



## Agenda

- Meeting:** Executive
- To:** Councillors Carl Les (Chair), Gareth Dadd (Vice-Chair), Derek Bastiman, David Chance, Michael Harrison, Andrew Lee, Don Mackenzie, Patrick Mulligan, Janet Sanderson and Greg White.
- Date:** Tuesday, 30th November 2021
- Time:** 11.00 am
- Venue:** Council Chamber, County Hall, Northallerton, DL7 8AD

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### Business

1. **Introductions**
2. **Minutes of the Informal Meeting of Executive Members held on 12 October 2021** (Pages 3 - 10)
3. **Declarations of Interest**
4. **Public Questions and Statements**

Members of the public may ask questions or make statements at this meeting if they have given notice to Melanie Carr of Democratic and Scrutiny Services and supplied the text (contact details below) by midday on Thursday 25 November 2021, three working days before the day of the meeting. Each speaker should limit themselves 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.

If you are exercising your right to speak at this meeting, but do not wish to be recorded, please inform the Chairman who will instruct anyone who may be taking a recording to cease while you speak.
5. **Annual complaints report including LGSCO complaints** (Pages 11 - 18)

Recommendation: That the contents of the report be noted.

**6. Review of Personal Safety Measures for County Councillors (Pages 19 - 22)**

Recommendation:

That the Executive take a proportionate and scaled approach to managing the risk of verbal, physical and on-line abuse of County Councillors through the following:

- a) Continued awareness raising through training and briefings
- b) A review of the arrangements County Councillors have in place for managing their personal safety when attending meetings and meeting with members of the public
- c) Enabling County Councillors to contact designated officers to provide information about potentially violent persons prior to undertaking a home visit
- d) Promotion of the reporting of incidences to better understand the scale of the issue and what further actions could be taken to reduce the associated risks
- e) Liaison with the Police where specific concerns have been raised
- f) Access to dedicated funding to enable additional security measures to be put in place.

**7. Sexual Health Service - Service Model Consultation Feedback and Draft Section 75 Agreement with York & Scarborough Teaching Hospital NHS Foundation Trust (Pages 23 - 58)**

Recommendations:

The Executive is asked to note the contents of this report and to:

- i. Delegate the approval of the draft content of the Section 75 Partnership Agreement and associated schedules to the Corporate Director for Health and Adult Services in consultation with the Director of Public Health, the Assistant Chief Executive Legal and Democratic Services and the Executive Member for Public Health; and
- ii. Approve commencement of a 30-day consultation on the draft content of the Section 75 Partnership Agreement.

**8. Appointments to Committees & Outside Bodies (Pages 59 - 60)**

Purpose: To enable appointments to Committees and Outside Bodies to be considered.

**9. Forward Plan (Pages 61 - 74)**

**10. Other business which the Leader agrees should be considered as a matter of urgency because of special circumstances**

**Contact Details**

Enquiries relating to this agenda please contact Melanie Carr Tel: 01609 533849 or e-mail:

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Barry Khan  
Assistant Chief Executive  
(Legal and Democratic Services)

County Hall  
Northallerton

22 November 2021

## North Yorkshire County Council

### Executive

Minutes of the remote meeting held on Tuesday, 12th October, 2021 commencing at 11.00 am.

County Councillor Carl Les in the Chair. plus County Councillors Gareth Dadd, Derek Bastiman, David Chance, Michael Harrison, Andrew Lee, Don Mackenzie, Patrick Mulligan, Janet Sanderson and Greg White.

In attendance: County Councillors Paul Haslam and Caroline Dickinson.

Officers present: Karl Battersby, Stuart Carlton, Gary Fielding, Barry Khan, Melanie Carr, Andrew Dixon, Jon Holden and Cathy Knight.

Other Attendees: Ms Ruth Annison

Apologies: Richard Flinton and Richard Webb.

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**Copies of all documents considered are in the Minute Book**

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#### **649 Introductions**

Members of the Executive and Corporate Management Team introduced themselves, followed by other Councillors present at the meeting.

#### **650 Minutes of the Meeting held on 21 September 2021**

##### **Resolved –**

That the public Minutes of the meeting held on 21 September 2021, having been printed and circulated, be taken as read and confirmed by the Chairman as a correct record.

#### **651 Declarations of Interest**

There were no declarations of interest.

#### **652 Public Questions and Statements**

There were one statement received from a member of the public concerning Agenda item 6 – National Bus Strategy. Ms Ruth Annison attended the meeting and presented the following submission:

I am a long-term resident and employer in rural North Yorkshire - and an almost daily user of public transport for much of the last eight years.

During that time, Carbon Net Zero and Decarbonisation have become phrases in everyday use this year through the forthcoming international COP 26 conference in Glasgow. The UK Government has set robust targets for decarbonisation and bold strategies for the use of technical developments and digital technology in pursuit of

Carbon Net Zero. In turn, many statutory authorities, individuals and a host of organisations have acknowledged the realities of Climate Change and declared a Climate Emergency. Ten days ago, Richmond held its first Climate Action Festival; next week-end is Northallerton's One Planet event. Such activities were becoming embedded in the life of the wider community and recent fuel shortages have nudged a few more motorists into considering alternatives to the private car.

North Yorkshire's Bus Service Improvement Plan (BSIP) is one strand in a national programme of reaction to the challenges so starkly facing us. Yet where is the environmental under-pinning of NYCC's BSIP? Late in the document, it only appears as Section 10 of 11! Where are the references to encouraging modal shift, from car-dependency to reliable, regular and **attractive** public transport with good network connections? How is NYCC planning to provide non-car access into North Yorkshire's two National Parks? (Richmond, Yorkshire, is the only Parliamentary constituency with two National Parks – the Moors and the Dales, one each side of the A1).

The BSIP refers to "*North Yorkshire's status as a leading tourism destination in England*" – but there seems to be little attempt to meet the public transport needs of visitors on Staycations and days out - other than the incredible volunteer-led, self-funded and self-marketed DalesBus and Moorsbus. How about linking the four market towns of Northallerton-Bedale-Leyburn and Hawes with a 7 days a week, instead of only on Sundays with the DalesBus 856?

NYCC is backing a rollout of Demand Responsive Transport (DRT), the scheme being piloted between Ripon, Masham and Bedale. DRT services are pre-booked, from bus stop to bus stop. They are normally booked using a digital App. DRT does have some limited bespoke uses – but for most passengers they are no substitute for scheduled services – that is, buses running to a fixed timetable around which people can plan travel for work, shopping, doctor, leisure, rail connections and cross-boundary journeys. It is significant that Roger French, a national DRT expert, has pointed out that the two vehicles and four drivers on the YorBus service could equally well provide an hourly scheduled turn-up-and-go service on the same route.

The Government is looking for "transformational change" in the Bus Service Improvement Plans submitted to it (*Baroness Vere, Department for Transport, September 2021*). Could North Yorkshire's BSIP propose, for example, the following improvements in public transport:

- a) A more significant passenger growth and mileage target (eg.10% in the next 3 years);
- b) Increased investment in scheduled service provision, to help facilitate growth, including market town connectivity and increased accessibility to the National Parks and coast;
- c) Consideration of car traffic reduction targets.

In response, Cathy Knight – NYCC's Commercial Sector Service Development Manager, confirmed that North Yorkshire's Bus Service Improvement Plan demonstrated ambitious plans to decarbonise the bus network and drew attention to the Plan which stated 'We want bus services across North Yorkshire to be zero emission'. She acknowledged it was not shown until midway through the document but explained this was because the plan had been required to follow a template set out by the Department for Transport. Nevertheless, she confirmed there were ambitious plans to decarbonise the bus fleet in North Yorkshire and a roadmap detailing how this would be delivered. She also confirmed the County Council was accelerating those plans and had been successful in getting through to the second round of a Department for Transport funding opportunity, which, if phase 2 proved successful would see around £20m invested in zero emission buses and supporting infrastructure in Harrogate.

Cathy Knight noted the central theme running throughout the government's Bus Back Better strategy was to make the bus a real alternative to the car, and drew attention to the objectives, projects and targets for delivery set out in North Yorkshire's BSIP, designed to improve bus services. Although she accepted, it did not explicitly state they were designed to achieve modal shift and would in turn have a positive environmental impact.

In terms of tourism, Cathy Knight confirmed the County Council's commitment to exploring innovative ticketing products as part of the marketing strategy, together with how the area could be better promoted to those outside of North Yorkshire. She also noted that the wider roll out of the YorBus service offered attractive public transport option to tourists, and confirmed that tourists from outside of North Yorkshire had already been using the pilot service as had a number of local residents, to access places such as Fountains Abbey and Lightwater Valley.

She accepted there would always be sceptics of new proposals and noted there were some commentators that felt the YorBus service was not meeting local needs. She also confirmed she remained unconvinced that the two vehicles and four drivers on the YorBus service could equally well provide an hourly scheduled turn-up-and-go service on the same route. She suggested they may well be able to provide such a service over part of the YorBus zone, but would not be able to provide coverage to other areas of the zone such as Grantley, Kirkby Malzeard, Grewelthorpe and Bishop Thornton. She noted that whilst some were not in favour, there had been overwhelming support for the service from many people, as evidenced by the number using the service and the number of regular users. She drew attention to the YorBus pilot service, designed to work in tandem and complement the existing public transport services, and highlighted that residents within the pilot zone could now travel to Ripon and connect with Transdev 36 service, giving wider transport options and access to the national transport network.

Given the impacts of the Covid19 pandemic, Cathy Knight accepted the targets for passenger growth were ambitious, given that bus patronage nationally was not expected to return to pre-Covid levels for three years. She noted however, the North Yorkshire Bus Service Improvement Plan set a target of returning to pre-Covid levels by March 2023. She also drew attention to key strands of the plan i.e. to take an evidence and place based approach to bus priority, understanding where the greatest benefits from interventions and improvements could be delivered, improving bus journey times and making the bus a more attractive option than the car.

Finally, in terms of investment in scheduled services, she drew attention to the report, which detailed that £13.5m bus revenue support was sought as part of the plan to deliver the BSIP. She stressed how important it was that the improvements made through the Bus Service Improvement Plan were sustainable, and confirmed the bus revenue support funding would therefore target bus services that could demonstrate their sustainability. She also confirmed the County Council still retained a revenue support budget for services that were not financially sustainable in their own right.

Ms Annison requested a copy of the officer response. She also confirmed that in her view the BSIP was weighted towards vehicles and the access of money, rather than to the outcomes for passengers across the county. She therefore requested consideration be given to building in some wording that would allow the Authority to retreat from the direct response transport service except for as a supplementary to good linear routes.

**653 Academy closure proposal for Baldersby St James Church of England Primary School.**

Considered - A report of the Corporate Director - Children and Young People's Service proposing the closure of Baldersby St James CE Primary School with effect from 31

August 2022 and the future arrangements for the School's current catchment area.

County Councillor Patrick Mulligan introduced the report and confirmed it was the first closure proposal for an academy school, which would ultimately be a decision for the Secretary of State. He drew Members' attention to the process required for the closure and the reasons for the proposed closure as detailed in paragraph 5.2 of the report. He also confirmed it was the Authority's statutory duty to ensure there were sufficient school places in the area when the closure of a school was under consideration.

He noted the proposal within the report was that the Local Authority should notify the Hope Sentamu Learning Trust and DfE that it had no objection to the closure, but proposed instead, that the Authority:

- Recommend that the DfE, the school's Trust and the School's Commissioner engage with the School to determine whether a credible business plan could be established to allow the school to remain open
- Request that any closure be delayed for a period of 12 months to allow appropriate engagement between the community and the Learning Trust

Executive Members expressed support for the proposed revision to the recommendations in the report. County Councillor Michael Harrison noted that technically as there was capacity elsewhere, the Authority could accept closure, but from a community point of view it was always better for a rural school to remain open if possible.

Stuart Carlton, Corporate Director for Children & Young People's Services noted that the Secretary of State had already made a substantive decision on the closure of the school and that the public 'Listening Period' was now underway. However he agreed that during the consultation period the Authority could ask that they engage with the school community and the school to understand whether a credible business case could be put together. He also noted the Authority was not party to all the information on the school i.e. its financial position, because it was an Academy and not a Local Authority school.

Andrew Dixon, Strategic Planning Manager for Education & Skills confirmed that the number of children on the school's roll had reduced since the announcement to close the school. At the start of the academic year the number was 23 and it was currently 19, with a further small but significant number of parents having now applied for alternative schools as from September 2022.

**Resolved:**

Executive Members agreed to recommend to the Chief Executive Officer that using his emergency delegated powers he:

- i. Recommend that the Secretary of State and the Regional Schools Commissioner consider deferring closure of Baldersley St James CofE Primary School for a period of 12 months for further engagement between the community and Hope Sentamu Learning Trust, to see if a credible business case can be created;
- ii. Agree to a stakeholder consultation (and subsequent process) in conjunction with Elevate MAT, on the catchment proposals to be effective from September 2022, such that:
  - The northern part of the Baldersby St James catchment area (Baldersby Civil Parish) including Baldersby village to become part of the catchment area for Carlton Miniott Primary Academy
  - The southern part of the Baldersby St James catchment area (Rainton with Newby Civil Parish) including Rainton village to become part of the catchment area for both Dishforth CE Primary School and Topcliffe CE Academy.

## 654 National Bus Strategy

Considered – A report of the Corporate Director – Business and Environmental Services seeking Executive Members’ consideration of the County Council’s draft Bus Service Improvement Plan.

County Councillor Don Mackenzie thanked Ruth Annison for her public statement submission and acknowledged her commitment to public transport and her ongoing and helpful engagement.

In regard to the ongoing demand responsive pilot in the north Ripon area, he noted it had had a good start and that the positive feedback outweighed the negative. He confirmed the trial was only three months in and that so far the signs were good but it was still too soon to decide whether it should be introduced elsewhere.

He went on to introduce the report and provided an overview of the background to the report and the requirements of the National Bus Strategy, “Bus Back Better”. He confirmed the importance of bus services, and outlined the cost of those services to the Authority. He also noted the ongoing challenge of providing regular sustainable bus services to its sparse population throughout the vast geography of North Yorkshire. He recognised the BSIP was ambitious and noted the BSIP was designed to achieve a high quality co-ordinated integrated bus network, with simple payments and tickets, clear and concise information, and excellent customer service.

Michael Leah, Assistant Director for Travel & Environment, Waste and Countryside Services, provided an outline of the timeframe for the creation of the BSIP and went on to give an overview of the set of asks within it. He highlighted the necessary third party funding contributions to deliver specific elements of the BSIP, and the total funding required to achieve its full delivery. Finally he drew attention to the planned stakeholder and public consultation event.

In considering the proposed BSIP, Members noted the tight timescale for its completion and the further amendments still required. They also noted the approach that would be taken should the full funding not be realised.

### **Resolved:**

Having considered the report, Executive Members agreed to recommend to the Chief Executive Officer that using his emergency powers he:

- i. Agree to the publication of the Bus Service Improvement Plan at Annex 1;
- ii. Delegate authority to the Corporate Director Business and Environmental Services in consultation with the Corporate Director Strategic Resources to submit the final BSIP,
- iii. Authorise the Corporate Director Strategic Resources to accept the funding;

## 655 Review of the Council’s Property Procedure Rules

Considered – A report of the Corporate Director Strategic Resources, informing Members of the outcome of the review of the Property Procedure Rules (PPR) and presenting proposed changes to the PPR and consequential amendments to the Constitution.

County Councillor David Chance introduced the report and outlined the propose amendments to the PPR and drew attention to the consequential amendments that would be required to the Executive Members’ Delegation Scheme, should the proposed

amendments to the PPR be approved, as detailed in Annex 3 of the report.

