



Agenda

Notice of a public meeting of 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 (Chairman), 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, Robert Ogden and Jane Mortimer.

Date: Friday, 16th December, 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 Committee meeting held on 4 November 2022 (Pages 3 - 8)
2. Apologies for Absence
3. Declarations of Interest

4. Chairman's Announcements

Any correspondence, communication or other business brought forward by the direction of the Chairman of the Committee.

5. Public Questions or 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 13th December 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. Update on Catterick Integrated Care Campus - Verbal Update from Lisa Pope, Deputy Director of Primary Care, Community Services and Integration, Humber & North Yorks Integrated Care Board

7. Update on Airedale Hospital - Francesca Hewitt, Senior Programme Manager, Airedale NHS Foundation Trust (Pages 9 - 22)

8. TEWV CQC Reports - Follow Up from Brian Cranna, Care Group Director, Tees, Esk and Wear Valley NHS Foundation Trust

9. Autism Strategy Report and Deep Dive - Natalie Smith, Head of Service, Health & Adult Services Population Health Planning, NYCC (Pages 23 - 44)

10. Update on the Changes to Sexual Health Services in North Yorkshire - Emma Davis, Public Health Manager, Health & Adult Services, NYCC (Pages 45 - 54)

11. Committee Work Programme (Pages 55 - 60)
Report of Christine Phillipson, Principal Democratic Services and Scrutiny Officer, North Yorkshire County Council

12. Other business which the Chairman 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, 8 December 2022

North Yorkshire County Council

Scrutiny of Health Committee

Minutes of the meeting held on Friday, 4th November, 2022 commencing at 10.00 am.
This is the re arranged meeting from 9th September 2022.

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, John Mann, Heather Moorhouse, Andrew Murday, David Noland, Clive Pearson, Andy Solloway and Steve Shaw-Wright (sub).

Co Opted members:-

District and Borough Councillors Nigel Midlemass (Harrogate) and Jane Mortimer (Scarborough) .

Officers present: Louise Wallace, (Director of Public Health, NYCC) Christine Phillipson and Daniel Harry (Democratic Services and Scrutiny, NYCC).

Other Attendees: Wendy Balmain, Place Director, Humber and North Yorkshire Integrated Care Board. Brian Cranna, Care Group Director, Tees, Esk and Wear Valley NHS Foundation Trust. Sue Peckitt, Director of Nursing, Humber and North Yorkshire Integrated Care Board. Simon Morritt, Chief Executive York and Scarborough Teaching Hospitals NHS Foundation Trust. Heather McNair, Chief Nurse York and Scarborough Teaching Hospitals NHS Foundation Trust .

Copies of all documents considered are in the Minute Book

215 Minutes of the meeting held on 17 June 2022

That the minutes of the meeting held on 17 June 2022 be taken as read and be confirmed by the Chairman as a correct record.

216 Apologies for Absence

Apologies were received from Councillor Rich Maw, with Councillor Steve Shaw-Wright attending as substitute.

Apologies were received from District and Borough Councillors Sue Graham, Kevin Hardisty, Pat Middlemass, Jennifer Shaw-Wright and Sue Tucker.

217 Declarations of Interest

Councillor Liz Colling declared an interest in item 8 as an appointed Governor to York and Scarborough Teaching Hospitals NHS Foundation Trust.

218 Chair's Announcements

The Chairman made the following announcement:

"The Scrutiny of Health Committee has been made aware of recent concerns raised regarding the

performance and safety of in-patient services within the Tees, Esk and Wear Valley NHS Foundation Trust, specifically relating to a number of deaths over the last 3 years.

Members will be aware that the Committee has scrutinised the Trust over the last five years, focussing on changes to in-patient services, the establishment of community hubs, the roll out of enhanced community services and more recently the response to Care Quality Commission inspections and the improvement plans that have been put in place. Indeed, there is an item on today's agenda in relation to the findings of the most recently produced CQC reports.

With this in mind, it is concerning that an independent report has been produced which raises further concerns around the quality of patient care and safety. The Committee will therefore look into this in more detail and report back to Members at the earliest opportunity and also to the Committee meeting on 16th December 2022."

219 Public Questions and Statements

None were received.

220 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 Yorkshire Integrated Care Board and Louise Wallace - Director of Public Health NYCC

Considered – Wendy Balmain, North Yorkshire Place Director, Humber and North Yorkshire Integrated Care Board gave a presentation to Members on the North Yorkshire Place following the establishment the of Integrated Care Systems (ICS) on 1 July 2022.

Key points to note were:

- The 6 local places across Humber and North Yorkshire and 5 sector collaboratives
- North Yorkshire County occupies one third of that footprint
- Key roles and responsibilities of Integrated Care Partnerships, Integrated Care Boards, Health and Wellbeing Boards and Place Committees
- The Humber and North Yorkshire Integrated Care Board Members
- North Yorkshire Place Board Membership
- 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
- 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
 - 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
- Further detail in support the 4 Strategic Priorities of the North Yorkshire Place plan and the key actions required to achieve these.

Councillor Andrew Murday asked what measures were in place to monitor the changes. Wendy confirmed that there was sufficient funding and a number of metrics in place to monitor this and she would be happy to return to the Committee and report on progress in 12 months' time.

Councillor Heather Moorhouse commented that some areas in North Yorkshire need extra support where there are less opportunities

Councillor Clive Pearson referenced our natural assets and that we need to connect and work together.

Wendy confirmed that the re organisation would allow a more joined up approach from colleagues resulting in a reduction in waiting lists.

Councillor Paul Haslam referred to the carbon footprint of hospitals and how climate change is being accounted for and the benefits of good nutrition.

Wendy referred to the Integrated Care Partnership and its aim to start well, live well and age well and add life to years and years to life.

Councillor Peter Lacey asked how this will be beneficial to North Yorkshire at a local level and how the winter fuel crisis may impact the County.

Wendy reiterated this was about a sensible approach to local needs and through the local care partnerships deprivation can be recognised and colleagues brought together to rectify.

Louise Wallace talked about the differences in population and the intelligence led data in use, which included the Craven area and the importance of people having up to date flu and Covid vaccinations. Community teams were working hard to promote this through communications and websites. The Director of Public Health Annual Report (DPHAR), also contains relevant local information and key priorities as well as case studies identifying lived in experiences. (2022 report to be published).

Councillor John Mann asked about the length of waiting lists and how we are looking to reduce this in North Yorkshire, the number of doctors that would need to be recruited and how to increase the flow of trainees and doctors generally.

There followed a discussion with the key points summarised below:

- An international recruitment programme was currently underway with a focus on understanding where the gaps are and in which sectors in order to ensure the correct people would then be in the correct place
- The workforce challenges being faced in the social care sector
- Although the NHS is recruiting more doctors and nurses, training is long term, and the solution would not happen overnight
- Recruitment is happening internationally
- The carbon footprint of hospitals is largely due to the quality of estates although bids are in place to reduce these.

Councillor Liz Colling welcomed the approach and asked if there would be more joined up work in terms of co commissioning.

Louise Wallace responded that while there were no plans to activate section 75 partnership agreements as there were no contractual reasons to do so, we would look to build trust and increase communications and learn from the current section 75 agreements in place. There would also be a requirement to look at opportunities to move or change investments or budgets.

Councillor Richard Foster asked about rural equalities in relation to Craven and how it fits into the place structure and how politically we move forward and interact with West Yorkshire.

Louise reiterated that this was an important part of the way forward and it may be of benefit to invite Ali Jan Haider, the Place Director of West Yorkshire Integrated Care Board to a future Scrutiny of Health Meeting and/or Craven Area Constituency Committee.

Resolved – The Chairman thanked Wendy for her presentation and asked that she return to a future Scrutiny of Health meeting with an update on the progress of the ICB.

Louise Wallace would attend the December meeting to provide Members with data on sleep, nutrition, school meals and care homes.

