

Agenda

Meeting: Scrutiny of Health Committee

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

Date: Friday 13 September 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 21 June 2019 **(Pages 5 to 12)**
2. Declarations of Interest
3. Chairman's Announcements - Any correspondence, communication or other business brought forward by the direction of the Chairman of the Committee.
(FOR INFORMATION ONLY)
4. Public Questions or Statements

Members of the public may ask questions or make statements at this meeting if they have given notice to Daniel Harry, Principal Scrutiny Officer (*contact details below*) no later than midday on Tuesday 10 September 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. **Building a Sustainable Future for the Friarage Hospital, Northallerton** – public consultation launch – PRESENTATION AND REPORT – Simon Cox, North Yorkshire CCGs, Dr Adrian Clements, South Tees Hospitals NHS Foundation Trust, Lucy Tulloch, Service Manager, Friarage Hospital (NOT AVAILABLE UNTIL THE DAY OF THE MEETING).
6. **East Coast Services Update - progress update on the review of services** – PRESENTATION - Simon Cox, Director of Acute Commissioning, North Yorkshire CCGs and Wendy Scott, Chief Operating Officer, York Hospital NHS Foundation Trust
(Pages 13 to 24)
7. Mental Health service provision for the population of North Yorkshire – overview of changes to services in Northallerton, Harrogate, York and Selby
 - a) **Transforming adult and older people’s mental health services in Hambleton and Richmondshire** – REPORT – Lisa Pope, Hambleton, Richmondshire and Whitby Clinical Commissioning Group and Naomi Lonergan, Tees Esk and Wear Valleys Foundation Trust
 - b) **Development of Hambleton and Richmondshire community mental health hub** - REPORT - Martin Dale, Tees Esk and Wear Valleys Foundation Trust
 - c) **Developing a community mental health hub for Selby** – REPORT - Martin Dale, Tees Esk and Wear Valleys Foundation Trust
 - d) **Development of Foss Park hospital in York** - REPORT - Martin Dale, Tees Esk and Wear Valleys Foundation Trust
 - e) **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 25 to 44)
8. **Work Programme** – REPORT - Daniel Harry, Democratic Services and Scrutiny Manager, North Yorkshire County Council
(Pages 45 to 49)
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. **Withdrawal of Minor Injuries Local Enhanced Scheme** – BRIEFING FOR INFORMATION ONLY - Lisa Pope, Hambleton Richmondshire and Whitby CCG and Simon Cox, Director of Acute Commissioning, North Yorkshire CCGs.
(Page 50)

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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

County Councillors (13)					
	<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	
Members other than County Councillors – (7) Voting					
	<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			
Total Membership – (20)				Quorum – (4)	
Con	Lib Dem	NY Ind	Labour	Ind	Total
10	0	1	1	1	13

2. Substitute Members

Conservative		NY Independents	
	<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	
Labour			
	<i>Councillors Names</i>		
1	BROADBENT, Eric		
		Substitute Members other than County Councillors	
		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 21 June 2019 at 10 am.

Present:-

Members:-

County Councillors John Ennis (in the Chair), Val Arnold, Philip Barrett, Liz Colling, Heather Moorhouse, Chris Pearson and Roberta Swiers.

Co-opted Members:-

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

In attendance:-

Lisa Pope, Hambleton, Richmondshire and Whitby Clinical Commissioning Group
Dr Adrian Clements, South Tees Hospitals NHS Foundation Trust
Lucy Tulloch, Service Manager, Friarage Hospital, Northallerton
Helen Edwards, South Tees Hospitals NHS Foundation Trust
Wendy Scott, Chief Operating Officer, York Teaching Hospital NHS FT

Executive Members:

Cllr Caroline Dickinson

County Council Officers:

Daniel Harry (Scrutiny)

Press and public:

Nigel Ayre, HealthWatch North Yorkshire
Stuart Minting, Local Democracy reporter
One other reporter and a member of the public.

Apologies for absence were received from:

County Councillors Jim Clark, John Mann, Zoe Metcalfe and Andy Solloway
District and Borough Councillors John Blackie (Richmondshire) and David Ireton (Craven).

Copies of all documents considered are in the Minute Book

86. Minutes

Resolved

That the Minutes of the meeting held on 15 March 2019 be taken as read and be confirmed and signed by the Chairman as a correct record.

87. Any Declarations of Interest

There were no declarations of interest to note.

88. Chairman's Announcements

The Chairman, County Councillor John Ennis, said that he had held a number of introductory meetings with NHS commissioners and providers of services for North Yorkshire. This was part of his induction as Chairman of the committee.

County Councillor John Ennis welcomed those District and Borough Council members who were newly appointed to the committee following on from the May District and Borough Council elections.

89. Public Questions or Statements

There were no public questions or statements.

90. Building a Sustainable Future for the Friarage Hospital, Northallerton

Considered -

The presentation of Dr Adrian Clements of South Tees Hospitals NHS Foundation and Lisa Pope, of the Hambleton, Richmondshire and Whitby Clinical Commissioning Group.

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

- The changes came into force on 27 March 2019
- These changes had been driven by patient safety concerns, which in turn had been the result of staffing shortages, particularly in anaesthesia
- There was a need to move to the new model of delivery to maintain as much as possible of the services provided at the Friarage and avoid becoming a 'cold' site
- Maintaining a critical care unit is essential as it enables a fuller range of services to be provided
- The medical bed base has not been reduced
- A bed occupancy of 85% is aimed for to enable admission to and repatriation to the Friarage
- Colorectal surgery has moved from the Friarage to the James Cook due to the complexity of the surgery and the risks involved
- Looking at moving elements of general surgery from the James Cook to the Friarage
- 90% of in-patients continue to receive their care at the Friarage and the Friarage is still a busy and vibrant hospital playing a key role in the community and within the local health and social care system
- On average, 9 patients in a 24 hour period now receive treatment elsewhere. This figure includes the changes to colorectal surgery
- There has been an increase in the number of children treated at the Friarage
- The activity data suggested that the new model of delivery was working better than had been anticipated.
- Additional 24/7 ambulance resource has been commissioned from the Yorkshire Ambulance Service
- There has been no significant impact upon the Darlington Memorial Hospital.

Dr Adrian Clements identified a number of areas for improvement, including:

- Reduce the time taken to repatriate patients from, principally, the James Cook to the Friarage
- Increase the number of short stay and simple elective surgeries undertaken at the Friarage
- There was still a need to appoint more acute physicians and specialist nursing staff to ensure that the model was stabilised in the long term.

Lisa Pope said that the development of the model for delivery at the Friarage was done with colleagues from the Integrated Care System for the North East and North Cumbria. It was in line with the critical care strategy that was in place across the system.

Lisa Pope said that the next steps were to go through the NHS Gateway Assurance processes and then go out for public consultation. The intention was to bring the proposed consultation to the Scrutiny of Health Committee meeting on 13 September 2019, for endorsement. The results of that consultation would then be brought back to the Scrutiny of Health Committee meeting on 13 December 2019.

