

Agenda

Meeting: Care and Independence Overview & Scrutiny Committee

Venue: Meeting Room 3, County Hall,
Northallerton, DL7 8AD
(See location plan overleaf)

Date: Thursday 28 September 2017 at 10.00am

Recording is allowed at County Council, committee and sub-committee meetings which are open to the public. Please give due regard to the Council's protocol on audio/visual recording and photography at public meetings, a copy of which is available to download below. Anyone wishing to record is asked to contact, prior to the start of the meeting, the Officer whose details are at the foot of the first page of the Agenda. We ask that any recording is clearly visible to anyone at the meeting and that it is non-disruptive. <http://democracy.northyorks.gov.uk>

Business

1. Minutes of the meeting held on 29 June 2017 (Pages 6 to 9)
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 25 September 2017. 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.

		<i>PROVISIONAL TIMINGS</i>
4.	Independent Advocacy a) Report by the Corporate Director of Health and Adult Service (Pages 10 to 21) b) Presentation by Suzi Henderson, Chief Officer of Cloverleaf	<i>10.05-10.50am</i>
5.	NY Safeguarding Adults Board: Annual Report 2016/17 - Introduction by Colin Morris, Independent Chair (Pages 22 to 79)	<i>10.50am-11.30am</i>
6.	North Yorkshire Joint Alcohol Strategy: Update a) Report by Claire Robinson, Health Improvement Manager, Health and Adult Services (Pages 80 to 93) b) Presentation by David Miller, Divisional Trading Standards Officer, Growth, Planning and Trading Standards (BES)	<i>11.30am-12noon</i>
7.	Suicide Audit – Report by Claire Robinson, Health Improvement Manager, Health and Adult Services (Pages 94 to 96)	<i>12noon-12.15pm</i>
8.	Work Programme - Report of the Scrutiny Team Leader (Pages 97 to 102)	
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.

18 September 2017

NOTES:

Emergency Procedures for Meetings

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Persons should not re-enter the building until authorised to do so by the Fire and Rescue Service or the Emergency Co-ordinator.

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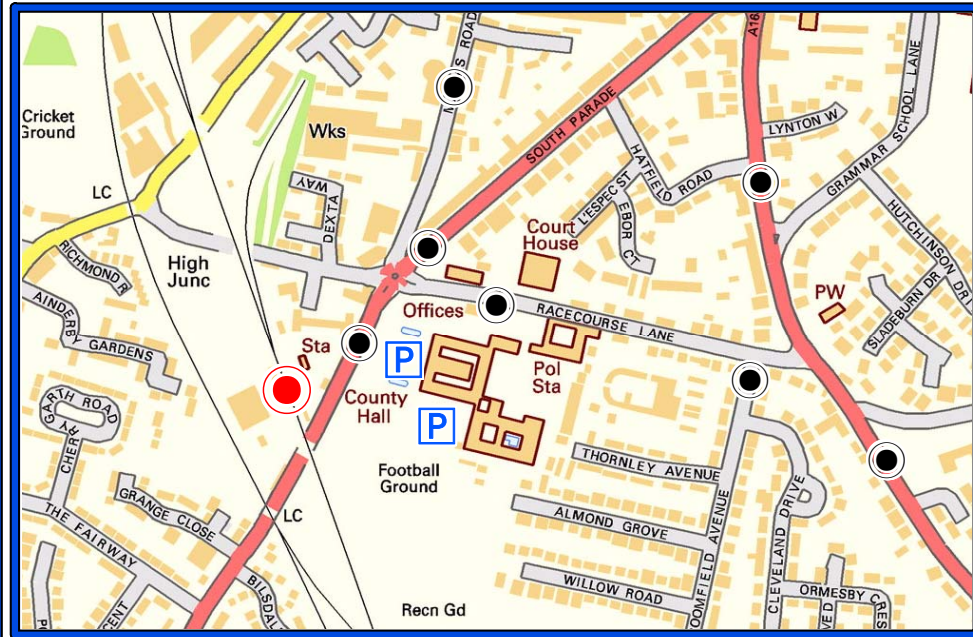
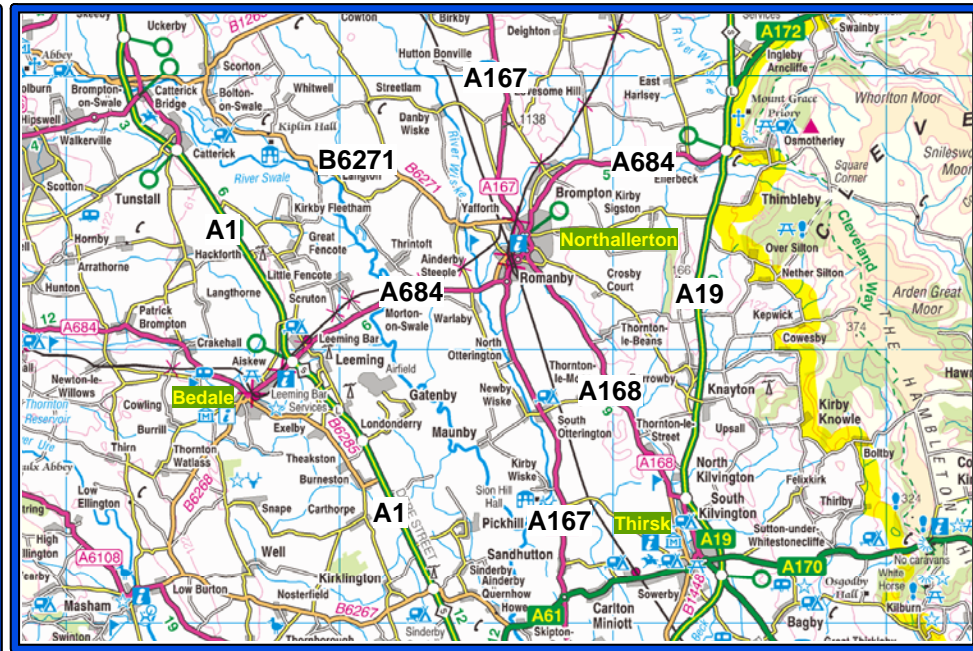
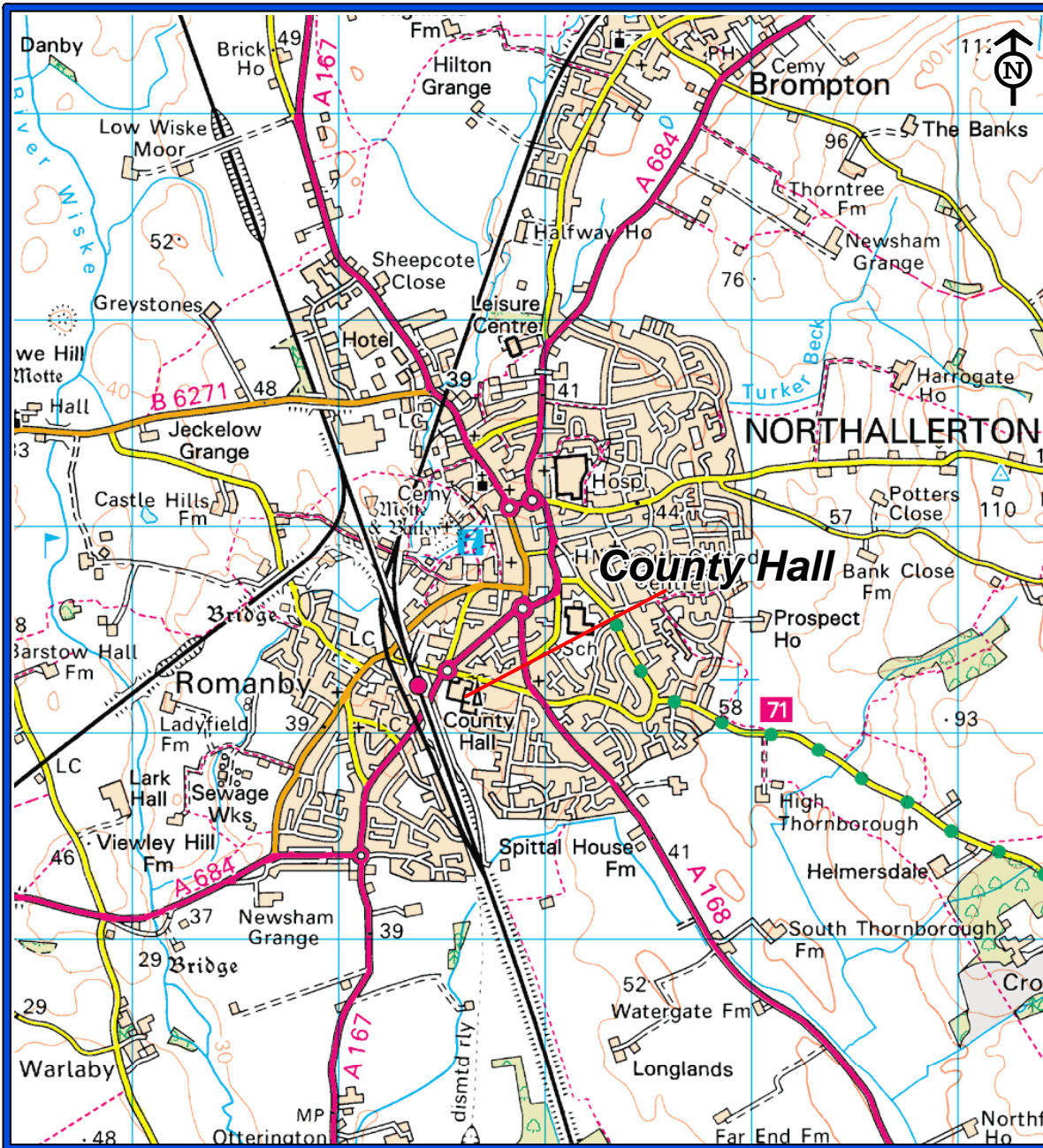
Care and Independence Overview and Scrutiny Committee

1. Membership

County Councillors (13)					
	<i>Councillors Name</i>	<i>Chairman/Vice Chairman</i>	<i>Political Group</i>	<i>Electoral Division</i>	
1	BROADBANK, Philip		Liberal Democrat	Harrogate Starbeck	
2	BROADBENT, Eric		Labour	Northstead	
3	CHAMBERS, Mike MBE		Conservative	Ripon North	
4	ENNIS, John	Chairman	Conservative	Harrogate Oatlands	
5	GOODRICK, Caroline		Conservative	Hovingham and Sheriff Hutton	
6	GRANT, Helen	Vice-Chairman	NY Independents	Central Richmondshire	
7	JEFFELS, David		Conservative	Seamer and Derwent Valley	
8	JENKINSON, Andrew		Conservative	Woodlands	
9	LUMLEY, Stanley		Conservative	Pateley Bridge	
10	MANN, John		Conservative	Harrogate Central	
11	MARTIN, Stuart MBE		Conservative	Ripon South	
12	SEDGWICK, Karin		Conservative	Middle Dales	
13	WILSON, Nicola		Conservative	Knaresborough	
Members other than County Councillors – (3)					
Non Voting					
	<i>Name of Member</i>	<i>Representative</i>		<i>Substitute Member</i>	
1	QUINN, Jill	Dementia Forward			
2	PADGHAM, Mike	Independent Care Group			
3	VACANCY				
Total Membership – (16)				Quorum – (4)	
Con	Lib Dem	NY Ind	Labour	Ind	Total
10	1	1	1	0	13

2. Substitute Members

Conservative		Liberal Democrat	
	<i>Councillors Names</i>		<i>Councillors Names</i>
1	MOORHOUSE, Heather	1	
2	PLANT, Joe	2	
3	PEARSON, Chris	3	
4		4	
5		5	
NY Independents		Labour	
	<i>Councillors Names</i>		<i>Councillors Names</i>
1		1	COLLING, Liz
2		2	
3		3	
4		4	



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Northallerton
North Yorkshire
DL7 8AD

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North
Yorkshire County Council

North Yorkshire County Council

Care and Independence Overview and Scrutiny Committee

Minutes of the meeting held on Thursday 29 June 2017 at 10.30am at County Hall, Northallerton.

Present:-

County Councillor John Ennis in the Chair

County Councillors: Philip Broadbank. Eric Broadbent. Michael Chambers MBE, John Ennis, Caroline Goodrick, Helen Grant, David Jeffels, Andrew Jenkinson, Stanley Lumley, John Mann, Stuart Martin MBE, Karin Sedgwick and Nicola Wilson.

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

Officers: Ray Busby (Scrutiny Support Officer), Rachel Bowes Assistant Director Care and Support, Care and Support, Michael Rudd, Head of Commissioning - Hambleton, Richmondshire & Whitby, Commissioning (HAS), Richard Webb (Corporate Director HAS),

Apologies: Mike Padgham (Independent Care Group).

Copies of all documents considered are in the Minute Book

126. Minutes

Resolved –

That, the Minutes of the meeting held on 19 January, having been printed and circulated, be taken as read and be confirmed and signed by the Chairman as a correct record.

127. Declarations of Interest

There were no declarations of interest to note.

128. 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.

129. Social Care Overview and Areas for Scrutiny; Social Care Market

Considered –

Presentation and briefing by Richard Webb, Corporate Director

Considering the “newness” of the membership and the committee’s very broad remit, Richard Webb spoke to a presentation with a wide ranging content on the key issues

facing social care. That way, the committee was able to explore with him: "Is the current social care system sustainable? How far can we be confident that we will have fair and sustainable funding settlements that take account of rising demand for social care and increasing complexity of people's needs?"

Richard explained that North Yorkshire's offer in this regard falls into a number of areas, notably:

- A stable test-bed for policy and service innovation, with a strong-track record of delivery.
- Scarborough project with Primary Care.
- An extensive Extra Care Programme.
- Strong commitment to prevention.

Richard also concentrated on the state of the social care market. High-quality, personalised care and support can only be achieved where there is a vibrant, responsive market of service providers. But current market pressures can be clearly seen: we are seeing care home providers withdrawing from the market either for financial or quality issues, CQC inspections are much tougher, domiciliary care remains an issue in much of the county.

Members were encouraged by some of the draft proposals for addressing this instability:

- The possibility of market supplements for domiciliary care providers.
- Quality Improvement team to work with failing care providers.
- Centre of Excellence for recruitment.
- Enhanced quality monitoring.
- A focus on recruitment and retention.
- Capital grants.
- Employee benefits scheme for smaller businesses

Members agreed that the content of the presentation, and the discussion that followed, gives grounds for being confident that these challenges are being responded to by new ways of delivering services, joined up working and effective collaboration.

Resolved -

- a) That the presentation be noted.
- b) In terms of focussed scrutiny later in the year, the committee decided to look at how we can be reassured that care providers, particularly those who operate residential establishments, are satisfactorily meeting appropriate quality standards and requirements.

130. Assessment and Reablement

Considered -

Presentation Report by Rachel Bowes, Assistant Director Care and Support, Care and Support

As part of the committee's work under the theme Resource Management and Social Care, members examined that part of the operating model that is Independence and Reablement. The key features of which, outlined below, were supported:

- A single dedicated point of access for the public, an initial point of contact for professionals into adult social care in North Yorkshire and, where possible, maximising opportunities to respond to enquiries at this point
- The focus on supporting individuals to maximise their independence, including preventing unnecessary hospital admission and premature admission to long term residential care, providing early well planned safe discharge from hospital and a rapid response to urgent need. This can include a period of reablement for those who are identified as having reablement potential.
- Planned Care and Support - supporting people with long term social care and support needs as well as supporting their carers through better care co-ordination, support interventions and through commissioned services.

Members expressed interest in learning more about the development of strength-based assessments - an approach to care, support and inclusion which says let's look first at what people can do with their skills and their resources and what can the people around them do in their relationships and their communities.

Resolved -

- a) That the report and subsequent discussions be noted.
- b) Bearing in mind how critical the development of strength based assessments has become, and the aim to embed them in all processes, the committee decided to revisit, later in the year, progress and performance in this area specifically,

131. Dementia Strategy

Considered -

Report by Michael Rudd, Head of Commissioning - Hambleton, Richmondshire & Whitby, Commissioning (HAS) including the Draft Dementia Strategy to be taken at the next meeting of the Health and Well Being Board

Michael Rudd explained that 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.

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%.

Members liked the emphasis on using the experiences of people living with dementia to help shape the approach to dementia in North Yorkshire through the lifetime of the strategy. Members applauded the stated aim for a clearer, simpler and more person centred system of support and information for people living with dementia and their carers.

Resolved -

- a) That the report be noted.
- b) The Health and Well Being Board be advised that the strategy has this committee's wholehearted support.

132. Health and Social Care Integration

Considered -

The report of the Scrutiny Team Leader proposing Joint Scrutiny between the Care and Independence Overview and Scrutiny and the Scrutiny of Health Committees on: "health and social care workforce planning"; and "integration of health, mental health and adult social care commissioning and service provision"

Resolved -

- a) That members of the committee be nominated to take part in the joint sub-group of the Scrutiny of Health Committee and the Care and Independence Committee.
- b) In terms of the second proposal in the report, It was agreed that the wider ranging topic of health and social care integration would benefit from joint scrutiny with the Scrutiny of Health Committee; it being acknowledged that a small number of clearly defined lines of enquiry would need to be drafted for this work

133. Work Programme

Considered -

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

Resolved -

That the Work Programme be agreed.

NORTH YORKSHIRE COUNTY COUNCIL

Care and Independence Overview and Scrutiny Committee

28 September 2017

Independent Advocacy

1.0 Purpose of Report

- 1.1 The purpose of the report is to provide an overview of the Independent Advocacy service that the Council has a statutory duty to provide, including how the service was commissioned, how the service is monitored and a summary of advocacy activity.

2.0 Background

- 2.1 The Care Act 2014 requires local authorities to involve people in assessment, care planning and reviews. The new legislation widens the eligibility for advocacy to include individuals who would experience substantial difficulty in being involved with care and support ‘process’ or safeguarding, or Safeguarding Adults Review (SAR); and does not have an appropriate individual to support them. Where someone is unable to fully participate in these conversations and has no one to help them, local authorities will arrange for an independent Advocate.
- 2.2 Advocates provide an independent support to people, who through vulnerability or lack of capacity need support to help them make a decision, or express what they want to say, or someone to act on their behalf and represent their best interests. This is if there is no family or friend who can undertake this.
- 2.3 The Care Act sets out what is required of an independent advocate:
- a) A suitable level of appropriate experience
 - b) Appropriate training and qualification, e.g. working towards the National Qualification in Independent Advocacy (level 3) within one year of being appointed and to achieve it in a reasonable amount of time
 - c) Competency in the task
 - d) Integrity and good character
 - e) Ability to work independently of the local authority or body carrying out the assessment, support planning or review on the local authority’s behalf.
 - f) Arrangements for supervision
- 2.4 Other Statutes that place the duty of the provision of advocacy, called Independent Mental Capacity Advocates (IMCA) or Independent Mental Health Advocates (IMHA) on Local Authorities are:
- a) Mental Health Act 1983 (amended 2007)

- b) Mental Capacity Act 2005 and;
- c) Health & Social Care Act 2012
- d) Equality Act 2010

- 2.5 There are specific requirements for advocates where someone may be deprived of their liberty, and where they do not have the capacity to make a particular decision about their health and care, or living arrangements and have no close family or friend able to act on their behalf, through for example Lasting Power of Attorney.
- 2.6 This more specialist advocacy could include decisions on, for example, where someone should live, whether they should undergo a particular treatment, whether they need some restrictions placed on their day to day movements to ensure their safety.
- 2.7 Local authorities can also provide discretionary advocacy for people who do not necessarily fall into the Care Act or more specialist advocacy requirements.

3.0 How the Advocacy Service was commissioned

- 3.1 A commissioning exercise was undertaken and completed in February 2016 to select a new provider of advocacy services from April 2016. The invitation to tender sought one county wide provider, with the ability for consortia to bid, or for a Lead Provider to sub-contract. This optimises value for money, by minimising management and overhead costs, and supports operational quality for people receiving the service. Provider staff will undergo the same training and development and work to the same policies and procedures and allows flexibility in the response to both specialist and discretionary work.
- 3.2 The selected provider (Total Advocacy), provides Care Act, the more specialist IMCA and IMHA and some discretionary advocacy. As the demand for each element of the service going forward was not known, indicative percentages were given for each element which can flex depending on demand.
- 3.3 The commissioning exercise followed good practice outlined in “Commissioning for Better Outcomes” and included contacting other local authorities for best practice examples, reviewing other specifications, undertaking engagement (see below) etc.
- 3.4 From the 9th – 30th November 2015, the Council undertook an engagement programme with potential users, carers and professionals to inform the procurement. This was via face to face discussion, 138 responses to an online survey, presentation and conversation with discussion groups and attendance at forums with people who use HAS services and professionals supporting customers.
- 3.5 The online survey responses and face to face discussions highlighted awareness of advocacy as their top ranking issue. This was closely followed by expectations, which are linked to awareness, availability of information and

advice regarding what advocacy services can assist with. As a result of this strengthened communication, advice and information requirements were written into the specification.

- 3.6 A session was held in November 2015 with professionals and providers to map the customer journey from initial contact through to delivery for people who may need advocacy support. This identified examples of how organisations could more efficiently adapt and use current systems and protocols. Examples were: training needed at initial contact with NYCC customer contact centre and additional training delivered to support understanding of whether an advocacy issue and how to identify one; ensuring Living Well teams have advocacy information, identifying areas of low usage and the successful provider working with those communities to raise profile of advocacy.
- 3.7 The selection of the provider was a robust process involving a number of Officers from NYCC and CCG's assessing their response to a series of questions, a presentation and providing evidence that they are a soundly governed and financially secure organisation. The provider also had to provide assurance that they have an externally verified quality assurance process.

