

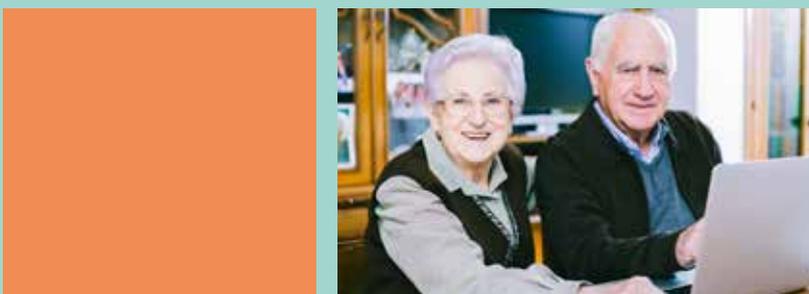


ADASS
Yorkshire & Humber

Regional Account



2018



directors of
adass
adult social services
Yorkshire & Humber

Foreword

It has been another challenging year for local government and for adult social care services yet we continue to keep our focus on improving the lives of people with care and support needs as that is what sector led improvement is fundamentally all about. We have had a broad work programme and delivered a phenomenal amount of improvement activity through the region's collective endeavour with every local authority playing its part.

We are embedding the philosophy of the Care Act 2014 to take a strengths-based approach in supporting our citizens, recognising that though they may have care and support needs they also have skills, knowledge and experience that contribute towards having a fulfilling life. We are learning to make better connections: across other council departments, with Third Sector partners, other Local authorities, Housing providers, technology companies and of course the NHS. "No man is an island" said the poet John Donne and increasingly effective collaboration is a key part of how we work. Our landscape is changing: with devolution and accountable care systems some of the new features of our world.

This is a critical year: the cracks are really starting to show. It is getting harder to balance budgets, to ensure good quality services and a sustainable market. The Green Paper must offer a viable solution to supporting our most vulnerable citizens so they can live their lives with dignity and without fear.

Cath Roff

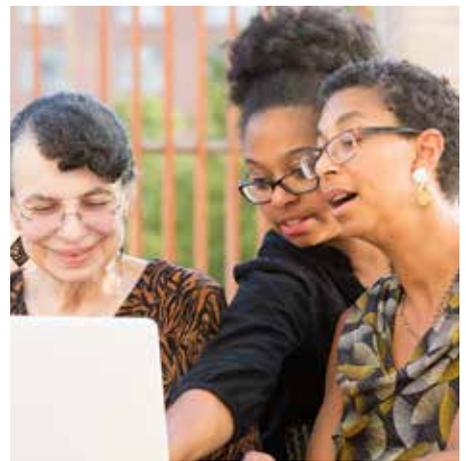
Director of Adults and Health
Leeds City Council
Chair: Yorkshire and Humber ADASS



The Yorkshire and Humber approach to sector led improvement continues to thrive. The improvements highlighted in this regional account in delivering better outcomes during times of continuing challenge demonstrates the commitment of Directors and their teams to share best practice and learn from peer review. The plans for 2018/19 reflect the region's awareness of areas where performance can improve further and are aligned to national ADASS and sector led improvement priorities. I look forward to continuing to work on our shared improvement agenda and in supporting local and regional partnerships particularly with health colleagues.

Moira Wilson

Care and Health Improvement Adviser
Local Government Association
Yorkshire and Humber



Our Key Achievements 2017/18

What outcomes has Sector Led Improvement helped us to achieve in 2017/18:

- Improved around 50% of the regional average ASCOF measures, which is in line with national improvement and have increased the level of satisfaction with people who receive services.
- Supported more people through short term services to live independently in the community and less adults (all ages) into residential care.
- Supported more people with learning disabilities than the national average into employment and to live independently.
- Remain one of the best performing regions in dealing with hospital discharges.
- Reduced the hospital delayed discharge days overall by 11%.
- Supported more people with mental health issues into employment and to live independently.
- Increased the number of people who feel that they have social contact.
- Increased the number of carers who feel they have a good quality of life, are satisfied with the services they receive, are happy with the involvement they have and how they are kept informed.
- Through mystery shopping, real customers have stated that 13 out of 15 councils they have tested have improved their access arrangements over the last 12 months



Our Regional Performance and Risk Analysis

Leadership and Governance

We currently have a permanent DASS in all 15 councils, with two new DASS's starting in the region over the last 12 months. There has been a lot of recent "churn"; 14/15 councils have had more than 2 DASSs over the last 4 years. Many portfolio holders are also inexperienced; 10/15 have been in post for <3 years. The span of control of DASS's is mixed, just under half (7) are ASC only, with 6 having another portfolio and the region has two DASS's who are also DCS's.

