

## Agenda

**Meeting: Scrutiny of Health Committee**

**Venue: Grand Committee Room, No.1  
Racecourse Lane, Northallerton, DL7  
8QZ**

**Date: Friday 13 December 2019 at 10.00 am**

The Brierley Building (main County Hall building) is closed now until July 2020. All Committee meetings will be held in either No. 1 or No. 3 Racecourse Lane, Northallerton, DL7 8QZ. Please note the venue above for the location of this meeting. Upon arrival, please report to main reception which is located in No. 3 Racecourse Lane.

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### Business

1. **Minutes of the Scrutiny of Health Committee held on 13 September 2019**  
(Pages 5 to 14)
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 10 December 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. **East Coast Services Update** - PRESENTATION - Simon Cox, Director of Acute Commissioning, North Yorkshire CCGs, Wendy Scott, Chief Operating Officer, York Hospital NHS Foundation Trust and Maddy Ruff, Chair and Programme Director, Scarborough Acute Services Review, Humber, Coast and Vale Health and Care Partnership  
**(Pages 15 to 26)**
6. **Transformation of Community Mental Health Services in Harrogate and Rural District, including Wetherby** – REPORT – Kirsty Kitching, Harrogate and Rural District Clinical Commissioning Group and Naomi Lonergan, Tees Esk and Wear Valleys Foundation Trust  
**(Pages 27 to 32)**
7. **Immunisation coverage in North Yorkshire** – REPORT – Lincoln Sargeant, Director of Public Health, North Yorkshire County Council  
**(Pages 33 to 39)**
8. **Work Programme** – REPORT - Daniel Harry, Democratic Services and Scrutiny Manager, North Yorkshire County Council  
**(Pages 40 to 45)**
9. Other business which the Chairman agrees should be considered as a matter of urgency because of special circumstances.

#### **Briefing papers for information only**

10. **Building a Sustainable Future for the Friarage Hospital, Northallerton** – update on progress with the public consultation – AVAILABLE ON THE DAY OF THE MEETING ONLY DUE TO NHS ENGALND PURDAH RESTRICTIONS.  
**(FOR INFORMATION ONLY)**
11. **Patient Transport Service – changes to the application of eligibility criteria** – review of first 12 months of operation – included in the papers for the meeting.  
**(FOR INFORMATION ONLY)**  
**(Pages 46 to 48)**

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

5 December 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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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		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	MIDDLEMISS, Pat	Richmondshire DC			
7	MIDDLEMASS, Nigel	Harrogate BC			
<b>Total Membership – (20)</b>				<b>Quorum – (4)</b>	
Con	Lib Dem	NY Ind	Labour	Ind	Total
10	0	1	1	1	13

## 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		
2			
		<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	VACANCY (Richmondshire DC)
		7	WATSON, Tom (Harrogate BC)

## North Yorkshire County Council Scrutiny of Health Committee

Minutes of the meeting held at County Hall, Northallerton on Friday 13 September 2019 at 10am.

**Present:-**

**Members:-**

County Councillors John Ennis (in the Chair), Philip Barrett, Jim Clark, Liz Colling, John Mann, Andy Paraskos (substitute for Val Arnold), Chris Pearson, Andy Solloway, Roberta Swiers, Annabel Wilkinson (substitute for Heather Moorhouse) and Robert Windass.

**Co-opted Members:-**

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

**In attendance:-**

Simon Cox, Director of Acute Commissioning, North Yorkshire Clinical Commissioning Groups (CCG)s

Dr Adrian Clements, South Tees Hospitals NHS Foundation Trust

Dr James Dunbar, South Tees Hospitals NHS Foundation Trust

Lucy Tulloch, Service Manager, Friarage Hospital, Northallerton

Helen Edwards, South Tees Hospitals NHS Foundation Trust

Lisa Pope, Hambleton, Richmondshire and Whitby CCG

Naomi Lonergan, Tees Esk and Wear Valleys Foundation Trust (TEWV)

Martin Dale, Tees Esk and Wear Valleys Foundation Trust.

Dr Peter Billingsley, Scarborough and Ryedale CCG

Kirsty Kitching, Harrogate and Rural District CCG

**Executive Members:**

County Councillor Caroline Dickinson

County Councillor Michael Harrison

**County Council Officers:**

Daniel Harry (Scrutiny)

Louise Wallace (Health and Adult Services)

**Press and public:**

Nigel Ayre, HealthWatch North Yorkshire

Stuart Minting, Local Democracy reporter

Six members of the public.

**Apologies for absence were received from:**

County Councillors Val Arnold (substitute Andy Paraskos), Zoe Metcalfe and Heather Moorhouse (substitute Annabel Wilkinson).

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

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**97. Minutes**

**Resolved**

That the Minutes of the meeting held on 21 June 2019 be taken as read and be confirmed and signed by the Chairman as a correct record.

**98. Any Declarations of Interest**

There were no declarations of interest.

**99. Chairman's Announcements**

The Chairman, County Councillor John Ennis made the following announcements:

**Former County Councillor John Blackie**

The death of County and District Cllr John Blackie on 13 July 2019 was noted as was his commitment to the Scrutiny of Health Committee and to supporting health services in the county. His public memorial service will be on 27 September 2019.

**Old Lambert Hospital site in Thirsk**

The former 14-bed Lambert Hospital in Thirsk was temporarily closed by South Tees NHS Foundation Trust in 2015 and then permanently closed due to workforce shortages. The site was previously sold by NHS Property Services to Hambleton District Council and has now been donated to a hospice provider, Herriot Hospice Homecare, for conversion into an end-of-life care facility.

**Proposed merger of the three CCGs covering Bradford and Craven**

An email of support for the proposed merger of the three CCGs covering Bradford and Airedale, Wharfedale and Craven was sent on 31 July 2019 by the Chairman of the committee. Assurances were sought that the specific issues faced by people living in rural Craven (access to services, travel times, long life expectancy and management of long term conditions) would still be reflected in commissioning decisions and not subsumed into a model of commissioning that was urban dominated.

**Proposed merger of the three North Yorkshire CCGs**

A letter of support for the proposed merger of the three North Yorkshire CCGs has been sent. Assurances were sought that patient outcomes would be monitored during the transition and as new structures and approaches are bedded in, to see whether there were any unintended consequences associated with the merger. Also, that the strong local focus that smaller CCGs provide is not lost in the merger.

**Castleberg Hospital, Giggleswick**

A flier was circulated to the committee outlining the Castleberg Hospital drop in session which is on Monday 30 September from 12 noon to 2pm. It is an opportunity for key stakeholders and members of the public to have a look at the improvements made to the building before the intermediate care beds re-open to patients.

**100. Public Questions or Statements**

There was a public question from Holly Wilkinson, Campaign Lead - Save the Friarage Hospital Campaign, as summarised below.

Will the committee, the Clinical Commissioning Group and the South Tees Hospitals NHS Foundation Trust ensure that the consultation is open, transparent and accessible? And will people have the opportunity to speak and be heard?

In response, assurances were given by the Chairman of the committee, County Councillor John Ennis, that the committee would work with the commissioners and providers to ensure that the consultation was open, transparent and accessible.

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

Considered -

The presentation of Dr Adrian Clements of South Tees Hospitals NHS Foundation Trust and Simon Cox, Director of Acute Commissioning, North Yorkshire CCGs.

Dr Adrian Clements updated the committee on the current position. The key points from the presentation are summarised as below:

- Workforce challenges remain and need to be addressed
- The priority is to have safe, effective and sustainable services in place
- Hospital services are never static but continually evolve to meet changing demands and new ways of working
- The current Urgent Treatment Centre model has been in place since 27 March 2019
- Patient outcomes are monitored and there has been no adverse impacts and no patient safety issues
- The current model works on the basis of 85% capacity. Without an Accident and Emergency department there is limited ability to hold people in for any sustained period of time before admitting to a ward
- 9 out of 10 people continue to receive a service at the Friarage. Three patients per day are treated elsewhere, five patients per night are treated elsewhere and there is one elective surgical patient at the James Cook per day who would have previously been treated at the Friarage
- There have been challenges around 're-patriation' from the James Cook Hospital but this is being addressed
- No medical beds have been removed as part of the introduction of the Urgent Treatment Centre model.

Simon Cox then went through the consultation options, as summarised below:

### Option 1

A 24 hour 7 day a week Urgent Treatment Centre for adults and children with minor injuries and minor illnesses.

Local GP out-of-hours service, accessed via NHS111, and available 18:30 to 08:00 (Mon- Fri) and 24hrs on Saturdays, Sundays and Bank Holidays.