4.0 How the service is monitored

4.1 Quarterly performance monitoring and practice meetings are held with the provider.

4.2 This is in order to:

- review monitoring activity completed by the provider on a quarterly basis
- allow any issues to be raised from either the Council or the provider that is affecting service delivery
- consider any new requirements e.g. changes in legislation

4.3 The provider produces a quarterly report which summarises the position and provides case studies. Appendix 1 summarises the performance monitoring for 2016/17. The level of detail allows the Council to scrutinise the service and highlight any issues that need to be further explored.

4.4 Examples of this include:

- in the Harrogate area, the level of referrals for Care Act advocacy appeared low compared to the level of population in that area. As a result of this, awareness raising was carried out with Care and Support staff in that area. The figures from last year show an increase of three referrals in Quarter 1 of 2016/17 to 11 in Quarter 4.
- looking at the analysis of the primary needs of people with independent advocacy support, people with learning disabilities comprise nearly half. As the numbers of people with dementia increase, one would expect an

increase in numbers of people with dementia requiring support. Having this level of detail, will allow us to monitor the position going forward.

5.0 Demand for Services

- 5.1 Overall, almost 1.500 referrals for independent advocacy were made in 2016/17 and the caseload of the service increased from 469 to 711.
- 5.2 The demand for Care Act advocacy has not as yet increased as much as was expected before the legislation was enacted.
- 5.3 Specialist advocacy continues to increase and comprised 60% of the advocacy activity in 2016/17. This has increased steadily since 2012/13 and is in line with a doubling of Deprivation of Liberty (DoLS) assessments, with a need for both one off assessments and longer term advocacy support. Much of this increase has been caused by the Cheshire West judgement in the High Court in 2013, which clarified, and extended the circumstances under which a Deprivation of Liberty Safeguard should be considered to include those occasions where it has been assumed that someone is not objecting to the safeguards put in place.
- 5.4 25% of referrals for advocacy was for the non-statutory or discretionary independent advocacy. As the demand for Care Act advocacy has not been as high as expected, this has allowed the flexibility to provide more for this.

6.0 Recommendations

- 6.1 The Care and Independence Overview and Scrutiny Committee is recommended to note the information in this report.

Kathy Clark

Assistant Director Commissioning, Health and Adult Services

Report compiled by Avril Hunter

Email Avril.hunter@northyorks.gov.uk

County Hall
Northallerton

19 September 2017
Background Documents Nil

Total Advocacy

Summary Monitoring Report for 2016/17 (full year)

Care Act Advocacy

- 181 new referrals during 2016/17 – 12% of total referrals to the Total Advocacy service.
- Caseload of 95 at 31.3.17 – 13% of total caseload.
- 14% of total advocacy hours provided during 2016/17 - below the indicative target of 20% but this has enabled some flexibility within the contract as there are a high number of non-statutory referrals. Comparison with Quarter 3 does show a 35% increase in advocacy hours provided in Quarter 4.
- Highest percentage of referrals are in Scarborough (33%) and Hambleton (20%). 3 referrals were for individuals placed out of County – Total Advocacy provided the advocate.
- 100 referrals (45%) were for advocacy support through the Needs Assessment Process. This represents 0.77% of the total 12,977 Needs Assessments completed by NYCC during 2016/17.
- 62 referrals (28%) were for advocacy support through the care and support review process. This represents 0.39% of the total 15,797 reviews completed by NYCC during 2016/17.
- 36 referrals (16%) were for advocacy support through Safeguarding. During the period April to December 16, 2.29% of the 1,137 Safeguarding concerns that progressed to Safeguarding enquiry received advocacy support.
- 95 referrals (49%) were in respect of individuals that were recorded as having a Learning Disability as their primary need.

IMCA/RPR

- 606 new referrals during 2016/17 – 42% of total referrals to the Total Advocacy service. Of the total IMCA referrals 195 (32%) were for a Paid RPR
- Caseload of 396 as at 31.3.17 – 56% of total caseload.
- 46% of total advocacy hours provided during 2016/17 – in line with the indicative target
- Highest percentage of referrals are in Scarborough (34%) and Harrogate (29%)
- Highest number of referrals – 195 (32%) related to advocacy support as Paid RPR. 164 (27%) related to a change in accommodation.

IMHA

- 216 new referrals during 2016/17 – 15% of total referrals to the Total Advocacy service.
- Caseload of 77 as at 31.3.17 – 11% of total caseload
- 15% of total advocacy hours provided during 2016/17– in line with the indicative target.
- Highest percentage of referrals are from Cross Lane, Scarborough (48%)
- Highest number of referrals – 140 (65%) related to advocacy support for people detained under Section 2 of the Mental Health Act.

Non-Statutory Advocacy

- 455 new referrals during 2016/17 – 31% of total referrals to the Total Advocacy service.
- Caseload of 143 as at 31.3.17 – 20% of total caseload
- 25% of total advocacy hours provided during 2016/17– higher than the indicative target, however the lower demand for Care Act Advocacy has provided some flexibility within the contract.
- Highest percentage of referrals are in Scarborough (34%)
- Highest percentage of referrals are from Health and Adult Services (37%) with self-referrals the next highest (23%)
- Highest number of referrals related to people requiring support with housing – 87 (20%) or to access other services – 86 (20%)

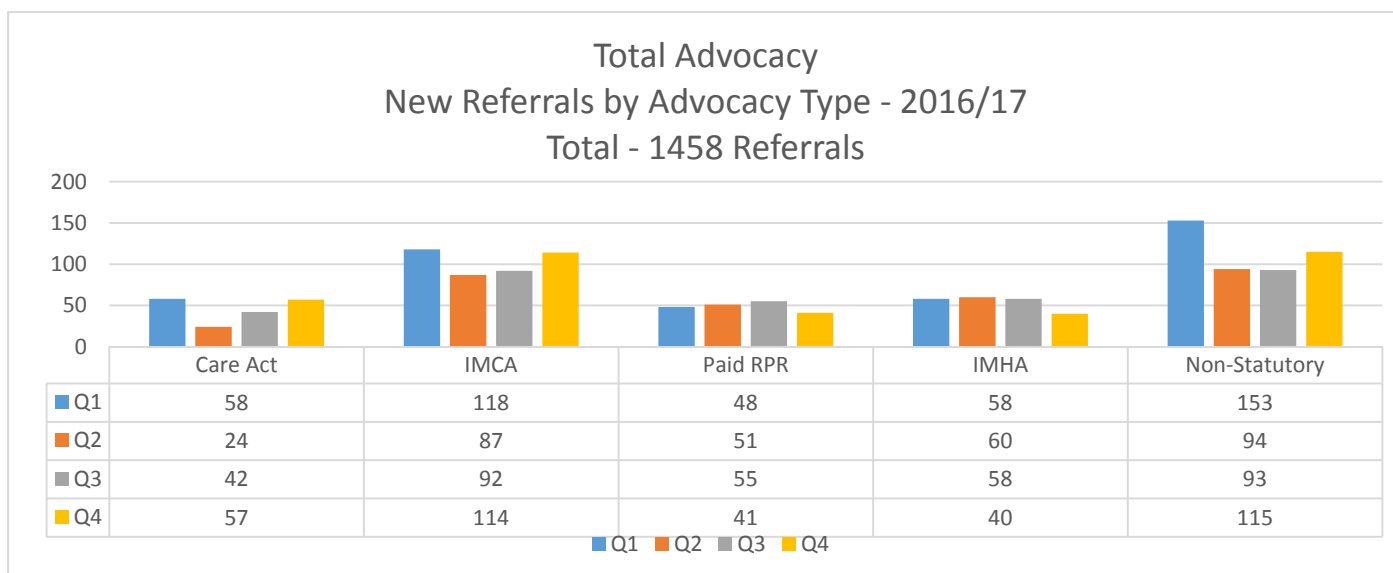
Advocacy Hours

APPENDIX 1

- Overall Advocacy hours provided during 2016-17 are slightly below the indicative annual target however this appears to be due to the lower demand for Care Act Advocacy as hours provided for IMHA/IMCA/RPR and Non-Statutory advocacy are above indicative targets.

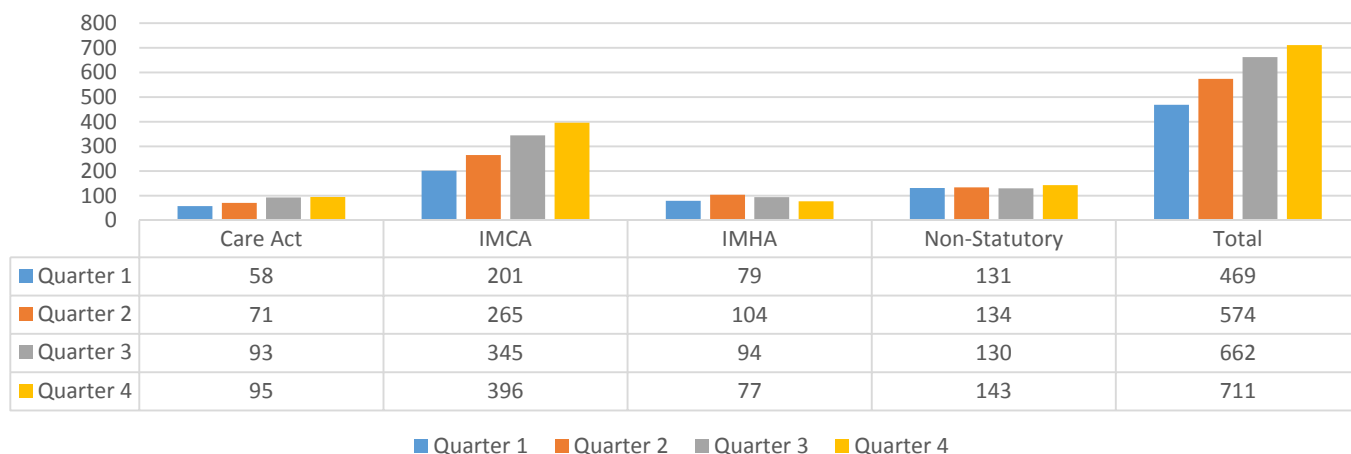
Detailed analysis and charts

Total Advocacy - New Referrals by Advocacy Type - 2016/17						
	Q1	Q2	Q3	Q4	Total	% of total referrals
Care Act	58	24	42	57	181	12%
IMCA	118	87	92	114	411	28%
Paid RPR	48	51	55	41	195	13%
IMHA	58	60	58	40	216	15%
Non-Statutory	153	94	93	115	455	31%
Total	435	316	340	367	1458	



Caseload at end of each quarter - 2016/17								
	Quarter 1	% of Total	Quarter 2	% of Total	Quarter 3	% of Total	Quarter 4	% of Total
Care Act	58	12%	71	12%	93	14%	95	13%
IMCA	201	43%	265	46%	345	52%	396	56%
IMHA	79	17%	104	18%	94	14%	77	11%
Non-Statutory	131	28%	134	23%	130	20%	143	20%
Total	469		574		662		711	

Total Advocacy
Caseload by Advocacy type at end of each Quarter 2016/17



Total Advocacy - Number of Individuals worked with over the months April 2016 to March 2017

	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
Care Act	55	58	53	49	50	43	50	55	56	61	59	81
IMCA	222	221	217	195	217	210	221	260	198	Not recorded		236
IMHA	77	77	90	70	62	63	72	60	82	53	65	55
Non-Statutory	107	132	150	126	136	115	126	126	110	130	85	112
Total	461	488	510	440	465	431	469	501	446	244	209	484

Advocacy hours provided by Advocacy type

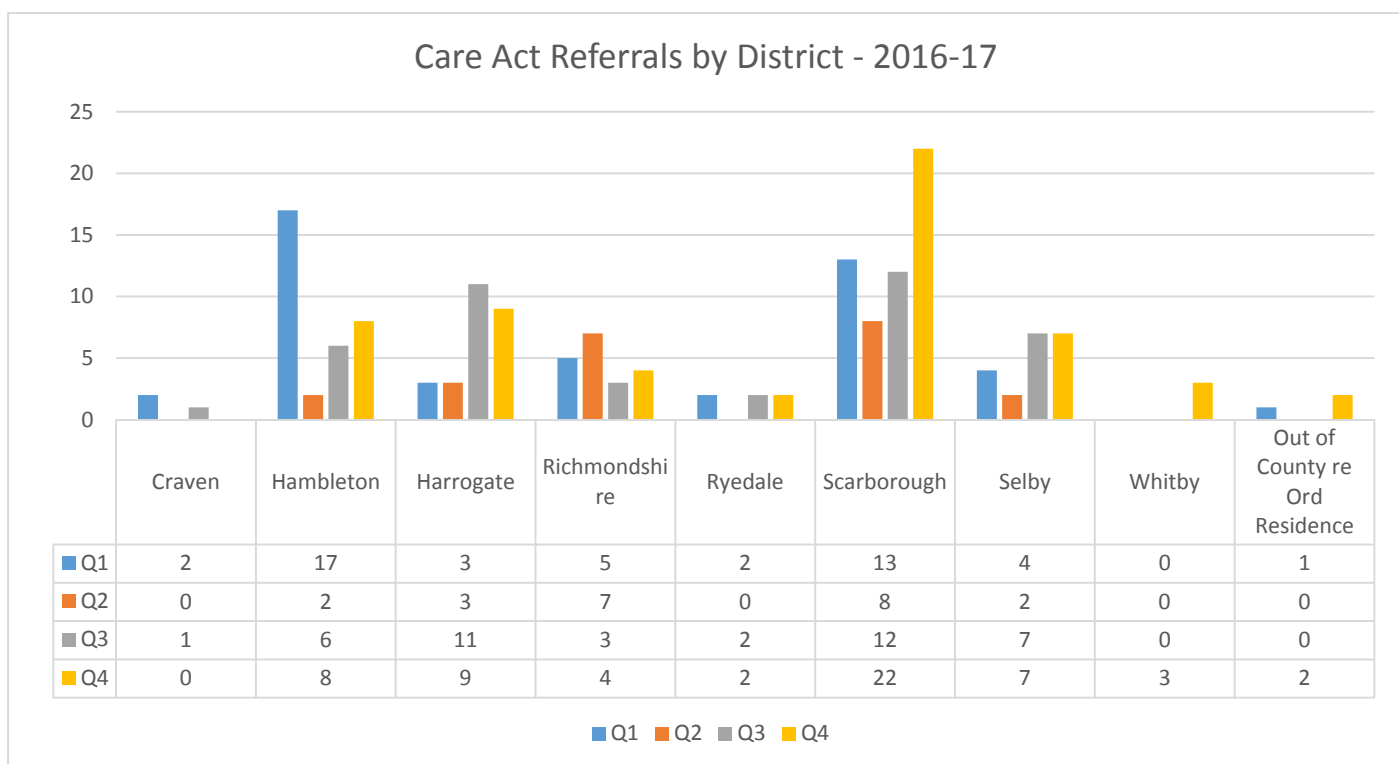
Advocacy type	Target 2016/17			Actual 2016/17					
	Indicative annual activity %	Indicative annual activity by hours	Indicative quarterly activity by hours	Hours provided Q1	Hours provided Q2	Hours provided Q3	Hours provided Q4	Total Hours provided 2016/17	% of total hours provided
IMHA	60%	13,797	3,449.25	709	925	933	776	3,343	15%
IMCA				1,658	1,575	1,720	1,884	6,837	30%
RPR				604	962	1,047	1,022	3,635	16%
Total IMHA/IMCA/RPR				2,971	3,462	3,700	3,682	13,815	61%
Care Act	20%	4,599	1,149.75	688	708	752	1,013	3,161	14%
Non-Statutory	20%	4,599	1,149.75	1,270	1,645	1,214	1,400	5,529	25%
Total		22,995	5,748.75	4,929	5,815	5,666	6,095	22,505	

Referrals by District 2016/17

District	Care Act		IMCA		Non-Statutory	
	Referrals	% of Total	Referrals	% of Total	Referrals	% of Total
Craven	3	2%	9	2%	20	5%
Hambleton	33	20%	46	10%	59	14%
Harrogate	26	15%	138	29%	67	16%
Richmondshire	19	11%	24	5%	36	9%

APPENDIX 1

Ryedale	6	4%	19	4%	21	5%
Scarborough	55	33%	159	34%	142	34%
Selby	20	12%	37	8%	36	9%
Whitby	3	2%	40	8%	38	9%
Out of County re Ord Residence	3	2%	0	0%	0	0%
Total	168		472		419	



Note re referrals by District – 28 referrals in Q1 and 2 referrals in Q2 were not captured by district split due to transition period from previous contracts and staff training on recording system.

IMHA Referrals by Location - 2016/17		
Location	Referrals	% of Total
Cross Lane, Scarborough	103	48%
Friarage Hospital, Northallerton	24	11%
Harrogate Hospital, Harrogate	56	26%
The Orchards, Ripon	2	1%
Springwood, Malton	3	1%
Worsley Court, Selby	20	9%
Community	6	3%
Total	214	

Care Act Referrals by Advocacy Support provided - 2016/17						
	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total	% of Total
Needs Assessment	41	10	22	27	100	45%
Preparation of care/support plan	7	5	6	6	24	11%
Review of care/support plan	18	7	16	21	62	28%
Safeguarding	14	6	6	10	36	16%

APPENDIX 1

Change of accommodation exception	1	0	0	0	1	0%
Total	81	28	50	64	223	

Non-Statutory Advocacy - 2016/17						
Advocacy support provided	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total	% of Total
Access to health services	8	0	0	0	8	2%
Access to mental health services	9	0	0	0	9	2%
Access to other services	60	5	17	4	86	20%
Care and Support Planning	16	0	0	0	16	4%
Care Reviews	12	0	0	0	12	3%
Child protection	5	0	0	0	5	1%
Complaints	35	6	9	6	56	13%
Finance/access to financial information	21	9	4	5	39	9%
Housing	60	6	15	6	87	20%
Support at meetings	3	0	2	0	5	1%
Needs Assessment	9	3	0	2	14	3%
Best Interest Meeting	5	2	0	1	8	2%
Review Meeting	5	1	8	2	16	4%
Care Package	9	1	2	4	16	4%
Family Issues	5	4	3	8	20	5%
Support to speak with social worker	6	5	6	10	27	6%
Safeguarding	2	0	0	0	2	0%
Physical Health Issues	2	5	8	0	15	3%
Total	272	47	74	48	441	

IMCA Referrals by Decision Making Area 2016/17						
	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total	% of Total
Change of Accommodation	41	38	40	45	164	27%
Serious Medical Treatment	13	12	15	25	65	11%
DoLS 39A	18	12	13	12	55	9%
DoLS 39C	11	0	4	2	17	3%
DoLS 39D	5	3	0	1	9	1%
Care Review	4	2	8	12	26	4%
Safeguarding	26	20	12	17	75	12%
Paid RPR	48	51	55	41	195	32%
Total	166	138	147	155	606	

IMHA Referrals by Mental Health Section 2016/17						
	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total	% of Total
Section 2	41	32	40	27	140	65%
Section 3	16	21	17	12	66	31%

APPENDIX 1

Community Treatment Order	1	7	0	1	9	4%
Total	58	60	57	40	215	

Referrals by Primary Need - 2016/17						
Primary Need	Care Act		IMCA		Non-Statutory	
	Referrals	% of Total	Referrals	% of Total	Referrals	% of Total
Learning Disability	95	49%	120	20%	113	22%
Autism Spectrum Disorder	6	3%	0	0%	4	1%
Acquired brain injury	5	3%	23	4%	6	1%
Physical Impairment	14	7%	30	5%	88	17%
Sensory Impairment	2	1%	4	1%	9	2%
Mental Health condition	20	10%	67	11%	103	20%
Frailty / Older Person	3	2%	14	2%	60	12%
Hearing Impairment	0	0%	0	0%	1	0%
Visually Impaired	0	0%	1	0%	3	1%
Dementia	32	16%	312	51%	20	4%
Long term ill health	8	4%	4	1%	22	4%
Carer	0	0%	0	0%	31	6%
Other	9	5%	31	5%	45	9%
Total	194		606		505	

Referral Source re Care Act and Non-Statutory Advocacy - 2016/17				
Referral Source	Care Act		Non-Statutory	
	Referrals	% of Total	Referrals	% of Total
Health & Adult Services	157	80%	188	37%
Primary health service	0	0%	2	0%
Secondary health service	19	10%	46	9%
Self	0	0%	114	23%
Voluntary agency	0	0%	7	1%
Advocacy Provider	21	11%	54	11%
Housing	0	0%	1	0%
Other	0	0%	92	18%
Total	197		504	

Referral Source	IMCA	
	Referrals	% of Total
NYCC	482	80%
NHS	124	20%
Total	606	

Referral Source re IMHA - 2016/17		
Referral Source	Referrals	% of Total
MHA Office	73	34%
Ward Staff	112	52%
Self	23	11%
Advocate	7	3%

Total	215	
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NORTH YORKSHIRE COUNTY COUNCIL

Care and Independence Overview and Scrutiny Committee

28 September 2017

NORTH YORKSHIRE SAFEGUARDING ADULTS BOARD
ANNUAL REPORT 2016/17**1.0 Purpose of Report**

- 1.1 To receive the Annual Report of the North Yorkshire Safeguarding Adults Board (SAB) for the financial year 2016/17.

