

# North Yorkshire County Council

## Scrutiny of Health Committee

Minutes of the meeting held as a live broadcast meeting at 10am on Friday 12 March 2021.

A recording of the meeting can be viewed on the Council's YouTube site via the following link - <https://www.northyorks.gov.uk/live-meetings>

### **Present:-**

### **Members:-**

County Councillors: John Ennis (in the Chair), Val Arnold, Philip Barrett, Jim Clark, Liz Colling, John Mann, Zoe Metcalfe, Heather Moorhouse, Chris Pearson, Andy Solloway, Roberta Swiers and Robert Windass.

### **Co-opted Members:-**

District and Borough Councillors: Kevin Hardisty (Hambleton), David Ireton (Craven), Nigel Middlemass (Harrogate), Pat Middlemiss (Richmondshire), Sue Tucker (Scarborough) and Jennifer Shaw Wright (Selby).

### **In attendance:**

Executive Members: County Councillor Caroline Dickinson and Michael Harrison.

County Councillors: Caroline Goodrick, David Jeffels, Clive Pearson, Joe Plant and Callam Walsh.

Scarborough Borough Councillor Richard Maw.

Officers: Daniel Harry (Democratic Services and Scrutiny, NYCC), Louise Wallace (Health and Adult Services, NYCC), Simon Cox (North Yorkshire CCG), Peter Beckwith, Helen Cammish and Robert Atkinson, (Humber Teaching NHS Foundation Trust), Gary Young, Victoria Binks and Nigel Wells (Vale of York CCG), Wendy Balmain, Sue Peckitt and Bruce Willoughby (North Yorkshire CCG).

Apologies: there were none.

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**Copies of all documents considered are in the Minute Book**

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### **148. Minutes**

#### **Resolved**

That the Minutes of the meeting held on 18 December 2020 be taken as read and be confirmed and signed by the Chairman as a correct record.

### **149. Any Declarations of Interest**

There were none.

## 150. Chairman's Announcements

The Chairman, County Councillor John Ennis welcomed everyone to the meeting. He explained that the meeting was being held as a live broadcast meeting using MS Teams and that a recording of it would be available on the Council's YouTube site, once the meeting had finished.

County Councillor John Ennis and the committee marked the recent loss of County Councillor Geoff Webber, who had been a champion of health services in the Harrogate area for many years.

County Councillor John Ennis made the following announcements.

### Mid Cycle briefing on 29 January 2021

A report on access to NHS dentistry, which was provided by Debbie Pattinson, Dental Commissioning Lead, Yorkshire and the Humber, NHSE was reviewed. A number of lines of enquiry were identified and are being followed up, including:

- Details of the funding formula for NHS dentistry and how that is applied to North Yorkshire
- The number of dental practices that provide NHS services, where they are located and how this has changed over time
- Details of the covid-19 recovery plan for NHS dental healthcare provision.

It was noted that the dental practice in Eastfield, Scarborough that had taken NHS patients had been closed at short notice, without alternative local provision being put in place. The matter is being followed up with commissioners in NHS England (Yorkshire and Humber) and it is intended to have an update to the committee at the June 2021 meeting.

### Tees Esk and Wear Valleys unannounced CQC inspections in January 2021

In January 2021 there were a number of unannounced inspections of some of the adult inpatient wards in Middlesbrough, Darlington and Scarborough. Following these inspections a letter was sent by the CQC outlining some areas of concern, primarily about risk management processes. These were found to be complex and difficult to follow. TEWV are developing an action plan in response to the CQC findings.

### Meeting with Amanda Bloor on 4 February 2021

A regular catch up meeting was held with Amanda Bloor, the Accountable Officer for the North Yorkshire CCG. Updates were received on the following: the vaccination programme; capacity at hospitals and progress with routine operations and procedures; finances; and the development of the local Integrated Care System.

### Castleberg Hospital

The last update on the refurbishment of the Castleberg Hospital at Giggleswick had been received by the Skipton and Ripon Area Constituency Committee at their meeting on 11 March 2021. The committee had lead on the scrutiny of the refurbishment of the hospital since it was temporarily closed in April 2017.

