

Agenda

Meeting: Care and Independence Overview & Scrutiny Committee

**Venue: The Brierley Room, County Hall,
Northallerton, DL7 8AD
(See location plan overleaf)**

Date: Thursday 27 October 2016 at 10.30 am

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Business

1. **Minutes of the meeting held on 30 June 2016** **(Pages 5 to 8)**
2. **Any Declarations of Interest**
3. **Public Questions or Statements.**

Members of the public may ask questions or make statements at this meeting if they have delivered notice (to include the text of the question/statement) to Ray Busby of Policy & Partnerships (*contact details below*) no later than midday on Monday 24 October 2016. Each speaker should limit themselves to 3 minutes on any item. Members of the public who have given notice will be invited to speak:-

- at this point in the meeting if their questions/statements relate to matters which are not otherwise on the Agenda (subject to an overall time limit of 30 minutes);
- when the relevant Agenda item is being considered if they wish to speak on a matter which is on the Agenda for this meeting.

If you are exercising your right to speak at this meeting, but do not wish to be recorded, please inform the Chairman who will instruct those taking a recording to cease while you speak.

- 4. Dementia**
 - a) Dialogue with Dementia Navigator Providers** - Report of the Scrutiny Team Leader
(Pages 9 to 11)
 - b) Dementia Strategy Update** - Report by the Corporate Director of Health and Adult Services
(Pages 12 to 16)
- 5. North Yorkshire Safeguarding Adults Board Annual Report 2015/2016** - Report by the Corporate Director of Health and Adult Services
(Pages 17 to 72)
- a) Living Well Team and Stronger Communities: Cover Report by the Scrutiny Team Leader**
(Pages 73 to 74)
 - b) Living Well: One year on** - Presentation by Cath Simms, Head of Targeted Prevention, Care and Support (HAS)
- 7. The Annual Report of the Director of Public Health**
(Pages 75 to 91)
- 8. Work Programme** - Report of the Scrutiny Team Leader
(Pages 92 to 94)
- 9. Other business which the Chairman agrees should be considered as a matter of urgency because of special circumstances.**

Barry Khan
Assistant Chief Executive (Legal and Democratic Services)

County Hall
Northallerton

19 October 2016

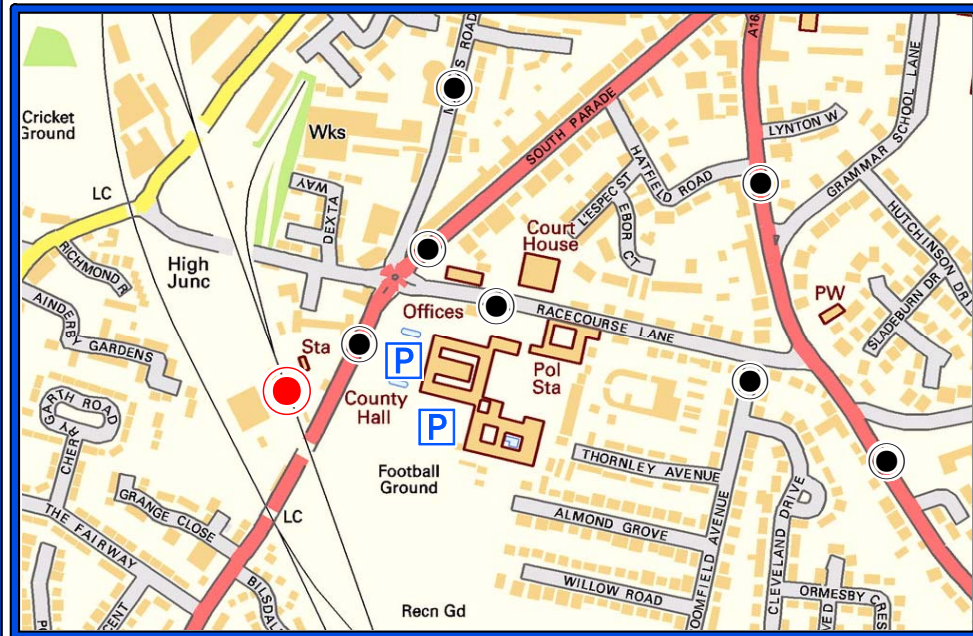
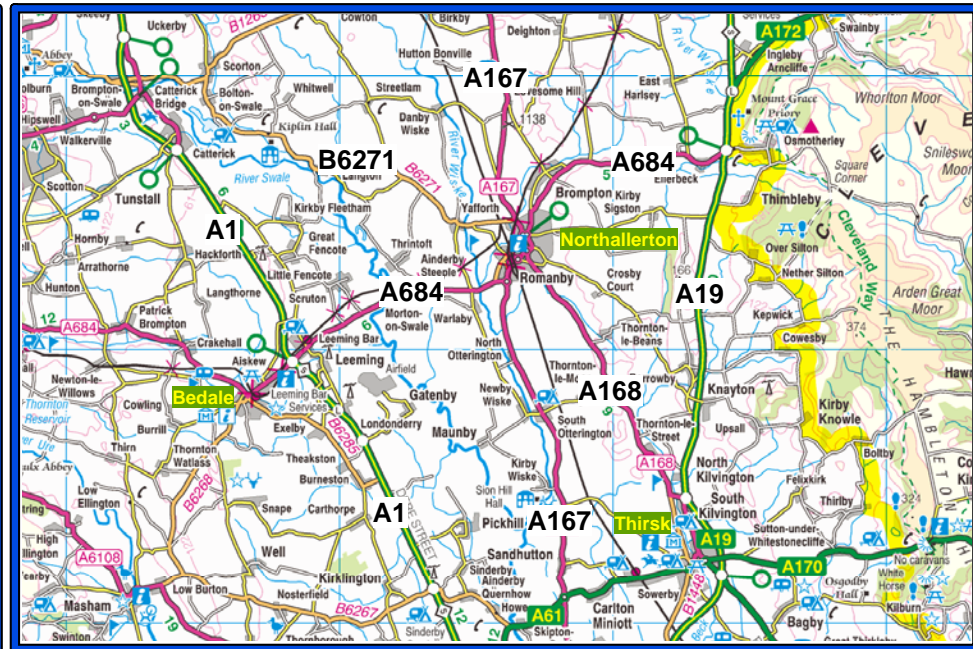
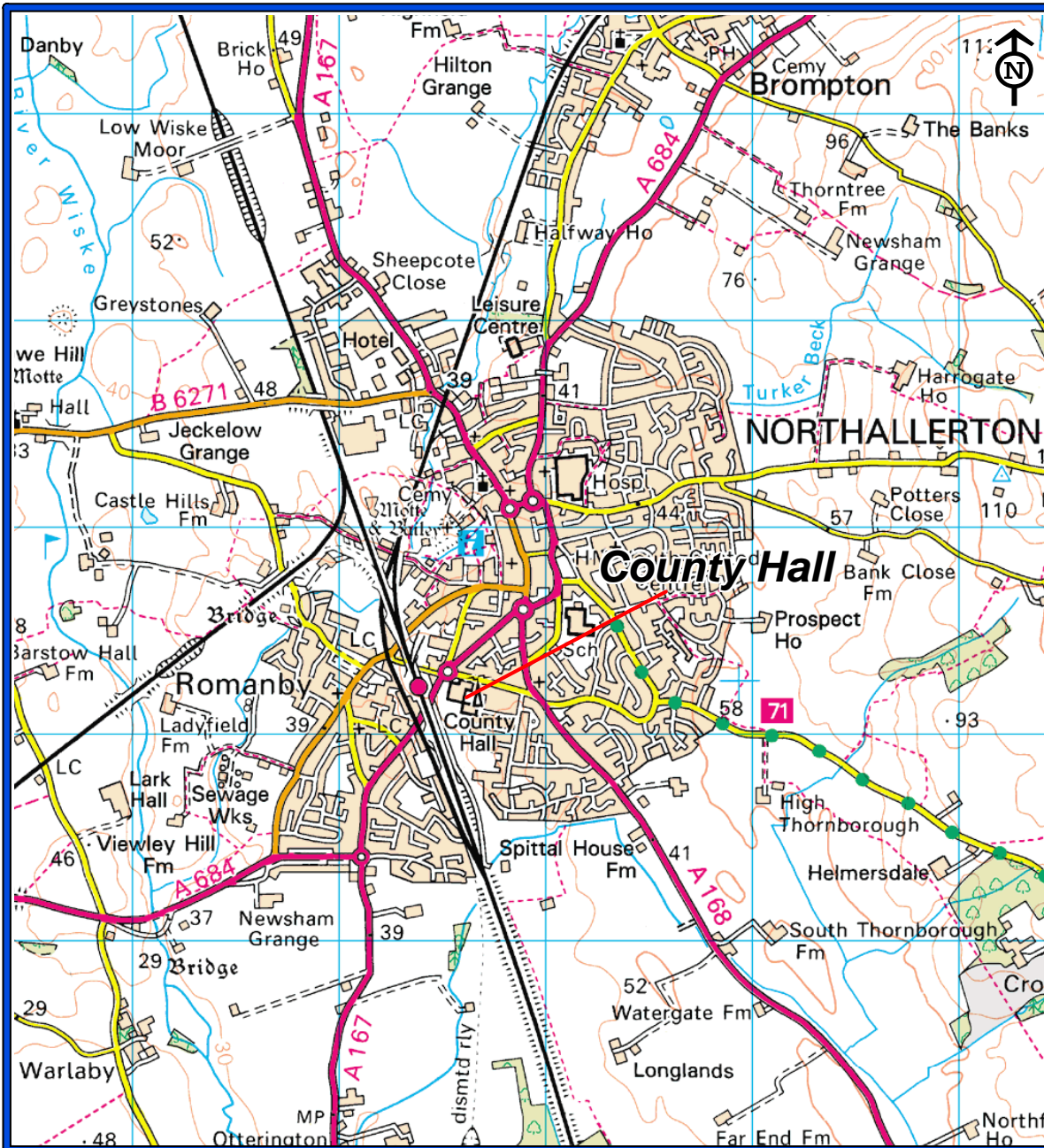
Care and Independence Overview and Scrutiny Committee

1. Membership

County Councillors (13)							
	Councillors Name			Chairman/Vice Chairman	Political Party	Electoral Division	
1	ARNOLD, Val				Conservative		
2	CLARK, Jim				Conservative		
3	ENNIS, John				Conservative		
4	GRANT, Helen			Vice-Chairman	NY Independent		
5	HOULT, Bill				Liberal Democrat		
6	JORDAN, Mike				Conservative		
7	McCARTNEY, John				NY Independent		
8	MARSHALL, Brian				Labour		
9	MOORHOUSE, Heather				Conservative		
10	MULLIGAN, Patrick			Chairman	Conservative		
11	PEARSON, Chris				Conservative		
12	SAVAGE, John				Liberal		
13	SWALES, Tim				Conservative		
Members other than County Councillors – (3)							
Non Voting							
	Name of Member			Representative	Substitute Member		
1	KNIGHT, Julie			North Yorkshire and York Forum			
2	SNAPE, Jackie			Disability Action Yorkshire			
3	PADGHAM, Mike			Independent Care Group			
Total Membership – (16)				Quorum – (4)			
Con	Lib Dem	NY Ind	Labour	Liberal	UKIP	Ind	Total
8	0	2	1	1	0	0	13 *

2. Substitute Members

Conservative		Liberal Democrat	
	Councillors Names		Councillors Names
1	MARSHALL, Shelagh OBE	1	
2	CHANCE, David	2	GRIFFITHS, Bryn
3	JEFFELS, David	3	JONES, Anne
4	BACKHOUSE, Andrew	4	
5		5	
NY Independent		Labour	
	Councillors Names		Councillors Names
1	HORTON, Peter	1	BILLING, David
2	JEFFERSON, Janet	2	
3		3	
Liberal			
	Councillors Names		
1	CLARK, John		



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Northallerton
North Yorkshire
DL7 8AD



North
Yorkshire County Council

Tel : 0845 8 72 73 74

North Yorkshire County Council

Care and Independence Overview and Scrutiny Committee

Minutes of the meeting held on 30 June 2016 at 10.30am at County Hall, Northallerton.

Present:-

County Councillor Patrick Mulligan in the Chair.

County Councillors: Val Arnold, Margaret Atkinson (as substitute for Tim Swales), Jim Clark, John Ennis, Helen Grant, Bryn Griffiths (as substitute for Bill Hout), Mike Jordan, John McCartney, Brian Marshall, Heather Moorhouse, Chris Pearson and John Savage.

Representatives of the Voluntary Sector: Julie Knight (North Yorkshire and York Forum)

In attendance: County Councillor Clare Wood (Executive Member for Adult Social Care Health Integration).

Officers: Ray Busby (Scrutiny Support Officer, (Policy and Partnerships)), Stephen Miller (Public Health Intelligence Analyst, Health and Adult Services), Dale Owens (Locality Head of Commissioning, Health and Adult Services). Dr Lincoln Sargeant, Director of Public Health and Mike Webster (Assistant Director, Contracting, Procurement and Quality Assurance (Health and Adult Services)).

Apologies: Jackie Snape (Disability Action Yorkshire) and Mike Padgham (Independent Care Group).

Copies of all documents considered are in the Minute Book

101. Minutes

Resolved –

That the Minutes of the meeting held on 21 April 2016, having been printed and circulated, be taken as read and be confirmed and signed by the Chairman as a correct record.

102. Any Declarations of Interest

There were no declarations of interest to note.

The Chairman welcomed Julie Knight, the recently appointed member of the Committee to represent the voluntary sector.

103. Public Questions or Statements

The Committee was advised that no notice had been received of any public questions or statements to be made at the meeting.

104. Dialogue with Providers: Extra Care

Considered -

The report of the Scrutiny Team Leader guiding the Committee's question and answer session with providers of extra care in the County.

Present for this item:

Andy Powel, Customer Services Director, Broadacres Housing Association.
Paula Broadbent, Retirement Solutions Director, Keepmoat
Clare Charlton, Head of Extra Care, Housing and Care 21
Clare Hemming, Development Programme Manager, Housing and Care 21
Hayley Quinn, Regional extra Care Manager for Housing and Care 21

In the second of a series of planned conversations with social care providers, chiefly those delivering commissioned services, committee members talked to two current extra care providers: Broadacres, and Housing and Care 21.

The Corporate Director explained that North Yorkshire has a long and strong track record on extra care housing and now has nineteen schemes across the county, with 5 more under development in Leyburn, Sowerby, Pickering, Harrogate and Ripon. Most feature some form of increased on-site support, to enable individuals with illnesses or disabilities to live as independently as possible. People have their own flats and tenancies, and there is often a range of communal facilities available, such as hairdressers, restaurants and shops.

The overriding opinion of the providers, shared by the directorate was that extra care is at its best when it acts as a preventative model, supports independence and helps avoid admissions into residential care. Their view was that it remains a most successful and cost effective form of care delivery when compared to other models, including residential care and care in the community.

The provider representatives stressed that formal and informal relationships between providers and the HAS Directorate in terms of communication, referral, arrangements, the sharing of ideas and good practice, were excellent at all levels - strategic through to operational.

To help grow and foster that sense of community, the providers highlighted their ongoing commitment to involving and engaging with residents so that residents' views about facilities and community living are fully taken into account and that community activities and facilities reflects people's wishes and aspirations. Non-residents are actively encouraged to participate and make use of the home's community facilities and schemes, clubs, hobbies and groups; and, conversely, tenants and residents are encouraged to take part in community life.

The extra care providers had mixed concerns about the business effects of the Living Wage, recruitment and retention and staff turnover.

Resolved -

- a) That the report be noted.
- b) The directorate report back to the Committee in spring 2017 with a clear account of how it knows extra care is performing well, how it is delaying higher needs dependency, the extent to which it is cost effective, how it enables an improved lifestyle, whether it is still delivering the outcomes that were predicted and expected, and so on.
- c) The Committee looks forward to seeing the qualitative and quantitative data and information used by the authority to inform commissioning decisions.

105. North Yorkshire Joint Alcohol Strategy - One year on

Considered -

The report and presentation of the Director of Public Health on the 2015 North Yorkshire County Council published joint alcohol strategy, which is aimed at galvanising partners to collectively reduce the harms from alcohol.

The data showed good progress against the identified three outcome areas; establish responsible and sensible drinking as the norm; identify and support those who need help into treatment through recovery and to reduce alcohol related crime and disorder. Alongside this key date is evidence of significant developments and initiatives within each of the three outcome areas.

Resolved -

That the report and presentation be noted.

106. Suicide Audit

Considered -

The presentation of the Director of Public Health

Resolved -

That the presentation be noted.

107. Mental Capacity Act and Deprivation of Liberty Safeguards

Considered -

The report of the Corporate Director - Health and Adult Services briefing Members on the Mental Capacity Act and Deprivation of Liberty Safeguards and its significance for the Directorate.

Resolved -

That the information given be noted

108. Court of Protection Rules

Considered -

The presentation by the Corporate Director - Health and Adult Services

Resolved -

That the presentation be deferred to a future date.

109. Work Programme

Considered -

The report of the Scrutiny Team Leader on the Work Programme.

Resolved -

- a) That the Work Programme be agreed.
- b) That the group spokespersons, at their forthcoming mid cycle briefing, review the Local Account and then make recommendations to the rather than the Committee, from the outset, assessing the document itself, as has been the case in previous years.

The meeting concluded at 12:50pm

NORTH YORKSHIRE COUNTY COUNCIL

Care & Independence Overview & Scrutiny Committee

30 June 2016

Dialogue with Providers: Dementia Support Workers

1.0 Purpose of Report

- 1.1 To guide the Committee's question and answer session with the providers of the commissioned service for Dementia Support Workers.

2.0 Introduction

- 2.1 The Committee agreed to hold a series of conversations with providers and organisations that provide social care services in partnership and/or via the council's commissioning arrangements. For this October meeting, it was agreed the focus will be on the commissioned service for Dementia Support Workers. Jill Quinn from Dementia Forward and Roy Tomlinson from Making Space will be in attendance.
- 2.2 This interest stems from the committee's review of the challenges social care providers are facing, and how the authority and health are managing (joint) commissioning. That said, dementia has long been a topic of interest to this scrutiny committee. So, the conversation the committee is looking to have with the providers will be geared towards helping members understand the dementia navigator support role in communities - their experiences, how they work, what obstacles they face - rather than, say, contractual and governance matters.
- 2.3 The Chairman will invite Jill and Roy to introduce themselves and, briefly, say something about the organisation they work for - what it does, its mission statement, the nature and status of the business, its size/commercial and community reach etc.
- 2.4 After this, and before the start of the Q and A session, the Chair will ask the Corporate Director for Health and Adult Services to set the scene by saying something about how the authority's position on extra care and varying operating models in place, the business case, the scale of provision, how it meets need, and any proposed changes plans for the future.

3.0 Outline of the Commissioned Service

- 3.1 At a time when an increasing number of people have to deal with the impact of dementia, North Yorkshire County Council and the NHS have jointly commissioned an essential new service to address this which supports people in their own homes.

- 3.2 The service includes dementia support workers, who are able to work on a one-to-one basis with people diagnosed with dementia to help them to continue to enjoy an active and independent life for as long as possible.
- 3.3 The county council, in partnership with the NHS clinical commissioning groups in North Yorkshire, has commissioned the Dementia Support Service with two providers - Dementia Forward and Making Space. The two voluntary organisations work on a local basis across North Yorkshire.
- 3.4 Support workers help people to link with agencies and groups who support them, including, if they wish, others who are living with the condition.
- 3.5 The overall aim of the service is to improve people's quality of life, promote their independence and help them to plan and to maintain or widen their social networks.
- 3.6 As well as providing advice, information and signposting to relevant services, the service works alongside other community organisations providing help for people with dementia and their carers. It also provides learning programmes, so that people can understand the condition better and develop coping strategies to live as well as possible with dementia.
- 3.7 The Dementia Support Services are based across North Yorkshire and workers work in the community, visiting people in their own homes as much as possible. The service is run by a team of paid staff and also by volunteers.
- 3.8 The services are organised on the clinical commissioning group areas for North Yorkshire and so cover:
- Hambleton, Richmondshire and Whitby CCG area
 - Airedale, Wharfedale and Craven CCG and South Lakes CCG areas (within North Yorkshire)
 - Harrogate and Rural District CCG area
 - Vale of York CCG area (Selby, Easingwold and some of Ryedale
 - Scarborough and Ryedale CCG area

4.0 Line of Enquiry to Providers

- 4.1 The topics below have been agreed by your group spokespersons who are not expecting to cover all the points in one meeting; it is for you decide which areas to explore. The list has been sent to the representatives well in advance of the meeting.

What is the support made up of

How navigators provide advice, practical help and support for people with dementia, their families and their carers. How the commissioned service contributes to helping people to live well with dementia, and to remain in their chosen environment for as long as possible. What challenges are navigators coming across when carrying out their role to advise and signpost people with dementia and their carers/families to information and sources of support? Are

there enough community resources, groups etc. to ensure that people can access the general and specialist support and opportunities they need at each stage of the journey.

The extent to which navigators work (directly and independently) with carers and family.

The dementia journey

What are navigators seeing in terms of the effectiveness of early identification and diagnosis?

The post Diagnosis experience: how referrals to the service work, and how Dementia navigators fit into, and can influence thinking about, the care pathway

Getting help if it is not possible to stay at home, or if hospital care is needed.

Receiving care, compassion and support at the end of life

General Discussion of Dementia

The more general themes associated with dementia, like local awareness of dementia. Are people able to get the right help at the right time to live well with dementia?

Commissioning

Information will be made available to the committee by the Health and Adult Services Directorate on the monitoring and performance information that is used - how the Directorate demonstrates the effectiveness of the service not just in terms of compliance, but also what it says about the advantages of a longer term view of support and investment.

5.0 Recommendation

5.1 This discussion is intended to help the committee take a view about how the Health and Adults Services Directorate approaches commissioning - not just of this service, but other areas of community based support.

DANIEL HARRY
SCRUTINY TEAM LEADER

County Hall,
Northallerton

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Background Documents Nil

NORTH YORKSHIRE COUNTY COUNCIL

Care & Independence Overview & Scrutiny Committee

27 October 2016

Dementia Update – October 2016

1.0 Purpose of Report

- 1.1 To update the Committee on the work in relation to the North Yorkshire Dementia Strategy.

2.0 Introduction

- 2.1 Over the past 10 years dementia has risen steadily up the agenda of both health and social care as the numbers of people living with dementia has continued to rise. Present estimates state that approximately 850,000 people are living with dementia in the UK and this figure is set to rise to over 2 million by 2050.
- 2.2 As is often the case the demographics of North Yorkshire mean that the county faces a greater than average challenge in terms of providing the care and support that people with dementia and their carers require. Around 10,000 people are believed to be living with dementia in North Yorkshire which equates to 0.98% of the overall population, significantly higher than the national figure of 0.74%.
- 2.3 It is also important to remember that whilst dementia is usually thought of as affecting older people current estimates suggest that approximately 200 people under the age of 65 are living with dementia in North Yorkshire, with the youngest of these being in their thirties. The accuracy of these estimates is questionable and there is evidence to show that there may in fact be many more people affected.
- 2.4 People with learning disabilities are also far more prone to young onset dementia, specifically people with Down' Syndrome aged 40 or above have a 1 in 2 chance of developing dementia compared to a 1 in 75 chance amongst the general population.
- 2.5 In addition to the human cost of Dementia there is also a huge financial implication. It is estimated that dementia costs local authorities and the health service over £26bn per year. In addition to the more obvious costs it is also estimated that 1 in 15 missing persons cases, totalling over 17,000, involves dementia at a cost of the police of anywhere between £15 and £40 million per year. In addition it is thought that care to the equivalent cost of over £11bn is provided by unpaid carers every year.
- 2.6 Recent research for the King's Fund showed that among people aged over 50 dementia is now the 'most feared' health condition surpassing cancer in this

regard. Whilst there have been great advances in the treatment of cancer in the past few decades, a breakthrough drug or treatment for dementia remains elusive and as such support for people at present involves managing symptoms as they develop and working where possible to limit the risk factors that do exist for some people.

- 2.7 North Yorkshire County Council in partnership with the CCGs currently commission Dementia Forward and Making Space to deliver a Dementia Navigator service across the county. Both organisations provide telephone support, peer support groups, assistance with benefits and services for carers in a service that is highly valued by both statutory organisations and people living with dementia and their carers. We are also fortunate to have close links with the Alzheimer's Society and a range of other local groups who deliver much valued services and support in many small communities.

3.0 The North Yorkshire Dementia Strategy

- 3.1 The previous North Yorkshire Strategy expired in 2014 and work is ongoing to refresh this in order to shape all aspects of our work around dementia over the next few years. The strategy is a joint piece of work between NYCC and the PCU on behalf of the CCGs as well as Airedale, Wharfedale and Craven CCG. In addition to the CCGs we are working closely with Tees, Esk and Wear Valley (TEWV) Mental Health Trust along with Dementia Forward, Making space and the Alzheimer's Society.

- 3.2 Consultation and engagement with people living with dementia and their carers has been a central part of the development of the strategy so far and will continue to be so. A combination of surveys and face to face discussions yielded over 300 responses to the consultation many of which were rich stories, some of which highlight excellent practice whilst others show how far we have to go in many areas.

- 3.3 Analysis of the consultation findings so far have identified a series of key themes for further investigation, below are some direct quotes from people living with dementia and their carers which highlight these issues.

3.4 *Early Recognition and Support*

- It can be hard to know what the real symptoms of dementia are –there is not enough general awareness or information
- Whilst many of us receive a timely diagnosis this is not always the case, often we are passed between doctors and clinics with no-one taking responsibility for making a final decision
- We need clear, concise and relevant information at the right time – simple things like 'am I still allowed to drive' as well as the longer term health and social care information
- Doctors need to understand the impact of saying 'you have dementia', they might say it a lot but hearing it is life changing and often terrifying.

