



Agenda

Notice of a public meeting of North Yorkshire Health and Wellbeing Board

To: Councillors Michael Harrison (Chair), Janet Sanderson, Amanda Bloor (Vice-Chair), Wendy Balmain, Zoe Campbell, Jonathan Coulter, Stuart Carlton, Richard Flinton, Ashley Green, Ali Jan Haider, Shaun Jones, Mike Padgham, Jillian Quinn, Sally Tyrer, Louise Wallace, Richard Webb and Lisa Winward.

Date: Wednesday, 24th May, 2023

Time: 1.00 pm

Venue: Remote meeting to be held via Microsoft Teams

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 is an informal meeting of the Committee that is being held remotely using Microsoft Teams. Members of the public wishing to attend will be sent a link to the meeting, upon request. Again, please contact the Democratic Services Officer concerned for further information.

Business

1. **Welcome by Chair**
2. **Apologies for Absence**
3. **To approve the Minutes of the meeting held on 17th March 2023** (Pages 3 - 10)
4. **Declarations of Interest**
5. **Public Questions and Statements**
Members of the public may ask questions or make statements at this meeting if they have given notice and provided the text of their question or statement to Patrick Duffy of Democratic Services (*contact details below*) no later than midday on Friday 19th May 2023. Each speaker should limit themselves to three minutes on any Item.
6. **Updates from Integrated Care Systems**
 - a) Humber and North Yorkshire – Amanda Bloor, Chief Operating Officer
 - b) West Yorkshire – Ali Jan Haider, Director of Integrated Health and Care, Bradford District and Craven Health and Care Partnership

Enquiries relating to this agenda please contact Patrick Duffy, Principal Democratic Services Scrutiny Officer.
Email: Patrick.Duffy@northyorks.gov.uk Tel: 01609 534546

Website: www.northyorks.gov.uk

7. **Special Educational Needs and Disability - Local Area Strategy - Chris Reynolds, Head of SEND Strategic Planning Resources** (Pages 11 - 51)
8. **Joint Local Health and Wellbeing Strategy - Louise Wallace, Director of Public Health** Report to Follow
9. **Health Protection - Victoria Turner, Public Health Consultant** (Pages 52 - 82)
10. **Rolling Work Programme - 2023/2024 - Patrick Duffy, Principal Democratic Services Scrutiny Officer** (Pages 83 - 88)
11. **Date of next meeting - Friday 21st July 2023 at 9.30 a.m.**
12. **Any other business which, in the opinion of the Chair, should be considered as a matter of urgency**

Barry Khan
Assistant Chief Executive
(Legal and Democratic Services)

County Hall
Northallerton

Tuesday, 16 May 2023

North Yorkshire Health and Wellbeing Board

Minutes of the meeting held via Microsoft Teams, on Friday 17th March 2023 at 10am

Board Members	Constituent Organisation
County Councillors	
County Councillor Michael Harrison (Chair)	Executive Member for Health and Adult Services
Integrated Care Systems	
Amanda Bloor	Chief Operating Officer and Deputy Chief Executive, Humber and North Yorkshire Integrated Care System
Ali Jan Haider	Director of Integrated Health and Care, Bradford District and Craven Health and Care Partnership – part of West Yorkshire Integrated Care System
Local Authority Officers	
Louise Wallace	Director of Public Health, North Yorkshire County Council
Elected Member District Council Representative	
Councillor Richard Foster	Leader, Craven District Council
Other Members	
Ashley Green	Chief Executive, Healthwatch North Yorkshire
Shaun Jones	Interim Locality Director, NHS England (North East and Yorkshire)
Co-opted Members	
Zoe Campbell	Managing Director (North Yorkshire, York and Selby) - Tees, Esk and Wear Valleys NHS Foundation Trust (Substitute for Brent Kilmurray)
Emma Nunez	Deputy Chief Executive, Harrogate and District NHS Foundation Trust (Substitute for Jonathan Coulter)
Sally Tyrer	Chair, Yorkshire Local Medical Committee (Primary Care Representative)
Mike Padgham	Chair, Independent Care Group (Care Providers Representative)

In Attendance (North Yorkshire County Council) unless stated:-

David Smith, Steve Loach and Chris Phillipson (Legal and Democratic Services)

Jane Le Sage (Assistant Director, Inclusion, Children and Young People's Services), Shanna Carrell, Equalities Manager – Public Health, Alaina Kitching, Senior Strategy and Performance Officer

Lucy Tulloch, Mark Graham and Andrew Port (South Tees Hospital NHS Foundation Trust), Nancy O'Neill, MBE., Chief Operating Officer, Bradford District and Craven Health and Care Partnership, Anja Hazebroek, Executive Director of Communications, Marketing and Media Relations, Humber and North Yorkshire Integrated Care System and Esther Ashman, NHS West Yorkshire Integrated Care Board

Copies of all documents considered are in the Minute Book

37. Welcome by the Chair

The Chair welcomed Members of the Board and confirmed this is a public meeting.

38. Minutes

Resolved -

That the Minutes of the meeting held on 18th January 2023 be approved as an accurate record.

39. Apologies for absence

Apologies for absence were submitted by:

- County Councillor Janet Sanderson, Executive Member for Children and Young People's Service
- Janet Waggott, Chief Executive, Selby District Council and Assistant Chief Executive, North Yorkshire County Council (District Councils Chief Executive Representative)
- Jonathan Coulter, Chief Executive, Harrogate and District NHS Foundation Trust
- Richard Flinton, Chief Executive, North Yorkshire County Council
- Brent Kilmurray, Chief Executive, Tees, Esk and Wear Valleys NHS Foundation Trust
- Lisa Winward, Chief Constable, North Yorkshire Constabulary
- Jill Quinn, Chief Executive, Dementia Forward
- Richard Webb, Corporate Director, Health and Adult Services, North Yorkshire County Council
- Stuart Carlton, Corporate Director, Children and Young People's Services, North Yorkshire County Council
- Wendy Balmain, Place Director for North Yorkshire - Humber and North Yorkshire Integrated Care System

40. Declarations of Interest

There were no declarations of interest.

41. Public Questions of Statements

There were no public questions or statements.

42. Friarage Hospital – Surgical Hub

Considered –

A presentation by representatives of the South Tees Hospital NHS Foundation Trust in relation to the development of a Surgical Hub at the Friarage Hospital, Northallerton.

The presentation highlighted the following:-

- Replacing the hospital's six existing operating theatres with a modern Surgical Hub
- Would include six main operating theatres, two minor operating theatres and a surgical admission and day hub

- The initiative was clinically led
- The project would commence in Spring 2023 and aimed to be open by Winter 2024/25
- This was an integral part of growing elective care at the Friarage and ensuring the viability of the hospital.

The following issues were highlighted in relation to the proposals:-

- Members considered the developments to be exciting and would provide viability for the Friarage.
- The expansion of services was a good news story and would take some pressure off other nearby hospitals.
- The developments were a direct result of the consultation undertaken in 2019, with clinicians directly involved in the drafting of the project.
- The hub would transform the Friarage and the available clinical offer in North Yorkshire.
- The Chair paid tribute to the way in which the Trust had delivered what they set out to do, despite suspicion locally, and considered that this had assisted in restoring confidence in the hospital, going forward.

Resolved –

That the presentation be noted.

43. Special Educational Needs and Disabilities (SEND) - Progress Update

Considered –

A report and presentation by Jane Le Sage, Assistant Director, Inclusion and Sally Newsome, Designated Clinical Officer, North Yorkshire and York, provided prior to the Meeting, highlighting the following:-

- The SEND population across North Yorkshire remains below the national average. 4428 children currently have an Education Health Care Plan (EHCP) which is around the national average.
- The primary needs for those with an EHCP are speech and language assistance, which correlates with the national position, and the assistance provided accords with the National Plan.
- Joint Working – A clear joint Governance Statement has been co-produced which provides details of the agreement on joint commissioning and joint funding. Compliance Statements are shared with NHS England and the Department for Education.
- SEND Health data dashboard
- A great deal of the work on assessments and the EHCP process is undertaken jointly with the NHS. Examples of recent joint work initiatives were outlined.
- The joint working priorities for 2023/24 included the neurologist system, speech and language support and the transformation of CAMHS - Child and Adolescent Mental Health Services.
- Looking forward, it is expected that an Inspection of the service is imminent.

The following issues were highlighted in relation to the report:-

- Applications for EHCPs are submitted by both the relevant school and by parents and every effort is made to ensure there is a consistent approach to these.
- Collaboration between the various SEND Teams and the ICB Teams was acknowledged, with strong and close working relationships fully embedded.
- It was noted that the different ICBs were at different stages in terms of their strategic position on assisting with SEND, but the joint working was still in a strong place and enabled issues to be dealt with effectively.

The Chair noted that this would be Jane Le Sage's last meeting before retirement and he thanked her for her hard work and wished her well in the future. This was echoed by other Members.

Resolved –

That the update be noted.

44. Integrated Health and Care Strategies

Considered –

Draft Integrated Care Strategies from Humber and North Yorkshire Integrated Care System and West Yorkshire Integrated Care System.

Humber and North Yorkshire Integrated Health and Care Strategy

Amanda Bloor, Deputy Chief Executive/Chief Operating Officer and Anja Hazebroek, Executive Director of Communications, Marketing and Media Relations, Humber and North Yorkshire Integrated Care System, updated the Board on the progress being made on the Humber and North Yorkshire Integrated Health and Care Strategy, highlighting the following:-

- It was fully recognised that North Yorkshire would interface into two ICBs but it would be ensured that a seamless approach was undertaken.
- The draft Strategy document was still being progressed and would be subject to public and stakeholder engagement.
- The Strategy was ambitious and aimed to deliver an improved experience for the whole area, with improved health for all.
- The ongoing engagement was seen as really important, with extensive consultation being sought to ensure that a deep sense of what is required by local communities is obtained.
- Engagement would continue following the publication of the Strategy to ensure that the harder to reach groups were consulted and their issues taken account of.
- The next steps would be for the ICBs to prepare a Five Year Joint Forward Plan - the Delivery Plan for the Strategy, for the strategic areas within North Yorkshire. The delivery and administration would be led within those areas and would incorporate extended levels of joint working with strategic partners. The Joint Plan would provide a single approach to the priorities identified.
- A finalised version of the Joint Forward Plan was expected by the end of June 2023.

Resolved –

- a) That the update be noted.
- b) That the final draft content of the Humber and North Yorkshire Integrated Health and Care Strategy be approved.
- c) That the next steps be noted.

West Yorkshire Integrated Health and Care Strategy

Esther Ashman, of the West Yorkshire Integrated Care Board, updated the Board on the progress being made on the West Yorkshire Integrated Health and Care Strategy, highlighting the following:-

- The Strategy was in a similar position to that of the Humber and North Yorkshire Integrated Health and Care Strategy.
- An initial draft of the Strategy had been signed off by the Partnership Board.
- A similar process to that outlined for Humber and North Yorkshire was being undertaken, with a view to making an impact on health and wellbeing in the area.
- Local needs would be prioritised with a focus on poverty, cost of living and access to services.
- The next steps would see the development and delivery of the Joint Forward Plan and the implementation of the Health and Care Strategy, through the various stakeholders and extensive engagement with all.
- Working documents were expected to be in place by the beginning of April but engagement would be delayed due to an election period prior to the local elections in May.

The following issues were highlighted in relation to the Strategies and Joint Forward Plans:-

- Craven was a key area for the Health and Care Strategies and was very much linked into both areas. The engagement and development processes would help to deliver for the Craven area through integration and engagement, with joint planning and working between the two Care Boards. Councillor Foster noted that he would no longer be a representative of Craven District Council, on the Board, from vesting day, but would continue to monitor the liaison and engagement between the Craven area and the Integrated Care Boards to ensure this remained effective. The commitment to the Craven area from the ICBs was emphasised.
- The issue of bids for capital funding was discussed and it was asked how the ICBs moved forward when bids were unsuccessful. In terms of the North Yorkshire Board it was stated that the capital programme and strategic Board matters were separated. Should a strategic issue be linked to a capital bid that was unsuccessful, every effort would be made to secure funding from alternative sources. In such cases, the scheme would not be progressed until the appropriate funding was in place.

Resolved –

- a) That the final approved version of the West Yorkshire Integrated Care Strategy be noted.
- b) That the alignment, where appropriate to the Humber and North Yorkshire Integrated Care Strategy, be noted.
- c) That the plans to develop a delivery vehicle for the Strategy, through the Joint Forward Plan, be noted.

45. North Yorkshire Joint Health and Wellbeing Strategy

Considered –

An update by Louise Wallace, the Director of Public Health, on the progress of the development of a new Joint Health and Wellbeing Strategy (JHWBS) for North Yorkshire. She highlighted the following:-

- The Joint Health and Wellbeing Strategy was still in development but a draft was expected to be completed by early May. This will then be presented to the Health and Wellbeing Board and then the twelve week consultation will commence. The draft Strategy takes into account the refreshed countywide Joint Strategic Needs Assessment.
- The consultation on the Strategy will be for a twelve week period, allowing sufficient time to thoroughly consider all the issues. It would provide an opportunity to speak to groups whose views are not always provided or respond readily. Work would be undertaken with the ICBs and Healthwatch, using a variety of mechanisms, to ensure all appropriate groups were involved with the consultation. Details of the key stakeholders taking part in the consultation process were detailed in an appendix to the report. Work would also be undertaken with the Community Sector and Members of the Health and Wellbeing Board would be asked to support events where an opportunity for consultation would be provided.
- The Strategy will need to take into account recent events, particularly the impact of the pandemic on health and wider inequalities; explore what matters to people now; and identify both shorter-term and longer-term priorities for improving health and reducing health inequalities.
- The principles for the Strategy are:-
 - People • Place • Population • Prevention • Partnership • Performance

Members of the Board welcomed the collaborative working on the Strategy and the attempt to reach out to the groups that were not as willing to engage in consultation events. It was also stated that it was refreshing to see that there would be no re-asking of previous questions in the consultation process, as that was much more likely to generate a favourable response.

Resolved –

That the report be noted, and:

- a) feedback on the draft Strategy and consultation proposals be shared;
- b) the Joint Health and Wellbeing Strategy Editorial Group be commissioned to prepare the draft, with any revisions agreed, for public consultation;
- c) the Joint Health and Wellbeing Strategy Editorial Group be commissioned to take the draft forward for public consultation during spring/summer 2023; and
- d) a report of the consultation and final draft Strategy be submitted for approval at their meeting of 20th September 2023.

46. Council Plan

Considered –

A presentation by Alaina Kitching, Senior Strategy and Performance Officer, on the Council Plan, 2023 – 2027, which had recently been approved by full Council.

The following highlights were detailed in the presentation:-

- The vision, ambitions and the four pillars of locality working
- The Health and Wellbeing focus within the Plan, including priorities

- The process for developing the Plan
- Cross-cutting themes
- Engagement and approval

A discussion of the presentation highlighted the following issues:-

- The need to ensure that the Council Plan aligns with the other plans currently being developed, allowing any potential gaps in service provision to be eliminated.
- It was suggested that such plans should be supplemented with photographs of the communities that they are serving, rather than rural landscapes that are very prominent in these publications.
- The Plan was welcomed and considered to be understandable and relatable. The “people box” provided details of support for families and would assist with early support for young people.
- The Area Constituency Committees provided a platform for area concerns to be raised and fed into the Scrutiny of Health Committee.

Resolved –

That the presentation be noted.

47. Work Programme

Considered –

A rolling Work Programme, presented by Steve Loach, Principal Democratic Services Officer.

