



Agenda

Meeting: Care and Independence Overview and Scrutiny Committee

To: Councillors Barbara Brodigan (Chair), Eric Broadbent (Vice-Chair), Andy Brown, Caroline Dickinson, Robert Heseltine, David Jeffels, Mike Jordan, Nigel Knapton, Peter Lacey, John Mann, Heather Moorhouse, Jack Proud, Karin Sedgwick, Monika Slater, Roberta Swiers, Robert Windass, Mike Padgham and Jillian Quinn.

Date: Monday, 20 April 2026

Time: 10.00 am

Venue: The Grand - County Hall

Business

1. **Apologies for Absence**

2. **Minutes of the Meeting held on 27 January 2026** (Pages 3 - 6)

3. **Declarations of Interest**

All Members are invited to declare at this point any interests they have in items appearing on this agenda, including the nature of those interests.

4. **Public Participation**

Members of the public may ask questions or make statements at this meeting if they have given notice to Melanie Carr of Democratic and Scrutiny Services and supplied the text (see contact details below) by midday on Wednesday 15 April 2026, three working days before the day of the meeting. Each speaker should limit themselves to 3 minutes on any item. Members of the public who have given notice will be invited to speak:

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

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

5. **North Yorkshire Safeguarding Adults Board Annual Report** (Pages 7 - 24)

6. **Living Well Service Review - Update on Outcomes & Future Plans** (Pages 25 - 28)

7. **Complex Care Update** (Pages 29 - 36)
8. **Hospital Discharges Presentation** (Pages 37 - 46)
9. **Older People's Champion Annual Report 2025-26** (Pages 47 - 58)
- 10 **Update on CQC Assurance Action Plan and Future Arrangements** (Pages 59 - 70)
11. **Draft Work Programme 2026-27** (Pages 71 - 72)
12. **Any Other Items**
Any other items which the Leader agrees should be considered as a matter of urgency because of special circumstances
13. **Date of Next Meeting - 22 July 2026**

Members are reminded that in order to expedite business at the meeting and enable Officers to adapt their presentations to address areas causing difficulty, they are encouraged to contact Officers prior to the meeting with questions on technical issues in reports.

Contact Details:

Enquiries relating to this agenda please contact Melanie Carr, Senior Scrutiny Officer
Tel: 01609 553849 or e-mail: Melanie.carr1@northyorks.gov.uk
Website: www.northyorks.gov.uk

Members of the public are entitled to attend this meeting as observers for all those items taken in open session. You may be interested in [subscribing to updates](#) about this or any other North Yorkshire Council committee.

Recording is allowed at 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. We ask that any recording is clearly visible to anyone at the meeting and that it is non-disruptive.

Anyone wishing to record is asked to contact the Democratic Services Officer (details above) prior to the start of the meeting.

Barry Khan
Assistant Chief Executive
Legal and Democratic Services
County Hall
Northallerton

Friday, 10 April 2026

North Yorkshire Council

Care and Independence Overview and Scrutiny Committee

Minutes of the meeting held on Tuesday, 27 January 2026 commencing at 10.00 am.

Councillor Karin Sedgwick in the Chair. plus Councillors Eric Broadbent, Andy Brown, Caroline Dickinson, Robert Heseltine, David Jeffels, Mike Jordan, Heather Moorhouse, Andy Paraskos, Monika Slater, Roberta Swiers, Robert Windass and Subash Sharma.

Officers present: Richard Webb, Louise Wallace, Anton Hodge, Abigail Barron, Karen Gullon and Cecilia Marchant.

Apologies: Councillors Nigel Knapton, Peter Lacey and Jack Proud.

Copies of all documents considered are in the Minute Book

58 Apologies for Absence

Apologies for absence were received from Councillors Nigel Knapton, Peter Lacey and Jack Proud. Councillor Jack Proud was substituted by Councillor Subash Sharma.

59 Minutes of the Meeting held on 20 October 2025

Resolved – That the draft Minutes of the meeting held on 20 October be taken as read and confirmed by the Chair as a correct record.

60 Declarations of Interest

There were no declarations of interest.

61 Public Participation

No public questions or statements were received.

62 Update on Financial Management of Adult Social Care Cost Pressures

Considered – A detailed presentation on the financial management of Adult Social Care cost pressures, provided by the Director for Health and Adult Services (HAS) and supporting officers.

Richard Webb, Director for HAS introduced the presentation and provided an overview of the key cost pressures and the actions being taken to address them, which included:

- A breakdown of the HAS budget for 2025-26 and expected overspend
- The increased number of hospital discharges and associated additional cost to the Council
- The increased use and associated spending on the provision of short-stay beds
- The comprehensive 3-year plan to reduce the use of short-term beds and average length of stay
- The increased average cost of care home placements, and the investment in a new e-brokerage system
- The expansion of Extra Care across the county
- The increase in resource as a result of the restructure of ASC
- The above average cost of Home Care across the county as a result of the rural

- premium paid, which had reduced in 2025 in part due to better prices from providers
- The ongoing work to improve long waiting times for referrals and assessments
- An overview of the Pilot in Whitby testing a new model of commissioning home care with an alliance of care providers
- The expansion of the use of Direct Payments and introduction of individual service funds
- The introduction of Occupational Therapy Assistants to reduce a backlog in assessments
- The 140 new supported living units in the pipeline, to reduce the demand for more restrictive and expensive residential care
- The establishment of a Preparation for Adulthood team to enable more joined up working with Children's Services
- The continuing Healthcare Income Plan aimed at ensuring that the NHS pays appropriately

Richard Webb also provided an overview of a proposed 3-year pilot of a new Prevention Plus Model which would build on the success of Living Well and involve working with a number of Community Anchor organisations across the county to deliver local services and activities.

In response to Members' questions, officers confirmed:

- An increase in population was a factor in the rising costs of ASC, as people were living longer
- The Council had inherited a fairly low public health budget
- Complaints around hospital discharges were fully assessed for lessons learnt
- 15-16 additional extra care schemes were being developed across the county with funding from Homes for England - Developers were always encouraged to build extra care facilities
- In response to a finding from the CQC inspection, the workloads of Social Workers were moving to being more specialised.
- Data on the speed of recovery as a result of early hospital discharge was currently fragmented.

Members noted the potential future cost pressures and went on to debate the age split used to focus service delivery i.e. 18-74 and 75+, suggesting that it may be appropriate to also have a clear focus on those aged 18-25, given the potentially high number of young people with complex needs transitioning from Children's Services to Adult Services.

It was also suggested that the Council should use revenue from second homes council tax to fund the building of specialist housing.

The Chair thanked officers for the detailed presentation, and it was

Resolved – That the presentation on the financial management of Adult Social Care cost pressures be noted.

63 Public Health Annual Report 2024/25

Considered – A report by Louise Wallace, Director of Public Health (DPH) introducing the DPH Annual Report 2024-25, with a focus on 'Working Together for North Yorkshire' that illustrated the power of partnership and working together to improve and protect the health of the people of North Yorkshire, as detailed in section 3 of the report.

Louise Wallace provided an overview of her independent annual report which every DPH had a statutory requirement to publish on the health of their population, as a vehicle for informing local people about the health of their community and informing decision-makers in

local health services and authorities on health gaps and priorities that needed addressing.

Louise Wallace drew specific attention to:

- The feedback on the implementation of the recommendations from the 2023-24 Annual Report.
- The Public Health Peer Review undertaken in February 2025 and the actions taken in response to the recommendations arising from that review.
- The recommendations within the 2024-25 Annual Report, suggesting that Recommendation 1 – implementing the recommendations from the Public Health Peer Review, and Recommendation 3 – ensuring the voice of the people with lived experience was an integral part of the work of the Public Health Team, were of key importance.

Members discussed:

- The areas of deprivation identified in the report i.e. Selby and Scarborough, unchanged for the last 15+ years. It was noted that since becoming a unitary, there had been a step change, with more housebuilding, more apprenticeships and the introduction of decent town investment plans etc.
- The greater sense of community prevalent since the pandemic
- The increased contact with employers through the pandemic and the trailblazer money being used across the county on a number of initiatives designed to get people back in to work.
- The county's ageing population and the associated challenges.

Overall, Members commended officers on the report and endorsed its recommendations, and expressed an interest in keeping a watching brief on their implementation and agreed to take them into consideration when planning future areas of focus for the Committee.

The Chair thanked the Director for Public Health for her Annual Report, and it was

Resolved - That the report be noted.

64 Health & Adult Social Care Local Account 2024/25

Considered – A report of the Corporate Director of Health & Adult Services (HAS) presenting the Local Account 2024-25.

Richard Webb, Corporate Director of Health & Adult Services confirmed the Local Account was an annual statement of HAS performance in delivering adult social care, detailing progress against the Directorate's improvement priorities for 2024-25.

Specific attention was drawn to the examples of involvement work within the report, the challenges identified with the report and a number of achievements over the 2024-25 year.

It was noted that the Local Account would provide the CQC with key data to track progress against their recommendations arising from their recent inspection.

Councillor Subash Sharma drew attention to the data in the report on the county's growing ethnic minority population (page 88) and suggested the England average figure shown of 26.5% was incorrect. Officers agreed to check and revise the data if necessary.

Overall, members welcomed the report, but it was suggested that future Local Accounts would benefit from the inclusion of more statistical data trends

Resolved – That the Annual Account for 2024-25 be noted.

65 CQC Inspection - Outcomes & Action Plan

Considered – A report of the Corporate Director of Health & Adult Services (HAS) presenting the outcome of the Care Quality Commission (CQC) Assurance process carried out in 2025 and the actions being taken to address the feedback.

Richard Webb, Corporate Director for HAS introduced the report and confirmed that the Council was currently fourth equal highest in the country which might change as more reports were published. He went on to draw specific attention to Appendix A, the draft CQC Action Plan.

Members noted the headline priorities identified in the Action Plan and agreed it would benefit the committee to understand the timescales for delivery of those, as it would help inform the Committee's future work programme.

It was confirmed the draft Action Plan had recently been considered by the Improvement Board made up of key managers from the Directorate alongside representatives from the voluntary sector and NHS partners, which had resulted in a number of suggested amendments.

With this in mind, Members agreed they wanted to consider a more finalised version at a future meeting so that they could use it to inform their future work programme for 2026-27.

Resolved – That:

- i. The report be noted;
- ii. The completed Action Plan be presented at a future meeting.

66 Work Programme 2025-26

Considered – The work programme for the remainder of the 2025-26 municipal year presented by the Senior Scrutiny Officer.

Members took account of the discussions on previous agenda items and other developments taking place across the county and agreed a number of amendments to their work programme for their final meeting of the 2025-2026 municipal year, as follows:

- i. The update on Substance Use be deferred to the Committee's meeting in July 2026
- ii. The Bi-annual Performance Update be removed from the work programme.
- iii. The addition of the finalised CQC Action Plan

In regard to the committee's work programme for the coming municipal year, Members agreed they would like to hold an introductory session with the new Corporate Director for Health & Adult Services, once the new Director was in post. They also agreed to add a future item to look at younger people's care (age 19-25), given the potentially high number of young people with complex needs transitioning over from Children's Services to Adult Services.

Finally, as it was his last meeting in post, the Committee expressed their thanks to the Director for HAS acknowledging his support, guidance and invaluable contributions to the work of the Committee.

Resolved – That the work programme document be updated as above.

67 Date of Next Meeting - 20 April 2026



North Yorkshire
Safeguarding Adults Board

North Yorkshire Safeguarding Adults Board

Annual Report 2024/2025



*Making safeguarding everybody's
business in North Yorkshire*



Contents

Introduction from the Independent Chair	4
Our Strategic Vision 24/25	6
Our partners	7
Our board 2024-25	8
North Yorkshire Demographics	9
Safeguarding data 2024-25	10
Safeguarding Week 2024	13
Participant feedback	14
NYSAB website	15
Safeguarding Adult Review policy refresh	17
Deprivation of Liberty Safeguards (DoLS)	20
Safeguarding Adults Reviews (SARs)	21
Elaine	22
Partner Contributions	23
Development of the Board	27
Board Structure and Delivery Plan	28
Attendance Record	29
Financial Record	30



Introduction from the Independent Chair

Welcome to the North Yorkshire Safeguarding Adult Board's Annual Report for the period 2024-2025. The Care Act 2014 requires the Board to have a three-year strategic plan and report upon it annually. In this report you will find updates from our current delivery plan, the agreed priorities and the updates on what the partnership has achieved, together with our continuing efforts to improve the safety and protection offered to the most vulnerable people in our communities.

This year has been one of transition for the Board with a new chair appointed in April and the development of the new strategic delivery plan for the following three years, 2025 to 2028.

The Board took the opportunity to review its priorities, and new ones have been chosen that the Board felt better reflected the changes faced by our communities and that would continue to improve the level of service and protection partners offered. The new vision and priorities will be implemented from April 2025 onwards.

As part of our statutory requirements, the Annual Report includes updates on Safeguarding Adults Reviews (SARs) commissioned by the Board where it felt there were learning opportunities to prevent future reoccurrence of abuse or neglect.

The report also updates you on the progress made against the recommendations of already published reviews. As part of our ambitions to promote best practice, the Board has reviewed and implemented its policy and procedures for SARs and worked closely with the counties Community Safety Partnership developing closer working practices to undertake combined SAR and Domestic Abuse Related Death reviews.

The Board has also updated the SAR policy, procedures and referral form for use by the public and professionals. This can be found on our website.

The Board continues to deliver its audit and assurance functions and ensure that there are effective multi-agency safeguarding partnership arrangements and this report offers an insight into the work and initiatives that have been undertaken by our partners.

The Board recognises both the increased diversity within our communities, compounded by the rurality of the county together with the increasing complexity of care and support needs a growing number of adults need. The Board continues to make significant efforts to engage with the public, carers, and practitioners to raise awareness and ensure people can recognise abuse and know how to prevent and report it.

Our communication and training offer together with our continuing efforts to raise awareness of abuse and neglect during 'Safeguarding Week' are some of the notable examples of engagement and support for our practitioners and local communities highlighted within the report.

The report offers an insight into how effective the Board is communicating with our communities and provides reassurance on how the Board continues to try to reach communities across North Yorkshire.

We continue to work collaboratively with other Boards and Partnerships across the county, especially with the Children's Safeguarding and Community Safety Partnerships.

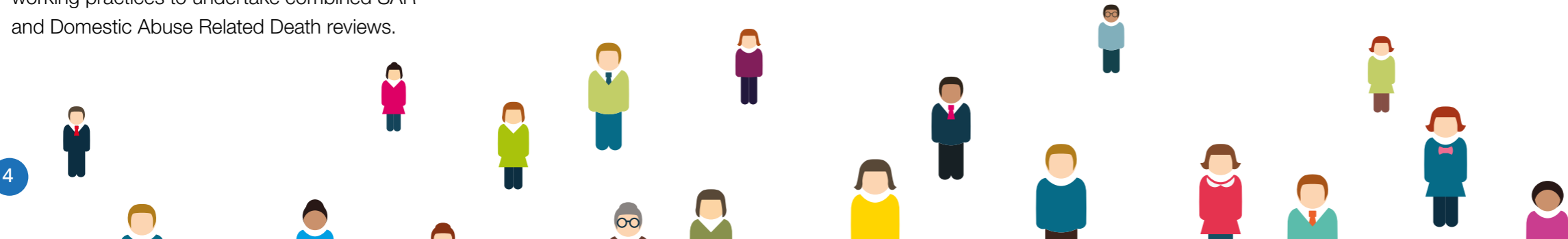
Making Safeguarding Personal within provided care and support continues to be a golden thread and the Board, and its partners have been promoting this model of practice within care and support services.

I would like to take this opportunity to thank everyone involved with the work of the Board, especially members of the business unit and sub-groups for the support they have provided.

Thank you for taking the time to read this annual report. I hope you find it easy to read, informative and above all reassuring.



Adrian Green
North Yorkshire SAB Independent Chair



Our Strategic Vision 24/25

“We will 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.”

Our Strategic Outcomes

1 Reconnect: Reconnect with communities in North Yorkshire

2 Best Practice: Have safeguarding policies and procedures that are in line with best practice

3 Work Together: Work together effectively with partners & organisations

4 Adapt & Respond: Adapt and respond to changes affecting how we safeguard adults in North Yorkshire

Page 10



Our partners

- North Yorkshire Council
- North Yorkshire Police
- NHS Humber and North Yorkshire Integrated Care Board (ICB)
- NHS West Yorkshire Integrated Care Board (ICB)
- Harrogate and District NHS Foundation Trust
- Tees Esk and Wear Valleys NHS Foundation Trust
- South Tees Hospitals NHS Foundation Trust
- Airedale NHS Foundation Trust
- Humber NHS Foundation Trust
- York and Scarborough Teaching Hospitals NHS Foundation Trust
- Independent Care Group
- Healthwatch North Yorkshire
- Community First Yorkshire
- Probation Service
- North Yorkshire Fire and Rescue Service
- North Yorkshire Trading Standards



Partnerships and Networks

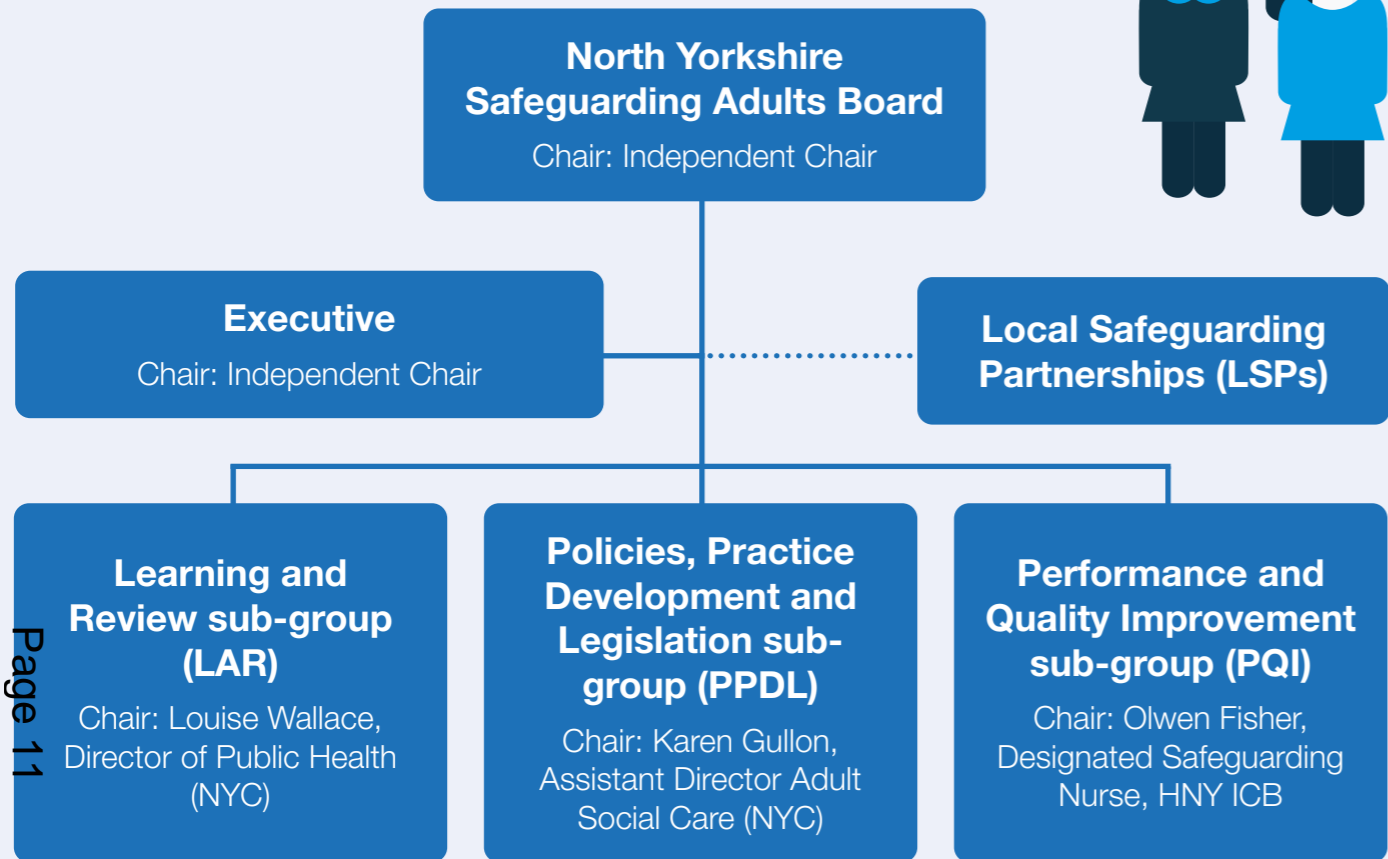
NYSAB works with a number of local Strategic Boards and Partnerships:

- North Yorkshire Safeguarding Children's Partnership
- North Yorkshire Community Safety Partnership
- North Yorkshire Health and Wellbeing Board
- Officer for Police, Fire and Crime Commissioning

These other Boards and Partnerships all have a role in promoting safeguarding across North Yorkshire. NYSAB works in partnership with them to identify and support agreed collaborative initiatives.



Our Board 2024-25



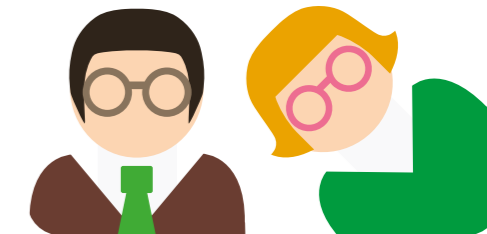
Page 11

One minute guide to the Board:

<https://safeguardingadults.co.uk/wp-content/uploads/2025/12/One-Minute-Guide-to-NYSAB.pdf>



North Yorkshire Demographics



North Yorkshire is England's largest county by land area, covering over 3,300 square miles. As of the mid-2023 population estimates, the county is home to approximately 635,270 people.

