

## Agenda

**Meeting: Scrutiny of Health Committee**

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

**Date: Friday 21 June 2019 at 10.00 am**

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### Business

1. Minutes of the Scrutiny of Health Committee held on 15 March 2019  
(Pages 5 to 12)
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 18 June 2019. 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. **Scarborough Acute Service review** – update on proposals for the provision of a sustainable surgery rota at the hospital - REPORT – Simon Cox, Director of Acute Commissioning, North Yorkshire CCGs.  
**(Pages 13 to 18)**
6. **Building a Sustainable Future for the Friarage Hospital, Northallerton** – update on changes - REPORT – Simon Cox, Director of Acute Commissioning, North Yorkshire CCGs, Dr Adrian Clements, South Tees Hospitals NHS Foundation Trust, Lucy Tulloch, Service Manager, Friarage Hospital.  
**(Pages 19 to 30)**
7. **Decommissioning of the minor injury service in GP practices in the HRW CCG area** – rationale, impact and mitigation - REPORT - Lisa Pope, Hambleton Richmondshire and Whitby CCG and Simon Cox, Director of Acute Commissioning, North Yorkshire CCGs.  
**(Pages 31 to 32)**
8. **Protocol for co-ordination of work between the Health and Wellbeing Board and Overview and Scrutiny** – REPORT - Daniel Harry, Democratic Services and Scrutiny Manager, North Yorkshire County Council  
**(Pages 33 to 34)**
9. **Patient Transport Service – changes to the application of eligibility criteria** – BRIEFING NOTE FOR INFORMATION - update on implementation of changes and response to issues raised by the Scrutiny of Health Committee  
**(Pages 35 to 37)**
10. **Work Programme** – REPORT - Daniel Harry, Democratic Services and Scrutiny Manager, North Yorkshire County Council  
**(Pages 38 to 42)**
11. 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

12 June 2019

**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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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		Conservative	Harrogate Harlow	
4	COLLING, Liz	Vice-Chairman	Labour	Falsgrave and Stepney	
5	ENNIS, John	Chairman	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	SHAW WRIGHT, Jennifer	Selby DC			
3	CLARK, John	Ryedale DC			
4	TUCKER, Sue	Scarborough BC			
5	IRETON, David	Craven DC			
6	BLACKIE, John	Richmondshire DC			
7	MIDDLEMASS, Nigel	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	KEAL, Dinah (Ryedale DC)
		4	MORTIMER, Jane (Scarborough BC)
		5	HULL, Wendy (Craven DC)
		6	MIDDLEMISS, Pat (Richmondshire DC)
		7	VACANCY (Harrogate BC)

## North Yorkshire County Council Scrutiny of Health Committee

Minutes of the meeting held at County Hall, Northallerton on Friday 15 March 2019 at 10 am.

**Present:-**

**Members:-**

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

**Co-opted Members:-**

District Council Representatives:- Judith Chilvers (Selby), Bob Gardiner (Ryedale), Ann Myatt (Harrogate) and Karin Sedgwick (Richmondshire).

**In attendance:-**

Lisa Pope, Hambleton, Richmondshire and Whitby Clinical Commissioning Group  
Simon Cox, North Yorkshire Clinical Commissioning Groups  
Dr Adrian Clements, South Tees Hospitals NHS Foundation Trust  
Dr James Dunbar, South Tees Hospitals NHS Foundation Trust  
Tim Cate, Tees Esk and Wear Valleys NHS Foundation Trust  
Andrew Pippin, Sector Commander East, Yorkshire Ambulance Service  
Lesley Butterworth, Group Station Manager, Yorkshire Ambulance Service  
Nick Smith, Executive Director of Operations, Yorkshire Ambulance Service.

**Executive Members:**

Cllr Caroline Dickinson  
Michael Harrison

**County Councillors:**

John Blackie

**County Council Officers:**

Daniel Harry (Scrutiny)  
Richard Webb (Director, Health and Adult Services)

**Press and public:**

Nigel Ayre, HealthWatch North Yorkshire  
Councillor Pat Middlemiss, Richmondshire DC  
Paul Clark, Scrutiny, Richmondshire DC  
Stuart Minting, Local Democracy reporter

Apologies for absence were received from: County Councillors Val Arnold, Mel Hobson and Roberta Swiers, and from District Councillors Kevin Hardisty (Hambleton), Jane Mortimer (Scarborough) and Wendy Hull (Craven).

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

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**76. Minutes**

**Resolved**

That the Minutes of the meeting held on 14 December 2018 be taken as read and be confirmed and signed by the Chairman as a correct record.

#### **77. Any Declarations of Interest**

There were no declarations of interest to note.

#### **78. Chairman's Announcements**

The Chairman, County Councillor Jim Clark, made the following announcements:

Cancer screening service at Scarborough – The breast oncology outpatient services at Scarborough Hospital will be closed to new patients as of 5 March 2019. All subsequent appointments will take place at York Hospital (or Hull, for those who choose). The reason given for the change in service is a shortage of consultant oncologists. This may then lead to further centralisation of oncology services.

Changes to provision of minor injury services - From 1 April 2019 general practice in Hambleton, Richmondshire and Whitby Clinical Commissioning Group (CCG) will no longer be contracted to provide enhanced minor injury services. This decision was taken by the CCG as part of a review of services provided by general practice which are in addition to services provided under the standard national contract.

The review found that the service dealt with a very small number of patients who were not spread evenly through the CCG and that in some areas there were already existing services available.

It is concerning that an initiative that supports local treatment in a community setting is being decommissioned and that people will be forced to travel to already busy A&E and Urgent Care departments to receive the care that they need.

Loss of services – there are a number of services that have recently been centralised or decommissioned, resulting in the loss of a local service. This includes: the move of hyper acute stroke services to Leeds and York from Harrogate; the closure of the two mental health wards at the Friarage Hospital in Northallerton; the move of breast oncology outpatient services at Scarborough Hospital to York (and Hull); and the removal of enhanced minor injury services in HRW CCG area.

Cllr Jim Clark said that this just a quick summary of what has happened over the past 6 months. There are other changes that have occurred and no doubt more to come. He said that he will be asking Scrutiny officers to compile a list of what changes there have been to NHS services in the county over the past 2 years and what changes may be expected in the next 2 years. As a committee, we then have an opportunity to test out what we find with our NHS colleagues.

Patient Transport Service – this issue was discussed at County Council and the recommendations of this committee accepted in full. Concessions have been made by the NHS locally and we will continue to monitor the situation.

