

## Agenda

**Meeting: Scrutiny of Health Committee**

**Venue: Remote live broadcast meeting using Microsoft Teams**

**Date: 10am on Friday 18 December 2020**

Pursuant to The Local Authorities and Police and Crime Panels (Coronavirus) (Flexibility of Local Authority Police and Crime Panel Meetings) (England and Wales) Regulations 2020, this meeting will be held using video conferencing with a 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/>

The meeting will be available to view once the meeting commences, via the following link - [www.northyorks.gov.uk/livemeetings](http://www.northyorks.gov.uk/livemeetings) Recordings of previous live broadcast meetings are also available there.

### Business

1. **Minutes of the Scrutiny of Health Committee held on 11 September 2020**  
(Pages 5 to 10)
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 15 December 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);

Enquiries relating to this agenda please contact Daniel Harry on 01609 533531  
or e-mail [daniel.harry@northyorks.gov.uk](mailto:daniel.harry@northyorks.gov.uk)  
[www.northyorks.gov.uk](http://www.northyorks.gov.uk)

- 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. **Healthy child programme – PRESENTATION – Richard Webb, Corporate Director, Health and Adult Service, North Yorkshire County Council**  
**(Presentation on yet available)**
6. **Changes to some specialist services at Scarborough Hospital – PRESENTATION - Simon Cox, North Yorkshire Clinical Commissioning Group**  
**(Presentation not yet available)**
7. **Developments in community and in-patient mental health services – REPORT - Naomi Lonergan, Director of Operations North Yorkshire and York, Tees Esk and Wear Valleys NHS Foundation Trust**
  - i. Community mental health hub at Selby
  - ii. Community mental health hub at Northallerton
  - iii. Foss Park Hospital, York
  - iv. Relocation of mental health services in Harrogate since the closure of the Briary Wing
  - v. Enhanced community model for mental health services.**(Pages 11 to 38)**
8. **NHS response to Covid-19 – PRESENTATION – Wendy Balmain, North Yorkshire Clinical Commissioning Group**  
**(Pages 39 to 47)**
9. **Update on Covid-19 in North Yorkshire – VERBAL UPDATE – Louise Wallace, interim Director of Public Health, North Yorkshire County Council**
10. **Work Programme – REPORT - Daniel Harry, Democratic Services and Scrutiny Manager, North Yorkshire County Council**  
**(Pages 48 to 52)**
11. Other business which the Chairman agrees should be considered as a matter of urgency because of special circumstances.

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

9 December 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

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

## 2. Substitute Members

<b>Conservative</b>		<b>NY Independents</b>	
	<i>Councillors Names</i>		<i>Councillors Names</i>
1	BASTIMAN, Derek	1	
2	WILKINSON, Annabel	2	
3	MARTIN, Stuart MBE	3	
4	TROTTER, Cliff	4	
5	DUNCAN, Keane	5	
<b>Labour</b>			
	<i>Councillors Names</i>		
1	BROADBENT, Eric		
2			
<b>Substitute Members other than County Councillors</b>			
		1	VACANCY (Hambleton DC)
		2	VACANCY (Selby DC)
		3	KEAL, Dinah (Ryedale DC)
		4	MORTIMER, Jane (Scarborough BC)
		5	HULL, Wendy (Craven DC)
		6	HESLOP, William (Richmondshire DC)
		7	WATSON, Tom (Harrogate BC)

## North Yorkshire County Council Scrutiny of Health Committee

Minutes of the meeting held as a live broadcast meeting at 2pm on Friday 11 September 2020.

### **Present:-**

### **Members:-**

County Councillors: John Ennis (in the Chair), Val Arnold, Philip Barrett, Jim Clark, Liz Colling, John Mann, Zoe Metcalfe, Heather Moorhouse, Chris Pearson, Roberta Swiers and Robert Windass.

### **Co-opted Members:-**

District and Borough Councillors: Kevin Hardisty (Hambleton), Nigel Middlemass (Harrogate), Jane Mortimer as substitute for Sue Tucker (Scarborough) and Jennifer Shaw Wright (Selby).

### **In attendance:-**

Dr Andrew Bennett, Head of Capital Projects, York Teaching Hospital NHS Foundation Trust and Jane Hawkard, North Yorkshire Clinical Commissioning Group (CCG).

Executive Members: County Councillor Caroline Dickinson and Michael Harrison

County Council Officers: Daniel Harry (Scrutiny); Louise Wallace (Health and Adult Services).

Apologies for absence received from:

County Councillors Mel Hobson and Andy Solloway.

District and Borough Councillors John Clark (Ryedale), David Ireton (Craven), Pat Middlemiss (Richmondshire) and Sue Tucker (Scarborough).

---

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

---

### **129. Minutes**

#### **Resolved**

That the Minutes of the meeting held on 13 March 2020 be taken as read and be confirmed and signed by the Chairman as a correct record.

### **130. Any Declarations of Interest**

There were none.

### **131. Chairman's Announcements**

The Chairman, County Councillor John Ennis welcomed everyone to the meeting. He explained that the meeting was being held as a live broadcast meeting using Skype and that a recording of it would be available on the Council's YouTube site, once the meeting had finished.

County Councillor John Ennis made the following announcements.

#### Proposal to close Hampsthwaite GP surgery.

County Councillor John Ennis said that he had met on 16 July 2020 with Bruce Willoughby (North Yorkshire CCG Governing Body) and Andrew Dangerfield (North Yorkshire CCG) regarding the proposal by the Church Avenue Medical Group to close the Hampsthwaite GP surgery.

County Councillor John Ennis said that the surgery is based in a small terraced cottage that is old, has poor disabled access, no soundproofing and no downstairs toilet. It is no longer considered to be fit for use and cannot readily be upgraded to a modern standard. During the pandemic, the Hampsthwaite site was not used at all.

County Councillor John Ennis said that the proposal is to move the services that are currently provided at the Hampsthwaite site to the main site at Church Avenue at Bilton, Harrogate (4 miles away). Many of the Hampsthwaite patients already access services at this site. Overall, the quality of services will be improved for patients that are moved across. The alternatives are Birstwith surgery (1.5 miles away) or Killinghall (2.6 miles away).

The final decision will be made by the CCG at the meeting of the Primary Care Commissioning Committee on 24 September 2020.

County Councillor John Ennis said that the Skipton and Ripon Area Constituency Committee met on 3 September 2020 and discussed the proposal. The committee noted the proposal and understood the logic for it but asked that reassurances be sought regarding Dacre Banks. The Hampsthwaite site closure was viewed as viable only if Dacre Banks remained open.

There followed a discussion and the outcome was that the committee agreed with the view of the Skipton and Ripon Area Constituency Committee and this would be submitted to the Primary Care Commissioning Committee as part of their considerations regarding the proposal when they meet on 24 September 2020.

#### Proposal to close Dacre Banks GP practice

County Councillor John Ennis confirmed that this proposal had been withdrawn for the foreseeable future.

#### Integrated care systems and partnerships

County Councillor John Ennis noted that members were previously sent a short briefing note on the integrated care systems and partnerships that cover the North Yorkshire population. The intention is to schedule a more formal overview at committee in the next months.

County Councillor Jim Clark raised his concerns about the changes to the way in which NHS services are organised and how decisions are made. He said that further scrutiny would be welcome as there needed to be more transparency.

#### NHS Nightingale Hospital in Harrogate

County Councillor John Ennis noted that a letter had been sent to Richard Barker of NHS England regarding the long-term use of the Nightingale Hospital in Harrogate by the Chair of the West Yorkshire Joint Health Scrutiny Committee and County Councillor Jim Clark. This had received a swift and positive response.

#### Harrogate Hospital Neuro Rehabilitation service

County Councillor John Ennis said that the Neuro Rehabilitation service that was at the Lascelles Unit (just off Skipton Rd, behind the Granby) has been moved to the recently vacated Briary wing on the main hospital site.

### 132. Public Questions or Statements

There were none.

### 133. Scarborough Hospital capital investment – what investment is planned and what changes to services and working practices will it enable

Considered -

A presentation by Dr Andrew Bennett, Head of Capital Projects, York Teaching Hospital NHS Foundation Trust

The key points from the presentation are as summarised below:

- The existing site is old and in need of modernisation in order to meet the changing health needs of the local population, to enable the adoption of modern working practices and technologies and to become a better place to work
- The local population is ageing and has changing health needs
- The investment will enable the adoption of an Acute Medical Model, which will combine Emergency Department, Same Day facilities and an Acute Medical Unit
- £22m will go to the Urgent and Emergency Care Development and £18m will go to the Engineering Infrastructure Upgrade
- The aim is for construction to start Q3 of 2021-22
- The forecast is for completion by October 2023
- The aspiration is that the site continues to develop over time.

Dr Andrew Bennett said that he was not a medical doctor and so would not be able to respond to specific queries about clinical services.

County Councillor Liz Colling asked whether Accident and Emergency capacity would be increased, what services would be included in the Urgent and Emergency Care centre and whether space would be freed up in the existing hospital facilities.

In response, Dr Andrew Bennett said that the establishment of the Urgent and Emergency Care centre would free up significant space elsewhere in the hospital. It would also improve the access to and the co-ordination of emergency services.

County Councillor Liz Colling queried what the ambition was for the hospital.

Dr Andrew Bennett said that the ambition for the hospital went far beyond the scope of the current project.

County Councillor John Ennis asked whether the work being done on the site would mean that large sections of the existing hospital would be out of use during the construction phase.

Dr Andrew Bennett replied that the impact should be minimal as the building work is being done alongside the existing structure.

County Councillor Chris Pearson left the meeting at 2:50pm.

County Councillor John Ennis summed up and thanked Dr Andrew Bennett for the presentation and the briefing that he had given the committee.

## Resolved -

- 1) Dr Andrew Bennett to attend the meeting of the committee on 12 March 2021 to update the committee on the progress against key milestones for the project.

### 134. NHS pandemic recovery planning

Considered – a presentation by Jane Hawkard, Chief Finance Officer, North Yorkshire Clinical Commissioning Group (CCG)

Daniel Harry, Democratic Services and Scrutiny Manager, North Yorkshire County Council, told the committee that this was the first part of a larger piece of work looking at the lessons learned from the response to the pandemic that is being co-ordinated by the Council's Scrutiny Board. It is anticipated that this high-level overview of the local NHS recovery from the pandemic will enable the committee to identify some specific lines of enquiry to follow up over subsequent meetings.

Jane Hawkard said that she was not a clinician and so would not be able to respond to specific, detailed queries about clinical services.

