

## North Yorkshire County Council Scrutiny of Health Committee

Minutes of the meeting held as a live broadcast meeting at 2pm on Friday 11 September 2020.

### **Present:-**

### **Members:-**

County Councillors: John Ennis (in the Chair), Val Arnold, Philip Barrett, Jim Clark, Liz Colling, John Mann, Zoe Metcalfe, Heather Moorhouse, Chris Pearson, Roberta Swiers and Robert Windass.

### **Co-opted Members:-**

District and Borough Councillors: Kevin Hardisty (Hambleton), Nigel Middlemass (Harrogate), Jane Mortimer as substitute for Sue Tucker (Scarborough) and Jennifer Shaw Wright (Selby).

### **In attendance:-**

Dr Andrew Bennett, Head of Capital Projects, York Teaching Hospital NHS Foundation Trust and Jane Hawcard, North Yorkshire Clinical Commissioning Group (CCG).

Executive Members: County Councillor Caroline Dickinson and Michael Harrison

County Council Officers: Daniel Harry (Scrutiny); Louise Wallace (Health and Adult Services).

Apologies for absence received from:

County Councillors Mel Hobson and Andy Solloway.

District and Borough Councillors John Clark (Ryedale), David Ireton (Craven), Pat Middlemiss (Richmondshire) and Sue Tucker (Scarborough).

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**Copies of all documents considered are in the Minute Book**

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### **129. Minutes**

#### **Resolved**

That the Minutes of the meeting held on 13 March 2020 be taken as read and be confirmed and signed by the Chairman as a correct record.

### **130. Any Declarations of Interest**

There were none.

### **131. Chairman's Announcements**

The Chairman, County Councillor John Ennis welcomed everyone to the meeting. He explained that the meeting was being held as a live broadcast meeting using Skype and that a recording of it would be available on the Council's YouTube site, once the meeting had finished.

County Councillor John Ennis made the following announcements.

#### Proposal to close Hampsthwaite GP surgery.

County Councillor John Ennis said that he had met on 16 July 2020 with Bruce Willoughby (North Yorkshire CCG Governing Body) and Andrew Dangerfield (North Yorkshire CCG) regarding the proposal by the Church Avenue Medical Group to close the Hampsthwaite GP surgery.

County Councillor John Ennis said that the surgery is based in a small terraced cottage that is old, has poor disabled access, no soundproofing and no downstairs toilet. It is no longer considered to be fit for use and cannot readily be upgraded to a modern standard. During the pandemic, the Hampsthwaite site was not used at all.

County Councillor John Ennis said that the proposal is to move the services that are currently provided at the Hampsthwaite site to the main site at Church Avenue at Bilton, Harrogate (4 miles away). Many of the Hampsthwaite patients already access services at this site. Overall, the quality of services will be improved for patients that are moved across. The alternatives are Birstwith surgery (1.5 miles away) or Killinghall (2.6 miles away).

The final decision will be made by the CCG at the meeting of the Primary Care Commissioning Committee on 24 September 2020.

County Councillor John Ennis said that the Skipton and Ripon Area Constituency Committee met on 3 September 2020 and discussed the proposal. The committee noted the proposal and understood the logic for it but asked that reassurances be sought regarding Dacre Banks. The Hampsthwaite site closure was viewed as viable only if Dacre Banks remained open.

There followed a discussion and the outcome was that the committee agreed with the view of the Skipton and Ripon Area Constituency Committee and this would be submitted to the Primary Care Commissioning Committee as part of their considerations regarding the proposal when they meet on 24 September 2020.

#### Proposal to close Dacre Banks GP practice

County Councillor John Ennis confirmed that this proposal had been withdrawn for the foreseeable future.

#### Integrated care systems and partnerships

County Councillor John Ennis noted that members were previously sent a short briefing note on the integrated care systems and partnerships that cover the North Yorkshire population. The intention is to schedule a more formal overview at committee in the next months.

County Councillor Jim Clark raised his concerns about the changes to the way in which NHS services are organised and how decisions are made. He said that further scrutiny would be welcome as there needed to be more transparency.

