

GOVERNING BODY MEETING

2 December 2021 9.30am to 11.30am

West Offices for Governing Body Members

Recorded in full and an unedited version of that recording available on the CCG's youtube channel immediately after the meeting

Prior to the commencement of the meeting a period of up to 20 minutes, starting at 9.30am, will be set aside for questions or comments from members of the public who have registered in advance their wish to participate.

The agenda and associated papers will be available at:

www.valeofyorkccg.nhs.uk

AGENDA

STANDING ITEMS – 9.50am				
1.	Verbal	Apologies for absence	To Note	All
2.	Verbal	Declaration of Members' Interests in the Business of the Meeting	To Note	All
3.	Pages 4 to 15	Staff Story: Understanding the role of the Associate Designated Clinical Officer	To Receive	Louise Wootton Associate Designated Clinical Officer
4.	Pages 16 to 27	Minutes of the meeting held on 7 October 2021	To Approve	Dr Nigel Wells CCG Clinical Chair
5.	Page 28	Matters arising from the minutes		All
6.	Pages 29 to 32	Accountable Officer Update	To Receive	Phil Mettam Accountable Officer
7.	Pages 33 to 92	Quality and Patient Experience Report	For Decision	Michelle Carrington Executive Director of Quality and Nursing / Chief Nurse

8.	Verbal	Coronavirus COVID-19 Update	To Note	Michelle Carrington Executive Director of Quality and Nursing / Chief Nurse Stephanie Porter Interim Executive Director of Primary Care and Population Health
9.	Pages 93 to 103	Board Assurance Framework	To Receive	Abigail Combes Head of Legal and Governance
ASSURANCE – 10.45am				
10.	Pages 104 to 152	Emergency Preparedness, Resilience and Response Policy	To Ratify	Abigail Combes Head of Legal and Governance
11.	Pages 153 to 189	North Yorkshire Safeguarding Adults Board Annual Report 2020/21	To Receive	Christine Pearson Designated Nurse Safeguarding Adults
12.	Pages 190 to 213	North Yorkshire MAPPA (Multi Agency Public Protection Arrangements) Annual Report 2020/21	To Receive	Christine Pearson Designated Nurse Safeguarding Adults
RECEIVED ITEMS – 11.25am				
Committee minutes are published as separate documents				
13.	Pages 214 to 215	Chair's Report Audit Committee: 16 September 2021		
14.	Page 216	Chair's Report Executive Committee: 29 September, 6, 13 and 20 October and 3 November 2021		
15.	Pages 217 to 218	Chair's Report Finance and Performance Committee: 23 September and 28 October 2021		
16.	Pages 219 to 220	Chair's Report Primary Care Commissioning Committee: 23 September 2021		
17.	Page 221	Chair's Report Quality and Patient Experience Committee: 14 October 2021		
18.	Pages 222 to 230	North Yorkshire and York Area Prescribing Committee Recommendations: September and October 2021		

NEXT MEETING

19.	Verbal	9.30am, 3 February 2022	To Note	All
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CLOSE – 11.30am**EXCLUSION OF PRESS AND PUBLIC**

In accordance with Paragraph 8 of Schedule 2 of the Health and Social Care Act 2012 it is considered that it would not be in the public interest to permit press and public to attend this part of the meeting due to the nature of the business to be transacted as it contains commercially sensitive information which, if disclosed, may prejudice the commercial sustainability of a body.

NHS Vale of York CCG Governing Body: 2 December 2021

Staff Story

Understanding the role of the Associate Designated Clinical Officer (ADCO)

Introduction

This is a 'staff story' to share the experience, activity and findings of a new staff member (and a new post to the CCG) who commenced in post in February 2021 (during lockdown). This is a new post created in response to the required improvements in quality for Special Educational Needs and Disabilities (SEND) identified within the Written Statement of Action issued in 2020.

This story summarises and celebrates the achievements and positive progress that has been achieved since Louise commenced in post. The summary of findings and delivered work places the CCG and Local Authority (LA) in a much stronger position to demonstrate progress in our quality improvement journey in order to meet our statutory duties for Children and Young People (CYP) with SEND.

Staff Story and reflections 6 months on ... Louise Wootton

Louise Wootton started in post February 2021 as the Associate Designated Clinical Officer (ADCO). The primary role is to support the Lead for Children and Young People (CYP) at NHS Vale of York CCG (VOY CCG) in assuring that the CCG is meeting its statutory duties in relation to SEND.

To date, the ADCO role has focused on assuring that the CCG meets its duties with regards to supporting and strengthening the processes in relation to health's input at all stages of Education, Health and Care Plan (EHCP) process. The following is a brief description of the role of the ADCO in the past 6 months since commencing in post.

An EHC plan is a legally-binding document outlining a child or young persons (up to age 25 years) special educational, health, and social care needs. The document has to detail all of the child/young person's special educational needs (SEN), outcomes sought, and the provision required to meet each of their needs, including any health needs that may impact upon their SEN and the provision required to meet those needs. The outcomes must link to the CYP aspirations and be SMART, and the provision must be specific, detailed, and quantified. The CCG must provide the provision detailed in the health section of the plan and the plan is legally enforceable ultimately through Judicial Review.

EHCP Panels

The ADCO represents VOY CCG on the EHCP multi-agency panel which is held weekly and considers Requests for Statutory Assessment's (RSA) which is when an application has been made to the local authority to consider whether a CYP needs support above what is usually available in education settings to support special educational needs. If the panel considers that the CYP may need provision above usual SEN support level then a range of evidence and information is requested and collected, including reports and advice from any health teams that have, or may have, a role in supporting the CYP with their health needs. This stage is referred to as EHC needs assessment (EHC NA). Health services have a legal duty to comply with the request within 6 weeks. Once all the evidence has been collected the panel reviews it and decides whether a EHCP should be issued based on the evidence submitted.

Prior to panel meetings the ADCO reviews all the submitted information and reports for each CYP (approx. 12 – 14 children). This includes a 'Health Questionnaire' that parents and CYP are asked to complete and send to the LA as part of the RSA paperwork. This questionnaire helps understand what the CYP's reported health needs are, and how they may impact upon the CYP's ability to access learning. It can also help the SEN team identify which health teams are involved and who to approach for health advice and reports. Some CYP have multiple teams involved and/or teams that are not delivered locally so the ADCO supports the SEN team in identifying the most appropriate teams to seek information from.

The health questionnaire also asks for information about any non-NHS commissioned health support/services involved with the CYP and this data is being collected and collated by the ADCO and it is hoped that this will help inform the CCG about any gaps in commissioned services.

In preparation for panel the ADCO may contact health provider colleagues to clarify or gain further information as needed about specific cases so that when attending panel the ADCO is able to fully explain to the other members of the EHCP panel how the CYP's health needs may impact upon education and learning and how the CYP may be best supported to achieve their optimal wellbeing. If the ADCO needs support/advice then the Designated Medical Officer who is a local Consultant Paediatrician can be contacted to discuss individual cases as required.

After the EHCP panel, the ADCO will follow up any identified actions in relation to health aspects and an action log is kept.

To date, the ADCO has attended 24 EHCP panels with the average no of CYP cases being considered at panel on a weekly basis of around 12-14. This equates to approx. 288-336 CYP since Feb 2021.

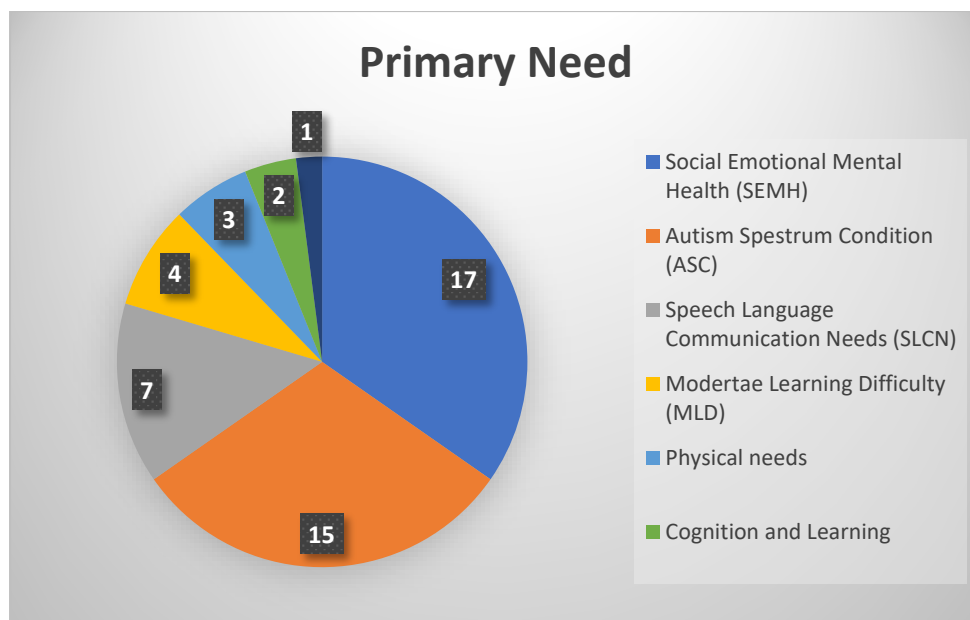
Quality Assurance and Overview

The ADCO has collected and collated information about health teams' involvement for CYP who have been considered at EHCP panel for RSAs and EHCNAs from 28th

July to 15th September 2021. The data collected includes identified primary need relating to the SEN (as outlined in the SEND Code of Practice 2015), if health teams were already involved and which teams, if health advice was provided at EHC NA stage and by which team and in what format. Number of returned health questionnaires was also collected.

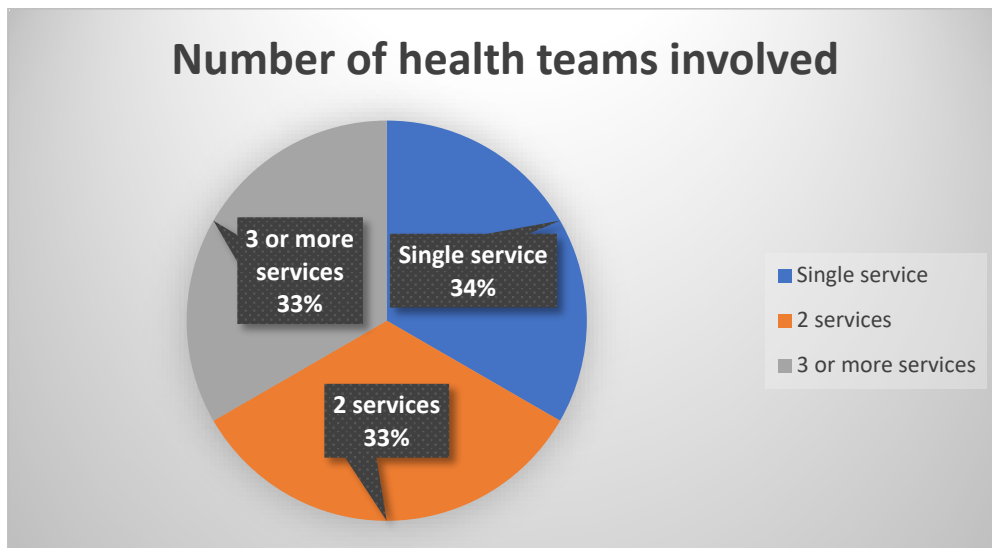
In the 8-week period that this data was collected approximately 35% of the CYP considered at panel had a primary need of social emotional and mental health (SEMH). Children and young people may experience a wide range of social and emotional difficulties which present themselves in many ways. For example, they may have difficulty in managing relationships with other people, they may be withdrawn or isolated and or they may display behaviour that is challenging, disruptive or disturbing. These behaviours may reflect underlying mental health difficulties such as anxiety or depression, self-harming, substance misuse, eating disorders or physical symptoms that are medically unexplained. This category of primary need also includes CYP with attention deficit disorder (ADD), attention deficit hyperactivity disorder (ADHD) or attachment disorder.

31% of the CYP had a diagnosis of Autism Spectrum Condition which had been diagnosed either via a CAMHS service or if the child was under 5 years of age had been diagnosed via the paediatric autism assessment pathway.



During the audit period 19 CYP were considered at RSA stage of process. 17 out of the 19 already had health teams involved in their support either actively or within the last 18 months.

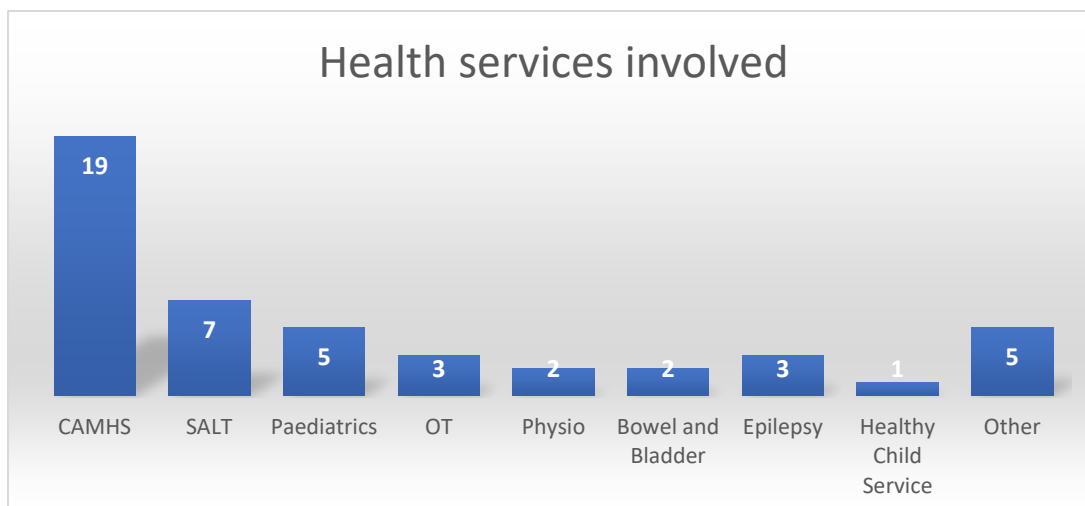
The number of teams involved in CYP's care at RSA or EHCNA stage ranged from a single service to 4 different services, with 66% of CYP having 2 or more health teams involved in their care.



47 out of 49 CYP had health teams involved and 40% of the CYP were known to the local Children and Adolescent Mental Health Services (CAMHS).

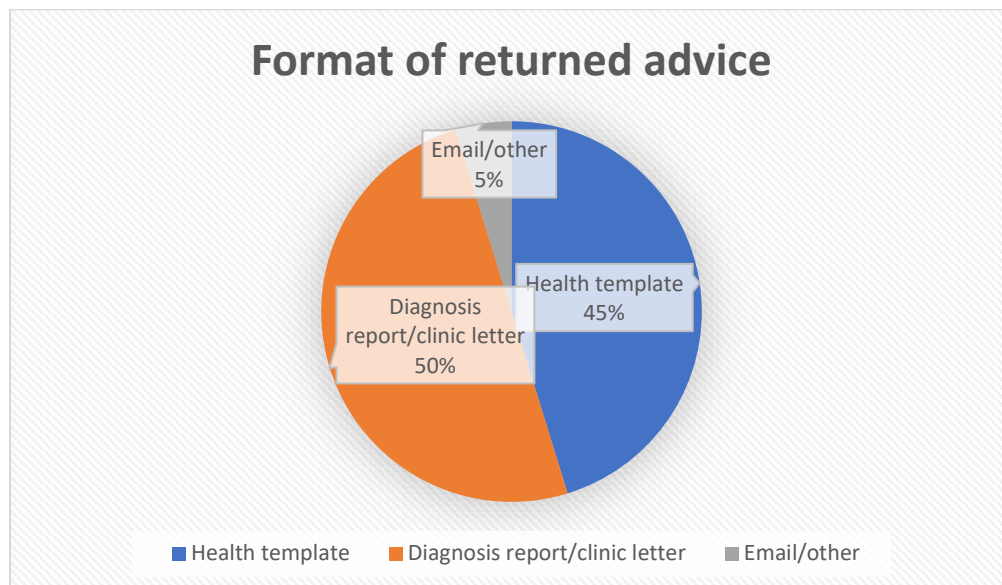
15% of the CYP were known to Speech and Language therapy (SaLT). Other children's therapy services including occupational therapy (OT) and physiotherapy accounted for 10%.

10% of CYP were known to paediatricians. Other services involved include specialist nursing teams, special school nursing team, looked after children's nursing team or adult services.



91% of EHC NA cases reviewed at panel had health advice submitted. The 2 cases where advice was not submitted in time for EHC NA were CYP who had been referred to CAMHS and were waiting for CAMHS assessment.

Health advice was submitted in a variety of formats, including an email update form a clinician, clinic letters, diagnosis reports and health advice templates. The health advice template was designed by LA and CCG to try make it easier for teams to provide SEND Code of Practice (2015) compliant advice and to make it easier for the LA SEN plan writers to transfer the health information into the EHCP accurately and easily. The health template is also designed to support clinicians to ensure they work in joint partnership (coproduce) the advice with CYP and families and also link in with the York Outcomes framework for SEND.



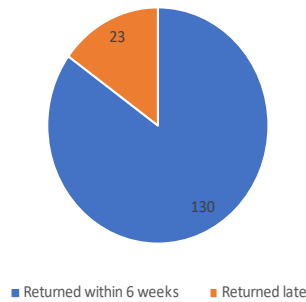
In reviewing all the submitted health information for EHCP panel the ADCO can ensure that health contributions are of appropriate quality and standard and can follow up any inadequate advice with the advice writer.

Further quality assurance measures are in place and the ADCO has an active role in auditing finalised EHCPs using a Quality Assurance Framework tool to ensure consistency and transparency when auditing EHCPs. The ADCO participates in the monthly multiagency moderation panel with SEN team manager and the Head of SEN service. This strong focus and commitment on quality is also reflected in that the ADCO is a member of the SEND Quality working group and has been working with regional and national colleagues on collating examples of 'good' practice in relation to writing health advice for EHCPs.

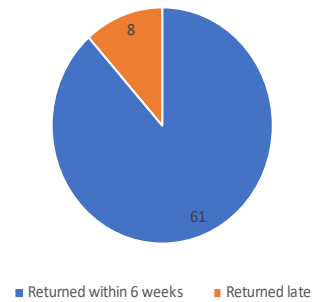
There is a requirement for the EHCP process to be completed with a timeframe that is laid out in statute, and in particular the health advice needs to be returned to the LA within 6 weeks of its request. The LA collects data on timeliness of return of advice and the ADCO has requested that this is shared with the CCG. The data below outlines the most recent data shared by the LA showing that there is some improvement work needed in order for CCG to be assured that all advice is returned on time. This improvement work has commenced and the ADCO has been working

Timeliness of returns of statutory advice from VOY CCG Commissioned Health Providers to differing local authorities

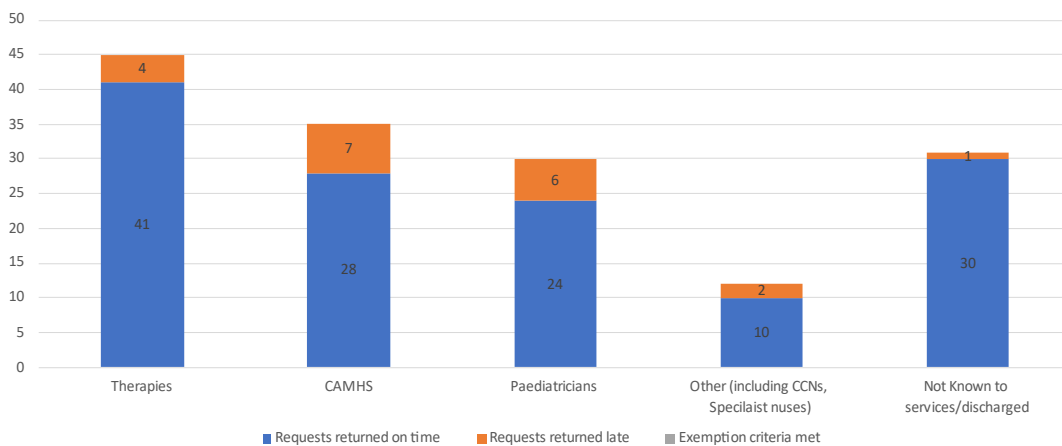
City of York Sept 2020-July 2021



North Yorkshire Oct 2020-Aug 2021



Timeliness of return to CYC – Health service/provider specific



The ADCO has contacted each service lead to discuss the timeliness data and requested exploration into the individual cases in an effort to determine cause and remedy issues accordingly. This has uncovered a few themes in relation to the reason for the late returns including that some clinicians waited to return advice as CYP was mid assessment or imminently due and appointment and the clinician wanted to provide a full report instead of a limited /old one. Discussions are taking

place with Head of SEN service and ADCO currently about how services can respond to requests for advice with up-to-date information but still meet the 6-week statutory deadline. Another issue identified is that some of the requests had not been logged on to the health provider system, so it was unclear if the requests had been received when first sent. The administrator who logs the request for EHCPs is reviewing the process with the Designated Medical Officer to ensure that it is working satisfactorily at this stage of the process. Finally, there were a few reported instances of advice being late to be returned as the clinicians were unsure about what to write. The ADCO has offered and provided specific advice and support to individual clinicians when writing health advice if it's a lack confidence/knowledge issue.

Now that the ADCO is in post and present at the majority of EHCP panels this gives her the opportunity to intervene in a timely way to any issues with obtaining health advice.

Training

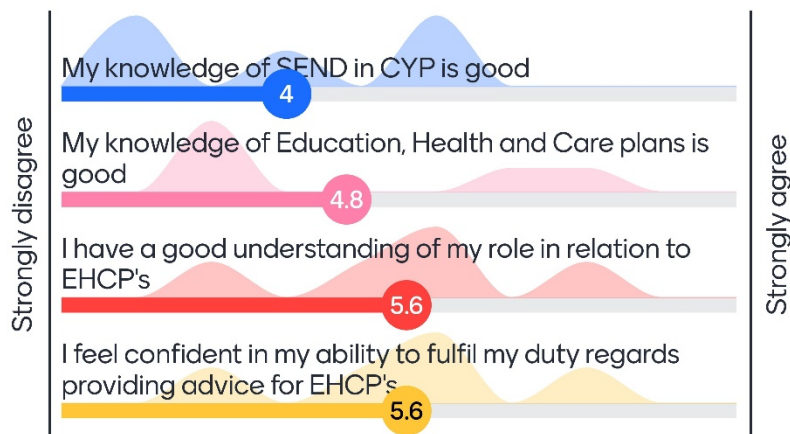
The ADCO, Lead for CYP at VOY CCG and Head of SEN services at CYC have delivered training on writing advice to health visitors, SEND Transition Nurse Coordinator, paediatricians, specialist, special school, and children's community nursing team, therapies, CAMHS and adult learning disability services.

Pre and post knowledge and confidence ratings were completed by some of the training participants and the data demonstrates an increase in knowledge and confidence in relation to writing advice for EHCPs. Below is an example of the feedback from some of the training delivered.

Pre-Training responses

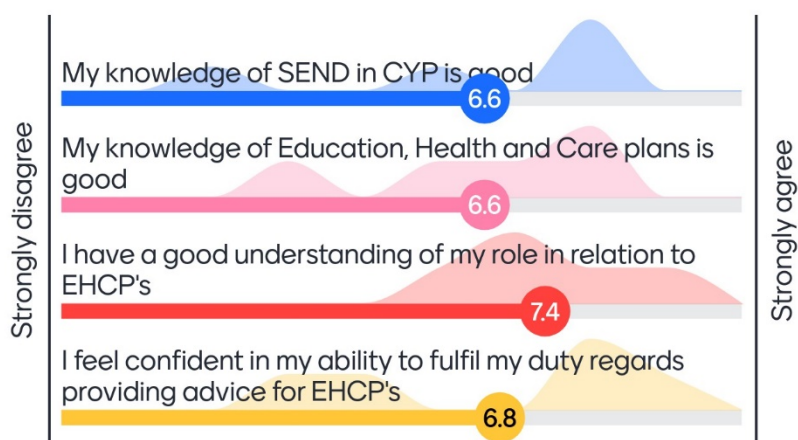
SEND and EHCP's

Mentimeter



SEND and EHCP's

Mentimeter



Further data is being collected via a survey of VOY CCG commissioned health providers on their knowledge and confidence of their statutory duties in relation to SEND, their confidence in their ability to provide quality health advice and their knowledge and experience of working in joint partnership (coproduction) with CYP and the York SEND Outcomes.

The data so far indicates that respondents are confident in their knowledge of their statutory duties in relation to EHCPs with 13 out of 15 stating they understand their duties. However less respondents are confident about their level of knowledge regards York specific processes for EHCPs, with 8 out of 15 stating they are confident or very confident regards York's EHCP processes. 6 out of 15 respondents had attended or undertaken EHCP specific training, with 8 of the 9 who haven't attended training stating they would like to attend some. The survey is now closed and a full analysis of the final response is planned.

Qualitative feedback

Qualitative feedback has been received form several of attendees including:

"Thank you for delivering the training, it was both useful and informative and both content and delivery very good." Feedback from special school nursing team leader.

"Thank you so much for attending yesterday, the staff found it very useful. " Feedback from Adult Learning Disabilities Services team leader.

"I now have a better understanding which has come through into practice" Nursing Team

"The training has made me more aware of how to accurately write an EHCP..".
Nursing Team

"The training has increased my general understanding of EHCP and communication." Nursing Team

Advice and Support for the LA SEN Teams

The SEN team contact the ADCO via email or telephone as required to support them with seeking of health information for new EHCPs and for the EHCP annual reviews. The SEN team requests for support vary from seeking information about how CYP and families can access certain health services, to helping identify the most suitable person to provide statutory health advice. The ADCO also supports the SEN team in ensuring the health advice is returned within the statutory timeframe and a process has been put in place that if the SEN team are having difficulty in getting the advice to meet statutory timeframe requirement, they will contact the ADCO who will liaise directly with the health professional to support them to return the required health advice.

A log of contacts from SEN team is being kept by the ADCO for action log purpose/case management purpose however, it is also hoped that this data will help identify any trends/patterns so that the ADCO can be proactive in reviewing processes and remedy any recurrent issues and hopefully thus continually improving outcomes in relation to timeliness and quality.

Data collection for these contacts has only been fully established since June 2021 and table below details type and no of contacts

Month	Total no of Contacts	Type-email	Type-phone	Reason-EHC NA	Reason-EHCP AR	Other
June	15	11	4	6	6	3
July	10	8	2	6	2	2
August	8	3	5	2	1	5
Sept to date	9	5	4	4	2	3

Processes and procedures

The ADCO has worked with colleagues in neighbouring CCGs and Local Authorities to streamline and standardise processes such as Section 23 notifications and requesting statutory health advice from shared health providers. There is now an agreed Standard Operating Procedure for SEND that spans across the 3 different local authorities that details the standard processes for each of the areas in relation to SEND.

This cross CCG and LA boundary working has resulted in the development of positive and supportive relationships and increased the opportunity for development and learning between the areas. It enables us to work more closely and with less duplication in the quest to improve quality and consistency.

The ADCO has formed a working group to improve the quality of EHCP health advice in relation to CAMHS services to begin with and has harnessed the support of regional lead for SEND. A 'learning lunch' has been agreed and the ADCO is contributing to the development and delivery of the session. The ADCO has also contributed to the development of CDC eLearning modules 1 and 2 on SEND for healthcare staff and is working with DCO in North Yorkshire to get basic level SEND training embedded within all health provider mandatory training programmes. Additionally, the ADCO and North Yorkshire DCO are working with providers to establish a suitable standard of training and education for staff who work closely with CYP with SEND and are likely to have to contribute to EHCPs. A rolling schedule of training and SEND update sessions that are jointly delivered by the LA and the ADCO are being planned to supplement the eLearning.

Other activity

The ADCO represents health and the CCG on other multiagency panels including SEND out of area placements panel, special school admission panels, Short Breaks Resource allocation panel. This helps to ensure that CYP health needs are being fully considered in each of these panels and that the CCG has good oversight of CYP with SEND in the local area.

The ADCO has established quarterly meetings with the 2 other neighbouring CCGs and LAs where there is some cross over of boundaries. Terms of reference for these meetings include:

- Number of new EHCP requests per month
- Number of EHCP plans issued per month
- Number of tribunals in process
- Quality Assurance of EHCP processes and plans

Data obtained will be collected and collated with the other SEND data to ensure the CCG has good oversight throughout its footprint.

Next Steps

- Continue to be quorate member of SEND related panels
- Continue to participate in audit and quality assurance moderation panel.
- Work alongside LA SEND team to monitor and investigate timeliness of return of health advice
- Meet with data and performance team in CCG to review data collection and interpretation to ensure appropriate data is being collected and used to inform practice.
- Finalise the Section 23 Notification processes across 3 local area boundaries.
- Work with LA SEND team to increase return of health questionnaires
- Work with providers and LA SEND team to review process for CYP who are on waiting lists/pathways to develop suitably compliant health advice
- Continue to support LA and health providers in obtaining and writing quality health advice for EHCP purposes.
- Develop a suite of 'exemplars' of good quality health advice to share with health provider colleagues
- Review health provider colleagues' knowledge and confidence survey responses and compile an action plan to address any themes identified.
- In partnership with providers and local DCO colleague continue to develop and deliver training in relation to SEND and EHCPs.
- Support health provider colleagues to develop 'SEND champion' roles within their teams, and work with the identified SEND champions to embed 'SEND as everyone's business' approach to help drive inclusivity.

Minutes of the 'Virtual' Meeting of the NHS Vale of York Clinical Commissioning Group Governing Body on 7 October 2021

Present

Dr Nigel Wells (NW)(Chair)	Clinical Chair
Simon Bell (SB)	Chief Finance Officer
David Booker (DB)	Lay Member and Chair of Finance and Performance Committee
Michelle Carrington (MC)	Executive Director of Quality and Nursing / Chief Nurse
Dr Helena Ebbs (HE)	North Locality GP Representative
Phil Mettam (PM)	Accountable Officer
Denise Nightingale (DN)	Executive Director of Transformation, Complex Care and Mental Health
Dr Chris Stanley (CS)	Central Locality GP Representative
Dr Ruth Walker (RW)	South Locality GP Representative

In Attendance (Non Voting)

Abigail Combes (AC) – item 9	Head of Legal and Governance
Dr Andrew Moriarty (AM)	YOR Local Medical Committee Locality Officer for Vale of York
Michèle Saidman (MS)	Executive Assistant
Sharon Stoltz (SS)	Director of Public Health, City of York Council

Apologies

Phil Goatley (PG)	Lay Member, Chair of Audit Committee and Remuneration Committee
Julie Hastings (JH)	Lay Member, Chair of Primary Care Commissioning Committee and Quality and Patient Experience Committee
Stephanie Porter (SP)	Interim Executive Director of Primary Care and Population Health

Eighteen members of the public watched the “live stream”.

STANDING ITEMS

1. Apologies

As noted above.

2. Declaration of Members' Interests in Relation to the Business of the Meeting

There were no declarations of interest in the business of the meeting. All declarations were as per the Register of Interests.

The following declarations were made in respect of members' additional roles:

- MC as Interim Director of Quality and Nursing for Humber, Coast and Vale Health and Care Partnership two days per week
- CS as a member of the Humber, Coast and Vale Strategic Digital Board
- RW as Mental Health Lead for Selby Town Primary Care Network and CCG representative as Governor on Tees, Esk and Wear Valleys NHS Foundation Trust Board
- NW as Clinical Lead for Humber, Coast and Vale Health and Care Partnership

No pre-emptive action was required by the Chair as a result of those conflicts declared and the nature of the business planned in the meeting. If a conflict of interest arose during the meeting mitigation would be agreed with the Chair on a case by case basis.

3. Patient Story

In introducing this item MC noted that the story of Martin Bissell, a patient at Posterngate Surgery in Selby, had also been presented at the recent CCG AGM. Martin had accepted an invitation from the Primary Care Network to join a 20 week Population Health Management programme in which Selby Town Practices were participating. This innovative approach, which included a diverse range of partners, focused on supporting people's health and wellbeing rather than purely medical interventions, had resulted in lifestyle change for Martin.

Further information on the Selby Town Primary Care Network developments, including Martin's story, is available at:

[NHS Vale of York Clinical Commissioning Group - GP practices in Selby are changing patients' lives with a new approach to their health \(valeofyorkccg.nhs.uk\)](https://www.valeofyorkccg.nhs.uk/patients-lives-with-a-new-approach-to-their-health)

<https://www.youtube.com/watch?v=IsI93C9DxXg>

<https://ockham.healthcare/podcast-selby-town-pcn-classy-care-coordinators/>

The Governing Body:

Commended the work undertaken by Selby Town Primary Care Network within the Population Health Management programme emphasising the perspective of maintaining the local understanding of communities through the transition to Humber, Coast and Vale Integrated Care System.

4. Minutes of the Meeting held on 1 July 2021

The minutes of the 1 July meeting were agreed.

The Governing Body:

Approved the minutes of the meeting held on 1 July 2021.

5. Matters Arising from the Minutes

MC proposed that the feedback session for clinical leads for care homes, emanating from the January 2021 Patient and Quality Experience Report following the closure of Lake and Orchard Residential and Nursing Home in August 2020, be provided via a session at a protected learning time event. NW noted he would ensure this was progressed accordingly. MC advised that the final report on lessons learnt from the closure would be presented at a Governing Body meeting in private.

Other matters were noted as ongoing.

The Governing Body:

Noted the update.

6. Accountable Officer's Report

PM referred to the report which provided updates on the local and system financial position; recovery and transformation; primary care protected learning time; emergency preparedness, resilience and response; and the CCG's Annual General Meeting.

In relation to the financial position PM highlighted the continuing break-even forecast in line with plan for the first half of the year noting this was due to support from within the system. He emphasised that the CCG's financial position continued to be challenging but commended the system approach to financial management. PM also referred to two aspects outwith core funding which were expected to continue until the end of the financial year: the Hospital Discharge Programme, where a small overspend was forecast, and the Elective Recovery Fund for reducing waiting lists and backlogs which would be implemented differently in the second half of the year. PM advised that planning for the second half of the year was at an early stage; the Finance and Performance Committee would continue to have an overview and, if required, escalate any concerns to the Governing Body.

PM explained that pressures across the system continued as previously reported, including high levels of demand, both face to face and virtual in primary care, increased A&E attendances and demand for mental health support across all age ranges. Workforce fragility, particularly in social care, continued to be a focus. PM additionally noted the context of winter pressures and the national requirement to reduce waiting lists and backlogs.

PM reported that the Executives and Deputies had commenced work relating to closedown of the CCG and the Executive Committee was maintaining an overview on the staff transition to the Humber, Coast and Vale Integrated Care System. An update on progress with these areas would be provided at the next meeting. PM additionally noted the guarantee of employment for staff below board level and that regular meetings with staff were taking place to provide support.

PM expressed appreciation to contributors to the CCG's recent Annual General Meeting and to NW and all who had contributed to the success of protected learning time. He additionally noted appreciation, echoed by NW, to colleagues who had supported NW on the protected learning time events: Sharron Hegarty (Head of Communications and Media Relations) and the Communications Team, Jo Baxter (Executive Assistant), Sam Varo (Quality and Nursing Administrator), MS and Victoria Binks who had until recently been the CCG's Head of Engagement. The need to continue to embed protected learning time across healthcare professionals was emphasised.

The Governing Body:

Received the Accountable Officer report.

7. Quality and Patient Experience Report

AC joined the meeting during this item

MC presented the report that provided the Governing Body with an update on an exception basis on risks and mitigations associated with quality, safety and patient experience across our commissioned services. It summarised by exception, progress and updates on quality, safety and patient experience that is not related to existing risks and provided an update on actions to mitigate the risks.

MC highlighted the continuing significant focus to support independent care providers, and care homes in particular, emphasising the expectation that the long term staffing issues in this sector may increase dramatically in view of COVID-19 vaccination being mandatory from 11 November 2021 for staff, and anyone entering a care home for work purposes. She also noted the context of direct competition with more attractive employment conditions in other sectors.

MC explained that staffing issues were also affecting domiciliary care, which was impacting timely discharge from hospital, and registered nursing staff numbers in care homes. In respect of the latter MC cited the example that a number of patients with nursing needs had been moved from St Catherine's in York; the remaining four residents did not require nursing support.

MC described a quality improvement project to reduce e-coli in the community noting York Hospital appeared to be an outlier in this regard. As data indicated this related to admissions from care homes, the project was considering e-coli cases from the quality improvement perspective.

MC highlighted the operational pressures detailed in the report emphasising that this related to all partners across the system. She also noted the context of regular winter pressures.

In referring to the national COVID-19 vaccination booster programme, for which over 50s and vulnerable groups were now being invited at least six months after their second vaccination, MC emphasised the perspective of maintaining immunity. She also expressed appreciation to schools and academies for their innovative approaches to the vaccination of 12 to 15 year olds.

MC explained the previous arrangements for patients who were COVID-19 positive being discharged to designated settings which had subsequently closed. She reported that, although numbers were small, this requirement remained. The Care Quality Commission had identified that a previous designated setting which they had re-examined no longer met the required standards. MC advised that alternatives were being sought to mitigate the impact on discharges and also noted the context and impact of an outbreak of COVID-19 in a hospital setting resulting from delay in discharge.

In relation to Tees, Esk and Wear Valleys NHS Foundation Trust MC referred to previous Governing Body discussion about quality and safety concerns, noting the agreement for the CCG to increase provide non recurrent investment in in-patient staffing following the Care Quality Commission in-patient inspection report. MC advised that the Quality Board, also set up in response to the report, remained in place and progress on its action plan was recognised by the Care Quality Commission.

MC explained that Tees, Esk and Wear Valleys NHS Foundation Trust was currently fact checking a Care Quality Commission Section 29A Warning Notice following inspection of forensic services and child and adolescent mental health services and that the Care Quality Commission's Well-led inspection report was expected in the near future. MC emphasised the context of, as across the system, Tees, Esk and Wear Valleys NHS Foundation Trust being a challenged organisation but noted community services were not the area under the greatest pressure. She advised that regular discussion via the contract management arrangements provided a level of assurance and also reported that Tees, Esk and Wear Valleys NHS Foundation Trust was currently consulting on a new structure at the top level of the organisation.

MC highlighted a number of areas relating to children and young people. She referred to the potential surge in respiratory infections in 0 to 2 year olds commending the innovative pilot developed through partnership of the CCG with Nimbuscare Ltd and York and Scarborough Teaching Hospitals NHS Foundation Trust to reduce Emergency Department attendance. This Paediatric Ambulatory Treatment Hub (PATH), accessed through primary care, had commenced on 4 October operating from 4pm to 10pm for an initial eight week period.

MC welcomed the appointment to a new post at York and Scarborough Teaching Hospitals NHS Foundation Trust focusing solely on the transition of children to adult services. She noted this had also been identified as an area of need by the City of York Ofsted SEND (Special Educational Needs and Disability) inspection.

MC referred to end of life and palliative care for children and young people. She explained that self assessment and collaborative work was taking place across Humber, Coast and Vale Integrated Care System to reduce variation and inequity in service provision.

MC referred to progress against the SEND Written Statement of Action. She highlighted the significant piece of co-production work between parents, the CCG and City of York Council emanating in the infographic of the seven outcomes and 'I' statements in the report.

With regard to smoking during pregnancy, MC commended the work of the Public Health team and York and Scarborough Teaching Hospitals NHS Foundation Trust for the reduction in the number of people smoking at point of delivery. Through an incentive scheme and smoking cessation service this had reduced from 15% to under 8% over the last year.

MC referred to the national GP survey summary noting that the CCG's ratings had improved since the previous survey in all but the indicator relating to ease of use of online services, which had decreased by 1%. She advised, however, that there was variation across the CCG's Practices; the CCG was working with them in this regard.

In respect of risks managed by the Quality and Patient Experience Committee MC highlighted a new risk relating to maternity services at York Hospital. She explained they had been unable to meet all the Ockenden Report recommendations mainly due to staffing issues. Other areas where compliance against the standards was not being achieved were in relation to Better Births and to the Clinical Negligence Scheme for Trusts. Work was taking place as described with regular meetings to understand the issues. MC additionally noted that the continuity of carer initiative, relating to the same midwife and fulfilment of such as home birth wishes, was not always being met; this also related to staffing. NW highlighted that pressure on maternity services was a concern nationally.

With regard to risks managed by the Governing Body MC referred to QN.13 relating to availability of Hepatitis B vaccination for renal patients. She noted that the work with York and Scarborough Teaching Hospitals NHS Foundation Trust to take on this service, no longer commissioned from primary care, was in its final stages.

MC reported in relation to QN.18 *Potential changes to North Yorkshire County Council's commissioned Healthy Child programme* that she had recently received the report, circulated to members on 14 October, following the conclusion of the consultation. SS additionally referred to the City of York Healthy Child Service advising that the first inspection had recently taken place since its transfer from the Care Quality Commission. She would provide the report to the Governing Body when it was available.

The Governing Body:

Received the Quality and Patient Experience Report confirming assurance of the work being undertaken to understand and support the quality and safety of commissioned services.

In relation to the risk register:

- Confirmed assurance that risks to quality and safety for the CCG were identified with appropriate mitigations in place.

8. Coronavirus COVID-19 Update

AM joined the meeting during this item

In addition to MC's update above, SS reported that infection rates across North Yorkshire and York continued to be comparatively high although City of York currently had the lowest rate in the Yorkshire and Humber region with North Yorkshire's rate being slightly above this. She noted people were still testing positive for COVID-19 on admission to hospital although they may have been admitted for another reason. These numbers were stable at 30 to 40 at any one time with low numbers in intensive care and, although there were still a small number of deaths, SS noted the success of the vaccination programme as previously discussed.

SS explained that, as nationally, infection rates were highest among primary and secondary age school children. This was expected to reduce as the vaccination programme for 12 to 15 year olds was rolled out; however younger children were not routinely eligible to be vaccinated.

SS emphasised that COVID-19 was not the only concern. She noted such as 'flu and other respiratory viruses highlighting an approach of raising overall public awareness of the anticipated winter pressures and the context of maintaining basic infection control measures. In this regard SS reported that she and NW had written to all residents and that a partnership campaign across the city was planned which would include promoting hand sanitisers in all settings and wearing of face masks unless medically exempt.

The Governing Body:

Noted the update

9. Board Assurance Framework

In referring to the Board Assurance Framework AC highlighted that changes were presented in red for clarity. AC explained that risk IG.01 had been closed and replaced with IT.01 *CCG service delivery affected by cyber attack* to fulfil the Data Protection Toolkit requirement. She also noted the addition of risks COR.06 and COR.07 which related to employment matters confidential to those concerned and therefore not disclosable; these would be reported directly to NW and would report to Governing Body once in a position to do so.

AC advised that a Humber, Coast and Vale Integrated Care System risk approach was being developed, initially based on risk tolerance being developed with the Clinical Professionals and Governance Group and others. AC noted that she was taking a lead in this regard and was promoting an approach of a Risk Appetite Statement with risk thresholds. She explained that a stocktake was taking place of risks across the Integrated Care System organisations with a view to a system approach and a single risk document, also noting the context of CCGs having statutory responsibility to identify risks and appropriate mitigating actions.

The Governing Body:

Received the Board Assurance Framework.

AC left the meeting

ASSURANCE

10. Learning Disability Mortality Review Programme Annual Report 2020/21

MC explained the particular responsibility on CCGs to ensure a system was in place to review the death of anyone reported into the programme over the age of four who had a learning disability. She referred to discussion, and action thereafter, when previous Learning Disability Mortality Review annual reports had been presented to the Governing Body, noting this evidence that people in the CCG area with a learning disability died five years earlier than the national average had been considered in a number of forums.

In terms of the current report MC highlighted the executive summary. Although there were some areas of improvement locally, this was not a true comparison on previous data due to impact from COVID-19. MC emphasised, however, that people with a learning disability do die earlier than the general population.

MC explained that a new national policy on Learning Disability Mortality Review had been in place since March 2021 which from the autumn would also include people who died with autism. MC also explained that the Integrated Care System would have a particular responsibility including employment of the staff who currently undertake the reviews and the requirement that plans incorporate reducing inequalities.

MC commended achievement of the target of all learning disability deaths being reviewed across North Yorkshire and York. She noted of the local causes detailed in the report that the highest number, at 34%, related to COVID-19; the national data was not yet available.

MC highlighted:

- Progress in STOMP, the initiative to stop over medication of people with a learning disability, autism or both.
- 79.5% of people who died with a learning disability had had an annual health check, against the 60% target; 91% of them had also had a medication review. In response to MC posing the question as to why these were distinct, HE explained that an annual health check may be done by for example a senior nurse who was not in a position to do a medication review and also that a medication review could be done in absentia.
- Low uptake of generic screening such as bowel screening.
- 40% of people had a Do Not Resuscitate Plan in place, the majority of which were considered appropriate.
- Recommendations and learning themes relating to increasing learning disability health checks, application of the Mental Capacity Act, earlier detection of deterioration, weight management interventions and improving routine screening.

Detailed discussion included: lack of accessible suitable support for such as weight management and smoking cessation for people with a learning disability or serious mental illness; the context of equity of treatment options for people with a learning disability both in primary and secondary care, including the perspective of whether clinical decision making may be unnecessarily taking account of a learning disability; the context of potential prevention of chest infections through such as speech and language and swallowing assessments; the need for accessible services to be available in response to annual health check outcomes; development of opportunities through the population health management approach; and building on practice such as employment of care coordinators.

From the perspective of the Humber, Coast and Vale Integrated Care System, MC explained that a member of the nurse team had been appointed for independent disability care providers to support and train staff who were looking after people with a learning disability to recognise physical signs of deterioration.

In conclusion MC highlighted the need for a CCG action plan to respond to the recommendations, as previously. She also advised she was taking a report to the

Integrated Care System Transition Executive on the Learning Disability Mortality Review responsibilities; this would include consideration relating to integration and prioritisation in workstreams.

The Governing Body:

Received the Learning Disability Mortality Review Programme Annual Report 2020/21.

11. North Yorkshire and York CCGs Safeguarding Children and Children in Care Annual Report 2020/21

MC explained that this report was from the Designated Professionals employed by the CCG who were subject matter experts providing support to frontline workers on good practice. She highlighted that the report was illustrative of the challenging year noting the many aspects of the major impact of COVID-19 including the context of significant increase in referrals to access mental health support. MC emphasised the perspective of robust arrangements and innovative practice; she also noted the key achievements, challenges and priorities described in the report.

MC highlighted that the Domestic Abuse Bill now regarded children as victims as well as witnesses in the event of domestic abuse and the requirement therefore for support as such.

