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North Yorkshire County Council

Scrutiny of Health Committee

Minutes of the meeting held on Friday, 16th December, 2022 commencing at 10.00am.

Members:-

County Councillor Andrew Lee in the Chair plus County Councillors Liz Colling, Caroline Dickinson, Richard Foster, Sam Gibbs, Paul Haslam, Nathan Hull, George Jabbour (sub) Peter Lacey, Rich Maw, Andrew Murday, David Noland, Clive Pearson, Andy Solloway and Malcolm Taylor (sub)

Co-Opted Members:-

District and Borough Councillors Kevin Hardisty and Tom Watson (sub).

Officers present: Natalie Smith - Head of Service, Health & Adult Services Population Health Planning, NYCC, Michelle Miles - Service Manager, Health and Care, NYCC, Daniel Harry - Democratic Services and Scrutiny Manager, Christine Phillipson - Principal Democratic Services and Scrutiny Officer.

Other Attendees: Francesca Hewitt - Senior Programme Manager, Airedale NHS Foundation Trust (via Teams), Lisa Pope - Deputy Director of Primary Care, Community Services and Integration, Humber & North Yorks Integrated Care Board, Colonel Nicola Macleod - Regional Clinical Director, Defence Primary Healthcare Regional Headquarters (North), Georgina Sayers - Communications and Engagement Manager Humber and North Yorkshire Health and Care Partnership (North Yorkshire), Brian Cranna - Care Group Director, Tees, Esk and Wear Valley NHS Foundation Trust, Elizabeth Moody - Director of Nursing and Governance and Deputy Chief Executive (via Teams) .

Copies of all documents considered are in the Minute Book

227 Minutes of Committee meeting held on 4 November 2022

That the minutes of the meeting held on 4 November 2022 be taken as read and be confirmed by the Chairman as a correct record.

Minute no 220 will be followed up at the next Committee meeting on 10th March 2023.

228 Apologies for Absence

Councillors John Mann (with Councillor Malcolm Taylor as substitute) and Heather Moorhouse (with Cllr George Jabbour as substitute)

Scarborough Borough Councillor Jane Mortimer, Harrogate Borough Councillor Nigel Middlemass (with Borough Cllr Tom Watson as substitute), Ryedale District Councillor Susan Graham, Richmondshire District Councillor Pat Middlemiss and Selby District Councillor Jennifer Shaw-Wright.

229 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.

230 Chairman's Announcements

The Chairman stated that due to officer illness agenda item 10 will not be presented today and will be rescheduled to the 10th March 2023 meeting.

231 Public Questions or Statements

None were received.

232 Update on Catterick Integrated Care Campus - Verbal Update from Lisa Pope, Deputy Director of Primary Care, Community Services and Integration, Humber & North Yorks Integrated Care Board

Considered – Lisa Pope, Deputy Director of Primary Care, Community Services and Integration, Humber and North York's Integrated Care Board and Colonel Nicola Macleod, Regional Clinical Director, Defence Primary Healthcare Regional Headquarters (North) gave an update to Members on the Catterick Integrated Care Campus.

Key points to note were:

- Initial vision in 2015 was to deliver a range of health and social care services to improve the health and wellbeing of the people of Catterick Garrison, Richmondshire and beyond
- The current vision from NHS, MOD and partners is to deliver a purpose-built, state-of-the-art, health and wellbeing campus which provides high-quality, safe and sustainable primary and community care for the population of Catterick and the surrounding area, which is able to meet the current and future needs of the Ministry of Defence personnel and resident population
- The new facility aims to give all residents of Richmondshire access to the right care, at the right time, in the right setting, delivered by the right professionals to enhance their wellbeing and independence, and improve their overall quality of life
- Stakeholder and public engagement events have taken place
- Services being considered include GP services, social prescribing, clinical services, imaging and diagnostic services and a number of community services
- Expected benefits from an integrated care model are improved health and wellbeing, a more motivated workforce and a safe and sustainable health and care system
- The journey will take a number of years to be fully integrated
- The proposal is to start on site in 2023 with completion in early 2025 (both subject to confirmation/approval).

Councillor Colling asked if there had been any feedback from the families and parents of service personnel.

Lisa confirmed that families had expressed a positive reaction and were looking forward to the campus and indeed the initial idea was born from a serving personnel example and lived in experience. The challenges were real being faced by families and partners. This was a unique development and could perhaps be the champion for modelling elsewhere. The benefits would be received by the whole community with access to the right care and service at the right time.

Councillor Maw asked if there would be dentistry provision available.

