



## Agenda

- Meeting:** North Yorkshire Health and Wellbeing Board
- To:** Councillor Michael Harrison (Chair), Amanda Bloor (Vice-Chair), Councillor Simon Myers, Councillor Janet Sanderson, Richard Webb, Louise Wallace, Pete Thorpe, Nic Harne, Matt Sandford, Mark Bradley, Ashley Green, Jillian Quinn, Naomi Lonergan, Jonathan Coulter, Sally Tyrer and Mike Padgham.
- Date:** Wednesday, 19 November 2025
- Time:** 9.45 am
- Venue:** Fountains and Nidd Rooms, Harrogate Civic Centre, St Luke's Mount, Harrogate, HG1 2AE

### Business

1. **Welcome by the Chair**
2. **Apologies for absence**
3. **Minutes of the meeting held on 19 September 2025** (Pages 3 - 10)
4. **Declarations of interest**
5. **Public questions/statements**  
Members of the public may ask questions or make statements at this meeting if they have given notice and provided the text to Democratic Services ([democraticservices.central@northyorks.gov.uk](mailto:democraticservices.central@northyorks.gov.uk)) no later than midday on Friday, 14 November 2025, three working days before the meeting takes place. Each speaker should limit themselves to three minutes on any item.  
  
If you are exercising your right to speak at this meeting, but do not wish to be recorded, please inform the Chair who will instruct those taking a recording to cease whilst you speak.
6. **North Yorkshire Safeguarding Children Partnership Annual Report 2024-2025** (Pages 11 - 86)
7. **Update of the Better Care Fund 2025/26 Section 75 agreement and of the 2024/25 Outturn, 2025/26 Qtr 1 and Qtr 2 monitoring returns** (Pages 87 - 140)
8. **Work programme** (Pages 141 - 144)
9. **Any other items**  
Any other items which the Chair agrees should be considered as a matter of urgency

because of special circumstances

**10. Date of next meeting**

Wednesday, 14 January 2026 at 10:30am on Microsoft Teams.

Members of the public are entitled to attend this meeting as observers for all those items taken in open session.

You may also be interested in [subscribing to updates](#) about this or any other North Yorkshire Council committee.

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

**Contact Details**

Enquiries relating to this agenda and meeting please contact:

David Smith, Senior Democratic Services Officer

E-mail: [david.smith1@northyorks.gov.uk](mailto:david.smith1@northyorks.gov.uk)

E-mail: [democraticservices.central@northyorks.gov.uk](mailto:democraticservices.central@northyorks.gov.uk)

Tel: 01756 706235

Website: [www.northyorks.gov.uk](http://www.northyorks.gov.uk)

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

Tuesday, 11 November 2025

## North Yorkshire Council

### North Yorkshire Health and Wellbeing Board

Minutes of the remote meeting held on Friday, 19 September 2025, commencing at 10.30am.

<b>Board Members</b>	<b>Constituent Organisation</b>
Councillor Michael Harrison (Chair)	Executive Member for Health and Adult Services, North Yorkshire Council
Councillor Simon Myers	Executive Member for Culture, Arts and Housing
Richard Webb	Corporate Director of Health and Adult Services, North Yorkshire Council
Louise Wallace	Director of Public Health, North Yorkshire Council
Nic Harne	Corporate Director of Community Development, North Yorkshire Council
Ashley Green	Chief Executive Officer, Healthwatch, North Yorkshire
Jonathan Coulter	Chief Executive, Harrogate District NHS Foundation Trust
Dr Sally Tyrer	Chair of the North Yorkshire Branch, YORLMC (Primary Care Representative)
Jonathan Dyson	Chief Fire Officer, North Yorkshire Fire and Rescue Service
Zoe Campbell	Managing Director (North Yorkshire, York and Selby), Tees, Esk and Wear Valleys NHS Foundation Trust

In attendance:

Councillor Carl Les OBE, Leader of North Yorkshire Council.  
Clare Smart, Associate Director, Bradford District and Craven Health and Care Partnership.  
Lisa Pope, Deputy Place Director, Humber and North Yorkshire Integrated Care Board.  
Freya Sledding, Clinical Director, Airedale NHS Foundation Trust.  
Alastair Stewart, Programme Director, Airedale NHS Foundation Trust.  
Naomi Smith, Head of Health Improvement, North Yorkshire Council.  
David Smith, Senior Democratic Services Officer, North Yorkshire Council.

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**Copies of all documents considered are in the Minute Book**

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#### **38 Welcome by the Chair**

The Chair welcomed all attendees to the meeting.

#### **39 Apologies for absence**

Apologies for absence were received from Mark Bradley (substituted by Lisa Pope), John Pattinson, Jill Quinn, and Matt Sandford (substituted by Clare Smart).

#### **40 Minutes of the meeting held on 18 July 2025**

##### **Resolved**

- a) That the Minutes of the meeting held on 18 July 2025 are approved as a correct record.

#### **41 Declarations of interest**

There were none.

#### **42 Public questions/statements**

No public questions or statements were received.

#### **43 Pharmaceutical Needs Assessment**

Louise Wallace reminded the Board that approving the Pharmaceutical Needs Assessment (PNA) is a statutory responsibility of the Health and Wellbeing Board. She explained that the PNA serves to inform partners about pharmaceutical needs across North Yorkshire and considers the needs of residents and perspectives of partners.

The Board noted that the PNA identifies gaps in provision and queried how this information would be used – a specific gap in provision was noted in Catterick following the closure of the Tesco pharmacy. Louise confirmed that the PNA informs NHS decisions on pharmacy service provision and can also be used by partners to advocate for improved services. It was highlighted that the PNA is publicly available, allowing stakeholders and the public to identify gaps and consider ways to address them.

Concerns were raised about the recent reduction in pharmacy provision, and the varied customer experiences reported across the County. It was highlighted that there may be confusion around what pharmacy services can provide as well as a feeling that some pharmacy visits can feel rushed. A distinction was made between independent pharmacies and large chains, with concerns about workforce challenges, including reliance on locum pharmacists. This was suggested to affect continuity of care, medication ordering, and the delivery of services such as Pharmacy First.

The Board acknowledged that the community pharmacy sector is currently volatile, with capacity pressures, closures, and ownership changes regularly affecting services. While the PNA reflects the current position, it was recognised that significant fluctuations are likely over the three-year period. It was noted that supplementary statements can be issued during the lifespan of the PNA if service provision changes.

It was noted that while the Board has limited direct influence over pharmacy provision, it can play a role in raising awareness and supporting system-wide improvements. The importance of improving public understanding of where to seek help, the role of pharmacies in the wider primary care offer and Pharmacy first was highlighted.

#### **Resolved**

- a) That the Pharmaceutical Needs Assessment for 2025–2028 is approved for publication on 1 October 2025.

#### **44 North Yorkshire Health Collaborative**

Richard Webb and Lisa Pope presented the item, outlining the structure, governance, and workstreams of the North Yorkshire Health Collaborative and Joint Committee.

Richard emphasised the importance of maintaining a relationship between the Collaborative and the Health and Wellbeing Board. He noted that nearly £600 million of funding had been aligned, and that the Collaborative's work programme was a key priority. The membership and decision-making processes were outlined, including the role of the Director's Group as

the engine room of the system and the Health Collaborative Management Group as a planning forum. The importance of a strong work programme was highlighted amidst increasing pressures within the NHS.

Lisa provided an overview of neighbourhood health, explaining that although North Yorkshire's bid to the National Neighbourhood Health Implementation Programme (NNHIP) was unsuccessful, partners had agreed to continue progressing the work. She described the principles guiding the approach, including a focus on rural, urban, military, coastal, and hidden areas of deprivation. Examples of local initiatives include the development of a neighbourhood hub at the Richmond Garrison site, a door-to-door outreach model trialled in Selby, and plans to better utilise Whitby Hospital as a neighbourhood hub. Lisa highlighted the importance of tailoring models to local needs and emphasised the hub approach being adopted across North Yorkshire. It was noted that there are currently five different hub programmes and efforts are underway to align these to avoid duplication and maximise the use of existing assets.

It was emphasised that neighbourhood health initiatives should be community-led and reflect the public's desire for locally tailored services. The Board also advocated for co-location of services and creative use of estates, noting the challenges posed by limited space in some areas. Lisa confirmed that a joint estates review had been commissioned to explore opportunities for better use of assets.

Clare Smart shared reflections on the success of West Yorkshire's three NNHIP bids, attributing this to the diversity of the area and strong population health data. She noted that the programme is intended to be adopted across other localities and that a launch event is scheduled for October. It was noted that no funding is attached to the programme. Clare also reflected on Barnsley's approach to repurposing retail space for outpatient services, noting the potential for increased footfall and town centre regeneration.

Richard provided further detail on the Lancashire and South Cumbria bid, which includes Bentham and Ingleton. Although these areas will not host dedicated neighbourhood health centres, they will be linked to developments in Lancaster and benefit from shared learning.

Nic Harne gave updates on North Yorkshire Council's investment in leisure and wellbeing services, including a proposed £40 million investment across four key hubs (Skipton, Whitby, Pickering, and Selby), alongside enhancements to existing centres. He also reported on the Town Investment Plans, which are being developed for 30 major settlements and include a strong wellbeing focus. It was stressed that investment should target those who are less engaged with health services, not just those already active.

Richard responded to a query about the prevention funding line in the budget slide, clarifying that while the line showed zero, prevention funding is embedded within other programmes and not separately itemised to avoid double-counting.

### **Resolved**

a) That the update is noted.

## **45 Get Britain Working Program: Economic Inactivity Trailblazer and Connect to Work**

Richard Webb introduced the item and provided an overview of the national Get Britain Working programme, which aims to support individuals who face barriers to employment due to health or circumstance. He explained that the programme comprises two strands: the Economic Inactivity Trailblazer, focused on health-related barriers to work, and Connect to Work, which supports employment through individual placement schemes and job coaching.

North Yorkshire is one of the designated sites for the programme, working in partnership

with Humber and North Yorkshire ICB, City of York Council, and the North Yorkshire Mayoral Combined Authority. Richard noted that while the programme is not permitted to fund direct health interventions under current DWP rules, partners are actively seeking opportunities to incorporate mental health and primary care support.

The Trailblazer strand is a one-year pilot, with confirmation of year two funding recently received. Connect to Work is a five-year programme. Richard outlined the key focus areas for North Yorkshire, which include the following.

- Supporting people with health conditions, including mental health conditions and learning disabilities.
- Addressing insecure and low-paid work.
- Targeting support for carers, veterans, and young people.
- Tackling hidden rural disadvantage, particularly in areas such as Hambleton and Richmondshire.

The Trailblazer programme includes a £10 million funding pot, with approximately £7 million allocated to North Yorkshire. Of this, £4 million is being directed to a consortium of council, NHS, and voluntary sector partners. Initiatives include the following.

- Volunteering support for 14–16 year olds.
- Carer support programmes to aid re-entry into the workforce.
- Veteran employment support.
- Workplace health checks and vocational health services delivered via leisure centres.
- Employer engagement and workforce development.
- A pilot wage subsidy scheme.
- Navigator roles and behavioural insight work, particularly targeting the 50–64 age group.

Richard emphasised the short timeline for delivery, with six months to implement the Trailblazer strand. He noted that tried-and-tested approaches are being used to maximise impact and that further funding for mental health and primary care interventions is being sought for future years.

Board Members welcomed the update and acknowledged the potential for the programme to deliver life-changing outcomes. The importance of measuring impact and adapting delivery based on what works was highlighted. It was noted that conversations with the Combined Authority are ongoing regarding the role of health services in supporting the programme.

### **Resolved**

- a) That the update is noted.

## **46 Update on Bradford District and Craven Place Strategy**

Clare Smart introduced the item and presented the Bradford District and Craven Place Strategy, which sets out plans to reduce health inequalities and improve health and wellbeing across the area. The Strategy has been endorsed by the Health and Care Partnership Board and is informed by population data, engagement insights, and future projections up to 2040.

Clare emphasised that prevention must be at the heart of all decision-making and that services should be shaped to communities. She introduced the use of population health personas, developed through engagement activity, which aim to keep the lived experience of residents central to strategic planning. It was reported that these personas are displayed at the ICB headquarters and used in meetings to reinforce the human impact of policy

decisions.

The Strategy highlights significant demographic differences across the six localities, with Craven facing particular challenges due to its older and further aging population. It was highlighted that current services will not meet future demands, needs and expectations of our population. Key statistics included the below.

- Craven makes up 9% of the population of the area covered by the Strategy and is expected to see large population changes.
- A projected 53% increase in residents aged over 85 by 2040.
- Craven has the highest levels of frailty, dementia, and palliative care needs.
- If current trends continue, the proportion of healthy residents will fall by 2.2%, while those with long-term conditions will rise by 9%.
- High-use cohorts such as those requiring palliative care and dementia support are expected to grow by over 30% by 2040.

Clare noted that the Strategy will form a chapter of Bradford Council's forthcoming Health and Wellbeing District Plan and that major capital investments, including the new hospital programme at Airedale and regeneration initiatives, present a once-in-a-generation opportunity to address health inequalities.

The Board welcomed the Strategy and praised its efforts to reflect the contrasting needs of rural Craven and urban Bradford. The value of learning across systems and the importance of listening to communities was noted. The Board also acknowledged the challenges posed by Craven's aging and dispersed population, particularly in relation to health and social care provision.

It was confirmed that North Yorkshire Council is well engaged with the Bradford and Craven Place Board and the alignment between the Strategy and North Yorkshire's Joint Health and Wellbeing Strategy was highlighted.

### **Resolved**

- a) That the Bradford District and Craven Place Strategy is received and noted.

## **47 Verbal update on the Airedale Hospital redevelopment**

Alastair Stewart and Freya Sledding presented an update on the redevelopment of Airedale Hospital.

Alastair explained that over 80% of the current hospital estate is constructed using reinforced autoclaved aerated concrete (RAAC), which requires significant annual expenditure to mitigate the associated risks. As a result, Airedale was selected as one of 16 trusts in Wave 1 of the national New Hospital Programme. There is an indicative construction start date between 2027 and 2028. Alastair confirmed that the Trust has been given a fixed funding envelope and must work within this budget to deliver the new hospital.

It was explained that the redevelopment will take place on the existing hospital site. Key features include the construction of a multi-storey car park and a new access road, which will facilitate the development of the other zones and ensure operational continuity during construction.

Alastair explained that the government is using a new standardised approach called Hospital 2.0 to design and build hospitals. Instead of each trust creating its own plans from scratch, trusts are given pre-designed building blocks – like templates for wards and treatment areas – which they can arrange to suit their needs. This method helps save

money and makes the building process more efficient. A key feature of the new design is that all patient rooms will be single occupancy. It was also noted that the new hospital will be built vertically as a multi-storey facility, replacing the current low-rise layout and making more efficient use of space.

Freya described the development of a new clinical services strategy, aligned with system priorities and informed by extensive engagement with clinicians, patients, and partners. The strategy supports a shift from acute to community-based care, with services such as diagnostics, imaging, and outpatient care being increasingly delivered in local settings. The Trust has already begun this transition through facilities at Skipton General Hospital and Settle Health Centre and the strategy is intended to guide service development through to 2040. It was reported that the strategy aligns with both the Bradford District and Craven Place Strategy and the North Yorkshire Joint Health and Wellbeing Strategy.

Freya also outlined the Target Operating Model (TOM) workshops, which are helping to define how services will be delivered in the future. The first phase involved mapping 25 clinical pathways, and a second phase of workshops is now underway to refine and standardise future models of care. A range of services are being considered for delivery in the community, including imaging, radiography and more. These workshops are engaging stakeholders, with patients expressing a preference for mobile units and one-stop clinics, which offer greater convenience and accessibility.

Board Members welcomed the update and acknowledged the significance of the redevelopment. The importance of progressing quickly to mitigate inflationary pressures was emphasised. The opportunity to strengthen links with community development and Town Investment Plans in Skipton and Selby was highlighted. It was requested that a future update be provided to the Skipton and Ripon Area Constituency Committee.

#### **Resolved**

- a) That the update is noted.

#### **48 Work programme**

The Chair introduced the item and invited Members to suggest any additional topics for inclusion in the Board's work programme.

The Chair highlighted that the next meeting is scheduled for 19 November 2025 and will be held in person at Harrogate Civic Centre. Following the formal agenda a face-to-face workshop will focus on reviewing the role and purpose of the Health and Wellbeing Board. Members were encouraged to prioritise attendance at this meeting. Richard Webb provided a brief update, noting that facilitators will offer optional pre-meeting slots for small group discussions to help prepare for the November session. These will not be mandatory but are intended to support meaningful engagement during the workshop.

#### **Resolved**

- a) That the work programme is noted.

#### **49 Any other items**

There were none.

#### **50 Date of next meeting**

Wednesday, 19 November 2025 at 10.30am in Harrogate Civic Centre.

The meeting concluded at 12.10 pm.

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# North Yorkshire Safeguarding Children Partnership Annual Report 2024-2025



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# Statutory Safeguarding Partners

As the statutory safeguarding partners for North Yorkshire, we are proud to present this annual report, reflecting our shared commitment to safeguarding children and young people across our communities.

In 2024 - 2025, our partnership has continued to evolve and strengthen, guided by the Being Young in North Yorkshire strategy and the established priorities we set ourselves at the start of this year. These priorities reflect our collective ambition to ensure that every child in North Yorkshire is safe, supported, and able to thrive.

Together, we have committed to:

- Strengthening the role of education in safeguarding, recognising schools and settings as key partners in identifying and responding to risk.
- Improving early intervention and prevention, ensuring children and families receive timely, effective support.
- Enhancing contextual safeguarding, with a focus on tackling exploitation, online harm, and serious youth violence.
- Embedding learning from safeguarding practice reviews, audits, and lived experience into everyday practice.
- Promoting the voice of children and families, ensuring services are shaped by those who use them.
- Aligning with national reforms, including the Working Together to Safeguard Children guidance and the Families First Partnership Programme.

In February 2025, North Yorkshire was subject to a Joint Targeted Area Inspection (JTAI), which provided a valuable opportunity to reflect on our multi-agency safeguarding arrangements. The inspection highlighted areas of strength and identified opportunities for development. Importantly, the process brought our safeguarding partners even closer together, reinforcing our shared accountability and deepening our commitment to collaborative working. The learning from the JTAI has directly informed our priorities for 2025 - 2026 and strengthened our resolve to deliver a joined-up, child-centred approach across all services.

The introduction of the Families First Bill and accompanying reforms marks a significant opportunity to reshape how we work together. In North Yorkshire, we are embracing this change. These reforms will bring our safeguarding partners even closer together, creating a more integrated, responsive, and compassionate system of support for children and families.

We remain united in our ambition to ensure that every child in North Yorkshire grows up safe, supported, and able to achieve their full potential. We are grateful to all professionals, volunteers, and community members who contribute to this vital work every day.

Together, we will continue to evolve, innovate, and deliver, always with the best interests of children at the heart of everything we do.



**Sir Stuart Carlton Corporate Director of Children and Young People's Services, North Yorkshire Council**



**Paula South Director of Nursing Governance, Humber and North Yorkshire Integrated Care Board**



**Catherine Clarke Assistant Chief Constable, North Yorkshire Police**

# Independent Scrutineer and Chair's Statement

## NYSCP Scrutineer Annual Summary:

I have undertaken the role of Executive Chair and Independent Scrutineer for NYSCP since January 2023 and as such this is the third NYSCP Annual Report that I will contribute to. In line with statutory requirements and the national guidance outlined in Working Together to Safeguard Children 2023 this annual scrutineer summary contains information relation to partnership activity over the period 1 April 2024 to 31 March 2025.

## Introduction:

The role of the Independent Scrutineer is outlined in Working Together to Safeguard Children 2023 as the provision of independent oversight and assurance that safeguarding arrangements across the partnership are robust, child-centred, and compliant with statutory and local requirements. This scrutiny ensures that agencies are working together effectively to protect children, and that processes and outcomes are being reviewed regularly to enhance safeguarding practices.

## The Role of Executive Chair and Independent Scrutineer in North Yorkshire:

In North Yorkshire in addition to the role I perform as the Independent Scrutineer I also act as Executive Chair to the Executive Group to provide safeguarding partners and relevant agencies with rigorous, effective support and challenge at both strategic and operational level. The Executive Chair function supports the three statutory partners as the function facilitates the independent scrutiny and challenge within meetings, but the role further supports all three Delegated Safeguarding Partners (DSPs) to

focus on the agenda, discussions and decision-making. This further assists with the smooth and efficient running of the meeting, facilitation of discussion and keeps the conversation focused and balanced. The discharge of the Executive Chair role is supported through regular communication with the NYC Head of Safeguarding Partnerships and NYSCP Business Team.

In line with Working Together 2023 the decision on how best to implement a robust system of independent scrutiny is made locally with the aim that the system in place leads to objective and rigorous analysis of local arrangements at both strategic and operational level. The role supports the partnership drive for continuous improvement and assurance that arrangements work effectively for children, families and practitioners and adds value to the work of the partnership. This role contributes to the wider system of assurance and accountability, and this includes:

- Assurance and accountability action undertaken at the request of the three statutory partners
- Wider partnership activity (such as quality assurance, performance management and learning frameworks)
- Independent Inspectorate Inspections

The scrutiny role is in line and compliant with Working Together 2023 in that the Executive Chair functions and scrutiny activity are separate. The Independent Scrutineer acts as a "critical friend" to the partnership and provides opportunities to ensure the voices of children and families are considered and encourages reflection relating to frontline practice.

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# Independent Scrutineer and Chair's Statement

## NYSCP Multi-Agency Safeguarding Arrangements (MASA):

During December 2023 the government published the updated statutory guidance Working Together to Safeguard Children 2023. This revised guidance provided essential direction for safeguarding partners and relevant agencies, outlining key roles and responsibilities for organisations and individuals in relation to ensuring a coordinated and effective response to safeguarding children. The updated guidance emphasised stronger collaboration, accountability and enhanced roles for education settings. The guidance required an updated MASA document to be published by December 2024 that outlined the revised safeguarding arrangements.

As outlined in last year's annual report the NYSCP Business Team have co-ordinated and led on a whole system review of safeguarding children's arrangements in North Yorkshire. The review identified that the existing strong partnership arrangements and governance structures meant that much of the way of working was already compliant with new guidance, however, a series of development sessions led to the strengthening of the role of education within the partnership and the creation of improved efficiency and effectiveness across subgroup activity. The new MASA arrangements were published by the government-imposed deadline, in December 2024.

## Governance and Leadership:

The MASA and this year's annual report both articulate the robust governance arrangements that exist in North Yorkshire. Working Together 2023 introduced the Lead Safeguarding Partner (LSP) role within the three

statutory organisations (Humber and North Yorkshire ICB North Yorkshire Council and North Yorkshire Police), and a joint North Yorkshire and City of York LSP annual meeting will commence from 2025, and the meeting will involve LSP and Delegated Safeguarding Partner (DSP) leads with a focus on providing assurance that safeguarding systems are in place and working well, with the identification of collaboration opportunities, cross-cutting themes and the sharing of good practice.

A Safeguarding Partners Strategic Group brings together the NYSCP DSPs at least four times a year, and this support the joint discharge of the Partnership Chair obligations outlined in Working Together 2023. The meeting is reflective of activity undertaken and used to proactively plan for the future. This is a collaborative way of working and shows the strength of mature partnership relationships that exist in North Yorkshire.

The Executive Group is driven by the DSPs, strategic leads and heads of service from partners organisations. The partnership benefits from the involvement of the Chief Executive of North Yorkshire Youth, representing the voluntary sector and the Head of North Yorkshire Probation Delivery, together with membership including NYC - Assistant Director for Education and Skills; Children and Young People's Service; Housing; Inclusion and the NYC Assistant Chief Executive for Localities. The Executive meetings are solidly supported by the NYSCP Business Team who coordinate a forward plan that includes assurance reporting, oversight of learning activity, performance information and the tracking of action plans.

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# Independent Scrutineer and Chair's Statement

The governance framework includes a clearly articulated escalation pathway, and this is anticipated to only be utilised in exceptional circumstances, with DSP leads utilising existing mechanisms within their own organisations to brief LSPs on safeguarding activity.

During the reporting period (February 2025) a Joint Targeted Area Inspection (JTAI) relating to multi-agency responses to unborn children and those aged 0 – 7 years who are victims of domestic abuse took place. JTAI Inspections rigorously inspect multi-agency practice. The concluding report highlighted the strength of partnership working across North Yorkshire and identified areas of good practice, with the learning informing 2025 – 2026 priorities and actions integrated into learning activity.

## Partnership Working and Engagement with Relevant Agencies:

In response to the findings of the whole-system review undertaken in response to Working Together 2023, two new partnership groups have been formalised and embedded within the framework.

- The role of education within the partnership has been strengthened with the formal adoption of the Education Subgroup into the governance structure. The group support planning and delivery of the DSL Conference, Network Briefings and performance information oversight of attendance.
- The launch of the Practitioner Forum brings together frontline practitioners to share experiences, identify emerging issues and influence and shape future practice. This forum also ensures the voices of children and families are utilised to develop and strengthen practice.

The merging of the Learning Improvement and Practice and Development Subgroups into the Practice and Learning Subgroup has embedded and developed this newly formed group into an 'engine room' style model. The embedding of this new group has benefited from a strong chair with a background in quality and assurance. The group is now responsible for driving learning (including multi-agency audit work), improvement and development and has an established framework, including an action log and forward plan.

The annual report highlights some of the activity undertaken through this and wider partnership groups over the reporting period, key highlights include:

- The launching the Harmful Sexual Behaviour Strategy
- The establishment of a VCSE Group to further develop partnership links, leading to the development of communication strategies
- BeAware website material providing a well-established and contemporary resource for partner access that provides material for practical use – including online safety resources
- Bespoke cross-partnership Multi Agency Child Exploitation (MACE) performance information reviewed quarterly and the introduction of a MACE secure bulletin for relevant partners
- Designated Safeguarding Lead (DSL) Conference and termly DSL Network Briefings for schools and education providers
- Development of 'twilight' training sessions for early years providers
- Creation of a Schools and Early Years page on the NYSCP website containing information and guidance specifically for schools and providers

# Independent Scrutineer and Chair's Statement

In line with arrangements, two NYSCP Development Days took place during 2024 to 2025. These days are an excellent way of bringing together statutory partner and relevant agency leads from across North Yorkshire to review and assess the effectiveness of the local arrangements. The sessions are themed on topical and important aspects and always well attended.

## Safeguarding Policies and Procedures, Learning and Development:

The new Being Young in North Yorkshire (BYNNY) Strategy was launched (2025 – 2028) with the four strategic priorities remaining the same: Happy; Healthy; Safe and Achieving. The strategy and annual report details work over the course of 2024 that led to the development of the final strategy. Consultation took place with over 1000 partnership representatives attending events and providing feedback to develop the new strategy. Consultation work also involved speaking to young people, parents and carers. The resulting strategy is highly creative built around a powerful metaphor; the tree that helps visualise and describe the whole-system approach to safeguarding. The strategy provides a clear focus, guidance, outline of roles and responsibilities and framework for strengthened practice.

Over the course of the reporting period, the NYSCP Business Team coordinated development activity relating to the School Safeguarding Audit. There was tangible strength in this being a collaborative approach that brought together partners from schools, the Local Authority School Improvement Team and a range of relevant strategic leads. Throughout schools were consulted including through a dedicated knowledge hub on the website and drop-in sessions. The resulting audit tool has been aligned with national standards and best

practice, supported by schools who see the value in undertaking this important audit of practice. The findings and recommendations will be shared over the course of 2025.

There is an established programme of audit activity with themed audit activity over the reporting period, including Children Missing from Home and Care; Harmful Sexual Behaviour and Serious Youth Violence (Mock JTAI). Key findings were identified that included strengths of practice and areas for development. Action plans were developed, monitored and tracked through the PLS Subgroup. Briefings in relation to the audit work and outcomes have been disseminated and these are visually impactful.

The Section 11 Governance Audit is coordinated by NYSCP: North Yorkshire Safeguarding Adult Board (NYSAB) and City of York Safeguarding Adult Board (CYSAB). This is a two-year cycle, and work has been ongoing by the three partnerships in early 2025 to progress the audit tool and methodology to be adopted for the forthcoming year. The learning from the 2023 to 2024 audit is available on the NYSCP website.

## Learning from National and Local Case Reviews:

This is a key area of strength within the NYSCP arrangements. The Safeguarding Practice Review Group (SPRG) oversees and coordinates learning gathered from both national and local reviews. This subgroup work is robustly and sensitively chaired by the Designated Doctor for Safeguarding and Children in Care. The group have developed effective skills and experience in relation to maximising and

[continued...](#)

# Independent Scrutineer and Chair's Statement

evidencing learning from case review work. Action Plans are developed from recommendations, and these are monitored and tracked by the NYSCP Business Team. The Chair regularly presents assurance reports to the Executive in relation to the status of ongoing cases. The NYSCP have a suite of Briefing Papers that are published on the Learning for Professionals webpage that share learning widely across the partnership. The annual report reflects learning from reviews undertaken over the reporting period.

## Outcomes for Children and Young People:

The Growing up in North Yorkshire (GUINY) survey is an invaluable source of information directly outlining the wishes and feelings of children from across North Yorkshire. This is a fantastic resource for the partnership with over 17,000 children participating in the 2024 survey.

The annual report highlights the important work undertaken with children and young people within North Yorkshire. This includes the strengthening of approach by ensuring that children's views, wishes and feelings are evidenced in strategy, audit, learning and practice. The partnership utilises existing engagement groups to provide insight and feedback, including underrepresented groups to ensure practice is tailored to need.

## Quality Assurance and Information Sharing:

North Yorkshire have a robust performance framework with partnership information and analysis being presented at both Executive and Subgroup meetings quarterly by the NYC Performance lead. The information is scrutinised, and emerging issues, patterns and trends discussed and actioned. Over the course of the reporting

period, some in-depth work was taken to understand increasing demand for services. The deep dive identified that whilst demand had increased the referrals met the threshold, children and families who needed help and support received it, and services had coping mechanisms in place to manage the increased demand. Whilst demand remained high at the conclusion of the year, the growth in the number of referrals had slowed. North Yorkshire demand reflects the national picture. Wider performance information is used to assess quality and effectiveness and inform wider assurance activity, such as multi-agency audit and identification of priorities.



# Independent Scrutineer and Chair's Statement

## Summary and Conclusion:

In conclusion, in North Yorkshire there exists robust, effective and efficient multi-agency arrangements. The strategic leads work collegiately, with mature, well-developed relationships in place across the wider partnership. The relational practice model is embedded and practiced across the partnership. North Yorkshire consistently show evidence of innovative practice and a real determination to evolve and adapt to national requirements and seek and implement best practice.

This annual report comprehensively outlines the multi-agency safeguarding arrangements that exist in North Yorkshire. It articulates the newly launched 2024 – 2028 Being Young in North Yorkshire (BYINNY) strategy and includes work relating to ongoing priorities and plans for future activity, together with outcomes and progress in relation to safeguarding activity throughout 2024 to 2025. The report showcases the good practice that exists across the partnership routinely undertaken by practitioners from across the ICB, Local Authority, Police and wider partners to keep children safe and ensure that children and families who need help and support, receive it at times of need.

The three statutory partners realise the benefit of funding and resourcing an enviable NYSCP Business Team function. The team are led by an outstanding NYC Head of Service who works tirelessly to drive partnership activity. They are supported by a highly motivated, multi-skilled and experienced business team who relentlessly support the partnership to deliver safeguarding children arrangements across the North Yorkshire area. This affords opportunities to be proactive, innovative, and contemporary with informative communication channels (NYSCP website, ebulletins). training and learning material, and a suite of

guidance and briefings that directly support practitioners to identify and respond to safeguarding concerns and need, in compliance with national and local requirements.

The report concludes by highlighting and celebrating some of the outstanding work carried out across the area, showcasing a selection of Achievement Award nominations submitted to and recognised by the NYSCP Executive over the past year. Whilst these examples represent only a small snapshot, they offer a powerful insight into the exceptional contributions made by dedicated individuals to improve the lives of children and families in North Yorkshire.