All 15 councils have signed a Sector Led Improvement Memorandum of Understanding. The ASC risk awareness tool has been fully embraced and supported over the last 3 years - annual self-assessments, external challenge and quarterly reporting have informed risk management and improvement planning on a local and regional level.

Performance and Outcomes

Around half of the national ASCOF measures have improved over the last 12 months. The region's average "quality of life" score stabilised and is similar to the England average. Overall satisfaction improved very slightly, to a level that is also similar to the England average. Several councils in the region achieved "high" rates of carer satisfaction in the 2016/17 survey. Customer satisfaction with information and advice deteriorated to a level that is now lower than the England average.

The rate of planned reviews of older people is lower than the England average in this region. The region's rate of planned reviews of adults aged <65 was similar to the England average.

There was improvement in the ASCOF scores relating to "feeling safe". The region's monitoring of safeguarding processes has revealed problems with data quality - with councils apparently defining a "safeguarding concern" and a "S42 enquiry" in different ways. DOLs pressures are universal and ongoing. Our MSP regional temperature has shown we are now level 7, improving from level 6 on the roadmap which is in line with the national assessment. Our regional MSP improvement plan as delivered a number of improvements at local, board and regional level.



The proportion of people who feel in control of their daily life has increased in the Region - and is similar to the national average. The proportion of people who receive a direct payment has stabilised - but is lower than the England Average.

The Region supports a high rate of people aged 18-64 compared with the national average - but with huge variation. Several councils have high proportions of adults aged <65 in residential care. These councils also had a high rate of new admissions in 2016/17. The Region as a whole has good performance in relation to the number of people with LD in paid employment.

Eight Y&H councils support fewer older people than their demographic comparators (per relevant population size). The region's rate of offering reablement was lower than the England average. The ASCOF data relating to the effectiveness of reablement (2B(1)) suggest that the region achieved generally good results.

National Priorities and Partnership

The region supported all 15 local authorities to contribute to the development of their second Better Care Fund plans. The region had two out of the seven areas nationally that went through the NHS England escalation process to achieve sign-off of their plans.

The published NHS-Social Care interface dashboard shows that that we have four systems in the bottom quartile nationally because of their systems' performance against the range of indicators. York, Sheffield and Bradford (who were identified as an exemplar) have all been subject to a CQC System Review.

Performance in relation to social care-related delayed transfers was generally better than the England average in this region.

Figures relating to continuing healthcare suggest that Yorkshire and the Humber NHS Area offers CHC to higher rates of people than the national average but with significant variation between councils.

Progress on Transforming Care in the region is still challenging. The issues are about releasing money from in-patient care to develop better community services and having a whole system approach rather than just looking at bed reductions.



Commissioning and Quality

The region has - on average - a higher proportion of registered services deemed "inadequate" or "requiring improvement" compared with the England average. CQC's data suggest that the quality of nursing homes is the biggest concern for the region, with an average of 4% being "inadequate" and 34% "requiring improvement". (By contrast, the figures for domiciliary care are 1% and 19% respectively).

Issues with the sustainability and fragility of the market is the Region's second highest risk, but with variation in which types of service are of most concern. According to the Regional dataset the majority of Y&H councils are experiencing capacity gaps in relation to EMI Nursing care and other housing options for both older people and adults of working age. A high number of councils are also concerned about the supply of supported living, domiciliary care, and extra care.

The regions CBO self-assessment has identified that developing the workforce, promoting a sustainable and diverse market, adopting a whole system approach and co-production are our main priorities.



Workforce and Resources

“Workforce capacity” was mentioned as a top risk by 7/15 councils in the Regional dataset. Several others mentioned capacity problems at the front-line – linked to vacancies but also to skills deficits. Several councils in the Region devote a comparatively low proportion of their budget (exc schools) to ASC. The apparent exception is York. Yorkshire and the Humber is a relatively “low spending” region for ASC. (This partly relates to the lower unit costs/prices in the region).