3.5 *Consistency*

- The experience of living with dementia is far too varied, some of us receive excellent support but too many of us do not have this experience and are left to fend for ourselves in a disjointed and often bewildering system
- Too many of us wait too long for a diagnosis, there should be a quick and simple process for finding out if we have dementia
- Those of us living in residential or nursing home shouldn't be written off and forgotten about
- Health and social care professionals need to work together more effectively, we don't care about your organisational boundaries, we care about getting the support and help we need at the right time

3.6 *Stigma and Awareness Raising*

- There is still a social stigma around dementia and too many of us are too scared or embarrassed to tell even those closest to us
- Modern society is very fast paced, we need a space where we can take a little more time whether it's in shops, on the bus or just going about our day to day lives
- We should be educating our grandchildren from an early age, kids are great at asking questions and having open minds without any fear or embarrassment
- We need people to understand what dementia is all about and what it means for us, we don't want pity but more understanding of what it's like and how much the little things can help

3.7 *Seeing the Person*

- As dementia progresses we are seen less and less as ourselves and more as a 'dementia', we have names and we expect them to be used
- We want to live in our homes and communities for as long as possible
- We are not defined by dementia, we want to live active lives for as long as we can and not be treated any differently to our friends and families
- Professionals need to understand the emotional toll of our diagnosis, we won't always be happy or polite, sometimes we may be upset, angry or rude – this doesn't mean we don't want or need help

3.8 *Advanced Planning and End of Life*

- Professionals need to be sensitive but honest with us on what dementia means in the long term
- We should be supported to put our affairs in order at an early stage
- We need the opportunity to discuss our wishes for the end of our lives and for how we wish to be treated once our dementia has developed to a stage where we will no longer be able to fully express ourselves
- Don't forget about our loved ones as soon as we are gone

4.0 **Work on the Strategy**

- 4.1 An initial draft strategy is in the process of being produced and will be finalised following the 2016 North Yorkshire Dementia Conference to be held on 31st October 2016. This event in itself will bring together over 50 people living with dementia and their carers with health and social care professionals to hear from

a range of speakers and to participate in a series of discussion forums around the key issues emerging from the consultation. (Appendix 1)

5.0 Recommendation

- 5.1 The Committee receive a report when the strategy is finalised by the end of the year and is signed off by Health and Wellbeing Board in February for a formal launch in Spring 2017

MICHAEL RUDD

County Hall,
Northallerton

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Background Documents Nil

APPENDIX 1

**‘Bring Me Sunshine’
Living Well with Dementia in North Yorkshire 2016
Monday 31st October, Harrogate Pavilions
9:30am – 4pm**

North Yorkshire County Council and our partners are pleased to invite you to our 2016 dementia conference on the theme of living well with dementia.

The event will offer the opportunity to hear from speakers on a range of topics including Dementia Friendly GP services, intergenerational work and the development of dementia friendly communities, the full programme will be confirmed shortly.

As part of the ongoing work to develop the North Yorkshire Dementia Strategy we will also hold a series of workshops which will mix people living with dementia and carers with health and social care professionals to discuss the key issues arising from the strategy consultation and develop potential solutions.

The day has been carefully planned to ensure it will be accessible and enjoyable for people with dementia and carers. Quiet break rooms will be available throughout the day and dedicated support staff from Making Space, Dementia Forward and the Alzheimer’s society will be on hand to offer support where needed.

Places are extremely limited so book now to avoid disappointment, bookings can be made by emailing dementia@northyorks.gov.uk

‘Bring Me Sunshine’ 2016 North Yorkshire Dementia Conference Provisional Agenda		
‘Welcome	09:45	10:00
Living Well with Dementia	10:00	10:20
Strategy Update	10:20	10:40
Session 1 – Connected communities and Raising Awareness	10:40	11:10
Break AM	11:10	11:30
Intergenerational Work	11:30	12:00
Session 2 – Accessibility	12:00	12:30
Lunch – Art Work Competition	12:30	13:15
Singing for the brain	13:15	13:30
Dementia Friendly GP Surgery	13:30	14:00
Session 3 – Planning for the future and Dying Well	14:00	14:30
Break	14:30	14:45
State of the Nation	14:45	15:15
Session 4 – Living Well	15:15	15:45
Close	15:45	16:00

NORTH YORKSHIRE COUNTY COUNCIL

CARE AND INDEPENDENCE OVERVIEW AND SCRUTINY COMMITTEE

27 OCTOBER 2016

NORTH YORKSHIRE SAFEGUARDING ADULTS BOARD
ANNUAL REPORT 2015/16**1.0 Purpose of Report**

- 1.1 To receive the Annual Report of the North Yorkshire Safeguarding Adults Board (SAB).

2.0 Background

- 2.1 The Care Act (2014) requires local authorities to set up a Safeguarding Adults Board, which gave the North Yorkshire SAB a clear basis in law for the first time from April 2015.

The Act says that the Board must

- include the local authority, the NHS and the police, who should meet regularly to discuss and act upon local safeguarding issues;
- develop shared strategic plans for safeguarding, working with local people to decide how to protect adults with care and support needs in vulnerable situations;
- publish the strategic plan and report to the public annually on its progress, so that different organisations can make sure they are working together in the best way.

3.0 Progress during 2015/16

- 3.1 2015/16 has been a busy year for the SAB, and there continue to be many achievements to celebrate. The main focus of the SAB has been on the implementation of the statutory safeguarding framework introduced under the Care Act which came into force on 1st April 2015. A wide range of activities have been carried out by the Board and its partners to ensure that local arrangements are fit for purpose and reflect the vision, principles and requirements of the Care Act. The Board, Sub-Groups and partner agencies have worked together to ensure awareness of Safeguarding Adults is a priority, partnership working is effective and safeguarding is personal to the individual.
- 3.2 The Board has worked to meet four main outcomes which are based on the six principles of safeguarding as covered in the Care Act guidance. Progress in each of these areas by the SAB and partner agencies is considered in each of these areas. Stories are used throughout the Annual Report to illustrate these safeguarding principles in practice.

Awareness and Empowerment – people feeling safe and in control, being more able to share concerns and manage risk of harm either to themselves or others

Prevention – working on the basis that it is better to take action before harm happens

Protection and proportionality – support and help for those adults who are vulnerable and most at risk of harm. Responding in line with the risks and the minimum necessary to protect from harm or manage risks

Partnership and accountability – working for local solutions in response to local needs and expectations. Focusing on outcomes for people and communities and being open about their delivery.

- 3.3 The NYSAB Annual Report 2015/16 was agreed by the Board at its meeting in September 2016. Key achievements of the Board include:
- Development of a new Strategic Plan and Delivery Plan that identify the priority areas for the Board, and how these will be achieved.
 - Introduction of the DASM role within the statutory partners' organisations, and development of an informal network to support and develop good practice. As a result of the revised statutory guidance removing the requirement for the DASM role, a new framework is being developed.
 - Two self-assessments by the Board to understand its effectiveness across a range of areas, and the impact of the Care Act. Overall, the Board considered that the Board was in a good position, but was not complacent, recognising that there were a number of areas where further development is needed, and these have been used to inform development of the Strategic Plan.
 - A review of its Performance Indicators to ensure that what the Board monitors will provide the necessary assurance of the effectiveness of safeguarding activity and practice, and that the requirements of Making Safeguarding Personal are being met.
 - A Board Development Day to review the Board's governance and ensure that it was best placed to meet the requirements of the Care Act, and identify the key priorities for the next three years.
 - Improving strategic links with Safeguarding and Community Safety leads at a strategic and operational level, through a North Yorkshire and York Inter-Board network
 - Agreeing a protocol between the SAB, the Health and Wellbeing Board and Children's Safeguarding Board
 - Working with partner organisations to develop a joint plan to protect local communities against radicalisation, by integrating the Prevent duty within Safeguarding policies and practice
 - Through the input of the Nurse Consultant, Primary Care, improved awareness by GPs of, and contribution to, Safeguarding.
 - Attendance at user-led forums to raise awareness of safeguarding, and seeking feedback as part of the review of Safeguarding leaflets and other publicity
 - A review of the content and outcomes of the multi-agency training programme to ensure compliance with the Care Act
 - Production of a Risk Register for the Board that details, manages and monitors the risks that could impact on its ability to deliver the priorities of the Strategic Plan.
- 3.4 There is a duty to publish in the Annual Report information on any Safeguarding Adults Reviews that the Board has arranged or are in progress. There were no Safeguarding Adults Reviews conducted during 2015/16. However, the Board received one Lessons Learnt report concerning Alexander Court Care Home to assure it that actions have been taken to reduce the likelihood of repetition of identified issues in the future. The report considered the recurring themes highlighted in the chronologies from the

agencies involved and investigated where changes could have been made earlier in the intervention with the care home. The report and its recommendations were signed off by the Board at its meeting in January 2016, and progress on meeting the recommendations reported to the Board in September. A copy of the full report can be found on the NYSAB website.

4.0 Priorities for 2016/17

4.1 In accordance with Care Act requirements the Board has produced a safeguarding plan for 2015 – 2018 based on the core safeguarding principles. The Board has outlined the four main outcomes that it wants to achieve to deliver the plan and commissioned the Board Delivery Group and sub groups to ensure that these are delivered to achieve the vision.

4.2 As a result of the two self-assessments carried out by the Board, and the individual partners, the following priorities for development were identified and incorporated into the Strategic Plan and Delivery Plan going forward.

- Information about services and safeguarding adults is provided in accessible formats and different languages
- Improved awareness and understanding of the Mental Capacity Act and Deprivations of Liberty Standards (DoLS)
- Safeguarding strategy, planning and delivery involves and takes account of patients, users and carers experience, and decisions about their safeguarding and interventions are person centred.
- Information about the delivery of safeguarding to minority groups is analysed and used to improve services
- Safeguarding issues around mental health, including suicide.

5.0 Recommendations

It is recommended that the Annual Report of the Safeguarding Adults Board be noted.

Colin Morris
Independent Chair, North Yorkshire SAB

Appendix - Annual Report 2015/16



North Yorkshire Safeguarding Adults Board Annual Report 2015-2016

Working in partnership to Safeguard Adults at risk
of abuse or neglect

Are you concerned about an adult who is at risk of abuse or neglect?

Telephone North Yorkshire County Council's Customer Service Centre: 01609
780780 and speak to a representative to raise a concern.

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Appendix 1: Contributions from Individual Partner Organisations

Appendix 2: Care Act - 2015 Overview

Appendix 3: Definitions of Abuse & Neglect

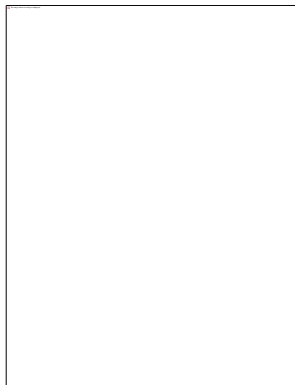
Appendix 4: North Yorkshire SAB Membership and Attendance 2015/16

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1. Foreword

By the Independent Chair of the Safeguarding Adults Board



It is with great pleasure that I provide the introduction to the 2015/16 Annual Report for the North Yorkshire Safeguarding Adults Board.

As the newly incoming Independent Chair it has been crucial for me to meet up with a strong cross section of Board members in order to quickly establish how effective, efficient, focused and successful our local adult safeguarding arrangements are. What has very quickly been evidenced to me is the strong 'buy in' and commitment to the shared values and principles that are clearly in evidence across the Partnership.

In this respect it is also important that I commit to record my thanks to Jonathan Phillips the outgoing Independent Chair who, along with other senior leaders operating in North Yorkshire, has demonstrated a real determination in getting the Safeguarding Adults Board onto a firm footing that ensures future Care Act compliance.

The provision of an Annual Report is a statutory requirement made upon the Chair of the SAB, within which full account of the workings of the Board's activities across a 12 month timeline is assessed. This, in effect, is the evidence by which the SAB will be held to account by describing its workings within this both technically and emotionally challenging area of work with detailed coverage and intelligence available for scrutiny around performance, training, audit, all being actively discussed.

As well as reporting on areas of systems failings via the Safeguarding Adult Reviews, the Annual Report should also identify and have a focus upon areas of good practice, where things are going well, or where steps have been taken to bring about specific improvements.

The very reason to have in place an Independent Chair is to demonstrate clear unambiguous leadership that will accelerate the progress of the Board, both consolidating the significant progress made to date, and by strengthening the contributions made by various components of the Partnership. It should not be a challenge for the Board to be able to describe, with supporting material, evidence of

the real difference it has made to improve the life chances of some of the most vulnerable people living in our communities - our success should go ahead of us.

As I referred to earlier , this work is complex and challenging and going forward we need to become more knowledgeable and sophisticated at understanding the needs and wishes of our wider communities in North Yorkshire, so that it becomes transparent as to how these matters occupy a real 'space' in our Strategic Plan .

Over the next couple of months work focused upon improving the governance and business functionality of the Board will be completed, providing a firm set of foundations upon which to focus our future ambition. I look forward to reporting progress on these and a number of other key developments to you in subsequent Annual Reports.

In closing , I should like to place on record my thanks to the multi-agency Partnership who are clearly totally committed to protecting and improving the life chances of those who are in most need living in our communities - but doing so in a way that reflects their individual value, knowledge and choice.

Colin Morris

Independent Chair
North Yorkshire Safeguarding Adults Board

2. Introduction

Our vision for the Board is to **provide leadership, challenge and direction to ensure that the partner agencies improve outcomes for adults at risk of harm or abuse.** We will promote values of openness, trust, respect and learning.

During 2015/16, the Board has carried out developments across its areas of responsibilities to meet the requirements of the Care Act that came into force from 1st April 2015. In March 2016, the Department of Health published refreshed statutory guidance for the Care Act that reflected feedback from stakeholders. Amendments within the guidance relating to Safeguarding included:

- a revised section on strategic leadership, emphasising the need for a strategic and accountable lead for safeguarding at a senior level in an organisation, to ensure the actions necessary to implement the SAB's Strategic Plan;
- new guidance around allegations around people in positions of trust, with the requirement to have a Designated Adults Safeguarding Manager (DASM) being removed;
- a reinforcement of the importance of preventing abuse rather than acting after the event, and reminding practitioners of the importance of identifying and managing risk of abuse and neglect, even if these are not the initial presenting issue.

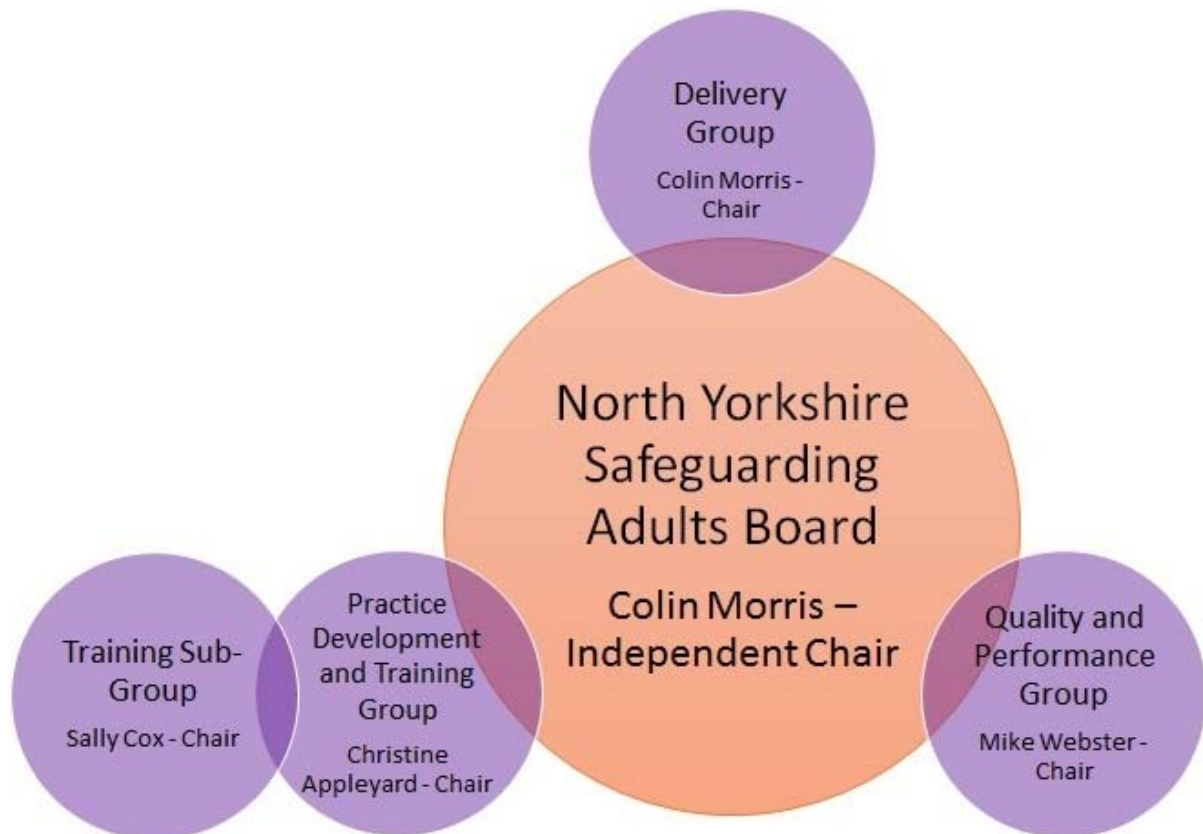
The North Yorkshire Safeguarding Adults Board continues to facilitate multi-agency partnership working, and is responsible for quality assurance regarding safeguarding adults' activity in North Yorkshire. The governance arrangements and structure of the Board will continue to be reviewed in line with strategic planning activities and consultation with stakeholders. Linked partnerships include the following:



3. Safeguarding Adults Board Structure

The North Yorkshire Safeguarding Adults Board operates with the following sub-groups to manage and deliver the work in the strategic plan.

- Delivery Group
- Practice Development and Training Group
- Quality and Performance Group
- Training Subgroup



The meeting frequency and schedule is different for each of the groups. The SAB and the Delivery Group meet three times a year, the Quality and Performance Group quarterly, the Practice Development and Training Group every 2 months, and the Training Sub-Group is held bi-annually.

In addition to support the delivery of the operational activities in the Board's strategic plan, Local Safeguarding Adults Groups (LSAGs) operate across North Yorkshire in the following localities:

- Harrogate & Craven
- Hambleton, Richmondshire and Whitby
- Scarborough & Ryedale
- Selby

4. Role of Sub-Groups

Delivery Group

The Delivery Group is responsible for monitoring the Board's Business Plan, and agreeing and coordinating the delivery of the strategic plan. This group is also responsible for ensuring processes carried out by the Board are done so effectively.

Quality and Performance Group

The Quality and Performance Group works develops safeguarding data for presentation at the Board. The group considers the scope of data required, and quality assures the information produced by the performance teams in each organisation.

Practice Development and Training Group

The Practice Development and Training Group ensures the development of safeguarding practice relating to adults at risk in North Yorkshire. The group promotes improvements to practice and disseminates good examples. The Board receives assurance from this group that multi-agency practice is focused on improving outcomes for adults at risk of abuse or neglect in North Yorkshire.

Training Sub-Group

The Training Sub-Group ensures sufficiency and consistent standards of the North Yorkshire safeguarding adults training provision. The group facilitates networking opportunities and the sharing of lessons learnt and best practice.

Local Safeguarding Adults Groups

The lead safeguarding representative for each partner agency and within each organisation meets quarterly to ensure information is received from the Board on practice, delivery, lessons learnt and active discussion takes place to resolve local issues and informs the Board of progress made to meet the strategic objectives.

5. What we have achieved this year?

2015/16 has been a busy year for the SAB, and there continue to be many achievements to celebrate. The main focus of the SAB has been on the implementation of the statutory safeguarding framework introduced under the Care Act which came into force on 1st April 2015. A wide range of activities have been carried out by the Board and its partners to ensure that local arrangements are fit for purpose and reflect the vision, principles and requirements of the Care Act. The Board, Sub-Groups and partner agencies have worked together to ensure awareness of Safeguarding Adults is a priority, partnership working is effective and safeguarding is personal to the individual.

This year the Board worked to meet four main outcomes which are based on the six safeguarding principles of safeguarding.

Awareness and Empowerment - people feeling safe and in control, being more able to share concerns and manage risk of harm either to themselves or others

Prevention – working on the basis that it is better to take action before harm happens

Protection and proportionality - support and help for those adults who are vulnerable and most at risk of harm. Responding in line with the risks and the minimum necessary to protect from harm or manage risks.

Partnership effectiveness and accountability – working for local solutions in response to local needs and expectations, Focusing on outcomes for people and communities and being open about their delivery.

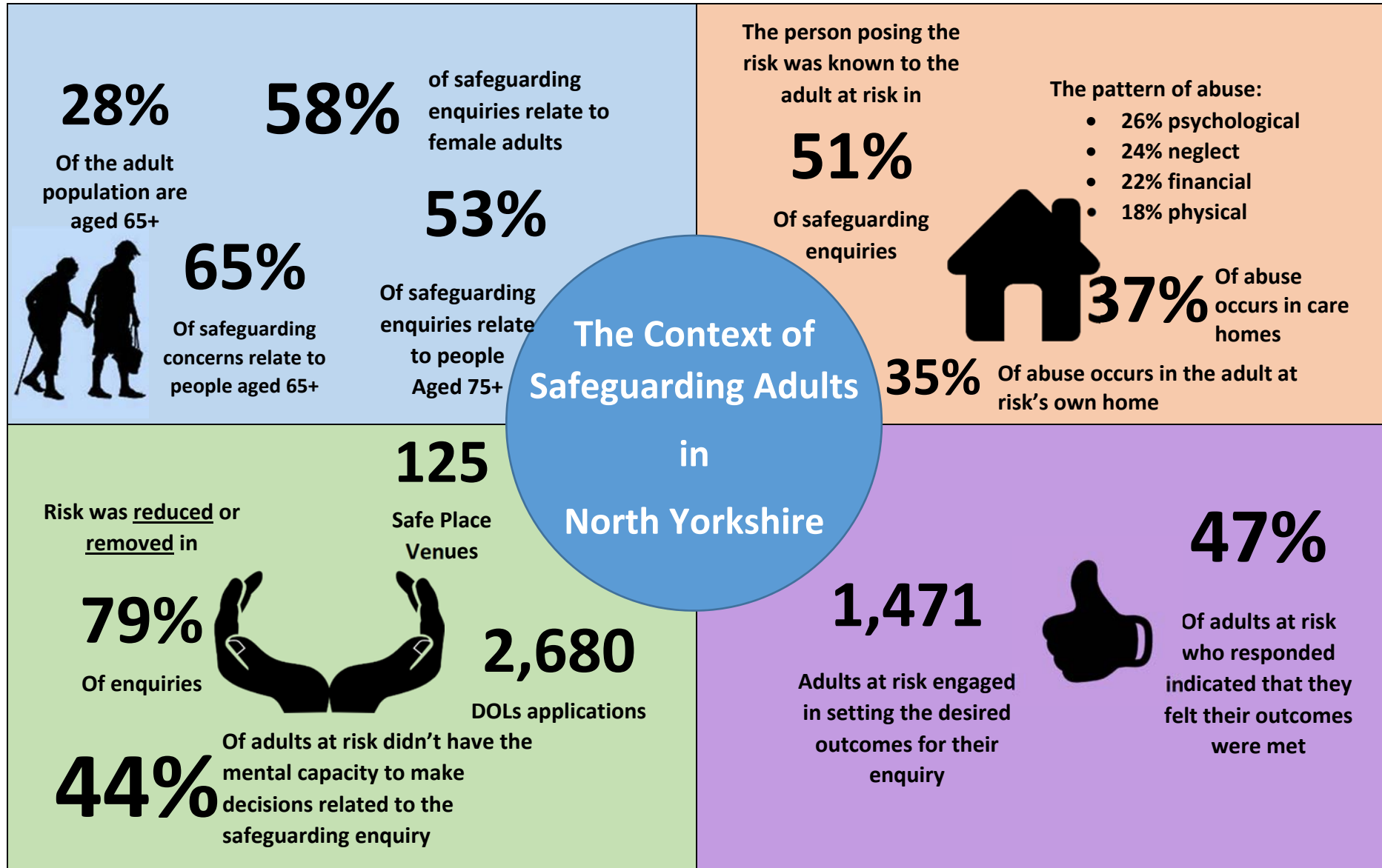
Key achievements of the Board include:

- A Board Development Day to review the Board's governance and ensure that it was best placed to meet the requirements of the Care Act, and identify the key priorities for the next three years.
- Development of a new Strategic Plan and Delivery Plan that identify the priority areas for the Board, and how these will be achieved.
- Introduction of the DASM role within the statutory partners' organisations, and development of an informal network to support and develop good practice. As a result of the revised statutory guidance removing the requirement for the DASM role, a new framework is being developed.
- Two self-assessments by the Board to understand its effectiveness across a range of areas, and the impact of the Care Act. Overall, the Board considered that the Board was in a good position, but was not complacent, recognising that there were a number of areas where further development is needed, and these have been used to inform development of the Strategic Plan.
- A review of its Performance Indicators to ensure that what the Board monitors will provide the necessary assurance of the effectiveness of safeguarding activity and practice, and that the requirements of Making Safeguarding Personal are being met.

