



## Agenda

### Notice of a public meeting of the: 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, 18th June, 2021

**Time:** 10.00 am

**Venue:** Remote meeting held via Microsoft Teams

Under his delegated decision making powers in the Officers' Delegation Scheme in the Council's Constitution, the Chief Executive Officer has power, in cases of emergency, to take any decision which could be taken by the Council, the Executive or a committee. Following on from the expiry of the Local Authorities and Police and Crime Panels (Coronavirus) (Flexibility of Local Authority and Police and Crime Panel Meetings) (England and Wales) Regulations 2020, which allowed for committee meetings to be held remotely, the County Council resolved at its meeting on 5 May 2021 that, for the present time, in light of the continuing Covid-19 pandemic circumstances, remote live-broadcast committee meetings should continue, with any formal decisions required being taken by the Chief Executive Officer under his emergency decision making powers and after consultation with other Officers and Members as appropriate and after taking into account any views of the relevant Committee Members. This approach will be reviewed by full Council at its July meeting.

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

### Business

1. **Minutes of Committee meeting held on 12 March 2021** (Pages 3 - 12)
2. **Declarations of Interest**
3. **Chairman's Announcements**  
Any correspondence, communication or other business brought forward by the direction of the Chairman of the Committee.

#### **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 (contact details below) no later than midday on Tuesday 15 June 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. Hyper acute stroke services at Scarborough Hospital and the outcome of the regional review of hyper acute stroke services - Simon Cox, East Coast Programme Director, North Yorkshire Clinical Commissioning Group**

This item is 'To Follow'.

#### **6. Development of mental health services in the county and the response to a recent CQC inspection - Naomi Lonergan, Director of Operations North Yorkshire and York, Tees Esk and Wear Valleys NHS Foundation Trust** (Pages 13 - 34)

6.1 - An Update on the TEWV Care Quality Commission (CQC) Action Plan

6.2 – TEWV CQC Improvement Actions – presentation

6.3 – Enhanced Community Services Model

6.4 – Community mental health hub in Northallerton

6.5 – A community mental health hub for Selby

6.6 – Rectification work at Roseberry Park – verbal update.

#### **7. Access to and provision of NHS dentistry - Dr Stefan Serban, PHE, Simon Hearnshaw and Debbie Pattinson, NHSE and NHSI, Yorkshire and Humber** (Pages 35 - 42)

#### **8. White Paper and Integrated Care Systems - Wendy Balmain, Director of Strategy and Integration, North Yorkshire Clinical Commissioning Group** (Pages 43 - 46)

#### **9. NHS response to and recovery from the pandemic - Wendy Balmain, Director of Strategy and Integration, North Yorkshire Clinical Commissioning Group** (Pages 47 - 56)

#### **10. Update on Covid-19 in North Yorkshire - Verbal update - Louise Wallace, Director of Public Health, North Yorkshire County Council**

#### **11. Committee Work Programme - Report of Daniel Harry, Democratic Services and Scrutiny Manager, North Yorkshire County Council** (Pages 57 - 60)

#### **12. Other business which the Chairman agrees should be considered as a matter of urgency because of special circumstances**

## North Yorkshire County Council Scrutiny of Health Committee

Minutes of the meeting held as a live broadcast meeting at 10am on Friday 12 March 2021.

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, Andy Solloway, Roberta Swiers and Robert Windass.

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

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

### **In attendance:**

Executive Members: County Councillor Caroline Dickinson and Michael Harrison.

County Councillors: Caroline Goodrick, David Jeffels, Clive Pearson, Joe Plant and Callam Walsh.

Scarborough Borough Councillor Richard Maw.

Officers: Daniel Harry (Democratic Services and Scrutiny, NYCC), Louise Wallace (Health and Adult Services, NYCC), Simon Cox (North Yorkshire CCG), Peter Beckwith, Helen Cammish and Robert Atkinson, (Humber Teaching NHS Foundation Trust), Gary Young, Victoria Binks and Nigel Wells (Vale of York CCG), Wendy Balmain, Sue Peckitt and Bruce Willoughby (North Yorkshire CCG).