The population is spread across a mix of rural, coastal, and market town communities, each with distinct characteristics and needs. Over 50% of residents live in rural areas, many of which are classified as "super sparse." This rurality presents challenges such as access to services, digital connectivity, and transport.

North Yorkshire has a significantly older demographic than the national average. Around 25% of residents (including under 18s) are aged 65 and over, compared to 18.4% in England. This proportion is projected to rise to 31.3% by 2035, reflecting the county's popularity as a place to retire and the national trend of an ageing population.

England's **largest county**, covering a geographical area of over **8,000 square kilometres**

153,800 (25%) of residents are **over 65**; with projected trends and inward migration of older people to the area, this figure is expected to increase to almost a third by 2035

Home to Catterick Garrison, the **largest garrison in the world** with a population of over 13,000



Total population of **615,500**

A mix of **urban, rural** and **coastal** areas

Highly rural - **up to 85%** of the country classified as **'super sparse'** with a population density of just 77 people per square kilometre, compared with an England average of 432

A small but growing ethnic **minority population** - **6.7%** compared to England average of 26.5%

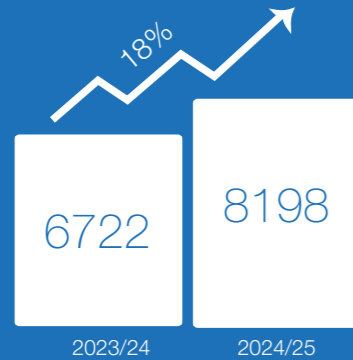
80.7% of North Yorkshire's working age population are **economically active** compared to 77.4% for the Yorkshire & Humber region and 78.4% for the UK



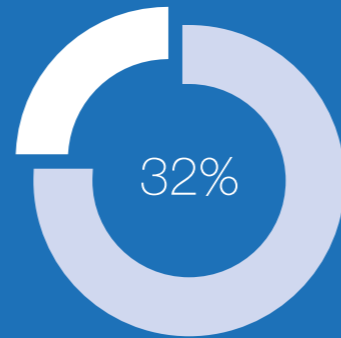
Safeguarding data 2024-25

Safeguarding Concerns Received During 2024-25: **8198** (6921).

This is up **18%** from last year (33%)

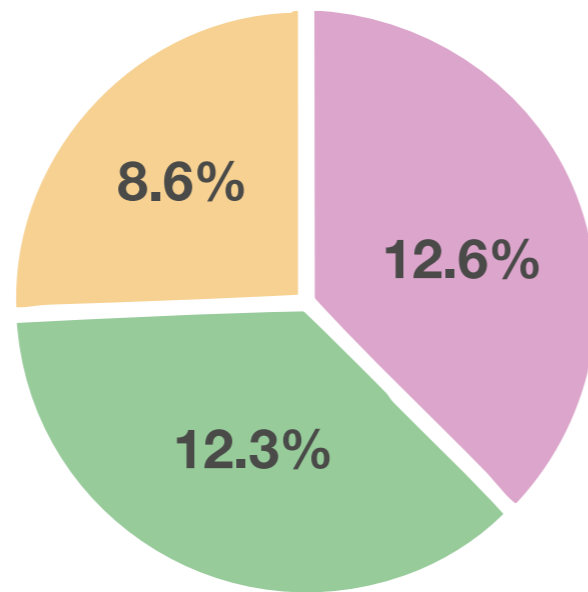
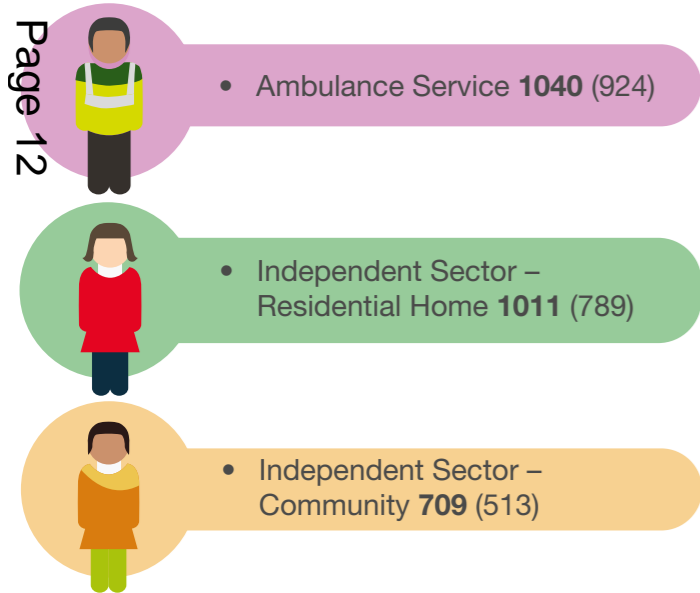


Number of safeguarding section **42 enquiries**: 32% of referrals concerns raised became s42 enquires (**2628** out of **8198**)

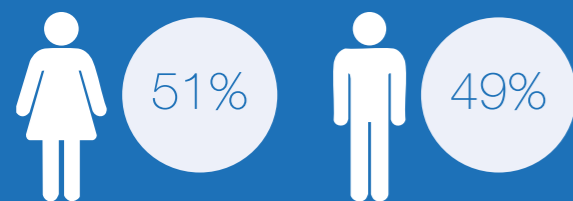


Breakdown of Safeguarding Concerns by Source

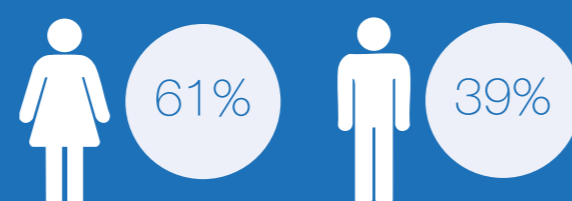
Source of Safeguarding Concerns (top 3):



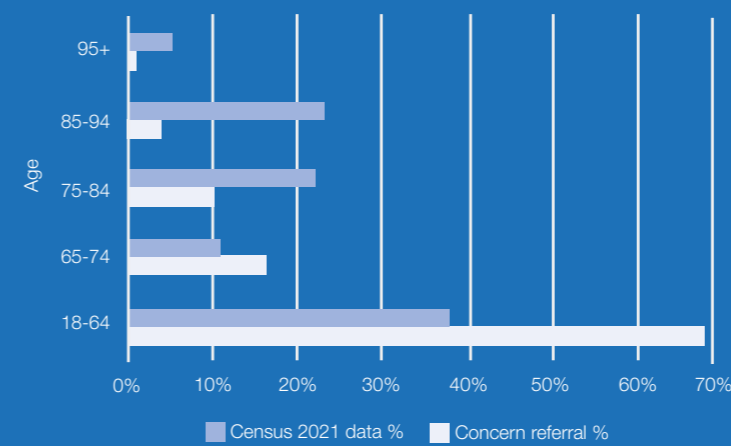
North Yorkshire Gender Breakdown (2021 Census)



Gender Breakdown of Individuals involved in Safeguarding Concerns



Percentage Referral by Age



Age	Census 2021 data %	Concern Referral %
18-64	69.3%	38%
65-74	16.4%	11%
75-84	10.3%	22%
85-94	3.7%	23%
95+	0.3%	5%

Percentage Referral by Ethnicity

Ethnicity	Census 2021 data %	Concern referral %
White	96.71%	88.24%
Asian/Asian British	1.09%	0.62%
Other Ethnic Group	0.43%	0.52%
Black / African / Caribbean / Black British	0.40%	0.26%
Mixed/Multiple	0.39%	0.33%

Breakdown of Section 42 Enquiries by Location of Abuse:

The largest percentage of enquiries shows that most of the abuse is within care homes at **44%** with **42%** in people's own homes, **4%** hospital and **10%** in the community/other.

Types of abuse:

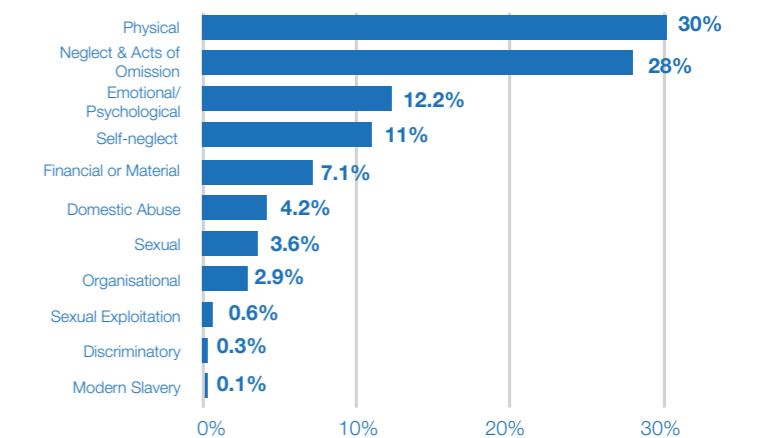
Physical abuse remains the top type of abuse at **30%**, up from **26%** last year. Overall, there has been no change in the types of abuse recorded, other than a slight reduction in financial abuse at **7.1%** down from **10.0%** last year.

Making Safeguarding Personal

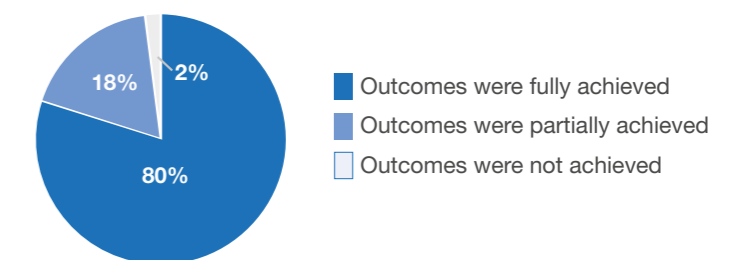
Was the individual or individual's representative asked what their desired outcome was?



Breakdown of Section 42 Enquiries by Type of Abuse



Desired Outcomes of Section 42 Enquiries Achieved



Priority 1 - Reconnect with communities in North Yorkshire

Why?

To ensure the people in North Yorkshire understand what safeguarding is, can recognise the signs of abuse and neglect and know how to report it.

We want to give the people of North Yorkshire a voice and the opportunity to feedback to the Board to help us improve and develop our services to help keep adults at risk safe.

What we've done

Local Safeguarding Partnerships (LSPs)

Local Safeguarding Partnerships are where partners come together to raise awareness locally of issues that relate to both adults and children. The groups help identify learning needs, share good practice, and deliver the local priorities within the Board and Partnership's business plans.

There are LSPs across the localities of North Yorkshire:

- Hambleton and Richmondshire.
- Harrogate and Craven.
- Scarborough, Whitby Ryedale; and
- Selby.

Throughout the year the 4 LSPs have delivered local events as part of safeguarding week with themes including violence against women and girls, self-neglect, financial abuse, and domestic abuse; strong cross-agency collaboration.

Key areas raised by LSPs this year included trauma informed practice, cost of living, self-neglect, homelessness, mental health concerns, exploitation and financial abuse. LSPs agendas included key communications and delivery of presentations on various topics such as Multi-Agency Child Exploitation (MACE), Living Well and Case studies, helping to share collective learning.

Following local government reorganisation, a review of Local Safeguarding Partnerships (LSPs) was undertaken. This acknowledged that the LSPs had demonstrated valuable work and support, particularly through strong engagement during Safeguarding Week. However, due to ongoing capacity pressures and agreement that the service they offered could be achieved through other existing forums, the NYSAB and the other statutory boards concluded that LSPs will stand down from April 2025.



Safeguarding Week 2024

Partners from Safeguarding Adults Boards, Children's Safeguarding Partnerships, Community Safety Partnerships across North Yorkshire, the City of York, East Riding and Hull came together to plan and deliver 44 sessions with over 3700 attendees.

NYSAB hosted sessions

The topics highlighted were chosen to reflect those topics requested or were aligned to our strategic priorities. These sessions were co-delivered with community groups, individuals with lived experience, and their families or carers, ensuring that real voices and perspectives were at the heart of the conversation placing a strong emphasis on prevention throughout.

The NYSAB specifically hosted the following sessions with **1523** attendees:

Session	Attendees	Useful Resources
Managing Concerns Around People in Positions of Trust (PiPoT)	112	NYSAB & NYSCP PiPoT Podcast
Exploitation Team: North Yorkshire Police (For both York and North Yorkshire) – Face to Face session	250 (max)	Joint session held with City of York across Adults, CYP and CSPs
How and when to report an adult safeguarding concern	107 – session 1 67 – session 2	OMG: Raising a safeguarding concern
Modern Slavery in Recruitment	65	Modern slavery North Yorkshire Council
SARs: Exploring links between loneliness, isolation & increased risk of abuse	182	https://www.emerald.com/insight/content/doi/10.1108/jap-04-2023-0015/full/html
Elaine SAR with Independent Author	143	'Elaine' SAR
Substance Use language	87 – session 1 72 – session 2	Drugs Resources - Find Information For Professionals - Drink Drug Hub
Lived Experience Story of Intergeneration Trauma, Addiction and HOPE with Emma & Chris Plant sharing their own experiences.	138	North Yorkshire Connected Spaces - Red Rose Recovery
MIRT & impact of drug and alcohol deaths	60 (max)	Major Incident Response Team Resources > Head First North Yorkshire unites to reduce alcohol and drug use harm North Yorkshire Police
North Yorkshire Drug Analysis Project	93 - session 1 65 - session 2	Providing Information & Support for Drink & Drugs - Drink Drug Hub North Yorkshire and York: Appliance of science to help identify harmful substances and reduce drug-related deaths North Yorkshire Police
Offender Management Unit	52	
Suicide Prevention (closed session for NY professionals only)	30 (max)	Major Incident Response Team Resources > Head First Just B

Participant feedback

Analysis from the two hundred attendees who provided feedback indicated the following:

- 124 people attended for professional interests/ 80 people personal and professional
- 74 people attended more than 2 sessions
- 87 people attended 2 sessions
- 63 attended one session
- 100% found the session informative
- 100% found the session engaging
- 97% thought that Safeguarding Week 2024 provided a good learning opportunity

The majority of attendees heard about Safeguarding Week 2024 through work / targeted communications (word of mouth, email from manager, poster in workplace).

Quotes from the week:



“Everything was so well organised and ran so smoothly, and the speakers were really interesting and engaging. It was so useful to have updates on local safeguarding issues”.

“The emerging themes and actions (from Elaine SAR) were helpful, and Mike delivered the session in an engaging and person-centred way” – **Learning from Elaine safeguarding adult review**



“Really glad to have face-to-face sessions again. Important that this campaign involves people and communities, not just professionals” **Northallerton Market**

“A really powerful session – thank you to everyone who shared their experiences, all to help and support others. Very brave and commendable” – **Suicide Prevention**



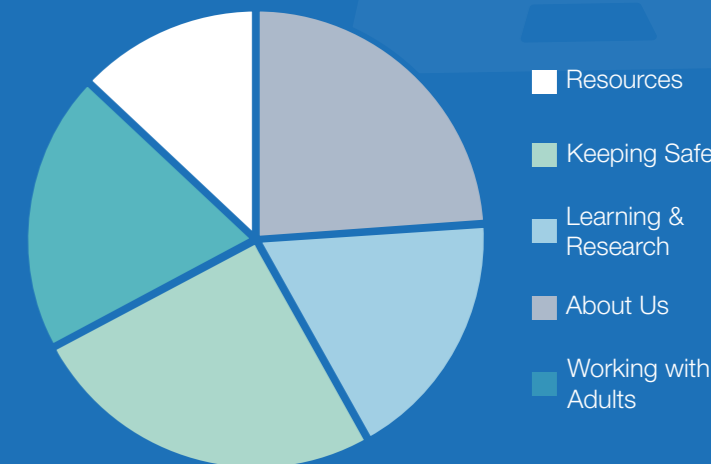
“Really informative thank you. Great session, what a fantastic resource Drink Drug Hub is.” – **Drink Drug Hub session**

Safeguarding Week offers an opportunity and time to raise awareness, share learning, and reaffirm our shared commitment to preventing abuse, harm, and neglect. Where possible, sessions are recorded and join our resource library so that partners can continue to access the learning after Safeguarding week has finished.

NYSAB website

There had been **76,985** visitors to the website in 2024/25, broken down as follows:

	Q1	Q2	Q3	Q4	Year Total
About Us	5,159	6,782	4,002	2,018	17,961
Learning & Research	4,981	4,621	2,132	1,723	13,457
Keeping Safe	5,211	8,587	4,984	2,180	18,992
Working with Adults	5,781	3,998	1,742	3,340	14,861
Resources	4,167	3,361	1,003	1,213	9,744
Total	25,299	27,349	13,863	10,474	76,985



*These figures do not take into account the number of visitors who have accessed Tri.X platform where our safeguarding policy and procedures are now stored.

In addition, **13,008** people accessed the safeguarding policy and procedures, now available via the Tri.X portal. This can be done via the NYSAB website or a direct link. Of these:



9,744 people accessed resources in the resource library (with a **78%** conversion to download / view /engagement)



8,764 visits to safeguarding resources posters and leaflets (with a **62%** conversion to download)

Blogs



11,495 people accessed the NYSAB news / blogs in total.



4,112 people accessed the 'Safeguarding Week' page via the safeguarding week blog



3541 have accessed resources and recordings following safeguarding week)

NYSAB Social media



1172
Twitter/ X followers



42
Twitter/ X posts



220
Twitter/ X engagements



278
Twitter/ X likes



27,630
impressions



174
retweets/ reposts

Priority 2 – Best Practice

Why?

To make sure we meet the needs of adults at risk of abuse, harm, and neglect across North Yorkshire now and in the future.

What we've done

New **Multi-agency Self Neglect Practice Guidance** has been developed by North Yorkshire and City of York SABs, in consultation with the Head of Mental Health (NYC) and colleagues from the North Yorkshire and York Safeguarding Teams. This has now been fully launched as of April 2025

The Board were assured that a roll out **Best Interest Assessor (BIA) Training** was completed by Adults Social Care, with an increase of 26 new Best Interest Assessors (BIAs) to support the capacity to undertake DoLS.

A **review and update of the NYSAB safeguarding competencies** (for Level 1 and 2) using the Bournemouth Competency Framework.

The **Organisational Safeguarding Procedure** was successfully launched and is available on the NYSAB Website along with additional resources, link here: <https://safeguardingadults.co.uk/working-with-adults/nysab-procedures/>

- Four webinars were held for Registered Managers, Nominated Individuals and Designated Safeguarding Leads in Partner Organisations
- Four webinars were held for Heads of, Service Managers, locality Care and Support and Quality and Safeguarding Teams, respectively; a session was also held with 18 Safeguarding Support Staff and their Team Leaders.

The following **One Minute Guides (OMG's)** were developed/updated:

- Domestic Abuse Disclosure Scheme (DVDS) – A new One Minute Guide produced by North Yorkshire Police Domestic Violence Disclosure Scheme (also known as Clare's Law) OMG
- Transitional Safeguarding and Preparing for Adulthood - A new One Minute Guide aimed at professionals, has been produced
- Professionals use of social media - reviewed and updated Social Media: Guidance for Professionals
- Information sharing - review in progress



Safeguarding Adults Review policy refresh

The SAR Policy has been reviewed and updated to ensure it is effective, compliant, and reflective of best practice. As part of this, the Board liaised and compared our draft policy with those of other SABs to assure compliance and best practice. The main changes include:

- Language – additional clarity around Section 44 criteria and updating of language used.
- Structure – re-written in line with new subgroup structure, separating SARs from the current LAR to create increased capacity, focus, monitoring and strategic oversight.
- Forms – updated referral and decision-making form, to assist referrers and scoping panels in the process and improve recording.
- Chronologies - moving from collation of full chronologies prior to scoping, to a request for initial information that is appropriate / proportionate (with robust analysis e.g. around service gaps, missed opportunities, good practice. This should reduce partners workloads and increase efficiency.
- Decision making– a clearer process, ensuring a transparent and robust review and decision-making process with good recording of decisions and rational.
- Accountability – clarifying processes for ongoing review and sign off of action plans, including introduction of a new SAR tracker document. This is intended to speed up the SAR journey from notification to publication.

The SAB Business Unit has been working closely with colleagues from partner agencies to enhance understanding of the SAR referral criteria and process. As part of this effort, referrers are now invited to SAR Scoping Panels, increasing capacity for improved strategic oversight and strengthening informed decision-making against the SAR criteria.

[NYSAB Safeguarding Adults Review \(SAR\) Policy & Procedure](#)



Priority 3 – Work together effectively with partners and organisations.

Why?

To have a strong, joined-up way of working to prevent abuse, harm, and neglect.

What we've done

The Joint Multi-Agency Safeguarding Adults Policy and Procedures are now easier to access via an online system.

Partnership Working and Networks

The Board continue to build strong collaborative relationships with the North Yorkshire Safeguarding Children Partnership, the Community Safety Partnership.

Our joint focus includes key areas such as:

- domestic abuse;
- modern slavery;
- transitions;
- rough sleeping; and
- suicide prevention.

Board and Partnership Managers meet regularly to align priorities, share updates, and identify opportunities for joint projects, strategies, and support across workstreams.

Regular collaboration takes place as part of safeguarding week and joint SAR / Domestic Abuse Related Death Review (DARD) procedures are undertaken when relevant.

The Board is frequently updated by the North Yorkshire Suicide Prevention Strategic Group, with regular updates provided by the Public Health Manager leading this work.

Joint communications and engagement efforts remain a priority, helping to raise awareness, share information and guidance, and reach communities across the county, especially those whose voices are less often heard.

