

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, Nathan Hull, Peter Lacey, Andrew Lee (Chairman), John Mann, Rich Maw, Heather Moorhouse, Andrew Murday, David Noland, Clive Pearson, Andy Solloway and Nick Brown.

Date: Friday, 16th June, 2023

Time: 10.00 am

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

Members of the public are entitled to attend this meeting as observers for all those items taken in open session. Please contact the Democratic Services Officer whose details are at the foot of the first page of the Agenda if you would like to find out more.

This meeting is being held as an in-person meeting.

Recording is allowed at County Council, committee and sub-committee meetings which are open to the public, please give due regard to the Council's protocol on audio/visual recording and photography at public meetings, a copy of which is available to download below. Anyone wishing to record is asked to contact, prior to the start of the meeting, the Democratic Services Officer whose details are at the foot of the first page of the Agenda. We ask that any recording is clearly visible to anyone at the meeting and that it is non-disruptive. <http://democracy.northyorks.gov.uk/>.

1. **Minutes of Committee meeting held on 10 March 2023** (Pages 3 - 8)
2. **Apologies For Absence**
3. **Declarations of Interest**
4. **Chairman's Announcements**
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 13 June 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:-

Enquiries relating to this agenda please contact Christine Phillipson Tel: 01609 533887
or e-mail christine.phillipson@northyorks.gov.uk
Website: www.northyorks.gov.uk

- 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. **Response to Workforce Pressures Within Health and Social Care - Verbal Update, Rachel Bowes, Assistant Director, Health and Adult Services, NYC**
7. **Update on Yorkshire Ambulance Service - Jeevan Gill, System Partnership Director and Helen Edwards, Associate Director of Communications and Community Engagement, Yorkshire Ambulance Service.** (Pages 9 - 12)
8. **Primary Care in North Yorkshire - Wendy Balmain, North Yorkshire Place Director, Andrew Dangerfield, Head of Primary Care Transformation and Dr Bruce Willoughby, NHS Humber and North Yorkshire Integrated Care Board** (Pages 13 - 22)
9. **NHS Estate - Information for Discussion** (Pages 23 - 24)
10. **Committee Work Programme** (Pages 25 - 30)
Report of Christine Phillipson, Principal Democratic Services and Scrutiny Officer, North Yorkshire Council
11. **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, 8 June 2023

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.



Update from Yorkshire Ambulance Service

Date	16 June 2023
Forum	North Yorkshire Council Scrutiny of Health Committee

1.0 Purpose

The purpose of this paper is to provide an update for the committee on the delivery of services and current challenges from Yorkshire Ambulance Service (YAS) within the North Yorkshire Council area, and an update on recent developments.

2.0 Demand and performance

- 2.1 As a key part of the urgent and emergency care system, YAS continues to see high levels of operational pressures. However, whilst the service has experienced some challenges, we have seen some positive improvements in response times in A&E Operations, particularly for category 1 and 2 patients, the most seriously ill. A national target has been set for 2023/24 for all English ambulance services to achieve a category 2 mean response time of under 30 minutes and YAS met this target for April and May 2023.
- 2.2 Patient handover delays at Emergency Departments continue to be significantly above the national target of 15 minutes. Pressures across the health and social care system contribute to the hospital handover delays, and the Trust remains concerned about the significant impact this has on the availability of emergency ambulances and on patient care. We have some challenges at a number of hospitals and are working closely with our partners to resolve them. Average handover times throughout April and May 2023 at Scarborough was 36.55 minutes and York 32.11 minutes. Harrogate was 12.51 minutes which is within the agreed target time.
- 2.3 Initiatives to support the achievement of this 30 minute target include:
- Working with partners to reduce hospital handover times thereby freeing up resources to respond to patients.
 - Increase Hear and Treat rates (i.e., no ambulance response sent to the patient and an alternative, more appropriate resource identified) including additional recruitment to Senior Clinical Advisor roles based across our operational sites.
 - Increase in staffing including international paramedics, university students and Ambulance Support Workers (ASW).
 - Utilising alternative patient care pathways and specialist responses for patients, such as our Mental Health Response Vehicle, in partnership with the wider system.
- 2.4 In 2022/23, our Emergency Operations Centre (EOC) staff received 1,208,907 emergency calls; an average of 3,312 calls a day and a 7% decrease in calls during 2021/22. Clinicians and call handlers based in our clinical hub triaged and helped 146,238 callers with their health care needs over the phone.