Finally, County Councillor David Chance proposed the establishment of a forward plan of property transactions to ensure the Corporate Director for Strategic Resources and the portfolio holder had advanced knowledge of all decisions required.

Gary Fielding, Corporate Director for Strategic Resources confirmed it had been over a decade since the PPRs were significantly changed, during which time property values had greatly increased. He also confirmed the Audit Committee had endorsed the proposed amendments.

**Resolved:**

Executive Members agreed to recommend to the Chief Executive Officer that using his emergency powers he recommend to full Council at its meeting on 19 November 2021:

- i) Approval of the suggested amendments to the Property Procedure Rules as set out at Appendix 2 and the suggested consequential amendments to the Executive Members' Delegation Scheme set out at Appendix 3;
- ii) That authority be given to the Assistant Chief Executive (Legal and Democratic Services) to make any further consequential amendments required to the Constitution in light of the changes to the PPR.
- iii) That a forward schedule of decisions, as set out under paragraph 1.11 of Appendix 2, be shared with the Executive Member with responsibility for Property, on a no less than quarterly basis to assist in matters of property planning;

**656 Formal meetings of the Authority's Committees**

Considered – A report of the Assistant Chief Executive (Legal & Democratic Services) presenting options for holding formal committee meetings from 17 November 2021 onwards.

County Councillor Carl Les introduced the report and acknowledged the benefits associated with remote access meetings, as detailed in section 3 of the report, particularly the savings that had been delivered in time, cost and carbon.

However they also recognised the County Council's leadership role and the importance of leading by example, by returning to a more normal, pre- pandemic ways of working.

He also confirmed he had taken a sounding from Members across all political parties and that there was still a desire within the Council to continue with virtual meetings, but to allow Committee Chairs to consult with both the Leader and Chief Executive on a case-by-case basis should they wish to hold a meetings in person. He also confirmed the Council's aspiration to return to face-to-face meetings as quickly as possible, bearing in mind that Covid was still present, with increases in cases across the county. He expressed hope that the February 2022 Council meeting would be held in person as it was the budget setting meeting. He also confirmed the Executive would start to meet in person as of its next meeting in November.

Finally, he noted that the next scheduled meeting of the Executive in November 2021 clashed with the County Council Network Conference and therefore requested that an alternative date for the Executive meeting be identified.

It was therefore agreed to make the following proposal to the Chief Executive Officer for recommendation, under his emergency delegated powers, to full Council for review at their meeting on 17 November 2021:



- To continue with informal virtual committee meetings, but to allow Committee Chairmen to consult with both the Leader and Chief Executive on a case-by-case basis, should they wish to hold a meeting in person

#### **657 Area Constituency Committee Feedback Report**

Considered – A report of the Assistant Chief Executive (Legal & Democratic Services) providing an overview of the key issues considered at a recent meeting of the Area Constituency Committees.

County Councillor Michael Harrison drew specific attention to the feedback from a recent meeting of the Harrogate and Knaresborough Area Constituency Committee, at which members had confirmed their view that the ongoing pilot travel scheme in Harrogate should be allowed to run its course.

**Resolved** - That the report be noted.

#### **658 Forward Plan**

Considered –

The Forward Plan for the period 4 October 2021 to 31 October 2022 was presented.

County Councillor David Chance noted two items of business shown as scheduled for this meeting that were not on the agenda and therefore needed deferring to a later meeting date, and County Councillor Carl Les reiterated the need to revise the Executive meeting date for November.

**Resolved** - That the Forward Plan be noted.

The meeting concluded at 12:04pm

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## North Yorkshire County Council

### Executive

30 November 2021

## Annual Report on Complaints and Compliments

### Report of the Chief Executive

#### 1.0 Purpose of report

- 1.1 To fulfil the statutory requirement to report on complaints received from the Local Government and Social Care Ombudsman and to provide information on compliments and complaints received by the Council during the year 2020/21.

#### 2.0 Background

- 2.1 This report provides an overview of performance in relation to complaints and includes the Local Government and Social Care Ombudsman annual letter to the Council, which is attached at Appendix 1.
- 2.2 The annual complaints report also supplements the details reported in the Quarterly Performance report to Executive.

#### 3.0 Local Government and Social Care Ombudsman

- 3.1 The annual letter from the Local Government and Social Care Ombudsman (LGSCO) was published on 28<sup>th</sup> July 2021. This is attached at Appendix 1. No comments were made about North Yorkshire County Council's performance.
- 3.2 Between March and June 2020, in response to the Covid-19 pandemic, the LGSCO did not accept new complaints and stopped investigating existing cases. This should be considered when comparing figures from previous years.
- 3.3 Although the number of investigations dropped to 42 this year, it should be recognised that most ombudsman cases involve an increasingly large amount of work due to complexity.
- 3.4 14 ombudsman complaints were upheld this year, though one case required no further action, one was already remedied by the Council and for one case there was no injustice caused.
- 3.5 We continue to use information from complaints to identify service improvements. For example:
- Improving procedures, such as re-wording for clarity, or more significant changes to ensure best practice or prevention of delay
  - Working with care providers to improve service quality
  - Staff training to improve performance and ensure good quality record keeping

	2020/21	2019/20	2018/19	2017/18	2016/17
<b>LGSCO investigations received</b>	42	48	52	55	54

<b>2020/21 LGSCO Statistics</b>	
LGSCO investigations received	42
Compliance with LGSCO recommendations	100%
<b>Decisions Made</b>	
<b>Upheld</b>	<b>14</b>
Upheld: maladministration and injustice	11
Upheld: maladministration and injustice – no further action	1
Upheld: not investigated – injustice remedied during council complaints processes	1
Upheld: maladministration, no injustice	1
<b>Not Upheld</b>	<b>5</b>
Not upheld: no maladministration	4
Not upheld: no further action	1
<b>Closed after initial enquiries</b>	<b>21</b>
<b>Not investigated</b>	
Premature enquiries (not yet investigated by NYCC – referred back for local resolution)	10
Incomplete or invalid	1

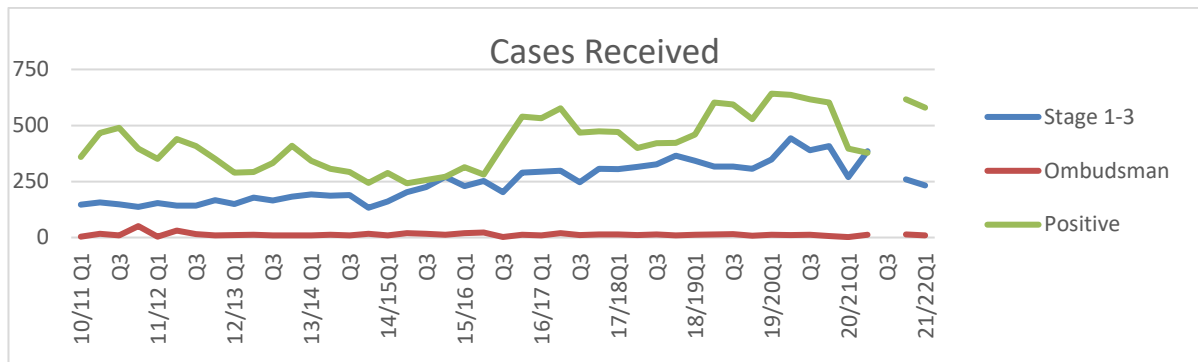
#### 4.0 Commendations, Compliments and Stage 1-3 Complaints

##### 4.1 Summary

Following the introduction of a new complaints recording system in October 2020, it became apparent that the data was unreliable. The numbers for 2020/21 therefore include data for quarters 1, 2 and 4 only.

	<b>2020/21</b>	<b>2019/20</b>	<b>2018/19</b>	<b>2017/18</b>	<b>2016/17</b>
<b>Commendations received</b>	23	15	5	7	18
<b>Compliments received</b>	1369	2510	2286	1866	2052
<b>Stage 1-3 complaints received *</b>	914	1583	1289	1315	1151
<b>Adults Stage 1 complaints</b>	216	445	317	310	231
<b>Adults complaint reviews</b>	55	54	-	-	-
<b>Children's Stage 1 complaints</b>	43	76	84	134	164
<b>Children's Stage 2 complaints</b>	4	3	5	8	6
<b>Children's Stage 3 complaints</b>	3	1	3	0	1
<b>Corporate Stage 1 complaints</b>	575	1040	869	836	730
<b>Corporate Stage 2 complaints</b>	18	18	10	20	16
<b>Corporate Stage 3 complaints</b>	-	-	1	7	3
<b>Stage 1-3 dealt within timescales</b>	84%	83%	81%	84%	71%
<b>Stage 1-3 upheld or partly upheld</b>	38%	39%	38%	35%	35%

\*Please note the three complaints procedures have different numbers of stages associated with them: adult social care, 1 formal stage and 1 complaint review (since Oct 19); children's social care, 3 stages; corporate, 2 stages (since Jan 18).



#### 4.2 Complaints Root Causes and Teams

Top Root cause		
Cause	2020/21	2019/20
Service and care	26%	31%
Disagree with decision	20%	18%
Communication	15%	16%
Environment	12%	15%
Covid-19	9%	1%

Top Teams		
Team	2020/21	2019/20
Highways Operations	31% (329)	33% (523)
HAS Care & Support	15% (154)	18% (280)
Waste & Countryside	10% (106)	7% (102)
HAS Resources	8% (79)	5% (73)
CYPS Safeguarding	6% (58)	5% (84)

#### 4.3 Analysis

- 4.4 The Council recognises that complaints give the opportunity to learn from instances where our services have fallen short of our usual standards. In recent years, many complaints have tended to be more complex and time consuming. Due to pressure on resources, officers ensure that complaints are only accepted and investigated where they fall within prescribed guidelines. For example, should someone complain about a policy decision, this would not be investigated had that decision been made following correct procedure.
- 4.5 The number of commendations/compliments has fluctuated over time, though there has been an uplift since records begin, with 1222 received in 2010/11 Q1, 2 and 4, and 1392 in the same quarters in 2020/21. However, even taking into account no data available for quarter 3, this year there was a significant drop in positive contacts (1392 2020/21; 2525 in 2019/20), mostly due to the suspension of registration services in 2020, in particular weddings, due to Covid-19.
- 4.6 The number of complaints received has also increased over time (to be expected against the background of greater need/expectations against fewer resources), with 438 Stage 1-3 complaints received in 2010/11 Q1, 2 and 4 and 914 for the same quarters in 2020/21. This year however, (notwithstanding no quarter 3 data) there was a dip in cases received across the Council, particularly during the first lockdown period, quarter 1.
- 4.7 The 'top teams' receiving complaints are often those services that affect a large proportion of the population (e.g. highways) or are very emotive (such as social care).
- 4.8 This year the percentage of stage 1-3 complaints completed within set timescales increased by 1% to 84%. This is an area where teams seek to improve and it can be seen that over time this has been the case.
- 4.9 The upheld rate has decreased slightly to 38%, in line with previous years.
- 4.10 The number of complaints investigations received from the Local Government and Social Care Ombudsman has dropped to 42 (48 last year). Investigations stopped in quarter 1. These resumed in June and has had a small effect on numbers.

- 4.11 There is a slight change for complaints root causes, where Covid-19 has of course, been included as a new category, making up 9% of cases.
- 4.12 No themes that would suggest particular areas of concern were identified.

**5.0 Recommendation**

- 5.1 That the contents of this report be noted.

Richard Flinton  
Chief Executive

County Hall  
Northallerton  
5<sup>th</sup> November 2021

Report Author – Dani Reeves  
Presenter of Report – Councillor Greg White

**Background Papers** – None

**Appendices:**

Appendix 1 – LGSCO Annual letter

# Local Government & Social Care OMBUDSMAN

21 July 2021

*By email*

Mr Flinton  
Chief Executive  
North Yorkshire County Council

Dear Mr Flinton

## **Annual Review letter 2021**

I write to you with our annual summary of statistics on the decisions made by the Local Government and Social Care Ombudsman about your authority for the year ending 31 March 2021. At the end of a challenging year, we maintain that good public administration is more important than ever and I hope this feedback provides you with both the opportunity to reflect on your Council's performance and plan for the future.

You will be aware that, at the end of March 2020 we took the unprecedented step of temporarily stopping our casework, in the wider public interest, to allow authorities to concentrate efforts on vital frontline services during the first wave of the Covid-19 outbreak. We restarted casework in late June 2020, after a three month pause.

We listened to your feedback and decided it was unnecessary to pause our casework again during further waves of the pandemic. Instead, we have encouraged authorities to talk to us on an individual basis about difficulties responding to any stage of an investigation, including implementing our recommendations. We continue this approach and urge you to maintain clear communication with us.

## **Complaint statistics**

This year, we continue to focus on the outcomes of complaints and what can be learned from them. We want to provide you with the most insightful information we can and have focused statistics on three key areas:

**Complaints upheld** - We uphold complaints when we find some form of fault in an authority's actions, including where the authority accepted fault before we investigated.

**Compliance with recommendations** - We recommend ways for authorities to put things right when faults have caused injustice and monitor their compliance with our recommendations. Failure to comply is rare and a compliance rate below 100% is a cause for concern.

**Satisfactory remedy provided by the authority** - In these cases, the authority upheld the complaint and we agreed with how it offered to put things right. We encourage the early resolution of complaints and credit authorities that accept fault and find appropriate ways to put things right.

Finally, we compare the three key annual statistics for your authority with similar types of authorities to work out an average level of performance. We do this for County Councils, District Councils, Metropolitan Boroughs, Unitary Councils, and London Boroughs.

Your annual data will be uploaded to our interactive map, [Your council's performance](#), along with a copy of this letter on 28 July 2021. This useful tool places all our data and information about councils in one place. You can find the decisions we have made about your Council, public reports we have issued, and the service improvements your Council has agreed to make as a result of our investigations, as well as previous annual review letters.

I would encourage you to share the resource with colleagues and elected members; the information can provide valuable insights into service areas, early warning signs of problems and is a key source of information for governance, audit, risk and scrutiny functions.

As you would expect, data has been impacted by the pause to casework in the first quarter of the year. This should be considered when making comparisons with previous year's data.

### **Supporting complaint and service improvement**

I am increasingly concerned about the evidence I see of the erosion of effective complaint functions in local authorities. While no doubt the result of considerable and prolonged budget and demand pressures, the Covid-19 pandemic appears to have amplified the problems and my concerns. With much greater frequency, we find poor local complaint handling practices when investigating substantive service issues and see evidence of reductions in the overall capacity, status and visibility of local redress systems.

With this context in mind, we are developing a new programme of work that will utilise complaints to drive improvements in both local complaint systems and services. We want to use the rich evidence of our casework to better identify authorities that need support to improve their complaint handling and target specific support to them. We are at the start of this ambitious work and there will be opportunities for local authorities to shape it over the coming months and years.

An already established tool we have for supporting improvements in local complaint handling is our successful training programme. During the year, we successfully adapted our face-to-face courses for online delivery. We provided 79 online workshops during the year, reaching more than 1,100 people. To find out more visit [www.lgo.org.uk/training](http://www.lgo.org.uk/training).

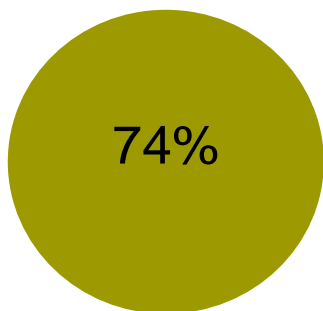
Yours sincerely,



Michael King  
Local Government and Social Care Ombudsman  
Chair, Commission for Local Administration in England



### Complaints upheld



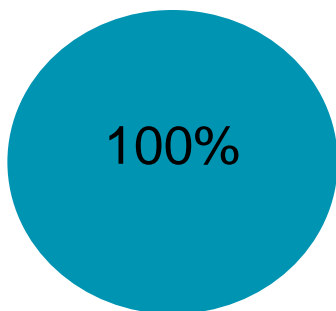
**74%** of complaints we investigated were upheld.