Two-thirds of councils are forecasting budget overspends in the region. There are only four councils whose gross expenditure on ASC is higher than the England average, per size of adult population. Across England, net and gross expenditure increased by 5% in 2016/17. In Y&H region, 8 councils increased their net expenditure by >5% in that year. The data suggest wide variation in income, both from the NHS and from client contributions. Most councils in the region spend less than their comparator averages. Expenditure on long-term support for adults aged <65 shows a more consistent picture across the region.

Councils in the region distribute their budgets in different ways – suggesting that they have very different service models. Expenditure patterns for people aged <65 appear to relate only loosely to the rate of people supported, illustrating that unit costs are the most important budget driver.



Across England, the average fee for independent sector home care increased by 7% in 2016/17. For this region, the published average the average increase for this region was 7% - i.e. the same as the national average – with the new average rate being £14.36/hr. There is a broad pattern whereby the lowest paying councils in 2015/16 made the biggest increases. The cost of residential/nursing care for older people increased by an average of 4% in 2016/17 in this region. York and Calderdale now have the highest unit costs, whilst Sheffield and Barnsley have the lowest. For people aged <65, the average cost increase for residential/nursing care was 2% - although 7 councils achieved reductions.

The regional dataset for 2017/18 shows the percentage of people with learning disabilities in each council whose package costs </>£52k per annum. This evidence suggests that on average, 78% of LD packages cost less than £52k/annum, but the range is from 62% to 90%.

Culture and Challenge

14/15 councils have had an LGA or Regional Peer Challenge in the last three years. Leeds, Sheffield, Hull, Kirklees all had a peer challenge in 17/18 with Calderdale, North Yorkshire, Barnsley and Doncaster will have one in 18/19.

12/15 councils have carried out a full ASC/ LGA risk self-assessment in the last 12 months. All councils fully participate in the quarterly regional performance and risk benchmarking activity which includes an identification of their key risks.

Mystery shopping results continue to improve with an increase in councils with ‘Excellent’ ratings and there are now no councils with ‘Unsatisfactory’ overall scores.



Our regional risks and priorities

The regional risk assessment identified the following as the top five risks that we collectively face:

- **Budget - Impact of Cuts**
- **Integration - DTOC, BCF and Transforming Care**
- **Workforce Capacity and Transformation**
- **Market Sustainability, Quality and Safeguarding**
- **Demand Management**

Based on this regional risk assessment, the areas identified in our Performance and Risk Dashboard and key issues identified in our Sector Led Improvement Event in March 2018 our priorities for 18/19 are:

Priority 1 - Use of Resources

Priority 2 - Sustainable Health and Care Systems

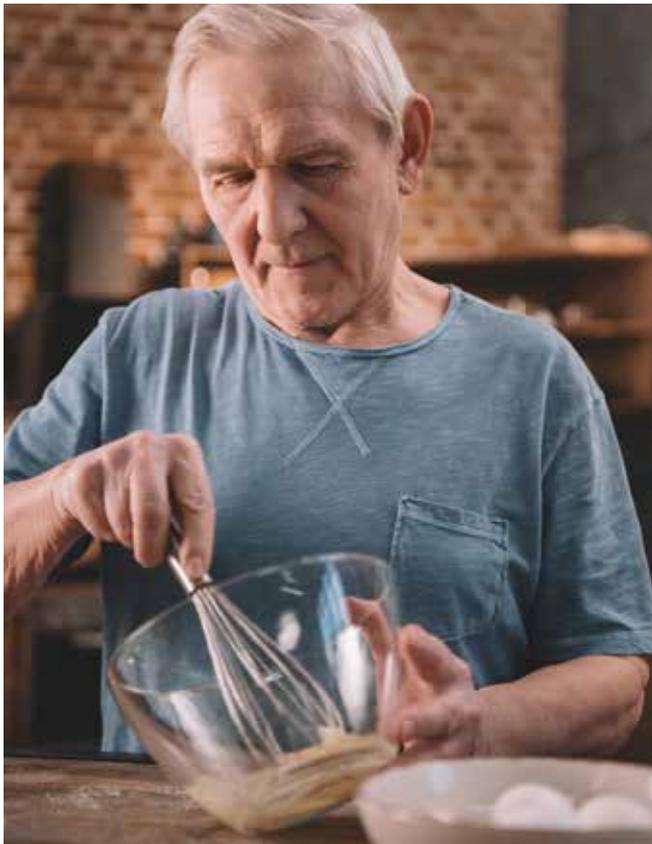
Priority 3 - Market Sustainability, Quality and Safeguarding

We are aware that during the next 12 months the outcome of the green paper will provide other challenges to the health and social care system in our region and therefore will review and revise our priorities when this becomes clearer. The seven principles set out by the Minister for Health and Social Care were fed into our discussions at our March SLI event and have helped shaped our current thinking.