- 2.5 Our Integrated Urgent Care (IUC) service, which provides our NHS 111 service, has seen improvements in call response times, although the service experienced recent pressure during May's bank holidays, with limited availability of primary care services. Calls into NHS 111 were close to 20% higher during the first week of May than the week before.
- 2.6 NHS 111 demand patterns have remained significantly different from previous years despite the end of the COVID-19 pandemic which triggered the change, with demand now experienced throughout the day, rather than peaking at key times (such as evening and weekends). The increases are reflective of primary care challenges as patients find it difficult to access other parts of the health system. Recruitment into IUC has therefore been adjusted in line with the changes seen.
- 2.7 Our Patient Transport Service (PTS) also continues to be busy as hospitals continue to address their waiting lists for planned operations.
- 2.8 Although the government and health unions have now agreed a pay deal, and we are not experiencing the large-scale industrial action of recent months, we do still have strikes taking place, with Unite the Union. This mainly affects our control rooms within NHS 111 service and A&E Operations. We will also be stepping up our command and resilience arrangements in preparation for industrial action elsewhere in the health sector.

3.0 Developments

Clinical Pathways

- 3.1 Our area and clinical pathways teams continue to work in partnership across the region with areas of key focus aligned to the NHS England Urgent and Emergency Care (UEC) Recovery Plan for 2023/24 including:
- Frailty and Urgent Community Response (UCR) integration – improving access for paramedics. Current services vary significantly across the region and a key priority is to improve consistency and access.
 - Single Points of Access – consistent and rapid access to clinical advice and alternative services to reduce unnecessary conveyances and provide a single simple route for referrals.
 - Referrals to alternative falls response services ensuring the patient receives the right response at the right time and prevents long lies and deterioration, which reduces the need for hospital admissions.
 - Improved direct access to Same Day Emergency Care (SDEC) services.
 - Continue developing access to other alternative clinical pathways.
- 3.2 Reducing avoidable conveyances by optimising alternative pathways improves hospital flow by ensuring only those patients who need hospital care are treated there. Improved flow in turn improves hospital handover times, releasing further ambulance capacity. Accessing alternative clinical pathways further improves ambulance availability by ensuring the right community service is sent to patients, freeing up ambulances to respond to blue-light emergencies. By improving access to the appropriate clinical pathways, performance will be improved, and patient care enhanced. Converting just 5% of YAS' A&E conveyances to alternative pathways could directly release 14,500 hours a year of ambulance availability.

Integrated Urgent Care / NHS 111

- 3.3 In NHS 111, the Trust continues to recruit into our control rooms for both clinical and non-clinical positions. Work is ongoing to address challenges with staff retention. Investment in wellbeing support roles for front line staff alongside reviewing potential longer-term changes (e.g., support structures/staff rotas) are being undertaken to help retain staff.
- 3.4 In May 2023, IUC began training our first cohort of international nurses, an exciting opportunity to expand our clinical workforce with highly experienced nurses from India and Dubai. The first cohort of nurses arrived this month and are settling in whilst preparing for an intensive training programme to quality in their new roles as Senior Clinical Advisors.

Non-Emergency Patient Transport Service

- 3.5 Following a national review in 2021 NHS England has launched a new national framework for non-emergency Patient Transport Services requiring them to become consistently more responsive, fair, and sustainable. The key priorities for implementation by systems are:
- Implementation of the revised national eligibility criteria.
 - Develop and promote wider transport support options, including voluntary services and reimbursement (Healthcare Travel Costs Scheme)
 - Provide a universal commitment to transport support for all patients requiring in-centre haemodialysis.
- 3.6 YAS and Commissioners are currently scoping a regional project to deliver these priorities in collaboration with local stakeholders. The project is expected to commence shortly and aims to deliver recommendations within the 2023/24 year.
- 3.7 PTS are also trialling new a software solution for patients designed to help reduce distress, agitation, isolation, and improve their wellbeing. It focuses on people living with dementia, mental health, learning disabilities and those who are neurodivergent, have acute brain injuries or other complex needs. Tablet devices with RITA - Reminiscence Interactive Therapy Activities - will be used by staff on the ambulances, to encourage communication and help their patients to feel more comfortable and at ease.

Estates strategy

- 3.7 To further support our staff to deliver excellent patient care, our estates strategy includes developing our Ambulance Vehicle Preparation (AVP) programme. This is where a dedicated team prepares vehicles ready for clinicians when they arrive at work to start their shift, giving them more time to treat our patients with the care that they need. This work includes the development of a new, modern, environmentally friendly, AVP ambulance station in Scarborough.
- 3.8 The Trust has invested significantly in a £2.4m expansion of our Emergency Operations Centre (EOC) at York. This strengthens our business continuity contingency plans and now provides a fifty-seater EOC on the first floor, meeting rooms, welfare facilities, training suites and a new incident room. Upgrades to the building include installation of a lift along with state-of-the-art heating and air conditioning systems. Work to improve the car park includes the addition of electrical vehicle charging points.

