

Agenda

Meeting: Scrutiny of Health Committee

Venue: Remote live broadcast meeting using Skype

Date: 2pm on Friday 11 September 2020

This meeting is being held remotely using Skype and will be live broadcast to the Council's YouTube site. Further information on this is available on the committee pages on the Council website - <https://democracy.northyorks.gov.uk/>

Recordings of previous live broadcast meetings are available via the following link - www.northyorks.gov.uk/livemeetings

Business

1. **Minutes of the Scrutiny of Health Committee held on 13 March 2020** (Pages 4 to 11)
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 8 September 2020. 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.

A member of the public who has submitted a question of statement will be offered the opportunity to read out their question/statement at the remote meeting, via video conferencing, or have it read out by the Chair or Democratic Services Officer. We are not able to offer telephone conferencing due to limitations with the technology and concerns about confidentiality.

5. **Scarborough Hospital capital investment – what investment is planned on the site, what changes to services and working practices will then enable –**
PRESENTATION – Simon Cox, North Yorkshire CCG
(To follow)
6. **NHS pandemic recovery planning –** PRESENTATION – Jane Hawkard, North Yorkshire CCG.
(Pages 12 to 16)
7. **Work Programme –** REPORT - Daniel Harry, Democratic Services and Scrutiny Manager, North Yorkshire County Council
(Pages 17 to 20)
8. Other business which the Chairman agrees should be considered as a matter of urgency because of special circumstances.

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

3 September 2020

NOTES:

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.

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		
2			
		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	HESLOP, William (Richmondshire DC)
		7	WATSON, Tom (Harrogate BC)

North Yorkshire County Council Scrutiny of Health Committee

Minutes of the meeting held at Falsgrave Community Resource Centre, Scarborough on Friday 13 March 2020 at 10am.

Present:-

Members:-

County Councillors: John Ennis (in the Chair), Jim Clark, Zoe Metcalfe, Heather Moorhouse, Chris Pearson, Roberta Swiers and Robert Windass.

Co-opted Members:-

District and Borough Councillors): Tom Watson (Harrogate) substitute for Nigel Middlemass and Sue Tucker (Scarborough).

In attendance:-

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

Vicky Scarborough, Deputy Director Business Development, Humber Teaching NHS Foundation Trust

Neil Wilson, Head of Partnerships and Alliances, York Teaching Hospital NHS Foundation Trust

Executive Members: County Councillor Caroline Dickinson.

County Councillors: Caroline Goodrick and Janet Jefferson.

County Council Officers: Daniel Harry (Scrutiny).

Press and public: Local democracy reporter, and one member of the public.

Apologies for absence were received from:

County Councillors Val Arnold (substitute Andy Paraskos), Philip Barrett, Liz Colling, Mel Hobson and John Mann.

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

Copies of all documents considered are in the Minute Book

118. Minutes

Resolved

That the Minutes of the meeting held on 13 December 2019 be taken as read and be confirmed and signed by the Chairman as a correct record.

119. Any Declarations of Interest

There were none.

120. Chairman's Announcements

The Chairman, County Councillor John Ennis welcomed everyone to the meeting. He explained that the meeting was being held in Scarborough and not County Hall due to the large number of items on the agenda that were pertinent to the Scarborough area.

County Councillor John Ennis made the following announcements.

The Chairman recently met with the following to discuss commissioning and provider priorities and pressures: Steve Russell, Chief Executive Officer of the Harrogate and District NHS Foundation Trust; Jo Poole, Manager of the Yorkshire and Humber Clinical Senate; and Amanda Bloor, Accountable Officer, North Yorkshire CCGs.

Moorfields Eye Hospital

The proposal to move Moorfields Eye Hospital, University College London's Institute of Ophthalmology and Moorfield's Charity to a new site at St. Pancras in London has been approved. The move should have a very limited impact upon residents of North Yorkshire as the main specialist eye hospital in our region is at Sheffield.

Nidderdale Group Practice, Grange Medical Centre, Dacre Banks

The Nidderdale Group Practice have formally requested of the Clinical Commissioning Group that they move services from the Grange Medical Centre at Dacre Banks to the other two sites that they run. There is also a possibility that the Hampsthwaite surgery is being considered for closure. A preliminary discussion with Scrutiny of Health will be held at the Mid Cycle Briefing on 24 July 2020, with a more formal, public discussion at committee in September or December 2020.

