



## **Agenda**

### **Notice of a public meeting of Scrutiny of Health Committee**

**To: Councillors Lindsay Burr MBE, Liz Colling (Vice-Chair), Caroline Dickinson, Richard Foster, Sam Gibbs, Paul Haslam, Nathan Hull, Peter Lacey, Andrew Lee (Chairman), John Mann, Rich Maw, Heather Moorhouse, Andrew Murday, David Noland, Clive Pearson, Andy Solloway.**

**Borough and District Councillors Susan Graham, Kevin Hardisty, David Ireton, Nigel Middlemass, Pat Middlemiss, Jennifer Shaw-Wright and Sue Tucker.**

**Date: Friday, 17th June, 2022**

**Time: 10.00 am**

**Venue: Council Chamber, County Hall, Northallerton, DL7 8AD**

This meeting is being held as an in-person meeting and in public. The government position is that of learning to live with COVID-19, removing domestic restrictions while encouraging safer behaviours through public health advice. In view of this, hand cleanser and masks will be available for attendees upon request. The committee room will be well ventilated and attendees encouraged to avoid bottlenecks and maintain an element of social distancing.

Please do not attend if on the day you have COVID-19 symptoms or have had a recent positive Lateral Flow Test.

Please contact the named supporting officer for the committee, if you have any queries or concerns about the management of the meeting and the approach to COVID-19 safety.

Further details of the government strategy (Living with COVID-19 Plan) is available here – <https://www.gov.uk/government/news/new-guidance-sets-out-how-to-live-safely-with-covid-19>.

### **Business**

- 1. Apologies for Absence**
- 2. Declarations of Interest**
- 3. Minutes of the meeting held on 11 March 2022** **(Pages 3 - 10)**
- 4. Chairman's Announcements**

Enquiries relating to this agenda please contact Christine Phillipson Tel: 01609 533887  
or e-mail [christine.phillipson@northyorks.gov.uk](mailto:christine.phillipson@northyorks.gov.uk)  
Website: [www.northyorks.gov.uk](http://www.northyorks.gov.uk)

Any correspondence, communication or other business brought forward by the direction of the Chairman of the Committee.

**5. Public Questions or Statements**

Members of the public may ask questions or make statements at this meeting if they have given notice to Christine Phillipson, Principal Democratic Services and Scrutiny Officer (contact details below) no later than midday on Tuesday 14<sup>th</sup> June 2022. Each speaker should limit himself/herself to 3 minutes on any item. Members of the public who have given notice will be invited to speak:-

- at this point in the meeting if their questions/statements relate to matters which are not otherwise on the Agenda (subject to an overall time limit of 30 minutes);
- when the relevant Agenda item is being considered if they wish to speak on a matter which is on the Agenda for this meeting.

**6. Overview & Scrutiny & Scrutiny of Health Committee Summary (Pages 11 - 16)**

**7. Prevalence data on the pandemic and vaccination rates - Victoria Turner, Public Health, North Yorkshire County Council**

**8. Yorkshire Ambulance Stakeholder Update May 2022 - To Note (Pages 17 - 20)**

**9. Overview and Scrutiny and Committee Work Programme (Pages 21 - 24)**  
Report of Christine Phillipson, Principal Democratic Services and Scrutiny Officer, North Yorkshire County Council

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

Barry Khan  
Assistant Chief Executive  
(Legal and Democratic Services)

County Hall  
Northallerton

Thursday, 9 June 2022

## North Yorkshire County Council

### Scrutiny of Health Committee

Minutes of the remote meeting held on Friday, 11 March 2022 commencing at 10.00 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) and Val Arnold, Philip Barrett, Liz Colling, John Mann, 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 Councillor Andrew Lee, Michael Harrison and Annabel Wilkinson.

Officers: Daniel Harry (Democratic Services and Scrutiny, NYCC), Lisa Pope (Deputy Director of Primary Care, Community Services and Integration, North Yorkshire Clinical Commissioning Group), Rob Atkinson and Sonia Rafferty (Humber Teaching NHS Foundation Trust), Mark Steed (Director of Property and Asset Management at York Teaching Hospitals) and Neil Wilson (Head of Partnerships and Alliances, York and Scarborough Teaching Hospitals NHS Foundation Trust).

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

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#### **194 Minutes of Committee meeting held on 17 December 2021**

That the Minutes of the meeting held on 17 December 2021 be taken as read and be confirmed by the Chairman as a correct record.

#### **195 Apologies for absence**

Apologies were received from County Councillors Jim Clark, Zoe Metcalfe, Heather Moorhouse, Hambleton District Councillor Kevin Hardisty and Richmondshire District Councillor Pat Middlemiss.

#### **196 Declarations of Interest**

There were none.

#### **197 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 May 2022 meeting.

County Councillor John Ennis noted that this was the last meeting of the committee in this Council and reflected upon some of the significant and more sustained pieces of scrutiny work that the committee has undertaken over the past five years.