In my role as Executive Chair and Independent Scrutineer, I have the privilege of observing first-hand the drive, unwavering energy and personal commitment demonstrated by leaders, managers and practitioners across North Yorkshire. Their collective determination to safeguard and support children is evident in all aspects of safeguarding work. I would like to take this opportunity to also acknowledge the ongoing support of the Chairs and members of the various subgroups, whose contributions are made alongside demanding responsibilities that they hold within their own organisations. Their commitment to collaborative improvement is both commendable and vital.

Finally, I would like to express my personal gratitude to the NYSCP Business Team for their continued and invaluable support in enabling me to fulfil my statutory responsibilities.



A handwritten signature in black ink, appearing to read 'Heather Pearson'.

**Heather Pearson**  
Independent Scrutineer  
and Chair for NYSCP

# Our Safeguarding Arrangements

## Lead Safeguarding Partners

In accordance with Working Together 2023, the Lead Safeguarding Partners (LSPs) have equal and joint responsibility for local safeguarding arrangements, which is underpinned by equitable and proportionate funding.

In North Yorkshire, the LSPs are:

- Chief Executive, North Yorkshire Council
- Chief Executive, Humber and North Yorkshire Integrated Care Board (ICB)
- Chief Constable, North Yorkshire Police

The LSP for the ICB performs this function in six local partnership areas.

The LSP for North Yorkshire Police performs this function in two local partnership areas (North Yorkshire and City of York).

Each LSP is responsible for discharging its own statutory and legislative duties to safeguard and promote the welfare of children. As leaders of their organisations and the statutory safeguarding partners, it is for LSPs to assure themselves that their local arrangements are effective and keep children safe. This includes systems of assurance and accountability within each of their organisations.



## Delegated Safeguarding Partners

In accordance with Working Together 2023, each LSP should appoint a Delegated Safeguarding Partner, (DSP,) for its agency. DSPs should be of sufficient seniority to be able to speak with authority, take decisions on behalf of the LSP and hold their sectors to account. The DSPs should have the authority to carry out these functions, while ultimate accountability remains with the LSP as the individual responsible for the delivery of the statutory duties of the safeguarding partners.

In North Yorkshire, the DSP's are:

- Director of Children and Families, North Yorkshire Council
- Assistant Chief Constable, Local Policing and Safeguarding, North Yorkshire Police
- Place Nurse Director, Humber and North Yorkshire Integrated Care Board (ICB)

A full description of the joint functions of the LSPs and DSPs can be found in [Working together to safeguard children 2023: statutory guidance](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1044446/working-together-to-safeguard-children-2023-statutory-guidance.pdf) ([publishing.service.gov.uk](https://www.publishing.service.gov.uk)).



The North Yorkshire Safeguarding Children Partnership, (NYSCP) consists of the three safeguarding organisations in North Yorkshire, namely North Yorkshire Council (NYC), the Integrated Care Boards (ICB) and North Yorkshire Police (NYP).

Strong, joined-up leadership and clear accountability is critical to effective multiagency safeguarding and the LSPs and DSPs in North Yorkshire are committed to a partnership model that focuses on continuous learning and improvement with a clear line of sight on frontline safeguarding practice. All leaders will promote a shared commitment to work together to improve outcomes for children and their families.

North Yorkshire and City of York statutory safeguarding partners have agreed, in October 2024, that from 2025, joint meetings will take place with the LSPs from the two local authorities, North Yorkshire Police and the Humber and North Yorkshire ICB, along with the DSPs within their organisations, to provide assurance that safeguarding systems are in place and are working well. It has been proposed that the 6-monthly meetings will focus on areas such as exploitation, complex placements, child deaths, child safeguarding practice reviews and any other cross-cutting themes.



## Safeguarding Partners Strategic Group

In order to support the delivery of the joint functions, the DSPs meet as a Strategic Group a minimum of four times per year to undertake the functions as outlined in Working Together 2023. Additional meetings are diarised to deal with emerging issues and/or concerns or at the request of an LSP or DSP. These meetings are coordinated by the NYSCP Business Manager.

## Escalation of issues to LSPs

In order to ensure the LSPs have oversight of significant concerns that impact on the efficiency and effectiveness of the partnership arrangement the DSPs/Executive Chair and/or the Scrutineer can escalate concerns to all or relevant LSPs.

However, such action is only ever anticipated to be enacted in exceptional circumstances and only undertaken after matters have been fully discussed with all or relevant DSPs and a resolution not reached. It is anticipated that DSPs would wish an opportunity to brief their respective LSPs on any relevant issues, and any such escalation would only be undertaken with the full knowledge of all relevant DSPs.

At all stages of escalation, the LSPs and their DSPs will consider making use of key stakeholders in North Yorkshire who may assist on developing a resolution (this can include involving the Scrutineer, Police and Crime Commissioners, Mayors, Lead Members or other independent persons). If the matter remains unresolved between the three safeguarding partners and their local networks the next stage of escalation to be considered is the Secretary of State.

[continued...](#)

## Independent Scrutiny

In line with Working Together 2023<sup>[1]</sup> the decision on how best to implement a robust system of independent scrutiny has been made locally with the aim that the system in place leads to objective and rigorous analysis of local arrangements.

In North Yorkshire, a decision has been made to appoint a Scrutineer to provide safeguarding partners and relevant agencies with rigorous, effective support and challenge at both strategic and operational level. The role supports the partnership drive for continuous improvement and assurance that arrangements work effectively for children, families and practitioners and adds value to the work of the partnership. This role contributes to a wider system of assurance and accountability including:

- Assurance and accountability action undertaken at the request of the three statutory partners
- Wider partnership activity (such as quality assurance, performance management and learning frameworks)
- Independent inspectorate inspections

The Scrutiny role is in line and compliant with Working Together 2023 in that the Executive Chair functions and scrutiny activity are separate. The Scrutineer acts as a “critical friend” to the partnership and provides opportunities to ensure the voice of children and families are considered and encourages reflection relating to frontline practice.

The partnership Business Plan includes an outline of planned scrutiny activity during the business plan cycle. Additional scrutiny activity can be undertaken at the request of the DSPs. The Scrutineer attends the DSP Strategic Group when required and is involved in key partnership activity (such as partnership development Sessions).

## Relevant Agencies

Relevant agencies are those organisations and agencies whose involvement the safeguarding partners consider are required to safeguard and promote the welfare of local children. Examples of relevant agencies include;

- Education and Early Years
- Criminal justice,
- Voluntary Sector
- Local government
- Public services

For further information, see the [NYSCP](#) website.

<sup>[1]</sup>Working together to safeguard children 2023: statutory guidance

# Introduction

The North Yorkshire Safeguarding Children Partnership, (NYSCP) is proud to present its Annual Report for 2024–2025. This report outlines the progress made over the past year to safeguard and promote the welfare of children across North Yorkshire. It reflects the collective efforts of our statutory partners, relevant agencies, and the wider safeguarding community to respond to emerging challenges, embed learning, and continuously improve practice.

This year has seen the implementation of significant national reforms, most notably the updated statutory guidance, Working Together to Safeguard Children (2023). The NYSCP has worked proactively to ensure these changes are understood and embedded across the partnership. A dedicated task and finish group, a new online resource hub, and a well-attended multi-agency learning event have supported the workforce to adapt to the revised expectations. These efforts have strengthened our shared understanding of safeguarding responsibilities and reinforced our commitment to child-centred, multi-agency working.

In line with the updated guidance, the NYSCP reviewed and refreshed its Multi-Agency Safeguarding Arrangements, (MASA), which were formally approved by the Executive in late 2024. The revised MASA document sets out how the three statutory safeguarding partners, North Yorkshire Council, North Yorkshire Police, and the Humber, and North Yorkshire Integrated Care Board work together with relevant

agencies to safeguard children. These arrangements reflect a renewed emphasis on transparency, accountability, and inclusive partnership working.

A key highlight of the year was the successful Joint Targeted Area Inspection, (JTAI) of the multi-agency response to unborn children and those aged 0–7 who are victims of domestic abuse. Inspectors praised the strength of partnership relationships, recognised the impact of collaborative working across agencies, and the commitment of frontline practitioners to safeguarding children. The findings from the JTAI have informed ongoing development work and have been integrated into the NYSCP’s learning and improvement framework. The full report is accessible via JTAI Report and the NYSCP Executive would like to take this opportunity to thank all practitioners across the partnership who formally took part in the inspection and those who continue to work tirelessly to keep children safe and help them thrive.

Another important development was the formal adoption of the Education Subgroup as a core part of the NYSCP governance structure. This is a significant and welcome step forward, recognising the vital role that education settings play in teaching and safeguarding our children. The subgroup ensures that the voice of education is embedded in strategic planning and operational delivery, and that all schools across North Yorkshire are supported to engage in ongoing discussions that shape practice and improve outcomes for children.

The launch of the NYSCP Practitioner Forum has also been a major milestone. This cross-agency group provides a platform for frontline practitioners to share their experiences, identify emerging issues, and influence the development of strategies and resources. The forum ensures that the voices of those working directly with children and families are heard and valued. It is vital that we continue to build representation from all partners in this space, as it enables us to focus on what practitioners think, feel, and need to keep children safe and help them thrive.

In 2024, the NYSCP revised the Being Young in North Yorkshire, (BYINNY) Strategy 2024–2028, following extensive consultation with children and professionals across the county.

This strategy sets out a bold and inclusive vision for all children in North Yorkshire, focusing on the key priorities of ensuring children are **Happy**, **Healthy**, **Safe**, and **Achieving**.

This report captures the breadth and depth of the partnership’s work over the past year. It celebrates the dedication of professionals across all sectors and sets out our priorities for the year ahead.

Together, we remain committed to our mission to ensure that every child in North Yorkshire is safe, supported, and able to thrive.



# Spotlight on Impactful Programs

We have chosen to present a snapshot of programmes to illustrate the breadth and depth of work taking place across North Yorkshire. Each example has been selected to highlight the impact these initiatives are having on children, showcasing how collaborative efforts between agencies and professionals are driving meaningful change in wellbeing and safeguarding.

## Turnaround Project

Turnaround is part of the government's investment in the youth justice system to intervene early, aiming to prevent up to 17,000 children nationally from entering the justice system.

Funded by the Ministry of Justice with focus Prevention & Diversion and early intervention for children with children on the cusp of the justice system. In North Yorkshire, early intervention initiatives with children consist of consent-based engagement which recognises children on the cusp of offending often have complex needs. The project is aligned to Change Direction, delivered by North Yorkshire Youth and commissioned by North Yorkshire Police, Fire & Crime Commissioner (PFCC) – delivered by North Yorkshire Youth (now the Deputy Mayor's Office.)

The aims of the project are to divert children who may be committing antisocial behaviour or very low-level offences, away from the criminal justice system by means of support and diversionary activities and to improve circumstances for both children and local community.

Dedicated key workers take a trauma-informed approach to support young people to address the underlying causes of behaviour that could lead to criminalisation. The desired outcomes are to evidence lower levels of criminal activity and with more children engaged in positive activities. Families also receive support to develop their understanding regarding diverting their children away from criminal behaviours; thus improving outcomes for children and their families

Children must fit one or more of the following criteria are eligible for the scheme:

- Aged 10-17 at the point of referral
- Subject to a No Further Action (NFA) decision (including Outcome 22)
- Subject to a Community Resolution (Outcome 8)
- Receiving a first-time youth caution
- Released under investigation (RUI) or subject to pre-charge bail (PCB)
- Discharged by a court
- Acquitted at court
- Fined by a court
- Come to the notice of agencies with repeated ASB – including CPN, ABC contracts or civil orders

Must:

- In the six months, not been supported by: Early Help, Child and Family Services or Youth Justice Service



## Turnaround Project Impact

The project has been extremely positive, with the majority of children engaged in the support not engaging in any further criminal activities. This work also aligns with other approaches in North Yorkshire that support parents with what is the most challenging (and rewarding) job of parenting.

## Parenting Through Adversity Practice Guide

The NYSCP has promoted various national documents in order to support practitioners working with children and their families. For example, the [What Works for Children Parenting Through Adversity Practice Guide \(0-10\)](#) is the second in a series of evidence-based guidance for the sector, commissioned by the Department for Education, on how to achieve the outcomes in the Children's Social Care National Framework.

The Parenting Through Adversity Practice Guide (0-10) marks a significant breakthrough in our understanding of the effectiveness of parenting support for families facing adversity. For the first time, we have robust evidence that parenting support can help to reduce serious harm to vulnerable children, improve children's behaviour, and reduce parental stress. The Practice Guide provides practitioners and local leaders with practical advice and actionable recommendations, sharing evidence-based insights on how to effectively support children and families.

You can find the summary Practice Guide [here](#) on our website, and read our press release [here](#). For more details, [read the full Practice Guide](#).

## Solihull

The Solihull Parenting Programme and its integration with [Your Family Toolkit](#) in North Yorkshire, is a universal, evidence-based online offer available to all families across North Yorkshire. It aims to support emotional health and wellbeing, strengthen parent-child relationships, and improve parenting confidence.

The support is free Access and provides courses accessible in multiple languages with a range of courses from pregnancy through to adolescence (0-19 years).

To complement the Solihull offer, North Yorkshire Council developed Your Family Toolkit which is a bespoke and flexible resource for professionals working with children and families. Developed in collaboration with Early Help, CAMHS, Adult Learning & Skills, Education, and Health colleagues, the toolkit is designed to enhance parenting strategies through tailored support and offering a modular, "pick n' mix" approach to meet individual family needs.

Over 1,200 North Yorkshire residents have accessed Solihull courses and the toolkit has been praised for its flexibility and relevance to real-life parenting challenges.

The Solihull sessions can be accessed [here](#)



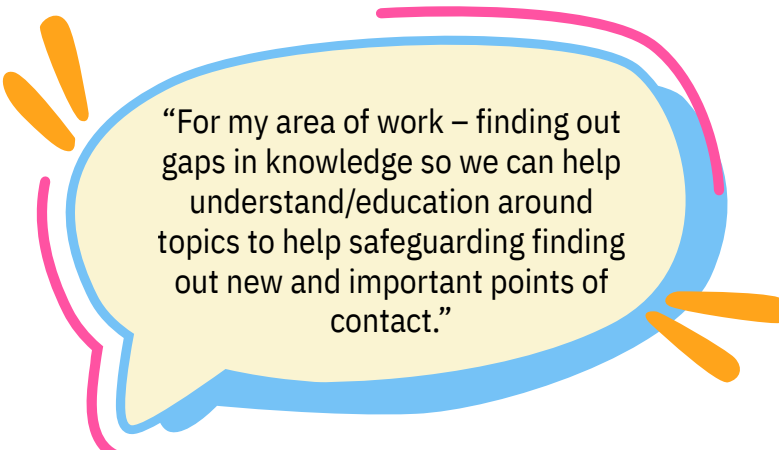
## Practitioner forum

The NYSCP Practitioner Forum is a dynamic and inclusive platform designed to connect frontline practitioners and volunteers working with children and families across North Yorkshire. Established in response to consultation events held in summer 2024, the forum aims to amplify practitioner voices, foster multi-agency collaboration, and inform the strategic direction of the North Yorkshire Safeguarding Children Partnership. Meetings are held every six to eight weeks via Teams, with occasional in-person sessions, and are facilitated by the NYSCP Business Unit. The forum is intentionally informal and practitioner-led, allowing attendees to shape agendas, share insights, and raise concerns directly with the partnership. Topics explored have included safeguarding training quality, barriers to learning, dissemination of information within teams, and the development of resources.

Feedback from participants consistently highlights the value of the forum in promoting networking, information sharing, and a sense of collective purpose. Practitioners have described it as a space where their views are heard and considered in decision-making, helping to bridge the gap between strategic planning and frontline realities. The forum continues to evolve, with plans for increased practitioner representation at development days and further exploration of effective communication strategies across services.

The group is open to all frontline practitioners and volunteers working with children and families, and there is no commitment to attend every session – just join those you can.

For more information and to access the Teams Link to join, please email [nyscp@northyorks.gov.uk](mailto:nyscp@northyorks.gov.uk)



“For my area of work – finding out gaps in knowledge so we can help understand/education around topics to help safeguarding finding out new and important points of contact.”

**“It’s about keeping up to date with information and networking and knowing we are not alone”.**

**“Information sharing, working with others to share practice, understand how we can support each other and vice versa”.**

**“Build good working relationships. Develop Services together with shared knowledge and experiences.”**

**“The ability to have our views considered within decision making... having our voices in the background of decision makers can only help”.**

Some Practitioner Forum feedback, 2025

# How we Work Together

Humans have very long childhoods compared to other mammals because we have such a big and complex brain to build. Children depend on adults to nurture them, and emotional nurture is as important in developing the brain as good food is for the body. The brain grows when connections are made between the cells in response to what is happening to us, so, what happens to us shapes our brains.

Brain connections help us to process and make sense of our experiences and research shows us that the brain is a social organ, every human relationship shapes the brain and loving relationships “feed” connections. Whenever we connect with people our brains change, repeated loving and respectful connections build strong patterns in the brain so we are able to function at our best. People need People.

## Professionals in North Yorkshire

We serve a diverse and dispersed population of an estimated 615,400 people, 151,000 of those are children, across a geographical area of over 8,000 square kilometres or 3,090 square miles. Our children live in towns and villages, we have one city, we have an extensive coastline and a large number of farming communities. Our relationship-based, “Strength in Relationships” practice model is embedded across our workforce and we recognise the need to provide the right support at the right time for children and families. We know that successful outcomes for children depend on strong partnership working with children, their parents and carers, practitioners and senior leaders.



In North Yorkshire, we are fortunate to collaborate with 151,000 children and young people under the age of 25 who live in our geographically diverse county. The wishes and feelings of children, along with their best interests, are central to the decision-making process of the partnership and the way professionals work together.

Successful outcomes for children depend on strong partnership working with parents, carers, practitioners and senior leaders. Strong, effective multi-agency safeguarding arrangements in place across North Yorkshire ensure an effective response to local circumstances and engage the right people at the right time in the right way.

A shared responsibility, is set out in the Children’s Social Care National Framework, and as a partnership we will adhere to the following principles:

- children’s welfare is paramount
- children’s wishes and feelings are sought, heard, and responded to
- children’s social care works in partnership with whole families
- children are raised by their families, with their family networks or in family environments wherever possible
- local authorities work with other agencies to effectively identify and meet the needs of children, young people, and families
- local authorities consider the economic and social circumstances impacting children, young people, and families



# Talking to our Children

The wishes and feelings of children and what is in their best interest remain central to the decision-making of the partnership and the way in which professionals work together. These decisions are rooted in child development, are age appropriate and are sensitive to the impact of adversity and trauma.

Since its inception in 2006 the, “Growing up in North Yorkshire” survey has obtained the views, experiences and opinions of pupils in national curriculum years 2, 6, 8, 10 and 12 regarding a broad range of issues from health and education to home life and activities, including risk-taking behaviour. Over 17,000 children have participated in the 2024 survey in which children have shared their perceptions and lived experiences of life in North Yorkshire. This invaluable insight into their lives is used by an array of professionals to focus support where it is needed the most. In order to maximise the health and wellbeing of our children in North Yorkshire this data forms the basis of our key priorities and shapes our work with children and their families.

We now have over a decade’s worth of data on what really matters to the children and young people in our county and it is more important than ever that they know we are listening to them, that we believe them and that we will take their opinions, experiences and needs into account when working with them.

# Talking to our Adults

Parenting and caring for children can be one of the most rewarding jobs in the world, however, it can also be incredibly challenging, particularly when there are additional stresses and strains or unforeseen circumstances. Life means we do not know what is round the corner and there will be times throughout all our lives when we need extra help, either for ourselves or for our children. The NYSCP recognise the strengths in seeing parents and carers as safeguarding partners and giving them a voice in the decisions that are made with them and their children.

Effective partnership working with parents and carers happens when practitioners build strong, trusting and cooperative relationships and empowers families to participate in service design and values their contributions and feedback. The NYSCP aims to create policies that are jargon free that reflect parents and carers’ views which impact on service design.

The Parent’s and Carer’s page on the partnership’s website has been re-designed with the invaluable help of the Experts by Experience parents and carers group who have been generous with their time in helping review this. We will continue to work in partnership with the group to ensure the website remains up to date and relevant for all our parents and carers across the county.

# What do we know about our children?

The below graphic outlines some key data from Q4 2024/25 related to what life for a child in North Yorkshire looks like:



# Children in North Yorkshire

## Listening, Learning, and Leading with Children's Voices

At the heart of safeguarding lies a simple but powerful principle: children's voices must not only be heard, but they must also shape the way we work. In 2024–2025, the North Yorkshire Safeguarding Children Partnership continued its commitment to ensuring that the lived experiences, perspectives, and aspirations of children remain central to everything we do.

Over the year, we have strengthened our approach to listening by embedding children's voices across our strategies, audits, and frontline practice, and created more spaces for dialogue between professionals, families, and the children we serve. This commitment to listening and acting on children's voices is not a one-off exercise; it is embedded in our culture. It ensures that safeguarding in North Yorkshire is not something done to children, but something done alongside them, empowering them to have a voice in their plans and the way we work with them.

Partnership decisions are rooted in child development, are age-appropriate, and are sensitive to the impact of adversity and trauma. Fundamentally, our vision is designed for and shaped by children.

We are especially proud of our work to engage underrepresented groups. Through the North Yorkshire Youth Voice Executive and its affiliated groups, including the Young People's Council, Flying High (SEND), Young Carers, LGBT Youth Forum, and Military Kids Club Heroes, we have amplified the voices of children who may otherwise go unheard. The 2024 "Growing Up in North Yorkshire" survey, which captured the views of over 17,000 children, has provided a rich insight into their experiences and priorities, helping us tailor our responses to what matters most to them.



“Children have the right to express their views freely in all matters affecting them, and those views should be given due weight in accordance with the child's age and maturity.”

United Nations Convention on the Rights of the Child, Article 12

## Living in North Yorkshire

North Yorkshire is England's largest county, characterised by its vast rural landscapes, coastal communities, and a strong sense of local identity. It encompasses vibrant urban centres, historic market towns, remote rural villages, and distinctive coastal communities. While this geography brings natural beauty and close-knit communities, it also presents unique challenges, particularly for those living in very rural and coastal areas, where access to services, transport, and employment can be limited. Seasonal employment remains a defining feature of many coastal communities, adding to the complexity of local economic resilience and family stability.

For children and families, these geographic and economic factors can significantly impact their daily lives and wellbeing. In remote areas, limited access to services such as healthcare, education, and recreational activities can contribute to feelings of isolation and hinder opportunities for children's development and family support. The reliance on seasonal employment for some can lead to financial instability, affecting the security and quality of life for families.

North Yorkshire's small but growing ethnic minority population adds to the county's evolving cultural identity, highlighting the need for inclusive and tailored safeguarding approaches. Ensuring that services are accessible and responsive to the diverse needs of children and families is crucial in promoting their safety, happiness, and overall wellbeing.

By addressing these challenges through community engagement and collaborative efforts, North Yorkshire can create a supportive environment where all children and families have the opportunity to thrive.



## The York & North Yorkshire Combined Authority Youth Commission

The North Yorkshire Youth Commission (NYYC) enables children to support, challenge, and inform the work of the Mayor of York and North Yorkshire. They are a diverse group who broadly reflect the make-up of the local population, including those who may have direct experience of the police and the criminal justice system.

A key part of NYYC's role is to gather the views of other young people across the county through peer-to-peer research in the form of a 'Big Conversation.'

This peer-led research process provides a safe environment for young people to talk to their peers about relevant issues.

At the inaugural NYYC meeting, members reviewed their priority aims to ensure they remained up-to-date and relevant to young people. The aims helped to guide the project, providing a focus for the Big Conversation.

The key priorities were:

1. Mental Health and Emotional Well-being
2. Gender Violence & Safer Streets
3. Discrimination
4. Online Safety
5. Relationships with Police & Authorities
6. Drugs, Gangs & County Lines

Annually, the Young Commission produce priority aims which are shared with safeguarding partners and taken into consideration during strategic and procedural development.

In November 2024, the Youth Commission worked with the NYSCP on some consultation work for the Being Young in North Yorkshire Strategy, looking at what the four strategic priorities meant to them. Their insight was invaluable in shaping the partnership's areas of focus.

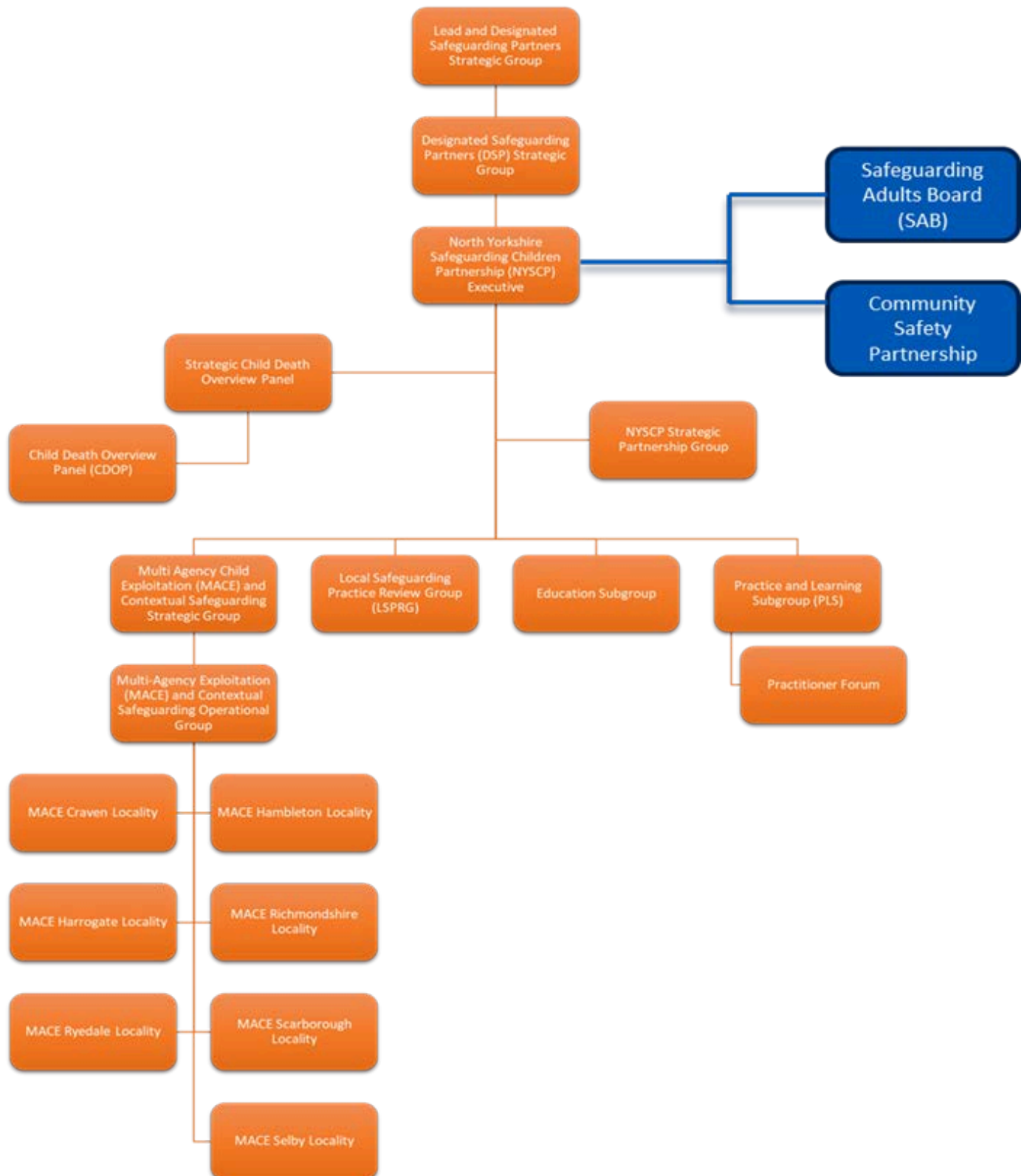


Art from the Youth Commission showing what Happy Healthy, Safe and Achieving means to them

# The NYSCP Sub Groups

## Structure of the NYSCP

The NYSCP operates under a subgroup structure with the Executive providing strategic direction for the partnership in line with national, regional and local objectives and priorities. The arrangements outlined below identify the safeguarding partnership structure, which seeks to ensure partners work together and respond to the needs of children in the area.



## Executive

In addition to the DSP Strategic Group referenced in this report, the DSPs meet with wider strategic leads at the Executive meeting on an eight-weekly basis. The Chairing of this meeting is undertaken by the Executive Chair in order to facilitate strong and effective communication and engagement from the three DSPs within the meeting.

The DSPs jointly develop and implement the partnership's business plan, identify and agree partnership strategic priorities and utilise the independent scrutiny role to support develop and strengthen the partnership arrangements.

The DSPs identify specific areas for scrutiny and assurance activity relating to either strategic or operational partnership working to provide insight into current practice and potential areas for improvement. This reporting provides assurance evidence and focus for identifying the future strategic objectives that lead to operational improvements.

## Strategic Partnership Development Days

Every six months, the NYSCP hold a strategic partnership development day where senior leaders from statutory and relevant agencies come together to consider the effectiveness of the local safeguarding arrangements and to evaluate and improve services for children across North Yorkshire. These sessions ensure local multi-agency safeguarding arrangements are fully understood and rigorously applied within both statutory and relevant agency organisations.

## Safeguarding Practice Review Group (SPRG)

North Yorkshire Children's Services are duty-bound to notify the National Child Safeguarding Practice Review Panel and by extension the Department for Education and Ofsted, if it knows or suspects a child has died or been seriously harmed and abuse or neglect is known or suspected.

The SPRG is a multi-agency group of strategic leads from statutory and non-statutory agencies, including education, chaired by the Designated Doctor for Safeguarding and Children in Care and meets responsively when a referral to the National Panel is made. The SPRG meet four times per year to ensure there is progress against the recommendations and learning gathered from both national and local reviews.

Action plans are created from recommendations gained in reviewing serious incidents and these recommendations are shared with the Executive via an assurance report. Action plans are managed through the Practice and Learning Subgroup with learning points shared with practitioners via Practitioner Learning Events. Anonymised briefing papers in the form of 7 Point Briefings are published on our "Learning for Professionals" webpage.

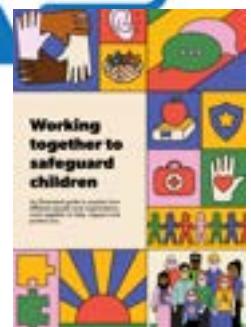


## The Practice and Learning Sub Group (PLS)

In September 2023, following a period of consultation with partners, the North Yorkshire Safeguarding Children Partnership (NYSCP) undertook a strategic restructure of its sub-groups. This led to the formation of the Practice and Learning Subgroup (PLS), which merged the previous Learning Improvement and Practice and development sub-groups to create a more streamlined and effective structure. The PLS serves as the “engine room” of the partnership, bringing together representatives from police, health, the local authority, education, and the voluntary sector on a six-weekly basis. Its purpose is to drive forward the partnership’s priorities through the Being Young in North Yorkshire Strategy and to embed learning from reviews across the workforce. Since its inaugural meeting in April 2024, the PLS has become instrumental in promoting learning, improvement, and strategic development. It has overseen a wide range of activities, including audits, strategy development, toolkit launches, and the implementation of national guidance, and was praised in the recent JTAI report as “dynamic” The subgroup maintains a robust action log and forward plan to track actions, partnership priorities, and ensure ongoing progress and accountability.

## Achievements 2024 - 2025

- PLS played a key role in supporting the implementation of the updated “Working Together to Safeguard Children 2023” guidance. An operational working group was established to manage this transition, with PLS facilitating updates, action tracking, and dissemination of changes across the partnership.
- Continued to embed the #AskMe...Have the Conversation campaign, supporting professionals to engage with new and expectant parents.
- Launched the Harmful Sexual Behaviour Strategy and the Being Young in North Yorkshire Strategies 2025–2028.
- Supported the JTAI audit and thematic audits on harmful sexual behaviour, children missing from home, as well as SPRG reviews.
- Oversaw the development and update of practice guidance and policy updates across the partnership.
- Maintained strong multi-agency collaboration on key initiatives and events.



## Multi-Agency Audit Group

When partner agencies and individual professionals engage in case auditing, it helps:

- Identify good practice.
- Understand the effectiveness of front-line practice in protecting children and young people.
- Be clear on the impact of locally delivered training
- Ask questions about whether things could be done differently to improve the safeguarding system

The partnership undertakes three learning themed audits per year with audit subjects identified from multi-agency data sets. Audit reports are developed with the aim of developing “SMART” recommendations which are progressed through action plans managed by the Practice and Learning sub-group. Multi-agency learning from each audit is shared across the partnership via various networks, learning events, training sessions and written briefings.

