



Agenda

Notice of a public meeting of Scrutiny of Health Committee

To: County Councillors Val Arnold, Philip Barrett, Jim Clark, Liz Colling (Vice-Chair), John Ennis (Chair), Mel Hobson, John Mann, Zoe Metcalfe, Heather Moorhouse, Chris Pearson, Roberta Swiers, Andy Solloway and Robert Windass

District and Borough Councillors John Clark, Kevin Hardisty, David Ireton, Nigel Middlemass, Pat Middlemiss, Jennifer Shaw-Wright and Sue Tucker.

Date: Friday, 12th March, 2021

Time: 10.00 am

Venue: Remote meeting held via Microsoft Teams

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. Recording of previous live broadcast meetings are also available there.

Business

1. **Minutes of Committee meeting held on 18 December 2020** (Pages 3 - 14)
2. **Declarations of Interest**
3. **Chairman's Announcements**
Any correspondence, communication or other business brought forward by the direction of the Chairman of the Committee (for information only).
4. **Public Questions or Statements**
Members of the public may ask questions or make statements at this meeting if they have given notice to Daniel Harry, Democratic Services and Scrutiny Manager (daniel.harry@northyorks.gov.uk or 01609 533531) no later than midday on Tuesday 9 March 2021. Each speaker should limit himself/herself to 3 minutes on any item. Members of the public who have given notice will be invited to speak:-

- at this point in the meeting if their questions/statements relate to matters which are not otherwise on the Agenda (subject to an overall time limit of 30 minutes);
- when the relevant Agenda item is being considered if they wish to speak on a matter which is on the Agenda for this meeting.

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

- 5. Scarborough Hospital - capital investment** - Simon Cox, North Yorkshire Clinical Commissioning Group **(Pages 15 - 18)**
- 6. Scarborough Hospital - changes to the management of hyper acute stroke, treatment approaches, response times and outcomes** - verbal update by Simon Cox, North Yorkshire Clinical Commissioning Group
- 7. Whitby Hospital** - update by Peter Beckwith, Robert Atkinson and Helen Cammish of Humber Teaching NHS Foundation Trust **(Pages 19 - 26)**
- 8. Review of urgent care provision across the Vale of York** - Dr Nigel Wells, Gary Young and Victoria Binks, Vale of York Clinical Commissioning Group **(Pages 27 - 30)**
- 9. NHS response to Covid-19** - verbal update by Wendy Balmain and Bruce Willoughby, North Yorkshire Clinical Commissioning Group
- 10. Covid-19 prevalence** - verbal update by Louise Wallace, Director of Public Health, North Yorkshire County Council
- 11. Committee work programme** - Daniel Harry, Democratic Services and Scrutiny Manager, North Yorkshire County Council **(Pages 31 - 34)**
- 12. Other business which the Chairman agrees should be considered as a matter of urgency because of special circumstances**

Barry Khan
 Assistance Chief Executive
 (Legal and Democratic Services)

County Hall
 Northallerton

Thursday, 4 March 2021

North Yorkshire County Council Scrutiny of Health Committee

Minutes of the meeting held as a live broadcast meeting at 2pm on Friday 18 December 2020.

A recording of the meeting can be viewed on the Council's YouTube site via the following link - <https://www.northyorks.gov.uk/live-meetings>

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), David Ireton (Craven), Nigel Middlemass (Harrogate), Jane Mortimer as substitute for Sue Tucker (Scarborough) and Jennifer Shaw Wright (Selby).

In attendance:-

Executive Members: County Councillor Caroline Dickinson.

Officers: Daniel Harry (Democratic Services and Scrutiny, NYCC), Victoria Ononeze and Louise Wallace (Health and Adult Services, NYCC), Simon Cox (North Yorkshire CCG), Suzanne Lamb (Harrogate FT), Naomi , Martin Dale and Paul Foxtton (Tees Esk and Wear Valleys Foundation Trust), Wendy Balmain and Vanessa Burns (North Yorkshire CCG).

Scarborough Borough Councillor Richard Maw.

Apologies for absence received from: County Councillor Mel Hobson.

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

Copies of all documents considered are in the Minute Book

137. Minutes

Resolved

That the Minutes of the meeting held on 11 September 2020 be taken as read and be confirmed and signed by the Chairman as a correct record.

138. Any Declarations of Interest

County Councillor Liz Colling noted a non-pecuniary interest as a resident of Scarborough and as a service user of Scarborough Hospital.

139. 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 MS Teams 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.

Closer working with the Council's Area Constituency Committees

The committee is working more closely with the Council's six Area Constituency Committees. Building upon the work that the Skipton and Ripon ACC did in scrutinising the re-development of the Castleberg Hospital at Giggleswick, the following have been referred to the local ACC to ensure that local members are fully engaged in the issues:

- Thirsk and Malton ACC - project that is being set up across health and social care to look at developing primary care and ancillary services in and around Easingwold.
- Richmond (Yorks) ACC – the development of the Catterick Health Campus.

