



Agenda

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

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

**Co-opted Members: Jillian Quinn MBE and
Mike Padgham**

Date: **Thursday, 2nd March, 2023**

Time: **10.00 am**

Venue: **Brierley Room, 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 8 December 2022 **(Pages 5 - 10)**

Enquiries relating to this agenda please contact Ray Busby Tel:
or e-mail ray.busby@northyorks.gov.uk
Website: www.northyorks.gov.uk

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 27 February 2023. 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)**

6.1 Social Care, Public Health and Climate Change - Line of Enquiry (Pages 11 - 12)
With the prior agreement of the committee, Cllr Andy Brown submitted an outline line of enquiry in relation to Health and Adult Services directorate activity on Social Care, Public Health and Climate Change, inviting a response at this committee meeting.

6.2 North Yorkshire Council Health and Adult Services Climate Action Plan (Pages 13 - 58)
It should be noted that this is a DRAFT of the Climate Action Plan for the directorate of Health and Adult Services and a service specific action plan for Public Health, produced in February 2023. This draft has not yet had wider engagement and is therefore subject to change but gives an indicative overview of the proposed actions, existing activity, and priorities.

7. Health and Adult Services Local Account 2021-2022 (Pages 59 - 102)
To introduce the Health and Adult Services Local Account, shown as Appendix 1. The time period covered for this Local Account is 1st April 2021-31st March 2022. (Please note that this is a draft proof – some minor proof-reading or layout changes may be made before it is published).

8. North Yorkshire Safeguarding Adults Board - One page summary of Annual Report (Pages 103 - 104)
This item is for information. The Chair of the Board is unable to attend your meeting so the topic will be introduced by Louise Wallace, Director of Public Health. A one-page summary is attached to these papers. A copy of the full Annual Report can be found on the following website <https://safeguardingadults.co.uk/about-us/annual-reports/>

9. Care Market Update (Pages 105 - 120)
Presentation by Abigail Barron (Head of Service Development, Commissioning and Quality) on Care Market issues in North Yorkshire

10. Work Programme

**(Pages 121 -
126)**

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.

Barry Khan
Assistant Chief Executive
(Legal and Democratic Services)

County Hall
Northallerton

Wednesday, 22 February 2023

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North Yorkshire County Council

Care and Independence Overview and Scrutiny Committee

Minutes of the meeting held on Thursday 8 December 2022 at 10am.

Present:-

County Councillor Karin Sedgwick in the Chair.

County Councillors: Joy Andrews, Karl Arthur, Phillip Barrett, Eric Broadbent, Andy Brown, Caroline Dickinson, George Jabbour (as substitute for Angus Thompson) Andrew Murday (as substitute for Pat Marsh), Heather Moorhouse, Andy Paraskos (as substitute for Andrew Lee), Jack Proud, Roberta Swiers and Steve Watson (as substitute for Nigel Knapton)

In attendance: Cllr Michael Harrison

Officers: Ray Busby (Principal Scrutiny Support Officer), Anton Hodge (Assistant Director-Strategic Resources HAS), Carly Walker (Health Improvement Manager), Louise Wallace (Director of Public Health).

Natalie Smith (Head of Service HAS planning) and Michelle Miles (Senior Manager Health and Care) joined remotely

Apologies:

County Councillors: Robert Heseltine, Andrew Lee, Pat Marsh, Nigel Knapton and Angus Thompson

Co-opted Members: Jill Quinn (Voluntary and Community Services) and Mike Padgham (Independent Care Group)

Copies of all documents considered are in the Minute Book

1. Minutes

Resolved –

That the Minutes of the meeting held on 22 September 2022 having been printed and circulated, be taken as read and be confirmed and signed by the Chairman as a correct record.

2. Declarations of Interest

There were no declarations of interest to note.

3. 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.

4. Chair's Remarks

The Chair welcomed everyone to the meeting. She advised that the new calendar of meetings is being prepared. She and the group spokespersons would have some work to do at the next briefing meeting in February scheduling the outstanding work.

5. Autism All Age Strategy

Considered-

Presentation and briefing by Natalie Smith, Head of Service HAS planning and Michelle Miles, Senior Manager Health and Care giving an update on the progress on developing the new "All age strategy for Autism in North Yorkshire".

Natalie and Michelle explained that the uniqueness of each person with autism makes the experience of living with autism different for each family. But there are some consistent themes or issues that most families should be aware of to be able to provide the best support to the individual and to family members.

The last autism strategy for North Yorkshire was produced in 2015. 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.

Members supported the following aims of the proposed new strategy:

- Improving understanding and acceptance of autism within society.
- Improving autistic children and young people's access to education and supporting positive transitions into adulthood.
- Supporting more autistic people into employment.
- Tackling health and care inequalities for autistic people.
- Building the right support in the community and supporting people in inpatient care.
- Improving support offered within the criminal and youth justice systems.

In response to questions, it was reported that the committee's interest in autism is equally shared by the Scrutiny of Health Overview and Scrutiny Committee which has, over several meetings, focussed more closely on the current "deep dive" to understand the system, challenges, population needs and gaps in service provision.

During the debate, members raised several issues, on which further information might be made available when the item is before members again (most probably and the Scrutiny of Health Committee):

- It would be helpful to get a fuller picture of the trends in assessments, prevalence and support over the last 5 years, including for example: referrals and waiting list numbers (especially for specialist provision); comparative data from neighbouring authorities; and figures relating to costs for how services meet this known demand.
- The importance of the engagement events.

- Although not a specific issue for this committee, understanding the prevalence amongst young people and how they are supported through transition to adulthood.
- Data - be it quantitative and/or qualitative - that demonstrates the efficacy of early intervention.

Resolved –

- a) that the report be noted.
- b) Having looked at how the strategy set out to deliver this, the committee concluded that the support available is of a high standard. Most importantly, this has been done with the active engagement of people with autism.
- c) that whilst the Scrutiny of Health committee will take the primary responsibility in the context of member level scrutiny, Care and Independence Overview and Scrutiny Committee will lend as much assistance as the Scrutiny of Health OSC feels it needs to ensure that the shortly to be finalised revised strategy is robust and effective.

6. Annual Report of the Older Peoples Champion and Healthy Ageing Planning and Priorities

Considered-

Report by Cllr Caroline Dickinson, NYCC Older Peoples Champion and Presentation by Carly Walker, Health Improvement Manager and Louise Wallace, Director of Public Health

In giving her annual report as Older Peoples Champion, Cllr Caroline Dickinson facilitated a broader presentation on Healthy Ageing and ensuring North Yorkshire is an age friendly place where people can live healthy and active in later life.

Cllr Dickinson talked through some examples she had come across where, through partnership and collaboration, activities have been fostered that help older people live an independent and active life. So many of these schemes and initiatives that we admire are founded on local action. Small schemes that excel at single things - churches keeping people warm, walking groups, singing and dancing for people with dementia. Her view that we have such a strong community and voluntary sector in North Yorkshire and through HAS and Stronger Communities, as a council, we help these local groups to flourish.

Looking to the future, she expressed the view that whilst LGR presents opportunities not just to bring together all services under one roof - adult services, transport, housing, culture and leisure, through our commitment to localism, we have the platform to encourage older people's groups to make their voices heard.

Carly Walker highlighted the action taken in support of Age Friendly Communities and the Strategic approach to healthy ageing in North Yorkshire.

Members emphasised how much older people, whilst often portrayed as a problem, were an undeniable resource for the community and volunteering, the economy and

the workforce – especially with the country facing a shortage of labour in key areas like social care.

Resolved – that the report be noted

7. Annual Report of the Director of Public Health

Considered –

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.

Louise explained that every DPH has a statutory requirement to write an annual report on the health of their population. The Director of Public Health Annual Report is a vehicle for informing local people about the health of their community, as well as providing necessary information for decision-makers in local health services and authorities on health gaps and priorities that need to be addressed. It is the principal means by which an independent assessment is offered and given.

A member reported that, anecdotally, he has heard that fewer and fewer GP surgeries were offering the option of the Covid 19 Booster vaccine. It was agreed that enquiries be made to local HHS partners to ascertain the position.

On the back of that comment, a members suggested it may prove critical to not wholly dismantle the infrastructure built to administer the vaccine roll out and booster programme. Also, we should be doing all we can to motivate those, mostly retired, trained health professionals who had come forward to assist with that programme to stay involved with and contribute to the health and social sector.

Resolved –

That the report be noted.

8. Adult Social Care Charging Reform - Trailblazer

Considered –

Report of the Assistant Director- Strategic Resources HAS providing a brief update on Adult Social Care Charging Reform, including NYCC's role as a Trailblazer. It followed on from reports provided to the Committee in June and September of this year.

Anton explained that North Yorkshire had agreed to be one of six "Trailblazers" for the new proposals on Adult Social Care reform and has been working with those other councils and the Department of Health and Social Care (DHSC) to look at the impact of the proposals.

DHSC has recently advised that although Charging Reform was still government policy, its introduction had been delayed - but only until October 2025. Therefore, for the time being at least, the Trailblazer project would be stood down.

Anton highlighted those areas of work begun as a Trailblazer that HAS is looking to continue with, namely:

- Continuing to explore a digital/self-service model where appropriate.
- Working with providers to better understand the self-funder market
- Care accounts for all users.

Much remains to be clarified with DHSC – for example, funding for the extra staff recruited in good faith, and what further work ought to be carried out. So, rather than shelve this as a scrutiny topic, members agreed to return to it later in the year.

Resolved –

- a) That the report be noted.
- b) Members welcomed the extent of the work the directorate has undertaken to prepare.
- c) Given the self-evident significance of this initiative, the committee indicated it would wish to continue to keep a “weather eye” over progress.
- d) However, in the light of the delayed implementation, unless in the opinion of the Chair and group spokespersons circumstances warranted reporting earlier, the topic need not come back to the committee for a progress update until September 2023.

9. Work Programme

Considered –

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

In response to a suggestion that substance misuse and rehabilitation be added to the work programme, members were advised that on several occasions -usually around September of each year - committee members had approached this issue by receiving service updates from Public Health and from New Horizons, North Yorkshire’s Adult Drug and Alcohol Recovery Service (currently rated Outstanding by the CQC). Arrangements would be made to do this again – ideally in the Autumn of 2023.

Ray Busby drew the attention of members to:

- the response of the directorate to the issues raised by the committee at the last meeting, on Micro providers and unintentional injuries, was included in the narrative of the work programme report.
- The informal briefing session on the new Adult Social Care Framework was to be held on Wednesday 25 January at 11.30am.
- that the topic of current Care Pressures in the social care market may well be reported to the next meeting should group spokespersons deem this necessary when they review the topic with Abi Barron.

- The public health, social care and climate change topic will be taken at the next meeting. A specification/line of enquiry has been agreed between Cllr Andy Brown and the HAS directorate.

Resolved -

That the work programme be agreed.

The meeting finished at 12.35pm

CARE AND INDEPENDENCE OVERVIEW AND SCRUTINY COMMITTEE

2 MARCH 2023

Social Care, Public Health and Climate Change

Line of Enquiry

With the prior agreement of the committee, Cllr Andy Brown has submitted the following as an outline line of enquiry in relation to Health and Adult Services directorate activity on Social Care, Public Health and Climate Change, inviting a response at this committee meeting. That response is attached.

Integrating Climate Change in Business Strategy

1. How are we working to reduce emissions?
 - Investment in our own estate (care and operations) smart energy usage, adopting renewables
 - Changed ways of staff working – remote working, business travel for our staff and care service users
 - Digital options – remote collaboration working, online assessments etc. promoting work with partners around tech care

2. How are we working to reduce chain emissions/Influence Climate change action?
 - Procurement and commissioning issues - understanding the complexity
 - How we contract: Questioning the environmental standards of our suppliers and providers
 - Market Shaping responsibilities - influencing the market social care providers to improve sustainability and choice
 - Responsibility/opportunities to encourage the sector to embrace change

3. How do we assess and mitigate the impact of risks?
 - On vulnerable groups and the people we support (ie those who face disproportionate challenges in terms of extreme events)
 - Resilience Planning

Prevent, Reduce and Delay Care need

1. What is the role of Public Health and the social and environmental determinants of health? keeping people healthy; green agenda; Air quality/pollution
2. What opportunities are there in terms of the wider Culture and Leisure agenda? county's assets; natural environment.

Options for action

1. Liaise with the economic development team to seek to develop potential bids to improve insulation and install appropriate solar, heat exchange and battery storage systems in our own care estate and in our suppliers
2. Develop a clause in all contracts requiring suppliers of care services to set out the actions they are taking to address climate change and natural capital issues.
3. Develop a best practice guide to reducing miles travelled by our staff in the care sector.
4. Commission an internal report into best practice on dealing with the impact of floods and wind emergencies on vulnerable members of our community.

Cllr Andy Brown

22 February 2023



NORTH
YORKSHIRE
COUNCIL

1 April 2023

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HAS Climate update

Mike Rudd, Head of Housing, Technology & Sustainability
Victoria Turner, Public Health Consultant

Agenda Item 6b

OFFICIAL

Context

- Climate change & sustainability is a recognised part of HAS work plan
- Identified leads for climate change for adult social care and public health since 2019

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Climate change key issue highlighted in 2019 HAS Summer Conversations

- Lots of work ongoing – in light of (draft) NYC climate strategy we are pulling all current and planned work together into HAS climate action plan
- Lots of crossover between climate and public health agendas – specific public health action plan to supplement HAS plan

HAS climate action plan

- Adapted from the LGA Menu of Commitments for Local Authorities Climate Actions
- Plan includes series of commitments
 - What we will do, How we will do it, examples/case studies
- Four additional pieces to support implementation of the action plan
 1. HAS Climate Board
 2. Climate literacy training
 3. Development of service level plans
 4. Climate in all policy approach

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What we will do	How we will do it	Examples/Case Studies
1. We will integrate climate change into our decision-making processes	<ul style="list-style-type: none"> ✓ By integrating climate change priorities and targets into all key projects, programmes, and strategies ✓ By integrating climate change into impact and policy appraisal processes ✓ By ensuring climate change is appropriately addressed within risk management and business continuity ✓ By encouraging sustainable procurement activity ✓ By ensuring Climate Change Impact Assessments are completed where we are creating new, making changes, or ceasing to provide services 	<p>A Climate Change Impact Assessment has been developed and beginning to be implemented. The Impact Assessment is to be used like existing equality impact assessments when we are creating new services, buildings or infrastructure or changing existing services, buildings, or infrastructure, or ceasing to provide services. The Climate Impact Assessment does not replace statutory environmental assessments where these are required. An initial screening tool is included to determine whether a full climate change impact assessment is required. We will continue to ensure all services with HAS complete these. http://nycintranet/content/climate-change-impact-assessment</p> <p>Extra Care and Assistive Technology Procurement exercises contain specific elements on Climate Change through specifications and quality questions. This will form a template for future commissioning.</p> <p>We will ensure that all future procurement activity contains relevant Climate Change questions for consideration during the tendering process and in all commissioning activity and ensure this is a priority alongside value for money procurement.</p>

Case study

- HAS Extra Care Development Framework

- The framework has been in place since 2016, in 2021 the provisions on sustainability were significantly enhanced to reflect this priority, this includes:

- Outlined Council's ambition for Net Zero to align our partners' vision with ours
- Requirement for Electric Vehicles charging points at all new schemes and support for retrofit at older schemes
- Ambition for workforce and supply chains to be as local as possible, including sourcing for ongoing needs such as food in restaurants
- Requirement for local materials both in sourcing and style (e.g. Yorkshire Stone at Whitby)
- Added evaluated tender questions on sustainable development, materials and practice, use of technology etc.
- Added environmental sustainability both in terms of build and whole life into the design standards
- New and existing schemes have moved to individual boilers which are more efficient than large plant boilers, along with on site renewables at Helmsley

Public health climate action plan

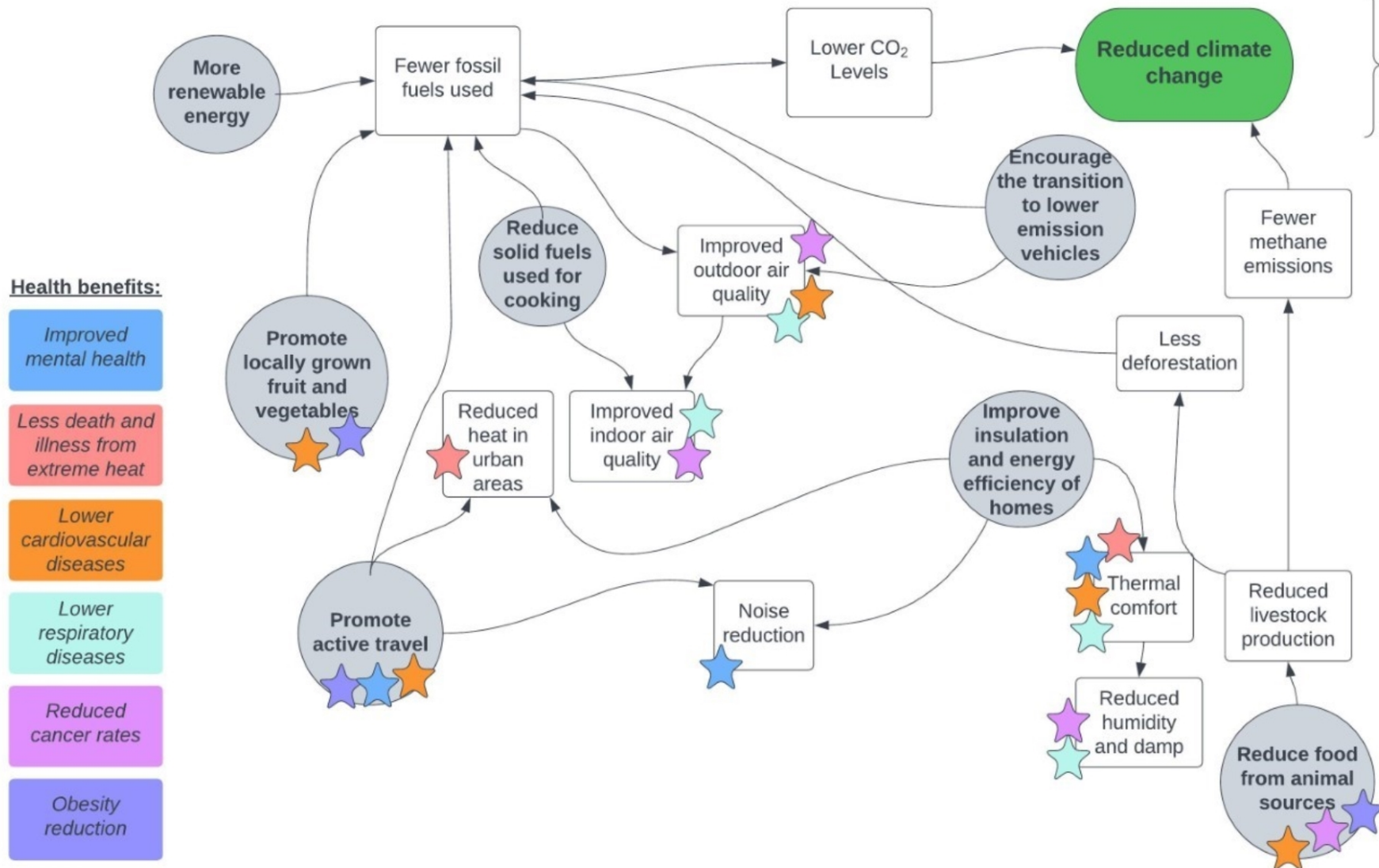
Sets out the actions we will take as a Public Health team to:

1. Develop the evidence base and data for the climate impact within North Yorkshire
2. Address the wide range of health impacts of climate change
3. Strengthen the climate resilience and environmental sustainability of the local health system, commissioned services, strategies, and interventions
4. Promote the health co-benefits of climate change mitigation in other areas

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Overarching action	Specific details	Progress to date	Future Priorities
<p>Health Impacts from high temperatures</p> <p>•We will maintain robust seasonal health, extreme weather, and communications plans to highlight the health impacts from high temperatures and provide guidance and leadership around adaptations to improve health outcomes</p>	<p>1.We will continue to maintain, develop, and evolve our existing Seasonal Health Strategy, Extreme weather, and Communications plans</p>	<p>The Seasonal Health Strategy 2021-26 has been published which included for the first time a focus on heatwaves as well as cold weather.</p> <p>The public health team worked extensively during the high-heat periods of Summer 2022 to embed and create heatwave plans which has now been developed into the Extreme Weather Plan.</p> <p>We have also supported the Corporate Extreme Weather Plan development.</p>	<p>We will develop a multi-agency communications plan in coordination with Resilience and Emergencies, Business Continuity and The Local Resilience Forum.</p> <p>We will adapt the existing Seasonal Health Partnership group meetings to ensure that all weather is proportionately represented and ensure a severe weather sub-stream is developed.</p>

Climate and health co-benefits



Reducing climate change has downstream benefits including:

> Fewer deaths and injury from extreme weather events, and reducing the frequency of extreme weather events

> Reducing exposure to UV radiation and associated skin cancer

> Reduced spread of vector-borne diseases (mosquitoes for example) to new areas, and reducing the migration of animals and other associated diseases

Questions?

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NORTH
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COUNCIL

1 April 2023

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North Yorkshire Council Health and Adult Services Climate Action Plan

Disclaimer: This is a DRAFT of the Climate Action Plan for the directorate of Health and Adult Services and a service specific action plan for Public Health, produced in February 2023. This draft has not yet had wider engagement and is therefore subject to change but gives an indicative overview of the proposed actions, existing activity, and priorities.

HAS (Health and Adult Services) Plan

North Yorkshire has recently developed a climate strategy, *pending consultation*. The strategy outlines how North Yorkshire Council will respond to the climate emergency by:

- Reducing greenhouse gas emissions,
- Preparing for the climate changing,
- Supporting nature to thrive

There are four component areas of the strategy:

1. Mitigation – reducing North Yorkshires Emissions
2. Adaptation – preparing North Yorkshire for Climate Impacts
3. Supporting nature – helping the natural work, on which we depend, to thrive
4. North Yorkshire Council becoming a climate responsible council

As part of this strategy all directorates will require a Climate Action Plan to be developed, owned, and monitored. Our plan has been adapted from the LGA (Local Government Association) Menu of Commitments for Local Authorities Climate Actions. The plan considers the areas that are within the remit for the entire directorate and considers the breadth of activity undertaken within HAS.

The longer the delay before implementing climate action, the greater the economic, social and health costs will be. The costs of mitigating climate change now are lower than those required to adapt to a more extreme environment in the future if no action is taken. Some additional resource may be required; however, there are additional benefits to be gained such as increased energy efficiency and sustainability of services.

This plan outlines key areas for consideration and ownership by the entire directorate, it sets out what we will do, and how we will do it, and over time we will develop examples and case studies of good practice to support our commitment to annual reporting.

“Building resilience in people's lives and their experiences of community is now key to modern social care. It's also the key to adapting to uncertainty such as climate change and makes this work topical and timely.”- Peter Hay, Birmingham City Council and President of the ADASS 2011–12 - Social Care Institute for Excellence

Climate change's health consequences are already visible, and they disproportionately affect disadvantaged populations, the very old, the very young, and those with long term conditions. Air pollution, an increase in water and food-borne infections, vector and rodent-borne diseases, and food and water shortages are some of the factors that are interrelated between climate change and health. Other factors include temperature-related illness and death, flood-related injuries and death, and air pollution. Climate-driven migration is expected. Action must be taken quickly and dramatically to cut carbon emissions and put adaptation plans

into place. We are already seeing the effects of climate change in the form of increased heatwaves and flooding.

Implementation of the Action Plan

HAS Climate Board:

A key component of the HAS Climate Action Plan is the establishment of a HAS Climate Action Board. This ensures appropriate governance is in place. The board will consist of leaders in climate change from HAS, with each team nominating a champion for climate change to attend. The board will hold the directorate to account, conduct an annual report, and report into other groups including HASLT. Designated leads will report into Beyond Carbon. The creation of the board ensures that climate is embedded into all teams working and generates support for a climate in all policy approach.

HAS identified two senior managers as leads for Climate Change in 2018/19 (the Head of Housing, Technology and Sustainability, and a Public Health Consultant lead for climate change). These senior managers will continue to lead and shape strategic direction of this agenda alongside support from managers within the directorate. The delivery of the action plan sits with everyone at every level.

Climate in HAS – Yammer Group: We will establish a Yammer Group to share updates with the directorate, raise awareness and interest alongside the Climate Board.

