



Agenda

Notice of a public meeting of the Scrutiny of Health Committee

To: Councillors Lindsay Burr MBE, Liz Colling (Vice-Chair), Caroline Dickinson, Richard Foster, Sam Gibbs, Paul Haslam, Nathan Hull, Peter Lacey, Andrew Lee (Chair), John Mann, Rich Maw, Heather Moorhouse, Andrew Murday, David Noland, Clive Pearson, Andy Solloway,

District and Borough Councillors Susan Graham, Kevin Hardisty, Nigel Middlemass, Pat Middlemiss, Jennifer Shaw-Wright, Sue Tucker and Robert Ogden.

Date: Friday, 9th September, 2022

Time: 10.00 am

Venue: Council Chamber, County Hall, Northallerton, DL7 8AD

This meeting is being held as an in-person meeting and in public. The government position is that of learning to live with COVID-19, removing domestic restrictions while encouraging safer behaviours through public health advice. In view of this, hand cleanser and masks will be available for attendees upon request. The committee room will be well ventilated and attendees encouraged to avoid bottlenecks and maintain an element of social distancing.

Please do not attend if on the day you have COVID-19 symptoms or have had a recent positive Lateral Flow Test.

Please contact the named supporting officer for the committee, if you have any queries or concerns about the management of the meeting and the approach to COVID-19 safety.

Further details of the government strategy (Living with COVID-19 Plan) is available here – <https://www.gov.uk/government/news/new-guidance-sets-out-how-to-live-safely-with-covid-19>.

Business

- 1. Minutes of the meeting held on 17 June 2022** (Pages 3 - 8)
That the minutes of the meeting held on 17 June 2022 be taken as read and be confirmed by the Chair as a correct record.
- 2. Apologies for Absence**
- 3. Declarations of Interest**

Enquiries relating to this agenda please contact Christine Phillipson Tel: 01609 533887
or e-mail christine.phillipson@northyorks.gov.uk
Website: www.northyorks.gov.uk

4. Chair's Announcements

5. Public Questions and Statements

Members of the public may ask questions or make statements at this meeting if they have given notice to Christine Phillipson, Principal Democratic Services and Scrutiny Officer (contact details below) no later than midday on Tuesday 6th September 2022. Each speaker should limit himself/herself to 3 minutes on any item. Members of the public who have given notice will be invited to speak:-

- at this point in the meeting if their questions/statements relate to matters which are not otherwise on the Agenda (subject to an overall time limit of 30 minutes);
- when the relevant Agenda item is being considered if they wish to speak on a matter which is on the Agenda for this meeting.

A member of the public who has submitted a question of statement will be offered the opportunity to read out their question/statement at the remote meeting, via video conferencing, or have it read out by the Chair or Democratic Services Officer. We are not able to offer telephone conferencing due to limitations with the technology and concerns about confidentiality.

6. NHS Update on North Yorkshire Place since Integrated Care Systems were established on 1 July 2022 - updates from Wendy Balmain - North Yorkshire Place Director, Humber and North Yorks Integrated Care Board and Louise Wallace - Director of Public Health NYCC (Pages 9 - 18)

Links to the most recent Care Quality Commission reports (Pages 19 - 20)

7. TEWV Care Quality Commission Inspection and Action Plan - update from Amanda Hazelwood, Interim Care Group Director (North Yorkshire, York and Selby)

8. Scarborough & York Hospitals Care Quality Commission Inspections and Action Plans

Updates from Michelle Carrington, Humber and North Yorkshire Health and Care Partnership, Simon Morritt, NHS Trusts and Foundation Trusts Partner Member and Heather McNair, Chief Nurse York and Scarborough Teaching Hospitals NHS Foundation Trust.

9. South Tees Care Quality Commission Inspection Report and Action Plan - update from Sue Peckitt, Director of Nursing, Humber and North Yorks Integrated Care Board

10. Update on the deep dive into Autism - Christine Phillipson (Pages 21 - 22)

11. Scrutiny of Health work programme 09.09.22 - Christine Phillipson (Pages 23 - 26)

12. Other business which the Chair agrees should be considered as a matter of urgency because of special circumstances

Barry Khan
Assistant Chief Executive
(Legal and Democratic Services)

County Hall
Northallerton, Thursday, 1 September 2022

North Yorkshire County Council

Scrutiny of Health Committee

Minutes of the meeting held on Friday, 17th June, 2022 commencing at 10.00 am.

Members:-

County Councillor Andrew Lee in the Chair. plus County Councillors Liz Colling, Caroline Dickinson, Richard Foster, Sam Gibbs, Paul Haslam, Nathan Hull, Peter Lacey, Rich Maw, Heather Moorhouse, Andrew Murday, Clive Pearson, Andy Solloway, Andy Paraskos (sub) and Arnold Warneken (sub).

Co Opted Members:-

District and Borough Councillors Pat Middlemiss, (Richmondshire), and Tom Watson (sub Harrogate)

Officers present: Daniel Harry and Christine Phillipson (Democratic Services and Scrutiny, NYCC) and Victoria Turner, (Public Health Consultant, NYCC).

Copies of all documents considered are in the Minute Book

205 Apologies for Absence

Apologies were received from Councillors Lindsay Burr, John Mann with Councillor Andy Paraskos attending as substitute and Councillor David Noland with Councillor Arnold Warneken attending as substitute.

Hambleton District Councillor Kevin Hardisty & Selby District Councillor Jennifer Shaw-Wright.

Councillor Tom Watson attended as substitute for Councillor Middlemass from Harrogate Borough Council.

206 Declarations of Interest

There were no declarations of interest.

207 Minutes of the meeting held on 11 March 2022

That the minutes of the meeting held on 11 March 2022 be taken as read and be confirmed by the Chairman as a correct record.

208 Chairman's Announcements

There were none.

