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Meeting	Health, Housing and Adult Social Care Scrutiny Committee
Date	6 November 2024
Present	Councillors J Burton (Chair), Vassie (Vice-Chair) (from 5:35 pm), Hook (from 5:37 pm), Moroney, D Myers (to 7:35 pm), Rose, Runciman (to 8:21 pm), Smalley (to 7:35 pm), Wann and Wilson (to 8:18 pm).
In Attendance	Councillor Steels-Walshaw (Executive Member for Health, Wellbeing and Adult Social Care)
Officers Present	Peter Roderick, Director of Public Health Jennifer Irving, Public Health Specialist Practitioner Advanced Wendy Watson, Public Health Specialist Practitioner Advanced
External Visitors	Shaun Macey, Assistant Director of Pathways, York Place, Humber and North Yorkshire Integrated Care Board Claire Hansen, Chief Operating Officer, York and Scarborough Teaching Hospitals Dr Victoria Blake, Director of Urgent Care, Nimbuscare

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## **26. Apologies for Absence (5:32 pm)**

Apologies were received from Cllr Pavlovic (Executive Member for Housing, Planning and Safer Communities).

## **27. Declarations of Interest (5:32 pm)**

Members were asked to declare at this point in the meeting any disclosable pecuniary interests or other registerable interests they might have in respect of the business on the agenda, if they had not already done so in advance on the Register of Interests. None were declared.

## **28. Minutes (5:33 pm)**

Resolved:

- i. That the previously approved minutes of the meeting held on 11 September 2024 be amended at item 15 (Community Pharmacy Provision in York), to replace:
  - ‘Several members drew attention to access issues for those living in rural wards who further than a 15-minute walk from a pharmacy and often not on a direct public transport route, including those in Skelton and Poppleton who had to travel to Tower Court.’with:
  - ‘Several members drew attention to access issues for those living in rural wards who lived further than a 15-minute walk from a pharmacy and often not on a direct public transport route, including those in Skelton who had to travel to Tower Court.’
- ii. That the minutes of the meeting held on 9 October 2024 be agreed as correct record and signed by the Chair.

## **29. Public Participation (5:36 pm)**

It was reported that there had been four registrations to speak at the meeting under the Council’s Public Participation Scheme.

Flick Williams, speaking remotely in relation to Agenda item 7 (Winter Planning and Pandemic Preparedness in York), noted that for those who were clinically vulnerable, life had been forever changed by the Covid pandemic. She highlighted the problems of minimal testing and vaccine refusal, including among healthcare workers, noting an ever-growing proportion of the population was experiencing new significant health problems, and calling for a Plan B to address these issues.

The remaining three public participants all spoke in relation to Agenda item 6 (Update on the York Autism and ADHD Health Needs Assessment, and progress towards a York Autism and ADHD strategy).

Roger Tuckett offered support for the report’s approach including the early public engagement and partnership working. He raised concerns around the budget allocated, and noted the need for greater collaboration and task-sharing with North Yorkshire and the ICB given the scale of what was required. He noted that the strategy was an evolutionary process which he hoped would be reviewed on an ongoing basis, including around accountability and monitoring outcomes.

Hazel Kerrison addressed the language used in the report, noting that it should refer to 'autistic people' rather than 'people with autism', as the latter pathologized an intrinsic part of people's identity. She observed that while science communication was complex, research needed to be cited accurately to avoid misrepresentation and stigmatisation, and noted that the York Disability Rights Forum would be happy to help with data collection for the document.

Dr Laura Fox presented collective comments from a group of researchers at the University of York, noting inaccuracies in the report, including in the definitions and language used. She highlighted problems with the evidence used and noted challenges around age differentials and in grouping autistic people and those with ADHD together. She urged co-production with autistic people and encouraged the council to reach out to researchers at the city's universities.

### **30. Urgent Care Delivery (5:54 pm)**

The committee considered an update on urgent care delivery presented by the Assistant Director of Pathways, York Place, Humber and North Yorkshire Integrated Care Board (ICB), the Chief Operating Officer of York and Scarborough Teaching Hospitals, and the Director of Urgent Care at Nimbuscare, who noted that:

- Urgent care could be complex for patients to navigate, and following patient engagement an emerging piece of work was underway with system partners to better integrate services and improve patient experience of the system.
- The out of hours service previously commissioned from a private provider was now being delivered by GPs through Nimbuscare.