Jane introduced the presentation and said that it provided an overview of the local plans for the recovery from the pandemic. She said that the recovery would need to be placed in the context of a possible second peak in the covid-19 virus, winter influenza and the expected annual winter pressures on hospital capacity.

The key points from the presentation are as summarised below:

- During the height of the pandemic the focus was upon urgent and emergency cases, ensuring capacity in hospitals to cope with the expected high numbers of covid-19 cases, and stopping the spread of covid-19 in the hospital setting
- Since June and the peak of the virus, the NHS nationally and locally has been moving into the recovery and restoration phase
- Hospital services have been reconfigured to separate out covid-19 and non-covid-19 cases so that there is minimal risk of cross contamination
- A 'total triage' approach is being taken whereby: 1) speak to someone on the phone; 2) see someone virtually; 3) face to face consultation
- GPs have started to refer people back to hospital
- The aim is to get hospital use up to 90% of where it was prior to the pandemic. It will not be possible to return to pre-pandemic levels due to the need to social distance and also operate separate services for covid-19 and non-covid-19 patients
- People are being encouraged to use the NHS 111 line as the first point of contact with the NHS
- There are workforce pressures as staff with a covid-19 infection or a suspected covid-19 infection have to self-isolate
- Strong focus upon making sure that all NHS sites and facilities are safe and that there is minimal risk of spreading the covid-19 infection
- Influenza vaccination is a priority as there is a need to avoid a coincidence of winter flu, winter pressures on hospital beds and covid-19 infections. The priority will be people aged 60 plus and people with pre-existing health conditions. If there is enough vaccine available, then it will also be offered to people in the 50 years to 60 years age group
- Once a vaccine is available for the covid-19 infection, then it will be rolled out in a similar way to the influenza vaccine

- Each care home now has a named GP supporting them who can do virtual visits once a week.

County Councillor Philip Barrett left the meeting at 3:30pm.

County Councillor Liz Colling asked at what point people would be able to access face to face GP visits for a consultation at the first point of contact, rather than going through the 'total triage' approach. The concern is that some people do not have access to the technology necessary for remote consultations and consultations by phone can miss key factors.

Jane Hawkard said that telephone consultations can provide clues to experienced practitioners about what the underlying health conditions are but that the consultation process was under continuous review.

County Councillor John Mann asked how productivity can be maintained within the NHS and the throughput of patients maximised.

Jane Hawkard said that the NHS was not seeing the same volume of people accessing services. There is also a drive to encourage people to use the NHS 111 helpline and to do more self-help. As previously referenced, the NHS cannot return to the pre-Coivid-19 levels of use due to the need to maintain social distancing and minimise the risk of cross contamination.

County Councillor John Mann queried what would be done to catch-up on the assessment and treatment of people with cancer or suspected cancer who were not seen during the peak of the pandemic.

Jane Hawkard said that people with cancer or suspected cancer are the highest priority for treatment. There is a significant piece of work to do to encourage people to come forward and seek help if they have health concerns.

Scarborough Borough Councillor Jane Mortimer said that it was important that people were encouraged to speak to their GP and access the services that they need. People do not want to be a burden and were under the impression that they should stay home and not bother already busy services.

County Councillor Heather Moorhouse said that more could be done to drive up the efficient use of existing resources in the NHS. For example, elective surgery could take place 24 hours a day.

Jane Hawkard referred to the last slide in the presentation and the set of indicators that NHS England uses to assess levels of acute hospital activity. These include: first outpatient attendances; ordinary elective spells; non-elective spells; CT and MRI diagnostic capacity; use of independent acute provider capacity. Targets have been set against these indicators for acute hospitals that serve the North Yorkshire population. Jane Hawkard said that current performance was on track with NHS England's targets and expectations.

County Councillor Heather Moorhouse said that the NHS was being run on goodwill with staff working extremely hard in very difficult circumstances. This needed to be recognised and more support put in place.

County Councillor John Ennis requested that it would be helpful to have regular updates on performance against these indicators and in particular comparative data for other similar areas of the country, once that data is made available.

**Resolved –**

- 1) Jane Hawkard to provide performance data on acute hospital activity for those hospitals that serve the population of North Yorkshire with some comparator data from similar areas.

**135. 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 the following topics be looked into to see whether they would be suitable for inclusion on the committee work programme and scrutiny at a future formal public meeting of the committee: the recovery plan for NHS dentistry; waiting list management; and patient experience of remote access to NHS services and the 'total triage' system.

**136. 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 3:50pm

DH

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

**18 December 2020**

***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 previously proposed community mental health hub for Selby.

**Background**

2. Previous reports have been presented to the North Yorkshire County Council (NYCC) Scrutiny of Health Committee in September 2018 and in September 2019
3. Community mental health services in Selby are currently based on a number of sites, some 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 12 months. TEWV does not own this site and we believe that we will be served notice to relocate in the coming months. Additionally the Care Quality Commission has advised that services be transferred to improved accommodation at the earliest opportunity.
  - Learning Disability services have some limited access to shared desks at *Selby Memorial Hospital* and there is additional pressure on consulting room space locally. TEWV has no ownership on this site.
  - Adult and Older Persons community mental health teams remain based at *Worsley Court* on Doncaster Road where TEWV have made some improvements to the environment for service users, carers and staff. The building is not owned by TEWV (it is owned by NHS Property Services) but could be improved further with further investment.
4. Since 2017 a project team in TEWV has been actively looking to develop a new community hub model in Selby (similar to Huntington House in York) whereby all TEWV Selby based community 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 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 so far been possible due to economic or availability factors.
6. A further option has been considered to purchase an alternative site and construct new premises to meet service requirements in the 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 general 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 quickly purchased by an external developer and hence unavailable to us. Later approaches to that developer by TEWV proved fruitless.
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 belonging Selby District Council were identified through these forums. These would 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. An alternative commercial site was identified in 2019 and plans were appraised to determine its suitability and achievability. Whilst the site was certainly suitable it quickly left the market and hence was no longer available to us.
11. The building previously used by North Yorkshire Police in Selby was also fully appraised but whilst the space available was in excess of our requirements, it was noted that the level of work required to create the right environment and the resulting potential costs ruled this building out as it would not be financially viable as it would create a revenue challenge that could impact front line service funding.
12. Work has been continuing to identify available properties and sites but as yet this has not yielded any result. If a site were identified it is anticipated that a building programme would realistically take up to 24 months from site purchase to full operational handover and transfer of clinical services.
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.
14. In relation to the recognised urgent need for our Children's and Young Person's service to vacate the Cabins (both from a lease and accommodation condition

perspective) we have appraised the potential to relocate that service into Worsley Court until we can identify new premises for the proposed hub.

15. We have established a small project and design team to oversee the transfer of services from The Cabins to Worsley Court and we had anticipated the required building work and modifications to be completed by the end of 2020. However, the space identified has been used by Selby GPs to see Covid +ve patients safely, since spring this year and hence our plans for transfer have been understandably delayed.
16. In order to transfer services from The Cabins we now aim to have two thirds of work completed at Worsley Court by the end of March 2021 (Covid restrictions allowing) and this will necessitate accommodating the Selby GPs in a separate part of that building. This is currently being worked up and we are keen to avoid any impact for the GP service, whilst also looking to deliver better accommodation for our Children's and Young Person's services.
17. Alongside the plan to transfer our Children's and Young Person's services into Worsley Court we are also currently working to support access for our Learning Disabilities Team to accommodate their outpatient clinic. This will relieve the pressure at the neighbouring War Memorial Hospital and will support co-location and hence improve communication between teams.
18. TEWV's programme *Right Care Right Place* which aims to maximise partnership working across agencies, and to support local links to promote smooth pathways for service users and carers, also presents a new opportunity in which we can consider a partnership approach to future accommodation needs. A new local and shared approach may yield exciting and innovative opportunities for all in achieving suitable accommodation and this approach is being actively explored by our Right Care Right Place Lead.

## Implications

- **Financial** – The development of Selby Hub and any alterations to Worsley Court 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 and existing premises embrace the most up to date technology to support remote working and expected connectivity. These include Microsoft teams and BT Attend Anywhere.
- **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), continues to be pursued, although it has been extremely challenging to identify a suitable site.

In the interim we are investing in the premises at Worsley Court to ensure that service users have good access, are seen in suitable and safe premises, and that services can continue to function effectively.

Additionally the opportunity to embrace partnerships and improve the service user and carer pathways locally is being considered.

## **Recommendations**

The committee is asked to review and note this paper.

## **Author**

Martin Dale, Strategic Project Manager

Tees Esk & Wear Valleys NHS Foundation Trust

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

**18 December 2020**

***Tees, Esk and Wear Valleys NHS Foundation Trust – Update on the development of North Moor House: A new community mental health hub in Northallerton for Hambleton and Richmondshire.***

**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. A previous paper was presented to the committee in September 2019.

**Background**

2. Mental health services across Hambleton and Richmondshire have been provided across a range of premises including health centres, GP surgeries, acute general hospital facilities and on 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 the Northallerton mental health inpatient beds in early 2019 enabled investment into community services (discussed in a separate paper previously submitted to the committee for review in 2019) which 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 were funded through the reinvestment of finance which was previously required to maintain the inpatient bed provision.
4. Alongside the enhanced provision of community mental health services, the work to develop a new community mental health hub has been underway since 2018. The provision of a hub aims to join services more efficiently, increase the consulting / interview room spaces available (and thus improve access and reduce waiting) and to enable a more therapeutic environment in which people can be safely and comfortably seen. The architect's illustration of the completed hub is pictured below.



5. The hub will 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 effective communication and support joint working 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 early development programme for the new hub met a number of strategic 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 was quickly identified within the new development area, Kings Park, adjacent Darlington Road in Northallerton and was purchased by TEVV following a successful planning application. The construction work on that site commenced in March 2020 just as the worldwide pandemic was taking hold.
9. For the purposes of planning approval an initial site name was required and at that stage North Moor House was chosen, as the site is located on North Moor Road. Further discussions with service users, carers and our Public Governors through our project steering group sought to consult on this name. The feedback we received confirmed that this name was acceptable to all and it is now the official name of this site.
10. Despite the limitations caused by the pandemic, including restrictions to number of workers permitted on site, furlough arrangements for sub-contractors, etc., progress has been positive and the scheme has experienced only minor delays – thankfully much less than initially anticipated at the start of lock-down restrictions. The construction programme was originally intended to complete in late February 2021 but it is acknowledged that due to a small number of Covid-19 related delays (such as the delivery of steel to site) the build will now be completed and handed over to us in early April 2021.

