

Wednesday 2nd April 2025

- 1. ReSPECT Update** – Nikki Henderson, Senior Nursing, Quality & Clinical Governance Manager, H&NY ICB
- 2. NYC Sustainability Policy** – Steven Crutchley, Strategic Service Development Manager, NYC
- 3. NYC Top-up Guidance** - Steven Crutchley, Strategic Service Development Manager, NYC
- 4. Dates for Diary**



Humber and North Yorkshire
Health and Care Partnership

ReSPECT update

Nikki Henderson

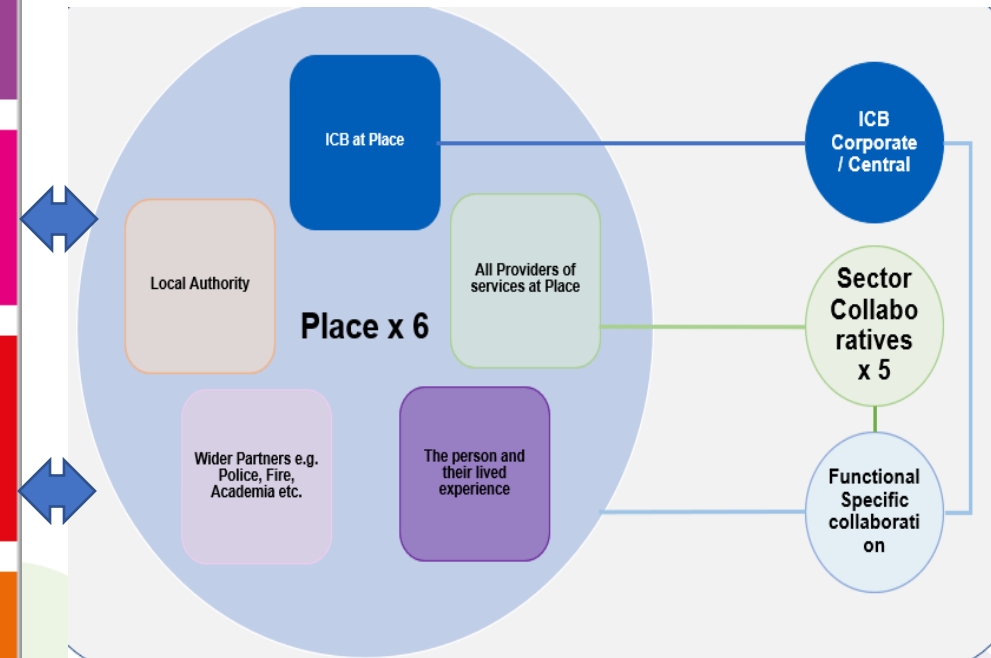
Head of Assurance & Quality Governance

2 April 2025

Deliver the national ambitions for Palliative & End of Life Care

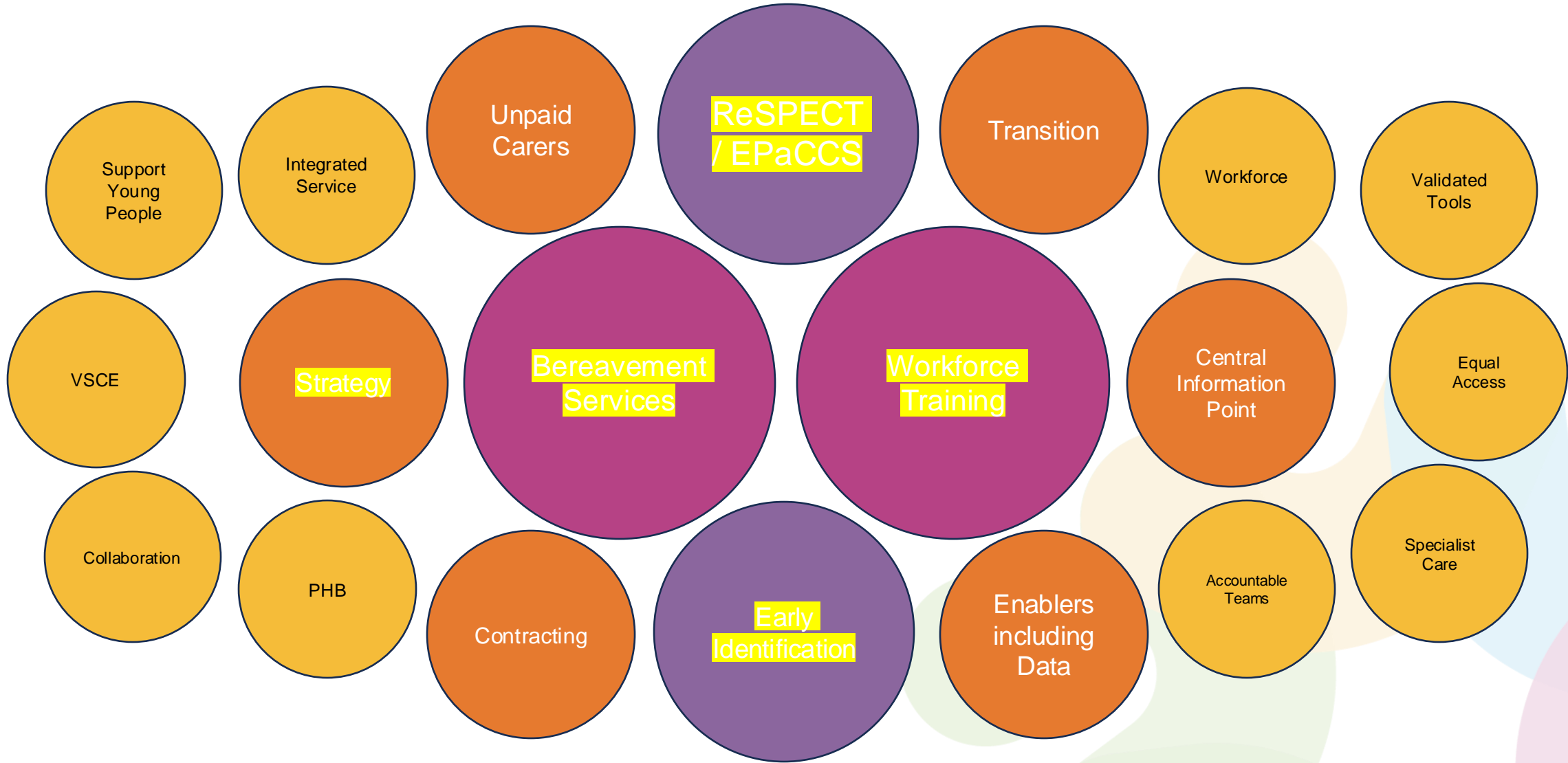
The following describes the six core elements of the national Palliative and End of Life Care framework for local action 2021-2026*:

- 01 Each person is seen as an individual**
I, and the people important to me, have opportunities to have honest, informed and timely conversations and to know that I might die soon. I am asked what matters most to me. Those who care for me know that and work with me to do what's possible.
- 02 Each person gets fair access to care**
I live in a society where I get good end of life care regardless of who I am, where I live or the circumstances of my life.
- 03 Maximising comfort and wellbeing**
My care is regularly reviewed and every effort is made for me to have the support, care and treatment that might be needed to help me to be as comfortable and as free from distress as possible.
- 04 Care is coordinated**
I get the right help at the right time from the right people. I have a team around me who know my needs and my plans and work together to help me achieve them. I can always reach someone who will listen and respond at any time of the day or night.
- 05 All staff are prepared to care**
Wherever I am, health and care staff bring empathy, skills and expertise and give me competent, confident and compassionate care.
- 06 Each community is prepared to help**
I live in a community where everybody recognises that we all have a role to play in supporting each other in times of crisis and loss. People are ready, willing and confident to have conversations about living and dying well and to support each other in emotional and practical ways.



* <https://www.england.nhs.uk/publication/ambitions-for-palliative-and-end-of-life-care-a-national-framework-for-local-action-2021-2026/>

Programme Areas of work across the System

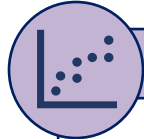


ICB system- wide progress



1. Statutory responsibility

The ICB has a statutory responsibility to ensure population needs are met regarding Palliative & End of Life Care (Statutory Guidance for ICB's July 2022)



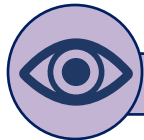
2. System-wide variation

Variation across the ICB in terms of the self-assessment against the Ambition's: tackle inequalities through new ICB PEOLC transformational lead in adoption of consistent approach ensuring strategic direction



3. Need for standardisation

Need to establish clear system-wide delivery groups aligned to ICB Strategy and delivery plans.



4. ICB Strategy

Draft All Age Palliative & End of Life Strategy supported by clear delivery plans across our 3 sub-systems which must have regard for the Statutory Guidance for ICB's



5. PEOLC Centre of Excellence

Transformational lead to support the establishment of a new All Age Palliative and End of Life Care Strategic Board with delegated responsibility for the delivery of our Strategy via sub-system groups.



6. Sub System Delivery

Once Strategy in place we need to standardize and revise ICB wide delivery plans (aligned to the variation as evidenced in the Stocktake) across our 6 places/ 3 sub systems.

