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North Yorkshire Council

Scrutiny of Health Committee

Minutes of the meeting held on Wednesday, 13th December, 2023 commencing at 10.00 am.

Councillor Andrew Lee in the Chair plus Councillors Caroline Dickinson, Sam Gibbs, Nathan Hull, Peter Lacey, John Mann, Rich Maw, Heather Moorhouse, Andrew Murday, David Noland, Clive Pearson, Andy Solloway, Nick Brown and Malcolm Taylor.

Officers present: Christine Phillipson, Principal Democratic Services and Scrutiny Officer. .

Other Attendees: Lisa Pope, Deputy Director of Primary Care, Community Services and Integration, NHS Humber and North Yorkshire Integrated Care Board.
Brian Cranna, Care Group Director of Operations & Transformation, Tees, Esk And Wear Valleys NHS Foundation Trust, Kirsty Kitching, Assistant Director for the North Yorkshire Mental Health, Learning Disabilities and Autism Partnership, Humber and North Yorkshire Health and Care Partnership. Tony Collins, CEO North Yorkshire Hospice Care, Ray Baird, CEO St. Catherine's Hospice and Emma Johnson, CEO St. Leonard's Hospice.

2 members of the public to ask public questions.

Apologies: Councillor Richard Foster. .

Copies of all documents considered are in the Minute Book

274 Minutes of the Meeting held on 8 September 2023

That the minutes of the meeting held on 8th September 2023 be taken as read and be confirmed by the Chairman as a correct record.

Resolved – The minutes are confirmed as correct.

275 Apologies for Absence

Apologies were received from Councillor Kevin Foster with Councillor Malcolm Taylor attending as substitute.

276 Declarations of Interest

There were none.

277 Chairman's Announcements

There were none.

278 Public Participation

There were two public questions received as follows:

Question 1 from Roger Tuckett – as this item is not on the agenda this question will be taken now.

Rising above the details of the draft Strategy itself, will elected NY Council Members

establish an open and transparent Leadership Group, supported by Officers and in partnership with the ICB, which will specifically address the prioritisation of Autism and Neurodiversity support in the region, address allocation of much-needed resources from all sources, and work towards full compliance with all statutory requirements and mandatory national policy guidance?

A response from the Chairman was given as follows;

The Chairman acknowledged Mr Tuckett's comments and feedback and confirmed that his statement has been passed on to the cross-organisational group who are leading the autism strategy consultation so that his points can be considered as part of this process. This group included officers from both North Yorkshire Council and also the Integrated Care Board. You will recall that the Committee discussed this matter at the meeting on 16th Dec 2022. The Committee agreed then that the suggested independent task and finish style select Committee was no longer needed due to the great work undertaken by HAS colleagues as the work completed and the plans for future work covered all the areas of the Committees concerns.

The Committee will be considering the autism strategy at their next meeting in March 2024. Planning for this session was discussed at the mid-cycle briefing in November 2023 with all political parties represented, alongside senior officers from both North Yorkshire Council and Humber & North Yorkshire Integrated Care Board.

Question 2 from Wendy Shortman – this relates to mental health services, specifically in Harrogate. This item is on the agenda, at agenda point 8, so will be taken then.

279 Catterick Integrated Care Campus - A verbal update from Lisa Pope, Deputy Director of Primary Care, Community Services and Integration, NHS Humber and North Yorkshire Integrated Care Board.

Considered – A presentation from Lisa Pope, Deputy Place Director, NHS Humber and North Yorkshire Integrated Care Board.

Lisa updated the Committee on the latest position on Catterick Integrated Care Campus and covered the following main points:

- A reminder that the vision was 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
- Construction will now commence 4 months earlier than planned
- Community engagement events planned for Apr & May 2024
- The benefits of an integrated model
- The purpose of an integrated care system to
 - improve outcomes in health and healthcare
 - tackle inequalities in outcome, exp and access
 - enhance productivity and value for money
 - help the NHS support broader social and economic development
- A video walk through is available for anyone that would like to view it.

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

In terms of dentistry and pharmacy was this facility for military personnel only ?

The dentistry element is funded by the MOD and it's difficult to secure civilian dentistry, but the ICB do keep trying.

