

# North Yorkshire County Council

## Scrutiny of Health Committee

Minutes of the remote meeting held on Friday, 17 December 2021 commencing at 9.00 am.

A recording of the meeting can be viewed on the Council's YouTube site via the following link - <https://www.northyorks.gov.uk/live-meetings>

### **Members:-**

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

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

District and Borough Councillors: Sue Graham (Ryedale), Wendy Hull (Craven), Nigel Middlemass (Harrogate), Jane Mortimer (Scarborough) and Jennifer Shaw Wright (Selby).

In attendance: County Councillors Caroline Dickinson.

Officers: Daniel Harry (Democratic Services and Scrutiny, NYCC), Victoria Turner (Public Health Consultant, North Yorkshire County Council), Wendy Balmain (Director of Strategy and Integration, North Yorkshire CCG), Jane Hawkard (Chief Finance Officer at North Yorkshire CCG), Stephen Eames CBE (Designate Integrated Care System Chief Executive, Humber, Coast and Vale Health and Care Partnership), Dr Tolu Olusoga (Tees Esk and Wear Valleys NHS Foundation), Simon Cox (East Coast Programme Director, NHS North Yorkshire Clinical Commissioning Group North Yorkshire CCG)

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

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### **182 Minutes of Committee meeting held on 10 September 2021**

That the Minutes of the meeting held on 10 September 2021 be taken as read and be confirmed by the Chairman as a correct record.

### **183 Apologies for absence**

Apologies were received from County Councillor Philip Barrett.

### **184 Declarations of Interest**

There were none.

### **185 Chairman's Announcements**

The committee Chairman, County Councillor John Ennis, welcomed everyone to the meeting.

County Councillor John Ennis reminded the committee that the meeting was being held informally and that any formal decisions would need to be taken in consultation with the Chief Executive Officer using his emergency powers.

County Councillor John Ennis read out the following statement so that the status of the meeting was clear to all involved and viewing:

You will have seen the statement on the Agenda front sheet about current decision-making arrangements within the Council, following the expiry of the legislation permitting remote committee meetings. I just want to remind everyone, for absolute clarity, that this is an informal meeting of the Committee Members. Any formal decisions required will be taken by the Chief Executive Officer under his emergency delegated decision-making powers after taking into account any of the views of the relevant Committee Members and all relevant information. This approach has been agreed by full Council and will be reviewed at its February 2022 meeting.

County Councillor John Ennis summarised discussions at a recent meeting of the committee Mid Cycle Briefing that was held on 5 November 2021:

- The consultation on the proposed changes to the Council commissioned sexual health services has been completed and there was overwhelming support for all proposed service changes. The key changes are around greater use of remote and on-line access to services. A physical presence is to be maintained but scaled down. The new service will go live as of 1 April 2022. An item has been included on the committee work programme for a review of the first six months of operation.
- There has been a temporary closure of the Esk ward at Cross Lane Hospital, Scarborough. An update on this will be provided at the committee meeting today at item 9.

County Councillor John Ennis also noted that the social care White Paper has been published.

## **186 Public Questions or Statements**

There were none.

## **187 NHS response to and recovery from the pandemic, including an update on NHS funding - Report of Wendy Balmain and Jane Hawkard, North Yorkshire Clinical Commissioning Group**

Considered – A presentation by Wendy Balmain, Director of Strategy and Integration, North Yorkshire Clinical Commissioning Group.

The key points from the presentation are as summarised below:

- There is a strong focus upon the vaccination programme and encouraging people to come forward for boosters
- Primary care has led on the local delivery of the booster programme and this has meant them completely refocussing their work
- Local volunteers have been crucial to the success of the vaccination programme
- The national target for booster vaccinations will be met locally by 31 December 2021
- The national Winter Access Fund will be used locally to increase the number of GP appointments available
- There will be greater use of remote and phone contact with primary in January for routine patient check-ups, which will free up capacity for face to face appointments and take some of the pressure off urgent and emergency care services
- There is also a strong focus upon reducing delayed discharges from hospital and close working between the NHS and the Council's Health and Adult Services to ensure that all discharges are planned and safe. This will then help free up hospital beds, in case they are needed to treat increasing number of people with Covid
- From April 2022 the Clinical Commissioning Groups (CCG) will merge into the Integrated Care System (ICS) for Yorkshire and Humber. The first year will see an initial, one-year financial plan. Thereafter, the financial planning will be upon the basis of three to five years.