Additional committee meeting

The Mid Cycle Briefing that was scheduled for 10am on 24 April 2020 will now be a formal meeting of the committee. This has been done to enable two key pieces of health scrutiny to be undertaken: the proposed changes to the Healthy Child Programme; and the proposed changes to urgent and emergency care at the Friarage Hospital, Northallerton.

Coronavirus

The proposal is that Scrutiny Board co-ordinates the scrutiny of the Council's approach to tackling the Coronavirus pandemic after the event. This is likely to be of interest to all committees and so will need some thought. It is not appropriate for the committee to attempt scrutiny of the operational response to the pandemic as it unfolds.

County Councillor John Ennis invited Simon Cox to comment upon the work that was being done to tackle the Coronavirus pandemic. A summary of his comments is as below:

- The focus is upon the delay phase
- Anyone with influenza like symptoms should self-isolate for 7 days
- NHS is mobilising to tackle the pandemic and so non-urgent procedures will be delayed. All hospitals are currently reviewing elective surgery
- There is advice available on the NHS website and also through the national 111 line
- Older people and people with long term health conditions, particularly respiratory, are most at risk
- There is a need to ensure that the response to the pandemic is proportionate and does not cause more health problems than it prevents.

Resolved -

- 1) Simon Cox to arrange for a regular update to be provided to the Chairman of the committee regarding the response of the NHS to the Coronavirus pandemic.

121. Public Questions or Statements

There were none.

122. Sustainable future for the Friarage Hospital, Northallerton

Considered -

A verbal update by Simon Cox, Director of Acute Commissioning, North Yorkshire Clinical Commissioning Group (CCG).

Simon Cox updated the committee on the progress being made with analysis of consultation responses and the next steps in decision making on the model of urgent and emergency care to be adopted. The key points from the presentation are as summarised below:

- The public consultation closed in late January 2020
- Over 2,000 people engaged in the consultation via a variety of different means
- The analysis of the consultation results will inform the Final Business Case that goes to the CCG Governing Body on 30 April 2020
- There are two options: a 24 hour 7 day a week Urgent Treatment Centre for adults and children with minor injuries and minor illnesses or a 16 hour 7 day a week Urgent Treatment Centre for adults and children with minor injuries and minor illnesses.

Simon Cox proposed sending a briefing to the members of the committee once the papers for the meeting of the Governing Body were published in April. Also, to come back to the June meeting of the committee.

County Councillor John Ennis asked whether the Clinical Senate for Yorkshire and Humber had been consulted and given their opinion on the proposed changes. In particular, whether there had been much comment on the lack of a 'status quo' option.

In response, Simon Cox said that the Clinical Senate had been supportive of the proposed changes and recognised the work that had been done over a two-year period to find a sustainable solution to the problems that were faced. The status quo position was not seen by the Clinical Senate as being tenable. The problems with recruitment to key posts at the Friarage had got worse over the past two years, exacerbating the difficulties that were faced.

Resolved -

- 1) Simon Cox to provide a briefing note to update members on the consultation analysis and decision making process in April, ahead of the CCG Governing Body meeting
- 2) Simon Cox to attend the meeting of the committee on 19 June 2020 to outline the recommendations of the CCG Governing Body for urgent and emergency care at the Friarage.

123. Specialist Services at Scarborough General Hospital (Acute Services Review)

Considered -

A presentation by Simon Cox, Director of Acute Commissioning, North Yorkshire Clinical Commissioning Group (CCG) and Neil Wilson, Head of Partnerships and Alliances, York Teaching Hospital NHS Foundation Trust.

Simon Cox introduced the presentation and said that it provided an update to that which was given to the December 2019 meeting of the committee. The key points from the presentation are summarised below:

- The review commenced in the summer of 2018 and the focus is upon the development of safe and sustainable services
- There are long standing workforce issues that the review is seeking to address
- The key areas of work are Emergency and Acute Medicine, Urology and Paediatrics/Obstetrics
- The York/Scarborough General Surgical rota was established in October 2019
- Temporary changes to Urology were introduced in November 2019, to establish a safe medical staffing model
- Yorkshire and Humber Clinical Senate has been involved and a report is expected in April 2020
- Temporary changes to oncology services were implemented in 2019 and early 2020. These are being reviewed as part of the overall programme of work
- Public engagement is underway and involves Healthwatch North Yorkshire. A part time Engagement Manager will be appointed to lead on public engagement
- Transport and access issues are recognised and a specific work-stream will be included on this
- Local efforts, through the East Coast medical recruitment project, have led to a reduction in vacancies
- Also looking at models for the delivery of integrated out of hospital care and frailty pathways
- The quality of buildings and the estate is a key issue and £40 million of capital spending has been secured to develop the site so that it can accommodate new ways of working and be fit for the future.

