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North Yorkshire Council

Scrutiny of Health Committee

Minutes of the meeting held on Friday, 8th March, 2024 commencing at 10.00 am.

Councillor Andrew Lee in the Chair. plus Councillors Liz Colling, Caroline Dickinson, Richard Foster, Peter Lacey, John Mann, Rich Maw, Andrew Murday, David Noland, Clive Pearson, Andy Solloway, Nick Brown, George Jabbour and Tom Jones (substitute).

Officers present: Christine Phillipson, Principal Democratic Services Officer, Naomi Smith, Head of HAS Planning, NYC, Diane Parsons, Principal Scrutiny Officer, NYC (Until 10.50am).

Other Attendees: Kirsty Kitching, Assistant Director for the North Yorkshire Mental Health, Learning Disabilities and Autism Partnership, Humber & North Yorkshire Integrated Care Board, Matthew Babirecki, Consultant Paediatrician, Airedale NHS Foundation Trust, Sarah Halstead, Head of Specialised Commissioning Yorkshire and Humber, NHS England .

1 member of the public to ask a public question.

Apologies: Councillors Sam Gibbs, Heather Moorhouse and Andy Paraskos.

Copies of all documents considered are in the Minute Book

286 Minutes of Committee meeting held on 13th December 2023

That the minutes of the meeting held on Wednesday 13th December 2023 be taken as read and be confirmed by the Chairman as a correct record.

Resolved – The minutes are confirmed as correct.

Apologies for Absence

Apologies were received from
Councillor Heather Moorhouse with Councillor George Jabbour as substitute
Councillor Sam Gibbs with Councillor Tom Jones as substitute
Councillor Andy Paraskos.

287 Chairman's Announcements

The Chair reminded the Committee of the changes that now apply to Health Scrutiny Committees.

Since 31 January 2024 new rules are in place in respect of the aspect of health scrutiny that relates to reconfigurations of local health services.

Local health overview and scrutiny committees will no longer be able to formally refer matters to the Secretary of State (SOS) where they relate to such reconfigurations. Instead, the SOS will have a broad power to intervene in local services.

Further guidance on this can be found here [Gov.UK](https://www.gov.uk)

It was noted that the Committee had previously only utilised this method once so felt the change would not be of serious concern.

288 Declarations of Interest

There were none.

289 Public Questions or Statements

There were two public questions received as follows;

Question 1 from Mr Russell Davidson – as the item this question relates to is not on today's agenda this question will be taken now. Mr Davidson did not attend the meeting and requested a written response be provided.

Why is there no centralised, publicly accessible, council-maintained list of the nearly 1700 North Yorkshire Care Providers? In seeking a suitable care setting for a service user, both parents and social workers are hampered significantly by the absence of such a list. No business or public authority can function efficiently if it does not have a comprehensive overview of the facilities and resources available to it.

Right now, everything is being left to brokerage to recommend a placement (and they are driven solely by looking at the budget) and CQC ratings (which are often out of date).

I was told by a senior social worker that there used to be a centralised list that social workers could consult, but then some 'Wise Alec' got rid of that, preferring to leave placement suggestions to social workers.. The consequences are that the social workers don't know where to place people (they usually have not visited more than a few settings in the county) and just leave it to brokerage to make suggestions - the latter are interested solely in whether the charges for the setting are above a certain scale, not in whether the placement is fit for purpose or for the service user's needs.

My own, 28 year old autistic lad, has had two awful placements in the last 10 years: each had its provider status stripped from it. His mental health and behaviour went backwards in both.

So we end up with people being placed in settings which sometimes rip off the public purse and do not meet the individual's need. The consequence, of course, is the parents end up having to do all the work and desperately trying to find out the requisite information. In turn, social workers, who are already overstretched, have their job made more difficult.

The situation is even more idiotic when one considers the Council's preference for in-county placement, and the frequent turnover of social workers, many of whom have no contact with their service users for months – or even years – on end.

A written response was provided as follows;

The Council follows a robust procurement policy. We only commission packages of care for people from care providers who have been through a rigorous application process and passed the requirements to be on our Approved Provider List (which can be accessed by staff and the public on the Council's website – <https://www.northyorks.gov.uk/adult-care/contracting-adult-social-care-and-health-services/approved-lists-adult-social-care-services-providers>).