### Option 2

A 16 hour Urgent Treatment Centre for adults and children with minor injuries and minor illnesses, open 7 days a week, 08:00 to 00:00.

Local GP out-of-hours service, accessed via NHS111, and available 18:30 to 08:00 (Mon-Fri) and 24hrs on Saturdays, Sundays and Bank Holidays.

Simon Cox confirmed that there was no option in the consultation for a return to the position prior to 27 March 2019, when there had been an Accident and Emergency Department in place. This was because the shortages of key staff, such as in Anaesthesia, had not been resolved and so an Accident and Emergency Department could not be run safely. This view was shared by NHS England, the Clinical Senate for Yorkshire and Humber, the Royal College of Anaesthetists and the Royal College of Emergency Medicine. This had also be stated in the independent review of urgent and emergency care at the Friarage Hospital that had been commissioned by the Rt Hon Rishi Sunak MP. Simon Cox said that it would not have been honest to include a proposal in the consultation that could not be safely implemented.

Simon Cox then went through the consultation process, as summarised below:

- The consultation will run from 13 September 2019 to 6 December 2019, with a pause should there be a General Election during that time
- 12 public consultation events had been arranged across the area served by the Friarage Hospital
- There will also be targeted consultation with key interest groups
- All consultation materials would be put on the CCG and Foundation Trust websites today
- The Friarage serves a population of about 100,000 people over a large and rural geography and so every effort will be made to ensure that people can access consultation events and materials
- It is recognised that transport and access to services is a key issue. As such, this will feature prominently in the consultation and feedback will be sought on how best to mitigate some of the transport issues.

County Councillor Annabel Wilkinson noted that the consultation materials that had been shown to the committee made the point that people should register to attend consultation events, rather than just turn up. She asked whether this would deter people from attending and whether people who had not registered would be denied access to an event.

In response, Simon Cox said that it was standard practice to ask people to register for events and that this helped to ensure that the facilities were appropriate for the numbers attending. He said that this was not intended to deter people from attending and that nobody would be turned away, unless there was overcrowding to the point where it risked being unworkable or unsafe.

A number of committee members expressed similar concerns about the need to register for consultation events and urged that a more pragmatic approach was taken.

In response, Simon Cox said that every possible consideration would be given to people who arrived at a consultation event without registering.

The Chairman of the committee, County Councillor John Ennis, noted that there was a significant cost difference between the two options and asked whether the commissioners would inevitably be drawn to the cheaper option.

In response, Simon Cox said that the difference in costs between the 24 hour option and the 16 hour option was not that great. The key consideration would be long term viability and sustainability. He said that the important thing was for people to get involved and participate in the consultation.

County Councillor Jim Clark stated his support for the consultation and urged people to get involved and help shape services at the Friarage. He also praised the staff at the Friarage, the Foundation Trust and the CCG for all of the work that had been done over the past two years to come up with a sustainable and safe model for the delivery of urgent and emergency care.

The Chairman of the committee, County Councillor John Ennis, summed up the discussions and said that: the committee were supportive of a consultation being undertaken as had been outlined in the report and presentation; the committee were concerned about the need to register for events and the deterrence effect that this may have; there was a need to end the uncertainty about the Friarage and move forward; and that further reports would need to be given to the committee on the progress with and outcome of the consultation.



## Resolved -

- 1) Thank Dr Adrian Clements and Simon Cox for attending the committee meeting and all of the work that they had done over the past 2 years to keep the committee informed of the challenges faced in providing urgent and emergency care at the Friarage Hospital
- 2) Support the proposed consultation
- 3) That the requirement that people attending consultation events register beforehand be re-considered
- 4) Dr Adrian Clements and Simon Cox to provide a verbal update on progress made with the consultation at the committee meeting on 13 December 2019
- 5) Dr Adrian Clements and Simon Cox to present a detailed analysis of the outcome of the consultation and the proposed next steps at the committee meeting on 13 March 2020.

## 102. Scarborough East Coast Review - Update on progress with the review of services and any proposed changes

### Considered -

The presentation of Simon Cox, Director of Acute Commissioning, North Yorkshire CCGs.

Simon Cox updated the committee on the progress being made with the East Coast Review and explained the context for the review. The key points from the presentation are summarised as below:

- The area is characterised by an ageing population and higher levels of deprivation
- The current NHS funding criteria does not take into account the specific needs of the Scarborough population
- Primary care provision is fragile and there are persistent shortages of key medical personnel
- Scarborough is 45 miles away from the next Accident and Emergency department. As such, there is still a need for an Accident and Emergency department at Scarborough Hospital and effective and sustainable general surgery provision
- The review is focussed upon finding a solution that is sustainable in the long term
- McKinsey and Co, management consultants, have been commissioned to undertake the review as they are independent
- McKinsey and Co are seeking to answer five key questions:
  - What is the case for change?
  - What evaluation criteria should be used to assess options?
  - What are the range of clinical models?
  - What is the shortlist of service configuration options?
  - How do those options stack up against the evaluation criteria?
- Good access to primary care and GPs remains a priority
- The first stage of the work has been focussed on hospital services. The second stage will look more broadly at the health and social care system and patient flows
- There are links with Bridlington Hospital and about one third of patients treated at Scarborough Hospital come from East Riding
- Capital funding is important as much of the local health infrastructure is ageing and not fit for the delivery of modern health services. Approximately £40m of capital may be made available by NHS England
- The changes to services at the Friarage Hospital in Northallerton may help inform the development of options through this review

- The focus is now upon developing the business case. This needs to be done as soon as possible to help ensure that capital funding is secured.

Simon Cox confirmed that there is a continuing need for a 24/7 emergency service at Scarborough Hospital.

County Councillor Liz Colling declared an interest as a resident of Scarborough and asked whether key staff would continue to work across both the York Hospital and Scarborough Hospital sites.

In response, Simon Cox said that they would and that this was one of the ways in which the workforce shortages could be overcome and hospitals and other medical services across the patch could be made sustainable in the long term. He said that good progress had been made with the East Coast medical recruitment project and the local training of nursing staff.

District Councillor John Clark raised his concerns about the apparent difficulties in ensuring that hospital and community services link in effectively. He also said that it was important that the review took into account the needs of the population as a whole and did not overly focus upon the needs of older people.

Borough Councillor Sue Tucker asked whether the services at Whitby Hospital were also being reviewed as part of this piece of work and whether pathology services are going to remain in Scarborough.

In response, Simon Cox said that Whitby Hospital links in with the James Cook Hospital at Middlesbrough and Scarborough Hospital. As such, further work would need to be done to understand how patients and staff moved between the sites.

Regarding pathology services, Simon Cox said that there was a drive to centralise pathology services in the NHS but this should not affect access.

County Councillor Jim Clark noted that capital funding flowed through the Sustainability and Transformation Partnerships (STPs) and that the new North Yorkshire CCG was in three separate STPs. As such, this could be complicated.

Simon Cox said that this would present some administrative issues but that the capital funding was there and could be secured with a strong business case.

The Chairman of the committee, County Councillor John Ennis, summed up the discussions and said that: the commitment to maintaining a 24/7 Accident and Emergency service at Scarborough Hospital was welcome; the review is still in its early stages and further clarification of key dates and milestones was needed; the coverage of North Yorkshire by three different STPs was unhelpful.

#### **Resolved -**

- 1) Thank Simon Cox for attending the committee meeting and providing an update
- 2) Simon Cox to provide an update on progress with the review, specifically: key milestones and timelines; access to capital funding; and any specific proposals for changes to services at the meeting of the committee on 13 December 2019.

#### **103. Mental Health service provision for the population of North Yorkshire – overview of changes to services in Northallerton, Harrogate, York and Selby**

Considered -

There were five components to this agenda item:

- a) Transforming adult and older people's mental health services in Hambleton and Richmondshire
- b) Development of Hambleton and Richmondshire community mental health hub
- c) Developing a community mental health hub for Selby
- d) Development of Foss Park hospital in York
- e) Transformation of Community Mental Health Services in Harrogate and Rural District, including Wetherby.

Transforming adult and older people's mental health services in Hambleton and Richmondshire and the Development of Hambleton and Richmondshire community mental health hub

Lisa Pope, Hambleton, Richmondshire and Whitby Clinical Commissioning Group and Naomi Lonergan and Martin Dale, Tees Esk and Wear Valleys Foundation Trust presented the reports.

The Chairman, County Councillor John Ennis, asked that these reports be taken together as they both related to changes to mental health service provision in Hambleton and Richmondshire districts.