In concluding, Simon Cox said that this was a real opportunity to make positive, lasting change by having a joint approach to planning for the future across a broad range of services on the east coast.

Borough Councillor Sue Tucker asked whether Urology services would come back to Scarborough Hospital in the longer term.

Simon Cox said that work was underway to audit all of the urology cases to better understand the level of risk involved and the model of intervention required. He said that he would bring an update to the September 2020 meeting of the committee.

Neil Wilson emphasised the key role that the Scarborough and Ryedale multi-agency partnership board had to play in looking at the health and social care system as a whole across the east coast, including Bridlington.

County Councillor John Ennis asked whether staff affected by the changes had been successfully re-deployed to other roles, helping to reduce the workforce pressures.

In response, Neil Wilson said that staff had been redeployed and that a recruitment campaign was underway to address workforce shortages.

County Councillor Jim Clark noted that bursaries for nurse training had been re-introduced, which was welcome.

Neil Wilson said that the introduction of the bursary was very welcome but it would take time for it to have a positive impact upon the numbers of frontline nursing staff.

County Councillor Caroline Goodrick noted that the North Yorkshire population had to access most if not all specialist medical centres by going out of county to centres like Leeds, Hull, Middlesbrough and Newcastle.

In response, Simon Cox said that the lack of large population centres in the county meant that it was not viable to provide specialist services close to the dispersed population and so travelling significant distances was necessary. He said that a transport group has been established as part of the review to see how people could be supported to access services.

County Councillor Zoe Metcalfe asked what the frailty pathway was.

Vicky Scarborough replied that it provides wrap around support to older and frail people as they move between community and hospital settings.

County Councillor John Ennis asked which of the proposed changes would be considered for public consultation and what criteria would be used to determine this.

In response, Simon Cox said that each proposed change would be assessed as to whether a public consultation was required.

County Councillor John Ennis summed up noting that there was a need to understand the totality of all of the proposed services changes and whether, as a package, they merited a public consultation.

Resolved –

- 1) Simon Cox and Neil Wilson to provide an overall update to the committee meeting on 11 September 2020, with a more detailed update in Urology and stroke services and the work of the North Yorkshire CCGs Transport Group
- 2) Neil Wilson to forward to Daniel Harry the Stage 2 Report from the East Coast Review.

124. Scarborough and Ryedale Community Services

Considered -

A presentation by Vicky Scarborough, Deputy Director Business Development, Humber Teaching NHS Foundation Trust.

Vicky Scarborough introduced the presentation, the key points of which are summarised below:

- The existing contract is in place for 5 years
- The services provided are based around the 3 Primary Care Networks: Ryedale; Scarborough Outer; and Scarborough Core

- There is a strong focus upon eliminating the number of patient hand-offs between services
- There is a single point of access for patients, carers, families and professionals that is open 24 hours a day, 7 days a week
- A single electronic patient record is used
- Waiting times for specialist services are reducing
- There are 12 GP practices in the area and 121,000 people are covered by the service
- The service is currently supporting 7,229 patients and the average number of new referrals per month is 2,628
- Priority areas are: frailty; carers; mental health; dementia; cardiovascular disease; paediatric care and families
- There are challenges around: workforce recruitment and retention; accommodation; travel times; and the development of integrated working
- The providers are playing a key role in the east coast services review.

County Councillor John Ennis asked to what extent local GPs had engaged in the new community services and embraced integrated health and social care across the acute, primary and community settings.

In response, Vicky Scarborough said that it had been a slow start but that situation had improved with the introduction of the Primary Care Networks.

County Councillor John Ennis asked whether the in-patients beds at Malton Hospital would continue to be used as part of the integrated service offer.

Vicky Scarborough said that the beds provided much needed step-up-step-down bed capacity.

Borough Councillor Sue Tucker queried whether all staff in the local health and social care system had access to the full patient record. If so, then significant savings could be made in time and that there would be general improvements in efficiency and efficacy.