The Governing Body:

Received the North Yorkshire and York CCGs Safeguarding Children and Children in Care Annual Report 2020/21.

12. City of York Safeguarding Children Partnership Annual Report 2020/21

In referring to this report MC expressed appreciation to Dr Maggie Atkinson, who prior to taking on the role of Independent Scrutineer, had undertaken an independent review of the City of York safeguarding children arrangements and made a number of recommendations. She had also done a Scrutineer's Report which provided assurance in respect of improvements made in systems and processes, governance and areas being taken forward through collaborative working.

NW, as named GP for Safeguarding, concurred that the CCG was in a better position. He expressed appreciation to MC for her championing of the CCG's investment in nursing provision across primary care. This had enabled greatly enhanced support to be offered and improved systems and processes to be established.

In terms of safeguarding during the transition MC emphasised the need to maintain business as usual noting that the Designated Safeguarding Professionals were undertaking work in this regard. She explained the significant work taking place included:

- The need to identify senior health representation on both children and adult safeguarding boards.
- Agreement by the Humber, Coast and Vale Integrated Care System Interim Executive of appointment from existing resources of a safeguarding transition role.

- Governance arrangements which were currently with NHS England and NHS Improvement for sign off.

MC noted the expectation that frontline safeguarding staff would not change in the short to medium term but highlighted the need to enhance this specialist support and for focused work in terms of addressing gaps. She agreed to bring a report on future safeguarding priorities.

The Governing Body:

1. Received the City of York Safeguarding Children Partnership Annual Report 2020/21.
2. Noted that MC would provide a report on future priorities for safeguarding.

FINANCE

13. Financial Performance Report 2021/22 Month 5

SB presented the report which at month 5 forecast a break-even position in line with plan for the first half of the year (H1). He noted, however, that the significant overspends on continuing healthcare and prescribing within this were expected to continue into the second half of the year.

SB reported that the allocation for the second half of the year (H2) along with guidance had been received on 30 September; work was taking place in advance of the 16 November 2021 submission date for final plans. SB explained that the financial position was expected to be more challenging in H2 across the system and that this trend was expected to continue.

SB detailed the two areas outwith the allocation, as referred to by PM at item 6. He explained that the Elective Recovery Fund would continue to be managed across the Integrated Care System highlighting that, regardless of individual performance, if one organisation failed to deliver its trajectory the resource received by all the organisations would be influenced. Additionally, management of Independent Sector and NHS capacity was now separated: the former would be reimbursed on the basis of activity above 2019/20 levels, the latter on the basis of 89% achievement of Referral to Treatment trajectories. SB cited the example of the Elective Recovery Fund in 2020/21, initially at 85% of 2019/20 volumes but changed to 95% in quarter two; this had resulted in the Humber, Coast and Vale Integrated Care System not receiving £17m planned income.

The Hospital Discharge Programme would comprise a total of c£1m less and the central funding of packages had reduced from six to four weeks. An initial assessment across the York Health and Wellbeing Board area was a c£0.5m cost pressure which was currently under discussion.

The Governing Body:

Received the month 5 Financial Performance Report.

14. Update to Detailed Scheme of Delegation

SB referred to changes to the Detailed Scheme of Delegation in response to the COVID-19 pandemic and the changes now proposed, agreed by the Executive Committee, in the context of returning to business as usual. The proposed changes related to:

- Rescinding additional credit card use by two of the Executive Directors.
- Maintaining the Hospital Discharge Programme funding arrangements but noting the context of the transition.
- A number of proposals to reflect the CCG's custom and practice, such as in relation to hypothecated funding and ensuring value for money.

SB wished to record appreciation of Caroline Goldsmith, Deputy Head of Finance, for her work on updating the Detailed Scheme of Delegation.

As Chair of the Finance and Performance Committee DB expressed appreciation, echoed by NW, to SB and the Finance Team for maintaining assurance of the CCG's financial status particularly in the context of the current challenges.

The Governing Body:

Approved the updated Detailed Scheme of Delegation.

RECEIVED ITEMS

The Governing Body noted the following items as received:

15. Audit Committee chair's report and minutes of 15 July 2021.
16. Executive Committee chair's report and minutes of 23, 30 June, 7, 20, 28 July, 4, 25 August, 1, 8, 15 and 22 September 2021.
17. Finance and Performance Committee chair's report and minutes of 24 June, 22 July and 26 August 2021.
18. Primary Care Commissioning Committee chair's report and minutes of 22 July 2021.
19. Quality and Patient Experience Committee chair's report and minutes of 10 June, 8 July and 9 September 2021.
20. Medicines Commissioning Committee Recommendations of June 2021 and North Yorkshire and York Area Prescribing Committee: July and August 2021 Recommendations, Terms of Reference, Guidelines on defining red, amber, green drug status and New product request form.
21. **Next Meeting**

The Governing Body:

Noted the next meeting would be 9.30am on 2 December 2021.

Closing Remarks

PM explained the potential for the Humber, Coast and Vale Integrated Care System governance arrangements to commence in shadow form, potentially from 1 January 2022, when CCGs governance would transition accordingly. PM advised that in the

interim the CCG's committees would continue to meet on a regular basis to maintain an overview of quality and safety and financial and performance, with continued reporting to the Governing Body. Additionally, as referred to earlier, the CCG's due diligence work for the closedown of the organisation would be taking place, including in respect of the safe transfer of staff. PM advised that a meeting in public would be held in the New Year to provide assurance and transparency.

Close of Meeting and Exclusion of Press and Public

In accordance with Paragraph 8 of Schedule 2 of the Health and Social Care Act 2012 it was considered that it would not be in the public interest to permit press and public to attend this part of the meeting due to the nature of the business to be transacted as it contains commercially sensitive information which, if disclosed, may prejudice the commercial sustainability of a body.


A glossary of commonly used terms is available at:

<https://www.valeofyorkccg.nhs.uk/about-us/governing-body-meetings/>

NHS VALE OF YORK CLINICAL COMMISSIONING GROUP

ACTION FROM THE GOVERNING BODY MEETING ON 7 OCTOBER 2021 AND CARRIED FORWARD FROM PREVIOUS MEETING

Meeting Date	Item	Description	Director/Person Responsible	Action completed due to be completed (as applicable)
2 January 2020	Patient Story	<ul style="list-style-type: none"> Update on establishing a local system approach for pertussis vaccination in pregnancy Ongoing in context of the Coronavirus COVID-19 pandemic 	MC	5 March 2020
2 April 2020				Ongoing
2 April 2020	COVID-19 update	<ul style="list-style-type: none"> Review learning on the part of both teams and organisations 	All	Ongoing
7 October 2021	Safeguarding	<ul style="list-style-type: none"> Report on future safeguarding priorities 	MC	2 December 2021

Item Number: 6	
Name of Presenter: Phil Mettam	
Meeting of the Governing Body Date of meeting: 2 December 2021	 Vale of York Clinical Commissioning Group
Report Title – Accountable Officer’s Report	
Purpose of Report <i>(Select from list)</i> To Receive	
Reason for Report To provide an update on a number of projects, initiatives and meetings that have taken place since the last Governing Body meeting along with an overview of relevant national issues.	
Strategic Priority Links <input checked="" type="checkbox"/> Strengthening Primary Care <input type="checkbox"/> Reducing Demand on System <input type="checkbox"/> Fully Integrated OOH Care <input type="checkbox"/> Sustainable acute hospital/ single acute contract <input type="checkbox"/> Transformed MH/LD/ Complex Care <input checked="" type="checkbox"/> System transformations <input checked="" type="checkbox"/> Financial Sustainability	
Local Authority Area <input checked="" type="checkbox"/> CCG Footprint <input type="checkbox"/> City of York Council <input type="checkbox"/> East Riding of Yorkshire Council <input type="checkbox"/> North Yorkshire County Council	
Impacts/ Key Risks <input checked="" type="checkbox"/> Financial <input type="checkbox"/> Legal <input type="checkbox"/> Primary Care <input type="checkbox"/> Equalities	Risk Rating
Emerging Risks	
Impact Assessments Please confirm below that the impact assessments have been approved and outline any risks/issues identified. <input type="checkbox"/> Quality Impact Assessment <input type="checkbox"/> Data Protection Impact Assessment <input type="checkbox"/> Equality Impact Assessment <input type="checkbox"/> Sustainability Impact Assessment	

Risks/Issues identified from impact assessments: N/A
Recommendations To receive the report.
Decision Requested (for Decision Log)

Responsible Executive Director and Title Phil Mettam Accountable Officer	Report Author and Title Sharron Hegarty Head of Communications and Media Relations
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GOVERNING BODY MEETING: 2 DECEMBER 2021

Accountable Officer's Report

1. Recovery and transformation

- 1.1 The CCG submitted a plan for £1.1m from the national Winter Access Fund where delivery and enablers would be on a locality basis and determined by common geography and demography. The localities are:

South area - Selby Town and Tadcaster and Rural Primary Care Networks

North area - South Hambleton and Rural Primary Care Network

East area - East York Primary Care Network, and

City - Priory Medical Group, York Medical Group, City, and West, Outer and North-East York Primary Care Networks.

- 1.1.1 The fund aims to improve access to urgent, same day primary care, ideally from patients' own general practice service, and to increase the resilience of the NHS urgent care system during winter by expanding same day urgent care capacity through other services in any primary and community settings. Funds are budgeted equitably by population numbers enabling all practices to work together in localities to provide mutual aid and benefit.
- 1.2 To enable delivery, the CCG has, or is soon scheduled to, facilitate meetings with our Primary Care Network colleagues. Despite the local workforce challenges, the response has been very positive from our GP partners.

2. COVID-19

- 2.1 The CCG and its partners continue to respond to COVID-19 by supporting the drive and delivery of the COVID-19 vaccine booster and care to local people. The pandemic has been challenging for local staff and organisations and the resilience of the whole local workforce continues to be critical in their work to implement local winter plans.


3. Emergency Preparedness, Resilience and Response

- 3.1 As part of the NHS Emergency Preparedness, Resilience and Response (EPRR) Framework, providers and commissioners of NHS funded services must show they can effectively respond to major, critical, and business continuity incidents whilst maintaining services to patients. NHS England has an annual statutory requirement to formally assure readiness, of its own and other NHS organisations in England, to respond to emergencies and accordingly the CCG is required to complete a self-assessment against the NHS Core Standards for EPRR. The outcome of the CCG's self-assessment is a 'full' compliance, and this was approved by the Finance and Performance

Committee on 28 October 2021 as per the delegation to the Finance and Performance Committee. The Governing Body has been asked to accept this rating.

4. Recommendation

4.1 The Governing Body is asked to note the report.

Item Number: 7			
Name of Presenter: Michelle Carrington			
Meeting of the Governing Body Date of meeting: 2 December 2021	 Vale of York Clinical Commissioning Group		
Report Title – Quality and Patient Experience Report			
Purpose of Report <i>(Select from list)</i> For Decision			
Reason for Report <p>The purpose of this report is to provide the Governing Body with an update on an exception basis on risks and mitigations associated with quality, safety and patient experience across our commissioned services. It summarises by exception, progress and updates on quality, safety and patient experience that is not related to existing risks and provides an update on actions to mitigate the risks aligned to the committee.</p> <p>The detail of this report has been discussed at the Quality & Patient Experience Committees held on 14th October and 18th November respectively.</p>			
Strategic Priority Links <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Strengthening Primary Care <input checked="" type="checkbox"/> Reducing Demand on System <input checked="" type="checkbox"/> Fully Integrated OOH Care <input checked="" type="checkbox"/> Sustainable acute hospital/ single acute contract </td> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Transformed MH/LD/ Complex Care <input checked="" type="checkbox"/> System transformations <input checked="" type="checkbox"/> Financial Sustainability </td> </tr> </table>		<input checked="" type="checkbox"/> Strengthening Primary Care <input checked="" type="checkbox"/> Reducing Demand on System <input checked="" type="checkbox"/> Fully Integrated OOH Care <input checked="" type="checkbox"/> Sustainable acute hospital/ single acute contract	<input checked="" type="checkbox"/> Transformed MH/LD/ Complex Care <input checked="" type="checkbox"/> System transformations <input checked="" type="checkbox"/> Financial Sustainability
<input checked="" type="checkbox"/> Strengthening Primary Care <input checked="" type="checkbox"/> Reducing Demand on System <input checked="" type="checkbox"/> Fully Integrated OOH Care <input checked="" type="checkbox"/> Sustainable acute hospital/ single acute contract	<input checked="" type="checkbox"/> Transformed MH/LD/ Complex Care <input checked="" type="checkbox"/> System transformations <input checked="" type="checkbox"/> Financial Sustainability		
Local Authority Area <input checked="" type="checkbox"/> CCG Footprint <input type="checkbox"/> City of York Council	<input type="checkbox"/> East Riding of Yorkshire Council <input type="checkbox"/> North Yorkshire County Council		
Impacts/ Key Risks <input type="checkbox"/> Financial <input type="checkbox"/> Legal <input checked="" type="checkbox"/> Primary Care <input checked="" type="checkbox"/> Equalities	Risk Rating		

Emerging Risks

- Risk to safety and provision of mental health services following the outcome of the CQC inspection
- Risk to patient safety and experience due to the sustained increase in system wide pressures ahead of the normal winter cycle
- Risk to patient safety and the ability to attain the long term plan ambitions for Midwifery Continuity of Carer (MCoC) due to midwifery workforce pressures

Impact Assessments

Please confirm below that the impact assessments have been approved and outline any risks/issues identified.

Quality Impact Assessment
 Equality Impact Assessment
 Data Protection Impact Assessment
 Sustainability Impact Assessment

Risks/Issues identified from impact assessments: N/A

Recommendations

For Governing Body to accept this report for assurance and mitigation of key quality, safety and patient experience issues.

Decision Requested (for Decision Log)

Governing Body is requested to determine whether members are assured of the work being undertaken to understand and support the quality and safety of commissioned services.

- To be alerted to the increasing concerns regarding maternity services at YSTHFT and consider whether this risk has reached the threshold for management by Governing Body or continue to manage via QPEC
- To be assured that the risk associated with commissioning a Hepatitis B vaccination service for renal patients has progressed and consider transfer of this risk to QPEC for overseeing the continuing operational delivery
- To consider the risks associated with the changes in the NYCC Healthy Child program and whether a risk tolerance has been reached following publication of the revised service offer
- To be assured that risks to quality and safety for the CCG are identified with appropriate mitigations in place

<p>Responsible Executive Director and Title Michelle Carrington, Executive Director of Quality & Nursing</p>	<p>Report Author and Title Michelle Carrington, Executive Director of Quality & Nursing Paula Middlebrook, Deputy Chief Nurse</p>
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1. PURPOSE OF THE REPORT

The purpose of this report is to provide the Vale of York CCG Governing Body with an exception report on the quality and safety of our commissioned services and a full update regarding risks aligned to the committee.

The exception report will focus upon:

- Support to Independent Care Providers
- Primary care update including Covid and Flu Vaccination progress and system pressures
- Focus upon YSTHFT maternity services, serious incidents and infection prevention and control
- CQC Involvement with TEWV and mental health services update for children including improvements in children's autism assessments
- Children services
 - progress update on the Paediatric Ambulatory Treatment Hub for the management of the anticipated surge in respiratory infections in children
 - Progress update regarding SEND
 - Changes to NYCC Healthy Child Program
- Lymphoedema services
- Serious Incidents
- Patient Experience
- Communications and Engagement
- Research
- Risks to Quality and Safety

2. SUPPORT TO INDEPENDENT CARE PROVIDERS

The Nursing Team continues to collaborate with Independent Care Providers across the Vale of York to support as required.

➤ Infection Prevention and Control

The incidence of positive Covid cases across care providers is low, however there are several homes at the time of writing this paper who have Covid outbreak status. Positive cases are largely attributed to staff members. Where residents are affected the common contributory factor appears to be related to difficulties in cohorting and

maintaining social distance measures, for example in environments where individuals are living with dementia and 'walk with purpose'. The homes experiencing outbreaks reflect their surrounding community rates.

It remains important staff are vigilant towards all IPC risks and not just Covid.

Several homes have been closed due to gastroenteritis which can be equally serious for the frail and vulnerable. The nursing team are working hard to ensure staff are reminded of the need for appropriate IPC measures, particularly in relation to handwashing and mask use.

Aside from the impact on residents and workforce when outbreaks occur it compounds pressure on the system as a whole.

➤ **Workforce and Capacity**

Significant emphasis continues for the team, collaborating with system stakeholders in supporting the social care workforce which is facing serious challenges. Business continuity continues to be a real concern and work to support workforce related issues is a priority.

Coordinated campaigns to recruit staff into the sector continue however providers report vacancies are remaining unfilled with few or no applicants. Local Authority colleagues are sighted on the subsequent loss of staff when the mandate for covid vaccinations in care staff and visiting professionals came into effect on November 11th 2021. Homes have been asked by NYCC to submit business plans to provide assurance on how they are mitigating for the staffing issues.

The lack of staff is leading to significantly reduced capacity in care homes and domiciliary care provision with colleagues finding it difficult to source placements and care packages often being handed back.

Nursing homes are struggling to recruit registered nursing staff. This has led a home in the VOY area recently opting to deregister: requiring the assessment of all resident needs and the transfer of all residents who required nursing care to alternative homes. Other homes bordering onto our boundaries have also needed to take this action. The addition of winter pressures is now resulting in the impact becoming more visible within the NHS. Approaches to consider alternative staffing models continue to be considered at senior system leadership level and escalated to the DHSC for support.

➤ **Telecare**

As part of winter planning a proposal to pilot the use of telecare in care homes to support timely resident care and relieve pressure on local NHS services has been submitted. Care homes in neighbouring areas have successfully demonstrated positive impact of this service and it is hoped opportunity for VOY care homes to trial will be supported.

➤ **Resilience and Support Visits**

Resilience & Support visits with the Quality Improvement Team from North Yorkshire County Council (NYCC) continue and aims to ensure a joined approach to oversight of care settings, providing assurance and early awareness where providers may require input. The visits provide opportunity to share learning and good practice. The nursing team also include homes within the City of York Council (CYC) area to ensure the CCG has the same level of oversight for the entire VOY CCG geography.

These visits facilitate the maintenance of strong relationships with care staff who report feeling listened to, understood and appreciate the physical presence which fosters a sense of a true team approach. Visiting the care providers allows the nursing team opportunity to have richer conversations in relation to staff wellbeing and signposting to external support if required.

The Nursing Team has worked with a home manager to establish a 'registered managers support forum'. This aims to create a safe, confidential space for managers to share issues and lend peer support to strengthen wellbeing and resilience for those leaders.

Twice weekly calls continue with Local Authority colleagues and Public Health at the Care Home Resilience Gold Call for strategic overview and decision making and with CYC and Public Health on the Testing Priorities Meeting. This enables the Quality & Nursing Team to provide support where required. Weekly quality & market support calls are held with NYCC colleagues and NY CCG which ensures oversight of issues across the NY system and directs appropriate early response and system collaboration.

3. PRIMARY CARE

VACCINATION - COVID-19 Vaccination

➤ **Immunosuppressed Cohort**

JCVI has advised that patients who are immunosuppressed should receive a third primary vaccination. This should not be mistaken with the booster – which would be a subsequent dose to the third. Initially there were challenges in determining who is responsible for identifying these patients and also ensuring the dose is correctly recorded on patient record systems as a third dose and not as a booster.

All VoY Practices have confirmed that they have reviewed their lists of immunosuppressed patients as provided by NHS Digital, and have invited them for their third primary dose. This has been supplemented by local clinical system searches and clinical review of patient lists.

There is still concern from NHSEI that some immunosuppressed patients may not have been correctly identified, and they are considering arrangements for immunosuppressed patients to self-declare for a third primary dose. This raises potential risks around ensuring that any eligible patients receive their primary third dose vaccination at the appropriate point during their treatment for their condition - and measures to mitigate any risks are being considered by regional vaccination leads.

➤ **12 – 15 yr Old Cohort**

The healthy 12-15 year old vaccination programme in schools was slow to start due to capacity constraints in the School Immunisation Providers who have been asked to lead this part of the vaccination programme. (This is in addition to the roll out of flu vaccination in the same timescales) To accelerate this work, a number of Vaccination Centre sites are now offering a 'secondary service' where this healthy 12-15 year old cohort can access their vaccination out of school. Nimbuscare's Askham Bar Vaccination Centre is providing this secondary service and demand for vaccinations for healthy 12-15 year olds has been encouragingly high through this route to date. Nimbuscare are also planning to support the primary offer with staff members supporting the school nurse immunisation teams.

➤ **Pregnant women**

There has been increased promotion of covid vaccination to pregnant women. Nimbuscare have commenced vaccination clinics within York hospital antenatal clinics to provide additional on site opportunities and discussion regarding risks / benefits of vaccination. Within the first week of the service over 100 women were vaccinated.

The LA is undertaking a communications plan to ensure all business within York are provided with information / promotional material sharing the importance of vaccinations in pregnant women and encouraging that these are considered within any pregnant worker risk assessments.

➤ **Routine Booster Vaccinations**

There is also some updated guidance on the timing of boosters:

The Green Book has been updated (COVID-19 Greenbook chapter 14a (publishing.service.gov.uk) to clarify that for operational reasons administration of Booster doses may be brought forward to a minimum of five months in certain circumstances including:

- attending a care home setting to enable all residents to be vaccinated in the same session
- visiting housebound patients in which it will be beneficial to the eligible individual to receive the vaccine at the same time as other intervention/treatment (for example influenza vaccine)
- where an otherwise eligible individual attends for another intervention (for example influenza vaccine) or who presents for another reason at a vaccination clinic (for example those who present opportunistically and are nearing six months)

For those about to receive immunosuppressive treatment the booster may be brought forward to a minimum of four months (~120 days) to avoid giving the booster when the immune system is less able to respond. Such individuals will need to be scheduled for additional booster at a later date, currently expected to be around six months after the last dose.

Third doses given to those who were severely immunosuppressed at/around the time of their first or second primary dose do not count as booster doses. These individuals are currently expected to also require a booster after another six months. JCVI will review evidence from trials of boosting in this population and issue further advice on the optimal timing for this group.

VACCINATION - Seasonal Flu Vaccination

Delivery of the seasonal flu vaccination program is well underway.

School vaccination teams have confirmed scheduled visits to all schools across North Yorkshire and York by mid December (Christmas break up)

Delivery is monitored by the North Yorkshire Vaccination and Immunisation Group and upwards to the ICS Vaccination Board with a progress update provided to QPEC in November. Practices have either achieved or are on plan to achieve the national targets for uptake.

Practices are reporting high levels of uptake and some awaiting their subsequent vaccine delivery in order to progress the program further.

Primary Care Capacity and Operational Challenges

VoY Practices are regularly reporting OPEL 3 (Operational Pressures Escalation Levels Framework) with a key contribution of workforce constraints.

More recently, this is affecting Practices who have historically not had workforce pressures. Staffing issues are mostly due to sickness - Covid, other viral infections, and some more longer-term stress related absence.

The CCG is working with PCN's to access national winter funding streams to support Practices in maintaining good patient access and providing mutual-resilience through the winter months.

Patient need and demand continues to put significant pressure on General Practice services. The increased demand for urgent same and next day care is extending wait times for access to routine appointments towards 4 weeks in at least one Practice.

In addition there are increasing requests in the City for practices to respond to support system requests which are resource intensive at a time when all practice staff availability is fragile.

On 14 October NHSEI published its plan for Improving Access and Supporting General Practice

[BW999-our-plan-for-improving-access-and-supporting-general-practice-oct-21.pdf \(england.nhs.uk\)](#)

For the five months November to March, a new £250m Winter Access Fund will help patients with urgent care needs to get seen when they need to, on the same day, taking account of their preferences, instead of going to hospital.

The CCG is working with ICS and NHSEI colleagues to formulate plans to access this funding in support of its Practices throughout the winter months.

The key aims of this programme are:

- To drive improved access to urgent, same day Primary Care, ideally from patients' own General Practice service, by increasing capacity and GP appointment numbers achieved at Practice or PCN level, or in combination.
- To increase the resilience of the NHS urgent care system during winter, by expanding same day urgent care capacity, through other services in any primary and community settings.
- NHS England will enable and drive full adoption of cloud-based telephony across all practices, as rapidly as possible in order to improve telephone access for patients (the majority of Vale of York Practices are already using modern, cloud-based telephony systems).

- Use of the Community Pharmacist Consultation Service (CPCS) can help alleviate pressure on GP appointments by harnessing the skills and knowledge of community pharmacists to treat a range of minor illnesses. Using the service gives a patient a same-day appointment in a community pharmacy and helps improve patient experience, as well as directing demand to the most appropriate setting.
- To support core General Practice capacity and avoid disruption to existing service provision over the winter period, the planned transfer of current CCG-commissioned extended access services to PCNs will now be postponed until October 2022.

Primary Care Quality Assurance

➤ Enhanced Health in Care Homes (EHCH)

The EHCH Framework is designed to ensure there is effective proactive wrap around support to care homes from primary care. A review is currently underway to ascertain assurance regarding how this is currently being provided within the VoY CCG area.

➤ CQC

The CQC have restarted their revised approach to inspections. Practices rated as 'Outstanding' or 'Good' will not routinely be inspected. A lighter approach of remote review and triangulation of intelligence will be used alongside on line discussion with practice representatives to provide assurance against the key lines of enquiry.

CQC will continue to select a sample of 'good' or 'outstanding' practices for inspection. One practice in the VoY CCG area has been selected for an inspection in December and has been contacted for their PIR data.

4. YORK AND SCARBOROUGH TEACHING HOSPITAL NHS TRUST (YSTHFT)

➤ Maternity

Challenges regarding maternity services at YSTHFT are routinely reviewed at QPEC and managed in line with the QPEC Risk Register.

The Trust has openly shared challenges in midwifery recruitment and their revised plans for recruitment (including international recruitment) with the CCG including opportunities to maximise the use of non midwifery workforce to release midwife capacity. Although this is underway this is slow to translate into 'in post' staff and continues to create a gap in line with the Birthrate Plus recommendations for safe staffing levels.

The Trust has mitigating actions in place to ensure safety and medium / longer term actions to increase midwifery numbers in order to achieve the Better Births 'Choice' requirements and the NHS Long Term Plan ambitions of Midwifery Continuity of Carer (MCoC).

The immediate actions to ensure safety is not compromised is however resulting in a slow down in the delivery of MCoC and increased frequency of the need to suspend the home birth service, request women transfer to Scarborough for planned induction and an increased frequency of diverting women in labour to alternative hospitals.

This has been discussed in detail with the local Maternity Voice Partnership to consider how this can be communicated effectively with women and discussed early in pregnancy to help prepare for potential changes in birth plans which may not be aligned to initial birth choice.

Revised guidance for the safe implementation of MCoC was published in October 2021 'Delivering Midwifery Continuity of Carer at full scale :- Guidance on planning, implementation and monitoring 2021/22'

https://www.england.nhs.uk/wp-content/uploads/2021/10/B0961_Delivering-midwifery-continuity-of-carer-at-full-scale.pdf

This guidance has considered the challenges that have faced many maternity units and is clear in its advocacy to ensure that building blocks are in place for the sustainable delivery of MCoC.

In line with this, the Trust is required alongside the LMS (Local Maternity System) to agree a plan that describes how it will achieve MCoC as the default model of care offered to all women by March 2023. This will include putting in place the 'building blocks' for sustainable models of MCoC by March 2022. This plan is required to be submitted to NHSE by 31st January 2022.

In addition, the Trust Patient Safety team is providing focussed support into maternity in order to undertake benchmarking, triangulate any trends across complaints, incidents, serious incidents and assessing compliance against CQC key Lines of Enquiry framework. This is providing a positive opportunity to determine priorities for continued Quality Improvement initiatives.

A Deep Dive into maternity services (with invitation to the Chief Nurse and Chair of the North Yorkshire CCG QPEC equivalent to provide cross system assurance and avoid duplication for service provider) is scheduled for QPEC in January 2022.

In view of the increasing challenges in the midwifery workforce, the impact upon reduction of patient choice and the potential risk associated with quality and safety, Governing Body is requested to consider whether the risk should continue to be managed by QPEC or aligned to Governing Body.

➤ **Serious Incidents**

The number of Serious Incidents reported associated with the delivery of fundamental care is of concern. These have been discussed with the Trust at the CCG / Trust Quality sub contract meeting to seek assurance regarding care delivery. The Trust has confirmed that the CQC has been informed and provided the CCG and CQC with detailed assurance of actions taken.

➤ **Infection Prevention and Control**

NHSE/I undertook a Peer Review visit to Scarborough hospital on 7/8th October and subsequently to York hospital on the 2nd November. This was following a request by the Trust for an objective review of processes. Preliminary findings have been shared with the Trust including areas of good practice identified and a series of 'must do' actions in advance of the final report which is anticipated by the end of November.

5. MENTAL HEALTH

Care Quality Commission – TEWV

The monthly NHSE/I led Quality Board continues to monitor the and seek assurance regarding progress against the current and emerging CQC findings and action plan.

➤ **Section 29a Warning Notice for Forensic Services and CAMHS**

TEWV have shared the detail of the CQC Section 29a warning notice with the CCG. An improvement plan is therefore being incorporated within the overarching TEWV CQC Action Plan.

➤ **Well Led Review**

The outcome of the Well Led review has been shared with the Trust for factual accuracy and is now awaiting publication.

Workforce Pressures: Adult Mental Health Services

TEWV have taken the decision to close a female adult ward at Scarborough (Esk Ward) due to workforce challenges. This is anticipated to be for a period of four months. Staff (full multidisciplinary team) are being engaged to consider how they can support the neighbouring male ward and bolster the community offer to support discharges and prevent hospital admission. Whilst this relates to Scarborough, there may be impact upon capacity at Foss Park, York.

Further mitigations and areas of work that are taking place trustwide include :

- Trustwide in patient / bed capacity review underway.
- Out of hospital / prevention of admission / discharge support
- Exploration with Voluntary Care Sector (VCS) & NYCC to determine what support can be provided for out of hospital support
- Over recruiting to Care Support Workers across in patient areas to enable flexibility and career routing through into Registered MH Nurse training at University of Coventry at Scarborough.
- International recruitment underway.
- There are no plans to utilise private providers at present, however this would be considered as future business continuity.

Children's Mental Health Services

York Parent Carer Forum has raised with Tees Esk and Wear Valleys Trust (TEWV) some concerns regarding waiting times, communication regarding support and specifically communications with Reception staff: a meeting between the Parent Carer Form and TEWV was very productive. The following points are now being covered in a letter from TEWV to the Parent carer Forum which will be published in the next newsletter:

Extract from letter to York Parent Carer Forum:

1. Waiting times, although longer than would be wished for, are currently lower than before the Covid-19 pandemic across a number of pathways, however, ADHD assessment waiting times remain a particular concern because of staffing problems in psychiatry: on this point, QPEC is advised that the Children's Commissioning Manager is meeting with TEWV regarding a systems workshop for ADHD assessments. QPEC should also note that CCG does not receive routine data on waiting times beyond initial comprehensive assessment other than for autism: these data show the shortest average waiting times for assessment in nearly 4 years and an increase in numbers diagnosed in 2020/21 despite the pandemic, also discussions are starting with local authority colleagues regarding improvements to the whole pathway of support.
2. Staffing was discussed: nationally there are shortages across all B6 disciplines (nursing, OT, SLT) and psychiatry as new qualified are not coming through in sufficient numbers, additional investment has created a supply and demand problem, and also, staff are leaving professions.
3. Communications are under review: all children on the waiting list now receive a routine keep in touch call at least quarterly, and TEWV is reviewing its approach to 'you said, we did'.
4. Changes in staffing arrangements at reception were agreed to have improved since August 2021 when reception staff were re-organised with dedicated staff.

Children's Autism Assessments

YSTHFT paediatric services are making progress in reducing the backlog of autism assessments for children under school age which has been impacted by the Covid-19 pandemic. An additional 12 assessments have been procured through an NHSE waiting list initiative which will be undertaken by The Retreat.

Young children receiving a diagnosis of autism are very likely to require significant support at school: Local Authority colleagues are assessing support in school based on presenting need rather than the fact of diagnosis which has reduced pressure, but the focus is on finalising these long standing assessments alongside the most clinically urgent children coming through the referral process.

6. CHILDREN'S SERVICES

The Paediatric Ambulatory Treatment Hub (Path - 8 Week Pilot) for Respiratory Viral Disease surge in young children

Children with Respiratory viral disease (RVD) present with a range of symptoms which vary in severity. RVD in children under the age of 2 years can lead to bronchiolitis, a viral infection of the lower airways which compromises normal respiratory function and impacts on health and wellbeing in variety of ways, including nutrition and hydration. Whilst most children recover with supportive treatment at home, some children deteriorate to an extent that they require hospital admission for closer monitoring and treatment such as oxygen therapy and nasogastric tube feeding. Failure to identify these children and provide appropriate treatment can lead to critical life-threatening situations.

Together Health partners (NHS Vale of York Clinical Commissioning Group (VOYCCG), York & Scarborough Teaching Hospital Foundation Trust (YSTHFT) & Nimbuscare York have worked in partnership to develop a community clinic which is staffed by experienced professionals, including a GP, Advanced nurse specialist and a children's nurse from York Hospital. This ensures appropriate GP access and community support to avoid unnecessary attendance to York Hospital Emergency Department. In addition the Clinician has access to the on call paediatrician at York Hospital.

The PATH clinic commenced it's pilot phase on October 4. Whilst the service had an initial slow start, the service has developed and expanded to increase to 0 – 5 yrs. Positive feedback has been received from both parents and clinicians providing the service.

A formal evaluation is underway and will be fed back into QPEC and Primary Care Commissioning to consider the impact and opportunities for continuation and potential expansion of the service.

SEND

- **City of York SEND Strategy**

A commitment in the Written Statement of Action in response to the Local Area Inspection in December 2019 was development of a revised SEND Strategy. The previous strategy, in 2015, extended only to City of York Council education/SEND team responsibilities.

The new revised strategy (**Attached**) approved by the City Council, the Parent Carer Forum, and VoY CCG reflects work across the local area, involving both internal stakeholders within the local authority alongside the CCG and Parent Carer Forum. The SEND Improvement Board has had oversight of drafting and preparation. The strategy will be published on both LA and CCG websites.

There are four themes, reflecting key priorities not just in the statutory framework, but also emerging from consultation across the area, the development of improved data collection and analysis of the Inclusion Review Phase 1 (needs analysis), and all are aligned to key outcomes and deliverables:

- The voice of children and young people is paramount
- The right support is in the right place at the right time
- Children and young people's needs are identified at the earliest opportunity
- Effective transition is secured so that young people are able to lead the best lives that they can.

The Strategy reflects the core pillars for SEND in York, all approved jointly by the Council and CCG.

- The Outcomes Framework for SEND in York
- The Joint Partnership Strategy for co-production for SEND
- The principles in the Joint Commissioning Strategy
- Themes and targets in the Written Statement of Action

The main impacts for the CCG and health commissioning are:

1. The voice of children and young people is paramount
 - a. Ensure a wider reach of engagement from parents, carers, children and young people in York that reflects the full range of SEND
 - b. Children and young people tell us that things are improving for them
 - c. Ensure that our young people in York help us to shape and develop our local communities, jointly commission and shape the services
2. The right support is in the right place at the right time
 - a. The Integrated Care System (Humber Coast and Vale) programme will develop key priorities for children and young people in line with the NHS 10 year plan: and work locally through the Alliance Board
 - b. Development of the neurodevelopmental pathway 0 – 25, and the graduated approach of support available across the partnership pre and post assessment and diagnosis

- c. Effective use of Section 75 to strengthen joint commissioning arrangements between CCG and CYC
 - d. Improved data sharing at population level
- 3. Children and young people's needs are identified at the earliest opportunity
 - a. Working with early years partners and settings to identify how best to support children at the earliest opportunity
 - b. Implementation of Mental Health Support Teams working in York
 - c. Revision of the neurodevelopmental pathway and associated support
- 4. Effective transition
 - a. Ensure successful transition planning is in place between paediatric and adult health providers

Preparation for York WSA Follow Up Inspection

We have now entered the re-inspection timeframe, however timescales may be influenced by a backlog of inspections as a result of the pandemic.

A Joint portfolio of evidence is being collated in preparation.

The outcome of the re-visit will be either that the inspectors are satisfied that 'sufficient progress' has been made against the WSA or that, if not, to recommend to the Secretary of State that special measures are put in place: these would involve greater supervision of the SEND framework across the local system in York.

East Riding Local Area SEND Inspection

The CCG has been notified that the East Riding SEND Inspection took place in October. Feedback of the inspection is awaited. Outcome of the inspection for the small population served by East Riding is significant.

Changes to NYCC Healthy Child Program

The Healthy Child Programme (HCP) is a national public health programme. Commissioning responsibility for the programme sits with the Local Authority. It aims to ensure that every child gets the good start they need to lay the foundations of a healthy life. In North Yorkshire, the HCP delivery is currently managed through a contractual relationship between North Yorkshire County Council (NYCC) and Harrogate and District Foundation Trust (HDFT).

In 2020 in order to achieve the NYCCC savings plan (necessary due to a reduction in Public Health Grant), changes and reduction in budget to the Healthy Child

program were proposed and have been consulted upon. This was identified as a risk for the CCG and managed by Governing Body.

The CCG identified key areas requiring mitigation

- The Designated Professionals recruited to a post to ensure that there is a health contribution at all Initial Child Protection Conferences (ICPC's).
- Work has continued to take forward approaches to Level 1 bladder and bowel advice - signposting families to first level of advice which would mitigate the loss of Level 1 provision.

Following consultation and due diligence to amend the service offer in light of feedback, a revised service specification / offer has now been shared with stakeholders. **See attachment** as this describes the services which are no longer being provided and the changes / focus moving forward. The pandemic has provided some opportunity to test the model as changes were required as part of the pandemic response.

The revised service is being commissioned through a 10 year Section 75 Agreement between NYCC and HDFT.

Governing Body is requested to consider the revised service offer and determine whether further mitigations are required and update the Governing Body risk tolerance.

7. LYMPHOEDEMA SERVICES

Progress has been made in the development of a streamlined service at York Hospital. This includes a unified team across Breast and Dermatology services to ensure a multidisciplinary approach and a move from Consultant led service in dermatology to a nurse led service with supervision through the multidisciplinary team.

Further work is now underway to take forward as an operational model including referral pathways, staff training and identifying those patients who are currently on the waiting list for a Dermatology Consultant assessment that may be transferred into the new model.

Patients who were 'discharged' from Saint Leonards service (due to closure of the service) will require re-referral into the new service as they will not have been seen since services were initially paused at the start of the pandemic. Consideration is required regarding how this can be undertaken in a way that is least impactful upon primary care.

Continued work is required in education for community practitioners in the recognition of lymphoedema, clinical assessment and early management.

8. SERIOUS INCIDENTS (SIs)

As previously reported the numbers of SIs reported continue to increase. This can be an indicator of improved reporting systems and greater scrutiny of incidents however providers continue to be challenged by COVID-19 and are experiencing exceptional pressure on services, some of which can directly correlate to incidents.

Tees Esk and Wear Valleys NHS FT

TEWV continue to report pressures within the service due to a significant increase in referrals, in conjunction with staff vacancies and sickness which is also affecting the patient safety team who complete the SI investigations. The number of SI investigations unallocated to a reviewer is increasing and the backlog of SI investigations to complete is becoming longer. This situation is being escalated internally and the Trust is exploring external support.

Work is ongoing within the Trust with support from NHS England & Improvement as well as CCG leads to support the ongoing quality improvement work along with review of investigations and processes.

Recurrent themes are monitored by CCG leads and updates are requested to assure learning is embedded into clinical practice.

9. PATIENT EXPERIENCE UPDATE

7 complaints were registered in the CCG between July and September 2021 and 5 complaints were received in October 2021

100% of the complaints were acknowledged within 3 days (in accordance with the NHS complaint procedure). All were responded to within the agreed timescale.

1 complaint (Continuing Healthcare) was reopened as the complainant was dissatisfied with the response and provided new information. A further response was provided and the case closed, the original outcome did not change.

1 complainant (IFR) was unhappy with the outcome of the investigation, a further response was provided and the case closed (original outcome did not change).

Specialty/Area	No. of complaints	Outcome after investigation
Continuing Healthcare (CHC)	7	1 upheld

		1 partially upheld 3 not upheld 2 still open
Mental Health IFR	1	Not upheld
Commissioning policy	1	Not upheld
CCG & GP Practice (communication re third primary dose)	1	Still open
Patient Transport Service (eligibility)	1	Not upheld
IFR	1	Partially upheld

Learning from feedback

The CCG values all types of feedback about its business and where possible will use it to good effect.

A monthly meeting takes place between CHC managers and the Patient Experience Lead where we review current cases, identify where learning is required and that actions have been implemented and evidence sought where possible. We also review any cases with the potential to escalate to complaints and consider whether steps can be taken to try and resolve any issues early.

A recent complaint identified where improvements to the CHC review process could be made which would provide additional information up front and explain the purpose of the review more clearly to the client/relative. Steps have also been added to the workflow system to act as prompts to staff arranging the reviews to ensure all relevant parties are informed and invited.

Parliamentary & Health Service Ombudsman (PHSO)

The PHSO is the second and final stage of the NHS complaints procedure for complainants who remain unhappy with the NHS organisation's attempts to resolve their complaint.

One of the CCGs complaints was referred to the PHSO (relating to the CHC service). A copy of the documentation was provided to the PHSO who were satisfied that any injustice had already been remedied and they closed the case.

Vale of York CCG Compliments

Four people provided positive feedback. Three were satisfied with the response and outcome to concerns or complaints handled by the Patient Experience Lead and CCG colleagues. One relative wanted to share their positive experience of a GP Practice who had cared for their elderly parent, and which was forwarded to the Practice.

Vale of York CCG Concerns

120 concerns/enquiries were managed by the Patient Experience Lead during the three month period. These cover a wide-ranging variety of topics. Some contacts were complex cases requiring investigation.

This figure does not include the daily contacts where straightforward information and advice was given as these are not recorded.

The CCG also received multiple calls regarding the Covid vaccine booster and third dose for severely immunosuppressed patients. Contacts were asked to be patient and reassured they would be contacted when it was their turn. The previous Patient Experience Update reported on Quarter 2 - July to September 2021.

The CCG has recently seen an increasing number of contacts from patients regarding access to primary care. Whilst the majority of people are clearly unhappy but remain polite, the CCGs Patient Experience Lead has had some unpleasant conversations with patients/relatives. Whilst we understand the frustration people are experiencing as a result of the pressures across the health system, the aggressive tone and language used towards public facing staff is unacceptable and at a level not seen before.

10. COMMUNICATIONS AND ENGAGEMENT

Protected Learning Time

The latest Protected Learning Time session took place as another virtual session on the afternoon of the 5 October 2021.

More than 300 colleagues from our local health and care system took part, once again offering our general practice colleagues and partners the time to share and learn. The keynote was provided by Jessica Allen, Deputy Director at the Institute of Health Equity and the afternoon's workshops included: Carers, Diabetes, Eating Disorders, ICE, LEDER, Long Covid, Population Health Management, Refugee Action and Weight Management.

This event is the last to be led by the CCG, with the next session being led by our local PCN partners.

Sourcing and evaluating feedback are very important to us, and to help shape any further sessions we are currently collating the views of the participants.

Wheelchair Service User Forum

The local Wheelchair Service User Forum took place on the 17th October on a virtual basis. The provider, NRS Healthcare has taken over the organisation and administration of the forum since the departure of the CCG Head of Engagement and subsequent reduced capacity within the team.

ADHD and Autism pathway

Focus groups and surveys to arrange alongside colleagues from the Urgent Care Transformation Team.

York Alliance

Work continues to build the communications and engagement principles for the York Alliance. (in conjunction with VoY/CYC Consultant in Public Health and Chief Executive at York CVS) The first piece of engagement work will focus on diabetes.

11. RESEARCH

The paused pre COVID research studies and new National Institute for Health Research (NIHR) research has gradually start to resume.

The NIHR introduced the RESTART framework for non COVID studies. The strategic objectives of RESTART were to *restore a fully active portfolio of NIHR research to improve the health and wealth of the nation, continue to support COVID-19 NIHR research as part of the Government response to tackle the pandemic, and provide a structure to guide the restarting of a full range of NIHR research, across all sectors of health, social care, and public health, while maintaining local decision making and flexibility.* Over the past 8 months we have started to see the RESTART programme rebuilding local research activity, and the Yorkshire & Humber Clinical Research Network and the VoY CCG R&D Manager starting to re-engage with all health sectors across the VoY CCG footprint.

The number of research participants when compared to the previous year's identifies a fall in numbers, which has been seen nationally, and was to be expected following 18 months of pandemic and the DHSC decision to pause all non COVID research. However, with the RESTART programme in place we are starting to see an increase in new research studies and research participants and re-focusing of R&D activity.

The VOY CCG continues to maintain and develop its statutory duty to 'promote research, innovation and the use of research evidence' (Health and Social Care Act, 2012).

12. RISKS TO QUALITY AND SAFETY

The following section provides an update to the identified risks to quality and safety for the CCG commissioned services.