#### NHS Nightingale Hospital in Harrogate

County Councillor John Ennis noted that a letter had been sent to Richard Barker of NHS England regarding the long-term use of the Nightingale Hospital in Harrogate by the Chair of the West Yorkshire Joint Health Scrutiny Committee and County Councillor Jim Clark. This had received a swift and positive response.

#### Harrogate Hospital Neuro Rehabilitation service

County Councillor John Ennis said that the Neuro Rehabilitation service that was at the Lascelles Unit (just off Skipton Rd, behind the Granby) has been moved to the recently vacated Briary wing on the main hospital site.

### **132. Public Questions or Statements**

There were none.

### **133. Scarborough Hospital capital investment – what investment is planned and what changes to services and working practices will it enable**

Considered -

A presentation by Dr Andrew Bennett, Head of Capital Projects, York Teaching Hospital NHS Foundation Trust

The key points from the presentation are as summarised below:

- The existing site is old and in need of modernisation in order to meet the changing health needs of the local population, to enable the adoption of modern working practices and technologies and to become a better place to work
- The local population is ageing and has changing health needs
- The investment will enable the adoption of an Acute Medical Model, which will combine Emergency Department, Same Day facilities and an Acute Medical Unit
- £22m will go to the Urgent and Emergency Care Development and £18m will go to the Engineering Infrastructure Upgrade
- The aim is for construction to start Q3 of 2021-22
- The forecast is for completion by October 2023
- The aspiration is that the site continues to develop over time.

Dr Andrew Bennett said that he was not a medical doctor and so would not be able to respond to specific queries about clinical services.

County Councillor Liz Colling asked whether Accident and Emergency capacity would be increased, what services would be included in the Urgent and Emergency Care centre and whether space would be freed up in the existing hospital facilities.

In response, Dr Andrew Bennett said that the establishment of the Urgent and Emergency Care centre would free up significant space elsewhere in the hospital. It would also improve the access to and the co-ordination of emergency services.

County Councillor Liz Colling queried what the ambition was for the hospital.

Dr Andrew Bennett said that the ambition for the hospital went far beyond the scope of the current project.

County Councillor John Ennis asked whether the work being done on the site would mean that large sections of the existing hospital would be out of use during the construction phase.

Dr Andrew Bennett replied that the impact should be minimal as the building work is being done alongside the existing structure.

County Councillor Chris Pearson left the meeting at 2:50pm.

County Councillor John Ennis summed up and thanked Dr Andrew Bennett for the presentation and the briefing that he had given the committee.

## Resolved -

- 1) Dr Andrew Bennett to attend the meeting of the committee on 12 March 2021 to update the committee on the progress against key milestones for the project.

### 134. NHS pandemic recovery planning

Considered – a presentation by Jane Hawkard, Chief Finance Officer, North Yorkshire Clinical Commissioning Group (CCG)

Daniel Harry, Democratic Services and Scrutiny Manager, North Yorkshire County Council, told the committee that this was the first part of a larger piece of work looking at the lessons learned from the response to the pandemic that is being co-ordinated by the Council's Scrutiny Board. It is anticipated that this high-level overview of the local NHS recovery from the pandemic will enable the committee to identify some specific lines of enquiry to follow up over subsequent meetings.

Jane Hawkard said that she was not a clinician and so would not be able to respond to specific, detailed queries about clinical services.

Jane introduced the presentation and said that it provided an overview of the local plans for the recovery from the pandemic. She said that the recovery would need to be placed in the context of a possible second peak in the covid-19 virus, winter influenza and the expected annual winter pressures on hospital capacity.