221 TEWV Care Quality Commission Inspection and Action Plan - update from Brian Cranna, Care Group Director (North Yorkshire, York and Selby)

Prior to presenting this item Brian Cranna, Care Group Director, Tees, Esk and Wear Valley NHS Foundation Trust (TEWV) responded to the Chair's announcement under agenda item 4.

Brian made an apology on behalf of TEWV for the failure of care and systems and agreed to return to Committee in December with further details.

Considered – Brian Cranna then gave a presentation to Members on the latest Care Quality Commission (CQC) reports and the action plans to rectify.

The main points covered:

- The results of the CQC reports from June 2021 to August 2022
- The issues identified in these inspections
- The action plans put in place to address the issues
- Observations on the improvements made.

Councillor Liz Colling asked about the timescales for the improvements.

Brain Cranna reiterated that workforce issues were apparent with recruitment being a challenge, so a review and a different approach would be considered as well as working with partner providers. More detail on this would be brought to the December meeting.

Councillor Peter Lacey enquired about the system issues, how this was being alleviated and how the Committee could provide support.

Councillor Paul Haslam questioned the timeline and the metrics available to help give more information, perhaps at the next meeting.

There then followed a discussion in response to this where the main points identified were:

- Challenges are countrywide and information needs to be shared
- A transparent service is fundamental to success
- Significant work around Autism and Mental Health has taken place and continues to be the case
- Attracting and retaining employees was a key factor
- Impact needs to be focused locally, identifying areas to respond to.

Resolved – The Chairman thanked Brian for his presentation and confirmed that he would return to the December Scrutiny of Health meeting with further detailed information on the West Lane reports and the CQC improvement plans.

222 Scarborough & York Hospitals Care Quality Commission Inspections and Action Plans

Considered – Presentation by Simon Morritt, Chief Executive, York and Scarborough Teaching Hospitals NHS Foundation Trust and Heather McNair, Chief Nurse, York and Scarborough Teaching Hospitals NHS Foundation Trust to update Members on the most recent CQC report and the actions arising from it.

The main points to note were:

- March 2022 Inspection raised 4 asks
- Vacancies were running at approx. 10%
- A change from paper based patient records has recently been undertaken and an electronic system is now in use

- Cost savings are being seen in both paper usage and time
- Volunteer help has been greatly appreciated
- A formal report is expected in November 2022.

There then followed a discussion around the following areas:

- The need to not rely too heavily on voluntary staff, in addition to as opposed to instead of should be the priority
- The time and cost element of staff to travel across the County, this would be alleviated through sufficient successful recruitment
- There was a large piece of work to undertake keeping staff once recruited.

Resolved – The Chairman thanked Simon and Heather for their presentation and requested they return to a future Scrutiny of Health meeting with further updates.

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

Considered – Presentation by Sue Peckitt, Director of Nursing, Humber and North Yorkshire Integrated Care Board to update Members on the South Tees recent CQC report.

The presentation identified that the CQC reports highlighted 4 Section 29 A's . The subsequent action plan contained 93 actions, all of which were now completed. This has been embedded and is being monitored ongoing and a further CQC inspection is expected by the end of the month.

Resolved – The Chairman thanked Sue for her presentation and suggested she return to a future Scrutiny of Health meeting with a further update.

224 Update on the deep dive into Autism

Considered – the interim update report from Natalie Smith – Health and Adult Services. (HAS) to update the Committee on the deep dive into Autism agreed at the last Scrutiny of Health meeting.

The Chair gave Members an update on the work undertaken so far on the deep dive into Autism by colleagues in HAS. The completed report will be presented at the December meeting.

The committee discussed and suggested the following:

- Inclusion of CYPS in the Autism outcome
- Networking people with lived in experience for inclusion on the Autism work.

Support was given for the work undertaken on the Autism strategy.

A subsequent meeting has been agreed with the Chair & Vice Chair, support officers and Natalie for a further update and discussion and a separate committee style session may be arranged once the finalised report is shared.

Resolved – HAS colleagues present the final report at the December 16th meeting and the next steps identified.

225 Scrutiny of Health work programme 09.09.22 - Christine Phillipson

Considered – The Committee's work programme.

- The objective is to enable the Committee to review the work programme and make suggestions for areas of scrutiny for inclusion for the remainder of the year and prioritise accordingly.

There followed a discussion which highlighted the following areas as suggestions for inclusion in the workplan:

- The current situation in relation to GP waiting lists
- Dentistry
- Yorkshire Ambulance Service (YAS) performance
- Mental Health
- Social prescribing preventative solutions
- Craven services, in particular Airedale Hospital
- More detailed information on the TEWV CQC reports.

Whilst dentistry and GP waiting lists are of a high priority this is a national problem and the Committee has undertaken scrutiny work on these areas in the past.

Following the conclusion of the current deep dive around Autism the Committee suggested a similar deep dive process be carried out around mental health.

An update re Airedale hospital is on the agenda for the December Committee meeting Brian Cranna is returning to the Committee in December with further detail on the TEWV CQC reports.

Louise Wallace has agreed to update the Committee on preventative measures, i.e., sleep, nutrition, meals etc. at the next meeting.

YAS performance to be added to the work programme.

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

There being no further items of business the meeting concluded at 11.59am.

Structural Safety at Airedale General Hospital

Briefing for the North Yorkshire Scrutiny of Health Committee

7 December 2022

Introduction

- Airedale General Hospital serves a population of 220,000 across 700 square miles of Bradford District and Craven, and parts of East Lancashire and North Yorkshire.
- The hospital is constructed of an “ordinary weight” concrete frame fitted with around 50,000 planks of reinforced autoclaved aerated concrete (RAAC). It is the only hospital in the country to have floors made of RAAC in addition to the more common RAAC roof and walls.
- In 2019, the Institute of Structural Engineers – IStructE – published an alert from its Standing Committee on Structural Safety (SCOSS) with the findings of an investigation into the collapse of a RAAC roof in a school. The report was updated in February 2022.
- The SCOSS advised that prompt action be taken in buildings constructed of RAAC to identify any potential risk factors which may lead to a sudden collapse of the RAAC. This prompted Airedale NHS Foundation Trust to establish a comprehensive, in-house inspection and monitoring programme, which is supported by independent structural engineers with expertise in RAAC.
- The Trust has two risks on its Board Assurance Framework, both of which are scored at 25 – the highest possible score.
- This report describes the progress to date in identifying the RAAC risks, commencing work to address some of the urgent challenges, and the Trust’s progress in securing funding for a new hospital for Airedale.

Current position

- Airedale General Hospital is one of seven hospitals constructed predominantly of RAAC with another 25-30 identifying RAAC in specific areas of their buildings. NHS England established a RAAC programme in 2020 and committed to “eradicating RAAC from the NHS estate by 2035”. The Rt Hon Steve Barclay, Secretary of State for Health, made reference to this in his speech at the NHS Providers Conference in November.

- Airedale is the only hospital on the programme to have:
 - Found RAAC in its floors.
 - Found cracking in structural beams which are part of the load-bearing frame.
 - Experienced the failure of a corbel – a piece of structural concrete which detached from the structural frame in an office.
 - Experienced a serious adverse weather incident leading to significant movement in the roof and subsequent closure of multiple stairwells.
- A “first pass” survey was conducted in 2020 to establish the presence and location of RAAC at Airedale and it was concluded that the material forms 83% of the hospital estate. As a result of the initial investigation, some RAAC planks were found to be “deflecting” and were structurally supported with steel during the early part of 2021.
- The RAAC is so endemic within the building that detailed analysis has shown it is not financially, structurally or operationally viable to remove and replace the material.
- Furthermore, independent structural engineers have recommended extensive specialist scanning of the structural frame and corbels prior to the installation of major steelworks and advised that no further load (e.g. from equipment) is added to the roof. This also includes restricting access to essential works only and a permit system is now in place.
- Through the Trust’s inspection programme, around 5400 of the 20,000 load-bearing planks have been logged with one or more defects: of these, approximately 500 are severely damaged and are being supported with structural steel, timber or acrow-props. Every plank is inspected at least annually, with defective planks receiving two or more inspections per year.
- The inspection programme has provided a more detailed “diagnosis” of the root causes of the RAAC problems which are:
 - Original engineering design deficiencies and lack of quality control in manufacture
 - Damage caused by interactions with the material such as cutting holes for pipes
 - Deterioration caused by the effects of age, wear and tear and the weather
- The hospital has a 30,000m² RAAC roof which was inspected in summer 2021 with a view to over-roofing the hospital. This would have helped to reduce the rate of deterioration of the RAAC and prevented further water/snow-loading on the roof.
- The structural engineers’ report found several areas of the roof that required urgent structural support (which were completed in 2021-22) and advised against attempting to re-roof the building due to its age and condition.