The key points are as summarised below:

- The impact of the closure of the mental health wards at the Friarage Hospital and the move to treat more patients in the community has been tracked. Patient outcome data shows no negative impacts.
- The enhanced community services being provided have enabled the length of time spent in in-patient units by those people in crisis to be reduced
- When people are admitted to an in-patient unit, the local Crisis Teams are making a plan for their discharge from the day of their admission. This helps reduce delays and also improves outcomes
- There has been an increase in the use of 'non-governed' psychotherapies, that is therapies that do not have to be delivered by a chartered psychologist
- The refurbishment work at the Roseberry Park Hospital site is underway and a new block is being built to help manage the decant process
- A site for the proposed community mental health hub has been identified in Northallerton within the new development area, Kings Park, adjacent Darlington Road
- The intention is to co-locate services from all 4 mental health specialties (Adults, Older Persons, Children and Young People and Learning Disabilities) within the same premises
- Modern treatment and consulting rooms will also be part of the design
- The development of the Northallerton hub will provide invaluable learning for the planned Selby community hub scheme
- A planning application has been submitted and will be heard on 19 September 2019. If the application is successful, then work could start on the site from the end of November 2019. The build should take 12 months to complete.

District Councillor Kevin Hardisty made a declaration of interest as a member of the Hambleton District Council Planning Committee.

County Councillor Jim Clark said that the progress being made was very positive and queried why the hub was not going to be built upon the Friarage Hospital site, as was previously intended.

In response, Martin Dale said that the space at the Friarage site was limited and that it was better to have a standalone site that could be developed according to the needs of the service as opposed to the space available.

### **Resolved -**

- 1) Thank Lisa Pope, Naomi Lonergan and Martin Dale for attending the committee meeting
- 2) That patient outcome data is provided to the committee, through Daniel Harry, so that the impact of the service transformation can be tracked
- 3) That an update on progress with the refurbishment of the Roseberry Park mental health hospital is provided at a future committee meeting
- 4) That an update on progress with the Northallerton community mental health hub is provided in 12 months.

### Developing a community mental health hub for Selby

Naomi Lonergan and Martin Dale, Tees Esk and Wear Valleys Foundation Trust presented the report.

The key points are as summarised below:

- The community mental health services in Selby are currently based in poor quality accommodation and do not have sufficient treatment and clinical space
- The different teams are not co-located but dispersed
- The refurbishment of the existing Worsley Court site was explored as an option but discounted due to the costs associated and issues relating to the management of the site
- There have been difficulties in finding a suitable site in Selby. A commercial site central to Selby has now been identified
- The hope is that a planning application can be made before March 2020 and that, subject to permission being given, building work could be started in May 2020. The build should take around 12 months
- The hub would be similar to that being developed in Northallerton.

A number of Councillors asked why the existing Worsley Court site was deemed to be not suitable.

In response, Martin Dales said that the building was outdated and was no longer suitable for the delivery of modern mental health services. The site is owned by NHS Property Services and development of the site would be expensive, involve significant design compromises and be limited by the terms of the lease.

### **Resolved -**

- 1) Thank Naomi Lonergan and Martin Dale for attending the committee meeting
- 2) That an update on progress with the Selby community mental health hub is provided in 12 months.

### Development of Foss Park hospital in York and the Transformation of Community Mental Health Services in Harrogate and Rural District, including Wetherby

Naomi Lonergan and Martin Dale, Tees Esk and Wear Valleys Foundation Trust and Dr Peter Billingsley, Scarborough and Ryedale CCG, presented the report.

The key points are as summarised below:

- The new 72 bed mental health hospital at Foss Park in York will provide two adult, single sex wards and two older people's wards. The hospital will open in the spring of 2020.

- There have been over 50 design workshops in which service users and carers, and clinical staff, have been involved
- The beds at the new hospital are 'locality beds' and so access is not limited to either the Harrogate population or the York population but open to all in the locality
- The engagement on community mental health services in and around Harrogate took place from 24 June 2019 to 4 September 2019
- The proposal is to invest in enhanced community services through a reduction in inpatient beds and then re-provide inpatient care through the new mental health hospital at York. This approach will release £500,000 per annum
- There has been limited analysis of the outcome of the public engagement thus far. Once the analysis is completed, the enhanced community service model will be developed and then implemented from spring 2020
- Further engagement is being undertaken with key stakeholders, including the voluntary and community sector
- The early indications are that the proposal has been well received as people recognise the benefits associated with prevention, early intervention and treating people in the community
- Travel and access to services remains an issue of concern as does the need to provide support to families and carers of people going through mental health treatment
- There has been further engagement with Leeds City Council and the Wetherby population, who access services from Harrogate.

County Councillor Andy Paraskos raised his concern that at a recent public event, the Over 50s forum in Harrogate, a member of staff from either TEWV or the CCG had stated that he was happy with the changes to mental health service provision in the greater Harrogate area. This was not the case. He said that he was supportive of improving services, particularly community services, but had yet to see what the new enhanced community services would look like and then what the level in in-patient treatment provision would be and where it would be provided.

County Councillor Andy Paraskos asked what would happen to patients needing in-patient care if the new hospital at York was full.

In response, Dr Peter Billingsley said that they could be treated at home and in the community. In-patient care was only suitable when absolutely needed.

County Councillor Jim Clark asked what was going to happen to the Cardale Park site. Planning permission was in place and changes to the road network had already been made as part of the development of the site.

In response, Naomi Lonergan said that the use of the site will be reviewed once the analysis of the engagement outcome had been completed. There would always be consideration of the wider needs of the local health economy.

County Councillor John Mann asked how the proposed closure of the Briary Wing at Harrogate Hospital would be managed as it would need to coincide with the opening of the new York hospital.

Martin Dale said that the aim was to start moving people into the York mental health hospital from 27 April 2020 on a staged basis. A plan would be drawn up to manage the transfer of patients, including those from the Briary Wing. During this transition period, there would be additional support provided through community based crisis teams.

The Chairman, County Councillor John Ennis, said that the £500,000 per annum that was going to be released by reducing the use of in-patient treatment did not seem enough to significantly increase community provision.

Naomi Lonergan said that additional funding had been secured which would enable enhanced community services to be developed, including funding specifically for crisis care.

County Councillor Liz Colling said that it was good to see progress being made with the development of mental health services locally.

**Resolved -**

- 1) Thank Naomi Lonergan, Martin Dale and Dr Peter Billingsley for attending the committee meeting
- 2) That a presentation on the final analysis of the outcome of the public engagement on the enhanced community model is given at the committee meeting on 13 December 2019. This to provide some indication of what the likely demand for in-patient beds will be, including the basis of the calculation.

**104. Work Programme**

Considered -

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

District Councillor John Clark queried what progress was being made by the committee regarding the scrutiny of children's mental health services in Scarborough and Ryedale.

Daniel Harry said that it was on the work programme but had yet to be scheduled. This was something that would be done jointly with the Young People's Overview and Scrutiny Committee.

**Resolved -**

- 1) Daniel Harry to update the committee work programme accordingly and develop lines of enquiry for each scrutiny item.

**105. 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.

**106. Decommissioning of the minor injury service in GP practices in Hambleton Richmondshire and Whitby - rationale, impact and mitigation**

This report was for information only and did not form part of the discussions at the committee.

Any queries can be directed to Daniel Harry to take up with Lisa Pope, Hambleton Richmondshire and Whitby CCG and Simon Cox, Director of Acute Commissioning, North Yorkshire CCGs.

The meeting concluded at 12:40pm

DH

# East Coast Services Update

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Humber, Coast and Vale

# East Coast Context

## A number of longstanding challenges:

- Population:
  - ageing
  - higher levels of deprivation
  - Primary care provision is fragile
- Geography:
  - rural and coastal areas
  - sparse populations
  - issues with access e.g. provision of good transport links.
- Difficulty recruiting and retaining key staff
- One workforce covering Scarborough and Bridlington
- Higher costs associated with running services
- Poor estate (e.g. nightingale wards, backlog maintenance issues)



# Scarborough Acute Services Review

- Began in Summer 2018
- Overseen by joint collaborative (the Humber, Coast and Vale Health and Care Partnership, York Teaching Hospital NHS FT, Humber Mental Health NHS FT, Yorkshire Ambulance Service, Local Authority partners) .
- Driven in part by the immediate need to resolve problems facing general surgery, but also by a need to put in place solutions for acute services that have some longevity and are not quick fix/sticking plaster solutions.
- Seeking sustainable, strategic approach to the provision of acute services for the Scarborough catchment area population.
- Developing solutions to longstanding workforce issues.
- This work has been led through a clinical reference group of Consultants, GPs, and other staff.

