

## Agenda

**Meeting: Scrutiny of Health Committee**

**Venue: Grand Committee Room, County Hall,  
Northallerton, DL7 8AD**

**Date: Friday 14 December 2018 at 10.00 am**

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### Business

1. Minutes of the Scrutiny of Health Committee held on 14 September 2018  
(Pages 5 to 13)
2. Declarations of Interest
3. Chairman's Announcements - Any correspondence, communication or other business brought forward by the direction of the Chairman of the Committee.  
(FOR INFORMATION ONLY)
4. Public Questions or Statements

Members of the public may ask questions or make statements at this meeting if they have given notice to Daniel Harry, Principal Scrutiny Officer (*contact details below*) no later than midday on Tuesday 11 December 2018. Each speaker should limit himself/herself to 3 minutes on any item. Members of the public who have given notice will be invited to speak:-

- at this point in the meeting if their questions/statements relate to matters which are not otherwise on the Agenda (subject to an overall time limit of 30 minutes);
- when the relevant Agenda item is being considered if they wish to speak on a matter which is on the Agenda for this meeting.

5. **Notice of Motion – County Council 14 November 2018 – REPORT** - Daniel Harry, Democratic Services and Scrutiny Manager, North Yorkshire County Council  
**(Pages 14 to 15)**
6. **Patient Transport Service – changes to the application of eligibility criteria – PRESENTATION** - representatives from the Hambleton Richmondshire and Whitby Clinical Commissioning Group, Harrogate and Rural District Clinical Commissioning Group, Vale of York Clinical Commissioning Group and Scarborough and Ryedale Clinical Commissioning Group  
**(Pages 16 to 33)**
7. **Building a Sustainable Future for the Friarage Hospital, Northallerton – VERBAL UPDATE** – Gill Collinson, Hambleton, Richmondshire and Whitby Clinical Commissioning Group, Dr Adrian Clements and Helen Edwards, South Tees Hospitals NHS Foundation Trust, Lucy Tulloch, Service Manager, Friarage Hospital
8. **Transforming adult and older people’s mental health services in Hambleton and Richmondshire – VERBAL UPDATE** – Gill Collinson, Hambleton, Richmondshire and Whitby Clinical Commissioning Group and Adele Coulthard, Tees Esk and Wear Valleys Foundation Trust
9. **Mental Health Services in Harrogate and the surrounding area – update on engagement exercise – REPORT** - Joanne Crewe, Harrogate and Rural District Clinical Commissioning Group and Adele Coulthard, Tees Esk and Wear Valleys Foundation Trust – LATE REPORT TO FOLLOW  
**(Report not yet available)**
10. **Hyper acute stroke services at Harrogate District Hospital – REPORT** - Joanne Crewe, Harrogate and Rural District Clinical Commissioning Group and Dr David Scullion, Harrogate and District NHS Foundation Trust  
**(Pages 34 to 42)**
11. **Work Programme – REPORT** - Daniel Harry, Democratic Services and Scrutiny Manager, North Yorkshire County Council  
**(Pages 43 to 47)**
13. Other business which the Chairman agrees should be considered as a matter of urgency because of special circumstances.

Barry Khan  
Assistant Chief Executive (Legal and Democratic Services)  
County Hall  
Northallerton

6 December 2018

## NOTES:

- (a) Members are reminded of the need to consider whether they have any interests to declare on any of the items on this agenda and, if so, of the need to explain the reason(s) why they have any interest when making a declaration.

A Democratic Services Officer or the Monitoring Officer will be pleased to advise on interest issues. Ideally their views should be sought as soon as possible and preferably prior to the day of the meeting, so that time is available to explore adequately any issues that might arise.

- (b) **Emergency Procedures For Meetings**

### **Fire**

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Persons should not re-enter the building until authorised to do so by the Fire and Rescue Service or the Emergency Co-ordinator.

An intermittent alarm indicates an emergency in nearby building. It is not necessary to evacuate the building but you should be ready for instructions from the Fire Warden.

### **Accident or Illness**

First Aid treatment can be obtained by telephoning Extension 7575.

# Scrutiny of Health Committee

## 1. Membership

<b>County Councillors (13)</b>					
	<i>Councillors Name</i>	<i>Chairman/Vice Chairman</i>	<i>Political Group</i>	<i>Electoral Division</i>	
1	ARNOLD, Val		Conservative	Kirkbymoorside	
2	BARRETT, Philip		NY Independents	South Craven	
3	CLARK, Jim	Chairman	Conservative	Harrogate Harlow	
4	COLLING, Liz	Vice-Chairman	Labour	Falsgrave and Stepney	
5	ENNIS, John		Conservative	Harrogate Oatlands	
6	HOBSON, Mel		Conservative	Sherburn in Elmet	
7	MANN, John		Conservative	Harrogate Central	
8	METCALFE, Zoe		Conservative	Knaresborough	
9	MOORHOUSE, Heather		Conservative	Great Ayton	
10	PEARSON, Chris		Conservative	Mid Selby	
11	SOLLOWAY, Andy		Independent	Skipton West	
12	SWIERS, Roberta		Conservative	Hertford and Cayton	
13	WINDASS, Robert		Conservative	Boroughbridge	
<b>Members other than County Councillors – (7) Voting</b>					
	<i>Name of Member</i>	<i>Representation</i>			
1	HARDISTY, Kevin	Hambleton DC			
2	CHILVERS, Judith	Selby DC			
3	GARDINER, Bob	Ryedale DC			
4	MORTIMER, Jane E	Scarborough BC			
5	HULL, Wendy	Craven DC			
6	SEDGWICK, Karin	Richmondshire DC			
7	MYATT, Ann	Harrogate BC			
<b>Total Membership – (20)</b>				<b>Quorum – (4)</b>	
<b>Con</b>	<b>Lib Dem</b>	<b>NY Ind</b>	<b>Labour</b>	<b>Ind</b>	<b>Total</b>
<b>10</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>13</b>

## 2. Substitute Members

<b>Conservative</b>		<b>NY Independents</b>	
	<i>Councillors Names</i>		<i>Councillors Names</i>
1	BASTIMAN, Derek	1	
2	WILKINSON, Annabel	2	
3	MARTIN, Stuart MBE	3	
4	TROTTER, Cliff	4	
5	DUNCAN, Keane	5	
<b>Labour</b>			
	<i>Councillors Names</i>		
1	BROADBENT, Eric		
<b>Substitute Members other than County Councillors</b>			
		1	VACANCY (Hambleton DC)
		2	VACANCY (Selby DC)
		3	SHIELDS, Elizabeth (Ryedale DC)
		4	JENKINSON, Andrew (Scarborough BC)
		5	BROCKBANK, Linda (Craven DC)
		6	CAMERON, Jamie (Richmondshire DC)
		7	BROADBANK, Philip (Harrogate BC)

## North Yorkshire County Council Scrutiny of Health Committee

Minutes of the meeting held at County Hall, Northallerton on Friday 14 September 2018 at 10 am.

### Present:-

### Members:-

County Councillor Liz Colling (in the Chair)  
County Councillor Val Arnold, Philip Barrett, John Mann, Zoe Metcalfe, Heather Moorhouse, Chris Pearson, Roberta Swiers and Cliff Trotter (substitute for John Ennis).

### Co-opted Members:-

District Council Representatives:- Judith Chilvers (Selby), Bob Gardiner (Ryedale), Jane E Mortimer (Scarborough) and Ann Myatt (Harrogate).