- Improving strategic links with Safeguarding and Community Safety leads at a strategic and operational level, through a North Yorkshire and York Inter-Board network
- Agreeing a protocol between the SAB, the Health and Wellbeing Board and Children's Safeguarding Board
- Working with partner organisations to develop a joint plan to protect local communities against radicalisation, by integrating the Prevent duty within Safeguarding policies and practice
- Through the input of the Nurse Consultant, Primary Care, improved awareness by GPs of, and contribution to, Safeguarding.
- Attendance at user-led forums to raise awareness of safeguarding, and seeking feedback as part of the review of Safeguarding leaflets and other publicity
- A review of the content and outcomes of the multi-agency training programme to ensure compliance with the Care Act
- Production of a Risk Register for the Board that details, manages and monitors the risks that could impact on its ability to deliver the priorities of the Strategic Plan.

Examples of the work undertaken by the individual partner agencies are summarised in Appendix 1 under each theme.

6. The Context of Safeguarding Adults in North Yorkshire



7. What does the data tell us?

The North Yorkshire Safeguarding Adults Board receives data collected by the local authority and other partners' performance teams via the Quality and Performance sub group (QAP) which produces a 'balanced scorecard' each quarter. The Board then identifies key issues and any actions required by Board members.

The following is a summary of some of the data collected for 2015-16.

Following the format of the Board's strategic plan, the report has been split in to the following 3 sections:

What the data tells us about Awareness and Empowerment:

The number of safeguarding concerns has increased, with 918 more concerns in 2015/16 than in 2014/15. This is a 24% increase on the previous year.

Anecdotal information from other Safeguarding Adult Boards suggests that this trend is occurring elsewhere.

The number of concerns raised by North Yorkshire Police (NYP) and the Yorkshire Ambulance Service (YAS) has increased during 2015/16, particularly in Q4.

Work is underway with NYP and YAS to identify possible causes.

What the data tells us about Prevention:

The rate of concerns raised for each of the CCG areas shows that the rate of concerns has increased for the Vale of York during 2015/16, particularly for Q4. This may be due to a higher number of low level concerns which have recently been raised in the Selby area.

This data will be monitored by the Board during 2016/17.

The majority of safeguarding concerns are raised for incidents that take place in the adult's own home or in residential and nursing homes. (72%)

The majority of safeguarding concerns relate to psychological abuse (26%), neglect (24%), financial (22%) and physical (18%).

The 3 new types of abuse which were introduced with the Care Act will be reported on in the 2016/17 data.

What the data tells us about Protection and Proportionality:

- The majority of concerns raised relate to people supported for personal care needs. This trend is mirrored in all of the CCG areas.
- The majority of individuals have only a single concern raised, and this has increased during the year up to 92%.
- There are 125 Safe Places venues in North Yorkshire.
- There were 2,680 Applications for Deprivation of Liberty Safeguards.

44% of adults at risk didn't have the mental capacity to make decisions related to the safeguarding enquiry. ***Reporting will be strengthened in 2016/17 to understand more fully why some individuals have more than one concern raised.***

- The data shows that there are a high proportion of concerns where no further action is taken under safeguarding, from contact.
- Across North Yorkshire, approximately two-thirds of concerns are raised for individuals over 65. Over half of all safeguarding enquiries relate to female adults at risk.
- In each quarter during 2015/16, the number of enquiries concluded with the risk remaining has reduced. In Quarter 1, the risk remained in 14% of cases. By Quarter 4, this figure has reduced to 7%. The overall proportion for 2015/16 is that risk was reduced or removed in 79% of concluded enquiries.

Making Safeguarding Personal: 1,471 adults at risk engaged in setting the desired outcomes for their enquiry. 47% indicated that they felt their outcomes were met.

Recording and reporting on data will be strengthened in 2016/17 around determining the desired outcome for the adult at risk at the outset of the safeguarding enquiry.

8. Overview of Safeguarding Training in North Yorkshire - Summary of Activity (2015/16)

Safeguarding Adults Board

North Yorkshire County Council (NYCC) continues to offer a comprehensive programme of Safeguarding training both internally and to the Private and Voluntary Sector. During 2015-2016 NYCC uptake of courses remained similar to last year, accounting for 11% turnover of staff in Health and Adult Services. Overall course cancellations for the period were 22 courses (14%), a slight increase on last year. Courses are running on average at 74% capacity which requires some improvement to make better use of resources.

Overall external attendance on courses attended by the wider sector has increased slightly from last year from 751 to 826. For the first time, external attendance has been broken down into "sector employed by" for the end of year report. Reporting is limited due to system restrictions; however this has highlighted some areas to target for 2016/17, in particular gaps in attendance from the Police, MOD, Probation and low attendance in Housing. It has been confirmed that the police will now seek to access our courses moving forward. Further work is needed around MOD/Probation/Housing to identify any need to promote NYCC courses further in these areas, or if they use alternative solutions.

Uptake of NYCCs online courses (Safeguarding Awareness, Mental Capacity Act, Deprivation of Liberty Safeguards) have shown a slight decrease from 2014/15 from 3268 to 2876 but are still higher than the previous 2013/14 figure of 2226. The increase seen last year could potentially be accounted for by Cheshire West and the Care Act (2014) implementation, with this year's figures returning to a normal level. Finally, the Alerter Champions programme continues to run for organisations of 50+ who wish to deliver their own in house Level 1 Alerter cascade using NYCC materials. Figures are collated twice yearly and have declined substantially from 878 to 378. It is likely that this is due to attendance on NYCC courses or low turnover of staff, but further investigation is required to confirm this.

Feedback from attendees:

"I found the course to be very interesting although it being a refresher. Other areas of safeguarding were brought to my attention and explained i.e. - social media and internet crimes against vulnerable people in society."

"In my opinion, the course was too focused on safeguarding in care homes and did not focus enough on domestic or sexual violence. The course was well presented and was informative. The trainer dealt with difficult participants effectively and well. The mix of teaching styles ensured that it didn't become boring. I feel I learnt what I needed to."

"Video clips of SU's experiences were really helpful."

Health and Adult Services

- Introduced an elearning module on Safeguarding reflecting Care Act updates, in addition to existing Safeguarding elearning course.
- 2875 staff completed online training for Safeguarding, 708 for Mental Capacity Act and 1056 for Deprivation of Liberty Safeguards
- 500 staff attended a range of Safeguarding training courses, with a further 300 attending training around the Mental Capacity Act

Nurse Consultant Primary Care

- Bespoke, face to face, 'Hot Topics' safeguarding training has been developed for Primary Care clinical practitioners covering MCA DoLS and Care Act in 2015-2-16
- Additional training has been undertaken in GP Practices for administration staff and clinicians as requested.
- Overall 790 members of Primary Care staff attended training in safeguarding (adult and Children) during 2015-16 but these figures cannot this year be broken down to identify which members specifically attended for adult safeguarding training

Clinical Commissioning Groups - Partnership Commissioning Unit

- In addition to fulfilling their statutory and mandatory safeguarding training requirement in 2015/16, the safeguarding officers have attended specialist training in Safeguarding Concerns & Alerts (1 day); Root Cause Analysis (2 days); Mental Capacity Act and Advanced Decisions (1 day), Prevent WRAP (Workshop Raising Awareness of Prevent) and Fundamental Standards of Care (1/2 day).
- Full-day face-to-face training was delivered to the Continuing Healthcare Team Nurses and Team Leaders – 30 staff attended across 2 days in September and October 2015.
- MCA & DoLS awareness and key points for care planning was included as part of a package of NMC Nurse Revalidation training delivered to four care homes in the Scarborough area with the deputy Chief Nurse for Scarborough and Ryedale CCG.

Clinical Commissioning Group covering Craven - Airedale Wharfedale and Craven CCG

- The safeguarding team have provided in-house, face to face training to CCG staff, who are expected to attend at least every 3 years. Safeguarding principles and concepts of making safeguarding personal are embedded in the training which includes an overview of Multiagency Procedures and how to access support available to CCG staff.
- All staff are required to attend Prevent training and this has been delivered using the Workshop to Raise Awareness of Prevent (WRAP). The Named GP covering Craven has provided safeguarding adults training to GPs as well as regular update and support sessions for GP Practice Safeguarding Leads.

NHS England

Safeguarding awareness is now included in the statutory and mandatory training for all NHS England staff. Those that have not yet completed it have been reminded to complete this by 30th September 2016. NHS England staff do not have direct patient contact in the main but those that work in a clinical advisory role or deal with complaints have completed the appropriate level of training level.

North Yorkshire Police

- Safeguarding and vulnerability training to frontline officers:
Safeguarding & Vulnerability is a force training priority and built into all of NYP's initial training programs in a variety of ways. All PCs, PCSOs and Special Constables complete a Vulnerability Training Package covering their responsibilities and duty of care to vulnerable people and the actions that must be taken to reduce any identified risk, preventing harm and/or further harm. Vulnerable Risk Assessments Training focuses on identifying those individuals that are at most risk in local communities, how to complete a VRA and what referrals need to be made to whom and when. A workshop to raise awareness of PREVENT has also been rolled out to staff, assisting officers to identify those that maybe at risk of radicalisation because of vulnerability.
- FCR training on THRIVE:
Staff within the Force Control Room has received enhanced training and awareness. They work to the THRIVE principle, which is - threat, harm, risk, investigation, vulnerability and engagement. This approach ensures that those with vulnerabilities are identified at the earliest opportunity and that the right response is given at the right time according to need, vulnerability and risk.
- Domestic Abuse training inputs, briefings and e-learning:
In 2015 all probationers, newly promoted sergeants and the investigation hub receive training in domestic abuse and risk assessment. Coercive control e-learning product relating to the changes to legislation in December 2015 was briefed out. Response Sgt and nominated SPOC for each response shift are receiving a training input regarding investigative standards in relation to domestic incidents.
- E-learning on Modern Slavery:
Mandatory for all operational staff
- Mental Capacity Act briefing:
Officers from the Safeguarding Hub and Serious Crime Team attended training on safeguarding adults and also the Mental Capacity Act in 2015.

Healthwatch

- All Enter and View volunteers are required to attend mandatory Safeguarding training before commencing work.
- Training audit of all volunteers has taken place to identify specific training gaps/needs.
- Clear protocol for referring on safeguarding concerns following Enter and View visits.

Tees Esk and Wear Valleys NHS Foundation Trust

- Safeguarding adults level 1 training - is mandatory for all Trust staff and volunteers it is available as elearning, face to face and work book. Trust compliance is 94% of all staff are up to date (staff need to refresh this training every 3 years).
- Safeguarding adults level 2 training - is mandatory for all clinical staff band 5 (agenda for change) and above it is available as 3 hour face to face only. Trust compliance is 87% (staff need to refresh this training every 3 years)

North Yorkshire District Councils:

Craven

For all staff a reminder to check on whether safeguarding training is adequate and up to date is included in Managers Performance Review Preparation Notes, where a need is identified this information is included in the individuals personal development plan and passed to HR to be incorporated into the Annual Training Plan. HR receives regular Safeguarding training course information and this is discussed with the relevant staff.

Hambleton

The Council has a clear training plan for the organisation. Targets were set for 41 members of staff to complete e learning, 6 completed this. The target for level 1 training was 301, 28 completed this. The target for level 2 training was 6, 5 completed this. Target for members briefing was 28, but 0 were completed.

Harrogate

- Key staff have attended the Alerter Champion refresher course which incorporates the new Care Act requirements and terminology
- A new corporate safeguarding leaflet has been updated and circulated to ALL members of staff and elected members
- Over 500 members of staff and Elected Members have received classroom awareness training in relation to Sexual Exploitation.

Richmondshire

- 81% of employees have completed at least a basis level awareness training in safeguarding which is a mixture of online and classroom based
- 3 employees have completed up to Level 2 Safeguarding training
- 16 employees have completed CSE awareness training

Ryedale

- 12 elected members attended classroom training
- 120 staff based at Ryedale House attended classroom training. 2 classroom sessions were held for staff at the depot and 15 staff attended. The training sessions included domestic abuse, self-neglect, modern slavery, hate/mate crime and radicalisation. Staff also have access to online e-learning.
- Licensed taxi drivers were also offered training and during 2015/16 approx 50% of drivers attended.

Scarborough

Staff have access to classroom training and e learning. 215 staff received classroom based training in 2015/16. This included domestic abuse, self-neglect, modern slavery, hate /mate crime and radicalisation

Selby

Trained 59 members of staff. This was face to face safeguarding training delivered by North Yorkshire County Council for all front line high risk staff. We also updated the induction process to cover a basic level of safeguarding.

Acute Provider Trusts

Airedale

- Safeguarding level 1 training is a 3 yearly mandatory requirement for all staff and volunteers who deliver trust services. This is delivered either face-to face, or via a work book.
- At the end of 2015-16 88% of trust staff were compliant with this requirement
- MCA training mandatory for all clinical staff current compliance was 83% at the end of 2015-16.

Harrogate District Foundation Trust

All volunteers get face to face Adult and Children Safeguarding training on induction. The number of volunteers that have had adult safeguarding training is 459. For the last 3 years this has been face to face for new volunteers and all volunteers have received an information leaflet.

South Tees Hospitals NHS Foundation Trust

- Safeguarding level 1 training is a 3 yearly mandatory requirement for all staff and volunteers who deliver trust services. This is delivered either face-to face, or on line. At the end of 2015-16 86% (n7162) of trust staff were compliant with this requirement
- MCA training mandatory for all clinical staff current compliance was 59% at the end of 2015-16.

York Teaching Hospital Foundation Trust

Safeguarding Adults, Mental Capacity Act and Deprivation of Liberty (in addition Learning Disability Awareness and PREVENT) are all part of the Trust Mandatory Training Package (Awareness, Level 1 and Level 2) via e-learning. Department specific face-to-face training is also offered by the Trust Safeguarding Adults team, e.g: Elderly Wards, Community staff and junior Doctor Induction programmes.

9. Mental Capacity Act (MCA)/Deprivation of Liberty Safeguards (DoLS)

Due to the Cheshire West judgement the volume of applications for DoLS applications has greatly increased. The process for responding to applications is determined using the prioritisation tool developed by the Association of Directors of Adult Social Services (ADASS). The SAB agreed that a review was required in order to ascertain how embedded the MCA was within it's the work of the SAB partners. A post has been established within the County Council to ensure that the Governance arrangements, strategy and policy around MCA and DoLS reflect legislation and national best practice.

A preliminary review of North Yorkshire County Council has been completed using the Local Government/ADASS/MCA Improvement tool. The review has identified a number of areas that require development. SAB partners will also complete a self-assessment.

10. Prevent Statutory Duties

From the 1st July 2015 many public facing organisations providing services to children, young people and adults are subject to a duty under section 26 of the Counter-Terrorism and Security Act (2015), to have “due regard to the need to prevent people from being drawn into terrorism”. This duty is known as the Prevent duty.

Section 36-41 of the CT&S Act (2015) sets out the duty on local authorities and partners of local panels (known as a Channel Panel) to provide support for people vulnerable to being drawn into terrorism.

‘Channel’ is a programme which focuses on providing support at an early stage to people who are identified as being vulnerable to being drawn into terrorism. The programme uses a multi-agency approach to protect vulnerable people by:

- Identifying individuals at risk
- Assessing the nature and extent of that risk
- Developing the most appropriate support plan for the individuals concerned.

Achievements

Since the duty came in on the 1st July 2015, there has been significant activity locally.

- Effective multi-agency partnership working
- Strong governance arrangements- working across partnerships
- Multi-agency guidance, complimenting existing safeguarding arrangements
- Clear action plans across organisations, embedding the duty into everyday practice
- Substantial training plans, aimed at frontline practitioners and their managers. Bespoke training has been commissioned and linked to identified local needs (far right extremism)
- Established Channel Panel, identifying appropriate, proportionate interventions
- MENCAP in conjunction with Hambleton District Council have produced a DVD and relevant information aimed at explaining ‘Prevent’ to adults with learning difficulties
- Saltmine Theatre production to be offered to every secondary school in North Yorkshire.

11.Safeguarding Adults Reviews/Lessons Learned - Alexander Court Care Home

There were no Safeguarding Adults Reviews conducted during 2015/16. However, the Board received one Lessons Learnt report concerning Alexander Court Care Home to assure it that the likelihood of repetition of identified issues in the future. The report and its recommendations were signed off by the Board at its meeting in January 2016. Progress on meeting the recommendations will be reported to a future meeting of the Board. The following is a summary of the completed review and the learning from it. A copy of the full report can be found on the NYSAB website.

The home had been the subject of concerns for a number of years and was well known to the agencies. It had been the subject of quality, safeguarding and regulatory intervention. Joint decisions were taken to move residents from the home in conjunction with allied regulatory actions and the home eventually closed. The report considered the recurring themes highlighted in the chronologies from the agencies involved and investigated where changes could have been made earlier in the intervention with the care home.

Recommendations

1. Agencies (HAS & CCGs) to review their monitoring and quality assurance processes to:-
 - a. Ensure a range of consistent tools are used to examine the care and leadership within a home.
 - b. Ensure escalation processes for decision making are in place including with other agencies.
 - c. Review to ensure clear guidance for decommissioning due to poor quality.
 - d. Review the process for the practical arrangements for moving residents.
2. Agencies (HAS, CCGs, CQC & NYP) involved in Safeguarding & monitoring to jointly:-
 - a. Develop risk profiles that pro-actively identify indicators of poor quality.
 - b. Ensure that where there are long standing concerns about a provider's quality a review is undertaken independently to support and/or challenge decision making.
3. Agree communication procedures for residents, relatives & staff.
4. Agencies (HAS & CCGs) to ensure communication is directed to the correct level within the provider organisation.
5. Use an extended countywide "Engagement Meeting" and local Safeguarding Groups (LSAGs) to consider the report and any outstanding issues over agency roles and responsibilities.

6. Report to be shared with the provider and other Local Authorities, Clinical Commissioning Groups and Safeguarding Adult Boards where they have care homes.

7. Report to be considered by Safeguarding Adult Board and senior managers of partner agencies.

12. North Yorkshire Safe Places



The County Council has established the scheme along with North Yorkshire Police, Borough and District Councils, the Voluntary Sector, travel organisations and pharmacies, with the aim of helping adults who may need additional support and older people lead independent lives and feel safe.

Registered Safe Places will display the above 'Safe Place' symbol on their window or door so that people who are out and about and begin to feel anxious or at risk – be it because they have learning difficulties, disabilities, frailty, dementia or mental health problems – can look out for the symbol and enter the Safe Place to get help. Up to 120 public sector organisations across the county – libraries, leisure centres, Citizen's Advice Bureau, Northern Rail stations, community and children's centres – have registered in this first phase and are displaying the Safe Places sticker.

Registered members of the scheme means they can carry a 'keep safe' card and may have a wristband. On the card there is a call centre number that can be contacted by the Safe Place. The call centre then contacts a person named on the member's card, usually a close family member or friend, who will come to give support.

Feedback from volunteers who tested the scheme "I have been really interested in Safe Places and was really pleased to be able to volunteer to test the system. It has not always gone smoothly but that has been the whole point. We needed to make sure that North Yorkshire Safe Places was going to work for everyone. I get nervous when I am out on my own and can get lost so knowing there is a safe place means I can get some support to get back on track." Sarah Kenny, who lives in Whitby.

More information is available on the North Yorkshire County Council website
www.northyorks.gov.uk/safeplaces

To join the scheme: Phone: 03307 260260 or Email: safeplaces@spsdoorguard.com

Looking forward to 2016-17 - in a second phase the County Council plans to widen the scheme to include GP surgeries and commercial and business organisations. It is currently in discussion with the national parks to put Safe Places stickers into their visitor centres, as well as retail companies.

13. Looking Forward - Strategic Outcomes for 2016 onwards

Under the Care Act 2014 it is a legal requirement for the SAB to have a Strategic Plan and to report annually on progress. The Strategic Plan is available on the website and has a Delivery Plan outlining how the outcomes will be achieved, progress on which will be reported in the Annual Report for 2016/17. The Outcomes are based on the guiding principle of the Care Act:

Strategic Outcomes	What this means for the people of North Yorkshire
Awareness and Empowerment – people feeling safe and in control, being more able to share concerns and manage risk of harm either to themselves or others	“I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens”
Prevention – working on the basis that it is better to take action before harm happens	“I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help”
Protection and proportionality – support and help for those adults who are vulnerable and most at risk of harm. Responding in line with the risks and the minimum necessary to protect from harm or manage risks	<p>“I get help and support to report abuse. I get help to take part in the safeguarding process to the extent to which I want and to which I am able”</p> <p>“I am sure that the professionals will work for my best interests, as I see them and will only get involved as much as needed”</p>
Partnership and accountability – working for local solutions in response to local needs and expectations. Focusing on outcomes for people and communities and being open about their delivery	<p>“I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together to get the best result for me”</p> <p>“I understand the role of everyone involved in my life”</p>

As a result of the two self-assessments carried out by the Board, and the individual partners, the following priorities for development were identified and incorporated into the Strategic Plan and Delivery Plan going forward.

- Information about services and safeguarding adults is provided in accessible formats and different languages
- Improved awareness and understanding of the Mental Capacity Act and Deprivations of Liberty Standards (DoLS)

- Safeguarding strategy, planning and delivery involves and takes account of patients, users and carers experience, and decisions about their safeguarding and interventions are person centred.
- Information about the delivery of safeguarding to minority groups is analysed and used to improve services
- Safeguarding issues around mental health, including suicide.

Awareness and Empowerment

Health and Adult Services

- Promoted safeguarding at public events and delivered training sessions for
- a range of staff and volunteers.
- Promoted awareness of safeguarding with user-led groups
- Introduced requirement for staff to ask and record the persons' wishes and goals at the start of safeguarding, and at the end check if the support provided has met their goals.

Nurse Consultant Primary Care

- In May 2015 a Nurse Consultant for Safeguarding in Primary Care was recruited to support the development of the safeguarding adults agenda in Primary Care in line with the Care Act and Making Safeguarding Personal.
- The Nurse Consultant has recruited Named GPs in the four CCGs North Yorkshire and York to support the adult safeguarding agenda.
- Safeguarding Leads have been identified in each GP practice and forums developed to support Primary Care practitioners to fulfil their statutory role of safeguarding adults at risk.

Clinical Commissioning Groups represented by the Partnership Commissioning Unit (PCU) (Commissioning services on behalf of NHS Hambleton, Richmondshire and Whitby CCG, NHS Harrogate and Rural District CCG, NHS Scarborough and Ryedale CCG and NHS Vale of York CCG).

- The safeguarding officers in the PCU have supported North Yorkshire County Council colleagues to undertake enquiry work where health factors were a predominant feature.
- The principles of person-centred practice is in place, although this requires further work to fully embed the principles of Making Safeguarding Personal
- The PCU secured a project lead for health to undertake work on the Mental Capacity Act and Deprivation of Liberty Safeguards – this work has included raising the awareness through training of Lasting Powers of Attorney and Advanced Decision-Making.

Clinical Commissioning Group covering Craven - Airedale Wharfedale and Craven CCG.

- In partnership with our acute hospitals, mental health services and primary care, the CCG has implemented an MCA template within System One (electronic recording system) to support recording in relation to mental capacity and best interests decisions.
- Increased the uptake of Personal Health Budgets (PHB's) giving people a wider range of ways to get choice and control over how to spend their Continuing Health Care Budget to meet their needs.

NHS England

NHS England ensures the health commissioning system as a whole is working effectively to safeguard adults at risk of abuse or neglect, and children. NHS England is a commissioner of health services and doesn't provide direct patient care

- **FGM** - NHS England Yorkshire and Humber and Yorkshire and Humber Safeguarding Network have produced an FGM guide for health care professionals, which can be accessed in the link below:-
<https://www.england.nhs.uk/north/our-work/safeguarding/>
- 2 conferences on FGM were hosted for professionals in Yorkshire and the Humber
- Modern Slavery and Trafficking- a national safeguarding sub-group established.

North Yorkshire Police (NYP)

- NYP has carried out work to understand issues relating to Safeguarding Adults. Several 'Problem Profiles' have been produced in 2015/16 including on Domestic Abuse, Modern Slavery and Human Trafficking, Hate Crime Problem Profile, Missing Persons.
- NYP has carried out an audit on Domestic Abuse. Recommendations from Problem Profiles and audits, along with recommendations received from HMIC inspections and the review of national best practice are incorporated in force action plans, working groups and progress on which is reported on regularly as the force continually works to improved working practices in these areas.
- NYP has procedures and working practices in place to Safeguard Adults. Procedures are updated and reviewed on a cyclical process or to reflect the introduction of new legislation of best practice. E.g. Safeguarding Adults Procedure, Domestic Abuse Procedure, Missing and Absent Persons (Adults) Procedure which have all been reviewed and updated in 2015/16 and communicated to staff by internal communications and/or briefings.
- Training to staff – initial contact risk assessment. Staff within the Force Control Room have received enhanced training and awareness. They work to the THRIVE principle, which is - threat, harm, risk, investigation, vulnerability and engagement. This approach ensures that those with vulnerabilities are identified at the earliest opportunity and that the right response is given at the right time according to need, vulnerability and risk.
- Internal and external communication campaigns: NYP raise awareness of safeguarding initiatives via internal and external regular communications. E.g. Herbert Protocol, work with IDAS on #WeAllDeserve campaign, promoting 'Seen it? Heard it? Report it' campaign.

Healthwatch

- Volunteer and staff training as and when required.
- Signposting members of the public to sources of advice and information.

Tees Esk and Wear Valleys NHS Foundation Trust

- Incorporation of Making Safeguarding Personal and 6 principles in the Trust mandatory training programmes. Regular updates for staff are made available on the Trust's Safeguarding Adults pages on the Trust intranet, updated as needed

- Practice for Trust staff is to ask the service user what they want to happen following a safeguarding incident and how they want to be involved. The annual audit program includes routine random sample MSP questionnaires to service users to monitor practice.
- Internal database to record all advice and support contacts with the Trust safeguarding adult team.