This compares to an average of **71%** in similar authorities.

**14**  
upheld decisions

Statistics are based on a total of 19 detailed investigations for the period between 1 April 2020 to 31 March 2021

### Compliance with Ombudsman recommendations



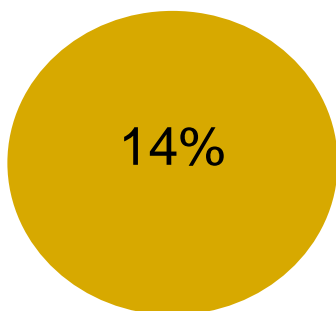
In **100%** of cases we were satisfied the authority had successfully implemented our recommendations.

This compares to an average of **100%** in similar authorities.

Statistics are based on a total of 13 compliance outcomes for the period between 1 April 2020 to 31 March 2021

- Failure to comply with our recommendations is rare. An authority with a compliance rate below 100% should scrutinise those complaints where it failed to comply and identify any learning.

### Satisfactory remedy provided by the authority



In **14%** of upheld cases we found the authority had provided a satisfactory remedy before the complaint reached the Ombudsman.

This compares to an average of **8%** in similar authorities.

**2**  
satisfactory remedy decisions

Statistics are based on a total of 19 detailed investigations for the period between 1 April 2020 to 31 March 2021

**NOTE:** To allow authorities to respond to the Covid-19 pandemic, we did not accept new complaints and stopped investigating existing cases between March and June 2020. This reduced the number of complaints we received and decided in the 20-21 year. Please consider this when comparing data from previous years.

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## NORTH YORKSHIRE COUNTY COUNCIL

### EXECUTIVE

30 November 2021

### Review of personal safety measures for County Councillors

#### Report of the Assistant Chief Executive (Legal and Democratic Services)

#### **1.0 PURPOSE OF REPORT**

- 1.1 To provide an overview of the measures that are currently in place for County Councillors to keep them safe when attending meetings in the community and, in light of the recent death of a sitting MP, to consider what further actions could be taken.

#### **2.0 BACKGROUND**

- 2.1 The Conservative MP Sir David Amess was killed on 15 October 2021 whilst conducting a constituency surgery at a church in Leigh-on-Sea. This fatal attack upon a sitting MP has prompted the Government to review the support that is place for MPs when engaged in work at their constituency offices and in the community.
- 2.2 The Home Secretary, the Rt Hon Priti Patel MP, and the Speaker of the House of Commons, the Rt Hon Sir Lindsay Hoyle MP, are conducting the review into the safety of MPs. In doing so, the Home Secretary has maintained that any measures considered must be proportionate to the risk and that MPs should remain accessible to the members of the public that they serve.
- 2.3 The killing of a MP raises concerns about how the personal safety of all those people who are elected to public office is promoted, protected and managed and so it is timely to have a review of what is in place for County Councillors and to consider whether further action is needed.

#### **3.0 COUNTY COUNCILLOR ROLE AND EXPERIENCE**

- 3.1 At present, there are 72 County Councillors for North Yorkshire. The role of County Councillor demands active community engagement and involvement. This often means meeting in person with individuals or groups on a formal or informal basis in a range of different settings. Meetings will often be held in the evening and can be in remote and isolated rural areas where a mobile phone signal may be unreliable.
- 3.2 County Councillors tend not to run surgeries in the communities that they serve. When looking at the circumstances of the killing of Sir David Amess MP and the murder of Jo Cox MP, five years previously, both were at constituency surgeries.
- 3.3 At present, there is no formal, personal safety training offered to County Councillors. Where concerns are raised about personal safety, these are dealt with on a case-by-case basis. Typically, this involves a discussion with the Police, advice on managing safety and in some cases arrangements for a heightened Police response.

- 3.4 Whilst there has not been a serious incident in which a County Councillor has been physically assaulted by a member of the public, a small number of County Councillors have, over time, raised some concerns about threats and abuse targeted against them. This has led some to request that their phone number and address be removed from the County Council website and also follow up discussions with the local Police.
- 3.5 Following the murder of Jo Cox MP in 2016, the County Council circulated Local Government Association guidance to all county councillors. The current version of that guidance can be found here - [Councillors' guide to handling intimidation | Local Government Association](#)

#### **4.0 PROMOTING THE PERSONAL SAFETY OF COUNCILLORS**

- 4.1 A number of guides, briefings and documents were circulated to all County Councillors in October, following the death of the Conservative MP Sir David Amess:
- The Local Government Association guidance for Councillors on handling intimidation was re-circulated
  - A Cabinet Office briefing on security practices for members of local authorities, with a particular focus upon elections - <https://www.gov.uk/government/publications/security-guidance-for-may-2021-elections>
  - The Local Government Association Guide to Cyber Security for councillors - [11.106 Cyber Security councillor's guide\\_v04\\_WEB\\_0.pdf \(local.gov.uk\)](#)
- 4.2 The Assistant Chief Executive (Legal and Democratic Services) and Monitoring Officer, Barry Khan, has confirmed that he will continue to liaise with the Police, if any County Councillors have any specific concerns about their personal safety.
- 4.3 As part of a broader approach to promoting the safety of County Councillors, the following could also be considered:
- Review the arrangements County Councillors have in place for managing their personal safety when attending meetings and meeting with members of the public
  - Enable County Councillors to contact designated officers to provide information about potentially violent persons prior to undertaking a home visit
  - Promote the reporting of incidences to better understand the scale of the issue and what further actions could be taken to reduce the associated risks
  - Hold a regular session on personal safety at Member Seminars, based upon the LGA Guide on handling intimidation.
- 4.4 In addition to the actions listed above, there is a Council fund that is ring-fenced for County Councillor security. Applications to the fund are considered confidentially on a case-by-case basis by the Assistant Chief Executive (Legal and Democratic Services), taking into account the concerns raised by an individual councillor as they perceive them and what the most suitable course of action may be. No investigation will be undertaken as to whether there is any evidential support for the councillor's concerns and no assumptions are to be implied from the granting of any applications: it is purely a process to help allay councillor concerns as they perceive them to be. Where County Councillors have concerns, they could be encouraged to apply for support from this fund. The fund currently amounts to £15,000.

4.5 The Independent Remuneration Panel has been consulted on the use of the ring-fenced fund for County Councillor safety and given their support for the use of such a scheme to promote the safety of members.

## **5.0 CONCLUSION**

5.1 The Council has a duty to do what is reasonable to promote and protect the safety of County Councillors when engaging in their duties. There is always a risk that someone who has been elected to public office may be subjected to verbal, physical or on-line abuse. A proportionate and scaled approach to managing this risk would involve continued awareness raising through training and briefings, liaison with the Police where specific concerns have been raised, and access to dedicated funding to enable additional security measures to be put in place.

## **6.0 FINANCIAL IMPLICATIONS**

6.1 The financial implications are outlined in the body of this report.

## **7.0 LEGAL IMPLICATIONS**

7.1 There are no significant legal implications arising from this report.

## **8.0 CLIMATE CHANGE IMPLICATIONS**

8.1 There are no significant climate change implications arising from this report.

## **9.0 REASONS FOR RECOMMENDATIONS**

9.1 The fatal attack upon Conservative MP Sir David Amess on 15 October 2021, whilst conducting a surgery in his constituency, has raised concerns about the safety of people elected to public office. It is timely, therefore, to consider what additional actions could be taken by the Council to promote the safety of its County Councillors.

## **10.0 RECOMMENDATIONS**

10.1 That the Executive take a proportionate and scaled approach to managing the risk of verbal, physical and on-line abuse of County Councillors through the following:

- a) Continued awareness raising through training and briefings
- b) A review of the arrangements County Councillors have in place for managing their personal safety when attending meetings and meeting with members of the public
- c) Enabling County Councillors to contact designated officers to provide information about potentially violent persons prior to undertaking a home visit
- d) Promotion of the reporting of incidences to better understand the scale of the issue and what further actions could be taken to reduce the associated risks
- e) Liaison with the Police where specific concerns have been raised
- f) Access to dedicated funding to enable additional security measures to be put in place.

BARRY KHAN

Assistant Chief Executive (Legal and Democratic Services) and Monitoring Officer  
County Hall, NORTHALLERTON

19 November 2021

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## North Yorkshire County Council

### Executive

30 November 2021

### North Yorkshire Integrated Sexual Health Service

Report of the Corporate Director – Health and Adult Services and Director of Public Health

#### 1.0 Purpose of Report

- 1.1 To provide the Executive with an update on the Section 75 agreement between NYCC and York and Scarborough Teaching Hospitals NHS Foundation Trust (YSFT) following a 60-day consultation on the proposed service model changes to the Integrated Sexual Health Service.
- 1.2 To request that the Executive:
  - i. Delegate the approval of the draft content of the Section 75 Partnership Agreement and associated schedules to the Corporate Director for Health and Adult Services in consultation with the Director of Public Health, the Assistant Chief Executive Legal and Democratic Services and the Executive Member for Public Health; and
  - ii. Approve commencement of a 30-day consultation on the draft content of the Section 75 Partnership Agreement.

#### 2.0 Background

- 2.2 Sexual and reproductive health is not just about preventing disease or infection. It also means promoting good sexual health in a wider context, including relationships, sexuality and sexual rights. Good sexual health is a vital aspect of overall health and wellbeing. However, poor sexual health outcomes fall disproportionately on certain groups. Sexual health spans the three domains of public health, health improvement, health protection, and healthcare public health.
- 2.3 Since 1 April 2013, Local Authorities have been mandated to ensure that comprehensive, open access, confidential sexual health services are available to all people who are present in their area (whether resident in that area or not). The requirement for Genito-Urinary Medicine (GUM), Contraception and Sexual Health (CaSH) services to be provided on an open access basis is stipulated in the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013.
- 2.4 During 2013/14 the Public Health team invested significant time on a major redesign and procurement of an integrated sexual health service for North Yorkshire, resulting in the contract being awarded to one provider for a service which was historically delivered through nine different contracts including inheritance of the military sexual health function.
- 2.5 York and Scarborough Teaching Hospitals NHS Foundation Trust is the provider of the integrated sexual health service in North Yorkshire (YorSexualHealth). The contract commenced 1 July 2015 with an expiry date of 31 March 2018. Within the existing contract, there was the option to extend for a further two years; this was utilised taking the expiry date to March 2020. Since then due to financial negotiations and subsequently COVID-19 further extensions, 12 months and 6+6 months approved via key decisions with end date of 31 March 2022.

- 2.6 £958,048 has been saved over 5 years from the existing contract. Due to COVID-19 in 2020/21, a significant underspend on the Primary Care and out of area budgets was achieved, with reductions in activity, and associated prescribing costs.
- 2.7 On September 3 2019 NYCC Executive approved proposals for the initiation of a Section 75 agreement covering up to ten years for delivery of an integrated sexual health service between NYCC and YSFT subject to a 30-day consultation.
- 2.8 On 26 November 2019 NYCC Executive received feedback on the outcome of the consultation and delegated the final decision (subject to YSFT Board approvals) to Corporate Directors of Strategic Resources and Health and Adult Services, and the Director of Public Health in consultation with the Executive Members for those respective portfolios.
- 2.9 On 13 July 2021 NYCC Executive received a revised position on the progress of the Section 75 following the onset of the COVID-19 pandemic; this included finance, governance, timescales and proposed service changes. The Executive recommended to the Chief Executive Officer that he use his emergency-delegated powers to:
- i) approve the proposed budget for the Section 75 Agreement and delegate the final budget to the Corporate Director of Health and Adult Services in consultation with the Corporate Director of Strategic Resources; and
  - ii) delegate the approval of the consultation on the proposed new service model to the Corporate Director for Health and Adult Services in consultation with the Director of Public Health and the Executive Member for Public Health.

### **3.0 Issues**

- 3.1 NYCC and YSFT are intending to enter into an initial 4-year partnership agreement with an option to extend for a further 4 years, and 2 years (4+4+2). The future financial uncertainty beyond 4 years made it difficult to work beyond this period for both organisations. Therefore, the financial envelope has only been agreed for the initial term of 4 years. The finances for the extension periods of 4 and 2 years will be subject to negotiation and agreement with YSFT, with a fall-back position that if no agreement can be reached and the parties still want to extend the agreement, the finances for the initial 4 years will apply.
- 3.5 In light of the budget reductions there were proposed service changes (outlined below) as part of a 60-day online public consultation and virtual workshops for partners (4 August – 4 October 2021).
- 3.6 The draft Section 75 Agreement and all associated schedules is with York and Scarborough Teaching Hospitals NHS Foundation Trust for comment, however the finances are agreed. One schedule of the S75 Agreement relates to the cross-border charging element of sexual health service. The proposed cross-border charging element is referenced within the main body of the Section 75 Agreement; however, it does sit in a separate schedule and is an attached signed agreement. The reason it sits as an attachment is that the cross charging is in place for North Yorkshire residents who access York clinics, whilst both NYCC and City of York Council (CYC) have the same Provider. This element therefore only remains in place as long as CYC continue to have YSFT as their Provider for sexual health services. The arrangement involves a block payment of £195,000 based on previous actual activity within York clinics. There is an element of risk share upon actual activity reconciliation undertaken at the end of a financial year.
- 3.7 The timescales for this piece of work remain a challenge for 1 April 2022, although progress does remain on track pending comments from YSFT on the draft Agreement.



## **4.0 Outline of Service Model**

4.1 NYCC and YSFT developed an amended service model in light of budget reductions and COVID-19. YSFT considers the new model to be affordable within the reduced financial envelope. The proposed changes (below) were then subject to a 60-day public consultation.

### **4.2 Proposed service model summary:**

- Sexual health promotion and information – a revised digital offer that puts choice and control at its core. A new offer that provides a convenient, efficient and cost effective method for e-sexual and reproductive health services. Further development of digital information, advice and signposting to self-care.
- Contraceptive services – an enabling approach with General Practice partners to support repeat contraception. The service will offer repeat contraception to those under 19 and to all ages after the issue of emergency contraception.
- STI services – a new tailored arrangement for online provision, offering a more targeted approach to convenient and accessible STI testing resulting in a more responsive and proactive approach to monitoring prevalence and responding with targeted testing treatment and partner notification.
- Training – customer focused, based on training needs of the local sexual health partners delivered via increased remote means e.g. webinars.
- Clinical and community outreach – a targeted and combined approach will be mobilised to best support the people with the greatest or most complex needs. This joined up approach will see clinical practitioners, community development workers and counselling therapists working together to provide practical support, an outcomes focused team supporting people to take control of their sexual and reproductive health.
- YSFT will make continued efficiencies regarding staffing over the 5 years, avoiding redundancies by adjusting skill mix through staff turnover and sourcing alternative accommodation both clinical and non-clinical to reduce high rents.

## **5.0 Performance Implications**

5.1 Nationally, North Yorkshire ranks 26th / 149 Local Authorities for sexual and reproductive health outcomes. In a comparison to 16 nearest CIPFA neighbours NY ranks 2nd for sexual and reproductive health outcomes (Devon 1st with higher spend).

5.2 The provision of contraception is widely recognised as a highly cost-effective public health intervention. When considering total cost savings across the public sector (including both healthcare and non-healthcare cost savings), the Return On Investment (ROI) is £1.86 after one year (exceeding break-even) and £4.64 over 5 years. Over 10 years, the ROI is £9.00, or in other words, there is an £9.00 saving for every £1 invested in publicly provided contraception.

5.3 The existing provider is very experienced and has established a high quality, well-regarded integrated sexual health service across North Yorkshire, which is continually reviewed to explore ways of improving service delivery. The existing provider is performing to expectations and often above, delivering the Key Performance Indicators (KPIs) within the contract, and works closely with the Council to address any areas of concern that may arise.