North Yorkshire & York mapping against National Ambitions

1. Each Person is seen as an individual	By actively Identifying patients within North Yorkshire and York as being palliative / end of life, we will enable individualised planning for their care.
	We will redesign bereavement services across North Yorkshire and York to ensure individuals receive bereavement services that are suitable for them.
	We will ensure personalised care planning / ReSPECT / EPaCCS are implemented across North Yorkshire and York , both records will ensure the care received is done in coordinated way inline with the individual needs and wishes.
2. Each person get fair access to care	We will ensure Bereavement Services across North Yorkshire and York are accessible to every person who requires services regardless of circumstances
	By ensuring full implementation of personalised care planning / ReSPECT / EPaCCS across North Yorkshire and York we will ensure each patient gets fair access to care.
	We will ensure patients across North Yorkshire and York receive equal access to care by undertaking health inequalities assessment to inform planning and ensuring fair access is achieved
3. Maximising comfort and wellbeing	North Yorkshire and York will work to Identify patients as being Palliative / End of Life in a timely manner to ensure patient comfort and wellbeing is maximised.
	By ensuring full implementation of personalised care planning / ReSPECT / EPaCCS across North Yorkshire and York we will maximise comfort and wellbeing
4. Care is Coordinated	By timely identification of North Yorkshire and York Palliative/ End of Life patents coordinated care can be implemented across the system.
	We will utilise personalised care planning / ReSPECT / EPaCCS across North Yorkshire and York to a enable coordinated approach to care to be provided.
	North Yorkshire and York will work to ensure 24/7 coordinated service is implemented to ensure equal access for patients.
	By developing the PEoLC Strategy in line with the Ambitions framework for North Yorkshire and York this will support coordinated care.
5. All staff are prepared to care	We will work with staff across North Yorkshire and York to ensure those providing bereavement services are prepared to do so and all staff are aware of how to signpost into Bereavement Services .
	We will ensure a consistent education and training approach across our workforce within North Yorkshire and York
6. Each community is prepared to help	We will work with our community across North Yorkshire and York to ensure there is awareness of bereavement services and how to access them.
	We will work with our wider North Yorkshire and York community to ensure they understand the benefits of implementing individual care records including personalised care planning / ReSPECT / EPaCCS to support patient care.
	The PEoLC Strategy development through a mutuality developed ambitions assessment across North Yorkshire and York will ensure the community is on board and prepared,

North Yorkshire & York

Place Context

The North Yorkshire and York (NYY) sub-system comprising of a total population of around 805,000 is a mixed area in terms of demographics. The NYY area has 76 member GP practices. The diverse range of urban and rural populations each can pose its own challenges and potentially requires differing solutions to improve and further develop high quality, equitable and cost-effective palliative and end of life care in line with the values and vision of the NYY Places which include addressing inequalities and improving patient experience, access and health outcomes. York City is the most populous area of the NYY sub-system with a population of 200,000 which is followed by the towns of Harrogate and Scarborough, home to 75,070 and 61,749 people respectively. Approximately 40% of the North Yorkshire county is covered by 2 national parks, the Yorkshire Dales and the North Yorkshire Moors. Overall population health is better than England however there are marked variations in life expectancy across the sub-system as well as other inequalities faced such as deprivation, children in poverty, lifestyle choices and an ageing population. There are 3 adult hospices that sit geographically within the NYY sub-system who form part of the HNY 7 Hospice Collaborative. For the purposes of the ICB wide palliative and end of life care “stocktake” NYY have worked with a total of 18 provider partners across the sub-system that provide a range of services that either deliver specialist or generalist palliative care and/or have an interface with other services that support our palliative and end of life care population.

Headline Messages

- There are 5 adult hospices that provide specialist palliative care to our NYY population
- Community Specialist Palliative Nurse provision differences in terms of provider- Acute Trust’s cover these services across NYY with the exception of 1 hospice provider
- To note, 2 of the NYY hospice providers sit outside of the NY geographical area and therefore linked into other ICB conversations/work plans

Progress to date

Key activity

Ambitions Stocktake	<ul style="list-style-type: none"> • Full analysis and draft report ready • Full stakeholder analysis of outcomes across all 4 locality areas with working action plan setting out gaps against Ambition’s 	<ul style="list-style-type: none"> • ReSPECT adopted from 1/6/24 • Gaps and variations from NYY fed into ICB workstreams- maximise all opportunities for working at scale “do it once approach”
Exemplar Place Examples	<ul style="list-style-type: none"> • York Bereavement Alliance • Saint Catherine’s Mobile Initiative- reaching rural locations • Early identification, “Goldline” and ACP support in Harrogate 	<ul style="list-style-type: none"> • Opportunities for proof of concept and wider scale ICB delivery with all initiatives
NYY PEoLC	<ul style="list-style-type: none"> • Full system membership • Task and Finish Group work 	<ul style="list-style-type: none"> • Ensures task and finish workstreams are prioritised



What is ReSPECT?

- a process
- based on one or more conversations
- supported by a plan
- a summary for use in an emergency
- Link to form below:

[Attached](#)

2 pages to the Form for completion (currently on version 3)

Page 3- discussion guide

Page 4- guidance for the person with a ReSPECT form

ReSPECT Recommended Summary Plan for Emergency Care and Treatment

Full name
Date of birth
Address
NHSCHI/Health and care number

1. This plan belongs to:
Preferred name
Date completed

The ReSPECT process starts with conversations between a person and a healthcare professional. The ReSPECT form is a clinical record of agreed recommendations. It is not a legally binding document.