He stressed that the Work Programme was fluid, as circumstances changed. It was open to any Member to input into it. Therefore, should any Member feel that something should be added, they could advise of this now or contact Patrick Duffy between meetings.

NOTED.

48. Next Meeting

The Chair confirmed that the next meeting will be on Wednesday 24th May 2023 at 1.00 p.m.

49. Any other business which, in the opinion of the Chair, should be considered as a matter of urgency

Councillor Richard Foster

The Chair noted that this would be Councillor Foster’s final meeting of the Health and Wellbeing Board, as representation of the District Councils would no longer be required following the establishment of a unitary authority. He thanked Councillor Foster for his service to the Board.

The meeting concluded at noon.

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NORTH YORKSHIRE HEALTH AND WELLBEING BOARD

24th May 2023

LOCAL AREA SPECIAL EDUCATIONAL NEEDS AND DISABILITIES STRATEGY

Report by the Corporate Director - Children and Young People's Service

1 PURPOSE OF REPORT

- 1.1 This report sets out the proposed Local Area SEND Strategy which has been developed in partnership with North Yorkshire Council, Humber and North Yorkshire ICB, West Yorkshire ICB, Education settings, Parent Carer Voice and other key stakeholders.
- 1.2 This paper therefore sets out key information on the development of the Local Area SEND Strategy.

2 EXECUTIVE SUMMARY

- 2.1 In recent years there have been a number of strategies and plans in place covering the county of North Yorkshire, which related to, or included intentions, actions and reference to, children and young people with special educational needs and/or disabilities (SEND).
- 2.2 The most recent specific Council plan is the Strategic Plan for SEND Education Provision 2018-23 which was updated in May 2020 and is expiring in September 2023. With the impending expiration of the existing SEND plan, it was agreed that a new Local Area strategy for SEND that identifies key priorities for education, health and social care for children and young people aged 0-25 should be developed.
- 2.3 Recent developments for partners and stakeholders reinforce the timeliness of the implementation of an overarching strategy and the opportunity to do this.

These include:

- Establishment of the new North Yorkshire Council
- Release of the national SEND Improvement Plan
- Recent review of Social Care support for Disabled Children

- The implementation of Integrated Care Systems.
- The relaunch of the North Yorkshire parent/carer forum and the rebrand as Parent Carer Voice North Yorkshire, with a strong focus on co-production.

2.4 The steps to developing our Local Area Strategy have included:

- Considering our statutory duties and guidance across education, health and social care
- Reviewing strategies and plans already in existence to ensure this will compliment those
- Learning opportunities which have taken place e.g. Council OFSTED inspections; development of the SEND self-evaluation framework; peer challenge work; National College Programme events across CYPS; High Needs Block Recovery workshop and the Joint Commissioning working group.
- Available data and information in respect of SEND and current gaps
- 6 week period of informal stakeholder engagement jointly commissioned by NYC and NHS and hosted by Council for Disabled Children
- 7 week formal consultation exercise on earlier proposals with amendments since made

2.5 The proposed Strategy document (appendix 2) sets out our ambition, our partnership and vision as well as a focus upon five key strategic priorities in response to feedback as well as consideration of our statutory duties.

2.6 This paper therefore sets out key information on the development of the proposed Local Area SEND Strategy.

3 BACKGROUND

3.1 In recent years there have been a number of strategies and plans in place covering the county of North Yorkshire, which related to, or included intentions, actions and reference to, children and young people with special educational needs and/or disabilities (SEND).

3.2 These strategies in recent years have included the following:

- North Yorkshire County Council Plan 2019-22
- Being Young in North Yorkshire 2021-2024
- Strategic Plan for SEND Education Provision 0-25 2018-23
- School improvement Strategy 2019-21
- Learning disabilities strategy 2017 -2022

3.3 The most recent specific Council plan is the Strategic Plan for SEND Education Provision 2018-23 which was updated in May 2020 and is expiring in September 2023. With the impending expiration of the existing SEND plan, it was agreed that a new Local Area strategy for SEND that identifies key priorities for education, health and social care for children and young people aged 0-25 should be developed to help strengthen our partnership working with health and social care.

3.4 Recently there have been a number of pieces of work which have highlighted areas of development for children and young people with SEND across partners and stakeholders. More detail on these are provided in the sections below. These have now been drawn together to form the proposed Local Area SEND Strategy. This will ensure that:

- The work that is being, or needs to be, done to ensure children and young people in North Yorkshire with SEND have the best opportunities, provision and outcomes, is agreed, understood, delivered and monitored.
- Children and young people with SEND and their families in partnership with those working with them from education, health and social care can shape the way forward.

3.5 In addition, recent developments for partners and stakeholders reinforce the timeliness of the implementation of an overarching strategy and the opportunity to do this. These include:

- Establishment of the new North Yorkshire Council
- Release of the national SEND Improvement Plan
- Recent review of Social Care support for Disabled Children
- The implementation of Integrated Care Systems.
- The relaunch of the North Yorkshire parent/carer forum and the rebrand as Parent Carer Voice North Yorkshire, with a strong focus on co-production.

3.6 These developments have a significant bearing upon improving the lived experience of young people with SEND and the proposed strategy.

4 CONSULTATION UNDERTAKEN AND RESPONSES

4.1 A frequent message from parents/carers of children and young people with SEND, and other stakeholders is that it is essential that those working in education, health and social care work together to meet children and young people's needs. This was a view expressed during the development of the Strategic Plan for SEND Education Provision 2018-23, particularly through formal consultation.

4.2 More recent feedback, from a period of engagement facilitated by the Council for Disabled Children, shows that there are mixed views on how services work with

children and young people with SEND and their families, and how they work together to support them. The summary of this engagement is included in Appendix 1.

4.3 The steps to developing our Local Area Strategy have included:

- Considering our statutory duties and guidance across education, health and social care
- Reviewing strategies and plans already in existence to ensure this will compliment those
- Learning opportunities which have taken place e.g. LA OFSTED inspections; development of the SEND self-evaluation framework; the peer challenge; National College Programme events across CYPS; High Needs Block Recovery workshop and the Joint Commissioning working group.
- Available data and information in respect of SEND and current gaps
- 6 week period of informal stakeholder engagement jointly commissioned by NYC and NHS and hosted by Council for Disabled Children
- 7 week formal consultation exercise on earlier proposals with amendments since made

4.4 Through the engagement work and consultation a number of themes were apparent that have informed the development of the proposals. These were:

What is important for children and young people with SEND:

- Being cared for and valued, having meaningful friendships and being valued by supporting adults
- Being healthy, resilient, having confidence and a sense of purpose
- Sharing a range of experiences, enjoying learning and achievements being celebrated
- Developing independence, being involved in decisions and having meaningful prospects of employment in adult life
- Being safe
- Services are proactive in meeting need with a focus on early intervention
- Smooth transitions into adulthood

What needs further improvement?

- Communication at strategic and operational levels
- Improved Local Offer
- More seamless exchange of information between services and families
- Greater range and availability of local provision
- Increased range of social opportunities for CYP with SEND
- Knowledge, training and understanding of staff to continue to support children within mainstream settings

- Timeliness and quality of assessment processes, in particular, agreed outcomes and annual reviews
- Early and proactive support needs to be a focus for all services

4.5 Whilst undertaking the complex work of developing the strategy a conscious pause was taken in anticipation of the long awaited release of the SEND and Alternative Provision Improvement Plan by the Department for Education. Whilst this has meant some delay, it has ensured that the strategy proposed is aligned to this significant shift in national policy as well as responding to local needs and feedback.

5 PROPOSALS

5.1 Appendix 2 provides a comprehensive designed draft of the Local Area SEND strategy. This section sets out the key content within it.

5.2 As we have developed our strategy, we have proposed the following principals will assist us in responding to the needs of our children as well as promoting effective and positive partnership working. The shared principles we will work to in order to make a positive difference are to:

- Be ambitious for all children
- Value the contribution of all partners
- Work together to deliver improvement
- Listen and communicate effectively
- Invest in relationships

5.3 The proposed Strategy document (appendix 2) also sets out our ambition, our partnership and vision as well as a focus upon five key strategic priorities in response to the feedback we have had as well as consideration of our statutory duties. Our proposed strategic priorities are set out below and a summary of why they are important:

Identifying the needs of children and young people early

We know that identifying the Special Educational Needs and Disabilities at an early stage improves outcomes and life chances. Across Education, Health and Care services in North Yorkshire improving early identification systems will remain a key focus so that children can access the support they need as they need it.

Working together- Improving communication, co-production and engagement

We want as many children and young people with SEND to receive the right support from health, education and care services to meet their needs. Good communication is important so that children and young people, parents and carers feel listened to, their views inform decisions and that transparency

develops trust across all partners. Parents have told us that clear communication is of high importance.

Improving outcomes for children and young people with SEND

Our ambition is that children and young people with SEND have the best opportunity to live healthy and happy lives and are supported to have high aspirations and achieve their goals. Helping children and young people to achieve outcomes in education, health, employment, relationships and participation in society is central to this vision.

Preparing Young People for Adulthood

Developing independence and preparing for adulthood is important to young people and their families. Done well and at the earliest stages it allows children and young people to develop skills that will serve them well throughout their lives. Through engagement it was clear from feedback that it is important for children and young people to feel they make a valuable contribution in their communities, that their talents and skills are recognised and supported and that this in turn develops self-esteem and supports them in maintaining high aspirations.

Achieving Best Value

The Local Authority and the National Health Service have a statutory duty to meet the assessed needs of all children with SEND in North Yorkshire. Alongside this duty is an expectation that statutory bodies utilise public finances efficiently and effectively. It is important that all stakeholders understand what resources are available, that they are used to best effect for all children and the local system is sustainable.

- 5.4** The strategy will provide all statutory and non-statutory partners with a clear and agreed direction of travel and assist services from all organisations to coordinate and shape their planning. Below is a diagram which illustrates the relationship between the proposed strategy and other key action plans and strategic documents used by services.



6 FINANCIAL IMPLICATIONS

- 6.1** The financial implications to this proposed strategy are intended to create more opportunities for joint commissioning of services between partners and to ensure that resources available are used efficiently. It is anticipated that taking forward these proposals would improve support and outcomes without incurring additional financial pressure than would otherwise be expected from growth in demand.
- 6.2** One of the five priorities, Achieving Best Value, has been included in acknowledgment of the importance for all children and young people with SEND that the local area strives to achieve a sustainable SEND system.

7 LEGAL IMPLICATIONS

- 7.1** Throughout the development of the strategy, consideration has been given to the statutory duties of Education, Health and Social Care services. The strategy will have a positive effect upon the duty for those statutory services, set out in the Children and Families Act 2014, and other acts of parliament covering education, health and social care, to work in partnership and ensure the lived experience of children and young people with SEND is improved.

8 EQUALITIES IMPACT ASSESSMENT

- 8.1** The adoption of the proposed strategy and the work underpinning it will have a positive impact for those children and young people with SEND. It is not envisaged that it will present any adverse impact against any of the protected characteristics.
- 8.2** The Council will continue to pay due regard, and as individual projects are developed further, there will be individual equality impact assessment developed.

8.3 The Equalities Impact Assessment screening tool has been completed and included in appendix 3.

9 CLIMATE CHANGE IMPACT ASSESSMENT

9.1 It is not anticipated that the strategy will have any notable climate impact.

10 RECOMMENDATIONS

10.1 That Health and Wellbeing Board consider and note the content of this report and the strategy document provided

Stuart Carlton, Corporate Director - Children and Young People's Service

Report prepared by Chris Reynolds-Head of SEND Strategic Planning and Resources

Date: 2nd May 2023

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Appendix 2. Local Area Strategy document

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North Yorkshire SEND Strategy Development

Analysis of focus groups

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Introduction

The Council for Disabled Children (CDC) was commissioned by North Yorkshire County Council (NYCC) and North Yorkshire Clinical Commissioning Group (North Yorkshire CCG) to deliver a series of focus groups for both parent carers and professionals to share their views and inform the development of the SEND Strategy. Details of the focus groups can be found in the [Appendix](#).

This report brings together the findings from these focus groups, identifying common themes which ran across the discussions as well as highlighting where experiences or opinions differed, either by place or by stakeholder group.

NYCC and North Yorkshire CCG will use the findings in this report, along with responses from [a detailed questionnaire](#) which was shared with focus group respondents after attending, to develop a draft SEND Strategy for the local area. This will then be shared for consultation.

Approach

CDC colleagues have supported a large number of local areas with their SEND Strategy development, and the team has developed a methodology which centres on a strategic outcomes-based approach to the SEND system and commissioning. In short, this approach drives local decision makers to move away from the question 'what are we doing for children and young people with SEND and their families' to 'what difference are we making in the lives of children and young people with SEND and their families?' This puts responsibility on local leaders not just to deliver services, but to ensure that those services have a meaningful impact on improving quality of life. This approach starts with understanding what families want to see in their lives, and planning services which will support them to get there.

[More information about CDC's outcomes-based approach to commissioning is available here.](#)

This approach shaped the questions asked in the focus group. These were kept deliberately broad, with CDC colleagues drawing out themes after the focus groups were completed. The questions asked were:

- What are the ingredients of a good life for a child or young person?
- What in North Yorkshire is helping children and young people with SEND to live this good life?
- What in North Yorkshire is holding children and young people with SEND back from living this good life?
- If you had a magic wand, what three things would you improve locally?

This report follows these questions.

It was noted by several parent carers that the focus groups were held at short notice, with limited advertising. Some people felt that all of the sessions should be available to all attendees, rather than separated between parent carers and professionals, to increase transparency. CDC reported this feedback to local leaders.

What are the ingredients of a good life for a child or young person?

This question enables us to understand what the SEND System in North Yorkshire should be aiming to achieve for children and young people. This is not a description of how life is now, but what everyone should be working towards; they were consistent across all focus groups. These can form the basis of strategic outcomes statements in the SEND Strategy, which in turn should form the core of all SEND support locally. They can be developed into a data-led accountability framework to evidence what is working and what is not in improving the lives of children, young people and families.

The key themes are as follows:

- Being loved, cared for and valued
 - Having meaningful friendships, with both other CYP with SEND and those without
 - Having romantic relationships
 - Having a supportive, caring family
 - Being valued by supporting adults in all environments
 - E.g. school, extra-curricular activities, at appointments
- Being healthy, particularly in terms of mental health and emotional wellbeing
 - Being resilient
 - Having confidence
 - Having self-worth and a sense of purpose
- Enjoying a wide range of opportunities and challenges, and celebrating achievements
 - Having lots of different experiences, both in SEND specific groups and in inclusive mainstream settings
 - E.g. sport, creative arts, spending time in nature
 - Enjoying learning and the learning environment
 - Celebrating their own strengths and successes, and being celebrated by others
- Becoming more independent
 - Being involved in making decisions in a way which works for the individual, including those who are non-verbal

- Having job prospects
- Being safe

Observations

These themes are very similar to those developed in other local areas and focus on being included, having a good time and being happy. These are not, on the whole, things which services and commissioners are used to focusing on, and they cannot be achieved by a single service or team. Rather they must bring everyone together to achieve them, with children, young people and families at the centre of planning services and monitoring progress. They drive decision-makers to ask families 'what can we do differently to help you to be happier/ more included/ more independent' etc., and this requires a culture change across the whole system.

However, it is important to note that these are adult perspectives. CDC recommends that an exercise is undertaken with children and young people with SEND to understand what they want to see in their own lives.

There was almost no mention of physical health. This is not unusual, most people in discussions such as this recognise that not all children and young people with SEND will be fully healthy, and that health is relative. Statements usually look something like 'I am as healthy as I can be'.

