

North Yorkshire County Council

Scrutiny of Health Committee

Minutes of the hybrid meeting held on Friday, 10th March, 2023 commencing at 10.00 am. This was a hybrid meeting due to the extreme weather and the difficulty this posed for some Members and Officers getting to County Hall.

Members:-

County Councillor Andrew Lee in the Chair plus County Councillors Liz Colling, Caroline Dickinson, Richard Foster, Sam Gibbs, Paul Haslam, Nathan Hull, Peter Lacey, John Mann, Rich Maw, Heather Moorhouse, Andrew Murday, David Noland, Clive Pearson and Andy Solloway.

In attendance:-

County Councillor George Jabbour

Co-Opted Members:-

District and Borough Councillors Nigel Middlemass and Kevin Hardisty.

Officers present: Louise Wallace - Director of Public Health, NYCC, Dr. Victoria Turner, Public Health Consultant, NYCC, Emma Davis, Public Health Manager, NYCC. Christine Phillipson, Principal Democratic Services and Scrutiny Officer.

Copies of all documents considered are in the Minute Book

239 Minutes of Committee meeting held on 16 December 2022

That the minutes of the meeting held on 16 December 2022 be taken as read and be confirmed by the Chairman as a correct record.

240 Apologies for Absence

District and Borough Councillors Jane Mortimer and Pat Middlemiss.

241 Declarations of Interest

Councillor Peter Lacey declared an interest as a Director of Whole Systems Partnership who provide support for partnership and strategic development in health and care systems.

242 Chairman's Announcements

As this was the last meeting of the Scrutiny of Health Committee under North Yorkshire County Council prior to the new Unitary North Yorkshire Council on 1st April 2023 the Chairman thanked the District and Borough Council Co Optees for their attendance and contribution over the years and wished them well for the future.

243 Public Questions or Statements

None were received.

244 Director of Public Health's Annual Report - Louise Wallace, Director of Public Health, NYCC

Considered - Louise Wallace, Director of Public Health, NYCC updated members on the Director of Public Health's Annual Report.

There then followed a discussion around the following points

Deprivation in coastal areas makes attracting staff problematic. Whilst this is a common issue around all coastal areas there are a range of things in place to help alleviate this. This includes focus on the Coventry University campus in Scarborough with a view to attracting a local workforce with local staff working in local areas. The recent visit to Scarborough of Sir Chris Witty helped support this. Opportunities such as apprenticeships are also available.

Access to dental services is still very much in focus in the local media and the public health department are working hard to help educate and develop in this area. With NHS dental services coming under the Integrated Care Board in April a 3-year development plan is underway. This includes early years education on diet and toothbrushing, education in special schools and within asylum and refugee communities.

A Public Health Consultant is in post with a specific remit around young people. The next annual report for 2022/23 will be very much focussed on children.

Leisure services are key to education and healthy eating, providing a best start in life and continuing to support social prescribing with exercise and preventative options. National Parks are keen to engage with the local community to help promote a healthy lifestyle.

Indoor air quality is a key area of focus and there are areas we are not fully aware of yet that are potential health issues e.g., mould and damp. Outdoor air quality is well monitored but indoor is not so much, there is work to do but plans are in place to achieve this.

A number of health issues were heightened during lockdown including obesity, more specifically in children. There is a need to analyse the current data and work with communities and link to education, nutrition, exercise and lifestyle.

There is also a need to link with the housing strategy and provide input. The benefit of all authorities working together post vesting day will be a strength in this area.

Resolved – The Chairman thanked Louise and Victoria Turner for the presentation and the subsequent wider discussion on the report.

245 Update on the Changes to Sexual Health Services in North Yorkshire - Emma Davis, Public Health Manager, Health & Adult Services, NYCC

Considered – a presentation from Emma Davis, Public Health Consultant, Health and Adult Services, NYCC.

Emma gave a presentation covering the following points:

- NYCC and York and Scarborough Teaching Hospitals NHS Foundation Trust (YSTHFT) entered into a Section 75 on the 1st April 2022
- A delegated budget from the Public Health Grant was to provide an open access, all age integrated sexual health service for the population of North Yorkshire
- Initial period of 4 years with option to extend for a further 6 years subject to mutual agreement
- The service delivers: sexual health promotion and information, contraceptive

services (full range), sexually transmitted infections (testing and treatments), pre-exposure prophylaxis (PrEP), clinical and community outreach service, counselling services – HIV and sexual health and a training and learning programme

- A review of service performance and data.
- Key areas of development for 2022/2023.

There then followed a discussion which raised the following points :

Key elements of the service cover sex workers, migrants, homelessness and other vulnerable groups with certain areas of the county more in need of the service than others. It was concerning that Chlamydia cases in North Yorkshire were higher than the average in England.

Councillor Lee asked whether the service had been a success or whether any elements had not worked?

A friends and family survey is completed monthly with no concerns raised as yet. Walk in centre services would continue as these have been particularly successful. Counselling service is also popular and remote appointments working equally as well as face to face with both options being offered. There is an opportunity to refine work around sexual history and individual risk, in order to test the right people at the right time.

Councillor Moorhouse asked if we were engaging with the under 16 cohort?

There is a lot of educational work going on in schools and with the North Yorkshire Teenage pregnancy group in tandem with North Yorkshire youth and other organisations. There is a specific target group in Scarborough. Statutory sex education is now delivered and monitored.

Councillor Murday asked if contact tracing was still helping to control sexual health?

Partner notification is key, the service has a national surveillance system in place and the public health team supports this.

Councillor Maw referred to the queue and wait clinic currently being suspended in Scarborough and what the impact of this was?