- 3.9 We have taken another small but important step to a net zero NHS at our Bainbridge ambulance station. The old oil system has been replaced with solar photovoltaics (PV), supporting a thermodynamic heating system which will provide solar heating to the ambulance station. Compared to oil, the thermodynamic heating system provides the same thermal output at half the running cost and with an 84% reduction in carbon emissions.

New technology

- 3.10 We continue to embrace technology with the implementation of the latest medicines management systems and robotic automation to do repetitive back-office processes. We are working as part of the Northern Ambulance Alliance to develop a Common Computer Aided Dispatch system. The CAD is the software used within the EOC to triage calls and deploy ambulance resources. One of the benefits of a common CAD would be improved patient experience and outcomes through cross-boundary collaboration across the four ambulance services, including North East Ambulance Service.

4.0 Recommendation

This paper provides an update for the Scrutiny committee on the current challenges faced by YAS and the steps that it is taking to address them. It is recommended that the update is noted for comment and consideration.

Primary Care in North Yorkshire

North Yorkshire Scrutiny of Health Committee

16th June, 2023

Wendy Balmain - North Yorkshire Place Director

Dr Bruce Willoughby – Clinical Place Director North Yorkshire and York

Andrew Dangerfield – Head of Primary Care Transformation North Yorkshire Place

North Yorkshire Place Primary Care Networks (PCNs)



Name of PCN	Harrogate Locality Practices	Total PCN list size
Knaresborough & Rural	Church Lane Surgery	57,678
	Springbank Surgery	
	Nidderdale Group Practice	
	Eastgate Medical Group	
	Beech House Surgery	
	Stockwell Road Surgery	
Heart of Harrogate	Dr. Moss & Partners	52,278
	The Leeds Rd Practice	
	Church Ave. Med Grp	
	Kingswood Surgery	
Mowbray Square	The Spa Surgery	30,498
	East Parade Surgery	
	Park Parade Surgery	
Ripon & Masham	North House Surgery	30,037
	Dr. Ingram & Partners	
	Ripon Spa Surgery	
	Dr. Akester & Partners	

Name of PCN	Hambleton & Richmondshire Locality Practices	Total PCN list size
Richmondshire	Aldbrough St John	42,967
	Catterick Village Medical Centre	
	Central Dales Surgery	
	Harewood Medical Practice	
	Leyburn Medical Practice	
	Quakers Lane Surgery	
	Scorton Medical Centre	
Friary Surgery		
Hambleton North	Great Ayton Health Centre	45,510
	Stokesley Health Centre	
	Mayford House Surgery	
Hambleton South	Mowbray House Surgery	29,622
	Glebe House Surgery	
	Lambert Medical Centre	
	Thirsk Health Centre	
	Topcliffe Surgery	

Name of PCN	East Coast Locality Practices	Total PCN list size
North Riding Community Network	Sherburn Surgery	38,969
	Ampleforth & Hovingham	
	Ayton & Snainton Medical Practice	
Scarborough Core	Derwent Practice	49,910
	Central Healthcare	
	Eastfield Medical Centre	
	Brook Square Surgery	
Filey and Scarborough Healthier Communities Network	Castle Health Centre	32,478
	Hackness Road Surgery	
	Filey Surgery	
Whitby Coast and Moors	Scarborough Medical Group	27,018
	Hunmanby Surgery	
	Whitby Group Practice	
	Sleights & Sandsend Medical Practice	
	Egton Surgery	
	Danby Surgery	
	Staithe Surgery	

Name of PCN	Vale of York Locality Practices	Total PCN list size
Selby Town	Scott Road Medical Centre	52,169
	Escrick Surgery	
	Beech Tree Surgery	
	Posterngate Surgery	
Tadcaster and Rural Selby	Tadcaster Medical Centre	30,349
	South Milford Surgery	
	Sherburn Group practice	
South Hambleton and Ryedale	Millfield Surgery	33,137
	Pickering Medical Practice	
	Tollerton Surgery	
	Kirbymoorside Surgery	
	Stillington Surgery	

A supported,
sustainable
workforce that
is empowered
to innovate



Access that meets
the changing
needs of our
populations



A focus on
population
health and
inequalities
to level up



Learning from
each other and
scaling-up when
it's right



Fuller Review and Neighbourhood Teams





- Ambition to develop more integrated multi-disciplinary teams (MDTs). MDTs to reflect the locality and local partners including community services
- Focus on the frail elderly to prevent admission and maintain patients in their own homes
- Joint working with all health and social care partners including the voluntary sector embedded
- All practices and PCNs actively engaged in taking forward the Fuller recommendations