### In attendance:-

Peter Beckwith, NHS Humber Foundation Trust  
Dr Adrian Clements, South Tees Hospitals NHS Foundation Trust  
Gill Collinson, Hambleton, Richmondshire and Whitby Clinical Commissioning Group  
Adele Coulthard, Director of Operations, Tees, Esk and Wear Valleys NHS Foundation Trust  
Martin Dale, Strategic Project Manager, Tees Esk and Wear Valleys NHS Foundation Trust  
Polly Etheridge, Policy and Scrutiny, Office of the Police and Crime Commissioner for North Yorkshire  
Julia Harrison Mizon, Care Group Director, NHS Humber Foundation Trust  
Jenni Newberry, Head of Commissioning, Office of the Police and Crime Commissioner for North Yorkshire  
Denise Nightingale, Vale of York Clinical Commissioning Group  
Sue Peckett, Scarborough and Ryedale Clinical Commissioning Group  
Patrick Scott, Director of Operations in York and Selby, Tees Esk and Wear Valleys NHS Foundation Trust  
Lucy Tulloch, Service Manager, Friarage Hospital, Northallerton

### Executive Members:

Cllr Caroline Dickinson

### County Council Officers:

Daniel Harry (Scrutiny)

### Press and public:

Stuart Minting, Local Democracy Reporter.

Apologies for absence were received from: County Councillors Jim Clark, John Ennis, Mel Hobson, Andy Solloway, Robert Windass and from District Councillors Kevin Hardisty (Hambleton District Council representative), Wendy Hull (Craven District Council representative), Karin Sedgwick (Richmondshire District Council representative)

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

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### 53. Minutes

**Resolved**

That the Minutes of the meeting held on 22 June 2018 be taken as read and be confirmed and signed by the Chairman as a correct record.

**54. Any Declarations of Interest**

There were no declarations of interest to note.

**55. Chairman's Announcements**

In the absence of the committee Chairman, Cllr Jim Clark, there were no announcements.

**56. Public Questions or Statements**

There were no questions or statements from members of the public.

**57. Integrated Prevention, Community Care and Support in Scarborough and Ryedale**

Considered -

The presentation by Julia Harrison-Mizon, and Peter Beckwith, NHS Humber Foundation Trust on the community services provided in the Scarborough and Ryedale area.

Peter Beckwith introduced the presentation and provided an overview of the NHS Humber Foundation Trust, its leadership and scope.

Julia Harrison-Mizon then gave an overview of the services that were being offered under the new contract and some of the challenges faced, as summarised below:

- The new service has four distinct elements: prevention and promotion of health and wellbeing; specialist nursing for the management of long term conditions in the community like diabetes; a crisis service that is aimed to reduce the number of admissions to hospital; and a single point of contact and access, via the Customer Access Service
- The focus is upon building partnerships than enable a 'one team' approach. This includes having data sharing in place that means that patients only have to tell their story once
- The priority was upon a safe and efficient transfer of staff and patients across to the new service. Over 200 staff transferred under TUPE and 5,500 referrals and 4,140 unique patients migrated to the Scarborough and Ryedale Community Services clinical system
- There are 3 hubs that provide services across the patch. These are: Scarborough and North (60,000 pop.), South of Scarborough (30,000 pop.); and Ryedale (30,000 pop.).

Cllr Health Moorhouse queried whether any workforce pressures had been experienced in setting up the new service, as had been experienced elsewhere in the county, particularly in rural areas.

In response, Julia Harrison-Mizon said that there had been some churn of staff, as was to be expected of any significant change in service, but that the new service was attractive to prospective employees as it offered greater support, independence and autonomy. She said that there was a strong focus upon growing their own staff and professional development.

Cllr Val Arnold asked who provided services to that part of Ryedale not covered by the new contract with NHS Humber Foundation Trust (FT).

Julia Harrison-Mizon replied that this would be the remit of the Vale of York Clinical Commissioning Group (CCG) and the York Teaching Hospital Foundation Trust and that they were working closely with them to co-ordinate care.

Sue Peckett of the Scarborough and Ryedale CCG said that the CCG was working with the Vale of York CCG and the York FT on the 'One Ryedale' project to ensure that care was co-ordinated.

Cllr Chris Pearson asked how the three organisations managed patient flows through Malton and Bridlington hospitals and also what was being done around mental health under the new contract.

In response, Julia Harrison-Mizon said that although Malton hospital was owned by York FT, in-patient services were provided by NHS Humber FT as part of the new contract.

Cllr Liz Colling asked about the development of services at Whitby Hospital and whether an update could be provided at a future meeting of the committee.

Cllr Bob Gardiner queried what district nursing services were in place and how they were supported.

Julia Harrison-Mizon said that they were a key part of the services that were delivered in the community and that they were employed by NHS Humber FT.

Cllr Philip Barrett asked how long the contract was in place for and what allowances had been made for the increases in population in the area linked to housing growth.

Julia Harrison-Mizon said that the contract was in place for 5 to 7 years and that there was capacity within the service and the contract to manage an increase in demand associated with new housing developments.

Cllr John Mann noted that the Health Trainers Scheme had been very successful.

Julia Harrison-Mizon said that it was one of a number of community-based programmes and interventions that were innovative and which helped to reduce the demand for acute hospital in-patient services. Other examples were: weight management; social prescribing by GPs; and work being done with MIND and the SMILE Foundation. Julia Harrison-Mizon said that she would share a link to a film about social prescribing by GPs that could be sent out to committee members.

Cllr Liz Colling asked the following questions: how is the new community service going to work with services provided by North Yorkshire County Council; is the missed call rate of 6% by the Customer Access Service acceptable; what is the future of the in-patient beds at Malton hospital; could more be done to align commissioning arrangements so that Ryedale and other areas were not artificially split, with different providers and so services in neighbouring areas?

In response, Julia Harrison-Mizon said that NHS Humber FT has a history of working closely with North Yorkshire County Council and would continue to seek opportunities for integrated working. She noted that the Council had submitted a bid for the contract to run Integrated Prevention, Community Care and Support in Scarborough and Ryedale but had not been successful.

In terms of the Customer Access Service, Julia Harrison-Mizon said that the statistic related to calls not answered within 15 seconds. Any call that was waiting to be

answered for more than 15 seconds was automatically transferred to another team to be picked up. As such, these were not calls that were left unanswered.

Sue Peckett responded to the query about the long term use of the in-patient beds at Malton Hospital. She said that the use of the beds was focussed upon rehabilitation and reablement and that the bed occupancy was now around 90%, with the length of stay reducing. The use of the beds was under an ongoing, annual review.

Sue Peckett acknowledged that greater economies of scale could be achieved by the 4 CCGs that cover most of North Yorkshire working together more closely and that steps towards this were being made with the potential appointment of one Accountable Officer for Scarborough and Ryedale CCG, Harrogate and Rural District CCG and Hambleton, Richmondshire and Whitby CCG.

#### **Resolved -**

- 1) Thank all for attending
- 2) Representatives from NHS Humber Foundation Trust to attend a future meeting of the committee to update on the services that are provided in Whitby
- 3) Representatives from NHS Humber Foundation Trust and the Scarborough and Ryedale CCG to attend a future meeting of the committee to update on the use of the two in-patient wards in Malton Community Hospital
- 4) Representatives from NHS Humber Foundation Trust and the Scarborough and Ryedale CCG to keep the committee informed of the progress being made with the 'One Ryedale' approach to service development and delivery.

#### **58. Services for Vulnerable People with Mental Health Needs who are in contact with the Criminal Justice System**

Considered -

The report of Julia Mulligan, North Yorkshire Police and Crime Commissioner, on the number of people who are dealt with by the Police who appear to be in some form of mental distress.