### Working together to improve health and social care for all - White paper setting out legislative proposals for a Health and Care Bill

Summary of key points:

- Integration within the NHS
- Greater collaboration between the NHS, local government and other bodies
- Place-based commissioning still a key element but the commissioning itself will no longer occur at "place" level

- Health and Wellbeing Boards will continue as will Joint Strategic Needs Assessments
- Streamlining of certain procurement and commissioning arrangements
- NHS England and NHS Improvement will formally merge as will Monitor and the NHS Trust Development Authority
- Greater powers of intervention by the Secretary of State
- Abolition of the Independent Reconfiguration Panel and the removal of the power of a local authority to make a referral to the Secretary of State
- The white paper does not directly address the funding and provision of social care and a white/green paper is still expected.

A more detailed discussion will be held at the June meeting of the committee.

## 151. Public Questions or Statements

There was a public question from Scarborough Borough Councillor Richard Maw, as follows:

Vocare is already commissioned by NHS Vale of York CCG to provide the current minor illness service and GP out of hours service, both of which are located in York Hospital alongside the emergency department, which has been the case for several years.

The trust has always provided the minor injury element of the service. However, that appears to be up for change. Now there are moves to integrate minor illness and minor injury. This move has caused concern amongst patients and staff.

Concerns raised are that this will mean that Vocare may seek to reduce costs in areas such as training for staff, the complexity of the cases they are prepared to see, and the time allowed for each consultation.

The staff employed by the Trust will continue to be employed directly by it and the Trust have previously stated that there are no plans for their employment to be transferred to Vocare which (after all) is a private, for profit company. I hope this provides some reassurance.

However, there is widespread concern (and a petition which is gathering in support) that this move is a step towards establishing a privatised triage centre at the A & E Dept.

Scarborough Urgent Treatment Centre (which is at Scarborough Hospital) is serviced by Yorkshire Doctors Urgent Care. Yorkshire Doctors Urgent Care is part of the Vocare group.

It is perhaps news to patients dialling 111 in these areas (as well as Malton) that they appear to be met with treatment from a private company.

Are we to expect a similar merger in Scarborough Hospital with a private company providing care of minor illness and minor injury?

Simon Cox of the North Yorkshire CCG responded and said that there are currently no plans to change the specification of the Urgent Care service in Scarborough.

## **152. Wave 4 Capital Development (UEC, Critical Care & Critical Engineering Infrastructure) at Scarborough Hospital**

Considered -

A report by Dr Andrew Bennett, Head of Capital Projects at York Teaching Hospital, which was presented by Simon Cox, North Yorkshire Clinical Commissioning Group

The key points from the report are as summarised below:

- The capital funding will be used to develop new urgent, emergency and critical care facilities at Scarborough Hospital and essential site engineering infrastructure upgrade work
- This will see the co-location of urgent, emergency, assessment and critical care services into purpose-built facilities
- The Outline Business Case has been worked on over the past 9 months and the Full Business Case will be submitted by the end of August 2021
- Two options are being considered as the additional £7m that has been secured means that there is now the option of using the second floor more fully
- It is anticipated that construction will start in late 2021 or early 2022 and that it will take 2 years. On this basis, it is expected that the development will be ready in 2024
- There will be ongoing engagement with the Scrutiny of Health Committee, the Area Constituency Committee and Scarborough Borough Council.

There followed a discussion with the following points being made:

- The level of engagement with councillors on this key project has been good but the depth and breadth of engagement with the public is less clear
- Concerns that staffing pressures, that remain a persistent issue on the east coast, may mean that the new facility cannot be used to its full potential.

In response to the issues raised above, Simon Cox said that an ongoing programme of consultation with the public was planned once all of the necessary approvals for the work had been received. Also, that the nurse training at the University of Coventry campus in Scarborough and recent recruitment of medics should mean that there are enough staff.

The Chairman, County Councillor John Ennis, summed up and thanked Simon Cox for attending and answering the questions raised by the committee.