Domestic Abuse

Domestic abuse remains a statutory duty and a key priority for the North Yorkshire Community Safety Partnership. However, the North Yorkshire Safeguarding Adults Board works closely with NYCSP to ensure that those victims and perpetrators who have care and support needs are being appropriately supported, staff are given access to training and safeguarding/domestic abuse referrals are being shared. The NYSAB supports the objectives of the North Yorkshire & York Domestic Abuse Strategy 2024/28, launched in April 2024.



Priority 4 – Adapt and respond to changes affecting how we safeguard adults in North Yorkshire

Why?

As well as changes that happen locally and regionally, there are also national changes which affect the way we safeguard adults that the Board needs to adapt and respond to.

What we've done

Rough Sleeping

In May 2024, the Department of Health and Social Care, in collaboration with the Department for Levelling Up, Housing and Communities (DLUHC), issued a Ministerial directive to all Safeguarding Adults Boards (SABs) across England. This directive called for urgent and coordinated action to address the safeguarding needs of individuals who are sleeping rough, recognising the heightened risks of abuse, neglect, and self-neglect faced by this vulnerable group.



Maggie Gibson,
Housing Needs Service Manager, presenting at the NYSAB Rough Sleeper workshop

In accordance with the directive, rough sleeping has become a key focus for the Board and a future strategic priority area, Led by the Boards Rough Sleeping Champion and head of NYC Housing, Kim Robertshaw.



Kim Robertshaw,
NYSAB Rough Sleeper Champion

In March 2025, the Board held a Rough Sleeping Workshop bringing together a diverse range of partners, to share current practise and develop the Board's future approach. The event focused on:

- Understanding how the Board can effectively meet its new responsibilities around safeguarding rough sleepers.
- Mapping out the work already being done by local agencies and identifying what's working well and potential improvements.
- Exploring how the Board's statutory role can support coordination and delivery of services.






Deprivation of Liberty Safeguards (DoLS)



The Board recognises the potential increasing risks posed by sustained pressures on the Deprivation of Liberty Safeguards (DoLS) system within North Yorkshire. Despite longstanding plans to replace DoLS with Liberty Protection Safeguards (LPS), indefinite delay in implementation has left local systems under significant strain.

The Board is assured that North Yorkshire Council continues to conduct appropriate authorisations of applications, provision of advocacy when needed and the capacity to ensure that waiting times are managed. Despite best efforts the number awaiting processing has increased and at the end of this reporting period stood at 999 with a median waiting time of 12 weeks. This is still a performance much better than the national average. The Board is assured that prioritisation and risk management is effective and is being effectively applied to keep people safe.

The council has instigated some changes to help manage the effectiveness of the DoLS process including:

-  **Review of Mental Health Assessor (MHA) payments** enabling the council to recruit additional MHAs
-  **Virtual assessments** to improve efficiency and reduce expirations whilst maintaining legal and ethical standards, with Best Interest Assessors joining remotely while the Review Team conducts face-to-face visits.
-  **Updated process change for respite** to improve oversight, streamline processes, and ensure timely, appropriate assessments for individuals in respite care.
-  **Provide enhanced weekly monitoring** to ensure continuity and visibility of progress.
-  **Additional funding** has been provided to support efforts managing timescales effectively.

Next steps:

- Further increases in capacity across the system to cope with expected future increase in DoLS applications.

Safeguarding Adults Reviews (SARs)

Section 44 of the Care Act 2014 states that the Board must carry out a Safeguarding Adults Review (SAR) if certain criteria are met.

The purpose of a SAR is not to apportion blame to any individual or organisation but to recognise good practise and opportunities to improve where an adult with care and support needs dies or has been seriously injured as a result of abuse or neglect and there is a concern about how partners have worked together.

SAR activity

Ongoing SARs	No. of new referrals in reporting period	New referrals met the mandatory criteria for a SAR	New referrals met the criteria for SAR under the discretionary criteria.	New referrals did not meet the criteria for a SAR	Published SAR in reporting period
8	6	4	0	2	1

SARs in progress

During the 2024-25 reporting period, **12** Safeguarding Adult Reviews (SARs) are in progress and following criteria under Section 44 of The Care Act (2014).

Progress on these SARs is as follows:

Action planning / Action Plan in progress	Report in progress by Independent Author	Report in progress by NYSAB member	Commissioning of Independent Author in progress
3	2	5	2

Emerging themes from SARs

Difficulties with engagement / assertive outreach responses

Hoarding

Mental Capacity Act, legal literacy and application, particularly in reference to executive function.

Professional Curiosity

Appropriate use of safeguarding protections and practitioner confidence

Risk / abuse identification and responses

Trauma informed approaches

Appropriate complex case escalation

Elaine

Elaine was an 80-year-old woman found deceased in her home having a history of depression, self-neglect and alcohol use.

A Safeguarding Adults Review in relation to Elaine was published on the NYSAB website in May 2024 and can be found here: safeguardingadults.co.uk/sar-elaine

Significant progress has been made in delivering the actions set out in the Elaine 9-Point Action Plan. Several actions have been completed and a number of key areas of work remain in progress into April 2025.

The following progress has been made against the recommendations set out in the Elaine SAR:

- Development of North Yorkshire Substance Use Strategy 2024 – 2028, which aims to reduce harms associated with substance use across North Yorkshire and put people, health and communities at the centre
- Development of new practice guidance on self-neglect and executive functioning to support frontline practice and NYSAB blog on language and stigma.
- Rollout of robust alcohol screening tools for practitioners in health and social care settings.
- North Yorkshire Council has successfully achieved Making Every Adult Matter (MEAM) status, supporting practitioners, policymakers and people with lived experience to transform services and systems for people facing multiple disadvantages.
- Establishment of forums to support case escalation which have been communicated to partners through different channels.
- Promotion of appropriate use of safeguarding processes to raise concerns about vulnerable individuals, particularly those who use substances and are at risk of self-neglect and other forms of harm.
- Health and Adult Services (HAS) are planning a restructure which is being designed to better align resources to support individuals like Elaine, who require support but are often difficult for services to engage effectively.
- A research collaboration with King's College London is underway to develop a practitioner-focused toolkit. This resource will support professionals working with individuals experiencing complex and multiple disadvantages, helping to improve outcomes through more informed and coordinated responses

Learning and Review sub-group

The Learning and Review sub-group considered all new SAR referrals, oversaw any ongoing SARs or other reviews, ensuring learning from reviews (locally, regionally, or nationally) was considered by NYSAB partners and taken forward in their own organisations.

Membership of the Learning and Review Group comprises of senior managers and officers from our key partner organisations.

Partner Contributions

In each annual report, the statutory partners share an overview of the work they have done to support the delivery of the NYSAB strategic priorities. In addition to the activity below, partners have also led and contributed to the work of the Board that is captured throughout this report.

North Yorkshire Council - Adult Social Care



Key Contributions


- **Safeguarding Week 2024–25**
Delivered webinars on:
 - o Supporting disabled people affected by domestic abuse
 - o Raising safeguarding concerns
 - o Person in a Position of Trust (PiPoT)
- **Policy & guidance updates**
 - o Reviewed Safeguarding Adults Operational Guidance (Aug 2024)
 - o Embedded Professional Curiosity guidance
 - o Contributed to One Minute Guides on Mental Capacity and Transitional Safeguarding
 - o Co-developed new Self-Neglect Practice Guidance with City of York SAB
 - o Launched Organisational Safeguarding Procedures (Oct 2024)
- **Preparing for Adulthood**
 - o Developed a practice pathway for transitions
 - o Working to broaden the pathway across partners
 - o Contributed to national research on lifelong disabled adults (Newton & CCN)
- **Collaborative practice & Learning**
 - o Supported development of Mutual Challenge guidance
 - o Updated Modern Slavery Toolkit
 - o Delivered webinars on chronic substance use and safeguarding
- **Complex needs & System Change**
 - o Facilitated peer support and MDT meetings with TEVV psychologists
 - o Piloting King's College London research on complexity in adult social care
 - o Joined the MEAM programme to improve systems for people facing multiple disadvantages



Spotlight Resources

- Professional Curiosity Guide
- Executive Capacity Guide
- Self-Neglect Guidance
- Organisational Safeguarding Procedure

NHS Humber and North Yorkshire Integrated Care Board (HNYICB)

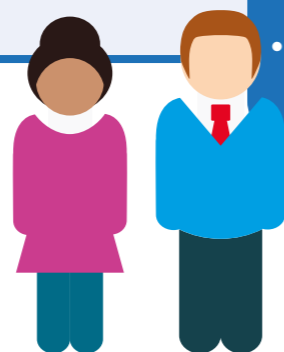



Key Contributions

- **Primary Care Safeguarding Support**
 - o Named safeguarding leads in every GP practice
 - o Regular supervision and support meetings
 - o Delivered “Hot Topics” training on SAR learning, coercive control, and parental mental ill health (PAMIC tool)
- **Policy & Assurance**
 - o Reviewed and strengthened internal safeguarding policies (Safeguarding, Supervision, Prevent)
 - o Introduced new safeguarding assurance template for health providers
 - o Embedded NHS Safeguarding Accountability and Assurance Framework (July 2024)
 - o Adopted updated Adult Safeguarding Roles & Competencies Framework (RCN, July 2024)
- **Collaborative Working**
 - o Active participation in NYSAB subgroups and safeguarding forums
 - o Health lead for PiPoT concerns
 - o Contributed to Domestic Abuse and Sexual Violence Working Group
 - o Supported multi-agency safeguarding planning and outcome meetings
- **Learning & Adaptation**
 - o Promoted SAR learning across the health system
 - o Influenced local practice improvements
 - o Led on LeDeR programme (Learning from Deaths of People with a Learning Disability and Autistic People)
 - o Maintained safeguarding responsibilities during ICB organisational changes

Spotlight Resources

- NHS Safeguarding Framework
- RCN Adult Safeguarding Competencies



NHS West Yorkshire Integrated Care Board (WY ICB)




Key Contributions

- **Primary Care Engagement**
 - o Delivered safeguarding training and development for Craven-based Primary Care practitioners
 - o Shared multi-agency training opportunities and PREVENT updates
 - o Rolled out WY ICB GP safeguarding standards with 85%+ practice returns
 - o Provided safeguarding referral and escalation routes via SystemOne
- **Policy & Practice**
 - o Consolidated safeguarding policies (Mental Capacity, PREVENT) across WY ICB
 - o Promoted multi-agency safeguarding adult policies and procedures
 - o Delivered MCA training and case law updates to embed legal literacy in Primary Care
- **Collaborative Learning**
 - o Used learning from statutory reviews to shape training packages
 - o Worked with designated colleagues across North Yorkshire
 - o Contributed to safeguarding assurance processes and statutory reviews
- **Responsive Practice**
 - o Shared local, regional, and national learning with partners
 - o Incorporated early learning from reviews into training
 - o Collaborated with LeDeR reviewers to identify safeguarding concerns and refer to NYSAB where appropriate

Spotlight Initiatives

- GP safeguarding standards rollout
- MCA legal literacy training
- Integration of safeguarding into SystemOne for Primary Care



North Yorkshire Police



- Reconnect
- Best Practice
- Work Together
- Adapt & Respond

Key Contributions

Community Engagement & Prevention

- o Introduced Operation Soteria to improve multi-agency response to rape and serious sexual offences (RASSO)
- o Exploring prevention approaches for suspects who fall outside traditional responses

Policy & Practice Development

- o Published new Non-Contact Sexual Offences Policy in response to Angiolini Inquiry recommendations
- o Leading development of an adult Multi-Agency Safety Hub to strengthen safeguarding outcomes
- o Enhanced the Herbert Protocol by partnering with Safe & Found Online for digital access to critical information for people with dementia

Multi-agency collaboration

- o Embedded Domestic Violence Disclosure Scheme (DVDS) panel with multi-agency decision-making
- o Implemented Right Care, Right Person (RCRP) to ensure appropriate response to mental health incidents
- o Participated in multi-agency governance and review meetings to monitor RCRP impact and Section 136 detentions

Adaptation to emerging risks

- o Responded to Coaction Hub review of MARACs and harmful practices
- o Introduced dedicated MARAC stream for honour-based abuse, forced marriage, and FGM
- o Weekly standalone MARACs
- o Extended case discussions (30 mins per case)
- o Co-led by specialist agency Halo for culturally informed responses

Spotlight Initiatives

- Herbert Protocol (digital rollout via SAFO)
- Dedicated MARAC for harmful practices
- Multi-Agency Safety Hub development

Find out more:

The full reports from our statutory partners and non-statutory partners can be found on our website using the link below. In addition, the NYSAB is shining a spotlight on the North Yorkshire Drug Analysis Project, an example of work that highlights the importance of multi-agency working and how working collaboratively can make a significant difference in safeguarding adults. [NYSAB Wider Partner Contributions and Spotlight](#)

Development of the Board

This year has been a transitional and developmental period for the board, prompted by the post-COVID landscape, the appointment of a new Chair, and the start of the three-year statutory planning cycle. This provided an opportunity to review and refresh our mission, strategic priorities and structure.

The Board and specially invited wider expert partners gathered for a Development Day, focused on aligning the above elements with identified current and emerging issues. The wider attendance provided transparency and a more diverse inclusive exploration of views. Board members collaborated to review current risks and identify emerging issues, aiming to shape new areas of focus for the next three years.

New Mission Statement

As of April 2025, our new mission statement is:

“Listening to our diverse communities, we will work with adults with care and support needs to keep them safe from abuse and neglect by challenging and supporting partners to deliver effective, complementary, and preventative responses, through informed, confident, and empowered professionals, and carers”



New Strategic Priorities for 2025 – 2028

The Board also reviewed current practices in light of emerging themes and agreed to refocus priorities. Routine activities such as audit, assurance, SARs, and “Making Safeguarding Personal” will no longer be listed as strategic priorities, though they remain essential to supporting future work.

Key areas identified for strategic focus were:

- Improving internal and external engagement and communication
- Addressing rough sleeping, in line with ministerial directives
- Tackling self-neglect and supporting transitions
- Exploring trauma-informed practice
- Strengthening mental capacity assessments and professional curiosity, as highlighted in SARs
- Promoting prevention, delay, and wellbeing
- Ensuring priorities are measurable and outcomes are tracked

Page 21

New Strategic Priorities

Connection	<ul style="list-style-type: none"> Our communities: Promote equality. Involve and amplify voice. Workforce: Engage with and continue to support the workforce. Awareness: Raise awareness of abuse and neglect and how to report it. Raise the profile of SAB.
Prevention	<ul style="list-style-type: none"> Recurring rough sleeping. Transition of service, location, young person into adulthood. Self-neglect
Confident Practice	<ul style="list-style-type: none"> Trauma informed approach. Mental Capacity Assessment. Information sharing and recording. Professional curiosity Learning and continuous improvement.

Board Structure and Delivery Plan



Work continued throughout the year to develop a new three-year NYSAB Delivery Plan and review the Board's structure to support delivery. These were shaped collaboratively across subgroups and formally approved in March 2025 for launch in the following financial year.

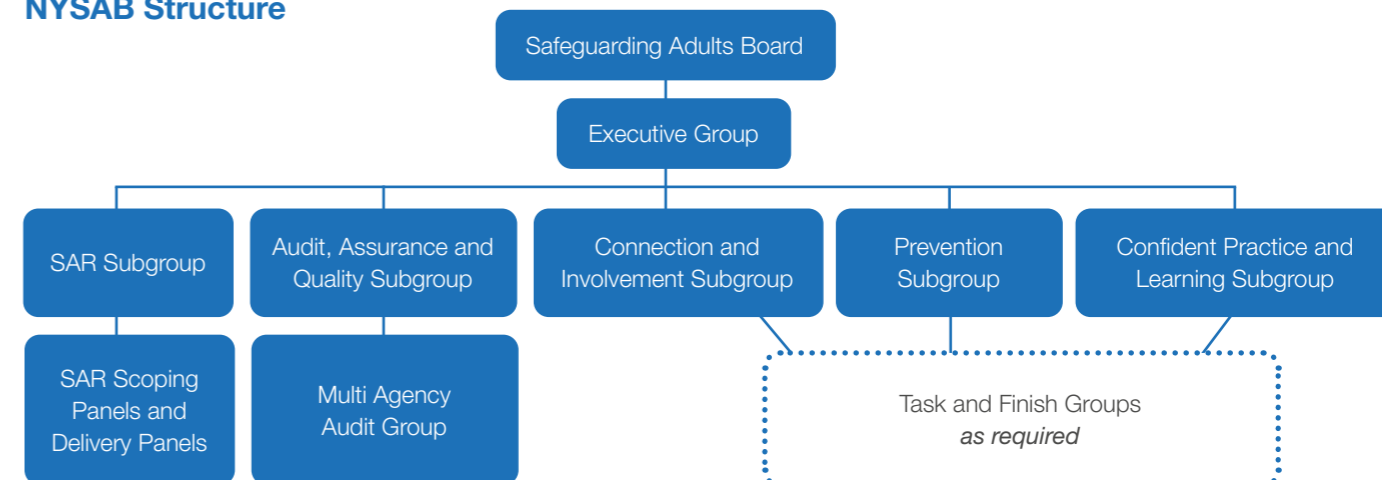
The new delivery plan includes “We Will” statements for each of its areas, such as:

- We will connect with our communities by listening, promoting inclusion, and ensuring everyone has fair access to safeguarding support and services.*
- We will embed a trauma-informed approach, ensuring safeguarding responses are compassionate and consider past experiences.*
- We will engage with professional, listen to their challenges, and work together to offer them practical and useful support.*
- We will work with partners to support people who are repeatedly rough sleeping or at risk of this, helping to prevent abuse, neglect and exploitation.*
- We will engage with professionals, listen to their challenges, and work together to offer them practical and useful support.*
- We will raise awareness of abuse and neglect, ensuring everyone knows the signs and how to report concerns.*

The new Board structure will include 5 subgroups:

- SAR Sub-group** – oversees all SARs and related action plans, with panels and delivery groups reporting in.
- Audit, Assurance & Quality Sub-group** – develops a performance framework to monitor progress and provide assurance.
- Connection & Involvement Sub-group** – supports priority 1 through communications and engagement work.
- Prevention Sub-group** – leads on priority 2, with task and finish groups as needed.
- Confident Practice & Learning Sub-group** – leads on priority 3, and also supports learning, training, and guidance updates.

NYSAB Structure



Attendance Record

Organisation	Designation	June 2024	September 2024	December 2024	March 2025
	<i>Independent Chair</i>	Y	Y	Y	Y
North Yorkshire Council	<i>Corporate Director of Health and Adult Services</i>	Y	Y	Y	N*
	<i>Assistant Director</i>	Y	N*	N*	N*
	<i>Director of Public Health</i>	Y	Y	Y	Y
North Yorkshire Police	<i>Chief Superintendent</i>	Y	N*	Y	Y
	<i>Superintendent</i>	N*	Y	N*	Y
NHS Humber and North Yorkshire Integrated Care Board (ICB)	<i>Chief Nurse</i>	Y	N*	Y	N*
	<i>Designated Professional for Safeguarding</i>	Y	Y	N*	Y
West Yorkshire (ICB)	<i>Designated Professional for Safeguarding</i>	Y	Y	Y	Y
Bradford & Craven Foundation Trust	<i>Designated Professional for Safeguarding</i>	Y	Y	N	Y
Harrogate District Foundation Trust (on behalf of Acute and Community Trusts)	<i>Designated Professional for Safeguarding</i>	Y	Y	Y	Y
Tees, Esk and Wear Valleys NHS FT		Y	Y	Y	Y
Community First Yorkshire		Y	Y	Y	Y
Healthwatch		Y	N	Y	Y
Independent Care Group		Y	N	Y	N
Legal Advisor to the Board**		Y	N	Y	N
Probation Service		Y	Y	N	Y
North Yorkshire Fire and Rescue Service		Y	N	Y	N
North Yorkshire Council	<i>Housing Manager</i>	Y	N*	N*	Y

*Deputy present **Note that the legal advisor to the Board is only required to attend when legal input is required

Financial Record

The NYSAB Budget is made up of contributions from the three statutory partners – the Council, North Yorkshire Police and NHS. As well as direct funding, the NYSAB is also provided with services ‘in kind’ by a number of agencies.

Income 2024-25

North Yorkshire County Council £140,357

North Yorkshire Police - £38,700

North Yorkshire ICB - £38,700

Total £217,757

Expenditure 2024-25

Independent Chair £14,400

Staffing - £171,603

Supplies and Services - £5,354

Safeguarding Adults Reviews - £26,400
(£13,200 of which carried to next year due to delay on commissioning 2 x SARs committed to 24/25 budget)

Total - £217,757

Contact details:

North Yorkshire Safeguarding Adults Board
North Yorkshire Council
County Hall
Northallerton
DL7 8DD

Email: nysab@northyorks.gov.uk

Web: www.safeguardingadults.co.uk



*Making safeguarding everybody's
business in North Yorkshire*

This page is intentionally left blank

North Yorkshire Council

Care and Independence Overview and Scrutiny Committee

20 April 2026

Living Well Service Review

Report of the Corporate Director Health and Adult Services

1.0 PURPOSE OF REPORT

- 1.1 This report provides an update to the Care and Independence Overview and Scrutiny Committee on the current position, performance and the review that is underway of the Living Well Service. It sets out the rationale for, and progress of the review of the Living Well service and outlines the proposed future direction.

2.0 SUMMARY

- 2.1 The Living Well Service plays a key role in the Council's prevention agenda, supporting people to maintain independence and wellbeing and delaying or avoiding the need for statutory adult social care.
- 2.2 Since the Covid-19 pandemic, the service has experienced significant scope expansion, workforce pressures and increasing demand complexity. Activity levels have reduced, with evidence of drift from early intervention at the cusp of statutory care to higher complexity of care.
- 2.3 A review is underway to reaffirm the service's purpose, ensure alignment with strategic priorities and develop a sustainable operating model. The Committee is asked to note the current position and progress of the review.