Jenni Newberry, Head of Commissioning, Office of the Police and Crime Commissioner (OPCC) for North Yorkshire presented the report on behalf of Julia Mulligan who had sent her apologies as she was not able to attend. The key points from the report are summarised below:

- North Yorkshire police data shows a steady increase over the last 4 years in the use of health based places of safety
- Often the Police are used to transport people, as there is no ambulance available. In 2017, the police conveyed 52% of s.136 detentions to a health based place of safety
- Public Safety and Welfare incidents dealt with by the police in 2017/18 is currently at 79,709 which is up by 34.16%
- There are currently four s.136 suites across North Yorkshire and York
- The closure of the mental health wards in the Friarage Hospital in Northallerton and possibly those at Briary Wing in Harrogate Hospital, would reduce the capacity by half. Data from the police and the NHS both suggest that the number of patients detained will continue to increase and so reducing the current provision of beds is not an option
- A number of services have been jointly funded by the OPCC to respond to this rising demand, including: York Pathways; FOCUS; and Alternative Places of Safety.



Jenni Newberry said that welfare and public safety issues were impacting upon the Police and were taking time and resources away from responding to crime. She said that the Office of the Police and Crime Commissioner have devoted a great deal of time effort in working with the CCGs and Tees Esk and Wear Valleys NHS Foundation Trust to develop new ways of working that will reduce the demand upon the police. This included developing new and innovative services to fill gaps in service. The issue remained, however, that the likely reduction in s.136 suite capacity would have a huge impact upon the police.

Cllr Liz Colling asked whether there was a more detailed analysis of the data available that would help the committee to better understand the root cause of the problem and so which organisations were best placed to respond. In particular, how many people who presented to the police in a state of distress were intoxicated on drugs and/or alcohol and highly emotional, rather than mentally ill.

Cllr Liz Colling asked Adele Coulthard, Director of Operations at Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV), whether she would like to engage in the discussions. Adele Coulthard was attending for a subsequent item on the agenda.

Adele Coulthard said that there was a difference in how a 'place of safety' was interpreted.

Jenni Newberry said that the definition worked to by the OPCC and the police was that outlined in recent Home Office guidance that stated that "The expectation remains that, with limited exception, the person's needs will most appropriately be met by taking them to a 'health-based' place of safety - a dedicated section 136 suite where they can be looked after by properly trained and qualified mental health and other medical professionals."

Adele Coulthard said that a Crisis Care Concordat was in place that helped ensure that agencies worked together to promote a joined up response to people in crisis would had mental health needs. This was jointly chaired by the Police and Crime Commissioner and Amanda Bloor, Accountable Officer for the Harrogate and Rural District CCG.

Adele Coulthard offered to share the data that she had about the profile of people who currently use the s.136 suites in the county. She said that, in her experience, many people who were in distress in public places were intoxicated with drugs and/or alcohol and highly emotional. They had no underlying mental health problem and simply needed somewhere to calm down and dry out.

Adele Coulthard said that some really positive examples of joint work with the OPCC and the police were underway and beginning to have an impact. This included the 'Street Triage' scheme.

Adele Coulthard said that the Mental Health Act allowed Accident and Emergency and other sites to be used as a health-based place of safety. This was cheaper than using dedicated s.136 suites, which cost around £0.5 million pounds a year to run but were often rarely used. She said that, on average, the s.136 suite at the Friarage was only used 3 times a month.

Adele Coulthard stated that two dedicated s.136 suites would be enough to meet demand. There would then be a further six health-based places of safety that could be accessed that would be supported by people that could help address the emotional needs of people who were in distress but not mentally ill. She said that further work was being done with the Yorkshire Ambulance Service to address the concerns that had been raised about transport. All of this was being done through the Crisis Care Concordat.

Cllr Heather Moorhouse raised her concerns that agencies did not seem to be working together effectively.

Cllr Zoe Metcalfe said that she would welcome the roll out of the street triage programme across the county and asked what provision was in place for children and young people who were in a state of distress in public places.

Adele Coulthard replied that an s.136 suite was available for use by all ages and on-call support was available from TEWV. It was noted, however, that not many children or young people used s.136 suites.

Cllr John Mann queried when the pause in the development of mental health in-patient services would end.

Adele Coulthard said that a comprehensive review of mental health services in and around Harrogate was currently underway and that it was intended to commence the implementation of a new service model in the spring of 2019, subject to any necessary public consultation.

Jenni Newberry said that the OPCC was keen to see the roll out of street triage across the county and was seeking support from the relevant CCGs and from TEWV to do so.

Adele Coulthard stated that the review of mental health service provision in Harrogate would pick up street triage and other similar interventions and programmes.

Cllr Philip Barrett asked what role Airedale, Wharfedale and Craven CCG and Bradford FT had to play in the discussions about the provision of mental health services.

Adele Coulthard replied that TEWV worked closely with Bradford District Care NHS Foundation Trust to co-ordinate care provision in North Yorkshire. She said that North Yorkshire Police have protocols in place with the FT.

Jenni Newberry indicated that the data in the report included Craven.

#### **Resolved -**

- 1) Thank all for attending
- 2) Adele Coulthard of Tees Esk and Wear Valleys NHS Foundation Trust (TEWV) and Jennie Newberry of the Office of the Police and Crime Commissioner (OPCC) to provide the committee with detailed data on those people who are taken by the Police to a s.136 suite or place of safety
- 3) Adele Coulthard of TEWV and representatives from the Crisis Care Concordat to attend a future meeting of the committee to outline the scope of their work and the progress that has been made against targets/objectives.

#### **59. Mental Health Inpatient Services in York - Development of the new hospital and community services transformation**

Considered -

The report of Martin Dale, Strategic Project Manager and Patrick Scott, Director of Operations in York and Selby, Tees Esk and Wear Valleys NHS Foundation Trust, and Denise Nightingale of the Vale of York Clinical Commissioning Group providing an update regarding the development of the new mental health hospital which is being built on Haxby Road in York, and the proposed community mental health hub for Selby.

Martin Dale introduced the report and provided an overview of the current situation, the key points of which are as summarised below:

- A new purpose-designed 72 bed hospital is due to be open in April 2020
- The Full Business Case was approved by TEWV Board of Directors on 22nd May 2018
- TEWV is investing approximately £37m (including VAT, fees and land purchase) from internal cash resources to develop the new hospital
- A new community mental health hub for Selby is in development and will also be funded by TEWV from its internal capital resource
- Once a site is identified it is anticipated that the building programme will take approximately 24 months from site purchase to operational handover
- There has been extensive engagement with service users and carers
- TEWV has partnership arrangements with York St John University, the Joseph Rowntree Housing Foundation and the University of York which have helped with the development of both the York and Selby sites and services.

Martin Dale said that, once the new hospital in York was up and running, there would be a staged transfer of patients. He said that the Selby site offered an opportunity to deliver a range of services from one site, which currently were delivered from a number of unsuitable and disparate sites.

Patrick Scott said that they were looking for a site for the Selby community hub, as the site that had previously been identified had been bought by a housing developer.

Cllr Chris Pearson asked where the new hospital would be built on Haxby Road.

In response, Martin Dale said that it was next to the York St John University sports campus and benefited from good bus access, being on the No.1 bus service route.

Patrick Scott said that the existing bus stops and shelters were to be upgraded as part of the scheme.

Cllr Liz Colling asked what the links were with the building of the new York hospital and the pause on the build of the mental health in-patient unit at Cardale Park in Harrogate.

Martin Dale replied that the two developments were separate and distinct and that the increase in the number of beds at the York hospital from 60 to 72 was a result of a need to future proof the site.