North Yorkshire Borough/District Councils

Craven

- Children and Adults at Risk Safeguarding Policy and Procedures 2015 available to all staff.
- For all staff a reminder to check on whether safeguarding training is adequate and up to date is included Annual Performance Review, where a need is identified this information is included in the individual's personal development plan and passed to HR to be incorporated into the Annual Training Plan.
- Local Voluntary Organisations receiving grants from the council must show that they have safeguarding procedures in place.

Hambleton

- Key staff have attended the Alerter Champion refresher course which incorporates the new Care Act requirements and terminology
- A new corporate safeguarding leaflet has been updated and circulated to all members of staff and elected members
- A new training plan is in the process of being rolled out – this includes the types and signs of abuse, what to do if you have a concern and how to report concerns – as at 31 March 2016: 27 people have been trained to level 2 and 5 designated safeguarding officers had been trained to level 2

Harrogate

- Wherever appropriate and possible we ensure the subject of referral gives consent and/or is informed of any referrals and that they are supported to keep themselves safe.
- We raise awareness of support services and signpost adults at risk as appropriate to enable them to take responsibility for their own safety.
- We have promoted the “Say something if you see something” campaign locally.

Richmondshire

- Appropriate training has been provided to staff
- Awareness provided for local businesses and community sector partners
- Effective range of partnerships and cooperation with other agencies

Ryedale

- Staff training has been carried out and staff are aware of what abuse is and how to raise safeguarding concerns.
- Policies have been updated on the staff intranet and information leaflets and prompt cards have been distributed to staff.

Scarborough

- Wherever possible staff will ensure the person is informed of any referrals and that they are supported to keep themselves safe. Staff raise awareness of support services and what work we undertake within the communities

Selby

- The introduction of the Safer Selby HUB has enabled a multi-agency approach to supporting those at risk of harm. There is a clear mechanism to share concerns at an early stage and put in place appropriate support packages and as each case is discussed separately this is providing a personalised and high quality level of support.

Acute Provider Trusts

Airedale

- Bespoke training sessions are undertaken with clinical teams using case studies with a focus on identifying the outcome(s) that the person at risk wishes.
- We have built upon lessons learned from investigations/enquiries
- We worked within an annual audit programme related to safeguarding adults in 2015/16

Harrogate District Foundation Trust

- Updated Adult Safeguarding policy in line with Care Act 2014
- Undertook audit of knowledge and understanding of safeguarding
- Names of safeguarding link workers displayed in all areas

South Tees Hospitals NHS Foundation Trust

- Training and practice increasing focus on identifying the outcome(s) that the person wants.
- Introduced distinctive uniform for safeguarding team to increase visibility
- MSP audit (5 alerts per month).

York Teaching Hospital Foundation Trust

- The Trust has produced a Safeguarding Adults factsheet for patients who may wish to be involved in the Safeguarding Adults Process. In the event of any concern the Trust's Safeguarding Adults team consults with the patient and/or family to ascertain the patient's wishes and supports them to make decisions with regard to the Safeguarding Adults Process. This approach is reinforced within the Trust Safeguarding Policy and Procedures and training packages which were reviewed in line with the Care Act in May 2015.
- Strategically the Trust Safeguarding Adults Governance Group, Patient Safety Committee and Trust Board are routinely updated on legislation and changes in expectations.

Yorkshire Ambulance Service

A full suite of new policy and guidance was launched in December 2015 following a full rewrite involving three team members.

Independent Care Group (ICG)

“The Independent Care Group (ICG) is the representative body for independent care sector in North Yorkshire. It works on behalf of care providers including care homes, domiciliary care agencies, supported living and extra care housing providers, and day care centres in the private and voluntary parts of the independent sector. The ICG understands the importance of safeguarding and wellbeing.”

Promoting the importance of up-to-date training and good practice through our weekly e-mail update and our quarterly newsletter to all care providers whom we work with, across all sectors.

North Yorkshire and York Forum

- Cascaded Safeguarding Board updates and events to the county-wide database of over 2,000 voluntary and community sector organisations and contacts.
- Promoted round the network of VCS organisations the activities and training provided by Board members and partner organisations.
- Focused on safeguarding in issues of V-news, an electronic newsletter circulated to the VCS community

A safeguarding story - Awareness and Empowerment

Sanjay lives in a rented flat. Neighbours have reported to the landlord that there are foul smells coming from the flat and the police have also received calls about disputes with the neighbours, with music played late at night in his flat. In addition there are a number of dogs, cats, rats and gerbils in the property. Concerns were raised that he was hoarding, windows were blocked off. This was deemed a significant fire risk to other tenants in the same block. Sanjay has care and support needs, he is registered blind. A tenancy relations officer arranged to visit Sanjay, but he would not let him in. The case was discussed at the local Multi Agency Problem Solving Meeting (MAPS). A safeguarding concern was raised to the Local Authority regarding extreme self-neglect.

Sanjay is known to the Local Authority and is also diagnosed with a mental health issue. A safeguarding meeting was held with all agencies, to share information appropriately and to identify who would be the most appropriate agency to engage with Sanjay. His mental capacity needed to be assessed to confirm whether he understood that his actions would result in infection. Sanjay would open the door to his mental health support worker. He was found to be living in squalor, there were signs of hoarding and animal faeces was found throughout the house; bedding was also found to be soiled and there were concerns about cleanliness. There was no running water in the property.

The multi-agency meeting agreed a safeguarding plan which included a number of actions regarding offering Sanjay a move to temporary accommodation/respite, to enable the property to be gutted and cleaned. A reassessment of need was offered to Sanjay and contact was re-established with the mental health team for appropriate support. Sanjay was offered help to apply for grants to maintain and improve living arrangements, including storage heaters. The RSPCA was contacted regarding the animals. Flags were put on multi-agency systems confirming vulnerability. Sanjay agreed to regular cleaning to enable his tenancy to be maintained and to enable him to continue to live independently.

Prevention

Health and Adult Services

- Co-ordinated a review to ensure that there has been learning from the action taken in respect of Alexander Court.
- Introduced the Living Well Team, a programme to help people to build up their confidence to continue to live independently at home
- Launch of Safe Places Scheme to help adults who need additional support lead independent lives and feel safe

Nurse Consultant Primary Care

- The Nurse Consultant has developed a bespoke training package for Primary Care practitioners in order to raise awareness of the adult safeguarding agenda and embed its principles into practice.
- Focus of training events 2015-2016 included the Care Act and principles of MCA DoLS.

Clinical Commissioning Groups represented by the Partnership Commissioning Unit

- The Senior Suicide Prevention Officer successfully recruited in 2015 and hosted by the PCU has been part of a team with Public Health and North Yorkshire Police working to complete an audit of all suicide deaths in North Yorkshire covering a five year period.
- The report completed in 2016 will add a valuable source of knowledge to inform the prevention and protection work of the Safeguarding Adults Board.
- The Designated Professional worked with NYCC and North Yorkshire Police to develop and launch the joint protocol for 'Adults at Risk – missing and absent from home or care' which incorporates the Herbert protocol. Use of the protocol enables family members, carers and providers in care settings to share vital information when adults with significant vulnerabilities go missing from either their own home or a care setting so that they may be found, protected and hopefully returned safely within the quickest possible timeframe.

Clinical Commissioning Group covering Craven- Airedale Wharfedale and Craven CCG.

- In partnership with the Bradford CCGs, agreed to support the substantive appointment of a Domestic Violence Manager within the safeguarding team.

NHS England

- On 1 February 2016 NHS England North region held a React to Red Conference to share innovation on safeguarding practice and the prevention and management of pressure ulcers across health and social care settings
- Early work in place with care homes on pressure ulcer prevention and early identification-React to Red.
- FGM –as above.
- Prevent- A pocket book has been developed published and distributed across the health sector. A Prevent multi-agency conference was held in December 2015 and several workshops for executive level Prevent leads.

- NHS England has funded training and conferences for designated safeguarding professionals and named GP's. In March 2016 a north region conference was held - *Challenges for Modern Day Safeguarding Practice*. This conference was aimed at providing level 4 training for healthcare safeguarding adults and children professionals and leads in the North region. The aim was to increase understanding of challenges and issues of modern day safeguarding practice in relation to suicide and self-harm; trafficking and modern day slavery; trafficking victim/survivor support; Court of protection, community deprivation of liberty and CCGs responsibilities; Mental Capacity Act and Safeguarding Children; Think family primary care implementation and Self neglect and the Care Act.

North Yorkshire Police (NYP)

- Training to staff – Vulnerability training packages and risk assessments
- Training in relation to Safeguarding Adults is built into all of NYP's initial training programs in a variety of ways. All PCs, PCSOs and Special Constables complete a Vulnerability Training Package. The aim of this training is for staff to understand their responsibilities and duty of care to vulnerable people and the actions that must be taken to reduce any identified risk (e.g. prioritisation, referral to other agencies), preventing harm and/or further harm. Vulnerable Risk Assessments (VRA) Training focuses on identifying those individuals that are at most risk in local communities, how to complete a VRA and what referrals need to be made to whom and when.
- A workshop to Raise Awareness of Prevent has been rolled out to staff, assisting officers to identify those that maybe at risk of radicalisation because of vulnerability.
- Working with partners - schemes to prevent harm / early intervention and identification
- NYP have several diversionary schemes and programmes in place designed to minimise harm to vulnerable adults, these include: Living Well Programme – Working in partnership with NYCC, the programme looks at isolated and/or bereaved adults, with focus of prevention and intervention. The programme receives referrals and looks to support suitable people who are suffering from various impact factors and mitigate this by intervention.
- Vanguard Project – NYP work in partnership with the NHS to identify better ways of working together to reduce the impact on service provisions. The project aims to improve prevention and early intervention, address complex Health needs, rapid response to the requirement for health care to maximise opportunities to remain at home.

Healthwatch

- Protocol exists with North Yorkshire County Council to pass on emerging issues and concerns.
- Healthwatch North Yorkshire routinely shares relevant information with the Care Quality Commission as part of scheduled inspections.

Tees Esk and Wear Valleys NHS Foundation Trust

- Provision of Trust Level 1 mandatory training for all staff and Level 2 training for staff who meet agreed criteria.
- Undertake annual case file audit to measure compliance with Trust SGA protocol and multi-agency policies and procedures

North Yorkshire Borough/District Councils:

Harrogate

- The Council revised and adopted new safeguarding policy and procedures, which reflect the requirements of the care Act.

Hambleton

- All staff who are likely to come into contact with adults at risk in their day to day work have been, or will be, trained in the next 12 months

Richmondshire

- Training has equipped staff to recognise and report issues
- Awareness raising campaigns for staff and customers
- Safer recruitment policy and process in place including DBS prior to appointment and every 3 years

Ryedale

- Timely referrals are made to appropriate support agencies by staff who identify adults at risk thus minimizing future risk to the individual.

Scarborough

- The Community Impact Team is a co-located multi agency based at Scarborough Borough Council. The team as part of their role work within the most deprived areas where ASB, crime and vulnerability are high. A proactive, visible approach is taken to identify vulnerability, engage and signpost individuals and communities to the most appropriate support.

Selby

- The Council has undergone a restructure and safeguarding now clearly sits with a specific head of service.
- We have also signed up 59 members of staff to safeguarding training so they feel confident in identifying and reporting safeguarding concerns.

Acute Provider Trusts

Airedale

- The Safeguarding Team are highly visible within the Trust and they work closely with clinical and non-clinical teams to ensure that staff support the patient in making decisions.
- Bespoke training sessions take place within clinical teams to increase knowledge and awareness related to recognising and responding to abuse. This supplements formal teaching and learning
- There is a bi-annual audit related to Deprivation of Liberty Safeguards (DoLS) within clinical settings together with a review of the assessment of Mental Capacity and best interests' decision-making tool that is used. The findings are received by the MCA Working Group

Harrogate District Foundation Trust

- Mandatory pressure ulcer training
- Falls prevention work including purchase of falls sensor care mats
- Introduction of LD reasonable adjustments checklist

South Tees Hospitals NHS Foundation Trust

- Remodel of the delivery of safeguarding practice within clinical centres to establish greater resource available and accountability for the safeguarding agenda with increased presence of practitioners with relevant competence on a daily basis within clinical areas.
- Bespoke training for matron group to practice as above.
- Quarterly cycle of audit of DoLs applications on all wards.

York Teaching Hospital Foundation Trust

- Increased Trust awareness by the means listed below has enabled staff to identify potential risk and escalate accordingly by working with multi-agencies to put in discharge planning and where necessary restricted visiting.
- More formally the Trust have a Vulnerable Adult Risk Management (VARM) process where if it is identified that a patient is at risk of for example declining health and as a result vulnerability, then a multi-agency professional meeting is held to develop a unified plan to reduce risks of deterioration and ensure that the patient is in receipt of the appropriate services.

Yorkshire Ambulance Service (YAS)

- All face to face training has been updated in accordance with legislation, National Guidance, good practice guidance, Domestic Homicide Reviews and Serious Case Reviews (child and adult).

The Independent Care Group (ICG)

- Promoting the awareness of Safeguarding adults and the Mental Capacity Act (2005) to all our members across all sectors.

North Yorkshire and York Forum

- Provide information and open up conversations between VCS infrastructure support providers and NYCC and CCGs, about prevention activity and addressing local needs and issues, through six monthly support and development and volunteer services review meetings.
- Cascade any new policy and practice guidance to the VCS community. In particular communication about the Care Act 2014 and the new adult safeguarding policy and procedure adopted by the North Yorkshire Safeguarding Adults Board.

A safeguarding story - Prevention

Justine is supported to work in a supermarket for a few hours a week. Justine has a learning disability and a diagnosis of autism. Justine lives with her mum. One day Justine's manager notices that Justine has bruises on her right arm and asks her what happened. Justine tells her manager that her mum "hit her" one day as she was very "frustrated". A safeguarding concern is raised to the Local Authority. A social worker speaks to Justine and she clarifies that her mum gets very angry with her as she takes a long time for her to have a bath and she is not able to wash her hair so her mum tries to help her with this. Justine says she doesn't want her mum to get in to trouble.

A multi-agency safeguarding planning meeting was held and Justine was supported by an advocate to attend the meeting; Justine also wanted her mum to attend the safeguarding meeting. Justine said that she didn't want her mum to get in to trouble but felt that her mum seems very angry with her and gets upset. It was clarified that Justine's mother has rheumatoid arthritis and experiences a lot of pain, and she finds it difficult to support Justine with washing her hair. It was agreed that Justine would be offered a reassessment of need which enabled Justine to employ her own personal assistant to help her with personal care and hair washing which meant that her mother didn't need to do this. Her mother was identified as her carer and was put in touch with local carers resource and was also offered an assessment in her own right.

Protection

Health and Adult Services

- Continued to make sure that safeguarding investigations are carried out effectively and professionally and that staff were supported to develop their practice. Rolling programme of action learning sets and practice workshops.
- Audited Directorate policies and practice around Mental Capacity Act and Deprivation of Liberty Safeguards and developed action plan
- Introduced DASM role and used information from cases to inform practice

Nurse Consultant Primary Care

- The Nurse consultant has begun to develop links between Primary Care and the MARAC process enabling practitioners to intervene early and safeguard those at risk from domestic abuse
- The Nurse Consultant and adult safeguarding team have seen an increase engagement from Primary Care practitioners in the adult safeguarding agenda with a growth in the requests by GPs for support and guidance on adult safeguarding concerns during 2015-2016.

Clinical Commissioning Groups represented by the Partnership Commissioning Unit (PCU)

- The majority of safeguarding cases which the PCU safeguarding team have been involved in during 2015/16 have been in the categories of physical abuse and neglect or omission of care.
- The Designated Professional has worked closely with colleagues in Safer Partnerships and the Police in the development of the Prevent strategy and Channel processes.
- The PCU safeguarding officers, CCG, NYCC and CQC have worked closely to respond where services have been found to be inadequate – assessing the needs of the most vulnerable individuals to move them safely to new services.

Clinical Commissioning Group covering Craven- Airedale Wharfedale and Craven CCG

- The CCG safeguarding and quality teams have actively contributed Collective Care arrangements in relation to care homes.
- The CCG worked in collaboration with GPs to develop a safeguarding adults template within SystemOne, to support the recording of safeguarding concerns within primary health records.
-

NHS England

- NHS England North has developed a Safeguarding Assurance Tool for use with CCGs across the North Region. A detailed assurance review of CCG safeguarding across north region completed and key themes or gaps will form part of the priorities for 2016/17.
- A Safeguarding Adults pocket book has been developed, published and distributed across the north region; this includes information on the Mental Capacity Act and Deprivation of Liberty Safeguards.

North Yorkshire Police (NYP)

- In January 2016 the police team formally known as the Safeguarding Team / CRU team / MASH team became the Vulnerability Assessment Team 'VAT'. The team is based across two locations in York and North Yorkshire. The team is designed to provide a single point of contact for safeguarding concerns across York and North Yorkshire and ensure that the most appropriate safeguarding response to protect children and vulnerable adults is achieved for the concern through information sharing and multi-agency working.
- In April 2015 a force restructure, merged the previous CID and PVP departments, becoming the Serious Crime Team (SCT), this, along with the implementation of Investigative Hubs has created greater resilience. The creation of SCT has resulted in an increase in staff available to investigating vulnerability. Further growth and investment will be carried out during 2016.
- Enhanced services to protect individual suffering from mental ill health
- Force Control Room (FCR) Mental Health Triage and Street Triage teams are a joint mental health service and policing approach to crisis care, to support access to appropriate crisis care, to provide more timely access to other health, social care and third sector services, and to reduce the use of police cells as places of safety for s136 detentions. The FCR Triage Team provides a telephone / radio-based advice service for NYP officers and aims to support identifying mental vulnerability, accurately assessing risks and agreeing tactical response options. The Street Triage Team constitutes the main response capability for out-of-hours mental health services the areas where it operates. The service is available in 2 of the 6 Clinical Commissioning Group areas within NYP's geographical area of responsibility.

Healthwatch

- Protocol exists with North Yorkshire County Council to pass on emerging issues and concerns.
- Healthwatch North Yorkshire routinely shares relevant information with the Care Quality Commission as part of scheduled inspections

Tees Esk and Wear Valleys NHS Foundation Trust

- The Trust provides training for all staff in relation to MCA and DOLs
- The Trust routinely undertakes patient satisfaction surveys with inpatient and community patients.
- Trust PALs and complaints department liaise with necessary departments in the event someone raises any concerns.

North Yorkshire Borough/District Councils:

Craven

- For all staff a reminder to check on whether safeguarding training is adequate and up to date is included in Managers Performance Review Preparation Notes, where a need is identified this information is included in the individuals personal development plan and passed to HR to be incorporated into the Annual Training Plan.

Hambleton

- The Council revised and adopted new safeguarding policy and procedures in December 2015. Since then a new training programme is being rolled out
- Safeguarding is a priority in the council's Corporate Plan

Harrogate

A proactive, timely response to those at most risk coordinating and managing responses where appropriate

Richmondshire

- Designated Officers in place for staff to refer to and deal with staff issues.
- Up to date staff training Inc. Mental Capacity Act (2005), Deprivation of Liberty Safeguards, Child Sexual Exploitation and Dementia.

Ryedale

- Safer recruitment procedures are being reviewed internally.
- Any concerns raised are addressed and referred in a timely manner by knowledgeable staff.

Scarborough

A proactive, timely response to those at most risk coordinating and managing responses where appropriate

Selby

- We have updated the Council's safeguarding policy to reflect new legislation and to incorporate prevent.
- There are clear processes in place for concerns to be raised via a Designated Adult Safeguarding Manger informing the work of the North Yorkshire Safeguarding Adults Board.
- Staff are confident in raising any safeguarding concerns they have and are clear about the correct process to do so.

Acute Provider Trusts

Airedale

- Plan to increase the capacity within the safeguarding team. The development of the additional role will support the team and provide further support for colleagues

Harrogate District Foundation Trust

- Introduced LD Friends and Family Test
- MCA prompt cards given out to all front line staff
- Face to face safeguarding training for volunteers

South Tees Hospitals NHS Foundation Trust

- The development of the new role of Named Nurse Safeguarding Adults to provide senior support for colleagues within clinical practice e.g. complex situations and risk assessments.

- Remodelled Safeguarding Adults team to include Safeguarding Advisor post. This is additional resource and will focus on safeguarding and MARAC.
- Team also now incorporates Learning Disability Liaison nurse.

York Teaching Hospital Foundation Trust

- The Trust Safeguarding Adults team represent the Trust in multi-agency protection plan meetings following concerns being raised The Trust has strong links and representation within MAPPA and MARAC processes to support protection.

Yorkshire Ambulance Service

- Audit findings indicated a need for change with 82% of referrals not safeguarding but requests for Needs Assessments. The current referral form has been updated to enable concerns to be raised (Care Act 2014) and for referrals regarding assessments of need to be made, where appropriate. Issues of consent and quality will also be addressed in the new forms and staff updates.

The Independent Care Group (ICG)

- We recommend the use of advocates when this is in the best interests of the adult with care and support needs.

North Yorkshire and York Forum

- Promote and provide an efficient Disclosure and Barring checking service for organisations especially those within the VCS community. The service provides training on DBS form completion and a checking service for application to go to the Disclosure and Barring Service, for employees and volunteers. It is used by around 300 organisations across the county.
- Provide DBS update information to VCS organisations and advice on roles which require or do not require DBS checks.

A safeguarding story - Protection

Mrs Jones is 88 years of age and lives alone. Mrs Jones is diabetic and she has leg ulcers which require regular dressings from a District Nurse. A home care agency supports her with meal preparation. Her grandson has recently moved in with her. He does not work and has a history of drug and alcohol misuse. Carers had noticed there is often very little food in the house and the house is often cold. Mrs Jones has disclosed that her grandson has taken her bank card and hundreds of pounds has been withdrawn. She doesn't want the lights on or the heating, as she says she cannot pay the bills. The carers raise a safeguarding concern to the Local Authority about financial abuse and neglect. Following a home visit by the GP it is identified that Mrs Smith is showing signs of cognitive impairment and makes a diagnosis of dementia.

A social worker visits Mrs Jones and undertakes an enquiry whilst the grandson is out. The enquiry establishes whether she understands the concerns raised and gather her views about what outcome she wants. She says that she wants the abuse to stop and agreed to a short stay in a care home.

The police are also notified of the financial concerns regarding financial abuse and also consider section 44 of the Mental Capacity Act (2005). It is a criminal offence to wilfully neglect an adult who lacks mental capacity.

At the care home Mrs Jones is visited by her grandson who asks her for money and her bank cards, staff at the home also report that he has asked Mrs Jones to sign cheques and other financial papers that she doesn't understand. It is determined that Mrs Jones does not have mental capacity to manage her own finances, therefore an Independent Mental Capacity Advocate (IMCA) is appointed.

A safeguarding plan is formulated based on a best interest's decision that when the grandson is visiting there will be supervision in the dining room or lounge area where staff can supervise Mrs Jones to reduce the risk of financial and psychological abuse. The IMCA attends the safeguarding meeting to represent Mrs Jones and to ensure the correct process is followed.

The care home make an urgent Deprivation of Liberty Safeguard (DoLs) application as Mrs Jones lacks capacity to decide about her stay in the care home. It is considered to be in her best interests to remain so that she can receive the necessary care and nutritious meals. The Local Authority has made an application to the Court of Protection with regards the DoLs and the safeguarding plan. As Mrs Jones also lacks capacity to manage her finances the Local Authority also made an application to the Court of Protection for a deputyship.

Partnership Working & Accountability

Health and Adult Services

- Increased support for the Board through new Strategic and Policy posts, including around the Mental Capacity Act.
- New role of Head of Safer Communities who has led on countywide initiatives including development of Prevent Guidance, and a Strategic Domestic Abuse Conference
- Seconded a Safeguarding Officer to work with the multi-disciplinary team with Trading Standards to tackle and prevent financial abuse.

Nurse Consultant Safeguarding

- The Nurse Consultant represents Primary Care practitioners needs, issues and expectations as an active member of North Yorkshire SAB sub groups

Clinical Commissioning Groups represented by the Partnership Commissioning Unit

- The bulk of the enquiry work completed by the safeguarding officers has been in relation to care homes and as such they have worked closely with the Care Quality Commission and the Local Authority contracting team to undertake assurance visits to independent providers of care.
- They have maintained on-going support to providers across North Yorkshire where standards of care have required improvement, continuing that contact and overview until care standards have returned to an acceptable level.
- The current database system for recording the work of the team has not easily supported providing data on the numbers of cases that the team has been involved in within North Yorkshire.

Clinical Commissioning Group in Craven- Airedale Wharfedale and Craven CCG

- Strong partnership working with colleagues in North Yorkshire safeguarding and contract compliance teams, undertaking joint visits as part of Collective Care arrangements or where there are concerns about the quality of care within NHS funded services.
- Updated Safeguarding Commissioning Policy and continued to seek assurance from providers against safeguarding specific commissioning standards.

NHS England

- Sharing pertinent learning from safeguarding reviews across GP practices in Yorkshire and the Humber via quarterly Safeguarding Newsletters.
- Sharing of learning and best practice at safeguarding events hosted by NHS England north region.
- Yorkshire and the Humber has an established Safeguarding Network that promotes an expert, collaborative safeguarding system, which strengthens accountability and assurance within the NHS commissioning and adds value to existing NHS safeguarding work across Yorkshire and the Humber. Representatives from this network attend each of the national Sub Groups/Task & Finish Groups, which include topics around FGM, MCA, CSE, Prevent, Safeguarding Adults and Children. NHS England Yorkshire and the Humber

aims to focus on working in collaboration with colleagues across the north region on the safeguarding agenda and the work on FGM and the CCG peer review process and regional conference is evidence of this

- NHS England Safeguarding Adults: Roles and competencies for healthcare staff - Intercollegiate Document has been created and is awaiting publication on behalf of the following contributing organisations - The Royal College of Nursing, The Royal College of Midwifery, The Royal College of General Practitioners, National Ambulance Safeguarding Group and The Allied Health Professionals Federation. The purpose of this document is to give detail to the competences and roles within adult safeguarding. The guidance is to be used for the training of healthcare based staff in the safeguarding of adults who may be at risk of harm, abuse or neglect.