209 Public Questions or Statements

There was one public question submitted by Roger Tuckett, Interim CEO, Yorkshire Adult Autism Action Group.

He asked the following question,

“What action will this Committee, together with relevant Officers, take to:

- a) maintain close oversight and scrutiny of developments in this matter, and*
- b) ensure TEWV and the new Humber and North Yorkshire ICB produce and implement costed action plans to remedy an underdeveloped care system in North Yorkshire for Autistic people”.*

Councillor Andrew Lee, Chairman of the Scrutiny of Health Committee responded,

“The committee acknowledges the concerns raised and will follow-up with the Tees Esk and Wear Valleys Foundation Trust.”

Councillor Lee also agreed that this may be discussed further under agenda point 9, the work programme later in the Committee meeting.

210 Overview & Scrutiny & Scrutiny of Health Committee Summary

Considered – Daniel Harry, Democratic Services and Scrutiny Manager, North Yorkshire County Council, introduced this item providing Members with a summary of how overview and scrutiny is undertaken at the Council and the role Members have within that. The responsibilities and powers of the Committee were also identified.

Key points to note were

- This is a new Committee and encourages Member and Officer participation.
- The Committee acts as a check and balance, in order to explore and challenge.
- Joint working with external partners works well and is encouraged.
- Work programme and mid cycle briefings are invaluable in maintaining focus on the areas to prioritise.
- There were a number of major hospitals in the area.
- The future of the NHS and the changes to service delivery, Committee to respond and contribute.

Some of the key areas of the work of the Committee over the past 5 years were identified including:

- Mental health services: the move from in-patient provision to more specialist, enhanced community services
- Re-development of Whitby and Scarborough Hospitals, ageing infrastructure and options considered for smaller ‘cottage’ hospitals
- Hyper acute stroke provision of the populations of Harrogate and Scarborough and the adoption of a new treatment pathway in line with nationally recognised best practice
- Workforce shortages and how this is a factor in shaping the development of local NHS services in the county
- Access to NHS dentistry
- Strategic changes to NHS commissioning and delivery from the emergence of the Sustainability and Transformational Partnerships model through to the Integrated Care Systems
- Collaborative work the Area Constituency Committees.

Themes for the next 5 years of the Committee were also suggested, in particular:

- Changes to NHS structures, the creation of the Integrated Care Systems, Partnerships and Boards
- Changes to primary care and the possible emergence of a more integrated models of delivery
- Greater collaboration between hospitals over the provision of services and sharing

- key staff
- Workforce shortages, particularly rural and coastal, across a range of different specialisms and how this force changes to services
 - The long term impact of the pandemic on changing how services are accessed and delivered, including the greater use of technology
 - Ageing population, the provision of services to frail and elderly people
 - Finance pressures with the local NHS system
 - Mental health services, access, range of services and CQC inspections
 - Autism services, young people and adults.

Councillor Andy Solloway suggested that future Scrutiny Committees could be on line or in a hybrid format which would continue to save time and money in travel and accessibility. It was agreed that attendance via remote methods had proven to be good, but reiterated that in order to vote Members must be physically present, however there was ongoing discussions looking at options to utilise facilities in divisional offices.

Councillor Liz Colling endorsed the views of Councillor Solloway agreeing that the expertise from external guest speakers was invaluable and the hybrid model would be advantageous to continuing this.

Councillor Peter Lacey asked what the scope of the scrutiny committee was in terms of areas they are able to scrutinise. It was confirmed that any NHS service is able to be scrutinised and there would be situations where working together with other Committees for example Care and Independence would be advantageous.

District Councillor Pat Middlemiss asked where dental issues would be identified as this was an issue in her ward. It was confirmed that this was part of the work programme and would be picked up in that agenda item.

The Chairman confirmed that he was happy to be guided by Members on their thoughts on the way forward for future meetings but was keen that the initial meeting should be held in person.

Councillors Sam Gibbs, Rich Maw and Peter Lacey all suggested that virtual meetings were most beneficial but meetings where decisions were to be made could be in person but continue online if no decisions were required or if the weather was particularly bad, allowing flexibility.

Councillor Paraskos suggested a small investment in order to allow remote or hybrid meetings would be worthwhile.

Councillor Arnold Warneken reiterated the benefit of a reduced carbon footprint utilising remote means and this should be taken into consideration when decisions were made.

Resolved – That points of view of the Committee should be fed back to the Chair/Vice Chair and the clerk would investigate the options going forward in line with the balance of decisions made on the future of Committee meetings.

211 Prevalence data on the pandemic and vaccination rates - Victoria Turner, Public Health, North Yorkshire County Council

Considered – Dr Victoria Turner, Public Health Consultant, North Yorkshire County Council gave a verbal presentation on prevalence data of the pandemic and vaccination rates. The

purpose of this was to inform and update the Committee on the Covid situation. The presentation covered the living with Covid 19 plan with the main points to consider being:

- Move from the government mandate to individual responsibility on key measures including isolation, testing and wearing face coverings
- Routine contact tracing and legal requirement to isolate ended 24th February
- End of (most) free COVID-19 testing for general population 1st April
- Possible COVID-19 – stay at home, avoid contact with others, wear a mask if you have to leave home
- Confirmed COVID-19 – stay at home and avoid contact with others for 5 days (3 days if under 18).

Vaccination rates confirm the vaccination uptake (aged 12+) in North Yorkshire is 89.5% for the 1st dose, 86.2% for the 2nd dose and 73.7% for the third. This compares with England as a whole at 79.7%, 75.7% and 59.6% respectively. Vaccinations can still continue to be booked through the NHS website, and a 4th booster for specific groups of people are now being administered.

Councillor Andrew Murday asked about the prospects for winter and whether this was a consideration.

Victoria Turner confirmed that modelling and predictions for the winter were currently being looked at, along with a 4th booster rollout.