Scarborough and Whitby ACC is also taking an active role in reviewing proposed and actual changes to services and also the development of the existing hospital site.

Mid Cycle Briefing on 21 October 2020

There were seven items on the agenda for the meeting. The aim was to understand how best the committee could respond to the issues raised and when formal, public scrutiny would be scheduled:

Airedale Hospital – a presentation was given on the structural problems with the existing Airedale Hospital and the proposed new build on the existing site. A letter has subsequently been sent to the SoS and local MPs. A copy will be circulated after the meeting.

Easingwold – a verbal update was given on the progress with a project to review the provision of primary care services in and around Easingwold.

HARA and Catterick Health Campus – updates were provided on the Harrogate and Rural Alliance and the development of the Catterick Health Campus.

Urgent Care service review in York - a proposed review of the way that the Vale of York CCG provides urgent care across its patch was outlined.

Changes to Public Health England – a verbal update was given on the changes to the role of Public Health England and how this may affect local authority public health.

Scarborough Hospital – a discussion on concerns previously raised about the quality of care for patients at Scarborough Hospital and the follow up to the CQC inspection of the hospital in January 2020.

Meeting with Amanda Bloor on 8 December 2020

A regular catch up meeting was held with Amanda Bloor, the Accountable Officer for the North Yorkshire CCG.

Integrating care - Next steps to building strong and effective integrated care systems across England – NHS England

Organisations working in the Integrated Care Systems (ICS) and partnerships have been invited to respond to the consultation on the proposals in the paper. The consultation closes on 8 January 2021.

There followed a discussion about how the committee members could best engage in the public consultation. The conclusion was that an informal meeting could be held in early January 2021 to work through a draft response, ahead of the consultation closing date of 8 January 2021.

140. Public Questions or Statements

There was a public question from Scarborough Borough Councillor Richard Maw, relating to Scarborough Hospital, as below:

Since May of this year, direct transfer of all patients requiring acute stroke care to the Hyper Acute Stroke Units in either York or Hull has been in operation.

Is it the Ambulance crew who make this call? Are all crews in a position to ascertain that a patient presenting with signs and symptoms of stroke meet that same triage criteria as an A & E Dept? And if this is so, is it the case that the same crew are then dispatched directly to either York or Hull? How is it decided which hospital they are taken to? And how long will this type of discussion take?

Meanwhile, is the Ambulance parked up, waiting for a direction?

The efficacy of treatment in the golden hour is well documented in the stroke treatment community. Does the York Trust believe that there is a 45 minute travel time from Scarborough to York? Is there data to evidence this?

The report says that there have been no significant clinical concerns reported.

Has the plight of family and friends who may struggle to travel to see their loved one been considered? These concerns are vitally important. I raise this point because I have had personal experience. My Auntie Jean suffered a stroke in early February 2018. She was taken to York and was very poorly. I visited when I could. Her brothers visited once. Her son tried his best to visit regularly but how difficult it was. Her lack of visitors over those four weeks was not for a lack of love. A life lived full of love, she died alone.

I have other examples of such pain which I can forward should you wish to read them.

There are concerns that outpatients services could ultimately be affected too. When the last substantive stroke consultant left Scarborough in 2019, their replacement was made by bringing a consultant out of retirement. If this consultant were to stop clinical practice, is it likely that these clinics will be switched to York? After all, with no stroke ward at Scarborough Hospital, recruitment is bound to prove difficult.

York residents appear to have it lucky. Even without York Teaching Hospital, there are major hospitals nearby (with dual carriageways providing fast access). The Coast is not so lucky.

I believe the East Coast should have its own Centre of Excellence Stroke Ward. If necessary, consultants should be asked to take the 45 minute daily commute.

(although I can well imagine that any consultant may challenge their commute time allowance if it were to be a mere three quarters of one hour.)

The Stroke Assoc say, " It is important that reorganisation is undertaken in a clear and transparent way and that those affected by stroke are involved within the process."

The majority of residents along the East Coast are unaware of these potential changes. A recent survey places 91.8 percent of the Scarborough area public feeling there is not enough public information available about changes / developments in local hospitals.

Finally, can anyone in attendance of this meeting answer the following question. "Could you personally guarantee to transport your Mother from her home in, say Scalby village, to York District Hospital within the recommended time frame of ideally ONE hour at 5pm on a Bank Holiday Monday afternoon - a slot that starts at the point where the health care incident began. And let's not forget, this time-frame slot must include reasonable time for treatment!"