# Progress to Date

## Stage One:

- Balanced assessment of a number of clinical models according to agreed evaluation criteria finalised
- Case for change document summarising process undertaken published in March 2019, identifying four key challenges:
  - Changing health needs (demographics, socio-economics)
  - Meeting national quality standards and addressing staffing shortages
  - Access to primary and community care
  - Getting value for money

# Where are we now?

## Stage Two:

The second Stage of the work programme has been completed. The findings and next steps include:

- More detailed development of clinical models in key specialties: general surgery, maternity and paediatrics, and A&E/acute medicine
- Further activity and financial modelling work to support the development of these clinical models
- Progression of 'drivers of deficit' analysis and how this affects operation of potential models
- Broadening the scope of the review to align with the developing integrated community and primary care model across North Yorkshire and York, overseen by the recently established NYY System Leadership Executive

# Clinical Model Development Work

- Successful implementation of integrated York/Scarborough General Surgical rota in October 2019(model previously reported to Overview and Scrutiny Committee)
- Work ongoing on emerging Paediatrics/Obstetrics model
- Introduction of temporary change to Urology service from mid November to allow for safe medical staffing model ahead of development of an agreed longer term service pathway
  - Out of weekday hours and at weekends, Urology emergency presentations requiring admission are referred to York Hospital
  - Detailed discussion has taken place with Yorkshire Ambulance Service and the Urology service pathway has been shared with Trust and YAS staff, local GP's and OSC Chair
- Yorkshire and Humber Clinical Senate visit in November to discuss, review and advise on emerging clinical models in A and E/Acute Medicine, Urology and Paediatrics/Obstetrics. Final report to be published in January/February 2020.



Humber, Coast and Vale

# Integrating Hospital and out of Hospital care

- Development of a strategic approach to integrated out of hospital care involving local authority, community and primary and social care partners and CCGs across North Yorkshire as a whole and within the Scarborough locality
- Scarborough and Ryedale Multi Agency Partnership Board held workshop in late November
- Development of Frailty pathway identified as initial priority area with further work planned on direct transfers of care
- Further multiagency discussions being progressed on the future role of Bridlington Hospital for acute, community and primary/social care services

# Engaging Local People

- Development of Review Narrative and Stage Two Report Summary for publication in the New Year
- Focus on engagement piece with local communities around future emerging service models for Paediatrics and Older People being run by Healthwatch
- Recruitment of Part Time Engagement Manager who will co-ordinate wider programme starting in January 2020
- Continuous updating of Review website
- Institution of Transport Group co-ordinated by North Yorkshire CCG's



Humber, Coast and Vale

# YTHFT Workforce Developments

Recruitment remains a challenge with issues in key specialities( e.g. ED, Acute and General Medicine, Care of Elderly and Urology), but there has been significant success in a number of areas in recent months:

- East Coast medical recruitment project: medical vacancy rate has dropped from 21% in the summer of 2018 to a current rate of 9.8%
- Close working with Coventry University bringing nurse training back to the east coast with the introduction of the nursing degree course on their Scarborough campus
- Despite continuing workforce challenges, 60 new nurses are joining Trust in the coming months to be based in Scarborough (overseas recruits and newly qualified nurses)
- Close collaboration with the multi agency Workforce Board and local community (e.g. Scarborough Ambassadors) to promote the East Coast as a place to live and to invest
- Investment in new roles ( e.g. Advanced Clinical Practitioners, Physician Associates, non-registered workforce)

# Future East Coast Strategy

## Small Rural Hospitals Network:

- Supported by NHS Improvement and the Nuffield Trust.
- Formally met for the first time in July. YTHFT presented on the Acute Service Review and workforce challenges/potential solutions and at the invitation of NHSI this is being written up as a case study
- The network is looking at potential common service models and possible financial solutions to our particular issues
- Workstreams looking at:
  - Establishing a vision for small acute hospitals
  - Workforce
  - Finance (the Trust is already strongly linked in to this)
  - Digital
  - Clinical models
- The network presents an opportunity to influence national thinking and policy, and we are taking an active role to maximise the potential benefits to Scarborough Hospital and the wider health and care system



# Future East Coast Strategy


## Capital investment opportunity:

- £40m investment secured for improvements to the emergency department and supporting infrastructure.
- Unlocks the potential to radically change how acute and emergency patients are assessed and treated by creating the space to enable specialties and professions to work collaboratively as one team in purpose-built facilities like this...



# Conclusions

- Real opportunities for lasting change
- Growing clinical engagement in creating the solutions
- Planning with ambition to invest in the Scarborough site and its future and determine future strategy for Bridlington
- Working as a system to develop a truly integrated model of care
- Using our experience in Scarborough to influence at a national level and to take a leading role in developing solutions for our challenges.



Humber, Coast and Vale

**NORTH YORKSHIRE COUNTY COUNCIL**  
**SCRUTINY OF HEALTH COMMITTEE**

**13<sup>th</sup> December 2019**

*Tees, Esk and Wear Valleys NHS Foundation Trust –*

**Transformation of Community Mental Health Services in Harrogate and Rural District, including Wetherby.**

**Report of:**

Naomi Lonergan, Director of Operations North Yorkshire and York, Tees, Esk and Wear Valleys NHS Foundation Trust

**Purpose of this report**

1. The report provides an update on the transformation of community mental health services in and around Harrogate including Wetherby and the closure of the inpatient wards at Harrogate Hospital.

**Background**

1. As part of Transforming Adult and Older People's Mental Health Services in Harrogate and Rural District, TEWV considered a paper in July 2018 outlining the service model delivery solutions that were being formed following a significant period of local engagement and discussions with partners and other stakeholders. Within the current operating context, it has become obvious that there is only one viable local solution which is to invest in increasing the level of community service available through a reduction in inpatient beds and to reprovide inpatient care from capacity in the new hospital Foss Park, York.
2. In November 2018, agreement was given by Clinical Senate to progress to engagement with service users, carers and the wider community across Harrogate and Wetherby town around the proposal to: Invest in extended community services through a reduction in inpatient beds and re-provide inpatient care from capacity in the new hospital Foss Park, York. Engagement commenced 24<sup>th</sup> June 2019 for a period of 12 weeks.
3. In March 2018, a Full Business Case to build a new specialist hospital for York and Selby was approved by the Trust Board of Directors, TEWV. The new facility will include four 18-bedded wards designed to meet the needs of the patient group with ensuite bathrooms, therapy spaces, wander paths and easily accessed outdoor space. Building work commenced in October/November 2018 with the aim of the new facility being open in April 2020 and this remains on schedule.
4. The proposal is to provide inpatient services for adults and older people from Harrogate and York within the 72 beds of Foss Park. This would provide the required level of inpatient beds required based on 2018/19 data and be supported by the proposed community models for Adult Mental Health (AMH) and Older Peoples (OP) services. The proposals present the current internally agreed model for service delivery and we are now working in partnership with Harrogate and Leeds CCG to provide a response to the engagement programme in the Harrogate and Wetherby district that concluded in September 2019.

## Summary

The engagement work that began in June 2019 enables us to work with local people to develop community services that will support more people to remain in their home environment. We anticipate implementing these developments by May 2020.

When people need to spend time in hospital these services will be provided in a specialist facility in York where TEWV is already building a new mental health hospital.

We appreciate that a number of people felt it was important to have an inpatient unit in Harrogate and we explored a range of options for doing this. However, we concluded that the approved model was the only option that will allow us to maximise patient safety and provide the best possible patient experience, whilst remaining true to our commitment to providing care as close to home as possible.

By investing in community services we aim to reduce the number of inpatient admissions as well as the length of time individuals need to spend in hospital (this is what people told us they wanted).

It enables us to reinvest money in community services to focus on supporting people at home whenever possible. It also ensures that when someone needs inpatient care they will receive it in a safe, high quality environment.

The work we did to involve the local community gave us a clear understanding of what people want from their mental health services.

The approved approach releases £500,000 per year to invest in our community services. In addition, we are already looking at how we can improve the way we work to give people the support they need.

The following section outlines our thoughts on what our community services might look like in the future, based on the feedback we've received already.

It also takes into account the success TEWV has had in other areas, such as Hambleton and Richmondshire, where community teams are now supporting many more people in their own homes.