Dr Adrian Clements said that it was important to have a stable model in place that could be recruited to. It is extremely difficult to recruit to a model the future of which is uncertain.

County Councillor John Ennis asked whether there had been feedback from patients.

In response, Lucy Tulloch said that the patient feedback received to date had been overwhelmingly positive and the rapid access to services was appreciated.

County Councillor John Ennis asked whether the current Judicial Review was impacting upon the services provided.

Dr Adrian Clements said that there was to be a hearing at the end of July but that this did not stop the delivery of the new model of care.

County Councillor Health Moorhouse said that she attended the Durham, Darlington, Tees, Hambleton, Richmondshire and Whitby STP Joint Health Overview and Scrutiny Committee and had been disappointed with the apparent lack of progress being made with the development of new services.

Lisa Pope said that Sir Ian Carruthers was leading on a system wide review of NHS services in the Integrated Care System for Cumbria and the North East. This was a huge piece of work and so was taking time. Lisa Pope said that the emphasis was upon the development of sustainable local service delivery.

District Councillor Kevin Hardisty queried whether the Friarage service model had been future proofed. The concern was that there was an ageing group of consultants and specialists who would need to be replaced in the next couple of years.

Dr Adrian Clements said that long term recruitment to key posts was an issue but that work was underway to explore different ways of filling vacancies and training new, specialist staff. This included the use of 'Article 14' GP conversion, also known as the Certificate of Eligibility for Specialist Registration, to enable doctors to take up honorary, substantive or fixed term consultant posts after a period of training.

County Councillor John Ennis summed up the discussions noting that the committee was cautiously optimistic about the long term future of critical care and specialist services at the Friarage.

Resolved -

- 1) Thank the clinicians for attending the committee and all of the work that they have done to secure a sustainable model of service delivery for the Friarage
- 2) Adrian Clements, Simon Cox and Lisa Pope to attend the NYCC Scrutiny of Health Committee meeting on 13 September 2019 to outline the proposed consultation on the options for the sustainable delivery of urgent treatment and critical care at the Friarage Hospital

- 3) Adrian Clements, Simon Cox and Lisa Pope to attend the NYCC Scrutiny of Health Committee meeting on 13 December 2019 to outline early analysis of the findings from the consultation and proposed next steps
- 4) Lisa Pope to provide further details of the review that Sir Ian Carruthers is undertaking, of NHS services in the Integrated Care System for Cumbria and the North East, at a future meeting of the committee.

91. Scarborough Acute Service Review – update on the provision of a sustainable general surgery rota at Scarborough Hospital

Considered -

The report of Simon Cox, North Yorkshire Clinical Commissioning Groups and Wendy Scott, Chief Operating Officer, York Teaching Hospital NHS FT about changes to the general surgery rota at Scarborough Hospital.

Wendy Scott introduced the report, the key elements of which are summarised below:

- There have been ongoing difficulties in recruiting general surgeons to work at Scarborough Hospital
- It is easier to appoint to York Hospital
- The overall medical vacancy rate in at Scarborough Hospital is 12%, compared to 6% at York Hospital
- The creation of a shared rota across the two sites, Option 4 in the briefing paper, means that general surgery at Scarborough Hospital will be maintained. This also means that Scarborough Hospital will keep its 'trauma' status
- Scarborough Hospital is 42 miles away from any other hospital and so it is important to maintain as full as possible a range of services there
- Colorectal surgery will be moved to York due to the complexity of this surgery and the attendant risks.

County Councillor Liz Colling said that Option 4 in the paper seemed like a good solution but queried how sustainable it would be in the long term.

In response, Wendy Scott said that the rota and the on-call rota was being shared across 18 people. This meant that the on-call requirements were not too onerous. Also that work was being done with Scarborough Borough Council to promote Scarborough and the surrounding area as a great place to live and work.

County Councillor Liz Colling asked for further information about a related issue, regarding recent changes to children's autism and learning disability services provided at Scarborough Hospital by York Foundation Trust. She raised the following:

- Has there been a disruption to service provision as one provider pulls out and another is found to replace them? If so, then how long has the disruption in service been for, how many people have been affected and what support has been put in place?
- Have children who previously accessed the service at Scarborough Hospital been transferred to GPs? If so, then what is the clinical rationale for this?
- Have there been changes to the prescription of Melatonin?

Wendy Scott was unable to provide an answer to these questions and so offered to provide a written answer following on from the committee meeting.

County Councillor John Ennis asked whether any other procedures, in addition to colorectal surgery, were likely to be moved from Scarborough Hospital to York Hospital.

In response, Wendy Scott said that this was not the case and that the intention was to move more general surgery into Scarborough Hospital.

County Councillor Liz Colling proposed a motion that Option 4, provide a single Trust-wide rota, be supported by the committee.

This was seconded by County Councillor Roberta Swiers.

A vote was taken and the motion passed unanimously.

Resolved -

- 1) Thank Wendy Scott for attending and updating the committee
- 2) To support Option 4 – the provision of a single Trust – wide rota
- 3) That an overview of the operation of the first 6 months of the new single Trust-wide rota is brought back to the committee on 13 March 2020.

92. Decommissioning of the minor injury service in GP practices in the HRW CCG area – rationale, impact and mitigation

Considered -

The report of Simon Cox, North Yorkshire Clinical Commissioning Groups, and Lisa Pope, Hambleton Richmondshire and Whitby CCG, about the withdrawal of Minor Injuries Local Enhanced Scheme in the Hambleton Richmondshire and Whitby CCG area.

The report was presented by Lisa Pope, Hambleton Richmondshire and Whitby CCG, the key points of which are summarised as below:

- The ongoing financial pressures have meant that the CCG has reviewed all existing contracts for services
- The service has been paying twice for the provision of a minor injury service as Accident and Emergency services at the Friarage and Minor Injuries in Whitby are already provided by a block contract arrangement
- The level of use of the minor injury service in GP practices has been varied and often high cost per unit of activity
- A distance of 25 miles or less, from someone's GP practice to another health treatment facility, is seen to be a 'reasonable' distance for people to travel
- There are two 'super-rural' GP practices over the 25 miles limit that will still continue to receive the local enhanced service, Central Dales and Reeth.

County Councillor John Ennis noted that the report was frank and open and made it clear that financial pressures were the key factor in making the decision to decommission the service. He said that the decision seemed to contradict the current thinking within the NHS which was to enable more services to be delivered in the community, treating people closer to home and so avoiding hospital admissions. County Councillor John Ennis also queried whether the de-commissioning of the service would save money within the health system as a whole or whether it would merely push to costs from the commissioner to the hospital provider.

In response, Lisa Pope said that the payment of a block contract to hospital providers for a minor injury and an accident and emergency service whilst also paying GP practices for a minor injury service was not sustainable.