## Partnership Audits

Alongside multi-agency audits the partnership also undertake biennial Section 11, 157 and S175 audits where safeguarding partners and education settings are required to provide assurance to the Executive regarding their safeguarding arrangements.

These audits result in an understanding of best practice which is shared across the workforce and allow for the development of practice through the delivery of targeted training sessions.

## Child Death Overview Panel

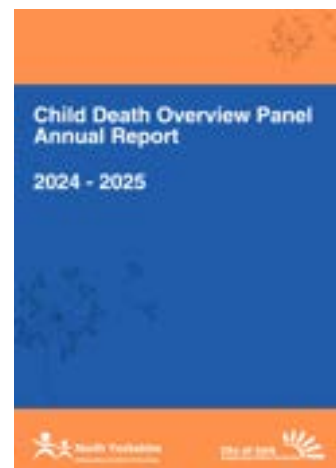
The reviewing of child deaths is a statutory obligation as set out in the Children Act 2004, as amended by the Children and Social Work Act 2017 which states that child death review partners must make arrangements to review all deaths of children normally resident in the local area.

The NYSCP recognise the life changing impact the death of any child will have on their family, friends and local community. The panel review each child’s death with dignity and respect with the mantra that the review, from a professional perspective, is the last good thing that can be done for any child who has sadly died.

North Yorkshire and City of York work together to review children across their areas and the purpose of the review process is to identify any matters relating to the death of a child that are relevant to the welfare of other children in the family, in their local area, or to public health and safety.

The Child Death Review Partners publish an annual report on:

- Local patterns and trends.
- Lessons learnt and actions taken.
- The effectiveness of the wider child death review process.



## Deaths of Care Leavers

Working Together 2023 states, “the local authority should notify the Secretary of State for Education and Ofsted of the death of a care leaver up to and including the age of 24. This should be notified via the Child Safeguarding Online Notification System.

Should any of our young care leavers sadly die, the NYSCP and City of York partnerships have agreed on a shared process to support the identification and management of the deaths of these young people.

Information on the Child Death and Care Leaver review procedures is available from the NYSCP website where The Child Death Review Annual Reports can also be access.

Care leavers are entitled to support from their Personal Adviser up to their 25th birthday. Local authorities are required to keep in touch with all care leavers up the point they reach age 21, and to make their best efforts to contact all care leavers aged 21 to 24 annually to remind them that they remain eligible for support. If a young person chooses not to take up support between 21 to 24 years of age the local authority may no longer be aware of a care leaver’s whereabouts or circumstances (and therefore their death).



## MACE and Contextual Safeguarding

The MACE and Contextual Safeguarding Strategic subgroup provides strategic oversight, scrutiny and challenge of the NYSCP MACE arrangements. This is achieved through the analysis of performance management data to ensure efficiency and effectiveness of operational activity.

The meeting takes place quarterly and is chaired by the Head of Safeguarding Partnerships, North Yorkshire Council.

**MACE Level One:** The Multi-Agency Child Exploitation (MACE) and Contextual Safeguarding (CS) Level One process relates to the identification, risk assessment and risk management of those children vulnerable to all forms of exploitation.

This case discussion takes place across partners in the Multi Agency Screening Team alongside the allocated worker and any other local professionals required. It allows partners to offer challenge regarding the risk level and risk management plans for the young person. The meeting will result in an agreement as to the risk level which can be one of four outcomes: High risk, medium risk, low risk or no risk. Plans will be put in place and reviewed agreed based on the risk level.

**Level Two:** The Multi-Agency Child Exploitation (MACE) Level Two meeting draws on information from our Multi Agency Child Exploitation (MACE) and Contextual Safeguarding Strategy. The strategy aims to build on existing structures in place across North Yorkshire to bring together expertise, knowledge, and skills to deliver services in a co-ordinated way across the following strands of exploitation:

- Child Sexual Exploitation (CSE),
- Child Criminal Exploitation (CCE) (including county lines, financial exploitation and organised crime groups)
- Children Missing from Home (MFH),
- Harmful Sexual Behaviour (HSB),
- Modern Day Slavery and Human Trafficking (MSHT),
- Online Child Exploitation,
- Peer on peer exploitation/teenage relationship abuse
- Radicalisation and extremism

The group will include a focus on children and young people aged up to 18 years, however, will incorporate the transition of children and young people over 18 into adult services up until age 25 years.

The meetings are held monthly, virtually in Scarborough, Ryedale, Craven, Richmondshire, Hambleton, Harrogate and Selby to discuss local issues and concerns regarding child exploitation and contextual safeguarding concerns in the locality.

The purpose of the Level Two meeting is to facilitate the sharing of information and identify action regarding:

- The places and spaces where children and young people may be at risk of exploitation,
- Locations that could pose a risk of exploitation to children and young people,
- The review of community intelligence and emerging themes, trends, and links in local areas,
- The identification of potential perpetrators and the coordination of partner intervention and disruption.

A short introductory video to the child exploitation and MACE processes is now available on the NYSCP YouTube channel: [Introduction to Child Exploitation in North Yorkshire](#)



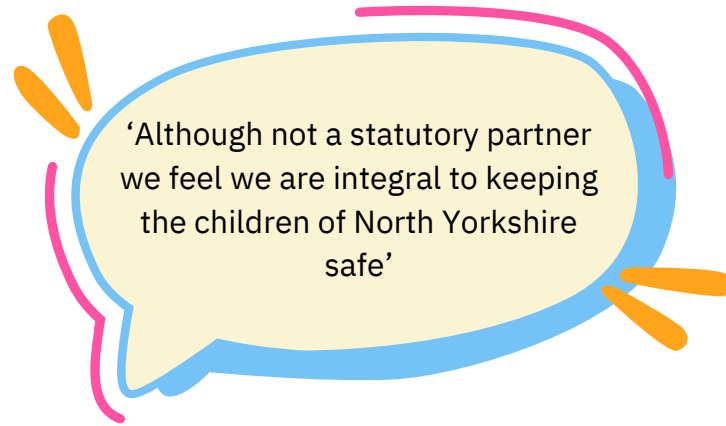
## Working With the Education Subgroup

In North Yorkshire we recognise the complexities of engaging with nearly 400 schools (including alternative education and further education providers), as well as over 600 childcare providers. Currently there is no statutorily designated role to represent “education” in partnership arrangements, however, the NYSCP recognise education staff play a pivotal role in the daily lives of children. Schools offer a universal service and are therefore well places to spot early indicators of safeguarding concerns alongside supporting their emotional health and wellbeing, helping them achieve their potential.

Meeting on a termly basis, the Education Subgroup group was established in 2023 and brings together representatives from the education and childcare sector. Members of the group represent “education” in its broadest sense, rather than acting solely as a voice for their own setting.

The aim of the group is to ensure the education sector is included in the development of strategies, practice guidance and other areas of partnership work. Chaired by the Head of Alternative Provision, this group began as a focus group ahead of the arrangements being strengthened, so that it now forms part of the formal Multi-Agency Safeguarding Arrangements Subgroup Structure, further cementing the way in which the education sector is represented across the Partnership

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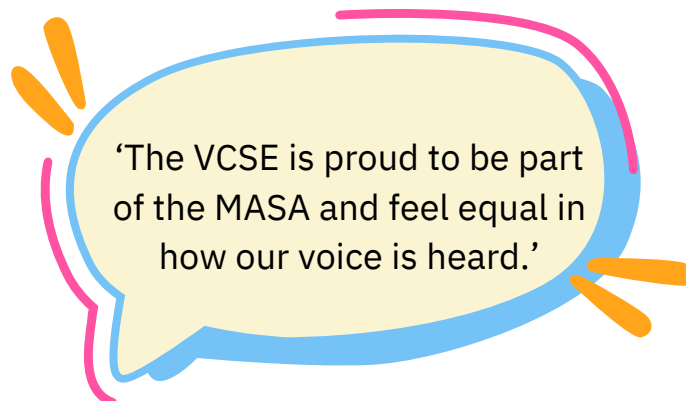


## Working with the Voluntary, Community and Social Enterprise Sector (VCSE)

Voluntary, charity, social enterprise (VCSE) and private sector organisations (including sports clubs and organisations) and agencies play an important role in safeguarding children through the services they deliver. The staff, students and volunteers in these settings play an important role in building relationships, identifying concerns and providing direct support for children, families and communities. In North Yorkshire there are over 7,000 VCSE groups supported by over 67,000 volunteers and 15,000 paid staff.

A VCSE group was established to further develop the partnership links across the VCSE sector and explore the changes to Working Together and the implications for the voluntary sector and their role in the multi-agency safeguarding arrangements. Work of the group has led to the development of communication strategies with the voluntary sector (with a focus on information being shared into the partnership from the VCSE and information being shared to the VCSE sector from the partnership) via the development of a Key Safeguarding messages campaign. VCSE partners are represented across the partnership subgroup structure and are seen as a vital partner in the multi-agency safeguarding arrangements in North Yorkshire.

In North Yorkshire, a joint children and adults safeguarding self-assessment checklist has been produced to support colleagues in the VCSE sector to identify the safeguarding arrangements that need to be in place in their organisation and the need to work with safeguarding partners, which is then used to provide assurance back into the partnership.



# Being Young in North Yorkshire Strategy 2025 - 2028

“We feel like the Being Young in North Yorkshire strategy is designed to be clear and easy to understand, helping organisations know where they fit within the system.”

Practitioner feedback

Being Young in North Yorkshire (BYNY) Strategy 2025–2028 is the NYSCP’s strategy for all children living in North Yorkshire. We would like practitioners across the partnership to consider the strategic priorities in this document as the strong “roots” or foundations of all the work that takes place with children in North Yorkshire. These roots are fertilised by the way we work in partnership with each other.

In the summer of 2024, over 100 colleagues from across the partnership gave their time to participate in consultation events for the development of the Being Young in North Yorkshire strategy. With wide representation from across the partnership, including the Children and Families Service, North Yorkshire Police, Harrogate District Foundation Trust, Primary Care, Tees, Esk and Wear Valley NHS Foundation Trust and colleagues from the Education and Voluntary sectors. The sessions were an opportunity to better understand how the current strategies feed into daily practice, and partners were also able to share their own experiences and ideas for how they would like the strategies to influence future practice.

The four strategic priorities remain the same, we want children to be **Happy**, **Healthy**, **Safe**, and **Achieving**, however, these priorities should each be considered on a continuum, with an understanding that we will all experience adversity and will at times need help, either for ourselves or for our children.

We have agreed that under these four priorities, there are eight key areas of focus which are:

## Happy

- Children’s Mental Health and Emotional Wellbeing
- Right Support at the Right Time: Our Early Help System

## Healthy

- Children Start Well and Live Well
- Reduce Health Inequalities

## Safe

- Child Exploitation and Contextual Safeguarding
- Protect Children at Risk of Harm

## Achieving

- Transitions
- Education and Inclusion



[The full strategy can be read here.](#)

Our consultation work to develop the strategy included speaking to young people, parents and carers and our practitioners, with over 1000 colleagues from across the partnership giving their time to participate in consultation events held in the summer of 2024.

“We feel like the Being Young in North Yorkshire strategy is designed to be clear and easy to understand, helping organisations know where they fit within”

Consultation Participant 2024

## A Tree of Shared Purpose

The strategy is built around a powerful metaphor: the tree.

The **roots** represent the strong foundations of our work, shared values, trauma-informed practice, and statutory responsibilities under Working Together to Safeguard Children. These **roots** are nourished by partnership, inclusive practice, and a commitment to equity.

The **trunk** symbolises the strategy’s role as a **central pillar** from which other key plans grow, such as the Early Help Strategy, Harmful Sexual Behaviour Strategy, and Multi-Agency Child Exploitation Strategy, ensuring alignment across the safeguarding system.

From these roots grow the **branches**, **eight** priority areas that guide our collective efforts. These include **mental health**, early help, **inclusion**, **transitions to adulthood**, and more. Each **branch** represents a key area where we aim to make measurable improvements in children’s lives.

We would like practitioners across the partnership to consider the strategic priorities in this document as the strong ‘roots’ or foundations of all the work that takes place with children in North Yorkshire.

## A Whole-System Commitment

The strategy outlines how all children’s workforce partners will work together to support parents and carers in creating a supportive environment where young people can thrive.

It is renewed every four years to ensure that our goals and priorities remain clear, transparent, and, importantly, measurable. It sets out the key priorities for practitioners and how we will work together to achieve them.

The strategy provides:

- A clear focus and shared vision for all stakeholders
- Guidance on the actions needed to achieve our goals
- Clarity on roles and responsibilities across the workforce
- A framework for coordinated, measurable, and continuously improving practice
- A commitment to ensuring statutory guidance is considered and followed

This strategic clarity ensures that safeguarding in North Yorkshire is not only collaborative and inclusive but also effective, accountable, and driven by the voices of children and young people.

# Our Plan on a Page

## Being Young in North Yorkshire Strategy 2025-2028

### Our Areas of Focus:

Children's Mental Health and Emotional Wellbeing  
Right Support at the Right Time:  
Our Early Help System

Children Start well and Live Well  
Reduce Health Inequalities

Child Exploitation and Contextual Safeguarding Protect Children at Risk of Harm

Education and inclusion  
Transitions

Happy, Healthy, Safe, Achieving



**Trauma Informed Practice**

**Strength in Relationships**

### Our Signs of Success:

Children will say they understand their feelings and know what support is available when they need it

Children will have the best start in life, living healthier lives for longer than the previous generation

Children will report they are safe in their families and in their communities

Children will know they can achieve their goals and are supported to dream big

### Our Foundations:

Our Strengths in Relationships practice model, **NYSCP**, underpins all our interactions with children and their families. Families know what support is available and how they can access this support when it's needed.

### Our Principles:

- We listen to and believe what our children tell us and use their views to shape our work
- We see parents and carers as safeguarding stakeholders
- We work inclusively with our communities
- We promote positive and respectful relationships
- We provide responsive support when and where it's needed
- We are strengths-based and always seek to work in partnership

# Our Measurables

How will we know we have achieved our goals?

Progress tracked through our Growing up in North Yorkshire Survey. Learning through our NYSCP Quality Assurance and Training, Monitoring and oversight of our multi-agency data Delivery of our key strategies such as: Early Help, Autism and Social Emotional Mental Health Strategy

Happy

Continued promotion and evaluation of our #AskMe, Sudden and Unexplained Death in Infancy, Infant Crying, (CON,) and other campaign work Develop a multi-agency Children's Mental Health Policy Work with our Public Health colleagues to ensure a consistent strategic approach to addressing health inequalities

Healthy

Delivery of our NYSCP strategies including MACE and Contextual Safeguarding, Harmful Sexual Behaviour and Early Help strategy Learning through our NYSCP Quality Assurance and Training Monitoring our NYSCP data Continued focus on key areas such as Online Safety, Neglect, Sexual Abuse and Children who are victims of Domestic Abuse

Safe

Continue to develop strong partnerships and enable more effective collaboration with education and inclusion providers Ensure all children across North Yorkshire are supported to access quality education opportunities that meets their needs and help them to achieve their ambitions. Enable young people have access to the right support so that they can transition into adulthood and live well within our communities

Achieving

How will we know we have made a difference?

The most important way that we will understand what difference our work is making is by talking to children and their adults, by genuinely listening to them and by including their views in the design of systems that seek to support them. Along side this we will:

- continue to strengthen our multi-agency collaboration across the partnership
- continue to work collaboratively with other boards and partnerships
- evidence effective information sharing
- maintain transparent governance and accountability processes
- provide evidence of effective safeguarding practice through multi-agency quality assurance processes
- support practitioners in their work through effective safeguarding policies, procedures and training
- evidence the impact of the work we do, demonstrating positive outcomes for children and their families
- continue to creatively engage with children and their families, genuinely using their feedback to shape our approaches

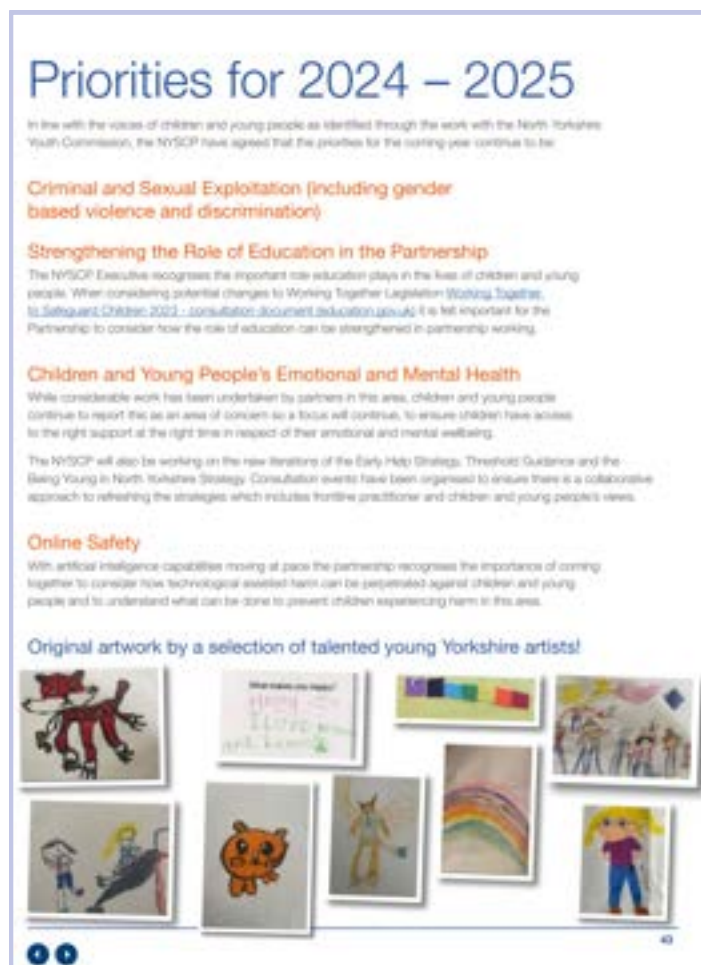
# Our Priorities 2024 - 2025

As stated in last year's annual report, the partnership priorities for 2024 - 2025 were:

- **Criminal and Sexual Exploitation, including gender-based violence and discrimination**
- **Strengthening the Role of Education in the Partnership**
- **Children's Emotional and Mental Health**
- **Online Safety, including responses to technology-assisted harm**

All of the priorities are reflected in the Being Young in North Yorkshire strategy's priorities for children to be **Happy**, **Healthy**, **Safe** and **Achieving** and we are proud of how hard everyone across the partnership has worked in order to improve outcomes for our children and their families.

The next chapter of this report will explain what work has been undertaken across the partnership in order to achieve our priorities, not only describing the work that has been undertaken but also providing evidence of how the work improves the lives of children in North Yorkshire.



# Priority 1: Criminal and Sexual Exploitation

In March 2024 the partnership saw the launch of the new [Multi-Agency Child Exploitation \(MACE\) and Contextual Safeguarding Strategy 2024/27](#). This strategy builds upon the work of the previous strategy and outlines the continued commitment to a coordinated partnership approach to tackle all forms of child exploitation in North Yorkshire and ensure that the right resources are well trained, skilled and in place to drive the activity outlined within this strategy.

It focusses on:

- Child Sexual exploitation (CSE)
- Child Criminal Exploitation (CCE) including County Lines, financial exploitation and organised crime groups)
- Children missing from home (MFH)
- Harmful sexual behaviour
- Modern day slavery and human trafficking (MSHT)
- Online Child exploitation
- Peer on peer exploitation/teenage relationship abuse
- Radicalisation and extremism



The MACE and Contextual Safeguarding Strategy has identified four key priorities across the partnership. These four priorities will be underpinned by a detailed action plan that holds partners to account for their plans to fulfil the actions set out across our priority areas.

Prepare	Prevent	Protect	Pursue
Prepare the partnership and wider community in understanding scope and complexity of child exploitation and risk outside the home.	Commit to a whole partnership and wider community approach to prevention, contextual safeguarding and keeping children safe from exploitation.	To protect and support children at risk of or experiencing exploitation that does not label or blame them for the abuse they are experiencing.	Actively pursue, disrupt and respond to perpetrators of exploitation, and work collectively as a partnership to disrupt the exploitation of children in the contextual spaces they are spending their time.

Through our Multi Agency Child Exploitation (MACE) procedures, the partnership continues to make significant strides in tackling all forms of child exploitation.

Through the MACE Strategy, partners are aware of the robust framework of Prepare, Prevent, Protect and Pursue to disrupt child exploitation.

Alongside this, the NYSCP also supported the implementation of the  Serious Violence in Yorkshire and York Response Strategy (2024- 2029) and is represented on the Serious Violence Duty working group.

Priorities of the strategy include:

**The Women’s Whole System Approach**, which has been developed to ensure that more women and girls are offered appropriate gender-specific support. This includes women and girls in rural and isolated areas of the county and seldom-heard women.

For example, between January 2024 & March 2025, “She Was Just Walking Home” was delivered in schools in North Yorkshire and York (reaching approximately 1290 secondary and college students across North Yorkshire).

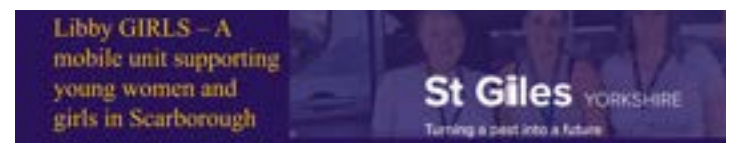
Outcomes showed an increase in knowledge of Violence against Women & Girls (VAWG), and an increase in reporting.

Teachers have reported a notable impact on *“how it has equipped male students with more awareness of their own behaviours and action.”*



Child exploitation and gender-based violence remain priority areas for all our partners. There is wide partnership representation at multi-agency meetings and a high subscription rate to the partnership’s ‘MACE bulletin,’ which shares emerging themes, areas of good practice, and resources and training.

Training to raise awareness and understanding of child exploitation continues to be developed, by individual agencies, for example, Harrogate District Foundation Trust, delivering “Out of the Shadows” exploitation training across teams, and across multi-agency platforms, with the NYSCP adding videos to raise awareness of different forms of exploitation, including an Introduction to Child Exploitation recording.



**Libby Girls**, delivered by St Giles Trust, was delivered between January 2024 and March 2025 in the Scarborough area. This grassroots community engagement with young women and girls in Scarborough’s highest crime area enabled partners to co-produce support plans and create solutions to the challenges the local community face.



## How this helps our children?

The BeAware website continues to be a well-established resource for partners to access information and resources across all factors of child exploitation. Pages have been viewed over 11,500 times and the site continues to promote resources to support safeguarding practice,

In 2024 (prior to the 'official' JTAI inspection), partners carried out a mock JTAI audit focusing on the theme at the time, which was serious youth violence. The audit found areas of strength in partnership working, multi-agency safeguarding arrangements and information sharing.

**Increase in Partnership Information Sharing:** North Yorkshire Police have recently shared within their Drugs Market problem profile that they have seen an increase in the intelligence shared around vulnerability and exploitation. Significant work was undertaken at the end of last year to develop and promote our intelligence sharing guide, NYSCP. It is now one of the most viewed documents on the NYSCP website, with over 4500 views this year. This means information about potential risks to children is being shared with police in a timely way which helps partners keep children safe.

**MACE data set:** The ongoing use of the cross-partnership data set which is presented to strategic and operational groups quarterly, with key headlines also shared with MACE partners via the secure bulletin. This is used to further develop understanding of what exploitation looks like in North Yorkshire, horizon scan for emerging themes and trends and coordinate multi agency action planning to tackle key areas of vulnerability.

**Child Exploitation Awareness Day:** On 18th March 2025, partners received a communications pack to raise awareness of **National Child Exploitation Awareness Day**. MACE partners were also asked to share training and events that they were holding during the day, and links were shared to the training and resources that were collated on the NYSCP webpage NYSCP and YouTube channel for **CEADay25** and the partnership's online programme of learning. A series of social media posts were shared with partners as part of the pack; these were shared across the NYSCP social media platforms over the week. These posts had approximately 1400 views on Facebook and there is evidence contained in the graph below that webpages on the NYSCP website had increased numbers of views as a result of the promotion of this campaign.



**Face to Face sessions:** Following the success of the MACE development day sessions in June 2023, a series of face-to-face sessions were delivered in June 2024. The three sessions were an opportunity to meet away from the virtual platform, develop professional relationships and give partners a chance to reflect on local themes and trends. Based on feedback from the sessions in 2023, the focus of the learning in the session was online exploitation. Phoebe Bond from the Children's Society delivered a workshop on the digital lives of young people and the risks of exploitation online. 69 partners attended across the three events.

## Spotlight:

### The Children's Society #LookCloser Campaign

Despite some progress being made, we continue to encounter victim blaming language in our work to support children.. Language is constantly evolving and it's important we listen to victims and survivors to help us all better understand how to respond to exploitation and abuse.

We all have a role to play in challenging victim blaming language. Whether it's in case notes, conversations with other professionals or caregivers, educational material or communicating with the public on social media.

By challenging victim blaming language, you can help a young person to feel heard and their experiences understood.

#LookCloser is The Children's Society's award-winning campaign supported by the British Transport Police and the National County Lines Coordination Centre, aiming to raise awareness about the exploitation of children and young people and the vital role that everyone can play in helping stop it.

The NYSCP is proud to work closely with the Children's Society to support their work in reducing the use of victim blaming language and the adultification of children.

The NYSCP have promoted the suite of resources available from the Children's Society and will continue to challenge inappropriate language when we hear it.

#LookCloser assets, such as posters, email signatures and social media pack can be accessed [here](#).

## Operation MakeSafe:

Operation Makesafe works to prevent child sexual exploitation, specifically incidents which take place in hotels and other forms of accommodation within the hospitality industry.

The work, being overseen by the CSE Taskforce is important for several reasons:

- It highlights the issue of hotels being used as locations to abuse and exploit children.
- Raises awareness of the positive work being undertaken to prevent this.
- Supports the public in helping them better understand the purpose of hotel staff interventions to safeguard children.

For further information, please see:

[Download Operation MakeSafe posters](#)

[Download the Operation MakeSafe business card](#)

[Download Operation Makesafe guidance for hotel staff](#)

### Preventing and Disrupting Cuckooing Victimisation: Professional Toolkit.

The following resources have been produced by the Cuckooing research and prevention network at the University of Leeds and are designed to improve awareness of cuckooing victimisation, encourage professional and public curiosity, and improve reporting and intervention.

[Information Booklet for Professionals](#)

[Cuckooing Risk Identification Tool](#)

## Beyond 2025

Child exploitation is an ongoing issue, and partnership working continues to look at the use of data to explore both local and national trends and horizon scanning to further tackle exploitation.

**Risk Outside the Home Pathway:** The NYSCP are aware of national developments in the work of exploitation and as such are in the process of establishing a partnership task and finish group to seek ways to strengthen our current MACE arrangements, including the consideration of a Risk outside the Home pathway.

A **MACE Summit** is planned for June 2025 which will bring multi-agency partners including schools together for a day long event to hear from key speakers and give partners the opportunity to think collectively about how to improve outcomes for children who experience exploitation.

# BeAware

of child exploitation  
in North Yorkshire

**BeAware** of child exploitation in North Yorkshire | **North Yorkshire** Safeguarding Children Partnership

<b>Personal</b> <ul style="list-style-type: none"> <li>Make yourself difficult to offend against.</li> <li>Always understand what is being done to you, including any medical or forensic examinations of bodies, hair, and genitalia.</li> <li>Do not use the same password for every website, if someone guesses it, they will be able to access all your accounts.</li> <li>Only use your personal information if that of yours you know (e.g. their name and age).</li> </ul>	<b>Selective Sharing</b> <ul style="list-style-type: none"> <li>When you share something on social media, it has already been shared to many, many people. You may be able to delete it, but you can't see who else you've shared it to.</li> <li>Never send your address, contact details, number or bank details on social media.</li> <li>Be cautious about sending photographs of yourself on social media, there can be saved and shared by others.</li> </ul>	<b>Privacy Settings</b> <ul style="list-style-type: none"> <li>Set your privacy settings to make any "public" or "followers" to see what you post.</li> <li>Be cautious to someone that asking you profiles to private, make it clear that you won't be able to see their photos.</li> <li>Friends could share the post to their network, so always be happy to be asked about what you're sharing.</li> </ul>
<b>Who Are You Talking To?</b> <ul style="list-style-type: none"> <li>Often, they pretend to be someone you know to make you feel like they're your friend, but they're trying to get you to do things that you don't want to do.</li> <li>Never send any personal information to someone you have never met in person.</li> <li>Never send anyone a photo or video, but you never know who it's going to end up in.</li> </ul>	<b>Meeting in Real Life</b> <ul style="list-style-type: none"> <li>Online, you can't see who they are, so always be cautious to meet anyone in real life.</li> <li>Always arrange to meet in a public place, such as a cafe.</li> <li>Always be someone that you are meeting, you can't be "meeting" on your own, they are always in control of the meeting.</li> <li>If possible, have a friend, family member or carer going to the meeting.</li> </ul>	<b>Avoid Online Scams</b> <ul style="list-style-type: none"> <li>Be cautious to be offered a huge sum of money.</li> <li>Remember, if someone wants to give you money, it's probably a scam.</li> <li>Remember to check someone's email address, sometimes it can be a scammer's email address, not a real one.</li> </ul>
<b>Truth or Lie?</b> <ul style="list-style-type: none"> <li>Many scammers pretend to be someone you know, but they're not. They're just trying to get you to do things that you don't want to do.</li> <li>Don't assume the first thing you hear is true, instead be open to hearing someone's story to get a more accurate picture.</li> <li>Be cautious to anyone that says they can help you with anything, but you never know who they are.</li> </ul>	<b>Respect Other People</b> <ul style="list-style-type: none"> <li>Remember, on the internet, you can't see who they are, so always be cautious to meet anyone in real life.</li> <li>Your comments could make someone feel bad, so always be kind to everyone online that you interact with.</li> <li>There's always someone.</li> </ul>	<b>Report Any Issues</b> <ul style="list-style-type: none"> <li>Who should report online safety issues? Anyone who has a concern, but the reporting tool on the page has been broken.</li> <li>Get a friend, family member, carer or support worker if you're worried about reporting online.</li> <li>Always remember online is a public place, and you can't see who else is looking at it.</li> </ul>
<b>Keep a Healthy Balance</b> <ul style="list-style-type: none"> <li>Don't spend too much time on social media, it can be addictive, so always be open to hearing someone's story to get a more accurate picture.</li> <li>Be cautious to anyone that says they can help you with anything, but you never know who they are.</li> <li>Be cautious to anyone that says they can help you with anything, but you never know who they are.</li> </ul>	<b>Be Aware Site Links</b> <div style="display: flex; justify-content: space-around;">    </div>	

**"We need to Be Aware because it goes under the radar here in North Yorkshire"**

**BeAware** of child exploitation in North Yorkshire | A knowledge hub for everyone in North Yorkshire, so we can tackle child exploitation together. [www.safeguardingchildren.co.uk/beaware](http://www.safeguardingchildren.co.uk/beaware)

## NORTH YORKSHIRE CHILD EXPLOITATION SUMMIT 2025

This FREE Summit will be an opportunity to explore local and national trends in child exploitation, focusing on how we can work together to tackle it.

All professionals and managers working with children (aged 8 and over) and their families who are involved in the disruption of child exploitation in North Yorkshire are welcome to attend.