2.0 Background

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

The Act identifies 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 a strategic plan and report to the public annually on its progress, so that constituent Partnership organisations can ensure that they are working together in the best way.

3.0 Progress during 2016/17

- 3.1 The Board has recently undertaken a range of governance reviews, including a membership review of the Board, its supporting Executive and sub-groups which, in turn, have witnessed important changes in the way the Board deploys its duties and responsibilities. A major focus has been on breaking down historical barriers between partner agencies, and reducing the bureaucracy that previously may have deterred service users from accessing appropriate help at a time when they may have most needed it. Crucial to this has been attempts to work with individuals as early as possible in order to minimise the potential for further harm in the future.
- 3.2 In terms of focus, this year has witnessed many additional changes and challenges to the safeguarding "agenda", many of which do not fit the traditional profile of work that the Board has previously been involved in and needed to be addressed. What is clear is that these new areas of work specifically highlight how vulnerable people, be they adults, young people or children, are being targeted and placing them increasingly "at risk". Modern day slavery, human trafficking, sexual exploitation, and forced marriage are all very real examples where an individual's vulnerabilities are taken advantage of and exploited. Advances in technology have brought about liberating opportunities for people, but at the same time opened up huge opportunities for exploitation - cyber bullying, on-line fraud, sexual exploitation and grooming are all examples of this.
- 3.3 Whilst it is important to acknowledge these new challenges and develop ways to address them, we must at the same time ensure that previously identified priorities do not fall by the wayside. So, for example the Boards commitment to personalisation,

with a strong emphasis of placing the individual at the heart of everything we do, and our commitment to " Making Safeguarding Personal " need to maintain priority focus and be fully owned by the whole Partnership and not just the Local Authority, Police, or various constituent bodies of health services. There has undoubtedly been significant work and progress in all of these areas which we need to keep on recognising and acknowledging. More information on these achievements can be found in the detail contained within the Annual Report - the message here is that, despite the obvious evidence of austerity cutting deep into everyone's resources, working together as one collective partnership, rather than a bundle of individual agencies, will bring about far greater impact, improvement, and efficiency.

- 3.4 The Board has worked hard to meet its 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 Key achievements of the Board include:
- A review of the Governance arrangements of the Board, and the introduction of the Learning and Improvement Group to promote and champion a culture of continuous learning around safeguarding.
 - Working in partnership with representatives from West Yorkshire, and York to review the Multi-Agency Safeguarding Policy and Procedure.
 - Joint working with North Yorkshire and York's Adults and Children's Safeguarding Boards and Community Safety Partnerships to deliver North Yorkshire and York's first Safeguarding Week.
 - Local sessions as part of Safeguarding Week in October 2016 meant over 300 staff across the Partnership were made more aware of how to recognise domestic abuse, and report it, and the various services options available.
 - Partnership working with City of York Council to share good practice and look at where closer joint working is possible.
 - Participation in initial multi-agency meetings to develop a partnership approach to Modern Slavery and Human Trafficking.
 - Introduction of the "Safe Places Scheme" within North Yorkshire with 65 members on the scheme. There are 155 registered safe places across the county. Safe places are predominantly public buildings. Phase 2 includes working with private businesses and organisations.

- Development of a work plan to address the development needs identified through self-assessment by Partners around Mental Capacity Act and Deprivation of Liberty Standards.
- Attendance at user-led forums to raise awareness of safeguarding, and incorporating feedback into new Safeguarding leaflets and other publicity.
- Review of role and membership of Local Safeguarding Adults Groups, improving links between them and the Board. The Board has strengthened the links with public engagement ensuring that Healthwatch attend all Local Safeguarding Adults Groups across North Yorkshire and by ensuring representation of health and social care providers through the Independent Care Group (ICG).
- Roll out of revised Levels 3 and 4 Safeguarding Training.
- Through the input of the Nurse Consultant, Primary Care, improved awareness by GPs of, and contribution to, Safeguarding.
- A half day Development session to update the Board's Strategic Outcomes to reflect a greater focus on prevention, to be more explicit about MSP and the importance of qualitative information about safeguarding in North Yorkshire.
- Completion of the annual self-assessment by partners of their safeguarding arrangements that showed an overall improvement from the previous year.

3.4 There is a duty to publish in the Annual Report information on any Safeguarding Adults Reviews (SAR) that the Board has commissioned or are in process of commissioning. This year the Board has commissioned one SAR which is currently underway. Progress on the review is being monitored through the Learning and Improvement Group, and the outcome will be reported to the Board, and included in its Annual Report for 2017/18. As part of its adoption of a Learning and Improvement Framework, in addition to any SARs, the Board will commission a range of audits and Lessons Learned, and the learning from these will be used to improve practice.

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 2016/17



North Yorkshire Safeguarding Adults Board Annual Report 2016-2017

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.

nysab@northyorks.gov.uk

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[Appendix 2: Membership of the Board and attendance.](#)

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1. Introduction

About the Annual Report

This annual report reflects coordination and partner activities for the past year and includes contributions for statutory, independent, voluntary and other bodies who are involved in safeguarding adults in North Yorkshire. The Care Act (2014) places the duty on the Local Authority to lead safeguarding arrangements and one of its duties for the Safeguarding Adults Board is to publish its annual report.

This report is a public document and will be shared with Chief Executives of all agencies on the Safeguarding Adults Board who will be expected to disseminate the report across their organisations sharing it with stakeholders and scrutiny committees including.

2. Welcome

From Colin Morris the Independent Chair



It gives me enormous pleasure to introduce the Annual Report for North Yorkshire Safeguarding Adults Board for the year 2016/17.

By way of explanation, Safeguarding Adults Boards are a statutory requirement made upon each Local Authority area in England. They have specific duties and responsibilities to ensure that the plethora of partner agencies that meet under the auspices of the Board work together to provide safe, effective, and efficient safeguarding arrangements to those most vulnerable adults living in their areas. The Partnership is made up of a rich mix of both statutory and non-statutory bodies.

The provision of the Annual Report is a statutory requirement made upon the Chair of the Safeguarding Adults Board, to give full account of the workings of the Board and its activities over a 12 month period. This then becomes the evidence base by which the Safeguarding Adults Board can be held to account by describing its workings within this both technically and emotionally challenging area of work and providing coverage around performance, audit, training, assessment of risk, success and where lessons need to be learned.

Throughout 2016/17 the North Yorkshire Safeguarding Adults Board has demonstrated the great strength of its multi- agency commitment to protecting and safeguarding the interests of those who are most vulnerable living in the County, at the same time doing this in a way that encourages and maximises the individual rights and preferences of those with whom partner agencies are working. Living a life that is free from harm is a fundamental right and principle of every individual, but that is founded upon the principle that safeguarding is "Everybody's Business". This is a headline message that our Board needs to continually reinforce, which it does by utilising public awareness campaigns such as during Safeguarding Week, training on a multi-agency basis, and specific activities.

The Board has recently undertaken a range of governance reviews, including a membership review of the Board, its supporting Executive and sub-groups which, in turn, have witnessed important changes in the way the Board deploys its duties and responsibilities. A major focus has been on breaking down historical barriers between partner agencies, and reducing the bureaucracy that previously may have deterred people from accessing appropriate help at a time when they may have most

needed it. Crucial to this has been attempts to work with individuals as early as possible to minimise the potential for further harm in the future.

In terms of focus, this year has witnessed many additional changes and challenges to the safeguarding "agenda", many of which do not fit the traditional profile of work that the Board has previously addressed. What is clear is that these new areas of work specifically highlight how vulnerable people, be they adults, young people or children, are being targeted and making them increasingly "at risk". Modern day slavery, human trafficking, sexual exploitation, and forced marriage are all very real examples where an individual's vulnerabilities are taken advantage of and exploited. Advances in technology have brought about liberating opportunities for people, but at the same time opened up huge opportunities for exploitation - cyber bullying, on-line fraud, sexual exploitation and grooming are all examples of this.

Whilst we need to acknowledge these new challenges and develop ways to address them, we must at the same time ensure that previously identified priorities do not fall by the wayside. So, for example, our commitment to personalisation, with a strong emphasis of placing the individual at the heart of everything we do, and our commitment to " Making Safeguarding Personal " need to maintain priority focus and be fully owned by the whole Partnership and not just the Local Authority, Police, or health services. There has undoubtedly been great work in all of these areas which we need to keep on recognising and acknowledging. More information on these achievements can be found in the detail contained within the Annual Report - the message here is despite the obvious evidence of austerity cutting deep into everyone's resources, working together as one collective partnership, rather than a bundle of individual agencies, will bring about far greater impact, improvement, and efficiency.

In ending I would like to formally record my thanks to everyone who is involved in this most challenging yet highly rewarding area of work for making safeguarding "Everybody's Business".

Colin Morris
Independent Chair, North Yorkshire Safeguarding Adults Board

Having taken on the role of Lead Executive Member for Adult Social Care and Health Integration in May 2017 I would like to recognise the achievements presented in the Report, and am grateful for all the hard work and commitment demonstrated by the Partners of the North Yorkshire SAB.

Our partners continue to provide leadership focused upon specific safeguarding matters in North Yorkshire, and the ability to challenge, empower and support them has given greater emphasis and scope for development - particularly around learning from practice. I am confident that the skills, experience and knowledge embedded in the Board will continue to deliver tangible and real changes in North Yorkshire that helps protect the most vulnerable adults living in our communities.

Councillor Michael Harrison
Executive Member, Health and Adult Services

3. The Role and Achievements of the Sub-Groups

The Board has a number of Sub Groups to assist in its role:

Executive Group

The Executive Group, established this year, is responsible for overseeing the strategic management of safeguarding adults work in North Yorkshire by monitoring the work of the Sub Groups, and the Delivery Plan. This group is also responsible for ensuring processes carried out by the Board are done so effectively. Key recommendations are made by this Group for consideration by the Board.

Learning and Improvement Group (LIG)

This newly established group, which has met once, will promote a culture of continuous learning across the Board and the wider partnership, ensuring that there are lasting improvements to services. The role of the group includes overseeing the Safeguarding Adults Review (SAR) function on behalf of the Board. One SAR has been commissioned by the Board this year, which is still ongoing. The outcome will be reported in the 2017/18 Annual Report. The Group has begun to develop a work plan and a draft Learning and Improvement Framework for the Board to ensure that it has robust multi-agency arrangements in place to evaluate effectiveness of practice.

Practice Development and Training Group (PDTG)

The Practice Development and Training Group ensures the development of safeguarding practice and promoted improvements to practice across all partner organisations in North Yorkshire. The group ensures that each organisation is completing the right training, which in turn ensures the right outcome for adults at risk and disseminates good practice examples. This group has met four times this last year.

For the first half of the year, the group focused on planning for the first Safeguarding Week held in North Yorkshire. The North Yorkshire and City of York Children and Adult Safeguarding Boards, together with the Community Safety Partnerships and Independent Domestic Abuse Services (IDAS), held a series of events across North Yorkshire and the City of York between 17 and 21 October 2016. The theme for the week was Domestic Abuse. A core awareness session was designed by IDAS and the Domestic Abuse Coordinators (DACs) for professionals. These sessions were 1.5 hours in duration and delivered twice in each of the five locality areas.

Multi-agency market places were held involving representatives from local services. 318 professionals attended the training/awareness raising sessions. Across the five areas, engagement by agencies was generally positive.

Safeguarding Week had a positive impact on services and a wide range of agencies working together. IDAS has reported that Safeguarding Week enabled the service to connect with a wide range of agencies and has assisted IDAS in positioning

themselves in people's minds as the largest provider of domestic abuse and sexual violence services in North Yorkshire. The presentations gave IDAS the opportunity to demonstrate the varied work that is undertaken, both to prevent abuse and support those affected.

Practice Sessions have included focusing on Modern Slavery and domestic servitude across North Yorkshire including linking in to a working group with colleagues from the Police, Trading Standards, District Councils and Community Safety Partnerships; and Community Messaging System and how this can be used to share information across communities to reduce crime and help keep people safe.

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 to a range of partner organisations. This group has identified the need for a guidance tool to support raising a safeguarding concern to the local authority to ensure a proportionate response to safeguarding which will be developed in 2017. This group has met twice this last year.

Quality and Performance Group (QAP)

The Quality and Performance Group, which has met four times, develops safeguarding data for presentation at the Board. The group considers the scope of data required, and quality assures the information produced by partners.

A summary of some of the data is set out in Section 5 of this report.

Some of the areas of work considered by, or reported to, the QAP include the following:

- Analysis of cases that are No Further Action under safeguarding to understand if any other appropriate action could have been taken.
- Work with the Vulnerable Adults Team (VAT) North Yorkshire Police to understand their screening process to raise concerns to Health and Adult Services.
- NYCC training courses and take up of courses has been reviewed. Take up by North Yorkshire Police of NYCC courses is currently low. The in-house training offered to the police and other options available will be reviewed.
- Gathered data on the number of concerns by home, (including where no concerns have been raised) and shared this with the Quality and Monitoring Team within NYCC.
- Improving the data recording and collection around whether people's individual outcomes have been met.

Mental Capacity Act Forum

The role of the Forum has been reviewed, and new Terms of Reference agreed, taking account of feedback from a survey for Forum members. Changes agreed include themed meetings with all members being involved in the choice of themes and agenda

items. At each meeting one or two partners will share recent experiences or cases that they have come across, enabling other views and expertise to be shared. In tailoring future meetings, and enabling all partners to contribute to the agenda, it is hoped that attendance will increase.

A work plan for the Forum has been developed to enable the Forum to work collectively to achieve its strategic outcomes. A key priority for the Forum is to raise awareness and understanding across the partnership of issues around the MCA.

Local Safeguarding Adults Groups (LSAGs)

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 learned and active discussion takes place to resolve local issues and informs the Board of progress made locally to meet the strategic objectives.

LSAG meetings are convened quarterly across the county covering the four locality areas as follows; Craven and Harrogate; Hambleton and Richmondshire; Scarborough, Whitby Ryedale; Selby.

Members of the LSAGs across the county were asked to complete a survey saying what they found useful and what they would like to improve about the groups. The results were used to develop new Terms of Reference for the Groups, with an increased focus on promoting awareness and understanding of safeguarding in their local areas, including a key role in planning Safeguarding Week. The groups will use their local knowledge and experience of safeguarding information/data presented to the QAP to identify trends/issues.

The private and independent sector will be represented on the LSAG's across North Yorkshire, with volunteers from the Independent Care Group and the voluntary sector.

Case Study 1

The Financial Assessment Team received a revised Statement of Finances from someone with mental health problems. The worker noted that he had declared receiving a substantial inheritance which would require a financial reassessment as this would potentially lead to him becoming self-funding. She also noted the bank mini-statement which he had enclosed revealed he was withdrawing considerable amounts of money from the cashpoint on almost a daily basis. There has been recent safeguarding concerns raised and the safeguarding team had been involved in giving safeguarding advice. A safeguarding concern was raised.

Contact was made with the staff involved who were unaware of this inheritance or the pattern of cash withdrawal. The staff who knew him were concerned he may be at risk of exploitation as they were not aware of his spending and agreed to explore this further with him. They visited the man and established with him that there were no safeguarding concerns on this occasion, so no further action was needed under safeguarding.

4. What we have achieved this year

2016/17 has been a busy year for the SAB, and there continue to be many achievements to celebrate. The Board agreed that a key area of development should be the promotion of a culture of continuous learning. It therefore established a new Learning and Improvement Sub-Group, chaired by the Independent Chair to ensure that agencies reflect on the quality of their services internally and collaboratively, so that lessons learned are used to improve future practice and partnership working to safeguard adults at risk.

The Board has undertaken a review of the Strategic Plan with an increased focus on Making Safeguarding Personal and Prevention. As in previous years, the Board worked to meet four main outcomes of its Strategic Plan 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 review of the Governance arrangements of the Board, and the introduction of the Learning and Improvement Group to promote and champion a culture of continuous learning around safeguarding.
- Working in partnership with representatives from West Yorkshire, and York to review the Multi-Agency Safeguarding Policy and Procedure.
- Joint working with North Yorkshire and York's Adults and Children's Safeguarding Boards and Community Safety Partnerships to deliver North Yorkshire and York's first Safeguarding Week.
- Local sessions as part of Safeguarding Week in October 2016 meant over 300 staff across the partnership were more aware of how to recognise domestic abuse, report it, and the services available.
- Partnership working with City of York Council to share good practice and look at where closer joint working is possible.
- Participation in initial multi-agency meetings to develop a partnership approach to Modern Slavery and Human Trafficking.
- Introduction of Safe Places Scheme within North Yorkshire with 65 members on the scheme. There are 155 registered safe places across the county. Safe

places are predominantly public buildings. Phase 2 includes working with private businesses and organisations.

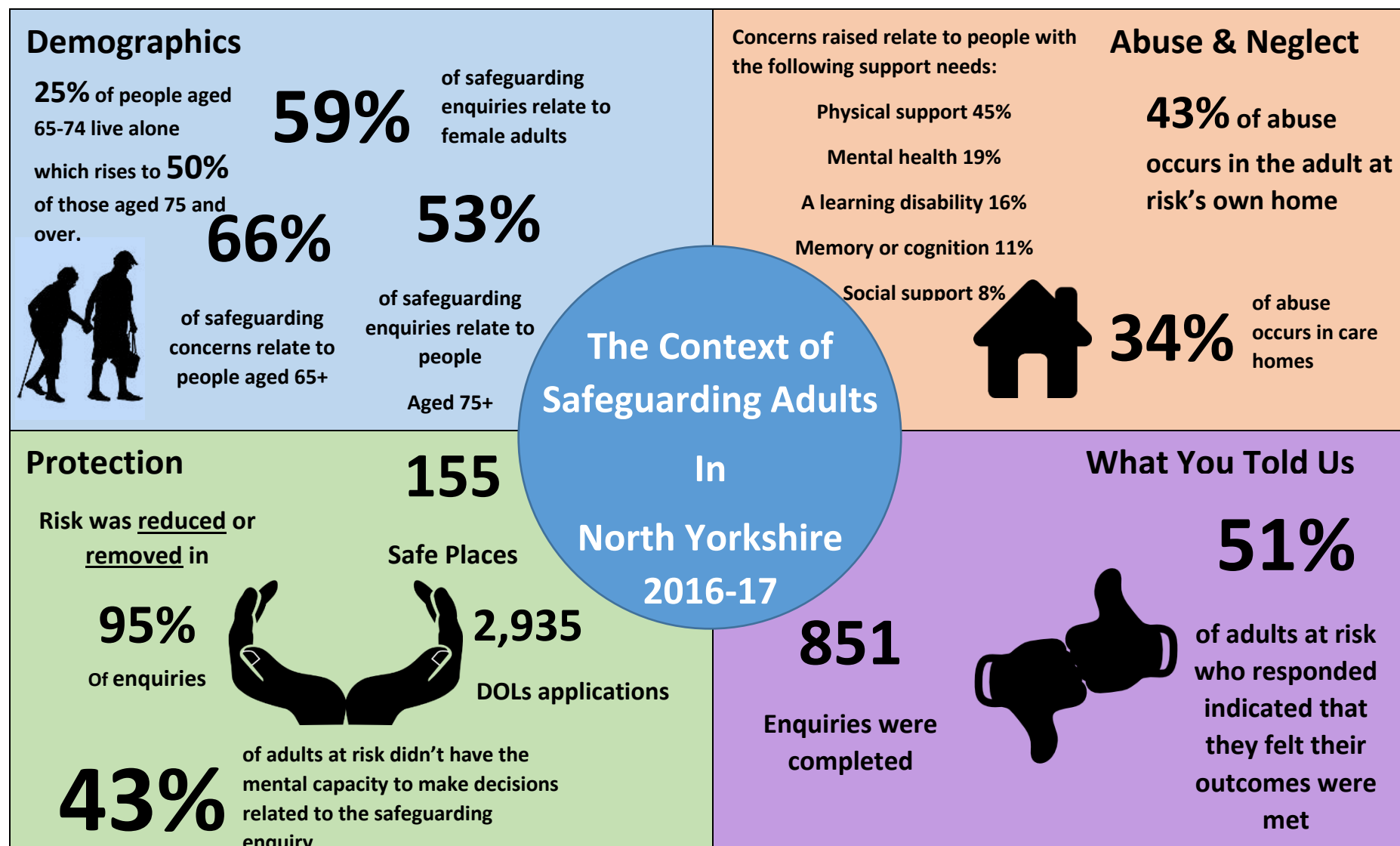
- Development of a work plan to address development needs identified through self-assessment by partners around Mental Capacity Act and Deprivation of Liberty Standards.
- Attendance at user-led forums to raise awareness of safeguarding, and incorporating feedback into new Safeguarding leaflets and other publicity.
- Review of role and membership of Local Safeguarding Adults Groups, improving links between them and the Board. The Board has strengthened the links with public engagement ensuring that Healthwatch attend all Local Safeguarding Adults Groups across North Yorkshire and by ensuring representation of health and social care providers through the Independent Care Group (ICG).
- Roll out of revised Levels 3 and 4 Safeguarding Training.
- Through the input of the Nurse Consultant, Primary Care, improved awareness by GPs of, and contribution to, Safeguarding.
- A half day Development session to update the Board's Strategic Outcomes to reflect a greater focus on prevention, to be more explicit about MSP and the importance of qualitative information about safeguarding in North Yorkshire.
- Completion of the annual self-assessment by partners of their safeguarding arrangements that showed an overall improvement from the previous year.