3.0 BACKGROUND

- 3.1 The Living Well Service was established in September 2015 in response to the Care Act 2014 duty to **prevent, reduce or delay** needs for care and support.
- 3.2 The service provides short-term, non-statutory support to adults 18+ using strength-based and person-centred approaches for up to 12 weeks, focusing on wellbeing, confidence-building and connection to community resources.
- 3.3 An evaluation undertaken in 2018 demonstrated positive outcomes and estimated savings of £1.74 million through delayed demand for statutory care. It also indicated a return of investment of 384% (every £1 invested generated £3.84 in social value).

4.0 CURRENT OPERATING CONTEXT

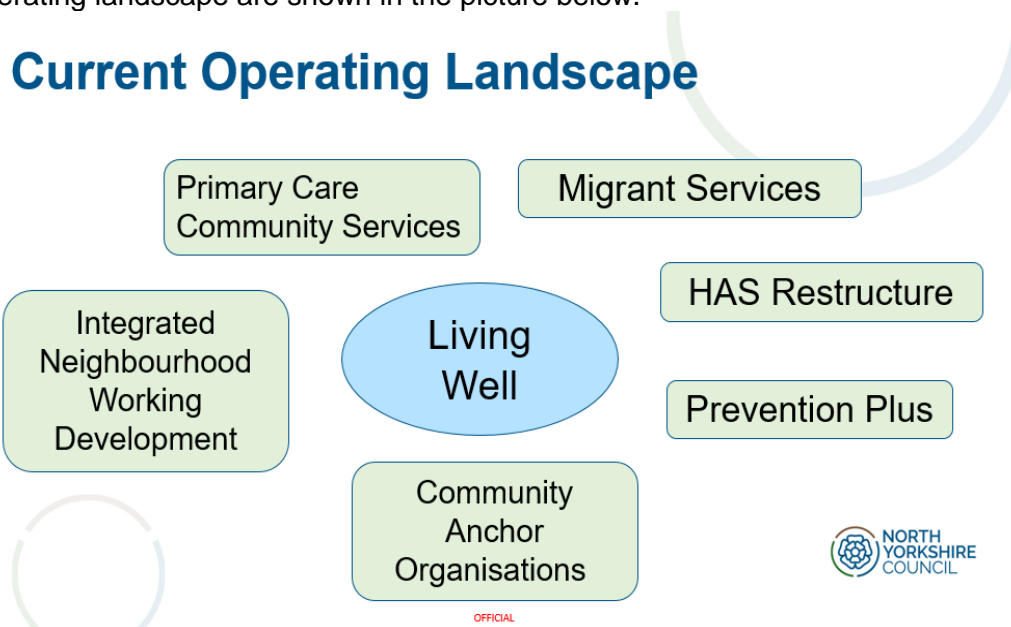
- 4.1 Since Covid-19, the Living Well Service remit has expanded to include social prescribing activity, support for Homes for Ukraine delivery, statutory carers' assessments and support to major incidents (Storms, Floods etc). Whilst at the same time staffing levels have reduced.
- 4.2 Sustained workforce pressures and increasing complexity of demand have contributed to reduced core activity. In September 2025, activity stood at 47.1 involvements per 100,000

population, below the originally set baseline target of 65.3. Long term mean involvement generally sits at 48.2 involvements per 100k population suggesting the service's future involvement targets require review.

- 4.3 Strengths of the service included a skilled workforce, strong partnership working and community-based delivery. These strengths place the Living Well team in a unique position between individuals, the community sector and statutory services to help understand and navigate the often complicated processes across health and care systems. Being able to find the most appropriate community level intervention is essential to reducing demand and ensuring healthy and fulfilling independent lives.

5.0 CURRENT REVIEW OF LIVING WELL

- 5.1 A current review of the service is under way and is designed to ensure that, 10 years after the service started, it has clarity of purpose in a changing landscape. Post covid challenges and the evolution of stronger capacity and capability in the community through the establishment of Community Anchor Organisations and the recent agreement to invest in Prevention Plus level community organisations means that there is further opportunity to provide a contributory prevention service as originally intended. Key elements of the current operating landscape are shown in the picture below.



- 5.2 The current review started in October 2025, its phases are described below.
- Phase 1 objective (Q3 - 25/26): Assess current position, reaffirm vision for service
 - Phase 2 objective (Q1 - 26/27): Create Target Operating Model including service specification
 - Phase 3 objective (Q3/4 - 26/27): Transition to new service delivery (subject to approvals and funding confirmation)
- 5.3 The review has identified the following strengths, weaknesses, opportunities and threats facing the Living Well Service. These are summarised below:
- **Strengths** – Adaptable & skilled workforce; integrated, holistic service delivery; community relations & impact
 - **Weaknesses** – Mission creep; budget pressures; complex landscape across county
 - **Opportunities** – Strong community engagement and development; Equitable service across county, Bridging gap between ASC, the person and community

- **Threats** – Funding sustainability versus service pressures; changing demands (Increase in Neurodiversity and Autism diagnosis)

5.4 We have developed a refreshed vision for Living Well which aims to support the residents of North Yorkshire to “live well their way”. We envision a North Yorkshire where every person is empowered to live independently, with equitable access to support regardless of geography, background, or need. Through strength-based approaches and early intervention, we promote wellbeing and reduce long-term dependency on more formal care and support services. Our service will be co-produced with people, ensuring lived experience shapes design and delivery. By fostering innovation and strong partnerships across health, housing, voluntary sectors, and communities—and embracing digital tools and data—we create a resilient, inclusive, and forward-thinking service.

5.5 The review team is now working on the Target Operating Model including the service specification. We aim to have this completed by July 2026.

6.0 CONSULTATION UNDERTAKEN AND RESPONSES

6.1 To date, the review has involved engagement with colleagues across Health and Adult Services, Public Health, Localities and Finance. Further engagement with partners and people with lived experience will be undertaken as part of later phases of the review.

7.0 CONTRIBUTION TO COUNCIL PRIORITIES

7.1 The Living Well Service supports Council priorities and HAS 2030 by promoting independence, reducing health inequalities and managing demand for adult social care through early intervention and prevention.

8.0 ALTERNATIVE OPTIONS CONSIDERED

8.1 Maintaining the current service model without review was discounted due to risks relating to sustainability, equity of access and alignment with strategic priorities. The initial stages of the review challenged colleagues to consider whether other organisations, statutory or non-statutory, would be better placed to deliver the service. It confirmed that NYC was best placed to continue to deliver this service.

9.0 IMPACT ON OTHER SERVICES/ORGANISATIONS

9.1 The Living Well Service is closely linked to adult social care pathways, health partners and the voluntary and community sector. Any changes to the service will take into account other prevention initiatives including prevention plus.

10.0 FINANCIAL IMPLICATIONS

10.1 The table below shows the funding for the last two years and the proposed funding for 2025/2026. No additional financial impact has been identified at this stage. Any financial implications will come clear as we develop the revised service specification.

Resources

Fund	2024/25 allocation (£'000s)	2025/26 allocation (£'000s)	2026/27- Provisional (£'000s) Current service
Public Health Grant	940	940	940
Better Care Fund	328	400	400
Continuing Care Fund (ICB)	67.5	67.5	67.5
Homes For Ukraine Grant	110.5	114	TBC
Total (Excludes HFU Grant for 2026/27)	1446	1521.5	1407.5

11.0 LEGAL IMPLICATIONS

11.1 No legal implications are identified at this stage.

12.0 EQUALITIES IMPLICATIONS

12.1 An Equality Impact Assessment will be undertaken as part of the development of the target operating model.

13.0 CLIMATE CHANGE IMPLICATIONS

13.1 Climate change impact assessment will be undertaken as part of the development of the target operating model.

14.0 CONCLUSIONS

14.1 The Living Well Service remains central to the council's wider prevention offer. The review provides an opportunity to ensure that the Living Well Service continues to reduce prevent and delay the need for support and contribute to the delivery of our Care Act responsibilities.

15.0 RECOMMENDATIONS

15.1 The Committee is asked to note:

- i) The current position and performance of the Living Well Service.
- ii) The progress of the Living Well Service review and proposed future direction.

Chris Watson
Assistant Director – Adult Social Care
County Hall
Northallerton
08 April 2026

Report Authors – Chris Watson and Angela Crossland

Background Documents: None
Appendices: None

Note: Members are invited to contact the author in advance of the meeting with any detailed queries or questions.

North Yorkshire Council

Care & Independence Overview & Scrutiny Committee

20th April 2026

Complex Care Update

Report of the Corporate Director for Health & Adult Services

1.0 Purpose of Report

- 1.1 To provide an update on three major programmes of work within Health & Adult Services: Complex Decision-Making Research, Trauma Informed Practice, and Multiple Disadvantage.

2.0 Summary

- 2.1 This report summarises progress across three interconnected areas of service transformation:
- i. A collaborative research project focused on improving complex decision-making,
 - ii. The directorate-wide Trauma Informed Practice program
 - iii. The development of new support models for people experiencing multiple disadvantages.

3.0 Background

- 3.1 North Yorkshire Council continues to develop strategic programmes to strengthen practice, improve decision-making, and support people with complex needs. These programmes reflect national priorities and local commitments to improving outcomes for adults with care and support needs.

4.0 Complex Decision-Making Research

- 4.1 North Yorkshire Council, University of Surrey and King's College London are together completing a collaborative research project. The purpose is to develop North Yorkshire Council policy and principles on working with complexity, identified as a key priority improvement area for adult social care. The research project started in Autumn 2024 and is due to be completed by Autumn 2026. It involves North Yorkshire Council adult social care policymakers and practitioners including but not limited to registered social workers. Cognitive psychology and legal expertise are provided by the University of Surrey, King's College London and 39 Essex Chambers.
- 4.2 Multiple workshops have been held with practitioners, both in-person and online to develop a tool which strengthens practitioners' ability to make complex decisions. The tool, which includes legal prompts, helps practitioners when need to manage complex situations where there are conflicting perspectives and high risks. A pilot group is currently using and testing the tool, with a training programme commencing in April 2026 for the next cohort of Advanced Practitioners and Practice Leads to use the tool. The tool should be ready to launch for the adult social care workforce to use in September 2026. There is regional and national interest from other Local Authorities to adopt the tool to support their complex decision-making.

5.0 Trauma Informed Practice

- 5.1 Health and Adult Services made a formal commitment in 2024 to become a trauma-informed organisation, recognising this as a key approach to reducing the long-term negative impacts of trauma across the life course. HAS has since initiated a transformational programme, working in partnership with colleagues in Housing and Community Safety, to embed trauma-informed principles across all directorates involved.
- 5.2 Collectively the services have adopted the UK Government’s working definition of trauma-informed practice and have proactively engaged with neighbouring councils, joined both local and national networks, and established collaborative partnerships with colleagues in Health. These activities are enabling us to deepen our understanding and shape the actions required to progress this work effectively.
- 5.3 The organisation is also learning from and sharing best practice with our colleagues in Children and Young People’s Services, across both social care and the NHS. Our programme is informed and inspired by the Children and Young People’s Trauma Informed Care Programme, part of the Humber and North Yorkshire Health and Care Partnership.
- 5.4 The transformational programme is structured around four progressive stages:
- Trauma Aware
 - Trauma Sensitive
 - Trauma Responsive
 - Trauma Informed

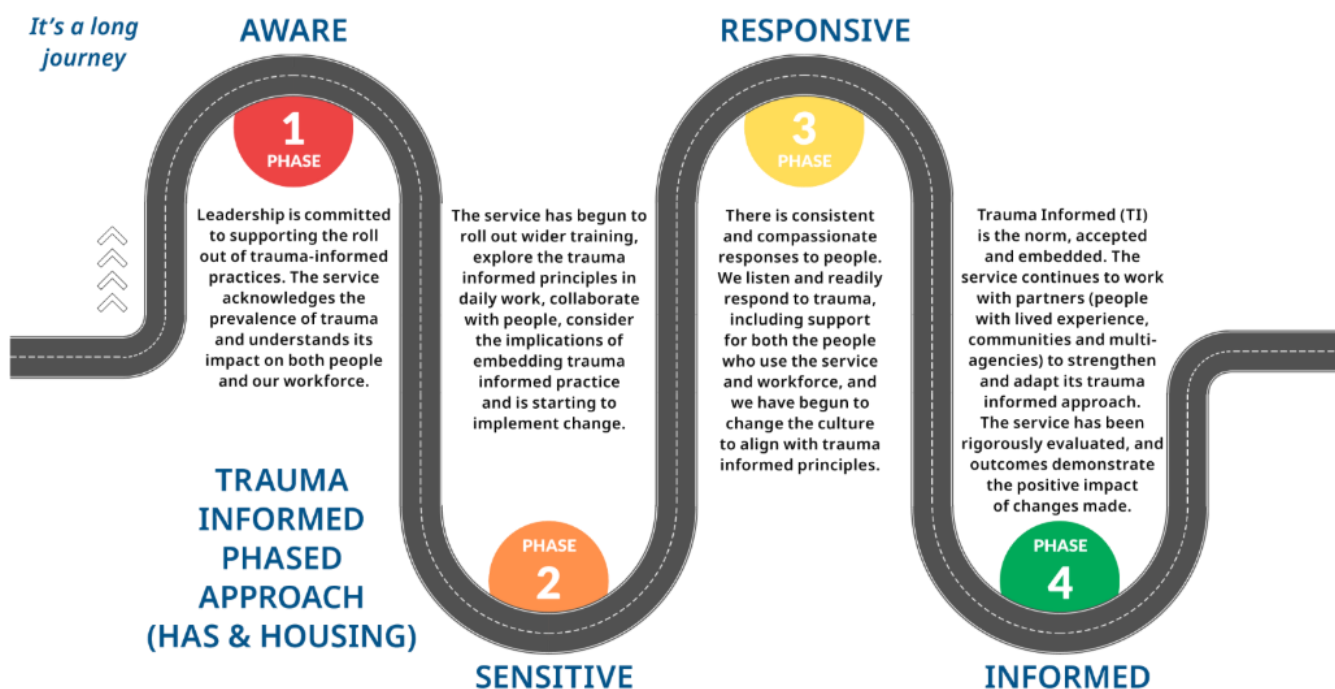


Image 2: Trauma-Informed Roadmap

- 5.5 It is anticipated that achieving full trauma-informed status will take approximately eight years. This timeline reflects the breadth and depth of change required, as becoming trauma-informed influences every aspect of service delivery, including approaches to supporting both the workforce and the people who access services.
- 5.6 Significant progress has already been made in Phase 1 of the implementation journey, and preparations are underway to transition into Phase 2. A dedicated delivery group has been established to lead and coordinate this work. Representatives from Health and Adult

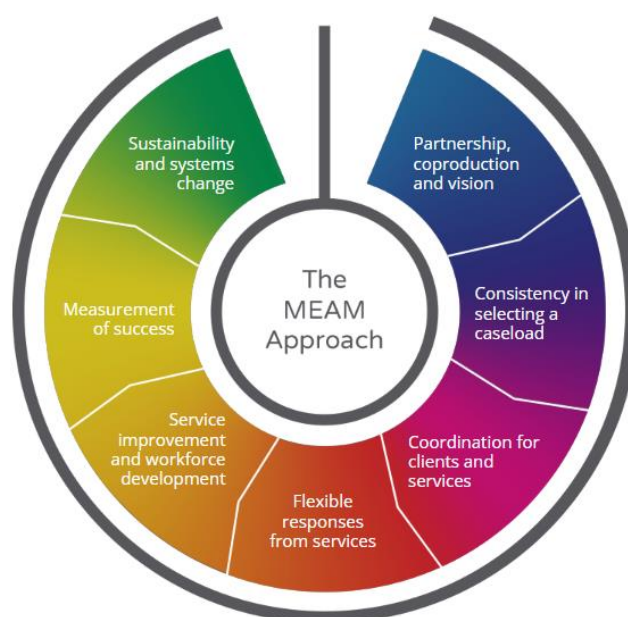
Services, Housing, Community Safety, and Training and Learning meet monthly to review progress, agree priorities, and coordinate actions.

- 5.7 Phase 1 has focused on delivering Trauma-Aware Leadership and Management training, which has been in place since April 2025. To date, approximately 200 leaders and managers have either completed or booked onto the in-person, two-half-day training sessions. The objective is for all leaders and managers to complete the programme by September 2026. In addition, the entire workforce has been encouraged to access the eight-minute e-learning module, *Opening Doors: Trauma-Informed Practice*, which provides an introduction to trauma-informed approaches.
- 5.8 A key next step involves rolling out broader training to all Health and Adult Services staff. This programme is scheduled to begin in Autumn 2026 and is expected to take approximately three years to complete, reflecting the size and diversity of the workforce.
- 5.9 Operational teams have also reviewed the trauma-informed toolkit and completed the Phase 1 self-assessment. This process highlights current strengths and identifies areas for further development. The completed self-assessments have been collated and analysed to inform action plans that will support teams as they move into Phase 2. These assessments will be reviewed annually to track progress and demonstrate the emerging impact of trauma-informed practice.
- 5.10 A central element of this programme is the prevention of vicarious trauma, compassion fatigue, and burnout among the workforce, ensuring staff are appropriately supported. Staff continue to be encouraged to access support through the Employee Assist Programme, and future action plans will incorporate practical measures to mitigate burnout, alongside opportunities for reflection and mutual support through supervision and team discussions.

6.0 Multiple Disadvantages

- 6.1 The new Intensive Support Team (IST) was launched on 5 January 2026 within Health and Adult Services. The IST provides support to individuals with high levels of need who are experiencing multiple disadvantage, co-occurring wellbeing needs and who require specialist, intensive intervention. Identification of the cohort is based on presenting need rather than diagnosis. In addition, the team offers long-arm supervision, guidance and support to other teams working with individuals who require specialist preventative intervention to avoid crisis, or who are already experiencing crisis.
- 6.2 The IST operates across the areas of crisis intervention, emotional distress, substance use, homelessness, forensics, learning disability and mental health. Since its launch, social workers within the IST have been actively supporting individuals facing multiple disadvantage, working jointly with partners such as Housing, North Yorkshire Horizons, Harrogate Homeless Project and REACH. The next stage of development will see Multi-Disadvantage Outreach Model (MDOM) workers join the team across both Harrogate and Scarborough from April 2026.
- 6.3 Health and Adult Services has identified the need for a robust multi-disciplinary and multi-agency meeting framework to ensure effective support for people with complex needs and multiple disadvantages. A "Team Around the Person" approach has been explored. In 2024, research and a dedicated workshop were undertaken to review existing arrangements across North Yorkshire, as well as regional and national best practice, in order to develop Terms of Reference for Multi-Agency Team Around the Person (MATAP) meetings. MATAPs are senior-led multi-agency meetings in which representatives from each organisation with the authority to commit resources participate in coordinated safety planning and decision-making for individuals with complex needs and multiple disadvantages.

- 6.4 Learning from this work identified opportunities to improve consistency. It was acknowledged that a range of single-agency and multi-agency forums already operate across North Yorkshire, including Multi-Agency Problem Solving (MAPS) meetings. As the programme and organisational understanding have progressed, the project group has begun exploring whether MAPS meetings could be adapted to meet the identified need. This work is ongoing, with the intention of establishing a finalised model by Autumn 2026.
- 6.5 An outcome of the 2024 workshop was an agreement that North Yorkshire Council should apply to join the MEAM (Making Every Adult Matter) network. MEAM is a national charity that supports practitioners, policymakers and people with lived experience to transform systems and services for individuals facing multiple disadvantage. Established as a coalition of Homeless Link, Clinks, Collective Voice and Mind, MEAM works across sectors and government, partnering with local areas to strengthen responses to multiple disadvantage and improve outcomes for the people affected. North Yorkshire became a MEAM Network Partner for the period 2024–2026.
- 6.6 The MEAM Approach provides a framework to help local areas design and deliver more effectively coordinated services for people experiencing multiple disadvantage. This framework is underpinned by seven core principles of service design and operational delivery that have been associated with successful transformation in MEAM-supported areas:



- A strategic coordinator responsible for system alignment, operational oversight and evaluation.
- A clearly defined cohort of individuals who will receive support.
- Small caseloads to enable meaningful, sustained engagement.
- An assertive outreach model** that meets people where they are, rather than requiring access through standard service points.
- A relational, person-centred approach that prioritises the individual's needs over organisational structures.
- A flexible service offer that is not dependent on compliance, attendance or other traditional engagement requirements.

- Co-production with people with lived and living experience, ensuring their voice is central to shaping policy, commissioning and service delivery. People with experience of multiple disadvantage are recognised as the most influential advocates for system change.
- Governance arrangements that support a learning system, ensuring insights inform both specialist provision and mainstream services.

6.7 The development, evolution and long-term sustainability of an effective offer for people experiencing multiple disadvantage depend on shared resources, shared risk and realistic timescales across all partner organisations.

6.8 Partners are currently testing the MEAM approach in Harrogate with the aim to achieve:

- *A co-ordinated system* of services that facilitates the following for people who experience multiple disadvantage:
- *A 'connection'* with a service or services.
- *A single plan* based around the person's own strengths, agency, needs and goals.
- *A home.*
- *Harm reduction* – avoidance of an acute health event and prevention of death.

7.0 Consultation Undertaken and Responses

71 Engagement has occurred across adult social care, partner agencies, academic partners, frontline practitioners and people with lived and living experiences.

8.0 Contribution to Council Priorities

8.1 These programmes support prevention, early intervention, safeguarding, and workforce development.

8.2 The programmes of work also support the council's key themes:

- support thriving places and empowered communities that live, work, visit and do business in North Yorkshire
- develop more sustainable and connected places across North Yorkshire
- ensure the people of North Yorkshire are safe, healthy and living well
- maximise the potential of North Yorkshire's people and communities

8.3 All three aspects of the work align with the council plan

- Customers programme
- Way we will work programme
- Reducing demand programme
- HAS priority areas for HAS 2030, and key priority areas.