Chairman of Scrutiny of Health Committee – Today's committee meeting is my last as Chairman, after 9 years. I intend to continue to be a member of the committee and also of the regional Joint Health Overview and Scrutiny committees, for the foreseeable future.

Cllr Jim Clark said that Cllr John Ennis will be taking on the role of committee Chairman and wished him well in this challenging and increasingly complex role.

## 79. Public Questions or Statements

Cllr Pat Middlemiss of Richmondshire District Council asked why the services were being decommissioned when the whole emphasis of health commissioners at present was to develop enhanced community services that diverted people from hospital. The changes would only result in increased demand for hospital services and adversely impact rural areas.

Cllr John Blackie raised his concerns about the apparent lack of consultation with GPs about the planned changes to the services and also his concerns that another community-based service was being lost. The increased travel distances and times would be significant and were avoidable.

In response, Simon Cox said that the changes were being reviewed and that actions were being considered to mitigate the impact in the more rural areas. He said that he would come back to a future meeting of the committee to outline the changes and following actions.

## 80. Building a Sustainable Future for the Friarage Hospital, Northallerton

Considered -

The presentation of Dr Adrian Clements and Dr James Dunbar of South Tees Hospitals NHS Foundation Trust and Simon Cox of the North Yorkshire CCGs.

Dr Adrian Clements gave the presentation, noting the following key points:

- Only one consultant (rather than four) is currently covering critical care and only two consultants (rather than eight) covering critical care out of hours
- Staff cannot be transferred from the James Cook
- This lack of critical care cover means:
  - need to assess the appropriateness of all 999 and GP emergency activity prior to arrival at the Friarage
  - need to transfer all complex critical care dependent surgery to James Cook
  - need to change the name of Accident and Emergency service to a 24/7 Urgent Treatment Centre
  - need to deliver rapid diagnostic testing services for patients requiring an acute admission in order to ensure they can remain safely at the Friarage site.
- The 24/7 Urgent Treatment Centre will be able to see all patients with minor illnesses and injuries, for example slips, trips and falls, broken bones, minor head injuries and minor wounds
- Children who have illnesses (such as fever, rashes, asthma), rather than just injuries, will be treated at the Friarage
- 90% of patients who currently are treated at the Friarage would be unaffected by the changes.

Dr Adrian Clements said that the temporary changes would come into force on 27 March 2019. These changes had been driven by patient safety concerns, which in turn had been the result of staffing shortages, particularly in anaesthesia. He said that the alternative to the planned changes was continuing as we are and then getting to a crisis situation where there would have to be an unplanned emergency closure.

Dr Adrian Clements said that there was widespread agreement amongst clinicians at the Friarage and South Tees that this was a sustainable model of delivery. Also, that there had been agreement with the clinicians in the southern part of the ICS for Cumbria and the North East.

Dr Adrian Clements said that the changes would mean that there would be only 3 additional in-patient moves from the Friarage to the James Cook per day. Also, that there would be only 5 additional out-patient moves per day. In total, 8 additional patient moves per day.

Dr Adrian Clements said that the next task was to work through which services currently provided at the James Cook could be provided at the Friarage, closer to the local population.

Cllr Heather Moorhouse said that it was important to note that whilst some services being provided at the Friarage were changing, the hospital was here to stay. It was important for members to re-iterate this point and be clear with the public.

Cllr Ann Myatt requested that the committee be able to see patient outcomes data to ascertain whether the service changes had resulted in any adverse impacts.

Dr Adrian Clements said that data would be brought back to the committee in time.

Cllr Liz Colling asked when there was going to be a formal consultation on the current temporary changes and what permanent changes may subsequently be deemed necessary.

Dr Adrian Clements said that he would have preferred to consult first but that patient safety had forced the timetable.

Simon Cox said that a public consultation would be considered once the current model had been up and running long enough to understand how well it worked and what the other options may be for the management of a sustainable service. This would likely be in summer or autumn but it was not yet clear what the other options or alternatives were and so whether there would be anything to consult upon.

Dr James Dunbar referred members to the model that had been developed at Lymington New Forest Hospital. This hospital had experienced worse workforce pressures than then Friarage but was now fully staffed and working effectively for its local community.

Cllr Liz Colling questioned whether the impact of the 8 additional patient moves a day upon the Yorkshire Ambulance Service had been taken into consideration.

Dr Adrian Clements said yes and that the impact was minimal.

Cllr John Blackie said that the strength of the response to the local campaign 'Save our Friarage' demonstrated that local people did not want services to change any more. He said that South Tees Foundation Trust had not listened in the past and there was a lack of confidence in the management, which needed to be addressed.

Cllr John Blackie noted that the workforce pressures at the Friarage had been well known for years and that it was hard for lay people to challenge a decision that had been made on the basis of patient safety.

Dr Adrian Clements said that there had been mistakes made in the past but that things had changed and there was now a credible solution to the problems faced at the Friarage.

Cllr Andy Solloway noted that people living in Craven could only dream of having a hospital in their area like the Friarage.

Richard Webb drew committee members' attention to the models of health and social care delivery that had been developed in Christchurch, New Zealand. There, new and



innovative ways had been developed for providing care that worked in sparsely populated and rural areas.

**Resolved -**

- 1) Thank the clinicians for attending the committee and all of the work that they have done to secure a sustainable model of service delivery for the Friarage
- 2) Adrian Clements, James Dunbar and Simon Cox to come back to the 21 June 2019 meeting of the committee to provide a 3 month review report on the impact of the changes to services at the Friarage and update on plans for a public consultation
- 3) Lisa Pope and Simon Cox to come back to the 21 June 2019 meeting of the committee to provide more details of the changes to the minor injury service that had been commissioned by HRW CCG from the GP practices in the area.

**81. Transforming adult and older people's mental health services in Hambleton and Richmondshire**

Considered -

The report of Tim Cate, Tees Esk and Wear Valleys NHS Foundation Trust about the management of the closure of the two mental in-patient wards at the Friarage Hospital in Northallerton and the development of a model of enhanced community services.

Tim Cate introduced the report, the key elements of which are summarised below:

- The closure of wards 14 and 15 at the Friarage has been completed
- The process went smoothly
- Only 2 patients were transferred to Roseberry Park, Middlesbrough
- Enhanced community services are up and running
- It had been estimated that about 13 in-patient beds would be required to meet the needs of local people but this may fall as the enhanced community services become embedded
- The corrective works at Roseberry Park mental health hospital in Middlesbrough are ongoing and complex. They are likely to be completed by May 2023.

Cllr Jim Clark asked whether the planned community hub would still be built at the Friarage Hospital site.

