

Notice of a public meeting of Scrutiny of Health Committee

- To:** Councillors Liz Colling (Vice-Chair),
Caroline Dickinson, Richard Foster, Sam Gibbs,
Peter Lacey, Andrew Lee (Chairman), John Mann,
Rich Maw, Heather Moorhouse, Andrew Murday,
David Noland, Clive Pearson, Andy Solloway,
Nick Brown and Andy Paraskos.
- Date:** Friday, 8th March, 2024
- Time:** 10.00 am
- Venue:** The Brierley Room, County Hall, Northallerton, DL7
8AD

Members of the public are entitled to attend this meeting as observers for all those items taken in open session. Please contact the Democratic Services Officer whose details are at the foot of the first page of the Agenda if you would like to find out more.

This meeting is being held as an in-person meeting.

Recording is allowed at Council, committee and sub-committee meetings which are open to the public, please give due regard to the Council's protocol on audio/visual recording and photography at public meetings. Anyone wishing to record is asked to contact, prior to the start of the meeting, the Democratic Services Officer whose details are at the foot of the first page of the Agenda. We ask that any recording is clearly visible to anyone at the meeting and that it is non-disruptive.

AGENDA

- 1. Minutes of Committee meeting held on 13th December 2023** (Pages 3 - 8)
- 2. Chairman's Announcements**
Any correspondence, communication or other business brought forward by the direction of the Chairman of the Committee.
- 3. Declarations of Interest**
- 4. Public Questions or Statements**
Members of the public may ask questions or make statements at this meeting if they have given notice to Christine Phillipson, Principal Democratic Services Officer (contact details below) no later than midday on Tuesday 5th March 2024. Each speaker should limit himself/herself to 3 minutes on any item. Members of the public who have given

notice will be invited to speak:-

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

5. **Director of Public Health's Annual Report - Summary of the Director of Public Health's Annual Report for Information** (Pages 9 - 76)
6. **Airedale New Hospital Update – Verbal Update from Francesca Hewitt, Senior Programme Manager - Securing the Future, Airedale NHS Foundation Trust**
7. **Neo Natal Services at Airedale** (Pages 77 - 118)
Update on Neo Natal Services from Matthew Babirecki, Consultant Paediatrician, Airedale NHS Foundation Trust, Sam Wallis, Consultant Neonatologist, Bradford Teaching Hospitals Trust and Sarah Halstead, Head of Specialised Commissioning Yorkshire and Humber, NHS England.
8. **Update on the Autism Strategy** (Pages 119 - 130)
Presentation from Naomi Smith, Head of Health and Adult Services Planning, North Yorkshire Council and Kirsty Kitching, Assistant Director for the North Yorkshire Mental Health, Learning Disabilities and Autism Partnership, Humber & North Yorkshire Integrated Care Board.
9. **Committee Work Programme** (Pages 131 - 136)
Report of Christine Phillipson, Principal Democratic Services Officer, North Yorkshire Council
10. **For Information** (Pages 137 - 146)
11. **Other business which the Chairman agrees should be considered as a matter of urgency because of special circumstances**

Barry Khan
Assistant Chief Executive
(Legal and Democratic Services)

County Hall
Northallerton

Thursday, 29 February 2024

North Yorkshire Council

Scrutiny of Health Committee

Minutes of the meeting held on Wednesday, 13th December, 2023 commencing at 10.00 am.

Councillor Andrew Lee in the Chair plus Councillors Caroline Dickinson, Sam Gibbs, Nathan Hull, Peter Lacey, John Mann, Rich Maw, Heather Moorhouse, Andrew Murday, David Noland, Clive Pearson, Andy Solloway, Nick Brown and Malcolm Taylor.

Officers present: Christine Phillipson, Principal Democratic Services and Scrutiny Officer. .

Other Attendees: Lisa Pope, Deputy Director of Primary Care, Community Services and Integration, NHS Humber and North Yorkshire Integrated Care Board. Brian Cranna, Care Group Director of Operations & Transformation, Tees, Esk And Wear Valleys NHS Foundation Trust, Kirsty Kitching, Assistant Director for the North Yorkshire Mental Health, Learning Disabilities and Autism Partnership, Humber and North Yorkshire Health and Care Partnership. Tony Collins, CEO North Yorkshire Hospice Care, Ray Baird, CEO St. Catherine's Hospice and Emma Johnson, CEO St. Leonard's Hospice.

2 members of the public to ask public questions.

Apologies: Councillor Richard Foster. .

Copies of all documents considered are in the Minute Book

274 Minutes of the Meeting held on 8 September 2023

That the minutes of the meeting held on 8th September 2023 be taken as read and be confirmed by the Chairman as a correct record.

Resolved – The minutes are confirmed as correct.

275 Apologies for Absence

Apologies were received from Councillor Kevin Foster with Councillor Malcolm Taylor attending as substitute.

276 Declarations of Interest

There were none.

277 Chairman's Announcements

There were none.

278 Public Participation

There were two public questions received as follows:

Question 1 from Roger Tuckett – as this item is not on the agenda this question will be taken now.

Rising above the details of the draft Strategy itself, will elected NY Council Members

establish an open and transparent Leadership Group, supported by Officers and in partnership with the ICB, which will specifically address the prioritisation of Autism and Neurodiversity support in the region, address allocation of much-needed resources from all sources, and work towards full compliance with all statutory requirements and mandatory national policy guidance?

A response from the Chairman was given as follows;

The Chairman acknowledged Mr Tuckett's comments and feedback and confirmed that his statement has been passed on to the cross-organisational group who are leading the autism strategy consultation so that his points can be considered as part of this process. This group included officers from both North Yorkshire Council and also the Integrated Care Board. You will recall that the Committee discussed this matter at the meeting on 16th Dec 2022. The Committee agreed then that the suggested independent task and finish style select Committee was no longer needed due to the great work undertaken by HAS colleagues as the work completed and the plans for future work covered all the areas of the Committees concerns.

The Committee will be considering the autism strategy at their next meeting in March 2024. Planning for this session was discussed at the mid-cycle briefing in November 2023 with all political parties represented, alongside senior officers from both North Yorkshire Council and Humber & North Yorkshire Integrated Care Board.

Question 2 from Wendy Shortman – this relates to mental health services, specifically in Harrogate. This item is on the agenda, at agenda point 8, so will be taken then.

279 Catterick Integrated Care Campus - A verbal update from Lisa Pope, Deputy Director of Primary Care, Community Services and Integration, NHS Humber and North Yorkshire Integrated Care Board.

Considered – A presentation from Lisa Pope, Deputy Place Director, NHS Humber and North Yorkshire Integrated Care Board.

Lisa updated the Committee on the latest position on Catterick Integrated Care Campus and covered the following main points:

- A reminder that the vision was to deliver a purpose-built, state-of-the-art, health and wellbeing campus which provides high-quality, safe and sustainable primary and community care for the population of Catterick and the surrounding area
- Construction will now commence 4 months earlier than planned
- Community engagement events planned for Apr & May 2024
- The benefits of an integrated model
- The purpose of an integrated care system to
 - improve outcomes in health and healthcare
 - tackle inequalities in outcome, exp and access
 - enhance productivity and value for money
 - help the NHS support broader social and economic development
- A video walk through is available for anyone that would like to view it.

There then followed a discussion raising the following questions and points;

In terms of dentistry and pharmacy was this facility for military personnel only ?

The dentistry element is funded by the MOD and it's difficult to secure civilian dentistry, but the ICB do keep trying.

If pharmacies sell their licence this will not cause a problem but if the licence is surrendered the process will start from scratch to appoint another supplying pharmacy.

Is there a target for appointments and will there be evening and weekend appointments?

All services will be based on need and will include enhanced and out of hours appointments.

Will the campus be delivered within budget?

This is difficult to confirm but there is an agreed cost, and we are passed the peak of inflation.

Resolved – The Chairman thanked Lisa for the very informative presentation and discussion and invited her to return to a future meeting with a further update on the campus.

280 TEWV Well Led Inspection - Brian Cranna

Considered – An update from Brian Cranna, Care Group Director of Operations & Transformation, Tees, Esk And Wear Valley NHS Foundation Trust on the most recent CQC Inspection at West Park Lane Hospital, Darlington.

This covered a high-level summary of the inspection report and points to note were:

- No longer any inadequate “red” ratings
- Most individual ratings had remained the same or improved
- Of the 6 core services inspected 3 overall ratings have improved and 3 have remained the same
- Positive areas have been identified in culture change and risk management amongst many others
- There are still areas to improve, some of these include staffing, complaints procedure and training.

Members were then invited to ask questions and discuss the report, which included:

What is the main element that is stopping the trust achieving good in all areas ?

This is predominantly down to staffing with recruitment, training and retention being the most important key to success. There has been success in recruiting to consultant positions and the trust is working with the ICB to attract staff. The more success the trust achieves, the more staff will be attracted to come and work with them. There is a challenge to retaining skilled staff, particularly in Harrogate and Scarborough, with an added challenge in Scarborough due to a higher level of competition from varying providers.

What is the current level of vacancies in the trust ?

Brian will consult with colleagues and update the committee on this.

It was asked if intensive care patients are placed outside of the region?

This only happens if they initially present out of the area and no transfers are made to other areas due to lack of PICU beds.

There are no closed wards at present and all wards are fit for purpose. The focus is always on allowing patients to remain at home where possible.

It was questioned whether the cost of external support to manage issues is high?

There has been investment from the ICB to improve crisis teams and a national change is in line to deliver crisis support, but joint working with all agencies is highly successful.

Dementia assessment waiting times remain high and Brian will confirm current timescales to the committee. This is a significant issue for TEWV and others which needs to be addressed. There is a pathway for a differing model encompassing multi agencies and the voluntary sector to be live around April 2025, there is good practice to be found and waiting times are variable across the country.

It was suggested that the committee keeps a close eye on this area along with the Care, Independence and Housing committee.

Resolved – The Chairman thanked Brian for the update and requested that the following information is confirmed to the committee.

- The current level of vacancies within the trust
- The trusts current waiting time for dementia assessments.

281 Acute Mental Health Services - Brian Cranna and Kirsty Kitching

The Chair invited Wendy Shortman to ask her question at this point.

We are one of 14 properties which share a boundary with a hospital providing mental health services in Harrogate. It is neither private nor fully NHS run, and as such appears to fall between the gaps.

- We have lived here for 21 years but over the past 3 years in particular we have witnessed a significant increase in the number of seriously distressed and disturbed patients at the hospital whose well-being has concerned us sufficiently for us to not only alert the hospital as to our worries, but also CQC. Our concerns include patients regularly shouting and screaming and in obvious distress over long periods of time, and also the effect this must also have on the other patients being treated there. Also, some patients are secure, but others are able to freely leave the hospital and there have been two escapes in the past 5 months, both which required police involvement. How can this be deemed a safe environment for the people needing this kind of medical help?
- I also question why facilities in North Yorkshire are not used for residents of North Yorkshire? Surely patients should be placed locally wherever possible?
- I would also propose that there should be better liaison between mental health hospitals and local services to ensure that the requirements of both the patients and the community are met.

A response was provided from Brian Cranna, Director of Operations and Transformation, Tees, Esk and Wear Valleys NHS Foundation Trust, North Yorkshire, York and Selby Care Group and Kirsty Kitching, Assistant Director for the North Yorkshire Mental Health, Learning Disabilities and Autism Partnership as follows:

- There has been a huge change in mental health provision over the last three years and where possible patients are not placed out of the area and patients will stay with TEWV and the NHS. No North Yorkshire patients are placed under the care of Cygnet Hospital in Harrogate.
- Occasionally the trust may need to place patients out of the area, this is only utilised when needed short term to protect patient safety but if utilised is only for a matter of days and an emergency provision only. Other trusts do place patients out of their area, using specific hospitals such as Cygnet as an overflow, but TEWV & NY&HICB do not.
- Considered – A presentation from Brian Cranna & Kirsty Kitching on Mental Health Inpatient Service Provision in North Yorkshire.
- Brian and Kirsty updated the Committee on the provision of mental health care and covered the following points:
 - Partnership working
 - The importance of treating people and keeping them a home where possible
 - The vision and priorities for mental health care and how this would be achieved
 - Increase in demand especially for young people and children
 - Funding arrangements
 - Lack of investment

- Key pressure areas
- CQC inspection outcome
- Dementia diagnosis and memory assessment services
- Crisis response

Bed occupancy is near to 100% with length of stay on average being 24 days. Transfer of care remains a challenge due to finding placements that can accommodate some patient's needs.

There then followed a discussion around the following points;

Where do patients go if occupancy is at 100%?

Home based support is utilised, then possibly an independent sector provider but then repatriated at the earliest opportunity.

Is there an adult self-help route for autism?

There is an online platform for autism since November 2022 to screen and prioritise and provide support whilst waiting for treatment. This is a digital option in NY and York only and it is accepted that it is not a good option for all.

Is there still an issue with ADHD medication provision?

This is national problem and Brian would provide more detail on this at a later date.

Resolved – The Chair thanked Brian and Kirsty for the update and suggested they return to a future committee with a further update and asked if further details could be forwarded to the Committee on the issue in obtaining ADHD medication.

282 North Yorkshire Hospice Care

Considered – A presentation from the CEO's of North Yorkshire Hospices. Tony Collins CEO North Yorkshire Hospice Care, Emma Johnson CEO St. Leonards Hospice and Ray Baird CEO St. Catherine's Hospice.

The presentation served to update the committee on the position of the local hospices and end of life providers, the current service development, needs and risks.

This included

- reduced funding availability
- fundraising market no longer productive
- beds under threat
- equity of packages
- high running costs
- no bereavement counselling funding

The cost of providing the services across the 3 hospices is currently circa. £20m with only 27% coming from the NHS, leaving the remainder having to be raised through fundraising.

The funding gap is widening rapidly and there needs to be a fairer funding method for hospices as its currently confusing and complex. There is an immediate need for short term support.

There then followed a discussion where the following points were raised;

- Being an independent provider was still considered an advantage
- Funding was complex and needs to be fairer
- There is a reliance on wealth still
- The Committee were extremely saddened to hear the situation and agreed to help in any way possible
- An indication of services that would potentially be in jeopardy
- Baby boom generation is now of the age where these services will be needed which

- will add additional pressure
- We must do all we can to support
 - Is there a need for joint collaboration with the care and independence committee?
 - Is there national guidance on the NHS spend within mental health?
 - Inconsistencies in the funding from the ICB
 - There is good practice to be shared
 - Benefits of working with other partners
 - Drop in legacy funding will continue
 - Are there other hospices to benchmark ?

Resolved – The Chair thanked Tony, Ray and Emma for the very informative and enlightening presentation and agreed that the Committee would help to raise awareness on the problems being faced and would:

1. Issue a press release to pledge their support to the Hospices
2. The Chair would raise the issues with the ICB at his next scheduled meeting.

283 Work Programme

Considered – The Committee’s work programme.

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

Cllr Maw raised an issue in relation to the pausing of the building of the new Ambulance Station in Scarborough.

This was discussed and agreed that the initial place of review for this would be with the Scarborough and Whitby Area Constituency Committee.

Resolved – Cllr Colling would make contact with YAS and invite them to the ACC meeting in March 2024. This would then be followed up with a report back to the Committee in June.

The Committee discussed the work programme and made no changes at this point.

284 Any Other Items

There were no other items of business.

285 Date of Next Meeting

The next meeting is on Friday 8th March 2024 at 10am in the Brierley Room, County Hall, Northallerton.

The meeting concluded at 12.38 pm.

North Yorkshire Council

Scrutiny of Health

8 March 2024

Director of Public Health Annual Report 2022-2023

Report of the Director of Public Health

1.0 Purpose of report

- 1.1 The purpose of this report is to introduce the Director of Public Health Annual Report 2022-2023: 'In Our Words: a Child's Life in North Yorkshire'.

2.0 Background

- 2.1 The Director of Public Health Annual Report is an independent report on the health of the local population. The Director of Public Health has a duty to write an annual report, whereas the local authority's duty is to publish it¹.

3.0 Issues

- 3.1 The Director of Public Health Annual Report for 2022-2023 tells the story of the 151,000 children and young people aged under 25 who live in North Yorkshire. It reflects on the impact of the last few years, bringing in young people's own words and creativity to help tell the story.
- 3.2 The report follows children through key milestones, and gives an overview of each phase of their life. For each phase, it reflects on health and wellbeing, looking at the key facts and figures, and the story behind the data.
- 3.3 It then explores the two key themes that emerged from initial work to develop the report: the rapid onset of digitisation, and mental health and wellbeing. Examples of innovation to address health inequalities are shared.
- 3.4 The report provides recommendations for all ages and for each life stage. It also gives an update on the recommendations from the DPHAR 2021-22, 'Learning from COVID-19'.
- 3.5 A representative of North Yorkshire's Youth Council, Addison Coudette, joined the Editorial Group and contributed to the development of the report. We are very grateful for his valuable input.

4.0 Milestones

- 4.1 Following the Executive meeting on 23rd January 2024, the report will be published on the North Yorkshire Partnerships website and publicly launched. It will also be shared with Care and Independence Overview and Scrutiny Committee on 28th March 2024.

5.0 Financial implications

¹ Section 73B(5) & (6) of the National Health Services Act 2006, inserted by section 31 of the Health and Social Care Act 2012)

5.1 Whilst there are no specific financial implications in the report, it is intended to inform and influence service design and commissioning decisions for the children and young people's health and social care system, and more widely with system partners.

6.0 Legal implications

6.1 The local authority has a legal duty to publish the Director of Public Health Annual Report, as outlined in the 'Purpose of report' at 2.1 above.

7.0 Climate change implications

7.1 Whilst the report does not focus specifically on climate change, there are some relevant themes, including the importance of outdoor spaces and healthy activity at all life stages, and access to public transport particularly for young people at the secondary and late adolescence/young adult stages.

8.0 Equalities implications

8.1 The report includes consideration of the unequal life chances of some young people, examples of programmes to reduce inequalities, and recommendations for the children and young people's system to consider. It also highlights some differences between groups, for example in emotional resilience between girls and boys.

9.0 Recommendations

9.1 The Committee is asked to:

- i) Note the content of the Director of Public Health Annual Report 2022-2023.
- ii) Consider the recommendations made within the report and how these relate to the whole local authority.

Louise Wallace
Director of Public Health

County Hall
NORTHALLERTON

10 January 2023

Appendix: Director of Public Health Annual Report – 'In Our Words: a Child's Life in North Yorkshire'



In Our Words: a Child's Life in North Yorkshire

Director of Public Health Annual Report 2022-23

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Foreword

Louise Wallace, Director of Public Health



Welcome and thank you for taking the time to read my third Director of Public Health Annual Report for North Yorkshire. This report covers the period from April 2022 to March 2023.

Last year's Annual Report examined the impact of the COVID-19 pandemic on our communities, and reflected on the lessons that we can learn for the future.

We must, working collectively, ensure that our children and young people have the opportunity to grow up healthy, happy and able to fulfil their potential. Being in a position to lead and influence, we have a responsibility to ensure our legacy is a positive one.

So what impact has the pandemic had on the children and young people of North Yorkshire, and what matters to them now? What are the major issues for them and their families that we need to consider and act upon? What is affecting their health? What brings them happiness?

We have heard from children, young people, families and colleagues working with them in developing this report, and I am very grateful to all of those who have shared their views, experiences and creativity. This report, built around those voices, provides an opportunity to highlight key issues and opportunities, and share recommendations for action.

I invite you to join me in our collective endeavours to build a better future for North Yorkshire's children and young people.

Please do share your thoughts about the report and recommendations at: HASConsultation@northyorks.gov.uk



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Update on the recommendations from the previous report

Children and young people were significantly affected by the pandemic, with disruption to their education, their health, and their ability to socialise with their peers and even their own extended families. We need to work hard therefore to ensure that the effects on their development, mental health and wellbeing and school attainment are not lifelong.

I have taken this as the starting point for this year's Director of Public Health Annual Report. Whilst admittedly the saying that 'children are our future' is a cliché, it is nevertheless true.



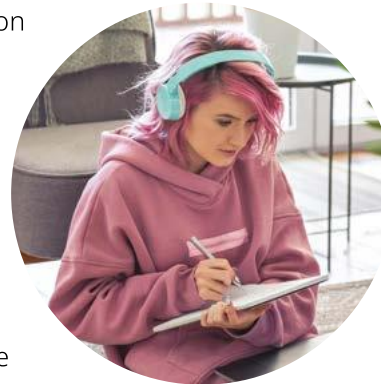
Introduction

In North Yorkshire (NY), we are privileged to serve the 151,000 children and young people aged under 25 residing in our county. Make no mistake, this Director of Public Health Annual Report of 2023 is designed to tell **their** story. We, in the Public Health Children and Young People's (CYP) Team, are not a group concerned so much with services, programmes or projects, but on the lives and wellbeing of young people and how we maximise their potential. Therefore, we have had to consider how to tell that story and how best to represent the effects of the upheaval to which they have been subject for the last few years.

How then to go about telling the story of these young people who have had to contend with so much? We initially took a "kitchen sink approach," looking at every aspect of our young people's lives to determine the points that both the data and they, themselves, were telling us, with two main themes coming through loud and clear: **the rapid onset of digitisation of every aspect of their lives; and mental health and wellbeing.**

The digital revolution has reached into every nook and cranny of the lives of children, young people and their families.

Prior to the pandemic, there was a gradual move to providing groups and interactions online, however, due to the effects of lockdowns, that meandering stroll has transformed into a cacophony of online, digital services, programmes, apps, advice and social interaction – the list is endless. But such a transformative movement has been at the expense of those who, due to geographical logistics, or financial constraints, have had difficulty accessing



the advantages of online delivery. There is a definite disparity between those who find it easier to access services, support and guidance online due to not needing to travel extensively across the county, and those who prefer the social aspects of face-to-face interactions. It should also be noted that not all of the interactions are positive; negative experiences online, including bullying and exploitation, are common.

There is no doubt that the mental health and wellbeing of our children and young people has suffered through the pandemic, compounded by the relentless demands of social media, family worries and the cost of living. Published evidence notes marked increases in anxiety, depression, lethargy and distress, particularly in rural communities and households of low socioeconomic status.² However, how true is this for our county? In North Yorkshire we are fortunate to have active Youth Councils and Youth Voice, as well as the Growing Up in North Yorkshire survey, (completed every two years, most recently in 2022 by over 17,000 young people), allowing us to look at our local trends and areas of concern from a young person's point of view. We therefore have extensive local knowledge around how wellbeing has been affected at different key points in childhood, including for parents and carers.

It is true to say that it is a rare moment in history that an event has a truly global impact, but COVID-19 has certainly done just that. 138 countries implemented national school closures in the first few months of the pandemic, which affected around 80% of the global student population; more than 1.5 billion children and young adults.¹ This does not then include those pre-school children and their families who were also affected. It is only now, after a period of relative calm that we can start to reflect and quantify how the disruptions over the last few years have affected our children, young people and their families.

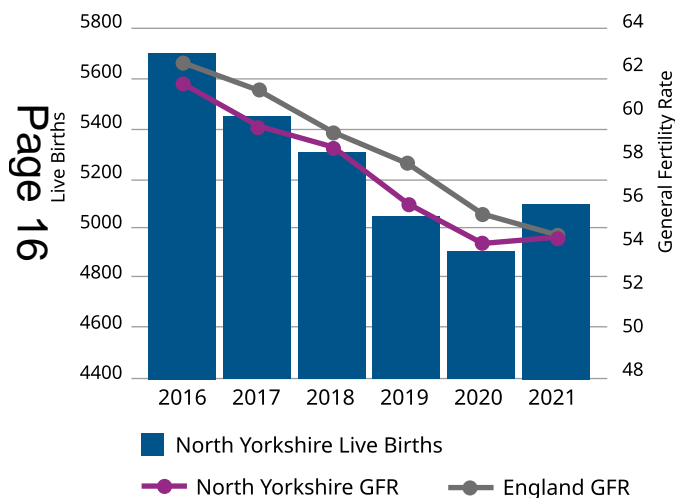
1. United Nations Educational, Scientific and Cultural Organization, (2022). Education: from disruption to recovery. [Education: from school closure to recovery | UNESCO](#)
2. Elharake JA, Akbar F, Malik AA, Gilliam W and Omer SB. (2023) Mental health impact of COVID-19 among children and college students: a systematic review. *Child Psychiatry & Human Development*, 54(3): 913-925.



We also wished to view the childhood life course as a child would see it; we have not split our story into convenient blocks of 5 years or 2 years each. Instead, we have looked at how children's lives are divided. Conception through to the 2nd birthday forms the all-important 1001 days. We have seen the birth rate in North Yorkshire declining until recently, although this varies throughout the county.

Live births and general fertility rate (GFR) 2016-2021

Office for National Statistics



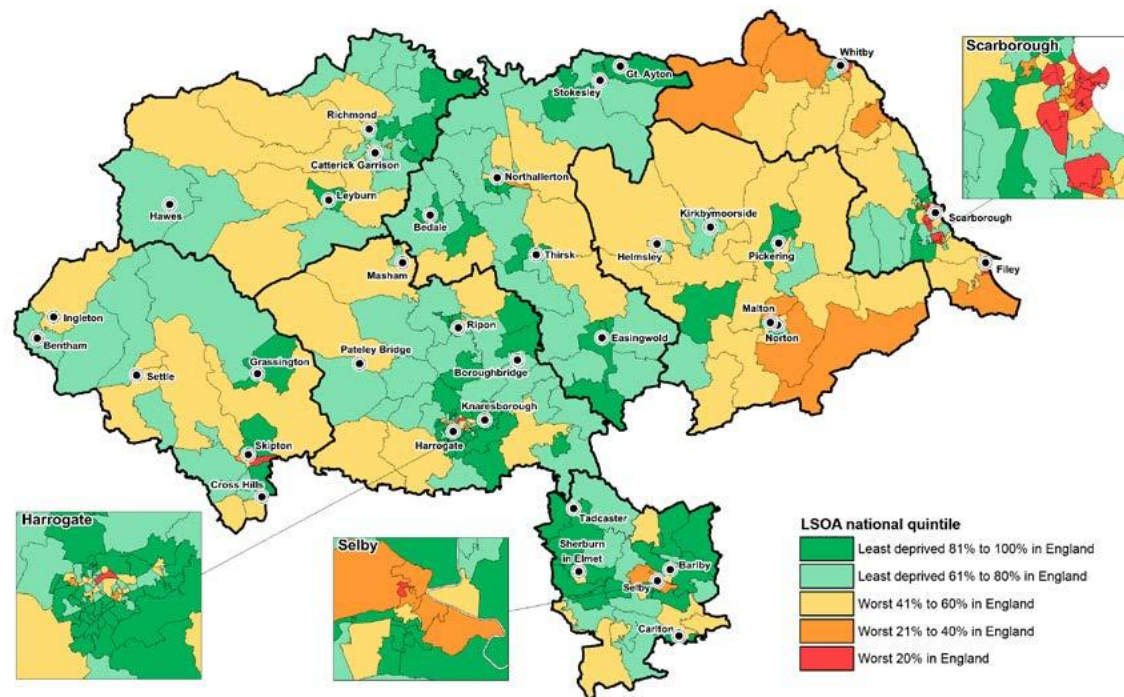
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This is followed by the pre-school years from age 2 until around 4, when school-readiness is key, prioritising language development and family interaction, including the value of good parenting skills. Our children then start school around the age of 5 for their primary years, up until Year 6, when they leave, aged around 11, having gained

a measure of independence and often a mobile phone. Secondary school can then be split into the years up to and including GCSEs, from the ages of 12 to 16, when social media really takes hold. Then Sixth Form, for A levels, or other post-16 education and training, when most are now growing into responsible young adults. Some young people, who have had contact with the care system, or those with Special Educational Needs and Disabilities (SEND), are still provided for by our services until they reach around 25.

Another aspect we cover in our tale is the sheer scale of North Yorkshire, comprising Craven in the west, Hambleton, Harrogate, Richmondshire, Ryedale, Selby and Scarborough on the east coast. Much of the county is rural, with moderately-sized towns as well as an extensive coastline. There are significant pockets of deprivation, particularly in Scarborough, and it is clear that this impacts on the health outcomes for children and their families in these areas.

Map of deprivation across North Yorkshire – LSOA by 2019 IMD Decile

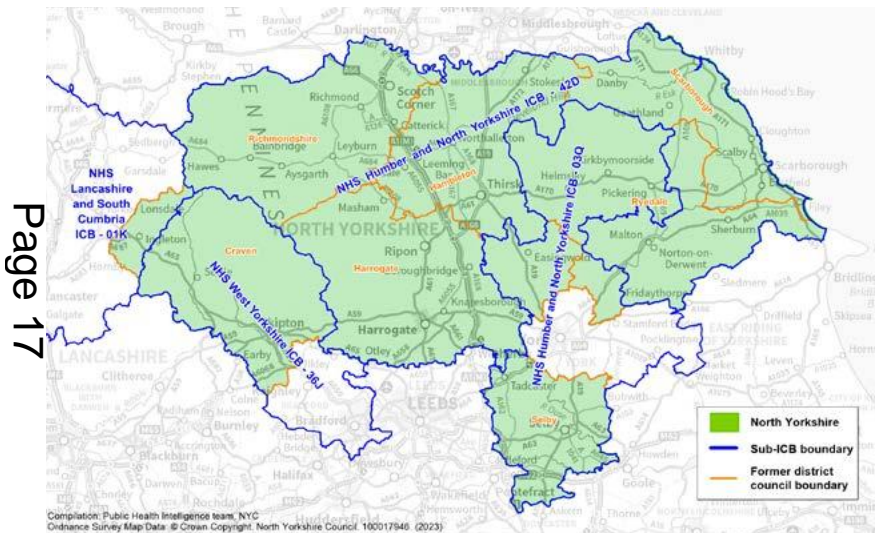


Notes
 1. Source: Indices of Deprivation 2019, MHCLG
 2. Ordnance Survey Map Data: © Crown Copyright, 100017946, (2019)
 3. Compilation & Analysis; Strategy & Performance (HAS), NYCC

We have additional complications in North Yorkshire, in that whilst the Public Health Team covers the seven different areas, the geography of the Integrated Care Systems (ICSs) is different, with Craven falling into the West Yorkshire, but almost the entirety of the rest of North Yorkshire being part of Humber and North Yorkshire.