Climate Literacy Training:

To ensure that all members of the directorate understand why we are implementing a Climate Action Plan we are asking that all members of HAS complete the 'Introduction to Climate Change' learning on Learning Zone. Climate change awareness is an understanding of the causes and detrimental impacts of the result of rising global temperatures; and of what actions individuals, organisations, governments, and nations need to take to halt global warming. This online learning introduces the issue giving everyone the knowledge they need to act. We are asking that this training is completed as soon as possible with an indicative date of 1st April 2023, and we will ask managers to discuss completing this with their staff.

The module "**Introduction to Climate Change**" will take approximately 1 hour. To access the package simply enter "**Introduction to Climate Change**" into the Learning Zone search field: [Learning Zone \(northyorks.gov.uk\)](https://learningzone.northyorks.gov.uk)

Development of service level plans:

Within the directorate there are some teams or service areas whose work is more closely linked with the climate agenda than others. Whilst we are asking for every team to implement the overarching climate action plan, there may be some areas where specific action plans are required. A clear example of this is Public Health. A public health climate action plan has been created alongside the overarching HAS action plan and addresses many of the key health and climate change considerations including co-benefits and emergency response. This action plan will be owned by the public health team.

Other services may wish to develop their own action plan and should use the overarching action plan, and the public health plan to support them to do this.

Climate in all policy approach:

A climate in all policy approach must be adopted to ensure that the action plan is embedded into all ways of working. This approach is being developed within Public Health and will sit alongside the action plan. The context to Climate in All Policy ensures that health is at the centre of all policy decisions outside HAS, and within HAS that Climate Change is at the centre of our policies, ensuring we are working both ways to embed messaging and action. A brief example of the considerations with a Climate in all policy approach for cross-cutting actions can be found on *page 12*.

DRAFT

HAS Overarching Climate Action Plan

What we will do	How we will do it	Examples/Case Studies
<p>1. We will integrate climate change into our decision-making processes</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 24</p>	<ul style="list-style-type: none"> ✓ By integrating climate change priorities and targets into all key projects, programmes, and strategies ✓ By integrating climate change into impact and policy appraisal processes ✓ By ensuring climate change is appropriately addressed within risk management and business continuity ✓ By encouraging sustainable procurement activity ✓ By ensuring Climate Change Impact Assessments are completed where we are creating new, making changes, or ceasing to provide services ✓ By considering climate change and sustainability as part of extra care building design 	<p>A Climate Change Impact Assessment has been developed and beginning to be implemented. The Impact Assessment is to be used like existing equality impact assessments when we are creating new services, buildings or infrastructure or changing existing services, buildings, or infrastructure, or ceasing to provide services. The Climate Impact Assessment does not replace statutory environmental assessments where these are required. An initial screening tool is included to determine whether a full climate change impact assessment is required. We will continue to ensure all services with HAS complete these.</p> <p>http://nyccintranet/content/climate-change-impact-assessment</p> <p>Extra Care and Assistive Technology Procurement exercises contain specific elements on Climate Change through specifications and quality questions. This will form a template for future commissioning.</p> <p>We will ensure that all future procurement activity contains relevant Climate Change questions for consideration during the tendering process and in all commissioning activity and ensure this is a priority alongside value for money procurement.</p>
<p>2. We will ensure structures are in place to take forward action across the directorate</p>	<ul style="list-style-type: none"> ✓ By allocating resources to enable action to be driven forward. We will do this by making climate everyone’s business and ensuring everyone understands their responsibility to move actions forward ✓ By establishing a directorate level board to include decision makers to deliver a clear mandate for action. The board will explore each area of the directorate by representation and bring challenges and opportunities for 	<p>We have identified lead officers within HAS to champion and lead action on climate change. We will develop this further by ensuring all teams within HAS have a representative linked into broader HAS Climate Work. These champion officers will sit with lead officers on a directorate level group to hold and deliver this action plan. The lead officers will report into corporate boards including Beyond Carbon on our progress, to identify opportunities, and share learning across the council.</p>

	<p>discussion. This board will feed into the Beyond Carbon board</p> <ul style="list-style-type: none"> ✓ By creating working groups with representatives from each team to undertake delivery of actions. 	<p>By ensuring every team within HAS has a representative championing climate change we can promote Climate in all policy approaches and ensure this is taken as everyone's business to embed the part we all must play.</p>
<p>3. We will improve the awareness, engagement and knowledge of our staff, and service providers and train this knowledge out towards service users</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 25</p>	<ul style="list-style-type: none"> ✓ By sharing knowledge with all staff in the directorate using the newly established Yammer Group – Climate in HAS ✓ By raising awareness of mitigation measures they can put into practice in their service area, and within their own homes ✓ By ensuring every member of the directorate has undertaken the Climate Awareness training available on The Learning Zone by 1st April 2023 and ensuring all new starters complete this training within their induction period ✓ By organising specialised training sessions with key groups of staff who may be identified within service areas, or come forward, to train them in the importance of climate change sensitivity and health to build capacity in striving for change ✓ By improving staff preparedness through establishing and developing business continuity during weather events ✓ By targeting training at staff groups whose roles are associated with adaptation ✓ By articulating the challenges and opportunities to service providers, understanding the risks that they hold and exploring sustainable ways to address these 	<p>Engagement and education will form a workstream of the HAS Climate Board as outlined at Item 2. This will ensure all staff within HAS are aware of mitigation measures they can implement within their service area and has undertaken climate awareness training.</p> <p>We are asking for support for all staff within the Directorate to complete the Climate Awareness Training available on The Learning Zone as soon as possible with an indicative date of 1st April 2023. We will ask for this training to be included in the induction process moving forwards and added to the compulsory learning on Learning Zone for all staff within the directorate to improve climate literacy internally and with service users.</p> <p>We have started work with the Independent Care Group to engage providers on climate issues, with a specific focus on high-cost areas such as travel and heating costs. We will look to improve energy efficiency and indoor air quality as part of these discussions.</p> <p>We have created a combined HAS extreme weather plan to support our internal teams, external providers, and messaging for partners and the public on what to do in extreme weather situations. This work is part of business-as-usual activity within Business Continuity and the Seasonal Health Strategy. We will continue to test these plans and ensure that all members of the directorate are aware of the plans, when they will be implemented, and how they may impact their work.</p>

<p>4. We will identify and implement financial opportunities to support climate change action</p>	<ul style="list-style-type: none"> ✓ By prioritising sustainable projects and projects that promote energy saving with long term payback, spend to save etc. ✓ By seeking opportunities for external funding for climate change action 	<p>We have worked with District and Borough Housing Teams as well as City of York on housing retrofit opportunities such as the Home Upgrade Grants and Local Authority Delivery retrofit schemes. These schemes allow energy retrofit schemes to be carried out that cover insulation, and low carbon-heat options. These schemes are also highlighted and accessed via The Seasonal Health Partnership.</p> <p>Research has been undertaken within HAS on the use of sustainable heating methods within large scale social housing.</p> <p>We have worked with the Independent Care sector on accessing funding for decarbonisation in care homes through the Shared Prosperity Fund.</p> <p>Public Sector Decarbonisation Fund monies have been accessed to improve in house care home provision through replacement of windows and boilers to improve energy efficiency.</p> <p>We will continue to identify funding opportunities via our HAS Climate Board, Beyond Carbon, The Seasonal Health Partnership, and the Housing and Health Board.</p>
<p>5. We will build support from stakeholders and the public</p>	<ul style="list-style-type: none"> ✓ By informing, educating, and engaging stakeholders and the wider public about the benefits and opportunities of taking climate change actions through events, social media, newsletters, and engagement activity ✓ By engaging with stakeholders in the decision-making process through workshops, focus groups, and public forums ✓ By creating, maintaining, and developing partnership working on all aspects of climate change action 	<p>We will prioritise this work through the HAS Climate Board as outlined within Item 2.</p> <p>We have already contributed to external messaging within the Climate Strategy, and through Public Health publications in promoting the co-benefits of health and climate.</p> <p>We will influence stakeholders through our existing work to develop action plans and consider climate within their work.</p>

	<ul style="list-style-type: none"> ✓ By creating a Climate Change and Health Champions programme and training this out to the wider health workforce ✓ By promoting projects on climate change adaptation and mitigation and reporting our successes annually ✓ By encouraging stakeholders and the public to develop their own action plans ✓ By informing and educating stakeholders and the wider public about the threats and opportunities of climate change / severe weather (e.g., how to stay staff in a heat wave and signing up to EA (Environment Agency) flood line) 	
<p>6. We will monitor and report on actions and progress</p>	<ul style="list-style-type: none"> ✓ By producing an annual report on our progress on actions and opportunities and priorities for the forthcoming year 	<p>This will be a key responsibility of the HAS Climate Board with each service area contributing to the annual report lead by the identified Climate Leads. The report will be presented to HASLT and to the Beyond Carbon Board corporately.</p>
<p>7. We will develop our understanding of the local public health and social care impacts of changing climate</p>	<ul style="list-style-type: none"> ✓ By assessing future public health and social care vulnerability to climate impacts (establish the evidence base using Local Climate Impact Profiles, local flood-risk and assessments, information from the national Climate Change Risk Assessment etc). ✓ By identifying and map the locations of vulnerable populations in relation to climate risk (e.g., flooding) and ensure action plans are in place ✓ By integrating climate risks into local Joint Strategic Needs Assessments Contribution to health and well-being Improvement to public realm Improvement to local infrastructure and Strategies and the priorities of the Health and Wellbeing Boards and Integrated Care Boards ✓ By integrating climate risks into local Joint Strategic Needs Assessment 	<p>The Public Health team will work alongside the Business Continuity Team and Resilience and Emergency team to develop an understanding of the vulnerability to future climate impact on our local population and our social care estate.</p> <p>A Climate specific health needs assessment to include future predictions will be completed, and all future health needs assessments will consider climate risks.</p> <p>We will continue to maintain and develop extreme weather plans to protect health during extreme weather events, support staff, and our service users.</p>

	<ul style="list-style-type: none"> ✓ By working with emergency planning and community resilience forum on planning for extreme weather events. ✓ By identifying and monitoring local health impacts of climate change / extreme weather events and developing actions accordingly. 	
8. We will ensure health and social care services are resilient to climate impacts	<ul style="list-style-type: none"> ✓ By identifying the impacts of climate change on health and social care services and develop actions accordingly. ✓ By identifying and training key frontline service providers in providing advice for coping in severe weather and a changing climate. ✓ By building into contracting arrangements with external social care providers the requirement to have business continuity plans. 	<p>We will develop this area of work within the Business Continuity team alongside the implementation of the extreme weather plan.</p> <p>We will ensure that all providers have and maintain robust business continuity plans and support teams to review these business continuity plans within the context of climate change and extreme weather.</p>
9. We will measure and reduce the energy consumption and greenhouse gas emissions of the estate within Health and Adult Services, including our services that we commission	<ul style="list-style-type: none"> ✓ By undertaking a baseline review of the directorate's energy consumption and greenhouse gas emission ✓ By reviewing the potential for energy efficiency improvements and renewable energy ✓ By developing a vision for cutting emissions over the short and medium term ✓ By producing clear targets and measures of progress and reporting annually ✓ By ensuring new buildings taken up by the directorate achieve high levels of energy efficiency and incorporate renewable energy where possible ✓ By ensuring buildings that are undergoing refurbishments as part of schedules achieve high energy efficiency standards 	<p>We will conduct this review via the HAS Climate Board and link in with existing and developing work by Beyond Carbon.</p> <p>The new Extra Care standards that have been set out further promote the use of sustainable buildings practices and renewable energy sources.</p> <p>We will work with property and health and safety teams to ensure that we are supporting development opportunities within our settings and buildings to improve energy efficiency as part of scheduled improvement programmes.</p>
10. We will ensure all services commissioned by the directorate are playing their role in	<ul style="list-style-type: none"> ✓ By integrating energy and other sustainability criteria with financial considerations when developing tenders and service specifications 	<p>We have developed enhanced environmental standards for new Extra Care schemes to include sustainable development practices and energy efficiency.</p>

<p>reducing greenhouse gas emissions and raising awareness</p>	<ul style="list-style-type: none"> ✓ By actively working with existing service providers to reduce their carbon footprint ✓ By aligning providers and contracts with Council’s vision for net zero ✓ By involving our public facing services and commissioned services in awareness campaigns with their service users ✓ By supporting the development and implementation of travel plans for services and encourage customer journeys by walking, cycling, car sharing and public transport and promote the use of services in a local manner ✓ By promoting the use of lower carbon vehicles and ensuring flexibility is built into service provision to reduce unnecessary car travel 	<p>We have started to explore carbon reduction conversations within specific commissioned services within public health, for example weight management, to promote alternative protein sources, and active travel. We will further develop this work within other services and ensure our public facing services raise awareness with their service users.</p> <p>The new council strategy outlines the ambitions for Net Zero and we are starting to embed this within practice now. New contracts from 2024 within Assistive Technology, and others, will secure commitments from external providers on their path to net zero, sustainable re-use of products and an understanding of the environmental impact across the supply chain. We will roll this out across future commissioning in other areas.</p> <p>We will work retrospectively with providers within contract to reach net zero ambitions in line with corporate guidance when developed. In the interim we will support providers by sharing best practice and exploring the evidence base to support transition to net zero. We will develop this work within commissioning arrangements and working with existing services and their service users to understand travel patterns, and carbon emissions.</p>
<p>11. We will promote the low carbon economy, including sustainable food, and travel</p>	<ul style="list-style-type: none"> ✓ By working with the Local Enterprise Partnership to put low carbon growth, and health, at the centre of local plans ✓ We will develop an action plan and strategy for making the areas food supply sustainable ✓ We will support and extend existing community growing projects and encourage more people to grow food at home 	<p>We are implementing carbon reduction measures in procurement approaches, commissioning, and current contracts as outlined within Item 1. We are including buy local and sustainable supply chain measures in our procurement approaches as set out at Item 1.</p> <p>The public health team is engaged with the Local Enterprise Partnership and future development plans to ensure health and climate are embedded at the centre of all plans.</p>

	<ul style="list-style-type: none"> ✓ By encouraging less energy intensive activities such as walking and cycling for travel amongst staff, and for service users where possible ✓ By working with colleagues to promote active travel and give advice on travelling by means other than car 	<p>A local food strategy, which will include sustainability, community food growing, and food waste, is in development.</p> <p>We will look at service provision and understand availability and suitability of alternative transport measures and work with partners within the council to explore improving transport options.</p>
<p>12. We will explore opportunities with partners to reduce carbon emissions through the natural environment</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 30</p>	<ul style="list-style-type: none"> ✓ By identifying opportunities to improve green space and connectivity between sites to promote walking, cycling, and active travel ✓ By working with Planners to promote the use of green space and active travel in new developments 	<p>The Health and Housing Board will ensure that green space, walking and cycling, and promotion of new routes is included within local plans, and retained.</p> <p>Work is already ongoing with the planning teams and transport teams to develop active travel, embed health, and green space within new developments and improve existing spaces.</p> <p>The Healthy Weight, Healthy Lives steering group connects work with the Local Nature Partnership, The Local Enterprise Partnership, and other partners to improve access to green space.</p>
<p>13. We will promote community action on reducing carbon emissions in our area</p>	<ul style="list-style-type: none"> ✓ By implementing a behaviour change programme to encourage more efficient use of energy in homes, transport, and businesses 	<p>The Public Health Behavioural Science unit could be used to support the development of behaviour change and communications activity identified by the HAS climate board. We will explore opportunities to build this into the workplan where possible.</p>
<p>14. We will work with households to promote greater energy efficiency, reduce energy dependence, and alleviate fuel poverty</p>	<ul style="list-style-type: none"> ✓ By working with colleagues to implement retrofit schemes and encourage take up of renewable energy ✓ We will continue to deliver on, and implement, the actions identified within The North Yorkshire Seasonal Health Strategy 	<p>This is a key component of the Seasonal Health Strategy where much work is ongoing through retrofit schemes and Warm and Well. The public health team will continue to lead the seasonal health strategy through the seasonal health partnership.</p> <p>We have worked with District and Borough Housing Teams as well as City of York on housing retrofit opportunities such as the Home</p>

		<p>Upgrade Grants and Local Authority Delivery retrofit schemes. These schemes allow energy retrofit schemes to be carried out that cover insulation, and low carbon-heat options. These schemes are also highlighted and accessed via The Seasonal Health Partnership.</p> <p>Research has been undertaken within HAS on the use of sustainable heating methods within large scale social housing.</p>
<p>15. We will stop all unnecessary work-related travel and promote the benefits of hybrid working for the planet</p>	<ul style="list-style-type: none"> ✓ By promoting hybrid working for those staff that can work in that manner (accepting that a large amount of social care workforce must work in particular location(s)) and ensure that coming together in a physical space is maximised for outcome return and carefully considered ✓ By ensuring that any team meeting or larger get together of staff is coordinated to promote car sharing, later start times to allow public transport use, or longer days to maximise return on driving 	<p>To suit business and service needs, HAS staff are working in a hybrid model where appropriate. This includes a combination of office based and home-based working. We will continue to support this way of working to reduce the carbon footprint of staff. This includes ensuring office capacity is maximised within safe guidelines.</p> <p>For larger events where staff are coming together, we will explore the possibility of alternating start and finish times to accommodate use of public transport, and car sharing.</p>
<p>16. We will promote measures to reduce greenhouse gas emissions through public health</p>	<ul style="list-style-type: none"> ✓ By promoting household schemes to improve energy efficiency and reduce fuel poverty (warm and well) ✓ By promoting active lifestyles that also have lower energy use such as walking, cycling and outdoor activity ✓ By encouraging long term behavioural lifestyle change to reduce care dependence ✓ By continuing to provide public health leadership in this area and the service level action plan 	<p><i>This section is covered in more detail within the service specific public health plan that follows this action plan and forms the basis of the service specific plan.</i></p>
<p>17. We will promote community action on acting on climate</p>	<ul style="list-style-type: none"> ✓ By looking for funding opportunities to support community work through stronger communities to reduce carbon and improve climate resilience 	<p><i>This section is covered in more detail within the service specific public health plan that follows this action plan and forms the basis of the service specific plan.</i></p>

<p>change in North Yorkshire</p>	<ul style="list-style-type: none"> ✓ By signposting community groups to external funding and capacity support ✓ By implementing behaviour change programmes to encourage more efficient use of energy in homes, businesses and on transport ✓ By supporting community groups to unlock opportunities to develop community-scale climate change projects such as on renewable energy, community food growing and food waste projects, and community wardens 	
<p>18. We will understand the health impact and our vulnerability to the changing climate</p>	<ul style="list-style-type: none"> ✓ By undertaking a Joint Strategic Needs Assessment ✓ By assessing the future vulnerability to climate impact and establishing a clear evidence base for all services within the directorate 	<p><i>This section is covered in more detail within the service specific public health plan that follows this action plan and forms the basis of the service specific plan.</i></p>

Cross cutting actions

There are many actions that are not exclusive to the directorate, and as such are cross-cutting throughout the council and broader public sector. These actions are adapted from the Regional Climate Action Plan, Yorkshire, and Humber Climate Commission. They must be embedded as a climate in all policy approach to ensure they are recognised in all areas. Public Health will work up this area of work into the service specific plan and support the climate in all policy approach.

1. Acknowledgement of the emergency

- i. We need to acknowledge the climate and ecological emergency we are facing. We need to understand and accept that we must respond with urgency and ambition to reduce the impact we have on future generations, particularly in respect to health.

2. Development of a positive vision

- i. The future can be very positive, by making climate actions now, we can have a future that is better than today. The vision needs to show how ambitious action is needed to accelerate progress to net zero and improve resilience whilst making North Yorkshire happier, healthier, fairer, and more prosperous to live and work.

3. Take people on the journey with us

- i. We need to involve all levels of staff, and the public, in developing plans and making changes to ensure we are doing things together, and not doing things to people. We need to ensure our response is diverse, fair, and inclusive.

4. Focus on delivery

- i. Ambitious targets for net zero must be realised and we need to ensure that we focus beyond targets and clearly map out how we will deliver these goals.

5. Shared responsibility

- i. We all have a contribution to make. There isn't one person, one team, or one directorate that can make this happen. We need to ensure everyone understands that they have a contribution to make, this needs to become business as usual, and woven throughout all practice.

6. Consistently act and connect

- i. The climate agenda needs to be at the heart of all planning, policy, and investment decisions to ensure that all actions are joined up and coherent. We need to ensure we are working across boundaries to join up narrative and maximise opportunities for change.

7. Investment and cost of not making action

- i. Climate sensitive investment, and development should be prioritised. It isn't just about the cost of making changes, it is the cost of not. We need to understand the cost of making climate safe, and net zero changes, and build these into planning. This isn't about finding an endless pot of money, but about ensuring we prioritise those areas that costs are lower and impact greatest, and areas that costs are highest are planned into a schedule of redevelopment. We are striving to make everything better. There are also significant costs of not making any action, including loss of lives.

8. Protect local natural capital and transition to blue-green infrastructure

- i. We need to continue to protect local natural assets including peat bogs, forests, and flood zones, and promote nature-based solutions that protect biodiversity, green spaces, and wild areas. We need to be aware of how our local landscape is projected to change and ensure we are not implementing policies that will further impact.

“Tackling social inequalities in health and tackling climate change must go together”

Fair Society, Healthy Lives: The Marmot Review, 2010

Climate change is an emergency with multiple adverse consequences that will worsen health inequalities.

In the UK, climate change will directly influence health through:

1. Changing exposure to heat and cold
2. Air pollution due to increased ground level ozone and particulates and increased aeroallergens due to extended pollen seasons
3. Increase in food-borne, water-borne, and vector-borne infections and emerging infections
4. Disruptions to access to, and functioning of, health services and facilities
5. Flooding causing injury, infection and impacting mental health
6. Increased exposure to UV radiation

We need to learn from the challenges in the climate-environment-health relationship and from the global covid pandemic. Health systems are on the frontline of protecting populations from the health threats of a changing and more variable climate such as: food and water insecurity; extreme weather; flooding; heat stress; reduced air quality (including increasing ground level ozone); increased land pressure from a landscape changing; vector-borne diseases and zoonosis, amongst others.

This plan will set out the actions we will take as a Public Health team to:

1. **Develop the evidence base and data for the climate impact within North Yorkshire**
2. **Address the wide range of health impacts of climate change**
3. **Strengthen the climate resilience and environmental sustainability of the local health system, commissioned services, strategies, and interventions**
4. **Promote the health co-benefits of climate change mitigation in other areas**

Many of the actions within the climate action plan are based around the concept of climate and health co-benefits. This is shown in basic intervention terms on the following diagram. The grey circles indicate possible interventions, with the coloured stars showing the health benefits.