North Yorkshire Police

- Members of the Safeguarding Boards and Community Safety Partnership leads meets twice a year to share joint learning and ideas in order to improve efficiency and effectiveness. NYP takes an active part to ensure that we can capture ideas from other areas of business and partners to inform our working practices and make recommendations and improvements where required.
- Partnership working – VAT and VEMT
- Partnership working has been successfully implemented at all levels of NYP, with close working relationships now part of day to day business at every level of the organisation. The new Vulnerability Assessment Team (previously Safeguarding Hub / CRU / MASH) and the new Vulnerability Assessment Team ensures that there is a close working liaison with City of York Adult Safeguarding Team. The Vulnerable Exploited Missing Trafficked (VEMT) process is now embedded across the Force area, with monthly meetings well attended across all agencies; this ensures information is shared and risk assessments remain up to date with key agencies identified to work with vulnerable victims.
- Working with NHS partners (registered mental health nurses) To enhance capability in regard to effectively identifying, responding to, referring and reviewing incidents involving a mental health component; NYP and OPCC have contracted with the NHS to employ Registered Mental Nurses (RMNs) to work alongside police in Mental Health Triage schemes in Force Control Room, Scarborough, Whitby, Ryedale and the Vale of York.

Healthwatch

- Sharing information and emerging issues following Enter and View visits and direct contact with members of the public.
- Confirming Healthwatch participation on the Safeguarding Adults Board
- Joint protocol between Healthwatch North Yorkshire and North Yorkshire County Council around Enter and View visits to social care establishments.

Tees Esk and Wear Valleys NHS Foundation Trust

- The Trust completes interagency annual self-assessment tools for the localities that have them.
- Safeguarding activity/statistical reports are produced monthly to inform operational services

- Engagement and participation in any multiagency audit projects agreed at SAB sub groups.

North Yorkshire Borough/District Councils:

Craven

- Signed up to the Multi Agency Overarching Information Sharing Protocol and Safeguarding Adults West and North Yorkshire & York Multi Agency Policy and Procedures.
- Participates in Local Safeguarding Adults Meetings, Multi Agency Screening Support Group (MASS), Multi Agency Problem Solving Group (MAPS) and the North Yorkshire District Safeguarding Lead Officers Group. Key safeguarding issues are reported to the CDC Corporate Leadership Team and appropriate action plans agreed.

Hambleton

- Represented on the Hambleton and Richmondshire Local Safeguarding Adults Group and regularly attends the District Safeguarding Lead Officers Group
- Set up a council wide safeguarding panel with representation from key services (customer services, environmental health, leisure and communities, housing, revenues and benefits, HR and community safety) – to review policies and procedures, share good practice, collate corporate concerns and to monitor the roll out of the training plan
- Represented on the Self-Neglect Task and Finish Group

Harrogate

- Chief Executive attends the Safeguarding Adults Board and the Director of Community attends the Delivery Group.
- Chairs the District Safeguarding Lead Officers Group
- Represented on the Harrogate Local Safeguarding Adults Group
- Set up a council wide safeguarding network with representation from key services (customer services, environmental health, leisure and communities, housing, revenues and benefits, HR and community safety) – to review policies and procedures, share good practice, collate corporate concerns and to monitor the roll out of the training plan

Richmondshire

- Active members of local safeguarding groups including: -
- Hambleton and Richmondshire Children's Safeguarding and Strategy Group
- Hambleton / Richmondshire Local Safeguarding Adults Group
- Domestic Abuse forum, VPI, VEMT and MAPPs

Ryedale

- Shares information appropriately in accordance with County protocol and keeps records of all safeguarding referrals made for monitoring purposes.
- Staff attend countywide and local multi-agency meetings.
- Community Safety and Safeguarding officers meet internally and attend local tasking meetings with other professionals including North Yorkshire Police, Fire and Rescue, Mental Health Services, housing providers, other health professionals to ensure information is shared, individuals are safeguarded and responses are co-ordinated.

Scarborough

- Awareness on issues such as self-neglect especially in relation to hoarding.
- Proactive in ensuring that information is shared appropriately to keep people safe and ensure that there is an audit trail for all referrals made.
- The work of the Community Impact Team is all based on community need and resources are spent ensuring the communities are aware of this.

Selby

- The HUB is an example of excellent partnership working responding quickly to local needs and focusing on outcomes for people. There is a weekly multi-agency meeting where identified at risk people are discussed and case work reviewed. Each person is given a risk rating based on a co-developed matrix. This approach had led to a 56% reduction in partner assessed risk.

Acute Provider Trusts

Airedale

- Reviewed the Terms of reference for safeguarding governance structures:
 - Strategic Safeguarding Group (Adults and Children) is chaired by the Director of Nursing. The purpose of this group is to oversee and monitor the trust statutory responsibilities in relation to the safeguarding agenda. Membership of this group includes the Designated Professional Safeguarding Adults Airedale Wharfedale and Craven CCG.
 - Operational Group for Vulnerable Adults chaired by the Consultant Geriatrician and co-chaired by Senior Nurse Safeguarding Adults and reports to the Strategic Group. The purpose of this group is to oversee and monitor operational safeguarding practice across the trust with senior colleague representation from each clinical group.

Harrogate District Foundation Trust

- Regular feedback to HAS to evidence action plans have been taken forward
- Working with HAS to provide bespoke Adult Safeguarding training for staff
- Ongoing work with IDAS re domestic abuse agenda

South Tees Hospitals NHS Foundation Trust

Restructure of safeguarding governance groups into:

- Strategic Safeguarding Group chaired by the Director of Nursing which reports to the trusts Quality Assurance Committee (who reports to the trust Board). The purpose of this group is to oversee and monitor the trust statutory responsibilities in relation to the safeguarding agenda. Membership of this group includes the Designated Professional Safeguarding Adults North Yorkshire CCG.
- Operational Group chaired by the Assistant Director of Nursing Safeguarding which reports to the Strategic Group. The purpose of this group is to oversee and monitor operational safeguarding practice across the trust with senior practitioner representation from each centre. Membership includes hospital social work team.

York Teaching Hospital Foundation Trust

- The Trust is represented on Safeguarding Adults Boards and has commitments to Board sub-groups. The Trust complies with SAB Safeguarding Adults Self-assessment processes and assurance is supplied to all SABs in our region along with commissioners and quality monitoring organisations (such as CQC and Monitor).
- Operationally the Trust Safeguarding Adults Team contribute to Safeguarding Adult concerns at the request of lead authorities and represent the Trust at Strategy and case conference meetings.

Yorkshire Ambulance Service (YAS)

- Works collaboratively with stakeholders and external partners across 13 LSAB areas. The Memorandum of agreement is working well for a number of years and provides a framework for representation and communication.
- All staff receive training and understand the need to consider, document and report concerns to social care.

The Independent Care Group (ICG) is committed to helping care providers to give the best possible service to the vulnerable people they care for – working in partnership with others to make this a reality.

North Yorkshire and York Forum

- Accountability of the DBS service is measured through regular client surveys and DBS undertaken short notice audit checks.
- The usefulness of cascaded information is monitored for usefulness via an annual survey, and feedback has indicated ad hoc communication and the newsletter V-news are both valued by organisations to keep them informed.
- Representation at the Board is part of a range of updates provided to the members of the VCSE Strategic Leaders Group, for feedback or actions on their part.

A safeguarding story - Partnership effectiveness and accountability

Mrs Smith is 80 years old. She lives with her 40 year old son, Mr. Smith, in her owner occupied house which is in poor condition. The front and rear gardens are overgrown, and there are concerns about the safety of the chimney. Both Mrs Smith and her son have care and support needs. Mrs Smith uses a wheelchair and is partially sighted. She receives a large package of care at home. Mr Smith has mental health problems. He takes associated medication, including sedatives at night.

North Yorkshire Police raised two separate concerns for Mrs Smith and her son after a report to them from her paid carer. Mrs Smith had told her care worker that 3 men had been to their home on several occasions over the past couple of weeks and taken over £600 for cleaning the garden and fixing the felt on the bay window at the front of the house. During their final visit, the 3 men had entered the house when both Mrs Smith and Mr Smith were asleep and demanded £100 once Mrs Smith had woken up. They tried to get Mr Smith out of bed but he refused. After receiving the concern, the immediate risks were identified and addressed by several agencies. The Persons alleged to have caused harm were identified as being part of a wider organised group which posed a potential risk to others within North Yorkshire. The Police installed a panic button in Mrs Smith's home and the care workers who support her agreed to change their practice of leaving the door unlocked at Mrs Smith's request and instead lock the door and use a safe key when leaving the house. Both Mrs Smith and Mr Smith were asked what outcome they wanted from safeguarding and were able to understand the concerns raised and were supported and to make their own choices about how they wanted to proceed. Mrs Smith agreed to a safeguarding enquiry but Mr Smith refused, as he wished to only continue with a criminal complaint.

Once the immediate risks were removed, a multi-agency plan was developed to ensure several measures were taken to reduce the risk of harm to Mrs Smith and Mr Smith. Effective partnership working allowed actions to be planned and taken effectively. Actions included ensuring their chimney was inspected for safety, contacting a local handyman to complete work on the house to reduce the risk of further cold callers, contacting befriending services and a neighbour to reduce isolation and a financial review to ensure Mrs Smith's benefits are maximised. Information was shared in the public interest with North Yorkshire Police and Trading Standards.

Now Mrs Smith and Mr Smith are regularly supported by local agencies as part of a safeguarding plan. Partners are working together to encourage them to refrain from keeping large amounts of money in their home, to liaise with mental health services for Mr Smith and to ask Mrs Smith about her wellbeing during every visit. Both of them have been able to maintain their independence in the community, and exercise their own choice and control regarding their care and support arrangements.

Appendix 2

Care Act (2014) Overview of safeguarding provisions:

The Care Act (2014) sets out a clear legal framework for Local Authorities, partner agencies and organisations how to safeguard and protect adults at risk of abuse and neglect. (Clauses 42-48)

- For Local Authorities to carry out enquiries, (or cause others to) request others to where it suspects an adult is at risk of abuse or neglect.
- Local Safeguarding Adults Boards to carry out safeguarding adults reviews into cases where someone who experienced abuse or neglect died or was seriously harmed and there are concerns about how authorities acted to ensure lessons are learned.
- New ability for Safeguarding Adults Boards to require information sharing from other partners to support reviews or other functions.
- Abolition of the existing powers under section 47 of the National Assistance Act 1948) for local authorities to remove people from their homes.
- Requirement for all areas to establish a Safeguarding Adults Board to bring together the local authority, NHS and police to coordinate activity to protect adults from abuse and neglect.

Appendix 3

Definitions of Abuse and Neglect

The Care Act (2014) provides ten definitions of abuse and neglect. This includes three new definitions identified *. In addition, the term organisational abuse is now used replacing the term “institutional abuse”

Type of abuse	Definition
Domestic Violence *	Domestic abuse covers many kinds of abuse including; psychological, physical, sexual, financial and emotional abuse. Honour based violence is included in this category.
Modern Slavery *	Encompasses slavery, human trafficking, and forced labour and domestic servitude.
Self-neglect *	Neglecting to care for one’s personal hygiene, health and surroundings comes under self-neglect. An example of this behaviour is hoarding.
Psychological/emotional	Including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, controlling, and intimidation, and harassment, cyber-bullying and verbal abuse.
Physical	Including assault, hitting, slapping, pushing, restraint and misuse of medication.
Sexual	Sexual abuse includes rape, sexual harassment, indecent exposure, inappropriate looking or touching, sexual teasing, subjection to pornography or sexual photography and witnessing sexual acts without consent
Financial	Includes theft, fraud, internet scamming and coercion in relation to an adult’s financial affairs or arrangements.
Discriminatory	Includes harassment, slurs or similar treatment. This may occur because of personal characteristics including race, sex, gender identity, sexual orientation, age, disability or religion.
Organisational (<i>formerly institutional</i>)	This may range from a one off incident to ongoing ill treatment, such as neglect and poor practice within an institution or specific care setting.
Neglect/Act of omission	Includes behaviour such as ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services.

Appendix 4

North Yorkshire Safeguarding Adults Board Membership and Attendance 2015/16



Organisation	Designation	April 2015	July 2015	September 2015	January 2016	Nominated representative or substitute
	Independent Chair	Y	Y	Y	Y	100%
North Yorkshire County Council	Corporate Director of Health and Adult Services	Y	Y	Y	Y	100%
	Assistant Director, Care and Support	Y A	Y	Y	Y	100%
	Assistant Director, Quality & Engagement	Y	Y	Y	Y	100%
	Director of Public Health	Y	Y A	N A	Y	75%
North Yorkshire Police		Y	Y	Y	Y	100%
Partnership Commissioning Unit (PCU)	Director of Partnership Commissioning	Y	Y A	Y	Y	100%
	Designated Professional for Adult Safeguarding	Y	Y	Y	Y	100%
Airedale, Wharfedale, Craven CCG		Y	N	N	Y A	50%
NHS England		Y A	Y A	Y	N	75%
Tees, Esk and Wear Valley NHS FT		Y	Y A	Y	Y A	100%
Harrogate District		N A	N A	N A	N A	0%

Tees, Esk and Wear Valley NHS FT		Y	Y A	Y	Y A	100%
Harrogate District Foundation Trust (on behalf of Foundations Trusts)		N A	N A	N A	N A	0%
Harrogate Borough Council (on behalf of Borough/District Councils)		Y	Y A	Y	Y	100%
Independent Care Group		Y	N A	Y	Y	75%
Healthwatch		Y	N A	Y	N A	50%
North Yorkshire and York Forum for Voluntary Organisations		N/R	N/R	N/R	N	0%
Legal Advisor to the Board		N/R	N/R	N/R	Y	100%

Y - present or substitute attended

N - did not attend and no substitute

A - apologies received

N/R - Not Board Member at the time

Appendix 5

Contact Details of partner organisations in North Yorkshire

Organisation	Telephone	Email or Website
Airedale Wharfedale and Craven Safeguarding Team and wider CCG	01274 237324	Awccg.quality@nhs.net
Care Quality Commission General enquiries	03000 616 161	www.cqc.org.uk/content/contact-us
Craven District Council Customer services	01756 700 600	contactus@cravencd.gov.uk
Hambleton District Council Customer Services	01609 779977	info@hambleton.gov.uk
Hambleton Richmondshire and Whitby CCG General Enquiries	01609 767 600	Hrwccg.hrwccgenquiries@nhs.net
Harrogate Borough Council Customer Services	01423 500 600	CustomerServices@harrogate.gov.uk
Healthwatch North Yorkshire General enquiries	01904 621 631	healthwatchny@nbforum.org.uk
Independent Care Group Information Line	01423 816582	Keren.wilson@indcaregroup.plus.com
NHS England North Yorkshire and Humber Office	0113 825 1986	www.england.nhs.uk/north/contact-us
North Yorkshire & York Forum General Information	01765 640 552	info@nyforum.org.uk

North Yorkshire County Council Customer Service Centre	01609 780 780	Customer.Services@northyorks.gov.uk
North Yorkshire Police Enquiry Line	101 or 999 in emergencies	General.enquiries@northyorkshire.pnn.police.uk
Richmondshire CCG Customer Services	020 8734 3000	RICCG.richmond pals@nhs.net
Richmondshire District Council Customer Enquiries	01748 829 100	enquiries@richmondshire.gov.uk
Ryedale District Council Customer Enquiries	01653 600 666	enquiries@ryedale.gov.uk
Scarborough & Ryedale CCG General Enquiries	01723 343 660	SCRCCG.enquiries@nhs.net
Scarborough Borough Council Customer First Centre	01723 232 323	www.scarborough.gov.uk
Selby District Council Customer Contact Centre	01757705 101	info@selby.gov.uk
Tees, Esk & Wear Valley NHS Foundation Trust – involvement and engagement team	01325 552 314	Tewv.ftmembership@nhs.net
Vale of York, CCG General enquiries	01904 555 870	Valeofyork.contactus@nhs.net

Glossary of Terms

Adult at risk means an adult at risk of abuse or neglect. This is usually an adult who had care and support needs, and who is unable to protect themselves because of their care and support needs. In a small number of people it may include an adult with support needs, such as an unpaid carer or someone with care and support needs.

Cheshire West Judgement the Supreme Court made a judgement on 19 March 2014, which determined that there is Deprivation of Liberty (DoL) when a person is under continuous supervision and control and is not free to leave, and the person lacks capacity to consent to these arrangements.

Concern describes an awareness or risk. A safeguarding adults concerns is an awareness of the risk of abuse or neglect faces by an adult who is unable to protect themselves from that abuse or neglect due to their care and support needs.

Deprivation of Liberty Safeguards are a legal safeguard for people who cannot make decisions about their own care and treatment when they need to be cared for in a particularly restrictive way. They apply to people in care homes or hospitals when they are deprived of their liberty.

Making Safeguarding Personal Person centred response to safeguarding concerns and circumstances, supporting the adult at risk to identify their desired outcomes from a safeguarding enquiry.

NORTH YORKSHIRE COUNTY COUNCIL

Care & Independence Overview & Scrutiny Committee

27 October 2016

Stronger Communities and Living Well

1.0 Purpose of Report

- | | |
|-----|---|
| 1.1 | To introduce the presentation to the Committee on the Living Well Team. |
|-----|---|

2.0 Introduction

- 2.1 Last year, the Committee reviewed the introduction of the Stronger Communities and Living Well Programmes and concluded that the two programmes are inter-dependent and are evidently working together effectively.
- 2.2 One year later, your group spokespersons have asked that representatives of the two teams return to update on progress. This time, however, the emphasis will be much more on the activity of the Living Well team. Cath Simms, Head of Targeted Prevention, Care and Support (HAS) will make a presentation to you at the meeting.

3.0 The Committee's views

- 3.1 Faced with delivering further significant savings by 2020, the Council recognises that there will be services it has traditionally provided that will no longer be available or will need to be delivered in a different way and in partnership with others - such as libraries transitioning to become community managed. This means a shift from the provision of universal services to targeted prevention and programmes to manage future demand on social care budgets. Making that change work well will depend, at least in part, on the success of the Stronger Communities and Living Well Programmes.
- 3.2 The key characteristic of the delivery of the Stronger Communities Programme, as distinct from the Living Well Service, is it works with communities whereas the focus of the Living Well Service is with individuals.
- 3.3 Stronger Communities has set out to work with local organisations, community groups and other partners from the public and private sectors across North Yorkshire, identifying opportunities to co-produce a range of local support and services aimed at improving the well-being of people of all ages.
- 3.4 As part of its wider prevention programme - Independence with Support When I Need It - the Council has invested in a Living Well Service which aims to improve the health, well-being and independence of individuals and in doing

so prevent, reduce or delay their need for long-term health and social care support.

- 3.5 Whereas the focus for the Stronger Communities programme is to support voluntary and community groups, services and facilities, the Living Well team are working with individuals (and their carers) who are on the cusp of becoming regular users of health and social care services by helping them access local community organisations and supporting them in finding their own solutions to their health and wellbeing goals.

4.0 Recommendation

- 4.1 The Committee note the information given.

DANIEL HARRY
SCRUTINY TEAM LEADER

County Hall,
Northallerton

Author and Presenter of Report: Ray Busby

Contact Details: Tel: 01609 532655

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Background Documents Nil

Director of Public Health Annual Report 2016



Good work - good for you, good for business:

The health and wellbeing of the working age population



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Thanks to all those who contributed case studies.

Thanks to the Design team in North Yorkshire County Council.

Introduction – Health, Work and Wellbeing

Why are we writing about this topic?

Work is one of the key things that defines us as individuals and dictates our place in society. On meeting someone for the first time, we want to know their occupation. Although a person's occupation tells us less about them than it used to, it still conveys useful information about their education and socioeconomic status. Individual profiles and stereotypes are constructed from the answer to the question, "What do you do?" It is impossible to answer that question without the potential for it to elicit some judgment about identity and purpose in society.

We hold very definite views about work that often frame the way we think about life; childhood is supposed to prepare us for productive work in adulthood and old age is marked by retirement from work. Adults of working age should be in gainful employment unless exempted by sickness, disability, education and training, or the care of others. Adults who are unemployed and are deemed not to have a legitimate reason for being out of work are viewed with suspicion.

What is happening at the moment?

The health outcomes of working age adults who are unemployed are generally poorer when compared to those in paid employment. The situation for adult students and homemakers is different and may be related to roles that are accommodated by society in general. However, there may be tensions as these social roles are considered of lower prestige than those of people in paid occupations.

Social structures seem to favour those who are employed. As a result the public health concerns of this group are seldom considered although they represent the single largest segment of the population. Work and related activities such as commuting occupy the greatest proportion of waking hours in the day. While the risks associated with the workplace have reduced through the introduction of measures like Health and Safety legislation, there are still challenges to be overcome. 'Stress' and 'musculoskeletal conditions' are the commonest causes of sickness in the workplace today.

Employers are rightly concerned about promoting the health of their employees because a healthy workforce is a productive workforce. However, work patterns are changing and there is a marked shift from full time employment to part-time working with a rise in the numbers who are self-employed.

Seasonal work patterns, second jobs and zero-hour contracts also mean that significant segments of the workforce have an experience of work that is less conducive to health promotion than previously. As a marker of this trend the average work hours for self-employed people is **two hours** more per week than employees.

Major changes in the nature of work can offer new opportunities for family life and a more favourable work-life balance. Some parents choose to work part-time so they can share household responsibilities more equally. Parents and grandparents increasingly share paid employment and "home-making" responsibilities. Advances in technology mean the workplace can be anywhere and home-working is on the increase.

In North Yorkshire, the levels of unemployment and worklessness are low compared to our neighbours. However, this hides some major challenges. The young working age population has reduced and continues to shrink. At the same time we struggle to recruit workers to fill jobs in vital sectors. This is a particular problem for the health and social care system that must address the growing needs of an ageing population.



What can we do about it?

A healthy collaboration - It's good for Business and it's good for you.

In this report we aim to engage with employers, health and social care professionals, and individuals as potential employees so that we can 'work well' together and raise the awareness of the health benefits of good work. The recommendations and focus for action are either workplace or workforce issues and are highlighted throughout the report.

For the first time, we have presented this year's report in a calendar format with actions each month for you as an individual or an employer. We hope you find this a useful change to maintain the focus throughout the year.

So whether you employ five people or 5,000 people, or whether you are employed, self-employed, unemployed or in unpaid employment, there are things we can all do to improve our future in North Yorkshire so that it's somewhere people want to live and work in 2050.



Dr Lincoln Sargeant
Director of Public Health
July 2016

Foreword

Working with business to improve the health of our communities

This year's Director of Public Health Annual Report asks us to engage with the local health and wellbeing agenda in our workplaces. Businesses have a great influence over the lives of their staff and customers. I'm convinced we can work together to promote healthier choices and help our employees and customers to live healthier lives. If we value health and wellbeing it's good for our business as well as our staff!

Local enterprise partnerships bring local businesses and local authorities together to lead economic growth and job creation. A healthy economy that creates good jobs is one of the most important determinants of health in a population. A healthy workforce in turn is vital to a healthy economy. North Yorkshire County Council is demonstrating commitment in leading through partnerships with businesses, public, private and third sector organisations to promote economic prosperity and improve the health and wellbeing of the people in North Yorkshire.

In working together to ensure that the benefits of work are available to all our residents we know the challenges that some face in entering the workforce or in maintaining employment because of ill health or disability. We recognise the potential for our workplaces to deliver tangible improvement in health and wellbeing for employees. However, many people work part-time or are self-employed and small business do not have the resources on their own to offer their employees all the benefits of a health promoting workplace. This report helps us to grapple with these issues that are important for businesses and public health alike.

