



Meeting: Health and Wellbeing Board

**Venue: The Evolution Centre,
County Business Park, Northallerton
DL6 2NQ (location plan attached)**

**Date: Wednesday 18 January 2017 from
2.00 p.m. to 4.00 p.m.**

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

No.	Agenda Item	Action	Page Nos	Indicative timings
1	Apologies for Absence			2.00 - 2.05
2	Any Declarations of Interest			
3	Minutes of the meeting held on 14 September 2016	To approve	7 to 17	
4	Public Questions or Statements Members of the public may ask questions or make statements at this meeting if they have given notice and provided the text of their question or statement to Patrick Duffy of Democratic Services (<i>contact details below</i>) no later than midday on Friday 13 January 2017. Each speaker should limit themselves to 3 minutes on any item.			

	<p>Members of the public who have given notice will be invited to speak:-</p> <ul style="list-style-type: none"> 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. 			
JHWBS Enabler: Technology				
5	<p>Technology Update</p> <ul style="list-style-type: none"> Presentation (15 minutes) Questions (10 minutes) <p>Sponsor: Robert Ling</p>	To comment	18 to 19	2.05 – 2.30
JHWBS Theme: Connected Communities				
6	<p>Sustainability and Transformation Plans – verbal update ITEM WITHDRAWN</p> <p>Richard Webb</p>	To note		2.30 – 2.40
7	<p>Annual Report of the North Yorkshire Safeguarding Adults Board</p> <p>Sponsor: Colin Morris/Mike Webster</p>	To note	20 to 76	2.40 – 2.50
JHWBS Theme: Start Well				
8	<p>Growing up in North Yorkshire Survey 2016</p> <p>Sponsor: Pete Dwyer</p>	To note and comment	77 to 106	2.50 – 3.10
JHWBS: All Themes				
9	<p>Learning Disabilities Strategy</p> <p>Sponsor: Simon Cox</p>	To approve	107 to 142	3.10 – 3.25
10	<p>Autism Strategy – Update on Progress – REPORT TO FOLLOW</p> <p>Sponsor: Pete Dwyer</p>	To note and comment		3.25 – 3.35
11	<p>Green Paper on future Commissioning Arrangements – REPORT TO FOLLOW</p> <p>Sponsor: Amanda Bloor</p>	To comment		3.35 – 3.50

12	Better Care Fund: Sign-off Arrangements for 2017-19 Plan – verbal update Sponsor: Amanda Reynolds	To note		3.50 – 3.55
13	JHWBS 2015/2020 – Performance Dashboard Sponsor: Amanda Reynolds	To note and comment	143 to 149	3.55 – 4.00
General				
14	Work Programme/Calendar of Meetings	To approve	150 to 152	-
15	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

16th January 2017

PLEASE NOTE: “JHWBS” stands for Joint Health and Wellbeing Strategy

North Yorkshire Health and Wellbeing Board – Membership

County Councillors (3)		
1	WOOD, Clare (Chairman)	Executive Member for Adult Social Care and Health Integration
2	CHANCE, David	Executive Member for Stronger Communities and Public Health
3	SANDERSON, Janet	Executive Member for Children and Young People's Services
Elected Member District Council Representative (1)		
4	FOSTER, Richard	Leader, Craven District Council
Local Authority Officers (5)		
5	FLINTON, Richard	North Yorkshire County Council Chief Executive
6	WEBB, Richard	North Yorkshire County Council Corporate Director, Health & Adult Services
7	DWYER, Peter	North Yorkshire County Council Corporate Director, Children & Young People's Service
8	WAGGOTT, Janet	Chief Officer, District Council Representative
9	SARGEANT, Dr Lincoln	North Yorkshire County Council Director of Public Health
Clinical Commissioning Groups (5)		
10	RENWICK, Dr Colin	Airedale, Wharfedale & Craven CCG
11	PROBERT, Janet	Hambleton, Richmondshire & Whitby CCG
12	BLOOR, Amanda (Vice-Chairman)	Harrogate & Rural District CCG
13	METTAM, Phil (subject to formal approval by Council)	Vale of York CCG
14	COX, Simon	Scarborough and Ryedale CCG
Other Members (3)		
15	JONES, Shaun	NHS England NY & Humber Area Team
16	VACANCY	Healthwatch Representative
17	BIRD, Alex	Voluntary Sector Representative
Co-opted Members (2) – Voting		
18	MARTIN, Colin	Mental Health Trust Representative (Chief Executive, Tees Esk & Wear Valleys NHS Foundation Trust)
19	TOLCHER, Dr Ros	Acute Hospital Representative
Substitute Members		
	WARREN, Julie	NHS England NY & Humber Area Team
	CROWLEY, Patrick	Acute Hospital
	COLLINSON, Gill	Hambleton Richmondshire & Whitby CCG
	MELLOR, Richard	Scarborough and Ryedale CCG
	AYRE, Nigel	Healthwatch
	COULTHARD, Adele	Tees, Esk and Wear Valley NHS Foundation Trust
	HIRST, Helen (subject to formal approval by Council)	Airedale, Wharfedale & Craven CCG
	PHILLIPS, Andrew (subject to formal approval by Council)	Vale of York CCG

Notes:

1. The Health and Wellbeing Board is exempt from the requirements as to political balance set out in Sections 15-16, Schedule 1 Local Government Housing Act 1989
2. The Councillor Membership of the Board is nominated by the Leader of the Council. In the event that the number of portfolio holders responsible for health and well related issues increases, the additional portfolio holders will also be a Member of the Board.
3. All members of the Health and Wellbeing Board or any sub committees of the Health and Wellbeing Board are voting Members unless the Council decides otherwise.

Enquiries relating to this Agenda please contact Patrick Duffy Tel: **01609 534546**
or e-mail patrick.duffy@northyorks.gov.uk Website: www.northyorks.gov.uk



These ground rules are about Team North Yorkshire Health and Wellbeing Board and should apply within and outside of Board meetings. They were adopted by Board members in June 2015.

We have made a commitment that when working together we will treat each other with **respect**, with **openness and honesty**. We will make sure that there is **equality – everyone is of equal value in the room**. We will **contribute and take part, committing to listen and ask questions of each other, checking that what we heard is what was intended**. We believe it is **good to be passionate**, and we know that constructive **challenge is helpful in getting us to a better place**. We must **voice disagreement, otherwise silence implies consent** but recognise that this should be done **with respect** to other points of view. **We shouldn't expect the same sort of challenge in the public arena.**

We have a responsibility to model exemplary behaviour, inside and outside of the HWB meetings, as Board members we should **give and accept support** and **bring collective experience and knowledge to this Board**. Our discussions need to **focus on added value and outcomes** and we must **take responsibility for our decisions**. We should ensure that we **communicate and cascade to our respective audiences and organisations**.

We believe that we should **continually strive to be better and wear our team badges - Team North Yorkshire with pride**.

How to find us



Location

Northallerton is situated within the District of Hambleton, in the County of North Yorkshire, close to the City of York and the towns of Darlington and Middlesbrough.

Evolution Business Centre is conveniently situated on the outskirts of the town centre, close to the main traffic routes and a 20 minute walk from the main line station of Northallerton.

Sat Nav: please use DL6 2XB then follow directions from County Business Park entrance.

By car

From the North

Take slip road left from the A19 heading towards Northallerton onto the A684.

At the roundabout take 2nd exit onto A167 / Friarage Street.

At the next roundabout, take 4th exit. Keep right to stay on A167 / Darlington Road.

Turn right into road. You are now entering County Business Park.

Continue through gates and follow road around to the right, the **Evolution Business Centre** is straight ahead through the black gates.

From the South

Take the slip road left from the A19 heading towards Northallerton onto the A61.

At roundabout, take 2nd exit onto A168 and proceed to Town Centre.

At roundabout, take 2nd exit onto High Street
Keep right to stay on A167 / Darlington Road

Turn right into road. You are now entering County Business Park.

Continue though gates follow road round to the right, the **Evolution Business Centre** is straight ahead through the black gates.

North Yorkshire Health and Wellbeing Board

**Minutes of the meeting held on Wednesday 14 September 2016 at
Selby District Council Offices, Selby**

Present:-

Board Members	Constituent Organisation
County Councillors	
County Councillor Clare Wood (Chairman)	North Yorkshire County Council Executive Member for Adult Social Care & Health Integration
County Councillor David Chance	North Yorkshire County Council Executive Member for Stronger Communities and Public Health
County Councillor Janet Sanderson	North Yorkshire County Council Executive Member for Children and Young People's Service
Local Authority Officers	
Richard Webb	North Yorkshire County Council Corporate Director – Health & Adult Services
Peter Dwyer	North Yorkshire County Council Corporate Director - Children and Young People's Service
Janet Waggott	Chief Officer, District Council Representative
Dr Lincoln Sargeant	North Yorkshire County Council Director of Public Health
Clinical Commissioning Groups	
Amanda Bloor (Vice Chairman)	Harrogate & Rural District CCG
Andrew Phillips	Vale of York CCG
Other Members	
Shaun Jones	NHS England, North Yorkshire & Humber Area Team
Nigel Ayre	Healthwatch, North Yorkshire
Alex Bird	Voluntary Sector (North Yorkshire and York Forum)
Co-opted Members	
Colin Martin	Mental Health Trust Representative (Chief Executive, Tees Esk and Wear Valleys NHS Foundation Trust)
Dr Ros Tolcher	Acute Hospital Representative

In Attendance:-

Councillor Jim Clark, Victoria Pilkington (Partnership Commissioning Unit)

North Yorkshire County Council Officers:

Wendy Balmain, Clare Beard, Ruth Everson, Katie Needham, Michaela Pinchard and Victoria Turner (Health & Adult Services), Patrick Duffy (Legal & Democratic Services), Sarah Parvin (Business Support)

There was one member of the public present.

Copies of all documents considered are in the Minute Book

176. Apologies for absence

Apologies for absence were submitted by:

- Simon Cox
- Richard Flinton
- Colin Renwick

177. Any Declarations of Interest

There were no declarations of interest.

178. Chairman's Announcements

The Chairman advised that Ros Tolcher's appointment to the Board, in place of Patrick Crowley, had still to be formally ratified by the County Council.

The Chairman asked for an update on the position regarding the appointment by Heathwatch, North Yorkshire of its Chairman. Nigel Ayre advised that the process is on-going.

179. Minutes

Resolved -

That the Minutes of the meeting held on 15 July 2016 are approved as an accurate record.

180. Public Questions or Statements

There were no questions or statements from members of the public.

181. Joint Health and Wellbeing Strategy Theme: Dying Well

Considered -

The report of Alex Bird, Chief Executive, Age UK North Yorkshire, updating on activity to ensure people in North Yorkshire receive better end of life care.

Alex Bird commented that this is a national initiative and that North Yorkshire was further ahead than many areas. Everyone has a need for good end of life care, directly or indirectly. The key is how best to harness the passion and enthusiasm that she, Victoria Turner and others have to improve end of life care and to cascade the extremely positive work that is on-going.

Dr Victoria Turner, Speciality Registrar in Public Health, delivered a presentation, highlighting the following:-

- Many people prefer to die at home. The number of deaths at home in North Yorkshire in 2013 was 22.2%. Latest figures suggest this figure has risen to 29%, indicating that more people are dying in their place of choice.
- Main causes of death are cardio-vascular disease, cancer and respiratory disease.
- The Gold Line Initiative, which operates in Airedale, Wharfedale and Craven CCG, supports around 1200 people, taking about 500 calls a month. The service has helped to significantly reduce the number of end of life care patients

attending Accident and Emergency; being admitted to hospital and needing extra home visits.

- National guidance on the economics of end of life care is expected imminently and could be a useful commissioning tool.
- A number of priorities have been identified for Commissioners, including the need to review current and prospective end of life care services in the light of the report findings.

Members were pleased to hear about the excellent progress being made in this key area and looked forward to receiving further updates as work progresses.

In response to a question from Andrew Phillips, Interim Deputy Chief Clinical Officer and Clinical Lead for Unplanned Care, Vale of York CCG, Victoria Turner said that Gold Line currently is the only 24/7 service with access to palliative care consultants, but that other CCGs are planning to increase provision in this area. An integrated system is in development.

Councillor Janet Sanderson, Executive Member for Children and Young People's Services, asked if the interaction with Police has been considered, as the tendency for them to view death at home as being in suspicious circumstances, can be distressing. Alex Bird and Victoria Turner responded that a more holistic approach, including joint training, will assist. The aim is to get the right message to the right people in the right way and to share and spread good practice.

Richard Webb, Corporate Director Health and Adult Services, felt that the Board should consider using its collective strength to challenge the taboos that still exist in this area. Wendy Balmain, Assistant Director, Integration, advised that this could be considered at the Partnership Conference Event, on 21 October.

The Chairman stated that she encouraged the Gold Line initiative as it helps to keep people out of hospital and hoped that this can be moved forward.

Resolved -

- a) That activity within the Dying Well Theme, to ensure people in North Yorkshire receive better end of life care and the Joint Strategic Needs Assessment Deep Dive Report, be noted.
- b) That partners commit their support to the development of action plans and measures to deliver better care for people approaching the end of life and their families and carers, and CCGs be asked to consider funding for this via their Governing Bodies.
- c) That CCG representatives consider whether they feel any additional needs assessment is required.
- d) That further progress updates be provided to the Board periodically.

182. Healthy Weight, Healthy Lives Strategy 2016/2026 (Green Paper)

Considered -

The report of Dr Lincoln Sargeant, North Yorkshire County Council Director of Public Health.

Katie Needham, Consultant in Public Health, presented this Item and highlighted the following points:-

- This is an all age strategy, encompassing a ten year vision to improve the health and wellbeing of people in North Yorkshire.
- The strategy highlights both opportunities and challenges. The consultation process received 165 responses which is encouraging. People are passionate about this and much of their feedback is included in the draft.
- Two thirds of the adult population in North Yorkshire are overweight and this is becoming “the norm”.
- The burden of obesity is felt most acutely in low income families.
- Adults who are overweight are more likely to die early from heart disease, stroke or cancer and, in the case of children, they may experience bullying and be more likely to be absent from school.
- The impact is felt across health, social care, education and the economy as a whole.
- The reasons why people may be overweight are complex and varied. Accordingly, different strategies are required to tackle this issue.
- A Healthy Weight Healthy Lives Strategy Group is proposed to oversee implementation of the action plan and provide an annual progress report to the Board.

The Chairman commented that eating disorders, which are not covered in the strategy, are also an important factor.

Richard Webb, mentioned a comment in the consultation feedback about inspiring a healthy weight across generations and felt this could be a good strapline to use. He queried whether the impact between mental and physical health had been referenced sufficiently and whether the strategy says enough about how convenient it is for people to make healthy choices.

Janet Waggott, Chief Executive of Selby District Council, asked what partners could do to help deliver the aims within the strategy. Katie Needham referred to the “One You” Campaign, a national initiative by Public Health England, which is being promoted within the County Council. The initiative is intended to help people get back to being healthier by supporting them to make simple changes towards a longer and happier life. She encouraged partners to sign up to this, to facilitate a system-wide approach.

Councillor Sanderson commented that it is good to see that the strategy includes children and young people.

Alex Bird referred to the importance of walking, which can be an inter-generational activity. How do we harness this and engage with, say, slimming clubs? Katie Needham confirmed that connections will be made with networks at a local level.

Lincoln Sargeant concluded the discussion, stating that evidence and knowledge has been brought together in a local context to enable actions and that the message is far more than merely saying to people “eat less and exercise more”.

Resolved -

- a) That the Healthy Weight, Healthy Lives Strategy 2016-2026 be noted.
- b) That the Director of Public Health be given delegated authority to finalise and formally launch the Strategy at the end of October 2016.
- c) That the Board supports a Healthy Weight Healthy Lives Steering Group to have oversight of the implementation of the action plan and to provide an annual progress report to the Board.

183. Mental Health Strategy - Suicide Audit

Considered -

The report of Dr Lincoln Sargeant concerning the North Yorkshire Suicide Audit 2010-2014 which will be used to better inform all stakeholders of suicide trends, common causes and demographic characteristics of people who died.

A copy of the “pink book” was circulated for Members’ information. The book has been developed to provide guidance for staff working with children and young people in North Yorkshire and York under the age of 18 (under 25 for those with disabilities or care leavers) who self-harm or feel suicidal. It is targeted at people working in schools and with youth or community groups.

Clare Beard, Public Health Consultant, delivered a presentation and drew Members’ attention to the following aspects in particular:-

- The background to the audit was that the Multi-Agency Suicide Prevention Task Group, created in 2104, developed a suicide implementation plan and identified that an audit of suicides within the county should be undertaken as a priority.
- In total, 227 records were reviewed for the audit.
- The results illustrated that suicide impacts on all communities in all parts of the county.
- “Hotspots” existed in every district and are a mix of urban and rural areas, with no consistency across the seven districts.
- Eight out of ten people who took their own lives were men and there seems to be a particular risk among men aged in their 40s.
- Mental health factors are often associated with suicide but there can be other factors involved. In the audit, mental health factors were identified as an underlying factor in around half of all cases.
- Bereavement was identified as a significant contributory factor in one in five cases. A wish to commit suicide can be triggered by a bereavement many years after the loss of a loved one has occurred.
- The Appendix to the report outlined a number of examples of activity that had been undertaken as a result of the recommendations of the audit.

Colin Martin, Chief Executive of Tees, Esk and Wear Valleys NHS Foundation Trust, commented that the risk factor amongst males aged 40-49 has been picked up in Tees and Durham too. There has been a shift in that profile and among women. The findings need to be communicated into services.

Richard Webb felt there could be a greater push amongst partners to raise awareness of this issue and to encourage people to “open up”.

Lincoln Sargeant advised that the Suicide Prevention Day provides an opportunity to work with the media. There is a need to develop sensitive ways of keeping this issue in the public eye.

Ros Tolcher, Chief Executive, Harrogate and District Foundation Trust, echoed the need to reduce the stigma of suicide. A culture is required which makes it OK for people to talk about their anxieties and concerns, as this can be the difference between seeking help or not.

Wendy Balmain, Assistant Director of Integration, stressed the importance of utilising non-statutory partners, as some people are more inclined to talk to them than statutory agencies.

Councillor Sanderson illustrated the key role of volunteers. A small amount of money given to, say, debt counselling can lead to a positive outcome.

Alex Bird felt that the Innovation Fund could be used to fund work in suicide prevention. Discussions about this are on-going.

Pete Dwyer pointed out that, nationally, the increase in suicide is among women.

Amanda Bloor, Andrew Phillips and Ros Tolcher pointed out that their organisations are also either Mindful Employers, or actively working towards this.

Clare Beard undertook to circulate information to the Board in respect of the following:-

- whether the rate of suicide in females is increasing;
- the number of individuals who were identified as homeless in the audit;
- the number of service personnel who were identified in the audit; and
- evidence of effective interventions to stop individuals going ahead and attempting/completing suicide

Resolved -

- a) That the contents of the report and the current position on suicides within North Yorkshire be noted.
- b) That the Board supports the recommendations in the report, namely:-
 - Reduce the risk of suicide across North Yorkshire population, particularly targeting high-risk groups.
 - Recognising that multiple stresses multiply risk: enhance service provision in relation to common stressors.
 - Improve the support for those affected in North Yorkshire in the days, months and years after a death.
 - Further develop data collection and monitoring.
 - Increase training and awareness.
- c) That Board Members discuss within their own organisations how they can support implementation of the report.
- d) That responsibility for the audit and management of the suicide surveillance and alert system be held by Public Health Intelligence.

- e) That the Mental Health Strategy Group be asked to consider how underlying work to improve mental health and emotional wellbeing is recognised as fundamental in tackling suicide and self-harm and especially considering how the stigma of mental illness and suicide can be reduced.
- f) That any partners not already signed up to the Mindful Employer Programme be encouraged to do so.
- g) That it be noted that progress against the suicide implementation plan will be reported to the Board.
- h) That information be provided to the Board on the four bullet pointed areas in the paragraph immediately before the resolutions.

184. Annual Report of the Director of Public Health 2016 - Good work: good for you, good for business

Considered -

The Annual Report for 2016 of Dr Lincoln Sargeant, North Yorkshire County Council Director of Public Health,

The theme of the report encourages a healthy collaboration – It's good for business and it's good for you. The aim is to engage with employers, health and social care professionals and individuals, as potential employees, so that we can work well together and raise awareness of the health benefits of good work.

The main recommendations are to create healthy workplaces and build a healthy workforce by creating a culture that is diverse and inclusive.

The report links actions to each month of the year.

Healthy workplaces are key, as being in work is one of the best things for helping people to achieve good health and wellbeing. Amanda Bloor and Pete Dwyer felt that consideration should be given to building on this and promoting the benefits of healthy workplaces by developing some form of Kite Mark for North Yorkshire Health and Care Employers.

The Chairman suggested that the phrase in the covering report about promoting North Yorkshire as a good place to live and work rather than a place to "retire and die" should be reworded.

Councillor Chance, Executive Member for Communities and Public Health, commented that the Annual Report is excellent.

Resolved -

- a) That the report be noted.
- b) That Amanda Bloor and Pete Dwyer work with Rachel Richards, Public Health Consultant, to explore opportunities around promoting healthy workplaces, which might include the Workplace Wellbeing Charter for organisations who illustrate their commitment to creating a healthy workforce.
- c) That the Director of Public Health work with colleagues to consider:-
 - the actions required to implement the recommendations;

- how to make North Yorkshire a young, vibrant, healthy place to live and promote North Yorkshire as a good place to live and work;
- how to reduce sickness absence and increase productivity; and
- how to avoid making social exclusion worse

185. Annual Report of the North Yorkshire Safeguarding Children Board

Considered -

The North Yorkshire Safeguarding Children Board Annual Report for April 2015 to March 2016, presented by Pete Dwyer, Corporate Director - Children and Young People's Service.

Pete Dwyer advised that Nick Frost, Professor of Social Work (Childhood, Children and Families) has chaired the Children Safeguarding Board for three years and we benefit from his expertise in this area.

OFSTED adjudged the Safeguarding Board to be "good" in its last Inspection.

He felt that measures such as streamlining governance arrangements, at the request of partners and increasing networking, have put the Children Safeguarding Board in a strong position to respond to national opportunities and hoped this would assure the Health and Wellbeing Board that the Children Safeguarding Board continues to operate at a good level.

The Chairs of the Adult and Children Safeguarding Boards meet as part of the System Leadership Group, which includes representation from City of York Council.

Resolved -

That the report be received and accepted.

186. Annual Report of North Yorkshire Healthwatch

Considered -

The report of Nigel Ayre, Delivery Manager at Healthwatch North Yorkshire, highlighting the activities undertaken by Healthwatch North Yorkshire over the last financial year.

Nigel Ayre acknowledge that it had been a challenging year for the organisation.

Richard Webb acknowledged the journey that the organisation has made; the County Council is seeing the impact of the work that is being done.

Resolved -

- a) That partners continue to support the new staff team, Board Members and volunteers at Healthwatch, North Yorkshire as they seek to:-
 - renew the organisation's engagement with the public;
 - rebuild relations with stakeholders and partners across the county; and
 - deliver on their 2016/17 work plan projects on top of any reactive work
- b) That Nigel Ayre discuss with Alex Bird the collaborative project between the Health and Wellbeing Board and Healthwatch North Yorkshire, focusing on best practice in North Yorkshire's end of life care provision.

187. Annual Report of the North Yorkshire NHS Complaints Advocacy Service

Considered -

The report of Bob Carter, Assistant Director, Cloverleaf Advocacy, introducing the Annual Report for the period 1 April 2015 to 31 March 2016.

The NHS Complaints Advocacy Service helps individuals to get a clear response to their complaint, which aids resolution learning and service improvements in the future.

The Chairman suggested that the key recommendations be examined by CCGs. Richard Webb added that this will be discussed at the next mid cycle briefing for the Health and Wellbeing Board.

The Chairman reminded the Board that the sponsor role for a new relationship with people who use services is still unfilled and asked Members to consider whether they would wish to volunteer for this role and, if so, to contact Wendy Balmain.

Resolved -

- a) That CCGs be asked to consider the following aspects through their Governing Bodies:-
 - i. To consider how the essential outcome learning from all NHS complaints, including those supported by North Yorkshire Independent Health Complaints Advocacy Service, can best be shared and used to enhance processes and help shape the future quality of delivery.
 - ii. To ensure that the leadership across the health sector actively encourage and support patients to raise concerns to secure appropriate and effective resolution, explanation, apology and learning at the earliest possible opportunity, while also supporting a more “open” culture change.
 - iii. To consider how the local health sector can improve how an individual complainant or patient who considers that their NHS care or treatment was not of the expected quality, can best be made central to all investigations and subsequent decision making.
- b) That it be noted that a number of national reviews have taken place which have recommended improvements to the NHS Complaints processes and supporting regulations, but to date no changes have actually been adopted.
- c) That it be noted that the service will progressively adopt the Local Government Association Practice Guidelines developed with Department of Health/Healthwatch England/Which etc., so that the service is identified as the North Yorkshire Independent Health Complaints Advocacy Service.

188. Future in Mind Transformation Plans - Update

Considered -

The report of Victoria Pilkington, Head of the Partnership Commissioning Unit (PCU), updating the Board on progress and next steps against the Transformation Plans for children and young people’s emotional and mental health.

The deadline for refreshing the Plans is 31 October 2016 and the PCU is working closely with the CCGs, City of York Council and the County Council to ensure this deadline is met.

