

North Yorkshire Council

Scrutiny of Health Committee

Minutes of the meeting held on Friday, 14th June, 2024 commencing at 10.00 am.

Councillor Andrew Lee in the Chair, plus Councillors Liz Colling, Caroline Dickinson, Richard Foster, Sam Gibbs, David Jeffels, Peter Lacey, Rich Maw, Heather Moorhouse, David Noland, Andy Paraskos, Clive Pearson, Andy Solloway and Andrew Timothy.

Officers present: Vicki Ackerley (Strategic Integration Development Manager), Dr Gill Kelly (Public Health Consultant), Louise Wallace (Director of Public Health); Edward Maxwell (Senior Democratic Services Officer), and Diane Parsons (Principal Democratic Services Officer)

Other Attendees: Lisa Pope (North Yorkshire CCG - Deputy Director of Primary Care and Integration) and Martin Ramsdale (NHS England (Northeast and Yorkshire)); Helen Edwards (YAS – Head of Comms and Community Engagement), Jeevan Hill (YAS – Director of Partnerships and Operations (Humber and North Yorkshire)), and Paul Mudd (YAS – Head of Operations (Northeast and Yorkshire)).

Apologies: Councillors Nick Brown and John Mann.

Copies of all documents considered are in the Minute Book

1 Minutes of the Meeting held on 8th March 2024

Resolved:

That the Minutes of the meeting held on 8 March 2024, having been printed and circulated, be taken as read and be confirmed and signed by the Chairman as a correct record.

2 Apologies for Absence

Apologies were received from:

- Councillor Nick Brown, with Councillor David Jeffels as substitute.
- Councillor John Mann.

3 Declarations of Interest

There were none.

4 Public Questions or Statements

There were none.

5 Yorkshire Ambulance Service

Members considered a report from Yorkshire Ambulance Service (YAS), which updated the committee on current performance and provided information on challenges currently facing the service. YAS saw high levels of operational demand continue, but also performed more strongly in some areas. Patient handovers continued to be well above the national 15-

minute target.

Members sought further information on the report:

- a) Had alternative arrangements for servicing and maintaining ambulances been considered, to obviate the need for lengthy round trips to Harrogate to carry out maintenance?

Alternative sites had been considered, and further investment in Bridlington is planned to expand it as a vehicle servicing point. Currently the site was being assessed to determine its suitability for expansion and additional vehicle technicians being based on site.

- b) How effective was the stroke service being provided at York? When the service was discontinued at Scarborough it was intended that patients could be taken to York and transferred to Hull for CT scans and further treatment. Was this process functioning effectively, without undue delays from transfers and handovers?

The closure of the stroke unit at Scarborough was necessary because the need was only sporadic, leaving specialist crews idle for long periods. The closure allowed for ambulances to be dynamically moved to areas of anticipated demand.

- c) Were there ever times when, due to transfers and maintenance, there were no available ambulances?

A handover escalation policy was in place to quickly free up resources at times when ambulances were critically short. A process to rapidly release patients in hospitals to release community resources had been implemented earlier this year and was now in use at such times.

- d) What information was available for transfers across into areas covered by North East Ambulance Service? In areas such as Great Ayton and Richmond, patients were often transferred to James Cook or Darlington Memorial Hospital. Concern was expressed around the perceived reliance on the Yorkshire Air Ambulance to facilitate patient transfer.

The information in the report only covered transfers within YAS' area, but members would be provided with the requested information separately through the Democratic Services Officers. The Yorkshire Air Ambulance formed a part of the critical care strategy for major trauma.

- e) How did YAS performance on Hear and Treat compare with national guidelines, and were there currently any delays with community See and Treat?

Currently YAS Hear and Treat rates stood at 14.6%, against 16% nationally. The two control rooms, in York and Wakefield, administered the dispatch of resources and the remote clinical triage hubs. The target for See Treat Refer was 51%, which YAS were moving towards. North Yorkshire saw a higher proportion of See Treat Refer than anywhere else.

- f) How many crewed ambulances are there on the road, compared to last year?

Staffing ambulances was currently made difficult by significant recruitment challenges. North Yorkshire was an attractive place to work and an international recruitment campaign had been undertaken to attract recruits from Australia and New Zealand. Paramedics from Teeside University remained a key source of new staff.

