



Agenda

Notice of a public meeting of **Care and Independence Overview
and Scrutiny Committee**

To: **Councillors Caroline Dickinson, Karl Arthur,
Andrew Lee, Bridget Fortune, Heather Moorhouse,
Angus Thompson, Karin Sedgwick (Chair),
Roberta Swiers, Nigel Knapton, Andy Brown,
Joy Andrews, Pat Marsh, Robert Heseltine, Jack Proud,
Eric Broadbent (Deputy Chair) and Phillip Barrett.**

Co-opted Members: Jillian Quinn and Mike Padgham

Date: **Thursday, 8th December, 2022**

Time: **10.00 am**

Venue: **County Hall, Northallerton**

PLEASE NOTE:

This meeting is being held as an in-person meeting and in public. The Government position is that of learning to live with COVID-19, removing domestic restrictions while encouraging safer behaviours through public health advice. In view of this, hand cleanser and masks will be available for attendees upon request. The Committee Room will be well ventilated and attendees encouraged to avoid bottlenecks and maintain an element of social distancing.

Please do not attend if on the day you have COVID-19 symptoms or have had a recent positive Lateral Flow Test.

Please contact the named supporting officer for the Committee, if you have any queries or concerns about the management of the meeting and the approach to COVID-19 safety.

Further details of the government strategy (Living with COVID-19 Plan) is available here – <https://www.gov.uk/government/news/new-guidance-sets-out-how-to-live-safely-with-covid-19>

Business

- 1. Welcome and Introductions**
- 2. Minutes of the meeting held on Thursday 22 September 2022** **(Pages 5 - 8)**

3. Any Declarations of Interest

4. Public Questions or Statements

Members of the public may ask questions or make statements at this meeting if they have delivered notice (to include the text of the question/statement) to Ray Busby of Policy & Partnerships (contact details below) no later than midday on Monday 5 December 2022. Each speaker should limit themselves to 3 minutes on any item. Members of the public who have given notice will be invited to speak:-

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

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

**5. Chairman's remarks - Any correspondence, communication or other business brought forward by the direction of the Chairman of the Committee.
(FOR INFORMATION ONLY)**

6. Autism All Age Strategy: Update (Pages 9 - 10)
This briefing gives an update on the progress on developing the new "All age strategy for Autism in North Yorkshire". Report by Natalie Smith, Head of Service HAS planning

7.1 Annual Report of the Older Peoples Champion (Pages 11 - 20)
Report by Cllr Caroline Dickinson, NYCC Older Peoples Champion

7.2 Health Ageing: Planning and Priorities (Pages 21 - 36)
Presentation by Carly Walker, Health Improvement Manager and Louise Wallace, Director of Public Health

8. Annual Report of the Director of Public Health (Pages 37 - 38)
Report by Louise Wallace, Director of Public Health introducing the Director of Public Health Annual Report 2021-2022: Lessons learned from the COVID-19 pandemic. That full report has been published on the North Yorkshire Partnerships website and publicly launched via a press release: [Director of Public Health annual report 2022 | North Yorkshire Partnerships \(nypartnerships.org.uk\)](https://www.northyorkshirepartnerships.org.uk/news/director-of-public-health-annual-report-2022)

9. Adult Social Care Charging Reform - Trailblazer (Pages 39 - 42)
Report of the Assistant Director- Strategic Resources HAS
This paper provides a brief update on Adult Social Care Charging Reform, including NYCC's role as a Trailblazer. It follows on from reports provided to the Committee in June and September of this year.

10. Work Programme (Pages 43 - 52)
Report of the Scrutiny Team Leader

11. Other business which the Chairman agrees should be considered as a matter of urgency because of special circumstances.

(Legal and Democratic Services)

County Hall
Northallerton

Wednesday, 30 November 2022

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North Yorkshire County Council

Care and Independence Overview and Scrutiny Committee

Minutes of the meeting held on Thursday, 22nd September, 2022 commencing at 10.00 am.

County Councillor Karin Sedgwick in the Chair. plus County Councillors Caroline Dickinson, Bridget Fortune, Heather Moorhouse, Roberta Swiers, Andy Brown, Joy Andrews, Pat Marsh, Robert Heseltine, Jack Proud, Eric Broadbent (Vice Chair) and Phillip Barrett.

Co-opted member: Jillian Quinn (Voluntary and Community Services).

In attendance: County Councillor Michael Harrison.

Officers present: Richard Webb (Corporate Director, Health and Adult Services), Anton Hodge (Asst Director, Strategic Resources) and Diane Parsons (Legal and Democratic Services).

Copies of all documents considered are in the Minute Book

1 Welcome and Introductions

The Chair welcomed everyone to the meeting. Apologies were noted from Councillors Arthur, Thompson and Knapton.

2 Minutes of the meeting held on 23 June 2022

Resolved –

That the minutes of the meeting held on 23rd June 2022, having been printed and circulated, be taken as read and confirmed and signed by the Chair as a correct record.

3 Any Declarations of Interest

There were no declarations of interest to note.

4 Public Questions or Statements

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

5 Chair's remarks - Any correspondence, communication or other business brought forward by the direction of the Chair of the Committee.

The Chair encouraged Members to seek clarification on any points or to ask her or senior officers any questions as needed, recognising the level of change underway nationally and the wide brief of the committee.

Members were advised that climate change will be placed on the agenda for the committee meeting in March 2023 due to lack of capacity on the December agenda. The Chair

encouraged all Members in the meantime to undertake the online learning package on the Learning Zone entitled “An Introduction to Climate Change”.

The Chair also wished to note her thanks to Diane Parsons for providing support to the meeting in Ray Busby’s absence.

6 Adult Social Care in North Yorkshire

Considered –

The report presented by Richard Webb, the Corporate Director, Health and Adult Services, providing an overview of the key focus and challenges for adult social care and Public Health.

Richard was asked why hospital admissions caused by deliberate or unintentional injuries in children are 15.3% higher in North Yorkshire than nationally. It was agreed that the reasons behind this would be explored further.

Members highlighted that more funding needs to be directed into tackling social isolation. Members were recommended to speak to their locality Stronger Communities Manager on local initiatives and that the Locality Budgets are a useful pot to direct into improving recreational facilities.

Members also discussed the need to ensure availability of specialist accommodation for the care market. Richard advised that work has been underway with district and borough councils on new housing developments to be able to be creative around Extra Care and supportive housing.

It was identified that more locality working on health and wellbeing programmes would be beneficial and that the leisure offer isn’t always consistent across the county. Richard highlighted that a proposal will be brought to the Executive in November around a countywide review of the delivery of leisure.

Richard provided further detail for Members on challenges faced by the care market. It was explained that there is currently huge pressure on hospitals and post-pandemic there are now large queues for people discharged from hospital in need of a social care package. Richard and Cllr Harrison have tried to influence nationally and in the media around the need for a decent level of pay for care workers but it is difficult to compete with other sectors and staff vacancies pose a significant issue. Additionally, a number of care homes are struggling, with particular depletion in available beds in Scarborough and Selby areas in the last few years. The service has had to intervene at points to ensure the continuation of homes and there are increasing applications from homes for hardship funding.