Update upon risks being managed by QPEC

Risk No	Risk Description
QN07	Referral for initial health checks – timeliness of CYC referrals
	Designated Nurse for Safeguarding Children and Children in Care continues to work with the LA and the Trust on this issue and reports to the LA improvement board on this so they are also well sighted
QN08	Risks associated with Growing waiting lists
	<p>The position within YSTHFT for those patients who have been referred into the hospital by their GP, or similar, and are still waiting for the commencement of first treatment as at the end of August 2021 was over 33k (not precisely the same as patient numbers because some patients have been referred for more than one condition and will appear more than once in the waiting list). Longer waiting lists are associated with longer waiting times. (or for it to be found that no treatment is necessary). This is an improving picture with improvements being ahead of the initial trajectory. It is important to note however that as we move into the winter period there is increased likelihood of elective cancellations therefore the rate of improvement could decline.</p> <p>Cancer Urgent two week referrals are being managed as a priority, and access to Rapid Expert Input as needed to aim to avoid unnecessary referrals or direct to the most appropriate service. The impact remains that patients are therefore may need the support of other health or care services in the interim with an associated risk of their underlying condition worsening.</p> <p>The ICS has identified a key priority for Provider Collaboratives to consider further actions that can be undertaken to manage elective care waiting lists.</p>
QN09	SEND Inspection and failure to comply with National Regulations
	<p>A Self Evaluation Assessment against the SEND Written Statement of Action was undertaken jointly with CYC in August. Whilst recognising there has been significant progress, the key areas of focus are to ensure there is evidence of 'impact' for children, young people and their families, improve effective collection and provision of health data and maintain the program of work regarding EHCP quality assurance and training schedule.</p> <p>A shared memorandum of understanding is in development between CYC, NHS VOY CCG and the Parent Carer Forum to describe the operating model and outcomes of working together.</p> <p>A pre inspection monitoring visit by the DfE and NHSE was undertaken on the 22nd September ahead of reaching the reinspection time frame between October 2021 and April 2022. A Joint portfolio of evidence is being collated in preparation.</p> <p>The new outcomes framework for SEND is operational and the City of York SEND Strategy has been approved.</p>
QN 12	Missed pertussis jab for expectant mothers posing a risk to unborn babies

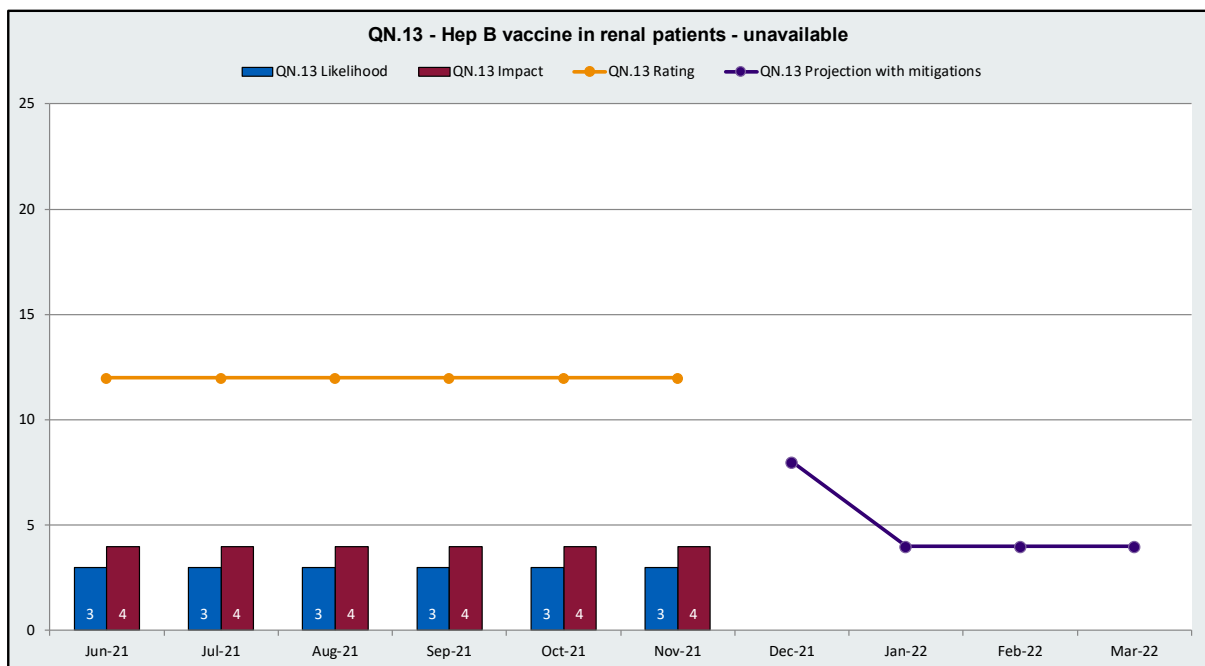
	<p>The CCG continues to monitor vaccination rates. CCG vaccination rates throughout 20/21 have been consistent with the previous year at 86/87% (This is against a national varying rate of 60-90%)</p> <p>Whilst there has been exploration of the ability to provide vaccinations at the 20 weeks scan, the capacity within maternity services at YSHFT to consider this alongside the wider maternity transformation work associated with the Long Term Plan is currently prohibitive. Concern therefore remains regarding slow progress in reducing this risk in the longer term and an increased risk of infection as we move out of the pandemic with increased socialisation of mums and babies.</p>
QN 20	Risk to patient safety due to increased rates of nosocomial infections
	<p>YSTHFT is an outlier nationally in terms of EColi bacteraemia. A program of work is underway to understand the contributory factors including care within care homes (with associated dehydration) and antimicrobial prescribing. Incidences of covid infection are plateauing. The Trust is also anticipated to breach its target for C-Difficile. New cases throughout October are subject to PIR to understand any lessons / factors that could have prevented infection.</p> <p>NHSE/I have undertaken a peer review visits regarding Infection Prevention and Control to both Scarborough and York sites by request from the Trust for objective review of processes and a 'fresh eye' approach. NHSE/I have shared immediate learning from those visits with the Trust with a series of 'must do's for improvement. A full report is anticipated by the end of November.</p>
QN 21	Children and Young people's therapy waiting times at York and Scarborough Teaching Hospitals NHS FT
	<p>Waiting times have increased. A further meeting with the Head of therapies and the care group manager took place in August 2021. Waiting lists for SLT and Occupational Therapy remain high with some 'low priority' cases waiting up to 50 weeks. Issue has been raised with Trust Executive Board and a trajectory plan for improvement is awaited.</p>
QN 22	Quality and safety of acute hospital discharges following the introduction of new discharge standards during the pandemic.
	<p>Draft standards have now been developed and are being sent out for consultation. These standards have been taken from the plethora of guidance and standards produced nationally and locally. After consultation, next steps will be to agree a program of implementation across the system and to test if Humber would also take the same approach in order to have one ICS standard.</p> <p>The next meeting is early November. Discussion has taken place with the lead for discharges in the Community Collaborative Program to try and align the work. Vale of York Chief Nurse attend the Community Collaborative meeting in November.</p>
QN 24	Respiratory viral disease surge in children 0-4 years causing unprecedent unseasonal attendance at York Hospital ED with increased pressure on primary care

	<p>A pilot clinic commenced on the 4th October to provide a community ambulatory clinic for children with 'amber symptoms'. This is located at Askham Bar and provides a collaboration between Nimbuscare and YSTHFT specialist children's services. The pilot evaluation will inform options for future expansion.</p>
<p>QN25</p>	<p>Maternity Services at York Hospital</p>
	<p>Following assessment against core standards, LTP transformation targets and CNST, the Trust has identified a lack of assurance in some core areas. A core factor is that midwifery levels fall below the number identified as being required when the nationally approved maternity workforce capacity/acuity tool is applied (Birthrate plus) For the York site. Maternity services have been required to undertake a large program of transformation - all aspects designed to 'save babies lives' and improve the physical and mental wellbeing of mum / parents. Over the last 18 months there has been a significant focus upon keeping services safe during the pandemic with no reduction in activity within maternity services. The impact of the resource specifically means the Trust is unable to roll out 'continuity of carer' for the York population.</p> <p>There is a slight uptick in the number of incidents and Serious Incidents being reported by the Trust, however other benchmarking data on the Maternity Dashboard does not indicate the Trust to be an outlier in other safety indicators.</p> <p>The risk however is that further challenges to staffing levels could impact sustainability and safety.</p> <p>Mitigations in place include: Trust undertaken a staffing review and recruitment of additional midwives including international recruitment. Trust Patient Safety Team providing focussed support with Risk Management Midwife and maternity services to ensure robust clinical governance arrangements in place. Clinical Lead undertaking a thematic review of all SIs over the last year to determine whether there are any as yet unidentified themes or actions. Close working with LMS for quality and safety oversight in addition to monthly meetings between Head of Midwifery and CCG Lead for maternity and updates requested at monthly CCG / Trust Quality meeting. NHSE/I undertaken further assessment of evidence submitted to demonstrate compliance with Ockenden recommendations. Additional Obstetricians appointed for support across York and Scarborough.</p> <p>Assurance visit by Regional Midwife to review Continuity of Carer progress undertaken in September. Opportunities identified to release midwifery time from non midwife roles identified and are being progressed through internal business case development.</p> <p>Maternity Voice Partnership meeting in October fully informed of workforce challenges and views sought regarding how best to communicate late changes to birth options when they may not be the woman's initial birth choice.</p> <p>QPEC requested the increase regarding workforce concerns to be alerted and considered by Governing Body.</p>

RISKS MANAGED BY GOVERNING BODY

QN 13: Hepatitis B vaccine in renal patients:

Risk Ref	B3:N17B3:N19B3:N21B3:N23B3:N30
QN.13	
Title	Hep B vaccine in renal patients - unavailable
Operational Lead	Paula Middlebrook
Lead Director	Michelle Carrington
Description and Impact on Care	There is not an adequately commissioned Hepatitis B vaccination service for renal patients leading to a risk that patients may not receive it.



Mitigating Actions and Comments

Date: Nov 2021

Patients have continued to receive their vaccination via primary care.

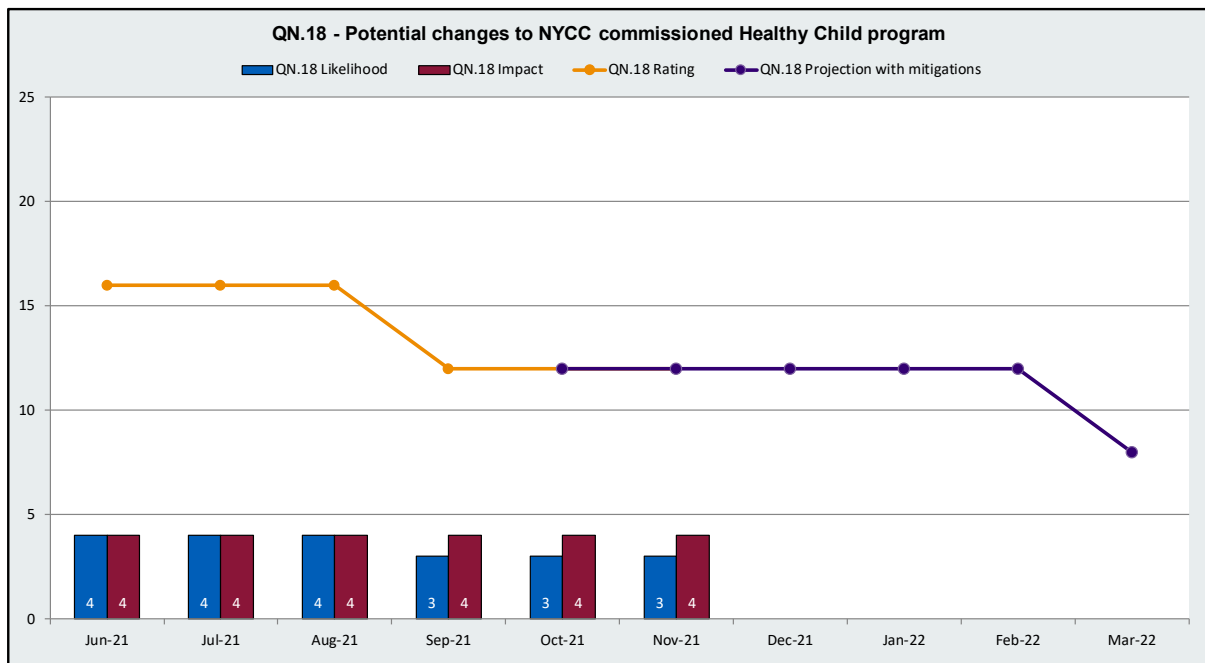
The draft SOP for Hep B vaccinations to be delivered by YSTHFT via the Trust's community nursing teams has been shared with the CCG. This will be delivered at 3 community clinics (Easingwold, Haxby and Selby) thereby delivering the service as close to patients homes as possible (avoiding additional hospital attendance) and ensuring a model which reduces loss of staff travel time.

The first clinics are scheduled to commence in December for patients who are starting a new course of vaccination. Primary Care is requested to complete courses for patients who they have already started their course. The new service will pick up all new courses subsequently. The CCG is finalising the contractual and financial planning with the Trust for the remainder of 2021/22 and building into plans for 2022/23.

Governing Body is therefore requested to consider transferring this risk to QPEC for progress monitoring where it will be reconsidered in January 2022 for review following assurance that the model is fully implemented.

QN 18: Potential changes to NYCC commissioned Healthy Child program:

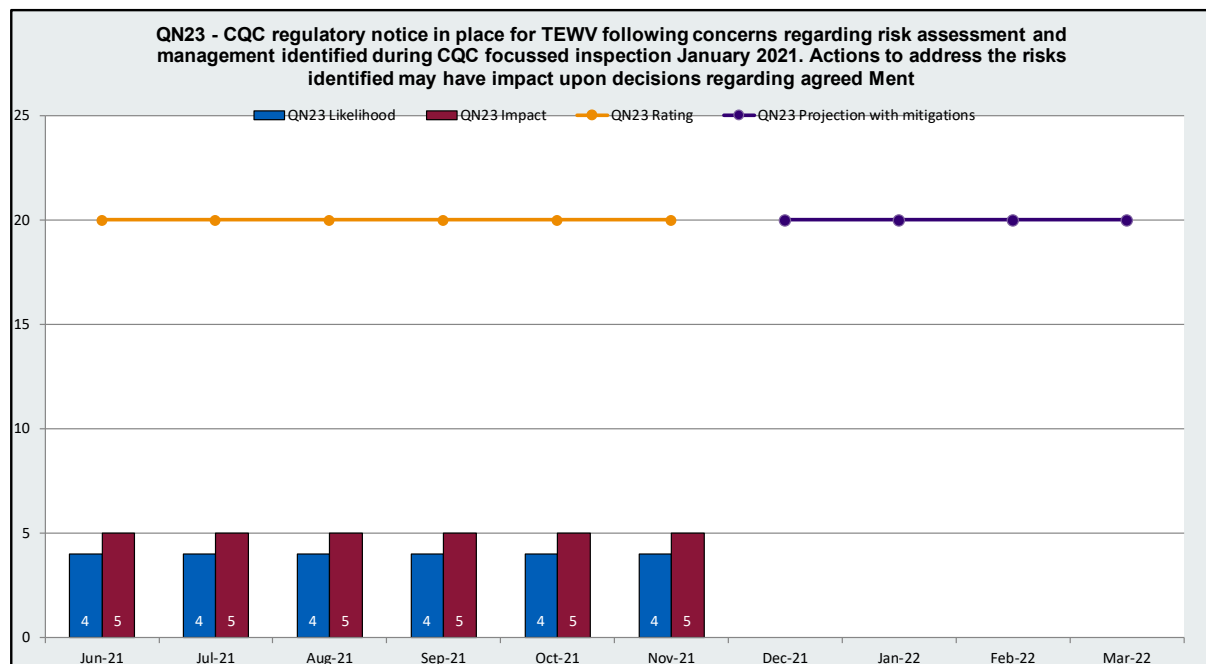
Risk Ref	QN.18
Title	Potential changes to NYCC commissioned Healthy Child program
Operational Lead	Karen McNicholas
Lead Director	Michelle Carrington
Description and Impact on Care	The new HCP model will create gaps in service delivery within the system, particularly for 5 – 19year olds which will impact upon health services.



Mitigating Actions and Comments	
Date: November 2021	
<p>The following mitigations have been put in place in advance and in anticipation of the revised servicespecification :</p> <ul style="list-style-type: none"> >The Designated Professionals have successfully recruited to a post to ensure that there is a health contribution at all Initial Child Protection Conferences(ICPC's). >Work has continued to take forward approaches to Level 1 bladder and bowel advice - signposting families to first level of advice which would mitigate the loss of Level 1 provision. <p>The revised service specification has been shared by the provider with all stakeholders and also describes the services which are no longer being provided and the changes / focus moving forward. The pandemic has provided some opportunity to test the model as changes were required as part of the pandemic response.</p> <p>The revised service is being commissioned through a 10 year Section 75 Agreement between NYCC and HDFT. Governing Body is requested to consider the revised service offer and reconsider any gaps in service delivery that continue to pose a risk or whether the risk has reached the required risk appetite / tolerance.</p>	

QN 23: Risk associated with the outcome of the CQC inspection to TEWV and regulatory notice.

Risk Ref	QN23
Title	CQC regulatory notice in place for TEWV following concerns regarding risk assessment and management identified during CQC focussed inspection January 2021. Actions to address the risks identified may have impact upon decisions regarding agreed Mental Health Investment priorities which have been agreed due to population need and attainment of MH Long Term Plan requirements and therefore the quality, safety and performance impact of that investment on services.
Operational Lead	Paula Middlebrook
Lead Director	Denise Nightingale
Description and Impact on Care	In January 2021 the CQC undertook an unannounced focussed inspection to Adults of Working Age in patient areas and PICU within TEWV. Concerns were identified regarding identification of individual patient risk and underpinning systems to ensure risks are effectively managed alongside trustside learning from incidents and serious incidents. This has led to a regulatory notice. Whilst immediate actions have been put into place to change risk processes, further investment has been identified as a need for in patient areas which may compromise the ability to invest in previously identified and agreed priorities associated with population health need and attainment of the MHIS associated with the Long Term Plan.



Mitigating Actions and Comments
<p>01-Nov-21</p> <p>NHSE/I led Quality Board established which is meeting monthly. NYCCG Chief Nurse representing both NYCCG and VoY CCG. Trust Action plan regarding the section 29a improvement notice returned to CQC on 21st May with actions now all completed and a focus now upon progress and assurance of delivery is being monitored by the Quality Board.</p> <p>The CCG has approved non recurrent funding for the acute in patient staff uplift to ensure the MHIS is not compromised for wider mental health service priority developments. The TRsut provides an update at each CCG/TEWV Performance and Quality sub contract meeting regarding teams experiencing workforce challenges and the business continuity plans in place / anticipated in mitigation.</p> <p>CQC follow up inspection undertaken which has concluded with a CQC Well Led review in August. Focussed inspections during the review resulted in Section 29a Warning notices for Forensic services and CAMHS with their respective Action plans being monitored via the Quality Board. The final report has been considered by the Trust for factual accuracy and is now awaiting imminent publication.</p> <p>Both NYCCG and VoY CCG are providing focussed support to the Trust Patient Safety team.</p>

13. RECOMMENDATIONS

Governing Body is requested to determine whether members are assured of the work being undertaken to understand and support the quality and safety of commissioned services.

In relation to the risk register Governing Body is requested:

- To be alerted to the increasing concerns regarding maternity services at YSTHFT and consider whether this risk has reached the threshold for management by Governing Body or continue to manage via QPEC
- To be assured that the risk associated with commissioning a Hepatitis B vaccination service for renal patients has progressed and consider transfer of this risk to QPEC for overseeing the continuing operational delivery
- To consider the risks associated with the changes in the NYCC Healthy Child program and whether a risk tolerance has been reached following publication of the revised service offer
- To be assured that risks to quality and safety for the CCG are identified with appropriate mitigations in place



SEND Strategy for children, young people and families in York

September 2021 – September 2025

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Foreword

In York we are ambitious for our children and young people with Special Educational Needs and Disabilities and want them to achieve strong outcomes. We know that we have got a lot to do following our SEND Inspection in 2019. This SEND Strategy builds on the progress that has already been made to date, it sits alongside our Written Statement of Action as we continue to demonstrate that improvements have been achieved, that we become the best that we can and that we can maintain that improvement journey.

We are committed to listening to children, young people and families, that every conversation starts with the child, and that our services are locally delivered and match local need. We will make sure that the decisions we make will be evidence based, and that we can show impact using our co-produced outcomes framework. Through strong partnership working we are all aiming to secure that our children and young people in York succeed and are happy, healthy and safe.

This strategy sets out our key priorities. We are committed to working together with children, young people, their families, and all partners across education, health and care to achieve these so that we make a real difference for children and young people with SEND in York.

Director of People,
City of York Council

York Parent Carer
Forum

Accountable Officer,
Vale of York Clinical
Commissioning
Group

Our Vision

The ambition is to be the best that we can, that York is a City that is inclusive for all, that services are delivered at the right time and from the right places, that all of our children succeed and are happy, healthy and safe.

We continue to address the areas identified during the SEND inspection in 2019.

As we plan for recovery from the pandemic, we know that this has had an impact on children, young people, families and all our partners. Our city will recover but this will take time, and we acknowledge the financial pressures that we currently face. This means that we have to make sure that our finite resources are used to best effect, directed at those who most need support in our local area.

This strategy has been co-produced and has been informed by our joint strategic needs assessment, self evaluation framework and corporate priorities in the council and the Vale of York Clinical Commissioning Group. The introduction of integrated health and care systems and place based, needs-led commissioning brings new opportunities to ensure that children and young people with

SEND are better supported across all their needs.

This strategy sets out our priorities for children and young people with SEND in York, for the next four years. As a partnership, we have identified the following priorities:

1. The voice of children and young people is paramount
2. The right support is in the right place at the right time
3. Children and young people's needs are identified at the earliest opportunity
4. Effective transition is secured so that young people are able to live the best adult lives that they can



Why have we set the priorities that we have?

Young people, parents and carers have told us that the most important outcomes that all children and young people should achieve are:

- I am healthy
- I have a choice and am heard
- I am safe
- I achieve my goals
- I am included
- I can overcome challenges and difficulties on my own or with support
- I am becoming independent

These statements are the basis of our outcomes framework and what we will measure ourselves against. We want to make sure that in order to secure these outcomes that children are listened to, their needs identified, that support is available for them to achieve and are supported to live the best adult lives they can.

Our Joint Strategic Needs Assessment (JSNA) tells us that York has an older population and fewer children than other parts of the country. There are approximately 73,900 people under the age of 25 living in York. This includes 20,000 university students, mostly aged 18-22, who have moved to York to study.

Table 1

0-4 years	5-10 years	11-16 years	17-19 years	20-25 years
9,800	12,950	11,850	12,550	26,750

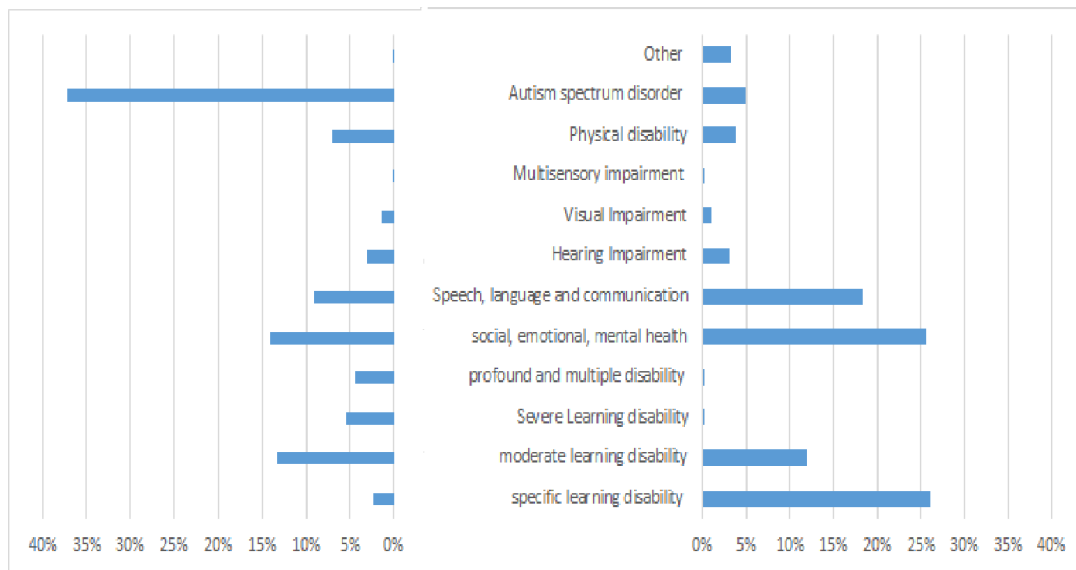
Nationally, the proportion of pupils with a special educational need and disability (January 2019) was 14.9% of the total pupil population. In York, 13% of pupils have SEND (January 2020); 9.6% have SEN-support, and 2.8% have an EHCP.

The graph below shows that a third of all EHCPs in York are for children and young people with a primary need of autism spectrum condition. This is the most common need type for the EHCP cohort. Social emotional and mental health is the second most common reason for an EHCP and, accounts for 14% of all current EHCPs.

The graph below shows that a third of all EHCPs in York are for children and young people with a primary need of autism spectrum condition.

Table 2

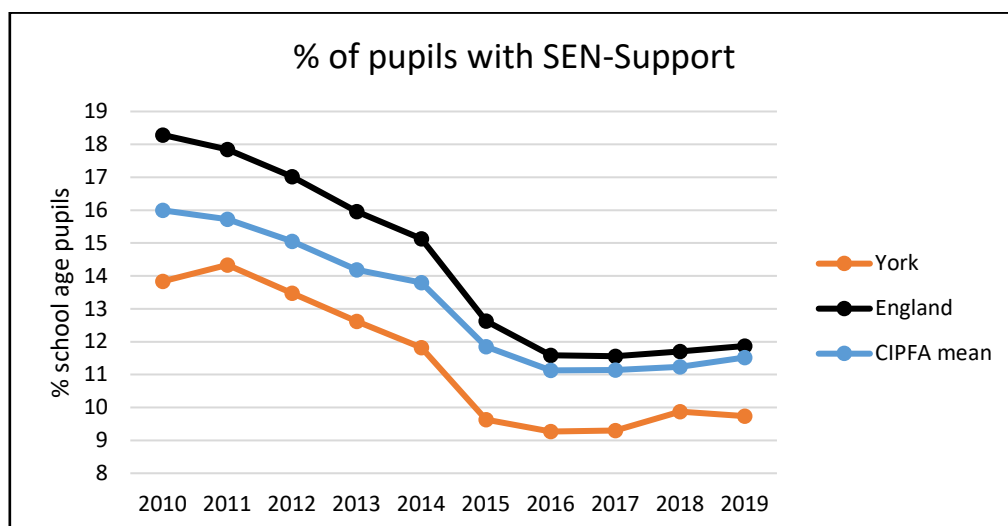
Need type by EHCP (left) and SEN-Support (right) for CYP in In York, January 2020 school census.



In young children, communication and interaction need is most prevalent; nearly half of KSI with SEN-support plans. From age eight cognition and learning need becomes more prevalent; 40% of SEN-support plans for 8-16 year olds. 28% of SEN-support plans for secondary age children are linked to social, emotional, or mental health need, and this rises slightly with age.

There was been a clear and sustained decrease in the proportion of pupils receiving SEN-support plans across the country between. 2010 and 2015 this fell by a third across England, with similar reductions for pupils in York and York’s CIPFA neighbour areas. Since 2016, these proportions have stabilised, both in York and nationally. This reflects a national ambition set out on the Ofsted Special Educational Needs and Disability review.

Table 3



It was clear from speaking to parents of children and young people with SEND is that the transition points of moving into primary school, secondary school, and post 16 education were very salient for families. Parents often emphasised these years and experiences without prompting.

How will we hold ourselves to account?

We have a SEND Improvement Board that has representation from parents, and partners from education, health and social care. This board holds us all to account and ensures continuous improvement and progress is achieved. The diagram below sets out how important SEND is, and the accountable reporting structures across the local area.

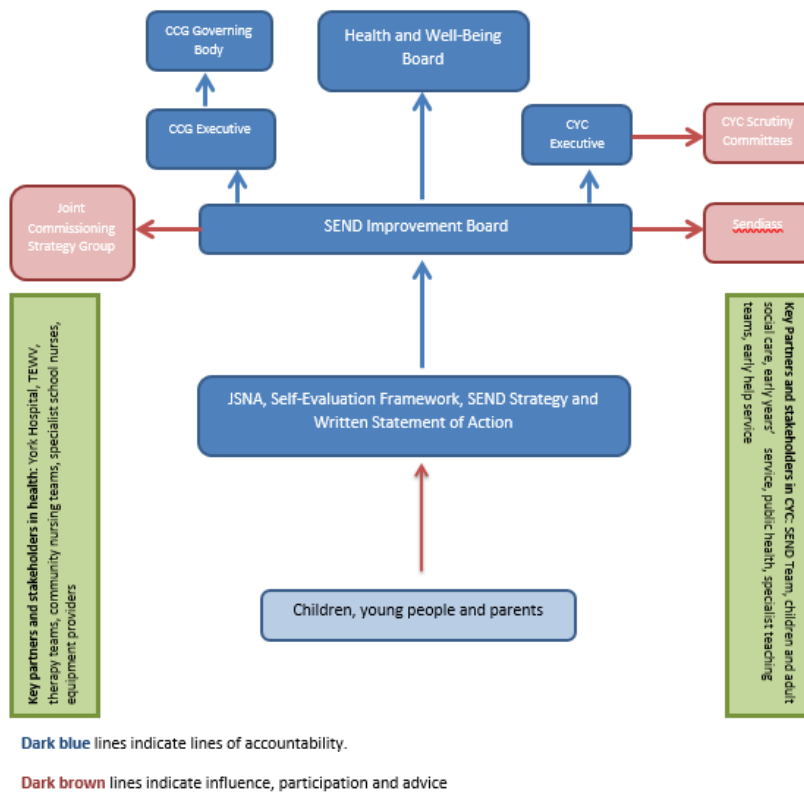


Figure 1

This strategy sets out our ambition to secure

The Local Area was inspected between 9 December – 13 December 2019 by Ofsted and the Care Quality Commission to judge the effectiveness of the area in implementing the reforms as set out in the Children and Families Act 2014. Whilst strengths were identified, the inspectors found significant weaknesses in four areas and therefore required the local area to produce a Written Statement of Action to set out how improvements were to be achieved.

Our written statement of action was judged fit for purpose by Ofsted in May 2020 and this plan continues to drive our improvement journey until we are re inspected.

In March 2020 the country was amidst a global pandemic Covid- 19. This has presented significant challenges for children, families, schools, settings and our organisations. The Parent Carer Forum hosted by York Inspirational Kids has continued to highlight the difficulties from a parental perspective, as has our local SENDIASS service. We continue to hear and learn from these experiences and this has shaped some of our practices going forward.

Since May 2020 the Council and the Vale of York Clinical Commissioning Group have made progress against all of the four areas requiring improvement but we accept that the improvement journey is ongoing and will take time to embed. We are committed to achieving inclusion in our local schools, being ambitious that children get the best start in life and have opportunities to live the best life that they can.

In December 2020 the first of two phases of a Joint Strategic Needs Assessment was completed for children and young people in York. This allowed us to consider local needs led data, and inform the key priorities in this strategy.

The Council established a 'People' Directorate in February 2021 creating an environment which secures working arrangements across children's and adult's services, provides greater opportunities to focus on joint assessment, planning and commissioning and support to achieve successful adulthood.

The current financial context means that both the Council and the CCG must ensure that all of our resources are used to best effect, can demonstrate that they are value for money and deliver good outcomes.

In February 2021 the Council set out an ambition to ensure that local services for SEND in York were sufficient, fit for purpose and reflected local need. An Inclusion review had been underway for a number of years, and by 2021 it was the right time to consult on a range of options that would see jointly commissioned SEND services in York be local shaped for children and young people.

Families had already told us that they want to tell their story once, see that their children progress and succeed, and are supported and prepared for a successful adult life. They have told us that they want to see that their children are included in education, have the same opportunities as others and that local provision fits with the needs of their children.

The strategy also connects with a number of cross cutting themes across the Local Area Partnership and we will assure ourselves that all of our activity also works towards

- Reducing child poverty
- Increasing the health and wellbeing of children and young people
- Ensuring the voice of children and young people is heard
- Creating communities that are safe, resilient and responsive to the diversity within them

How will we know we are making a difference?

York has had a SEND Improvement Board since 2020 to ensure there is improvement achieved against the Written Statement of Action and will monitor progress against this strategy, it has created a strong partnership for governance and accountability from the Council, the CCG, York Parent Carer Forum and SENDIASS.

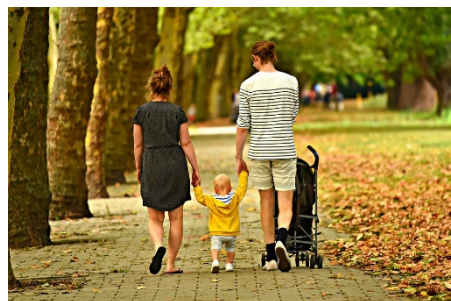
This Board will also ensure the SEND Strategy is live, that actions are achieved and that we can evidence that continuous improvement is maintained and sustained.

This strategy and the key priorities outlined have been agreed as being the most important things to concentrate on by a range of stakeholders. All are accepting that we must be realistic in what we can do, concentrate on the right things that will make the most difference, and not over promise and under deliver. We will hold ourselves to account, we will use our Outcomes framework to demonstrate impact, and we will achieve together.

In July 2020 the CCG, and CYC held events with families and partners to determine what outcomes we want to measure our success against, they identified that children and young people should be able to indicate the following:

- I am safe
- I can overcome challenges and difficulties on my own or with support
- I achieve my goals
- I have choice and am heard
- I am included
- I am healthy
- I am becoming more independent

Every conversation should start with the child, make sure that children and young people are actively involved in planning and shaping their futures from early years to adulthood. Our way of working as a strong partnership will create better opportunities and demonstrate better outcomes. Working with families at the earliest opportunity through coordinated early identification, assessment and support



Four key priorities for the next four years.

Over the next 4 years our focus will be on 4 key priorities:

1. The voice of children, young people and families is visible in all that we do
2. Ensure sufficiency of support through joint working across the local area partnership, adopting evidence based commissioning using the JSNA
3. All children and young people identified as having special educational needs have their needs identified early, are supported in the local area and are able to access a range of provision that results in success and achievement
4. All children and young people are able to experience a smooth transition at key points throughout their education and into adulthood

Priority One – The voice of children and young people is paramount

Embed a practice model that every conversation starts with the child, that children, young people and families tell us that they have been included, heard and involved, and have only had to tell their story once

- Ensure that all children and young people with SEND are able to access information and communication in ways that promote their ability to be involved and express their views
- Ensure a wider reach of engagement from parents, carers, children and young people in York that reflects the full range of SEND. The York Parent Carer Forum drives forward partnership working with families in York alongside schools, partners, the Local Authority and the Clinical Commissioning Group
- Children and young people tell us that things are improving for them and that our plans to support them are of a good quality, meet their needs and are jointly produced with them.
- All parents, carers, children and young people tell us that they know how to get involved in joint partnership working if they want to.
- Young people tell us how they are working towards achieving their outcomes.
- Widen York Parent Carer representatives and reintroduce young peoples group with a wide representation of need
- Ensure that our young people in York help us to shape and develop our local communities, jointly commission and shape the services.
- Ensure all local strategic partners YSAB, PCF participate in the shaping and delivery of SEND and championing Inclusion.

Priority Two - The right support is in the right place at the right time

- The Inclusion Review 2021 ensures sufficiency for SEND Educational provision in York from 2021 onwards, with a particular focus on the needs of children with a profile of ASC and SLCN. That good graduation and support is evident in mainstream schools and settings, and children feel included in their local areas.
- The Integrated Care System (Humber Coast and Vale) programme will develop key priorities for children and young people in line with the NHS 10 year plan, including SEND. This will explore place based commissioning across education, health and social care in York.

- Development of the neurodevelopmental pathway 0 – 25, and the graduated approach of support available across the partnership pre and post assessment and diagnosis
- Recommissioning the York SENDIAS service by CYC and the CCG, so that families have access to high quality information and advice for their families.
- Implement the key worker programme for children and young people with autism, learning disabilities and complex needs. Key working will facilitate effective planning for improved outcomes and joint plans for children and young people with these profiles of need, ensuring their voices are heard throughout their journey
- Effective use of Section 75 to strengthen joint commissioning arrangements between CCG and CYC
- Young people and families work with us to develop and shape the Preparation for Adulthood model, ensuring sufficiency for post 16 education, being ambitious about employment and community opportunities, reducing loneliness and isolation.
- The Health and Care Alliance in York will set local direction and oversee delivery of Integrated systems for all ages and including SEND
- Improved data sharing at population level between agencies to support service planning and monitoring

Priority Three - Children and young people's needs are identified at the earliest opportunity

- Through the Early Years Strategic Board – there is a specific focus on SEND and areas of disadvantage. In schools and settings that there is a programme of support for SENCO's and leaders to identify needs early, embed graduation and ensure support is delivered in a timely.
- Working with early years partners and settings to identify how best to support children at the earliest opportunity.
- Revision of the graduated response and models of inclusion for schools and settings for children at SEN support
- Revision of the funding model to support children and young people supported at SEN support and with an EHCP
- Implementation of Mental Health Support Teams working in York schools to support emotional well-being and mental health
- Ensuring a strong third sector offer for children and young people with SEND

- Health screening through health visitors' mandated health checks, LAC health checks, effective use of notifications under S23 Children and Families Act, and increased take-up of learning disability health checks at ages 14-25.
- Revision of the neurodevelopmental pathway and associated support for children pre assessment and post diagnosis with ASC, ADHD/other neurodiverse conditions.

Priority Four - Effective transition is secured so that young people are able to live the best adult lives that they can

- Ensure successful transition planning at all key phases throughout children and young people's education journey
- Ensure successful transition planning is in place between paediatric and adult health providers
- Effective data sharing and forecasting takes place between children and adult services
- Develop an Integrated SEND delivery model, reflecting the age range 0 – 25. The SEND Hub will integrate assessments, pathways and draw on the expertise across the local area
- Development of the local offer that supports preparation for adulthood, secures more opportunities for employment

How will we know we have achieved our vision and ambitions?

- We will review this strategy each year. There will be a set of key performance indicators that we will agree and monitor progress against:
- Through auditing we will embed our practice model, and we will use the information to continue to drive up the quality and consistency of plans for our children and young people.
- Children, young people and families will tell us that their experiences in our local mainstream schools with SEND are positive that they feel included and listened to
- Feedback mechanisms show improvement in satisfaction rates for how we communicate, involvement with strategic planning and quality of our services.
- Reduction in exclusions and increase in the number of children with SEND able to access their local Mainstream School

- Children and young people remain in their schools following key points of transition
- Reduction in the number of placement movements at Y7 and Y10
- Destination data tells us more young people are accessing employment
- Children, young people, families and schools will tell us that the quality of our Education Health and Care Plans are consistently of a high standard, and that the support detailed in them result in success and achievement
- That there is an increase in local services jointly commissioned, shaped by our local communities and that there is improved contract monitoring arrangements in place to secure outcomes achieved
- Following consultation events – there is sufficient SEND Educational provision that meets the needs of the local population
- Place based commissioning is in place through the Integrated Care System
- Publish ‘You Said We Did’, Newsletters and hold regular events to communicate progress
- A revised neurodevelopmental pathway is in place, detailing the integrated offer across all partners working to support children and young people’s emotional health and wellbeing
- Our local integrated data set for SEND will tell us that there is a clear direction of improvement



Harrogate and District
NHS Foundation Trust

New North Yorkshire Healthy Child 0-19 Service

You matter most

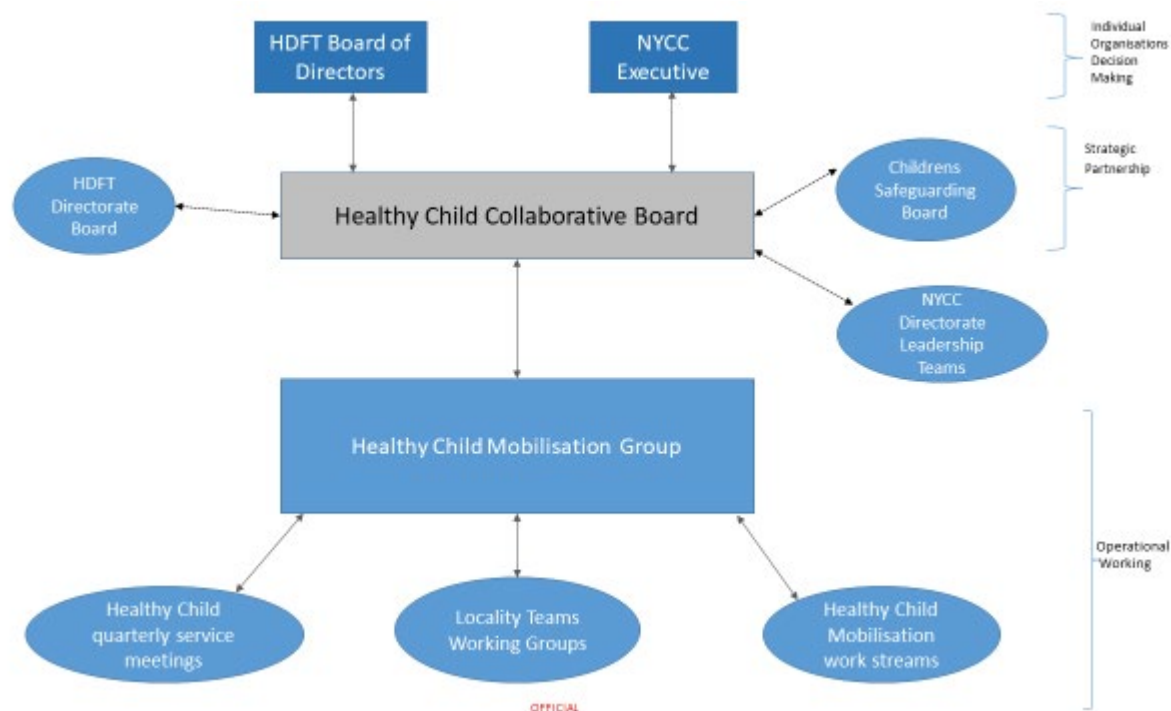
Working in Partnership

New service model supported by up to a 10 year Section 75 Agreement between NYCC and HDFT

- A long-term partnership that continuously evolves and develops the service
- Vision is HCP is part of an integrated 0-19 service for children, young people and families across the system
- Sharing resources and working in collaboration, to improve service, performance, quality and outcomes
- Children, young people and family focused, and responsive to identified needs
- Partnership Board chaired by NYCC Corporate Director of Children and Young People's Service

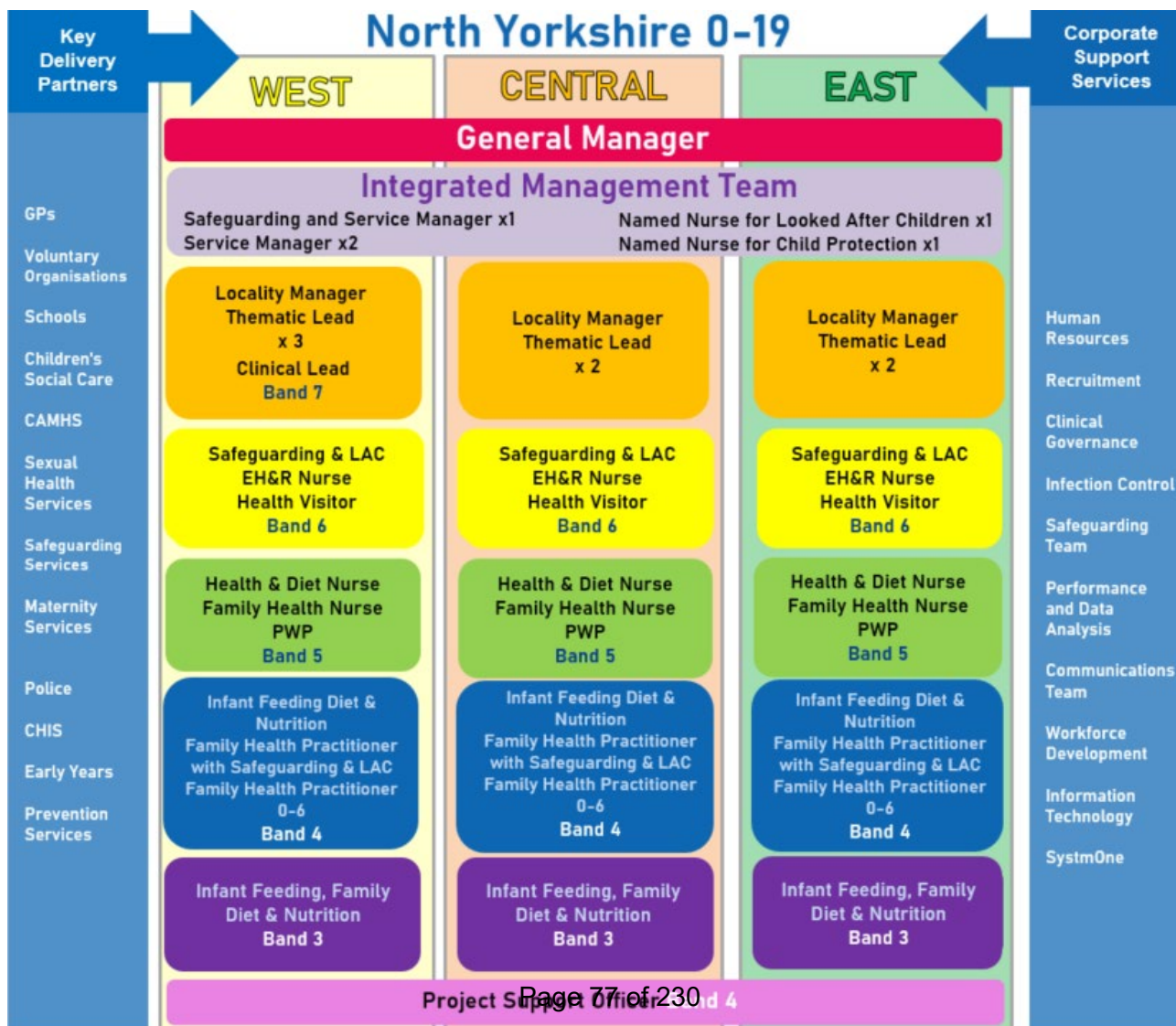
Working in Partnership

Overview of Governance Structure

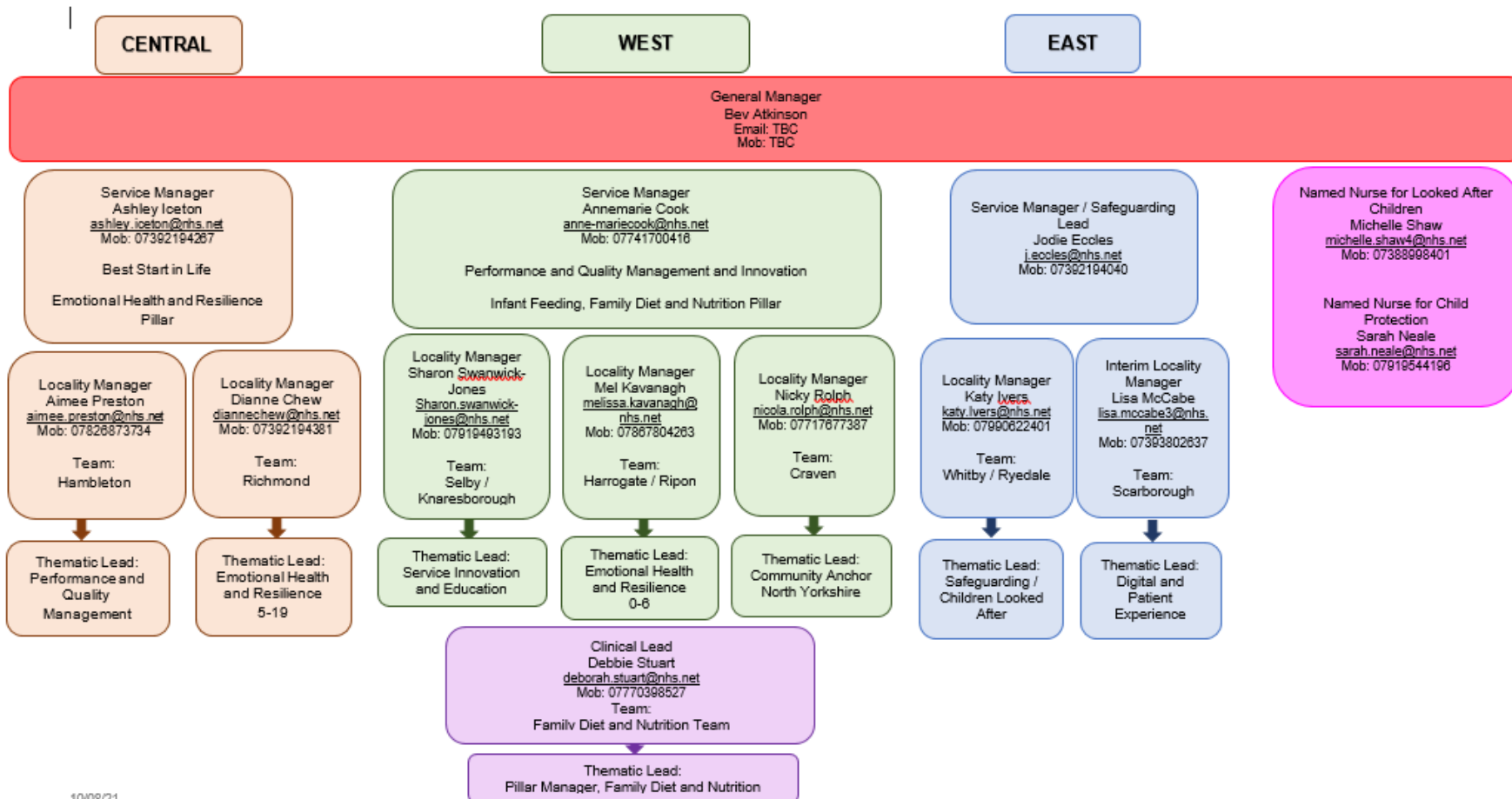


Workforce Structure

Harrogate and District
NHS Foundation Trust



Key Contacts



Service Delivery

What is New/Different

Services will be delivered in a blended approach following robust risk assessment.