11. TEWV will then commission the building in April 2020 and into May 2020 over a six week period, after which we will be transferring services from the Friarage site, from Brompton House and from Gibraltar House, in Northallerton.
12. The scheme remains on track and current progress with the build is illustrated below.



13. The Friarage and Gibraltar House accommodation currently used by our teams are managed under a leasing arrangement and will be returned to the respective landlords. Brompton House is owned by TEWV and will be sold on the open market.
14. We have now reached agreement with South Tees Hospitals NHS Trust and have received assurance that the Acute Hospital Liaison (mental health) Team will remain on site within the hospital over the 24 hour period, 7 days per week – this is essential to comply with the requirements of Core 24. Additionally the Adult Crisis and Home treatment Team will be able to access accommodation at the Friarage Hospital out of working hours to ensure safe access for service users. Within working hours the Crisis and Home Treatment Team will be based at North Moor House, as intended.

## Implications

- **Financial** – The development of North Moor House 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 North Moor House
- **Equalities** – A refreshed equality impact assessment was 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 (where required) and to meet expected levels of connectivity. Remote working will include facilities and resources to use Microsoft Teams conferencing by all staff and also BT Attend anywhere for service user appointments where travel is not required or cannot be managed easily.

- **Property – N/A**

## **Conclusions**

The development of North Moor House provides a fantastic opportunity to bring together all 4 mental health specialties to enable improved communication and support safe transfers of care, building on the success of Huntington House in York, and will provide invaluable learning for future community hub schemes across North Yorkshire and the rest of the TEWV patch.

Improvements to mental health working environments for staff and with regards to high quality care delivery 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 North Moor House is a crucial next step for services and represents TEWV's ongoing commitment to invest in the modernisation of mental health services.

## **Recommendations**

The committee is asked to review and note this paper.

## **Author**

Martin Dale, Strategic Project Manager

Tees Esk & Wear Valleys NHS Foundation Trust

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

**18 December 2020**

***Tees, Esk and Wear Valleys NHS Foundation Trust – Development and completion 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 and completion of Foss Park hospital in York, highlighting progress to date and detailing the current position regarding management of inpatient services during the Covid-19 pandemic.

**Background**

2. Previous reports have been presented to the North Yorkshire County Council (NYCC) Scrutiny of Health Committee in September 2018 and September 2019. Since that time the hospital has been completed and commissioned, and services have successfully transferred to the new site.
3. The new purpose-designed 72 bed hospital provides 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 was opened in April 2020, in the height of the worldwide pandemic, one week ahead of schedule.
4. All 72 bedrooms are single bedrooms with en suite facilities. All have views of garden spaces and each bedroom corridor has rooms on one side and garden views on the other so that no 2 rooms face each other.
5. TEWV has invested approximately £40m (including VAT, fees and land purchase) from internal cash resources to support this development
6. A photo of the finished entrance is illustrated below (this is not an artist's impression!).



7. Service user and carer involvement has been integral to the development of Foss Park and we have facilitated over 60 design workshops in which service users and carers, and clinical staff, have taken an active part. This level of engagement continued beyond the design stages and service users and carers were key members and equal partners on our project steering group, helping us to improve our understanding and to raise awareness of their needs.
8. In October 2018 the hospital name and the names of the individual wards were chosen through a facilitated democratic focus group approach comprising service users, carers, clinical staff and key local stakeholders. 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 to pronounce and required a suffix after each name to make them easier to articulate.
11. Further work was undertaken within older person’s inpatient services to seek service users and carers most popular choices of suffix options. As a result of this engagement work it was confirmed that the names for the older person’s wards are as follows:

- **Moor Croft** ward –18 older person’s functional beds
  - **Wold View** ward – 18 older person’s organic (dementia)beds
12. Over the last 24 months we have been proactively managing our dementia beds and the number of beds in use has 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, in August 2019 we decided to merge our 2 remote single sex dementia wards into one mixed sex dementia ward at Meadowfields in York. This 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. This preparation work was vital in preparing for the later transfer to Foss Park in April this year.
  14. The beds at Foss Park hospital accommodate patients from York and Selby, and from Harrogate. Concern has previously been expressed in York, and latterly in Harrogate, regarding the availability of inpatient beds going forwards, most specifically with regards to older person’s beds, and with particular regards for those patients with dementia requiring an inpatient admission.
  15. Since the opening of Foss Park the maximum number of beds occupied on our dementia ward, Wold View, has been 10 out of 18 beds (55.5%) and on most occasions we have experienced less than 50% occupancy.
  16. There was a reduction of 2 adult beds from Harrogate and York when Foss Park became operational in April 2020, providing 36 adult beds in total. Previously there were 38 beds available - 14 on Cedar Ward in Harrogate and 24 beds at Peppermill Court in York. In mitigating any shortfall 2 beds are available at Cross Lane Hospital in Scarborough (to ensure sufficient availability) although our operational direction remains firmly focussed on reducing traditional over-reliance on beds and to safely support our service users at home, noting the need for good quality carer support alongside this.
  17. The beds at Foss Park, in adult and older person’s services, are identified as *locality* beds and purposefully 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.
  18. The photographs below are illustrations of outdoor therapy spaces and day spaces, as an example of the high quality environment.



## Implications

- **Financial** – The development of Foss Park hospital was met from TEWV capital reserves
- **Human Resources** – A full and through management of change process within TEWV was facilitated prior to transfer of services into the new hospital
- **Equalities** – A refreshed equality impact assessment was completed prior the Full Business Case being approved
- **Legal** – N/A
- **Crime and Disorder** - N/A
- **Information Technology (IT)** – The new hospital embraces the most up to date technology to support the clinical teams on site, including remote working where this is a clinically appropriate means of communicating with service users and carers (such as to conduct assessments, seek feedback, and to maximise engagement.)
- **Property** – N/A

## **Conclusions**

The development of Foss Park in York has been much awaited. It represents a new era of inpatient mental health care, providing an excellent environment in which to recover and one that effectively supports modern health care delivery. Additionally, the high quality accommodation and abundance of space available maximises service user choice both indoors and outdoors and will support healing processes and recovery.

It is 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. However, for people who do require inpatient services it provides comfort and safety whilst maximising choice and personal dignity.

## **Recommendations**

The committee is asked to review and note this paper.

## **Author**

Martin Dale, Strategic Project Manager

Tees Esk & Wear Valleys NHS Foundation Trust

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

**18 December 2020**

***Tees, Esk and Wear Valleys NHS Foundation Trust – A brief update on the relocation of mental health services in Harrogate since the closure of the Briary Wing at Harrogate District Hospital in May 2020.***

**Report of**

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

**Purpose of this report**

1. This paper provides a brief overview of the relocation of services which were previously accommodated within the Briary Wing at Harrogate Hospital.

**Background**

2. The Briary Wing at Harrogate District Hospital had been a base for a number of Harrogate mental health services since 1992, originally accommodating 2 Adult inpatient wards (Cedar and Willow wards) and 1 older people's inpatient ward (Rowan Ward).
3. Over a number of years the accommodation was developed to provide space for a dedicated adult crisis team which was developed through the closure of one of the adult wards (Willow), and later to provide space for the Acute Hospital (mental health) Liaison Team and the Older Person's Crisis Team.
4. Since 2019 it was intended that Adults and Older People requiring inpatient mental health services would be accommodated at Foss Park Hospital in York from May 2020 onwards. Cedar and Rowan wards were transferred to York in April 2020, ahead of schedule, to enable Harrogate Hospital to utilise those spaces within their Trust-wide Covid-19 continuity plans. A number of Harrogate staff elected to transfer to Foss Park when these services moved.
5. The Acute Hospital (mental health) Liaison Team remains in place at the Briary Wing, as it provides an essential component of the hospital's Core 24 offer. It is intended that the team will move out of the Briary Wing into other accommodation within the hospital in the coming months, but will remain on site in order to fulfil this essential role.
6. The Older Person's Crisis Team has been relocated to Alexander House in Knaresborough. This enabled the team to co-locate with the existing Older Person's Community Mental Health Team already based there. The two teams work with their service users across a shared pathway approach and by co-locating they can better support joined-up care packages and can easily flag clinical needs across the spectrum of care that they both deliver.

7. We were unsuccessful in identifying alternative accommodation for the Adult Crisis and Home Treatment Team and the Children and Young Persons Crisis Team within the Harrogate area and as a result we needed to relocate that service into our site at The Orchards in Ripon. By making some accommodation changes at that base we have managed to accommodate the staff, offer a little extra consulting space and support the two teams to work closely together.
8. It is absolutely understood that this relocation to The Orchards is an interim solution only and cannot be sustained in the long term. This aligns to our lease end date at Windsor House in Harrogate, where we accommodate the Adult Community Mental Health Teams for Harrogate and Ripon. That lease expires in April 2024 and we recognise that a more permanent base will be required ahead of that date. Work is already underway to identify potential sites and explore all possible solutions to re-establish the Adults and the Children's and Young Persons crisis services alongside the Adult Community Mental Health Teams in Harrogate. The Steering Group overseeing this development has service user and carer input to ensure wide understanding and acceptability of all solutions considered.
9. In making these recent accommodation changes we took the opportunity to relocate our Pharmacy Team to Windsor House to work alongside our Community Mental Health Teams, and also took opportunities to increase accommodation at Windsor House, The Orchards and Alexander House for our medical staff.
10. TEWV recognises that the moves have impacted service users and carers, as well as clinical staff, and we are doing everything we can to ensure good access to services using a range of approaches including new remote working solutions such as BT Attend Anywhere and Microsoft Teams to reduce travelling and increase team availability, especially in light of the recent pandemic restrictions.

## Implications

- **Financial** – N/A in these recent changes.
- **Human Resources** – A management of change process was facilitated prior to transfer of services across the Harrogate, Knaresborough, Ripon and York localities.
- **Equalities** – A refreshed equality impact assessment was completed prior to the transfer of services.
- **Legal** – N/A
- **Crime and Disorder** - N/A
- **Information Technology (IT)** – The opportunity has been taken to support improved IT access including sustainable solutions for remote working.
- **Property** – N/A

## **Conclusions**

The transfer of services out of the Briary Wing at Harrogate District Hospital has been a significant change for service users, carers and clinical staff.

In making these changes TEWV has been mindful of the need to retain service delivery commensurate with individual clinical needs and ensure improved access to help where and when required.