Members discussed the impact of large housing developments on the capacity of local hospitals. Richard highlighted that while the council is limited in its lobbying of the NHS on such matter, North Yorkshire lends itself to doing more around using technology in community care.

The committee also considered the difficulties of providing a competitive wage for care workers and welcomed the efforts of Councillor Harrison and Richard Webb in lobbying at a national level and in local media around better pay.

Members considered climate change implications in relation to care homes, along with the cost of heating homes, and whether the council can and does ask providers to review practices around sustainable warmth. Councillor Harrison advised that environmental requirements have been enhanced in contracts when procurement is underway, but that with domiciliary care providers it is more difficult reminding about practices which help the

environment and save money and capitalising on things like doing remote meetings more often. Richard advised Members that there are climate changes leads in adult social care and Public Health, looking at electric cars as an option for home care workers and also looking at cycling pilots. The directorate is conscious of the need to keep this under review and to tighten up where possible.

In relation to the adult social care charging reforms Trailblazer, Richard outlined that no formal decision has been made to jump into this at an early stage but that there is an opportunity to shape development from a rural perspective. The service wants to see the funding gap properly identified nationally and addressed, along with a realistic timeline. There are also issues around IT and data. The directorate will continue to push on all of these issues.

Resolved –

That the committee:

- (a) Notes the report provided;
- (b) Receives further information on why hospital admissions caused by deliberate or unintentional injuries in children are 15.3% higher in North Yorkshire than nationally;
- (c) Receives further detail on the number of homes operated by SMEs in the county.

7 Health and Adult Services Financial Pressures Update, including impact of ASC Charging Reform (The Care Cap")

Considered –

The report of Anton Hodge, Assistant Director of Strategic Resources (HAS) in relation to financial pressures within Health and Adult Services, including the impact of charging reforms for adult social care.

In terms of the current financial pressures, Anton highlighted that the following key issues:

- The directorate had been expecting significant pressures moving out of Covid in relation to increased discharges from hospitals. However, the situation has been compounded by the government having ended temporary funding around this.
- Inflationary pressures had been predicted but it hadn't been anticipated that these would get quite so high so quickly.
- The service has not seen the impact of the re-procurement of the approved provider list but it was noted that this needs to be re-done and will consequently drive up costs.
- The Fair Cost of Care and Trailblazer will also bring other costs.
- Overall, the service was well placed by having predicted many of these additional pressures, although there is a risk of overspend.
- Some work was undertaken in the directorate a few years ago to tighten up financial management so now there is better gate-keeping, a more robust scheme of delegation and better working together among managers and teams. The directorate is doing as much as it can to manage as efficiently as possible.

Anton provided an overview of the charging reforms for adult social care (the "care cap"). It isn't possible, currently, to calculate what the costs of this will be to the authority. Anton highlighted that what the government has indicated it will give to the council is unlikely to cover all of the costs incurred as a consequence of the cap.

There is continued engagement with DHSC. Members were advised that a financial

modelling working group has been set up. Even if NYCC is not a Trailblazer, it will still need to adopt the reforms next year so the work behind this to manage it still needs to be done.

Members discussed costs and profit in the care sector; particularly whether a different model could be adopted by the council to reap profits, as are achieved in the private care market. Richard and Cllr Harrison highlighted that there are different rules for NYCC in terms of making a profit and that the council is almost a provider of 'last resort'. A provider development post is being put in place within the service and they are looking at other interventions that can be taken. It was also highlighted to Members that the sector per se is very expensive to run, particularly where some individuals need a high staffing ratio for their care.

Members also sought reassurance from the directorate that quality of care is being maintained when recruiting for carers from overseas and that those joining the service from other countries are appropriately housed. Richard highlighted the linkages with the Stronger Communities team and the efforts made to locate carers together in larger towns so that they have an accessible support network. It was noted that carers do also need to be able to easily serve more rural areas.

Resolved –

That the Committee notes the report provided.

8 Work Programme

Considered –

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

Diane Parsons noted that the next meeting will be on 1st December 2022 and will be held in person. Members' attention was drawn to the range of high priority items identified for the committee at the recent mid-cycle briefing. Members were reminded that the Older People's Champion will bring a report to the next meeting and that a couple of areas highlighted at Appendix 1 would probably need to be taken next time due to ongoing interest/urgency and/or the fact that they are annual reports. It was suggested that the committee look to take a brief update on Trailblazer progress, the Annual Safeguarding Adults Board report and the two reports from the Director of Public Health (Local Account and Annual Report).

It was identified that mental health is not on the forward programme. The Chair referenced the need to schedule suicide prevention and also social prescribing in to a future agenda.

In relation to the proposed item on climate change for March 2023, the Chair invited Cllr Brown to be propositional about the specific areas he would like the committee to consider.

Resolved –

That the Committee agrees its work programme.

9 Other business which the Chair agrees should be considered as a matter of urgency because of special circumstances.

The Committee were advised that no urgent business had been notified.

Update on Autism strategy for North Yorkshire

Introduction

This briefing is intended to give an update on the progress on developing the new “All age strategy for Autism in North Yorkshire”.

Background

The last autism strategy for North Yorkshire was produced in 2015 [“The changing landscape of autism in North Yorkshire 2015- 2020”](#)

Although the strategy for North Yorkshire has lapsed the work has continued to support autistic people in North Yorkshire, we have a dedicated officer working hard to achieve the vision that within local communities people with autism can depend on mainstream services, to understand them and treat them fairly as individuals, therefore improving health and wellbeing.

In July 2021, the Government published the new [national strategy for Autistic Children, Young People and Adults 2021 to 2026.](#)

The strategy outlines actions under six priority areas:

1. Improving understanding and acceptance of autism within society
2. Improving autistic children and young people’s access to education, and supporting positive transitions into adulthood
3. Supporting more autistic people into employment
4. Tackling health and care inequalities for autistic people
5. Building the right support in the community
6. Improving support within the criminal and youth justice systems

Progress to date

1. Conducted a Joint Strategic Needs Assessment [Special Educational Needs and Disabilities](#) 2021
2. Conducted a Joint strategic Needs Assessment for [Learning Disabilities \(all ages\)](#)
(The Learning Disability topic is linked to the other JSNA topics including Mental Health, End of Life Care, Autism, Sexual Health, and Housing).
3. Developing a new governance structure to maintain close oversight and scrutiny of this portfolio area of work.
4. Gathered insight into what is currently available and understanding the population need.
5. Reviewed our progress against the last strategy and carried forward actions that we did not manage to achieve.
6. Partnership engagement and planning session for CYPS aspects on priorities

In development

1. Developing a whole system-working group that includes expertise from the CYPS, HAS, HNY ICS, Tees ESK and Wear trust and will include a person with lived experience.