**18th June 2025**  
**Harrogate Convention Centre**  
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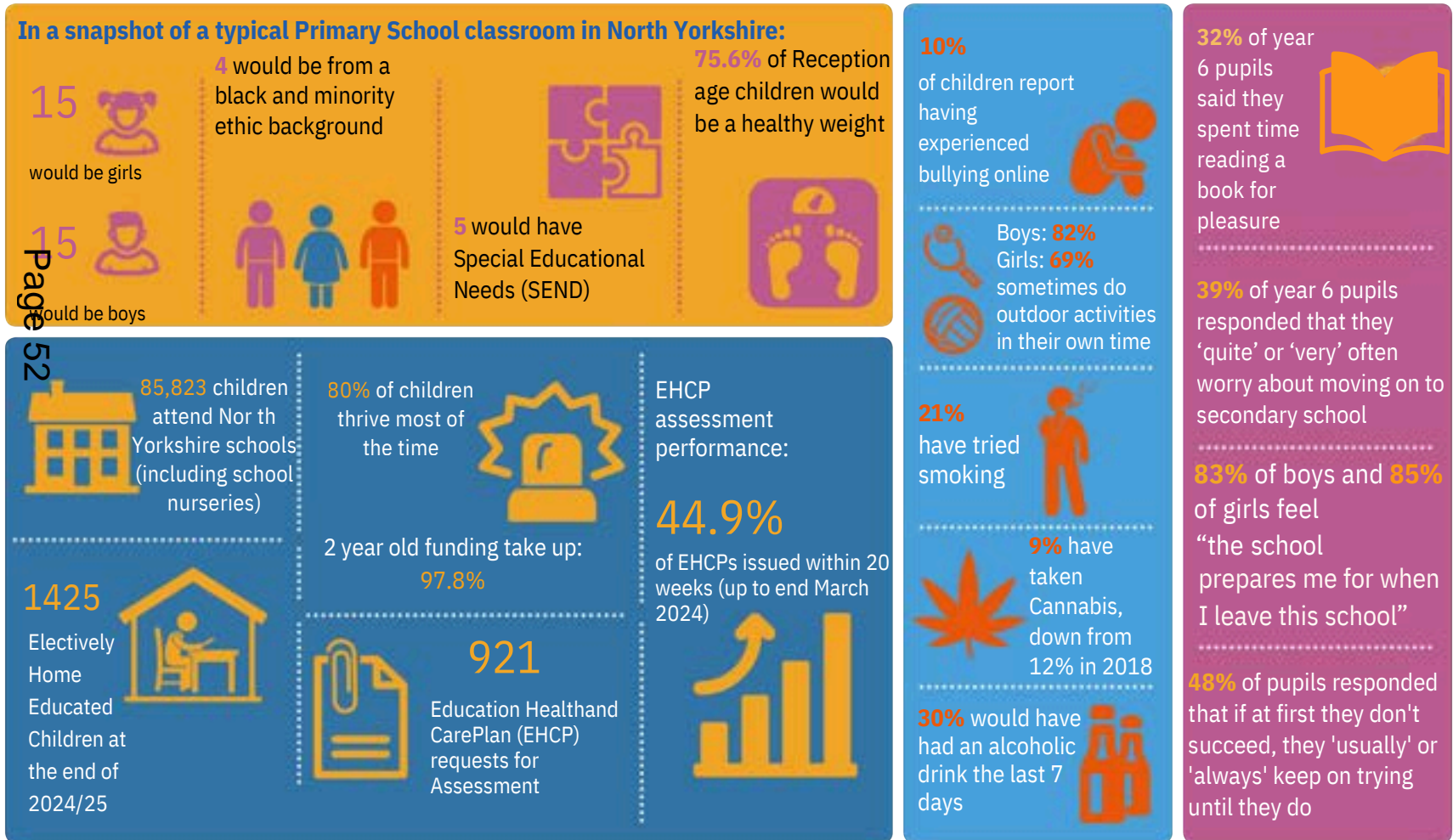
Working Together to Tackle Child Exploitation and Serious Youth Violence in North Yorkshire

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North Yorkshire Community Safety Partnership | North Yorkshire

# Priority 2: Strengthening the Role of Education in the Partnership

## Education Systems in North Yorkshire



continued...

Education continues to be a central pillar in the partnership's safeguarding work, with increased engagement and representation across both strategic and operational forums. The formal establishment of the Education Subgroup has ensured that education's voice is not only heard but actively embedded in multi-agency safeguarding arrangements. This group brings together representatives from schools, academies, early years providers, and other educational settings, enabling a diverse range of perspectives to shape partnership priorities and practice.

### Working with Education Sub Group

The Education Subgroup was formally adopted into the NYSCP's governance structure in 2024, recognising the vital role that education settings play in safeguarding children across North Yorkshire. Its purpose is to ensure that the voice of education is embedded in strategic planning, policy development, and operational delivery.

The subgroup brings together representatives from a diverse range of education establishments, including maintained schools, academies, independent schools, special schools, and early years providers, ensuring that perspectives from across the length and breadth of North Yorkshire are reflected in partnership discussions.

The group has contributed to the development of key strategies such as the Early Help Strategy and the Being Young in North Yorkshire Strategy, and is playing a central role in shaping the redesign of the school safeguarding audit. Topics explored have included elective home education, school attendance, trauma-informed practice, DSL training, and the alignment of education safeguarding responsibilities with the updated Working Together 2023 guidance. The subgroup has also supported the planning and delivery of the annual DSL conference and termly network briefings, which have featured sessions on AI, youth gambling, incel subculture, and safeguarding audits.



By fostering strong links between education and the wider safeguarding system, the subgroup ensures that schools are not only informed but also actively shaping the safeguarding landscape. Its inclusive and representative membership helps ensure that safeguarding approaches are relevant, practical, and responsive to the needs of children and young people in every part of North Yorkshire.

Partner agencies have continued to use the voice and lived experiences of children to drive initiatives to support social, emotional and mental health. For example, the Healthy Schools & Early Years Award Programme.

Acting on feedback from schools and early years providers, there is now a dedicated “schools and early years” page on the [NYSCP](#) website. This houses key information, guidance and resources for schools, so they know they can access information quickly. To date, the page has been viewed over 1000 times.

### Practitioner Forum

School representation is also strong in our Practitioner Forum, with a wide range of education practitioners in attendance. Their feedback on training, resources, and partnership working from an education perspective has directly influenced the development of new resources and improvements to the NYSCP website and toolkits such as the [Sexualised Behaviours in Children toolkit](#) which was co-developed with practitioners.

## The Designated Safeguarding Leads (DSL) Conference

Our multi-agency training provision for schools and education providers continues to flourish. The ever-popular DSL Conference was held in September 2024 which saw a partnership approach to supporting schools in North Yorkshire in their safeguarding roles.

The conference was opened by Assistant Chief Constable Catherine Clarke, and Corporate Director of Children and Young People's Services, North Yorkshire Council, Sir Stuart Carlton. Workshops were delivered by a range of partners, which focused on:

- Introductory Guide to the Incel Subculture: Learn about this ideology, its beliefs, and links to terrorism.
- Hate Crime and Reporting Mechanisms: Understand the impact of hate crimes and how to tackle them in educational settings.
- Risks of Vaping to Children and Young People: Insights from focus groups and practical recommendations.
- Restorative Solutions: Explore restorative justice in schools and its impact.
- Poverty within the School Setting - Impact and Actions: Explore the impact poverty can have in the context of schools and how this has been addressed in practice within schools.
- NYSCP Update Including the Development of the Harmful Sexual Behaviour and Early Help Strategies: Find out about key developments in safeguarding and be part of the consultation on two important NYSCP strategies.
- Trauma Informed Practice: Familiarise yourself with the language of trauma and evidence-based research to use Relational Approaches in whole school initiatives.
- YGAM Young People and Gambling: This interactive session will provide you with insights into the blurred lines between gaming and gambling, cryptocurrency, advertising and influences, loot boxes, the impact of harm, case studies and how to support young people.

## DSL Networks

The NYSCP delivers termly Designated Safeguarding Lead Network meetings. These events are well attended and free to attend for all schools and include presentations on topics such as:

- Reducing Parental Conflict
- Results from the Growing up in North Yorkshire Survey.
- LADO
- Learning from reviews
- Filtering and monitoring
- School Liaison Officer PADLET, NY Police
- Early Years Foundation Stage Framework
- How to engage secondary young people more in FEAST Activities
- NYES Changes
- Early Help
- NYSCP Business Unit
- Exclusions audit
- Changes to partnership website
- School safeguarding audit,

The introduction of termly 'twilight' training sessions for early years providers has further widened access to safeguarding learning, with positive feedback from practitioners.

*"a very informative and relevant session, I wish more sessions were available on an evening as I'm a childminder"*

Early Years Practitioner talking about a NYSCP Twilight Learning Session

## Beyond 2025

As we move into 2025–2026, the NYSCP remains committed to deepening collaboration with education partners. We will continue to build on the strong foundations, fostering open dialogue, sharing learning, and co-developing innovative solutions to emerging safeguarding challenges. We aim to empower every education setting to play a leading role in keeping children safe. Together, we will further strengthen our partnership, champion the voice of education, and deliver positive outcomes for children across North Yorkshire.

# Priority 3: Children’s Emotional and Mental Health

The NYSCP has prioritised emotional wellbeing through strategy development, training, and resource creation. The launch of the Being Young in North Yorkshire Strategy 2025–2028 marked a significant step, placing mental health, inclusion, and access to support at the heart of the county’s vision for children. This strategy was shaped by extensive consultation with children and practitioners, ensuring that lived experience and the voice of the child are central to all workstreams.

Multi-agency learning events have focused on topics such as professional curiosity, harmful sexual behaviour, and reducing parental conflict, with sessions often recorded for wider access.

The NYSCP business unit also had the privilege to speak with children’s groups for the development of the Being Young in North Yorkshire Strategy. The groups shared valuable insights into the complexities of mental health and how it is just as important as being physically healthy. They also shared how important it is to listen and understand children’s views on how they are feeling.

Over the past year, the NYSCP has conducted the 10th Growing Up in North Yorkshire survey, gathering the opinions children to form an accurate picture of the lives, interests, highs and lows of children in our county. It covers perceptions of school and sense of belonging, worries, wellbeing and resilience, and also asks specifically about online behaviours, both positive and negative.

The Growing Up in North Yorkshire Survey (GUNY) results were shared in a dedicated session, helping partners understand the lived experiences of young people and shape future priorities.

2024 Data	Boy Yr 6	Girl Yr 6	Boy Yr 8	Girl Yr 8	Boy Yr 10	Girl Yr 10
Low measure of resilience	17%	22%	32%	55%	31%	56%
High measure of resilience	29%	24%	14%	7%	13%	6%
Low wellbeing score	2%	2%	5%	9%	4%	10%
High wellbeing score*	44%	33%	29%	13%	28%	9%



Art from the Youth Commission showing what “Happy” means to them

Our latest GUNY figures show that overall, mental wellbeing, and worries are improving. However, our boys are improving far more than our girls who still worry far more, have low wellbeing and low resilience. Whilst boys’ wellbeing is back to levels from around a decade ago, girls are making only small improvements.

There have been a number of programmes designed to improve social, emotional and mental health, including digital and school-based:

Humber and North Yorkshire ICB health inequalities funding to expand alongside 'My Happy Mind', the mental wellbeing programme, into 29 primary schools in Scarborough and Whitby, providing a whole school approach to good emotional health and resilience.

Lumi Nova, the digital therapeutic programme for younger children commenced as a pilot initially and has become embedded.

Parent Carer Voice engaged with those young people who find attending school to be extremely emotionally challenging.

Sidewalk, in Scarborough, provides Turning Tides, an emotional coaching and wellbeing programme for older teens.

The "The Go To" website continues to be a platform for resources and information to support the nurturing of 'healthy minds' in North Yorkshire.

We have also seen the introduction of the Children and Young People's Mental Health Transformation Team, a tri-funded initiative (North Yorkshire Council, Humber and North Yorkshire Integrated Care Board (HNY ICB) and Tees, Esk and Wear Valleys NHS Trust) to examine every aspect of the North Yorkshire mental health and wellbeing system, based on the iThrive model.

One of the first tasks is to develop a shared sense of culture and language across all organisations. We are also ensuring that the whole of the system acts as a single entity to reduce duplication and promote cost-effectiveness. Key to the development of this single, unified system is both the digital offer, which needs to be comprehensive and up-to-date, and also schools to ensure referral processes are transparent, with appropriate and timely feedback.

We have consistently ensured that education is represented at our Social, Emotional and Mental Health Strategic group and education is seen as a key partner in our future mental health system, as evidenced by schools-based initiatives around mental wellbeing. Mental wellbeing and resilience is one of the key modules in our Healthy Schools Award Programme. We have expanded our Healthy Schools programme into Early Years settings now, with emotional wellbeing and development again a key feature.

80% of schools across North Yorkshire have now signed up to the Healthy Schools Award Programme. 118 early years settings have registered with the Healthy Early Years Programme.

## Beyond 2025

The partnership recognises that children's mental health remains a complex and evolving challenge. The impact of social media, academic pressures, family circumstances, and the ongoing effects of the pandemic continue to shape the emotional wellbeing of children across North Yorkshire. The partnership is committed to deepening collaboration, sharing learning, and co-developing innovative solutions to address these challenges.

A Voice of the Child Toolkit is in development, informed by practitioner feedback and designed to support communication with all children, including those who are non-verbal or pre-verbal children.

The partnership is in the process of reviewing the Self-Harm and Suicide Ideation Pathway, with a dedicated learning session scheduled to support practitioners in responding to these complex issues.

*"We love attending the celebration events as they are very well organised with interactive sessions for the children. Staff are always very friendly, and the lunchtime activities are interesting, informative and varied. Our pupils loved everything about the day, especially pedalling the electricity bike! The Healthy Schools programme helps us to generate ideas and keep wellbeing as a priority for our school."*

From the June 2024 Harlow Carr Healthy Schools celebration event:

# Priority 4: Online Safety, including responses to technology-assisted harm

Recognising the growing risks in digital spaces, the partnership has taken proactive steps to address online harms. We have spoken with children who have told us that we need to understand that digital spaces can also be an environment of safety, connection and fun.

*“Professionals need to see the potential and positives of us being online as well as the risks”*

Young Person

Updates to the BeAware knowledge hub ensure that professionals and families have access to the latest guidance and resources, easily accessible and in one place, and includes new content on sexually coerced exploitation, financial grooming, and early years online safety.

The #LookCloser campaign, an awareness raising initiative led by The Children’s Society, in partnership with the British Transport Police and the National County Lines Coordination Centre was promoted through events and resources, including a “Language Matters” session co-delivered with The Children’s Society, which helped practitioners understand and respond to the language used in online exploitation.

The partnership has also developed a poster/quick guide resource for “staying safe online” which has received positive feedback from practitioners and is proudly displayed in partnership wide.

Multi-agency training has addressed online safety through initiatives such as the Healthy Schools programme and the dissemination of GUNY flyers to parents and carers, which contain online safety information and advice. The partnership has also integrated online safety into health assessments and promoted digital safety through the Growing Healthy app.

NHS Humber and North Yorkshire ICB delivered a Safeguarding Conference on digital safety and transitional safeguarding, facilitating multi-agency training with strong attendance and positive feedback.

Tools such as HEEADSSS are used by partners in health services to capture and understand the experiences of children with specific sections looking at mood and mental health. The tool allows for the recording of the child’s voice, wishes and feelings, for staff to explore with them any areas of concern.

The business unit has also worked to develop our Children and Young People pages on the website to signpost to relevant national resources for spending time safely online. Resources have also been updated on the Parents and Carers page, which supports them with navigating digital safety for their children, encouraging regular and open conversation and safe use of devices. Regular updates and online trends (including Apps and games) are shared with partners through our MACE and NYSCP e-bulletin. For example, in the lead up to Christmas, information was shared with regard to how to set up devices safely for children during the festive period if they had been received as gifts.



\*The HEEADSSS tool is a structured psychosocial interview framework used primarily with adolescents to assess their overall well-being and identify both risk and protective factors in their lives.

continued...

## Beyond 2025

The slang and emoji dictionaries are documents produced by the Children's Society. It is hypothesised that the increase in views over this time period correlates with the release of the Netflix program "Adolescence", with an increase in professional curiosity over the emojis that young people are using to communicate. The Children's Society have been notified of the increase in views.

### Emerging Online Trends:

There are constantly new and emerging social media apps that may host inappropriate content for children, for example, Yubo is a social media app that encourages young people to find new friends by allowing them to swipe left or right to connect, message and live stream.

Its social discovery feature encourages friendship with people from all over the world. Users swipe between profiles and videos being live streamed to meet new people with similar interests. There are separate communities for those aged 13-18 and those over the age of 18 to help keep teens safe on the app.

It has been involved in controversy since it launched (originally under the name Yellow), being dubbed by media as "Tinder for teens" due to its swipe-to-match functionality, which mimics the adult dating app.

For further information and wider reading around this application, please see the links below.

The partnership recognises that the digital landscape is rapidly evolving, with new risks emerging, for example, from the increasing use of artificial intelligence (AI), social media platforms, and online gaming. The complexities of AI, such as deepfakes, automated grooming, and algorithm-driven content, present fresh challenges for safeguarding children and young people. The partnership is committed to staying ahead of these developments as much as possible by continuously updating resources, delivering targeted training, and fostering collaboration across agencies.

Our practitioners have told us they want further information and resources to upskill and develop knowledge on AI-enabled abuse, strengthening practitioner confidence in responding to technology-assisted harm, and promoting digital literacy among children, families, and professionals. By maintaining a proactive and adaptive approach, NYSCP aims to ensure that every child and young person in North Yorkshire can navigate digital spaces safely and confidently.



## Learning Themed Audits

Thematic audits are a core component of the North Yorkshire Safeguarding Children Partnership's (NYSCP) approach to quality assurance and continuous improvement. Led by the NYSCP Business Unit and supported by partners and strategic leads, these audits explore specific areas of safeguarding practice in depth. They help the partnership understand how effectively services are being delivered, how well local training is being embedded into practice, and where additional support may be of benefit.

Audits also play a key role in identifying learning from case reviews and ensuring that this learning informs future practice. Findings and recommendations are reported to the Practice and Learning Subgroup (PLS), who oversee progress, provide professional challenge, and monitor the implementation and impact of resulting actions.

During 2024 - 2025, we have undertaken learning themed audits covering;

- Children Missing from Home and Care
- Harmful Sexual Behaviour



## Children Missing from Home and Care (MFHC) Findings

Our briefing paper is available here - [MFHC Audit Briefing](#)

We know that children who go missing are at significant risk of harm, including exploitation, abuse, and neglect. The MFHC audit was commissioned to ensure that safeguarding responses are timely, coordinated, and effective in mitigating these risks. It also aimed to improve understanding of the complex factors, such as trauma and neurodiversity, that influence children's behaviours.

Key findings highlighted strong initial recognition of missing incidents, effective information sharing, detailed Return to Home Interviews (RTHIs), and comprehensive safety planning. Risk-based interventions and collaboration, particularly within Multi-Agency Child Exploitation (MACE) Level 2 groups, were evident, with increased parental engagement and locality-based responses contributing to improved outcomes.

The audit also identified areas for development. Practitioners were encouraged to consider both trauma and neurodiversity when assessing behaviours. Improvements were needed in exploring child exploitation risks, recording MACE meeting information, sharing historical family data, and evidencing the impact of interventions.

## Children Missing from Home and Care (MFHC) Findings, continued...

Actions taken as a result of the audit findings include promoting a dual-lens approach to behaviour assessment, developing a toolkit to support child engagement, and providing resources for discussing suicide and mental health. Guidance for multi-agency strategy meetings is being updated, and a 'Risk Outside the Home' pathway is being developed.. Efforts are underway to improve understanding of the National Referral Mechanism (NRM), enhance digital safety through a 'conversation café', and raise awareness of CAMHS referral processes.

## Harmful Sexual Behaviour Findings

The audit was initiated as part of a strategic priority by the NYSCP executive board, due to a recognised need to better understand the nature and scale of Harmful Sexual Behaviour (HSB) displayed by and experienced by children and young people in North Yorkshire. This included concerns about inconsistent responses, the identification of harmful behaviours, and a lack of clarity in support pathways.

With funding from the Police and Crime Commissioner, the North Yorkshire Safeguarding Children Partnership commissioned the NSPCC to lead a multi-agency audit into Harmful Sexual Behaviour (HSB).

Over 40 partner organisations contributed to this process, which aimed to gain a whole-system view of HSB,, to inform a strategic action plan. A dissemination event was held and was attended by 83 partners

The audit recognised strong multi-agency collaboration and a shared commitment to improvement, and highlighted effective use of assessment tools such as Signs of Safety, and a clear commitment to improving systems and practice. Agencies showed a willingness to engage in reflective learning, and there was evidence of coordinated responses and a desire to strengthen pathways of support.

Findings identified the need for greater consistency across agencies, improved early identification and preventative education, and more consistent use of assessment tools. It also found that a broader continuum of support was required.

Audit outcomes helped shape the development of a three-year HSB strategy based on the USS model: Understand, Scale, Support. Strategic actions include improving understanding of HSB across North Yorkshire, capturing its scale through consistent data collection, supporting practitioners with clear pathways and training, and promoting healthy relationships as the "golden thread" that runs throughout the approach.

Following feedback from practitioners, audit findings are now summarised in a more visually impactful way, with the integration of a section entitled "questions for reflection" allowing the document to be used in individual reflection and team discussion.



# Joint Targeted Area Inspection (JTAI) - January 2025

In January 2025, North Yorkshire was subject to a Joint Targeted Area Inspection (JTAI), focusing on the multi-agency response to unborn children and children aged 0–7 who are victims of domestic abuse. The inspection was carried out by Ofsted, the Care Quality Commission (CQC), His Majesty’s Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS), and His Majesty’s Inspectorate of Probation (HMIP).

[Watch the JTAI Partner Update – YouTube](#)

## Purpose and Scope

The inspection explored how effectively agencies in North Yorkshire work together to identify, assess, and support young children and unborn babies living with domestic abuse. It examined both strategic leadership and frontline practice, with a particular focus on:

- Early identification and intervention
- Information sharing and risk assessment
- The voice of the child and lived experience
- Support for non-abusing parents and carers

## Multi-Agency Collaboration

The inspection highlighted the strength of North Yorkshire’s partnership working. Inspectors praised the Practice and Learning



Subgroup (PLS) as “dynamic,” noting that it provided a clear structure for learning and improvement. The inspection team observed strong relationships between agencies, with evidence of shared responsibility and a commitment to safeguarding at all levels.

Frontline professionals across health, education, social care, and the police were commended for their dedication and collaborative approach. The inspection also recognised the role of the NYSCP in coordinating learning, audits, and communication across the system.

Inspectors praised the “mature and respectful relationships” between statutory and community partners across the North Yorkshire Safeguarding Children Partnership (NYSCP), the Domestic Abuse Local Partnership Board (DALPB), and the Community Safety Partnership (CSP). This collaborative culture was seen as a key enabler of effective safeguarding practice.

“There is a strong culture of collaboration and mutual respect across agencies, with a shared commitment to safeguarding children.”

[JTAI Inspectorate \(Report\)](#)



## Key Findings and Learning Points

The inspection identified several areas of strength and effective practice. Including highlighting the use of a consistent practice model across early help and children’s social care as a strength, describing it as a *“vehicle for giving families the skills and insight they need to protect their children from domestic abuse.”*

Inspectors also commended the quality of direct work with children, noting that it helped them *“understand what is happening to them and their family,”* and praised the early identification of risks to unborn children, particularly through child-focused recording.

The inspection recognised the partnership’s ability to respond to the diverse needs of communities across North Yorkshire without losing sight of shared strategic priorities. It also acknowledged the breadth of support available through statutory, commissioned, and voluntary services. Additionally, it was noted that early years providers and schools across North Yorkshire are well-informed about where to access safeguarding guidance and resources, making effective use of the NYSCP website, support from named professionals, and a wide range of targeted training opportunities. This awareness was seen as a strength in ensuring consistent and confident safeguarding practice across education settings.

Other areas of strength included:

- Proactive use of the Domestic Violence Disclosure Scheme (Clare’s Law) by North Yorkshire Police
- Effective risk management through MAPPA and MARAC
- Promotion of evidence-based prosecutions to support and protect victims
- High-quality multi-agency auditing and quality assurance processes
- Clear pathways into early help services, with strong use of universal and targeted support to reduce risk and build resilience
- Practitioners demonstrated a commitment to understanding the lived experience of children, including unborn babies, and used this insight to inform planning and decision-making
- Multi-agency meetings and tools were used effectively to assess and manage risk, with good examples of timely and proportionate responses
- High-quality direct work helped children understand their experiences and feel supported.



## Areas for Development

The JTAI identified areas of effective work and good practice; however, it also provided opportunities to develop these further, and include;

- Further assurance that children are recognised as victims in their own right and their voices are amplified in multi-agency meetings.
- Improving how children are formally recorded as victims, on partner systems such as NICHE \*
- Continuing to strengthen inter-agency communication,
- Ensuring appropriate health professionals are present in strategy meetings, making the health landscape clear to professionals.
- Evaluating and embedding domestic abuse training across agencies.
- Addressing gaps in services, with emphasis on services for primary-aged children and younger.
- Enhancing data use for scrutiny and evaluation.
- Ensuring timely Operation Encompass \*\* notifications and extending to Early Years providers.



\*A police records management system used by several UK forces - See [HMICFRS](#)

\*\* A process police use to provide schools with information on domestic abuse incidents experienced by their pupils. See [HMICFRS](#)

NYSCP, alongside the Community Safety Partnership (CSP), has taken forward a comprehensive set of actions to address the recommendations. These actions are being delivered through a coordinated programme of work involving strategic leads, task and finish groups, and operational subgroups.

Progress is monitored and assured through the NYSCP Executive Board, the Practice and Learning Subgroup (PLS), and the CSP. These groups provide oversight, professional challenge, and scrutiny of implementation, ensuring that actions are embedded into practice and that their effectiveness is evaluated. Updates are routinely presented to these forums, where partners assess impact, share learning, and agree on next steps to strengthen safeguarding arrangements across the county.

## Next Steps

- Key actions from the inspection have been added to the PLS workplan and will be monitored through the governance structure as outlined above.
- Learning from the inspection will be embedded into future training, including DSL briefings and online learning events.
- The NYSCP will continue to strengthen its approach to domestic abuse through the development of new guidance, toolkits, and multi-agency audits.

## Spotlight

As part of the recent Early Years online learning event, Early Years providers who were recently part of the JTAI inspection and audit gave feedback on their experience. Providers shared verbally on the day the experience they had, being open about the challenge and pressure they initially felt at being asked, but overall finding the experience very positive.

The incredibly positive work highlighted by those providers who were part of the inspection process has been recognised by the partnership, and all involved have been given a partnership award.

### A written statement was also shared:

“We recently had the opportunity to be part of a Joint Targeted Area Inspection (JTAI), and I’d like to share what was a genuinely positive and reassuring experience. During the inspection, I had the chance to speak directly with the Ofsted inspector over the telephone about how the local authority supports us in protecting our most vulnerable children. They discussed how the local authority shared information, how children including babies are kept safe when they don't have a voice, and how we would be confident in following safeguarding procedures. They specifically talked about domestic abuse and how we receive information from the local authority to be able to support families and children in our setting.

What truly stood out was the inspector’s interest in understanding how our setting works in partnership with local services. I was able to confidently speak about the robust systems in place here in North Yorkshire – the early help pathways, strong communication with social workers, the local authority and the accessible safeguarding support available to our staff. We felt listened to and respected as professionals, and the process really reinforced the importance of our everyday practice.

The inspection didn’t feel intimidating – it felt like a conversation about what we all do well together to keep children safe. It highlighted the strength of local collaboration and the shared commitment across agencies to identifying concerns early and offering the right support.

For our team, being part of the JTAI affirmed that we are not working alone and that as a setting we are following the right practices and receiving the correct information to keep children safe as well as how much support we receive from the local authority.”

# School Safeguarding Audit

The School Safeguarding Audit is a biennial self-assessment designed to assure the North Yorkshire Safeguarding Children Partnership (NYSCP) that schools and colleges are fulfilling their statutory safeguarding responsibilities. For the 2024–2025 cycle, the audit underwent development to ensure it meets statutory requirements and provides practical value for schools, supporting continuous improvement in safeguarding practice, and identifying good practice.

Preparation for the audit began with a collaborative approach, bringing together partners from schools, the School Improvement Team, and a range of departments within North Yorkshire Council, including HR, Inclusion, Outdoor Learning, and Early Years. This multi-agency partnership was central to shaping the audit tool, ensuring it reflected the realities and needs of diverse educational settings across the county

Throughout the development process, feedback from schools and partners was sought and incorporated. The audit questions were streamlined to reduce duplication and improve clarity, and supporting documentation was enhanced to guide schools through the process with a dedicated knowledge hub on the NYSCP website and “drop-in” sessions for support.



A key innovation in this year’s audit was the introduction of a dedicated section on safeguarding culture. The NYSCP recognises that the culture within a school is fundamental to effective safeguarding, setting the tone for leadership, values, and everyday practice. The new culture section enables schools to reflect on how their ethos and environment contribute to keeping children safe, and encourages a whole-school approach to safeguarding

The audit was written in line with the latest Keeping Children Safe in Education (KCSiE) 2024 guidance, ensuring that all sections and questions are aligned with national standards and best practice. The deadline for completion was 31 March 2025, and the findings and recommendations will be disseminated at the Designated Safeguarding Lead (DSL) Conference in September 2025 and will be reported on in next year’s annual report.

A dedicated area for the biennial Schools Safeguarding Audit has been created so that settings can access the new FAQs and guidance, and a video introduction and user guide on how the audit tool works. Information can be found at - [NYSCP](#)

## [Beyond 2025 Education](#)

Looking ahead, consultation is already underway for a newly revised audit tool for 2026–2027. The 2024–2025 audit represents the first iteration of change, with lessons learned from this cycle informing future developments. NYSCP remains committed to working with partners to ensure the audit continues to support schools in strengthening safeguarding arrangements and improving outcomes for children across North Yorkshire

# Section 11 Audit

The Section 11 Governance Audit is a collaborative process designed to provide assurance that statutory safeguarding responsibilities are being met across North Yorkshire. This audit is jointly coordinated by the North Yorkshire Safeguarding Children Partnership (NYSAB), the North Yorkshire Safeguarding Adults Board (NYSAB), and the City of York Safeguarding Adults Board (CYSAB).

Early 2025 was dedicated to preparing for the audit, with partners from children’s and adults’ services, local authorities, health, police, education, and the voluntary sector working together to review and refine the audit tool and methodology. This preparation ensured that the audit would be robust, relevant, and aligned with the latest statutory guidance, including Working Together to Safeguard Children.

From a statutory perspective, the Section 11 audit must be completed at least every two years, ensuring regular review and continuous improvement of safeguarding arrangements.

The audit brings together agencies from both children’s and adults’ safeguarding, aligning questions and processes to create a unified approach and reduce duplication for organisations working across both the children’s and adults sectors.

Findings from the audit are analysed and shared across the partnership, supporting the identification and dissemination of good practice, as well as highlighting areas for further development. This cross-partnership approach strengthens safeguarding across North Yorkshire and York, ensuring that children, young people, and adults are protected by effective, joined-up systems and a culture of continuous improvement.

A 7-point briefing summarising the key findings and learning from the 2023–24 Section 11 audit is available on the [NYSAB website](#), providing partners and stakeholders with clear, accessible information on the outcomes and priorities identified through the audit process.



# Child Safeguarding Practice Review Group

Number of notifications made to the CSPRP in 2024/2025	1
Number of Local Child Safeguarding Practice Reviews (LCSPR) awaiting publication (due to ongoing Police investigations)	3
Number of cases notified to North Yorkshire Safeguarding Practice Review Group (SPRG) in 2024/2025 by partners for consideration	5
Of the 5 cases notified to SPRG 2024/2025 for consideration, which have been reviewed locally for learning?	4

The NYSCP understand the duties placed on it in Working Together to Safeguard Children 2023 Statutory Guidance to refer and review serious safeguarding incidents for children. The NYSCP also recognises the importance of reviewing safeguarding incidents that do not reach the threshold for a notification to the National Child Safeguarding Practice Review Panel (National Panel).

When a serious safeguarding incident is reviewed, partners are requested to answer a number of key lines of enquiry questions. The Safeguarding Practice Review Group and senior leaders from involved agencies come together to discuss the key lines of enquiry and to agree on multi-agency recommendations to recognise good practice and to strengthen the work undertaken by frontline practitioners.

Over the reporting period 2024/2025, the NYSCP has notified the National Panel of 1 serious safeguarding incident for a child. The National Panel agreed with the partnership's decision that robust learning had been identified through the Rapid Review process. Due to nationally recognised delays in the criminal justice process, there are three LCSPRs awaiting publication. For all three children, robust safeguarding processes were implemented at the time of the incidents and the learning and recommendations have been embedded across the workforce.

Over the past year, the NYSCP have received positive feedback from the National Panel in respect of the quality of the reports and recommendations submitted.