Whilst the transfer of crisis services to Ripon was unavoidable it is fully acknowledged that these should be transferred back into Harrogate at the earliest possible opportunity and this is being worked into the planning for the accommodation requirements ahead of the lease expiry at Windsor House.

## **Recommendations**

The committee is asked to review and note this paper.

## **Author**

Martin Dale, Strategic Project Manager

Tees Esk & Wear Valleys NHS Foundation Trust

# **North Yorkshire & York Locality**

## **Hambleton & Richmondshire**

### **MHSOP & AMH Services**

**OSC Review for North Yorkshire  
CCG**

Naomi Lonergan - Director of Operations North Yorkshire and York

## **1.0 Introduction**

This report provides an update on the progress made in Hambleton and Richmondshire to implement the new enhanced community model for AMH and MHSOP and present the current inpatient activity for 2020/21 position at 31<sup>st</sup> October which shows a positive impact to reducing hospital admissions and reducing the length of stay which is exceeding the planned 20% reduction.

## **2.0 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 (CCG) approved the recommendation to close inpatient mental health beds at the Friarage Hospital. Enhanced community and crisis services would be provided 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 their home, reducing the number of inappropriate admissions and to facilitate and support early discharge, reducing the length of time people stay in hospital.

## **3.0 MHSOP - Progress to date**

From 1 March 2019 the MHSOP 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.

A review of the team's progress after 6 months revealed that the majority of work undertaken between 5pm and 8pm had been non patient facing, with staff mainly using the time to do administrative work. We therefore agreed with CCG colleagues to make an interim change to the teams working hours. Since December 2019 the team have continued to maintain 7 day working in order to be able to provide intensive support and facilitate hospital discharges and respond to primary care colleagues throughout the week. However, working hours have been adjusted to 8am - 5pm Monday to Thursday, 8am – 8pm Friday to Sunday.

No detrimental impact has been identified since this interim change of hours, and there have been benefits in terms of weekday availability to attend MDT meetings, increased opportunities for caseload management with clinical leads and liaise with primary care and social care colleagues.

We planned to seek feedback from GPs in May 2020, but due to the Covid 19 pandemic this did not happen. The team have continued to operate under the revised hours in the meantime. No issues or concerns have been raised in relation to the change of hours including any detrimental impact on inpatient admissions or length of stay in hospital.

In the original model we looked at the community team skill-mix to include additional medic time and physical health roles. We have 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. We have also improved the physical health monitoring of patients in our service with roles dedicated to this. In addition, we have appointed a social worker to the team who will be facilitating a virtual 'Steps to Recovery' group in addition to working with individuals and families in the community and providing –discharge liaison support where in-patient treatment is appropriate. Physiotherapy staff have also developed a virtual group physical health intervention and both groups will be evaluated after the first programme is completed.

CMHT staff aim to complete all initial assessments in person, however it is now routine to offer remote consultations via Attend Anywhere video conferencing, where this is appropriate for follow up appointments and provided this is acceptable to the patient. Feedback around consultations via Attend Anywhere has been largely positive. This has allowed patients to avoid unnecessary journeys and family members living at a distance have been able to participate in care planning discussions and this has enabled staff to use their time more efficiently.

The aim was to reduce the length of stay for Hambleton and Richmondshire patients by 20% from a base line of 69.38 bed days (2016/17 data). Patients requiring inpatient treatment would access a total of 5 MHSOP functional beds in West Park Hospital (Darlington) for Richmondshire patients or Roseberry Park Hospital (Middlesbrough) for Hambleton Patients and 2 MHSOP Organic beds in Hamsterley and Ceddesfeld at Auckland Park Hospital, Bishop Auckland. These wards would be considered as the 'home wards' for Hambleton and Richmondshire patients. Unfortunately, urgent rectification works have been required to the inpatient wards in Roseberry Park Hospital (RPH) and since the planned closure of the wards at Northallerton admissions for all MHSOP patients from Hambleton and Richmondshire have been directed to West Park and Auckland Park Hospitals. This arrangement will continue until the wards fully re-open at Roseberry Park Hospital. Progress is being made at RPH with Block 5 handover projected for the 7<sup>th</sup> May 2021. Upon handover there will be some recommissioning work needed with the expectation beds will be back at RPH first week in June 2021.

### **3.1 MHSOP Inpatient activity Q1 2020/21 review**

Table 1 provides MHSOP admissions and Length of Stay (ALOS) for 2016/17, 2017/18 and 2018/19. It updates the 2019/20 data to provide the full year end position and provides the 2020/21 year to date position (to October 31<sup>st</sup>).

Between 1<sup>st</sup> October 2019 and 31<sup>st</sup> March 2020 there were 17 admissions in total which is an increase of 30% in comparison to the 13 admissions seen in the same 6 month period for 2018/19. However over the full year 2019/20 there is a year on year reduction in admissions of approximately 24% when compared against 2018/19. Hambleton saw the most pronounced fall in admissions over this period with a year on year reduction of 50%. Overall 2019/20 MHSOP admissions were approximately 35% (19 admissions) down on the 2016 baseline. 2020/21 ytd has seen 13 admissions across Hambleton and Richmondshire with 3 in Q1 (9 in Q1 19/20), 6 in Q2 (9 in Q2 19/20) and 4 in Q3 to Oct.31st (3 in Q3 19/20 to Oct.

31<sup>st</sup>). In total in 2020/21 ytd there have been 13 admissions compared to 21 for the same period in 2019/20.

Of the 17 admissions in Q3/Q4 2019/20, 8 patients accessed the identified home wards however due to bed pressures across the whole inpatient system the other 9 patient's accessed Trust beds in York (5), Scarborough (1) and Harrogate (3). Of the patients not receiving care on the identified 'home wards' a maximum of 2 patients choose not to be repatriated with the remaining patients transferred back to the identified 'home ward' as a priority, once a bed was available.

Patient average length of stay for the full year 2019/20 shows a reduction of 27% across 31 discharges when compared to the 2016/17 position. The ALOS for Q3 was 43.67 with 3 discharges and for Q4 was 61.56 with 9 discharges (Q4 ALOS included two discharges with LOS exceeding 90 days, 106 and 144). Current 2020/21 YTD ALOS for Hambleton & Richmondshire patients based on last 15 discharges is 61.67 days, (Q1 there were 5 discharged with an average LOS of 75.8 days and in Q2 we saw 7 discharges with an average LOS of 37.57 days. 2020/21 YTD shows three patients with an LOS exceeding 90 days (170 in Q1 and 91 and 137 in Q3 to date).

Q3 and Q4 2019/20 had only 1 readmission within 30 days of discharge (1 in total across 2019/20) and 2020/21 YTD has seen no readmissions within 30 days of discharge. This illustrates the work underway by the community teams to promote early safe discharge with assured intensive home support. This has been achieved by working closely with the home wards to support timely (and clinically appropriate) discharge and by the local service being now being able to deliver treatment across all 7 days.

**Table 1: MHSOP Admissions & LOS by sub CCG**

		16/17 baseline consultation data	20% reduction target (from consultation data)	2017/18 Remeasure	+/- Variance	2018/19 Remeasure	+/- Variance	2019/20 Remeasure	+/- Variance	20/21 YTD (Apr 1st- Oct. 31st)	+/- Variance YTD
MHSOP Admissions	Hambleton	36	-	34	-2	32	-4	16	-20	8	n/a
	Richmondshire	18	-	14	-4	14	-4	19	1	5	n/a
<b>Total Ham &amp; Rich Admissions</b>		<b>54</b>	<b>-</b>	<b>48</b>	<b>-6</b>	<b>46</b>	<b>-8</b>	<b>35</b>	<b>-19</b>	<b>13</b>	<b>n/a</b>
MHSOP ALOS	Hambleton	60.54	48.43	81.87	21.33	59.11	1.43	48.81	-11.73	66.00	17.71
	Richmondshire	78.18	62.54	71	-7.18	71.57	-6.61	52.8	-25.38	59.50	-29.85
<b>Total Ham &amp; Rich LOS</b>		<b>69.38</b>	<b>55.48</b>	<b>78.65</b>	<b>9.27</b>	<b>62.6</b>	<b>-6.78</b>	<b>50.74</b>	<b>-18.64</b>	<b>61.67</b>	<b>-9.08</b>

**Figure 1a: MHSOP admissions by Sub CCG**

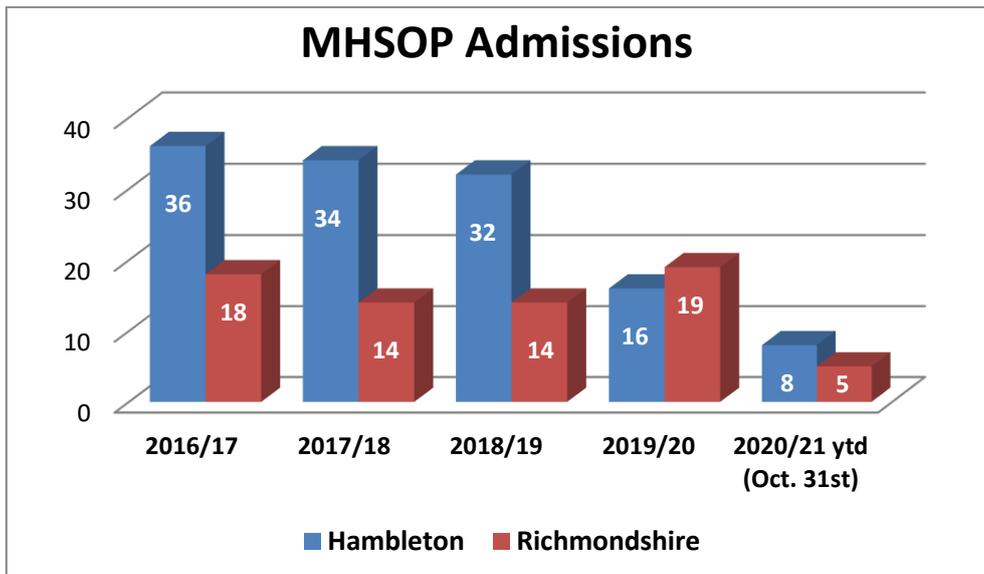
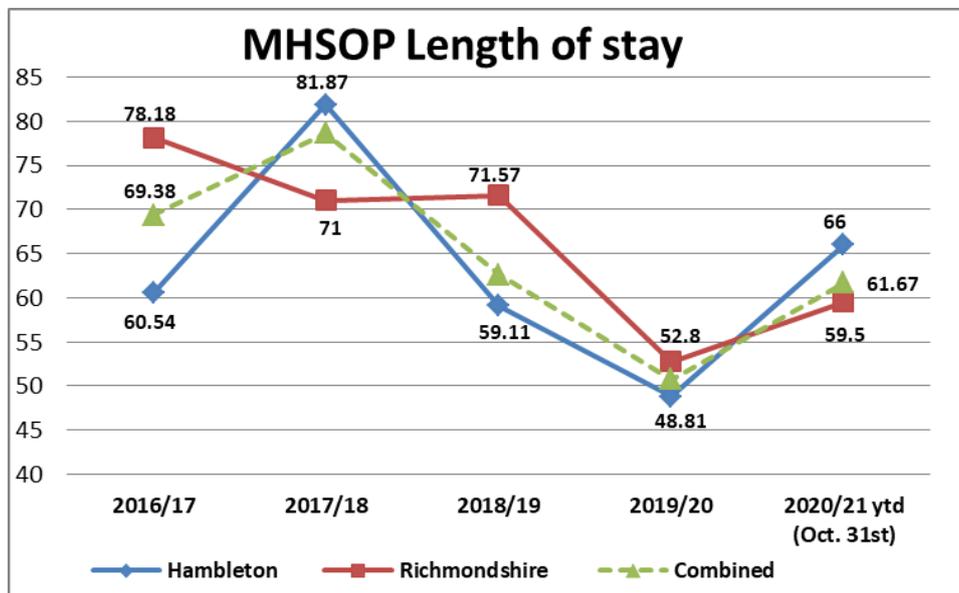