County Councillor John Ennis thanked committee members and officers for all of their support and also noted the contribution of County Councillor Jim Clark, who chaired the committee until May 2019.

County Councillor John Ennis summarised discussions at a recent meeting of the committee Mid Cycle Briefing that was held on 28 January 2022, where the focus was upon the development of the committee work programme, with a view to being able to handover a robust work programme for the committee members post the May elections.

At this point, County Councillor John Ennis asked Daniel Harry to read out a briefing note that had been received from Naomi Lonergan of the Tees Esk and Wear Valleys NHS Foundation Trust regarding the Esk ward at Cross Lane Hospital, Scarborough:

“There was a fire on Danby ward in January 2022 which had meant patients had to be moved to the empty Esk ward while major repairs take place on Danby ward. This is now almost completed, and patients will move back to Danby once this is complete and some planned anti-ligature work will commence on Esk ward, which is an essential part of improving safety on our wards.

We should be in a position to reopen the Esk ward by June 2022. To do this we have already recruited 7 nurses through our international recruitment programme to work in our Scarborough locality (inpatients) and are looking to recruit another 12. We have also put in place recruitment and retention premia across all our adult inpatient wards and are monitoring the benefit of these.

We have recruited a non -medical Approved clinician to support our medical workforce on Esk and Danby ward and we are recruiting to health care assistant roles in Scarborough. We are working to recruit a senior psychologist to work on Esk ward as well as a consultant psychiatrist and have reviewed all roles to improve how attractive they can be for candidates in the context of a very challenged workforce position across the region and nationally.”

## **198 Public Questions or Statements**

There were none.

## **199 NHS response to and recovery from the pandemic - Verbal update - Wendy Balmain, North Yorkshire Clinical Commissioning Group**

Considered – A presentation by Lisa Pope, Deputy Director of Primary Care, Community Services and Integration, North Yorkshire Clinical Commissioning Group.

Wendy Balmain was unable to attend the meeting.

The key points from the presentation are summarised below:

- As at January 2022, the number of people accessing GP appointments is up on the same time last year
- 66.5% are being held face to face, 52.2% are being held the same day as the appointment being made, there is a non-attendance rate of 3.1%
- The sickness rate among staff at GP practices has increased over the winter period
- Online consultations are still being used, which has helped with access. An online consultation involves an email being sent to a GP with a photo attached. The GP then phones the patient back for a discussion about treatment
- All screening programmes have been re-introduced and the backlog is being reduced with the help of additional capacity through the private healthcare system
- Referrals in for people with a suspected cancer have increased. This is a positive thing as it shows that people are not being deterred from seeking assistance at the first opportunity. National campaigns regarding prostate and urinary cancers have had an impact upon referrals
- The numbers of people going through elective surgery is still being affected by the need to ensure infection control
- Mutual aid is in place across hospitals in the Integrated Care System to help ensure the most effective use of bed spaces
- There are higher rates of staff absence due to covid-19 infections and the need for NHS staff to self-isolate for 10 days unless there have been negative Lateral Flow Tests at days 5 and 6
- There is a strong focus upon GP recruitment and retention and looking again at the full range of services that can be delivered by primary care
- Covid-19 vaccinations as a condition of employment in the NHS has been dropped nationally but it is still being actively encouraged
- Locally, the Clinical Commissioning Group (CCG) is still on track to deliver its financial plan for 2021-22.

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

- The non-attendance rate of 3.1% is low but still equates to approximately 6,000 appointments missed
- All GP practices are being encouraged to move to online prescriptions and the adoption of the NHS app
- There are a range of different professionals at GP practices that can see people and assist them. People do not need to see a named GP on all occasions and certainly should be discouraged from going to Accident and Emergency, unless absolutely necessary
- The missed appointments at GP practices are monitored and patterns tracked. Practices will speak to people who book appointments and frequently cancel, to understand what help and support they need
- Planning is underway for the influenza vaccination campaign in the winter of 2022. It is not yet clear whether this will be directly linked with a further covid-19 vaccination campaign.

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 17 June 2022
- 2) Lisa Pope to circulate a copy of the current vaccination figures.

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

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

Victoria Turner was unable to attend the meeting and so Daniel Harry read out the briefing, which had previously been circulated to the committee, as follows:

During January, COVID-19 rates peaked at the highest levels seen throughout the pandemic so far, with the 7 day rate for North Yorkshire reaching 2,046 cases per 100,000 people. Since then, case numbers have generally declined, although there was a further spike in children and younger people following the reopening of education settings after the Christmas break. The number of people in hospital with COVID-19 has also declined in recent weeks.

On February 24 2022, several changes were made to national legislation and guidance, including the removal of the legal requirement to isolate if identified as a positive COVID-19 case (although the strong advice remained to continue following self-isolation and testing guidance), and removal of national Test & Trace contact tracing system (individuals who test positive are now expected to inform their own close contacts). Further changes in COVID-19 guidance are expected from 1st April, including the removal of free testing for the general public, with more details on other measures such as face coverings yet to be announced.