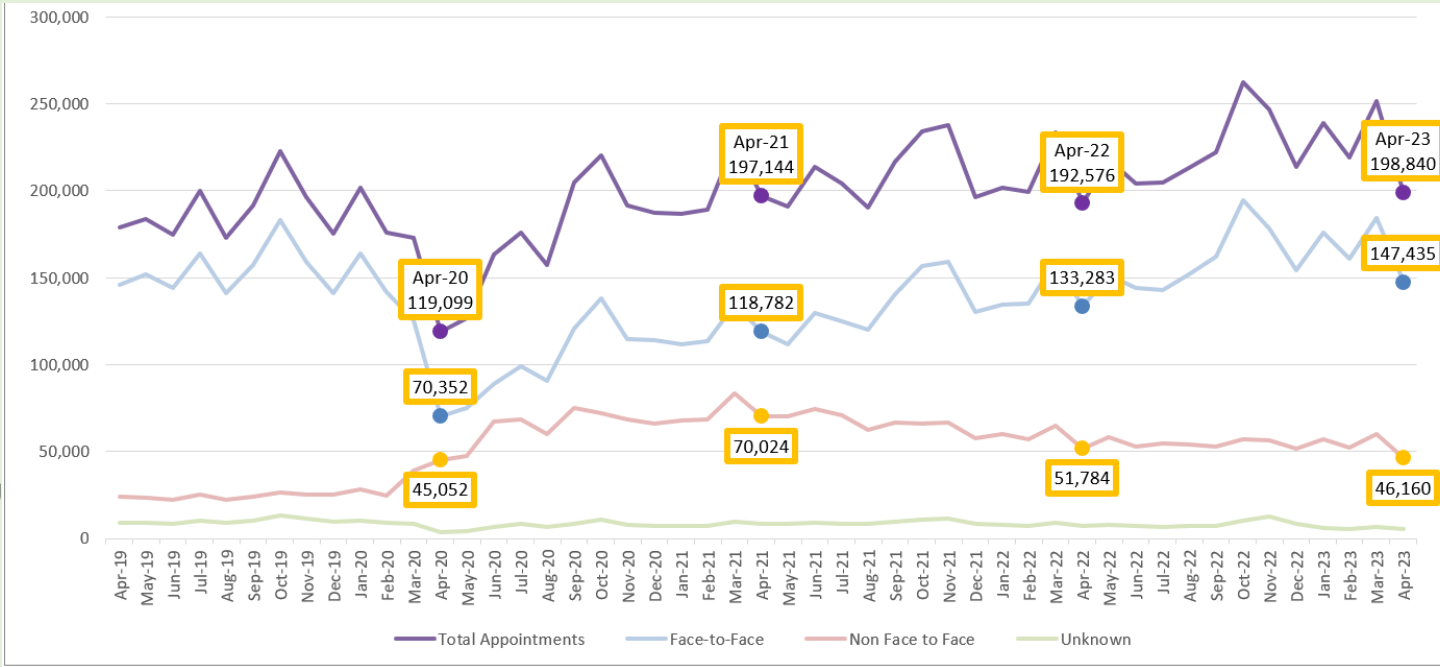
Primary Care Capacity and Access Planning

- Improve patient experience of contact with the practice
- Improve accuracy of appointment recording and data
- Increase use of online consultation capacity and utilisation of the NHS App
- Make use of available cloud-based telephony
- Increased use of practice websites that are easier to navigate

- Greater use and involvement of community pharmacy services
- Increased number of pathways for self referrals reducing the demand on first contact with Primary Care
- Secondary care making onward referrals and proving discharged patients with what they need include fit note

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1		Empower patients	<ul style="list-style-type: none"> • Improving NHS App functionality 	<ul style="list-style-type: none"> • Increasing self-referral pathways 	<ul style="list-style-type: none"> • Expanding community pharmacy
2		Implement new Modern General Practice Access approach	<ul style="list-style-type: none"> • Roll-out of digital telephony 	<ul style="list-style-type: none"> • Easier digital access to help tackle 8am rush 	<ul style="list-style-type: none"> • Care navigation and continuity • Rapid assessment and response
3		Build capacity	<ul style="list-style-type: none"> • Growing multi-disciplinary teams 	<ul style="list-style-type: none"> • Expand GP specialty training 	<ul style="list-style-type: none"> • Retention and return of experienced GPs • Priority of primary care in new housing developments
4		Cut bureaucracy	<ul style="list-style-type: none"> • Improving the primary-secondary care interface 	<ul style="list-style-type: none"> • Building on the 'Bureaucracy Busting Concordat' 	<ul style="list-style-type: none"> • Streamlining IIF indicators and freeing up resources