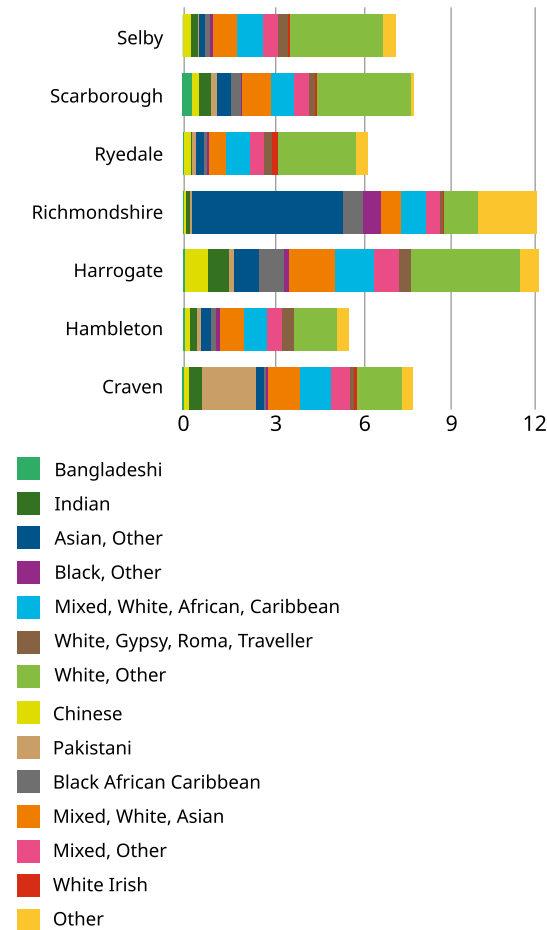
There is also a small area around Bentham that falls within Lancashire and South Cumbria ICS boundaries. This creates significant challenge in terms of data access and service planning.

Sub-ICBs and former district councils covering North Yorkshire – July 2023



Finally, no overview can be complete without looking at ethnicity. In North Yorkshire, different ethnicities are more prevalent in different parts of the county.

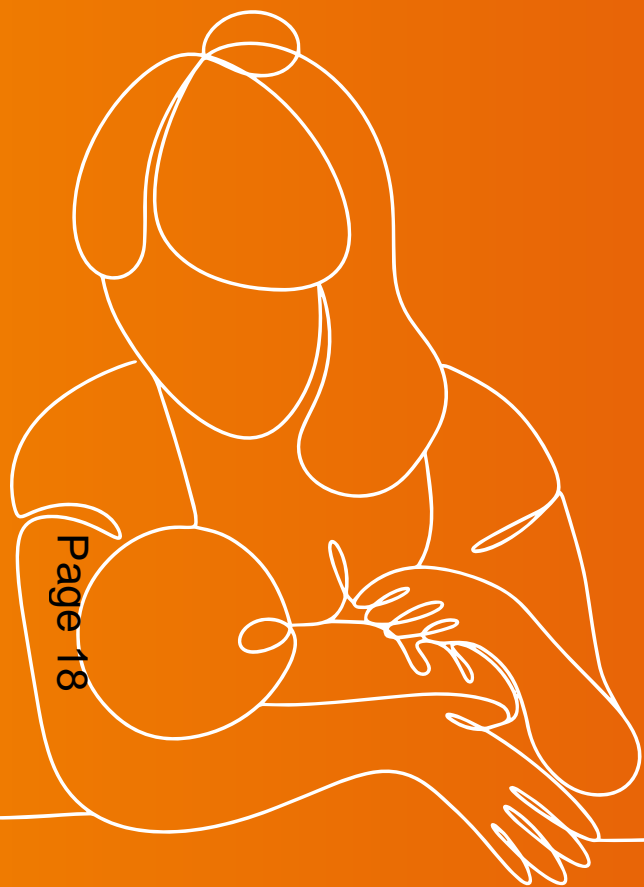
Percentage of minority ethnic groups in each area in under 25s



With such a varied population over such a large geographic area, we need to strive even harder to ensure that our services, systems and support are there and accessible for all the people in our county.

Therefore, each of our chapters covers a significant period in our children's lives, with an initial description of life, family and education, and then moves to the particular health concerns pertinent to that age group. This also notes where deprivation, population characteristics and geography may be a significant factor in emerging health inequalities. What follows is an exploration of key innovations, digital or otherwise, relevant to each age group that seek to tackle specific health issues, and finally how mental health and wellbeing has been affected in recent times, including important interventions and systems at play.

In this way, we provide a consistent approach to each group of young people. We have developed actionable recommendations, some of which affect specific age groups, or may span the whole of childhood. We ultimately aim to tell the story that best represents the remarkable journey from conception to adulthood that our young people undertake and address important factors around health and wellbeing.



The life of the child: 1001 Days



1001 days

The journey begins.

Whether it starts with a vague “feeling,” a missed period, two blue lines on a piece of plastic (or the word “Pregnant” on the fancier tests), or even, in the most unexpected cases, a stomach ache with a surprising resolution, pregnancy and parenthood are a journey.

And no two journeys are the same.

During these first 1001 days, there is rapid brain development forming connections that serve as the basis for all future building blocks of physical and emotional health. Those connections develop in response to interactions between the baby and their parents or carers. These relationships in turn shape how the child experiences the world. Understanding that every interaction between a parent and their baby has implications for the rest of that child’s life can certainly be a daunting responsibility.¹

When parents experience problems in the first 1001 days it can have long term impacts on their children. One study showed that children whose mothers were stressed in pregnancy were twice as likely to have mental health problems as teenagers.²



Children's development in the early years sets them on a positive trajectory,

although what happens next also matters. Children's development at just 22 months has been shown to predict their qualifications at 26 years.²



8,300 babies under one in England currently live in households where domestic violence, alcohol or drug dependency and severe mental illness are ALL present.²



In the first years of life, more than 1 million new connections are formed every second in a baby's growing brain.

The way babies' brains develop is shaped by their interactions with others.²



The first 1001 days of life are formative. When we describe 1001 days, we include nine months of roughly 30 days from the point of conception, plus the first two years of a child’s life up to their 2nd birthday. This serves to focus our attention on the fact that the mother’s health (and we need to include other pregnant people in this), pre-conception, whilst pregnant and during the post-natal period, has a significant impact on a child’s future life. Excessive stresses during pregnancy can impact on the future mental health of their child.³ We must also remember that not every pregnancy ends in a happy outcome; for those suffering the loss of a child, support is even more vital at that fraught moment and during the journey ahead.

Babies:

- hear at around 24 weeks of pregnancy
 - recognise familiar voice at birth
 - prefer faces to other shapes
- We are hardwired for relationships!²



It is unlikely that anyone automatically knows how to be a parent. The sleepless nights, the crying, the uncertainty around whether feeding or changing is needed at any particular time, all contribute to the sense that parenting is hard work. Most parents settle into a routine eventually and learn, just as their baby learns, how to respond and communicate with each other.

However, for some parents, the journey is harder than others. Whilst there are certain points in every child’s life where we check that both they and their parents are coping with the challenges, we are also there to identify those who need a little extra help. By investing our time and energies into ensuring that all parents are supported to respond to their baby’s emotions and needs, our efforts will have an impact throughout that child’s life.

Family income and education is strongly related to children's development.

Babies in higher income families are more likely to have frequent caregiver-child conversations. By age 3, babies with university educated parents have been found to have vocabularies 2-3 times larger than those whose parents had not completed school.²



Healthy Maternity

As already identified, the health of the mother has a significant impact on the health of the foetus, continuing through the child's whole life. It is important to optimise maternal health, picking up potential problems as early as possible. Therefore it is recommended that women are booked in to antenatal care prior to the 10th week of pregnancy.⁴ This allows for early ultrasound scans, infection screening and the identification of those women in need of extra care due to medical and/or social circumstances.

We also deliver vaccinations to pregnant women, to protect both the health of the mother and the baby. Antibodies developed during pregnancy pass to the unborn child and help protect them in their first few months of life.

Whooping cough (Pertussis)

Overall rates in NY are 83%, higher than the England rates of 61% by December 2022. However, again, there is geographical variation, with 61% of mothers in Craven receiving the Pertussis vaccine, lower than the rest of the region. Overall, uptake of this vaccine has dropped to its lowest level in 7 years.⁵

Influenza

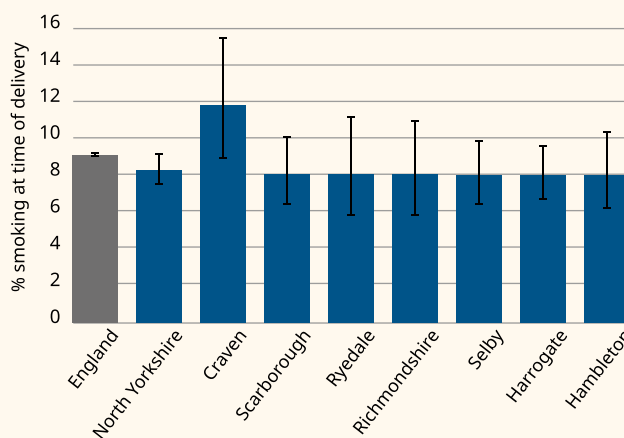
Uptake is also falling. Whilst NY levels of 46% for 2022-23 are better than the England rates of 35%, this still does not reach the target immunisation levels of 50%.⁶

In North Yorkshire, we have good rates of early contact, with 78% having completed their antenatal booking within the recommended 10 weeks.⁷ This is higher than the regional rates of 72% and the England rate of 67%. We know that later bookings are associated with those living in more deprived areas, younger mothers, ethnic minority groups and those whose first language is not English.⁸

We ask women to book in early in order to optimise health and minimise risk. Smoking during pregnancy is the leading modifiable risk factor for poor birth outcomes, being associated with stillbirth, miscarriage and pre-term birth. It is also associated with long-term consequences for the child e.g. respiratory conditions, learning difficulties, obesity and diabetes.⁹

In North Yorkshire, at 8%, we have lower rates of smoking in pregnancy than Yorkshire and Humber as a whole (12%) and across England (9%).¹⁰

Smoking status at time of delivery – 2021/22



The life of the child: 1001 Days

"Maternity care very good - plenty of appointments and opportunity to ring at any time"

"Good support antenatally, saw the same midwife throughout pregnancy"

"Amazing staff at James Cook and Friarage! Loving and caring!"

"I had spoken to the GP over the phone leading up to the birth and just after, so it was nice to see her afterward for the post-natal check, in person"



However, this rate disguises the variation across the county, with Craven having the highest rates.

Rates also generally correlate strongly with deprivation; the two most deprived deciles are significantly higher than the England average.

Once the baby is born, most of the health checks focus on the developing child. However, it is important that the mother's health is a focus in its own right. The universal 6-8 week postnatal check is to monitor the physical and mental health of the mother.¹¹

Coverage in North Yorkshire is patchy, with not all women offered the checks and in those who were, 45% reported a poor experience. Missed actions included no blood pressure monitoring, no physiotherapy, no scar infection follow-up and no follow-up for diabetes.¹²



1001 Days

In 2021, there were 10,266 babies under the age of 2 in North Yorkshire¹³.

10,266 babies bonding with parents and learning to interact with those around them. Learning to babble, learning to crawl or bottom shuffle, learning to walk, learning to express their needs and explore their surroundings.

To give these babies the best start in life, we know that breastfeeding gives them optimal nutrition, vital immunity against infection, promotes early bonding and reduces the risk of common illnesses.¹⁴

In NY, in 2020/21, around 75% of babies had a first feed of breastmilk, but rates drop significantly thereafter, with only around 51% either totally or partially breast fed at 6-8 weeks old.¹⁵ There is further geographical variation; rates are lowest in Selby, Scarborough and Whitby.



Health Visitors are tasked with monitoring the health and wellbeing of women and their babies by 10 days after birth and work with families up to the point that their child starts school. We now offer blended Health Visiting, combining in-person and virtual checks, which is proving an effective delivery model over such a large geographic area.



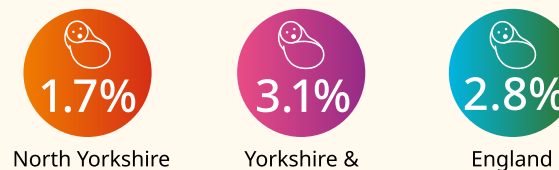
There are 5 mandated contacts between birth and 2½ but whilst the antenatal visit (for first-time mums), newborn visit and developmental check at 2-2½ are face-to-face, checks at 6-8 weeks and 9-12 months are sometimes delivered online for those families with no complications and good digital connectivity.

There is an extensive immunisation programme for the under 2s and in 2021/22, all vaccination delivery rates were either around or above the levels across England¹⁶, ensuring as many of our children as possible are protected against infectious diseases.

It is important to note however, that for some families, the start to their child's life may not be plain sailing. A low birth weight, for some, increases the risk of childhood mortality and developmental problems and is associated with poorer health later in life. Risk factors for a low birth weight include maternal smoking and poor diet. There is also a correlation with deprivation.

In North Yorkshire, we have a lower percentage of low birth weight babies when compared with the rest of the region and England as a whole.¹⁷

Percentage of low birth weight babies 2021



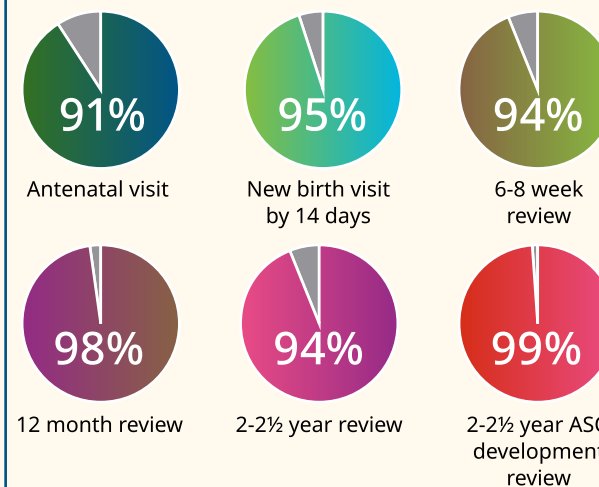
"It's a great service, I can text her anytime about anything and she gets back to me"



"my health visitor gave me all the time I needed and I felt that she really listened to me"

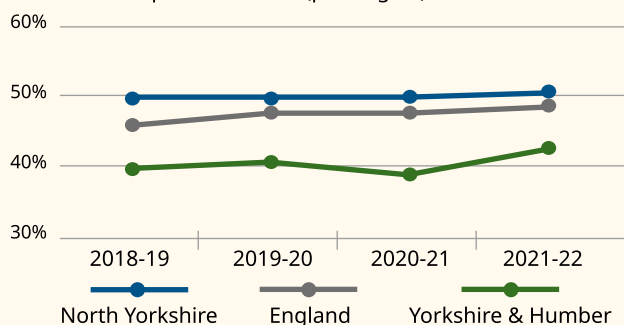
Health Visitor data 2022/23

(% of checks completed in allotted timeframe)
HDFT 0-19 performance report 2022/3



Breastfeeding prevalence at 6-8 weeks (totally or partially breastfed) by year

Public health profiles - OHID (phe.org.uk)



1001 Innovations

There is no doubt that the experience of having a child in 2022/23 is wholly different to that of the previous generation. The meandering shift to digital support that was beginning just before the pandemic accelerated rapidly with lockdowns. Now the vast majority of support services for pregnancy and new mums are based mainly online.

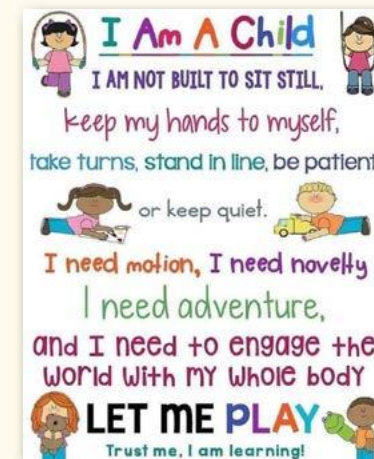
There are pros and cons to this approach; women certainly lament the loss of in-person support, and being able to quickly ask peers for advice in a social setting. However, in a county as large as ours, it is now easier for those living more remotely to ask for help, without the need to travel, although this is dependent on good connectivity and its affordability.

Evaluation of the Healthy Child Service:

Staff were "friendly" and "professional."

79% felt that the multi-agency working met family needs either very well or well. 86% described their overall experience of the service as very good or good.

In Public Health, we need to be aware of those groups of people who may fall through the cracks in the online world, who similarly are the most likely to need our help and support. We identify those individuals at an early stage, who are more at risk of poor outcomes and offer them face-to-face interactions with our Healthy Child Team to minimise the risk to children and their families.



Page 22 Health Visiting blended model

As described earlier, the Health Visiting model is delivered partly online for low-risk families. It is acknowledged that this is not suitable for all and the service is responsive to individual need.

Another key part is the Harrogate District NHS Foundation Trust (HDFT) Children's Health Services App, offering information to support families, children and young people. 20% of our 0-5 families have downloaded the app. The next phase will offer interactive features.

There is also a Facebook page, Growing Healthy 0-19 North Yorkshire with >4,200 followers.

Extensive feedback has been gathered. The main difficulty described has been the loss of the face-to-face element.

"Was initially an online consultation but never received the invite and had to phone several times to chase this up! Really disappointed this service is not face to face."



"Would be lovely to have more contacts"

"Telephone contact not appropriate"

"I think my Health visitor is a star"

"HV brilliant, positive, and reassuring. Goes above and beyond to support"

The HDFT Children's Health Services App was developed by and for the North Yorkshire 0-19 Healthy Child Team as a useful resource for staff, parents and families. It covers multiple key topics, including infant feeding, advice on being a dad, etc.

The Facebook page is used to promote the app, drop-in clinics and campaigns. Over 28 days, the site can achieve a reach of over 8000.

Ask a Midwife

The award-winning Ask a Midwife service is delivered through the social media platforms Facebook and Instagram and via email. It is staffed by experienced midwives answering frequently asked questions as well as responding to private message queries.¹⁸

It facilitates questions and cascades important public health advice. In 2022, the service answered 8,500 queries with 94% answered immediately. It made 508 referrals to various organisations.¹⁹



There are a number of programmes addressing the health needs in pregnancy and in the earliest years of a child's life. Whilst many involve a face-to-face component, technology still plays a part.

There is robust evidence around the harmful effects of smoking in pregnancy. Rates in North Yorkshire are 8% overall, with Craven an outlier at nearly 12%.

The UK Government recently endorsed providing incentives to help people give up smoking. In North Yorkshire, we have already had positive results from an incentives pilot, run by the Living Well Smoke Free Service in 2021 and 2022, where technological solutions were found during COVID-19 lockdowns, including virtual appointments and personal carbon monoxide monitors, linked to an app via Bluetooth. Readings were shared with the Smokefree advisor.²⁰

Results included a 12% increase in referrals. Rates of successful 4 week quits did not increase, but there was an improvement in sustained quits longer than 4 weeks: 18% increase in 12 week quits/ 28% increase in 26 week quits.²¹

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Healthy Start Scheme (HSS)

The national HSS provides a nutritional safety net and improved access to a healthy diet for low-income families.²² Uptake by those eligible varies across North Yorkshire with 59% in Craven and 69% in Selby.²³

The move to a "sleeker" digital scheme allows payments to be uploaded onto a pre-paid card every 4 weeks. Digital exclusion is an issue, although there are other routes to apply.

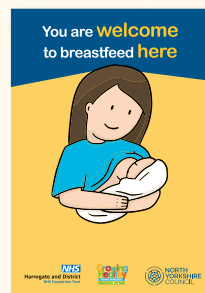


To improve uptake:

- Promotional material via new birth Registrars and the Children and Family Service
- Electronic 1-minute guide to frontline staff including Health Visitors
- HSS resources on the new midwifery management information system
- Inclusion within the NYC cost-of-living campaign including social media

Breastfeeding

While 75% of babies in North Yorkshire have a first feed of breastmilk, the number subsequently breastfed drops markedly. Reasons include difficulty, lack of support and embarrassment.²⁴



There are two initiatives to support breastfeeding throughout the county:

Peer supporters: provide families with support and infant nutrition advice through a proactive calls service and free breastfeeding support groups. All breastfeeding mothers are offered a series of support phone calls between the new birth visit at 10-14 days and the 6-8 week check. Groups offer a welcoming environment for new and expectant mums.

The **Breastfeeding Friendly Venue Award Scheme** started in 2018; 89 venues have now signed up. Work is ongoing to highlight the scheme further with promotional videos and a training module for staff.

Early language development

Positive parent-infant interactions from birth support early language development.²⁵

A range of research shows that the **way parents interact** with their babies **predicts children's later development.**

In the first years of life, more than 1 million new connections are formed every second in a baby's growing brain. **The way babies' brains develop is shaped by their interactions with others.**²



"Absolutely brilliant course, I wish we could continue. G, G & M are brilliant at their jobs"

The Early Help service delivers a number of programmes to support children who are less likely to meet their speech and language milestones.

'Babbling Babies' and 'Small Talk' provide opportunities for babies to play whilst parent/carers are given information, tools and strategies to support with their child's communication.

Our local libraries have a role in promoting early language development and encouraging a love of books. Babies are automatically enrolled in North Yorkshire libraries at birth registration.

www.northyorks.gov.uk/leisure-tourism-and-culture/libraries/libraries-children-and-young-people



It is not just the medical model of support for mental health in pregnancy and the postnatal period that is helpful to women and families. Groups embedded in local communities can provide crucial peer support for new parents. In Public Health we need to ask ourselves if further online support is what women want and need, or whether we should look at more in-person community gatherings to alleviate the loneliness that new mothers may experience.

Home-Start Craven is a volunteer-based family support charity providing support to families living in Craven with a child under 5.



MamaMeet was established during the COVID-19 pandemic after identifying a significant need for parents with new babies to be given the opportunity to meet up socially with other families. This was largely due to lockdown restrictions reducing home visiting services alongside the absence of open-access baby groups in the community.

The sessions evolved as lockdown restrictions were lifted, with Home-Start volunteers facilitating small group meet-ups in local cafes.

Over 300 parents have attended the meet-ups in Skipton and Crosshills, and further funding has been secured to deliver in Settle.

Feedback from families:

- Mental health improved significantly
- Loneliness and isolation reduced significantly
- Parents more aware of other support networks locally
- Parents feeling part of their community
- Parents learn from their peers and enjoy sharing common experiences



"It encouraged me to get out of the house each week after recently being diagnosed with postnatal depression. I've met lovely people who I will remain in contact with. I found out about it through a friend and wish I'd known about it sooner as I didn't leave the house in the first three months."

"MamaMeet has been a great support as I left my daughter's Dad and moved out of area. I've met new Mum friends in the area"



NY Perinatal and infant mental health group

A local network of services supporting perinatal and infant mental health has joined together to share knowledge and good practice. This will identify system opportunities to improve support.

Early priorities:

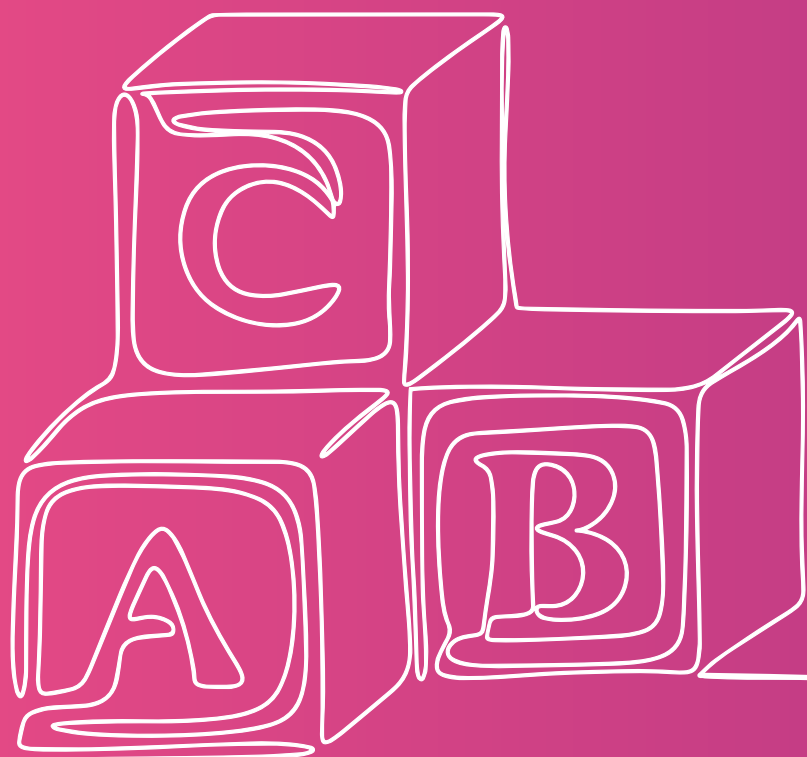
- Developing a visual tool for professionals to support the service offer
- Strengthen pathways between midwifery and health visiting services
- Working together for the development of Every Mum Matters – What is Perinatal Mental Health

DadPad App³¹

The DadPad App is an easy-to-use, free, downloadable resource for new dads and dads-to-be, filled with useful information and details on local support groups and service providers. It aims to provide new fathers with guidance on how to develop the mindset, confidence and practical skills needed to meet their babies' physical and emotional needs.

The app also provides dads with guidance on how to support and seek help for their partners and themselves as they adjust to their new roles, and cope with the physical and emotional strains that this can place on individuals and relationships.

[DadPad](#) | [About Us](#) | [Who We Are and What We Do](#) (thedadpad.co.uk)



The life of the child: Early Years



Early Years

Our children have now reached their 2nd birthday. All **5,677** of them, part of the **17,469** 2-4 year olds growing up in North Yorkshire.¹³

Most are now running around, exploring their environment and getting up to all sorts of fun.

Despite being born or being toddlers during lockdowns with social disruption and fewer opportunities to connect with their peers, they still find being outside and active play with their families important to their happiness.

At this age, they are not just influenced by immediate family, but are developing more awareness of their wider environment, whilst

not yet being constrained by the structure of a school day. It is important, however, to remember that this is the point at which development is measured and school readiness is considered.

Despite the limited social contacts in their COVID-influenced earliest years, our children are developing well, with 88% at or above the expected level of development when assessed at 2-2½. And when the different aspects of developmental assessment are taken individually, over 90% are achieving on each of the skills we wish to see at this age.

	% achieving
Communication skills	91
Gross motor skills	96
Fine motor skills	96
Problem solving	95
Personal-social skills	94

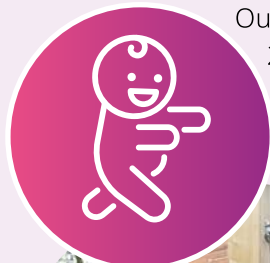
However, similar to a national picture, when we look at school readiness i.e. a Good Level of Development by the end of their Reception class at age 4-5, only 70% are achieving that good level, similar to the national proportion of 67% (2022/23). We know that deprivation plays

a part in this, with children in more deprived areas of the region less likely to achieve the expected milestones at both 2 years and 4.³²

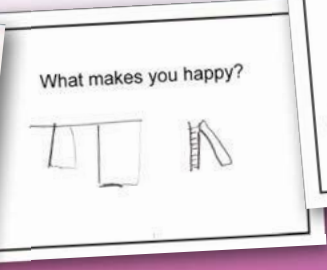
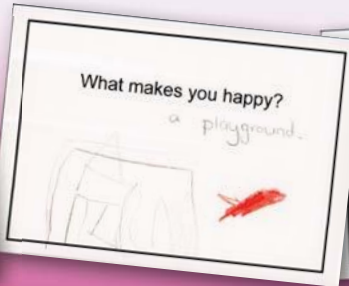
Whilst North Yorkshire overall has a relatively low level of child poverty, the picture is more complicated with some areas of the region experiencing significant deprivation; 19.4% of children in Scarborough are classed as living in poverty.³³

With the aim of reducing the socioeconomic attainment gap, there is government funding to support early years childcare for 2 year olds in the most disadvantaged areas and up to 30 hours of early education for 3 year olds.³⁴ In North Yorkshire more of our eligible children are taking up this offer than their peers, both regionally and nationally.

	NY	Y&H	Eng.
Take up of childcare funding at 2yrs	88%	76%	72%
Take up of early education funding at 3yrs	99%	95%	92%



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For those who really need our help, we have the Early Help service, where children and their families are assessed and provided with appropriate holistic support. There has been a significant increase in referrals of under 5s in the last year, as well as a smaller increase in referrals to Children’s Social Care.³⁵



Healthy Early Years

Here in North Yorkshire, the typical 2-4 year old enjoys outdoor spaces, and playing with family and friends. With an increased awareness of surroundings, this is a good time to embed healthy behaviours. Active children, who eat well, are less likely to have gained excess weight prior to starting primary school.



It is also a prime time to vaccinate children prior to attending school, before their increased social contacts put them at increased risk of infectious diseases. The North Yorkshire vaccination rates in this age group are around or above those nationally, although still do not quite achieve the levels to reach herd immunity.³⁶

Vaccination uptake 2022-23	%
Influenza	59
DTP booster	89
MMR	90

Even at such a young age, however, several areas of health concern have emerged, allowing us to plan where our efforts should be focused.