RAAC Management Programme

- A proactive RAAC Management strategy is now in place to begin to install full structural steelworks (known as “failsafe”) across the hospital on a multi-year, rolling programme. This,

in addition with specific solutions to support the structural corbels and 34 specific structural beams identified by engineers, will reduce the risk of a sudden RAAC or related incident but is not a long-term solution. The capital costs of the programme are funded through a separate allocation from NHS England.

- To begin to facilitate the decant programme, a new modular building was constructed and opened in the summer. It houses the Intensive Care Unit which moved into the ground floor with a 30-bedded decant ward on the first floor. The decant ward has been occupied by a respiratory medicine inpatient ward since September, vacating Ward 13 in the main building.
- The modular build is the NHS' first all-electric inpatient facility and uses intelligent building management systems to provide an efficiency and sustainability. The wards meet the latest healthcare building standards and provide modern, spacious environments in which to receive care. Importantly, the ICU can now extend from its usual seven beds to up to 15 beds, which was not achievable within the existing hospital building.
- The move of ICU has freed up Ward 16 in the main hospital building which has a number of structural issues and are now being addressed before being converted into a second general decant ward. This will enable other wards to move in and out on a rolling programme whilst their own locations are subject to the structural works.
- The works generate high levels of noise and vibrations, particularly in the wards beneath and so the programme of work has been adapted to address wards in "vertical pairs". To enable the work on Ward 16, Ward 8 – the Endoscopy Service – was decanted from October and is delivering services from a temporary building provided by Vanguard for day case/planned care patients, and a new procedure suite within a new theatre block that has recently opened at the hospital providing unplanned and inpatient facilities.
- In addition, Ward 19 which has previously used to support the response to COVID-19 was closed and is also undergoing structural works.
- This approach is being rolled out across 22 wards over four years, and a further 28 areas will also undergo structural strengthening works. To further facilitate this work, a new office block is being constructed and this will enable approximately 250 people to be relocated from areas significantly affected by RAAC and will generate space within the hospital to increase the pace of the decant programme.
- The Trust also has engineer-approved protocols in place for responding to unplanned events which includes installing steel props where significant changes have been detected. Approximately 150 props are in place and further work is underway to address other areas.
- Six stairwells have been identified as requiring structural support around their skylights and these have been closing on a rolling basis to enable the work to take place. Three stairwells

are now completed with the remainder planned to be addressed between now and the end of February.

Impact

- The work to manage RAAC is being planned and delivered through a dedicated programme structure called Securing the Future which brings together NHS England, the Trust's estates teams, building contractors, structural engineers and operational and clinical teams.
- The teams work together to identify and minimise issues and to reduce the impact on the delivery of care although it is regrettably unavoidable in some cases.
- This year, the Trust has felt the impact of having to relocate Endoscopy. Whilst the environment and care provided are of a high standard, the size and "flow" of patients is slower and this has had an impact on the ability to manage waiting times. Additional clinics have been added to try and manage this which has given the Trust an added revenue pressure.
- Other types of issues managed in the last 12 months include:
 - The loss of one inpatient bed for over 200 days due to the unavoidable need to position a prop within the bed space. This equates to around 80 patient admissions in this time.
 - The temporary closure of the day case facility for one week resulting in the cancellation of one ophthalmology list and one paediatric dentistry list.
 - A rolling diversion throughout the labour ward as essential works were undertaken – with noise and vibration impacting on the patient experience during childbirth.
 - The closure and emergency re-provision of a utility room on a ward including relocating temperature-controlled secure medicines, and emptying of all general ward supplies into a day room. This resulted in the loss of a day room which can impact on patient wellbeing and reduces opportunities for patients to move around on the wards.
- The Trust has produced a short video to demonstrate the wider impact of some of these incidents from the viewpoint of frontline colleagues. You can watch it here:
<https://www.youtube.com/watch?v=IsXNT5Q7OB0>

Securing funding for a new hospital

- Structural engineers have advised that Airedale General Hospital should be replaced as soon as possible and no later than 2030. This is the only long-term solution to eradicate the risks posed by the structural issues in the building.

- A draft Strategic Outline Case for a new hospital was published in late 2020. A formal Expression of Interest was also submitted to the Government's New Hospital Programme (NHP) in the summer of 2021 to secure one of eight remaining places on the programme, taking the total up to 48 new hospitals under the scheme.
- Airedale is one of five hospitals predominantly constructed of RAAC that haven't yet secured funding. West Suffolk Hospital and James Paget Hospital in East Anglia have already received confirmation of places on the NHP. The remaining hospitals have been working collaboratively to share learning and best practice, and to look for ways to work together to design and construct new hospitals.
- Airedale has also been working with the NHP who were asked to scope the new hospital proposals put forward by the five RAAC hospitals. This work is ongoing and it is recognised that the risks at Airedale are among the highest in the NHS region. However, no announcement has yet been made to confirm that the hospitals have received places on the programme.
- With just seven years to go until the 2030 date advised by structural engineers, there is now an urgent need to secure funding for a new hospital for Airedale General Hospital. There has been no confirmation of when this announcement will be made and so the Chief Executive has written to the Prime Minister, Secretary of State for Health, and other Ministers, and engaged with colleagues across NHS England to maintain a running dialogue on the deteriorating position at Airedale General Hospital.
- In the meantime, the Trust continues to work across the West Yorkshire ICS and the NHS England region to plan for every eventuality including the potential for a non-notice evacuation in the event of a major incident.

Briefing Ends

Author: Fran Hewitt, Senior Programme Manager – Securing the Future

Contact: anhsft.securingthefuture@nhs.net

This page is intentionally left blank

Securing

the

future

Airedale General Hospital:
Structural safety update

Autumn 2022



A message from our Chief Executive

This month, I have made fresh calls to colleagues across the system asking for funding and permission to begin work on planning the new hospital that is now desperately needed.

Structural engineers have advised the building must be replaced by 2030, leaving just seven years to deliver this major project and secure the future of Airedale General Hospital.

Airedale is unique among hospitals built of similar Reinforced Autoclaved Aerated Concrete (RAAC) construction. Not only do we have the **largest extent of RAAC** in the walls, floors and ceilings (83% of our building), but also because it is the oldest RAAC hospital in the country and the only one to have identified **significant deficiencies in its load-bearing structural frame**.

These are not problems that can be fixed. Structural engineers have advised that wholesale deficiencies resulting from poor manufacture of the concrete frame exist across the hospital building and will continue to deteriorate, posing an ever-present risk of structural failure.

The only solution to eradicate this risk is to replace the affected buildings with a new hospital.

In the meantime, the Trust has been allocated funding to structurally support the current building up to 2025 but this does not include over £2m in unfunded revenue costs already generated by the need to relocate services to date. It is likely that significantly more investment will be needed as a result of **material changes/deterioration** in the condition of other aspects of the building, which have come to light over the last few months.

We continue our work with system partners and NHS England to plan for every eventuality including the potential mass evacuation and reprovision of care across the region, should the worst happen.