Sector Led Improvement in the Region

We have in place an ADASS Branch meeting which meets every two months. This group has tackled a number of significant issues in the last twelve months including financial sustainability, winter pressures, better care fund planning and held dedicated workshops on housing, continuing health care and demand management. The regional ADASS chair is Cath Roff, DASS Leeds City Council and Vice Chair is Phil Holmes, DASS Sheffield (who has recently replaced Rosy Pope (DASS East Riding)). Our strong DASS leadership group includes a number of national leads – Cath Roff (ADASS Exec Group), Bev Maybury (ADASS Commissioning), Martin Farran (ADASS/LGA People and Communities Board) and Richard Webb (ADASS Honorary Secretary).



We have put in place a regional work programme which is focuses on delivering against our identified risks and priorities. The regional work programme is reported on and monitored at the regional branch meeting. Progress and activity against our work programme is set out below.

Sector Led Improvement has been strengthened through putting in place a dedicated team support the region which has supported the development of a two-year peer review programme, regional masterclasses, a memorandum of understanding, risk awareness of all fifteen councils and peer support where needed. The Sector Led Improvement offer for the region has consisted of a series of:

- 'Show and Tell' events and regional workshops to share good practice on issues.
- ADASS Networks with clear work programmes in areas such as Safeguarding, Commissioning, Carers, Workforce, Transforming Care, MCA DOL's and Standards and Performance.
- Peer Challenges in East Riding, Leeds, Hull, Kirklees and Sheffield.
- Mystery Shopping of access arrangements in all fifteen councils
- Stocktakes to identify improvement in MSP, Commissioning for Better Outcomes, Budget Sustainability and Demand Management and gathering regional intelligence on winter pressures and delayed transfers of care.
- Training Programmes such as the aspiring leadership course and safeguarding legal literacy.
- Targeted supportive action with individual local authorities where necessary.

Work Programme Delivery 17/18

We have adopted the ASC risk assessment tool in the region for the last three years and this has helped shape our work programme and priorities. This is backed up by an established Performance and Risk dashboard of benchmarking measures which has been launched as a web-based tool in October 2017.

Our Work Programme is focused on delivering against a number of priorities determined by our regional risk assessment, for 2017/18 these were:

- 1.** Budget - Impact of cuts, future efficiency agenda and costs of care.
- 2.** Workforce Capacity across the whole Health and Social Care sector.
- 3.** Market Sustainability, Market Failure and Quality of Care.
- 4.** Integration and partnership with Health, deliverability of the Better Care Fund, Delayed Transfers of Care and Transforming Care.
- 5.** Embedding Making Safeguarding Personal.
- 6.** Deprivation of Liberties - capacity to deal with statutory requirements and the impact on the ability to deliver other demands which lead to backlogs and delays in assessments and reviews.
- 7.** Prevention - changing organisational culture and developing the adult social care ASC workforce to focus on prevention and asset-based approaches to care and support.



The following details the progress and activity that has been undertaken to deliver against these priorities in 17/18:

1. Budget - Impact of cuts, future efficiency agenda and costs of care.

- Held a Housing Use of Resources Workshop, facilitated by Neil Revely, to explore how it can help to reduced demand for Social Care (Nov 17) – attended by 50 delegates
- Held a Delivering Transformation in ASC through Digital Innovation Event (Feb 18) – attended by 40 delegates
- Put on a dedicated CHC Workshop With DASS's which included regional and national benchmarking analysis from Jim Ledwidge (Sept 17)
- Undertaken a regional stocktake of the CIPFA/ADASS Financial Risk Took and the Six Steps to Demand Management culminating in a Use of Resource Workshop attended by 50 delegates (Jan 18) facilitated by Prof. John Bolton and John Jackson