The two main priorities are improvements in the Eating Disorders Service to ensure access and waiting times are improved and development of the School Wellbeing Project.

Pete Dwyer advised Members that the development of the School Wellbeing Project is around how to enhance the capacity of a specialist nature to interface effectively with schools.

Resolved -

- a) That the contents of the Position Statement be noted.
- b) That the refreshed Plans be emailed to the Board for any comments prior to submission.
- c) That authority be delegated to the Corporate Director, Children and Young People's Service, and CCG Chief Officers to approve the refreshed Plans.
- d) That future updates on the progress of plans for children and young people's emotional and mental health be made, as required.

189. North Yorkshire Better Care Fund Plan

Considered -

The report of Michaela Pinchard, Head of Integration, updating the Board on the submission of the 2016/17 North Yorkshire Better Care Fund Plan and subsequent arrangements to further improve joint working between health and social care in North Yorkshire.

Michaela Pinchard acknowledged that the process this year has been challenging. Formal assurance of the plan has still to be confirmed but NHS England have issued a draft rating that the Plan is "approved".

Partners are committed to learning from this year's experience and working better together. As part of this, the North Yorkshire Commissioner Forum is developing a joint commissioning programme to support sustainability of the local health and social care system. Progress will be provided to the Board.

Resolved -

- a) That the submission and draft approval of the North Yorkshire Better Care Fund be noted.
- b) That the co-operation between partners in reaching agreement to the North Yorkshire Better Care Fund be acknowledged.
- c) That the development of a joint commissioning programme by the North Yorkshire Commissioner Forum be noted and that updates be received in due course.

190. Work Programme/Calendar of Meetings

Considered -

The Work Programme/Calendar of meetings for 2016/17.

Michaela Pinchard summarised the main elements:-

Workforce Summit 13 October 2016

Workforce is a key enabler in the Joint Health and Wellbeing Strategy. This Event will play a key part in shaping an Integrated Workforce Strategy.

Partnership Event 21 October 2016

All Members of this Board and the Children and Adult Safeguarding Boards have been invited. This will provide an opportunity to progress elements of the Joint Health and Wellbeing Strategy and raise its profile further.

Development Session – 25 November 2016

The content is being worked up, but will include the changing health and wellbeing landscape and what this means for the Board.

Resolved -

- a) That the Work Programme and the update provided at today's meeting, be noted.
- b) That confirmation of the Development Session on 25th November be sent to Members of the Board and they be invited to suggest topics for consideration.

191. North Yorkshire Delivery Board Workshop with Providers: Building the Right Support - 14 July 2016

Considered -

The Notes of the Workshop held on 14 July 2016. Noted.

The meeting concluded at 4.10 p.m.

PD



Joint Health and Wellbeing Strategy Enabler: Technology

18th January 2017

Presented by Robert Ling, Managing Assistant Director, Technology & Change

Summary:

My presentation will outline to the Board:

- the key developments in the use of technology by the County Council and its partners;
- how these advances are being used now to improve outcomes for the people of North Yorkshire; and
- some of the likely impacts of future developments

Which of the themes and/or enablers in the North Yorkshire Joint Health & Wellbeing Strategy are addressed in this paper?

Themes	✓
Connected Communities	✓
Start Well	✓
Live Well	✓
Age Well	✓
Dying Well	✓
Enablers	
A new relationship with people using services	✓
Workforce	✓
Technology	✓
Economic Prosperity	✓

How does this paper fit with other strategies and plans in place in North Yorkshire?

- North Yorkshire 2020
- Better Care Fund
- CCG Local Digital Roadmaps

What do you want the Health & Wellbeing Board to do as a result of this presentation?

- To note the work that is taking place, along with anticipated developments.

- To suggest any particular areas of development that they would wish to see prioritised.

North Yorkshire Safeguarding Adults Board – Annual Report 2015/16

18th January 2017

Presented by:

A representative of the North Yorkshire Safeguarding Adults Board

Summary:

This report presents the Annual Report of the North Yorkshire Safeguarding Adults Board.

Which of the themes and/or enablers in the North Yorkshire Joint Health & Wellbeing Strategy are addressed in this paper?

[Please tick as appropriate]

Themes	✓
Connected Communities	
Start Well	
Live Well	✓
Age Well	✓
Dying Well	
Enablers	
A new relationship with people using services	✓
Workforce	✓
Technology	
Economic Prosperity	

How does this paper fit with other strategies and plans in place in North Yorkshire?

Community Safety Partnership Plan
Safeguarding Children Board Annual Report

What do you want the Health & Wellbeing Board to do as a result of this paper?

Note the Annual report of the Safeguarding Adults Board

Ensure information flow and liaison between the two Boards in line with the previously agreed protocol.



Health and Wellbeing Board

18 January 2017

**NORTH YORKSHIRE SAFEGUARDING ADULTS BOARD
ANNUAL REPORT 2015/16**

1.0 Purpose of Report

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

2.0 Background

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

The Act says that the Board must

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

3.0 Progress during 2015/16

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

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

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

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

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

3.3 The NYSAB Annual Report 2015/16 was agreed by the Board at its meeting in September 2016. Key achievements of the Board include:

- Development of a new Strategic Plan and Delivery Plan that identify the priority areas for the Board, and how these will be achieved.
- Introduction of the DASM role within the statutory partners' organisations, and development of an informal network to support and develop good practice. As a result of the revised statutory guidance removing the requirement for the DASM role, a new framework is being developed.
- Two self-assessments by the Board to understand its effectiveness across a range of areas, and the impact of the Care Act. Overall, the Board considered that the Board was in a good position, but was not complacent, recognising that there were a number of areas where further development is needed, and these have been used to inform development of the Strategic Plan.
- A review of its Performance Indicators to ensure that what the Board monitors will provide the necessary assurance of the effectiveness of safeguarding activity and practice, and that the requirements of Making Safeguarding Personal are being met.
- A Board Development Day to review the Board's governance and ensure that it was best placed to meet the requirements of the Care Act, and identify the key priorities for the next three years.
- Improving strategic links with Safeguarding and Community Safety leads at a strategic and operational level, through a North Yorkshire and York Inter-Board network
- Agreeing a protocol between the SAB, the Health and Wellbeing Board and Children's Safeguarding Board
- Working with partner organisations to develop a joint plan to protect local communities against radicalisation, by integrating the Prevent duty within Safeguarding policies and practice
- Through the input of the Nurse Consultant, Primary Care, improved awareness by GPs of, and contribution to, Safeguarding.
- Attendance at user-led forums to raise awareness of safeguarding, and seeking feedback as part of the review of Safeguarding leaflets and other publicity
- A review of the content and outcomes of the multi-agency training programme to ensure compliance with the Care Act
- Production of a Risk Register for the Board that details, manages and monitors the risks that could impact on its ability to deliver the priorities of the Strategic Plan.

3.4 There is a duty to publish in the Annual Report information on any Safeguarding Adults Reviews that the Board has arranged or are in progress. There were no Safeguarding Adults Reviews conducted during 2015/16. However, the Board received one Lessons Learnt report concerning Alexander Court Care Home to assure it that actions have

been taken to reduce the likelihood of repetition of identified issues in the future. The report considered the recurring themes highlighted in the chronologies from the agencies involved and investigated where changes could have been made earlier in the intervention with the care home. The report and its recommendations were signed off by the Board at its meeting in January 2016, and progress on meeting the recommendations reported to the Board in September. A copy of the full report can be found on the NYSAB website.

4.0 Priorities for 2016/17

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

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

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

5.0 Recommendations

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

Colin Morris
Independent Chair, North Yorkshire SAB

Appendix - Annual Report 2015/16



North Yorkshire Safeguarding Adults Board Annual Report 2015-2016

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

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

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

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1. Foreword

By the Independent Chair of the Safeguarding Adults Board



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

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

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

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

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

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

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

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

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

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

Colin Morris

Independent Chair
North Yorkshire Safeguarding Adults Board

2. Introduction

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

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

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

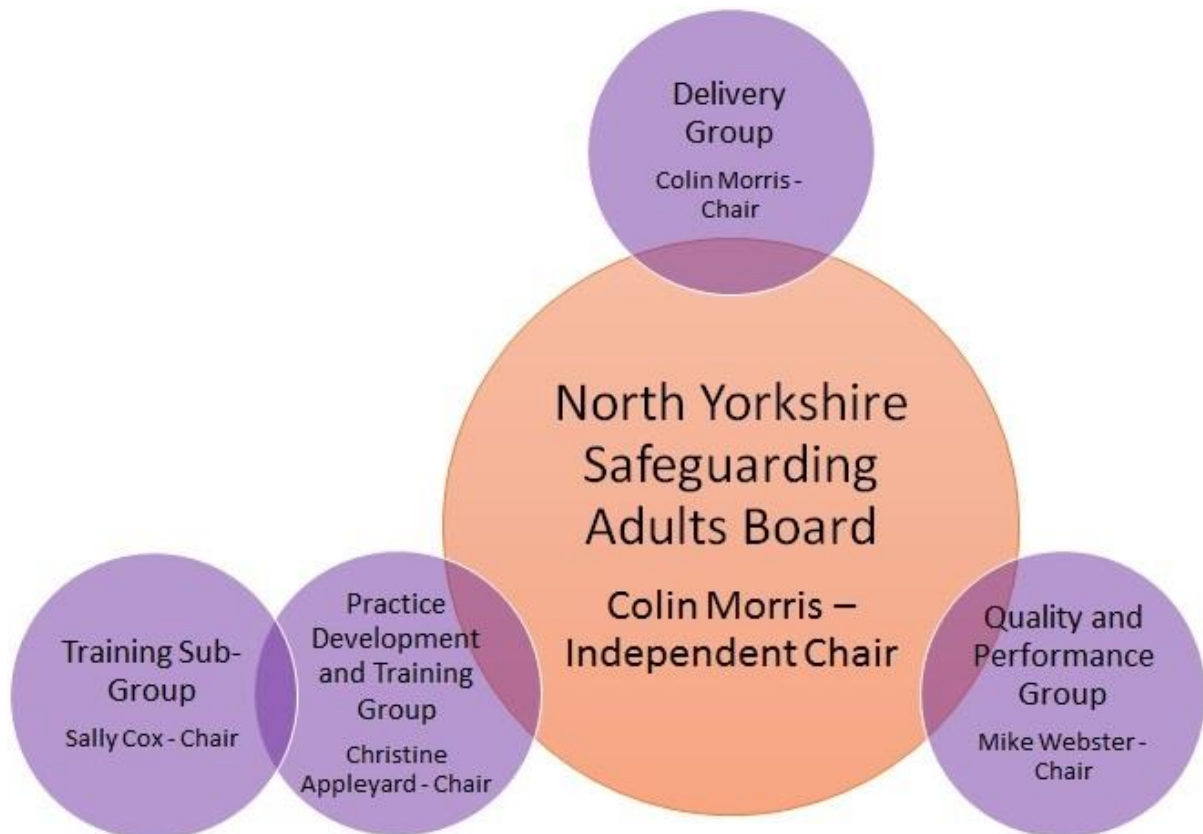
The North Yorkshire Safeguarding Adults Board continues to facilitate multi-agency partnership working, and is responsible for quality assurance regarding safeguarding adults' activity in North Yorkshire. The governance arrangements and structure of the Board will continue to be reviewed in line with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



3. Safeguarding Adults Board Structure

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

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



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

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

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

4. Role of Sub-Groups

Delivery Group

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

Quality and Performance Group

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

Practice Development and Training Group

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

Training Sub-Group

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

Local Safeguarding Adults Groups

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

5. What we have achieved this year?

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

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

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

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

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

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

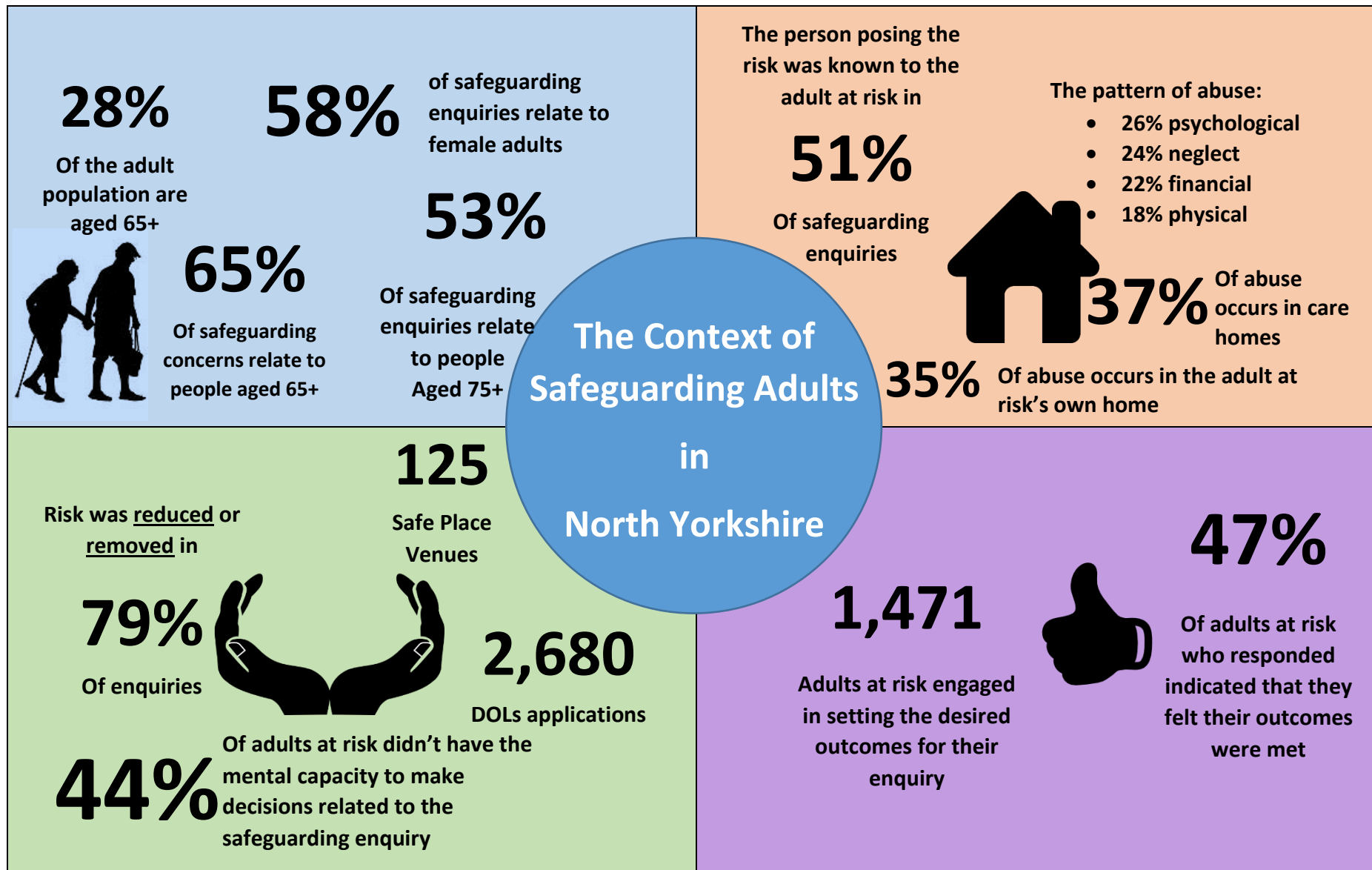
Key achievements of the Board include:

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

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

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

6. The Context of Safeguarding Adults in North Yorkshire



7. What does the data tell us?

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

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

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

What the data tells us about Awareness and Empowerment:

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

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

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

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

What the data tells us about Prevention:

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

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

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

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

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

What the data tells us about Protection and Proportionality:

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

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

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

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

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

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

Safeguarding Adults Board

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

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

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

Feedback from attendees:

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

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

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

Health and Adult Services

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

Nurse Consultant Primary Care

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

Clinical Commissioning Groups - Partnership Commissioning Unit

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

Clinical Commissioning Group covering Craven - Airedale Wharfedale and Craven CCG

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

NHS England

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

North Yorkshire Police

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

Healthwatch

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

Tees Esk and Wear Valleys NHS Foundation Trust

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

North Yorkshire District Councils:

Craven

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

Hambleton

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

Harrogate

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

Richmondshire

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

Ryedale

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

Scarborough

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

Selby

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

Acute Provider Trusts

Airedale

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

Harrogate District Foundation Trust

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

South Tees Hospitals NHS Foundation Trust

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

York Teaching Hospital Foundation Trust

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

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

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

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

10. Prevent Statutory Duties

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

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

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

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

Achievements

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

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

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

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

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

Recommendations

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

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

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

12. North Yorkshire Safe Places



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

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

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

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

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

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

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

13. Looking Forward - Strategic Outcomes for 2016 onwards

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

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

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

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

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

Awareness and Empowerment

Health and Adult Services

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

Nurse Consultant Primary Care

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

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

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

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

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

NHS England

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

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

North Yorkshire Police (NYP)

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

Healthwatch

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

Tees Esk and Wear Valleys NHS Foundation Trust

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

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

North Yorkshire Borough/District Councils

Craven

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

Hambleton

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

Harrogate

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

Richmondshire

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

Ryedale

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

Scarborough

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

Selby

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

Acute Provider Trusts

Airedale

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

Harrogate District Foundation Trust

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

South Tees Hospitals NHS Foundation Trust

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

York Teaching Hospital Foundation Trust

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

Yorkshire Ambulance Service

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

Independent Care Group (ICG)

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

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

North Yorkshire and York Forum

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

A safeguarding story - Awareness and Empowerment

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

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

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

Prevention

Health and Adult Services

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

Nurse Consultant Primary Care

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

Clinical Commissioning Groups represented by the Partnership Commissioning Unit

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

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

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

NHS England

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

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

North Yorkshire Police (NYP)

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

Healthwatch

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

Tees Esk and Wear Valleys NHS Foundation Trust

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

North Yorkshire Borough/District Councils:

Harrogate

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

Hambleton

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

Richmondshire

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

Ryedale

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

Scarborough

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

Selby

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

Acute Provider Trusts

Airedale

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

Harrogate District Foundation Trust

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

South Tees Hospitals NHS Foundation Trust

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

York Teaching Hospital Foundation Trust

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

Yorkshire Ambulance Service (YAS)

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

The Independent Care Group (ICG)

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

North Yorkshire and York Forum

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

A safeguarding story - Prevention

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

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

Protection

Health and Adult Services

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

Nurse Consultant Primary Care

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

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

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

Clinical Commissioning Group covering Craven- Airedale Wharfedale and Craven CCG

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

NHS England

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

North Yorkshire Police (NYP)

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

Healthwatch

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

Tees Esk and Wear Valleys NHS Foundation Trust

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

North Yorkshire Borough/District Councils:

Craven

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

Hambleton

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

Harrogate

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

Richmondshire

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

Ryedale

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

Scarborough

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

Selby

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

Acute Provider Trusts

Airedale

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

Harrogate District Foundation Trust

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

South Tees Hospitals NHS Foundation Trust

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

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

York Teaching Hospital Foundation Trust

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

Yorkshire Ambulance Service

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

The Independent Care Group (ICG)

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

North Yorkshire and York Forum

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

A safeguarding story - Protection

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

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

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

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

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

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

Partnership Working & Accountability

Health and Adult Services

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

Nurse Consultant Safeguarding

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

Clinical Commissioning Groups represented by the Partnership Commissioning Unit

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

Clinical Commissioning Group in Craven- Airedale Wharfedale and Craven CCG

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

NHS England

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

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

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

North Yorkshire Police

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

Healthwatch

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

Tees Esk and Wear Valleys NHS Foundation Trust

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

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

North Yorkshire Borough/District Councils:

Craven

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

Hambleton

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

Harrogate

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

Richmondshire

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

Ryedale

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

Scarborough

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

Selby

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

Acute Provider Trusts

Airedale

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

Harrogate District Foundation Trust

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

South Tees Hospitals NHS Foundation Trust

Restructure of safeguarding governance groups into:

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

York Teaching Hospital Foundation Trust

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

Yorkshire Ambulance Service (YAS)

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

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

North Yorkshire and York Forum

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

A safeguarding story - Partnership effectiveness and accountability

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

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

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

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

Appendix 2

Care Act (2014) Overview of safeguarding provisions:

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

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

Appendix 3

Definitions of Abuse and Neglect

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

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

Appendix 4

North Yorkshire Safeguarding Adults Board Membership and Attendance 2015/16



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

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

Y - present or substitute attended
N - did not attend and no substitute
A - apologies received
N/R - Not Board Member at the time

Appendix 5

Contact Details of partner organisations in North Yorkshire

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

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

Glossary of Terms

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

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

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

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

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



Growing up in North Yorkshire Survey 2016

18th January 2017

Presented by: Pete Dwyer Corporate Director Children and Young Peoples Service

Summary:

Growing up in North Yorkshire (GuNY) is a biennial survey of local pupils that is undertaken on our behalf by the Schools Health Education Unit (SHEU) based at Exeter University. The survey seeks to obtain the views, experiences and opinions of pupils in national curriculum years 2, 6, 8 and 10, regarding a broad range of issues from health and education, to home life and activities including risk-taking behaviour.

In 2016 over 17,000 pupils responded to the survey making it one of the biggest and most comprehensive surveys of its type, and in turn providing a wealth of evidence that helps inform service planning and priorities as well as individual school improvement. Much of this evidence demonstrates the significant distance travelled regarding improvements to the lives of children in North Yorkshire over the last 10 years.

Which of the themes and/or enablers in the North Yorkshire Joint Health & Wellbeing Strategy are addressed in this paper?

Themes	✓
Connected Communities	
Start Well	✓
Live Well	✓
Age Well	
Dying Well	
Enablers	
A new relationship with people using services	✓
Workforce	
Technology	
Economic Prosperity	

How does this paper fit with other strategies and plans in place in North Yorkshire?

- The survey helps inform Young and Yorkshire, the strategic plan for children and young people in North Yorkshire
 - Sub-reports based on either vulnerable groups or operational areas are used to inform service planning
 - Data is used on an individual school basis to aid improvement and provide evidence for Ofsted Inspections.
-

What do you want the Health & Wellbeing Board to do as a result of this paper?

- Note distance travelled and wealth of information available
- Use the range of reports to identify on-going issues and inform strategic priorities and local plans



NORTH YORKSHIRE COUNTY COUNCIL
CHILDREN AND YOUNG PEOPLE'S SERVICE

REPORT PREPARED FOR
NORTH YORKSHIRE HEALTH AND WELLBEING BOARD
18 JANUARY 2017

THE GROWING UP IN NORTH YORKSHIRE SURVEY 2016

1.0 PURPOSE OF REPORT

- 1.1 To provide the Health and Wellbeing Board with an update on the findings of the 2016 Growing Up in North Yorkshire Survey Report which is commissioned by the local authority from the Schools Health Education Unit (SHEU) at Exeter University.

2.0 CONTEXT

- 2.1 Every two years since 2010 the SHEU has undertaken a comprehensive survey of North Yorkshire pupils in national curriculum years 2, 6, 8 and 10, (and in 2016 a pilot of pupils in year 12), to gain information regarding their views and opinions, which is used to inform strategic and service planning as well as aid individual school improvement.
- 2.2 In 2016 over 17,000 pupils in the target year groups responded to a wide range of age appropriate questions giving us a rich insight into what it is like to grow up in North Yorkshire today.
- 2.3 Due to the information collected in the survey, it is possible for the SHEU to break down the data to provide a number of reports in addition to the County Summary report (Appendix A), including school, district and Prevention Service Area reports as well as bespoke reports for particular groups / cohorts such as the teaching alliances, closing the gap project school groups, service family pupils, looked after children, pupil premium, young carers, minority ethnic, LGB and Transgender pupils.

3.0 PARTICIPATION

- 3.1 All schools, including academies in North Yorkshire are invited to participate and in the 2016 survey 310 of the 369 schools (84%) participated; this was made up by 257 primary schools, 42 secondary schools, 8 special schools and 3 pupil referral units (PRU).
- 3.2 From the targeted year groups 17,239 of 24,471 pupils (70%) responded making this the largest survey to date. There was an additional 3,105 responses from pupils in other year groups that although not included in the county reports are used the individual schools with the responses being grouped by key stage, this helps ensure some of the smaller schools still have enough returns to make analysis possible.

4.0 EMERGING FINDINGS

4.1 Key Stage One

4.1.1 The Key Stage One results are very similar to the previous questionnaire in 2014 however the following emerging issues were identified:

- 23% (2014: 21%) of Y2 pupils responded that they are allowed to watch TV after they have gone to bed whilst 24% (2014: 26%) of pupils responded that someone usually reads them a bedtime story.
- 70% use a computer, tablet or mobile device to go online,
- 46% say an adult always knows what they are looking at online
- 17% have friends online that they don't know in real life
- Looking at items related to online safety, more boys than girls seem to be at risk.

4.2 Key Stage Two

4.2.1 The Key Stage Two results show continued improvements in the percentage who don't drink energy drinks (up from 50% in 2012 to 69% in 2016), and the percentage who don't drink alcohol which has increased significantly from 48% in 2012 to 75% in 2016.

4.2.2 The SHEU calculate wellbeing and resilience scores based on the responses to a number of questions about how pupils feel about certain things and how they respond to certain situations. From these composite scores we can see that the percentage with a high measure of resilience has increased slightly (32% 2012 to 35% in 2016) and that Year 6 pupils are achieving higher wellbeing scores.