As part of the application process all Providers are required to submit detailed information about the services they offer and how their services will provide high quality support to people to reach their outcomes. In addition to this the Council reviews each provider's financial information and a breakdown of the costs of their services. This information is kept under review. In terms of an individual's support arrangements, we endeavour to ensure that the provider can meet the person's needs. A person's social worker will do their best to work with the individual/family and then with brokerage and the provider to best-match care to the person's assessed needs. Some people, either through choice or a person's specific

needs, the care provider will not be local: this may mean that the social worker has to draw on support from other teams outside of their locality – some care providers offer services to residents from across North Yorkshire and the UK – an individual social worker will not know all 500+ care providers that offer care services to our population.

In terms of wider quality issues, the Council is one of the few Local Authorities to have an Integrated Quality Team (provided jointly with the NHS). Their role is to carry out active quality checks to monitor providers, and support care providers with practical support where there are risks to the quality of care provided. The Quality Team lead a weekly multi-agency team meeting where any concerns about providers is shared and appropriate support provided, this includes the Care Quality Commission. They also lead a regular online training/communications meeting open to all care providers. They also work with the Care Quality Commission and other agencies to support regulatory action where needed.

Question 2 from Roger Tuckett – this relates to the Autism Strategy. This item is on the agenda, at agenda point 8, so will be taken then.

290 Director of Public Health's Annual Report - Summary of the Director of Public Health's Annual Report for Information

Considered – Director of Public Health's Annual Report

Resolved - The report to note at this stage. The Director of Public Health, Louise Wallace will be attending the June 14th Committee to answer any questions on this report and discuss in more detail.

291 Airedale New Hospital Update - Francesca Hewitt, Senior Programme Manager - Securing the Future, Airedale NHS Foundation Trust

Considered – An update from Eleanor Rossiter from Airedale NHS Foundation Trust on the New Hospital at Airedale.

This covered a summary of the most up to date position and points to note were:

- The current hospital will be replaced with a new hospital by 2030
- RAAC programme continuing to install a range of structural supports across the hospital to maintain safety and service delivery
- Build using modern methods of construction – eg the new intensive care unit
- A summary of the phased construction plan
 - PHASE 1 – PLANNING AND PREPARATION (ESTIMATED 2023-24)**
 - PHASE 2 – GETTING THE SITE READY (ESTIMATED 2024-25)**
 - PHASE 3 – DESIGNING THE HOSPITAL (ESTIMATED 2025-26)**
 - PHASE 4 – PLANNING CONSENT (ESTIMATED 2026)**
 - PHASE 5 – BUILDING THE HOSPITAL (ESTIMATED 2026-30)**
- A summary of the current position (Phase 1)
- Public Engagement
- Next steps
- Current RAAC update.

Members were then invited to ask questions and discuss the presentation, which included;

Is there confidence in the hospital being delivered on time?

Due to the issues with RAAC there is no room for movement and the hospital will be delivered on time.

Is the current phase 1 on target?

It is.

How will the Integrated Care service look?

Airedale will be working with Bradford to meet patient needs and will update more going forward.

Will there be free staff parking?

It is not possible to confirm that there will be free staff parking, but it is a situation that needs to be carefully considered and look at best practice and possibly a reduced parking charge scheme, all to be confirmed in due course.

There needs to be a good service of public transport and could members be kept informed and involved on this.

Has a feasibility study been conducted on the possibility of a railway station ?

Not aware of this but enquiries will be made.

292 Neo Natal Services at Airedale

Considered – An presentation from Matthew Babirecki, Consultant Paediatrician, Airedale NHS Foundation Trust and Sarah Halstead, Head of Specialised Commissioning Yorkshire and Humber, NHS England.

The presentation served to bring members up to date with the Neo Natal services at Airedale NHS Foundation Trust and highlighted the following elements;

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

The Trust and NHSE would like to seek the views and support of the Overview and Scrutiny Committee on the change.

There was then the opportunity for members to ask questions and discuss the content, this included;

Airedale has on average carried out an average of 2 days intensive care per month and the recommendations of the Neonatal Critical Care Transformation Review state that:

Local Neonatal Units should aim to undertake a minimum of 500 days of combined intensive and high dependency care per year.

Services providing ongoing high dependency care should be expected to have higher levels of activity and all should work towards becoming services that provide at least 1000 combined Intensive Care/High Dependency days in the long term.

Smaller services would be designated as Special Care Services.

It was noted that units higher activity have better outcomes for babies.

This change will ensure the highest quality of care for premature babies across the region.