2. Conducting a deep dive to understand the system, challenges, population needs and gaps in service provision as this will help inform our new strategy.
3. As part of the strategy development, there will be several engagement events to give Autistic people, parents, families and carers along with health professional's opportunities to engage and help shape the new strategy.

We will continue championing this work and bring a final report to Scrutiny of Health Committee in December 2022 with the findings from the deep dive and a progress update on the planned strategy.

Natalie Smith (Head of HAS population Health Planning)

NORTH YORKSHIRE COUNTY COUNCIL

CARE AND INDEPENDENCE OVERVIEW AND SCRUTINY COMMITTEE

8 December 2022

Report of the Older People's Champion

1. This is my first full report to you since taking over from Andy Paraskos in August last year.
2. This role is all about raising the profile and 'voice' of older people so that the issues that matter to them in their communities become and remain a priority on the agendas of local decision makers. Ordinarily, being Older People's Champion opens doors to go to talk to all organisations and find out more about initiatives that do so much to support people. At times, this has been difficult as we move out of restrictions to engage at an informal level. Not just with those that are connected to the mainstream of County Council services and activity - such as Better Ageing Partnerships, and the Dementia Collaborative - but also those volunteer led local groups whose motivation is all about "community".
3. In many ways we still live with the impact of Covid19, especially how it appears to have dampened older people's enthusiasm to engage in a way that seemed so natural before 2019. We also know, as our Director of Public Health rightly continues to emphasise, that the virus is still out there.
4. A key consideration has therefore been "how can we help make older people's representative groups more self-sufficient, more active and more independent." For me, the role is about helping to empower older people so that they can live their lives independently with full trust in those around them.
5. North Yorkshire County Council (NYCC) has always wanted there to be strong and proactive independent voice and representation for the full diversity of older people living in all parts of the county – a principle that ought to be retained by the new authority. In turn, NYCC and NYC needs to listen, understand and be responsive; creating a trusting, positive, proactive and mutually beneficial relationship; and gaining local and countywide perspectives on the needs of older people and the Council's capacity to meet them.
6. For many years this has been achieved through a partnership with the North Yorkshire Forum for Older People (NYFOP), a registered charity bringing together independent district-based forums for older people. After a period of review, the trustees of NYFOP agreed to dissolve the Charity; however, a number of the locally based district groups have continued.

7. In parallel, an independent piece of research was commissioned by NYCC to explore options of how the voice and representation of older people could realistically and sustainably be developed across the county in the future. Working alongside representatives of the former North Yorkshire Forum for Older People, a specification was subsequently developed to seek an independent delivery partner to develop, establish and facilitate a new network of older people's voices across the county over 3 years, which supports and advances local networks and activities, and plays an active role in countywide representation. Community First Yorkshire were appointed to this role and started work in April 2022, working closely with NYCC to commence engagement activity including a widespread survey which went live in September. I hope to continue to play a key role in how the project is developed moving forward.
8. As well as using data to help us prioritise our work we also wanted to ask people over 50 what it is like to live and/or work in North Yorkshire. A survey has been launched that will be used to look at what more we can do to support people to age well in North Yorkshire. The main themes are:
 - Voice and participation
 - State of Ageing
 - Coordinated approach and anticipated benefits/options of LGR
 - Working together
 - Housing
 - Partnership working
9. If by the time the committee meets there are some early headline results, I've asked Carly Walker to report these to you.

Loneliness and Social Participation: Post Pandemic Concerns

10. We all need someone to talk to, but not all of us are lucky enough to have someone. I hear from some older people, especially those with complex health conditions, that they have struggled to return and re-adjust to a fully active life since having to isolate.
11. Older people seem to have borne the brunt of the pandemic, with a higher death rate and with the consequences of long periods of social isolation. We know that many older people are resilient and have a can-do attitude when faced with struggle and challenges. But so many we know have had reduced contact with family networks in particular. (It seems this has impacted upon women more than men). With so much uncertainty and isolation, many experts are suggesting that there is an increasing amount of un-met social care need, as older people have been deterred from seeking the support that they have needed – probably going back to the start of the pandemic.

12. Despite these concerns, it's worth reminding ourselves that things would have been very different had older people not come forward to volunteer at vaccination centres, shopped for friends and neighbours, collected medication and supported their local communities throughout the pandemic.

Age Friendly Communities

13. I attend NYCC meetings of the Age Friendly Communities with Karin, but also accompany Carly in other forums connected with this work. The aim, through partnership, is to create and foster places where age is not a barrier to living well, and where the environment, activities and services support and enable older people to have opportunities to enjoy life and feel well; participate in society and be valued for their contribution; have enough money to live well, feel safe, comfortable and secure at home; and be able to access quality health and care.

14. Partners have agreed to focus on five priorities:

- Strategic Approach to Healthy Ageing in North Yorkshire
- Improving health and reducing inequalities
- Housing
- Employment and financial security
- Developing Age Friendly Communities

15. The issue that seems to feature most regularly and strongly in these discussions is transport availability and infrastructure – especially for those needing to travel in a timely way to make appointments.

16. In this forum we have talked about positive ways of increasing older people's confidence and independence. For example, encouraging those who have been isolating to start those simple community social activities like doing their shopping, attending luncheon clubs and so on; the more we can help them to get out and about, the better.

17. Louise Wallace and Carly have agreed to give a little bit more information at this committee meeting about the broader agenda of Healthy Ageing and the work of the directorate.

Older People and Sport

18. As we come out of the pandemic, I hope we can again see greater interest in promoting older people's activity and participation in sport. I asked David Watson from North Yorkshire Sport for his views. He was kind enough to put together the attached report which outlines the importance of physical activity in older age and some of the opportunities that exist within North Yorkshire and elsewhere.

19. Physical Activity for adults and older adults has several benefits, these include:

- General Health benefits
- Improved sleep
- Healthy weight maintenance
- Stress management
- General quality of life improvement

20. It can also reduce the prevalence of:

- Type 2 diabetes (-40%)
- Cardiovascular disease (-35%)
- Falls, depression, etc (-30%)
- Joint and back pain (-25%)
- Cancers (colon and breast) (-20%)

21. These are startling numbers.

22. Members will no doubt be impressed as I am not just by the number of schemes and initiatives, but also by their ingenuity. David's advice in paragraph 3 of his report about how to encourage older people to be more active is especially helpful.

Priorities and Concerns for the year ahead

Keeping Warm in Winter

23. Many older people are dreading the cold winter months ahead. I was pleased to see details of the Warm and Well service, commissioned by NYCC on behalf of the Winter Health Strategic Partnership. Delivered by Citizens Advice North Yorkshire it provides advice and guidance for anyone who may struggle to pay their energy bills or heat their home. Referrals can be made if someone is living in or at risk of a cold home, fuel poverty, struggling to afford their energy bills, or worried about winter. These can be made by professionals or by individuals themselves.