Councillor Paul Haslam expressed concern that infection rates were rising by 25% week by week and asked how many people were suffering with long Covid.

Victoria Turner estimated that 1 in 20 people may have long Covid and there is an acceptance that people may get Covid 2 or 3 times.

Councillor Liz Colling asked what the plans were if the increase in cases continues as some vaccination centres had now been stood down.

Victoria Turner confirmed there were no specific plans for North Yorkshire but the centres are ready to be stood back up if required and this was implemented almost overnight previously and the expectation is that this may be the case in the autumn.

There followed a discussion the main points summarised below:

- Across North Yorkshire the data suggests 10% of the population have not been vaccinated
- Discussions are taking place with the NHS to combine flu and Covid vaccinations going forward
- A rise in hospitalisations has been recognised but the average for North Yorkshire is a reflection of elsewhere
- A rise was expected but the rate is not as high as previously which suggests the vaccine is working and protection is lasting well
- Public health information will communicate plans and awareness for the winter months.

Councillor Andrew Lee summed up, thanking Victoria Turner for attending and responding to questions from Committee members.

Resolved:- That Victoria Turner attend a future meeting of the Committee should there be an emergence of a new variant of the Covid virus that is of concern or should the Committee request further data on the pandemic

212 Yorkshire Ambulance Stakeholder Update May 2022 - To Note

Considered - The report provided Members with an update on the work and achievements of The Yorkshire Ambulance Service NHS Trust and information on their continued response to the Covid pandemic.

The main points of the report covered:

- Covid and operational pressures
- Mental Health project
- Emergency Operations Centre redevelopment work
- Paramedic rotation
- New Scarborough station plans
- Electronic patient record.

There followed a discussion with the key points as summarised below:

- Inclusion of the Yorkshire Ambulance service in the Committees mid cycle briefing
- More discussion on this is welcomed
- Any help we can give as a committee in terms of asking questions and including data in reports
- Figures on staff turnover would be useful to see.

Resolved: - That a discussion on the Yorkshire Ambulance Service report is included in the Committees mid cycle briefing.

213 Overview and Scrutiny and Committee Work Programme

Considered – a presentation by Daniel Harry, Democratic Services and Scrutiny Manager, North Yorkshire County Council.

- The objective was to enable the Committee to review the work programme and make suggestions for areas of scrutiny for inclusion on the work programme for the remainder of the year, with an opportunity to encourage discussion around the work programme and identify items for consideration over the next 18-24 months.

There followed a discussion the key areas being suggested to include in the work programme are summarised below:

- Nutrition and diet how this effects health and wellbeing
- Looking at the quality of meals in schools and prison's
- The Government's handling of the pandemic
- The crucial relationships with the Integrated Care Board and Integrated Care System, working with Area Constituency Committees and feeding back to the executive
- Political representation on Area Constituency Committees
- The pressures on workforces
- Realistic data, for example Scarborough Hospital and the cover that provides logistically
- Autism and the service provided
- Outdated autism strategy
- Dentistry
- Ambulance service
- Preventative solutions in social prescribing for better health
- Access to GP surgeries
- Informing the public about changes to the way the NHS now operates GP services
- Disparity of NHS services across the county

- Additional pressures created on accident and emergency departments.

Councillor Andrew Lee summed up and thanked Members for their contributions and stated that the Chair, Vice Chair and officers would work together, look at the suggestions and prioritise in order to work effectively.

Councillor Lee also confirmed the previous suggestion to complete a deep dive into autism.

Resolved:-

- 1) The Chair, Vice Chair and officers would discuss the work plan at the mid cycle briefing on 22 July and prioritise the suggested areas of concern taking into account timescales and officer availability.
- 2) A deep dive into autism be set up to start as soon as possible as a separate meeting outside the Committee.

214 Other business which the Chairman agrees should be considered as a matter of urgency because of special circumstances

The meeting concluded at 12.10 pm.