Injuries

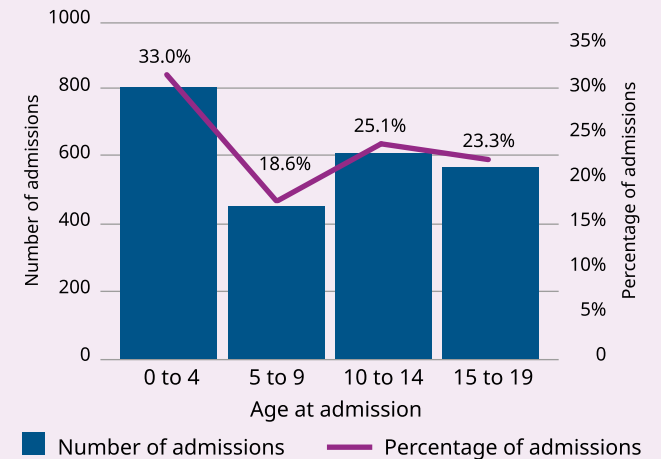
Within the pre-school years, the county’s children have significantly higher levels of hospital admissions for injuries than their peers, nationally.³⁷

North Yorkshire: 138 per 10,000 children

England: 104 per 10,000 children

In fact, our 0-4 year olds have more injury-related admissions than all other age groups, with Scarborough the highest in the region.³⁸

Inpatient admissions 2021/22 – accidental and unintentional injuries in children



The greatest area of need identified in Early Help referrals was for strengthening parenting skills.

It is clear that it is not just children who are feeling the strain in the post-lockdown years, but their whole families; we act as a safety net for the most vulnerable.

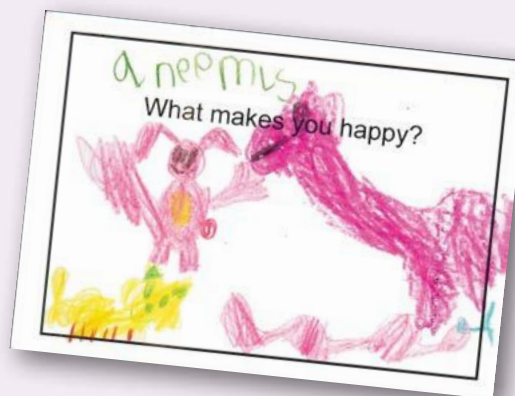
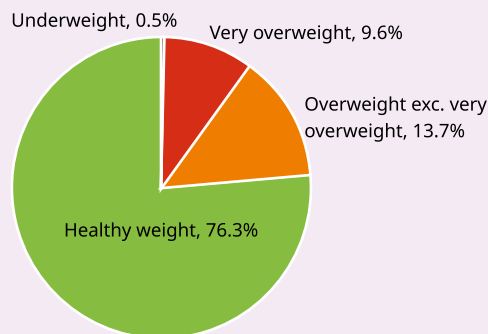


Weight

At the end of Reception Year, 23% of our 4-5 year olds are carrying excess weight.

Weight status - Reception 2021/22

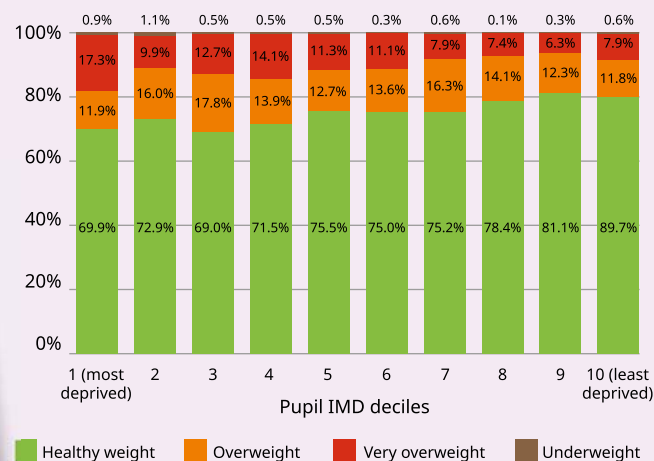
North Yorkshire Council, NCMP report, 2023



Our levels of excess weight in this age group are above the national average. There is also a strong link with deprivation.

Proportion of Reception children by weight categories and IMD deciles, 2021/22

North Yorkshire Council, NCMP report, 2023



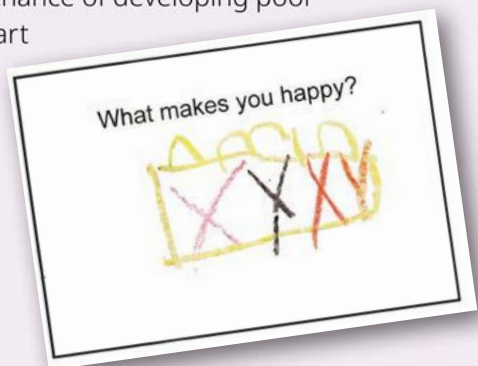
Oral Health

The rate of hospital admissions for dental caries in North Yorkshire in the 0-5 age group is greater than the England rate over the period 2018/19-2020/21.³⁷

North Yorkshire: 332 per 100,000

England: 221 per 100,000

Additionally, there has been a slow recovery of paediatric dentistry since the pandemic, which may worsen the situation further.



Health through innovation

Promoting physical activity, play, healthy weight

To tackle some of the health concerns identified in our 2-4 year olds, we have a number of innovative programmes.



The acceleration of digital delivery has led to the development of an early years healthy lifestyle programme, Poppy, delivered online and supporting the whole family around parenting, food and general health. There's also the new Active Start programme, which promotes physical activity and play.

Oral health is one of the health-related issues supported through the Healthy Early Years Award Programme.

We need to be careful, though, to ensure that all our population can access these programmes.



The Poppy Programme

The Poppy Programme was piloted in early 2022 as part of the Healthy Child Programme. It provides a free, confidential 4 week virtual programme to support early years parents and carers with food, oral health, physical activity and parenting.

- Week 1: Let's make a healthy start
- Week 2: Confident parenting and emotional wellbeing
- Week 3: Food glorious food
- Week 4: Looking after your bodies

"I didn't realise that I could use play to support my child's eating"

"I really enjoyed the Poppy Programme as it has given me a better understanding of my child's development."



Healthy Early Years
North Yorkshire



The Healthy Early Years Award Programme aims to support Early Years settings to have a whole-settings approach to health and wellbeing and create healthier environments for children and staff.

Since its launch in November 2021, 100 settings have registered and so far, 16 have achieved an award.³⁹

North Yorkshire Libraries



Libraries are a wonderful place for children of all ages. No-one is too young; in North Yorkshire every baby is given a library card at birth registration. Libraries support early years development, giving our children a fun introduction to language and literacy skills. Each library has a dedicated, welcoming and fun space for families with a range of books for all ages, abilities and interests.

Our Libraries deliver Bookstart, a UK-wide initiative gifting books to children and their families. They also run Buzzy Bee's Honey Hunt, a free under-5's reading scheme rewarding book borrowing with prizes.

Plus there's a wide range of activities, including free storytime and rhyme, Stay and Play, Lego clubs and Code Clubs. There is even baby yoga, music and theatre. Lots of fun!



By addressing health-related issues early in life, we help prevent children from developing longer-term health concerns. Using these innovative approaches, we aim to increase physical activity, improve language development and identify safety hazards within the home, with the aim of reducing injury-related admissions.

We are working with North Yorkshire Sport to implement a new Early Years physical activity programme, called Active Start, which uses physical activity and play to support a child to be healthy, to learn and to be active for life.



It will provide training opportunities for both Early Years practitioners and Key Stage 1 teachers, aiming to increase knowledge, confidence and motivation of staff to provide an active and fun environment.

Physical activity guidelines: early years (under 5s) - GOV.UK (www.gov.uk)



Speech, language and communication is a critical area of development. There is a widely acknowledged gap in language skills between children from different social backgrounds, identifiable very early in life and well established by school entry, with long term consequences for educational attachment and outcomes in adulthood. The Early Help service delivers 'Building Blocks for language' for children who may need additional support with speech, language and communication. The sessions are delivered in a fun and interactive way to engage children with their learning.

"I feel my twins have started to come along a lot more than they would have done without the help. I really appreciate the support."

From 2020-2021, this School Readiness pilot focussed on early language development for pre-school children in Ryedale and the eastern part of Whitby.



Grow & learn

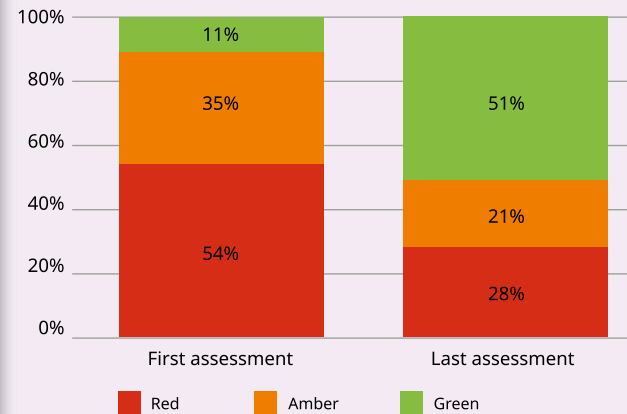
Results showed a significant shift in the proportion of WellComm language assessments rated as "green."



"Thank you so much for the last 5 weeks, (son) has absolutely loved it. I think it's been really helping. Each session has been so engaging and fun! We're going to miss coming"

School readiness pilot - WellComm Assessment scores

Source: <https://www.yhphnetwork.co.uk/media/106351/school-readiness.pdf>



Home Environment Assessment Tool (HEAT)

North Yorkshire has persistently high levels of hospital admissions for unintentional injuries.

The Healthy Child Programme has a key role in promoting the safety of children during the mandated contacts with families.

HEAT is completed by 6-8 weeks after birth and after any significant changes to family circumstances. It allows for preventative messages and identifies support families may need around safety in the home.

The Healthy Child Programme also provides a text messaging service to increase parental knowledge and awareness of hazards at key developmental stages from 0-2 years.



Family support and parenting

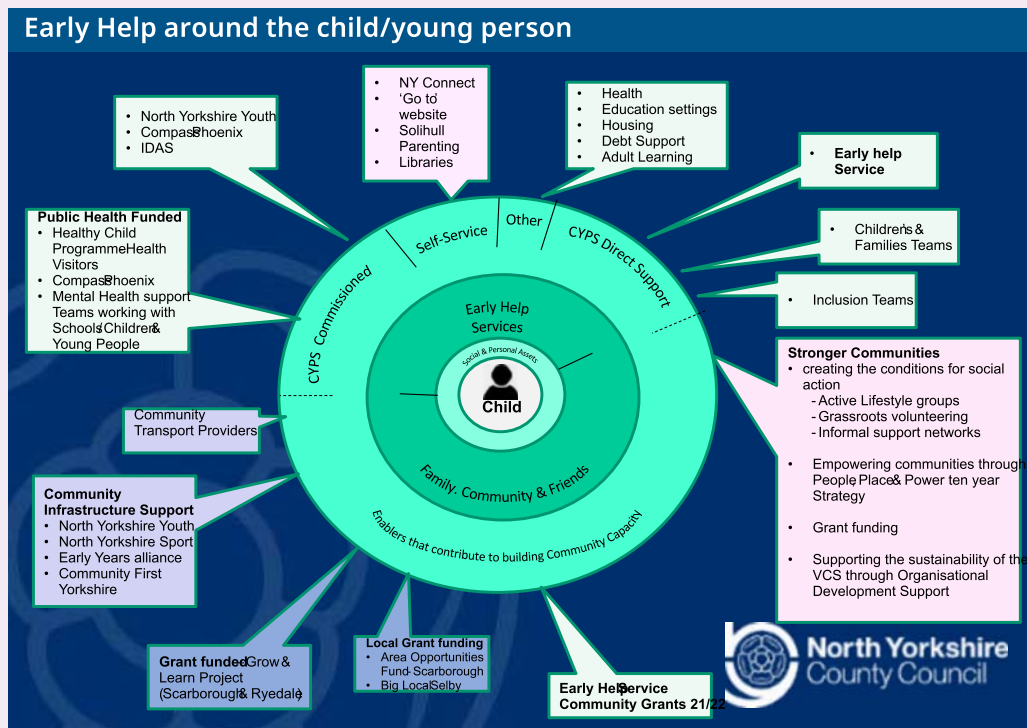
Whilst mental wellbeing is a major theme throughout childhood, in this age group, children's wellbeing and development is heavily influenced by their interactions with family and other important adults in their lives.

A child's early relationships shape their perceptions of themselves and others, and influence how they learn to regulate their emotions. Some factors such as parental mental illness, domestic abuse and/or poverty can contribute towards problems for early parent-child relationships.⁴⁰

It has not been easy being a parent in the last few years in the UK. With the impact of lockdowns and the rising cost of living acting as significant stressors, it is no wonder that conflict arises within families. Frequent, intense and poorly resolved conflict increases the likelihood of anxiety, depression and aggression in children exposed to this.⁴¹

The parental conflict indicator estimates that around 12% of children living with parent-couple relationships in North Yorkshire report relationships distress, with the highest rates in Scarborough.⁴²

Supporting parenting skills is therefore recognised as a key influence on a child's development. Embedding confidence in parenting skills can reduce future need for additional services.



This Stronger Relationships – Parental Conflict Programme works with parents across the county to repair and strengthen their relationships. In Catterick Garrison, Army Welfare Officers are being trained to understand more about how the additional pressures of deployment, separation and isolation can impact on family relationships.

Stronger Relationships

Online parenting courses are accessed by over 1,500 learners in North Yorkshire, but only 20% of users are male. Selby, Whitby and the Moors have lower uptake.³⁵

UNDERSTANDING YOUR CHILD SOLIHULL APPROACH

[Solihull Approach | Parenting | Training for professionals \(solihullapproachparenting.com\)](https://solihullapproachparenting.com)

Your Family Toolkit

Bespoke parenting modules for families supported by North Yorkshire services. Virtual or face-to-face.

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Development and SEND

For children to reach their full potential, it is essential that any additional educational and support needs are identified as early as possible to ensure they and their families are supported.

Since the SEND reforms of 2014, we now support treble the number of young people on Education, Health and Care Plans, resulting in a doubling of spending, as well as a significant increase in the provision of support for this group.

For some families with Special Educational Needs and Disabilities (SEND), difficulty in securing a childcare place becomes a barrier for parents

to remain in work, or take up employment opportunities. This may add further strain to family life.

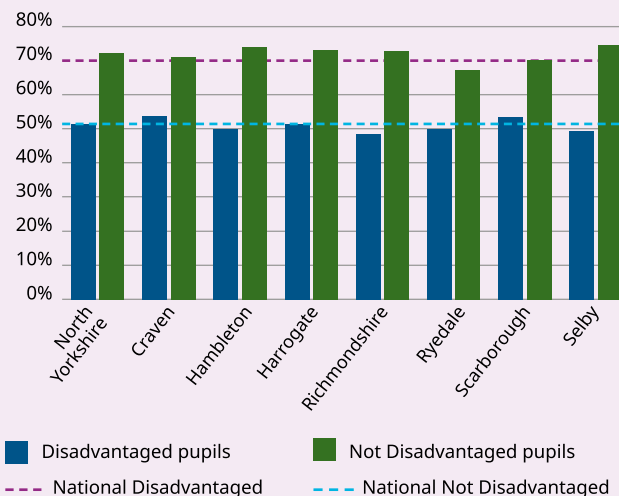
As evidenced by levels of development at 2-2½ years and 4-5 years, the majority of children in the county are thriving.

But North Yorkshire is large and very varied, with pockets of deprivation

– a significant influence on development at the age of 4-5.

2023 EYFSP Disadvantaged and Not Disadvantaged Good Level of Development

North Yorkshire Council, Children & Young People Service, 2023



We can see a significant gap in all areas of the county linked to deprivation, with Selby showing the greatest gap between disadvantaged and non-disadvantaged children of 25% and Scarborough the least at 17%. Note Scarborough's disadvantaged children are developing relatively well.³⁵

Our children with Special Educational Needs (SEN) have better development than their national peers, with 20% achieving the expected levels at 4-5 years in 2022/23.³⁵

The developmental attainment gap between those with SEN and those without SEN reduced from 2018/19 to 2022/23.³⁵

Our Children in Care with SEN do not achieve as good a level of development as their national peers, for 2021/22.³⁵

Conversely, those Children in Care without SEN perform considerably better than their peers nationally, by the end of Reception year.



Dingley's Promise aims to increase the early identification of children in Early Years with SEN through training Early Years Practitioners.

It is a Comic Relief Early Years Inclusion project.

All courses are online with a mixture of workbook, video and activities to be completed at the Practitioner's own pace. Individuals are certified and settings/childminders can receive the kitemark at different levels on completion.

There are currently 394 practitioners signed up, which represents 8% of North Yorkshire's early years workforce. 95% of those who gave feedback said they would do something different following completion of the training.³⁵

"This has been one of the best courses I have undertaken. The fact that it can be done at your own pace is great. The content is so thorough, and suggested strategies invaluable. I found all the links to YouTube, and further reading and information incredibly helpful in better understanding this area."



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The life of the child: Primary



Primary

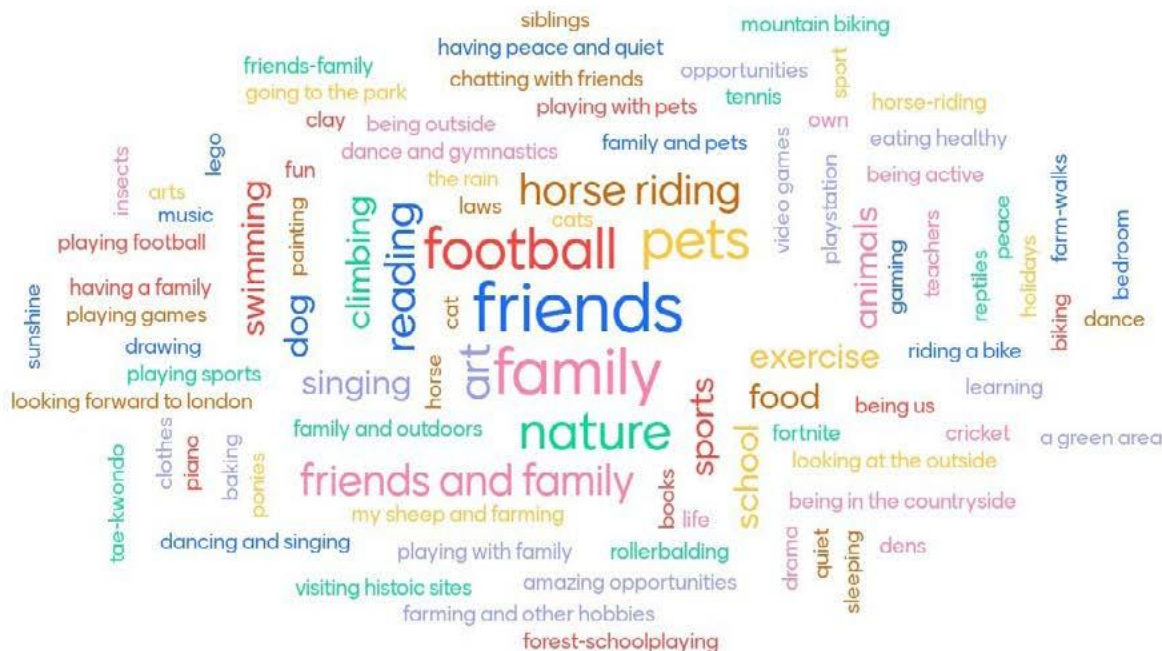


Our children are now in primary school; Year 1, from around the age of 5, all the way up to Year 6, aged 10-11. They are now expected to learn independently in classrooms. Indeed, the tables are starting to turn, with lessons learned at school feeding back into family life and influencing their care givers.

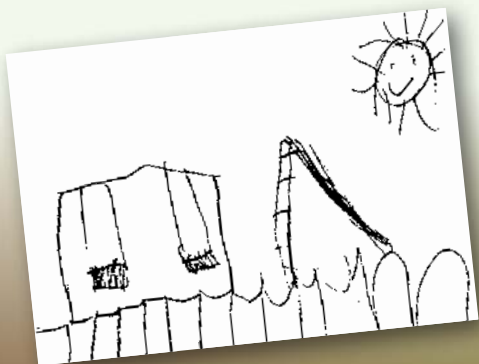
In North Yorkshire, there are 44,630 children aged 5-11,¹³ but in such a diverse county, they can lead very varied lives with very varied standards of living. For example, while we know that 17% of 5-9 year olds live in households without central heating, this is just 9% in Ryedale, but 24% in Selby.⁴³

What makes your life good and happy?

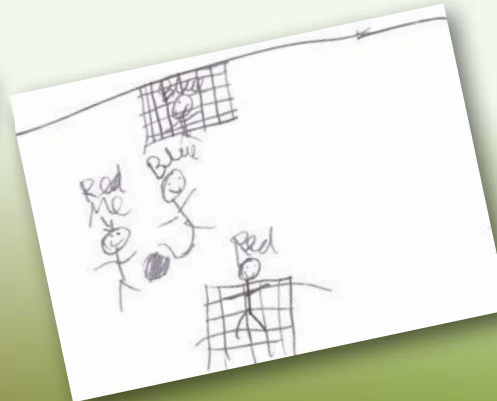
Answers from over 2000 children aged 7-11 at Healthy Schools event



Page 35



What do you like about where you live? I like that I have a park near my house.
 What makes your life good and happy? family friends football school home.



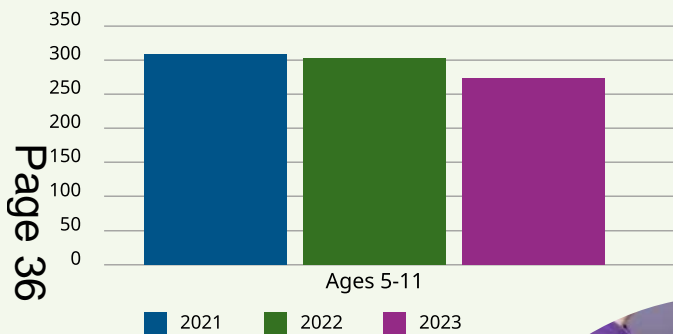
What do you like about where you live? the happiness in my family
 What makes your life good and happy? foot Ball.
 Royal



Another huge variation is where children are electively home educated, levels of which increased substantially at the height of the pandemic, and children who could have returned to school did not, with the main reason being anxiety (22%). This is now reducing, with 273 primary aged children electively home educated in 2023.

Primary school electively home educated at end of academic year 2022/23

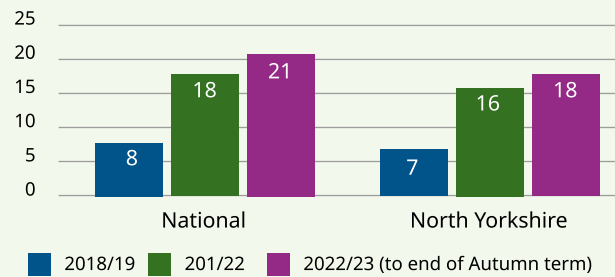
Education and Attainment Data, CYPS (Children & Young People's Services), North Yorkshire Council



It is worrying that over 1 in 6 primary school pupils are struggling to attend school. Emotionally-based school avoidance is a priority for our mental health system.⁴⁴

Percentage of primary pupils persistently absent in North Yorkshire

Education and Attainment Data, CYPS (Children & Young People's Services), North Yorkshire Council



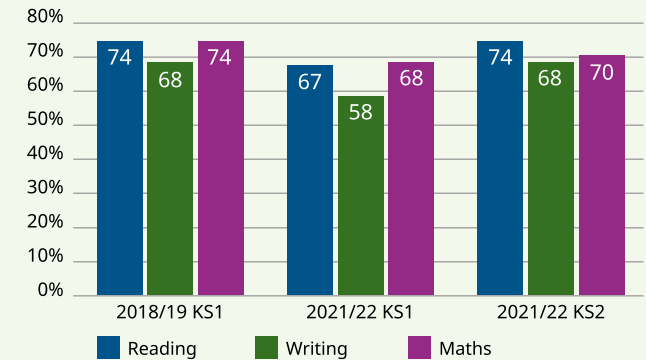
We can objectively measure the learning progress of our children at this stage of development through the nationally expected standards in key subjects, examined at Year 2 (Key Stage (KS) 1) and Year 6 (KS 2). In North Yorkshire, although there has been a recent reduction in those achieving the expected levels in reading, writing and maths at both Key Stages 1 and 2, this is broadly in line with England.

Some children, however, find it difficult for various medical and/or social reasons to be wholly present in the classroom. Where a pupil misses 10% or more of their school time, they are termed persistently absent. There were slightly more children persistently absent in the 2022/23 school year than pre-pandemic, but lower levels in North Yorkshire than nationally.⁴⁴



Percentage of children achieving expected levels in key areas of KS1 and 2 over time

Education and Attainment Data, CYPS (Children & Young People's Services), North Yorkshire Council



For those children in our schools receiving support for Special Educational Needs (SEN), at KS 2, they too have seen a drop in achievement, both locally and nationally. The attainment gap of children with SEN was 51%, similar to the gap nationally.⁴⁴



Healthy children aged 6-7

We can split health-related issues by age in primary school, due to the huge difference between those just starting their school careers and those about to embark upon the transition to secondary school.

Overall, the primary years provides a real window of opportunity to help children develop healthy habits and relationships. Through the Growing Up in North Yorkshire survey and other forms of engagement, these children allow us to understand their social, emotional and mental health needs as well as the most important parts of their lives in an ever changing, uncertain world, of which they are becoming increasingly aware.

In our 5-7 year olds, we have identified a number of health concerns:

Oral health

20% of 5 year olds experienced tooth decay

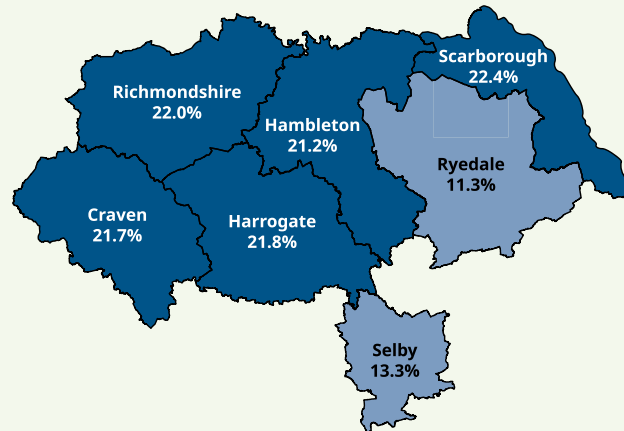
Good oral health can be maintained through limited sugary snacks and drinks, regular toothbrushing with a fluoride toothpaste and regular check-ups with a dentist from when a baby's first tooth appears.⁴⁵

Happiness is



Tooth decay varies across the region (2019):

Prevalence of experience of dental decay in 5-year-olds in North Yorkshire, by lower tier local authority



Both Selby and Ryedale have lower levels of decay. 78% of year 2 pupils cleaned their teeth at least twice on the day prior to being surveyed.

Sleep

Sleep is important for children's mental and physical development and for growth and repair. It improves attention, memory and behaviour and reduces susceptibility to minor illnesses.⁴⁶

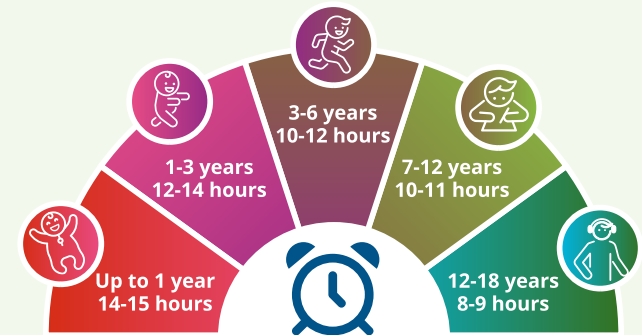
70% of 6-7 year old children have a set bedtime for nights when they have school the next day; 30% do not.

48% have a TV in their bedroom and 39% of them are allowed to watch it after going to bed.

25% are allowed to use a computer, tablet or phone after going to bed.⁴⁷

How Much Sleep Does My Child Need?

Sleep image based on guidance from: The Sleep Charity (2020) *How Much Sleep Does My Child Need?* Available at: [How Much Sleep Does My Child Need? - The Sleep Charity](https://www.sleepcharity.org.uk/parents/parents-articles/how-much-sleep-does-my-child-need/)



Safety

21% say they have friends online whom they do not know in real life.

60% of 6 and 7 year olds say they know how to keep themselves safe on the internet.

47% always wear a bike helmet when they use their bike or scooter.⁴⁷

Worries and mental health

62% like being at school most of the time, better than a decade ago.⁴⁷

But **67% worry** about something most days – this hasn't changed since 2010.⁴⁷

Boys	Girls
Family (44%)	Family (40%)
Friendships (33%)	Friendships (32%)
The way they look (23%)	The way they look (23%)



Healthy children aged 10-11

Children have now progressed through primary school and are the leaders in their school community. But along with the increase in confidence and responsibility at being the eldest in their schools, comes an increased awareness of the world at large with all the worries that accompany this, as well as, most tragically, worries about death, likely in response to the impact of COVID-19 on society and families.

We have therefore identified the areas with the greatest influence on these youngsters' health and the health-related issues than go alongside.

What would make your life better?

- More time with family/friends
- More places to play outside
- More sports clubs
- More time/places to be creative

What makes you happy?

- Family/friends
- Sports
- Creative activities

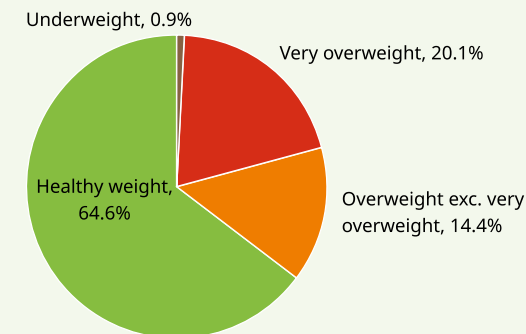
Healthy weight

34% of 10-11 year olds have excess weight.

The increase in weight from Reception to Year 6 is far greater in boys than in girls. This mirrors the national trend.⁴⁸

Weight in Year 6 pupils, 2021/22

North Yorkshire Council, NCMP report, 2023



Weight in 10-11 years olds:

From Reception to Year 6, girls have increased weight by 9%, but boys by 13%. Theories for this include:

- Girls being more aware of how they look and therefore what they eat
- Differences in parental feeding practices

Similar to Reception weight, deprivation is a significant factor; 39% of children in Scarborough are overweight or obese, versus 28% in Harrogate.