Simon Cox of the North Yorkshire CCG responded as summarised below:

- The questions raised by Scarborough Councillor Maw are helpful in raising a number of key issues relating to service changes that are proposed
- In 2015, an assess and transfer model for stroke was introduced at Scarborough Hospital as an independent service could not be maintained due to persistent workforce shortages
- The nationally preferred model is that of direct transfer. This has been implemented at the Friarage Hospital, Harrogate Hospital and Airedale Hospital
- It is no longer possible to maintain the necessary level of specialist clinical staff to ensure a safe and effective service using the assess and transfer model
- The nationally recommended safe operating level is that of 600 patients per year. At present, Scarborough treats about 300 to 400 per year
- Yorkshire Ambulance Service (YAS) staff assess people with a suspected stroke, following an agreed protocol and with support from a specialist. A direct transfer can then be made, which saves time and improves outcomes as the person is taken to receive the treatment that they need where they need to have it
- The patient is taken to the nearest Hyper Acute Stroke Unit (HASU)
- The referred to 'golden hour' is not supported by medical evidence. What is important, however, is that a patient with a suspected stroke is rapidly assessed and then taken to the right treatment centre and receiving treatment within 5 hours of having had the suspected stroke
- Travel times vary but on average a patient can be transferred to Scarborough to York within 52 minutes, according to YAS data.

Scarborough Borough Councillor Richard Maw then asked a supplementary question raising concerns that the apparent rejection of the 'golden hour' may be policy driven.

In response, Simon Cox re-iterated that the important thing was that a patient with a suspected stroke is rapidly assessed and then taken to the right treatment centre and receiving treatment within 5 hours of having had the suspected stroke.

County Councillor John Ennis said that the agenda order would be changed to enable the scrutiny of the proposed changes to some specialist services at Scarborough Hospital to be taken immediately after the public question. The item on the proposed changes to the Health Child Programme would then follow.

141. Changes to some specialist services at Scarborough Hospital

Considered -

A presentation by Simon Cox, North Yorkshire Clinical Commissioning Group

The key points from the presentation are as summarised below:

- Due to staffing shortages, a temporary model for the urology service was put in place in November 2019 whereby acute cases were transfer to York Hospital at evenings and weekends. This has been independently audited and assessed and found to be working effectively
- A temporary stroke pathway has been in place since May 2020, with transfers of hyper-acute stroke cases to York and Hull. This is being reviewed
- Due to staffing shortages, changes were made to the medical oncology service in January 2020, whereby all new outpatient activity for Scarborough and Bridlington patients and complex treatment is critical decisions is now undertaken at Hull. Complex treatment is also undertaken at Hull.

There followed a discussion with the following points being made:

- The need for a rapid response to an incidence of hyper acute stroke was accepted by all. There was interest in better understanding the 'golden hour' and the evidence behind this.
- Whilst the changes to medical oncology service will result in longer travel times for patients and may also make it more difficult for carers and loved ones to visit, the patient treatment outcomes would be improved. The service provided at Castle Hill Hospital in Hull is of the highest standard.

County Councillor John Ennis asked whether the transport and access group been setup as part of the East Coast Review, what impact the proposed changes to the Integrated Care Systems have upon specialist services at Scarborough Hospital, and whether some specialist services would be transferred back to Scarborough from York and/or Hull to fill the gaps left by those specialist services that have been or are going to be moved out?

In response, Simon Cox said the transport group has been established and has met. Their work is progressing and the impact upon patients and carers is recognised. The development of the Integrated Care Systems will promote greater collaboration between hospitals and so will create opportunities for sharing of resources and expertise.

In terms of the question about services being repatriated, Simon Cox said that this was being looked into as part of the £40m investment in Scarborough Hospital and the development of the Emergency Department.

Hambleton District Councillor Kevin Hardisty said that the travel times quoted were not realistic and did not reflect the reality of travel on the county's road network.

In response, Simon Cox said that the 52-minute travel time was an average time that had been provided by YAS. He said that the emphasis should always be upon accessing the best clinical care and not simply the nearest.

The Chairman, County Councillor John Ennis, summed up and thanked Simon Cox for attending and answering the questions raised by the committee.

Resolved -

- 1) Simon Cox to come back to the meeting on March 2021 to provide detailed information and data on the management of hyper acute stroke, treatment approaches, response times and outcomes linked to hyper acute stroke provision. This to include, detailed timings of the time taken from the point of an ambulance attending and concluding that some has had a stroke and then that person receiving the emergency treatment that they need at the HASU.

142. Healthy child programme

Considered – a presentation by Victoria Ononeze and Louise Wallace (Public Health, Health and Adult Services, NYCC).

County Councillor John Ennis said that this was an opportunity for the committee to comment on the proposed changes to the 0-5 Health Visiting Service and the 5-19 School Nursing Service as part of the consultation that runs from 26 October 2020 to 4 January 2021.

The key points from the presentation are as summarised below:

- The Healthy Child Programme is a national scheme, delivered locally by Public Health, that promotes health and support at an early stage for children, young people and their families
- A public consultation on proposed changes is being run from 26 October 2020 to 4 January 2021
- It is proposed that the new service starts in April 2021
- The Public Health Grant was subject to an 8% reduction between the financial years 2017/18 and 2019/20, with an inflationary increase only for the financial year 2020-21. As a result savings of £657,000 in public health funded services need to be found by 2024
- The priority will be children under five and maintaining the support that is necessary for them to promote their early development and to ensure that they are ready to learn
- All new-born babies and their parent(s)/carer(s) will have a face-to-face visit from a qualified Health Visitor
- Targeted support for 5-19 year olds will still be funded, albeit through a range of different programmes and services.

