
Meeting	Health and Adult Social Care Policy and Scrutiny Committee
Date	14 December 2022
Present	Councillors Doughty (Chair), Hook (Vice-Chair), Heaton, Vassie, Wells and Waudby (Substitute for Councillor Cullwick)
Apologies	Councillors Barnes and Cullwick
In Attendance	Councillor Daubeney, Chair of Children, Education and Communities Policy and Scrutiny Committee, City of York Council Stephanie Porter, Interim Executive Director Primary Care and Population Health Prof Mike Holmes, GP, Haxby Group
In Attendance Remotely	Simon Bell, Interim Place Director, York Health and Care Partnership Jamaila Hussain Corporate Director of Adult Services and Integration, City of York Council Sharon Stoltz, Director of Public Health, City of York Council Councillors Bayram and Jefferson, East Riding of Yorkshire Council Christine Phillipson, Principal Democratic Services and Scrutiny Officer, North Yorkshire County Council

25. Declarations of Interest (5:33pm)

Members were asked to declare at this point in the meeting any disclosable pecuniary interests or other registerable interests they might have in respect of the business on the agenda, if they had not already done so in advance on the Register of Interests. None were declared.

26. Minutes (5:33pm)

Resolved: That the minutes of the previous meeting held on 22 November 2022 be approved as a correct record and be signed by the Chair.

27. Public Participation (5:33pm)

It was reported that there had been no registrations to speak at the meeting under the Council's Public Participation Scheme.

28. NHS Humber and North Yorkshire Integrated Care Board Update (5:34pm)

Members considered a presentation that highlighted how the Health and Care Act 2022 put Integrated Care Systems (ICSs) on a statutory footing that empowered partners to work closer together to better join up health and care services, improve population health, reduce health inequalities, enhance productivity and value for money, and help support broader social and economic development.

The presentation provided assurance of the governance being implemented to enable a different way of working that ensured that the cultural change required to adopt a population health approach could flourish. It also included the role of scrutiny and the links with the Integrated Care Board (ICB). Further information was provided on the specific topics of elective care recovery, waiting lists, urgent care, the demand and pressures on services, access to primary care, technology, and collaborative working. Members noted that:

- York NHS Foundation Trust was now within Tier 1 Elective Recovery status, and were receiving national support to improve the elective recovery position.
- In General Practice, the Operational Pressures Escalation Level 1 - 4 (OPEL) Framework, the system for tracking and reporting pressure within practices, was highlighting consistently more practices at level 3 and 4. The impact of more same day and urgent demand in General Practice was the rescheduling and delay to routine care and as a result, waiting times for routine appointments in GP practices became longer. Recent issues such as, the rise in Group Strep A and continued and sustained staff absences made it the highest reported level of pressure since January 2021.
- York Health and Care Partnership were working with Nimbuscare on a 'waiting well' programme.
- The level of urgent care forced practices to clinically assess every appointment request to safely delay non-urgent routine appointments and prioritise urgent (on the day) access.
- General Practice Access Data (GPAD) showed that Vale of York practices delivered 182,220 appointments of which 117,393 were face to face in October 2022, which was thought to be an under estimate of overall activity delivered as some of

the telephone triage and consultation work was not being captured in activity systems as yet.

- A bespoke service had been developed to support York's Asylum Seekers.
- Practices worked collaboratively to prepare a winter plan and respond to unplanned pressures. This had resulted in both additional capacity and the creation of community hubs which in particular supported Acquired Respiratory Infections and should help lower demand from these issues presenting at the hospital.
- The OPEL 2.5 model allowed Nimbuscare to support and provide staff to GP practices that were under extreme pressure and at risk of rising to OPEL 3 or 4.

During a detailed discussion and in answer to a number of questions raised, it was confirmed that:

- System change allowed for local transformation and the NHS Humber and North Yorkshire Integrated Care Board would be addressing inequalities within its six Place Boards, and funding had been ringfenced to develop this.
- The York Health and Care Partnership Board was Chaired by the Chief Operating Officer of City of York Council allowing closer working relationships between the NHS and the local authority.
- Nimbuscare were proactively contacting patients who were waiting for their hospital appointment and GP practices were consistently monitoring their routine waiting lists to reduce the routine waiting times. Patients who were on a waiting list could contact their GP if they felt their symptoms were deteriorating.
- The ICB would be developing its offer further and working with patients to address digital exclusion and had provided training on the online systems.
- The pressure of the role and the abuse received had led some reception/administrative staff to leave the profession. Work was being undertaken to address recruitment and employee retention issues.
- Technology had evolved in health care, creating efficiencies to support the demand. This was particularly noticeable with sick notes, prescriptions, repeat dispensing, consultations and appointments.
- A pilot scheme was being considered to measure GPAD more accurately and the ICB would continue to build open and transparent relationships with all GP practices to improve services.

- The ICB would continue to collaborate with Healthwatch York and City of York Council to improve communications.
- OPEL 2.5 had expanded into the Vale of York area and Nimbuscare were also developing a similar model in Hull and Scarborough.
- The branch site of Elvington Medical Practice, which had closed during the pandemic due to infection and prevention control measures, was considering a permanent closure. A consultation and impact assessment would have to be undertaken in line with the contracting requirements.

During discussion, the Interim Executive Director of Primary Care and Population Health agreed to provide further information to Members on:

- York and Scarborough Hospital Foundation Trust (Y&SHFT) current staff absence rates and reasons for.
- Elective waiting lists and how Y&SHFT compared nationally.

The Director of Public Health noted that the council's financial and procurement rules, particularly the requirement for competitive tendering, could at times be a barrier to integrated working. She felt that the Executive should be made aware of this challenge, particularly when commissioning complex cross-system services, for example sexual health. Following discussion, the Director of Public Health and the Corporate Director of Adult Services and Integration undertook to include this in relevant Executive reports together with the alternative options available to deliver better quality and more cost effective services.

Members noted the pressures across all sectors and they expressed their appreciation to all in attendance. It was

Resolved:

- (i) That the update be noted.
- (ii) That City of York Council and the York Health and Wellbeing Board encourage all general practice providers across York to engage in the non-prejudicial sharing of data with the aim of better managing care in General Practice.

Reason: To provided assurance of the governance being implemented across the Integrated Care System and the links with the Integrated Care Board.

29. Work Plan (8:10pm)

Members considered the 2022/23 draft work plan for the Committee.

Resolved: That the work plan be noted.

Reason: To keep the Committee's work plan updated.

Cllr Doughty, Chair

[The meeting started at 5.30pm and finished at 8.12pm].

This page is intentionally left blank