**Resolved -**

- 1) Dr Andrew Bennett and Simon Cox to come back to the meeting at 10am on 17 December 2021 to provide a further update on the progress with the development of the Scarborough Hospital site
- 2) Dr Andrew Bennett and Simon Cox to outline the criteria that will be used to assess the Full Business Case.

## **153. Changes to the management of hyper acute stroke at Scarborough Hospital**

Considered – a verbal update by Simon Cox of the North Yorkshire CCG.

County Councillor John Ennis made reference to a briefing note that had been produced by Democratic Services regarding the 'Golden Hour', which had been

extensively referred to at the last meeting of the committee. Committee members had seen the briefing note and County Councillor John Ennis summed up the conclusions in the note as follows:

- There is no specific evidence to suggest a scientific basis to the presumption of a 'golden hour' within which hyper acute stroke patients should be treated in order to reduce the potential for death or disability
- The reorganisation of hyper acute stroke services in England has led to a range of studies looking at the impact of assured specialist stroke provision compared with more local access to a hospital stroke unit. While journey time to so-called HASUs may be longer for some patients, clinical studies suggest that such specialist units are better able to provide more immediate, more effective treatment and a quicker recovery time. This further supports the principle that better, more targeted care is of greater benefit than assuring a one-hour window of opportunity for treatment.

The key points from the verbal update by Simon Cox are as summarised below:

- The briefing note on the 'Golden Hour' is helpful as it makes it clear that the key factor is not journey time but the access to specialist care
- Due to the pressures of covid, the Hyper-Acute Stroke Review has not yet completed. The final report from the national and regional stroke leads is likely to be ready by early April.
- The initial reviews that have been undertaken locally and the experience of changes to hyper acute services at Harrogate two years ago are all positive
- There is a national concern that people who may have had a suspected stroke are not coming forward to seek treatment due to concerns about covid.

County Councillor Heather Moorhouse raised concerns as to whether the Yorkshire Ambulance Service, which has been working at maximum capacity during the pandemic, will have the capacity to support this new way of working.

County Councillor Liz Colling asked whether data of patients' outcomes could be made available, with a comparison between Hyper-Acute Stroke Units and non-specialist units.

County Councillor John Ennis thanked Simon Cox for attending and updating the committee.

#### **Resolved –**

- 1) Simon Cox to update the committee on the outcome of the regional hyper acute stroke review and to provide information on how patient outcomes have been affected by changes to stroke provision. An informal update and discussion to take place at the Mid Cycle Briefing at 10am on 23 April 2021 and a formal update at the committee meeting at 10am on 18 June 2021.

#### **154. Whitby Hospital – update on the redevelopment of the site**

Considered – a presentation and video by Peter Beckwith, Helen Cammish and Robert Atkinson of the Humber Teaching NHS Foundation Trust.

The key points from the presentation and video are as summarised below:

- Construction began on 23 March 2020 just as the first national lockdown in response to the pandemic started. The lockdown and the need to ensure that the site was covid-safe created some delays

- The refurbishment of the tower block started in June 2020. The in-patient ward was decanted and the numbers of beds temporarily reduced from 16 to 14, in response to the need to ensure that provision was covid-safe
- The Physiotherapy Service and GP Out of Hours Service have continued to run as before, albeit using more digital and remote access solutions
- There remains a strong focus upon diagnostics at the site
- The aim is for the work to be completed by 29 June 2021
- The budget for the work is £13.1m and it is anticipated that the work will be completed within that amount
- The intention is to work closely with partners, such as the Council, and see what opportunities there are for co-location on the hospital site in the longer term. This would build upon the excellent joint working that has been undertaken as part of the response to the pandemic.

Borough Councillor Sue Tucker welcomed the progress that had been made and asked what was planned for the Minor Injuries Unit.

In response, Helen Cammish said that the hospital is currently in discussion with the CCG to see whether that could be upgraded to an Urgent Treatment Centre.

County Councillors Joe Plant, Clive Pearson and Liz Colling all expressed their thanks for the work that had been done to re-develop the Whitby Hospital site and how impressed they were with the facilities and what this will mean for services for the people of Whitby and the surrounding area.