County Councillor John Ennis asked what criteria would be used to determine who had face-to-face assessments.

Suzanne Lamb said that the aim was to provide face-to-face assessments and appointments as the norm. Virtual assessments and appointments would only be done where a family has been deemed to be not at risk. The focus was upon providing targeted support in addition to the mandated contacts.

County Councillor Liz Colling queried what preparatory work was being done for the new service prior to its establishment in April 2021.

Suzanne Lamb said that the new workforce model was under development. This would not lead to redundancies but will involve some retraining of some staff.

County Councillor Heather Moorhouse said that there were concerns about how the proposed changes may reduce young people's access to sexual health and substance misuse services.

County Councillor John Ennis, summed up as follows:

- There was support for the focus upon the 0 to 5 years age group and those most in need
- It was noted that lessons have been learned from running the service during the pandemic, which have then been applied to the design of the proposed new model of working
- It was understood that there are opportunities to work in greater depth with a broad range of community organisations
- The explanation about how appointments will be carried out and the assessment process used to determine which would be face-to-face and which would be remote was appreciated.

Resolved –

- 1) Welcome the renewed focus on prevention
- 2) That the views of Area Constituency Committees be taken into account
- 3) Thank colleagues from Public Health for their engagement with the committee on these proposed changes
- 4) That the consultation analysis be made available to the committee, once completed.

143. Developments in community and in-patient mental health services

Considered – a report by Naomi Lonergan, Martin Dale and Paul Foxton, Tees Esk and Wear Valleys NHS Foundation Trust

The report covered the following:

- 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.

The key points from the report are as summarised below:

Community mental health hub at Selby

- Community mental health services in Selby are currently based in a number of sites. TEWV have been looking for one site to accommodate all the services since 2017
- There is a general lack of availability of sites to enable a purpose-built facility in Selby. As such, the facilities at Worsley Court have been refurbished to enable the community mental health services to be accommodated at one site. TEWV will continue to look for a new premises and/or site.

Community mental health hub at Northallerton

- The work to develop a new community mental health hub has been underway since 2018
- The hub will co-locate services from all 4 mental health specialties (Adults, Older Persons, Children and Young People and Learning Disabilities)
- Construction began in March 2020 and is expected to be completed in April 2021.

Foss Park Hospital, York

- The 72-bed hospital provides two adult, single sex wards and two older people's wards. It was opened in April 2020
- TEWV invested approximately £40m in this development
- There was a reduction of 2 adult beds from Harrogate and York when Foss Park became operational in April 2020. 2 beds are available at Cross Lane Hospital in Scarborough.

Paul Foxtan suggested that committee members could take part in a virtual tour of the Foss Park Hospital via the following link - <https://pandhs.co.uk/featured-projects>

Relocation of mental health services in Harrogate since the closure of the Briary Wing

- The community mental health teams previously located at the Briary Wing have been relocated
- The in-patient services have been relocated to the Foss Park Hospital
- It is recognised that some of these moves have impacted service users and carers, and clinical staff
- New remote working solutions such as BT Attend Anywhere and Microsoft Teams have been adopted and this has helped to reduce travelling and increase team availability.

There followed a discussion during which the following points were made:

- Worsley Court in Selby could be developed further and so become the permanent solution to the accommodation problems, as opposed to being an interim fix
- The construction of the community mental health hub at Northallerton was welcomed
- The in-patient beds at Foss Park are available to all people. A specific proportion of them is not reserved for people from the Harrogate area. Instead, beds are allocated according to need
- The Cross Lane Hospital in Scarborough was noted as providing excellent care
- The pandemic and the series of lockdowns has led to more people seeking help from mental health services
- Work on Roseberry Park continues. There have been delays with the rectification work as the full extent of the repairs required has been apparent.

County Councillor Jim Clark asked what was being done with the site in Harrogate that had previously been purchased by TEWV for the build of a mental health in-patient unit.

In response, Paul Foxtan said that TEWV were looking to sell the site and that there had been interest from the North Yorkshire Clinical Commissioning Group and the County Council.

County Councillor Jim Clark said that the development of the Integrated Care Systems may have implications for the commissioning and provision of mental health services in the county.

County Councillor John Ennis, asked for TEWV to share their response to the public consultation on the development of the Integrated Care Systems with the committee.

County Councillor John Ennis, asked why a 7 day a week service was provided for older people but only a 6 day a week service was provided for adults.

In response, Naomi Lonergan said older people with mental health conditions such as dementia and their families can really struggle over the weekend and so more support was put in place for them.

Naomi Lonergan said that the implementation of the enhanced community mental health service model had been delayed due the pandemic but that the aim was still to establish closer links with GPs and primary care services.