North Yorkshire Safeguarding Children Partnership recognise the value in reviewing serious incidents for children that do not reach the threshold of requiring notification to the National Child Safeguarding Practice Review Panel and the same methodology is used to review these incidents. Of the five cases notified to the Safeguarding Practice Review Group, four cases were felt to require local, multi-agency learning. The other child's case was reviewed as a single agency after consideration by the Safeguarding Practice Review Group.

Learning from both national and local reviews informs the multi-agency training offer across the partnership, for example learning events have been delivered on Professional Curiosity and Information Sharing. The reviews have also led to a number of tangible outcomes such as the development of guidance regarding Managing Different Professional Perspectives and Mutual Challenge which was co-developed with colleagues from North Yorkshire's Safeguarding Adults Board.

The NYSCP also hold learning events for practitioners who have worked directly with the child and their family. This strengths based approach supports practitioners to reflect on their involvement in a supportive environment and learning from these events is shared across the partnership.

## Learning from Safeguarding Incidents

### Child Y and Sibling Z

Child Y, at the time of review, was a six-week-old baby who was found to have fractures of all four limbs. Both of Child Y's parents had additional vulnerabilities that increased the risk for Child Y and Sibling Z. Each parent had difficulties with their mental health, mother had experienced domestic violence as a child and father reported having a controlling parent.

### Child AC

Child AC was born prematurely at 25 weeks gestation and died at 3 months of age whilst still an in-patient on a neonatal unit. The concerns for AC centred around parental substance use, maternal mental health difficulties and domestic abuse.

### Good Practice

**Relationship-Based Practice:** was evident throughout the work of all professionals and both families.

**Robust Safeguarding Responses:** when concerns came to light safeguarding measures were implemented in a timely way, ensuring the child's safety.

**Multi-Agency Meetings:** were convened in order to share information and to plan next steps.



### Learning

The review group found that there could have been more professional curiosity and about the adult's known vulnerabilities and lack of social support. This should have formed the basis of a cumulative risk assessment.

Recognition of non-accidental injuries in non-mobile babies is crucial and needs to be acted on at the earliest opportunity.

Need for improved information sharing, particularly with regard to father's information.

Understanding, capturing and acting on the "voice" of non-verbal children.

Multiple agencies were involved, but there were missed opportunities to fully understand and address the risks.

### Impact

As a result of both these reviews, the NYSCP has considered a number of thematic learning points which it has taken action to address:

**Information Sharing:** Guidance and learning events delivered and scheduled for 2025.

**Father's Information:** Practice and Learning subgroup reviewing how father's information can be captured in assessments and multi-agency meetings.

**Voice of Children:** Practice guidance available, toolkit development ongoing.

**Injuries to Non-Mobile Baby:** Review of practitioner understanding and promotion of NYSCP policy/pathway. Assurance work is ongoing

**ICON Message Delivery:** Embedded in midwifery and health visiting, with further assurance and presentations planned [1].

**Professional Curiosity** practice guidance as a shared document with Health and Adult Services, [NYSCP](#)

A Learning Event was delivered, which is accessible via the YouTube channel [Professional Curiosity & Understanding Different Professional Perspectives](#)

[continued...](#)

## Learning Themes from our 2024/2025 Reviews

The NYSCP constantly seeks to develop frontline practice in order to improve the lives of children and their families. This is done both by undertaking reviews into serious safeguarding incidents and by understanding the impact of national learning reviews.

### National Learning

For example, in the case of Child AC the review group considered how learning from The Myth of Invisible Men report should influence recommendations made for practitioners in North Yorkshire.

In the case of Child Y, the group were minded to reference the national and local guidance on: “Babies Cry, You can Cope.” The NYSCP ICON guidance supports parents and carers to understand and manage normal infant crying to prevent abusive head trauma.



### Practitioner Learning Events

For those practitioners who have worked with a family where there is a serious safeguarding incident, the NYSCP will hold practitioner events in order that those practitioners have a safe space to review their work with the family and to ensure their experiences are able to be learnt from. Practitioners provide positive feedback about these events and express that they have a significant impact on their practice.

## Learning for Professionals Thematic Search

The NYSCP “learning for professionals” page is an important resource for capturing the learning from reviews, and multi agency audits.

We encourage partners to explore the learning and take the opportunity to share among teams and reflect on what the outcomes mean for how they work with children, young people and families across North Yorkshire.

Under each review or audit hosted on our website, practitioners will find a list of bullet points, highlighting the safeguarding themes the learning covers in order to assist them in finding the learning that is most relevant to their role. It also links any key relevant documents based on that theme.

A screenshot of the "Safeguarding Practice Reviews" page. The page title is "Safeguarding Practice Reviews". The text explains that sometimes a child suffers a serious injury or death as a result of abuse or neglect, and that understanding what happened and why can help improve future responses. It states that the purpose of serious child safeguarding case reviews is to identify improvements to safeguard and promote the welfare of children. A link is provided for the "One Minute Guide" at NYSCP (safeguardingchildren.co.uk). Below this, a specific review is highlighted: "Child V - The importance of tailoring safe sleep messages to individual family circumstances, particularly where there are additional risk factors (February 2024)". A link to the PDF is provided: <https://www.safeguardingchildren.co.uk/wp-content/uploads/2024/11/FINAL-FINAL-91983-Child-V-7-Point-Briefing-1.pdf>. The themes explored are listed as: Safe sleep messages (#AskMe), Professional Curiosity, Parental Adverse Childhood Experiences, and Working with Fathers.

# Our Website and Social Media

The [NYSCP](#) website is designed to be a “one-stop-shop” for all partners across North Yorkshire to keep abreast of all safeguarding information, policies, procedures and guides. There are specific sections for safeguarding professionals, communities, parents and carers and young people. Pages and content are reviewed regularly in consultation with partners to ensure information remains relevant and impactful.

Over 2024/2025 work has been undertaken in order to ensure the website meets the needs of practitioners, with the practitioner forum group completing a review. This led to the development of a ‘[walkthrough video](#)’ and the addition of a dedicated “[National Learning](#)” page. This page contains links to national legislation and summary documents to support practitioner’s understanding of legislative updates and the impact the changes have on their practice.

Over 2024/2025 we have updated numerous documents to ensure they reflect both national and local learning and legislation changes.

Updated documents of note are:

- [Domestic Violence Disclosure Scheme](#) (also known as Clare’s Law)
- [MARAC and MATAC Domestic Abuse meetings](#)
- [Operation Encompass](#)
- [Stalking Protection Orders](#)
- Being Young in North Yorkshire Strategy: [NYSCP](#)
- Harmful Sexual Behaviour Strategy: [NYSCP](#)
- Harmful Sexual Behaviour Toolkit: [NYSCP](#) (PDF) or flipbook: [Online Flipbook](#)
- [Parents with Neurodevelopmental Conditions including Autism Spectrum Disorders](#) – Tri.X Practice Guidance

- [Children of Parents with Learning Disabilities](#) Tri.X Practice Guidance
- [Children of Parents with Mental Health Problems](#) Tri.X Practice Guidance
- [Making a Referral to Children and Families Service](#) One Minute Guide (updated to include online referral information)

The NYSCP [YouTube](#) channel now houses over 70 learning events. Over this period, videos were viewed over 10,000 times, with a monthly audience of around 400 viewers.

The NYSCP free monthly e-bulletin gives a summary of key safeguarding updates, resources and information, both local and National, directly to partners' inboxes. The bulletin currently has 1800 subscribers.

## Impact

Between March 2024 and April 2025, the NYSCP website had over **289,000 views** by around **100,000** active users, and over a typical **90-day period**, there is approximately **89,000 views of the website**. This demonstrates the importance of us maintaining and promoting the work of the partnership through the website.



## Beyond 2025

### Glossary of Safeguarding Terminology for Parents

Parents and carers have told the Business Unit that the terminology used within safeguarding processes can be difficult to understand. To address this, work has started work on developing a Glossary of Safeguarding Terminology which will provide guidance for parents, carers and professionals on key safeguarding terminology used within the partnership.

A draft copy has been shared and reviewed by the Parents by Experience group, amendments are now being made based on the group's feedback. The glossary will be organized into sections and listed A-Z to make it easier for parents to search for information. Descriptions will be shorter and more concise where possible and once completed this glossary will be accessible on our Parents and Carer's Page.

#### New Online Universal Referral Form

North Yorkshire Safeguarding Children Partnership will be launching a new online referral form in May 2025 to refer children to the North Yorkshire Children and Families Service.

This new form ensures there is a secure way to share sensitive and personal information and helps practitioners include all the information needed to ensure the child and their family receive the right support at the right time.

The new online referral form will have two portals: one for referrals in professional capacity and one for all other referrals (e.g. parents, carers, neighbours, members of the community) with the capacity to remain anonymous.

Professional online referral form: [Refer a child to North Yorkshire Children and Families Service](#)  
Report concerns (for all other referrals). [Report concerns to North Yorkshire Children and Families Service](#)

# Working Together to Safeguard Children 2023

The NYSCP has taken a proactive and structured approach to embedding the reforms introduced in [Working Together to Safeguard Children 2023](#). Recognising the guidance as a reaffirmation of shared responsibility and a call for strengthened multi-agency collaboration, the partnership focused on ensuring that the changes were not only understood but meaningfully applied across all sectors.

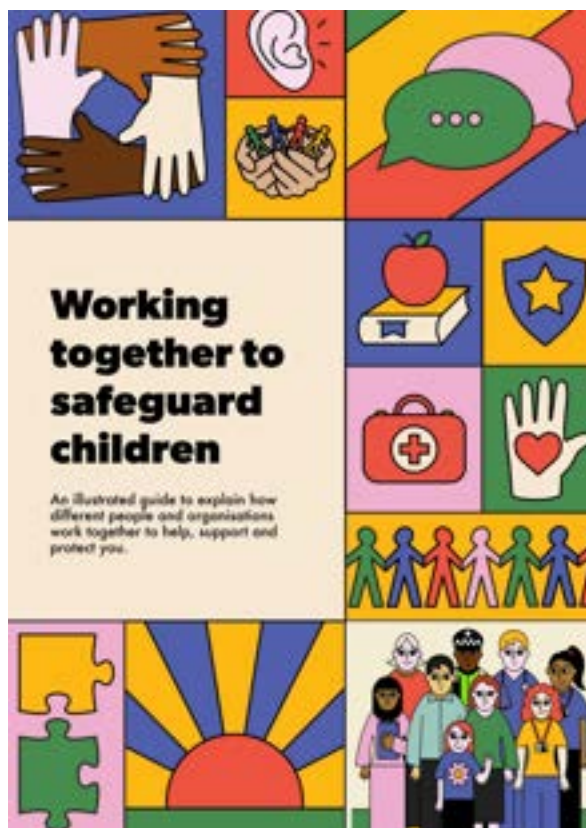
A dedicated operational task and finish group met monthly throughout 2024 to coordinate implementation. This group developed a comprehensive action log, supported the review of over 140 partnership documents, and facilitated cross-agency dialogue on the implications for practice. The group's work culminated in a final report to the NYSCP Executive, which was well-received and endorsed.

To support workforce understanding, the NYSCP launched a dedicated [webpage](#) housing key resources, including;

- A summary of changes
- FAQs
- A recorded partner briefing with over 250 views
- YouTube briefing with over 700 page views and 250+ video views.
- A children and young people's guide and animation developed by the DfE

A learning event was held in December 2024 for all partners where all updates in relation to Working Together were shared. This event was delivered by the Business Unit, alongside statutory partners and relevant agencies to highlight the changes for all organisations. This event can be viewed here: [North Yorkshire Safeguarding Children Partnership \(NYSCP\) Developments in Safeguarding Masterclass Webinars – December 2024 | NYES Info](#), attended by 124 professionals, with an additional 700 views of the recording.

Feedback was overwhelmingly positive, with attendees reporting increased knowledge of how the changes will impact on their work with children and their families and importantly also supported an understanding of partner roles and responsibilities.



## Multi Agency Safeguarding Arrangements (MASA)

The NYSCP has continued to strengthen its Multi-Agency Safeguarding Arrangements (MASA) in line with the revised Working Together to Safeguard Children 2023 (WTSC 2023). These arrangements set out how safeguarding partners work together to promote the welfare of children and ensure effective responses to safeguarding concerns across North Yorkshire.

Updated Multi-Agency Safeguarding Arrangements (MASA) were finalised, approved and published in late 2024. These arrangements reflect the strengthened expectations for transparency, accountability, and inclusive governance.

Through these efforts, NYSCP has demonstrated a commitment to not only complying with statutory requirements but also using the reforms as a catalyst to strengthen local safeguarding culture, improve consistency, and reinforce the centrality of child-centred practice.



### Statutory Partnership and Shared Accountability

The MASA outlines the joint responsibilities of the three statutory safeguarding partners:

- North Yorkshire Council
- North Yorkshire Police
- Humber and North Yorkshire Integrated Care Board

These partners share equal and joint responsibility for setting the strategic direction of safeguarding in the county. Notably, the Education Subgroup was formally adopted into the NYSCP structure, ensuring that the education sector is fully represented in strategic planning and operational delivery. The MASA confirms our commitment to working collaboratively to identify and respond to the needs of children and families, with a strong emphasis on early help, prevention, and continuous learning.

The updated MASA document reflects the expectations of WTSC 2023, including:

- Strengthened governance and accountability structures
- Clear escalation and dispute resolution processes
- A focus on inclusive representation, including the formal adoption of the Education Subgroup
- A commitment to transparency and public engagement

To read the MASA for the NYSCP, see the [NYSCP Website](#)

# Multi-Agency Training and Learning

The NYSCP training programme is designed to strengthen safeguarding practice across North Yorkshire by equipping professionals, volunteers, and community partners with the knowledge and skills needed to protect children and help them thrive.. Training is aligned with national guidance, including Working Together 2023, reflects local priorities, and is developed based on learning from audits and reviews.

All practitioners can access Safeguarding Children Basic Awareness E-Learning which is a free, 45-minute online course aimed at individuals in organisations and voluntary groups. It provides foundational knowledge on child protection and safeguarding, with a certificate issued upon completion.

## Designated Safeguarding Lead (DSL) Training

Regular DSL network meetings and refresher courses are scheduled throughout the academic year. These sessions support new and existing DSLs in schools and early years settings. Following on from feedback from schools, the School Improvement Service have created a document which indicates to DSLs which training is on offer to them, separating out mandatory training so it is clear what DSLs need to attend in order to be compliant with Ofsted and other regulatory authorities. Held annually in **June**, Safeguarding Week features over **65 sessions** and attracts more than **2,200** attendees. It brings together children's, adults', and community safeguarding partnerships across North Yorkshire, York, Hull, and East Riding.

## Monthly Learning Events

Topics include:

- Professional Curiosity
- Harmful Sexual Behaviour
- Reducing Parental Conflict
- Being Young in North Yorkshire Strategy

Bookable via NYES, our Learning Events are recorded and can be viewed via our NYSCP YouTube Channel, available from [www.youtube.com/@nyscp](http://www.youtube.com/@nyscp).

**817** people booked on the NYSCP Learning Events for 2024-2025, with **667** delegates in attendance and between 1 April 2024 and 31 March 2025 these recordings received over **692** views.

Our Learning Events can also all be viewed through our website, which we have found is an effective and flexible way of reaching wider partners.

## Facebook

The NYSCP Facebook page has **642** subscribers. Over a 28 day period our Facebook posts have an average reach of 187 with 690 post views

The NYSCP YouTube channel has 230 subscribers.

The top content for this period was the NYSCP threshold video with 624 views.

## Delivery Channels and Accessibility

- NYSCP Website: Central hub for training materials, booking links, and guidance documents.
- YouTube Channel: Hosts recorded sessions for on-demand access.
- E-Bulletins: Regular updates on training opportunities and safeguarding news
- Eventbrite: Used for booking Prevent training and other sessions.

Our webinars are available on the NYSCP YouTube Channel [here](#)

# Learning from Child Deaths

The death of a child is a devastating loss that profoundly affects bereaved parents as well as siblings, grandparents, extended family, friends and professionals who were involved in supporting the child and their family in any capacity. We understand that both families and professionals experiencing such a tragedy require compassion and empathy. They will want to know what has happened to their child, and in time, will also want to be reassured that professionals have learnt from their child's death in order that the deaths of other children are prevented.

The Child Death Review process is undertaken in accordance with statutory guidance set out in national legislation, Working Together to Safeguard Children and in the Child Death Review Statutory and Operational Guidance. North Yorkshire and the City of York Local Authorities have agreed to work together to review the deaths of children in their respective areas and have worked together in this regard since 2008.

The purpose of the Child Death Review Process is to try to ascertain the cause of a child death and put in place interventions to protect other children and prevent future deaths wherever possible. The process covers a number of different elements, listed below:

- Document, analyse and review information in relation to each child that dies.
- To make recommendations to all relevant organisations.
- To produce an annual report highlighting local patterns and trends in child death.
- To contribute to local, regional and national initiatives.

Child Death Review partners, the Local Authorities and Integrated Care Boards for North Yorkshire and City of York have a responsibility to undertake the Child Death Review Process as set out in the Children Act 2004, and as amended by the Children and Social Work Act 2017.

The CDOP is multi-agency with differing areas of professional expertise with the child death review process being undertaken locally for all children who are normally resident within North Yorkshire and City of York.

The death of any child is a tragedy and it is vital that all child deaths are carefully reviewed. This is so that we may learn as much as possible from them, in order to better support families and to try to prevent future deaths.

Child Death Review Statutory and Operational Guidance is the core statutory guidance that sets out the entire child death review process, from the moment of death to the final review by the Child Death Overview Panel (CDOP.)

For the purposes of child death review partners, there are two distinct categories of child deaths:

**Expected Deaths:** A child's death is recorded as an "expected" death when their death was anticipated, such as for children born with life-limiting conditions. These are verified by a medical practitioner and do not require a Joint Agency Response Meeting (JARM).

**Unexpected Deaths:** An unexpected death is defined as a death that was not anticipated as a significant possibility 24 hours before the child dies. When a child dies unexpectedly, child death review partners are required to attend a Joint Agency Response Meeting, involving police, health, and social care professionals. Such deaths may be due to trauma, sudden illness, or unknown causes and require immediate investigation and safeguarding considerations, which are reviewed through the Joint Agency Response Meeting.

## Child V

Child V was a four-month-old baby who sadly died while sharing a bed with their parents. Child V's parents were working well with professionals and had made significant changes which demonstrated their commitment to providing a safe and positive home for Child V.

### Good Practice

The review found good practice regarding safe sleep messages being given to parents at key touch points.

Probation colleagues were in attendance at both review meetings and shared positive information regarding how Child V's father was engaging with their service.

The review group considered the specific vulnerabilities of very young babies, and the report references an understanding that children who are exposed to domestic abuse sadly have an increased risk of Sudden and Unexplained Death in infancy however there was no information to suggest that this had been a feature in parents relationship

A practitioners' event was held to explore how more tailored messages could be given to families. This event was very well received with the practitioners advising that they had space to be able to reflect on the positive practice and support they provided to the family.

The event revealed the practitioners had understood risks and shared these with the family. However they reflected that the family may not have understood that taking a child into their bed in the night is the same as co-sleeping. It was felt there need to be more "What if" conversations and this is around asking:

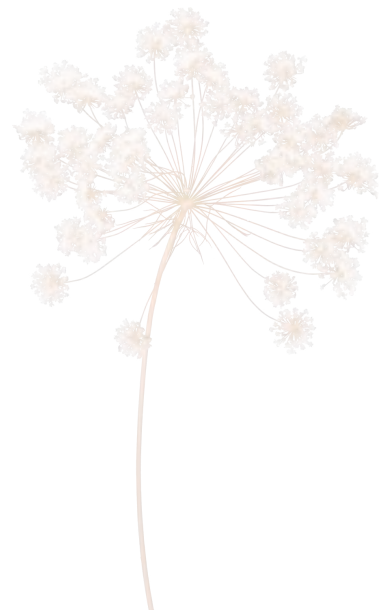
- "what if you are out of routine?"
- "what if one of you was particularly tired?"
- "what would you do in those circumstances?"

### Impact

Parents were using prescribed medication which impacted on their sleeping habits and more tailored conversations may have supported their understanding of the importance of Child V being put to sleep in a cot.

It was agreed that parent's understanding of key safeguarding messages, such as "Day or Night Sleep Right" and ICON was not tested out with consideration to their specific needs and vulnerabilities.

As a result of Child V's tragic death, the NYSCP developed the #AskMe campaign which can be viewed [here](#) alongside some of the other campaigns the NYSCP has promoted over 2024/2025.



## #Ask Me

#AskMe..... Have the Conversation is a campaign aimed at professionals across North Yorkshire to encourage them to have conversations with new and expectant parents about how they are feeling about a number of aspects of having and caring for a baby.

Having a baby is a life changing event that brings many joys and challenges. Some parents may find it difficult to share with professionals that they are struggling, therefore it is crucial for all frontline practitioners who come into contact with new partners to have the confidence to explore with them how they are feeling and coping with the changes and challenges parenthood can bring.

#AskMe is about professionals asking the questions of new and expectant parents about how they are feeling and managing with the challenges in a supportive and non-judgmental way.

The key messages are derived from a series of common things that are often a concern to new parents . The campaign was borne out of learning from a thematic review undertaken by NYSCP that considered three similar cases of non-accidental injury to non-mobile infants . As part of the campaign planning, the NYSCP was able to link in with parents who had tragically suffered the death of their child due to SUDI . The parents bravely shared their experiences with the partnership, explaining that they hoped their involvement might support others and their views were then incorporated into the #AskMe conversation prompts . The NYSCP would like to sincerely thank both parents for their courage and determination in sharing their insights in order to develop future safeguarding practice.

The campaign is based around the consolidation of key resources for partners that are easily accessible on one page on the NYSCP website, alongside a series of conversation prompts (#AskMe) to build confidence and raise awareness of the need to ask parents about how they are feeling around aspects of caring for their baby in those crucial first few months of life.

The resources and conversation starters cover such topics as:

- Safe sleep
- Safe feeding
- ICON (Babies cry, you can cope)
- Parental mental health

Do you know who you can turn to when it all feels too much?

How are you coping with the lack of sleep?

How do you feel about being a parent?



## Day or Night, Sleep Right

Day or Night, Sleep Right is a key message to those who care for infants across North Yorkshire and York. The 'Day or Night, Sleep Right' campaign has been created as a way of providing information regarding the importance of safe sleeping environments for infants to reduce the number who have sadly died as a result of Sudden Unexpected Death in Infancy (SUDI).

Sometimes families may be away from home and 'out of routine' for example on holiday or visiting relatives. In light of this the Partnerships are urging people to think about safe sleeping arrangements for their infants at all times.

More information about the Day or Night Sleep Right Campaign can be accessed here: [NYSCP safeguardingchildren.co.uk](http://www.nyscp.safeguardingchildren.co.uk)

Having a baby is a life changing event that brings many joys and challenges. Some parents may find it difficult to share with professionals that they are struggling, therefore it is crucial for all frontline practitioners who come into contact with new partners to have the confidence to explore with them how they are feeling and coping with the changes and challenges parenthood can bring.

The North Yorkshire Safeguarding Children Partnership, (NYSCP) and City of York Safeguarding Children Partnership, (CYSCP) have been actively working on several initiatives to enhance child safety and prevent Sudden Unexpected Death in Infancy (SUDI). Recognising the vulnerability of children under the age of one, safe sleep is now a feature in all Child Protection Plans for these children. This effort is part of a broader strategy to ensure that safe sleep practices are embedded into everyday practices through collaboration with multi-agency partners.



## CDOP Campaigns 2024 - 2025

Over the last 12 months, North Yorkshire and York's CDOP has launched several targeted campaigns aimed at preventing child deaths and raising public awareness around key safety issues.

### Who's In Charge?

North Yorkshire and York Safeguarding Children Partnerships have raised awareness of the importance of ensuring there is always a safe and sober adult available to care for children. The campaign, "Who's in Charge," was designed to be launched in Safeguarding Week 2024 to highlight the importance of understanding how alcohol and drugs impact on people's capacity to respond to a child's needs. The campaign supports parents to identify their own solutions in encouraging families to designate a sober adult at gatherings like BBQs and parties.

This campaign was designed to link in with previous CDOP campaigns regarding Safe Sleep, such as the "Day or Night Sleep Right" campaign which explains that to reduce the risk of sudden infant death, the safest place for a baby to sleep is in their own flat, separate sleep space, such as a cot or Moses basket.

The "Who's in Charge?" campaign has been available to view on both North Yorkshire and York's social media platforms, partnership websites and via e-bulletins circulated throughout the year. Child death review partners have worked closely with members of the Communications and Engagement teams in both local authority areas to ensure all practitioners and parents have access to consistent safety messages.



# CDOP Campaigns 2024 - 2025

## Be Bright, Be Seen, Be Safe

As a result of several tragic incidents on roads in North Yorkshire and York in 2024, the Child Death Overview Panel agreed to work with partners on a, “Be Bright, Be Seen, Be Safe” campaign which focuses on increasing education through promoting the visibility of children and young people to road users, especially during the darker winter months.

The campaign is supported by the Communication and Engagement teams in both local authorities with the #BeBrightBeSeenBeSafe campaigns having been posed on both social and print media, with broadcasts also being made on local radio stations.

North Yorkshire Police issued seasonal guidance reminding cyclists, horse riders, and pedestrians to ensure they are visible to other road users as the nights draw in. This aligns with the core message of “Be Bright Be Seen,” encouraging the use of:

- Reflective clothing and accessories
- Bike lights
- High-visibility gear
- Safe crossing practices and awareness of surroundings

The North Yorkshire and York Road Safety Partnership have identified four priority areas of action:

1. Education
2. Engagement
3. Engineering
4. Enforcement



Once children reach young adulthood with greater mobility and freedom, their exposure to risk, alongside an under-developed awareness of danger and consequence can lead to a higher likelihood of acting on impulse and peer pressure. According to the North Yorkshire and York Road Safety Partnership Strategy 2021 - 2026, “the early years behind the wheel are the most risky, and too many young drivers and passengers are overrepresented in collision and casualty statistics nationally and locally. Children and young people under 25's form around a quarter (23%) of people killed or seriously injured on the road, and whilst there has been a year-on-year reduction among children and young people (aged 16-25) being killed or seriously injured, among children aged under 16, this remains static.

Getting to school safely is taught in schools, through the Bikeability and pedestrian training sessions, which take place throughout the year, and materials have been developed to promote safe travel practices, such as wearing reflective clothing and using well-lit routes.

The campaign is supported by the Communication and Engagement teams in both local authorities, with the #BeBrightBeSeenBeSafe campaigns having been posed on both social and print media, with broadcasts also being made on local radio stations.



# The NYSCP Partnership Achievement Awards

The North Yorkshire Safeguarding Children Partnership Awards celebrates the multi-agency work between the Local Authority, Police, NHS and wider partners in safeguarding vulnerable children and their families.

The recipients of this year's awards have all demonstrated their passion and determination to keep children and young people at the heart of the work they do in what can be exceptionally challenging circumstances.

Strategic leads would like to take this opportunity to say a heartfelt "thank you" to not only the award winners but also all other practitioners who work, day in day out, to keep children safe and to help them to achieve their full potential. The Partnership Achievement Awards are given to individuals or groups working or volunteering with children and young people.

Awards have been presented to the following professionals and teams over 2024/2025:



**Louise Davies**, Acute Safeguarding Nurse at HDFT and **Neil Bithell**, Deputy Headteacher at Glusburn CP School whose contribution to MACE has been pivotal, emphasising critical information sharing within both health and educational networks.



**Sally Clarke**, Children and Families Worker within North Yorkshire Council who always goes above and beyond for the children and young people of North Yorkshire. When asked for feedback, young people said Sally is so supportive and doesn't judge, they feel so comfortable opening up to Sally.



**PC Alex Warren** from North Yorkshire Police, who shows great understanding and empathy for children who go missing from home. Alex genuinely listens to the child and understands their reasoning for going missing and advocates for the child's voice in his reports.



**Adam Ebzao**, Founder of Dopeamin uses exercise to support young people's positive mental health. Dopeamin are an activity provider on FEAST, a Department for Education-funded programme that gives free places on holiday activities to eligible children and young people.



**Phoebe Bond**, Exploitation Prevention Officer for the Children's Society, who supported MACE events across the County.

**Samantha Lightbody**, Attendance Support Worker from JustB, who persevered in ensuring a young person who was not in education was recognised as at risk and offered the correct support to improve their circumstances.

**Chloe Webster** and **Rachel Milner** from Thomas Hinderwell Primary Academy, **Caroline Aspinall** from Seedlings Montessori Nursery and **Emily Ashworth** from Happy Jays Nursery, who were all involved in the JTAI audit process. They were all able to demonstrate how tenacious they were in pursuing the best outcomes for the children in their care. They demonstrated effective multi-agency work and adapted their safeguarding practices in order to implement safety plans.

**Jemma Cormack**, Safeguarding Manager at North Yorkshire Police, who chairs MARAC meetings across North Yorkshire and York. Jemma's knowledge and passion around domestic abuse was recognised by JTAI inspectors, who were impressed with Jemma's compassion and dedication in her role, stating they could see that she 'lives and breathes' the work that she does

**Claire Gordon**, Social Worker at North Yorkshire Council and **Ashley Hutchinson**, Army Welfare Officer at Catterick Garrison, who worked together with a family and were able to demonstrate excellent multi-agency working in pursuit of children living on the Barracks. They both demonstrated professional curiosity around ethnicity and culture and were able to work with parents to make positive changes.

The NYSCP is looking for nominations for future achievement awards. More information about how you can nominate individuals, teams or services can be found at [NYSCP Awards](#)



# Financial Position

The three local safeguarding partners, identify, agree and maintain the budget for the NYSCP. The principal contributors to the NYSCP funding include:

- North Yorkshire Council
- Humber and North Yorkshire Integrated Care Board
- North Yorkshire Police
- City of York Partnership (Child Death Contribution)
- HM Prison and Probation Service

The NYSCP budget retains a reserve kept aside should there be a requirement to commission an independent child safeguarding practice review.

Organisation	Contribution £	Percentage of Budget
North Yorkshire Council	172,100	47%
Integrated Care Board	98,062	26%
North Yorkshire Police	75,608	20%
City of York Partnership (Child Death Contribution)	21,405	6%
HM Prison and Probation Service	2,891	1%

# Priorities for 2025 – 2026

The North Yorkshire Safeguarding Children Partnership have agreed to retain the priorities of **Happy**, **Healthy**, **Safe**, and **Achieving**, with the specific areas of focus as outlined below:

## Happy

- Children's Mental Health and Emotional Wellbeing
- Right Support at the Right Time: Our Early Help System

## Healthy

- Children Start Well and Live Well
- Reduce Health Inequalities

## Safe

- Child Exploitation and Contextual Safeguarding
- Protect Children at Risk of Harm

## Achieving

- Transitions
- Education and Inclusion



These priorities will shape the work we do with children and their families over the coming year and beyond.

Original artwork by representatives of the North Yorkshire Youth Commission (NYYC)



# Conclusion

Looking ahead, the safeguarding landscape will continue to evolve. The forthcoming Families First programme, the anticipated Children's Wellbeing Bill, and the recommendations from Baroness Casey's review all signal further changes in how services are delivered and how children's needs are met.

The NYSCP is committed to staying ahead of these developments, ensuring that our partnership remains responsive, inclusive, and focused on improving outcomes for all children and young people in North Yorkshire.

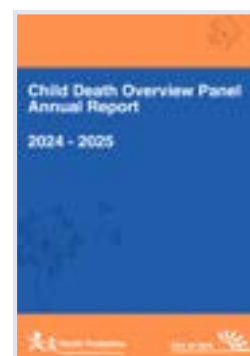


Happy, Healthy, Safe, Achieving



Trauma Informed Practice

Strength in Relationships





## Contact details:

North Yorkshire Safeguarding Children Partnership,  
NYC, South Block Room SB216, County Hall,  
Northallerton, North Yorkshire, DL7 8AE

[www.safeguardingchildren.co.uk](http://www.safeguardingchildren.co.uk)

[nyscp@northyorks.gov.uk](mailto:nyscp@northyorks.gov.uk)

**Authors:** North Yorkshire Safeguarding Children Partnership Business Unit,  
Hannah Ellingworth, Alison Brunton, Kirsty Tuley, Kathryn Morrison and Stephanie Freeth



**North Yorkshire Council**

**Health and Wellbeing Board**

**19 November 2025**

**Update of the Better Care Fund 2025/26 Section 75 agreement and of the 2024/25 Outturn, 2025/26 Qtr 1 and Qtr 2 monitoring returns**

**Report of the Director of Public Health**

**1 PURPOSE OF REPORT**

- 1.1 To update Health and Wellbeing Board on the 2025/26 Better Care Fund Section 75 agreement and the quarterly Better Care Fund for 2024/25 Outturn, 2025/26 Qtr 1 and Qtr 2 monitoring returns.