Development of App and updated website for NY HCP

Targeted interventions may be offered in a variety of settings for individuals or groups according to local identified need

We will be enhancing our current digital offer to ensure maximum reach and inclusivity to our service population

Bespoke offer for the family diet and nutrition co-created with partners

Service to support children, young people and families experiencing low level emotional health needs whilst promoting resilience

New safeguarding model for 6-18 focusing on impact and outcomes

Enhanced service model for children in care and care leavers focusing on best outcomes

New Roles

Community Anchor - Building Community Capacity and partnerships,

Paid Peer Supporters, Specialist Nurse Roles eg CLA, ERN,

Trained Children Psychological Wellbeing Practitioners

6-19 referrals via the universal referral form.
SPOC 0-19 number to discuss referrals as required:

03003030916

North Yorkshire 0-6 Service

Context

In line with the change in contract value and the health needs of the geographical area the following model has been agreed as part of the S75 partnership arrangement

Model

0-6

Delivery of the Healthy Child Programme, 5 x mandated contacts delivered by skill mix team, a blended approach based on cumulative risk assessment

HV will complete all under 1 mandated contacts. The New Birth Visit will always be a face to face home contact

2 year integrated review will always be a home visit delegated to the Assistant Practitioner(AP) depending on the risk assessment or completed by the HV.

Targeted Support to include perinatal mental health/ maternal mental health in line with HDFT standard operating procedure

Infant Feeding Support

Support to families identified as having vulnerabilities

Safeguarding and Children who are Looked After

North Yorkshire 0-19 Service

- **Service's no longer being offered:**
- Face to face well baby clinics- a virtual drop in session is available for advice and support
- Completing measurements for partners where the 0-6 Healthy Child Team are not actively involved with the family
- We will no longer offer a school nursing service but will signpost families to level 1 continence advice
- Audiology and vision screening – whole system approach is being explored to support this gap. Information package being developed
- Sexual health including emergency contraception
- Weight management intervention for 6-19 our focus will be pro-active in the family diet and nutrition pillar.

Family Diet and Nutrition Pillar

Focus on early intervention and prevention of childhood obesity:

- Increase breastfeeding initiation and continuation rates and reduce obesity rates.
- Targeted intervention for nutrition- referral and criteria to be developed.
- NCMP screening reception and year 6
- Leads Annemarie Cook service manager, Debbie Stuart clinical lead
- Paid peer supporters- role will be to establish community support groups
- Family health assistants(screeners) integral to NCMP delivery, drive health promotion initiatives
- Family health practitioners – group and individual work, introduction to solids
- Family health nurses- assessments, allocation, individual interventions
- Service delivery via face to face, virtual offer , social media, virtual clinics

Family Diet and Nutrition Pillar

- **Priorities for HDFT:**
 - Pillar development day for all staff- September 2021
 - Training needs analysis for all staff new and current
 - UNICEF accreditation
 - Model of nutrition i.e. HENRY
 - Referral criteria and pathway
- **Multiagency workstream** focus is currently reviewing the support across all partner agencies in order to develop a pathway for all services

Emotional Health and Resilience Pillar

- **1 in Central, West and East**
 - A dedicated Nurse that focuses on positive mental well-being and promotes resilience in Children, Young People and their families.
 - Deliver home contacts completing the Family Health Needs Assessment and Home Environment Assessment Tool to identify and support needs.
 - Low level interventions including anxiety, self esteem, bullying and low mood.

Trainee /Psychological Well-being Practitioners:

- **1 In Central, West and East**
- Support children and young people experiencing mild to moderate mental health difficulties and their families in the self-management of presenting difficulties. Providing a range of information and support for evidence based psychological treatments. This may include guided self-help. This work may be face-to-face, by telephone or via other media.
- Two Band 5 staff Nurses will support the Emotional Health and Resilience Pillar

Emotional Health and Resilience Pillar

- **Criteria:** Low level emotional health and resilience 1-1 or group support. Examples: Anxiety, low mood, bullying, exam stress, body image
- **Referral Process:** Triage by Emotional Resilience Nurse –within 5 days
 - Immediate telephone advice given
 - Refer or signpost to the appropriate service
 - Accepted by the Emotional Health and Resilience service

- **Vision:**
 - Emotional Health and Resilience work-stream to drive the service transformation of the 0-19 Emotional Health and Resilience provision in North Yorkshire
 - Develop attend anywhere platforms and promote reach and inclusivity of all service users.
 - Develop evidence based pathways for specific Emotional Health needs
 - Digital champion for the Emotional Health and Resilience team that will manage social media platforms and promote the service
 - Develop partnership working to minimise duplication and support Children, the right service at the right time.

Safeguarding and Children in Care Pillar

Safeguarding Children

- HDFT 6-19 service attend all strategy meetings. Strategy Nurses will lead on these.
- Following the strategy meeting the service opt out if there is no role.
- Opting in is based on the following criteria:
 - Contextualised safeguarding and Exploitation
 - Children in Care
 - Not in education or training
 - Meaningful contact with the service in the last 12 months
- This model requires some different approaches to key safeguarding processes.

Children in Care

- Every 6-19yr Child in Care or care leaver in NY will have an allocated CIC/SGC nurse to oversee the CIC health plan for that child and offer support and advice around health needs with regular contact available throughout the year.
- The allocated nurse will complete the Review Health Assessments in a child/young person centred way and whenever possible wherever they prefer to be seen.
- This model will enable practitioners to develop therapeutic relationships with children and young people and innovative practice to enhance engagement and improve outcomes
- There will be strong links with the foster carers and children's residential homes
- Two Looked after Children 0-6 yrs practitioners will support the HVs with Children in Care

- We are moving away from the term School Nurse and the practitioners will be known as Safeguarding and Children in Care Public Health Nurses / practitioners.
- They will be required to visit children and their families at home as standard practice, virtual contacts may be used in addition to enhance this offer at young persons request.
- There is a strong focus on quality and impact. Having the voice of the child at the heart of assessments and intervention.
- Direct work with Children and young people will be completed in a whole team approach using the skills of the team ensuring the right person at the right time

This model was commenced as part of the Covid recovery response and has been audited developed and refined throughout

Priorities for Moving Forward

- Recruitment
- Aligning both the safeguarding and Children in Care staff into one whole team/pillar
- Implementing the new line management structure
- Implementing the agreed supervision model for staff in the team
- Training needs analysis of all staff

Community Anchor Role/Building Community Capacity

- Work with local teams to complete a Community Health Needs Profile for each area.
- Work in partnership with the Local Authority Stronger Communities Team.
- Set up a directory of Voluntary Community Sector Resources available to the 0-19 workforce.
- Support with applying for grants for local community needs and ensuring where possible, Social Value elements are incorporated into expenditure.
- Produce a regular newsletter for practitioners to ensure that the 0-19 workforce are aware of developments and are kept up to date with this practice area.

Nicola Rolph: Nicola.rolph@nhs.net or 07717 677 387


Clinical Work Streams

- **Developing Different Ways of Working (multi-agency)**
 - Community anchor role
 - Sexual Health
 - Safeguarding and Children in care
 - Ways of signposting and mitigation in partnership to meet service user needs

- **Quality of Mandated Contacts (internal HDFT)**
 - Colleague representation to review service delivery to ensure high quality, consistent interventions that meet the needs of communities.
 - Service evaluation, service user feedback, supervision and audit contributing to ongoing service development.

Any questions?

hdft.northyorkshire0-19@nhs.net

Item Number: 9	
Name of Presenter: Abigail Combes	
Meeting of the Governing Body Date of meeting: 2 December 2021	 Vale of York Clinical Commissioning Group
Report Title – Board Assurance Framework	
Purpose of Report <i>(Select from list)</i> To Receive	
Reason for Report The Governing Body should receive the Board Assurance Framework for review and comment. The updates are provided in red and the risk summary is on the final slide.	
Strategic Priority Links <input checked="" type="checkbox"/> Strengthening Primary Care <input checked="" type="checkbox"/> Reducing Demand on System <input checked="" type="checkbox"/> Fully Integrated OOH Care <input checked="" type="checkbox"/> Sustainable acute hospital/ single acute contract <input checked="" type="checkbox"/> Transformed MH/LD/ Complex Care <input checked="" type="checkbox"/> System transformations <input type="checkbox"/> Financial Sustainability	
Local Authority Area <input checked="" type="checkbox"/> CCG Footprint <input type="checkbox"/> City of York Council <input type="checkbox"/> East Riding of Yorkshire Council <input type="checkbox"/> North Yorkshire County Council	
Impacts/ Key Risks <input checked="" type="checkbox"/> Financial <input type="checkbox"/> Legal <input checked="" type="checkbox"/> Primary Care <input type="checkbox"/> Equalities	Risk Rating N/a
Emerging Risks N/A	

Impact Assessments

Please confirm below that the impact assessments have been approved and outline any risks/issues identified.

- | | |
|--|---|
| <input type="checkbox"/> Quality Impact Assessment | <input type="checkbox"/> Equality Impact Assessment |
| <input type="checkbox"/> Data Protection Impact Assessment | <input type="checkbox"/> Sustainability Impact Assessment |

Risks/Issues identified from impact assessments:

N/A

Recommendations

The Governing Body is asked to review and receive the Board Assurance Framework

Decision Requested (for Decision Log)

The Governing Body is asked to review and receive the Board Assurance Framework

Responsible Executive Director and Title

Phil Mettam – Accountable Officer

Report Author and Title

Abigail Combes – Head of Legal and Governance

Annexes (please list)

Board Assurance Framework

NHS Vale of York CCG

Strategic Objectives

Support General Practice and wider primary care system to maintain a level of resilience to deliver safe and sustainable services.

Support innovation and transformation in the development of sustainable mental health and complex care services

Working with partners to deliver the recovery of acute care across elective, diagnostic, cancer and emergency care

Achieving and supporting system financial sustainability

Work with system partners to ensure provision of high quality, safe services.
Work as partners to safeguard the vulnerable in our communities to prevent harm

Support the wellbeing of our staff and manage and develop the talent of those staff

Work with partners to tackle health inequalities and improve population health in the Vale of York

Support primary care to deliver services in a sustainable way whilst developing strong system partnership

Impact

5 PRC.14				
4		PRC.15; PRC.16	PRC.17	
3				
2				
1	2	3	4	5

Likelihood

Current Priority	Exec Lead	Actions	Direction of risk travel
Continued support to practices to work in a Covid Safe way whilst responding to restoration of services	Steph Porter	<p><u>Remote working for Practices</u> Maintain and embed all the total triage models in primary care NECS 'use your own device' platform now available to enable Practice staff to work flexibly from home, and securely access Practice systems/resources using their own PC's or laptops. Supporting additional IT models to support practice resilience such as Klinik/Push Dr</p> <p>Continued flexibility around the timing of extended access (evenings/weekends) appointments to support Practice resilience - i.e. if attracting staff to fill rotas is problematic, a proportion of contracted hours can be delivered during the day. Extended Access appointments must now be used to supplement access to General Practice - and not used for Covid vaccination clinics as per NHSEI guidance.</p> <p>Confirmed funding to support 2 x Selby Practices to move to SystemOne in Jan '22 – at which point all South locality Practices across the 2 PCN's will be using the same clinical system with an ability to share records to support business continuity.</p>	Stable but risk remains. Current incident levels reducing
OPEL escalation reporting framework	Steph Porter	<ul style="list-style-type: none"> - System recognition of capacity restraints in primary care on a daily basis - Engagement with DoS to limit 111 access to support response to short term capacity issues - Consistency of understanding of mutual aid at different levels of OPEL practice and PCN level has improved considerably and practices are reporting appropriately 	Stable and agreement reached for escalation response
'SUPPORTING GENERAL PRACTICE: ADDITIONAL Winter Access Funding	Steph Porter	<ul style="list-style-type: none"> - Funding of circa £1.1m confirmed for Practices/PCN to run hubs to manage triage with the aim of pulling out same day urgent care where continuity of care via the same clinician deemed lower priority - All winter access schemes fragile due to limited workforce capacity to respond - Campaign to increase/offer choice for face to face, may in fact reduce overall offer as face to face in hot clinics reduces appointment numbers - Pressure to continue to deliver the vaccination programme continues to utilise space staffing capacity, thereby meaning workforce not choosing to take up other areas of need 	High Risk - Plans in place to increase capacity but remains dependent on workforce

Support innovation and transformation in the development of sustainable mental health and complex care services

Impact

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3		JC.30;		
2				
1	2	3	4	5

Likelihood

Current Priority	Exec Lead	Actions	Direction of risk travel
Mental Health Recovery	Denise Nightingale	<ul style="list-style-type: none"> Accelerating preventative programmes to address inequalities such as health checks for people with Learning Disabilities (LD) or Serious Mental Illness (SMI) Focus on recovery due to the expected surge in demand in mental health and crisis services which includes acute liaison and the resilience hubs and a review of the all age crisis line. Continue to support integration between community and primary care under the 'Right Care Right Place' programme and key link workers reaching into primary care. Co-development of a dementia strategy in York and continue to establish and deliver an improvement programme to address dementia diagnosis and dementia care Re-procurement of adult ADHD and Autism diagnostic and treatment services CQC regulatory notice in place for TEVV following concerns regarding risk assessment and management identified during CQC focussed inspection January 2021. Actions to address the risks identified may have impact upon decisions regarding agreed Mental Health Investment priorities which have been agreed due to population need and attainment of MH Long Term Plan requirements and therefore the quality, safety and performance impact of that investment on services. 	Increasing due to potential surge in demand
Hospital discharge requirements	Denise Nightingale	<ul style="list-style-type: none"> Continue to facilitate hospital discharge policies through extended discharge to assess models in collaboration with system partners and care providers Continue to provide CHC support to multidisciplinary discharge hub teams. Nationally revised discharge to assess policy and funding arrangements are expected (scheme 4) which are intended to support people through a period of rehabilitation or recovery before CHC eligibility assessments take place. Continue to revise processes and operational requirements with system partners in line with revised funding policy and funding. Re-imaging the use of CCG CHC fast track funding to provide improved end of life care services. In the second phase up to the end of 2021/22 the CCG will work with partners to develop a more integrated end of life care coordination offer with oversight from a lead provider model. 	Stable
Keeping people safe with complex care needs and CHC assessments	Denise Nightingale	<ul style="list-style-type: none"> The service has fully completed the backlog of deferred CHC assessments as a result of the first covid-19 wave, and continues to resume CHC assessments in line with nationally prescribed operational and performance standards (e.g. CHC assessments to be completed within 28 days). Continue to provide proportionate virtual reviews of people with fully funded CHC packages of care which require case management and support to providers of care with clients that have new or existing equipment needs. Lead on development of closer alignment and integration of complex care services with the local authorities and system 	Stable

Working with partners to deliver the recovery of acute care across elective, diagnostic, cancer and emergency care

Current Priority	Exec Lead	Actions	Direction of risk travel
To optimise all elective capacity available to reduce long waits and minimise risk to patients	Phil Mettam	<ul style="list-style-type: none"> Single oversight of all acute providers' waiting lists (PTLs) across the HCV by the Collaborative of Acute Providers (CAP), including high priority urgent 'P2' cancer and non-cancer patients Provision of mutual aid between providers to target highest risk/ longest waits where possible supported by Clinical Prioritisation Panel Optimising all available capacity across NHS and IS providers by: <ul style="list-style-type: none"> - Delivering on plans to undertake day case activity in IS at a level some 33% higher in the period April – Sept 2021 compared to the same period in 2019, and at a level of 95% higher for elective inpatients comparing the same periods – VoY CCG patients - Acute providers to move to top quartile productivity & performance in key specialties (Cardiology, Orthopaedics, ophthalmology) - Acute providers working together with four key specialties to explore how to optimise all available capacity and develop elective hubs which can manage low risk, high volume surgery more efficiently Provide support and care for patients who may wait for long periods on waiting lists informed by risk stratification based on health inequalities [Waiting Well] Manage pressure on waiting lists by optimising referrals with earlier expert input and increasing virtual consultations [Outpatient Transformation] 	Static as refreshed recovery and transformation plans are mobilised
To optimise all diagnostic capacity available to reduce long waits, address backlogs and support clinicians in remote monitoring of patients and cancer diagnosis	Phil Mettam	<ul style="list-style-type: none"> HCV Diagnostics Board refreshing all recovery priorities for endoscopy, CT, MRI and other imaging. Includes focus on optimising referrals to diagnostics, developing a resilient workforce and targets investment in networked reporting and mobile capacity to support shared access across HCV as collaborative acute providers Options for locating Community Diagnostics Hubs/ capacity across the HCV linked to recovery plans (including the most affected cancer pathways) and where possible to help address the highest health inequalities Scoping of Local Diagnostics to support local clinicians in accessing more capacity and help remote monitoring of patients (includes ECG, BP monitoring, Echo, Doppler, FeNO and spirometry) will be refreshed in the development of a wider NY&Y Diagnostics strategy Mobilisation of targeted lung health checks across the HCV All cancer screening programmes have now been restored with an impact on some diagnostic pathways as a result of screening 	Improving as refreshed recovery and transformation plans are mobilised
To support partners in achieving the shift in urgent care capacity out of hospital to reduce pressure on ED and help system flow	Phil Mettam	<ul style="list-style-type: none"> Work to transform urgent care delivery by out of hospital providers through more integrated models of delivery co-designed to optimise capacity and resilience will be led by providers working as integrated collaboratives at place Urgent & Emergency Care Network (UECN) priorities for further building capacity and resilience in all out of hospital urgent care delivery will support diversion away from ED and getting patients safely to the right place at the right time for their care SDEC pathways continue to demonstrate impact on numbers of avoidable admissions Improved local model of discharge planning aligned to national discharge to assess best practice has developed during the COVID response. The future operational delivery model for discharge for the North Yorkshire & York Geographical Partnership will be developed in 21/22. 	Improving as refreshed recovery and transformation plans are mobilised through the UECN with local place partners

Impact

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Likelihood

Achieving and supporting system financial sustainability

Impact

5				
4 ES.38	IT.01; ES.15			
3				
2				
1	2 ES.22	3	4	5

Likelihood

Current Priority	Exec Lead	Actions	Direction of risk travel
Maintaining financial planning, management and reporting approach	Simon Bell	<ul style="list-style-type: none"> - Organisational and system financial plans submitted in line with ICS and national guidance and timetable for H2. - In terms of outside of envelope funding for H2 in regards to the HDP the ICS is within its revised and reduced allocation, although the CCG and CYC element remains above our share. Further details of the ERF continue to emerge that now suggest there is no risk to individual CCGs from continuing to use IS providers. - Ensure appropriate financial governance arrangements are in place and complied with. - Continue to support work on the system underlying financial position which is currently significantly in deficit 	Stable
Optimising financial flows and access to funds across the sub-system and ICS	Simon Bell	<ul style="list-style-type: none"> - Monitor and manage funding tracker to ensure there is a clear understanding of funding streams and ownership of them across the CCG. - Triangulate funding requirements and transactions across the ICS, particularly host commissioning organisations, North Yorkshire and York sub-system and onto the relevant provider. - Lead processes around Hospital Discharge Programme costs with City of York Council and across the ICS taking account of H2 guidance as it emerges and consistency of approach. - Ensure ERF national funding is maximised in support of managing elective waiting list reduction while mitigating any risk of local arrangements being non-compliant following new guidance for H2 on reimbursement by collective and regular review. 	Stable
Contribute effective support to place, integration, and public health management development programme	Simon Bell	<ul style="list-style-type: none"> - Contribute to the development financial framework for place, CYC integration, and PHM programme of work. - Ensure the balancing of risk and progressive development of place. 	Stable

Work with system partners to ensure provision of high quality, safe services.
 Work as partners to safeguard the vulnerable in our communities to prevent harm

Impact

5			QN.23	
4	QN.03		QN.22; QN.24; QN.25	
3		QN.21		
2				
1	2	3	4	5

Likelihood

Current Priority	Exec Lead	Actions	Direction of risk travel
Supporting providers to ensure provision of high quality, safe services	Michelle Carrington	<ul style="list-style-type: none"> To establish proportionate approaches to seeking assurance regarding quality and safety, and supporting providers in quality improvement. Work with TEWV and with the NHSE Led Quality Board to ensure CQC compliant actions are undertaken to ensure safe care. Work with TEWV to improve patient safety systems and processes, Transition to new NHSE/I governance arrangements and review of QSGs Continue to work with YSTHFT to improve patient safety systems and processes, building upon collaborative approach established between CCG and Trust Patient safety / Governance Team. Build connections with CCG Primary Care Team to strengthen approaches to quality & safety particularly around Enhanced offer to Care Homes and review of Local Enhanced Services Working collaboratively with LA and health partners to improve and sustain services for children and young people with Special Educational Needs / Disabilities. (SEND) and ensure we meet our statutory responsibilities. 	Increased
Supporting independent providers /Care Homes through covid to prevent suffering and deaths	Michelle Carrington	<ul style="list-style-type: none"> Working alongside Local Authorities provide direct support to care homes, independent providers and supported living to ensure homes are up to date with current IPC / covid procedures to maintain safety of residents and staff. Resumed daily calls with LA, Public Health as part of the Care Home Resilience Gold Call for strategic overview and decision making to ascertain any care homes requiring testing and any priority areas for delivery of training, support and assurance visits. Facilitate root cause analysis of any Covid outbreaks/ cases to understand weak areas or lessons learned to inform changes to practice and future prevention. Work with system partners to build upon the enhanced offer to care homes including from primary care and community services Support primary care to deliver the covid vaccination booster program and seasonal flu vaccination program to care home residents and social care staff. 	Stable
To protect vulnerable people and health and care services from the impacts of flu and covid.	Michelle Carrington	<ul style="list-style-type: none"> Roll out of Flu vaccination program well underway with positive progress towards attaining national targets. Continue to work with Public Health and local system partners to progress covid vaccination programme to cohorts in line with JCVI guidance and ensure any disadvantaged / highly vulnerable groups are enabled to be vaccinated Support provided by Nimbuscare as a secondary offer to school vaccination program for 12 – 15 yr old covid vaccination with high take up. Increased focus upon pregnant women and increasing uptake with vaccination clinics held in antenatal clinics. 	Stable

Support the wellbeing of our staff and manage and develop the talent of those staff

Current Priority	Exec Lead	Actions	Direction of risk travel
NHS People Plan actions	Michelle Carrington	NHS People Plan has been released and the CCG has identified actions that it needs to take which have been approved by the Remuneration Committee and the Governing Body.	Stable
Staff welfare conversations and new approach to talent management appraisals	Michelle Carrington	Well-being conversations have been undertaken and progression underway for Talent Management Appraisals. Roll out of REACT MH conversation training commenced in line with the new Organisational Development Offer	Stable
Ensure staff are supported through transition to new ICS arrangements	Michelle Carrington	Very regular dialogue with staff at Time to Talk sessions Actively connect with Staff Engagement Group to ensure the voice of staff is heard and acted on. From November this is now a Joint SEG between NY & VoY CCG to ensure consistency of communications & joint ideas. Ensure staff have regular 1:1s which are documented and focussed on providing support and enabling confidence during the transition Ensure staff have annual appraisals in the next 6 months to determine support and development during transition and beyond into the new arrangements Ensure any opportunities for functions and roles in place, geographical partnership and ICS are transparent and open to our existing people in line with the people principles VoY CCG & NY CCG 'Our People Plan 2021-2022' – Organisational Development , Learning and Development Plan launched via Time to Talk June 21.	Stable

Impact

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4				
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2				
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Likelihood

Work with partners to tackle health inequalities and improve population health in the Vale of York





Impact


5				
4				
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2				
1	2	3	4	5

Likelihood

Current Priority	Exec Lead	Actions	Direction of risk travel
Support the embedding of a prevention agenda across all areas of the CCG's work	Steph Porter (Peter Roderick leading)	<p>Key areas of work include:</p> <ul style="list-style-type: none"> - BP@Home programme to tackle unmanaged hypertension, delivered 1000 monitors to practices in VOY area - Pulse oximeters for COVID +ve patients - Contribution to work on respiratory health and diabetes at HCV level - Supporting work of YHCC including prevention workstream focussing on alcohol, smoking and obesity - Working through the Inclusion health tool with PCNs - Commencement of a Learning Disabilities Healthcheck Population Health Management programme - Selby Health Equity Audit - Rollout of NHS Digital Weight Management Programme - NHS LTP Tobacco treatment in acute settings 	Stable
Implement the NHS 2021/22 plan including the 5 Health Inequality action areas	Steph Porter (Peter Roderick leading)	<p>Actions currently being progressed across NY+Y through SLE are:</p> <ul style="list-style-type: none"> - Restore NHS services inclusively - Mitigate against digital exclusion - Ensure datasets are complete and timely - Accelerate preventative programmes which proactively engage those at greatest risk of poor health outcomes - Strengthen leadership and accountability 	Stable
Develop a population health management approach across the CCG area	Steph Porter (Peter Roderick leading)	<ul style="list-style-type: none"> - Through the York Health and Care Alliance, a Population Health Hub has been launched, focussing population health management tools on priorities for the York system including Diabetes/Obesity, Learning disabilities and autism, and complex packages of care - In North Yorkshire area, a similar approach to PHM is being taken through NYCCG and NYCC - Developing with HCV partners a 'Waiting well programme' including the prioritisation of P4 patients waiting for procedure and the provision of a care and support offer while waiting for surgery 	Stable

Risks referred to in BAF

Red risks (score of 25 – 20)	Improving or worsening	Amber risks (score of 20-10)	Improving or worsening	Green risks (Score 10 and below)	Improving or worsening
QN.23 – TEWV Quality Board requirements in all areas following CQC concerns.		QN.08 – Planned care waiting lists		QN.21 – children’s therapy waiting times (Y&S Hospitals)	
QN.25 – Maternity services in York		QN.09 – SEND inspection		ES.22 – cash balance availability	
QN.21 – Access to therapies for children		QN.12 – missed pertussis vaccination		JC.30 – Dementia targets not being met	
ES.38 - Failure to deliver a sustainable financial plan		QN.13 – Hep B vaccine availability			
ES.15 – Create sustainable financial plans		QN.18 – NYCC commissioning changes to healthy child program			
QN.07 – Initial health checks		QN.20 – increased nosocomial infection in hospital			
PRC.17 – GP wellbeing concerns and burnout		QN.22 – Q&S on new discharge program			
COR.05 Risk of vacancy freeze and staff exit due to uncertainty over NHS change					
QN.24 – RSV in 0-4 years					
PRC.16 – Primary care reputation following long waits					
PRC.15 – Serious Mental Illness health checks not being done in a timely manner					

Item Number: 10	
Name of Presenter: Abigail Combes	
Meeting of the Governing Body Date of meeting: 2 December 2021	 Vale of York Clinical Commissioning Group
Report Title – Emergency Preparedness, Resilience and Response Policy	
Purpose of Report <i>(Select from list)</i> To Ratify	
Reason for Report <p>The attached policy, which includes tracked changes for clarity, has been updated in line with national and local guidance. The Finance and Performance Committee meeting on 28 October approved these changes along with the CCG's self assessment of full compliance for the annual Emergency Preparedness, Resilience and Response Assurance return.</p>	
Strategic Priority Links <input type="checkbox"/> Strengthening Primary Care <input type="checkbox"/> Reducing Demand on System <input type="checkbox"/> Fully Integrated OOH Care <input type="checkbox"/> Sustainable acute hospital/ single acute contract <input type="checkbox"/> Transformed MH/LD/ Complex Care <input type="checkbox"/> System transformations <input type="checkbox"/> Financial Sustainability	
Local Authority Area <input checked="" type="checkbox"/> CCG Footprint <input type="checkbox"/> City of York Council <input type="checkbox"/> East Riding of Yorkshire Council <input type="checkbox"/> North Yorkshire County Council	
Impacts/ Key Risks <input type="checkbox"/> Financial <input type="checkbox"/> Legal <input type="checkbox"/> Primary Care <input type="checkbox"/> Equalities	Risk Rating
Emerging Risks	

Impact Assessments

Please confirm below that the impact assessments have been approved and outline any risks/issues identified.

- | | |
|--|---|
| <input type="checkbox"/> Quality Impact Assessment | <input type="checkbox"/> Equality Impact Assessment |
| <input type="checkbox"/> Data Protection Impact Assessment | <input type="checkbox"/> Sustainability Impact Assessment |

Risks/Issues identified from impact assessments: N/A

Recommendations

Governing Body is asked to ratify the updated Emergency Preparedness, Resilience and Response Policy as recommended by the Finance and Performance Committee.

Decision Requested (for Decision Log)

Emergency Preparedness, Resilience and Response Policy ratified.

Responsible Executive Director and Title

Phil Mettam
Accountable Officer

Report Author and Title

Abigail Combes
Head of Legal and Governance

EMERGENCY PREPAREDNESS, RESILIENCE & RESPONSE POLICY

October 2021~~August 2019~~

Authorship:	Performance & Improvement Manager/ Risk & Assurance Manager/ <u>Head of Legal and Governance</u>
Reviewing Committee:	CCG <u>Finance and Performance Committee</u> Executive
Date:	N/a
Approval Body	Governing Body
Approved date:	tbc
Review Date:	<u>October 2022</u> September 2020
Equality Impact Assessment	Yes
Sustainability Impact Assessment	Yes
Related Policies	COR 18 On Call Policy COR 16 Business Continuity Policy OPEL Escalation Plan A&E Delivery Board Escalation Framework and Delivery Plan On-Call Pack COR 05 Mobile Working Policy HR 20 Home Working Policy <u>B0819 Evacuation and Shelter Guidance</u> <u>Pandemic and other plans with the Local Authority</u>
Target Audience:	All employees, members, committee and sub-committee members of the group and members of the governing body and its committees.
Policy Reference No:	COR17
Version Number:	<u>54.0</u>

The on-line version is the only version that is maintained. Any printed copies should, therefore, be viewed as 'uncontrolled' and as such may not necessarily contain the latest updates and amendments.

NHS Vale of York Clinical Commissioning Group
EMERGENCY PREPAREDNESS RESILIENCE AND RESPONSE POLICY

POLICY AMENDMENTS

Amendments to the Policy will be issued from time to time. A new amendment history will be issued with each change.

New Version Number	Issued by	Nature of Amendment	Approved by & Date	Date on Website
0.1	Performance & Improvement Manager	First Draft		
0.2	Policy & Assurance Manager Performance & Improvement	VOYCCG Policy Formatting Update to definitions Update to accountabilities and responsibilities Updates to Action Cards Checklists APPROVED	Governing Body December 2014	
1.0				
1.1 1.2	Performance Improvement Manager	Remove NHSE tel. number Update NHSE Area Team ref. and incident level definitions to bring into line with NHSE published EPRR framework. SRG ref updated to A&E Delivery Board APPROVED	Governing Body: Oct 16 Chief Operating Officer: 11 Oct 16	
2.0				
2.1	Performance Improvement Manager Risk and Assurance Manager	Replaced NHSE North Yorkshire & Humber with NHSE Area Team (North). Para 5.2: addition of reference to CCG Constitution emergency powers Formatting in compliance with CCG Policy on Policies Links to National Risks Update to National Threat Levels Updated risk assessments published by the North Yorkshire Resilience Forum	Governing Body, September 2017	
3.0				
4.0	Performance Improvement Manager	Remove ref to LHRP Subgroup Replace A&E Delivery Board with Health and Care Resilience Board	Governing Body, September 2019	
<u>5.0</u>	<u>Head of Legal and Governance</u>	<u>Updating new national risks and incorporating latest NHS England Guidance</u>	<u>F&P October 2021</u>	

To request this document in a different language or in a different format, please contact:

Sharron Hegarty, Communications Manager
Telephone: 07718 192232
Sharron.hegarty@nhs.net

NHS Vale of York Clinical Commissioning Group
EMERGENCY PREPAREDNESS RESILIENCE AND RESPONSE POLICY

NHS Vale of York Clinical Commissioning Group
EMERGENCY PREPAREDNESS RESILIENCE AND RESPONSE POLICY

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SECTION A-POLICY

1. INTRODUCTION

- 1.1. The NHS needs to be able to plan for and respond to a wide range of incidents and emergencies that could affect health or patient care. These could be anything from severe weather to an infectious disease outbreak or a major transport accident. Under the Civil Contingencies Act (2004), NHS organisations and sub-contractors must show that they can deal with these incidents while maintaining services to patients. This work is referred to in the health service as 'emergency preparedness, resilience and response' (EPRR).
- 1.2. As detailed in NHS England's framework the emergency preparation, resilience and response role of CCGs is to:
- Ensure contracts with provider organisations contain relevant emergency preparedness, resilience (including business continuity) and response elements
 - Support NHS England in discharging its emergency preparedness, resilience and response functions and duties locally
 - Provide a route of escalation for the Local Health Resilience Partnership (LHRP) should a provider fail to maintain necessary emergency preparedness, resilience and response capacity and capability
 - Fulfil the responsibilities as a Category 2 Responder under the Civil Contingencies Act 2004 including maintaining business continuity plans for their own organisation
 - Be represented on the LHRP
 - Be represented at the LHRP sub-group
 - Seek assurance that provider organisations are delivering their contractual obligation.

2. POLICY STATEMENT

- 2.1. This policy outlines how NHS Vale of York CCG will meet the duties set out in legislation and associated statutory guidelines, as well as any other issues identified by way of risk assessments as identified in the national risk register.
- 2.2. The aims of this procedural document are to ensure NHS Vale of York CCG acts in accordance with the Civil Contingency Act 2004, the Health & Social Care Act 2012 and any relevant national policy and guidance as issued by the Department of Health in our role as a Category 2 Responder.

NHS Vale of York Clinical Commissioning Group
EMERGENCY PREPAREDNESS RESILIENCE AND RESPONSE POLICY

3. IMPACT ANALYSES

Equality

- 3.1. As a result of performing the screening analysis, the policy does not appear to have any adverse effects on people who share Protected Characteristics and no further actions are recommended at this stage. The results of the screening are attached.

Sustainability

- 3.2. A Sustainability Impact Assessment has been undertaken. Positive and negative impacts are assessed against the twelve sustainability themes. The results of the assessment are attached.

4. SCOPE OF POLICY

- 4.1. This policy applies to those members of staff that are directly employed by NHS Vale of York CCG and for whom NHS Vale of York CCG has legal responsibility. For those staff covered by a letter of authority / honorary contract or work experience this policy is also applicable whilst undertaking duties on behalf of NHS Vale of York CCG or working on NHS Vale of York CCG premises and forms part of their arrangements with NHS Vale of York CCG. As part of good employment practice, agency workers are also required to abide by NHS Vale of York CCG policies and procedures, as appropriate, to ensure their health, safety and welfare whilst undertaking work for NHS Vale of York CCG.

5. PRINCIPAL LEGISLATION AND STANDARDS

- 5.1. The following legislation and guidance has been taken into consideration in the development of this procedural document:
- The Civil Contingencies Act 2004 and associated formal Cabinet Office Guidance
 - The Health and Social Care Act 2012
 - The requirements for Emergency Preparedness, Resilience and Response Framework.
 - The requirements for Emergency Preparedness, Resilience & Response as set out in the applicable NHS standard contract
 - NHS England's EPRR documents and supporting materials, including NHS England's Business Continuity Management Framework (service resilience) 2013, NHS England's Command and Control Framework for the NHS during significant incidents and emergencies (2013), NHS England's Model Incident Response Plan (national and regional teams) 2013, and NHS England's Core Standards for Emergency Preparedness, Resilience and Response (EPRR)

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- National Occupational Standards (NOS) for Civil Contingencies – Skills for Justice
- BSI PAS 2015 – Framework for Health Services Resilience
- ISO 22301 Societal Security - Business Continuity Management Systems – Requirements

The CCG Constitution

- 5.2. The section in the CCG Constitution referring to emergency powers and urgent decisions applies

6. ROLES / RESPONSIBILITIES / DUTIES

6.1. LHRP responsibilities

- Facilitate the production of local sector-wide health plans to respond to emergencies and contribute to multi agency emergency planning.
- Provide support to NHS England and PHE in assessing and assuring the ability of the health sector to respond in partnership to emergencies at an LRF level.
- Each constituent organisation remains responsible and accountable for their effective response to emergencies in line with their statutory duties and obligations. The LHRP has no collective role in the delivery of emergency response.

6.2. NHS England EPRR Guidance 2013 outlines key Responsibilities as:

- the Accountable Officer is responsible for ensuring that the CCG has an incident response plan and is able to respond to an emergency;
- the board is regularly briefed with reports on the CCGs' preparedness;
- additional risks, training and exercises;
- an Accountable Emergency Officer is appointed;
- communications exercise should be carried out every 6 months;
- a table top exercise should be carried out yearly; and
- a live exercise should be carried out every 3 years.

6.3. CCG Commitments

- comply with the Civil Contingencies Act 2004 as a category 2 responder;
- comply with the NHS England EPRR guidance 2013;
- publish this plan and distribute it to key partners;
- provide appropriate resources for EPRR;
- undertake regular review and testing of the plan;

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- ensure the NHS Trusts they commission health services from comply with NHS guidance and their duties under the Civil Contingencies Act 2004;
- attend the North Yorkshire Local Health Resilience Partnership;
- contribute to an annual report by the NHS England on the health sectors EPRR capability; and
- produce an annual work programme.

6.4. Overall accountability for ensuring that there are systems and processes to effectively respond to emergency resilience situations lies with the Chief Officer and the Accountable Emergency Officer.

The Accountable Emergency Officer

6.5. The Accountable Emergency Officer has responsibility for:

- Ensuring that the organisation is compliant with the Emergency Preparedness Resilience & Response requirements as set out in the Civil Contingencies Act (2004), the NHS planning framework and the NHS standard contract as applicable.
- Ensuring that the organisation is properly prepared and resourced for dealing with a major incident or civil contingency event
- Ensuring the organisation and any providers it commissions, has robust business continuity planning arrangements in place which reflect standards set out in the Framework for Health Services Resilience (PAS 2015) and ISO 22301
- Ensuring the organisation has a robust surge capacity plan that provides an integrated organisational response and that it has been tested with other providers and parties in the local community(ies) served
- Ensuring that the organisation complies with any requirements of NHS England, or agents thereof, in respect of the monitoring of compliance
- Providing NHS England, or agents thereof, with such information as it may require for the purpose of discharging its functions
- Ensuring that the organisation is appropriately represented at any governance meetings, sub-groups or working groups of the LHRP or Local Resilience Forum (LRF) – which locally is the North Yorkshire LRF.

Commissioning and Contracting leads

6.6. Commissioning and contracting leads have responsibility for ensuring emergency preparedness, resilience and response requirements are embedded within provider contracts.

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- 6.7. The Health and Care Resilience Board The Health and Care Resilience Board has responsibility for effectively managing Surge and Escalation within the area.

7. DISSEMINATION, TRAINING & REVIEW

Dissemination

- 7.1. The effective implementation of this procedural document will support openness and transparency. NHS Vale of York CCG will:
- Ensure all staff and stakeholders have access to a copy of this procedural document via the organisation's website.
 - Communicate to staff any relevant action to be taken in respect of complaints issues.
 - Ensure that relevant training programmes raise and sustain awareness of the importance of effective complaints management.
- 7.2. This procedural document is located on the NHS Vale of York 'Y' Drive, in the Emergency Planning Policy [folder](#).
- 7.3. A set of hardcopy Procedural Document Manuals are held by the Governance Team for business continuity purposes. Staff are notified by email of new or updated procedural documents.

Training

- 7.4. All staff will be offered relevant training commensurate with their duties and responsibilities. Staff requiring support should speak to their line manager in the first instance.

Review

- 7.5. As part of its development, this procedural document and its impact on staff, patients and the public has been reviewed in line with NHS Vale of York CCG's Equality Duties. The purpose of the assessment is to identify and if possible remove any disproportionate adverse impact on employees, patients and the public on the grounds of the protected characteristics under the Equality Act.
- 7.6. This procedural document will be reviewed every three years by NHS Vale of York CCG, and in accordance with the following as and when on a required basis:
- Legislatives changes / Case Law
 - Good practice guidelines
 - Significant incidents reported or new vulnerabilities identified
 - Lessons identified from actual incidents or exercises
 - Changes to organisational infrastructure
 - Changes in practice

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- 7.7. Procedural document management will be performance monitored to ensure that procedural documents are in-date and relevant to the core business of the CCG. The results will be published in the regular Corporate Assurance Reports.

SECTION B: IDENTIFYING SIGNIFICANT INCIDENTS OR EMERGENCIES

Overview:

- 7.8. This procedure covers the CCG response to a wide range of incidents and emergencies that could affect health or patient care, referred to in the health service as 'emergency preparedness resilience and response' (EPRR).

Definition:

- 7.9. A significant incident or emergency can be described as any event that cannot be managed within routine service arrangements. Each requires the implementation of special procedures and may involve one or more of the emergency services, the wider NHS or a local authority. A significant incident or emergency may include;
- a. Any occurrence where the NHS funded organisations are required to implement special arrangements to ensure the effectiveness of the organisation's internal response. This is to ensure that incidents above routine work but not meeting the definition of a major incident are managed effectively.
 - b. An event or situation that threatens serious damage to human welfare in a place in the UK or to the environment of a place in the UK, or war or terrorism which threatens serious damage to the security of the UK. The term "major incident" is commonly used to describe such emergencies. These may include multiple casualty incidents, terrorism or national emergencies such as pandemic influenza.
 - c. An emergency is sometimes referred to by organisations as a major incident. Within NHS funded organisations an emergency is defined as the above for which robust management arrangements must be in place.

Types of incident:

- 7.10. An incident may present as a variety of different scenarios, they may start as a response to a routine emergency call or 999 response situation and as this evolves it may then become a significant incident or be declared as a major incident. Examples of these scenarios are:
- Big Bang – a serious transport accident, explosion, or series of smaller incidents.
 - Rising Tide – a developing infectious disease epidemic, e.g. Pandemic Flu or Ebola; or a capacity/staffing crisis or industrial action.

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- Cloud on the Horizon – a serious threat such as a significant chemical or nuclear release developing elsewhere and needing preparatory action.
- Headline news – public or media alarm about an impending situation.
- Internal incidents – fire, breakdown of utilities, significant equipment failure, hospital acquired infections, violent crime.
- CBRN(e) – Deliberate (criminal intent) release of chemical, biological, radioactive, nuclear materials or explosive device.
- HAZMAT – Incident involving Hazardous Materials.
- Mass casualties.

Incident level:

7.11. As an incident evolves it may be described, in terms of its level, as one to four as identified in the table below.

NHS England Incident levels	
1	An incident that can be responded to and managed by a local health provider organisation within their respective business as usual capabilities and business continuity plans in liaison with local commissioners.
2	An incident that requires the response of a number of health providers within a defined health economy and will require NHS coordination by the local commissioner(s) in liaison with the NHS England local office.
3	An incident that requires the response of a number of health organisations across geographical areas within a NHS England region. NHS England to coordinate the NHS response in collaboration with local commissioners at the tactical level.
4	An incident that requires NHS England National Command and Control to support the NHS response. NHS England to coordinate the NHS response in collaboration with local commissioners at the tactical level.