NB – Doesn't include Vale practices

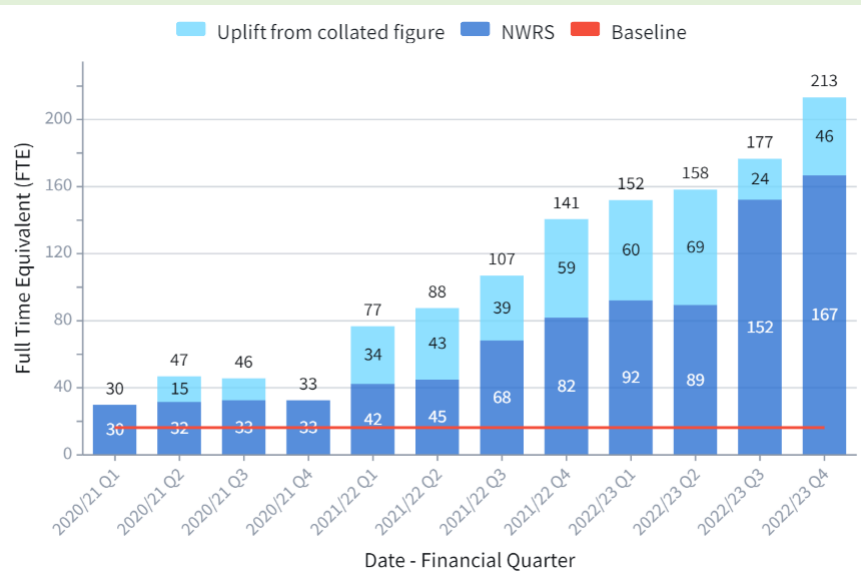
- Increasing number of appointments per day since Covid
- 2.8m appointments delivered in 2022/23
- Plans for over 3m appointments in 2023/24

- 54% of registered population have downloaded the NHS App (on track to deliver national target of 60%)
- Increasing use of the App to book and cancel appointments, freeing up time in practice.



Primary Care Workforce

Additional Roles Recruitment (ARRS)



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- Growth in recent years in ARRS (additional roles reimbursement scheme) funded roles
- Budget available to recruit more roles during 2023/24
- Major recruitment of the Care Navigators and Digital Transformation Leads and support for development of roles and new training tools
- ICB team to work with PCNs to recruit/develop the Social Prescribing Link Worker roles to support patients with self help

ARRS Roles

- Types of roles include:
 - Mental Health Support Workers
 - Social Prescribers
 - Physiotherapists
 - Pharmacists
 - Advanced Practitioners
 - Digital Transformation Support
- 22/23 Total of 205 whole time equivalents
- 23/24 Total forecast 450 whole time equivalents

Pharmacy

- Working with and utilising the support of pharmacy services, building those relationships.
- 64 pharmacists signed up to provide Community Pharmacy Consultation Service
- 57 signed for hyper-tension case finding

Current Progress

- Increasing take up of the NHS App
- Patient Access to Records (future information) in the NHS App scheduled for Autumn
- Use of novel communication tools supporting patient communications:
 - Health monitoring questionnaires
 - Test results sharing
 - Prescription collection reminders
 - Health campaigns.
- All NY Practices actively using Patient Triage/Online Consultation to support timely patient access
- Greater use of Yorkshire and Humber Care Record (YHCR) between professionals, e.g. adult social care saving time by reducing calls to practices and speeding up decision making

Plans for this year

- General Practice website reviews to ensure accessibility and easily readable
- Move practices to cloud based telephony to provide better experience for patients booking appointments
- All GP Practice sites either have or have commissioned high speed broadband, supporting technology enabled ways of care delivery – all sites will be completed in 2023/24
- Maximisation of NHS App (currently highest take-up in the ICB) to improve access and free up clinical time
- Digital Inclusion initiatives across patient groups and NY communities to ensure equity of access

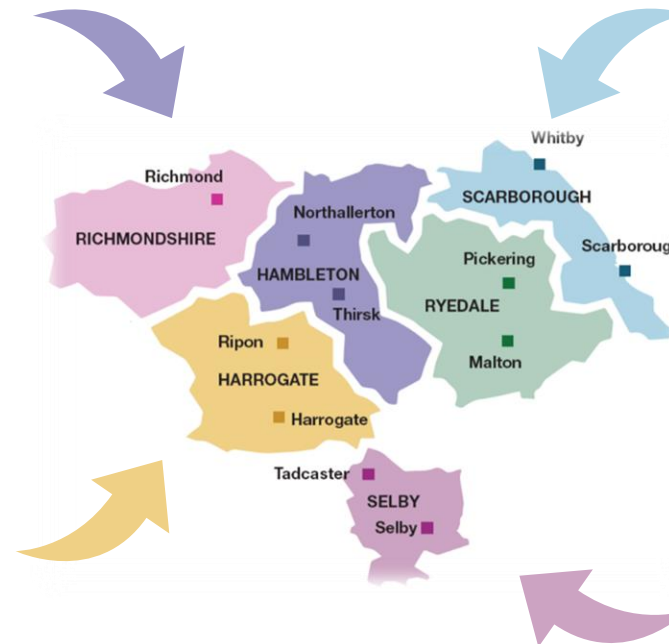
Taking a Population Health Management (PHM) Approach