There followed a discussion with the key points as summarised below:

- Workforce shortages, particularly in coastal and rural areas, remains a key risk for the NHS. This is something that the ICS will work on
- The workforce shortages can lead to higher levels of agency spend, which creates additional financial pressures
- Some local vaccination centres that were well used during the first and second dose programmes have not been opened up or have only been opened for limited hours during the booster programme. Some committee members considered this a missed opportunity
- People who are unable to leave their home to attend a vaccination centre will be visited by a GP or health professional so that they can be vaccinated
- There is a programme of targeted communications nationally and locally to encourage people to get vaccinated
- There is an ongoing discussion with the public about how they use primary care. This includes getting the right balance between face to face appointments and the use of remote means. Also, looking at the range of routes by which people can receive the care they need. People do not always need to speak to a GP.

County Councillor John Ennis summed up, thanking Wendy Balmain for attending and responding to questions from the committee members.

**Resolved:-**

- 1) That Wendy Balmain provides an update on the local NHS response to and recovery from the pandemic at the committee meeting on 11 March 2021.

**188 Update on Covid-19 prevalence in North Yorkshire - Verbal update - Victoria Turner, Public Health, North Yorkshire County Council**

Considered – A verbal report by Victoria Turner, Public Health Consultant, North Yorkshire County Council.

Victoria Turner updated as summarised below:

- The Omicron variant is a new challenge. The Delta variant is still present and people are still being infected with it
- The Omicron variant spreads rapidly and is easily transmissible
- Covid infection rates in North Yorkshire are currently below the England average but rates do fluctuate and the Omicron variant is likely to lead to an increase in infections, as it has done in London
- Vaccinations will help slow the spread of the new variant and also help to ensure that should people become infected, then they are less ill
- Covid infections and the resultant illness and periods of self-isolation mean that staffing in health and social care settings has been affected and there are shortages in key services
- The booster programme has been helped by the proximity to the Christmas break, as people are incentivised to get the booster vaccination so that they can continue with the plans for the holiday period.

County Councillor John Ennis summed up, noting the success of the vaccination programme and the work that Public Health in the county was doing to manage local outbreaks of Covid.

**Resolved:-**

- 1) That Victoria Turner or Louise Wallace provide a further update at the meeting on the committee on 11 March 2022.

**189 Unavoidably small hospitals - Verbal update - Stephen Eames CBE, Designate Integrated Care System (ICS) Chief Executive, Humber, Coast and Vale Health and Care Partnership**

Considered - a presentation by Stephen Eames CBE, Designate Integrated Care System (ICS) Chief Executive, Humber, Coast and Vale Health and Care Partnership

Stephen Eames CBE gave an overview of some of the risks and opportunities facing small hospitals, as summarised below:

- The term 'unavoidably small hospitals' is often used and has featured in recent Parliamentary research documents. The preferred term is simply that of 'small hospitals'
- Integrated services are the key to the long term development of small hospitals
- There is tension between providing high quality, specialist services at a central point and accessibility, particularly in rural areas. This is difficult to reconcile
- Small hospitals often face work force shortages in key specialisms. This is difficult but not insurmountable as shortages can be resolved by integrated working across a number of different sites. Staff also need to be inspired and there needs to be a coherent vision for a small hospital that staff and local people all understand and support
- There are 343 specific roles in the NHS
- It is important to remember that hospitals are large local employers and have a key role to play in the local economy
- The bulk of hospital services that people need are delivered at their local hospital. Where treatment is needed for stroke, head injuries or heart disease then this needs to be done at a specialist centre. The focus is then upon how quickly patients can be repatriated following specialist treatment and how all follow up and outpatient appointments and diagnostics can then be delivered locally
- There will always be a need to be innovative and seek new solutions. People running small hospitals have to be creative. Solutions cannot simply be pulled off the shelf.
- Digital and robotics presents fresh opportunities for assessments, diagnostics and operations to be carried out remotely. This need further work but is an exciting area of medicine.

There followed a discussion, the key points of which are as summarised below:

- A strong focus upon staff recruitment and retention is needed, as are innovative ways of staffing roles
- A key challenge is sharing specialist staff across different sites
- Communication is key and the emphasis must upon more than just what specialist services are being lost but what services are being retained or transferred across to smaller hospitals
- The pandemic has accelerated the adoption of new working practices and greater use of remote technologies for assessment and diagnostics.

County Councillor John Ennis thanked Stephen Eames CBE for attending the meeting and answering the questions of the committee members.

**Resolved:-**

- 1) That Stephen Eames CBE attends a future meeting of the committee to provide an update on the development of the Integrated Care System for Humber Coast and Vale.

**190 Update on Esk Ward, Cross Lane Hospital, Scarborough and the CQC inspection improvement plans - Report of Naomi Lonergan, Tees Esk and Wear Valleys NHS Foundation Trust**

Considered – A report by Dr Tolu Olusoga of the Tees Esk and Wear Valleys NHS Foundation Trust.

Dr Tolu Olusoga provided an overview of the progress being made with the implementation of an action plan following a recent CQC inspections and also an update on the temporary closure of the Esk ward at Cross Lane Hospital and work that is underway to re-open it.