County Councillor John Ennis, summed up and thanked all for attending and providing such a comprehensive update to the committee.

Resolved –

- 1) Naomi Lonergan to come back to the committee at 10am on 18 June 2021 with updates on Roseberry Park, the Selby Community Hub and the development of enhanced community services
- 2) Naomi Lonergan to share a copy of the TEWV response to the current national consultation on Integrated Care Systems, so that the committee can better understand how TEWV intends to work with the ICS structures
- 3) Martin Dale to make the necessary arrangements for a small number of councillors from the committee to have a site visit of facilities at Foss Park and also Roseberry Park, once fully re-opened and as appropriate.

144. NHS response to Covid-19

Considered – a presentation by Wendy Balmain and Vanessa Burns of the North Yorkshire CCG.

The key points from the report are as summarised below:

- The experience of the pandemic has driven changes in service delivery
- There has been increased use of remote access technologies for assessments and diagnostics and much closer working between health and social care
- There is a need to re-focus upon the routine work, which helps identify and treat health conditions early on
- There is also a need to maintain an emergency response to the pandemic and prevent hospital acquired infections
- There are some concerns about what 'long-covid' will mean for patients and health and social care services
- The need to maintain covid-safe working means that simple procedures can take longer and also that there is less space within which to work
- There is a drive to reduce long waits for access to treatments and cancer assessment and treatment is back to the pre-covid levels
- A development that is being considered in the increased use of community diagnostic hubs to support the work of hospitals.
- There are no plans for the NHS Nightingale Hospital in Harrogate to be used for admissions at this time.

There followed a discussion.

County Councillor John Ennis said that there was a general perception that people could not go to the GP for a face-to-face appointment and they were being discouraged from accessing medical services.

Wendy Balmain said that primary care services are open and available. If people need to see their GP or a nurse, then they should book in and see them. An appointment may not, initially, be face-to-face but would most likely be by phone.

Harrogate Borough Councillor Nigel Middlemass said that recent national media stories had suggested that as much as 40% of covid infections were hospital acquired.

Wendy Balmain said that this was not a figure that she had heard before and would need to look into the source and the data referred to.

County Councillor John Ennis said that the NHS had been working on an emergency footing for 9 months now and the ongoing commitment and hard work of people in all sorts of different roles was recognised and appreciated.

Wendy Balmain gave an update on the roll out of the vaccination programme in North Yorkshire, as summarised below:

- The administration of the vaccination programme is complex as two injections are needed and the vaccine is difficult to transport and store
- The national vaccination programme will take months and will build up over time
- People will be contacted by their GP when they are due to be vaccinated
- To date the Did Not Attend rate for vaccination slots has been low.

County Councillor John Ennis summed up and said that councillors had a role to play in raising awareness that GP surgeries and primary care were open and services could be accessed.

Resolved –

- 1) Wendy Balmain to review data on hospital acquired covid infections. The reference in the committee was to a figure of 40%, based upon a recent newspaper article
- 2) Wendy Balmain to provide further information on the NHS recovery from the pandemic at the committee meeting at 10am on 12 March 2021, with a focus upon how people access primary care appointments (telephone, computer, NHS app).

145. Update on Covid-19 in North Yorkshire

Considered – a presentation by Louise Wallace, interim Director of Public Health, Health and Adult Services, North Yorkshire County Council

The key points from the report are as summarised below:

- The infection rates for the seven district and borough council areas in North Yorkshire are currently below the England average
- The rates can be volatile, moving up quickly when there has been a spate of infections
- It is important that key messages are promoted and Councillors have a role to play in this
- The focus should be upon reducing social contact
- Full details of the current data and statistics are available on the North Yorkshire County Council website.

Resolved –

- 1) Thank Louise Wallace for the information presented

- 2) All committee members to help reinforce the core messages of 'hands, space, face'.

146. 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.

Resolved -

- 1) That the issue of access to NHS dentistry during the pandemic be included in the work programme.

147. 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 1:05pm

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North Yorkshire County Council Scrutiny of Health Committee

York Teaching Hospital NHS Foundation Trust – Wave 4 Capital Development (UEC, Critical Care & Critical Engineering Infrastructure) at Scarborough Hospital

1. Purpose of Paper

The purpose of this paper is to summarise the progress that has been made in the reporting period by York Teaching Hospital NHS Foundation Trust with the project to develop new urgent, emergency and critical care facilities at Scarborough Hospital and essential site engineering infrastructure upgrade work.

2. Project Background

The Trust's Wave 4 Capital Investment Project is driven by the need to deliver new accommodation to facilitate the introduction of the Acute Medical Model ('AMM') for emergency and urgent care services at Scarborough Hospital. The proposed development aims to achieve co-location of urgent, emergency, assessment and critical care services into purpose-built facilities, ensuring those facilities are suitable to meet the current and future needs of the changing urgent, emergency and critical care pathways. This will facilitate workforce efficiencies and delivery of a service model that is both responsive to need and resilient to increasing levels of activity. The strategic case for change is underpinned by a review of the east coast services provided by the Trust undertaken in 2018-19, which was a tripartite review commissioned by the Trust, the Humber, Coast and Vale Integrated Care System and the NHS Scarborough and Ryedale Clinical Commissioning Group.