It was noted that supporting skills would be utilised across the area with education days and increased resources.

This situation was not unique to Airedale and is a more common operating pattern.

Resolved – The Chairman thanked the NHS representatives for the presentation that the Committee was supportive of the change.

It was requested that a further update be provided to Committee on the changes at a future date.

293 Update on the Autism Strategy

The Chairman invited Roger Tuckett to ask his question at this point.

Members may recall the questions I asked at its meetings on 17th June 2022 and 13th December 2023. I also asked a question at the Council's Executive Committee meeting held on 6th February 2024.

On 30th January 2023 I was told by the Lead for the Consultation that no further time outside the various consultation sessions would be available to discuss my fundamental concerns, and within such sessions, she needed to give priority to others. However, following my question in February, Cllr Michael Harrison has welcomed my contributions and suggestions and has agreed to meet with me, initially for one hour, on 19th March 2024 as part of the consultation.

Para 2.4 of the Report to this Committee on 16th December 2022 stated: "CYP have conducted a Joint Strategic Needs Assessment (JSNA) Special Educational Needs and Disabilities 2020/21 and HAS have published a JSNA for Learning disabilities that includes autism." Yet 80+% of Autistic adults do not have a learning disability. No-one commented on this at the time. The need for a proper JSNA slipped through the net.

A recently identified "Autism Data Pack" dated October 2023 first surfaced at the Executive Members and Corporate Directors meeting on 3rd November 2023, but was never incorporated into the material shared with the public as part of the consultation process. Most public consultees will remain unaware of this important document.

The Data Pack indicates major recent increases in prevalence, diagnosis and need for adult autism services, this information being absent from the Draft Strategy.

Two written questions to the Consultation Lead (via emails dated 9th and 13th February) remain unanswered: on Lived Experience numbers within Steering Group membership and the current status of JSNAs.

I had requested in December for YaaaG's "Manifesto" be circulated to both Councillors and the Steering Group. I have later forwarded a 3-page briefing paper on JSNA matters and a 1-page "Way Forward" document suggesting a Leadership Summit across the Health and Social care sectors in North Yorkshire and York, on which some initial feedback has been positive, although no efforts appear yet to have made to bring one about.

I conclude;

- Notwithstanding the implication in Cllr Harrison's response in February that there were several, there appears to be one and only one Autistic individual and no organisation on the Steering Group representing all of children, adult, learning disability and parent/carer issues for Autism.
- Statutory Guidance requires first that any Autism strategy includes an up-to-date detailed Joint Strategic Needs Assessment (JSNA); and secondly that the process is overseen by the appropriate Health and Wellbeing Board. Neither has yet happened. Guidance on this latter requirement survives the creation of the ICBs and its Place Partnership structures.
- No public access has been possible for the meetings and decisions of the Steering Group, which meets and operates with limited transparency, overall accountability or public oversight. Those making these decisions must be held to public account, and this is best achieved if leaders and decision makers engage in open, honest discussion and debate involving experts with lived experience.

* My question:

Given the absence of any up-to-date JSNA for Adult Autism for those without Learning Disabilities, and given that the Autism Data Pack has been specifically excluded from the present consultation, does this Committee expect Autistic adults, their families/carers and the general public to have confidence in the outcome of this process without significant additional work being undertaken first to complete such a JSNA, and subsequently to share and engage with the

public upon it, to ensure compliance with statutory guidance?

The Chairman responded as follows:

“As the question is directed to the Committee and refers to the Autism Strategy, of which we are about to receive the latest update on, I suggest we have the presentation from Naomi and Kirsty and then I can seek a view from Members as to their response at that point . Would Members agree?”

The Committee Members agreed, and the following agenda item was taken.

Considered - An update on the draft Autism Strategy from Naomi Smith, Head of Health and Adult Services Planning, North Yorkshire Council and Kirsty Kitching, Assistant Director for the North Yorkshire Mental Health, Learning Disabilities and Autism Partnership, Humber & North Yorkshire Integrated Care Board.

The presentation served to provide members with an overview of the draft strategy, the consultation aims, the approach and participation rates to date, to encourage discussion and feedback from Members of the Scrutiny of Health Committee in order to contribute to the consultation and a summary of the next steps.