It was stated that only Ministry of Defence dentistry would be available not NHS as the Integrated Care Board does not secure the provision of dental services. Serious reform is required in order to change this both from the Government and nationally.

Councillor Haslam Commented that it was an exciting concept delivered with precision and detail and asked if plans were in place to ensure there was sufficient provision for transport to ensure the campus is accessible.

Lisa confirmed that they were working with Richmondshire District Council to develop travel plans and that a detailed part of the overall plan was to ensure accessibility.

Resolved – The Chairman thanked Lisa and Nicola for the presentation and wished them well for the project and asked that they return to a future Scrutiny of Health meeting with a further update. The item will be kept on the work programme and suggest a return in 9-12 months.

233 Update on Airedale Hospital - Francesca Hewitt, Senior Programme Manager, Airedale NHS Foundation Trust

Considered – A verbal update via Teams from Francesca Hewitt, Senior Programme Manager, Airedale NHS Foundation on the current situation at Airedale Hospital.

The main points covered:

- Airedale is one of seven hospitals constructed predominantly of RAAC
- There are approx. 20,000 load bearing planks in total of which 5400 are logged as being defective and of these 500 are severely damaged and being supported with structural steel
- RAAC material forms around 83% of the hospital estate
- An in-house monitoring programme inspects all planks annually and defective planks receiving a minimum of two inspections
- Plans are in place to decant all wards over the next three to four years
- Funding is not yet secured for a replacement hospital and there has been no announcement confirming the hospital will receive a place on the government's new hospital programme
- The trusts Chief Executive has written to the Prime minister and other Ministers to ensure they maintain an up-to-date picture on the deteriorating position of the hospital
- The trust continues to seek funding from all avenues.

Councillor Foster stated that this information was not in the public domain and most of the public in the area were not aware of it and more momentum is required in terms of communication.

Councillor Colling asked how NYCC could support and to confirm to Christine Phillipson who the Committee needed to lobby to ensure support for the trust.

Councillor Murday asked if some specialist provision would be needed elsewhere to support the project.

It was confirmed that endoscopy was currently in the new structure and theatres were unaffected. There has been a concern over the increase in costs, but the highest level of structural support was in use and the cost of full replacement was £100m less than building a completely new hospital.

Councillor Solloway agreed that there was little awareness in the public domain on this and the need to publicise the issues to the surrounding community was a priority. The hospital serves more than the immediate Airedale area and support from other Members was absolutely key and to be actively encouraged.

Councillor Haslam asked if there were any further statistics available and what the situation would be if funding was unsuccessful. Advising the Committee of how they can help would be well received.

Councillor Jabbour asked if there was a risk the hospital would need to be replaced sooner than 2030.

Francesca confirmed that the site was reviewed monthly due to the severity of the situation with daily checks completed in house. There was no current need to revise the life span date expected but obviously that is an unknown and the situation could change in the next few years. The risks would be reviewed again in January 2023.

In terms of increased costs, to build a new hospital in 2020 was £500m and is now circa. £680m in 2022. The cost to replace the RAAC in 2020 was £400m.

It was suggested the Committee write to the MP in order to lobby and also recuperate some costs from Government and also perhaps support a press release and /or write to NHS England in support of replacing the hospital.

Resolved – The Chairman thanked Francesca for her presentation and suggested she return to a future Committee meeting with an update. The Committee would support where possible and could Francesca confirm to Christine Phillipson who the Committee needed to lobby to ensure support.

234 TEWV CQC Reports - Follow Up from Brian Cranna, Care Group Director, Tees, Esk and Wear Valley NHS Foundation Trust

Considered – Presentation by Brian Cranna, Care Group Director, Tees, Esk and Wear Valley NHS Foundation Trust and Elizabeth Moody, Director of Nursing and Governance and Deputy Chief Executive, TEWV (via Teams) on the follow up action resulting from the recent West Lane independent reports.

Elizabeth reiterated that the reports were undertaken independently in response to the three young women in the care of TEWV. She stated that:

- We apologise unreservedly for the unacceptable failings in the care of the three young women which the report clearly identifies.
- We accept in full the recommendations made in the report – all the improvements required are being made where applicable to our services.
- We have met with the families.

Elizabeth continued and confirmed that many changes were being made, including a new organisational and governance structure in place since April 2022. TEWV now falls into two new care groups allowing strengthened reporting directly to the Trust's board. Two lived experience directors have been recruited into the leadership team and all changes have been made with the knowledge and oversight of the CQC and NHS England and are reviewed monthly at an external Quality Assurance Board, chaired by NHS England. TEWV's journey to change reiterated their three main goals for the next five years:

1. To co-create a great experience for our patients, carers and families
2. To co-create a great experience for our colleagues
3. To be a great partner.