District Councillor John Clark asked why the contract with the hospital providers was not varied to enable funding to be diverted to pay for the GP based minor injury service.

In response, Lisa Pope said that the block contract that was in place with the hospital providers was for 3 years.

County Councillor Liz Colling said that it was regrettable that an effective and highly valued service was lost due to the commissioning body being tied into a block contract.

County Councillor John Ennis asked how well the service had been publicised and whether more could have been done to divert people from hospital treatment, saving time and money for both service providers and patients.

Borough Councillor Sue Tucker asked whether there was still an X-ray service being provided at Whitby Hospital. Locally, people have said that they have been directed elsewhere for an X-ray when attending with minor injuries.

Lisa Pope was unable to respond directly to the question but said that she would find out and respond in writing to the councillor.

County Councillor John Ennis summed up the discussions and noted the concerns of the committee that the decision to decommission the Minor Injuries Local Enhanced Scheme in the Hambleton Richmondshire and Whitby CCG area was a backward step and out of sync with prevailing wisdom on the commissioning of health services.

Resolved -

- 1) Thank Lisa Pope for attending and updating the committee
- 2) Whilst recognising the financial position and apparent double payments being made, Lisa Pope to note the concerns raised by committee members about how the decommissioning of this service from all but two of the GP practices in the HRW CCG area. In particular, the concern that this is a retrograde step at a time when all of the discussions within the NHS locally, regionally and nationally are focussed upon local provision and keeping people out of hospital
- 3) That details of the level of use of the enhanced minor injuries services that was commissioned at GP practices is provided ahead of the 13 September 2019 committee meeting
- 4) That details of any enhanced minor injuries services that are commissioned from GP practices elsewhere in the county are provided ahead of the 13 September 2019 committee meeting
- 5) That Lisa Pope provides a response to the question raised by Scarborough Borough Councillor Sue Tucker regarding the provision of X-ray services at Whitby Hospital.

93. Protocol for co-ordination of work between the Health and Wellbeing Board and Overview and Scrutiny

Considered -

The report of Daniel Harry, Democratic Services and Scrutiny Manager, North Yorkshire County Council regarding a protocol between the Health and Wellbeing Board and Overview and Scrutiny to ensure that work is effectively co-ordinated.

Daniel Harry introduced the report and said that the protocol had been drafted following a recommendation from a recent peer review of the Council's Health and Adult Services department. He said that the protocol formalised activity that was already underway to co-ordinate the work of the different committees.

County Councillor John Ennis asked committee members whether they were happy to adopt the protocol. A vote was taken and the protocol unanimously adopted.

Resolved -

- 1) That the protocol be adopted.

94. Patient Transport Service – changes to the application of eligibility criteria - update on implementation of changes and response to issues raised by the Scrutiny of Health Committee.

Considered -

The report of John Darley, Hambleton Richmondshire and Whitby CCG, on the impact of the changes to the eligibility criteria for the Patient Transport Service that were previously outlined at the meeting on 14 December 2018.

Daniel Harry, Democratic Services and Scrutiny Manager, North Yorkshire County Council, introduced the report and said that it was for information only. He said that the indications for the service provided in the Hambleton Richmondshire and Whitby CCG were that:

- Changes to the eligibility criteria and the assessment questions/script used by YAS were made following the 14 December 2018 committee meeting
- The service appears to have improved by focussing resources where most needed and removing the 'social transport' element
- There appears to have been no adverse impact upon hospital attendance
- There have been no complaints received through the PALS service
- There have been 34 appeals and all have been investigated and upheld.

Daniel Harry said that any queries or concerns that committee members had would be relayed back to John Darley to answer.

Borough Councillor Sue Tucker said that she had anecdotal evidence from the Whitby area that people who had previously accessed the Patient Transport Service were now being directed to community transport.

District Councillor Kevin Hardisty said that the concerns raised at the December 2018 meeting of the committee and had been addressed by the CCGs.

Resolved –

- 1) Thank John Darley for providing the briefing note on the Patient Transport Service being provided in the Hambleton Richmondshire and Whitby CCG
- 2) That a further update be provided to the committee meeting on 13 December 2019 for all of the Patient Transport Service schemes being commissioned across North Yorkshire.

95. 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.

The following items were suggested for inclusion in the committee work programme:

- Children's mental health services, in association with the County Council's Young People's Overview and Scrutiny Committee. Specifically, the services provided, level of unmet need locally and any gaps in services compared to similar areas.

- The development of integrated health and social care services in the greater Harrogate area, in association with the County Council's Care and Independence Overview and Scrutiny Committee
- The work being done by Sir Ian Carruthers as part of a system wide review of NHS services in the Integrated Care System for Cumbria and the North East
- The work of the Yorkshire Air Ambulance Service.

Resolved -

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

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

There were no items of other business.

The meeting concluded at 12:10pm

DH

DRAFT

East Coast Services Update



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)
- Awaiting CQC report from recent inspection

Acute Service Review

- Began in summer 2018
- In partnership with commissioners and the Humber, Coast and Vale Health and Care Partnership.
- 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 population.
- Developing solutions to longstanding workforce issues.
- This work has been led through a clinical reference group of consultants, GPs, and other staff.

Aims of the Review

The review, supported by McKinsey, seeks to answer 5 questions:

- 1 What is the case for change from a clinical, workforce and financial perspective, and which services are most impacted?
- 2 What evaluation criteria should be used to assess options?
- 3 What are the range of clinical models that could underpin any future service configuration options?
- 4 What is the shortlist of service configuration options that we should assess against the evaluation criteria?
- 5 How do those options stack up against the evaluation criteria?

Where are we now?

Stage One:

- Case for change established, 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
- The need for change summary document was published in March 2019.

Where are we now?

Stage Two:

McKinsey concluded the second phase of their analysis work during August. This included:

- More detailed development of clinical models in the key specialties: general surgery, maternity and paediatrics, and A&E/acute medicine
- Further financial modelling work to support the development of these clinical models
- Broadening of scope to include an out of hospital workstream



Humber, Coast and Vale

Recommended Next Steps

- Completion of clinical model development work in key specialty areas (A&E/acute medicine, general surgery and urology, maternity and paediatrics)
- Finalising the activity and financial analysis of chosen models
- Completion of 'drivers of deficit' analysis and how this affects operation of potential models
- Development of a strategic approach to out of hospital involving local authority, community and primary care partners and CCGs within the Scarborough locality and across North Yorkshire as a whole
- Understanding the role of Bridlington Hospital in the future delivery of acute and community services

Future East Coast Strategy

Recruitment:

Recruitment remains a challenge, but significant success in recent months:

- East Coast medical recruitment project: medical vacancy rate dropped from 15.5% in May to 10.8% in July, its lowest for seven years
- 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
- 106 new nurses joining the Trust in the autumn, to be based in Scarborough (overseas recruits, newly qualifieds, HEE's global learners' programme, and general recruitment)
- Close collaboration with the local community (e.g. Scarborough Ambassadors) to promote the East Coast as a place to live and to invest
- Investing in new roles (ACPs, physician associates, non-registered workforce)

