

North Yorkshire Council

Scrutiny of Health Committee

Minutes of the meeting held on Friday, 13th September, 2024 in the Grand Meeting Room at County Hall, Northallerton commencing at 10.00 am.

Councillor Andrew Lee in the Chair. plus Councillors Nick Brown, Caroline Dickinson, Michelle Donohue-Moncrieff, Richard Foster, Peter Lacey, Rich Maw, Heather Moorhouse, Clive Pearson, Andy Solloway and Andrew Timothy.

Officers present: Diane Parsons (Principal Scrutiny Officer)

Other Attendees: Ashley Green (Healthwatch North Yorkshire), Dawn Parkes (York and Scarborough Hospitals NHS Foundation Trust), Lisa Pope (NHS Humber and North Yorkshire ICB) and Sascha Wells-Munro (York and Scarborough Hospitals NHS Foundation Trust).

In attendance remotely: Eleanor Nossiter (Airedale NHS Foundation Trust)

Apologies: Councillors Liz Colling, Sam Gibbs, John Mann, David Noland and Andy Paraskos.

Copies of all documents considered are in the Minute Book

11 Apologies for Absence

The Chair welcomed everyone to the meeting. Apologies were noted from Councillors John Mann, Sam Gibbs, Liz Colling, Andy Paraskos and David Noland. It was noted that Councillor Yvonne Peacock was attending as substitute for Councillor Gibbs and Councillor Steve Shaw-Wright was attending as substitute for Councillor Colling.

12 Minutes of the Meeting held on 14th June 2024

Resolved

That the minutes of the meeting held on 14th June 2024, having been printed and circulated, be taken as read and be confirmed and signed by the Chair as a correct record.

13 Declarations of Interest

Councillor Richard Foster declared a personal non-prejudicial interest in relation to Item 9 (Airedale Hospital Development Update) that he is a member of the Airedale NHS Foundation Trust Council of Governors, appointed through North Yorkshire Council.

14 Chair's Announcements

The Chair updated the committee on a matter which is being progressed outside of committee business. Councillor Paul Haslam has contacted the Chair to convey concerns on behalf of a resident regarding the current framework for responding to individuals experiencing a mental health crisis, where this had resulted in an armed police response. The matter was discussed at the last Mid-Cycle Briefing and the Chair agreed to convene a multi-agency meeting of partners to consider further. The Chair wrote to a number of

partners including the police, NHS colleagues and the Chairs of the Police, Fire and Crime Panel and Care and Independence Committee. The group is particularly interested to explore the 'Right Care, Right Person' model adopted by North Yorkshire Police around twelve months ago, to better understand how this is working in relation to crisis care response. An informal, remote meeting will be convened on 7th October to consider this matter further and the Chair agreed to report back to the committee in due course.

15 Public Participation

No questions or statements had been received.

16 Progress on Issues Raised by the Committee

Considered

The report of the Principal Scrutiny Officer updating on progress on issues and actions from the last committee meeting.

A concern was raised regarding the additional information provided following the last meeting by Yorkshire Ambulance Service (YAS), in particular the high costs identified for disposal of soil at the site of the Scarborough Ambulance Station build. The concern was that it was deemed to be unclear as to why these costs were so high. The Chair agreed to review the matter at the next Mid-Cycle Briefing but that as a detailed brief has been provided by YAS, further discussion would be required to identify whether there would be benefit in asking them to return to committee to speak to the data.

Concern was also raised regarding the wording of the final response from North Yorkshire Council to the government regarding the consultation on community water fluoridation expansion in north-east England. It was felt that the final wording submitted did not reflect the committee's discussions in that contrary views to fluoridation were acknowledged but on balance it had been felt that the health outcomes were favourable. The Chair advised that the committee's views were clearly articulated to Councillor Michael Harrison as portfolio holder and that agencies/groups with views from each side of the argument were aware of the meeting discussions with opportunity to contribute. However, there is no further action that can be taken on this at this stage. It is likely that when the issue returns to the committee it will have regard to a consultation for a much larger area of the county and can be revisited then.

The Chair was asked whether there are plans for a specific review on ambulance waiting times in the Richmond and Hambleton areas and it was agreed that while nothing had been identified specifically, the Mid Cycle Briefing could consider when best to bring an update on ambulance times.

Resolved –

That the committee notes the report provided.

17 NHS Humber and North Yorkshire Integrated Care Board: Annual Report 2023/24

Considered

The Humber and North Yorkshire ICB Annual Report for 2022/23.