- g) Could YAS account for the significant gap between the initial estimated cost of the new Scarborough ambulance station of £7 million, and its current projected cost of £21 million? Had opportunities for additional funding been sought to meet this shortfall?

Discussions were underway to explore co-locating diagnostic services at the new station, but significant capital funding challenges remained. It was agreed to seek a detailed explanation for the rising costs which would be fed back to members.

- h) Members had heard anecdotal evidence that there were sufficient crews to cover the Craven and Skipton areas, but insufficient vehicles for them to operate.

Skipton, Settle, and Ingleton were all covered by West Yorkshire Ambulance Service, and vehicles were proactively backfilled based on anticipated demand, rather than reacting to events and needing to travel long distances in response to a call. Community First Response Teams had a role to play, particularly in remote and rural areas.

- i) Was there a policy which prohibited paramedics from administering fentanyl as a painkiller in critical trauma cases? This was in response to reporting in the case of the death of Harry Dunn in Northamptonshire in 2019.

That case occurred in the East Midlands so was subject to different guidelines than applied in North Yorkshire, but morphine was available to YAS crews which was sufficient, and additional critical care assets could be dispatched in urgent cases.

Members thanked YAS for their attendance and the report, but identified some gaps in data. While there was sufficient detail on issues in Scarborough, members felt that other areas were not adequately covered in the report, and there was a lack of information on the impact on residents rather than the performance of specific hospitals. As well as requesting follow up communication, members asked that for this to be included in future reports.

Resolved:

That the report be noted.

6 Director of Public Health Annual Report 2022/23

The Director of Public Health presented the 2022-23 Annual Report "In Our Words: A Child's Life in North Yorkshire", which focussed on the 151,000 children and young people under 25 living in North Yorkshire, which had been prepared in conjunction with the Youth Council. The report highlighted the rapid impact of digitisation, and mental health and wellbeing and made a number of recommendations, as well as providing an update on the 2021-22 Annual Report, "Learning From COVID-19".

The following points were raised in the discussion by members, and answers given by officers:

- a) Members sought information on the factors driving the decline in poor oral health in children under five, and what steps were being taken to address this. Members also discussed the links between poor oral health and financial deprivation.

Work on the oral health promotion service was ongoing, alongside NHS colleagues. A range of measures was been undertaken to address the problems, including improving awareness and education in schools through measures like workshops in schools, supervised tooth brushing sessions, and information handout packages. This was being expanded across the Humber and North Yorkshire. It was recognised that this was a multifactorial issue with a range of causes, that required a

similarly diverse approach to tackle the problem.

Ensuring a good start in life was key from a public health standpoint, and deprivation was linked to a range of poor health outcomes. There were flexible commissioning arrangements in deprived areas to ensure help could be targeted quickly to address arising issues, and work was ongoing to prepare a range of recommendations to tackle the issues. The forthcoming Growing Up in North Yorkshire survey would help provide an evidence base to track progress and show how wellbeing and resilience was being developed.

- b) The fact that 20% of children in Scarborough were classed as living in poverty was highlighted as concerning.

Scarborough was identified as a particular area of concern and the high levels of deprivation in that area and along the coast was recognised. A poverty proofing toolkit for schools was under development to address deficiencies, and approval had recently been obtained to reform the provision of free school meals by making them opt-out rather than opt-in, so children would be included in the scheme by default and removing the need for families to apply. In each case this would provide £450 of support annually. Mental Health Support Teams were also active in the area, and the role of local care partnership was also recognised. ICB representatives undertook to find further information on mobile fluoride varnish services in the area and pass this information back to members.

- c) Members asked what steps were being taken to address the recommendations in the report, and how negative trends could be addressed.

The Joint Strategic Working Group brought together ICB place leads, North Yorkshire Public Health, and Children's Services to identify areas where health services and the local authority could work more closely together. The Healthy Children and Families Board worked to identify key priorities and brought together key themes outside of health such as criminal justice, safeguarding, the voluntary sector, and education.

Members thanked officers for their report, and highlighted that they were willing to offer assistance in acting as a link to their communities, highlighting initiatives to residents and providing feedback and local context.

Resolved:

That the report be noted.