Your support in spreading awareness of the situation at Airedale General Hospital is now critical and in securing immediate confirmation to commence building the replacement hospital.

I welcome you to contact me or my team to arrange a visit. In the meantime, please let me know if you would like any further information on our situation.



Foluke Ajayi
Chief Executive
Airedale NHS Foundation Trust



Current situation

Series of incidents prompts reprioritisation of works

A series of unrelated incidents over the last six months has prompted the Trust to re-prioritise its planned structural works over the coming weeks and months.

- **Cracks identified in structural beams have been propped and require structural support.**
- **A further set of beams are at risk and are being closely monitored.**
- **An estimated 10–15,000 structural concrete corbels may be at risk of failure.**

Airedale is the only hospital to have identified these deficiencies in its structural frame.

Structural engineering solutions are now being developed to address these new issues before the risks presented by RAAC can be properly and safely managed. There is no precedent for the unique issues at Airedale which adds further uncertainty to the longevity of the structural support that is needed now to reduce the risk of a structural collapse.

The Trust has decanted four wards this summer (see p.5) and aims to decant a further four to six in 2023/24. A significant rolling programme of inspection and monitoring enables us to prioritise the structural work and bring the risk of RAAC collapse down to as low as reasonably practicable.

In addition, the Trust will have to undertake some work in occupied and functional wards to manage risks whilst they await their turn to be decanted. Despite mitigation, loud noise and vibration is expected which will unfortunately impact on patient experience.

The amount of disruption and the diversion of clinical, operational and managerial time to plan this work cannot be underestimated and places a huge burden on teams to try and balance the needs of patients with the need to address structural risks around the building.



Far left: ceiling prop on ward.

Left: Piece of Reinforced Autoclaved Aerated Concrete (RAAC).

Scale of risk due to largest flat roof in the NHS

Airedale General Hospital has the largest flat roof in the NHS at 30,000m². The load imposed from water ponding on the roof is a significant risk factor in a potential collapse of the RAAC planks or parts of the concrete structure.

The risk is significant enough that the Trust has already had to undertake extensive work to support the underside of the roof in seven areas of the hospital, including in the pathology department and labour ward. More than 100 steel props have been installed across the site including in corridors, toilets and communal areas.

Structural engineers have advised that it is not possible to re-roof the hospital and so each area beneath it must be decanted and structurally supported – this includes nine wards, outpatients, the labour ward and numerous other clinical services and departments.

Rolling closure of stairwells due to near miss incident

Over the next six months the Trust will undertake a series of stairwell closures as a direct result of a “near miss” incident when parts of a suspended ceiling fell from height over the summer.

The heatwave experienced at the end of July had caused RAAC planks around a large skylight to significantly deflect, cracking the external asphalt and allowing rainwater in. The stairwell was closed immediately, supported with extensive scaffolding, and work has been completed to structurally support the planks and the skylight.

A programme of rolling closures is planned for five other stairwells to enable them to be structurally supported. This is a significant piece of work as the team works through the implications for operational service delivery, maintaining safe evacuation plans, and managing noise, vibration and dust.



Ward decant programme

Over the last few months, four wards were decanted to enable the structural works to be undertaken:

- **The intensive care unit moved into a new purpose-built facility;**
- **The respiratory inpatient ward moved into the same facility into a 30-bedded decant ward;**
- **The endoscopy department is now delivering services from a theatre procedure suite plus a temporary facility situated in a car park; and**
- **A temporary (surge) ward was closed, and a number of staff dispersed to other areas.**

Work is now happening to strip out the existing fixtures and fittings to give access to the main frame and load-bearing RAAC planks. A series of steel beams will then be installed to support both the RAAC planks and the structural beams. A specialist technique designed by our structural engineers will be used to secure the concrete corbels to the structural frame.

The work is a preventative measure to reduce the risk of a collapse due to failing RAAC or structural concrete, but it cannot reverse the damage and deterioration already present.

The former ICU will become a second decant ward, allowing the Trust to increase the pace of the decant programme over the next few years.

It is anticipated that the current work programme will be completed in the spring, and planning is already underway to prepare for the next phase of decants.

Impact on patients and staff

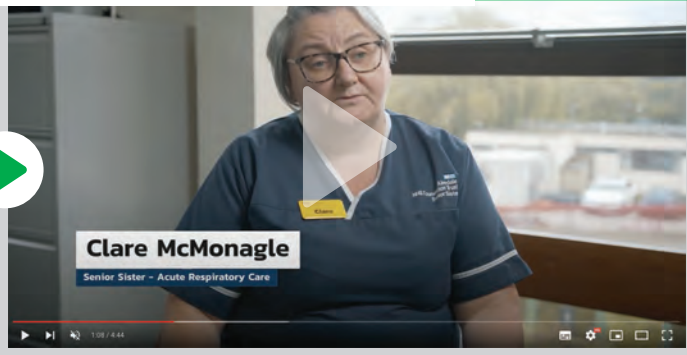
Patient care continues to be impacted by the structural works, despite best efforts to maintain services and minimise disruption from noise and vibrations. The health and safety risks are being closely managed and there have been a number of occasions where unavoidable works have caused the Trust to:

- **Cancel some day case ophthalmology and paediatric dentistry procedures** to undertake urgent roof works in the Dales Suite;
- **Disrupt plans to relocate ophthalmology day case into the new procedure suite** to facilitate the decant of endoscopy;
- **Rearrange some endoscopy procedures which has impacted on waiting times** with the Trust committing further funding to enable the service to catch up on weekends;
- **Put diversions in place across the labour ward and maternity unit**, temporarily disrupting the transfer of patients;
- **Install props in pathology, physiotherapy, day case, on wards and in various offices** which have reduced circulation space and impacted on staff wellbeing; and
- **Temporarily close access points throughout outpatients and near A&E** causing bottlenecks and disruption to normal movement through the hospital.

Staff wellbeing and retention

Colleagues who have been caught up in the disruption or involved in planning last minute moves have described their experiences in this video:

<https://youtu.be/lsXNT5Q7OB0>



The current and future situation will continue to have an increasing impact on recruitment and retention at a time when national workforce challenges already exist, and as more and more colleagues are impacted by structural projects in their work area.

Colleagues across the hospital need wide-ranging support to manage enquiries and expectations from patients and visitors. A further campaign will be shared over the coming weeks to raise awareness and ask for patience and cooperation during these challenging times. This will provide opportunities for staff to share their stories and feedback with the Securing the Future team to inform future plans around ward decants and building works.

The confirmation of funding for a new hospital and permission to commence the build is a strong incentive and will help to encourage people to invest in their careers at Airedale General Hospital by offering a once in a lifetime opportunity to be involved in planning and constructing a modern-day hospital.

Financial impact

The Trust has been allocated a three-year capital settlement totalling £50m and has had to use this to fund a new modular office block which will be constructed on-site to enable conversion of hospital space into clinical wards. The remaining capital allocation is being spent on targeted roof repairs, external coating to prevent further deterioration of 30,000 RAAC wall planks, structural steel and specialist solutions for structurally supporting thousands of concrete corbels across the whole site.

The incidental revenue costs of relocating four wards has reached over £2m to date – these are costs which are not currently funded and the Trust is trying to accommodate within its operating costs. This is not a sustainable position for the organisation as it continues to be challenged by the current financial climate and extraordinary demand.

Next steps

A new hospital for Airedale

Airedale NHS Foundation Trust has been invited to join a scoping exercise to determine the need for a new hospital alongside four other hospitals predominantly constructed of RAAC, under the auspices of the New Hospital Programme (NHP).

This is not a guaranteed place on the NHP and funding has not yet been approved although it is understood that Ministers will make a decision before Christmas.

The Trust has expressed the urgency of its need to prioritise its scheme due to the level of risk and the impact that the loss of a hospital would have on the health and care system across West Yorkshire.