8. THE ROLE OF THE CCG WITHIN THE LOCAL AREA

- 8.1. The CCG is a Category 2 Responder and is seen as a 'co-operating body'. The CCG is less likely to be involved in the heart of the planning, but will be heavily involved in incidents that affect the local sector through cooperation in response and the sharing of information. Although, as a Category 2 Responder, the CCG has a lesser set of duties, it is vital that the CCG shares relevant information with other responders (both Category 1 and 2) if emergency preparedness, resilience and response arrangements are to succeed.
- 8.2. A significant or major incident could place an immense strain on the resources of the NHS and the wider community, impact on the vulnerable people in our community and could affect the ability of the CCG to work normally. When events like these happen, the CCG's



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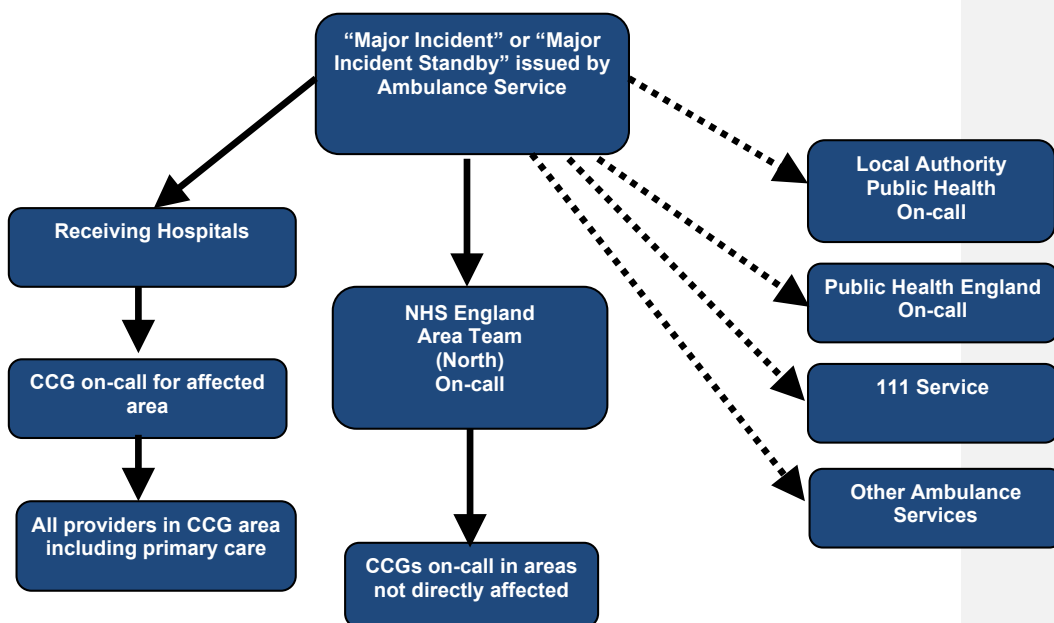
emergency resilience arrangements will be activated. It is important that all staff are familiar with this procedure and are aware of their responsibilities. Staff should ensure that they are regularly updated to any changes in the emergency response, as notified by the Accountable Emergency Officer. Departments / teams must also maintain accurate contact details of their staff, to ensure that people are accessible during an incident.

Major Incident Declared by an Ambulance Service

Yorkshire Ambulance Service NHS Trust is responsible for informing receiving hospitals and the NHSE Area Team whenever the service declares a 'major incident' or 'major incident standby'. NHSE Area Team is also responsible for advising the NHS England of any major incidents or other significant incidents.

Key

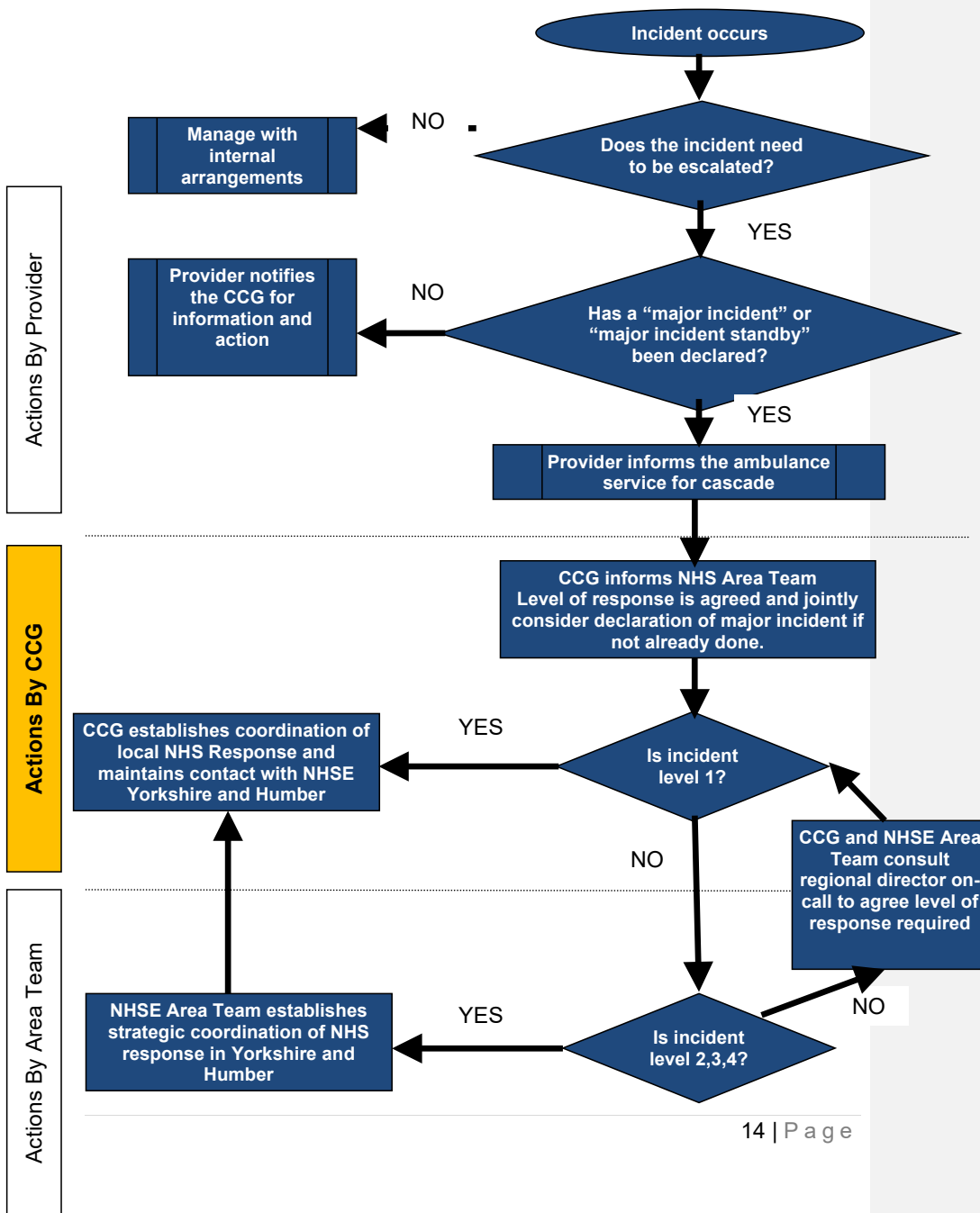
	Direction of Information for all major incidents and major incident standby declarations
	Direction of information flow to services and organisations only informed if scale and nature of incident requires it.



Major Incident Declared By Provider

NHS funded organisations are responsible for informing their commissioning CCGs and the ambulance service whenever they are activated or declare a “major incident” or a “major incident standby.”

The CCG will then inform NHSE Area Team.



Major Incident Declared by NHS England

The NHS England Area Team is responsible for informing the ambulance services and CCGs of any national, regional or area “major incident,” “major incident standby,” or similar message where there is a need to respond locally or cross border mutual aid is required. The Ambulance Service will then inform Acute hospitals and the CCG will inform other providers.

Top Down Cascade by NHS England

Independent Plan Activation

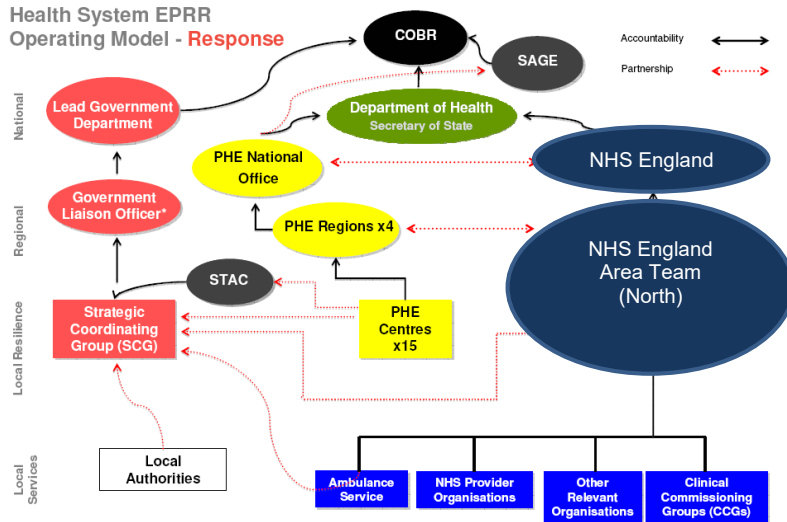
Any on-call manager may activate the Incident Response Plan regardless of any formal alerting message. Such action may be taken when it is apparent that severe weather or an environmental hazard may demand the implementation of special arrangements or when a spontaneous response by members of the public results in the presentation of major incident casualties at any health care setting e.g. acute or community hospital, walk in centre, health centre, GP Practice or minor injuries unit.

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9. PLANNING AND PREVENTION

- 9.1. *Action Card:* An Action Card detailing roles and responsibilities is appended to this procedure as Action Card 1.
- 9.2. *Contracting responsibilities:* CCGs are responsible for ensuring that resilience and response is “commissioned in” as part of the standard provider contracts and that provider plans reflect the local risks identified through wider multi-agency planning. The CCG will record these risks on the internal risk register. In addition, CCGs are expected to ensure delivery of these outcomes through contribution to an annual EPRR assurance process facilitated by NHS England Area Team. The NHS Standard Contract includes the appropriate EPRR provision and this contractual framework will be used wherever appropriate by the CCG when commissioning services. Contract monitoring and review will encompass the review of EPRR and there may be occasions where the Local Health Resilience Partnership uses the CCG as a route of escalation where providers are not meeting expected standards.
- 9.3. *Partnership working:* In order to ensure coordinated planning and response across our area, it is essential that the CCG works closely with partner agencies across the area, ensuring appropriate representation.
- Category 1 and 2 Responders come together to form Local Resilience Forums (LRF) based on Police areas. These forums help to co-ordinate activities and facilitate co-operation between local responders. The North Yorkshire LRF is the vehicle where the multi-agency planning takes place via a variety of groups which relate to specific emergencies like fuel shortage, floods, industrial hazards and recovery. These plans will be retained by the NHSE Area Team.
 - For the NHS, the strategic forum for joint planning for health emergencies is via the Local Health Resilience Partnership (LHRP) that supports the health sector’s contribution to multi-agency planning through the Local Resilience Forum (LRF).
- 9.4. The diagram below shows the NHS England’s EPRR response structure and its interaction with key partner organisations.

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10. RISKS

LOCAL RISKS

- 10.1. *Hazard analysis and risk assessment:* A hazard analysis & risk assessment is undertaken by the Local Health Resilience Partnership (LHRP) and this includes detailed assessments of potential incidents that may occur. The assessments are monitored through this forum. Risk assessments are regularly reviewed or when such an incident dictates the need to do so earlier. Any external risk may be required to be entered onto the North Yorkshire LRF Community Risk Register if it is felt to pose a significant risk to the population. This action will be co-ordinated through the LHRP. The purpose of producing these lists of hazards and threats is to ensure that each organisation can focus their emergency planning efforts towards those risks that are likely (or could possibly) occur.

- 10.2. A formal risk assessment of hazards and risks is undertaken by a multi-agency LRF risk assessment group every year as required by the Civil Contingencies Act 2004.

North Yorkshire Community Risk Register: Like anywhere in the UK, North Yorkshire has a number of natural and manmade hazards. To ensure we are prepared for these hazards the North Yorkshire LRF has created a Community Risk Register which identifies the wide range of risks and emergencies we could potentially face. This Risk Register is then used by the forum to inform priorities for planning, training and exercising. The North Yorkshire Community Risk Register is available to download from <https://www.emergencynorthyorks.gov.uk/risk-advice>

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10.3. Nine risks have been identified per the Public Risk register published by the North Yorkshire Resilience Forum for April 2021 to April 2023 ~~May 2017 (version 7)~~ as "Very High Risk" (Very High Risks are classified as "primary or critical risks requiring immediate attention"), as follows:

- Pandemic Influenza
- Flooding (Coastal, Fluvial and Surface water)
- Adverse / Severe Weather
- Marine Pollution
- Disruption or Failure Electrical Network
- Food Supply Contamination
- Air Quality
- Land Movement
- Cyber Security
- ~~Pandemic Influenza.~~
- ~~Flooding.~~
- ~~Severe Weather~~
- ~~Industrial Incident~~
- ~~Marine Pollution. Disruption or Failure Electrical Network.~~
- ~~Industrial Action.~~
- ~~Animal Health.~~
- ~~Hazardous Transport~~
- ~~Cyber Security~~

More details have been published here:

<http://www.emergencynorthyorks.gov.uk/sites/default/files/files/Risk/NY%20Community%20Risk%20Register%20-%20May%202017.docx>

[NY Community Risk Register - April 21-23](#)

National Risk Register

10.4. The National Risk Register of Civil Emergencies ~~2020 July 2015~~ has been published and provides an updated government assessment of the likelihood and potential impact of a range of different civil emergency risks (including naturally and accidentally occurring hazards and malicious threats) that may directly affect the UK over the next 5 years.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419549/20150331_2015_NRR_WA_Final.pdf

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/952959/6.6920_CO_CCS_s_National_Risk_Register_2020_11-1-21-FINAL.pdf

National Threat level

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- 10.5. The level of threat from terrorism is under constant review by the Security Services.
- Low - an attack is unlikely
 - Moderate - an attack is possible, but not likely
 - Substantial - an attack is a strong possibility
 - Severe - an attack is highly likely
 - Critical - an attack is expected imminently
- 10.6. The latest threat level can be viewed:
<https://www.mi5.gov.uk/threat-levels>
- 10.7. *Specific local risks:* A number of specific risks that the CCG may potentially have are listed below alongside the planned response. Assurance will be obtained through the contracting route by the Head of Contracting or equivalent, and also via local partnership emergency planning within the local geographic area.

Fuel shortage	<p>International and national shortages of fuel can adversely impact on the delivery of NHS services.</p> <p>The CCG will seek assurance that commissioned services have plans in place to manage fuel shortages and will work with the Local Health Resilience Partnership (LHRP) and Local Resilience Forum (LRF) on wider community resilience. Local risks identified will be escalated appropriately.</p>
Flooding	<p>The Environment Agency provides a flood warning service for areas at risk of flooding from rivers or the sea. Their flood warning services give advance notice of flooding and time to prepare.</p> <p>The CCG will seek assurance that commissioned services have plans in place to manage local flooding incidents and will work with the Local Health Resilience Partnership (LHRP) and Local Resilience Forum (LRF) on wider community resilience. Local risks identified will be escalated appropriately.</p>
Evacuation & Shelter	<p>Incidents such as town centre closures, flooding, or significant damage to healthcare premises could lead to the closure of key healthcare premises.</p> <p>The CCG will seek assurance that commissioned services have plans in place to manage local evacuation and shelter incidents, will work in partnership with the Local Authority, and will work with the Local Health Resilience Partnership (LHRP) and Local Resilience Forum (LRF) on wider community resilience. Local risks identified will be escalated appropriately.</p>
Pandemic influenza	<p>Pandemics arise when a new virus emerges which is capable of spreading in the worldwide population. Unlike ordinary seasonal</p>

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	<p>influenza that occurs every winter in the UK, pandemic flu can occur at any time of the year.</p> <p>The CCG will seek assurance that commissioned services have plans in place to manage local pandemic, will work in partnership with the Local Authority, will cascade local pandemic communications, and will work with the Local Health Resilience Partnership (LHRP) and Local Resilience Forum (LRF) on wider community resilience. Local risks identified will be escalated appropriately.</p> <p>The CCG will work with and through the Health and Care Resilience Board to manage unplanned care as a result of pandemic influenza and will manage normal local surge and escalation.</p>
Infectious/ contagious diseases	<p>E.g. Ebola and Marburg viruses. Alerts are received from NHS England and Resilience Direct.</p> <p>Yorkshire Ambulance Trust and York Hospitals Trust have trained staff in containment of infectious diseases.</p> <p>CCG staff attended Ebola awareness event 4th November 2014.</p>
Heat wave	<p>The Department of Health and the Met Office work closely to monitor temperatures during the summer months. Local organisations such as the NHS and Local Authorities plan to make sure that services reach the people that need them during periods of extreme weather.</p> <p>The CCG will seek assurance that commissioned services have plans in place that align to the national Heatwave Plan, and that will manage local heatwave incidents. The CCG will cascade local heatwave communications, and will work with the LHRP and LRF on wider community resilience. Local risks identified will be escalated appropriately.</p> <p>The CCG will work with and through the Health and Care Resilience Board Board to manage unplanned care as a result of heatwave and will manage normal local surge and escalation.</p>
Severe Winter Weather	<p>Each year millions of people in the UK are affected by the winter conditions, whether it's travelling through the snow or keeping warm during rising energy prices. Winter brings with it many hazards that can affect people both directly or indirectly. Severe weather is one of the most common disruptions people face during winter.</p> <p>The CCG will seek assurance that commissioned services have plans in place to manage local severe winter weather, will cascade local winter communications, and will work with the Local Health Resilience Partnership (LHRP) and Local Resilience Forum (LRF) on wider community resilience. Local risks identified will be escalated appropriately.</p> <p>The CCG will work with and through the A & E Delivery Board to manage unplanned care as a result of severe winter weather and will manage normal local surge and escalation.</p>

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Diverts	<p>The North Yorkshire footprint consists of NHS organisations in the NHS England Yorkshire and Humber locality. An ambulance Divert Policy agreed across Yorkshire and Humber is in place to manage this risk. The Divert Policy should only be used when trusts have exhausted internal systems and local community-wide health and social care plans to manage demand. A total view of system capacity should be taken including acute resource, community response, intermediate care and community in-patient capacity.</p> <p>The CCG will monitor the generic email box VOYCCG.Emergencyplan@nhs.net and pick up issues through the on call arrangements and work on the next working day directly with Providers.</p>
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- 10.8. The CCG is a partner in a number of specific plans which have been developed across the health community in order to respond to emergencies and escalate actions appropriately. These include:
- NHS England Incident Response Plan
 - York & Scarborough A&E Delivery Board Escalation Framework
 - Business Continuity Plan
 - Specific multi-agency plans to which the CCG is party such as Heatwave and Pandemic Flu.

- 10.9. Assurance in respect of CCG emergency planning will be provided to the CCG Governing Body via the Governing Body Assurance Framework.

11. ESCALATION, ACTIVATION AND RESPONSE

- 11.1. *Action Card:* An Action Card describing the activation process is appended to this procedure as Action Card 2.
- 11.2. *CCG:* As a Category 2 Responder under the Civil Contingency Act 2004, the CCG must respond to reasonable requests to assist and co-operate with NHSE or the Local Authority should any emergency require wider NHS resources to be mobilised. Through its contracts, the CCG will maintain service delivery across the local health economy to prevent business as usual pressures and minor incidents within individual providers from becoming significant or major incidents. This could include the management of commissioned providers to effectively coordinate increases in activity across their health economy which may include support with surge in emergency pressures. The Health and Care Resilience Board work plans and meetings provide a process to manage these pressures and to escalate to NHSE Area Team as appropriate.
- 11.3. *NHSE North:* The NHSE operates an on-call system for Emergency Preparedness, Resilience and Response (EPRR). This system is not restricted to major emergencies and could be mobilised to assess the

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impact of a range of incidents affecting, or having the potential to affect, healthcare delivery within North Yorkshire and the Humber. In respect of EPRR for incidents/risks that only affect the NHS, the NHSE Area Team covers the following North Yorkshire local authority areas:

- North Yorkshire County Council
- York City Council

- 11.4. In respect of EPRR for incidents/risks that affect all multi-agency partners, the NHSE Team provides strategic co-ordination of the local health economy and represents the NHS at the North Yorkshire LRF.
- 11.5. The initial communication of an incident alert to the first on-call officer of the NHSE Team is via any of the organisations. An additional role of the NHSE Team is to activate the response from independent contractors as required.
- 11.6. *Public Health England*: Public Health England will coordinate any incident that relates to infectious diseases.
- 11.7. *NHS Property Services*: NHS Property Services has robust local contact arrangements which should be used in most cases for local out of hours issues that require the involvement or attention of NHS Property Services. Where local contact cannot be made with NHS Property Services or where situations require escalation to regional and communications team senior managers on-call, messages can be sent via the single number PAGEONE service below
- Dial: 0844 8222888 for NHS Property Services On-Call Escalation
 - A call handler will ask for a group code
 - Ask for NHSPS04 and leave your message and contact details
- 11.8. *Vulnerable People*: The Civil Contingencies Act 2004 places the duty upon Category 1 and 2 Responders to have regard for the needs of vulnerable people. It is not easy to define in advance who are the vulnerable people to whom special considerations should be given in emergency plans. Those who are vulnerable will vary depending on the nature of the emergency. For planning purposes there are broadly three categories that should be considered:
- Those who for whatever reason have mobility difficulties, including people with physical disabilities or a medical condition and even pregnant women;
 - Those with mental health conditions or learning difficulties;
 - Others who are dependent, such as children or very elderly.
- The CCG needs to ensure that in an incident people in the vulnerable people categories can be identified via contact with other healthcare services such as GPs and Social Care.

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- 11.9. *Communications*: From a multi-agency response perspective the Police would lead on the communications and media support. From a non-public health incident perspective, the NHSE Team would lead on the communications. Public Health England will lead on communications if the incident was public health related. The CCG role will be to liaise with the communication lead as appropriate, supply information as requested and cascade communications. See Action Card 1 for further information on roles and responsibilities.

Recovery

- 11.10. In contrast to the response to an emergency, the recovery may take months or even years to complete, as it seeks to address the enduring human physical and psychological effects, environmental, social and economic consequences. Response and recovery are not, however, two discrete activities and the response and recovery phases may not occur sequentially. Recovery should be an integral part of the combined response from the beginning, as actions taken at all times during an emergency can influence the long-term outcomes for communities.

Debriefing and Staff Support

- 11.11. The CCG will be responsible for debriefing and provision of support to staff where required following an emergency. This is the responsibility of individual line managers coordinated by the Accountable Emergency Officer. De-briefing may also be on a multi-agency footprint.
- 11.12. Any lessons learned from the incident will be fed back to staff and actioned appropriately.

Testing & Monitoring of Plans

- 11.13. The CCG emergency resilience plans will be reviewed annually by the Accountable Emergency Officer.
- 11.14. As part of the CCG's emergency preparedness and planning, the organisation will participate in exercises both locally and across the North Yorkshire LRF with our partners. This helps staff to understand their roles and responsibilities when a situation occurs.
- 11.15. Live incidents which require the plans to be evoked will conclude with a debrief process and lead to review/improvements of the plans.

SECTION C: ACTION CARDS

ROLES AND RESPONSIBILITIES

These action cards describes the general action required and should be adapted as necessary to apply to the specific circumstances of the incident.

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1. Action Card for Emergency Accountable Officer

Your role	EMERGENCY ACCOUNTABLE OFFICER
Your base	West Offices, Station Rise, York.
Your responsibility	You are responsible for directing NHS Vale of York CCG's emergency response.
Your immediate actions	<p>1. Obtain as much information as practicable and assess the situation. Complete an Initial Risk Assessment, (Template on next page) before implementing the required actions: is this an emergency.</p> <p>METHANE: Major Emergency Declared Exact Location Type of Emergency Hazards present and potential Access / Egress routes Number and types of Casualties Emergency services present and required</p> <p>If the incident is assessed as an emergency, activate the plan. SEE ACTIVATION / ESCALATION ACTION CARD.</p> <p>2. Assign ACTION CARDS in accordance with the key functions to support you.</p> <p>3. Proceed to the Incident Control Room.</p>
Ongoing management	<p>Systematically review the situation and maintain overall control of the CCG response.</p> <ul style="list-style-type: none"> • Survey • Assess • Disseminate <p>Approve content and timings of press releases / statements and attend conferences if required.</p>
Stand down	<p>If it can be dealt with using normal resources, notify the appropriate personnel and maintain a watching brief.</p> <p>Continue to reassess the situation as further information becomes available and determine if any additional action is required</p> <p>In the event of any increase in the scale / impact of the incident reassess the risk and escalate as needed.</p>

2. Initial Risk Assessment completed by Emergency Accountable Officer

Questions to consider	Information Collected?*
What is the size and nature of the incident?	
Area and population likely to be affected - restricted or	
Level and immediacy of potential danger - to public and response personnel	
Timing - has the incident already occurred/ongoing?	
What is the status of the incident?	
Under control	
Contained but possibility of escalation	
Out of control and threatening	
Unknown and undetermined	
What is the likely impact?	
On people involved, the surrounding area	
On property, the environment, transport, communications	
On external interests - media, relatives, adjacent areas and partner organisations.	
What specific assistance is being requested from the NHS?	
Increased capacity - hospital, primary care, community	
Treatment - serious casualties, minor casualties, worried	
Public information	
Support for rest centres, evacuees	
Expert advice, environmental sampling, laboratory testing, disease control	
Social/psychological care	
How urgently is assistance required?	
Immediate	
Within a few hours	
*Key √ = Yes X = no ? = Information awaited N/A = Not applicable	

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3. Action Card for Incident Emergency Planning Coordinator

Your role	Incident Emergency Planning Coordinator
Your base	West Offices, Station Rise, York.
Your responsibility	You are responsible for coordinating the CCG's tactical response and ensuring all aspects of the plan are followed. You will establish and maintain lines of communication with all other organisations involved, coordinating a joint response where circumstances require.
Your immediate actions	<ol style="list-style-type: none"> 1. Proceed to the Incident Control Room. 2. With the Incident Emergency Accountable Officer, assess the facts and clarify the lines of communication accordingly. 3. Call in Senior Managers as required. 4. Allocate rooms, telephone lines and support staff as required. 5. Notify and liaise as necessary with health community and inter-agency emergency planning contacts. 6. Record all relevant details of the incident and the response.
On-going management	Systematically review the situation with the Incident Lead Executive and ensure coordination of the CCG response.
Stand down	<p>Following stand-down, prepare a report for the Chief Officer.</p> <p>Arrange a "hot" de-brief for all staff involved immediately after the incident.</p> <p>Arrange a structured de-brief for all staff within a month of the incident.</p>

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NOTES FOR INCIDENT EMERGENCY PLANNING COORDINATOR

1. Review the status and resources of the local NHS
2. Plan rota
3. Ensure decision logs maintained
4. Monitor staff welfare
5. Confirm emergency contact arrangements to:
 - NHS England Team
 - Yorkshire Ambulance Service
 - Community & Mental Health Trusts
 - York Hospital NHS Foundation Trust
 - Neighbouring CCGs
 - Council Emergency Centres
 - City of York Council
 - Adult and Children's Services
 - Other relevant responding agencies.
6. Maintain regular contact with the NHS responding agencies
7. Plan for prolonged response and to start working shift
8. Ensure a Recovery Team starts to plan the strategy for recovery after the initial response is organised

Meetings

Meetings held hourly for 15 minutes, chaired by the Emergency Accountable Officer to an agenda with brief factual reports from each lead

Decisions

Key decisions logged in the decisions log

Equipment Availability

Television, Phone, Teleconference facility, Laptops

Use IS-BAR Briefing Tool

I	Identify Who you are.	Who is present? (Ensure you have all key personnel present for the briefing)
S	Situation	What is the current situation? (If it is the initial brief then an overview of the incident will be required).
B	Background	Where are we up to? Each area gives an update on: <ul style="list-style-type: none"> • Risks • Staffing levels • Resource issues
A	Assessment	Assessment of needs / concerns.
R	Recommendations	Plan for the next 60 minutes. Be clear what is required of each area / person. Confirm time & location of next briefing (on the hour).

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4. Action Card for Communication Lead

Your role	Communication Lead
Your base	West Offices, Station Rise, York. (unless a control room is located to another premise)
Your responsibility	You are responsible for preparing and disseminating media information by agreement with the Incident Lead Executive. If necessary, you will organise facilities for media visits and briefings.
Your immediate actions	<ol style="list-style-type: none"> 1. Proceed to the Incident Control Room. 2. After briefing by the Incident Lead Executive, establish lines of communication with Communication Leads at other organisations involved in the emergency and work in conjunction with multi-agency communication leads as required. 3. Draft media releases for Incident Lead Executive approval. 4. Coordinate all contact with the media. 5. Ensure the nominated spokesperson is fully and accurately briefed before they have any contact with the media.
On-going management	Make arrangements for any necessary public communications.
Stand down	<p>Participate in a “hot” de-brief immediately after the incident and any subsequent structured de-brief.</p> <p>Following stand-down evaluate communications effectiveness and any lessons learned and report these to the Incident Emergency Planning Coordinator for inclusion in the report to the Chief Officer.</p>

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5. Action Card For Loggist

Your role	LOGGIST (Admin and Clerical support)
Your base	West Offices, Station Rise, York. (unless a control room is located to another premise)
Your responsibility	You will help to set up the incident control room, perform secretarial. Administrative or clerical duties as required by the Incident Control Team and ensure a record / log of the incident is maintained.
Your immediate actions	<ol style="list-style-type: none"> 1. Proceed to the Incident Control Room as directed. 2. Report to the Incident Emergency Planning Coordinator for briefing 3. Assist in setting up the Incident Control Room with telephones, computers etc. 4. Arrange for all internal rooms to be made available as needed. 5. Maintain a log of decisions taken, communications, and actions taken by the incident control team. <p>NB. The record must be made in permanent black ink, clearly written, dated and initialled by the loggist at start of shift. All persons in attendance to be recorded in the log. The log must be a complete and continuous (chronological) record of all issues/ options considered / decisions along with reasoning behind those decisions /actions. Timings have to be accurate and recorded each time information is received or transmitted. If individuals are tasked with a function or role this must be documented and when the task is completed this must also be documented. See Incident Log template overleaf.</p>
On-going management	<p>Provide support services as directed.</p> <p>All documentation is to be kept safe and retained for evidence for any future proceedings.</p>
Stand down	<p>Participate in a “hot” de-brief immediately after the incident and any subsequent structured de-brief.</p> <p>Following stand-down evaluate admin effectiveness and any lessons learned and report these to the Incident Emergency Planning Coordinator for inclusion in the report to the Chief Officer.</p>

Notes For Loggists

Completion of Logs

1. Immediately the CCGs start to respond to an incident then a log of actions must be started by key officers and the organisation
2. Master Log – all information entering the information cell must be logged including all incoming phone calls and emails
3. Action log – must be completed by all key Action Card holders
 - Logs will be issued to all Action Card holders who should keep a record of:
 - All instructions received,
 - Actions taken
 - Other information
4. The log should be handed on and signed off if the holder is relieved during the incident and following stand-down it is to be returned to the Emergency Control Centre Co-ordinator for safe storage.
5. Decision log – records the key corporate decisions, the process for deciding and the considered alternatives. A decision log must be kept by the CCG incident commander.

The Emergency Accountable Officer MUST sign the decision log after each key decision is agreed.

LOGS MUST BE KEPT WITH DATED & TIMED ENTRIES BY ALL STAFF MAKING DECISIONS IN A MAJOR INCIDENTS ON APPROVED LOG SHEETS: NO RECORDS NO DEFENCE

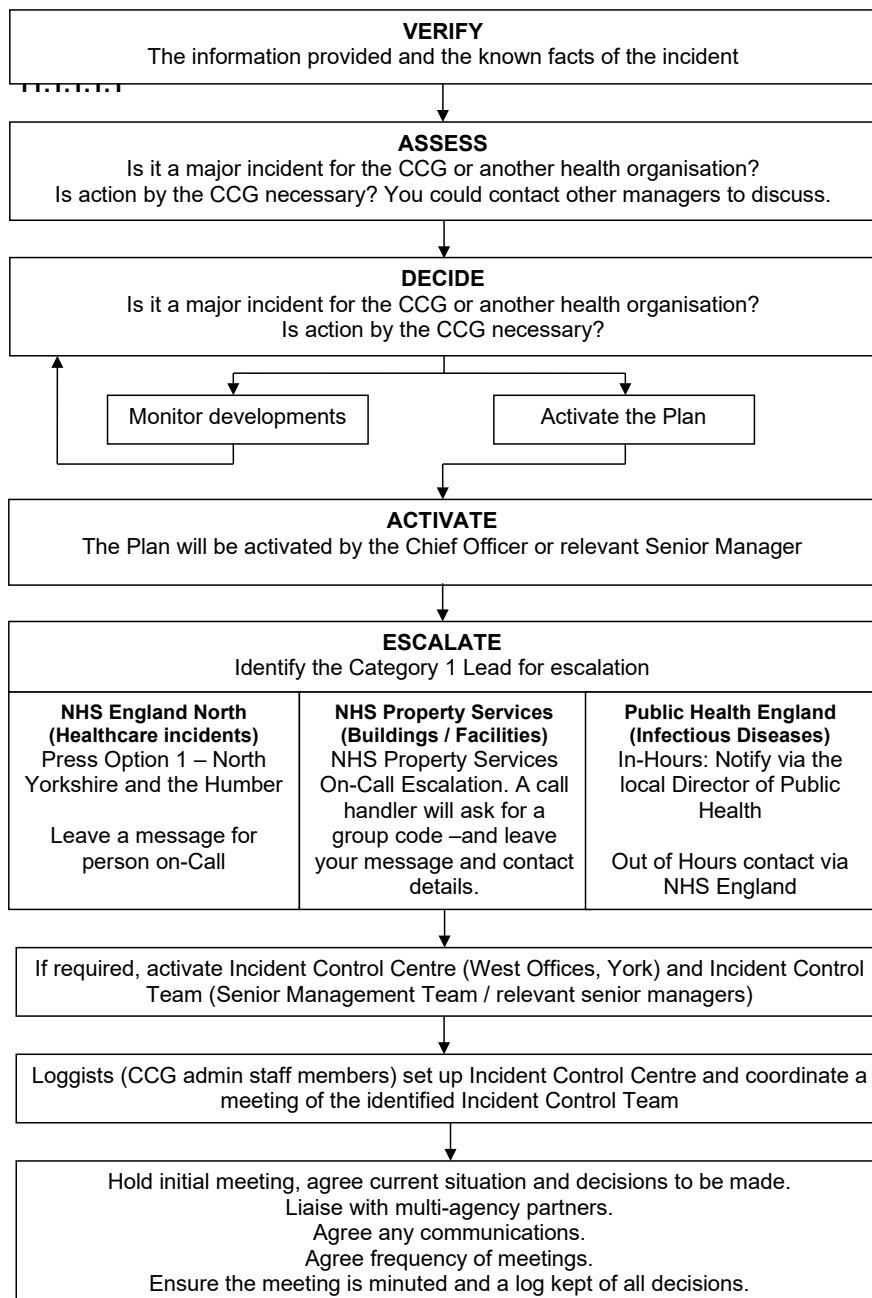
Prepare Shift Arrangements

6. In the event of a significant / major incident or emergency having a substantial impact on the population and health services, it may be necessary to continue operation of the Incident Management Team for a number of days or weeks. In particular, in the early phase of an incident, the Incident Management Team may be required to operate continuously 24/7. Responsibility for deciding on the scale of response, including maintaining teams overnight, rests with the Incident Manager.
7. A robust and flexible shift system will need to be in place to manage an incident through each phase. These arrangements will depend on the nature of the incident and must take into consideration any requirements to support external (for example SCG) meetings and activities. The Incident Manager is accountable for ensuring appropriate staffing of all

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shifts. During the first two shift changes 1-2 hours of hand over time is required.

12. ACTIVATION / ESCALATION FLOWCHART



13. CONSULTATION, APPROVAL AND RATIFICATION PROCESS

- 13.1. The following committees and individuals have been involved in the consultation and development of this policy:
- SMT
 - Local Health Resilience Partnership (LHRP) The policy will be approved/ratified by the committees/CCG Governing Body, in line with the CCG's Policy on Policies.

14. DOCUMENT CONTROL INCLUDING ARCHIVING ARRANGEMENTS

- 14.1. The previous version of this policy will be removed from the intranet and will be available if required by contacting the author.

15. IMPLEMENTATION

- 15.1. This policy will be circulated to all teams to be cascaded to individual members of staff. The document will be made available for staff and users and other stakeholders through the CCG website.
- 15.2. The CCG has mechanisms in place in order to ensure that:
- staff can raise issues of concern with their manager(s);
 - staff are consulted on proposed organisational or other significant changes;
 - managers keep staff informed of progress on relevant issues;
 - service users, their relatives, carers and advocates can identify points of concern or worry by using the complaints process or PALS service;
 - the media are accurately advised of developments in the CCG.
- 15.3. CCG policies are communicated to service providers and support service organisations through commissioning mechanisms and contract requirements.

16. TRAINING & AWARENESS

- 16.1. This policy will be published on the CCG's website.
- 16.2. The policy will be brought to the attention of all relevant new employees as part of the induction process. Further advice and guidance is available from the Corporate Services Manager.

17. MONITORING & AUDIT

- 17.1. The CCG monitors and reviews its performance in relation to EPRR performance and the continuing suitability and effectiveness of the systems and processes in place.

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- 17.2. The Executive Committee is responsible for monitoring the effectiveness of this policy/strategy and for providing assurance to the Governing Body.
- 17.3. Monitoring of this policy/strategy may form part of the Internal Audit review of governance compliance.

18. REVIEW

- 18.1. This framework will be reviewed bi-annually. Earlier review may be required in response to exceptional circumstances, organisational change or relevant changes in legislation or guidance.

19. REFERENCES

- <https://www.england.nhs.uk/wp-content/uploads/2015/11/epr-guidance-chart-oct15.pptx>
- <https://www.england.nhs.uk/ourwork/epr/gf/#summary>

20. ASSOCIATED POLICIES/DOCUMENTS

- COR 16 Business Continuity Policy
- COR 18 On Call Policy
- OPEL Escalation Plan
- A&E Delivery Board Escalation Framework and Delivery Plan
- On-Call Pack
- COR 05 Mobile Working Policy
- HR 20 Home Working Policy
- *B0819 Evacuation and Shelter Guidance*
- *Pandemic and other plans with the Local Authority*

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Formatted: Policy Bullet

21. CONTACT DETAILS

Performance and Improvement Manager

Telephone: 01904 555774

Email: valeofyork.contactus@nhs.net

Address: NHS Vale of York Clinical Commissioning Group, West Offices,
Station Rise, York. Y01 6GA

22. LIST OF APPENDICES

Appendix 1: Equality Assessment

Appendix 2: Sustainability Assessment

Appendix 3: Abbreviations

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23. APPENDIX 1: EQUALITY IMPACT ANALYSIS FORM

1.	Title of policy/ programme/ service being analysed
	Risk Management Strategy and Policy
2.	Please state the aims and objectives of this work.
	To define and document the CCG's approach to risk and risk management to ensure: <ul style="list-style-type: none"> • risks within the organisation are identified, assessed, treated and monitored as part of the corporate governance of the CCG. • robust risk assessment and monitoring mechanisms are in place for all elements of the commissioning process, including needs assessment, tendering, contract management and evaluation.
3.	Who is likely to be affected? (e.g. staff, patients, service users)
	CCG staff, partner organisations (where applicable), public, patients and member practices. CCG managers and staff (and other providers and partners where applicable). If Risk management arrangements are not effective patients and service providers may be impacted.
4.	What sources of equality information have you used to inform your piece of work?
	NHS England
5.	What steps have been taken ensure that the organisation has paid <u>due regard</u> to the need to eliminate discrimination, advance equal opportunities and foster good relations between people with protected characteristics
	The analysis of equalities is embedded within the CCG's Committee Terms of Reference and project management framework.

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6. Who have you involved in the development of this piece of work?	
	<p>Internal involvement: Senior Management team</p> <p>Stakeholder involvement: Consultation with Senior Managers</p> <p>Patient / carer / public involvement: This is an Internal policy aimed at staff employed by the CCG and contractors working for the CCG. The focus is on compliance with statutory duties and NHS mandated principles and practice. There are no particular equality implications.</p>
7. What evidence do you have of any potential adverse or positive impact on groups with protected characteristics? Do you have any gaps in information? Include any supporting evidence e.g. research, data or feedback from engagement activities (Refer to Table 1 - Embedding Equality into the Commissioning Cycle if your piece of work relates to commissioning activity to gather the evidence during all stages of the commissioning cycle)	
Disability People who are learning disabled, physically disabled, people with mental illness, sensory loss and long term chronic conditions such as diabetes, HIV)	Consider building access, communication requirements, making reasonable adjustments for individuals etc.
N/a	
Sex Men and Women	Consider gender preference in key worker, single sex accommodation etc
N/a	
Race or nationality People of different ethnic backgrounds, including Roma Gypsies and Travelers	Consider cultural traditions, food requirements, communication styles, language needs etc.

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N/a	
Age This applies to all age groups. This can include safeguarding, consent and child welfare	Consider access to services or employment based on need/merit not age, effective communication strategies etc.
N/a	
Trans People who have undergone gender reassignment (sex change) and those who identify as trans	Consider privacy of data, harassment, access to unisex toilets & bathing areas etc.
N/a	
Sexual orientation This will include lesbian, gay and bi-sexual people as well as heterosexual people.	Consider whether the service acknowledges same sex partners as next of kin, harassment, inclusive language etc.
N/a	
Religion or belief Includes religions, beliefs or no religion or belief	Consider holiday scheduling, appointment timing, dietary considerations, prayer space etc.
N/a	
Marriage and Civil Partnership Refers to legally recognised partnerships (employment policies only)	Consider whether civil partners are included in benefit and leave policies etc.
N/a	

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Pregnancy and maternity Refers to the pregnancy period and the first year after birth	Consider impact on working arrangements, part-time working, infant caring responsibilities etc.
N/a	
Carers This relates to general caring responsibilities for someone of any age.	Consider impact on part-time working, shift-patterns, options for flexi working etc.
N/a	
Other disadvantaged groups This relates to groups experiencing health inequalities such as people living in deprived areas, new migrants, people who are homeless, ex-offenders, people with HIV.	Consider ease of access, location of service, historic take-up of service etc
N/a	
8. Action planning for improvement	
	<p>Please outline what mitigating actions have been considered to eliminate any adverse impact?</p> <p>Please state if there are any opportunities to advance equality of opportunity and/ foster good relationships between different groups of people?</p> <p>An Equality Action Plan template is appended to assist in meeting the requirements of the general duty</p>

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Sign off
Name and signature of person / team who carried out this analysis <i>Helen Sikora, Policy and Strategy Manager</i> <i>Audit Committee</i>
Date analysis completed <i>December 2014</i>
Name and signature of responsible Director
Date analysis was approved by responsible Director

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25. APPENDIX 2: SUSTAINABILITY IMPACT ASSESSMENT

Staff preparing a policy, Governing Body (or Sub-Committee) report, service development plan or project are required to complete a Sustainability Impact Assessment (SIA). The purpose of this SIA is to record any positive or negative impacts that this is likely to have on sustainability.

Title of the document	Risk Management policy and Strategy
What is the main purpose of the document	To effectively identify, manage and monitor risk within the organisation.
Date completed	November 2014
Completed by	Governance Team


Domain	Objectives	Impact of activity Negative = -1 Neutral = 0 Positive = 1 Unknown = ? Not applicable = n/a	Brief description of impact	If negative, how can it be mitigated? If positive, how can it be enhanced?
Travel	Will it provide / improve / promote alternatives to car based transport?	0		
	Will it support more efficient use of cars (car sharing, low emission vehicles, environmentally friendly fuels and technologies)?	0		
	Will it reduce 'care miles' (telecare, care closer to home)?	0		
	Will it promote active travel (cycling, walking)?	0		
	Will it improve access to opportunities and facilities for all groups?	0		
	Will it specify social, economic and environmental outcomes to be accounted for in procurement and delivery?	0		
Procurement	Will it stimulate innovation among providers of services related to the delivery of the organisations' social, economic and environmental objectives?	0		
	Will it promote ethical purchasing of goods or services?	0		
Procurement	Will it promote greater efficiency of resource use?	0		
	Will it obtain maximum value from pharmaceuticals and technologies (medicines management, prescribing, and supply chain)?	0		
	Will it support local or regional supply chains?	0		
	Will it promote access to local services (care closer to home)?	0		
	Will it make current activities more efficient or alter service delivery models	0		
Facilities Management	Will it reduce the amount of waste produced or increase the amount of waste recycled?	0		
	Will it reduce water consumption?			