Future East Coast Strategy

Small Rural Hospitals Network:

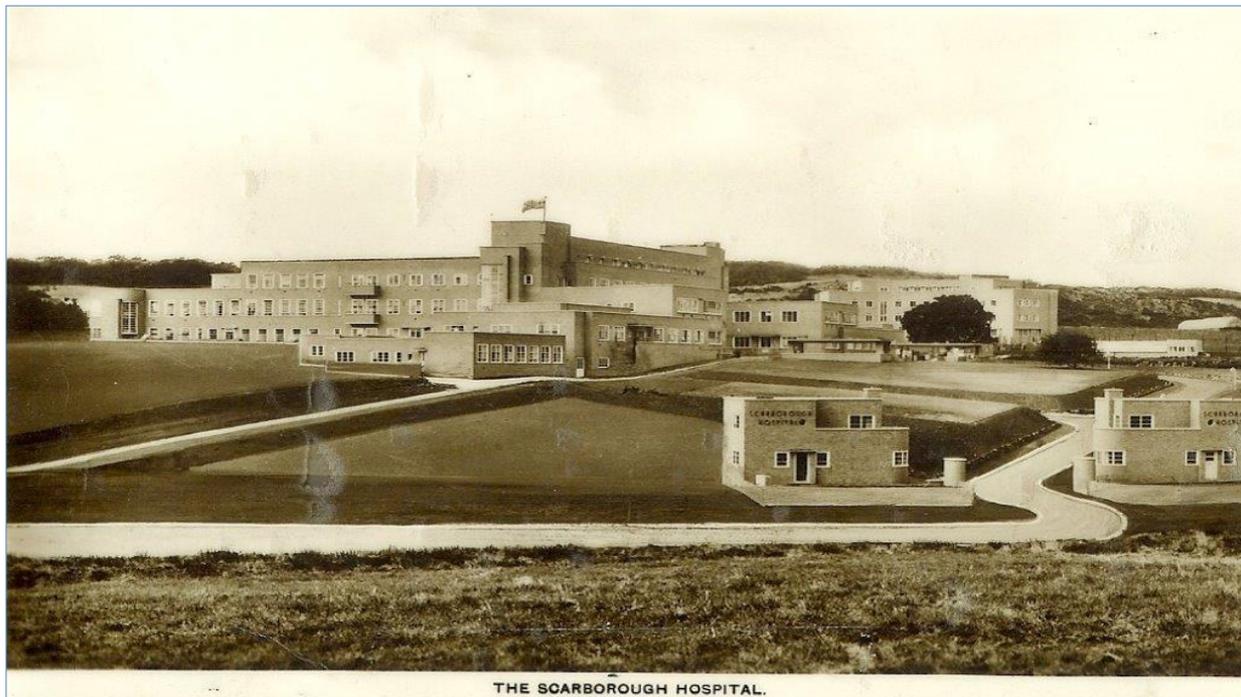
- Supported by NHS Improvement and the Nuffield Trust.
- Formally met for the first time in July, the Trust presented on the Acute Service Review and workforce challenges/potential solutions and have been invited by NHSI to write this up as a case study
- The network will look at potential common service models and possible financial solutions to our particular issues
- Workstreams still to be confirmed but likely to be:
 - 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:

Many areas of the hospital are currently working with ageing estate and infrastructure like this...



Humber, Coast and Vale

Future East Coast Strategy

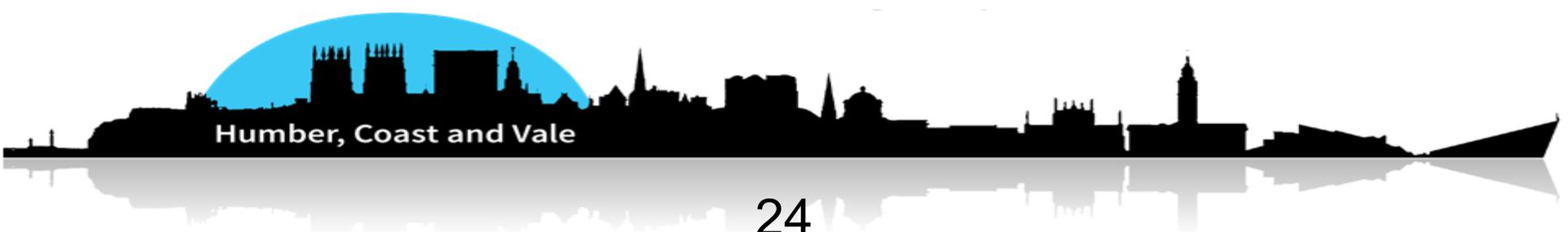
Capital investment opportunity:

- £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 site and its future
- 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

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

Update to North Yorkshire County Council Scrutiny of Health Committee

Introduction

This report provides an update to the North Yorkshire Scrutiny of Health committee on the progress made in Hambleton and Richmondshire to implement the new enhanced community mental health care model for adults and older people.

Background

Following the outcome of public consultation (Summer 2017) about adult and older people's Mental health services in Hambleton and Richmondshire, the Governing Body of NHS Hambleton, Richmondshire and Whitby Clinical Commissioning Group (the CCG) approved the recommendation to close inpatient mental health beds at the Friarage Hospital. Tees, Esk and Wear Valleys NHS Foundation Trust (the Trust) would provide enhanced community and crisis services and inpatient care would be accessed when necessary in identified alternative in patient wards.

The key benefit in making this change would be for more people to receive mental health care and treatment closer to home, reducing the number of inappropriate admissions and to facilitate and support early discharge, reducing the length of time people stay in hospital.

Analysis of the activity data for Q1 2019/20 shows a positive impact in reducing hospital admissions and the length of stay whilst increasing community capacity and improving outcomes.

Progress to date (Older People's Mental Health Services)

From 1 March 2019 the older people's mental health enhanced community model became operational. This has allowed the service to provide treatment closer to home and prevent unnecessary hospital admissions by delivering a 7 day week 8am – 8pm service.

The Trust has increased the skills within the community team by training staff in non-governed psychological therapies, and incorporating physiotherapy, pharmacy and dietetics into the community model. The physical health monitoring of patients in the service has also been improved with roles dedicated to this.

The Trust has also embraced the use of technology using Skype to support with remote working enabling teams to share key information that supports intensive home care out of hours. It has also enabled them to trial the use of Skype for patient consultations.

The next phase of the work will include widening the range of non-governed psychological therapies which can be provided in the community. This will support recovery and well-being offering effective intervention to patients when they need it and further reducing the need for inpatient care and preventing patients going into crisis.

