

North Yorkshire County Council

Scrutiny of Health Committee

Minutes of the meeting held on Friday, 8th September, 2023 commencing at 10.00 am.

County Councillor Andrew Lee in the Chair. plus County Councillors Liz Colling, Caroline Dickinson, Sam Gibbs, Nathan Hull, Peter Lacey, Rich Maw, Heather Moorhouse, Andrew Murday, David Noland, Clive Pearson, Andy Solloway, Nick Brown and George Jabbour. Councillor Donohue - Moncrieff by invitation.

Officers present: Linda Marfitt, Acting Head of Place-shaping & Economic Growth and Tracey Rathmell, Executive Officer Policy and Place and Acting Executive Officer Housing Delivery & Strategic Sites, and Christine Phillipson, Principal Democratic Services and Scrutiny Officer, North Yorkshire Council.

Other Attendees: Lisa Pope, Stephanie Porter, John Darley and Wendy Balmain, NHS Humber & North Yorkshire Integrated Care Board. Paul Willcoxon, Lead Clinician, Stroke Services, Darren Fletcher, Senior Operational Manager and Neil Wilson, Head of Partnerships and Alliance, York & Scarborough NHS Foundation Trust

Copies of all documents considered are in the Minute Book

262 Minutes of the Meeting held on 16 June 2023

That the minutes of the meeting held on 16th June 2023 be taken as read and be confirmed by the Chairman as a correct record.

Resolved – The minutes are confirmed as correct.

263 Apologies for Absence

Apologies were received from Councillor Kevin Foster with Councillor George Jabbour as substitute and Councillor John Mann.

264 Declarations of Interest

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

265 Chair's Comments

The Chair reminded the Committee that we were in a pre-election period with the Hutton Rudby & Osmotherley Division by-election taking place on 28th September 2023.

266 Public Questions or Statements

There were none.

267 Hyper Acute Stroke Services for the North Yorkshire population.

Considered – A presentation from Paul Willcoxon, Darren Fletcher and Neil Wilson, York and Scarborough NHS Foundation Trust.

Paul highlighted the following points;

- data on journeys to York, specifically from a Filey base;
- patient and families support;
- outcome data;
- priorities for the future;
- transfer and repatriation;
- a golden hour explanation;
- rehabilitation at home;
- recruitment and retention;
- international recruitment and the challenges currently being faced by the Trust.

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

Change occurred within the Trust from 2015 onwards when 3 Consultants retired simultaneously, the priority then becoming how to provide better care for a large number of patients.

It was asked whether Paramedics were able to successfully identify stroke symptoms and deal with patients effectively ?

Ambulance crews have an 80% positive detecting with the relevant tools and are then able to spend more time assessing patients. Approximately 1,000 patients a year are admitted at York, with approx. another 500 patients presenting with symptoms initially but then subsequently not diagnosed with a stroke.

It was raised that the length of travel time from Scarborough to York is concerning and the possible delay in handover time once the ambulance arrived.

It was reiterated that ambulance crews rarely have issues getting from Scarborough to York and there is no handover time as the hospital staff are waiting and prepared, ready for the ambulance to arrive.

Councillor Rich Maw had previously presented a question that had been forwarded to the Trust which was

“The NHS England target time for transport to a HASU is 30 minutes, 1 hour at the very outside - and EVERY patient should access a stroke unit in under 4 hours.

NICE go further and recommend 'brain imaging immediately' in many cases and thrombolysis treatment 'as soon as possible' and at least 'within 4.5 hours of onset of stroke symptoms'.

What is the current national Standardised Mortality Ratio for East Coast stroke patients?

Figures from SNAP gave the mortality rate from April 14 – March 15 when there was an HSU in Scarborough as 1.26 and then from 17/18, 18/19 and 19/20 as 0.86, 0.96, 0.80 respectively, when the service moved to York. The best care for patients was paramount and it was noted that 30 patients died in 1 year, of which 9 were from Scarborough.

The current national Standardised Mortality Ratio (SMR) is 1.05.

Councillor Maw referenced a letter he had received which the Chair agreed to circulate after the meeting.

It was asked if other outcomes were measured on recovery levels ?

Other measurements used to measure recovery were time metrics, the amount of physiotherapy required and occupational therapy amongst others. All stroke patients will have a 6 month follow up examination. Ambulance response times could also have an effect on mortality figures.

It was also confirmed that all stroke patients would be taken to York, if the diagnosis was subsequently not a stroke, patients would be returned to Scarborough.

It was asked whether there were staffing issues that related to the length of stay being around 22 days ?

There were no specific issues relating to this figure and no staffing issues. The priority is to discharge patients wherever possible, but home care and community care remain the biggest struggle as it is adult social care generally.

A question was raised in relation to the practicalities of family support when patients were in Hull or York.

It was agreed that family support is crucial to recovery and wellbeing and when offered a place of care most patients chose to stay in York. A family room in York is being refurbished and this will be reintroduced to facilitate family support to patients.