Figure 1a above shows year on year admissions rose in Richmondshire for 2019/20 increasing by 35%. Hambleton admissions for 2019/20 are 50% down year on year and 56% down on the 2016/17 baseline. The year to date (Apr. 1<sup>st</sup> 2020-Oct. 31<sup>st</sup> 2020) trajectory indicates a potential reduction in admissions both for Hambleton and Richmondshire across the full year when contrasted against the position at the same point in 2019/20.

**Figure 1b: MHSOP Length of stay by sub CCG**



As stated above the 2020/21 YTD (Oct. 31<sup>st</sup>) ALoS is impacted by two patient discharges with lengths of stay of 170 days (Hambleton) and 137 days (Richmondshire), 2 of the 3 highest lengths of stay over the last 19 months. As figure 1b above shows The ALoS position for both localities showed significant decreases at the end of the 2019/20 year with Hambleton 17.4%

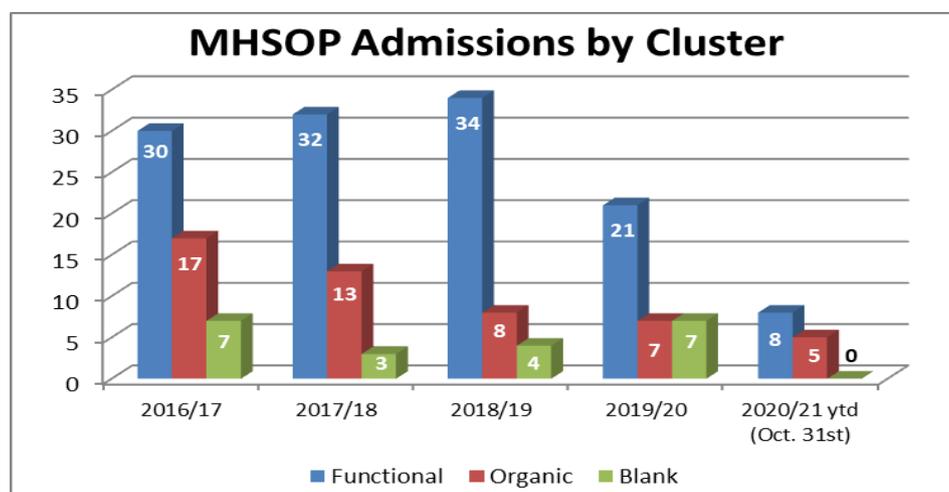
down on 2018/19 and 19% down on the 2016/17 baseline while Richmondshire was 26% down year on year and 32.4% down against the 2016/17 baseline.

Table 2 provides admissions and ALOS by cluster separately for Hambleton and Richmondshire with figures 2a and 2b providing breakdowns for Hambleton and Richmondshire combined. Functional admissions fell year on year for 2019/20 by 38% and are 30% down against 2016/17 baseline. The overall functional ALOS was 55.1 days in 2019/20, a reduction of 3 days on the 2016/17 baseline and a year on year a fall of 20% on 2018/19. For 20/21 ytd functional admissions at 8 compare to 15 for the same period in 19/20 and functional ALoS is 77.25 reflecting the 170 day LoS discharge referenced above. Organic admissions in 2019/20 were down by 10 against baseline with 1 less admission year on year. The overall organic ALOS in 2019/20 has reduced by 30 days compared to the 2016/17 baseline but rose just over 3 days year on year. Organic admissions for 20/21 ytd stand at 5 compared to 2 for the same period in 19/20 and ALoS is 43.29, 11.8 (21%) down on the 2019/20 year end figure.

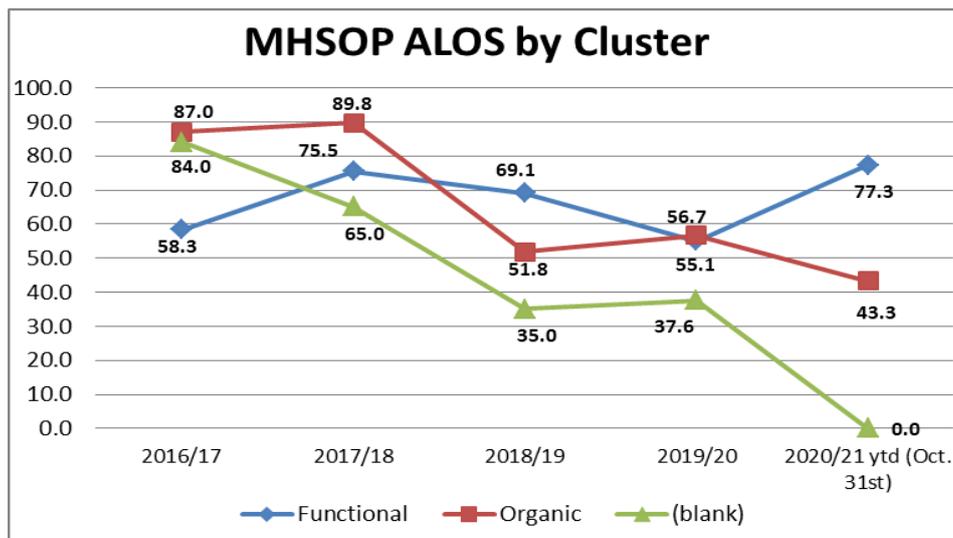
**Table 2: MHSOP H&R Admissions and LOS by Cluster**

			16/17 baseline consultati on data	20% reduction target (from consultation data)	17/18 Remeasure	+/- Variance	18/19 Remeasure	+/- Variance	19/20 Remeasure	+/- Variance	20/21 YTD (31 <sup>st</sup> Oct.)
MHSOP Admissions by Cluster	Hambleton	Organic	12	-	8	-4	4	-8	2	-10	3
		Functional	17	-	24	7	25	8	10	-7	5
		Blank	7	-	2	-5	3	-4	4	-3	0
		<b>Total</b>	<b>36</b>	<b>-</b>	<b>34</b>	<b>-2</b>	<b>32</b>	<b>-4</b>	<b>16</b>	<b>-20</b>	<b>8</b>
	Richmondshire	Organic	5	-	5	0	4	1	5	6	2
		Functional	13	-	8	-5	9	-4	11	-8	3
		Blank	-	-	1	-1	1	-1	3	-3	0
	<b>Total</b>	<b>18</b>	<b>-</b>	<b>14</b>	<b>-4</b>	<b>14</b>	<b>-4</b>	<b>19</b>	<b>1</b>	<b>5</b>	
<b>Total Ham &amp; Rich Admissions</b>			<b>54</b>	<b>Total</b>	<b>48</b>	<b>-6</b>	<b>46</b>	<b>-8</b>	<b>35</b>	<b>-19</b>	<b>13</b>
MHSOP LOS by cluster	Hambleton	Functional	52.19	-	73.8	21.61	63.51	11.32	58.73	6.54	89.0
		Organic	73.9	-	104	30.1	54.2	-19.7	14	-59.9	31.5
		Blank	-	-	76.5	-	35.5	-	30.25	30.25	-
	Richmondshire	Functional	65.11	-	79.48	14.37	87.87	22.76	50.67	-14.44	71.0
		Organic	84.67	-	60	-24.67	49.8	-34.87	78	-6.67	48.0
	Blank	-	-	42	-	0	-	45	45	-	
<b>Total Ham &amp; Rich LOS</b>			<b>69.38</b>	<b>55.48</b>	<b>78.65</b>	<b>-9.27</b>	<b>62.6</b>	<b>6.78</b>	<b>50.74</b>	<b>-18.64</b>	<b>61.67</b>

**Figure 2a: MHSOP H&R Admissions by Cluster**



**Figure 2b: MHSOP H&R ALoS by Cluster**



Overall staff tells us their well-being has improved since we introduced the new model. This is demonstrated in the significant improvement in our sickness absence figures. Illustrative of this are the figures for the Hambleton and Richmondshire MHSOP CMHT which for the year 2019/20 were 1.07%. Currently for the 2020/21 year to October 31<sup>st</sup> the cumulative figure stands at 2.24%, a rise over the year since April but well within the 4.5% target.

We also embraced the use of technology using Skype to support with remote work enabling the team to share key information that supports intensive home support out of hours. It has also enabled us to trial the use of Skype for patient consultations, which has been positive on the occasions when this has been used but has yet to be embedded in everyday practice.

We are always continually looking to improve our service and our 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. We will also continue to look at ways to increase opportunities for MDT working with GP and other primary care colleagues 2021.

#### **4.0 AMH Progress to date**

In preparation for the change in services and before the inpatient service closed we worked with our crisis team to develop a new model of engagement, "Recovery@home". The model involves the crisis team engaging service users, where appropriate, in creating a discharge plan 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.