Vicky Scarborough said that, at present, it is only possible for all staff to see high level summaries. Access to a shared patient record was being worked on as part of the integration work.

Borough Councillor Sue Tucker asked whether people can still self-refer to the continence service.

Vicky Scarborough said that she would find out and get back to Daniel Harry.

Resolved –

- 1) Vicky Scarborough to come back to a future meeting of the committee to provide an update on the performance of community services. Daniel Harry to liaise and set a date.

125. Whitby Hospital

Considered -

A presentation by Vicky Scarborough, Deputy Director Business Development, Humber Teaching NHS Foundation Trust.

Vicky Scarborough introduced the presentation and said that the intention had been for Clive Brookes, deputy Chief Operating Officer at the Trust, to lead on the discussions but he had been unable to attend.

County Councillor John Ennis said that the committee had read the presentation, which had been circulated with the committee papers, and that they could go straight to questions.

County Councillor John Ennis asked how existing services at Whitby Hospital would be maintained during the refurbishment and building work.

Vicky Scarborough said that work was due to start on 23 March 2020 and that a decant plan was in operation, which saw services relocate from the rear of the building to the front and vice versa. This would then enable the bulk of existing services to continue to be delivered from the hospital.

County Councillor Heather Moorhouse asked how Whitby Hospital and the James Cook Hospital worked together.

Vicky Scarborough said that protocols were in place at the two hospitals regarding the management of patients and patient transfers. She said that Whitby Hospital was not used as an overflow for the James Cook.

Borough Councillor Sue Tucker said that local people in Whitby did not seem to understand what changes were being made to the hospital and when. She said that communication had been poor and that there were real concerns about disabled access to the new site.

Vicky Scarborough said that there had been a programme of engagement in place for a number of years. She said that a copy of the engagement plan would be forwarded to Daniel Harry to share with the committee.

Simon Cox said that there would be changes to some services at Whitby Hospital, one of which would be the phasing out of the minor injuries service. Instead, this would be provided by GP supported services in primary care. Simon Cox said that he would come back to a future meeting of the committee to update on this.

Daniel Harry said that the intention had always been to open up the use of the Whitby Hospital site to a broad range of agencies and organisations involved in health and social care provision locally.

Vicky Scarborough said that the intention was still to develop part of the site as a community hub.

Simon Cox said that further details of joint/integrated working at the site and could be brought back to a future meeting of the committee. Colleagues from the County Council and Borough Council could assist in this.

Resolved -

- 1) Vicky Scarborough to provide a copy of the public engagement plan for the refurbishment of Whitby Hospital
- 2) Simon Cox to come to a future meeting of the Scarborough and Whitby Area Constituency Committee to outline the changes to services and facilities at Whitby Hospital

- 3) Simon Cox to come to a future meeting of the committee, possibly 11 September 2020, with an overview of what urgent care provision will be put in place in Whitby Hospital
- 4) Daniel Harry to speak with officers in the County Council to better understand what use is being made of the Whitby Hospital site by other agencies and organisations, as had been envisaged when the changes to the site were first being considered.

126. 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.

Resolved -

- 1) That an additional meeting of the committee be held on 24 April 2020 to scrutinise the proposed changes to the Healthy Child Programme
- 2) An update be provided to the 19 June 2020 meeting of the committee by Amanda Bloor on the development of the Integrated Care Systems (ICS) that cover North Yorkshire and the planned move of the whole of North Yorkshire into the ICS for Humber Coast and Vale
- 3) TEWV to attend the 19 June 2020 meeting to give an overview of the outcome of the recent CQC inspection of their services and what action will be taken in response to the 3 March 2020 report and overall 'Requires Improvement' rating.

127. 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.

128. Community pharmacies – changes to the repeat prescription ordering process

The report was taken as for information only and did not form part of the discussions at the committee. Any queries were to be directed to Daniel Harry.