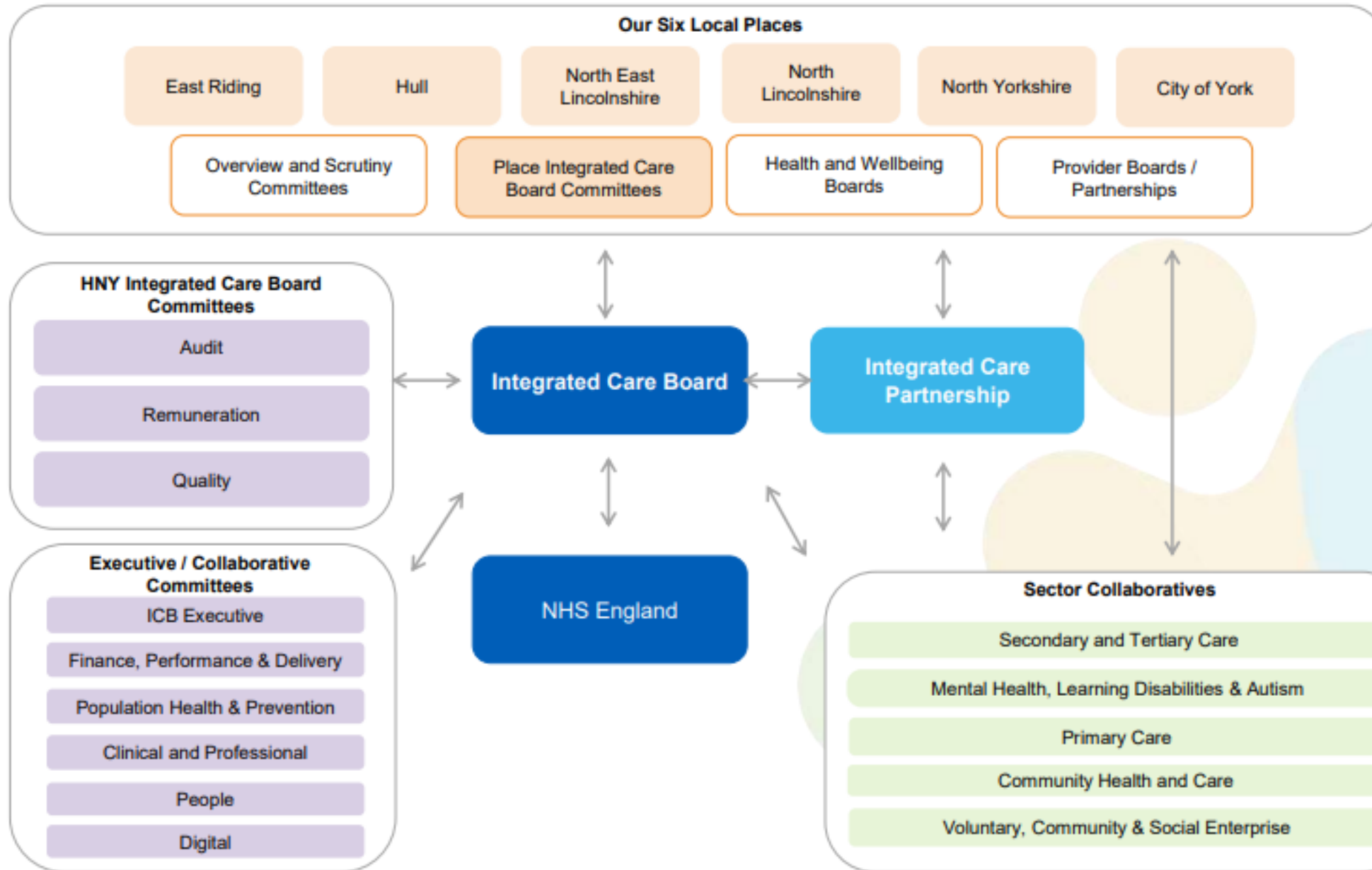
Humber and North Yorkshire
Health and Care Partnership

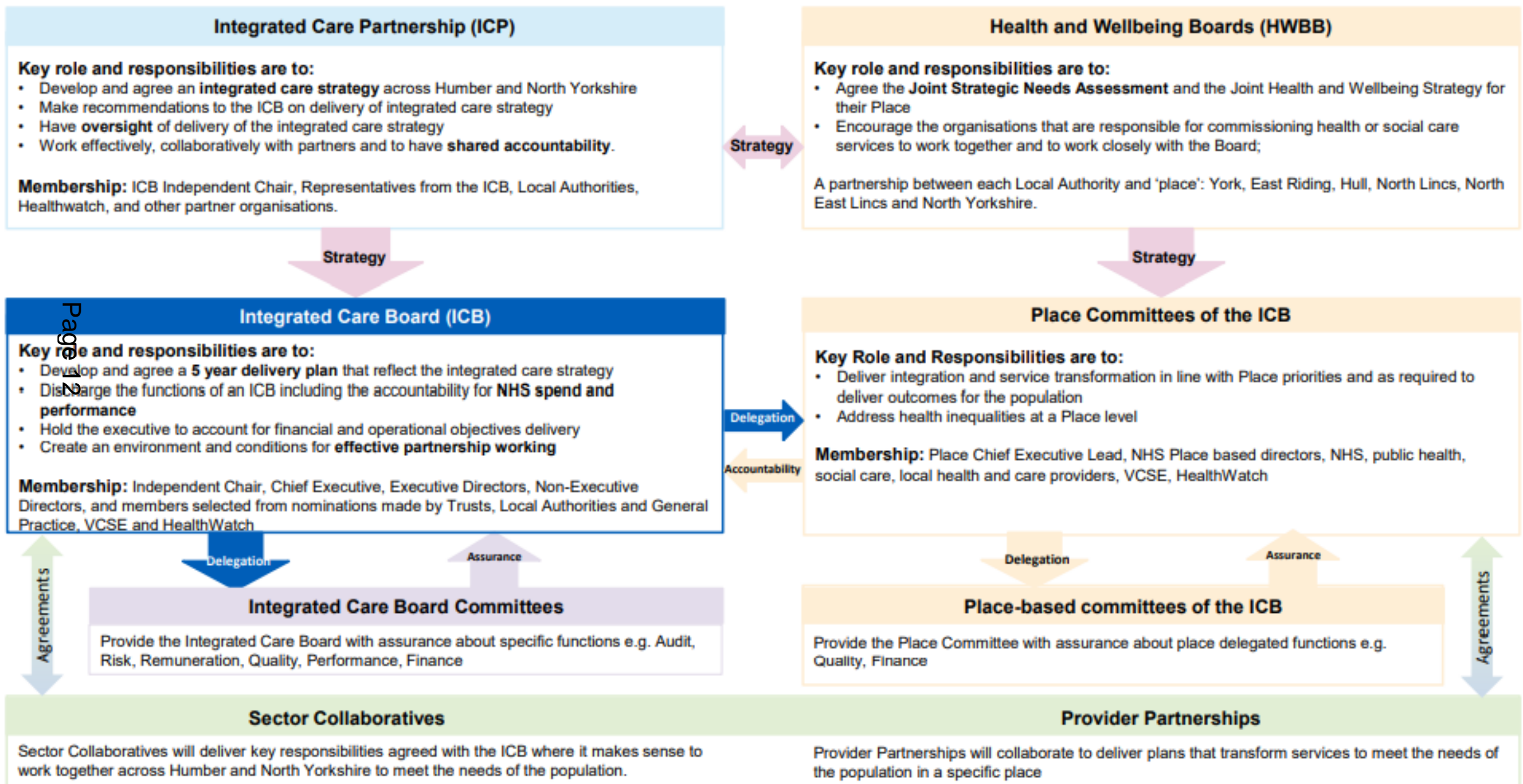
NHS Update on North Yorkshire Place since ICS established on 1 July 2022