In response to members' questions it was confirmed that:

- With reference to commissioning arrangements the ICB had to abide by national procurement regulations but its focus was on driving integration through local partnerships.
- Since Nimbuscare had started delivering the out of hours service in April 2024, almost 100% of shifts had been covered in contrast to an average of 50% last year under the previous provider. Waiting times for a call back had been reduced and call queues were being cleared more quickly; data could be made available if requested. Quicker call backs helped reduce demand on emergency departments and avoid a rush of 8am calls to GP practices, with a wraparound service now being delivered by GPs.

- Increased shift coverage had been facilitated by moving to the same digital platform used by most GP practices. This was more familiar for clinicians and had helped bring staff back to the out of hours service. Numbers of patients who were transferred back to emergency departments from out of hours or Urgent Treatment Centres (UTCs) were very low. Part of this work involved educating the public around where was most appropriate to go, and partners were signposting patients around the system effectively.
- There were currently UTCs in York (next to the emergency department), Scarborough, Malton and Selby. Next steps would involve bringing GP out of hours and UTC teams together to ensure a better experience for patients around the clock. The suggestion of linking the Klinik system to the out of hours was being considered.
- A new partnership with the Yorkshire Ambulance Service was due to be launched to support paramedics and better facilitate treating patients at home. Based on early pilots, with advice and guidance around 50% of ambulance call-outs had been avoided. Direct funding for this was available until the end of March and it was hoped that data gathered would inform a decision to continue this work all year round. The Executive Member for Health, Wellbeing and Adult Social Care was in attendance and noted the success of the pilot in bringing services together.
- Patient public communications in terms of where to go would be carried out through the winter, and the Council would support the sharing of this messaging. The need to reach rural wards was highlighted.

Members then voted unanimously to support the work being done in this area.

Resolved:

- To note the report.
- To request that a further update on urgent care be provided in around six months.

Reason: To keep the committee updated on urgent care delivery.

### **31. Update on the York Autism and ADHD Health Needs Assessment, and progress towards a York Autism and ADHD strategy (6:25 pm)**

Members considered a paper introducing the draft Autism and ADHD health needs assessment (HNA) and setting out a proposed three phase plan for developing a strategy on the same topic.

Officers provided an overview, acknowledging the points made by the public participants, apologising for mistakes made in the language of the report, and noting that offers made of help and expertise would be taken up. During the discussion it was noted that:

- The Council and the ICB had a joint strategy duty to have an Autism Strategy, which it had been agreed would be an all-age Autism and ADHD strategy. The previous strategy had now lapsed, and it was important to get the new strategy right; a draft could be brought back to the committee at a suitable date.
- Early scrutiny input was sought on the draft HNA, which would provide the basis for the initial conversation and consultation phase of the strategy; later phases would focus on codesign and formal consultation before publication in 2025. The strategy would be developed in an iterative way, on a cross-council basis with feedback sought from existing forums, networks and community groups on how to build an enabling society in York for autistic people and those with ADHD.
- Several Members echoed the need for elements of the language used in the HNA to be amended to avoid misrepresentation and stigmatisation. It was noted that this would be improved and that later drafts would reflect the relevant research literature more closely.
- Concern was expressed that while a motion agreed by Council in November 2023 referred to support for all neurodivergent adults in York, the HNA and strategy focused only on autism and ADHD; it was noted that although there were several ways a strategy could be organised, these were two areas where there was a discrete set of services and supporting charities.
- Nationally, pathways to diagnosis varied considerably and it was acknowledged that the diagnostic picture in York in relation to waiting lists was concerning. There were also concerns around the use of online tools such as the profiler app used in the recent pilot, and the importance of enabling access to effective pre-diagnostic support was emphasised. Options were being explored for in-person, group-based pre-diagnostic support.
- The importance of including hard-to-reach individuals and groups in the consultation was emphasised, and it was acknowledged that gathering feedback from those who did not or were unable to participate in forums and other existing networks was a perpetual challenge which was under ongoing consideration.
- While there was relatively good data on the numbers of autistic children from the SEND team, there was a local data gap in relation to children with ADHD, where available information tended to be more around school curriculum than needs; although national

datasets could be drawn on where available, while education partners had been early stakeholders in the process.