The meeting concluded at 12:20pm

DH

North Yorkshire and York Care System

Phase 3 - System Recovery & Restoration Plan
Final v.01 – 15/07/20



North Yorkshire and York – Phase 3 Recovery & Restoration

PRIORITIES FOR RECOVERY

Primary Care	Acute Care	Community Care, Social Care, Healthy People & Places	Mental Health, Vulnerable People, C&YP	Medicines
<ul style="list-style-type: none"> • GP safe and sustainable service provision through implementation effective IP measures control • Fully rolled out total triage model and maximisation of digital technology (including electronic repeat prescribing) • Agreed and implemented 'hot hub' models across NY&Y • Flu Vac model agreed and implemented across NY&Y • Continue PCN development and embed MDT approach with community providers and additional roles implementation • Clear and implemented model to support vulnerable people (including LD patients) including risk stratification • Clear approach to urgent care models across NY&Y 	<ul style="list-style-type: none"> • Optimising none face to face attendances <ul style="list-style-type: none"> • Rapid Expert Input • Virtual consults • Patient initiated Follow-ups • Optimising elective care capacity and managing long waits incl. 52 weeks <ul style="list-style-type: none"> • Risk stratification • Clinical prioritisation • Elective hubs • Optimising FCPs • Prime Provider Models • Optimising resilience and care of patients waiting - Self care mgmt framework • Streamlining Urgent Care delivery including: <ul style="list-style-type: none"> • Talk before you walk • Increasing SDEC • End to end care pathway transformation for fragile and high volume/ backlog • Maintaining efficient discharge pathways including: <ul style="list-style-type: none"> • access to domiciliary care packages • Rehabilitation • Step down care home beds 	<ul style="list-style-type: none"> • Care Market stabilisation (NY) – financial support, bed modelling, block beds model. • Home First Approach (CoY) • Continued accelerated discharge model – 5 command centres, SPA, brokerage, integrated working • Agreed and implemented safe discharge model for Covid +ve patients • Implementation of agreed integrated community model of care (NY) to support step-up and accelerated discharge • Continued enhanced care home model (working with Primary Care) with community services MDTs • Develop, agree and implement frailty models across NY&Y • Prevention and Live well models agreed and implemented to support prevention model. • Community models agreed and implemented with LA to support self-care an prevention model. 	<ul style="list-style-type: none"> • Managing the Surge, expected increase in demand from September onwards: <ul style="list-style-type: none"> • CYP 53% inc. • Adult 23% inc. • OP 22% inc. • Maintain the Crisis Response: <ul style="list-style-type: none"> • 24/7 crisis line • Enhanced offer • Resilience Hub • Clearing the Backlog: <ul style="list-style-type: none"> - Autism, Children 368, Adults 1,000 - Children ADHD - CAMHS • Long Term Plan Delivery, bring forward development plans to support the recovery and anticipated surge in following areas: <ul style="list-style-type: none"> • EIP • CYP • IAPT • Resilience Hub development in NY&Y • Increase capacity for surge in safeguarding and CAHMS activity 	<ul style="list-style-type: none"> • Access to medicines: ordering, prescribing, dispensing, delivery and for urgent need • Quality and safety checks: reactive + structured review programme and drug monitoring • Effective communications and planning: internal, networks, working groups, joint planning/decision making, IT, PCN development, pharmacy workforce development • Public health pharmacy: vaccination and treatment programmes, including emergency needs.

North Yorkshire and York – Phase 3 Recovery & Restoration

DELIVERABLES FROM RECOVERY PLANS

Primary Care	Acute Care	Community Care, Social Care, Health People & Places	Mental Health, Vulnerable People, C&YP	Medicines
<ul style="list-style-type: none"> • Safe and sustainable primary care services to deal effectively with restored demand with continued Covid • Maximisation of digital triage, consultations and services including with care homes • ‘Hot sites’ available to manage Covid +ve patients • Services available to maximise safe Flu Vac uptake (189k-234k people) • Functioning Integrated MDTs to manage patients optimally and avoid duplication of effort and reduce admission to hospital 	<ul style="list-style-type: none"> • Provision of expert advice without the need for an outpatient attendance • Reduce numbers of unnecessary outpatient attendances • Restore elective capacity • Reduce v long waits over 52 weeks (1750 patients) • Treat patients waiting a long time with high clinical needs • Safely manage patients with long waits • Reduce face to face attendances and increase virtual consults • Reduce unnecessary visits to hospital and direct patients to the ‘right’ care setting for them first time by using ‘Talk before you Walk’ services (Up to 25% reduction in attends) • Improve service pathways for patients • Provision of more & alternative non-invasive diagnostic testing to support rapid diagnosis 	<ul style="list-style-type: none"> • Create a sustainable Care Market (NY) • Continued accelerated discharge model to increase hospital capacity and help patients back to independence • Safe discharge for Covid +ve patients (max 38 patients per week in surge) • Enhanced community and care home model (working with Primary Care) with community services MDTs to reduce admissions and maintain independence • Improved services for the frail across NY&Y • Prevention and Live well models agreed and implemented to support prevention model. 	<ul style="list-style-type: none"> • Provide capacity to C&YP returning to school in September • 24/7 Crisis line availability • Reduce Autism waiting times for assessment. Ambition to reduce backlog by Children 368, Adults 1,000 assessments • Increase capacity in IAPT service to manage expected recovery surge. • Increase capacity for surge in safeguarding and CAHMS activity. • Increase capacity in CHC DST assessments. • The DST backlog will reach 427 by December 2020 • The FNC backlog will reach 581 by December 2020 	<ul style="list-style-type: none"> • Optimise access to regular and end of life medicines (including urgently) during periods of Covid activity • Improve efficiency to reduce workload and footfall to minimise infection risk in ongoing medicines supply systems to practices and pharmacies • Support to highest risk patients for safe use of medicines, especially care homes residents. • Update commissioning and formulary processes to ensure robust and consistent decision making across whole NY&Y • Effective system wide communication and planning