Adele Coulthard was invited to speak at this point and said that an engagement exercise was underway in Harrogate and the surrounding area to see how the NHS £ could be used to best effect. The options that were being developed would need to go through the governance processes for TEWV, the CCG, NHS England and the Clinical Senate before going out for a formal public consultation, if a consultation was necessary.

Cllr Chris Pearson queried where the community hub would be built and what would happen to the existing Worsley Court site.

Patrick Scott said that the price of development land was such that suitable sites were often out of reach of public sector organisations. This meant that the plans for the Selby community hub may have to be tailored to fit the site that is available. In terms of Worsley Court, this building was not fit for purpose and so would be handed back to NHS Property Services, once vacated.

#### **Resolved -**

- 1) Thank all for attending
- 2) Martin Dale and Patrick Scott from TEWV to attend a future meeting of the committee Mid Cycle Briefing to provide an update on progress with the

development of the new in-patient facility in York and the new community hub in Selby.

**60. Transforming Adult and Older People's Mental Health Services in Hambleton and Richmondshire**

Considered -

The oral update of Gill Collinson, Hambleton, Richmondshire and Whitby CCG and Adele Coulthard, Tees, Esk and Wear Valley NHS Foundation Trust.

Adele Coulthard said that there had been no significant progress since the last update to the committee in June 2018. The date for the completion of the work to repair and refurbish the buildings at the Roseberry Park mental health hospital was not certain, as the scale of the works needed was still being ascertained.

Adele Coulthard said that more resources had been put in place in Hambleton and Richmondshire to enable more robust home treatment, reducing the need for in-patient care at the Friarage. She said that staff and service users and carers were being kept informed of progress with the Roseberry Park site and plans for the move of patients across to there.

Adele Coulthard confirmed that the plans for the mental health community hub on the Friarage site were due to be submitted to Hambleton District Council.

**Resolved -**

- 1) Thank all for attending
- 2) Adele Coulthard from TEWV and Gill Collinson from the Hambleton, Richmondshire and Whitby CCG to provide further updates to the committee and the Mid Cycle Briefings on progress with the refurbishment of the Roseberry park in-patient hospital in Middlesbrough and the development of the new community hub at the Friarage in Northallerton.

**61. Building a Sustainable Future for the Friarage Hospital, Northallerton (including the dedicated ambulance for maternity services and paediatrics)**

Considered -

The oral report of Gill Collinson, Hambleton Richmondshire and Whitby CCG, Dr Adrian Clements, South Tees Hospitals NHS Foundation Trust and Lucy Tulloch, Service Manager, Friarage Hospital

Dr Adrian Clements confirmed that both the Hambleton, Richmondshire and Whitby CCG and South Tees Hospitals NHS Foundation Trust had agreed the preferred clinical model. The next stage in the process was for the CCG to complete the business case and take this through NHS England and the Clinical Senate.

Dr Adrian Clements confirmed that the Scrutiny of Health Committee would have sight of the preferred clinical model before it went out for consultation.

Gill Collinson said that the preferred clinical model was under review, as any changes to the services provided at the Friarage had to fit with other services on the patch.

Cllr Liz Colling queried what impact the delays in finding a preferred clinical model had had on staff morale and the public.

Dr Adrian Clements said that he was regularly providing briefings and updates to staff at the Friarage and members of the public. He said that he understood the concerns

that had been raised by both staff and the public about the future of the Friarage but stated that the Friarage was here to stay.

Gill Collinson reminded members that a lot of investment was going into the Friarage site, including the new Sir Robert Ogden Macmillan Centre for the treatment of cancer that is due to open in a number of weeks. Also, that services that had previously only been provided at the James Cook were now being provided at the Friarage, such as the 'black out' service.

**Resolved -**

- 1) Thank all for attending
- 2) Dr Adrian Clements, South Tees Hospitals NHS Foundation Trust, Lucy Tulloch, Service Manager, Friarage Hospital and Gill Collinson, Hambleton, Richmondshire and Whitby CCG to bring further updates to the committee and the Mid Cycle Briefings on progress with implementation of a new clinical model for the delivery of Anaesthesia and Emergency Medicine at the Friarage Hospital.

**62. Work Programme**

Considered -

Daniel Harry introduced this item and asked Members to consider the items that had been identified on the Work Programme.

**Resolved -**

Members to review the Committee's Work Programme and come back to Daniel Harry after the meeting if there were any particular issues that they felt needed to be included.

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

There were no items of other business.

The meeting concluded at 12:30pm

DH



**North Yorkshire County Council  
Scrutiny of Health Committee  
14 December 2018**

**Notice of Motion to County Council on 14 November 2018**

**Purpose of Report**

This report provides Members with an opportunity to discuss the Motion that was put to County Council on 14 November 2018 and then to agree a recommendation to Executive to consider at their meeting on 15 January 2019, ahead of a referral back to the meeting of County Council on 20 February 2019.

**Motion**

The following Motion was put to County Council on 14 November 2017 by County Councillor John Blackie and this was seconded by County Councillor Stuart Parsons:

*“North Yorkshire County Council calls upon the Clinical Commissioning Groups (CCGs) that commission NHS Services across the County:*

- (i) to fund the necessary PTS services to transport those whose medical, personal and financial needs require these services to attend hospital clinics, and to recognise that any failure to provide the level of service that reflects the rural nature of North Yorkshire may lead to patients having no alternative but to miss their appointments to the detriment of their health,*
- (ii) to acknowledge their recent implementation of cutbacks in the PTS services without any consultation whatsoever has caused anxiety amongst those communities placed at distance from the hospitals that serve them, and calls upon the CCGs to review the impact of the cutbacks at Scrutiny Committees across the County no later than early March 2019,*
- (iii) to recognise the current network of Community Hospitals in North Yorkshire provide a range of essential NHS services, including in-patient beds for step-down, respite and palliative care that are highly valued by the communities they serve, and where CCGs are considering changes it should only be on the basis of improvements with no reduction in local accessibility of these services,*

*and instructs Committee Services to send the outcome of the debate on this Notice of Motion to the District and Borough Councils and the MPs that serve the communities in North Yorkshire.”*

The Chairman determined that the Motion should not be debated on the day, stating that a better venue for a more informed debate would be with the Scrutiny of Health Committee at their meeting on 14 December 2018.

### **Response to the Motion**

The Motion has two distinct elements: 1) concerns about the application of the eligibility criteria and changes to the eligibility criteria for the Patient Transport Service; and 2) concerns about potential reductions to services provided by community hospitals.

The first element, PTS, is being considered under item 6 of the agenda for the meeting today. The second element, community hospitals could be reviewed by the Chair, Vice Chair and Group Spokespersons at a meeting in early January, depending on whether the committee is happy to delegate the authority.

### **Recommendation**

That the committee:

1. Considers the concerns about PTS under item 6 of the agenda for the meeting today and makes a recommendation to Executive to consider at their meeting on 15 January 2019, ahead of a referral back to the meeting of County Council on 20 February 2019
2. That the consideration of the concerns about community hospitals be delegated to a meeting of the Chair, Vice Chair and Group Spokespersons. They then make a recommendation to the Executive and Council on behalf of the committee.