Over the last week, both local and national COVID-19 case rates and hospitalisations have once again started to increase. Case rates are likely to be an underestimate of the current number of cases due to change in testing behaviours; however, it is expected that the relaxation of the test, trace and isolate guidance has led to an increase in community transmission. There is also potentially some impact of waning immunity for those whose booster doses were now nearly 6 months ago. As such the government has announced an addition to the COVID-19 vaccination programme where those over 75, those living in care homes, and those aged 12+ with a weakened immune system will be offered a second booster 6 months after their first.

More national guidance is expected from 1st April 2022 which will set out expectations for the public, workplaces, education and care settings on “living with COVID-19”. Locally we are reviewing our current approach to COVID-19 in light of the end of COVID-19 funding and the change in the national position. The UK Health Security Agency is reviewing expectations around outbreak management at a regional and local level. The public health team will also be looking at lessons learnt so far from the pandemic, plus identifying how the wider response can be stood back up again if needed in light of future variants or other escalations.

County Councillor Val Arnold asked whether details of the proposed second booster vaccination campaign for people aged over 75 years of age could be circulated to the committee.

**Resolved:-**

- 1) That Victoria Turner or Louise Wallace provide a further update at the meeting on the committee on 17 June 2022
- 2) Details of the proposed second booster vaccination to be circulated to the committee.

**201 Whitby Hospital - update on the redevelopment of the site - Rob Atkinson and Sonia Rafferty, Humber Teaching NHS Foundation Trust**

Considered - a presentation by Rob Atkinson and Sonia Rafferty, Humber Teaching NHS Foundation Trust.

Rob Atkinson and Sonia Rafferty gave an overview of the progress made with the development of the Whitby hospital site, as summarised below:

- The presentation and You-Tube clip show what work has been done since the committee was last updated in March 2021
- The development has enabled much better use of space at the site
- The start of the major structural work was planned for March 2020, when the pandemic hit and there was a national lockdown. Despite this initial setback, work was quickly underway
- The front of the site will be cleared by June 2022 and that will mark the completion of the work
- Staff have been loyal and resilient throughout the past two years and all of the changes to the site and working practices as a result of the development of the site and also the response to the pandemic
- As of 15 September 2021, all patients were moved into the new build
- Staff and patient feedback on the new build and the facilities has been excellent
- Work is underway to have an Urgent Treatment Centre on site. This would be a significant up-grade from the existing Minor Injuries Unit. There have been delays due to the number of national NHS standards that have to be met.

County Councillors Val Arnold and Philip Barrett left the meeting at 11:15am.

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

- Strong links with the community and community services are critically important as the aim is to support people in their own homes and the community for as long as possible
- Councillors have received very positive feedback from local residents and services users about the quality of the development and the range of service available
- The work to upgrade the existing Minor Injuries Unit to an Urgent Treatment Centre re-affirms the long term commitment to Whitby Hospital
- A range of diagnostics are currently on site, including X-ray and ultrasound. More can be accommodated, subject to it being commissioned by the North Yorkshire CCG.

County Councillor John Ennis thanked Rob Atkinson and Sonia Rafferty for attending the meeting and answering the questions of the committee members.

**Resolved:-**

- 1) That Rob Atkinson and Sonia Rafferty attend a future meeting of the committee to provide an update on the ongoing development and use of the site, with particular reference to what services can be devolved down from neighbouring hospitals.

**202 Urgent & Emergency Care Development Project and other Site Development Projects at Scarborough General Hospital - Report of Mark Steed, York Teaching Hospitals Facilities Management**

Considered - a presentation by Mark Steed, Director of Property and Asset Management at York Teaching Hospitals.

Mark Steed gave an update on the Urgent & Emergency Care development project and

other site development projects at Scarborough General Hospital, as summarised below:

- A total of £47m capital investment is going Scarborough General Hospital
- The new building will provide a combined Emergency Department, Same Day facilities and Acute Medical Unit; combined level 1, 2 and 3 Critical Care facilities; and improved site resilience and flexibility for expansion to support future developments at Scarborough General Hospital
- The Trust has to follow HM Treasury and NHS England processes around the submission of a three different business cases at different points in time. The last of these, the Full Business Case (FBC), is awaiting approval (expected March 2022)
- In the interim, details designs and specifications have been drawn up
- Enabling work is now underway and full construction is due to start April 2022 (subject to FBC approval)
- The new development is expected to be fully in use by January 2024
- A new helipad has been built for air ambulances and air sea rescue services.

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

- The development is welcomed and there will be opportunities to do more diagnostic work locally
- There is a strong focus upon creating a modern environment that is a good place to work and to be treated
- There will be more space gained as some of the existing services are moved around
- Confident that the project can be delivered on time. The construction partner is very experienced and enabling works are underway which will help claw back some time
- There is an opportunity to pull in a broad range of diagnostic, assessment and outpatient services from Hull and York, which would then reduce the need for people to travel, which has always been a local concern in and around Scarborough.