4.2.3 There are positive trends around internet safety, with 8% responding they communicate online with people they don't know (13% in 2014), 30% say they are never supervised when using the internet (33% in 2014) and 74% of pupils say they found school lessons on internet safety 'quite' or 'very' useful.

4.2.4 The emerging issues from Key Stage Two are:

- Year 6 pupils are more likely to report having an accident requiring medical attention in the last year: this has increased from 27% in 2014 to 35% on 2016
- Pupils feel they are less likely to be asked for their ideas and opinions about what happens in school (70% 2014, 62% 2016)
- Fewer pupils played sport on the day before the survey (52% 2014, 43% 2016) and fewer pupils do at least 5 hours of physical activity a week (58% 2014, 55% 2016)

4.3 Key Stage Four

4.3.1 At Key Stage Four there has been a continued improvement in the situation regarding alcohol with a higher percentage reporting that they never drink alcohol (up from 31% in 2012 to 43% in 2014 and 46% in 2016), a decrease in the percentage who had been given alcohol by a friend in the week preceding the questionnaire (down from 10% in 2012 to 6% in 2014 to 4% in 2016), and a decrease in the percentage who had drunk alcohol in the week preceding the questionnaire (down from 31% in 2012 to 24% in 2014 to 20% in 2016).

4.3.2 There has also been an improvement in some of the questions around bullying and negative behaviour with pupils now less likely to say they have experienced negative behaviour during lesson time in the month before the survey (23% in 2014, 17% in 2016) and the percentage experiencing negative behaviour outside school decreasing from 26% to 20%. However, the percentage of pupils responding that they had been pushed or hit for no reason in the preceding month increasing from 18% in 2012 to 25% in 2014 to 27% in 2016.

4.3.3 There are some positive trends around internet safety, with secondary pupils now less likely to communicate with people they have met online and don't know in real life (22% in 2014, 18% in 2016).

4.3.4 The emerging issues at Key Stage 4 include:

- 8% of secondary pupils carry weapon or something else for protection when going out at least sometimes (higher for boys, and up from 5% in 2014).
- About 8% of secondary pupils say they have been the victim of violence or aggression (up from 6% in 2014).
- About 10% of pupils said lessons on various topics in PSHE were 'not at all useful': 13% for sex and relationships education, and 17% for Religious Education.
- Experimentation with e-cigarettes more likely in 2016 (27%) than in 2014 (22%).
- Watching TV/DVDs/online videos after school increased from 78% in 2014 to 85% in 2016.
- About a third of Y10 girls and a quarter of Y10 boys have received 'sexting' messages.
- The proportion of all secondary pupils with a low resilience score was 35% in 2016, compared to 31% in 2014. The proportion among Y10 girls was 46%.
- 57% of pupils responded that they are asked for their opinions about what they learn in school, but just 43% said their opinions make a difference.
- Among secondary pupils, 43% changed schools at least twice since their 5th birthday, 4% at least 5 times
- There has been an apparent increase in the reporting of bullying or aggressive behaviours within dating relationships among Y10 pupils. 4% said they were experiencing aggression in their current relationship, while 22% said they had with a previous boy-/girl-friend; the figures for 2014 were 3% and 20%.

4.4 Longer Term Trends

4.4.1 Most analysis over time compares one year's results with those of the previous survey 2 years before however this masks some of the longer term significant improvements made during the 10 years the survey has been undertaken as demonstrated by the table below.

	2006	2008	2010	2012	2014	2016
Yr 2 like being at school most of the time	-	-	53%	61%	58%	59%
Yr 6 bullied someone at school	11%	8%	7%	5%	4%	3%
Yr 6 approached by an adult who upset / scared you	31%	31%	28%	27%	24%	24%
Yr 8 enjoy most lessons at school	35%	40%	38%	45%	48%	45%
Yr 8 never drink alcohol	29%	29%	36%	43%	58%	61%
Yr 8 never smoked	73%	74%	84%	85%	88%	89%
Yr 10 enjoy most lessons at school	37%	38%	40%	43%	40%	45%
Yr 10 never drink alcohol	12%	14%	16%	20%	28%	30%
Yr 10 never smoked	49%	52%	55%	61%	66%	70%

5.0 EMERGING PRIORITIES

5.1 Although the figures vary significantly from one part of the county to another, and amongst certain groups of children and young people, the following are emerging as issues to be addressed on a countywide basis, with further priorities being identified in certain parts of the county or for particular groups.

- Developing resilience and emotional wellbeing
- Pupil voice influencing decisions
- Positive ethos and culture of the school
- Risky behaviours including those related to the use of modern technologies
- Careers guidance and post 16 transition
- Reducing inequalities caused by place or circumstances

6.0 RECOMMENDATIONS

- 6.1 The Health and Wellbeing Board note the information in this paper, particularly the distance travelled in many aspects, and use the data in the associated reports to aid strategic planning and prioritisation.

**Peter Dwyer Corporate Director Children and Young Peoples Service
County Hall, Northallerton**

Report compiled by:

Katharine Bruce – Lead Adviser, Vulnerable Learners, Education and Skills
Simon Moss - Strategic Analyst, Performance and Intelligence

Date: January 2017

Appendix A 2016 Growing Up in North Yorkshire County Summary Report

Growing Up in North Yorkshire

A summary of the Growing Up in North Yorkshire Survey 2016

These results are the compilation of data collected from children and young people in the vast majority of schools in North Yorkshire during Summer 2016. This survey was commissioned by the **North Yorkshire Children and Young People's Service (CYPS)** to collect reliable information about young people's learning and wellbeing. This is in fact the sixth such large survey completed in North Yorkshire, following studies in 2006, 2008, 2010, 2012 and 2014.

Introduction from Pete Dwyer

Corporate Director - Children & Young People's Service

I am delighted to be given the opportunity to introduce the Summary Report for Growing Up In North Yorkshire 2016. It is a truly remarkable piece of work and must as a result be actively used to inform our collective priorities and challenge current delivery arrangements. It is probably the largest such survey conducted in the country and gives incredibly rich insights into the changing lives of North Yorkshire's young people. It provides analysis which helps us understand where changes in their views have positively occurred and where more needs to be done. The findings will be debated at an individual school level and at a number of key strategic partnerships in the county. But we must go beyond debate and ensure we fully listen and respond to this rich collective expression of young people's voices. It will certainly influence what we prioritise in the next year's new children and young people's plan. My thanks to all the staff behind the work and the 17,000 young people who participated.

Key issues

Among the findings from these young people in North Yorkshire, we see many welcome results and several positive trends. There are also some results and trends in young people's perceptions and behaviours that indicate there is still more work to do.

Identified priorities:

- Developing Resilience and Emotional Wellbeing
- Pupil Voice influencing decisions
- Positive Ethos and Culture of School
- Risky Behaviours including those related to use of modern technologies
- Careers Guidance and post-16 transition
- Reducing inequalities caused by deprivation

Identified **groups of young people** continue to have more negative outcomes against a wide range of indicators. These include in particular:

- Looked-after Children
- Young Carers
- Minority Ethnic pupils
- Pupils receiving Free School Meals
- Service Pupils
- Lesbian, Gay, Bisexual pupils (LGB)
- Transgender pupils
- Pupils with Special Educational Needs and /or Disabilities

In this report:

Key findings	Pg 2
Year 2 Primary results	Pg 5
Year 6 Primary results	Pg 7
Secondary results (Y8/Y10) ...	Pg 11
Growing up in North Yorkshire Y2/Y6/Y8/Y10/Y12.....	Pg 16
Deprivation differences.....	Pg 17
Changes since 2014.....	Pg 18
Trends since 2006	Pg 19
Sixth-form survey	Pg 20
Special school survey	Pg 20
Gender differences	Pg 21
Comparison with other counties	Pg 21
Equalities monitoring	Pg 22
Consultation and dissemination	Pg 24
Contact information.....	Pg 24

THE SURVEY

This report is based on the responses of over 17,000 pupils attending mainstream schools and pupil referral services in North Yorkshire.

Teachers were briefed on how to collect the most reliable data and then pupils anonymously completed the questionnaire. Completed questionnaires were then returned to SHEU in Exeter for processing. Some of the schools conducted the survey online.

The sample sizes are shown in the table (right). N.B. * 357 pupils either didn't give us their gender or describe themselves

as something other than male or female. There was also a pilot Year 12+ survey with two schools and a college.

📍 Comparisons 📍

We have compared groups of schools within North Yorkshire: more rural and more urban schools, and we also looked at the smallest primary schools (page 20).

A special analysis has been made of pupils with different social identities (pages 22-23).

Comparisons have also been made with samples from other large Shire counties (page 21).

➔ Trends ➔

This survey follows studies in 2014, 2012, 2010, 2008 and 2006 and is the largest so far. Where changes can be seen in the figures, these are noted on page 18-19.

Where figures are also given in a chart, they are shown in **bold**.

	Year 2	Year 6	Year 8	Year 10
Males	2413	2121	2069	1925
Females	2279	2145	2040	1890
Total*	4714	4431	4195	3899

KEY FINDINGS

POSITIVE FINDINGS

- ❑ Year 2 pupils were more likely to eat **fruit and vegetables in 2016** (fruit 61% in 2014 vs 65% in 2016; veg 48% in 2014 vs 51% in 2016).
- ❑ 74% of Y6 pupils responded that if at first they don't succeed, they 'usually' or 'always' keep on trying until they do, compared with 71% in 2014, while 48% said they ask for help. They are also less likely to worry about going to secondary school (38% in 2014 vs 31% in 2016).
- ❑ Year 6 pupils are achieving higher wellbeing scores in 2016: the proportion scoring at least 24 has risen from 37% in 2014 to 46% in 2016.
- ❑ Year 6 pupils are now more likely to say they know enough about how their body changes as they get older (74% in 2014 vs 80% in 2016).
- ❑ Secondary pupils are less likely now to say they have experienced negative behaviour during lesson time in the month before the survey (23% in 2014 vs 17% in 2016).
- ❑ Secondary pupils are less likely now to communicate with people they have met online and don't know in real life (22% in 2014 vs 18% in 2016).

Closing the Gap (see p.22-23)

- ❑ The positive changes in wellbeing scores of Y6 are also seen among disadvantaged pupils.
- ❑ There was an overall decrease of Y6 pupils responded that they 'quite' or 'very' often worry about moving on to secondary school: from 47% in 2014 down to 35% in 2016. Among the **Achievement Unlocked** group of schools, the fall was from 50% to 31%.
- ❑ There was an overall decrease of disadvantaged pupils responded that they have been away from school due to illness or injury in the last month: from 42% in 2014 down to 34% in 2016, while in the **Achievement Unlocked** schools, the drop was from 42% to 26%.
- ❑ Among black and other ethnic minority pupils, 77% responded that adults at school talk to them about how to improve their work.
- ❑ Special educational needs pupils in mainstream schools are less likely to worry about exams and tests 'often' or 'all the time' (42% in 2016 vs 53% in 2014).
- ❑ Year 10 LGB students are still bullied more often than their peers, but the gap has decreased (now 32% vs 18% while in 2014 it was 41% compared with 17%).

Over the period of the survey 2006-16, on-going positive trends are (see page 19) :

<p>❑ Y2 Never drink 'energy drinks'</p> <table border="0"> <tr> <td>2006</td><td>2008</td><td>2010</td><td>2012</td><td>2014</td><td>2016</td> </tr> <tr> <td></td><td></td><td></td><td>50%</td><td>60%</td><td>69%</td> </tr> </table>	2006	2008	2010	2012	2014	2016				50%	60%	69%	<p>❑ Y10 'I never drink alcohol'</p> <table border="0"> <tr> <td>2006</td><td>2008</td><td>2010</td><td>2012</td><td>2014</td><td>2016</td> </tr> <tr> <td>12%</td><td>14%</td><td>16%</td><td>20%</td><td>28%</td><td>30%</td> </tr> </table>	2006	2008	2010	2012	2014	2016	12%	14%	16%	20%	28%	30%
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			50%	60%	69%																				
2006	2008	2010	2012	2014	2016																				
12%	14%	16%	20%	28%	30%																				
<p>❑ Y6 Bullied someone else at school in the last 12 months</p> <table border="0"> <tr> <td>2006</td><td>2008</td><td>2010</td><td>2012</td><td>2014</td><td>2016</td> </tr> <tr> <td>11%</td><td>8%</td><td>7%</td><td>5%</td><td>4%</td><td>3%</td> </tr> </table>	2006	2008	2010	2012	2014	2016	11%	8%	7%	5%	4%	3%	<p>❑ Y8 'I have never smoked a cigarette at all, not even a puff'</p> <table border="0"> <tr> <td>2006</td><td>2008</td><td>2010</td><td>2012</td><td>2014</td><td>2016</td> </tr> <tr> <td>73%</td><td>74%</td><td>84%</td><td>85%</td><td>88%</td><td>89%</td> </tr> </table>	2006	2008	2010	2012	2014	2016	73%	74%	84%	85%	88%	89%
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<p>❑ Y10 Enjoy all/most lessons at school</p> <table border="0"> <tr> <td>2006</td><td>2008</td><td>2010</td><td>2012</td><td>2014</td><td>2016</td> </tr> <tr> <td>37%</td><td>38%</td><td>40%</td><td>43%</td><td>40%</td><td>45%</td> </tr> </table>	2006	2008	2010	2012	2014	2016	37%	38%	40%	43%	40%	45%	<p>❑ Y10 Ever taken cannabis</p> <table border="0"> <tr> <td>2006</td><td>2008</td><td>2010</td><td>2012</td><td>2014</td><td>2016</td> </tr> <tr> <td>22%</td><td>18%</td><td>16%</td><td>12%</td><td>12%</td><td>12%</td> </tr> </table>	2006	2008	2010	2012	2014	2016	22%	18%	16%	12%	12%	12%
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2006	2008	2010	2012	2014	2016																				
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Compared with other large Shire counties in 2016 (see page 21):

- ❑ North Yorkshire pupils in primary and secondary schools are more positive in their perceptions of school than pupils from these other local authorities.
- ❑ Year 6 pupils in North Yorkshire are less likely to say that they had been bullied at or near school in the last year.

EMERGING ISSUES

- | | |
|--|--|
| <ul style="list-style-type: none"> ❑ 24% of Y2 pupils responded that they are allowed to watch TV after they have gone to bed (22% in 2014). ❑ 24% of Y2 pupils respond that someone usually reads them a bedtime story (26% in 2014). ❑ 46% of Y2 pupils say an adult always knows what they are looking at online and 17% say they have friends online they have not met. | <ul style="list-style-type: none"> ❑ Among Year 6 pupils:
Pupils feel they are less likely to be asked for their ideas and opinions about what happens in school (70% 2014, 62% 2016) ❑ Fewer pupils played sport on the day before the survey (52% 2014, 43% 2016) |
|--|--|
-
- | | | |
|--|--|--|
| <ul style="list-style-type: none"> ❑ About 8% of secondary pupils say they have been the victim of violence or aggression (up from 6%). ❑ 8% of secondary pupils carry weapon or something else for protection when going out at least sometimes (higher for boys, and up from 5% in 2014). ❑ About 10% of pupils said lessons on various topics in PSHE were 'not at all useful': 13% for sex and relationships education, and 17% for PSHE or Religious Education. ❑ The proportion of Y10 pupils reporting that careers education lessons have been quite/very useful has risen more steeply in North Yorkshire Careers Guidance project schools than others (4% vs 1% increase). | <ul style="list-style-type: none"> ❑ Experimentation with e-cigarettes more likely in 2016 (27%) than in 2014 (22%). ❑ Watching TV/DVDs/online videos after school increased from 78% in 2014 to 85% on 2016. ❑ About a third of Y10 girls and a quarter of Y10 boys have received 'sexting' messages. ❑ 57% of pupils responded that they are asked for their opinions about what they learn in school, but just 43% of all pupils said their opinions make a difference. ❑ Among secondary pupils, 43% changed schools at least twice since their 5th birthday, 4% at least 5 times | <ul style="list-style-type: none"> ❑ Resilience is the capacity to bounce back when things go wrong. Young people with low resilience may get upset and/or give up. The proportion of all secondary pupils with a low resilience score is 35% in 2016, compared with 31% in 2014. The proportion among Y10 girls was 46%. ❑ There has been an apparent increase in the reporting of negative behaviours within dating relationships among Y10 pupils. 4% said they had experienced threats or controlling behaviour in their current relationship, while 22% said they had with a previous boy-/girl-friend; the figures for 2014 were 3% and 20%. |
|--|--|--|

KEY THEMES

Gender inequalities

- Among Year 2 pupils, boys are more likely to be allowed to watch TV after they have gone to bed, while girls are more likely to eat fresh fruit and veg on most days.
- Among Year 6 pupils, boys are most likely to achieve a high or maximum wellbeing score, while girls are more likely to think their views make a difference to what they learn at school.
- Among Year 10 pupils, boys are more likely to score in the high brackets of wellbeing and resilience scores. Girls are more likely to worry about their looks, to want to lose weight, to skip breakfast, and to report that they self-harm when worried or stressed.
- Significantly fewer girls than boys in secondary schools report that:
 - Adults at school talk to me about how to improve my work*
 - I know my next steps in learning and what I need to do to improve*
 - My teachers realise when I don't understand*

Other inequalities (see pages 22-23)

- 45 KS3/4 pupils identify as **transgender** or use a related label. Like LGB pupils, they are more likely to report being bullied at school last year, to worry about being different, and to be sexually active.
- Just 5% of transgender students score high for resilience, compared with 20% of all students.
- There is a 'gradient' of differences with **deprivation** for very many questions (see p.17)

	Index of multiple deprivation					All
	Most deprived	2nd	3rd	4th	Least deprived	
Intend to apply for university in the future?	42%	50%	55%	60%	64%	58%
"My teachers encourage me to attempt difficult work" % Agree	66%	71%	76%	80%	80%	76%
Young carers	11%	8%	5%	4%	3%	4%
Total Sample (Count)	230	566	904	1,804	1,452	8,094

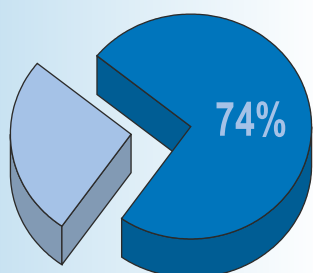
- We categorised pupils as "**disadvantaged**" if they indicated, in the background information section of the questionnaire, that they were either in care of foster carers or in a Residential School/Home, or if they were eligible for free school meals (FSM) or vouchers for free meals. This group includes some, but not all, of the pupils qualifying for pupil premium payments. (It does not include all of those pupils eligible for FSM in the last 6 years.) There were differences between this group and other pupils, for example, in KS2, have lower wellbeing scores, be bullied and to worry about school and less likely to do 7+ hours of exercise a week; and in KS3/4, less likely to intend to go to University and more likely to be bullied, skip breakfast, be absent from school, smoke and be a victim of crime/violence..
- Compared to the rest of Year 6:
 - Young Carers were **less** likely to have a high well-being score and **more** likely to be bullied in school, worry about their health, have tried smoking and have had an accident in the last year.
 - Pupils with special educational needs in mainstream schools and pupils with disabilities are more likely to be bullied at school and worry about their health.
- Compared to the rest of Year 10:
 - Young Carers were more likely to be bullied at school, worry about money and have had an accident in the last year.
 - Ethnic minority pupils were more likely to worry about being different, worry about money and have been offered drugs.
 - Pupils from armed forces families were more likely to have been offered drugs and to be sexually active.

Primary school pupils in Year 2

(aged 6 - 7 years) **Bold type indicates use of a table or chart.**

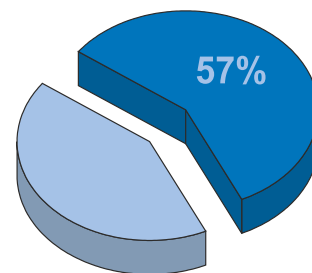
BEING HEALTHY

- When asked about what they had before lessons on the morning of the survey, 83% responded that they had a drink, and 93% said that they had something to eat, while 2% said they had nothing before lessons.
- 26% of pupils responded that they go to a breakfast club at least 'sometimes'.
- The foods and drinks most commonly consumed on 'most days' were: fresh fruit 65%; water 64%; milk 54%; vegetables 51%; sweets or chocolate 45%.
- The foods or drinks most commonly consumed 'never' were: brown bread 43%; Weetabix, Porridge, Muesli 29%; fizzy drinks 19%.
- 74% 'always' wash their hands after going to the toilet.**
- 78% cleaned their teeth at least twice on the day before the survey.
- 60% have been to a dentist in the last year.



- After school on the day before the survey, the most common activities were: playing at home 67%; watching TV 71%; reading 44%.
- 68% of pupils responded that they have a set bedtime for nights when it's school the next day. 24% of pupils responded that someone usually reads them a bedtime story.
- 52% of pupils responded that they have a TV in their bedroom. 24% of pupils responded that they are allowed to watch TV after they have gone to bed.
- 97% use a computer/tablet or mobile device at home. 49% use it to help with schoolwork. 88% said they use it to play games.

- 57% say they know how to keep themselves safe on the Internet.**



- 94% have a bike, 90% have a scooter and 81% have a bike helmet; 44% 'always' wear a bike helmet when they use their bike or scooter.

LEISURE

- We asked about leisure time activities. The percentages of boys and girls who said they did any of the items at least 'sometimes' after school or at weekends were:**

	Boys	Girls
Bike riding, roller skating, scooter, skateboarding	88%	90%
Going for a walk	85%	90%
Running (races or tag)	85%	84%
Swimming	84%	88%
Team games, like football or netball	80%	48%
Tennis	52%	41%
After school sports club	46%	40%
Judo, Karate, Tae kwon do etc.	36%	18%
Horse riding	20%	43%
Dancing/gymnastics	27%	75%

SAFETY

- When asked about sun safety, the percentages of pupils responding that they do the following 'sometimes' or 'always' were:**

	Boys	Girls
Wear a hat	88%	86%
Wear long sleeves	56%	53%
Put on sun cream	87%	94%
Stay in the shade	69%	80%

- Overall, 69% of pupils responded that they use at least one of the prevention methods listed 'always' to avoid getting sunburnt.
- 73% 'always' feel safe at school. 59% like being at school most of the time.
- 39% ever feel scared to be at school because of other children at least sometimes, while 22% feel scared to travel to school because of other children at least sometimes.

Primary school pupils in Year 2 (aged 6 - 7 years)

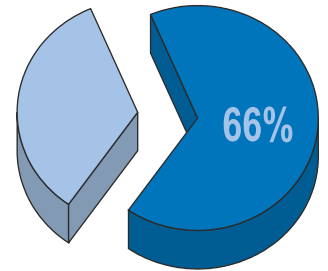
EMOTIONAL HEALTH AND WELLBEING

- We asked a question about worries. The percentages of pupils who say they worry 'most days' about different issues were:

	Boys	Girls
School-work	23%	18%
Being ill	26%	29%
Friendships	28%	29%
Family	38%	37%
The way you look	21%	25%

- When asked who they would turn to for support when upset or worried about the issues listed above, **adults at home** were pupils main source of support. Pupils who were worried or upset about school were more likely to turn to teachers.

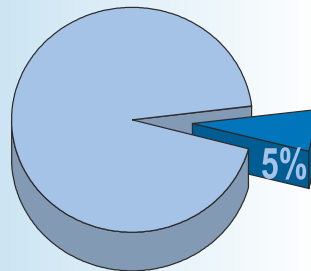
- **66% of pupils responded that they worry about at least one issue 'most days'.**



Primary school pupils in Year 6 (aged 10 - 11 years)

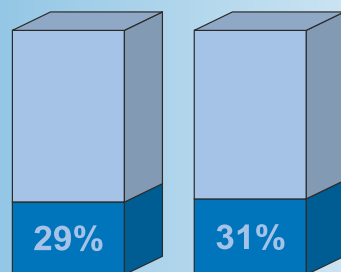
HEALTHY EATING

- 5% had nothing to eat or drink for breakfast on the day of the survey.



- 80% of pupils responded that they had a drink before lessons on the morning of the survey.
- 88% said that they had something to eat before lessons on the morning of the survey.

Five-a-day

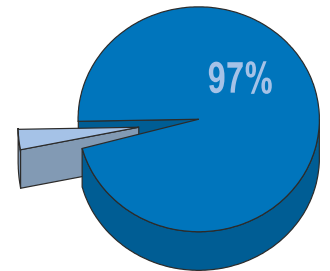


- 29% of boys and 31% of girls responded that they ate at least 5 portions of fruit and vegetables on the day before the survey.

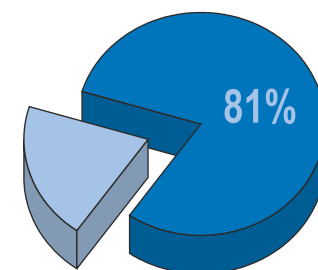
- 8% of boys and 4% of girls responded that they didn't eat any portions of fruit or vegetables on the day before the survey.

Drinks

- 97% of pupils responded that they can get water at school, while 2% said 'not easily'.



- 44% of pupils responded that they can get water from the canteen/dinner room at school; 62% said they can get it from their own drinking bottle.