Case Study 2

A safeguarding concern was raised in respect of J, who has a mild learning disability as he had run up £36K of debt to mobile phone companies by using chat lines. He was neglecting himself and often had no money for food and heating. He was drinking excessive amounts of alcohol and was arrested for stealing a friend's phone, using chat lines and running up debt on it. He was asked what he wanted to have happen regarding the safeguarding concern and he said that he wanted agencies that were working with him to meet within a safeguarding meeting.

He felt he was in a situation he couldn't cope with and felt more vulnerable. He wanted help to manage his money as he had previously had an appointee as previously he lacked capacity to manage his finances. He was later reassessed as having capacity to manage his finances which is when he had started running up the debts, excessively drinking and neglecting himself. The Police, Health and Adult Services and his support workers met to assess risks and formulate a safeguarding plan with J who, as part of that, agreed to attend an agency to support with his alcohol issues. J was later reassessed as lacking capacity to manage his finances and an application was made to Court of Protection. Trading Standards Multi Agency Financial Investigation Team contacted the mobile phone companies and managed to reduce all the debt apart from £5k. J now has an appointee to assist with managing his money. Extra support was initially provided to assist J at his request to help him look at alternative ways to alleviate his isolation and loneliness and to try and prevent his use of chat lines in the future. J felt that the safeguarding meetings had helped him regain more control over his life.

5. Safeguarding Infographic



What does the data tell us?

The Board receives data via the Quality and Performance Sub-Group (QAP) which produces a quarterly report. The Board then identifies key issues and any actions required by Board members and feeds back to the QAP group.

The proportion of people aged 65 or over is higher than the national average in all North Yorkshire Districts and is highest in Ryedale (24.9%) and lowest in Selby and Richmondshire (18.4%). (ONS 2015 Mid-Year population estimates.)

25% of people aged 64-75 live alone which rises to 50% of those aged 75 and over. (Data taken from the ONS 2011 Census.)

The following is a summary of some of the data collected for 2016-17.

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:

There has been a significant increase (36%) in safeguarding concerns in 2016/2017 from 2015/16

6,490 concerns were raised, 4,986 of which were not progressed to safeguarding. Other actions included Information and Advice, referral to a partner agency, or being linked to an existing referral. 23% of concerns (1504) were progressed to safeguarding enquiries in 2016/17 compared with 28% for the whole of 2015/16. A key priority for the QAP has been to better understand the reasons why a concern doesn't progress to safeguarding.

Changes to the Yorkshire Ambulance Service and North Yorkshire Police referral forms have resulted in some reductions in the number of concerns in quarter 4. This will continue to be monitored in 2017/18.

What the data tells us about Prevention:

The majority of safeguarding concerns are raised for incidents that take place in the adult's own home or in residential and nursing homes 77%. (43% of abuse occurs in the adult at risks own home and 34% of abuse occurs in care homes).

In 2016-17, 2,935 Deprivation of Liberty Safeguards (DoLs), applications were received. These were recorded under a new recording system (from 25th July 2016). Of these, 923 were granted, 253 were not granted, 377 were withdrawn and 1,382 are still waiting to be assigned or signed off. (265 were received prior to 25th July 2016 and it is not possible to confirm their status). Future data will break down the number of cases assigned from those waiting to be signed off.

Whilst there are three new types of abuse which were introduced with the Care Act it has not been possible to report on these within this year's data on a quarterly basis, but will be included in the end of year national return.

What the data tells us about Protection and Proportionality:

- Concerns raised relate to people supported with physical support needs (45%), mental health needs (19%), people with a learning disability (16%), people supported with memory or cognition (11%), social support (8%) and people with sensory needs (1%).
- There are 155 Safe Places venues in North Yorkshire, there are 65 members currently and public buildings are being used.
- In North Yorkshire, there is an increase of concerns raised regarding safeguarding enquiries relating to female adults at risk. This increase is noted in National data.

In each quarter during 2016-17 the number of enquiries concluded with the risk remaining was reduced or removed in 95% of cases. For the remaining 5%, it was confirmed that people were supported to make their own decisions which included situations where the adult at risk chose to remain in situations or to accept risks that may others may believe to be unwise. Making Safeguarding Personal emphasises the right of the adult to choose and at times, safeguarding may reduce risk but recognise that risk remains. We will keep this area under review especially if any of these clients have repeat concerns.

Making Safeguarding Personal: 851 enquiries were concluded in 2016-17 and 51% of adults at risk or their representatives who responded, stated their outcomes were met. 33% didn't know whether their outcomes were met, 4% said that their outcomes were not met, and 12% of people had died before the enquiry concluded.

The Board will monitor the data going forward which will include ensuring that the adult at risk's outcomes are noted at the start of the enquiry and are checked throughout the safeguarding enquiry, before the enquiry is closed.

6. Overview of Safeguarding Training in North Yorkshire - Summary of Activity (2016/17)

<p>Awareness and Empowerment:</p> <p>NYCC continues to offer a comprehensive programme of Safeguarding training both internally and to the Private and Voluntary Sector on a free of charge basis. This includes multi-agency e-learning modules to support the workforce of North Yorkshire.</p> <p>The NYCC training strategy has been reviewed and updated so that it reflects the priorities and strategic outcomes of the SAB.</p> <p>All Safeguarding courses were updated in line with the West Yorkshire Multi-Agency Safeguarding Adults Policy and Procedures and the New Bournemouth competencies. We are also fully compliant with Care Act guidance.</p> <p>Two of our internal courses, the Level 3 Formal Enquires and Level 4 Chairing and Role of the Safeguarding Coordinator courses have now been fully revised to further promote best practice. Refreshers of these were rolled out to all relevant NYCC staff. In addition, the NYCC internal practical competency framework for these courses were updated and made mandatory for completion following attendance on this training.</p> <p>A new framework of MCA and DoLS competencies has also been developed and is in the process of being signed off. These will help underpin training provision and embed practice in both subjects. In addition a MCA intermediate course was developed and has commenced roll out to NYCC staff which will continue for the next year. After this we will look at offering this to the wider sector.</p> <p>A detailed evaluation of all Safeguarding courses began in January 2017. Survey results closed at the end of Q4 and these will be analysed during Q1 2017/18. This will inform future improvements to the courses.</p>
<p>Prevention:</p> <p>Prevention has been embedded within all updated NYCC training courses.</p> <p>Prevent online/WRAP courses have been developed and commissioned up to April 2018. In addition extra detail on Prevent has been added into the level 3 and 4 Safeguarding courses to further embed the subject.</p>
<p>Protection and Proportionality:</p> <p>As part of the updates to all safeguarding courses, we have ensured that details of Making Safeguarding Personal, the Mental Capacity Act and the new policies and procedures are included as a golden thread throughout.</p>
<p>Partnership Effectiveness and Accountability:</p> <p>The updated NYCC Training Strategy was shared with partners to ensure that they are able to the SAB values into their own training plans.</p> <p>The SAB Training Task and Finish Group has been reconvened with refreshed multi agency membership. This includes various private providers, TEWV NHS Foundation Trust, Ryedale District Council, York Teaching Foundation NHS Trust, ICG, voluntary</p>

agencies and NY Fire and Rescue. The group advise on various training related issues and gives a network within which to share and promote best practice to a wider audience.

The Alerter Champions programme continues to run for organisations of 50+ staff who wish to deliver their own in house Level 1 Alerter cascade using NYCC materials. We currently have 66 active champions in place who receive a yearly refresher and revised training materials. The recently held refreshers ensured that our updated materials noted above have been cascaded to all NYCC champions for delivery.

We have continued to respond to urgent needs for training in Private and Voluntary Sector as identified by commissioners.

Total for Safeguarding/MCA/Dols Classroom courses year to date (2016/17):

	2014-15	2015-16	2016-17			
			Q1	Q2	Q3	Q4
Number of Courses Planned	170	160	27	56	77	82
Number of Courses Cancelled	17	22	2	4	8	22
Total Courses Run	153	138	51	52	69	60
Cancellation %	10%	14%	7%	7%	10%	27%
Delegates Attended/Booked on courses	1699	1752	593	764	1138	804
Total Capacity for Courses Run	2150	2363	735	1103	1463	988
% Capacity Filled (courses)	80%	74%	81%	69%	78%	81%

Total Online Course Completions 2016/17:

Online learning completion	2014-15	2015-16	2016-17							
			Q1		Q2		Q3		Q4	
			NY CC	Ex	NY CC	Ex	NY CC	Ex	NYC C	Ex
Kwango										
Safeguarding Awareness	1259	1112	90	181	90	298	73	218	110	229
Mental Capacity Act	859	708	89	102	59	159	15	151	24	132
Deprivation of Liberty Safeguards	1150	1056	60	144	100	279	49	284	54	223

Alerter Champions Completions:

Note: This course is cascaded within various other external organisations on our behalf.

	2014-15	2015-16	Q1/Q2	Q3/Q4	2016-17	Change to date from 2014-15	% Change to date from 2014-15
Alerter Champions Cascade (delivered by champions in their own organisations)	878	517	205	503	708	+191	+37%

7. Prevent Statutory Duties

Within North Yorkshire Community Safety Partnership's delivery plan for 2016/17 the relevant priority areas linked to the SAB's strategic outcomes are related to the activity in supporting Vulnerable People, namely in the areas of Domestic Abuse and Prevent.

Domestic Abuse Multi-agency work in relation to Domestic Abuse is led by the Domestic Abuse Joint Coordinating Group (DAJCG), which sits across North Yorkshire and City of York. It reports directly to North Yorkshire and Safer York Community Safety Partnerships.

Prevent "Prevent work depends on effective partnership. To demonstrate effective compliance with the duty, specified authorities must demonstrate evidence of productive co-operation and co-ordination through existing multi-agency forums, for example Community Safety Partnerships." (Revised Prevent Duty Guidance-HM Government 2015)

Awareness and Empowerment:

Domestic Abuse As a sub group to the DAJCG, a commissioning group has been established to ensure that the right services are available to victims, perpetrators and those affected by DA at the right time. The task of aligning multi-agency commissioning framework to evidenced local needs is a large task, all partners (commissioners) are engaged and the group currently meets on a monthly basis.

Prevent Multi-agency procedures "Working with Individuals Vulnerable to Extremism" agreed by NYCSP, NYLSCB, and NYSAB, implemented and launched at multi-agency conference June 2016. Extensive training programme internally, including on-line training, bespoke and face to face WRAP training available to partners. NYCC lead on the multi-agency train the trainer's network.

Prevention:

Domestic Abuse/ Prevent Area for development for NYCSP 2017/ 18 is around community engagement, particularly in relation to raising communities' awareness of DA services and Prevent and the sharing of relevant 'intelligence'. A number of community engagement events are being planned for 2017/18 across all Districts.

Protection and Proportionality:

Prevent Channel Panel established in North Yorkshire. Meets on a monthly basis. Appropriate cases are discussed; proportionate action plans are in place. When necessary Home Office approved intervention providers are used. Good, consistent multi-agency attendance.

Partnership Effectiveness and Accountability:

Domestic Abuse

Strategically agreed key principles for the DAJCG

Understanding the needs and expectations of adults, children and young people affected by Domestic Abuse and using this knowledge to shape the objectives of the Domestic Abuse strategy

Working in partnership in a planned and coordinated way that will drive activities and deliver real outcomes

Communicating and educating our community on the causes and effects of Domestic Abuse.

The Community Safety Partnership initiates Domestic Homicide Reviews (DHR) when the criteria are met. DHR procedures for North Yorkshire and City of York have been updated in line with Home Office Guidance (December 2016). When reviews are initiated close liaison will be established with other statutory partnerships (SAB and LSCB) and processes to avoid duplication and ensure clarity of purpose.

8. North Yorkshire Safe Places



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

Safe Places is a nationally recognised community initiative for people who may need more help and support when they are out and about in the community. The scheme in North Yorkshire has been designed so that when a person attends a Safe Place they have a Safe Place's membership card and/ or wristband with a membership number. Currently in North Yorkshire (April 2017) there are 65 members and 155 registered safe places across the county. Safe Places are predominantly 'public' buildings; phase 2 includes working with private businesses and organisations.

Awareness and Empowerment:

This initiative supports the positive work of living well teams, stronger and safer communities, and provides people with the confidence to get out and about on their own without formal support.

Prevention:

During the phased approach Safe Places has been set up to help all people who may be vulnerable in their community, with the main target groups to register as members being:

Learning disabilities

Mental health issues

Older people and those with the onset of dementia

Young people in transitions

Physical disabilities

Protection and Proportionality:

Dependent upon why the member has attended the Safe Place, the Safe Place can either provide the help and support for simple issues (e.g. give directions) or the Safe Place can make contact with a call centre who will contact the member's 'responder'.

Partnership Effectiveness and Accountability:

The North Yorkshire Safe Places scheme began when the Learning Disability Partnership Board supported work on a project related to Hate Crime. A 'new' multi-agency project Board for Safe Places has been introduced, and a multi-agency action plan is currently being developed. Areas for development include working with the private sector and clear linkages with Dementia Friendly settings and North Yorkshire Police in relation to Hate Crime Reporting Centres.

9. Safeguarding Adult Review

This year the Board has commissioned one Safeguarding Adults Review, which is currently underway. Progress on the review is being monitored through the Learning and Improvement Group, and the outcome will be reported to the Board, and included in its Annual Report for 2017/18.

As part of its adoption of a Learning and Improvement Framework, in addition to any SARs, the Board will commission a range of audits and Lessons Learned, and the learning from these will be used to improve practice.

Case Study 3

Over a three year period, 9 safeguarding concerns were raised for HW alleging domestic abuse from her partner, including neglect, physical, emotional and financial abuse. More than 15 safeguarding meetings were held and the risk was always assessed as high. The case was also heard at Multi-Agency Risk Assessment Conferences (MARAC) on several occasions.

HW was assessed as having the mental capacity to understand the risks regarding the concerns and the safeguarding process. She had care and support needs and was vulnerable as she was paralysed on her right side and had difficulties with speech following a stroke. She disclosed that she had been physically assaulted by her partner, AF, and was frightened of him and could not see how things could change. Bruising could be seen but she did not want to make a formal complaint to the police.

AF prevented HW from seeing professionals on her own despite many attempts being made so it was difficult to establish her views and wishes. Many safeguarding options were offered to her and professionals would offer her safety plans at every opportunity. The agencies involved were NYCC HAS, Police, IDAS, Horizons, GP and Housing.

NYCC START service provided weekly visits to assist her with a shower and build her confidence in household maintenance tasks such as laundry. START staff going in was also part of the safeguarding plan as it was another opportunity for risk to be checked.

There was more and more evidence of neglect and bruising and HW disclosed more incidents. At a case conference meeting a detailed plan of action was agreed. The police arranged for a Domestic Violence Protection Order (DVPO) to be issued by the magistrate's court, preventing AF from seeing HW for 28 days. This was valuable as it was something that could be put in place without HW's permission and it enabled her to have time apart from AF, so she could decide what she wanted and make an informed choice without being pressured, threatened and coerced by him.

HW agreed to try a residential home out of the area on a temporary basis and took her pet cat with her. AF was also arrested by the police on suspicion of assault. HW quickly settled into the residential home and started to recognise the risks from the domestic abuse she was experiencing. She joins in with all the activities, socialises really well with other residents and her independence and confidence continues to increase. She has made the decision that she does not want to return home and does not want to have any type of relationship with AF.

Appendix 1

What we have achieved – Partner Statements:

1. Health and Adult Services

Awareness and Empowerment:
Leading role in the delivery of Safeguarding Week resulting in improved awareness of staff of domestic abuse. Review of Safeguarding Leaflets and publicity in partnership with “experts by experience” Delivered training and awareness sessions to a range of staff and volunteers
Prevention:
Continued development of Safe Places Scheme to help adults who need additional support to lead independent lives and feel safe Worked with providers to promote prevention and early intervention in care settings Through the Living Well Team, and through support planning, reduced loneliness/isolation and helped people to strengthen or build their social and support networks.
Protection and Proportionality:
Redesign of the audit tool within the electronic recording system (Liquid Logic) to ensure that it reflects what outcomes people want to achieve and whether they feel safer.
Partnership Effectiveness and Accountability:
Secondment of a Safeguarding Officer to work with the multi-disciplinary team with Trading Standards to tackle and prevent financial abuse. Additional Resources have been provided to enable the Customer Resolution Team based at the Customer Service Centre to respond to new safeguarding concerns on cases that are not known to Health and Adult Services. This screening is enabling a more efficient response from locality teams. Joint working with officers from Safeguarding Boards in North Yorkshire and York around Safeguarding Week and sharing and development of good practice.

2. Nurse Consultant Primary Care and 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)

Awareness and Empowerment:

Safeguarding GP practice leads meetings are held quarterly in each of the CCG areas. During 2016/17 these meetings have particularly focused on raising awareness of adult safeguarding policy and processes. This has directly led to a three-fold increase in GP engagement calls made to specialist nurses to advise on the management of adult safeguarding concerns. The structure of named GPs with safeguarding leads in each Practice has become embedded and a recent survey undertaken with the GP leads acknowledges the value obtained by the quarterly meetings.

The safeguarding story at the Safeguarding Adult Board in March 2017 was provided by one of the named GPs – this focused on the story of ‘Robert’ – a learning lessons review undertaken by North Yorkshire. The learning identified actions from a GP perspective and this learning will be taken forward in training 2017/18.

Three team members attended the Making Safeguarding Personal (MSP) full-day workshop hosted by ADASS in Bradford in May 2016. The workshop examined the different elements of MSP and provided a theoretical example using a theatre performance group and a real example from practice hearing the experience of a service user. We have continued to embed ‘making safeguarding personal’ into enquiry work recording service user wishes. The intention for 2016/17 is to audit and improve this practice.

Prevention:

Training events for CCG staff and GP and primary care practitioners in 2016/17 have included WRAP (workshop raising awareness of prevent)/prevent awareness; domestic abuse; human trafficking and modern slavery. Embedding of changes made through the Care Act has continued. A total of 671 staff have received training in 2016/17.

The Named GPs North Yorkshire and York CCG’s, Nurse Consultant Safeguarding Primary Care and Designated Professionals Children and Adult hosted the first Northern Region Safeguarding Named GP Conference on the 11th November 2016 in York. The aim of the conference was to deliver safeguarding level 4 training for Named GP’s, showcase and share local innovations in practice and to develop peer support networks for Named GP’s within the Northern Region. The event was extremely successful and will as such be expanded across the Northern region later in 2017.

Protection and Proportionality:

The safeguarding officers have supported enquiry work into Independent Provider services responding to concerns that are raised with the quality of care provision.

In addition to enquiry work the safeguarding officers have also undertaken joint quality assurance visits often picking up areas of concern before they reach the threshold for safeguarding.

Recognition and management of domestic abuse has been a priority for 2016/17 – with the promotion and involvement of health agencies in safeguarding week, the embedding of MARAC (multi-agency risk assessment conferences) processes into GP practices. Learning from Domestic Homicide Reviews has been incorporated into training events. Following learning from a national Serious Case Review the team has begun to develop pathways and processes for managing MAPPA (multi-agency public protection arrangements) cases across the health economy.

Partnership Effectiveness and Accountability:

The CCG Designated Nurse and Nurse Consultant in Primary Care have consistently attended and contributed to the Safeguarding Board multi-agency meetings and groups. The CCG Designated Nurse also actively contributes to a quality engagement group with partners. The CCG Designated Nurse works closely with the North Yorkshire County Council Safeguarding Team Manager and North Yorkshire Police Vulnerable Adult Team to jointly manage safeguarding allegations made against people in a position of trust.

The CCGs provide safeguarding assurance to NHS England and in July 2016 an assessment of the CCG assurance framework was completed. This was followed by a two day assurance visit from the NHS England Designated Safeguarding team to examine evidence of compliance. The CCGs developed an action plan to address a small number of gaps noted namely in a training needs analysis and in guidance for staff.

All members of the safeguarding team have maintained their knowledge and skills completing training and attending development opportunities appropriate to their roles and level of responsibility.

3. Airedale Wharfedale and Craven CCG

Awareness and Empowerment:
<p>In 2016/17, AWCs Continuing Health Care Team supported a significantly increased number of people to take advantage of Personal Health Budgets and arrange their own healthcare support. This helps people remain in their own homes with care tailored to meet their individual needs.</p> <p>The CCGs has engaged with a range of networks and groups, listening to patient stories and feedback, in order to inform health needs assessments and local service developments. One example is the development of a 5-year mental wellbeing strategy for Bradford District and Craven, which focuses on maintaining good mental health and supporting those living with and recovering from mental illnesses.</p>
Prevention:
<p>The Named GP for Safeguarding Adults has continued to support GP Practice Safeguarding Leads, disseminating learning from Safeguarding Adults Reviews and Domestic Homicide Reviews and providing updates on the broad range of safeguarding issues affecting adults across Craven. This helps Primary care practitioners to identify and enquire about signs of potential abuse at the earliest possible time.</p>
Protection and Proportionality:
<p>The CCG quality and safeguarding teams have worked closely with the local authority, regularly contributing to multiagency safeguarding processes where there have been concerns of abuse or neglect.</p> <p>The CCGs safeguarding team continues to have oversight of Serious Incidents within NHS funded services, identifying potential safeguarding issues and advising on proportionate and timely responses to any safeguarding concerns. We have worked closely with the Local authority to support and monitor quality within care homes, helping to organise access to specialist services including e.g. medicines management, tissue viability and the care homes support team.</p>
Partnership Effectiveness and Accountability:
<p>The CCG has continued to be an active member of the SAB, with regular attendance at Board meetings and the Local Safeguarding Adults Group.</p> <p>The CCG has engaged in a number of safeguarding related assurance activities during the year. In July 2016, the CCG received an assurance visit from NHS England, using key lines of enquiry from NHS England's CCG Assurance Framework 2015/16. In September 2016, NHS Audit Yorkshire conducted an internal safeguarding audit on behalf of the CCG, providing significant assurance.</p> <p>The CCG also provided assurance to the Safeguarding Adults Board using the Yorkshire and The Humber Safeguarding Adults Self-Assessment Framework.</p> <p>The CCG plays a key role in holding NHS providers to account, monitoring quality of services and safeguarding performance. The CCG safeguarding team received and reviewed safeguarding reports and updates from our local NHS Trusts, larger independent providers and care homes on the NHS contract.</p>

4. NHS England

Awareness and Empowerment:

To access and acquire leadership training for Designated Professionals and Named GPs in the North region.