## Progress to date

5. The engagement programme developed and agreed for the period of June – September 2019 included 4 large events including 2 in Harrogate, 1 in Ripon and 1 in Wetherby, supported by a series of smaller events in partnership with the voluntary sector, social media engagement and staff engagement sessions.
6. The following table outlines events that have taken place with 228 people attending the sessions:

Event	Date	Venue	No. of attendees
Citizens Advice - Harrogate	09.07.19	Harrogate	16
Dementia Forward	11.07.19	Christchurch on the Stray, Harrogate	30
Harrogate service users group	16.07.19	Community House, Harrogate	11
Over 50s Forum, Harrogate	25.07.19	St Paul's Church, Harrogate	34
OPEN EVENT - Ripon	25.07.19	Ripon Rugby Club	7
Claro/Orb/Harrogate Mind/	30.07.19	Mind, Harrogate	12

Wellspring			
HaRD CCG Patient Participation Group	30.07.19	Harrogate Golf Club	12
OPEN EVENT – Harrogate	02.08.19	Fairfax Community Centre	8
Harrogate Mental Health and Wellbeing Network	05.08.19	Chain Lane, Knaresborough	12
Drop in - Boston Spa	05.08.19	Spa Surgery, Boston Spa	31
Drop in - Collingham	12.08.19	Collingham Memorial Hall,	3
Drop in - Thorner	14.08.19	Thorner Victory Hall	1
Drop in - Bramham	19.08.19	Bramham Medical Centre	20
Drop in - Harewood	22.08.19	Harewood Village Hall	4
OPEN EVENT – Knaresborough	02.09.19	Chain Lane Community Hub, Knaresborough	12
OPEN EVENT – Wetherby	05.09.19	Wetherby Town Hall	15

7. TEWV NY&Y Locality managers representing AMH and OP services attended the Leeds OSC 23<sup>rd</sup> July 19. Following feedback from OSC, the Head of Commissioning (Mental Health & Learning Disabilities) organised a conference call with TEWV on 14<sup>th</sup> August 2019 so we can jointly review and respond to feedback from these events.
8. Following discussions on wider stakeholder engagement in August 2019 we also had a dedicated engagement session with acute care colleagues and the ambulance service in the Harrogate and Rural District. Conversations with the vast majority of groups have taken place including NY Police, Orb, Citizens Advice, Dementia Forward and NYCC social care staff.
9. The proposed model has generally been well received, particularly from regular service users who recognise the value of preventing admission and helping them to stay well in their own homes wherever possible through a community-based model. As anticipated, the majority of questions and concerns raised throughout the engagement period has focused on the movement of beds from Harrogate to York, with particular concern regarding travel times, distance and access. The difficulties of accessing Foss Park if family members are unable to drive or live in more rural parts of the district has been frequently highlighted (this has also been flagged up previously through service user representation at the HaRD steering group).
10. The engagement events have communicated the intended outcomes of the transformation of services will be that the increased investment in community services will enable us to treat more people for longer out of hospital, and that there will be fewer admissions and these are expected to last for a shorter period of time. We have acknowledged at all meetings that there will be occasions when people will have to travel and the financial support available for all NHS services that may be available for those in need.
11. In total 140 online surveys were completed. Some of the key findings were:
  - 79.37% of respondents said that they thought that proposals for adult mental health services will help them and/or their loved one stay well / recover at home.

- 79.65% of respondents said that they thought that proposals for mental health services for older people will help them and/or their loved one stay well / recover at home.
12. To support the engagement activity we produced a range of information to make people aware of our plans and to let them know about the different ways that they could get involved and share their thoughts and views. This included:
- A full narrative document. This was shared via:
    - Emailed to a range of partners including local authorities, local community groups and voluntary sector organisations.
    - Copies were left in key public areas such as GP surgeries, libraries, community centres etc.
    - Copies were shared with people who attended the engagement events
    - The documents was promoted and was available on the CCGs and TEWV's website
  - A summary narrative document
  - An easy read version of the narrative
  - Dedicated pages on the CCGs and TEWV's website
  - Two short videos focusing on the proposed plans
  - A letter which was sent to stakeholders including local authorities, councillors, voluntary sector organisations, Trust members
  - Posters detailing the open events and how people could get involved
  - Media releases to raise awareness of the engagement events
  - Event listings in key publications and online
  - Social media – to raise awareness of the engagement event. This included posts on Facebook (47,384 impressions, a reach of 29,986 and 362 engagements) twitter (33,412 impressions with 286 engagements) and Instagram. Facebook events were also use to promote. Targeted updates were also shared in Facebook community groups which included Blow Your Horn Ripon (11k members); Harrogate District Network (13k member); This is Ripon (3.2k members); Wetherby Grapevine (999 members); Northallerton! (2k members); Knaresborough events (1.1k members); and Harrogate and Knaresborough Community (2.3k members).
13. We have worked through the feedback from all of the events and meetings attended, along with the responses and comments submitted via the survey. As expected there have been a number of key themes:
- Services closer to home
  - Access to services
  - Joined up working
  - Carer support
  - Prevention and support
  - LD and autism
  - Resource - staff/funding
  - Inpatient care
14. On completion of the engagement programme all themes and comments have been reviewed in partnership with NY and Leeds CCG and considered in line with the proposed community service models.
15. As part of the agreement with Leeds CCG to update scrutiny on the transformation programme and its implication for Wetherby residents, TEWV attended the Leeds OSC on 23<sup>rd</sup> July and fed back on the engagement programme to date and the new delivery models for both adult mental health and mental health services for older people. TEWV will also attend the Leeds OSC on 7 January 2020 to provide an update.

## Proposed Service Models

16. As articulated in the final business case for Harrogate additional investment outside of hospital services, the changes in service delivery for AMH that will support care in the community as an alternative to admission include:
  - An extended working day for core community teams, better accommodating the need of the working population and escalation of need.
  - An expanded home treatment capability 7 days a week, reducing the need to assessment people in hospital and support a recovery at home post discharge from hospital
  - Introduction of acute hospital liaison 24/7 releases crisis staff capacity overnight and ability to see more face to face assessment in community in a timely manner.
  - Removal of the Section 136 suite & introduction of alternatives to places of safety, reduces patient turnaround therefore releasing capacity to see people and manage them at home.
  - A formal response to our third sector partners when people present in distress or partners have concerns about a person's well-being, preventing them calling the police whose option is to detain under the MHA.
  - Closer working relationship with police partners at the point of presentation allows the crisis teams to offer crisis assessment at home and intensive home treatment for the first 72hours. Crisis café bids will also support people through mental health first aid trained staff in the locality. We have also agreed which sites will be deemed suitable alternatives to places of safety including HDFT, Orchards & base where the crisis team is based. This reflects the current position in Scarborough and the Police are supportive of the plans.
17. The Trust's *Right Care, Right Place* programme over the next 3-5 years looks at place-based systems of care (delivering to the patient in their preferred environment). Development of this programme will continue in coming years and further support the populations of Harrogate and Wetherby. The foundation of this approach is to work with social care, primary care networks, third sector partners – as well as service users and carers – to provide support as early as possible in the most appropriate environment.
18. For inpatient services, the Trust will monitor closely the out of locality admissions, length of stay and admission rates. Monitoring patient flow within Harrogate and Wetherby is a current focus, looking at stabilising the community and crisis team offer.
19. The planned enhancement of community services in Harrogate and Ripon is dependent on the provision of inpatient services in York and the ability to release the accommodation at the Briary Wing to HDFT.
20. It is anticipated that community and crisis services currently based in the Briary Wing can be relocated without need for an additional lease of accommodation in the Harrogate area, and the proposed options have been considered on that basis.
21. Relocating both inpatient and community services are planned for May 2020.

## Implications

- **Financial** – This will be met from transformation.
- **Human Resources** – A management of change process within TEWV will be facilitated and has now commenced involving all staff impacted by the transformation. Group and individual interviews are underway and staff are being provided with information re new roles available within the community. Training and development needs will be identified with staff and opportunities to remain in inpatient services are also being offered to staff.

- **Equalities** - A refreshed equality impact assessment will be completed.
- **Legal** – None identified.
- **Crime and Disorder** – None identified.
- **Information Technology (IT)** – Up to date technology will be utilised to support remote working. This will include Skype to maintain communications.
- **Property** – Following a review of the existing Harrogate and Ripon estate it is agreed and supported that the community services currently accommodated at the Briary Wing in HDFT could be transferred to the remaining established bases in Knaresborough, Ripon and Harrogate. This will ensure that community services continue to provide a locally based service and we are able to retain the level of contacts and activity

Jennyfields Health Centre can be more efficiently utilised to provide increased space and to improve accessibility. Changes to Windsor House are minor and could be easily achieved, and those at Alexander House are equally achievable but incur greater cost, time and limited disruption. The proposed changes at The Orchards are significant and require careful consideration. All are necessary if alternative leased accommodation is to be avoided.