**2 BACKGROUND**

The Better Care Fund 2025/26

- 2.2 In North Yorkshire it is, essentially, a partnership between the Council and the three Integrated Care Boards that operate within the Council's footprint, namely:-

- NHS Humber and North Yorkshire ICB
- NHS Lancashire and South Cumbria ICB
- NHS West Yorkshire ICB

- 2.3 The Better Care Fund Planning requirement for 2025/26 was approved on 16 May 2025 at the Health and Wellbeing Board.

- 2.4 The Section 75 agreement between all four parties for 2025/26 has been developed from the national Better Care Fund template and agreed by all parties before the deadline of 30 September 2025 except Humber & North Yorkshire ICB, who is still internally reviewing the final agreement. Appendix 1 shows the BCF Section 75 for 2025/26.

**3.1 The Quarterly Reporting**

Quarterly monitoring reporting is a standing requirement of the Better Care Fund planning and reporting cycle and sitting alongside the submission of the annual Better Care Fund Plan. The key purposes of BCF reporting is to confirm the status of

continued compliance against the requirements of the fund (BCF)

- 2024/25 Outturn: At the outturn position for 2024/25, reported that the overall BCF fund had been fully spent except for the Disabled Facilities grant which spent £4.5m against a budget of £8.3m with planned expenditure for future years.  
Avoidable admissions, Discharge to normal place of residence and Falls metrics met their targets for the year whilst Residential Admission failed to meet its target. Residential Admission is a key priority target for 2025/26.
- 2025/26: Quarter 1 and 2, North Yorkshire and the ICBS reported that Emergency Admissions, Discharge Delays and Residential Admissions metrics are all on track to meet their goals for the year along with on track to fully spend the funding for the year except for the Disabled Facilities grant, with planned expenditure for the future.

## 4 LEGAL IMPLICATIONS

- 4.1 It is a statutory requirement that the Local Authority and its health partners to produce an agreed, fully costed Better Care Fund Plan and for that to be signed off by the Health and Wellbeing Board along with the Chief Executives at each organisation for HWB North Yorkshire and the North Yorkshire Council's s151 Officer and the Chief Finance Officers at the ICBs to sign off the final plans. The BCF Planning requirement sign off has been undertaken for 2025/26.
- 4.2 To enable the partnerships between the NHS and local authorities for integrated health and social care services, the Better Care Fund program uses Section 75 of the NHS Act 2006. This allows the NY HWB and its four parties to enter a formal partnership agreement to work together and share resources.
- 4.3 In terms of monitoring, it is also a requirement that the Quarterly Returns are approved by the Health and Wellbeing Board (HWB) before submission and this was delegated to Director for Health and Adult Services, Richard Webb, on 18 July 2025.

## 5 FINANCIAL IMPLICATIONS

- 5.1 The following minimum funding must be pooled into the Better Care Fund in 2025/26:-

### BCF Schemes – 2025/26

- 2025/26 total BCF funding is £85.1m (24/25: £84.3m).
- The ICBs' BCF NHS Minimum Contribution in 2025/26 is £57.4m (24/25: £51.5m) of which £20.0m is transferred to NYC for Adult Social Care (24/25: £19.2m);
- NYC iBCF allocation of £17.3m transferred to the new LA Better Care Grant (24/25: £17.3m).
- The total ASCDF, (Adult Social Care discharge funding) for North Yorkshire is £9.1m; NYC £4.1m and ICBs £5.0m. The LA Adult Social Care Discharge funding has of £4.1m has been transferred to the new LA Better Care Grant and the ICBs' Adult Social Care Grant has been amalgamated within the NHS Minimum Contribution.
- LA Better Care Grant £21.4m (24/25: iBCF £17.3m and LA ASCDF £4.1m)

- DFG (Disabled Facility Grant) for NYC is £6.3m
- Total BCF Funding 2025/26 for NYC: £47.7m
- Total BCF Funding 2025/26 ICBs: £37.4m

## **6 EQUALITIES IMPLICATIONS**

- 6.1 There are no direct equalities implications but attainment of the priorities in the Plan will, for example, enable more people to live safely and independently.

## **7 CLIMATE CHANGE IMPLICATIONS**

- 7.1 An initial climate change assessment form has been completed and that indicates that there are no direct climate change implications.

## **8 CONCLUSIONS**

- 8.1 The Better Care Fund (BCF) is a programme spanning both local government and the NHS which seeks to join-up health and care services, so that people can manage their own health and wellbeing and live independently in their communities for as long as possible.
- 8.2 Monitoring of the Fund helps ensure the priorities are being achieved

## **9 REASONS FOR RECOMMENDATION**

- 9.1 The content of the Plan has been agreed with partners and is fully costed.

## **10 RECOMMENDATIONS**

- 10.1 a) to note the Better Care Fund 2025/26 Section 75 update
- b) and, to note the Quarterly Returns for 2024/25 Outturn and 2025/26 Quarter 1 and 2 submissions.

### Author

Saskia Calton, Head of Finance – Public Health  
[Saskia.Calton@northyorks.gov.uk](mailto:Saskia.Calton@northyorks.gov.uk)

### Presenter

Louise Wallace, Director of public Health  
[Louise.Wallace@northyorks.gov.uk](mailto:Louise.Wallace@northyorks.gov.uk)

**BACKGROUND DOCUMENTS** – Better Care Fund Policy Framework and Planning Requirement 2025/26

NOTE: Members are invited to contact the author(s) in advance of the meeting with any detailed queries or questions.

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**Dated 30 September 2025**

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**THE NORTH YORKSHIRE COUNCIL**

**and**

**NHS Humber and North Yorkshire Integrated Care Board  
(H&NY ICB)**

**and**

**NHS Lancashire and South Cumbria Integrated Care  
Board  
(L&SC ICB)**

**and**

**NHS West Yorkshire Integrated Care Board  
(WY ICB)**

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**FRAMEWORK PARTNERSHIP AGREEMENT PURSUANT  
TO SECTION 75 NHS ACT 2006 RELATING TO THE  
COMMISSIONING OF HEALTH AND SOCIAL CARE  
SERVICES FOR BETTER CARE FUND 2025/26**

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**THIS AGREEMENT** is made on 30 September 2025

## **PARTIES**

- (1) **THE NORTH YORKSHIRE COUNCIL** of County Hall, Northallerton DL7 8AD (the "Council"); and
- (2) **NHS Humber and North Yorkshire Integrated Care Board** of, Health House, Grange Park Lane, Willerby, HU10 6DT (H&NY ICB)
- (3) **NHS Lancashire and South Cumbria Integrated Care Board**, Level 3, Christchurch Precinct, County Hall, Fishergate Hill, Preston, Lancashire, PR1 8XB.
- (4) **NHS West Yorkshire Integrated Care Board of Scorex House (West)** 1 Bolton Road Bradford BD1 4AS (WY ICB)

**(collectively the "ICBs")**

## **BACKGROUND**

- (A) The Council has responsibility for commissioning and/or providing social care services on behalf of the population of the county of North Yorkshire.
- (B) The ICBs has the responsibility for commissioning health services pursuant to the 2006 Act in the county of North Yorkshire.
- (C) The Better Care Fund has been established by the Government to provide funds to local areas to support the integration of health and social care and to seek to achieve the National Conditions. It is a requirement of the Better Care Fund that the ICBs and the Council establish a pooled fund for this purpose.
- (D) Section 75 of the 2006 Act gives powers to local authorities and integrated care boards to establish and maintain pooled funds out of which payment may be made towards expenditure incurred in the exercise of prescribed local authority functions and prescribed NHS functions.
- (E) The purpose of this Agreement is to set out the terms on which the Partners have agreed to collaborate and to establish a framework through which the Partners can secure the future position of health and social care services which are the subject of this Agreement through lead or joint commissioning arrangements and through which the Partners will pool funds and/or align budgets as set out in this Agreement.
- (F) The aims and benefits of the Partners in entering into this Agreement are to:
  - a) improve the quality and efficiency of the Services;
  - b) meet the National Conditions; and
  - c) make more effective use of resources through the establishment and maintenance of a pooled fund for revenue expenditure on the Services.
- (G) The Partners are entering into this Agreement in exercise of the powers referred to in Section 75 of the 2006 Act as applicable, to the extent that exercise of these powers is required for the Partners to comply with their obligations under this Agreement.

## 1 DEFINED TERMS AND INTERPRETATION

1.1 In this Agreement, save where the context requires otherwise, the following words, terms and expressions shall have the following meanings:

**2000 Act** means the Freedom of Information Act 2000.

**2004 Regulations** means the Environmental Information Regulations 2004.

**2006 Act** means the National Health Service Act 2006.

**Affected Partner** means, in the context of Clause 24, the Partner whose obligations under the Agreement have been affected by the occurrence of a Force Majeure Event.

**Agreement** means this agreement including its Schedules and Appendices.

**Annual Report** means the annual report produced by the Partners in accordance with Clause 20 (Review).

**Approved Expenditure** means any expenditure approved by the Partners in writing or as set out in the Scheme Specification in relation to an Individual Scheme over and above any Contract Price, Permitted Expenditure or agreed Third Party Costs.

**Authorised Officers** means an officer of each Partner appointed to be that Partner's representative for the purpose of this Agreement.

**BCF Quarterly Report** means the quarterly report produced by the Partners and provided to the Health and Wellbeing Board.

**Better Care Fund** means the Better Care Fund as described at [NHS England » Better Care Fund](#) as relevant to the Partners.

**Better Care Fund Plan** means the plan agreed by the Partners for the relevant Financial Year setting out the Partners' plan for the use of the Better Care Fund as attached as Schedule 6.

**Better Care Fund Requirements** means any and all requirements on the ICB and the Council in relation to the Better Care Fund set out in Law and guidance published by the Department of Health and Social Care and NHS England.

**Change in Law** means the coming into effect or repeal (without re-enactment or consolidation) in England of any Law, or any amendment or variation to any Law, or any judgment of a relevant court of law which changes binding precedent in England after the Commencement Date.

**Commencement Date** means 00:01 hrs on 1 April 2025

**Confidential Information** means information, data and/or material of any nature which any Partner may receive or obtain in connection with the operation of this Agreement and the Services and:

- (a) which comprises Personal Data or Sensitive Personal Data or which relates to any patient or his treatment or medical history;
- (b) the release of which is likely to prejudice the commercial interests of a Partner or the interests of a Service User respectively; or
- (c) which is a trade secret.

**Contract Price** means any sum payable under a Service Contract as consideration for the provision of goods, equipment or services as required as part of the Services and which, for the avoidance of doubt, does not include any Default Liability.

**Controller** has the meaning given to it in the Data Protection Legislation.

**Data Protection Contact** means the person appointed by each Partner and identified in paragraph 9 of Appendix 1 (Data Sharing Protocol) of Schedule 8.

**Data Protection Legislation** means all applicable data protection and privacy legislation in force from time to time in the UK including the UK GDPR, the Data Protection Act 2018 and the Privacy and Electronic Communications (EC Directive) Regulations 2003 and any guidance and codes of practice issued by any Regulatory or Supervisory Body from time to time.

**Data Sharing Protocol** means the data sharing protocol set out in Appendix 1 of Schedule 8 (Data Sharing Protocol).

**Data Subject** has the meaning given to it in the Data Protection Legislation.

**Default Liability** means any sum which is agreed or determined by Law or in accordance with the terms of a Service Contract to be payable by any Partner(s) as a consequence of (i) breach by any or all of the Partners of an obligation(s) in whole or in part) under a Service Contract or (ii) any act or omission of a third party for which any or all of the Partners are, under the terms of the relevant Service Contract, liable to the Provider.

**Financial Contributions** means the financial contributions made by each Partner to a Pooled Fund or Non-Pooled Fund in any Financial Year.

**Financial Year** means each financial year running from 1 April in any year to 31 March in the following calendar year.

**Force Majeure Event** means one or more of the following:

- (a) war, civil war (whether declared or undeclared), riot or armed conflict;
- (b) acts of terrorism;
- (c) acts of God;
- (d) fire or flood;
- (e) industrial action;
- (f) prevention from or hindrance in obtaining raw materials, energy or other supplies; or
- (g) any form of contamination or virus outbreak,

in each case where such event is beyond the reasonable control of the Partner claiming relief.

**Functions** means the NHS Functions and the Health-Related Functions.

**Health-Related Functions** means those of the health-related functions of the Council, specified in Regulation 6 of the Regulations as relevant to the commissioning of the Services and which may be further described in the relevant Scheme Specification.

**Host Partner** means for each Pooled Fund the Partner that will host the Pooled Fund and for any Non-Pooled Fund the Partner that will host the Non-Pooled Fund.

**Health and Wellbeing Board** means the Health and Wellbeing Board established by the Council pursuant to Section 194 of the Health and Social Care Act 2012.

**ICBs Statutory Duties** means the duties of the ICB pursuant to Sections 14Z32 to 14Z44 of the 2006 Act.

**Indirect Losses** means loss of profits, loss of use, loss of production, increased operating costs, loss of business, loss of business opportunity, loss of reputation or goodwill or any other consequential or indirect loss of any nature, whether arising in tort or on any other basis.

**Individual Scheme** means one of the schemes which has been agreed by the Partners to be included within this Agreement using the powers under Section 75 of the 2006 Act as documented in a Scheme Specification.

**Information Commissioner** has the meaning given to it in the Data Protection Legislation.

**Integrated Commissioning** means arrangements by which the Partners commission Services in relation to an Individual Scheme on behalf of each other in exercise of both the NHS Functions and Health-Related Functions through integrated structures.

**Joint (Aligned) Commissioning** means a mechanism by which the Partners jointly commission a Service. For the avoidance of doubt, a joint (aligned) commissioning arrangement does not involve the delegation of any functions pursuant to Section 75 of the 2006 Act.

**Law** means:

- (a) any statute or proclamation or any delegated or subordinate legislation;
- (b) any enforceable community right within the meaning of Section 2(1) European Communities Act 1972;
- (c) any guidance, direction or determination with which the Partner(s) or relevant third party (as applicable) are bound to comply to the extent that the same are published and publicly available or the existence or contents of them have been notified to the Partner(s) or relevant third party (as applicable); and
- (d) any judgment of a relevant court of law which is a binding precedent in England.

**Lead Commissioning Arrangements** means the arrangements by which one Partner commissions Services in relation to an Individual Scheme on behalf of the other Partners in exercise of both the NHS Functions and the Health-Related Functions.

**Lead Partner** means the Partner responsible for commissioning an Individual Service under a Scheme Specification.

**Losses** means all damage, loss, liabilities, claims, actions, costs, expenses (including the cost of legal and/or professional services), proceedings, demands and charges whether arising under statute, contract or at common law but excluding Indirect Losses and "Loss" shall be interpreted accordingly.

**Month** means a calendar month.

**National Conditions** mean the national conditions as set out in the National Guidance as are amended or replaced from time to time.

**National Guidance** means any and all guidance in relation to the Better Care Fund as issued from time to time by NHS England, the Ministry of Housing, Communities and Local Government, the Department of Health and Social Care, and the Local Government Association either collectively or separately.

**NHS Functions** means those of the NHS functions listed in Regulation 5 of the Regulations as are exercisable by the ICBs as are relevant to the commissioning of the Services and which may be further described in each Scheme Specification.

**NHS Standard Contract** means the contract published by NHS England which must be used by the ICBs when commissioning clinical services.

**Non-Pooled Fund** means the budget detailing the financial contributions of the Partners which are not included in a Pooled Fund in respect of a particular Service as set out in the relevant Scheme Specification.

**Non-Recurrent Payments** means funding provided by a Partner to a Pooled Fund in addition to the Financial Contributions pursuant to arrangements agreed in accordance with Clause 8.4.

**Overspend** means any expenditure from a Pooled Fund or Non-Pooled Fund in a Financial Year which exceeds the Financial Contributions for that Financial Year.

**Partner** means each of the ICB and the Council, and references to "**Partners**" shall be construed accordingly.

North Yorkshire Health Collaborative Management Group (HCMG)

means the partnership board responsible for review of performance and oversight of this Agreement as set out in Clause 19.2 and Schedule 2 or such other governance arrangements as the Partners agree.

**North Yorkshire Health Collaborative Management Group (HCMG) Quarterly Reports** means the reports that the Pooled Fund Manager shall produce and provide to the **North Yorkshire Health Collaborative Management Group (HCMG)** Board on a Quarterly basis.

**Permitted Budget** means in relation to a Service where the Council is the Provider, the budget that the Partners have set in relation to the particular Service.

**Permitted Expenditure** has the meaning given in Clause 7.4.

**Personal Data** has the meaning given to it in the Data Protection Legislation.

**Personal Data Breach** has the meaning given to it in the Data Protection Legislation.

**Pooled Fund** means any pooled fund established and maintained by the Partners as a pooled fund in accordance with the Regulations.

**Pooled Fund Manager** means such officer of the Host Partner which includes a Section 113 Officer for the relevant Pooled Fund as nominated by the Host Partner from time to time to manage the Pooled Fund in accordance with Clause 8.

**Processing** has the meaning given to it in the Data Protection Legislation, and the terms "Process" and "Processed" shall be construed accordingly.

**Processor** has the meaning given to it in the Data Protection Legislation.

**Provider** means a provider of any Services commissioned under the arrangements set out in this Agreement including the Council where the Council is a provider of any Services.

**Quarter** means each of the following periods in a Financial Year:

1 April to 30 June

1 July to 30 September

1 October to 31 December

1 January to 31 March

and "**Quarterly**" shall be interpreted accordingly.

**Regulations** means the means the NHS Bodies and Local Authorities Partnership Arrangements Regulations 2000 No 617 (as amended from time to time).

**Regulatory or Supervisory Body** means any statutory or other body having authority to issue guidance, standards or recommendations with which the relevant Partner must comply or to which it must have regard, and includes the Information Commissioner.

**Scheme** means Individual Scheme.

**Scheme Specification** means a specification setting out the arrangements for an Individual Scheme agreed by the Partners to be commissioned under this Agreement.

**Services** means such health and social care services as agreed from time to time by the Partners as commissioned under the arrangements set out in this Agreement and more specifically defined in each Scheme Specification.

**Service Contract** means an agreement entered into by one or more of the Partners in exercise of its obligations under this Agreement to secure the provision of the Services in accordance with the relevant Individual Scheme.

**Service Provider** means a provider of Services under a Service Contract with one or multiple Partners.

**Service Users** means those individuals for whom the Partners have a responsibility to commission the Services.

**Shared Personal Data** means any Personal Data (including Special Category Personal Data) of any Service User(s) or Staff that fall(s) within any of the categories of Personal Data specified in paragraph 3 (Categories of Personal Data) of Appendix 1 (Data Sharing Protocol) of Schedule 8 and means in particular such data as any Disclosing Partner makes available under this Agreement and that a Receiving Partner receives under this Agreement.

**Special Category Personal Data** means Personal Data that falls within the scope of special categories of Personal Data specified in Article 9 of the UK GDPR.

**Third Party Costs** means all such third party costs (including legal and other professional fees) in respect of each Individual Scheme as a Partner reasonably and properly incurs in the proper performance of its obligations under this Agreement and as agreed by the North Yorkshire Health Collaborative Management Group (HCMG). **UK GDPR** has the meaning given to it in section 3(10) (as supplemented by section 205(4)) of the Data Protection Act 2018.

**Underspend** means any expenditure from the Pooled Fund in a Financial Year which is less than the aggregate value of the Financial Contributions for that Financial Year.

**Working Day** means 8.00am to 6.00pm on any day except Saturday, Sunday, Christmas Day, Good Friday or a day which is a bank holiday (in England) under the Banking & Financial Dealings Act 1971.

- 1.2 In this Agreement, all references to any statute or statutory provision shall be deemed to include references to any statute or statutory provision which amends, extends, consolidates or replaces the same and shall include any orders, regulations, codes of practice, instruments or other subordinate legislation made thereunder and any conditions attaching thereto. Where

relevant, references to English statutes and statutory provisions shall be construed as references also to equivalent statutes, statutory provisions and rules of law in other jurisdictions.

- 1.3 Any headings to Clauses, together with the front cover and the index are for convenience only and shall not affect the meaning of this Agreement. Unless the contrary is stated, references to Clauses and Schedules shall mean the clauses and schedules of this Agreement.
- 1.4 Any reference to the Partners shall include their respective statutory successors, employees and agents.
- 1.5 In the event of a conflict, the conditions set out in the Clauses to this Agreement shall take priority over the Schedules.
- 1.6 Where a term of this Agreement provides for a list of items following the word "including" or "includes", then such list is not to be interpreted as being an exhaustive list.
- 1.7 In this Agreement, words importing any particular gender include all other genders, and the term "person" includes any individual, partnership, firm, trust, body corporate, government, governmental body, trust, agency, unincorporated body of persons or association and a reference to a person includes a reference to that person's successors and permitted assigns.
- 1.8 In this Agreement, words importing the singular only shall include the plural and vice versa.
- 1.9 In this Agreement, "staff" and "employees" shall have the same meaning and shall include reference to any full or part time employee or officer, director, manager and agent.
- 1.10 Subject to the contrary being stated expressly or implied from the context in these terms and conditions, all communication between the Partners shall be in writing.
- 1.11 Unless expressly stated otherwise, all monetary amounts are expressed in pounds sterling but in the event that pounds sterling is replaced as legal tender in the United Kingdom by a different currency then all monetary amounts shall be converted into such other currency at the rate prevailing on the date such other currency first became legal tender in the United Kingdom.
- 1.12 All references to the Agreement include (subject to all relevant approvals) a reference to the Agreement as amended, supplemented, substituted, novated or assigned from time to time.

## **2 TERM**

- 2.1 This Agreement shall come into force on the Commencement Date.
- 2.2 This Agreement shall continue until it is terminated in accordance with Clause 22. (the agreement will continue but reviewed annually through AJCG
- 2.3 The duration of the arrangements for each Individual Scheme shall be as set out in the relevant Scheme Specification or if not set out, for the duration of this Agreement unless terminated earlier by the Partners in accordance with Clause 22.3.
- 2.4 This Agreement supersedes the BCF 2023 - 25 two-year Agreement which will terminate on 31 March 2025, without prejudice to the rights and liabilities of the Partners under the BCF 2023 - 25 Agreement which have accrued prior to that date and any provisions of that agreement which are expressed to continue after termination. Saskia to add correct years and termination date

## **3 GENERAL PRINCIPLES**

- 3.1 Nothing in this Agreement shall affect:

- 3.1.1 the liabilities of the Partners to each other or to any third parties for the exercise of their respective functions and obligations (including the Functions); or
  - 3.1.2 any power or duty to recover charges for the provision of any services (including the Services) in the exercise of any local authority function.
- 3.2 The Partners agree to:
- 3.2.1 treat each other with respect and an equality of esteem;
  - 3.2.2 be open with information about the performance and financial status of each; and
  - 3.2.3 provide early information and notice about relevant problems.
- 3.3 For the avoidance of doubt, the aims and outcomes relating to an Individual Scheme may be set out in the relevant Scheme Specification.

#### **4 PARTNERSHIP FLEXIBILITIES**

- 4.1 This Agreement sets out the mechanism through which the Partners will work together to commission the Services. This may include one or more of the following commissioning mechanisms:
- 4.1.1 Lead Commissioning Arrangements;
  - 4.1.2 Integrated Commissioning;
  - 4.1.3 Joint (Aligned) Commissioning; and/or
  - 4.1.4 the establishment of one or more Pooled Funds,
- in relation to Individual Schemes (the "**Flexibilities**").
- 4.2 Where there are Lead Commissioning Arrangements and an ICB is Lead Partner the Council delegates to that ICB and the ICB agrees to exercise, on the Council's behalf, the Health-Related Functions to the extent necessary for the purpose of performing its obligations under this Agreement in conjunction with the NHS Functions.
- 4.3 Where there are Lead Commissioning Arrangements and the Council is Lead Partner, the ICBs delegate to the Council and the Council agrees to exercise on the ICB's behalf the NHS Functions to the extent necessary for the purpose of performing its obligations under this Agreement in conjunction with the Health-Related Functions.
- 4.4 Where the powers of a Partner to delegate any of its statutory powers or functions are restricted, such limitations will automatically be deemed to apply to the relevant Scheme Specification and the Partners shall agree arrangements designed to achieve the greatest degree of delegation to the other Partner necessary for the purposes of this Agreement which is consistent with the statutory constraints.
- 4.5 At the Commencement Date the Partners agree that individual schemes will state the following: and is provided under Schedule 1 – Scheme Specification
- 4.5.1 The following Individual Schemes with Lead Commissioning with the Council as Lead Partner:
  - 4.5.2 The following Individual Schemes with Lead Commissioning with the ICB as Lead Partner:

4.5.3 The following Individual Schemes with Aligned Commissioning with the Council as Lead Partner:

4.5.4 The following Individual Schemes with Aligned Commissioning with the ICB as Lead Partner:

4.5.5 The following Individual Schemes with Integrated Commissioning:

## **5 FUNCTIONS**

5.1 The purpose of this Agreement is to establish a framework through which the Partners can secure the provision of health and social care services in accordance with the terms of this Agreement.

5.2 This Agreement shall include such Functions as shall be agreed from time to time by the Partners as are necessary to commission the Services in accordance with their obligations under this Agreement.

5.3 The Scheme Specifications for the Individual Schemes included as part of this Agreement at the Commencement Date are set out in Schedule 1 Part 2.

5.4 Where the Partners wish to add a new Individual Scheme to this Agreement a Scheme Specification for each Individual Scheme shall be completed and approved by the North Yorkshire Health Collaborative Management Group (HCMG) [each Partner] [in accordance with the variation procedure set out in Clause 30 (Variations)]. Each new Scheme Specification shall be substantially in the form set out in Schedule 1 Part 1.

5.5 The Partners shall not enter into a Scheme Specification in respect of an Individual Scheme unless they are satisfied that the Individual Scheme in question will improve health and well-being in accordance with this Agreement.

## **6 COMMISSIONING ARRANGEMENTS**

### **General**

6.1 The Partners shall comply with the commissioning arrangements as set out in the relevant Scheme Specification and their obligations in Schedule 4 (Joint Working Obligations).

6.2 The Partners shall comply with all relevant legal duties or, and guidance applicable to, all Partners in relation to the Services being commissioned.

6.3 Each Partner shall keep the other Partners, and the North Yorkshire Health Collaborative Management Group (HCMG) regularly informed of the effectiveness of the arrangements including the Better Care Fund and any Overspend or Underspend in a Pooled Fund or Non-Pooled Fund.

6.4 Where there are Integrated Commissioning or Lead Commissioning Arrangements in respect of an Individual Scheme then prior to any new Service Contract being entered into the Partners shall agree in writing:

6.4.1 how the liability under each Service Contract shall be apportioned in the event of termination of the relevant Individual Scheme; and

- 6.4.2 whether the Service Contract should give rights to third parties (and in particular if a Partner is not a party to the Service Contract to that Partner, the Partners shall consider whether or not the Partner that is not to be a party to the Service Contract should be afforded any rights to enforce any terms of the Service Contract under the Contracts (Rights of Third Parties) Act 1999 and if it is agreed that such rights should be afforded the Partner entering the Service Contract shall ensure as far as is reasonably possible that such rights that have been agreed are included in the Service Contract and shall establish how liability under the Service Contract shall be apportioned in the event of termination of the relevant Individual Scheme.
- 6.5 The Partners shall comply with the arrangements in respect of Joint (Aligned) Commissioning as set out in the relevant Scheme Specification, which shall include where applicable arrangements in respect of the Service Contracts.

### **Integrated Commissioning**

- 6.6 Where there are Integrated Commissioning arrangements in respect of an Individual Scheme:
- 6.6.1 the Partners shall work in cooperation and shall endeavour to ensure that Services in fulfilment of the NHS Functions and Health-Related Functions are commissioned with all due skill, care and attention; and
- 6.6.2 the Partners shall work in cooperation and endeavour to ensure that the relevant Services as set out in each Scheme Specification are commissioned within each Partners Financial Contribution in respect of that particular Service in each Financial Year.

### **Appointment of a Lead Partner**

- 6.7 Where there are Lead Commissioning Arrangements in respect of an Individual Scheme the Lead Partner shall comply with its obligations under Schedule 4 Part 1 and:
- 6.7.1 exercise the NHS Functions in conjunction with the Health-Related Functions as identified in the relevant Scheme Specification;
- 6.7.2 endeavour to ensure that the NHS Functions and the Health-Related Functions are funded within the parameters of the Financial Contributions of each Partner in relation to each particular Service in each Financial Year;
- 6.7.3 commission Services for individuals who meet the eligibility criteria set out in the relevant Scheme Specification;
- 6.7.4 contract with Provider(s) for the provision of the Services on terms agreed with the other Partner(s);
- 6.7.5 comply with all relevant legal duties and guidance of the Partners in relation to the Services being commissioned;
- 6.7.6 where Services are commissioned using the NHS Standard Contract, perform the obligations of the "Commissioner" and "Co-ordinating Commissioner" with all due skill, care and attention and where Services are commissioned using any other form of contract to perform its obligations with all due skill and attention;
- 6.7.7 undertake performance management and contract monitoring of all Service Contracts including (without limitation) the use of contract notices where Services fail to deliver contracted requirements;
- 6.7.8 make payment of all sums due to a Provider pursuant to the terms of any Service Contract; and

- 6.7.9 keep the other Partner(s) and North Yorkshire Health Collaborative Management Group (HCMG) regularly informed of the effectiveness of the arrangements including the Better Care Fund and any Overspend or Underspend in a Pooled Fund or Non-Pooled Fund.

## **7 ESTABLISHMENT OF A POOLED FUND**

- 7.1 In exercise of their respective powers under Section 75 of the 2006 Act, the Partners have agreed to establish and maintain such pooled funds for revenue expenditure as agreed by the Partners.
- 7.2 At the Commencement Date there shall be [separate Pooled Fund in respect of this Agreement]/ the following Pooled Funds:
- 7.3 Each Pooled Fund shall be managed and maintained in accordance with the terms of this Agreement.
- 7.4 Subject to Clause 7.5, it is agreed that the monies held in a Pooled Fund may only be expended on the following:
- 7.4.1 the Contract Price;
  - 7.4.2 where the Council is to be the Provider, the Permitted Budget;
  - 7.4.3 Third Party Costs where these are set out in the relevant Scheme Specification or as otherwise agreed in advance in writing by the North Yorkshire Health Collaborative Management Group (HCMG); and
  - 7.4.4 Approved Expenditure as set out in the relevant Scheme Specification or as otherwise agreed in advance in writing by the North Yorkshire Health Collaborative Management Group (HCMG),
- ("Permitted Expenditure").
- 7.5 The Partners may only depart from the definition of Permitted Expenditure to include or exclude other revenue expenditure with the express written agreement of North Yorkshire Health Collaborative Management Group (HCMG)
- 7.6 For the avoidance of doubt, monies held in the Pooled Fund may not be expended on Default Liabilities unless this is agreed by all Partners in accordance with Clause 7.5.
- 7.7 Pursuant to this Agreement, the Partners agree to appoint a Host Partner for each of the Pooled Funds set out in the Scheme Specifications. The Host Partner shall be the Partner responsible for:
- 7.7.1 holding all monies contributed to the Pooled Fund on behalf of itself and the other Partners;
  - 7.7.2 providing the financial administrative systems for the Pooled Fund;
  - 7.7.3 appointing the Pooled Fund Manager; and
  - 7.7.4 ensuring that the Pooled Fund Manager complies with their obligations under this Agreement.

## **8 POOLED FUND MANAGEMENT**

- 8.1 When introducing a Pooled Fund, the Partners shall agree which officer of the Host Partner shall act as the Pooled Fund Manager for the purposes of Regulation 7(4) of the Regulations.