If pharmacies sell their licence this will not cause a problem but if the licence is surrendered the process will start from scratch to appoint another supplying pharmacy.

Is there a target for appointments and will there be evening and weekend appointments?

All services will be based on need and will include enhanced and out of hours appointments.

Will the campus be delivered within budget?

This is difficult to confirm but there is an agreed cost, and we are passed the peak of inflation.

Resolved – The Chairman thanked Lisa for the very informative presentation and discussion and invited her to return to a future meeting with a further update on the campus.

280 TEWV Well Led Inspection - Brian Cranna

Considered – An update from Brian Cranna, Care Group Director of Operations & Transformation, Tees, Esk And Wear Valley NHS Foundation Trust on the most recent CQC Inspection at West Park Lane Hospital, Darlington.

This covered a high-level summary of the inspection report and points to note were:

- No longer any inadequate “red” ratings
- Most individual ratings had remained the same or improved
- Of the 6 core services inspected 3 overall ratings have improved and 3 have remained the same
- Positive areas have been identified in culture change and risk management amongst many others
- There are still areas to improve, some of these include staffing, complaints procedure and training.

Members were then invited to ask questions and discuss the report, which included:

What is the main element that is stopping the trust achieving good in all areas ?

This is predominantly down to staffing with recruitment, training and retention being the most important key to success. There has been success in recruiting to consultant positions and the trust is working with the ICB to attract staff. The more success the trust achieves, the more staff will be attracted to come and work with them. There is a challenge to retaining skilled staff, particularly in Harrogate and Scarborough, with an added challenge in Scarborough due to a higher level of competition from varying providers.

What is the current level of vacancies in the trust ?

Brian will consult with colleagues and update the committee on this.

It was asked if intensive care patients are placed outside of the region?

This only happens if they initially present out of the area and no transfers are made to other areas due to lack of PICU beds.

There are no closed wards at present and all wards are fit for purpose. The focus is always on allowing patients to remain at home where possible.

It was questioned whether the cost of external support to manage issues is high?

There has been investment from the ICB to improve crisis teams and a national change is in line to deliver crisis support, but joint working with all agencies is highly successful.

Dementia assessment waiting times remain high and Brian will confirm current timescales to the committee. This is a significant issue for TEWV and others which needs to be addressed. There is a pathway for a differing model encompassing multi agencies and the voluntary sector to be live around April 2025, there is good practice to be found and waiting times are variable across the country.

It was suggested that the committee keeps a close eye on this area along with the Care, Independence and Housing committee.

Resolved – The Chairman thanked Brian for the update and requested that the following information is confirmed to the committee.

- The current level of vacancies within the trust
- The trusts current waiting time for dementia assessments.

281 Acute Mental Health Services - Brian Cranna and Kirsty Kitching

The Chair invited Wendy Shortman to ask her question at this point.

We are one of 14 properties which share a boundary with a hospital providing mental health services in Harrogate. It is neither private nor fully NHS run, and as such appears to fall between the gaps.

- We have lived here for 21 years but over the past 3 years in particular we have witnessed a significant increase in the number of seriously distressed and disturbed patients at the hospital whose well-being has concerned us sufficiently for us to not only alert the hospital as to our worries, but also CQC. Our concerns include patients regularly shouting and screaming and in obvious distress over long periods of time, and also the effect this must also have on the other patients being treated there. Also, some patients are secure, but others are able to freely leave the hospital and there have been two escapes in the past 5 months, both which required police involvement. How can this be deemed a safe environment for the people needing this kind of medical help?
- I also question why facilities in North Yorkshire are not used for residents of North Yorkshire? Surely patients should be placed locally wherever possible?
- I would also propose that there should be better liaison between mental health hospitals and local services to ensure that the requirements of both the patients and the community are met.