24. I have also been encouraged by local activity on Warm Spaces through local networks. In my area, church groups are looking to band together to initiate local aligned with the Warm Spaces thinking, although trying to go a step further to include a pay as you feel food offer in conjunction with other local groups. Although this is still very much in inception stage, I hope efforts can be co-ordinated. Stronger Communities maybe able to help when appropriate, possibly through community grants, if they need some financial assistance to get things going. I'm sure other members can highlight similar schemes.

25. More broadly, the eight Councils have collectively agreed that the best course of action at this stage is to compile a directory of community warm places/spaces and support for publication on the NYCC website and to enable Community Centres,

Libraries and social care/social prescribing teams to signpost people. We are hoping to get this pulled together imminently to ensure it is ready for winter.

Financial exploitation of older people: Safeguarding

26. Financial exploitation is a pervasive form of abuse or mistreatment of older adults. Researchers predict as the population ages, the incidents of older adults becoming victims of financial exploitation will increase. Age UK calls for more collaboration between health, social services and financial sectors to recognise and report signs of financial abuse. The majority of financial abuse of the elderly is not, however, committed by fraudsters in boiler rooms many miles away. Research collated by Age UK suggests that 70 per cent of financial abuse is perpetrated by family members.
27. I know Karin is sympathetic to my suggestion that the committee take this topic as a potential agenda item in the new year.
28. In the meantime, I encourage members to take the opportunity to bring this issue up with the Chair of the North Yorkshire Adults Safeguarding Board when the committee reviews the Board's annual report in the new year.

Appreciation

29. I would like to place on record my thanks for the support received from Health and Adult Services Directorate and Public Health, Corporate Services and from Stronger Communities. I have always been able to rely on strong support from my fellow councillors – especially those on this committee. Finally, I want to thank all the volunteers whose contribution so often goes under the radar.

Cllr Caroline Dickinson
Older Peoples Champion

County Hall,
NORTHALLERTON

Background Documents - Nil

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Report to : Councillor Dickinson, NYCC Older People's Champion
Report from : David Watson, Chief Executive, North Yorkshire Sport
Subject : Promoting physical activity in older people
Date : 19th October 2022

1. Introduction

The following report highlights the case for physical activity in older age and some of the opportunities that exist within North Yorkshire and elsewhere to be active.

2. Chief Medical Officer guidelines

In 2019 the CMO published his updated guidelines on physical activity levels for the whole population. Within this was included specific guidance for older people which for the first time included strength-based exercise, highlighting the importance of maintaining muscle mass in later life.

Physical Activity for adults and older adults has several benefits, these include:

- General Health benefits
- Improved sleep
- Healthy weight maintenance
- Stress management
- General quality of life improvement

It can also reduce the prevalence of:

- Type 2 diabetes (-40%)
- Cardiovascular disease (-35%)
- Falls, depression, etc (-30%)
- Joint and back pain (-25%)
- Cancers (colon and breast) (-20%)

Adults and older adults should aim for at least 150 minutes of moderate intensity activity per week (this is when your breathing increases, but you are still able to talk easily) or at least 75 minutes vigorous intensity activity per week (when your breathing becomes fast and talking becomes more difficult!)

Importantly, on at least 2 days per week strength-based exercise should be included to help keep muscles, bones, and joints strong. This can include going to the gym or doing yoga or simply carrying out everyday tasks like lifting heavy bags or body weight exercises.

It is important to note that some activity is better than none, so even if the 150- or 75-minute targets are unachievable, reducing sedentary time and simply moving more will have health benefits.

3. How can we all help older people to be more active?

- Keep messaging simple – whilst the CMO guidelines talk about 150 or 75 minutes this can be off putting to someone who isn't even contemplating being active or who might worry that they are not meeting those times. Focussing on reducing sedentary time is perhaps more important, some physical activity is better than none: even light activity brings some health benefits compared to being sedentary, while more daily physical activity provides greater health and social benefits.

Depending on the stage in life, the activity will look different and can be broken down into manageable chunks, the main focus should be on reducing sedentary behaviour and maintaining strength to carry out everyday tasks.

- Help people relate physical activity to what is important to them – what is it that people want to be able to do? Live independently, hold their grandchildren, walk the dog? Whatever it is these are the things that being physically active, and in particular the strength-based elements, can help with and that is what will motivate people.
- Make it easy – whilst exercise classes will be right for some people, for others being active within the home is the way forward. Sit to stands, stair climbing, balancing on one leg whilst brushing your teeth/hair are all effective.

4. Formal support – below is just an example of some of the things on offer

- North Yorkshire Sport run **Get Moving**, a 3-year Lottery funded programme supporting older people to be active in their own homes.

Following a referral from a GP or the NYCC Living Well Team or even a family member, we can send a therapeutic exercise instructor into the home of someone aged 65+ who has become deconditioned, either as a result of shielding or an accident or any other trauma that means they are no longer as independent as they were recently.

The instructor will work with them twice a week for 4 weeks supporting their core strength and balance and also their confidence and aspiration to engage in life outside of the home.

The funding (£100,000 per year) enables us to work with 230 people per annum across North Yorkshire in this way and we have seen significant results, some of which can be heard about in our Impact report

<https://www.northyorkshiresport.co.uk/impact> .

We are hoping to secure further funding to enable us to support more people per year.

- Ramblers Walks, NYCC have recently funded North Yorkshire Sport to support the establishment of more Ramblers Well Being Walks across the county. These provide guided, supported walks for people of all ages to access the countryside.

- Condition specific exercise classes - A number of these exist across the county including several for people with Parkinson's, exercise after stroke and dementia.
- Prime Time – Hambleton District Council continue to run a programme that was originally developed with North Yorkshire Sport following seed funding from NYCC. This programme supports older people at risk of loneliness and isolation through age and ability appropriate exercise in local village halls and community settings.
- Strong and Steady – several the districts still run this programme which was originally a falls prevention programme from North Yorkshire Sport funded by NYCC. This is class-based activity for 12 weeks aimed at people who have had or are at risk of having a fall.

5. Other support

- Age UK – offer support on healthy ageing.
- Condition specific local groups such as Parkinson's local branches can help sign post people in to activity suitable for their condition and age.
- North Yorkshire Sport - our staff team are always on hand to help sign post people into activity or give advice on how to be active at home.
- Publications – Later Life produce an excellent booklet supporting exercise at home which we can get copies of if people would like them and Sir Muir Gray an NHS professional, consultant in Public Health at Oxford University and respected expert on healthy ageing has written two books – “Sod 70” and “Sod Sitting, Get Moving” that I would highly recommend!

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Healthy Ageing Planning and Proposed Priorities

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Agenda Item 7b

Background and stocktake

- North Yorkshire joined national network of age friendly communities
- Engagement began in Hambleton, Selby and Harrogate. Findings of the engagement were fed back to areas but formal action plans were not developed
- Plans to implement findings and roll out age friendly communities put on hold during covid
- Lots of activity still continued:
 - Review of older people's forums and contract award for voice and participation work (Community First Yorkshire)
 - North Yorkshire Sport programmes for older adults
 - Fuel poverty work
 - Covid support hubs
 - Discussion about dementia/age friendly pilot in Settle
 - Dying matters sessions held
 - International day of the older person event 1st October in Northallerton
- Public Health restructure – healthy ageing post

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National and local context

- OHID [Consensus on Healthy Ageing](#)
- Centre for Ageing Better [national strategy](#) (includes leading good homes enquiry)
- NHS Humber and North Yorkshire: North Yorkshire Place Priorities and ageing well programme of work
- Review of the North Yorkshire Health and Wellbeing Strategy

What is productive healthy ageing?