County Councillor John Ennis summed up and thanked Mark Steed for attending the meeting and answering the questions of the committee members.

**Resolved:-**

- 1) That Mark Steed attends a future meeting of the committee to provide an update.

Following the update on progress with the redevelopment of Scarborough General Hospital, Neil Wilson, Head of Partnerships and Alliances, York and Scarborough Teaching Hospitals NHS Foundation Trust gave a brief presentation on hyper acute stroke treatment data. The update was taken under this item, as opposed to Other Business, as it related to Scarborough Hospital.

This data had previously been requested by the members of the Scrutiny of Health committee.

Neil Wilson gave the presentation, with key points as summarised below:

- Between 1 April 2021 and 23 February 2022, there were 144 instances of patients being transported between Scarborough and York with a final working impression of Stroke
- The average travel time was 1hr 3mins, with the shortest transfer time at 30mins and the longest being 2hr 33mins
- Approximately one third of patients are discharged to rehabilitation services in other hospitals, as opposed to directly home
- A proportion of patients are still self-presenting to the Scarborough General Hospital with symptoms of stroke. This increases the time take to undertake a scan and admit them to the hyper acute stroke unit, which means that opportunities for thrombolysis may be missed. Further local information and awareness campaign work required



- Further work with social care is needed to improve timeliness of discharge
- A local performance dashboard is in development that should enable some of the following metrics to be captured: stroke admissions; Thrombolysis and Mechanical Thrombectomy; arrival and thrombolysis; and 6 month follow up.

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

- Rapid repatriation, after specialist treatment at a hyper acute stroke unit, home or to a nearby hospital has always been a big selling point for the changes to the hyper acute stroke pathway but a significant minority seem to need in-patient rehabilitation at Bridlington
- The lack of community social care placements is creating some delays with repatriation
- Further work could be done to communicate the pathway more clearly. As it stands, for some those who are not repatriated home, are going to go to Bridlington
- The performance framework that is under development will help the committee better understand the overall performance and impact of the hyper acute stroke pathway
- It would be helpful to have a view across Harrogate-York-Leeds and Scarborough-York-Hull.

County Councillor John Ennis summed up, thanking by Neil Wilson and colleagues for attending and responding to questions from the committee members.

**Resolved:-**

- 1) That by Neil Wilson provides an update on the performance of the hyper acute stroke pathway to the committee meeting on 9 September 2022.

**203 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 any areas of scrutiny for inclusion.

**Resolved:-**

- 1) That the committee review the work programme.

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

County Councillor John Ennis took the opportunity to thank all the committee members and officers for their support over the past three years and to wish those standing good luck in the forthcoming elections.

The meeting concluded at 12.30 pm.

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## North Yorkshire Council Scrutiny of Health Committee 17 June 2022

### Overview and Scrutiny at North Yorkshire Council

#### **Purpose of Report**

The purpose of this report is to provide Members of the Scrutiny of Health Committee with a summary of how overview and scrutiny is undertaken at the Council, the way in which subjects for scrutiny are identified, why it is important and what role committee Members have to play.

This report provides Members with details of some of the specific responsibilities and powers relating to this committee and also a copy of the committee work programme for review and comment.

#### **Overview and Scrutiny**

The Local Government Act 2000 first introduced the requirement for every local authority to include provision for at least one scrutiny committee. Under this Act and associated legislation, scrutiny can make recommendations to the executive and other local bodies. The committees also have the power to question Cabinet members, Council officers and representatives of other organisations, such as health and community safety agencies. The committees can also investigate any issue which affects the local area or its residents.

For more detail on the roles and responsibilities of the overview and scrutiny committees have, please refer to the North Yorkshire County Council Constitution – <http://www.northyorks.gov.uk/article/24041/The-council-constitution>

#### **Why it is important**

Overview and scrutiny provides an important check and balance, helping to ensure that the decisions made by the executive reflect the needs of local people, are financially robust and are in keeping with the strategic priorities and responsive to the operational demands of the Council.

Where overview and scrutiny is not active, engaged and inquisitive, then there is a risk that some strategic and operational issues could be overlooked and opportunities for early intervention and action missed. Examples of where this has occurred in other local authorities, albeit at the extreme, include: child sexual exploitation in Rotherham MBC; poor care and high mortality rates at Mid Staffordshire NHS Foundation Trust; and governance failings in Tower Hamlets LBC.

#### **How it contributes to the Council's outcomes**

In addition to being an important check and balance and providing early warning, scrutiny aims to contribute to the Council's corporate outcomes in many other ways, including:

- Enabling Councillors to become directly involved in the development of: policy and strategy; consultation and public engagement planning; and the performance management of the Council

- Ensuring continuity across the new Unitary council
- Keeping Councillors and the public informed of key issues, priorities and initiatives
- Enabling direct engagement with the people of North Yorkshire
- Acting as a critical friend and providing Cabinet Members and senior officers with a non-partisan forum in which to test out ideas, approaches and gain feedback and suggestions
- Providing a structure, through the call-in process, for scrutinising specific decisions of the Executive
- Scrutinising issues of public concern beyond the remit of the Council.