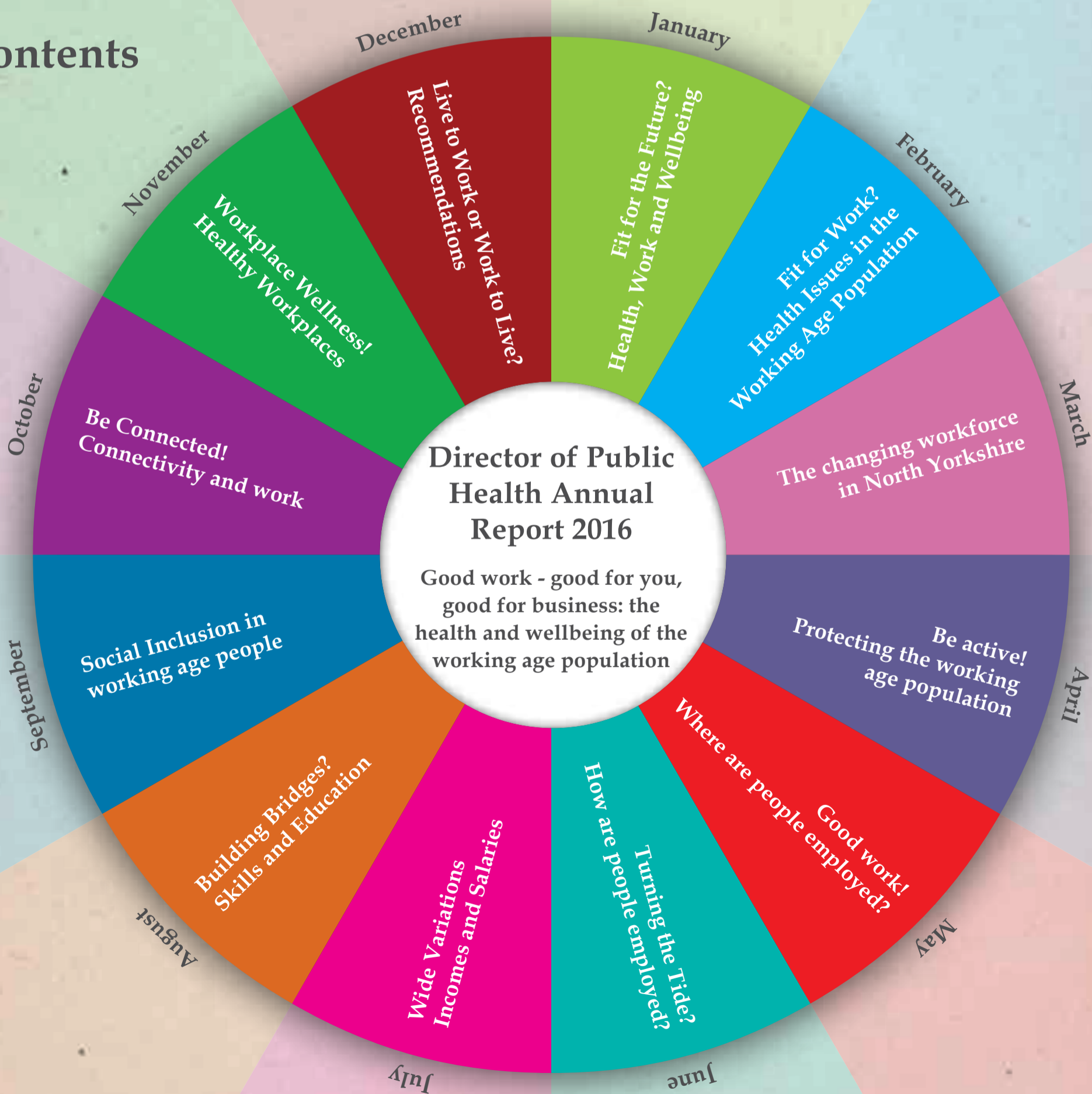
We have a valuable source of advice and support in the work already led by the Local Enterprise Partnerships to develop 'health, work and wellbeing' in our workplaces. There are also useful case studies in this report that show a range of ways in which we can innovate to achieve the goal of a healthier and productive workforce.

The challenge for us all is to engage and recognise the importance of taking action - for our health and the health of our businesses. Small changes now are the investment we make to guarantee a bright future for business growth in North Yorkshire.



Dr Ruth Smith
Chair of LEP skills board

Contents



Fit for the Future? Health, Work and Wellbeing

"Choose a job you love, and you will never have to work a day in your life." Confucius

January 2017

Why is health, work and wellbeing important?

Our experience of work and the satisfaction that we derive from it, has an important impact on our emotional, physical and mental health and wellbeing. There is increasing scientific **evidence** that good work is good for you!

The concept of good work is important here, with three essential elements contributing the most. The degree to which people find their work has significance and purpose, the contribution work makes to finding broader meaning in life, and the desire and means for one's work to make a positive contribution to the greater good. Good work helps us to develop our sense of identity, purpose and belonging in society. It can also help us to learn new skills; engage with others; become more active; take

notice of things around us and enable us to contribute to life. In this context it is often easier to derive meaning from skilled work than from unskilled work. Ultimately good work affects the productivity and profitability of businesses and it can be life enhancing for us, our families and our communities.

There is no generally accepted definition of good work but the **UCL Institute of Health Equity** identifies a range of features commonly associated with good jobs. These are adequate pay; protection from physical hazards; job security and skills training with potential for progression; a good work-life balance and the ability for workers to participate in organisational decision-making.

Dry January

M	T	W	T	F	S	S
30	31					1 
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29



A healthy future

The **joint health and wellbeing strategy** for North Yorkshire emphasises 'living well' throughout all stages of life. Since our working lives span about half of our years, it's important we also consider 'working well'. Residents of North Yorkshire enjoy good health and unemployment levels are low. However, there are some challenges:

- Young people are leaving North Yorkshire because of the job market or lack of affordable housing.
- There are skills shortages (e.g. health and social care).
- More people are living with long term health conditions.
- Our workforce is ageing.
- Over the next six years it is estimated that 12.3% of the North Yorkshire workforce will reach retirement age.
- People are carers for older relatives and young dependants

(See **York, North Yorkshire and East Riding Economic Review 2015-16 Draft**).



Personal action plan

Can you stay off the booze for 31 days?
Search 'Dry January' online and sign-up
Dry January participants often report losing weight, sleeping better, more energy, clearer skin plus huge savings. 65% drink less or cut out alcohol completely.



Key facts

- In 2015 there were 366,483 people of working age (between 15-64 years) living in North Yorkshire (ONS 2015), 4% lower than the UK average.
- Between 2016 and 2039 there will be a 10% reduction in the working age population, (about 36,600 people) with wide variation at district level (ONS 2015).
- Although 80.4% of our working age population are in employment, 6,400 people were unemployed in 2015 (nomis 2015).

Recommendation 1 - Create healthy workplaces

- Make workforce health and wellbeing a priority. It is good for staff and customers and it promotes business development and prosperity. Employees are more likely to take their health and wellbeing seriously if they can see those in leadership positions are serious about these issues too.
- Be aware of your responsibilities as an employer and employee under the Health and Safety at Work Act and associated legislation - www.hse.gov.uk and under the Equality Act 2010 www.cipd.co.uk.
- Develop policies and plans that promote the health and wellbeing of the workforce as a long term investment.
- Make an action plan to create a healthy workplace making sure your organisation has good policies and practice in place (e.g. equal opportunities policy, anti-discriminatory practices) and clear routes for reporting and seeking redress.

Case study

North Yorkshire County Council is one of the largest employers in North Yorkshire, with almost 9,000 staff, over 80% living in North Yorkshire. NYCC is implementing significant changes to working practices, striving to be a modern council as part of its 2020 Transformation Programme:

- Senior level commitment through the Corporate Management Board
- Sign up to Mindful Employer and working towards National Workplace Wellbeing Charter status
- Healthy Workplace Group plans, co-ordinates and monitors progress, with subgroups on leadership, smoking and mental health

Interventions have included developing a staff intranet site, conducting a health needs assessment and promotion of health campaigns and staff led activities.

Case study and contact details available at <http://hub.datanorthyorkshire.org/group/dphar>

Fit for Work? Health Issues in the Working Age Population

"It is not how much you do, but how much love you put into the doing that matters" Mother Teresa

February 2017

Building a healthier workforce

What we do today is important for the future health and wellbeing of our workforce. While employment in 'good work' is important to our health, there may be work-related factors which positively or negatively affect our wellbeing. Fifty years ago, though records are lacking, work-related illness was more likely to be due to industrial and infectious diseases. Today, the most common reasons for sickness absence are stress, anxiety and neck, muscle and back pain. It will take time before the full health impact of our modern workplaces and working culture becomes clearer.

Although premature deaths due to industrial diseases may be a thing of the past in the UK, working conditions are still very important to our health. Nationally during 2010-11, an estimated 1.8 million people suffered from an illness that they believed was caused, or made worse by, their current or past work (**Health and safety statistics**). Our modern workplace can be obesogenic (encourage obesity) with many hours spent in sedentary activity. The number of hours of work per week also affects our health.

Compared to those working less than 16 hours, those who worked between 30.1 and 45 hours were 45% more likely to have time off due to sickness (**ONS, 2014**).

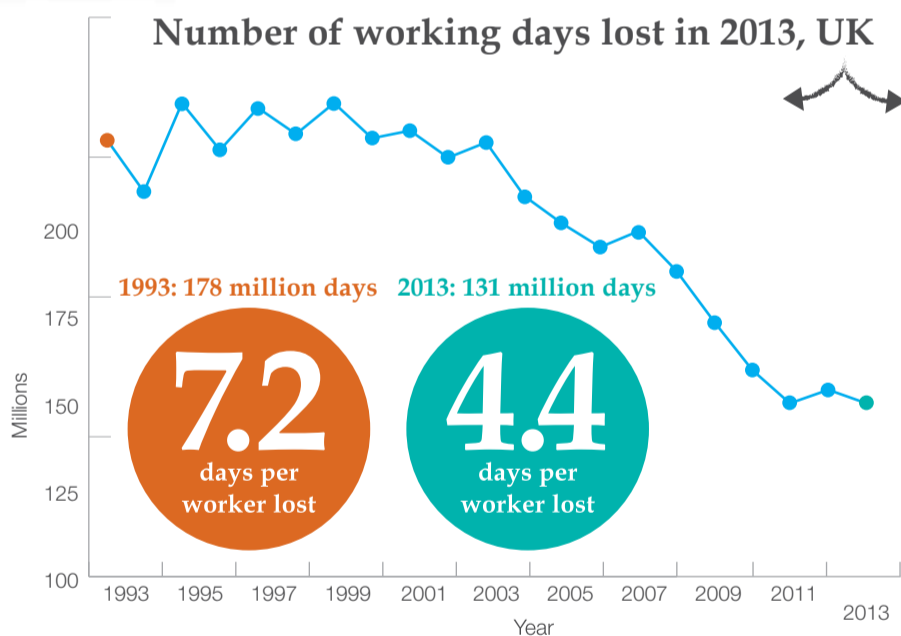
The sickness absence rate has fallen for both the private and public sector since earliest records in 1994. In 2013, the percentage of hours lost due to sickness in the private sector was 1.8% compared with the public sector at 2.9%. However, the Chartered Institute of Personnel and Development (**Employee Outlook Focus on employee wellbeing CIPD, 2013**) found an increase in 'presenteeism' - going to work when ill. More people in the public sector are likely to go to work when they are genuinely ill (39%) compared with the employees in the private sector (26%).

The impact of healthy workplace programmes, health awareness campaigns and associated behavioural and environmental changes, however small, may only be seen long term. Healthy workplace programmes have positive outcomes for the organisation if the employer goes beyond meeting their legislative obligations and develops a culture of inclusion, staff engagement and partnership working.



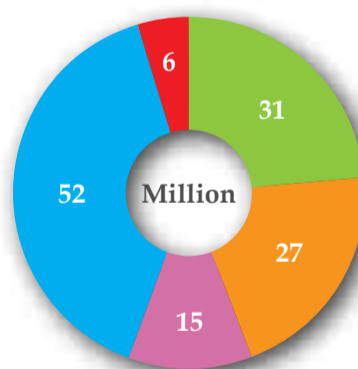
Personal action plan

Do you know how much physical activity adults aged 19-64 years old need to do to stay healthy?
Search NHS Choices Physical Activity to find tips and tools to help you get active.



2013: Days by reason

- 31 million** Musculoskeletal conditions (back and neck problems)
- 27 million** Minor illnesses (coughs and colds)
- 15 million** Stress/Anxiety/Depression
- 52 million** Other
- 6 million** Prefer not to state a reason



Source: Labour force survey, 2013 - ONS

Figure taken from Report Evidence Ref ONS "Sickness absence in the labour market (Feb 2014)"

Key facts

- In 2014-15 around 80% of new work-related conditions were either musculoskeletal disorders or stress, depression or anxiety (**Health and Safety Statistics 2014-15**).
- 33% of North Yorkshire healthcare workforce felt unwell as a result of work related stress in last 12 months.
- 90% of North Yorkshire NHS staff feel they put themselves under pressure to come to work (**NHS Staff survey, 2015**).

Recommendation 2 - Build a healthy workforce, creating a culture that is diverse and inclusive

- Realise the benefits of recruiting a diverse workforce to inform, influence and improve the range and quality of services you provide for customers.
- Provide reasonable support and adjustments to recruit and retain people living with disability and long term health conditions so that they can return to work and remain in employment. (**North Yorkshire Supported Employment services** can offer guidance).
- Raise awareness of the issues encountered by people living with long term health conditions and those with mental health problems in the workplace and promote a culture of inclusiveness.
- Consult with employees and their representatives to identify problem areas and make a commitment to take action in partnership.

Case study



Mindful employer - Tees Esk and Wear Valley NHS Trust

Being a mindful employer demonstrates our commitment to increase people's awareness of mental ill-health, and also our commitment to recruit and retain staff who have mental health issues. This is a long term pledge and with the right support, people with mental health issues can and do stay in work and can be a real asset to our business. At least 23% of staff sickness absence in our trust is mental health related. As a trust we want to ensure we are an exemplar employer to staff who experience mental health issues and we are seeking the views of staff in relation to our role as employer of people who may experience mental health issues. For more information and examples of activities see www.tewv.nhs.uk and the Mindful Employer initiative visit www.mindfulemployer.net

The changing workforce in North Yorkshire

"Your work is going to fill a large part of your life and the only way to be truly satisfied is to do what you believe is great work. And the only way to do great work is to love what you do" Steve Jobs

March 2017

A changing future

In order to plan for the future we need to develop a picture of our potential workforce in North Yorkshire and understand how it is expected to change over time. There has been a decrease in our birth rate combined with a declining death rate which means that over time the proportion of working age people is declining compared to the rising number of pensioners. In 1994, for every pensioner there were 3.5 employed people in North Yorkshire. This ratio of workers to pensioners is changing drastically so that by 2035 there will be almost as many pensioners as working age people.

However, as the pension age rises there will be an increase in the number of older workers living with long term health conditions.

This means employers need to create age friendly workplaces to ensure success.

In general the health of adults who are unemployed is poorer compared with those in paid employment. However, there are exceptions depending on the reasons people are not in work. Groups of working age adults such as students, carers, volunteers and home-makers may not be in paid employment but can be in good health. North Yorkshire has low unemployment rates compared to national statistics but this should be interpreted within the context of our shrinking working age population and an **ageing workforce**.

Change4Life Sugar Smart

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Personal action plan

Change4Life Sugar Smart app

Too much sugar can lead to the build-up of harmful fat around vital organs causing serious disease in the future (weight gain, type 2 diabetes, heart disease and some cancers)

Cut down on your family sugar intake by downloading the Change4Life Sugar Smart app to find out how much total sugar is in everyday food and drinks www.nhs.uk/change4life

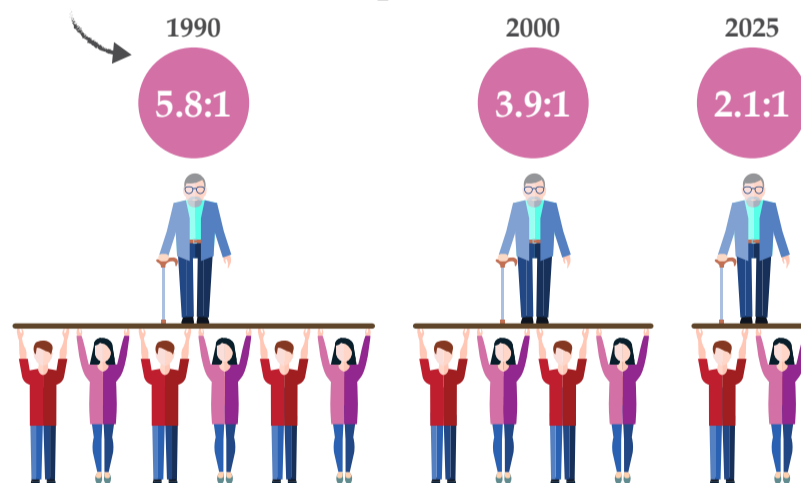


A change in emphasis

While the benefits of work are well established, discussion of the impact of the workplace and the nature of employment on the health outcomes of employees can be limited. Employers may be keen to reduce accidents at work but pay little attention to the ill health associated with sedentary occupations. While preventing sickness absence is a priority, employers also need to see their extended role in actively promoting health and wellbeing in their workforce by supporting people to stay fit and healthy. All employers, whether small, medium or large enterprises can create recruitment policies that are healthy and inclusive.

Work and work related activities, such as commuting, can occupy the greatest proportion of the waking hours for many working age adults. If this time does not allow for health promoting activities then workers need to cram these into the remaining hours of the day – in their own time. Employers need to be proactive in promoting the health of their employees, if they want to maintain a healthy workforce that remains productive and profitable over a longer working life.

Ratio of workers to pensioners



Key facts

- Of the 2015 working age population 213,800 people (58%) were over 40 years ([nomis, 2015](#)).
- The reduction in the working age population between 2015 and 2035 will be greatest in the 50-54 age group (26%) and the 45-49 age group (21%) ([ONS, 2015](#)).
- 22-25% of Harrogate and Selby working age population commute to work from outside their district.

Focus for action - Develop healthy recruitment, retention, training and rehabilitation processes encouraging people to stay in employment

- Consider how to use internal or contracted-in occupational health services to improve the health of your employees.
- Assess the costs of employee turnover and recruitment in your organisation ([see online workplace wellbeing calculator](#)).
- Develop a policy and process for managing sickness absence, including systems for data collection and reporting.
- Maintain contact with employer/employee during period of sickness absence, and have return-to-work interviews to plan support during the return to work.
- Consider flexible working arrangements to facilitate rehabilitation and early return to work.



Case study

Make Every Contact Count

'Making Every Contact Count' is a national initiative which aims to equip front line workers with the knowledge and skills to have conversations about health and wellbeing at every appropriate opportunity. In North Yorkshire County Council over 1,000 employees have attended the training programme which covered five key health areas: smoking, alcohol, eating well, physical activity and mental wellbeing. Participants learnt about small lifestyle changes which can have a large impact on health, and how to engage others in appropriate conversations through the 'Ask, Advise, Assist' model.

The original aim of the training was to improve the health of the population but participants reflected on their own health behaviour.

In a follow-up survey, almost a third who responded said they had made changes to their own lifestyles (joined a weight loss club, taken up swimming, reduced their alcohol consumption) and encouraged family to develop healthy behaviours.

Case study and contact details available at <http://hub.datanorthyorkshire.org/group/dphar>

Be active! Protecting the working age population

"Some people dream of success while others wake up and work hard at it." Winston Churchill

April 2017

An attractive place to live?

In North Yorkshire the levels of unemployment and worklessness are low compared with our neighbours – 12.9% households compared to 17.7% households in the Yorkshire and Humber region and 15.85% nationally ([nomis, 2015](#)). However, this hides some major challenges. People who move into North Yorkshire tend to be of older working age and remain into retirement, while there is a net exodus of young people. Average house-prices are similar to the south of England and higher than elsewhere in the North of England ([ONS, 2015](#)). There are also hidden costs of living in a rural economy such as greater expenditure on fuel (e.g. off-grid heating fuel and greater transport costs) while average salaries are the same as elsewhere or slightly lower ([Joseph Rowntree Foundation, 2010](#)).

A place to work?

The working age population peaked in 2008 and is now in decline with a reduction of a third by 2035, due to retirement and net outward migration of workers. At the same time there is a lower proportion of young working age people (less than 40 years) and a higher proportion aged 40 years and over in the working age population in North Yorkshire ([ONS, 2015](#)). The young working age population has contracted and continues to shrink compared to 2008. It is therefore challenging to recruit workers to certain occupations (e.g. health, care, and engineering) especially in the public sector. This is a particular problem for the health and social care sector which is trying to meet the growing needs of the ageing population.

Work patterns are changing and there is a marked shift from full-time employment to part-time working and a rise in the numbers who are self-employed.

In addition, there are seasonal work patterns, second jobs and zero-hour contracts meaning that significant segments of the workforce have an experience where employer-employee relationships are more ambiguous than previously. As a marker of this trend the average working hours for self-employed people is two hours more per week than employees. ([ONS, 2014](#))



Personal action plan

Being active.

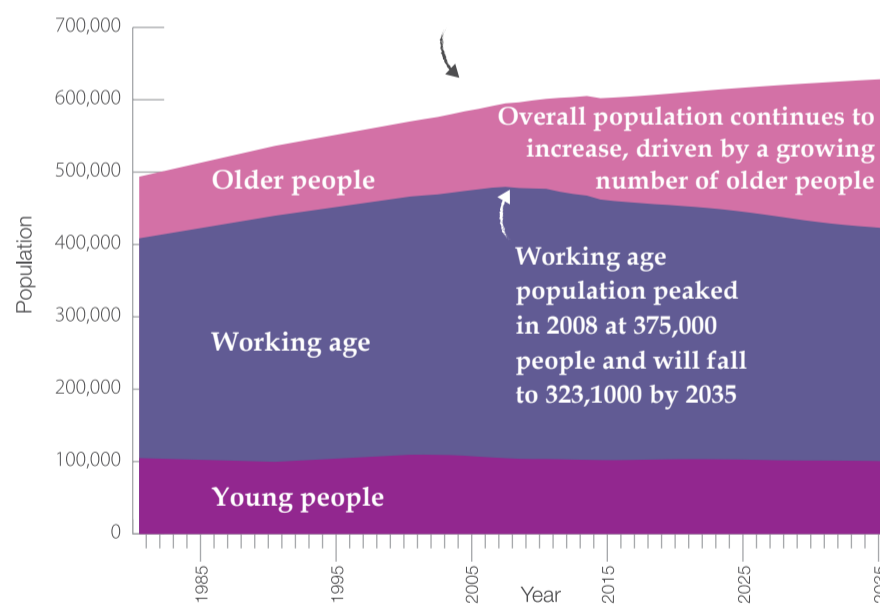
Being active is really good for your body, mind and health - and there are lots of easy ways you and your family can get moving

Find a way of being active that you enjoy and you're more likely to keep it up. Get your heart beating faster and your lungs working harder for at least 10 minutes at a time.

- Take the stairs whenever you can.
- Do a brisk walk instead of driving.
- Take the 10,000 steps a day challenge Search online NHS Choices 10,000 steps challenge.



Change in broad age groups 1981 to 2035 in North Yorkshire



Source: 2014-based Subnational Population Projections, ONS

Key facts

- The percentage decrease in the working age population over the next 20 years will be greater in women (10%) compared to men (6%).
- In 2014, twice as many 15-39 year age group left the County (14,100) compared to the 40-64 year age group who entered the workforce (7,500).
- This is important for future recruitment and business development since there is a net loss each year of 15-39 year olds (1,400 people) and a net gain in 40-64 year olds (1,500 people).
- Self-employment is significantly higher in most rural districts compared to England. Craven and Ryedale are currently two of the top three local authorities with the highest self-employment rates in England ([nomis, 2015](#)).

Focus for action - Promote health and wellbeing by increasing physical activity

- Consider how to encourage and support increased physical activity e.g. encourage employees to walk or cycle to work. www.dft.gov.uk; make the stairwells more attractive and use signage to encourage use of stairs.
- Involve employees in organising workplace activity programmes to encourage more physical activity.
- Provide information on the benefits of physical activity.
- Consider negotiating discounted health and fitness membership for employees, and supporting activity or sports programmes in and outside the workplace. www.sportengland.org



Case study

Pathways to health - increasing physical activity

This project creates opportunities for people to access and benefit from the natural environment across North Yorkshire's boundaries through volunteering, walking and cycling. The aim is to increase the use of the Public Rights of Way network by North Yorkshire communities; improving both mental health and physical activity. The first pilot is in Selby district and the second will be in Scarborough.

See <http://www.northyorks.gov.uk/article/32720/Pathways-to-health> for more information

Further suggestions: ([National Parks](#), [Woodlands Trust](#), [Canal and River Trust](#), [North Yorkshire walks](#))



Good work! Where are people employed?

"Satisfaction lies in the effort, not in the attainment. Full effort is full victory" Indira Gandhi

May 2017

Big dreams

Although self-employment in North Yorkshire is at its highest in 40 years (ONS, 2014) and is higher than the national average, the largest sector of employment is in public services, mainly health. Nearly 16% of jobs are in the public sector and over 22% of employed working age residents are in public sector employment (nomis, 2015). The public sector in North Yorkshire employs about 41,000 people in NHS, NYCC and District councils. Accommodation, food services and retail sectors are next and are a major part of the visitor economy. Manufacturing and education complete the list for largest sectors for employment in the County. These employ over half the employed residents (nomis, 2015). Towns such as Northallerton, Catterick Garrison and Skipton see a large increase in workday population due to the presence of large employers such as local government offices and military establishments. For example the workday population of Northallerton is around 4,200 higher than the resident population.

Others towns such as Selby and Knaresborough have a substantially smaller population during the workday than the resident population, with large numbers of employees travelling to work outside these towns.

Employment sectors vary in the degree of mobility they offer for workers to move from low pay unskilled jobs to higher wage occupations. This links to social mobility and health inequalities. For example, hospitality and sales roles offer less chance for progression compared to the health sector. Larger employers of over 1,000 employees offer greater scope for career progression than small employers. In North Yorkshire we have the highest number of small employers (microbusinesses) when compared to 15 other similar rural areas and employment in farming is five times the national average.

Mental Health Awareness week

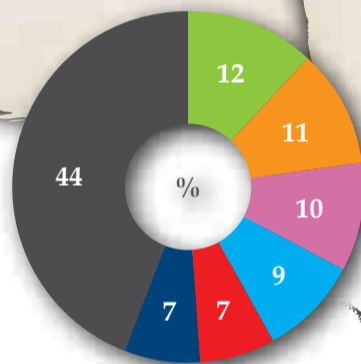
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Personal action plan

Mental Health Awareness Week 8-14 May 2017.

The Mental Health Foundation campaigns to raise awareness of issues affecting the national wellbeing and to help people better manage their mental health.

- Search Mental Health Awareness Week to check on this year's theme - Living with Change.
- Search One You Stress to find out why you should stress less with tips and tools to help.



Employment in North Yorkshire - 2015

2014 BRES (ONS), 2013 DEFRA Agricultural Survey, April 2016 MoD Quarterly Location Statistics

- 12% Health
- 11% Accommodation & food services
- 10% Manufacturing
- 9% Retail
- 7% Public administration & Defence
- 7% Education
- 44% Other

Big commitment

Relatively small changes in working policies and the workplace environment can make healthy choices easier choices. A recognition that working long hours increases work-related stress and increases the risk of accidents can prompt employers to change working culture. Many workers struggle to find the time to take care of their health when a high proportion of the workday is spent in work and commuting. People who are self-employed or in part-time work may have an even greater struggle to find the time to look after their health.