- 8.2 The Pooled Fund Manager for each Pooled Fund shall have the following duties and responsibilities:
- 8.2.1 the day-to-day operation and management of the Pooled Fund;
  - 8.2.2 ensuring that all expenditure from the Pooled Fund is in accordance with the provisions of this Agreement and the relevant Scheme Specification;
  - 8.2.3 maintaining an overview of all joint financial issues affecting the Partners in relation to the Services and the Pooled Fund;
  - 8.2.4 ensuring that full and proper records for accounting purposes are kept in respect of the Pooled Fund;
  - 8.2.5 reporting to the North Yorkshire Health Collaborative Management Group (HCMG) as required by this Agreement and by the North Yorkshire Health Collaborative Management Group (HCMG);
  - 8.2.6 ensuring action is taken to manage any projected under or overspends relating to the Pooled Fund in accordance with this Agreement;
  - 8.2.7 preparing and submitting to the North Yorkshire Health Collaborative Management Group (HCMG) Quarterly Reports (or more frequent reports if required by the North Yorkshire Health Collaborative Management Group (HCMG)) and an annual return about the income and expenditure from the Pooled Fund together with such other information as may be required by the Partners and the North Yorkshire Health Collaborative Management Group (HCMG) to monitor the effectiveness of the Pooled Fund and to enable the Partners to complete their own financial accounts and returns. The Partners agree to provide all necessary information to the Pooled Fund Manager in time for the reporting requirements to be met including (without limitation) comply with any reporting requirements as may be required by relevant National Guidance; and
  - 8.2.8 preparing and submitting reports to the Health and Wellbeing Board as may be required by it and any relevant National Guidance including (without limitation) supplying Quarterly Reports referred to in Clause 8.2.7 above to the Health and Wellbeing Board.
- 8.3 In carrying out their responsibilities as provided under Clause 8.3, the Pooled Fund Manager shall:
- 8.3.1 have regard to National Guidance and the recommendations of the North Yorkshire Health Collaborative Management Group (HCMG) and
  - 8.3.2 be accountable to the Partners for delivery of those responsibilities.
- 8.4 The North Yorkshire Health Collaborative Management Group (HCMG) may agree to the viring of funds between Pooled Funds or amending the allocation of the Pooled Fund between Individual Schemes.

## **9 NON-POOLED FUNDS**

- 9.1 Any Financial Contributions agreed to be held within a Non-Pooled Fund will be notionally held in a fund established solely for the purposes agreed by the Partners. For the avoidance of doubt, a Non-Pooled Fund does not constitute a pooled fund for the purposes of Regulation 7 of the Partnership Regulations.
- 9.2 When introducing a Non-Pooled Fund in respect of an Individual Scheme, the Partners shall agree:

- 9.2.1 which Partner if any shall host the Non-Pooled Fund; and
- 9.2.2 how and when Financial Contributions shall be made to the Non-Pooled Fund.
- 9.3 The Host Partner of the relevant Non-Pooled Fund will be responsible for establishing the financial and administrative support necessary to enable the effective and efficient management of the Non-Pooled Fund, meeting all required accounting and auditing obligations.
- 9.4 The Partners shall ensure that any Services commissioned using a Non-Pooled Fund are commissioned solely in accordance with the relevant Scheme Specification.
- 9.5 Where there are Joint (Aligned) Commissioning arrangements, the Partners shall work in cooperation and shall endeavour to ensure that:
  - 9.5.1 the NHS Functions funded from a Non-Pooled Fund are carried out within the relevant ICBs Financial Contribution to the Non-Pooled Fund for the relevant Service in each Financial Year; and
  - 9.5.2 the Health-Related Functions funded from a Non-Pooled Fund are carried out within the Council's Financial Contribution to the Non-Pooled Fund for the relevant Service in each Financial Year.

## **10 FINANCIAL CONTRIBUTIONS**

- 10.1 The Financial Contributions of the ICBs and the Council to any Pooled Fund or Non-Pooled Fund for the first Financial Year of operation shall be as set out in the relevant Scheme Specification.
- 10.2 The Financial Contribution of the ICBs and the Council to any Pooled Fund or Non-Pooled Fund for each subsequent Financial Year of operation shall be subject to review by the Partners. contributions are considered it will be approved at HCMG
- 10.3 Financial Contributions will be paid as set out in Schedule 3.
- 10.4 With the exception of Clause 13, no provision of this Agreement shall preclude the Partners from making additional contributions of Non-Recurrent Payments to a Pooled Fund from time to time by mutual agreement. Any such additional contributions of Non-Recurrent Payments shall be explicitly recorded in North Yorkshire Health Collaborative Management Group (HCMG) minutes and recorded in the budget statement as a separate item.

## **11 NON-FINANCIAL CONTRIBUTIONS**

- 11.1 Unless set out in a Scheme Specification or otherwise agreed by the Partners, each Partner shall provide the non-financial contributions for any Service that they are Lead Partner or as required in order to comply with its obligations under this Agreement in respect of the commissioning of a particular Service. These contributions shall be provided at no charge to the other Partners or to the Pooled Fund.
- 11.2 Each Scheme Specification shall set out non-financial contributions of each Partner including staff (including the Pooled Fund Manager), premises, IT support and other non-financial resources necessary to perform its obligations pursuant to this Agreement (including, but not limited to, management of Service Contracts and the Pooled Fund(s)).

## **12 RISK SHARE ARRANGMENTS, OVERSPENDS AND UNDERSPENDS**

### **Risk share arrangements**

- 12.1 The Partners have agreed risk share arrangements as set out in Schedule 3, which provide for risk share arrangements arising within the commissioning of services from the Pooled Funds as set out in National Guidance.

#### **Overspends in Pooled Fund**

- 12.2 Subject to Clause 12.3, the Host Partner for the relevant Pooled Fund shall manage expenditure from a Pooled Fund within the Financial Contributions and shall use reasonable endeavours to ensure that the expenditure is limited to Permitted Expenditure.
- 12.3 The Host Partner shall not be in breach of its obligations under this Agreement if an Overspend occurs provided that it has used reasonable endeavours to ensure that the only expenditure from a Pooled Fund has been in accordance with Permitted Expenditure and it has informed the North Yorkshire Health Collaborative Management Group (HCMG) in accordance with Clause 12.4.
- 12.4 In the event that the Pooled Fund Manager identifies an actual or projected Overspend the Pooled Fund Manager must ensure that the North Yorkshire Health Collaborative Management Group (HCMG) is informed as soon as reasonably possible and the provisions of the relevant Scheme Specification and Schedule 3 shall apply.

#### **Overspends in Non-Pooled Funds**

- 12.5 Where in Joint (Aligned) Commissioning Arrangements either Partner identifies an actual or projected Overspend in relation to a Partner's Financial Contribution to a Non-Pooled Fund, that Partner shall as soon as reasonably practicable inform the other Partner and the North Yorkshire Health Collaborative Management Group (HCMG).
- 12.6 Where there is a Lead Commissioning Arrangement the Lead Partner is responsible for the management of the Non-Pooled Fund. The Lead Partner shall as soon as reasonably practicable inform the other Partner and the North Yorkshire Health Collaborative Management Group (HCMG) in the event that the Lead Partner identifies an actual or projected Overspend.

#### **Underspend**

- 12.7 In the event that expenditure from any Pooled Fund or Non-Pooled Fund in any Financial Year is less than the aggregate value of the Financial Contributions made for that Financial Year or where the expenditure in relation to an Individual Scheme is less than the agreed allocation to that particular Individual Scheme, the Partners shall agree how the monies shall be spent, carried forward and/or returned to the Partners and the provisions of Schedule 3 shall apply. Such arrangements shall be subject to the Law and the standing orders and standing financial instructions (or equivalent) of the Partners.

### **13 CAPITAL EXPENDITURE**

- 13.1 Except as provided in Clause 13.2, neither Pooled Funds nor Non Pooled Funds shall normally be applied towards any one-off expenditure on goods and/or services, which will provide continuing benefit and would historically have been funded from the capital budgets of one of the Partners.
- 13.2 The Partners agree that capital expenditure may be made from a Better Care Fund Pooled Fund where this is in accordance with National Guidance. If a need for capital expenditure to be funded from any Pooled Fund relating to a non-Better Care Fund Scheme or from any Non Pooled Fund is identified this must be in accordance with the Partners' respective statutory powers and agreed by the Partners in writing.

### **14 VAT**

The Partners shall agree the treatment of each Pooled Fund for VAT purposes in accordance with any relevant guidance from HM Revenue and Customs.

## **15 AUDIT AND RIGHT OF ACCESS**

- 15.1 The Partners shall promote a culture of probity and sound financial discipline and control. The Host Partner shall arrange for the audit of the accounts of the relevant Pooled Fund in accordance with the Regulations and the Local Audit and Accountability Act 2014.
- 15.2 All internal and external auditors and all other persons authorised by the Partners will be given the right of access by them to any document, information or explanation they require from any employee, member of the relevant Partner in order to carry out their duties. This right is not limited to financial information or accounting records and applies equally to premises or equipment used in connection with this Agreement. Access may be at any time without notice, provided there is good cause for access without notice.
- 15.3 The Partners shall comply with relevant NHS finance and accounting obligations as required by relevant Law and/or National Guidance.

## **16 LIABILITIES AND INSURANCE AND INDEMNITY**

- 16.1 Nothing in this Agreement shall affect:
- 16.1.1 the liability of the Council to the Service Users in respect of the Health-Related Functions; or
  - 16.1.2 the liability of the ICBs to the Service Users in respect of the NHS Functions.
- 16.2 Subject to Clause 16.3, and 16.4, if any Partner (the “Indemnified Partner”) incurs a Loss arising out of or in connection with this Agreement (including a Loss arising under an Individual Scheme) as a consequence of any act or omission of another Partner (the “Indemnifying Partner”) which constitutes negligence, fraud or a breach of contract in relation to this Agreement or any Service Contract then the Indemnifying Partner shall be liable to the Indemnified Partner for that Loss and shall indemnify the First Partner accordingly.
- 16.3 Clause 16.2 shall only apply to the extent that the acts or omissions of the Indemnifying Partner contributed to the relevant Loss. Furthermore, it shall not apply if such act or omission occurred as a consequence of the Indemnifying Partner acting in accordance with the instructions or requests of the Indemnified Partner or the North Yorkshire Health Collaborative Management Group (HCMG).
- 16.4 If any third party makes a claim or intimates an intention to make a claim against a Partner which may reasonably be considered as likely to give rise to liability under this Clause 16, the Indemnified Partner will:
- 16.4.1 as soon as reasonably practicable give written notice of that matter to the Indemnifying Partner specifying in reasonable detail the nature of the relevant claim;
  - 16.4.2 not make any admission of liability, agreement or compromise in relation to the relevant claim without the prior written consent of the Indemnifying Partner (such consent not to be unreasonably conditioned, withheld or delayed); and
  - 16.4.3 give the Indemnifying Partner and its professional advisers reasonable access to its premises and personnel and to any relevant assets, accounts, documents and records within its power or control so as to enable the Indemnifying Partner and its professional advisers to examine such premises, assets, accounts, documents and records and to take copies at their own expense for the purpose of assessing the merits of, and if necessary defending, the relevant claim.
- 16.5 Each Partner shall ensure that they maintain policies of insurance (or equivalent arrangements through schemes operated by the National Health Service Litigation Authority) in respect of all potential liabilities arising from this Agreement and in the event of Losses shall seek to recover such Loss through the relevant policy of insurance (or equivalent arrangement).

- 16.6 Each Partner shall at all times take all reasonable steps to minimise and mitigate any loss for which one Partner is entitled to bring a claim against another Partner pursuant to this Agreement.

### **Conduct of Claims**

- 16.7 In respect of the indemnities given in this Clause 16:

16.7.1 the Indemnified Partner shall give written notice to the Indemnifying Partner as soon as is practicable of the details of any claim or proceedings brought or threatened against it in respect of which a claim will or may be made under the relevant indemnity;

16.7.2 the Indemnifying Partner shall at its own expense have the exclusive right to defend conduct and/or settle all claims and proceedings to the extent that such claims or proceedings may be covered by the relevant indemnity provided that where there is an impact upon the Indemnified Partner, the Indemnifying Partner shall consult with the Indemnified Partner about the conduct and/or settlement of such claims and proceedings and shall at all times keep the Indemnified Partner informed of all material matters; and

16.7.3 the Partners shall each give to the other all such cooperation as may reasonably be required in connection with any threatened or actual claim or proceedings which are or may be covered by a relevant indemnity.

## **17 STANDARDS OF CONDUCT AND SERVICE**

17.1 The Partners will at all times comply with Law and ensure good corporate governance in respect of each Partner (including the Partners respective standing orders and standing financial instructions).

17.2 The Council is subject to the duty of Best Value under the Local Government Act 1999. This Agreement and the operation of the Pooled Fund is therefore subject to the Council's obligations for Best Value and the other Partners will co-operate with all reasonable requests from the Council which the Council considers necessary in order to fulfil its Best Value obligations.

17.3 The ICBs are subject to the ICB Statutory Duties and these incorporate a duty of clinical governance, which is a framework through which they are accountable for continuously improving the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish. This Agreement and the operation of the Pooled Funds are therefore subject to ensuring compliance with the ICBs Statutory Duties and clinical governance obligations.

17.4 The Partners are committed to an approach to equality and equal opportunities as represented in their respective policies. The Partners will maintain and develop these policies as applied to service provision, with the aim of developing a joint strategy for all elements of the Services.

## **18 CONFLICTS OF INTEREST**

18.1 The Partners shall comply with the policy for identifying and managing conflicts of interest as agreed by the Partners from time to time. and put into schedule 7 about ambitious for Health if applicable

## **19 GOVERNANCE**

19.1 Overall strategic oversight of partnership working between the Partners is vested in the Health and Wellbeing Board, which for these purposes shall make recommendations to the Partners as to any action it considers necessary.

- 19.2 The Partners have established a North Yorkshire Health Collaborative Management Group (HCMG) to:
- i. Being the engine room which supports the North Yorkshire Health Collaborative Joint Committee to deliver its strategic plan (Ambitious for Health), providing an overview of delivery of the plan and system assurance to the ICB.
  - ii. Informing and linking in with other key strategic interfaces and groups including Joint Commissioning Forum, Local Plan/Infrastructure/Estates and Children's Services.
  - iii. Oversight, review and assurance of: BCF, IBCF and other joint funding and budgetary alignment, reporting to H&WB Board on an annual basis and the NYHC Joint Committee as required..
  - iv. Responsibility for developing efficiency and investment cases to improve experience of care and affordability e.g. complex care and CHC.
  - v. Hospital and care home admission avoidance, hospital and community flow and intermediate care - specifically lead on understanding and responding to the "No Right to Reside" challenge across North Yorkshire.
  - vi. Lead on enhancing market management across health and social care, ensuring value for money and quality of care across social care and continuing healthcare with the intention of managing capacity, quality and value for money.
  - vii. Development of joint approaches to Population/Public Health, Health Inequalities and Prevention, address common issues around CHC, Section 117, Mental Health, Learning Disabilities and Autism.
  - viii. The HC Management Group. will act as an arbiter and supporter of priority pieces of work with decisions grounded in shared data and business intelligence.
  - ix. Oversight of implementation of effective urgent care pathways that support effective use of resources and promote a home first approach.
  - x. Provide advice and guidance on appropriate decision-making processes and forums to support new investments and/or operational changes.
- 19.3 The North Yorkshire Health Collaborative Management Group (HCMG) is based on a joint working group structure. Each member of the North Yorkshire Health Collaborative Management Group (HCMG) shall be an officer of one of the Partners and will have individual delegated responsibility from the Partner employing them to make decisions which enable the North Yorkshire Health Collaborative Management Group (HCMG) to carry out its objects, roles, duties and functions as set out in this Clause 19 and Schedule 2.
- 19.4 The terms of reference of the North Yorkshire Health Collaborative Management Group (HCMG) shall be as set out in Schedule 2 as may be amended or varied by written agreed from time to time.
- 19.5 Other Governance groups

Adult Joint Planning and Commissioning Group has oversight of all jointly commissioned arrangements across North Yorkshire and has its own Terms of Reference. The responsibilities of the group in respect of Community Equipment are:

- Strategic oversight of the Section 75 Agreement
- Approve commissioning intentions and strategic plans
- Approve Service Development and Improvement Plan (SDIP)
- Provider senior level oversight of procurement and contract management

- Receive quarterly highlight and exception reports from the Integrated Community Equipment Partnership and the Commissioners Group
  - Act as a point of escalation where consensus cannot be reached
  - Report into Health Collaborative Management Group on the progress of the Partnership and the delivery of the Section 75 Agreement
  - Make recommendations to Health Care Management Group to ensure partners continue to make best use of collective resources
- 19.6 Individual scheme lead is provided within Schedule 1 – Scheme Specification
- 19.7 Overarching BCF leads;  
 NYC BCF Lead: Saskia Calton – role for finance  
 NYC BCF Lead: Jo Waldmeyer – role for service
- H&NY ICB Lead: Sam Haward – role for service  
 H&NY ICB Lead: Alison Levin – role for finance
- WY BCF Lead: Amy Paffett – role single point of contact  
 L&SC BCF Lead: Claire Roberts – role single point of contact
- 19.8 Each Partner has secured internal reporting arrangements to ensure the standards of accountability and probity required by each Partner's own statutory duties and organisation are complied with.
- 19.9 The [North Yorkshire Health Collaborative Management Group (HCMG)] shall be responsible for the overall approval of the Individual Schemes and the financial management set out in Clause 12 and Schedule 3. The North Yorkshire Health Collaborative Management Group (HCMG) will report to the Health and Wellbeing Board in accordance with its terms of reference.
- 19.10 The Health and Wellbeing Board shall be responsible for ensuring compliance with the Better Care Fund Plan and the strategic direction of the Better Care Fund.
- 19.11 Each Scheme Specification shall confirm the governance arrangements in respect of the Individual Scheme and how that Individual Scheme is reported to the North Yorkshire Health Collaborative Management Group (HCMG) and Health and Wellbeing Board.
- 20 REVIEW**
- 20.1 The Partners shall produce a BCF Quarterly Report which shall be provided to the Health and Wellbeing Board in such form and setting out such information as required by National Guidance and any additional information required by the Health and Wellbeing Board or NHS England.
- 20.2 Save where the North Yorkshire Health Collaborative Management Group (HCMG) agree alternative arrangements (including alternative frequencies) the Partners shall undertake an annual review (“**Annual Review**”) of the operation of this Agreement, any Pooled Fund and Non-Pooled Fund and the provision of the Services within 3 Months of the end of each Financial Year.
- 20.3 Subject to any variations to this process agreed by the North Yorkshire Health Collaborative Management Group (HCMG), Annual Reviews shall be conducted in good faith. Annual Report including the information as required by National Guidance and any other information required by the Health and Wellbeing Board. A copy of this report shall be provided to the Health and Wellbeing Board and North Yorkshire Health Collaborative Management Group (HCMG).

- 20.4 In the event that the Partners fail to meet the requirements of the Better Care Fund Plan and NHS England the Partners shall provide full co-operation with NHS England to agree a recovery plan.

## 21 COMPLAINTS

The Partners' own complaints procedures shall apply to this Agreement. The Partners agree to assist one another in the management of complaints arising from this Agreement or the provision of the Services.

## 22 TERMINATION & DEFAULT

- 22.1 This Agreement may be terminated by any Partner giving not less than 3 Months' notice in writing to terminate this Agreement provided that such termination shall not take effect prior to the termination or expiry of all Individual Schemes.
- 22.2 Each Individual Scheme may be terminated in accordance with the terms set out in the relevant Scheme Specification provided that the Partners ensure that the Better Care Fund Requirements continue to be met.
- 22.3 If a Partner ("**Relevant Partner**") fails to meet any of its obligations under this Agreement, the other Partners may by notice require the Relevant Partner to take such reasonable action within a reasonable timescale as the other Partners may specify to rectify such failure. Should the Relevant Partner fail to rectify such failure within such reasonable timescale, the matter shall be referred for resolution in accordance with Clause 23.
- 22.4 Termination of this Agreement (whether by effluxion of time or otherwise) shall be without prejudice to the Partners' rights in respect of any antecedent breach and the provisions of Clauses 22
- 22.5 Upon termination of this Agreement for any reason whatsoever the following shall apply:
- 22.5.1 the Partners agree that they will work together and co-operate to ensure that the winding down and disaggregation of the integrated and joint activities to the separate responsibilities of the Partners is carried out smoothly and with as little disruption as possible to Service Users, the Services, the employees, the Partners and third parties, so as to minimise costs and liabilities of each Partner in doing so;
- 22.5.2 where a Partner has entered into a Service Contract which continues after the termination of this Agreement, the Partners shall continue to contribute to the Contract Price in accordance with the agreed contribution for that Service prior to termination and will enter into all appropriate legal documentation required in respect of this;
- 22.5.3 the Lead Partner shall make reasonable endeavours to amend or terminate a Service Contract (which shall for the avoidance of doubt not include any act or omission that would place the Lead Partner in breach of the Service Contract) where the other Partners requests the same in writing Provided that the Lead Partner shall not be required to make any payments to the Provider for such amendment or termination unless the Partners shall have agreed in advance who shall be responsible for any such payment;
- 22.5.4 where a Service Contract held by a Lead Partner relates all or partially to services which relate to another Partner's Functions then provided that the Service Contract allows the other Partners may request that the Lead Partner assigns the Service Contract in whole or part to another Partner upon the same terms mutatis mutandis as the original Service Contract;

- 22.5.5 the North Yorkshire Health Collaborative Management Group (HCMG) shall continue to operate for the purposes of functions associated with this Agreement for the remainder of any contracts and commitments relating to this Agreement; and
- 22.5.6 termination of this Agreement shall have no effect on the liability of any rights or remedies of any Partner already accrued, prior to the date upon which such termination takes effect.
- 22.6 In the event of termination in relation to an Individual Scheme the provisions of Clause 22.6 shall apply in relation to the Individual Scheme (as though references as to this Agreement were to that Individual Scheme).
- 23 DISPUTE RESOLUTION**
- 23.1 In the event of a dispute between the Partners arising out of this Agreement, a Partner may serve written notice of the dispute on the other Partners, setting out full details of the dispute.
- 23.2 The Authorised Officer shall meet in good faith as soon as possible and in any event within seven (7) days of notice of the dispute being served pursuant to Clause 23.1, at a meeting convened for the purpose of resolving the dispute.
- 23.3 If the dispute remains after the meeting detailed in Clause 23.2 has taken place, the Partners' respective chief executives or nominees shall meet in good faith as soon as possible after the relevant meeting and in any event within fourteen (14) days of the date of the meeting, for the purpose of resolving the dispute.
- 23.4 If the dispute remains after the meeting detailed in Clause 23.3 has taken place, then the Partners will attempt to settle such dispute by mediation in accordance with the CEDR Model Mediation Procedure or any other model mediation procedure as agreed by the Partners. To initiate a mediation, any Partner may give notice in writing (a "**Mediation Notice**") to the other requesting mediation of the dispute and shall send a copy thereof to CEDR or an equivalent mediation organisation as agreed by the Partners asking them to nominate a mediator. The mediation shall commence within twenty (20) Working Days of the Mediation Notice being served. None of the Partners will terminate such mediation until each of them has made its opening presentation and the mediator has met each of them separately for at least one (1) hour. Thereafter, paragraph 14 of the Model Mediation Procedure will apply (or the equivalent paragraph of any other model mediation procedure agreed by the Partners). The Partners will co-operate with any person appointed as mediator, providing him with such information and other assistance as he shall require and will pay his costs as he shall determine or in the absence of such determination such costs will be shared equally.
- 23.5 Nothing in the procedure set out in this Clause 23 shall in any way affect either Partner's right to terminate this Agreement in accordance with any of its terms or take immediate legal action.

**24 FORCE MAJEURE**

- 24.1 None of the Partners shall be entitled to bring a claim for a breach of obligations under this Agreement by another Partner or incur any liability to another Partner for any losses or damages incurred by that Partner to the extent that a Force Majeure Event occurs and it is prevented from carrying out its obligations by that Force Majeure Event.
- 24.2 On the occurrence of a Force Majeure Event, the Affected Partner shall notify the other Partners as soon as practicable. Such notification shall include details of the Force Majeure Event, including evidence of its effect on the obligations of the Affected Partner and any action proposed to mitigate its effect.
- 24.3 As soon as practicable, following notification as detailed in Clause 24.2, the Partners shall consult with each other in good faith and use all best endeavours to agree appropriate terms to mitigate the effects of the Force Majeure Event and, subject to Clause 24.4, facilitate the continued performance of the Agreement.

24.4 If the Force Majeure Event continues for a period of more than sixty (60) days, each Partner shall have the right to terminate the Agreement by giving fourteen (14) days written notice of termination to the other Partners. For the avoidance of doubt, no compensation shall be payable by any Partner as a direct consequence of this Agreement being terminated in accordance with this Clause 24.

## **25 CONFIDENTIALITY**

25.1 In respect of any Confidential Information a Partner receives from another Partner (the "Discloser") and subject always to the remainder of this Clause 25, each Partner (the "Recipient") undertakes to keep secret and strictly confidential and shall not disclose any such Confidential Information to any third party, without the Discloser's prior written consent provided that:

25.1.1 the Recipient shall not be prevented from using any general knowledge, experience or skills which were in its possession prior to the Commencement Date; and

25.1.2 the provisions of this Clause 25 shall not apply to any Confidential Information which:

(a) is in or enters the public domain other than by breach of the Agreement or other act or omission of the Recipient; or

(b) is obtained by a third party who is lawfully authorised to disclose such information.

25.2 Nothing in this Clause 25 shall prevent the Recipient from disclosing Confidential Information where it is required to do so in fulfilment of statutory obligations or by judicial, administrative, governmental or regulatory process in connection with any action, suit, proceedings or claim or otherwise by applicable Law.

25.3 Each Partner:

25.3.1 may only disclose Confidential Information to its employees and professional advisors to the extent strictly necessary for such employees to carry out their duties under the Agreement;

25.3.2 will ensure that, where Confidential Information is disclosed in accordance with Clause 25.3.1, the recipient(s) of that information is made subject to a duty of confidentiality equivalent to that contained in this Clause 25; and

25.3.3 shall not use Confidential Information other than strictly for the performance of its obligations under this Agreement.

## **26 FREEDOM OF INFORMATION AND ENVIRONMENTAL INFORMATION REGULATIONS**

26.1 The Partners agree that they will each cooperate with each other to enable any Partner receiving a request for information under the 2000 Act or the 2004 Regulations to respond to a request promptly and within the statutory timescales. This cooperation shall include but not be limited to finding, retrieving and supplying information held, directing requests to other Partners as appropriate and responding to any requests by the Partner receiving a request for comments or other assistance.

26.2 Any and all agreements between the Partners as to confidentiality shall be subject to their duties under the 2000 Act and 2004 Regulations. No Partner shall be in breach of Clause 26 if it makes disclosures of information in accordance with the 2000 Act and/or 2004 Regulations.

## **27 OMBUDSMEN**

The Partners will co-operate with any investigation undertaken by the Health Service Commissioner for England or the Local Government Commissioner for England (or both of them) in connection with this Agreement.

## **28 INFORMATION SHARING**

28.1 The Partners agree to exercise their rights and obligations under this Agreement at all times in compliance with their respective obligations under the Data Protection Legislation.

## **29 NOTICES**

29.1 Any notice to be given under this Agreement shall either be delivered personally or sent by first class post or electronic mail. The address for service of each Partner shall be as set out in Clause 29.3 or such other address as each Partner may previously have notified to the other Partner in writing. A notice shall be deemed to have been served if:

29.1.1 personally delivered, at the time of delivery;

29.1.2 posted, at the expiration of forty eight (48) hours after the envelope containing the same was delivered into the custody of the postal authorities; or

29.1.3 if sent by electronic mail, at the time of transmission and a telephone call must be made to the recipient warning the recipient that an electronic mail message has been sent to him (as evidenced by a contemporaneous note of the Partner sending the notice) and a hard copy of such notice is also sent by first class recorded delivery post (airmail if overseas) on the same day as that on which the electronic mail is sent.

29.2 In proving such service, it shall be sufficient to prove that personal delivery was made, or that the envelope containing such notice was properly addressed and delivered into the custody of the postal authority as prepaid first class or airmail letter (as appropriate), or that the electronic mail was properly addressed and no message was received informing the sender that it had not been received by the recipient (as the case may be).

29.3 The address for service of notices as referred to in Clause 29.1 shall be as follows unless otherwise notified to the other Partners in writing:

29.3.1 if to the Council, addressed to the Chief Executive

Tel: 01609 532444

Email: richard.flinton@northyorks.gov.uk

and

29.3.2 if to the Humber & North Yorkshire & Humber ICB, addressed to the Chief Executive

Tel: 07718487599]

Email: t.fenech@nhs.net

29.3.3 if to the Lancashire & South Cumbria ICB, addressed to the Chief Executive

Tel: 0300 375 3550

Email: sam.proffitt@nhs.net

29.3.4 if to the West Yorkshire ICB, addressed to the Chief Executive

Tel: 01924 317659

Email: rob.webster1@nhs.net

### **30 VARIATION**

30.1 No variations to this Agreement will be valid unless they are recorded in writing and signed for and on behalf of each of the Partners subject to approval by the North Yorkshire Health Collaborative Management Group (HCMG) North Yorkshire Health Collaborative Management Group (HCMG) as set out in this Clause 30.

30.2 Where the Partners agree that there will be:

30.2.1 a new Pooled Fund;

30.2.2 a new Individual Scheme; or

30.2.3 an amendment to a current Individual Scheme,

the North Yorkshire Health Collaborative Management Group (HCMG) shall agree the new or amended Individual Scheme and this must be signed by the Partners. A request to vary an Individual Scheme, which may include (without limitation) a change in the level of Financial Contributions or other matters set out in the relevant Scheme Specification may be made by any Partner but will require agreement from all of the Partners in accordance with the process set out in Clause 30.3. The notice period for any variation unless otherwise agreed by the Partners shall be 3 Months or in line with the notice period for variations within the associated Service Contract(s), whichever is the shortest.

30.3 The following approach shall, unless otherwise agreed, be followed by the North Yorkshire Health Collaborative Management Group (HCMG):

30.3.1 on receipt of a request from one Partners to vary the Agreement including (without limitation) the introduction of a new Individual Scheme or amendments to an existing Individual Scheme, the North Yorkshire Health Collaborative Management Group (HCMG) will first undertake an impact assessment and identify those Service Contracts likely to be affected;

30.3.2 the North Yorkshire Health Collaborative Management Group (HCMG) will agree whether those Service Contracts affected by the proposed variation should continue, be varied or terminated, taking note of the Service Contract terms and conditions and ensuring that the Partner holding the Service Contract/s is not put in breach of contract, its statutory obligations or financially disadvantaged;

30.3.3 wherever possible agreement will be reached to reduce the level of funding in the Service Contract(s) in line with any reduction in budget; and

30.3.4 should this not be possible and one Partner is left financially disadvantaged as a result of holding a Service Contract for which the budget has been reduced, then the financial risk will, unless otherwise agreed, be [shared equally between the Partners

### **31 CHANGE IN LAW**

31.1 The Partners shall ascertain, observe, perform and comply with all relevant Laws, and shall do and execute or cause to be done and executed all acts required to be done under or by virtue of any Laws.

31.2 On the occurrence of any Change in Law, the Partners shall agree in good faith any amendment required to this Agreement as a result of the Change in Law subject to the Partners using all

reasonable endeavours to mitigate the adverse effects of such Change in Law and taking all reasonable steps to minimise any increase in costs arising from such Change in Law.

- 31.3 In the event of failure by the Partners to agree the relevant amendments to the Agreement (as appropriate), the Clause 23 (Dispute Resolution) shall apply.

## **32 WAIVER**

No failure or delay by any Partner to exercise any right, power or remedy will operate as a waiver of it nor will any partial exercise preclude any further exercise of the same or of some other right to remedy.

## **33 SEVERANCE**

If any provision of this Agreement, not being of a fundamental nature, shall be held to be illegal or unenforceable, the enforceability of the remainder of this Agreement shall not thereby be affected.

## **34 ASSIGNMENT AND SUBCONTRACTING**

The Partners shall not sub-contract, assign or transfer the whole or any part of this Agreement, without the prior written consent of the other Partners, which shall not be unreasonably withheld or delayed. This shall not apply to any transfer to a statutory successor of all or part of a Partner's statutory functions.