Domain	Objectives	Impact of activity Negative = -1 Neutral = 0 Positive = 1 Unknown = ? Not applicable = n/a	Brief description of impact	If negative, how can it be mitigated? If positive, how can it be enhanced?
Workforce	Will it provide employment opportunities for local people?	0		
	Will it promote or support equal employment opportunities?	0		
	Will it promote healthy working lives (including health and safety at work, work-life/home-life balance and family friendly policies)?	0		
	Will it offer employment opportunities to disadvantaged groups?	0		
Community Engagement	Will it promote health and sustainable development?	0		
	Have you sought the views of our communities in relation to the impact on sustainable development for this activity?	N/a		
Buildings	Will it improve the resource efficiency of new or refurbished buildings (water, energy, density, use of existing buildings, designing for a longer lifespan)?	0		
	Will it increase safety and security in new buildings and developments?	0		
	Will it reduce greenhouse gas emissions from transport (choice of mode of transport, reducing need to travel)?	0		
	Will it provide sympathetic and appropriate landscaping around new development?	0		
	Will it improve access to the built environment?	0		
Adaptation to Climate Change	Will it support the plan for the likely effects of climate change (e.g. identifying vulnerable groups; contingency planning for flood, heat wave and other weather extremes)?	0		

Domain	Objectives	Impact of activity Negative = -1 Neutral = 0 Positive = 1 Unknown = ? Not applicable = n/a	Brief description of impact	If negative, how can it be mitigated? If positive, how can it be enhanced?
Models of Care	Will it minimise 'care miles' making better use of new technologies such as telecare and telehealth, delivering care in settings closer to people's homes?	0		
	Will it promote prevention and self-management?	0		
	Will it provide evidence-based, personalised care that achieves the best possible outcomes with the resources available?	0		
	Will it deliver integrated care, that co-ordinate different elements of care more effectively and remove duplication and redundancy from care pathways?	0		

26. APPENDIX 3 ABBREVIATIONS

Term	Definition
CCA	Civil Contingencies Act (2004)
CCG	Clinical Commissioning Groups
DPH	Director of Public Health
EPRR	Emergency preparedness, resilience and response
LHRP	Local Health Resilience Partnership
LRF	Local Resilience Forum
PHE	Public Health England
COMAH	Control of Major Accident Hazards
DPH	Director of Public Health
EPRR	Emergency Preparedness Resilience & Response
ICC	Incident Control Centre for Major Incidents
IMT	Incident Management Team
IRP	Incident Response Plan
MACA	Military Aid to the Civilian Authorities include <ul style="list-style-type: none"> - Military Aid to the Civil Communities (MACC) - Military Aid to the Civil Minitries (MACM) e.g. assistance in the event of industrial action - Military Aid to the Civil Powers (MACP), assistance to the Police
MACR	Major Accident Control Regulations
OOH	Out of Hours
PRC	Prepared Rest Centre Local authority organised centre for evacuees from an incident
RH	Receiving hospital A & E Hospital designated to receive casualties from a major incident
REPPIR	Radiation (Emergency Preparedness & Public Information) Regulations 2001
SCC	Strategic Command Centre
SCG	Strategic Coordinating Group
STAC	Science & Technical Advice Cell
TCG	Tactical Coordinating Group - Multi-agency group of operational managers leading the tactical response in North Yorkshire

Item Number: 11									
Name of Presenter: Christine Pearson									
Meeting of the Governing Body Date of meeting: 2 December 2021	 Vale of York Clinical Commissioning Group								
Report Title – North Yorkshire Safeguarding Adults Board Annual Report 2020/21									
Purpose of Report <i>(Select from list)</i> To Receive									
Reason for Report <p>This report sets out the strategic vision, outcomes, and a summary of the North Yorkshire Safeguarding Adults Board priorities. It gives information on internal governance structures and committees as well as holding partners to account.</p> <p>Despite the response to the COVID-19 pandemic taking priority, the North Yorkshire Safeguarding Adults Board has continued to carry out its work and statutory duties and updates are provided on this work, including the introduction of the Persons in Position of Trust (PiPoT) Policy, the publication of Safeguarding Adults Review ‘Anne’, the work on joint engagement and communications, and the work of sub-groups and Local Safeguarding Partnerships.</p> <p>Statements from statutory partners outline what has been achieved and, given the current circumstances, how they have continued to keep people safe throughout the pandemic. Also included is work on learning and reviewing safeguarding practice and standards including information on Safeguarding Adults Reviews and the data collected throughout 2020/21.</p> <p>The North Yorkshire Safeguarding Adults Board 2021/23 strategic priorities are listed to set out what is aimed to be achieved in the coming two years.</p> <p>The Financial Records of the North Yorkshire Safeguarding Adults Board is within page 32 of the full report.</p> <p>The report is attached along with an info-graphic summary and an easy read version.</p>									
Strategic Priority Links <table style="width: 100%; border: none;"> <tr> <td><input checked="" type="checkbox"/> Strengthening Primary Care</td> <td><input checked="" type="checkbox"/> Transformed MH/LD/ Complex Care</td> </tr> <tr> <td><input type="checkbox"/> Reducing Demand on System</td> <td><input type="checkbox"/> System transformations</td> </tr> <tr> <td><input type="checkbox"/> Fully Integrated OOH Care</td> <td><input type="checkbox"/> Financial Sustainability</td> </tr> <tr> <td><input type="checkbox"/> Sustainable acute hospital/ single acute contract</td> <td></td> </tr> </table>		<input checked="" type="checkbox"/> Strengthening Primary Care	<input checked="" type="checkbox"/> Transformed MH/LD/ Complex Care	<input type="checkbox"/> Reducing Demand on System	<input type="checkbox"/> System transformations	<input type="checkbox"/> Fully Integrated OOH Care	<input type="checkbox"/> Financial Sustainability	<input type="checkbox"/> Sustainable acute hospital/ single acute contract	
<input checked="" type="checkbox"/> Strengthening Primary Care	<input checked="" type="checkbox"/> Transformed MH/LD/ Complex Care								
<input type="checkbox"/> Reducing Demand on System	<input type="checkbox"/> System transformations								
<input type="checkbox"/> Fully Integrated OOH Care	<input type="checkbox"/> Financial Sustainability								
<input type="checkbox"/> Sustainable acute hospital/ single acute contract									

Local Authority Area <input type="checkbox"/> CCG Footprint <input type="checkbox"/> City of York Council	<input type="checkbox"/> East Riding of Yorkshire Council <input checked="" type="checkbox"/> North Yorkshire County Council
Impacts/ Key Risks <input type="checkbox"/> Financial <input type="checkbox"/> Legal <input type="checkbox"/> Primary Care <input type="checkbox"/> Equalities	Risk Rating
Emerging Risks	
Impact Assessments Please confirm below that the impact assessments have been approved and outline any risks/issues identified. <input type="checkbox"/> Quality Impact Assessment <input type="checkbox"/> Equality Impact Assessment <input type="checkbox"/> Data Protection Impact Assessment <input type="checkbox"/> Sustainability Impact Assessment Risks/Issues identified from impact assessments: N/A	
Recommendations Governing Body is asked to receive the report as assurance.	
Decision Requested (for Decision Log) Governing Body received the report.	
Responsible Executive Director and Title Michelle Carrington Executive Director of Quality and Nursing / Chief Nurse	Report Author and Title Christine Pearson Designated Nurse Safeguarding Adults



North Yorkshire
Safeguarding Adults Board

North Yorkshire Safeguarding Adults Board

**Annual Report
2020/2021**



*Making safeguarding everybody's
business in North Yorkshire*



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Message from the Chair

I am very pleased to welcome you to the Annual Report for the North Yorkshire Safeguarding Adults Board (NYSAB) for 2020/21

As ever, I want to take the opportunity afforded by the annual report to extend my personal thanks to all our partners who have supported the work of the Board throughout this extraordinary year.

Thanks are also due to those colleagues who attend and support the work of the Local Safeguarding Partnerships (LSPs) and the subgroups. Without their commitment there would be little chance of addressing the wide ranging and complex safeguarding issues that involve adults at risk.

There is more information on their work in the body of the report.

It will come as no surprise to those reading this report that the work of the Board and our partners has been largely centred around the response to the Covid-19 pandemic.

As we published our annual report last year the pandemic had only just started to impact on our lives and little did we know what was to come.

Over the past 12 months the country has endured an extraordinary time, and one that has left many people feeling more vulnerable and isolated than ever. As a safeguarding adults board it is our responsibility to ensure that those who are most at risk across North Yorkshire are protected from harm, abuse and neglect and that they are supported through these trying times.

I want to give assurance that the NYSAB, both as a whole, and, through individual agencies, has continued to work hard to keep people safe whether this be in health services, social care, emergency services, care settings, local communities or within peoples' own homes. We've also worked together to minimise service disruption where we can.

As a safeguarding adults board we have statutory duties that we must carry out and whilst Covid has inevitably taken priority, safeguarding does not stop and work has continued throughout the year

The level of work and commitment from partners, from frontline workers to volunteers, unpaid family carers, and those within our communities has been breathtaking and I wish to express my sincere thanks and gratitude for the extraordinary work that has been carried out.

In June 2020, we marked Safeguarding Week by holding an online awareness campaign to where we focused on promoting the message Tell Us Your Concerns. This was to reassure people that despite the restrictions and changes to services, safeguarding concerns should still be reported and would be dealt with as normal.

Events such as these serve as a reminder of how important it is to engage with the public and communities throughout North Yorkshire, albeit virtually.

We have continued to build on the connections we have with the North Yorkshire Safeguarding Children's Partnership and Community Safety Partnership.

An example of this is the implementation of our Joint Engagement and Communications strategy and calendar of activity; which you can read about in the report.

We have undertaken a Safeguarding Adults Review (SAR) in the 2020 / 21 period and work is currently underway to implement the recommendations from this review. There are more details within the body of this report.

We have also commissioned a SAR that will be undertaken with the North Yorkshire Safeguarding Children Partnership (NYSCP). The findings of this review will be published in our 2021/22 Annual Report.

We have much to focus on over the coming year. The lessons we have learnt from the pandemic will inevitably inform a lot of our work as well as allowing the Board the opportunity to review our work and areas of development.

Our strategic priorities for 2021-23 reflect this. They build on the work that has already been carried out by the Board and how we wish to progress over the next years. The priorities focus on our commitment to raise awareness and create a community approach to safeguarding, on seeking assurance from partners for the implementation of policy and procedures, working closely with other partnerships and responding to changes and reviews both locally and nationally.

The events of the last year have been unprecedented and incredibly difficult for many, and although the Government has shared its 'roadmap' out of lockdown and restrictions

begin to ease, there will be many changes to the way we live and work and there will be challenges which we will have to face. The virus is still with us and will be for a long time.

Many colleagues are exhausted and uncertain of what is to come, yet the examples given by our partners at the Board meetings throughout the 2020/21 period demonstrate how staff and communities from across North Yorkshire have come together to safeguard adults across North Yorkshire.

In conclusion, I would again like to give thanks to every colleague in our partner agencies. You have made, and continue to make a massive difference to peoples' lives.

Thank you.



Dr Sue Proctor
Independent Chair
NYSAB



Introduction to the Annual Report

Welcome to the Annual Report for the North Yorkshire Safeguarding Adults Board.

This report sets out the strategic vision, outcomes and a summary of our priorities.

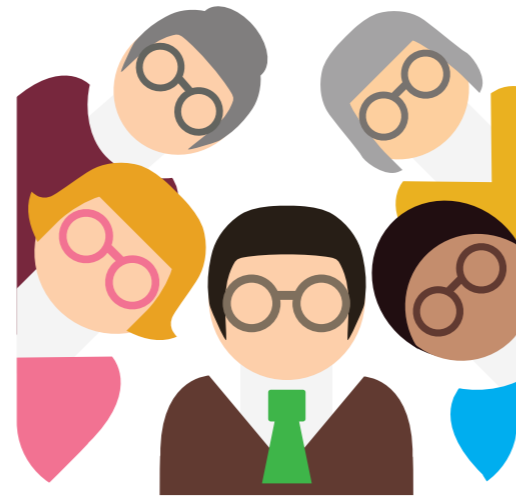
It gives information on internal governance structures and committees as well as holding partners to account.

Despite the response to the Covid-19 pandemic taking priority, the Board has continued to carry out its work and statutory duties and updates are provided on this work, including the introduction of the Persons in Position of Trust (PiPoT) Policy, the publication of SAR 'Anne', our work on joint engagement and communications, and the work of our sub-groups and Local Safeguarding Partnerships (LSPs).

Statements from our statutory partners outline what has been achieved and, given the current circumstances, how they have continued to keep people safe throughout the pandemic.

Also included is our work on learning and reviewing safeguarding practice and standards including information on Safeguarding Adults Reviews (SARs) and the data we have collected throughout 2020/21.

Our 2021/23 strategic priorities are listed to set out what we aim to achieve in the coming years.



Our Strategic Vision

“We will provide leadership, challenge and direction to ensure that the partner agencies improve outcomes for adults at risk of harm or abuse. We will promote values of openness, trust, respect and learning.”

Our Strategic Outcomes

Awareness and Empowerment

People feel safe and in control. They are more able to share concerns and manage risk of harm either to themselves or others.



Prevention

We work on the basis that it is better to take action before harm happens.



Protection and Proportionality

We provide support and help for those adults who are vulnerable and most at risk of harm. We respond to identified risks and intervene as necessary to protect from harm or manage risks.

Partnership and Accountability

We work for local solutions in response to local needs and expectations. We focus on improving outcomes for people and communities. We hold each other to account for delivery.



Our Strategic Priorities 2020/21

Work more closely with communities in North Yorkshire to develop strategies that reduce the risk of abuse, and help improve services:

- Use public campaigns to improve local communities' understanding of adult abuse and how to get help
- Encourage local communities to be the "eyes and ears" of safeguarding – "Safeguarding is Everybody's Business"
- Alert people to scams, fraud and other forms of financial abuse
- Explore new ways the SAB can find out the views of adults about their experience and awareness of safeguarding
- Support Healthwatch to seek the public's views of Health and Social Care Services

Implement and embed the new Multi-Agency Safeguarding Policies and Procedures, in line with national guidance and best practice around Making Safeguarding Personal:

- Deliver confident and competent practice that is responsive, and in which the principles of 'Making Safeguarding Personal' are embedded
- Ensure the adult, their families and carers work together with agencies to find the right solutions to keep people safe, and support them in making informed choices.

Develop a whole community approach to the prevention of abuse:

- Ensure statutory agencies work together in an effective manner, including initial response to safeguarding concerns
- Work more closely with partners in children's and community safety services at a strategic and local level
- Develop relevant partnerships around issues in other areas which impact on Adult Safeguarding including, but not restricted to, modern slavery, domestic abuse and sexual exploitation

Ensure the accountability of all partners working with adults at risk of abuse:

- Seek better evidence that the SAB's activity and plans are making a positive difference for people – do they feel safer?
- Develop multi-agency performance data and Key Performance Indicators, and benchmark ourselves against others
- Ensure the voice of people who use services and their representatives help to shape professional practice
- Ensure that immediate and longer-term learning from SARs, serious incidents and from good practice identified within North Yorkshire regionally and nationally, is understood and implemented across all agencies

Develop North Yorkshire's response to National Priorities:

- Prepare for the implementation of the Liberty Protection Safeguards and the outcome of the Mental Health Act Review (now deferred by national government to 2021/22)
- Review and monitor any action and improvement plans that result from any identified safeguarding issues from Learning Disability Mortality Reviews.

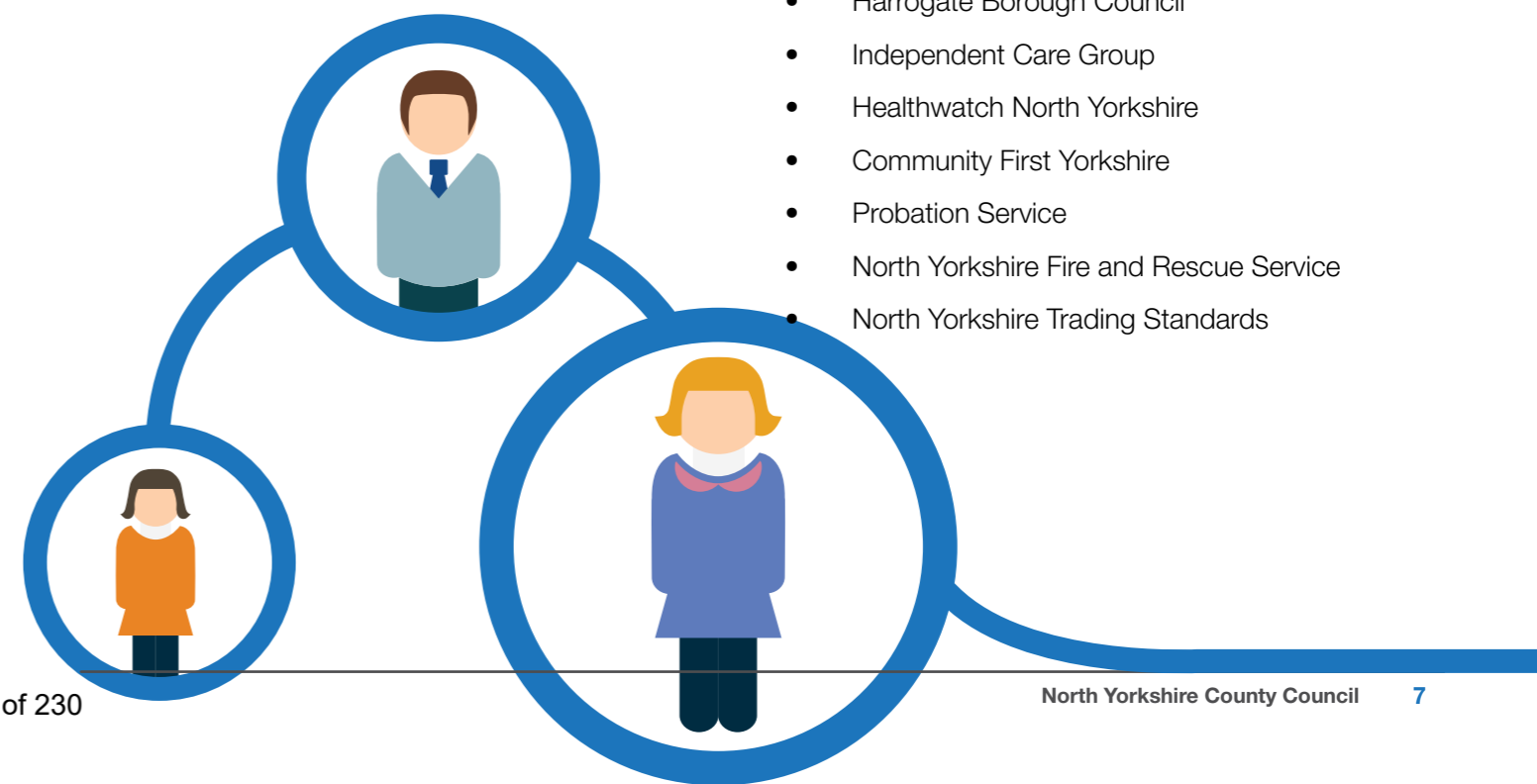
Understand and assess the impact of changes in the strategic context within which the Board operates:

Anticipate and respond to any changes that could impact (positively or negatively) on Safeguarding in North Yorkshire, for example:

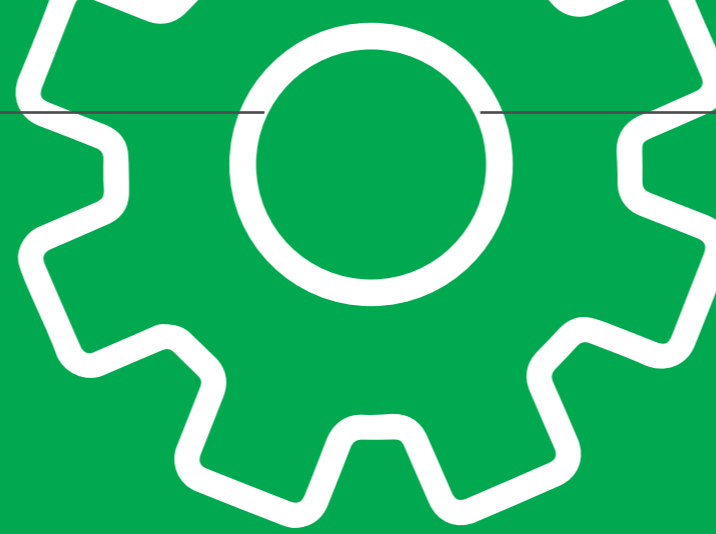
- Exiting the EU
- NHS 10-year plan
- Budgetary Pressures
- Changes to the Safeguarding Childrens' Partnership working arrangements
- The impact of Covid 19 and progress towards recovery

Our Partners:

- North Yorkshire County Council
- North Yorkshire Police
- North Yorkshire NHS Clinical Commissioning Group
- Bradford District and Craven NHS Clinical Commissioning Group
- Harrogate and District NHS Foundation Trust
- Tees Esk and Wear Valleys NHS Foundation Trust
- South Tees Hospitals NHS Foundation Trust
- Airedale NHS Foundation Trust
- Humber NHS Foundation Trust
- York and Scarborough Teaching Hospitals NHS Foundation Trust
- Richmondshire District Council
- Hambleton District Council
- Selby District Council
- Ryedale District Council
- Craven District Council
- Scarborough Borough Council
- Harrogate Borough Council
- Independent Care Group
- Healthwatch North Yorkshire
- Community First Yorkshire
- Probation Service
- North Yorkshire Fire and Rescue Service
- North Yorkshire Trading Standards



The work of the North Yorkshire Safeguarding Adults Board and its Sub Groups 2020/21



North Yorkshire Safeguarding Adults Board (NYSAB) works to protect adults who may be at risk from abuse by promoting co-operation and effective working practices between different agencies. NYSAB brings together a combination of NHS, police, local government, independent and voluntary sector and community partners seeking to ensure that adults who may be at risk of abuse are safe and well.

The Board has a number of sub groups to assist in its role, each with their own responsibility. This is a summary of the work the Board and subgroups have carried out and are looking to carry out in the future.



Policies, Practice, Development and Legislation Subgroup (PPDL)

The group has supported the following:

A Post Implementation Review of the Joint Multi-Agency Safeguarding Adults Policy and Procedures is planned for Health and Adult Services (HAS).

Veritau have been involved in an internal review as independent auditors to provide objective assurance. In addition to this a questionnaire has also been developed for HAS staff. A further review and update of our electronic recording system is underway. There will also be a review of the HAS Operational Guidance There are over 2000 members of staff in HAS who follow this Operational Guidance.

Safeguarding Review: A Safeguarding Review has been undertaken and staff report that they feel that the procedures are more person centred and proportionate for the person by ensuring that they are supported with decision making and supported to achieve their outcomes, in keeping with Making Safeguarding Personal (MSP).

Training update: Training has been promoted across all partner organisations throughout the year and has successfully been delivered on-line.

Training Standards: A Training Standards document has been produced for organisations to follow and advises what they need to include if they wish to develop their own safeguarding training courses for adults, young people and children. Available here: <https://safeguardingadults.co.uk/learning-research/>

Section 11 and Governance Audit: A section 11 and Governance Audit has been developed with the North Yorkshire Safeguarding Children's Partnership and City of York Safeguarding Adults Board and Safeguarding Children's Partnership. This will reassure the NYSAB that partner organisations have everything in place to deliver safeguarding effectively.

One Minute Guides: One Minute Guides (OMGs) have been developed with North Yorkshire Children Safeguarding Partnership (NYSCP) and North Yorkshire Community Safety Partnership (NYCSP). Partner organisations report that they find these particularly helpful.

Our OMGs are designed to provide bite sized information on key issues and areas of focus. They cover a number of areas from County Lines to Modern Slavery. All OMGs can be found on the NYSAB website: <https://safeguardingadults.co.uk/working-with-adults/one-minute-guides-omg/>

Risk Notification Return Guidance Tool for providers:

There has been a review of the Safeguarding Adults Decision Support Guidance, which is now called the Risk Notification Return Guidance Tool for providers. Colleagues from the North Yorkshire Clinical Commissioning Group were involved in a review of this document. This document assists providers in identifying situations that may occur whilst carrying out a service/activity which relates to a quality assurance issue. In addition, one that requires notification to the Quality and Market Improvement Team via completion of the Risk Notification Return. A number of webinars were held on Teams with Providers to raise awareness about this.

More information is available here: <https://www.northyorks.gov.uk/info/risk-notification-return-guidance-tool> and <https://www.northyorks.gov.uk/tools-procedures-and-guidelines-adult-social-care-services-providers>

Persons in a Position of Trust (PiPoT): There has been a review of the guidance which has been written for responding to concerns about Persons in a Position of Trust (PiPoT). This is where a concern relates to someone's personal life, but may impact upon their job role, if they work with adults with care and support needs. A task and finish group included work with multi-agency partners including health and police working with the local authority. For more information visit: <https://safeguardingadults.co.uk/working-with-adults/nysab-procedures/PiPoT>

Learning and Review Subgroup (LAR)



The main area of focus for the learning and review group this year has been to continue updating the Safeguarding Adults Review (SAR) Policy and process to make sure that we undertake our legal duties in an efficient and effective manner.

We have also reviewed our SAR policy in light of feedback received from family members and relatives who have been involved in the process of the SARs that we have carried out; particularly the sections relating to family engagement and involvement.

This feedback will help to strengthen how we engage with families and relatives during the SAR process as well as outline what their role is within the SAR process.

We will make more explicit what the purpose of a SAR is and what a SAR can and, just as importantly, what a SAR cannot do. This will help manage the expectations of all those, including families and relatives, who are involved in the SAR process.

Once the SAR reports are published, the Learning and Review Group are responsible for developing and overseeing the action plans for all statutory and non-mandatory SARs.

In 2020 / 21 work has been undertaken to implement the recommendations from two SARs, 'Ian' and 'Anne', and from the 'Mrs S' Lessons Learned review.

Further details on the SARs we have carried out can be found on pages 30 and 31 of this report.

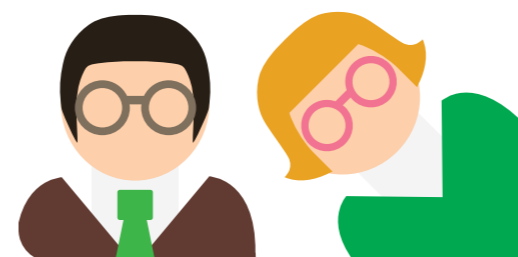
The group has also spent time reviewing previously commissioned SARs through a thematic analysis review.

As part of this review, eight recommendations were made and a number of these will require evidence and assurances from partner agencies that actions have been carried out within their organisations.

The aim of this thematic analysis is to identify themes and trends within these reviews, and to better understand which areas of practice, policy and culture either have contributed to, or have been present, during multi-agency failings in the past.

It is hoped such an analysis will identify proactive steps that can be taken by Board members to improve practice and ultimately keep adults at risk living in North Yorkshire safer.

Performance and Quality Improvement Subgroup (PQI)



The PQI subgroup has met quarterly, meetings have been held virtually on Teams and attendance by multi-agency partners has been good.

Multi-agency partners including the health sector and the police provide information and data from their organisation which relates to safeguarding. This is included in the PQI report to the Executive Group on a quarterly basis, and highlights themes and trends to inform the work of the NYSAB and improve safeguarding practice. This report is monitored by the North Yorkshire Safeguarding Adults Board.

Following implementation of the Safeguarding Policy and Procedures, safeguarding is now more person centred: the person is asked how they would like the safeguarding concern to be responded to and they are supported to achieve their outcomes. This improvement is evidenced within the performance data and is currently exceeding the national average for this indicator.

We can also see this evidenced in the case study of 'Sarah' which can be viewed here on the NYSAB website <https://safeguardingadults.co.uk/wp-content/uploads/2021/07/Making-Safeguarding-Personal-Case-Study-Sarah.docx>

The PQI group continues to monitor and review the data by undertaking regular audits, some of which identify whether the safeguarding procedures are being followed correctly and identify areas for learning, which will improve practice.

The Quality and Market Improvement Team are responsible for all aspects of adult social care contracting on behalf of HAS. When a concern is raised about a care provider they will work with them to ascertain what support is required, and whether contract compliance action is required to ensure a safe and appropriate quality of service is maintained. Quality and Market Improvement Team information is discussed at the PQI subgroup to inform the overarching report and identify themes and trends.

Year in Numbers



23% 2
780 18%
503 13

The year at a glance 2020-21

3456
(4503)

Safeguarding concerns received during 2019/20

23%
(18%)

The decrease in safeguarding concerns received from the previous year

1106
(432)

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

We are now asking considerably more people about outcomes,

Of the **76%** of people that did express a desired outcome:

70% of these people's outcomes were fully achieved;

28% of people said their outcomes were partially achieved; and

2% of people, (32) said their outcomes were not achieved.

In England in 2019/20, **67%** of people fully achieved their personal outcome.

1
(2*)

Number of Safeguarding Adult Reviews we have commissioned this year

1
(1)

Number of Safeguarding Adult Reviews we have carried out this year

1590
(1374)

Number of safeguarding enquiries concluded at Quarter 4

25%
(23%)

Neglect & acts of omission is the highest abuse type recorded for completed enquiries in 2020/21

3518
(2*)

Number of Deprivation of Liberty Safeguards (DoLS) applications received

6%
(n/a)

The recordings of domestic abuse total 6% of abuse types and an average of 22 a month

701
(1279*)

Independent Sector (Care Home) continues to be the source of most safeguarding concerns

(#) 2019/2020 figures

**During 2020/21, there has been a 45% reduction in the number of concerns raised by residential and nursing homes. This follows the introduction of the Joint Multi-Agency Procedures, which commenced in October 2019.

Engagement & Communication

Over the last 12 months we have continued to build on the way we communicate and engage not only with partners and professionals but with the people who use our services as well as the general public.

The Covid pandemic means we have not been able to carry out engagement quite as planned; however, we have been creative with our approach and we have developed alternative ways to keep in touch with people and ensure they have ways to feedback.

Here are some key areas of work we have carried out in Engagement and Communications

Joint Engagement and Communications Strategy and Supplementary Guide

The NYSAB, NYSCP and NYCSP developed a joint engagement and communication strategy to outline how the Board and Partnerships want to engage and communicate with children, young people, adults families, professionals and the wider community in North Yorkshire.

We hope that by having a joint approach across the Board and Partnerships that the whole community will understand what abuse, exploitation, harm and neglect look like as well as the roles they play in keeping people safe and promoting welfare. 'Safeguarding is everybody's business'.

Over the past 12 months we have worked to develop and implement our strategy and accompanying supplementary guide which includes the tools and templates needed to carry out engagement and communication across north Yorkshire.

The Joint Strategy and Supplementary Guide can be found here: <https://safeguardingadults.co.uk/engagement-and-communication>

Calendar of Activity

The Calendar of Activity brings together the joint Partnership Campaigns of the NYSAB, the NYSCP and the NYCSP as well as existing campaigns and awareness days which the partnerships support. It also includes individual Board and Partnership activity.

By having this calendar we can co-ordinate our messages and awareness raising campaigns to ensure consistent messaging. Throughout 2020 / 21 we have planned and delivered Safeguarding Week, Hate Crime Awareness Week and supported over 16 local and national campaigns.

The Calendar of Activity can be found here on the NYSAB website: <https://safeguardingadults.co.uk/calendar-of-activity>



Website

In June 2019 we launched our website (www.safeguardingadults.co.uk) which provides information for partners and professionals as well as the general public.

The website has been really well received and has been shared as a piece of good practice both regionally and nationally.

Over the next year we will be reviewing our website, particularly in line with our commitment to co-produce accessible resource, and we will be using the feedback from the NYSAB engagement to help inform this review of the website and our suite of keeping safe resources.

Below are the analytics from 2020/2021 in comparison to the figures for the same time period in 2019/20.

		2019 / 20**	2020 / 21	+/-
	Number of overall visits	5635	9019	+3384 (+60%)
Breakdown of website categories	About Us	425	667	+242 (+56.94%)
	Learning and Research	1,269	2,226	+957 (+75.4%)
	Keeping Safe	2,003	2,687	+684 (+34.14%)
	Working with adults	924	1,942	+1018 (+110%)
	Resources	1,014	1,497	+483 (+47%)

**the NYSAB website was launched in June 2019 and so these figures are from June 2019 – 31st March 2020

Twitter

Social media continues to be a very important way of engaging and communicating with people not only to raise awareness and promote campaigns, but also share policy updates and work from the Board.

It has been a vital communication and engagement tool during the Covid pandemic.

Below are the analytics from 2020/2021 in comparison to the figures for the same time period in 2019/20.

As we have strengthened our work around campaigns and awareness raising, as well as listening to what information people would like us to share and how they would like to share it, the figures have increased significantly. We appreciate that this may also be due to the reliance of social media during the pandemic, but it is something we would like to maintain and build on going forward.

	2019/20	2020/21	+/-
Followers	748	982	+ 234 (+ 31%)
Profile visits	4,183	5,365	+1,182 (+28.25%)
Tweet Impressions*	83,780	197,992	+114,212 (+136.3%)
Tweet Engagements*	2,574	5,133	+2,559 (+99.4%)

* Tweet Impressions are the number of times a Tweet by @NYSAB1 features on somebody’s timeline

**Tweet Engagements are the number of times people open a tweet, watch media within the Tweet or follow a web link within a tweet

Keeping Safe Audio Guides

Last year we published the easy read books about ‘Keeping Safe’ which were co-produced with the North Yorkshire Learning Disability Partnership Board and Inclusion North.

These books were really well received and have been shared as an example of best practice throughout the Safeguarding Adults Board Managers Network.

Listening to feedback from the public and professionals, as well as building on our commitment to be inclusive and accessible, we have now developed the guides in easy read formats.

The links to the audio guides are here:

- **Book 1: What is abuse?** <https://safeguardingadults.co.uk/wp-content/uploads/2021/02/01-NYSAB-Keeping-Safe-from-Abuse-2.m4a>
- **Book 2: Speaking up about abuse** <https://safeguardingadults.co.uk/wp-content/uploads/2021/02/01-NYSAB-Keeping-Safe-from-Abuse.m4a>
- **Book 3: Reporting abuse** - <https://safeguardingadults.co.uk/wp-content/uploads/2021/02/01-NYSAB-Keeping-Safe-from-Abuse-1.m4a>

Future work

Following on from engagement work on the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS) which the Board carried out in 2018, we are now working as part of a task and finish group with representatives from Dementia Forward, Cloverleaf Advocacy, Carers Resource, Inclusion North and the Learning Disability Partnership Board. Our joint aim is to co-produce a suite of accessible resources about ‘My Rights The Mental Capacity Act’ and ‘My Rights – Deprivation of Liberty Safeguards’.

The aim of these resources is to empower individuals to recognise when, and how, to raise concerns, and also how the legislation can be used to empower when it is implemented correctly.

With the upcoming implementation of the Liberty Protection Safeguards (LPS) there is a lot of interest in this piece of work and once the resources have been created and developed we will be launching these and sharing across North Yorkshire.

Working with Healthwatch

We will be working with Healthwatch to capture the views of adults across North Yorkshire. One of the ways we will be doing this is linking in with their pre-existing surveys

The findings from these surveys will be analysed and used to support influence and service change.



Partnerships and Networks

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

- North Yorkshire Safeguarding Children's Partnership
- North Yorkshire Community Safety Partnership
- North Yorkshire Health and Wellbeing Board
- North Yorkshire and York Police and Crime Commissioner

- North Yorkshire and York Systems Leadership Group
- North Yorkshire Inter-Board Network
- North Yorkshire County Council

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

Local Safeguarding Partnerships (LSPs)

Local Safeguarding Partnerships are local safeguarding meetings where partners come together. Professionals are based in Children, Adult and Community Safety services and aim to raise awareness of safeguarding in the local area and respond to local need. The groups identify learning needs, share good practice and deliver the local priorities within the Board and Partnership's business plans.

Each LSP has provided an update on the areas of work they are focusing on within their locality.

Harrogate & Craven

The Harrogate and Craven LSP has worked to support the provision of safeguarding services across all organisations throughout the Covid-19 pandemic. We have used the forum as a platform for checking and supporting service delivery and looking for opportunities to reinforce areas in need of help.

The group have maintained three key themes through the past year and these are:

- A priority on dealing with County Lines and as a consequence we have continued to provide training and awareness opportunities across the partnership for frontline staff and volunteers. Working closely with partners across the county to embed a robust process for appropriate use of the National Referral Mechanism for exploited and trafficked individuals.
- We have provided access to range of development opportunities made available by a cross-section of organisations and making best use of new technologies brought to the forefront through the pandemic.
- We have continued to discuss and raise awareness of the difficulties we face in providing the right support to adults at risk who access services and referrals from within Harrogate and Craven yet reside in other Local Authority or police force areas.

Scarborough, Whitby & Ryedale

The group focused on the following work areas to promote awareness raising and empowerment including reconnecting with communities in North Yorkshire during the Covid pandemic; through partnership working and accountability;

During Safeguarding Week in June 2020, the local LSP developed an awareness package for agencies and organisations on Operation Divan and Operation Disarm in relation to knife crime.

Police work has been ongoing in relation to drug related deaths within the locality and this will be fed into the ongoing County Lines work.

In October 2020 a hate crime awareness presentation was delivered by the North Yorkshire Community Safety Partnership lead as part of the hate crime campaign/

The homeless complex needs project has successfully progressed its multi-agency work. This is a multi-agency project in collaboration with NYCC, Beyond Housing, Scarborough Borough Council and Tees Esk and Wear Valleys NHS Foundation Trust to provide intensive support and housing where identified, to adults who are rough sleeping or homeless and have substance misuse, mental health and / or general health needs.

As well as the key themes and topics listed above the LSP also worked on developing their action plan throughout the year and identifying work streams and activity for the locality.

At each LSP meeting representatives from organisations gave updates on the work they were doing in the locality with regards to keeping people safe, particularly during the pandemic.

Hambleton & Richmondshire

The group has been well attended by a wide range of partner agencies who have shared their experiences to the response and recovery of the pandemic across the past 12 months. Members have developed and disseminated an understanding in relation to local activity of safeguarding concerns and services providing responses within the

community to victims of exploitation, financial and domestic abuse. Agencies have engaged in a work plan which focused on the delivery of Local Safeguarding week concentrating on promoting the Boards workshops and going back to basics of Safeguarding for the community.

Selby

The group has focused on the following work areas to promote awareness raising and empowerment, including reconnecting with communities in North Yorkshire during the COVID Pandemic, through partnership working and accountability:

- Presentations were delivered to the group on a range of topics including:
 - o The new Multi-Agency Safeguarding Adults Policy and Procedures - all organisations have now confirmed they have embedded the new safeguarding policy and procedures within their organisations. This ensures they are in line with best practice – now and in the future.
 - o Signs of Safety Approach – a presentation was delivered by a colleague from North Yorkshire County Council's Children and Young People's Services (CYPS). The group found this presentation useful and this approach was seen to be helpful regarding transferable skills.
 - o Update on new procedures regarding Persons in a Position of Trust working with Adults with Care and Support Needs. The group discussed the connectivity between this and the Children's Local Authority Designated Officer.
- At each meeting each partner organization provided a summary of the work they have undertaken in respect of their response during the COVID Pandemic and their planning for recovery. During the pandemic partner organisations have adapted their approach including working from home with some working in the office to ensure people have been supported via telephone and video, so it has been very much "business as usual."

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, however this is the first year that a purely virtual campaign has taken place.

During the week (22nd - 26th June) social media was used to promote awareness to the public and professionals, to remind people that **"Safeguarding is everybody's business"**. Further, 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 sign posted to, existing resources. As part of this **#TellUsYourConcerns** was used during Safeguarding Week 2020.

The weekly schedule across North Yorkshire and York had a consistent theme, "How to report a concern" on social media each day, and also focused on a different safeguarding area as follows:

- **Domestic Abuse**
- **Keeping Safe Online**
- **Radicalisation, Extremism and 'Prevent'**
 - Radicalisation refers to the process by which a person comes to support terrorism and forms of extremism leading to terrorism.
 - Extremism is vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs. We also include in our definition of extremism calls for the death of members of our armed forces, whether in this country or overseas.
 - Prevent is one of the four elements of CONTEST, the government's counter-terrorism strategy. It aims to stop people who are vulnerable to extremism and radicalisation from becoming terrorists or supporting terrorism. The Home Office works with local authorities and a wide range of government departments and community organisations to deliver the Prevent Strategy.



We have more information in our One Minute Guide to County Lines and Cuckooing which is available here: <https://safeguardingadults.co.uk/prevent-extremism-and-radicalisation>

- **County Lines / 'Cuckooing'**
 - County Lines is the term used to describe the approach taken by gangs originating from large urban areas who travel to locations such as county or coastal towns to sell Class A drugs. Gangs typically recruit children and young people through deception, intimidation such as threats, violence and grooming.
 - Cuckooing usually involves identifying vulnerable people who may use drugs and alcohol, or people who may be vulnerable due to mental or physical impairments, single mothers and female sex-workers. The dealers then coerce, and sometimes threaten the vulnerable person into allowing them to take control of their home so they can use it to store and sell drugs.

We have more information in our One Minute Guide to County Lines and Cuckooing which is available here: <https://safeguardingadults.co.uk/county-lines-cross-border-gangs-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.

We saw an increase in the number of people engaging with the NYSAB social media account and accessing resources via the website. This resulted in the following:

- **15,242 Twitter impressions** which is the number of people who have seen the post. The Tweet with the highest number of impressions had 8,196 views, about the One Minute Guide for Prevent – Extremism and Radicalisation. Feedback from professionals was they found the guide very helpful.
- **336 Twitter engagements** which is when a person has engaged in a post, for example they have clicked on to follow a link, find out more information about the NYSAB or viewed a linked file.
- **37 new Twitter followers** bringing the total followers to 771 (by June 2020).

Feedback received from the campaign will also inform the information the Board produces going forwards as well as how we share this.

This was the first campaign planned using the Joint Engagement and Communication Strategy and it proved to be very effective and helped to create a collaborative awareness raising campaign.



Partner Statements

North Yorkshire County Council – Health and Adult Services

Awareness and Empowerment

- Worked in partnership to plan and deliver a safeguarding workshop on the Mental Capacity Act which included, Raising Safeguarding concerns and reporting Risk Notification Returns to the Quality and Market Improvement Team.
- The HAS Safeguarding Team have:
 - o facilitated regular “Peer Support Sessions” for HAS Enquiry Officers and Safeguarding Coordinators
 - o produced a regular Safeguarding Newsletter which promotes safeguarding resources to HAS staff
 - o delivered awareness raising sessions about safeguarding at Higher Education establishments
- Attended multi-agency forums and Partnership Boards

Prevention

- The Post Implementation Review (PIR) for the Joint Multi-Agency Safeguarding Adults Policy and Procedures is underway. The focus is making sure that the Safeguarding Policy and Procedures have been implemented successfully within HAS.
- The safeguarding team and training and learning team, have promoted the updated safeguarding competencies for level 3 enquiry officers and level 4 safeguarding coordinators within HAS.
- The use of easy read guides and safeguarding resources has been promoted.
- Quality and market support meetings have been implemented to review and respond to quality issues identified internally or by partner agencies and assess the level of support/intervention required. It is a collaborative approach to support the care market, aims to promote a pathway to outstanding, improving outcomes, and lived experiences to those accessing services

Protection and Proportionality

- HAS is undertaking specific work regarding anti-racist practice, including the development of an “anti-racist ‘pledge’ and anti-harassment policy”.
- The safeguarding DASHBOARD has been reviewed and updated to support the Safeguarding Adults Collection (SAC) of data to the Department of Health and Social Care (DHSC) and enables data to be regularly reviewed by HAS and the NYSAB partners to assure quality, improve safety and quality in adult safeguarding.
- The Domestic Abuse Stalking and Harassment Risk Assessment (DASH) has been built in to the electronic recording system, for safeguarding practitioners to use within HAS when responding to concerns about domestic abuse.

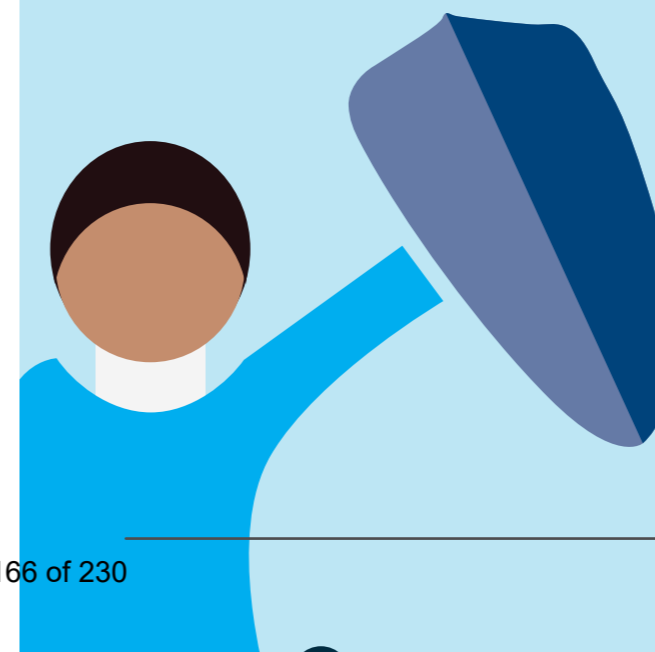
Partnership Effectiveness and Accountability

- The following sessions are offered to support HAS practitioners:
 - o Safeguarding peer support – an opportunity for safeguarding coordinators and enquiry officers to access the skills, knowledge and confidence to develop and deliver good practice when working with adults at risk.
 - o Practice peer meeting – an opportunity for practitioners to work through practice queries, share knowledge / ideas / experience and learning and open up opportunities for shadowing and more robust joint-working.
 - o Practice support meeting - a valuable resource available to practitioners and their managers that provides a forum to discuss complex practice situations. The meeting attendees work in partnership to find a way forward to support individuals achieve their outcomes and manage identified risks.
- An internal safeguarding tactical advisory group has been implemented and meets regularly. This provides a forum for discussing and action planning issues, which are impacting on safeguarding practice.
- Regular safeguarding updates, which are relevant to safeguarding practice, are provided at the care and support managers forums.

‘Keeping everyone safe’ in 2020/21

During the pandemic:

- HAS restructured the way that operational teams responded, including the introduction of command centres, response and delivery teams as well as introducing new operational hours and new assessment tools.
- Home working provided the opportunity to roll out at scale technological solutions to support virtual teams, virtual assessments using apps such as WhatsApp and improved technology in care settings.
- The Quality Market Improvement Team maintained good communication and offered support to provider services.
- Our Quality Improvement Team (QIT) provided additional support and resources to providers, depending on what was required.
- Intelligence and risks regards care provider services have been shared at silver and gold meetings. These are multi-agency meetings where solutions can be found, decisions on guidance made and additional actions are agreed.



North Yorkshire & York NHS Clinical Commissioning Groups (CCGs)

Awareness and Empowerment

- GP Safeguarding leads network meetings were changed to online during the pandemic but as in previous reports have continued to be well attended. The meetings offer additional specialist training and support for the dedicated safeguarding practice leads in each GP surgery.
- The Health Partnership Group continued as a virtual meeting providing valued peer support and an effective mechanism for disseminating and discussing local and national safeguarding issues and sharing best practice.
- All training packages were adapted to be delivered virtually during the pandemic and the CCG safeguarding team have delivered training to 465 Primary Care staff on domestic abuse, stalking and harassment; learning from local adult case reviews; working with adults who self-neglect and an overview of Liberty Protection Safeguards.
- Level 3 safeguarding adults initial training has been delivered to GP Practice and CCG staff with 41 attendees across two events. Additional training has been delivered to administrative staff on safeguarding awareness and management of safeguarding information in GP practice.
- The safeguarding team contributed to arrangements for safeguarding week in June 2020 with the new format of a narrated presentation on self-neglect and the newly published guidance was disseminated to all practice safeguarding leads to share with practice colleagues.