2. Shared understanding of my health and current condition
Summary of relevant information for this plan including diagnoses and relevant personal circumstances:
Details of other relevant care planning documents and where to find them (e.g. Advance or Anticipatory Care Plan; Advance Decision to Refuse Treatment or Advance Directive; Emergency plan for the carer):
I have a legal welfare proxy in place (e.g. registered welfare attorney, person with parental responsibility) - if yes provide details in Section 8 ☐ Yes ☐ No

3. What matters to me in decisions about my treatment and care in an emergency
Living as long as possible matters most to me
Quality of life and comfort matters most to me
What I most value:
What I most fear / wish to avoid:

4. Clinical recommendations for emergency care and treatment
Prioritise extending life or Balance extending life with comfort and valued outcomes or Prioritise comfort
clinician signature
Now provide clinical guidance on specific realistic interventions that may or may not be wanted or clinically appropriate (including being taken or admitted to hospital +/- receiving life support) and your reasoning for this guidance:
CPR attempts recommended Adult or child
For modified CPR Child only, as detailed above
CPR attempts NOT recommended Adult or child
clinician signature
www.respectprocess.org.uk

Version 3.1 - DRAFT © Resuscitation Council UK

ReSPECT highlights

- Rolled out and business as usual across NYY
- Working in line with Resuscitation Council UK (RCUK) Guidance and Resources- presentation from RCUK clinical lead at Care Conference (6/12/24)
- Audit planning- NYC provider services involved regarding quality audit
- Recognised Audit guidance from Resuscitation Council shared with stakeholders
- ReSPECT Policy* [attached](#)

*under review

Next steps for North Yorkshire & York

- Form available on Ardens templates for both System1 and EMIS which allows GP practices to produce electronically
- Yorkshire & Humber regional DNACPR form switch off imminent
- Digital connectivity and interface- working through proposal for digital ReSPECT
- Prison services onboarding
- Consider ICB Terms of Reference; at scale working to ensure consistency of approach





Information for patients and the public

ReSPECT page on the ICB "Let's Get Better" website which is designed for our patient population and the public

<https://letsgetbetter.co.uk/respect/>

Survey to gain patient and public feedback on the use of the ReSPECT process

Printed versions for those unable to access IT

Website hits still measured- great support from Engagement Team

Issue- 9 Surveys completed

How do we capture patient/public views? – **Resuscitation Council planning national campaign across 2025**



ReSPECT survey



Training and resources

There are a wealth of resources on the Resuscitation Council UK website for both professionals, patients and the public

Resources for professionals include Top Ten Tips for GP's, Information for Care Homes, Guide for Clinician's completing the Form as well as patient information leaflets

Undertaking the relevant Resuscitation Council UK training for professionals is strongly recommended. **New e-learning package planned for release in the summer.**

Can access via eLFH hub:

Level 1- basic awareness

Level 2- handling an emergency situation -for those who may need to have ReSPECT conversation with patients

Level 3- Having the conversation- for those professionals who will be completing the Form

<https://www.resus.org.uk/respect>

<https://www.resus.org.uk/respect/respect-resources>



Joe's ReSPECT journey

<https://www.youtube.com/watch?v=dp-qOgmBTRw>



John's story- understanding ReSPECT

A video resource for people with Learning Disabilities to enable them to understand what the ReSPECT process is about, how a summary of the conversation is recorded on the ReSPECT plan and how the information is shared and used.

<https://vimeo.com/772051581>



Learn more about ReSPECT



info@respectprocess.org.uk



www.resus.org.uk/respect

Clarifications required through ReSPECT discussions and feedback from stakeholder group

- We appreciate there are still a number of patients who will already have an existing Emergency Health Care Plan and/or DNACPR form in place, which will remain valid.
- It is not an expectation that patients are swapped on to new ReSPECT forms if have an existing DNACPR form or emergency health care plan.
- Hambleton and Richmondshire area not adopting at present due to the interface with the use of the "Deciding Rights" process in the Northeast region. We have received clarity that there will be regard to the information on the ReSPECT form should a patient be admitted to South Tees NHS Foundation Trust with a ReSPECT form however the DNACPR status will be reviewed and if resuscitation not recommended then the Deciding Rights DNACPR form will be completed.
- Yorkshire Ambulance service (YAS) have confirmed they will accept any existing DNACPR forms beyond the 01/01/2025.

Guidance note: The health professional must sign the form to confirm their responsibility in adhering to best practice, following the ReSPECT process and for complying with capacity and human rights legislation. Patients, or their legal proxy and/or family members, can sign the form if they wish but do not have to. Signing the form allows patients or their legal proxy/family members to demonstrate that they have been actively involved in the discussion and recommendations about the person's care and treatment.



Humber and North Yorkshire Health and Care Partnership

nikki.henderson1@nhs.net





Humber and North Yorkshire
Health and Care Partnership

Thank you for listening
Any questions?



Sustainability Policy:

Care Connected Session April 2025

Purpose of Presentation

- Give an overview of the updated Policy
- Provide clarity on the new process for sustainability requests

Sustainability Policy: Background

- Established June 2021
- Sets out how Council will approach Care Act Duties relating to market sustainability
- Mechanism for requesting financial or other support to prevent failure
- Developed in response to increasing risk of market failure during pandemic – particular focus on hardship payments
- Standardised and transparent approach to negotiating rates with providers – under previous APLs rates would be discussed on a case-by-case basis
- Clauses in APL Agreement refer to sustainability policy (Clause 61 Financial Sustainability)

Original Policy

- Does not provide the flexibility required to deal with the different queries and requests being received by the Council.
 - Increasing requests for support in relation to legacy contracts
 - Concentrates on the whole organisations financial status - does not give the required level of flexibility to negotiate with providers on individual services or packages of care that they deem to be financially unviable.
 - Focus on 'Hardship Payments' – Subsidy Control Act limits our ability to offer one off payments/grants
 - Does not include options for non-financial support
 - No policy/process for agreeing intervention for joint funded packages