The Public Health Climate Action Plan

1. Evidence Base development

Overarching action	Specific details	Progress to date	Future Priorities
<ul style="list-style-type: none"> ✓ We will develop a clear evidence base for Climate Change and Health using existing literature, our own research, and national policy to inform a Joint strategic needs assessment to look at the current and future climate and health picture ✓ We will ensure that health inequalities and the wider determinants of health is embedded into all our work on climate and will provide leadership and advocacy to partners to achieve the same 	<p>1. We will summarise the existing evidence base and identify research needs that can be supported through local projects to support local development of data and evidence. This will be shared amongst partners and stakeholders, and we will provide evidence across the council as public health leaders.</p>	<p>Climate and Health briefing in development with Climate in All Policy approach.</p> <p>Work undertaken as part of this climate action plan and stakeholder scoping work.</p> <p>Engagement with the Yorkshire and Humber Climate Commission and workshops attended for Health and Resilience.</p>	<p>To undertake extensive scoping of this area of work, build into the health protection work plan and undertake this work.</p> <p>Identify and share best evidence on what relevant interventions have most significant impacts</p>
	<p>2. We will conduct a Joint Strategic Needs Assessment specifically focusing on Climate Change and the current and future health implications. We will ensure that all current JSNAs (Joint Strategic Needs Assessment) consider climate change within their focus.</p>	<p>Scoping of key health impacts ongoing.</p>	<p>To undertake scoping of this work and build into workplans.</p>
	<p>3. We will work to identify areas of concern and risk within our public health practice in the climate context and work with colleagues to develop our understanding of the challenges and opportunities to overcome these.</p>	<p>To undertake this work.</p>	

	4. We will be prioritising health inequalities and justice and embed this throughout all areas of our influence, locally, nationally, and beyond.	Addressing health inequalities is a fundamental part of all public health work and climate change is no different. We have attended seminars and conferences on the health inequalities and injustice of climate change to understand our role in this work.	Continue to understand this area of work and influence wider. We will ensure that climate justice and the wider determinants of health are understood by stakeholders and the wider council to highlight the fact that health inequity and Climate Vulnerability are almost identical.
2. <u>Health Impacts of Climate Change</u>			
Overarching action	Specific details	Progress to date	Future Priorities
Health Impacts from high temperatures ✓ We will maintain robust seasonal health, extreme weather, and communications plans to highlight the health impacts from high temperatures and provide guidance and leadership around adaptations to improve health outcomes	1. We will continue to maintain, develop, and evolve our existing Seasonal Health Strategy, Extreme weather, and Communications plans	<p>The Seasonal Health Strategy 2021-26 has been published which included for the first time a focus on heatwaves as well as cold weather.</p> <p>The public health team worked extensively during the high-heat periods of Summer 2022 to embed and create heatwave plans which has now been developed into the Extreme Weather Plan.</p>	<p>We will develop a multi-agency communications plan in coordination with Resilience and Emergencies, Business Continuity and The Local Resilience Forum.</p> <p>We will adapt the existing Seasonal Health Partnership group meetings to ensure that all weather is proportionately represented and ensure a severe weather sub-stream is developed.</p>

		We have also supported the Corporate Extreme Weather Plan development.	
	2. We will promote the importance of future buildings to be able to accommodate rising temperatures, sustainability, and adaptability	We have contributed to local plan responses to ensure buildings for the future meet future needs and embedded evidence from literature including <i>Risks to health and wellbeing and productivity from overheating in buildings</i> .	Continue to ensure that health is at the centre of building considerations and material choice considers future heat predictions to ensure we have healthy homes for the future. We will continue to link in with the development teams within the new North Yorkshire Council and the creation of the Health and Housing board.
	3. We will develop our understanding of required lifestyle adaptations to cope with warming temperatures and disseminate this through guidance		Develop understanding of lifestyle adaption requirements for now and with future progressive warming and develop a top-tips guidance document that builds on the NHS Beat The Heat narrative
	4. We will collaboratively develop and disseminate communications on safe behaviours during times of hot weather	Extreme weather plan has been redeveloped to include clear guidance for partners including frontline teams, and the public, on how to stay safe during hot weather, prolonged hot weather, and extreme heat	Ensure this document is kept up to date and we develop our collaborative communications with partners to ensure messages reach key target populations in a timely manner and are understood, tangible and practical

	5. We will explore the use of technology to support adaptation and create an awareness of the challenges and opportunities from technology	Virtual/hybrid working significantly increased since the start of the COVID-19 pandemic. We continue to explore the application of technology within commissioned services to enhance service provision.	Continue to work with commissioned services to develop technology within service to improve service user engagement and outcome whilst benefiting climate.
	6. We will promote a balanced message to include the benefits of warmer weather, not extreme heat, and not just the challenges to promote a positive future	We have developed messaging to highlight the importance of and benefits of safe-sunlight exposure including <i>'Sunlight exposure increases your body's vitamin D levels which is critical for health. More motivated to exercise Staying warm in nice weather helps keep you alert and improves your memory. Getting outdoors in warm weather helps kill off the viruses and makes it difficult for them to spread.'</i>	Continue to develop messaging and create a positive future message with health benefits embedded and shared amongst partners and the public via communications campaigns.
	7. We will respond to changes in disease epidemiology driven by warmer weather (<i>see infectious disease section</i>)	We have worked alongside The UK Health Security Agency to understand and respond to reports of vector borne disease, including Ticks.	We will continue to develop our understanding of the future and emerging health risks in North Yorkshire driven by warmer weather alongside national and regional partners.
Health impacts of flooding	8. We will participate in emergency preparedness and response to	We participated in the 2022 national flood exercise	We will continue to work with the LRF and Resilience

<p>✓ We will work with colleagues across the council, and in external organisations to raise awareness of the health impacts of flooding on communities including promoting community support and resilience</p>	<p>flooding as part of Health and Adult Services and Local Resilience Forum Severe Weather Plans</p>	<p>through the Resilience and Emergencies Team and Local Resilience Forum.</p> <p>We have developed HAS severe weather plan, contributed to LRF (Local Resilience Forum) severe weather plan.</p>	<p>and Emergencies Teams alongside Business Continuity.</p>
	<p>9. We will work with colleagues from Health and Adult Services and Resilience and Emergencies Teams to raise awareness of the health issues surrounding flooding and their mitigation measures</p>	<p>We have provided input in flooding incidents on the potential health impacts.</p>	<p>Continue to participate in emergency preparedness and response to flooding incidents</p>
	<p>10. We will promote the mental health impacts of flooding, including the need for ongoing community support and improving community resilience</p>		<p>Work with Major Incident Response Team (within Resilience and Emergencies) on health and mental health aspects around flooding as part of Local Resilience Forum work on community resilience</p>
	<p>11. We will include awareness raising of health risks associated with Ultra-Violet exposure as part of the Seasonal Health Strategy and hot weather alert messaging</p>	<p>Messages around Ultra-Violet exposure included in heatwave messaging</p>	<p>Include in part of multi-agency communications for Seasonal Health Strategy</p>
<p>Skin cancer/exposure to UV light</p>	<p>12. We will work with NHS colleagues leading on cancer screening and awareness programmes</p>	<p>Messages included in hot weather comms RE wearing sun cream, covering exposed skin to protect from UV</p>	<p>We will link in with skin cancer screening programmes within the Integrated Care Boards.</p>

<p>✓ We will raise awareness of the increasing exposure to strong Ultraviolet light within our changing climate and work with colleagues in the NHS to support cancer screening and awareness programmes</p>	<p>13. We will work with NHS colleagues to understand the future climate risks on the health system</p>	<p>We have linked in with local colleagues working on climate change within the healthcare system via the Yorkshire and Humber Climate Commission.</p>	<p>We will continue to develop relationships to understand these challenges and how we can support from a public health prevention perspective and our commissioning considerations.</p>
<p>Increased burden on health system</p> <p>✓ We will support the development of a Joint Strategic Needs Assessment to understand the future healthcare system needs and demands and ensure that the system is linked up with emerging plans and scenarios</p> <p>✓ We will continue to prioritise prevention of ill health to reduce the burden of disease and promote prevention messages for emerging challenges</p>	<p>14. We will update the North Yorkshire Joint Strategic Needs Assessment to understand the future health system needs in terms of climate change</p>		<p>As outlined within Section 1, we will explore this work and build into workplans.</p>
	<p>15. We will ensure the health system is linked up with emerging plans and future scenarios to prepare the healthcare estate for future land challenges</p>		<p>We will continue to develop relationships and link in with colleagues across the system working on this area and support the connection of people within the system.</p>
	<p>16. We will ensure prevention in general is embedded from a public health perspective to reduce and decrease the burden on the health system</p>	<p>We have embedded prevention within all public health activity and will continue to ensure prevention is at the heart of our practice.</p>	
	<p>17. We will support the health and social care system to embed prevention to reduce undue burden</p>	<p>We have embedded prevention within social care practice and further developed within business continuity.</p>	<p>Continue to work with health and social care colleagues to maximise prevention</p>
	<p>18. We will promote active travel and reduction in traffic related emissions to improve air quality and promote sustainable travel</p>	<p>We have worked alongside sustainable travel officers to embed health within active</p>	<p>We will develop our work with environmental health colleagues under the new North Yorkshire Council to</p>

		<p>travel plans and route development.</p>	<p>support improvements in air quality and coordinated targeted work within specified air quality management areas (AQMAs).</p>
<p>Health impacts of poor air quality/ozone</p> <ul style="list-style-type: none"> ✓ We will champion and prioritise active travel and car reduction schemes locally to promote sustainable travel for all ages, always ✓ We will capitalise on opportunities to work closely with colleagues on Air Quality Management Areas and embed clear public health leadership in improving these areas and intervention development ✓ We will continue to lead indoor air quality work with a focus on reducing the burden of disease from poor indoor air quality and develop the narrative around climate change and indoor air quality and raise awareness with partners and the public 	<p>19. We will develop school zones work to reduce car idling and promote walking and sustainable travel to school</p>	<p>The Healthy Schools and Early Years Award has embedded themes within the award including promoting active travel, bike ability training and is aligned with the Department for Education’s Sustainability Strategy.</p>	<p>Continuing work within the School Zone projects and the local primary schools on various initiatives to promote healthy lifestyles and environments.</p> <p>Pilot school streets and play streets work in conjunction with Highways and Stronger Communities.</p>
	<p>20. We will develop our indoor air quality work</p>	<p>We have focused on highlighting the impact of poor indoor air quality in spaces that are of greatest risk because of high densities of people, or the presence of vulnerable people.</p>	<p>Develop and maintain communications with settings most vulnerable to the impacts of poor indoor air quality, while continuing to raise awareness and promote benefits of good indoor air quality. Focus on developing the narrative around how changes in the climate can worsen the quality of the air outdoors, which infiltrates into indoor environments.</p>

			<p>Explore existing contact routes and local inspection protocols within the council and maximise opportunities, to promote awareness of the importance of good indoor air quality in all settings, including workplaces and domestic.</p> <p>Work closely with colleagues to embed a plan for improving indoor air quality into key strategies, including highlighting this as a cross organisational issue and embedding work into good practice in other areas.</p>
	<p>21. We will work with colleagues within Air Quality Management Areas (AQMAs) and Environmental Health Colleagues to embed public health messaging and supporting development of AQMA (Air Quality Management Areas) action plans</p>	<p>We have contributed to AQMA action plans in specific areas and started to understand and develop the role of public health within these action plans and conversations.</p>	<p>We will work to ensure public health is around the table in all areas with an AQMA action plan and support the evidence base and reduction measures.</p> <p>Work with colleagues to highlight the co benefits of climate change mitigation in relation to air pollution, such as the reduction of CO₂ emissions often also reduces air pollution,</p>

			<p>benefitting both climate and public health.</p> <p>Social Prescribing and Active Travel work ongoing scoping and feasibility (Scarborough and Selby) in conjunction with Highways.</p>
	<p>22. We will link with the Integrated Care Boards and healthcare colleagues around Green NHS agenda and prescribing</p>	<p>We have engaged with colleagues during lunch and learn sessions on the Green NHS agenda and developed our understanding of this in practice, including prescribing considerations.</p> <p>We have developed an active travel social prescribing programme that is bid ready.</p>	<p>We will further develop our work with partners on the Green NHS agenda and prescribing.</p>
	<p>23. We will raise awareness of the impact of poor air quality with the public and partners and identify ways of reducing impact on air quality</p>	<p>We are undertaking work around schools and care settings to improve indoor air quality. Ventilation has been a core part of our COVID-19 prevention guidance.</p>	<p>Work with colleagues to develop narrative around the environmental risk to public health in the UK from air pollution. Policies will involve the integration of climate change, air quality, and health benefits to create desirable outcomes.</p> <p>Explore potential synergies in tackling climate change and air pollution together.</p>

	24. We will raise awareness of aeroallergens and seasonality of air quality impacts on health		Raise awareness of rising carbon dioxide levels and warmer temperatures linked to increased outdoor airborne allergens which can infiltrate indoor spaces. We will embed this into existing plans and with colleagues to develop clear communications around this.
	25. We will develop our understanding of local Vector borne disease surveillance with the UK Health Security Agency and partners	We have contributed to responses locally to vector borne disease, namely ticks.	We will develop this work as a priority in 2023.
Infectious diseases ✓ We will continue to work with colleagues at The UK Health Security Agency to understand emerging diseases including vector borne disease and develop local plans and assurance with Resilience and Emergency Colleagues ✓ We will continue to report into The Health Protection Assurance Group, manage emerging outbreaks, hold Incident Management Teams, and develop robust Mass Treatment and	26. We will develop action plans with the Local Resilience Forum and Resilience and Emergency Team	We are developing our outbreak control plan to cover transmission routes, including emerging diseases, and have this placed within the local risk register.	We will complete the outbreak management plan and exercise this plan regularly.
	27. We will report into the Health Protection Assurance Group and ensure appropriate monitoring is in place		We will embed this as a standard agenda item within HPAG and produce an annual report as a minimum.
	28. We will manage outbreaks of infectious diseases and hold Incident Management Team meetings with partners	We participate in a range of OCTs/IMTs – usually UKHSA-led but we chaired many over COVID	We will continue to manage outbreaks within the health protection team and hold meetings as appropriate with partners.

Vaccination Plans to account for the varying patterns and seasonality of communicable disease	29. We will develop emerging infectious disease plans and pandemic plans	This is ongoing within the outbreak management plan re-development.	Within the Local Resilience Forum workplan 2023/4 we will include a review of pandemic/emerging infectious disease planning
	30. We will work with partners to prepare for and support the rollout of mass testing, vaccination, and treatment	We have in place a Mass Treatment and Vaccination Plan, Local Outbreak Control Plan	We will continue to ensure these plans are up to date and exercised annually.
	31. We will develop our understanding of changes in human responses to emerging and evolving infectious diseases	There is evidence that higher ambient temperatures may favour pathogens that will be more difficult for the human body to fight, breaching human's thermal barrier.	We will continue to look at this evidence as it emerges nationally and stay linked in to understand the risks on our local, and vulnerable, populations.
	32. We will understand the seasonality and changing patterns of infectious diseases	Comms targeted to certain points in the year to reflect seasonality of infections e.g., ticks, flu, petting farms (E. coli etc.)	We will develop our understanding of changing patterns of infectious diseases within the health protection workplan to ensure we have appropriate resilience to respond to outbreaks with partners.
	33. We will develop our responses to Seasonal Health and Severe Weather Planning	The Seasonal Health Partnership is undergoing a review to ensure it is representing the full extent of the strategic objectives. We have developed the HAS severe weather plan, and supported the LRF severe weather plan development	We will continue to ensure that our responses are proportionate to the changing climate and that we maintain robust plans and reports.

<p>Deaths and injuries from severe weather events</p> <ul style="list-style-type: none"> ✓ We will work with colleagues under the Seasonal Health Strategy and Severe Weather Plan to prevent death and injury from severe weather events including ensuring mortality and emergency plans are maintained with the Local Resilience Forum ✓ We will develop clear shared messaging with partners for severe weather events and develop a narrative with the public to raise awareness and change behaviours with unpredictable and extreme weather patterns 	<p>34. We will work with NHS colleagues to understand patterns in emergency attendance and promote prevention locally</p>	<p>We have received attendance data from local Emergency Departments to understand reasons for attendance.</p>	<p>We will continue to develop our understanding of local situational data and develop communications activities alongside our NHS partners to promote safe behaviours during severe weather events.</p>
	<p>35. We will work with the Local Resilience Forum to maintain management of mortality plans</p>	<p>We have reviewed the Mass Fatalities plan including participation in Exercise Lilac</p>	<p>We will continue to review and support maintaining of suitable plans for mass fatality and mortality.</p>
	<p>36. We will raise awareness and support behaviour change around safer behaviours with unpredictable weather patterns and extremes of weather</p>	<p>Messages included in recent comms e.g., keeping off thin ice</p>	<p>Develop communications and behaviour change plans to deal with unpredictable and changing weather patterns with the public and through our services.</p>
	<p>37. We will develop and share shared messaging with partners</p>	<p>We have developed shared messaging during key weather events of 2021 and 2022 and continue to develop a database of messaging.</p>	<p>Through the Seasonal Health Partnership, we will develop a communications plan with partners and the LRF and create a central messaging storage point to support shared messaging across the system in extreme weather events.</p>
	<p>38. We will develop our understanding of and support international migration and associated health issues including infectious diseases</p>		<p>This work will be developed, and a rapid needs assessment conducted to understand the health profiles.</p>

<p>Health impacts of migration</p> <ul style="list-style-type: none"> ✓ We will look towards global partners to understand migration patterns including infectious disease surveillance and challenges that are foreseen in North Yorkshire and provide health leadership locally to respond to changing migration and displacement patterns ✓ We will work with partners to understand the changing animal migratory patterns, including birds, and the impact this may have on zoonosis virus transmission and the local public health risk and work with the system to prevent the risk to the population ✓ Work with partners and colleagues to understand the key role played by climate change on native and non-native vector borne zoonotic diseases that are distributed across the UK, in particular ticks and mosquitoes which are the vectors of most concern in the UK. 	<p>39. We will support internal and local migration or displacement due to the changing landscape</p>		<p>We will develop our public health response to this work.</p>
	<p>40. We will understand changes in animal migration (specifically birds and vector borne diseases)</p>	<p>Monitor UKHSA (UK Health Security Agency) and other publications on shifting patterns of vector borne disease</p>	<p>Understand the changes to migratory patterns brought about by climate change. Prioritise the particular concern that autumn/winter brings due to Britain being hosted to wintering waterfowl that are part of a wider flyway that links populations from many different areas.</p> <p>Continue to work with colleagues to help provide a coordinated response to cases of zoonotic virus transmission in North Yorkshire, in particular cases of Avian Influenza.</p> <p>Raise tick awareness (UK Health Security Agency's tick awareness resources and how to take part in the Tick Surveillance Scheme), focusing on peak time between April to June. Include communicating the importance of spending time</p>

			<p>outdoors, and the health benefits of leading an active life through participation in outdoor events.</p> <p>Include emerging infectious diseases as part of LRF risk register planning</p>
<p>Risks to food and water security</p> <ul style="list-style-type: none"> ✓ We will develop a clear food strategy that has sustainability throughout including community food infrastructure, seasonability, food waste and transportation of food ✓ We will work with partners to understand the impact of the changing climate on water scarcity for our local communities and promote clear messaging to prevent water wasting, and water safety 	<p>41. We will facilitate the development of a North Yorkshire food strategy in partnership with key stakeholders as a whole system approach that will include sustainable food, food security and food poverty</p>	<p>The Public health team are in the early scoping phase of a food strategy for North Yorkshire. This will consider both the impact of climate change on food supply; and how to reduce our community impact on climate change through reducing food waste. This is already being addressed in some areas at a local level, for example through Craven Food Partnership, whose proposed outcomes include better food use and less food waste; and a more secure sustainable food supply. A food strategy will consider how these local initiatives can be supported at a County level.</p>	<p>Complete food strategy development and implementation.</p>

		<p>The environmental and sustainability impact of food is likely to be one of the key main pillars in the development of the local food strategy.</p> <p>The Public Health team are linked to the Fix Our Food, 5-year active research programme led by York University. This programme aims to look at how the food system can be transformed to be more sustainable through regenerative farming, hybrid business models and sustainable and healthy food for children. There will be a bespoke Fix Our Food, Three Horizons approach delivered within North Yorkshire in the coming months.</p>	<p>Continue to develop Fix Our Food, Three Horizons approach to define the scope and establish priorities within North Yorkshire.</p>
	42. We will support local coordination of community food infrastructure	<p>This is ongoing through the food strategy development alongside learning and evolving of community food partnerships.</p>	
	43. We will develop our understanding of food availability, seasonality, monoculture, and implications of transportation	<p>This work is ongoing throughout the food strategy development and existing work within the Healthy</p>	

		Weight, Healthy Lives strategy.	
	44. We will develop the understanding of challenges to the agriculture landscape, including droughts	We have started to explore drought work throughout the Extreme Weather plan within the Resilience and Emergencies Team.	Develop this work further through the food strategy, the rural commission, and agricultural societies. We will ensure this is developed to cover emergency food plans and within the Extreme Weather plans via partners.
	45. We will promote reduction in food waste and packaging	We have worked with the North Yorkshire Rotter's to understand food waste locally. We have supported development of community food infrastructure projects including community fridges to reduce food waste via stronger communities.	Ensure this work is embedded within the local food strategy development.
	46. We will support changing diets and encourage a move to sustainable diets	We are promoting the move to sustainable planet friendly diets through existing work including commissioned services such as the Adult Weight Management Programme, and trading standards work on Healthier Choices for You.	Continue to develop this work and communicate planetary diet concepts. Exploring procurement options and reducing food miles.

	<p>47. We will develop our plans and understanding around water scarcity, security, safety, and the impact of droughts</p>	<p>This has begun through the Extreme Weather plans.</p>	<p>Continue to develop this work with partners through the Local Resilience Forum.</p>
<p>Increased outdoor activity</p> <ul style="list-style-type: none"> ✓ We will continue to maximise opportunities for active travel and keeping active outside whilst balancing the changing outdoor landscape ✓ We will work to ensure green space is prioritised and maintained within building developments and the changing climate 	<p>48. We will continue to champion the use of green space and retaining use of green space</p>	<p>Contributions made to local plan work.</p>	<p>Continue this work through Healthy Weight, Healthy Lives, and local planning policy work.</p>
	<p>49. We will maximise opportunities for active travel, and promoting walking, cycling, wheeling infrastructure</p>	<p>Ongoing work through the Healthy Weight, Healthy Lives Strategy.</p>	<p>Ensure a comprehensive network of routes for walking, cycling, and using other modes of transport involving physical activity that is safe and attractive and accessible from the workplace, home, school, and other public facilities.</p> <p>We will continue to identify transport policy which discourages children and young people from walking and cycling e.g., policies to keep traffic moving may make it difficult to cross the road. Consider how these policies can be improved to encourage active travel.</p>
	<p>50. We will influence local planning policy to ensure infrastructure is developed to promote walking and cycling opportunities and access to green space</p>	<p>We have contributed to the Catterick levelling up bid and inputted into local plans and other planning applications.</p>	<p>Continue to ensure Healthy Place shaping is embedded within local planning policy.</p>

	51. We will support a review of local leisure provision and the development of green tourism	Ongoing local leisure provision review. To promote and prioritise carbon reduction of existing facilities and improve energy efficiency of existing assets.	Continue to develop and support this work.
	52. We will explore the sustainability of outdoor activity provision in the context of climate extremes (weather)		To develop our understanding of existing outdoor provision on the changing landscape to ensure access and use is retained throughout the year and seasonal variations. We will ensure that people using spaces are prepared for changing weather and maintain outdoor activity whilst being safe.
	53. We will seek to improve the accessibility of outdoor activities and spaces	The Discoveries on your Doorstep project connects local people with local walking and cycling routes to improve access to nature.	Ensure public open spaces and public paths can be reached on foot, by bicycle and using other modes of transport involving physical activity. They should also be accessible by public transport. Continue to support the development of, and input into, Local Cycling and Walking Infrastructure plans.

3. Strengthening resilience and partnership working

Overarching action	Specific details	Progress to date	Future Priorities
<ul style="list-style-type: none"> ✓ We will strengthen partnership working and resilience within our communities and stakeholders and ensure to only practice climate sensitive commissioning and procurement activity ✓ We will conduct climate change impact assessments for all activity undertaken within the team ✓ We will continue to work with local and regional partners and develop the climate change in all policies approach to ensure that climate change is the responsibility of every member of the team 	<p>1. We will strengthen partnership working with internal (NYC (North Yorkshire Council)) and external partners</p>	<p>Good relationships with key partners (e.g., adult social care, RET (Resilience and Emergencies Team), UKHSA). Work underway related to climate but not always badged as climate specifically (e.g., outbreak management, severe weather planning)</p>	<p>As part of LGR (Local Government Reorganisation) to develop relationships with other parts of the new council e.g., housing, and ensure climate is a key part of partner discussions</p>
	<p>2. We will strengthen resilience to climate change</p>	<p>Work with Resilience and Emergencies team on severe weather planning etc.</p>	<p>Support LRF community resilience work</p> <p>Consider resilience of both human and natural systems (as covered by rest of actions in plan)</p> <p>Already disadvantaged populations are the most at risk from climate impacts – ensure proportionate support</p>
	<p>3. We will conduct climate sensitive commissioning</p>		<p>Include sustainability as a key factor when commissioning services</p>

	4. We will embed the use of climate Change Impact Assessments	Supported development of the climate impact assessment	Ensure climate change impact assessments are being used as intended.
	5. We will contribute to internal working groups including Beyond Carbon, and HAS Climate	We have public health representation on the corporate Beyond Carbon board. We are linking in with HAS Climate leads. We have supported the development of NYC Climate Strategy.	Participation in HAS Climate Board
	6. We will link in with regional and national work around the Faculty of Public Health, the UK Health Security Agency, the Office for Health Improvement and Disparities, the Association of the Directors of Public Health	We have attended the UK Health Security Agency conference sessions on climate change including participating in the launch of Centre for Climate & Health Security. We have attended the Faculty of Public Health and Royal Society of Medicine climate conference	We will keep linked into national public health work around Climate Change including the newly developed Climate Change and Health Security Agency Continue to attend sessions and link with other national work as appropriate and embed learning locally.
	7. We will link with the Local Economic Partnership and the NY (North Yorkshire) Route map to Net Zero	We have contributed to emerging and recently published plans by the LEP (local enterprise partnerships) in particular the NY Route map to Net Zero	Continue to link in with emerging plans and contribution to delivery of plans.

