

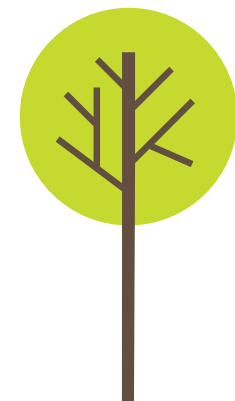
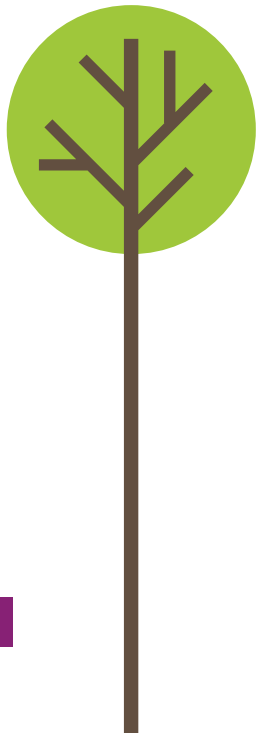
# Health and Adult Services Local Account 2020/2021





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# Introduction

**This is the Local Account for North Yorkshire Health and Adult Services for 2020/2021. 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 2021/2022.**

The main focus of this report is Adult Social Care; however, Health and Adult Services includes Public Health and this report should be read in conjunction with the Director of Public Health's Annual Report, available here: [www.nypartnerships.org.uk/DPHAR](http://www.nypartnerships.org.uk/DPHAR)

From early in 2020 and still continuing now, this was a year of unprecedented challenges as we collectively responded to the fast-changing Covid-19 pandemic.

Health and Adult Services, along with our County Council colleagues, our partners and our communities, has risen to the Covid challenges on a consistent basis. The way in which Adult Social Care and Public Health teams rapidly adjusted and responded, working effectively across the whole system – statutory, community and independent sectors – demonstrated the commitment of the workforce, the importance of strong partnerships, and our flexibility, creativity and resilience. This includes the

people we support, their families and carers who continued to feed back on, shape and co-design our services even during the pandemic.

We hold in our thoughts the people whose lives have been sadly affected, in particular those we have lost. With this in mind, we will take our new learning and strengths forward as we continue to respond to the pandemic, and look to recovery and growth.

We would like to thank everyone who works across the service and the individuals and communities who work with us. We hope that you will find this report interesting and helpful.



**Cllr Michael Harrison**  
Executive Member  
Adult Social Care and  
Health Integration



**Cllr Andrew Lee**  
Executive Member (from  
August 2021)  
Public Health, Prevention  
and Supported Housing



**Cllr Caroline Dickinson**  
Executive Member  
(May 2017 – August 2021)  
Public Health, Prevention  
and Supported Housing



**Richard Webb**  
Corporate Director  
Health and Adult Services



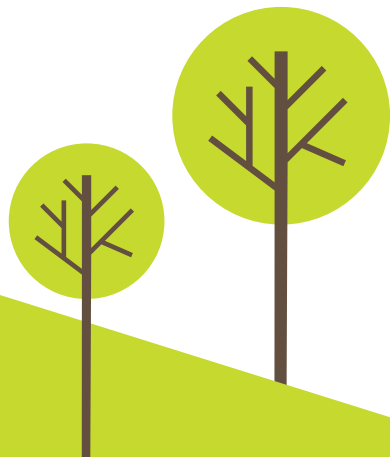
## Section 2

# 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 620,610 people with 154,958 people (25%) over the age of 65 years<sup>1</sup>; with projected trends and inward migration of older people to the area, we expect this figure to increase to almost a third by 2035. North Yorkshire remains a very popular retirement destination and, at the same time, many young people leave North Yorkshire to live and work elsewhere. This has clear implications as the population ages, including substantial pressure on social care and health services. However, it also brings benefits – for example, many of our older residents contribute hugely to our communities through their active volunteering.

Although we are among the least deprived local authorities in England, ranked 127th most deprived out of 151 upper tier local authorities<sup>2</sup>, 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, and the council and partners have worked together to understand and address these inequalities. We are also very aware that, wherever they live in North Yorkshire, many people still face challenges including in-work poverty, rural access to services, fuel poverty, digital exclusion and affordable housing (with the latter being a particular issue in the west of the county). Both nationally and locally, health inequalities have been starkly highlighted by the pandemic, and we are collectively developing our understanding of, and responses to, the health and other risk factors that increase individuals' vulnerability to Covid-19<sup>3</sup>.

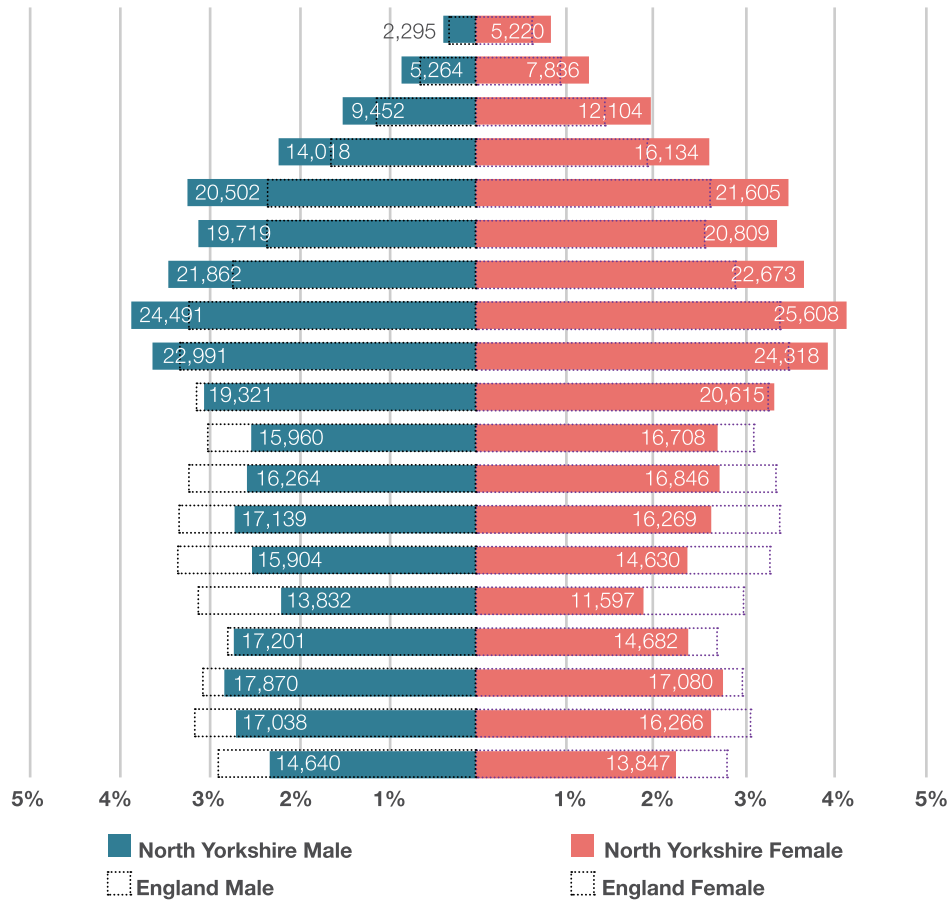


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**1** ONS mid-year population estimates 2020  
**2** Index of Multiple Deprivation (IMD 2019)  
**3** [www.nypartnerships.org.uk/DPHAR](http://www.nypartnerships.org.uk/DPHAR)