5.4 A refreshed Service Specification and Performance and Outcomes Framework will remain in place as part of the Section 75 agreement, these documents will form the basis of the agreement.

## **6.0 Policy Implications**

6.1 The integrated sexual health service supports the local population outcome which is that “all people in North Yorkshire experience good sexual health” as set out in the local strategic framework for sexual health.

## **7.0 Financial Implications**

7.1 To address the decrease in the Council’s Public Health Grant allocation in September 2019 Executive approved a 2% reducing budget on the integrated sexual health service contract value, this equated to a saving of c £260,000 after five years.

7.2 Following a review of the Public Health Grant position, a revised annual reduction of £144,299 minimum efficiency saving will be applied across all the sexual health budgets. This includes an upfront year 1 reduction of c£120,000 from the YSFT budget and £25,169 from Primary Care.

7.3 The Partnership have agreed the annual budget for the Section 75 agreement between NYCC and York and Scarborough Foundation Trust over the next 4 years. The annual budget is £2,987,450, including cross charging, with an annual saving to NYCC of c. £120,000. In addition, any annual Public Health Grant uplift for NHS pay will not be passed on, and retained as further savings. With a 4-year fixed term agreement with two options to extend, this will allow both parties to review the financial position and service model 18 months before the initial term (or extension period) expires, with a 1-year notice period to extend.

7.4 The revised budget and savings plan has been approved by Health and Adult Services Leadership Team, and Management Board and via the delegated decision process. This was set in the context of the wider Public Health Grant appraisal with no adverse impact on achieving a balanced budget.

## **8.0 Legal Implications**

8.1 The Local Authority is required as part of its public health statutory duties to ensure that comprehensive, open access, confidential sexual health services are available to people in North Yorkshire (whether they live here or not). This is set out in Regulation 6 of the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013.

8.2 Section 75 of the National Health Service Act 2006 and the NHS Bodies and Local Authorities Partnership Arrangements Regulations 2000, S.I. 617 (“Regulations”) enable NHS bodies to exercise prescribed local authority health-related functions in conjunction with their own NHS functions. The power to enter into section 75 agreements is conditional on the following:

- i. The arrangements are likely to lead to an improvement in the way in which those functions are exercised; and;
- ii. The partners have jointly consulted people likely to be affected by such arrangements.

8.3 Under the Public Contracts Regulations 2015 (PCRs) two contracting authorities can enter into a collaboration agreement (co-operation) subject to meeting the tests of Regulation 12

(7) PCRs (known as Hamburg) without the need to undertake a procurement exercise.

## **9.0 Consultation Undertaken and Responses**

- 9.1 A 30-day joint consultation between both NYCC and YSFT began on 7 October 2019 and ended 6 November 2019. The NHS and Local Authorities Partnership Arrangements Regulations 2000 stipulate, “the partners may not enter into any partnership agreements [under Section 75 of the NHS Act 2006] unless they have consulted jointly such persons as appear to them to be affected by such arrangements”. The consultation set out the proposal to put in place a formal Partnership Agreement for the delivery of the Integrated Sexual Health Service and invited comments from both the public and interested parties.
- 9.2 The consultation and responses fed back to NYCC Executive on 26 November 2019 were overwhelmingly supportive of entering into a Section 75 partnership with 38 in agreement and 1 in disagreement.
- 9.3 The recent 60-day joint public consultation ran from 4 August – 4 October 2021 on the proposed changes to the service model as described above. The full consultation report is at appendix 1. 105 responses were received from the online consultation with a good split between public and professionals, across the age ranges and local areas. Two virtual consultation events for partners took place with low attendance, however received excellent feedback. We received overwhelming support for all of the proposed service changes.

### **9.4 Headline consultation results:**

83% of respondents support additional online and virtual support within the sexual health service, to complement face-to-face service delivery. The intention of the enhanced digital/telephone offer is not to displace individuals away from face-to-face appointments when clinically necessary. The overall purpose of the virtual offer alongside face-to-face services is to facilitate a wider sexual health service reach across North Yorkshire. The triage process will ensure that people will be swiftly navigated to the right place this includes ensuring symptomatic individuals, or those requiring certain treatments, get access to face-to-face appointments in a timely manner.

87% of respondents support a personalised offer to STI testing based on individual’s level of risk and history.

The focus of this proposal is to carry out appropriate testing, rather than restricting access to testing. If there is no risk identified, or re-testing is not required, then there is often no reason to test.

The aim of the service is to be able to direct resources to the people and communities that require it most and tests will still be accessible for those that need it. All public services have a duty to make sure that they remain cost effective and expenditure applied accordingly.

93% were in support of a coordinated approach between the sexual health counselling and HIV support services.

To reassure there will be no reduction in the provision of counselling services in the integrated sexual health service. The intention is to share skills across teams that will be able to enhance the service offer and meet the needs of a larger number of individuals requiring this element of service offer.

89% of respondents support a joint clinical and community approach with a focus on people with greater levels of risk or need across the county.

The service will continue to facilitate community/face to face and virtual sexual health care that will meet the needs of people with greater sexual health risks and needs. The service

offer will be reviewed using a combination of service user/professional feedback and KPI monitoring. The clinical and community approach acknowledges the specific access needs and preferences of those groups and will offer the flexibility and responsiveness required to facilitate access and participation in both prevention and care.

- 9.5 In light of the support for the proposed changes from the 60-day consultation, a final 30-day consultation is due to commence in early December 2021 on the draft Section 75 framework content, including all associated schedules such as the service specification and performance framework. Following this 30-day period, the Partnership will review and make any final amends with the intention of Executive reviewing and approving the final Section 75 Agreement in early 2022.

## **10.0 Impact on Other Services/Organisations**

- 10.1 The Council will work with the Provider to ensure that there is no significant negative impact on the health and wellbeing of the North Yorkshire population.

## **11.0 Equalities Implications**

- 11.1 An Equalities Impact Assessment (EIA) on the integrated sexual health service is complete and attached at Appendix 2.

## **12.0 Recommendation(s)**

- 12.1 The Executive is asked to note the contents of this report and to:
- i. Delegate the approval of the draft content of the Section 75 Partnership Agreement and associated schedules to the Corporate Director for Health and Adult Services in consultation with the Director of Public Health, the Assistant Chief Executive Legal and Democratic Services and the Executive Member for Public Health; and
  - ii. Approve commencement of a 30-day consultation on the draft content of the Section 75 Partnership Agreement.

Richard Webb  
Corporate Director – Health and Adult Services  
County Hall  
Northallerton

19 November 2021

Report Author – Emma Davis, Health Improvement Manager  
Presenter of Report – Louise Wallace, Director of Public Health / Richard Webb, Corporate Director  
Health and Adult Services.

Appendices:  
Appendix 1 – Consultation Report  
Appendix 2 – EIA

## North Yorkshire Integrated Sexual Health Service Consultation Report

### 1.0 Purpose of report

- 1.1 To inform Executive members of the public consultation feedback received on the proposed changes to the North Yorkshire Integrated Sexual Health Service via a Section 75 agreement from 1 April 2022.
- 1.2 A 60-day consultation went live on 4 August 2021 and ended on 4 October 2021, delivered in partnership between North Yorkshire County Council and York and Scarborough Teaching Hospitals NHS Foundation Trust.
- 1.3 The consultation consisted of on an online survey that was available during the 60-day period. In addition, two virtual workshops were facilitated inviting colleagues from across the wider sexual health system, to get focussed feedback from professionals.

### 2.0 Online Survey Response

- 2.1 In total 105 people responded to the online survey.
- 2.3 The following tables set out the responses received from the online survey in terms of locality, gender, age and the capacity in which respondents were completing the survey.
- 2.3 The responses indicate that the consultation was successful in reaching people in all areas of North Yorkshire in proportion to the populations of each locality. The respondents were predominantly female, a significant proportion of the service offer addresses women's health, particularly contraception. The largest age range that engaged with the survey were between the ages 40-59, although overall there was a good spread of ages.

Locality	Responses Received	% of Total Responses
Craven	7	7%
Hambleton & Richmondshire	21	20%
Harrogate/Knaresborough/Ripon	23	22%
Scarborough/Whitby/Ryedale	27	26%
Selby	21	20%
Did not answer	6	5%

Gender	Responses Received	% of Total Responses
Male	26	25%
Female	70	67%
Other	8	8%
Prefer not to say	0	0%

Age Group	Responses Received	% of Total Responses
10 - 19	6	6%
20 - 29	15	14%
30 - 39	17	16%
40 - 49	28	27%
50 - 59	26	24%
60 - 69	9	9%
70 – 79	2	2%
80+	0	0%
Prefer not to say	2	2%

Role completing survey	Responses Received	% of Total Responses
Resident of North Yorkshire	50	48%
Professional	55	52%

Any responses from a professional then prompted a further question asking them to identify whether they were answering as an individual or on behalf of an organisation.

Role completing survey	Responses Received	% of Total Responses
An individual	46	84%
On behalf of an organisation	9	16%

- 2.4 The survey was a set of six questions that covered the proposed changes to the North Yorkshire integrated sexual health service. The survey included four quantitative and two qualitative questions. There was space provided for further thoughts or statements from individuals for each of the questions. We have collated the responses to the quantitative questions in the following tables.

#### Question 1

We have learned from how we had to adapt during the Covid-19 pandemic, and in future, we want to further the online and telephone remote offer as part of the sexual health service. Do you support a more enhanced online and telephone service to complement face-to-face delivery?

Y/N Please give detail (max 150 words)

Response	Responses Received	% of Total Responses
Yes	87	83%
No	17	16%
Did not answer	1	1%

#### Question 2

Do you support a more personalised offer to sexually transmitted infections (STI) testing across North Yorkshire based on an individual's level risk and history?

Y/N Please give detail (max 150 words)

Response	Responses Received	% of Total Responses
Yes	92	87%
No	10	10%
Did not answer	3	3%

#### Question 4

Do you support a more coordinated approach between the sexual health counselling and HIV support services?

Y/N please give further detail (max 150 words)

<b>Response</b>	<b>Responses Received</b>	<b>% of Total Responses</b>
Yes	98	93%
No	4	4%
Did not answer	3	3%

### Question 5

Do you support a more responsive joined up clinical and community approach to engaging with those with greater levels of risk or need in relation to sexual and reproductive health?

Y/N Please give further detail (max 150 words)

<b>Response</b>	<b>Responses Received</b>	<b>% of Total Responses</b>
Yes	93	89%
No	8	8%
Did not answer	4	3%

## 3.0 Summary of online survey feedback and key issues raised

- 3.1 All of the questions asked as part of this online survey allowed for respondents to share their feedback. The following is a summary of key themes from the feedback for each question.

**Question 1:** We have learned from how we had to adapt during the Covid-19 pandemic, and in future, we want to further the online and telephone remote offer as part of the sexual health



service. Do you support a more enhanced online and telephone service to complement face-to-face delivery?

Y/N Please give detail (max 150 words)

### Key themes from responses to Question 1

83% of respondents supported a more enhanced online and telephone service.

***"Far easier then to access services, saves me time away from work/ personal life. In the privacy of my own home. I don't need to tell the nurse all my life story"***

There is clear support for having a more enhanced remote/digital offer will make accessing services easier and cause less disruption to individual's lives who need to access support (i.e. time off work).

***"This is how young people prefer to communicate and will encourage those reluctant to be seen going into a clinic. It also saves time and potentially will release more appointments."***

Some of the responses focus on the preferences of young people and that an improved online offer would be a better fit for how younger age groups access information and services.

***"Yes support increasing access for patients however not at the loss of face to face services"***

Although the majority of the responses are in favour of this change in service provision, there is an emphasis on ensuring that any telephone or digital offer remains as a compliment to face-to-face appointments.

There are important points raised about ensuring equitable access for young people or for those with learning disabilities, who may face barriers due to lack of privacy at home or with technology.

***"It is impossible to properly diagnose signs and symptoms and take baseline observations online or over the phone."***

Respondents suggest that clear communication will be required from the service to clarify how digital/remote offers would interface with face-to-face appointments.

### Joint response to key themes identified

The intention of the enhanced digital/telephone offer is not to displace individuals away from face-to-face appointments when clinically necessary. The overall purpose of the virtual offer alongside face-to-face services is to facilitate a wider sexual health service reach across North Yorkshire.

The triage process will ensure that people will be swiftly navigated to the right place this includes ensuring symptomatic individuals, or those requiring certain treatments, get access to face-to-face appointments in a timely manner.

Face-to-face services will continue to be delivered within the main sites and localities as agreed within the Partnership and following on from the feedback given at consultations. High-risk groups will continue to have an increased offer online for testing and condom provision.

The use of a central booking telephone line will continue to facilitate access to appointments for those without access to digital technology. The current service offer includes the use of a mobile phone text booking service for young people to offer alternative provision for those that may struggle to phone the service. This offer will be reviewed and adapted to ensure that this provision facilitates face-to-face care effectively for young people.

The outreach team will continue to deliver clinical care within the community to high-risk groups via professional referral. This offer will continue to support those who are within an at risk group to access sexual health clinical care alongside face-to-face and virtual provision.

This service offer will be subject to regular monitoring and review to make sure that it is effective at enabling equitable access to service provision. This will include service user feedback to ensure provision of service matches the needs of the population in relation to face-to-face/virtual offer.

**Question 2:** Do you support a more personalised offer to sexually transmitted infections (STI) testing across North Yorkshire based on an individual's level risk and history?

Y/N Please give detail (max 150 words)

#### Key themes from responses to Question 2

##### ***"It is fundamental that all care is individualised"***

87% of responses to this question are in favour of anyone accessing the integrated sexual health service to be involved in ensuring the offer of support is personalised in line with their circumstances. ***There is suggestion from the responses that the proposal is a logical approach of matching resources to need.***

***"Making sexual health services as person centred as possible is an approach that I wholeheartedly support. People are experts in their own lives. This is particularly true of most at risk populations such as LGBTQ people, sex workers and BAME people. Standard clinical services are often inaccessible and inadequate for the most marginalised. For these groups, a community based approach is essential run by people who are experienced in working with them and understand the health inequalities that they face."***

Whilst responses are in favour of the proposal, there are caveats suggested for more at risk population groups. Some responses advise that continuing to provide an assertive outreach or community-based model of support is essential to maintaining a good level of engagement with these populations. Engagement is essential to providing a more personalised offer of care.

***"I disagree with the proposal to reduce access to certain tests through gatekeeping based upon individual risk. People may not feel comfortable being honest about their sexual history. Introducing this barrier may result in harm"***

A few of the responses have focused on the importance of honesty from individuals in this situation concerning their sexual history. Responses stress the need to look at safeguards that could mitigate any potential misrepresentation of personal circumstances or how to ensure individuals feel comfortable enough to share.

#### Joint response to key themes identified

It is encouraging to see such an overwhelmingly positive response to this proposal. However, we acknowledge some potential concerns expressed in the responses.

The focus of this proposal is to carry out appropriate testing, rather than restricting access to testing. If there is no risk identified, or re-testing is not required, then there is often no reason to test.

The aim of the service is to be able to direct resources to the people and communities that require it most and tests will still be accessible for those that need it. All public services have a duty to make sure that they remain cost effective and expenditure applied accordingly.

The new triage process for the integrated sexual health service will direct individuals through the service to the required level of support. It will identify the level of support required for each individual to create a personalised package of care.

The service continues to offer, and values the role of, community based support as an integral element of the continued partnership working that strengthens the work across the wider sexual health system. There have been significant changes in sexual health prevention and risk reduction since the original contract, awarded six years ago. We will develop our community partners to facilitate appropriately targeted testing.