County Councillor John Ennis, summed up and thanked all for all of the work that had been done over the past years to get to this point.

#### **Resolved –**

- 1) Peter Beckwith to attend a future meeting of the committee to update on how the new hospital is performing and supporting people in an around Whitby.

At this point in the proceedings there was a 5 minutes break and the live broadcast was paused.

#### **155. Review of urgent care provision across the Vale of York**

Considered – a report by Gary Young, Victoria Binks and Nigel Wells from the Vale of York CCG.

The key points from the presentation are as summarised below:

- The Vale of York CCG area has been divided into three distinct places for the purposes of this review. These places were identified following in-depth public consultation
- There is a national focus on helping patients get the right care, in the right place and at the right time
- Urgent care services are for those who need medical advice or treatment for a health condition on the same day
- Patients have said that there are too many confusing options, and that getting urgent care help needs to be made easier
- In most cases people will access urgent care via their GP or by using the 111 service

- The pathways into urgent care vary across the three places: a fully integrated Urgent Treatment Centre serving York and the surrounding area; closer working between hospitals and GPs in and around Selby; primary care hubs in Hambleton and Ryedale
- In December 2020, existing contracts with current urgent care providers were extended to allow a safe transformation during the pandemic
- There are no fundamental changes to services. Instead, it is using what there is more effectively. As such, there is no need to undertake formal public consultation.

County Councillor Chris Pearson asked how the Urgent Treatment Centres and Accident and Emergency services would work together.

Gary Young said that the ambulance crews would assess the patient and decide where the most appropriate care could be given.

County Councillor Liz Colling asked whether it would be possible or desirable to have one contractor delivering all of the urgent care services in the CCG area.

In response, Nigel Wells said that the care provision in the area had been built up in different layers at different points in time. The changes to care pathways that were being introduced would help make sure that patients access the right care at the right place and at the right time. This can be achieved without the need for a wholesale recommissioning exercise.

Borough Councillor Sue Tucker expressed her concerns that Vocare, which is commissioned by the CCG to deliver some urgent care services, is a profit making organisation.

Nigel Wells said that Vocare had been a key partner for a number of years and had continued to deliver high quality services. The focus should be upon the quality of care and not who delivers it.

County Councillor Liz Colling said that large parts of the NHS had been delivered by profit making organisations since its inception. She said that the model of ownership is not the issue. Instead, it is the outcomes for patients.

#### **Resolved –**

- 1) Victoria Binks, Gary Young and Nigel Wells to attend a future meeting of the committee and update on the new urgent care pathways and provision, with focus on understanding whether people have changed their behaviour in response to the changes made and any patient feedback.

#### **156. NHS response to Covid-19**

Considered – a verbal update by Wendy Balmain, Sue Peckitt and Bruce Willoughby, North Yorkshire CCG.

NHS pandemic recovery programme - the key points from the update are as summarised below:

- The pandemic has reinforced existing health inequalities. As such and as commissioners and providers of services, we need to understand the long term impact of covid upon the more deprived areas of the county

- This last wave of the pandemic has been very difficult for hospitals. Mutual aid has helped, as has close work with local authorities, particularly in the support of vulnerable and shielded people in the community
- Hospitals have worked very hard to ensure that the risk of a hospital acquired covid infection is minimised. Covid infection rates in hospitals are low and reducing but there is no room for complacency
- Some people attending hospital may be infected with covid but not showing any symptoms. This is usually picked up through routine testing upon admission. Recently, such testing has been increased and so more cases have been picked up
- Some routine elective procedures and some outpatient appointments have been restarted
- Fast track appointments have been put in place for cancer assessments and treatment and are now at 110% of the pre-pandemic number
- All assessments and treatment are prioritised according to clinical need
- Patients are kept fully informed of what action will be taken and when and low level interventions and community support are being put in place for people in discomfort who are on a waiting list.