In response, Tim Cate said that a better site had been secured to the north of the town, which could also accommodate some additional services that needed to be re-located. It was anticipated that the hub would be built and open by the spring of 2021.

Cllr Heather Moorhouse requested that patient outcomes data be made available to the committee so that the impact of the service changes could be tracked.

Lisa Pope confirmed that such data would be brought back to a future meeting of the committee.

**Resolved -**

- 1) Thank Tim Cate and Lisa Pope for attending and updating the committee
- 2) Tim Cate to forward to Daniel Harry a presentation that provides fuller detail of the corrective work being done to facilities and buildings at the Roseberry Park mental health hospital at Middlesbrough
- 3) Lisa Pope and a representative from TEWV to come back to the 13 September 2019 meeting of the committee to provide patient experience and outcomes data that enables the impact of the transition from in-patient focussed care to enhanced community based care to be assessed.

**82. Follow up to the Joint Health Overview and Scrutiny meeting on mental health services in the greater Harrogate area held on 15 February 2019**

Considered -

The report of Daniel Harry, Democratic Services and Scrutiny Manager, on the outcome of the joint scrutiny meeting that was held on 15 February 2019.

Daniel Harry introduced the report and explained the purpose was to update the committee and see whether there are any additional concerns, issues or lines of enquiry that needed to be pursued.

Daniel Harry made the following points in relation to the meeting of the Scrutiny of Health Committee on 14 December 2018 and the joint meeting on 15 February 2019:

- Direct comparisons between recent changes to the provision of hyper acute stroke services in Harrogate and the proposed changes to mental health service provision were unhelpful, as the conditions being treated are not similar
- It was not clear what the right balance between in-patient care and community care will be
- There were concerns as to how the needs of the Harrogate population could be met within the existing provision that was being built at York, on the basis of 72 in-patient beds
- It was confirmed that the decision to 'pause' to build the new mental health in patient facility at Cardale Park in Harrogate was taken by the Tees, Esk and Wear Valley NHS Foundation Trust
- It was also confirmed that the overall number of mental health in-patient beds would reduce.

Daniel Harry said that a further joint meeting would be convened once the period of engagement on the enhanced community model had been undertaken by TEWV and there was a clearer understanding of the level of in-patient demand.

Cllr John Mann noted that it was important that both community services and in-patient services were available that met local needs for mental health services.

Cllr Zoe Metcalfe said that the transition from in-patient care to community-based care would need to be carefully managed. Also, that it was concerning that some of the City of York Councillors present at the meeting had expressed the view that the new York Hospital was intended for York residents only.

Cllr John Ennis said that he was pleased to see the three committees working closely together and also that he was glad that the comparison to changes to hyper acute services was no longer being made.

Cllr Ann Myatt queried where the funding that had been given by Government for mental health services had gone and whether it had all been spent on meeting mental health need.

Simon Cox replied that the money was not ring fenced but that the commissioners of health services in the county took the requirement to have parity of esteem seriously. Increases in investment had been made but it would take time to correct the historical imbalance.

Cllr Jim Clark said that, following on from the joint meeting on 15 February 2019, he had written to Colin Martin, Chief Executive of TEWV, raising concerns about the

differences in the information that had been shared with the Scrutiny of Health Committee in December 2018 and the joint meeting in February 2019.

**Resolved -**

- 1) All committee members agreed to consider the outcome of the February 2019 meeting and identify any lines of enquiry that need to be pursued either by the joint committee or the Council's Scrutiny of Health Committee.

**83. Ambulance response times and the impact of centralising NHS services**

Considered -

A verbal update provided by Andrew Pippin, Lesley Butterworth and Nick Smith of Yorkshire Ambulance Service.

Daniel Harry introduced the report and said that the intention was to start a discussion on the extent to which the Yorkshire Ambulance Service is engaged in planning and commissioning decisions that have led to the centralisation of NHS services. He said that a recent example of a service change that the committee could explore was the move of hyper acute stroke services to Leeds and York from Harrogate.

Nick Smith gave an overview of how Yorkshire Ambulance Service is engaged in changes to NHS services locally, the key elements of which are summarised as below:

- Yorkshire Ambulance Service is fully involved in the planning of NHS service changes
- Modelling is undertaken of changes to patient flows and what this means for the number and duration of ambulance journeys, both planned patient transfers between sites and emergency response. This is then taken into account by service commissioners
- Response times are important but so are patient outcomes. A longer journey to the right care may have a better outcome than a short journey to care that is less good
- Major changes to services will require investment in the Yorkshire Ambulance Service.

Cllr Jim Clark asked whether private ambulances were used as part of the overall cover provided by Yorkshire Ambulance Service.

Nick Smith replied that this they were mostly used as part of the NHS Patient Transport Service or for transfers between sites.

Cllr Heather Moorhouse noted her concerns about response times and the potential impact that widespread NHS changes may have upon them.

Cllr Andy Solloway raised his concerns about ambulance response times in the Craven area.

Cllr John Blackie queried whether Yorkshire Ambulance Service and the Air Ambulance worked collaboratively and co-ordinated their efforts.

In response, Nick Smith said that they hold joint Board meetings, co-ordinate operationally and undertaken joint training.

**Resolved -**

- 1) Thank Lesley Butterworth, Andrew Pippin and Nick Smith for attending

- 2) All committee members agreed to consider the discussions and identify any lines of enquiry that could be included in the committee work programme.

#### **84. Work Programme**

Considered -

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

Cllr Liz Colling asked whether it would be possible for the committee to have early notification of NHS services that were at risk of being changed. The changes to oncology at Scarborough Hospital appeared to come out of nowhere, despite there being long standing workforce pressures.

Cllr Zoe Metcalfe queried whether the joint scrutiny that had previously been done on workforce pressures in health and social care could be revisited.

**Resolved -**

- 1) Daniel Harry to catalogue the changes to NHS services, that serve residents of North Yorkshire, that have occurred in the last 2 years and also identify services at risk in the next 2 years and circulate to local NHS commissioners and providers for comment
- 2) Daniel Harry to establish with local NHS commissioners and providers a mechanism by which the Scrutiny of Health Committee can be warned as early as possible of pressures in the system that may trigger service changes
- 3) An item of NHS workforce planning to be added to the work programme, building upon the joint scrutiny that had been done with the Care and Independence OSC 18 months previously.

#### **85. 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 Scrutiny of Health Committee

### Briefing Note: Update on provision of General Surgery at Scarborough Hospital

**Date: 21 June 2019**

#### **1. Purpose of the Briefing**

This briefing provides the committee with an update regarding progress with the Acute Service Review in relation to the provision of general surgery for the population served by Scarborough Hospital.