The community based support offer will include the aspect of prevention via supporting the use of PrEP as part of a health based approach to risk reduction. The need to change the testing previously utilised within the community requires some consideration and will form part of the new community offer.

All sexual health staff are experienced both on the telephone and in face-to-face services in creating an open and honest forum to facilitate difficult and sensitive conversations with people.

**Question 3:** Free contraception and advice will continue to be available from the sexual health service. The sexual health service will be able to start an individual on a new contraception method where appropriate; however, people aged over 19 years old will not be offered basic repeat prescriptions. Instead, individuals will be signposted to their GP.

What do you feel we need to consider as part of this change? Please give detail (max 150 words)

### Key themes from responses to Question 3

This question prompted good discussion in the feedback. The consensus is that a cautious approach is required to be able to implement this proposal in to the wider sexual health system in place in North Yorkshire.

***"Ensuring the GP services are ready to meet this change in practice. Ensure there is a robust communication pathway between YSH and GPs to ensure a seamless transition for users"***

Co-production and communication was a theme throughout the responses. The need to ensure that GP's are involved in the development of any changes to the delivery of this service was a point that was re-iterated in several responses.

***"GP needs to be more accessible"***

Concerns around capacity in GP practices flagged numerous times – from both professionals and members of the public. There was acknowledgement that the current system for getting an appointment in a GP practice might make accessing repeat prescriptions difficult. There were also several responses asking the question of how the wider system may support primary care settings to be able to meet this need.

***“Personal circumstances might mean that the local GP is not best placed to offer this service. I think there should be some flexibility to this rule to account for this.”***

Other potential barriers raised to the proposal, highlighted difficulties that may make accessing a GP practice difficult for some population groups. In a rural area and smaller GP practice, young people may not feel comfortable accessing what is their family practice. There could equally be barriers for members of the LGBTQ+ community who perhaps are not comfortable sharing all aspects of their life.

***“I think it’s a great idea. Over 19’s should be given the responsibility to make follow ups with their GP for contraception the way they would with any other medication”***

There were responses very much in favour of this proposal. Communication was a recurring theme in the answers to this question. These responses indicate that there would need to be clear dialogue between the integrated sexual health service and the GP practice to ensure timely continuation of medication. Ensuring that young people are made aware of the transition in offer of service from 18 to 19 was highlighted as well.

#### **Joint response to key themes identified**

Women access contraception from a range of sources, with preference for source and method of contraception varying by both age and deprivation. Whilst GPs are the most popular source used by 6 out of 10 women, sexual health clinics and community clinics are also commonly used, particularly by younger and more disadvantaged populations (Health matters: reproductive health and pregnancy planning - GOV.UK (www.gov.uk))

This proposal focuses on the offer of basic repeat prescriptions for over 19’s only – problems with method of contraception, changes to method of contraception and emergency contraception for reassurance will still be accessible via the integrated sexual health service. Contraception is already part of the core GP offer to issue contraception to individuals registered at their practice.

By ensuring that primary care partners are able to provide this level of care, it creates greater capacity for the integrated sexual health service to provide the specialist care that they are required to deliver. The integrated sexual health service will also remain available to offer advice, guidance and training for primary care partners.

The sexual health service will work alongside the well-established primary care contraception offer and sexual health provision to ensure access to care. This will enable the sexual health service to focus on an enhanced level of specialist care for more complex patients who require this level of service. This will facilitate and support primary care to continue with ongoing contraception. We will support our primary care colleagues through the timely sharing of information to support continuing contraceptive needs for North Yorkshire residents. We will also continue to support our Primary Care colleagues with access to high quality training and development that has equality, inclusion and confidentiality at its core.

**Question 4:** Do you support a more coordinated approach between the sexual health counselling and HIV support services?

Y/N please give further detail (max 150 words)
<b>Key themes from responses to Question 4</b>
<p>93% of responses to this question were in favour of a more coordinated approach outlined in this proposal.</p> <p><b><i>"Sounds a good plan; there is a mental health element to all long-term conditions which needs supporting"</i></b></p> <p>There was recognition in a number of responses of how beneficial a holistic service would be for those that require this support. Coordination of care is an area of focus across the healthcare system and this proposed shift in the integrated sexual health service is reflective of this.</p> <p><b><i>"I feel it is already coordinated. I hope this does not translate in a reduction of local counselling services."</i></b></p> <p>The responses to this question reinforce the need and importance of clear communication with people living in North Yorkshire regarding what these proposals will translate to in actual service provision.</p>
<b>Joint response to key themes identified</b>
<p>To reassure there will be no reduction in the provision of counselling services in the integrated sexual health service. The intention is to share skills across teams that will be able to enhance the service offer and meet the needs of a larger number of individuals requiring this element of service offer.</p>

<b>Question 5:</b> Do you support a more responsive joined up clinical and community approach to engaging with those with greater levels of risk or need in relation to sexual and reproductive health?
Y/N Please give further detail (max 150 words)
<b>Key themes from responses to Question 5</b>
<p>Overall, 89% of respondents to this question are in favour of this proposal as a means of engaging those who may be in greater need of support from the service.</p> <p><b><i>"This is very important as those at risk are often reluctant to access sexual and reproductive health care from a clinic setting and therefore community outreach is an essential means of reaching such individuals/groups"</i></b></p> <p>The feedback references how some of the most at risk and marginalised members of society may benefit from a coordinated approach. However, respondents felt this should remain a</p>

bespoke service offer based upon individual needs, as different people may need different approaches for them to be a success.

#### **Joint response to key themes identified**

There would be tight governance of this proposal, with regular reviews to make sure that it continues to meet the needs of those individuals who require this service. It will be subject to monitoring that will identify required service improvements.

The service will continue to facilitate community/face to face and virtual sexual health care that will meet the needs of people with greater sexual health risks and needs. The service offer will be reviewed using a combination of service user/professional feedback and KPI monitoring. The clinical and community approach acknowledges the specific access needs and preferences of those groups and will offer the flexibility and responsiveness required to facilitate access and participation in both prevention and care.

**Question 6:** Finally, what are the most important issues for you and your sexual and reproductive health? (max 150 words)

#### **Key themes from responses to Question 6**

This question prompted a large number of responses with a number of key themes highlighted.

***“Regular availability of free, friendly, face-to-face testing and treatment.”***

Perhaps the most consistent response received for this question was ensuring that the service continues to be accessible for all across the county. The timely delivery of care and support is an important aspect of service provision and it is key that this element remains regardless of location within North Yorkshire.

Responses also emphasised challenges linked to rurality. Encouragement was given for the service to consider proximity to transport links, schools/colleges and other nearest clinic to try to provide equitable provision.

***“Access to up to date, non-judgmental and friendly integrated services.”***

A key theme throughout the responses to this question was for an integrated sexual health service to remain inclusive and representative. The responses suggest that this is important to engaging with often-marginalised population groups such as members of the LGBTQ+ community, sex workers and people living with HIV. The responses directly mention that this could be health professionals based in primary care, as well as the integrated sexual health service, but providing an open service for all is vital.

***“Availability of information. Proactive promotion of accessible advice and support available”***

Regardless of what service is in place, ensuring that the local population is aware of what support is available was another theme that came out in this question. It is important that the local population know where to turn for information and advice when needed. Some responses also suggest the need to undertake local promotional work with the public and professionals.

#### **Joint response to key themes identified**

The integrated sexual health service will continue to be free, accessible and available for those that require support, as and when they need it. The proposals identified as part of this survey are in place so allocation of provision reflects level of need. As an NHS Provider, YorSexualHealth is required to demonstrate to its regulatory body, the Care Quality Commission, that it discharges its statutory obligations for equality and inclusivity.

The benefit of adopting a more integrated community and clinical approach is that we work closely with our community assets who reflect, represent or campaign on behalf of, our diverse communities. Through this grass roots collaboration, we will identify a greater range of needs and preferences and be able to shape and target provision more effectively.

A key part of the service will be a shared communications plan that will deliver key messages regarding service offer, access and advice.

#### 4.0 **Workshop Feedback**

- 4.1 Two workshops held on 14 and 21 September respectively, co-facilitated by a panel of representatives from North Yorkshire County Council and York and Scarborough Teaching Hospitals NHS Foundation Trust. The link to this workshop shared widely across professional networks in North Yorkshire and various partnership meetings.
- 4.2 The facilitated workshops included professionals working as part of the sexual health system across North Yorkshire and professionals working in Primary Care. In total, seven people attended the workshops.
- 4.3 Overall, the feedback from these events were in line with the responses generated as part of the online survey. There was a consensus amongst participants that they were happy with the proposals outlined in the consultation.
- 4.4 The workshops did generate good discussions that provided feedback to consider as part of the development of the integrated sexual health service model.
- 4.5 Potential challenges posed by rurality came up in response to a number of the proposals. Professionals reflected that it is important for clinics to be positioned strategically on main transport routes, as well as across each locality as to not isolate individuals who may require specialist sexual health support.
- 4.6 The panel facilitating the workshops acknowledged the challenges that rurality poses to offering an equitable and accessible service across such a large county. There have been no final decisions made in relation to community clinic locations and there is a desire to work with professionals and communities to use local knowledge to ensure best fit across localities.
- 4.7 There was feedback from a professional currently working in Primary Care that indicated support of the proposal to work closer as partners across the system – particularly in relation to directing over 19's to Primary Care for repeat prescriptions. This support followed with emphasis on the need for the integrated sexual health service to clarify that this proposed change would not then lead to other contraceptive processes defaulting to Primary Care. The representatives on the panel from York and Scarborough Teaching Hospitals NHS Foundation Trust assured attendees at the workshop that it is only the intention of this proposal to direct basic repeat prescriptions of contraception to Primary Care. Any emergency contraception needs, problems arising from contraception and contraception changes would fall under the remit of the integrated sexual health service.

- 4.8 Communication was a recurring theme from attendees during the workshops in response to several questions. This is not only in advertising clinic locations and times, but also ensuring that individuals requiring support know where to turn and when. There will be a robust communications plan at each stage of the development of the integrated sexual health service. This will encompass any further planned consultations.
- 5.0 **Consultation Summary**
- 5.1 This consultation has generated a strong public and professional response from a wide range of respondents across North Yorkshire.
- 5.2 There was an overwhelmingly supportive response to the proposals in this consultation. 90% of respondents gave support across all of the proposals where a Yes/No answer was posed.
- 5.4 Whilst there is excellent support in the responses on the direction of travel proposed there have been some issues that this consultation has identified which have been addressed in the joint responses and will continue to be considered as part of implementation.
- 5.4 Pathways of care; effective communication of the final service provision to the public and professionals alike; and the location of community clinics are all discussion points generated in the responses.
- 5.5 There was a general agreement as part of this consultation that the proposals support organisations effectively working together to create a whole system approach for sexual health across North Yorkshire.
- 5.5 To conclude the 60-day consultation feedback supports the proposed changes for the North Yorkshire Integrated Sexual Health Service.



## Equality impact assessment (EIA) form: evidencing paying due regard to protected characteristics

(Form updated April 2019)

### *North Yorkshire Integrated Sexual Health Service*

If you would like this information in another language or format such as Braille, large print or audio, please contact the Communications Unit on 01609 53 2013 or email [communications@northyorks.gov.uk](mailto:communications@northyorks.gov.uk).



যদি আপনি এই ডকুমেন্ট অন্য ভাষায় বা ফরমেটে চান, তাহলে দয়া করে আমাদেরকে বলুন।

如欲索取以另一語文印製或另一格式製作的資料，請與我們聯絡。

اگر آپ کو معلومات کسی دیگر زبان یا دیگر شکل میں درکار ہوں تو برائے مہربانی ہم سے پوچھیے۔

Equality Impact Assessments (EIAs) are public documents. EIAs accompanying reports going to County Councillors for decisions are published with the committee papers on our website and are available in hard copy at the relevant meeting. To help people to find completed EIAs we also publish them in the Equality and Diversity section of our website. This will help people to see for themselves how we have paid due regard in order to meet statutory requirements.

Name of Directorate and Service Area	Health and Adult Services, Public Health
Lead Officer and contact details	Emma Davis – Health Improvement Manager
Names and roles of other people involved in carrying out the EIA	Project Task Group – Sexual Health Dan Atkinson – Health Improvement Officer Emma Davis – Health Improvement Manager

How will you pay due regard? e.g. working group, individual officer	Project Task Group – Sexual Health
When did the due regard process start?	06 January 2014 Refresh 2019/20 Review June 2021

**Section 1. Please describe briefly what this EIA is about.** (e.g. are you starting a new service, changing how you do something, stopping doing something?)

The NYCC Public health team are reviewing the North Yorkshire Integrated Specialist Sexual Health Service, following a 7-year contract with provider York Teaching Hospital NHS Foundation Trust, branded YorSexualHealth.

The service will remain an open access specialist sexual health service including a focus on the county's priority groups as identified in the Sexual Health Needs Assessment refresh 2019. The service will follow the national specification recommendations and evidence based standards for service provision as outlined in the reviewed service specification.

Since 1 April 2013, North Yorkshire County Council (NYCC) have been required by regulation to commission HIV prevention and sexual health promotion, open access genito-urinary medicine and contraception service for all age groups. Other elements of the sexual health system are commissioned by partner organisations.

North Yorkshire County Council intend to enter into a Section 75 partnership agreement with York Hospital NHS Foundation Trust to deliver a comparable service to commence on 1st April 2022. The existing Primary Care contract for GP's and Pharmacies will remain separate.

This EIA is being completed with regards to updates to statistics for protected characteristics of the population and updates to the service specification as part of updates to the evidence base.

**Section 2. Why is this being proposed? What are the aims? What does the authority hope to achieve by it?** (e.g. to save money, meet increased demand, do things in a better way.)

As detailed above, the current contract for the Integrated Specialist Sexual Health service provided by YorSexualHealth is due to expire on 31st March 2022 after a 7-year period utilising all contract extensions.

Sexual health covers the provision of advice and services around contraception, relationships, sexually transmitted infections (STIs) (including HIV) and abortion. Provision of sexual health services is complex and can be delivered by a wide range of providers, including general practice, community services, acute hospitals, pharmacies and the voluntary, charitable and independent sector (Department of Health, 2013).

Despite efforts to control STIs, including the improved availability and uptake of sexual health screening, we are not seeing a significant impact on numbers of STIs diagnosed, with STI rates continuing to rise. Whilst some of the increase is associated

with improved access to services and more testing, it is clear that high rates of infection persist in some population groups such as men who have sex with men (MSM) and young people. This highlights the continued importance of sexual health services.

The percentage of late stage diagnosis of new cases of HIV remains a concern, and improved uptake of HIV testing, particularly for those with HIV indicator conditions, is vital for early detection and treatment to reduce morbidity and mortality.

Existing prevention efforts, such as greater STI screening coverage and easier, more rapid access to sexual health services need to be sustained and improved in some localities to support earlier diagnosis and prevent onward transmission. These efforts need to be focussed on high-risk groups in particular.

Long Acting Reversible Contraception (LARC) is the most effective form of contraception. Provision of LARC services is exceptional across North Yorkshire and maintaining and up-skilling healthcare professionals to support people to make informed choices about contraception, and fit and remove LARC, needs to be ensured.

The uptake in North Yorkshire is excellent, with an increasing trend, 77.0 per 1,000 total prescribed LARC (excluding injections). GP prescribed LARC 59.4 per 1,000, higher than England and SRH services prescribing 17.6 per 1,000 lower than England.

Whilst good progress has been made on teenage pregnancy rates across North Yorkshire, more needs to be done in certain localities and should be supported by broader prevention work to identify and support young people at risk of unplanned teenage pregnancy.

Improving the sexual health of the population of North Yorkshire requires an integrated response from all relevant agencies. The Local Authority is responsible for commissioning comprehensive, open-access sexual health services. It needs to work with key partners to build on the existing good work that has previously occurred.