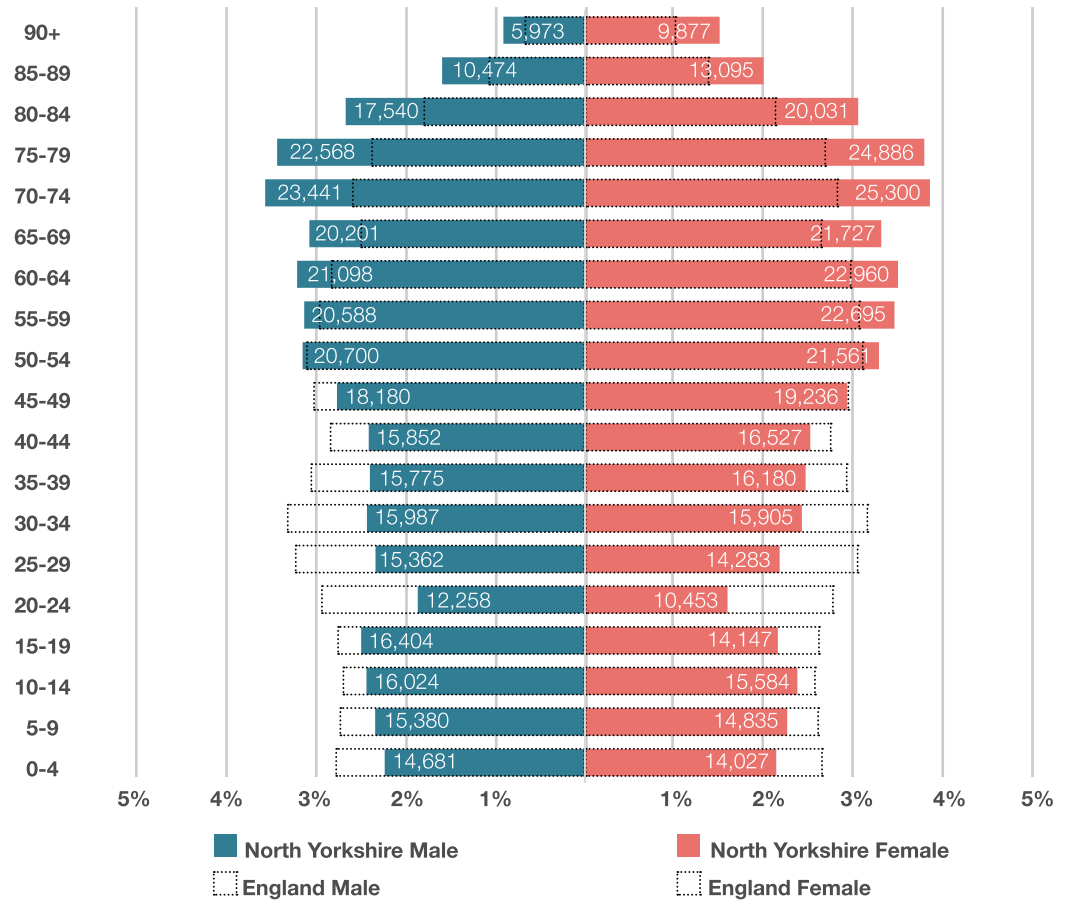
### Age profile, North Yorkshire

ONS mid-year population estimates 2020



### Projected age profile, North Yorkshire, 2043

ONS 2018-based population projections



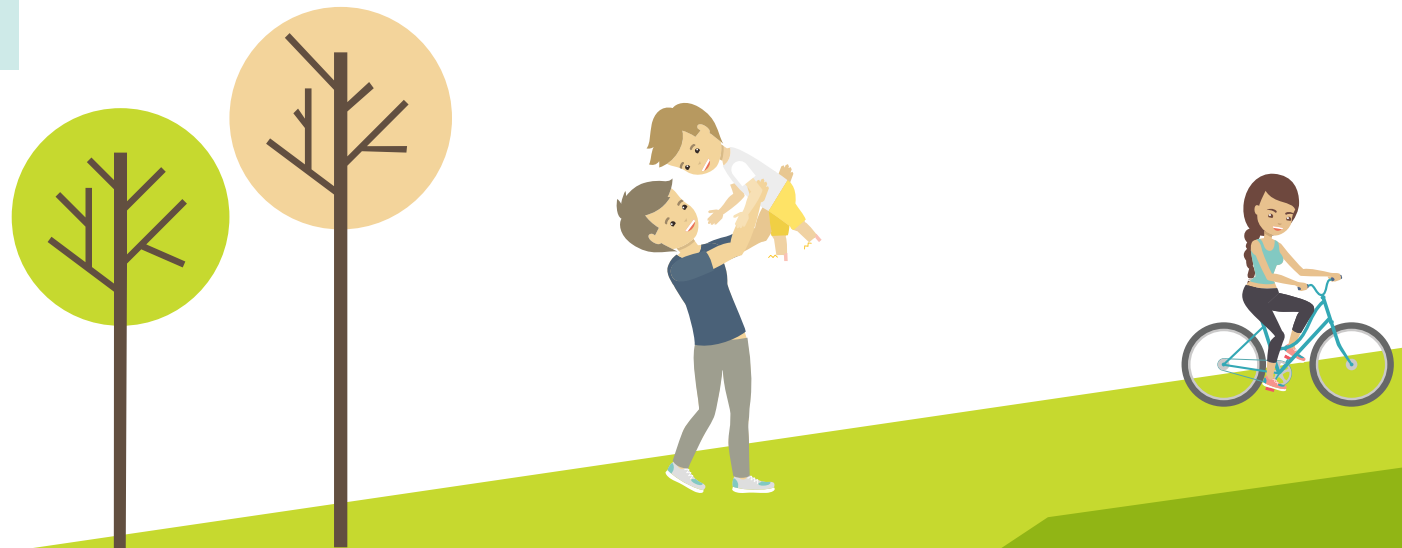
**Health and Adult Services is one of the four directorates within North Yorkshire County Council. We have a strategic role to:**

- 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 market is fragile. Building care market capacity continues to be a key priority.

During 2020/21, as the Covid-19 response picked up pace, the core responsibilities of Adult Social Care and Public Health were brought into sharp focus. Adult Social Care teams worked alongside partners, particularly the NHS, to implement government guidance and maintain support for people and providers. The Public Health team has specific duties around health protection and outbreak management, and led on the North Yorkshire Covid-19 Outbreak Control Plan through which the county’s response to the pandemic was coordinated<sup>4</sup>.

**4 [Our outbreak plan | North Yorkshire County Council](#)**



In Health and Adult Services, we work closely with three clinical commissioning groups, 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. North Yorkshire County Council works across two integrated care systems (ICS): Humber Coast and Vale ICS and West Yorkshire ICS.

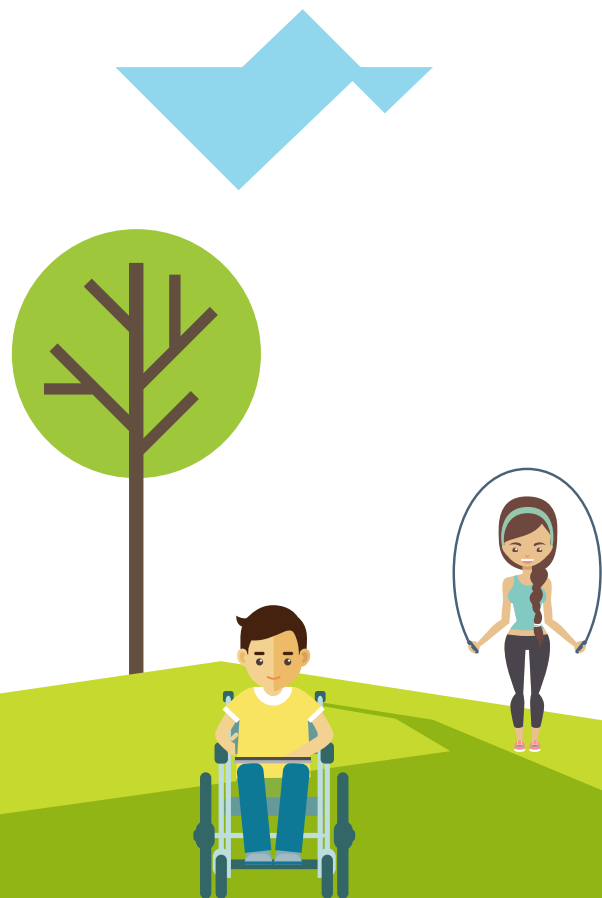
**Based on our assessment of our performance in 2020/21 against the Adult Social Care Outcomes Framework<sup>5</sup> and the Local Authority Health Profiles, our strengths are:**

- 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; and
- Cancer screening coverage for cervical cancer and breast cancer.

**Our areas for further development are:**

- A low proportion of people using social care who receive direct payments;
- A low proportion of carers who receive direct payments; and
- Successful completion of non-opiate drug treatment or alcohol treatment.

<sup>5</sup> Note: the 2020/21 Adult Social Care Outcomes Framework data set was severely limited due to the relaxation of the requirements related to the annual survey of people who use services which was completed by 18 out of 150 local authorities.



# Section 3

## What we did in 2020/2021

### Care and Support

In response to Covid-19 national guidance, North Yorkshire and York partners developed a revised operating model for Adult Social Care (for working with Community Health) in early April 2020. This required a new approach to hospital discharge, to enable a 'Discharge to Assess' model. Supported through the national discharge fund, the new approach also brought with it revised discharge criteria and timescales, and was put into operation in North Yorkshire through the development of five discharge hubs, one for each of the main hospital sites in York, Harrogate, Airedale, South Tees and Scarborough.

The hubs have been acting as a single point of contact for coordinating arrangements for those who have health or care needs when they are discharged from hospital, with a shared approach to assessment to ensure consistency. This way of working has reinforced a collective approach to discharge with a multi-professional team, bringing together colleagues from hospital trusts, community trusts, social care, community health teams, independent sector and voluntary services, continuing health care, hospice and end of life services.