A proposal has been developed by the surgeons at York Teaching Hospital NHS Foundation Trust, and this briefing provides an overview of this proposal.

#### **2. Background**

In recent years it has become increasingly difficult to maintain a 24 hour general surgery rota on the East Coast, and in the summer of 2018 the departure of three surgeons from Scarborough Hospital made this even more challenging.

The fragile nature of surgery was a key driver in the decision to commission the Acute Service Review, in partnership with the CCGs and under the auspices of the Humber Coast and Vale Health and Care Partnership, to attempt to find a sustainable solution for general surgery, rather than a short term 'quick fix'.

In the interim, the York consultant surgeons have also been providing weekend on call cover at Scarborough Hospital alongside the two remaining substantive Scarborough-based consultant surgeons. The service has been further supported by locums who choose to work on temporary, fixed-term contracts. Reliance on locums is both expensive and creates difficulties in terms of quality and safety.

To provide a more sustainable and stable solution, the general surgery consultants from both sites have been meeting regularly to discuss how general surgery can be provided across the Trust.

This has partly been driven by the retention and recruitment difficulties on the Scarborough site but also by the will to modernise and improve services generally. The surgeons have stated that the underlying principles underpinning any solution are to provide the right care to the right patient at the right location, with the need to provide sub-specialist care both electively and acutely but also to ensure that patients benefit from these services whichever site they present at.

The proposed approach has been discussed as part of the Acute Service Review and supported by the partners to that review, including NHS Scarborough and Ryedale Clinical Commissioning Group and the Humber Coast and Vale Health and Care Partnership.

### **3. Current surgical activity in Scarborough**

The proposal outlined in this paper covers the general surgical specialties (i.e. upper gastrointestinal and lower gastrointestinal surgery).

It does not include the following surgical specialties that currently operate in Scarborough, which remain unaffected by this proposal:

- Urology
- Gynaecology
- Orthopaedics
- Head and neck
- Ophthalmology

#### **Surgical outpatient activity: Scarborough Hospital Jan – Dec 2018:**

- 62,676 outpatient appointments: all surgical specialties including general surgery, urology, gynaecology, orthopaedic, head and neck and ophthalmology specialties.
- Of these, 8,629 were general surgery outpatient appointments.

#### **Elective (planned) operations at Scarborough Hospital Jan – Dec 2018:**

- 5,710 planned operations performed by the general surgery, urology, gynaecology, orthopaedic, head and neck and ophthalmology specialties.
- Of these, 541 were performed by the general surgery specialties.

#### **Acute (unplanned/emergency) operations at Scarborough Hospital Jan – Dec 2018:**

- 2,072 operations in total, of which 1,113 were in general surgery.

### Consultant staffing at the time of the review:

	Scarborough Hospital	York Hospital
<b>Established WTE</b>	8	10
<b>Substantive staff</b>	2	10
<b>Locum staff</b>	Up to 6	0

#### 4. Options considered

Four options have been considered:

##### 4.1. Option 1: continue with the current arrangements and use locums to bridge the rota gaps.

This would maintain the status quo, however it is fragile as locums work on fixed contracts. It is also expensive as temporary and locum staff cost more to employ than substantive staff.

This approach would also cause concern in relation to continuity and quality of care.

##### 4.2. Option 2: discontinue general surgery on the Scarborough site

This option would see all acute and elective general surgery ceasing on the Scarborough site and transferring to York. Whilst this option would be less challenging from a staffing perspective, there is simply not the capacity to accommodate all of the Scarborough activity on the York site. It would also involve significant numbers of patients travelling for all aspects of their planned surgical care, and would have an impact on emergency ambulances having to transfer patients who present in the emergency department in Scarborough.

This option would also mean that Scarborough Hospital would not be able to retain its trauma unit status as part of the trauma network and threatens the status of the emergency department as a whole.

##### 4.3. Option 3: No surgery overnight

This option would mean that general surgery rotas do not cover overnight. This has similar issues to option 2, for example placing additional strain on ambulance services. It would also mean that the types of cases that could be managed in Scarborough would reduce, for example to include day case work only, as it would not be possible to look after patients overnight post-procedure.

#### **4.4. Option 4: provide a single Trust-wide rota**

The fourth option is to develop a single department of surgery that serves both York and Scarborough, with sub-specialist cover from upper and lower GI surgeons.

The benefits of this approach are:

- Both acute and elective general surgery will continue to be available at Scarborough Hospital
- There will be 24 hour access to a surgical opinion
- Trauma centre status can be retained for Scarborough Hospital
- Greater support will be available from surgery for the other inpatient specialties such as acute and general medicine, elderly medicine.

The Trust is proposing to implement option 4, as this is the clinically-supported option and offers the ability to maintain as much of the current service as possible on the Scarborough site.

#### **4.5. Further detail as to how this will work in practice is described below:**

To provide access to both gastrointestinal specialties (upper and lower GI) the Trust will recruit to the full consultant establishment of 18 (9 upper and 9 lower GI surgeons).

There will be equity for all 18 consultants in terms of on call commitments at both sites as well as elective provision at the Scarborough site. Emergency care will be provided at York and Scarborough with 24/7 consultant on call.

On the York site there will be additional provision of reciprocal sub-specialty care Monday to Friday 08:00 until 18:00.

Out of hours on both sites the on call consultant will be reciprocated at the opposite site by a consultant of the opposite sub-specialty (upper and lower GI) – this will ensure that there is always a Consultant of both sub-specialties on call for the Trust at any one time.

Elective care will continued to be delivered at the Scarborough site. This will include operating lists, endoscopy lists and clinics.

Elective capacity will be similar to that which is currently provided.

In order to deliver this model, some variation will be required to current service provision, which is described below.



## **5. Impact of the proposed model**

Elective colorectal cancer resections (approximately 50 cases per year) will no longer be provided at the Scarborough site and instead will be operated upon in York. This will expose all the Trusts colorectal cancer patients to a state of the art MDT (multidisciplinary team meeting of all of the specialists and health professionals involved in the care and treatment of colorectal cancer) with all treatment options being offered as well as benefiting from the nationally-recognised perioperative care rounds. There is also a small team of dedicated anaesthetists.

There will be a single colorectal cancer MDT based at the York site. All colorectal cancer patients from the East Coast will continue to have access to out-patient services such as clinics, endoscopy, radiology and clinical nurse specialist services on the Scarborough site.

52 colorectal cancer operations were carried out at Scarborough Hospital in 2018.

