
Meeting	Health, Housing and Adult Social Care Scrutiny Committee
Date	21 May 2025
Present	Councillors J Burton (Chair), Baxter, Hook, Moroney, Rose, Runciman, Wann, Wilson and Fenton (Substitute)
Apologies	Councillor Smalley
In Attendance	Councillor Steels-Walshaw (Executive Member for Health, Wellbeing and Adult Social Care)
Officers Present	Peter Roderick – Director of Public Health Jodie Farquharson – Head of Public Health, Healthy Child Service Anna Ikwue – Head of Operations and Partnerships, Learning Disability, PfA and Autism Victoria Coyle – Head of Integrated SEND
Visitors Present	Martin Liebenberg – Care Group Director of Therapies North Yorkshire and York, Tees, Esk and Wear Valleys NHS Trust Angie Walker – Senior Programme Manager, Mental Health Prevention and Partnership, NHS Humber and North Yorkshire Integrated Care Board Kirsty Kitching – Assistant Director of Mental Health, Learning Disabilities and Autism, NHS Humber and North Yorkshire Integrated Care Board

60. Apologies for Absence (5:35 pm)

Apologies were received from Cllr Smalley, who was substituted by Cllr Fenton.

61. Declarations of Interest (5:35 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, although in respect of Agenda item 6 (Update on the Autism and ADHD Health Needs Assessment and Strategy 2025-2030), the Chair noted in the interests of transparency that she was a member of the York Disability Rights Forum Steering Group.

62. Minutes (5:36 pm)

Resolved: That the minutes of the meeting held on 2 April 2025 be agreed as a correct record and signed by the Chair.

63. Public Participation (5:36 pm)

It was reported that there had been two registrations to speak at the meeting under the Council's Public Participation Scheme, with both public participants speaking in relation to Agenda item 6 (Update on the Autism and ADHD Health Needs Assessment and Strategy 2025-2030).

Flick Williams drew attention to issues faced by older neurodivergent people who were awaiting a formal diagnosis, noting the rationing of scarce resources in the context of the rising retirement age, a fall in healthy life expectancy, and the impact of cuts to disability benefits.

Roger Tuckett drew on personal experience in welcoming the draft documents. Questioning some of the statistics cited, he emphasised the need for co-operation, particularly with those with lived experience, and urged a focus on accountability and measuring and monitoring outcomes.

64. Trauma Informed approaches within Tees, Esk and Wear Valleys NHS Foundation Trust (5:46 pm)

The committee considered an update on the implementation of a Trauma-Informed Care (TIC) model within the Tees, Esk and Wear Valleys (TEWV) NHS Foundation Trust. The Trust's Care Group Director of Therapies for North Yorkshire and York provided an overview, and in response to questions from members it was noted that:

- The Trust was taking actions to transition from a positive risk-taking approach to a TIC model, including for individuals diagnosed with Emotionally Unstable Personality Disorder (EUPD). The goal was to

avoid retraumatising individuals, and nothing was expected to be lost as a result of the transition.

- Two dedicated TIC Leads had been employed by TEWV, and TIC approaches had been adopted to varying degrees across the broader health and social care landscape; TIC approaches emphasised the need for partnership.
- Follow-up processes after discharge could often be drowned out by demand but there was a focus on building relapse prevention skills and efforts had been made to make self-referral as easy as possible.
- Being Trauma Informed was an ever-evolving process. The importance of engaging with patients' negative experiences was acknowledged, and assurance given that the Trust was working hard to get appropriate structures in place to expand TIC in the longer term; success would be challenging to measure but clinical outcomes offered the best metric of improvement.
- There was a very active dual diagnosis network with an emphasis on putting an end to the exclusion of those with substance misuse issues from mental health services.
- TIC training was already offered to interested staff and had been added to nurse induction training, in addition to a Trust-wide event every six months. A toolkit was being developed in collaboration with a nationally respected consultant, and work over the next twelve months would focus on corporate as well as clinical services becoming Trauma Informed.
- With reference to traumatised staff, the need to address root causes such as overwork was emphasised; it was also important to create restorative and reflective opportunities.
- The scale of the challenge and the need for honesty, compassion and curiosity was acknowledged, and the importance of changing culture over time, rather than through a top-down approach was emphasised.