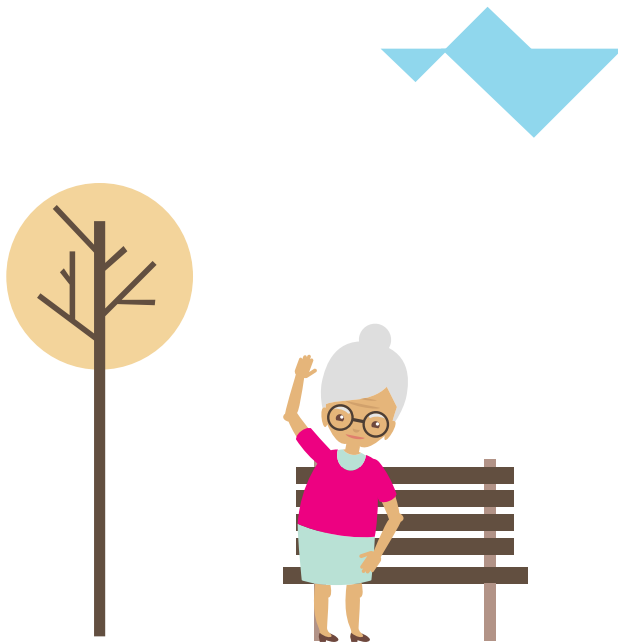
As part of this revised model, care and support teams also moved to 7-day working, from 8am-8pm<sup>6</sup>. In addition, the Assistive Technology team worked with NRS, our jointly-commissioned community equipment provider, to implement a quick turnaround service to assist hospital discharges and jointly developed a new referral pathway to support hospital discharge hubs. This resulted in extending the service to 7 days a week, and direct contact from hubs to NRS with a two-hour turnaround. For example, in February 2021, we supported 85 people to ensure that they had the appropriate equipment needed for them to return home safely.

Additionally, as part of North Yorkshire's response to national guidance, we have enhanced services in the voluntary sector which support hospital discharge, as well as commissioned dedicated care sector capacity to meet the requirements of the revised timescales for hospital discharge.

Designated settings, for those who require discharge from hospital but have Covid-19, have also been in place throughout the pandemic.

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<sup>6</sup> During the time covered by this report – subsequently returned to standard working hours in July 2021 but retaining 7-day working





## Carers

Undoubtedly, unpaid carers have been playing a greater role than ever before in supporting people throughout the Covid-19 pandemic. We have supported carers in a number of practical ways by:

- Facilitating access to community help to get essential shopping and prescriptions delivered to their home;
- Providing help around household energy costs and benefits, including applying to the local assistance fund or referral to our income maximisations service;
- Supporting carers to take essential precautions and to develop emergency and/or contingency plans;
- Helping to keep connected with family and friends; and
- Signposting to online resources to help with stress or keeping active at home.

Additional targeted information and guidance has been provided to carers about looking after themselves and the person they care for since the start of the Covid-19 pandemic. They have also had access to free PPE, and have been eligible for priority vaccinations since they became available.

Carers can apply for a Carer's Emergency Card online, using a new, simpler process. This scheme offers 24-hour emergency cover, so if a carer has an accident or is suddenly taken ill, the council will get in touch with the emergency contact or take other appropriate action.

A survey was sent to all carers in March 2021, asking for their feedback on the advice and information they had needed and/or used over the previous 12 months. They were asked about the impact of caring on their lives and what kind of information and support they found most beneficial. The results of this survey will help us to evaluate the delivery of support for carers and continue to learn from the experiences of carers in the county.

## Integration

Integration takes many forms, although is often used to describe joint working between the NHS and local government (especially social care). However, we also have examples of integration between social care and housing – most notably our extensive extra care programme (including step up/step down facilities with the NHS) – and with Public Health.

In terms of integration between the NHS and social care, during 2020/21 we saw the first full year of operation of the Harrogate and Rural Alliance, which brings the NHS commissioners who buy health services and NHS service providers together with North Yorkshire County Council, which has responsibility for Public Health and Adult Social Care. Harrogate District is one of the first places in England to bring together all community services for adults in this way. The service spends over £50m of council and NHS funding and employs 400 community health and social care colleagues.

During the pandemic, we also strengthened our integrated services around hospital command centre hubs, enabling us to discharge many more people in a timely way in response to the NHS national discharge pathway. We developed a strong and comprehensive approach to our Covid response: through the weekly Silver Command meetings; through daily/regular Care Settings Silver and Gold meetings; and through specific initiatives around testing and vaccinations. In particular, we integrated our work across Public Health and Social Care to ensure a rapid approach to outbreak management.

On a locality basis, we worked with colleagues in the NHS and Selby District Council to develop the next phase of the *Selby Health Matters* programme, focusing on integration as well as population health.

## Better Connected – digital support and engagement

### Using technology to keep in touch

With restrictions to in-person visits, technology has been a great enabler in helping people to keep in touch with loved ones throughout the pandemic. Working alongside care providers, we found ways for people to stay in touch using digital technology. Together we wrote our Technology Top Tips to support visiting and collaborated with our Assistive Technology team to understand gaps and priorities. Some care providers were supplied with tablets and iPads to support residents. Hearing aids, hearing loops and voice synthesizers also helped people to communicate with each other and to stay connected. We needed to be open to all platforms and technologies to find the right solutions.

### Keeping In Touch Group – Care Homes Visiting and Trips Out

Responding to government guidance about infection rates, at key points during the pandemic care providers had to stop all care home visits in order to keep people safe. However, we understood how important it was that people were able to maintain contact with their loved ones and so, listening to what people were telling us about the impact of visiting restrictions, we invited a group of people to collaborate and share

ideas about how people could keep in touch. The Keeping in Touch Group was created in September 2020 and included people and relatives of people who live in care settings, people who work in or run care settings, and North Yorkshire County Council health and social care staff.

The group shared experiences and developed ideas about staying in touch, and co-designed recommendations to help people and providers to maintain contact safely. We then developed guidelines for people and providers, incorporating many of the group's recommendations. We continue to collaborate with the group to put their ideas into practice.

We are working on how we can meet the needs of people who lack capacity to have meaningful contacts and activities, by liaising with our Mental Capacity Act team and Total Advocacy, our commissioned advocacy service. Our Service Development team has been working with the Independent Care Group and over £350,000 has been allocated across North Yorkshire for renovations and innovative visiting approaches.



### Support for Care Providers – Care Connected

Care Connected was instigated early in the pandemic and enabled the Corporate Director Richard Webb and Assistant Director Rachel Bowes to speak directly to the care market through a virtual event platform every week.

These meetings have provided a regular opportunity for passing on information, a place to come and ask questions, share knowledge and experience, with an average attendance of 50-60 care providers.

The focus has been on set topics each week consisting of:

- Covid-19 infection rates and general information
- Impact on care settings
- Guidance changes
- Market updates
- Vaccination rollout (since December 2020)

Having an open floor session each week has also enabled care professionals to talk about any concerns they have, and share good news stories and experiences. The feedback received from those who attend the sessions has been really positive.

## Keeping our workforce connected

With a large proportion of our non-frontline workforce working from home, weekly webinars on a range of topics were implemented in Spring 2020, providing the opportunity to keep connected and stay informed, as well as provide peer support.

## Community Forums

We also made the most of digital platforms to continue to work with our community forums – we all learned together and now many people are comfortable with this way of participating. Please see page 24 for more information.

## Assistive Technology

Assistive technology works across a range of services: community-based, in people’s own homes, Dementia Care, Extra Care and Supported Living.

Assistive technology goes a long way in both influencing and determining the type of care and support that can be offered to empower individuals to maintain their independence. The world of technology is always developing and moving at a fast pace, and we continue to move with it, exploring how new technology can support a range

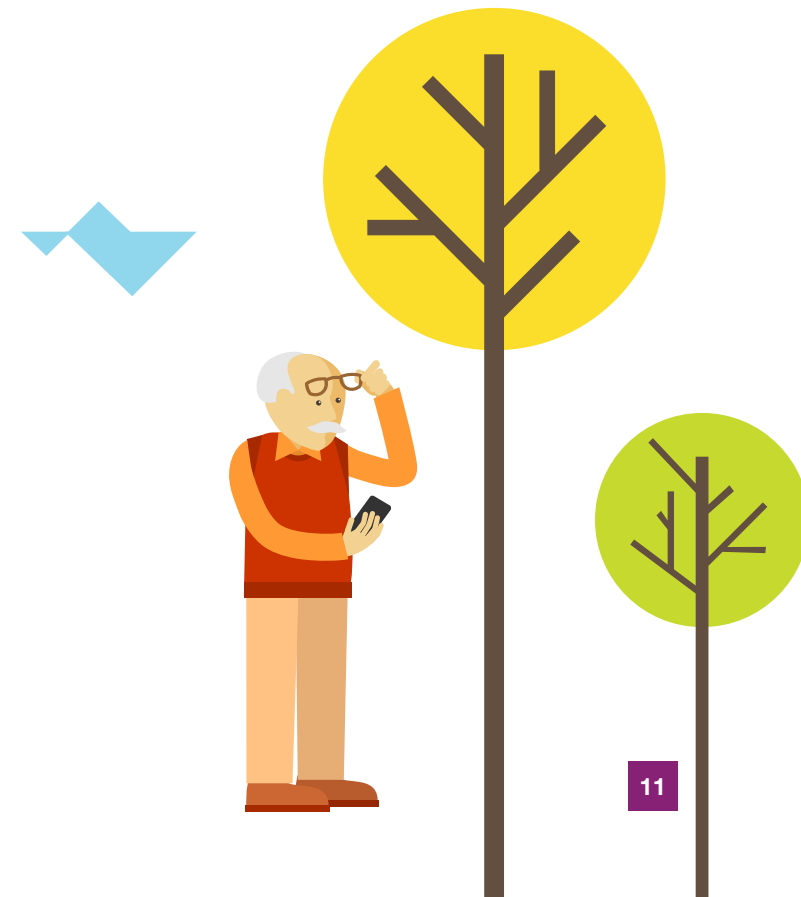
of solutions to meet people’s needs. Our partners and providers work with us to implement these.