Worries and mental health

There is a **big increase** in worrying in recent years; 86% worry quite or very often. (61% in 2018, 76% in 2014)⁴⁷

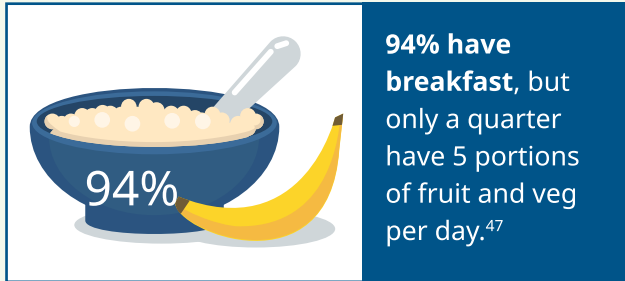
Already we are seeing large gender differences in children's worries. E.g. appearance is far more important to girls than boys.

Worries include:

Boys	Both	Girls
Death (55%)	Around a third of boys and girls worry about the planet	Death (64%)
Moving to secondary school (34%)		Moving to secondary school (50%)
The way they look (25%)		The way they look (44%)



Food



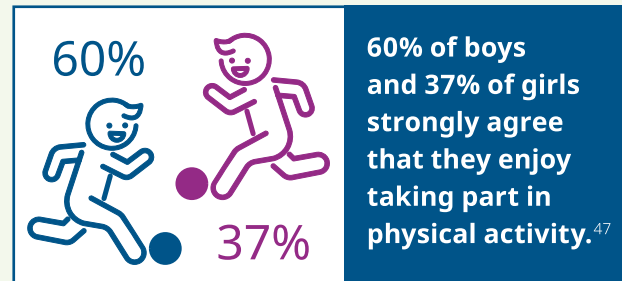
25% of pupils do not have school food as they do not like it; to improve this, they suggested:⁴⁹

- More choice
- Involvement in food e.g. designing menus
- Cheaper and better quality
- Bigger portions

Top priorities should be to make school meals free for all and to have school trips to learn about food.



Physical activity



Children tell us the reasons for the differences include girls not liking ball games, whereas girls may prefer imaginative games, dancing, singing and activities.⁴⁹ Additionally:

"All the popular sports are for boys"

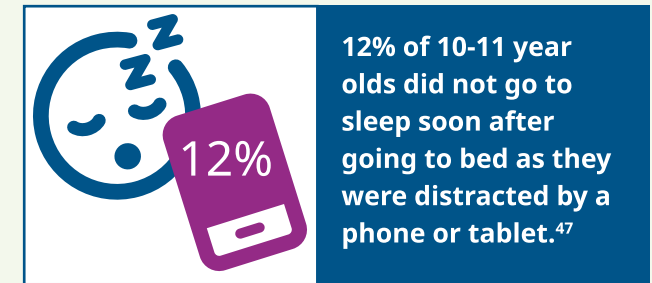
"There are still more opportunities for boys"

Fewer girls find sport and physical activity easy and they are less confident.

What do you like about where you live?

- Friends
- Being outside
- Play parks

Sleep



A third went to bed at or after 10pm on the day before the survey. Whilst 82% had at least 8 hours sleep before they were surveyed, 5% had fewer than 5 hours; around half of children felt tired at school.



Innovation and health at primary age

Primary school children are now embracing technology, living in a digital age, with no experience of the world that went before. However, this creates significant inequalities, particularly in the oldest years, between those who have the means to possess the latest kit and those who are dependent on hand-me-downs, or cannot afford any device or the connectivity.

This also creates huge dilemmas and anxieties for parents, who may struggle to manage their children's screen-time, whilst also ensuring their child is getting enough exercise, outdoor time, sleep etc. This can create a major challenge and conflict within families.

The COVID-19 lockdowns also resulted in changes to children's expectations; many families abandoned their normal routines and activities, resulting in later bedtimes and more screen use. Some pupils were able to take advantage of technology and learn online, but many were disadvantaged due to inequalities in access to IT and wifi. Mental health and wellbeing suffered within families for a variety of reasons, with an even greater loss of consistency around parenting.

Individual schools have embraced healthier, more active initiatives. For example:

Malton Primary Academy Sustrans' Big Walk and Wheel event 2022

230 pupils and 167 adults were involved, resulting in 50 pledges re active travel. Multiple initiatives since 2018/19 have seen:

- 20% reduction in pupils travelling to school by car
- 8% increase in cycling
- 8% increase in Park and Stride⁵⁰



In North Yorkshire, in response to the health-related concerns identified, we have developed a number of programmes, usually a mixture of online and face-to-face. The predominance of digital access is noticeable, again producing concerns around digital exclusion.

Healthy Schools

In order to encourage healthy behaviours within schools, North Yorkshire developed the Healthy Schools Award Programme which started in September 2019.

To date, 294 North Yorkshire schools have signed up (81% of schools in the county). 106 have so far achieved an award.⁵¹

There are 4 key themes:

- Active lives
- Food in schools
- Emotional health and wellbeing
- Personal, social and health education

(Plus staff wellbeing)

The programme uses a mixture of tech and non-tech approaches.

The website provides resources for schools and a place to upload applications for awards. Both training and celebration events are delivered face-to-face and online.

March 2023: an online pupil event focussing on Active Lives and Food with over 2000 pupils and 100 staff members from 46 primary schools.



"Very fun and interesting. I learned a lot of things and enjoyed the cooking and smoothies the most"

"Today was really fun we did different workshops and got to see the gardens. It was fabulous."

"We're really grateful to the team for making the award possible - it's nice to receive recognition for the difference we're making for our community."

"We enjoyed engaging with the programme - it helped us to look at the gaps in our approach to health and wellbeing and celebrate our achievements"

(school response to award scheme)



Back to Basics⁵²

2021-2023: we worked with Leeds Beckett University to develop and pilot a digital child weight management service. The project provided families with support via a website, YouTube videos, text messages, peer support via a WhatsApp group and 3 remote sessions with a dietician.

Families liked:

- Personal and flexible approach
- Information from videos
- Peer support via WhatsApp groups with other families

Improvements:

- More sessions with the dietician
- Access to physical activity sessions e.g. gym

Learning resulted in a new family weight management service for North Yorkshire: 'Healthy Families'.

The impact of COVID, altering routines, with increased screen use and increased anxiety has resulted in more cases of complex sleep issues at a national level, not just in the children in our county. To deal with the challenges we are increasingly seeing, HNY ICB have commissioned the Sleep Charity to provide a Sleep Service.

We know that not all primary aged children are getting a good night's sleep; a significant number of 10-11 year olds are going to bed after 10pm and many are tired during the day.⁴⁷

Sleep service in North Yorkshire

The Sleep Charity was commissioned by Humber and North Yorkshire ICB to help overcome children and young people's sleeping difficulties using:

- behavioural therapy
- sleep clinics and workshops
- information and advice for parents/carers and professionals through helplines, webinars and workshops

An e-book for families is available at <https://northyorkshireccg.nhs.uk/your-health-and-local-ser>⁴⁶

Sleep Practitioners in North Yorkshire Council

9 people across Early Help and the SEND hubs are trained Sleep Practitioners.

18 people are trained to deliver the Sleep Tight parenting programme.

This is offered on a referral basis for families working with the Children and Families Service. The course content focuses on promoting healthy sleep habits (e.g. good routines and limiting screens).

Sleep champions have been trained, including in a number in schools.



Whilst the Growing Up in North Yorkshire survey tells us about the health and wellbeing of thousands of pupils in school, we also need to be aware of those more vulnerable children who may be less engaged in the school system, but are working with Early Help teams and social workers.

In 2021-22 we held 7 focus groups with social workers, Early Help staff and foster carers to identify health-related issues in children in contact with social care.³⁵

Health-related issues:

- Barriers to dentistry particularly around access
- Families need support with cooking, budgeting, meal planning and access to food
- Disordered eating
- Support for families to get children active and away from screens
- Mental health support



As a result, we have put in place a number of programmes and services:

- Dental referral pathways to help vulnerable children gain access to local, flexibly commissioned dental practices
- Oral health training for professionals
- Healthy weight and oral health resource bank for professionals and families
- Looked at ways to help families with the cost of living, food insecurity and cooking on a budget



Social, emotional and mental health and wellbeing

The impact of the pandemic and successive school closures is becoming increasingly recognised, with children at 4-7 years old 10% more likely to have seen their social and emotional development worsen (52%) than 12-15 year olds. This negative effect is irrespective of socioeconomic status.⁵³

Parental economic instability is thought to have had a particular impact, even if earnings were not lost.

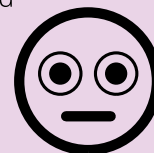
Page 42 Other factors affecting children's development included lack of contact with friends and family and illness or death among loved ones. The latter point is a particular worry seen in local data in 10 and 11 year olds.

The primary school years are a time when our children increasingly recognise a wider world around themselves. With so many current concerns, including climate change and the cost of living, our young people are worrying more. It is therefore increasingly important that we use these years to teach the children about the importance of good mental health, how to boost their resilience and protect their wellbeing.

Therefore, a whole system approach to mental health and wellbeing is needed from a very young age.

Worries

As mentioned earlier, despite being so young and hopefully relatively protected from the trials in the world outside, our primary-aged children are worriers:



Year 2

67% worry about something most days; this hasn't changed since 2010.

Family is the main source of worry. However, 23% of both boys and girls worry about how they look.

Year 6

86% worry about something most days, a large increase from the pre-pandemic years.

It is worth highlighting again the impact of the pandemic, with the death of a loved one the top worry for both boys (55%) and girls (64%). Also of significance is the onset of the gender difference in worrying about appearance; 25% of boys, but 44% of girls⁴⁷

Resilience

This is the ability of our children to cope with the stresses and challenges that life throws at them. Having a responsible adult to talk to in a safe environment is recognised as resilience building.

Within Year 6:

22% scored **low** on resilience (15% in 2014)

23% scored **high** on resilience (38% in 2014)

Overall we see **children emotionally less able to cope with stress and worrying more.**⁴⁷

"Additional pastoral roles have been implemented within the school to support student wellbeing and mental health and we are already seeing positive results.

"We have been planting our own fruit and vegetables, then caring for them and eating them for snacks.

"It has definitely made a positive impact on our school, allowing all children to eat healthily and live more healthy active lives"

(School quote on impact of taking part in healthy schools award)

Bullying, year 6

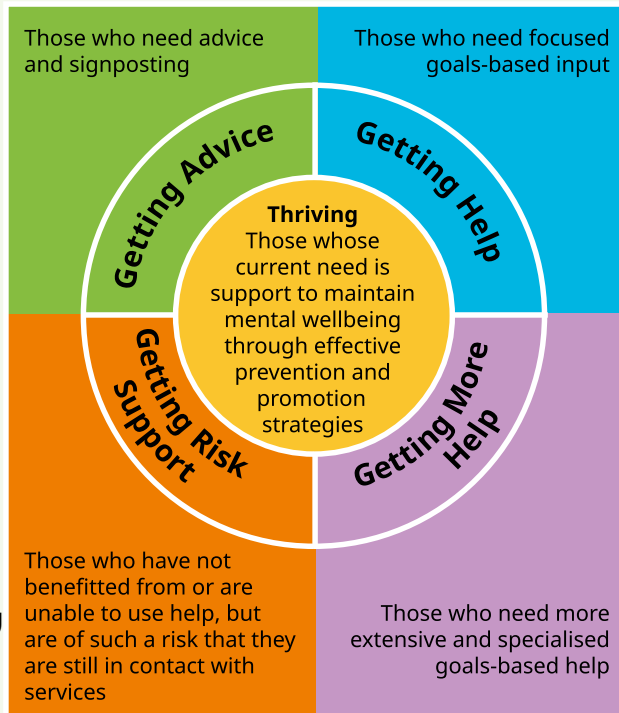
Some of the ways in which stress and worries may manifest is in bullying. The experience of being bullied in turn produces huge levels of stress and can be considered to be an adverse childhood experience, affecting young people for years. We have seen an increase since the pre-pandemic years in children being bullied:

27% of pupils were pushed/hit for no reason in the month prior to being surveyed (19% in 2018).

27% of boys and 41% of girls 'sometimes' feel afraid to go to school because they may be bullied. This has increased over time.

67% think their school takes bullying seriously.⁴⁷





SEMH in Primary Schools

The SEMH Team works with primary schools to provide training, advice and support to pupils. Training for school staff includes 'Unlocking SEMH' and 'Unlocking ADHD'.

Work has focused on supporting schools, pupils and families around preventing/managing exclusion, and in helping those who struggle with attendance by co-producing support and guidance materials with parents/carers.



We have feedback from children about what things make them happy:⁴⁹

- Friends
- Family
- Pets
- Technology
- School
- Nature and countryside
- Hobbies
- Activities
- Games
- Books
- Teachers

It is vital when we look to support children and young people's mental health and wellbeing that we speak the same language across the entire health and care system. Therefore, across North Yorkshire, we have adopted the iThrive model of social, emotional and mental health.

Our Social, Emotional and Mental Health (SEMH) system is multi-agency, with a shared and inclusive language working on co-owned priorities towards a joint vision.⁵⁴



Heads Up (Richmondshire Early Help Team)

We have a targeted programme for 4-8 years old and their parents, aimed at supporting the child's emotional wellbeing. It is run over 6 weeks, either face-to-face or virtually, with a different theme for each week:

- Self esteem
- Emotions
- Anxiety
- Anger
- Friendships and safe relationships
- Being kind



Attachment and trauma aware schools project

The Virtual School (for Children in Care) has employed an educational psychologist to train schools in attachment and trauma, recognising the importance of adverse childhood experiences on the entire life course.

They rolled out the 'Attachment Aware Schools Project: Developing Trauma Responsive Practice.'

The aim is to work with schools to embed trauma-informed best practice at an individual and system level when working with vulnerable pupils.

The project is available to primary, secondary and special schools where at least one Looked After Child is on the school roll. Currently we have 112 schools involved across North Yorkshire.



Service Children's Champions (Richmondshire Early Help)

The service works in schools with children and young people aged 5-18 from military families. It supports emotional wellbeing especially at times of transition or when serving parents are deployed which we know are particularly difficult for children.

It comprises workshops or a 5-week programme – the 5 Ways to Wellbeing. Future plans for the group include a 6-week parental emotional wellbeing group, thus recognising the strains of military life on entire families.





The life of the child: Secondary



Secondary



The secondary school years are a time of huge upheaval for the 34,058 young people between 12 and 16 in North Yorkshire.¹³

From fresh-faced 11-12 year olds, they go through the trials of puberty and finally sit their first major public examinations at 16, their GCSEs. For the oldest years, the foundation knowledge, on which their GCSE examinations are based, was hugely disrupted, between lockdowns, burst 'bubbles' and teacher sickness. Information was delivered

solely online, but could only be as effective as their skills, connectivity and equipment; we cannot underestimate the difference this has made to core learning and young people's ability to understand how best they learn, as well as their ability to socialise with and support their peers.

The changes our young people experience are many and varied, including:

- Physical development, including growth spurt and sexual maturation.
- Cognitive development, with evidence suggesting brain development continues up to age 25.
- Emotional development, including identity, self-esteem and resilience.
- Behavioural development, including risk taking and the beginning of lifelong behaviours.

The bulk of these changes happen in just a few short years, whilst young people are grappling with so many challenges within their family, school and social lives.

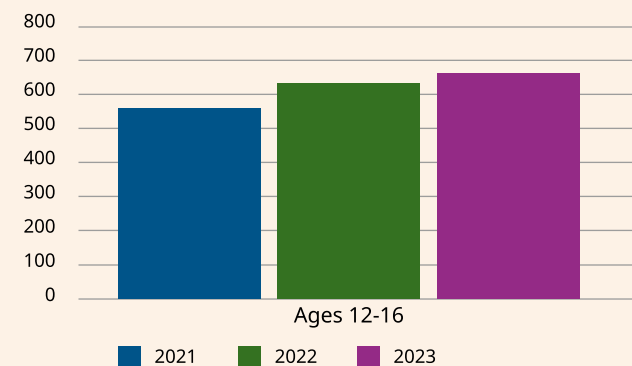
In this age group, we also see the rising impact of social media. Some interactions may be carried out almost entirely online with parents less able to influence their child's social contacts.⁵⁵



The majority of our young people are in school, but, unlike in the primary years, the substantial rise during COVID-19 in the numbers being Electively Home Educated has not abated. The numbers continue to rise, with 665 young people aged 12-16 being educated at home in 2023, with the commonest reason being stress and anxiety (42%).⁴⁴

Secondary school electively home educated at end of academic year 2022/23

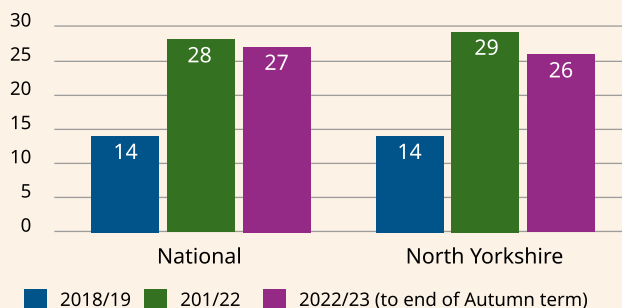
Education and Attainment Data, CYPS (Children & Young People's Services), North Yorkshire Council



For those young people who are persistently absent from school, with less than 90% attendance, the numbers are similar to those in the previous year, but still nearly double the pre-pandemic levels (14.3%). Currently, a quarter of young people have less than 90% attendance at school.⁴⁴

Percentage of secondary pupils persistently absent in North Yorkshire

Education and Attainment Data, CYPS (Children & Young People's Services), North Yorkshire Council



However, in this age group, there is growing awareness of wider societal pressures, including the cost of living:

"Our houses are getting damp and full of mould and it's really embarrassing. It's not just me it's all my friends."

"One of my school friends has got holes in her school shoes but she knows her mum hasn't got any money so she's not even telling her they are broken because she doesn't want her to worry."

Our young people's learning is objectively measured at the end of these years using GCSE results. For those without any special education needs (SEN), they outperform their peers nationally, with 59% achieving grades 5-9 (9 being the highest, equivalent to A**) in English and maths. This is testament to the hard work put in by young people, their families, teachers and all supporting staff.

However, those with SEN achieve slightly lower than the national levels. The attainment gap in NY between those with SEN and those without SEN is 42%, whereas the gap nationally is 38%.³⁵

For some, however, school life is not always positive. Bullying and sexual harassment exists in the school environment. Being teased, left out and being pushed or hit are the commonest negative behaviours experienced. However, 11% of boys and 21% of girls had previously witnessed/ experienced sexual harassment, with only 15% reporting it.⁵⁶



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Despite all these challenges, young people tell us their lives still revolve around friends, family and fun:

"It's fun where I live as I have my best mate living next door to me."

"Nice town - a lot of green space"



Healthy adolescence

There is no doubting puberty is difficult. It is a time of turbulent emotions and physical changes, when young people may feel they do not recognise themselves.

Young people are now taking more responsibility for their own activity levels and eating habits, with health behaviours becoming ingrained. It is therefore important that we promote positive choices and give consistent messages.

When asked what would make your life better young people said:



Through the Growing Up in North Yorkshire survey of Year 8 and Year 10 pupils, we know much about the health and health behaviours of our secondary age pupils:⁴⁷

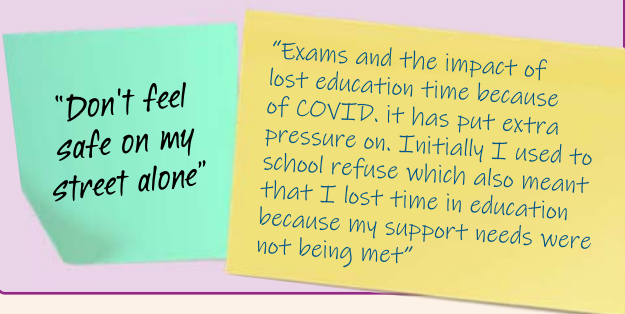
Social, emotional and mental health

Mental health and wellbeing has deteriorated markedly since before the pandemic. We ask young people about their worries, wellbeing and measure their levels of resilience.

71% worry often or all of the time, girls more than boys.

Boys have better wellbeing and higher resilience than girls. Socioeconomic factors also play a part; young people in receipt of free school meals have lower wellbeing and resilience. However, special education needs are not a factor that hugely affects wellbeing.

Worryingly, **22% of young people said they rarely felt optimistic about the future.**⁴⁷



Healthy eating and physical activity

Whilst health advice regularly recommends having breakfast, 1 in 5 of our young people had nothing to eat on the morning when they were surveyed.

12% were often on a diet, or were careful not to eat too much (girls more than boys), but worryingly over 40% described having a disordered relationship with food at some

point e.g. regularly making themselves sick, an extreme diet or extreme exercise.

Whilst 44% were physically active for at least 2 hours per week at school, nearly three quarters of Year 8 and 10 pupils would like to be more active.⁴⁷

Sexual relationships and sexual health

Older secondary age pupils (Y10+) are starting to explore their sexuality; 17% were either in, or had been in a sexual relationship in the past. However only half said they had always used a method of contraception and 11% were unsure if they had.

61% of Y10 pupils had knowledge of sexual health services, knew how to use it or had used it in the past. However 39% had never heard of it. 24% know where to go to access free condoms.⁴⁷

Alcohol, drugs, smoking and vaping

A third of Year 10 pupils had drunk alcohol in the week prior to being asked, as well as a far smaller proportion of Year 8s.

Fewer than 10% of secondary school pupils had ever tried drugs.

Whilst 18% of Year 8 and 10 pupils had tried, or were currently smoking, **over a third had tried vaping.** Just under 1 in 10 pupils regularly vaped. More worryingly, there was a gender difference, with 17% of Year 10 girls vaping regularly, versus only 9% of Year 10 boys.⁴⁷



Innovative adolescence

Adolescence is a period where peers are increasingly influential, but this may not involve socialising in person. Technology is an overwhelming presence in all young people's lives and if services wish to connect and interact with adolescents, we too need to embrace modern ways of communicating.

Making the most of the opportunities offered by the digital age, however, requires both the financial means and wifi connection. Therefore for those young people not able to easily access the online world, this can lead to increasing isolation and loss of learning.

Young people are aware that the digital world may not offer the best of experiences; they tell us that whilst an online presence is not always positive, they feel an obligation to remain on social media; it has become an essential part of both learning and socialising.

Online communication and experiences

84% of young people communicate via messaging apps. Perhaps the most surprising thing about this fact is that it is not higher. Although when asking girls, this increases to 89%. The gender differences continue, with 43% overall communicating through online games, but this is >60% in boys.

More worrying, **nearly a third communicate online with those they have never met.**

When we asked Year 10 pupils about their online presence, girls generally had a more negative experience than boys. For example, nearly half of girls and nearly a third of boys had received nudes or semi-nudes. Over 1 in 10 girls had sent personal information they then regretted.⁴⁷

We need to ensure that we are providing young people with the tools to consider their online activity and act with greater caution, whilst still gaining the benefits the internet provides.

"A friend of mine sent pictures and they got passed around the school. People don't know that it's actually illegal to send naked pictures and they always get spread around."

In North Yorkshire, we have taken advantage of the drive towards digital groups to offer support to groups of young people who may otherwise feel increasingly isolated and disconnected:

"My workers listening to me and making sure that I am part of conversations about decisions that will impact on me is important to me"

Children and young people in care

North Yorkshire Care Champions are a group of care-experienced young people, up to the age of 25, who come together to improve care services.

There are monthly social activities and events as well as regular meetings between Care Champions and senior council leaders. In 2022, they created a video around the language of the care system to tackle stigma.

There are 198 young people of secondary school age in care in North Yorkshire.



North Yorkshire Youth Pride

Established in May 2022 to offer an online and regular meeting for young LGBTQ+ people who feel isolated and disconnected.

The meetings are to provide a supportive and safe space, design workshops linked to LGBTQ+ campaigns and raise awareness of issues.

The main concerns of the group are:

- Underskilled workers with no formal training on LGBTQ+ issues or specific safeguarding training that will be required
- Addressing risky behaviour
- Ensuring that mental health is a key priority with the group, who are statistically more likely to experience issues that others of the same age.



Flying High is a weekly online group for young people with SEND.

They conduct their own campaigns including on bullying and unconscious bias. They produced their own posters for the campaigns.

They have even met face-to-face in the council chambers.



Skipton Pride and Progress

The Craven Communities Together partnership group has been focussing on improving the lives of LGBTQ+ children and young people.

Skipton Pride started in 2022, with organisers including SELFA Children's Charity, Craven Youth Council and North Yorkshire Youth. The subsequent, very successful event took place in July 2023.



Whilst innovation is often synonymous with digital in this age group, there are also other innovative groups and programmes which do not involve technology:

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School Zone project: Selby High School

Trading Standards have been working with Selby High School to improve the food and drink offer.

In response to insight work with the school:

- Increased salad and vegetables in wraps and sandwiches; 75% now have salad and/or veg
- All bread is now either 50/50 or wholemeal bread
- Wraps are either wholemeal or beetroot
- Reduced single use plastic (plates, cutlery)
- Eliminated single use plastic bottles with water filling stations and pupils are encouraged to bring reusable containers.

Learning has been shared with other schools via a webinar in June 2023. A 'Good Practice' resource is being developed.

Immunisations

Tackling vaccine hesitancy in Scarborough

A whole-system approach has been developed to tackle screening and immunisations health inequalities in Scarborough.

A multi-agency group, including public health, NHS, social care and local organisations work together to tackle vaccine hesitancy at a local level and develop appropriate communications.

As a result, there has been an increase in vaccine uptake. Further work is ongoing.

Gillick competence and vaccine consent

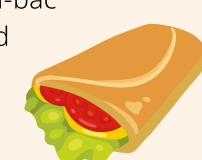
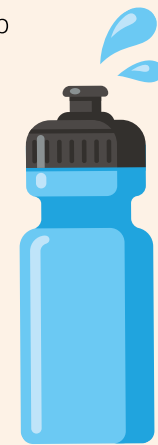
Webinars have been delivered to schools in preparation for the use of Gillick competence in vaccine consent. This is in the event that all other efforts to obtain parental/carer consent in a young person under 16 deemed competent have not been successful. That young person will be able to consent to their own vaccinations as long as they fully understand the intervention.

Pupil voice at Bedale High School

In 2023 NYC Healthy Schools and Public Health worked with Bedale High School to help improve their food and drink offer. Feedback from pupils about school food and the dining experience was gathered via an online survey, and a focus group with pupils receiving free school meals (FSMs).

Following pupil feedback:

- New healthy food options are being trialled including a cold meal deal
- There will be more communication around school food, and clearer pricing
- Free drinking water is promoted and funding sought to give FSM pupils reusable bottles
- The school is exploring if pupils' unspent daily FSM money can be rolled over to the next day
- Extra dining space, more seating, and anti-bac for the payment touchpad will be provided
- The pupil survey template is available for other schools to use



Social, emotional and mental health in adolescence

We know that the transition from primary to secondary school is exciting for some young people, but for others is filled with anxiety and can be intimidating. There are new people, a new school, new surroundings; it can be overwhelming. Add to this the upheaval of puberty – the combination may exacerbate existing mental health difficulties, or manifest new ones.

We also know that anxiety and stress is the main reason for our secondary age pupils to be Electively Home Educated. It is therefore vital that we support our young people and better understand their needs.

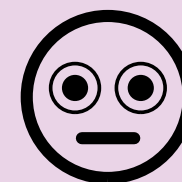


Worrying/negative emotions

When we asked our young people about their worries and negative emotions, it was clear that we need to support resilience and wellbeing to a far greater extent. Our adolescents told us:⁴⁷

71% of Years 8 and 10 pupils worry about something often or all of the time.

53% have felt lonely at least sometimes in the 2 weeks prior to the survey.



Girls tend to worry more about everything:

	Girls	Boys
Personal appearance	62%	24%
Exams and tests	56%	30%
School work	47%	20%
Friends	37%	17%

In reaction to these worries, 36% would talk to someone, 49% would listen to music and 44% would think about it on their own.⁴⁷

A third do not have an adult they feel they can talk to.

Self harm

In 2022, 28% of Year 8 and Year 10 pupils had deliberately harmed themselves in the previous year, girls (37%) more than boys (17%).

Even more extreme, 38% have harmed themselves, thought of taking their own life, or attempted to take their own life in the previous year. Again, girls (47%) more than boys (27%).

Nearly half of those experiencing issues around self-harm did not tell anyone.

Minority groups were significantly more likely to have thoughts or actions around self-harm, in particular, LGBTQ+ young people, young carers, children in the care system and those receiving free school meals.⁴⁷

There are many risk factors for poor mental health and wellbeing in adolescence including:

School-based:

- Bullying
- Peer relationships
- School exclusion

Family circumstances:

- Young carer
- Looked after children
- Military family
- Mental ill health in family

Personal:

- LGBTQ+

Broader factors:

- Poverty and financial insecurity
- Housing/homelessness



Therefore in a digital world, where social media has increasing influence, and our young people are struggling with the effects of how they are perceived by others, school work and exams, peer relationships and loneliness, how do we take a whole system approach to improve the mental wellbeing of such a large group?