It is envisaged that patients may, on occasion, be transferred between sites (in either direction) to access specialised care if there is clinical need and also on occasion the consultant may switch sites depending upon circumstances and clinical need.

Patient care pathways which are condition specific will be produced for patients at both sites which may entail transferring of patients (in either direction) if this is required to provide best possible care.

## **6. Approach to involvement**

The change to colorectal cancer resection surgery will be clearly communicated to key stakeholders including GPs, local cancer support groups, and the Humber Coast and Vale Cancer Alliance.

The Trust will continue to monitor feedback from patients through our established patient experience routes (Friends and Family Test, PALS contacts, complaints and compliments).

A focused piece of engagement work will be undertaken to gain feedback from patients undergoing this procedure once the new pathway is introduced. This feedback will be factored in to the review of the new model for surgery which will take place 18 months post implementation.

## **7. Next steps and timeline**

Recruitment to the rota has been successful. Allowing for contractual arrangements to be in place, the new model can be implemented from 21 October 2019.

We will use the intervening period to plan and carry out the communications and engagement activities described above in section 6.

It will be reviewed 18 months from the commencement date using the four domains of quality of care, patient access, finance, retention and recruitment.

The Trust will continue to explore the development of a ring-fenced day unit facility on the Scarborough site to ensure that operating lists can be used to full capacity.

## **8. Conclusions and recommendations**

The proposal offers a sustainable solution for a fragile service, enabling general surgery to be maintained for the Scarborough population, congruent with our strategy.

We ask that the OSC supports the proposal to implement the new model from October 2019.

The Trust will provide an update report six months post implementation.

York Teaching Hospital NHS Foundation Trust  
12 June 2019.

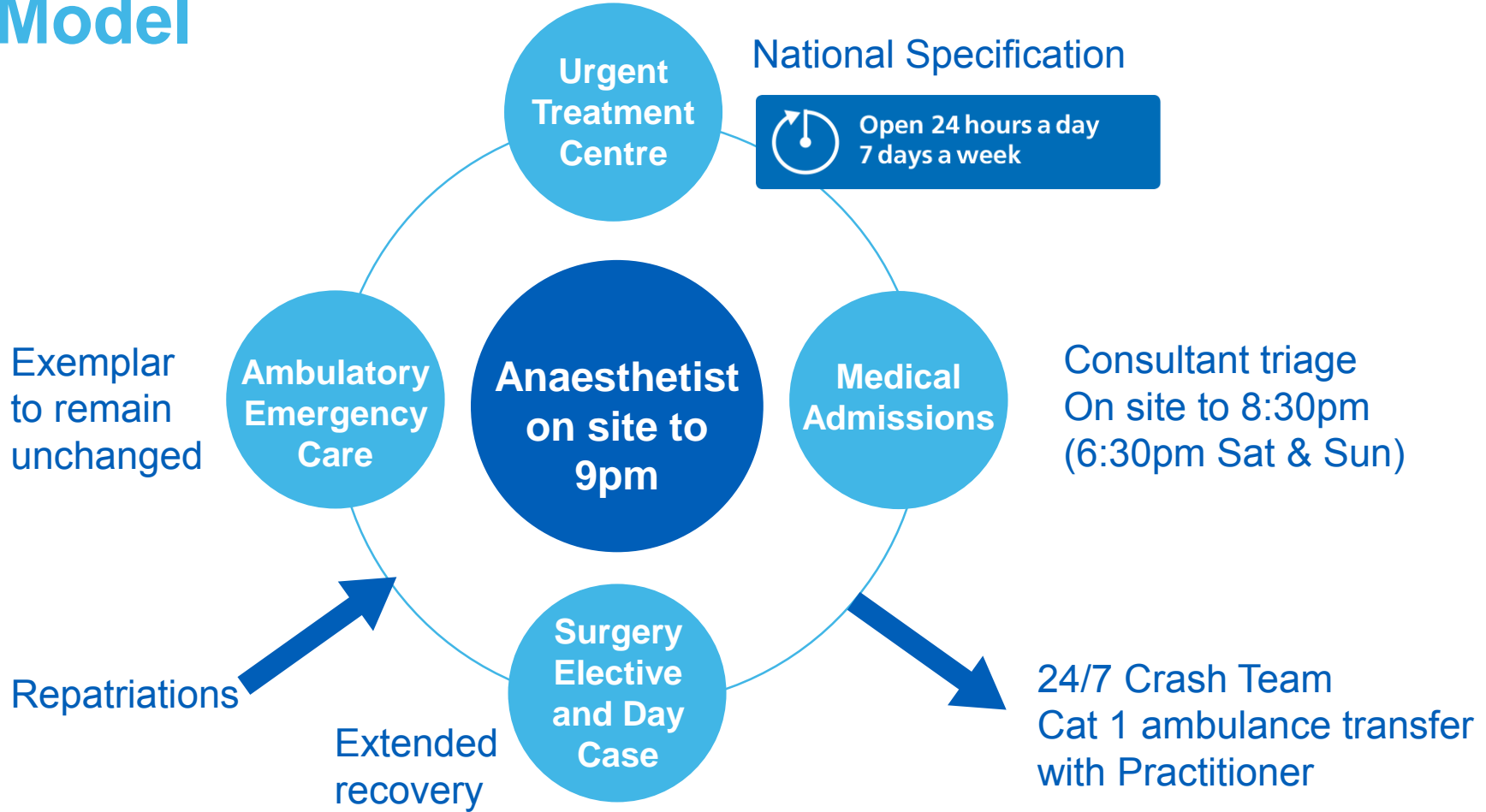
# Building a sustainable future for the Friarage

**NYCC Scrutiny of Health Committee**

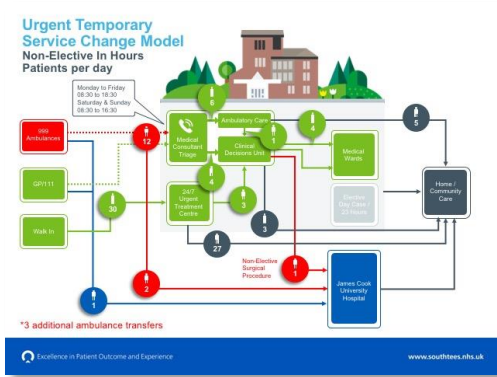
**21 June 2019**



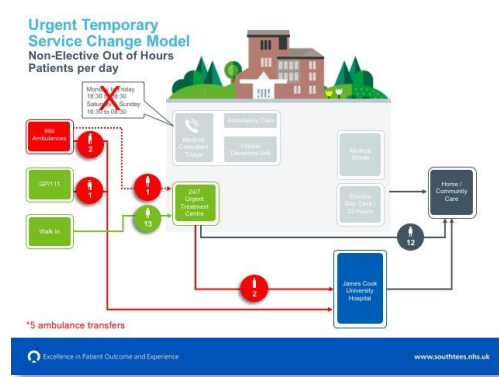
# Friarage Hospital Temporary Urgent Change Model