Our Recovery@home approach has proven successful at sustaining the reduction the Average Length of Stay for an in-patient, which has contributed to us achieving the targets sets for bed use post transformation. We have also seen success in reducing the overall number of admissions from the West community team in Richmondshire which has contributed to the reduction in the number of admissions from Hambleton and Richmondshire locality. East community team in Hambleton has faced recruitment challenges across key posts

including the Consultant Psychiatrist, Advanced Practitioner and Clinical Psychologist, which impacted on the leadership of the team. These key positions have however now been filled, with the last commencing in August of this year.

The extra capacity provided to the crisis team from the inpatient services closure (4 Health Care Assistant's and 2 band 5 nurses) has allowed the team to provide the "Recovery@home" model across 2 hospital sites as well as providing more resource to be able to support patients in facilitating early discharge. In addition to offering support to individual cases where it is appropriate, offering a choice of recovering their mental wellbeing at home rather than in hospital.

#### 4.1 AMH Inpatient Activity - Review to October 31<sup>st</sup> 2020/21

The aim has been to reduce the number of admission and length of stay for Hambleton and Richmondshire AMH patients by 20% from the base line measurement of 123 admissions and 39.78 bed days (data taken from 2016/17 data). Table 3 below provides AMH admissions and LOS for 2016/17, 2017/18 to 2020/21 YTD (Oct. 31<sup>st</sup>).

Between 1<sup>st</sup> October 2019 and 31<sup>st</sup> March 2020 there were 51 admissions in total which is a 16% reduction compared to the 61 admissions between the same period for 2018/19. Of the 51 admissions, 36 patients accessed the identified home wards. Due to bed pressures across the whole inpatient system the other 15 patients accessed Trust beds in Durham (6), Harrogate (3), Scarborough (4) and York (2). Across the full year 2019/20 we saw a year on year reduction of 16 admissions (13.5%) and a total of 75 patients accessed their identified home wards.

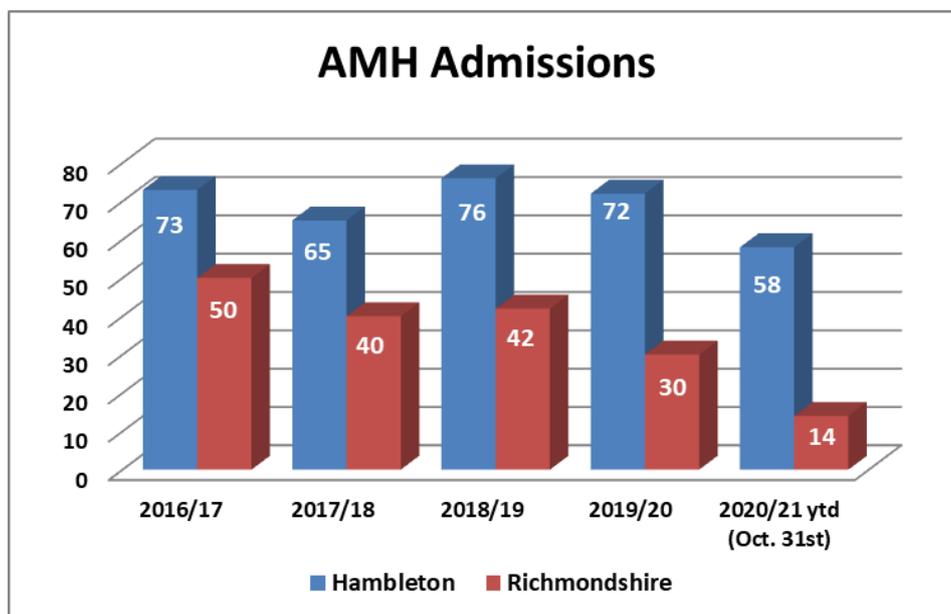
As at end of 2019/20 patient average length of stay has been reduced by 42% against the 2016/17 baseline and is 27% below the planned 20% reduction target of 31.83 days. The ALOS for Hambleton & saw Richmondshire AMH for Q3 and Q4 2019/20 was 23 days. (Q3 saw 12 discharged with an average LOS of 12.5 days and in Q4 there were 39 discharges with an average of ALOS 27 days).

The 2020/21 ytd figures show 72 admissions to 31<sup>st</sup> October 65 of who have accessed their identified home wards. The ALOS for the 2020/21 year to date (Oct. 31<sup>st</sup>) is 20.75 days based on 68 discharged and was 14 days for Q1 (30 discharged) and 20 days for Q2 (27 discharged). During this period there were 11 discharges in October 2020 with 1 discharge in the month with a Length of stay of 138 days.

**Table 3: AMH Admissions & LOS by sub CCG**

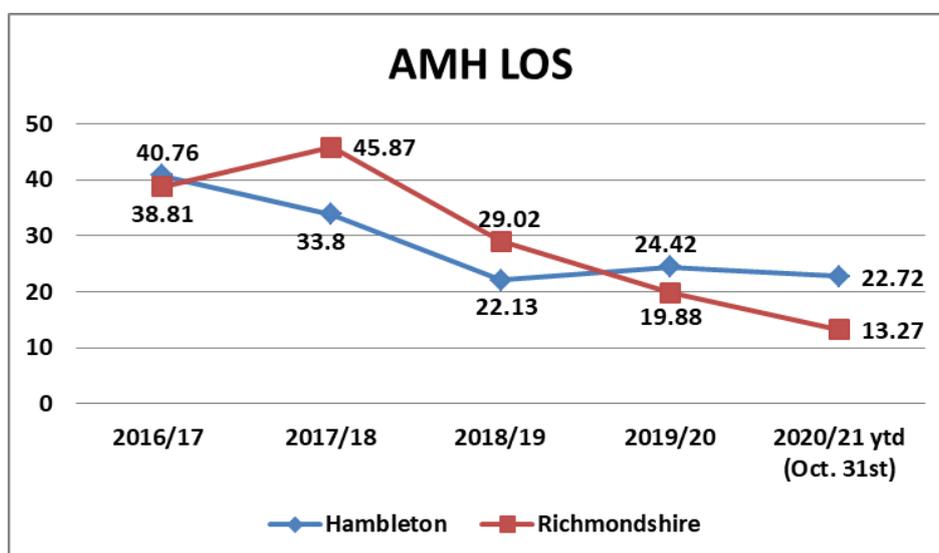
		2016/17 baseline consultation data	20% reduction target from baseline	2017/18 Remeasure	+/- Variance	2018/19 Remeasure	+/- Variance	2019/20 Remeasure	+/- Variance	20/21 YTD (Apr 1 <sup>st</sup> - Oct. 31 <sup>st</sup> )
AMH Admissions	Hambleton	73	58	65	-8	76	3	72	-1	58
	Richmondshire	50	40	40	-10	42	-8	30	-20	14
	<b>Total</b>	<b>123</b>	<b>98</b>	<b>105</b>	<b>-18</b>	<b>118</b>	<b>-5</b>	<b>102</b>	<b>-21</b>	<b>72</b>
AMH ALOS	Hambleton	40.76	32.61	33.8	-6.96	22.13	-18.63	24.42	-16.34	22.72
	Richmondshire	38.81	31.05	45.87	7.06	29.02	-9.79	19.88	-18.93	13.27
	<b>Total</b>	<b>39.78</b>	<b>31.83</b>	<b>38.28</b>	<b>-1.5</b>	<b>24.84</b>	<b>-14.94</b>	<b>23.02</b>	<b>-16.76</b>	<b>20.75</b>

**Figure 3a: AMH H&R Admissions**



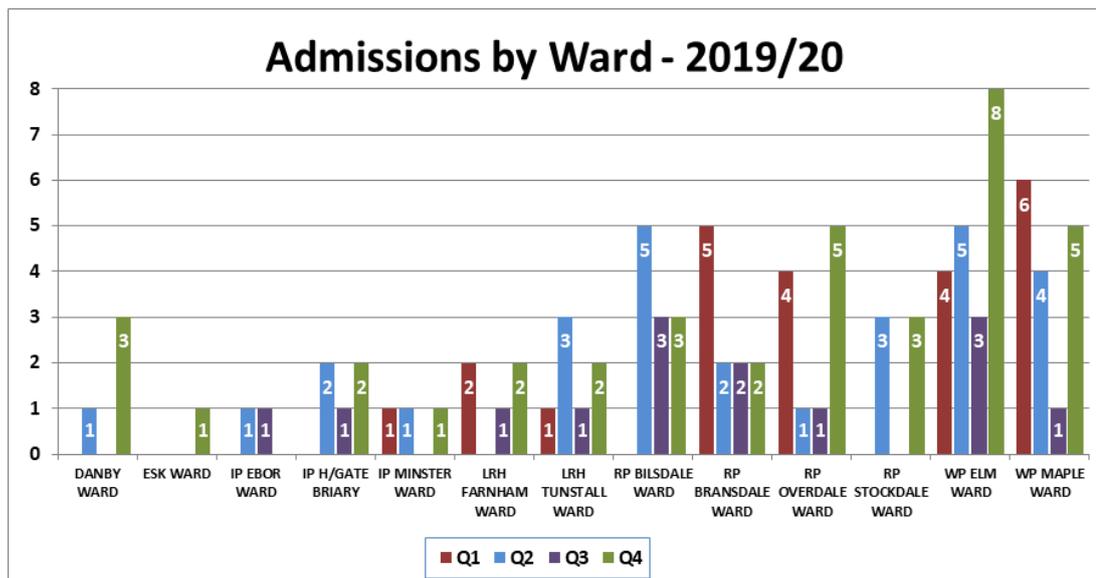
An analysis of admissions for Q3 & Q4 19/20 shows there were 51 admissions from Hambleton and Richmondshire adult mental health giving a total of 102 admissions across the year. This represents a reduction of 16 (13%) on 2018/19. The 2020/21 year to date shows a total of 72 admissions to October 31<sup>st</sup>, 36 in Q1, 33 in Q2 and 3 in October.

**Figure 3b: AMH H&R Length of Stay**



Over Q3 and Q4 2019/20 there were 38 discharges (26 Hambleton & 12 Richmondshire) 1 of these had lengths of stay over 90 days (135 days) compared to the Q1 2019/20 position of 37 discharges, (25 Hambleton and 12 Richmondshire) with none having a Length of Stay of over 90 days. For the year to date 31<sup>st</sup> October 2020/21 there has been 44 discharges (34 Hambleton and 10 Richmondshire) with an ALoS of 20.75, a reduction of 1 day on the same period last year.