Wendy Balmain, NHS Place Director

North Yorkshire Scrutiny of Health Committee
9th September 2022

- The purpose of an Integrated Care System (ICS) is to bring partner organisations together to:
 - Improve outcomes in population health and healthcare
 - Tackle inequalities in outcomes, experience and access
 - Enhance productivity and value for money
 - help the NHS support broader social and economic development
- ICSs are a collaboration of health, social care, community and charitable organisations
- Extensive programme of work across HNY during 2021 and 2022 to ensure safe transition on 1st July
- The HNY Health and Care Partnership formally came into existence on 1st July 2022
- HNY HCP ambition is for everyone in our area to start well, live well and age well
- There are six Places within the ICS which are recognised as the key building blocks for delivery
- A new ICS strategy will be developed with significant input from the 6 Places and aligned to Health and Wellbeing Board Strategies





HNY Integrated Care Board Membership

| | |
|---|--------------------------|
| Chair | Sue Symington |
| Chief Executive | Stephen Eames CBE |
| Chief Operating Officer | Amanda Bloor |
| Executive Director of Finance and Investment | Jane Hazelgrave |
| Executive Director of Nursing and Quality | Teresa Fenech |
| Executive Director of Clinical and Professional | Dr Nigel Wells |
| Executive Director of People | Jayne Adamson |
| Executive Director of Corporate Affairs | Karina Ellis |
| Executive Director of Communications, Marketing and Media Relations | Anja Hazebroek |
| NHS Trusts and Foundation Trusts Partner Member | Simon Morritt |
| Primary Care Partner Member | Dr Bushra Ali |
| Local Government Partner Member (interim) | Councillor Jonathon Owen |
| Remuneration Committee Chair (non-executive) | Mark Chamberlain |
| Audit Committee Chair (non-executive) | Stuart Watson |

- Delivery at Place is central to the approach across the ICS
- Wendy Balmain appointed as the North Yorkshire NHS Place Director
- Richard Flinton is the Place lead Chief Executive and Chair of the North Yorkshire Place Board
- Four Local Care Partnerships are being developed to reflect the diverse health and care needs of local communities
- The New ICS strategy is being developed with clear alignment to the North Yorkshire Health and Wellbeing Board

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Members of North Yorkshire County Council and the NHS Place Director will be represented at the Integrated Care Partnership

- North Yorkshire Place priorities have been agreed at the Place Board where we can achieve more by partners working together for local communities – they do not represent all of the work that member organisations are delivering
 - Priority 1: A comprehensive and integrated health and social care model
 - Priority 2: A high quality care sector, with sufficient capacity to meet demand
 - Priority 3: A strong workforce
 - Priority 4: Prevention and public health

| Member | Organisation |
|--|--|
| Richard Flinton (Chair), Chief Executive, | North Yorkshire County Council |
| Ali Jan Haider, Strategic Director | West Yorkshire Integrated Care Board |
| Brent Kilmurray, Chief Executive | Tees, Esk and Wear Valleys NHS FT |
| Gary Fielding, Corporate Director of Strategic Resources | North Yorkshire County Council |
| Jane Colthup, Chief Executive | Community First Yorkshire |
| Jonathan Coulter, Chief Executive | Harrogate and District NHS FT |
| Louise Wallace, Director of Public Health | North Yorkshire County Council |
| Mark Bradley, North Yorkshire Place Finance Director | HNY Integrated Care Board |
| Michele Moran, Chief Executive | Humber Teaching NHS FT |
| Richard Webb, Corporate director of Health and Adult Services | North Yorkshire County Council |
| Robert Harrison, Managing Director | South Tees Hospitals NHS FT |
| Sally Tyrer, PCN Clinical Director | North Yorkshire LMC (YORLMC) |
| Simon Morritt, Chief Executive | York and Scarborough Teaching Hospitals NHS FT |
| Stuart Carlton, Corporate Director of Children's and Young People's Services | North Yorkshire County Council |
| Sue Peckitt, North Yorkshire Place Nurse | HNY Integrated Care Board |
| Wendy Balmain, North Yorkshire Place Director | HNY Integrated Care Board |

A comprehensive and integrated health and social care model

WHAT DOES GOOD LOOK LIKE

- Partnerships that understand and respond jointly to the needs of their communities.
- Increase in people living independently or managing safely at home/care setting.
- People are supported to live in a broad range of housing that meets their circumstances.
- Increased care provided closer to home, with a sufficiency of supply of community health, mental health and social care services.
- Public will access urgent care through the most appropriate entry-point and receive care through a new and integrated skill-mix
- Acute and mental health delivery operating much more in the community, coexisting with primary and social care.
- Significantly reduced delayed discharges into community care (whether nursing, residential or domiciliary care).
- Reduced need for acute beds for urgent care and for 24/7 residential and nursing beds.

KEY ACTIONS

- Enable 4 Local Care Partnerships that bring different providers together to lead the design of the local integrated model
- Develop a co-ordinated urgent care community response, utilising urgent care, crisis response services and virtual wards
- Embed principles from Fuller review with primary care, LA, NHS, VSCE and community partners to build relationships and neighbourhood operational delivery models, based on the principles of MDT working and consistent 'any door' access
- Develop a consistent and integrated model for intermediate care
- Support Enhanced Health in care homes and joint work through the Quality Improvement Team to improve responsiveness and quality and reduce variation
- Ensure a greater emphasis on self-help, prevention and PHM
- Deliver the community Mental Health transformation programme to offer whole-person, whole-population health approaches which are integrated and aligned with Primary Care Networks
- Improve the lives of children, young people and adults with a learning disability and/or autism who display behaviours that challenge, including those with a mental health condition
- Ensure a strengthened role for the VCSE

A high quality care sector, with sufficient capacity to meet demand

WHAT DOES GOOD LOOK LIKE

- Increase in people living independently.
- Higher recruitment and retention levels across health and social care.
- Learning from incidents and safeguarding reviews is embedded in working practice.
- A care market sustainable for providers and affordable for commissioners and service users.
- Reduced reliance on acute beds and 24 hour nursing/residential care – Home First approach.
- Enhanced community care capacity that can flex to prevent avoidable hospital admissions and facilitate timely hospital discharge.