### **The overview and scrutiny committees**

There are five thematic overview and scrutiny committees, each of which meet in public four times a year, as below:

- Transport, Economy and Environment – focussed upon transport and communications infrastructure, supporting business and helping people develop their skills, sustainable development, climate change, countryside management, waste management, environmental conservation and cultural issues
- Corporate and Partnerships - the Council's corporate organisation and structure, resource allocation, asset management, procurement policy, people strategy, equality and diversity, performance management, communications, partnership working, community development and engagement and community safety (as the designated Crime and Disorder Committee).
- Young People – focussed upon the interests of young people, including education, care and protection and family support
- Care and Independence – focussed upon the needs of vulnerable adults and older people and people whose independence needs to be supported by intervention from the public or voluntary sector
- Health - focussed upon the planning, provision and operation of health services in the County with the aim of acting as a lever to improve the health of local people and ensuring that the needs of the local people are considered as an integral part of the delivery and development of health services.

Overview and scrutiny functions are also supported through the following bodies:

- Scrutiny Board – this is made up of the Chairs of the five thematic overview and scrutiny committees and enables work to be co-ordinated, opportunities for joint scrutiny to be identified, and committee Chairs to act as critical friends.
- Police and Crime Panel - which scrutinises the Police and Crime Commissioner. There is also a Complaints Sub-Committee which meets on an ad hoc basis.
- Looked After Children's Members Group – this is not a formal committee but acts as an informal advisory group to the Executive Portfolio Holder for Children's and Young Peoples Services. The group performs a role consistent with statutory

guidance for local authorities to promote the health and well-being of looked-after children.

### **Mid Cycle Briefings**

In addition to formal meetings of the committees, there is also a system of Mid Cycle Briefings. A Mid Cycle Briefing enables the Chair, Vice Chair and Spokespersons for each committee to meet in private four times a year to:

- Discuss the work of the committee
- Identify areas for in-depth scrutiny
- Have an early discussion with commissioners and providers about topics that may be confidential or under development.

### **Different approaches to overview and scrutiny**

In addition to formal committee meetings and Mid Cycle Briefings, there are a number of approaches that overview and scrutiny can take, including:

- Task and finish groups – these are informal, time-limited bodies comprised of councillors that are established by the committee to undertake a discrete piece of scrutiny work and then report back their findings and recommendations.
- In-depth scrutiny review – this is when the committee undertakes a prolonged and detailed piece of work, which includes: desktop research; expert witnesses, typically commissioners and providers; service/site visits; and engagement with service users. This approach combines formal committee meetings and the use of a sub-group.
- Select Committee – where an overview and scrutiny committee works as a whole committee to address a particular issue. Typically, this would involve a one-off meeting lasting a day where a range of expert witnesses are invited to attend and give evidence. The committee members then analyse the evidence given and make recommendations for improvements.
- Call-in – this is when non-executive members of the Council can have decisions of the Executive considered by a scrutiny committee.
- Joint scrutiny – this is when there is an issue that is directly relevant to more than one overview and scrutiny committee and so a collaborative approach is taken. This can be internal or external. External joint scrutiny is often undertaken by the Scrutiny of Health Committee.

### **Role of committee members**

All the members of an overview and scrutiny committee have a key role to play in ensuring that Council and other public sector services are delivered effectively, efficiently and that they achieve good outcomes for local people. The things that committee members can do, include:

- Contributing to the development of the committee's work programme, providing constructive challenge and suggesting topics for inclusion
- Actively engaging with all stages of the scrutiny process, including any additional groups or meetings that are setup outside of the scheduled, formal meetings of the committee

- Developing constructive relationships with other members of the committee, the relevant portfolio holders and service leads
- Working apolitically as a committee, with a strong focus upon service improvement and outcomes
- Receiving the data, information and analysis that is presented in an impartial manner
- Assessing the data, information and analysis presented to the committee and testing the conclusions that are drawn
- Contributing to the development of recommendations, based on the committee's deliberations, which are specific, realistic and relevant.

### **Scrutiny of Health Committee**

The Scrutiny of Health Committee has a responsibility to review any matter relating to the planning, provision and operation of health services in the County. This includes:

- being consulted on the reconfiguration of healthcare and public health services locally
- contributing to the Department of Health's Quality Accounts initiative and the Care Quality Commission's process of registering NHS trusts
- carrying out detailed examination into a particular healthcare/public health service.

The Scrutiny of Health Committee's powers include:

- reviewing and scrutinising any matter relating to the planning, provision and operation of health services in the local authority's area
- requiring NHS bodies to provide information within 28 days to and attend (through officers) before meetings of the committee to answer questions necessary for the discharge of health scrutiny functions
- making reports and recommendations to local NHS bodies and to the local authority on any health matters that they scrutinise
- requiring NHS bodies to respond within a fixed timescale to the health scrutiny reports or recommendations
- requiring NHS bodies to consult health scrutiny on proposals for substantial developments or variations to the local health service
- referring contested proposals to the Secretary of State for Health.