The urgent, emergency and critical care facilities outlined above cannot be developed at Scarborough Hospital without the delivery of essential engineering infrastructure upgrade work that is required not only to support the operation of this new capital build but also the longer-term Site Development Plan ('SDP') for the hospital. Hence, there is a substantial element of engineering infrastructure upgrade work identified as being essential to the delivery of the project.

Due to the scale and value of the scheme, the project must adhere to the HM Treasury and NHS England/Improvement Business Case guidelines and processes. These processes require three business cases – Strategic Outline Case ('SOC'), Outline Business Case ('OBC') and Full Business Case ('FBC') – sequentially and with Trust Board and NHS England/Improvement ('NHSEI') and Department of Health and Social Care ('DHSC') approvals at each stage. Each business case is comprised of 5 elements.

- The Strategic dimension sets out the rationale and case for change including objectives and expected outcomes.
- The Economic dimension describes the social value of the scheme compared to Business as Usual.
- The Commercial dimension answers the procurement and commercial aspects of the scheme.

- The Financial dimension assesses the impact on the capital and revenue budget.
- The Management dimension deals with the planning and practical arrangements for implementation of the project.

3. OBC Submission and Approval

At the time of the last update to the Scrutiny of Health Committee in September 2020, the project had already received approval for its SOC and intensive work had been ongoing for approximately 9 months on the OBC. Subsequently, the OBC received Trust Board approval on 25th November 2020. The OBC was then presented to the NHSEI / DHSC Panel at the start of December 2020 for review and feedback. A substantial amount of work has been undertaken by the project team between December 2020 and February this year to deal with detailed queries and requests for additional information from the DHSC and NHSI to ensure that the Outline Business Case ('OBC') was ready for submission to the Joint Investment Committee for final approval. This has been a very time consuming and labour-intensive process: in excess of 145 separate queries have been received and dealt with, a number of panel review meetings with NHSI and DHSC colleagues have been attended and a range of improvements and clarifications have been made to elements of the OBC to ensure it receives approval from DHSC. All outstanding queries were dealt with in time for the OBC to be submitted to the Joint Investment Committee for approval at its February 2021 meeting. Overall, the challenge and confirm process of responding to the OBC queries has been a positive and productive process and it is hoped that it will serve the project well during the preparation and submission of the Full Business Case ('FBC') later this year. Approval of the OBC by the Joint Investment Committee is expected imminently.

The conclusion of the OBC is that there are two options remaining under consideration by the project as the FBC stage commences. These two options are described in detail within the OBC but can be summarised as follows.

Preferred Option No 1 - 'Do Intermediate Plus (+)' (£47m)

- Three-storey right-sized accommodation for the:
 - Urgent and Emergency Care facilities (ground floor)
 - Level 1,2 & 3 Critical Care Unit (first floor)
 - Plant floor (second floor)
- Sufficient essential only site-wide engineering Infrastructure support the capital build and future Site Development Plan
 - HV/LV Upgrade and Extension,
 - Re-provision of car parking spaces,
 - Steam,
 - Water storage tank.

Preferred Option No 2 - 'Do Intermediate' Option (£40m)

- Three-storey right-sized accommodation for the:
 - Urgent and Emergency Care facilities (ground floor),
 - Fallow floor to provide future Level 1,2 & 3 Critical Care (first floor),
 - Plant floor (second floor).

- Sufficient essential only site wide engineering Infrastructure support the capital build and future Site Development Plan, including:
 - HV/LV Upgrade and Extension,
 - Re-provision of car parking spaces,
 - Steam,
 - Water storage tank.

4. Project Programme

Since the last project update to the Scrutiny of Health Committee in September 2020, the project team has appointed a Principal Supply Chain Partner via the DHSC's construction procurement framework to provide the integrated design and construction services required to deliver the project. The successful company that was appointed is called Integrated Health Projects, which is a joint venture between two very large and capable construction companies – Vinci and Sir Robert McAlpine. The project team is currently working very hard with the Integrated Health Projects team to complete the FBC as well as the corresponding Royal Institute of British Architects ('RIBA') Plan of Work Stages 3 and 4 for construction project work.

Overall, the project remains on track against a challenging / stretch programme that has the following key milestones:

- FBC submission to the Trust Board for approval by the end of August 2021,
- Subject to Trust Board approval, the FBC will be forwarded to NHSEI / DHSC at the start of September 2021 for review and approval,
- Construction commencing towards the end of 2021 / start of 2022 (with a circa 24-month construction programme),
- Construction completion in towards the end of 2023, and
- Commissioning and building go-live at the start of 2024.