Prevention

Providing the right safeguarding specialist support for GP practices and provider organisations has been key during the pandemic. Measures taken by the CCG safeguarding team have included:

- Extended hours of work by team members to provide safeguarding advice before and after usual surgery hours.
- Guidance developed for 'safeguarding at a distance' to support GPs undertaking virtual consultations to spot potential signs of abuse
- Dissemination of the Self Neglect Practice Guidance.
- Development and dissemination of new safeguarding bulletins for provider organisations as a summary document of safeguarding information to share in a timely way; cut down on email communication; and support practitioners who were redeployed away from their specialist roles into frontline clinical work.
- Regular provision of a safeguarding summary bulletin for primary care staff.
- Audit of the MAPPA process evidenced robust information sharing with Primary Care.
- Primary Care engagement in the MARAC process now well-embedded.
- Working together with multi-agency partners to share concerns regarding the impact of the pandemic on care providers and people with a high level of need and additional vulnerabilities – reducing the risk of abuse, neglect and self-neglect



Protection and Proportionality

- The CCG and Primary Care safeguarding team support enquiry work where complex health issues are a predominant feature and where a multi-agency response to high-risk cases is required.
- The team have been involved in almost 100 section 42 enquiries in 2020/21 with the locality teams across the North Yorkshire region (a small decrease from 110 cases in 2019/20). The main categories of abuse in cases with CCG involvement have been neglect or self-neglect and physical abuse.
- The safeguarding team have continued to offer support and advice to practitioners in respect of actions required for potential safeguarding concerns. The number of calls for advice and support remained at the same level as the previous year.
- The safeguarding team work closely with health colleagues providing safeguarding advice and risk-management support where required for patients in receipt of Continuing Healthcare Funding.
- The number of quality assurance visits reduced significantly in 2020 as the team worked remotely from March and care homes adhered to the national lockdown and closed their doors to all visitors in all but exceptional circumstances. The team worked with partners to complete virtual assessments where concerns were identified.
- A joint adults and children CCG policy for Managing Allegations Against Staff was approved in October 2020; providing a clear process alongside the NY SAB Persons in Positions of Trust (PiPoT) procedures.

Partnership Effectiveness and Accountability

- From April 2020 North Yorkshire CCG became the employing organisation for the safeguarding team for both North Yorkshire and Vale of York CCG. An internal audit was completed in October 2020 which demonstrated significant assurance on the effectiveness of safeguarding arrangements in place including compliance with statutory requirements.
- A new Specialist Nurse for Primary Care was recruited in May 2020 and a new Safeguarding Officer in October 2020. Both recruits have added significant experience to the team from previous roles.
- Local delivery of the Learning Disability Mortality Review Programme (LeDeR) was maintained by the safeguarding team until transfer of the programme to the CCG Director of Transformation. The safeguarding team continue to provide administrative and project support and the Designated Professionals are active members in the steering group.
- The NY CCG Chief Nurse is the executive member of the NY SAB and the CCG Designated Professionals and Primary Care Team have continued active roles in NY SAB and all its subgroups.
- Safeguarding across the developing Humber, Coast and Vale Integrated Care System has been strengthened by regular meetings of the Safeguarding Designated Professionals with the development of shared actions and outcomes.
- The Designated Professionals became full members of the Safeguarding Adults national network (SANN). Led by the NHS England national team the network has provided a weekly forum to discuss and action safeguarding issues of national and local significance.

Bradford District and Craven NHS Clinical Commissioning Group (CCG)

Awareness and Empowerment

- In response to the Covid 19 pandemic and remote working Safeguarding training has been developed and delivered by the safeguarding team to CCG staff via the virtual platform of Zoom.
- Our Named Doctor and Specialist Practitioner: Safeguarding Adults have developed and delivered a wide range of training, including the role of carers in safeguarding to GPs, Practice Safeguarding leads and GP Registrars via the virtual platform of Zoom.
- Information has been made available electronically to Primary Care staff, including guidance on virtual examination and Domestic Abuse.
- Development of and system wide sharing of a Mental Capacity Act and vaccination aide-memoire to support practice.

Prevention

- In light of Covid 19 the CCG safeguarding team have supported the assessment of the impact of numerous service changes in relation to safeguarding adults.
- We have supported the safeguarding aspect of the new carer's health check template in SystmOne for Primary Care.
- We have worked with partners to identify and respond to safeguarding issues as they emerged during the pandemic, using regular meetings and strengthening relationships.
- Regular newsletters have been circulated to Primary Care including information about Prevent and Domestic Abuse.
- We contributed to the sharing of domestic abuse information at Covid testing sites and vaccination centres.
- To support our managers we have delivered training to support them to routinely enquire about domestic abuse in return to work interviews



Protection and Proportionality

- Our Personalised Commissioning Team has made timely applications for community deprivation of liberty cases to the Court of Protection to ensure actions and restrictions are proportionate and necessary.
- Development and delivery of Mental Capacity Act Masterclasses to provide staff across the health economy with a greater understanding of case law and application in practice.
- We have developed a strategy to support the implementation of the Liberty Protection Safeguards in collaboration with partners across the health economy.
- We have provided expert advice and support to primary care staff.

Partnership Effectiveness and Accountability

- The CCG successfully transitioned from 3 CCGs to 1 CCG in April 2020.
- We have successfully recruited into the posts of; the Designated Nurse: Safeguarding Adults following the retirement of the previous post-holder; the newly created Specialist Practitioner: Safeguarding Adults post and; the MCA/Liberty Protection Safeguards Lead.
- Our Health Safeguarding Adults group has provided leadership and mutual support to safeguarding adults leads across the health system.
- In light of the Covid 19 pandemic we have adapted our safeguarding and quality systems to monitor our providers and how well they are doing in protecting people from abuse and neglect.

'Keeping everyone safe' in 2020/21

We have been responsive and worked in partnership across the health and social care system to support partners and seek assurance that safeguarding adults remained a priority during the pandemic.

We have strengthened relationships within the CCG and multi-agency partnerships to ensure safeguarding adults is at the centre of decision-making, including service changes as a result of the pandemic.



North Yorkshire Police

Awareness and Empowerment

Key Achievements

2020/21 has been a unique year and though the difficulties of COVID are obvious, North Yorkshire Police have continued to promote internally and externally the importance of Safeguarding particularly focussing on reports of vulnerability that include:

- Domestic Abuse
- Concern for Safety and Mental Health related incidents.
- Exploitation (Adults and Children)

North Yorkshire Police have continued to work with our partners in a 'Business as usual' approach wherever possible adapting to new ways of working via advanced technology.

Prevention

Key Achievements

North Yorkshire Police recognise those victims suffering domestic abuse, exploitation and mental health episodes are particularly vulnerable and isolated under normal circumstances, the pandemic and the restrictions may have exacerbated this. North Yorkshire Police have trained an additional 68 PCSO's to carry out follow up domestic abuse visits, domestic violence disclosure training and victim safety planning during 2020 with a further 28 PCSO's being trained in 2021.

In the last year further investment has been secured enabling North Yorkshire Police to develop our safeguarding response which has included:

- An increase of Domestic Abuse Officers.
- The creation of a dedicated stalking intervention Team.
- The further recruitment of Domestic Abuse

Court Presentation officers dedicated to the applications of protective civil orders, and those introduced by the newly enacted Domestic Abuse Bill.

- Further development of Missing from Home (Adults) promoting the Herbert Protocol and the Ellam Protocol.
- Daily reviews are being completed on all crimes committed against victims aged 65 years and over to ensure all safeguarding and vulnerabilities are addressed.
- Additional resources to Develop an Adult Multi Agency Safeguarding Hub
- A dedicated Problem Solving Team based within the Partnership Hub.

North Yorkshire Police have invested in the Domestic Abuse Matters training provided by Safe lives. The training will be rolled out throughout 2021. The training is a comprehensive package starting with a three day train the trainer course to enable resilience across the force to embed within our training offer, First responder training follows, with operational staff and a Domestic Abuse champions course, concluding with a Force Health check.

Protection and Proportionality

Key Achievements

Communication to police officers and staff had been undertaken in Q4 in readiness for the new victim code which was implemented on the 1st April 2021. The new Victim Code outlines 12 overarching rights for victims that are easy to understand. The code outlines the minimum levels of support that victims of crime should expect to receive from the police and other criminal justice agencies and to make sure they have access to the best possible support when they need it. The rights are applicable to victims of all criminal offences.

The Code also includes enhanced rights to provide additional support for victims who are assessed as:

- vulnerable or intimidated
- persistently targeted
- victims of the most serious crime (including bereaved close relatives)

The Code includes the right to be offered support when a victim reports a crime to the police. This includes an initial victim needs assessment which helps identify those who are entitled to receive enhanced rights.

Partnership Effectiveness and Accountability

Key Achievements

- MARAC (Multi Agency Risk Assessment Conferences) North Yorkshire Police records show that MARAC meetings have increased annually and consequently there is a growing requirement for the support and commitment for this important part of safeguarding from our partners.
- North Yorkshire Police are actively engaged and committed to the North Yorkshire Safeguarding Adults Board.
- North Yorkshire Police are actively engaged in the coordination and participation of Safeguarding Week which has become an expected and embedded feature in the North Yorkshire Police Calendar.
- We have worked with partners to deliver webinars and workshops on Topics such as Fraud, Domestic Abuse, and County Lines

'Keeping everyone safe' in 2020/21'

North Yorkshire Police recognise the last year as an extremely difficult one for so many people. The unprecedented Public Health emergency has really highlighted the positivity and enthusiasm from our staff, Partner agencies and the Public, in helping keep our most vulnerable members of the community safe throughout this pandemic.

During the COVID pandemic North Yorkshire Police have:

- Held fortnightly Domestic Abuse tactical meetings to identify and monitor spikes/ trends early and being able to plan and respond accordingly with Partners. These meetings were initially held weekly during the first lockdown.
- Participated in the Multi Agency COVID Response meetings.
- Joined the Employers' Initiative on Domestic Abuse, along with other high-profile organisations, the aim to share best practice and improve our support to employees.
- Increased our engagement of and with the public on social media platforms to enhance visibility and reassurance during COVID restrictions.
- Introduced a variety of ways using technology to ensure staff can discuss their cases, seek advice and supervision, in order to offer the same service to the Public.
- Submitted 3120 concerns for Adults in 2020.
- The Office of the Police, Fire and Crime Commissioner has reported a 30% increase in compliments about the police during the COVID pandemic.

You can find all non-statutory partner statements on our website <https://safeguardingadults.co.uk/partner-statement>



Safeguarding Adults Reviews and Lessons Learned Review

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

The aim is not to apportion blame to any individual or organisation but to learn lessons where an adult, in vulnerable circumstances, had died or been seriously injured, and abuse or neglect is suspected. In the past 12 months the North Yorkshire Safeguarding Adults Board have carried out one SAR - Anne. We have also worked in partnership with another SAB to complete a SAR for a person who briefly lived in North Yorkshire. The Learning and Research group has also conducted a number of practice reviews where the statutory criteria was not met.

In addition, we have recently commissioned a further SAR. We will complete this within the coming months and the findings will be published in the NYSAB 2021/22 Annual Report.

SAR 'Anne'

As agreed with her family, the pseudonym of 'Anne' was used for this review. The review looked at the actions of the agencies involved in supporting Anne, a woman who died in 2018 due to accidental drug toxicity.

It looked specifically at the multi-agency response to Anne's needs in the period prior to her death. We thank Anne's family for their help with this review during this difficult time for them.

The report sets out 10 recommendations to the individual agencies involved and the NYSAB as a whole, all of which are accepted by the NYSAB in full and work is now underway to implement these recommendations.

In response to recommendations one and five within the report, the NYSAB has commissioned two external independent reviews.

The first of these reviews will look at the supported housing accommodation arrangements to identify risks and opportunities, with a view to influence changes to policy at regional and national level.

The second review will be undertaken to look at the Drug and Alcohol Recovery Service discharge process where existing concerns of substance misuse are present in service users.

The SAB will publish a delivery report in September 2021 which sets out what agencies have done in response to the recommendations made.

The full 'Anne' SAR report, including all recommendations, can be found here on the NYSAB website: <https://safeguardingadults.co.uk/learning-research/sar-anne/>

SAR 'Ian' and Mrs S Action Plans

During 2020/21, the NYSAB has overseen the completion of two action plans, one in relation to the Lessons Learned Review for Mrs S, and one for the Ian SAR.

Delivery reports for both were published on the NYSAB website in September 2020.

They explain the changes made in response to these reviews, including the introduction of new multi-agency policies for complaint management, improving Mental Capacity Act 2005 practice, and sharing information with other agencies.

A 7-minute briefing for SAR 'Ian' can be found in Appendix B and also on the NYSAB website along with the SAR report at <https://safeguardingadults.co.uk/learning-research/sar-ian>

The lessons learned review for Mrs S along with the Independent Health Review carried out by the CCG can be found here on our website <https://safeguardingadults.co.uk/llr-mrs-s>

All of the NYSAB's completed reviews can be read in full on our website: <https://safeguardingadults.co.uk/learning-research/nysab-learning/>



Strategic Priorities 2021-23

The Board agreed the four following priorities for 2021-23

As it is proposed that the priorities listed 2021 – 23; there will be further opportunities to review these priorities at the Board’s development day later in the year.

i. **Reconnect with communities in North Yorkshire to raise awareness and develop strategies to address and reduce risk of abuse**

This priority’s focus remains on safeguarding being everyone’s business and engagement and communication. As the focus moves away from responding to the pandemic, the Board will also look to refresh the connection with Healthwatch, as well as build on the continuous work with the LD community, specifically looking at areas the SAB has successfully adopted and to encourage these as best practice for all partners.

There is also a commitment to making the Local Safeguarding Partnerships (LSPs) more effective and to have a stronger connection to the Board.

ii. **Ensure multi agency safeguarding policies and procedures are line with best practice and meet the needs of older people and younger vulnerable people – now and in the future**

This builds on the current priority regarding policies and procedures.

There is the possibility for a potential revisit for multi-agency working regarding adult safeguarding

Preparation for Liberty Protection Safeguards (LPS) will be part of this priority.

For accessible versions of our strategic priorities visit <https://safeguardingadults.co.uk/strategic-priorities>

iii. **Ensure a stronger partnership approach and accountability for the prevention of abuse**

This priority focuses on the effectiveness of partners’ joint working; relationships with the North Yorkshire Children Safeguarding Partnership (NYSCP) and Community Safety Partnership (CSP); relevant connections with other areas that impact on adults for example modern slavery and suicide prevention, particularly younger people and those in transition”.

The Board needs to look at better data: the sharing of intelligence, qualitative data as well as performance management.

A specific area of focus for the Board and its sub-groups will be to seek assurance about effectiveness of addiction services to adults at risk, as this has been a recurring theme from SARs and to review the recommendation around housing from the ‘Anne’ SAR.

iv. **Ensure NYSAB is able to effectively adapt and respond to wider contextual changes affecting adult safeguarding**

This includes LPS; learning from SARs; Mental Health Act (MHA) review implications; LeDeR implications; seeking opportunities to learn from others about best practice through peer review / benchmarking; as well as being connected to Integrated Care Systems; and being fully appraised and engaged in Local Government Reorganisation (LGR).

Attendance Record

Organisation	Designation	June 2019	September 2019	December 2019	March 2020
North Yorkshire County Council	Independent Chair	Y	Y	Y	Y
	Corporate Director of Health and Adult Services	Y	Y	Y	N
	Assistant Director	Y	Y	Y	Y
	Director of Public Health	N	N	Y	N
	Public Health Consultant	Y	Y	-	Y
North Yorkshire Police	Deputy Chief Constable / Assistant Chief Constable	Y	Y	Y	Y
NHS Clinical Commissioning Groups (CCGs)	Designated Professional for Safeguarding	Y	Y	Y	Y
Bradford District and Craven CCG	Designated Professional for Safeguarding	Y	Y	Y	Y
Harrogate District Foundation Trust (on behalf of Acute and Community Trusts)		Y	Y	N	Y
Tees, Esk and Wear Valleys NHS FT		Y	Y	Y	Y
Richmondshire District Council (on behalf of Borough/District Councils)		Y	Y	Y	Y
Community First Yorkshire		Y	Y	Y	N
Healthwatch		N	N	Y	N
Independent Care Group		N	Y	Y	Y
Legal Advisor to the Board		Y	N	Y	N
Probation Service		Y	Y	Y	N
Trading Standards		N	N	N	N
North Yorkshire Fire and Rescue Service		Y	Y	Y	Y

Financial Record

Funding

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

Income 2019/20	
North Yorkshire County Council	£146,587
North Yorkshire Police	£20,000
North Yorkshire CCGs	£20,000
Total	£186,587

Expenditure 2019/20	
Independent Chair	£9,600.00
Staffing	£168,543
Supplies and Services	£4,548
Safeguarding Adults Review	£1,944.00
Total	£186,587

Appendix A: SAR 'Ian' 7-minute briefing



Section 1 What is a Safeguarding Adults Review (SAR)?
A SAR is a multi-agency review process, which seeks to determine what relevant agencies and individuals involved could have done to have prevented harm or death from taking place. It will establish whether there are lessons to be learned and promote effective learning and improvement to prevent future deaths or serious harm happening again. A SAR should reflect the six safeguarding principles of **empowerment, prevention, proportionality, protection, partnership and accountability**

Section 2 Background
Ian was a 47 year old gentleman who had a diagnosis of Schizophrenia (unspecified) and a history of involvement with mental health services dating back to 1995. In June 2014, Ian became homeless and deterioration in his mental health, with an associated risk of suicidal thoughts, led to an admission into hospital. He was receiving care and support under the 'Care Programme Approach' (CPA) and went on to live in supported accommodation under the provisions of Section 117 aftercare. On 12th April 2017, Ian was found dead at his flat in Harrogate after taking his own life.

Section 3 Key Learning: Mental Health
There were early warning indicators during Ian's contact with services that would suggest a possible deterioration in his mental health. It is important that all agencies recognise that deterioration in an individual's mental health does not always manifest itself with a crisis episode. All agencies are to ensure that mental health training is of sufficient quality and available to all staff and included within their contractual requirements

Section 4 Key Learning: Information Sharing
It is acknowledged within the SAR that information was shared and stored differently across the agencies involved in supporting Ian. The sharing of, and access to, this information is vital when working collaboratively to provide the appropriate level of support to individuals in their services. Guidance for effective information sharing is to be followed and can be found within the Safeguarding Adults **Joint Multi-Agency Policy and Procedures and Information Sharing Agreement**.
The Joint Multi-Agency Policy and Procedures can be found [here](#)

Section 5 Key Learning: Care Programme Approach
Ian was receiving care and support under CPA. There were elements of the CPA which were not followed in line with current guidance.
Organisations with responsibility for CPA planning are to have effective systems in place to scrutinise the review processes for identification and management of risk.

Section 6 Key Learning: Professional Challenge
There is clear evidence throughout the review of a lack of professional challenge. There are many instances where records indicate staff from different organisations did not agree on a course of action but these concerns are not raised or escalated. All agencies are to be aware of when and how to use professional challenge / curiosity and have effective guidance and training to support.

Section 7 Key learning: Support planning
There was a lack of an effective support plan in place for Ian whilst he was residing within supported living accommodation. This would have supported the CPA process and given clear guidance to staff who were supporting Ian. Comprehensive support plans are to be in place for all vulnerable people who may take up residence at premises owned or managed by the Council.



For the full SAR report click here

North Yorkshire Safeguarding Adults Board

Annual Report 2020/2021

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*Making safeguarding everybody's
business in North Yorkshire*

Contact us

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Our Customer Service Centre is open Monday to Friday 8.00am - 5.30pm

(closed weekends and bank holidays). Tel: **01609 780 780**

email: customer.services@northyorks.gov.uk web: www.northyorks.gov.uk

If you would like this information in another language or format please ask us.

Tel: **01609 780 780** email: customer.services@northyorks.gov.uk

North Yorkshire Safeguarding Adults Board

Annual Report - One Page Summary

What we've achieved in 2020-2021

Safeguarding Adult Reviews

We published our safeguarding adult review (SAR) in respect of 'Anne'

The full report including its 10 recommendations can be found here: www.safeguardingadults.co.uk/SAR-Anne

Risk Notification Return Guidance Tool for Providers.

More information is available here:

www.northyorks.gov.uk/info/risk-notification-return-guidance-tool and here: www.northyorks.gov.uk/tools-procedures-and-guidelines-adult-social-care-services-providers

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:

www.safeguardingadults.co.uk/one-minute-guides-omg

Safeguarding Week 2020

The campaign took place online due to the COVID-19 restrictions however, this didn't stop people engaging and raising awareness on key areas including:

- Domestic Abuse;
- Keeping Safe Online;
- Radicalisation, Extremism and Prevent;
- County Lines and Cuckooing and;
- Mental Health



Implementation of the **Joint Engagement and Communication Strategy** and **Calendar of Activity**. Both of which can be found here on our website:

www.safeguardingadults.co.uk/engagement-and-communication/

Accessible information

Audio versions of the easy read Keeping Safe guides are now available here:

www.safeguardingadults.co.uk/easy-read-guides

To view the full Annual Report and easy read summary and listen to the audio version of our report please visit our website:

www.safeguardingadults.co.uk/annual-reports/

Looking forward to 2021/22:

- Response and recovery to Covid-19
- Publication of Joint SAR report
- Preparation for the implementation of Liberty Protection Safeguards
- Post Implementation Review of the Joint Multi-Agency Safeguarding Adults Policy and Procedures
- Safeguarding Week 2021



3456
(4503)

Safeguarding concerns received during 2019/20

23%
(18%)

The decrease in safeguarding concerns received from the previous year

1106
(432)

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

We are now asking considerably more people about outcomes,

Of the **76%** of people that did express a desired outcome:

70% of these people's outcomes were fully achieved;

28% of people said their outcomes were partially achieved; and

2% of people, (32) said their outcomes were not achieved.

In England in 2019/20, **67%** of people fully achieved their personal outcome.

1
(2*)

Number of Safeguarding Adult Reviews we have commissioned this year

1
(1)

Number of Safeguarding Adult Reviews we have carried out this year

1590
(1374)

Number of safeguarding enquiries concluded at Quarter 4

25%
(23%)

Neglect & acts of omission is the highest abuse type recorded for completed enquiries in 2020/21

3518
(2*)

Number of Deprivation of Liberty Safeguards (DoLS) applications received

6%
(n/a)

The recordings of domestic abuse total 6% of abuse types and an average of 22 a month

701
(1279*)

Independent Sector (Care Home) continues to be the source of most safeguarding concerns

Contact details:

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North Yorkshire Safeguarding Adults Board

Annual Report 2020/21



Easy Read Summary



This is the easy read summary of the annual report of the North Yorkshire Safeguarding Adults Board (NYSAB).



This annual report tells you about the work that the NYSAB has done between 1st April 2020 – 31st March 2021.



The NYSAB works with other organisations in North Yorkshire to make sure that adults with care and support needs are kept safe.



Safeguarding means protecting people from **abuse** and **neglect**.



Abuse is when someone does or says things that frighten you or cause you harm.

Neglect is when your care and support needs are not being met.



Abuse and neglect are wrong.



People should be as independent as possible and make choices about how they want to live and still be safeguarded.



The NYSAB is made up of lots of different organisations including the Police



Hospitals



North Yorkshire County Council



Health and care providers



The Board also has legal responsibilities – things they **must** do



One of these things is to write a report every year about what it has done. This is called an Annual Report.



The Board must also have a plan for what it will do for the next year to keep people safe.



You can find an easy read version and audio version of our plan for 2021 – 2023 on our website at <https://www.safeguardingadults.co.uk/strategic-priorities>



All organisations have a duty to work together to keep people safe from abuse and neglect.

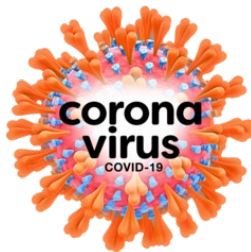


We also want to make sure that adults who are abused or neglected are asked how they want to be kept safe in the future.

This is called 'Making Safeguarding Personal'. We want all of our partners to work this way too and tell us how they do this.

What the Board has done in 2020 / 21

Keeping People Safe During the Covid pandemic



This year the NYSAB and the organisations it works with have worked very hard to help people during the Covid pandemic.



Lots of people were very poorly because of Covid.



This meant hospitals and social care services were really busy.



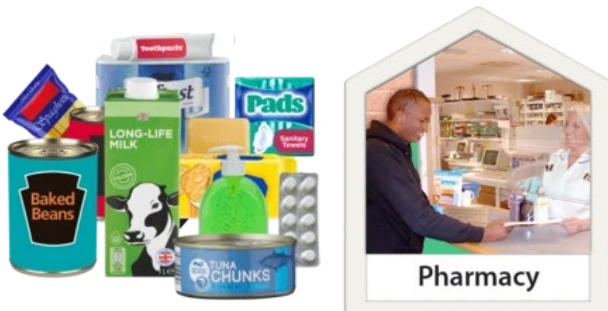
For some this meant we had to change the way we cared for and supported people.



Although there were changes it was still important that the people we care for and support were kept safe.



We know that lots of people in communities looked out for their neighbours, friends and loved ones.



They did things like:

- Do their shopping
- Collect medicine and prescriptions
- Take them to appointments
- Check on them to make sure they were okay.





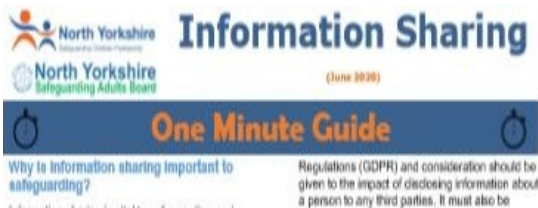
This is a really kind thing to do.

Although the pandemic has been really hard, people have looked out for each other.



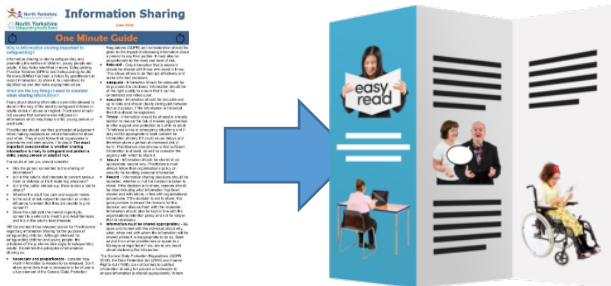
We would like to say a **BIG THANK YOU** to everyone for looking after each other and making sure adults in North Yorkshire were kept safe.

What other things has the Board worked on in 2020 - 2021



We have made some One Minute Guides (OMGs).

These give information to professionals about different topics like information sharing.



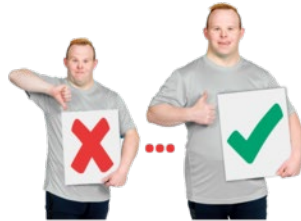
We are looking at making accessible versions of these guides.



We carried out a **safeguarding adult review** about someone called 'Anne'.



A **safeguarding adult review** looks at what organisations could have done differently to stop someone from being harmed or dying.



The report made recommendations to the NYSAB and different organisations.



These recommendations tell us things we need to do and learn from to make sure other people are kept safe from harm.



At the beginning of 2021 we started to carry out an engagement project across North Yorkshire.

We have engaged with lots of people such as:



- Adults with care and support needs;
- Families, friends, carers and advocates;
- People who work in care and support like care home staff and residents;
- Local communities and people who are hard to reach



We want to find out what people want to hear from us and how they want to hear from us.

But we also want to find out what people want to tell us and how they want to tell us.

We hope by engaging with lots of people we can do a number of things:

- Update the information we share with people so they know how to keep themselves and others safe
- Continue to look at ways we can work together to co-produce accessible information for all
- Make the way we engage with people across North Yorkshire better
- Listen to what people want and act on it



This engagement work will finish in September 2021.

From the feedback people give us we will make some plans to improve the information we share and the way we engage.



We will work with people and communities across North Yorkshire to do this.

Safeguarding Week 2020



Safeguarding Week took place in June 2020.



Because of COVID restrictions we couldn't go out to meet people to talk about safeguarding.

Instead we shared lots of messages and information online and on social media.



People from the local authority, health, police and many others gave advice on what you should do if you or someone you know has been abused or neglected.



Lots of people used the information we shared.

They said that they were very useful and there was a lot of helpful information to understand what to do to keep themselves and others safe.

What else did the North Yorkshire Safeguarding Adults Board do last year?



We started to produce our Board meeting minutes in easy read format.

This way more people can access what the NYSAB are working on.



People told us they like the minutes in easy read format.



We hope this encourages other organisations to put make their minutes and information accessible too.



We have worked really closely with the **North Yorkshire Safeguarding Children Partnership** and **Community Safety Partnership**.



Working together means we can share ideas and information with each other to help keep people safer in their areas.

What are we going to do in 2021 - 22



We will continue to work closely with communities in North Yorkshire to keep people safe.



We will be updating our website and keeping safe resources to make them more accessible.



We will be asking our partners to do the same and show us how they have done this.



We will host an online event for Safeguarding Week 2021 for professionals and members of the public.



We are going to look at developing training for members of the public.

We will also look at how self-advocates can help to co-produce this.



We will be working with different groups in North Yorkshire to co-produce accessible information about the **Mental Capacity Act** and what that means for people.



The **Mental Capacity Act** is a law.

It puts some rules in place for people who are 16 years old or older and may not be able to make some decisions.

Examples of things they can't decide may include:

- About where they live
- What support they may need
- How to manage their money

Liberty Protection Safeguards



Dorset Advocacy have made a really helpful easy read guide about Liberty Protection Safeguards (LPS).

It also has information about the Mental Capacity Act.

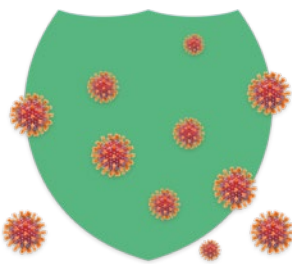
You can find it here:

<https://www.dorsetadvocacy.co.uk/wp-content/uploads/2021/08/liberty-protection-Easy-Read.pdf>



Accessible Information Standard

We will work with groups and communities to find new and accessible ways to share information with people to keep themselves and others safe from abuse and neglect.



We will be doing a lot of work to look at what we can learn from the coronavirus.

This will include supporting organisations and communities.



We would like to say another BIG THANK YOU to everyone who has been involved with our work over the last year.



We really look forward to working with you next year to continue to keep adults in North Yorkshire safe.

How to contact us about this report



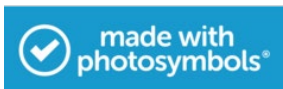
You can write to us at: North Yorkshire Safeguarding Adults Board, North Block, Health and Adult Services, County Hall, Northallerton DL7 8DD




You can email us at:
nysab@northyorks.gov.uk



You can visit our website at:
www.safeguardingadults.co.uk



This easy read summary was made using Photosymbols

Item Number: 12									
Name of Presenter: Christine Pearson									
Meeting of the Governing Body Date of meeting: 2 December 2021	 Vale of York Clinical Commissioning Group								
Report Title – North Yorkshire MAPPA Annual Report 2020-21									
Purpose of Report <i>(Select from list)</i> For Information									
Reason for Report <p>The MAPPA (Multi-Agency Public Protection Arrangements) annual report provides agencies responsible for maintaining the high standard of MAPPA offender management an opportunity to explain their showcase their work to the public, providing the confidence that our arrangements are strong and that agencies are effective in managing the most dangerous offenders living within the County of North Yorkshire.</p> <p>The report highlights the safeguarding team's role in the information sharing arrangement in place with primary care and hospital services, enabling those services to manage any risks related to the offender and safely provide appropriate health care and referral to specialist services where necessary maintaining that same level of support.</p> <p>MAPPA statistics are included on page 18 and 19</p>									
Strategic Priority Links <table style="width: 100%; border: none;"> <tr> <td><input checked="" type="checkbox"/> Strengthening Primary Care</td> <td><input checked="" type="checkbox"/> Transformed MH/LD/ Complex Care</td> </tr> <tr> <td><input type="checkbox"/> Reducing Demand on System</td> <td><input type="checkbox"/> System transformations</td> </tr> <tr> <td><input type="checkbox"/> Fully Integrated OOH Care</td> <td><input type="checkbox"/> Financial Sustainability</td> </tr> <tr> <td><input type="checkbox"/> Sustainable acute hospital/ single acute contract</td> <td></td> </tr> </table>		<input checked="" type="checkbox"/> Strengthening Primary Care	<input checked="" type="checkbox"/> Transformed MH/LD/ Complex Care	<input type="checkbox"/> Reducing Demand on System	<input type="checkbox"/> System transformations	<input type="checkbox"/> Fully Integrated OOH Care	<input type="checkbox"/> Financial Sustainability	<input type="checkbox"/> Sustainable acute hospital/ single acute contract	
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Local Authority Area <table style="width: 100%; border: none;"> <tr> <td><input checked="" type="checkbox"/> CCG Footprint</td> <td><input type="checkbox"/> East Riding of Yorkshire Council</td> </tr> <tr> <td><input type="checkbox"/> City of York Council</td> <td><input checked="" type="checkbox"/> North Yorkshire County Council</td> </tr> </table>		<input checked="" type="checkbox"/> CCG Footprint	<input type="checkbox"/> East Riding of Yorkshire Council	<input type="checkbox"/> City of York Council	<input checked="" type="checkbox"/> North Yorkshire County Council				
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<input type="checkbox"/> City of York Council	<input checked="" type="checkbox"/> North Yorkshire County Council								
Impacts/ Key Risks <input type="checkbox"/> Financial <input type="checkbox"/> Legal <input type="checkbox"/> Primary Care <input type="checkbox"/> Equalities	Risk Rating								

Emerging Risks
<p>Impact Assessments</p> <p>Please confirm below that the impact assessments have been approved and outline any risks/issues identified.</p> <p> <input type="checkbox"/> Quality Impact Assessment <input type="checkbox"/> Equality Impact Assessment <input type="checkbox"/> Data Protection Impact Assessment <input type="checkbox"/> Sustainability Impact Assessment </p> <p>Risks/Issues identified from impact assessments:</p> <p>N/A</p>
<p>Recommendations</p> <p>Governing Body is asked to receive the report as assurance.</p>
<p>Decision Requested (for Decision Log)</p> <p>Governing Body received the report.</p>

<p>Responsible Executive Director and Title</p> <p>Michelle Carrington Executive Director of Quality and Nursing / Chief Nurse</p>	<p>Report Author and Title</p> <p>Christine Pearson Designated Nurse Safeguarding Adults</p>
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MAPPA

Multi-Agency Public Protection Arrangements
Annual Report 2020-21
North Yorkshire



National
Probation
Service



Protection through
partnerships

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Foreword

This annual Multi-Agency Public Protection Arrangements report is important. It provides agencies responsible for maintaining the high standard of MAPPA offender management, an opportunity to explain their key roles to the public. Equally, it should give communities the confidence that our arrangements are strong and that we are effective in managing the most dangerous offenders living within the County of North Yorkshire.

Prior to the COVID-19 pandemic, MAPPA meetings, where information can be shared to inform risk assessments and the deployment of resources to support offenders, were completed in person. However, the pandemic resulted in transitional changes to the MAPPA practices. Models of delivery were put in place keeping National Probation Service staff, police offender managers and offenders safe from the virus, but ensured we were still able to supervise MAPPA offenders within the community.

We cannot totally remove all the risks presented by the offenders, nor should we become complacent in our approach. All agencies must continue to work together to identify and reduce the risks of further offending.

I would like to thank all agencies and staff involved in the MAPPA arrangements for their high levels of professionalism and their commitment during these difficult and challenging times.

Allan Harder

Chair, North Yorkshire MAPPA Strategic Management Board

Detective Superintendent
North Yorkshire Police



**National
Probation
Service**



What is MAPPA?

MAPPA background

MAPPA (Multi-Agency Public Protection Arrangements) are a set of arrangements to manage the risk posed by the most serious sexual, violent and terrorist offenders (MAPPA-eligible offenders) under the provisions of sections 325 to 327B of the Criminal Justice Act 2003.

They bring together the Police, Probation and Prison Services in each of the 42 Areas in England and Wales into what is known as the MAPPA Responsible Authority.

A number of other agencies are under a Duty to Co-operate (DTC) with the Responsible Authority. These include Social Services, Health Services, Youth Offending Teams, Jobcentre Plus and Local Housing and Education Authorities.

Local Strategic Management Boards comprising senior representatives from each of the Responsible Authority and DTC agencies are responsible for delivering MAPPA with their respective areas. The Responsible Authority is also required to appoint two lay advisers to sit on each MAPPA area Strategic Management Board (SMB).

Lay advisers are members of the public appointed by the Minister with no links to the business of managing MAPPA offenders who act as independent, yet informed, observers; able to pose questions which the professionals closely involved in the work might not think of asking. They also bring to the SMB their understanding and perspective of the local community (where they must reside and have strong links).

How MAPPA works

MAPPA-eligible offenders are identified and information about them is shared between agencies to inform the risk assessments and risk management plans of those managing or supervising them.

That is as far as MAPPA extend in the majority of cases, but some cases require more senior oversight and structured multi-agency management. In such cases there will be regular MAPPA meetings attended by relevant agency practitioners.

There are 3 categories of MAPPA-eligible offender:

- **Category 1** - registered sexual offenders;
- **Category 2** - mainly violent offenders sentenced to 12 months or more imprisonment or a hospital order; and
- **Category 3** - offenders who do not qualify under categories 1 or 2 but who currently pose a risk of serious harm.

There are three levels of management to ensure that resources are focused where they are most needed; generally those presenting the higher risks of serious harm.

- **Level 1** - is where the offender is managed by the lead agency with information exchange and multi-agency support as required but without formal MAPPA meetings;
- **Level 2** - is where formal MAPPA meetings are required to manage the offender.
- **Level 3** - is where risk management plans require the attendance and commitment of resources at a senior level at MAPPA meetings.

MAPPA are supported by ViSOR. This is a national IT system to assist in the management of offenders who pose a serious risk of harm to the public. The use of ViSOR increases the ability to share intelligence across organisations and enables the safe transfer of key information when high risk offenders move, enhancing public protection measures. ViSOR allows staff from the Police, Probation and Prison Services to work on the same IT system for the first time, improving the quality and timeliness of risk assessments and interventions to prevent offending.



MAPPA and counter-terrorism

In response to the terrorist attack committed by Usman Khan at Fishmongers' Hall on 29 November 2019, the Home Secretary and the Lord Chancellor commissioned Jonathan Hall QC, who is the Independent Reviewer of Terrorism Legislation, to undertake a review of MAPPA and the management of known terrorists and other extremist offenders (TACT Offenders). The terrorist attack committed by Sudesh Amman in Streatham High Road on 2 February 2020 served to reinforce the need for the review, since both Khan and Amman had been managed under MAPPA. The government published the report on 2 September 2020 and published a response to it on 9 December.

Both documents are available at <https://www.gov.uk/government/publications/multi-agency-public-protection-arrangements-review>. The report made a number of recommendations, several of which have been or are being implemented via the Counter-Terrorism and Sentencing Act 2021 and the

Police, Crime, Sentencing and Courts Bill. Others have already been introduced by the creation of the National Security Division (NSD) in the Probation Service to manage terrorist offenders. The Secretary of State has also revised the statutory MAPPA Guidance on terrorist offenders.

The Probation Service, via the NSD, has created a specialist dedicated and highly skilled workforce, which provides an enhanced level of management and intervention for the most high-risk, complex and high-profile offenders in the community. This will include the management of terrorist connected and terrorist risk offenders. Five Probation Service national security units have been established across England and Wales during 2020/21. The NSD and Counter-Terrorism Policing will be working closely with local Strategic Management Boards to ensure the robust management of terrorism cases. The NSD also manages serious organised crime and the most high risk and high profile public protection cases.



Auditing MAPPA

MAPPA Strategic Management Boards (SMB) are responsible for keeping the MAPPA arrangements in their area under review - to monitor the effectiveness of MAPPA operations and make any changes that appear necessary or expedient. This is done through the monitoring, auditing and evaluation of MAPPA processes in order to:

- provide evidence that the statutory duties regarding the delivery of MAPPA are being delivered, and
- provide evidence that everything was done that could reasonably have been done to prevent MAPPA offenders from reoffending.

There are various ways of providing evidence that 'everything was done'; completion of an annual audit of cases, through MAPPA Serious Case Reviews should an offender subject to MAPPA commit a specified serious further offence; annual review of complaints received; demonstrating compliance with MAPPA Key Performance Indicators (KPIs) and providing National Statistics for the MAPPA Annual Report.

For this article however, the focus is on the process in place in York and North Yorkshire for auditing MAPPA cases, and the separate auditing of the management of MAPPA meetings.

The very first audit of cases took place in our area in March 2004 and an annual audit has taken place every year since then.

The purpose of the audit, and the materials from which data is collected, have remained very much the same since 2004. Materials used are a random selection of cases referred into MAPPA and corresponding documents; invitations to attend; reports submitted and the minutes of meetings that have taken place.

From these documents we can gather information to assess the effectiveness of the eight main principles of MAPPA:

Timeliness - was the MAPPA referral made in good time and was any subsequent MAPPA meeting scheduled in good time.

Quality and appropriateness of referral - was there sufficient information provided to make an assessment of the risk of serious harm the offender poses to others.

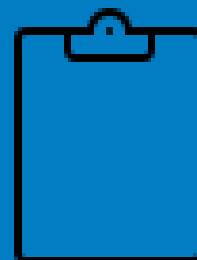
Agency attendance and participation at meetings - were all the agencies relevant to the offender in terms of safeguarding others and rehabilitation at the meeting.

Information sharing and risk assessment - was all the information shared that allowed an up to date risk assessment to be made.

Risk Management Plans (RMP) - was an appropriate and sufficient RMP put in place and were actions given at the meeting undertaken within the given timescale.

Administration -was the administration of meeting, sending out of invitations, preparation of the actual minutes and distribution of minutes completed satisfactorily and in good time.

Outcomes - overall assessment of the effectiveness of the MAPPA meetings.



Until 2017 an audit tool devised by York and North Yorkshire, and which was subsequently taken up nationally, was used. However, over the last three years a new comprehensive quality assurance tool, that can more easily be accessed electronically, has been used by most MAPPA areas.

Previously MAPPA audits have been undertaken by a MAPPA lay advisor attending randomly selected meetings as an observer and completing a report against the key performance indicators. Following the meeting the auditor also gets a copy of the minutes to ensure details and information shared at the meeting is reflected in the minutes. This year due to the pandemic we broke with our usual tradition of holding multi-agency audits in person and instead a group of MAPPA chairs from Probation and Police each audited a selection of cases virtually.

The purpose of these audits, which aim to cover at least one meeting by each MAPPA chair a year, is to provide evidence of the quality and effective conduct of MAPPA meetings as well as a way of providing feedback and support to MAPPA chairs and administrators. Due to home working, and restrictions placed on work practices due to the pandemic, MAPPA meetings have taken place remotely via Microsoft Teams which has allowed the monitoring of meetings to continue.

Finally, the most recent audit of cases which took place on the 10 February 2021 proved to be really positive. There were two recommendations around changes to the minutes to include more information about the motivation of the offender and the need for agencies to be reminded of the timescale for referrals both of which have been addressed. One case did identify some poor working practices which were able to be fed back to the individual.

Positively however, good practice was identified in risk assessment and the formulation of risk management plans and overall attendance and participation by agencies attending the meeting was assessed as very good and this was despite the pandemic.

Professional partnerships

Since 2018 the North Yorkshire and Vale of York Clinical Commissioning Groups (CCG) Adults and Children's designated safeguarding professionals and primary care safeguarding team have been involved in MAPPA processes. The initiative to create a pathway for sharing 'relevant and proportionate' information was developed by the MAPPA team and the Primary Care Safeguarding Team in response to learning from a review.

When invited, a member of the CCG safeguarding team attends the initial meeting for level 2 and level 3 offenders. During the MAPPA meeting the information to be shared with the registered GP, and any other general health services, of the MAPPA-eligible offender is agreed.

The information sharing template is completed and information shared securely to the relevant primary care and hospital service. Receiving this information is important to enable those services to manage any risks related to the offender and safely provide appropriate

health care and referral to specialist services where necessary maintaining that same level of support.

In the years that we have been involved annual audits have been completed and refinements made providing assurance that the process is fully embedded across GP practices and hospital safeguarding teams in North Yorkshire and York.

We have continued our commitment to supporting MAPPA processes through the very difficult period of the COVID-19 pandemic. As a team we recognise the critical importance of the multi-agency arrangements and we are proud to say that the innovative involvement of primary care continues to make a difference in keeping people safe and supporting the health needs and vulnerabilities of MAPPA-eligible offenders.



Learning from the pandemic

In our last annual report, we reflected on the unexpected and fast paced impact the pandemic had, and the consequential requirement for us to move swiftly into an exceptional delivery model which enabled home working and remote meetings.

Given the critical work undertaken in MAPPAs, to collectively manage risk and protect the public, there was an urgency to provide an alternative inclusive structure in order that we held meetings remotely. This was the short-term goal but in this highly important area of work we are always evaluating our practice and looking for improved ways to do things. We have therefore seriously examined the learning from this experience.

As tragic as the pandemic has been, given the colossal impact on individuals, families and business, this situation, albeit one we would have chosen not to experience, was an unforeseen opportunity for North Yorkshire. Spanning 2.9 million acres North Yorkshire is the largest county in the UK and with its seven districts, in addition to York, it has always been a challenge to provide MAPPAs meeting venues in sufficiently centralised places for staff from the Responsible Authority and Duty to Cooperate agencies to attend without having to travel significant distances.

This has wide spreading detrimental effects on any organisation; the financial costs to businesses or the individual and travel time which can impact the individual's health and wellbeing, or if covered by the business has significant impact on productivity and availability. If this isn't enough of a concern, there is obviously the very serious issue of the billions of tons of greenhouse gas emissions in the form of carbon dioxide which highway vehicles release. Although there are greener ways to travel, in rural North Yorkshire it is likely that alternatives to driving are used less by staff than in more urban counties.

Therefore, the alternatives to face to face meetings, albeit not a choice we would have all made, has essentially improved our collective commitment to attending MAPPAs meetings and across the board has

been so much more cost effective and should be helping to slow down global warming.

On average we have approximately 10-15 staff at any one MAPPAs meeting who may be travelling anywhere from around three miles to potentially 50 miles each way, and more in some cases, and their return journey could take them anywhere up to three to four hours. This could be a journey they might make up to three times per month. If we compare this to the cost of three conference calls, we can easily see the cost deficit from travelling to meetings on a regular basis.

Staff have consistently reported to find virtual attendance at meetings a real benefit and most have reported their wish to continue to hold meetings in this way. In terms of attendance rates the move to virtual meetings has had a positive impact on achieving Key Performance Indicators.

So, conferencing most definitely enables collaboration much more easily. It supports work life balance by giving staff more time away from travelling and over all should increase time and opportunity to be more productive in work.

There is of course an argument to uphold regarding the significant benefits face to face interaction can have. There is likely to be a human cost to those staff who might be more socially isolated, who perhaps live alone and maybe have less opportunity to work from an office base. They are likely to feel the real negative impact that significantly reduced contact with colleagues and others may have.

