



**Notice of a public meeting of**

**Children, Education and Communities Policy and Scrutiny  
Committee and Health and Adult Social Care Policy and Scrutiny  
Committee - Commissioned Joint Committee**

**To:** Councillors Baker, Barnes, Cullwick, Daubeney,  
Doughty, Fitzpatrick, Heaton, Hollyer, Hook, Orrell,  
Vassie, Webb and Wells

**Date:** Wednesday, 9 November 2022

**Time:** 5.30pm

**Venue:** The George Hudson Board Room - 1st Floor,  
West Offices (F045)

**This is the reconvened meeting postponed from 27 September 2022.**

**AGENDA**

**1. Election of Chair**

To elect a Member to act as Chair of the meeting.

**2. Declarations of Interest**

At this point in the meeting, Members are asked to declare any disclosable pecuniary interests or other registerable interests they might have in respect of business on this agenda, if they have not already done so in advance on the Register of Interests.

**3. Minutes**

(Pages 1 - 6)

To approve and sign the minutes of the Children, Education and Communities Policy and Scrutiny Committee and Health and Adult Social Care Policy and Scrutiny Committee - Commissioned Joint Committee held on 28 February 2022.

#### **4. Public Participation**

At this point in the meeting members of the public who have registered to speak can do so. Members of the public may speak on agenda items or on matters within the remit of the committee.

Please note that our registration deadlines are set as 2 working days before the meeting, in order to facilitate the management of public participation at our meetings. The deadline for registering at this meeting is **5:00pm on Monday 7 November 2022**.

To register to speak please visit [www.york.gov.uk/AttendCouncilMeetings](http://www.york.gov.uk/AttendCouncilMeetings) to fill in an online registration form. If you have any questions about the registration form or the meeting, please contact Democratic Services. Contact details can be found at the foot of this agenda.

#### **Webcasting of Public Meetings**

Please note that, subject to available resources, this meeting will be webcast including any registered public speakers who have given their permission. The meeting can be viewed live and on demand at <http://www.york.gov.uk/webcasts>.

During coronavirus, we made some changes to how we ran council meetings, including facilitating remote participation by public speakers. See our updates (<http://www.york.gov.uk/COVIDDemocracy>) for more information on meetings and decisions.

#### **5. A refreshed all-age Autism Strategy for the City** (Pages 7 - 14)

This paper outlines the current strategic position in York around improving the support available to autistic people and their families and carers and it proposes a refresh of the York All-Age Autism Strategy, aligned with the national strategy for Autistic Children, Young People and Adults 2021-2026.

#### **6. Healthy Child Service** (Pages 15 - 30)

This paper provides an overview of the Healthy Child Service (HCS) in York.

## 7. Urgent Business

Any other business which the Chair considers urgent under the Local Government Act 1972.

### Democracy Officer:

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For more information about any of the following please contact the Democracy Officer responsible for servicing this meeting:

- Registering to speak
- Business of the meeting
- Any special arrangements
- Copies of reports and
- For receiving reports in other formats

Contact details are set out above.

**This information can be provided in your own language.**

我們也用您們的語言提供這個信息 (Cantonese)

এই তথ্য আপনার নিজের ভাষায় দেয়া যেতে পারে। (Bengali)

Ta informacja może być dostarczona w twoim własnym języku. (Polish)

Bu bilgiyi kendi dilinizde almanız mümkündür. (Turkish)

یہ معلومات آپ کی اپنی زبان (بولی) میں بھی مہیا کی جاسکتی ہیں۔ (Urdu)

 **(01904) 551550**

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City of York Council

Committee Minutes

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Meeting	Children, Education and Communities Policy and Scrutiny Committee and Health and Adult Social Care Policy and Scrutiny Committee - Commissioned Joint Committee
Date	28 February 2022
Present	Councillors Baker, Daubeney, Doughty, Fenton, Heaton, Hook, K Taylor, Vassie, Wann and Webb
In Attendance	Councillor Cuthbertson (Executive Member for Children, Young People and Education)
Apologies	Councillors Barker and Fitzpatrick

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### **1. Election of Chair**

Cllr Doughty proposed Cllr Daubeney, as Chair of the Children, Education and Communities Policy and Scrutiny Committee, act as Chair for the meeting. He also proposed himself as Vice Chair. This was seconded by Cllr Webb and unanimously approved by Members.

Cllr Daubeney was therefore elected Chair for the meeting.

### **2. Declarations of Interest**

At this point in the meeting, Members were asked to declare any personal interests, not included on the Register of Interests, or any prejudicial or disclosable pecuniary interests they may have in respect of business on the agenda.

Cllr Doughty declared a personal interest in the remit of the committee in that his partner was a former Chief Executive of York Mind.

Cllr Webb also declared a personal interest in the remit of the committee as he was a teacher at a York school.

### **3. Public Participation**

Cllr Peter Kilbane, Ward Member for Micklegate and Leader of the Labour Group spoke on matters within the general remit of the Joint Committee.

He raised concerns that during the Covid lock downs, the number of children with serious mental health problems rose by 77%. He highlighted in a recent survey, by the Children's Commissioner, of 1000 children living in York it was revealed that 23% of the respondents were unhappy with their own mental health. He noted that referrals to the Children and Adolescent Mental Health Service (CAMHS) were expected to increase.

He recognised the progress and hard work of dedicated staff within the Service but raised concerns regarding the need for better funding and the reduction of waiting times particularly for ADHD and Autism referrals. He raised concerns regarding service rationing and lack of available data. He questioned whether CAMHS were dealing well with the numbers and types of referrals. He asked if children were receiving adequate support when they first asked for help and he also asked about the support available for children with eating disorders.

#### **4. Emotional and Mental Well-Being of Children and Young People**

The Director of Prevention, Commissioning and Education and Skills and the Director of Mental Health and Complex Care for NHS Vale of York Clinical Commissioning Group (CCG) Children's Services presented a report to Members on the subject of Emotional and Mental Well-Being of Children and Young People.

They explained how early prevention could remove the need for CAMHS intervention and how workforce planning was in place to support its delivery. It was highlighted that the School Wellbeing Service has been part funded by Future in Mind and the Council. It was noted that the digital offer of the NHS long-term plan (LTP) enabled access 24 hours a day to telephone information and advice for parents.

The local service structure was explained and increase in demand for services was highlighted. Areas causing concern at the system level were identified in Annex 1. The future plans were explained and it was acknowledged that better integration with improved use of the skills and abilities from the voluntary sector was needed. Issues that needed major support were; eating disorders, autism and high levels of anxiety.