Some of the key points identified were;

- Working together to enable autistic people & their families to enjoy full, happy & healthy lives, this includes Health Services, Council Services and Key Partners
- Timeline of consultation events and participation figures to date
- 8 key priority areas of focus aligned to the national strategy and derived from extensive local engagement during 2023 with autistic people, their carers and partner agencies
- Public consultation aims and approach, and how that looks
- Encourage participation from the Committee
- Consultation closes on 15th March
- Ongoing monitoring post implementation.

There then followed an opportunity for members to discuss the presentation and ask questions, this included the following comments and points;

There was praise for the presentation and the sessions that had been run in the community of which some members had attended. There was also commitment that there would be further contributions to the consultation.

It was noted that there could be parallels with the dementia friendly scheme and inclusive communities was a key area, how would this be developed?

Inclusion begins with people and conversations were the start of that inclusion. There would continue to be collaboration with partnerships and contribution from other departments eg. libraries, leisure and culture who are at the heart of our communities working with people.

Conversations with relevant heads of service had already begun in drafting the strategy and working together would continue to move forward successfully.

It was also noted that wider community involvement such as sensory awareness in supermarkets and retail outlets are crucial to successful understanding for all. An accessibility survey of retail would be beneficial as there is an opportunity for improved public education.

Why is the diagnosis rate increasing from approx. 1% to approx. 2%?

Many factors are contributing to this but primarily it is the increased awareness and understanding of the condition. There is better recognition and support for people than in previous times and its more acceptable for people to present themselves for a diagnosis. . Members requested further information about autism to increase their own awareness and

understanding – this would be provided by officers after the meeting.

It was noted that there could potentially be a higher risk of homelessness amongst the autistic population.

There is a recognised shortage of housing, and the Council is working across departments, with the NHS and with local landlords on this. A needs analysis is underway to support this.

It was questioned why there was a low number of consultation responses received?

Many paths of publicity have been utilised, including mailing lists, media publications, website posts, events, communications in health settings and schools, utilising SEN coordinators and word of mouth. Copies of surveys have been available at all events for participants to take away and share with their networks. Consultation participation rates have been reviewed and actions taken to increase participation in groups with lower response rates, for example in specific areas and further promotion via schools to increase involvement from young people. Members of the Committee were asked to encourage people in their local communities to participate.

Is there confidence in the consultation outcome and the strategy?

Absolutely yes. With regards to data, there is recognition of some gaps but work is to be done in these areas.

It was concluded that a JSNA was in fact a snapshot in time and up to date data that has been used in the strategy consultation is more beneficial and by having a 2 way ongoing conversation we are always learning and improving. The data is live and will change and alter as we move, but we will need as much information from as many sources as we can possibly get to evolve into the best outcome.

We will continue to look forward, listen and learn.

Mr Tuckett then made the following supplementary statement/question.

There is a perceived lack of leadership on the agenda across agencies and he proposes to run a leadership summit on the issue. Would the chair be willing to join such a summit if invited?

The Chair stated if invited he would endeavour to attend.

Resolved – The Chairman revisited the question and asked the Committee for their views on their confidence in the strategy.

Members unanimously agreed that they have every confidence in the strategy and the consultation process.

294 Committee Work Programme

Considered – The Committees work programme.

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

The following were suggested and discussed;

- It was suggested that maternity services across North Yorkshire were of concern and updated from the CQC inspections would be welcome at Committee.
- An update from Yorkshire Ambulance Service was expected in June following their briefing to Scarborough and Whitby Area Constituency Committee in relation to the new ambulance station in Scarborough.
- An update on waiting list data from NHS trusts would be welcomed.

- Health inequalities in primary and secondary care across North Yorkshire from the ICB.
- An overview of the 6-month post implementation of electronic records.

Resolved – These items would be added to the workplan for the forthcoming year.

295 For Information

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

The following motion from Cllr Andy Brown was withdrawn from Full Council and referred to Scrutiny of Health Committee on 21.02.24.

“To reduce the budget for mowing and spraying by at least £100,000 a year and to cease all purchases of any products containing glyphosate or neonicotinoids.’ In setting the context for the motion, he referred to the human health impacts of these herbicides and the recent financial claims made in the civil courts in the USA against companies and organisations that had supplied and used these products”.

As this motion was withdrawn from Council to be directed to Scrutiny this will be added to the workplan and discussed at the next Committee meeting in June where we will invite Cllr Brown to Committee to propose his motion.
There were no other items of business.

The date of the next meeting is Friday 14th June at 10am in The Grand, County Hall.

The meeting concluded at 12.20 pm.