This is significant not to lose sight of. Despite the challenges we have overcome, and the learning and benefits we can take forward from running remote meetings, it is important going forward to balance the needs of all staff and reach a place where perhaps an appropriate hybrid or blended meeting is possible.

This will provide the benefits of both the live and the virtual interactions. This is central to a long-term strategy in that it provides a much greater degree of flexibility which is more accommodating and inclusive to staff than in person or remote meetings can provide on their own.

Providing a hybrid alternative to meetings continues to protect those concerned for their safety and those who may be medically vulnerable, but it also provides opportunity for those requiring more human contact for the benefit of their mental health whilst still reducing the necessity for all to travel, thus supporting the environment and the financial costs.

It also means that in the future if restrictions on face to face contact come back with a vengeance there is a very workable structure in place to quickly revert to remote meetings. This would mean we could swiftly adapt and minimise any risk in compromising the excellent and effective multi-agency management and information sharing we currently have in place to reduce risk, safeguard victims and protect the public.

Undercover online investigations

In 2019 North Yorkshire Police prosecuted a male living in their area for offences related to engaging in sexual communication with a child, causing/inciting a female under 13 to engage in sexual activity and making indecent photos of a child. The male received 24 months imprisonment, suspended for two years, was made subject to a Sexual Harm Prevention Order (SHPO) and was required to sign the Sex Offenders Register for ten years.

In February 2021 the perpetrators police manager, in conjunction with the probation practitioner responsible for supervising their order, made a referral to the Under Cover Online team (UCOL) due to concerns that the male was engaging in illegal activities online.

In mid-March 2021 UCOL engaged the male online. Due to his previous convictions and his ongoing SHPO he was clearly guarded to be begin with. However, he soon engaged with the undercover officer who he had believed to be a female child.

The male identified an upcoming bank holiday weekend as an opportunity to meet the child and spend the weekend at his accommodation. Investigative evidence would indicate that his intention was to actively abuse the child.

On a date agreed with the undercover officer the male attended the agreed location and was arrested by the police. Just before his arrest he had entered a shop and obtained various items to facilitate his planned sexual abuse.

Police interviewed the male and he was later charged with nine offences under the Sexual Offences Act, in addition to an attempt breach of his SHPO.

UCOL are a Regional resource that take referrals from those managing Registered Sex Offenders (along with other offenders) and actively engage with the offenders.

Access to the Internet is widely available and seen as a necessity to daily living, hence the need to actively and robustly seek and manage those who commit such offences.

The UCOL team and police colleagues have extremely stringent guidelines and laws to follow when conducting such investigations, but this tactic is clearly needed when managing those intent on searching for and engaging with young, and often very vulnerable children, only to satisfy their own sexual desires.

The male was later sentenced to ten years imprisonment, with an extended licence of four years.

Addressing domestic abuse

It is estimated that there are 2.3 million victims of domestic abuse each year, two thirds of whom are women. More than one in ten of all offences recorded by the police are domestic abuse related.

The Domestic Abuse Act 2021 aims to ensure ‘that all victims have the confidence to come forward and report their experiences, safe in the knowledge that the state will do everything it can, both to support them and their children and pursue the abuser’. One of the aims of the act is to “create a statutory definition of domestic abuse, emphasising that domestic abuse is not just physical violence, but can also be emotional, controlling or coercive, and economic abuse.”

An offence of controlling or coercive behaviour in an intimate or family relationship came into force on 29 December 2015. Controlling and coercive behaviour is the main theme of a new training package developed by Safe Lives. Safe Lives are a charity who aim to put domestic abuse survivors at the heart of their work. The training is co-delivered with a Police specialist, a domestic abuse specialist and in North Yorkshire a probation practitioner has been given the opportunity to train and co-deliver this programme.

These specialists are able to deliver the training and give an insight from differing viewpoints, from the legislative perspective and the human impact from the perspective of the victim. Currently the training is delivered to the Police to focus on any gaps in understanding. For example; why do victims stay in the abusive relationship? Or why do they go from one abusive relationship to another?


The training is energising and impactful and includes a harrowing video clip that highlights the complexities of domestic abuse and how there is so much more going on behind the scene. It also goes some way to explain why the police receive a call out stating there is screaming, fighting and a knife is involved, but when the police arrive everything is calm and both parties state it was just an argument. The victim is more scared of their partner than they are of wasting police time.

A probation practitioner’s primary responsibility is to manage the perpetrator of an offence, but it is crucial that they understand the victim perspective and do everything required to safeguard them and protect the public. Practitioners are trained in this area of work but in response to the Domestic Abuse Act 2021 HMPPS have made a commitment to improve the identification and risk assessment of perpetrators and strengthen risk management where necessary through referral into MAPPA.

Although MAPPA is set up to collectively address the risks posed by the perpetrator it does so much more by considering the entire situation regarding risk; What are the risks? Who poses the risks? Who is at risk? What resources can be secured to ensure we safeguard those at risk and at potential risk? What interventions and treatments can we use to work with the perpetrator to reduce and manage their risk and/or what restrictive and prohibitive measures do we have to impose to reinforce risk management through use of external controls?

The Spousal Assault Risk Assessment (SARA) V2 training is being relaunched to ensure all probation practitioners are proficient in assessing the risk of violence in the context of domestic abuse and practitioners have embraced the use of the new Skills for Relationships toolkit which has been of significant value during the pandemic as much of this work could be undertaken remotely with people on probation.

The completion of the Building Better Relationships (BBR) accredited programme remains a high priority and everything is being done to provide opportunity for those meeting the criteria who’s completion has been delayed due to the pandemic, where the impact on the organisation being able to deliver face to face group work was severely inhibited.



North Yorkshire is also part of a three-year pilot of mandatory polygraph examinations on individuals convicted of domestic abuse offences released on licence, who are identified as being at very high or high risk of causing serious harm. The Domestic abuse polygraph pilot commenced on 5 July 2021 and is a randomised control trial (RCT). This means that half of those considered eligible will be subject to the licence condition (intervention group) and half will not (control group).

In conclusion, although the past year has concerningly shown an increase in incidents and reports of domestic abuse it has also seen a proactive response in organisation's approach and commitment to taking action to effectively address the issue.

The police's national commitment to training their staff through Safe Lives DA Matters, the Domestic Abuse Act 2021, the national approach under MAPPA Guidance to consider all high risk perpetrators for referral into MAPPA management and the fact that HMPPS and many other statutory organisations are raising the profile of the importance of this work which will undoubtedly help support the third party sector organisations, such as IDAS who are the largest specialist charity in Yorkshire supporting people affected by domestic abuse.

MAPPA in action



Case summary

Mark was convicted and sentenced to custody, at Crown Court in relation to a joint offence of Robbery. The victim was stabbed by one of the group and sustained life-changing injuries.

Custodial work

The COVID-19 pandemic affected the provision of services within custody, with education and work to reduce risk on release affected. However, contact was maintained by video calls and latterly visits. Despite the difficulties, education and other support was maintained to some degree and Mark's overall behaviour was excellent, and he maintained 'gold' level throughout his detention. His progress and plan for release was monitored by a multi-agency Resettlement Panel, which involved Youth Justice Service (YJS), Police, Education, Health and Children and Families Service.

Community Work

Mark was released under MAPPA category 2, level 1 oversight. He was assessed on release as presenting a high likelihood of reoffending, and a high risk of serious harm to others.

A multi-agency Information Sharing Meeting (under MAPPA procedures) further developed his plan for release and subsequently met quarterly to monitor and review.

Stringent external controls were part of his licence conditions to manage these risks, including an electronically monitored curfew, exclusion zone, non-contact conditions with the victim, via the Probation victim contact scheme, and co-defendants, and Intensive Supervision and Surveillance, meaning Mark was initially supervised for 25 hours per week.

Appropriate release accommodation was identified with supportive extended family, which was helpful in increasing protective factors, stability, and support, whilst also reducing risks both from and to Mark

Interventions in the community included offending behaviour; weapons awareness; peer influences; victim awareness; anger and emotional resilience; restorative justice to benefit the community, family support; constructive leisure activities, and some support around preparing for fatherhood. Education and training have also been key, with Mark initially completing the Prince's Trust programme, then moving on to full time employment, which coincided in a gradual reduction of his YJS supervision.

Mark has had a change of address within his community supervision period, which involved discussion regarding disclosure with MAPPA, and Mark was then supported to self-disclose information around his risk and safety.

Mark's supervision has gradually reduced, with an evidenced reduction in his likelihood of re-offending and risk of serious harm to others being assessed as medium, at six months post-release. Mark regrets his actions and recognises problematic aspects of his previous lifestyle, now actively distancing himself from his former peer group. He is keen to avoid a return to custody, and is very much looking to the future working, and becoming a father.

“ There was very good rehabilitative work and the Intensive Supervision and Surveillance (ISS) contacts in the community, were of an exceptional variety and content.

“We were very impressed that despite Covid, staff were seeing him regularly in various locations and managed to undertake a full ISS in the most trying of circumstances.

“We noted reparation/CAMHS/Education, Training, Employment, Weapons Awareness/Prince’s Trust/Substance Misuse work. We also noted some excellent contacts re community risk and work with North Yorkshire Police to manage this.

There were are a number of highly restrictive release conditions including curfew electronically monitored, no contact with two victims, no contact with two co-defendants, plus exclusion maps.

Really excellent. ”

Preventing homelessness

After the start of lockdown March 2020, concerns emerged that COVID-19 outbreaks in prisons could be very problematic and prison leavers potentially being released homeless when COVID-19 positive could add to challenges faced by communities.

Probation Homeless Prevention Teams (HPTs) were created with an initial view of helping cases eligible for early release but at risk of homelessness to be placed in temporary accommodation so they could self-isolate if needed and avoid being on the streets where they may more easily spread the virus. However, it soon became apparent that issues related more to those leaving prison at their normal conditional release date and so the focus moved to helping provide them with temporary accommodation - mainly hotels and nightly let single apartment accommodation which was not otherwise being used.

During the second emergency scheme, Yorkshire and Humber (YatH) HPT received 436 requests to address homelessness with just over 11% from the York & North Yorkshire (Y&NY) areas. Of those, 201 (46%) were MAPPA cases with 24 of those being from Y&NY, including six identified as having sexual offending histories.

Risk considerations, to community, staff, cases etc., were of paramount importance and the HPT worked closely with practitioners and MAPPA partners to ensure risk could effectively be managed in HPT properties. Authorisations for placements in these cases were at Regional Probation Director / national Chief Probation Officer level to ensure appropriate oversight was maintained.

Across YatH from November 2020 to May 2021, 139 cases were placed in hotels, 98 in nightly let apartments and five were helped with deposits / rent advances for stable accommodation with 46 cases helped in multiple ways.

Overall, YatH HPT provided temporary accommodation for 43.3% of referrals and utilised 99.97% of the nightly let bed spaces it had access to.

In terms of outcomes, indications were the scheme prevented a high proportion of cases who would have been released homeless from being so.

Anecdotal evidence from practitioners also indicated more cases were maintained in the community for longer without recall/reoffending, with some cases that had rarely settled finding stability. Data also suggested that more cases went on to access stable accommodation of some form, which given that these cases would have been some of the most difficult to address and with complex needs/risks, was considered to be a real success - including those under MAPPA.

As we exit lockdowns, the YatH HPT are introducing a new Community Accommodation Scheme (CAS3) which will offer up to 84 nights temporary accommodation to those leaving prison, approved premises or BASS accommodation potentially homeless. CAS3 is not an 'emergency' scheme but aims to be part of the pre-release planning processes around accommodation for probation cases, the expectation being that other options, Local Authority, partners, friends and family etc., are explored and exhausted before a CAS3 referral is made. If the case remains potentially at risk of homelessness on release / move on from approved premises then the scheme will offer 'transitional accommodation' while options are explored further.

As of July 2021, HPT is mobilising the scheme with the contracted supplier.

Chris Maxwell
Regional Coordinator
Yorkshire and Humber Homeless Prevention Team

MAPPA in action



As part of the Duty to Cooperate (DTC) Local Authority (LA) Housing and other accommodation providers work collaboratively with the Responsible Authority and other DTC agencies in MAPPA and attend Level 2 and 3 meetings as core members. There are many fantastic examples of how they contribute to resettling MAPPA offenders and how this significantly assists in managing and reducing the risk of harm individuals may pose.

In addition, there is some great partnership work across the LA's to assist in managing cases where the area in which an offender has a local connection is not viable to return to. This is often due to a licence condition excluding them from an area in which a victim may live or work, or where a specific location is just not suitable given the nature of the risks that need to be managed.

Case study: Mr M

Mr M was a MAPPA case whose local connection was within the authority of North Yorkshire. However, he had an exclusion of his home area and as a result of appropriate alternative accommodation not being secured in time for his release from prison York agreed to work with the Probation Service to try to help, whilst his home LA sought appropriate accommodation. He was placed into the Peasholme Resettlement Centre. This was temporary but not specifically time limited due to the difficulties faced by the home LA as a result of Mr M's conviction, the resulting exclusion zone and his physical health.

The home LA swiftly secured suitable emergency accommodation in another district and for a very short time this was perfectly manageable. Unfortunately, Mr M was recognised by another male residing in the same accommodation and as a result of the complexities this presented, he had to be quickly removed from this accommodation.

MAPPA managers made immediate contact with York housing managers and they took action to ensure that Mr M could return to the Resettlement Centres to ensure that the management of his risk and the welfare of him as an individual was not compromised. In partnership with the Probation Service who were managing Mr M on licence they worked to resettle him ensuring his benefits were not detrimentally impacted and that he had GP registration and other critical services in place.

The outcome of this work is that Mr M has been fully supported by professionals in an appropriate environment and this has significantly helped to manage his risk. Most importantly it has safeguarded the victim and ensured their needs and wishes are met in respect of imposing and enforcing appropriate licence conditions.

MAPPA statistics

MAPPA-eligible offenders on 31 March 2021

	Category 1: Registered sex offenders	Category 2: Violent offenders	Category 3: Other dangerous offenders	Total
Level 1	900	219	/	1,119
Level 2	9	3	4	16
Level 3	0	0	0	0
Total	909	222	4	1,135

MAPPA-eligible offenders in Levels 2 and 3 by category (yearly total)

	Category 1: Registered sex offenders	Category 2: Violent offenders	Category 3: Other dangerous offenders	Total
Level 2	27	25	15	67
Level 3	1	2	1	4
Total	28	27	16	71

Registered Sexual Offenders

RSOs cautioned or convicted for breach of notification requirements	18
RSOs having had lifetime notification requirements revoked on application	5

Restrictive orders for Category 1 offenders

SHPOs & NOs imposed by the courts

SHPOs	65
SHPO with foreign travel restriction	0
NOs	1
People subject to notification requirements for breach of a SRO	0

Level 2 and 3 offenders returned to custody

	Category 1: Registered sex offenders	Category 2: Violent offenders	Category 3: Other dangerous offenders	Total
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Breach of licence

Level 2	5	0	6	11
Level 3	0	0	0	0
Total	5	0	6	11

Breach of SOPO/SHPO

Level 2	1	/	/	1
Level 3	0	/	/	0
Total	1	/	/	1

Total number Registered Sexual Offenders per 100,000 population 121

This figure has been calculated using the Mid-2020 Population Estimates: Single year of age and sex for Police Areas in England and Wales; estimated resident population, published by the Office for National Statistics, excluding those aged less than ten years of age.

Explanation commentary

MAPPA background

The totals of MAPPA-eligible offenders, broken down by category, reflect the picture on 31 March 2021 (i.e. they are a snapshot). The rest of the data covers the period 1 April 2020 to 31 March 2021.

(a) MAPPA-eligible offenders - there are a number of offenders defined in law as eligible for MAPPA management, because they have committed specified sexual and violent offences or they currently pose a risk of serious harm, although the majority are actually managed at Level 1 without formal MAPPA meetings. These figures only include those MAPPA eligible offenders living in the community. They do not include those in prison or detained under the Mental Health Act.

(b) Registered Sexual Offenders (RSOs) - those who are required to notify the police of their name, address and other personal details and to notify of any subsequent changes (this is known as the “notification requirement.”) These offenders are assessed and managed by the police. They may also be managed by probation or health services if they are subject to licence or a hospital order. Failure to comply with the notification requirement is a criminal offence that carries a maximum penalty of 5 years’ imprisonment.

(c) Violent Offenders - his category includes violent and terrorist offenders sentenced to imprisonment or detention for 12 months or more, or detained under a hospital order. It also includes a small number of sexual offenders who do not qualify for registration. These offenders are assessed and managed by the Probation Service, Youth Offending Team or Mental Health Services.

(d) Other Dangerous Offenders - offenders who do not qualify under the other two MAPPA-eligible categories, but who currently pose a risk of serious harm which requires management via MAPPA meetings. These offenders are assessed and managed by whichever agency has the primary responsibility for them.

(e) Breach of licence - offenders released into the community following a period of imprisonment will be subject to a licence with conditions (under probation supervision). If these conditions are not complied with, breach action will be taken and the offender may be recalled to prison.

(f) Sexual Harm Prevention Order (SHPO) (including any additional foreign travel restriction). Sexual Harm Prevention Orders (SHPOs) and interim SHPOs replaced Sexual Offence Prevention Orders. They are intended to protect the public from offenders convicted of a sexual or violent offence who pose a risk of sexual harm to the public by placing restrictions on their behaviour. They require the offender to notify their details to the police (as set out in Part 2 of the 2003 Act) for the duration of the order.

The court must be satisfied that an order is necessary to protect the public (or any particular members of the public) in the UK, or children or vulnerable adults (or any particular children or vulnerable adults) abroad, from sexual harm from the offender. In the case of an order made on a free standing application by a chief officer or the National Crime Agency (NCA), the chief officer/NCA must be able to show that the offender has acted in such a way since their conviction as to make the order necessary.

The minimum duration for a full order is five years. The lower age limit is 10, which is the age of criminal responsibility, but where the defendant is under the age of 18 an application for an order should only be considered exceptionally.

(g) Notification Order - this requires sexual offenders who have been convicted overseas to register with the police, in order to protect the public in the UK from the risks that they pose. The police may apply to the court for a notification order in relation to offenders who are already in the UK or are intending to come to the UK.

(h) Sexual Risk Order (including any additional foreign travel restriction)

The Sexual Risk Order (SRO) replaced the Risk of Sexual Harm Order (RoSHO) and may be made in relation to a person without a conviction for a sexual or violent offence (or any other offence), but who poses a risk of sexual harm.

The SRO may be made at the magistrates' court on application by the police or NCA where an individual has committed an act of a sexual nature and the court is satisfied that the person poses a risk of harm to the public in the UK or children or vulnerable adults overseas.

A SRO may prohibit the person from doing anything described in it, including travel overseas. Any prohibition must be necessary to protect the public in the UK from sexual harm or, in relation to foreign travel, protecting children or vulnerable adults from sexual harm.

An individual subject to an SRO is required to notify the police of their name and home address within three days of the order being made and also to notify any changes to this information within three days.

A SRO can last for a minimum of two years and has no maximum duration, with the exception of any foreign travel restrictions which, if applicable, last for a maximum of five years (but may be renewed).

The criminal standard of proof continues to apply. The person concerned is able to appeal against the making of the order and the police or the person concerned are able to apply for the order to be varied, renewed or discharged.

A breach of a SRO is a criminal offence punishable by a maximum of five years' imprisonment. Where an individual breaches their SRO, they will become subject to full notification requirements.

Individuals made subject of a SRO are now recorded on VISOR as a Potentially Dangerous Person (PDP).

(i) Lifetime notification requirements revoked on application

A legal challenge in 2010 and a corresponding legislative response means there is now a mechanism in place that allows qualifying sex offenders to apply for a review of their notification requirements. Persons do not come off the register automatically. Qualifying offenders may submit an application to the police to review their indefinite notification requirements. The police review the application and decide whether to revoke the notification requirements. This decision is made at the rank of Superintendent. Those who continue to pose a significant risk will remain on the register for life, if necessary.

Individuals will only become eligible to seek a review once they have been subject to indefinite notification requirements for a period of at least 15 years for adults and eight years for juveniles. This applied from 1 September 2012 for adult offenders.

MAPPA Unit

Alverton Court, Crosby Road, Northallerton, North Yorkshire, L6 1AA

North Yorkshire Police

www.northyorkshire.police.uk

@NYorkPolice

HM Prison Service

www.gov.uk

National Probation Service

www.gov.uk



Chair's Report: Audit Committee

Date of Meeting	16 September 2021
Chair	Phil Goatley

Areas of note from the Committee Discussion

- Audit Committee Members were pleased to hear that the Counter Fraud Team have remained proactive throughout the last few challenging months. It was also noted as positive that the team balance their investigative work with an educative role for CCG staff, in particular through the provision of targeted Masterclasses and a planned payslip message, and an advisory service to local NHS staff.
- In line with the approach taken in other Committees of the CCG and in view of the impending transition to the Humber, Coast and Vale Integrated Care System, Audit Committee re-approved its existing Terms of Reference for the 2021/22 financial year.
- A single audit of personal health care budgets has been completed by our Internal Auditors since the last Audit Committee. This found that significant assurance could be derived from design and effectiveness of the controls in place in the CCG to manage these budgets. No detailed areas examined were found to be in need of improvement which is a highly creditable result. Audit Committee were also pleased to see that the response to completing actions to address agreed audit recommendations remains robust.
- Audit Committee Members questioned the budget forecasting methodology employed by the emerging Integrated Care System for the Hospital Discharge Programme (HDP) given that a forecast underspend of £3.7m at Month 3 has become an £863k overspend as at Month 4. That equates to a variance of just under 26% of the total Hospital Discharge Programme budget in a single month.
- Our external auditors Mazars presented their Audit Strategy Memorandum that sets out the approach to delivering the 2021/22 audit. It was notable that no significant new local risks have again been identified which would require the auditors to modify their approach to auditing the CCG. There is a mandatory risk highlighted in all audited bodies about management's ability to commit fraud by overriding controls that needs to be recognised by our auditors but there is no evidence of such in the CCG. Our external auditors did raise however that they are keeping a close watch on the emerging Integrated Care system and the transition of the CCG into it to be able to take account of any changes in risks and/or the control environment which should be reflected in their audit approach.

- Audit Committee members received and overviewed minutes of Executive Committee meetings from 23 June to 25 August 2021, two meetings of the Finance and Performance Committee, on 24 June and 22 July 2021, and the single meeting of the Quality And Patient Experience Committee on 8 July 2021.

Areas of escalation

N/A

Urgent Decisions Required/ Changes to the Forward Plan

N/A



Chair's Report: Executive Committee

Date of Meeting	29 September, 6, 13, 20 October and 3 November 2021
Chair	Phil Mettam

Areas of note from the Committee Discussion

The Committee continues to balance a focus on the delivery of CCG statutory duties and the shaping of the transition to the NHS structures implied by the proposed legislation. This has included preparing issues for discussion at CCG statutory committees, and also developing thinking on how to align CCG functions with the developing role of the Integrated Care System, the geographic partnerships across North Yorkshire and York, and at 'place'.

Areas of escalation

N/A

Urgent Decisions Required/ Changes to the Forward Plan

N/A

Chair's Report: Finance and Performance Committee

Date of Meeting	23 September and 28 October 2021
Chair	David Booker

Areas of note from the Committee Discussion

23 September

- The review of the current contracting regime within NHS Vale of York CCG was welcomed. The proposed contract extensions were agreed, in total, to facilitate the transition to the Integrated Care System.
- The Committee will continue to maintain oversight and provide assurance to the Governing Body, whilst striving to support the developing Integrated Care System.
- The Committee acknowledges the current challenge and personal uncertainty experienced by senior staff members. They are to be commended for maintaining a positive and balanced perspective for the benefit of patients.

28 October

- The Committee will strive to continue to provide assurance to the Governing Body regarding the finance and performance of the CCG during the transition to the Integrated Care System.
- The process for winter planning was commended, whilst noting that the challenge facing the entire health and care system is very real.

Areas of escalation

As described above.

Urgent Decisions Required/ Changes to the Forward Plan

N/A



Chair's Report: Primary Care Commissioning Committee

Date of Meeting	23 September 2021
Chair	Julie Hastings

Areas of note from the Committee Discussion

- Agreed to remove Learning Disability Health Checks from the Risk Register.
- Approved a number of estates related decisions.
- Acknowledged the pressures and challenges across the system noting the efforts to avoid potential impact on patient services.
- The Committee heard an update of the innovative work being planned and delivered across York and Vale PCNs. For both areas, the additional roles (just under 100 whole time equivalent!) have added a richness to the skillfully delivered interventions with proven results. We await more positive outcomes as new and emerging roles are engaged. All eight PCNs have completed their organisational development plans with improving population health being key to all.

York's strategy focuses on supporting recruitment, performance, and a strategic view of workforce planning. They continue to harness the power of partnership working and develop innovative and proactive ways of delivering services. For the Vale, the focus has been on reducing inequalities, where additional roles have been invaluable, culminating in the Care-Coordinator and Social Prescribing roles receiving national recognition for work around dementia, frailty, and mental health with podcast on Ockham Healthcare site and their population health management work being showcased by Optum Health. The three Vale organisational development plans will focus on clinical leadership, improving access, urgent care, and in Selby, a service redesign for their urgent treatment centre.

Areas of escalation

N/A

Urgent Decisions Required/ Changes to the Forward Plan

N/A

Chair's Report: Quality and Patient Experience Committee

Date of Meeting	14 October 2021
Chair	Julie Hastings

Areas of note from the Committee Discussion


- This month we welcomed a staff story. We heard about the exceptional work of our Associate Designated Clinical Officer (ADCO) whose primary role is to support the lead for children and young people assuring that our work aligns to our written statement of action for SEND. It was inspiring to see the partnership working enabling the huge amount of progress made during the first six months of our colleague coming into post.
- The pressures in the system were noted, with increasing risk to quality and safety within the workforce recognised as a real issue.
- Increase in 12-hour trolley waits were highlighted as an area for concern. The Committee agreed to re-open the risk with mitigation discussion planned with York and Scarborough Teaching Hospitals NHS Foundation Trust in the coming days.
- Capacity in the care home sector is reducing availability and is a cause for concern. It was felt that there is a need for a system wide approach to market management and that different models should be considered to mitigate the situation.

Areas of escalation

N/A

Urgent Decisions Required/ Changes to the Forward Plan

N/A

Item Number: 18	
Name of Presenter: Stephanie Porter	
Meeting of the Governing Body Date of meeting: 2 December 2021	 Vale of York Clinical Commissioning Group
Report Title – North Yorkshire and York Area Prescribing Committee Recommendations September and October 2021	
Purpose of Report <i>(Select from list)</i> For Information	
Reason for Report These are the latest recommendations from the North Yorkshire and York Area Prescribing Committee – September and October 2021.	
Strategic Priority Links <input type="checkbox"/> Strengthening Primary Care <input type="checkbox"/> Reducing Demand on System <input type="checkbox"/> Fully Integrated OOH Care <input type="checkbox"/> Sustainable acute hospital/ single acute contract <input type="checkbox"/> Transformed MH/LD/ Complex Care <input type="checkbox"/> System transformations <input type="checkbox"/> Financial Sustainability	
Local Authority Area <input type="checkbox"/> CCG Footprint <input type="checkbox"/> City of York Council <input type="checkbox"/> East Riding of Yorkshire Council <input type="checkbox"/> North Yorkshire County Council	
Impacts/ Key Risks <input type="checkbox"/> Financial <input type="checkbox"/> Legal <input type="checkbox"/> Primary Care <input type="checkbox"/> Equalities	Risk Rating
Emerging Risks	

Impact Assessments

Please confirm below that the impact assessments have been approved and outline any risks/issues identified.

- | | |
|--|---|
| <input type="checkbox"/> Quality Impact Assessment | <input type="checkbox"/> Equality Impact Assessment |
| <input type="checkbox"/> Data Protection Impact Assessment | <input type="checkbox"/> Sustainability Impact Assessment |

Risks/Issues identified from impact assessments:

Recommendations

For information only

CCG Executive Committee have approved these recommendations.

Decision Requested (for Decision Log)

(For example, Decision to implement new system/ Decision to choose one of options a/b/c for new system)

Responsible Executive Director and Title

Stephanie Porter, Interim Executive Director of Primary Care and Population Health

Report Author and Title

Faisal Majothi – Senior Pharmacist
Callie Turner – Pharmacy Technician

Recommendations from North Yorkshire & York Area Prescribing Committee September 2021

	Drug name	Indication	Recommendation, rationale and place in therapy	RAG status	Potential full year cost impact
CCG commissioned Technology Appraisals					
1.	TA694: Bempedoic acid with ezetimibe for treating primary hypercholesterolaemia or mixed dyslipidaemia Commissioning: CCG, tariff included.		<p>Bempedoic acid with ezetimibe is recommended as an option for treating primary hypercholesterolaemia (heterozygous familial and non-familial) or mixed dyslipidaemia as an adjunct to diet in adults. It is recommended only if:</p> <ul style="list-style-type: none"> • statins are contraindicated or not tolerated, • ezetimibe alone does not control low-density lipoprotein cholesterol well enough, and • the company provides bempedoic acid and bempedoic acid with ezetimibe according to the commercial arrangement. <p>Bempedoic acid with ezetimibe can be used as separate tablets or a fixed-dose combination.</p>	Decision deferred to confirm with NICE and local lipid specialists place in therapy in those whose dose of statin cannot be increased to usually max recommended dose.	<p>NICE do not expect this guidance to have a significant impact on resources; that is, the resource impact of implementing this TA in England will be less than £5 million per year (or £9,000 per 100,000 population). This is because the technology is a further treatment option and the overall cost of treatment will be similar.</p> <p>Bempedoic acid and 2 of the other treatment options have discounts that are commercial in confidence.</p> <p>Bempedoic acid and bempedoic acid–ezetimibe costs £55.44 per 28 day pack, excluding VAT (NHS List Price)</p> <p>Based on NHS List price per patient:</p> <ul style="list-style-type: none"> • Bempedoic acid and bempedoic acid–ezetimibe = £721 pa • Evolocumab or Alirocumab = £4368 - £4432 pa • Statins = £16 - £33 pa depending on dose on statin used • Ezetimibe = £33 pa
NHSE commissioned Technology Appraisals – for noting					
2.	TA720: Chlormethine gel for treating mycosis fungoides-type cutaneous T-cell lymphoma Commissioning: NHSE		Chlormethine gel is recommended as an option for treating early stage (stage 1A, 1B, and 2A) mycosis fungoides-type cutaneous T-cell lymphoma (MF-CTCL) in adults, only if the company provides chlormethine gel according to the commercial arrangement.	<p>RED</p> <p>To confirm in tertiary centre treatment and if so will annotate this on the formulary.</p>	<p>No cost impact to CCGs as NHSE commissioned.</p> <p>NICE do not expect this guidance to have a significant impact on resources; that is, the resource impact of implementing the recommendations in England will be less than £5 million per year in England (or approximately £9,000 per 100,000 population, based on a population for England of 56.3m people). This is because the technology is a further treatment option and the overall cost of treatment will be similar.</p> <p>Chlormethine gel has a discount, the size of which is commercial in confidence. It is the company's responsibility to let relevant NHS organisations know details of the discount.</p>
3.	TA721: Abiraterone for treating newly diagnosed high-risk hormone-sensitive metastatic prostate cancer Commissioning: NHSE		Abiraterone with prednisone or prednisolone plus androgen deprivation therapy (ADT) is not recommended, within its marketing authorisation, for treating newly diagnosed high-risk hormone-sensitive metastatic prostate cancer in adults.	BLACK	No cost impact to CCGs as NHSE commissioned.

4.	<p>TA722: Pemigatinib for treating relapsed or refractory advanced cholangiocarcinoma with FGFR2 fusion or rearrangement Commissioning: NHSE</p>	<p>Pemigatinib is recommended, within its marketing authorisation, as an option for treating locally advanced or metastatic cholangiocarcinoma with a fibroblast growth factor receptor 2 (FGFR2) fusion or rearrangement that has progressed after systemic therapy in adults. It is recommended only if the company provides pemigatinib according to the commercial arrangement.</p>	RED	No cost impact to CCGs as NHSE commissioned.
Formulary applications or amendments/pathways/guidelines				
5.	Mycophenolate for autoimmune hepatitis	<p>Approved for addition to current local shared care guidelines for mycophenolate. Note this indication is on the DRAFT national SCG that is currently under consultation plus included in Leeds SCG for this indication.</p>	AMBER SC	<p>No significant cost impact to CCGs expected. Costs approx. £1,000- £3,000 pa for 10 patients across North Yorkshire and York. The number of patients requiring mycophenolate due to intolerance of azathioprine for this indication across North Yorkshire & York is approximately 10 patients</p>
6.	Infliximab for Pityriasis Rubra Pilaris	<p>Unlicensed indication PRP is a rare dermatosis that is similar to psoriasis. Propose to use infliximab where the following conditions have been met:</p> <ol style="list-style-type: none"> 1. 1.Third line therapy where other treatments are not effective or contraindicated 2. Where rapid induction of remission is required to prevent hospital admission and ciclosporin is not effective or contraindicated. <p>Propose to stop therapy in the following circumstances;</p> <ol style="list-style-type: none"> 1. In monotherapy after 18 months extend to dose interval to 10 then 12 weeks – if no relapse stop infliximab. If relapse continue infliximab for one year and then attempt to withdraw again. 2. If rapid remission intended – consider giving dual therapy i.e. infliximab and methotrexate initially. If patient in remission consider withdrawal of infliximab at 4 months and continue methotrexate. 	RED	<p>No significant cost impact to CCGs expected.</p> <p>Expect 1 patient per year from both YFT and HDFT.</p> <p>Patients usually spontaneously improve therefore (unlike psoriasis) is not a cumulative cost.</p> <p>Admission for weeks of care as inpatient is more expensive than infliximab.</p>
7.	Dry eye guide	Updated version approved.	-	No cost impact to CCGs expected.
8.	Gastrointestinal Formulary Chapter	<p>The Gastro-intestinal section is the first BNF chapter to be aligned across North Yorkshire. Updated chapter was approved by the APC.</p>	-	No cost impact to CCGs expected.

Recommendations from North Yorkshire & York Area Prescribing Committee October 2021

	Drug name	Indication	Recommendation, rationale and place in therapy	RAG status	Potential full year cost impact
CCG commissioned Technology Appraisals					
1.	TA694: Bempedoic acid with ezetimibe for treating primary hypercholesterolaemia or mixed dyslipidaemia Commissioning: CCG, tariff included.		<p>Bempedoic acid with ezetimibe is recommended as an option for treating primary hypercholesterolaemia (heterozygous familial and non-familial) or mixed dyslipidaemia as an adjunct to diet in adults. It is recommended only if:</p> <ul style="list-style-type: none"> • statins are contraindicated or not tolerated, • ezetimibe alone does not control low-density lipoprotein cholesterol well enough, and • the company provides bempedoic acid and bempedoic acid with ezetimibe according to the commercial arrangement. <p>Bempedoic acid with ezetimibe can be used as separate tablets or a fixed-dose combination.</p> <p>Note added to formulary as per NICE TA and not to be used in combination with statins as this is not supported by NICE TA.</p>	GREEN	<p>NICE do not expect this guidance to have a significant impact on resources; that is, the resource impact of implementing this TA in England will be less than £5 million per year (or £9,000 per 100,000 population). This is because the technology is a further treatment option and the overall cost of treatment will be similar.</p> <p>Bempedoic acid and 2 of the other treatment options have discounts that are commercial in confidence.</p> <p>Bempedoic acid and bempedoic acid–ezetimibe costs £55.44 per 28 day pack, excluding VAT (NHS List Price)</p> <p>Based on NHS List price per patient:</p> <ul style="list-style-type: none"> • Bempedoic acid and bempedoic acid–ezetimibe = £721 pa • Evolocumab or Alirocumab = £4368 - £4432 pa • Statins = £12 - £54 pa depending on dose on statin used • Ezetimibe = £27 pa
2.	TA723: Bimekizumab for treating moderate to severe plaque psoriasis Commissioning: CCG, tariff excluded		<p>imekizumab is recommended as an option for treating plaque psoriasis in adults, only if the disease is severe, as defined by a total Psoriasis Area and Severity Index (PASI) of 10 or more and a Dermatology Life Quality Index (DLQI) of more than 10 and the disease has not responded to other systemic treatments, including ciclosporin, methotrexate and phototherapy, or these options are contraindicated or not tolerated; and the company provides the drug according to the commercial arrangement.</p> <p>Stop bimekizumab treatment at 16 weeks if the psoriasis has not responded adequately. An adequate response is defined as a 75% reduction in the PASI score (PASI 75) from when treatment started or a 50% reduction in the PASI score (PASI 50) and a 5-point reduction in DLQI from when treatment started.</p> <p>Choose the least expensive treatment if patients and their clinicians consider bimekizumab to be one of a range of suitable treatments (taking into account availability of biosimilar products, administration costs, dosage, price per dose and commercial arrangements).</p>	RED	<p>NICE do not expect this guidance to have a significant impact on resources; that is, the resource impact of implementing the recommendations in England will be less than £5 million per year in England (or approximately £9,000 per 100,000 population, based on a population for England of 56.3m people).</p> <p>This is because the technology is a further treatment option and is available at a similar price.</p> <p>Bimekizumab has a discount that is commercial in confidence. It is the company's responsibility to let relevant NHS organisations know details of the discount.</p>

<p>3.</p>	<p>TA733: Inclisiran for treating primary hypercholesterolaemia or mixed dyslipidaemia</p> <p>Commissioning: CCG, tariff included.</p>	<p>Inclisiran is recommended as an option for treating primary hypercholesterolaemia (heterozygous familial and non-familial) or mixed dyslipidaemia as an adjunct to diet in adults. It is recommended only if:</p> <ul style="list-style-type: none"> • there is a history of any of the following cardiovascular events: <ul style="list-style-type: none"> ○ acute coronary syndrome (such as myocardial infarction or unstable angina needing hospitalisation) ○ coronary or other arterial revascularisation procedures ○ coronary heart disease ○ ischaemic stroke or ○ peripheral arterial disease, and • low-density lipoprotein cholesterol (LDL-C) concentrations are persistently 2.6 mmol/l or more, despite maximum tolerated lipid-lowering therapy, that is: <ul style="list-style-type: none"> ○ maximum tolerated statins with or without other lipid-lowering therapies or, ○ other lipid-lowering therapies when statins are not tolerated or are contraindicated, and • the company provides inclisiran according to the commercial arrangement. <p>Inclisiran is recommended only in research for treating primary hypercholesterolaemia (heterozygous familial and non-familial) or mixed dyslipidaemia in adults who have no history of cardiovascular events. This research is in the form of a clinical trial currently in development.</p>	<p>GREEN</p>	<p>Inclisiran will be available in primary care as a personally administered item via an FP34D form or on an FP10 prescription, and will be listed in the Drug Tariff at a reimbursed price of £55 per injection. After an initial dose and another at 3 months, inclisiran is maintained by two doses a year by subcutaneous injection.</p> <p>The cost to the CCG and primary care prescribing budget will be the Drug Tariff price. As the Drug Tariff price is set at a nominal price, a separate payment will be made to Novartis from a central NHS budget for the difference between the commercial agreement price and the drug tariff price.</p> <p>Cost to CCGs is £55 per dose, cost for GPs to order is £45, so GPs get additional £10 per dose.</p> <p>From NHSE MO briefing:</p> <p>300,000 in England on Inclisiran by Year 3 England total population = 56.4 million (84% of total UK population of 67.1 million) VoY CCG population = 350,000 NY CCG population = 425,000</p> <p>So: In VoY CCG = 1862 on Inclisiran by Year 3 = 532 patients per 100,000 in VoY by Year 3 In NY CCG = 2261 on Inclisiran by Year 3 = 532 patients per 100,000 in NY by Year 3</p> <p>Cost to CCG = £55 per injection 1st year = 3 x £55 = £165 per patient 2nd year onwards = £110 per patient pa</p> <p>So: 532 x £110 = £58,520 per 100,000 532 x £165 = £87,780 per 100,000 So estimated cost per 100,000 in NY&Y is £58,520 to £87,780 per 100,000 by year 3</p> <p>BUT NICE estimate 2974 eligible patients in VoY and 3449 eligible patients in NY.</p> <p>Note: holding statement to be issued to primary care that not to be prescribed until supporting lipid pathway and AHSN/ACC toolkit for primary care to support roll out in place.</p>
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NHSE commissioned Technology Appraisals – for noting				
4.	TA724: Nivolumab with ipilimumab and chemotherapy for untreated metastatic non-small-cell lung cancer Commissioning: NHSE	Nivolumab plus ipilimumab and 2 cycles of platinum-doublet chemotherapy is not recommended, within its marketing authorisation, for untreated metastatic non-small-cell lung cancer (NSCLC) in adults whose tumours have no epidermal growth factor receptor (EGFR) or anaplastic lymphoma kinase (ALK) mutations.	BLACK	No cost impact to CCGs as NHSE commissioned.
5.	TA725: Abemaciclib with fulvestrant for treating hormone receptor-positive, HER2-negative advanced breast cancer after endocrine therapy Commissioning: NHSE	Abemaciclib plus fulvestrant is recommended as an option for treating hormone receptor-positive, human epidermal growth factor receptor 2 (HER2)-negative, locally advanced or metastatic breast cancer in adults who have had endocrine therapy only if exemestane plus everolimus is the most appropriate alternative to a cyclin-dependent kinase 4 and 6 (CDK 4/6) inhibitor and the company provides abemaciclib according to the commercial arrangement.	RED	No cost impact to CCGs as NHSE commissioned.
6.	TA726: Daratumumab with pomalidomide and dexamethasone for treating relapsed or refractory multiple myeloma (terminated appraisal) Commissioning: NHSE	NICE is unable to make a recommendation about the use in the NHS of daratumumab with pomalidomide and dexamethasone for treating relapsed or refractory multiple myeloma. This is because Janssen has confirmed that it does not intend to make an evidence submission for the appraisal. Janssen considers that the technology is unlikely to be a cost-effective use of NHS resources.	BLACK	No cost impact to CCGs as NHSE commissioned.
7.	TA727: Isatuximab with carfilzomib and dexamethasone for treating relapsed or refractory multiple myeloma (terminated appraisal) Commissioning: NHSE	NICE is unable to make a recommendation about the use in the NHS of isatuximab with carfilzomib and dexamethasone for treating relapsed or refractory multiple myeloma. This is because Sanofi has confirmed that it does not intend to make an evidence submission for the appraisal. Sanofi considers that the technology is unlikely to be a cost-effective use of NHS resources.	BLACK	No cost impact to CCGs as NHSE commissioned.
8.	TA728: Midostaurin for treating advanced systemic mastocytosis Commissioning: NHSE	Midostaurin monotherapy is recommended, within its marketing authorisation, as an option for treating aggressive systemic mastocytosis, systemic mastocytosis with associated haematological neoplasm, or mast cell leukaemia in adults. It is recommended only if the company provides midostaurin according to the commercial arrangement	RED	No cost impact to CCGs as NHSE commissioned.

9.	<p>TA729: Sapropterin for treating hyperphenylalaninaemia in phenylketonuria Commissioning: NHSE</p>	<p>Sapropterin is recommended as an option for treating hyperphenylalaninaemia that responds to sapropterin (response as defined in the summary of product characteristics) in people with phenylketonuria (PKU), only if they are:</p> <ul style="list-style-type: none"> • under 18 and a dose of 10 mg/kg is used, only using a higher dose if target blood phenylalanine levels cannot be achieved at 10 mg/kg • aged 18 to 21 inclusive, continuing the dose they were having before turning 18 or at a maximum dose of 10 mg/kg • pregnant (from a positive pregnancy test until birth). <p>Sapropterin is recommended only if the company provides it according to the commercial arrangement.</p>	RED	No cost impact to CCGs as NHSE commissioned for both children and adults.
Formulary applications or amendments/pathways/guidelines				
10.	<p>Grazax® 75,000 SQ-T oral lyophilisate (Standardised allergen extract of grass pollen)</p>	<p>Approved as disease-modifying treatment of grass pollen induced rhinitis and conjunctivitis in adults and children (5 years or older), with clinically relevant symptoms and diagnosed with a positive skin prick test and/or specific IgE test to grass pollen after failed maximum rescue therapy i.e. antihistamines, eye drops and nasal sprays. To be initiated in hospital and then referred to the GP for continued prescribing for up to 3 years.</p> <p>ARC score used to assess progress of treatment on start of treatment and every 4 months by specialist to decide the efficacy of treatment.</p>	AMBER SI	<p>Cost impact expected to be low.</p> <p>Grazax = £80.12 for 30 tablets (Aug 2021 Drug Tariff) Cost of Grazax per patient per year = £916 3 year treatment cost of Graxax per patient = £2883</p> <p>Application predicts 3 new patients a year at YFT.</p> <p><u>For comparison:</u> Pollinex injection = no price available in BNF or dm+d. Is £450 plus VAT for the treatment and extension course. Oral antihistamines = £14 to £120 per patient per year. Intranasal steroid sprays = £24 to £180 per patient per year</p>
11.	<p>North Yorkshire and York Position Statement on the Prescribing of Co-Proxamol</p>	<p>Approved to support de-prescribing of co-proxamol</p>	BLACK	<p>Cost saving.</p> <p>Co-proxamol is now an unlicensed medicine obtained from specific suppliers and this incurs variable and significantly high costs. NYCCG spent exactly £13,556 between January to June 2021, which equates to £27k per annum. Vale of York spent £6,572 in the 12 months of July 2020 to June 2021.</p>
12.	<p>Biologics Pathway for Psoriasis</p>	<p>Approved. Updated to include bimekizumab as per NICE TA (see above)</p>	-	See above

13.	Prescribing guidance for ocular surface diseases, including dry eye	Minor amendments pathway approved at September 2021 APC to reflect AMBER SI formulary status of Ilube, Ikevis, and Sodium chloride 5% eye drops.	-	-
14.	<p>North Yorkshire and York Using Emollients with oxygen</p> <p>Includes the addition to the formulary of AquaGel (Oil free), Aproderm Colloidal Oat Cream Paraffin free (Contains Olive oil, apricot kernel oil), Epimax paraffin free ointment (Contains castor oil), and Nutraplus® 10% urea cream (contains mineral oil)</p>	Approved. The document is intended to give a brief summary of the risks associated with oxygen use in conjunction with topical preparations and support a consistent approach across the patch for prescribers and respiratory teams including having a paraffin free choice available across the NYCCG area and an oil free lubricant to use on the face if a moisturiser is needed due to oxygen use.	GREEN	None expected – products are of similar cost to other products used for the same conditions and will be used instead of other products.