Officers were asked questions about the reorganisation of NHS commissioning in 2022, performance targets, the summit of system leaders, commissioning in the third sector, early intervention, identifying need and improving the data.

They noted the following:

- The Humber Coast and Vale Integrated Care Board and the Humber Coast and Vale Integrated Partnership was the replacement for the CCG. North Yorkshire and York would operate as a sub system of Humber Coast and Vale, in which the City of York would be a Place. The Integrated Care Board (ICB) was not yet appointed. Certain functions and the budget for York would be delegated to the Health and Social Care Alliance which works between the council and the CCG. Children's mental health was a priority area for the alliance.
- Tees Esk and Wear Valleys NHS Foundation Trust (TEWV) had been operating in excess of targets since they had been set in 2016. Third sector commissioning such as CAMHS and York Mind are a contributing factor in achieving targets.
- There had been no decision to reduce or 'ration' Mental Health provision through CCG commissioning or within the council. Service vacancies were not coexistent with a planned reduction in staffing numbers. There was no limit on mental health services and funding would prioritise children's services.
- The full action plan, about the future of children's mental health services in the city, from discussions between the summit of system leaders would be shared in due course. The action plan would cover short term targets, such as addressing high levels of non-school attendance and longer term commissioning plans including the joint working approach.
- There were a number of socio economic factors such as poverty/low income, poor housing, unemployment, family background and poor caring that can indicate a pre-disposal to mental health issues. A number of different service providers and council departments, such as Housing and the Community Resilience Board, were working together to identify children at risk.
- Virtual or face to face counselling takes place following the iThrive model of getting early help. Websites are a part of the service and include information for parents.
- A performance report was being produced for the council's Corporate Management Team (CMT), The report would include waiting times and would be available for further discussion across other committees.

Discussion took place between Members, Officers and External Attendees. Contributions from the external attendees are summarised below:

Sophia, a member of the York Youth Council and York's Member for the UK Youth Parliament, explained that mental health had been identified by the Youth Council as the top issue for young people in York and nationally. She explained that a system that had been introduced in her secondary

school to enable students to request help via email, this was an approachable method that removed barriers. She asked what plans were in place for young people who had early symptoms of undiagnosed serious daily mental health issues. She also raised concerns about the increase in eating disorders among her peer group.

[19:02 Cllr Barnes and Cllr Cuthbertson left the meeting]

Carol Redmond, Head of Service for York, from Tees, Esk and Wear Valley NHS Foundation Trust (TEWV) gave a presentation on CAMHS. She highlighted their aim to front load services through early intervention, in order to reduce waiting times. She explained that eating disorders had increased both nationally and locally during the pandemic and were continuing to rise. During the pandemic referrals had declined but they were now peaking at 300/350 per month. All children in York could access the school well-being service as well as the counselling offer from York Mind, whilst they were waiting to access CAMHS services. The Care Quality Commission (CQC) had undertaken a part inspection of CAMHS where the service had received a Section 29 notice regarding staffing levels, review systems and training. Overall the service was rated as 'requiring improvement'. By November 2021 there had been a review of the number of all young people waiting for treatment and key actions had been put in place for improvement.

In response to questions from Members, it was noted that there were specialist mental health staff shortages and that staffing the school-based teams had depleted the main teams. It was also noted that local training providers were increasing nurse training places with the aim of building expertise.

Elizabeth Hewitt, Systems Change Manager for York Mind described a 'bottleneck' for York's mental health services. They had interviewed young people and stakeholder groups and it was noted that young people did not know where to access support and did not feel heard. With funding from the Co-op resilience fund, a website to support young people's mental health in the city was being constructed. The website would include a referral system and access to early help. An information campaign on young people's mental health services would be delivered to secondary schools. A podcast was proposed to go alongside other proposals, and would include significant level of co-production with young people. Funding was needed to develop a specific youth mental health training programme to support teachers and GP's.

[19:25 Cllr Vassie left the meeting]



Helen and Tasha, representatives from York Mind's Young People's Steering Group, highlighted the difficulties in transitioning from children's to adult services. They explained how important it was to acknowledge trauma and that they had found it helpful to socialise with people in a similar position to themselves.

[19:32 Cllr Taylor left the meeting]

The Chair thanked all those who had written reports, attended and contributed to the meeting.

Resolved:

- i. That the reports be noted.
- ii. That the Children and Young People's Mental Health Scrutiny Review take their findings and recommendations to Executive.

Reason: To keep the Committee updated on the progress of the task group and to inform the Executive of their findings.

Cllr S Daubeney, Chair

[The meeting started at 5.33 pm and finished at 7.44 pm].

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**Children, Education and Communities Policy and Scrutiny Committee and Health and Adult Social Care Policy and Scrutiny Committee - Commissioned Joint Committee**      **9 November 2022 (postponed from 27 September 2022)**

Report of the Corporate Director Adult Social Care and Integration

## **A refreshed all-age Autism Strategy for the City**

### **Summary**

1. This paper outlines the current strategic position in York around improving the support available to autistic people and their families and carers.
2. The paper proposes a refresh of the York All-Age Autism Strategy, aligned with the national strategy for Autistic Children, Young People and Adults 2021-2026.
3. The decision required from members is to support the proposed refresh, and the schedule of consultation with key stakeholders outlined below.

### **Background**

4. Between 2017-2021 the City of York had an [all-age Autism Strategy](#), which was underpinned by the joint-strategic needs assessment for the same period, and written by autistic people, alongside a number of the organisations available to support them.
5. This strategy was written in response to the challenges being faced at that time and committed to improving services in the following 6 areas:
  - a. Diagnostic support
  - b. Inclusive communities
  - c. Transitions
  - d. Training / education
  - e. Employment
  - f. Parent / Carer support