North Yorkshire and York – Phase 3 Recovery & Restoration

THE DIFFERENCE WE WILL MAKE SUPPORTING SYSTEM TRANSFORMATION

Primary Care	Acute Care	Community Care, Social Care, Health People & Places	Mental Health, Vulnerable People, C&YP	Medicines
<ul style="list-style-type: none"> • Safe and sustainable primary care services to deal effectively with restored demand with continued Covid • Maximisation of digital triage, consultations and services including with care homes • ‘Hot sites’ available to manage Covid +ve patients • Services available to maximise safe Flu Vac uptake • Functioning Integrated MDTs to manage patients optimally and avoid duplication of effort and reduce admission to hospital 	<ul style="list-style-type: none"> • Provision of expert advice without the need for an outpatient attendance • Reduce numbers of unnecessary outpatient attendances • Reduce face to face attendances and increase virtual consults • Restore elective capacity - treat patients waiting a long time with high clinical needs • Safely manage patients with long waits - develop new support and care offers to local people while they wait • Reduce unnecessary and unplanned visits to hospital and direct patients to the ‘right’ care setting for them first time by using ‘Talk before you Walk’ services • Improved and new service pathways for patients • Increased diagnostic capacity & utilisation 	<ul style="list-style-type: none"> • Create a sustainable Care Market (NY) • Continued accelerated discharge model to increase hospital capacity and help patients back to independence • Safe discharge for Covid +ve patients • Enhanced community and care home model with community services MDTs to reduce admissions and maintain independence (working with Primary Care) • Improved services for the frail across NY&Y • Prevention and Live well models agreed and implemented to support prevention model. 	<ul style="list-style-type: none"> • Provide capacity to C&YP returning to school in September • 24/7 Crisis line availability • Reduce Autism waiting times for assessment • Increase capacity in IAPT service to manage expected recovery surge • Contribute to reducing safeguarding cases 	<ul style="list-style-type: none"> • Maximise potential of community pharmacy: particularly their accessibility for reducing a surge of patients to GP for self-care for minor conditions. • Capitalise on positive developments, e.g., maintain multi party meetings, that have been made as a result of Covid situation that can be integrated into future working patterns, relationships and arrangements in medicines and prescribing. • Delivery of measurable financial savings through reduction of waste and increase of self-care.

Acute Hospital - Recovering Activity

Acute Hospital Activity Assumptions for Phase 3 planning purposes

	Aug	Sept	Oct	Nov- March 2021
First Outpatient attendances	90%	100%		100%
Ordinary elective spells	70%	80%	90%	100%
Non-Elective spells	97%	97%	97%	97%
CT & MRI Diagnostic capacity			100%	100%
Use of independent acute provider capacity	75%	75%	75%	75%

- Limiting Factors
 - Social distancing rules
 - PPE – time to don and doff
 - Covid positive and negative zoning
 - Capital developments required to manage in new Covid environment

**NORTH YORKSHIRE COUNTY COUNCIL
 SCRUTINY OF HEALTH COMMITTEE
 11 September 2020
 Committee work programme**

1.0 Purpose of report

- 1.1 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).