This programme shows a substantial improvement on the original forecast for the project but the project team is absolutely committed to exploring all reasonable opportunities for further programme betterment.

5. Recommendation

The Scrutiny of Health Committee is asked to note the progress, as set out in this paper, with the major project at Scarborough Hospital that has been made since its last update. The Trust is committed to keeping the Scrutiny of Health Committee engaged with the project and updated on progress throughout the remainder of the programme.

Dr Andrew Bennett

Head of Capital Projects and Project Director for the UEC, Critical Care & Critical Engineering Infrastructure Upgrade Project at Scarborough Hospital

York Teaching Hospital Facilities Management LLP on behalf of York Teaching Hospital NHS Foundation Trust.

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NHS Foundation Trust

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Whitby Hospital Update

Humber Teaching NHS Foundation Trust

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Agenda Item 7

Whitby Hospital





Milestones

Where we are to date

- Construction began on March 23rd 2020
- Inpatient Ward decanted & tower block refurbishment commenced June 2020
- Inpatient Ward reduced from 16 to 14 beds to ensure Covid 19 secure
- Link corridor demolished October 2020
- Programmed completion 29th June 2021



Progress so far



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Caring, Learning
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Current Services

How our current services have faired during the Covid 19 Pandemic

- The Inpatient ward has been reduced from 16 to 14 beds to be Covid secure
- Minor Injuries Unit has made some amendments to ensure it is within Covid 19 guidelines such as reducing it's hours of running to 6.30pm
- MSK Physiotherapy has continued to run with the introduction of digital solutions initially and face to face appointments if required.
- GP Out of Hours Service has continued to run as before
- We have continued to deliver all our services though the method of delivery may have changed with introduction of more digital solutions for patients
- Most non inpatient services have increased their offer of digital services with most being held digitally now.
- Home First ethos with strong MDT working has continued.
- Strengthened relationship with the Acute hospital discharge command centres to facilitate early safe/supported discharge from hospital into the community beds or their usual place of residence



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Working with Others

- Primary Care Network
(PCN)

Closer working with Primary Care

- Tees Esk and Wear
Valley

Mental Health Services

- Harrogate Foundation
Trust

Podiatry Services

- Several services are still
provided by other
providers.



Where we're heading

Completion date - June 2021



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Before



After



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Thank you

Any Questions?

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Urgent Care Briefing

NHS Vale of York CCG update for North Yorkshire County Council Health Overview and Scrutiny Committee January 2021

Dear Chair, and members of the committee,

Following on from our attendance at the October committee meeting, we would like to provide an update about our plans for urgent care provision across the Vale of York.

When we briefed you on 21 October 2020 we shared what the public and patients were telling us about their experience accessing urgent care. We also discussed how a series of workshops with senior frontline clinicians had identified how different gaps and population health needs exist in different places across the Vale of York. These workshops, population health data and public feedback helped us to develop a framework for transforming urgent care by 'place' to provide an improved service for residents and clinicians in each area.

Across the Vale of York, our 'places' are

- South Hambleton & Ryedale
- Central York, and
- Selby district

Regardless of place, patients told us that knowing where to go if they had an urgent medical need is 'too confusing' and it is difficult to navigate the system. Due to this complicated nature, many patients end up in an emergency setting (A&E) when they could be seen in urgent or primary care.

The aim of the urgent care transformation work is to:

- improve the patient pathway
- create a more integrated approach to care and,
- improve on patient experience, choice and access.

It ties in with national NHS campaigns, where people get the right care at the right time and appropriate for their needs. The wider campaign looks at promoting self-care where necessary and then using '111 first' for any urgent care needs.

Public and patient engagement:

Extensive and diverse public engagement activities have been carried out to understand the experience of people using current urgent care services and the ways in which those people, and the wider general public, think urgent care services could be improved. The feedback was presented at the previous session on 21 October and can be found by [clicking here](#).

Population health need:

Population health data and patient feedback highlights that within the Vale of York we need to deliver services that meet the health needs of our population:

- Central York - high number of out of area patients/tourists, businesses and a student population.
- South Hambleton & Ryedale with differing levels of deprivation across a wide geographic rural area, with ageing/frail populations and high urgent care demand.
- Selby District – some of the highest areas of deprivation in our patch with a local Urgent Treatment Centre that could provide enhanced services.

What are our models to improve care for our population?

Overall it will be easier for patients to access urgent care, same or next day for an urgent medical need. Our communications strategy will build on and support national and regional messaging, to access urgent care via a single telephone number (111 First).

The walk-in service at the Urgent Treatment Centres (UTCs) will still remain at York and Selby for those patients who may not be able to get an appointment with their own GP (people who may be out of area or in the region on business/holiday) or who cannot access telephone services.

Across **Selby District**, there will be greater integration with local GP services and enhanced clinical supervision so that minor trauma can be dealt with on site. The aim is to manage patients locally and prevent patients needing to be referred onwards to York Teaching Hospital.