6. Since the strategy was published, work has been undertaken to address the outlined challenges, including the development of an improved local offer around employment, services which provide opportunities during the day, short breaks for families when crises occur, and early intervention and prevention (e.g., after school activity pilots, YIKs Autism Hub). There is new building-based provision for autistic people in the city- with the purpose-built Beehive for children and young people, and an autism-specific supported living scheme for adults. Despite all of this however, work remains.
7. Since 2016, the number of people predicted to have autism in the city has risen by somewhere between 6-15% (the higher estimate is based on emerging research around increased prevalence in children). In 2015 there were 204 autistic children in our schools- and in 2020 this had increased by 99% to 406<sup>1</sup>. The rate of autistic children known to schools is lower in York than nationally however, and also lower than our nearest statistical neighbours (15.9 per 1000, as opposed to 18 per 1000 and 16.2 per 1000 respectively). This would indicate that the challenge around diagnosis remains.
8. Over the next 20 years<sup>2</sup>, it is predicted there will be an increase of 6.4% in the number of autistic adults living in the city, from 1,709 now to 1,819 in 2040 (6.7% more males and 2.8% more females). There is a notable predicted increase in the number of older people who will be living with autism, as a result of our ageing population.
9. Waiting times for Autism assessments can be high in the city, with the average patient waiting more than 13 weeks for their first appointment. Across 2020 and 2021, only 8% of patients were seen within 13 weeks.
10. Last year, the government renewed its commitment to autistic people, publishing a refreshed [National Strategy for Autistic Children, Young People and Adults 2021 - 2026](#). This strategy builds on and replaces the preceding adult autism strategy, Think Autism (2014), recognising the importance of taking a lifetime approach. The Strategy outlines 6 areas for change, which through extensive consultation, the government believe would have a significant impact on autistic people's lives:
  - a. improving understanding and acceptance of autism within society

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<sup>1</sup><https://fingertips.phe.org.uk/search/autism#page/4/gid/1/pat/6/par/E12000003/ati/302/are/E06000014/iid/92133/age/217/sex/4/cat/-1/ctp/-1/yrr/1/nn/nn-10-E06000014/cid/4/tbm/1/page-options/car-do-0>

<sup>2</sup><https://www.pansi.org.uk/index.php?pageNo=392&arealD=8301&loc=8301>

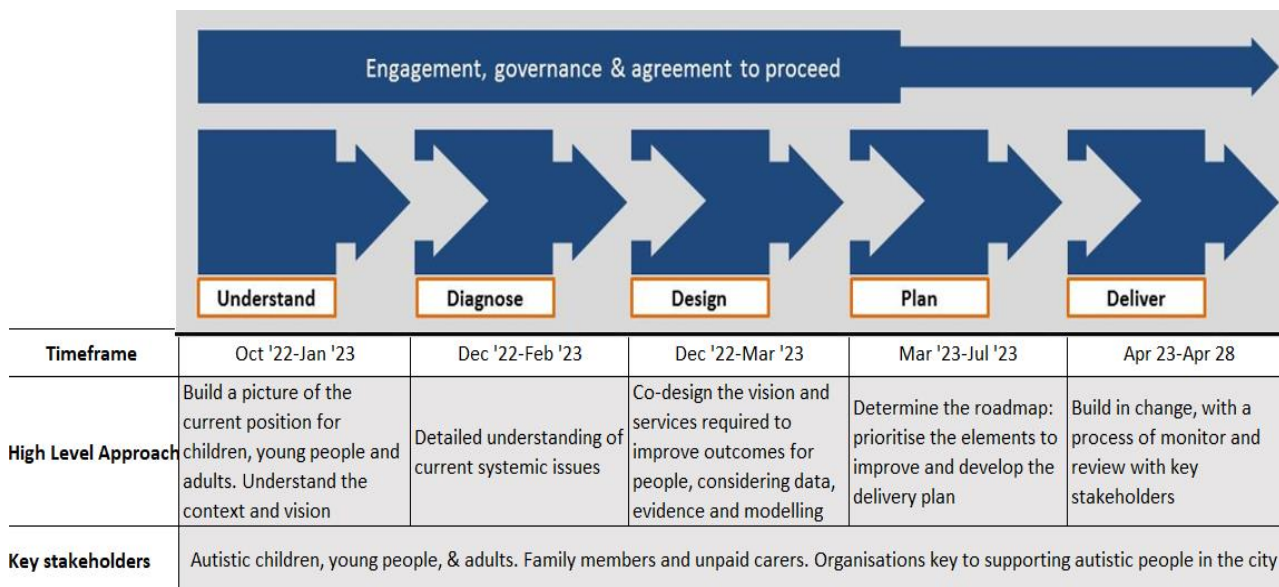
- b. improving autistic children and young people's access to education, and supporting positive transitions into adulthood
  - c. supporting more autistic people into employment
  - d. tackling health and care inequalities for autistic people
  - e. building the right support in the community and supporting people in inpatient care
  - f. improving support within the criminal and youth justice systems
11. In July this year, the government set out an [action plan](#) to strengthen community support for people with a learning disability and autistic people. The plan echoes the key changes highlighted above and puts particular focus on addressing the need for and use of inpatient settings.

### **Consultation**

12. In order to build upon the work completed locally during 2017-2021, and to address the nationally identified challenges for autistic people, it is proposed that York develop a refreshed All-age Autism Strategy based upon the framework outlined in the national strategy and action plan.
13. Our SEND Written Statement of Action (June 2020) and subsequent SEND Strategy for Children, Young People and Families in York (September 2021 – September 2025) and SEND Outcome Framework (2022) demonstrate our clear priority that:
- “co-production drives the improvement, development and joint commissioning of services in education, health, care and the community” (SEND WSoA, para 1).
14. This is reflected in Adult Social Care, where the Care Act 2014 suggests that co-production should be a key part of its implementation by local authorities.
15. The term 'co-production' describes working in partnership by sharing power between people who draw on care and support, carers, families and citizens (Social Care Institute for Excellent, 2022), and in relation to developing this Strategy, it is pivotal to share this power from the outset in understanding the issues faced, and codesigning the solutions.
16. In order to refresh York's All-Age Autism Strategy, there is a firm requirement for a schedule of co-production which ensures that the many and varied voices of citizens are heard. This will require different methods of engagement which draw out the expertise from people with lived experience, in a way that is right for them.

17. This schedule needs to account for the work required also to collaborate with key service providers in the city, ensuring that the work aligns with other strategic priorities within Health, Social Care and Education.

18. A proposed schedule is outlined below:



## Council Plan

19. Developing a refreshed all-age Autism Strategy primarily supports the councils core outcomes of 'good health and wellbeing' and 'a better start for children and young people' but also contributes to outcomes such as 'an inclusive economy' and 'safe communities'.

## 20. Implications

- Financial** – Contact is being established with Finance Officers. It is not anticipated that the Strategy will specify additional investment in support for autistic people from within current budget, but it is recognised that some ambitions will only be achievable through ongoing consideration of how each system partner can best contribute resources in this area.
- Human Resources (HR)** – Contact is being established with HR. The strategy is not expected to specify impact upon Human Resources, but it is recognised that some ambitions may require stakeholders to think about how they best use their human resource to achieve the collective goal. Advice is being sought from CYC workforce development advisers due to the training implications.