	8. We will take a climate change in all policies approach	Ongoing development of this work area.	We are taking a paper to the Public Health Leadership Team in March 2023 to agree this approach and get leadership buy in for workstreams.
4. Promote the co-benefits of health and climate change			
Overarching action	Specific details	Progress to date	Future Priorities
<ul style="list-style-type: none"> ✓ We will use language to develop a positive, clear narrative around the future we want, using behavioural science to understand barriers and levers to change in key communities and maximise health improvement co-benefits through climate change action 	1. We will seek to develop a positive narrative around the future and the co-benefits of climate change and framing	Attended webinars and conferences to understand the narrative considerations. Started to conduct evidence synthesis to develop this work.	We will develop a consistent narrative considering: <i>Language needs to focus on a positive future, it is scary in the noise and the apprehension and inevitability of fate is stalling progression. The future could be very positive, and we still have time to turn things around and choose the future we want for ourselves, our children, and our planet. The co-benefits of health and climate mean we can create a better future and continue to improve health outcomes.</i>
	2. We will develop a behavioural science approach to climate change, understanding drivers and levers for change, and catalysts for change in		

	local populations, business, and amongst stakeholders		Unit, to embed into workplans.
	3. We will work with partners and stakeholders across and beyond the council to highlight opportunities for maximising health improvement through climate change, including in the built and planning environment	This has started through Healthy Place Shaping work.	Further develop this area of work.
	4. We will use public messaging to engage with climate change and behaviour change through promoting the co-benefits of climate change and health		Develop this work with support from the Public Health Behavioural Science Unit and develop communications plans to engage with the public and maximise on opportunities to share messaging with partners.
	5. We will work with councillors to promote the co-benefits of health and climate change opportunities for their constituents		Develop this area of work. Identify opportunities to tackle through locality budgets
	6. We will raise awareness of the priority of health in climate change, narrative around health of population underpinning all other agendas including economy for future green agenda and prosperity	Inclusion of health co-benefits in NYC draft climate strategy	Develop this work through a Climate in All Policies approach as outlined above. Include climate as part of MECC (making every contact count) approach

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NORTH YORKSHIRE COUNTY COUNCIL

CARE AND INDEPENDENCE OVERVIEW AND SCRUTINY COMMITTEE

2 March 2023

Health and Adult Services Local Account 2021-2022

1.0 PURPOSE OF REPORT

- 1.1 The purpose of this report is to introduce the Health and Adult Services Local Account, shown as Appendix 1. (Please note that this is a draft proof – some minor proof-reading or layout changes may be made before it is published).

2.0 BACKGROUND

- 2.1 The Local Account is an annual statement of HAS performance in delivering adult social care.
- 2.2 The time period covered for this Local Account is 1st April 2021-31st March 2022.
- 2.3 Whilst the main focus of the report is adult social care, it does also reference public health activities, more detail on which can be found in the Director of Public Health's Annual Report, available here: [Director of Public Health annual report 2022 | North Yorkshire Partnerships \(nypartnerships.org.uk\)](https://www.nypartnerships.org.uk/director-of-public-health-annual-report-2022)
- 2.4 For this Local Account, the format has been adapted to introduce the HAS Plan 2025¹ and better support the Directorate's work to prepare for the new CQC assessment framework for council's adult social care. In addition, it is intended to be more user-friendly and accessible.
- 2.5 The amended format will continue to develop for future Local Accounts to ensure alignment with our CQC self-assessment, and showcase performance improvement in an engaging and accessible way.

3.0 COMMITTEE CONSIDERATION

- 3.1 Given that the Local Account ought to be an honest assessment of social care performance, it is helpful that, before it is published, the scrutiny committee has an opportunity to review, pass comment and make suggestions for any amendments.
- 3.2 In previous years, the committee has found the Local Account to be a high quality document, well written and accessible. It has passed what for members has been the pivotal test: it is self-reflective rather than self-congratulatory.

¹ [Health and Adult Services 2025 plan | North Yorkshire County Council](https://www.nypartnerships.org.uk/health-and-adult-services-2025-plan)

3.3 Members have found reviewing the content of the Local Account can be helpful when setting the scrutiny committee's work priorities for the year ahead.

4.0 RECOMMENDATION

4.1 That the Scrutiny Committee review the draft report.

DANIEL HARRY
SCRUTINY TEAM LEADER

County Hall,
Northallerton.

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Health and Adult Services

Local Account 2021/2022

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Introduction

This is the Local Account for North Yorkshire Health and Adult Services for 2021/2022. It is an account of what we have done to support people across the county during the last year, how we have invested public money, and what we aim to do in 2022/2023.

The main focus of this report is adult social care; however, the Council's Health and Adult Services directorate includes public health and this report should be read in conjunction with the Director of Public Health's Annual Report, available here: [Director of Public Health annual report 2022 | North Yorkshire Partnerships \(nypartnerships.org.uk\)](https://www.nypartnerships.org.uk).

2021/2022 was another year of challenges for us all as we collectively continued to respond to the COVID-19 pandemic, with successive waves of infection and frequent changes in pandemic controls. In addition, we experienced significant labour market competition for care workers, and had to increase our intervention into the independent care sector due to provider closures. Demand levels for social care rose and we found that people's needs were increasingly complex.

Health and Adult Services, along with our County Council colleagues, our partners and our communities, continued to respond, adapt and innovate to meet the ongoing challenges. As well as our ongoing response to the pandemic, we began work on new strategic plans and major transformation projects, and continued to liaise with our health partners on integration and health system changes. We invested in recruitment campaigns featuring people who access support, planned and tested out interventions in the care market and provided hands-on support to struggling care providers. We also took part in a Local Government Association (LGA) Peer Challenge, exploring NYCC's approach to COVID-19 outbreak management.

This all took place against the background of local government reform, with the announcement in July 2021 that the county council, and all seven district and borough councils would be replaced by a new single council for North Yorkshire in April 2023.

Our Adult Social Care and Public Health teams continued to build on the strong partnership working which was a feature of the first year of the pandemic, demonstrating their resourcefulness, resilience, determination

and a clear focus on achieving the best outcomes for our communities.

We would like to thank all the colleagues and partners, communities and individuals with whom we work to co-design and deliver effective services. We would also like to gratefully acknowledge the support and encouragement of our Executive Portfolio Holders for Public Health, Prevention and Support Housing during the period covered by this report, Councillor Caroline Dickinson, May 2017 to August 2021, and Councillor Andrew Lee, August 2021 to May 2022.

We hope that you will find this report interesting and helpful.



Cllr Michael Harrison
Executive Member

Public Health and Adult Social Care (from May 2022)

Adult Social Care and Health Integration (May 2017 - May 2022)



Richard Webb Corporate Director

Health and Adult Services

2 Who we are and what we do

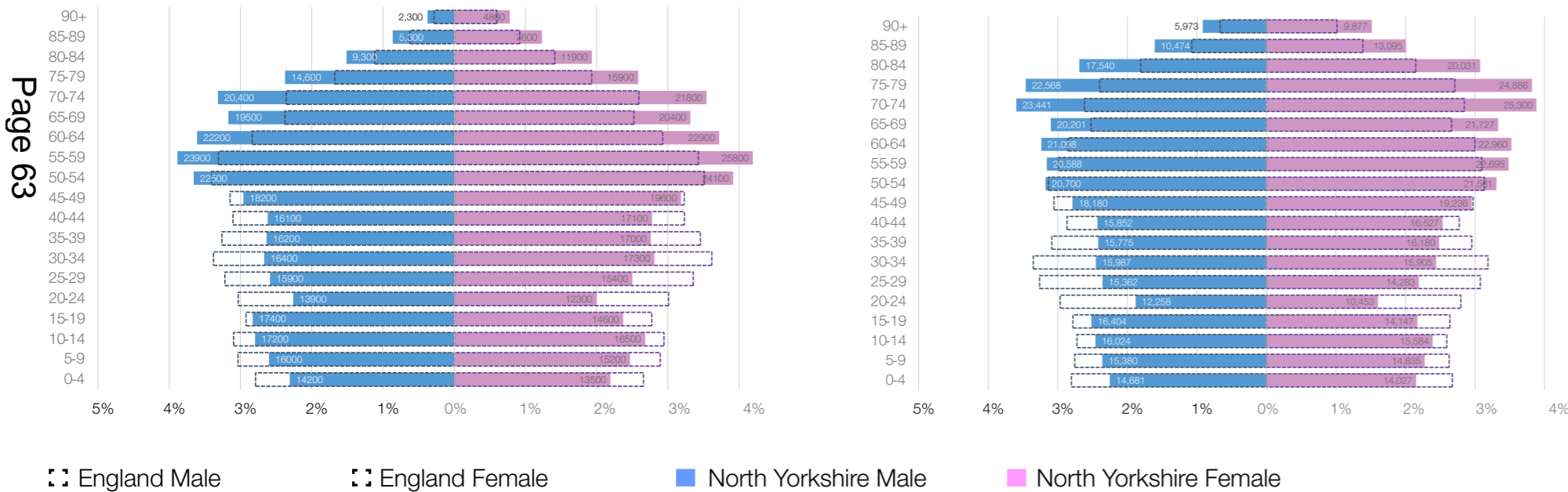
North Yorkshire is England’s largest county. It has some urban areas and is also highly rural, with up to 85% of the county being classified as ‘super sparse’. We serve a total population of 615,400 people with 153,800 people (25%) over the age of 65 years¹; with projected trends and inward migration of older people to the area, we expect this figure to increase to almost a third by 2035.

Age profile, North Yorkshire

ONS mid-year population estimates 2021

Projected age profile, North Yorkshire, 2043

ONS 2018-based population projections



¹ 2021 census estimate.

Overall, North Yorkshire is a good place to live and work. Large parts of North Yorkshire have better than average life expectancy when compared with England as a whole. Looking at the 2021 Census data, North Yorkshire performs well in indicators for wellbeing and education, and for some economic indicators.

However, although we are among the least deprived local authorities in England, ranked 127th most deprived out of 151 upper tier local authorities², we know that there are pockets of deprivation and inequality, with significant variation across the county. There are 11 neighbourhoods in North Yorkshire that are amongst the most deprived 10% areas in England, predominantly in the east of the county.

In addition to those neighbourhoods, we are aware that inequalities exist across North Yorkshire – for example rural access to services, fuel poverty, affordable housing and digital exclusion. Census data shows that North Yorkshire performs below average for economic indicators relating to transport and broadband. Both nationally and locally, the health inequalities that already existed in our communities have been made worse by the

² Index of Multiple Deprivation (IMD 2019)

pandemic; understanding and addressing these inequalities continues to be a focus for the work of the Council and our partners.

Health and Adult Services is one of the four directorates within North Yorkshire County Council. We have a strategic role to:

- lead the County Council’s work on public health, adult social care, supported housing and partnership with the NHS;
- plan, invest and deliver services to support individuals and communities to be healthier and to live the lives they want to live;
- work with partners to build ‘health’ into the economy, education, planning, regulation, community safety and care; and
- develop service providers and ensure service quality.

We work with our communities and partners to support people to live a healthy, independent and active life through a range of prevention, social care and public health services. We commission services from independent providers, including the voluntary sector, and the NHS. We also directly provide a growing number of services in both social care and public health; in the case of social care

services, this is in part because we are often the only viable provider in areas where the care market is fragile. Building care market capacity continues to be a key priority.

During 2021/22, the NHS system went through another phase of organisational change, resulting in the replacement of Clinical Commissioning Groups with Integrated Care Boards (ICBs). There are two main ICBs covering North Yorkshire: Humber and North Yorkshire ICB and West Yorkshire ICB. We work closely with the ICBs, four main acute and community NHS trusts, one community NHS trust and two mental health NHS trusts, over 70 GP practices and seven borough and district councils. In addition, people living in the Bentham and Ingleton areas are registered with GPs who are part of the Lancashire and South Cumbria ICB and access some services from the Lancaster and Kendal areas.

During 2021/22, there were 3,962 contacts to the Living Well service. This is an increase of 36% from the previous year, with a significant increase in referrals (32%) from our health care partners as their referral activity returned to the level typically seen before the COVID-19 pandemic.

The activity of our reablement teams has not recovered in the same way as Living Well activity, with the number of completed reablement involvements (1,548) showing a 9% reduction year on year – this is because a significant proportion of our reablement capacity was diverted during the year to provide domiciliary care in response to local care market pressures. Some large care providers went out of business and providers across the county struggled to recruit or retain sufficient staff to cover their existing care commitments, which resulted in providers handing care packages back to the local authority to find alternative care solutions.

In relation to our CQC ratings, 92.3% of our residential care settings and 100% of our domiciliary care services were rated as “Good” or better overall.

Based on our assessment of our performance in 2021/22 against the Adult Social Care Outcomes Framework and the Local Authority Health Profiles, our strengths are:

- Support for adults in contact with secondary mental health services to enable them to live independently, and to be in paid employment;
- The proportion of people using social care services who receive self-directed support;
- Procuring NHS Health Checks for adults aged 40-74 – uptake rates above national and regional average; and
- Healthy Child Programme – health visitor mandated contact completion rates above national average and the average for similar rural counties.

Our areas for further development are:

- A high level of permanent admissions to care homes for residential and nursing care;
- A low proportion of people who receive direct payments;
- A relatively low proportion of smokers engaged in Stop Smoking services;
- An increase in overweight and obese children in both reception and Year 6 for the 2020/21 school year; and
- Understanding and managing the changing demands for adult social care services post pandemic.

Area for further development	Actions taken
Comparatively high level of permanent admissions to care homes for residential and nursing care	Our key aim is to keep people in their local communities with the maximum degree of independence for as long as possible. To achieve this, we need to ensure the right mix of care provision is available locally by: Focusing on market development for domiciliary care to provide more options for people to return home with appropriate care in place; Working on increasing the uptake of direct payments to provide more options for support at home (see actions below) Service Development and Health Integration teams working with Health colleagues on the provision of short-term options / placements for reablement to prevent long-term residential and/or nursing admissions.
Low proportion of people who receive direct payments	To build on our learning about the reasons for low uptake of direct payments, we are recruiting a Senior Service Development Officer to support development of the direct payments offer. Actions will include: Engaging with people who have direct payments to understand what works and what could be better; Reviewing communications to make sure that they are user-friendly; Working closely with assessment teams to strengthen understanding of direct payments offer; Researching Personal Assistant (PA) pay rate to understand how that aligns with other sectors, with aim to support and grow the PA market; Enabling people to use direct payments to get support from self-employed PAs with appropriate safeguards in place.
Relatively low proportion of smokers engaged in Stop Smoking services	Initiatives to increase take-up include: Introduction of a 1-year pilot offering pregnant smokers incentives to quit smoking with up to £200 in ‘love to shop’ vouchers in £50 increments at various stages of the quit attempt; 1-year pilot offering e-cigarettes as a means of quitting smoking; Creation of workplace quit clubs NYCC staff can sign up to and quit together; People who use the service, staff and partners share their experiences and expertise to help to design new approaches via email or text messages; Working on re-introducing face-to-face interventions as well as continuing with online access so that we can offer as many access options as possible to the hardest to reach prevalence of smokers.

Area for further development	Actions taken
<p>Increase in overweight and obese children in both reception and Year 6</p>	<p>As well as our Healthy Schools and Early Years programme and National Child Measurement Programme, new initiatives have been delivered to help promote a healthy weight with children, young people and families in North Yorkshire:</p> <p>Family weight management services and support: In partnership with Leeds Beckett University, NYCC helped to develop and pilot a fully remote/digital child weight management service. Co-produced with local families and delivered via a co-designed website, the Back2Basics service was piloted with local families during 2022. Findings will inform the development of a new family weight management service offer.</p> <p>Healthy catering in schools and early years: A healthy packed lunch leaflet was developed in response to requests from local primary schools, following consultation with schools, families and key partners. This was disseminated to primary schools from February 2022, and is currently being adapted for early years settings. Work has also been underway to identify and address the barriers to free school meals uptake.</p> <p>Family support for healthy weight and oral health - workforce development: supporting families who most need help with healthy weight and oral health issues by skilling up the people who work with them (see section 3 for more information about this initiative).</p>
<p>Understanding and managing the changing demands for adult social care services post pandemic</p>	<p>As we move further beyond the direct impact of the pandemic, we need to understand how people's needs are changing and how we need to respond to those emerging needs. We are:</p> <ul style="list-style-type: none"> • Exploring new, innovative ways of working e.g. online assessments & reviews • Employing additional resources to ensure timely annual review of people's services • Ensuring that we maintain timely and consistent communications with people who may be waiting for services

3 What we did in 2021/2022

During 2021/2022, Health and Adult Services continued our strategic development alongside the ongoing response to the pandemic. Working collaboratively across our teams and services, and bringing in the voice and experience of people who access support, we co-designed our new HAS 2025 Plan 'Longer, healthier, independent lives'.

This year, we have used the structure of the HAS 2025 Plan to show you some of our key achievements and challenges as we implement our strategic priorities. This is not intended as an exhaustive list of all our work; instead, we have worked with our teams to bring you some examples that show a range of initiatives at directorate, service and team levels. We have also included some of our challenges and how we plan to tackle them.

Our Priorities

Our Vision: "People living longer, healthier, independent lives."

Longer, healthier, independent lives: Our plan for Health and Adult Services in North Yorkshire 2022-2025


1 Opportunities for everyone, everywhere

Reducing inequality across North Yorkshire "I will have access to the same services and life opportunities wherever I live or whatever my life circumstances".

Staying well and healthy "I will have the information and support I need to keep myself as healthy and well as possible".

Protecting the health of North Yorkshire's residents "I will live in a community that promotes good health across all ages and have access to information and services to support my own health and wellbeing."

Improving mental health and well "I will know where to get information advice and support when I need it".




2 My time and experiences are valued

Respecting people's time "I will only need to tell my story once to get the support I need. This will be based on my needs, and not delayed by decisions on how it will be funded".

Listening to people's experiences "My experiences will be heard and used to help make decisions about the way services are designed and delivered".

Embracing technology together "I will be able to interact with the County Council in more accessible ways, and have support to use technology to enhance my quality of life if needed".

A life outside of caring "As a carer I will feel valued and have a full and more balanced life".




3 My home, my community, my choice

My home, my choice "I will be supported to live independently in my home of choice as long as possible".

Outstanding Services "I can access high quality, affordable services within my community".

Strengthening communities to create opportunities "I will have the opportunity to be an active part of my community where my contribution is recognised".



Priority 1

Opportunities for everyone, everywhere

“I will have access to the same services and life opportunities wherever I live or whatever my life circumstances.”

Reducing inequality across North Yorkshire



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Examples of good practice

Adult Weight Management – tackling health inequalities

Mental Health team – liaison and joint working with local Disability Employment Advisers for Department for Work and Pensions (DWP)

COVID-19 vaccinations – addressing inequalities

Our challenges

Size and rurality of the county, impacting on range and availability of services and

Ending of government grant funding for Adult Weight Management programme'



What we're going to do

Develop place-based approach with partners and

Continue Adult Weight Management bespoke projects using underspend and other funding



Opportunities for everyone, everywhere

Examples of good practice

Adult Weight Management – tackling health inequalities: with targeted government grant funding, we developed and delivered ‘bespoke’ adult weight management programmes for specific groups of people who currently are under-represented in the service and/or experience health inequalities. The programmes included a group for Pakistani heritage women in Skipton; four bespoke programmes for participants living with learning disabilities: a Walk and Talk session for those living with mental illness, an older people’s group, a men-only group, funding for 1-2-1 sessions and in rural areas. We worked with people from these communities to develop the programmes.

Mental Health team – liaison and joint working with local Disability Employment Adviser for Department for Work and Pensions (DWP): often the DWP may be the first agency that comes across people in crisis if they attend due to benefit, finance/debt issues. Working with DWP, mental health teams are accepting referrals for people not supported by secondary health services (but in crisis) to address the social aspects of debt, as well as exploring other support where appropriate, e.g. preventing bailiff attendance and reducing debt/charges due to mental health reasons, which the Breathing Space process (short-term debt respite scheme) could not have achieved.

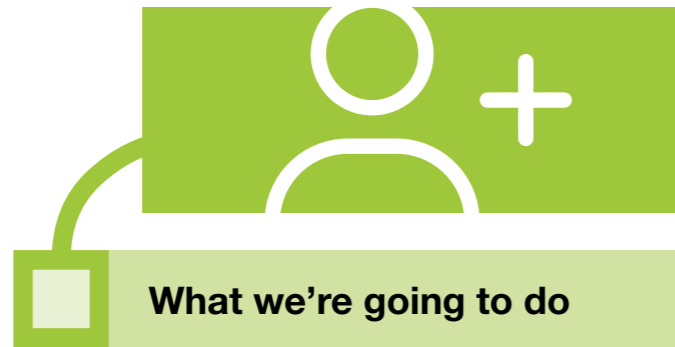
COVID-19 vaccinations – addressing inequalities: North Yorkshire and City of York Public Health teams worked with NHS colleagues to support the roll-out of COVID-19 vaccinations. We set up a COVID-19 Vaccine Assurance Group, chaired by the NY Director of Public Health, which included a focus on addressing vaccine inequalities. Targeted support was offered to various groups including refugees and areas with higher proportions of ethnic minority groups less likely to access vaccination. This scheme of work has allowed the development of targeted vaccination approaches to continue into other vaccination programmes, and the lessons learnt to be embedded into local practice.



Our challenges

Adult Weight Management: the additional Government grant funding for Adult Weight Management in 2021/22 was not continued into 2022/23; it was confirmed in May 2022 that we could use our underspend to further fund local projects until 31st December 2022. We used this to continue some of the ‘bespoke’ programmes and optional additional 1:1 support for participants, which has proven beneficial in terms of participation and weight loss.

Rurality: the size, geographical and social diversity of the county, with its highly rural areas and more deprived coastal communities, creates challenges for the delivery of consistent, cost-effective services. In some areas, having a choice of services can be particularly difficult as there are few providers.



What we’re going to do

Adult Weight Management: for 2022/23, we will be using underspend to fund 3 new programmes for adults with learning disabilities, using the learning from 2021/22 to make further adjustments to how they are delivered. We are also funding an additional programme for women of Pakistani heritage in Craven, where the model was particularly successful; a new men-only programme; a “couch to 5k” social running project for people living with mental ill health in Hambleton; and extending funding of the rural programmes, one men’s programme and an over-65s programme. We are taking this learning to develop and transform Adult Weight Management Services.

Opportunities for everyone, everywhere

Place-based working: we will continue to develop our place-based focus within Health and Adult Services, as well as contributing to the development of the new locally-focused council and working closely with health partners as they develop their place-based approach. We will also use knowledge of gaps in provision in our social care market development and commissioning. This place-based working will enable us to deliver local services better for local people, working with key partners in each area to ensure individual needs are met, and will continue to develop alongside Local Government Reorganisation locality working.

Priority 1

Staying well and healthy

“I will have the information and support I need to keep myself as healthy and well as possible.”

“NYCC’s approach to communications has been agile and collaborative. Using a range of internal and external channels, as well as social media, it has been flexible, responsive, and utilised varied local voices to good effect. This can be seen in its multi-disciplinary press conferences, held in conjunction with relevant partners, allowing public messages to be shaped by all organisations. The amplification of local public and service user voices in its communications has been well received (e.g. Respect & Protect).” LGA COVID-19 Peer Challenge report, 2021

“Thanks to your team [Knaresborough and Ripon Independence] for their care, friendliness, understanding, advice, information and compassion which has really helped me.”

Examples of good practice

- Selby Health Matters
- Mental Health – walking groups
- Accessible information

Our challenges

- Helping people with long-term health conditions to stay active and healthy
- Barriers to accessible information
- Accessible information

What we’re going to do

- Continue to focus on prevention; ‘Develop more local interventions for good health’ and ‘Continue our work to champion good practice in accessible communication
- Champion accessible communication



Staying well and healthy

Examples of good practice

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Selby Health Matters: community health partnership worked with local Primary Care Networks on a pilot involving people with frailty and high blood pressure to find out what more we could do to support patients with long-term health conditions to live well and independently in the community, reducing the need for future hospital care. The feedback provided is helping develop new community services with patients, for patients: [NHS Vale of York Clinical Commissioning Group - Population Health Management \(valeofyorkccg.nhs.uk\)](https://www.nhs.uk/clinicalcommissioninggroups/populationhealthmanagement/)

Mental Health – walking groups: building on the success of the walking group already in place, the Hambleton Mental Health team have made links with Hambleton District Council to start another walking group in another area, which means two can run at the same time. In addition, people supported by adult mental health services have priority access to the Take that Step Programme and the Exercise Referral Scheme (£36 for 12-week gym membership).