To ensure health professionals in Yorkshire and the Humber are well informed about the Female Genital Mutilation (FGM) mandatory reporting requirements.

To ensure trusts including Mental Health trusts and in addition GP practices were registered with NHS Digital and able to report any FGM cases identified.

Provide an updated Adult safeguarding Pocket Book for health professionals in Yorkshire and the Humber.

Launch a safeguarding repository and App for all front line health professionals.

Prevention:

Pressure Ulcers – “React to Red”

React to Red was launched on 01 February 2016 at the Pressure Ulcer Summit in Leeds. It is a bespoke training package for pressure ulcer prevention which is competency based and designed specifically for care home staff and care providers. Since its launch in February 2016, there has been significant interest in this resource from CCGs; private organisations; secondary care; hospices; domiciliary care providers; tissue viability nurses and care homes. During 2017/18 this work will continue to be a priority across NHS England North.

Prevent

Across NHS England North there are a number of priority areas which are designated by the Home Office, who fund two Regional Prevent Coordinator posts. These posts support the implementation of the Prevent Duty and ensure that Health embeds the requirements of the Contest strategy and specifically Prevent into normal safeguarding processes. Funding to support this work was secured from the North Region Safeguarding budget which has facilitated a number of projects including supporting partnership working with the North East Counter Terrorism Unit, delivering a conference in October on ‘Exploitation, grooming and Radicalisation’ and an Audit of referrals to Prevent /Channel where Mental Health concerns are understood to be a contributing factor. A research project to scope the current, attitudes, awareness and practice amongst GP colleagues has also been commissioned in the Region.

Protection and Proportionality:

Learning Disabilities Mortality Review (LeDeR) Programme

Over the last 2 years a focus on improving the lives of people with a with learning disabilities and/or autism (Transforming Care) has been led jointly by NHS England, the Association of Adult Social Services, the Care Quality Commission, Local Government Association, Health Education England and the Department of Health. In November 2016 the national LeDeR Programme has been established following the Confidential Enquiry into the Premature Deaths of People with Learning Disabilities (CIPOLD).

All NHS regions have been asked to establish the LeDeR process locally to undertake the reviews. LeDeR also complements the NHS Operational Planning and Contracting Guidance for 2017/19 which contains 2 'must-dos' for people with learning disabilities:

"Improve access to healthcare for people with a learning disability so that by 2020, 75% of people on a GP register are receiving an annual health check.

Reduce premature mortality by improving access to health services, education and training of staff, and by making reasonable adjustments for people with a learning disability and/or autism.

LeDeR involves:

Reviewing the deaths of all people aged over 4 years

Identify the potentially avoidable contributory factors related to deaths of people with learning disabilities.

Identify variation in practice.

Identify best practice.

Develop action plans to make any necessary changes to health and social care service delivery for people with learning disabilities.

A national database has been developed and anonymised reports will be submitted. This will allow, for the first time, a national picture of the care and treatment that people with learning disabilities receive.

The LeDeR Programme is not a formal investigation or a complaints process and will work alongside any statutory review processes that may be required.

The LeDeR Programme recognises it is important to capture the extent of personalised services, including the use of reasonable adjustments, choice and control and the well-being of people with learning disabilities. Good practice examples will be written up and shared nationally.

Partnership Effectiveness and Accountability:

Yorkshire and the Humber has an established Safeguarding Network that promotes an expert, collaborative safeguarding system, which strengthens accountability and assurance within 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, which include priorities around Female Genital Mutilation (FGM), Mental Capacity Act (MCA), and Prevent.

The Independent Inquiry into Child Sexual Abuse (IICSA) team attended the meeting in January 2017 to provide an overview of progress. Learning around safeguarding practice has also been shared across GP practices via quarterly safeguarding newsletters; in addition a safeguarding newsletter for pharmacists has been circulated across Yorkshire and the Humber and one for optometrists and dental practices has recently been shared.

NHS England Yorkshire and the Humber works in collaboration with colleagues across the north region on the safeguarding agenda and during 2016/17 a Clinical Commissioning Group (CCG) peer review assurance process was undertaken. Themes from this process have influenced the commissioning of leadership training for safeguarding professionals and there are future plans for a national assurance tool for CCG's.

5. North Yorkshire Police (NYP)

Awareness and Empowerment:

The Police and Crime Commissioner – Crime plan 2017-2021 prioritises “ Caring about the Vulnerable” The police are now having to respond to more public welfare calls, including missing persons, individuals in mental health crisis, older people with complex needs, and people with alcohol and drug issues. Protecting the public from harm is the purpose of policing and in North Yorkshire this is already done well. But these challenges demand more of the police, beyond traditional protection. By combining response with compassion, the police can embed a more caring service for vulnerable people, which will help families and individuals feel better served. This requires a deeper understanding of vulnerability, as well as finding new ways to work with partners and charities who are better placed to provide support. During 2017/18 North Yorkshire Police are committed to working with partners in developing and delivering additional training to those officers that can make a difference and deliver outcomes outside traditional Policing.

Prevention:

In January 2016 the police team formally known as the Safeguarding Team / CRU team / MASH team became the Vulnerability Assessment Team ‘VAT’. The Multi Agency team, based across two locations in York and North Yorkshire is developing further to become a MAST (Multi Agency Screening Team). The team is designed to provide a single point of contact for safeguarding and screening across York and North Yorkshire to ensure the most appropriate response is agreed with agencies in order to protect children and vulnerable adults. The overall objective having an improved response to reduce serious harm.

In 2016/17 MARAC development with Police and Health improving lines of communication with GP’s This work continues to grow.

This is a cultural shift for a predominantly reactive service the Police offer and is evidence of commitment from the Police to Safeguarding the Counties most vulnerable people in a proactive way.

Protection and Proportionality:

The PCC has outlined in the Crime plan 2017- 2021 the priority of ‘Ambitious collaboration’ with the objective ‘maximising collaboration with partners’ There will be deeper collaboration with our ‘Blue light’ partners in ensuring we tackle Serious, organised crime, human slavery & trafficking and other serious emerging threats.

In 2017/17 North Yorkshire Police responded to 20,901 Public Safety Welfare incidents within this category there are 49 subtypes. These particular incidents are often as a PSW Concern for Safety. This would prompt further action of varying types, some of which are highlighted below:

- A referral for Safeguarding (without consent)
- A referral for a care and support needs assessment (with consent)
- Completion of a Herbert protocol
- Completion of a Vulnerable Risk Assessment
- Completion of a Domestic Incident form
- Missing / Trigger plan

Strategy meeting
Referral to MAPPA
Referral to MARAC
Street Triage
Crisis team intervention
The Police continue to use and develop THRIVE (Threat Harm Risk Investigation, Victim, Engagement) to protect the public/ client from further harm. This model is now used across all aspects of Policing.

Partnership Effectiveness and Accountability:

North Yorkshire Police continue to work effectively, developing and implementing best practice with partners. In 2016 problem profiles were completed for Modern Day Slavery and Human Trafficking and Missing. Recommendations based on the 4 'P's Prevent, Protect, Pursue and Protect. These recommendation are shared with partners to ensure national, regional and local needs are met.

The Police Control Strategy for 2017/18 includes the key headline:

REDUCING VICTIM HARM

Safeguarding Vulnerable and/or Exploited People

Cyber-enabled sexual crime

Fraud (Personal)

PREVENT

Modern Slavery and Human Trafficking

Child Abuse and Neglect including CSE

Domestic Abuse

Missing People

Stalking and Harassment

6. National Probation Service

Awareness and Empowerment:

Safeguarding Adults has continued to be a priority for the National Probation Service (NPS), reflected in our 2016-17 Business Delivery Plan. In carrying out its functions, the NPS is committed to protecting an adult's right to live in safety, free from abuse and neglect. In recognition of this the NPS issued in 2016 a Policy statement setting out NPS responsibilities for promoting the welfare of adults at risk.

The NPS has a national and NPS North East Divisional lead for Safeguarding Adults, as well as a local York & North Yorkshire SPOC, to support and promote best practice.

NPS Safeguarding Adult ELearning training has been undertaken by the majority of staff (all grades) during 2016-17

NPS Safeguarding Adults at Risk Policy Statement circulated to all staff

NPS Safeguarding Adults at Risk - Offenders in the Community with Care and Support Needs – Practice Guidance issued in 2016-17

Safeguarding E Briefing shared with all staff, which includes link to local procedures

EQuIP – NPS National electronic process mapping system in place and available to all staff to provide access to all relevant guidance and ensure the processes in relation to Safeguarding Adults are consistently applied.

Senior Managers Briefing on Modern slavery and human trafficking undertaken

Prevention:

Through their work NPS staff come into contact with offenders who pose a risk to known adults at risk; pose a risk of harm to adults at risk in general; are adults at risk; have care and support needs and/or are carers in need of support. During 2016-17 a range of professional training to support risk assessments and risk management, as well as safeguarding Adults training has continued to strengthen practice and reinforce the key role of NPS staff in relation to prevention. Recording practices have been reviewed nationally to improve the flagging on the NPS database of relevant cases who are considered a vulnerable adult, as well as those at risk to others. This will also support monitoring and analysis going forward. A NPS Suicide prevention plan has been launched nationally and shared with staff, and York and North Yorkshire Safeguarding Adult Boards.

Protection and Proportionality:

NPS is a responsible authority under MAPPA (Multi Agency Public Protection Procedures) and continues to work to safeguard adults and victims through our multi agency risk assessments and risk management plans. An HMIP Quality & Impact Inspection completed in NPS York & North Yorkshire 2016 evidenced strong practice in relation to assessment and MAPPA/public protection. NPS staff are engaged with Domestic Abuse Partnerships as well as Prevent and Extremism Boards. Regular supervision and management oversight is provided to all staff which provides opportunities to discuss and review adult safeguarding cases and the actions required to manage the risk posed by or to an offender. The Partnership Framework and Policy and guidance issued to staff sets out clear roles and responsibilities in relation to safeguarding adults, including routes for escalation.

Partnership Effectiveness and Accountability:

NPS Safeguarding Adults Partnership Framework issued and implemented
NPS has continued to support the work of and contribute to, the work of the NY Safeguarding Adult Board.

NPS is actively engaged with a range of related partnerships across North Yorkshire including Safeguarding Children, Community Safety Partnership and MAPPA Senior Management Board.

NPS has continued to support multi agency training through MAPPA and the launch of the MAPPA eLearning for Duty to cooperate agencies.

In relation to offenders appearing in court, work has been undertaken with North Yorkshire Police and Children's Social Care to improve processes supporting 'on the day checks' for domestic abuse and safeguarding concerns, to inform assessments and reports.

7. Healthwatch

Awareness and Empowerment:
Throughout the year 12 of our volunteers and 2 members of staff undertook Safeguarding Level 2 responder course. All staff have received safeguarding training and all volunteers who lead on Enter and View visits have received training.
Prevention:
Healthwatch Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch safeguarding policies. If at any time an authorised representative observes anything that they feel uncomfortable about they will inform their lead who will inform the service manager, ending the visit.
Protection and Proportionality:
If any member of staff wishes to raise a safeguarding issue about their employer they will be directed to the CQC where they are protected by legislation if they raise a concern.
Partnership Effectiveness and Accountability:
Our Delivery Manager maintains a seat on the Adult Safeguarding Board providing a two way dialogue on safeguarding matters.

8. Tees Esk and Wear Valley NHS Foundation Trust

Awareness and Empowerment:
TEWV completes an annual audit of compliance with the safeguarding protocol to ensure that staff are acting in a manner that is in line with the principles of making safeguarding personal, this looks at the empowerment and choice people were given prior to a concern was raised and the outcomes expected.
Prevention:
The Trust has a commitment to providing safeguarding training to all its staff appropriate to the role they carry out. This training is in line with the SAB principles and the principles of making safeguarding personal, with a result that 92% of staff have received basic awareness training.
Protection and Proportionality:
The trust work with advocacy services, provide PALs and mental capacity act training, the safeguarding adult level 2 training promotes proportionality and risk management as a way of protecting individuals.
Partnership Effectiveness and Accountability:
The Trust Safeguarding Adults team participate and engage in the SAB and SAB subgroups, the team actively participated in the safeguarding week in 2017 and are actively participating in preparation with the plans for the next safeguarding week. The Trust provide statistics to the SAB as part of the data request and actively participate in strategy meeting and enquiry's as requested by the local safeguarding teams. The Trust Safeguarding Adults team have committed to attend the local safeguarding adults groups and work with other agencies to ensure the best outcomes for individuals who are at risk of abuse of neglect.

9. Acute Provider Trusts:

- Airedale
- Harrogate District Foundation Trust
- South Tees Hospitals NHS Foundation Trust
- York Teaching Hospital Foundation Trust

Awareness and Empowerment:

Airedale NHS Foundation Trust

Bespoke training sessions complement mandatory training and 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 and enquiries. We work within an annual audit programme related to safeguarding adults in 2016/17. Findings are received at the Trust's Strategic Safeguarding Group.

Harrogate District Foundation Trust

An Adult Safeguarding Strategy has been developed based on the safeguarding principles. This is available for all staff on the Safeguarding page of the intranet. Work is ongoing jointly by the Trust Adults and Children's safeguarding teams to review our Domestic abuse guidance and training. An audit of safeguarding concerns raised by Trust staff is being undertaken to examine issues around gaining consent.

South Tees Hospitals NHS Foundation Trust

Alerts into the local authority are made with consent of the person or following a best interest decision. The importance of this is included in safeguarding adults training which is mandatory for all staff. Mental Capacity Act Training is mandatory for all clinical staff.

York Teaching Hospital Foundation Trust

Patients in our care who have capacity are encouraged to be fully involved in any safeguarding concerns raised by Trust Staff. They are asked for consent to take any concerns into the Safeguarding Process. Where a patient in our care lacks capacity, key people in their life are consulted (if it is safe to do so). Where a patient lacking capacity does not have any key people in their life consideration is given to appointing an advocate.

The patient and their views will be central to the process and any safeguarding enquiry.

Policy, training and staff guidance direct staff to fully involve a patient where there are concerns.

The Trust safeguarding Adults Team are available to advise staff on how to involve the patient in their concerns

An Intranet Resource is also available to Staff to support staff involve a patient for whom they have concerns.

Mental capacity Act Policy/training and staff guidance direct staff to involve key people in the safeguarding Adults Process

Trust Leaflets give guidance to patients involved in the safeguarding adult's process.

Prevention:

Airedale NHS Foundation Trust

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. We now have a Clinical Supervision framework for Safeguarding Adults.

There is a bi-annual audit related to 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 were received by the MCA Working Group

Harrogate District Foundation Trust

A review of WRAP training is being undertaken, and extra sessions are being made available for staff who require this. Bespoke safeguarding training for all areas is available as required. An enhanced admission proforma has been introduced to help staff understand the needs of people with learning disabilities. Safeguarding link workers have agreed to also be learning disability link workers. A task and finish group has been evaluating policies and processes for MCA/DOLS and a training review is underway.

South Tees Hospitals NHS Foundation Trust

Information on safeguarding adults is available on the trust website for patients and relatives. Staff training contributes to this outcome promoting the early identification of concerns in relation to both trust practice and the practice of others.

York Teaching Hospital Foundation Trust

Staff are encouraged to be supportive where they identify the risk of abuse from colleagues internally and as part of other care provisions.

Staff commit to communicating care requirements from the onset of an admission to discharge.

Policy, training and staff guidance direct staff to identify potential risk of abuse. The Trust safeguarding Adults Team are available to advise staff on how to support staff to identify potential risk of abuse.

An Intranet Resource is also available to Staff to support staff identify potential risk of abuse.

Community Teams are supported by the Safeguarding Adults team to support patients who decline treatment and potentially pose a risk to themselves in doing so.

Commitment to PREVENT Duty with embedded Policy Guidance and training Trust Safeguarding Adults Processes link with other key policies within the Trust that manage concerns. (Did Not Attend Policy, Pressure Ulcer Prevention).

Protection and Proportionality:**Airedale NHS Foundation Trust**

We have increased the capacity within the safeguarding team to cope with the ever increasing safeguarding agenda. The additional post supports the team and provides further support for colleagues in clinical areas.

Harrogate District Foundation Trust

An Acute Liaison Nurse for Learning Disabilities has been recruited; this person also supports the Senior Nurse Adult Safeguarding.

From April 1st 2017 after consultation there was a change to the process for sending safeguarding concerns for some pressure ulcers. This has resulted in a more proportionate response. New Trust MAPPA arrangements are being developed, and links have been strengthened with the Children's safeguarding team re MARAC. Staff have been made aware of the reporting mechanism for soft intelligence, and have used this process to report lower level concerns.

South Tees Hospitals NHS Foundation Trust

The trust has robust policies and procedures for identifying and alerting safeguarding concerns. Concerns are identified through a number of routes including incident reporting system, patient comments (PALS) and complaints, and significant incidents. Safeguarding issues are monitored via quarterly governance arrangements and where necessary escalated to Board of Directors (BD). The BD receives an annual safeguarding report.

York Teaching Hospital Foundation Trust

Staff are supported by the Trust Safeguarding Adults team to ensure concerns are managed in the most effective yet proportionate manner based on the patient's views and consent to involvement.

The Trust Safeguarding Adults team have continued liaison with Local Authority Safeguarding Adult teams regarding concerns.

The views of the patient is central, bearing in mind one of the Mental Capacity Act Principles that “a perceived unwise decision does not mean the patient lacks capacity”.

Trust Safeguarding Adults processes are in line with Local Authority Guidelines and Thresholds.

Trust Safeguarding Adults Processes link with other key policies within the Trust that manage concerns. (Serious Incident, Complaints, Root Cause Analysis, Pressure Ulcer Prevention).

Proportionality

The Trust Safeguarding Adults Team is committed to supporting both internal and external actions plans which protect patients in our care.

Compliance with safeguarding actions plans from Case Conferences.

Safeguarding Action Plans reviewed and monitored for completion.

Investigations reports shared routinely with Departmental managers, Matrons and A D Ns for awareness and progression of identified learning.

Themes reported quarterly to the Safeguarding Adults Governance Group.

Partnership Effectiveness and Accountability:

Airedale NHS Foundation Trust

We have reviewed the Terms of reference for our 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.

The Operational Group for Vulnerable Adults is 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.

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 2016/17, Trust staff were compliant with

- Dementia Awareness (inc Privacy & Dignity standards) 91.94%
- Mental Capacity Act 89.91%
- Safeguarding Adults 91.53%

Harrogate District Foundation Trust

We continue to meet regularly with HAS to provide assurance re lessons learnt. The Trust provides representation at Channel and other Prevent meetings; LSAG, HPG and SAB sub groups. Representatives also attend individual strategy and case conference meetings as required and support investigations on an ongoing basis.

Governance structures have been reviewed and Adult Safeguarding now reports to the Supporting Vulnerable People Steering Group.

South Tees Hospitals NHS Foundation Trust

The trust has a range of information governance policies which dictate how personal sensitive information is used and information sharing protocols to ensure information can be shared proportionately and securely with adults consent or in their best interests where they are not able to consent. Interagency working to safeguard and promote the wellbeing of the adult is central to good clinical practice as well as to trust policies and procedures in relation to safeguarding. All staff who have contact with adults are required to introduce themselves and their role to patients and their relatives and the organisation has championed the 'Hello my name is ...' campaign. <http://hellomynameis.org.uk/>

York Teaching Hospital Foundation Trust

The Trust continues to work with multi-agency and partners to safeguarding adults in our care and in the community.

The Trust recognises its duty under Section 6 of the Care Act to co-operate to work together to safeguard adults who are experiencing or at risk of abuse and neglect

Senior Commitment and representation at the three Local Authority Safeguarding Adults Boards

Representation at Local Authority Safeguarding Adult Board task and Finish Groups and sub groups.

Routine involvement in local Authority Led safeguarding adult strategy and case conference meetings

Shared Annual reporting

Compliance with the safeguarding Adults Self-Assessment submissions and responsive to local authority challenge panels

The Trust remain accountable for care delivery and addressing any gaps in care delivery and listen in order to improve.

Commitment and representation at Local Authority Lessons Learned Processes
Continued Open and honest liaison with adults in our care involved in safeguarding concerns

Identified gaps have accompanying regularly monitored action plans

Continued safeguarding referrals where concerns arise on Trust practices

On-going operational links to with internal systems such as complaints and incidents.

Strategic links with Quality Safety Committee

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).

There is currently representation at two of our regions SABs (CYC and ERYC). Under Care Act re-organisation of membership York Teaching Hospital NHS Foundation Trust no longer sits on the NYCC Board. It is understood that there is acute representation by a nominated Chief Nurse with a view to feedback to other Trusts. Whereas the principle of this is understood it has been identified that NYCC SAB information is not always received. As such the Trust welcome involvement in any projects which may improve this.