**Figure 3c: AMH Admissions by Ward 2019/20**



We planned for patients who require inpatient treatment to access a total of 8 beds at West Park Hospital (Richmondshire patients) and Roseberry Park Hospital (Hambleton Patients). Since the closure of the inpatient service at the Friarage we have been allocated 4 beds at West Park Hospital and 4 beds at Roseberry Park Hospital. Figure 3c above shows that of the 102 admissions in 2019/20 75 patients accessed the identified home wards. Due to bed pressures across the whole inpatient system the other 27 patients accessed Trust beds in Durham (12), Harrogate (5), York (5) and Scarborough (5).

**Figure 3d: AMH Admissions by Ward 2019/20**

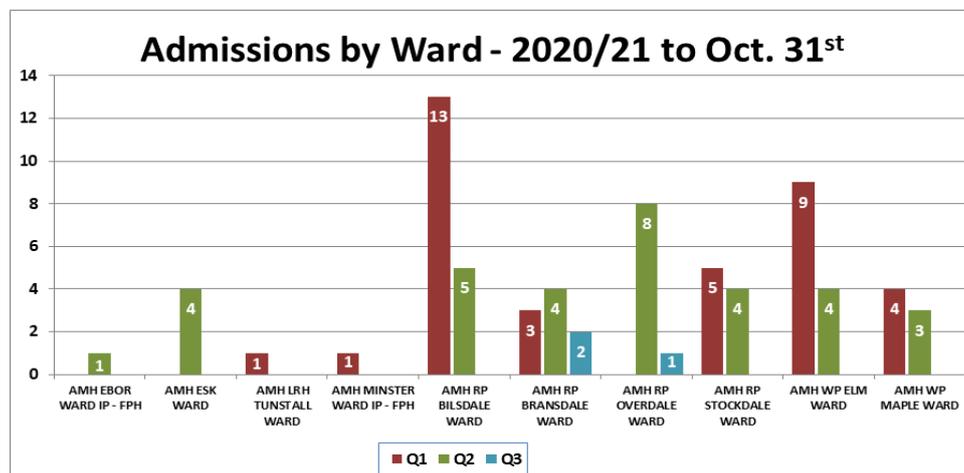


Figure 3d above shows that of the 72 admissions to October 31st 2019/20 65 patients accessed the identified home wards. Due to bed pressures across the whole inpatient system the other 7 patients accessed Trust beds in Durham (1), York (2) and Scarborough (4). The ongoing rectification works mentioned above at Roseberry Park Hospital are impacting bed allocation and availability.

In addition to the extra support worker posts in the crisis team (4.5 WTE) we also created a clinical psychologist post in that team. The transformation of our service has also allowed us

to balance the workforce between the 2 community teams as well as creating extra posts. Across the 2 community teams we have been able to add the following posts to our establishments; 1 band 7 psychologist, 1 band 7 advanced practitioner, 2 x band 5 practitioner, 2 x band 4 psychology assistants, 1 band 4 support worker and a band 6 occupational therapist that works into all the crisis and community teams. All posts have been appointed to and roles have commenced.

Part of our plan is to move our integrated community teams to work 6 days a week. The plan is for 2 members of staff from each team to work on a Saturday. These staff will be joined by 2 support workers from the crisis team to make 2 cells of 3 staff, one in Hambleton and one in Richmondshire. Due to the recent changes in the urgent care service in the Friarage hospital (downgrading of ED to a UTC) we have had to review our provision of overnight crisis services.

The changes to the Friarage services coupled with the closure of the mental health wards means that the crisis team are operating out of ours out of an isolated part of the hospital. In order to maintain the safety of staff when working out of hours in an isolated part of the hospital we have had to increase our staffing numbers on a night for the crisis team. This means that the resource allocated to support the 6 day working of the integrated teams is currently working nights to maintain the crisis team service overnight. Although the above has meant we are not currently able to move to 6 day working we have commenced evening work from the community teams. To support this we have been offering therapy appointments and group in the evenings.

Work has continued within the service to explore potential options to consider alternative accommodation for the crisis service overnight to ensure we provide a safe working environment for the team, which will also release capacity back in to the CMHT to deliver and support the 6 day working model. In particular we have continued to work with our colleagues in South Tees in order to best support the UTC with mental health presentations, and seek a solution to an overnight base for the crisis team. Recently we have identified clinical rooms in the out-patient department of The Friarage that the crisis team can use overnight and at weekends to see patient's in. Currently our IT departments are working to establish the correct technology to support the crisis team when working from The Friarage. We expect this work to be completed by January 21, at which time we can move to this model.

There is training planned for January, to be delivered by hospital liaison and the crisis team to the staff of the UTC, to help them quickly identify mental health issues so that these cases can be passed to the mental health staff as quickly as possible.

## **5.0 Conclusion**

The work carried out so far has been very positive and both AMH and MHSOP are exceeding the planned 20% reduction in the LOS which illustrates the work underway by the community teams to promote early safe discharge with assured intensive home support. 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 MHSOP 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.

All preparatory work has been done to position the teams to commence 6 day working. Now that there is a resolution to the crisis team accommodation overnight problem we can review the final part of our transformation plan, an extended home treatment service offering planned work 6 days a week.

**Naomi Lonergan - Director of Operations North Yorkshire and York, TEWV**

# NHS response to Covid 19

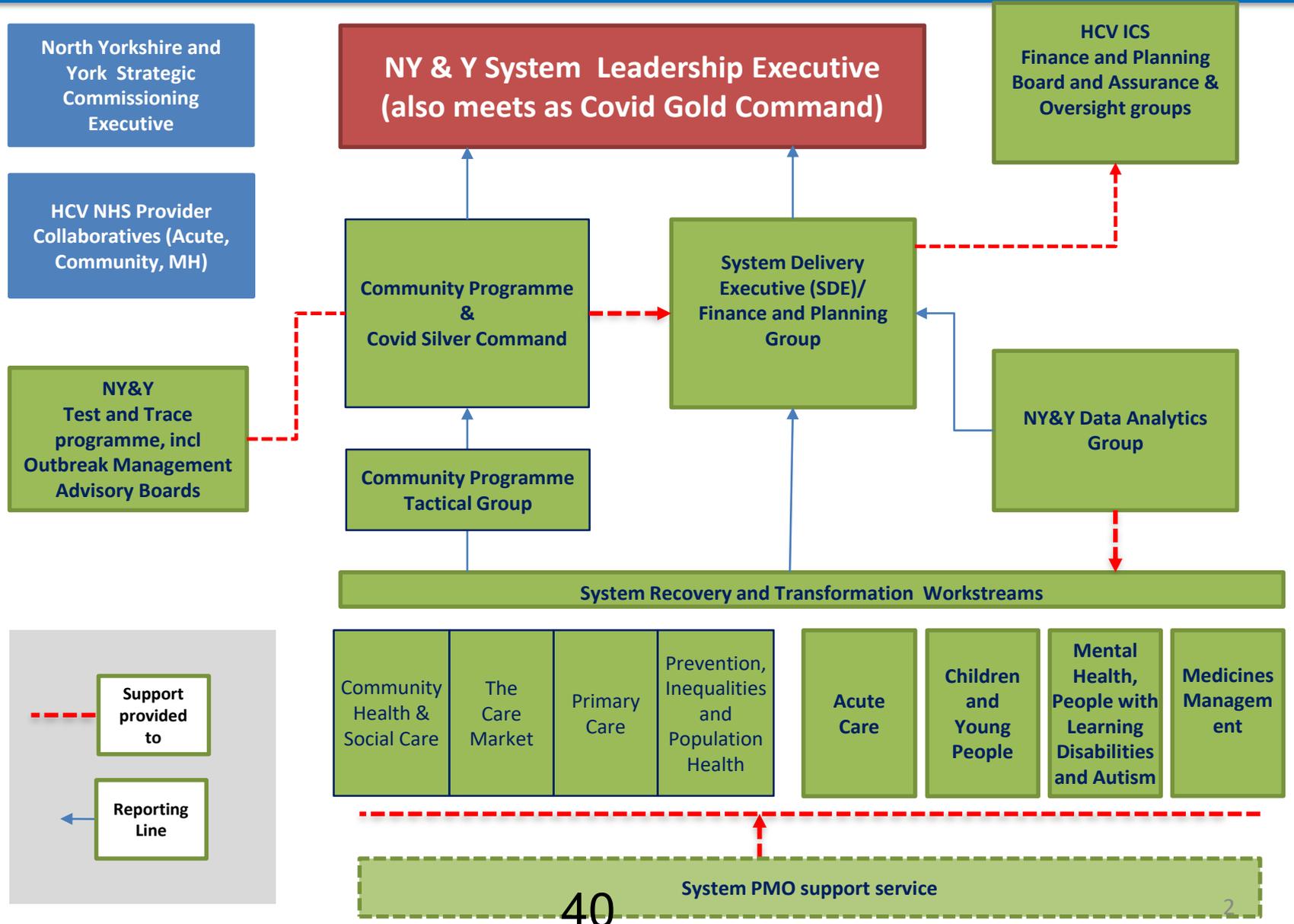
Scrutiny of Health Committee, 18 December 2020

Wendy Balmain

Director of Strategy and Integration, North Yorkshire CCG

# Governance Framework

Enablers: Comms, service user voice, engagement; digital political relationships; local democracy



North Yorkshire and York Strategic Commissioning Executive

HCV NHS Provider Collaboratives (Acute, Community, MH)

NY&Y Test and Trace programme, incl Outbreak Management Advisory Boards

**NY & Y System Leadership Executive (also meets as Covid Gold Command)**

HCV ICS Finance and Planning Board and Assurance & Oversight groups

Community Programme & Covid Silver Command

System Delivery Executive (SDE)/ Finance and Planning Group

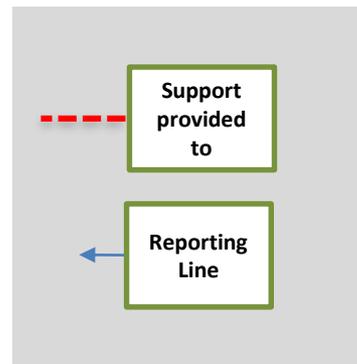
NY&Y Data Analytics Group

Community Programme Tactical Group

System Recovery and Transformation Workstreams

Community Health & Social Care	The Care Market	Primary Care	Prevention, Inequalities and Population Health	Acute Care	Children and Young People	Mental Health, People with Learning Disabilities and Autism	Medicines Management
--------------------------------	-----------------	--------------	--	------------	---------------------------	---	----------------------