New Policy & Process

- Replaces the current Policy which is part of the APL documentation.
- No contract variation required to update the Policy as the current contract terms allow for an updated Policy to be developed.
- Flexible to reflect this is not a 'one size fits all' or simple linear/check box process – allows for nuanced approach that fits different circumstances
- Fair, equitable and transparent process for responding to concerns about financial sustainability
- While not a care Act Requirement, demonstrates compliance with Care Act duties
- Risk-based approach with emphasis on exploring non-financial support
- Ensuring all avenues of support are exhausted before considering financial intervention
- Sets clear conditions to be met before considering financial intervention
- Clear and defined process around how any uplift request will be managed and required evidence
- Clarifies process for joint funded packages

In Scope

- Care homes, home based support, community based support and supported living
- Legacy and APL
- Fully LA and Joint funded care arranged by the Council
- Whole organisation; Individual services; individual placements

Out of Scope

- Fully NHS CHC Funded care
- Block contracts arranged outside APL
- Fee increases due to individual changes in need

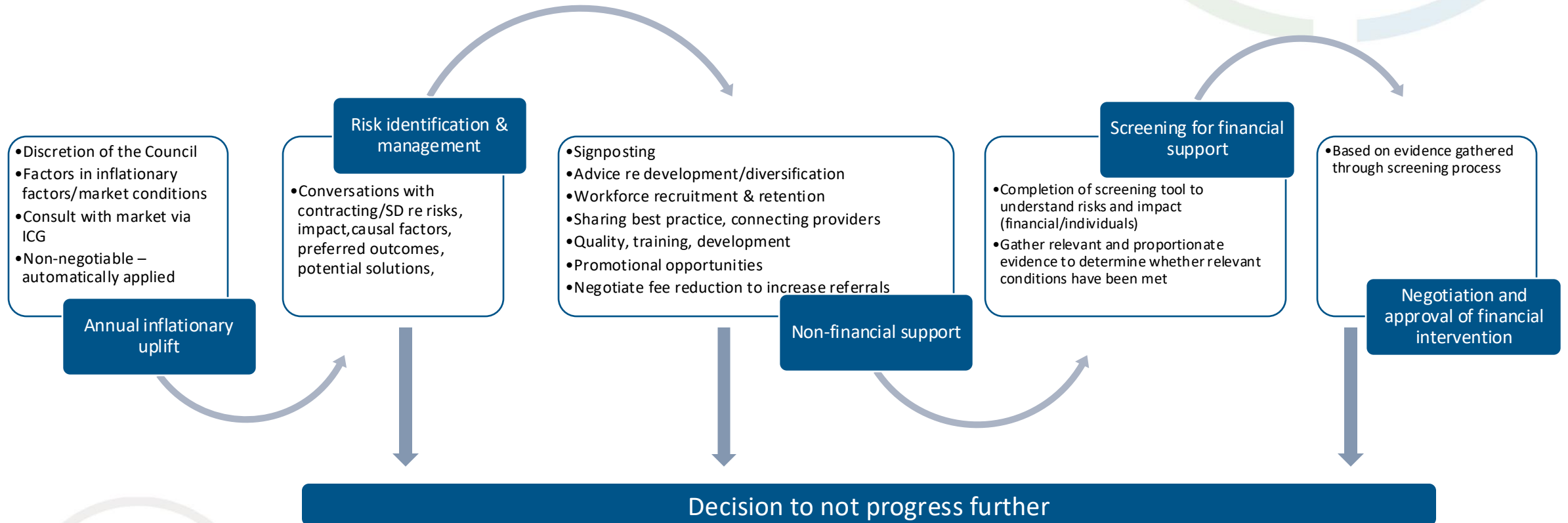
Financial Intervention

- Only considered in most exceptional circumstances to mitigate risk to financial sustainability
- All other options have been exhausted, and conditions have been met:
- Council under no obligation to offer support – even if conditions are met!
- The Council will only consider financial support between April and October (Inclusive) in each financial year.

Potential intervention:

- A change in contracted base or 1 to 1 fees for individual packages/placements and fee setting
- A one-off market supplement payment in the form of a Grant or a Loan

Our approach to managing provider sustainability conversations



Implementing the Decision

- Provider notified in writing.
- Any fee increase will apply from first payment run following the decision.
- Informing the person where contributions are impacted.
 - write to the individual and explain the increase is because of provider request to increase fees.
 - Option to request we look for an alternative, cheaper provider (if available).
- No appeals process – decision is final. Provider may make a complaint about how the process has been handled via Complaints procedure.
- Service continuity in event of provider failure / notice on a PoC/Placement.

Queries

- Contact HAS Contracting or Service Development Teams:
- hascontracting@northyorks.gov.uk
- hasservicedevelopment@northyorks.gov.uk
- has.supportedhousing@northyorks.gov.uk

Top Up Policy and Process

Care Connected Session

Top up definition

A “Third Party Top up” is an agreement between a care provider, North Yorkshire Council and a third party in circumstances where the cost of a requested care home is higher than the identified cost of meeting a person's care needs. This third party undertakes to pay an additional contribution covering this difference in cost for the duration of the person's stay in the home, this is paid either directly to the provider or via North Yorkshire Council.

