their overall ratings.

Peer Reviews have taken place in three councils in the last twelve months using a mixture of LGA peer challenge and the regional approach. A further eight are scheduled for peer reviews in the next twelve months.

All fifteen councils have signed up to a SLI Memorandum of Understanding, signed by CEO, DASS and the Leader. The MOU sets out the SLI offer for the region, the support that is available and the risk triggers that are in place to identify SLI support.

The most common issues coming from customer complaints in the region are - outcomes in care planning, information and advice in respect of financial assessments and safeguarding (again relating to information and advice provided). The regional complaints network is supporting councils to share good practice and learn from customer experience when things go wrong.

To support the SLI model for the region we are exploring the development a regional performance dashboard which will help identify peer support activity on a more regular and timely basis.
6.2 Regional Progress and Improvement

6.2.1 Regional Sector Led Improvement

Our well established SLI model was further strengthened through the appointment of a regional support officer. Our Y&H story set out the improvements across a number of councils in the region as well as positive direction of travel on a range of performance issues and customer access. The regional standards and performance group carried out a range of sessions to ensure each council was able to report as accurate data as possible in the new SALT and ASCOF returns. Other Regional Performance and Developments to SLI in the 2015/16 model include:

- A clearly defined peer review programme which is informed by risk, performance and the need for external challenge,
- A risk awareness assessment on all fifteen councils which is informing local, regional and national Sector Led Improvement activity
- The development of quarterly benchmarking in underperforming areas,
- A clear memorandum of understanding to support SLI and to have a clear protocol between councils.
- Development of a regional pool of mystery shoppers.

6.2.2 Case Study 14 - North Lincolnshire Peer Challenge

North Lincolnshire Council asked the Local Government Association (LGA) to undertake an Adult Social Care Peer Challenge. The LGA arranged a team made up of Councilors, NHS and Council Staff from other areas to assess our services in September 2014.

The peer challenge looked at our ambitions, performance and delivery against our Adult Social Care priorities. They met with service users, staff, partners and providers of care who helped them with their review.

The report provides an external view on the quality, processes and procedures of Services to Adults in North Lincolnshire.

- We have worked around Making Safeguarding Personal and established a Steering Group, Champions throughout the service, training for all areas and have brought in a local independent advocacy service to ensure that the service user voice is embedded throughout practice.
- We have published the multi-agency Vulnerable Adults Strategy 2015-2020 which outlines the ambitions we want to achieve over the next five years for our local residents.
- We have further strengthened our performance and compliance framework across the service.

The review team said that, ‘the direction of Adult Services in North Lincolnshire is going in the right direction due to a focus on a more integrated approach with partners’ ‘Staff were motivated and enthusiastically delivering innovative preventative solutions.’ There are ‘good examples of user and carer engagement.’ Service Users were actively involved in many areas including the Learning Disability Partnership Board, Commissioning Cycle, Well Being Hubs, reviewing our publications and materials and helping us shape service design and improvement.

6.2.3 Local Accounts

All Councils produced a local account for 2014. Currently in the region all fifteen councils are working to produce a 2015 local account by the end of December. To support councils to develop their local account the standards and performance group carried out a supportive assessment of the draft as well as an assessment by the region’s pool of ‘Experts By Experience’. Feedback was given back to each Council to support them to produce their final versions.
6.2.4 Improving Data Quality and Statistical Returns

ADASS have been supporting all fifteen councils in the Y&H region on the implementation of SALT. Performance staff from all councils met in early May to have a ‘masterclass’ on the completion of ASCOF and SALT data returns. The discussions both at the meeting and subsequently enabled councils to submit improved data for the submission date in May and also through the validation round.

Feedback from the councils included:

• “The sessions highlighted differences of interpretation and councils not comparing like for like - this helped us to get a common understanding and for ourselves helped us to improve the way we deal with mental health data”
• “It provided lots of re-assurances and reduced the risk of what we were sending in. It provided a great sense check and allowed us to press ‘send’ with confidence”
• “It has allowed the region to open up a dialogue of better sharing our data in an open and transparent way”

Now that the 2014–15 data has been published, masterclasses having taken place to improve practice highlighted by the regional SALT and ASCOF data.

6.2.5 Annual Independent Performance Assessment

For the fourth year running all councils have been subjected to an external independent performance assessment against their ASCOF measures. These reports published in November 2015 identify areas of strength and areas for further investigation for the council as well as identifying potential buddies regionally and nationally. It sets out the direction of travel over the last twelve months and since the SLI Y&H model was put in place in 2011, each council is ranked on improvement and against national average. The report is completed by the DASS who provides a local context of current performance and future improvement. The process has supported all councils to demonstrate improvement in a number of areas over the last twelve months and thirteen out of fifteen councils have improved in over 50% of the measures, five councils have improved in over 85% of the measures.