Progress to date (Adult's Mental Health Services)

In preparation for the change in services and before the inpatient service closed the Trust worked closely with the crisis teams to develop a new model of patient engagement. This model is named "Recovery@home". This was developed so that the Trust could test and modify this way of working whilst engaging service users in the Friarage before moving to working with partners at Roseberry Park Hospital and West Park Hospital.

This model involves the crisis team engaging service users, where appropriate, in making a plan for their discharge from the day of their admission. Not only does this approach empower the service user to make choices about their care but also helps eliminate waste in the admission process. Examples of this could be resolving financial or housing issues early so as not to delay discharge unnecessarily.

The extra capacity provided to the crisis team from the inpatient services closure has allowed the team to provide the "Recovery@home" model across the 2 hospital sites as well as providing more resource to be able to support patients in facilitated early discharge.

Conclusion

Progress to date has been very positive with data evidencing that the work underway by the community teams to promote early safe discharge with assured intensive home support has resulted in more care closer to home. This has been achieved by working closely with the home wards to support timely (and clinically appropriate) discharge and by the local services now being able to deliver treatment over extended days/hours.

Work continues to improve the service and next phase includes widening the range of non-governed psychological therapies which can be provided in the community. This will support recovery and well-being offering effective intervention to patients when they need it and further reducing the need for inpatient care and preventing patients going into crisis.

Report Author: Lisa Pope, Deputy Chief Operating Officer, Hambleton, Richmondshire and Whitby Clinical Commissioning Group, September 2nd 2019.

NORTH YORKSHIRE COUNTY COUNCIL**SCRUTINY OF HEALTH COMMITTEE****13th September 2019**

***Tees, Esk and Wear Valleys NHS Foundation Trust –
Development of Hambleton and Richmondshire
community mental health hub.***

Report of

Martin Dale, Strategic Project Manager, Tees, Esk and Wear Valleys NHS Foundation Trust

Purpose of this report

1. This paper provides an update regarding the proposed community mental health hub for Hambleton and Richmondshire in Northallerton, and provides detail of recent developments and progress made.

Background

2. Mental health services across Hambleton and Richmondshire have been provided across a range of premises including health centres, surgeries, general hospital facilities and business parks. It has long been identified that the services need to work more closely together and that this could be best supported by locating them alongside each other.
3. The removal of mental health inpatient beds in early 2019 has enabled investment into community services (discussed in a separate paper submitted to the committee for review on 13th September 2019) which has sought to significantly improve access for service users and carers, and to extend the mental health service offer to better meet people's needs, especially when experiencing emotional distress. These developments have been funded through the reinvestment of finance which was previously required to maintain the established inpatient bed provision.
4. Alongside the enhanced provision of community mental health services, the development of a new community mental health hub has been actively pursued in order to join services more efficiently, increase the consulting / interview room spaces available and to enable a more therapeutic environment in which people can be seen.
5. The proposed design intends to co-locate services from all 4 mental health specialties (Adults, Older Persons, Children and Young People and Learning Disabilities) within the same premises to enable more effective communication and enhance joint working opportunities which will encourage safe transfers of care, such as the transition from children's services to adults.

6. Children and Young Persons services will have a separate entrance, reception and consulting spaces but staff will have access to shared facilities such as meeting and training rooms, dining facilities and break out spaces. This is to ensure safeguarding compliance, whilst retaining an “*under one roof*” ethos.
7. The development programme for the new hub has met a number of challenges, not least in relation to identifying an achievable site. An original intention to construct the new hub within the grounds of the Friarage Hospital in Northallerton was unable to proceed and an alternative site was therefore required.
8. An alternative site has now been identified within the new development area, Kings Park, adjacent Darlington Road in Northallerton and an image of the intended completed design is illustrated below.



9. The design has been developed with the involvement of service users, carers and clinical staff and a dedicated project team has been established to oversee the development and transfer of services.
10. The project team has reviewed the design concept and internal layouts and a number of suggestions have been made for minor amendments to enhance waiting areas and flexible working spaces, and to ensure that the reception area is welcoming and safe, building on the positive feedback received regarding the open mental health reception area at the Friarage Hospital.
11. Following the design review a planning application has been submitted and is currently in progress (at time of writing this report) with approval expected in September 2019
12. One question was raised at an early stage regarding the car parking facilities and likely availability of spaces for service users and carers when attending appointments.
13. The question was raised in connection to the number of staff working into the building and it has transpired that the information previously submitted listed the total number of people assigned to the new hub as their place of work, and not the

number of people who will be present in the building on each given day. These numbers are quite different as staff work over extended periods and this was not clearly asserted by us originally. The correct calculation has now been submitted along with a detailed report from our appointed travel consultants, and it clearly demonstrates sufficient parking for service users and clinical staff.

14. We will update the Scrutiny of Health Committee on 13.09.19 regarding progress with this application and general progress with the scheme.

Implications

- **Financial** – The development of the Hambleton and Richmondshire hub is being met from TEWV capital reserves
- **Human Resources** – A management of change process within TEWV will be facilitated prior to transfer of services into the new hub
- **Equalities** – A refreshed equality impact assessment will be completed prior the Full Business Case being approved
- **Legal** – N/A
- **Crime and Disorder** - N/A
- **Information Technology (IT)** – The new hub will embrace the most up to date technology to support remote working and expected levels of connectivity
- **Property** – N/A

Conclusions

The development of the Hambleton and Richmondshire community mental health hub provides an excellent opportunity to bring together all 4 mental health specialties to enable improved communication and enable safe transfers of care, build on the work undertaken at Huntington House in York, and will provide invaluable learning for the planned Selby community hub scheme.

Improvements to mental health working environments for staff and with regards to care environments for service users and carers have long been overdue in Northallerton. There has been little previous opportunity to significantly increase consulting room space and to promote the levels of joint working which can be achieved when services sit under the same roof.

The development of the hub is a crucial next step for services, since the removal of inpatient beds in early 2019, and represents an exciting opportunity to continue modernising services.

Recommendations

The committee is asked to review and note this paper.

Author

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NORTH YORKSHIRE COUNTY COUNCIL
SCRUTINY OF HEALTH COMMITTEE

13th September 2019

***Tees, Esk and Wear Valleys NHS Foundation Trust –
Developing a community mental health hub for Selby***

Report of

Martin Dale, Strategic Project Manager, Tees, Esk and Wear Valleys NHS Foundation Trust

Purpose of this report

1. This paper provides an update regarding the proposed community mental health hub for Selby, and provides detail of recent developments and progress made.

Background

2. A previous report was presented to the North Yorkshire County Council (NYCC) Scrutiny of Health Committee in September 2018.
3. Community mental health services in Selby are currently based in poor accommodation and with insufficient space to meet all clinical requirements.
 - Children and Young Person's services are located in *The Cabins* on Flaxley Road and will need to transfer into new premises within the next 2 years. TEWV does own this site.
 - Learning Disability services have some access to hot desks at *Selby Memorial Hospital* but these are limited and there is pressure on consulting room space locally. TEWV has no ownership on this site.
 - Adult and Older Persons community teams are based at *Worsley Court* on Doncaster Road where TEWV have looked to improve the environment for service users, carers and staff but there is limited scope for improvement as the building does not belong to TEWV (it is owned by NHS Property Services) and the improvements made have maximised the available opportunities.
4. A number of options have been considered to develop a community hub model in Selby (similar to Huntington House in York) whereby all TEWV Selby based mental health teams can be accommodated on one site, thus improving communication, supporting safe transfers of care between teams and maximising the efficiency of resource management.