In addition to the County Councillors on the committee, there is also District Councillor representation up to 31<sup>st</sup> March 2023. This helps ensure that there is as full as possible a consideration of health issues in depth across the County.

### **Work programme**

The topics for overview and scrutiny are identified by the committee Chairs, Vice-Chairs, Spokespersons and Members, advised by the relevant overview and scrutiny officer, using some of the following sources of information:

- Performance data, information and analysis, in particular when it has been benchmarked against similar local authorities
- Inspection reports, such as those produced by the Care Quality Commission or OFSTED

- National research findings
- National policy changes
- National and local consultations and public engagement events
- Council Plan
- Council budget and delivery against savings proposals and targets
- Agendas for Executive
- Local issues raised by elected members, members of the public or highlighted in the media
- Local networks and partnerships.

Where an initial area of interest or line of inquiry is identified, further information is gathered to ascertain whether this is a valid area for scrutiny that will add value and not duplicate work that is already underway.

On every agenda for formal meetings of the overview and scrutiny committees, there is an item on the committee work programme. This provides Members with an opportunity to reflect on the issues that have been identified and assure themselves that they are appropriate for the committee.

The work programme for this committee is covered in agenda point 9.

#### **Further information**

Further information on Overview and Scrutiny is available on the North Yorkshire Council website - <https://www.northyorks.gov.uk/overview-and-scrutiny>

The overview and scrutiny officer supporting the work of this committee is:

Christine Phillipson, Principal Democratic Services and Scrutiny Officer  
E: [christine.phillipson@northyorks.gov.uk](mailto:christine.phillipson@northyorks.gov.uk)

T: 01609 533887.

Committee papers are available from the North Yorkshire County Council website as follows - [Committee structure | North Yorkshire County Council](#)

#### **Recommendation**

That Members review the Committee's work programme, taking into account issues highlighted in this report, the outcome of discussions on previous agenda items and any other developments taking place across the County during the transition to a Unitary council.

Christine Phillipson  
Principal Democratic Services and Scrutiny Officer  
Tel: (01609) 533887  
Email: [christine.phillipson@northyorks.gov.uk](mailto:christine.phillipson@northyorks.gov.uk)

23 May 2022

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May 2022

## Stakeholder update

Here is our latest briefing for stakeholders from Yorkshire Ambulance Service NHS Trust. We would like to keep you updated with our work, achievements and challenges, as well as information on our continuing response to the coronavirus pandemic.

### COVID-19 and operational pressures

As an organisation we continue to face operational challenges due to capacity pressures across health and social care impacting on demand for our services and high levels of hospital handover delays, as well as higher than normal sickness levels within our own service. This is a picture which is being replicated across the country and NHS systems and partners are working closely together to take steps to improve the situation for all our patients.

While there has been a slight easing for us as COVID-19 staff sickness levels begin to reduce, our A&E services and NHS 111 are still under pressure and we remain at REAP 4, the highest escalation level.

The message to people across the region remains that the NHS is there for them when they need it and the best way the public can help us all is by using the [right service for their needs](#).

Since July last year we have made great progress in securing extra staff and resources to support our 999 service. Nearly 400 staff have been recruited and trained with more still in training and due to start in post soon.

This has included more than 70 Emergency Medical Dispatchers (EMDs), taking 999 calls at our Emergency Operations Centres in York and Wakefield. We have also created over 40 new EMD mentor roles to support new and existing staff within this demanding environment.

Nearly 200 paramedics and 83 Emergency Care Assistants have been recruited and trained, with more currently in the process, and we have taken delivery of 41 new emergency ambulances and recruited extra mechanic support to keep them and our existing fleet on the road.

This work was supported by [the additional funding from NHS England announced last year](#) for ambulance services, which for us equated to £5.14 million.

We continue to further extend and develop our staff health and wellbeing support and our teams in the Emergency Operations Centre (999 call centres) and Integrated Urgent Care (NHS 111) have dedicated programmes of work in place for colleagues. Both groups of staff are fully engaged in this work, as senior managers work with them to ensure a tailored and responsive approach.

At the end of last month, we submitted our operational and financial plan to NHS England, which aims to deliver improved patient care and outcomes, transformation of our services and an engaged and sustained workforce, building on the investment received in the last year. We have the support of our partners across our three integrated care systems, who are working with us as we deal with a particularly challenging financial situation and are working

together to reach final agreement on our plan. We will share our operational plan and strategic priorities once these have been agreed with NHS England.

At the end of April, our services were part of an inspection of urgent and emergency care across West Yorkshire, carried out by the Care Quality Commission (CQC). The inspection seeks to better understand patient experiences and identify how local services work together to ensure patients receive safe, effective and timely care and how well services respond to the challenges they face both as individual providers and as part of a system.