North Yorkshire Learning Disability Partnership Board: working with NYCC’s self-advocacy support service Keyring, self-advocates and health colleagues, we co-designed easy read activity packs on annual health checks and physical activity. You can find the packs here: [Easy Read Resources | North Yorkshire Partnerships \(nypartnerships.org.uk\)](https://www.nypartnerships.org.uk/)

Accessible information: during 2021/22, Healthwatch North Yorkshire (HWNY) and Healthwatch York (HWY) carried out a project to assess the health and care system’s compliance with the Accessible Information Standard. We supported HWNY to engage with the engagement forums and groups we work with, and we are undertaking our own review to ensure good practice in accessible information is embedded within the organisation. You can read HWNY and HWY’s joint report here: [Accessible-Information-Report-June-2022.pdf \(healthwatchyork.co.uk\)](https://www.healthwatchyork.co.uk/wp-content/uploads/2022/06/Accessible-Information-Report-June-2022.pdf)



Our challenges

Helping people with long-term health conditions to stay active and healthy, particularly during pandemic restrictions: COVID-19 has disproportionately affected people who have underlying health conditions, whether through more severe outcomes from COVID-19 infection, reduced access to health care, or through the impact of shielding measures.

Accessible information: the first year of the pandemic highlighted barriers to accessible information for some of our communities, with little in the way of accessible communications on COVID-19 being made available at national level to begin with. This meant that we had to create and share our own accessible information.



What we’re going to do

Focus on prevention: we will continue to focus on prevention both for infectious diseases and wider preventable causes of ill health across the life course, from supporting children and young people to have the best start in life through to developing healthy ageing work to ensure North Yorkshire is an age-friendly community. We will continue to keep health inequalities central to public health work, including championing inclusive health for key groups such as refugees and asylum seekers and Gypsy/Roma/Traveller communities.

Staying well and healthy

Champion accessible communication: we will continue our work to champion good practice in accessible communication, including building capacity in behavioural science (understanding how people behave) alongside our engagement forums. We will provide public information on key health issues such as vaccination to enable individuals to make informed choices to improve their health.

Priority 1

Protecting the health of North Yorkshire's residents

“I will live in a community that promotes good health across all ages and have access to information and services to support my own health and wellbeing.”



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Protecting the health of North Yorkshire's residents

Examples of good practice

Outbreak Management: following the third national lockdown in January 2021, the government announced a roadmap for lifting lockdown restrictions. The summer saw the reopening of key economic sectors and the Public Health team developed Events guidance to support the visitor economy. A key success was the successful delivery of the Great Yorkshire Show in July 2021. In the winter of 2021/22, the Omicron variant further challenged outbreak management. The care sector worked collaboratively with the Public Health team and Adult Social Care colleagues to implement outbreak management guidance and the roll-out of vaccination programmes.

Managing outbreaks in In-House Provider Services: throughout the COVID-19 pandemic, we have worked extremely hard to manage outbreaks to keep people safe. One of the ways we did this was via an outbreak checklist developed in collaboration with Public Health colleagues from North Yorkshire and York. This checklist was used across all services to keep staff, people and visitors safe, with specific versions for different types of provider service – e.g. reablement, short breaks and extra care housing providers.

Annual Health Checks: nationally, people with a learning disability are at higher risk of a range of health conditions and early mortality; to help address this, they are entitled to an Annual Health Check with their GP. The Transforming Care team actively promote Annual Health Checks for people with a learning disability from 14 years upwards, and Annual Health Checks are a priority topic for the North Yorkshire Learning Disability Partnership Board.

Family support for healthy weight and oral health – workforce development: the healthy weight and oral health workforce development project aims to support families who most need help with healthy weight and oral health issues by upskilling the people who work with them, such as foster carers, Early Help workers and social workers. We have started by finding out what people already know and what information and **training** they need. As a result of this work a new healthy weight and oral health resource bank was developed and disseminated to staff groups, and we will work more on this in 2022.



Our challenges

Impact of pandemic management on staying healthy: whilst the national lockdowns helped to keep people safe, the restrictions changed how we all lived our lives and led to some health and wellbeing impacts. People experienced challenges in staying active, accessing healthcare, and having enough social interaction. There were also disruptions to healthcare, as re-prioritisation of hospital staff impacted non-emergency care such as planned treatments and operations.

Annual Health Checks: the Transforming Care team found that GPs did not always have the right information and that some people with a learning disability were not registered with a GP. We worked with our National Health Service England colleagues to check that people known to Health and Adult Services were registered with a GP and on the Learning Disability Register.



What we're going to do

Outbreak management: continue to manage COVID-19 outbreaks and develop our 'business as usual' health protection model, moving away from the Outbreak Management Hub. We will continue to work with partners and the public on what 'Living with COVID-19' means, and develop our health protection capacity to deal with other local outbreaks including avian flu.

Annual health checks: self-advocates working with North Yorkshire Learning Disability Partnership Board will be focusing on annual health checks during 2022-23 to help build awareness and uptake. They will also be working on other health topics including the learning disability care coordinator role. There's more information about their work here: [North Yorkshire Health Task Group | North Yorkshire Partnerships \(nypartnerships.org.uk\)](#)

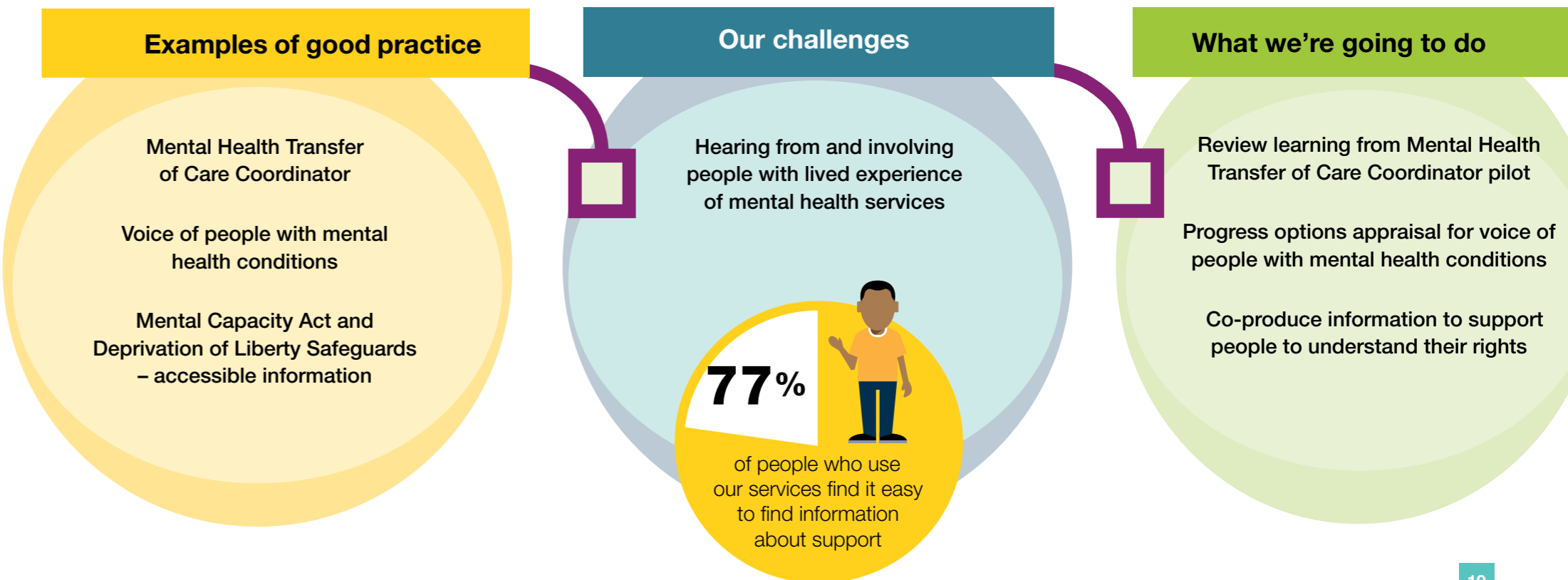
Protecting the health of North Yorkshire's residents

Partnership working for healthier people and places: we will continue to work with internal and external partners to tackle the wider determinants of health, including the development of inclusive and sustainable approaches to the economy, housing, and local planning. We will continue to provide and develop core public health services including sexual health, drug & alcohol support services, NHS health checks, and smoking cessation services to support individuals to improve and maintain their own health.

Priority 1

Improving mental health and wellbeing

"I will know where to get information, advice and support when I need it".





Improving mental health and wellbeing

Examples of good practice

Mental Health Transfer of Care Coordinator: the Health Integration team established a pilot role to work between care and mental health teams to support timelier transfers of information and to coordinate the care around the person. This pilot aimed to reduce unnecessary delays for people leaving mental health wards, as well as ensure that all professionals supporting the person had access to the most up to date information so that they could make appropriate decisions about their care and support needs. The pilot was regularly reviewed and as part of this, the team spoke to people leaving mental health hospitals to seek their feedback on things we could do better, and worked to implement the feedback throughout the pilot.

Voice of people with mental health conditions: we commissioned ThriveLab to explore how best to engage and involve people with lived experience of mental health conditions/services in shaping services. People with lived experience were involved throughout this project, on the steering group, via 1-2-1 conversations and engagement sessions, and shared their views in different ways including creating a video about good involvement.

Mental Capacity Act and Deprivation of Liberty Safeguards – accessible information: this is complex legislation that can be hard for people to understand. To help make sure that people have the information they need, the Practice Team created an accessible, plain English resource on our website, working with the Participation and Engagement team to gain feedback on the resources from people who access services.



Our challenges

Voice of people with mental health conditions: we want to work with people with lived experience to co-produce our services; however, there's no consistent way of doing this at the moment. The work by ThriveLab will provide options for developing a shared approach.



Improving mental health and wellbeing

What we're going to do

Mental Health Transfer of Care Coordinator: the Health Integration team will review and evaluate the pilot and decide on next steps. Initial findings have shown the role adds value and is helping people to leave the hospital sooner.

Voice of people with mental health conditions: we will work with people with lived experience and partners to respond to the findings of the ThriveLab project and implement the chosen option to develop ways to co-produce.

Mental Capacity Act and Deprivation of Liberty Safeguards – accessible information: we will work with people who access services to co-produce information to support people to understand their rights under the legislation.

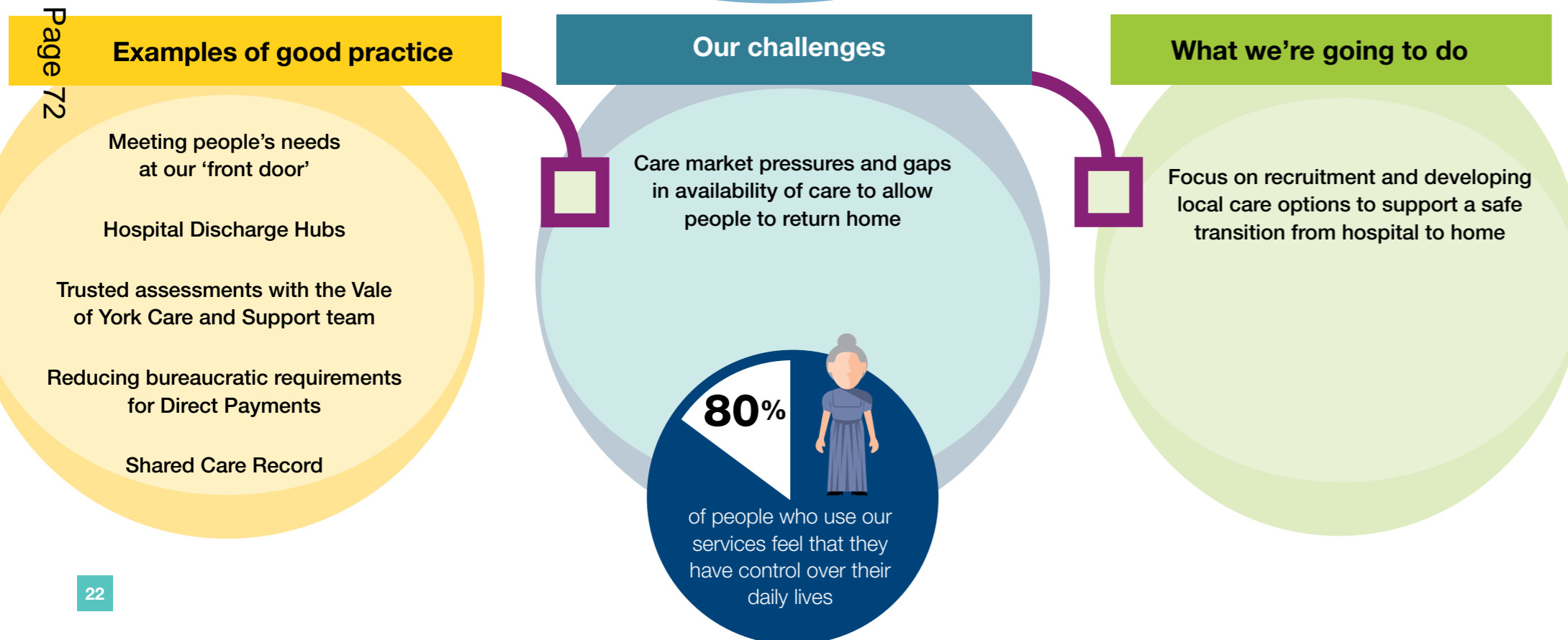


Priority 2

Respecting people's time

“I will only need to tell my story once to get the support I need. This will be based on my needs, and not delayed by decisions on how it will be funded”.

“She really has gone above and beyond keeping us informed every other day, making sure we all understand what’s going on, and making sure we are all okay [...]. (Compliment received by the Richmond Planned Care Team)



Examples of good practice

Meeting people's needs at our 'front door': the Care and Support Team in the Targeted Prevention service is a professional multi-disciplinary team sitting within the Customer Service Centre. The team provides professional support, information, advice and guidance to people at the 'front door' of Adult Social Care. During 2021/22, the team handled an average of 750 contacts per month and were able to resolve 64% of those with no further involvement required from social care teams. The team continued to embed a new conversation record starting at the 'front door', which informs carer assessments and ensures people are only asked to provide information once. The team was also strengthened with the addition of two new social worker posts to respond to increasing demand for services.

Hospital Discharge Hubs: We developed hospital discharge hubs to deliver consistent discharge support to residents through access to the 'discharge to assess' pathway with temporary full funding of initial care and support. The discharge hub team also supported timely discharges for residents from hospitals

out of county. We are gathering feedback from people about their needs and choices, and gaps in provision, and listening to this to help us shape service commissioning.

4,382 people received a Discharge to Assess assessment, 62% of people discharged went home; 23% went on a short-term placement and 15% to a care setting to be assessed for long-term needs.

Trusted assessments with the Vale of York Care and Support team: via a new trusted assessment form within hospitals, assessment by our social care staff in hospital is kept to the minimum necessary, so that a comprehensive assessment only takes place once. This happens out of the hospital setting, when the individual is ready and more settled and in a place of recovery. We hold weekly unsourced packages of care meetings where we scrutinise care records, read feedback from individuals and their families and we use this to allocate appropriate care when it is available, paying attention to people's wishes, priorities and risks.

Reducing bureaucratic requirements for Direct Payments: the legislative requirements to provide evidence of how direct payments are spent are there for good reasons, but can feel bureaucratic and onerous for people. The Direct Payments team recognises that it is important for people to live as full a life as possible without barriers created by these requirements; their approach considers each individual's ability and where appropriate adapts the requirements, fostering trustful relationships and enabling people to get on with their lives. 1,599 Direct Payments in 2021/22 (7% increase)

Shared Care Record: as part of digital transformation work, the Council has worked with health partnerships to implement the new shared care record, which provide direct access for social care and health teams to a person's health and care history. Reducing the amount of time spent contacting each other to obtain or clarify that information has resulted in faster decision making and more connected care pathways.



Our challenges



Respecting people's time

What we're going to do

Availability of care to help people leave hospital and return home: because of unprecedented pressures in the market, we have often not had the full range and availability of services for people when discharged from hospital in some parts of North Yorkshire. We are working with private providers to stimulate market availability in areas where services are more difficult to find, and a new discharge grant scheme was rapidly set up to offer family members a payment for caring for relatives on a short-term basis. We are also supporting people with temporary care, sometimes in a place other than home, including a care rooms pilot in the Selby area. This is where people receive support in another person's home, over a very short period of time - However, we sometimes struggle to then source care to enable people to return home at a time they feel ready. While it's preferable to be in a residential home whilst waiting than a hospital bed, it does still lead to frustrations.

Hospital discharge: we will continue to work with care providers to expand into areas where provision is harder to find, and convene regular local accommodation meetings to share information about gaps in accommodation options for people with care and support needs. We will also continue the development of a virtual home-based ward model with the NHS, with rapid access to therapy support to make best use of the virtual ward, and continue with the care rooms pilot across a wider geographical area. During periods of unprecedented challenge, we will continue to hold panel meetings to discuss complex discharge cases and find solutions for individuals to support hospital flow.

Speed up assessments: our brokerage service is developing with additional staff; we are recruiting into assessment roles including 'growing our own' professional workforce and international recruitment with the aim of ensuring people's needs are assessed as quickly as possible.

Priority 2

Listening to people's experiences

“My experiences will be heard and used to help make decisions about the way services are designed and delivered”.

“NYCC’s ‘user-by experience’ centred ethos has paid dividends, with care users describing extremely positive experiences of NYCC’s support. They reported feeling more engaged, listened to and their views acted upon more than ever before.” LGA COVID-19 Peer Challenge Report, 2021

HAS Whitby Planned Care: “I’d intended to email before to thank you from us all. It’s such a relief to have you as our advocate, really appreciated.”

Chair of North Yorkshire Disability Forum about the Keeping in Touch Care Home Visiting Task Group: “To have care providers and care home residents and relatives brought together to form policy in a short space of time was a huge success for us and for North Yorkshire County Council.”





Examples of good practice

Approved Provider Lists – What Makes a Good Life? As part of the review of the Approved Provider Lists (APLs), the Service Development team worked with Inclusion North and Keyring self-advocates to carry out engagement with people who use services, focusing on finding out what a good life or a good day means to them.

This provided a wealth of invaluable information that has fed into the development of the new APL service specifications to ensure the services we commission and the models of care we offer are as outcome focused as possible. It also forms the foundation for the next stage, co-producing service transformation.

North Yorkshire Safeguarding Adults Board (NYSAB) carried out an engagement project to find out what people know about the NYSAB and safeguarding; what they think of our existing communication and engagement methods; their suggestions for the best way to communicate about safeguarding; and how they want to share their experiences in a way that is meaningful and informs change. 392 people took part in the engagement and 7 recommendations were made based on the feedback: [NYSAB \(safeguardingadults.co.uk\)](https://www.nysab.org.uk/)

Transitions Pathway Review: the Care and Support Transitions team wanted to find out about family carers' and young people's experiences of moving from children's social care to adult social care (known as 'transitions'). The team worked with Inclusion North to identify young people who had recently experienced the transitions process and asked them, and family carers, for their feedback via easy read surveys and follow-up telephone interviews. This highlighted areas that were working well – for example, that the process was happening early and was very family centred – and areas for improvement – for example, that there could be more written information and signposting so that families knew what to expect.



Our challenges

Approved Provider Lists – What Makes a Good Life? The current service specifications were very outdated and were not co-produced with people who use services. Time was a challenge due to a tight deadline to re-procure the APLs; however, in partnership with Inclusion North and Keyring, a two-phase approach to engagement and co-production was designed.

North Yorkshire Safeguarding Adults Board: challenges included conducting meaningful engagement during a pandemic in a way that was accessible. A particular challenge was to find ways to ensure we heard from seldom-heard groups. We worked with self-advocates to co-produce an accessible survey and accessible presentation to be delivered both virtually and in person sessions. Self-advocates, along with others who have taken part in the engagement work, continue to work with us to co-produce an action plan to implement the recommendations.



What we're going to do

Approved Provider Lists – What Makes a Good Life? The new APLs will be procured and the services commissioned via the new APLs will go live in 2022/23. The new outcome-focused service specifications and Standards & Outcomes Framework will be used to monitor the quality of commissioned services. The initial engagement has also provided a foundation for co-production of the adult social care transformation programme.

Listening to people's experiences

Hybrid engagement: we have learned a lot about how to use digital platforms for accessible and meaningful engagement during the pandemic, and we are bringing this learning into our plans to move to hybrid methods (digital and in-person), co-designing our approach with our engagement forums.

Priority 2

Embracing technology together

“I will be able to interact with the County Council in more accessible ways, and have support to use technology to enhance my quality of life if needed.”



Embracing technology together

Examples of good practice

Transforming Care Team – person-centred discharge planning: during the pandemic, we have embraced using WhatsApp and Microsoft Teams to talk to people we support and work with hospital teams to engage the person from the start in their discharge planning. In one example, we were able to send the person plans of the accommodation being developed so they could have input in the layout of the flat they would be moving into. This took several months, but the person has settled well back into the community and the accommodation they helped develop.

Technology Enabled Care – support to stay independent: the Housing, Technology and Sustainability team continue to innovate in the use of Technology Enabled Care (TEC), supporting people to remain independent through its use. A bespoke offer is given to each individual, and our TEC service has provided over 700 unique items. We continue to pilot new products which focus on preventative and predictive interventions such as ARMED, a wearable device which uses personal analytical

data to identify whether the person is at risk of falling; Brain in Hand, a smartphone app to help manage a range of conditions such as mental health, autism and anxiety to help people maintain independence; and Canary, a sensor-based system which does not require an internet connection or a phone line.

Own Fone – reducing delays in hospital discharge: this initiative was developed by our Health Integration team during the pandemic to assist with safe hospital discharges. People leaving hospital were offered a lightweight device that acts as a mobile phone which can be easily worn on the person and pre-programmed to include up to 12 numbers. The aim was to combat any delays in putting in telecare or assistive technology in people’s homes, and therefore reduce delays in hospital discharge. 50 handsets were procured and shared with our 5 acute trusts, and the supplier Own Fone worked with people to develop their offer.

Digital inclusion – overcoming barriers to access: many of our teams worked to overcome barriers to digital access during the pandemic, including the Direct Payments team, the Living Well and Supported Employment teams, Living Well Smokefree team, Mental Health teams and Assessment teams. Examples of interventions include: digital champions, working with Citizens Online to provide support to individuals to make the most of technology, e.g. a tablet loan scheme; access to smart phones for a smoking reduction scheme for pregnant smokers; using video-conferencing to keep in touch and reduce isolation; working with A1 Community Works to provide kit and support to use it.



Our challenges



Embracing technology together

What we're going to do

Uptake of TEC care: we are innovating and developing the capabilities of assistive technology to help people maintain their health and independence; however, we have more work to do to encourage the uptake of technological solutions. This requires a culture shift for both practitioners and people who use services.

Digital exclusion: the use of technology has accelerated rapidly over the past two years and the move to digital platforms during the pandemic highlighted the extent of digital exclusion. This remains a challenge whether based on connectivity, cost or knowledge.

Uptake of TEC care: we created a practice lead post placed in the Housing, Technology and Sustainability team to work across Adult Social Care to develop practice knowledge and confidence to build tech solutions into support planning. The post was created in 2021/22 on a fixed-term basis and made permanent in 2022. We will also be recommissioning the assistive technology contracts (from April 2024), with a focus on better integration with children's services and health partners, and on enabling people to use their own devices to make use of customer comfort and familiarity with standard tech.

Digital Inclusion: we will continue to promote the use of TEC to support people to remain independent as well as piloting new and emerging products such as ORCHA social prescribing apps ([ORCHA](#)), and continue to work with organisations such as Citizens Online to reduce barriers to digital inclusion.