As seen with our primary school children, we have adopted the iThrive model, embedding a shared and inclusive language throughout the county. This includes education, Early Help and the voluntary and community sector. We are promoting mental health as everyone's business, but at the same time showing that we do not have to be experts; a listening ear and providing a consistent voice as a trusted adult, may be all that is required, whilst signposting if necessary.⁵⁷

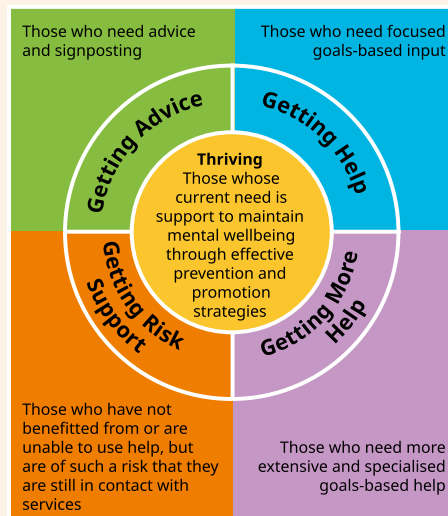
Getting Advice

The Go-To website The Go-To - Emotional wellbeing and mental health (thegoto.org.uk)

Fitting within the 'Getting advice' quadrant of iThrive, the

Go-To website is a single point of information for the whole range of mental health support offered by different agencies across North Yorkshire.

The website signposts young people to the most appropriate agencies and has tips and information to help young people cope with stress and anxiety. The website was developed by a collaboration of the NHS and North Yorkshire Council.



Risk Support

For those who need Risk Support, the CAMHS service provides crisis support for those who need it most, as well as the eating disorder service. We aim to ensure that the whole system is aware of all the different parts of itself so young people are directed to the most appropriate level and type of support as early as possible.

Getting Help



Mental health support teams in schools

These teams are part of our 'Getting Help' service, with 3 main functions:

1. Support educational settings to develop a whole school approach to wellbeing.
2. Provide timely advice, consultation and signposting to teaching staff.
3. Provide evidence-based psychosocial interventions, based on CBT, either 1-2-1 or in groups.

The service is available in primary, secondary and further education settings. It is also available for electively home educated young people and those excluded. We know that schools in Scarborough are seeing higher numbers of young people needing support, so an extra schools team is now in place.

Getting Help | Getting More Help

Youth in Mind, Craven



A partnership of mental health and wellbeing organisations that deliver school, community and hospital-based support to children and young people aged 5-25 in Bradford and Craven. Support is also available for families and professionals.

Craven Buddies provide virtual, community and school-based support to young people living or attending school in Craven who need help with their emotional and mental wellbeing.

Outside education settings, **Compass**



Phoenix is our mainstay service providing Help and More Help. They are supporting increasing numbers of young people. There are four main aspects to the service:

- 1-2-1 or group work to support young people who have mild to moderate mental health difficulties
- Support to schools to develop a whole school approach re emotional wellbeing
- Professional consultation to school and college staff, providing advice and guidance on emotional wellbeing and mental health
- The BUZZ US text messaging service





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The life of the child: Late adolescence and early adulthood



Late adolescence and early adulthood



In Children and Young People’s Public Health, we are responsible for those young adults aged 17 and 18, but we also provide for those with Special Educational Needs and Disabilities (SEND), or those who have experience of the care system, until they are 25.

In some ways, the needs of young adults are just the same as those of younger children, in that they still need age-appropriate facilities in safe surroundings and we wish to help them grow into confident, resilient, healthy adults. However, requirements may differ substantially; some young people wish to stay in education or training, accessing a variety of further qualifications, whilst others wish to enter the workforce. Safe, convenient transport options are also required.

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This is the point when young people make significant life decisions around their careers and education and start planning for the future, moving towards independence from their parents, although economic autonomy usually takes longer now than in previous generations.

However, national research has found that happiness and confidence of 16-25 year olds is at an all-time low, with the main worry being the cost of living.

In NY, we have 13,293 young adults aged 17 and 18 with a further 31,113 aged 19-25.¹³ Between 16 and 24, the majority of young people are either in employment, or they are students:⁵⁸

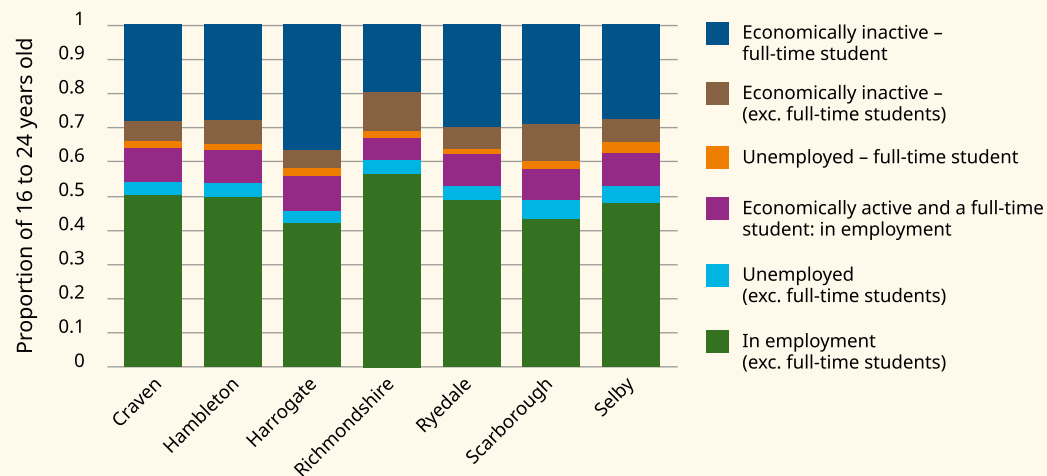
"I really do believe that in having greater community or our specific needs met in that way, that we are happier and maybe more able to make decisions that positively impact on our health in other ways too."

"...the cost of living crisis to rent is very expensive and to buy is incredibly expensive and with what I want to do with travel it's kind of out of the question to afford a mortgage really"

"I am in education and I have got a lot of support here and I have the staff to talk to if I am worried or if I have a lot of things on my mind"

Economic activity status

Age and economic activity status – Office for National Statistics



In 2022/23, there were 3,979 young people aged 17-26 on Education, Health and Care Plans (EHCP).³⁵ The commonest reasons for these plans were autism, social, emotional and mental health, moderate learning difficulties, personality disorders and speech, language and communication needs.

We have 4 Youth Councils influencing local decisions across the region in their local communities. Meetings may be online, in council chambers, or even above the local burger place!



[Local Youth Councils | North Yorkshire Council](#)





The other group for whom we have ongoing responsibilities are those young people leaving the care system. We know that these young people have a higher level of need, in terms of physical and mental health and a greater level of SEN. Therefore there is significant council investment in assisting young people leaving care into adulthood.

North Yorkshire Council has a Core Offer where all NYC departments are regarded as 'corporate parents' with a shared responsibility to be good parents to those leaving the care of the Local Authority. Of those leaving care in 2022/23, nearly two thirds were in education, training or employment. 485 young adults were supported by Leaving Care. 97% were in suitable accommodation and 99% had an Authorised Pathway Plan which sets out how a care leaver will continue to be supported as an independent adult. Each young person leaving care has a care worker to support the transition.⁵⁹

Late adolescence health

Most young adults in our county are healthy and physically fit. However, there are certain lifestyle issues that can have a long-lasting, negative impact and it is our responsibility to inform young people and work to reduce these risks as much as possible.

To optimise mental health and wellbeing, we have asked young people to describe where they live and identify opportunities with which we can help:

Where I live:

- Fun, quiet, with nice communities and it feels safe

Issues:

- Nothing to do, too far from shops, lack of transport

Opportunities:

- More opportunities, especially in the arts
- Better transport
- Bus pre-09:30 to help people get to work

"As someone used to the accessibility of a city now stuck in a small village with unreliable and infrequent transport, I found it very difficult to reintegrate post the lifting of lockdown restrictions"

"Even though it's not a young person's issue, if your parents are worried about money it affects you and you feel their stress and maybe they can't afford things for you."

"You can't win because you can experience something awful online, but there's still a pressure to feel like you have to be on social media. You can't just come off."

It is clear that our young adults value family, friends and leisure, just like our younger children. However, their independence now requires easier transport options for both work and leisure.

In the lockdown years, when many young adults avoided the stresses of public examinations, other disruption and challenges took their place, like financial worries. The pandemic has had significant negative impacts on young people's mental health and wellbeing, with those young people with Special Educational Needs affected disproportionately. Nationally, the rates of probable mental health disorder in 17-19 year olds increased from 10.1% in 2017 to 17.4% in 2021.⁶⁰

The mitigating effects of technology, keeping young adults socially connected during lockdowns, have also had a negative impact on their wellbeing. The online world is now well and truly established in this age group, with 94% of 17 and 18 year olds in NY communicating with their peers via social media.

However, online safety is a concern:⁴⁷

43% received nude or semi-nude images, of whom 10% then sent one back.

Other concerning behaviours include a fifth experiencing someone texting or showing them pictures which upset them, and 1 in 10 sending personal information to someone which they then regretted.

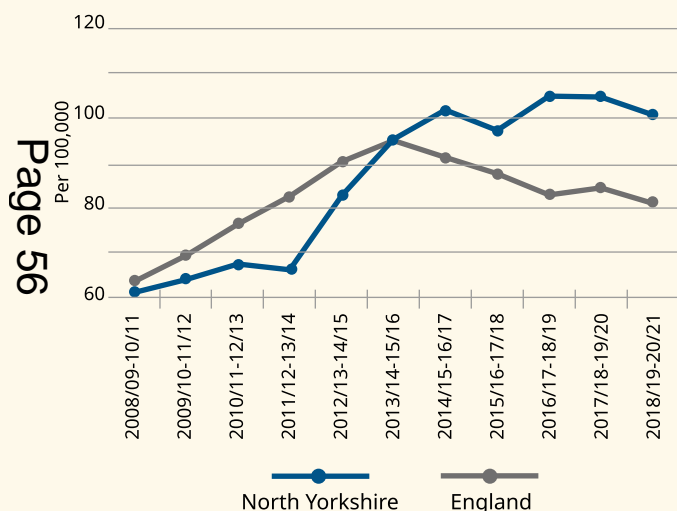
8% have been bullied online.



We also know that North Yorkshire has persistently high rates of admissions for substance use for young people aged 15-24, significantly above their peer nationally. There has also been a gender-related shift, with admissions in females aged 15-24 overtaking those in males for the last few years.

Hospital admissions due to substance misuse (15 to 24 years)

<https://fingertips.phe.org.uk/profile/child-health-profiles/data#page/4/gid/1938133228/pat/6/par/E12000003/ati/402/are/E10000023/iid/90808/age/156/sex/4/cat/-1/ctp/-1/yr/3/cid/4/tbm/1>



The final health concern we identified in this age group concerns teenage pregnancy. The under-18 conception rate has fallen by over 70% in both North Yorkshire and across England over the last 20 years. However, 2021 rates show that Scarborough has consistently higher levels than elsewhere in North Yorkshire.⁶¹

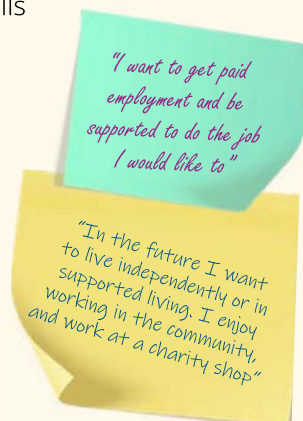
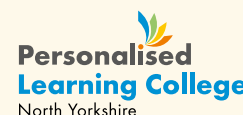
Late adolescence and innovation

The aspects of our lives in North Yorkshire today that have greatest impact on young adults are not directly connected with health, but the environment in which we live. Those wider determinants of health and wellbeing have a huge influence on lifestyle, as well as social, financial and health inequalities. Housing, employment, education and transport have a direct impact on health and wellbeing. They are therefore vital aspects in our support for those entering adult life.

Employment: Personalised Learning College

This caters for learners aged 16-25 with an EHCP, up to 5 days per week, term time. It provides them with a Personalised Learning Pathway:

- Personal progress focussing on life skills
- Independence focussing on independent living skills
- Employment, focussing on transitions into the world of work

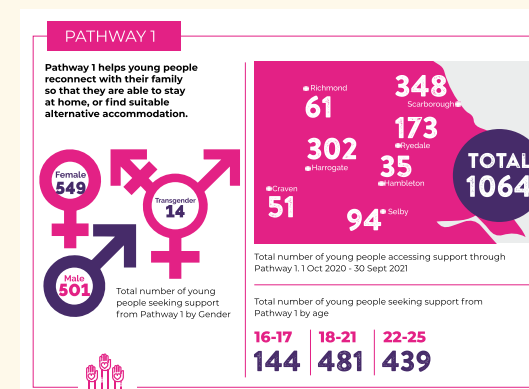


There has been a steady increase in the number of young people enrolled and continuing their education from just 38 in 2015/16 to 169 currently.⁶²

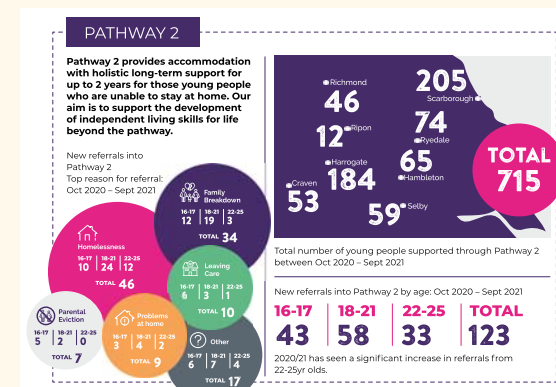
Housing: Young People's Pathway

The pathway offers young people the necessary support, advice and mediation to enable them to stay in their present accommodation. Where it is not possible for someone to stay at home, there are a variety of options:⁶³

Pathway 1: helping young people reconnect with family. 1064 supported across North Yorkshire.



Pathway 2 provides accommodation with holistic long-term support for up to 2 years for those young people unable to stay at home.



NYC Graduate Programme

Graduates have the opportunity to develop a wide range of skills in roles supporting the operational delivery of frontline services. They are then able to apply for internal and external vacancies which arise.⁶⁴

"Overall, the reason I moved to North Yorkshire was due to the opportunities available for careers as well as recreationally and socially." (NYC Graduate Trainee)

NYC Apprenticeships

Apprenticeships are increasingly recognised as an excellent alternative to traditional education routes and the range of apprenticeship qualifications goes to degree level and beyond.

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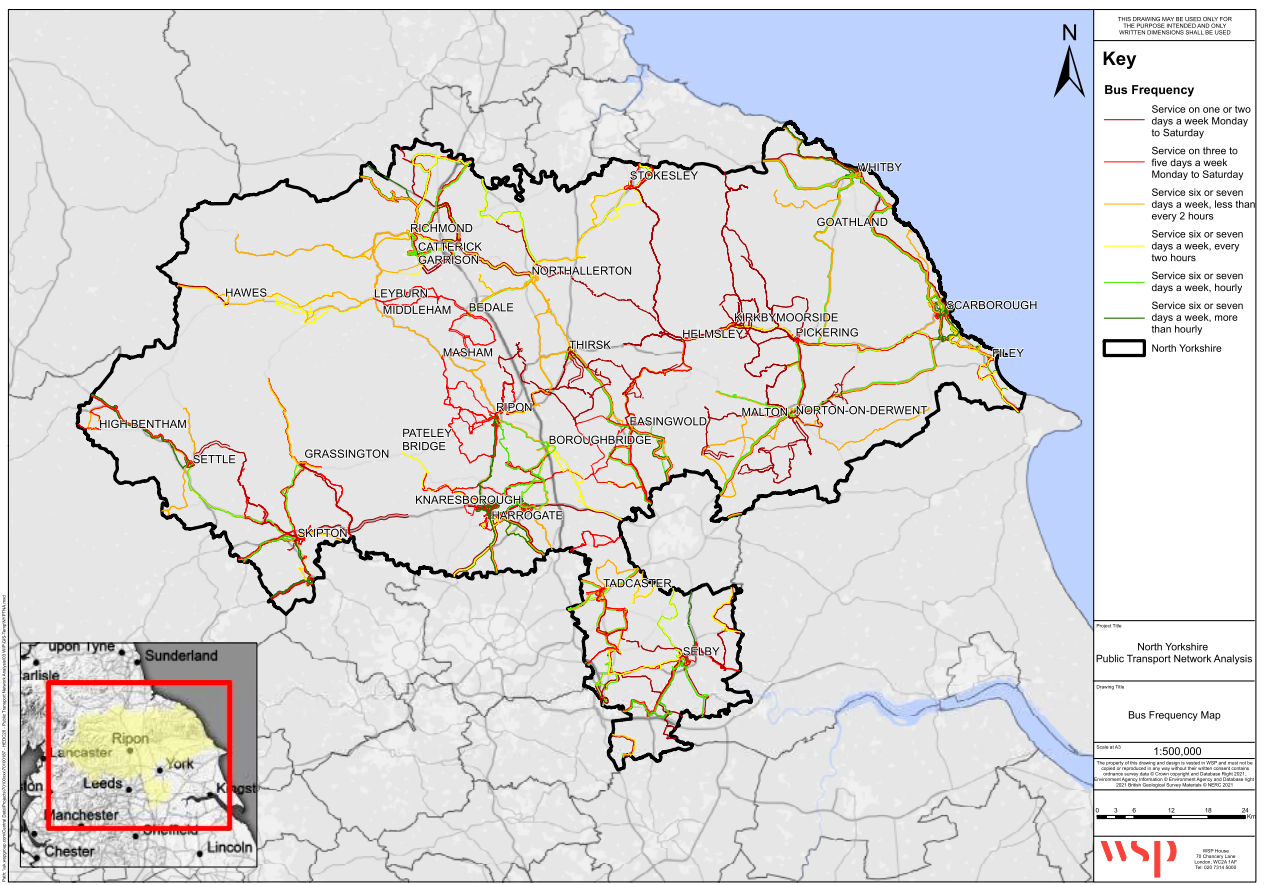


Transport

Transport has been a long-standing challenge in North Yorkshire mainly due to the rurality of the county. A North Yorkshire Rural Commission enquiry was conducted in 2019 finding that young people can take hours with multiple changes to get to Further Education colleges. Lack of transport reduces the education and employment opportunities available to our young adults.⁶⁵

"Bus passes that worked before 9:30am to give me more opportunities for work"

"Must travel everywhere which is hard for someone in a wheelchair getting on public transport"



Late adolescence, innovation and SEND

There are some excellent opportunities and programmes for those young people with SEN to enable them to enter the workforce and transition to independent adulthood. There are internships, apprenticeships and traineeships, all of which help young people with additional needs into employment, with the resulting health and wellbeing benefits. SEN should not be a barrier to employment. In 2022-23 we have seen a large increase in 19-25 year olds engaging in adult learning programmes.

Preparing for adulthood

This programme enables and empowers children, young people and adults with SEND as well as their families to prepare for a smooth transition to adulthood.

There are 4 principles:

- Opportunities for further education and employment.
- Independent living including access to supported living.
- Having friends, relationships and being part of the community.
- Being healthy.

Preparing for adulthood

The programme promotes community participation and independence.

There is an Outcomes Guide focussed on the 4 principles, used to set personalised goals for children and young people which are not limited to the school curriculum.⁶⁶

There are also guides for parents:

<https://www.northyorks.gov.uk/children-and-families/send-local-offer/send-information-parents-and-carers/preparing-adulthood-parents-guide>

"...another big issue I found living rurally with the transport was the way it massively limited job opportunities. As a young, recently physically disabled individual who was looking for work with no real experience, firstly it was nearly impossible anyway but with the limitations on getting there, I really felt like I had no hope. I am thankful to have family who can and have supported me."

"I want to get paid employment and be supported to do the job I would like to"

Young people with SEND wished for a world that does not discriminate against SEND.

School students have said they like other young people with disabilities visiting them at school. The visits provide an opportunity to inform young people about new service developments.

"I want... to get employment as a front of house member of staff in a café or school. I know what I want to do and just need the support to do it"

Flying High

Flying High is a group that gives young people with SEND a voice. It is for young people aged 11-25, although most young people attending are 17-25. The group meet regularly to make decisions on the services that affect them and everyone is accepted, supported and highly valued.

Members are involved in a vast and varied range of activities:

- Consultations and initiatives to improve children and young people's services.
- Attend and present at meetings and events, including awareness-raising sessions for professionals.
- Schools to canvas other young people.
- Recruitment processes for staff.

Flying High then offer a number of opportunities after secondary school:

- Supported internships: work-based study programme for 16-24 year olds with SEND who have an EHCP. Unpaid and for 12 months. Young people spend most of their time in the workplace.
- Apprenticeships: work-based training for 16-25 year olds where they have a paid job and training, gaining industry knowledge and skills, whilst working towards a nationally recognised qualification.
- Traineeships: work-based study for 16-24 year olds, lasting from 6 weeks to a year. The aim is to develop work skills to gain paid employment. This is a stepping stone to work or an apprenticeship.

These opportunities are advertised on social media, door-drop flyers, as well as rely on word of mouth within community groups to reach as wide a group as possible.⁶⁷



Late adolescence and healthy behaviours

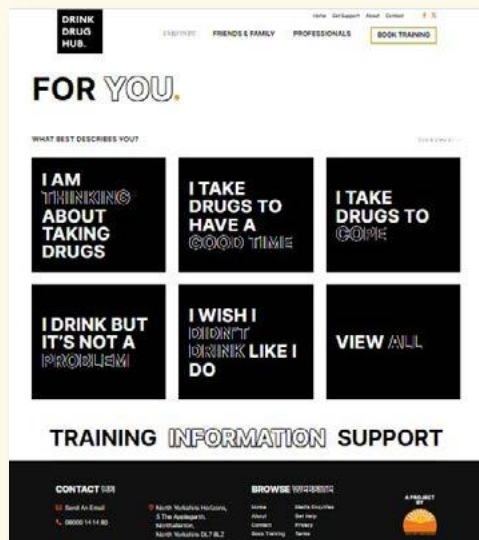
As mentioned above, the majority of young adults in North Yorkshire are physically healthy, but there are a number of negative health behaviours which can cause long-lasting damage. We therefore need to look at how best to address these and reduce the risk to both young people themselves and the whole community in which they live.

Alcohol and substance use: A harm reduction approach

The persistent, relatively high level of drug and alcohol hospital admissions for children and young people in North Yorkshire necessitates greater understanding around alcohol and substance use across the county.

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The Drink Drug Hub, the local harm reduction website, provides the most up-to-date advice. It hosts free training for professionals and the general public on a range of drug and alcohol-related topics. The website was developed with the help of Selby College students who even chose the name of the site.



[Providing Information & Support for Drink & Drugs - Drink Drug Hub](#)⁶⁸

From a 2023 Drugs Needs Assessment and youth engagement, a variety of measures are being enacted:

- Utilise digital Police Community Support Officers to tackle the availability of drugs online
- Raise awareness of the support that can be offered to young people who are living with someone with addiction.
- Promote Operation Choice, NY Police's prosecution diversion scheme.
- NYSCP (safeguardingchildren.co.uk)



Sexual health and young people

YorSexualHealth (YSH) provides an open access, integrated sexual health service but knowledge of the service is a little patchy.

Services include:

- Sexually transmitted infection testing and treatment
- Full range of contraception, including emergency as well as condom distribution
- Outreach team working with those most at risk of poorer sexual health outcomes
- Counselling services for young people to self-refer or via professionals

Organisations are working specifically with young people and carers in Scarborough where we know rates of unplanned pregnancies are higher.⁶⁹

Experiences of teenage pregnancy and parenthood in Scarborough

Whilst teenage pregnancy is associated with some negative health outcomes for mum and baby, it is also true that it is a very positive experience for some. We therefore wanted to know about the challenges our young parents encountered, the positives and how we can help. Arts-based workshops and interviews were held with young parents (aged 17-23) plus discussions with professionals.

Challenges identified:

- Cost-of-living
- Cuts to support services
- Age-related stigma and discrimination in both the local community and with health and social care staff.

Of particular note, the fear of social services becoming involved in the lives of their children led to high levels of stress and anxiety.

Positives described were how our young parents' lives had been enriched by becoming parents. They are determined to prove themselves.⁷⁰

[Journeys into Parenthood Becoming and Being a Young Parent - YouTube](#)



Late Adolescence and mental health

By now, hopefully, our young people are growing into healthy, resilient, well-rounded adults. However, we recognise that no matter how outwardly well they may appear, there are always stresses and strains of independent living that can challenge the most hardy of individuals.

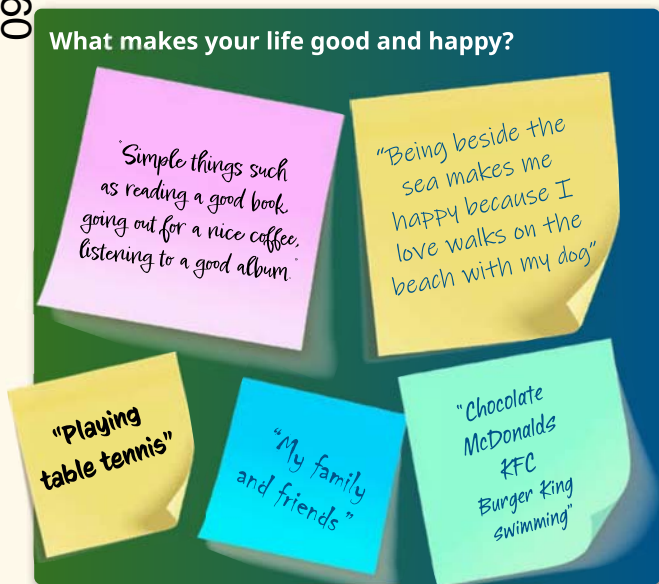
It is important therefore that we provide a safety net for those in need. Growing independence, particularly in the context of the pandemic has taken its toll on some more than others.

Those with SEND or those under the care of child mental health services are particularly vulnerable.

But first we need to consider the positives; what makes young adults happy?

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What makes your life good and happy?



Special Educational Needs and Disabilities

In the first year of the pandemic, those with SEND had increased behavioural and emotional difficulties, as well as mental ill-health.

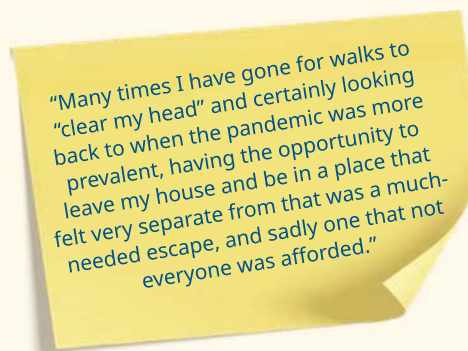
Up to June 2021, parents/carers of young people with SEND reported that their children experienced higher rates of mental health issues and greater anxiety than those without SEND.

Transitions

The difficulty with the transition from child to adult mental health services is well documented and longstanding, often being described as a 'cliff edge.'

Whilst some young people are transferred to adult services, others are not, but whatever happens at 18 must be communicated fully and the young person supported throughout.

Improvements have been called for by Government; the NHS Long Term Plan recognises the gap created by the current model of mental health services and is committed to extending current models to cover 0-25. However, this is not fully developed nationally or locally in North Yorkshire.



Effects of gender

In the younger years, boys almost universally fare better with their mental health and wellbeing than girls. The same is true for young adults. Boys generally have greater symptoms of behavioural and attentional difficulties. However, in all other measures, girls fare worse than boys. This includes:

- Higher levels of emotional difficulties
- Greater psychological distress (aged 16-24)
- Poorer wellbeing
- Greater anxiety

In April and May 2021 girls were twice as likely to report being unhappy with their mental health. Teenage girls (16 and 17) were more worried about their mental wellbeing than other groups of children and young people.⁷¹



Conclusions

Children's classic literature is usually classic for a good reason; there are pearls of wisdom that are as applicable now as they ever were. Therefore, when Alice, near the beginning of her adventures in Wonderland observes,

"And what is the use of a book," thought Alice, "without pictures or conversations?"

she has indeed hit the nail on the head. When telling the story of children themselves, without the use of pictures, or children's own words and conversations, there would, quite simply, be no use to it whatsoever.

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We have now composed our tale from the visuals, the numbers and, most importantly, the voices of our young people. And what a tale they tell! We have a remarkable 151,000 young people in our county. They have experienced financial upheaval. They have experienced social upheaval. It is no wonder that they are feeling this disruption and responding accordingly.

We have described their lives, their worries and their health concerns. Some health issues are more pertinent to certain age groups than others. Some issues, like weight gain, start early in life and impact increasingly over the years, with lifelong consequences. The pattern of what worries young people is partly reflective of recent events, where the top concern of 10 and 11 year olds is death of a loved one, likely due to what they have experienced through the COVID pandemic. Other worries are socially driven, when from the age of 10, worrying about appearance develops a marked gender difference, sustained throughout the teenage years. Girls generally are affected to a greater extent in terms of poorer resilience and wellbeing and greater mental ill health including anxiety and stress. This is also the main reason for young people being electively home educated. Mental ill health can affect all aspects of young people's lives.

So how to support this generation? Young people, in today's world, are growing up in a very different world to previous. The iPhone was invented in 2007. Therefore no young person under the age of 16 has experienced a world without the potential for instant access to all the information, both positive and negative, on the internet in their coat pocket. All aspects of life can be conducted online – friendships, education, advice and guidance, health services, as well as the darker side, including bullying and graphic images. This never ceases. It is relentless. Despite wanting to take a break from social media, many young people simply feel they cannot, as they would miss out. For those younger children too young to appreciate the full range, their parents instead are the ones introducing them, at an ever younger age, to all the possibilities the internet can offer. However, at the tender age of just 5 or 6, can the fifth who know people online with whom they are not in contact in real life, truly appreciate the potential dangers? Unlikely.



In response, we, in the health and care system, must work as a partnership with all organisations to find ever more inventive ways of reaching and influencing the health and wellbeing of those young people. We need to push ourselves outside our comfort zones, embrace social media and find both technological and non-technological ways of promoting healthy behaviours. We need to be innovative in all aspects of life that support those young people who need us the most. Make no mistake – the children, young people and families who live and work in North Yorkshire are incredible. Whilst some need our input and support, many do not. We have active Youth Councils, influencing the direction of our County services. We have strong, supportive communities and generally, our health and wellbeing data is similar to or better than national figures.