## Conclusions

The engagement programme has now concluded and we are working in partnership with Harrogate and Leeds CCG's. Emerging themes and responses from the engagement programme have been largely positive and are reflected in proposed service models e.g. additional investment in crisis services and increased joint working with the third sector. It is clear that further work is required to provide assurance in relation to key concerns including transport and a communications plan will be updated on conclusion of this work. Staff are now being supported to make the transition to the new community model and we will retain all staff in clinical services across North Yorkshire and York. We are working to relocate both inpatient and community services in May 2020 and have a robust plan to ensure that community services are available in the Harrogate and Wetherby locality and new arrangements will sustain the level of activity and accessibility for people who need our services.

Recommendations – **The committee is asked to review and note this paper.**

## Author

Naomi Lonergan, Director of Operations North Yorkshire and York, Tees, Esk and Wear Valleys NHS Foundation Trust



**North Yorkshire County Council  
Scrutiny of Health Committee  
13 December 2019**

**Background paper to Immunisation coverage in North Yorkshire**

**1.0 Purpose of Report**

- 1.1 To explain the broader context to the paper focusing on Immunisation Coverage in North Yorkshire; by providing a briefing on NYCC role in health protection.

**2.0 Background**

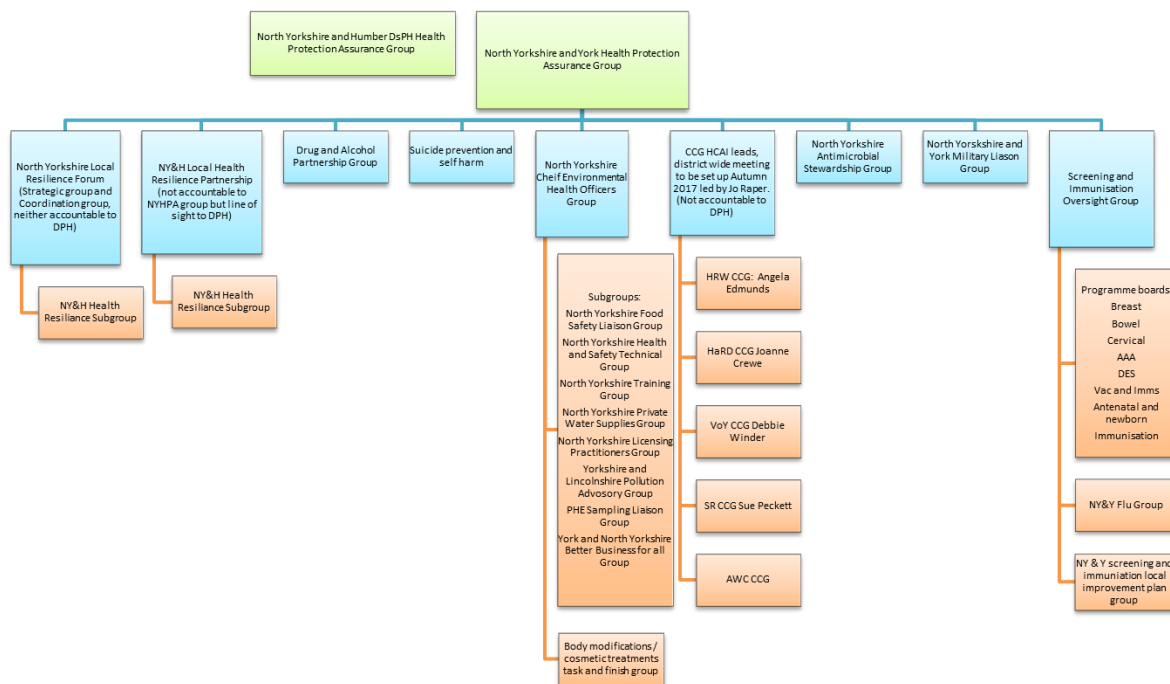
- 2.1 The statutory responsibility to protect the health of the population transferred from the Health Protection Agency (HPA) to the Secretary of State on 1 April 2013. As part of the local authority's responsibilities the Director of Public Health, has a duty to prepare for and lead the local authority's response to incidents that present a threat to the public's health. In North Yorkshire this involves working across the 5 CCGs and in partnership with Public Health England, NHS England and the seven districts / boroughs. This paper describes the breadth of health protection, key officer leads and structures and describes large projects undertaken.

**3.0 The breadth of health protection**

- 3.1 Health protection covers: infectious diseases, chemicals and poisons, radiation, emergency response and environmental health hazards.

**4.0 Key officer leads and structures**

- 4.1 The lead for health protection is Dr Lincoln Sargeant. The portfolio is led by Kathryn Ingold until the end of the year and then will be taken over by Dr Victoria Turner. All public health consultants are trained in health protection and can deputise for Lincoln in his absence. Lincoln's main role is assurance as there are a range of partners across the county who lead different areas of health protection work. Lincoln achieves this through the North Yorkshire Health Protection Assurance Group which meets twice a year. Figure 1 below shows the range of partners who deliver health protection and meet together at the assurance group to ensure a coordinated and safe approach to protecting health.



## 5.0 Large projects undertaken

5.1 In addition to assurance, the public health team have led the development of proactive plans. NYCC co-commissions a county wide Infection Prevention and Control Service. Public Health worked in partnership with the Resilience and Emergencies Team to develop and exercise a NYCC Pandemic Flu plan. The public health team has also led the development of a multi-agency Mass Treatment and Vaccination Plan which describes clear and agreed responsibilities in a range of scenarios which would require a mass treatment and vaccination response. The team leads work to improve seasonal flu vaccine uptake of workers in Health and Adult Services, improving the rate from 25% in 2017 to 42% in 2018. The team has also delivered time limited projects e.g. an offer of vaccination protecting against Hepatitis B for body piercers and tattooists registered in the county.

## 6.0 Recommendation

6.1 For members to note the content of this briefing as background for the paper from Dr Lincoln Sargeant on immunisation coverage across North Yorkshire.

Name: Kathryn Ingold  
 Position: Public Health Consultant  
 Organisation: Public Health Team, HAS, NYCC  
 Date: 28<sup>th</sup> October 2019

**North Yorkshire County Council**  
**Scrutiny of Health Committee**  
**13 December 2019**  
**Immunisation Coverage in North Yorkshire**

**1.0 Purpose of Report**

- 1.1 To brief the scrutiny of health committee about immunisation programmes in North Yorkshire, levels of coverage and partnership activity to improve uptake rates.

**2.0 Background**

NHS immunisation programmes reduce illness and death from vaccine preventable and conditions. NHS England and NHS Improvement North East and Yorkshire – North Yorkshire & Humber is responsible for commissioning all the NHS Screening and Immunisation programmes under a Section 7a agreement between Public Health England and NHS England and are delivered in a variety of settings, acute, community settings and Primary Care. The Committee has asked for an overview of the immunisation programmes. The report will highlight programmes of interest. For interest all the Section 7a vaccination and immunisation programmes are given below:

Immunisation programmes

- Neonatal Hepatitis B immunisation programme
- Neonatal BCG immunisation programme
- Maternal Pertussis
- Immunisation against diphtheria, tetanus, poliomyelitis, pertussis and Haemophilus Influenza B (Hib)
- Rotavirus immunisation programme
- Meningitis C (MenC) immunisation programme
- Haemophilus Influenza B and Meningitis C (Hib/MenC) immunisation programme
- Pneumococcal immunisation programme
- DTaP/IPV and dTaP/IPV (Diphtheria, tetanus and polio) immunisation programme
- Measles, mumps and rubella (MMR) immunisation programme
- Human papillomavirus (HPV) immunisation programme
- Tetanus, diphtheria and polio (Td/IPV) teenage booster immunisation programme
- Seasonal influenza immunisation programme
- Seasonal influenza immunisation programme for children
- Shingles immunisation programme

**3.0 Governance and System Partnerships**

- 3.1 NHS England and NHS Improvement and Public Health England work together as a public health team working to deliver the Section 7a agenda. The North Yorkshire & Humber Screening and Immunisation Team (SIT) is a team of Public Health professionals employed by Public Health England and embedded in NHS England and NHS Improvement who work alongside the commissioners within NHS England and NHS Improvement North East and Yorkshire. The SIT work closely with all the system partners including North Yorkshire County Council Public Health regarding the uptake and coverage of the screening and immunisation programmes in the locality.