Principles

There were a number of things identified in these discussions which are not outcomes in their own right, but are ways of working which enable the achievement of the outcomes above. These are more about the quality of services and service delivery:

- Services are proactive in meeting need, with a focus on early intervention
- There is transparency around why decisions are made
- Diagnoses and recognition of emerging needs are timely
- The mainstream workforce (school, clubs etc.) are skilled in supporting CYP with SEND
- There is a smooth transition to adulthood
- Parent carers and families receive the support they need to support their child/ren
- Services acknowledge and respond to families' complex lives (e.g. flexible appointments)



What in North Yorkshire is helping children and young people with SEND to live this good life?

Focus group attendees were invited to share the positive elements of support for their children, however small. There were some recurring themes across the groups, as well as locality specific comments.

Across multiple localities

Key individuals

Parent carers across almost all focus groups recognised key individuals who had a positive impact on their children's lives. These were overwhelmingly from voluntary sector organisations, but some were from local providers. Several professional groups also recognised the important role that 'trailblazers' had to play in delivering high quality services. While all of these individuals different, the things they have in common are:

- Taking time to understand CYP as individuals and respond to their needs
- Having a positive view of CYP with SEND and supporting others (including other CYP) to do the same
- Being flexible; shaping their activity or service to the individual rather than the other way around

Focus group attendees would like to see these qualities normalised and embedded across the system, rather than being dependent on the individual's personality.

Voluntary sector support

Almost all parent carer groups identified voluntary sector organisations as providing vital support, but also that access to these is limited and dependent on location. These included:

- AWARE (Craven)
- Ryedale Special Families (Craven and Selby)
- Pendragon Centre (Hambleton and Richmond)
- Go Getter (unclear)
- Daisy Chain (Hambleton and Richmond)
- POSCH (Hambleton and Richmond)
- Be Able Saturday club (Selby)

Pockets of good practice

Joint working

Professionals felt that joint working is improving in some instances, with particular recommendations for the **Mowbray School Parent Support Officers** (Hambleton and Richmond, professional) and **Portage** (Scarborough, professional), as well as increasing recognition that education, health and social care 'all have something to bring to the table' (unclear, professional).

Improvements in particular services/ processes

Some local improvements were noted, although it is clear that the positive impact of these is not being widely felt among families yet:

- Greater awareness of personal education budgets (Hambleton and Richmond, professional)
- Inclusion service locality hubs (Hambleton and Richmond, professional)
- Good collaboration regarding Virtual Schools (professional)
- CAMHS- single point of contact, Compass Buzz, Mental Health teams in schools (Harrogate, professionals)
- Strategic referrals are being made, although need is not always met as a result of the referral (Scarborough, parent carer)
- 16+ Personalised learning pathway (Scarborough, professionals)
- Improved attendance at annual reviews with the move to digital meetings (Hambleton and Richmond, professionals)



What in North Yorkshire is holding children and young people with SEND back from living this good life?

Again, there were many recurring themes across all localities, with the majority of these concerns shared by both professionals and parent carers. Attendees were invited to respond freely, with some of the concerns regarding particular services or pathways, and others being more generally applicable across the SEND system.

Across multiple localities

The following concerns echoed across the focus groups, both professional and parent carers. We have divided them here between strategic (applicable to the SEND system as a whole and operational (related to a particular service or pathway).

Strategic concerns:

- **Insufficient accountability and transparency:** strong language was used by parent carers here, demonstrating a lack of trust in local leaders and the system. There is a clear ask for a change in culture and a new language around SEND which moves away from apportioning blame and towards shared responsibility for improving the lives of CYP with SEND and their families. Parent carers feel that they are 'kept out' of decision-making, and want more open communication from professionals about decisions made at all levels of the SEND system.
- **Insufficient joined up working:** This is partially related to **attitude** and partially to **sharing data**. CAMHS in particular was identified as being out of step with other services (Selby, professional) as well as there being a lack of alignment with adult services (Hambleton and Richmond, professional). Parent carers across the area felt that the 'tell it once' approach is not working as there is no central record held. Parent carers and professionals both felt that families are 'bounced around' the system rather than experiencing continuity of care.
- **Insufficient engagement with parent carers:** Parent carers talked mostly about engaging in decision-making regarding their own child, but professionals also noted challenges around engaging with parents in developing services. Professionals felt that reaching parent carers is often a challenge, with face-to-face meetings a challenge due to geography and digital meetings not fully inclusive due to low literacy or digital poverty. Some parent carers who have engaged have received 'disrespectful' responses from professionals, or have been ignored, which has resulted in crisis when parent carers have been trying to flag early warning signs. Social care and educational were identified in particular (Harrogate, parent carer). It was also noted that engagement with CYP also should be improved.
- **Poor communication:** In general, parent carers felt that communication across the area is poor, with a particular emphasis on the **local offer**. Parent carers across all focus groups commented that either people are not aware of it or that they struggle to find the information they need.

Operational concerns:

- **Insufficient local provision, particular social opportunities:** Participants in all focus groups shared concerns about negative relationship between reduced services and a large, rural county. Parent carers shared many examples of the long journeys they have to make to access support, with a particular concern about the lack of local social activities for their children. Parent carers want to see both more opportunities designed for CYP with SEND, but also more inclusive mainstream opportunities.
- **Negative attitudes to CYP with SEND in schools:** This was another consistent message across all focus groups. Both parent carers and professionals feel that many schools still see CYP with SEND as 'a burden' (Craven, parent carer) and as a result seek to 'get these children out of our schools' (unclear, professional). The underpinning reasons for this were:
 - o Insufficient training for teaching assistants re. SEND
 - o Insufficient understanding of behaviour as communication – hampered by conflicting DfE messaging regarding inclusion versus behaviour policies
 - o Insufficient understanding of mental health and how this intersects with SEND
 - o Low expectations for CYP with SEND
 - o Insufficient reasonable adjustments
 - o Insufficient accountability, particularly for delivering provision as agreed in EHCPs
- **Poor experiences of the EHCP process:** Again, this is a concern for both parent carers and professionals. Specific issues include:
 - o Plans often not completed in the 20-week timeframe, largely due to insufficient capacity
 - o Outcomes are not always holistic
 - o Focus is on budget rather than the appropriate provision to meet outcomes
 - o Poor implementation of agreed support
 - o Annual reviews are not well attended
- **Services are not needs led and early help does not always work effectively:** Many parent carers talked about CYP 'falling through the gap/net' because they did not have the right diagnosis or reach thresholds to receive support, which can result in crisis. There is a clear request for services to be intervene early and proactively, rather than being reactive.
- **Heavy 'burden' on parent carers to coordinate support:** All parent carer groups identified this as a concern, with one participant saying that she had recorded spending almost 40 hours in one month on admin regarding her child and their support. Professionals in several groups expressed concern that parent carers with low literacy, English as a second language and/or wider family concerns are particularly unsupported in the system. There is a clear ask for a key point of contact for families to coordinate support around the individual. There were also several comments about the importance of finding the balance between the parent carer as an expert and the parent carer as someone requiring support from services; understanding that parent carers often but not always hold the answers.
- **Overstretched, understaffed workforce:** Parent carers were, on the whole, very supportive of the staff who work with their children. They acknowledge that times are tough, and that staff across services have very high workloads. However, both parent

carers and professionals are concerned about the impact this has on their children as waiting lists are very long across a number of services, with referrals for autism diagnosis (Harrogate, Selby) and CAMHS (Harrogate, Hambleton & Richmond, unknown) a particular concern.

- **Insufficient respite support:** Respite services are limited and/or expensive, and families who have a personal budget struggle to spend it as there are insufficient staff to recruit as respite supporters (Hambleton & Richmond, professional and parent carer; Craven, parent carer)

Locality specific concerns

The following concerns were only mentioned in one or two focus groups, but are still important:

- Insufficient condition-specific support locally (Craven, parent carer)
- Consideration of the child in the wider family context rather than the child as an isolated individual; i.e. awareness that parent carers have multiple children, jobs etc. which also place demands on their time, so greater flexibility is needed (Unknown, parent carer)
- Transition support does not start early enough (unknown, parent carer)



If you had a magic wand, what three things would you improve locally?

We have already identified a number of key asks for change in the previous section, which we shall revisit here. This question pushed focus group participants to prioritise the issues they face in the system, and this can serve as a guide for local priorities.

While the 'what is holding children and young people back?' conversations highlighted issues with particular services, the priorities identified are much broader and are much more focused on attitude and culture.

From most frequently requested to least:

1. More positive attitudes to CYP with SEND and their families across the system, but particularly in schools, with a strengths-based approach.
2. Clearer, more accessible information for families and more transparent communication generally, including honesty about limitations.
3. All services are needs-led rather than diagnosis- or threshold-led, and take a proactive approach rather than reactive.
4. Invest in relationships to build 'a compassionate system', with families supported consistently throughout their SEND journey.
5. Better joined up working between services so families feel supported, including a key worker to coordinate support.
6. Better quality education, including more inclusive mainstream schools, more special school places and more choice for families.
7. Equality of services across the county; an end to the postcode lottery.
8. Greater capacity across the system.
9. More social opportunities and skilled care workers who provide respite for families as well as fun and friendship for CYP.

The final asks were each identified in one focus group:

- Improved EHCP process (*this was only specifically identified once but may be implicit in other asks*)
- Greater support for professionals
- Greater trust in professionals
- More skilled care agency workers
- A review of the approach to EHCPs for CYP in custody
- Specialist careers advice
- Shared aims (*this would be achieved by adopting a strategic outcomes framework approach*)
- Signs of Safety training for all professionals
- Development of a key worker role as a single point of contact for families (*during discussions this was raised frequently, but perhaps was only 'wished' once as improvements in the system would make it less necessary*)
- Improved and increased mental health provision
- Improved early identification
- Listening more to the family (*this is implicit in many of the other 'wishes'*)

Conclusion and potential further support

The concerns and asks raised in these focus groups echo those we have heard across the country, and we will continue to highlight these in our work at the national level. Many of them are due to capacity, limited resource and ever increasing pressure on the system, however many others are due to the local culture. Culture change is always a challenge, however North Yorkshire have taken a very positive step in beginning the SEND Strategy refresh with the views of parent carers. We understand that a parallel exercise is taking place to understand CYP perspectives, which we welcome.

We were asked during one of the focus groups 'we have been here before, why should this be any different this time?' While CDC colleagues are not familiar with the details of past SEND Strategy consultations, the Parent Carer Forum representative was keen to stress that there seems to be a greater willingness from local leaders to move forward and work in partnership with families, which is a very positive step.

These focus groups have provided:

- A series of themes which can serve as strategic outcomes for the system to work towards
- Principles or ways of working which can be used to measure quality of service delivery across the system
- Successes to celebrate and learn from
- Challenges to address, with priorities identified, which can serve as a framework for a system-wide workplan

CDC can provide further support with this process, potentially through the funded Delivering Better Outcomes Together programme. Other areas who are on similar journeys have requested support to:

- Develop a theory of change which draws together on-going and future improvement work to drive towards achievement of the strategic outcomes
- Develop a system-wide monitoring framework to measure and communicate progress towards the implementation and achievement of the strategic outcomes
- Identify opportunities for implementation of the strategic outcomes across the local SEND system
- Implement the strategic outcomes in a particular pathway or group of services (e.g. therapies, neuro-developmental pathway)
- Explore data around each of the outcomes to identify key interventions for accelerating achievement of the outcomes ([a Turning the Curve conversation](#))
- Strengthen the quality of Education, Health and Care Plans through [freely available e-learning](#) and/or facilitated workshops

Thanks

CDC would like to thank everyone who gave up their time to attend and deliver these focus groups, and we hope we will continue to work with you on this journey in the future.

Appendix

Date	Area	Audience	Number of registrations
28/06/21	Craven	Professionals	Cancelled due to low registrations
30/06/21	Hambleton and Richmond	Professionals	5
01/07/21	Craven	Parent Carers	4
01/07/21	Selby	Professionals	Cancelled due to low registrations
01/07/21	Any	Parent Carers	4
06/07/21	Any	Professionals	8
07/07/21	Hambleton and Richmond	Parent Carers	9
07/07/21	Harrogate	Parent Carers	4
08/07/21	Harrogate	Professionals	4
08/07/21	Any	Parent Carers	10
12/07/21	Scarborough	Parent Carers	9
12/07/21	Any	Professionals	10
13/07/21	Scarborough	Professionals	17
15/07/21	Selby	Parent Carers	8
Total number of Parent Carers registered:	48	Total number of professionals registered:	44

Where 3 attendees or fewer registered, the focus group was cancelled and the attendees invited to attend one of the 'any area' sessions or complete a written submission. Likewise, where attendees registered but did not attend, they were given the opportunity to submit a written submission.

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Local Area Special Educational Needs and Disabilities Strategy

2023-2026



Introduction

The North Yorkshire Local Area SEND Strategy has been developed by the partnership with, and the support of North Yorkshire Council, Local Health Commissioning education settings partners and Parent Carer Voice. The strategy aims to improve the lived experiences of children and young people with SEND across the county by identifying needs early, providing timely and effective support and being ambitious for their future to live happy and fulfilling lives.

Our ambition and aim is that all children and young people with SEND have better outcomes which will make sure they are well prepared for a happy, healthy and fulfilling adult life. Working in partnership and the strength in relationships is of critical importance to ensure that children and young people have their needs identified early so that support can be more effective.

This strategy sets out how the Local Area Partnership will work together, guided by agreed priorities, that have been developed with young people, parents/carers and professionals. It will provide a way forward that is clear and transparent, ensuring the views of all stakeholders are understood and acted upon and accountability is shared. The priorities identified apply to all areas of SEND but we acknowledge a specific focus on children and young people with autism and those with Social and Emotional Mental Health (SEMH) in response to the increased identification of children and young people with such needs.

we have developed this strategy we have agreed collectively, and included:

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- What is important to children with SEND and their families
- What are the overarching priorities that the partnership will focus on
- Some of the key actions that will be needed
- What we will see when things are working well and some measures, that collectively, would indicate our approach is improving experiences of children and young people



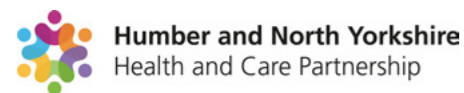
Stuart Carlton
Corporate Director
Children and Young Peoples Services



Wendy Balmain
North Yorkshire Place Director

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Local organisational change and national policy development

Throughout the development of our SEND strategy there have been significant changes taking shape both locally and nationally. It has been important to consider these changes in the context of the local SEND system and await their implementation to ensure our strategy is fit for purpose moving forward. These are set out below:

Local Government Reorganisation

As of 1st April 2023, the previous two-tier council system in North Yorkshire ceased and a new single council was established.

This is a significant development which will see benefits to the residents of North Yorkshire including those with SEND.

The unitary council will be better placed to support businesses and economic development as well as employment, work experience and leisure opportunities for young people with SEND. Being able to provide greater support in local communities will help us deliver supportive inclusive communities where young people moving into adulthood have greater opportunities and the support they need to live healthy and fulfilling adult lives.

Integrated Care System

Integrated care systems (ICS) are partnerships of organisations that come together to plan and deliver joined up health and care services, and to improve the lives of people who live and work in their area.

Integrated Care Partnership and Boards

Integrated Care Boards are a statutory NHS organisation responsible for developing a plan for meeting the health needs of the population, managing the NHS budget and arranging for the provision of health services in the ICS area.