- **Equalities** - An equalities impact assessment is being undertaken to ensure that the Strategy complies with the law, by taking account of equality, human rights and socioeconomic disadvantage implications in the decisions made.
- **Legal** – Contact is being established with legal services. There is a risk that our current Autism Strategy is now out of date. The new national strategy for Autistic Children, Young People and Adults 2021-2026 remains aligned with the [statutory guidance 2015](#) and therefore with the duties this places on us.
- **Crime and Disorder** – Contact is being established with key partners in youth justice and North Yorkshire Police to consider the strategic priority to improve support within the criminal and youth justice systems.
- **Information Technology (IT)** – There are no known implications for IT
- **Property** – There are no known implications for property

### Recommendations

21. Members are asked to support the proposed refresh, and the schedule of consultation with key stakeholders outlined.

The reason for this recommendation is that having a co-produced all-age autism strategy for the city will ensure that we are meeting the growing needs for autistic people in our population and that we are compliant with our statutory responsibilities.

### Contact Details

<b>Author:</b> Jamaila Hussain	<b>Chief Officer Responsible for the report:</b> Jamaila Hussain		
<b>Co-Author:</b> Abby Hands Title: Head of Transformation Dept: Adult Social Care Tel No. 01904 554552 <a href="mailto:abby.hands@york.gov.uk">abby.hands@york.gov.uk</a>	<b>Title:</b> Corporate Director of Adult Social Care and Integration		
	<b>Report Approved</b>	√	<b>Date</b> 15/09/22
<b>Wards Affected:</b> List wards or tick box to indicate all			<b>All</b> √
<b>For further information please contact the author of the report</b>			

**Annexes**

Annex A: A Proposed framework for the York All-Age Autism Strategy

**Abbreviations**

SEND – Special Educational Needs and Disability



# City of York All-Age Autism Strategy

2022-2027

## Contents

Foreword

About this Strategy

Our Vision

National Context

Local context

A roadmap for change for autistic people in York

- a. improving understanding and acceptance of autism within society
- b. improving autistic children and young people's access to education, and supporting positive transitions into adulthood
- c. supporting more autistic people into employment
- d. tackling health and care inequalities for autistic people
- e. building the right support in the community and supporting people in inpatient care
- f. improving support within the criminal and youth justice systems

Strategy enablers and delivery

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**Children, Education and Communities Policy and Scrutiny Committee and Health and Adult Social Care Policy and Scrutiny Committee - Commissioned Joint Committee**

**9 November 2022  
(postponed from 27  
September 2022)**

Report of the Jodie Farquharson – Head of Public Health Healthy Child Services

### **Healthy Child Service**

#### **Summary**

1. This paper provides an overview of the Healthy Child Service (HCS) in York for information.

#### **Background**

2. In April 2016, Health Visiting and School Nursing services in York were transferred from York NHS Foundation Trust to City of York Council (CYC) for ongoing provision of services. The services were combined in 2017 and the Healthy Child Service (0-19) was launched. The service, led by Specialist Community Public Health Nurses (Health Visitors and School Nurses), has been provided by York Public Health directorate since 2019. Prior to this the service sat within Children, Education and Communities.
3. The Healthy Child Service is responsible for delivery of the Healthy Child Programme which draws from evidence to improve children and young people's public health. The programme supports delivery towards the council plan's ambition to improve outcomes especially for those currently experiencing or most at risk of poor health, educational and economic outcomes. The programme has a strong health protection element, including screening and immunisations for example. Fundamental to the Healthy Child Programme for the Healthy Child Service are:
  - Universal offer to support prevention and early identification of need

- Targeted offer to ensure the right support is provided by the right people/ services
  - Strong collaborative partnerships with the child, family/ carers, and all partners in health, local authority, early years and voluntary sector services.
4. The Healthy Child Programme sets out the universal offer which consists of five mandated contacts.
- Antenatal contact from 28 weeks pregnant
  - New birth visit 10-14 days
  - 6-8 week review
  - 1 year review
  - 2 year review
5. Good uptake of these mandated contacts is essential to prevent poor health and development outcomes and provide early help. Despite the challenges of the Covid19 pandemic and staffing, the service has good uptake of the universal offer (Annexe 1 for latest performance data). Uptake of all contacts are in line with national and regional averages. The 2-year review which has been below national and regional averages for some time has shown an increase to above averages in the last year owing to a focussed programme of work to improve uptake.
6. In addition to good performance data with the mandated offer, the service is currently providing the following services:
- Infant feeding support
  - Child health and development clinics
  - Targeted support for speech, language and communication, parenting, sleep, diet, toileting, perinatal mental health
  - Targeted Healthy Families parenting programme (Henry) in partnership with the Health Trainer service.
  - National Childhood measurement programme (NCMP) (reception and year 6)
  - Hearing and vision screening (reception aged children)

- Bowel and bladder tier one 5-19 years
  - Targeted support for emotional wellbeing, sexual health, healthy lifestyles support 5-19 years
  - 0-19 years Review Health Assessments for children in care.
7. Safeguarding children is a thread throughout the full service offer and Health Visitors and School Nurses are key partners in multi-agency safeguarding arrangements. There are several statutory and regulatory documents which lay out the safeguarding children requirements of health providers including:
- Section 11 Children Act 2004. This requires that arrangements are in place to safeguard and promote the welfare of children
  - Working Together to Safeguard Children 2018.
  - Safeguarding Children and Young People: Roles and competencies for Health Care staff. 2019
  - Safeguarding accountability and assurance framework. 2022
8. The Healthy Child Service has in place a Safeguarding Children Team which consists of 0.6 WTE Lead Nurse for Safeguarding Children who manages a team of 3 WTE Safeguarding Children and MASH practitioners. This has been increased in the last year from 2.2WTE. There are two main streams of work for the safeguarding team the Multiagency Safeguarding Hub and direct work with the HCS.
9. The HCS Safeguarding team provide:
- Advice and support to HCS practitioners in relation to individual children or families where there are safeguarding or potential safeguarding concerns. Additionally, the team provide a single point of contact for practitioners from other agencies/ organisations where there are queries about the service provided by the HCS.
  - Safeguarding supervision. All practitioners who would be involved in providing care and support to families where there are safeguarding concerns and would be part of multiagency safeguarding processes are provided with 1:1 safeguarding supervision by a member of the safeguarding team on a minimum of quarterly basis. Additionally. Child Development Workers

(practitioners who provide services under the oversight of Health Visitors/ School Nurses) are provided with group supervision on a quarterly basis.