6.2.6 Case Study 15 – Barnsley Council Peer Review

The peer review was very helpful in highlighting a range of strengths and areas for improvement for Barnsley. These have formed an action plan and implementation is proceeding. In particular the review identified the following areas for improvement where progress has been made:

• High re-admissions from re-ablement as an area for improvement so this needs an action. I see it is 16% although these may not all be re-admissions
• Our Hospital re-admission rates have dropped substantially from 25% to 9% which is a credit to the service integration with our therapy partner Condition Management
• Planning to further embed the new target operating model for adult social care is progressing based on a completed review by PwC and internal engagement.
• Implementation overall has been successful and areas for further improvement identified. A set of performance metrics have been established to measure success of the model.
• The safeguarding Adults Board has been strengthened by the appointment of an independent chair, a new safeguarding board manager post and the restructuring of the board sub groups. A performance framework is almost complete along with implementation of the South Yorkshire procedures. A refresh of MSP is underway.
• Joint commissioning with the CCG is now lead by a joint steering group which is prioritising key areas and mapping. One key area of re-procurement has been learning disability supported living, moving this onto a more person centred and cost effective model of support. A review of Intermediate care was suggested and completed with a new pathway now in place and joint monitoring of progress reporting to the joint commissioning group and SRG.
• Performance reporting was identified as an area for improvement and a new performance and quality framework is being devised incorporating both quantitative and qualitative metrics.
• Fee levels were identified as a risk in terms of market sustainability. A fair fees programme of work is underway based on externally commissioned work on Barnsley fee levels for care.
• The Peer review team suggested a review of out of hour’s services. This has now begun to consider the changing landscape of support out of hours and the role of the traditional model of EDT services.
• The recommendation regarding outcome-based commissioning has led to the remodelling of our planned re-procurement of domiciliary care on an outcome basis taking into account best practice and the experience of other authorities.
• A Stronger Communities programme has been formed to focus on early help for adults on prevention and early intervention.
6.2.7 Development of a Regional Pool of ‘Experts by Experience’ and Regional Mystery Shopping Exercise

Yorkshire & Humberside has a well-established mystery shopping regional arrangements. Rotherham Council’s Customer Inspectors have supported the region over the last three years and this year the pool has been enhanced by customers from Calderdale. Another three councils are working with customers to further enhance the group in 2016. The regional pool of ‘Experts by Experience’ have been trained in mystery shopping techniques and in November and December 2015 embarked on the annual exercise, carrying out face to face visits, telephone calls and website check. Exercises over the last three years have seen thirteen out of fifteen councils improve their overall ratings. Other regional improvements include:

Regional Results:

- 14 out of 15 councils have improved some or all of their access to service arrangements over the last 2 years
- 11 out of 15 councils have services rated Fair to Excellent (only 3 out of 15 in 2012)
- All councils are now rated Fair to Excellent for Telephone access, Website access and access to safeguarding arrangements.
- 12 out of 15 councils rated Fair to Excellent for face to face access (10 councils are either Good or Excellent)
- 14 out of 15 councils are rated Fair to Excellent for their reception facilities (7 out of 15 in 2012)
- 13 out of 15 councils have been rated Fair to Good for out of hours arrangements

Council success stories:

- Calderdale have significantly improved their Face to Face service from Unsatisfactory (2012) to Excellent (2014) and their Website from Unsatisfactory (2012) to Good
- East Riding have improved their Face to Face and Reception arrangements from Fair (2012) to Excellent. They have also improved their telephone access from Unsatisfactory (2012) to Good.
- Wakefield have improved or maintained ratings in all its access points to Good.
- York have improved its out of hour’s arrangement from Unsatisfactory (2013) to Good.
- North Yorkshire have improved its Website from Unsatisfactory (2012) to Good.
- Rotherham has been rated excellent three years running for its telephone access.
- Bradford has improved its telephone access from Unsatisfactory (2012) to Good.
- Sheffield have improved its reception facilities and it’s Website from Unsatisfactory (2012) to Good.
- Leeds have improved its out of hour’s arrangements from Unsatisfactory (2013) to Fair.
- Kirklees have been rated Excellent for Face to Face and its Reception for the last three assessments
- Barnsley have improved its reception and telephone access from Unsatisfactory to Fair over the last 2 years.
- North East Lincolnshire have improved its Face to Face and Reception from Unsatisfactory (2012) to Good
- Doncaster has improved its reception facilities from Unsatisfactory (2012) to Good
- North Lincolnshire improved its reception facilities from Unsatisfactory (2012) to Fair
- Hull improved its reception facilities from Unsatisfactory (2013) to Fair

6.2.8 The Yorkshire and Humber Complaint Managers Group

All Complaints Officers in England are connected via a national and regional network. The Yorkshire and Humber Complaint Managers Group is part of the National Complaint Managers Group.