Apologies: there were none.

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

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### **148. Minutes**

#### **Resolved**

That the Minutes of the meeting held on 18 December 2020 be taken as read and be confirmed and signed by the Chairman as a correct record.

### **149. Any Declarations of Interest**

There were none.

## 150. 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 and the committee marked the recent loss of County Councillor Geoff Webber, who had been a champion of health services in the Harrogate area for many years.

County Councillor John Ennis made the following announcements.

### Mid Cycle briefing on 29 January 2021

A report on access to NHS dentistry, which was provided by Debbie Pattinson, Dental Commissioning Lead, Yorkshire and the Humber, NHSE was reviewed. A number of lines of enquiry were identified and are being followed up, including:

- Details of the funding formula for NHS dentistry and how that is applied to North Yorkshire
- The number of dental practices that provide NHS services, where they are located and how this has changed over time
- Details of the covid-19 recovery plan for NHS dental healthcare provision.

It was noted that the dental practice in Eastfield, Scarborough that had taken NHS patients had been closed at short notice, without alternative local provision being put in place. The matter is being followed up with commissioners in NHS England (Yorkshire and Humber) and it is intended to have an update to the committee at the June 2021 meeting.

### Tees Esk and Wear Valleys unannounced CQC inspections in January 2021

In January 2021 there were a number of unannounced inspections of some of the adult inpatient wards in Middlesbrough, Darlington and Scarborough. Following these inspections a letter was sent by the CQC outlining some areas of concern, primarily about risk management processes. These were found to be complex and difficult to follow. TEWV are developing an action plan in response to the CQC findings.

### Meeting with Amanda Bloor on 4 February 2021

A regular catch up meeting was held with Amanda Bloor, the Accountable Officer for the North Yorkshire CCG. Updates were received on the following: the vaccination programme; capacity at hospitals and progress with routine operations and procedures; finances; and the development of the local Integrated Care System.

### Castleberg Hospital

The last update on the refurbishment of the Castleberg Hospital at Giggleswick had been received by the Skipton and Ripon Area Constituency Committee at their meeting on 11 March 2021. The committee had lead on the scrutiny of the refurbishment of the hospital since it was temporarily closed in April 2017.

### Working together to improve health and social care for all - White paper setting out legislative proposals for a Health and Care Bill

Summary of key points:

- Integration within the NHS
- Greater collaboration between the NHS, local government and other bodies
- Place-based commissioning still a key element but the commissioning itself will no longer occur at "place" level

- Health and Wellbeing Boards will continue as will Joint Strategic Needs Assessments
- Streamlining of certain procurement and commissioning arrangements
- NHS England and NHS Improvement will formally merge as will Monitor and the NHS Trust Development Authority
- Greater powers of intervention by the Secretary of State
- Abolition of the Independent Reconfiguration Panel and the removal of the power of a local authority to make a referral to the Secretary of State
- The white paper does not directly address the funding and provision of social care and a white/green paper is still expected.

A more detailed discussion will be held at the June meeting of the committee.

## 151. Public Questions or Statements

There was a public question from Scarborough Borough Councillor Richard Maw, as follows:

Vocare is already commissioned by NHS Vale of York CCG to provide the current minor illness service and GP out of hours service, both of which are located in York Hospital alongside the emergency department, which has been the case for several years.

The trust has always provided the minor injury element of the service. However, that appears to be up for change. Now there are moves to integrate minor illness and minor injury. This move has caused concern amongst patients and staff.

Concerns raised are that this will mean that Vocare may seek to reduce costs in areas such as training for staff, the complexity of the cases they are prepared to see, and the time allowed for each consultation.

The staff employed by the Trust will continue to be employed directly by it and the Trust have previously stated that there are no plans for their employment to be transferred to Vocare which (after all) is a private, for profit company. I hope this provides some reassurance.