Most importantly, our young people of all ages tell us they value their friends and families, green spaces and the communities in which they live. But where we are needed, we should be stepping up and helping all our young people achieve their potential. An ideal world would be where our role in public health, to reduce health inequalities and support those who need it most, would be obsolete. Until that time, however, we will endeavour to do our best for our children, young people, their families and their communities. That way, our young people can grow to be healthy, resilient, confident, and achieving young adults with the world at their feet.

And always remember another pearl of wisdom, the words of A. A. Milne's Christopher Robin,

You're braver than you believe, stronger than you seem and smarter than you think.



Recommendations

The Recommendations below are the inevitable consequence of a wide-ranging, all-encompassing children and young people's system. They have evolved from what young people have told us and the issues identified in the local data. Additionally, a full Public Health Team Awayday describing the findings of the report, then asked attendees how their work in the rest of public health impacts on children and young people, as well as their own personal experiences of living and/or working in North Yorkshire. As many of the suggestions followed identifiable themes, these have been incorporated into the Recommendations.

All ages

Some recommendations apply to all ages:

- Ensure all young people's needs are seen as an integral part of relevant strategies, policies and needs assessments.
- Look at ways of "poverty-proofing" the lives of children, young people and their families, whatever their ages, including supporting childcare to give parents more employment options and increased access to healthy, affordable food.
- Monitor the uptake of all digital programmes to ensure that the most vulnerable are not excluded from modern forms of intervention e.g. Healthy Families (which is delivered exclusively online)
- Our services should consider not just the needs of the children and young people, but also those of their parents and carers, including support networks in more isolated rural or coastal areas.

Mental health and wellbeing

Work closely with our NHS partners, and all organisations, to prioritise children and young people's mental health and wellbeing with a focus on:

- Perinatal mental health
- Whole family wellbeing
- Embed the iThrive model in all organisations throughout our county to help children to identify and manage their emotions and worries, and build resilience and wellbeing.
- Increase the focus on mental health, wellbeing and resilience to support young people to stay in school, particularly through stressful periods and ensure all young people have someone they can talk to and trust.

Maternity; 1001 days

- Encourage commissioning organisations to think-family.
- Explore smoking in pregnancy and pregnancy vaccination take-up in Craven.



Early Years

- Prioritise school readiness and ensure all partner agencies, including the NHS, are working to this aim.
- Ensure we investigate the disparity between those achieving expected developmental milestones before 3 years and then at 4-5 years.
- Continue to promote healthy lifestyles in the youngest children, including early toothbrushing, active play, healthy eating and sleep.
- We need to initiate a deep dive into the causes of hospital admissions and examine whether the measures we have in place adequately address the risk factors.
- Further promote parenting courses particularly in those areas and those population groups with lower uptake.

Primary

- Promote further uptake of the Healthy Schools Award Scheme and support families with healthy lifestyle choices.
- Explore how changes to dental commissioning can be used to support access to NHS dentistry, particularly for migrant children and other vulnerable groups.
- Increase the focus within primary schools around online safety from the earliest years, enabling parents to manage screen use.

Secondary and late adolescence

Whilst the chapters are separate, it was clear, when deciding upon Recommendations, that many of the aspects important to young adults, apply from secondary school onwards. Therefore, it was sensible to combine the two.

- Continue to promote physical activity and healthy eating habits.
- Ensure a multi-agency approach to tackling the use of substances, including nicotine products, alcohol and drugs.
- Work with safeguarding partners around maximising online safety.
- Ensure services which span young people and adults have robust processes around the transitions period.
- Ensure a co-ordinated, multi-agency approach to sexual health services including young people's age-appropriate awareness of contraceptive services.



Improving Population Health

Continue to focus on prevention, both for infectious diseases and wider preventable causes of ill health

We have delivered a programme of support to schools on infection prevention, including guidance and webinars, and worked on a range of interventions to improve indoor air quality to prevent airborne infection. The work with care settings on infection prevention continues, as does the ongoing work on vaccination, particularly focused on reducing health inequalities.

We also continue a wide range of public health interventions aimed at preventing or reducing causes of ill health and promoting healthy lifestyles, such as the family and adult weight management programmes (including focused work to tailor interventions for specific groups, such as people with learning disability); smoking cessation programmes with our aim of a Smoke-Free North Yorkshire by 2030; active lifestyle promotion; substance use support and sexual health programmes.

Raise awareness of Long COVID and the need for appropriate support to the public and to employers

NYC has included Long COVID information as part of COVID-19 data updates, including highlighting social care as a key workforce group affected by this condition. The council also has a staff support group specifically for Long COVID,

and a suite of resources as part of occupational health support (including for managers on how to support staff with Long COVID).

Long COVID services have been commissioned by Humber & North Yorkshire ICB and set up in South Tees, Harrogate and York & Scarborough hospitals. These services bring together multi-disciplinary teams to diagnose and treat where appropriate a range of different symptoms. In addition, an ICS-wide Long-COVID service for children is provided from Hull hospital.

Highlight the impact of the pandemic on wider aspects of health, including mental health

Mental health community transformation work has been underway throughout 2022-23, with partnership working involving the ICBs, mental health providers, the council and communities. The council has re-established the Mental Health Development Board for adults and is making the most of opportunities afforded by Local Government Reorganisation to strengthen understanding of people's housing needs, and develop a strategy to address this. In addition, the NYC Health and Adult Services service development team is reviewing crisis care provision in the community to support independence, help people stay in their own homes for longer and prevent hospital admission.

The Public Health team have formed a multi-agency Perinatal & Infant Mental Health Partnership. Early priorities of the group

have focused on developing a visual tool for professionals to support the understanding of the perinatal mental health offer across North Yorkshire and strengthening pathways between Midwifery and Health Visiting Services.

The Chief Officer of SELFA children's charity in Craven, Emma Pears, completed a Health Equity Fellowship with West Yorkshire Health Inequalities Academy. Her research report highlighted the need for a new approach, focusing on the strengths and abilities of the people in rural Craven and strengthening community support through building peer networks. As a result of this piece of work SELFA has been successful in their application to a charitable trust to set up peer support groups for children & young people who are experiencing mental health issues and their parents/carers. For full report [Funding boost for children's mental health support - SELFA Children's Charity Skipton](#)

Craven Mental Health and Wellbeing Hubs Network: established in 2023, this is a network of independent community organisations across Craven offering consistent, accessible, and local adult mental health and wellbeing support, managed by local arts and wellbeing charity Pioneer Projects, with support from specialist mental health providers in the Voluntary, Community, and Social Enterprise sector, North Yorkshire Council, Bradford District Care Trust, and the Modality and WACA Primary Care Trusts. The aim is to increase locally-available support to reduce barriers to access, particularly those experienced by people living in rural areas.



Health and the environment

Highlight the benefits of clean air, both indoors and outdoors, and share knowledge on how to improve air quality

We have been working with schools and care settings to increase awareness of the importance of clean air and the impact of indoor air quality on health – not just for infection prevention but for many other benefits too. We have delivered webinars and conference sessions, shared guidance and links to research studies (and Nynet pilot scheme for schools providing virtual CO2 monitoring and advice), and publicised World Ventil8 Day. In 2023-24, we aim to develop closer working between public health and environmental health teams on air quality.

Work with partners to develop healthy indoor spaces that are accessible, climate resilient and minimise the risk of disease transmission

In addition to the work to improve indoor air quality, we have developed Health and Adult Services climate action plans, and the North Yorkshire Council draft climate strategy, which include information on climate and housing. Housing is a key theme in the NYC healthy ageing work.

Support equitable access to green space

Public Health shaped and influenced the successful bid for the Catterick Garrison Levelling Up Fund, helping to develop a bid that had a broader and longer-term health and wellbeing focus. This included: more green spaces; a community centre for people to connect, creating a place for wellbeing – mental and physical – to support community resilience; inclusive labour markets – highlighted broader demographic profile than MOD e.g. including spaces for small local start-ups; walking and cycling routes; promoted development of the Park and active travel links to NY Healthy Weight Healthy Lives Strategy; increasing health equity from built environment.

Inequalities

Continue to keep health inequalities central to public health work, including championing inclusion health for key groups such as vulnerable migrants and Gypsy, Roma, Traveller communities

Humber & North Yorkshire ICB and North Yorkshire Council have worked together to create and appoint to a joint role of Strategic Lead for Health Inequalities and Prevention. Over 2023-25, Public Health will develop, with partners, an Inclusion Health Framework, focusing on understanding and improving the health and wider needs/ outcomes for groups that experience multiple overlapping risk factors for poor health. The team are also carrying out a 'deep dive' Joint Strategic

Needs Assessment on health needs for Gypsy, Roma, Traveller and Showpeople communities.

Public health, NHS and wider partners to consider the specific rural and coastal health inequalities affecting North Yorkshire when planning services

In response to rates of cardiovascular disease impacting coastal communities Public Health has obtained funding from Humber & North Yorkshire ICB for a "know your numbers" blood pressure awareness campaign being piloted at the coast.

The REACH (Reducing Exclusion for Adults with Complex Housing Needs) project in Scarborough has secured additional housing within the scheme to increase support capacity, recruited a specific domestic abuse worker to offer dedicated help for both perpetrators and victims of domestic abuse, and made strong links with the national Housing First England team. The project team have presented at national conference on the project.

Rural and coastal areas will also benefit from Health Inequalities funding for a number of projects to support the priorities of good start in life, smoking, and cardiovascular disease with an emphasis on communities with high levels of deprivation. North Yorkshire will also benefit from investment across the Humber & North Yorkshire ICB area to develop the Centre for Excellence in Tobacco Control.



Further work is being planned to focus on [Core20PLUS5](#), with the establishment of a joint NHS/NYC post dedicated to tackling health inequalities and population health.

Work with partners to develop inclusive and sustainable approaches to the economy as part of ‘building back fairer’¹

When developing the new North Yorkshire Council Plans we are using the "PHE Inclusive Sustainable Economies Framework" 2020 as an approach to adopt to reduce health inequalities and create resilient Inclusive and sustainable economies ([Inclusive and sustainable economies: leaving no one behind \(executive summary\) - GOV.UK \(www.gov.uk\)](#)).

Community Support

Continue to develop Community Support Organisations as key community partners

During 2022-23, we continued to invest in the Community Support Organisation (CSO) model, with investment of £902k in 27 VCSE organisations. The focus has been on supporting people to regain independence, to build relationships and collaborative working in their places and to build local networks. Two co-design engagement events have been undertaken to evolve the CSO model to that of Community Anchors acting as system partners to support prevention, community resilience and social regeneration. CSOs secured Stay Healthy & Connected grants to deliver prevention services, and grants from NHS to support frailty training for volunteers.

During 2023-24, we will be re-positioning the Community Support function to that of Community Anchors, and implementing a new investment opportunity for 30 place-based system partners to work alongside the Council to develop collaborative local partnerships that help to build local resilience, preventative services and social regeneration.

Continue to promote North Yorkshire Local Assistance Fund (NYLAF) and other assistance funds to support individuals facing key challenges such as COVID-19 isolation and the cost of living crisis

The service has performed well in 2022-23 and has been able to provide support to people when they needed it the most. We have enhanced our offer based on our understanding of community need: a new household support fund (HSF) exceptions scheme was implemented during January and February 2023 for people who are not eligible for the Household Support Fund; the Sainsbury’s restricted shopping card which can only be spent on food and certain toiletry items is now being used on NYLAF; a new ‘flooring scheme’ is being finalised and looking to add additional supermarkets to our offering in the next 12 months. We are also exploring other opportunities to expand our range e.g. charity shop card. We have supported Homes for Ukraine, with around 50 awards going to host families to support or individuals that have fled Ukraine directly. We have also reviewed and strengthened our audit and safeguarding processes.

In 2022-23, £1.4m was invested in the Scheme, an increase on previous years; 11,947 application forms approved over the financial year directly supporting those deemed most vulnerable across the County; 20,032 individual awards approved including essential furniture, white goods, food

1 Build Back Fairer: The COVID-19 Marmot Review – The Health Foundation



and energy vouchers for those fleeing domestic abuse, those with complex mental health needs, those homeless, families under exceptional pressure etc; a further 903 food parcels specifically delivered across the Scarborough town area. An extension to the Household Support Fund was announced in the Spring Budget so the food and energy award levels are staying at the increased limit of four awards in a rolling twelve-month period until the end of March 2024.

The FEAST programme (also known as the Holiday Activity and Food Programme (HAF)) for North Yorkshire has continued to provide a range of activities for children who qualify for free school meals during the Easter, Summer and Christmas holidays. Children and young people who are not on benefits-related Free School Meals who face disadvantage can also be made

eligible by exception by their school. This might include, for example, young carers, refugees and asylum seekers and those with SEND. The summer 2023 programme saw 350 schools issuing vouchers, with North Yorkshire Together issuing hundreds more. 6730 vouchers were redeemed by parents/

carers, and 77 providers offered 27,394 places for free activities and food, with 79% being booked.

Lots of work has been done during 2022-23 to strengthen the 'food' aspect of the programme. This has involved providing training, resources and support for FEAST providers, making changes to both the application and monitoring process to strengthen the food offer from FEAST activity providers, and undertaking a survey with providers to gather their ideas and input.

Health, care and community services to maintain the recognised benefits of both face to face and digital aspects of service delivery and support

NYC Health and Adult Services are developing online self- assessment tools for both Care Act assessments and Financial assessments, to complement the face to face offer from assessors and provide a choice of channels to people contacting Adult Social Care. Previously, North Yorkshire residents were only able to book a face to face appointment or a 'virtual' telephone or Microsoft Teams assessment. The introduction of online assessments opens up new channels for people who prefer to do things online, while maintaining non-online options for people who prefer face to face discussions. The online Care Act assessments has been designed to mirror the existing conversation record as closely as possible, capturing the voice of the person and giving them control of their assessment. Similarly, the online financial assessment questions do

not differ significantly from those which would be asked by an assessor in person or over the phone. Both assessment offers have been developed in consultation with customers, with User Experience (UX) testing run prior to launching both tools so that improvements based on customer feedback can be implemented.

NYC Health and Adult Services have been working with our commissioned Technology Enabled Care (TEC) providers to explore opportunities to support more people to live independently longer with a wider range of more complex and sophisticated technology enabled care products and services. During 2022 we introduced the 'ownfone' and provided all of our main hospitals with these products, to help to facilitate quicker hospital discharges where the person required TEC to return home safely.

Throughout 2022-2023, we have invested in several pilot projects to facilitate the use of Brain in Hand, Canary system and Technicare in North Yorkshire, as well as exploring the concept of data driven proactive and preventative TEC solutions that can potentially:

- Help people to wait well
- Reduce NYC risks associated with waiting times for both assessment and provision
- Provide evidence-based analytics to support assessment and reviews
- Identify changes and respond in a timely manner
- Replace or contribute to a 'light touch' home-based support



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In May 2023, we opened our Living Independently Training Hub in one of our extra care schemes. The hub acts as a training facility to demonstrate the possibilities of both standard TEC equipment and how Connected Care dashboards can support health and social care practice.

Virtual Wards are being created to support more patients at home using digital tools – 42 new Virtual Ward beds in place through partnerships between acute and community services, and work continues in building clinical expertise, strengthening consultant and GP medical oversight, extending bed numbers and promoting utilisation; Telemedicine service provided by Airedale hub for 62 care homes across North Yorkshire; new Humber & North Yorkshire ICB Digital Inclusion Strategy; all North Yorkshire GP Practices offer Online Consultations and practices are continuing to move older telephony technology to 'Cloud Based Telephony' to help improve access to services; all GP Practice sites either have or have commissioned full fibre (Gigabit capable) connectivity to support with growing use and provision of digitally-based services; Immedicare telemedicine service in place in 79 care homes across North Yorkshire providing urgent care advice.

Communication

Maintain improved relationships with partners through continued good quality communication, including 'acting as one' on key shared messaging

North Yorkshire Council has continued to work well and maintain good relationships with key partners such as the UK Health Security Agency, Office for Health Improvement and Health Disparities, Healthwatch North Yorkshire, community and voluntary sector, Humber and North Yorkshire and West Yorkshire Integrated Care Systems and a range of NHS organisations. Where appropriate, we have 'acted as one' and have used shared key messages on a range of public health issues such as helping people to quit smoking, drug and alcohol use, physical activity, avian flu, COVID-19, sexual health and vaccinations to name but a few.

Use an appropriate mix of communications channels and formats to target messages to the right audience(s)

The new Behavioural Science Unit sited in Public Health has been taking a person-centred approach to designing comms for target groups, by using behavioural science techniques and frameworks. With these techniques, the team can identify barriers and facilitators to behaviour change and help to inform key messages. For example, the team worked on comms to encourage parents of Early Years settings to get their child vaccinated according to the NHS schedule

by encouraging social norms and simplifying steps to catching up on missed vaccinations.

In 2023-24, the Behavioural Science Unit will continue collaborating and supporting NYC colleagues to design behaviourally informed communications for target population groups. Examples (a) include reducing food access inequalities by simplifying the FEAST application to encourage more eligible Holiday Activity Providers to apply for funding and successfully provide free nutritious food to children eligible for free school meals and (b) co-producing comms campaigns for Overdose Awareness Day 2024 to address not carrying naloxone and using opiates alone, two leading causes of opiate overdose deaths.

Within Health and Adult Services, we have been reviewing our comms planning to improve our campaign scheduling and ensure we consider the most effective formats and platforms to target messages to the right audience. We identify opportunities with ICB colleagues to work collaboratively, for example the Let's Get Better campaign and Care Connected work for care providers. We also work with ICB and Voluntary & Community Sector colleagues to look at innovative approaches / methods for targeting messages to audiences. A practical example is the work to improve the language and key actionable messages in the NCMP letter for parents with children who are classified overweight/obese, on where and how to access support e.g. signposting to new family weight management service. This work resulted in fewer complaints about the letter.



In 2023-24, we will work with the Behaviour Science Unit to develop targeted approaches to our campaign to ensure we can identify whether communications have created behaviour change; develop a process to measure the impact of our communications and use the learning to inform improvements / new innovative approaches; work with partners and colleagues, particularly the NHS, to share and collaborate on joint messaging and campaigns; work with those with lived experience to develop and create communications and to understand which channels and platforms work for them.

Ensure accessibility is a core feature of essential communications

In North Yorkshire Council, we have carried out a review of the public-facing website to ensure all webpages, including Public Health and Adult Social Care content, meet accessibility standards. A communications framework is being developed, and accessibility is a key principle. As a practical example of this, a cohort of colleagues across Health and Adult Services have undertaken in-depth easy read training delivered by Photosymbols and are now developing into a champions network to build the directorate's capacity to produce information in easy read. In 2023-24, we will continue to embed an understanding of and practical tools for accessibility via our communications framework and equalities work, including the re-procurement of our commissioned language services.

Further develop behavioural science work to support health and wider communications

In line with the Behavioural Science Unit's offer which comprises behavioural diagnostics, intervention design and implementation, evaluation planning support, as well as strategy and capacity building, the team continues to support Public Health staff to develop effective communications. This has included a training session on 'How to develop behaviourally informed communications' and sharing evidence-based practical tools to design and develop behaviourally informed communications.

Additionally, the BSU is developing a tiered behavioural science training package for staff (expected rollout in early 2024). In 2023-24, the unit is inputting into the commissioning process to ensure that services are optimised, and behavioural science principles are considered throughout the redesign of a service.



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- Harrogate and District Foundation Trust breastfeeding peer support groups
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- Humber & North Yorkshire maternity voices group
- North Yorkshire Libraries
- North Yorkshire Sport
- Roecliffe Primary School
- Coppice Valley Primary School
- North Yorkshire Council Apprentices
- North Yorkshire Youth Commission
- North Yorkshire Adult Learning and adult learners
- North Yorkshire Flying High youth voice group
- Learner Council Group
- North Yorkshire Council Youth Voice and Participation Team
- North Yorkshire's Youth Councils
- SELFA Children's Charity
- All the parents, children and young people who contributed their views, ideas and creativity
- And any other contributors who we have inadvertently missed from this list.

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Subject: Update on Neonatal Services

Summary statement:

In 2019/20 Airedale Trust made a temporary change to its neonatal service due to operational pressures linked to Consultant Paediatrician staffing levels and in consideration of the recommendations of the Neonatal Critical Care Transformation Review. This meant that the unit started operating as a Special Care Unit instead of as Local Neonatal Unit, with approximately 24 families per year being transferred to a neighbouring unit (mostly Bradford) for delivery of their premature baby. Airedale NHS Foundation Trust seeks support to progress with formalising the pathway change for Airedale neonatal unit, so that it continues to operate as a special care baby unit, but no longer provides high dependency care as a local neonatal unit.

1. Summary

In 2019/20 Airedale Trust made a temporary change to its neonatal service due to operational pressures linked to Consultant Paediatrician staffing levels and in consideration of the recommendations of the Neonatal Critical Care Transformation Review. This meant that the unit started operating as a Special Care Unit instead of as Local Neonatal Unit, with approximately 24 families per year being transferred to a neighbouring unit (mostly Bradford) for delivery of their premature baby. Airedale NHS Foundation Trust seeks support to progress with formalising the pathway change for Airedale neonatal unit, so that it continues to operate as a special care baby unit, but no longer provides high dependency care as a local neonatal unit.

2. Background

Neonatal Units are the part of hospitals which provide care for babies who are born prematurely (before 37 weeks gestation), with a medical condition which needs treatment, or at a low birthweight. Neonatal care services are provided in a variety of settings dependent upon the interventions required for the baby and with dedicated transport services to support babies being transferred to and from neonatal care units.

In 2019/20 Airedale NHS Foundation Trust made a temporary change, in agreement with NHS England and the Yorkshire and Humber Operational Delivery Network, to its neonatal service due to staffing pressures.

This meant that the unit at Airedale NHS Foundation Trust started operating as a Special Care Unit (SCU) instead of as Local Neonatal Unit (LNU), with approximately 24 families per year being transferred to a neighbouring unit (mostly Bradford Teaching Hospitals Trust) for delivery of their premature baby.

The Trust has asked that NHS England (NHSE) approve the formalisation of this arrangement, and in 2022/2023 NHS England Specialised Commissioners notified both North Yorkshire Overview and Scrutiny Committee and Bradford Overview and Scrutiny Committee of the temporary service change, as well as the request to formalise the arrangement.

Before NHSE can approve the formalisation of the change to the neonatal pathway, the Trust is required to provide further information and assurance about the impact of the change on babies and their families, and on the wider population.

The Trust and NHSE would like to seek the views and support of Overview and Scrutiny for making this change permanent by presenting:

- Information about the service change
- Information about the impact on Babies, Families, and Services

The information set out in this report is an updated position following our

communication from June 2023.

3. Report issues

Neonatal Units are the part of hospitals which provide care for babies who are born prematurely (before 37 weeks gestation), with a medical condition which needs treatment, or at a low birthweight. Neonatal care services are provided in a variety of settings dependent upon the interventions required for the baby and with dedicated transport services to support babies being transferred to and from neonatal care units.

There are three levels of units:

- Neonatal Intensive Care Units, for complex care (for example from 22 weeks gestation)
- Local Neonatal Units, for high dependency care (for example from 27 weeks gestation)
- Special Care Unit, for initial and short term care (for example from 31 weeks gestation)

The table below sets out the sites where the different levels of neonatal units are provided in Yorkshire and Humber as part of a networked arrangement:

Neonatal Intensive Care Units	Local Neonatal Units	Special Care Units
Braford Hull Leeds Sheffield	Airedale Barnsley Calderdale Doncaster Grimsby Mid Yorks Scunthorpe Rotherham York	Bassetlaw Harrogate Scarborough

Yorkshire and Humber Neonatal Network help to manage patient flow across the network, balancing capacity and demand, ensuring services meet the needs of patients. The network comprises neonatal services including 4 Neonatal Intensive Care Units (NICU), 9 Local Neonatal Units (LNUs) and 3 Special Care Units (SCUs). There are also 3 neonatal surgery units and Embrace – the Yorkshire and Humber Neonatal Critical Care Transfer service.

These units work together as a network to deliver local care pathways, with the capacity and resources to care for the babies of women who live within the network area. Babies requiring the highest levels of care are concentrated

in relatively few specialist centres, and it is the networks' role to develop coordinated patient pathways across neonatal units and supporting transport services.

Wherever possible the network ensures appropriate level of care for babies as close to home as possible. The network also advises on any reconfiguration of services across the network area in line with the recommendations of the Neonatal Critical Care Review.

The consultant paediatric team at Airedale covers both the neonatal and paediatric service. The number of consultants fell during 2019/20 resulting in significant staffing and recruitment challenges. To mitigate this staffing risk across both paediatric and neonatal services the Local Neonatal Unit (LNU) at Airedale temporarily changed to a Special Care Unit (SCU). This was to ensure that elective and emergency paediatric services could be fully maintained at Airedale. The medical staffing challenges within the Airedale Paediatric team have now significantly improved.

During this time Airedale neonatal service has worked closely with counterparts at Bradford Teaching Hospitals NHS Foundation Trust. Babies who are between 27 and 31 weeks gestation, who may previously have been delivered at Airedale, have been delivered at an alternative hospital with an appropriate onsite neonatal unit (in most cases Bradford).

Airedale is a small Local Neonatal Unit, with a low volume of high dependency care activity. If Airedale NHS Foundation Trust were operating as a Local Neonatal Unit it would not meet the clinical standards on the volume of activity required for a Local Neonatal Unit to look after high dependency babies. There is good evidence that units with higher activity have better outcomes. Ultimately, this change will ensure the highest quality of care for premature babies across the region.

Although Airedale will no longer routinely provide high dependency care of babies between 26-31 weeks gestation, if required, the unit will still provide initial and short term care for these babies, in limited circumstances.

Currently all premature babies born from 22 to 27 weeks gestation are currently cared for in Neonatal Intensive Care Units (NICUs) at Bradford, Hull, Leeds or Sheffield. This means families from across the region (including Airedale) already travel for this highly specialist care. In these circumstances facilities are available to support families eg accommodation, car parking support, food provisions etc...

After changes to the 27 week pathway at Airedale babies who are between 27 and 32 weeks gestation would be delivered elsewhere (most likely Bradford) then, when appropriate to do so, are transferred back to Airedale for ongoing care. This is likely to impact approximately 24 families per year.

An EQIA was completed by the Trust. This covers Duty of Quality, Patient Experience, Patient Safety, Clinical Effectiveness, Prevention, Productivity

and Innovation, Resourcing, Resource Impact, People Experience, and Equality, Diversity and Inclusion. No significant risks were identified. This is attached as Appendix A.

A travel impact has also been considered. As this is a networked service, families already travel to access specialist care. For the majority of families, there will be limited impact. Most will now travel to Bradford to receive high dependency neonatal care. North Yorkshire / Craven families will experience the most impact in terms of travelling further to access care (these families account for an estimated 20 per cent of Airedale activity).

Patient engagement has seen 34 families who experienced the change in pathway approached with the opportunity to provide feedback. Only three responses were returned with positive comments received regarding care, informed about the care provided, information provision and discharge planning. Opportunities to learn have been highlighted from patient experience around providing some additional support families from admission to discharge from the service. Further patient focus group activity is planned for families (to include Craven and North Yorkshire parents) to secure wider input on the patient experience and any suggestions that can be taken forward to improve the neonatal pathway.

The change to the Airedale Neonatal pathway is being progressed in discussion with system partners including:

- Bradford Teaching Hospitals Trust
- Yorkshire and Humber Neonatal Network
- The Yorkshire and Humber Local Maternity and Neonatal System
- NHS England Specialised Commissioners (North East and Yorkshire)
- West Yorkshire Integrated Care Board (via the Joint Committee arrangements with Specialised Commissioning)

4. Recommendations

Airedale NHS Foundation Trust seeks support to progress with formalising the pathway change for Airedale neonatal unit, so that it continues to operate as a special care unit, but no longer provides high dependency care as a local neonatal unit.

Further involvement and engagement with patients will take place to understand if any further arrangements can be made to strengthen the neonatal pathway and transition between services.

Although the impact is small in terms of numbers, the impact of the change and on patient experience will continue to be monitored closely.

6. **Background documents**

The attached EQIA from Airedale Trust (Appendix A) is available as a background document.

Information about the national NHS England Neonatal Critical Care Review can be found here:

[NHS England » Implementing the Recommendations of the Neonatal Critical Care Transformation Review](#)

7. **Not for publication documents**

Due to the small numbers of patients and area specific information, the travel impact assessment is not for publication.

Airedale NHS Foundation Trust: Quality Impact Assessment Tool

Overview

An impact assessment is a continuous process to ensure that possible or actual business plans, changes to use of clinical areas, new information technology (IT) software for patient management or any other proposed business, change or implementation plans that impact on patient services are assessed and the potential consequences on quality of care for patients and any impact on staff are considered and any necessary mitigating actions are outlined in a uniformed way.

This tool involves an initial assessment (Stage 1) to quantify potential impacts (positive or negative) on quality from any proposal to change the way services are delivered, policies that are reviewed / developed and any new services. Where potential negative impacts are identified they must be risk assessed using the risk scoring matrix to reach a total risk score.

Quality is described in 6 areas, each of which must be assessed at Stage 1. Where a potentially negative risk score is identified and is greater than (>) 9 this indicates that a more detailed assessment is required in this area. All areas of quality risk scoring greater than 9 must go on to a detailed assessment at Stage 2.

Scoring

A total score is achieved by assessing the level of impact and the likelihood of this occurring and assigning a score to each. These scores are multiplied to reach a total score. The following tables define the impact and likelihood scoring options and the resulting score: -

Score

LIKELIHOOD		IMPACT	
1	RARE	1	NEGLIGIBLE
2	UNLIKELY	2	MINOR
3	POSSIBLE	3	MODERATE
4	LIKELY	4	MAJOR
5	ALMOST CERTAIN	5	CATASTROPHIC

Risk score	Category
1 - 8	Low risk (green)
9 - 12	High risk (orange)
15 - 25	Extreme risk (red)

A full description of impact scores can be found at Appendix 1.

Stage 1

The following assessment screening tool will require judgement against areas of risk in relation to quality. Each proposal will need to be assessed whether it will impact adversely on patients / staff / organisations. Where an adverse impact score of greater than (>) 9 is identified in **any area** this will result in the need to undertake a more detailed Quality Impact Assessment (stage 2).