7 Better Care Fund 2023/25

The Director of Public Health presented a report updating members on the Better Care Fund (BCF) for 2023-25, which included the Quarterly Report for Quarters 2, 3, and 4 for 2023-24.

Members discussed the report and obtained further information during questions:

- a) The use of the BCF to strategically focus on prevention and stimulate joint working, and concerns were expressed that increasingly the fund was being spent reactively to "prop up" failing systems.

Financial strains were recognised and the need to carefully prioritise allocation of the BCF. The ICB had several ways to integrate and deliver services and was not solely relying on the BCF to do so. Care partnerships were in their infancy but were expected to deliver savings, as well as expected efficiencies from working with one

council after local government reorganisation, which had removed the need to work concurrently with the seven former district and borough councils.

- b) Members expressed some concerns that the starting salary for care staff of £11.92/hr was not competitive, and only just above the National Minimum Wage.

The challenges in recruitment and retention due to lower pay in some roles were acknowledged, but there were a range of roles at varying levels of pay and the figure cited was for the lowest paid. The Make Care Matter campaign had tried to address this issue.

Members thanked officers for the report.

Resolved:

That the report be noted.

8 Consultation on Community Water Fluoridation Expansion in Northeast England

Members considered a report inviting comment on a government consultation, regarding the expansion of community water fluoridation schemes across northeast England, which would affect some northern areas of North Yorkshire. Comments were invited which would be passed to the Executive member, responding on the Council's behalf as NYC was a statutory consultee.

Representatives from NHS England reiterated the benefits of the scheme, which could serve as part of a package to improve children's oral health, as had been highlighted during Minute 6.

During the discussion, members disclosed that they had been contacted by groups opposing the measure, but said that on balance the claims that fluoridation posed health risks were not evidenced. The naturally occurring fluoride in drinking water was highlighted, along with the use of fluoridation in some other areas of England for many decades.

Members also raised concerns about the potential for artificial fluoridation to cause fluorosis, and asked about some reports that hip fractures could be increased. The Committee was advised that the National Monitoring Report monitored fluoridation for adverse health outcomes, and no evidence had yet arisen regarding hip fractures. Fluorosis and mouth ulcers had been reported in some cases, but the cosmetic effects of these conditions could be countered and were much less significant than the high levels of tooth decay which fluoridation could help prevent.

Members heard from expert representatives of NHS England and the Director of Public Health, who advised that on balance the scheme would have a very positive impact and that the evidence base to support fluoridation was clear.

Resolved:

That the Committee communicate the following response to the Executive member which would contribute to the consultation response:

The Scrutiny of Health Committee considered the government consultation on expansion of community water fluoridation schemes in the northeast of England at its meeting of 14th June 2024. The Committee had been provided with details of the proposals including an outline of the areas of North Yorkshire that would be affected, along with a briefing produced by NHS England on water fluoridation. They were also able to draw on input from the Director of Public Health and a Consultant in Dental Public Health.

Having considered the information put before it, the committee are supportive of fluoridation when viewed as part of a broader package of public health interventions and factors (such as encouraging supervised teeth brushing in children) that are needed to prevent and reduce tooth decay. The committee did acknowledge that there are contrary views to community water fluoridation but having considered the scientific basis around potential health impacts such as fluorosis, Members felt that on balance the outcomes are very favourable, particularly in looking to help prevent tooth decay in children.

Clearly if any further evidence is developed to indicate that this matter would need to be revisited by the committee then they would welcome the Director of Public Health keeping them apprised.

9 Work Programme

Members considered the committee's work programme, and the chair reminded members about training opportunities, including the Oliver McGowan Training on Learning Disability and Autism. While mandatory for health and social care staff, the chair strongly recommended that members undertake it.

The committee was advised that the agenda currently contained a large number of items, and that the Mid Cycle Briefing in July would likely decide to defer a number of less urgent items to December. The motion on glyphosates and neonicotinoids, proposed by Cllr Brown at Full Council, and referred to Scrutiny of Health on 21 February, would now be considered at the September meeting with a view to it returning to Full Council in November.

Resolved:

That the work programme and updates be noted.

10 Date of Next Meeting

The date of the next meeting, on Friday 13 September at 10:00, was noted.

The meeting concluded at 12.00 pm.