2.0 Introduction

- 2.1 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.

- 2.2 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.

- 2.3 Further information is available in the Department of Health (2014) guidance to local authorities entitled 'Local Authority Health Scrutiny Guidance to support Local Authorities and their partners to deliver effective health scrutiny'. It is available via the following link -

<https://www.gov.uk/government/publications/advice-to-local-authorities-on-scrutinising-health-services>

3.0 Scheduled Committee meetings and Mid Cycle Briefing dates

- 3.1 The next meeting of the committee is at 10am on 18 December 2020. The next scheduled meeting of the Mid Cycle Briefing is 10am on 11 November 2020.
- 3.2 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.
- 3.3 All meetings will be held remotely by Microsoft Teams. The committee meetings will be broadcast live and will be shown on the Council YouTube pages. The committee meetings will also be recorded.

4.0 Areas of Involvement and Work Programme

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

4.2 The Committee work programme has been significantly amended since it was last formally reviewed at the committee meeting on 13 March 2020. The review was done to ensure that the items on the work programme were relevant, a priority and could be done in the time available. Clearly, the pandemic and the impact that it has had upon commissioners and providers needed to be taken into account.

5.0 Recommendation

5.1 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
20 August 2020

NORTH YORKSHIRE COUNTY COUNCIL
Scrutiny of Health Committee – Work Programme 2020/21
Version – 20 August 2020

	16 Jul	11 Sep	11 Nov	17 Dec	22 Jan	12 Mar	
	BRIEF	COM	MCB	COM	MCB	COM	
Strategic Developments							Comment
1. NHS response to the pandemic, recovery plans, lessons learned and new ways of working. In addition to hospital and community services, this will include: community pharmacies; dentistry; health and social care integration; and community transport.		✓	✓	✓	✓	✓	A substantive piece of work to be co-ordinated by the Council's Scrutiny Board as it is cross-cutting. Expected to be a series of lines of enquiry over the course of a number of meetings.
2. Development of the Integrated Care Systems and Partnerships that cover North Yorkshire				✓			Strategic view of the form and function of the Integrated Care Systems and Integrated Care Partnerships that cover North Yorkshire. At Mid Cycle Briefing to determine lines of enquiry
3. Briefing on the work of the Independent Reconfiguration Panel						✓	Simon Morrill, CEX, York FT.
Local Service Developments							
1. Healthy Child Programme	✓			✓	✓		Proposals for changes to the services provided by NYCC Public Health.
2. Harrogate and Rural Alliance - Adult Community and Health Services			✓				Discussion at the Mid Cycle Briefing to determine lines of enquiry for the committee. This model may become more widely adopted across the county.
3. Future plans for Whitby Hospital						✓	Update on progress with the refurbishment and re-provision of the existing site and determination of future lines of enquiry
4. Service changes at Scarborough Hospital	✓	✓		✓		✓	Details of specific actual and proposed service changes (oncology, paediatrics, stroke, urology) and the scrutiny of the long term vision for Scarborough Hospital

5. Mental health services in the north of the county				✓			Update on progress with the rectification of the Roseberry Park site and the development of the new community hub in Northallerton
6. Mental Health Service in York/Selby area				✓			Update on the operation of the new York Hospital and the development of the Selby community hub
7. Mental health in-patient services and enhanced community services – assurance that the current balance reflects patient needs (children, young people and adults)							Watching brief – date of an update to the committee TBC
8. Catterick Integrated Care Campus project			✓				Mid Cycle Briefing discussion to determine lines of enquiry for the committee
9. Hampsthwaite surgery		✓					Proposed closure of the Hampsthwaite surgery, Church Avenue Medical Group
Public Health Developments							
1. Optometry - market adjustment and access to services					✓		Lines of enquiry to be confirmed
2. Changes to NHS England			✓				Overview of recent changes to NHS England and implications for local public health delivery

Meeting dates 2020/21

Scrutiny of Health Committee – 10am	24 April 2020	19 June 2020	11 September 2020 (2pm meeting)	18 December 2020	12 March 2021
Mid Cycle Briefing – 10.00am*		24 July 2020	11 November 2020	22 January 2021	

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

The following meetings were cancelled due to pandemic: 24 April 2020 committee; 19 June 2020 committee; 24 July 2020 Mid Cycle Briefing. An informal committee briefing was held on 16 July 2020.

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.