Within the City of York:

Non-York residents (those visiting on business or on holiday) will be signposted directly to 111 and/or the UTC.

York residents who have an urgent care need (not life-threatening) will use 111 to receive a clinical assessment and will be offered an appointment at the Urgent Treatment Centre (at York Hospital) or at their own practice, whichever is most appropriate for the patient. Using a new clinical system, clinicians working within York UTC will be able to read the patient's full GP record and update the GP record after the consultation.

In the **rural north area of South Hambleton & Ryedale**, based on population health information, the urgent care need is for patients who may be deteriorating at home, where GPs may not always be able to visit as timely as needed to avoid admission to hospital. These patients will be seen by a GP or Urgent Care

Practitioner (UCP), as most timely and appropriate. UCPs have highly developed primary care skills and will work as a peer to GPs in local GP practices, able to assess and treat patients in their own homes. This should improve patient access to urgent care in a rural community, and prevent deterioration of conditions.

In December, NHS Vale of York VCG extended existing contracts with current urgent care providers to allow a safe transformation during COVID-19 and informed providers of our commissioning intentions in 2021. As there are no fundamental changes to services (no services downgraded or moved), we have been advised by our regulators, NHS England, that we do not need to undertake formal public consultation.

Our communications and engagement strategy and adjoining action plan will underpin this transformation piece. As part of the project we will continue to involve our patients and public in the work that we are doing, and capture the diverse views of our community. By embedding effective communications and engagement and listening to those who have lived experience and use our services, it is more likely to result in successfully delivering health and care system change programmes.

Gary Young, Lead Officer for Primary Care (City of York) and Urgent Care Lead, NHS Vale of York CCG

Victoria Binks, Head of Engagement, NHS Vale of York CCG

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**NORTH YORKSHIRE COUNTY COUNCIL
SCRUTINY OF HEALTH COMMITTEE
12 March 2021
Committee work programme**

1.0 Purpose of report

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

2.0 Introduction

- 2.1 The role of the Scrutiny of Health committee is to review any matter relating to the planning, provision and operation of health services in the county.

- 2.2 The Committee's powers include:

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

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

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

3.0 Scheduled Committee meetings and Mid Cycle Briefing dates

- 3.1 The next meeting of the committee is at 10am on 18 June 2021. The next scheduled meeting of the Mid Cycle Briefing is 10am on 23 April 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. These meetings are used to develop the committee work programme and determine the scheduling of key items.

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
1 March 2021

NORTH YORKSHIRE COUNTY COUNCIL
Scrutiny of Health Committee – Work Programme 2020/21
Version – 1 March 2021

	18 Dec	22 Jan	12 Mar	18 Jun	ACC	
	COM	MCB	COM	COM		
Strategic Developments						Comment
1. NHS response to the pandemic, recovery plans, lessons learned and new ways of working. In addition to hospital and community services, this will include: community pharmacies; dentistry; health and social care integration; and community transport.	✓		✓	✓		A substantive piece of work to be co-ordinated by the Council's Scrutiny Board as it is cross-cutting. Expected to be a series of lines of enquiry over the course of a number of meetings.
2. Development of the Integrated Care Systems and Partnerships that cover North Yorkshire and the health and care white paper 'Integration and innovation: working together to improve health and social care for all'.		✓		✓		Strategic view of the form and function of the Integrated Care Systems and Integrated Care Partnerships that cover North Yorkshire.
Local Service Developments						
1. Healthy Child Programme	✓					Proposals for changes to the services provided by NYCC Public Health.
2. Harrogate and Rural Alliance - Adult Community and Health Services				✓		Discussion at the Mid Cycle Briefing to determine lines of enquiry for the committee. This model may become more widely adopted across the county.
3. Future plans for Whitby Hospital			✓		Y	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	✓		✓		Y	Details of specific actual and proposed service changes (oncology, stroke, urology) and capital investment in Scarborough Hospital
5. Mental health services in the north of the county	✓			✓		Update on progress with the rectification of the Roseberry Park site
6. Mental Health Service in York/Selby area and Harrogate	✓			✓		Update on the development of the Selby community hub

7. Mental health enhanced community services				✓		Assurance that the current balance reflects patient needs (children, young people and adults)
8. Catterick Integrated Care Campus project				✓	Y	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			✓			Overview of review programme and anticipated outcomes
11. Review of primary care services in and around Easingwold					Y	Referred to Thirsk and Malton ACC to lead
12. Proposed re-build of the Airedale Hospital on the existing site					Y	Link with the Skipton and Ripon ACC
Public Health Developments						
1. NHS Dentistry – access to and availability of places		✓				Preliminary discussion at MCB
2. Optometry - market adjustment and access to services						Lines of enquiry to be confirmed

Meeting dates 2020/21

Scrutiny of Health Committee – 10am	12 March 2021	18 June 2021	10 September 2021	17 December 2021
Mid Cycle Briefing – 10.00am*	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.

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