

North Yorkshire Council

Scrutiny of Health Committee

Minutes of the meeting held on Friday, 16th June, 2023 commencing at 10.00 am.

Councillor Andrew Lee in the Chair plus Councillors Lindsay Burr MBE, Liz Colling, Caroline Dickinson, Richard Foster, Sam Gibbs, Nathan Hull, Peter Lacey, John Mann, Rich Maw, Heather Moorhouse, Andrew Murday, David Noland, Clive Pearson, Andy Solloway and George Jabbour (substitute).

Officers present: Daniel Harry, Democratic Services and Scrutiny Manager, Christine Phillipson, Principal Democratic Services and Scrutiny Officer, Rachel Bowes, Assistant Director, Adult Social Care .

Other Attendees: Jeevan Gill, System Partnership Director and Helen Edwards, Associate Director of Communications and Community Engagement, Yorkshire Ambulance Service. 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.

Copies of all documents considered are in the Minute Book

251 Minutes of Committee meeting held on 10 March 2023

That the minutes of the meeting held on 10th March 2023 be taken as read and be confirmed by the Chairman as a correct record.

Resolved – The minutes are confirmed as correct but a spelling mistake at minute no 244 was noted.

252 Apologies For Absence

Councillor Nick Brown with Councillor George Jabbour as substitute.

253 Declarations of Interest

Councillor Liz Colling declared an interest as an appointed Governor of Scarborough and York Hospital NHS Trust.

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.

254 Chairman's Announcements

The Chair commented on the pleasing success of Airedale Hospital being accepted on to the New Hospitals Programme and referenced the support this Committee and other partners have given.

255 Public Questions or Statements

None were received.

256 Response to Workforce Pressures Within Health and Social Care - Verbal Update, Rachel Bowes, Assistant Director, Health and Adult Services, NYC

Considered – Rachel Bowes, Assistant Director, Health and Adult Services, NYC gave a verbal update to Members on the Response to Workforce Pressures Within Health and Social Care.

The following points were highlighted:

- OPEL level weekly and daily position
- Hospital discharge activity
- Availability of intermediate care beds
- Current vacancies
- Overseas recruitment
- Risks and opportunities.

There then followed a discussion around the following points:

Recruitment from South Africa and Zimbabwe is working well due to similar work styles, but the process is being held up somewhat by social work England.

Other Authorities are struggling also, and other areas being utilised to improve recruitment are university open days and placements. There are no issues or complaints with the overseas recruitment process, and learning is ongoing.

It was suggested that NVQ equivalent qualifications be offered to help recruit and retain staff ongoing and apprenticeship opportunities. Colleges and University relationships can be used to help to identify and highlight the rewards the industry can provide, it was acknowledged that the financial rewards were not great, but the sense of achievement and job satisfaction is a key reward.

Although recruitment is limited in certain geographical areas team placement is reviewed in order to provide staff wherever it is necessary across the area.

Description of the profession is important as apprenticeships are hard to deliver so it is important for a career path and development opportunities to be clear and achievable.

It was noted that over 50's in the area who are retired but perhaps would like to volunteer to help could be a highly valuable asset as well as the recruitment of high calibre staff with more flexible working arrangements around personal circumstances.

Resolved – The Chair thanked Rachel for the report and update and whilst the item did sit with Care and Independence and Housing Overview and Scrutiny Committee's work programme the Scrutiny of Health Committee Members will continue to have an interest in the current situation.

257 Update on Yorkshire Ambulance Service - Jeevan Gill, System Partnership Director and Helen Edwards, Associate Director of Communications and Community Engagement, Yorkshire Ambulance Service.

Considered – A presentation from Jeevan Gill, System Partnership Director and Helen Edwards, Associate Director of Communications and Community Engagement, Yorkshire Ambulance Service.

Jeevan gave a presentation which covered the following points:

- Recruitment
- Response times
- Hear and Treat
- Alternative approaches and support
- Control room recruitment
- Patient transport services
- Reducing delays
- Transport solutions
- Rotating paramedics
- Ambulance fleet increase
- Specific mental health vehicles
- New facilities in Scarborough
- Refurbishment of York control room

There then followed a discussion raising the following questions and discussion points:

It was noted that both Scarborough and York patient handover times were above the 15-minute target at 36 and 32 minutes respectively.