A response was provided from Brian Cranna, Director of Operations and Transformation, Tees, Esk and Wear Valleys NHS Foundation Trust, North Yorkshire, York and Selby Care Group and Kirsty Kitching, Assistant Director for the North Yorkshire Mental Health, Learning Disabilities and Autism Partnership as follows:

- There has been a huge change in mental health provision over the last three years and where possible patients are not placed out of the area and patients will stay with TEWV and the NHS. No North Yorkshire patients are placed under the care of Cygnet Hospital in Harrogate.
- Occasionally the trust may need to place patients out of the area, this is only utilised when needed short term to protect patient safety but if utilised is only for a matter of days and an emergency provision only. Other trusts do place patients out of their area, using specific hospitals such as Cygnet as an overflow, but TEWV & NY&HICB do not.
- Considered – A presentation from Brian Cranna & Kirsty Kitching on Mental Health Inpatient Service Provision in North Yorkshire.
- Brian and Kirsty updated the Committee on the provision of mental health care and covered the following points:
 - Partnership working
 - The importance of treating people and keeping them a home where possible
 - The vision and priorities for mental health care and how this would be achieved
 - Increase in demand especially for young people and children
 - Funding arrangements
 - Lack of investment

- Key pressure areas
- CQC inspection outcome
- Dementia diagnosis and memory assessment services
- Crisis response

Bed occupancy is near to 100% with length of stay on average being 24 days. Transfer of care remains a challenge due to finding placements that can accommodate some patient's needs.

There then followed a discussion around the following points;

Where do patients go if occupancy is at 100%?

Home based support is utilised, then possibly an independent sector provider but then repatriated at the earliest opportunity.

Is there an adult self-help route for autism?

There is an online platform for autism since November 2022 to screen and prioritise and provide support whilst waiting for treatment. This is a digital option in NY and York only and it is accepted that it is not a good option for all.

Is there still an issue with ADHD medication provision?

This is national problem and Brian would provide more detail on this at a later date.

Resolved – The Chair thanked Brian and Kirsty for the update and suggested they return to a future committee with a further update and asked if further details could be forwarded to the Committee on the issue in obtaining ADHD medication.

282 North Yorkshire Hospice Care

Considered – A presentation from the CEO's of North Yorkshire Hospices. Tony Collins CEO North Yorkshire Hospice Care, Emma Johnson CEO St. Leonards Hospice and Ray Baird CEO St. Catherine's Hospice.

The presentation served to update the committee on the position of the local hospices and end of life providers, the current service development, needs and risks.

This included

- reduced funding availability
- fundraising market no longer productive
- beds under threat
- equity of packages
- high running costs
- no bereavement counselling funding

The cost of providing the services across the 3 hospices is currently circa. £20m with only 27% coming from the NHS, leaving the remainder having to be raised through fundraising.

The funding gap is widening rapidly and there needs to be a fairer funding method for hospices as its currently confusing and complex. There is an immediate need for short term support.

There then followed a discussion where the following points were raised;

- Being an independent provider was still considered an advantage
- Funding was complex and needs to be fairer
- There is a reliance on wealth still
- The Committee were extremely saddened to hear the situation and agreed to help in any way possible
- An indication of services that would potentially be in jeopardy
- Baby boom generation is now of the age where these services will be needed which

- will add additional pressure
- We must do all we can to support
 - Is there a need for joint collaboration with the care and independence committee?
 - Is there national guidance on the NHS spend within mental health?
 - Inconsistencies in the funding from the ICB
 - There is good practice to be shared
 - Benefits of working with other partners
 - Drop in legacy funding will continue
 - Are there other hospices to benchmark ?

Resolved – The Chair thanked Tony, Ray and Emma for the very informative and enlightening presentation and agreed that the Committee would help to raise awareness on the problems being faced and would:

1. Issue a press release to pledge their support to the Hospices
2. The Chair would raise the issues with the ICB at his next scheduled meeting.

283 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.

Cllr Maw raised an issue in relation to the pausing of the building of the new Ambulance Station in Scarborough.

This was discussed and agreed that the initial place of review for this would be with the Scarborough and Whitby Area Constituency Committee.

Resolved – Cllr Colling would make contact with YAS and invite them to the ACC meeting in March 2024. This would then be followed up with a report back to the Committee in June.

The Committee discussed the work programme and made no changes at this point.

284 Any Other Items

There were no other items of business.

285 Date of Next Meeting

The next meeting is on Friday 8th March 2024 at 10am in the Brierley Room, County Hall, Northallerton.

The meeting concluded at 12.38 pm.