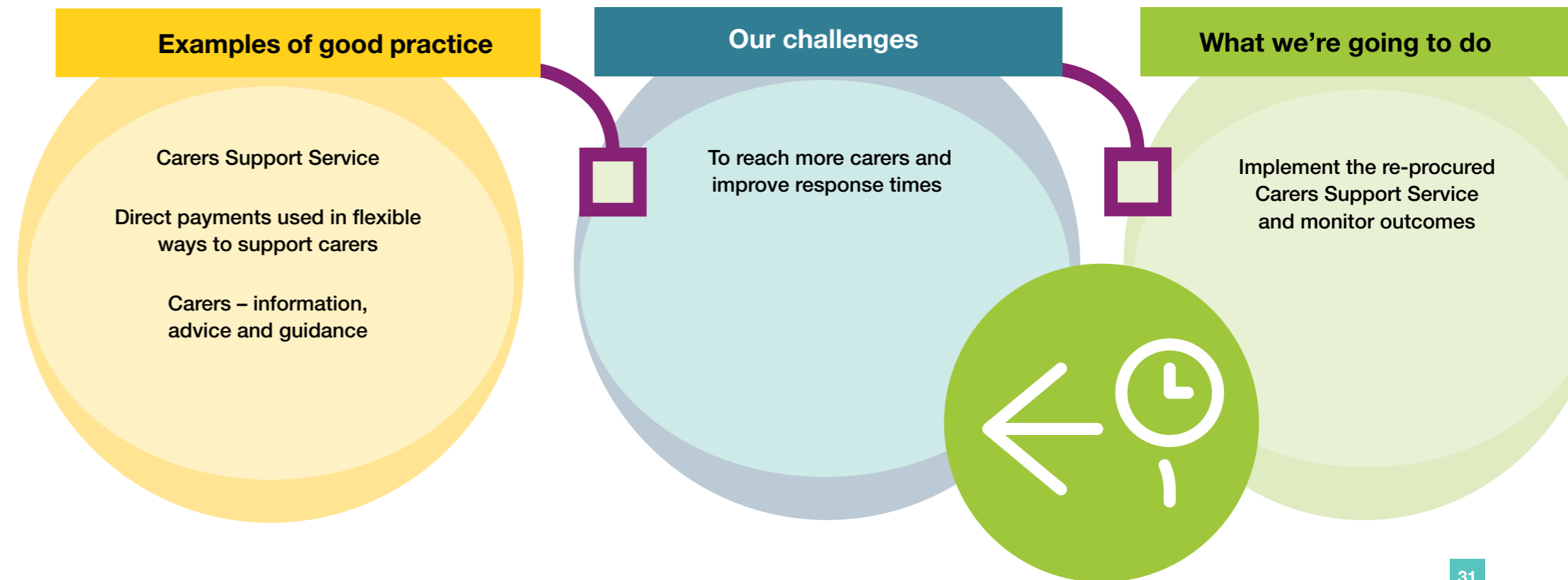
Priority 2

A life outside of caring

“As a carer I will feel valued and have a full and more balanced life.”



1,007 carers assessments were completed during 2021/22





A life outside of caring

Examples of good practice

Carers Support Service: the NYCC Carers Support service was successfully re-procured, ensuring that provision for adults and young carers was brought together into a single, unified contract agreement. Engagement sessions were held with carers of all ages and backgrounds, allowing carers to directly influence the new specification, and identify the key issues and priority outcomes that were of greatest importance to them.

Direct payments used in flexible ways to support carers: over the last 2 years, some people were not able to access their usual services. This left carers delivering higher levels of support, which increased the pressures on their own resilience and mental welfare. The Direct Payments team supported and encouraged carers, and practitioners, to think about alternative ways for their loved ones to continue to receive support to reduce the impact on their own wellbeing, including different ways of using direct payments. Carers told us they felt genuinely cared for and that this support helped them to keep safe and well.

Carers – information, advice and guidance: the Targeted Prevention team carried out engagement with carers and stakeholders to find out what was important to them. The feedback informed the development and testing of options for an online self-serve offer alongside traditional access routes.



Our challenges

Our challenge is to identify and work with an increased number of carers and improve response times, reaching people at the earliest point possible to enable us to offer early intervention and prevention, and provide the most appropriate support.



What we're going to do

We will implement the refreshed, unified service Carers Support Service, ensuring that a quality information, advice and support service is available to all our carers, particularly in times of crisis, to avoid care breakdown or hospital admission. We will also improve the online self-serve offer and increase take-up – with accessible information, advice and guidance – through an improved online assessment and online review.

A life outside of caring

Priority 3

My home, my community, my choice

“I will be supported to live independently in my home of choice as long as possible”.

“I would like to express my gratitude for the recent care I have had from the NHS. Due to a car accident resulting in a broken ankle, I spent four days in the Friarage, then six weeks in respite care at Orchid House Thirsk. The care I received in both was exemplary and Orchid house has the bonus of delicious lunches from the Bistro. Now that I am home, I have wonderful North Yorkshire County Council reablement carers I have met since my accident, really seem to care. The system wouldn't work without good management from above and I count myself very lucky to have experienced such efficiency. Thank you to everybody.”

My home, my choice

Filey Fields Court

Examples of good practice

Eller Beck, Skipton

Bowland View, Bentham



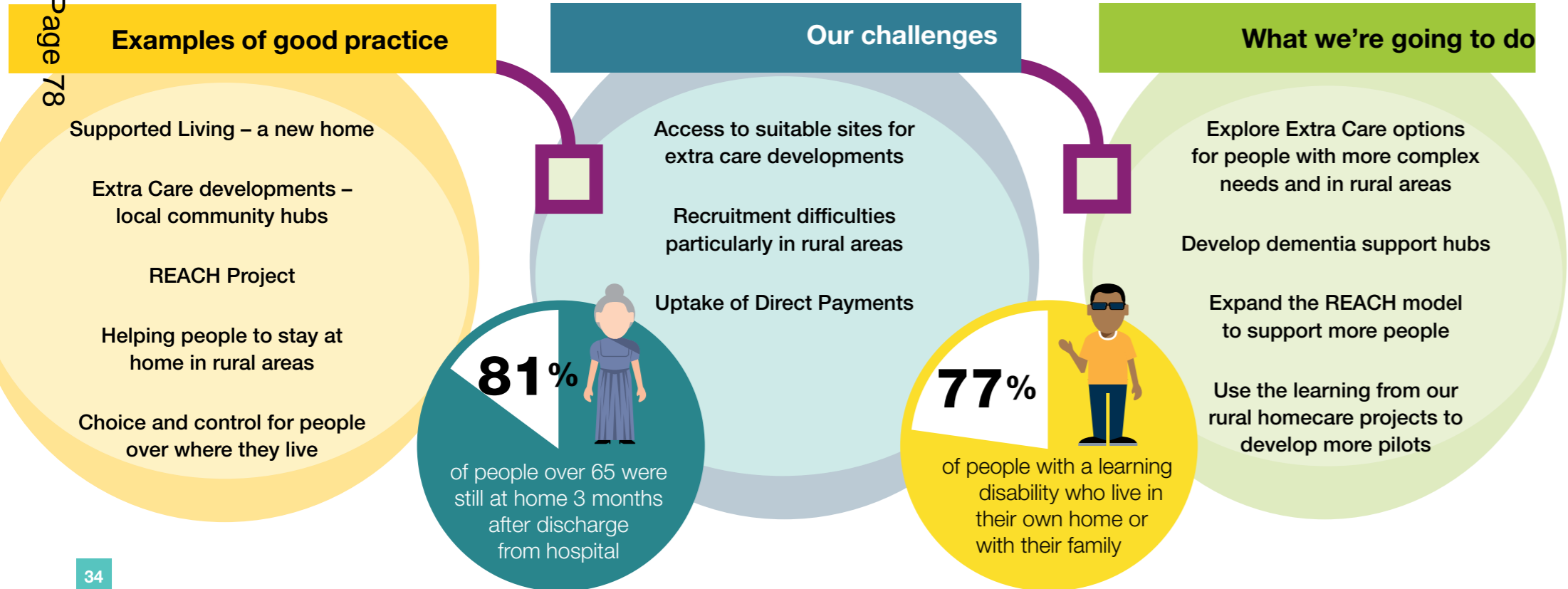
Supported Living – a new home: the Transforming Care team supported three people, including one person in hospital, who wished to live more independently. We worked with our Service Development team to design a supported living scheme in Harrogate. The challenge was building up the relationship with the three people involved during a period of COVID-19 restrictions. Online quizzes, bake-offs and chats were organised to help them get to know each other and when allowed, meet ups were organised. They met the provider supporting them on several occasions to ensure they knew the staff and their manager. The three people were also involved in organising what they wanted in the bungalow and with support from the TCP team and their families they have made the accommodation their home.

Extra Care developments – local community hubs: the Housing, Technology and Sustainability Team have opened three new Extra Care schemes since August 2021 and now have 28 schemes with over 1500 units of high-quality accommodation, with support all across North Yorkshire. As well as providing accommodation, Extra Care acts as a community hub hosting libraries and public spaces whilst also providing space for respite and discharge to assess services. Our most recent scheme at Bentham has been developed in close collaboration with the local community especially members of the Bentham Extra Care Group who have been involved in the scheme from concept to delivery. A total of 1,538 extra care places (13% increase on 20-21)

REACH Project (Reducing Exclusion for Adults with Complex Housing Needs) in Scarborough supports people with complex needs relating to mental health, substance misuse and offending behaviour. The project provides dedicated multi-agency support to help people to develop the skills required to manage their own tenancies and live independently. The project was set up in partnership between the county and district councils, the mental health service provider, the police service and others in response to the need in the community, bringing partners together to provide a single point of support.



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My home, my community, my choice

Examples of good practice

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REACH Project (Reducing Exclusion for Adults with Complex Housing Needs) in Scarborough supports people with complex needs relating to mental health, substance misuse and offending behaviour. The project provides dedicated multi-agency support to help people to develop the skills required to manage their own tenancies and live independently. The project was set up in partnership between the county and district councils, the mental health service provider, the police service and others in response to the need in the community, bringing partners together to provide a single point of support.

Helping people to stay at home in rural areas: it can be very difficult to source care in rural areas. As part of our response to this, we have carried out pilot projects to find new and innovative ways to provide care:

- **Micro-enterprises:** between 2019 and 2021 to support the development of micro providers to deliver domiciliary care in people's own homes and communities. The project successfully established 12 new providers in the Ryedale district (and wider) and supported a total of 39 people to remain at home.
- **Reimagining Home Care – Reeth:** this 2-year pilot, which started in May 2021, looks at innovative ways of enabling people with assessed needs to remain at home for as long as possible in a selected area, working with an established care and support provider using technology, community assets and volunteers.

Choice and control for people over where they live: our in-house care provider workforce has been flexible and adaptable to ensure that people's needs are met. For example, in Harrogate we responded to a provider failure to ensure continuity of support for people with learning disability and/or autism, in consultation with the people who use the service, their families and advocates. We made sure that there was no break in services and people continued to receive support in their own homes. This intervention enabled people to continue to live where they wanted to, rather than the potential alternative of residential accommodation for some to cover the provider gap.



Our challenges

Extra Care developments: access to suitable sites for development remains a challenge, especially in high-cost areas such as Harrogate.

Helping people to stay at home in rural areas: both projects experienced recruitment challenges (made worse by the pandemic); the micro-enterprises project had challenges with the direct payments process and uptake of direct payments. To tackle these challenges, the micro-enterprises project appointed a project manager and amended the Direct Payments process, and the Reeth project appointed a "Care Connector" to enable the more innovative methodology to be developed moving into the second phase of the project.



What we're going to do

Extra Care developments: the Housing, Technology and Sustainability team will continue to develop Extra Care by pursuing developments in Malton and Harrogate, working closely with development partners and district and borough council colleagues. The next phase of the programme will focus on how we can develop Extra Care for people with more complex needs as well as smaller-scale schemes to support our rural communities.

REACH project: the project will continue to expand to support more people and create capacity for move-on accommodation. Phase 2 planning for a purpose-built supported housing development will take place.

My home, my community, my choice

Helping people to stay at home in rural areas: the learning from these projects will inform future pilots and service delivery models. The second phase of the Reeth project is anticipated to link more into community assets (groups, networks, local community buildings and so on), thus decreasing the need for formal services organised and/or delivered by councils and health services.

Priority 3

Outstanding Services

“I can access high quality, affordable services within my community.”



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“My mother is a resident at xxx. On several occasions over the last 12 months, my mother has needed the assistance of the onsite carers who always respond quickly and efficiently. The kindness and compassion they show goes over and above one’s expectations. Two carers in particular who responded to an emergency call need to be commended for their exceptional personal and professional skills. Their kindness and compassion in their handling the situation was outstanding.”

“Health and Adult Services have been extremely supportive to ourselves as an organisation but also clients and their families, and the outcomes have always been positive and sometimes stopped readmissions into hospital.”



“A proactive relationship-based approach is evidenced in NYCC’s proactive engagement with care homes, care settings and care users. The positive impact of this is evident in the strength of the relationships forged during the pandemic with these partners. The dedication, energy and collaborative team working which has made this possible was evident through a ‘willingness to pull out all the stops’. There has also been innovation in service delivery. For example, the additional investment in the Quality Improvement Team (QIT) has had a transformational impact on the ground, including direct vaccination intervention to support struggling care providers and to assist the NHS with vaccine roll-out in care homes.”
LGA COVID-19 Peer Challenge report, 2021



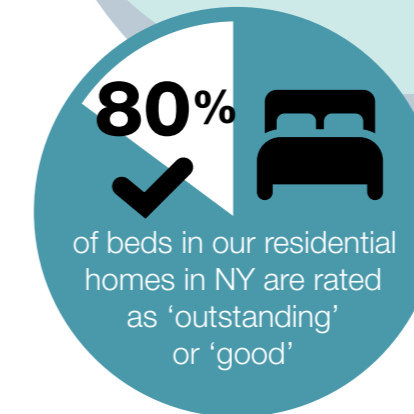
Examples of good practice

- Quality and Service Continuity – Quality Pathway
- Quality and Service Continuity - integrated quality team
- Day services – grants for alternative provision
- Selby Homecare



Our challenges

- Supporting the care market during challenging economic times, made worse by the pandemic
- Ensuring that people have continuity of good-quality support



What we’re going to do

- Implement the Quality Pathway and integrated Quality team
- Build on the learning from delivering community-based support in new, more flexible ways
- Explore options for extending the new homecare rapid-response in-house service





Outstanding Services

Examples of good practice

Quality and Service Continuity – Quality Pathway: 2021/22 saw the further planning of the Quality Pathway, a new proactive risk-based approach to monitor and improve social care services. This will ensure the population of North Yorkshire receive good quality services and where issues are identified, providers are fully supported to make the required improvements so they can continue to operate safely.

Quality and Service Continuity – integrated Quality Team: following the success of the multi-agency care setting response created during the pandemic, planning is underway to implement an integrated Quality Team for the county to fully support the introduction of the Quality Pathway. A joint approach between NYCC Adult Social Care and health commissioners, this involves working more closely with Humber & North Yorkshire Integrated Care Board and enhancing the positive working with their Quality Team.

Day services – grants for alternative provision: most Day Services had to close in the initial stages of the pandemic, and so a COVID-19 Day Services Support Fund was set up to make additional funds available to develop blended/alternative service offers, and financial relief where providers were unable to meet costs due to the restrictions. The Service Development team built up close and mutually supportive relationships with Day Services providers, and the financial support was based on listening to care providers about their ongoing challenges. Providers demonstrated flexibility and ability to adapt to ensure they were still able to meet the needs of the people they support in different ways.

Selby Homecare: one of the two domiciliary care framework providers in the Selby district ceased trading on 22nd June 2021. As an emergency measure, the service was brought under the management of the Selby Reablement Team Registered Manager in order to maintain a safe, consistent service with minimal disruption to clients. A full consultation process took place with the former care providers' staff members and people accessing the service, and the feedback from this led to the creation of a permanent rapid-response in-house service.



Our challenges

Recovery of day services: despite the easing of Covid-19 restrictions, some providers continued to have constraints on their delivery because of the restrictions still in place, and/or due to their service models. They therefore still required support from the COVID-19 Day Services Support Fund to develop alternative means to support people, or to provide financial relief in the event that alternative service delivery was not possible.

Selby Homecare: the Council does not ordinarily provide long-term community care directly to residents of North Yorkshire. The necessary response to this provider failure was therefore a significant undertaking, but was managed successfully through excellent team working and communication.



What we're going to do

Quality and Service Continuity – feedback and voice: we will continue to develop the mechanisms and tools for people in receipt of social care to have a voice in the quality of the care they receive, as part of the implementation of the Quality Pathway.

Day services – grants for alternative provision: we will build on the learning from delivering community-based support in new, more flexible ways. The feedback from providers and people who use services is that this more flexible approach to delivering community-based support services was welcome, alongside a safety net of building-based services for people with more complex needs requiring that level of support. The new APL service specification for community-based support has been designed using this feedback.

Outstanding Services

Selby Homecare: it is anticipated that the rapid-response in-house service will make a considerable contribution towards stabilising clients whose care packages have been brought in house. Over time, this model will be extended to stabilising clients with complex needs, as well as potential collaboration with NHS Continuing Health Care teams around a co-designed and co-funded model.

Priority 3

Strengthening communities to create opportunities

“I will have the opportunity to be an active part of my community where my contribution is recognised.”



Strengthening communities to create opportunities

Examples of good practice

Supporting people to speak out and become involved in our work: we continue to work with and support user-led engagement forums such as North Yorkshire Disability Forum and North Yorkshire Learning Disability Partnership Board, and invest in workforce capacity to co-produce our services. During 2021/22, we explored hybrid meetings – a mix of in-person and online – offering flexibility and choice for forum members. The forums have also found new ways to get their voice heard during the pandemic, including online councillor meetings, press conferences, focus groups and creating videos to communicate to a wider audience. You can read more about this activity in section 4.

Community resilience and volunteering: in response to the pandemic, the Stronger Communities team worked with the voluntary sector to very rapidly form a network of 23 Community Support Organisations (CSOs) with 31 voluntary community and social enterprises and ultimately a wider network of over 150 grassroots groups. CSOs involved many people from their local communities as volunteers, and a survey in 2021/22 highlighted that most volunteers had new perspectives because their experience had brought them into contact with people from different backgrounds to them. You can read more about the experiences of people involved in CSOs here: [Director of Public Health annual report 2022 | North Yorkshire Partnerships \(nypartnerships.org.uk\)](#)

Community-led wellbeing and prevention: the Service Development and Stronger Communities teams have worked together to set up a pilot grant scheme in Selby and Craven to fund voluntary and community sector groups to support people in the district to live happy, healthy independent lives and reduce demand for long-term care. Feedback from the pilot has been positive: “We’ve been able to explore new ways to provide support.” “Enabling change, radical impacts to quality of life – for some, saving lives and their families.” “Lasting improvements in physical and mental wellbeing.” “Creating the futures people didn’t realise they could have.”



Our challenges

Developing resilience in our communities: provider failures have been a challenge throughout 2021/22 and we continue to develop and test creative ways to support providers and communities to develop resilience. The community grants pilot is one example of this.

Community Support Organisations – funding: the funding source for the CSOs was temporary for the COVID-19 response, and the challenge was to find ways to continue to build on the excellent emergency response work and increased community resilience, and cohesion, that it had created.



What we're going to do

Build on community assets for community wellbeing and prevention: our intention is to continue to harness and build on community assets, sustaining the capacity and momentum of the new initiatives and grassroots innovations that have emerged through the new community-led grants-based approach. This will be done by using the learning from the pilot grant schemes in Selby and Craven to develop a countywide grants approach.

Strengthening communities to create opportunities

Community Anchor Organisations: so as not to lose the good work of the CSOs and to help to realise the ambitions of the **'People, Place, Power'** strategy that the Stronger Communities team had been developing before the pandemic, the team are working with the CSOs to help pave the way for a transition from CSO grant arrangements in 22/23 to the development of a new Community Anchor model in 23/24.

Workforce

“There is a strong understanding of the structural and locality specific factors which have a bearing on recruitment and capacity challenges, which in turn impact on NYCC’s ability to respond and recover. This is particularly the case for the care sector where proactive interventions are in train to address this.” LGA COVID-19 Peer Challenge report, 2021

“I just wanted to pass something on to you. I was talking to my neighbour’s daughter yesterday and asking how her Mum is doing as she is in the hospice now. She said that you personally had helped them as a family so much and at a time of real crisis for them all and particularly their Mum. She couldn’t praise you enough for everything that you had done for her Mum. She didn’t actually know what job I have in ‘the council’ so it was genuine, unprompted and heartfelt; many kind words and all meant for you personally.”

The care sector, including the County Council, has experienced significant recruitment challenges for some time and it became even more difficult during the pandemic.

We have developed some new approaches to recruitment and retention as a result, particularly for professionally qualified staff. We have undertaken a number of broad recruitment campaigns on different themes and have developed alternative roles to try to attract different candidates. The Make Care Matter recruitment campaign went live in November 2021 and involved people with lived experience of accessing care and support services, who took part in TV adverts and press conferences: [Make Care Matter - care professional opportunities | North Yorkshire County Council](#)

However, we are carrying large numbers of vacancies, which has an impact on waiting times for assessment and staff caseloads. We are maximising opportunities afforded by recruitment agencies to employ agency staff and are pooling our colleagues to work as one team to make sure there is consistency wherever people may live.

One example of a new initiative to improve retention comes from our Targeted Prevention teams. In response to staff survey feedback about lack of progression across Targeted Prevention roles, a new apprenticeship for social prescribing was commissioned and the first cohort identified to start in 2022. Similar initiatives are underway in other services, including Public Health.





Strengthening communities to create opportunities

What we're going to do

Staffing for In-House Provider Services: like every other part of the care provider market, staffing in particular has been a huge challenge for our in-house provider services, with a major impact from colleagues having to isolate. To respond to the staffing challenges, the service and workforce demonstrated great flexibility and adaptability. Provider Services colleagues moved around to different services where needed, and people from all parts of the Council, including some who had never worked in care, came to work in care services. As part of the winter planning for 2021/22, we ran a campaign asking NYCC colleagues to volunteer to cover shifts, and provided skills assessment and training.

Support for care providers: during the pandemic, the Government issued a number of grants to care sector providers via local authorities, including the Workforce Recruitment and Retention Fund grant. NYCC matched funding to allow providers to bid for up to £40,000 depending upon their workforce size, to support recruitment and retention initiatives. Challenges for the sector included issues with staff turnover, staff illness and agency costs. Providers submitted ideas around how to alleviate some of these challenges including staff bonus, training, recruitment campaigns, technology and wellbeing benefits/packages.

Direct Payments – personal assistants: over time it has become increasingly difficult to find and employ personal assistants, and it is much harder to find support at short notice, for example if a person's usual personal assistants are unwell. We also know from feedback that some people do not want the responsibility of being an employer but do want choice and control over who supports them. We therefore formed a partnership with an organisation which has built a digital platform for self-employed personal assistants. The organisation vets the self-employed personal assistants to support safer recruitment practices, and it means that people do not need to take on employer responsibilities when choosing the individuals they want to work with.



Strengthening communities to create opportunities

What we're going to do

Developing our workforce:

The extensive training and continuous professional development offer available to our workforce is led by the cross-Directorate Organisational Development Group. Some examples of our development programme innovations in 2021-22:

Creation of revitalised practice induction for new Health and Adult Services recruits:

co-created within the Adult Social Care Practice team, we used feedback from previous new starters, students and exit interviews to improve induction pathways around wider practice. Practice senior officers meet with new starters and provide a standardised offer to ensure they receive consistent support when joining our teams.

Creation of the Practice Library: a central resource library for all Health and Adult Services colleagues, along with a weekly Practice bulletin circulated to all directorate colleagues via email to update on current topics, resources and training updates.

Equality, Diversity and Inclusion (EDI): we have invested in staff capacity to lead our EDI developments, and examples of our workforce EDI activities in 2021/22 include: acting on feedback from colleagues to ensure recruitment, induction and training support the development and retention of a diverse workforce, with co-designed solutions; strengthening our directorate EDI working group; co-creating an ongoing series of talks to the Health and Adult Services Leadership Forum delivered by people with lived experience on EDI topics including Trans awareness, Lesbian, Gay and Bisexual awareness and anti-racist practice; and developing an intranet EDI resource library.

In-house provider services: our care provider service continues to focus on professionalising the workforce through workforce planning as well as recruitment. The training offer has been strengthened, with a nationally recognised diploma qualification offered to the whole provider workforce. The service is also developing models of care to support people with learning disability and autism, in recognition of the Health and Social Care Act 2022 which makes it mandatory for care professionals to be skilled, knowledgeable and competent in working with people with learning disability and autism. We are reviewing in-house training and rolling out the national Oliver McGowan training.

Section 4 – How did we do?