Vaccination programme - the key points from the update are as summarised below:

- Good progress is being made with the vaccination programme, with North Yorkshire on target to deliver against all of the target cohorts. Approximately 375,000 people in North Yorkshire have had the first dose
- The new national target is that all eligible adults will have had the first dose by 1 July 2021
- There has been some vaccine hesitancy. A multi-agency group has been established to respond to this. Everyone has a role to play in encouraging people to have a vaccination.

County Councillor Andy Solloway asked why the vaccination could not be done closer to home rather than involving significant travel to centres in large urban areas.

In response, Sue Peckitt said that some vaccinations were being done in nationally appointed centres and some through local GPs and partnerships

Borough Councillor Nigel Middlemass said that the issue that he had raised at the last committee meeting about hospital acquired covid infections had been addressed. He had been concerned that the national coverage may have deterred people from accessing the help and treatment that they needed. Based upon what has been explained today, people should feel reassured.

County Councillor Jim Clark thanked colleagues in the NHS for the way in which they had so successfully implemented the national vaccination programme.

County Councillor John Mann asked what the treatment response will be to long covid.

Wendy Balmain said that there is a move to establish specialist assessment clinics for people with suspected long covid and the initial focus would be upon the management of respiratory issues.

Delivery of primary care during the pandemic - the key points from the update are as summarised below:

- Patient monitoring has been setup for people with covid who are being cared for at home, as opposed to being admitted to hospital
- Regular health checks and support have been put in place for people who have learning disabilities
- All practices are covid-secure and make use of hot and cold protocols that enable people to be safely managed across a site and which prevent cross-infection
- Secure video link and the sharing of photos has enabled remote assessments to be undertaken
- Face to face appointments and telephone consultations have risen over the past three months, with face to face appointments now at 2/3 of the pre-pandemic level. People will still be able to have a face to face consultation where requested
- Safeguarding remains a priority
- More mental health support is being provided at the primary care level, in recognition of the mental health stresses that have risen during the pandemic.

County Councillor John Ennis thanked those attending for such a comprehensive update on three key areas of work. He welcomed the progress being made with fast track cancer assessment and treatment, the increase in outpatient appointments being offered and the roll out of the vaccination programme.

**Resolved –**

- 1) Wendy Balmain and colleagues to attend the meeting of the committee on 18 June 2021 and provide a verbal update on the NHS recovery from the pandemic, the implementation of the vaccination programme and access to primary care
- 2) Wendy Balmain to provide a briefing note that explains the rationale for cross-border vaccination appointments.

**157. Update on Covid-19 in North Yorkshire**

Considered – a verbal update by Louise Wallace, Director of Public Health, Health and Adult Services, North Yorkshire County Council

The key points from the report are as summarised below:

- Globally, there have been 117m cases of covid infections to date and 2.6m known deaths
- As of 11 March 2021, there are 38 new cases of covid each day across North Yorkshire. This is below the infection rate for England as a whole and is significantly lower than the peak in December/January
- Multi-agency teams are in place to track infection outbreaks and respond to them. A key part of this is understanding what has driven the transmission each time
- Work is done with employers to help ensure that workplaces are covid-safe and that measures are in place to prevent infection
- It is important that key messages are promoted and Councillors have a role to play in this
- Full details of the current data and statistics are available on the North Yorkshire County Council website.

County Councillor John Ennis thanked Louise Wallace for attending.

**Resolved –**

- 1) Louise Wallace to attend the meeting on 18 June 2021 to provide a verbal update on covid prevalence and the public health/multi-agency response.

**158. Work Programme**

Considered -

Daniel Harry, Democratic Services and Scrutiny Manager, North Yorkshire County Council, introduced this item and asked Members to review the work programme and make suggestions for areas of scrutiny for inclusion.

**Resolved -**

1) That the committee review the work programme.

**159. Other Business which the Chairman agrees should be considered as a matter of urgency because of special circumstances**

County Councillors Jim Clark and Andy Solloway gave an update on discussions that had taken place at the recent meetings of the West Yorkshire Joint Health Overview and Scrutiny Committee.

The meeting concluded at 1:10pm

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