Through assistive technology, outcomes can be more easily achieved and often result in people living more independent, safe and personalised lives.

Whilst the pandemic slowed our progress in exploring new technology, innovation planning did not cease, and in March 2021 the Assistive Technology team had a number of exciting projects underway, including:

- ARMED Solution – falls prevention and artificial intelligence (wrist-worn device);
- Brain in Hand – an app solution supporting people with mental health conditions and learning disabilities, linked to outcomes that the person wants to meet, with a 24-hour helpline; and
- Harrogate Homecare Support – Canary systems (non-intrusive sensor based solutions) were installed in some supported living properties to monitor the activity of the residents living in the properties. These can help to determine what care and support a resident might need over a 24-hour period.

Digital connection has been a lifeline throughout the pandemic and we will continue to make the most of the flexibility and choice that it offers, whilst being responsive to the needs of those who experience barriers to digital access.



## Mental Health

Our Mental Health services have adapted well to new models of working implemented both before and during the pandemic. Teams work jointly with Public Health colleagues to deliver strength-based social care support to people experiencing mental health issues across the spectrum from community-based prevention services through to crisis support and hospital discharge. They also carry out vital roles in adult safeguarding, 'appropriate adult' work and manage the Approved Mental Health Professional (AMHP) service, undertaking urgent crisis assessments under the Mental Health Act. Between 1st April 2020 and 31st March 2021, 1,318 of these assessments were carried out.

The AMHP workforce spans a 24-hour period and out-of-hours services are located in our Emergency Duty Team. As well as their mental health role, this small team of experienced practitioners provided an emergency social care response to all adult and children's safeguarding concerns across North Yorkshire and City of York for every evening, night, weekend and bank holiday through the year.

The Mental Health service is also proud to have hosted our Transforming Care team. The team was set up in February 2020 to support people who have a formal diagnosis of a learning disability, autism or a dual diagnosis of both, and are at risk of being detained or are currently detained under the Mental Health Act. They have been able to support people detained for several years out of hospital and back into a community where they want to live. A few examples of the team's work are outlined below:

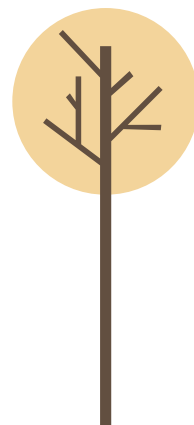
- One person was supported to be part of developing their new home environment before their discharge. All this was done virtually during the national lockdown.
- Three young people were supported to move into a supported living scheme, meeting virtually to build up a relationship, completing online quizzes and a virtual bake off before meeting face to face when the restrictions were lifted.

## In-house Provider Services

Our priority for all provider services since the start of the pandemic has been to keep people safe from Covid-19, which has meant being able to adapt services to meet government and statutory guidelines. Routine inspections from the Care Quality Commission were 'stood down' and instead virtual monitoring of infection prevention and control measures became commonplace during this time.

In relation to CQC ratings for our in-house provider services, 92.9% of our residential care settings and 100% of our domiciliary care services were rated as "Good" or better overall.

Across North Yorkshire, 39 in-house services provide support to over 800 people, and we have expanded to include supported living. The pandemic has certainly influenced the way we work, increasing the need for flexibility in our approach whilst we adapted to new circumstances and demands. A certain number of beds were designated for people who were Covid-positive and several services transformed to become discharge hubs, delivering care to people coming home from hospital.



Our strong relationships with our partners in the NHS stood us in good stead during a very fragile time for the care market. Shared knowledge and experience supported the development of new guidance and procedures, and the use of creativity to continue our support. We are pleased to have been able to offer:

- Rolling infection control training programme for all services;
- Development of online protective personal equipment (PPE) training;
- Continued autism accreditation of all services;
- Lesbian, Gay, Bisexual and Trans (LGBT) awareness training to improve understanding and delivery of appropriate care; and
- Extended training in autism, focusing on communication and mental health.



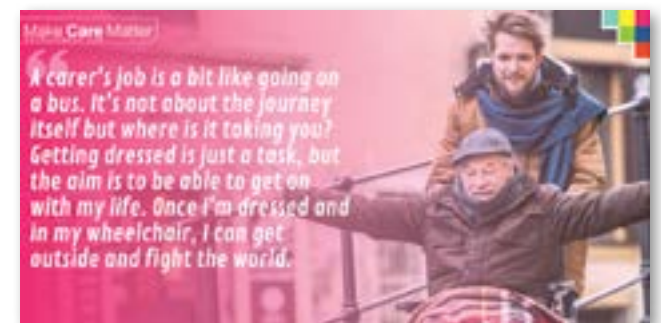
## Workforce

We continue to partner with the Department of Health and Social Care to focus on the Make Care Matter recruitment campaign for the care and support workforce.

In Autumn 2020, we launched another in our ongoing series of campaigns, this time working with people who access care and support to highlight the difference that good quality care makes to their lives, in their own words.



Although it is one of the most challenging times for the care sector, it is also the best time to step into a care job, with the many opportunities in a wide variety of roles and great career progression the care sector has to offer. Some stories of rewarding careers can be heard from the carers themselves here: [Hear from our Social Care Professionals](#)



## Commissioning, Quality and Service Development

### Commissioned Day Services

Since the start of the pandemic, we have worked closely and collaboratively with providers on the safe, phased and risk-assessed re-opening of day services, and the safe return of people to those services. Our position has remained under constant review by the Director of Public Health, heeding infection rates risks in the wider environment alongside the risk and impact on people who attend services.

Our key priorities have been to work intensively with all day services providers throughout the pandemic to develop and implement robust processes to ensure effective safety measures were delivered in line with national guidance, whilst also supporting them to adapt and develop innovative solutions for people, such as enhanced virtual programmes of activities and bespoke 1:1 support.

We have provided Covid-19 Day Services resource packs, offered weekly multi-disciplinary day services meetings involving Public Health colleagues, and supported providers on an individual basis. Once day services re-opened, a daily monitoring survey completed by providers indicated Covid prevalence, enabling support to be targeted where required.

### Domestic Abuse Services

Locally commissioned domestic abuse services have experienced significant demand since the start of the pandemic. Women's Aid identifies that "whilst the Covid-19 pandemic did not cause domestic abuse, it has caused a perfect storm of challenges for survivors and the services supporting them." In February 2021, the Domestic Abuse Commissioner, Nicole Jacobs, told the Home Affairs Committee that the 'tail' of the pandemic's impact on domestic abuse would extend "well beyond" the easing of lockdown, and that survivors depend on services.

This is certainly reflected locally. Domestic abuse is often a hidden crime, so in order to get local context, it is essential that we consider other 'data' such as calls to helplines, use of services for victims and perpetrators and access to safe accommodation.

National lockdowns have restricted victims' routes for support, for example not being able to leave their homes for support or to escape. During national lockdowns, all local services have remained open with adaptations, including safe accommodation provision.

We need to ensure that we continually build on our partnership and commissioning arrangements, ensuring an effective local response, providing the right support at the right time. For support or to raise concerns about domestic abuse, you can find further information by following this link: [Domestic Abuse](#).



## Extra Care

In 2020/21, we continued with our Extra Care housing development programme, which focuses on providing safe and permanent homes for people. There are many schemes across North Yorkshire, run in partnership with housing associations, and all provide homes for people with a combination of needs. Extra Care empowers the people it supports, giving them independence, privacy and a sense of control over their lives and how they choose to live them. A range of facilities on the premises, and access to 24-hour care and support services if needed, add to a feeling of belonging and security.

We were delighted that two of the schemes we had been working on became operational, despite the challenges of the pandemic – Fry Court in Great Ayton and Webb Ellis Court at Scalby, Scarborough, welcomed new residents in Autumn 2020, incorporating additional Covid-19 policies and procedures to keep residents and staff safe.

As at March 2021, we have twenty-five schemes in operation and we are also continuing work on two further schemes, Filey Fields at Filey and Eller Beck at Skipton. With Extra Care, people stay in control of their own future, retaining dignity, security and choice. To learn more, watch our short video here: [Extra Care Housing Schemes](#)



## Public Health

Public Health seeks to support everyone to live a long, healthy and independent life by:

- Protecting the health of individuals and local communities by working to prevent and control infectious diseases and environmental threats to the health of the population; and
- Improving health by promoting good health, encouraging individuals themselves to adopt healthy behaviours.