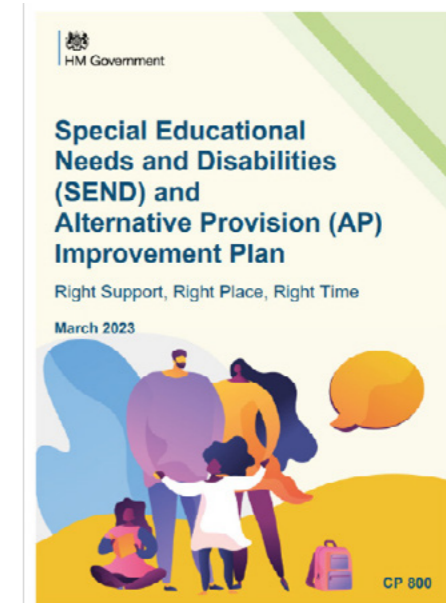
This new arrangement is bringing together partners concerned with improving the care, health and wellbeing of the population of North Yorkshire. This collaboration will assist partners to tackle complex challenges including:

- improving the health of children and young people
- supporting people to stay well and independent
- acting sooner to help those with preventable conditions
- supporting those with long-term conditions or mental health issues
- caring for those with multiple needs as populations age
- getting the best from collective resources so people get care as quickly as possible.

SEND and Alternative Provision Improvement Plan

In March 2023 the SEND and Alternative Provision (AP) Improvement Plan was published. This plan provides clarity on the governments approach to addressing the national issues within the SEND system.

Whilst the Local Area SEND Strategy has been in development, the content of the previous SEND Green Paper has been considered. As anticipated, the SEND and AP Improvement Plan is not significantly different to previous proposals and our strategy has allowed for these policy changes to be responded to as implementation begins.



North Yorkshire SEND in Numbers



1 in 4 (28.1%)
children with an
EHCP attend Specialist
Provision



Of the children with
SEN in schools,
17% (1,924)
have an EHC plan and

83.1% (9,451)
have SEN Support



158,253
0-25

Year olds in
North Yorkshire



4000

children have an
Education, Health
and Care Plan



Nearly

44%

of children with EHCPs
are in Mainstream School



57

Electronic Health
Notifications in 2022



156%

increase in EHCPs
since January 2015



32%

of EHCP pupils are
eligible for FSM



38%

of EHCPs support
children with a Primary
Need of ASD



Around
10,000

pupils in North Yorkshire
schools are in receipt of
SEN Support



814

new EHCPs
issued in 2022



13%

of pupils in NYCC
schools have SEN



North Yorkshire's High
Needs Allocation was

£64m
for 2022/23



£20m

of the High Needs
Budget was used to fund
special school places

Experiences of Children and Families



Listening to, and acting on, children and young people’s lived experiences is of central importance to our strategy. As a local area we are ambitious for all children in North Yorkshire. Accounts such as those below demonstrate the challenges children can face and how with appropriate support at the right time, children and young people can achieve their ambitions.

L’s Story

L has a complex range of needs that have meant she has been unable to manage education in school since year 5. Despite these challenges she, her family and the services supporting her have worked to find ways to make education accessible and for L to achieve her ambitions.

Working with support services, technology was identified and used that enabled access to her primary school, when being inside the building became too difficult. This enabled her to have access to the school she had always known, be able to be taught remotely by her class teacher and engage with the school community despite not being able to physically ‘attend’. She joined in with lessons and enrichment activities that she had not previously been able to get involved with.

L is now in Y10 and has continued to access support through her secondary education from health and local authority services as well as demonstrating drive and determination to achieve the outcomes she has set for herself. Being clear what her aspirations are throughout, she has shaped her provision with support from services and her family.

L recently achieved a grade 9 (A** equivalent) in her 5th GCSE, and upon receiving it she simply said **‘it means I am equal’**.

J’s Story

J’s needs meant he had struggled to access mainstream primary school. The impact of this was it had “led to a lot of time being unable to function in daily life” in the words of J’s parent.

In 2020, following consultation, the establishment of Targeted Mainstream Provisions began, providing both a mainstream school environment as well as specialist support, resources and therapies.

J took up a place in one of the newly established provisions and thrived. His outlook on school has changed dramatically.

Recently, J’s mother contacted one of the services which had supported him into his new school to highlight the impact it has had. She explained that her daughter was struggling with starting school and the words of support from J that had reflected his new outlook.

She wrote, “my daughter is struggling trying to start school, it is impacting my son (J) but he’s being amazing. He whispered in my ear ‘School isn’t hard.’ It was hard, it led to a lot of time unable to function in daily life. **‘School isn’t hard’ is about the most amazing thing I’ve heard, thank you**”

Our Ambition

North Yorkshire’s ambition for children and young people is set out in “Being Young in North Yorkshire 2021-2024 as:

“All children and young people are safe, happy, healthy and able to achieve in North Yorkshire”

Underpinned by our understanding that positive relationships are central to achieving better outcomes, our ambition is to work in partnership across the system to improve the lived experiences of children and young people with SEND, so that:

- Families know how and where they can access support and information
- Children and young people receive the support they need at the right time
- Our communities are inclusive
- Children and young people can develop their independence and live happy and healthy adult lives within their local community
- Lived experiences are an integral part of our continued improvement

How will we achieve our ambition?

- Placing value in relationships and working in partnership to ensure support is coordinated and of high quality
- Ensure lived experiences are at the centre of shaping services and understanding if we are making a positive difference
- Ensure children and young people and parents/carers are fully involved in decision making at individual and strategic level
- Embrace innovation and be willing to change
- Be visible and communicate well with our families, communities and partners
- Regularly review whether we are making a difference

In North Yorkshire it is the intent of all statutory services across Education, Health and Social Care to work in partnership with children, young people and their families to ensure this ambition is realised. The diagram below illustrates how the Local Area Strategy links to and guides the more detailed and specific action plans across SEND.



Our Partnership and Vision



The North Yorkshire SEND Partnership works together to support children and their families with SEND achieve their full potential. The SEND Partnership consists of our stakeholders:

- North Yorkshire Council
- Health providers and commissioners
- North Yorkshire Youth Voice
- Educational settings (through our Locality Boards)
- Parent Carer Voice (our local Parent Carer Forum)
- SENDIASS

Our shared vision for all children and young people with Special Educational Needs and Disabilities is that;

They have the best opportunities so that they achieve the best outcomes.

They are able to attend a school or provision close to home, where they can make friends and develop their place within their local community.

- Have good social, emotional and physical health and are fully prepared for a fulfilling adult life.
- Developing independence and high aspirations are a focus for all throughout their entire educational journey.
- They are able to have their needs identified early and met at whatever period in their lives needs arise
- Partners share a collective responsibility for providing high quality support that builds confidence and supports smooth transitions
- Young people move confidently into adulthood where they feel equipped to thrive and enjoy life

The shared principles we will work to in order to make a positive difference are to:

- Be ambitious for all children
- Value the contribution of all partners
- Work together to deliver improvement
- Listen and communicate effectively
- Invest in relationships
- Focus on actions that will improve outcomes

What have you told us?

Throughout the process of developing our future strategic priorities, the views of young people, parents/carers and professionals have been of central importance. We have engaged with parents/carers, children and young people and our partner organisations through various forums to hear views about what was important for children with SEND and what needed further improvement in order to secure the best outcomes for children and young people.

Following that engagement, the strategic priorities within this document have been developed. The following key aspects outlined below have helped to shape our five strategic priorities:

What is important for children and young people with SEND:

- Being cared for, having meaningful friendships and being valued by supporting adults
- Being healthy, having confidence and a sense of purpose
- Sharing a range of experiences, enjoying learning and achievements being celebrated
- Developing independence, being involved in decisions and having meaningful prospects of employment in adult life
- Being safe
- Services providing support early

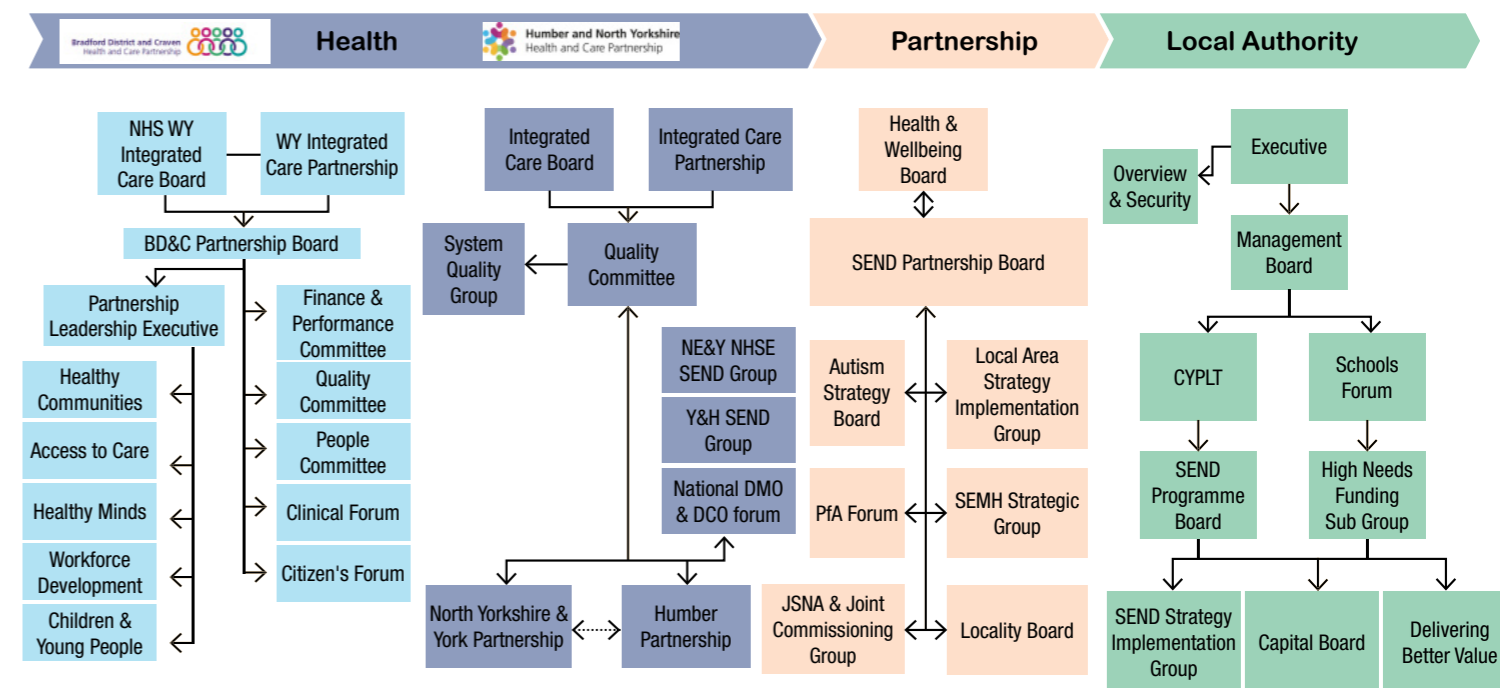
What needs further improvement?

- Smooth transitions into adulthood
- Communication at strategic and individual level
- Improved Local Offer
- Better exchange of information between services and families
- Greater range and availability of local provision
- Increased range of social opportunities for children and young people with SEND
- Knowledge, training and understanding of school staff to continue to support children within mainstream settings
- Timeliness and quality of assessment processes in particular agreed outcomes and annual reviews
- Availability of respite support and appropriate care staff

Governance, Monitoring and Review

It is important that clear and strong governance arrangements are in place to ensure regular review of progress and impact. We have well established governance arrangements that involve all key stakeholder groups. The SEND Partnership Board will maintain regular oversight of this strategy, and underpinning action plans, so that the forum members, including parent/carer and young people representatives, have input into reviewing progress and influencing future direction.

In line with our statutory duties we have also set out the key decision making routes for both the Local Authority and Health Partners below. This includes the work of the Joint Commissioning Group and joint commissioning plan. The Strategy and any subsequent action plans will be reviewed and published annually. Each review will utilise quantitative and qualitative feedback from statutory partners and stakeholders before being published.



Our Priorities

Through the engagement with our stakeholders, facilitated by the Council for Disabled Children the following priorities have been developed to improve the lived experiences of all children and young people with SEND in North Yorkshire. Appendix A sets out key actions and activity to be undertaken.

Priority 1

Identifying the needs of children and young people early

We know that identifying the Special Educational Needs and Disabilities of children at an early stage improves outcomes and life chances. Across Education, Health and Care services in North Yorkshire improving early identification systems will remain a key focus so that children can access the support they need as they need it.

What will success look like?

- Schools and settings will be confident in the identification of children and young people with SEND
- Identification of children and young people at SEN Support is accurate and appropriate and there is confidence in its application across all schools and settings and the rationale for difference
- SEN Support and EHC Plans are of high quality and demonstrate improved outcomes
- Increased health notifications will be received by the local authority enabling more families to receive help and advice early
- Reduced numbers of referrals for statutory assessment are turned down and refusals to issue decrease
- Children and Young People with SEND achieve well at every stage of their learning and progress into adulthood
- Waiting lists for SEND Services are reduced
- All agencies working together in partnership to ensure that early identification and assessments clearly identify needs
- The graduated response in schools and settings is consistent across NY schools and settings

What will we measure to understand if we are making a positive difference?

Schools and settings will be confident in the identification of children and young people with SEND

- Number of early notifications from health increasing
- Parental and young people's feedback during and after accessing support and services
- SENCO and other key professional confidence and feedback through regular survey
- Attainment outcomes for children and young people with SEND
- % of children identified as having SEND in early years and primary settings
- % of children continuing to have their needs met in mainstream education settings
- Reduction in waiting lists for diagnosis and therapeutic support
- Reduction in appeals leading to tribunal on the grounds of identified needs
- Volume of people accessing information via the Local Offer

Priority 2

Working together-Improving communication, co-production and engagement

We want as many children and young people with SEND to receive the right support from health, education and care services to meet their needs. High quality services are informed by lived experiences of those who access them.

Good communication is important so that children and young people, parents and carers feel listened to, their views inform decisions and that transparency develops trust across all partners. Parents have told us that clear communication is of high importance.

What will success look like?

- Children and young people are supported to positively contribute to decisions that affect their future
- Children and Young people and their families are confident in the range of local support options they have helped to design
- Decisions are transparent at all levels and partnerships continue to strengthen
- Parent Carer forums are representative of the general population of parents and carers of children with SEND
- Development of services is done in partnership with all stakeholders from design through to implementation
- Governance arrangements for the delivery of this strategy and subsequent action plans have oversight from all stakeholders and progress is reported on regularly
- Parental satisfaction and confidence is high
- The Local Offer is up to date with information that is easy to find and easily understood
- Children, young people, parents and carers report feeling well informed
- Services at universal, targeted and specialist level are informed by lived experience
- Parents/carers and children and young people value services and this is reflected in their feedback
- Services are of high quality and are influenced by the lived experience of children and young people

What will we measure to understand if we are making a positive difference?

- Parental satisfaction and voice measures
- Commissioning decisions are clearly influenced by the SEND JSNA
- Reduction in the % of cases proceeding to appeal and tribunal
- % of Parents/carers and young people who feel they are able to contribute fully to the planning/review meeting.
- Number of parents/service users accessing support through Local Offer
- Voice of children and young people as well as parents and carers
- Evidence within EHCPs and SEN Support Plans of parent and child input
- Complaints analysis shows they are being addressed to service users satisfaction and at an early stage
- % of children becoming Elective Home Educated
- Number of children receiving support from EOTAS
- Increase in parental preference for local provision in both mainstream and specialist settings

Priority 3

Improving outcomes for children and young people with SEND

Our ambition is that children and young people with SEND have the best opportunity to live healthy and happy lives and are supported to have high aspirations and achieve their goals. Helping children and young people to achieve outcomes in education, health, employment, relationships and participation in society is central to this vision.