Lisa Pope gave a brief overview of the report, including highlighting the following:

- 600,000 extra GP appointments have been provided in the last year;
- Harrogate and District is one of few Trusts which achieved the national standard for seeing urgent and emergency care patients within 4 hours;
- Cancer pathways completed within 62 days from referral are down by 2.9% although the backlog has improved significantly in the last year.

Members' discussion on the report covered a number of points including the following:

- The importance of ensuring that the report is written in plain English.

Members were advised that the report was written in a way discernible to English speakers but it was highlighted that an Easy Read version is also available.

- The area covered by the ICB seems too large to be able to deliver effectively and its place-based model potentially risks missing out a middle layer of partnership and collaboration with local authorities and the third sector.
- The report would benefit from more of a focus on prevention and green social prescribing and Members are interested to understand how social prescribers are supporting people where wider issues such as benefits or housing can be at the root of the issue.

The size of coverage of the ICB was acknowledged although teams are locally embedded. Each primary care network has a social prescriber role in place and where new housing developments arise, it's also ensured that there is a focus on prevention and social prescribing. It was agreed that further data would be obtained on what type of work social prescribers are picking up in communities.

- The location of the Scarborough Community Diagnostic Centre (Eastfield) and concerns regarding accessibility and lack of public transport to the site for all Scarborough residents and those farther afield such as Hunmanby.

The ICB has been unable to secure a site in central Scarborough and so Eastfield was selected due to local deprivation and poor access to preventative care. Work is underway with council transport colleagues to look at patient access and bus services.

- Concerns around the ICB's governance approach and compliance with handling of Freedom of Information Act requests (Fols).

The committee were advised that the rules around handling Fols are strict and clear and this sometimes means that responses are given which won't involve extrapolation, however the feedback will be taken back to colleagues.

- Reference was made to the recent Motion to Full Council regarding seeking fairer funding from central government for hospices. The ICB were commended for incorporating end of life care/dying well within their report and the committee would be interested to know how hospices are included in their financial planning.

The Chief Executive of the ICB has met with the Directors of hospices and agreed a funding uplift. Hospice colleagues are part of the ICB's community service offer.

- The ICB were invited to Harrogate and Knaresborough Area Committee to discuss new models of emergency care.

The ICB are happy to attend a future meeting.

- The committee were concerned to ask about dental services and further

commissioning in North Yorkshire, in addition to wanting to understand investment plans for “clawback” funds.

The ICB is supporting existing practices to expand their capacity and also supporting the establishment of new practices. It was acknowledged that further work needs to be done to meet demand but that work is underway at pace. It was agreed that information regarding investment of clawback will be explored and reported back.

- Differences were noted by the committee in terms of accessibility to GP appointments at different practices and the committee was keen to obtain further data breaking down appointments in-person or by telephone by localities, in addition to how many appointments were reactive versus preventative.

It was agreed that information will be obtained on the proportion of telephone versus in-person appointments and it will be identified whether any further data regarding types of consultation is available across areas.

- Access to mental health care was noted to require improvement.

A deeper dive was offered on this matter as there has been a significant piece of work on this via a mental health collaborative which sits across the ICB and includes TEWV. The Chair agreed to consider this further at the Mid-Cycle Briefing.

- Members noted staff turnover and queried whether this was a cause for concern for the ICB.

It was acknowledged that frequent change and several staff consultations in recent years will have been unsettling for some staff but the ICB Executive is aware and keen to recruit and retain talent.

Resolved

That the committee:

- (a) Notes the report provided and obtains further information from the ICB as identified during the discussions; and
- (b) Receives the annual ICB report again in September 2025.

18 CQC Maternity Inspection Outcomes - Update Report

Considered

The report of York and Scarborough Teaching Hospital NHS Foundation Trust updating the committee on progress achieved against CQC inspection outcomes into maternity services.

Sascha Wells-Munro (Director of Midwifery) and Dawn Parkes (Chief Nurse Designate) presented the report. As part of their introduction, the committee were advised that the CQC visited on 9th September and were very impressed with the maternity team and the level of improvement work done. The committee were advised how the maternity and neonatal improvement plan had developed, ensuring the engagement of frontline clinicians in maternity but also service users and partnerships. The workplace culture has improved significantly and there is clear, risk-assessed prioritisation around clinical care for women. There is a significant funding gap so they are working with the Trust Board, ICB colleagues and maternity and neonatal system to work within this.

Further to a Member question regarding the CQC outcomes, the Trust are hopeful that the

section 31 notice will be removed by early next year following re-visit.

Members also discussed home births and how the Trust works with women making this choice to ensure clear advice and safety. The committee were advised that due to staffing challenges, the Trust are not able to consistently provide home births and they have been working with an independent midwifery company. They are also working with doulas in York and Scarborough to get the best information out to women so they can make an informed choice. It was confirmed that home births do represent an additional cost versus hospital birth as two midwives must attend. However, the Trust is required to provide choice to all women as best they can.