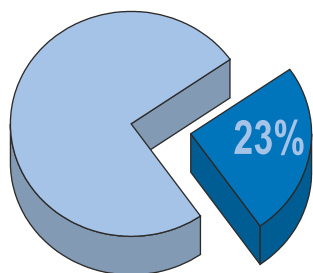
- 81% of pupils responded that they drink water 'every day or most days'; 8% said the same of fizzy drinks (not low-calorie).

- 21% of pupils responded that they 'rarely or never' drink milk; 61% said the same of energy drinks.
- 68% of pupils responded that they have found school lessons about healthy eating 'quite' or 'very' useful, while 4% have found them 'not at all' useful and 6% couldn't remember having any.

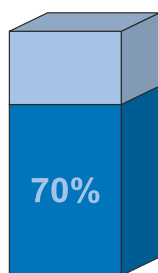
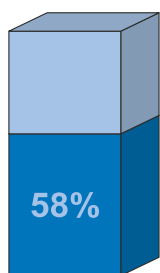
Primary school pupils in Year 6 (aged 10 - 11 years)

EMOTIONAL HEALTH AND WELLBEING

- 23% of pupils said they worried about family 'quite often' or 'very often' and 18% said they worried about falling out with friends.



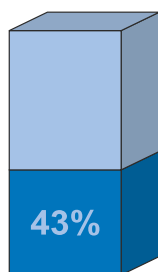
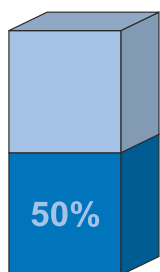
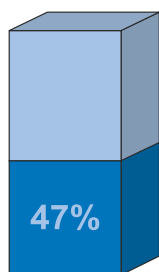
- 64% [58% of boys and 70% of girls] of pupils said they worried about at least one of the problems listed in the questionnaire 'quite' or 'very' often.



- 57% of pupils responded that they would talk to an adult at home if they were worried or upset about school, while 19% said they would talk to a teacher or other adult at school.

- 53% of pupils responded that they talk to someone when they have a problem or are feeling stressed.

- 47% (50% of boys and 43% of girls) of pupils scored a high or maximum score (48 - 60) on the Stirling Children's Well-being Scale. 1% of pupils had a low score (12 - 23).

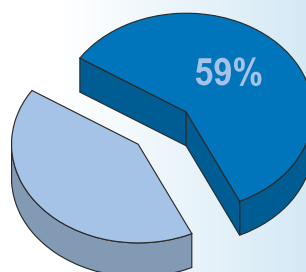
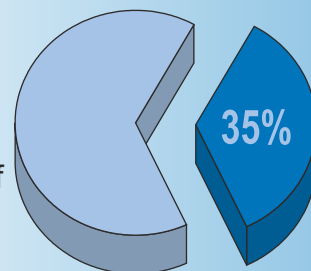


- 46% of pupils responded that they have found school lessons about emotional health and wellbeing (SEAL) 'quite' or 'very' useful, while 7% have found them 'not useful' and 24% couldn't remember any.

Resilience

- 74% of pupils responded that if at first they don't succeed, they 'usually' or 'always' keep on trying until they do, while 48% said they ask for help.

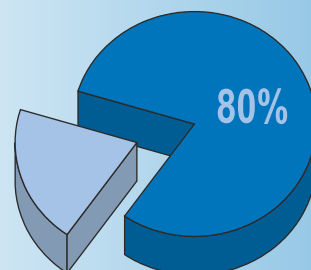
- We calculated an overall measure of resilience from a group of related items. 17% of pupils had a low measure of resilience (0 - 19). 35% of pupils had a high measure of resilience (26+).



- 59% of pupils responded that when something goes wrong they 'usually' or 'always' learn from the experience for next time.

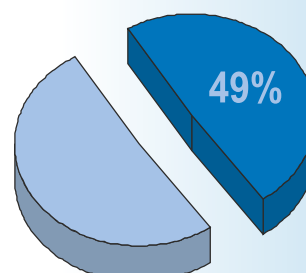
Puberty and growing up

- 80% of pupils responded that they feel they know enough about how their body changes as they get older, while 4% feel they don't know enough.



- 34% of pupils responded that they feel 'happy' about growing up and body changes, while 3% of pupils responded that they feel 'unhappy' about growing up and body changes.

- 15% of boys and 28% of girls reported that they worry about the way they look.

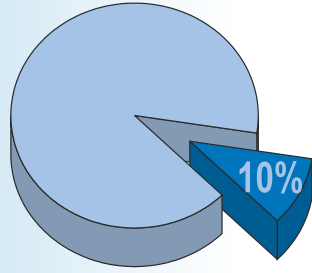


- 49% of pupils responded that they have found school lessons about growing up and body changes 'quite' or 'very' useful.

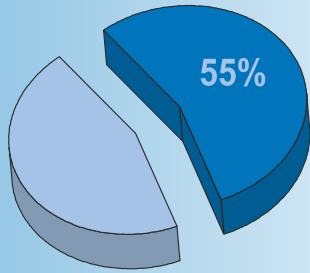
**PRIMARY
DRUGS, ALCOHOL AND TOBACCO**

Drugs

- 10% of pupils responded that they are 'fairly sure' or 'certain' that they know someone personally who uses drugs.

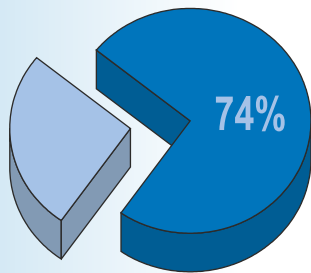


- 55% of pupils responded that they have found school lessons about medicines and drugs at least 'quite useful', while 8% have found them 'not at all' useful and 20% couldn't remember any.

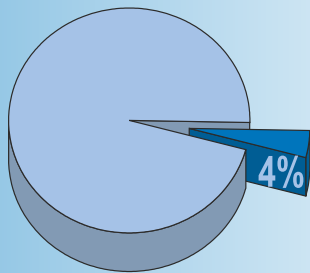


Alcohol

- 74% of pupils reported that they never drink alcohol and 20% of pupils drink only with their parents' knowledge.



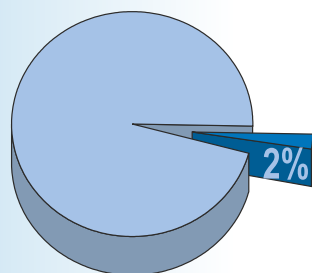
- 4% of boys and 1% of girls said they had at least one alcoholic drink (more than just a sip) in the week before the survey.



- 51% of pupils responded that they have found school lessons about alcohol 'quite' or 'very' useful.

Tobacco

- 2% say they have tried smoking in the past or smoke now.

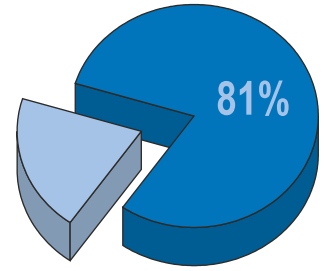


- <1% said they smoked at least one cigarette in the week before they survey.

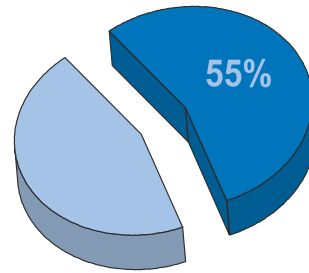
- 52% of pupils responded that they have found school lessons about smoking 'quite' or 'very' useful.

PHYSICAL ACTIVITY

- 81% of pupils [86% of boys and 77% of girls] reported that they enjoy physical activities 'quite a lot' or 'a lot'.

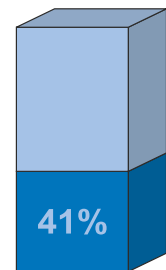
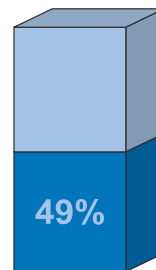


- 43% said that they exercised enough to breathe harder and faster five times or more in the last week. 5% said they didn't at all while 6% said only once.



- 55% said they do 5 or more hours of physical activity in a typical week.
- 2% of pupils said that they don't do a single hour of physical activity in a typical week.

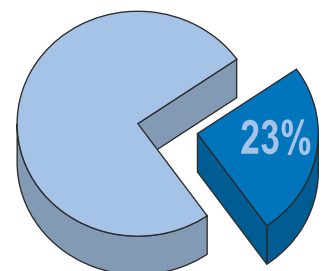
- 45% of pupils (49% of boys and 41% of girls) said that they played sports or did exercise after school on the day before the survey.



- 78% of pupils responded that they have found school lessons about physical education at least 'quite useful', while 4% found them 'not at all' useful and 3% couldn't remember any.

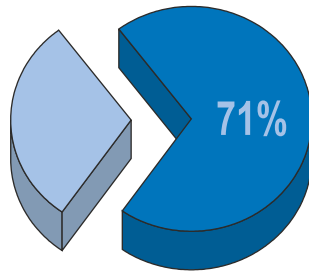
- 95% (93% of boys and 97% of girls) of pupils responded that they chat/talk during playtimes (including dinner times) at least 'sometimes'.

- 87% said they play running/skipping games/tag and 76% said they play ball games. 23% said they read quietly at playtime.



HEALTH AND HYGIENE

- 71% of pupils responded that they washed their hands before lunch on the day before the survey. 10% said they are 'not sure' if they did.

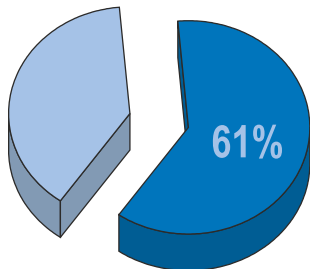


Dental health

- 92% of pupils responded that they have been to the dentist in the last year, while 7% said they last went more than a year ago and 1% have never been.

Sun safety

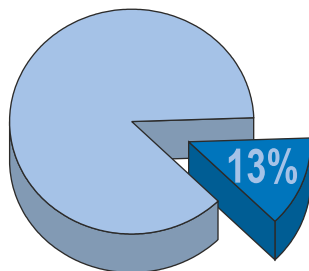
- 8% of pupils responded that they 'never' do anything to avoid sunburn.



- 61% of pupils responded that they 'usually' or 'whenever possible' do something to avoid sunburn.

STAYING SAFE

- 35% of pupils reported that they had an accident in the twelve months before the survey that was treated at a clinic or at a hospital.
- 91% of pupils responded that they 'always' feel safe at home and 79% said they 'always' feel safe at school.
- 24% of pupils reported that they were approached by an adult who scared/upset them. 13% said they knew this adult (i.e. not a 'stranger').



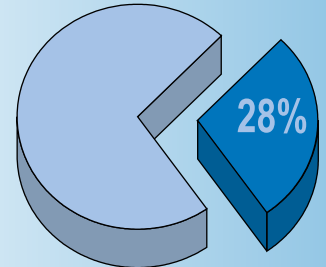
Internet safety

- 8% of pupils responded that they communicate with people they have met online and don't know in real life.
- 17% of pupils responded that they communicate with people online by posting things that lots of people can see and 33% said they communicate with people using picture/video sharing sites/apps.

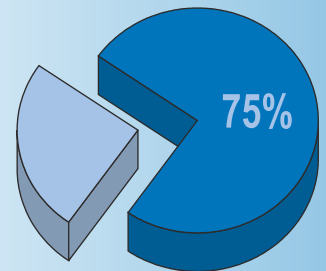
- 6% of pupils responded that they have seen pictures, videos or games they found upsetting online.
- 30% of pupils responded that they are 'never' supervised when using the Internet at home, 23% of pupils said they are never supervised, but they have a filter system (parental controls) set up on the device they use.

Bullying

- 28% of pupils reported that they felt afraid of going to school because of bullying at least 'sometimes'.



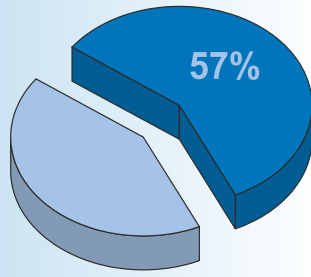
- 21% of pupils said that they were bullied at or near school in the 12 months before the survey, while 4% said that they bullied another pupil in the same period.
- 23% of pupils responded that they were teased/made fun of at least a 'few times' in the month before the survey, while 22% said they had been called nasty names and 10% said they had been called 'gay'.
- 20% of pupils responded that they were pushed/hit for no reason in the month before the survey, while 7% said they had belongings taken/broken.
- 75% of pupils responded that they think their school takes bullying seriously, while 8% think it doesn't take it seriously.



- 70% of pupils responded that their school deals with bullying 'quite' or 'very' well, while 9% said that bullying is not a problem in their school.
- 61% of pupils responded that they have found school lessons about bullying at least 'quite useful', while 11% have found them 'not at all' useful and 9% couldn't remember any.
- 62% of pupils responded that they can 'usually or always' say no when a friend wants them to do something they don't want to do.

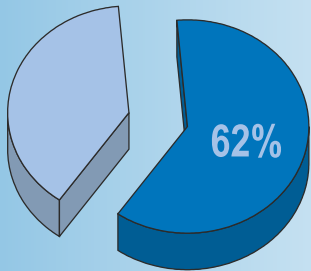
PRIMARY LEISURE

- 57% watched some TV on the evening before the survey.
- 55% played with friends or siblings on the evening before the survey. 59% of the boys played computer games.
- 16% of boys and 18% of girls spent time doing homework on the evening before the survey.



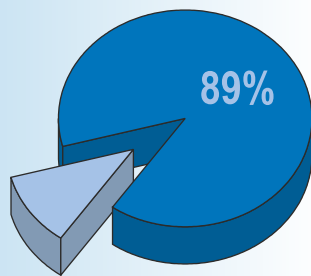
Pupils' voice

- 62% of pupils think their ideas and opinions are asked for in school.
- 33% said their views are asked for by talking to teachers and 44% said through the school/class council.
- 39% of pupils responded that they think the opinions of young people make a difference to decisions about what they learn in school.



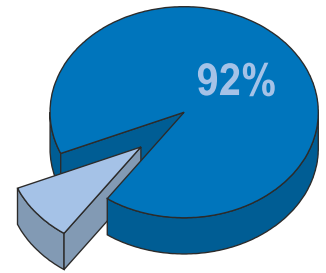
BACKGROUND

- 89% of pupils responded that they are White British.
- 68% of the pupils in this survey live with both parents together.
- 6% of pupils get free school meals or vouchers for school meals. 11% said they were 'not sure'.
- 5% of pupils have a parent or carer in the armed forces.
- 2% say their parent or carer has been away on operations in the last 12 months.
- The lifestyles of pupils from service families have been compared with those of the whole North Yorkshire primary sample on p.22.



SCHOOL

- 92% of pupils think it is important to go to school regularly.
- 25% of boys and 36% of girls reported that they worried about moving on to secondary school.



Pupil Perceptions

A series of statements were offered to pupils about their school experience, in connection with the Young and Yorkshire outcome areas.

- The percentage of pupils responding 'yes' were:

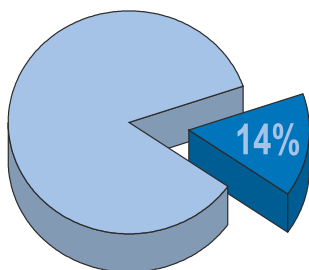
	Boys	Girls
The school cares whether I'm happy or not	70%	72%
My work is marked so I can see how to improve it	90%	91%
Adults at school talk to me about how to improve my work	84%	84%
I know my next steps in learning and what I need to do to improve	78%	80%
My achievements in and out of school are recognised	62%	61%
The school teaches me how to deal with my feelings positively	62%	58%
The school helps me work as part of a team	78%	79%
In this school, people with different backgrounds are valued	71%	72%
The school encourages everyone to take part in decisions	76%	78%
The school encourages me to contribute to community events	64%	61%
The school prepares me for when I leave this school	84%	85%
The school encourages everyone to treat each other with respect	88%	91%
My teachers realise when I don't understand	64%	63%
The school encourages me to attempt difficult work	79%	77%
The school tells me it's OK to make mistakes	84%	84%

Secondary school pupils in Years 8 & 10

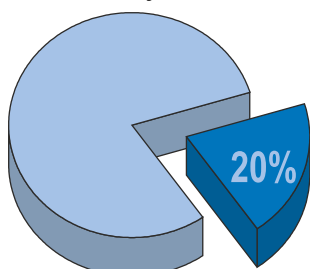
(aged 12 - 13 and 14 - 15 years)

HEALTHY EATING

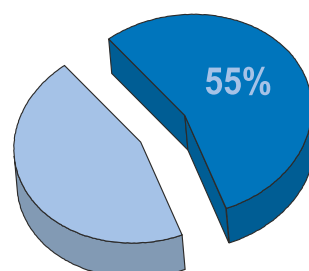
- 14% had nothing to eat or drink before lessons on the day of the survey.
- 71% of pupils had a drink before lessons on the day of the survey, 73% responded that they had something to eat.
- 6% of pupils in the survey had no lunch on the day before the survey. 85% had a drink and 89% had something to eat.
- 9% of pupils responded that they ate at least 5 snacks on the day before the survey.
- 2% of pupils responded that they drank at least 5 fizzy drinks and/or energy drinks on the day before the survey.



- 20% of pupils had at least 5 portions of fruit or vegetables the day before the survey, while 8% had none at all.



- 78% of pupils responded that they can get water at school, while 20% said 'not easily'.
- 55% of pupils found school lessons about healthy eating 'quite' or 'very' useful.



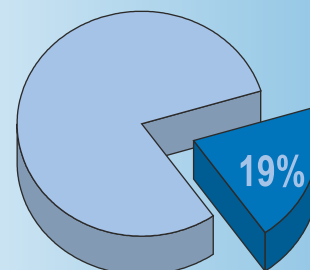
Diet

- 26% say they never worry about how much they eat; 16% say they are often or always careful with their diet.
- 31% of pupils have ever engaged in extreme dietary behaviour, like exercising a great deal or making themselves sick.

DRUGS, ALCOHOL AND TOBACCO

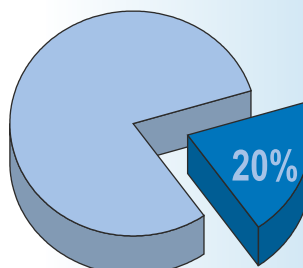
Drugs

- 19% of pupils have been offered cannabis.
- 8% of pupils responded that they have been offered other drugs (not cannabis).
- 4% of pupils said they took some form of illegal drug in the month before the survey. The most commonly taken drug was cannabis, with 12% of Year 10 pupils ever having taken it. The next most common drug type was New Psychoactive Substances, with 2% of Year 10 pupils ever having taken it.



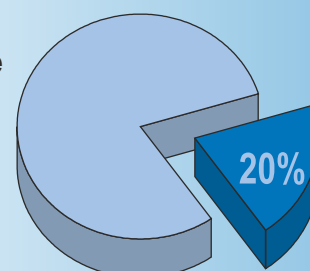
Alcohol

- 20% had at least one alcoholic drink in the week before the survey.
- 46% of pupils said that they never drink alcohol.



Tobacco

- 20% say they have tried smoking in the past or smoke now.
- 4% of pupils smoked at least one cigarette in the week before the survey.
- 5% say they smoke 'regularly' or 'occasionally'; 45% of those who smoke 'regularly' would like to give up smoking.
- 32% of pupils responded that someone smokes in the same room that they are in at least 'once or twice a month'; 21% said they do so at least 'once or twice a week'.
- 5% of pupils responded that they have 'never heard of' electronic cigarettes or 'e-cigarettes'. 27% of pupils responded that they have at least tried electronic cigarettes or 'e-cigarettes'; 3% said they use one 'regularly'.



SECONDARY

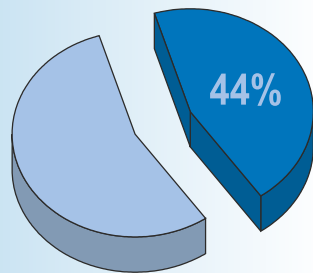
EMOTIONAL HEALTH AND WELL-BEING
Worries

- ❑ The most common worries were ('often' or 'all the time'):

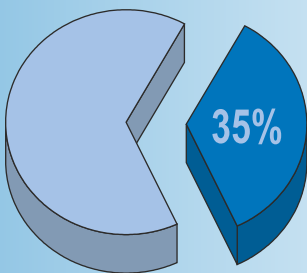
Boys		Girls	
Exams and tests	31%	Exams and tests	53%
School work	18%	The way you look	50%
The way you look	18%	Family problems	38%

- ❑ 66% of pupils worry about at least one of the problems listed in the survey 'often' or 'all of the time'.

- ❑ 44% of pupils responded that if they would like more information about any of the issues listed, they would like to get it from their parents/carers, while 4% said they would like the information from school lessons and 8% would like to find out on the Internet.



- ❑ When they have a problem or feel stressed 47% of pupils said they would talk to someone about it and 35% of pupils said they would think about it on their own. 7% of pupils responded that they cut or hurt themselves.

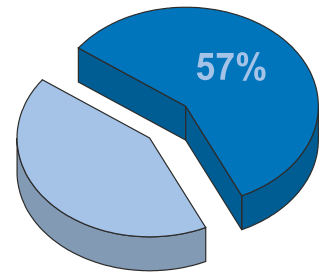


- ❑ 35% of pupils found their lessons about emotional health and wellbeing 'quite' or 'very' useful.

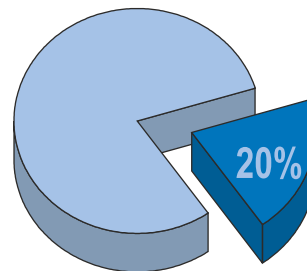
Resilience

- ❑ 51% of pupils responded that when something goes wrong they 'usually' or 'always' learn from it for next time; 29% said they get upset and feel bad for ages.

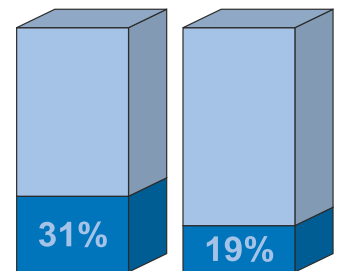
- ❑ 57% of pupils responded that if at first they don't succeed, they 'usually' or 'always' keep on trying until they do, while 43% ask for help and 12% give up.



- ❑ We calculated an overall measure of resilience from a group of related items. 35% of pupils had a low measure of resilience (0 – 19).
- ❑ 20% of pupils had a high measure of resilience (26+).



- ❑ 25% of pupils (31% of boys and 19% of girls) scored a high or maximum score (28 – 35) on the Short Warwick-Edinburgh Mental Well-Being (SWEMWB) Scale.



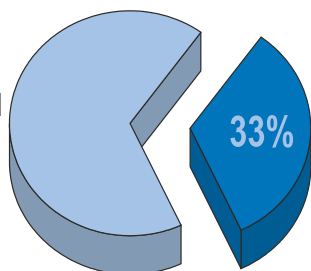
- ❑ 5% of pupils scored low (7 – 13) on the SWEMWB Scale.

MAKING A POSITIVE CONTRIBUTION (Pupils' Voice)

- ❑ 57% of pupils responded that they are asked for their opinions about what they learn in school; 43% said their opinions make a difference.
- ❑ 51% of pupils responded that they are asked for their opinions about how they learn in school; 48% said their opinions make a difference.
- ❑ 49% of pupils responded that they are asked for their opinions about the school environment; 48% said their opinions make a difference.
- ❑ 31% of pupils responded that they are asked for their opinions about their community; 36% said their opinions make a difference.
- ❑ 45% of pupils have had the chance to vote for school/college council members. 35% of pupils have had the chance to be a member of a school council or local youth council.

SEXUAL HEALTH AND RELATIONSHIPS

- 52% believe there is a sexual health service for young people available locally. 31% of pupils said they know where they can get condoms free of charge.



- 33% of pupils found school lessons about sex and relationships 'quite' or 'very' useful.

- 36% responded that they found school lessons about healthy relationships 'quite' or 'very' useful, while 24% said the same about school lessons covering the topic of different relationships e.g. lesbian, gay, bisexual, trans.

Sexual relationships: Year 10 only

- There was a series of questions that were asked only of Year 10 pupils. Firstly, they were asked about their sexual experience: 4% of Year 10 respondents are in a relationship and thinking about having sex.
- 10% of Year 10 pupils have had a sexual relationship in the past and 7% report that they are currently in a sexual relationship (that is, overall 17% have had sex).
- If they have had sex, we wanted to know if they always used a method of protection or contraception: 53% said 'yes' and 9% were 'not sure'.
- The percentage of Year 10 pupils responding that they have experienced the following in a relationship with a boyfriend/girlfriend:**

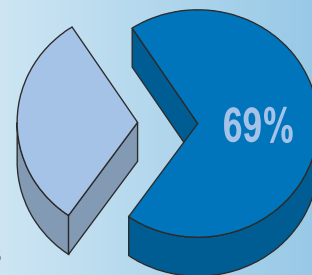
Year 10	Overall
Used hurtful or threatening language to me	10%
Was angry or jealous when I wanted to spend time with friends	20%
Kept checking my phone	12%
Threatened to tell people things about me	7%
Threatened to hit me	4%

- 49% of Year 10 pupils responded that if any of the things listed happened to them, they would look after themselves without help. 60% responded that they would know where to get help.

PHYSICAL ACTIVITY

- 58% said they enjoy general physical activities 'quite a lot' or 'a lot', while 68% said the same about team sport and 55% about individual sport.