Case study

Making adjustments - Creative Support Coffee Cart

Creative Support is a not-for-profit agency and provider of person-centred social care services for people with learning disabilities, mental health and other needs. A new coffee cart serving fresh barista coffee was launched at County Hall, Northallerton in 2015.

The cart is staffed by an employee from Creative Support working alongside people with disabilities or their carers who are training as baristas. The project is designed to create opportunities for training and professional development for those who would otherwise have limited opportunities. The coffee cart aims to generate income as a business and by providing individuals with training and support enables them to build the skills and confidence they need to become a barista and obtain paid employment.

Case study and contact details available at <http://hub.datanorthyorkshire.org/group/dphar>



Key facts

- The visitor economy including accommodation, food and retail services employs 29,900 people (ONS, 2015).
- There are 12,810 working age people in the military and 7,995 veterans (MOD data)
- There are 27,955 microbusinesses employing less than ten people in North Yorkshire (ONS, 2015).
- There are 70 large employers in North Yorkshire with over 250 employees. (ONS, 2015)
- The rise in total employment over the last ten years is predominantly among the self-employed from 11.4% in 2014 to 15.2% in 2015 (nomis, 2015)

Focus for action -

Make adjustments to broaden the potential recruitment field and encourage people into work

- Ensure equality and diversity training to promote an inclusive workplace.
- Consider small changes in the workplace to encourage people into employment.
- Create opportunities for 'work experience' sessions.
- Recognise that recovery from illness can be assisted by activity, including return to work.
- Use doctor 'fit note' recommendations such as part-time employment to facilitate a phased return to work and support work patterns that reflect what an employee is medically fit to do.
- Work with employees to develop initiatives to improve their health and wellbeing and address concerns in the workplace.

Turning the Tide? How are people employed?

"Don't count the days, make the days count" Muhammad Ali

June 2017

Maximising Growth

With a shrinking workforce, an outflow of younger people and challenges in recruiting to key sectors, employers need to extend their field of recruitment making it attractive to find work and stay in North Yorkshire, especially for young people and the economically inactive. With 58% of the working age population over 40 years old, employers will also need to make adjustments to support people living with long-term health conditions and disabilities to remain in work. Some welfare to work initiatives can offer initial financial support to the employer during the early stages of employing a person with a disability. Working together across sectors and sharing these actions can increase the numbers of employable people from which to recruit.

In the **annual population survey** those who have not been actively seeking work include people:

- in education (students);
- looking after the family home;
- retired;
- sick (short term and long term health conditions).

In North Yorkshire all districts are below the national average of economically inactive people except Scarborough where almost a quarter of the working age population (24.1%) are economically inactive. Although our proportion of people in the working age population is declining, some occupational sectors have grown. Between 2009 and 2014 there was an increase in employment in manufacturing (+8.1%), transportation (+29.8%), accommodation and food services (+18.7%) and administration and support services (24.6%) (**nomis, 2015**).

NHS Health Check

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Personal action plan

Free health check

Have your health checked for free. The NHS Health Check invites adults aged 40-74 - without previously diagnosed heart disease, diabetes or chronic kidney disease - for a free health assessment to identify those at risk of heart disease, stroke, diabetes, kidney disease and certain types of dementia.

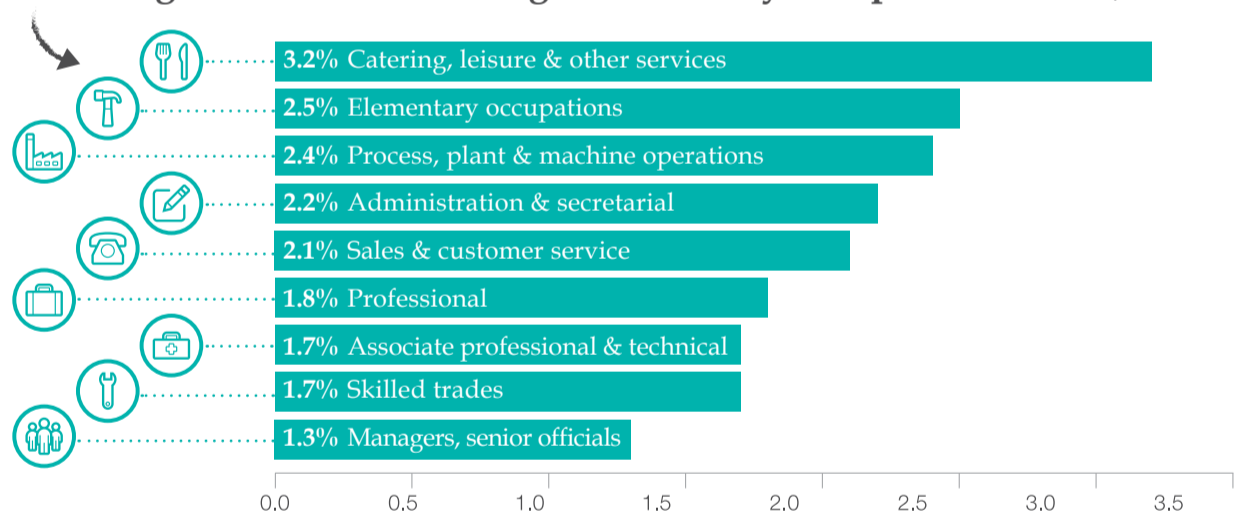
- If you receive your NHS Health Check invitation, make sure you make an appointment with your GP
- Search NHS Health Check for more information

Maximising Employment opportunities

Elementary occupations are seen as those with the lowest skill requirements. In England 10.8% of jobs fall into this category but in areas such as Richmondshire around 20% of all jobs are in this category. In North Yorkshire, the most common roles are working in professional (17.6%), managerial (14.2%) and skilled trades (15.9%).

As well as creating healthy workplaces, providing new and more flexible employment opportunities which are attractive to our changing workforce can increase business efficiency. Flexible working; part-time hours; apprenticeships and skills training and support for those in caring roles are increasingly common among employers. By making adjustments employers in parts of the County have successfully worked with partners, to recruit the long-term unemployed and people with disabilities and/or long-term health conditions to engage in training, and then work in areas where there were skills shortages.

Percentage of hours lost through sickness by occupation in 2013, UK



Source: Labour force survey, 2013 - ONS

Key facts

- 27.2% of jobs in North Yorkshire are part-time compared to 25.4% nationally (**nomis, 2015**).
- Manufacturing in Selby and Ryedale employs at least one in every six people (more than twice the national average).
- 8.7% work in elementary occupations (**nomis, 2015**)
- The financial and insurance sector in Craven employs 8% of Craven's population which is a much higher rate than England and all other districts.
- Scarborough and Ryedale have the most seasonal employment in North Yorkshire with Job Seekers' Allowance claimant rates sometimes up to 50% higher in the winter months than the summer months (**nomis, 2015**).

Focus for action - Creating smokefree workplaces



- Develop a smokefree policy in the workplace that applies to everyone.
- Ensure appropriate consultation with employees and unions, and the commitment of senior management.
- Give reasonable notice of the introduction of a smokefree policy and set a date for your organisation to become smokefree.
- Ensure that every employee is informed of the smokefree policy and its implications. Include the policy in all recruitment and induction packs.



Case study

Smokefree workplaces

Supporting employees to quit smoking is one of the most effective measures to improve the health of a workforce. Smoking can cost employers in sickness absence, cigarette breaks and lowered morale for non-smoking employees. NICE guidance recommends that all workplaces have a smokefree policy which directs employees to cessation services, as well as offering guidance, advice and recommending proven effective support to quit, such as nicotine replacement therapy. The North Yorkshire Tobacco Control Strategy 2015-2025 aims to widen the scope of smokefree workplaces to include whole-site bans and a whole organisation approach. North Yorkshire's smoking cessation service, Smokefreelife North Yorkshire www.smokefreelifenorthyorkshire.co.uk can offer support and advice to employers who want to help their employees to quit.

Wide Variations - Incomes and Salaries

"If you look at what you have in life, you'll always have more.
If you look at what you don't have in life you'll never have enough" Oprah Winfrey

July 2017

A healthy income

There is a wide variation in income across North Yorkshire's districts with the lowest in Ryedale and the highest in Selby. While the rate of income poverty was lower in rural than urban areas, it is growing faster in rural areas than elsewhere. The higher incidence of low pay in more remote rural areas increases the risk of in-work poverty.

Evidence suggests that rural low income families face higher costs for certain essentials such as food, fuel and transport than their urban counterparts. Median weekly income in North Yorkshire is 92% of the national level and has fallen from 94.8% in 2008

A healthy expenditure

Evidence shows how much income people in rural areas need in order to afford a minimum socially acceptable standard of living. This is known as the minimum income standard (**MIS**). The Commission for Rural Communities **report** on tackling rural disadvantage shows the income rural households need to meet the minimum income standard, compared with urban households. The biggest expenditure difference for rural areas is due to the greater dependence on cars and less access to public transport than in urban areas.

Domestic fuel costs are also higher in some rural areas because of older, less fuel-efficient housing and lack of mains gas. Typically people in rural areas need to spend 10-20% more on everyday requirements than those in urban areas (**Joseph Rowntree Foundation, 2010**). The more remote the area, the greater the additional **expenditure**.

A healthy salary

For rural areas like North Yorkshire, minimum income standards estimated single working-age adults need to earn at least £15,600 a year in rural towns, £17,900 in villages and £18,600 in hamlets or remote countryside (compared with £14,400 in urban areas) (**Joseph Rowntree Foundation, 2010**). For couples with two children, the annual earnings needed were much higher, between £33,000 to £42,000 depending on whether one or both partners work and the remoteness of the community. Thus people in rural areas generally need paid employment and need to earn well above the minimum wage to make ends meet. Where this doesn't happen there is poverty, sometimes hidden, and it can occur when people are in employment.

Evidence strongly suggests that income inequality affects population health and wellbeing. An individual's health status is better in societies with a more equal distribution of incomes. Several factors are likely to contribute to this finding.

These include underinvestment in public education and health care, poor social relationships with lack of social cohesion and the mental stresses that result from living in unequal communities. (**The Spirit Level: Why more equal societies always do better. Kate Pickett/Richard Wilkinson, The Equality Trust, 2009**)

For parents there is the additional cost of childcare to consider. The increasing costs of childcare mean working parents struggle to break even. They may want to work but decide to stay at home after weighing up the financial decision of returning to work. The cost of sending a child under two to nursery part-time (25 hours) is now £115.45 per week, or £6,003 per year. Since 2010 the cost of a part-time nursery place for a child under two has increased by 32.8%. A family paying for this type of care now spends £1,533 more than they did in 2010, while wages have remained largely static. (**Family and Childcare Trust, 2015**)

Be clear on cancer

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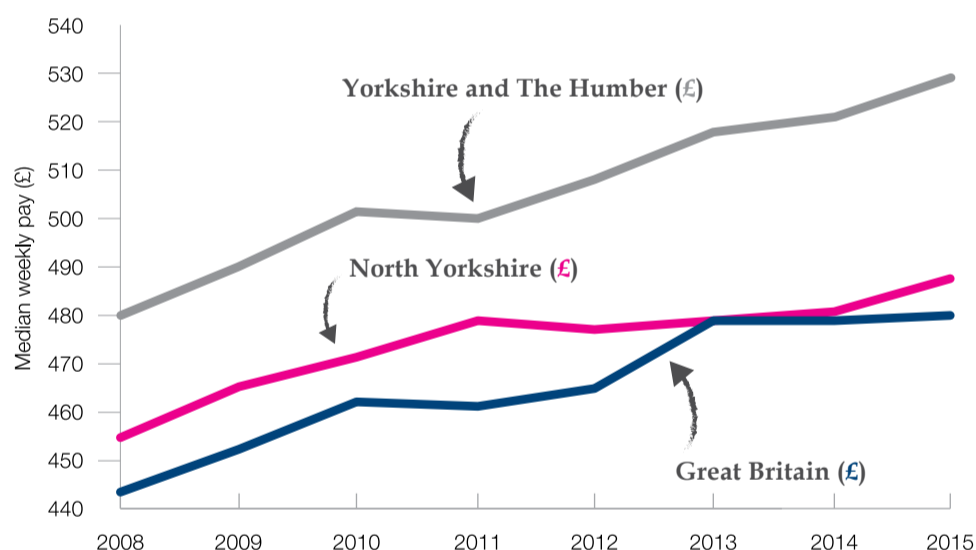
Personal action plan



Know 4 sure

When it comes to cancer, there are four key signs to look out for - unexplained blood that doesn't come from an obvious injury; unexplained weight loss, which feels significant to you; any type of unexplained pain that doesn't go away so if you notice any of these signs, tell your doctor.

- Have the conversation with friends and family to make sure they know the symptoms and take action if necessary.



Source: 2015 Annual Survey of Hours and Earnings resident analysis (ONS)

Key facts

- Median weekly income in North Yorkshire has remained consistently below the national figure and above the Yorkshire and Humber level. The median net weekly household income (equivalised) before housing costs in North Yorkshire in 2011-12 was £520 per week and £471 after housing costs (ONS, 2015).
- The median gross weekly income for full-time workers in North Yorkshire (by residence) in 2015 was £488. This was lower than the national figure of £530 (nomis, 2015).
- Selby had the highest levels of gross weekly income (£526) and Ryedale the lowest (£411).
- Net household income in Harrogate district is significantly higher than in Scarborough district even after allowing for higher housing costs.

Focus for action - Work in partnership to maximise employment opportunities to enhance recruitment and retention of young people in North Yorkshire

- Raise awareness of apprenticeships as a positive career choice for young people who want quality employment and change the perception that apprenticeships are difficult to fill.
- Look for ways to provide discounted travel/commuting to an apprenticeship placement within North Yorkshire (e.g. West Yorkshire combined authorities have discount travel cards).
- Increase efforts for comprehensive schools careers guidance specific to opportunities within North Yorkshire to promote the vacancies, encourage the 'quality' apprenticeship opportunities, and link to user friendly on-line information.
- Increase awareness of childcare availability and opportunities for funded places through the Family Information Service.



Case study

Craven College and Selby College - working together

Craven College's commercial training arm, Tyro, worked collaboratively with Selby College to research, develop and deliver new training packages to the health and social care sector to improve workplace confidence, boost skills, enhance working practices and develop businesses. The two colleges researched the skills gaps to find where there were specific requirements on how care in the community is provided. The research findings revealed the courses employers were keen for their staff to undertake the types of training that would have the biggest impact on the area and the capacity to upskill substantial numbers of employees.

As a result, Craven and Selby Colleges worked together to develop and deliver a range of one day courses, training programmes and distance learning qualifications.

Case study and contact details available at <http://hub.datanorthyorkshire.org/group/dphar>

Building Bridges? Skills and Education

"Opportunity is missed by most people because it is dressed in overalls and looks like work." Thomas Edison

August 2017

Finding the gaps to higher skills and employment

The benefits of skilled jobs and higher education include greater mobility, better health and growth in the local economy. The North Yorkshire area is typically characterised by high skills and low unemployment. However, there are wide variations across the County with pockets of unemployment, underemployment and skills gaps. Lower educational levels and lower skilled jobs are associated with low aspiration and health inequalities. Our main coastal towns including Scarborough have the lowest skill levels, while other areas such as Harrogate and Craven contain some of the highest skill levels nationally ([York North Yorkshire & East Riding Economic Review 2015-16 Draft](#)).

The working-age population in North Yorkshire is generally better qualified. However, we need to think differently about recruitment to certain sectors. For example public administration, health and education make up 45% of all female employment compared to 18.9% of males. In the construction industry 1.9% of employees are female compared to 12.1% of males. A similar pattern occurs in the learning environment. In public sector jobs there are wide variations in roles from a high concentration of low level occupational roles such as administration and the care sector, to highly trained professionally qualified roles such as finance, education, healthcare and engineering ([nomis, 2015](#)).

One you campaign all of August

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Retaining and training the Workforce

The skills shortages, skills gaps and lack of training affect the ability of employers to effectively grow and develop, which has a knock-on effect on the health of the population and on the local economy. As technology changes the way we live and work, our futures are becoming more digital, online and automated. Thus the need for a greater proportion of the workforce with matching skills, such as IT, problem solving, data analysis, customer service and communication. Up-skilling the existing workforce is a priority, particularly because 26% of our population will retire between 2015 and 2022 ([ONS, 2015](#)).

Of North Yorkshire employers surveyed in 2014 32% had offered work experience, in the bottom third nationally. The [Apprenticeship Hub](#) project has reported that young people feel they are not given comprehensive careers advice. Reflecting the demographic of the majority of districts, young people are encouraged down the A level university route which adversely affects retention of young people in the area and the potential of small businesses to expand. This is often compounded by our rurality and difficulties for young people accessing higher education.

Skills requirement



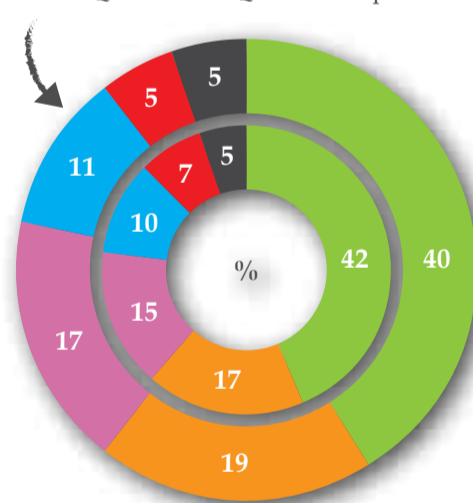
Personal action plan

There's only one you

One You is here to help you make simple changes which can double your chances of being healthy at 70 and beyond. Reduced health in later life is not inevitable. Older people can live as well as young people by making relatively small changes to their habits and lifestyles now. Take the free One You health quiz, 'How Are You', to get personalised recommendations on how to start the fight back to a healthier you. Check out your score and see what tools and offers One You suggests to help you change.

Percentage employment by qualification - 2015

■ NVQ4+ ■ NVQ2 ■ Other qualifications
■ NVQ3 ■ NVQ1 ■ No qualifications



There are areas within North Yorkshire which have the 10% most 'skills deprived' neighbourhoods in the UK. The proportion of the working aged population with an NVQ level 4+ qualification (degree level) fell in the Annual Population Survey for the first time in nearly 10 years.

Key facts

- In 2014, 39.6% had at least a degree-level qualification (NVQ level 4+) compared to the national average of 35.8% ([nomis, 2015](#)). See [here](#) for an explanation of NVQs.
- For people with one to four GCSEs there is the greatest gain in employment compared to those with none.
- There are 610 young people in North Yorkshire classified as Not in Education, Employment or Training (NEET) ([DCSF, 2015](#))
- 39.3% of working age population in Scarborough were economically inactive and wanted a job, meaning several thousand people in the area are not in work, but want to be, yet they aren't classed as unemployed (compared with 22.9% for North Yorkshire) ([nomis, 2015](#)).
- Employment in IT and finance/insurance sectors is 0.9%, lower than the national average (1%).

Focus for action - Take action to overcome the skills shortages

- Improve careers coaching in schools and colleges, including information which fosters ambitions in sectors where there are skills shortages and gender differences.
- Establish collaboration between employers, schools and academic centres to develop work experience, recognised vocational qualifications and other routes for entry into employment, flexible training, recruitment and up-skilling the workforce cost-effectively.

Case study

Scarborough Enterprise Match

- Scarborough Enterprise Match (SEM) was part funded by the European Regional Development Fund. The project comprised of enterprise coaching;
 - in the community and at Yorkshire Coast College
 - in the voluntary and community sector supporting Small and Medium Enterprises.

The most successful strands of the service were the enterprise coaching in the community (delivered by our partner the West and North Yorkshire Chamber of Commerce) and the enterprise coaching in the voluntary / community sector which in effect was a social enterprise support service delivered by Coast and Vale Community Action.

Case study and contact details available at <http://hub.datanorthyorkshire.org/group/dphar>



Social Inclusion in working age people

"When one door of happiness closes, another opens, but often we look so long at the closed door that we do not see the one that has been opened for us" Helen Keller

September 2017

Social inclusion

Social inclusion and social exclusion are closely linked. In North Yorkshire social inclusion is about giving everyone an equally appropriate opportunity to achieve their potential in life, for example, through access to services, education and skills, employment and support; thus enabling people to feel included in society. Social exclusion is the opposite. Factors leading to social exclusion can be a barrier to employment and lead to a vicious cycle of worsening exclusion.

This is part of the complex relationship between social inclusion/exclusion, employment and, physical and mental health and wellbeing. Being in work can help people who are socially excluded to build relationships and create a sense of community with others in the workplace which can contribute to a sense of purpose and belonging. The social networks with co-workers can reduce the risk of loneliness especially for those who live on their own and help overcome isolation and social inaction.



Reasons for Social Exclusion

Social exclusion can happen to us all at some point in our lives through ill-health, serious injury, violence, abuse, bereavement, unemployment or natural disaster. Our ability to cope depends on the protective factors around us to create resilience and where those are missing it can seriously limit our participation in everyday life. It can also increase behaviours harmful to health such as excessive drinking and/or smoking.

A number of factors may act as a barrier to individuals in accessing work and therefore a steady income and ultimately feeling included in society. Commonly these include homelessness, disability and/or a long-term health condition. Homelessness can de-skill a person and contribute towards them becoming increasingly isolated and excluded. Disability is a significant factor in determining the distribution of income and wealth, since it can lead to exclusion.

Economic hardship and socio-economic deprivation are highly correlated with poor health. People living in disadvantaged areas are at greatest risk of experiencing poverty, deprivation and unemployment. Nationally 1,546 clients were surveyed by the debt charity **StepChange** and 47% of respondents said they had visited their GP as a result of mental or physical health problems caused by their debts. 55% of neighbourhoods in North Yorkshire are classified as digitally and socially excluded compared to national average 40% (**AssistedDigitalProject NYCC 2015**).

Personal action plan



Five ways to wellbeing

The Five Ways to Wellbeing are a set of evidence-based actions which promote people's wellbeing. They are: **Connect, Be Active, Take Notice, Keep Learning and Give**. These activities are simple things individuals can do in their everyday lives.

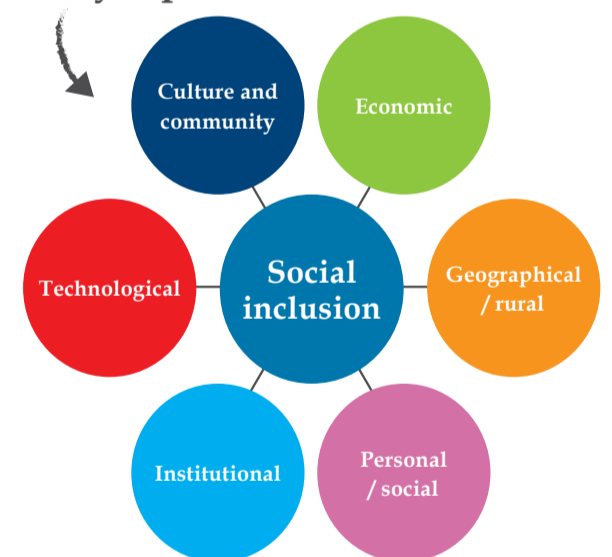
- Search Five Ways to Wellbeing online and find out how to build the five ways into daily living to improve your wellbeing



JSA claimant rate (%), 2015

- 2.0 to 4.0
- 1.5 to 2.0
- 1.0 to 1.5
- 0.5 to 1.0
- 0.0 to 0.5

Key aspects of social inclusion



Key facts

- Although North Yorkshire is one of the least deprived areas in England as a whole, there are 23 **lower super output areas** in the **most deprived quintile** in England. Seventeen of these are in Scarborough district, two are in Selby, two in Craven, one in Harrogate and one in Richmondshire.
- 16,280 people in North Yorkshire are economically inactive and claimed the Employment Support Allowance (ESA)/Incapacity Benefit (IB) (2015) due to long term health conditions. 44% of these (13,500 people) claimed for mental health and behavioural disorders. Of these 1,400 people were aged 18-24 years (**nomis, 2015**).
- There were 2,820 people with disabilities aged 15-64 years who claimed health related benefits in 2015 (**nomis, 2015**).
- On average, 3,280 working age residents claimed the Job Seekers Allowance (JSA) each month in 2015 (**nomis, 2015**).
- There are 12 North Yorkshire wards with JSA unemployment rates higher than the national rate and three wards where the rate is more than double the national rate. All are in Scarborough or Selby districts.

Focus for action - Make adjustments to allow those living with long term health conditions to work

- Accept a doctors 'fit note' which may recommend part-time employment for a phased return to work. In most cases recovery is assisted by activity including return to work.
- Make appropriate adjustments in response to the 'fit note' which means the person is assessed as medically fit to work for the specified number of days a week.
- Maintain regular conversations between employer/employee on what concerns they have about their health and wellbeing in the workplace to develop support and encourage initiatives that aim to improve health and wellbeing.

Case study



Just the Job - workplace occupational training

Just the Job is a charity and social enterprise that empowers adults to reach their potential through work-based training and learning opportunities in their community. Learners complete training in Northern Council for Further Education (NCFE) occupational studies in the workplace, which includes garden maintenance skills, problem solving, building confidence, health and safety, working as a volunteer and as a member of a team. Learners develop new skills, achieve qualifications and contributing to their local community, whilst also benefiting the local environment.