- Training. The safeguarding team provide and monitor safeguarding children training for all members of the HCS.
- Audit. Audit of safeguarding processes such as reports for case conference, and record keeping are undertaken as needed.
- Engagement with multiagency safeguarding meetings in particular Multiagency Risk Assessment Conferences (MARAC – Domestic Abuse) and Multiagency Child Exploitation meetings (MACEM – child sexual or criminal exploitation).
- Engagement with Subgroups of the York Safeguarding Children Partnership.

10. The MASH is the front door for children, young people and their families who are referred into the local authority for support and/or safeguarding. The MASH is staffed by practitioners from children's social care, police and the HCS safeguarding team. 1.2 WTE of the safeguarding team capacity is allocated to the MASH practitioner role. This provides for one individual 5 days a week 52 weeks a year. The increase in overall capacity has allowed the team to respond beyond this to recent increases in workload in MASH. This role is jointly funded by public health and by the Integrated Care Board (formerly known as the CCG). The MASH practitioner discharges three main functions in this role

- Provide health advice and expertise at the twice daily screening meeting
- Manages requests for information sharing from partners across the health economy, analysing the returns and recommending a suitable course of action based on the information shared.
- Attend Child Protection strategy meetings held within the MASH, sharing information from the HCS, and representing primary care at those meetings. A pilot project of the MASH practitioners gathering and sharing information from primary care at strategy meetings is currently underway.

## Care Quality Commission Inspection

11. The service is regulated under the Health and Social care act 2008 (Regulated Activities) by the Care Quality Commission (CQC). The service received its first full inspection in September 2021 and was rated 'good' overall. Two areas were identified that 'required improvement':
  - I. Capacity within the 5-19 years element of the service was insufficient to deliver all activities outlined in the standard operating procedure.
  - II. Mandatory training compliance did not meet the service target.
  - III. Outcomes monitoring did not take place for all aspects of the service (this was an area for improvement but not a breach of regulations).

Progress following inspection has been good.

12. CQC visited the service in June 2022 to review improvements since the inspection and were satisfied at that time.

### 5-19 capacity

13. In view of the national challenges in School nurse recruitment, the service had already commenced a programme of in house training at the time of the inspection. Following successful completion of training by two nurses and successful conversion of one health visitor to dual school nurse qualification the service is now just 0.6 FTE under establishment (2.2 FTE under establishment at time of inspection). The service is moving towards a 0-11 years and 11-19 years model (currently 0-5/5-19) which will enable the School Nurses the capacity to deliver preventative public health activity with secondary school age population and Health Visitors will be able to provide continuity of support beyond 5 years old.
14. In addition to increasing School Nurse specialist capacity, the establishment of Child Health and Development workers has increased from 6FTE to 8FTE plus 1FTE Team Leader. The remit of this staff group is 0-11 years to increase School Nurse capacity.
15. However, retention and recruitment of experienced Health Visitors has been challenging over the last 18 months. The vacancy rate currently is 7% and due to rise to 13% in October. Further compounding the capacity issues is the recent appointment of newly qualified and return to practice health visitors which means that health visitor capacity for more complex

caseloads is reduced to 15-20% over the next 6 months during preceptorship periods of those new staff. This will delay plans for the 0-11/ 11-19 model to increase the service offer for 11-19 year olds and undoubtedly put staff under additional workload pressure.

### **Mandatory Training**

16. Staff are now 90%+ compliant with mandatory training apart from one training offer which has been unavailable to date. CQC recognise this course (Graded Care Profile) is not corporately mandated but is aspirational of the service and low compliance currently does not constitute a breach.

### **Outcomes monitoring**

17. Currently data is limited to performance of the mandated offer only however the service aspires to monitor outcomes against the full offer. Progress in this area has been delayed due to challenges into recruiting to a specialist SystmOne/ Business Intelligence Officer role. In addition to outcomes monitoring, this role will support overall resilience in ICT for the service.
18. The new CQC framework for inspection of regulated services is currently being renewed. The new approach is of ongoing monitoring and inspection and more time sensitive and dynamic inspection ratings. Healthy Child Service receives monitoring visits quarterly under this new framework.
19. Successful recruitment and retention is key to achieving the transformation required in 5-19 years offer and in the ongoing delivery of an effective 0-19 years offer. The pay gap and differences in terms and conditions compared with NHS Health Visitors and School Nurses may be a contributing factor and anecdotal reports from students and staff leaving CYC suggest this may be the case.

### **Terms and conditions**

20. Health Visitors and School Nurses employed by CYC are currently in a worse position than if they were employed in the same role by the NHS. The gap is more predominant for experienced staff than newly qualified:



### Comparison table of Terms and Conditions

	NHS	CYC
<b>Salary</b>	<p><b>NHS AfC Band 6 (from April 22)</b></p> <p>Less than 2 years' experience £33,706</p> <p>2- 5 years £35,572</p> <p>5 years plus £40,588</p>	<p><b>CYC Grade 9 from April 21 (pay award pending for 22)</b></p> <p>29 (L1)            £31,887            (£33,872)</p> <p>30 (L2)            £33,001            (£34,986)</p> <p>31 (L3)            £34,692            (£36,677)</p> <p>32 (L4)            £36,380            (£38,365)</p>
<b>Mileage</b>	<p>The current nationally agreed <b>NHS business mileage allowance</b> rates are:</p> <ul style="list-style-type: none"> <li>• 56p for the first 3,500 miles</li> <li>• 20p for each mile after the threshold of 3,500 miles</li> </ul>	<p>The <b>UK Government HMRC Approved Business Mileage Allowance Payments</b> approved (tax free) rates:</p> <ul style="list-style-type: none"> <li>• 45p for the first 10,000 miles</li> <li>• 25p for each business mile after the threshold of 10,000 miles.</li> </ul>
<b>Annual leave</b>	<p>This entitlement is for a full- time employee (37. 5 hrs) Part-time staff receive a pro rata amount of annual leave and public holiday days.</p> <ul style="list-style-type: none"> <li>• on appointment: <b>27 days</b> leave + 8 bank holiday days</li> <li>• after five years' service: <b>29 days</b> leave + 8 bank holiday days</li> <li>• after 10 years' service: <b>33 days</b> leave + eight days bank holiday days.</li> </ul>	<p>This entitlement is for a full- time worker. Part-time staff receive a pro rata amount of annual leave and public holiday days.</p> <ul style="list-style-type: none"> <li>• the basic paid leave entitlement for a full-time employee (37 hours per week) is <b>24 days per year</b> + 8 days bank holidays</li> <li>• after 5 years continuous local government service, your entitlement will increase to <b>29 days</b> on the anniversary of your start date + 8 days bank holidays.</li> </ul>

21. Harrogate District Foundation NHS Trust (HDFT) deliver 0-19 services for North Yorkshire and have several vacancies being advertised currently offering the terms and conditions set out for NHS above. In addition, there are a number of vacancies currently being advertised by local authorities who match NHS agenda for change terms and conditions or a career progression Job Description. Four experienced Health Visitors have left CYC to join HDFT in the last 12 months. There

is a rolling recruitment advert for health visitors currently and no applications have been received that could be shortlisted in the last 6 months.