- 3.2 The North Yorkshire & Humber Screening and Immunisation team have adopted a place based approach to their work and Screening and Immunisation Co-ordinators (SICs) lead on all aspects of improving access, uptake and coverage of the programmes in their appointed locality with a view to tackling local health inequalities
- 3.3 The SICs have had a key role in leading local health improvement for the section 7a programmes for North Yorkshire. They have developed this approach in partnership with Council colleagues, the CCG, programme providers and third sector. The SICs have worked hard to build strengthened relationships with and between all stakeholders involved in the care pathways. This approach has resulted in the development of initiatives and demonstrated some actions in progressing tackling inequalities.
- 3.4 Governance of the screening and immunisation programmes is the responsibility of NHS England and NHS Improvement and is managed through programme specific boards. Membership includes providers, commissioners, SIT representatives, Quality Assurance. The programme boards provide a forum to provide quality assurance, programme management and facilitate discussions to address inequalities and improve the access, uptake, and coverage to programmes. All programmes and local place based working initiatives are shared with Directors of Public Health including the North Yorkshire DPH via the North Yorkshire & Humber Screening and Immunisation Oversight Group (NY&HSIOG). The purpose of the oversight group is to provide an assurance to the Directors of Public Health and agree priorities for the area. This is where scrutiny takes place and in most cases the performance of the programmes is not unusual compared to the rest of the country. Any issues are addressed through contracting mechanisms with the providers.
- 3.5 Whilst members of the Scrutiny of Health Committee are particularly interested in the immunisation programmes, it is important to acknowledge that NHS England and NHS Improvement is constantly monitoring all programmes within the Section 7a agenda and has agreed priorities within the local areas that are specific to NY & H, for example the annual flu campaign.

#### **4.0 The trend in immunisation coverage nationally, regionally and locally**

- 4.1 Data is shared with the SITs from National sources and takes time to be processed, cleansed and validated nationally. This is of interest as the SIT does not receive some of this data until this has happened and may in the case of annual data be almost a year later. The SIT shares the data with local authorities, CCGs and uses this data to target the work being carried out.
- 4.2 Yorkshire and the Humber, and North Yorkshire and Humber areas have higher than England vaccination and immunisation rates. However, declining vaccination coverage is a UK wide concern. National, regional and local data demonstrates that we do not meet the World Health Organisation recommendation for greater than 95% coverage for any of the routine childhood vaccinations at present. This means that there is a real and significant risk of infectious disease outbreaks in the population, particularly for highly infectious conditions such as measles, in the future.

Completed primary courses and boosters: Percentage of children vaccinated by their fifth birthday 2016-17 to 2018-19																				
	Diphtheria, Tetanus, Polio 1 <sup>st</sup> Dose				Diphtheria, Tetanus, Polio, Pertussis Booster				Haemophilus Influenzae b/Meningitis C Booster				Measles, Mumps and Rubella 1 <sup>st</sup> Dose				Measles, Mumps and Rubella 1 <sup>st</sup> and 2 <sup>nd</sup> Dose			
	Year																			
	16/17	17/18	18/19	Direction of Travel	16/17	17/18	18/19	Direction of Travel	16/17	17/18	18/19	Direction of Travel	16/17	17/18	18/19	Direction of Travel	16/17	17/18	18/19	Direction of Travel
England	95.6	95.6	95	↓	86.2	85.6	84.8	↓	92.6	92.4	92.2	↓	95	94.9	94.5		87.6	87.2	86.4	↓
Yorkshire and The Humber	97.1	96.6	96.2	↓	90.1	89.9	88.9	↓	94.4	93.8	93.4	↓	96.6	95.9	95.8		90.5	90.5	89.9	↓
North Yorkshire	97.5	96.5	96.8	↑	87.1	87	87	→	94	93.3	93.9	↑	96.5	95.8	96.2		89.4	88.1	89	↑

Data source: **COVER, Public Health England**

Flu 2018/19 Uptake	All 2 year olds	All 3 Year Olds	65 & over	6 months- 65 years at risk	Pregnant women
England Total	43.8	45.9	72.0	48.0	45.2
Yorkshire & The Humber	40.0	43.1	73.3	49.2	48.1
North Yorkshire	54.1	54.9	73.6	50.9	54.7

(Data source: Immform)

#### 4.3 MMR in North Yorkshire

In 2018/19 there were 5,895 children aged 5 years in North Yorkshire. 89% (5,246) of children received 2 doses of MMR vaccine. We therefore need to vaccinate 355 more children across the county to reach the WHO target of >95% children vaccinated with 2 doses by their 5th birthday. This is an achievable target however the challenge is identifying which children are outstanding their vaccinations and where to target efforts.

### 5.0 Factors that impact upon immunisation uptake

5.1 No single factor is responsible for the decline in vaccine uptake rates. Potential causes that operate together to affect uptake include:

- Access to GP services
- Incompleteness of recorded data on vaccinations administered meaning the uptake rates could be higher than reported
- Barriers to accessing vaccination appointments/clinics (e.g. appointment times/availability)
- Inconsistencies in call/re-call systems to encourage parents to arrange vaccination for their child
- Limited contact with health professionals to opportunistically discuss and prompt families to access vaccination at the correct time (e.g. Last contact with health visiting service for universal families is around 27 months, 13 months before the MMR 2 is due)

5.2 Evidence from PHE's attitudinal surveys suggests that parental confidence in the national immunisation programme is at an all-time high. There is currently no evidence that anti-vaccine activity has had a major impact on vaccine coverage in England.

## 6.0 Encouraging higher levels of uptake

6.1 There is ongoing work with local practices and providers to improve the rates of all immunisations to reach successful herd immunity (*this is when a high percentage of the population is vaccinated, it is difficult for infectious diseases to spread, because there are not many people who can be infected. For example, if someone with measles is surrounded by people who are vaccinated against measles, the disease cannot easily be passed on to anyone, and it will quickly disappear again. This is called 'herd immunity', 'community immunity' or 'herd protection', and it gives protection to vulnerable people such as newborn babies, elderly people and those who are too sick to be vaccinated*). An operational group in the local area is organised by the local SIC where key stakeholders come together to look at improving immunisation rates. This operational work is to increase uptake of all recommended vaccinations across all communities and areas, to include the aim of reaching over 95% uptake for childhood vaccinations and continuing to increase uptake of the seasonal influenza vaccine. Action is taken based on local information including what the data has highlighted locally and National priorities

6.2 A Measles and Rubella Elimination UK Strategy (**UK measles and rubella elimination strategy**) was published on 9th January 2019 in response to the loss of our measles elimination status and the fact that current UK performance in terms of the aim for 95% uptake with two doses of MMR by 5 years of age is sub-optimal at 88%. The document therefore maps out how the UK can achieve a future that is free from measles, rubella and congenital rubella syndrome (CRS).

6.3 The national strategy is currently being localised and a Yorkshire and Humber MR Strategy with a supporting collaborative delivery plan is launching soon. This document outlines the system leadership and coordination role of the Screening and Immunisation Team, in terms of working with partners to identify actions that can be taken locally and monitor progress against the overarching aims of the strategy.

6.4 Further examples of initiatives:

- Value of vaccination campaign  
<https://campaignresources.phe.gov.uk/resources/campaigns/94-value-of-vaccines/overview>
- Nationally and locally, teams are working with those who deliver immunisations to continue to improve access and accessibility.
- To support opportunistic vaccination, ensure missing immunisations records are flagged to health professionals at all relevant opportunities. Within recent procurements, the ability for school age immunisation providers to deliver missing MMR doses opportunistically alongside scheduled secondary school sessions have been included.
- Review opportunities to encourage immunisation in appropriate Local Authority commissioned services, including health visiting and school nursing.

- Encourage opportunities to deliver immunisations alongside existing services, for example flu and pertussis in pregnancy delivered within Trust maternity services

6.5 The SICs use the national advice to help implement approaches, initiatives and work with partners to achieve this, including contracting developments with the commissioning side of the team.

6.6 The priorities are reviewed as to whether this is the best approach and supportive work with communication teams in both local authority and CCGs, particularly in relation to promoting flu, are often key pieces of work in all areas across Yorkshire and the Humber.

## **7.0 How can the North Yorkshire County Council contribute to increasing vaccine uptake?**

7.1 Local Authorities are in a unique position to help and support the wider system in terms of increasing MMR vaccine uptake in their area. Examples of ways Local Authorities can assist include:

- Work with the Screening and Immunisation Team locally to support the MMR Strategy and supporting collaborative delivery plan;
- Share their knowledge of the health needs of their population with key partners in order to identify where under vaccinated populations might be found;
- Use Local Authority funded services, e.g. Housing, 0-19 Healthy Child Programme, Early Help Services, social care (LAC), education, to access under vaccinated individuals and communities, and share information or offer support to access primary care services for MMR vaccination as appropriate;
- Use every opportunity to raise awareness of the risk of under vaccination and how individuals can access services that provide vaccination in their area e.g. supporting national communication campaigns on local mediums or devising a local campaign to share messages, display vaccination messages in Local Authority buildings, venues where the public visit – e.g. councillor’s weekly surgery venues, libraries, children’s centres.