Daniel Harry  
Democratic Services and Scrutiny Manager  
North Yorkshire County Council  
21 November 2018

# Hambleton Richmondshire and Whitby, Scarborough & Ryedale, Harrogate & Rural District and Vale of York CCGs

**North Yorkshire Scrutiny of Health Committee  
14 December 2018**



1. Context & Background
2. Our Approach To Finding a Solution
3. Voluntary Sector Support & Partnership With NYCC
4. Patients Exempt From Eligibility Checks
5. Appeals Process
6. Activity Volume Changes
7. Outcomes Expected
8. Communications
9. Ongoing Review

- North Yorkshire CCGs have recorded a steady and sustained increase in PTS activity over the last few years, reaching above contracted and affordable levels.
- Previous contracts limited journeys to mainly weekdays and bookings had to be made before 2pm daily, to agreed sites; which significantly affected the ability of staff to provide timely transport.
- There were a number of different providers for transport who were not well linked and didn't have a single set of quality standards
- Current national guidance concerning the eligibility of patients for PTS (dating back to 2007) is agreed to have it's limitations.
- National guidance consists of a set of statements and principle.
- The eligibility criteria underpinning these statements must be interpreted, developed, agreed and implemented locally.

- The previous eligibility criteria provided no material help or support to Yorkshire Ambulance Service (YAS) in determining the correct eligibility of a patient based on their medical and/or mobility requirements – they did not work effectively.
- This refresh improves the process of assessing against the national eligibility criteria as well as providing a more up to date service that covers more dates and times when transport is required.

- A material element of "social" transport (i.e. transport which does not support medical or mobility issues) has historically been provided by YAS based on the previous eligibility assessment process. CCGs are required to support patients who have a clear medical or mobility need for transport only.
- Our ambulance service PTS provider (YAS) is trying to provide the best and highest quality PTS service they can to patients who need support in the face of these significant historic constraints and challenges.

## Vale of York and Scarborough & Ryedale CCGs

- To support patients who need transport into the evening, at weekends and on Bank Holidays.
- To get away from the constrictions of having set 'sites' or routes for transport whilst being efficient.
- To ensure that all contractors were working to the same quality indicators that we set and enforced.
- To ensure consistency in the provision of transport to those who need it because of a medical condition.

- YAS, HaRD CCG and HRW CCG agreed to work together to find a solution and transform our PTS for the benefit of all our patients who need PTS and are eligible for this service.
- VoY CCG and SR CCG agreed to test the market through a procurement exercise to find an equally beneficial solution. YAS secured the new PTS contract against a revised specification following procurement.
- HRW CCG, HaRD CCG and YAS jointly reviewed and refreshed the local eligibility criteria that supports and underpins the national guidance (for the avoidance of doubt, no changes were made to the national guidance).

- Three main iterations of refreshed eligibility were produced and at each stage they were tested by YAS colleagues with real patients (with their agreement) who were all randomly selected following their original PTS booking call.
- As part of the eligibility review we also considered the qualitative aspects and outcomes of our work to ensure that on each occasion (through testing) the eligibility result looked, felt and appeared fair for the individual patient and their particular circumstances.
- In agreement, Vale of York CCG and Scarborough Ryedale CCG adopted the same revised process for assessing eligibility in their new contract.

- Simultaneously to this work, YAS and HRW CCG worked with NYCC to formally integrate the current six (at scale) voluntary car schemes in operation across HRW into the YAS booking service to help and assist those patients deemed "not eligible" access alternative transport support.
- In VoY and S&R CCG's Age UK were part of the bid team and process and all other voluntary car schemes were consulted and included in communications to patients as alternative provision.
- This part of the booking service went "live" at the same time as the refreshed eligibility criteria were introduced across HRW CCG on 15/10/18.
- All patients who express concerns about the ability to pay for transports are directed to the national 'Healthcare Travel Costs Scheme'.



- HRW CCG & HaRD CCG agreed at the start of this work that any patient travelling to a facility providing NHS treatment, for the following medical conditions, would be automatically deemed "eligible" for PTS and would not be asked to undertake any eligibility checks:
  - Chemotherapy
  - Radiotherapy
  - Renal
  - Other Oncology
- SR CCG and VoY CCG agreed to ask all patients to undergo assessment against the national eligibility criteria.

# Patients Exempt From Eligibility Checks



HRW & HaRD CCGs stipulated patients requiring 1 or more member of YAS PTS staff to assist them in their journey would also be deemed automatically "eligible" for PTS.

To ease the process for the patient all CCGs agreed that if a patient were deemed "eligible" for their inbound journey for treatment they would automatically be deemed "eligible" for their outbound journey.

If any patient had a series of treatments planned for the same or related condition and were deemed "eligible" for PTS they would automatically be deemed eligible for all these related journeys. Reviews would take place at 3 month intervals for patients whose condition may change (deteriorate or improve)

- If any patient is not satisfied with the outcome of their PTS "eligibility" check, they have the right to appeal.
- There are three stages of appeal. Two stages are within the YAS ( shift supervisor and shift manager), where all the details of the booking call are reviewed. The third stage is to the patient's CCG, usually via their Patient Relations service.
- A senior manager in each CCG personally deals with any stage 3 appeal and speaks to the patient (or their advocate with the necessary permissions in place) directly.
- All three stages of appeal are considered and completed the same day wherever possible.

- To date the following number of appeals have been received:

HRW CCG	=	7 appeals (7 upheld)
HaRD CCG	=	2 appeals (2 upheld)
VoY CCG	=	63 appeals (25 upheld)
SR CCG	=	38 appeals (13 upheld)
- Anonymised case examples (HRW CCG) - 1 appeal corrected a human error in the booking process and the others mostly corrected some overly brave and stoic answers to the eligibility questions asked.
- Appeals in VoY and S&R CCG's have included a mix of different concerns, some relating to underlying health conditions, some around journeys to specialist hospitals, distance to their appointment, and many relating to financial concerns of self funding.

# Activity and volume

- Across Vale of York CCG and Scarborough Ryedale CCG the overall % change in PTS activity since “go live” is as follows:

	% Change Actual v Plan July - Sept 2018		
	SRCCG	VOYCCG	Contract
Core Activity	7.4%	13.0%	11.4%
Saloon Cars	-9.9%	-13.5%	-12.4%
Total	-3.9%	-3.5%	-3.6%

- The spread of capacity in VoY and S&R is now across evenings and weekends and supporting more complex patients.
- It is too early to report the overall % change in PTS activity across HRW and HaRD CCGs since “go live”.

- The application of the eligibility criteria removes the "social" elements of service provision and ensures that "eligible" patients, regardless of where they live, receive their patient transport service when they need it to the highest standards possible.
- Achieving the above will release service capacity which will enable YAS to redeploy this capacity and thereby improve the overall quality, availability and flexibility of the PTS service and enable ongoing delivery across NY within an affordable NHS contract.

- Information (posters and leaflets) shared and distributed to all hospitals and GP practices, as well as care homes, social care partners and voluntary sector organisations across North Yorkshire regarding our patient transport services.
- Meetings undertaken with all GP practices and hospital teams to share and update on the refreshed specification and service model.

- The outcomes of this work remains a focus through on-going review which is jointly undertaken by YAS and the 4 NY CCGs involved.
- Monthly contract and separate operational meetings are held to ensure activity and quality standards are upheld and partners work together to deliver the best service possible.





Hambleton, Richmondshire  
and Whitby  
Clinical Commissioning Group



Harrogate and Rural District  
Clinical Commissioning Group



Scarborough and Ryedale  
Clinical Commissioning Group



Vale of York  
Clinical Commissioning Group

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# Thank you

**Changes to hyper acute stroke services in Harrogate District**  
**Update briefing for North Yorkshire Scrutiny of Health Committee**  
**14 December 2018**

**1. Introduction**

The purpose of this paper is to:

- Describe the progress that has been made with regards to future hyper acute service delivery.
- Provide an update on the communications plan.
- Describe the next steps in the process.