- PHM uses data to understand the needs of the population – shifting from reactive care to proactive care
- Working with partner organisations, PCNs identify cohorts of patients who share a similar risk, and design interventions to reduce that risk using continuous quality improvement methodology
- Programme of support commissioned across the Integrated Care System to help PCNs adopt this way of working

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Practices in Hambleton and Richmondshire identify patients who are at risk of frailty using the electronic Frailty Index tool. They verify the actual level of frailty and depending on scores, develop care plans and referrals for support

The four Harrogate and Rural PCNs working together to develop the Proactive Care Team (PACT) – using data to identify who's at risk of falls and admission leading to an Occupational Therapy team proactively working with them to reduce that risk



North Riding PCN and Filey Scarborough PCN are working with partners to identify a cohort to focus on by analysing data on where gaps are. Cohorts under consideration are: People with Mental Health Conditions; People aged 75+ with no Long Term Conditions; males (not in care homes) with cancer

Selby Town PCN identified 77 families with under 5's in the most deprived areas. They are proactively engaging with the families using a Community Health Worker Model looking at eg vaccination, benefits, respiratory issues of whole family.

Migrant Health

- Clifton Hotel Scarborough 170 beds (closes Aug)
- Green Gables Scarborough 162 beds (closed)
- Allerton Court Northallerton 84 beds
- Yorkshire Gateway Selby 114 beds
- Best Western Selby 43 beds
- Total >900 asylum seekers and Afghan Resettlement Scheme with complex needs migrants supported.
- GP Practices and Bevan Health Care (Selby) providing:
 - General Practice
 - Vaccinations
 - TB Screening
 - Mental Health support
 - Sexual Health
 - Onward referral

Covid Vaccinations

- Since December 2020 almost 2m vaccinations given
- c80% uptake in eligible cohorts
- Delivered by large scale centres, GP sites and community pharmacies
- Significant logistical and staffing challenge
- Specific services for patients with allergies
- Care Homes and Housebound
- Different eligibility dependent JCVI (Joint Committee on Vaccination and Immunisation) guidance
- Spring 2023 programme end 30th June
- Winter 2023 programme TBC

- Number of appointments is higher than pre-covid
- Face-to-face appointments above pre-covid levels
- Good performance for on-the-day access and appointments within two weeks