As part of this review, the CQC inspected a range of services that support the delivery of urgency and emergency care including adult social care, hospital emergency departments, 999 ambulance services, NHS 111, GPs out-of-hours services, emergency dental and community services. The outcome of the inspection is expected in June and we will update you on the findings in a future briefing.

### **Further updates on developments at Yorkshire Ambulance Service:**



#### **Mental health project**

Emergency departments are not always the most appropriate place for someone experiencing a mental health crisis and can add to their stress. The needs of these patients can often be met just as effectively, or even more so, in their own homes or in the community alongside alternative care providers and wider NHS services.

Initially launched in Hull as four-month pilot in April 2021, the YAS Mental Health Response Vehicles (MHRVs) are operated by ambulance staff who have had additional mental health training. The results so far have been encouraging, with over 62% of Hull patients attended by the mental health response vehicle being treated/supported at the scene without the need for onward conveyance. This has not only delivered real benefits for patients, but also contributed to reducing the pressure on emergency departments and to releasing ambulance resources for other emergency calls.



Following the success of the first pilot in Hull, we have introduced a second vehicle in the Doncaster area of South Yorkshire (pictured) with a further vehicle due to go live in Wakefield, West Yorkshire, this month. As we are keen to ensure our services are developed to ensure the best outcomes for our patients and complement existing pathways and services, the South Yorkshire vehicle has been developed in partnership with South Yorkshire and Bassetlaw Integrated Care System, South Yorkshire Police, Rotherham Doncaster and South Humber NHS Foundation Trust (RDaSH) and NHS Doncaster CCG. These partners will also be actively involved in the upcoming evaluation of the South Yorkshire MHRV.

#### **EOC York redevelopment work begins**

Building work will be starting soon on this redevelopment project at our Emergency Operations Centre (999) in York to ensure we have a resilient service for our patients and to bring about significant improvements in the facilities for staff.

The £2.4m development work will ensure we can meet increasing levels of demand, accommodate new staff and have long-term resilience in the event of an unplanned incident or event. Major environmental improvements are also taking place as part of this work with more than 2,000 trees planted across the Fairfields site and plans in place for a pond and meadow area, providing wider health and wellbeing benefits for our staff.



### Paramedic rotation

We are delighted that our Paramedic Rotation programme, launched in 2021, will see 16 Primary Care Networks (PCNs) across the region welcome Specialist and Aspirant Specialist Paramedics from May. Under the scheme the paramedics work on a rolling rotation for a minimum of 12 months, spending six weeks with the practice and then the same period at the ambulance service. It starts with an intensive 12-week preceptorship programme.

Their work includes running clinics and home visits, helping to free up GP capacity for the more complex cases. Paramedics are aligned to practices in areas they normally work in, so they can build strong working relationships and important local service knowledge, which supports their work at the ambulance service. In the latest wave, five new PCNs have joined the scheme and we have also received requests for additional paramedics from PCNs who joined the scheme last year. You can watch [this video](#) to find out more.



### New Scarborough station plans

We are progressing plans for a new station in Scarborough which will provide modern state-of-the-art facilities, including Ambulance Vehicle Preparation (AVP) for our A&E and Patient Transport Services. The new station will bring the two services together on one site and provide much improved welfare and training facilities for our staff.



The introduction of AVP, pictured here at Bradford station, will bring real benefits for the town and other nearby stations including Filey, Bridlington, Kirkbymoorside and Whitby, which will also access the service. It is operated by teams covering 24-hours a day/seven days a week to ensure that ambulance crews can access fully equipped, re-fuelled and re-stocked ambulances. This includes checking medical devices and medical consumables. Previously, ambulance staff were required to carry out these duties at the start of their shift.

We were delighted to host colleagues from South West Ambulance Service recently who joined us to find out more about how our AVP service works and the benefits it brings to patients. They also toured our recently opened Doncaster 'hub' station and were given information about the hub and spoke model which is operated in the area. Hub stations provide AVP facilities and once vehicles are prepared and ready for use, they are taken by their crews to local ambulance response points (LARPs) - strategically located points around the area they serve where there are facilities for staff and where they can stand by.

### **Logistics hub**

We have recently started the process to develop a new logistics hub for the Trust in Wakefield. We have developed and expanded significantly over the last five to 10 years, but the supply chain and logistics elements have not been remodelled in line with this expansion.

The development of a new logistics hub will improve and modernise our systems and expand support services which directly impact on patient care. There are many benefits to the new hub including:

- A central packing service for our Ambulance Vehicle Preparation (AVP) Packs and Prescription Only Medicine (POM) pouches, to support our ambulance stations across the region. This improves quality and patient safety and supports standardisation, which was one of Lord Carter's recommendations
- A central warehouse, instead of many smaller storage areas and facilities, which will ensure the safe and efficient storage of assets such as Personal Protective Equipment (PPE), consumables, controlled drugs, prescription only medicines, medical devices and IT equipment. The warehouse will also bring about efficiencies through increased purchasing power and support additional consumables to be stored as part of our resilience.
- A new ICT helpdesk, workshop and storage area, and a new medical devices workshop and storage area. This will help us operate more efficiently by providing suitably sized workshops for the commissioning, servicing, maintenance and decommissioning of all our medical devices and IT equipment.
- Improved decommissioning and commissioning processes for our vehicles.
- New laundry processes for our Patient Transport Service (PTS) and new clinical waste disposal processes, which will release savings.