What will success look like?

- Children and young people with SEND make good progress in terms of educational attainment at all stages of education
- Children with SEND, experience lower levels of exclusion, part time tables and have increased levels of attendance
- Children and young people make positive choices in terms of health, relationships and participation in their community
- Children and young people have received the right support post COVID to catch up and maintain good mental health
- Children and young people with SEND make positive transitions into further education, higher education, employment and training
- Children and young people become increasingly independent, relevant to their needs, as they move towards adulthood
- More young people access an increased range of Supported Internships, Apprenticeships and Employment opportunities
- Children with SEND have high quality outcomes evidenced in SEN Support Plans and EHCPs

What will we measure to understand if we are making a positive difference?

- % of SEND pupils achieving a Good Level of Development at the Early Years Foundation Stage Profile
- % of SEND pupils achieving the expected level or above in reading, writing and maths combined at Key Stage 2
- % of SEND pupils persistently absent
- % of SEND pupils suspended from school
- Quality assurance of outcomes in EHCPs and SEN Support Plans
- Return of young people from PRS/AP provision back into sustained mainstream education
- Improved data from 'Growing Up in North Yorkshire' returns for wellbeing measures
- Reduced number of children on part-time timetables and only when a medical need prevents full time attendance.
- Proportion of children achieving outcomes set out in EHCPs

Priority 4

Preparing Young People for Adulthood

Developing independence and preparing for adulthood is important to young people and their families. Done well and at the earliest stages it allows children and young people to develop skills that will serve them well throughout their lives. Through engagement it was clear from feedback that it is important for children and young people to feel they make a valuable contribution in their communities, that their talents and skills are recognised and supported and that this in turn develops self-esteem and supports them in maintaining high aspirations.

What will success look like?

- Children and young people, those that care for them and those that provide support, will place importance on, and high aspirations for developing independence throughout their lives
- More children with SEND will access a wider range of experiences including in the workplace, community and leisure activities
- Numbers of young people with SEND moving into employment, education and training will continue to improve
- Young people, and their families, will be confident in key transitions and the opportunities that exists to live with a greater degree of independence
- Developing independent skills and preparing for adulthood will be recognised by all professionals and parents through all educational phases with clear outcomes within SEN Support Plans and EHCPs evidenced, tracked and achieved
- Children and young people will have access to more social and community based activities
- Transition points are planned and well managed by all those who support young people

What will we measure to understand if we are making a positive difference?

- % of Young people who are not in education, employment or training (NEET) in academic year 12 and year 13
- Difference in NEET between SEND and non-SEND
- % of EHCP/SEN Support plans for young people from year 9 with appropriate PfA and Independence focussed outcomes
- Percentage of young people with a level 2 and level 3 qualification by age 19 increasing
- Tribunals for post-16 discontinued EHC plans reducing
- Accommodation status for adults with learning disabilities
- Employment status for adults with learning disabilities
- Numbers and % of children with SEND successfully completing Supported Internships and/or Apprenticeships
- % of children with SEND taking up work experience opportunities

Priority 5

Achieving Best Value

The Local Authority and the National Health Service have a statutory duty to meet the assessed needs of all children with SEND in North Yorkshire. Alongside this duty is an expectation that statutory bodies utilise public finances efficiently and effectively. It is important that all stakeholders understand what resources are available, that they are used to best effect for all children and the local system is sustainable.

What will success look like?

- All stakeholders understand the available resources that are at the disposal of statutory bodies to implement quality services and support for children and young people
- There is a collective understanding and responsibility amongst stakeholders to ensure resources are directed to where they are needed most so that all families and children can be provided with the support they need
- Joint commissioning arrangements are in place, are informed by thorough review of strategic needs
- Provision available is sufficient to meet the needs of the county's population with SEND
- Services are efficient, coordinated and effective in meeting the needs of children and young people
- Young people and parents have choice and control of how their needs are met
- Universal, targeted and specialist services are mapped and parents are aware of provision across the county and neighbouring areas
- Services will be sustainable within the limits of the High Needs Budget

What will we measure to understand if we are making a positive difference?

- % of children educated Out of Authority reducing as a result of an improved continuum of Local Provision
- % of children accessing SEND Hub support and remaining in mainstream education
- % of young people transitioning into employment and no longer requiring an EHCP
- Increase in the numbers of children at SEN Support having their needs met without a requirement for an EHCP
- Average age at which EHCP's are discontinued
- Reduction in the High Needs Budget deficit

Priority 1 Identifying the needs of children and young people early

Actions

Review and adapt the **information, advice and support** available for parents/carers and children and young people on what they can do if they think their child might have special educational needs.

Continue to strengthen the **workforce development programme** for adults working with children and young people with SEND in education, care and health to build expertise on the identification of SEND, screening tools and approaches to support.

Work with schools and settings to ensure they are confident in **the early identification of SEND** and that the application of the graduated response is effective.

Strengthen the capacity of **educational psychologists** to undertake assessments of children and young people with SEND.

Embed the updated **early health notification process** to ensure information exchange between health and the LA is effective.

Continue the improvement journey in terms of **statutory assessment** to ensure high quality advice and informed decision making in terms of Education, Health and Care Plans.

Develop a continuum of support from early intervention to specialist support for families with autistic children.

Promote the rollout of the Oliver McGowan Mandatory Training on learning disability and autism for **all health and adult social** care staff.

Pilot innovative approaches to **autism assessments and reduction of waiting** lists, including building skill in schools in early identification.

Continue to work with locality boards and key stakeholders to ensure that there is **collective oversight of children and young people** with SEND in localities across NY and that action is taken to improve outcomes.

Review SEN Support levels in schools that are significantly below or above NY average across NY **and pilot a peer review approach** with SENCos.

Inclusion indicators to be finalised with School Improvement so they can be discussed with schools at regular meetings.

Priority 2

Working together-Improving communication, co-production and engagement

Actions

Work with parents and carers to refresh the **mapping of services, provision, leisure and social opportunities** at locality, county and regional level and ensure this information is readily available on the local offer.

Utilise the **Joint Strategic Needs Assessment** to identify pinch points in services and develop innovative approaches to address demands.

Publish the **Joint Commissioning Statement** of Commitment and Plan.

Establish an annual **training programme and network for foster carers** supporting children with SEN and/or Disabilities.

Take forward the recommendations of the **social care review of support for disabled children and their families**.

Review the **pre and post diagnostic support for children and young people with autism** and their families across education, care, health and the voluntary sector.

Review the **short breaks** offer for families with disabled children and young people.

Review and refresh the **recruitment of foster carers for short breaks** and shared care.

Review **speech and language provision and capacity** across North Yorkshire.

Explore opportunities to implement **reasonable adjustments training for health and social care** professionals supporting autistic young people.

Work with locality boards to **strengthen cross sector approaches** to supporting children with SEND.

Establish and maintain a new format for the **SEND partnership newsletter**.

Develop the role of **North Yorkshire's 'Young Inspectors'** in service improvement.

Priority 3

Improving outcomes for children and young people with SEND

Actions

Implement proposals from the post implementation review of Pupil Referral Services to further **reduce exclusions and part time tables**.

Develop and implement a raising attainment plan for children with SEND and groups vulnerable to underachievement.

Support schools and educational settings with high quality advice, guidance and training via the SEND Hubs and School Improvement Service.

Review **early years provision sufficiency** across the county in partnership with Education and Skills.

Support the role out of Dingley's Promise and further develop training that is sympathetic to the needs of small child care providers.

Deliver training for mainstream SENCo's to improve the quality of outcomes within EHCPs.

Undertake an audit and review of the quality of careers advice received by young people with SEND in mainstream settings.

Continue to develop the range and capacity of targeted, specialist educational provision across the county to ensure children can go to school in North Yorkshire.

Priority 4 Preparing Young People for Adulthood

Actions

Further develop the range of opportunities and choice in relation to **supported employment, work experience and volunteering** to build the necessary skills to gain meaningful and rewarding jobs in adulthood.

Develop and improve access to **sleep services**.

Introduce an **audit programme of SEN Support plans** and EHCP's in **partnership with school SENCO's** to understand current practice and improve quality of PFA outcomes in plans.

Develop a specific **PFA health transition care plan** for LD and/ or Autism.

Work with the Youth Justice service to ensure that the needs of young people with autism are appropriately identified and supported.

Work with the Parent Carer Forum to review the **range of accessible social leisure opportunities** available for young people with SEND in all localities.

Develop and pilot a **parent mentoring scheme** to provide emotional, social and practical support for parents of disabled children.

Develop **Unlocking Autism Teens course** covering wellbeing, anxiety, puberty, sex & relationships, vulnerability, independence and risk.

Establish **partnerships with employers and enterprise forums** to ensure the skills and talents of young people with SEND are promoted and opportunities for work experience, Supported Internships and Apprenticeships are increased.

Coproduce with young people, and publish, a new comprehensive PFA Guide to provide support and information to families.

Develop, maintain and publish a **short breaks directory**.

Ready, Steady, Go NHS PFA pathway to be adopted by NY NHS Providers.

Develop **'Autism Aware'** kite mark as part of the Social Prescribing Project.

Health services further develop systems to capture and utilise feedback from children and young people to guide continued service improvement and promote better health outcomes.

Pilot a work experience programme for children with SEND within Inclusion and wider Children's Services.

Priority 5 Achieving best value

Actions

Establish systems to regularly review **service performance that is influenced by the lived experience** of children and young people.

Explore and assess innovative approaches to ensure resources are targeted at supporting needs sooner.

LA and Health partners to work together on reducing waiting times for assessment and diagnosis of Autism.

Keep the SEND **Joint Strategic Needs Assessment** under review so it is understood, current and influences coproduced developments to address areas for improvement.

Finalise and implement a capital investment programme that **develops cost effective, high quality and local provision** where it is needed most.

Develop a five year High Needs Budget forecast.

Engage in the **DfE Delivering Better Value Programme**.

Develop further opportunities to **jointly commission support and services** where pooling or aligning budgets provides better cost effectiveness.

Local Area Special Educational Needs and Disabilities Strategy

2023-2026



Contact us

Online: northyorks.gov.uk/contactus

By telephone: **0300 131 2 131**

North Yorkshire Council, County Hall, Northallerton, North Yorkshire, DL7 8AD

You can request this information in another language or format at
northyorks.gov.uk/accessibility

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Initial equality impact assessment screening form			
This form records an equality screening process to determine the relevance of equality to a proposal, and a decision whether or not a full EIA would be appropriate or proportionate.			
Directorate	CYPS		
Service area	Inclusion		
Proposal being screened	Local Area SEND Strategy		
Officer(s) carrying out screening	Chris Reynolds		
What are you proposing to do?	Implement a new Local Area SEND Strategy which sets out how the Local Area Partnership will work together, guided by agreed priorities, that have been developed with young people, parents, carers and professionals.		
Why are you proposing this? What are the desired outcomes?	It will provide a way forward that is clear and transparent, ensuring the views of all stakeholders are understood and acted upon and accountability is shared. The strategy will help guide partnership working to improve the lived experience of children and young people with SEND.		
Does the proposal involve a significant commitment or removal of resources? Please give details.	No. As a strategy document there is no specific proposal committing or removing resources. As services develop specific action plans and proposals it is envisaged these will each involve individual EIA where appropriate.		
Impact on people with any of the following protected characteristics as defined by the Equality Act 2010, or NYCC's additional agreed characteristics As part of this assessment, please consider the following questions: <ul style="list-style-type: none"> To what extent is this service used by particular groups of people with protected characteristics? Does the proposal relate to functions that previous consultation has identified as important? Do different groups have different needs or experiences in the area the proposal relates to? <p>If for any characteristic it is considered that there is likely to be an adverse impact or you have ticked 'Don't know/no info available', then a full EIA should be carried out where this is proportionate. You are advised to speak to your Equality rep for advice if you are in any doubt.</p>			
Protected characteristic	Potential for adverse impact		Don't know/No info available
	Yes	No	
Age		✓	
Disability		✓	
Sex		✓	
Race		✓	
Sexual orientation		✓	
Gender reassignment		✓	
Religion or belief		✓	
Pregnancy or maternity		✓	
Marriage or civil partnership		✓	
People in rural areas		✓	
People on a low income		✓	
Carer (unpaid family or friend)		✓	
Does the proposal relate to an area where there are known inequalities/probable impacts (e.g. disabled people's access to public transport)? Please give details.	Yes. The strategy aims to ensure that all children and young people with special educational needs and disabilities have better outcomes which will make sure they are well prepared for a happy, healthy and fulfilling adult life.		

<p>Will the proposal have a significant effect on how other organisations operate? (e.g. partners, funding criteria, etc.). Do any of these organisations support people with protected characteristics? Please explain why you have reached this conclusion.</p>	<p>The strategy has been written with partners in Health and consultations have taken place with children and young people, parents, carers and professionals.</p>			
<p>Decision (Please tick one option)</p>	<p>EIA not relevant or proportionate:</p>	<input checked="" type="checkbox"/>	<p>Continue to full EIA:</p>	
<p>Reason for decision</p>	<p>The Local Area SEND Strategy will have a positive impact on children and young people with SEND. At this stage there are no specific proposals that would have an adverse impact and, if such proposals were developed, they would be subject to individual EIA's.</p>			
<p>Signed (Assistant Director or equivalent)</p>	<p>C Reynolds</p>			
<p>Date</p>	<p>20 April 2023</p>			



Health and Wellbeing Board
North Yorkshire



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North Yorkshire Local Area SEND Strategy 2023-26



Local Area Special Educational Needs and Disabilities Strategy 2023-2026

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Local Area Special Educational Needs and Disabilities Strategy 2023-2026

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North Yorkshire Local Area SEND Strategy 2023-26

- Background
- Considerations 'Area' not LA
- SEND Green Paper and Improvement Plan
- Consultation and co production


Supporting Activity


- SEND SEF
- Operational Plan
- Provision Plan and Capital Programme


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 NORTH YORKSHIRE COUNCIL


Local Area SEND Inspection


 parentcarevoice
HUMBER AND NORTH YORKSHIRE INTEGRATED CARE BOARD

 NHS
NHS West Yorkshire
Integrated Care Board


 Bradford District and Craven
Health and Care Partnership


 Humber and North Yorkshire
Health and Care Partnership

 North Yorkshire Council

 North Yorkshire Self-Evaluation
Safeguarding Children Partnership


Updated April 2023


 sendiass
NORTH YORKSHIRE


 NORTH YORKSHIRE COUNCIL


SEND and Alternative Provision
Joint Operational Plan


2022-24

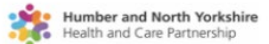
 parentcarevoice
HUMBER AND NORTH YORKSHIRE INTEGRATED CARE BOARD

 NHS
Humber and
North Yorkshire
Integrated Care Board (ICB)

 NHS
NHS West Yorkshire
Integrated Care Board

 North Yorkshire
Safeguarding Children Partnership

 Bradford District and Craven
Health and Care Partnership

 Humber and North Yorkshire
Health and Care Partnership

Governance

- SEND Partnership Board and developing requirements
- Underpinning strategies



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NORTH YORKSHIRE HEALTH AND WELLBEING BOARD –

24th MAY 2023

HEALTH PROTECTION ASSURANCE GROUP END OF YEAR REPORT –

REPORT OF THE DIRECTOR OF PUBLIC HEALTH

1. Purpose of Report

- 1.1 To present the end of year report for the North Yorkshire Health Protection Assurance Group (HPAG) to the Board as a summary of the current progress/challenges facing the health protection system.