Adult Social Care performance

During 2020/21, we supported the following number of people:		During 2021/22, we supported the following number of people:	
9,504	With long-term support services	10,464	With long-term support services
6,297	With community-based packages	6,571	With community-based packages
3,207	With residential packages	3,893	With residential packages
1,338	With extra care places	1,538	With extra care places
2,911	With contact from the Living Well Service	3,962	With contact from the Living Well Service
1,482	With Direct Payments	1,599	With Direct Payments

All 2021/22 figures in relation to the support we have been able to offer people show an increase on figures for 2020/21; however, the number of long-term support services, community-based packages and residential packages remained below pre-pandemic levels.

The number of Direct Payments returned to pre-pandemic levels and both contacts from the Living Well Service and the number of extra care places exceeded pre-pandemic levels.

Compliments and Complaints

We aim to provide the best possible services to those who use adult social care and public health services, and we value and encourage feedback. We want to know where things go wrong so that we can put them right and prevent them from happening again. Customer feedback is essential to the Directorate as it helps to shape our services and we can learn vital lessons from customer feedback to ensure we deliver a high standard for everyone. We also want to know where we have delivered a great service, as well as giving residents the opportunity to comment on what we do, or make suggestions on how we could make things better.

Information about the Adult Social Care complaints process and how to submit a comment or compliment can be found here: [Complaints, comments or compliments | North Yorkshire County Council](#)



Compliments

During 2021/22, 884 compliments were recorded for Health and Adult Services, 9% more than in 2020/21. However, this is still a significant reduction in compliments compared to pre-pandemic levels. This is in the main because financial assessors were not undertaking home visits and were therefore unable to hand out feedback forms as they normally would. We have incorporated some examples of compliments into section 3.

Complaints

372 complaints were received in 2021/2022, an increase of 1.1% compared to 2020/2021.

72 complaint reviews were received, a decrease of 5.3% year on year.

450 enquiries were received, a decrease of 9.6% year on year.

MP Enquiries

93 MP enquiries were received in 2021/22, a 26% decrease compared to 2020/2021. The reason for the decrease was because of the better understanding of the COVID-19 pandemic, which resulted in constituents contacting their MPs to ask them to raise concerns on their behalf far less frequently than they had done in the previous year.

Local Government & Social Care Ombudsman

During 2021/2022, we received a total of 16 cases from the Local Government and Social Care Ombudsman; this was a decrease of 23.8% compared to 2020/2021.

Of the 14 cases closed in 2021/22, no fault was found in 7 of them, with fault being found in the other 7

Keeping people safe – our safeguarding work

The safeguarding year in numbers

3,079	Information gathering exercises in response to safeguarding concerns, a 2.5% increase on 2020/21
23%	The decrease in safeguarding concerns received from the previous year
32%	Percentage of safeguarding concerns related to adults aged 18-64
34%	Percentage of safeguarding concerns related to adults aged 65-84
34%	Percentage of safeguarding concerns related to adults aged 85 and over
61%	Percentage of safeguarding concerns related to female adults
91%	Percentage of enquiries following which risk was reduced or removed, down from 93% in 2020/21
3,466	Number of Deprivation of Liberty applications received, down 1.5% year on year
44%	Percentage of reported abuse occurring in the adult at risk's own home, down from 51% in 2020/21
43%	Percentage of reported abuse occurring in care homes, up from 36% in 2020/21.
75%	Percentage of adults at risk who felt their outcomes were fully met, up from 70% in 2020/21.

The 2.1% increase in safeguarding concerns received is likely due to the country reopening more fully in 2021/22.

The drop from 51% in 2020/21 to 44% in 2021/22 of reported abuse in the person's own home brings the figure closer to pre-pandemic levels.

The increase from 36% in 2020/21 to 43% in 2021/22 of reported

abuse in care homes reflects the increased access to care homes for family members following the easing of lockdown restrictions.

Safeguarding Week 2021

Between 21st and 25th June 2021, the North Yorkshire, City of York and East Riding Safeguarding Adults Boards, Safeguarding Children Partnerships and Community Safety Partnerships worked together to deliver a virtual awareness raising campaign on how to report abuse of children, young people and adults.

The Safeguarding Week campaign has previously involved local events taking place across the region; however, due to the pandemic restrictions in place, the campaign moved online in 2020. To ensure we could reach as many people as possible and create opportunities for learning, awareness raising and development, we organised a week of online webinars and workshops delivered by inspiring experts in their field.

Previous Safeguarding Week campaigns have been directed towards professionals, but in support of a prevention and early intervention approach, and to inform the public of the great work being completed, the campaign was made available for both professionals and members of the public.

Public-facing sessions raised awareness of key issues and provided insight into how every member of the public can play a key role in keeping themselves, their families and the wider community safe – reinforcing the message that “safeguarding is everybody’s business”.

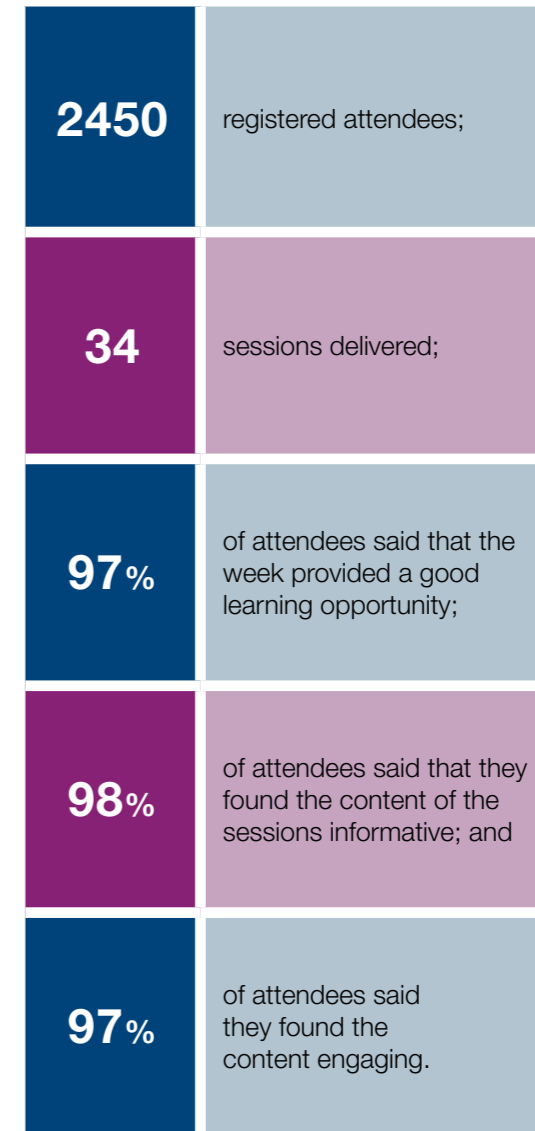
The North Yorkshire Safeguarding Adults Board hosted the following sessions:

- Carers’ Panel which addressed keeping safe in care and support settings. The recording was viewed over 200 times during Safeguarding Week and continues to be shared by care providers and partners. It is available here: <https://www.youtube.com/watch?v=OAhZQaM2zDU>
- Suicide prevention which was delivered by inspirational speaker Pat Sowa. 162 people were in attendance, the highest attendance of any session throughout the week. The recording and slides from Pat’s presentation are available here: https://www.youtube.com/watch?v=HRXKQHi_dg0

We recorded a podcast with the North Yorkshire Learning Disability Partnership Board Keeping Safe Champion, Sam Suttar. The podcast was all about reporting safeguarding concerns, understanding abuse and signposting people to the accessible keeping safe guides. You can listen to the podcast here: <https://anchor.fm/nyselfadvocates/episodes/Safeguarding-e10o95h>

The week was a great success with many people getting involved with the online activities and sharing the key messages and resources throughout the week.

Headline numbers:



Working Together with people who use services

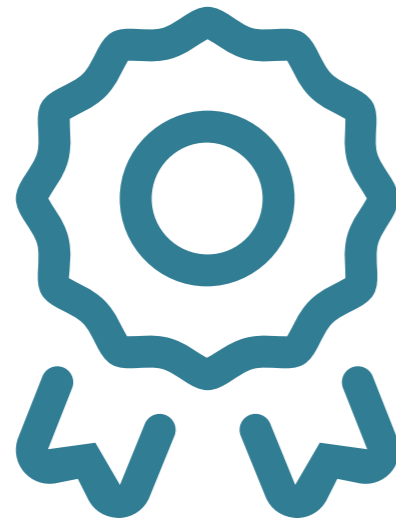
In 2021/2022, we continued to work closely with people and communities to ensure their voices are heard across Health and Adult Services. Their insights have played a pivotal role, not only in shaping our ongoing response to the pandemic but across the full range of our daily work. People who use services are experts in their own experience and only by working in partnership with them and their communities can we design and deliver the best services for North Yorkshire.

We have continued to support people to take part in accessible and inclusive ways. This has included working with partners and commissioned services such as our Keyring self-advocacy support service to find ways of involving people both online and offline, and via hybrid approaches. This has been vital to ensure we are hearing from a diverse range of people, including those at risk of digital exclusion.

The groups we currently support / work with regularly are:

- North Yorkshire Disability Forum and the five local disability forums
- North Yorkshire Learning Disability Partnership Board and its associated local forums and groups
- Older People’s Forums
- Harrogate Mental Health Service User and Carer Involvement Group

We also work with a wide network of voluntary and community groups, colleagues and partners to reach out into communities across North Yorkshire.



Our achievements

Working with user-led groups, communities and colleagues in 2021/22, we collectively completed a range of projects. Here are some highlights:

- Held regular joint forum meetings with Richard Webb, Corporate Director Health and Adult Services, to discuss issues about the pandemic response, as well as other issues relating to adult social care and public health.
- Held workshops about what makes a good life, to shape the specifications for our new Approved Provider Lists.
- Forum members and self-advocates shared their experiences of engaging with us during the pandemic with the Care & Independence Overview and Scrutiny Committee.
- Collaborated with colleagues, partners, KeyRing and self-advocates to create activity packs on a range of topics for people with learning disability and/or autism, including annual health checks and fitness.

- Worked with forum members and self-advocates to make adverts for the Make Care Matter recruitment campaign, encouraging people to take up a career in adult social care.
- Completed an externally-facilitated options appraisal for voice and representation of people with lived experience of mental health services.
- Worked with NYCC Stronger Communities to commission a new countywide network and Partnership Board for older people.
- Worked with forum members and self-advocates to establish the Accessible Transport Group, bringing together disabled members and County Council officers to identify barriers and collectively seek solutions to issues faced by disabled people.

We want to build upon these successes in 2022/2023, further embedding engagement and co-production in our daily work. As part of this, we will continue to work on developing our Engagement Framework to ensure we have the conditions for excellent co-production across our Directorate.

We will also continue to extend the range of ways people can get involved, reach out to people and communities whose voices are less well represented in our work, and support the development of involvement networks. This includes working with the recently commissioned Age Friendly Network, as well as progressing work to involve and listen to people with lived experience of mental health needs.

We want as many people to be involved in our work as possible. There is a wide range of ways you can get involved from joining one of the user-led groups or networks we support, to taking part in our consultations. Follow the links below to find out more:

<https://www.nypartnerships.org.uk/adults>

<https://www.northyorks.gov.uk/consultations>

[Age Friendly Network - Community First Yorkshire](#)

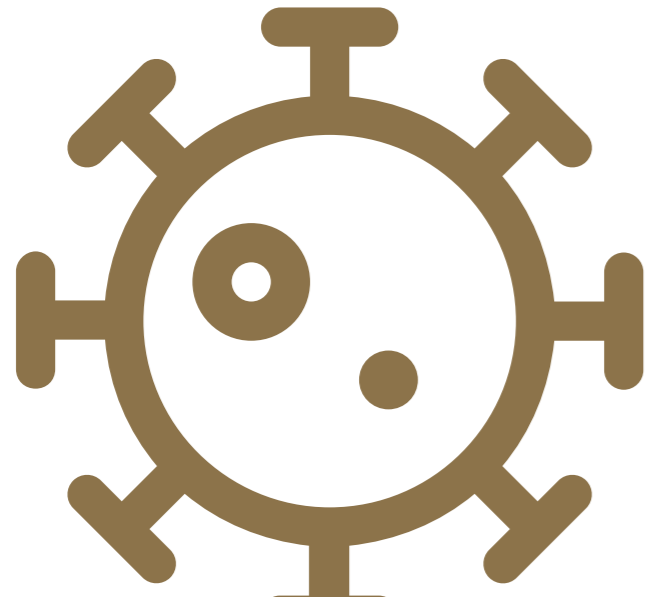
COVID-19 Peer Challenge

In September 2021 we took part in a Local Government Association (LGA) Peer Challenge, exploring NYCC’s approach to COVID-19.

A team of external officers and political leaders explored nine areas of our outbreak management response, including governance and leadership, partnership working, and approach to care settings. The team reviewed key documents and information before a virtual visit, during which they gathered information and views from more than 19 meetings speaking to over 120 people, including a range of council staff together with councillors, external partners and stakeholders, and community representatives.

The Peer Challenge team said in its report: “NYCC is rightly proud of – and should celebrate – what it has achieved at such pace in incredibly challenging and turbulent circumstances. As NYCC and its Districts and Boroughs navigate the next stages of the pandemic, they do so whilst simultaneously managing transition to a unitary structure. This is likely to bring issues such as resilience, wellbeing, and capacity into even starker focus than for other authorities. There is nevertheless optimism that closer operational collaboration and achievements during the pandemic can provide a positive foundation to build on for the changes and challenges to come.” LGA, 2021

You can read more about the peer challenge, including its recommendations, here: [Report - LGA \(northyorks.gov.uk\)](https://www.northyorks.gov.uk/reports-and-publications/peer-challenge-report)

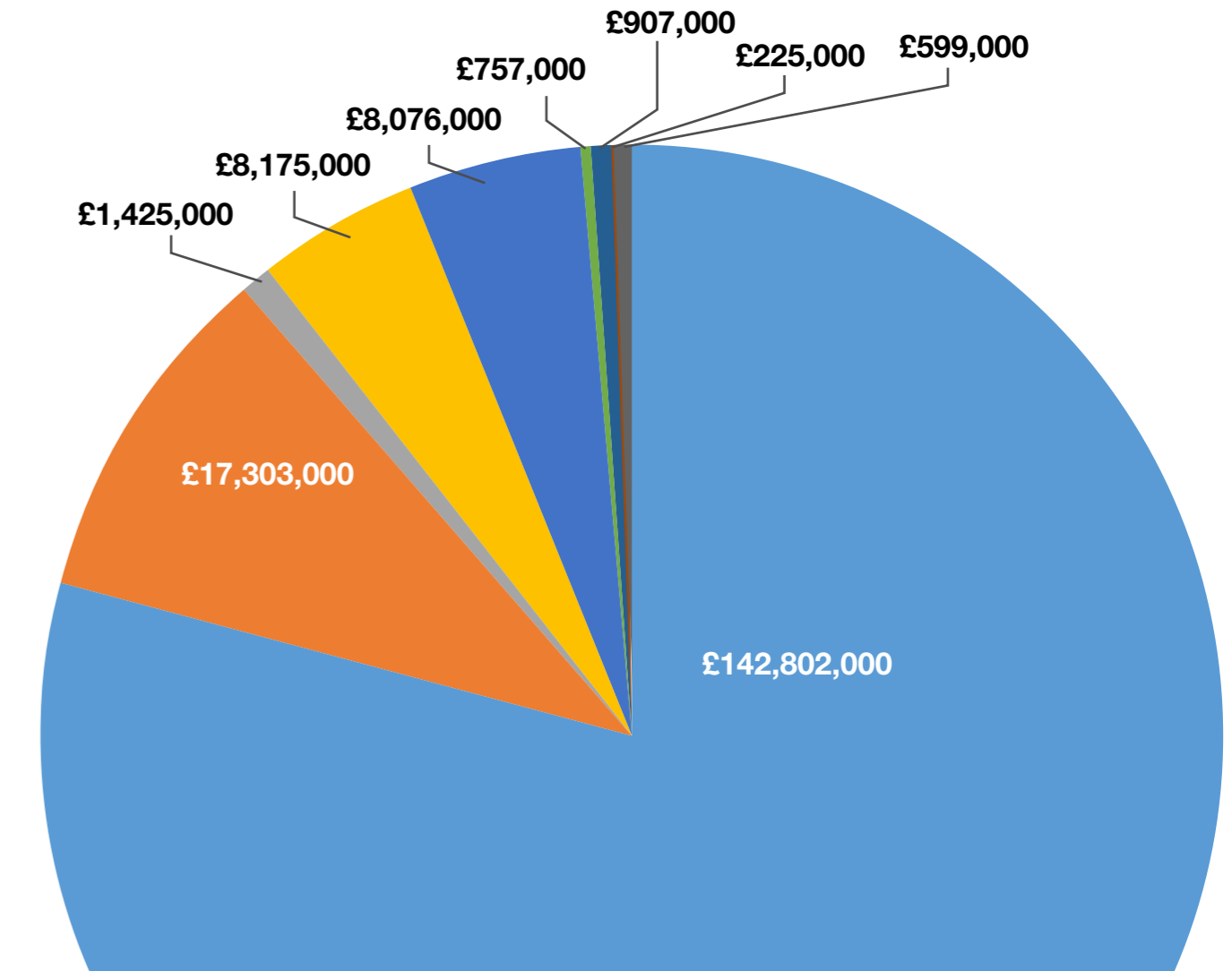


Section 5 - How much did we spend?

The Adult Social Care (ASC) net spend for 2021/22 was £180,268,000. It was invested in a range of services as illustrated below:

ASC Net Spend 2021-22

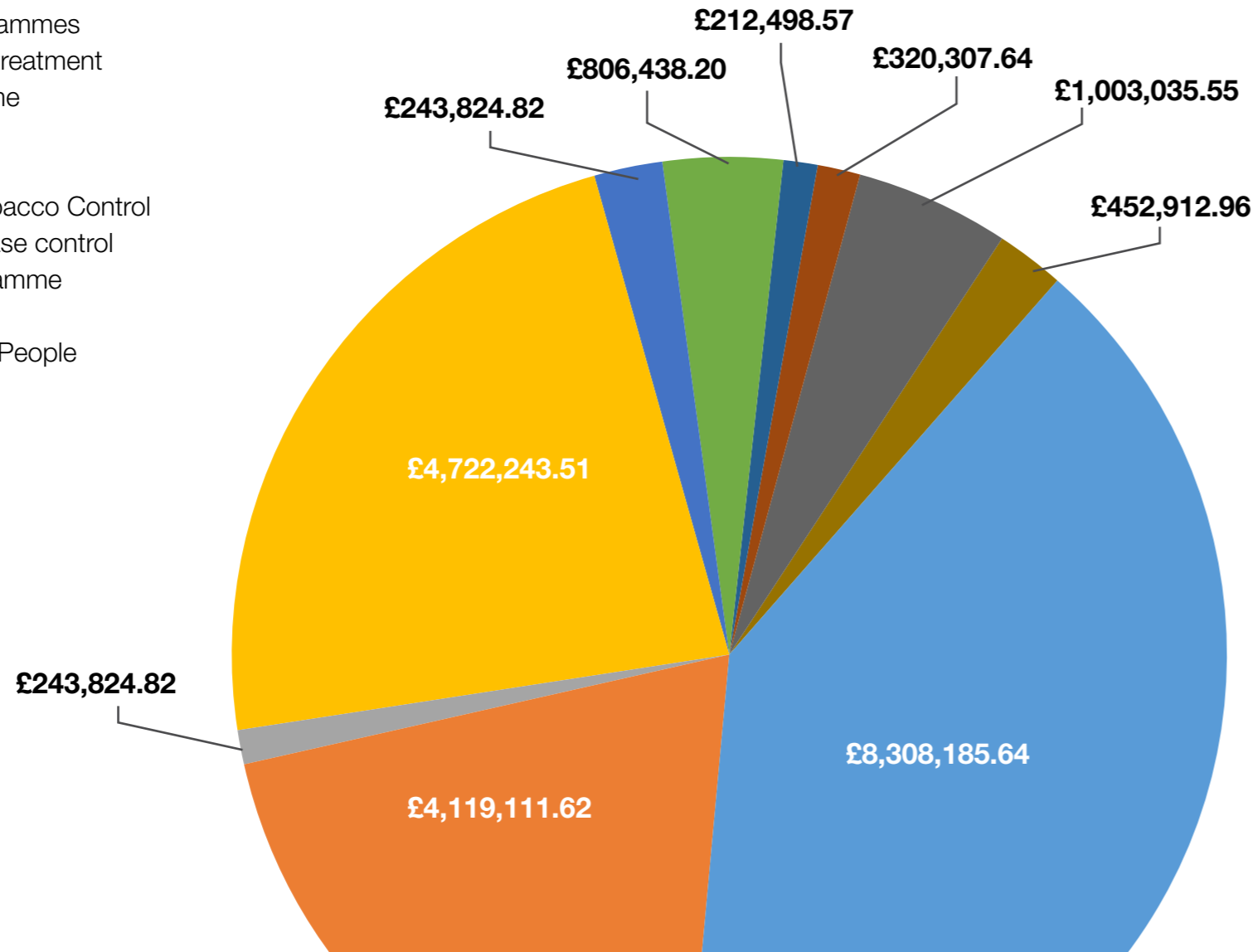
- Care & Support
- Provider Services & EC/PCAH
- Mental Health Services
- Targeted Prevention
- Commissioning & Quality
- Integration & Engagement
- Resources Unit
- Director & Cross-Directorate
- COVID-19 costs



The Public Health spend against the Public Health Grant in 2021/22 was £20,682,011. It was spent on the following public health services and interventions as illustrated below:

Public Health Spend 2021-22

- Children's public health programmes
- Sexual health - STI testing & treatment
- NHS Health Check programme
- Drug & Alcohol Misuse
- Obesity & Physical Activity
- Stop Smoking Services & Tobacco Control
- LA role in surveillance & disease control
- Stronger Communities Programme
- Targeted Prevention
- Services with focus on Older People



Section 6 - What are we going to do in 2022/23?

Planning for recovery from COVID-19

The pandemic, whilst extremely challenging for everyone and personally devastating for many, also led to rapid innovation and learning as we responded to the crisis; we want to take forward the most useful elements, such as greater health integration, accessible digital services to enhance in-person provision, place-based working and community delivery models.

In the coming year, we plan to focus on the following areas:

- We will be implementing our new plan to take Health and Adult Services forward to 2025: 'Longer, healthier, independent lives', structured around three key priorities:
 - Opportunities for everyone, everywhere
 - My time and experiences are valued.
 - My Home, My Community, My Choice

- We will re-procure our Approved Provider Lists for adult social care, which is what we use to commission care and support for people with eligible social care needs. New service specifications and a new standards and outcomes framework have been developed. The new lists will have a strong focus on enabling people's independence and allow us to drive up the quality of care. We will also look towards co-producing the next stage of service transformation.

- We will be planning for the implementation of the Care Quality Commission (CQC)'s new regulatory model in 2023. Under its new Assurance Framework, the CQC will carry out inspections of local authorities' Adult Social Care services from January 2024.

- In July 2021, following government consultation, it was announced that the current county, district and borough councils would be replaced by a new unitary council for North Yorkshire in April 2023, with City of York Council remaining as it is. Health and Adult Services colleagues continue to contribute to planning for the new council and the many opportunities that it will afford.



Pounds and Budget

- Our budget priorities over the coming year include: Continue to explore market development opportunities, including the publication of the Cost of Care report and implementation of new Approved Provider Lists;
- Prepare for the changes in relation to social care charging reform; and
- Continue our active budget management to ensure value for money, matching operational performance data with financial impact.



Workforce

Our priorities for our workforce include:

- Supporting our workforce to build and sustain their resilience as we prepare to respond to future challenges – and opportunities;
- Implement our new Care and Support structure to support the Adult Social Care operating model and new ways of working;
- Build on our Make Care Matter recruitment campaign to promote careers in health and social care and encourage more people to work in the sector;
- Continue to develop the skills and confidence of our workforce through the Organisational Development programme for the Directorate; and
- Develop a workplace where colleagues have space to share ideas, and influence the way we all work.
- Continue to develop opportunities to collaborate and integrate with partners, and develop innovative and hybrid ways of working which focus on the individual rather than organisational barriers.