The influence on health outcomes:

- 30% healthcare factors
- 20% behaviours
- 50% the wider environment



Financial security

- not worried about the future
- flexible work that is rewarding



Productive Healthy Ageing



Resilience

- build physical and cognitive reserve
- learning opportunities



Meaning and purpose

- high quality work
- caring
- volunteering



Connectedness

- social support
- friendships and family networks



Physical health

- increasing physical activity
- healthy diet and weight

North Yorkshire data

- Life expectancy for both men and women is higher than the England average. However there are significant inequalities in life expectancy and healthy life expectancy.
- The number of people in the older age groups within North Yorkshire is increasing. The proportion of people aged 65 and over in 2001 was 18.2% and had risen to 20.7% by 2011. During the same period the over 85 age group increased by 24.0%.
- Projections indicate that the population aged over 85 is expected to increase in North Yorkshire by approximately 35% by 2030, compared with a 30% increase in England. A 23% increase is also anticipated for those in the retirement category in the county.
- There are about 68,500 people aged 65+ with a limiting long term illness in North Yorkshire. Of these people, 44% (29,954) report that their daily activities are limited a lot because of their illness (POPPI, 2020)

Other insights

- Increase in fuel poverty and concerns around cost of living
- Employment rate of over 50's is lower than the national average
- Public health outcomes worse than national average for:
 - Admission episodes for alcohol related admissions (over 65's)
 - Abdominal aortic aneurysm screening
 - Recorded prevalence of dementia and estimated dementia diagnosis rate (over 65) (Low)
 - Cumulative percentage of those eligible to receive an NHS health check

Feedback from previous engagement

- Generally positive feedback about living in and growing old in North Yorkshire
- Lots of activities – awareness/affordability/access by all?
- Housing – needs to be adaptable/more bungalows. Affordable care
- Concerns about reliance on technology. E.g. online forms, automated tills, on-line records, closure of services such as banks
- Men less likely to attend activities on offer. Cooking skills for widowers
- Transport – mixed feedback. Good in towns, issues in more rural areas.
- More intergenerational work (schools/care settings/older people's groups)
- Public toilets/bus shelters/availability of seating/pavements/pedestrian crossings – not always age friendly
- Lack of volunteers
- People want to stay where their friendship/family networks are

Case study

83 year old lady moved to Scarborough. Very active and keen to take part in a range of activities



Made a decision to give up driving due to the good bus service and sold her car. However the buses on that route were cancelled with no consultation due to lack of use.

Now struggles to get to doctors appointments (different appointments in different surgeries), activities and has to walk up an incline to access public transport.

Has been informed about dial a ride but has said this is not for her.

“I loved life and this has taken the joy away”

Proposed healthy ageing plan

- Strategic Approach to Healthy Ageing in North Yorkshire
- Health and reducing inequalities
- Housing
- Employment and financial security
- Age Friendly Communities

Strategic approach to healthy ageing in North Yorkshire

Suggested outcomes:

- There is a strategic approach to healthy ageing in North Yorkshire with a shared vision that is led by over 50's

Suggested actions:

- To establish a governance structure and sponsor for healthy ageing that feeds into the health and wellbeing board
- To develop a shared vision for healthy ageing in North Yorkshire that informs the HWB strategy
- To carry out a healthy ageing needs assessment "the state of ageing in North Yorkshire" which includes the voice of over 50's
- To engage with community groups and older people's networks to identify what is working well and where there are opportunities for improvement
- To develop genuine co-production
- Explore opportunities for ageing to be embedded in the new council e.g. equality impact assessments, organisational development (over 50's)
- North Yorkshire Council sign up to UK consensus on healthy ageing

Health and reducing inequalities

Suggested outcomes:

- Everyone has the opportunity to live a healthy and good quality later life
- All programmes focus on reducing inequalities

Suggested actions

- Focus on the inequalities that exist amongst older people
- To work with partners to identify the need, review evidence base and develop work around:
 - the prevention of frailty and falls
 - Nutrition and hydration in older people
 - Increasing physical activity from mid life
 - Drugs, alcohol and sexual health
 - Increasing screening and immunisation uptake amongst older people (pneumococcal, flu, shingles, AAA)
 - Mental health and suicide
 - Oral health (particularly in care settings)
- Sensory Impairment
- Develop a public health menu of interventions for care settings and social care providers
- Promote discussions around end of life care and dying matters
- Refresh the dementia strategy

Housing

Suggested outcomes:

- Everyone can live in age-friendly, accessible, healthy homes in intergenerational communities

Suggested actions:

- Make recommendations on housing needs of older people following engagement
- Promote programmes available to reduce fuel poverty
- Review examples of good practice/research around developing age friendly homes
- Ensure there are a diverse range of housing options for older people and that their needs are embedded in housing and planning strategies
- Explore use of assistive technology building on current progress

Employment and financial security

Suggested outcomes:

Everyone has access to good jobs in their 50's and 60's that are right for them

More people have financial security in later life

Suggested actions:

- Work with partners to implement a pension credits campaign
- Age friendly workplace programmes (including NY Council opportunities)
- Develop programmes based on the outcomes of the engagement
- Ongoing work around digital inclusion

Age Friendly Communities

Suggested outcomes:

- North Yorkshire is an age friendly place where people are able to live healthy and active later lives
- North Yorkshire is accepted by the WHO Global Network of Age friendly communities.

Suggested actions:

- To find out what is important to over 50's living and working in North Yorkshire, and to co-produce programmes of work based on the findings
- Launch a tackling ageism campaign
- Identify opportunities for intergenerational programmes e.g. around growing food, housing
- Ageing without children work
- Influence work around volunteering, befriending and low level support programmes to support the healthy ageing agenda e.g. shopping, cleaning, gardening schemes
- Develop projects based on the outcomes of the engagement that are co-produced with older people. e.g. Take a seat/friendly bench scheme, older adults ambassadors, age friendly charter, ageing without children
- Apply to join the WHO Global Network for age friendly Cities and Communities and the UK network of age friendly communities

Timescales

- July-October: Feedback on priorities from stakeholders
- 1st October: international day of the older person. Events and launch of survey for over 50's
- November onwards (subject to sign of):
 - Establish healthy ageing governance
 - Collate and analyse findings of survey
 - Healthy ageing action plan (includes age friendly communities) finalised and implementation begins
- Quick wins as well as longer term actions

Feedback

- Is there anything missing?
- Other opportunities to develop and embed healthy ageing?
- Thoughts on next steps?