The YHCMG meets on a quarterly basis giving participating members the opportunity for benchmarking, peer support and development. The group also operates as a benchmarking and advice service throughout the year and a group e-mail network. The group shares and discusses statistical benchmarking data. It considers the outlying statistics and allows participating LA’s to consider their performance in the regional context. The group also shares and considers benchmarking data provided by the LGO.

The group has also considered through its day to day benchmarking and advice function a number of issues and queries, including retention guidelines, complaints from prisoners (new Care Act requirements) and the threshold of intervention from CSC.

One of the main issues that the group was involved in was the Care Act, specifically sharing information and considering best practice for the proposed appeals process. Although the appeals process was deferred, the group continues to monitor and share information on the changes that the Care Act has introduced.

The main complaint issues facing local authorities are - outcomes in care planning, information and advice in respect of financial assessments and safeguarding (again relating to information and advice provided).
Future Priorities
Future priorities and action plan -

To address a number of the key challenges identified in this report the regional priorities have been set and work programmes are in development for these priority areas.

Personalisation priority areas include:

Mental health – specifically, increasing awareness of the importance of the social model of disability in mental health recovery, addressing key barriers to more choice and control and supporting increased direct payments.

Learning disability activity in support of Transforming Care activity. This focuses on developing the concept of Individual Service Funds (ISFs) a mechanism for delivering greater choice and control for people using services whilst also enabling providers to be more flexible and responsive, and maintaining a council / CCG commissioner function.

Commissioning priorities include:

1. Sharing learning in the commissioning of domiciliary care
2. Developing an understanding of the cost structure across the region. E.g. how much variation in fee rates is there, in relation to demand for different types of provision?
3. Shared work with the personalisation network on LD commissioning and transforming care priority
4. Understanding of the BCF and its impact on commissioning
5. Using Commissioning for Better Outcomes as a framework to prepare for inspections

Sector Led Improvement priorities include:

1. Delivery of the 2016 Peer Review Programme that will ensure all LA’s in the region have had a peer review
2. Undertake a regional risk summit to inform a regional work programme to support all local authorities tackle the key regional risks.
3. Address key performance areas such as DTOC, admissions in residential care and risk areas such as DOLs.
4. Further embed the TEASC risk awareness tool to improve the regional overview of risk and performance to target specific peer support.
5. Strengthen the regional pool of ‘experts by experience’ incorporating into the peer review programme.

Safeguarding priorities include:

1. Support for SAB chairs and SAB managers to develop their roles in the light of the legal framework, responsibilities and SAB partnerships. The support will be coordinated to explore roles, the law in relation to safeguarding adults and effective partnership working. A network of mentors will be established to offer individual support and to promote shared learning.
2. To promote a better understanding of Safeguarding Adults Reviews so as to enable more effective and consistent decision making. Training and support for SAB managers, SAR report authors and SAB chairs in developing effective processes will be established.
3. Making safeguarding adults and DOLS responsibilities the business of every practitioner will be supported through peer to peer learning networks. However bespoke training in areas such as court skills and decision making may also be necessary.

DOLs priorities include:

1. Holding a regional master class in February 2016 to identify good practice and utilise regional and national expertise and tools to deal with the capacity and demand issues.
2. Developing the regional DoLS network through active engagement in project and action planning for improvement.
3. Learning disability support include:
4. Supporting local areas with their Transforming Care efforts via a contract with Inclusion North,
5. Working directly with ADASS nationally on this complex agenda.
6. Support councils in the implementation of local Transforming Care Partnerships and putting in place joint transformation plans by April 2016.
Carers priorities include:

1. Developing the regional carers officers’ network in action planning for improvement.
2. Developing improvement plans for the region through active engagement with carers’ organisations in the region.
3. Holding a PMO sponsored regional round table conversation about carers and the Care Act to ‘kick start’ the development of a support plan to enable improvement.

Integration (Better Care Fund) priorities include:

1. Sharing practice and providing support to local issues where they arise
2. Ensuring that all councils are represented at the Better Care Support Programme sponsored, Better Care learning event in Leeds in February
3. Enabling discussions between CCGs and Council leadership teams on personal relationships as well as structural land issue based activity via a Relational Value project.
4. Prepare for the 2017 and 2020 milestones.
5. Providing a focus on dealing with DTOC and Winter Pressures through the regional DASS meeting to identify pressures and support.
6. Implementing the regional support actions identified in the Sector Led Improvement master class.

Workforce priorities include:

1. Focusing on what needs to change to embed a culture change oriented around wellbeing rather than eligible need and asset-based social care rather than deficit—based case management systems.
2. Looking at issues surrounding the living wage and developing the wider work force
## Appendix 1: ADASS Yorkshire & Humberside DASS Overview

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<th>Council</th>
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<td>Barnsley</td>
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