KEY ACTIONS

- Shaping the care market through the transformation of Approved Provider Lists – consider impact of social care funding levy and cap.
- Recruitment and retention of care staff through attractive pay, training and career development.
- Develop innovative models for domiciliary care, including care built on community strengths.
- Undertake fair cost of care exercises for domiciliary care and implement actual cost of care for residential /nursing care to deliver a sustainable care market.
- Work with care providers to implement the national charging reforms for adult social care and the next phase of the NHS discharge pathway.

A strong workforce

WHAT DOES GOOD LOOK LIKE

- Sufficient trained and motivated staff to meet demand through:
 - Positive narratives about the various different roles and professions.
 - Increasing numbers of people being recruited.
 - Range of innovative, possibly even joint funded, posts to help bridge gaps and/or break down silos (e.g. part primary care / community, or part health / social care).
 - Apprenticeships and career pathways across health and social care.
- High recruitment and retention levels of all care staff.

KEY ACTIONS

- Develop more balanced/varied roles and better work/life balance, wellbeing support, appropriate rewards.
- Develop innovative approaches to recruitment.
- Develop innovative workforce models.
- Innovative use of technology to support staff.
- Identify opportunities for cross sector working and roles.
- Support international recruitment across sectors.

WHAT DOES GOOD LOOK LIKE

- Narrowing of the gap in health inequalities between the least deprived areas compared with the most deprived areas across North Yorkshire.
- Increase in overall healthy life expectancy across the County.
- Improved physical health of people with mental health conditions or a learning disability
- Narrowing of the gap in healthy life expectancy between the people in the least deprived areas compared with those in the most deprived areas across North Yorkshire.
- Having a clear, resourced strategic plan with dedicated staff to implement.