Cllr Foster noted that where rural areas saw a high influx of tourists and visitors in the summer months this needed to be reflected in an increase in the service also. Richmond ACC have requested a graph and data of response times to these rural areas.

Cllr Lacey asked if YAS was confident in staffing the additional vehicles that would be part of the fleet in the future ?

YAS staff were multi-faceted to help with mental health problems and these vehicles will help.

Cllr Solloway noted that some patient transport services were taken over by the voluntary sector and would there be forward planning for electric vehicles and other alternative methods of transport as diesel will be obsolete and those vehicles running on diesel will not be maintained.

It was confirmed that national work was under way to find a hybrid/electric solution with tests taking place currently. Response cars are also in use and are more sustainable

It was questioned whether categories 1 and 2 were defined at the point of call or revised on an ongoing basis ?.

Averages were used for reporting purposes, but extremes will always occur which may alter figures.

Cllr Mann asked about working with acute partners in relation to bed availability and talking to areas where GP's are a problem, interfacing more with primary care.

YAS are looking to improve the link with primary care with a rotation programme for staff and having GP's in the control room as well as working closely with colleagues in the Integrated Care Boards (ICB's).

It was asked if availability of services elsewhere was known when the service was under pressure and ambulances were in full demand ?

It was confirmed that the Control room can see all availability, demand, delays and back up of services. They work closely with the ICB's and hospitals on a daily basis to forward plan delivery of services. Local stations are balanced with need and demand, this forms part of the escalation plan.

Resolved – The Chair thanked Jeevan and Helen for the presentation and suggested they come to a future Scrutiny of Health meeting with a further update.

258 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

Considered – A Presentation on Primary Care in North Yorkshire by 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.

Wendy gave an update on the Primary Care network in North Yorkshire.

This covered

- Primary Care Networks (PCN's)
- 65 practices in 14 PCN's
- The Collaborative Priorities
- Capacity and Access Planning
- Workforce

There then followed a discussion highlighting the following points

The early morning struggle for appointments still seems a problem, early morning and evening appointments would help to resolve this.

Increasing the access and ease of use of online and app consultations as well as the alternative pathways, i.e., pharmacy and optician.

Increased focus on high risk people, e.g., travelling, asylum or resettlement population.

It was discussed that the NHS should take action to rethink the whole system in light of the current circumstances.

Whilst this is not in dispute there also is an element of early education and policy making, working with Health and Wellbeing Boards as its not simply the gift of the NHS to improve all areas of delivery.

It was questioned if E Consultation was in fact a barrier and if more GP's were switching to part time contracts ?

A "full time" contract of a GP is not 5 days per week as the normal working day consists of 12 hours. The full time equivalent in terms of resource has been maintained and is growing, with more GP's in training. Some GPs that are due to retire have been approached to continue to work part time for a short time longer, helping with any shortages. International recruitment continues and is proving successful but is not an immediate solution. 7-day working is proving successful in some areas where it has been utilised, as is signposting to alternative pathways.

It was asked how much of a £240m grant the ICB is receiving ?

This would equate to £15k per practice which is not a large sum of money.

It was questioned whether there were plans to share information with Ambulance Trusts ?

This is happening and will grow particularly with health and social care elements and the Ambulance Service are able to see any relevant information.

In relation to quality of care it was noted that the use of technology was good but needed to be used correctly.

Resolved – The Chair thanked Wendy and her colleagues for the update and suggested they come back to a future Scrutiny of Health meeting.

259 NHS Estate - Information for Discussion

Considered – NHS Estates Information and Detail.

Following a request from a previous committee meeting, details on the NHS Estate in the County are provided for information. Whilst this was very top line information NHS are more than happy to provide further details should Members require them.

Following a brief discussion Members felt further detailed information on properties with RAAC and Asbestos would be useful and also any maintenance issues as well as general issues within the Estate.

Resolved – These details to be requested from NHS and provided at the next meeting.

260 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.

The Committee discussed the work programme and as well as the items on the programme the following was suggested;

- The future of health services and strengthening for future changes or increases - this will be discussed with the Chair during his frequent meetings with the ICB.
- Cancer services in the County – this will also be discussed with the Chair during his frequent meetings with the ICB.

261 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 12.50 pm.