2. Workforce Capacity across the whole Health and Social Care sector.

- Restarted the regional Workforce Network with support from Skills for CareHeld a Workforce Master Class, attended by 60 delegates (Sept 17) which showcased good practice from across the region in areas such as:
 - Use of the Apprenticeship Levy
 - Recruitment and Retention
 - Integrated services – Connecting Care Hubs
- Developed a regional approach to developing an Integrated Workforce Strategy

3. Market Sustainability, Market Failure and Quality of Care.

- Developed tools to support market sustainability and tackling market failure
- Information Sharing Protocol
- Process for communicating intelligence across the region quickly and supportively
- Putting in place a Y&H Provider Failure and Emergency Incidents – a checklist for regional response
- Developing a regional CQC Inspection Heat Map
- Undertaken our third-year regional assessment against the Commissioning for Better Outcomes assessment, identifying good practice and areas for further consideration for the region.
- Carried out a regional stocktake and analysis to understand the Quality Assurance arrangements in place across the region, identifying a common approach and good practice

4. Integration and partnership with Health, deliverability of the Better Care Fund, Delayed Transfers of Care and Transforming Care.

- Carried out Pre-assurance and Assurance of all 15 Better Care Fund Plans to support national sign-off
- Supported local authorities who were in phase 1 and phase 2 of the CQC System Review
- In conjunction with the LGA, held a Winter Planning event in Leeds (Dec 17) attended by 50 delegates
- Put in place a regional Protocol for Out of Authority Hospital Discharges signed by all 15 local authorities
- Held dedicated sessions to support Delayed Transfers of Care Data Collections in conjunction with Department of Health and NHS Digital
- Launched the Transforming Care Regional Network



5. Embedding Making Safeguarding Personal.

- Held a regional s42 event (June 17), facilitated by Dr Adi Cooper, to agree and launch a regional definition and share good practice, attended by 60 delegates
- Held a regional Learning from SAR's Event (Sept 17), attended by 60 delegates, which showcased experience from local authorities in the region.
- Carried out a Safeguarding IT system stocktake to look at improving the way data is captured and reported, identifying good practice in the region.
- Trained over 100 front line staff in MSP Legal Literacy across 4 events in the region.
- Developed a regional SAR Framework
- Developed a SAR Author Skills Matrix and SAR Author Directory
- Implemented the regional MSP Stocktake Action Plan which has led to many examples of improvement including new policies and procedures, risk tools and safeguarding strategies.

6. Deprivation of Liberties – capacity to deal with statutory requirements and the impact on the ability to deliver other demands which lead to backlogs and delays in assessments and reviews.

- Worked with NHS Digital to improve data consistency for DOL's collections
- Supported 4 Regional multi-agency DOL's Conference attended by over 100 delegates at each one
- Supported the regional DOLs network to produce a range of practice guidance's for Mental Health Assessors
- Through the DOL's network shared good practice on training programmes that exist in different local authorities

7. Prevention - changing organisational culture and developing the adult social care ASC workforce to focus on prevention and asset-based approaches to care and support.

- Supported the testing of the concept of Community Resilience Mapping which can be rolled out across the region
- Held a regional event to share good practice to develop and effectively implement the Information Advice and Guidance Strategies (Oct 17), attended by 60 delegates
- Continued to support Connect to Support to further develop its products – supporting early discharge, community-based models, self-service and access to front line workers
- Produced the Working Carers Top Tips Guide which is being held up as national good practice
- Put in place a Peer to Peer Audit Tool for assessing Strengths Based practice and developed a regional Charter.
- Carried out a regional stock take of demand and front door arrangements to identify and share good practice

All underpinned by Sector Led Improvement

- Supported the undertaking of three regional Peer Challenges – Hull, Kirklees and Leeds
- Trained a further 25 people to participate in the regional peer challenge programme
- Supported the Adult Social Care Risk Assessment to be undertaken in local authorities in the region in conjunction with the LGA
- Put in place a web based QlikView tool for the Performance and Risk Dashboard reporting and benchmarking
- Carried out mystery shopping testing access to services on all 15 local authorities