Resolved – The Chair thanked the representatives from Scarborough and York NHS Foundation Trust for their presentation and the useful discussion with Members and suggested they return to a future Committee meeting with an update.

Due to time restraints of presenters and the Committee overrunning on the previous item the Chair agreed to take item 8 before item 7, allowing the presenters to leave for a previously agreed appointment.

268 Urgent Care Delivery in York and The East Coast.

Considered - Lisa Pope and John Darley, from Humber & North Yorkshire Integrated Care Board gave a progress update on the emerging integrated model for Urgent Care Delivery and the next steps now underway following the Covid pause.

The presentation covered the following main points:

- All parts of the health and care system provide urgent care to a degree.
- Urgent treatment centres (UTCs) provide urgent but non-emergency medical help.
- Urgent treatment centres are clinically led by doctors (sometimes GPs) working with nurses to deliver the service.
- UTCs can diagnose and deal with many of the common problems that people go to A&E with including:
 - sprains and strains and suspected broken bones
 - injuries, cuts and bruises
 - stomach pain
 - breathing problems
 - vomiting and diarrhoea
 - high temperature in children
 - mental health concerns
- The current urgent care services across North Yorkshire
- The emerging future model of integrated urgent care

There then followed a discussion around the following points:

The model of urgent care in place at the Friarage Hospital works well and looks to be replicated elsewhere.

It was noted that within the elderly population primary care was an integral part of urgent treatment centres. Access to the correct staff at the correct time, first time was paramount. Pressures within the 111 service were now beginning to recover but still under significant pressure.

Resolved – The Chairman thanked Lisa and John for their presentation which was extremely well received and asked that they may return to a future Committee meeting.

269 North Yorkshire Place and Planning Infrastructure.

Considered – A presentation around the NHS Infrastructure and the Planning Directorate of North Yorkshire Council to understand their alignment and interaction.

The presentation covered the following main points:

- How planning and health infrastructure align
- The role of the Integrated Care Board (ICB)
- Community Interest Levy (CIL)
- S106 (of the Town and Country Planning Act 1990) contributions
- The alignment of 7 previous District and Borough local plans
- The provision of a new plan by March 2028
- Delivery mechanism and community engagement

There then followed a discussion raising the following points:

Cllr Jabbour asked if there would be interaction with the 2 National Parks within the County that had their own local plans?

They will continue to deliver their local plans, but we would continue to liaise and consult with them as there were many cross-boundary issues.

Councillor Donohue-Moncrieff, who was attending the meeting having requested permission from the Chair, asked about the existing local plans that were a legacy from the District and Borough Council's and specifically around Scarborough Borough Council's local plan which was initiated in 2017 and how the existing services, such as GP's would cope ?

In response, it was discussed, and the main areas highlighted were;

- GP ownership was not straightforward
- Some practices will operate at 50% of guidance
- Extensions and new build costs were not covered by developers
- Practice owned buildings can be attractive to third parties
- Multiple smaller surgeries are much more sustainable longer term as one larger multi agency property
- Differing prescriptive methods are being looks at e.g., group consultations, holistic remedies, leisure and library facilities and further enhancement of digital technology, which proved effective throughout Covid
- Legal costs and fixtures are not part of the Capital request remit
- It has already been identified that there are health inequalities on the East Coast
- The availability of other estate properties for use.

Councillor Lacey asked if there was a workforce plan at the earliest stage of any Capital requests ?

One of the key priorities for the ICB is working in partnership, recruitment from abroad is successful, there are 300 roles expected to be filled by March 2024, with around 60% fulfilled already.

Councillor Colling asked if there was any lobbying to suggest that the financial process of Capital monies may be calculated on all aspects of the build and not simply just floorspace? GP's operate as a small business, and they drive the expansion with support from NHS in the background and in line with the rules of governance.

Councillor Maw asked if S106 monies could be combined ?

S106 agreements are legally binding, they can be negotiated but it is infrequent after signing. Time frame on spending is 10 years.

Councillor Solloway asked how the process works when healthcare is provided out of the North Yorkshire area.

It was reiterated that there is liaison across areas working together to achieve the best

outcome. There is a legal duty to cooperate and demonstrate this with cross boundary neighbours.

Councillor Nick Brown asked if there was a specific plan for Harrogate in place?
All existing plans across the County will stay in place until the new plan is in existence.

Resolved – The Chairman thanked the presenters for their report and the discussion that followed and asked that they may return to a future Committee meeting with an update where required.

270 NHS Estate Follow Up Details

This was some further information on the NHS Estate following the last meeting. Any Members requiring any further information to forward that through the Democratic Services Officer.

271 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;

- Councillor Lacey suggested the Committee invite the Director of Public Health to a future Committee meeting to discuss the Better Care Fund once it has been presented to the North Yorkshire Health and Wellbeing Board in January 2024. - this will be discussed and agreed with Director of Public Health and added to the work plan.

272 Any Other Business

There was no urgent business.

273 Date of Next Meeting

The next meeting is on Friday 7th December at 10am in the Brierley Room, County Hall, Northallerton.

The meeting concluded at 12.50 pm.