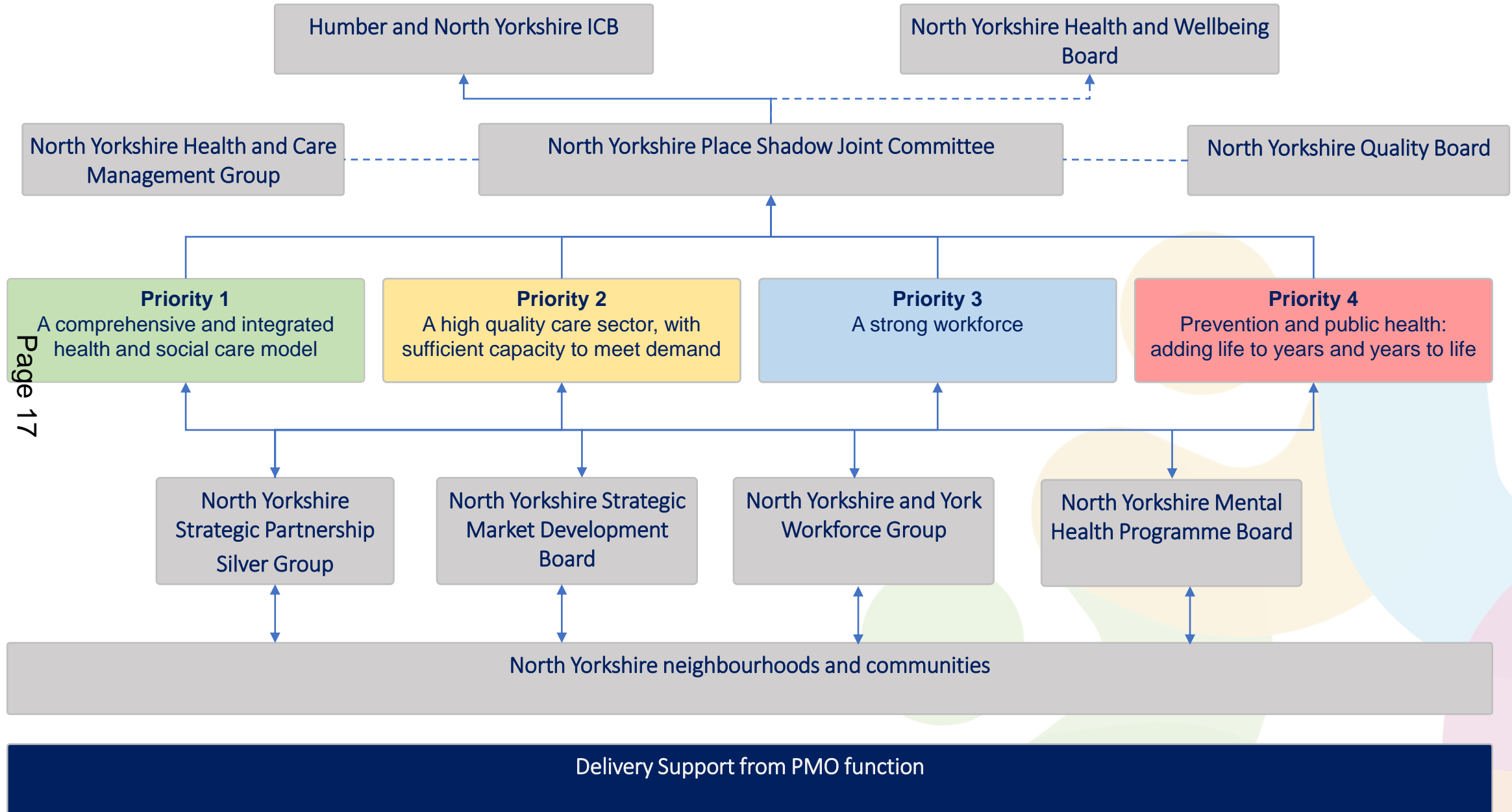
KEY ACTIONS

- Commission and provide high quality, accessible prevention, mental health and primary care services.
- Support people to maintain good mental health with timely access to effective primary, secondary and specialist services when needed.
- Support people to be physically active across all ages and stages of the life course.
- Influence through the strength of the partnership the wider determinants of health with a particular focus on coastal communities.
- Promote and invest in stronger communities and strategic commissioning of the VCSE.
- Engage with people in a dialogue about self-care, early help, loneliness and using digital tools.



Prevention and public health: adding life to years and years to life

North Yorkshire Priorities: Organisation and Governance



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Care Quality Commission Reports

Detailed below are the top line summary findings from the recent CQC reports of the following hospitals included in the agenda.

Links and addresses to the full reports are listed under each individual hospital.

TEWV CQC Inspection - West Park Hospital Edward Pease Way Darlington

- Overall trust quality rating - Requires Improvement
- Unannounced inspection of forensic inpatient wards due to a number of issues including unsafe staffing numbers and poor culture within the service
- Additionally short notice (24 hours) announced inspections of community mental health services for working age adults, crisis and health based places of safety and community child and adolescent mental health services
- Overall, rated safe, responsive and well-led as requires improvement, effective and caring as good.

[Trust - RX3 Tees, Esk and Wear Valleys NHS Foundation Trust \(10/12/2021\) INS2-10875360021 \(cqc.org.uk\)](https://api.cqc.org.uk/public/v1/reports/39d313da-63b8-4a46-a423-11f1958c89b0?20211223164650)

<https://api.cqc.org.uk/public/v1/reports/39d313da-63b8-4a46-a423-11f1958c89b0?20211223164650>

Scarborough Hospital CQC Inspection - Woodlands Drive Scarborough

- Overall trust quality rating - Requires Improvement
- Unannounced focused inspection of the emergency department at Scarborough Hospital on the 13 and 14 January 2020
- Also inspected elements of the medical care core service including wards
- Areas for improvement identified including breaches of legal requirements that the trust must put right.

[Scarborough Hospital NewApproachFocused Report \(IndependentHealthCare Location Feb 2020\) INS2-8084491971 \(cqc.org.uk\)](https://api.cqc.org.uk/public/v1/reports/ff20ca11-7f55-4aa3-b60d-a80c1fe39698?20210209175942)

<https://api.cqc.org.uk/public/v1/reports/ff20ca11-7f55-4aa3-b60d-a80c1fe39698?20210209175942>

South Tees CQC Inspection - The James Cook University Hospital

- Overall rating for this trust - Requires improvement
- A responsive inspection was undertaken due to concerns raised by system partners. Quality of the environment and observation of how staff were caring for patients were also looked at
- The rating of this location stayed the same.

[RTRAT The James Cook University Hospital \(cqc.org.uk\)](https://api.cqc.org.uk/public/v1/reports/17f54d4b-9ff8-4da7-835d-87f969f1c24a?20220525070309)

<https://api.cqc.org.uk/public/v1/reports/17f54d4b-9ff8-4da7-835d-87f969f1c24a?20220525070309>

York Hospital CQC Inspection - Wigginton Road York

- Overall rating for this service - Inspected but not rated
- Unannounced focused inspection due to significant safety concerns raised about fundamental standards of patient care.
- Service not rate at this inspection and rating suspended for this service.

[RCB00 The York Hospital \(cqc.org.uk\)](https://api.cqc.org.uk/public/v1/reports/fa26dba4-2c28-4c82-802a-5ce5ac4fffd1?20220609070231)

<https://api.cqc.org.uk/public/v1/reports/fa26dba4-2c28-4c82-802a-5ce5ac4fffd1?20220609070231>

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Scrutiny of Health briefing: Autism strategy for North Yorkshire

Public question around an “outdated autism strategy and the plans to remedy an underdeveloped care system in North Yorkshire for Autistic people”.

Introduction

This briefing is intended to give the Scrutiny of Health Committee reassurance that we are making progress on developing the new “All age strategy for Autism in North Yorkshire”.

Background

The last autism strategy for North Yorkshire was produced in 2015 [“The changing landscape of autism in North Yorkshire 2015- 2020”](#)

Although the strategy for North Yorkshire has lapsed the work has continued to support autistic people in North Yorkshire, we have dedicated officer working hard to achieve the vision that within local communities people with autism can depend on mainstream services, to understand them and treat them fairly as individuals, therefore improving health and wellbeing.

In July 2021, the Government published the new [national strategy for Autistic Children, Young People and Adults 2021 to 2026](#).

The strategy outlines actions under six priority areas:

1. Improving understanding and acceptance of autism within society
2. Improving autistic children and young people’s access to education, and supporting positive transitions into adulthood
3. Supporting more autistic people into employment
4. Tackling health and care inequalities for autistic people
5. Building the right support in the community
6. Improving support within the criminal and youth justice systems

Progress to date

1. Conducted a Joint Strategic Needs Assessment [Special Educational Needs and Disabilities 2021](#)
2. Conducted a Joint strategic Needs Assessment for [Learning Disabilities \(all ages\)](#) (The Learning Disability topic is linked to the other JSNA topics including Mental Health, End of Life Care, Autism, Sexual Health, and Housing).
3. Developing a new governance structure to maintain close oversight and scrutiny of this portfolio area of work.
4. Gathered insight into what is currently available and understanding the population need.
5. Reviewed our progress against the last strategy and carried forward actions that we did not manage to achieve.
6. Partnership engagement and planning session for CYPS aspects on priorities

In development

1. Developing a whole system-working group that includes expertise from the CYPS, HAS, HNY ICS, Tees ESK and Wear trust and will include a person with lived experience.