Mystery Shopping 17/18

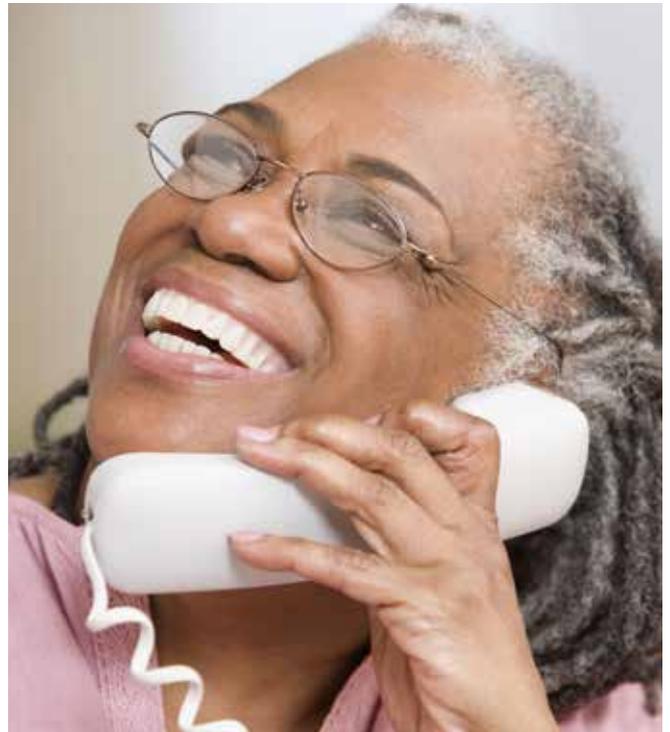


Yorkshire & Humberside has a well-established mystery shopping regional arrangements. The region has a pool of 'Experts by Experience' who test access to services across all 15 councils providing ratings against a range of scenario's and a 'tripadvisor' rating overall. The pool has built up over the last five years and includes real customers from Rotherham, Calderdale and North Lincolnshire. The regional pool of 'Experts by Experience' have been trained in mystery shopping techniques and between November 17 and March 18 embarked on the annual exercise, carrying out face to face visits, telephone calls and website check. Regional improvements include:

- 80% of individual judgements rated 'Good' or 'Excellent' - 64% in 15/16
- 14 out of 15 are rated by 'Experts by Experience' as Good or Excellent for their overall access to services.
- 13 out of 15 councils have improved some or all of their access to service arrangements over the last 2 years
- 14 out of 15 councils have services rated Good to Excellent (9 out of 15 in 2016/17 and only 3 out of 15 in 2012), Calderdale, East Riding, North Lincolnshire, North Yorkshire and York are all rated Excellent overall.

Council success stories:

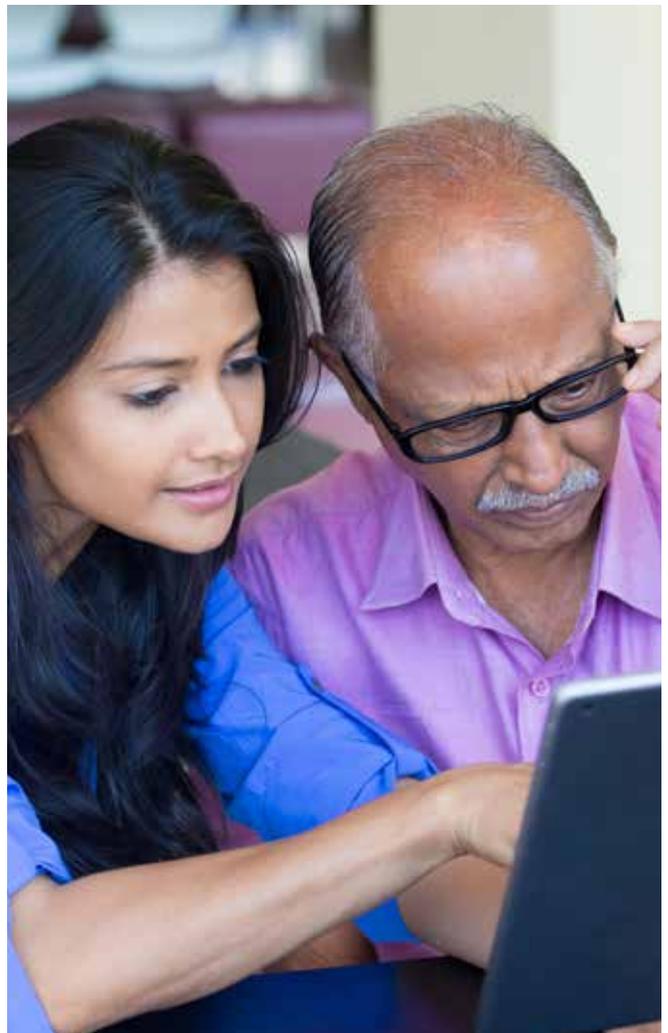
- **Calderdale** has improved overall from Good to Excellent. They have improved their Telephone service from Good (2017) to Excellent (2018) and their Website from Unsatisfactory (2012/13) to Excellent (2018). They have improved their out of hours arrangements from Unsatisfactory (2017) to Excellent (2018) and safeguarding access from Fair (2017) to Excellent (2018).
- **East Riding** has improved overall from Good to Excellent. They have improved their out of hours arrangements from Fair (16) to Excellent (18) and their safeguarding access from Good (17) to Excellent (18). They have also improved their telephone access from Unsatisfactory (12) to Excellent (18)
- **Wakefield** have improved its Telephone access from Good (17) to Excellent (18) and Website from Fair (16) to Excellent (18)
- **York** has remained Excellent. They have improved its telephone access from Good (17) to Excellent (18) and Face to Face from Good (17) to Excellent (18).