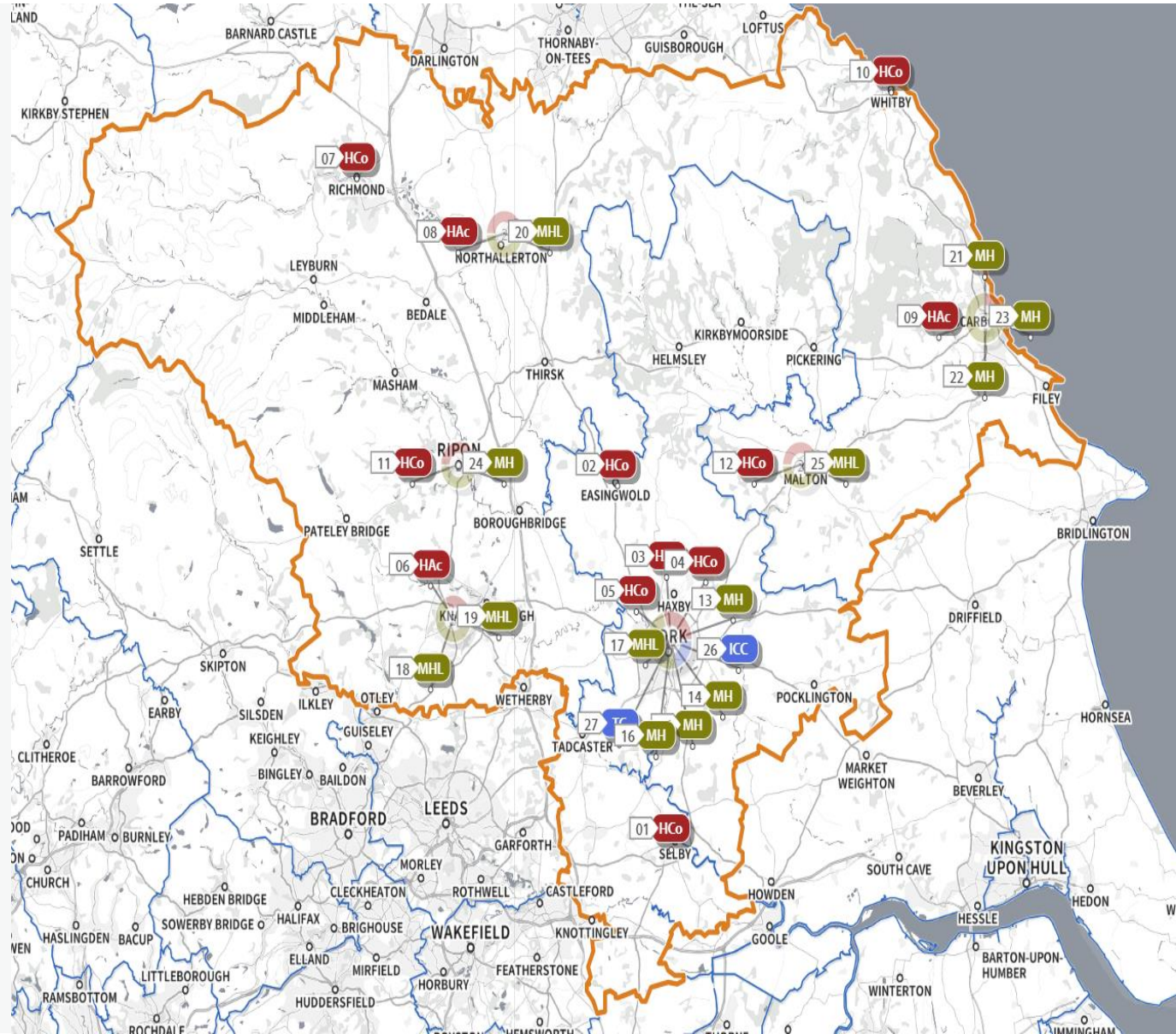
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New digital services to help improve access for all patient groups

Increasing take-up of NHS App, highest in the HNY ICS

- New staff roles in primary care increasing capacity to support a wide range of patient needs
- Strong partnership working with growing focus on population health to close the gap on unwarranted variation in health inequalities
- Detailed programme of work underway to support ongoing improvements in primary care access and experience across North Yorkshire

- 01 HCo The New Selby War Memorial Hospital, Selby
- 02 HCo St Monicas Hospital, York
- 03 HAc York Hospital, York
- 04 HCo White Cross Rehabilitation Hospital, York
- 05 HCo St Helens Rehabilitation Hospital, York
- 06 HAc Harrogate District Hospital, Harrogate
- 07 HCo Friary Hospital, Richmond
- 08 HAc Friarage Hospital Site, Northallerton
- 09 HAc Scarborough General Hospital, Scarborough
- 10 HCo Whitby Hospital, Whitby
- 11 HCo Ripon and District Community Hospital, Ripon
- 12 HCo Malton Community Hospital, Malton
- 13 MH Foss Park Hospital, York
- 14 MH Mill Lodge Community Unit, York
- 15 MH Huntington House, York
- 16 MH Clifton House, York
- 17 MHL Orca House, York
- 18 MHL Windsor House, Harrogate
- 19 MHL Dragon Parade Clinic, Harrogate
- 20 MHL North Moor House, Northallerton
- 21 MH Lake House, Scarborough
- 22 MH Cross Lane Hospital, Scarborough
- 23 MH Ellis Centre, Scarborough
- 24 MH The Orchards Day Hospital, Ripon
- 25 MHL Springwood, Malton
- 26 ICC Archways Intermediate Care Unit, York
- 27 TC Clifton Park Treatment Centre, York



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North Yorkshire Council
Scrutiny of Health Committee
16 June 2023
Work Programme 2023/2024

1.0 Purpose of Report

- 1.1 This report invites Members to consider the Committee's Work Programme for 2023/2024, considering the outcome of discussions on previous Agenda Items and any other developments taking place across the County.
- 1.2 The Work Programme schedule is enclosed at Appendix 1.

2.0 Introduction

- 2.1 The role of the Scrutiny of Health committee is to review any matter relating to the planning, provision and operation of health services in the county.
- 2.2 The 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
- 2.3 Further information is available in the Department of Health (2014) guidance to local authorities entitled 'Local Authority Health Scrutiny Guidance to support Local Authorities and their partners to deliver effective health scrutiny'. It is available via the following link – <https://www.gov.uk/government/publications/advice-to-local-authorities-on-scrutinising-health-services>

3.0 Scheduled Committee dates and Mid-Cycle Briefing dates for 2023/2024

3.1 Committee Meetings

- Friday 16th June 2023 at 10.00 a.m.
- Friday 8th September 2023 at 10.00 a.m.
- Friday 15th December 2023 at 10 a.m.
- Friday 8th March 2024 at 10 a.m.