2. Key background information

- 2.1 The North Yorkshire Health Protection Assurance Group (HPAG) is a multi-agency forum providing strategic oversight across the individual parts of the health protection system in North Yorkshire.
- 2.2 HPAG is chaired by the Director of Public Health, who has a statutory role to maintain assurance on health protection issues across the County.
- 2.3 The purpose of the HPAG report is to provide evidence to support the DPH in fulfilling their statutory assurance function on health protection for North Yorkshire, whilst summarising the work of the wider assurance group over the last year (22/23). The report also highlights the key risks, gaps and opportunities across the system, which in turn help determine the health protection priorities for 2023/4.

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NORTH YORKSHIRE HEALTH PROTECTION ASSURANCE GROUP END OF YEAR REPORT 2022-3

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COVID-19 and flu seasonal vaccination programmes

Infection Prevention and Control (IPC)

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Environment

Seasonal health

Climate change

Air quality

Environmental health

Environmental permits

Migrant health

Emergency Preparedness, Resilience and Response

Incidents and outbreaks

COVID-19

Mpox

Group A Streptococcal infections

Avian flu

Tuberculosis (TB)

Support to early years and education settings

Support to care settings

Summary

Report produced by NYC Public Health team, April 2023

INTRODUCTION

The North Yorkshire Health Protection Assurance Group (HPAG) is a multi-agency forum providing strategic oversight across the individual parts of the health protection system in North Yorkshire (NY). The group is chaired by the Director of Public Health, who has a statutory role to maintain assurance on health protection issues across the County.

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Other members of HPAG include the UK Health Security Agency (UKHSA) who provide the regional and national capacity to respond to threats to health, the local authority public health, environmental health and resilience and emergencies teams, NHS England, Humber North Yorkshire Integrated Care Board (HNY ICB), and the Community Infection Control Team (CICT).

In recent years much of the health protection capacity has been directed towards the COVID-19 pandemic. The wider system has also been affected by the multiple organisational changes over the last 18 months, including:

- Disbanding of Public Health England, with functions split between the UK Health Security Agency, Office for Health Improvement and Disparities (OHID), and NHS England (NHSE)
- Merger of CCGs into Integrated Care Systems (ICS)

- Local government reorganisation (LGR) involving the replacement of North Yorkshire County Council (NYCC) and the seven district councils with a single unitary authority (North Yorkshire Council)

Despite these challenges, all organisations have continued to fulfil their roles as part of the health protection system.

The purpose of the HPAG annual report is provide evidence to support the Director of Public Health in fulfilling their statutory assurance function on health protection for North Yorkshire, whilst summarising the work of the wider assurance group over the last year (22/23). In doing so the report also highlights the key risks, challenges and gaps across the system, which in turn help determine the priorities for the assurance group for the next year (23/24) as set out at the end of the report.

Priority areas for 22/23:

- Vaccination uptake with a particular focus on inequalities
- Continue pandemic planning and response, including winter planning
- Review of IPC/TB provision
- Avian flu

SCREENING AND IMMUNISATIONS

SCREENING

Screening services commissioned by NHS England as part of Section 7A arrangements include breast, cervical and bowel cancer screening, abdominal aortic aneurysm (AAA) screening, diabetic eye screening and antenatal & new-born screening. Public health support the NHSE Screening and Immunisations Team (SIT) to ensure these programmes are running effectively both for the general population and for targeted groups as part of action to address health inequalities.

The latest data (2021/22) show that uptake rates in NY across breast, cervical and bowel cancer and new-born hearing screening programmes are above the England average. However, uptake in North Yorkshire is below the England average for the AAA programme. The delivery of the AAA screening was affected by the pandemic but, even though the delivery has since recommenced, uptake rates have not reached pre-pandemic levels.

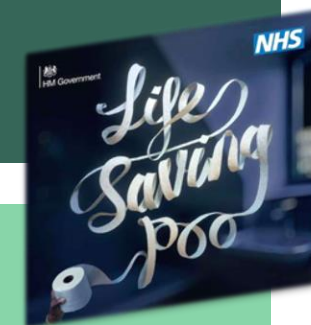
Importantly, when considering trends, the data indicates that uptake rates for breast and cervical cancer screening particularly for women aged 50 to 64, and AAA screening are decreasing.

Increasing uptake of bowel cancer screening amongst people with learning disabilities (LD)

NHSE have done significant work to introduce systems and processes to increase uptake of bowel cancer screening for people with LDs, particularly through work with primary care. This involves encouraging primary care colleagues to provide additional support to eligible patients with LDs to participate in the screening programme.

Other actions have included:

- Promoting training and resources with stakeholders, individuals, groups, and voluntary organisations
- Building Vaccine and Screening Confidence Training Programme
- Promotion of Cancer Champion Training to increase confidence in discussing the signs and symptoms of cancer
- Presentation to self-advocates at NY Health Task Group and sharing easy read leaflets, and videos
- Key Ring meetings and newsletters for self-advocate groups in NY
- Bowel Screening Roadshow Health Promotion for people with LD



SCREENING DATA – NORTH YORKSHIRE

● Better 95%
 ● Similar
 ● Worse 95%
 ○ Not applicable

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



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Indicator	Period	N Yorkshire		Region England		England		Best
		Recent Trend	Count	Value	Value	Value	Worst	
Cancer screening coverage: breast cancer	2022	↓	61,993	73.0%*	67.4%*	64.9%*	33.4%	78.9%
Cancer screening coverage: cervical cancer (aged 25 to 49 years old)	2022	➔	68,380	77.0%*	70.3%*	67.6%*	42.1%	77.6%
Cancer screening coverage: cervical cancer (aged 50 to 64 years old)	2022	↓	53,342	78.7%*	76.2%*	74.6%*	53.7%	88.2%
Cancer screening coverage: bowel cancer	2022	↑	98,885	76.3%*	72.2%*	70.3%*	51.2%	77.6%
Abdominal Aortic Aneurysm Screening Coverage	2021/22	↓	2,452	58.6%*	67.8%*	70.3%*	10.5%	90.2%
Newborn Hearing Screening: Coverage	2021/22	➔	5,082	99.3%	98.6%*	98.7%*	82.1%	100%
Newborn and Infant Physical Examination Screening Coverage	2021/22	—	4,976	96.9%	96.2%*	96.6%*	92.0%	100%

IMMUNISATIONS

- Immunisation programmes start in early childhood, continuing in school-age children and during adulthood.
- The most recent data for our immunisation programmes available on [Public health profiles - OHID \(phe.org.uk\)](https://publichealthprofiles.org.uk) show that NY is broadly similar to, or better than the England average.
- Comparisons with previous data show that there have been some improvements to uptake, particularly in vaccinations offered to children up to 2 years old.
- However, some of the programmes, whilst above average, are still not achieving the national target thresholds required for population herd immunity against particular diseases.
- Uptake rates are under the target threshold set for the following immunisations:

Vaccine	Target threshold	NY uptake
DTaP/IPV booster	90%	89.3%
MMR second dose	90%	89.8%
HPV for females (dose 2)	80%	75.6%
MenACWY	80%	75.7%

Tackling screening and immunisations inequalities in Scarborough

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

In 2022 we established a multi-agency group, led by NYC Public Health in collaboration with NHSE, with other partners including the NY School Age Immunisations Service (SAIS), HNY ICB, local PCNs, GP practice managers, NYC Early Help, Stronger Communities, NYC libraries, local VCSE organisations, and additional partners as required.

Through Stronger Communities, organisations in Scarborough were identified that are able and willing to promote resources around screening and immunisation programmes to increase awareness.

We also identified that schools could be doing more to promote uptake of immunisations and support SAIS. The group arranged a joint webinar for schools to support practical ways of increasing uptake of immunisations.

Our partnership approach has led to further collaborations across the system, for example SAIS supporting primary care to vaccinate refugee and asylum seeker families in NY. Further work has been undertaken on engaging with communities to understand vaccine hesitancy (see next page).

Encouragingly, primary care data shows improvements in uptake when comparing 2021/22 to 22/3. Although there is more work to be done, this collaboration has made some headway in addressing health inequalities in Scarborough.

Understanding barriers / hesitancy issues that might be preventing vulnerable migrants from seeking or consenting to immunisations in North Yorkshire

Improving uptake of immunisations amongst vulnerable migrants involves understanding potential barriers or hesitancy issues that might be preventing them from seeking or consenting to immunisations.

NYC public health team worked on a brief project to improve our understanding of the issues. We approached colleagues who already had relationships with these populations and gave them some generic questions to understand migrants' attitudes towards immunisations, any access barriers that they are facing and general healthcare issues relevant to immunisations.

We worked with colleagues in Early Help, Stronger Communities and Primary Care to gather feedback in several ways, including meeting with colleagues to discuss issues they had picked up, and receiving written feedback from colleagues who had visited migrant families. We also conducted a brief desktop exercise to identify recent research evidence on key issues.

This approach generated lots of information around vaccine hesitancy and other barriers to immunisation to inform our approach, e.g. access to interpreters, trusted peers etc. We will now work with the NYC behavioural science unit to use the information we gathered so far, as well as further planned engagement, to co-produce appropriate materials in various formats (as needed by our migrant communities). These will include accurate information around different vaccination programmes and details of when and how to seek vaccinations.

We have also shared this information with regional colleagues for inclusion in their wider system work on inclusion health and vaccine hesitancy.

Challenges

- Screening and immunisations providers that cover NY also cover areas e.g. Bradford, the North East, or Hull that have significant health inequalities. This means that NY is not often considered in targeted intervention schemes as, broadly speaking, NY has better data despite containing pockets of significant inequalities.
- Capacity to support screening and immunisation programmes with changes to NHSE structures and staffing, particularly as the new SAIS contract is announced.

Priorities for screening and immunisations for 23/4:

- Continue inclusion health work (inc. looked after children, migrant children and young people, Gypsy, Roma & Traveller (GRT) communities)
- Implement next SAIS contract
- Target programmes and population groups with lower uptake across both screening and immunisation programmes
- Continue working with partners to address health inequalities in Scarborough

COVID-19 AND FLU SEASONAL VACCINATION PROGRAMMES

Respiratory illnesses (such as flu and COVID-19) are a main cause of excess winter deaths. Vaccination is the best way to ensure protection against both preventable diseases.

For the 2022-23 COVID-19 autumn boosters, eligible cohorts were: people over 50 years old, residents in care homes, people over 5 years old in clinical risk groups and front-line health and social care staff. Eligibility was similar for the free flu vaccine with the additions of: toddlers aged two and three, pregnant women, all primary and some secondary school age children.

The NHS led the delivery of vaccination programmes, supported by public health and partners to ensure a smooth delivery and a focus on areas of need and inequality.

NY had the highest uptake for the COVID-19 autumn boosters in Y&H, although there were variations between age groups:

Age range	50-54	55-59	60-64	65-69	70-74	75-79	80-84	85-89	90+
Uptake%	55.1	66.2	75	83	87.3	89.2	90.2	89.9	88

Uptake for the flu programme was lower compared to previous years:

Cohorts	2 years	3 years	Primary	Secondary	Pregnant women	At risk groups	50-65 at risk	50-65 no risk	65+
Uptake%	42.3	45.1	65.9	46.7	35	49.1	62.4	40.6	79.9

NYCC staff flu vaccinations

North Yorkshire County Council (NYCC) runs an annual flu programme to support access to vaccination for their staff and the wider health and social care workforce.

We provide a pharmacist-led NYCC staff flu vaccination programme in venues across North Yorkshire. The programme is free of charge for Health and Adult Service and frontline Children and Young People's staff.

Staff are also able to access flu vaccination through community pharmacy and can claim vaccine costs and travel expenses. Working in conjunction with NHS colleagues we monitored flu vaccination uptake in our 400+ care settings and services across the county.

We provided communications regarding the flu and COVID vaccination programmes to the adult social care sector (e.g., MythBusters, information about clinics, how to access the vaccinations).

We are completing an evaluation of the flu programme delivered in 2022/23 to establish plans for the new authority.

Data Sources:

COVID Vaccinations in North Yorkshire | Coronavirus in the UK (data.gov.uk)

Flu <https://www.gov.uk/government/collections/vaccine-uptake#seasonal-flu-vaccine-uptake:-figures>

INFECTION PREVENTION AND CONTROL

Community Infection Prevention and Control (IPC) services for North Yorkshire are jointly commissioned by HNY ICB (lead commissioner), NYC and City of York Council (CYC), and are delivered by Harrogate District Foundation Trust (HDFT) alongside community TB services. The IPC service provides advisory, responsive, investigative and educational IPC support for North Yorkshire & York (NY&Y) providers of health and social care in the community. The NY&Y service also contributes to a continuous reduction in the burden of infectious disease, including healthcare associated infection (HCAI), in all NY&Y community health and social care settings.

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The IPC service has a vital role in supporting settings with infection prevention and control – currently this is targeted at health and social care settings although during COVID-19 there was some coverage into other high-risk settings e.g. special schools. The IPC team works closely with partners including UKHSA, public health and adult social care.

The majority of workload around care homes has been supporting COVID-19 outbreaks, with most input carried out virtually via phone consultation. Support has also been provided on norovirus, flu and scabies outbreaks.

The team has also provided support around c.difficile cases, including undertaking root cause analyses, and supporting around Methicillin-resistant Staphylococcus aureus (MRSA) bacteraemia.

In light of the lessons learned and good practice developed during the pandemic in relation to infection prevention and control, the current service specification for IPC will be reviewed in 2023/4 to make sure that the service aligns with the ongoing needs of our population.

Priority for 23/4:

- Review of service specifications and contract for community IPC and TB services

SEXUAL HEALTH

Overall sexual and reproductive health outcomes in North Yorkshire are good, frequently better than England, the Yorkshire and Humber region and our CIPFA neighbours.

Key achievements 2022/23

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- Completion of the Sector Led Improvement piece for sexual health with clear areas for development identified.
- Completion of regional report, reviewing Sexually Transmitted Infections (STI) outbreak approaches at Local Authority(LA) level and identifying evidence based good practice recommendations to be considered for implementation.
- Led regional insight project identifying factors contributing to low uptake of Pre-exposure prophylaxis (PrEP) in under-represented groups.
- Refreshed Sexual Health Needs Assessment with interactive elements to target future interventions.
- Developed new reporting frameworks for GP Long-Acting Reversible Contraception (LARC) and Community Pharmacy Emergency Hormonal Contraception (EHC) activity to provide better understanding of trends and potential issues at county, district and provider level.

YorSexualHealth(YSH) service

The LA is mandated to provide open access sexual health services for anyone who wishes to use them. In NY this is delivered through a Section 75 Partnership Agreement with York and Scarborough NHS Teaching Hospitals Foundation Trust (branded YorSexualHealth-) which went live on the 1st April 2022. The service offers the full range of contraception, STI testing and treatments, HIV testing and the HIV wellbeing service, (PrEP), sexual health counselling, training for a range of professionals, cervical screening, Hepatitis A & B and HPV vaccination and the Clinical and Community Outreach Team.