Title and lead for scheme: Neonatal Unit Level 1 Mathew Babirecki, Lead Neonatologist, Airedale Hospitals NHS FT

Brief description of scheme: The Neonatal Unit at Airedale NHS Foundation Trust is commissioned to provide Level 2 Neonatal Care. In 2018/9 the unit reviewed the current activity, acuity and staffing models in response to paediatric workforce challenges and in order to respond to these a joint decision between operational and clinical teams was made to deliver a Level 1 service.

The cot base was reduced to 10 as the activity infrequently exceeded this number and because the acuity of the babies received on the unit was low, ANHSFT and BTHFT worked in collaboration to agree a joint pathway to ensure that all women presenting under 32 weeks of gestation were assessed at Airedale and then transferred to another unit if appropriate. This could be Bradford or could be another unit across the Yorkshire and Humber network. This is consistent with network practice.

The unit has continued to function as a Level 1 unit since and there have been no adverse events to date.

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Answer positive / negative (P/N) in each area. If 'N' score the impact, likelihood and total in the appropriate box. If score > 9 insert 'Y' for full assessment

Area of Quality	Impact question	Positive/Negative	Impact	Likelihood	Score	Full Assessment required
Duty of Quality	Could the proposal impact positively or negatively on any of the following - compliance with the NHS Constitution, partnerships, safeguarding children or adults and the duty to promote equality?	N	1	2	2	
Patient Experience	Could the proposal impact positively or negatively on any of the following - positive survey results from patients, patient choice, personalised & compassionate care?	N	3	2	6	
Patient Safety	Could the proposal impact positively or negatively on any of the following – safety, systems in place to safeguard patients to prevent harm, including infections?	P				
Clinical Effectiveness	Could the proposal impact positively or negatively on evidence based practice, clinical leadership, clinical engagement,	P				

	staff experience and / or high quality standards?					
Prevention	Could the proposal impact positively or negatively on promotion of self-care and health inequality?	N	3	2	6	
Productivity and Innovation	Could the proposal impact positively or negatively on - the best setting to deliver best clinical and cost effective care; eliminating any resource inefficiencies; low carbon pathway; improved care pathway?	P				
Resourcing	Could the proposal impact positively or negatively on the number of vacancies or on the need for temporary workforce?	N	1	1	1	
Resource Impact	Could this proposal impact positively or negatively with regard to estates, IT resource, community equipment service or other agencies or providers e.g Social care/voluntary sector / District nursing	P				
People Experience	Could this proposal impact positively or negatively on the experience of our people? E.g. impact on morale, increase in turnover	N	1	1	1	
Equality, Diversity and Inclusion	Could any colleagues or patients with a protected characteristic (Equality Act 2010) suffer detriment as a result of the proposal?	N	1	2	2	

Please describe your rationale for any positive impacts here:

Patient safety – Reduces the risk of harm to the baby born in a unit that does not see the number of babies born under 32 weeks to maintain a safe level of competence

Clinical effectiveness – Unit already involved with Y+H neonatal network and works closely with Bradford for shared guidance

Productivity and Innovation – Reduces harm to baby born in wrong unit and instead baby born in a unit with specialist available to manage care needs

Resource Impact – No change

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Signature:	Designation:	Date:
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Stage 2

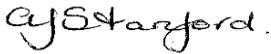
Area of quality	Indicators	Description of impact (Positive or negative)	Risk (5 x5 risk matrix)			Mitigation strategy and monitoring arrangements
			Impact	Likelihood	Overall Score	
DUTY OF QUALITY	What is the impact on the organisation's duty to secure continuous improvement in the quality of the healthcare that it provides and commissions. In accordance with Health and Social Care Act 2008 Section 139?	Positive - Improvement in babies care as they will be born in a unit where there are specialised staff to manage the condition of the baby. The staff on the unit will continue to maintain staff skills and knowledge to ensure any unexpected pre-term deliveries are managed safely whilst awaiting EMBRACE transfer	2	1	2	
	Does it impact on the organisation's commitment to the public to continuously drive quality improvement as reflected in the rights and pledges of the NHS Constitution?	Positive – As above babies will be born in units with specialised teams	2	1	2	
	Does it impact on the organisation's commitment to high quality workplaces, with commissioners and providers aiming to be employers of choice as reflected in the rights and pledges of the NHS Constitution?					
	What is the impact on strategic partnerships and shared risk?	Positive – NNU already works closely with Y+H neonatal network	1	1	1	
	What is the equality impact on race, gender, age, disability, sexual orientation, religion and belief, gender reassignment, pregnancy and maternity for individual and community health, access to services and experience of using the NHS	No change				
	Are core clinical quality indicators and metrics in place to review impact on quality improvements?	Positive – data collected through badgernet and Y+H network. Dashboards shared monthly with clinical leads. Off pathway deliveries reviewed at peri-natal and within network	1	1	1	
	Will this impact on the organisation's duty to protect children, young people and adults?	No change				

PATIENT EXPERIENCE	What impact is it likely to have on self reported experience of patients and service users? (Response to national/local surveys/complaints/PALS/incidents)	Negative – risk of increased compliant from parents whose choice of place of delivery cannot be upheld due to needing to transfer to another hospital where the baby can receive the correct care	2	2	4	
	How will it impact on choice?	Negative – may reduce choice of delivery location for some woman	2	2	4	
	Does it support the compassionate and personalised care agenda?	Negative	2	2	4	
PATIENT SAFETY	How will it impact on patient safety?	Positive – babies will be transferred in utero where every possible and baby will be born at a hospital where the neonatal unit has the appropriate skilled staff to manage ongoing cares	2	2	4	
	How will it impact on preventable harm?	Positive – babies will receive care from staff with specialised skills	1	1	2	
	Will it maximise reliability of safety systems?					
	How will it impact on systems and processes for ensuring that the risk of healthcare acquired infections is reduced?	No change				
	What is the impact on clinical workforce capability care and skills?	Negative – risk staff will be become deskilled in managing on going care. Additional training has been implemented to support maintaining skills for stabilisation		2 x 2	4	
CLINICAL EFFECTIVENESS	How does it impact on implementation of evidence based practice?	No change – will continue to work with Y+H network and tertiary centre to ensure best practice delivered				
	How will it impact on clinical leadership?	Negative – additional clinical leadership will be required to	2	2	4	

		support ensuring staff maintain skills required for stabilisation of a pre-term baby				
	Does it support the full adoption of Right Care Value metrics?	Positive	1	1	1	
	Does it reduce/impact on variations in care?	Positive	1	1	1	
	Are systems for monitoring clinical quality supported by good information?					
	Does it impact on clinical engagement / staff experience?	<i>Negative – some staff may prefer to provide care for Level 2 and 3 babies rather than level 1 babies</i>	1	1	1	
PREVENTION	Does it support people to stay well?	Positive – supports babies getting the best start	1	1	1	
	Does it promote self-care for people with long term conditions?					
	Does it tackle health inequalities, focusing resources where they are needed most?	<i>Negative – allows resources to be focused on high intensive neonatal unit but can impact upon families having to travel further</i>	2	2	4	

PRODUCTIVITY AND INNOVATION	Does it ensure care is delivered in the most clinically and cost effective way?	<i>Positive</i>	2	2	4	
	Does it eliminate inefficiency and waste?	Negative – increase in patient transport costs	2	2	4	
	Does it support low carbon pathways?	<i>Negative</i>	2	2	4	
	Will the service innovation achieve large gains in performance?	<i>Negative – no change</i>				
	Does it lead to improvements in care pathway(s)?	Positive				
RESOURCE IMPACT	Will the proposal result in additional/reduced accommodation requirements	No change				
	Will the proposal require an increase/purchase of IT products or services.	No change				
	What impact will the proposal have on the cost of prescribing community equipment?	No change				
	Will this proposal affect any existing partnership/commissioning arrangements when service is implemented	Negative – change to designation of level of unit from level 2 to level 1				
WORKFORCE AND PEOPLE IMPACT	Does the proposal involve increasing or reducing staff posts? If so describe the impact this will have	No change				
	Could services be negatively impacted by this workforce change for a short term, medium term or longer term?	No change				
	Could this proposal impact positively or negatively on the experience of our people? E.g. impact on morale, increase in turnover	Neutral. Although some staff will miss the opportunity to provide ongoing specialist care there has been a shift to focus on providing family centred care to our babies and support them prior to discharge. We have already appointed several experienced nurses from tertiary units who recognise this.				
	Is the loss of posts likely to impact on the number of vacancies or the need for temporary workforce?	No change				

Could any colleagues or patients with a protected characteristic (Equality Act 2010) suffer detriment as a result of the proposal?					
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Signature:	Designation:	Date:
Signatures Medical Director: Chief Nurse:  Director of People & OD:	EQIA reviewed by Executive Directors through EQIA panel and signed off on behalf by the Chief Nurse in support of the proposal. No significant risks identified to the change in level of neonatal unit status from Level 2 to Level1.	11 December 2023

Appendix 1

Consequence	1. Negligible	2. Minor	3. Moderate	4. Major	5. Catastrophic
Financial	£0k - £50k	£50k to £250k	£250k to £900k	£900k to £1.8M	Over £1.8M
Harm	No injury or harm	Some minor injuries or ill-health - minor. <3 days absence	Many minor injuries or ill-health – temporarily incapacitating. RIDDOR reportable.	Some major injuries/ ill-health - permanently incapacitating	Multiple injuries/infections Unexpected Death
Disruption	One day Service disruption/1 or 2 staff absent.	One week Service disruption/<5 staff absent.	One month service disruption/5-10 staff absent.	Up to 6 months service disruption/11-20 staff absent.	6 months to 1 year service disruption/21-50 staff absent.
Litigation	Replacement of property.	Replacement of property and finances.	Minor out-of-court settlement.	Civil action – no defence.	Criminal prosecution.
Damage	Minor property damage/ no environmental impacts.	Slight property damage/ impacts on internal environment.	Moderate property damage/impacts on local environment.	Severe property damage/impacts on local environment.	Loss of whole department/impacts on regional environment.
Reputation/ Confidentiality/ Data Loss	Damage to individuals' reputation. Minor breach of confidentiality. Minor complaint resolved within team.	Damage to team reputation. Temporary loss of information. Minor complaint resolved by local management.	Damage to Service reputation/local media coverage on day. Loss of information/ records. Some complaints resolved by Senior management.	Damage to Trust reputation/local media coverage <3 days. Irrecoverable loss of vital records/information. Complaints resolved by Chief Executive.	Damage to Health Authority reputation / national media coverage <3 days. Prosecution under Data Protection legislation. Complaints resolved by Ombudsman or Healthcare Commission
Clinical care	No significant effect on quality of care provided	Noticeable effect on quality of care provided	Significant effect on quality of care provided	Patient care significantly impaired	Patient care impossible
Consequence	1. Negligible	2. Minor	3. Moderate	4. Major	5. Catastrophic

Performance	No significant effect on internal standards	Internal Standards not achievable	Repeated failure to meet internal standards	National Performance not achievable (Intermittent)	National Performance not achievable (Continuous)
Enforcing action	Audit non-conformance/advice from enforcers.	Breach of procedure/ Directive from enforcers.	Improvement Notice.	Prohibition Notice.	Government Investigation.
Transfer of paper – electronic	No injury or harm	Noticeable effect on quality of care provided Internal standards not achieved	Significant effect on quality of care provided Repeated failure to meet internal standards	Patient care significantly impaired National Performance not achievable (Intermittent)	Patient care impossible National Performance not achievable (Continuous)
Human Resources / Organisational Development / Staffing & Competence	Short term low staffing level temporarily reduces service quality (<1 day) Short term low staff level (<1 day) where there is no disruption to patient care	Ongoing low staffing level reduces service quality Minor error due to ineffective training / implementation of training	Late delivery of key objective / service due to lack of staff. Unsafe staffing level or competence (<1 day) Low staff morale Poor staff attendance for mandatory / key training Ongoing problems with staff levels	Uncertain delivery of key objective / service due to lack of staff Unsafe staffing level or competence (>5 days) Loss of key staff Very low staff morale No staff attending mandatory / key training	Non-delivery of key objective / service due to lack of staff Ongoing unsafe staffing levels or competence Loss of several key staff No staff attending mandatory training / key training on an ongoing basis

LIKELIHOOD

LEVEL	DESCRIPTOR	DESCRIPTION	% CHANCE OF RE-OCCURENCE
1	Rare	Can't believe this will ever happen (that is to say not in the next 5 years)	1 - 5 %
2	Unlikely	Do not expect it to happen but it is possible (once every 3 – 5 years)	6 – 25%
3	Possible	May occur occasionally (once or twice a year)	26 – 50%
4	Likely	Will probably occur (once or twice a month)	51 – 75%
5	Almost Certain	A persistent issue (more than once a week)	76 – 100%

Likelihood ↓	Consequences				
5. Almost Certain	5	10	15	20	25
4. Likely	4	8	12	16	20
3. Possible	3	6	9	12	15
2. Unlikely	2	4	6	8	10
1. Rare	1	2	3	4	5
Impact	1. Negligible	2. Minor	3. Moderate	4. Major	5. Catastrophic

Plans scoring 9 and above will be reviewed by the DoN & MD

Plans scoring 15 and above will be reported through to the Board of Directors in line with ANHSFT processes.

Released : 13 April 2018

Updated :12 July 2022

Acknowledgment : ANHSFT would like to acknowledge the work of Southern Derbyshire Clinical Commissioning Group in the creation of this document

Update on Neonatal Services

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Airedale NHS Foundation Trust

NHS England - Specialised Commissioning (Yorkshire and Humber)



Thriving people,
healthy communities

Introductions

- Matthew Babirecki, Consultant Paediatrician, Airedale NHS Foundation Trust.
- Sam Wallis, Consultant Neonatologist, Bradford Teaching Hospitals Trust
- Sarah Halstead, Head of Specialised Commissioning Yorkshire and Humber, NHS England.



Today's Presentation

- Background
- Overview of Neonatal Care
- Update on Airedale services
- Impact for patients and families
- Activity and travel analysis
- Patient feedback and system engagement
- Summary and next steps



Background

- In 2019/20 Airedale NHS Foundation Trust made a temporary change, in agreement with NHS England and the Yorkshire and Humber Neonatal Operational Delivery Network, to its neonatal service due to operational pressures linked to Consultant Paediatrician staffing levels and in consideration of the recommendations of the Neonatal Critical Care Transformation Review.
- This meant that the unit at Airedale NHS Foundation Trust started operating as a Special Care Unit (SCU) instead of as Local Neonatal Unit (LNU), with approximately 24 families per year being transferred to a neighbouring unit (mostly Bradford Teaching Hospitals Trust) for delivery of their premature baby.
- This change also supports the new national standards for minimum unit activity number for Neonatal Intensive Care Units (NICUs), LNUs and SCUs set out in the National Neonatal Critical Care Review (published in December 2019¹).
- The Trust has asked that NHS England (NHSE) approve the formalisation of this arrangement, and in 2022/2023 NHS England Specialised Commissioners notified both North Yorkshire Overview and Scrutiny Committee and Bradford Overview and Scrutiny Committee of the temporary service change, as well as the request to formalise the arrangement.
- Before NHSE can approve the formalisation of the change to the neonatal pathway, the Trust is required to provide further information and assurance about the impact of the change on babies and their families, and on the wider population.
- The Trust and NHSE would like to seek the views and support of Overview and Scrutiny for making this change permanent by presenting:
 - Information about the service change
 - Information about the impact on Babies, Families, and Services

Overview of Neonatal Care

- Neonatal Units are the part of hospitals which provide care for babies who are born prematurely (before 37 weeks gestation), with a medical condition which needs treatment, or at a low birthweight.
- Neonatal care services are provided in a variety of settings dependent upon the interventions required for the baby and with dedicated transport services to support babies being transferred to and from neonatal care units.
- There are three levels of units:
 - Neonatal Intensive Care Units, for complex care (for example from 22 weeks gestation)
 - Local Neonatal Units, for high dependency care (for example from 27 weeks gestation)
 - Special Care Unit, for initial and short term care (for example from 31 weeks gestation)



Neonatal units deliver 3 different levels of neonatal care:

Neonatal Intensive Care Unit (NICU):

Provide care for the whole range of neonatal care. They are staffed to care for the sickest and most immature babies. Cared for by one nurse to 1 or 2 babies.

Provides care for babies with the highest level of dependency.

The NHSE Neonatal Critical Care service specification indicates that all women and their babies who are born <27 weeks of gestation or birthweight <800g, and multiple pregnancies <28 weeks of gestation, should receive perinatal and early neonatal care in a maternity service with a NICU facility.

The survival of babies born before 27 weeks is improved when this occurs in a maternity service with a Neonatal Intensive Care Unit (NICU). Survival is improved if NICUs look after at least 100 very low birth weight (VLBW) infants (2000 intensive care days

Local Neonatal Unit (LNU):

Provides care for all babies born at their hospital at 27 weeks of gestation or more, >800g birthweight or multiple pregnancies >28 weeks (which includes short-term intensive care where necessary) and they may receive babies 27-31 weeks who require high dependency care.

Babies are cared by one nurse to 2- 3 babies.

Special Care Unit (SCU):

Provide local care for babies born at 32 weeks or more and >1000g birthweight who require only special care or short-term high dependency care.

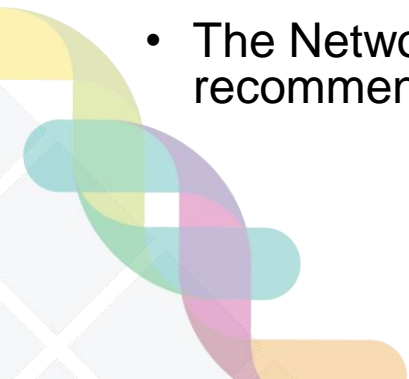
Ill pregnant women who fall outside these categories or babies who unexpectedly need intensive care are transferred to an appropriate unit in the local care pathway.

Babies are cared by one nurse to 3-4 babies.



Yorkshire & Humber Neonatal Network

- Y&H Neonatal Network help to manage patient flow across the network, balancing capacity and demand, ensuring services meet the needs of patients
- The Y&H Neonatal Network comprises neonatal services including 4 Neonatal Intensive Care Units (NICU), 9 Local Neonatal Units (LNUs) and 3 Special Care Units (SCUs). There are also 3 neonatal surgery units and Embrace – the Y&H Neonatal Critical Care Transfer service.
- These units work together as a network to deliver local care pathways, with the capacity and resources to care for the babies of women who live within the network area.
- Babies requiring the highest levels of care are concentrated in relatively few specialist centres, and it is the networks' role to develop coordinated patient pathways across neonatal units and supporting transport services.
- Wherever possible the network ensures appropriate level of care for babies as close to home as possible.
- The Network also advises on any reconfiguration of services across the network area in line with the recommendations of the Neonatal Critical Care Review.



Overview of Neonatal Care ₂

Y&H Neonatal Network

Neonatal Intensive Care Units (NICU)

- Bradford
- Hull
- Leeds
- Sheffield

Local Neonatal Units (LNU)

- **Airedale**→
- Barnsley
- Calderdale
- Doncaster
- Grimsby
- Mid Yorks
- Scunthorpe
- Rotherham
- York

Special Care Units (SCU)

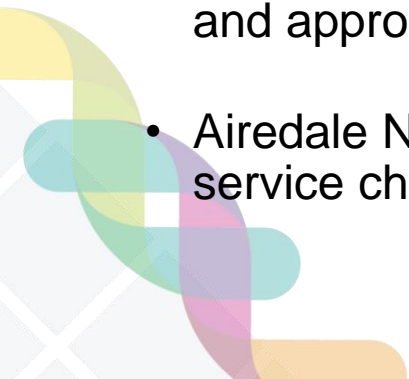
- **Airedale** - temporary designation
- Bassetlaw
- Harrogate
- Scarborough

This is the service we want to talk to you about today



The Neonatal Service at Airedale

- The consultant paediatric team at Airedale covers both the neonatal and paediatric service. The number of consultants fell during 2019/20 resulting in significant staffing and recruitment challenges. The medical staffing challenges that were being experienced within the Airedale Paediatric team have now significantly improved.
- To mitigate this staffing risk across both paediatric and neonatal services the Local Neonatal Unit (LNU) at Airedale temporarily changed to a Special Care Unit (SCU). This was to ensure that elective and emergency paediatric services could be fully maintained at Airedale.
- During this time Airedale neonatal service has worked closely with counterparts at Bradford Teaching Hospitals NHS Foundation Trust. Babies who are between 27 and 31 weeks gestation, who may previously have been delivered at Airedale, have been delivered at an alternative hospital with an onsite and appropriate neonatal unit (in most cases Bradford).
- Airedale NHS Foundation Trust are seeking support to formalise and make permanent this temporary service change.



Airedale Neonatal Activity Analysis

	2019	2020	2021	2022	2023
HRG 1	83	24	14	28	24
HRG 2	220	138	80	178	140

The recommendations of the Neonatal Critical Care Transformation

Review state that:

- Local Neonatal Units should aim to undertake a minimum of 500 days of combined intensive and high dependency care per year.
- This is a minimum requirement to maintain expertise.
- Services providing ongoing high dependency care should be expected to have higher levels of activity and all should work towards becoming services that provide at least 1000 combined Intensive Care/High Dependency days in the long term.
- Smaller services would be designated as Special Care Services.

Since 2020 the Airedale unit has on average carried out an average of 2 days of intensive care per month

- It has been identified that the figures submitted in 2020 used original HRG data rather than HRG 2016 definitions. This updated table uses 2016 definitions. The original HRG included non-invasive ventilation as HRG1 (ICU), so these babies tend to move into HRG2 (HDU) using the 2016 definitions
- Note this analysis includes all babies not just those <32 weeks



Airedale Neonatal Activity Analysis

There are also the British Association of Perinatal Medicine (BAPM) recommendations (Optimal arrangements for Local Neonatal Units and Special Care Units (SCU) in the UK (2018) - A BAPM Framework for Practice) –

BAPM recommends LNUs should see >25 babies/ year

BAPM recommends units should perform >365 RCDs/ year

Local Neonatal Units (LNU)

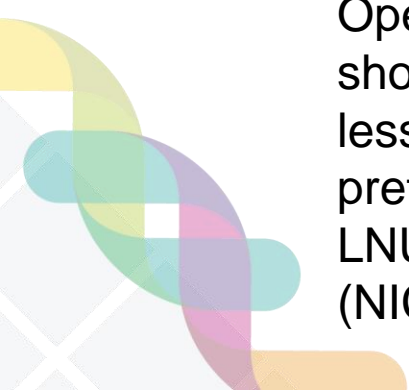
- Units designated as LNUs should admit >25 infants <1500g admission weight
- Perform >365 RCDs annually

Operational Delivery Networks(ODN) should consider re-designating LNUs with less activity as SCUs, with the more preterm babies being transferred to other LNUs or Neonatal Intensive Care Units (NICUs) as appropriate within the network

Year	<1500g babies delivered at AGH*	Respiratory care days (RCD) **
2019	26	222
2020	7	143
2021	3	91
2022	7	179
2023	9	143

Of the 9 babies delivered in 2023, 8 were transferred out.
Of the 7 babies delivered in 2022 5 were transferred out/ the increase in RCDs is mainly due to a small number of babies that stayed on respiratory support a long time (as with HRG2).

Note-the above analysis includes babies who delivered at AGH but were then transferred to a NICU due to gestation i.e. <27 weeks/800gr. The respiratory support includes high flow, CPAP and conventional ventilation.



Airedale Neonatal Activity Analysis

2022 Review (babies born below 32 weeks gestation):

- Admitted no babies below 27 weeks gestation
- Admitted 11 babies below 32 weeks gestation (born at Airedale)
 - 10 were transferred out
 - 1 was almost 32 weeks gestation and very stable so after discussion with Bradford the baby remained at Airedale
- In addition a further 11 babies were born between 27 and 32 weeks gestation and were delivered at another unit and were transferred to Airedale's Unit when appropriate.



Airedale Neonatal Activity Analysis

2023 Review (babies born below 32 weeks gestation):

- Admitted 10 babies below 32 weeks gestation (born at Airedale)
 - 9 were transferred out
 - 2 were below 27 weeks gestation (for NICU care)
- In addition a further 12 babies were born between 27 and 32 weeks gestation and were delivered at another unit and were transferred to Airedale's Unit when appropriate.

Comparison of Transfers rates

- 2015-2018 (inclusive) – 766 babies admitted to Airedale neonatal unit. 12.1% were transferred out – this could be for any reason, to any hospital
- 2020-2023 (inclusive) – 819 babies admitted to Airedale neonatal unit. 13.6 % were transferred out.



Why is this important?

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- Airedale is a small Local Neonatal Unit, with a low volume of high dependency care activity.
- There is good evidence that units with higher activity have better outcomes.
- If Airedale NHS Foundation Trust were operating as a Local Neonatal Unit it would not meet the clinical standards on the volume of activity required for a Local Neonatal Unit to look after high dependency babies as set out in the Neonatal Critical Care Review 2019.
- Ultimately, this change will ensure the highest quality of care for premature babies across the region.
- Although Airedale will no longer routinely provide high dependency care of babies between 26-31 weeks gestation, if required, the unit will still provide initial and short term care for these babies, in limited circumstances.



What is the impact for families of very small pre-term babies?

Now

- In the Y&H Neonatal Network, all premature babies born from 22 to 27 weeks gestation are currently cared for in Neonatal Intensive Care Units (NICUs) at Bradford, Hull, Leeds or Sheffield. This means families from across the region (including Airedale) already travel for this highly specialist care.
- In these circumstances facilities are available to support families eg accommodation, car parking support, food provision etc.

After changes to the 27 week pathway at Airedale

- Babies who are between 27 and 32 weeks gestation are delivered elsewhere (most likely Bradford) then, when appropriate to do so, are transferred back to Airedale for ongoing care.
- This is likely to impact approximately 24 families per year.
- The proposed changes to Airedale's pathways are consistent with how other Special Care Units operate and that all these SCU units including Airedale have <2000 births per annum

Impact Analysis₁

EQIA (Equality Impact Assessment)

- The EQIA was completed by the Trust. This covers Duty of Quality, Patient Experience, Patient Safety, Clinical Effectiveness, Prevention, Productivity and Innovation, Resourcing, Resource Impact, People Experience, and Equality, Diversity and Inclusion.
- No significant risks were identified.



Impact Analysis₂

Travel Impact

- Travel impact has also been considered. As this is a networked service, families already travel to access specialist care.
- For the majority of families, there will be limited impact. Most will now travel to Bradford to receive high dependency neonatal care.
- North Yorkshire / Craven families will experience the most impact in terms of travelling further to access care (these families account for an estimated 20 per cent of Airedale activity).



Impact Analysis₃

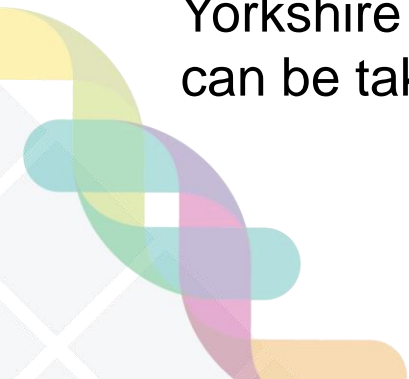
Family Engagement

- Patient engagement created which surveyed 34 families who experienced the change in pathway.

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3 responses were returned

- Positive comments received regarding care, informed about the care provided, information provision and discharge planning.
- Opportunities to learn from patient experience and support families from admission to discharge from the service.
- Further patient focus group activity is planned for families (to include Craven and North Yorkshire parents) to secure wider input on the patient experience and any suggestions that can be taken forward to improve the neonatal pathway.



Comments from patients...

It was positive in ways that I knew my baby was going to get the care she needed but it also was hard been transferred to different units ... it was just sudden on the day no preparation or time to get used to the idea or find more information out about the units so I found that hard.

My experience at Bradford neonatal was amazing caring and just exceptional. The staff explained things well and were extremely caring. The experience at Airedale upon returning was not good. The arrival in part was bad because I had lived in at the hospital at Bradford while my baby was ill and had been told this would most likely be a possibility when I got to Airedale. Everything at Bradford was caring, understanding. The second I got back to Airedale, the care was completely different; they told me I wouldn't be staying, a complete shock to me as I don't drive and lived a distance from the hospital

All the care we received throughout our stays on the three units were amazing and as a family we are so thankful

Bradford was very pro breastfeeding and Airedale not so much. On a positive note, I will say my delivery at Airedale although a traumatic one was fantastic and all the staff were fantastic from start to finish. It was specifically Airedale neonatal I had a bad experience with (see quote above).



Impact Analysis₄

Impact on Bradford Neonatal Unit

In December 2023 NHS England and West Yorkshire Integrated Care Board carried out a quality commissioning review to clarify whether the Bradford neonatal service is providing safe, high-quality care for babies and families.

Peer review findings:

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- There was clear safety culture demonstrated
- The team were responsive to incidents, there was clear governance structure in place, the team were focused on learning, the ethos was about learning and a no blame culture.
- The team were enthusiastic, and passionate about the care and the unit
- They were aware of the service challenges and were addressing them

Overall conclusion: This quality commissioning review found that the neonatal service at BRI is providing safe, high-quality care to its patients, family, and services users.