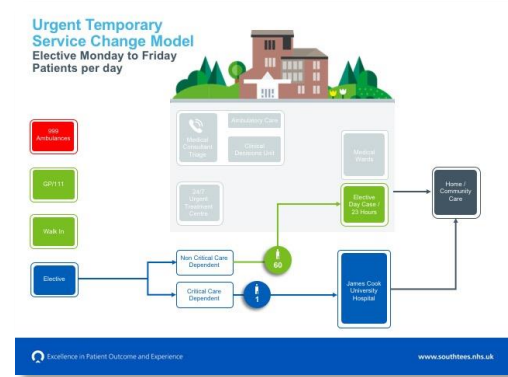
# What does this mean for the population we serve? Modelled impact



**3** patients per day treated elsewhere



**5** Patients per night treated elsewhere



**1** elective surgical patient at James Cook per day

**90%** of inpatients will still have their care delivered at the Friarage site



# Implementation

- 27 March 08:00 Urgent Treatment Centre opened
- Consultant-delivered acute admission and repatriation pathways
- Complex elective surgery transferred to JCUH
- Critical care Level 2/3 flex beds in place
- Actively recruiting and training our workforce
- Communications plan



# Activity comparison

	Expected Model	From 27-Mar to 08-Jun	2018 equivalent period	Actual Change 2019 vs 2018	Actual Change Vs Model
UTC attends	3658	3868	4156	-288	210
UTC attendances under 18s	518	993	730	263	475
FHN admits non-elective	962	1163	1577	-414	201
Repatriations to FHN	159	99	20	79	-60
Total: FHN NEL & Repats	1121	1262	1597	-335	141
FHN admits elective	3510	3466	3438	28	-44
NY occupied bed days JCUH	8605	6553	5799	754 (10 beds)	-2052
UTC to ED transfers	148	228	92	136	80
NY occupied bed days JCUH CC	680	702	531	171 (2 beds)	22



# Activity comparison

- Change is in line with modelling, or reduced impact
- More admissions to Friarage than plan
- Also 17% increase in ambulatory care
- Friarage average midnight bed occupancy 85% (52/61)

## Exceptions:

- Repatriations lower than plan: new processes to be embedded; at times insufficient capacity
- Transfers to JCUH ED: self-presenters at UTC out of scope; at times ED used to avoid delayed transfer to specialty ward





# Patient pathways and learning

- Audit of 2 weeks' paediatric UTC attendances – no concerns
- New short stay mastectomy pathway
- Increased clinical scope of 23-hour unit
- Non-invasive ventilation and thrombolysis pathways
- Repatriation pathways from a wider range of specialties



# Governance and reporting

- Established a Programme Board for oversight and assurance
- No patient safety issues
- Demonstrated compliance with SOPs
- Clinical case notes review of patient transfers
- Weekly activity report to NHS England
- Daily Friarage site meeting and exception reporting
- Twice daily Executive conference calls
- Weekly operational review meetings also involving partner organisations



# Impact on County Durham & Darlington FT

- Early BI review with CDDFT reports activity changes at Darlington A&E being broadly consistent with planning assumptions.
- Expected increase in A&E attendances at Darlington was 3-4 per day. The actual value has been 4-5 per day (from postcodes DL7 – DL11 inclusive).
- There has been a small increase in emergency admissions and bed occupancy levels at Darlington Hospital from these patient postcodes, however emergency admissions at Darlington are up for all CCGs this year, so it may not be directly related to the Friarage Hospital changes.
- Some evidence of HRW patients being discharged to community beds in Darlington rather than being repatriated to North Yorkshire. Work now actioned with NYCC to try and address



# Impact on Yorkshire Ambulance Service

- Additional 24/7 ambulance resource has been commissioned from YAS.
- Actual activity for patients diverted away from the Friarage to other hospitals and also for patients transferred from the Friarage site have broadly reflected the planning assumptions.
- No material operational issues or risks to patient safety identified.
- Consistent and timely response to the Friarage site when patient transfer requested by STHFT.
- Yorkshire Ambulance Service has demonstrated compliance with the agreed standard operating procedures and no issues have been raised or escalated to date.



# Impact on the wider health economy

- Thus far the local health economy is absorbing the impact of the change well but we recognise that there is a significant system impact to also be considered.
- Specifically within the Cumbria and North East South ICP programme we are carefully considering the interdependencies and implications between the changes at the FHN and the wider acute services reconfiguration change programme which is currently on going.
- In particular we are closely reviewing the impact on Darlington Memorial Hospital, JCUH and YAS and any resultant capacity issues and understand and gain assurances on how these are addressed for all affected organisations and systems including any potential wider North Yorkshire displacement.
- Critical care strategy is already in place across the system and we will ensure that this includes assurance on capacity/occupancy levels and performance impact of the proposed changes.
- As part of the scrutiny process we will request explicit support and ICS leader confirmation of the ways in which proposals support strategic change across the ICP.
- We have already received support from the NHSE Armed Forces commissioning team for our proposals.



# Summary

- The change has been safely implemented
- The local health economy is absorbing the impact of the change
- The change has leveraged improvements to patient pathways such as short stay surgery, ambulatory care
- Workforce and recruitment remains a partially mitigated risk
- The preferred clinical model is being tested, monitored and is supported
- Proceeding to Consultation and a formal decision on the service offer is a priority to secure the sustainability of the model



## Update to North Yorkshire County Council Scrutiny of Health Committee – June 22<sup>nd</sup> 2019

### Withdrawal of Minor Injuries Local Enhanced Scheme

Due to the CCG's challenging financial position and as part of the CCGs planning for 2019/20 we reviewed all contracts – including the Minor Injuries Local Enhanced Scheme (MI LES) - to see where savings could be made with least impact for the majority of our population.