The key points from the update on the Esk ward are as summarised below:

- Recruitment is underway to fill the vacant positions
- There remains a strong focus upon the provision of safe care
- A retention premium is being introduced
- Patients have been discharged in a managed way, with all but one going back into community care
- The mental health crisis team at Scarborough hospital has been bolstered so that people in need can still get access to services
- There is capacity at the Foss Park in-patient hospital at York to take those people who would have otherwise received care in the Esk ward
- Still on track to re-open in six months. It was noted that the Omicron variant may have an impact upon this timeframe, particularly with regard to staffing.

The key points from the update on the response to recent CQC inspections are as summarised below:

- The final report by the CQC regarding a recent inspection was published on 10 December 2021. The overall rating remains that of 'Requires Improvement'
- The CQC recognised the work that is underway to respond to the issues raised in previous inspections
- Significant progress has been made with the implementation of the improvement plan and new leadership has been brought in
- Recruitment remain a challenge across the patch
- Support staff from NHS England and NHS Improvement are assisting with the responding to the CQC report and there is also peer review in place
- It is anticipated that there will be a follow-up inspection in the spring.

There followed a discussion with the key points arising as summarised below:

- Concerns remain about how long it can take for a young people with poor mental health to access the services that they need, particularly specialist services
- Workforce issues are a common theme across all of the topics on the agenda today. There is a need for a new approach as the problems are not going away but getting worse.

County Councillor John Ennis summed up, thanking by Dr Tolu Olusoga for attending and responding to questions from the committee members.

**Resolved:-**

- 1) That by Dr Tolu Olusoga or Naomi Lonergan provide an update on the response to the CQC inspection at the June 2022 meeting of the committee.

**191 Stroke services in North Yorkshire - Report of Simon Cox, East Coast Programme Director, North Yorkshire Clinical Commissioning Group**

Considered - a report by Simon Cox, North Yorkshire CCG, providing an update on the stroke pathway for North Yorkshire residents and feedback from the recent public engagement with patients in the catchment area of the Scarborough hospital.

Simon Cox updated as summarised below:

- Guidance suggests that Hyper Acute Stroke Units (HASUs) should be concentrated onto fewer sites and see a minimum of 600 patients per year. Historically, Scarborough and Harrogate saw far less than 600 patients per year
- In November 2021, two virtual events were held. One for people living in the Harrogate area and one for those living on the East Coast. At the Harrogate Event, no concerns about the current model were raised. At the East Coast event, questions were raised about transport times and the impact that this may have on the start of stroke care
- Acknowledge that there is still more work to be done to articulate the benefits of the new pathway and reassure people locally. This forms part of a large piece of work being done around the future of Scarborough hospital
- The results from a survey of a sample of patients who have experienced the stroke pathway in the last eighteen months is appended to the report.
- A total of 114 surveys were completed, 82.30% (93) were patients who had had a stroke or suspected stroke. 37.4% (34) patients from the Scarborough area, 57.2% (52) patients from the East Riding area. Overall, the feedback was very positive. Some concerns were raised about the length of time that people had to wait for community rehabilitation in the Scarborough area
- The key remains one of repatriation as soon as safely possible to a more local hospital
- Stephen Eames CBE made a lot of relevant points in his presentation about small hospitals
- North Yorkshire CCG, YAS, the Acute Trusts, the Stroke Network and the Stroke Association are clear that there is no viable alternative delivery model for stroke services for East Coast patients which meets the required National clinical standards.

County Councillor Liz Colling asked when the committee would receive some data on patient outcomes that would enable a comparison across the different pathways. This had previously been requested. Whilst the survey data provided some understanding of the patient experience and outcomes, more data was needed.

Simon Cox said that a performance dashboard is being developed for stroke services and more information would be provided to a future meeting of the committee.

County Councillor John Ennis summed up, thanking Simon Cox for attending.

**Resolved:-**

- 1) That Simon Cox provides data on patient outcomes following hyper acute stroke treatment to Daniel Harry to share with the committee
- 2) That the committee keeps a watching brief on the performance of the hyper acute stroke pathway for Harrogate and the East Coast.

**192 Committee Work Programme - Report of Daniel Harry, Democratic Services and Scrutiny Manager, North Yorkshire County Council**

Considered – the report of Daniel Harry, Democratic Services and Scrutiny Manager, regarding the committee work programme.

Daniel Harry introduced the report and asked Members to review the work programme and make suggestions for areas of scrutiny for inclusion.

Daniel Harry noted that there were only one more formal meetings of the committee prior to the 5 May 2022 elections.

**Resolved:-**

- 1) That the committee review the work programme.

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

There was none.

The meeting ended at 12:51 pm.