- **North Yorkshire** has improved overall from Fair to Excellent. They have improved face to face access and reception facilities from Fair (17) to Good (18). They have improved their Website from Unsatisfactory (2012) to Excellent (18), telephone access from Fair (17) to Excellent (18) and safeguarding access from Fair (17) to Excellent (18)
- **Rotherham** has improved its overall rating from Unsatisfactory to Good. Its improved its telephone access, out of hours arrangements and safeguarding access from Unsatisfactory (17) to Excellent (18). Its improved its face to face arrangements from Fair (17) to Good (18).
- **Bradford** has improved its out of hours arrangements from Fair (16) to Excellent (18).
- **Sheffield** improved its face to face arrangements from Unsatisfactory (14) to Fair (18) and out of hours access from Unsatisfactory (13) to Fair (18).
- **Leeds** have improved its out of hours access from Unsatisfactory (17) to Good (18).
- **Kirklees** have been rated Good for all of its access arrangements.
- **Barnsley** has improved its overall rating from Fair to Good. It has improved its face to face and reception rating from Unsatisfactory (17) to Good (18).
- **North East** Lincolnshire improved its Reception arrangements from Unsatisfactory (2012) to Excellent (2018)
- **Doncaster** improved its telephone access from Fair (16) to Excellent (18). They have improved their website access from Fair (17) to Excellent (18) and safeguarding access from Good (17) to Excellent (18).
- **North Lincolnshire** improved its overall rating from Good to Excellent. They have improved telephone access from Fair (17) to Good (18) and their website access from Fair (14) to Excellent (18). They have improved face to face arrangement from Unsatisfactory (15) to Good (18).
- **Hull** have improved their overall rating from Fair to Good. They have improved their out of hours arrangements from Unsatisfactory (17) to Good (18).

Delivering excellent access to service:

- **Telephone** – Calderdale, Doncaster, East Riding, Leeds, North Yorkshire, Rotherham, Wakefield, York
- **Website** – Barnsley, Calderdale, North Lincolnshire, North Yorkshire, Wakefield, York
- **Face to Face** – East Riding and York
- **Reception** – East Riding and North East Lincolnshire
- **Out of Hours** – Bradford, Calderdale, Doncaster, East Riding, North Lincolnshire, North Yorkshire, Rotherham, York
- **Safeguarding Access** – Calderdale, East Riding, North Lincolnshire, North Yorkshire, Rotherham, York



Our Priorities, Actions and Sector Led Improvement Activity for 2018/19

The following sets out the activity we wish to deliver through Sector Led Improvement to tackle our priorities for 18/19.



Priority 1 – Use of Resources

- Learning from good practice regionally and nationally to address Demand Management.
- Understanding the impacts and benefits of carrying out reviews of people and packages of care.
- Carrying out further analysis on average spend across client groups and identifying models of good practice for addressing high cost care packages particularly in learning disabilities.
- Improving consistency in our regional benchmarking data to ensure that we can address areas of high cost and low performance.