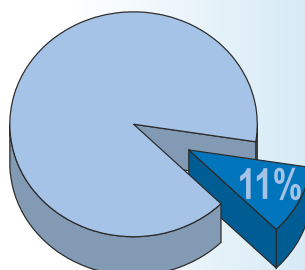
- 69% said they find it 'quite' or 'very' easy to be as physically active as they like.



- 53% said that they do five or more hours of physical activity in a typical week.

BACKGROUND

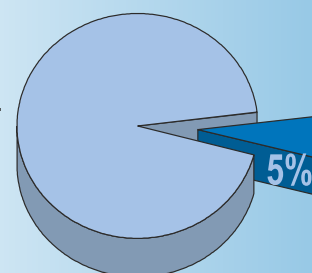
- 89% of pupils describe themselves as White British.
- 65% of the pupils in this survey live with both parents together.
- 6% of pupils have free school meals.



- 7% of pupils have a special educational need or learning difficulty.
- 11% of pupils have a disability or long-standing illness.

Service families

- 5% of pupils report they have a parent/carer who is in the armed forces.
- 35% of pupils from service families say they worry 'quite a lot' or 'a lot' about their family member when they are away.

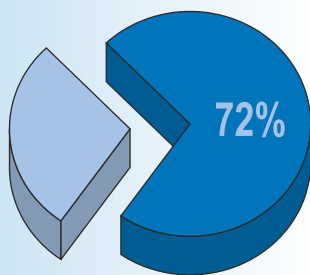


- 1% of pupils from service families would welcome access to a counsellor when they are worried, and would generally prefer to see such a counsellor in private at school.
- The lifestyles of pupils from service families have been compared with those of the whole North Yorkshire secondary sample on p.23.**

SECONDARY

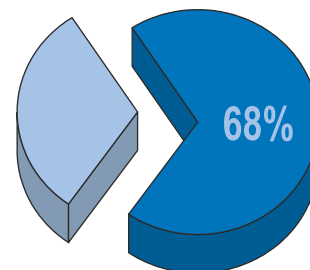
ENJOYING AND ACHIEVING

- ❑ 72% of pupils report enjoying at least half of their school lessons.
- ❑ 42% of boys and 49% of girls said they want to continue in full time education at the end of their course.
- ❑ 46% of boys and 42% of girls said they wanted to find a job as soon as possible.
- ❑ 58% of pupils responded that they intend to apply for University in the future, while 31% said they are 'not sure' if they do.
- ❑ 18% of pupils responded that they have had enough information and guidance about their options after Year 11, including apprenticeships, while 51% said they haven't had enough information and guidance.



Homework

- ❑ 68% of pupils did homework on the evening before the survey. 26% reported they did more than an hour.
- ❑ The school lessons most often described 'quite' or 'very' useful (not already listed in the report) were those about drugs (58%), prejudice, discrimination and bullying (55%) and religious education (49%).



LEISURE AND WORK

- ❑ 75% responded that they had spent some time the night before the survey talking/texting on the 'phone'.
- ❑ 85% watched some TV, DVD or online videos the previous night and 14% watched for over 3 hours.
- ❑ 25% of the pupils in this survey have a regular paid job.

Pupils Perceptions

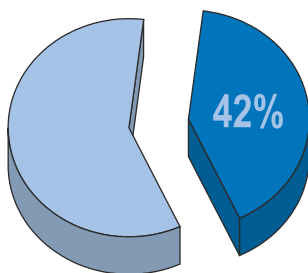
A series of statements were offered to pupils about their school experience, in connection with the Young and Yorkshire outcome areas.

The percentage of pupils responding 'yes' were:

	Male	Female
The school cares whether I am happy or not	49	49
My work is marked so I can see how to improve it	81	78
Adults at school talk to me about how to improve my work	72	66
I know my next steps in learning and what I need to do to improve	64	55
My achievements in and out of school are recognised	42	37
The school teaches me to deal with my feelings positively	36	33
The school helps me work as part of a team	55	58
In this school people with different backgrounds are valued	63	66
The school encourages everyone to take part in decisions	63	63
I have chances to discuss sensitive issues in class e.g. extremism	41	37
The school encourages me to contribute to community events	42	37
The school prepares me for when I leave this school	62	57
The school encourages everyone to treat each other with respect	82	80
My teachers realise when I don't understand	42	35
The school encourages me to attempt difficult work	76	76
The school tells me it's OK to make mistakes	68	65
I am prepared to try something I am not used to or not so good at	69	60
I have the opportunity to use things I have learnt in different situations	58	50
Sometimes I have a choice of different ways to learn about something	49	48
At school, I am encouraged to try different ways to do things	55	54
❑ Young people who are from ethnic minorities and/or are worried about being different in culture or religion are more likely to disagree that 'In this school people with different backgrounds are valued'.		

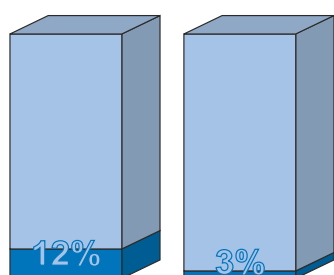
STAYING SAFE

- 42% said they were treated for an accident at a clinic or hospital in the twelve months before the survey.
- 2% of pupils report they 'often' or 'very often' carry weapons for protection when going out. We asked what weapons if any that they carry; 4% of pupils doing the paper version of the survey said they carry a weapon with a blade.
- 8% reported that they were a victim of violence or aggression in the area where they live, in the twelve months before the survey.



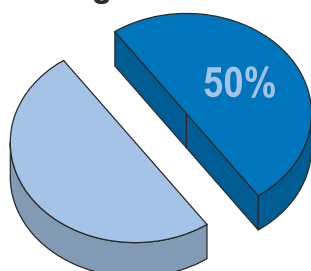
Bullying

- 20% of pupils said that they had been bullied at or near school in the last 12 months.
- 27% of pupils responded that they have been pushed/hit for no reason in the last month. Other common negative behaviours were being teased/made fun of 41%, being called gay 18%, and being called nasty names 33%.
- 22% of pupils responded that they experienced negative behaviour outside at school during breaktimes in the month before the survey; 17% said they experienced such behaviour during lesson time.



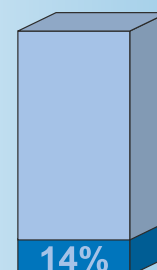
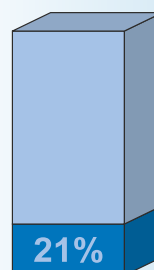
- 12% of pupils said they are picked on because of their size or weight, while 3% say it's because of their colour, race or religion.

- 50% of pupils reported that they think their school deals with bullying well.



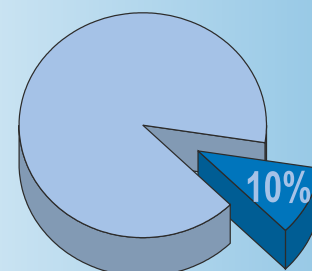
Internet safety

- 93% of pupils responded that they communicate with friends and family they know in real life online.
- 18% of pupils (21% of boys and 14% of girls) responded that they communicate with people they have met online and don't know in real life.

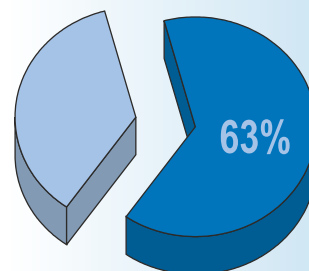


- 50% of pupils responded that they communicate with people online by posting things that lots of people can see and 56% said they communicate with people using picture/video sharing sites/apps.

- 10% of pupils responded that they have seen pictures, videos or games with violence they found upsetting online.



- 16% of pupils said that they have experienced someone writing or showing things to hurt or upset them online (with text, pictures or video).
- 6% said that they have sent personal information or images to someone and afterwards wished they hadn't done or had thought more about doing so.
- 12% of pupils responded that they worry about keeping safe on the Internet, email and using mobile phones 'often' or 'all the time'.



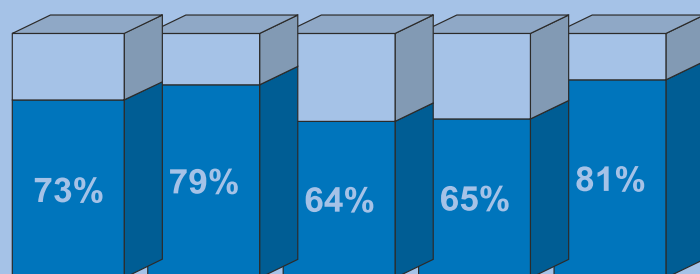
- 63% of pupils responded that they found school lessons about keeping safe online 'quite' or 'very' useful.

Growing up in North Yorkshire

- These facing pages give some figures to show, side by side, selected figures from each year group in the study.
- The questions used in each version of the questionnaire (Y2, Y6 and Y8/10/12) may be worded differently, but we have tried hard to pick questions which have similar intent.

All figures are percentages.

	Year 2	Year 6	Year 8	Year 10	Year 12
Eat 5-a-day		30	20	19	15
Nothing to eat or drink for breakfast	2	5	13	16	25
Ever tried smoking		2	10	30	42
Drank alcohol last week		3	10	30	54
7+ hours exercise/ last week (Y12: 'typical' week)		34	30	32	20
Watched TV last night	71	57	86	85	



Always feel safe at school / college	73	79	64	65	81
Afraid to go to school because of other children/bullying	39	28			
Bullied at or near school/college in the last 12 months		21	23	17	10
Had accident last year		35	44	40	19
High resilience score		35	22	18	15
The school/college encourages everyone to treat each other with respect		89	84	78	85
I know my next steps in learning and what I need to do to improve		79	61	58	70
Pupils' views make a difference in the school environment		48	52	44	64
Wash hands (Y6: before lunch yesterday)	74	71			
At least 'usually' take precautions against sunburn	69	61			
Communicate with people who they have never met in real life online (Y2: 'have friends online')	17	8	14	20	38
Have sent personal information online to someone which they wished they hadn't or had thought more about.		2	4	9	11

Deprivation in North Yorkshire

- National Census information is used to create an index of multiple deprivation (IMD), composed of such items as income, education, crime, health and crowding. The average IMD score has been calculated for each of the 32,844 Lower-layer Super Output Areas (LSOAs) in England; once sorted, the list of LSOA scores was divided into fifths (quintiles).
- Each of the million or so postcodes in England can thus be matched with an LSOA, then assigned an IMD score and a deprivation quintile. The IMD quintile has been assigned to children providing a valid postcode; this was 70% of the primary school sample and 60% of the secondary school sample.

All figures are percentages, and from the KS3/4 study.	Most deprived	2nd	3rd	4th	Least deprived	
Total Sample (Count)	230	566	904	1,804	1,452	
Intend to apply for university in the future? Yes	42%	50%	55%	60%	64%	
Careers Education at least 'quite useful'	54%	49%	43%	46%	46%	
Young carers	11%	8%	5%	4%	3%	
Adults at school talk to me about how to improve my work	69%	80%	82%	82%	84%	
In this school people with different backgrounds are valued	54%	60%	65%	69%	68%	
The school encourages everyone to take part in decisions	55%	60%	65%	68%	67%	
The school prepares me for when I leave this school	58%	59%	61%	64%	62%	
The school encourages everyone to treat each other with respect	73%	76%	81%	85%	85%	
The school encourages me to attempt difficult work	66%	71%	76%	80%	80%	
Always feel happy at school	23%	24%	34%	34%	35%	
Always feel safe at school?	54%	57%	67%	67%	69%	
Always feel safe going to and from school?	68%	69%	77%	76%	80%	
Always feel safe being outside where you live?	67%	65%	79%	79%	82%	
Always feel safe at home?	87%	88%	88%	91%	92%	
Victim of violence or aggression in the area where you live last year	13%	13%	9%	7%	6%	
Called nasty names last month	40%	40%	34%	32%	31%	
Ever tried smoking	70%	76%	82%	83%	84%	
Exposed to cigarette smoke at home	29%	17%	11%	8%	6%	
Have been offered cannabis	20%	20%	16%	16%	16%	
Ever taken cannabis	8%	7%	5%	6%	5%	

The mini-charts at the right are 'sparklines', to give a picture of the figures in each row. Most of these results show undesirable contrasts between the most and least deprived quintiles. Schools do seem to be doing well with the Careers Education of the most deprived pupils.

Changes in North Yorkshire since 2014 - Year 2

MORE likely in 2016...

- ❑ To say they eat vegetables on 'most days' (48% in 2014 vs 51% in 2016)
- ❑ To have watched TV after school on the day before the survey (64% in 2014 vs 71% in 2016)
- ❑ To go for a walk at least 'sometimes' after school or at weekends (84% in 2014 vs 87% in 2016)

LESS likely...

- ❑ To say they cleaned their teeth at least twice on the day before the survey (80% in 2014 vs 78% in 2016)
- ❑ To say they 'always' wash their hands after visiting the toilet (76% in 2014 vs 74% in 2016)

All differences shown are statistically significant.

Changes in North Yorkshire since 2014 - Year 6

MORE likely in 2016...

- ❑ To say they can 'usually or always' say no when a friend wants them to do something they don't want to do (52% in 2014 vs 62% in 2016)
- ❑ To have been feeling or thinking that lots of people care about them over the past couple of weeks (63% in 2014 vs 72% in 2016)
- ❑ To drink water 'every day or most days' (74% in 2014 vs 81% in 2016)
- ❑ To have had an accident in the last 12 months which was treated at a clinic or hospital (27% in 2014 vs 35% in 2016)
- ❑ To feel they know enough about how their body changes as they get older (74% in 2014 vs 80% in 2016)

LESS likely...

- ❑ To feel 'happy' about growing up and body changes (47% in 2014 vs 34% in 2016)
- ❑ To worry 'quite' or 'very' often about SATs/tests (35% in 2014 vs 24% in 2016)
- ❑ To worry 'quite' or 'very' often about moving on to secondary school (38% in 2014 vs 31% in 2016)
- ❑ To communicate with people they have met online and don't know in real life (13% in 2014 vs 8% in 2016)
- ❑ To have played sport after school on the day before the survey (52% in 2014 vs 45% in 2016)
- ❑ To say they are 'never' supervised when using the Internet at home (35% in 2014 vs 30% in 2016)

Changes in North Yorkshire since 2014 - Years 8/10

MORE likely in 2016...

- ❑ To have had the chance to take part in a mock general election (10% in 2014 vs 35% in 2016)
- ❑ To rate school lessons about smoking education 'quite' or 'very' useful (48% in 2014 vs 55% in 2016)
- ❑ To rate school lessons about alcohol education 'quite' or 'very' useful (48% in 2014 vs 55% in 2016)
- ❑ To say when something goes wrong they 'usually' or 'always' get upset and feel bad for ages (23% in 2014 vs 29% in 2016)
- ❑ To have at least tried electronic cigarettes (22% in 2014 vs 27% in 2016)
- ❑ To live with their Mum and Dad together (62% in 2014 vs 65% in 2016)
- ❑ To have spent time doing homework after school on the day before the survey (65% in 2014 vs 68% in 2016)

LESS likely...

- ❑ To worry about at least one of the issues listed 'often' or 'all of the time' (76% in 2014 vs 67% in 2016; wording changed)
- ❑ To say they have experienced negative behaviour during lesson time in the month before the survey (23% in 2014 vs 17% in 2016)
- ❑ To know where they can get condoms free of charge (39% in 2014 vs 31% in 2016)
- ❑ To say when something goes wrong they 'usually' or 'always' learn from it for next time (57% in 2014 vs 51% in 2016)
- ❑ To have smoked in the past or smoke now (23% in 2014 vs 20% in 2016)
- ❑ To communicate with people they have met online and don't know in real life (22% in 2014 vs 18% in 2016)

Changes 2006-2016

Question	Response	2006	2008	2010	2012	2014	2016	
Year 2								
Fish/fish fingers	On most days			31%	24%	20%	23%	
Chips/roast potatoes	On most days			43%	37%	30%	35%	
Do something to stop sunburn	Always			82%	83%	70%	69%	
Like being at school	Most of the time			53%	61%	58%	59%	
Year 6								
Diet' Low-calorie drinks***	On most days	14%	12%	11%	6%	5%	6%	
I do not drink alcohol***		38%	40%	47%	47%	83%	74%	
Know a drug user	Fairly sure/certain	22%	20%	14%	12%	10%	10%	
Know enough about growing up		67%	67%	63%	69%	74%	80%	
Accidents in last 12 months		33%	31%	31%	29%	27%	35%	
Bullied someone else at school	Last 12 months	11%	8%	7%	5%	4%	4%	
Approached by an adult who scared/upset you		31%	31%	28%	27%	24%	24%	
Did homework after school yesterday		15%	17%	19%	20%	22%	17%	
Year 8								
Enjoy all/most lessons at school		35%	40%	38%	45%	48%	45%	
Lessons about SRE	Quite/very useful	30%	31%	34%	39%	38%	32%	
Computer games last night		50%	55%	58%	51%	49%	49%	
Voting for School/College Council members				52%	45%	39%	42%	
I never drink alcohol		29%	29%	36%	43%	58%	61%	
I have never smoked a cigarette at all, not even a puff		73%	74%	84%	85%	88%	89%	
Year 10								
Enjoy all/most lessons at school		37%	38%	40%	43%	40%	45%	
Met with friends last night		50%	51%	54%	47%	41%		
Regular paid term-time job		54%	47%	38%	34%	35%	35%	
Voting for School/College Council members				54%	49%	45%	47%	
I never drink alcohol		12%	14%	16%	20%	28%	30%	
I have never smoked a cigarette at all, not even a puff		49%	52%	55%	61%	66%	70%	
Ever offered cannabis		37%	35%	31%	28%	27%	29%	
Ever taken cannabis		22%	18%	16%	12%	12%	12%	
Know of a sexual health service for young people locally ***		20%	20%	34%	33%	32%	59%	
Worry about Exams and tests***	Often/all the time	49%	46%	53%	56%	57%	52%	

*** Wording changed over time in this survey

The mini-charts at the right are 'sparklines', to give a picture of the figures in each row.

The smallest primary schools in North Yorkshire

Primary schools were assigned to either the group of smaller schools or the group of larger ones, and the groups compared, looking for significant differences. The main findings are listed below.

Pupils from **smaller** schools were MORE likely to:

- ❑ **wash their hands before lunch on the day before the survey.***
- ❑ **at least 'sometimes' play ball games like football or netball during school outdoor breaktimes.***
- ❑ **feel their views and opinions are asked for during circle time in school.***
- ❑ **eat at least 5 portions of fruit and vegetables on the day before the survey.**
- ❑ **played sport/did exercise after school on the day before the survey.**

- ❑ **found school lessons 'quite' or 'very' useful about medicines and drugs, alcohol, smoking and emotional health and wellbeing (SEAL).**
- ❑ **do at least five hours of physical activity in a typical week.**

bold = positive result

* a similar finding was found in 2014

Findings from the pilot sixth-form/college survey

- ❑ A questionnaire was devised for use in sixth forms and in further education colleges. 247 students from 2 sixth forms and 1 college completed the pilot Y12 questionnaire. Key findings included:

Positive findings

- ❑ 86% responded that adults at school/college talk to them about how to improve their work; 86% said their teachers offer support when they don't understand.
- ❑ 81% always feel safe in school/college.
- ❑ 85% have had the chance to vote for School/College Council members.

Emerging issues

- ❑ 21% found lessons about emotional health and wellbeing quite or very useful and 27% said the same of lessons about citizenship.
- ❑ 7% have been the victim of violence or aggression in the area where they live in the last 12 months and 6% carry weapons or something for protection when going out 'at least sometimes'.
- ❑ 50% said their school/college deals with bullying 'well enough' or 'very well'.
- ❑ 38% communicate with people they have met online but not met face-to-face.
- ❑ 19% responded that they have experienced someone writing or showing them things online to hurt or upset them, while 11% said they sent personal information to someone, then wished they hadn't or had thought more about it.
- ❑ 34% of students had a low measure of resilience.
- ❑ 25% had nothing to eat or drink before lessons on the day of the survey.
- ❑ 44% worry about the way they look often or all the time.
- ❑ 54% of students had an alcoholic drink in the last 7 days and 42% of students have smoked in the past or smoke now. 32% have tried electronic cigarettes.
- ❑ 48% have been offered cannabis and 21% of students have taken at least one of the drugs listed in the questionnaire.
- ❑ 41% are in a sexual relationship or have been in the past.

Findings from the survey of pupils in special schools

- ❑ A questionnaire was devised in consultation with staff in special schools for the 2016 survey. The survey was completed by pupils between Y2 and Y14.

Positive findings

- ❑ 79% of pupils responded that their school cares whether they are happy or not.
- ❑ 71% know their next steps in learning and what they need to do to improve.
- ❑ 78% responded that their school prepares them for when they leave school.
- ❑ 74% of pupils rated the lessons they have about keeping themselves safe as good.
- ❑ 72% of pupils responded that their school deals with bullying well.
- ❑ 85% have been told how to keep themselves safe online.

Emerging issues

- ❑ 50% of pupils said they were called nasty names at least sometimes in the month before the survey; 48% said they were pushed/hit.
- ❑ 22% sometimes communicate online with people that they have not met in real life.
- ❑ 24% of Year 10+ pupils responded that they would at least 'sometimes' put up with a boyfriend or girlfriend who was nasty to them.

Gender differences in North Yorkshire

BOYS are more likely to...

GIRLS are more likely to...

Year 2

- | | |
|--|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> <i>Be allowed to watch TV after they have gone to bed</i> * | <ul style="list-style-type: none"> <input type="checkbox"/> Like being at school <input type="checkbox"/> Wash their hands after going to the toilet whenever possible* and clean their teeth at least twice the day before the survey * <input type="checkbox"/> Eat fresh fruit and veg on 'most days' * |
|--|---|

Year 6

- | | |
|--|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Take exercise last week, play ball games at playtimes and do sport after school * <input type="checkbox"/> Feel happy about body changes * <input type="checkbox"/> Attain high/maximum wellbeing scores* <input type="checkbox"/> Had an accident last year * <input type="checkbox"/> Drink energy drinks * | <ul style="list-style-type: none"> <input type="checkbox"/> Worry about moving to secondary school * (and other issues) <input type="checkbox"/> Feel their opinions make a difference at school * <input type="checkbox"/> Take care to avoid sunburn * <input type="checkbox"/> Never drink alcohol <input type="checkbox"/> Find lessons about body changes 'useful' |
|--|--|

Year 8/10

- | | |
|--|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Play computer games * <input type="checkbox"/> Enjoy and practise physical activities * <input type="checkbox"/> Attain high/maximum wellbeing scores * <input type="checkbox"/> Attain high/maximum resilience scores * | <ul style="list-style-type: none"> <input type="checkbox"/> Worry about how they look * (and other issues) <input type="checkbox"/> Want to lose weight * <input type="checkbox"/> Skip breakfast * <input type="checkbox"/> Report self-harm when stressed * |
|--|---|

KEY: **bold** = positive result, *italic* = negative result * Repeats a finding seen in 2014

Differences between North Yorkshire and a reference sample

	North Yorkshire			Reference Sample		
	Year 6	Year 8	Year 10	Year 6	Year 8	Year 10
Males	2121	2069	1925	4731	4251	3436
Females	2144	2040	1890	4625	4062	3161
Total*	4431	4195	3899	9527	8814	7250

* some pupils did not give male/female

The reference samples were large samples of primary and secondary pupils from Cambridgeshire, Hertfordshire and Somerset, large Shire counties which also carried out surveys in the summer of 2016. Not all items could be compared.

Primary Higher in North Yorkshire	Secondary Higher in North Yorkshire
<ul style="list-style-type: none"> <input type="checkbox"/> White British** <input type="checkbox"/> Get water at school <input type="checkbox"/> Exercise at least 5x/week <input type="checkbox"/> Ever drink alcohol <input type="checkbox"/> Know enough about puberty 	<ul style="list-style-type: none"> <input type="checkbox"/> Accident last year <input type="checkbox"/> School takes bullying seriously <input type="checkbox"/> Asked for views at school <input type="checkbox"/> More positive about school** <input type="checkbox"/> White British** <input type="checkbox"/> More positive about school**

Lower in North Yorkshire

- Free School Meals
- 5-a-day
- Bullied at or near school last year

Lower in North Yorkshire

- Free School Meals

KEY: **bold** = positive result, *italic* = negative result

* Repeats a finding seen in 2014

** Repeats a finding seen in 2014 & 2012

Equality Monitoring in North Yorkshire 2016

Information is collected about social identities among pupils in North Yorkshire. We have done some analysis to see if the behaviours we see among young people in our county are different if they are to be found under one of the social identity headings shown in the table to the right. We show the results for Year 6/10 pupils below.

Percentages in each year from social identity groups	Year 2	Year 6	Year 8	Year 10
Ethnic minority	9	9	10	10
Minority religion (non-Christian)	NA	1	3	3
Young carer	NA	4	5	3
Children in care	<1	<1	<1	1
Single-parent family	15	14	15	17
Special educational needs (SEN)	8	7	6	9
Disability or long-term illness	2	10	12	11
Free school meals	13	6	7	5
Armed forces family	4	5	6	5
Lesbian, gay or bisexual (LGB)	NA	NA	4	7
Transgender	NA	NA	<1	<1

Figures in tables on this page and opposite are percentages.