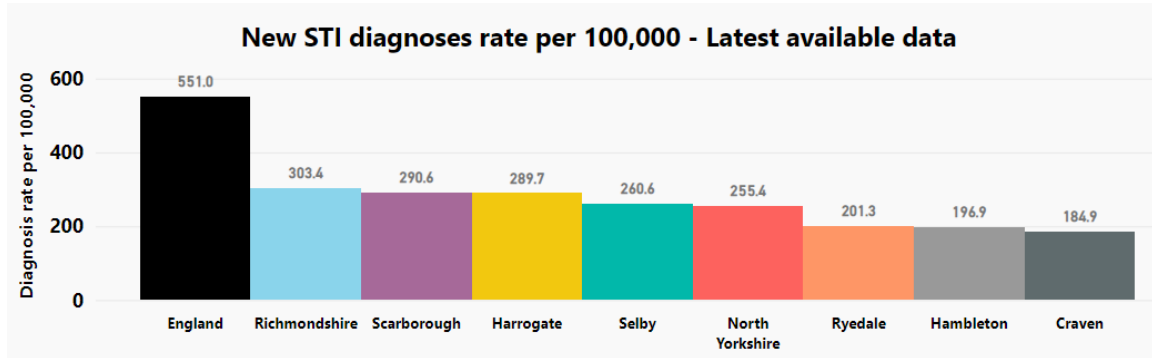
The first year of the partnership (22/23) has been very positive with significant progress on service improvement, including completion of a North Yorkshire Sexual Health Needs Assessment with interactive dashboard, YSH delivering additional cervical screening via NHSE contract, and outbreak response (including screening, testing, treatment and vaccination) to Mpox.

Priorities for 23/4:

- Establish North Yorkshire Sexual Health Network
- Develop Sexual Health Framework for North Yorkshire
- Develop a local approach to managing STI/HIV outbreaks in NY

SEXUALLY TRANSMITTED INFECTIONS

The rate of new STI diagnoses in North Yorkshire has consistently been significantly better than England, with a decreasing trend.



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Chlamydia is the most commonly diagnosed STI in North Yorkshire; however, national data is showing a recent increase in gonorrhoea rates. More information on STIs in North Yorkshire is available in the [sexual health JSNA](#).

Some bloodborne viruses can also be spread through sex as well as by other routes, e.g., hepatitis B, hepatitis C. Some gastro-intestinal infections, can also be spread faecal-orally during sexual activity: these are called sexually transmissible enteric infections (STElS) e.g., hepatitis A and Shigella.

As STIs are often asymptomatic, frequent STI screening of groups with greater sexual health needs is important and should be conducted in line with national guidelines. Early detection and treatment can reduce important long-term consequences, such as infertility and ectopic pregnancy. Vaccination is an intervention that can be used to control genital warts, hepatitis A and hepatitis B, however, control of other STIs relies on consistent and correct condom use, behaviour change to decrease overlapping and multiple partners, ensuring prompt access to testing and treatment, and ensuring partners of cases are notified and tested.

HIV

Free and effective antiretroviral therapy (ART) in the UK has transformed HIV from a fatal infection into a chronic but manageable condition. People living with HIV in the UK can now expect to have a near normal life expectancy if diagnosed promptly and they adhere to treatment. In addition, those on treatment are unable to pass on HIV, even if having unprotected sex (undetectable=untransmissible [U=U]).

The number of new HIV diagnoses in North Yorkshire was 13 in 2021. The prevalence of diagnosed HIV per 1,000 people aged 15 to 59 years in 2021 was 0.7, better than the rate of 2.3 in England. The rank for HIV prevalence in North Yorkshire was 147th highest (out of 150 UTLAs/UAs).

In North Yorkshire, in the three-year period between 2019 - 21, the percentage of HIV diagnoses made at a late stage of infection amongst those first diagnosed in the UK (all individuals with CD4 count ≤ 350 cells/mm³ within 3 months of diagnosis) was 46.4%, similar to 43.4% in England.

ENVIRONMENT

SEASONAL HEALTH

The seasonal health strategy, led by the seasonal health partnership, steers actions to improve the health and wellbeing of North Yorkshire residents during seasonal temperature variations, with a focus on reducing excess winter deaths but also acknowledging the impact from extreme heat.

July 2022 saw a significant period of hot weather, with the Level-4 heatwave on 18/19th July the first ever to be declared in the UK. Temperatures in North Yorkshire peaked at 40.3°C with night-time highs of 24°C. Lessons learnt from the heatwave resulted in the establishment of an overarching extreme weather plan, rather than separate heatwave/cold weather plans, acknowledging the occurrence of concurrent and extreme weather events as a result of our changing climate.

An annual progress report has been produced to document work done by partners linked to the strategy and influenced by co-existing challenges including the COVID-19 pandemic, the war in Ukraine, global fuel cost challenges, and the cost-of-living crisis. Work covered includes the 'Warm and Well' approach, green energy grants, severe weather planning, flu vaccinations, and partner updates e.g. Fire & Rescue Service (FRS) Safe & Well checks.

The partnership has completed a strategic review to ensure the breadth of the strategy is met by the partnership group. The annual report forms the basis of the recommendations for priority focus into 2023/24.

Warm & Well in North Yorkshire

The provision of a single point of contact in North Yorkshire, Warm and Well, aims to provide advice around cold homes, fuel poverty and energy efficiency to those most vulnerable.

An additional £40,000 funding has been provided across 22/3 and 23/4 to help the service manage the significant increase in demand seen due to the cost of living crisis (e.g. increase in referrals in Q2 from 287 in 21-2 to 1028 in 22-3).

In 22/3 there were 5442 clients advised by phone, email and in person, with £1,766,174 financial gain achieved for clients including financial support, income maximisation and energy efficiency measures.

Priority for 23/4:

- Winter planning group with NHS colleagues
- Build on lessons learned from annual report and 2022 weather events
- Develop suite of communications to share health messages as required in weather events

CLIMATE CHANGE

Climate change is an emergency with multiple adverse consequences that will worsen health inequalities. Climate change will directly influence health through: changing exposure to heat and cold; air pollution due to increased ground level ozone and particulates; increased aeroallergens due to extended pollen seasons; increase in food-borne/water-borne/vector-borne infections and emerging infections disrupting health services; flooding-induced injury, infection and mental health impacts; increased exposure to UV radiation.

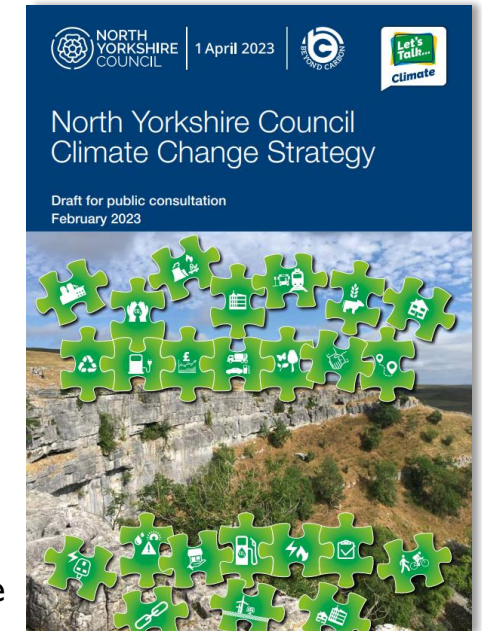
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NYC public health developed a Climate Action Plan for the Health and Adult Services (HAS) directorate, and a team-specific action plan for public health, setting out how we will respond to the climate emergency following on from the NYC Climate Strategy.

The Public Health action plan focuses on:

1. Developing the evidence base and data for the climate impact within North Yorkshire
2. Addressing the wide range of health impacts of climate change
3. Strengthening the climate resilience and environmental sustainability of the local health system, commissioned services, strategies, and interventions
4. Promoting the health co-benefits of climate change mitigation in other areas

In addition to wider actions on e-learning, service-level plans, and pursuing a 'climate in all policies' approach, the HAS action plan recommends implementing a HAS Climate Board that will report into NYC's Beyond Carbon Board and provide oversight and accountability.

Public health and adult social care already feed directly into Beyond Carbon, and also made sure health impacts of climate change (and health-based solutions) were included in the draft NYC Climate Change Strategy, which is currently out for public consultation.



Tick Borne Encephalitis (TBE)

One impact of climate change is changes to the geographical distribution of particular diseases. In 2022 the first confirmed case of TBE was identified in the UK – UKHSA have [updated information and guidance](#) on preventing tick-borne infections, which has also been shared with partners and the public by NYC as we enter spring/summer.



AIR QUALITY

Improving indoor air quality (IAQ) is one of the key lessons learned from the COVID-19 pandemic, both to prevent the spread of infections but also having other health benefits e.g. reducing mould and damp, and improving attendance and concentration in schools.

Work has focused on education settings initially, including guidance development and webinars, as part of a package of support for schools to allow them to work towards improving IAQ.

The inaugural 'World Ventil8 Day' took place on the 8th November 2022, aiming to raise awareness of the importance of ventilation as a crucial part of enabling health and wellbeing of people. The event was shared with schools across the County, and highlighted via an internal article and blog. <https://www.worldventil8day.com>



NYC environmental health and public health teams will work together in a new specialist interest group on air quality (AQ) (both indoor and outdoor AQ), including identifying higher risk locations and potential vulnerable groups.

Priority for 23/4:

- Supporting improvement of IAQ in care homes

IAQ action in education settings

- Developed guidance documents on IAQ – provides clear, step-by-step advice on simple measures, as any action (even small steps) will help to improve ventilation and IAQ.
- Hosted webinars jointly with Health and Safety and North Yorkshire Net (Nynet), which provided information on the types of ventilation that can be employed in classrooms, information on CO2 monitoring, and the Nynet pilot (see below). Webinars also covered the challenges from cold weather and the need to reduce energy costs, and provided an opportunity to feedback on how public health can best support.
- Working with Nynet, on a pilot project to create a single platform for schools around CO2 monitoring, using a Red Amber Green (RAG) alert system via email to let schools know where ventilation is poor and mitigating action (e.g. opening windows) is needed.
- Encouraging participation in the Schools' Air Quality Monitoring For Health & Education (SAMHE) project, which offers free sensors to schools to monitor IAQ as well as an app to record data <https://samhe.org.uk/>
- Liaising closely with the schools Health & Safety team, who have subsequently incorporated IAQ and ventilation measures into the schools' inspection checklist.

ENVIRONMENTAL HEALTH

In 2022/23 most of the collective work of the North Yorkshire Chief Environmental Health Officer/Trading Standards Group has focussed on preparing for LGR in the County. For the last 18 months representatives from each District and Borough Council and NYCC's Trading Standards team have met fortnightly to prepare NYC's new regulatory services to be "safe and legal". It is a credit to all participants that this aim has been achieved. However, the transformation programme has just begun.

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Notwithstanding the above, NY's Districts and Borough have continued to deliver "Business as Usual" and made great progress in implementing COVID-19 recovery plans. This has especially been in the case in addressing huge backlogs in food hygiene inspection work.



Following LGR, all North Yorkshire Environmental Health Services, which were previously delivered by 7 Districts/Boroughs, are now part of the new North Yorkshire Council (NYC). The initial priorities of this service will be to consolidate and start the transformation process to deliver effective and efficient integrated regulatory services across the county. An important part of this process will be to further strengthen and embed joint-partnership working with colleagues from NYC's Public Health Service and NY Local Resilience Forum.

With the above overall objective in mind, we will:

- Support and provide Environmental Health input into relevant food, air quality and infectious disease control strategy sub-groups
- Assist with any review and update of North Yorkshire's Outbreak Control Plan, following the merger of 8 local authorities into one
- Review and update our Business Continuity Plans, as part of the Council's overall emergency preparedness, resilience and response

ENVIRONMENTAL PERMITS

UKHSA receive Environmental Permit Applications from the Environment Agency for input regarding potential public health impacts. UKHSA shares the application notices and their response with the Director of Public Health (DPH), who may also choose to submit additional information. The UKHSA responses form part of the local assurance process on health protection.

In 22/3 there were 7 environmental permit applications shared with the DPH by UKHSA relating to farming/food production, hydrogen generation, and waste incineration. Whilst UKHSA did make some recommendations there were no significant concerns identified.

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National Strategic Infrastructure Projects (NSIPs)

The DPH also receives notifications from the Office of Health Improvement and Disparities (OHID) regarding (NSIPs). OHID provide feedback on the health & wellbeing impacts of NSIP proposals (which the DPH is invited to feed in to), whilst UKHSA respond regarding any environmental and chemical impacts. The Local Authority (i.e. NYC) is also a statutory consultee for NSIPs.

NSIPs can take many years to progress (for example HS2). In February 2023 a [national action plan](#) was released to improve the NSIP process, in light of the increased number and complexity of NSIP applications as well as the time delays around the application process.

In 22/23 the DPH has been notified of three projects at Development Consent Order (DCO) stage (Yorkshire Green Project, A66 Northern Trans-Pennine Project, Drax Bioenergy with Carbon Capture and Storage Project), one project at Section 42 stage (Humber Low Carbon Pipeline) and one at scoping stage (Helios Renewable Energy Project).

Unlike with environmental permit applications, OHID do not share their input into NSIP consultations directly with the DPH. Further work is therefore required to make sure we are assured that sufficient public health input has been made into NSIP applications by partner organisations, alternatively whether further direct DPH input is required.

MIGRANT HEALTH

Since 2021 there has been an increase in the number of refugees and asylum seekers housed in North Yorkshire, following programs including Homes for Ukraine and the Afghan Relocations and Assistance Policy (ARAP).

Refugees and asylum seekers are at high risk of having significant health issues, whilst also facing additional challenges around accessing appropriate care. Many of the key health issues faced by migrant groups relate to health protection, including communicable disease transmission, vaccinations, oral health, and sexual health.

Partners including the local authority, UKHSA, HNY ICB, OHID and NHS England have been working together to identify and support the health needs of these groups, particularly in relation to contingency accommodation sites.

Actions during 22/23 have included:

- Regular multi-agency strategic migrant health meetings for North Yorkshire & York
- Health Needs Assessment on displaced populations (asylum seekers, refugees)
- Escalation of concerns to regional and national migrant health groups
- Working with HNY ICB on a collective approach to migrant health
- Participation in contingency accommodation partnership meetings
- Specific work on vaccinations and oral health (including funding bid for support on screening & immunisations and mental health)

National Challenges: risks around contingency accommodation e.g. spread of infectious disease, general health workforce not being used to/trained to manage very complex health needs as experienced by displaced populations, recent decrease in per capita funding for asylum seeker health service provision, significant current pressures on health services (particularly primary care) and lack of access to dental care, different funding models and different healthcare entitlement for different arrivals schemes. Additionally, where people are unable to access safe routes of entry they resort to unsafe routes, which place them at greater risk of poor health outcomes and destitution.

Additional Local Challenges: Further challenges in North Yorkshire include workforce/service capacity in key areas e.g. community TB service and mental health, and no single agreed provider for asylum seeker/refugee healthcare.

EMERGENCY PREPAREDNESS, RESILIENCE AND RESPONSE

Local Resilience Forum (LRF) update

North Yorkshire LRF is about to commence the penultimate year of its 2021-25 aims & objectives. One of this year's aims for the LRF focuses on health, including the creating of an emerging infectious disease plan and review of the pandemic influenza plan. Both of these plans will be exercised in Q3 or Q4.

2022-23 priorities included mass fatalities & casualties capabilities, severe weather plan and fuel disruption plans. These were exercised during different events between October and February.

Local Government Reorganisation

North Yorkshire Council launched on 1st April, combining eight authorities into one unitary council, which is geographically the largest council in England. This has required significant work, including from the resilience and emergencies team, to ensure all teams across all Councils were prepared. This included reviewing business continuity documentation and bringing it in line with the new Council structure and updating internal command structures to support responses to incidents.