Elizabeth continued to inform the Committee on the focus TEWV are taking in terms of patient safety including £5m investment to ensure safer wards, new safety summaries and safety plans, observation and engagement plans, daily safety huddles, a modernised incident reporting process and improving incident reporting and reviews from varying perspectives, e.g., patients, families and staff. Restrictive intervention has been significantly reduced and training improved with investment in both education and training.

Other key areas identified were:

- Patient centred care – with focus on putting patients and carers at the centre of their own care and making sure we learn from their experiences
- Autism informed care – with a trust-wide Autism Project providing training to staff across all specialties, including adult inpatient services
- Evidence based practice in CAMHS - Over 2021/22 development in an evidence-

based, person centred approach to care based on the iTHRIVE system framework, looking at every stage of a patient's journey from referral through to treatment and then discharge from care

- A dedicated 24/7 CAMHS crisis teams across the Trust providing better links between children and adult services
- Improvements to the complaints process with a more empathic approach to improve culture and ensure better outcomes for our patients, carers and their families.

Elizabeth concluded that while waiting lists remain an ongoing issue the availability of a 24/7 crisis team was now in place and would help manage any issues that arose.

There were no further questions from Members.

Resolved – The Chairman thanked Elizabeth and Brian for their presentation and for returning to the Committee with further detail on the reports so quickly. It was suggested that Brian return to the March meeting with more insight into mental health issues and then to future Committees in 2023 with regular updates.

235 Autism Strategy Report and Deep Dive - Natalie Smith, Head of Service, Health & Adult Services Population Health Planning, NYCC

Considered – Natalie Smith, Head of Service, Health and Adult Population Planning, NYCC and Michelle Miles, Service Manager, Health and Care, NYCC gave a presentation updating the Committee on the deep dive into Autism identified at the Scrutiny of Health Committee in June.

Natalie summarised the presentation Members had received looking at the work that has already been completed, then opened the floor to Members to ask any questions.

There then followed a discussion with the main questions and comments summarised as follows:

- Symptoms varied enormously making diagnose more difficult
- Integration in younger age groups was paramount
- Autism appears to be more prevalent in younger girls, how would this be identified in schools
- Are there any employees that have Autism employed in any relevant workplaces?
- Is there any data re employment opportunities for people with Autism?
- Is there an action plan as part of the strategy?.

Natalie and Michelle confirmed that as part of the engagement sessions there would be participants with lived experience and young people. In terms of identifying autism in early years in schools, information on this would be sought from colleagues in SEND. The status of autistic employees will be explored, there is however a number of internal pages within NYCC that encourage group participation. There is an action plan within the strategy and the implementation and action plan run alongside one another. In terms of specific employment opportunity data, baseline data will be part of the JSNA, if there are any specific questions that Committee feel are relevant these can be included if supplied. The Care and Independence Committee had previously had this presentation on 8th December, and it was requested that answers to the questions asked there could also be shared with the Scrutiny of Health Committee.

Resolved – The Chairman thanked Natalie and Michelle for their presentation and requested they return to a future Committee meeting with a further update once the draft strategy had been compiled for Members to give any feedback. Furthermore, the Chairman suggested that an annual update on the strategy is brought to the Committee as a regular agenda item.

Answers to the questions raised by Care and Independence Committee be circulated to Scrutiny of Health Members.

The Chairman then asked the Committee whether the independent task and finish style select Committee that was suggested originally for Members to pursue should now be stood down due to the great work undertaken by HAS colleagues. Members agreed that this no longer needed to be pursued as the work completed and the plans for future work covered all the areas of the Committees concerns.

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

Due to Officer illness this item has been rescheduled to the meeting on 10th March 2023.

237 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 inclusion in the workplan:

- Mental health – more specific topics within mental health to focus on, more area specific detail as care can vary depending on location, alcohol and substance abuse, preventative and residential facilities, in patient detox centres
- Dentistry.

Brian Cranna is scheduled to come to the March Committee meeting with further information on mental health issues.

Whilst Dentistry remains a national problem the Chairman informed the Committee that we plan to compile a submission to the Health and Social Care Committee in relation to an inquiry they are launching into the struggle to access NHS dentistry services. As this is something the Committee has previously identified as an issue the Chairman suggested any contributions, specific examples or experience Members have be included in the response. Any such feedback should be forwarded to Christine Phillipson by w/e 6th January as the response had to be submitted by 25th January 2023.

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

There was no urgent business however Councillor Andy Solloway paid tribute to the late Councillor Jim Clark.

The meeting concluded at 11.55 am.