	Year 6 results									
	All	Ethnic minority	Minority religion**	Young Carer**	Children in care**	Single-parent family	Special educational needs	Disability or long-term illness	Free school meals	Armed forces family
	Sample size = 4431	363	62	184	19	611	309	429	278	203
Eat 5-a-day	30	31	29	27	28	*25	27	30	28	28
Ever tried smoking	2	*5	2	*8	11	3	4	2	*6	3
Drank last week	3	3	2	*6	5	*5	3	*6	3	5
7+ hours exercise/week	33	28	40	30	22	29	28	31	*23	30
High wellbeing score	47	50	48	*32	43	*39	*39	42	40	45
High resilience score	35	34	39	27	17	31	*28	31	34	35
Bullied at school last year	21	23	13	*41	26	*28	*32	*27	*35	24
Worry about health	11	*16	18	*24	5	*15	*20	*19	*21	15
Worry about moving on to secondary school	31	32	34	38	26	32	36	33	36	33
Had accident last year	35	33	24	*45	22	38	38	*43	39	39
The school encourages everyone to treat each other with respect	89	86	87	86	95	87	81	89	89	86
I know my next steps in learning and what I need to do to improve**	83	83	81	80	84	83	79	84	83	81
Pupils' views make a difference in school	87	85	91	86	89	86	92	90	86	82

Equality Monitoring in North Yorkshire 2016

Year 10

	All	Ethnic minority	Minority religion**	Young Carer	Children in care	Single-parent family	Special educational needs	Disability or long-term illness	Free school meals	Armed forces family	LGB	Transgender**
	Sample size = 3899	383	105	129	22	665	334	424	193	187	271	23
Eat 5-a-day	19	17	18	24	32	16	18	19	14	17	22	20
Ever tried smoking	30	*38	29	38	45	*39	*41	34	*44	37	*44	45
Drank last week	31	28	21	24	27	32	36	32	*21	39	36	41
Ever offered drugs	31	*40	41	38	*59	*38	36	*37	34	*41	*44	32
Ever taken drugs	17	23	21	23	32	*22	21	*22	*23	20	*30	23
7+hours exercise/week	32	29	29	28	38	28	32	30	28	36	*22	40
High wellbeing score	24	23	23	*15	19	*18	21	*17	20	23	*14	14
High resilience score	17	21	18	15	19	*14	21	*12	*8	20	*11	5
Bullied at school last year	18	21	24	*32	23	*22	*35	*26	*28	22	*32	*39
Worry about money***	18	*24	24	*31	27	*28	*24	*23	*25	22	*32	23
Worry about being different***	6	*18	*24	9	14	7	9	*9	*10	8	*36	*36
Sexually active	17	*22	10	24	*40	*21	21	*21	21	*27	*31	*36
Know where to get free condoms	45	40	43	55	64	50	49	46	46	46	50	45
Had accident last year	41	42	38	*53	53	39	*48	45	37	43	38	53
Enjoy at least half of school lessons	71	67	68	68	68	64	62	71	63	65	64	57
Intend full-time education after course finishes***	55	61	*71	49	36	51	*38	57	*44	51	60	45
Term-time job	36	*28	26	42	18	34	41	36	32	33	29	48
The school encourages everyone to treat each other with respect	77	71	71	69	59	71	68	74	71	66	68	52
Adults at school talk to me about how to improve my work	69	65	72	65	64	63	63	66	63	67	62	61
I know my next steps in learning and what I need to do to improve**	57	53	56	56	50	*49	52	55	52	53	52	48
Pupils' views make a difference in school	56	52	51	55	55	53	53	54	56	58	43	61

99* Statistically significant difference. That is, the difference compared with the whole year group is more than the usual amount of variation that we would expect in a sample of this size just by chance, suggesting that this group probably is different from the year group as a whole. Large differences will not always reach statistical significance in small samples.

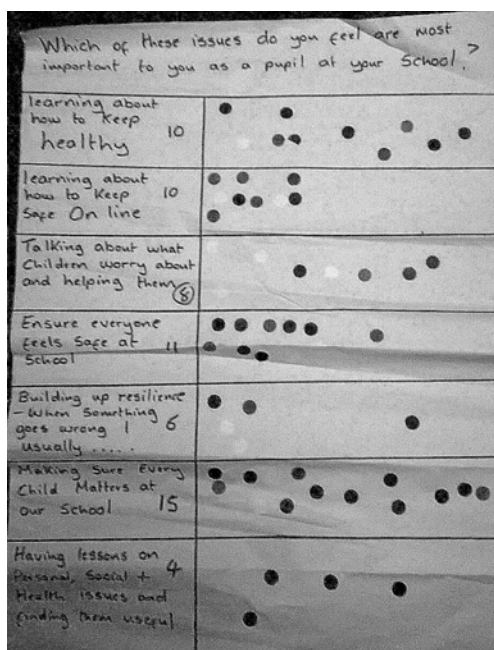
** New for the 2016 equalities analysis.

*** Wording changed in 2016

Shaded a significant difference was previously found in 2014

Consultation with young people

Young people were asked for their views at Growing up in North Yorkshire Consultation Events from the **Children's Voice Conferences** in November 2016. They were asked: **Which of these issues do you feel are most important to you as a pupil at your school?** This was a 'dot-voting' activity when every child in the group was given three voting dots to make their own choice with. An explanation was given for each category. The top results from primary- (**Pri**) and secondary-aged (**Sec**) children are below. Pupils also gave **suggestions** on how schools can positively support young people's emotional health and wellbeing.



Topic	Pri
Making sure every child matters at our school (cared for, respected etc)	43
Ensure everyone feels safe at school	31
Learning about how to keep healthy	29
Topic	Sec
Positively support young people's emotional health and wellbeing	37
Focused work with the young people who belong to the different social groups as it would seem they do not all seem to have such a positive growing up experience	34
Listening to and responding to the views and opinions of young people	28

This report will be disseminated to:-

- Elected members
- North Yorkshire Children's Trust
- North Yorkshire Health and Wellbeing Board
- Headteachers and Governors
- Children and Young People's Service Units
- NYCC Management Board
- NYCC Corporate Equality Group
- North Yorkshire Safeguarding Children Board
- North Yorkshire Safeguarding Adults Board
- North Yorkshire Community Safety Partnership
- North Yorkshire Young People's Executive Group
- NYCC Research and Consultation Group
- Clinical Commissioning Groups

Reports prepared by:



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The Unit specialises in questionnaire surveys of children and young people for Children's Services, Public Health, voluntary agencies, charities, schools and colleges and other partnerships. SHEU is also able to undertake consultation, monitoring and evaluation exercises, and bespoke research.

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‘Live Well, Live Longer’: Joint Strategy for Learning Disabilities for North Yorkshire 2016 – 2021

18th January 2017

Presented by: Kathy Clark (Assistant Director Health and Adult Services) and Victoria Pilkington (Head of Partnership Commissioning Unit)

Summary:

The draft Joint Strategy was considered by the Health and Wellbeing Board at its meeting on 15th July 2016. A number of comments by the Board were made and these have been incorporated in the revised draft.

The draft Joint Strategy has also been informed by:-

- feedback from an on-line questionnaire;
- a wide ranging engagement with stakeholders (particularly users and carers);
- analysis of data from the Joint Strategic Needs Assessment;
- national demographic projections; and;
- statutory requirements

The County Council and the NHS have made significant improvements to the lives of people with learning disabilities from North Yorkshire over the years. We want to build on this by continuing to support people to become more independent, lead healthier lives, be part of their communities, have more choice and control, feel ready for adulthood, gain meaningful employment, and also to support carers and families. These are the things that people have told us matter most to them and which will enable them to ‘live well and longer’.

Which of the themes and/or enablers in the North Yorkshire Joint Health & Wellbeing Strategy are addressed in this paper?

Themes	✓
Connected Communities	✓
Start Well	✓
Live Well	✓
Age Well	✓
Dying Well	✓
Enablers	
A new relationship with people using services	✓
Workforce	✓
Technology	✓
Economic Prosperity	

How does this paper fit with other strategies and plans in place in North Yorkshire?

- Mental Health Strategy 2015-2020 'Hope, Control and Choice.'
- Autism Strategy
- Dementia Strategy (in development)
- Care and Support Where I Live strategy 2014.

What do you want the Health & Wellbeing Board to do as a result of this paper?

- To agree and endorse the Strategy.

Authors: Kathy Clark and Victoria Pilkington
Date: 6th January 2017



Partnership Commissioning Unit
Commissioning services on behalf of:
NHS Hambleton, Richmondshire and Whitby CCG
NHS Harrogate and Rural District CCG
NHS Scarborough and Ryedale CCG
NHS Vale of York CCG



*Airedale, Wharfedale and Craven
Clinical Commissioning Group*



North Yorkshire
County Council

‘Live Well, Live Longer’

Learning Disabilities:

Joint Strategy for North Yorkshire

2016 – 2021

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For final design: check page numbers match sub-headings will need to be removed before submission

Introduction

Over the last thirty years there has been significant progress which has enabled people with a learning disability to lead fulfilling lives as citizens in the community, with the same rights as anyone else. With the introduction of personalisation and personal budgets, individuals now have greater choice and control over how they are supported to live their lives and be more independent.

There is much to be proud of in the progress made in North Yorkshire, with many people with a Learning Disability achieving greater choice and control; by having their own tenancies; gaining employment; and being part of the wider community. We want to build upon the success to date and continue to respond to what people are telling us they want: to become more independent, lead healthier lives, be part of their communities, have more choice and control, feel ready for adulthood, gain meaningful employment, and also to support carers and families, which will enable them to *'live well, live longer'*.

We recognise that achieving this will mean further changes and at a time when we are facing some of the most significant challenges in the history of the public sector. Demand for services is increasing, people are living longer with more complex needs, legislation and service user expectations are changing and this is against a backdrop of reducing public sector budgets. If we are to continue to meet people's aspirations and needs, we cannot do what we have always done and must challenge traditional service models, create new solutions, harness community resources and develop services that will provide for people now and for future generations. We recognise that for some people, change will be difficult and we cannot promise that everyone will get exactly what they want, however, we will support individuals and work together to find local solutions that can meet individual needs.

This strategy concentrates on what matters most to people with a learning disability in North Yorkshire, commencing from young adulthood. Our strategic approach is centred on promoting people's health and wellbeing, preventing, delaying or reducing the need for services, and protecting people from abuse. We see this as a foundation for continuous improvement in learning disability services and better lives for the people who use them. We want to make the most of the strengths that people have and the support and opportunities available within their local communities.

The Health and Wellbeing Board partners are committed to delivering this strategy and finding creative and innovative new ways of delivering services and solutions.

Our shared vision for people with a Learning Disability

'Live Well, Live Longer with a Learning Disability in North Yorkshire'

The North Yorkshire Health and Wellbeing Strategy was refreshed in 2015. The overarching vision of the strategy is:

"People in all communities in North Yorkshire have equal opportunities to live long healthy lives "

In North Yorkshire, our aspiration is for all people with a learning disability to '**Live Well, Live Longer**'. This means that people with a learning disability will

- Have the right to choose, and be in control, of their daily life (where possible)
- Enjoy the best health and well-being possible
- Lead a fulfilling and active life
- Feel safe and supported
- Be respected and treated with dignity
- Possess positive self-esteem

What do we know about learning Disability in North Yorkshire?

Learning disability is defined as the presence of:

- a significantly reduced ability to understand new or complex information, to learn new skills (impaired intelligence, often defined as an IQ level of 70 or less), with;
- a reduced ability to cope independently (impaired social functioning);
- which started before adulthood, with a lasting effect on development.¹

Co-existing health conditions

National research shows that people with learning disabilities are more at risk of developing health problems when compared with the general population.

Respiratory and heart disease are the leading causes of death for this group, and they are more likely to have diabetes, sensory impairments, mental health problems or epilepsy. Additionally, as they age those with Downs Syndrome have a greater risk of developing a type of dementia that's either the same as or very similar to Alzheimer's disease.

- 40% of people with learning disabilities also have physical and/or sensory impairments
- 25-45% of people with learning disabilities also have a mental health condition
- 36% of children and adolescents with learning disabilities also have a diagnosable psychiatric disorder and are 33 times more likely to be on the autism spectrum²

Health inequalities

We know that people with a learning disability are no different from anyone else when responding to their ill health concerns. However, national evidence shows they are 58 times more likely to die before the age of 50 than those who do not have a learning disability. Findings from the 2013 Confidential Inquiry into premature deaths of people with learning disabilities found that men and women die 13 and 20 years sooner, respectively, than those without. Furthermore, Mencap estimates that 1,200 people still die avoidably every year.

The recent reports by Mazars, into unexplained deaths in Southern Healthcare services in the South of England, and by CQC on the national picture, highlight that there are lessons to be learned from many early deaths, with too many people not getting the health care they need in a timely way. Currently these deaths are not consistently being reviewed to identify the lessons to be learned.

¹ Valuing People White Paper 2003

² Mental health in people with learning disabilities – Alison Giraud Saunders, Aug 2011

There have been several reports on the health care of people with learning disabilities. Emerson and Baines, in their research report 'Health Inequalities & People with Learning Disabilities in the UK: 2010' state that;

“The health inequalities faced by people with learning disabilities in the UK start early in life, and result, to an extent, from barriers they face in accessing timely, appropriate and effective health care. The inequalities evident in access to health care are likely to place many NHS Trusts in England in contravention of their legal responsibilities defined in the Disability Discrimination Acts 1995 and 2005 and the Mental Capacity Act 2005”.

Local Picture

Current statistics are detailed in our Joint Strategic Needs Assessment (JSNA) and Market Position Statement (MPS)

<http://www.northyorks.gov.uk/article/25078/Joint-strategic-needs-assessment>

<http://www.northyorks.gov.uk/article/27589/Market-position-statement>

. Some of the key statistics are highlighted below.

- The total number of adults in North Yorkshire aged 18-85 and over with a learning disability is predicted to be **11,338**; rising to 11,870 by 2030.³
- The total number of adults locally aged 18-85 with a **moderate to severe** learning disability, and hence likely to be in receipt of services, is predicted to be in the region of **2,300**.⁴
- **1,883** adults aged 16–64 are funded by and known to North Yorkshire Health and Adult Social Care. Of these, 1,590 are currently in receipt of services. (This does not account for those people who fund their own care.)
- There are a total of **2,300** people with a learning disability **registered with GP practices** across North Yorkshire. The accurate identification of people with a learning disability is complicated by a reliance on 'read code' searches on GP practice systems and can result in underestimation of the true number.
- The total population for young people with a learning disability **aged 14-18** in North Yorkshire is approximately **550**.
- On average annually, just over **100** young people will 'move' from Children's Services to Adult Social Care, of whom over a third will have an array of complex needs and will require support with their health needs also.
- There are **310** people with learning disabilities who **also have autism** known to the local authority. The largest cohort of 162 is age 18 – 34 (<http://www.nypartnerships.org.uk/CHttpHandler.ashx?id=32990&p=0>)

Although we know there are still health inequalities, the good news is that within North Yorkshire people with a learning disability are living longer as healthcare

³ PANSI 2015 data

⁴ As above

improves. This means an increase in demand for support services over a longer period of time, particularly those services associated with young people with complex needs and those related to old age – e.g. dementia and physical frailty.

Some people have a range of complex health and support needs. This diverse group includes people with profound and multiple disabilities who often have physical and sensory disabilities. These individuals have long term complex health and care needs that require carefully managed support packages.

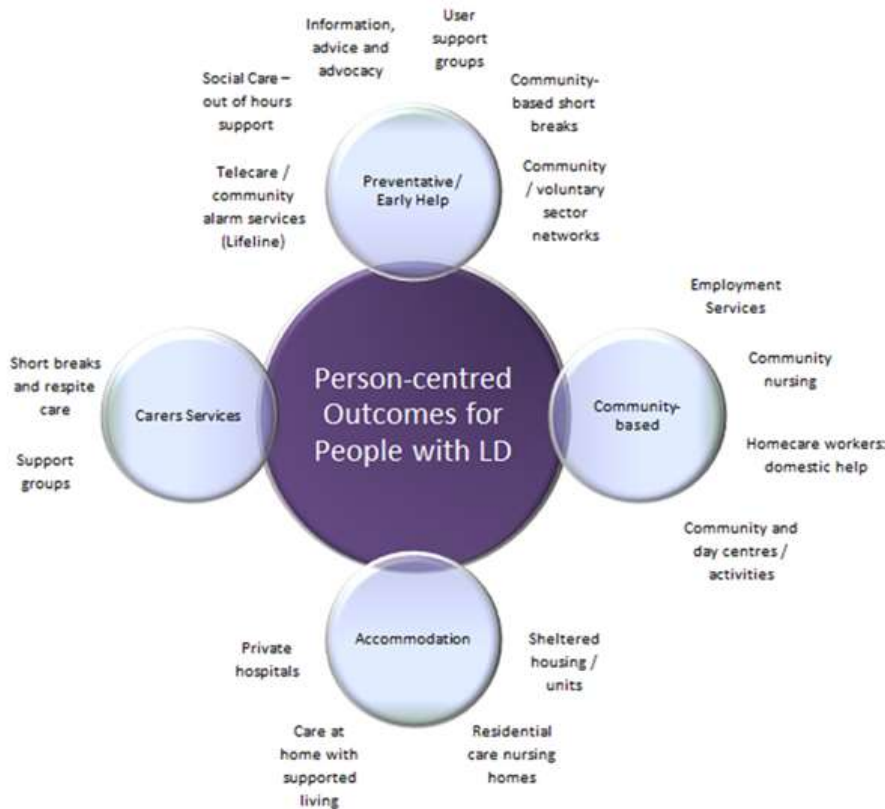
There are also some people who have complex needs and behaviours that can be challenging, and we know we currently have 38 local people in secure accommodation with highly complex learning disability and/or autism who display self-injurious, or aggressive or risky behaviours which may put themselves or others at risk. People may have a range of needs in addition to their learning disability, either due to substance misuse, mental health, autism, ADHD or a personality disorder.

Based on current experience, and because they are well enough to do so, around two to three people with a learning disability leave secure accommodation each year, and require support to re-integrate into the community. People move out of secure accommodation on the basis of their individual needs, rather than via a stepped approach. For example, people currently in medium secure accommodation may be ready to move into residential or nursing home placements on discharge.

Services and Choice in North Yorkshire

Within North Yorkshire, similar to the National picture, we have a good market place of services for people with learning disability.

Note for designer to add: Annual Health Checks in Primary Care (next to Preventative/Early Help bubble). Move respite and short breaks from carers section to community services section



Adult Social Care is provided by North Yorkshire County Council.

Health services are provided through GP surgeries and through the community and secondary mental health providers:

Tees Esk and Wear Valley work in Hambleton Richmondshire and Whitby; Scarborough and Ryedale; Vale of York and Harrogate and Rural District Bradford Care Trust works in Craven.

North Yorkshire benefits from a widespread and diverse group of voluntary sector and private providers organisations that deliver support across the county. These groups play an invaluable role in providing services that support people to live in their own homes, to have an active life and to get involved in community life.

We know there workforce issues in terms of recruitment and retention which can sometimes make it difficult for providers to maintain high quality services. This is not

just a local issue, but we will work with providers locally to explore what can be achieved collaboratively to address these problems

We also need to ensure a more equitable provision across the different localities in the county. This will mean reviewing our current services and might challenge some traditional service models in some places.

We know that people with a learning disability and their carers in North Yorkshire rightly expect high quality services, and our younger people have different expectations about the support they require than their older counterparts.

Addressing all of these issues, means that we need to ensure there is a greater range of support options available which can be tailored to individual need. We are working with the market to develop a full range of care and support services at an individual and local level to assist people with learning disabilities to make choices and decisions.

Moving forward, health and social care will take a joint strategic approach to developing the market where possible to ensure a consistent and a coherent approach across North Yorkshire also encouraging efficiencies. Together, the commissioning teams will review current service provision across the county and develop or modify future commissioning activity.

Advocacy

Formal advocacy support is commissioned by health and social care, with the current provider Cloverleaf working with other organisations to ensure people can have a voice in formal processes, such as Care Act Assessments and Mental Health and Deprivation of Liberty processes. There are also other advocacy groups active and thriving in the county who offer alternatives to the formal service, including Keyring which supports self advocates.

Carers

Those caring for family members and loved ones play a vital role in maintaining the health and wellbeing of those who need help. We understand that unpaid carers want to support their loved ones to live an independent life, but the caring role can often take a toll on their own health and wellbeing.

Carers are at greater risk of poor health than the general population, and are particularly likely to develop depression. All carers now have the statutory right to an assessment whether their cared for person has eligible needs or not. The carers' assessment will look at carers' well-being, mental and physical health and if the carer has eligible needs, a support plan will be developed to meet the carer's needs. This might require replacement care to be provided for the cared for person to allow the care to take a break.

As people with learning disabilities are living longer, their carers are getting older. Locally, there are **432** people **living with a parent or carer over the age of 65**⁵. Some of these may not be known to Adult Health and Social Care currently but they are likely to require care and support at some point in the future as they become older themselves. Importantly, they will also need support and reassurance about future planning and what can be put in place when they are no longer able to support for their adult children.

Carers in North Yorkshire can access support through the local Carers Resource Centres commissioned by the County Council and the Clinical Commissioning Groups

Preparing for Adulthood

We know from earlier consultation with young people that our planning has in the past started too late, is short term and lacks clear outcomes for individuals.

We have responded to this, by establishing a Transition Steering Group of senior officers from Children and Young People's Services (CYPS), Health and Adult Social Care (HAS) and the CCGs and local transition groups. These are multi-agency forums in each area of the county, which share information, coordinate assessments and identify suitable pathways into adulthood for young people with complex special educational needs and disabilities (SEND). We are also continuing to develop a greater range of pathways into adulthood, including local personalised learning for young people aged 19+ with the most complex needs whom would previously have been placed out of county. Importantly, from the age of 14 onwards all Education, Health and Care Plans (EHCP) must include a focus on preparing for adulthood.

A new 'Preparing for Adulthood' team has been established with the service able to support between 60 – 80 people per year. This team will build on good practice so that a larger group of young people will not need to move out of county to have their needs met, can return at an earlier stage and can ensure that the move from transition as a child to becoming an adult is smoother and easier for both the young person and the family. This model will ensure the integration of the work and responsibilities of CYPS and HAS for young disabled adults. Further work will be undertaken to integrate services from health, housing and leisure, and other relevant agencies. The enhanced support that this model provides will contribute to more efficient planning, reduced costs and improved outcomes for young people.

Safeguarding

There were 185 safeguarding concerns reported about people with a learning disability in 2015-16. This is from a total of 4744 concerns raised in North Yorkshire.

⁵ NYCC Market Position Statement

The importance of keeping service-users safe and protected from avoidable harm, outlining clearly what is not acceptable practice, is intrinsic when planning and delivering services for people with a learning disability.

Regionally, NHS England lead a monthly Quality Surveillance Group that include a broad number of partners including the Care Quality Commission, Healthwatch and Public Health England. Within North Yorkshire itself, we have established our statutory safeguarding board and a multi-agency approach to safeguarding with the Police, Police and Crime Commissioner, Safer and Stronger Communities, Children and Young People's Services, Community Safer Partnerships, the Fire Service and Health to ensure that our approach to safeguarding is consistent and robust. We know that a particular issue for people with a learning disability is hate crime and have established hate crime reporting centres in libraries and police stations.

The LD Partnership Board has sponsored the development of **Safe Places**. These are designated places within the community where staff have been trained to be able to offer vulnerable people, including those with a learning disability the support they need if they are anxious or feel unsafe. The scheme launched on 5th May 2016 and there are already 142 recognised Safe Places.



Meeting Health Needs

We know from the annual self-assessments we undertake, and the feedback from people with a learning disability and their carers, that we need to improve some areas of health provision e.g. increasing the uptake of annual health checks at GP practices (and subsequent use of health action plans and where appropriate 'Hospital Passports'), cancer screening and eye enhanced tests. Our ambition is for 70% of people with a learning disability to receive an annual health check. When embedded within primary care practice, the annual health check is an effective tool for identifying and treating any health concerns or issues at an early stage to prevent problems from escalating into bigger health worries requiring more specialist intervention.

Employment

The current government policy is ambitious with its target of 48% of people with learning disabilities to be in paid work by 2025, (Valuing Employment Now – Department of Health 2009). At present, the national average is 6.1% of people with learning disabilities are in paid employment. Records indicate that approx 162 people who are known to North Yorkshire County Council who have a learning disability are in paid employment, which, although is better than the national average, illustrates we still have much to do.

Case Study

Tamsin is a young lady with Autism and a learning Difficulty, she was referred to the Supported Employment service in 2015 for support in identifying voluntary or paid opportunities. Tamsin had completed an equine studies course, but had decided not to complete another term.

Tamsin expressed a keen interest in working with animals; regularly walking the dogs of neighbours for which she was paid a small amount. The Employment Support Service contacted Pets at Home who were able to offer Tamsin a six week work placement, Tamsin thoroughly enjoyed her time there and the placement was extended. Tamsin received positive feedback and Tamsin would have liked to apply for paid work but unfortunately there were no vacancies available.

Tamsin completed the Princes Trust course in 2015 and her confidence grew immensely, she was involved in the community project something she really enjoyed. Following this work, Tamsin was successful in her application for a paid work placement at Marks & Spencer (Remploy) and she was able to put into practice customer service skills she had learned at Pets at Home.