The key points from the presentation are as summarised below:

- During the height of the pandemic the focus was upon urgent and emergency cases, ensuring capacity in hospitals to cope with the expected high numbers of covid-19 cases, and stopping the spread of covid-19 in the hospital setting
- Since June and the peak of the virus, the NHS nationally and locally has been moving into the recovery and restoration phase
- Hospital services have been reconfigured to separate out covid-19 and non-covid-19 cases so that there is minimal risk of cross contamination
- A 'total triage' approach is being taken whereby: 1) speak to someone on the phone; 2) see someone virtually; 3) face to face consultation
- GPs have started to refer people back to hospital
- The aim is to get hospital use up to 90% of where it was prior to the pandemic. It will not be possible to return to pre-pandemic levels due to the need to social distance and also operate separate services for covid-19 and non-covid-19 patients
- People are being encouraged to use the NHS 111 line as the first point of contact with the NHS
- There are workforce pressures as staff with a covid-19 infection or a suspected covid-19 infection have to self-isolate
- Strong focus upon making sure that all NHS sites and facilities are safe and that there is minimal risk of spreading the covid-19 infection
- Influenza vaccination is a priority as there is a need to avoid a coincidence of winter flu, winter pressures on hospital beds and covid-19 infections. The priority will be people aged 60 plus and people with pre-existing health conditions. If there is enough vaccine available, then it will also be offered to people in the 50 years to 60 years age group
- Once a vaccine is available for the covid-19 infection, then it will be rolled out in a similar way to the influenza vaccine

- Each care home now has a named GP supporting them who can do virtual visits once a week.

County Councillor Philip Barrett left the meeting at 3:30pm.

County Councillor Liz Colling asked at what point people would be able to access face to face GP visits for a consultation at the first point of contact, rather than going through the 'total triage' approach. The concern is that some people do not have access to the technology necessary for remote consultations and consultations by phone can miss key factors.

Jane Hawkard said that telephone consultations can provide clues to experienced practitioners about what the underlying health conditions are but that the consultation process was under continuous review.

County Councillor John Mann asked how productivity can be maintained within the NHS and the throughput of patients maximised.

Jane Hawkard said that the NHS was not seeing the same volume of people accessing services. There is also a drive to encourage people to use the NHS 111 helpline and to do more self-help. As previously referenced, the NHS cannot return to the pre-Coivid-19 levels of use due to the need to maintain social distancing and minimise the risk of cross contamination.

County Councillor John Mann queried what would be done to catch-up on the assessment and treatment of people with cancer or suspected cancer who were not seen during the peak of the pandemic.

Jane Hawkard said that people with cancer or suspected cancer are the highest priority for treatment. There is a significant piece of work to do to encourage people to come forward and seek help if they have health concerns.

Scarborough Borough Councillor Jane Mortimer said that it was important that people were encouraged to speak to their GP and access the services that they need. People do not want to be a burden and were under the impression that they should stay home and not bother already busy services.

County Councillor Heather Moorhouse said that more could be done to drive up the efficient use of existing resources in the NHS. For example, elective surgery could take place 24 hours a day.

Jane Hawkard referred to the last slide in the presentation and the set of indicators that NHS England uses to assess levels of acute hospital activity. These include: first outpatient attendances; ordinary elective spells; non-elective spells; CT and MRI diagnostic capacity; use of independent acute provider capacity. Targets have been set against these indicators for acute hospitals that serve the North Yorkshire population. Jane Hawkard said that current performance was on track with NHS England's targets and expectations.

County Councillor Heather Moorhouse said that the NHS was being run on goodwill with staff working extremely hard in very difficult circumstances. This needed to be recognised and more support put in place.

County Councillor John Ennis requested that it would be helpful to have regular updates on performance against these indicators and in particular comparative data for other similar areas of the country, once that data is made available.

**Resolved –**

- 1) Jane Hawkard to provide performance data on acute hospital activity for those hospitals that serve the population of North Yorkshire with some comparator data from similar areas.

**135. Work Programme**

Considered -

Daniel Harry, Democratic Services and Scrutiny Manager, North Yorkshire County Council, introduced this item and asked Members to review the work programme and make suggestions for areas of scrutiny for inclusion on the work programme.

**Resolved -**

- 1) That the following topics be looked into to see whether they would be suitable for inclusion on the committee work programme and scrutiny at a future formal public meeting of the committee: the recovery plan for NHS dentistry; waiting list management; and patient experience of remote access to NHS services and the 'total triage' system.

**136. Other Business which the Chairman agrees should be considered as a matter of urgency because of special circumstances**

There were no items of other business.

The meeting concluded at 3:50pm

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