10. Yorkshire Ambulance Service

YAS serves a population of more than five million people and covers 6,000 square miles of varied terrain from the isolated Yorkshire Dales and North York Moors to urban areas including Bradford, Hull, Leeds, Sheffield, Wakefield and York.

We are commissioned by 23 clinical commissioning groups (CCGs) and, as the only regional healthcare provider, we are ideally placed to support joined-up care for patients and provide the gateway into urgent and emergency services.

We employ over 5,000 staff and have over 1,200 volunteers and provide 24-hour emergency care to the region.

For everyone working at YAS, providing high quality patient care is our key priority. This applies to our ambulance clinicians responding to emergency calls, to our Patient Transport Service (PTS) crews taking patients to and from their planned hospital appointments, our call handlers handling 999 and 111 calls, to our managers developing new care pathways or ways of working, and to our Trust Board making decisions about the future of our Trust.

In 2016-17:

- We received 895,700 emergency calls;
- We responded to a total of 723,935 emergency calls;
- We undertook 1,020,621 non-emergency journeys.

A key priority during 2016-17 has been the establishment of the Critical Friends Network (CFN) within YAS. This network is made up of patients and members of the public who have an interest in the ambulance service and recent experience of using one of the services; the newly formed CFN, along with Staff Forum Members, are now consulted prior to new service developments and improvement projects.

The profile of safeguarding children and adults at risk continues to grow and change and is a key priority across YAS. Both policy and practice have been reviewed to ensure compliance with legislation and good practice guidance. The Safeguarding Team continues to engage and support staff within all departments including The Emergency Operations Centre, Operations, Patient Transport Service and NHS 111 to identify safeguarding priorities to ensure quality patient care.

The Safeguarding Team continues to work Trust-wide, with partner agencies, including commissioners, social care and health partners, to review and improve the quality of the safeguarding service provided by YAS staff. Ensuring YAS employees including, secondees, volunteers, students, trainees, contractors, temporary or bank workers and NHS 111, have the appropriate knowledge and skills to carry out their safeguarding children and adult duties.

Safeguarding processes and practice are being continually reviewed and strengthened; especially with regard to the quality of Safeguarding referrals to Adult and Children Social Care, the education and training of staff and the safeguarding clinical audit processes.

Within the year, safeguarding practice has been enhanced by the introduction of a safeguarding module within Datix. This ensures accurate monitoring of activity, reporting and the availability of trend analysis of current safeguarding processes and work streams.

Ongoing priorities are to review the current Safeguarding Children and Adult Referral Process, to ensure concerns are effectively shared with local authorities, and to review and develop the Mandatory Safeguarding Training Plan, for all YAS staff, inclusive of NHS 111, volunteers and Community First Responders (CFRs).

Extracts from YAS Quality Account 2016/17

11. North Yorkshire Borough/District Councils:

- Craven
- Hambleton
- Harrogate
- Richmondshire
- Ryedale
- Scarborough
- Selby

Awareness and Empowerment:

Craven

CDC Children and Adults at Risk Safeguarding Policy and Procedures 2015 available to all staff.

Staff Safeguarding leaflet updated in June 2016 and circulated to all staff with wage slips.

Councillor safeguarding training session held.

4 staff safeguarding training sessions were held during 2016/17.

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 individuals personal development plan and passed to HR to be incorporated into the Annual Training Plan.

Hambleton

HDC has adopted a safeguarding training plan and in 2016/17 trained 150 people. Safeguarding is now a standard item on the council's corporate induction programme.

An internal safeguarding information leaflet continues to be issued to all new starters.

Harrogate

We have taken steps to ensure a proactive lead for safeguarding adults and children exists within the district. This includes helping to identify when a concern is not a safeguarding issue but still requires social care attention.

There are two new nominated officers who provide leadership to the district on safeguarding matters for staff and residents. We have reviewed, amended and updated the Council's safeguarding policy providing details of emergency contacts for information and referrals. We are in the process of updating our internal training offer for safeguarding, as well as actively promoting the use of NYCC resources.

Richmondshire

- Appropriate training has been provided to staff and Members on an ongoing basis to recognise abuse and know how to raise a concern
- Awareness provided for local businesses and community partners
- Effective range of partnerships with other agencies
- Continue to work with the NYSAB and LSAG
- Continue to work with NYCC Safeguarding staff

- Continue to work with the York and NY Prevent Strategic Board
- Continue to work with the North Yorkshire Community Safety Partnership
- Presented the NYSAB Annual Report 2015-2016 to Overview and Scrutiny Committee's 1 and 2

Ryedale

We held the DV awareness event delivered by IDAS at Ryedale House on 12/10/16

We have a display of safeguarding posters in reception on a permanent basis

We promoted safeguarding week in October on our website

RDC was involved in the planning of and was part of the safeguarding week in October 2016

Scarborough

SBC was involved in the planning of and was part of the safeguarding week in October 2016.

Awareness on safeguarding remains a priority for SBC with sessions running for staff and members on a regular basis. Awareness sessions are also provided to taxi drivers, hotels, guest houses, pubs and door staff, holiday parks to ensure they understand their responsibility to safeguard vulnerable people and equip them with the skills to do so.

Selby

Selby District Council has undergone a whole organisation review which has resulted in new structures and systems for meeting the strategic outcomes. The Community, Partnership and Customers Service area now leads on the strategic delivery of safeguarding to ensure a council wide approach to effective safeguarding awareness. The review and subsequent recruitment is still under way. A wholesale workforce development plan will be delivered as part of this review and will include ensuring staff are aware and confident in identifying abuse, raising concern for vulnerable people.

Prevention:

Craven

Awareness was raised with the wider public via public information events in Skipton, Settle and Bentham. Information about the events and where to get further information about safeguarding was circulated to local community groups, District Councillors and local Parish and Town Councils.

Hambleton

HDC has reviewed its Recruitment and Selection Policy and Procedures in 2016 including safer recruitment requirements. Alongside this HDC has produced a stand-alone DBS Policy and Procedure.

HDC has a comprehensive training matrix which it is rolling out to all staff. This includes bespoke sessions for leisure staff and waste and street scene staff.

Harrogate

We have provided safeguarding training to all our taxi drivers, including a course on recognition of Child Sexual Exploitation. We have actively participated in safeguarding week, as well as attending and contributing to the Local Safeguarding Adults Board.

Richmondshire

- Training has equipped staff and Members to recognise and report issues
- Awareness raising campaigns for staff, Members and customers
- Safer recruitment policy and process in place including DBS prior to appointment and reviewed every 3 years
- Safeguarding Training Matrix in place
- Supported local museums in safeguarding awareness

Ryedale

Training for staff is ongoing in RDC and for those activities we license RDC have a proactive multi agency arrangement working together to identify and support those vulnerable that are living in our community.

Scarborough

- Training for staff is ongoing in SBC and for those activities we license
- SBC have a proactive multi agency arrangement working together to identify and support those vulnerable that are living in our community.
- A Notice, Check and Share event was coordinated by SBC, NYP and NYCC to raise awareness at a local level on Prevent this will now be rolled out across county.
- A training package developed by SBC for taxi drivers has now been adopted at a county level.

Protection and Proportionality:**Craven**

Strategic Managers were circulated with information re how the Mental Capacity Act and Deprivation of Liberty Safeguards relate to District Council functions. 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

HDC is currently working on a safeguarding improvement plan for clubs/organisations that hire leisure facilities. The new procedure make the booking system more robust and will ensure that all clubs/organisations that are delivering regulated activities are accountable and that HDC has carried out a series of checks that will evidence their understanding of accountability. HDC has set up an internal Tactical Group to consider cases of anti-social behaviour – this group will also discuss particular safeguarding concerns. The group is attended by North Yorkshire Police and Broadacres to provide a partnership approach to this work.

Harrogate

We have developed a proactive community hub with partners including the police, where we actively discuss a range of issues including safeguarding matters. We have followed up on referrals to ensure matters have been addressed.

Richmondshire

Designated Officers in place for staff to refer to and deal with staff issues.
Up to date staff training inc TMCA, DoL, CSE and Dementia
Revised Policy and Procedures (April 2017)

Ryedale

We are improving staff knowledge of Mental Capacity Act and DOLS to meet the protection and proportionality goal – this work will be ongoing.
We carry out regular staff training sessions in-house which are given a high priority and include the Mental Capacity Act and safeguarding policies and procedures.
We carried out taxi driver safeguarding training and have amended our taxi licensing policy to make this mandatory.

Scarborough

SBC coordinates a multi-agency team that are co-located within the Town Hall. This team identifies, supports and makes appropriate referrals for those that are vulnerable and at risk living in the community.

Selby

The Community, Partnership and Customer Service chairs the Selby Safer Hub weekly meetings which include problem solving crime and ASB issues related to either victims, offenders or vulnerable locations. This includes identifying where vulnerable adults require additional support to prevent ASB and crime. For example, this involved including adult health and social care representatives in local problem solving meetings to reduce issues around neglect, mental health and housing.

Partnership effectiveness and Accountability:**Craven**

CDC has signed up to the Multi Agency Overarching Information Sharing Protocol and Safeguarding Adults West and North Yorkshire & York Multi Agency Policy and Procedures.

CDC participates in Local Safeguarding Adults Meetings, Multi Agency Problem Solving Group (MAPS) and the North Yorkshire District Safeguarding Lead Officers Group. During Safeguarding Week 2016 staff from Craven DC, Police, Children and Families' Service, Adult Social Care and local charities such as Independent Domestic Abuse Services, Age UK North Craven and Hand in Hand, used the Mobile Police Unit to hold three pop up public information events in Skipton, Settle and Bentham, information about the events was circulated to local community groups, District Councillors and local Parish and Town Councils. Key safeguarding issues are reported to the CDC Corporate Leadership Team and appropriate action plans agreed.

Hambleton

HDC has established an internal Safeguarding Panel to oversee the council's safeguarding policy and procedures to ensure that they are adhered to. The Panel

also monitors the delivery of the training plan and corporate safeguarding improvement plan.

Harrogate

The Chief Executive represents all NYCC districts on the Strategic Safeguarding Adults Board, emphasizing the importance of safeguarding to our council and the districts.

We are working with colleagues across the districts and with NYCC to improve communications on safeguarding and other social care matters, to ensure we provide a joint response to service needs, and that appropriate referrals are being made and followed up. We also look to share good practices with colleagues to help improve our response to incidents, as well as improving our preventative support services. For example our CSE course information was shared with colleagues throughout the area.

Richmondshire

We are active members of local safeguarding groups including: -

- Hambleton/Richmondshire Local Safeguarding Adults Group
- North Yorkshire Safeguarding Adults Board
- North Yorkshire Community Safety Partnership
- York and North Yorkshire Prevent Strategic Board
- Safer Richmondshire sub groups including: Domestic Abuse forum, VPI, VEMT, Local Prevent Group and MAPS

Ryedale

Representatives from the district councils meet to share good practice and tackle challenges collectively on a regular basis

Referral pathway has been developed for reporting modern slavery

A safeguarding panel ensures that any county or national legislation is implemented at a local level and ensures good practice is adhered to through the council.

Scarborough

Representatives from all the district councils meet to share good practice and tackle challenges collectively on a regular basis

A safeguarding panel ensures that any county or national legislation is implemented at a local level and ensures good practice is adhered to throughout the council.

An internal audit was undertaken in 2016 to ensure SBC was adhering to its responsibility to safeguarding.

An update report and any recommendations are provided to cabinet on an annual basis

Selby

The Community, Partnership and Customer Service now has full representation on local safeguarding groups to ensure that the district is appropriately represented in safeguarding forums.

Selby District Council in partnership with North Yorkshire County Council Stronger Communities have funded a pilot programme – the Community Navigators

Scheme which aims to support people to gain the right information, advice and guidance in their local area. The scheme commenced in August 2016 and within the 9 month period has dealt with 2000 referrals for advice and support, particularly from individuals aged 65+years. Issues usually relate to financial difficulty as well as ensuring the right support for adaptations to increase independence and tackle concerns such as falls prevention. The scheme is set to run until August 2017.

12. Independent Care Group (ICG)

Tell us what your organisation has done during 2016/17 to meet the SAB's strategic outcomes

The Independent Care Group (ICG) represents independent care providers across North Yorkshire. ICG is a member of the Safeguarding Adults Board. It communicates safeguarding priorities to its members through weekly updates and a quarterly newsletter, and raises issues from the independent care sector.

Awareness and Empowerment:

We use every opportunity to promote the importance of Safeguarding and putting the individual at the centre of an enquiry, in line with the Care Act. We make our members aware of any changes to policy and procedures.

Prevention:

We promote Safeguarding Training through direct communications and on our website.

13. North Yorkshire and York Forum

Tell us what your organisation has done during 2016/17 to meet the SAB's strategic outcomes

Note: North Yorkshire and York Forum merged with Rural Action Yorkshire in April 2017 to form Community First Yorkshire. Community First Yorkshire continues the work of its two predecessors and will continue the representation role at the SAB and two-way communication with the voluntary and community sector.

Awareness and Empowerment:

Meeting minutes and the website are checked for updates on events and awareness of activities.

Events and awareness activities around the county were cascaded to the database of over 1,800 VCS organisations, in advance of activities taking place.

Safeguarding training has been regularly promoted to the sector and discussions have been had regarding the performance data which could be provided on VCS take-up, in order to gauge the success of communication and awareness of training provision and level of interest.

Messages from the meetings, taken from the minutes, were part of the representation round-up input into the VCSE Strategic Leaders' Group which meets quarterly, and provides a route for conversations to push for greater awareness via their contacts and discuss emerging issues in relation to safeguarding matters.

Safeguarding is one of the areas of questioning in the sector-wide training needs survey, issued in spring 2017.

Prevention:

Safeguarding issues and topics are raised as part of the quarterly NYF facilitated Equality and Diversity Strategic Partnership Group, which brings together public and VCS representatives to address and develop plans for addressing all aspects of equality and diversity in relation to service access and take-up. The prevention conversations led to a request for a specific agenda item on Prevention Partnerships at the early 2017 meeting.

Protection and Proportionality:

Promoting and providing an efficient Disclosure and Barring (DBS) checking service to organisations especially those within the VCS community. Over the year the number of organisations using the service increased to 250.

The service provides training on DBS, these sessions cover the legislation which underpins DBS, outlines when it is applicable for someone to have a DBS check before taking up a role and how to complete forms for employees and volunteers. DBS news update information is reviewed and as relevant cascaded to DBS current and past clients, and the wider network of VCS organisations.

Partnership Effectiveness and Accountability:

The Annual Client survey is used to monitor and look to improve representation and partnership working of the Forum. The latest findings show the majority of respondents agreed that the Forum had made a difference for the sector in its representational role and is able to speak for the sector because it understands the views of a wide range of organizations. Feedback from discussions and representation at groups has been an important part of work with the sector,

including messages from the Safeguarding Board, overall around 90% of survey respondents feel the Forum feeds back effectively.

NYYF is accountable of our effectiveness of representation to NYCC and CCGs which fund this activity and support for others providing representation. Representation will continue as part of the new Capacity Building and Support to Voluntary and Community Sector Organisations and Volunteering Grant Agreement which came into effect from 1 April 2017. The Agreement is held by Community First Yorkshire, which is a new organisation created by the merger of North Yorkshire and York Forum and Rural Action Yorkshire (which merged as from 3 April 2017). Accountability to NYCC and CCGs will continue through quarterly monitoring reports and review meetings.

Accountability of the DBS Service is measured through regular client surveys and DBS national team undertaking short notice audit checks. The survey monitors delivery of the checking service and information out to the sector. These surveys are consistently at the 95% level against criteria which explores the service they had received, very good value for money judgements and the timely provision of the service. The level of repeat custom from clients is high which reflects the effectiveness of the service provided.

Appendix 2

**North Yorkshire
Safeguarding Adults Board
Membership and Attendance
2016/17**



Organisation	Designation	May 2016	September 2016	December 2016	March 2017	Nominated representative or substitute
	Independent Chair	Y	Y	Y	Y	100%
North Yorkshire County Council	Corporate Director of Health and Adult Services	Y	N	Y	Y	75%
	Assistant Director, Care and Support	Y	N	Y	Y	75%
	Assistant Director, Quality & Engagement	Y	Y	Y	N	75%
	Director of Public Health	Y	Y	Y	Y	100%
North Yorkshire Police	Deputy Chief Constable	Y	Y	Y	Y	100%
Partnership Commissioning Unit (PCU)	Director of Partnership Commissioning	Y	Y	Y	N	100%
	Designated Professional for Adult Safeguarding	Y	Y	Y	Y	100%
Airedale, Wharfedale, Craven CCG		Y	Y	Y	Y	100%
NHS England		Y	Y	Y	N	75%
Tees, Esk and Wear Valley NHS FT		Y	Y	Y	Y	100%
Harrogate District Foundation Trust (on behalf of		Y	Y	Y	Y	100%

Foundations Trusts)						
Harrogate Borough Council (on behalf of Borough/District Councils)		Y	N	Y	Y	75%
Independent Care Group		Y	Y	Y	Y	100%
Healthwatch		Y	Y	Y	Y	100%
North Yorkshire and York Forum for Voluntary Organisations		N	N	N	N	0%
Legal Advisor to the Board		Y	Y	Y	Y	100%

Appendix 3

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	01765 640 552	info@nyforum.org.uk

General Information		
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.richmondpals@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	Teww.ftmembership@nhs.net
Vale of York, CCG General enquiries	01904 555 870	Valeofyork.contactus@nhs.net

NORTH YORKSHIRE COUNTY COUNCIL**Care and Independence Overview and Scrutiny Committee****28 September 2017****North Yorkshire Joint Alcohol Strategy: Update****1.0 Purpose of Report**

- 1.1 This report asks the Committee to note the information in the report and the Alcohol Strategy Annual Report 2016

2.0 Purpose

- 2.1 The current report is the second annual report of the North Yorkshire Joint Alcohol Strategy 2014–2019. The report describes the three priority areas underpinning the alcohol strategy. It includes the main developments against these outcome areas, and the impact of increased investment in the alcohol strategy including new investment in Identification and Brief Advice (IBA) to assess changes in people's behaviours and contribute to reducing alcohol-related harms.

3.0 Background

- 3.1 In January 2015 North Yorkshire County Council (NYCC) published a joint alcohol strategy. The strategy aimed to galvanise partners to collectively reduce the harms from alcohol.
- 3.2 The strategy 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.
- 3.3 The alcohol strategy intended to continue to build on the on-going work across North Yorkshire (NY) informed by the latest data and using the best evidence of what works and what is available.
- 3.4 The annual report draws together key data and evidence and identifies significant developments within each of the three outcome areas. The report aims to evaluate the impact of the alcohol strategy in North Yorkshire and answer; how and to what extent has implementing the strategy and interventions (taken together and/or individually) changed peoples behaviours and contributed to reducing alcohol-related harms?
- 3.5 Key achievements in 2016 include:
- Public Health Team commissioned Drug Train to deliver free Identification and Brief Intervention (IBA) training to target professional (but non-alcohol specialist) groups across North Yorkshire. To date over 900 people have been trained

- Increased provision of IBA in GP settings and pharmacies
- As a response to the change in licensing legislation Public Health has been working with colleagues to influence reviews of districts Statement of Licensing Policy and also developing local profiles which include health and police data to support the licensing process and provide alcohol related data for districts.
- Service level agreement (SLA) in place with Trading Standards to deliver elements of the action plan
- Refresh of the NYCC HR policy for drugs and alcohol
- Scoping social marketing campaigns to raise awareness of the harms associated with alcohol

4.0 Significant changes

4.1 Access to treatment

4.2 The North Yorkshire Alcohol Strategy has seen an improvement in access to identification and treatment for those people with alcohol misuse. There has been an increase in the numbers engaged in treatment (alcohol only) with North Yorkshire having 42% of people in specialist treatment service in this category compared to 29% nationally.

- The peak age for people accessing support for alcohol treatment is 45-49 years.
- The measure of success would be – the proportion successfully completing treatment and not re-presenting within a defined period.

4.3 Hospital admissions

4.4 We have seen an improvement in hospital admission for those aged 18 and under and are now similar to the national average, however alcohol related admissions overall are rising at a faster rate than nationally. However in the under 40's we have seen an increase meaning North Yorkshire is statistically worse than the national average.

5.0 Resource Implications

5.1 The Public Health Grant has invested £255,000 for 2017/18 towards implementation of the North Yorkshire Alcohol Strategy (This excludes investment into treatment services). The majority of this is for the provision of identification and brief advice (IBA) and the additional investment into Trading Standards support to address issues relating to underage sales of alcohol.

6.0 Future plans and measuring success

6.1 What next?

- Developing a social marketing campaign focused on targeting 'high risk' groups
- Increase provision of alcohol IBA

- Work with districts to address alcohol related crime and disorder in the Night Time Economy (NTE)
- Campaigns to address alcohol/drug driving
- Refresh and implement the NYCC substance misuse policy

6.2 Public Health have created an outcomes framework to measure success. The following indicators are used in the framework, a summary of some of the performance indicators are included in the annual report.