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North Yorkshire County Council

Care and Independence Overview and Scrutiny Committee

8th December 2022

Director of Public Health Annual Report 2021-2022

Report of the Director of Public Health

1.0 Purpose of report

- 1.1 The purpose of this report is to introduce the Director of Public Health Annual Report 2021-2022: Lessons learned from the COVID-19 pandemic.

2.0 Background

- 2.1 The Director of Public Health has a duty to write a report, whereas the authority's duty is to publish it (under section 73B(5) & (6) of the 2006 Act, inserted by section 31 of the 2012 Act). The content and structure of the report may be decided locally.

3.0 Issues

- 3.1 The Director of Public Health Annual Report for 2021-2022 considers the following:

- Health in North Yorkshire today
- Continuing the COVID-19 response
- Impact of COVID-19
- Lessons learned
- Recommendations
- Progress on past recommendations

- 3.2 The report considers the lessons we, and others, have learnt over the last two years, with a focus on the impacts of the pandemic and how we will continue to improve and protect the health of our population. We reflect on the key timeline events throughout the pandemic from policy changes to infection rates, and how we responded locally.

- 3.3 Throughout the report, we have included summaries of community conversations and examples of people's creativity. Community engagement was a major element of the research for this report, carried out with a broad range of organisations and community groups, plus consideration of engagement undertaken during the pandemic.

- 3.4 There are also four 'Spotlight' pieces to accompany the main report, going into more detail on:

- People's 'three wishes' for the future (illustration)
- People's creativity in response to the pandemic
- People's experiences with Community Support Organisations
- Historical examples of infection prevention

3.5 The report has been published on the North Yorkshire Partnerships website and publicly launched via a press release: [Director of Public Health annual report 2022 | North Yorkshire Partnerships \(nypartnerships.org.uk\)](#)

4.0 Financial implications

4.1 Whilst there are no specific financial implications in the report, it is intended to inform and influence commissioning decisions for the health and social care system.

5.0 Legal implications

5.1 The authority has a legal duty to publish the Director of Public Health Annual Report, as outlined in 'Purpose of report' at 1.1 above.

6.0 Climate change implications

6.1 The report includes consideration of the environmental impact of the pandemic on health, specifically the temporary reduction in road emissions, the importance of access to green space, and of indoor air quality.

7.0 Equalities implications

7.1 The report includes consideration of the unequal impact of the pandemic on communities and the ways in which this has exacerbated already existing health inequalities.

8.0 Recommendation

8.1 That the Committee notes the content of the Director of Public Health Annual Report 2021-2022.

Louise Wallace
Director of Public Health

County Hall
NORTHALLERTON

29 November 2022

NORTH YORKSHIRE COUNTY COUNCIL

CARE AND INDEPENDENCE OVERVIEW AND SCRUTINY COMMITTEE

8 DECEMBER 2022

ASC CHARGING REFORM - TRAILBLAZER

1.0 Purpose of Report

- 1.1 This paper provides a brief update on Adult Social Care Charging Reform, including NYCC's role as a Trailblazer. It follows on from reports provided to the Committee in June and September of this year.

2.0 Background

- 2.1 In the past, and as part of our response to the discussion on the funding of social care, we have advised on the need to review and decide what is the responsibility and resulting costs of the state and what should fall on individuals and families. In this we need to reflect on charges to people and revisit means test and needs test thresholds. We should be cautious about the unintended consequences of including people's homes in financial assessments for home care.
- 2.2 Last year the government published proposals that sought to address this issue. This would have meant that anyone with assets of less than £20,000 would not have had to pay anything towards the cost of care either at home or in residential care from October 2023. The proposals meant that people with more than £100,000 in assets would pay all such costs until they reached a maximum of £86,000. Those with assets of £100,000 or less would pay a means-tested proportion towards their care costs, again until they reached a maximum of £86,000.
- 2.3 One of the conditions of the changes was that each local authority had to undertake Fair Cost of Care exercises for residential/nursing and homecare support. As we had already carried out and implemented our Actual Cost of Care review, we were given permission from the DHSC to use that, rather than undertake the exercise again. We did however undertake a Cost of Care exercise for homecare (as did all other councils) and were awaiting further instruction from the Department before we looked into how and when that would be implemented. That exercise therefore is not yet fully complete and new rates have not yet been agreed.
- 2.4 North Yorkshire had agreed to be one of six "Trailblazers" for the new proposals and has been working with those other councils and the DHSC to look at the impact of the proposals.
- 2.5 From the outset we have been concerned about the financial impact on councils of the proposals and were firmly of the view that the DHSC was underestimating this. Our own calculations, echoed by other councils showed a significant potential gap between funding and costs, running into tens of millions of pounds on an annual basis. We made it clear that any final decision on our participation in the Trailblazer

project was dependent on central government recognising and filling the funding gap, or at least underwriting any excess costs.

- 2.6 In response to this, the department and all trailblazers agreed to undertake a mutual deep dive of all calculations and this work was underway when the government announced a delay to the reforms for two years.
- 2.7 This means that while we now do not have to implement the changes in the immediate future, we will be taking stock of the work we have already undertaken to prepare for the changes and determine whether some of this would bring about improvements and efficiencies in our services. For example, we had determined that the extra workload created by the proposals (including a significant increase in the number of social care and financial assessments required) would mean an increase in staffing which would have been difficult to recruit. Therefore, progress towards more digital self-service models – where appropriate – would greatly assist this. This is one area we will continue to pursue as it will deliver savings which will be much needed in the current financial climate.
- 2.8 The government has confirmed that the funding made available for Charging Reform will continue to be available to councils to support with other pressures. While this is true, it should also be noted that this funding is now to cover pressures in adults and children’s social care. Also worth noting is that, as mentioned above, all councils have undertaken Cost of Care exercises, which has included involvement with providers. This had therefore led to an expectation from the market that implementation is imminent and has inevitably led to requests for increases in payment rates already. Therefore although the Reforms will not be implemented in the next financial year, councils are already seeing the costs associated with them.
- 2.9 On Monday 28 November, a meeting took place attended by representatives from all Trailblazers and the DHSC to look at next steps. The Department emphasised that Charging Reform was still government policy and had only been delayed until October 2025, but accepted that the project would be stood down for the time being.
- 2.10 Nevertheless there are areas of work, begun as a Trailblazer that we may wish to continue with for now, subject to resources being available. Officers are currently putting together a list of such areas ahead of the next Trailblazer Board meeting on 13 December. These might include, for example:
- Continuing to explore the digital/self-service model where appropriate
 - Working with providers to better understand the self-funder market
 - Care accounts for all users
- 2.11 We have also, in good faith, recruited additional staff to support being a Trailblazer and are in discussions with the DHSC to seek continuation of the funding for these, particularly if the intention is to delay but not cancel the reforms.
- 2.12 Some of these areas of work could help to deliver efficiencies and more responsive customer care.

2.13 It is suggested that once some of the above has been clarified and further work is agreed, that the committee receives a further and more detailed update early next year.