First Party Top ups

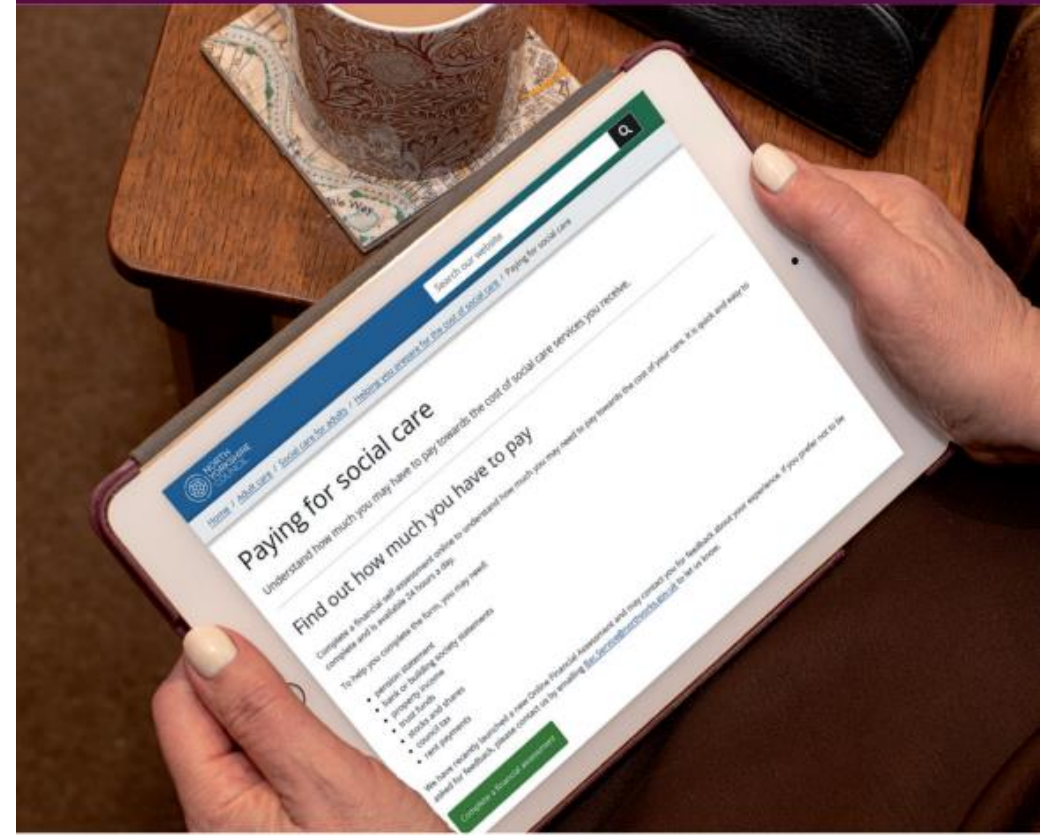
A “First Party Top Up” is functionally similar to a Third Party top up with the difference being that instead of a Third Party paying the additional cost this is paid by the person receiving care. This can only apply in the following circumstances:

- An individual who has a deferred payment agreement under a 12 week property disregard.
- A package funded either by Continuing Health Care (CHC) or under Section 117 of the Mental Health Act.

New Guidance

NYC's publicly available *What you should expect to pay for care services* in contains general information around top ups. [Link](#)

It was identified there was a need for additional guidance specifically relating to top ups. This addresses frequently asked questions for providers, NYC workers and the public.



Choice of Accommodation and Top Ups – Legal Definitions

Emma Dixon, Senior Solicitor, Legal and Democratic Services

General

- Legislation and Guidance (for reference)
 - The Care and Support and After-Care (Choice of Accommodation) Regulations 2014 (SI 2014/2670)
 - Care and Support Statutory Guidance (CASSG) Chapter 8 and Annex A

When the LA arranges for provides accommodation for a person as part of his care package, it **must** provide for the person's preferred choice of accommodation subject to certain conditions

LA must ensure that the person has a genuine choice of accommodation

- LA's duty to shape the market – a LA must encourage a variety of different providers and different types of services.
- LA cannot limit a person's choice to those providers already on the approved provider list.

Choice extends to care home accommodation, supported living and extra care accommodation.

Conditions

What are the conditions that must be met?

When the LA is arranging or providing accommodation for a person as part of their care and support package, the person has a right to choose his “preferred” accommodation **ONLY** if all of the following conditions are met:

1. The person’s care and support plan specifies that his needs are to be met by the provision of a particular type of accommodation specified in their care and support plan
2. The preferred accommodation is of the same type
3. The preferred accommodation is suitable to meet the person’s needs
4. The preferred accommodation is available
5. The provider of the preferred accommodation agrees to provide it

Unless ALL of the above conditions are met the person does not have a right to his preferred accommodation

Conditions cont.

Conditions 1,2 and 3

Choice only applies to providers of the same type

Example: Person's care and support plan identifies that the person's needs can be met by the provision of accommodation, the person has a right to choose between different care homes which includes care homes outside of NYCC area.

Choice is between different settings not different types of accommodation

Conditions cont.