### **Section 3. What will change? What will be different for customers and/or staff?**

The new service will be largely the same for service users (customers) and staff. The changes to be made to the current service specification highlight good working practices and updates in light of new evidence and learning from COVID-19.

The main changes are as follows:

- Sexual health promotion and information – a revised digital offer that puts choice and control at its core. A new offer that provides a convenient, efficient and cost effective method for e-sexual and reproductive health services. Further development of digital information, advice and signposting to self-care.
- Contraceptive services – an enabling approach with General Practice partners to support repeat contraception. The service will offer repeat contraception to those under 19 and to all ages after the issue of emergency contraception.

- STI services – a new tailored arrangement for online provision, offering a more targeted approach to convenient and accessible STI testing resulting in a more responsive and proactive approach to monitoring prevalence and responding with targeted testing treatment and partner notification.
- Training – customer focused, based on training needs of the local sexual health partners delivered via increased remote means e.g. webinars.
- Clinical and community outreach – a targeted and combined approach will be mobilised to best support the people with the greatest or most complex needs. This joined up approach will see clinical practitioners, community development workers and counselling therapists working together to provide practical support, an outcomes focused team supporting people to take control of their sexual and reproductive health.

The aim of the service will remain the same; all people in North Yorkshire to experience good sexual health. Residents of North Yorkshire will be supported in making informed, confident choices around their sexual health with a particular focus on prevention, and supporting young people and other at risk groups and communities from experiencing sexual ill-health.

The service will continue to be delivered via an integrated specialist service, complemented by a separate contract for Primary Care (GP's and Pharmacies).

### **Eligibility Criteria**

The eligibility criteria and key components of the service offer remain the same.

*The Local Authority is mandated to commission open access confidential services. The provider must operate an open access policy for both contraception and STI services regardless of residence of the patient. The legislation defines services as:*

- (i) for preventing the spread of sexually transmitted infections;*
- (ii) for treating and caring for persons with such infections;*
- (iii) for notifying sexual partners of persons with such infections*
- (iv) advice on, and reasonable access to, a broad range of contraceptive substances and appliances;*
- (v) advice on preventing unintended pregnancy*

*However this service specification is commissioning a range of service elements over and above a core offer. Therefore not all service elements have to be delivered regardless of residence of the patient, it is acceptable for some elements to only be available for North Yorkshire residents'.*

The funding received for the Integrated Sexual Health Service (ISHS) pays for residents of North Yorkshire only. However, the Provider shall provide a free, open access, ISHS to anyone that attends without referral, irrespective of their place of residence or GP registration.

**Staff**

The Transfer of Undertakings (Protection of Employment) Regulations (TUPE) which protects employees' terms and conditions of employment when a business is transferred from one owner to another will not apply if a Section 75 partnership agreement is established.

**Priorities**

The key principles developed to inform the sexual health service delivery help achieve the goal of improving sexual health outcomes of residents, informed by an engagement exercise conducted as part of the review. In the market testing (online) all respondents supported the current principles of the service and felt they still reflected the need for the service. The key principles are:

- Priority to be given to prevention and early intervention with a focus on young people and most at risk populations.
- Services to be delivered by a professional integrated skilled sexual health workforce.
- Strong clinical leadership to be embedded across the local sexual health system.
- Encourage the use of evidence based practice, innovation and use of technology.
- Ensure rapid and easy access to services - including in rural areas- delivering services in appropriate settings.
- Ensure all contraceptive and STI diagnosis and treatment is dealt with in one place.
- The partnership will ensure available resources are focussed on delivering the best possible sexual health outcomes for all people in North Yorkshire

Strong links exist between deprivation and STIs, teenage conceptions and abortions with the highest burden borne by women, men who have sex with men ("MSM"), trans community, teenagers, young adults and black and minority ethnic groups. HIV infection also has an unequal impact on MSM and Black African populations. Some groups at higher risk of poor sexual health face stigma and discrimination, which can influence their ability to access services. The Integrated Sexual Health Service will be delivered with an aim to address these inequalities by providing easily accessible services.

The decision has been made not to include sexual health services currently commissioned from GP practices and pharmacies in the services review at this stage. This is due to the need to allow for flexibility in the development of primary care sexual health services and for the development of the primary care market. Instead, these services will continue to be commissioned as they are currently, as part of the public health primary care services contract. The current Approved Provider List, and associated service specifications, have been extended until 31<sup>st</sup> March 2025.

**Section 4. Involvement and consultation** (What involvement and consultation has been done regarding the proposal and what are the results? What consultation will be needed and how will it be done?)

North Yorkshire County Council intends to enter into a Section 75 partnership agreement with current provider York and Scarborough Teaching Hospitals NHS Foundation Trust to deliver the Integrated Sexual Health Service for North Yorkshire (ISHS).

#### **Procurement of the ISHS 2013-15**

A significant review and re-configuration programme commenced in August 2013.

An extensive joint engagement exercise with City of York Council took place during August- October 2013 to establish what stakeholders views were on what the successful elements and challenges were with current service provision, as well as views on how services could be improved. Based on the feedback from the engagement exercise a proposed new system for delivery of services was developed.

North Yorkshire County Council and City of York Council held a joint public consultation on the proposed new system for delivery of sexual health services in both local authorities over an eight-week period from 6<sup>th</sup> January 2014 to 28<sup>th</sup> February 2014.

These activities were summarised and recorded to shape and inform the new model used for the commissioning arrangements of the North Yorkshire ISHS in 2014. A Sexual Health Needs Assessment was conducted and a full review of the evidence base.

#### **Review of the ISHS 2018/19**

Throughout December 2018 – February 2019 a refresh of the Sexual Health Needs Assessment was completed, a review of the evidence including advances in diagnostic and treatment of STI's, and the Integrated Sexual Health Services; A suggested national service specification (PHE and DoH, August 2018) and a look at the landscape regionally and with comparable neighbours. In addition to this, engagement activity with stakeholders and professionals has been conducted online for market testing and information checking.

The combination of information provided from the market engagement, the needs assessment, regional and neighbour benchmarking, and evidence review has informed and shaped the changes in the service specification update. Relevant UK clinical guidance covering the specialities of Sexual and Reproductive Healthcare and Genitourinary Medicine can be found at [www.fsrh.org](http://www.fsrh.org) and [www.bashh.org](http://www.bashh.org). The Provider shall ensure the ISHS reflect updates in guidance and recommendations as and when produced.

#### **Consultation – Section 75 agreement - 2019**

North Yorkshire County Council and York & Scarborough Teaching Hospitals NHS Foundation Trust jointly ran a 30-day consultation on the proposed Section 75 agreement between September and October 2019. This consultation set out a proposal to put in place a formal Partnership Agreement for the delivery of the integrated sexual health service.

The survey hosted on the North Yorkshire County Council Partnerships website and YorSexualHealth (brand name of York & Scarborough Teaching Hospitals NHS Foundation Trust current sexual health provider) website, so any member of the public or fellow professional could comment on the proposals. Hard copies of the consultation document were also able to be obtained by contacting the North Yorkshire Public Health Team.

The consultation was designed to ask the following questions:

1. In what role are you completing this survey? (I am responding on behalf of an organisation/in my professional role, I am responding as a current provider of sexual health services, I am a member of the public who lives in North Yorkshire)
2. Do you agree that the Council should develop the future of these services through a partnership agreement with York Teaching Hospitals NHS Foundation Trust, in which the Trust provides the services on behalf of the Council?  
Yes/No/Don't Know
3. Please feel free to provide any relevant supporting information to accompany your previous answer.

Over the course of the 30-day duration that the consultation was live, the survey garnered 39 responses. Overall positive, only one of the responses received was in disagreement of the proposal.

A further two consultations will be undertaken before 1 April 2022. The first will ask the public and partners about the proposed changes to the service delivery model and the second will share the Section 75 framework, associated service specification and performance dashboard, and ask for comment. These consultations will be online (and available as hard copies) and via virtual workshops.

**Section 5. What impact will this proposal have on council budgets? Will it be cost neutral, have increased cost or reduce costs?**

Please explain briefly why this will be the result.

The council intends to invest approximately £2,987,450 per annum into the Integrated Sexual Health Service over the next 4 years. This is funded through the Public Health Grant. Significant efficiencies have already been made over the course of the existing contract life from 2013/14. As part of the new partnership arrangement and in the context of public health grant reductions further efficiencies are required.

The efficiency of the sexual health services integrated contract has been improved since the introduction of the collated sexual health service in 2014. This has shown to be cost effective through the Public Health Outcomes Framework and the BEST self-assessment review.

We have compared our performance and spend per head of eligible population nationally, as well as to those considered as statistical neighbours (CIPFA). Nationally, North Yorkshire ranks 26<sup>th</sup> out of 149 Local Authorities for sexual and reproductive health outcomes. Comparing North Yorkshire to the 16 nearest CIPFA neighbours, it ranks 2<sup>nd</sup> for sexual and reproductive health outcomes. For reference, Devon ranks first but does have a higher spend.

The provision of contraception is widely recognised as a highly cost-effective public health intervention. When considering total cost savings across the public sector (including both healthcare and non-healthcare cost savings), the ROI is £1.86 after one year (exceeding break-even) and £4.64 over 5 years. Over 10 years, the ROI is £9.00, or in other words, there is an £9.00 saving for every £1 invested in publicly provided contraception.

It is important to retain an appropriate critical mass within the service to facilitate the provider to deliver a responsive, safe and effective service that is capable of addressing unmet need and further improving performance.

Value for money will continue to be assessed under new arrangements.

<b>Section 6. How will this proposal affect people with protected characteristics?</b>	<b>No impact</b>	<b>Make things better</b>	<b>Make things worse</b>	<b>Why will it have this effect? Provide evidence from engagement, consultation and/or service user data or demographic information etc.</b>
Age	X			<p>The ISHS is an open access all age service. The Provider shall comply with their specific responsibilities and safeguarding protocols relating to young people aged 13-15 years and for those under the age of 13 years.</p> <p>In addition, those aged under 24 will be eligible for the Condom Distribution Scheme. Those under 25 diagnosed with Chlamydia will be re-tested 3-months after treatment. There will be a targeted service for Young People aged up to 25 and at risk groups due to being more likely to have poor sexual health including higher rates of Sexually Transmitted Infections, and abortions than older people. STI's disproportionately affect the younger population and the open-access service combined with targeted interventions for under-25's aims to improve this. The Provider shall find innovative methods for delivering the ISHS specifically to meet the sexual health and contraceptive needs of young people. This will include a wide range of digital solutions.</p> <p>The service is provided on an open access basis and available to anyone requiring care, irrespective of their age, gender, place of residence or GP registration, without referral in line with</p>



			<p>the National Integrated Sexual Health Services specification (2018).</p> <p>Throughout COVID-19, YorSexualHealth introduced a mobile number specifically for younger people to be able to contact the service in a means that is accessible for them, i.e. text messaging. This mobile number will continue to be utilised by the service to make the service as accessible as possible.</p> <p>North Yorkshire is due to see an increase in the older population by 19.8% in the 65-84 age group and 42.6% in the 85+ age group between 2020 and 2030. In contrast, a reduction in the 45-64 age group by 9.8% is expected in the same period.</p>
Disability	X		<p>The ISHS is an open access service – available to all who need it. We currently have no evidence of an impact in relation to disability. The successful provider will be expected to meet all requirements around the Equality Act 2010 to ensure their services are accessible to people with a disability. This is built into the service specification.</p> <p>The ISHS will actively work towards providing sexual health information and advice in order to increase knowledge and understanding of sexual health issues with a specific focus on high-risk groups including those with learning disabilities or mental health conditions. This will require resources and webpages to be produced in a range of texts accessible to those with learning disabilities.</p> <p>Each premises will be fit for purpose for the services delivered in that particular location, be well maintained and compliant with Disability Discrimination Act (DDA).</p> <p>The Provider will deliver a Specialist Clinical and Community Outreach Team to provide services to the most complex, young people and adults. This will include, but is not limited to, people with</p>

			<p>learning disabilities, mental health problems and military populations including in Catterick and Harrogate.</p> <p>The provider will ensure there are referral routes to receive patients with disabilities including learning disabilities and also the ability to refer on and signpost to additional services for support to ensure a continued pathway of care.</p> <p>Service user feedback and engagement through the provider will be conducted with a variety of groups including those with disabilities and learning disabilities. The provider will ensure they have processes in place for routinely seeking and recording feedback to demonstrate how this informs their practices and service development. This information will be published within their annual report.</p>
Sex	X		<p>The ISHS is an open access service – available to all who need it.</p> <p>The service offers the full range of contraceptive services including a free condom distribution scheme and LARC (Long Acting Reversible Contraception).</p> <p>Nationally there is significant variance in the diagnosis of STI's in males and females. In 2019, Chlamydia was diagnosed 83,515 times in males and 81,741 times in females in England. Gonorrhoea diagnoses in males was 50,418 and 18,792 in females. There were 11,832 Herpes (first episode) diagnoses in men and 21,814 in women. Syphilis is diagnosed more commonly in males (7,094 in 2019) compared to females (666). Nationally the total STI diagnoses rates are similar for males and females with 181,907 new diagnoses in males in 2019 and 143,799 in females, however there are variations as outlined above in individual STIs.</p>
Race	X		<p>The ISHS is an open access service – available to all who need it.</p> <p>Ethnic diversity varies between districts, with Harrogate having the biggest number of those not in the non-white</p>

				<p>categories; however, Richmondshire has the greatest proportion of BME groups in the County, with non-white groups making up 4.6% of the population. Ryedale is the least diverse district, with only 1.3% of the population being non-white.</p> <p>The 2011 census data indicates that North Yorkshire has a smaller proportion of Black, Asian and Minority Ethnic (BAME) groups than the national average of 14.5% in all districts (Craven 2.7%, Hambleton 1.7%, Harrogate 3.7%, Richmondshire 4.6%, Ryedale 1.3%, Scarborough 2.5%, Selby 1.6%). Within these minority groups, the highest proportion is those in the Asian/Asian British categories, with 1.5% of the Harrogate population falling into this group and 2.4% of the total population of Richmondshire (2011 census).</p> <p>Gonococcal infection (Gonorrhoea) tends to be concentrated in the UK amongst homosexual/bisexual men and black ethnic minority populations. Due to the small overall BAME population in North Yorkshire, it is not possible to comment on the diagnoses of STIs in this population.</p>
Gender reassignment	X			<p>The ISHS is an open access service – available to all who need it. There is currently no data on this group in North Yorkshire.</p> <p>Transgender persons are amongst the most at risk groups of people experiencing a higher risk of poor sexual health outcomes. The provider will ensure that sexual health interventions are available for this group, to reduce their risk of exposure to HIV and other STIs throughout North Yorkshire. In addition the Clinical and Community Outreach Service for Most at Risk Populations will aim to improve their access to HIV/STI diagnostic and treatment interventions.</p>
Sexual orientation	X			<p>The ISHS is an open access service – available to all who need it. There are some groups of individuals or communities that are at higher risk of poor sexual health outcomes due to their</p>

				<p>risk taking behaviours or lifestyles this includes the LGBTQ+ community and MSM. The Provider shall ensure that sexual health interventions are targeted at groups at high risk of exposure to HIV and other STIs in North Yorkshire.</p> <p>HIV infection also has an unequal impact on Men who have Sex with Men (MSM), they are also disproportionately affected by STIs. Public health interventions will be targeted at key prevention groups including MSM and LGBTQ+.</p> <p>New HIV diagnoses among MSM has decreased by almost a third (31%) since 2015 to 2,330 diagnoses in 2017. The number of gay and bisexual men newly diagnosed with HIV dropped by 28% outside of London from 1,618 to 1,167 in 2017<sup>7</sup>. The North Yorkshire rates have not decreased as significantly and instead seem to be relatively stable (<i>North Yorkshire Sexual Health Needs Assessment, 2019</i>).</p> <p>There will be a targeted offer for Hepatitis A and B vaccination for those most-at risk including MSM with multiple sexual partners.</p>
Religion or belief	X			The ISHS is an open access service – available to all who need it. We currently have no evidence of an impact in relation to religion or belief. Open access services will be available in each North Yorkshire district. The provider will be expected to meet all service user needs relating to religion or belief.
Pregnancy or maternity	X			We have no evidence of an impact in relation to pregnancy/maternity.
Marriage or civil partnership	X			We have no evidence of an impact in relation to marriage or civil partnership.