**2. Background**

On 27 July 2018 and 02 November 2018, the need to develop a new and sustainable model of hyper acute service delivery for the population served by Harrogate District Hospital, in order to achieve the best possible outcomes for people was discussed at Scrutiny of Health Committee mid cycle briefings.

In summary this reflected the following:

Due to the size of the catchment population, the service admits in the region of 300 new patients per annum. This is below the nationally accepted best practice threshold of a minimum of 600 new patients per annum, which has been endorsed by the National Clinical Director for stroke, through the Yorkshire and Humber Clinical Senate and the West Yorkshire and Harrogate (WYH) Stroke Task and Finish Group. This was identified as the main driver for change.

Despite numerous attempts at recruitment, the service has largely relied on a single handed stroke consultant supported by neurology and acute medicine. The support from these colleagues will not be available beyond April 2019.

Other workforce shortages and CT down time over the past year have at times resulted in short term diverts being put in place to other services (York and Leeds).

The 7 day standards, which are intended to ensure equitable access to care for all patients regardless of the time of day or week, cannot be met with the current available workforce.

The Committee has supported the need for a new service model, where patients would access hyper acute care at specialist centres (Leeds and York) but continue to receive rehabilitation close to home.

The Committee has also agreed that as this is the only viable option for the long term provision of hyper acute stroke services for people of Harrogate and the surrounding area, there was no need for a full public consultation.

### 3. Update on work undertaken to date

The West Yorkshire Association of Acute Trusts (WYAAT) is leading a piece of work to support the development and delivery of a sustainable model of hyper acute services for people who live in Harrogate and Rural District.

The partnership approach includes:

- Harrogate and Rural District Clinical Commissioning Group (HaRD CCG)
- Harrogate and District NHS Foundation Trust (HDFT)
- Yorkshire Ambulance Service (YAS)
- The Leeds Teaching Hospitals NHS Trusts (LTHT)
- York Teaching Hospital NHS Foundation Trust (YTHFT)
- West Yorkshire & Harrogate Health and Care Partnership (WY&H HCP) Stroke Programme

In June 2018 around 20 possible options for future service delivery were identified. These options were reviewed for clinical and operational deliverability and safety to identify a smaller number of options for more detailed options. The options appraisal was completed with input from all the partners listed above.

From the options appraisal, a preferred model has been identified by the partners :

- Hyper acute stroke service at Harrogate District Hospital will cease and instead suspected strokes will be transported by Yorkshire Ambulance Service (YAS) to either York Teaching Hospital (YTHFT) or Leeds Teaching Hospital (LTHT).
- Patients will be taken to the stroke centre that is nearest in terms of travel time.
- Any patients who self-present with suspected stroke at HDFT will be taken to LTHT.
- Under the proposed model it is expected that in the region of 210 confirmed strokes and 100 mimics will receive their initial care at LTHT and 80 confirmed strokes and 40 mimics will receive their initial care at YTHFT.
- Following receipt of hyper acute care, patients will be repatriated to HDFT as soon as possible, likely within 72 hours.
- Patients will receive rehabilitation through the existing rehabilitation services at HDFT or go straight home and receive community-based rehabilitation support.

This model has been approved by the Yorkshire and Humber Clinical Senate and the National Clinical Director for Stroke.

Work to develop detailed operational planning has commenced. The working group meets regularly to discuss progress, identify any risks and agree mitigating actions and next steps. The plan is to implement the new model from early April 2019. Until then hyper acute stroke services will continue to be provided at HDFT. **A high level action plan, updated following the November meeting of the working group and highlighting progress against each action, is included at Annex A.**

All providers have developed costed implementation plans to inform their combined business case. An agreed costing model has been used to make sure that a fair means of sharing the available resources between providers can be found. Discussions to agree how the available resources can be fairly split between providers are being arranged.

Further engagement work has also been carried out with colleagues at York Hospital to mitigate concerns about impact on operational delivery.

This work has been consistent and in parallel with the review of hyper acute and acute stroke services which has been completed across WY&H Health and Care Partnership (HCP). Working together on the WY&H HCP footprint has enabled us to ensure sustainable care is delivered to the national best practice standard to a broader population, including the residents of Harrogate and Rural District. There has been comprehensive engagement on the delivery of hyper acute services in the region with health and care partners, local and regional decision makers and members of the public and volunteer and community sectors. **More details of past engagement can be found in Annex B.**

It is important to note that working with community care services is an important part of our work. If we are to rehabilitate people back into their communities after the first 72 hrs of specialist stroke support, as close to home as possible, having the right local care in place so people make a good recovery is essential.

#### **4. Communications**

We will ensure an agreed approach to communications as we implement changes for Harrogate District and keep Scrutiny of Health Committee and other stakeholders updated.

##### Communications objectives

To ensure:

- Information supports a seamless transition to a new approach for serving Harrogate District patients who experience stroke and require treatment in a hyper acute stroke unit.
- Patients, their families, and carers know what to expect from stroke services.
- Transparency with the wider public about why these changes are being made.
- Impacted health and care staff understand the changes and what they mean for them.
- Clear and consistent information about the revised approach, the reasons for it and the benefits it will provide.

### Audiences

- Patients, their carers and families
- HDFT staff at all levels
  - Board
  - Governors and Members
  - Staff directly affected
  - Trust-wide staff
- LTHT staff
- YTHFT staff
- Local, regional and national political leaders
- Local and regional media
- Local volunteer and community services
- Yorkshire Ambulance Service (YAS)

### Key messages

- Evidence shows that people who receive care in hyper acute stroke units that see a minimum of 600 new admissions per year have better outcomes, even if the initial travel time is increased. The stroke unit at Harrogate District Hospital does not meet this threshold, nor is it ever likely to.
- NHS hospital trusts, ambulance services and commissioners have been working cooperatively together to develop a new model of hyper acute stroke services consistent with recommended clinical best practice.
- Under the new model, patients requiring hyper acute stroke care will be taken directly by ambulance to a larger hyper acute stroke unit in order to ensure that the treatment they receive is both timely and effective. It is likely that this will be either Leeds or York, whichever is nearer. Patients will be transferred back to Harrogate District Hospital as soon as possible after initial treatments where they will receive their ongoing rehabilitation care locally.
- While patients may receive hyper acute treatment at neighbouring hospitals they will be repatriated quickly, usually within 72 hours. We hope that speedy repatriation will help minimise impact on carers and families when a loved one suffers a stroke.
- Changes in Harrogate District apply to hyper acute stroke services only. Rehabilitation services will continue to be provided in the existing rehabilitation services at HDFT or in the community.
- To help inform our way forward, over the past couple of years extensive public engagement with more than 2,000 people has taken place including with people who have had a stroke, their carers, community organisations and health professionals.

### Approach

We anticipate the new approach to delivering hyper acute stroke services for Harrogate District will be implemented from early April 2019.

We will ensure that communications and engagement activities are aligned with, and fully integrated into, the local operational implementation plans.