## **8.0 Recommendation**

8.1 The Committee notes this report and the ongoing joint work to support and promote the NHS England commissioned immunisation programmes within the North Yorkshire area. North Yorkshire County Council continues to engage, and assurances are given to the DPH in relation to commissioned screening and immunisation programmes which are sought through local operational groups, programme boards and North Yorkshire & Humber Screening & Immunisation Oversight Group.

Name: Dr Lincoln Sargeant  
 Position: Director of Public Health  
 Organisation: North Yorkshire County Council  
 Date: 3<sup>rd</sup> December 2019



**North Yorkshire County Council  
Scrutiny of Health Committee  
13 December 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.

In general, 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**

The next meeting of the committee is:

- 10.00am on 13 March 2020.

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

The next meeting of the Mid Cycle Briefing is:



- 10.30am on 24 January 2020.

Please note that the Mid Cycle Briefings 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  
4 December 2019

**NORTH YORKSHIRE COUNTY COUNCIL**  
**Scrutiny of Health Committee – Work Programme – 2019 and 2020**  
**Version – 4 December 2019**

	13 Dec	24 Jan	13 Mar	24 Apr	19 Jun	
	COM	MCB	COM	MCB	COM	
<b>Strategic Developments</b>						<b>Comment</b>
1. Development of the Integrated Care Systems that cover North Yorkshire					✓	Strategic view of the form and function of the Integrated Care Systems and Integrated Care Partnerships that cover North Yorkshire
2. NHS Clinical Commissioning Groups and Foundation Trust funding		✓				A briefing for committee members - TBC
3. New models for health and social care delivery in rural areas			✓			Initial presentation by NYCC HAS on models and best practice elsewhere and how it could be applied locally
4. Patient Transport Service – changes to the application of eligibility criteria	✓					12 month follow up to committee meeting on 14 December 2018 to ascertain whether there have been any adverse consequences to the changes.
5. Air Ambulance Service – overview					✓	Overview of the Air Ambulance Service and how it links in with other emergency services.
<b>Local Service Developments</b>						
6. 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
7. Harrogate and Rural Alliance - Adult Community and Health Services		✓				Early discussion - to the Mid Cycle Briefing on 24 January 2020 to determine lines of enquiry for the committee.
8. Future plans for Whitby Hospital			✓			Update on progress with the new model of delivery – co-ordinate with the Area Constituency Committee
9. Future plans for Ripon Hospital					✓	Date to be confirmed – tentative 19 June committee
10. Scarborough East Coast Review	✓					Update on progress with the review of services

					and any proposed changes
11. General surgery provision at Scarborough Hospital			✓		6 month review of the provision of a single Trust – wide rota – briefing report for information only
12. Breast oncology services at Scarborough			✓		12 month review of the impact of the temporary transfer of the service to York and Hull and recruitment of consultants – briefing report for information only
13. Stroke service provision in Harrogate			✓		Review of first 12 months of operation of new hyper acute stroke service – briefing report for information only.
14. Mental health services in the north of the county (Friarage and Roseberry Park) – TEWV and HRW CCG			✓		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.
15. Mental Health Service in York/Selby area and Bootham Hospital – TEWV and VoY CCG				✓	Progress with the opening and operation of the new York Hospital (opening April 2020) and the development of the Selby community hub – June or September committee
16. Mental Health Services in Harrogate and the surrounding area – TEWV and HRD CCG	✓				Outcome of engagement (24 June 2019 - 13 September 2019) on the new model for enhanced community care, details of proposed closure of 2 mental health in-patient wards at Harrogate Hospital and projected use of York mental health hospital.
17. Sustainable Future for the Friarage Hospital in Northallerton – HRW CCG and South Tees FT	✓		✓		Consultation September to January. Report on level of engagement in December and complete analysis March 2020
18. Decommissioning of GP based minor injury service in HRW CCG area					Impact of the decommissioning of the enhanced minor injury service in general practice in Hambleton, Richmondshire and Whitby Clinical Commissioning Group (CCG) area. Review of similar services in other CCG areas - TBC.
19. Acute Provider Collaboration - Airedale NHS Foundation Trust, Bradford Teaching Hospitals NHS Foundation Trust					Early discussion - to the Mid Cycle Briefing on 1 November 2019 to determine lines of enquiry for the committee.

20. Catterick Integrated Care Campus project		✓			Early discussion - to the Mid Cycle Briefing on 24 January 2020 to determine lines of enquiry for the committee.
21. Community pharmacies – changes to the repeat prescription ordering process			✓		Ending community pharmacy ordering of medicines on behalf of patients in the Vale of York CCG area
<b>Public Health Developments</b>					
1. Suicide prevention					Review progress with implementation of the strategy – TBC
2. Development of base-line data and an on-going monitoring system on the impact of shale gas extraction – Public Health England					Lincoln Sargeant and Simon Padfield PHE - TBC
3. Dentistry provision in North Yorkshire – NHS England					NHS England (Yorkshire and Humber) – review the plan for commissioning the wider dental pathway - TBC
4. Community pharmacies – market adjustment and access to services					NHS England, Public Health and Community Pharmacy North Yorkshire - TBC
5. Optometry - market adjustment and access to services					Lines of enquiry to be confirmed
6. Immunisation coverage in North Yorkshire	✓				Public Health overview of take up rates, disease prevalence and communications campaigns
7. Public Health funding reductions					Overview of impact and mitigating actions. To Mid Cycle Briefing on 1 November 2019 and then committee meeting -TBC.
<b>In-depth Projects</b>					
1. Health and social care workforce planning – Scrutiny of Health and Care & Independence OSC		✓			Progress report
2. Joint scrutiny of health and social care integration with the Care and Independence OSC					Interim copy of report to be circulated to the membership of the committee
<b>Joint scrutiny</b>					

Joint health scrutiny committee review by North Yorkshire, Leeds and York held on 15 February 2019						Follow up subject to the outcome of the engagement exercise on the new model for enhanced community services.
Children's mental health services						Joint scrutiny with the NYCC Young People's Overview and Scrutiny Committee - TBC
Integrated health and social care services in Harrogate						Joint scrutiny with the NYCC Care and Independence OSC - TBC

### Meeting dates 2019/20

Scrutiny of Health Committee – 10am	13 December 2019	13 March 2020	19 June 2020	11 September 2020	18 December 2020
Mid Cycle Briefing – 10.30am*	24 January 2020	24 April 2020	24 July 2020	11 November 2020	

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

Please note that the work programme is under continuous review and items may be rescheduled a number of times during the course of the year.

**North Yorkshire County Council  
Scrutiny of Health Committee  
13 December 2019**

**Briefing note for information only**

**Update and Refresh of Patient Transport Service (PTS) Eligibility Criteria  
Provided by Yorkshire Ambulance Service (YAS)**

**1.0 Purpose of briefing**

To provide committee members with details of the impact of the refresh of the eligibility criteria for the Patient Transport Service, twelve 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 (CCG).

**2.0 Primary Objectives of Our Collaborative Work**

The primary objectives of this work remain 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.

**3.0 Stakeholders Involved**

Hambleton Richmondshire & Whitby (HRW) CCG continue to work with 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 to deliver the highest quality, the most effective and most efficient service possible to our patients.

The new criteria were introduced across VoY and SR CCGs in July 2018 and subsequently across HRW and HaRD CCGs in October 2018 and their effectiveness and outcomes remain under ongoing review by all parties.

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.

This position remains consistent at the time of writing, however as the process to merge HRW CCG, HaRD CCG and SR CCG into a single North Yorkshire CCG consideration will need to be given on how we achieve a consistent approach to the application of eligibility across a single CCG.

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

Validated information (HRW CCG), in the nearly twelve months since the refreshed eligibility criteria were introduced indicates that their application continues to work effectively and as we intended in the vast majority of instances.

Activity levels across HRW CCG for Saloon Car (SC) patients in the last 12months have reduced by an average of c30% per month which remains 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 an average of 91% per month in the 6mth period leading up to October 2018 to an average of 93% in the 12mths since.

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

Improved from an average of 92% per month in the 6mth period leading up to October 2018 to an average of 94% in the 12mths since.

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

Improved from an average of 88% per month in the 6mth period leading up to October 2018 to an average of 91% in the 12mths since.

All six voluntary car schemes continue to see a manageable level of activity since the changes came into being, driven by their integration and signposting to their services by YAS.

#### **5.0 Appeals**

HRW CCG has received 41 appeals to date. Current average is 1 appeal per month since April 2019. 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 41 appeals heard to date have been upheld.

HRW CCG continue 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).

#### **6.0 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.

#### **7.0 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.

#### **8.0 Next Steps**

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

John Darley  
Hambleton Richmondshire and Whitby CCG  
November 2019