To do this, Public Health engages with partners and communities, providing expert intelligence and knowledge to help influence and shape policies. Protecting the health of North Yorkshire communities through the prevention of infectious disease has been a key focus through the Covid-19 pandemic.

We use the Public Health grant to commission a range of public health services, including to help people to stop smoking; drug and alcohol support; NHS Health Checks; maintain a healthy weight and be more physically active, and sexual health services.

### Headline figures

Life expectancy in North Yorkshire stands at **84.4 years for women** from birth and **80.6 years for men** from birth, which is above the England average;

A new project to improve access to contraception for post-natal women in York and North Yorkshire resulted in **84%** of the women contacted being provided with contraception;

**3,453** people (44.5%), have received early detection and treatment for cardio-vascular disease (CVD) via NHS Health Checks, helping residents live longer, healthier lives;

Across 2020/2021, **1,450** people had smoking assessment quit days and set a quit date, with 981 reaching 4 weeks. This equates to a **68%** quit rate, well above the national average of 51%;

As of 31 March 2021, **2,647** individuals had engaged with North Yorkshire Horizons, drug and alcohol recovery service, up from 2,356 in 2020;

**54%** of schools have registered with the Healthy Schools award scheme, working towards improving the health and wellbeing of pupils and staff;

The Stronger Communities team, with key trusted voluntary sector partners mobilised **23** Community Support Organisations which, in the early stages of the pandemic, led on much-needed community voluntary support.

Approximately **3,500** North Yorkshire Together activity packs have been distributed to provide food to individuals and families experiencing financial hardship.



## Responding to the Covid-19 pandemic

Whilst the impact and effects of the Covid-19 pandemic on everyone – individuals, communities, statutory and provider organisations, businesses – are undeniable, it is also important to recognise the effort, commitment and work that have resulted, both in spite of and because of the pandemic. As a local authority, North Yorkshire County Council is committed to its statutory responsibilities of improving and protecting the health and wellbeing of the people of North Yorkshire and, in doing so, a great story of partnership working throughout the response to Covid-19 has emerged.

The unprecedented level of partnership and collaboration with our NHS colleagues is just one example, but a very important one. Although work has been done over the years to better integrate with our NHS colleagues, the pandemic greatly accelerated this and it will continue in future years.

## Key points on Covid Outbreak Management

Prior to the pandemic, Public Health already had in place a significant Outbreak Management Readiness plan. This plan establishes key functions in the prevention, detection and management of diseases and outlines a systemic response, which proved very helpful when Covid-19 emerged.

Communicating public health information is vital to protect the health and wellbeing of people and encourage behaviours that lead to longer, healthier lives. Weekly communication priorities were agreed and included press and media interviews, online videos, press articles and social media content.

Working together with partners in the community as well as housing departments, Health and Adult Services created strategic and accessible resources that were offered in a variety of formats including Easy Read and different languages. A web page on the North Yorkshire Partnerships website also brought together useful and accessible Covid-19 information from a range of reliable sources including [www.gov.uk](http://www.gov.uk).

As part of our proactive approach, our communications plan included daily updates on key data via an NYCC web page and social media. Dedicated support was established for care providers via a specific email address.

## Covid-19 Outbreak Control Plan – North Yorkshire and York Operational Guidance

Roles, responsibilities and procedures were established to reduce and manage local outbreaks of Covid-19. The plan provided a robust structure supporting individuals, communities, businesses, education and care settings to understand how to prevent outbreaks via good hygiene and social distancing measures. It also set out how the county would respond when outbreaks occur and the measures necessary to minimise their impact. The plan can be viewed in full: [Our Outbreak Plan: NYCC](#)



## North Yorkshire County Council and City of York Council – Mass Treatment and Vaccination Plan

Collaborative working made the rollout of the national vaccination programme one of the quickest in vaccine history. We worked with the NHS and other key partners to promote access in eligible groups and to monitor vaccine uptake. Even with the challenges we had to overcome, there were some notable successes:

- Vaccine uptake in North Yorkshire remained higher than the national average;
- Collaborative partnership working between the council, health services and care homes to ensure vaccination of care home residents and staff;
- A working group to ensure that consent for vaccination was understood and correctly enacted for care home residents and vulnerable patients;
- Local Resilience Forum vaccination sub-group supporting the smooth set up and operation of the vaccination sites across North Yorkshire and York;
- Vaccine assurance group continues to meet fortnightly to review and ensure equal access and improve uptake in disadvantaged communities;

- Initial and ongoing educational sessions and FAQs to dispel myths and ensure that care staff have consistent, current information regarding vaccines and accessing vaccinations;
- Using translators to engage with Eastern European community; and
- Working with NHS partners to deliver pop up clinics in targeted areas.

The North Yorkshire Local Resilience Forum (NYLRF) Response to Major and Critical Incidents (RMCI) Plan – Local Resilience Forums and partnerships

The North Yorkshire Local Resilience Forum (NYLRF) is a partnership of local agencies and the voluntary sector who work jointly to manage emergencies. Drawing and building on existing approaches ensured a fast, consistent and workable approach to manage the response to the pandemic, planning and responding locally.

‘Control and Command’ meetings were established with clear responsibilities to target different issues and challenges. This provided assurances and reinforced collaborative work with partners, influencing community action to protect the public and services locally.

## Care Settings Response

With national guidance changing regularly, we knew that rapid provision of clear, consistent and robust guidance to providers was crucial.

We adopted a whole team approach with partner organisations and NHS teams, bringing in a range of skills and knowledge to respond to the issues that were affecting the care sector such as:

- Vaccination uptake;
- Workforce capacity and related pressures;
- Ongoing changes to visiting guidelines; and
- Funding issues surrounding infection control and rapid testing requirements.

This collaborative approach with partners allowed us to maintain a clear oversight of issues in managing Covid-19 outbreaks, and has generated opportunities that will inform future working practices, post pandemic.

## Case Study

### Operation Talia

With community infection rates increasing rapidly in the run up to Christmas, the Scarborough Locality Group made preparations to activate an action plan to try to mitigate the rising infection rates. The plan included actions for:

- LRF partners to deploy officers and volunteers to key locations in the District, centred on Castle Park, Whitby; and Castle Ward and Falsgrave Road in Scarborough to carry out a door knock operation for engagement and education with residents and leaflet dropping.
- Deployed officers to deliver a set of key messages including:
  - Rising post lockdown infection rates in Scarborough District Area
  - Steps to try to break the infection chains
  - An “Assume you are infectious” approach to protect yourself and your family and reduce the impact on the NHS.
- Information leaflets for residents to include information on:
  - Tier 2 “Do’s and Don’ts”
  - Isolation and Testing requirements and rules
  - Access to testing through the Mobile Testing Units
  - Contact Tracing information
  - Information about Isolation Payments.
- Media coverage of the door knocking operation.

On 22nd December 2020 a two day operation commenced under the call sign “Operation Talia”. This involved the deployment of over 50 LRF officers and volunteers to distribute over 10,000 COVID information leaflets to the residents in the three key locations.



## Personal Protective Equipment (PPE)

PPE (equipment used to protect the user from health and safety risks) suffered significant national supply issues at the start of the pandemic, with priority given to NHS services and hospitals. Yet PPE is also essential in care settings where many people receive support that requires PPE to protect from health and safety risks and to manage infection control. This includes people who receive care in their own homes.

The Public Health team worked closely with the Independent Care Group and North Yorkshire County Council colleagues to give advice on use of PPE and support procurement and distribution.

In partnership with the commissioned carers services, we also arranged for carers to be able to access free PPE.



## Community Support Organisations

The Stronger Communities team, working with key trusted voluntary sector partners, mobilised 23 Community Support Organisations (CSOs) who, in the early stages of the pandemic, led on much-needed community voluntary support. Part-funded through the Public Health grant, the Stronger Communities team supports communities to help themselves and create local solutions and actions for service provision so that they have greater collective control of their own wellbeing.

The CSOs became the single point of contact in their locality, working with local networks to organise a variety of volunteer-led support services, including:

- Collection and delivery of food shopping and prescriptions to support and maintain health;
- Acting as a local agent for the Covid-19 self-isolation grant; and
- Offering regular social contact by telephone, preventing loneliness and isolation and contributing to well-being.

Transport for vaccinations also emerged as an issue in some communities and the Stronger Communities team worked with community transport providers to find solutions.

## Promoting good health

### Research Partnerships National Institution of Health Research Partnership bid for Adult Social Care

In August 2020, the Public Health team led a research funding application to address knowledge gaps and priorities for research in Adult Social Care. This multi-agency bid for research funding from the National Institute for Health Research involved the University of York, Sheffield University, and Hull, Doncaster and City of York local authorities. The bid was successful and the partnership will receive just over £1 million, of which we will receive around £50,000. The research will start in June 2021, exploring this question: 'Can a regional capacity-building network facilitate greater understanding, production and use of research in adult social care?'