5. A number of options have previously been explored including refurbishment of the existing Worsley Court site whilst retaining the lease, purchase of the Worsley site and seeking alternative lease opportunities within available local business accommodation. None of these options have been possible due to economic or availability factors.
6. A further option has been considered to purchase land and build premises to meet service requirements in the local Selby area. This has several advantages (despite an increased initial outlay) including lowered revenue consequences for the local service and greater control over the quality of facilities provided (including maintenance schedules).
7. Exploration of available sites has been extremely challenging, not least due to the lack of availability in the Selby area. Whilst a number of business park sites outside Selby have been considered these have all presented access challenges for local people and hence been ruled out.
8. In 2018 TEWV looked to purchase a site that was suitably located for easy local access but unfortunately this site was purchased by an external developer and hence unavailable to us.
9. Discussions within the One Public Estate forums were initially useful in helping to identify potential sites, understand local variances and to connect with key people. Two sites currently belonging Selby District Council were identified through these forums. These have been considered but it has not been possible to obtain full details of these from the council so we have been unable to progress these options further.
10. A new site is currently under review. We are unable to disclose details at this stage due to commercial confidence, but we believe it meets the initial criteria of accessibility and size / layout for the previously agreed design. Discussion is underway regarding costs and development opportunities to support a formal options appraisal review.
11. A dedicated project design team met with service users, carers and clinical staff to identify specific requirements across a series of facilitated design workshops. From these discussions architectural plans have been developed. The following images represent the intended design for the new hub.
12. Once a site is identified it is anticipated that a building programme would realistically take up to 24 months from site purchase to full operational handover and vacation of the Worsley Court site. We will be looking to shorten the construction time wherever realistically possible to allow the earliest transfer into new premises
13. To improve services in the interim period we have invested in refurbishment of facilities at Worsley Court to ensure more service users can be seen and hence reduce impact on waiting times and generally improve accessibility. These elements have been funded from our internal capital programme.

Implications

- **Financial** – The development of Selby Hub will be met from TEWV capital reserves.
- **Human Resources** – N/A
- **Equalities** – A refreshed equality impact assessment will be completed prior the Full Business Case being approved
- **Legal** – N/A
- **Crime and Disorder** - N/A
- **Information Technology (IT)** – The new hub will embrace the most up to date technology to support remote working and expected connectivity.
- **Property** – N/A

Conclusions

The development of a new mental health hub for Selby, bringing together all 4 mental health specialties (Adults, Older Persons, Children and Young People and Learning disabilities), remains a priority for TEWV to better serve the needs of the local population.

We are hopeful that a site will soon be confirmed which will support the previously developed design and provide a much improved environment for service users, carers and clinical staff.

Recommendations

The committee is asked to review and note this paper.

Author

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NORTH YORKSHIRE COUNTY COUNCIL
SCRUTINY OF HEALTH COMMITTEE

13th September 2019

***Tees, Esk and Wear Valleys NHS Foundation Trust –
Development of Foss Park hospital in York***

Report of

Martin Dale, Strategic Project Manager, Tees, Esk and Wear Valleys NHS Foundation Trust

Purpose of this report

1. This paper provides an update regarding the development of Foss Park hospital in York, highlighting key timings and providing an overview of progress to date.

Background



2. A previous report was presented to the North Yorkshire County Council (NYCC) Scrutiny of Health Committee in September 2018. Since that time there have been a number of developments and key milestones.
3. The new purpose-designed 72 bed hospital will provide two adult, single sex wards and two older people's wards - one for people with dementia and one for people with mental health conditions such as psychosis, severe depression or anxiety. The hospital is due to be open in spring 2020.
4. TEWV is investing approximately £37m (including VAT, fees and land purchase) from internal cash resources to develop the new hospital.
5. The new hospital will be completed in early 2020 and commissioning work will commence in March 2020 following formal handover from Wates. The transfer of

clinical services is planned to commence in April 2020. The programme is currently on track to the agreed timetable and within the expected costs.



6. Service user and carer involvement has been essential to the development of Foss Park and we have facilitated over 50 design workshops in which service users and carers, and clinical staff, have taken an active part. This level of engagement has continued beyond the design stages and service users and carers are key members of our project steering group, helping us to improve our understanding and to raise awareness of their needs.
7. There has been no impact to current service delivery during the development and construction of Foss Park, and TEWV have continued to provide inpatient beds in York as follows:
 - 12 female adult beds at Ebor Ward (part of Peppermill Court)
 - 12 male adult beds at Minster Ward (part of Peppermill Court)
 - 18 mixed sex functional older persons beds at Cherry Tree House
 - 14 female dementia beds at Meadowfields.
 - 14 male dementia beds at Acomb Garth.
8. In October 2018 a focus group comprising service users, carers, clinical staff and key stakeholders and partners was facilitated to identify naming options for the new hospital. A democratic process was enabled to determine naming options for the new site and the 4 individual wards. From the focus group a paper was provided for the TEWV Executive Management Team to make the final decisions, based on the expressed wishes.
9. The decision was made for the hospital to be called **Foss Park** and the individual wards were named as follows:
 - **Ebor** ward – female adult beds
 - **Minster** ward – male adult beds
 - Moor ward –older person’s functional beds

- Wold ward – older person’s organic (dementia)beds
10. Following this decision, considerable feedback was received from service users and carers and from clinical staff regarding the naming of the older person’s wards. Feedback consistently highlighted that both names were problematic and required a suffix after the name to make the easier to articulate.
 11. Further work was undertaken within older person’s inpatient services to establish service users and carers most popular choices of suffix. As a result of this engagement work it has been confirmed that the names for the older person’s wards are as follows:
 - **Moor Croft** ward –older person’s functional beds
 - **Wold View** ward – older person’s organic (dementia)beds
 12. Over the last 12 months we have been proactively managing our dementia beds and the number of beds in use had dramatically decreased because agencies are working more closely together to avoid unnecessary admissions and to reduce the amount of time people remain within our inpatient environments (delayed transfers of care).
 13. As a result of these developments we decided to merge our 2 current dementia wards into one mixed sex ward at Meadowfields in York, in preparation for our later move to Foss Park hospital in April 2020. This has necessitated some building work to Meadowfields to maximise safety, privacy and dignity, and to ensure compliance against the prescribed standards of eliminating mixed sex accommodation such as the provision of extra bathing facilities and the managed adjacency of rooms.
 14. The revised layout of Meadowfields will accommodate 18 patients in total, made up of 10 male and 8 female beds, and will transfer to Wold View ward at Foss Park in April 2020.
 15. Acomb Garth will move into Meadowfields on Tuesday 6th August 2019 and service users and their carers have been fully informed about these changes.
 16. To ensure successful transition into Wold View ward in April 2020 we have been actively reducing the availability of dementia beds in York whilst enhancing community provision. At the time of writing this report we have 3 female dementia patients in 8 beds (giving 5 vacant female beds) and 8 male patients in 10 beds (giving 2 vacant male beds).
 17. Concern has previously been expressed in York, and more recently has been raised in Harrogate, regarding the availability of inpatient beds in the future, most specifically with regards to older person’s beds. Currently there are 9 patients on Rowan ward in Harrogate (mixed sex older person’s functional and dementia) out of 14 available beds – 5 vacant beds available.
 18. It is anticipated that the future provision of 18 functional older person’s beds on Moor Croft ward and 18 dementia beds on Wold View ward in York will safely accommodate the older person’s requirements. This is also supported by the previous bed modelling tools and through regular review of the local bed usage metrics.