22. As with the HCS as a whole the pay scales for both the Lead Nurse Safeguarding Children and the Safeguarding Children and MASH practitioners are not comparable with NHS pay scales. In the medium to longer term this is likely to present a considerable recruitment and retention challenge for the service.

### **Priorities**

23. Retention and recruitment are a significant priority and consideration is being given to career progression options however, financial limitations will make this challenging.
24. Developing methods of co-producing the service offer with families and young people is essential to improving uptake of the offer and improving health outcomes. Healthy Child Service will be a core service within the new Family Hubs model and co-production is an important element of the Family Hubs transformation programme.
25. Speech, language and communication continues to be a high priority area for the service. The new Early Language Measure and Interventions framework will begin in October following an extensive period of staff training and will be completed at the 2-year review. This work programme will sit under the umbrella of Early Talk for York moving forward in recognition of the importance of both early years settings and the home learning environment to improve speech and language.
26. Continued focus on the healthy weight agenda will continue with a strong infant feeding offer, parenting support, Henry healthy families programme and NCMP.
27. A children and young people communications strategy for the Healthy Child Service is now underway and will be a platform to raise awareness of the service, as well as other public health messaging for children and families. An important feature is reaching under-served community groups and young people.
28. 0-19 years outcomes monitoring to inform service delivery.

### **Consultation**

29. Not applicable, as the report is for reference purposes only.

## Options

30. Members are asked to consider and note the content of this paper.

## Analysis

31. The service is now well embedded within CYC and the Public Health directorate and strong links exist with primary and secondary care and local authority partners. Further work is in progress to strengthen links with early years providers across the city and develop outcomes monitoring for children and young people.

## Implications

32. There are no risk implications, as the report is for reference purposes only.

- **Financial** *None in this report*
- **Human Resources (HR)** *None in this report*
- **Equalities** *None in this report*
- **Legal** *None in this report*
- **Crime and Disorder** *None in this report*
- **Information Technology (IT)** *None in this report*
- **Property** *None in this report*
- **Other** *None in this report*

## Risk Management

33. HCS has its own internal risk register which is reviewed regularly as part of the Public Health Governance processes. Retention and recruitment are a key risk that options are being explored to mitigate. This includes the SystemOne/ Business Intelligence specialist role which is required to provide system resilience for the service and the ability to monitor outcomes. An emerging risk is staff compliance to Clinical Supervision which is a regulatory requirement. Work is well underway to consult with staff about how the supervision offer can be improved to enable attendance and improve compliance.

## Recommendations

34. Members are asked to note the content of the report.

## Contact Details

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Report  
Approved



Date 12 /09/2022

**Wards Affected:** *List wards or tick box to indicate all*

All

**For further information please contact the author of the report.**

### Annexes

Annex 1 - HCS Scorecard 201-2022

### Abbreviations

CYC = City of York Council

NCMP = National Childhood measurement programme

HCS = Healthy Child Services

MASH = Multiagency Safeguarding Hub

WTE = The number of whole-time equivalents

MARAC = Multiagency Risk Assessment Conferences - Domestic Abuse

MACEM = Multiagency Child Exploitation meetings – child sexual or criminal exploitation

CQC = Care Quality Commission

FTE = Full-time equivalent

HDFT = Harrogate District Foundation NHS Trust



# Public Health - Health Visitors 2021/2022

No of Indicators = 18 | Direction of Travel (DoT) shows the trend of how an indicator is performing against its Polarity over time.  
Produced by the Business Intelligence Hub June 2022

			Previous Years			2021/2022							
		Collection Frequency	2019/2020	2020/2021	2021/2022	Q1	Q2	Q3	Q4	Target	Polarity	DOT	
Public Health and Wellbeing	HV01	% of births that receive a face to face New Birth Visit (NBV) by a Health Visitor within 14 days	Quarterly	87.78%	77.62%	66.75%	79.68%	83.54%	83.69%	66.75%	-	Up is Good	▼ Red
		Benchmark - National Data	Quarterly	85.90%	87.20%	-	85.00%	82.90%	82.70%	-	-		
		Benchmark - Regional Data	Quarterly	79.10%	83.80%	-	79.90%	78.40%	77.00%	-	-		
		Local Area Team - North	Quarterly	86.80%	77.12%	46.55%	78.90%	88.28%	83.09%	46.55%	-	Up is Good	▼ Red
		Local Area Team - East	Quarterly	84.70%	83.52%	54.44%	84.07%	85.15%	83.51%	54.44%	-	Up is Good	◀▶ Neutral
		Local Area Team - West	Quarterly	87.50%	74.51%	86.03%	76.97%	79.35%	84.24%	86.03%	-	Up is Good	◀▶ Neutral
	HV02	% of face-to-face NBVs undertaken by a health visitor after 14 days	Quarterly	10.23%	21.82%	32.21%	18.72%	15.50%	15.11%	32.21%	-	Up is Bad	▲ Red
		Benchmark - National Data	Quarterly	11.10%	11.00%	-	12.90%	14.90%	14.90%	-	-		
		Benchmark - Regional Data	Quarterly	19.30%	14.60%	-	17.10%	19.10%	21.00%	-	-		
		Local Area Team - North	Quarterly	13.20%	21.19%	52.59%	18.35%	10.94%	15.44%	52.59%	-	Up is Bad	▲ Red
		Local Area Team - East	Quarterly	14.30%	16.48%	44.44%	14.16%	14.85%	14.43%	44.44%	-	Up is Bad	▲ Red
		Local Area Team - West	Quarterly	9.20%	25.49%	12.85%	22.37%	19.02%	15.22%	12.85%	-	Up is Bad	◀▶ Neutral
	HV03	% of infants who received a 6-8 week review by the time they were 8 weeks	Quarterly	87.59%	88.69%	85.44%	87.94%	87.24%	87.00%	85.44%	-	Up is Good	◀▶ Neutral
		Benchmark - National Data	Quarterly	84.40%	84.40%	-	83.60%	81.30%	80.90%	-	-		
		Benchmark - Regional Data	Quarterly	87.20%	86.40%	-	86.60%	85.50%	86.20%	-	-		
		Local Area Team - North	Quarterly	88.60%	89.73%	82.19%	87.30%	91.85%	87.26%	82.19%	-	Up is Good	◀▶ Neutral
		Local Area Team - East	Quarterly	85.10%	88.99%	80.73%	81.82%	80.77%	79.82%	80.73%	-	Up is Good	◀▶ Neutral
		Local Area Team - West	Quarterly	90.40%	87.70%	89.95%	92.39%	88.26%	90.78%	89.95%	-	Up is Good	◀▶ Neutral