<b>Section 7. How will this proposal affect people who...</b>	<b>No impact</b>	<b>Make things better</b>	<b>Make things worse</b>	<b>Why will it have this effect? Provide evidence from engagement, consultation and/or service user data or demographic information etc.</b>
..live in a rural area?		X		The provider will ensure that individuals receive the same level of service regardless of location, rurality, socioeconomic status and protected characteristics. North Yorkshire covers

				<p>3,000 square miles ranging from isolated rural settlements and farms to market towns and larger urban conurbations such as Harrogate and Scarborough.</p> <p>The Provider shall address the range of factors that impact on accessibility of the Integrated Sexual Health Service. These include being able to deliver the Integrated Sexual Health Service to a diverse population living in the largest county in England. The geography of North Yorkshire presents practical difficulties in locating services and staff in the best possible locations to enable them to engage with the local community and to respond to service demands. Whilst the scale of local provision should be determined by local need and the requirement to provide value for money, the Provider shall be able to demonstrate reach of the Integrated Sexual Health Service into every District area in North Yorkshire.</p> <p>The specification states that the provider will ensure rapid and easy access to the Integrated Sexual Health Service including in rural areas, delivering services in appropriate settings.</p> <p>Patients will have the option of accessing services without the need for seeing a practitioner and/or attending a clinic. Patients will be provided with information about sexual health, online and telephone triage, signposting to the most appropriate services for their needs and the option of ordering condoms and self-sampling kits for chlamydia, gonorrhoea, syphilis and HIV. Routine STI test results should be available electronically to patients within 72 hours. Patients who are diagnosed with an STI will be offered an appointment within 24 hours or fast tracked. Free online treatment service should be provided where it is clinically safe to do so (e.g. chlamydia), including a follow up procedure and tracking to check the treatment programme has been completed.</p>
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...have a low income?		X	<p>Whilst North Yorkshire is in overall terms more affluent than a typical local authority in England, there are nevertheless areas of profound deprivation, including some parts of the County that are ranked within the 20% most deprived areas in England.</p> <p>Strong links exist between deprivation and STIs. Sexual ill health has broad social and economic costs for society.</p> <p>Treatment provided through the ISHS is free from prescription charges although the Provider shall ensure that Service Users are made aware that if they receive treatment from other settings, such as primary care, charges may apply. In addition Emergency Hormonal Contraception (EHC) is available free of charge to young people in North Yorkshire aged 14-24 from participating pharmacies (under the Primary Care contract).</p> <p>The funding received for the ISHS pays for residents of North Yorkshire only. However, the Provider shall provide a free, open access, ISHS to anyone that attends without referral, irrespective of their place of residence or GP registration. The Provider shall have in place cross charging mechanisms for charging other Local Authorities for out of area attendances.</p>
...are carers (unpaid family or friend)?			<p>The ISHS is an open access service – available to all who need it.</p> <p>For those individuals who have caring responsibilities for others, it's important that the ISHS is able to provide an equitable level of service that works for them.</p> <p>The Provider shall ensure the Integrated Sexual Health Service is available throughout the year, at times that increase its accessibility to Service Users.</p> <p>A virtual first telephone line or online access for advice, tests and results make the ISHS more accessible for those with limited time for travel.</p>

				<p>The provider is able to offer a personalised and tailored level of support dependent upon need for as long as this is required and they continue to wish to access it. The Provider shall take into account any responsibilities under The Care Act 2014.</p> <p>If they know you are a carer and likely to be under pressure at times, they will be able to offer more tailored advice and, if necessary, provide more support when they diagnose and treat you in the future. This could include, but is not limited to, onward referrals for support.</p>
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**Section 8. Geographic impact – Please detail where the impact will be (please tick all that apply)**

North Yorkshire wide	
Craven district	
Hambleton district	
Harrogate district	
Richmondshire district	
Ryedale district	
Scarborough district	
Selby district	
<b>If you have ticked one or more districts, will specific town(s)/village(s) be particularly impacted? If so, please specify below.</b>	

**Section 9. Will the proposal affect anyone more because of a combination of protected characteristics? (e.g. older women or young gay men) State what you think the effect may be and why, providing evidence from engagement, consultation and/or service user data or demographic information etc.**

The North Yorkshire ISHS will retain open access for all people who live in North Yorkshire or are registered with a North Yorkshire GP practice. The service will continue to have a focus on those priority groups who have a higher risk of ill sexual health. The service is offered free of charge at point of access including free prescription costs for associated medicines. All these factors ensure that all regardless of age, gender, income

and other protected characteristics as outlined by the 2010 Equality Act will be able to access the service.

The service will be insight led and this should be a continuous process throughout the partnership, to ensure the service is working hard for the population it serves. The service will be expected to monitor its population and be led by need, this means the service will target age groups with highest STI prevalence, maintain focus on additional at risk groups and follow technology changes for online testing. The service provider will be expected to meet all requirements of Equality Act 2010.

The rural nature of North Yorkshire can sometimes adversely impact on populations in terms of access to services, to mitigate against this potential impact the service specification details what the provider must put in place such as online signposting and information, an online booking system, a one-stop service where appropriate and online testing, in addition to minimum travel times for face to face appointments.

<b>Section 10. Next steps to address the anticipated impact. Select one of the following options and explain why this has been chosen. (Remember: we have an anticipatory duty to make reasonable adjustments so that disabled people can access services and work for us)</b>	<b>Tick option chosen</b>
1. <b>No adverse impact - no major change needed to the proposal.</b> There is no potential for discrimination or adverse impact identified.	<b>X</b>
2. <b>Adverse impact - adjust the proposal</b> - The EIA identifies potential problems or missed opportunities. We will change our proposal to reduce or remove these adverse impacts, or we will achieve our aim in another way which will not make things worse for people.	
3. <b>Adverse impact - continue the proposal</b> - The EIA identifies potential problems or missed opportunities. We cannot change our proposal to reduce or remove these adverse impacts, nor can we achieve our aim in another way which will not make things worse for people. (There must be compelling reasons for continuing with proposals which will have the most adverse impacts. Get advice from Legal Services)	
4. <b>Actual or potential unlawful discrimination - stop and remove the proposal</b> – The EIA identifies actual or potential unlawful discrimination. It must be stopped.	
<p><b>Explanation of why option has been chosen.</b> (Include any advice given by Legal Services.)</p> <p>The ISHS is refreshed on a specification largely the same as the existing specification of which the ISHS is currently being delivered in North Yorkshire.</p>	

**Section 11. If the proposal is to be implemented how will you find out how it is really affecting people? (How will you monitor and review the changes?)**

Quarterly performance reporting to ensure the provider is delivering to the service specification and performance and outcome framework.

Annual S75 reviews will be a further opportunity to explore service impact on our population.

The service will be insight led, will collect feedback from its service users and make improvements based on the feedback.



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**Section 12. Action plan.** List any actions you need to take which have been identified in this EIA, including post implementation review to find out how the outcomes have been achieved in practice and what impacts there have actually been on people with protected characteristics.

Action	Lead	By when	Progress	Monitoring arrangements
Quarterly reporting	Provider/ED	Quarterly		Performance report
Annual S75 reviews	Provider/ED/Contracting	Annually		S75 review
Service insight	Provider	Quarterly		Performance report
Service user feedback	Provider	Quarterly		Performance report

**Section 13. Summary** Summarise the findings of your EIA, including impacts, recommendation in relation to addressing impacts, including any legal advice, and next steps. This summary should be used as part of the report to the decision maker.

The North Yorkshire ISHS will retain open access for all people who live in North Yorkshire or are registered with a North Yorkshire GP practice. The service will continue to have a focus on those priority groups who have a higher risk of ill sexual health. The service is offered free of charge at point of access including free of prescription costs for associated medicines. All these factors ensure that all regardless of age, gender, income and other protected characteristics as outlined by the 2010 Equality Act will be able to access the service.

The service will be insight led and this should be a continuous process throughout the contract, to ensure the service is working hard for the population it serves. The service will be expected to monitor its population and be led by need, this means the service will target age groups with highest STI prevalence, maintain focus on additional at risk groups and follow technology changes for online testing.

North Yorkshire County Council and the provider will ensure annual reports make reference to ongoing work with those most at risk groups as identified from the national service specification, the North Yorkshire Sexual Health Needs Assessment and protected characteristics as defined in the 2010 Equality Act.

#### Section 14. Sign off section

This full EIA was completed by:

**Name: Emma Davis and Dan Atkinson**

**Job title: Health Improvement Manager, Health Improvement Officer**

**Directorate: Health and Adult Services (Public Health)**

**Signature:**



**Completion date: 30 June 2021**

**Authorised by relevant Assistant Director (signature):**

**Date:**

**19 November 2021**

**NORTH YORKSHIRE COUNTY COUNCIL**  
**INFORMAL MEETING OF EXECUTIVE MEMBERS**

**30 November 2021**

**Appointments to Committees and Outside Bodies**

Report of the Assistant Chief Executive (Legal and Democratic Services)

**1.0 PURPOSE OF THE REPORT**

1.1 To enable appointments to Committees and Outside Bodies to be considered.

**2.0 MEMBERSHIP OF OUTSIDE BODIES BY THE PORTFOLIO HOLDER FOR OPEN TO BUSINESS**

2.1 On 24 August 2021, County Councillor Derek Bastiman was appointed the Executive Member for Open to Business, including growth, economic development, planning, waste management, trading standards unit and business relations, in place of County Councillor Andrew Lee. The following appointments to Outside Bodies need to be amended, as a result:

- York and North Yorkshire LEP Infrastructure Board – Cllr Derek Bastiman to replace Cllr Andrew Lee
- Welcome to Yorkshire – Cllr Derek Bastiman to replace Cllr Andrew Lee as the substitute member
- Yorventure Management Group – Cllr Derek Bastiman to replace Cllr Andrew Lee as the substitute member.

**3.0 IMPLICATIONS**

3.1 There are no equalities, finance, legal or climate change implications arising from the recommendations in this report.

**4.0 RECOMMENDATION**

4.1 That the Executive approve the changes to the appointments as described in paragraph 2.1.

Barry Khan  
Assistant Chief Executive (Legal and Democratic Services)  
County Hall, Northallerton  
19 November 2021

Report Author:

Daniel Harry  
Democratic Services and Scrutiny Manager

Background documents: None

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## FORWARD PLAN

The decisions likely to be taken by North Yorkshire County Council in the following 12 months are set out below:

Publication Date: 22 November 2021

Last updated: 22 November 2021

Period covered by Plan: 30 November 2022

### PLEASE NOTE:-

During the continuing Covid-19 pandemic, following the expiry of the legislation permitting remote committee meetings, remote live-broadcast committee meetings will continue, but with any formal decisions required being taken by the Chief Executive Officer under his emergency decision-making powers in the Officers' Delegation Scheme, following consultation with Officers and Members as appropriate and after taking into account any views of the relevant Committee Members.

In accordance with the Local Authorities (Executive Arrangements)(Meetings and Access to information)(England) Regulations 2012, at least **28 clear days' notice**, excluding the day of notification and the day of decision taking, must be published on the Forward Plan of any intended key decision. It is also a requirement that **28 clear days' notice** is published of the intention to hold a Executive meeting or any part of it in private for the consideration of confidential or exempt information. For further information and advice please contact the Democratic Services and Scrutiny Manager on 01609 533531.

**FUTURE DECISIONS**

<b>Likely Date of Decision</b>	<b>**Decision Taker</b>	<b>In Consultation with</b> (Executive Member or Corporate Director)	<b>Description of Matter</b> – including if the report contains any exempt information and the reasons why	<b>Key Decision</b> <b>YES/NO</b>	<b>Decision Required</b>	<b>Consultees</b> (i.e. the principal groups to be consulted)	<b>Consultation Process</b> (i.e. the means by which any such consultation is to be undertaken)	<b>Contact details for making representations</b> (Tel: 0845 034 9494) unless specified otherwise)	<b>Relevant documents already submitted to Decision Taker</b>
30 Nov 2021	Executive		Sexual Health Service - service model consultation feedback and Draft Section 75 with York and Scarborough Teaching Hospital NHS Foundation Trust	Yes	To request agreement to move forward with the accepted service model. Approval of the draft section 75 and decision to consult on the section 75 with York and Scarborough Teaching Hospital NHS Foundation Trust.	York and Scarborough Teaching Hospital NHS Foundation Trust	Published via the Council's website	Emma Davis, Health Improvement Manager & Katie Needham, Public Health Consultant, Health and Adult Services 01609 797063 / 01609 797154	
30 Nov 2021	Executive		Annual complaints report including LGSCO complaints	No	Information only.	None.	None.	Dani Reeves, Senior Officer, Chief Executive's Office dani.reeves@northyorks.gov.uk (01609 532272)	
30 Nov 2021	Executive		Review of Personal Safety Measures for County Councillors	No	An overview of the measures currently in place for County Councillors to keep them safe when undertaking their duties and to highlight further action to be taken.	Group Leaders, Health and Safety and Management Board	By email	Daniel Harry, Democratic Services and Scrutiny Manager daniel.harry@northyorks.gov.uk	
30 Nov 2021	Executive		Appointments to Committees and Outside Bodies	No	With recent changes to Executive portfolios it is now necessary to amend the existing appointments to some outside bodies.	Executive	Email correspondence	Daniel Harry, Democratic Services & Scrutiny Manager daniel.harry@northyorks.gov.uk	

**FUTURE DECISIONS**

<b>Likely Date of Decision</b>	<b>**Decision Taker</b>	<b>In Consultation with</b> (Executive Member or Corporate Director)	<b>Description of Matter</b> – including if the report contains any exempt information and the reasons why	<b>Key Decision YES/NO</b>	<b>Decision Required</b>	<b>Consultees</b> (i.e. the principal groups to be consulted)	<b>Consultation Process</b> (i.e. the means by which any such consultation is to be undertaken)	<b>Contact details for making representations</b> (Tel: 0845 034 9494) unless specified otherwise)	<b>Relevant documents already submitted to Decision Taker</b>
30 Nov 2021	Executive		Dementia care facility in Harrogate	Yes	To seek approval to construct and operate an NYCC owned dementia care facility in Harrogate	Other service providers Service users CQC Harrogate BC Local community	Formal consultation process in line with governance. Informal Open days. Community meetings	Dale Owens, AD Prevention & Service Development, Commissioning (HAS)	
7 Dec 2021	Chief Executive Officer		Q2 Performance Monitoring & Budget Report	No	Financial and Performance Monitoring report including: Revenue Plan; Capital Plan; Treasury Management & Prudential Indicators	Management Board		Gary Fielding, Corporate Director for Strategic Resources Gary.Fielding@northyorks.gov.uk	Previous Quarterly Reports
7 Dec 2021	Chief Executive Officer		Director of Public Health Annual Report	No	For Executive to note the statutory annual report of the Director of Public Health for North Yorkshire			Louise Wallace, AD Health and Integration louise.wallace@northyorks.gov.uk	
7 Dec 2021	Chief Executive Officer		Safe accommodation for victims of Domestic Abuse and their families	Yes	To agree a strategy on safe accommodation for victims of Domestic Abuse and their families	Cross-directorate NYCC, City of York Council, Office of the PFCC, North Yorkshire Police, district council leads, providers of current DA services (other key stakeholders)	Multi-agency workshops, representation at relevant partnership meetings, single agency/ provider discussions, via emails	Odette Robson, Head of Safer Communities odette.robson@northyorks.gov.uk	