The CCG considered a number of factors before a decision was made not to continue this scheme, these factors included:

- the CCG was/is undertaking a strategic review of its urgent care provision across Hambleton, Richmondshire and Whitby
- The CCG performance against A&E 4 hour targets was/is good and therefore reduces the necessity to pay for additional urgent care capacity in the community
- A&E services at the Friarage and Minor Injuries in Whitby are already provided by a block arrangement
- Activity and/or recording is variable and there are some practices where cost per case and /or block activity is absent or much lower than the average
- 23% of patients treated by the service in primary care were referred to A&E
- The on-going challenging CCG financial position

In view of the availability of Urgent Treatment Centre (UTC) or Minor Injuries Unit (MIU) services for the majority of our population within reasonable travelling distance and the comparatively low level of activity through the Minor Injuries Local Enhanced Scheme, (i.e. no practices seeing more than two patients per week and only 4 practices seeing more than one patient per week), the difficult decision was made to decommission this service from April 1<sup>st</sup> 2019.

Prior to actioning the withdrawal of the scheme the decision was shared with the Local Medical Council (LMC) in February 2019.

Subsequent to the decision to withdraw the service we were notified of concerns from several practices particularly in relation to rurality and access. Where a practice is less than 25 miles from the next nearest facility (UTC/MIU) it is the CCG's view that there are alternative services within a reasonable distance.

We do acknowledge that our decision causes inconvenience to some patients but are assured that alternative services are available to those patients. We provided information to practices affected to share with patient's signposting to those alternative services ahead of the MI LES withdrawal.

We have also received communications from patients who disagree with our decision but reassuringly we have not received any formal complaints or notification of any adverse patient experience or outcome incidents as a result of our decision.

Following feedback received from our super-rural practices (Central Dales & Reeth) the CCG agreed to reinstate individual practice arrangements for the minor injuries service as it was felt appropriate that those practices located more than 25 miles from the nearest alternative service needed to continue to provide the scheme outwith of the GP out of hospital basket.

The CCG continues to be committed to investing in primary care and providing care closer to home, as demonstrated by the investment in support for the frail elderly and practice based clinical community pharmacists for the next three years and that the development of primary care networks will also provide opportunities to redesign pathways of care centred on primary care.

We will continue to work with the GP practices to monitor the impact of the service withdrawal on both patient experience and outcomes.

**Report Author: Lisa Pope, Deputy Chief Operating Officer, Hambleton, Richmondshire and Whitby Clinical Commissioning Group, June 12<sup>th</sup> 2019.**





**North Yorkshire County Council  
Scrutiny of Health Committee  
21 June 2019**

**Protocol between the Scrutiny of Health Committee, the Care and Independence Overview and Scrutiny Committee and the North Yorkshire Health and Wellbeing Board**

**Purpose of Report**

To seek approval for this protocol.

**1.0 Background**

- 1.1 As part of the Yorkshire and Humber Association of Directors of Adult Social Services (ADASS) Regional Peer Challenge Programme (which is run with the Local Government Association), an authority can invite an Inspection Team to review its services. The programme is not a regime of inspection and seeks to offer a supportive approach undertaken by 'critical friends'. It is designed to help an authority and its partners assess current achievements and areas for development within the agreed scope of the review.
- 1.2 The Health and Adult Services Directorate at North Yorkshire County Council invited an Inspection of its service, with a particular emphasis on *use of resources*. The Inspection was undertaken in June 2018 and the feedback from the Inspection Team was extremely positive. One of the suggestions, however, was that it would be helpful to have a Protocol between Scrutiny and the Health and Wellbeing Board.
- 1.3 The appended, self-explanatory, draft Protocol has been discussed with the Chairs and Vice-Chairs concerned. Its intention is to be brief and simple.

**2.0 Recommendations**

- 2.1 That the draft Protocol be approved.

Barry Khan, Assistant Chief Executive (Legal and Democratic Services)  
10 June 2019

Report Author: Patrick Duffy

**PROTOCOL BETWEEN SCRUTINY OF HEALTH COMMITTEE; CARE AND INDEPENDENCE OVERVIEW AND SCRUTINY COMMITTEE; AND THE NORTH YORKSHIRE HEALTH AND WELLBEING BOARD**

At Member level

- The opportunity for the Chairs and Vice-Chairs of Scrutiny of Health Committee, Care and Independence Overview and Scrutiny Committee and Health and Wellbeing Board (“the Committees”) to meet informally, as and when required, with the intention that this occur at least once per year.
- Copies of each Committee’s Agendas to be shared with the other Committees for information.
- An open invitation to the Chairs and Vice-Chairs of the Committees to attend the other two Committees.
- The opportunity for an annual summary of the work undertaken by the Health and Wellbeing Board in the last year and plans for the forthcoming twelve months to be presented by the Chair to a joint meeting of the Scrutiny Committees.
- On-going sharing of strategic intelligence.
- To provide a mechanism for mutual support and assurance.

At officer level

- Regular liaison between the officers responsible for managing the Committees Work Programmes to identify:-
  - synergies across Items scheduled to be considered; and
  - topical issues that may not be on the Work Programme

**North Yorkshire County Council  
Scrutiny of Health Committee  
21 June 2019**

**Briefing note - Refresh of Patient Transport Service (PTS) Eligibility  
Criteria Provided by Yorkshire Ambulance Service (YAS)**

**Purpose of briefing**

To provide committee members with details of the impact of the refresh of the eligibility criteria for the Patient Transport Service, six months on. This is a briefing note for information.

The briefing focuses on the service commissioned by the Hambleton Richmondshire and Whitby Clinical Commissioning Group.

**Primary Objectives of Our Collaborative Work**

The primary objective of this work was to:

- Improve the quality of the Patient Transport Service provided by Yorkshire Ambulance Service (YAS) to the local population, through increasing YAS' operational flexibility and wherever possible extending their operational cover.
- Successfully integrate the six largest voluntary car schemes, currently operating across the HRW area, within YAS on a sign posting basis as alternative transport options for our patients to consider.
- Comply with the statements and principals established by NHS England regarding patient transport eligibility (2007 guidance refers) in our work to refresh our local eligibility criteria for PTS.
- Secure the future affordability of our PTS contract with Yorkshire Ambulance Service.

**Stakeholders Involved in the eligibility refresh**

Hambleton Richmondshire & Whitby (HRW) CCG were joined by colleagues from Scarborough Ryedale (SR) CCG, Harrogate and Rural District (HaRD) CCG, Vale of York (VoY) CCG, Yorkshire Ambulance Service (YAS), North Yorkshire County Council (NYCC) and the six largest voluntary car schemes operating across the Hambleton Richmondshire & Whitby localities in completing this work.

The preparatory work and rigorous testing of the various iterations of the refreshed criteria started in 2017.

The new criteria were introduced across VoY and SR CCGs in July 2018 and subsequently across HRW and HaRD CCGs in October 2018.