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			Previous Years			2021/2022							
			2019/2020	2020/2021	2021/2022	Q1	Q2	Q3	Q4	Target	Polarity	DOT	
		Collection Frequency											
Public Health and Wellbeing	HV04	% of infants being breastfed at 6-8wks	Quarterly	48.39%	49.10%	48.52%	47.80%	53.14%	48.43%	48.52%	-	Up is Good	◀▶ Neutral
		Benchmark - National Data	Quarterly	47.90%	49.50%	-	50.00%	49.20%	48.80%	-	-		
		Benchmark - Regional Data	Quarterly	-	41.80%	-	43.20%	42.70%	43.00%	-	-		
		Local Area Team - North	Quarterly	-	45.89%	48.63%	48.41%	54.07%	55.41%	48.63%	-	Up is Good	◀▶ Neutral
		Local Area Team - East	Quarterly	-	58.72%	46.79%	42.15%	54.62%	45.61%	46.79%	-	Up is Good	◀▶ Neutral
		Local Area Team - West	Quarterly	-	45.99%	49.32%	51.09%	51.64%	44.66%	49.32%	-	Up is Good	◀▶ Neutral
	HV05	% of children who received a 12 month review by the time they turned 12 months	Quarterly	86.14%	68.56%	88.38%	64.18%	85.22%	93.40%	88.38%	-	Up is Good	◀▶ Neutral
		Benchmark - National Data	Quarterly	76.00%	71.40%	-	74.00%	72.20%	70.90%	-	-		
		Benchmark - Regional Data	Quarterly	86.70%	84.00%	-	86.50%	87.00%	86.20%	-	-		
		Local Area Team - North	Quarterly	80.50%	52.90%	90.60%	58.40%	84.11%	90.15%	90.60%	-	Up is Good	▲ Green
		Local Area Team - East	Quarterly	86.20%	69.23%	89.89%	68.09%	81.00%	94.17%	89.89%	-	Up is Good	◀▶ Neutral
		Local Area Team - West	Quarterly	90.60%	81.48%	85.98%	66.27%	88.46%	96.60%	85.98%	-	Up is Good	◀▶ Neutral
	HV06	% of children who received a 12 month review by the time they turned 15 months	Quarterly	86.76%	84.10%	93.60%	79.49%	67.67%	86.77%	93.60%	-	Up is Good	◀▶ Neutral
		Benchmark - National Data	Quarterly	83.50%	78.40%	-	80.20%	82.50%	81.40%	-	-		
		Benchmark - Regional Data	Quarterly	94.10%	92.00%	-	87.00%	90.60%	91.40%	-	-		
		Local Area Team - North	Quarterly	78.30%	80.00%	93.23%	74.64%	59.40%	85.53%	93.23%	-	Up is Good	▲ Green
		Local Area Team - East	Quarterly	80.50%	78.95%	91.96%	82.00%	71.58%	84.85%	91.96%	-	Up is Good	◀▶ Neutral
		Local Area Team - West	Quarterly	89.80%	90.38%	95.03%	82.17%	71.93%	88.89%	95.03%	-	Up is Good	◀▶ Neutral

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			Previous Years			2021/2022							
		Collection Frequency	2019/2020	2020/2021	2021/2022	Q1	Q2	Q3	Q4	Target	Polarity	DOT	
Public Health and Wellbeing	HV07	% of children who received a 2-2½ year review	Quarterly	72.65%	74.16%	85.04%	51.16%	41.77%	83.17%	85.04%	-	Up is Good	▲ Green
		Benchmark - National Data	Quarterly	78.80%	72.50%	-	75.50%	75.50%	72.30%	-	-		
		Benchmark - Regional Data	Quarterly	81.70%	82.50%	-	77.30%	75.60%	76.60%	-	-		
		Local Area Team - North	Quarterly	68.10%	71.33%	81.88%	42.65%	40.00%	80.17%	81.88%	-	Up is Good	▲ Green
		Local Area Team - East	Quarterly	70.30%	61.21%	87.88%	38.00%	40.17%	90.72%	87.88%	-	Up is Good	◀▶ Neutral
		Local Area Team - West	Quarterly	85.90%	84.92%	86.24%	63.92%	44.12%	81.08%	86.24%	-	Up is Good	◀▶ Neutral
	HV08	% of children who received a 2-2½ year review using Ages and Stages Questionnaire (ASQ-3)	Quarterly	98.20%	95.00%	98.36%	97.40%	97.34%	97.94%	98.36%	-	Up is Good	◀▶ Neutr
		Benchmark - National Data	Quarterly	92.90%	85.80%	-	88.40%	89.30%	92.00%	-	-		
		Benchmark - Regional Data	Quarterly	91.20%	76.50%	-	84.40%	89.80%	91.60%	-	-		
		Local Area Team - North	Quarterly	-	97.22%	98.68%	95.24%	97.65%	96.47%	98.68%	-	Up is Good	◀▶ Neutral
		Local Area Team - East	Quarterly	-	95.24%	98.06%	98.41%	96.30%	98.95%	98.06%	-	Up is Good	◀▶ Neutral
		Local Area Team - West	Quarterly	-	93.65%	98.26%	98.36%	97.78%	98.11%	98.26%	-	Up is Good	◀▶ Neutral
	HV09	% of infants with a known feeding status at 6-8 weeks	Quarterly	81.89%	84.16%	81.65%	83.53%	84.52%	82.60%	81.65%	-	Up is Good	◀▶ Neutral
		Benchmark - National Data	Quarterly	89.50%	90.60%	-	91.20%	90.00%	89.80%	-	-		
		Local Area Team - North	Quarterly	78.70%	86.99%	80.14%	85.71%	90.37%	87.26%	80.14%	-	Up is Good	◀▶ Neutral
		Local Area Team - East	Quarterly	82.50%	86.24%	77.98%	76.03%	80.77%	73.68%	77.98%	-	Up is Good	◀▶ Neutral
		Local Area Team - West	Quarterly	80.80%	80.75%	84.47%	86.96%	83.10%	83.98%	84.47%	-	Up is Good	◀▶ Neutral