- Alcohol related hospital admissions
- Road collisions involving alcohol
- Alcohol related violence
- Alcohol dependency
- Numbers of people in treatment and successful completers
- Numbers of alcohol IBA interventions

7.0 Recommendations

7.1 The Care and Independence Overview and Scrutiny Committee is recommended to note the information in this report.

Lincoln Sargeant
Director of Public Health

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 Date: September 2017

Annex: North Yorkshire Alcohol Strategy Annual Report

31 August 2017

Background Documents Nil

Groups
Support
Binge drinking
Support
Socialise
Accidents
Campaigns
Suicide
Violence
Family
Death
Memory loss
Illness
Licensing
Sensible drinking
Cancer

Reduce the harms from alcohol

Alcohol IBA
Hangover

Help

Dependant drinker

North Yorkshire

Horizons

Addiction

Health
Safety

Units

Partners

Abuse

Pre loading

Depression

Dry January

Sickness

Weekend

Hospital

Crime

North Yorkshire

Joint Alcohol Strategy

2014-2019

Annual progress report 2016

Health and Wellbeing Board
North Yorkshire



Introduction

Welcome to the second annual progress report of the North Yorkshire Joint Alcohol Strategy 2014-2019. A multi-agency Drug and Alcohol Partnership Group has been developed and is responsible for ensuring the North Yorkshire Alcohol Strategy Implementation Plan is delivered.

The strategy aims to galvanise partners to collectively reduce the harms from alcohol. It is under-pinned by three priority areas, namely to:

- PRIORITY 1** Establish responsible and sensible drinking as the norm
- PRIORITY 2** Identify and support those who need help into treatment through recovery
- PRIORITY 3** Reduce alcohol-related crime and disorder

This report describes the main developments against the three priority areas, and what the impact of investment in this area has been on reducing alcohol-related harms in the last year.

Contents

1. New Guidance

- Public Health England (PHE) - The Public Health Burden of Alcohol and the Effectiveness and Cost-Effectiveness of Alcohol Control Policies An evidence review
- PHE has worked with the Home Office and Department of Health to develop and pilot an analytical support package (ASP) for alcohol licensing.
- Alcohol Guidelines

2. Performance indicators

3. Why is alcohol still a priority in North Yorkshire?

4. Achievements

- Priority 1
- Priority 2
- Priority 3

5. What next?

New Guidance

Public Health England (PHE) - The Public Health Burden of Alcohol (www.gov.uk/government/publications/the-public-health-burden-of-alcohol-evidence-review) and the Effectiveness and Cost-Effectiveness of Alcohol Control Policies

An evidence review

In December 2016 Public Health England (PHE) published a report that examines the health, social and economic impact of alcohol, and the effectiveness of actions in reducing its harms.

This review provides national and local policy makers with the latest evidence to identify those policies which will best prevent and reduce alcohol-related harm. It details policies that impact directly on the environment in which alcohol is sold and marketed, including its price, availability and advertising, along with policies directed at people most at risk.

The report states that in England, the harm caused by alcohol is determined by levels of consumption at both the individual and population-level. Levels are heavily influenced by:

- **how easy it is to purchase or consume alcohol (availability)**
- **how cheap alcohol is (affordability)**
- **social norms surrounding its consumption (acceptability)**

The North Yorkshire Drug and Alcohol Partnership Group will use this review to influence partners and identify actions to include in the Alcohol Strategy Implementation Plan.

Public Health England has worked with the Home Office and Department of Health to develop and pilot an analytical support package (ASP) for alcohol licensing. <https://www.gov.uk/guidance/alcohol-licensing-a-guide-for-public-health-teams>

The ASP is designed as a 'one-stop shop' resource for any responsible authority, and includes:

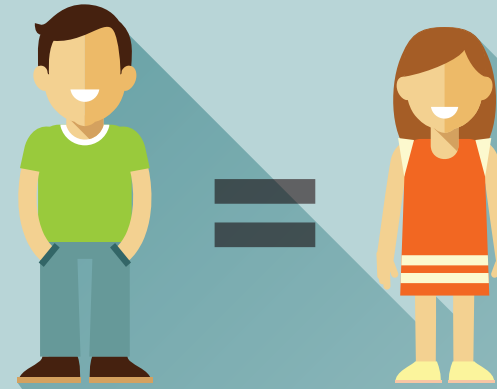
- a data library
- a tool to map health data at a local level
- guidance on how to collate relevant information from primary data via surveys

The ASP is a live online digital platform that PHE will continue to update as and when new information or advice is available. PHE therefore encourage public health teams working on licensing to use the tool to work collaboratively with their partners to maximise their role as a responsible authority. Use of the tool could inform a future public health licensing objective, its wording, and supporting guidance.

Alcohol Guidelines

New guidelines (www.gov.uk/government/consultations/health-risks-from-alcohol-new-guidelines) brought in by the UK Chief Medical Officer last year reflect the latest scientific information relating to the long-term health risks of drinking alcohol, to enable the public to make informed decisions about their own alcohol consumption. The latest guidelines are based on new evidence about the potential harms of alcohol that has emerged since the previous guidelines were published in 1995.

Low risk alcohol guidelines*



Low risk guidelines are the SAME for men and women. BOTH are advised not to regularly drink more than 14 units a week.

This is what 14 units looks like:

6 pints of 4% beer



6 glasses of 13% wine



14 glasses of 40% spirits



If you regularly drink **14 units** per week, it's best to **spread your drinking over 3 or more days.**

If you want to cut down the amount you're drinking a good way is to have several **drink-free days** each week.



Note 175ml 13% ABV wine and 4% ABV beer

Reduce the risks from single occasion drinking episodes by:

Limiting the total amount of alcohol in one session

Drinking more slowly, with food and alternating with water



If you're pregnant you shouldn't drink alcohol at all



The risk of developing a range of **health problems increases the more you drink** on a regular basis.



*UK Chief Medical Officers low risk drinking guidelines. August 2016

Performance indicators

In England, alcohol misuse is the biggest risk factor contributing to early mortality, ill-health and disability for those aged 15 to 49 years. Admissions episodes for alcohol-related conditions across all age groups have shown a small increase for both males and females.

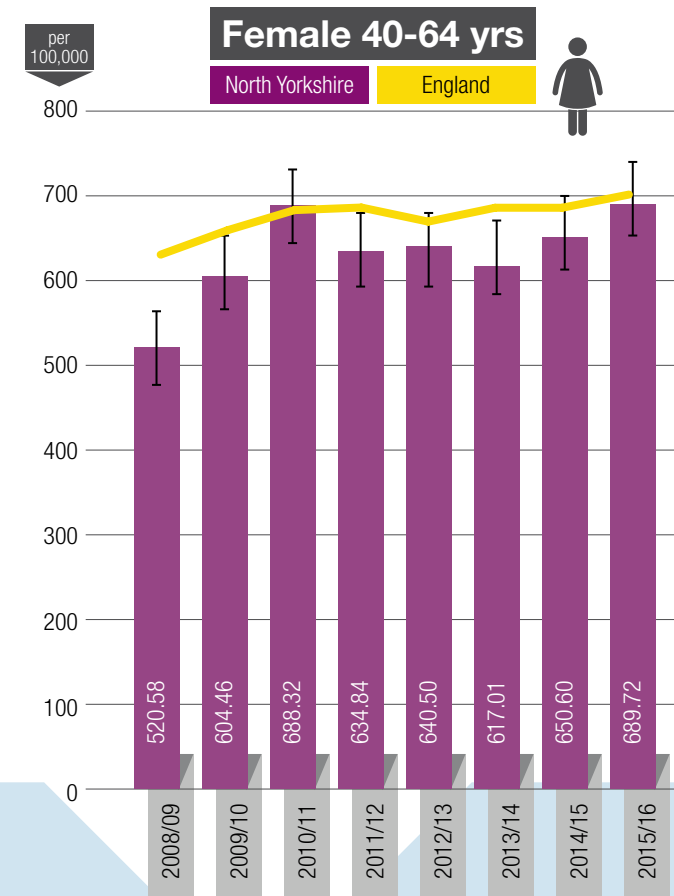
In North Yorkshire alcohol still remains a priority as overall hospital admissions for alcohol related conditions are rising at a faster rate than the national picture. There has been a more marked increase for both males and females from 494 per 100,000 (2008/09) to 631 per

100,000 (2015/16) which makes admissions in North Yorkshire statistically similar to that of the National picture (worsening trend).

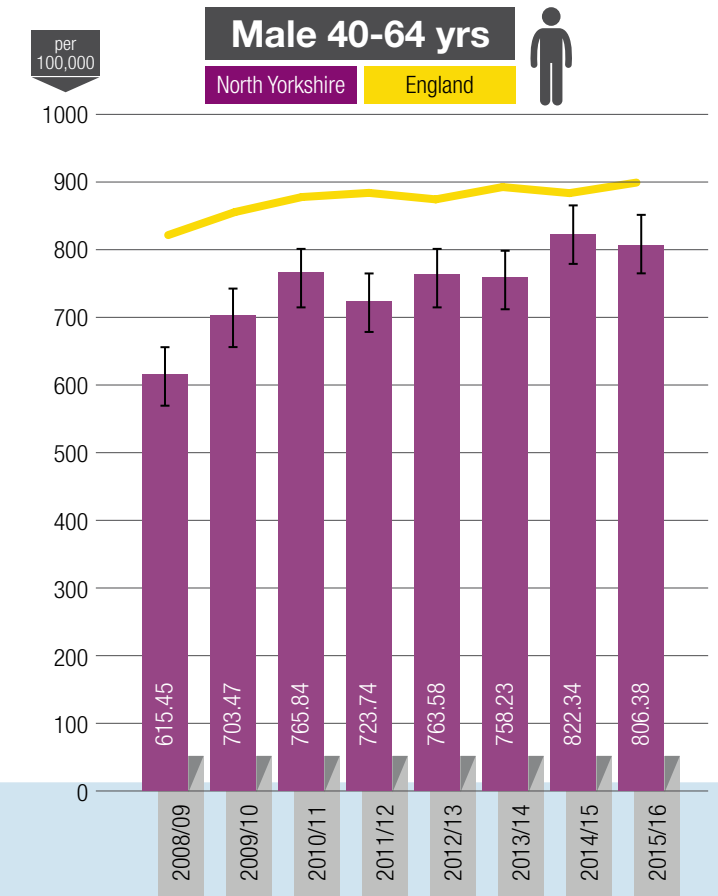
In those aged 40 and under we have seen an increase, meaning North Yorkshire is statistically worse than the national average.

However for those aged 18 and under Hospital admissions have declined making North Yorkshire statistically similar to the national average.

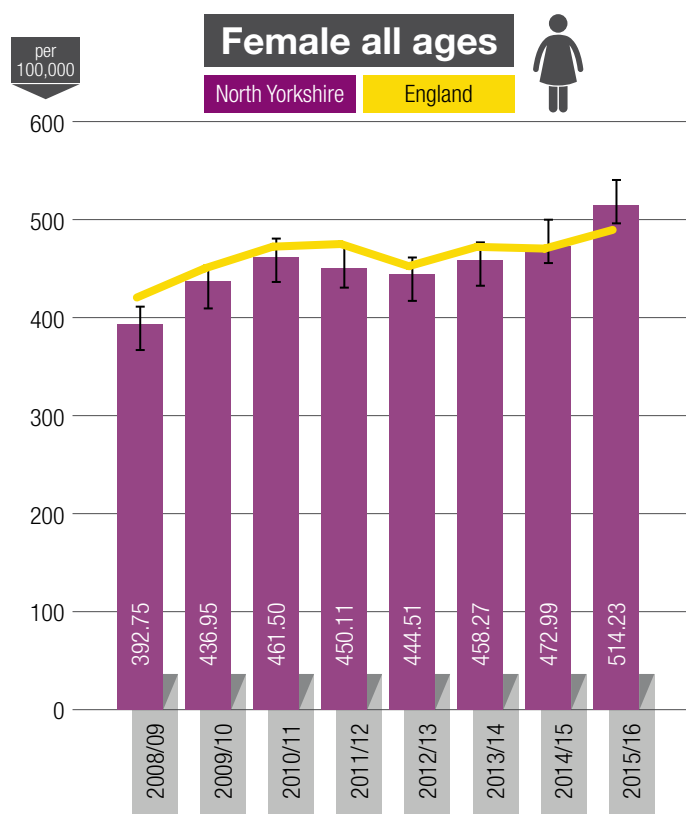
Admission episodes for alcohol-related conditions (Narrow)



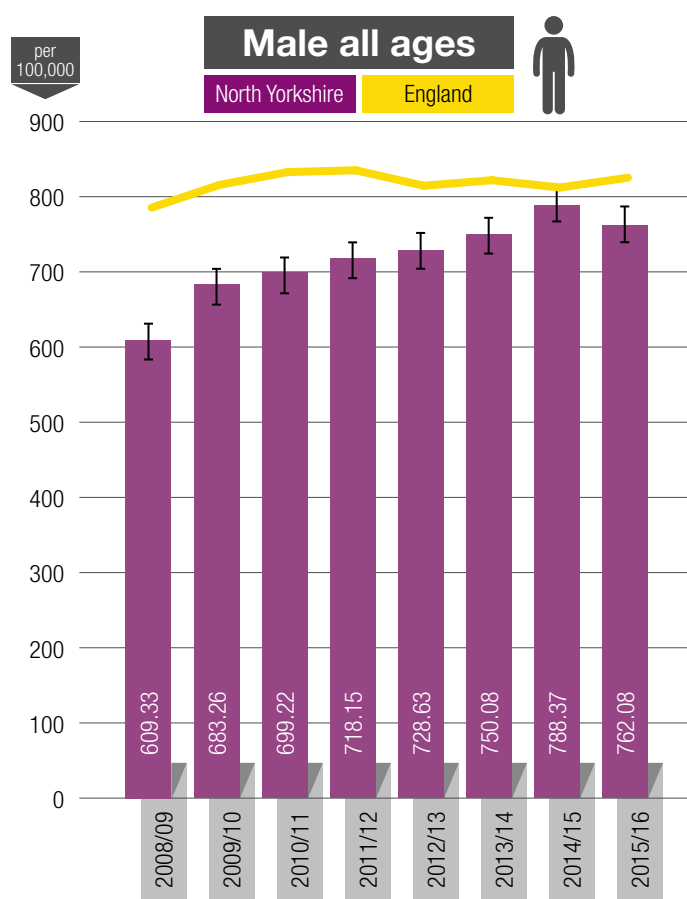
Admission episodes for alcohol-related conditions (Narrow)



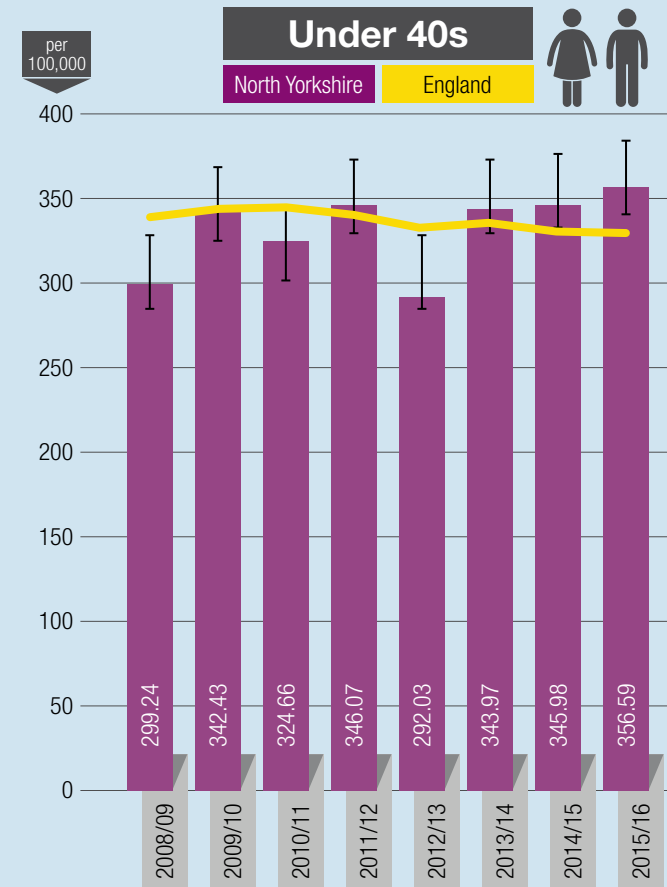
Admission episodes for alcohol-related conditions (Narrow)



Admission episodes for alcohol-related conditions (Narrow)



Admission episodes for alcohol-related conditions - Persons (Narrow)



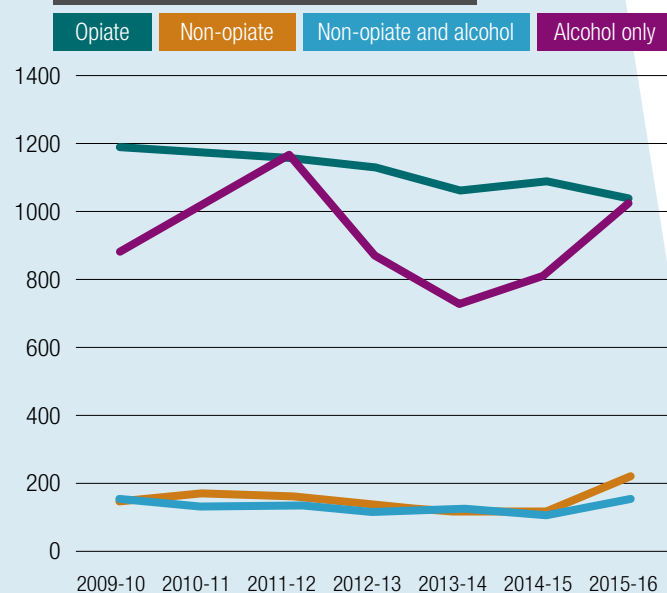
Admission episodes for alcohol-specific conditions - (Narrow)



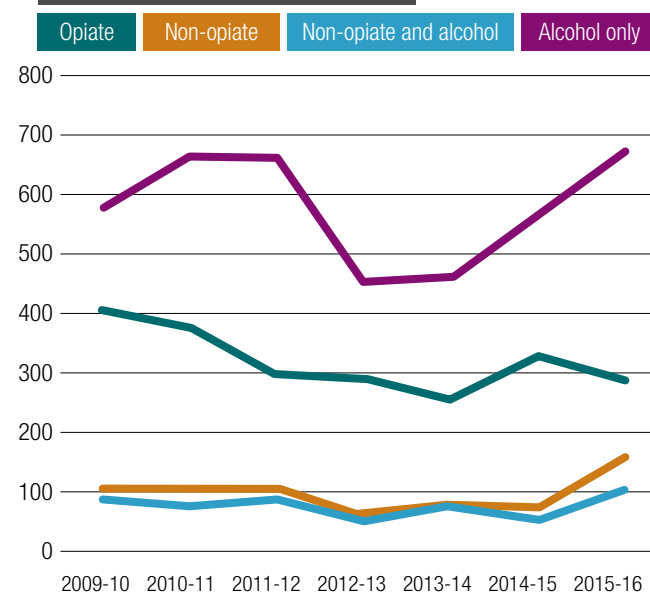
In keeping with our strategic focus, we have improved access to treatment for people with alcohol misuse. There has been an increase in the numbers engaged with treatment (alcohol only) with North Yorkshire having 42% of people in specialist treatment service in this category compared to 29% nationally.

During 2016/17 local data (North Yorkshire Horizons) indicates that 1173 people were seen by Horizons for Alcohol only help, support and treatment. Of these 57% were male and the peak age was 45 to 49 years (18%).


Numbers in treatment



New presentations

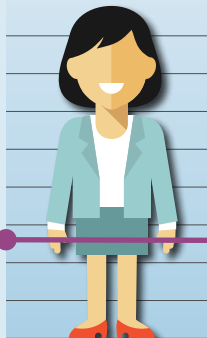


Why is alcohol still a priority in North Yorkshire?




1.0% Adults alcohol dependent*

It is estimated that **5340 people** aged 18 years and over in North Yorkshire are alcohol dependent. This equates to **1.01%** of the over 18 population

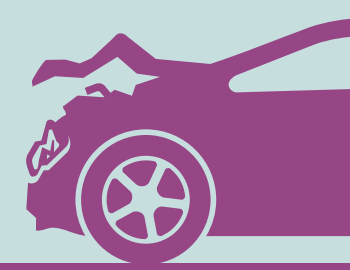


26.9% of adults drinking over 14 units a week


In England 25.7% of adults drink over 14 units of alcohol a week (2011-14). **North Yorkshire** is statistically similar with **26.9% of adults** aged 18 years and over **drinking over 14 units of alcohol a week** (2011-14).



Alcohol consumption is a contributing factor to hospital admissions and deaths from a diverse range of conditions. Nationally alcohol misuse is estimated to **cost the NHS about £3.5 billion** per year and society as a whole **£21 billion** annually.




Alcohol is implicated in 4% of road accidents in North Yorkshire (North Yorkshire Police 2016/17). Although rate of road accidents injury and deaths are decreasing this remains **statistically higher than the national average**



Hospital admissions for females have consistently increased from **393 per 100,000** (2008/09) to **514 per 100,000** (2015/16), placing **North Yorkshire significantly worse than England average for FEMALE admissions.**

Alcohol misuse is still the biggest risk factor attributable to early mortality, ill-health and disability for those aged 15 to 49 years. All ages it is the fifth most important.

Within North Yorkshire **Scarborough** has the highest Alcohol Specific rate (persons) with a rate of **16.8 deaths per 100,000** (2013-15) meaning Scarborough is statistically **significantly worse than** the 11.5 per 100,000 (2013-15) **England rate.**



Scarborough 16.8 deaths per 100,000

*Definition Dependent drinkers are drinking above recommended levels, experiencing an increased drive to use alcohol and feel it is difficult to function without alcohol

Achievements

PRIORITY 1 Establish responsible and sensible drinking as the norm

Case study: Trading Standards

Trading Standards continue to receive funding for their work contributing to the North Yorkshire alcohol and tobacco control strategies.