19. There will be a reduction of 2 adult beds from Harrogate and York when Foss Park becomes operational in April 2020, providing 36 adult beds in total. Currently there are 38 beds available - 14 on Cedar Ward in Harrogate and 24 beds at Peppermill Court in York.
20. The beds at Foss Park, in adult and older person's services, will be identified as *locality* beds and not identified as belonging to *Harrogate* or *York*. This is crucial to ensuring an equitable approach which avoids any disadvantage. Equally we are keen to make sure that clinical priority dictates need so that beds can be used efficiently and in a clinically focussed manner.
21. We have seen in Hambleton and Richmondshire that a focus on clinically appropriate admissions, and a proactive approach to support early safe discharge has significantly reduced bed usage and lengths of stay. The learning and success from this approach is already feeding into planning discussions in preparation for the opening of Foss Park.

Implications

- **Financial** – The development of the Hambleton and Richmondshire hub is being met from TEWV capital reserves
- **Human Resources** – A management of change process within TEWV will be facilitated prior to transfer of services into the new hub
- **Equalities** – A refreshed equality impact assessment will be completed prior the Full Business Case being approved
- **Legal** – N/A
- **Crime and Disorder** - N/A
- **Information Technology (IT)** – The new hub will embrace the most up to date technology to support remote working and expected levels of connectivity
- **Property** – N/A

Conclusions

The development of a new mental health hospital is a hugely exciting opportunity for the locality and viewed by local service users and carers as a new start in inpatient mental health provision, moving away from a traditional approach based on an over-reliance of beds, towards a community facing ethos of keeping people safe and properly supported at home whenever clinically appropriate.

Foss Park will offer modern healthcare facilities which provide a safe and comfortable environment and this will significantly improve service users and carer's experiences of receiving inpatient care. Additionally, the high quality accommodation and abundance of space available maximises service user choice both indoors and outdoors and will support healing processes.

Recommendations

The committee is asked to review and note this paper.

Author

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NORTH YORKSHIRE COUNTY COUNCIL
SCRUTINY OF HEALTH COMMITTEE

13th September 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 early indications from engagement (24th June 2019 – 4th September 2019) about 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 24th 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.
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, however there will be further feedback from the current engagement in the Harrogate and Wetherby district that concludes 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 Spring 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 >100 people attending the sessions to date (further registration sheets will be collated and added to this figure).

Event	Detail	Numbers attended and notes
Citizens Advice Bureau Harrogate	Presentation at monthly team meeting	18
Dementia Forward	Bespoke event for people living with dementia and their families and/or carers	20
Harrogate Service Users Group	Monthly meeting	20
Harrogate Over 50s Forum		37
Open Event	Open Event @ Ripon Rugby	12

	Club run in round table format to discuss changes	
Total		107

August and September Events

Event	Detail	Numbers attended and notes
Harrogate co-hosted event	Event with number of 3 rd sector partners (MIND, Claro, Orb, Wellspring) to outline changes to MH provision in HaRD	TBC
HaRD Patient Participation Group (PPAG)	Quarterly PPAG meeting	TBC
OPEN EVENT	Fairfax Community Centre	TBC8
Harrogate MH & Wellbeing Network Meeting	Regular meeting	TBC
OPEN EVENT	Chain Lane, Knaresborough	TBC
OPEN EVENT	Wetherby (TEWV to support Leeds CCG)	TBC

7. Leeds CCG has also booked additional engagement events:-
Monday 5 August, 1pm – 4pm, Spa Surgery, Boston Spa
Monday 12 August, 9:30am – 12pm, Collingham Memorial Hall, Collingham
Wednesday 14 August, 10am – 12pm, Thorner Victory Hall, Thorner
Monday 19 August, 4pm – 7pm, Bramham Medical Centre, Bramham
Thursday 22 August, 11:30am – 1:30pm, Harewood Village Hall, Harewood
8. TEWV NY&Y Locality managers representing AMH and OP services attended the Leeds OSC 23rd July 19. Following feedback from OSC, the Head of Commissioning (Mental Health & Learning Disabilities) organised a conference call with TEWV on 14th August 2019 so we can jointly review and respond to feedback from these events.
9. Wider stakeholder engagement was discussed in August 2019 and there are plans to provide dedicated engagement sessions 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.
10. 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).
11. 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.

12. The Ripon [Open Event](#) for all members of the community was mainly attended by professionals and partner agencies who wanted to understand in more detail what the changes would mean for them. [North Yorkshire](#) Police, [Community Nursing Teams](#) and providers of [Supported Living](#) and [Extra Care](#) facilities were in attendance, as were several service users who welcomed the opportunity to have more crisis care in Ripon and Rural District to prevent what they viewed as unnecessary trips to Harrogate.
13. To date, 51 online surveys have been completed after the events and 4 written responses have been posted to the engagement team. Social media (Facebook) has promoted attendance at the events, methods of engagement for the public and videos have been circulated led by senior clinicians in AMH and OP services.
14. Themes from the engagement to date include:
 - Concerns about inpatient services and travelling to York from Harrogate the surrounding areas including the need for information re transport links to the new hospital;
 - Requests for a focus on working closer with the third sector;
 - Additional street triage and crisis cafes – where would they be in such rural areas;
 - Virtual triage for working with the police;
 - Facilities for people to receive crisis services in their homes and prevent hospital admissions;
 - Voluntary drivers to get patients to York;
 - Feedback that gap between crisis and recovery is too big;
 - Services to support people in the community to be well and have routine and stability;
 - Can GP practices play a bigger role;
 - Clinical support for families and carers;
 - Crisis beds;
 - Investing in alternative places of safety;
 - Working better and more collaboratively across health and social care;
 - Wetherby Health Centre was spoken about as a potential venue to deliver some community services out of, patients felt it is a perfect spot for the surrounding villages to access;
 - Services disjointed and not connected – boundaries are causing difficulties for patients to know what services they are getting and are able to get, lack of information as to what patients can access and services aren't aware either because of the uncertainty around barriers;
 - People were more in favour of Leeds over York as York is an unknown quantity and transportation to York from the area is difficult.
15. On completion of the engagement programme all themes and comments will be reviewed in partnership with NY and Leeds CCG and considered in line with the proposed community service models.
16. 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 23rd July and fed back on the engagement programme to date and the new delivery models for both [adult mental healthAMH](#) and [mental health services for older peopleOP](#).
17. Monthly assurance returns to NHSE are completed by the CCG on behalf of the steering group. The Y&H Clinical Senate who reviewed the initial options appraisal have requested that the methodology underpinning the bed modelling for the Foss Park facility is shared with them once the enhanced community model has been confirmed.