Activities will include:

<b>Audience</b>	<b>Engagement</b>	<b>Progress</b>	<b>Lead</b>
Patients, their carers and families	Communications from a clinical perspective for patients, their carers and families will be integrated into the operational implementation plan. Develop patient and public facing materials which outline stroke services under the new model Update HDFT website to reflect new approach to stroke provision: <a href="https://www.hdfnhs.uk/services/stroke/">https://www.hdfnhs.uk/services/stroke/</a>	HDFT and HARD CCG comms lead meeting in December to firm up plans to develop public facing materials	HARD/HDFT
HDFT staff at all levels	Briefing sessions will take place for HDFT staff. These will be integrated into the implementation plan.	Staff aware of changes. Formal briefing sessions to begin from January.	HDFT
LTHT staff	Briefing sessions will take place for LTHT staff. These will be integrated into the implementation plan.	Staff aware of changes. Formal briefing sessions to begin from January.	
YTHFT staff	Briefing sessions will take place for YTHFT staff. These will be integrated into the implementation plan.	Staff aware of changes. Formal briefing sessions to begin from January.	YTHFT
Local, regional and national political leaders	Local, regional and national leaders are aware of the current direction of travel for hyper acute stroke services in Harrogate District. We will provide further briefings as the proposals develop and timescales for transition emerge.	Ongoing communication through the WY OSCs and with WYAAT senior leadership, Monthly briefing to NHSE. YH Clinical Lead has updated the National Clinical Director and awaiting further advice re updates to the YH Senate.	HaRD CCG & HDFT
Local and regional media	We will provide briefing to local and regional media to ensure full transparency about the new approach in Harrogate District. This will set out	Background conversation held in response to query from Look North.	The lead spokesperson will be a consultant/clinical

	the reasons for the new approach and the benefits which it will deliver.	Joint statement between HARD CCG and HDFT prepared in case of media interest. Shared with Harrogate Advertiser in response to query. Proactive briefing to be released in March.	medic/CCG GP lead
Local volunteer and community services	We will brief the volunteer and community services community through the Harrogate and Ripon CVS newsletter (which reaches about 900 subscribers). [TBC: briefing session for interested individuals and organisations e.g. hosted by the local Stroke Association. <sup>1</sup> ]	To be drafted in Feb/March	HARD CCG/HDFT

**5. Next steps**

Continue to work with stakeholders to ensure that the service change is managed in a safe and timely way, with any risks identified and mitigated.

Complete financial discussions

Continue to implement the communication and engagement plan.

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<sup>1</sup> Stroke Association, Regional Centre, Unit 7, Killingbeck Court, Leeds, West Yorkshire, LS14 6FD, Telephone Number: 0113 2019 780

Annex A – High level action plan: updated Dec 18.

Trust	Action and progress	Completion date
YTHFT	<b>Action:</b> Full Impact Assessment for ED, CT and Acute medical services to be undertaken and appropriate mitigating actions agreed. <b>Progress:</b> YTHFT are confident of being able to manage the service development and are awaiting completion of financial discussions before commencing recruitment. Only minor equipment purchase required.	Completed
HDFT	<b>Action:</b> TIA-process for referring patients to Leeds and York at weekends. <b>Progress:</b> Discussions are underway with LTHT and confirmation of process expected in December	31 Dec-18
HDFT, YAS and LTHT	<b>Action:</b> Procedure for transferring patients that self-present at HDFT to LTHT <b>Progress:</b> In development and on track for completion in December	31 Dec-18
HDFT	<b>Action:</b> Communication with relevant parties <b>Progress:</b> Separate communication and engagement plan contained in body of the paper	Ongoing
HDFT	<b>Action:</b> Cover of thrombolysis rota Dec-March within HDH <b>Progress:</b> HDFT recruiting to a post that will cover this until the end of March 2019.	Completed
YTHFT	<b>Action:</b> Development and Agreement of Internal Business Case <b>Progress:</b> Awaiting completion of financial discussions	31 Dec 18
All	<b>Action:</b> Trusts to develop financial approach and agree with CCG. <b>Progress:</b> Trusts working on the approach and a meeting is scheduled for December	31 Dec 18
HDFT	<b>Action:</b> Stroke repatriation policy agreed <b>Progress:</b> WYH Stroke Repatriation Policy has been updated to include comments from providers. Final approval from commissioners pending.	Jan 19
HDFT	<b>Action:</b> Procedure for transferring patients who have had a stroke that occurs in HDFT to LTHT <b>Progress:</b> In development and on track for completion in January.	Jan-19
LTHT	<b>Action:</b> Reconfiguration work to accommodate additional HASU beds and capacity <b>Progress:</b> LTHT stroke team are working with local commissioners to shore up the Community services in order that more patients can be pulled from the bed base	March 19
YTHFT	<b>Action:</b> Reconfiguration / Minor works to current Stroke Unit to accommodate the additional HASU Bed and capability	March-19



	<b>Progress:</b> YTHFT Feasibility work commencing in December.	
YTHFT&LTHT	<b>Action:</b> Procurement of required additional Equipment <b>Progress:</b> Equipment needs identified and on track to procure in time	March-19
LTHT &YTHFT	<b>Action:</b> Recruitment process for additional Nursing staff- as above <b>Progress:</b> Additional staffing numbers identified. Recruitment to commence upon completion of financial discussions	March 19
LTHT & YTHFT	<b>Action;</b> Recruitment process for additional Therapy staff- as above <b>Progress:</b> Additional staffing numbers identified. Recruitment to commence upon completion of financial discussions	March 19
LTHT &YTHFT	<b>Action:</b> Recruitment process for additional medical cover(LTHT)/ stroke consultant (YTHFT) <b>Progress:</b> to commence in December 18.	March 19
HDFT	<b>Action:</b> HDFT consultant to withdraw from regional telemedicine rota and join the Leeds and York thrombolysis rota <b>Progress:</b> Notice given to regional rota and staff working through transition period between January and March	03 April 19
YAS	<b>Action:</b> Procurement process for private ambulance capacity to support reconfiguration from 03 Apr 19 <b>Progress:</b> Needs identified and costings shared with CCG	03 April 19
HDFT	<b>Action:</b> Cease stocking Alteplase on site	03 April 19
YAS	<b>Action:</b> Procurement/recruitment process for in house capacity to support reconfiguration in the long term <b>Progress:</b> Needs identified and costings shared with CCG	Ongoing
ALL	<b>Implement new model</b>	03 April 19

## Annex B - Engagement

There have been a number of engagement exercises to inform this work, largely carried out within the context of the WY&H HCP review of specialist stroke services.

In 2017 Healthwatch was commissioned to lead engagement work about the sustainability of quality stroke services and reducing the incidence of stroke wherever possible across West Yorkshire and Harrogate. The engagement work involved asking people how stroke services could be further improved to make sure they are fit for the future.

Harrogate and Rural District engagement included:

- Ninety-nine survey responses from people who live in Harrogate District.
- Healthwatch North Yorkshire met with exercise groups, attended outpatients, stroke units and held an event for the VCS. During these activities they spoke to 62 people:

<b>event</b>	<b>participants</b>
Harrogate Exercise with Parkinson's class – presentation and discussion	8
Harrogate Exercise after Stroke class – presentation and discussion	18
Harrogate Outpatients Ward, Harrogate Hospital – one to one conversations	15
Harrogate Oakdale Ward (Stroke, Neurology, Oncology and Haematological conditions) Harrogate Hospital – one to one conversations	5
Harrogate Exercise after Stroke class – presentation and discussion	10

- Activity undertaken to raise awareness
  - GP newsletter 50+
  - Staff briefings 40 at HaRD CCG and 112 at HDFT
  - Staff bulletin 4,000 at HDFT
  - Social media
    - HaRD CCG - Near 7000 Twitter and Facebook posts shared on local community group pages with over 35,000 followers
    - HDFT – 1,500 views of Twitter posts and 1,600 Facebook reach
  - Website stakeholder newsletter - NHS Staff, public health leads, local authority 4,500 (HaRD CCG) and 400 (HDFT)
- Harrogate District workshop March 2018 (in Pannal) – engagement on draft criteria 8 people participated at workshop, from:
  - Harrogate and Rural District CCG
  - Carers Count
  - Patient partner of Harrogate and Rural District CCG
  - A carer
  - Practice nurse
  - Rees fitness



**North Yorkshire County Council  
Scrutiny of Health Committee  
14 December 2018**

**Committee work programme**

**Purpose of Report**

This report provides Members with details of some of the specific responsibilities and powers relating to this committee and also a copy of the committee work programme for review and comment (Appendix 1).