### Building Relationships with Teesside University

A new Masters course in Applied Public Health has been developed with Teesside University, and October 2020 saw the start of the first international internship programme for students studying for this course. Five students were allocated to the Public Health team and supported work on E-cigarettes, physical activity in older people, cardiovascular disease, healthy weight and mental

health. All students completed the internships and achieved the Masters in Public Health, a fantastic achievement not only for the students but the Public Health team who at the time were dealing with the pandemic. These research partnerships will make a difference in terms of promoting current and best practice across the council and with partners, to ensure we get best value for money and achieve key outcomes for our communities.

### Population Health Management

Population Health Management is being embedded in local health and care partnerships. It allows us to use data to design new models of care so we can deliver improvements in health and wellbeing. In North Yorkshire, our health and care needs are changing: our lifestyles are increasing our risk of preventable disease and affecting our wellbeing and we are living longer with more long-term conditions like asthma, diabetes and heart disease. The health inequality gap is also increasing.

The Population Health Management approach is helping us to be more proactive. By understanding our current and future health and care needs, we can take action to tailor better care and support with individuals, design more joined-up and sustainable health and care services, and make better use of public resources.

The Public Health team have worked with the Selby and Scarborough Primary Care Networks (PCNs) to apply this approach, building a partnership with the PCNs and local organisations who want to move forward together to improve outcomes for patients in their areas.

**Your health** Selby Town PCN

**We asked about**

- ✓ What affects you
- ✓ Your medication
- ✓ Your family and friends
- ✓ Digital access
- ✓ What could help you improve your health

**48** responses from our group aged **50-64**

**You said**

- You were able to access services online
- Many felt down and anxious due to COVID-19 pandemic and were missing seeing others in person
- You were struggling with a lack of motivation

**You wanted**

- More exercise activity sessions... including swimming and yoga for your age group...
- ... help with healthy eating and cooking...
- ... and more groups to help and motivate you

**Thank you**

**26** people will now work with us to design new services.

## Warm and Well

In winter, we see an increase in illness and deaths caused by cold weather, such as heart attacks and respiratory conditions. People may also suffer poor mental health. The seasonal health partnership aims to improve the health and wellbeing of North Yorkshire residents, with a particular emphasis on reducing the impact of cold weather on people's health. The Warm and Well service offers support via the telephone and the internet, and referrals can be made either by professionals or by individual householders for people who are:

- living in or at risk of a cold home;
- in or at risk of fuel poverty; and
- struggling to afford their energy bills.

The impact of Covid-19 raised further concerns around household income and fuel poverty because of reductions in income, increased use of utilities from spending more time at home, and energy bill shocks as meter readers had not visited properties. A system was put in place to allow people to refer themselves to Warm and Well, and the service was widely publicised through community support hubs. The impact of Covid-19 has resulted in an increase in the working age population and families seeking help with fuel bills, and seasonal health will be reflected in the recovery plans.



## Healthy Child Programme (0-19 service)

### 0-19 Health Visiting and School Nursing Services

The Healthy Child programme continues to promote and protect the health and wellbeing of all children and young people from 0-19 years. The service aims to empower and enable them to make informed decisions about health, and to support them in transitioning safely and happily into adult life.



Although community delivery for the 0-5 years all-child health clinics, drop-ins and breastfeeding groups ceased at the start of the pandemic, all assigned contacts were delivered virtually. Safeguarding contacts continued face to face, following a Covid-19 risk assessment, and increased contact by telephone was introduced.

The Healthy Choices Children and Families Weight Management Service, like all services, was required to adapt to support families virtually during the national lockdowns. A virtual service allowed the team to pull together resources and find different ways of getting across the healthy lifestyle messages to families, as well as offering support with mental wellbeing and food poverty and access. We recognise that this type of support does not suit all families but, in future, a blended offer of digital and face-to-face support could certainly be an option.



## Drug and Alcohol Recovery Service



North Yorkshire Horizons is a drug and alcohol recovery service provided on behalf of North Yorkshire County Council. During the first lockdown, the service continued to provide a face-to-face service in all five local hubs with recovery support being delivered online and over the telephone.

Since the initial easing of Covid-19 restrictions, North Yorkshire Horizons has moved to a blended offer and provides both face-to-face and digital support. All elements of the service have been re-established, including in-person support groups and the full programme of online groups that ran during the pandemic.

The pandemic provided an opportunity to refine the offer of interventions available via the service, as well as develop new ways of reaching those in need. North Yorkshire Horizons is proud to be able to offer support at weekends with the implementation of their Telephone Recovery Service, run by a team of volunteers and peers.

This support has been critical during the pandemic, particularly for people experiencing substance misuse and multiple disadvantage.

## Support to Stop Smoking

Established in September 2019, the Living Well Smokefree service has a dedicated team of advisors who provide personalised one-to one support over six to twelve weeks to help people stop smoking. Throughout the pandemic, a 12-week virtual offer has been positively received and helped people to maintain contact with the service, with the number of missed appointments reducing significantly. For help to quit smoking: [Stopping Smoking](#).

**LivingWell**  
Smokefree



**LivingWell**  
Smokefree

**“Since I quit I have so much more energy to keep up with the kids.”**

Enjoy your family time again. **We're here to help.**

T: 01609 79 7272 | E: [stop.smoking@northyorks.gov.uk](mailto:stop.smoking@northyorks.gov.uk)  
W: [northyorks.gov.uk/stopping-smoking](http://northyorks.gov.uk/stopping-smoking)

BECAUSE THERE'S ONLY **ONE YOU**

LivingWell in North Yorkshire | North Yorkshire County Council

## Weight Management

We know that carrying excess weight can have significant implications for an individual's physical and mental health. During the pandemic, it has become more apparent than ever that excess weight is a serious matter, given the overrepresentation of people living with obesity in intensive care units (ICU) worldwide. [Public Health England \(PHE\)'s analysis last year found that living with obesity increases the risk of severe complications of Covid-19](#) including hospital admission, ICU admission and death.

In North Yorkshire and York, the rates of excess weight in adults are similar to the current England average (62.8%). Levels of excess weight across our North Yorkshire district areas do vary, some areas being lower than the England average but some being significantly higher; in Scarborough, the excess weight prevalence is nearly 70%.

Weight management services are one part of the whole system approach to obesity, with a pathway of service provision available from community level support to very specialist, multidisciplinary surgical intervention. As a local authority, North Yorkshire County Council is responsible for commissioning a community weight management service that focuses on physical activity, nutritional advice and support to make positive changes that have lifelong impacts.

**The North Yorkshire Adult Weight Management Service** has continued to evolve in 2020/2021, with additional investment of time and resource to support clients through the pandemic. During 2020, we continued to exceed the weight loss targets for clients accessing the service. Wellbeing calls and online support have been a lifeline to many individuals who have struggled with the challenges brought by the pandemic, not only relating to lifestyle but with emotional

and mental health, caring responsibilities or key worker commitments, for example.

For more information on the North Yorkshire Adult Weight Management Service, please visit [www.northyorks.gov.uk/stepup](http://www.northyorks.gov.uk/stepup). You can watch a short video to hear how the programme has helped a number of North Yorkshire residents to feel happier and healthier [here](#).

**Tired of feeling fed up?**

We can help you step up.

Feel better inside and out by signing up for **24 weeks of free support** to help you **manage your weight, eat well and get moving**. Our friendly advisors can offer a flexible, personalised programme with virtual and face-to-face support.

**We're here for you every step of the way.**

Find out more at [www.northyorks.gov.uk/stepup](http://www.northyorks.gov.uk/stepup)

HEALTHY LIFESTYLES  
NORTH YORKSHIRE COUNTY COUNCIL

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HEALTHY LIFESTYLES  
NORTH YORKSHIRE COUNTY COUNCIL



## Living Well Service

Living Well aims to improve the health, wellbeing and independence of adults. Our coordinators have helped individuals and their carers who may be isolated, vulnerable, bereaved or lacking confidence, and supported them to access their local community and to find their own solutions to their health and wellbeing goals. In doing so, we have helped to tackle loneliness and isolation, and prevent or resolve issues for people, which reduces the need for health and social care services or hospitalisation.

Since the start of the pandemic, Living Well has acted as a bridge between community and voluntary services and the County Council's adult social care response. Living Well coordinators have continued to provide information to enable individuals to access the most appropriate support. They have worked closely with other teams to help prevent people's needs escalating, supported individuals and families to find solutions to remain well at home following discharge from hospital, and connected people with a wide range of support, including:

- Housing and accommodation issues; referral to Warm and Well; tenancy issues;
- Digital support – enabling people to access and use technology for family contact or online support;
- Finances – e.g. opening a bank account, applying to North Yorkshire Local Assistance Fund or grant applications;
- Emotional support, accessing community groups and bereavement support
- Accessing community resources, social opportunities, finding cleaners, shopping and collecting prescriptions; and
- Support to carers.