Case study and contact details available at <http://hub.datanorthyorkshire.org/group/dphar>

Be Connected! Connectivity and work

"Don't say you don't have enough time. You have exactly the same number of hours per day that were given to Helen Keller, Mother Teresa, Pasteur, Michelangelo, Leonardo da Vinci, Thomas Jefferson and Albert Einstein" H Jackson Brown Jr

October 2017

Reducing Social Isolation

There is increasing awareness of the importance of connectivity i.e. 'the state of being connected' for health and wellbeing (**Five ways to wellbeing**). Being connected helps individuals overcome loneliness and social inaction, and reduces social isolation. Workplaces, transport infrastructure and digital access are important facilitators of connectivity in North Yorkshire. These factors influence working patterns, for example the physical distance between home and the workplace may be less of a barrier to employment when there is good connectivity; or the home may become the workplace where there is good digital access and flexible employment policies.

Connectivity includes the many formal and informal networks that increasingly describe the way we live 'online'.

Broadband access is vital to modern connectivity and economic growth. Accessibility statistics provided by the Department for Transport show local-level measures/indices of the availability of transport to important services including food stores, education, health care, town centres and employment centres for the populations who use them. The latest data is for 2013, where the national baseline level for accessibility is 106. **North Yorkshire had a score of 53 which is the joint lowest score for all English local authorities for households with transport access to key services and work (Roadwise, 2015).** The North Yorkshire Local Transport Plan (**LTP4 2016**) includes the importance of the transport infrastructure to grow our economy.

Stoptober						
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30	31					1 Stoptober
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Personal action plan **Stoptober**

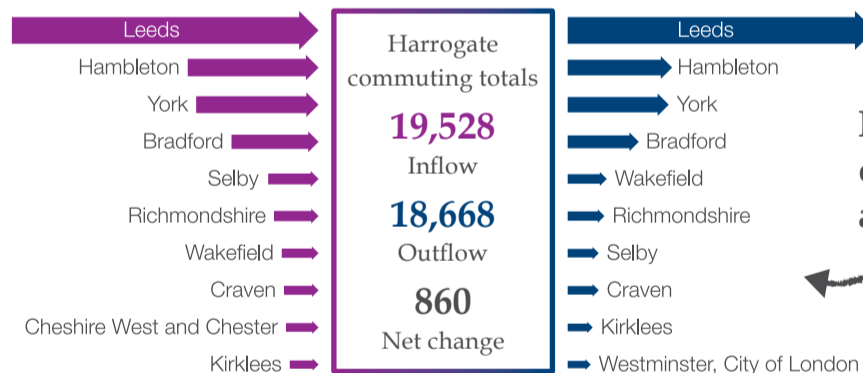
Stoptober

If you stop smoking for 28 days, you're five times more likely to stay smokefree for good. Those who stop smoking for 28 days and longer will begin to experience financial, physical and health benefits including better sense of taste and smell

- Search 'Stoptober' online and sign-up to quit.

Infrastructure

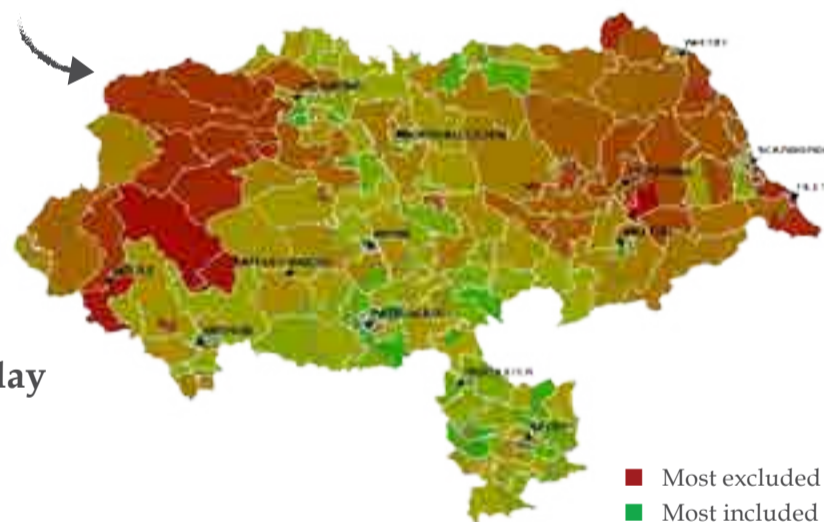
Transport access is important since the majority of people commute to key services including their places of employment and the net change in population during the working day varies substantially between towns in North Yorkshire (**Roadwise, 2015**). The majority of residents live and work within their home district. However, there are very large flows of people travelling to work between North Yorkshire and York, West Yorkshire, the East Riding of Yorkshire and the Tees Valley authorities in particular. There are approximately 9,200 km of highways and some of the worst figures in the UK with respect to the numbers killed and seriously injured on our roads. This is the focus for action of the 95 Alive Road Safety Partnership in North Yorkshire. Raising road safety awareness, increasing education and tackling issues such as drink driving are all part of the partnerships remit.



Movement of people during the working day aged 16 and over

Source: 2011 Census table WU02UK - ([nomis, 2011](http://nomis.ons.gov.uk))

Combined social and digital exclusion index North Yorkshire



Key facts

- For North Yorkshire residents, 88% access the internet via computer or laptop and 42% via mobile phone, 37% via tablet.
- In North Yorkshire 11 of 370 neighbourhoods (LSOA) are classed as deeply digitally and socially excluded.
- People in Craven travel to work on average 6.8 km further than the national average.
- The largest travel to work outflow is from Harrogate to Leeds - 8,481 people, followed by the Selby to Leeds outflow of 6,193 people.
- Within North Yorkshire the largest travel to work flow is from Hambleton to Harrogate (2,377 people), while the opposite flow, from Harrogate to Hambleton is also very large (1,920 people). (Source ONS, 2015).

Focus for action - Raise awareness of road safety and in particular the risks of dependant drinking and develop alcohol policies in workplaces

- Establish a policy and code of conduct for alcohol and substance misuse in the workplace, involving employee representatives.
- Ensure that the policy makes it clear whether or not employees are allowed to consume alcohol at work, drink during working hours, or drink before attending work.
- Make sure that the policy includes information about the level of support – including counselling or professional help – which an employee will receive if alcohol or drug problems are recognised.
- Provide information to increase awareness of alcohol or substance dependence and sources of support. Review access to alcohol within the organisation – for example, at social functions or in social facilities.



Casestudy

95 Alive - North Yorkshire Road Safety Partnership

There is a growing level of concern that drivers do not appreciate the length of time it takes for their body to process alcohol and some are driving to work the following day whilst still over the legal limit. The so-called "morning after" effect. A short visual presentation has been developed by the Road Safety team using a typical large wine glass and blackcurrant squash to demonstrate the quantity of wine that will leave the average person over the limit at 8am the following day – when they drive children to school, or drive to work. The use of unit counters and visual measures reinforces this practical and memorable demonstration of what alcohol units represent in real terms. Feedback has shown people understand the visuals and the risks they face if they drink too much or too late at night.

Case study and contact details available at <http://hub.datanorthyorkshire.org/group/dphar>

Workplace Wellness! Healthy Workplaces

"The best way not to feel hopeless is to get up and do something. Don't wait for good things to happen to you. If you go out and make some good things happen, you will fill the world with hope, you will fill yourself with hope." Barack Obama

November 2017

Creating healthy workplaces

A healthy workplace is one in which the health and wellbeing of employees is valued and where policies and procedures support individual action e.g. public health campaigns. Good work is good for health – provided attention is given to key issues such as, health and safety; job design; management and the organisational culture. From a public health perspective the workplace is an important setting for improving health because of:

- The opportunity to target defined segments of the population.
- The opportunity to work on structural and cultural changes in addition to high visibility 'quick wins'.

Building healthier workforces

An effective healthy workplace programme is associated with positive outcomes for the organisation if the employer goes beyond meeting their legislative obligations, and develops a culture of staff engagement, partnership working across departmental boundaries and a preventative proactive approach to wellbeing. The most successful healthy workplace programmes are underpinned by high levels of commitment and involvement at all levels of the organisation.



Workplace Wellness

There is increasing evidence that investing in workplace health can increase performance and productivity, reduce sickness absence levels and improve employee engagement and motivation. Actions can include:

- Adopting a management and leadership style which supports employees mental health and wellbeing.
- Introducing an environment which encourages and supports health e.g. healthy eating choices, physical use of space to encourage physical activity.
- Creating a culture which encourages good practice in employment through policies and procedures
- Adopting evidence based frameworks (examples of which are discussed below).

There are National Standards for Wellbeing in the workplace

1. The **Workplace Wellbeing Charter** is endorsed by Public Health England and Dame Carol Black and introduces a national framework which brings together evidence and best practice from existing workplace health programmes into one framework. The charter provides a clear set of wellbeing standards focussing on three key areas – leadership, culture and communication in addition to standards relating to mental health, smoking, health and safety, nutrition, alcohol and physical activity.
2. **Mindful Employer** initiative was launched in October 2004 by Devon Partnership NHS Trust to support employers with easier access to information and support for employees with mental health conditions. Beginning as a local initiative, the programme has organically grown into a well-respected national approach to mental health and wellbeing. The Charter is just one part of the Mindful Employer initiative and over 1,500 employers have been signatories at some point since the initiative began in 2004.

One You Easy Meals

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Personal action plan

How healthy is your food?

What you eat, and how much, is so important for your health and your waistline. Choosing healthier foods is easier than you might think. Moderate obesity reduces life expectancy by an average of three years, while morbid obesity reduces life expectancy by 8-10 years - equivalent to the effects of lifelong smoking.

- Search One You online and find information on how to eat well.
- Eat at least five portions of fruit and veg a day; check the fat, salt and sugar content when buying food.



Key facts

- Of the North Yorkshire NHS workforce 30% feel their organisation takes positive action on health and wellbeing (NHS staff survey, 2015).
- The most common reason reported for sickness absence is minor illnesses e.g. coughs and colds. However more days of work are lost due to back, neck and muscle pain (musculoskeletal conditions) than any other cause.
- Sickness absence is highest in the largest workforces, with sickness rates the highest in the health sector and lowest in senior staff positions and in those that are self-employed.
- With increasing age sickness absence rates increase, but this then decreases after eligibility for the state pension.

Focus for action - Promote Healthy Eating

- Create healthy working cultures which encourage people to take a break and provide clean and healthy eating facilities.
- For places with in-house catering facilities, provide a range of healthy foods and drinks, with appropriate healthy portion sizes: identify the healthier choices on menus; provide information on food content and healthy eating.
- For those with vending facilities choose 'healthy vending' options; experiment with pricing of vending items – for example, subsidising the healthier ones and increasing the price of less healthy ones.
- Support 'healthy eating weeks'.

Case study

Disability Action Yorkshire – Harrogate – Food Safety in Catering Course

Disability Action Yorkshire is a charity, limited company and social enterprise providing a variety of services for disabled people in an inclusive environment. The organisation offers training for employment, supported living and assistance in developing the skills required to live independently. Sixteen staff took part in the Food Safety in Catering course. All found the course beneficial in helping them to ensure they exceeded mandatory legal requirements, enabling Disability Action Yorkshire to maintain its 5* hygiene rating and further enhance its reputation.

Case study and contact details available at <http://hub.datanorthyorkshire.org/group/dphar>

Live to Work or Work to Live? Recommendations

"They may forget your name, but they will never forget how you made them feel" Maya Angelou

December 2017



Stay Well this winter

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Recommendation 1 - Create healthy workplaces (January)

- Make workforce health and wellbeing a priority. It is good for staff and customers and it promotes business development and prosperity. Employees are more likely to take their health and wellbeing seriously if they can see those in leadership positions are serious about these issues too.
- Be aware of your responsibilities as an employer and employee under the Health and Safety at Work Act and associated legislation - www.hse.gov.uk and under the Equality Act 2010 www.cipd.co.uk.
- Develop policies and plans that promote the health and wellbeing of the workforce as a long term investment.
- Make an action plan to create a healthy workplace making sure your organisation has good policies and practice in place (e.g. equal opportunities policy, anti-discriminatory practices) and clear routes for reporting and seeking redress.

Focus for action

1. Promote health and wellbeing by increasing physical activity (April).
2. Create smokefree workplaces (June).
3. Raise awareness of road safety and dependant drinking and develop alcohol policies for the workplace (October)
4. Promote healthy eating (November).

Recommendation 2 - Build a healthy workforce, creating a culture that is diverse and inclusive (February)

- Realise the benefits of recruiting a diverse workforce to inform, influence and improve the range and quality of services you provide for customers.
- Provide reasonable support and adjustments to recruit people living with disability and long term health conditions. (North Yorkshire Supported Employment Services can offer guidance).
- Ensure support is in place to retain employees who may become disabled or experience illness and need help to return to work and remain in employment.
- Raise awareness of the issues encountered by people living with long term health conditions and those with mental health problems in the workplace and promote a culture of inclusiveness.
- Consult with employees and their representatives to identify problem areas and make a commitment to take action in partnership.

Focus for action

1. Develop healthy recruitment, retention, training and rehabilitation processes encouraging people to stay in employment (March).
2. Make adjustments to broaden the potential recruitment field and encourage people into work (May).
3. Work in partnership to maximise employment opportunities to enhance recruitment and retention of young people (July).
4. Take action to overcome the skills shortages and up-skill the workforce (August).
5. Make adjustments to allow people living with long term health conditions to work (September).

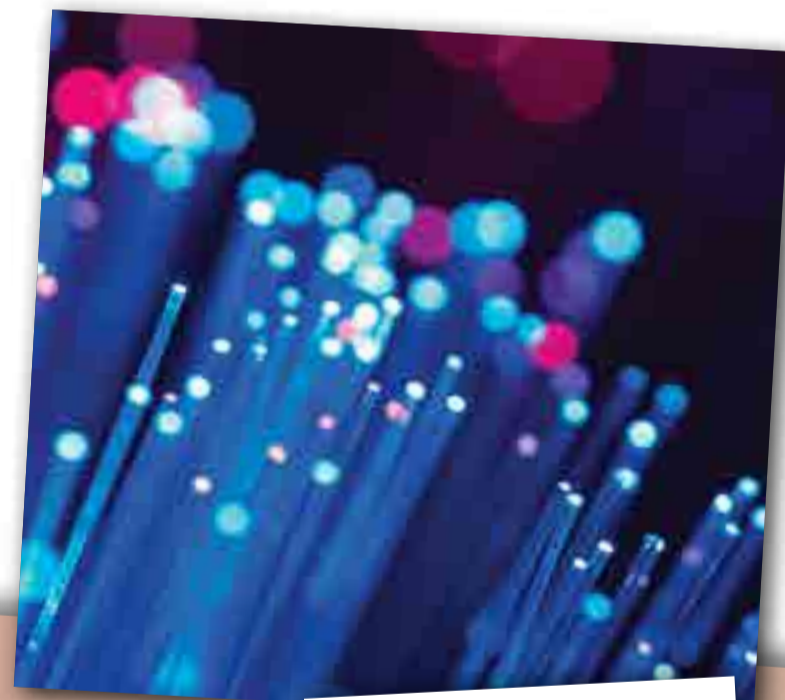
Personal action plan

**STAYWELL
THIS WINTER**

Stay well this winter

Winter can be seriously bad for our health but there a number of things you can do to keep you and your family well this winter. Visit www.nhs.uk/staywell for helpful tips and advice

- Don't put off getting the flu vaccination. If you're eligible get it now. It's free because you need it.



**SUPERFAST
NORTH YORKSHIRE**
CONNECTING OUR COMMUNITY

Case study

Superfast Broadband across North Yorkshire

North Yorkshire has reinforced its commitment to making the area a better place to live and do business by agreeing funding of £20.5 million for phase three of its Superfast North Yorkshire programme. Just over £12 million will come from the NYCC funds, £7.3 million from the Government's Broadband Delivery UK (BDUK) and £1 million from the European Regional Development Fund (ERDF). High quality broadband with a minimum speed of 25Mbps will have been brought to 91% of premises across the County by next June in phases one and two of the project, which has cost £34.5 million. By the end of June 2016, 830 fibre broadband cabinets had been switched on since the launch of the project.

Case study and contact details available at <http://hub.datanorthyorkshire.org/group/dphar>

Update on Recommendations from 2015 report

While this year's report focuses on the working age population, last year's DPH Annual Report 2015 focused on children and young people and made six recommendations that included improving the health and wellbeing of children and young people. These are the actions taken so far:

Child poverty

Child poverty has been discussed in a number of forums including the "Reimagining health for all children in North Yorkshire" conference in April 2016. This conference, the first of its kind, was sponsored by the Children's Trust and brought together leaders and practitioners with responsibility for children's wellbeing. The conference helped to inform the development of the Council's approach to childhood poverty and further work will be done to respond to the national life chances strategy due to be published in the near future. Health visitor assessments include measures of child poverty.

0-5 Healthy Child Programme

The 0-5 health visiting programme successfully transferred from NHS England on 1 October 2015. NYCC embarked upon a rapid review which resulted in the design of a new service specification and performance framework. The new specification was developed based on direct engagement feedback from stakeholders and families. The core principles of the new service are:

- Addressing inequality and easy access - open access for all but intensive targeted work with priority population groups that is timely and consistent.
- Delivering quality - strong leadership and effective system working delivering excellent quality and value for money in conjunction with a professional and skilled workforce.
- Improving outcomes - through delivery of strong evidence based practice that promotes consistent messages and support. A strong focus should be given to prevention, health promotion and early identification.
- Innovation - continuous improvement and use of technology.
- Promoting integration - services to be delivered as part of a multi-agency integrated approach.

Parenting Programmes

A multi-agency group has been meeting regularly to put together the third parenting strategy for North Yorkshire. The Children's Trust Board will be asked to adopt the strategy at its meeting on 28 September. In the meantime, work is ongoing to train staff in the evidence-based programmes that have been identified. There is also a group of professionals and parents developing support for parents' with children who have special educational needs and disabilities.



Childhood obesity

A draft strategy 'healthy weight healthy lives' has been developed on behalf of the Health and Wellbeing Board and is currently under consultation. Giving every child the best start in life is one of the five priorities identified in the strategy, which aims to improve the outcomes of our children and young people in terms of reducing obesity and increasing physical activity and narrow health inequalities within the County by:

- Promoting breast feeding and supporting local organisations to achieve UNICEF Baby Friendly accreditation.
- Encouraging breast feeding initiation and maintenance at six to eight weeks.
- Promoting Healthy Start vitamins and encouraging target groups to take up the offer.
- Developing existing and planned programmes, services and projects that promote healthy school environments and nutritional literacy for school aged children.
- Ensuring that only healthy foods, beverages and snacks are served in formal child care settings or institutions.
- Reducing access to unhealthy food options within an agreed radius of early years, schools and college settings.

PSHE in Schools

All schools have access to the North Yorkshire personal, social, health and economic (PSHE) curriculum entitlement framework for key stages 1- 4 which provides a framework to support schools implement an effective and well planned curriculum.

A range of training opportunities have been provided and accessed by schools to ensure they are delivering high quality PSHE using age appropriate and up-to-date resources, including the National PSHE Continued Professional Development (CPD) programme.

Resources developed by young people in North Yorkshire have been distributed to all secondary schools to support the curriculum delivery on issues such as online safety, child sexual exploitation and raising awareness about lesbian, gay, bisexual, and transgender issues.

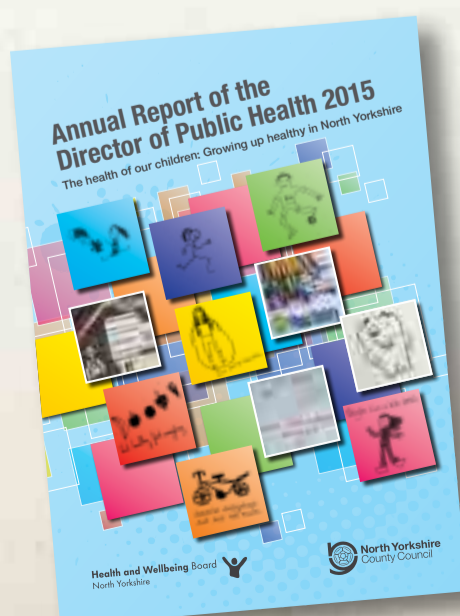
All schools have completed a safeguarding audit that included a focus on how pupils are taught about how to keep themselves and others safe both on and offline. It has identified some further areas that schools would like support on which will be addressed over the coming year in relation to their planned PSHE curriculum.

A number of schools have been invited to take part in targeted programmes to review the provision of PSHE. Training has been provided to schools on delivering effective PSHE, including the national PSHE CPD programme and sex and relationships education in schools. A task and finish group is meeting to identify what offer will be made to schools around improving sex and relationships education.

The Local Authority is currently exploring the impact of the White Paper "Educational Excellence Everywhere" on the delivery of PSHE (<https://www.gov.uk/government/publications/educational-excellence-everywhere>).

Maximise opportunities for Future in Mind

There are two Future in Mind projects to be taken forward this year. The first project is to identify and test with around 30 schools an early identification and assessment tool to support staff to spot any emerging difficulties and provide them with an intervention toolkit. This project will be implemented in September 2016. The second project is the schools emotional wellbeing project which will identify a suitable provider to build capacity in schools to implement whole school approaches to promote emotional wellbeing as well as provide some specific individual and group work interventions; the service will be implemented from January 2017. Alongside the project work there are a number of work streams looking at transformation within the current emotional wellbeing offer to ensure all services are working effectively together.





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NORTH YORKSHIRE COUNTY COUNCIL

CARE AND INDEPENDENCE OVERVIEW AND SCRUTINY COMMITTEE

27 October 2016

WORK PROGRAMME REPORT

1.0 Purpose of Report

- 1.1. The Committee has agreed the attached work programme (Appendix 1).
- 1.2. The report gives Members the opportunity to be updated on work programme items and review the shape of the work ahead.

2.0 Background

- 2.1. The scope of this Committee is defined as: 'The needs of vulnerable adults and older people and people whose independence needs to be supported by intervention from the public or voluntary sector.'

3.0 Local Account

- 3.1. Given that the Local Account must be an honest assessment of social care performance, it was important that, before it is published, the Committee has an opportunity to review, pass comment and make suggestions for any amendments. To streamline business, and allow time at your meeting to carry out other work, you agreed that, this year, group spokespersons be tasked to review the Draft. As long as group spokespersons were content with the content and approach, there need be no further reconsideration of the document.
- 3.2. The conclusions reached were much the same as previous years. The members found it well written and accessible. It again passed perhaps what is the pivotal test: it is not self-congratulatory.
- 3.3. Group spokespersons heard where the Account is published, where it is "on deposit", to whom it is sent - how people can get to see it and comment if they wish. Again this year, it will be published in electronic format only. The cost benefits might speak for themselves, but reassurances were given about the document's continued accessibility. Because hard copies will still be available for those that want and/or need it, and it is intended to continue to spread the word through existing networks, group spokespersons remained comfortable with this streamlined approach.

4.0 Recommendations

- 4.1. The Committee is recommended to consider the attached work programme and determine whether any further amendments should be made at this stage.

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Care and Independence Overview and Scrutiny Committee – Work Programme Schedule 2016

Scope

The needs of vulnerable adults and older people and people whose independence needs to be supported by intervention from the public or voluntary sector

Meeting dates

Scheduled Mid Cycle (10.30am) Group Spokespersons Committee	1 Dec 2016	2 Mar 2017	11 May 2017	24 Aug 2017	9 Nov 2017	15 Feb 2018
Scheduled Committee Meetings (10.30am)	19 Jan 2017	27 Apr 2017	29 June 2017	28 Sep 2017	14 Dec 2017	22 Mar 2018

MEETING	SUBJECT	AIMS/TERMS OF REFERENCE	ACTION/BY WHOM
27 October 2016	Living Well Team/Stronger Communities	Update on progress of Living Well Team and Stronger Communities programme one year on..	HAS/PPP
	Director of Public Health Annual Report	That the Committee consider and comment on the North Yorkshire Director for Public Health Annual Report	DPH
	Local Account	To review, pass comment and make suggestions for any amendments (to be cleared by initially by group spokespersons at Mid Cycle Briefing)	HAS
	Annual Safeguarding Board Report	Chairman of Board presents Annual Report. Dialogue about commitment of partners to Safeguarding agenda.	HAS
	Review of social care providers with whom the authority has a contractual and/or partnership relationship. Dementia Strategy Update and Q and A with Navigators	The dialogue with Dementia Navigators will focus on their support role in communities - their experiences, how they work, what obstacles they face. The purpose of the discussion is to help the committee take a view about how the Health and Adults Services approach commissioning - not just of this service, but other areas of community based support.	HAS
19 January 2017	Supported Employment	A dialogue with leadership and personnel from the North Yorkshire Supported employment Service focussing on outcomes for service users and how the service performs, qualitively and quantitively, against National Occupational standards.	

Care and Independence Overview and Scrutiny Committee – Work Programme Schedule 2016

	Better Care Funding	Update report on performance: particular emphasis on hospital discharge.	
	Yorsexual Health Service	Group Spokespersons to report on their dialogue with provider one year into the commissioned service.	Public Health
	Substance Misuse Service Update Providers	Group Spokespersons to report on their dialogue with provider now that the commissioned service is into its second year.	Public Health
27 April 2017	Dialogue with Care Quality Commission Representative	Follow up to disussion with CQC about inspection regime.	CQC
	START/ in house Domicilliary Care	A possible Q and A session with in-house providers. To be agreed by Group Spokespersons	HAS

Please note that this is a working document, therefore topics and timeframes might need to be amended over the course of the year.

Mid Cycle Briefing Items

Date	Probable Items
1 December 2016	Planning for Supported Employment Item
	Complaints and Commendations (HAS)
	Substance Misuse Service Update Providers
	Sexual Health Service: Update from Provider
	Re-Procurement of the Equipment Service
	Possible NYLAF update
2 March 2017	NY Alcohol Strategy Update
	Assessment Reablement Patthway Update
	Suicide Audit report