The New Hospital Programme is the **only route to funding** for a new hospital for Airedale and with just seven years to go until structural engineers advise the closure of the current hospital, it is the only viable option unless an alternative funding source is agreed in the next few months.

Airedale NHS Foundation Trust is garnering support for its cause from across the health and social care system, and political partners. All are asking Ministers to make this decision quickly and ensure that Airedale can begin its programme of work to construct a new hospital from early next year.

Getting involved

To arrange a visit to Airedale General Hospital please contact Chief Executive 'Foluke Ajayi on foluke.ajayi@nhs.net or Fran Hewitt, Senior Programme Manager on francesca.hewitt@nhs.net and **01535 294013**

This page is intentionally left blank

NORTH YORKSHIRE COUNTY COUNCIL

SCRUTINY OF HEALTH COMMITTEE

16 December 2022

All Age Autism Strategy update

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to provide an update and timeframe for the North Yorkshire All Age Autism strategy.

2.0 BACKGROUND

- 2.1 In 2015 North Yorkshire published the changing landscape of autism that consisted of the following themes: Support for people with autism and their families, assessment and diagnosis, raising awareness and training, information and signposting, employment and education, supporting people with autism through key life changes and working together. The timeline for this strategy was 2015-2020
- 2.2 A highlight report was produced in September 2019 that covered the impact of the strategy identifying the achievements and what still needs to be done.
- 2.3 The service development team at NYCC conducted engagement activities (438 people across the county who shared over 2,000 comments. This included approximately 130 autistic people.) which will help inform priorities for the new strategy.
- 2.4 CYP have conducted a Joint Strategic Needs Assessment (JSNA) Special Educational Needs and Disabilities 2020/21 and HAS have published a JSNA for Learning disabilities that includes autism.
- 2.5 In July 2021, the new national autism strategy for children, young people and adults and the linked autism action plan for 2021- 2026 were published.
- 2.6 The development of the new strategy will align with the existing statutory guidance on the autism act 2009 and the special education needs and disability code of practice 2015.
- 2.7 The timeframe for the new strategy is

November – Feb 2023 – Update report on last strategy 2020- 2022
December 2022 plan engagement activity, seek a provider
Jan 2023– appoint a provider for engagement
Feb – April 2023 – Engagement and JSNA content
May – July 2023 – review engagement and draft priorities
August – October 2023 draft strategy – share with partners, groups, check what we have heard from engagement
November – December 2024 – review draft
Jan – Feb2024 – formal consultation on draft strategy
March 2024 – Launch

This will give us time to gather the insight and hear the voice of autistic people living in North Yorkshire to ensure we set the correct priorities.

3.0 RECOMMENDATION

- 3.1 That the Scrutiny Committee note the content of the presentation and timeframes.

Natalie Smith: Head of service – HAS Population Health Planning
Michelle Miles - Service Manager Countywide Transforming Care, Autism, Learning Disability and Transitions.

Appendix 1 – Presentation for content and proposal

All Age Autism Strategy North Yorkshire

Natalie Smith – Head of Service HAS Population Health Planning
Michelle Miles – Service Manager Countywide Transforming Care,
Autism, Learning Disability and Transitions.

National Content	Local Policies, Documents and Guideline	Current service data NY	Current position	Governance	Looking back at 2015- 2020	Key Commitments of the National Strategy 2021-2026	Proposal	Timeframe
------------------	---	-------------------------	------------------	------------	----------------------------	--	----------	-----------

- 2009- The Autism Act : states there has to be a government strategy for improving services for autistic adults, underpinned by legally binding guidance to councils.
- 2021- 2026 the national strategy for autistic children, young people and adult
- 2015 ‘building the right support’ national plan
- July 2022: building the right support for people with a learning disability and autistic people
- Mandatory Training - Oliver McGowan Mandatory Training for Health and Social Care – now available to all Health and Social Care staff.

- Care Act (2014).
- Children Act (2004).
- Children and Families Act (2014).
- Data Protection Act (2018).
- Equality Act (2010).
- Health and Social Care Act (2022).
- Human Medicines Regulations (2012).
- Mental Capacity Act (2005).
- Mental Health Act (2007).
- (2014).

National Content	Local Policies, Documents and Guideline	Current service data NY	Current position	Governance	Looking back at 2015- 2020	Key Commitments of the National Strategy 2021-2026	Proposal	Timeframe
------------------	---	-------------------------	------------------	------------	----------------------------	--	----------	-----------

- Special Educational Needs and Disability Regulations (2014).
- Autistic People’s Healthcare Information Strategy For England (2022).
- Care Quality Commission: Essential Standards of Quality and Safety (2010).
- Department for Children, Schools and Families: Every Child Matters (2003).
- Department for Education: SEND Code of Practice: 0 to 25 years
- Department for Education: Short Breaks for Carers of Disabled Children (2011).
- Department for Education: Supporting Pupils with Medical Conditions in Schools (2014).
- Department for Education: Working Together to Safeguard Children (2018).
- Department for Education: Munro Review of Child Protection (2012).

- Department for Education: Support and Aspiration- A new approach to Special Educational Needs and Disability (2011).
- Department for Education & Skills: Aiming High for Disabled Children (2007).
- Department of Health: Choosing Health- Making Healthier Choices (2004).
- Department of Health: Healthy Lives, Brighter Futures, The Strategy for Children and Young People’s Health (2009).
- Department of Health: Framework for the Assessment of Children in Need and their Families (2000).
- Department of Health and Social Care: Promoting the Health and Well-Being of Looked-After Children (2015).
- NHS: Long Term Plan (2019).
- NHS England: STOMP-STAMP, Stopping Over Medication of People With a Learning Disability, Autism or Both/Supporting Treatment and Appropriate Medication in Paediatrics (2018).
- NICE clinical guideline

National Content	Local Policies, Documents and Guideline	Current service data NY	Current position	Governance	Looking back at 2015- 2020	Key Commitments of the National Strategy 2021-2026	Proposal	Timeframe
------------------	---	-------------------------	------------------	------------	----------------------------	--	----------	-----------

- North Yorkshire CCG Operational Plan 2020/21- Children and Young People
- North Yorkshire Safeguarding Children Partnership: Being Young in North Yorkshire 2021-2024.
- Local Area Agreement.
- NYCC (2008) Managing the health care needs of children and young people. Medical Education Service
- Humber Coast and Vale ICS: Children and Yong People's Mental Health Strategy, North Yorkshire CCG (2021) (part of below).
- North Yorkshire Joint Strategic Needs Assessment.
- NYCC SEND Strategic Plan 2018-2023.
- 2015 -2020 NY all age autism strategy and implementation plan-“the changing landscape of autism in North Yorkshire”
- Autism Accreditation
- North Yorkshire Autism strategy 2021-2026.