3.0 Recommendations

3.1 Overview and Scrutiny Committee is asked to note the contents of the report.

RICHARD WEBB
Corporate Director, Health and
Adult Services

Report Prepared by Anton Hodge, Assistant Director – Strategic Resources

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NORTH YORKSHIRE COUNTY COUNCIL

Care and Independence Overview and Scrutiny Committee

8 December 2022

Work Programme Report

1.0 Purpose of Report

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

2.0 Background

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

3.0 Scheduled Committee dates/Mid-Cycle Briefing dates

Committee meetings

- 2 March 2023 at 10am

Mid cycle briefing dates

- 2 February 2023 at 10am

4.0 Group Spokesperson’s views in the Work Programme

- 4.1 Your Group Spokespersons met for a Mid Cycle Briefing on Thursday 27 October 2022. The work programme attached reflects the outcome of that discussion. The key points they want to bring to your attention are:

- 4.2 Climate action: climate justice, health and social care.

- 4.3 The committee agreed to discuss this at the March meeting. A draft scope has now been drawn up in collaboration with Cllr Andy Brown which addresses how the directorate is working to reduce emissions – for example as an organisation and commissioner of services, how the impact of the risks of climate change are assessed - especially in relation to the vulnerable groups we support, and the role of public health – for example in keeping people healthy, green spaces, air quality and pollutions.

- 4.4 Updates about the ASC Assurance Framework

- 4.5 This comes into force from April 2023 and means we could have an inspection of all council social care services from CQC at any point during 2023/24 onwards. Your Chair has arranged for Richard Webb and relevant HAS officers to brief Care and Independence O&S members on the new assurance, improvement and data

measures for adult social care. **Wednesday 25 January 2023 at 11.30am.** This will be an informal session in Meeting Room 3 at County Hall, lasting about an hour.

5.0 Questions Raised at the last meeting

- 5.1 At the last committee meeting two questions were raised in discussion.
- 5.2 Micro Providers.
- 5.3 How many care homes in North Yorkshire are owned by local SMEs, as opposed to those owned by large conglomerates?
- 5.4 Of 387 care providers who have applied to the HAS Approved provider List (which is the mechanism used to contract with providers), 172 are providers of residential/nursing care. 107 of those 172 are SMEs.
- 5.5 Unintentional Injuries
- 5.6 North Yorkshire has 15.3% higher admissions caused by deliberate or unintentional injuries in children than the England average. It was agreed that the reasons behind this would be explored further and fed back to the committee.
- 5.7 The full response received is attached as Appendix 2

6.0 Recommendations

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

DANIEL HARRY
SCRUTINY TEAM LEADER
County Hall,
Northallerton

Author of Report: Ray Busby

Contact Details: Tel: 01609 532655 E-mail: ray.busby@northyorks.gov.uk

**Care and Independence Overview and Scrutiny Committee
Work Programme 2022/23**

APPENDIX 1

| | |
|---|-------------------------|
| Scheduled Committee Meetings | 2 March 2023 10am |
| Scheduled Mid Cycle Briefings (Attended only by Group Spokespersons) | 2 February 2023 at 10am |

Agenda Briefings - will be held at 9.30am on the day of the committee meeting

| <u>Meeting</u> | <u>Subject</u> | <u>Aims/Terms of Reference</u> | <u>Lead/Current position</u> |
|---|--|---|-----------------------------------|
| Thursday 8 December 2022 at 10am | Trailblazer progress possible Financial and Budget Pressures | Account of local, regional and financial pressures on the Adult Social Care Budget (possibly not necessary in light Anton being at September meeting) | Anton Hodge |
| | All Age Autism Strategy | Follow up to briefing earlier this year – possible involvement of CYPS | Karen Siennecki and Natalie Smith |
| | Care Market pressures | Current position - update | |
| | Older Peoples Champion Report | Including reference to Health Ageing Priorities and Planning | Caroline Dickinson |
| | DPH Annual Report | A review of the DPH published report | Louise Wallace |
| Thursday 2 March 2023 at 10am | ASC Assurance Framework | Where we are at in terms of preparedness | Richard Webb |

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| Unpaid Carers – support for Carers | Overview item to help assess the support provided to adult carers of adults in North Yorkshire. Update on the Strategic plan for the transformation of carers offer across North Yorkshire and experience of the contract for the provision of the Adult Carer Service and Young Carers support and advice | Cath Simms |
| Extra Care - next generation | Revisit of Extra Care 12 months on as requested by the Committee. Update on progress and statement on ambition to see Extra Care in all key towns by 2023. | To be determined |
| Direct Payments | Revisit how NYCC is ensuring that Direct Payments enable more choice and control over the support people receive and how their social care needs are met | Cath Simms and Toya Bastow |
| Living Well | Update on service activity | Cath Simms |
| Local Account | A review of the published account | Louise Wallace |
| Adult Social Care, Public Health and Climate Change | A response to issues and themes raised by Cllr Andy Brown | Richard Webb |
| Safeguarding | Annual NY Safeguarding Adults Board Report | Chair of Board and Sheila Hall |
| Intermediate Care/Discharge to Assess (possibly covering Reablement) | Discharge arrangements. Possible Briefing on introduction of Pilot scheme for short-term care beds. | To be determined |
| Digital Lives | Technology enabled care, online care, financial assessment and brokerage. Tech Enabled Care – supporting and enhancing the experience of people | Mike Rudd and Cath Simms/Neil Bartram. |

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| | | and their independence in their own homes | |
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Long list of items yet to be programmed

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| | Supported Housing | Transforming Care and current supported housing service overview | To be determined |
| | Shared Lives Scheme | Approval to re-procure or in-source the Shared Lives Scheme | To be determined |
| | Respite/Short breaks current position | Progress on a transformational approach to short breaks | To be determined |
| | Development of the Integrated Care Systems and Partnerships that cover North Yorkshire | What does this mean for social care, what are the risks etc | Richard Webb |
| | Dementia Care Facility | Report on progress business case and development in light of Executive approval (to be determined) Potentially Broad based report for newly constituted committee | |
| | Day Services | Overview with some focus on how the pandemic has changed demand for these services and how that influences commissioning arrangements that we have in place to deliver Personalisation and choice and meet current service and business requirements. | Principle and scope of item yet to be discussed |
| | Suicide Prevention and Audit | | |
| | Social Prescribing | | |