3.2 Mid Cycle Briefing Dates

- Friday 21st July 2023 at 10 a.m.
- Friday 3rd November 2023 at 10 a.m.
- Friday 19th January 2024 at 10 a.m.

3.3 Please note that the Mid Cycle Briefings are not public meetings and are attended by the Chair, Vice-Chair and Spokespersons for the political groups. These meetings are used to develop the committee work programme and determine the scheduling of key items.

4.0 Recommendation

4.1 The Committee is asked to confirm, comment, or add to the areas listed in the Work Programme Schedule.

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06 June 2023

NORTH YORKSHIRE COUNCIL
Scrutiny of Health Committee
Committee Work Programme 2023/24
Dated: 28 April 2023

Meeting dates

- Scheduled future Committee Meetings: 10am on 16th June, 8th September, 15th December
- Scheduled mid cycle briefings: 21st July, 3rd November, 19th January 2024 via Teams

Meeting	Subject	Aims/Terms of Reference	Report
10 March 2023	DPHAR	Summary of Director of Public Health's Annual Report	Louise Wallace
	Preventative Prescribing	Alternative Social Prescribing – to be taken offline with Cllr Haslam and Louise Wallace.	Louise Wallace
	CAMHS	Mental health enhanced community services	Brian Cranna, Care Group director, NY, York & Selby Care Group
	Changes to sexual health service in North Yorkshire	Report on first 9 months of new service	Emma Davis, HAS, NYC
16 June 2023	YAS	Update on Yorkshire Ambulance Service	Jeevan Gill & Rod Barnes, Chief Exec, YAS
	Primary Care in North Yorkshire		Wendy Balmain Andrew Dangerfield and Dr Bruce Willoughby
	NHS Estate	Understanding of property portfolio	

	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. Summary report from HAS.	Rachel Bowes, HAS, NYC
8 Sept 2023	Deep Dive into Autism and the strategy	Follow up from November meeting	Natalie Smith
	Update on North Yorkshire Place	Review 12 months after implementation	Wendy Balmain
	Proposed re-build of the Airedale Hospital on the existing site	Follow up from November meeting	Francesca Hewitt
	Catterick Integrated Care Campus	Follow up from November meeting	Georgina Sayers
	Acute Mental Health Services		Brian Cranna
	Hyper acute stroke services for the North Yorkshire population	Performance data to be provided on the hyper acute stroke pathway	Jamie Todd & Neil Wilson, York & Scarborough NHS Foundation Trust
	Urgent Care Delivery in York and The east Coast	NHS Vale of York Clinical Commissioning Group - Urgent care engagement (valeofyorkccg.nhs.uk)	Rachel Durrett – Humber & NY ICB
	Independent public inquiry into the Government handling of the COVID-19 pandemic Report due – TBC - Align with HAS & RW when published	Review of module 1 and the Council's statutory duties around protecting the public	Barry Khan, Assistant Chief Exec, Legal and Dem Svs & Monitoring Officer
To Be Confirmed or Completed (possibly to return in the future)			

	Independent public inquiry into the Government handling of the COVID-19 pandemic Still to be published	
	Information re the Health and Social Care Committee submission	To Share when published
	Capital investment in Scarborough Hospital and the development of the Emergency Department and critical care facilities	
	NHS Dentistry – access to and availability of places – submission to Health and Social Care Committee	Ongoing scrutiny
	Overview of Public Health commissioning, provision and budget planning (when required)	Victoria Turner, HAS, NYC
	TEWV CQC inspections and action plans- as required	Brian Cranna, TEWV
	GP Waiting list information and access figures	Ongoing scrutiny - local report to Thirsk & Malton ACC

ITEMS FOR MID CYCLE BRIEFINGS

DATE	POTENTIAL ITEM
Friday 20 th January 2023 at 10.00am (in respect of the Committee meeting on 10 th March)	Discussion re outcome of request for social prescribing for March Committee - Louise Wallace Hyper acute stroke services – Neil Wilson, York & Scarborough NHS Foundation Trust Pharmaceutical Needs Assessment – Discuss the PNA and explore the wider role that pharmacies play in the local community as a first point of contact - Claire Lawrence/Louise Wallace. Date for Committee to be agreed for 23/24

DATE	POTENTIAL ITEM
Friday 21 st April 2023 at 10am (in respect of the Committee meeting on 16 th June)	Neil Wilson – Hyper Acute Pathway content discussion prior to Committee in June Jeevan Gill , YAS content discussion prior to Committee in June Committee Work Programme

*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 several times during the year.