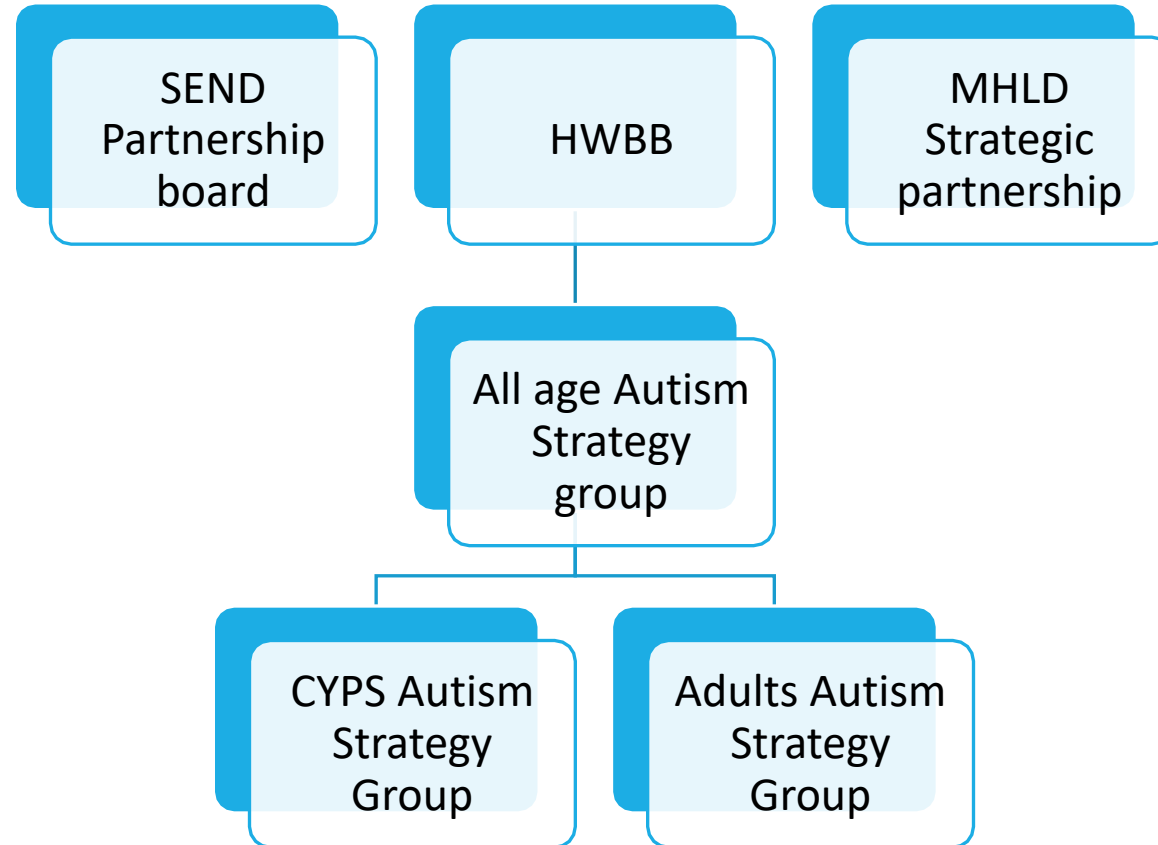
National Content	Local Policies, Documents and Guideline	Current service data NY	Current position	Governance	Looking back at 2015- 2020	Key Commitments of the National Strategy 2021-2026	Proposal	Timeframe
------------------	---	-------------------------	------------------	------------	----------------------------	--	----------	-----------

- Referrals for assessment for people living in North Yorkshire is currently 100 per month.
- 53% of these are for females.
- All referrals are being received are through GP's
- **But** the service does accept referrals from CMHT
- Conversion rate lies at around 80%
- Age range of referrals as follows:
 - 18 – 25 = 38.26%
 - 26 - 30 = 19.32%
 - 31 - 40 = 22.73%
 - 41 – 49 = 10.23%
 - 50-59 = 7.58%
 - 60+ = 1.88%

National Content	Local Policies, Documents and Guideline	Current service data NY	Current position	Governance	Looking back at 2015- 2020	Key Commitments of the National Strategy 2021-2026	Proposal	Timeframe
------------------	---	-------------------------	------------------	------------	----------------------------	--	----------	-----------

- Developed a Autism core working group – multi agency to ensure an All Age Strategy is developed.
- Working closely with a self-Advocacy Group to hear peoples voices.
- Started to gather insight – data, engagement, national direction,
- Planning underway for the new All Aged Autism strategy launch 2024
- Mapping achievements, gaps, process against the last strategy
- CYP strategy in draft format

National Content	Local Policies, Documents and Guideline	Current service data NY	Current position	Governance	Looking back at 2015- 2020	Key Commitments of the National Strategy 2021-2026	Proposal	Timeframe
------------------	---	-------------------------	------------------	------------	----------------------------	--	----------	-----------



National Content	Local Policies, Documents and Guideline	Current service data NY	Current position	Governance	Looking back at 2015- 2020	Key Commitments of the National Strategy 2021-2026	Proposal	Timeframe
------------------	---	-------------------------	------------------	------------	----------------------------	--	----------	-----------

The Changing Landscape of Autism 2015 - 2020

Theme one- support for people with autism and their families

Theme two- assessment and diagnosis

Theme three- raising awareness and training

Theme four- information and signposting

Theme five- employment and education

Theme six- supporting people with autism through key life changes

Theme seven- working together

Page 32

National Content	Local Policies, Documents and Guideline	Current service data NY	Current position	Governance	Looking back at 2015- 2020	Key Commitments of the National Strategy 2021-2026	Proposal	Timeframe
------------------	---	-------------------------	------------------	------------	----------------------------	--	----------	-----------

Support people with autism

We said we would:-

- Ensure that the support available is of a high standard
- Support active engagement of people with autism in local communities
- Ensure that all mental health staff can identify the mental health needs of people with autism effectively, particularly during a crisis
- Help people with autism to feel included and safe within their communities.

Page 33

What we did:-

Developed a strength-based approach to assessments

Reviewed the Best Practice Guide and Tool for adult social care staff carrying out an assessment

Developed an improved prevention offer including the Living Well service

National Content	Local Policies, Documents and Guideline	Current service data NY	Current position	Governance	Looking back at 2015- 2020	Key Commitments of the National Strategy 2021-2026	Proposal	Timeframe
------------------	---	-------------------------	------------------	------------	----------------------------	--	----------	-----------

Support people with autism

- Developed the Safe Places Scheme
- Reviewed the Autism Champions’ role across the Council and developed the role of Practice Advisor in Health and Adult Services
- Increased the number of Cygnet training courses offered to parents
- Developed a range of activity-based groups for children with disabilities, including those with autism

Page 34

What we still need to do

Ensure mental health staff are able to identify the needs of people on the autism spectrum, including children and young people.

Assessment and Diagnosis

We said we would:-

Provide accessible diagnostic services,

Review the existing pathways make sure it meets people's needs, ensure people have the opportunity to provide feedback and review the available at post-diagnostic support.

Page 35

What we did:-

Commissioned a local diagnostic service for adults.

Continued to deliver local diagnostic services for children and young people.

What we still need to do:-

Work with the new ICS to develop a sustainable service model for diagnostic services in North Yorkshire.

Review the information which is available to people both pre and post diagnosis

National Content	Local Policies, Documents and Guideline	Current service data NY	Current position	Governance	Looking back at 2015- 2020	Key Commitments of the National Strategy 2021-2026	Proposal	Timeframe
------------------	---	-------------------------	------------------	------------	----------------------------	--	----------	-----------

Raising awareness and training

We said we would:-

- We said we would raise awareness of autism with the public.
- We also said we would look at what training is provided to professionals and see how it can be improved to make organisations more autism friendly.

What we did:-

- North Yorkshire County Council adult services are accredited by The National Autistic Society
- Reviewed online autism awareness training for North Yorkshire County Council
- Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) has developed an autism framework which includes a three levels of training dependent on someone's role.
- Developed continued professional development opportunities for health and social care professionals working with autistic children and young people
- Established the Autism Education Trust hub for post-16 delivery
- Held activities as part of Autism Awareness Week

National Content	Local Policies, Documents and Guideline	Current service data NY	Current position	Governance	Looking back at 2015- 2020	Key Commitments of the National Strategy 2021-2026	Proposal	Timeframe
------------------	---	-------------------------	------------------	------------	----------------------------	--	----------	-----------

Raising awareness and training

What we still need to do

- Develop a better understanding of the training available across the public sector.
- Continue to raise awareness of autism amongst the wider public

National Content	Local Policies, Documents and Guideline	Current service data NY	Current position	Governance	Looking back at 2015- 2020	Key Commitments of the National Strategy 2021-2026	Proposal	Timeframe
------------------	---	-------------------------	------------------	------------	----------------------------	--	----------	-----------

Information and signposting

We said we would:-

Improve the way we communicate with autistic people and their families. We would do this by making information about autism easier to understand and improve the way we let people know about services and support they can get.