**Introduction**

The role of the Scrutiny of Health Committee is to review any matter relating to the planning, provision and operation of health services in the County.

Broadly speaking the bulk of the Committee's work falls into the following categories:

- being consulted on the reconfiguration of healthcare and public health services locally
- contributing to the Department of Health's Quality Accounts initiative and the Care Quality Commission's process of registering NHS trusts
- carrying out detailed examination into a particular healthcare/public health service.

**Specific powers**

The Committee's powers include:

- reviewing and scrutinising any matter relating to the planning, provision and operation of health services in the local authority's area
- requiring NHS bodies to provide information within 28 days to and attend (through officers) before meetings of the committee to answer questions necessary for the discharge of health scrutiny functions
- making reports and recommendations to local NHS bodies and to the local authority on any health matters that they scrutinise
- requiring NHS bodies to respond within a fixed timescale to the health scrutiny reports or recommendations
- requiring NHS bodies to consult health scrutiny on proposals for substantial developments or variations to the local health service
- referring contested proposals to the Secretary of State for Health.

**Scheduled Committee meetings and Mid Cycle Briefing dates**

Forthcoming committee dates in 2019 are:

- 10.00am on 15 March 2019
- 10.00am on 21 June 2019
- 10.00am on 13 September 2019
- 10.00am on 13 December 2019.

All the meetings will be held at County Hall, Northallerton.

Forthcoming Mid Cycle Briefing dates in 2019 are:

- 10.30am on 26 April 2019
- 10.30am on 26 July 2019
- 10.30am on 1 November 2019.

These are not public meetings and are attended by the Chair, Vice-Chair and Spokespersons for the political groups.

### **Areas of Involvement and Work Programme**

The Committee's on-going and emerging areas of work are summarised in the work programme in Appendix 1.

### **Recommendation**

That Members review the Committee's work programme, taking into account issues highlighted in this report, the outcome of discussions on previous agenda items and any other developments taking place across the County.

Daniel Harry  
Democratic Services and Scrutiny Manager  
North Yorkshire County Council  
27 November 2018

**NORTH YORKSHIRE COUNTY COUNCIL**  
**Scrutiny of Health Committee – Work Programme/Areas of Involvement – 2018 and 2019**

	2018	2019				
	14 Dec	15 Mar	21 Jun	13 Sep	13 Dec	
<b>Strategic Developments</b>						
1. Implications on health and care services of Sustainability and Transformational Partnerships (STP) across North Yorkshire						Verbal update by the STP lead officers, with particular focus upon consultation and engagement.
2. Funding of Community Pharmacies – Local Pharmaceutical Committee		✓				Follow up to 16 March 2018 - Jack Davies (LPC) – March 2019 TBC
3. NHS Property Services – approach to the management, maintenance and disposal of NHS properties in North Yorkshire				✓		Follow up to issues raised concerning the Lambert at Thirsk and the Castleberg at Settle. Previously at Mid Cycle Briefing on 27 April 2018.
4. Ambulance response times and the impact of centralising NHS services - YAS	✓					Mid Cycle Briefing on 2 November 2018.
5. Patient Transport Service – changes to the application of eligibility criteria	✓					To understand the impact of the changes to the way in which eligibility criteria for Patient Transport is enforced (HRD CCG and HRW CCG)
6. Winter pressures and Delayed Transfers of Care – Health and Adult Services			✓			Mid Cycle Briefing on 27 July 2018.
7. NHS Clinical Commissioning Groups and Foundation Trust funding – 2018/19 accounts			✓			To understand the totality of NHS funding pressures in the county
8. Online medical advice and prescriptions		✓				Initial discussion to understand the opportunities and risk associated
<b>Local Service Developments</b>						
1. Transforming our Communities – mental health services (Friarage) – HRW CCG and TEWW	✓	✓	✓	✓	✓	Report on the findings of the consultation and next steps in the process of service reconfiguration. Also at Mid Cycle Briefings.
2. Future plans for Whitby Hospital – HRW						Ongoing scrutiny through Mid Cycle Briefings.

CCG						
3. Stroke service provision in Harrogate and Craven	✓					Development of proposals through the West Yorkshire and Harrogate Integrated Care System – to 2 November Mid Cycle Briefing.
4. Integrated prevention, community care and support in Scarborough and Ryedale – Humber NHS Foundation Trust	✓					Update on the services that are provided by the FT in Whitby and the use of the two in-patient wards in Malton Community Hospital.
5. Mental Health Service in York/Selby area and Bootham Hospital – TEWV and VoY CCG						Progress with business case and commencement of building. 26 April 2019 Mid Cycle Briefing – update.
6. Mental Health Services in Harrogate and the surrounding area – update on engagement exercise – HRD CCG and TEWV	✓		✓			Follow on from discussions at 2 November 2018 Mid Cycle Briefing.
7. Emergency services response to vulnerable people with mental health problems			✓			Initial discussion with Police and Crime Commissioner about the impact upon policing at 14 September 2018 committee. Follow up with TEWV FT
8. Mental Health Crisis Care Concordat			✓			Overview of work being undertaken by the partnership and local impact upon service development
9. Sustainable Future for the Friarage Hospital in Northallerton – HRW CCG and South Tees FT	✓	✓	✓	✓	✓	Outcome of engagement on proposals for how services can be re-configured across the area. Consultation expected after May 2019 local government elections. Also at Mid Cycle Briefings
10. Withdrawal of standby ambulance at nurse-led maternity services at the Friarage, Northallerton						Follow up to committee meeting on 15 December 2017 – Mid Cycle Briefing on 2 November 2018
11. York FT – Home first project			✓			Overview at 27 July 2018 Mid Cycle Briefing and follow up in March 2019
<b>Public Health Developments</b>						
1. Development of base-line data and an on-going monitoring system on the impact of shale gas extraction – Public						Mid Cycle Briefing on 26 April 2019 at 10.30am - Lincoln Sargeant and Simon Padfield PHE. Follow up to 23 June 2017 meeting.

Health England					
2. Dentistry provision in North Yorkshire – NHS England					NHS England (Yorkshire and Humber) – review the plan for commissioning the wider dental pathway Public health role – Mid Cycle Briefing on 2 November 2018 and briefing with Local Dental Committee and Public Health in February 2019
<b>In-depth Projects</b>					
1. Health and social care workforce planning – joint scrutiny by Scrutiny of Health and Care & Independence OSC		✓			Progress report.
2. Dying well and End of Life Care - HWB			✓		Progress report.

### Meeting dates 2018

Agenda Briefing*		11 December 2018 at 10.30am	12 March 2019 at 10.30am	18 June 2019 at 10.30am	10 September 2019 at 10.30am	10 December 2019 at 10.30am
Scrutiny of Health Committee		14 December 2018 at 10am	15 March 2019 at 10am	21 June 2019 at 10am	13 September 2019 at 10am	13 December 2019 at 10am
Mid Cycle Briefing*	2 November 2018 at 10.30am		26 April 2019 at 10.30am	26 July 2019 at 10.30am	1 November 2019 at 10.30am	24 January 2020 at 10.30am

\*Agenda Briefings and Mid Cycle Briefings are attended by the Chair, Vice Chair and Group Spokespersons only.