Priorities for 23/4:

- Update LRF plans covering pandemics, emerging infectious diseases and chemical, biological, radiological and nuclear (CBRN) incidents
- Embed prevention into ways of working across LRF partners
- For North Yorkshire Council to further develop and embed its emergency planning & business continuity arrangements

Exercise Lilac

In February, a multi-agency exercise took place to test the LRF Mass Fatalities plan. This plan is triggered to respond to a major incident where there are a large number fatalities within North Yorkshire that may overwhelm mortuary capacity.

The exercise looked at how local mortuary arrangements would be able to support a no-notice incident. This identified that existing mortuary arrangements are currently under extreme pressure and therefore cannot be guaranteed to be available in the event of a mass fatalities incident in North Yorkshire.

As a result of Exercise Lilac, immediate work has commenced with partners from health, local authority, Bradford Mortuary and the LRF to seek alternative solutions and working practices.

INCIDENTS AND OUTBREAKS

COVID-19

The UK moved to a 'living with COVID-19' approach in April 2022. However, work has continued to support key settings, particularly care settings, with management of cases and outbreaks and revision of local guidance. During the year this has been integrated into a more 'business as usual' approach in terms of IPC, UKHSA and NYC support.

COVID-19 rates remain high across the country, with new variants arising and decreased mitigations in place. Work has continued to support vaccination for eligible cohorts, with new work undertaken to encourage and educate around ventilation in terms of future prevention and resilience to airborne pathogens.

NYC also arranged a series of tree planting memorials across the county to remember those whose lives were lost or significantly impacted by COVID-19.



Tree planting at Meadowfields Extra Care housing, Thirsk

Director of Public Health (DPH) Annual Report

This year's [DPH Annual Report](#) focused on lessons learned from COVID-19. Key health protection recommendations included:



- Review system resilience and pandemic preparedness measures
- Improve local health protection assurance processes
- Promote uptake of COVID-19 vaccination and all routine immunisations
- Highlight the benefits of clean air, both indoors and outdoors, and share knowledge on how to improve air quality
- Work with partners to develop healthy indoor spaces that are accessible, climate resilient and minimise the risk of disease transmission
- Continue to focus on health inequalities, including championing inclusion health for key groups such as vulnerable migrants and Gypsy, Roma, and Traveller communities

MPOX

Mpox is a zoonotic infection, caused by the monkeypox virus, that occurs mostly in West and Central Africa. Prior to 2022, cases diagnosed in the UK had been either imported from countries where mpox is endemic or contacts with documented epidemiological links to imported cases. Detection of cases of mpox infection acquired within the UK were confirmed in England from 6 May 2022. The outbreak has mainly been in gay, bisexual, and other men who have sex with men without documented history of travel to endemic countries.

Up to 31 December 2022 there were 3,732 confirmed and highly probable mpox cases reported in the UK. Of these, 3,553 were in England, 34 were in Northern Ireland, 97 were in Scotland and 48 were in Wales. In 2023 (up to 31 March 2023) there have been a further 9 cases of mpox reported in the UK. Of these, 8 were in England (4 cases were presumed to have acquired mpox in the UK and 4 were imported cases in returning travellers) and one was in Scotland (an imported case in a returning traveller).

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Fortunately confirmed cases in North Yorkshire have been low (less than 5), YorSexualHealth have played a significant role in identification and screening of possible mpox cases and more recently organising and administering pre-exposure vaccinations (1st and 2nd doses) to the most at risk populations. The vaccination work continues until supply ends in June 2023.

GROUP A STREPTOCOCCAL INFECTIONS

In November/December 2022 there was a significant increase in infections caused by Group A streptococcal bacteria, including scarlet fever and invasive Group A Strep (iGAS). A high number of outbreaks were reported in education settings, including complex outbreaks where scarlet fever was co-circulating with viral infections such as chickenpox, which leads to a higher risk of more severe outcomes.

Letters from UKHSA were shared with early years and education settings providing advice on signs and symptoms, and when to seek further medical advice. The number of paediatric presentations meant there was significant pressure on health settings, particularly primary care and emergency departments, at a time when pressures from COVID-19 and flu were also high.

Rates of scarlet fever have now decreased from the December peak, although still remain at comparatively high levels for the time of year.

AVIAN FLU (AI)

There have been unprecedented levels of avian influenza circulating in England since 2021. The dominant subtype currently circulating in avian species across England is highly pathogenic avian influenza (HPAI) A(H5N1). In North Yorkshire there have been a number of infected premises where H5N1 has been identified in autumn/winter 22/3, although below the unprecedented levels seen in the 21/22 season. This year a national housing order for poultry was brought in earlier on 7th November 2022. There has also been a change to public health guidance for this season to remove the need for antiviral prophylaxis for those only exposed to H5N1 whilst wearing full personal protective equipment (PPE). Whilst options have been discussed during the year for a more robust arrangement regarding the prescription of antiviral prophylaxis and diagnostic swabbing, final agreement is still outstanding.

Colleagues from the UKHSA health protection team presented on lessons learned from the management of H5N1 Avian Influenza incidents in Yorkshire & Humber during winter 21/22 at the UKHSA conference in October 2022.

Priority for 23/4:

- Finalise plan for prescription of antiviral prophylaxis for avian flu, and for swabbing

TUBERCULOSIS (TB)

The TB service is a small, nurse-led team providing expertise on management of tuberculosis (TB) cases in the community. The team is provided by Harrogate District Foundation Trust alongside the IPC team, which are both jointly commissioned through HNY ICB, Bradford & Craven Health & Care Partnership, North Yorkshire Council and City of York Council. The community TB team is based in York and provides a service across North Yorkshire with direct access and support from Consultants in Communicable Disease Control (CCDC), UK Health Security Agency (UKHSA), Consultant Respiratory Physicians and Consultant Microbiologists.

There continue to be challenges both locally, regionally and nationally around TB service capacity, particularly in light of increasing numbers of people in at-risk populations such as refugee and asylum seekers.

SUPPORT TO EARLY YEARS AND EDUCATION SETTINGS

Support to early years and education settings has been a crucial part of the pandemic response in North Yorkshire, which has continued during 2022/3 although broadening the focus to health protection more generally rather than a specific focus on COVID-19. As already highlighted this has included particular work around indoor air quality and ventilation, as well as support around scarlet fever and concurrent infections such as chicken pox over the winter period. As well as direct support to individual settings, updated guidance to all has been provided through the cyps.info website and red bag system, as well as through webinars and headteacher sessions.

Priority for 23/4:

- Joint webinars for education and early years settings involving UKHSA, HDFT, and NYC

SUPPORT TO CARE SETTINGS

Support to care settings has continued to build on stronger relationships forged with the care sector during COVID-19, with IPC, UKHSA and NYC all working together to closely support settings with COVID-19 and other concerns. This has included support with outbreak management, infection prevention support including a focus on air quality work, tailoring guidance and supporting hospital discharge pathways.

NYC PH and IPC have attended Care Connected regularly and provided information on infection figures, recommendations, and practical advice on emerging issues including COVID-19, flu, norovirus, i-GAS, amongst others. Alongside the new Service Continuity team we have been able to transition our ongoing Care Settings COVID-19 work into business as usual business continuity and prevention work. A new survey has been created to allow settings to report into the public health, service continuity, and quality and improvement teams for infectious diseases broader than COVID-19 to include Flu, Norovirus and other infectious disease reporting. This survey allows system oversight and assurance, whilst enabling targeted support to be given by the service continuity team and specialist public health advice to be sought as necessary.

SUMMARY

Overall this report demonstrates that despite the shift away from acute COVID-19 pandemic response in April 2022, there has still been a significant amount of acute health protection work required during 22-3. However, progress has been made on proactive assurance work and prevention as well, with strategic oversight also expanded to cover new areas such as climate change.

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Work will continue on all of the priority areas for 22/3 (vaccination update, pandemic preparedness, IPC/TB contract, avian flu) in 23/4, with additional priorities as identified in the report. Working to tackle health inequalities will always be a core feature of public health, including here a continuation of the work with asylum seeker/refugee and GRT communities as described above.

Progress will also continue towards the actions set out in the linked strategies/action plans noted in the report, including the Seasonal Health Strategy, DPH annual report, and climate action plan.

We will also continue to strengthen partnership working in light of recent organisational changes to local government, NHS and public health. This will include working together on important issues that have been less prominent in recent years such as antimicrobial resistance (AMR).

Priorities for HPAG in 23/4 (agreed at April 2023 meeting):

- Review of service specifications and contract for community IPC and TB services
- Implementation of new School Aged Immunisation Service (SAIS) contract
- Particular focus on screening programmes as part of Screening & Immunisation work
- Further collaboration across environmental health, public health, trading standards and LRF following LGR
- Update and exercise Emergency Preparedness Resilience & Response plans covering pandemics and emerging infectious diseases
- Joint work with the ICB on finding solutions to clinical gaps in health protection response measures e.g. community swabbing, antiviral prophylaxis for avian flu
- Co-ordinated communications across partners including proactive public messaging and joint webinars for education settings
- Strengthen previous partnership working on antimicrobial resistance (AMR) and with military health colleagues
- Incorporate STIs (including HIV) into HPAG monitoring and assurance, including outbreak management

→ All underpinned by ongoing focus on health inequalities

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NORTH YORKSHIRE HEALTH PROTECTION ASSURANCE GROUP END OF YEAR REPORT 2022-3

INTRODUCTION

- The North Yorkshire Health Protection Assurance Group (HPAG) is a multi-agency forum providing strategic oversight across the individual parts of the health protection system in North Yorkshire.
- Chaired by the Director of Public Health, who has a statutory role to maintain assurance on health protection issues across the County.
- Other members include: UKHSA, NYC public health/environmental health/resilience and emergencies teams, NHS England, HNY ICB, HDFT (IPC/TB team)
- **Purpose of the HPAG annual report = provide evidence to support the DPH in fulfilling their statutory assurance function on health protection for North Yorkshire, whilst summarising the work of the wider assurance group over the last year (22/23).**
- Also highlights the key risks, gaps and opportunities across the system, which in turn help determine the priorities for 2023/4

TOPICS COVERED

Screening and Immunisations

Screening

Routine immunisations

COVID-19 and flu seasonal vaccination programmes

Infection Prevention and Control (IPC)

Sexual health

Environment

Seasonal health

Climate change

Air quality

Environmental health

Environmental permits

Migrant health

Emergency Preparedness, Resilience and Response

Incidents and outbreaks

COVID-19

Mpox

Group A Streptococcal infections

Avian flu

Tuberculosis (TB)

Support to early years and education settings

Support to care settings

HIGHLIGHTS

Progress

- Targeted multi-agency screening and immunisations work
- Successful implementation of Section 75 arrangement for sexual health
- Continued collaborative working around outbreaks including COVID-19, Mpox etc.
- Air quality work with education settings
- Warm & Well delivered significantly increased levels of support

Challenges

- Migrant health
- Commissioning – new SAIS provider, review needed for IPC/TB, clearer pathways required for clinical aspects e.g. avian flu prophylaxis and swabbing
- Working through ongoing organisational changes e.g. NHS re-organisation, LGR

HPAG PRIORITIES 2023/4

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- Review of service specifications and contract for community IPC and TB services
- Implementation of new School Aged Immunisation Service (SAIS) contract
- Focus on screening
- Further collaboration across environmental health, public health, trading standards and LRF following LGR
- Update and exercise EPRR plans covering pandemics and emerging infectious diseases
- Joint work with the ICB on finding solutions to clinical gaps in health protection response measures e.g. community swabbing, antiviral prophylaxis for avian flu
- Co-ordinated communications across partners including proactive public messaging and joint webinars for education settings
- Strengthen previous partnership working on antimicrobial resistance (AMR) and with military health colleagues
- Incorporate STIs (including HIV) into HPAG monitoring and assurance, including outbreak management

→ All underpinned by ongoing focus on health inequalities

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ROLLING WORK PROGRAMME 2023/2024

NOTE: Items subject to change. All meetings to be held remotely via Microsoft Teams, unless stated otherwise

WEDNESDAY 24TH MAY 2023			
ITEM	LEAD	REPORT DEADLINE	COMMENTS
Integrated Care Partnerships - Verbal Updates	Amanda Bloor Ali Jan Haider	Monday 15th May 2023	Standing Item
SEND Local Area Strategy	Chris Reynolds	Monday 15th May 2023	Report
Joint Local Health and Wellbeing Strategy	Louise Wallace	Monday 15th May 2023	Report
Health Protection	Victoria Turner	Monday 15th May 2023	Report
Rolling Work Programme	Patrick Duffy	Monday 15th May 2023	Standing Item

ROLLING WORK PROGRAMME 2023/2024

FRIDAY 21ST JULY 2023 - IN PERSON MEETING AT SCARBOROUGH SPORTS VILLAGE			
ITEM	LEAD	REPORT DEADLINE	COMMENTS
Integrated Care Partnerships - Updates	Amanda Bloor Ali Jan Haider	Wednesday 12 th July 2023	Standing Item
North Yorkshire Joint Health and Wellbeing Strategy – progress update	Louise Wallace	Wednesday 12 th July 2023	
Rolling Work Programme	Patrick Duffy	Wednesday 12 th July 2023	Standing Item

ROLLING WORK PROGRAMME 2023/2024

WEDNESDAY 20TH SEPTEMBER 2023			
ITEM	LEAD	REPORT DEADLINE	COMMENTS
Integrated Care Partnerships Updates	Amanda Bloor Ali Jan Haider	Monday 11 th September 2023	Standing Item
North Yorkshire Joint Health and Wellbeing Strategy	Louise Wallace	Monday 11 th September 2023	
Rolling Work Programme	Patrick Duffy	Monday 11 th September 2023	Standing Item

ROLLING WORK PROGRAMME 2023/2024

WEDNESDAY 29 TH NOVEMBER 2023			
ITEM	LEAD	REPORT DEADLINE	COMMENTS
Integrated Care Partnerships Updates	Amanda Bloor Ali Jan Haider	Monday 20 th November 2023	Standing Item
North Yorkshire Safeguarding Children's Partnership Annual Report 2022/2023	Stuart Carlton	Monday 20 th November 2023	Presentation
North Yorkshire Safeguarding Adults Board Annual Report 2022/2023	Laura Watson	Monday 20 th November 2023	Presentation
Rolling Work Programme	Patrick Duffy	Monday 20 th November 2023	Standing Item

ROLLING WORK PROGRAMME 2023/2024

WEDNESDAY 17 TH JANUARY 2024			
ITEM	LEAD	REPORT DEADLINE	COMMENTS
Integrated Care Partnerships Updates	Amanda Bloor Ali Jan Haider	Monday 8 th January 2024	Standing Item
Better Care Fund 2023/2024	Louise Wallace	Monday 8 th January 2024	Presentation
Rolling Work Programme	Patrick Duffy	Monday 8 th January 2024	Standing Item

ROLLING WORK PROGRAMME 2023/2024

FRIDAY 15 TH MARCH 2024			
ITEM	LEAD	REPORT DEADLINE	COMMENTS
Integrated Care Partnerships Updates	Amanda Bloor Wendy Balmain	Wednesday 6 th March 2024	Standing Item
Consideration of Rolling Work Programme for 2024/2025	Patrick Duffy	Wednesday 6 th March 2024	

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WORKSHOPS

- Women's Health - 24th May 2023
- Community Development/Place – 21st July 2023
- Integration – date tbc
- Loneliness Strategy – date tbc
- Coastal/Rural initiatives – date tbc

Patrick Duffy, Principal Democratic Services Scrutiny Officer

May 2023