9.0 Impact on Other Services / Organisations

9.1 The programmes involve multi-agency working and will strengthen collaboration across sectors.

10.0 Implications

10.1 **Financial** - Activities are being delivered within existing programme budgets; further financial planning will align with rollout phases.

- 10.2 if successfully delivered the programmes should show value for money and potential return on investment.
- 10.3 **Legal** - The decision-making tool incorporates legal prompts to support compliance with statutory duties. Legal are involved in the design and implementation.
- 10.4 **Equalities** - All programmes aim to improve equity of access and outcomes for people with complex needs.
- 10.5 **Climate Change** - No direct environment impacts identified, although could have a slight positive implication as services will be closer to home therefore less travel for residents.
- 10.6 **Performance** - These programmes are expected to improve consistency and quality of practice. The programmes performance will be managed through the national outcome frameworks for Multiple Disadvantage, Mental Health and Substance use framework and the trauma informed programme.
- 10.7 **Policy Implications** - The research project will inform new policy on complex decision-making
- 10.8 **Risk Management** - Improved decision-making processes reduce organisational risk.
- 10.9 **Human Resources** - Significant workforce training commitments are planned across multiple years; resources have already been allocated through the transformation projects.
- 10.10 **ICT** - Digital support will be required for training delivery and tool implementation.
- 10.11 **Community Safety** - The IST and MATAP models improve safeguarding for people with complex risks.
- 11.0 Conclusion**
- 11.1 Significant progress is being achieved across all programmes, with further key milestones planned for 2026. New opportunities continue to emerge that will support people to live well in North Yorkshire with good mental health and wellbeing. Our focus remains on aligning this work with existing local initiatives and national programmes, while developing new approaches where they add clear value and make sense for our communities.
- 12.0 Reasons for Recommendations**
- 12.1 To ensure the Committee is fully informed of ongoing transformational work to improve outcomes for people with complex needs.

13.0 RECOMMENDATIONS

The Committee is asked to:

- i) Note the progress made across the three programme areas.
- ii) Support continued development and implementation of the programmes into 2026 and beyond.

Abigail Barron HAS Corporate Director
County Hall
Northallerton

Report Author

Natalie Smith, Head of HAS planning, (Service Development and Public Health),

Elaine Hewitt, Head of Mental Health Specialist services (HAS)

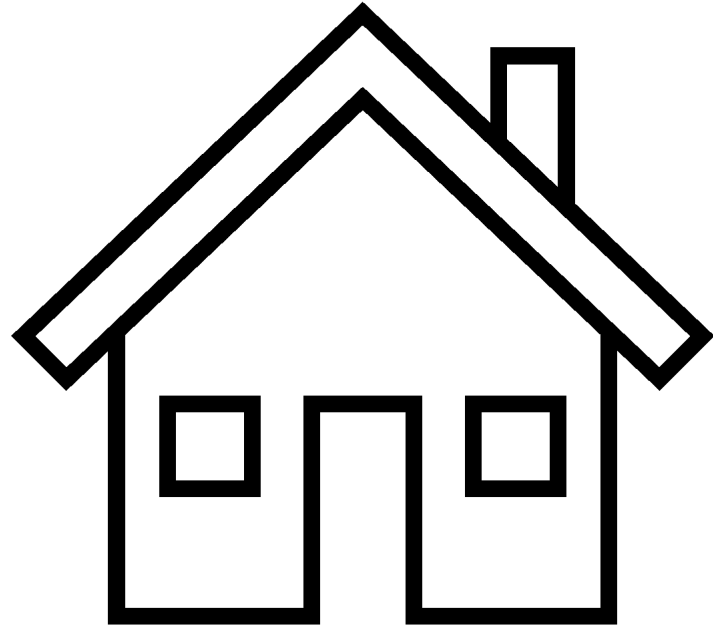
Ruth Austen, Practice Development Officer (HAS Mental Health Team)

Presenter of Report – Natalie Smith Head of HAS planning

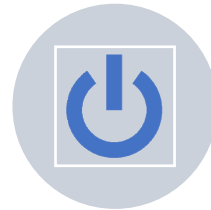
Note: Members are invited to contact the author in advance of the meeting with any detailed queries or questions.

This page is intentionally left blank

Discharge Hub Performance



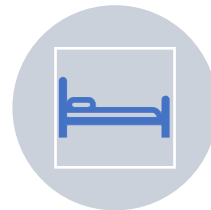
Discharge Pathways



Pathway 0 – home with no support or restart of an existing service



Pathway 1 – home with a newly commissioned service (reablement, bridging, package from the private market)



Pathway 2 – discharged to a short term placement (intermediate care bed, placement from the private market) with a view to returning home



Pathway 3 – Discharged to short term placement with a view to most likely needing long term residential or nursing care

Pre Covid vs Post Covid Comparison – average number of discharges per day

Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Annual Average
9.1	9.4	8.3	9.2	8.7	9.5	10.5	10.2	11	12.1	9.6	

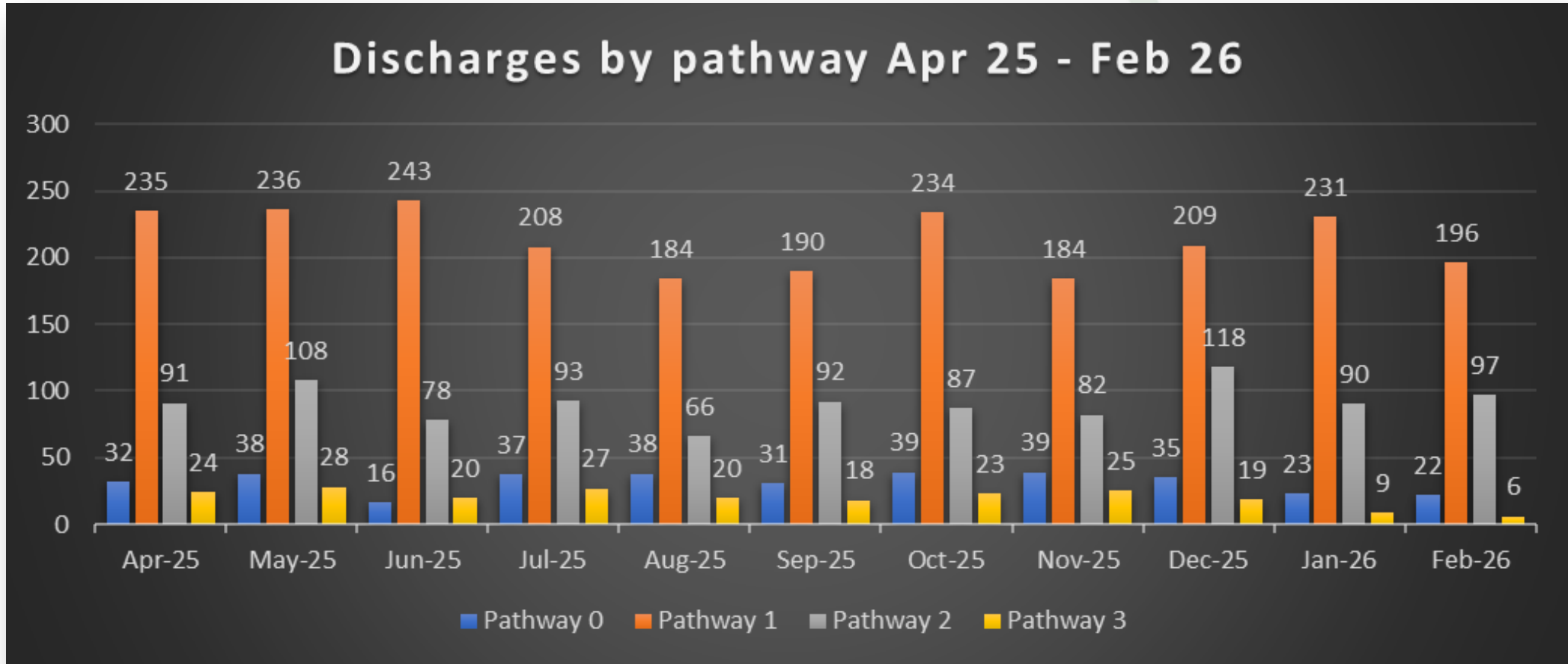
Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Annual Average
12.7	13.2	11.9	12.2	9.9	11.0	12.4	10.6	12.3	11.3	11.5	

Page 39

Difference between 19/20 and 25/26											
Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Annual Average
39.6%	40.4%	43.4%	32.6%	13.8%	15.8%	18.1%	3.9%	11.8%	-6.6%	19.8%	19.9%

March 26 data excluded due to date report created. March 2020 data removed to allow direct comparison

Discharges by Pathway Apr 25 – Feb 26

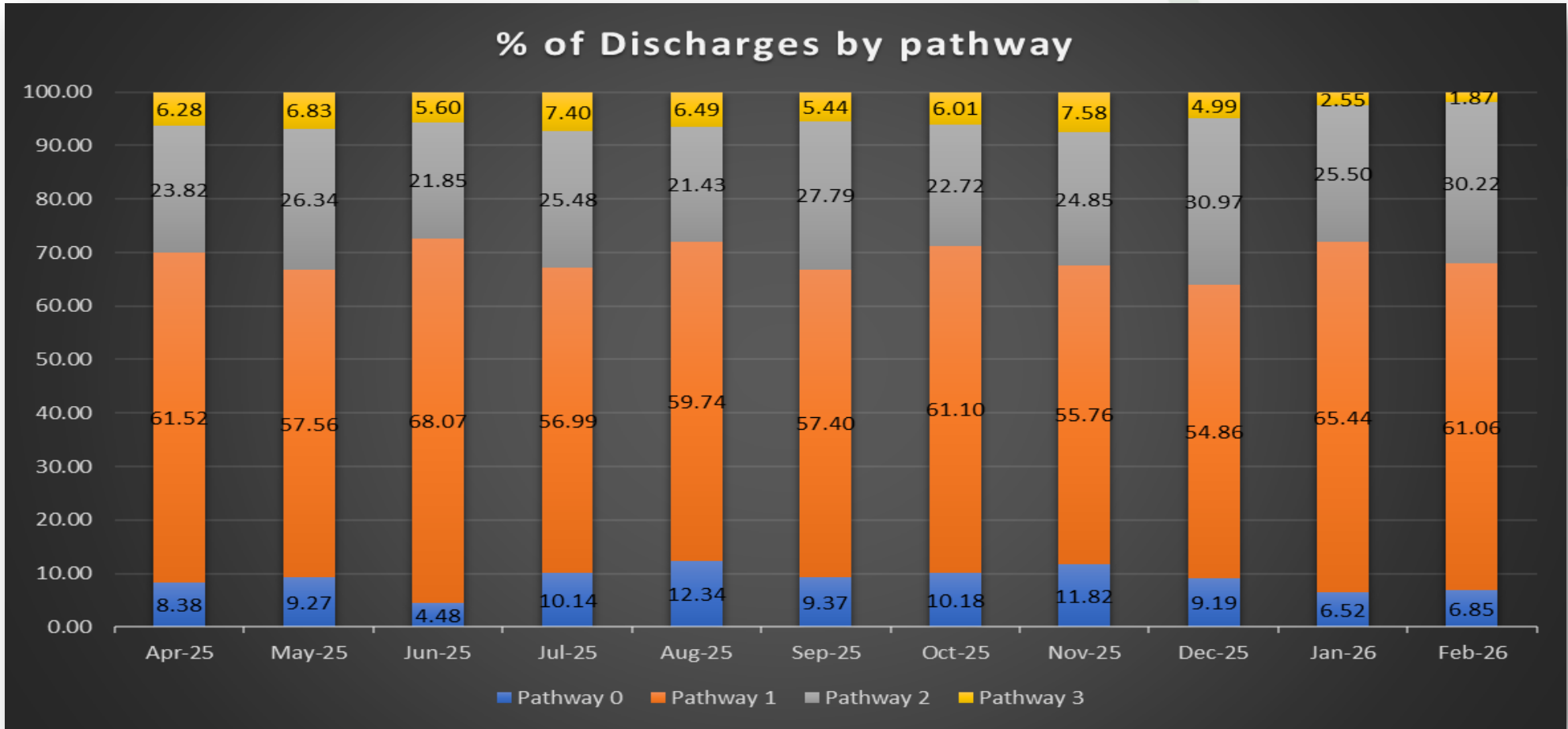


Pathway 0	Pathway 1	Pathway 2	Pathway 3	Total
350	2350	1002	219	3921



Discharge % by Pathway – Apr 25 – Feb 26

Page 41

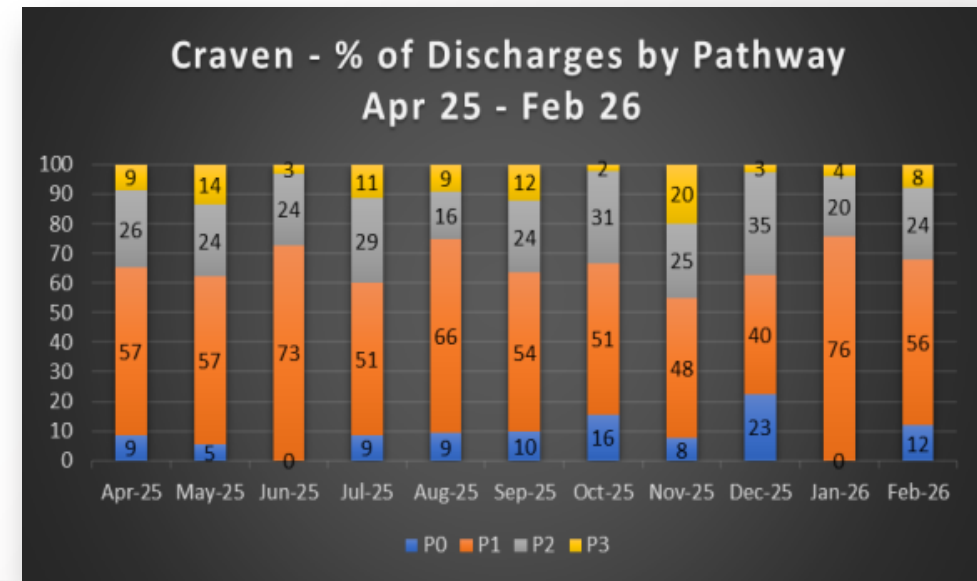
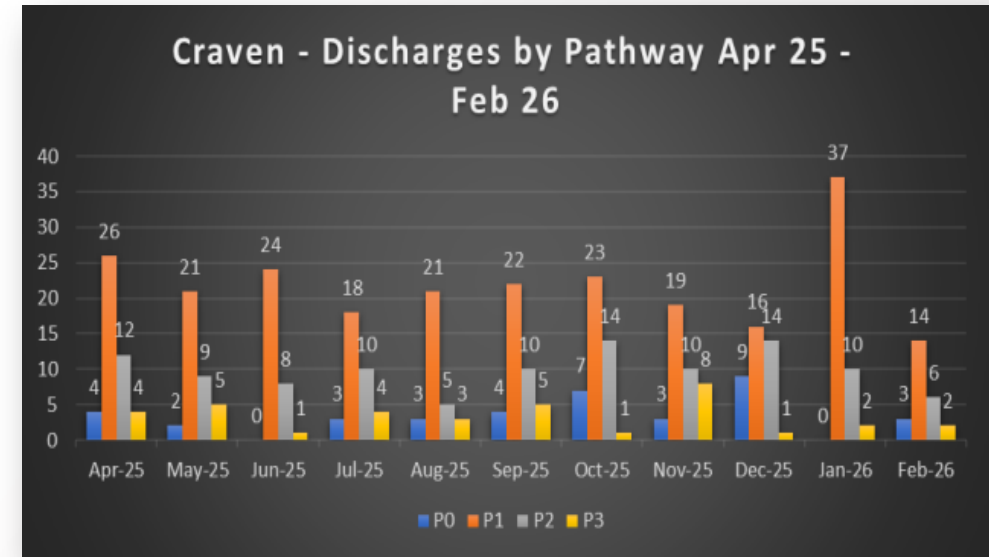
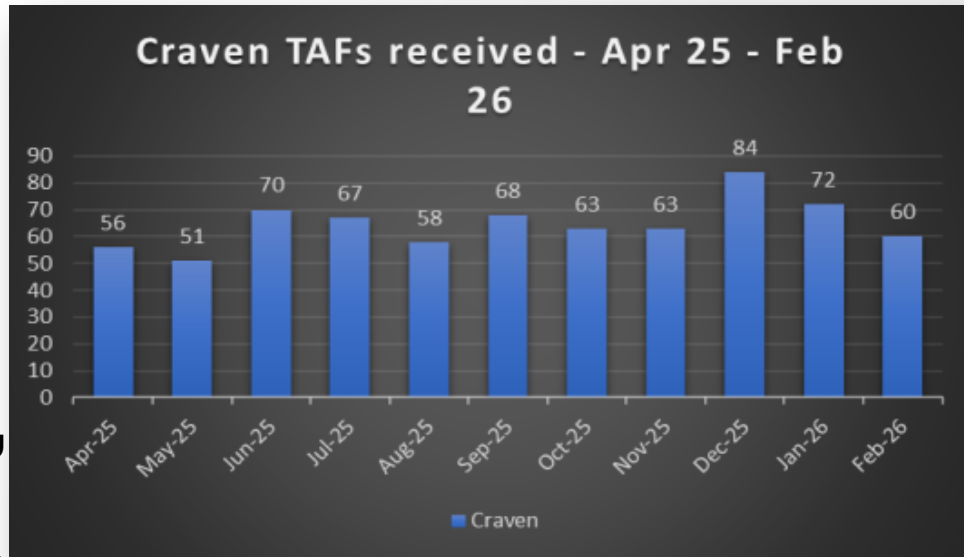


Average P0	Average P1	Average P2	Average P3
8.93%	59.95%	25.56%	5.56%



Craven hub - Apr 25 – Feb 26

Page 42

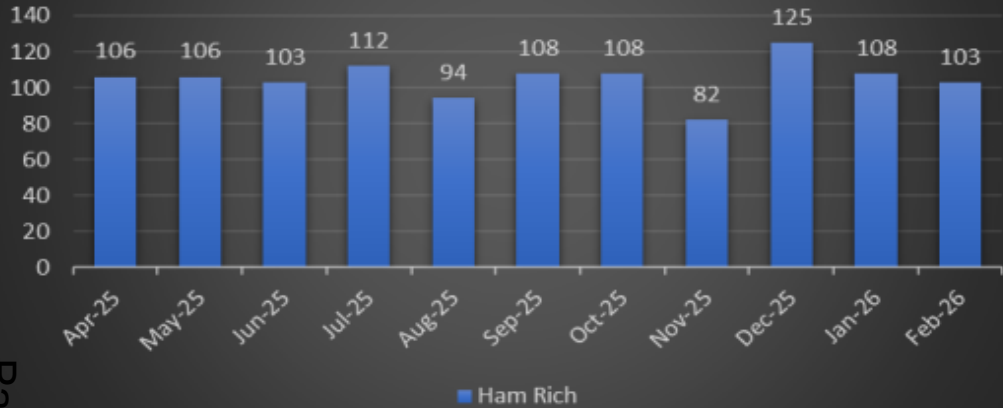


- 712 TAFs received for 25/26 so far, 11% increase compared to same period for 24/25
- 423 discharges for 25/26 so far, 3% decrease when compared to the same period for 24/25
- 66% discharged home
- Approx average times for TAF to discharge for Apr 25 to Feb 26 are as follows:
P0 – 8 days, P1 – 9 days, P2 – 10 days, P3 – 14 days

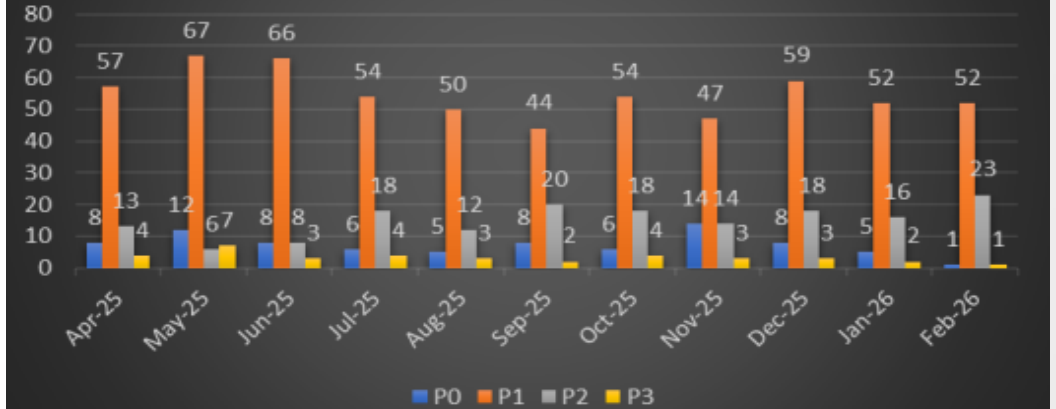
Ham Rich hub - Apr 25 – Feb 26

Page 43

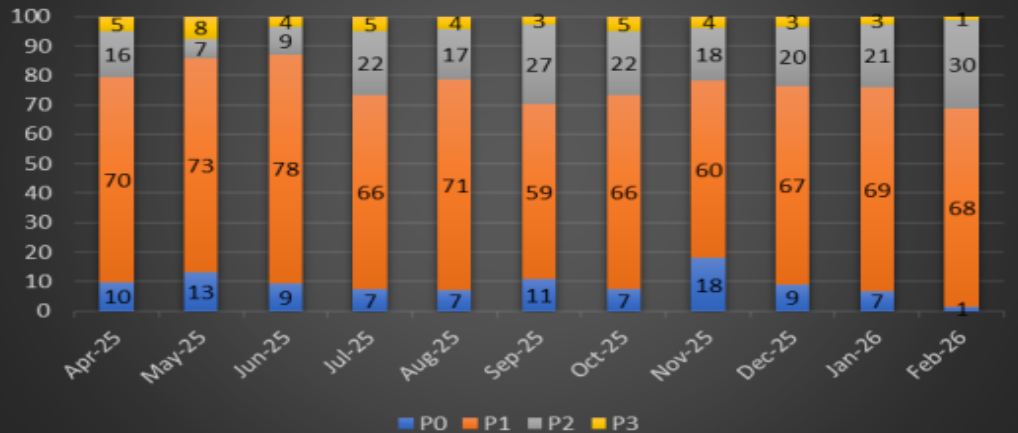
Ham Rich TAFs received - Apr 25 - Feb 26