Proposed Service Models

18. 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.
19. Recent successful bids to support AMH and OP crisis services, through additional crisis staff support over night to manage the telephone response and to establish a crisis café in the Harrogate locality through MIND and support the current plans to work more closely with the third sector, will provide increased opportunities to meet service user's needs. The additional commitment to extend the core 24 offer in the acute hospital will also release crisis staff from supporting A & E attendances. In terms of a sustainable offer, these bids are pump-primed for 18 months with the caveat of continued funding (by NHS England to release the funding) beyond March 2021.
20. Older Peoples services also propose to enhance community services by increasing capacity and will provide additional capacity within the 8-8pm community service currently provided by the RRICE team. Consultant support will strengthen the team's ability to explore alternatives to admission, including how to support within the home environment, deliver proactive in-reach to facilitate earlier leave / discharge with the ultimate aim of reducing / delaying admissions to hospital and to facilitate earlier discharge reducing length of stay.

Implications

- **Financial** – This will be met from transformation.
- **Human Resources** – A management of change process within TEWV will be facilitated
- **Equalities** - A refreshed equality impact assessment will be completed.
- **Legal** – N/A
- **Crime and Disorder** – N/A
- **Information Technology (IT)** – Up to date technology will be utilised to support remote working. This will include Skype to maintain communications.

- **Property – N/A**

Conclusions

The engagement programme is near completion and further work is required to collate all responses and work in partnership with NY and Leeds CCG's. Emerging themes and responses from the engagement programme to date 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.

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

Author

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**North Yorkshire County Council
Scrutiny of Health Committee
13 September 2019
Committee work programme**

Purpose of Report

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

Introduction

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

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

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

Specific powers

The Committee's powers include:

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

Scheduled Committee meetings and Mid Cycle Briefing dates

Forthcoming committee dates in 2019 are:

- 10.00am on 13 December 2019.

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

Forthcoming Mid Cycle Briefing dates in 2019 are:

- 10.30am on 1 November 2019.

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

Areas of Involvement and Work Programme

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

Recommendation

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

Daniel Harry
Democratic Services and Scrutiny Manager
North Yorkshire County Council
2 September 2019

NORTH YORKSHIRE COUNTY COUNCIL
Scrutiny of Health Committee – Work Programme/Areas of Involvement – 2019/20

	13 Sep	1 Nov	13 Dec	24 Jan	13 Mar	
	COM	MCB	COM	MCB	COM	
Strategic Developments						Comment
1. NHS Clinical Commissioning Groups and Foundation Trust funding						A briefing for committee members - TBC
2. New models for health and social care delivery in rural areas					✓	Initial presentation by NYCC and NHS on models and best practice elsewhere and how it could be applied locally
3. 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.
4. Air Ambulance Service – overview					✓	Overview of the Air Ambulance Service and how it links in with other emergency services.
Local Service Developments						
5. 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
6. Future plans for Whitby Hospital – HRW CCG			✓			Update on progress with the new model of delivery – co-ordinate with the Area Constituency Committee
7. Scarborough East Coast Review	✓					Update on progress with the review of services and any proposed changes
8. General surgery provision at Scarborough Hospital					✓	6 month review of the provision of a single Trust – wide rota
9. Breast oncology services at Scarborough			✓			6 month review of the impact of the temporary transfer of the service to York and Hull and recruitment of consultants
10. Stroke service provision in Harrogate					✓	Review of first 12 months of operation of new hyper acute stroke service.

11. 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.
12. Mental Health Service in York/Selby area and Bootham Hospital – TEWV and VoY CCG	✓				Progress with the build of the new York Hospital (opening April 2020) and the development of the Selby community hub
13. 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.
14. Sustainable Future for the Friarage Hospital in Northallerton – HRW CCG and South Tees FT	✓		✓		Consultation launch in September and early analysis of results in December
15. 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.
16. 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.
Public Health Developments					
1. 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
2. Dentistry provision in North Yorkshire – NHS England					NHS England (Yorkshire and Humber) – review the plan for commissioning the wider dental pathway - TBC
3. Community pharmacies – market adjustment and access to services					NHS England, Public Health and Community Pharmacy North Yorkshire - TBC

4. Optometry - market adjustment and access to services						Lines of enquiry to be confirmed
5. Immunisation coverage in North Yorkshire			✓			Public Health overview of take up rates, disease prevalence and communications campaigns
6. Public Health funding reductions		✓				Overview of impact and mitigating actions. To Mid Cycle Briefing on 1 November 2019 and then committee meeting.
In-depth Projects						
1. Health and social care workforce planning – Scrutiny of Health and Care & Independence OSC			✓			Progress report
2. Dying well and End of Life Care - HWB					✓	Progress report
3. 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
Joint scrutiny						
Joint health scrutiny committee review by North Yorkshire, Leeds and York held on 15 February 2019						Follow up on October 2019 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

Agenda Briefing*	10 September 2019 at 10.30am	10 December 2019 at 10.30am	
Scrutiny of Health Committee	13 September 2019 at 10am	13 December 2019 at 10am	13 March 2020 at 10am
Mid Cycle Briefing*	1 November 2019 at 10.30am	24 January 2020 at 10.30am	

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

**Briefing note for North Yorkshire County Council Scrutiny of Health Committee –
September 13th 2019**

Withdrawal of Minor Injuries Local Enhanced Scheme

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

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

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

In June the Committee asked us to provide details of the level of use of the enhanced minor injuries services that was commissioned at GP practices. We can confirm that in 2018/19 the 22 GP practices saw 766 patients in total under the MI LES – equating to an average of just under 35 patients per practice over the year, or just under 3 patients per practice per month.

The Committee also asked us what the arrangements were across the county. We can confirm that our neighbouring CCGs in Harrogate and Scarborough currently still have a minor injuries local enhanced service in place. However, as our organisations move towards merger we are taking another look at minor injuries to ensure there is sufficient capacity in view of wider changes to service models and to ensure equity across the county. We also continue to work with the GP practices to monitor the impact of the service withdrawal on both patient experience and outcomes.

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