What we did:-

- Made information on support and activities in communities available online.
- Made autism resources available within NYCC public libraries and made the libraries more autism friendly.
- Reduced the number of referral points for families of children and young people with autism

What we still need to do:-

Involve people more closely in developing communication

National Content	Local Policies, Documents and Guideline	Current service data NY	Current position	Governance	Looking back at 2015- 2020	Key Commitments of the National Strategy 2021-2026	Proposal	Timeframe
------------------	---	-------------------------	------------------	------------	----------------------------	--	----------	-----------

Employment and Education

We said we would:-

- Improve opportunities for people with autism to get into education or employment.
- Improve the knowledge of autism in place like schools and universities, to help them become autism friendly.
- We also wanted to set up groups where people in education could help to support each other by sharing their experiences.

What we did:-

- Supported people with autism to gain and maintain employment.
- Developed continued professional development opportunities for staff across all educational settings.
- Developed peer support opportunities for children and young people with autism.

What we still need to do:-

- Continue to work with partners to improve employment opportunities for people who are autistic
- Continue to work with schools to become autism friendly

National Content	Local Policies, Documents and Guideline	Current service data NY	Current position	Governance	Looking back at 2015- 2020	Key Commitments of the National Strategy 2021-2026	Proposal	Timeframe
------------------	---	-------------------------	------------------	------------	----------------------------	--	----------	-----------

Supporting people through key life stages

We said we would:-

Provide more support to people with autism when they were going through big changes in their lives, such as becoming an adult.

What we did:-

- Developed a new approach to supporting young people moving from Children and Young People’s Services to Health and Adult Services.
- Improved the transition from primary to secondary school for children with autism

What we are still to do:-

Finish implementing the new approach to transitions from Children and Young People’s Services to Health and Adult Services.

National Content	Local Policies, Documents and Guideline	Current service data NY	Current position	Governance	Looking back at 2015- 2020	Key Commitments of the National Strategy 2021-2026	Proposal	Timeframe
------------------	---	-------------------------	------------------	------------	----------------------------	--	----------	-----------

Working Together

We said we would:-

Involve people with autism and their families when planning our work and keep them updated.

We would work together better with all organisations who are supporting people with autism to improve services.

What we did:-

- Developed a governance structure for implementing the strategy with a range of partners and stakeholders
- Worked with parents to develop parent support in Craven district

What we still need to do:-

- Develop a range of ways for people on the spectrum, their families, friends and carers to find out about opportunities to help develop services and get involved
- Ensure that we are including voluntary and community sector organisations in developing services

Key Commitments of the National Strategy 2021-2026

Page 42

- Improving understanding and acceptance of autism within society
- Improving autistic children and young people's access to education, and supporting positive transitions into adulthood
- Supporting more autistic people into employment
- Tackling health and care inequalities for autistic people
- Building the right support in the community and supporting people in inpatient care
- Improving support within the criminal and youth justice systems

National Content	Local Policies, Documents and Guideline	Current service data NY	Current position	Governance	Looking back at 2015- 2020	Key Commitments of the National Strategy 2021-2026	Proposal	Timeframe
------------------	---	-------------------------	------------------	------------	----------------------------	--	----------	-----------

Proposal

- Foreword
- Introduction –
- What is Autism, why it matters
- What we have achieved so far- look back , case studies, what are the gaps
- Vision, aims, outcomes, values
- National and local information – data, policy, acts
- Wider content – wider determinates of health, impact of COVID 19, Cost of living
- Priorities, outcomes, actions
- Governance and implementation of plan
- Appendix – engagement report, 2019 report look back, 2022 look back report, JSNA, Engagement report 2023

Page 43

National Content	Local Policies, Documents and Guideline	Current service data NY	Current position	Governance	Looking back at 2015- 2020	Key Commitments of the National Strategy 2021-2026	Proposal	Timeframe
------------------	---	-------------------------	------------------	------------	----------------------------	--	----------	-----------

Timeframe

Page 44

- November – Feb 2023 – Update report on last strategy 2020- 2022
- December 2022 plan engagement activity, seek a provider
- Jan 2023– appoint a provider for engagement
- Feb – April 2023 – Engagement and JSNA content
- May – July 2023 – review engagement and draft priorities
- August – October 2023 draft strategy – share with partners, groups, check what we have heard from engagement
- November – December 2024 – review draft
- Jan – Feb2024 – formal consultation on draft strategy
- March 2024 – Launch

Scrutiny of Health

Update S75 Sexual Health

16th December 2022

Emma Davis
Victoria Turner

Sexual health services (YorSexualHealth)

- NYCC and York and Scarborough Teaching Hospitals NHS Foundation Trust (YSTHFT) entered into a Section 75 on the 1st April 2022.
- Delegated budget from the Public Health Grant to provide an open access, all age integrated sexual health service for the population of North Yorkshire.
- Initial period of 4 years with option to extend for a further 6 years subject to mutual agreement.
- S75 Board, chaired by Louise Wallace, DPH and deputised by Caroline Alexander, Associate Chief Operating Officer, YSTHFT.

North Yorkshire and York Strategic Partnership

Y&SFT Board of Directors

NYCC Executive

S75 Sexual Health Board

Executive Committee

HASLT/MB/Scrutiny

- Internal support
 - Service leads
 - Legal
 - Comms and engagement
 - Finance
 - Procurement & contracting

Integrated Sexual Health Operational Group

- Internal support
 - Public Health
 - Legal
 - Comms and engagement
 - Finance
 - Procurement & contracting

Wider Sexual Health System
ICB/PCN's/NHSE&I

Elements of service

- The ISHS for North Yorkshire deliver the following elements:
 - Sexual health promotion and information
 - Contraceptive services (full range)
 - Sexually Transmitted Infections (testing and treatments)
 - Pre-exposure prophylaxis (PrEP)
 - Clinical and Community Outreach Service
 - Counselling services – HIV and sexual health
 - Training and learning programme
 - Monkeypox (May 2022) screening possible/suspected cases and pre-exposure vaccination of most at risk groups GBMSM

Sexual and reproductive health data profile

● Better 95% ● Similar ● Worse 95% ● Lower ● Similar ● Higher ○ Not applicable Quintiles: Low ● ● ● ● High ○ Not applicable

Recent trends: — Could not be calculated ➔ No significant change ⬆ Increasing & getting worse ⬆ Increasing & getting better ⬇ Decreasing & getting worse ⬇ Decreasing & getting better ⬆ Increasing ⬇ Decreasing



Page 49

Indicator	Period	N Yorkshire			Region England			England		
		Recent Trend	Count	Value	Value	Value	Worst/Lowest	Range	Best/Highest	
Syphilis diagnostic rate per 100,000	2021	➔	21	3.4	5.8	13.3	145.7		0.0	
Gonorrhoea diagnostic rate per 100,000	2021	⬇	123	20	62	90	1,006		11	
Chlamydia detection rate per 100,000 aged 15 to 24	2021	⬇	586	1,022	1,464	1,334	382		3,063	
Chlamydia proportion aged 15 to 24 screened	2021	⬇	7,979	13.9%	15.3%	14.8%	5.5%		40.6%	
New STI diagnoses (excluding chlamydia aged under 25) per 100,000	2021	⬇	-	161	285	394	2,634		103	
HIV testing coverage, total	2021	⬇	1,429	33.9%	44.0%	45.8%	17.0%		82.9%	
HIV late diagnosis in people first diagnosed with HIV in the UK	2019 - 21	—	13	46.4%	50.2%	43.4%	100%		0.0%	
New HIV diagnosis rate per 100,000	2021	➔	13	2.1	4.3	4.8	22.2		0.0	
HIV diagnosed prevalence rate per 1,000 aged 15 to 59	2021	➔	231	0.71	1.54	2.34	12.67		0.59	
Population vaccination coverage: HPV vaccination coverage for one dose (12 to 13 year old) (Female)	2020/21	⬇	2,821	85.5%	79.2%	76.7%	25.0%		98.3%	
Under 25s repeat abortions (%)	2020	—	120	23.7%*	27.6%	29.2%	38.6%		17.9%	
Abortions under 10 weeks (%)	2020	—	1,206	88.9%*	87.3%	88.1%	79.9%		93.8%	
Total prescribed LARC excluding injections rate / 1,000	2020	➔	5,000	55.1	39.1	34.6	5.3		60.9	
Under 18s conception rate / 1,000	2020	➔	108	10.9	16.5	13.0	30.4		2.7	
Under 18s conceptions leading to abortion (%)	2020	➔	61	56.5%	47.1%	53.0%	24.3%		82.9%	
Violent crime - sexual offences per 1,000 population	2021/22	➔	1,458	2.3*	3.3*	3.0*	1.4		6.3	