Ham Rich - Discharges by Pathway Apr 25 - Feb 26



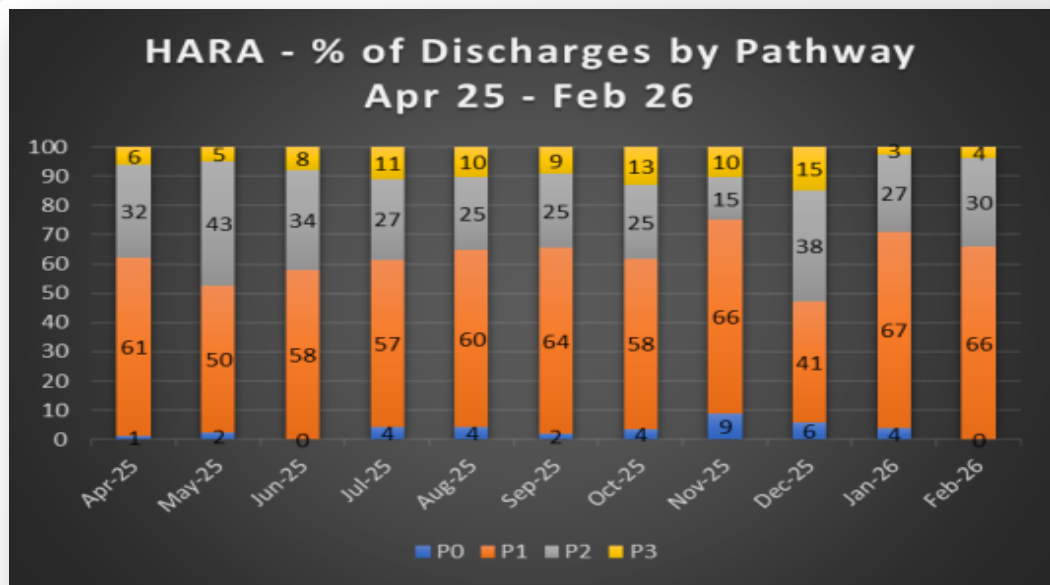
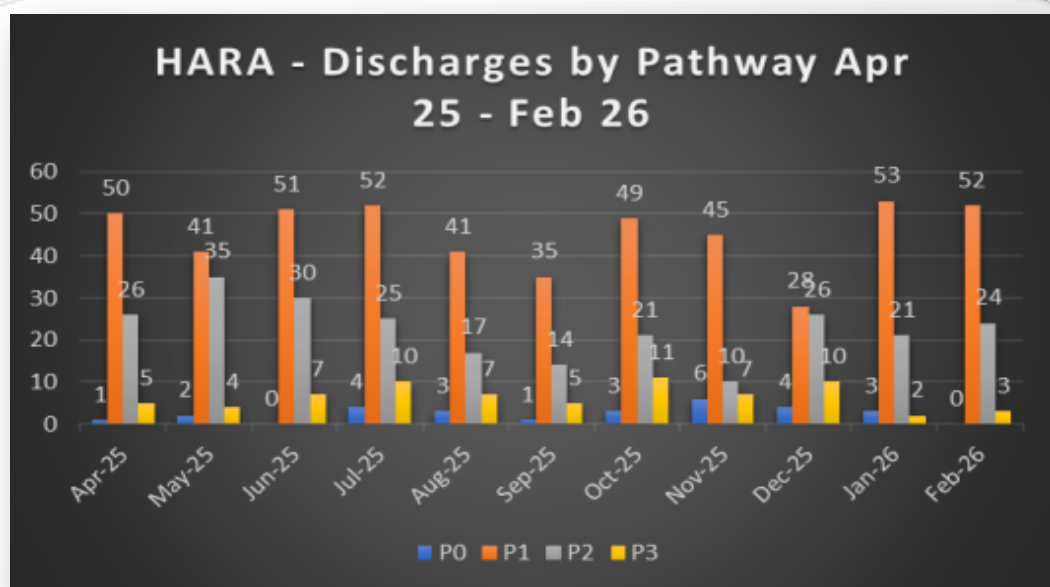
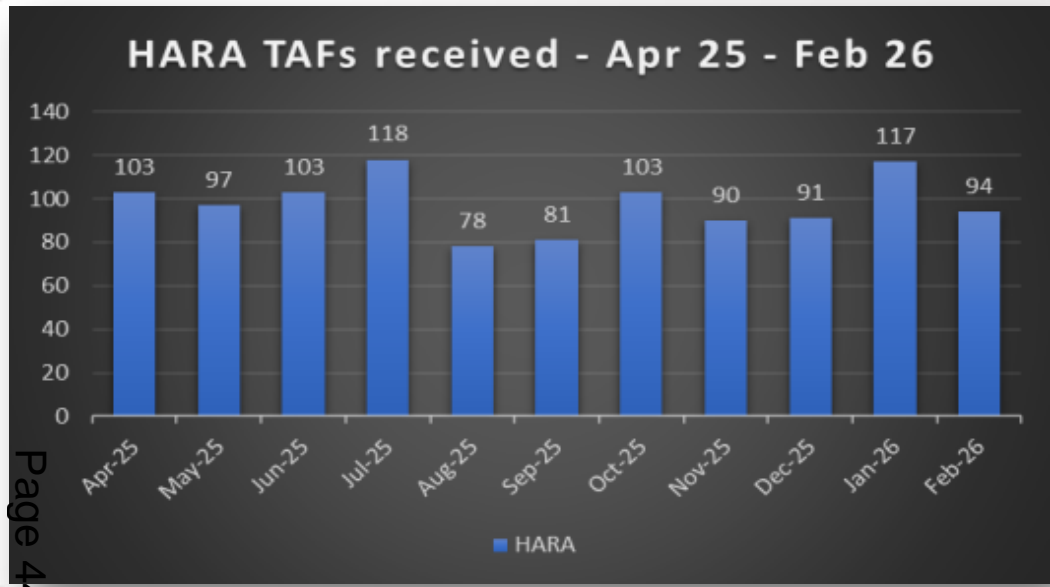
Ham Rich - % of Discharges by Pathway Apr 25 - Feb 26



- 1155 TAFs received for 25/26 so far, 14% decrease compared to same period for 24/25
- 885 discharges for 25/26 so far, 15% decrease when compared to the same period for 24/25
- 77% discharged home
- Approx average times for TAF to discharge for Apr 25 to Feb 26 are as follows:
P0 – 5 days, P1 – 6 days, P2 – 15 days, P3 – 19 days

HARA hub - Apr 25 – Feb 26

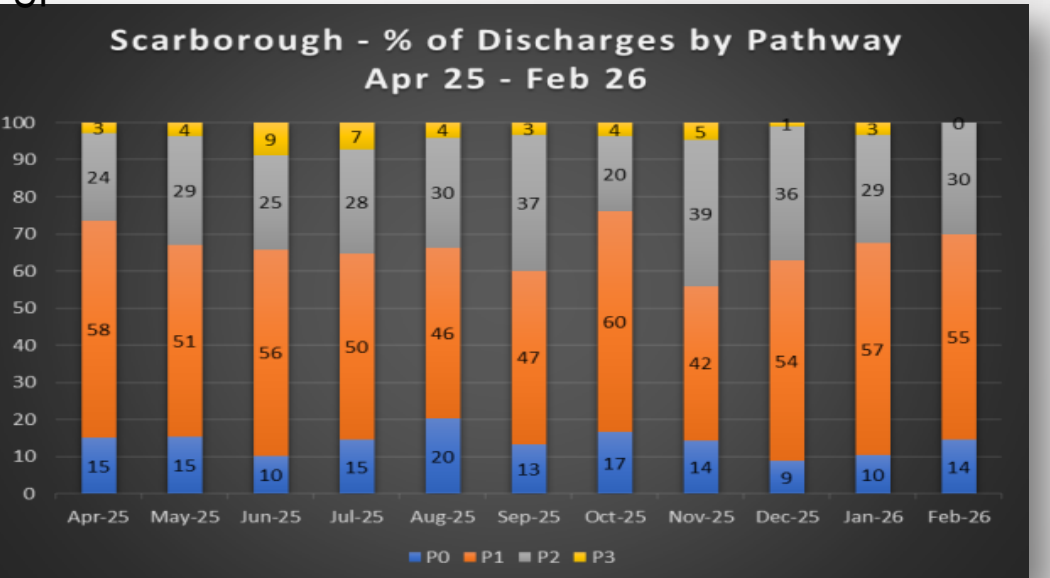
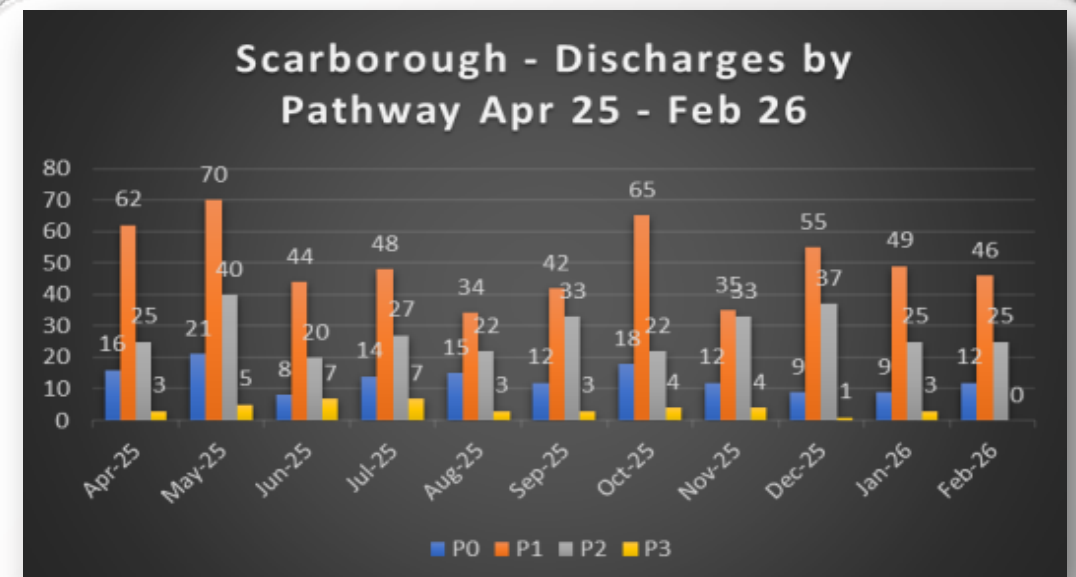
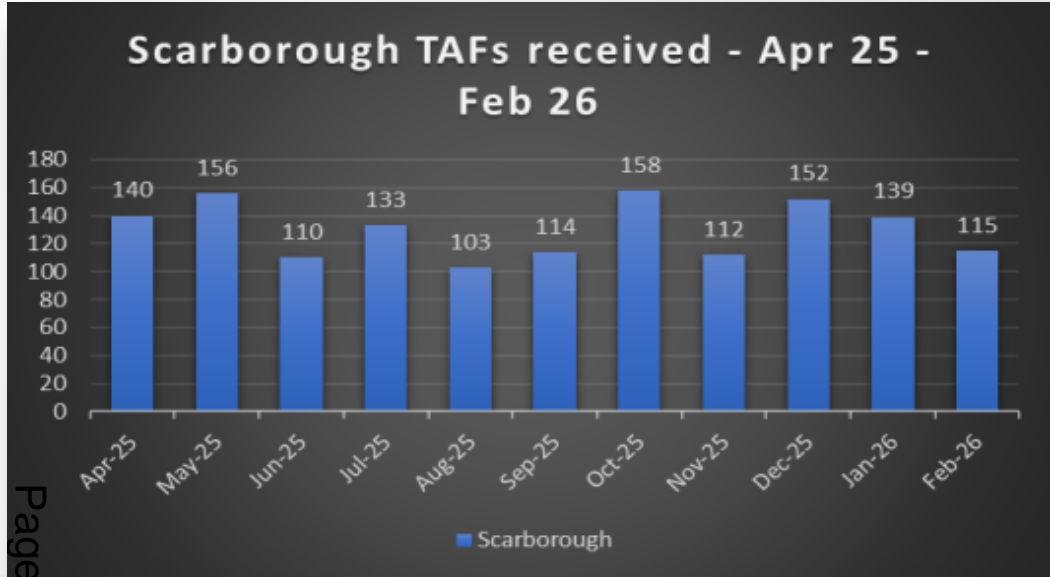
Page 44



- 1075 TAFs received for 25/26 so far, 13% decrease compared to same period for 24/25
- 844 discharges for 25/26 so far, 14% decrease when compared to the same period for 24/25
- 62% discharged home
- Approx average times for TAF to discharge for Apr 25 to Feb 26 are as follows:
P0 – 5 days, P1 – 6 days, P2 – 8 days, P3 – 16 days

Scarborough hub - Apr 25 – Feb 26

Page 45

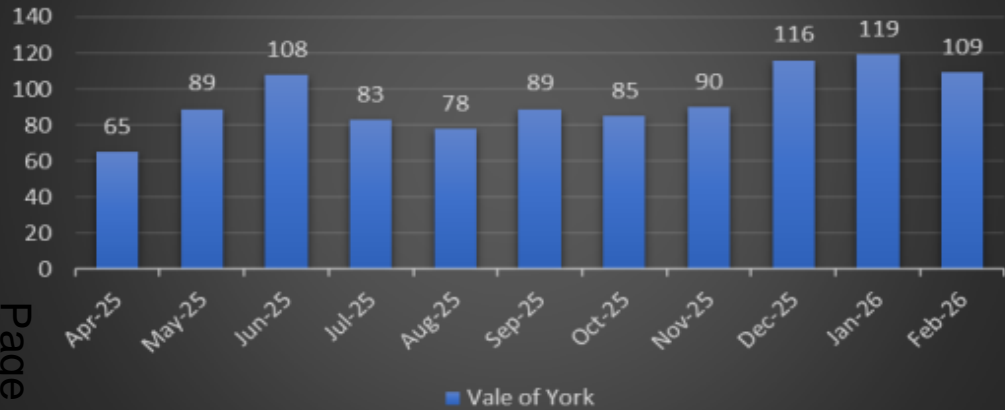


- 1432 TAFs received for 25/26 so far, 10% decrease compared to same period for 24/25
- 1045 discharges for 25/26 so far, 12% decrease when compared to the same period for 24/25
- 67% discharged home
- Approx average times for TAF to discharge for Apr 25 to Feb 26 are as follows:
P0 – 3 days, P1 – 6 days, P2 – 11 days, P3 – 18 days

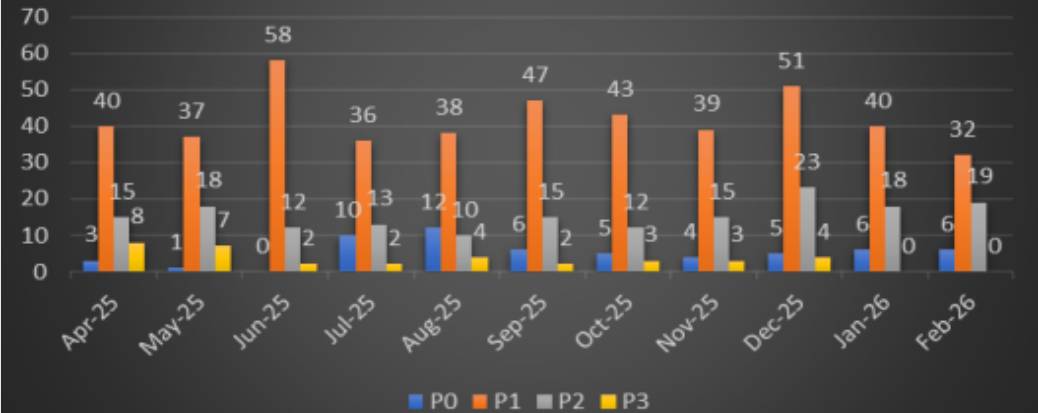
Vale of York hub - Apr 25 – Feb 26

Page 46

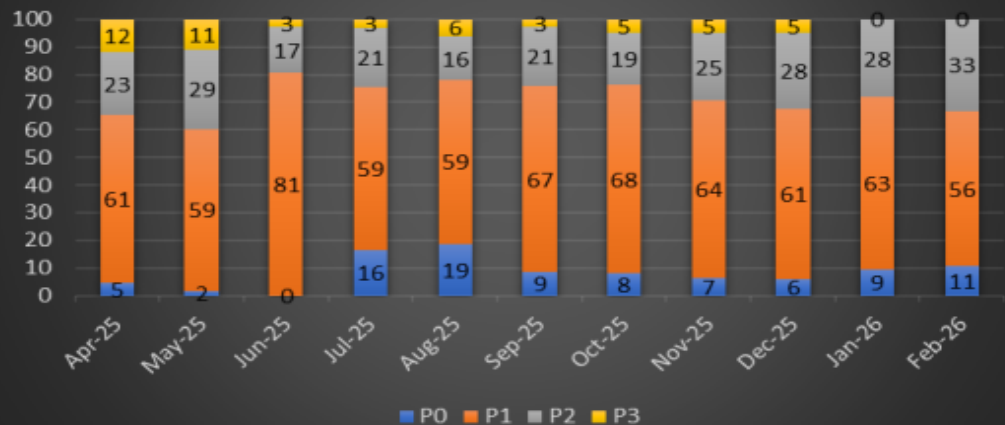
Vale of York TAFs received - Apr 25 - Feb 26



Vale of York - Discharges by Pathway Apr 25 - Feb 26



Vale of York - % of Discharges by Pathway Apr 25 - Feb 26



- 1031 TAFs received for 25/26 so far, 3% increase compared to same period for 24/25
- 724 discharges for 25/26 so far, 1% increase when compared to the same period for 24/25
- 72% discharged home
- Approx average times for TAF to discharge for Apr 25 to Feb 26 are as follows:
P0 – 5 days, P1 – 6 days, P2 – 12 days, P3 – 17 days

North Yorkshire Council

Care & Independence Overview & Scrutiny Committee

Monday 20th April 2026

Report of the Older People's Champion

North Yorkshire is England's largest County by land area, covering over 3,300 square miles with a population of 620,000 people. The population is spread across a mix of rural, coastal and market towns, each with distinct characteristics and needs. 35% of residents live in rural areas classified as 'sparse' or 'super-sparse', this rurality presents challenges such as access to services, digital connectivity and transport.

North Yorkshire has a significantly older demographic than the national average. Around 26.4% residents are aged 65 and over, reflecting the County's popularity as a place to retire and the national trend of an ageing population. 49.3% of North Yorkshire's population is aged 50+

North Yorkshire has one of the oldest populations in the country and by 2043 one in three people will be over 65. As people live longer, we expect to see more age-related health issues like dementia, falls and long-term conditions.

You can find more information and take a look at the Director of Public Health's Annual Report '[Live, Age and Engage 2024/25: Healthy Ageing in North Yorkshire](#)' Their work is focused around four Health Ageing priorities, working with the Age-Friendly Network and other older people.

- Health and reducing inequalities
- Housing
- Financial security and employment
- Making North Yorkshire an age-friendly place

Millions eligible for free shingles vaccine urged to come forward: UKHSA data shows that fewer than half take up the free shingles jab. Fewer than half of adults are taking up their free shingles vaccine in the first year of being eligible, according to latest [UK Health Security Agency \(UKHSA\) data](#).

Figures published show that only 42.1% of those turning age 66, who had been eligible since their 65th birthday, had received their first Shingrix dose by October 2025. Among those turning age 71 who have been eligible since turning 70, vaccine uptake coverage stands at 53.5%.

Shingles is a painful condition caused by reactivation of the chickenpox virus. It can cause weeks of severe pain and long-term complications including nerve damage.

Flu Vaccine: What is Flu? It's a highly infectious viral illness that affects the respiratory system – including the nose, throat and lungs.

Who is at risk? Older adults, pregnant women, children, those with Long Term Conditions, carers and close contacts, frontline health and social care workers.

When you are invited to attend for a vaccination make sure you take it up as if you've been vaccinated, you are less likely to catch or spread flu, it also reduces the risk of passing it to your family and friends, colleagues and the vulnerable.

Covid Spring Booster Vaccination: Are you eligible? I have been contacted by my Doctors Surgery advising me that I am eligible for a Covid Spring Booster Vaccination, I've booked in. Better to be safe

New 10 year plan for pioneering approach to care and housing

People are due to be able to live longer in their own homes with the support they require as part of a proposed expansion of care and housing services across North Yorkshire over the next decade. The County is seen as a leading light nationally in providing support for people with a wide range of care, support and housing needs through North Yorkshire Council's much-lauded Extra Care programme.

A series of housing developments tailored to the needs of communities has been introduced to ensure older and disabled people remain living independently in more than 1,500 apartments in towns and villages across the County. The Extra Care schemes offer both purpose-built housing as well as on-site care workers available around the clock, and some developments also host facilities such as a library, a shop or a café.