Resolved: To note the report and request a further update for Scrutiny members in twelve months' time.

Reason: To keep the committee updated on the transition to Trauma-Informed Care at TEWV, in accordance with the resolution on 'Making York a Trauma Informed City' approved by Council in March 2024.

65. Update on the Autism and ADHD Health Needs Assessment and Strategy 2025-2030 (6:39 pm)

Members considered a report presenting a final draft of the Autism and ADHD Health Needs Assessment (HNA) and an early draft of the Autism and ADHD Strategy 2025-2030, following discussion of an earlier draft of the HNA at the committee's November 2024 meeting.

The Director of Public Health provided an overview, supported by other officers and colleagues from the Humber and North Yorkshire Integrated Care Board (ICB), and in response to questions from the committee it was noted that:

- Following the committee's previous feedback, officers had worked with Dr Laura Fox of the University of York along with other stakeholders revise the language used in the HNA and update and enhance the evidence used, which was welcomed by members.
- It was suggested that the framing of the draft Strategy could be linked to areas likely to attract funding, including around economic growth, and noted that officers would explore this further.
- Collaborative work was ongoing on developing a strength-based and person-centred approach to managing the transition from Children's to Adult services, and feedback on this was welcomed to evidence these changes.
- It was an aim that schools were meeting the needs of children and young people at the earliest opportunity. Partnership work was essential and support in mainstream schools remained a major focus, with the SEN system supporting many young people who did not yet have a diagnosis. The importance of including children who were educated at home was empathised.
- The impact of burnout on consultation responses and the need to rebuild trust, not to overpromise, and to help people feel listened to was acknowledged.
- With reference to ADHD and gender it there were significant differentials which needed to be factored in to care planning; ways of improving communications and resources for professionals around this would be considered.
- Waiting lists for adults and children grew by 150 and 500 each month respectively across the ICB area; a needs-based approach to pre-diagnostic support was being prioritised and the collaborative board would consider a report in June exploring these numbers and what would be required to clear waiting lists for 0-5, 5-18, and over 18 age groups.
- Referrals by exception outside the accepted criteria were possible via a mental health clinician, and examples from the ICB's specialist providers could be supplied.
- Partners would be consulted to contribute to the Strategy, including TEWV around adult mental health services, and officers were at an

early stage in exploring challenges faced by neurodivergent people around access to the city centre, particularly in busy periods such as the Christmas market.

- The Dolt profiler was not mandatory to access the pathway, and in the available feedback around 70% of respondents had found it useful, although it was acknowledged that others did not.
- Improving communications had emerged as a key theme in co-production, including greater clarity in direct communications to individuals around the process, improved language in general communications such as press releases, and better information provision on websites to avoid duplication and looping. Honesty around communications was important and ran through each of the Strategy's three pillars.

Resolved:

- i. To note the Autism and ADHD Health Needs Assessment (HNA) and request that the committee's feedback be considered.
- ii. To note the early draft version of the Autism and ADHD Strategy 2025-2030 and request that the committee's feedback be considered.

Reason: To keep the committee updated and to input into the development of the HNA and draft Strategy.

66. Work Plan (7:52 pm)

Members considered the committee's work plan. It was noted that, without wishing to pre-empt a decision at following day's Annual Council meeting in relation to the new scrutiny arrangements, it would be important to consider how best to progress the remaining unallocated items through the committee's successor body.

The Chair drew attention to the committee's positive impact in several areas during the current municipal year and thanked Members for their contributions to the work of the Health, Housing and Adult Social Care Scrutiny Committee.

Resolved: To note the work plan, including the remaining unallocated items, which would be considered by the committee's successor body.

Reason: To ensure that unallocated items were taken forward in an appropriate way under the new scrutiny arrangements.

Cllr J Burton, Chair

[The meeting started at 5.34 pm and finished at 7.55 pm].