- Concerns were raised around budgeting and monitoring of outcomes, and it was noted that there was no additional funding available to the Council to deliver what was currently funded across Children's and Adults' directorates, and while the ICB did have resources, these would need to be increased to meet current levels of need.
- It was suggested that the strategy might make use of case studies of people from a range of backgrounds to better communicate issues around diagnosis to non-specialists.
- Diagnoses from private providers would be included in a person's primary care record providing it was a recognised diagnosis from a recognised provider.
- This was an area where the research had moved quickly, and it was noted that there were experts and those with lived experience in York whose insights could be drawn on in developing the strategy. Several members indicated they would contact the Public Health team separately to follow up on specific questions.

Resolved:

- i. To note the provisional health needs assessment presented in the annex, and request that the committee's comments, including around the language and data used, be considered in the production of further drafts.
- ii. To note and approve the three phase approach and the proposed timeframes to developing the Autism and ADHD strategy for York.
- iii. To request that the draft strategy be brought back to the committee at an appropriate date.

Reason: To keep the committee updated and to ensure Members are able to input into the development of the Autism and ADHD Strategy for York.

[The committee adjourned for a comfort break from 7:31 pm to 7:38 pm].

## **32. Winter Planning and Pandemic Preparedness in York (7:38 pm)**

Members considered a report providing an update on winter planning for 2024-25 and pandemic preparedness in York.

Officers provided an overview and responded to questions from the committee. It was noted that:

- There was a statutory duty to ensure that the local health protection system was robust; full details were available in the Annual Health Protection Board Assurance Report. A year-round approach was taken to infectious diseases, with seasonal vaccination programmes for flu and Covid-19, with an RSV vaccine programme for older adults and pregnant women introduced in September 2024.
- Flu vaccinations had started in early October, slightly later than last year. Vaccination rates had fallen nationally, and had dropped slightly in York to 82% of those eligible, with lower rates amongst pregnant women and 2-3 year-olds. No figures were available for current Covid vaccinations as eligibility had changed this year.
- Public Health were funding a Winter Warmth Grant which would be used by the council's Healthy and Sustainable Homes team to address issues around fuel poverty and respiratory disease and reduce hospital admissions among council tenants. No funding was available to extend this work to private rental homes with the exception of where there was a social care need, although the housing team could take referrals from councillors and Local Area Coordinators and advise on what grants might be available.
- Work was being done by the council and through Citizens Advice to address fuel poverty, including hardship grants, ensuring those eligible for relevant benefits were able to claim them, and work within the Communities directorate around keeping homes warm.
- An Infectious Diseases Plan had been prepared in conjunction with North Yorkshire and tested in a real-time multi-agency exercise earlier this year. From a surveillance perspective there was now less data available, as regular testing was only taking place amongst those admitted to hospital, and resources were limited to those allowed by national programmes. It was noted that for those who were immunocompromised, the pandemic had never ended, but that multiple rounds of vaccination had conferred a level of immunity which acted as a bulwark.
- Healthcare professionals followed national guidance but were encouraged to get vaccinated and support those concerned about entering a healthcare setting. Healthcare workers remained eligible for flu and Covid vaccinations, while all carers, not just those in receipt of Carer's Allowance, were eligible for the flu vaccination on the NHS. Communications work around vaccinations was taking place although persistent myths and data poverty could prove challenging.

- York Hospital was often at capacity, but would have an agreed surge plan in place in the event of any simultaneous peaks in infectious disease rates.

Resolved: To note the report.

Reason: To keep the committee updated.

### **33. Work Plan (8:26 pm)**

The committee considered its work plan for the 2024/25 municipal year. Several points were raised including:

- That the lead member for the proposed Task and Finish Group on Home Care Commissioning would contact members to ascertain their interest in taking part in the group's work.
- The unallocated item on relevant outputs from the LGA peer review would remain on the work plan to allow members more time to consider what shape this item might take.
- With reference to the suggested practical item on reablement technology, the possibility of arranging demonstrations of telecare technology with Be Independent for interested members would be explored, and members' interest in relevant emerging technologies and access to them was noted.
- The Executive was due to consider a proposed Joint Committee between Humber and North Yorkshire Integrated Care Board and City of York Council at its next meeting, and it was suggested that an item on this subject could be considered at the committee's January meeting.

Resolved: To note the work plan and to add an item on the proposed Joint Committee between Humber and North Yorkshire Integrated Care Board and City of York Council to the agenda for the committee's January meeting.

Reason: To keep the committee's work plan updated.

Cllr J Burton, Chair

[The meeting started at 5.31 pm and finished at 8.40 pm].