Condition 4 – availability of accommodation

The person's chosen setting may not have a vacancy. It may therefore be necessary to place the person on the waiting list and make temporary arrangements

If making temporary arrangements, must provide person with clear information as to the detail of the arrangements.

NB the person has a right to refuse the offer of temporary accommodation.

If the temporary arrangements exceed 12 weeks, the person may be reassessed to ensure interim and preferred option still meet person's care and support needs and remains their choice.

More expensive accommodation

More expensive than what?

The “usual rate”?

The personal budget

- reflects the cost to the LA in meeting the person’s needs.
- Must always be sufficient to meet the person’s needs.
- Must always take into account the reasonable preferences to meet the person’s needs as detailed in the care and support plan i.e. if person chooses accommodation in another LA area, need to be mindful of the cost of providing accommodation in that LA area when calculating the person’s personal budget.

What if the preferred accommodation is more expensive ?

If the cost of the person's preferred accommodation is greater than his personal budget, two further conditions must also be met:

1. A third party must be **willing and able** to pay the extra cost - the top up amount.
2. The third party must be willing to enter into agreement with the LA to pay the extra cost
3. The agreement must include certain terms and conditions

A top up must be sustainable – the third party may be required to pay the top up amount over a long period of time.

It is necessary for the LA to make reasonable enquiries as to whether the third party has sufficient financial resources to pay the additional cost for the duration of the person's stay.

Self Top Up's

Self top up's are only permitted in the following circumstances:

- If the person is entitled to a 12 week property disregard, the person can self top up within the first 12 weeks of their stay.
- Accommodation provided as part of a person's s.117 aftercare – the person has the right to choose more expensive accommodation subject to the conditions stated on the earlier slide.

What if the top up payments cease?

The top up agreement is between the LA and the third party NOT the third party and the Provider

If the third party stops paying the LA is responsible for the full cost of the placement.

Options for the LA:

- Move the person to less expensive accommodation

NB if the person lacks capacity, must ensure that any move accords with the person's best interests.

Top Ups – Contract Terms

Linda Hall, Contract Manager, Health & Adult Services

Third Party Top Ups without the agreement of the Council

13.12 The Provider acknowledges and agrees that the Council shall have no liability for any additional services beyond those set out in an ISC (to include any variation of scope agreed with the Council) that a Provider agrees directly with a Person or a Third Party Payer to provide.

So, if the Provider has entered into a Third Party Top Up Agreement without the knowledge or agreement of the Council, the Provider cannot rely on the Council to be responsible for any missed payments by the third party.

The Provider should not enter into any third party agreement without prior agreement from the Council.

Top Up Charges – Applicable to All Lists

13.13 The Provider acknowledges and agrees that situations may arise where the Brokerage Process identifies more than one potential provider of the same Services to a particular Person. Where more than one option is available and, in line with the Brokerage Process, the Person selects the option with a higher price, then the Council may agree with the Person (where permitted by Law and guidance) or a person acting on the Person's behalf (Third Party Payer) to make a contribution to the costs equivalent to the difference between the selected option** and the lowest priced option (a Top Up Charge). Where the Council and the Person or Third Party Payer have agreed a Top Up Charge then:

13.13.1 subject to Clause 13.13.2, the Council shall collect the Top Up Charge from the Person or Third Party Payer pursuant to the terms of an agreement between the Council and the Person/Third Party Payer (as appropriate). The Provider shall be paid the Contract Charges in accordance with this Agreement regardless of whether the Council has been able to collect the Top Up Charge from the Person/Third Party Payer; or

13.13.2 where the Council, the Person/the Third Party Payer (as appropriate) and the Provider all agree the Provider may collect the Top Up Charge from the Person/the Third Party Payer (as appropriate) the following terms apply:

- (a) the Council shall pay the Contract Charges net of the Top Up Charge;
- (b) the Council, the Person/the Third Party Payer (as appropriate) and the Provider shall enter into an agreement to regulate the payment of the Top Up Charge (the Top Up Agreement). The Top Up Agreement shall be in a form determined by the Council from time to time;
- (c) the Provider shall comply with the terms of the Top Up Agreement and for the avoidance of doubt any change to the Top Up Charge must be agreed by all relevant parties to the Top Up Agreement;
- (d) where the Provider is unable to collect the Top Up Charge from the Person/Third Party Payer (as appropriate), then it must report the inability to collect through the applicable Provider Return for the relevant Payment Period. Failure to do so may (at the discretion of the Council) prevent the Provider from claiming any unrecovered Top Up Charge from the Council);
- (e) where the Provider has notified the Council in accordance with Clause 13.13.2(d) and has demonstrated to the reasonable satisfaction of the Council that it has attempted to recover the unpaid Top Up Charge in accordance with the terms of the Top Up Agreement, then the Council may agree to pay the unpaid Top Up Charge provided always that the Council shall not be obliged (but may agree at its discretion) to pay any unpaid Top Up Charge for any period that the Provider has not properly notified in accordance with Clause 13.13.2(d); and
- (f) the Council may withdraw its consent to the Provider collecting Top Up Charges at any time on notice to the Provider; and

***** a Top Up charge may also be required if the Person chooses a larger room/extra facilities above the Council's contractual obligations.***

Top Up Charges – Applicable to All Lists cont.