**LivingWell**  
in North Yorkshire

## Case Study

### Mrs A

Following the recent death of her husband in a care home, Mrs A was grieving and felt very lonely. She was very anxious about the Covid-19 lockdown situation and was particularly worried about managing her shopping safely. She was referred to Living Well from her local carers centre.

*“Due to Covid-19 I was unable to be with my husband when he died and have no friends or family to support me. I have become anxious about going out and can't relax. I live in my own home and have a car but I do not like driving in winter. I am currently getting my shopping at a local Post Office to avoid going near the supermarkets.”*

The Living Well Coordinator met Mrs A and worked with her to find out what mattered to her and what would help move her forward. As a result, she was connected to the local Community Support Organisation for help with shopping and digital access and to Warm and Well for advice about keeping warm. She was linked with community transport to help her to access the Covid-19 vaccination and provided with advice and information about the Living Well SmokeFree service as her smoking had increased since her husband's death.

*“I have moved forward because of you, you will never know how much you have helped me; you have seen me through it. I thank you from the bottom of my heart for all your patience and support you have given me I would certainly recommend Living Well to anyone going through what I have had to go through this year.”*

## Working Together with people who use services

### How we worked during the pandemic

During 2020/21, the impact of the pandemic has meant that the way in which Health and Adult Services works with people with lived experience had to change rapidly and radically. We remained committed to listening to and involving people in what we do – in fact, it felt even more important – so we had to find new ways to make it happen.

Working alongside our user-led representative groups and forums, and KeyRing self-advocacy support team, we moved from in-person meetings to online. Working online feels very familiar now, but at the beginning of the pandemic, it was pretty new to many of the people we work with regularly.

Putting accessibility at the forefront of our thinking, we sourced a suitable online meeting platform, developed Easy Read guidance, supported individuals to develop their online skills and to access kit and data. KeyRing self-advocacy support service began a regular weekly online quiz to help people with learning disability and / or autism develop their skills in a fun and accessible way. We all learned together, and now many people are comfortable with this way of participating.

Of course, online meetings don't work for everyone, and we also stayed in touch via telephone, email and post. This filled some of the gaps, but the lack of in-person meetings meant that there were fewer opportunities for collaborative and creative ways of working with people, which particularly impacted people with a learning disability and/or autism. It also impacted on some people with sensory impairment who found online meetings less accessible, even with adjustments such as interpreters and captioning.

The groups we currently support and/or work with regularly:

- North Yorkshire Disability Forum and 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 an extensive network of voluntary and community groups, colleagues and partners, to reach out into the communities of North Yorkshire.

### Our achievements

Working with user-led groups, communities and colleagues in 2020/21, we collectively achieved a range of projects:

- Gathered and fed in issues about pandemic response raised by forum members;
- Instigated regular joint forum meetings with Richard Webb, Corporate Director Health and Adult Services, to discuss issues about the pandemic response;
- Gathered and shared team learning on digital engagement and digital inclusion;
- Co-created the Keeping in Touch (Care Homes Visiting and Trips Out) Task Group – this group includes people who live in care settings and family carers, and co-produced recommendations on visiting people in care homes;
- Worked with Healthwatch North Yorkshire on a project with care homes to share learning from the pandemic response;
- Co-created activity packs on a range of topics for people with learning disability and/or autism;
- Participation of forum members in a focus group for the King's Fund research into social care leadership;

- Contributed personal experiences to the social care recruitment campaign;
- Forum members shared key messages and information via podcasts, videos, blogs;
- Contribution to NYCC Covid communications case studies and press conferences: [‘Everyone is in this together and no-one is left behind’ | North Yorkshire County Council](#)
- Facilitated responses to local, regional and national consultations on a wide range of topics; and
- Local forum activity on accessibility and inclusion issues including transport, care services, street furniture, sensory impairment, planning and housing.

We further progressed some significant pieces of work aimed at embedding excellent engagement and co-production practice, and building new opportunities for people to participate:

- Created a new engagement framework to deliver our aspirations for co-production and began implementation;

- Progressed the project to explore options for voice and involvement of people with lived experience of mental health issues;
- Contributed to the options appraisal for voice and involvement of older people and next steps in response to the recommendations of the final report; and
- Building networks with other user-led groups and self-advocacy groups.

The Participation and Engagement team also supported the Directorate’s pandemic response by contributing to communications activity, in particular around accessibility of communications and reaching those communities sometimes termed ‘seldom heard’.



# Section 4

## How did we do?

### Adult Social Care performance



During 2019/20, we supported the following number of people:

**17,541**

With an assessment of their needs

**7,389**

With long-term support services

**4,276**

With community-based packages

**3,113**

With residential packages

**1,117**

With extra care places

**3,781**

With contact from the Living Well Service

**1,593**

With Direct Payments

During 2020/21, we supported the following number of people:

**19,765**

With an assessment of their needs

**7,549**

With long-term support services

**4,342**

With community-based packages

**3,207**

With residential packages

**1,117**

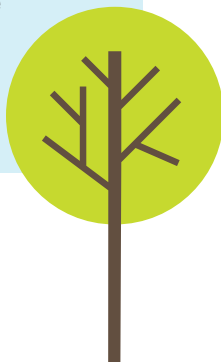
With extra care places

**2,911**

With contact from the Living Well Service

**1,481**

With Direct Payments



Following the changes to the Adult Social Care operating model in April 2020 to refocus on supporting acute hospital sites in delivering the new national hospital discharge model, social care activity levels were significantly affected as services responded to fluctuating Covid case numbers, hospital pressures and lockdown restrictions:

- Overall referrals to Adult Social Care teams (15,613) were down by 12.5% or 2,237 referrals, whilst the daily average for the number of hospital discharges received by Adult Social Care was up from 10 per day in 2019/20 to 18 per day at the end of 2020/21.
- Overall assessment activity was up by 12.7% or 2,224 assessments. Needs assessment activity was up by 48% (1,997 assessments) year on year – this is the assessment route for people whose need is anticipated to require long-term social care support.
- Referrals to Living Well were down by 23% or 870 referrals as health partners focused on the response to Covid-19.

## 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. 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.

### Complaints

In 2020/2021, 367 complaints were received, compared with 393 complaints received in 2019/2020, this is a 6.6% decrease. However, there was an increase in complaint reviews, MP enquiries and general queries.

In 2020/21, we received 493 enquiries in total in comparison to 469 in 2019/20, a 5% increase.

### MP Enquiries

During 2020/21, 126 MP enquiries were received. This is a significant increase from last year and nearly double from 2018/19. This was because of the Covid-19 pandemic MPs' constituents were contacting their MPs far

more frequently to ask them to raise concerns on their behalf, which were consistent with the national topics at the time, such as access to PPE and issues around Track and Trace.

### Local Government & Social Care Ombudsman (LGSCO)

During 2020/2021, we responded to 21 cases from the Local Government and Social Care Ombudsman (LGSCO), which is unchanged from 2019/2020.

Of those 21 cases, 4 were enquiries and 17 were investigations. Enquiries are cases where the LGSCO ask the local authority for information and, after consideration of this, close the case without it progressing to investigation stage as they are happy with the actions that have been taken by the council. Of the 10 cases closed in 2020/21, 8 had a decision against us:

- Fault found with injustice – 4
- Fault found with no injustice – 4

Of the four cases with no injustice, the Ombudsman was satisfied with the remedy that the council had previously offered to the complainant in two of those cases, and no additional remedies were imposed.

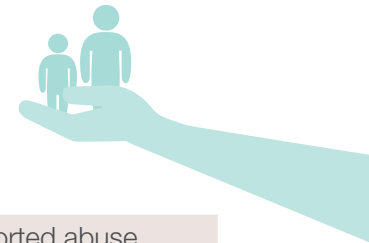
## Compliments

During 2020/21, 807 compliments were recorded for Health and Adult Services. This is a third less than the amount of compliments received in 2019/20. This significant reduction in compliments is a consequence of changes to services delivered face to face, including financial assessors not undertaking home visits and being unable to hand out their feedback forms as they normally would.