2. Conducting a deep dive to understand the system, challenges, population needs and gaps in service provision as this will help inform our new strategy.
3. As part of the strategy development, there will be a number of engagement events to give Autistic people, parents, families and carers along with health professionals opportunities to engage and help shape the new strategy.

We will continue championing this work and we will report to Scrutiny of Health in December 2022 with the findings from the deep dive and a progress update on the planned strategy.

Natalie Smith (Head of HAS population Health Planning) (28th August 2022).

NORTH YORKSHIRE COUNTY COUNCIL
Scrutiny of Health Committee – Work Programme 2022
Version – 9 Sept 2022

| | 17 Jun | 22 Jul | 9 Sep | 4 Nov | 16 Dec | 20 Jan | 10 Mar | ACC | |
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| | COM | MCB | COM | MCB | COM | MCB | COM | | |
| Strategic Developments | | | | | | | | | Comment |
| 1. NHS update on North Yorkshire Place, the progress and position following the formal establishment of the Integrated Care System on 1/7/22 | | | ✓ | | | | | | The new structure and way forward. Strategic view of the form and function of the Local Care Partnerships within the ICSs that cover North Yorkshire - Wendy Balmain NHS Humber & North Yorks ICB & Louise Wallace NYCC. |
| 2. Prevalence data on the pandemic and vaccination rates | ✓ | | | | | | | | Public Health updates – Victoria Turner |
| 3. GP Waiting list information and access figures | | | | | | ✓ | | | |
| 4. 'Unavoidably small hospitals' | | | | | | | | | Overview of key issues facing smaller hospitals in rural and coastal areas |
| 5. Independent public inquiry into the UK Government handling of the COVID-19 pandemic | | | | | ✓ | | | | Report due Spring 2022 - TBC |
| 6. Response to workforce pressures within health and social care | | | | | ✓ | | | | Review of current workforce pressures across the health and social care system and the response to them – 16 December 2022 TBC |
| 7. Pharmaceutical Needs Assessment | | | | ✓ | | | | | Review draft PNA and explore the wider role that pharmacies have to play in the local community as a first point of contact – Claire Lawrence(Louise Wallace) |
| 8. Deep Dive into Autism and the strategy | | ✓ | | | ✓ | | | | A task and finish exercise into the autism strategy and a deep dive into autism be set up to start as soon as possible as a separate meeting outside the Committee – update at December meeting. – Natalie Smith |
| 9. CQC report findings | | ✓ | ✓ | ✓ | | ✓ | | ✓ | Findings and resolutions from CQC reports as and when reported |

| Local Service Developments | | | | | | | | | | |
|-----------------------------------|---|--|--|---|---|--|--|--|---|--|
| 1. | Harrogate and Rural Alliance - Adult Community and Health Services | | | | | | | | Y | Update on progress with the model. Follow up at committee. |
| 2. | Redevelopment of Whitby Hospital | | | | ✓ | | | | Y | Update to the December 2022 meeting of the committee, with a particular focus upon the Urgent Treatment Centre and diagnostic services |
| 3. | Hyper acute stroke services for the North Yorkshire population | | | ✓ | ✓ | | | | Y | Performance data to be provided on the hyper acute stroke pathway – Neil Wilson |
| 4. | Capital investment in Scarborough Hospital and the development of the Emergency Department and critical care facilities | | | | | | | | | Capital investment in Scarborough Hospital and the development of the Emergency Department and critical care |
| 5. | Scarborough Hospital CQC inspection January 2020 | | | ✓ | | | | | Y | Exception reporting only |
| 6. | Mental health enhanced community services | | | | ✓ | | | | | Scrutiny of outcomes data |
| 7. | TEWV CQC inspections and action plans | | | ✓ | | | | | | Follow up on implementation of the improvement plan and subsequent re-inspections – Deferred from June 2022 |
| 8. | Catterick Integrated Care Campus project | | | | ✓ | | | | Y | Referred to the Richmond (Yorks) ACC to lead – update December |
| 9. | Review of urgent care pathways in the Vale of York CCG area | | | | | | | | | Project start deferred 18 months to mid-2023 due to covid-19 service pressures |
| 10. | Review of primary care services in and around Easingwold | | | | ✓ | | | | Y | Referred to Thirsk and Malton ACC to lead – update December |
| 11. | Proposed re-build of the Airedale Hospital on the existing site | | | | ✓ | | | | Y | Link with the Skipton and Ripon ACC – update December |
| Public Health Developments | | | | | | | | | | |
| 1. | NHS Dentistry – access to and availability of places | | | | | | | | | Item to be developed on the Council's role in the promotion of good oral hygiene |
| 2. | Consultation on changes to sexual health service in North | | | | ✓ | | | | | Report on first 9 months of new service at committee on 16 December 2022 |

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| Yorkshire | | | | | | | | | |
| 3. Overview of Public Health commissioning, provision and budget planning | | | | | | | | | TBC |

Meeting dates

| | | | | | |
|-------------------------------------|---------------|--------------|------------------|------------------|---------------|
| Scrutiny of Health Committee – 10am | 11 March 2022 | 17 June 2022 | 9 September 2022 | 16 December 2022 | 10 March 2023 |
| Mid Cycle Briefing – 10.00am* | 22 April 2022 | 22 July 2022 | 4 November 2022 | 20 January 2023 | 21 April 2023 |

*Mid Cycle Briefings are attended by the Chair, Vice Chair and Group Spokespersons only.

Please note that the work programme is under continuous review and items may be rescheduled a number of times during the course of the year.

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