Local service performance

- 8158 attendances (new, re registrations and follow up) to Q2
- 25-34 year olds and 19-24 year olds make up largest proportion
- Females (contraception large element of service)
- STI testing online – 3205/480 diagnoses to Q2
- STI testing in clinics – 1919/308 diagnoses to Q2
- 20 diagnoses of Syphilis
- 158 diagnoses of Gonorrhoea
- 409 diagnoses of Chlamydia
- 0 HIV diagnoses

Local service performance

LARC fittings

- 771 to Q2 2022/23 (1300 annual baseline)

HIV support service

Page 51

48 on caseload to Q2 2022/23

Counselling

- 44 on caseload to Q2 2022/23

Outreach team

- 40 new service users to Q2 2022/23

Key areas of development 22/23

- Refresh of sexual health needs assessment
- Sector Led Improvement for Sexual Health
- New North Yorkshire and York Sexual Health Network
- Website redesign – YSH
- Refinement of the online testing offer
- Monitoring of LARC provision
- HIV prevalence and PrEP
- Women's Health Strategy

Any questions

This page is intentionally left blank

North Yorkshire County Council

Scrutiny of Health Committee

16th December 2022

Work Programme 2022/2023

1.0 Purpose of Report

1.1 This report invites Members to consider the Committee's Work Programme for 2022/2023, considering the outcome of discussions on previous Agenda Items and any other developments taking place across the County.

1.2 The Work Programme schedule is enclosed at Appendix 1.

2.0 Introduction

2.1 The role of the Scrutiny of Health committee is to review any matter relating to the planning, provision and operation of health services in the county.

2.2 The Committee's powers include:

- reviewing and scrutinising any matter relating to the planning, provision and operation of health services in the local authority's area
- requiring NHS bodies to provide information within 28 days to and attend (through officers) before meetings of the committee to answer questions necessary for the discharge of health scrutiny functions
- making reports and recommendations to local NHS bodies and to the local authority on any health matters that they scrutinise
- requiring NHS bodies to respond within a fixed timescale to the health scrutiny reports or recommendations
- requiring NHS bodies to consult health scrutiny on proposals for substantial developments or variations to the local health service

2.3 Further information is available in the Department of Health (2014) guidance to local authorities entitled 'Local Authority Health Scrutiny Guidance to support Local Authorities and their partners to deliver effective health scrutiny'. It is available via the following link – <https://www.gov.uk/government/publications/advice-to-local-authorities-on-scrutinising-health-services>

3.0 Scheduled Committee dates and Mid-Cycle Briefing dates remaining in 2022/2023

3.1 Committee Meetings

- Friday 16th December 2022 at 10.00 a.m.
- Friday 10th March 2023 at 10.00 a.m.

3.2 Mid Cycle Briefing Dates

- Friday 20th January 2023 at 10.00 a.m.

3.3 Please note that the Mid Cycle Briefings are not public meetings and are attended by the Chair, Vice-Chair and Spokespersons for the political groups. These meetings are used to develop the committee work programme and determine the scheduling of key items.

4.0 Recommendation

- 4.1 The Committee is asked to confirm, comment, or add to the areas listed in the Work Programme Schedule.

Report Author: Christine Phillipson, Principal Democratic Services & Scrutiny Officer

Contact Details:

Tel: 01609 533887 E-mail: christine.phillipson@northyorks.gov.uk

7 December 2022

NORTH YORKSHIRE COUNTY COUNCIL
Scrutiny of Health Committee
Committee Work Programme 2022/23
Dated: 30 November 2022

Meeting dates

- Scheduled future Committee Meetings: 10am on 16 December 2022; 10am on 10 March 2023
- Scheduled mid cycle briefings: 10am on 20th January; 10am on 21st April 2023 via Teams

Meeting	Subject	Aims/Terms of Reference	Report
16 December 2022	Deep Dive into Autism and the strategy	A report on the autism strategy and the deep dive into autism and any follow up work to be confirmed	Natalie Smith, HAS, NYCC
	Hyper acute stroke services for the North Yorkshire population	Performance data to be provided on the hyper acute stroke pathway - TBC	Neil Wilson, York & Scarborough NHS Foundation Trust
	Proposed re-build of the Airedale Hospital on the existing site	Update on the Airedale Hospital situation	Francesca Hewitt, Senior Programme Manager, Airedale NHS Foundation Trust
	TEWV CQC inspections and action plans	Follow up on implementation of the improvement plan and further detail on the West Lane reports	Brian Cranna, Care Group director, NY, York & Selby Care Group
	Catterick Integrated Care Campus	An update on the Catterick Integrated Care Campus	Lisa Pope, Deputy Director of Primary Care, Community Services and Integration, NYICB
	Changes to sexual health service in North Yorkshire	Report on first 9 months of new service	Emma Davis, HAS, NYCC

10 March 2023	Independent public inquiry into the Government handling of the COVID-19 pandemic	Report due – TBC Align with HAS & RW when published	TBC
	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 - TBC	Rachel Bowes, HAS, NYCC (TBC)
	YAS	Update on Yorkshire Ambulance Service - TBC	Rod Barnes, Chief Exec, YAS
	DPHAR	Director of Public Health's Annual Report	Louise Wallace
	Preventative Prescribing	Alternative Social Prescribing	Louise Wallace
	CAMHS		Brian Cranna, Care Group director, NY, York & Selby Care Group
To Be Confirmed or Completed (possibly to return in the future)			
Update on North Yorkshire Place 12 months after implementation (due Sep 2023)			Wendy Balmain
Harrogate and Rural Alliance - Adult Community and Health Services			
Redevelopment of Whitby Hospital – contact Sonia Rafferty/Rob Atkinson			
Capital investment in Scarborough Hospital and the development of the Emergency Department and critical care facilities			
Mental health enhanced community services			
Review of urgent care pathways in the Vale of York CCG area			

	NHS Dentistry – access to and availability of places	Ongoing scrutiny - local report to Thirsk & Malton ACC
	Overview of Public Health commissioning, provision and budget planning (when required)	Victoria Turner, HAS, NYCC
	Unavoidably small hospitals - Overview of key issues facing smaller hospitals in rural and coastal areas	
	GP Waiting list information and access figures	Ongoing scrutiny - local report to Thirsk & Malton ACC

ITEMS FOR MID CYCLE BRIEFINGS

Page 59

DATE	POTENTIAL ITEM
Friday 20 th January 2023 at 10.00am (in respect of the Committee meeting on 10 th March)	Discussion re outcome of request for social prescribing for March Committee - Louise Wallace Update on WY ICB – Ali Jan Haider – TBC Hyper acute stroke services – Neil Wilson, York & Scarborough NHS Foundation Trust Pharmaceutical Needs Assessment – Discuss the PNA and explore the wider role that pharmacies play in the local community as a first point of contact - Claire Lawrence/Louise Wallace. Date for Committee to be agreed for 23/24
Friday 21 st April 2023 at 10am (in respect of the Committee meeting on 16 th June (TBC))	

*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 several times during the year.

This page is intentionally left blank