13.13.3 the Provider shall not seek to recover from the Person or any Third Party Pater or any other individual or legal person on behalf of the Person:

- (a) the Top Up Charge unless Clause 13.13.2 applies;
- (b) any proportion of the Contract Charges payable by the Council (whether a Top Up Charge is in place or not); and/or
- (c) any other fee or charge unless it falls within Clause 13.12.

48.7.9 the Council may terminate any ISC on notice to the Provider where the Person or any Third Party Payer fails to pay any agreed Top Up Charge whether to the Council or to the Provider.

If the Provider is collecting the Top Up charge and the Third Party stops payment, the Provider must inform the Council including the steps that the Provider has taken to recover the outstanding Top Up Charge.

FREE dementia workshop in Scarborough - funded by North Yorkshire Council

You are invited to join this free workshop, which is funded by North Yorkshire Council. This is the same workshop we ran before Christmas in Scarborough; you may have already attended. You are welcome to send different team members to this additional session.

What date? Monday 14th April 2025

What time? 09:30 to 16:30

Where? Scarborough Town Hall

What is it all about?

“Understanding Dementia – Filling in the blanks” is a course that should give you:

- In-depth understanding of dementia and its various forms
- Advanced knowledge of dementia care practices and techniques
- Ability to recognise and respond to the unique needs and challenges of individuals with dementia
- Training in communication techniques for working with individuals with dementia
- Knowledge of behavioural management strategies for dementia-related behaviours
- Familiarity with legal and ethical considerations related to caring for individuals with dementia
- Training in person-centred care approaches for individuals with dementia
- Knowledge of community resources and support services for individuals with dementia and their families.



Please reply to:
Laura.Exley@northyorks.gov.uk

to book your place

we can accommodate up to three delegates from your setting. Once confirmed, you will receive further joining details.

CARE 
CONNECTED

Future Procurement of Bed-Based Intermediate Care

For the attention of care home providers: North Yorkshire Council have launched some market engagement last week around the future procurement of bed-based intermediate care.

There will be a Request for Information put out via YORtender, as well as some webinars in late April:

- Thursday 24th April, 10:00am – 11:00am
- Wednesday 30th April, 14:00pm – 15:00pm

Registration for these Webinars will be via the YORtender Request for Information return.

Dates for your Diary

- **FREE NYC Dementia Workshop in Scarborough** – Monday 14th April, 9:30am – 16:30pm, Scarborough Town Hall
- **Future Procurement of Bed-Based Intermediate Care Webinars** - Thursday 24th April, 10:00am – 11:00am and Wednesday 30th April, 14:00pm – 15:00pm

Key Contacts – North Yorkshire Council

North Yorkshire Council website [Home | North Yorkshire Council](#)

Quality Team: HASQuality@northyorks.gov.uk

NYV HAS Contract Team: HASContracting@northyorks.gov.uk

North Yorkshire Partnership website: [Care Connected | North Yorkshire Partnerships \(nypartnerships.org.uk\)](https://careconnected.northyorks.gov.uk)

NYC Approved Provider Lists for Adult Social Care – FAQs, Webinars can be found [here](#)

Public Health dph@northyorks.gov.uk

Service Development: HASSservicedevelopment@northyorks.gov.uk

Jo Holland - joanne.holland@northyorks.gov.uk

Training available NYC, PHE & NYSAB:

<https://safeguardingadults.co.uk/> & <https://www.nypartnerships.org.uk/phtraining>

Workforce

Make Care Matter www.makecarematter.co.uk



Key Contacts and Information – City of York Council (CYC)

All Age Commissioning and Contracts team: AllAgeCommissioning@york.gov.uk

If you require further assistance, call: 01904 55 4661

Transformation and Service Improvement team: asctransformationteam@york.gov.uk

Adult Social Care Community Team:

Telephone: 01904 555111, Textphone: 07534 437804

Email: adult.socialsupport@york.gov.uk

CYC Adult Social Care information: <https://www.york.gov.uk/AdultSocialCare>

2023-25 Market Position Statement: <https://www.york.gov.uk/ShapingCare>



Key Contacts – Health and Adult Social Care

NHS Humber and North Yorkshire ICB: hnyicb-voy.yorkplacequalitynursingteam@nhs.net

iCG: John Pattinson johnpattinson@independentcaregroup.co.uk To join the iCG [click here](#)

Heather Bygrave- Relationship Team Manager Immedicare hbygrave@immedicare.co.uk

Dreams Team - dreamsteam@eastriding.gov.uk

Skills for Care: [Home - Skills for Care](#)

Training available

IPC [Home - Infection Prevention Control](#)

NHS Humber and North Yorkshire ICB- [Training and Development Opportunities](#)

Digital Update Newsletter sign up - [Newsletter Signup - Digital Social Care](#)

Workforce

Skills for Care <https://www.skillsforcare.org.uk/Recruitment-retention/Recruitment-and-retention.aspx>

Department of Health & Social Care <https://www.adultsocialcare.co.uk/home.aspx>

The DHSC social care reform [Homepage -](#)

Workforce wellbeing resource finder: [Wellbeing resource finder](#)