We are working towards a go-live date at the end of the year for the hub, which will help ensure our staff have the best tools and environment to deliver high quality patient care.

### **Electronic Patient Record (ePR) - a digital enabler**

Our electronic patient record, or ePR, has transformed the way we provide vital information to hospitals, giving live details as we transport patients into their care. On average nearly 1,800 are completed each day and we are fast approaching 2.25 million patient records completed since launch. You can read more about it [here](#).

Thank you for taking the time to read this update and I hope you have found it useful and informative. We will be keeping in touch regularly with more news and developments.

With best wishes

**Rod Barnes**  
**Chief Executive**

**NORTH YORKSHIRE COUNTY COUNCIL**  
**Scrutiny of Health Committee – Work Programme 2022**  
**Version – 17 June 2022**

	11 Mar	22 Apr	17 Jun	22 Jul	9 Sep	ACC	
	COM	MCB	COM	MCB	COM		
<b>Strategic Developments</b>							<b>Comment</b>
1. NHS update on North Yorkshire Place, the progress and position following the formal establishment of the Integrated Care System on 1/7/22.	✓				✓		Committee to focus upon: the learning from the pandemic and how this has shaped the development of services. The new structure and way forward.
2. Prevalence data on the pandemic and vaccination rates	✓		✓				Public Health updates
3. Development of the Integrated Care Systems and Partnerships that cover North Yorkshire					✓		Strategic view of the form and function of the Local Care Partnerships within the ICSs that cover North Yorkshire
4. 'Unavoidably small hospitals'							Overview of key issues facing smaller hospitals in rural and coastal areas
5. Independent public inquiry into the UK Government handling of the COVID-19 pandemic							Report due Spring 2022 - TBC
6. Report by West Yorkshire Joint Health Scrutiny Committee on the Nightingale Hospital, Harrogate.							Harrogate Borough Councillor Jim Clark to present to the committee - TBC
7. Response to workforce pressures within health and social care							Review of current workforce pressures across the health and social care system and the response to them – 9 September 2022
8. Pharmaceutical Needs Assessment							Review draft PNA and explore the wider role that pharmacies have to play in the local community as a first point of contact – date TBC
<b>Local Service Developments</b>							
1. Harrogate and Rural Alliance - Adult Community and Health Services						Y	Update on progress with the model. Follow up at committee on 9 September 2022

2. Redevelopment of Whitby Hospital	✓					Y	Update to the December 2022 meeting of the committee, with a particular focus upon the Urgent Treatment Centre and diagnostic services
3. Hyper acute stroke services for the North Yorkshire population	✓				✓	Y	Performance data to be provided on the hyper acute stroke pathway
4. Capital investment in Scarborough Hospital and the development of the Emergency Department and critical care facilities	✓						Capital investment in Scarborough Hospital and the development of the Emergency Department and critical care
5. Scarborough Hospital CQC inspection January 2020					✓	Y	Exception reporting only
6. Mental health enhanced community services					✓		Scrutiny of outcomes data
7. TEWV CQC inspections and action plans					✓		Follow up on implementation of the improvement plan and subsequent re-inspections – Deferred from June 2022
8. Temporary closure of the Esk ward at Cross Lane Hospital							Update on restoration of services – TEWV to brief Chairman ahead of March 2022 committee - Completed
9. Catterick Integrated Care Campus project						Y	Referred to the Richmond (Yorks) ACC to lead
10. Review of urgent care pathways in the Vale of York CCG area							Project start deferred 18 months to mid-2023 due to covid-19 service pressures
11. Review of primary care services in and around Easingwold						Y	Referred to Thirsk and Malton ACC to lead
12. Proposed re-build of the Airedale Hospital on the existing site						Y	Link with the Skipton and Ripon ACC
<b>Public Health Developments</b>							
1. NHS Dentistry – access to and availability of places							Item to be developed on the Council's role in the promotion of good oral hygiene
2. Consultation on changes to sexual health service in North Yorkshire							Report on first 6 months of new service at committee on 9 September 2022
3. Overview of Public Health commissioning, provision and budget planning							TBC

## Meeting dates

Scrutiny of Health Committee – 10am	11 March 2022	17 June 2022	9 September 2022	16 December 2022	10 March 2023
Mid Cycle Briefing – 10.00am*	22 April 2022	22 July 2022	4 November 2022	20 January 2023	21 April 2023

\*Mid Cycle Briefings are attended by the Chair, Vice Chair and Group Spokespersons only.

Please note that the work programme is under continuous review and items may be rescheduled a number of times during the course of the year.

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