Tamsin wasn't confident using the till, the concept of handling money and giving change was confusing and it was evident that Tamsin would need further training/time to enable the effective use of the till. In August 2016 the Martin House charity shop manager met with Tamsin and offered her an opportunity to volunteer and gain experience of handling money/using the till. Tamsin is still volunteering half a day week and received positive feedback on her till progress and excellent customer service skills. Tamsin was offered another temporary contract with M&S Nov-Dec 2016 and with a few mentoring sessions is serving customers with confidence. Tamsin has been offered and accepted another contract starting Jan until March 2017, this may well be extended further.

Gaining paid employment has made a great deal of difference to Tamsin's self-esteem, self-worth and financial gain. It was important to Tamsin that she was able to gain employment as she felt it put her on equal footing with her peers.

Encouragingly, a new NHS initiative has been announced whereby NHS England and NHS Employers are developing practical support to make progress in this area⁶. There is also the 'Valued in Public' guidance issued by the Department of Health in 2009 which offers guidance to Local Authorities and other public organisations on actively employing people with a learning disability within their own organisations.

⁶ NHS jobs pledge for people with learning disabilities – NHS England 2015

Accommodation and Housing

We want more people with learning disabilities to be supported to live locally in housing, either with others or by themselves, so that they receive the same opportunities as everybody else to have their own home and become more independent. The number of people currently in 'settled accommodation' (by which we mean in their own home or living with family) is 1,405. A further 172 live in residential nursing care. The use of residential and nursing registered care is expected to decrease, but there is always likely to be a need for specialist care home services, for the minority who have particularly complex and specialised needs, although even in these circumstances we will look for opportunities to use it as a way to help people transition to more independent living

DRAFT

What have people and their carers told us?

This strategy has been shaped by the views of people with a learning disability and their carers. We have been able to hear these views through our joint working with the North Yorkshire Learning Disability Partnership Board and Local Area Groups. We have also held engagement sessions over the last two years.

The following are the themes we have been told by people with a learning disability and their families in North Yorkshire that they want to see:

More choice and control over my life:

- People want to be given real choices
- People don't always know what is possible or what is on offer
- People need support to help them make decisions, and want more independent advice and advocacy
- Personal budgets and Direct payments do not in themselves provide choice and control if the support they want is not available

"More education and support is required for individuals to make wise choices and understand the difference between the two and the consequences of making a wise or an unwise choice. This may then assist in empowering individuals to progress."

"Do not want personal budget, cannot buy any care in my local area. Need personalised services which means providing services which meet our needs in our area."

"More services able to meet very complex needs. There is little choice at the moment."

"Listen to us then act on what we need instead of providing a service which does not meet our needs or expecting us to fit into a local pigeon hole or have to travel miles for a service."

"I think that People need to listen and take seriously feelings as well as physical needs, and how they would like to be helped, not told that you can't help with this or that and referring to others when we have to go through the whole story all over again with each new worker. You make life more complicated than it needs to be."

Better health care for people with learning disability

- Healthcare professionals in mainstream health services need better training in learning disabilities,
- More support and extra time is needed for routine health appointments,
- People don't always know what they should expect or ask for be able to help them with health problems

"More needs to be done on access to services which I cannot access because i need special treatment and it takes a long time to happen and i am in pain whilst i wait "

"Explain in words (people) understand and the implications of what any treatment or refusal of treatment are"

"People with LD are not always comfortable with an annual health check and more work needs to be done. A&E /Walk-in Centre are one and the same in our area and involve long

waiting times which involves more anxiety than usual if waiting for hours. On the rare occasions this has happened to us we have requested a home visit. Dental provision is poor with no emergency treatment (usually months) as sedation or intubated GA is required for many needing treatment. People with LD can be treated with drugs for 'behaviour issues' when they have toothache"

"More training and courses for nurses and other health professionals on how to interact better with those people who have learning disabilities"

To be able to play an active role in society,

- People want to see communities valuing and celebrating the contribution people with a learning disability make.
- People want to be helped to do more for themselves
- More people want the change to find employment
- People want to feel safe in their local areas

"Independence sometimes makes us isolated."

"Transport is a difficulty in some of the rural areas in NYCC which can be a barrier for involvement"

"The community (needs to be) safer"

"Ensuring that social inclusion is meaningful and not just specialised groups - i:e disability swim etc"

"Raise awareness and eradicate ignorance shown towards people with Learning disabilities - much of which I have witnessed"

"There needs to be a focus on how to help people with learning disabilities be more active in their community - for example accessible gyms, swimming pools and learning disability exercise group sessions."

Support to live in a home I can call mine

- People with complex needs require more intensive support
- Where people have specialised need local services need to be as good as or better than an out of area service - don't move people back to a poorer service

"Ensure there are houses/accommodation to ensure they can live in their community with all the appropriate adaptations"

In my experience housing is difficult to access for the people with learning disabilities".

"Better respite care for people with complex needs so they can live with their family for a bit longer"

"Hubs, skill centre, respite, coffee shops so we can go together with our friends"

"More information available and more places to go, even if they are shared groups. eg somewhere, where people can work to help others, which is a strong desire in many people with Learning Disabilities, but often unachieved."

“Embrace behavioural methods such as ABA and PBS. It has to develop a specialist behavioural service with trained staff able to support people at all ages develop their skills and independence and manage behaviour through positive approaches not through restraint and medication”

Support for carers:

- People want more flexible ways to get a break, including choice about how and when
- Carers value having someone to turn to
- Many family carers worry about what will happen when they are no longer able to care for their adult children

“I prefer to have cover offered throughout the year for a night or two when needed to regain sleep instead of booking an annual two week block”

“The support I’ve received from our local Mencap group has been invaluable over the years

“Support (for) health needs is a biggy re carers...more likely to have mounting health needs as their young people grow older - a false economy not to start looking at carers health early. I see more consultants than my son nowadays!”

“As previously stated carers are not supported as there are no services to access. Therefore there is no choice at all. We are continuously pressurised to have a personal budget as this shifts the onus on us to find a service which would not be one of choice”

Providing regular and on-going information to parents and carers so everything is up to date

Regular meetings with family involvement and keeping family up to date with information.

To move into adulthood successfully:

- People want preparation to start early
- A simple, single point of contact for families
Better range of options for young people

“More education and support is needed for young people to make wise choices – this will assist in empowering them to progress”

“More work experience opportunities for our young people in special schools more choices of work placements and employment opportunities outside horticulture and small animals and cooking etc.”

“New Social work team working with young people in transition is welcomed”

“Need skills centre and meeting places where we can spend time with people with similar disabilities. This is not institutionalisation but where we are more comfortable instead of being the only one in the cafe in a wheelchair.”

What else do we know?

National Picture

Policy

Valuing People and Valuing People Now have delivered big changes in the way that people with a learning disability are supported to have a good life. Momentum has gathered pace and has been energised by other government policies, national directives and reports; just a few of which are highlighted below.

- Putting People First Concordat - development of personalisation (2008)
- Valuing People Now – Department of Health (2009)
- Death by Indifference and Getting it Right Charter (2007/10)
- Valuing Every Voice, Respecting Every Right (2014)
- No Voice Unheard, No Right Ignore (2015)

The Winterbourne View scandal made us all aware of the need for change and transformation of the care and support for people with learning disabilities and has resulted in three significant pieces of policy, i.e.

- The Winterbourne View Concordat – Programme of Action (2012): vulnerable people, particularly those with learning disabilities and autism should receive safe, appropriate, high quality care. The overriding presumption is that services are local and that people remain in their communities. Hospitals are not homes and thus a substantial reduction in reliance on inpatient care for these groups of people is needed.
- Transforming Care – A National Response to Winterbourne: sets out the lessons that must be learned and the actions that need to be taken to prevent the abuse that took place at Winterbourne View from happening again.
- Building the Right Support: a reinforcement of the ‘homes, not hospitals’ principle but with a specific focus on people with a learning disability and/or autism with more complex needs who display behaviour that challenges, including those with a mental health condition. On condition that they are well enough and no longer need specialist in-patient hospital care, these individuals should have their own home and be supported to live in their communities like everybody else.

Recently, we have also seen the introduction of two new Acts, The Care Act and Children and Families Act⁷. Both Acts have informed our future direction and emphasised the importance of outcomes, personalisation, transitions into adulthood and the integration of services, which are essential parts of delivering this strategy.

⁷ Live Well, Live Longer focuses on individuals with a learning disability from age 14+

Quality Checkers Programme

A national programme is being implemented by NHS England to help address the 'significant barriers' people with a learning disability and/or autism can face when accessing NHS services. These barriers can include tackling complicated forms and language, navigating their way round confusing building layouts and encounters with staff who are unsure of how to interact with them. People with a learning disability and/or autism will be recruited to become Quality Checkers helping to design and create the right tools to measure and inspect the quality of NHS services they use in the below six service areas.

1. Emergency Department (separate from Acute Hospital care)
2. Community services
3. Acute hospitals
4. Primary care (GP's)
5. Dentistry
6. Mental health services

The local response to Winterbourne and Building the Right Support

To date we have responded by reviewing the needs of all people with learning disabilities living out of area to ensure they are safe and talking to them and their family and friends about whether they are able and want to return to the local area. Within North Yorkshire we currently have 121 out of county places with plans to bring 27 of these individuals back into county⁸. Due to the size and scale of North Yorkshire, many people who are classed as out of county, actually live within a 30 mile radius of the North Yorkshire boundary and remain close to their homes, families and friends.

We are committed to reducing the use of hospital beds for people with a learning disability or autism, whose behaviours may be challenging, nine of these beds will be locally commissioned beds and one will be from the Specialist Commissioned bed which offer more secure settings.

By March 2019, local bed capacity should reflect the following national planning guidance:

- 10-15 in-patients in CCG commissioned beds (such as those in assessment and treatment units) per million population;
- For North Yorkshire and York, this equates to 9 CCG commissioned beds. The current number of occupied in-patient beds is 13;
- 20-25 inpatients in NHS England-commissioned beds (such as those in low-, medium- or high-secure units) per million population;
- For North Yorkshire and York, this equates to 15 NHS England-commissioned beds. The current number of occupied inpatient beds occupied is 17.

⁸ Figures are accurate at time of writing – update accordingly at final publication (combined figures from LA and Health TC returns)

Lessons learned from early deaths

The national Learning Disability Mortality Review Programme has been set up to drive improvement in the quality of health and social care service delivery for people with learning disabilities by looking at why people with learning disabilities typically die much earlier than average. Locally, this will involve a retrospective review to help determine the factors that contributed to a premature or early death

Cost, Quality and Budget

All public services have had to make savings and work more efficiently over the last five years.

For example the money that North Yorkshire County Council receives has reduced by over one third since 2011, but the Council is making every attempt to protect frontline services through its pioneering 2020 North Yorkshire change programme. The programme is finding new ways to offer support, and tries to help people live more independently, accessing more support in their own communities. For people with learning disabilities this has already seen new approaches to day time support, and to employment support. Where we have to look at reducing cost we will always look to ensure quality and safety is not compromised

LD Self assessment results

The aim of this framework is to provide a single, consistent way of identifying the challenges in caring for the needs of people with learning disabilities, and documenting the extent to which the shared goals of providing care are met. Locally, this helps our Learning Disability Partnership Board, Health and Wellbeing Board, Clinical Commissioning Groups (CCGs) and the Local Authority (LAs) identify the priorities and opportunities to improve care and tackle health and social care inequalities in our area. It also provides a sound evidence base against which to monitor progress.

In North Yorkshire our rating is predominantly green/amber when measured in the three domain areas of: Staying healthy, Being safe and Living well. The areas in which we score red and where we have action plans in place to make improvements are as follows:

- Improve the accuracy of GP registers in recording local people with a learning disability
- Improve the management of long term conditions (e.g. obesity, diabetes, cardiovascular disease and epilepsy)
- Increase the uptake of Annual Health Checks and the generation of Health Action Plans
- Know and understand the number of local people with a learning disability who are in the Criminal Justice System
- Ensure 90% of individuals who receive a funded care package have an annual review

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- Publish a local employment strategy to help increase the number of people with a learning disability into paid work

Budget

Budget 2015/16 – Social Care

In 2015-16 NYCC incurred gross spend of £56.4m (net £42.7m) on social care provision for people with a learning disability. This figure excludes expenditure relating to supported employment. This was made up of £1.4m on assessment teams, £3.4m of directly provided services and £51.6m on services purchased from the private and voluntary sectors.

Budget 2015/16 – Health

There are approximately 400 people with a learning disability funded by North Yorkshire and York based NHS Clinical Commissioning Groups (CCGs) receiving a Continuous Health Care (CHC) package (i.e. a life-long care package), representing a total cost of £24.9 million (average cost per person £62,000). £11.4 million is joint funded with Local Authority.

There are approximately 40 vulnerable adults with a learning disability aged 18-64 who are in receipt of healthcare services funded by the CCGs, representing a total cost in the region of £3.3 million (average cost per person £86,000). Of this amount, approximately £1 million is joint funded with Local Authority.

Adult Learning Disability Services (including Community Learning Disability Teams and inpatient Assessment and Treatment services) are provided by Tees Esk Weir Valley NHS Foundation Trust and commissioned by the North Yorkshire and York CCGs. The annual budget for 15/16 was approximately £7.7 million.

*Please note that these figures do also include the Vale of York CCG because this organisation serves the population of Selby in addition to the City of York.

Local Strategies

The 2015 Health and Wellbeing Strategy is shaped around five themes: *Connected Communities, Start well, Live well, Age well. Dying well*

The strategy sets out ambitions for:

- Vibrant and self-reliant communities in all parts of North Yorkshire, with local people and organisations working together to develop community libraries, community transport services and activities for all age groups;
- Dementia friendly communities;
- Fewer people saying that they feel socially isolated in their local communities;

- More people receiving personal budgets for their care, to give them choice and control over their lives;
- Improved employment opportunities, including in rural areas and particularly for young people and those people who often face most barriers in the labour market (for example, people with mental health issues, people with autism and people with disabilities).

We have also developed several other joint local strategies in the areas of autism (*The Changing Landscape of Autism in North Yorkshire*), mental health (*Hope, Choice and Control*) and children's services (*Young and Yorkshire*). Many of the priorities and strategic themes identified within these plans compliment the joint thinking revealed in this local strategy for people with learning disabilities. All the strategies commit to appreciating the whole person, working with people as equal partners in designing and improving their care, spending money wisely and joining support services to offer a seamless experience.

The Mental Health Strategy has committed partners to three key priority areas:

- Resilience – supporting individuals families and communities to help themselves
- Responsiveness – better services designed in partnership with the people who use them
- Reaching out – recognising the full extent of people's needs

The Autism Strategy has committed to

- Improving support for people with autism and their families, including information and signposting
- Improving assessment and diagnosis
- Raising awareness and training and developing education and employment support
- Supporting people with autism during key life changes.

Our Priorities

Our priorities are shaped by what people with a learning disability and their carers have told us, together with the overarching Health and Wellbeing Strategy and national policy expectation. We have set out six priorities specific to learning disabilities:

1. Improve choice and control
2. Improve health and reduce health inequalities
3. Increase access to care 'closer to home' within community settings and improve opportunities for people to live in their own home
4. Increase opportunities for people with learning disabilities to feel safe and included in their communities social
5. Provide support for families and carers
6. Support young people into adulthood

Our Principles

Underpinning everything we do, and to enable us to meet our priorities, we are committed to:

- Working with people with a learning disability and their carers whenever we are making plans or changes
- Understanding what matters to people and finding ways to support people achieve the outcomes they want
- Working together to be more effective
- Making the best use we can of the resources available to us
- Ensuring that decisions are built on an understanding, and careful consideration, of the information and evidence available.

Where do we want to be?

The next five years will be a period of major transition and transformation for health and social care within North Yorkshire. There is an expectation that health and care services will become more integrated. Services for people with a disability will become more flexible so they can be personalised and offer people greater choice and control over every aspect of their lives, from the place where they live, to the way they choose to access support and care. Personalisation will also take account of access to education, employment, leisure and social opportunities, so that individuals are enabled to live full and rewarding lives. As we make these changes we will also be needing to deliver further efficiencies and ensure we use our resources as effectively as possible.

Priorities

As previously set out we have to **provide the best quality services that meet local needs and offer the best value for money**. To realise the vision of 'Live Well, Live Longer', the priorities specific for people with a learning disability have been distilled as follows:

1. Improve choice and control
2. Improve health and reduce health inequalities
3. Increase access to care 'closer to home' within community settings and improve opportunities for 'independent/supported living'
4. Improve social inclusion
5. Provide support for families and carers
6. Support young people into adulthood

Outcomes

In the next 5 years we aspire for people to live longer, healthier and more independent lives and we will know that we have achieved this when we put appropriate measurements in place to see the following outcomes:

1. Increased self-determination and independence

(Live an independent life – with support when I need it)

More people with a learning disability will have a greater say and be able to decide for themselves the way they live their lives and choose how they are supported.

2. Reduction in premature deaths

(Live a longer life and Live a healthier life)

More people with a learning disability will have health concerns or problems identified and treated at an earlier stage via increasing the uptake of annual health checks

3. Increased opportunities for independent living locally

(Care and support where I live)

More people will be supported to live independently and safely within their own homes and community for as long as possible, having their own tenancies – or even have the opportunity to *own* a home. We will also see a **reduction in the number of people cared for ‘out of area’** and a **reduction in the use of in-patient services and length of stay in hospital settings;** ensuring that those with more complex needs are able to live, and be supported, locally.

4. Improved quality of life: health and wellbeing

(Live a healthier life)

People with a learning disability will become more active citizens in their communities. By supporting people with their personal goals e.g. seeking employment and/or learning opportunities, we hope that their personal resilience and self-esteem will increase. By supporting families and carers, we will be able to maintain and uphold their vital role in caring for their family members who have a learning disability.

5. Raised awareness and understanding of future adult world for young people and their families/carers.

Young people and their families will be supported and prepared effectively to move into adulthood.

Success in delivering all of these outcomes will also contribute to more people having a **positive experience of healthcare and social care services** (a key outcome in the NHS Five Year Forward strategy).

We already have some plans in place

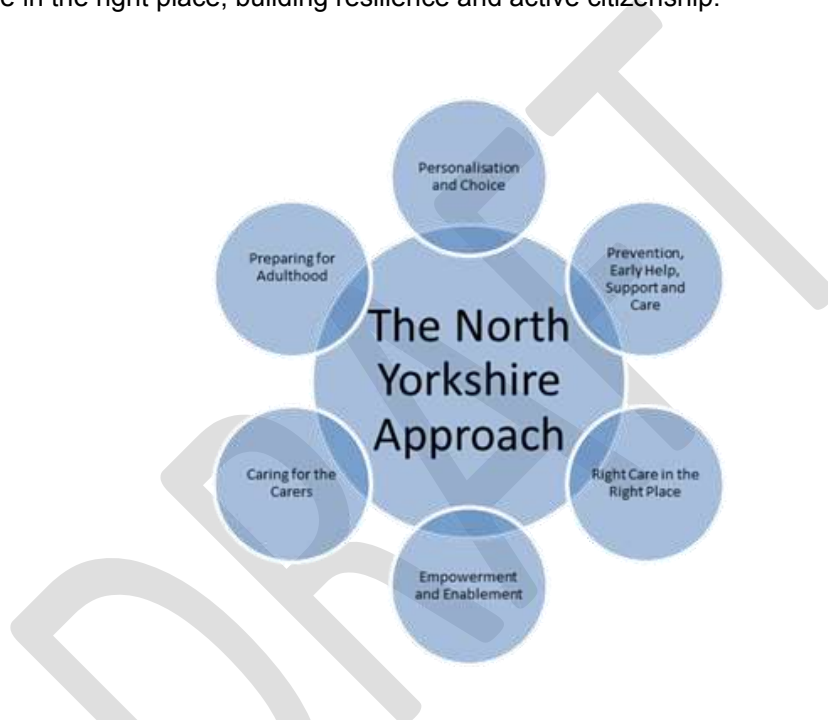
- We have developed a local relationship between the NHS, Public Health, the Learning Disability Partnership Board and North Yorkshire County Council and continue to plan together to make improvements in the number of people able to access health checks and screening programmes
- We have a plan to ‘**Build the Right Support**’ which will prevent unnecessary admission to a learning Disability hospital bed by developing new responses to crisis, and ensuring all our providers are equipped and supported to care for people on a bespoke and individualised basis. When a hospital admission is necessary we will work closely with people and their families/carers to ensure care and treatment plans and discharge plans are co-produced and personalised so that time spent in hospital is for as short a period as possible

- We plan to introduce an 'at risk of admission' register, in consultation with those who might benefit from the register, which can be shared across all relevant professionals from different agencies involved in the treatment and care of those who are vulnerable. This will help ensure their care is planned more proactively and joined-up. Together, with the individual and their family/carer, an integrated multidisciplinary team with specialists from both health and social care can work together through a 'Collaborative Care' model and formulate a person-centred plan.
- We are developing an employment strategy. The employment strategy will highlight best practice and ensure that the aspiration to be in paid employment for people with a learning disability is encouraged and supported.
- The County Council plans to grow a range of housing options. This will be extended to include those with complex needs.

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How do we get there? – The North Yorkshire Approach

In order to tackle our priorities and achieve our outcomes, we will need to embed a number of approaches to commissioning and new ways of working which will help us overcome some of the issues we have identified in North Yorkshire. Our approach is a framework and not a comprehensive list of the work we will undertake as this will be detailed in the implementation plan. Overall our strategic approach will be to place a much greater emphasis on personalisation, prevention, delivering the right care in the right place, building resilience and active citizenship.



Personalisation and Choice

Individuals will have real choice and control over how their personal outcomes are achieved. This can include personal budgets (and a personal health budget for those whom are eligible and receive a Continuous Health Care support package), direct payments and co-producing a range of individually tailored ways of support. This fundamentally involves a shift in power from the Local Authority and the NHS to individuals themselves as we move towards working in partnership with each individual to understand their specific needs and develop tailored and 'personalised' care plans accordingly.

To achieve this we will

- Focus on developing person-centred care, treatment and support plans in partnership with individuals and their family carers
- Increase the availability and choice of services via clear signposting; 'what's on?' guides and directories
- Explain clearly the advantages and benefits of direct payments and personal budgets; providing access to independent advocacy and financial advice services so that sensible, practical and 'informed' choices can be made
- Develop a local offer to provide personal health budgets for those whom are eligible and promote the advantages and benefits of this option
- Conduct a review of all local housing and accommodation options; identifying gaps and work with local housing providers to fill gaps
- Stimulate the market to develop personalised and flexible services

Prevention, Early Help, Treatment, Support and Care

A greater focus on early intervention and prevention in terms of health treatment will help to tackle health inequalities and reduce premature deaths. It also means supporting people with a learning disability to stay as independent as possible, including the right low level support being in place to help people to remain at home. This might include ensuring that someone has the right opportunity for exercise and equipment so they do not have to go into hospital or supporting someone with a learning disability into employment rather than into a day centre.

Naturally, the same principle of prevention and early help applies to those individuals who have more complex health needs in order to avoid and/or delay hospital admissions and prevent episodes of crisis or breakdown. With regard to those who exhibit offending behaviour emphasis will be on putting in place early measures to avoid contact with the Criminal Justice System.

To achieve this we will

- Identify, offer support and treat as early as possible (from childhood onwards)
- Assist people with a learning disability to access universal and mainstream health and wellbeing services; making reasonable adjustments where necessary and having 'liaison' staff in place
- Roll-out the gold standard version of an Annual Health Check within primary care across North Yorkshire; including a basic mental health assessment⁹
- Raises awareness of individuals being entitled to an annual health check; which must be viewed as compulsory activity within primary care together with a dedicated and routine approach to cancer screening and enhanced eye tests
- Tailor health promotion programmes to meet individual needs; empowering young people with learning disabilities to make healthy decisions and lead

⁹ 25-45% of people with learning disabilities also have a mental health condition

healthy lifestyles with regard to diet, exercise, sexual health and alcohol awareness

- Embed an 'at risk of admission' register and 'Collaborative Care' models for individuals with complex needs requiring intensive support
- Invest in enhancing community learning disability health services; psychology, crisis, Positive Behavioural Support, primary care liaison, transitions to adult services, and forensic outreach
- Support and train the wider 'mainstream' workforce to increase their awareness and understanding of learning disabilities
- Embrace the 'Quality Checkers' approach

Right Care in the Right Place; Maximise and Enhance Community Support

We will place a growing emphasis on stronger support in the community and more person-centred delivery. This strategic area has a strong focus on human rights, supporting independent living and will also help tackle health inequalities. A greater use of individual social capital – being a part of the community in which you live is a key part of being an active citizen. Ensuring that those natural community and family supports are in place and supplemented by paid support services will be an important part of an individual's support plan.

This will involve improving access to mainstream/universal resources, making reasonable adjustments to achieve this. Universal services have a critical role in making sure that the services and support they offer are available to the whole community, including people with a learning disability and in supporting people to remain healthy and socially active. This includes health services, adult education, employment services, information and advice, advocacy, housing and leisure.

At the most specialised and complex end of the learning disability and/or autism spectrum and with the right enhanced community measures in place (crisis prevention, early intervention, the availability of expert 24 hour supported living in local settings and integrated pathways), individuals who are well enough can expect to live their lives in their own 'home' and not a hospital setting. In-patient services would then only need to be used by those who present with severe and immediate risk to their own health (and/or the safety of others) for as short a time as possible.