Priority 2 – Sustainable Health and Care Systems

- Supporting local authorities to meet the digital challenge to reduce pressures on health and social care systems.
- Identifying a regional model for an integrated approach to place based/ neighbourhood working and hold an event to showcase model of asset and strength-based approaches.
- Learning from regional good practice to increase the engagement with health and the take up of continuing health care contributions
- Putting together a regional model for what good 'reablement' looks like
- Putting in place a regional approach to improving workforce recruitment and retention.
- Identifying a regional approach to ensure that carers voices are part of the assessment and asset-based approaches.

- Holding an event to learn from the outcomes of the recent CQC System Reviews.
- Continued focus on minimising the impact of delayed transfers of care through data and intelligence sharing and learning from good practice and put in place support to local authorities for dealing with winter pressures.
- Support the regional Transforming Care network to explore the ways in which LA's can support more effective provider engagement, quality assurance and review of services which are initially commissioned by CCG's
- Support the regional Transforming Care network to establish a clear understanding of future funding requirements and provide a regional framework around Section 117 guidance.

Priority 3 – Market Sustainability, Quality and Safeguarding

- Implement a market failure intelligence sharing framework across all 15 local authorities
- Hold an event to share good practice on the alternatives that exist to residential placements.
- Provide targeted support to local authorities and providers who are currently rated inadequate by CQC through dedicated workshops.
- Hold a regional workshop to learn from regional and national good practice in dealing with self-neglect to develop a regional protocol.
- Develop a regional approach/guidance to involving families in Safeguarding Adults Reviews
- Clearly define the role of SAB's in relation to Modern Day Slavery
- Work with West Yorkshire Trading Standards to identify a regional approach to tackling financial abuse and scamming.
- Identify a cost ceiling across the region for the use of Independent DOL's Best Interest Assessors.

Regional Profile

The shape of Local Government in Yorkshire and Humber:

- Yorkshire and Humber has a population of just over 5.2 million people with Leeds (761,100) and Sheffield (551,800) being the largest centres of population. The region covers 15,408 square kilometres and is the fifth largest region in England.
- The area is formed of 15 councils and covers South Yorkshire (4 councils); West Yorkshire (5 councils); East Riding and Hull; North Yorkshire and York; and North and North East Lincolnshire.



Council Name	DASS	Type of council	Size km2	Population	Deprivation Rank	Sustainability & Transformation regions	Transforming Care Partnerships
Barnsley	Rachel Dickinson	Metropolitan Borough Council	329.1	239,300	32	SY&B	B,W,K,H,C
Bradford	Bev Maybury	Metropolitan Borough and City Council	370.0	531,200	18	WY	B
Calderdale	Iain Baines	Metropolitan Borough Council	363.9	200,100	66	WY	B,W,K,H,C
Doncaster	Damien Allen	Metropolitan Borough Council	568.0	304,800	35	SY&B	S,D,R,NL
East Riding	John Skidmore	Unitary Authority Council	2,408.7	336,685	118	C,H&V	H
Hull	Alison Barker	City and Unitary Authority Council	71.45	259,000	3	C,H&V	H
Kirklees	Richard Parry	Metropolitan Borough Council	408.6	434,300	69	WY	B,W,K,H,C
Leeds	Cath Roff	Metropolitan Borough and City Council	551.72	774,100	57	WY	L
North Lincolnshire	Karen Pavey	Unitary and Borough Authority Council	846.3	169,800	85	C,H&V	S,D,R,NL
North East Lincolnshire	Bev Compton	Unitary and Borough Authority Council	191.9	159,600	25	C,H&V	H
North Yorkshire	Richard Webb	County Council	8,053.0	602,300	129	C,H&V, DDTVHRW, WY	NY
Rotherham	Anne Marie Lubanski	Metropolitan Borough Council	286.5	260,800	41	SY&B	S,D,R,NL
Sheffield	Phil Holmes	Metropolitan Borough and City Council	367.94 (City) 3,949.2 (Urban area)	569,700 640,720	48	SY&B	S,D,R,NL
Wakefield	Andrew Balchin	Metropolitan Borough and City Council	338.6	333,800	52	WY	B,W,K,H,C
York	Martin Farran	City and Unitary Authority Council	271.94	206,900	136	C,H&V	NY



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