System PMO support service



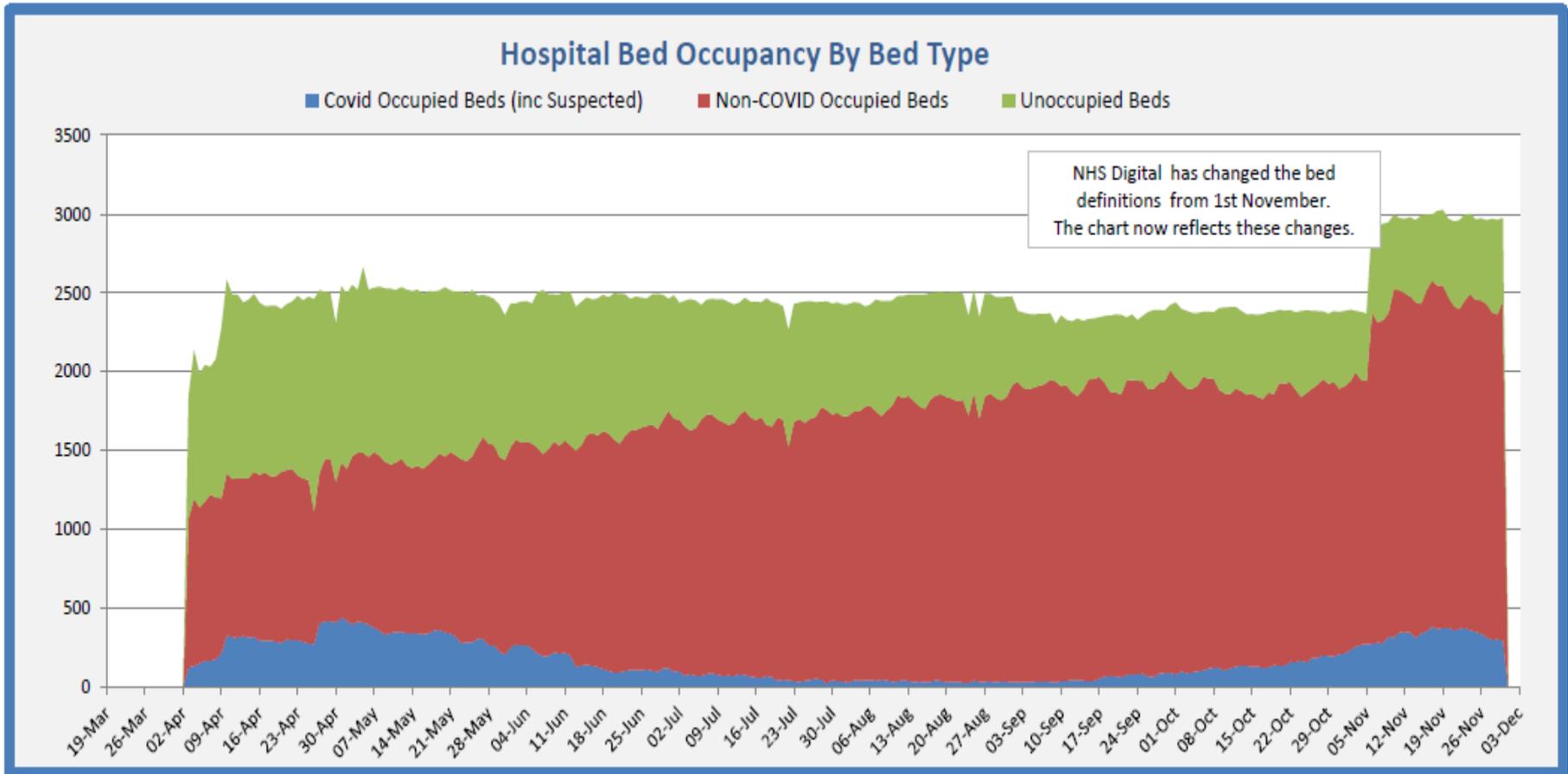
# Primary Care Response & Innovation

- **All practices have remained open during the Covid pandemic**
- Practices have **contingency plans in place to maintain priority services** in the event of significant demand or a reduction in clinic capacity
- **Hot 'Covid' pathways** are in place across the places with designated hubs in Harrogate and Northallerton to relieve pressure on GP Practices
- All 11 PCNs and all GP Practices are taking part in delivering the **Covid Vaccination programme**
- Priorities remain to **support the clinically extremely vulnerable**, annual health checks for patients on the Learning Disabilities Register and cervical cancer screening
- Primary Care appointments are back at pre-covid levels with a mix of face to face and digital consultations (on-line, video, telephone)
- **Early implementation of 'Enhanced Health in Care Homes'** with 100% of care homes with an assigned PCN and clinical lead to better support people living in care and staff working in care
- Demand for flu vaccination is exceptionally high among those who are eligible with over 75% of uptake and roll out of the 50-64 age group underway

# Community & Social Care Response & Innovation

- **Integrated models have come into their own** during pandemic response – relationships have been key
- **Community services working collaboratively with GP practices** for shielding and housebound patients throughout the covid-19 response
- **New whole system discharge arrangements** – joint CCG and LA planning:
  - **Discharge Command Centres in place** at all 5 District General Hospitals to accelerate discharge, with social care, acute, and community teams working in partnership
  - **50 Block-booked beds** for winter offering a mixture of nursing and residential support for the safe management of Covid positive patients, 12 additional blocked-booked step-down beds for Covid negative patients for the Scarborough system
  - **2 discharge system coordinators** leading a tactical response
- Now developing **additional support services** for people with Covid:
  - **Oximetry at Home** to reduce COVID mortality by early recognition of hypoxia by monitoring through primary care and care homes
  - **Post-COVID syndrome clinics** to offer physical, cognitive and psychological assessments to patients experiencing long-term health effects (January 2020)
  - **Focus on frailty** with plans and innovations emerging at every place

# Acute impact: bed occupancy



# Impact on acute hospital services

- **Covid compliant** pathways are in place in each acute provider.
- All acute trusts have **clinically prioritised their waiting lists** in line with national guidance to ensure that the most clinically urgent are prioritised for treatment.
- The number of **patients waiting for treatment on hospital waiting lists is broadly in line with pre-covid levels**, however the number of patients waiting longer has increased
- This has resulted in some **less urgent patients waiting longer**, predominantly for orthopaedic procedures
- CCG and acute trusts are working together to **procure additional capacity** to focus on long waiters
- **Prioritisation of the most clinically urgent is in place** ensuring that cancer and other urgent treatments are not delayed
- Acute trusts are in the process of **contacting all patients on the waiting list** by 11<sup>th</sup> December 2020 to support and advise
- **Support offers for patients** are being developed on a system wide basis recognising the longer waiting times that people are experiencing

# Acute impact: Cancer

- **All urgent and emergency referrals and cancer surgery has continued throughout the pandemic**
- During the 1st wave of Covid there was a **national** response to cancer diagnosis and treatments, developed by the Royal Colleges to ensure that patients were not placed at risk of Covid infection
- Trusts have worked hard to ensure that patients are treated in covid compliant areas
- Endoscopy capacity was paused nationally during wave 1 – capacity **is now being maximised** by utilisation of the independent sector and a number of less invasive diagnostics are being rolled out and explored
- **Diagnostic, bed and critical care capacity has been protected** for cancer patients to ensure that cancer diagnoses and treatments are not delayed
- All cancer patients are being safety netted and supported through any changes to their treatment
- There is a national concern, particularly during the 1st wave that cancer patients did not present to their GP as soon as they could have done and a **national communication campaign has been launched to target this patient group**

# Planning to manage Covid waves

- All health organisations have **surge plans** in place to manage further waves in order to:
  - Ensure ongoing **review and prioritisation of services** in primary, community and mental health services
  - **Maximise and deploy discharge and admission avoidance capability**
  - Enable proactive, **agile and flexible deployment of the workforce**, as appropriate, to areas of greatest need
  - Ensure **workforce resilience** and well-being is built into local plans, including availability of the mental health resilience hub
- **Established mechanisms in place** to share intelligence, track delivery and respond to emerging pressures
- Delivery of vaccination programme and observing the tier guidelines will provide significant protection to people and communities as we move forward

# Lessons learned and what's worked well

Partnerships in North Yorkshire and York were making good progress in coming together pre-covid but the collective effort to mobilise a system response, redesign service models and coordinate delivery and recovery **has been remarkable throughout waves one and two:**

- **Joint leadership with a single plan**
- **Shared understanding and management of financial risk**
- **Mutual aid across providers** keeping our staff safe, our services open, and prioritising access for patients
- Creating **new ways of working** between primary care, community and social care and care home providers
- **Faster discharge of Covid Positive patients** into the right beds
- **New operating models** in the community being tested to support 'Home First' – better for patients, better use of resources

**NORTH YORKSHIRE COUNTY COUNCIL**  
**SCRUTINY OF HEALTH COMMITTEE**  
**18 December 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 12 March 2021. The next scheduled meeting of the Mid Cycle Briefing is 10am on 22 January 2021.

- 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.

#### **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  
2 December 2020

**NORTH YORKSHIRE COUNTY COUNCIL**  
**Scrutiny of Health Committee – Work Programme 2020/21**  
**Version – 2 December 2020**

	11 Sep	21 Oct	18 Dec	22 Jan	12 Mar	18 Jun	
	COM	MCB	COM	MCB	COM	COM	
<b>Strategic Developments</b>							<b>Comment</b>
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 Morritt, CEX, York FT.
<b>Local Service Developments</b>							
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 and Harrogate			✓				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 (the closure of Prospect Road surgery in Scarborough and the proposed closure of Dacre Banks surgery have also been to the committee)	✓						Proposed closure of the Hampsthwaite surgery, Church Avenue Medical Group
10. Review of urgent care pathway in the Vale of York CCG area		✓					Mid Cycle Briefing discussion to determine lines of enquiry for the committee
11. Review of primary care services in and around Easingwold							Mid Cycle Briefing discussion to determine lines of enquiry for the committee
12. Proposed re-build of the Airedale Hospital on the existing site							Mid Cycle Briefing discussion to determine lines of enquiry for the committee
<b>Public Health Developments</b>							
1. Optometry - market adjustment and access to services				✓			Lines of enquiry to be confirmed
2. Changes to Public Health England		✓					Overview of recent changes to Public Health England and implications for local public health delivery

### Meeting dates 2020/21

Scrutiny of Health Committee – 10am	18 December 2020	12 March 2021	18 June 2021	10 September 2021	17 December 2021
Mid Cycle Briefing – 10.00am*	22 January 2021	23 April 2021	23 July 2021	5 November 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.