## **35 EXCLUSION OF PARTNERSHIP AND AGENCY**

- 35.1 Nothing in this Agreement shall create or be deemed to create a partnership under the Partnership Act 1890 or the Limited Partnership Act 1907, a joint venture or the relationship of employer and employee between the Partners or render any Partner directly liable to any third party for the debts, liabilities or obligations of the other.

- 35.2 Except as expressly provided otherwise in this Agreement or where the context or any statutory provision otherwise necessarily requires, the Partners will have no authority to, or hold itself out as having authority to:

35.2.1 act as an agent of the other;

35.2.2 make any representations or give any warranties to third parties on behalf of or in respect of the other; or

35.2.3 bind the other in any way.

## **36 THIRD PARTY RIGHTS**

Unless the right of enforcement is expressly provided, no third party shall have the right to pursue any right under this Agreement pursuant to the Contracts (Rights of Third Parties) Act 1999 or otherwise.

## **37 ENTIRE AGREEMENT**

- 37.1 The terms herein contained together with the contents of the Schedules constitute the complete agreement between the Partners with respect to the subject matter hereof and supersede all previous communications representations understandings and agreement and any representation promise or condition not incorporated herein shall not be binding on any Partner.

- 37.2 No agreement or understanding varying or extending or pursuant to any of the terms or provisions hereof shall be binding upon any Partner unless in writing and signed by a duly authorised officer or representative of the parties.

**38 COUNTERPARTS**

This Agreement may be executed in one or more counterparts. Any single counterpart or a set of counterparts executed, in either case, by all Partners shall constitute a full original of this Agreement for all purposes.

**39 GOVERNING LAW AND JURISDICTION**

39.1 This Agreement and any dispute or claim arising out of or in connection with it or its subject matter or formation (including non-contractual disputes or claims) shall be governed by and construed in accordance with the laws of England and Wales.

39.2 Subject to Clause 23 (Dispute Resolution), the Partners irrevocably agree that the courts of England and Wales shall have exclusive jurisdiction to hear and settle any action, suit, proceedings, dispute or claim, which may arise out of, or in connection with, this Agreement, its subject matter or formation (including non-contractual disputes or claims).

This Agreement has been entered into on the date stated at the beginning of it.

Signed by Richard Flinton Chief Executive  
for and on behalf of  
**THE NORTH YORKSHIRE COUNCIL**

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Authorised Signatory

Signed by Teresa Fenech, Acting Chief  
Executive/Executive Director of Nursing  
& Quality for on behalf of  
**NHS HUMBER & NORTH YORKSHIRE  
INTEGRATED CARE BOARDS**

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Authorised Signatory

Signed by Sam Proffitt Acting Chief Executive  
and Stephen Downs, Chief Finance Officer  
for on behalf of **NHS LANCASHIRE & SOUTH  
CUMBRIA INTEGRATED CARE BOARDS**

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Authorised Signatory

Signed by Jonathan Webb on behalf of Rob Webster, Chief Executive  
for on behalf of **NHS WEST YORKSHIRE  
INTEGRATED CARE BOARDS**

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Authorised Signatory

**SCHEDULE 1 – SCHEME SPECIFICATION**

**Part 1 – TEMPLATE SERVICES SCHEDULE**

## NY HWB BCF Section 75 2025/26

Scheme ID	Name of the Individual Scheme	Scheme Details	Area of Spend	Lead Commissioning Arrangement: Lead Commissioner	Provider Section	Source Funding	Expenditure 2025-26 (£)
1	Training and Learning	Care Sector improvement programme: Quality Improvement Team, Training Academy and Nursing in Nursing Home Bursaries (external providers)	Social Care	NYC	Local Authority	Local Authority Better Care Grant	60,000
2	Make Care Matter	Set up costs for 'centre of excellence' for recruitment in the care sector	Social Care	NYC	Local Authority	Local Authority Better Care Grant	181,000
3	Integrated Health & Care staffing	Integrated Health & Care staffing	Social Care	NYC	Local Authority	Local Authority Better Care Grant	411,000
4	Living Well	Provision of living well capacity across the county supporting with high level of referrals from health services, GP's, primary health professionals and mental health services.	Social Care	NYC	Local Authority	Local Authority Better Care Grant	400,000
5	TOCCs	Additional social care capacity or new 'inpatient navigator' roles/DTOC co-ordinator, DTOCs process improvements and additional IT KIT for Care and Support staff to	Social Care	NYC	Local Authority	Local Authority Better Care Grant	530,000

		support these arrangements					
6	ASC Funding Pressures	Support for ASC pressures	Social Care	NYC	Local Authority	Local Authority Better Care Grant	876,000
7	Care & Support Phase 2	Care Act Implementation Related Duties	Social Care	NYC	Local Authority	Local Authority Better Care Grant	990,000
8	Intermediate Care Hubs	Increase capacity within Intermediate Care hubs	Social Care	NYC	Local Authority	Local Authority Better Care Grant	595,784
9	Hospital Discharge Support	Hospital discharge support posts	Social Care	NYC	Local Authority	Local Authority Better Care Grant	40,000
10	Bed-based intermediate care	NYC Bed-based Intermediate Care	Social Care	NYC	Local Authority	Local Authority Better Care Grant	1,084,030
11	ASC Funding Pressures	Support for ASC pressures	Social Care	NYC	Local Authority	Local Authority Better Care Grant	13,912,446
12	Discharge costs	Hospital Discharge Support	Social Care	NYC	Local Authority	Local Authority Better Care Grant	2,090,167
13	Discharge Hubs	Discharge hubs support posts	Social Care	NYC	Local Authority	Local Authority Better Care Grant	188,700
14	DFG schemes	Disabled Facilities Grant utilisation to support adaptation to enable people to continue to stay in resident	Social Care	NYC	Local Authority	DFG	6,346,790
15	York Place - protection of social care	Care home support	Social Care	NYC	Local Authority	NHS Minimum Contribution	26,554
16	NY Place - protection of social care	Care home support	Social Care	NYC	Local Authority	NHS Minimum Contribution	264,119
17	York Place Social Care protection	Care home support	Social Care	NYC	Local Authority	NHS Minimum Contribution	4,164,118
18	NY Place protection of social care	Care home support	Social Care	NYC	Local Authority	NHS Minimum Contribution	13,667,927
19	L&SC protection of social care	Care home support	Social Care	NYC	Local Authority	NHS Minimum Contribution	194,851
20	WY Protection of Social Care	Care home support	Social Care	NYC	Local Authority	NHS Minimum Contribution	1,624,733
21	WY Other Equipment and technologies	Equipment and technologies	Social Care	NYC	Local Authority	NHS Minimum Contribution	25,221

22	Home First Intermediate Care - Bridging Service	Intermediate Care Bridging Service	Social Care	NYC	Local Authority	Local Authority Better Care Grant	18,354
23	Community based services	Community based services for the Craven area	Community Health	L&SC ICB	NHS	NHS Minimum Contribution	400,415
24	NY Time to think beds Increase in packages to reduce delayed discharge	Funding to spot purchase P3 bed placements for up to 28 days to facilitate discharge.	Community Health	H&NY ICB	Private Sector	NHS Minimum Contribution	400,000
25	NY Fast Track Packages Community based support packages for EOL	Funding to purchase fast track domiciliary packages of support for palliative care / end of life to prevent admission and facilitate discharge where necessary.	Community Health	H&NY ICB	Private Sector	NHS Minimum Contribution	1,000,185
26	LDA Community Access Grant	Learning disability community-based service.	Mental Health	H&NY ICB	NHS Mental Health Provider	NHS Minimum Contribution	134,000
27	LDA intensive support team	Dedicated specialist teams to support people with learning disabilities in the community and so prevent admission for mental health bed placements and facilitate earlier discharge.	Mental Health	H&NY ICB	NHS Mental Health Provider	NHS Minimum Contribution	500,000
28	FHN Discharge facilitators	Additional capacity (3WTE) within Friarage Hospital discharge team to work with LA discharge hub and facilitate earlier discharge of patients working towards a Discharge to Assess approach.	Community Health	H&NY ICB	NHS Community Provider	NHS Minimum Contribution	156,000
29	Home first discharge support	Additional capacity within reablement and	Community Health	H&NY ICB	NHS Community Provider	NHS Minimum Contribution	150,000

		bridging services to support a faster discharge to assess approach for P1 discharges.					
30	Extended capacity for home from hospital	ICB contribution to extended VSCE home from hospital services across North Yorkshire to bring people on P0 home more quickly.	Community Health	H&NY ICB	Charity / Voluntary Sector	NHS Minimum Contribution	151,950
31	Additional CHC assessment capacity to support timely discharge	Capacity to manage and process P3 discharges, particularly discharge to assess 28 day placements.	Community Health	H&NY ICB	NHS	NHS Minimum Contribution	250,000
32	Y&SHFT - additional discharge co-ordinator	Extended capacity (1WTE) to expand the Scarborough Hospital discharge team to facilitate a Discharge to Assess approach and enable in-reach into ED to prevent admissions.	Acute	H&NY ICB	NHS Community Provider	NHS Minimum Contribution	50,000
33	Therapy - South Tees Therapy in-reach (Friary and IC beds)	Expanded community hospital therapy capacity (4 WTE) to improve P2 rehabilitation and hence reduce length of stay and enable more people to return home more quickly.	Acute	H&NY ICB	NHS Community Provider	NHS Minimum Contribution	200,000
34	Therapy - HARA Therapy in-reach (Station View)	Expanded residential inpatient therapy capacity (3 WTE) to improve P2 rehabilitation and hence reduce	Community Health	H&NY ICB	Private Sector	NHS Minimum Contribution	177,000

		length of stay and enable more people to return home more quickly.					
35	Therapy - Humber FT Home First Discharge (including Whitby post)	Expanded community-based therapy capacity (c. 9 WTE) to improve P1 rehabilitation capacity and enable more people to return home more quickly from hospital under a D2A approach.	Community Health	H&NY ICB	NHS Mental Health Provider	NHS Minimum Contribution	395,000
36	Therapy - STHFT Home First Discharge H&R	Expanded community-based therapy capacity (c. 3 WTE) to improve P1 rehabilitation capacity and enable more people to return home more quickly from hospital under a D2A approach.	Acute	H&NY ICB	NHS Community Provider	NHS Minimum Contribution	150,000
37	Therapy - Additional in-reach therapy for Selby	Expanded community hospital therapy capacity (4 WTE) to improve P2 rehabilitation and hence reduce length of stay and enable more people to return home more quickly.	Acute	H&NY ICB	NHS Community Provider	NHS Minimum Contribution	188,760
38	LA linked costs - Non-weight bearing pathway costs	Spot purchased P2 bed or P1 domiciliary care placements to bridge gap between hospital discharge and commencement of intermediate care provision for people who are	Social Care	H&NY ICB	Local Authority	NHS Minimum Contribution	136,000

		not yet ready to commence their rehabilitation programme.					
39	LA linked costs - Bridging service to allow rapid pathway 1 discharges within 24-48h hrs	Additional domiciliary care capacity for P1 discharges commissioned through the care market to work in conjunction with LA-provided reablement services to expedite earlier discharges.	Social Care	H&NY ICB	Local Authority	NHS Minimum Contribution	600,000
40	Additional D2A therapy for SHaR	Expanded community-based therapy capacity (c. 2 WTE) to improve P1 rehabilitation capacity and enable more people to return home more quickly from hospital under a D2A approach.	Social Care	H&NY ICB	Local Authority	NHS Minimum Contribution	100,000
41	VOY Hospice at Home extended hours Care home support	Contribution to service costs for delivering domiciliary end of life services across NY by hospice providers.	Community Health	H&NY ICB	Charity / Voluntary Sector	NHS Minimum Contribution	182,115
42	VOY Selby Care Hub Community services	Contribution to NHS community provider service costs to provide a broad range of community-based services.	Community Health	H&NY ICB	NHS Community Provider	NHS Minimum Contribution	1,111,421
43	VOY Street Triage MH crisis response	Street Triage MH crisis response .	Mental Health	H&NY ICB	NHS Mental Health Provider	NHS Minimum Contribution	176,739
44	VOY Urgent Care Practitioners Community based emergency response	Urgent Care Practitioners Community based emergency response	Community Health	H&NY ICB	NHS Acute Provider	NHS Minimum Contribution	307,703

45	VOY Community services	Contribution to NHS community provider service costs to provide a broad range of community-based services.	Community Health	H&NY ICB	NHS Community Provider	NHS Minimum Contribution	5,241,492
46	VOY Selby UTC+ Community services enhancement	Contribution to NHS Urgent Treatment Centre service costs to provide a urgent care services in Selby area.	Community Health	H&NY ICB	NHS Community Provider	NHS Minimum Contribution	102,521
47	NY Community Nursing Multidisciplinary teams that are supporting independence, such as	Contribution to NHS community provider service costs to provide a broad range of community-based services.	Community Health	H&NY ICB	NHS Community Provider	NHS Minimum Contribution	12,852,229
48	NY voluntary sector projects	Voluntary sector projects	Community Health	H&NY ICB	Charity / Voluntary Sector	NHS Minimum Contribution	97,033
49	NY palliative care pathway	Contribution to service costs for delivering domiciliary end of life services across NY by hospice providers.	Community Health	H&NY ICB	Charity / Voluntary Sector	NHS Minimum Contribution	1,242,231
50	NY s256 VCSE infrastructure support service	NY Place contribution to service grant for the VSCE infrastructure organisation designed to support and develop VSCE organisations across North Yorkshire.	Community Health	H&NY ICB	Charity / Voluntary Sector	NHS Minimum Contribution	142,488
51	NY advocacy s256	NY Place contribution to jointly procured advocacy services provided by the VSCE taking referrals from primary care and NHS providers.	Community Health	H&NY ICB	Charity / Voluntary Sector	NHS Minimum Contribution	96,796

52	Dementia support s256 service	NY Place contribution to jointly commissioned dementia support services commissioned from the VSCE.	Mental Health	H&NY ICB	Charity / Voluntary Sector	NHS Minimum Contribution	70,886
53	NY step up / down	Dedicated low level intermediate care beds across Hambleton and Richmondshire in Extra Care housing facilities to prevent admissions or step-down from hospital for people who need additional support than can be provided at home.	Community Health	H&NY ICB	Private Sector	NHS Minimum Contribution	378,136
54	Wheelchair services	Service costs for providing a specialist wheelchair services to people across North Yorkshire and York delivered by an external provider.	Community Health	H&NY ICB	Private Sector	NHS Minimum Contribution	1,893,163
55	Community Equipment	Service costs for providing a community equipment service to people across North Yorkshire and York delivered by an external provider focusing on home aids and adaptations to help people remain within their own home environment rather than being admitted to short or long term care.	Community Health	H&NY ICB	Private Sector	NHS Minimum Contribution	3,066,965
56	NY psychiatric liaison	Service costs of liaison services	Mental Health	H&NY ICB	NHS Mental	NHS Minimum Contribution	901,905

		provided in acute hospitals across North Yorkshire by the mental health service provider to address the needs of people admitted to an acute hospital with an additional mental health condition or presentation.			Health Provider		
57	NY care home support	Care home support	Mental Health	H&NY ICB	NHS Mental Health Provider	NHS Minimum Contribution	45,935
58	NY Community mental (IAPT)	Service costs of psychological therapies provided by the mental health service provider.	Mental Health	H&NY ICB	NHS Mental Health Provider	NHS Minimum Contribution	798,281
59	NY community mental health support	Contribution from NHS to VSCE provided mental health support.	Mental Health	H&NY ICB	Charity / Voluntary Sector	NHS Minimum Contribution	44,066
60	NY primary care nursing workforce - GP frailty	Frailty service based on case-finding, multi-disciplinary meetings and geriatric assessment, designed to support needs of frail elderly with moderate or severe frailty.	Primary Care	H&NY ICB	NHS	NHS Minimum Contribution	432,741
61	NY living well coordinators	Contribution from NHS to LA-provided social prescribing service.	Community Health	H&NY ICB	Charity / Voluntary Sector	NHS Minimum Contribution	67,500
62	NY generic workers in the community s256	Generic workers in the community	Community Health	H&NY ICB	Charity / Voluntary Sector	NHS Minimum Contribution	84,870
63	NY community transport s256	Contribution to overall commissioning arrangements for VSCE community transport	Community Health	H&NY ICB	Charity / Voluntary Sector	NHS Minimum Contribution	38,687

		organisations across NY working to a standard NYC scheme.					
64	NY community mental health & wellbeing s256	Community mental health & wellbeing	Mental Health	H&NY ICB	Charity / Voluntary Sector	NHS Minimum Contribution	39,905
65	WY Community Equipment Providing equipment to patients at home	Community Equipment Providing equipment to patients at home	Community Health	WY ICB	Private Sector	NHS Minimum Contribution	234,768
66	WY Carers Support	Carers Support	Community Health	WY ICB	Charity / Voluntary Sector	NHS Minimum Contribution	65,097
67	WY - Equipment to facilitate hospital discharge and maintain independence	Equipment to facilitate hospital discharge and maintain independence	Community Health	WY ICB	Private Sector	NHS Minimum Contribution	266,745
68	WY Short-term intervention to preserve the independence of people who might otherwise face unnecessarily prolonged hospital stays or avoidable admission to hospital or residential care - inc. Collaborative Care Teams, Community Teams, Intermediate care	Short-term intervention to preserve the independence of people who might otherwise face unnecessarily prolonged hospital stays or avoidable admission to hospital or residential care - inc. Collaborative Care Teams, Community Teams, Intermediate care	Acute	WY ICB	NHS	NHS Minimum Contribution	1,739,037
69	WY GP Support to short term beds	GP Support to short term beds	Primary Care	WY ICB	Private Sector	NHS Minimum Contribution	95,000
70	WY Long-term residential/nursing home care	Long-term residential/nursing home care	Continuing Care	WY ICB	Private Sector	NHS Minimum Contribution	277,006
71	WY Reablement Services - To support investment in the reablement service which supports with timely discharge	To support investment in the reablement service which supports with timely discharge	Social Care	WY ICB	Local Authority	NHS Minimum Contribution	200,000
	<b>TOTAL BCF PLAN FOR 2025/26</b>						<b>85,124,566</b>

## **SCHEDULE 2– GOVERNANCE**

- 1** North Yorkshire Health Collaborative Management Group (HCMG)
- 1.1 The membership of the North Yorkshire Health Collaborative Management Group (HCMG) will be as follows:
  - 1.1.1 ICBs:
    - North Yorkshire ICB:
      - Mark Bradley – Acting NY Place Director

- Denise Nightingale - Director of Nursing MH, CHC & Complex Care
  - Lisa Pope – Deputy Place Director
  - Alison Levin – Deputy Place Director of Finance
  - Christian Turner – Deputy Director of Business Change and Planning
- or a deputy to be notified to the other members in advance of any meeting.

West Yorkshire ICB:

- Amy Paffett - Associate Director of Finance for West Yorkshire ICB
- Matt Sandford - Director of Partnership and Place, Bradford District and Craven Health and Care Partnership

Lancashire and South Cumbria ICB:

- Claire Roberts – Associate Director, Health & Care Integration

1.1.2 the Council:

North Yorkshire Council:

- Gary Fielding - Corporate Director Strategic Resources
- Richard Webb - Corporate Director of Health and Adult Services
- Louise Wallace – Director of Public Health
- Abigail Barron - Assistant Director Prevention and Service Development
- Anton Hodge - Assistant Director Resources
- Naomi Smith – Head of Health Improvement

1.2 Additional attendees will be invited to support as required

## **2 Role of Responsibilities of the North Yorkshire Health Collaborative Management Group (HCMG)**

- xi. Being the engine room which supports the North Yorkshire Health Collaborative Joint Committee to deliver its strategic plan (Ambitious for Health), providing an overview of delivery of the plan and system assurance to the ICB.
- xii. Informing and linking in with other key strategic interfaces and groups including Joint Commissioning Forum, Local Plan/Infrastructure/Estates and Children's Services.
- xiii. Oversight, review and assurance of: BCF, IBCF and other joint funding and budgetary alignment, reporting to H&WB Board on an annual basis and the NYHC Joint Committee as required.
- xiv. Responsibility for developing efficiency and investment cases to improve experience of care and affordability e.g. complex care and CHC.
- xv. Hospital and care home admission avoidance, hospital and community flow and intermediate care - specifically lead on understanding and responding to the "No Right to Reside" challenge across North Yorkshire.

- xvi. Lead on enhancing market management across health and social care, ensuring value for money and quality of care across social care and continuing healthcare with the intention of managing capacity, quality and value for money.
- xvii. Development of joint approaches to Population/Public Health, Health Inequalities and Prevention, address common issues around CHC, Section 117, Mental Health, Learning Disabilities and Autism.
- xviii. The HC Management Group. will act as an arbiter and supporter of priority pieces of work with decisions grounded in shared data and business intelligence.
- xix. Oversight of implementation of effective urgent care pathways that support effective use of resources and promote a home first approach.
- xx. Provide advice and guidance on appropriate decision-making processes and forums to support new investments and/or operational changes.

### 3 Reporting

The NYC Better Care Fund Finance lead shall report directly to the Health and Wellbeing Board on a Quarterly basis in accordance with relevant National Guidance. The North Yorkshire Health Collaborative Management Group (HCMG) shall report when required on its work to each of the ICB Boards and the Council.

### 4 North Yorkshire Health Collaborative Management Group (HCMG) Support

The North Yorkshire Health Collaborative Management Group (HCMG) will be supported by officers from the Partners from time to time.

### 5 Meetings

5.1 The quorum for meetings of the North Yorkshire Health Collaborative Management Group (HCMG) shall be arranged twelve meetings per year with an aim to meet no less than ten times per year. Additional meetings may take place as required.

5.2 The NYHC Management Group will be quorate for **recommendations** when there is representation from all Partners who could be impacted by a recommendation (including the need to make a decision within a Partner organisation to enable a recommendation).

Decisions of the North Yorkshire Health Collaborative Management Group (HCMG) will be confined to the members delegated responsibilities and authority to make decisions on behalf of their organisations.

Decisions formally delegated to this group by the statutory organisations. Currently none are delegated.

The key function of this group is to support and make recommendations to the NYHC Joint Committee.

5.3 Minutes of all decisions shall be kept and copied to the Authorised Officers within 21 days of every meeting.

### 6 Post-termination

The North Yorkshire Health Collaborative Management Group (HCMG) shall continue to operate in accordance with this Schedule following any termination of this Agreement but shall endeavour to ensure that the benefits of any Service Contracts are received by the Partners in the same proportions as their respective contributions at that time.

### 7 Review

These terms of reference will be reviewed on an annual basis by the Partners.

Date of the next review: 31 March 2026

### SCHEDULE 3 – FINANCIAL ARRANGEMENTS, RISK SHARE AND OVERSPENDS

- 1.1 Unless the context otherwise requires, the defined terms used in this Schedule shall have the same meanings as set out in Clause 1 of the main body of Agreement.
- 1.2 Subject to any contrary provision in the relevant Scheme Specification, the Parties agree that Overspends or Underspends shall be managed in accordance with this Schedule 3.
- 1.3 Financial Contributions

The North Yorkshire Better Care Fund is funded by government grant funding as follows for 2025/26;

Disabled Facilities grant (NYC):	£6,346,790
NHS Minimum Contribution; Humber & North Yorkshire ICB (£52,277,422) Lancashire & South Cumbria ICB (£595,266) West Yorkshire (£4,527,607) (of which £19,967,523 is transferred to the North Yorkshire Council from the ICBs' allocation)	£57,400,295
Local Authority Better Care grant (NYC):	<u>£21,377,481</u>
Total	£85,124,566

#### Financial Risk

- 1.4 Financial governance on each element of the BCF scheme is the responsibility of the authorising organisation.
- 1.5 Save for the specific handling of risks, costs and performance related payments of the Payment for Performance process, financial overspends will not be funded through the BCF and will remain the responsibility of the Lead Partner, unless otherwise agreed by all parties. Financial underspends will be carried forward to the next financial year, unless otherwise agreed by all parties.
- 1.6 Partners to the pooled budget will need to identify risks associated with delivery of the budget and achievement of savings/efficiencies and ensure appropriate mitigation and contingency are defined.
- 1.7 Financial risks will be considered as part of the overall risk management process and documented within a shared Risk Register.
- 1.8 Accounting arrangements will follow those incumbents on the host and appropriate accounting standards will apply

## **SCHEDULE 4 – PERFORMANCE ARRANGEMENTS**

- 1.1 Performance arrangement on each element of the BCF scheme is the responsibility of the authorising organisation.
  
- 1.2 Performance on individual schemes are undertaken during the year and reported each quarter to the Better Care Fund within the monitoring reports for spend to date, outputs, metrics data on Emergency Admissions, Discharge Delays and Residential Admission along with Capacity and Demand.

**SCHEDULE 5 – BETTER CARE FUND PLAN**

**Better Care Fund 2025/26  
Narrative**

**Better Care Fund 2025/26  
Financial Template**

**Better Care Fund 2025/26 Capacity and  
Demand Template 2025/26**

## **SCHEDULE 6 – POLICY FOR THE MANAGEMENT OF CONFLICTS OF INTEREST**

### **Conflicts, Potential Conflicts and Declaration of Interest**

- 1.1 In advance of any meeting of the NYHC Management Group, consideration will be given as to whether conflicts of interest are likely to arise in relation to any agenda item and how they should be managed.
- 1.2 Adults Joint Planning and Commissioning Group: If any member or attendee has an interest, financial or otherwise, in any matter and is present at the meeting at which the matter is under discussion, he/she will declare that interest as early as possible before the meeting and act in accordance with their organisations' Conflicts of Interests Policy. The Chair will determine how a conflict of interest should be managed. The Chair may require the individual to withdraw from the meeting or part of it.

## **SCHEDULE 7 – INFORMATION SHARING**

- 1.1 The Partners acknowledge that each Partner for the purposes of the Data Protection Legislation is itself the Controller and the Processor (as appropriate) and each Partner shall (and shall procure that any of its representatives involved in the provision of the Services shall) comply with the Data Protection Legislation. Partners shall duly observe all of their obligations under the Data Protection Legislation, which arise in connection with this Agreement.
- 1.2 The Partners shall share information about Service Users to improve the quality of care and enable integrated working. The Partners shall adhere to their Information Sharing Protocol when sharing information under this Agreement.
- 1.3 The Partners agree that they will each cooperate with each other to enable any Partner receiving a request for information under the 2000 Act or the 2004 Regulations to respond to a request promptly and within the statutory timescales. This cooperation shall include but not be limited to finding, retrieving and supplying information held, directing requests to other Partners as appropriate and responding to any requests by the Partner receiving a request for comments or other assistance.
- 1.4 Any and all agreements between the Partners as to confidentiality shall be subject to their duties under the 2000 Act and 2004 Regulations. No Partner shall be in breach if it makes disclosures of information in accordance with the 2000 Act and/or 2004 Regulations.
- 1.5 The Council and the ICBs shall share and supply such information in respect of the service as each party may reasonably require to give effect to the terms of this Agreement however no personal data is required to be shared between Partners and therefore no Data Sharing Protocol is required specifically for the Better Care Fund.

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# Health and Wellbeing Board

## North Yorkshire



### WORK PROGRAMME

**NOTE: Items subject to change. All meetings to be held remotely via Microsoft Teams, unless stated otherwise**

**WEDNESDAY, 19 NOVEMBER 2025**

**IN-PERSON MEETING – Harrogate Civic Centre**

REPORT DEADLINE – Monday, 11 November 2025

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ITEM	LEAD	COMMENTS
North Yorkshire Safeguarding Children Partnership Annual Report 2024-2025	Heather Pearson, North Yorkshire Safeguarding Child Partnership Executive Chair.	To be noted.
Update of the Better Care Fund 2025/26 Section 75 agreement and of the 2024/25 Outturn, 2025/26 Qtr 1 and Qtr 2 monitoring returns	Louise Wallace, Director of Public Health, NYC.	To be noted.
Workshop – Role of the Health and Wellbeing Board.	Helen Hirst.	N/A.

**WEDNESDAY, 14 January 2026**

REPORT DEADLINE – Tuesday, 6 January 2026

OFFICIAL

Agenda Item 8

ITEM	LEAD	COMMENTS
Joint Health and Wellbeing Strategy mid-year report	Naomi Smith, Head of Health Improvement, NYC	To be noted.
Director of Public Health Annual Report	Louise Wallace, Director of Public Health, NYC.	To be noted.
Adults Safeguarding Board annual report	Adrian Green, Ind Chair Safeguarding Adults Board.	To be noted.
North Yorkshire Health Collaborative Update <ul style="list-style-type: none"> <li>• Joint Committee and sub-groups</li> <li>• HNY ICB update</li> <li>• WY ICB update</li> <li>• NYC update</li> </ul>	Richard Webb, Corporate Director of Health and Adult Services, NYC; Louise Wallace, Director of Public Health, NYC; Mark Bradley, Acting North Yorkshire Place Director – Humber & North Yorkshire Health & Care Partnership; and Matt Sandford, Director of Partnership and Place – Bradford District and Craven Health and Care Partnership.	Updates to be noted.

**FRIDAY, 20 March 2026**

REPORT DEADLINE – Thursday, 12 March 2026

ITEM	LEAD	COMMENTS
North Yorkshire Health Collaborative Update <ul style="list-style-type: none"> <li>• Joint Committee and sub-groups</li> <li>• HNY ICB update</li> <li>• WY ICB update</li> <li>• NYC update</li> </ul>	Richard Webb, Corporate Director of Health and Adult Services, NYC; Louise Wallace, Director of Public Health, NYC; Mark Bradley, Acting North Yorkshire Place Director – Humber & North Yorkshire Health & Care Partnership; and Matt Sandford, Director of Partnership and Place – Bradford District and Craven Health and Care Partnership.	Updates to be noted.

## REGULAR REPORTS

- Health Protection Assurance Group Annual Report – May.
- Joint Health and Wellbeing Strategy annual report – July.
- Adults Safeguarding Board annual report – January.
- Safeguarding Board for Children annual report – November.
- Director of Public Health Annual Report – November/January.
- Joint Health and Wellbeing Strategy mid-year report – November/January.

## OTHER ITEMS

- NHS Operating Framework and Local Government Financial Settlement – update
- Regeneration
- Local Plan Update
- Role of the Mayor and the Board's relationship with the Combined Authority.
- Work and Health update.
- Getting people moving.

## POTENTIAL WORKSHOPS / SPOTLIGHT SESSIONS

- Joint Local Health and Wellbeing Strategy Spotlight Sessions
  - Oral Health
  - Bradford and Craven Strategy (incl. Airedale Hospital update)
  - Ambitious for Health
  - Rural
  - Coastal
  - Inclusion Health
  - Prevention
  - Working with the VCSE to support health and wellbeing outcomes
  - Research / HDRC
  - Good work and health agenda, role of anchor organisations (not CAO) e.g. NHS, LA as big employers
  - Neighbourhood health/community health services
- Health of the Nation

- Health and Inequalities

## **REQUIREMENTS OF THE HEALTH AND WELLBEING BOARD**

- To endorse the JSNA (including the Pharmaceutical Needs Assessment) and to undertake an annual review.
- To endorse the JHWS and undertake an annual review.
- To endorse the Integrated Better Care Fund submission annually.
- To receive annual reports through arrangements agreed by the UK Health Security Agency/Office for Health Improvement and Disparities and the Director of Public Health on health protection arrangements, including the local agreement of health protection priorities.
- To receive such other reports as are necessary for the reporting of serious incidents or areas of concern with a view to ensuring acute and longer term health protection responses and strategies delivered by the Office for Health Improvement and Disparities/the UK Health Security Agency are delivered to properly meet the health needs of the local population.
- To report annually to NHS England, as part of their annual assessment of the Integrated Care Systems, as to how the ICSs have helped to deliver the JHWS.
- To receive the Annual Report of the Director of Public Health and to consider its recommendations in reviewing the priorities for improving population health and reducing health inequalities
- To comment on the draft Five Year Forward Plan produced by each ICB in North Yorkshire.
- To liaise with key statutory and non-statutory national and local organisations which have a remit to improve health and wellbeing in North Yorkshire. These will include the Integrated Care Systems; North Yorkshire Safeguarding Adults Board and North Yorkshire Safeguarding Children's Partnership.