The committee asked about the noted workforce gap of 44 midwives highlighted and it was advised that some of this increase is around the headroom needed but also about enabling a level of sickness and annual leave plus meeting training requirements. The Trust is taking a full review of the community midwifery model and have responded to the Healthwatch report. The Trust is struggling to maintain access within GP services so is looking at allocating midwives geographically rather than through the traditional base in GP services.

Resolved

That the committee:

- (a) notes the report provided; and
- (b) receives a further progress update in due course.

19 Airedale Hospital Development Update

Considered

The recent correspondence received and verbal update provided from Airedale NHS Foundation Trust regarding the development of the new hospital.

Eleanor Nossiter (Communications, Securing The Future) highlighted that the Trust is developing its plans for a multi-storey car park which may involve looking at relocating some services temporarily and where these could be provided from, in addition to going through the necessary planning process. As such they are asking patients, staff visitors and residents on their views. If the Trust needs to move any patient services then there will be a consultation process.

The committee were keen to establish whether the planned build will definitely go ahead in view of the fact that the new government has highlighted that some hospital builds will be scrapped. At this stage, Airedale is still subject to review as per other hospitals but it was felt that because it cannot be safely used due to the presence of RAAC, the work is currently planned to continue. It was also noted that the local Area Committee is writing to the government to stress the need for the new hospital, for which the Trust thanked both committees for the support given.

Members asked about the possibility of free parking for staff, if this is fed back during the consultation. Members were advised that parking charges are part of a wider NHS policy but any feedback on this will be included in all the reports they will do and will be considered. Members also fed back that it isn't easy for wheelchair-accessible vehicles to park on the current site. The committee were advised that this point has been raised and is being explored further. Parking spaces will be larger and they will also look at easier surface-level access and maximising local public transport links.

It was agreed that all feedback received during the discussions will be taken into account.

Details of the engagement around the new car park and any linked service moves will be shared with Members.

Resolved

That the committee notes the update provided regarding the development of the new Airedale Hospital.

20 Healthwatch England Annual Report 2022/23

Considered

The Healthwatch England Annual Report 2022/23, presented by Ashley Green, Chief Executive of Healthwatch North Yorkshire.

Ashley introduced the report by outlining the framework and funding for the organisation, which is managed through North Yorkshire Council. Healthwatch is an independent champion which listens to people's experiences and acts as a critical friend of the health and social care system. There are four members of staff in North Yorkshire. Ashley made reference to the various reports that they have produced over the year to try to influence better outcomes and experiences, including rurality and accessing services, and the level of information provided via GP websites. Examples of their impact and influence included improvements made in some care homes around ensuring quality of life. Future priorities included engagement with farmers as it's identified that they often present late to services with issues.

The committee identified a number of queries and areas of interest from the report. It was identified that caution should be given to referring to working within deprived areas as deprivation comes in a variety of forms, including lack of access to services in rural areas. Ashley highlighted a rurality conference that Healthwatch is organising next year, to which councillors will be invited and also that they are linked in to the parish council network. Members identified benefit in the organisation feeding in to the Care and Independence Overview and Scrutiny Committee around its social care remit and it was felt that it would be helpful to have a more North Yorkshire-focussed report.

Members discussed how Healthwatch may contribute to the work of the committee. It was agreed that it would be helpful to continue to invite Healthwatch to sit in on Mid-Cycle Briefings in addition to attending committee meetings to observe. Where there are links with areas of interest to the committee it may be helpful in future to bring in linked reports or studies from Healthwatch.

The committee discussed Healthwatch's review of mental health transitions for young people into adulthood and how the organisation relies on collaborative working with the third sector to get a greater reach. Members also drew on issues affecting residents to make suggestions for future Healthwatch reviews including on heating costs and medicine supply issues.

Resolved

That the Healthwatch England Annual Report 2022/23 is noted.

21 Work Programme

Considered

The committee's outline programme of work for 2024/25.

Members suggested that a West Yorkshire ICB update on their performance and progression would be helpful on the programme, in addition to future items on:

- Mental health access
- Performance on emergency and urgent care
- Health visiting.

These issues will be considered further at Mid-Cycle Briefings.

Resolved

That the committee approves the proposed programme of work and incorporation of suggestions for future items.

22 Any Other Items

No urgent business had been notified.

23 Date of Next Meeting

Wednesday 18th December 2024 at 10am at County Hall, Northallerton.

The meeting concluded at 12.18 pm.