VoY and SR CCGs both opted to include all their patients in eligibility checks,

however HRW and HaRD CCG only required saloon car and self-managed wheelchair patients to be assessed for mobility.

HRW and HaRD CCGs also excluded all renal, chemotherapy and cancer patients from any eligibility checks.

### **Quality and Activity Outcomes (October 2018 – February 2019)**

Validated information (HRW CCG), in the five months since the refreshed eligibility criteria were introduced indicates that their application has worked effectively and as we intended in the vast majority of instances.

Activity levels across HRW CCG for Saloon Car (SC) patients have reduced by an average of c35% per month which is within the planning range.

Activity levels for the Wheelchair (W1) group, a much smaller cohort of patients, have not changed materially since the changes were made.

Performance against the three headline (national) key performance indicators for PTS reports the following changes across HRW CCG since October 2018:

- KPI 1 - % of patients picked up within 120mins before their appointment:

Improved from 90% in October 2018 to 92% in February 2019

- KPI 2 - % of patients arriving at hospital between 0 and 120mins before their appointment:

Improved from 94% in October 2018 to 95% in February 2019

- KPI 3 - % of pre-planned patients picked up within 90 minutes of being declared ready:

Improved from 89% in October 2018 to 93% in February 2019

All six voluntary car schemes have seen a manageable increase in their activity levels since the changes came into being, mainly driven by their integration and signposting to their services by YAS.

### **Appeals**

HRW CCG has received 34 appeals to date. All appeals were all dealt with personally by the CCG's Head of Urgent & Emergency Care or his named deputy.

YAS had correctly applied the refreshed criteria in all HRW CCG cases, and on review none of the HRW CCG appeals were found to be vexatious and all had reasonable grounds to appeal.

All 34 appeals heard to date have been upheld.

The volume of HRW CCG appeals has reduced to two in March 2019 and one in April 2019, with a peak of nine appeals recorded in November 2018.

HRW CCG aim to complete all appeals within 24hrs of their receipt, and have achieved that standard for all appeals heard to date.

HRW CCG has also approved extended periods of eligibility for patients where, following their original appeal, there has been a sensible reason to do so (e.g. the patient has multiple planned hospital appointments over the next 12months).

### **Hospital Attendance**

Since the changes were implemented HRW CCG has not been advised of any material changes to hospital DNA (Did Not Attend) appointment rates at the Friarage Hospital, James Cook Hospital, Darlington Hospital, Harrogate Hospital or York Hospital indicating that the changes in criteria are not having any unintended consequence on hospital appointment attendance for our patients.

### **Patient Complaints**

Since the changes were implemented HRW CCG has received zero complaints and one PALS inquiry (October 2018) related to the changes in criteria for PTS.

### **Next Steps**

North Yorkshire CCGs and YAS continue to jointly review the mobilisation of these changes exploring any consistent themes which when addressed may help improve the process for both our patients and YAS.

John Darley  
Hambleton Richmondshire and Whitby CCG  
10 June 2019



**North Yorkshire County Council  
Scrutiny of Health Committee  
21 June 2019  
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 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 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  
6 June 2019

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

	2019				Comment
	15 Mar	21 Jun	13 Sep	13 Dec	
<b>Strategic Developments</b>					
1. NHS Clinical Commissioning Groups and Foundation Trust funding – 2018/19 accounts			✓		Annual consideration - to understand the totality of NHS funding pressures in the county.
2. New models for health and social care delivery in rural areas				✓	Initial presentation by NYCC and NHS on models and best practice elsewhere and how it could be applied locally
<b>Local Service Developments</b>					
1. Integrated prevention, community care and support in Scarborough and Ryedale – Humber NHS Foundation Trust and North Yorkshire CCGs			✓		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 – commissioner and provider to attend
2. Future plans for Whitby Hospital – HRW CCG				✓	Update on progress with the new model of delivery – co-ordinate with the Area Constituency Committee - TBC
3. Scarborough East Coast Review		✓			Update on progress with the review of services and any proposed changes
4. Breast oncology services at Scarborough				✓	6 month review of the impact of the temporary transfer of the service to York and Hull and recruitment of consultants
5. Stroke service provision in Harrogate			✓		Review of first 6 months of operation of new hyper acute stroke service.
6. Transforming our Communities – mental health services (Friarage) – HRW CCG and TEWV	✓		✓		Updates on progress with the: rectification of the Roseberry Park site; the transfer of patients from the 2 in-patient wards at the Friarage; and progress with the development of the new community hub in Northallerton.
7. Mental Health Service in York/Selby area and Bootham Hospital – TEWV and VoY CCG			✓		Progress with the build of the new York Hospital and the development of the Selby community hub



8. Mental Health Services in Harrogate and the surrounding area – update on engagement exercise – HRD CCG and TEWV	✓				Joint health scrutiny committee review by North Yorkshire, Leeds and York held on 15 February 2019.
9. Sustainable Future for the Friarage Hospital in Northallerton – HRW CCG and South Tees FT	✓	✓	✓	✓	Review of new model of delivery of services implemented on 27 March 2019, particularly relating to Anaesthesia and Emergency Medicine.
10. Decommissioning of GP based minor injury service in HRW CCG area		✓			Review of rationale for an impact of the decommissioning of the enhanced minor injury service, from 1 April 2019, in general practice in Hambleton, Richmondshire and Whitby Clinical Commissioning Group (CCG) area.
11. Patient Transport Service – changes to the application of eligibility criteria		✓			6 month follow up to committee meeting on 14 December 2018 to ascertain whether there have been any adverse consequences to the changes.
<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 Health England				✓	Mid Cycle Briefing on 1 November 2019 at 10.30am - Lincoln Sargeant and Simon Padfield PHE. Follow up to 23 June 2017 meeting.
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 2019 - TBC
3. Immunisation coverage in North Yorkshire				✓	Public Health overview of take up rates, disease prevalence and communications campaigns
4. Public Health funding reductions					Overview of impact and mitigating actions. To Mid Cycle Briefing on 26 July 2019 and then committee meeting.
<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

3. Overall view of service changes to the NHS locally over the past 2 years					Initial scoping report to the July Mid Cycle Briefing
4. Joint scrutiny of health and social care integration with the Care and Independence OSC			✓		

### Meeting dates 2019/20

Agenda Briefing*	18 June 2019 at 10.30am	10 September 2019 at 10.30am	10 December 2019 at 10.30am
Scrutiny of Health Committee	21 June 2019 at 10am	13 September 2019 at 10am	13 December 2019 at 10am
Mid Cycle Briefing*	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.