But an increasingly diverse range of needs has led to the proposed new 10-year programme which would see more Extra Care facilities being built alongside similar services for younger adults who may need care.

The proposed 10-year blueprint takes into account the vast rural areas of North Yorkshire while also targeting resources where they are needed the most.

There are more than 500 people who are on waiting lists after expressing an interest to live in an Extra Care scheme in the County, with the highest levels in Scarborough and Harrogate. However, there is also significant demand in deeply rural locations such as in the northern areas of the Yorkshire Dales, including Wensleydale and Swaledale.

While the focus of the Extra Care programme has been on older people since its inception in North Yorkshire more than 20 years ago, the new plans are due help meet the increasing needs of the working age population who require specialist support to live independently.

The new approach would adapt the current model of Extra Care facilities, which each traditionally have 60-bed accommodation of one or two-bedroom apartments across 28 sites in North Yorkshire, to provide more flexible schemes to cater for demand. A typical Extra Care scheme costs in the region of £20 million to develop, with funding coming from the owner and operator of the scheme, a national grant from Homes England as well as a contribution from the Council.

The proposed new model would be centred on three main themes to ensure Extra Care residents have their own front door to their accommodation to allow independent living, a high-quality place to live, and care and support when they need it.

The plans are due to see the introduction of more flexible types of accommodation including Extra Care Plus schemes to support people with higher levels of need. Extra Care Mini facilities could also be introduced with smaller facilities to meet demand in more rural locations. Village models are also detailed in the proposed new approach to provide large sites spanning more than five acres that would include support, community and council services. The new programme would also help to provide supported housing and care for people with learning disabilities, autism or mental health needs.

Care & Support Hubs

In January 2025 the Council's Executive Committee approved up to five Council-run Care & Support Hubs to deliver specialist residential care provision in January 2025; in particular the new Hubs will provide specialist bed-based intermediate care and specialist residential dementia care. The programme will be delivered over five to ten years with individual full business cases to be brought forward for approval for each of the five locality-based Hubs.

Phase One prioritises bringing forward proposals for Care & Support Hubs in Harrogate and Scarborough. These areas have been prioritised due to increasingly high levels of demand, as well as the significant gaps in the current care market capacity to meet demand for specialist residential care in Scarborough, and escalating and unsustainable costs of specialist provision in the independent sector care market in Harrogate. Extensive collaborative work has been underway this year involving key partners and people with lived experience to develop detailed spatial designs and shape the staffing and service delivery model. This work will continue to enable us to bring forward our proposals on the first two sites for a decision later this year.

Housing, Dementia & Rurality

In August I attended the Housing, Dementia & Rurality Evidence Showcase in the Forum at Northallerton organised by The Curiosity Partnership, York University. There was a lot of discussion around housing and dementia, thinking outside the box and collaborative housing and innovation in care – a very interesting event.

Intergenerational Communities: The APPG Inquiry (All-Party Parliamentary Group) on Housing and Care for Older People brings together two separate themes: the need for more accommodation specifically tailored to meet the needs of an ageing population; and the wish for many people to live in mixed-age communities that bring different generations together.

Connecting generations: 'Adding years to life and life to years' - We need to celebrate, inspire and support the growth of an age-friendly society through connecting all ages. It's not just about bringing together different ages into one room, there are shared benefits - enhances learning and skill sharing, increases understanding and sharing of experiences, reduces loneliness and social isolation, reduces ageism, and boosts well-being.

The Public Health team are linking with our extra care facilities, early years and Children and Young People plus looking at rural groups. The aim being to promote the good practice happening across the County, and also encourage others to join in – linking organisations together to support them and offering training where needed.

Elderly residents hit by rising costs

In 2024 the Government took away our Winter Fuel allowance, in 2025 they re-introduced it for some, unfortunately we seem to be an easy target, and we are left wondering what is going to happen next – take away other benefits, tax our state pension? What the Government is forgetting is that we have worked hard during our working life to provide for ourselves once no longer of working age.

Independent Age, the national charity focused on improving the lives of people facing financial hardship in later life, warns elderly Britons on low incomes are increasingly cutting back on essentials, including food, to keep up with rising Council tax bills. The charity says 27% of older people can barely afford basic costs, up from 23% two years ago, while concern about Council tax among those earning under £15,000 has jumped to 44%. With band D bills rising across the UK and water costs up sharply, some are limiting heating, laundry and even

toilet flushing. The charity is urging a national water social tariff and higher Warm Home Discount.

- **Pension Credit** – The latest data (23/24) highlights that only 62% of people eligible for pension credit in North Yorkshire are claiming which means that an estimated £22,774 million is unclaimed each year. North Yorkshire Council are now live with a pension credit campaign, so if customers ring the Customer Service number (0300 131 2 131) and say "Pension Credit" they will get through to an advisor who will transfer the call to the appropriate Income Maximisation team. They will check for eligibility and assist with the claim and the team will also look into other benefits residents are entitled to and might not be receiving.

Information on barriers to people claiming pension credit: [DWP breaks down Pension Credit barriers to help people claim £4,300 boost - Yahoo Life UK](#)

- **Crisis and Resilience Fund** – this is a new three year Government initiative running from 1 April 2026 to 31 March 2029, replacing the Household Support Fund and Discretionary Housing Payments which ended 31st March. As I am writing this report, further information is being collated. Again – people are encouraged to call NYC Customer Service number to talk to a member of the team.

Warm Homes Local Grant: Do you want a warmer, more energy efficient home but not sure where to start, the Warm Homes Local Grant scheme may be able to help. North Yorkshire has received £5.9 million in Government funding to provide free energy-saving improvements for low-income households in privately owned homes. This can include insulation, head pumps and solar panels – all aimed at reducing energy bills, tackling fuel poverty and cutting carbon emissions.

Eligible residents who apply will receive:

- A home energy survey to identify the best improvements
- A clear plan and timeline for the work
- Full installation at no cost to the resident
- Post-installation support.

Residents can check their eligibility and register their interest through the Council website www.northyorks.gov.uk

Choices 4Energy:

Healthy and sustainable homes, Wellbeing service: Our Home Energy Advisors offer free impartial advice to residents through home visits, telephone assessments and local community events. Our Wellbeing Advisors offer free home safety and wellbeing checks.

The aim is to support customers with energy advice and fuel poverty related initiatives across North Yorkshire; ensure residents feel warm and health in their home, whilst saving energy and money; offer funding for energy efficiency measures where available; signpost to other funding partners, services and voluntary organisations.

More information can be found at www.northyorks.gov.uk/Choices4Energy or by emailing Choices4Energy@northyorks.gov.uk or calling Customer Services on 0300 131 2 131 and ask for 'Choices4Energy'

Sport and Leisure

North Yorkshire Sport and Active North Yorkshire are exploring how a systemwide approach to movement, play and sport can encourage people in North Yorkshire to be stronger and more active for longer.

Active North Yorkshire: Proposals for a new membership scheme are designed to give residents fairer access to our leisure and wellbeing hubs and result in a consistent and simpler pricing and membership structure across the County to encourage more people to live healthier and more active lifestyles. It is proposed that Senior concessions would be brought in line with state pension age to create a fairer and more consistent approach across the County. The concession membership for customers currently aged 60 to 65 would be honoured in line with the new concessionary price.

Active North Yorkshire (ANY) is building a whole-county approach to help older adults stay active, connected and independent. Their offer goes far beyond gym sessions – it's about community, confidence, falls prevention, social connection, long-term condition support and reducing the inequality gap by making sure everyone, wherever they live, can access the right support.

ANY delivers a wide, flexible offer available across the County. The offer is stronger in some areas than others, but as Active North Yorkshire develops, they are aiming for a consistent, equitable offer across the County. What is on offer?

Physical Activity for all levels: Falls Prevention classes; Strength, Balance and Flexibility classes; Condition-specific programmes; General classes suitable for older adults; Social, Community and Outdoor activities and much more.

They collaborate with the Public Health team and the Healthy Ageing Partnership to align their programmes with prevention priorities, share insight and jointly design approaches that support healthy ageing across communities.

It's good to keep active

NY Sport Partnership Day: I attended the official launch of the Movement, Activity and Sport Fund by Mayor of York and North Yorkshire, David Skaith. The purpose of the Partnership Day was to:

- Consider movement, activity and sport and its impact on daily life
- Bring together colleagues from across York and North Yorkshire to tackle the challenges of inactivity and inequality
- Inspire delegates to take action to increase the opportunities for movement, activity and sport.

I'm a big believer in exercise for health and wellbeing and had a brief chat with the Mayor when he visited Northallerton about exercise and older people, I'm hoping he will give some thought to our ageing population.

Dancing for Wellbeing: A lady called Jackie Terry-Schuhmann runs classes for wellbeing around Harrogate, Knaresborough, Boroughbridge and Nidderdale. Angela Rippon had been in touch with Jackie about a National Day of Dance – 2nd March. The event was held at the Pavilions with sessions in the morning and in the afternoon, it was a great day with not just elderly people there, there were people with disabilities, dementia who all thoroughly enjoyed themselves. Dances can be done standing up or sitting down, waving pompoms and scarves and always ending in tea and cake. Shortly after the event Angela Rippon attended one of the classes and Jackie sent me the video. We would love to get some funding to hold a bigger event – perhaps at the Convention Centre.

Care Providers Come Dance with me: I always look forward to being part of the panel to judge the entries to this event. I can see from their Newsletter that momentum is starting to build across North Yorkshire, our Care Providers are amazing and make this event full of fun, they also join in with the dressing up. Numbers are increasing year on year, and I think I am safe in saying there is representation from all over the County. The videos are hilarious and fancy dress very imaginative, I don't know the tune for this year, but I know we are going to be entertained.

Falls Prevention: People aged 65 and over have the highest risk of falling, with 30% of people older than 65 and 50% of those over 80, falling at least once a year. The human cost of falling includes:

- Pain
- Distress
- Loss of confidence
- Loss of independence
- Increased isolation
- Depression

A fall is defined as an unintentional or unexpected loss of balance resulting in coming to rest on the floor, the ground or an object below knee level.

Falls prevention is a very cost effective intervention – there is clear evidence that comprehensive integrated falls prevention and management programmes reduce the incidence and severity of first falls, and proactive preventative management of 'first fallers' reduces the likelihood of a more serious fall.

A cross Council falls prevention work programme is being developed, led by Public Health, focussing on identifying people who are at risk of falling before they do so.

Getting to Hospital appointments: What is non-emergency patient transport? This is for people who cannot travel safely to appointments due to medical or mobility needs. This is planned transport to and from appointments, it is different from emergency ambulances and 999 services.

Questions are being raised around hospital transport as there have been changes to the eligibility criteria. The changes have recently been implemented, Healthwatch recently investigated this, they were told that people were struggling to get to hospital appointments because they no longer qualify for non emergency patient transport. Others have said the support available is unclear, inconsistent or not realistic for where they live and the help they have around them.

Yorkshire Ambulance Service delivers patient transport locally under contract but is not responsible for changing the national eligibility rules. We need more information and consultation on what the changes are. Further information can be found at:

[Getting to healthcare: what people told us about patient transport | Healthwatch Northyorkshire](#)

The older you get the more you realise how precious life is. You have no desire for drama, conflict or stress. You just want good friends, a cosy home, food on the table, and people who make you happy

- Get out everyday regardless, staying inside people disappear
- Speak to someone out loud – a real person, not on the phone or a screen – a cashier, neighbour, someone walking their dog
- Keep making your own decisions

- Prepare for the day when you can no longer do
- Make sure you are still needed by someone

New Mobile Library

Rural communities are benefitting from better library access as a new mobile library vehicle brimming with books and signposting to other key services has taken to North Yorkshire's roads. The former supermobile library, which was in service for 14 years has been replaced with a smaller more versatile vehicle. It is visiting 41 communities every four weeks, comprising 23 existing stops and 18 new ones. There will be one that comes to a stop near you, to find out more search 'Mobile Libraries' on the North Yorkshire Council website www.northyorks.gov.uk

2026 is the National Year of Reading, a nationwide celebration of reading in all its forms, so North Yorkshire Libraries' has been running an Adult Reading Challenge! It's your perfect excuse to discover brilliant books your way! Whatever you are interested in, whether it's music, sport, gaming, gardening, fashion, food, films or travel, your library is the gateway to reading more of what you love. Make this the year you boost your wellbeing, find fresh inspiration and open new doors.

Home Delivery Service: Did you know the Libraries run a Free Home Delivery Service for those people that are housebound? This is a monthly service that is run by volunteer pickers and drivers. Contact your local library for more information.

Dementia Bags: I went along to the launch of the Memory bags at Skipton Library, the initiative is also supported by Dementia Forward. The Memory bags are a portable collection of items, books and activities for individuals or groups to share at home, in the library or out in the community. They aim to promote conversations between people with memory loss and their family and friends. There are five bags based around the themes of countryside, garden, home, seaside and sport. They are available at the moment from Scarborough, Harrogate, Skipton and Northallerton libraries, local libraries can order them on request. All you need is your library card.

Digital Switchover: I joined a Rural Services Network Zoom briefing on BT Digital Switchover. The switchover is happening and for most will be straightforward, the change from analogue to digital will benefit everyone, this aligns with the Government's ambition that everyone will have access to full fibre or gigabit-capable broadband by 2025! They obviously don't know rural North Yorkshire!

What is happening? The Public Switched Telephone Network (PSTN) will move to digital phone services, BT and most providers are migrating customers regionally from 2025 onwards with PSTN fully retired by January 2027. Why is this change happening, the analogue system is old, failing and spare parts are no longer made.

The Social care commissioned service is with Medequip Connect and moving the equipment from analogue to digital is almost complete. You need to wait until your phone/broadband provider to contact you, they will:

- Explain the change
- Send a new router or digital-voice adapter if needed
- Book a migration date
- Explain next steps for telecare users

Easy Step-by-Step Checklist:

1. **Your provider contacts you** – keep the letter.

2. **Tell them if you use telecare** – they must treat you as a priority.
3. **Contact your telecare service** – check equipment compatibility.
4. **Upgrade any incompatible devices.**
5. **Ask for a battery backup** if you rely on your landline.
6. **Test everything after migration.**

It's Never Too Late To Learn: Thousands of people across the County are taking advantage of a diverse range of adult learning courses, building new skills, boosting their confidence and opening the door to fresh careers. From maths to vocational subjects, our Adult Learning Service offers the flexibility people need to fit learning around their lives, with new courses being offered at the start of 2026.

The impact is clear with previous participants sharing glowing testimonies about how the courses have not only helped them progress in their careers but also allow them to embrace a host of new skills.

Among those who have signed up is Veronica Piercy who has learnt key digital skills at the age of 93. Veronica, a retired social worker who used to be employed with the former Inner London Education Authority, had some basic understanding of using a computer but wanted to expand her knowledge to better engage in the digital world.

“This course has done me a world of good to get out of the house and meet new people. I feel as though I am part of the new digital world now and am enjoying it very much,” said Veronica, who lives in a village between Pickering and Kirkbymoorside – see video clip [Age is no barrier to gaining IT skills](#)

She added: “My teacher Marie Nicholson has been so patient and supportive explaining everything nice and slowly. I particularly enjoyed gaining an understanding of online safety. I would definitely recommend enrolling on a course with the Council’s adult learning service. If I can do it at 93, so can you!”

[Learners praise courses that help to boost skills and careers | North Yorkshire Council](#)

Age Friendly Network: Voice & Representation - Ambassadors

Good news! The recruitment has gone well with 11 people expressing interest. Current locations of those expressing interest include Catterick, Haxby, Bishopthorpe, Derwent/Malton area, Bedale/Northallerton, Skipton, and Thornton-le-Dale. Plans for the Ambassador launch event on 8th April in Knaresborough, are now underway.

The ambassadors will help shape the programme and will get involved in projects that are important to them. Early ideas include arranging walking audits to assess how age friendly an area is; training the ambassadors as community reporters so that they can write news articles celebrating ageing and co-delivering training on ageism and supporting older people.

Age Friendly Employers Pledge

I am afraid I have failed in my promise to persuade NYC to sign up to the Age Friendly Employers Pledge, I first mentioned this about three years ago and have asked every year being told of the many things the Council does for its employees, which are appreciated. I asked the Chief Executive for some words of explanation –

“The Council has a significant proportion of older workers who we value and who are able to draw on a range of benefits that the Council offers along with other employees. We do not feel

that the Age Friendly Employers pledge would add to this. It would therefore be tokenistic with an administration overhead. The Council has a strong track record of recruiting and retaining older workers which is borne out by our age demographic, we have more challenges in recruiting younger people to the workforce.”

We are planning to hold a workshop in the summer for older workers to gather insight into any issues and what further support is needed.

A Cashless Society: A Cashless Society is an economic system where physical cash—banknotes and coins—is replaced by digital transactions, such as credit cards, mobile wallets, and online banking. Proponents highlight improved security, convenience, and faster transactions, while critics raise concerns about financial exclusion, privacy risks, and reliance on technology.

I think we should have a mixture of the two, it's easier to budget your money if you are using cash, but more convenient to use a card at appropriate times. How do we teach the young about money? How do we give our grandchildren some pocket money? There is much talk about keeping young people safe and away from phones and screens, so we need an element of cash.

What do you think?

Dying Matters Awareness Week 2026: This will take place from 4th – 10th May. The mission of Dying Matters is to break down the stigma and taboo of talking about death and dying, but sometimes it is hard to know where to start.

During the Awareness Week there will be events in Knaresborough organised by Knaresborough Connectors, keep a look out for further information.

Age without limits day – Wednesday 10th June 2026

This Age Without Limits Day focus is on the power of questions - **Let's question ageism** Questions spark curiosity. They interrupt habits. They make us pause a little longer and think a little deeper. And when it comes to ageism - one of the most normalised and overlooked forms of discrimination - questions are an incredibly powerful tool for change.

We know that negative assumptions about ageing remain widespread. You've probably heard comments like: *“Stuck in their ways”, “Bit of a dinosaur”, “Time to slow down”*.

These everyday phrases may seem harmless but, repeated across a lifetime, they shape how we treat others, and how we see ourselves. They chip away at confidence, influence decisions, and limit opportunities in work, health, relationships and community life - **Question it!**

Ageing Well Health Fair: Ageing Well Health Fairs have been held in Selby Abbey, an interesting venue, I went along and found lots of information. There were workshops on Nutrition, Falls Prevention and Pain Management Support; there was basic health observations and wellbeing advice; clinical frailty and neighbourhood teams together with local services, groups and support. We hear a lot about getting our blood pressure tested, so I had mine done, my details were taken and was told to contact my GP. The system works as my GP contacted me!

Accessible North Yorkshire: This is an extension of Take a Seat that was launched in Ripon before Covid, at the last Scrutiny Board meeting I reported Take a Seat being launched in Richmond. Since then I was invited to the launch of Accessible Ripon, organised by the

Ripon Disability Forum, they have a website with lots of information and an interactive map showing where and how many benches there are, dropped kerbs, accessible toilets etc. They believe in open discussions and working together to make sure that people with disabilities are included in the community. Funding had been received from the Town Council, the BID, Helen Carmichael, Public Health Officer, was also involved

I am on the steering group for the Town Investment Plan for Northallerton and hope that we will be able to include some of the things that have been done in Ripon.

Take a Seat has been launched in Richmond and was featured on BBC News. Home Instead had been instrumental in launching it together with the Town Council, I went along with Helen Carmichael to meet them in Edwinas Cakes in Frenchgate, Richmond, a lovely little cake shop with a sticker on the window inviting people to Take A Seat. This is a great idea and particularly useful in Richmond where there are a lot of shops that are not easily accessible because of steps. Shop owners are given support on how they can become more accessible; there is always a warm welcome.

It is hoped that these initiatives can be replicated across the County making North Yorkshire accessible for everyone.

Ageing Well: I attended an Ageing Well event at the Catterick Integrated Care Campus at Catterick Garrison (CICC) with Carly Walker, Public Health Manager, which had been organised by the NHS and MOD, together with other providers including CFY, YAS, NY Sport, Head of Place NY at ICB Frailty strategy and others. Talk was of Cross Cohort themes, military to civilian, Frailty, Enhanced Care for older people; Hospital@Home – a virtual ward; Data intelligence from Leon Green who used to be with Public Health at NY but now at the ICB. It was a very interesting day.

The CICC is a major new healthcare facility being delivered through a partnership between the NHS and the Ministry of Defence. The £110 million development will bring together a wide range of services in one location, including primary care, rehabilitation and mental health support, service both military personnel and the local civilian community. It is hoped the construction will be completed by Spring followed by a phased opening of services later in the year.

NY Fire & Rescue Service – Older Drivers: This was a Teams meeting set up by NY Fire & Rescue Road Safety Partnership; we have the second highest age range over 65s; the concerns around this are focussed on effects of medication; memory issues; Dementia; eyesight and arthritis; cataracts; neurological conditions. We were advised that 1 in 10 people over 65 take more than 10 types of medication every day and there are 191 medical conditions that can affect drivers. There are many warning signs when older people are driving including being aggressive, clipping kerbs, driving excessively slowly; scrapes and dents plus others; spoke of the lack of public transport.

There is Driver refresher training and Older Driver Workshops run by the North Yorkshire Fire Service; there was one of their courses in Easingwold but unfortunately I was unable to attend. The meeting was part of Adult Safeguarding week.

Throughout the year the NY Fire & Rescue Service (NYFRS) also offer free Home Fire Safety Visits. They are very supportive of our healthy ageing work across the County.

International Day of Older People – 1st October

The International Day of Older People is celebrated annually on **October 1st** to recognize the contributions of older people and address issues affecting their lives, such as health, social isolation, and rights. Established by the UN in 1990, it promotes age-friendly environments and highlights the opportunities and challenges of global ageing.