It was confirmed that all existing patients did receive an appointment. Its recognised that not all young people like speaking face to face and prefer an online or text conversation and reiterated the importance of anonymity and confidentiality. It's important to get the balance right and there is now a drop-in services at

- Monkgate Health Centre, Monkgate YO31 7PB. Every Thursday at 4 pm until 7pm
- Harewood Medical practice Northallerton (42 Richmond Rd, Catterick Garrison DL9 3JD) Every Wednesdays at 4pm - 5pm
- The Mulberry Unit at Northway Scarborough YO12 7AF. Every Tuesdays 4pm-6:30pm.

Resolved – The Chairman thanked Emma for her report and the Committee update.

246 Mental Health Enhanced Community Services - Brian Cranna, Care Group director, NY, York & Selby Care Group - To Follow

Considered – A presentation and update from Brian Cranna, Care Group Director, NY, York & Selby Care Group.

Brian gave a presentation, which covered the following points:

- A recap on the Trust's journey to change map and the current situation

- The services that are covered by the Trust including Community Mental Health Teams, Mental Health Support Teams in Schools, Specialist Eating Disorder Team, Crisis Team, Single Point of Access Team and Psychologically Informed Partnership Approach Team
- Detail on the current number of referrals and the timescales involved highlighting the service has received almost 9000 referrals over the last 12 months, with 5000 young people currently in the service
- Referrals are usually seen by community teams within 8 weeks and by mental health support teams within 4 weeks, and by the crisis team on the same day
- There is now an experienced lived in director in post
- “I Thrive”, a stronger more robust system of pathway for 16-25 year olds is now in place
- Recruitment remains challenging and there are currently vacancies in Consultant Psychiatrists, Psychologists, Registered Nurses and Administration Staff
- A reminder of the most recent CQC reports where CAMHS services were inspected
- The plans for the immediate future and the key messages of the Trust going forward.

There then followed a discussion with the following questions raised.

Councillor Colling asked who carried out and diagnosed ADHD and ADS assessments? Psychiatric Consultants carried out this assessment although at present demand exceeds capacity.

Councillor Foster asked if Craven figures were included within the data given? Figures are based on the GP location, but crisis cases are dealt with immediately regardless of the area.

Councillor Murday asked what the actual number of vacancies were in terms of number of people?

There are 5 Consultants in post with a vacancy in the Scarborough area and a gap in the Selby area. A training package is in development to attract and retain staff. Movement between trusts and the offering of placements are also options to support securing staff. It was asked what percentage understaffed the trust currently was? It was confirmed that a response would be provided in writing by the medical director.

Councillor Mann enquired about mental health care in Harrogate in relation to the recent CQC report on in patient care.

It was confirmed that plans are in place to remedy in patient care, Harrogate pose a complex delivery with recruitment issues. TEWV would be happy to give a separate presentation on Harrogate perhaps at an ACC meeting.

Resolved – The Chairman thanked Brian for his report and update and asked that answers to the 2 points raised be provided.

1. what percentage understaffed the trust currently was
2. the actual number of vacancies in terms of number of people.

247 Response to Workforce Pressures Within Health and Social Care - written update from Rachel Bowes, Health & Adult Services.

Considered – a written update from Rachel Bowes.

Resolved – that Rachel is invited to a future Scrutiny of Health meeting to present the reports and take questions from members.

248 Submission on Dentistry Update

Considered – a report by Christine Phillipson, Principal Democratic Services and Scrutiny Officer.

This report updates members on the submission from the Chair of the Scrutiny of Health Committee to the Government's Health and Social Care Committees enquiry into access to dentistry.

The enquiry called for evidence on the following:

1. What steps should the Government and NHS England take to improve access to NHS dental services?
2. What role should ICSs play in improving dental services in their local area?
3. How should inequalities in accessing NHS dental services be addressed?
4. Does the NHS dental contract need further reform?
5. What incentives should be offered by the NHS to recruit and retain dental professionals, and what is the role of training in this context?

The Committee submitted its evidence on 25th January and awaits the publication of the results.

The Committee also shared a press release communicating their support for the public enquiry.

Resolved - The Scrutiny Committee notes the content of the report and any response will be brought to a future meeting and shared with members.

249 Committee Work Programme

Considered – The Committee's work programme.

- The objective is to enable the Committee to review the work programme and make suggestions on areas of scrutiny for inclusion for the remainder of the year and prioritise accordingly.

There then followed a discussion which highlighted the following areas as suggestions for future inclusion in the workplan:

- Formulas used to allocate Integrated Care Board funding and details on Section 106 agreements – it was agreed that this was to be discussed separately with the Vice Chair.
- Communication between the scrutiny board and the committees – it was reiterated that the all Scrutiny Chairs attended the Scrutiny Board and all Area Constituency Committee Chairs and Vice Chairs met regularly in order to maintain an overall picture of Scrutiny and to alleviate any duplication of work by members and officers.
- It was requested that reporting data be specific to North Yorkshire – whilst this is useful it is not the picture of the whole of the County as some areas fall within the west Yorkshire Integrated Care Board. Data could perhaps be drilled down into more specific areas and / or detail where necessary.
- Updates on previous reports back to committee to review progress – this is happening now with previous reports detailed to come back to the Committee at a later date as per the workplan.
- Waiting lists and A&E waiting times – this has been requested and reported on previously. Regular updates come to the Chairman via quarterly meetings with the

North Yorkshire Integrated Care Board Place Director. There was however an opportunity to compare acute trusts and identify best practice.

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

There was no urgent business.

The meeting concluded at 12.30 pm.