To achieve this we will

- Provide care and support within own home or community, or as close as possible
- Develop and invest in community-based care and support projects (NYCC Public Health Agenda: Stronger Communities Programme)
- Explore different models of suitable accommodation and reduce the need for out of county placements; including providing small-scale specialist supported living for individuals with more complex needs and short term accommodation ('crash pads' available for a few weeks) used in times of potential crisis to prevent an avoidable admission into an in-patient setting

- Assist individuals to access mainstream services – for example, using the Green Light Toolkit to make improvements for people with a learning disability when accessing mainstream mental health services
- Put in place clear discharge planning to return individuals to the community or their own home
- Review traditional service models of delivery; replacing any outmoded in-patient provision with enhanced community services for those who are well enough to be cared for and supported in a community setting
- Support and train the wider 'mainstream' workforce; incorporate Positive Behavioural Support (PBS) training where relevant

Empowerment and Enablement

We will facilitate and support people to do things for themselves rather than 'doing it for them.' This will involve building skills and strengths and providing and promoting opportunities for people who have the capability to be involved, to learn, to work and to socialise within their communities.

To achieve this we will

- Strengthen the voices of people with learning disabilities locally (co-produce the design of services)
- Strengthen personal and practical 'life' skills to increase independence and confidence
- Provide access to learning opportunities; take part in education
- Encourage the pursuit of every day leisure activities and hobbies - sports, music, the arts, gardening, cooking, DIY – the list is endless!
- Encourage and support more people with a learning disability into paid employment; matching capabilities with appropriate jobs
- Encourage the uptake of voluntary work to develop skills and improve integration within the community
- Share success stories and case studies to inspire others

Caring for the Carers

We recognise that family carers of people with a learning disability often experience difficulty negotiating their way through the various health, social care and education systems and that this can be extremely challenging. We also know that having a break and finding support is crucial to meeting the needs of our carers. We want to ensure that our levels of support are appropriate and that our carers are well equipped and informed, feel part of a wider network and are able to flourish as individuals within their own right.

To achieve this we will

- Provide support, information and advice
- Offer opportunities to network and feel part of a larger 'care' community; signposting to local voluntary organisations and groups who can be an invaluable source of information and support
- Review respite provision with a view to providing more flexible respite services; tailoring options to individual carers' needs
- Ensure all carers receive their statutory right to an annual assessment
- Provide specialist support and Positive Behavioural Support (PBS) training for family carers of those with more complex needs and whose behaviour can be challenging
- Adopt a proactive approach to planning for the future

Preparing for Adulthood

The first four priorities highlighted in the strategy naturally apply to all people of all ages with a learning disability and/or autism. However, we recognise that the strategic area of 'Prevention and Early Help' and getting this right is critical for children and young people and that the move from the world of Children's to Adult services needs careful planning and management.

We will improve our planning for young people at the point of transition into adulthood through a holistic approach that enables young people to take advantage of wider opportunities that support their aspirations, such as achieving greater independence, accessing employment and/or learning opportunities and accessing social and leisure services in the community. We will also continue to develop a greater range of pathways into adulthood, including local personalised learning for young people post-19 with the most complex needs and ensure that they are equipped with the right skills to achieve their individual outcomes

To achieve this we will

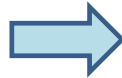
- Ensure clear and consistent planning through into adulthood and that services are better integrated; commencing and preparing for transition from age 14+
- Equip young people with practical 'life', independent and decision-making skills
- Inform and educate about 'keeping safe' in the community: hate crime, mate crime, good sexual health, drug and alcohol awareness, etc.
- Implement the Preparing for Adulthood Model

'Live Well, Live Longer' - Strategy Overview

Where Do We Want To Be?

PRIORITIES

Improve choice and control



How Will We Get There?

STRATEGIES

Personalisation

Flexible services; tailored personal plans according to individual need



What Will Success Look Like?

OUTCOMES

Increased self determination

Reduce health inequalities



Prevention, Early Help & Support

Offer AHCs, early treatment, support
Tailored health promotion and
Screening programmes



Reduction in premature deaths

Increase access to care 'closer to home'
& improve opportunities for independent/
supported living



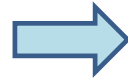
Right Care in the Right Place

Care and support within own home
or a community setting
Review accommodation needs



Increased opportunities for
living independently and locally

Improve social inclusion



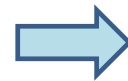
Empowerment and Enablement

- 'Active' service-user consultation and co-production
- Strengthen life skills
- Access to learning and/or employment opportunities
- Pursuit of leisure activities and hobbies



Improved quality of life and wellbeing

Provide support for families and carers



Caring for the Carers

- Information and advice networks
- Short-breaks and respite care



Improved quality of life and wellbeing

Support young people into adulthood



Preparing for Adulthood

- Multi-disciplinary team approach
- Clear and consistent planning
- Equip with life skills



Raised awareness and understanding of future adult world

Next steps / Timeline

Over the next 12 months, our joint plan for people with learning disabilities in North Yorkshire will outline in detail the actions we need to undertake to deliver this strategy and the resources available. This will be co-produced with people with a learning disability to make sure that we devise the right solutions for them.

Together, we will scope and define measurements for each outcome that we have established and report on progress against these on an annual basis to the Health and Wellbeing Board and the North Yorkshire Learning Disability Partnership Board.

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**North Yorkshire Joint Health and Wellbeing Strategy (JHWS) 2015-2020
Performance Dashboard**

18th January 2017

Presented by: Amanda Reynolds

Summary:

The purpose of this report is to present the second performance dashboard for the North Yorkshire Joint Health and Wellbeing Strategy 2015–2020.

Which of the themes and/or enablers in the North Yorkshire Joint Health & Wellbeing Strategy are addressed in this paper?

Themes	✓
Connected Communities	✓
Start Well	✓
Live Well	✓
Age Well	✓
Dying Well	✓
Enablers	
A new relationship with people using services	✓
Workforce	✓
Technology	✓
Economic Prosperity	✓

How does this paper fit with other strategies and plans in place in North Yorkshire?

The JHWS performance dashboard provides business intelligence to enable the Board to measure progress against a range health & social care strategies and plans.

What do you want the Health & Wellbeing Board to do as a result of this paper?

It is recommended that Health and Wellbeing Board:-

- Note and comment on the content of the report
- Consider any actions the Board would wish to recommend arising from the information within the report

North Yorkshire Joint Health and Wellbeing Strategy (JHWS) 2015-2020

Performance Dashboard

18th January 2017

1. Purpose

1.1 The purpose of this report is to present to Health and Wellbeing Board (HWB) the second performance dashboard for the North Yorkshire Joint Health and Wellbeing Strategy 2015–2020. The dashboard is attached at appendix 1.

2. Background

2.1 In February 2016 a draft performance framework for measuring progress against the strategy was presented to HWB which included:-

- A performance dashboard of key data providing high level evidence of the direction of travel towards achieving the strategy
- How the Board will use exception reporting to tackle problems together
- A programme of in-depth discussions at HWB to share intelligence and deepen understanding of progress on the strategy's key themes and enablers.

2.2 The first performance dashboard was presented to HWB in July 2016 following which Board agreed to receive performance reports twice yearly.

2.3 The indicators included in the dashboard are not exhaustive and do not represent all work that is taking place to improve the health and care system in North Yorkshire.

2.4 They are intended to provide HWB with a level of assurance that progress is being made, which when coupled with more in-depth discussions, additional performance data and exception reports helps HWB to; understand the direction of travel; appropriately and constructively challenge system leaders to facilitate improvement, and recognise and celebrate success.

2.5 The data contained in the dashboard is the latest available validated data. This varies by indicator. In some cases data is as recent as

September 2016/17 (Quarter 2) whilst in other cases the latest available data is older than a year. This is because indicators such as gap in death rate, needs to be reported over a longer timeframe. Where no new data is available since the last report, previous figures remain and this is clearly indicated in the headline commentary.

- 2.6 National Better Care Fund measures are incorporated into the dashboard so that progress reporting against the Better Care Fund is integrated with wider partnership performance reporting.
- 2.7 The format of the dashboard report will continue to develop over time to ensure it is fit for purpose.

3. Progress Update

- 3.1 The programme of in-depth discussions led by theme sponsors commenced with the Start Well theme in July 2016. Dying Well was the theme of the September Board with Technology being the theme of the meeting today.
- 3.2 Sponsors for all themes have now been identified. Robert Ling – Assistant Director Technology and Change, North Yorkshire County Council is sponsoring Technology and Colin Martin, Chief Executive Tees Esk & Wear Valley NHS Trust sponsoring A New Relationship with People.
- 3.3 Following recommendation by Board in July the Dementia prevalence indicator – ‘Recorded Dementia prevalence (%) for people aged 65+ as recorded on practice disease registers’ - has been included which is collected as part of the Public Health Outcomes Framework. (PHOF)
- 3.4 The reablement indicator - ‘Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services’ - has also been included so that all national Better Care Fund metrics now form part of the dashboard. This indicator is collected as part of the Adult Social Care Outcomes Framework (ASCOF)
- 3.5 To improve the robustness of reporting against the Better Care Fund, a briefing note is now circulated to Commissioner Forum following submission of each quarterly Better Care Fund return, which summarise highlights, issues and actions to improve.
- 3.6 In terms of financial performance of the Better Care Fund, HWB should note that at the end of the 2016/17 quarter two reporting period, spend on schemes within the pooled budget was broadly in line with the profiled budget.

4. Headlines

4.1 Since the last report, of the 20 indicators - Ten are showing improvement, six are showing a decline (though this is slight in two of the six), three remain the same as there is no new data, and one is a recently revised indicator and so cannot be compared against previous performance (SW1 – Gap for Attainment 8). See table 1 below:

Table 1

Improved	Declined	No New Data	New Indicator
CC1. How strongly do you feel you belong to your immediate neighbourhood? 77% to 81%	LW3. % of physically active adults (> 150 minutes per week) 59.1% to 58.9%	CC3. Superfast NY broadband population coverage % 87%	SW1. FSM6 Gap for Attainment 8 (Key Stage 4) 14.7
CC2. Number of organisations in NY which are members of a Dementia Action Alliance 35 to 127	AW1a. The proportion of people who use services who receive direct payments From 19.1 to 18.6	LW1. Happiness score: “how happy did you feel yesterday?” – NY compared to national average (ONS,2015) 7.8	
SW2. % of children and young people with a high measure of resilience 40% to 42%	AW3. Non-elective admissions per 100,000 population (NYC CCGs,2016) From 7,623 to 10,410 Better Care Fund	LW2. Gap in the death rate from heart disease between the highest and lowest wards in North Yorkshire Per 100,000 population 193	
SW3. % of children aged 10 or 11 (Year 6) who have excess weight 30.1% to 29.5%	AW4. Delayed transfer of care from hospital (rate per month) per 100,000 225.3 to 246 Better Care Fund		
AW1b. No of Personal Health Budgets 22 to 42	AW7. Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services. 87.8 to 82.5 Better Care Fund		
AW2. Long term support needs met by admission to residential and nursing care per 100,000 population 65+ 785.5 to 525.0 Better Care Fund	DW3. % of deaths in hospice. 6.9 to 6.1		
AW5. The proportion of people who use services and carers who find it easy to find information about support 69.4 to 76			
AW6. Recorded Dementia prevalence (%) for people aged 65+ as recorded on practice disease registers 4.25 to 4.31			
DW1. % of deaths in hospital 42.8% to 41.5%			
DW 2. % of people dying in their usual place of residence (PHE,2014) 48.5% to 50.8%			

- 4.2 Of the 16 indicators where comparator information is available, North Yorkshire is performing better than the England average in 10.
- 4.3 Indicators within the Live Well and Dying Well themes all show that North Yorkshire performs above the England average.
- 4.4 Some indicators in the Age Well theme are performing least well against the England average and are likely to be most challenging to improve given the increase in demand, financial context and market conditions. In particular:
- a reduction in the proportion of people electing to take a direct payment (although the number of people receiving a personal budget has increased)
 - Non-elective admissions have increased significantly
 - Delayed transfers of care have increased significantly although North Yorkshire's combined performance remains above the England average.
- 4.5 Performance continues to be closely monitored with a particular focus on Non Elective Admissions and Delayed Transfers of Care. Specific activity is taking place across all CCG areas to identify and improve patient flow. There are a number of schemes aimed at increasing services within the community settings and the development of step-up step down beds will help reduce length of stay and hence reduce excess bed days. The Integration Performance Group have scheduled a focussed session to consider issues and actions relating to Delayed Transfers of Care on a pan North Yorkshire basis which will help identify learning, spread good practice and address issues collectively where possible. This will include work currently being undertaken by the County Council to better understand and improve performance in relation to social care delays.

5. Recommendations

- 5.1 It is recommended that HWB:-
- Note and comment on the content of the report
 - Consider any actions the Board would wish to recommend arising from the information within the report

Report Author
Michaela Pinchard
Head of Integration

JHWS Themes	High level signpost indicators	Date of Data	England	Current	Progress	Headline	Commentary
Connected Communities	CC1. How strongly do you feel you belong to your immediate neighbourhood? <i>[Source: NY citizens' panel question]</i>	2016	59% (2008)	81%	↑	Improved from <u>77%</u> in 2015.	Performance has improved since 2015. 2008 is the last available England comparator. No further national comparator information will be available as the place survey has discontinued.
	CC2. Number of organisations in NY which are members of a Dementia Action Alliance	2016 (Dec)	NA	127	↑	Improved from <u>35</u> in June 2016	This is a local measure designed to indicate the level of engagement of local communities and as such no comparator information is available. Current data was collated in December 2016 and compared to the first collection taken in June 2016.
	CC3. Superfast NY broadband population coverage % <i>(Source: Superfast NY)</i>	2016	91.10%	87%	↔	No change as no further data available. Lower than Eng Av.	North Yorkshire is the most effective area within the national programme. Coverage continues to improve. Completion of phase 2 of the project will see 91% coverage by 2017. Phase 3 will achieve 95%.
Start Well	SW1. FSM6 Gap for Attainment 8 (Key Stage 4). [Replacement indicator as indicator measuring gap in attainment between students receiving/ not receiving free school meals: 5 GCSEs at A* to C (LAIT tool, 2016) no longer collected.] <i>(Source: DFE FSM)</i>	2015/16	11.8	14.7		New indicator. Lower than Eng Av.	In the 2015/16 academic year a new indicator was introduced which measures a students' achievement across eight subjects. Called Attainment 8, the measure is made of an average achievement of the following subjects: <ul style="list-style-type: none"> • English; • Mathematics; • Three other English Baccalaureate (EBacc) subjects (sciences, computer science, geography, history and languages). • Three further subjects, which can be from the range of EBacc subjects, or can be any other GCSE or approved, high-value arts, academic, or vocational qualification.
	SW2. % of children and young people with a high measure of resilience. <i>(Source: GUNY Survey 2016)</i>	2016 (Autumn)	NA	42	↑	Improved from <u>40</u> in 2014/15	In Autumn 2016 42% of children at secondary school recorded a high measure of emotional resilience compared with 40% two years ago, which is an improvement. Emotional resilience levels vary considerably by age and gender with younger children recording higher levels of resilience compared with older children and older boys recording higher levels of resilience than older girls. Information for emotional resilience is taken from the Council's Growing Up in North Yorkshire (GUNY) Survey, which is administered every two years and will be reported next around autumn 2018.
	SW3. % of children aged 10 or 11 (Year 6) who have excess weight. <i>(Source: National Child Measurement Programme)</i>	2015/16	34.2	29.5	↑	Improved from <u>30.1</u> in 2014/15	Figure improved from 30.1 in 2014/15. Performance is better than the England Average which has increased from 33.2 in 14/15 to 34.2 in 15/16. A local improvement in the context of worsening situation nationally should be noted. Variations however at district level identify Ryedale (32.4%) as having the highest proportion of pupils with excess weight compared to 27% in Craven.
Live Well	LW1. Happiness score: "how happy did you feel yesterday?" – NY compared to national average <i>[Source: ONS, 2015]</i>	2014/15	9	7.8	↔	No change as no further data available. Better than Eng Av	Happiness is used as an indicator of wellbeing. People with higher well being experience lower rates of illness and recover more quickly. The figure represents the % of people responding at the lower end of a 1-10 scale to questions in the survey -i.e less happy. The 2015 figure shows a slight decline against the 2014 figure of 7.4 NY however perform comparatively well. The best performer is Reading at 5.3 with the worst being NE Lincs at 15.5.
	LW2. Gap in the death rate from heart disease between the highest and lowest wards in North Yorkshire Per 100,000 population	2009/13	383	193	↔	No change as no further data available. Better than Eng Av	NY performance is much better than the England average though there are areas within the County where there is disparity
	LW3. % of physically active adults (> 150 minutes per week) <i>[Source: Sport England physically active survey]</i>	2015	57	58.9	↓	Slight decline from <u>59.1</u> in 2014. Better than Eng Av	Current performance is better than the England average but shows a slight decline on 2014 which was 59.1

JHWS Themes	High level signpost indicators	Date of Data	England	Current	Progress	Headline	Commentary
Age Well	AW1a.: The proportion of people who use services who receive direct payments [Source: ASCOF 1C(2A)]	2015/16	28.1	18.6	↓	Declined from <u>19.1</u> in 2014/15. Lower than Eng avg.	2015/16 data shows a reduction against 2014/15 and is lower than the England average which has increased from 26.3 in 2014/15 to 28.1 in 15/16. The actual number of Direct Payment users shows a relatively small reduction. From 1120 to 1100. The uptake of personal budgets has however increased significantly. The development PA networks are being explored to help improve access to care and support in more rural areas
	AW1b. No of Personal Health Budgets	2016 Q2	NA	42	↑	Improved from <u>22</u> in Q1 2016	Numbers have increased from 6 active cases in April 2015 and from 22 in Q1 of 2016. PHBs are in the new CCG Improvement and Assurance Framework. National comparative data is not yet available.
	AW2. Long term support needs met by admission to residential and nursing care per 100,000 population 65+ [Source: ASCOF 2a] Better Care Fund	2015/16	628.2	525.0	↑	Improved from <u>785.5</u> in 2014/15. Better than Eng Av	2015/16 data shows a reduction in admissions to residential and nursing care since 2014/15. However, a target to reduce the use of Residential and Nursing accommodation by 31 (-4.7%) was set for 2015/16. The outturn figure submitted represents an increase of 85. In total this is 116 more placements than planned.
	AW3. Non-elective admissions per 100,000 population. [Source: NHS SUS Data] Better Care Fund	2015/16	10,256	10,410	↓	Declined from <u>7,623</u> in 2014/15. Higher (not better) than Eng Av	There has been a significant increase in Non elective admissions since last year. A target was set to reduce the number of NEA's by 4908 in 2015/16. There has been an increase in year of 1695. This means there have been 6603 more NEA's than planned. This is similar to the increase in the England Average from 7,482 in 2014/15 to 10,256 in 2015/16. There are a number of schemes aimed at increasing services within the community settings and an increased number of step-up/step-down beds in some parts of the County to help prevent unnecessary non elective admissions.
	AW4. Delayed transfer of care from hospital (rate per month) per 100,000. [Source: NHS Monthly Sitre] Better Care Fund	2015/16	353	246	↓	Declined from <u>225.3</u> in 2014/15. Better than Eng Av	There has been an increase in DTOC from 225.3 in 2014/2015 to 246 in 2015/16. A target to decrease the number of delayed days by 647 (-5.5%) was set for 2015/16. The year end outturn represents an increase of 1712. Notwithstanding this NY performance remains above the England average which has also increase from 317 to 353 over the same period and we perform well against shire counties. Performance continues to be closely monitored and activity is taking place across all CCG areas to identify and improve patient flow. The development of step-up / down beds will support the delivery of the DTOC project and help patients achieve lower lengths of stay and hence reduced excess bed days.
	AW5. The proportion of people who use services and carers who find it easy to find information about support [Source: ASCOF 3D]	2015/16	73.5	76	↑	Improved from <u>69.4</u> in 2014/15. Better than Eng Av	Performance has improved since 2014/15 and is above the England average.
	AW6. Recorded Dementia prevalence (%) for people aged 65+ as recorded on practice disease registers. [Source: PHE, 2016]	2016 (Autumn)	4.19	4.31	↑	Improved from <u>4.25</u> in March 2016. Better than Eng Av	Performance has improved since March 2016 and is better than the England average. Objective two of the National Dementia Strategy (2009) states 'all people with dementia to have access to treatment, care and support as needed following diagnosis'. This indicator can be used to inform local service planning and improve access to treatment and care to better support people living with the condition.
	AW7. Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services. [Source: ASCOF 2b] Better Care Fund	2015/16	82.7	82.5	↓	Decreased from <u>87.8</u> in 2014/15. Lower than Eng Av	Data shows a decrease in performance since 2014/15. The fragility of the domiciliary care market has resulted in a shortage of providers able to deliver reablement and as a result in-house staff are being used to support longer term packages.
Dying Well	DW1. % of deaths in hospital [Source: PHE, 2016]	2015	46.7	41.5	↑	Decreased from <u>42.8</u> in 2014. Better than Eng Av	The three indicators need to be considered together because of the relationship between them in terms of where people are dying. All people should be given the opportunity to to express their preferred place of death, and enabled to die there wherever possible. Performance for increasing the number of people who die in their usual place of residence continues to improve and is better than the national average. The assumption here is that fewer deaths in hospital is positive though accepting that hospital is the right place in some cases. To support this the public health outcomes framework indicates that 74% of people expressed a wish to die at home yet 58% of people die in hospital.
	DW2. % of people dying in their usual place of residence [Source: PHE, 2016]	2015	46.0	50.8	↑	Increased from <u>48.5</u> in 2014. Better than Eng Av	
	DW3. % of deaths in hospice. [Source: PHE, 2016]	2015	5.6	6.1	↓	Decreased from <u>6.9</u> in 2014. Better than Eng Av	



Health & Wellbeing Board (HWB), Delivery Board (DB) and Commissioner Forum (CF)

WORK PROGRAMME/CALENDAR OF MEETINGS 2016/2017 - Updated 9th January 2017

Date	Meeting	Details	Item (contact)
January 2017	Health and Wellbeing Board <i>Report Deadline Friday 6 January</i>	Time: 2.00 pm Date: Wednesday 18 January Venue: Evolution Centre	<u>Strategy</u> <ul style="list-style-type: none"> • JHWBS – Technology Update (Robert Ling) • Sustainability and Transformation Plans • Learning Disabilities Strategy (Kathy Clark) • Autism Strategy – update on progress (Jane LeSage) • Green Paper on future Commissioning arrangements (Amanda Bloor) <u>Assurance</u> <ul style="list-style-type: none"> • Annual Report: North Yorkshire Safeguarding Adults Board • Young and Yorkshire – Survey results (Pete Dwyer) • Better Care Fund Sign-off Arrangements 2017-19 • Performance 2016/17 <u>Information Sharing</u> <ul style="list-style-type: none"> • Work Programme/Calendar of Meetings

Date	Meeting	Details	Item (contact)
February 2017	Commissioner Forum <i>Report Deadline Tuesday 31 January</i>	Time: 2.00pm Date: Thursday 9 February Venue: To be confirmed	<u>Strategy</u> <u>Assurance</u> <ul style="list-style-type: none"> • End of Life Care – Update • Weight Management Service <u>Information Sharing</u> <ul style="list-style-type: none"> • Work Programme
March 2017	Health and Wellbeing Board <i>Report Deadline Tuesday 7 March</i>	Time: 10.30 am Date: Friday 17 March Venue: Falsgrave Community Resource Centre	<u>Strategy</u> <ul style="list-style-type: none"> • Draft Carers Strategy Green Paper (Kathy Clark) • Draft Dementia Strategy (Kathy Clark) • Annual North Yorkshire Tobacco Control Report <u>Assurance</u> <ul style="list-style-type: none"> • Performance <u>Information Sharing</u> <ul style="list-style-type: none"> • Work Programme/Calendar of Meetings

NOTES:

To be agreed for consideration by a Health and Wellbeing Board Development Session or a Delivery Board Workshop: Accountable Care Systems.

DATES FOR MEETINGS IN 2017/18 – PLEASE SEE OVERLEAF

DATES FOR MEETINGS IN 2017/18

Health and Wellbeing Board

Venues to be confirmed.

Wednesday 31 May 2017 2.00 p.m. till 4.00 p.m.

Friday 21 July 2017 10.30 a.m. till 12.30 p.m.

Wednesday 6 September 2017 2.00 p.m. till 4.00 p.m.

Friday 24 November 2017 at 10.30 a.m. till 12.30 p.m.

Wednesday 24 January 2018 2.00 p.m. till 4.00 p.m.

Friday 23 March 2018 10.30 a.m. till 12.30 p.m.

Commissioner Forum

Venues to be confirmed

Thursday 9 February 2017 2.00 p.m. till 5.00 p.m.

Thursday 9 March 2017 2.00 p.m. till 5.00 p.m.

Thursday 11 May 2017 2.00 p.m. till 5.00 p.m.

Thursday 8 June 2017 2.00 p.m. till 5.00 p.m.

Thursday 10 August 2017 2.00 p.m. till 5.00 p.m.

Thursday 7 September 2017 2.00 p.m. till 5.00 p.m.

Thursday 9 November 2017 2.00 p.m. till 5.00 p.m.

Thursday 7 December 2017 2.00 p.m. till 5.00 p.m.

Delivery Board

To be confirmed