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		Collection Frequency	2019/2020	2020/2021	2021/2022	Q1	Q2	Q3	Q4	Target	Polarity	DOT	
Public Health and Wellbeing	HV10	% of infants totally or partially breastfed at 6-8 weeks (of those with a known feeding status)	Quarterly	59.09%	58.33%	59.43%	57.22%	62.87%	58.63%	59.43%	-	Up is Good	◀▶ Neutral
		Benchmark - National Data	Quarterly	53.50%	54.60%	-	54.90%	54.70%	54.40%	-	-		
		Local Area Team - North	Quarterly	-	52.76%	60.68%	56.48%	59.84%	63.50%	60.68%	-	Up is Good	◀▶ Neutral
		Local Area Team - East	Quarterly	-	68.09%	60.00%	55.43%	67.62%	61.90%	60.00%	-	Up is Good	◀▶ Neutral
		Local Area Team - West	Quarterly	-	56.95%	58.38%	58.75%	62.15%	53.18%	58.38%	-	Up is Good	◀▶ Neutral
	HV11	Mothers who received a first face-to-face antenatal contact with a health visitor at 28 weeks or above	Quarterly	292	182	73	274	299	253	73	-	Up is Good	▼ Red
		Local Area Team - North	Quarterly	-	53	19	76	107	72	19	-	Up is Good	▼ Red
		Local Area Team - East	Quarterly	-	38	22	73	78	54	22	-	Up is Good	◀▶ Neutr
		Local Area Team - West	Quarterly	-	91	32	125	114	127	32	-	Up is Good	▼ Red
	HV12	% of children who were at or above the expected level of development at the 2-2½ year review	Quarterly	93.88%	84.21%	88.57%	86.64%	90.10%	89.46%	88.57%	-	Up is Good	◀▶ Neutral
		Benchmark - National Data	Quarterly	82.00%	83.60%	-	82.30%	81.90%	79.60%	-	-		
		Benchmark - Regional Data	Quarterly	86.90%	85.30%	-	84.90%	83.10%	82.40%	-	-		
		Local Area Team - North	Quarterly	-	94.29%	92.67%	87.50%	87.95%	92.68%	92.67%	-	Up is Good	◀▶ Neutral
		Local Area Team - East	Quarterly	-	60.00%	91.09%	85.48%	93.59%	86.17%	91.09%	-	Up is Good	▲ Green
		Local Area Team - West	Quarterly	-	86.44%	83.43%	86.67%	89.39%	89.74%	83.43%	-	Up is Good	◀▶ Neutral
	HV13	% of children who were at or above the expected level of development in communication skills at the 2-2½ year review	Quarterly	97.86%	87.72%	93.81%	90.46%	92.15%	92.77%	93.81%	-	Up is Good	◀▶ Neutral
		Benchmark - National Data	Quarterly	86.50%	86.80%	-	87.10%	87.00%	85.30%	-	-		
		Benchmark - Regional Data	Quarterly	90.70%	89.40%	-	88.70%	87.40%	86.80%	-	-		



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		Collection Frequency											
Public Health and Wellbeing	HV14	% of children who were at or above the expected level of development in gross motor skills at the 2-2½ year review	Quarterly	99.08%	98.25%	95.48%	95.42%	97.27%	97.59%	95.48%	-	Up is Good	◀▶ Neutral
		Benchmark - National Data	Quarterly	91.10%	92.10%	-	93.50%	94.00%	92.20%	-	-		
		Benchmark - Regional Data	Quarterly	94.60%	94.70%	-	95.10%	94.60%	93.40%	-	-		
	HV15	% of children who were at or above the expected level of development in fine motor skills at the 2-2½ year review	Quarterly	97.86%	99.12%	97.14%	97.33%	97.27%	97.29%	97.14%	-	Up is Good	◀▶ Neutral
		Benchmark - National Data	Quarterly	91.20%	92.10%	-	93.60%	93.90%	92.10%	-	-		
		Benchmark - Regional Data	Quarterly	95.20%	95.00%	-	95.80%	94.80%	93.20%	-	-		
	HV16	% of children who were at or above the expected level of development in problem solving skills at the 2-2½ year review	Quarterly	98.78%	96.49%	97.62%	97.33%	96.93%	97.29%	97.62%	-	Up is Good	◀▶ Neutral
		Benchmark - National Data	Quarterly	91.00%	92.00%	-	93.20%	93.30%	91.40%	-	-		
		Benchmark - Regional Data	Quarterly	95.70%	94.70%	-	94.30%	93.40%	92.60%	-	-		
	HV17	% of children who were at or above the expected level of development in personal-social skills at the 2-2½ year review	Quarterly	98.17%	95.61%	96.67%	96.18%	96.93%	96.08%	96.67%	-	Up is Good	◀▶ Neutral
		Benchmark - National Data	Quarterly	89.70%	90.20%	-	91.60%	91.50%	89.80%	-	-		
		Benchmark - Regional Data	Quarterly	94.90%	94.20%	-	93.30%	92.50%	91.80%	-	-		
HV18	% Mothers on antenatal waiting list with due date falling in the quarter who received a visit	Quarterly	-	53.17%	32.61%	63.64%	70.91%	72.90%	32.61%	-	Up is Good	◀▶ Neutral	
	Local Area Team - North	Quarterly	52.40%	48.72%	21.82%	62.73%	77.19%	72.57%	21.82%	-	Up is Good	▼ Red	
	Local Area Team - East	Quarterly	66.00%	48.91%	30.38%	53.57%	68.75%	75.26%	30.38%	-	Up is Good	▼ Red	
	Local Area Team - West	Quarterly	71.60%	59.09%	40.22%	71.17%	67.92%	71.70%	40.22%	-	Up is Good	▼ Red	

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