Contact us

W: www.northyorks.gov.uk E: customer.services@northyorks.gov.uk

T: **01609 780 780** (Monday to Friday 8.00am - 5.30pm closed weekends and bank holidays)

North Yorkshire County Council, County Hall, Northallerton, North Yorkshire, DL7 8AD

You can request this information in another language or format at

www.northyorks.gov.uk/accessibility

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Adult Social Care Local Account 2021-22

Care and Independence Overview and Scrutiny Committee

2 March 2023

Local Account 2021-22

- Key changes and rationale
- Structure of Local Account
- Design concept
- Publication date
- Local Account 2022-23
- Comments and questions

Key changes to Local Account 2021-22

- Refocusing Local Account:
 - Introducing HAS 2025 Plan
 - Support CQC self-assessment
 - More user-friendly
- Strengthening the link to performance
- Strengthening 'voice' element
- More involvement from ASC teams
- Design – improved narrative flow and stronger visuals

Structure of Local Account 2021-22

- Section 1: Introduction and scene-setting
- Section 2: 'Who we are and what we do' (includes performance highlights)
- Section 3: 'What we did in 2021-22' (narrative, structured around HAS 2025 Plan – NEW)
- Section 4: 'How did we do?' (performance, safeguarding, customer feedback, engagement, Covid-19 peer challenge)
- Section 5: 'How much did we spend?'
- Section 6: 'What are we going to do in 2022-23?'

Section 3 – ‘What we did’

- This section is the most changed from previous Local Accounts
- Structured around the HAS 2025 Plan
- Core material sourced from Adult Social Care teams and DPHAR
- Key achievements/examples of good practice, challenges and plans for each ‘I’ statement
- ‘Voice’ woven into the examples
- Compliments, performance highlights, Covid-19 Peer Review highlights
- Workforce section

Design concept

- ‘Friendly’, colourful appearance
- Stronger graphic treatment
- Visuals flow from summary/snapshot to narrative
- Incorporates the different elements – data, quotes etc

Publication of Local Account 2021-22

- Publish in April 2023, post Vesting Day
- New Council logo
- New Council website

Local Account 2022-23

- Aim to publish earlier in the year (before end 2023)
- CQC self-assessment work as source material
- Continue to build on the focus on improvement
- Consider quality threshold for examples
- Consider 'showcase' sections – one or two really good examples with case studies, voice, images
- Aim for shorter, more concise document

Comments and questions



NORTH
YORKSHIRE
COUNCIL

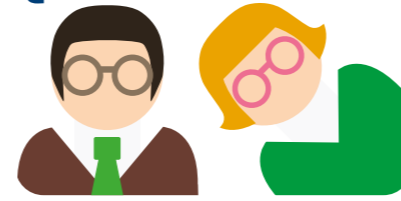
1 April 2023

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North Yorkshire Safeguarding Adults Board – Annual Report One Page Summary

What we've achieved in 2021-2022:

Our Strategic Priorities 2021 - 2023



Year in Numbers

The year at a glance 2021-22

4
(6) Number of Safeguarding Adult Review referrals received

1
(1) Number of statutory Safeguarding Adult Reviews we have commissioned this year

1
(2) Number of non-mandatory Safeguarding Adult Reviews undertaken this year (i.e. Rapid Review)

1*
(1) Number of Safeguarding Adult Reviews we have carried out this year (Ongoing and to be completed 2022-23)

3,179*
(1374) Number of safeguarding enquiries concluded (those enquiries involved 2,583 individuals)

26.8%
(24.9%) Physical abuse is the highest abuse type recorded for completed enquiries in 2021/22

3466
(3518) Number of Deprivation of Liberty Safeguards (DoLS) applications received

5%
(6%) The recordings of domestic abuse total 5% of abuse types

3645
(3456) Safeguarding concerns received during 2021/22

6% The increase in safeguarding concerns received from the previous year

860
(1001) Number of people's personal outcomes that were fully achieved during the safeguarding adults process

We are now asking considerably more people about outcomes,

75% of people that did express a desired outcome: **75%** of these people's outcomes were fully achieved (5% higher than last year);

22% of people said their outcomes were partially achieved; and **3%** of people, (32) said their outcomes were not achieved.

68% of people fully achieved their personal outcome in England in 2021/22 meaning that **North Yorkshire is 7% above** the national average.

Modern Slavery

We have a dedicated webpage to Modern Slavery on our website with resources, support guidance and links to training: safeguardingadults.co.uk/modern-slavery

Policies and Procedures

We have reviewed The Joint Multi-Agency Safeguarding Adults Policy and Procedure along with the Persons in Position of Trust Policy. You can find all of our policies and procedures here on our website: safeguardingadults.co.uk/nysab-procedures

Safeguarding Adult Reviews

We published our 7 minute briefing of the safeguarding adult review (SAR) in respect of 'Anne' safeguardingadults.co.uk/wp-content/uploads/2021/10/Anne-SAR-7-minute-briefing.pdf

The SAR in respect of 'James' will be published in the coming year and recommendations will be shared in 2022-23 Annual Report



You can find our Strategic Priorities here on our website: safeguardingadults.co.uk/strategic-priorities

One Minute Guides (OMGs)

One minute guides developed with the North Yorkshire Safeguarding Children Partnership (NYSCP) and North Yorkshire Community Safety Partnership (NYCSP) provide bite sized information on key issues and areas of focus.

All OMGs can be found here on the NYSAB website: safeguardingadults.co.uk/one-minute-guides-omg



Safeguarding Week 2021

The campaign took place online due to the COVID-19 restrictions however, this didn't stop **2450** people attending 35 sessions across the week.

Key topics from the NYSAB included:

- Suicide Prevention;
- Safeguarding in Care Settings;
- Mental Health; and
- Keeping Safe

Thank you to everybody who supported and contributed to the campaign

#SafeguardingIsEverybodysBusiness



Looking forward to 2022-23:

- Reinforce the message that keeping people safe during a pandemic is everyone's business
- Homelessness will be a priority during 2022-23 for the NYSAB
- Work with Board members, ICS Board Members, and the Office of Police, Fire, & Crime Commissioner to increase engagement with the work of the Board;
- Seek assurance from partners that they are supporting the wellbeing of staff
- Create a culture of sharing learning in an open manner. This should be core to how the SAB functions
- Prepare for the introduction of the Liberty Protection Safeguards (LPS), the Integrated Care Systems (ICS) and the Local Government Re-organisation (LGR)



Agenda Item 8

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Care Market Update

2 March 2023



Social Care in North Yorkshire

200+ care homes **6** main hospitals **28** extra care schemes **500+** providers

8,917 people receiving a long-term support service from Social Care in 2021 / 22*
*People may receive more than one type of service over the course of a year

65,000 family carers

10,900 people with dementia

700 Court of Protection people

2,000+ directly employed staff

3,325 residential packages

5,579 community-based packages

3,887 referrals to Living Well

5,473 beds registered with CQC

3,677 responses to safeguarding concerns

827 direct payments

6000 financial assessments and
£45m raised in income maximisation



Care Market Headlines

- **Workforce issues** across the health and care sector
- Increased number of **hospital discharges**
- Unsourced **packages of home care**, particularly in Whitby, Craven and Ryedale
- **Cost of care** continues to rise, particular issues resulting from economic pressures
- Limited **care home capacity**, with deregistration of nursing homes
- **Sustainability of the care market** remains a priority, issues relating to financial stability and recruitment and retention



Hospital Discharge

- NYCC works with approximately 20% of all people who are discharged from hospital.
- In last 12 months that has averaged 440 people per month, compared to 300 pre-pandemic
- Since the end of December, and the implementation of the government's adult social care discharge fund, discharge rates have increased significantly to 18.0 per day
- The critical factor is localised surges in discharges, which can quickly use up available domiciliary care capacity necessitating use of short-term care beds instead
- NYCC are working with Humber & North Yorkshire ICB to implement a wide range of discharge solutions to be funded by the local allocation from the £500m Adult Social Care Discharge Fund being made available nationally



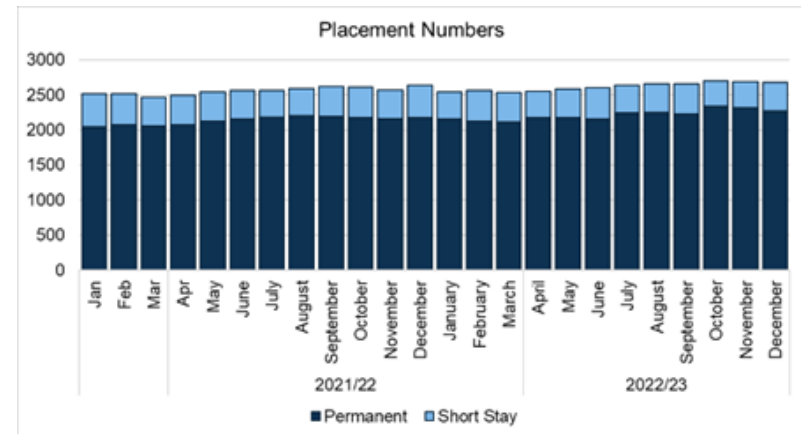
Workforce

- Workforce recruitment and retention remains a significant risk, impacting capacity and sustainability of the care market
- Recruitment activity continues: international recruitment, development of an occupational therapy apprenticeship scheme, Make Care Matter support to the care sector
- Recruitment of HR business partner for care sector
- System level work to develop workforce plans across health and care sector
- Commenced some work in the Harrogate area to review the impact of a revised staffing model promoting better payment terms to care workers. The model seeks to review the impact to recruitment and retention based on better rates of pay covering contact and non-contact time and better mileage rates, applied to all miles undertaken.



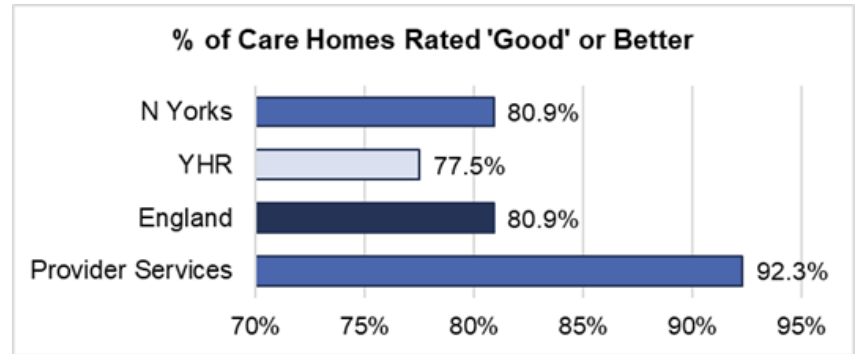
Residential Care – Capacity

- Care home occupancy remains above 95%, this has been the case over the last six quarters, making placements hard to come by
- Overall placement numbers at the end of Q3 (2,678) show a 8.3% increase (206 placements) on the end of 2019/20



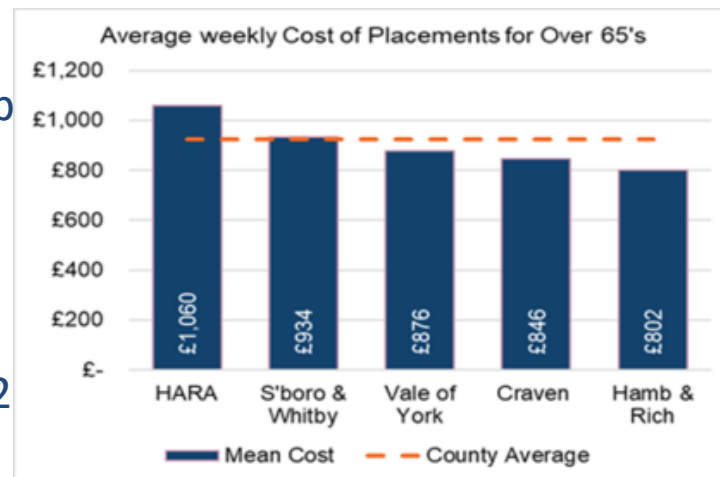
Residential Care – Quality

Based on published CQC inspection ratings, 80.9% of care home provision across the county was rated as “good” or better at the end of Q3. That was up by 2.2% between quarters, and remains higher than the regional average (77.5%, up by 0.4%), and in-line with the England average (80.9%, down by 0.1%)



Residential Care – Cost

- Average care home placement (65+) cost increased to £942 per week at the end of Q3, up by £104 per week compared with 2021/22 (+13%)
- Admissions of people aged 65+ to permanent placements (617 per 100,000 of population) were lower than for the same period in 2021/22 (686 per 100,000).
- Weekly cost of permanent residential and nursing placements continues to be a major pressure point for social care provision, with significant variations across local care markets.
- The greatest cost pressure is in Harrogate
- Actual Cost of Care implementation commenced in April 22 over maximum of 3 years



ACOC Rates 22/23

	2022/23 Rate
65+ care home without nursing	£742.00
65+ care home without nursing, enhanced needs	£784.00
65+ care home with nursing	£819.00
65+ care home with nursing, enhanced needs	£826.00

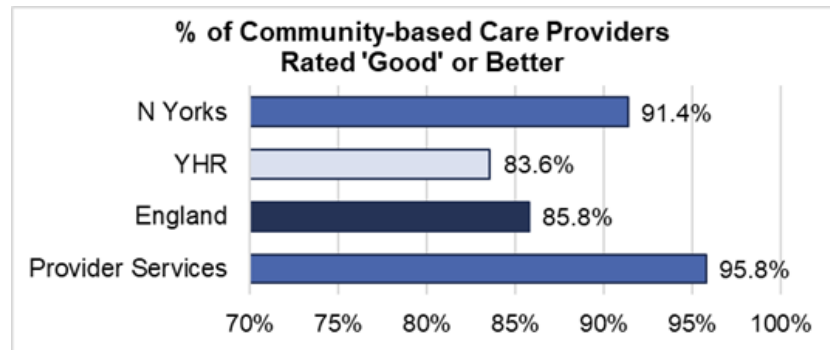
Home Care - Capacity

- Unsourced care packages remain approx. three times higher than pre-pandemic levels at approximately 59 at any one time, waiting well schemes in place
- At a county level, 36% of reablement team capacity is currently engaged in delivering routine domiciliary care because of a lack of provision in the care market
- Effective engagement where it is more challenging to source care packages. Options are being developed with the VCSE and independent sector within the North Craven, Nidderdale and Washburn Valley and Whitby areas.
- Through the Adult Social Care Discharge Fund, commissioned block contracts for home-based services, to support discharges, 8 schemes across North Yorkshire in place, with three of these trialling new elements of service, such as live-in care and night services

Home Care - Quality

Ratings for domiciliary care provision continue to be better than those for care homes.

Provision in North Yorkshire, including outcomes for in-house services, remain better than the relevant comparator averages



Home Care - Cost

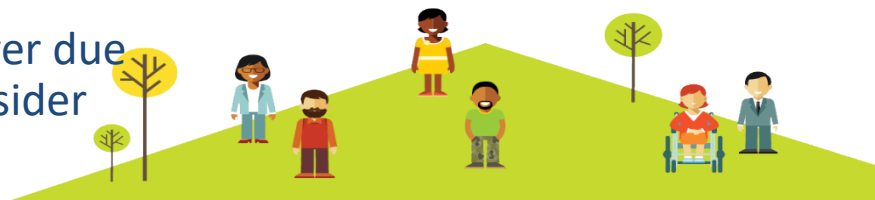
Homecare 2021/22 average rates paid

	URBAN		RURAL		Super Rural	
	Generic	Complex	Generic	Complex	Generic	Complex
Countywide	£21.24	£22.77	£22.74	£23.93	£25.60	£25.58

Home care rates following APL Procurement Nov 2022

	URBAN		RURAL		SUPER RURAL	
	Generic	Complex	Generic	Complex	Generic	Complex
Countywide	£23.55	£24.52	£24.91	£25.73	£27.30	£27.55

Cost of Care exercise completed however due to significant limitations, NYCC will consider above rates as part of fee setting



Support to the Sector

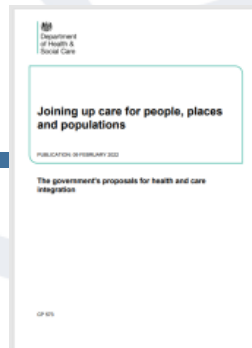
- Wide ranging support during the pandemic including compensatory payments, PPE Portal, workforce recruitment and retention funding, Infection prevention and control funding, care provider liaison support
- Approved Provider List procurement, with providers able to submit refreshed rates, provides clarity on void payments for supported living and improvements to contracting and payment processes and systems
- Actual Cost of Care for 65+ residential and nursing care implemented over 3 years from April 2022
- Market support fund payments to ease pressures from rising energy costs
- Financial Sustainability; 41 applications for support received since Sept 21, £1.7m of support agreed

Looking Ahead....

Strategic Market Development Board, priorities include:

Embedding the recent Approved Provider List Procurement

- Addressing wide range of challenges in the social care market and provide a strategic focus on the implementation of solutions
- Multi-agency membership with opportunity for collaboration and integration with partners and to increase transparency across the sector
- Forum to proactively manage care market supply and demand and to support sufficient market capacity at a strategic level
- Explore innovative commissioning models and develop preventable approaches to the delivery of personalised care
- Delivery of ICB place board priority 2 – to have a sustainable and good quality care market
- Wider transformation plan incorporating national health and care reform



Transformation Vision

In developing our vision described in HAS 2025 we have considered what outstanding adult social care and public health services might look like which is underpinned by both policy and the experience of the people who work for us, with us and those we provide and commission our services on behalf. We have strived to ensure:

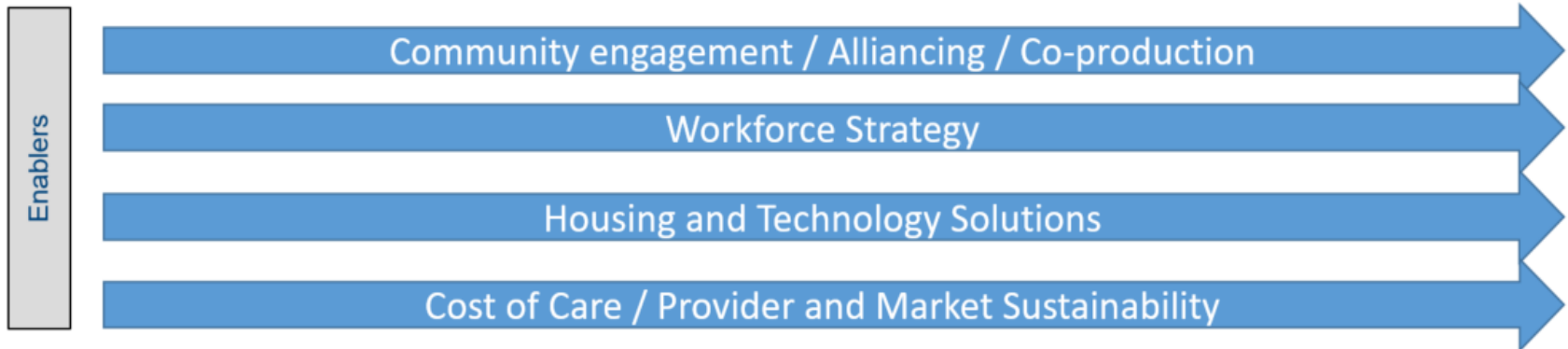
- focus people and their outcomes
- The person remaining as independent as possible and living in their own home for as long as possible
- Focus on prevention and alternative provision for complex needs and switching away from residential homes and nursing beds
- Frontline colleagues excelling at strengths-based practice, being empowered to be creative
- Organisation interfaces working seamlessly together and not being visible to people we support



Service Development Transformation Programme

Page 119

Market Intelligence	Market Shaping					Local Community Integrated Support
<ul style="list-style-type: none"> • Locality plans, district profiles, Market Statement • Provider Relationship Management • Links to local communities and Voluntary Sector • Market and provider sustainability • Public health intelligence • Best Practice / benchmarking 	Contractual mechanism for Approved Provider Lists	Residential & Nursing Care	Community Based Support	Supported Living	Home Based Support	<ul style="list-style-type: none"> • Community Mental Health services • Carer Pathway to support information and advice, sitting services and carer respite • Dementia Support ensuring early identification and diagnosis • Prevention & Wellbeing of local communities • Advocacy • Transitions • Safe Hospital Discharge • Intermediate Care
	<ul style="list-style-type: none"> • Standard contract template • Revised terms and conditions • Embed quality pathway • Standards and Outcomes Framework • Procurement 	<ul style="list-style-type: none"> • Strategy development • Test new models of care • Discharge to Assess and intermediate care • Care Rooms • NYCC in house services 	<ul style="list-style-type: none"> • Develop Day Care support for people with complex needs • Stronger pathways to supported Employment • Routes to enable better access to community assets 	<ul style="list-style-type: none"> • Outcomes based specification • New provider list • Needs analysis to future-proof • Transforming Care Partnership link • Housing solutions 	<ul style="list-style-type: none"> • Geographical Zoning • Micro-enterprises • Framework agreements • Reeth Pilot • Rapid Response • Outcomes based specification 	



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NORTH YORKSHIRE COUNTY COUNCIL

Care and Independence Overview and Scrutiny Committee

2 March 2023

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

- Thursday 22 June 2023 at 10am
- Thursday 28 September 2023 at 10am
- Thursday 7 December 2023 at 10am
- Thursday 28 March 2024 at 10am

4.0 Group Spokesperson’s views in the Work Programme

Your Group Spokespersons met for a Mid Cycle Briefing on Wednesday 25 January 2023, and again on 2 February but just to review Care Market Pressures. The work programme attached reflects the outcome of both those discussions.

4.1 Climate action: climate justice, health and social care.

The committee agreed to discuss this at the March meeting. Groups spokespersons agreed the draft scope 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.

- 4.2 This is part of your agenda for today’s meeting.

4.3 Updates about the ASC Assurance Framework

- 4.4 The session on 25 January covered the new Framework which comes into force from April 2023.

- 4.5 This is the government's plan to reintroduce inspections of local authority's adult social care functions by the Care Quality Commission, with councils being potentially subject to government intervention for failings.
- 4.6 It means we could have an inspection of all council social care services from CQC at any point during 2023/24 onwards
- 4.7 Members were completely reassured that the directorate is preparing well and thoroughly for this new inspection regime. Comments were made about the need for the committee to commit to focused attention on some of the key indicators of performance. Whilst that especially applies to those baskets of indicators which CQC will use to determine an authority's rating, the committee ought to consider more routinely asking for current data to help it reach well-informed conclusions.
- 4.8 Proposals on how this might be best approached will be discussed at the next Mid Cycle Briefing and brought to your next committee meeting.

5.0 Recommendations

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

DANIEL HARRY
SCRUTINY TEAM LEADER
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

Scheduled Mid Cycle Briefings (Attended only by Group Spokespersons)

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

Meeting	Subject	Aims/Terms of Reference	Lead/Current position
Thursday 2 March 2023 at 10am	Local Account	A review of the published account	Louise Wallace/Shanna Carrell
	Adult Social Care, Public Health and Climate Change	A response to issues and themes raised by Cllr Andy Brown	Richard Webb (Mike Rudd and Victoria Turner)
	Safeguarding	Annual NY Safeguarding Adults Board Report	Louise Wallace
	Care Market pressures		Abi Barron
Thursday 22 June 2023 at 10am	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.	Mike Rudd
	Unpaid Carers – support for Carers	Overview item to help assess the support provided to adult carers of adults in North Yorkshire.	Cath Simms

	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 (can use previous slides as basis of report) Content and timing of item may be affected by ongoing HAS developmental work	Cath Simms and Toya Bastow
	Living Well	Update on service activity (overall approach/content as previous)	Cath Simms
	Digital Lives	Introduction to Technology enabled care, online care, financial assessment and brokerage. Tech Enabled Care –supporting and enhancing the experience of people and their independence in their own homes. Activity, Initiatives etc	Mike Rudd and Neil Bartram.
	Intermediate Care/Discharge to Assess	Discharge arrangements. Including possible briefing on introduction of Pilot scheme for short-term care beds.	To be advised
Thursday 28 September 2023 at 10am	Supported Housing	Transforming Care and current supported housing service overview Possible move to December	To be advised
	Shared Lives Scheme	Approval to re-procure or in-source the Shared Lives Scheme Possible Move to December	To be advised
	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	Abi Barron

	Trailblazer (and Financial Pressures)	Update on financial pressures Trailblazer - anything on timetable, any further learning etc	Anton Hodge
	Suicide Prevention and Audit	Update on activity, prevalence and action.	Clare Robinson Public Health
	Respite/Short breaks current position	Progress on a transformational approach to short breaks	To be determined
Thursday 7 December 2023 at 10am	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
	Local Account	A review of the published account	Louise Wallace/Shanna Carrell
	Annual Report of the Adults Safeguarding Board		Chair of the Board
	Report of the Director of Public Health		Louise Wallace
Thursday 28 March 2024 at 10am			

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