Below are some comments we have received about our services:

- *I just wanted to say a massive thank you to you in regards to the care and welfare of my mum and also my father. You have gone above and beyond what I believe is needed in your role and have made what is an extremely difficult, upsetting and stressful time, so much easier.*
- *Nothing is too much trouble and the warmth and empathy shown has been second to none.*
- *I am completely in awe of all you do for people and I just wanted to let you know how much it is appreciated by the families that you deal with. Without people like you who so obviously care, we would all be in a very different place. Thank you again.*
- *I wanted to write to you and just thank you for all the amazing care and support you have all given me in this very hard period of my life. The care and attention that xxx and her staff have given me and her huge support helping me to get walking again has been fantastic and I will never forget her patience and overall care for me whilst I was learning to get back on my feet.*
- *Thank you once again for both yours and xxx's personal support towards me; you have both been so very kind and approachable in a very hard situation. All good wishes*
- *I would like to take this opportunity to personally thank all the reablement team that have taken care of me over the last six weeks. With everyone wearing masks, it is difficult to identify them from their photographs which I am using to ensure I don't miss anyone out with the exception of xxx who has the advantage of being the only male! So easily identifiable. So many thanks to all the staff who I saw the most. They were so kind to me and boosted my confidence by reassuring me that I was improving, which meant so much to me particularly on days when I didn't feel I was progressing. From the kindness of strangers who I now like to think of as friends. Thank you all so much – you do the most fantastic job and I will always be grateful to you. With love.*



# Safeguarding

## The year in numbers

<b>3,456</b>	Safeguarding concerns received during 2020/21
<b>23%</b>	The decrease in safeguarding concerns received from the previous year
<b>33%</b>	Percentage of safeguarding concerns related to adults aged 18-64
<b>35%</b>	Percentage of safeguarding concerns related to adults aged 65-84
<b>32%</b>	Percentage of safeguarding concerns related to adults aged 85 and over
<b>61%</b>	Percentage of safeguarding concerns related to female adults.
<b>93%</b>	Percentage of enquiries following which risk was reduced or removed.

<b>1,839</b>	Number of people who said they had fully achieved their personal outcomes during the safeguarding adults process, a 135% increase on the previous year (partly due to more people being asked)
<b>3,001</b>	Number of information gathering exercises in response to safeguarding concerns
<b>3,518</b>	Number of Deprivation of Liberty applications received, up 6% year on year.
<b>1,728</b>	Number of safeguarding enquiries concluded
<b>51%</b>	Percentage of reported abuse occurred in the adult at risk's own home, up from 39% in 2019/20.

<b>36%</b>	Percentage of reported abuse occurred in care homes, down from 47% in 2019/20.
<b>25%</b>	The percentage of neglect and acts of omission is the highest abuse type recorded for completed enquiries in 2020/21, followed very closely by Physical Abuse at 24.9%

At the start of the first national lockdown in March 2020, there was an initial decline in safeguarding concerns being raised as there were fewer opportunities for face-to-face contact with individuals due to some services not being able to operate. Once the country started to reopen in July 2020, the number of safeguarding concerns increased sharply, before decreasing again until January 2021. Safeguarding concerns started to increase from January 2021 up to March 2021, in line with 2020 figures.

Access to care homes has been limited during lockdown periods and we have seen mini-surges in concerns after each lockdown, so that would help explain the change in the reported balance of where safeguard episodes are occurring.

## Safeguarding Week 2020

The North Yorkshire and City of York 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.

Safeguarding Week has previously involved local events for professionals and members of the public; this was the first year that a purely virtual campaign took place due to the Covid restrictions.

Between 22nd and 26th June 2020, social media was used to promote awareness to the public and professionals to remind people that **“safeguarding is everybody’s business”** and that concerns about abuse or neglect should continue to be reported to the respective local authority as normal during the pandemic.

A coordinated social media campaign made use of, and signposted to, existing resources.

As part of this **#TellUsYourConcerns** was used during the week over social media platforms to reinforce the message that people should continue to report safeguarding concerns.

The weekly schedule across North Yorkshire and York had the consistent theme of **How to report a concern**, and also focused on a different safeguarding topic each day.

These were:

- Domestic Abuse
- Keeping Safe Online
- Radicalisation, Extremism and ‘Prevent’
- County Lines / ‘Cuckooing’
- Mental Health and Wellbeing

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

The virtual and online campaign had a total reach of 15,242 people (both professionals and members of the public). This included the engagement, impressions and downloads of information on the NYSAB Twitter account. The North Yorkshire Safeguarding Adults Board website received 6,402 visitors during Safeguarding Week, with our accessible co-produced **Keeping Safe** resources and **Safeguarding Adults During Covid** resources being the most viewed and downloaded.





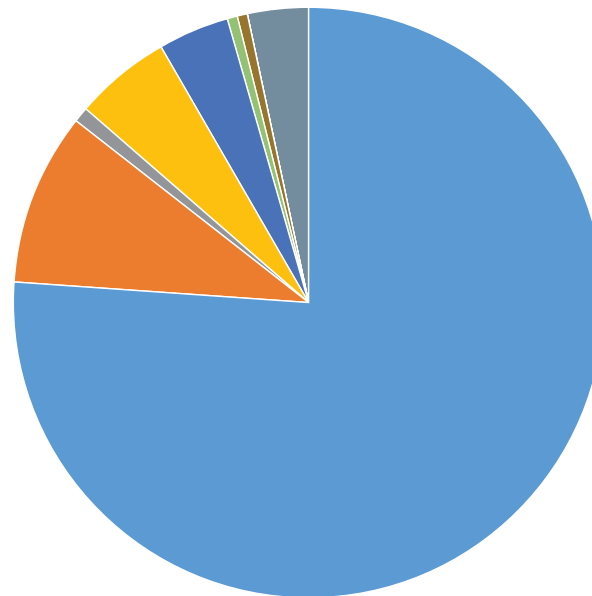
# Section 5

## How much did we spend?



The Adult Social Care budget for 2020/21 was £172,835,000. It was invested in a range of services as illustrated below:

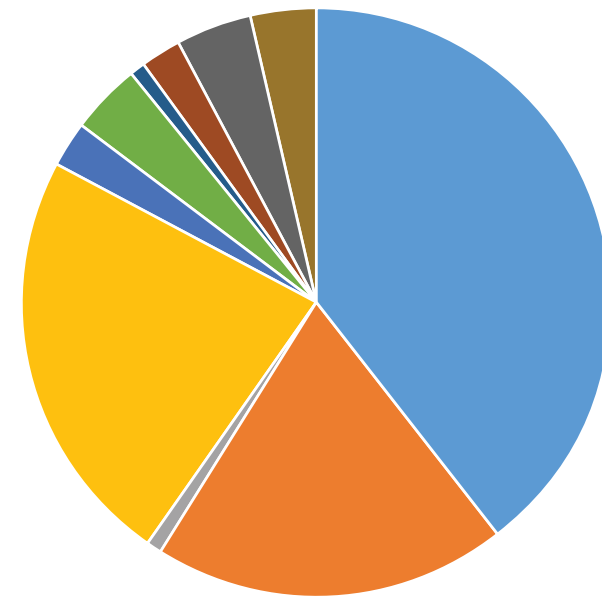
**ASC Net Spend 2020-21**



■ Care & Support	76.22%
■ Provider Services & EC/PCAH	9.36%
■ Mental Health Services	0.81%
■ Targeted Prevention	5.34%
■ Commissioning & Quality	4.01%
■ Integration & Engagement	0.46%
■ Resources Unit	0.47%
■ Directorate & Cross-Directorate	0.12%
■ COVID-19 costs	3.22%

The Public Health grant in 2020/21 was £19,981,544 and was spent on the following public health services and interventions as illustrated below:

**Public Health Spend 2020-21**



■ Children's public health programmes	39.6%
■ Sexual health - STI testing & treatment	19.3%
■ NHS Health Check programme	1%
■ Drug & Alcohol Misuse	23.1%
■ Obesity & Physical Activity	2.4%
■ Stop Smoking Services & Tobacco Control	3.9%
■ LA role in surveillance & disease control	0.9%
■ Stronger Communities Programme	2.1%
■ Targeted Prevention	4.3%
■ Services with focus on Older People	3.4%

# Section 6

## What are we going to do in 2021/22?

### Responding to Covid-19 and planning for recovery

As we move into the next phase of the pandemic response, our Public Health team continues to regularly review and refresh the Outbreak Control Plan, to ensure that it remains responsive to changes in national guidance and the local Covid-19 position.

Our Adult Social Care teams continue to embed the new operating model to support people in our communities and our NHS partners.

We are also looking to the future and planning for recovery. There's our 'business as usual' to pick up again, but also a chance to be aspirational – rather than just returning to the way we worked before, we want to grasp the opportunity to take forward the most useful elements of the way we're working now, and build on all the creativity, flexibility and solution-finding we've seen.

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

- We will be continuing the work to develop a 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 have ambitious service development and transformation plans to meet the strategic goals identified by the council and we'll continue to develop these in 2021/22.
- The Government is progressing a number of national reforms that will impact on Adult Social Care and Public Health, and understanding the implications of these will also form part of our work plan in 2021/22.

- Local Government Review: in December 2020, three proposals for local government reorganisation in North Yorkshire were submitted to the Government. In July 2021<sup>7</sup>, following government consultation, it was announced that the current county, district and borough councils would be replaced by a new single 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.

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<sup>7</sup> Outwith the timescale of this report but included for information

## Pounds and Budget

- Continue to explore market development opportunities, including conclusion of Actual Cost of Care exercise and 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 but also to separately identify the additional costs arising from Covid-19 from other financial risks.

## 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;
- 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 HAS organisational development programme; and
- Build on our Summer Conversations (Local Account 2019/20) to develop a workplace where colleagues have space to share ideas, and influence the way we all work.





## Contact us

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