Stakeholder Involvement

The change to the Airedale Neonatal pathway is being progressed in discussion with system partners including:

- Bradford Teaching Hospitals Trust
- Yorkshire and Humber Neonatal Network
- The West Yorkshire and Harrogate Local Maternity and Neonatal System
- NHS England Specialised Commissioners (North East and Yorkshire)
- West Yorkshire Integrated Care Board (via the Joint Committee arrangements with Specialised Commissioning)



Summary

- Airedale NHS Foundation Trust seeks support to progress with formalising the pathway change for Airedale neonatal unit, so that it continues to operate as a special care baby unit, but no longer provides high dependency care as a local neonatal unit.
- Further involvement and engagement with patients will take place to understand if any further arrangements can be made to strengthen the neonatal pathway and transition between services.
- Although the impact is small in terms of numbers, the impact of the change and on patient experience will continue to be monitored closely

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Thank you and questions





Airedale
NHS Foundation Trust

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Thriving people,
healthy communities

Airedale NHS Foundation Trust
Airedale General Hospital, Skipton Road,
Steeton, Keighley, West Yorkshire, BD20 6TD

www.airedale-trust.nhs.uk

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Scrutiny of Health: 8th March 2024

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Kirsty Kitching: Assistant Director for the North Yorkshire Mental Health, Learning Disabilities and Autism Partnership (Humber & North Yorkshire ICB)

Naomi Smith: Head of Health and Adult Services Planning (NYC)

Live consultation webpage: [Autism strategy consultation | North Yorkshire Council](#)

Today's meeting

- Overview of the draft strategy
- Present consultation aims, approach and participation rates to date
- Discussion and feedback from Members of Scrutiny of Health Committee to contribute to the consultation – please see [Autism strategy consultation | North Yorkshire Council](#)
 - What actions in the strategy are most important?
 - Are there any actions or areas missing?
 - What does success look like?
- Summary of next steps
- Future discussion with Scrutiny on consultation outcomes

Our partnership in North Yorkshire

Working together to enable autistic people & their families to enjoy full, happy & healthy lives.

Autistic children, young people, adults and their carers and families

Health Services

Integrated Care Boards

Primary Care (GPs & Pharmacies)

Autism Diagnosis Services
(provider is dependent on age / location)

General hospitals

Mental Health Community Services & Hospitals

Council Services

Children and Young People's Services

Health & Adult Services

Housing

Stronger
Communities

Libraries,
Culture &
Leisure services

Economic
Development

Key Partners

Providers of care,
support and activities
for autistic people
and their families

Schools, colleges and
other education and
childcare providers

Health Watch North
Yorkshire

Wider community
and voluntary sector

Local Employers

Job Centre

Criminal and Youth
Justice: Probation,
Police, Youth
Justice Service

Businesses and
service operators
in communities

Working together to develop this strategy



- Led by the **North Yorkshire Autism Group** of partners
- With contributions from the **wider Autism network** of autistic people, carers, staff, partners and wider community services:

April - May 2023

- Autistic people & carers (72 attended)
- 8 events (local & virtual, 104 participants)
- 170 survey responses

July 2023

- Practitioners from across partner organisations
- 7 events, 104 people
- 2 partnership meetings, 40 people

Sept 2023

- Autistic people, carers, practitioners and partners together
- 7 action-planning sessions with 77 people participating



- Responding to local and national data and research
- Building on progress made under our previous strategy
- Responding to the [national strategy](#)




What we want to achieve through our Joint all age Autism Strategy

Autistic children, young people and adults and their families enjoy full, happy and healthy lives.

Our priorities


To achieve this ambition, we will work together on the following key priorities...

 **Education & Preparing for Adulthood**


 **Employment**

 **Housing**

 **Carers**

 **Assessment, Diagnosis & Support**

 **Health & Care**

 **Criminal & youth justice**

 **Inclusive Communities**

Delivering our strategy

To help us to deliver our strategy, we will also focus on:

Working together

Workforce

Data and research

Making best use of our resources

Public Consultation Aims

To invite feedback from autistic people, their carers and families, the general public, practitioners and partners on the draft strategy:

- **Strategy Content:** whether the actions reflect the main issues in North Yorkshire and if there's anything missing.
- **Prioritizing Actions:** which actions matter most and the order in which they should happen.
- **Measuring Success:** What success looks like, and how we measure it effectively.
- **Design:** How the draft looks and feels. And to share ideas or creative contributions for the design if wished
- **Working Together:** How we can continue to work together in partnership to deliver the strategy

Public Consultation Approach

- **When:** 27th November 2023 to 15th March 2024 (12 weeks plus additional time due to Christmas – 16 weeks in total).
- **Who:** autistic people, their carers and families, the general public, practitioners and partners. Importance of feedback from diverse groups based on different prevalence, including hearing quieter voices.
- **What:**
 - Virtual launch event (attended by 16 steering group, 8 partners and 1 carer)
 - Surveys (online, and available in other formats as required) - mixture of scaled and free text questions to seek individual responses:
 - Full survey; Easy read survey; 2 surveys aimed at primary and secondary school age children)
 - Public events – Presentation and workshop (discursive / collaborative responses).
 - 7 in-person events, one in each locality
 - 3 online events including evening / weekend session
 - Visits to established groups - presentation and workshop (discursive / collaborative responses).
 - 8 sessions, including self-advocate groups for autism, neurodiversity and learning disabilities
 - Scrutiny of Health: 8th March 2023

Public Consultation Participation to date (as at 26/02/24)

Survey participation		
Total participants to date...		139
... of which*:	Autistic People	51
	Carers	46
	Partner/professional	17
Completion date:	Full survey	73
	Easy Read survey	41
	Primary School	12
	Secondary School	13

Event participation			
Type	Total dates held so far	Total participants so far	Further events still to be held
Publicly advertised consultation events	6	94	4**
Visits to established groups	2	26	7
Total	8	120	11

***For the 4 remaining public events, 43 people have so far registered.*

**Note some people may not have identified in any category or may have ticked more than one*

- Review of participation figures mid-January and end February to identify under-represented groups and agree actions to support proactive promotion of the consultation so that we hear from the quieter voices
- 1 event (Skipton) rescheduled due to adverse weather
- Format of public consultation events adapted after first session in response to feedback from autistic people and carers to make the session more welcoming and accessible
- In addition to the above, 2 Elected Ward Councillors have so far attended public events, which have also been supported by a total of 32 people across Steering Group members, facilitators and senior leaders from partner organisations to date
- There maybe some duplication in figures where people attended multiple events or attended an event and also completed a survey

Next Steps

Refinement and adoption

- Public consultation closes on 15th March 2024
- Evaluate feedback – significant level of responses to analyse (qualitative and quantitative): due consideration
- Refine draft strategy and EIA (including Easy Read) and prepare consultation feedback report
- Identify priority actions and owners for year 1 delivery plan – based on feedback
- Develop strategy design including opportunity for co-produced artwork
- Approval to adopt strategy anticipated summer 2024

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Implementation

- Publish final approved strategy and annual delivery plan
- Quarterly monitoring with annual published update
- Further opportunities to work together with autistic people and carers – based on feedback

Discussion and Feedback

- Discussion and feedback from Members of Scrutiny of Health Committee to contribute to the consultation
- Please see [Autism strategy consultation | North Yorkshire Council](#)
 - What actions in the strategy are most important?
 - Are there any actions or areas missing?
 - What does success look like?

Thank you

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North Yorkshire Council
Scrutiny of Health Committee
8 March 2024
Work Programme 2024/2025

1.0 Purpose of Report

- 1.1 This report invites Members to consider the Committee's Work Programme for 2024/2025, considering the outcome of discussions on previous agenda items and any other developments taking place across the County.
- 1.2 The Work Programme schedule is enclosed at Appendix 1.

2.0 Introduction

- 2.1 The role of the Scrutiny of Health committee is to review any matter relating to the planning, provision and operation of health services in the county.
- 2.2 The Committee's powers include:
- reviewing and scrutinising any matter relating to the planning, provision and operation of health services in the local authority's area
 - requiring NHS bodies to provide information within 28 days to and attend (through officers) before meetings of the committee to answer questions necessary for the discharge of health scrutiny functions
 - making reports and recommendations to local NHS bodies and to the local authority on any health matters that they scrutinise
 - requiring NHS bodies to respond within a fixed timescale to the health scrutiny reports or recommendations
 - requiring NHS bodies to consult health scrutiny on proposals for substantial developments or variations to the local health service
- 2.3 Further information is available in the Department of Health (2014) guidance to local authorities entitled 'Local Authority Health Scrutiny Guidance to support Local Authorities and their partners to deliver effective health scrutiny'. It is available via the following link –
<https://www.gov.uk/government/publications/advice-to-local-authorities-on-scrutinising-health-services>

3.0 Scheduled Committee dates and Mid-Cycle Briefing dates for 2024/2025

3.1 Committee Meetings

- Friday 8th March 2024 at 10am
- Friday 14th June 2024 at 10am
- Friday 13th September 2024 at 10am
- Wednesday 18th December 2024 at 10am
- Friday 7th March 2025 at 10am

3.2 Mid Cycle Briefing Dates

- Friday 19th January 2024 at 10am

- Friday 19th April 2024 at 10am
- Friday 19th July 2024 at 10am
- Friday 1st November 2024 at 10am
- Friday 17th January 2025 at 10am
- Friday 11th April 2025 at 10am

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

4.0 Recommendation

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

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

Contact Details:

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

28 February 2024

NORTH YORKSHIRE COUNCIL
Scrutiny of Health Committee
Committee Work Programme 2024/25
Dated: 19 January 2024

Meeting dates

- Scheduled future Committee Meetings: 10am on 8th March, 14th Jun, 13th September, 18th December 2024 & 7th March 2025 in person
- Scheduled mid cycle briefings: 19th January, 19th April, 19th July, 1st November 2024 & 17th January, 11th April 2025 via Teams

Meeting	Subject	Aims/Terms of Reference	Report
8 March 2024	DPHAR	Summary of Director of Public Health's Annual Report - To note for information . LW to Committee in June	Louise Wallace
	Better Care Fund	Update to Committee following sign off at Health and Wellbeing Board To note for information . LW to Committee in June	Louise Wallace, Director of Public Health, NYC
	Update on progress so far with the Autism Strategy	Report to Committee on current situation and the Autism Strategy	Stacey Annandale Naomi Smith
	Proposed re-build of the Airedale Hospital on the existing site	Follow up from November 2022 meeting	Francesca Hewitt
	Neonatal Services at Airedale	Update to Committee	Gill Galt
14 June 2024	DPHAR	Summary of Director of Public Health's Annual Report	Louise Wallace
	Better Care Fund	Update to Committee following sign off at Health and Wellbeing Board	Louise Wallace, Director of Public Health, NYC

13th September 2024			
18th December 2024			
7th March 2025			

	To Be Confirmed or Completed (possibly to return in the future)	
	NHS Dentistry – access to and availability of places – submission to Health and Social Care Committee	Ongoing scrutiny
	Learning from Covid	
	Health Inequalities	
	Improving Patient Pathways – Scarborough Hospital – ACC ?	
	Tele medicine – long distance medication	
	Older Diabetics	
	Renal Services	
	ICB Performance and Progression – Effective Partnership	
	Information re the Health and Social Care Committee submission	To Share when published
	Overview of Public Health commissioning, provision and budget planning (when required)	Victoria Turner, HAS, NYC
	TEWV CQC inspections and action plans - as required	Brian Cranna, TEWV Zoe Campbell Managing Director, North Yorkshire, York and Selby , TEWV
	Independent public inquiry into the Government handling of the COVID-19 pandemic. TBC Review of module 1 and the Council’s statutory duties around protecting the public.	Barry Khan, Assistant Chief Exec, Legal and Dem Svs & Monitoring Officer

	GP Waiting list information and access figures	Ongoing scrutiny & feedback to ACC's
--	--	--------------------------------------

ITEMS FOR MID CYCLE BRIEFINGS

DATE	POTENTIAL ITEM
Friday 19 th January 2024 at 10.00am (in respect of the Committee meeting on 8 th March)	Renal services and specifically dialysis services and travelling from East Coast to York. Work programme planning for the remainder of the year. Scarborough Ambulance Station plans (ACC)
Friday 19 th April 2024 at 10am (in respect of the Committee meeting on 14 th June)	
Friday 19 th July 2024 at 10am (in respect of the Committee meeting on 13 th September)	
Friday 1 st November at 10am (in respect of the Committee meeting on 18 th December)	
Friday 17 th January 2025 (in respect of the Committee meeting on 7 th March 2025)	

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*Mid Cycle Briefings are attended by the Chair, Vice Chair and Group Spokespersons only.
Please note that the work programme is under continuous review and items may be rescheduled several times during the year.



News

Communications Unit

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Tel: 01609 532448 01609 533109

communications@northyorks.gov.uk

Scrutiny of Health Committee Concerned Over Local Hospice Funding

North Yorkshire Council's Scrutiny of Health Committee has become concerned over a reduction in funding to support some of the County's local hospices.

Following a recent meeting, North Yorkshire Council's Scrutiny of Health Committee pledged its unanimous support to North Yorkshire Hospice Care, St. Catherine's Hospice and St. Leonards Hospice in helping to raise awareness of the issues facing the Trusts.

Members were updated by the Chief Executive Officers of all three Trust's which highlighted the struggle they are all facing in raising sufficient funding to continue to provide adequate and essential end of life and palliative services. This includes specialist inpatient beds, community-based end of life care, outpatient clinics, lymphoedema services and bereavement counselling and support.

Chairman of the Scrutiny of Health Committee Cllr Andrew Lee said *"I think I speak for the whole Committee when I say how shocked, saddened and concerned we are upon hearing the situation within our local hospices and the shortfall they are all facing in terms of funding. These hospices and many others all provide a very important and much needed support network both for patients and their families at a very sad and vulnerable time. We must do all that we can to raise awareness and support them in order to allow them to continue to provide this essential service"*.

The committee were very concerned to hear that a number of factors are contributing to the situation including lack of funding, increased running costs, reduced income from fundraising and differing funding models and contracts that provide the initial source of income from the NHS.

"The Committee and I fully appreciate that the country faces huge financial challenges at present. The cost to provide services across these three hospices is around £20m with over 70% of that figure having to be raised through fundraising alone". added Cllr Lee. *"I shall be highlighting this with my colleagues in the NHS when I next meet with them as we need to ensure we are all doing our utmost to support and raise awareness of this situation"*.

Councillor Lee also highlighted that *"any significant shortfall in funding could potentially lead to a reduction and closure of some of the services. I don't think anyone wants this situation to become a reality"*.

Committee chair: Councillor Andrew Lee

Press contact: Daniel Harry, Scrutiny Team Leader, 01609 533531

Note to editors:

The Scrutiny of Health Committee is made up of 16 Councillors, with currently 1 vacant North Yorkshire Independent seat.

A further update from the CEO's will be presented to the Committee for consideration next year.

Key points from the presentation for information only;

- Three hospices serving North Yorkshire and York; St Catherine's based in Scarborough, St. Leonard's based in York and Saint Michael's and Herriot Hospices (merged) based in Harrogate and Thirsk
- The total cost of providing these services across the three hospices is circa £20m and NHS funding of £5.6m was received as a contribution to this
- Four to five years ago the NHS funding was between 35-40% of total service
- The trust continues to seek funding from all avenues.

14.12.23

Health scrutiny and the new reconfiguration arrangements: a further guide for scrutiny practitioners

9 January 2024

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The intention of this short guide is to give health scrutiny practitioners (especially members) a brief primer on the changes that are being made to health scrutiny in England, covered in more detail in a suite of guidance issued by the Department for Health and Social Care on 9 January 2024.

This guide has no official status and is intended purely to support practitioners' thinking and planning. It represents solely the views of the Centre for Governance and Scrutiny and has not been produced using Government funding. (For practitioners in committee system authorities, the detail of health scrutiny in that context is provided in the new iteration of the main health scrutiny guidance).

We may revise and reissue this guide in the coming weeks depending on practitioner and partner feedback.

What do you need to know?

- From 31 January 2024, new rules are being put in place in respect of the aspect of health scrutiny that relates to reconfigurations of local health services;
- This means that from this date, local health overview and scrutiny committees (HOSCs) will no longer be able to formally refer matters to the Secretary of State where they relate to these reconfigurations;
- Instead, the Secretary of State themselves will have a broad power to intervene in local services – HOSCs (alongside Local Healthwatch) will have the right to be formally consulted on how the Secretary of State uses their powers to “call in” proposals to make reconfigurations to local health services;
- The Secretary of State’s powers to “call in” proposals will only be used as a last resort, and only when they consider that local methods for resolution have been exhausted;
- Where a proposal is “called in”, the Secretary of State will consult stakeholders, including local authorities, in considering how the intervention power should be used;
- When a notice is issued by the Secretary of State using their power of intervention, the relevant body must comply with that notice;
- Other aspects of health scrutiny remain unchanged – the power to require representatives of NHS bodies to attend formal meetings, the power to get information from NHS bodies and the power to require NHS bodies to have regard to scrutiny’s recommendations;
- HOSCs’ status as statutory consultees on reconfigurations also remains in place, with health and care providers required to engage as they do currently.

Transitional arrangements

These new arrangements will apply to proposals for all substantial variations / reconfigurations where the formal consultation on those proposals begins on, or after, 31 January 2024. All proposals relating to substantial variations where formal consultation begins on 30 January 2024 or a date before will continue to be dealt with under the old / existing arrangements.

What do you need to do?

Now

- Check with the ICB, and with the HOSCs of neighbouring authorities, about the “live” status of proposed notifiable reconfigurations (especially ones where the launch of a formal consultation is expected to be imminent);

- Check with the ICB, and with the HOSCs of neighbouring authorities, about the progress of ongoing consultations and confirm (for the avoidance of doubt) that they will continue to be taken forward under the old / existing reconfiguration arrangements;
- Open discussions with the ICB and the HOSCs of neighbouring authorities about the need to make local arrangements for the drafting or redrafting of a protocol or memorandum of understanding to cover the new arrangements;
- Make initial contact with Local Healthwatch to co-ordinate on the above matters.

In the coming weeks, and probably by the end of March

- Discuss with the ICB their forward plan for possible service reconfigurations, identify whether any are likely to come forward in the first half of 2024, and if so identify the scope and nature of the consultation exercise that may need to follow;
- Take steps to agree a revised protocol or memorandum of understanding on health scrutiny to cover the ICB area (see below);
- Take steps to work with Local Healthwatch to publicise the changes to campaigners and user groups, and to create mechanisms to support people in the use of the requesting system.

Background to health scrutiny in general

History of the referral power

Local health overview and scrutiny committees (HOSCs) gained the power to scrutinise local health services further to the Health and Social Care Act 2001, with powers commencing in 2003. Previously, powers to oversee local health services were held by Community Health Councils. These powers were subsequently split between Patient and Public Involvement Forums (PPI Forums) and HOSCs. The role originally performed by PPI Forums is now carried out by Local Healthwatch.

The operation of the referral power has stayed broadly the same since then. The relevant legislation can be found in the National Health Service Act 2006, which is the main repository for the statutory provisions relating to the governance and organisation of the NHS in England.

Ongoing arrangements for health scrutiny

It is important to note that existing arrangements for health scrutiny, in a broader sense, will continue. This means that upper tier and unitary authorities in England have the power to:

- review and scrutinise matters relating to the planning, provision and operation of the health service in the area. This may well include scrutinising the finances of local health services
- require information to be provided by certain NHS bodies about the planning, provision and operation of health services that is reasonably needed to carry out health scrutiny
- require employees including non-executive directors of certain NHS bodies to attend before them to answer questions

- make reports and recommendations to certain NHS bodies and expect a response within 28 days
- where practicable, set up joint health scrutiny committees with other local authorities and delegate health scrutiny functions to an overview and scrutiny committee of another local authority.

HOSCs will continue to be statutory consultees where proposals for certain reconfigurations take place, and the new arrangements will require that evidence of HOSCs' views be shared with DHSC when NHS commissioners notify DHSC that a notifiable reconfiguration is proposed.

The changes in more detail

There are several relevant documents for you to be aware of in thinking about your obligations under the new arrangements.

- The Health and Care Act 2022, which makes changes to the National Health Service Act 2006
- The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 (as amended at <https://www.legislation.gov.uk/ukxi/2024/16/contents/made>):
- The National Health Service (Notifiable Reconfigurations and Transitional Provision) Regulations 2024: <https://www.legislation.gov.uk/ukxi/2024/15/contents/made>
- Statutory guidance: "Local Authority Health Scrutiny: Guidance to support local authorities and their partners to deliver effective health scrutiny" (DHSC, 2024). This replaces/supersedes guidance of the same name published in June 2014: <https://www.gov.uk/government/publications/advice-to-local-authorities-on-scrutinising-health-services/local-authority-health-scrutiny>
- Statutory guidance: "Reconfiguring NHS services – ministerial intervention powers" (DHSC, 2024). This is new guidance: <https://www.gov.uk/government/publications/reconfiguring-nhs-services-ministerial-intervention-powers/reconfiguring-nhs-services-ministerial-intervention-powers>
- Guidance: "Health overview and scrutiny committee principles" (DHSC, 2022). This is guidance issued following the passage of the 2022 Act, and which remains in force: <https://www.gov.uk/government/publications/health-overview-and-scrutiny-committee-principles/health-overview-and-scrutiny-committee-principles>
- Guidance: "Planning, assuring and delivering service change for patients" (NHS England, 2018 plus 2022 addendum): <https://www.england.nhs.uk/publication/planning-assuring-and-delivering-service-change-for-patients/>

The importance of the health scrutiny principles

In 2022 Government published a document setting out some key principles to underpin the operation of health scrutiny arrangements. These act as the context for the operation of the new powers (and are referenced in the statutory guidance).

Of the principles, and the general role of health scrutiny, Government has said,

"HOSCs, local authorities, ICBs, ICPs and other NHS bodies should [...] ensure that scrutiny and oversight are a core part of how ICBs and ICPs operate. Leaders from across health and social care should use these principles to understand the

importance of oversight and scrutiny in creating better outcomes for patients and service users and ensure that they are accountable to local communities.”

The principles, reflecting best practice for ways of working between HOSCs, ICBs, ICPs and other local system partners, are:

- **Outcome focused.** Outcome focused to scrutiny will look at cross-cutting issues – and the effectiveness of local measures to integrate health and care. HOSCs also have a role to evaluate place-based outcomes at local authority level, and to scrutinise place-based services as a result.
- **Balanced.** This is about a balance between being future focused, and response to current issues (including service performance and proposed reconfigurations). Of performance, the guidance says,

“ICBs should take a proactive approach to sharing at an early stage any proposals on reconfigurations, drawing a distinction between informal discussions and formal consultations. ICBs should also take a proactive approach to involving relevant bodies on any other matters which system partners expect to be contentious, to help navigate complex or politically challenging changes to local services”.

- **Inclusive.** Health scrutiny is “a fundamental way for democratically elected local councillors to voice the views of their constituents, hold the whole system [...] to account and ensure that NHS priorities are focused on the greatest local health concerns and challenges”.
- **Collaborative.** This is about clarity in the mutual roles of HOSCs, ICBs, ICPs, the NHS, local authorities, HWBs and local Heathwatch. The guidance suggests joint working across ICB areas to ensure strategic issues of importance can be identified and acted on collaboratively – which may include the establishment of statutory, and non-statutory, JOSCs.
- **Evidence informed.** This involves proactively seeking out information about the performance of local services and challenging information provided by commissioners and providers – which brings with it an obligation for those organisations to provide information “positively and constructively”.

We envisage that these principles will need to play a strong part in the drafting, and redrafting, of local memoranda of understanding between HOSCs and system partners.

How the new system will operate

- An NHS provider will need to consider if a proposed reconfiguration is **notifiable** (basically, this is whether it can be expected to trigger a local authority consultation). The notification should be made to DHSC via a form created for this purpose. The notification given to DHSC **should consider the relevant HOSC’s on a proposal when deciding when to notify and should make it clear to the Secretary of State of the HOSC’s view of whether this reconfiguration is notifiable.** (The statutory guidance does not cover those instances where a HOSC may be aware of a proposed change which it thinks is notifiable but where the relevant provider disagrees – this state of affairs should probably be covered in redrafted memoranda of understanding);
- The reconfiguration will be managed at a local level in the usual way – following the guidance’s view that “local organisations are best placed to manage challenges

related to NHS reconfiguration”. This may involve the establishment of a statutory JOSC – it can also be expected to involve the usual liaison and dialogue between the relevant provider and the HOSC/JOSC, which should be covered in a relevant memorandum of understanding;

- At this point, anyone locally (including a HOSC) may make a request to the Secretary of State that the proposal be “called in”. However, the guidance envisages that a proposal will be called in only under “exceptional” circumstances. There will be certain criteria used to determine this:
 - Attempts have been made to resolve concerns through the local NHS commissioning body, or through raising concerns with their local authority/HOSC, and;
 - NHS commissioning bodies and local authorities/HOSCs have taken steps to resolve issues themselves, and;
 - There are concerns with the process that has been followed by the commissioning body or the provider (eg, options appraisal, the consultation process), and/or;
 - A decision has been made (ie a Decision-Making Business Case has been approved) and there are concerns that a proposal is not in the best interests of the health service in the area.

Ministers may also consider whether the proposal is considered to be “substantial”, and the regional or national significance of a reconfiguration, and the impact of service quality, safety and effectiveness. These criteria are similar to – but not identical to – the current criteria for a referral by a HOSC to the Secretary of State;

- When a call-in request is received that request will be considered – and evidence gathered to support the Secretary of State’s decision-making. This is a process that will be co-ordinated between DHSC and the Independent Reconfiguration Panel (IRP). A range of people may be contacted to provide further information in doing so (and we would expect that this will include the relevant HOSC). The guidance emphasises that this process of review will be entirely separate to the substantive review that will take place should a decision to call in be made;
- Should the Secretary of State decide to call in a proposal he or she will issue a Direction Letter to the NHS commissioning body, at which point the call-in becomes “live”. The Direction Letter will set out the steps that the NHS commissioner is permitted to take next (which may or may not include continuing with a consultation). The requester will be informed as well. Others – such as the HOSC – will be copied in “if it is considered helpful to the stakeholder to have sight of the information included”. It is difficult to envisage a situation where a HOSC would not find this helpful. It is worth noting that it is explicitly stated that the NHS commissioning body should themselves share information on the call-in with the HOSC at this stage;
- The Secretary of State may formally seek advice from the IRP at this point. Previous experience has been that the IRP has led on the detailed analysis of proposals at this stage (but that does not mean that will be the case in the future);
- The Secretary of State will also give interested parties the opportunity to make formal representations at this stage. This can be expected to involve the relevant HOSC (with the guidance advising the where multiple HOSCs are involved without a joint arrangement, a single HOSC takes the lead on making representations);
- The Secretary of State will make a decision within six months. A number of decisions can be taken, up to and including that the proposal should not be taken forward. Decisions will be notified and published, and commissioners will have to act on them. Decisions are stated to be “final” although – like any administrative action – they will be subject to judicial review.

Summary of HOSCs’ duties and opportunities to feed in

We think the HOSCs can:

- **Engage early** with commissioners and providers to understand where notifiable reconfigurations are under development, discussing how they and the associated consultation processes might be designed;
- **Work with Local Healthwatch** to provide a first port of call for concerns about the proposal, to avoid the unilateral submission of requests for intervention by local campaigners which are likely to result in a negative response;
- Where appropriate, **co-ordinate / support an appropriate request for intervention** to ensure that – when made – it is backed by evidence to meet the criteria set out above.

Memoranda of understanding

Central to these arrangements working properly is a meeting of minds between commissioners, providers, and scrutineers in the form of both local Healthwatch and relevant HOSCs.

Many areas have established memoranda of understanding with local providers and commissioners to provide certainty both on activity around reconfiguration, and on wider health scrutiny.

While the presence of such memoranda is not a formal requirement, it is notable that the language of the guidance has shifted to form an expectation that they should be in place, in order to ensure that the system can operate effectively.

Inevitably, this means that practitioners will now need to begin the task of determining how such memoranda should be concluded. We think that the following issues will need to be resolved:

- The geography to be covered. With a shift in strategic commissioning activity to “system” level, it is likely that memoranda will need to cover the geography of multiple local authorities;
- The organisations to be covered;
- Clarity on appropriate arrangements for proactive information sharing by commissioners and providers;
- Accountability on who “owns” the memorandum, amongst the different system partners signed up to it;
- Arrangements for joint scrutiny (see below);
- Detailed arrangements for managing reconfigurations;
- Dispute resolution arrangements – in particular, for when there may be disagreement on whether a proposed reconfiguration is substantial and/or notifiable. We are particularly keen to gather evidence of dispute resolution arrangements so that this aspect of the guidance can be expanded when it is reviewed in January 2025.

We think that memoranda should start with the health scrutiny principles, and work up from there.

Over the coming months we hope to be able to work with councils and partners to support the development and redevelopment of these memoranda. In doing so we should note that it is unlikely that a single “template” memorandum can be developed for everyone to adopt, because memoranda will have to reflect unique local circumstances.

We are engaging with NHS England to ensure that the importance of this activity is shared with commissioners and providers, and with other system partners.

Joint working

One of our concerns about some of these changes has been the expectation that more commissioning will happen at system level, and that this will result in an expectation of more joint scrutiny activity.

We know that joint scrutiny activity can be resource-intensive, and difficult to facilitate when geography makes the convening of in-person meetings a challenge across large geographical areas.

Nothing in the guidance suggests that areas should set up standing joint committees for statutory and non-statutory work. In our view, most health scrutiny work should remain carried out, practically, at “place” level. But there is likely to be a need for more, and more regular, informal liaison between councils within ICBs’ areas. Where an ICB is home to important tertiary provision (eg a hospital of national significance) this will be especially important to manage and clarify.

Councils will though need to think about how they can pre-empt the resource demands of joint working by having arrangements which can sit in shadow form, and be “stepped up” to a live, formal state as necessary. We know that some areas already operate in that manner.

HOSCs facilitating and support wider debate, and facilitating requests for the Secretary of State to intervene

HOSCs should not be seen as gatekeeping the requesting process. Although the obligation that local attempts at resolution be exhausted could be seen as presupposing that making a successful request will hinge on the view of the HOSC, this is not the case.

HOSCs can and should however be seen as a space for making local attempts at resolution, and we think that it is sensible that this public forum, led by elected councillors, be seen as the focus for campaigners and patient advocates.

There is likely to be a need for HOSCs, and local Healthwatch, to think about the way that the requesting process is communicated to campaigners – especially in advance of a reconfiguration that can be expected to be contentious. Healthwatch and HOSCs can act as system navigators for campaigners and patient advocates, providing support and advice.