Unintentional Injury Briefing 14th October 2022

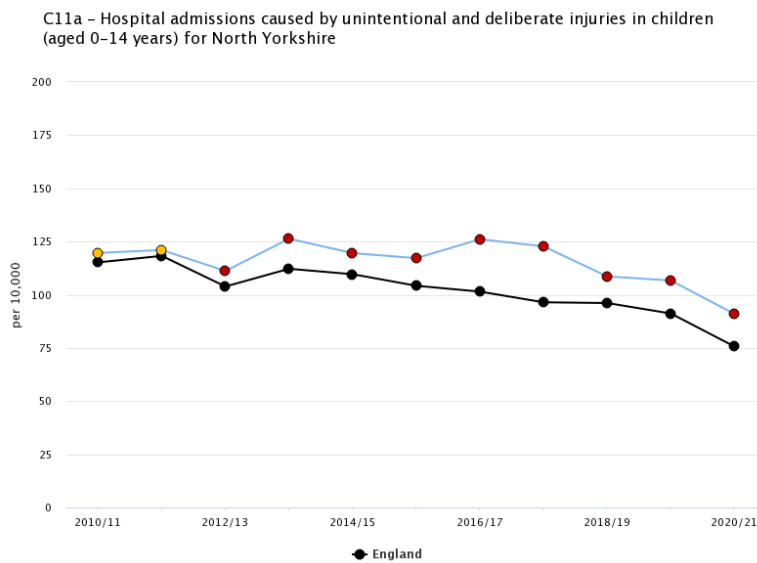
Question:

North Yorkshire has 15.3% higher admissions caused by deliberate or unintentional injuries in children than the England average. It was agreed that the reasons behind this would be explored further and fed back to the committee.

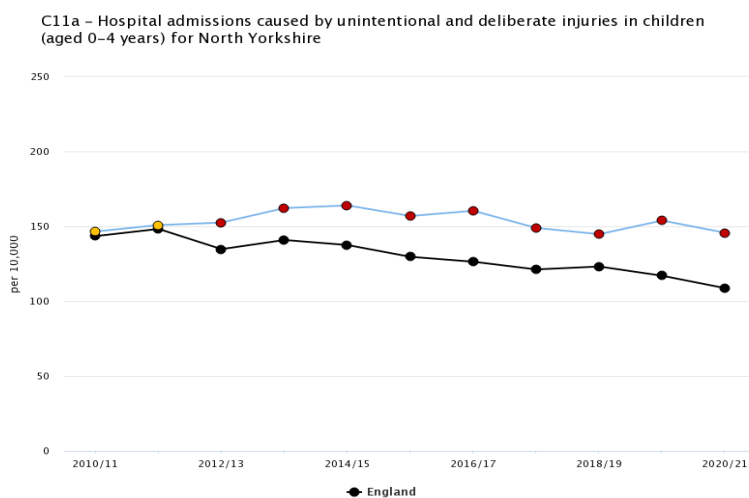
Background:

Rates of hospital admissions caused by unintentional and deliberate injuries in children, both 0-4s and 0-14s remain significantly higher than Yorkshire and Humber rates and England rates and has done so over a number of years.

Overall rates of 0-14s show to be decreasing and getting better in recent years:



There has been no significant change in rates for our 0-4 population:



Source: Public Health Outcomes Framework PHOF data (based on Hospital Episode statistics).

Appendix 2

Our Strategy & Performance Team report quarterly on trends to the North Yorkshire Children’s Safeguarding Partnership (NYSCP). The team has recently presented a paper to NYSCP to summarise analysis of inpatient admissions data, supplied by the NHS Humber and North Yorkshire Integrated Care Board (ICB), relating to accidental and deliberate injuries in children in 2021/22. Analysis has been undertaken by age, reason for admission and home location. This data did not include Craven admissions, as this lies outside the ICB boundary, and is a snapshot in time.

Summary of Data:

- Scarborough district had the highest rate of admissions in the 0-5 age group, and at 491 per 10,000 population the rate was significantly higher than the North Yorkshire CCG average (370 per 10k)
- Across North Yorkshire (excluding Craven) the most common reasons for admission was poisoning (484 admissions, 49.7 admissions per 10k) and injuries to the head (433 admissions, 44.4 per 10k)
- Across the CCG the 0-4 age group had the highest number of admissions and highest rate of admission per 10,000 population (804 admissions, 308 per 10k population)
- Among this age group head injuries were the most common reason for admission, accounting for 36% of admissions in this age group, followed by poisoning (13%) and foreign bodies (11%). This would be consistent with falls-related injuries or being hit or struck by an object or force, as well as being a result of the inquisitive nature of children under five years of age which puts them most at risk of poisoning/ foreign bodies.
- In the 5-9 age group, the most common reasons for admissions were injuries to the arms, hands and wrists, which accounted for half of all admissions, followed by head injuries. These reasons for admission would be consistent with falls-related injuries
- In the 10-14 and 15-19 age groups poisoning was the most common reason for admission.
- There are a number of MSOA where the overall rate of admission is significantly higher than the CCG average. These areas are focused on the coast and the upper dales.

Types of injury by age group are consistent across the Districts and most injuries by age group reflect the type of injury we would expect to see in that demographic.

What are we currently doing in North Yorkshire to reduce unintentional injuries in the home?

| | |
|---|---|
| HEAT (Home Environment Assessment Tool) | Currently being used by the Healthy Child Programme universally, by 6-8weeks after birth, and, after any significant changes to family circumstances. Designed to help practitioners provide key preventative messages and identify families where there may be early signs of neglect so that prompt action can be taken to address and support families to improve home conditions and safety for their children. |
| Day or Night, Sleep Right | Practice Guidance and Multi-agency training. Raising awareness of the importance of safe sleeping environments for infants to reduce the risks of Sudden Unexpected Deaths in Infancy (SUDI) with a particular focus on families with increased vulnerabilities. |
| ICON, Babies Cry, You Can Cope | Preventing Abusive Head Trauma. ICON is discussed at several “touch-points” throughout the antenatal and postnatal journey by |

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|--|---|
| | midwives and health visitors, and a leaflet reinforcing the key messages discussed and sources of support is left with families. |
| Take Action Today, Put Them Away Campaign | Increasing families understanding of the dangers of poisoning and the importance of maintaining a clear accident prevention strategy within their home, enabling them to take the precautions necessary to improve the safety of their children and reduce hospital admissions due to poisoning. Health Visitors undertaking the risk assessment and distributing resources to all families at their new birth visit and 2year old development check. |
| Unintentional Injuries One Minute Guide | Aim to improve wider CYPS workforce understanding of the issues in North Yorkshire and what they can do in their roles to reduce UIs. This was rolled out in March 2019 following feedback from team managers at Early Help Manager development sessions. |
| Healthy Child Programme Text Messaging Service | Aim to Increase parent knowledge and awareness of potential hazards, and parent receptiveness to information and influence parent behaviour. 14 delivered across key stages of development 0-2s. Soon to be transferred into the new App being developed by HDFT. |

Next Steps:

The Unintentional Injury Task Group will be relaunched to bring together partners and stakeholders together to improve awareness and work together to reduce the incidence of unintentional injuries in children and young people.

The work of this group will include:

- Reviewing workforce development needs. Including supporting wider workforce (e.g. NYFRS crib sheet for fire crews)
- Reviewing recent data provided by P&O team alongside Public Health Outcomes Framework to determine priorities.
- Evaluation of the impacts of the ROSPA Take Action Today Campaign in North Yorkshire.
- Communications, exploring development of seasonal multi-agency communication plan.

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