**FUTURE DECISIONS**

<b>Likely Date of Decision</b>	<b>**Decision Taker</b>	<b>In Consultation with</b> (Executive Member or Corporate Director)	<b>Description of Matter</b> – including if the report contains any exempt information and the reasons why	<b>Key Decision YES/NO</b>	<b>Decision Required</b>	<b>Consultees</b> (i.e. the principal groups to be consulted)	<b>Consultation Process</b> (i.e. the means by which any such consultation is to be undertaken)	<b>Contact details for making representations</b> (Tel: 0845 034 9494) unless specified otherwise)	<b>Relevant documents already submitted to Decision Taker</b>
						in DA strategic partnership meetings) independent housing providers			
7 Dec 2021	Chief Executive Officer		Outbreak Management Peer Challenge	No	Executive to note, to formally receive and accept the Outbreak Management Peer Challenge final report.	N/A	N/A	Richard Webb, Corporate Director of Health and Adult Services richard.webb@northyorks.gov.uk	
11 Jan 2022	Executive		Re-procurement or in-sourcing of Shared Lives Scheme	Yes	To seek approval to re-procure or in-source the Shared Lives Scheme	No formal consultation. An engagement process will take place with interested parties.	N/A	Adam Gray, Commissioning Manager, Health and Adult Services 01609 797276	
11 Jan 2022	Executive		Healthy Child Programme - Emotional Health and Wellbeing	Yes	To inform Executive of the Emotional Health and wellbeing Section 75 consultation feedback and to request formal approval to move to a Partnership agreement	North Yorkshire Clinical Commissioning Group	Published via the Council's website	Victoria Ononeze, Public Health Consultant, Michael Rudd, Head of Housing Marketing Development (Commissioning) Health and Adult Services 01609 535347,	



**FUTURE DECISIONS**

<b>Likely Date of Decision</b>	<b>**Decision Taker</b>	<b>In Consultation with</b> (Executive Member or Corporate Director)	<b>Description of Matter</b> – including if the report contains any exempt information and the reasons why	<b>Key Decision</b> <b>YES/NO</b>	<b>Decision Required</b>	<b>Consultees</b> (i.e. the principal groups to be consulted)	<b>Consultation Process</b> (i.e. the means by which any such consultation is to be undertaken)	<b>Contact details for making representations</b> (Tel: 0845 034 9494) unless specified otherwise)	<b>Relevant documents already submitted to Decision Taker</b>
11 Jan 2022	Executive		Admission Arrangements 2023/2024	Yes	To seek views from Members on the response to the proposed admission arrangements for Community and Voluntary Controlled schools for the school year 2023/2024 and approval for recommendation to the County Council for determination.	Schools and members of the public	Public consultation via the website	William Burchill william.burchill@northyorks.gov.uk	
11 Jan 2022	Executive		Special School Budgets	Yes	To approve final details of the Special Schools Budgets 2022-23 including: - The level at which the minimum funding guarantee (MFG) protection is set for special schools. - Banded values for Element 3 top up funding	North Yorkshire Special Schools and Governing Bodies, North Yorkshire Schools Forum	Consultation with all special schools and special academies and discussion at North Yorkshire Schools Forum. In writing to Howard Emmett, Assistant Director, Strategic Resources – or by email to: howard.emmett@northyorks.gov.uk	Howard Emmett howard.emmett@northyorks.gov.uk	
11 Jan 2022	Executive		Schools Budgets	Yes	To approve final details of the Schools Block/DSG budgets for 2022/23 for submission to the Department for	All schools and Governing Bodies, North	Consultation with all mainstream schools and mainstream academies and	Howard Emmett howard.emmett@northyorks.gov.uk	

**FUTURE DECISIONS**

<b>Likely Date of Decision</b>	<b>**Decision Taker</b>	<b>In Consultation with</b> (Executive Member or Corporate Director)	<b>Description of Matter</b> – including if the report contains any exempt information and the reasons why	<b>Key Decision YES/NO</b>	<b>Decision Required</b>	<b>Consultees</b> (i.e. the principal groups to be consulted)	<b>Consultation Process</b> (i.e. the means by which any such consultation is to be undertaken)	<b>Contact details for making representations</b> (Tel: 0845 034 9494) unless specified otherwise)	<b>Relevant documents already submitted to Decision Taker</b>
Page 66					Education including Minimum Funding Guarantee (MFG)	Yorkshire Schools Forum	discussion at North Yorkshire Schools Forum. In writing to Howard Emmett, Assistant Director, Strategic Resources or by email to: howard.emmett@northyorks.gov.uk		
6 Jan 2022	Executive		Approval of a new 20mph speed limit policy	Yes	Approval sought for a new 20mph speed limit policy following TEE Overview			David Kirkpatrick david.kirkpatrick@northyorks.gov.uk	
11 Jan 2022	Executive		A59 Kex Gill Diversion Contract Award	Yes	To inform members of the outcome of the tendering process and seek approval to award the A59 Kex Gill diversion contract	Executive Members and Management Board at the informal Executive meeting held 6 July 2021	N/A	Mark Hugill, Senior Engineer, Highways & Transportation mark.hugill@northyorks.gov.uk	
25 Jan 2022	Executive		Draft Revenue Budget 2022/23 & Medium Term Financial Strategy (MTFS)	No	To consider and recommend to County Council the Revenue Budget 2022/23 and the Medium Term Financial Strategy (MTFS) including the: <ul style="list-style-type: none"> <li>• Revenue Plan</li> <li>• Capital Plan</li> </ul>	All members	Budget consultation process	Gary Fielding, Corporate Director for Strategic Resources Gary.Fielding@northyorks.gov.uk	

**FUTURE DECISIONS**

<b>Likely Date of Decision</b>	<b>**Decision Taker</b>	<b>In Consultation with</b> (Executive Member or Corporate Director)	<b>Description of Matter</b> – including if the report contains any exempt information and the reasons why	<b>Key Decision</b> <b>YES/NO</b>	<b>Decision Required</b>	<b>Consultees</b> (i.e. the principal groups to be consulted)	<b>Consultation Process</b> (i.e. the means by which any such consultation is to be undertaken)	<b>Contact details for making representations</b> (Tel: 0845 034 9494) unless specified otherwise)	<b>Relevant documents already submitted to Decision Taker</b>
					<ul style="list-style-type: none"> <li>• Treasury Management</li> <li>• Prudential Indicators</li> </ul>				
25 Jan 2022	Executive		Council Plan 2022-2026	Yes	To consider Council Plan 2022-2026	Corporate and Partnerships Overview and Scrutiny Committee. Management Board.	Meetings.	Neil Irving, Assistant Director - Policy, Partnerships and Communities neil.irving@northyorks.gov.uk	
25 Jan 2022	Executive		Consideration of proposed amendments to the Council's Constitution for recommendation to full Council.	Yes	Subject to any comments Members may have, to recommend the proposed amendments to the Constitution to full Council for approval.	Relevant NYCC Officers and Members  The Members' Working Group on the Constitution	Correspondence and meetings	Daniel Harry, Democratic Services and Scrutiny Manager daniel.harry@northyorks.gov.uk	
25 Jan 2022	Executive		Proposed amendments to the Council's Members' Code of Conduct and consequential amendments to the Constitution for recommendation to full Council	Yes	Subject to any comments Members may have, to recommend the proposed amendments to full Council for approval.	Relevant NYCC Officers and Members Standards Committee The Members' Working Group on the Constitution	Correspondence and meetings	Moira Beighton moira.beighton@northyorks.gov.uk	

**FUTURE DECISIONS**

<b>Likely Date of Decision</b>	<b>**Decision Taker</b>	<b>In Consultation with</b> (Executive Member or Corporate Director)	<b>Description of Matter</b> – including if the report contains any exempt information and the reasons why	<b>Key Decision</b> <b>YES/NO</b>	<b>Decision Required</b>	<b>Consultees</b> (i.e. the principal groups to be consulted)	<b>Consultation Process</b> (i.e. the means by which any such consultation is to be undertaken)	<b>Contact details for making representations</b> (Tel: 0845 034 9494) unless specified otherwise)	<b>Relevant documents already submitted to Decision Taker</b>
25 Jan 2022	Executive		Proposed addition of e-petitions function to the Council's existing paper-based petitions scheme	No	To propose that the e-petitions function in the committee management system be enabled and run alongside the existing paper-based petitions scheme.	Management Board	Emails.	Daniel Harry, Democratic Services and Scrutiny Manager daniel.harry@northyorks.gov.uk	
25 Jan 2022	Executive		Re-procurement of the Adult Social Care Approved Provider Lists	Yes	To approve the re-procurement of the Adult Social Care Approved Provider Lists for Home based support/ Residential and Nursing/ Supporting Independence/ Supported living	Independent Care Group and other interested parties and providers	Comprehensive market engagement via meetings and the council website	Abigail Barron, Head of Countywide Commissioning, Health and Adult Services abigail.barron@northyorks.gov.uk	
25 Jan 2022	Executive		Care market proposals for South Craven	No	To update Executive on proposals for the development of the adult social care market in South Craven and secure formal approval for the proposals	Local stakeholders	Stakeholder meetings	Michael Rudd, Head of Housing Marketing Development (Commissioning), Health and Adult Services <a href="mailto:michael.rudd@northyorks.gov.uk">michael.rudd@northyorks.gov.uk</a>	
25 Jan 2022	Executive		Adoption of Minerals and Waste Joint Plan	Yes	To approve the adoption of the Minerals and Waste Joint Plan			Rachel Pillar rachel.pillar@northyorks.gov.uk	
22 Feb 2022	Executive		Q3 Performance Monitoring and	No	Financial and Performance	Management Board.		Gary Fielding, Corporate	

**FUTURE DECISIONS**

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			Budget Report		Monitoring report including: Revenue Plan; Capital Plan; Treasury Management and Prudential Indicators.			Director for Strategic Resources gary.fielding@northyorks.gov.uk	
22 Feb 2022	Executive		Harrogate Grove Road and Woodfield Community Primary Schools	Yes	(Subject to the approval by the Executive Member for Education and Skills on 23 November 2021 to authorise consultation on these proposals) To publish statutory proposals to amalgamate Grove Road and Woodfield Community Primary Schools, through the technical closure of Woodfield Community Primary School as a separate entity from 31 August 2022, and the enlargement of premises and expansion onto the Woodfield site of Grove Road Community Primary School from 1 September 2022.	Parents, Staff, Governors, Local Elected Members, District Council, Diocesan Boards and other local stakeholders.	Public consultation from 2 December to 28 January. Statutory proposals will be published on NYCC website. Statutory notice will be published in local newspaper and placed on schools gates. Statutory proposals representation period from 3 March to 31 March. In writing to the Corporate Director-Children and Young People's Service, County Hall, Northallerton, DL7 8AE, or by email to schoolorganisation@northyorks.gov.uk by 31 March 2022	Andrew Dixon, Strategic Planning Manager, Education & Skills andrew.dixon@northyorks.gov.uk	

**FUTURE DECISIONS**

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22 Mar 2022	Executive		To inform Executive of the Sexual Health Service Section 75 consultation feedback and to request formal approval to move to a Partnership agreement	Yes	Approve the final model and section 75 to move to Partnership model.	York and Scarborough Teaching Hospital NHS Foundation Trust	Published via the Council's website	Emma Davis, Health Improvement Manager & Katie Needham, Public Health Consultant, Health and Adult Services 01609 797063/01609 797154,	
22 Mar 2022	Executive		Welburn Hall - outcome of public consultation	Yes	Feedback on outcomes of public consultation and approval to progress to implementation of proposals	Parents / Carers, children and young people, Professionals , North Yorkshire schools and special schools.		Chris Reynolds, Head of SEND Strategic Planning and Resources chris.reynolds@northyorks.gov.uk	
22 Mar 2022	Executive		Weaverthorpe CE VC Primary School	Yes	(This decision is subject to the approval by the Executive Member for Education and Skills on 7 December 2021 to authorise consultation on this proposal) To publish statutory	Parents, Staff, Governors, Local Elected Members, District Council, Diocesan Boards and	Public consultation from 7 January to 18 February 2022. Statutory proposals to be published on NYCC website. Statutory notice to be published in local newspaper	Andrew Dixon, Strategic Planning Manager, Education & Skills andrew.dixon@northyorks.gov.uk	

**FUTURE DECISIONS**

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Page 71					proposals and notice for the proposal to close Weaverthorpe CE VC Primary School on 31 August 2021.	other local stakeholders.	and placed on the school gate. Statutory proposals representation period from 1 April to 29 April 2022. In writing to the Corporate Director-Children and Young People's Service, County Hall, Northallerton, DL7 8AE, or by email to: schoolorganisation@northyorks.gov.uk by 29 April 2022		
22 Mar 2022	Executive		Redeployment of land to the north and south of Crosshills Lane, Selby	Yes	To approve the proposed redeployment of the property	Executive members & Management Board at the informal Executive meeting held 8 June 2021		Philip Cowan, Non-Operational Property Manager, NYCC Property Services Philip.Cowan@northyorks.gov.uk	
22 Mar 2022	Executive		Children and Young People's Service, Planning of School Places - Basic Need Capital Programme 2022/25	Yes	To approve the Basic Need Capital Programme 2022/25 for the purpose of planning future school places	Not applicable	Not applicable	Andrew Dixon, Strategic Planning Manager, Education & Skills andrew.dixon@northyorks.gov.uk	

**FUTURE DECISIONS**

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19 Apr 2022	Executive		Children and Young People’s Service, Capital investment in schools	Yes	To brief Executive on the approach for good estate management of NYCC maintained schools, and to seek approval for the categories of projects to be prioritised for capital investment	Schools Forum followed by wider distribution to NYCC maintained schools	Schools Forum meeting on 20 Jan 2022. Schools consulted between 24 Jan - 21 Feb 2022. In writing by email: Andrew.dixon@northyorks.gov.uk	Andrew Dixon, Strategic Planning Manager, Education & Skills andrew.dixon@northyorks.gov.uk	
24 May 2022	Executive  Note: if there are no objections to the statutory proposals, the Executive Member for Education and Skills will take this decision).		Closure proposal for Weaverthorpe CE VC Primary School	Yes	The decision is also subject to the approval by Executive on 22 March 2022 to publish statutory proposals. Following the publication of statutory proposals, to determine whether to close Weaverthorpe CE VC Primary School with effect from 31 August 2022.	Parents, Staff, Governors, Local Elected Members, District Council, Diocesan Boards and other local stakeholders.	Public consultation 7 Jan-18 Feb 2022 Statutory proposals published on NYCC website. Statutory proposals representation period from 1 - 29 2022. In writing to the Corporate Director- Children and Young People’s Service, County Hall, Northallerton, DL7 8AE, or by email to schoolorganisation@northyorks.gov.uk by 29 April 2022	Andrew Dixon, Strategic Planning Manager, Education & Skills andrew.dixon@northyorks.gov.uk	
31 May 2022	Executive		Children and Young People’s Service, Schools Condition Capital Programme	Yes	To approve the detailed Schools Condition Capital Programme 2022/23	North Yorkshire Schools Forum	Item at Schools Forum meeting on 19 May 2022	Andrew Dixon, Strategic Planning Manager, Education & Skills	



**FUTURE DECISIONS**

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			2022/23					andrew.dixon@northyorks.gov.uk	

Should you wish to make representation as to the matter being discussed in public please contact Daniel Harry  
 Email: (daniel.harry@northyorks.gov.uk) Tel: 01609 533531.

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