Priorities:

- To prevent the sale of age restricted products to minors.
- To prevent the sale of illicit and counterfeit alcohol and tobacco.
- To help businesses comply with their legislative and social obligations regarding the sale of alcohol and tobacco.
- To reduce anti-social behaviour caused by the misuse of alcohol and tobacco.
- To address criminal contraventions robustly and proportionately.

In 2016, Trading Standards received **36 reports of underage sales**, i.e. claims of alcohol being sold to those under the age of 18. Trading Standards use child helpers to test the processes and systems which a business has in place to prevent sales of age restricted goods to minors and in response to these complaints,

24 test purchases were attempted with 11 sales occurring, a sale rate of 46%.

Matt O'Neill, Assistant Director of Growth, Planning and Trading Standards said,

“Alcohol and tobacco are age restricted for good reason. Misuse of these products in childhood can lead to dependencies in adult life and local businesses must recognise their significant role in protecting our children’s health by preventing children access to all forms of alcohol and tobacco”.

Trading Standards worked with key businesses to improve their processes and prevent further underage sales and as a consequence of this trader engagement, in 2017, a further 31 test purchases were attempted with only 4 sales occurring. This equates to a sale rate of just 13%, a major reduction in comparison to that of 2016.

It is recognised that many factors affect a retailer’s ability to refuse age restricted sales and as a result Trading Standards work diligently with local partners to tackle problems at a local level. The team have contributed to multi-agency groups in Harrogate addressing

children drinking in the streets and homeless people stealing alcohol from supermarkets. We have worked with Scarborough Borough Council to mitigate the implications of night shift workers excessive morning drinking, contributed to Selby campaigns warning people of the dangers of alcohol misuse and attended several Pubwatch meetings across the County to raise awareness of underage sales and the dangers associated with counterfeit alcohol.

Trading Standards take every opportunity to support businesses on alcohol based issues and continue to be a responsible authority for the purposes of the Licensing Act, working closely with partner agencies to ensure contentious applications are explored. In January 2016 the positive work of the team was recognised by Sergeant Matt France, who complimented the team in terms of their interaction and advisory function regarding the Licensing Act and its practical implications. Sgt France cited 66% of the top 250 key licensed premises throughout North Yorkshire had shown reduced calls for Police service and that a contributory factor in this success was Trading Standards proactive information/educational stance.

Case study: Alcohol IBA

Alcohol Identification and Brief Advice or IBA has been found to be one of the most straightforward and cost-effective approaches to reducing risky but non-dependent drinking at an individual level.

It involves screening, using a validated tool, followed by a short structured conversation aimed at changing drinking behaviours. The conversation (intervention) usually lasts no longer than 5-10 minutes and is aimed at motivating at-risk drinkers to reduce their alcohol use, or to offer referrals to treatment for dependent drinkers.

North Yorkshire County Council (NYCC) have commissioned Drugtrain to deliver free IBA training for front line non-alcohol specialist staff to enable them to offer effective support and advice to patients to raise awareness of the harmful effects of excessive drinking and to recognise sensible limits.

Since 2015 we have trained over 900 front line staff. This includes 45 Pharmacists and 109 GPs who have delivered 206 and 149 Alcohol IBA interventions respectively.

Staff delivering NHS Health Checks looking at a variety of lifestyle issues, including alcohol consumption, are also able to access Alcohol IBA training.

Case Study: Children and Young People’s Service measuring the impact

The Growing up in North Yorkshire Survey has shown a decline in the number of secondary school pupils both drinking alcohol and smoking cigarettes.

	2006	2008	2010	2012	2014	2016
 Yr 8 (age 12-13) never drink alcohol	29%	29%	36%	43%	58%	61%
 Yr 8 (age 12-13) never smoked	73%	74%	84%	85%	88%	89%
 Yr 10 (age 14-15) never drink alcohol	12%	14%	16%	20%	28%	30%
 Yr 10 (age 14-15) never smoked	49%	52%	55%	61%	66%	70%

Work that supports this decline in drinking alcohol and smoking includes:

- Promotion, such as the use of evidence based approaches and resources through a health and wellbeing newsletter distributed to all schools.
- Updates to guidance and policy, including the NYCC Personal, Social and Health Education PSHE and Citizenship Guidance for schools and improvements within a cluster of secondary school’s substance misuse policies, leading to changes in the curriculum and staff training.
- Innovative approaches to education, such as the extremely positively received touring theatre programme which focused on the risks of drinking alcohol aimed at Year 7 and Year 8.

PRIORITY 2 Identify and support those who need help into treatment through recovery

Case Study: North Yorkshire Horizons

North Yorkshire Horizons is the specialist adult drug and alcohol service for North Yorkshire.

It delivers services from five hubs, community venues and GP practices including:

- access to independent mutual aid groups
- inpatient and residential placements where clinical need determines this
- access to recovery groups

Pharmacies support North Yorkshire Horizons, and recovery groups are available across North Yorkshire. The service also facilitates access to independent mutual aid groups and also to inpatient and residential placements where clinical need determines this as the appropriate treatment intervention.

The ambition is for North Yorkshire Horizons to support as many people to recover from substance misuse as possible, including abstinence.

Over 3,000 service users engaged with the service during the last financial year. The Single Point of Contact dealt with over 22,000 enquiries, and 1,000 recovery groups were held.

The national measure of success in terms of promoting recovery from substance misuse is 'proportion successfully completing treatment and not re-presenting within defined period'. The table below shows that numbers and proportions completing treatment and not re-presenting have improved since the introduction of North Yorkshire Horizons, and direction of travel continues to improve.

Source: Public Health England Diagnostic Outcomes Monitoring Executive Summary Report

	2 yrs pre NYH (1/10/12 – 30/9/13) Q3 1415*	1 yr pre NYH (1/10/13 – 30/9/14) Q4 1516*	First year (1/10/14 – 30/9/15) Q4 1617*	Latest (1/10/15 – 30/9/16) Q4 1617*	Latest Q performance: top quartile range for peer group/ national av.
Alcohol	Not reported	Not reported	26.1% (235/899)	34.2% (361/1057)	38.3%

Case Study: Alcohol-Related Deaths

A drug and alcohol-related deaths confidential enquiry process was introduced in 2011, coordinated by the Public Health Team. The enquiry process reviews the death of all deceased individuals known to the North Yorkshire Horizons service, who misused drugs or alcohol.

The enquiry process reviews deaths of all deceased individuals known to misuse drugs, and deaths of deceased individuals known to misuse alcohol and known to the North Yorkshire Horizons service.

The number of reported drug and alcohol-related deaths is increasing year on year. The number of deaths reported in 2016 represents the highest number reported since the introduction of the enquiry process.

Reported alcohol-related deaths outnumber drug-related deaths. There was a notable increase in alcohol-related deaths reported in the Harrogate (and Rural) District in 2016, this is being reviewed by the drug and alcohol related deaths board.

PRIORITY 3 Reduce alcohol-related crime and disorder

Case Study: 95 Alive Partnership

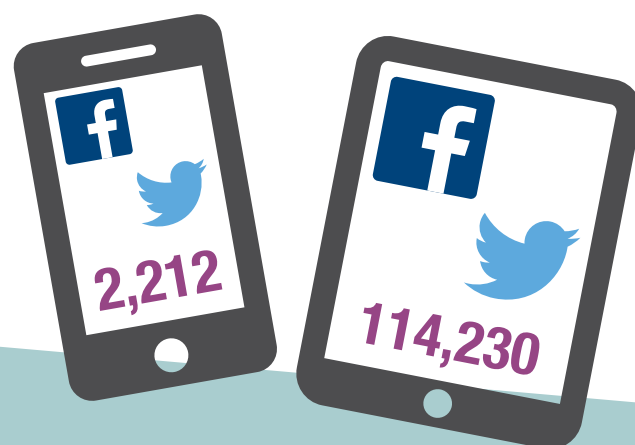
Public Health has invested into the 95 Alive Partnership. The impact of alcohol related issues on the roads is one of the key areas being addressed.

The NYCC Road Safety and Active Travel Team delivered two major drink-drug driving media and engagement programmes during June and December 2016, coordinated with the police enforcement operations. Each programme delivered a media campaign which included local engagement events held at market towns, major employers and military bases.

The events used a driving simulator that was programmed to simulate the effects of different levels of alcohol on the candidates driving. This is an impactful method of showing how alcohol affects judgment both for the driver and those watching. A sustained output of related social media and Facebook posts and tweets reached an average audience per tweet of 2,212 and an overall reach of over 114,230 per campaign.

During the Christmas Drink and Drug Campaign the total number of arrests between 1 December 2016 and 1 January 2017 was 137; an increase of 13 arrests (9%) on the same period in 2015. The highest breath test reading was 118ug/100ml of breath. The maximum alcohol limit for drivers allowed by law in England and Wales is 35ug/100ml. 1,300 breath tests were undertaken during the campaign.

There has been an increase in the number of arrests for drug driving this year; this is mainly due to the introduction of the new Drugwipe Test and Section 5A drug limit offence last year. There have been a total of 37 arrests as a direct result of positive saliva based roadside drug screening tests. These results reflect the determination of North Yorkshire Police to take drink and drug drivers off the road and are a credit to all who took part in the operation.



Facebook posts and tweets reached an average audience per tweet of 2,212 and an overall reach of over 114,230 per campaign.

Case study: One year North Yorkshire Family Drug and Alcohol Court (FDAC) pilot.

Public Health, Children and Families Services, Legal Services and North Yorkshire Horizons worked together to develop a service offer which was launched in July 2016 following approval by the Family Court.

The North Yorkshire FDAC is a multi-disciplinary joint working approach to implementation of alternative children's care proceedings. It takes place within the family court, supported by the Judge, Social Workers and North Yorkshire Horizons.

The FDAC is designed to support specific families. The Local Authority will be making an application to the court to protect the child(ren) as a result of parental dependence on drugs and/or alcohol, and parents/families must be capable of achieving the required changes within the court timescales.

What next

PRIORITY 1 Establish responsible and sensible drinking as the norm

- Develop a social marketing campaign targeting risk groups.
- Support National Campaigns 'Dry January'.
- Continue to invest in Trading Standards.
- To look at opportunities for Public Health to influence local licensing decisions using new data from PHE.

PRIORITY 2 Identify and support those who need help into treatment through recovery

- Update NYCC Substance Misuse Policy.
- Increase the provision of Alcohol IBA in pharmacy and GP settings.
- Look at opportunities to increase the provision of Alcohol IBA in other settings.
- Look at opportunities to utilise online training options.
- Look at opportunities to further influence the work of Sustainability and Transformation Partnerships (STPs).
- Development of a North Yorkshire Drug and Alcohol-Related Deaths Confidential Enquiry Process were agreed and will be rolled out throughout 2017.
- Reduce alcohol-related crime and disorder.

PRIORITY 3 Reduce alcohol-related crime and disorder

- Work with Scarborough Borough Council to refresh the Night Time Economy Plan (NTE).
- Work with district councils to identify priorities in relation to alcohol-related disorder.
- A further drug driving publicity and engagement campaign will be delivered in the summer and winter of 2017 linking with the national Think! campaign, police enforcement operations and roadside drug testing on the first anniversary of the revised drug driving legislation.



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NORTH YORKSHIRE COUNTY COUNCIL

Care and Independence Overview and Scrutiny Committee

28 September 2017

North Yorkshire Suicide Audit – Update Report

1.0 Purpose of Report

- 1.1 This report asks the Committee to note the information in the paper and presentation.

2.0 Background**2.1 Multi-agency Suicide Prevention Task Group (SPTG)**

- 2.2 In response to national guidance and recognised best practice, a North Yorkshire (NY) and City of York (CoY) SPTG was created in 2014. This group developed a suicide prevention plan and identified that an audit of suicides within the County should be prioritised

2.3 Suicide Audit

- 2.4 In 2015 a North Yorkshire suicide audit was conducted and covered the period 2010-2014. A report was published in 2016. The audit reports the number of deaths due to suicide and aims to provide a more accurate picture of local trends. The audit report provides an insight into the common stresses, risk factors and catalysts which led those to take their own life. The report also identifies gaps in services, in terms of their availability and accessibility.

2.5 Summary of findings

- 227 deaths due to suicide during period 2010-2014
- 82% were male
- 25% were in the 40-49 age group
- 45% were employed at the time of death
- 60% were single (including individuals who were widowed divorced or separated)
- Majority of incidence occurred at home 65.5%
- 56% died by hanging/strangulation

2.6 Risk factors

- 53% identified mental health issues
- 41% were suffering from a chronic, long term condition, these increased to 80% for those aged over 70 years.
- 40% identified emotional loss
- 36% of cases had a history of self-harm
- 33% had alcohol present at the time of death

2.7 Contact with services

- 51% had contact with their GP in the four weeks leading up to death

3.0 Progress

3.1 Annual audits will be carried out and annual reports will be produced. These audits will be expanded to include; both verdicts of suicide and coronial inquest files relating to the death of an individual where, on the balance of probability at initial investigation, it is believed by the police that the death was as the result of suicide. The audit will enable the SPTG to identify change to or emerging trends and new priorities.

4.0 Surveillance

4.1 A North Yorkshire & York Suicide Surveillance Sub-Group (NY&YSSTG) has been established to act as the multi-agency forum that will review incidents of suicide as part of the surveillance programme and provide a co-ordinated response to emerging trends and issues highlighted by the suicide surveillance process. In addition to providing a strategic response to incidents of suicide across North Yorkshire, the NY&YSSTG will also respond to issues flagged via the early alert process, particularly where cluster or contagion is identified. Since the establishment of the group there has been engagement with Scarborough Borough Council and the police due to a potential issue of suicides in a public place compared to North Yorkshire.

4.2 The presentation included with this paper will summarise the findings from the audit and identify emerging trends.

5.0 Suicide Prevention Plan

5.1 The report findings have shaped the Suicide Prevention Plan. The plan identifies 6 priorities which mirror the national strategy:

Priority 1	Reduce the risk of suicide across the North Yorkshire population, particularly targeting high-risk groups
Priority 2	Recognising and reducing common contributory factors and life stressors
Priority 3	Improve support for those affected by suicide in North Yorkshire in the days, months and years after a death
Priority 4	Further develop research, data collection and monitoring
Priority 5	Develop opportunities for training and awareness raising
Priority 6	Reducing rates of self-harm as a key indicator of suicide risk

5.2 Each priority lists key achievements to date and current actions in various stages of development. The SPTG has responsibility for the delivery of the plan, however this committee should note that the SPTG is a joint North Yorkshire (NY) and City of York (CoY) group and although some priorities will be cross

cutting there are distinct priorities within each area and as a consequence there will be 2 locally delivered plans.

6.0 Recommendation

- a) That Members note the contents of the paper
- b) Discuss how the committee would like to be support/be involved in ensuring the effective implementation of local plans

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19 September 2017

Background Documents Nil

NORTH YORKSHIRE COUNTY COUNCIL

Care and Independence Overview and Scrutiny Committee

28 September 2017

Work Programme 2017/18

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 Public Health Briefings to Group Spokespersons: 9 November 2017:

- 3.1 Two public health commissioned providers have been invited to give an annual update briefing to your spokespersons at their next mid cycle briefing on Thursday 9 November. An invitation to attend is extended to all committee members.

North Yorkshire Horizons

- 3.2 North Yorkshire Horizons opened on 1st October 2014. It is a specialist drug and alcohol service. Individuals who meet the following criteria are eligible for support from the service, in line with national guidelines:

Yorsexualhealth

- 3.3 From April 2013, North Yorkshire County Council became responsible to arrange for the provision of open access sexual health services for everyone present in their area. Two years on, the provider will present an update on progress.

4.0 Items emerging out of Mid Cycle Briefing

- 4.1 Prevent, reduce and delay: March 2018

- 4.2 Having looked generally at the new operating model - particularly Independence and Reablement - the thinking was the committee would take a look at how we are doing preventing, reducing to delaying the needs for care and support.

- 4.3 Group spokespersons have now agreed that this work focus on an update to the new HAS care and support structure. By the time the item is considered, there will be 12 month or more progress on Strength Based Assessments. The report will also cover trends and actions on Delayed Transfer of Care, and give some case study examples of prevent initiatives (Front Door/Living Well), and reduce/delay (a follow up to the presentation received last time on Reablement and planned care)
- 4.4 User participation: March 2018
- 4.5 The committee has asked the question “how confident can we be that services are person centred; are services locally appropriate, have they been planned with individuals to put them and their carers in control to deliver the best outcomes“
- 4.6 Group Spokespersons have agreed that there will be an initial awareness raising session on our model of engagement at committee but after that a less formal approach will be adopted, possibly meeting in a community or user-led venue. The ambition is to hear directly from user groups about key issues. There are probably four angles to this work: user co-production in own care and support plan, experts by experience as peer mentors and service providers, users shaping services, users feeding back on services
- 4.7 Community Health Pathways
- 4.8 This is likely to be early in 2018. Whilst the idea behind this topic was to understand better how community services are organized around the communities where people live and the GP practices people use, and how partners work together.
- 4.9 How this will be tackled committee will very much depend on the results of the results of the contract to provide adult community services in the Scarborough and Ryedale area. If North Yorkshire County Council's bid, in partnership with East Coast Health Options (ECHO) is successful, the focus will be on the Scarborough area, if not the content will be more generic in nature.
- 4.10 Intermediate Care
- 4.11 Group spokespersons have suggested we do this at the 14 December meeting as a run up to winter planning. There will be a brief overview of intermediate care, discharge to assess, and our step up step down beds.
- 4.12 Care Provider Standards
- 4.13 The committee has asked the question “How we can be confident that North Yorkshire care providers, particularly those who operate residential establishments, are satisfactorily meeting appropriate quality standards and requirements”. Connected to the work on state of the market, “What makes a good care home and a good care provider?”

- 4.14 What are the issues that can influence standards of care - for example fee levels (subject to the usual, inevitable caveats about scrutiny's role etc.), staff recruitment, retention and training, commissioning for quality, contract compliance, and so on.
- 4.15 This will be the lead item at your 14 December meeting. The Care Quality Commission will be present to advise, as will Mike Padgham, the Independent Care Group representative on the committee; Mike has agreed to convey the views and experiences of the county's independent care sector.

5.0 Recommendations

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

DANIEL HARRY

SCRUTINY TEAM LEADER

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20 September 2017

Care and Independence Overview and Scrutiny Committee

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 Details

Committee Meetings	Thursday 28 September 2017 at 10.30am
	Thursday 14 December 2017 at 10.30am
	Thursday 22 March 2018 at 10.30am
	Thursday 10 May 2018 at 10.30am
	Thursday 24 August 2017 at 10.30am (date may be changed)
Mid Cycle Briefings	Thursday 9 November 2017 at 10.30am
	Thursday 15 February 2018 at 10.30am

Programme

BUSINESS FOR THURSDAY 28 SEPTEMBER			
SUBJECT	AIMS/PURPOSE	COMMENTS	LEAD
Intermediate Care	item in relation to Health and Social care Integration Theme	Deferred to 14 December	Kathy Clark/Louise Wallace
Independent Advocacy	Revisit Advocacy one year into the current contract and assess Care Act compliance. Dialogue with Providers on commissioning and operation of service. Where the service fits in relation to achievement of overall objectives	Will cover advocates experiences, how they work, what obstacles they face.	Avril Hunter Cloverleaf

Suicide Audit	Update		Claire Robinson
Alcohol Strategy	Update		Claire Robinson
Local Account	Is the account an honest assessment of social care performance, is it accessible.	deferred	
Annual report of Safeguarding Board	<p>Review</p> <ul style="list-style-type: none"> • Whether safeguarding arrangements are effective. • Board governance is sound; • Partnership strength and commitment • community prevention • strategic links with other partnerships in localities 	<p>May be part of a wider analysis of safeguarding trends. May be extended to include safeguarding training</p>	Sheila Hall/Chair of the Board
BUSINESS FOR THURSDAY 14 DECEMBER 2017			
SUBJECT	AIMS/PURPOSE	COMMENTS	LEAD
Mental Health Strategy Update		Suggest move to January 2018	Kathy Clark
Community Mental Health Pathways	item in relation to Health and Social care Integration Theme	Suggest move to January 2018	
Learning Disabilities Service	Changes to the service focusing on user participation and co-design of services. Possible strategy consideration	Suggest move to January 2018	Joss Harbron
Care Provider Standards	How we can be confident that North Yorkshire care providers, particularly those who operate residential establishments, are satisfactorily meeting appropriate quality standards and requirements		

Dialogue with Care Quality Commission Representative	Follow up to discussion with CQC about inspection regime.		Janine Tranmer
BUSINESS FOR THURSDAY 22 MARCH 2017			
SUBJECT	AIMS/PURPOSE	COMMENTS	LEAD
Resource Management Theme	Prevent Reduce Delay		
	User Participation and Co-design		
Delayed Transfers of Care	Update on situation and effectiveness of current initiatives		
Health and Social Care Integration Workforce	members group report		
Annual Older Peoples Champion Report			

Mid Cycle Briefing Items

Date	Probable Item
9 November 2017	New Horizons Assessment of state of commissioned service Angela Hall/Providers
	Assessment of state of commissioned service Georgina Wilkinson (Public Health) and Tina Ramsey from YorSexualHealth, the provider, will give an update.
	Director of Public Health Annual Report if not taken I 28 September. Otherwise evaluation of how public health initiatives are assisting social care needs
	Update on Health and Social Care Integration Workforce members group
	Discussion on 14 December Committee item relating to Residential care standards
	Delayed Transfers of Care - Update on situation and effectiveness of current initiatives
Thursday 15 February 2018	