However, there is widespread concern (and a petition which is gathering in support) that this move is a step towards establishing a privatised triage centre at the A & E Dept.

Scarborough Urgent Treatment Centre (which is at Scarborough Hospital) is serviced by Yorkshire Doctors Urgent Care. Yorkshire Doctors Urgent Care is part of the Vocare group.

It is perhaps news to patients dialling 111 in these areas (as well as Malton) that they appear to be met with treatment from a private company.

Are we to expect a similar merger in Scarborough Hospital with a private company providing care of minor illness and minor injury?

Simon Cox of the North Yorkshire CCG responded and said that there are currently no plans to change the specification of the Urgent Care service in Scarborough.

**152. Wave 4 Capital Development (UEC, Critical Care & Critical Engineering Infrastructure) at Scarborough Hospital**

Considered -

A report by Dr Andrew Bennett, Head of Capital Projects at York Teaching Hospital, which was presented by Simon Cox, North Yorkshire Clinical Commissioning Group

The key points from the report are as summarised below:

- The capital funding will be used to develop new urgent, emergency and critical care facilities at Scarborough Hospital and essential site engineering infrastructure upgrade work
- This will see the co-location of urgent, emergency, assessment and critical care services into purpose-built facilities
- The Outline Business Case has been worked on over the past 9 months and the Full Business Case will be submitted by the end of August 2021
- Two options are being considered as the additional £7m that has been secured means that there is now the option of using the second floor more fully
- It is anticipated that construction will start in late 2021 or early 2022 and that it will take 2 years. On this basis, it is expected that the development will be ready in 2024
- There will be ongoing engagement with the Scrutiny of Health Committee, the Area Constituency Committee and Scarborough Borough Council.

There followed a discussion with the following points being made:

- The level of engagement with councillors on this key project has been good but the depth and breadth of engagement with the public is less clear
- Concerns that staffing pressures, that remain a persistent issue on the east coast, may mean that the new facility cannot be used to its full potential.

In response to the issues raised above, Simon Cox said that an ongoing programme of consultation with the public was planned once all of the necessary approvals for the work had been received. Also, that the nurse training at the University of Coventry campus in Scarborough and recent recruitment of medics should mean that there are enough staff.

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

**Resolved -**

- 1) Dr Andrew Bennett and Simon Cox to come back to the meeting at 10am on 17 December 2021 to provide a further update on the progress with the development of the Scarborough Hospital site
- 2) Dr Andrew Bennett and Simon Cox to outline the criteria that will be used to assess the Full Business Case.

**153. Changes to the management of hyper acute stroke at Scarborough Hospital**

Considered – a verbal update by Simon Cox of the North Yorkshire CCG.

County Councillor John Ennis made reference to a briefing note that had been produced by Democratic Services regarding the 'Golden Hour', which had been



extensively referred to at the last meeting of the committee. Committee members had seen the briefing note and County Councillor John Ennis summed up the conclusions in the note as follows:

- There is no specific evidence to suggest a scientific basis to the presumption of a 'golden hour' within which hyper acute stroke patients should be treated in order to reduce the potential for death or disability
- The reorganisation of hyper acute stroke services in England has led to a range of studies looking at the impact of assured specialist stroke provision compared with more local access to a hospital stroke unit. While journey time to so-called HASUs may be longer for some patients, clinical studies suggest that such specialist units are better able to provide more immediate, more effective treatment and a quicker recovery time. This further supports the principle that better, more targeted care is of greater benefit than assuring a one-hour window of opportunity for treatment.

The key points from the verbal update by Simon Cox are as summarised below:

- The briefing note on the 'Golden Hour' is helpful as it makes it clear that the key factor is not journey time but the access to specialist care
- Due to the pressures of covid, the Hyper-Acute Stroke Review has not yet completed. The final report from the national and regional stroke leads is likely to be ready by early April.
- The initial reviews that have been undertaken locally and the experience of changes to hyper acute services at Harrogate two years ago are all positive
- There is a national concern that people who may have had a suspected stroke are not coming forward to seek treatment due to concerns about covid.