With the help of Carly Walker, Public Health Manager, we held our first event in Northallerton in 2021, since then the event has gone from strength to strength with many organisations/providers throughout North Yorkshire taking part. Knaresborough Connectors are always first off the blocks organising a fun filled day with singing, dancing and lots more.

A great day with tea and cake – what a way to celebrate 😊

Christmas in the Town Hall: On Christmas Day I can always be found in the Town Hall in Northallerton in charge of the kitchen! I have done this for a few years down and really enjoy seeing those people, mainly older people, who would be on their own at Christmas or not able to afford the trimmings of Christmas, we also have people that go out and deliver a meal to those who are unable to get to the Town Hall; this is funded by the goodwill of businesses and people around Northallerton and other donations, everyone goes home with a ‘pressie’ bag of useful things.

In conclusion: I make no apology for the length of my report; there is so much information that I believe needs to be circulated. I hope what is in the report is helpful and that I have facilitated you to look further into some of the subjects.

A person’s most useful asset is not a head full of knowledge, but a heart full of love, an ear ready to listen, and a hand willing to help others.

And finally,

*Old age is golden, I’ve heard it said,
But sometimes I wonder as I crawl into bed
My ears are in a drawer, my teeth in a cup,
My eyes on a table until I wake up
As sleep dims my vision, I say to myself:
Is there anything else I should lay on the shelf?
How do I know that my youth is all spent?
Well, my get up and go has got up and went,
But in spite of it all I am able to grin
When I think of the places my get up has been!!!!*

Old? Me? Oh No! I’m in the prime of my life – somewhere between the young and restless, and the old and senseless 😊

Councillor Caroline Dickinson
North Yorkshire Council’s Older People’s Champion

This page is intentionally left blank

North Yorkshire Council

Care and Independence Overview and Scrutiny Committee

20th April 2026

Update on CQC Assurance Action Plan and Future Arrangements

Report of the Corporate Director Health and Adult Services

1.0 PURPOSE OF REPORT

- 1.1 This report provides Members with an update on progress following the Care Quality Commission (CQC) assessment of Adult Social Care in North Yorkshire in 2025.

2.0 SUMMARY

- 2.1 This report provides an update for the Committee on the outcome of the Care Quality Commission (CQC) assessment of how the Council discharges its Adult Social Care duties under the Care Act. The Council received its final report in October 2025 and achieved a score of 81 out of a possible 100, resulting in an overall rating of “Good”.
- 2.2 At the time of publication, this score placed the Council joint 3rd nationally. As further reports have been released, with 118 out of 153 now published, the Council currently ranks joint 6th nationally, while continuing to be the highest-scoring large authority in England and within Yorkshire and Humber region. Wigan is now the highest-scoring authority nationally with a rating of 95.
- 2.3 The CQC report identified a number of strengths in the way the Council delivers Adult Social Care, alongside several specific findings requiring further improvement. Many of these development areas had already been recognised by the Council and were being addressed through transformation programmes and business-as-usual activity. All findings have now been translated into a comprehensive CQC Action Plan (see Appendix A), with progress monitored through established governance arrangements including HAS Leadership Team (HASLT), HAS 2030 Ambition Boards and the Improvement & Inspection Leadership Board (IILB).

3.0 BACKGROUND

- 3.1 The Care Quality Commission (CQC) undertook its assessment of the Council’s adult social care functions in 2025, as part of the national programme of assurance introduced under the Health and Care Act 2022. The assessment included a review of qualitative and quantitative data submitted by the Council, onsite inspection activity, case tracking, examination of governance and performance arrangements, and engagement with more than 170 people, including individuals with lived experience, carers, providers, partners, staff and senior leaders
- 3.2 The CQC evaluated the Council’s performance against nine Quality Statements across the four statutory themes: *Working with People*, *Providing Support*, *Ensuring Safety*, and *Leadership*. Each statement was scored on a scale from 1 to 4, generating the overall rating of Good with outstanding status being achieved in Equity in experience and outcomes and Learning, improvement and innovation. The assessment acknowledged both the strengths of the

Council's approach, including partnership working and safeguarding, and the inherent challenges of delivering adult social care across a diverse rural geography.

3.3 Within the final report, the CQC set out several specific findings identifying where the Council could strengthen its delivery, forming the basis of adult social care Areas for Development. These findings related to:

- timeliness of assessments and reviews,
- people not consistently receiving copies of their assessments,
- availability of non-statutory advocacy,
- uptake of Direct Payments,
- reablement access,
- rural and digital barriers,
- service availability in Whitby,
- mental health bed access,
- and communication delays in safeguarding processes.

3.4 Following receipt of the report, officers undertook a detailed review of each CQC finding and mapped it directly to an improvement action, ensuring:

- clear linkage between each finding and the action required to address it;
- allocation of a responsible lead officer;
- identification of the most appropriate governance route (including HASLT, Ambition Boards and the Improvement & Inspection Leadership Board); and
- alignment with existing business-as-usual activity, the Council's self-assessment, and the *HAS 2030* strategic framework.

3.5 This mapping process resulted in the development of the Council's CQC Action Plan, which consolidates all activity arising from the assessment into a single, coherent programme of work. In keeping with the Council's approach to sustainable improvement, actions have been embedded into **existing practice, performance monitoring and assurance activity**, rather than managed as a standalone CQC programme. This ensures improvements are delivered through business as usual and remain in place beyond the inspection cycle.

4.0 PROGRESS AGAINST CQC FINDINGS

Due to a number of the areas for development already being identified by the Council, progress has formed part of the directorate's improvement journey and therefore good progress is being made. A summary of progress under each domain is listed below.

4.1 Working with People

- Strengthening Waiting Well through Intermediate Care development; Occupational Therapy Assistant roles made permanent
- Improvements to carers support:
 - conducted an evaluation on carers breaks to help shape our future models.
 - Working with York and Sheffield University to develop the care confidence self – funder tool,
 - Key development with the carers online assessment is now live,
 - Received extra funding to support carers into employment through MCA trailblazer funding,
 - Developed new carers governance and overseen through HAS ambition boards and wider NY Ambitious for health board.
 - Draft Carers strategy timeline for publication sept 2026.
- Advocacy capacity strengthened through a new contract

- Work underway to ensure people routinely receive copies of their assessments
- Continued focus on improving Direct Payment uptake
- Further embedding a reablement-first approach
- Targeted inclusion work informed by HWNY ethnic minority report, GRT and Rural Health Needs Assessments; ongoing co-production with LGBTQ+ and migrant communities

4.2 **Providing Support**

Key developments include:

- Pre-planning consultation on Care and Support Hubs for Scarborough and Harrogate sites
- Progress across commissioning for home care, supported living and specialist provision
- Intermediate Care procurement underway to improve the hospital discharge process and increase access to specialist mental health/dementia beds
- Extra Care market testing underway in Whitby and Malton
- Rural home-care gaps incorporated into commissioning decisions

4.3 **Ensuring Safety**

- Improved safeguarding feedback loops with partners, through coordinated safeguarding meetings that strengthen communication, address delays, and support timely and confident case closure.
- System-wide safeguarding understanding strengthened through ongoing training and awareness-raising that clarifies safeguarding processes, decision-making, and when and why it is not always appropriate to share outcomes.
- Practice Quality Assurance Tool (PQAT) roll-out scheduled from April; safeguarding diagnostic planned for May
- Preparing for Adulthood team established; Veritau audit underway

4.4 **Leadership**

- ASC Review Phase Two launched to strengthen accountability and consistency
- Community teams supported with workload pressures
- Staff survey actions underway, including engagement workshops and wellbeing initiatives
- Speak-Up Grants launched (42 applications; 14 awards)
- Strategic Co-production Board launching Q1 26/27

5.0 **GOVERNANCE ARRANGEMENTS**

5.1 The Council uses established governance arrangements across Adult Social Care and Public Health to oversee delivery of Care Act duties, improvement activity and assurance. These arrangements support decision-making, performance oversight and inspection readiness, and ensure clear accountability for delivery of actions arising from the CQC assessment.

5.3 These arrangements ensure a **single, coherent system** for delivery, improvement, and assurance.

6.0 **PREPARING FOR FUTURE ASSURANCE**

6.1 The Department of Health and Social Care (DHSC) and CQC have not yet confirmed the timetable, scope or methodology for future rounds of local authority assurance. Councils

are therefore required to maintain strong internal assurance arrangements pending further guidance.

6.2 The Council is taking the following steps to strengthen readiness for future assurance:

- **Strengthening practice and evidence**
 - Improved case recording
 - Ongoing practice expectation sessions
 - Rollout of the Practice Quality Assurance Tool (PQAT)
 - In depth Diagnostic days to review case recording and learn from best practice
- **Strengthening performance and planning**
 - Embedding CQC expectations into Service Plans, Deep Dives and MTFS
 - Strengthened performance dashboards and data insight
- **Protecting organisational memory**
 - Development of a CQC Handbook documenting roles, processes and evidence requirements
 - Shared responsibilities across Business Support, Involvement & Governance, Strategy & Performance, Principal Occupational Therapist and Principal Social Worker
- **Strengthening professional leadership**
 - Development of the Practice Lead role (PSW)
 - Establishment of an OT Practice Lead role to support professional consistency and assurance
- **Clear governance alignment**
 - Future assurance work overseen through HASLT, Ambition Boards and IILB

6.3 In parallel with longer-term assurance arrangements, the Council is undertaking specific activity to prepare for future inspection. This includes targeted internal readiness work, the use of PQAT diagnostics to test case recording and evidence and learning from audits and Safeguarding Adult Reviews to strengthen practice. The Improvement & Inspection Leadership Board will be used as the forum to review inspection readiness and agree further actions once national arrangements are confirmed.

7.0 FUTURE CQC ARRANGEMENTS AND THE COUNCIL'S CONTRIBUTION

7.1 Although national arrangements have not yet been confirmed by CQC, the Council has contributed to shaping future developments through:

- Active participation in the regional response to CQC's consultation on draft rating characteristics, identifying inconsistencies, subjectivity, rural bias and gaps in the proposed descriptors
- Advocating for measurable, Care Act-aligned descriptors and improved inter-rater reliability
- Highlighting implications for rural authorities, unpaid carers, transitions and equality duties
- Working through regional and national networks to inform the design of future assurance models

7.2 The Council remains well-placed for future assurance due to strengthened governance, performance insight, practice quality arrangements and a clear internal readiness programme.

8.0 FINANCIAL IMPLICATIONS

8.1 No additional financial implications arise from this report. Actions continue to be delivered within existing budgets.

9.0 LEGAL IMPLICATIONS

9.1 All actions align with the Council's responsibilities under the Care Act 2014 and national assurance expectations.

10.0 EQUALITIES IMPLICATIONS

10.1 The action plan includes targeted activity to improve equity of access and outcomes, particularly for under-served and rural communities.

11.0 CLIMATE CHANGE IMPLICATIONS

11.1 No direct climate impacts identified. Digital approaches will continue to be balanced with work to address digital exclusion.

12.0 PERFORMANCE IMPLICATIONS

12.1 Performance will continue to be monitored through HASLT, Ambition Boards, Continuous and Consistent Practice Board (CCPB) and IILB, with regular reporting to this Committee.

13.0 CONCLUSIONS

13.1 The Council has made strong progress in addressing all areas identified by CQC. Improvement activity is integrated into everyday practice and aligned with HAS 2030 and the three Ambitions. Governance arrangements ensure clear oversight and accountability, and the Council is well-positioned for future assurance once national arrangements are confirmed.

14.0 RECOMMENDATIONS

It is recommended that the Committee:

- i) Note the progress made against the CQC Action Plan.
- ii) Support the integration of CQC actions into existing governance and improvement work.
- iii) Endorse the Directorate's approach to preparing for future CQC assurance.
- iv) Receive further updates during 2026/27, including national developments.

Abigail Barron
Corporate Director Health and Adult Services
County Hall
Northallerton
8th April 2026

Report Author – Laura Watson, Assurance and IAG Development Lead
Presenter of Report – Abigail Barron, Corporate Director Health and Adult Services

BACKGROUND DOCUMENTS:

CQC assessment report for North Yorkshire: [North Yorkshire Council: local authority assessment - Care Quality Commission](#)

APPENDICES:

Appendix A: Action plan to address CQC Assurance findings

Note: Members are invited to contact the author in advance of the meeting with any detailed queries or questions.

Action plan to address CQC Assurance findings

Domain	Quality statement	CQC: What they said (exact words)	Lead (accountable)	Lead (action)	Governance	Progress
Domain 1: Working with people	Assessing needs	At the time of our assessment, the local authority was actively working to improve timeliness in assessments, care planning and reviews, having identified this as a key area for development.	Karen Gullon, Assistant Director and Principal Social Worker	Karen Gullon, Assistant Director and Principal Social Worker	Confident and Consistent Practice Board (CCPB) and Health and Adult Services Leadership Team (HASLT)	Continued delivery of Waiting Well actions; Intermediate Care team development strengthening timely flow; OTA posts made permanent, increasing throughout.
Domain 1: Working with people	Assessing needs	Data provided by the local authority showed at the end of April 2025, 502 people were waiting for a Care Act assessment. The median waiting time was 41 days... In 2024/25, 620 care needs assessments were completed on average each month.	Karen Gullon, Assistant Director and Principal Social Worker	Karen Gullon, Assistant Director and Principal Social Worker	CCPB and HASLT	As above
Domain 1: Working with people	Assessing needs	People told us they had not always received copies of their completed assessments, and they were not always notified... that	Karen Gullon, Assistant Director and Principal Social Worker	Karen Gullon, Assistant Director and Principal	CCPB	As above

		they were entitled to receive a copy. They shared that if they had known this... they would have liked a copy.		Social Worker		
Domain 1: Working with people	Assessing needs	Leaders recognised support for unpaid carers could be improved further.	Kate Allanson, Head of Prevention and Principal Occupational Therapist	Kate Allanson, Head of Prevention and Principal Occupational Therapist	Through Project Board and Ambition Board Carers improvement area overseen through HASLT Exploring the development of a NY Carers board	Carers work progressed sufficiently to remove from key improvement list; oversight transferring to Ambition Boards.
Domain 1: Working with people	Assessing needs	The commissioned advocacy provider told us they had not been able to provide non-statutory advocacy since December 2023... Leaders told us a full-service review was being undertaken during 2025/26...	Abigail Barron, Corporate Director / Assistant Director Service Development	Jo Waldmeyer, Head of Market Development	ASCLT and Adult Joint Planning and Commissioning Group	Full-service review completed; new contract procured Recommendation to close this action.
Domain 1: Working with people	Supporting people to live healthier lives	...Uptake of direct payments was not very high in North Yorkshire. Data from Adult Social Care Outcomes Framework 2024 showed 19.73% of people received direct payments. This was	Abigail Barron, Corporate Director / Assistant Director Service Development	Jonny Prince, Head of Operations	ASCLT/HASLT	Remains a key improvement area.

		worse than the England average of 25.48%				
Domain 1: Working with people	Supporting people to live healthier lives	In 2024/25, the local authority renewed its focus on delivering reablement as a first option... Only 1.03% of people aged over 65 received reablement/rehabilitation services after discharge from hospital (England 3.00%).	Chris Watson, Assistant Director Adult Social Care	Josh Lumb, Head of Intermediate Care	ASCLT/HASLT	Strengthened 'reablement first' approach; improved pathway.
Domain 2: Working with people	Equity in experience & outcomes	Transport challenges remained a key issue in rural areas... targeted work with GRTS and displaced populations.	Abigail Barron, Corporate Director / Assistant Director Service Development	Angela Crossland, Head of Healthier Lives Community and Economy	Health & Well-Being Board HAS Equality Diversity and Inclusion (EDI) Steering Group	Ethnic minority dataset; GRT / rural HNAs; LGBTQ+ co-production; outreach to migrant communities.

<p>Domain 1: Working with people</p>	<p>Equity in experience & outcomes</p>	<p>Limited availability in some areas, such as Whitby, reduced options...</p>	<p>Abigail Barron, Corporate Director / Assistant Director Service Development</p>	<p>Jo Waldmeyer, Head of Market Development</p>	<p>ASCLT / HASLT Market Development Board</p>	<p>Market testing is underway to progress Extra Care in Whitby and Malton, supporting the development of sustainable local home-based options and increasing Home First opportunities</p>
<p>Domain 1: Working with people</p>	<p>Equity in experience & outcomes</p>	<p>Digital exclusion and rural transport challenged ONS data confirmed NY performed below average on indicators related to transport and broadband and poor access to transport remained a significant barrier for many residents.</p>	<p>Abigail Barron, Corporate Director / Assistant Director Service Development</p>	<p>Mike Rudd, Head of Supported Housing</p>	<p>CRM Board</p>	<p>Action planning is underway to improve access for under-served communities, informed by the HWNY ethnic minority report, Gypsy Roma Traveller Health Needs Assessment and Rural Health Needs Assessment. Outreach and co-production work continues with LGBTQ+ groups, Community First Yorkshire and the Swift project to support improved access for migrant communities.</p>
<p>Domain 2: Providing support</p>	<p>Care provision, integration and continuity</p>	<p>Issues remained around access to mental health beds and home care in rural areas, though pilot schemes were in place to address this.</p>	<p>Abigail Barron, Corporate Director / Assistant Director Service Development</p>	<p>Jo Waldmeyer, Head of Market Development</p>	<p>ASCLT/HASLT Market Development Board</p>	<p>Care & Support Hub Pre-planning consultation underway for the identified sites in Harrogate and Scarborough</p>

<p>Domain 2: Providing support</p>	<p>Partnerships and Communities</p>	<p>System leaders had agreed to establish a Section 75 Joint Committee, known as the 'North Yorkshire Health Collaborative', due to commence in July 2025... a single operating model... early priorities included prevention.</p>	<p>Louise Wallace, Director of Public Health</p>	<p>Naomi Smith, Head of Health Improvement</p>	<p>Health and Wellbeing Board</p>	<p>NY Health Collaborative Ambitious for Health Programme development of its 3 priorities 1) Prevention Plus funding secured £3.6m over 3 years for test and learn 2) Intermediate care procurement sign off 3) Equipment contract procurement preparations</p>
<p>Domain 3: Ensuring safety</p>	<p>Safeguarding</p>	<p>Some partners confirmed they were informed of outcomes when required for safety, however others reported delays and said they had to chase responses, which sometimes delayed their ability to close cases. Some partners and providers were frustrated with some aspects of safeguarding processes. They reported difficulties with communication, including not always receiving outcomes to referrals they had made.</p>	<p>Karen Gullon, Assistant Director and Principal Social Worker</p>	<p>Gavin Swankie, Head of Adults</p>	<p>CCPB North Yorkshire Safeguarding Adults Board (NYSAB)</p>	<p>Safeguarding Feedback – meetings coordinated with partners</p>

This page is intentionally left blank

NORTH YORKSHIRE COUNCIL
Care and Independence Overview and Scrutiny Committee
Draft Work Programme 2026/27

Remit: To scrutinise the needs of vulnerable adults and older people and people whose independence needs to be supported by intervention from the public or voluntary sector.

Mid Cycle Briefings are attended by the Chair, Vice Chair and Group Spokespersons only.

NB: The work programme is under continuous review and items may be rescheduled several times during the year.

Mid Cycle Briefing – Monday 8 June 2026 2026 at 2pm

Committee Meeting – Wednesday 22 July 2026 at 10am

Page 71

Subject	Description
State of the Nation Annual Update	To include information on key performance indicators and ASC improvement priorities to help identify areas for the committee's focus over the 2026/27 municipal year – Abi Barron, Director of Health & Adult Services & Cllr Michael Harrison - Executive Member for Health & Adult Services
Care Market Update	Update on Care Market, commissioning and labour market etc – Abi Barron, Jo Waldmeyer and Jo Holland
Preparation for Adulthood	Introduction to transformational plan around this cross-cutting agenda – Karen Gullon, AD Adult Social Care and Jo Heaney, AD Children's Partnerships & Sufficiency
Substance Use	Update on Substance Use - Louise Wallace, Director for Public Health with Natalie Smith (Head of Service, HAS Planning) and Angela Hall (Public Health Manager)
Work Programme	Work planning for the 2026-27 municipal year

Mid Cycle Briefing - Monday 14 September 2026 at 2pm

Committee Meeting - Monday 19 October 2026 at 10am

Subject	Description
Hospital Discharges	Detailed overview on hospital discharges - Josh Lumb, Head of Intermediate Care

Work Programme	Future work planning for the remainder of the 2026-27 municipal year
Mid Cycle Briefing – Monday 7 December 2026 at 2pm	
Committee Meeting – Monday 18 January 2027 at 10am	
Subject	Description
Public Health Annual Report 2025	Louise Wallace, Director of Public Health
HAS Local Account 2025-26	Richard Webb, Director for HAS & Louise Wallace, Director of Public Health
Bi-annual Performance Update	Director for HAS, David David & Leo Beacroft
Work Programme	Future work planning for the remainder of the 2026-27 municipal year
Mid Cycle Briefing – Monday 1 March 2027 at 2pm	
Committee Meeting - Monday 26 April 2027 at 10am	
Subject	Description
North Yorkshire Safeguarding Adults Board	NYSAB Annual Report presented by Adrian Green (Independent Chair)
Attendance of the Older People's Champion	2026-27 Annual Report from the Older People's Champion – Cllr Caroline Dickinson
Hospital Discharges Update	Josh Lumb, Head of Intermediate Care
Draft Work Programme	For coming 2027-28 municipal year.

Possible Future Items:

- Feedback on the 'Get Britain Working' Trailblazer
- Feedback on the Council's 'Home Care' trial
- Update on the expansion of the Council's Stop Smoking Services
- Dementia Diagnosis levels lower than national average – NS/LW/KS/AB/RB/MR/AA
- Royal Commission – RW