County Councillor Heather Moorhouse raised concerns as to whether the Yorkshire Ambulance Service, which has been working at maximum capacity during the pandemic, will have the capacity to support this new way of working.

County Councillor Liz Colling asked whether data of patients' outcomes could be made available, with a comparison between Hyper-Acute Stroke Units and non-specialist units.

County Councillor John Ennis thanked Simon Cox for attending and updating the committee.

#### **Resolved –**

- 1) Simon Cox to update the committee on the outcome of the regional hyper acute stroke review and to provide information on how patient outcomes have been affected by changes to stroke provision. An informal update and discussion to take place at the Mid Cycle Briefing at 10am on 23 April 2021 and a formal update at the committee meeting at 10am on 18 June 2021.

#### **154. Whitby Hospital – update on the redevelopment of the site**

Considered – a presentation and video by Peter Beckwith, Helen Cammish and Robert Atkinson of the Humber Teaching NHS Foundation Trust.

The key points from the presentation and video are as summarised below:

- Construction began on 23 March 2020 just as the first national lockdown in response to the pandemic started. The lockdown and the need to ensure that the site was covid-safe created some delays

- The refurbishment of the tower block started in June 2020. The in-patient ward was decanted and the numbers of beds temporarily reduced from 16 to 14, in response to the need to ensure that provision was covid-safe
- The Physiotherapy Service and GP Out of Hours Service have continued to run as before, albeit using more digital and remote access solutions
- There remains a strong focus upon diagnostics at the site
- The aim is for the work to be completed by 29 June 2021
- The budget for the work is £13.1m and it is anticipated that the work will be completed within that amount
- The intention is to work closely with partners, such as the Council, and see what opportunities there are for co-location on the hospital site in the longer term. This would build upon the excellent joint working that has been undertaken as part of the response to the pandemic.

Borough Councillor Sue Tucker welcomed the progress that had been made and asked what was planned for the Minor Injuries Unit.

In response, Helen Cammish said that the hospital is currently in discussion with the CCG to see whether that could be upgraded to an Urgent Treatment Centre.

County Councillors Joe Plant, Clive Pearson and Liz Colling all expressed their thanks for the work that had been done to re-develop the Whitby Hospital site and how impressed they were with the facilities and what this will mean for services for the people of Whitby and the surrounding area.

County Councillor John Ennis, summed up and thanked all for all of the work that had been done over the past years to get to this point.

#### **Resolved –**

- 1) Peter Beckwith to attend a future meeting of the committee to update on how the new hospital is performing and supporting people in an around Whitby.

At this point in the proceedings there was a 5 minutes break and the live broadcast was paused.

#### **155. Review of urgent care provision across the Vale of York**

Considered – a report by Gary Young, Victoria Binks and Nigel Wells from the Vale of York CCG.

The key points from the presentation are as summarised below:

- The Vale of York CCG area has been divided into three distinct places for the purposes of this review. These places were identified following in-depth public consultation
- There is a national focus on helping patients get the right care, in the right place and at the right time
- Urgent care services are for those who need medical advice or treatment for a health condition on the same day
- Patients have said that there are too many confusing options, and that getting urgent care help needs to be made easier
- In most cases people will access urgent care via their GP or by using the 111 service



- The pathways into urgent care vary across the three places: a fully integrated Urgent Treatment Centre serving York and the surrounding area; closer working between hospitals and GPs in and around Selby; primary care hubs in Hambleton and Ryedale
- In December 2020, existing contracts with current urgent care providers were extended to allow a safe transformation during the pandemic
- There are no fundamental changes to services. Instead, it is using what there is more effectively. As such, there is no need to undertake formal public consultation.

County Councillor Chris Pearson asked how the Urgent Treatment Centres and Accident and Emergency services would work together.

Gary Young said that the ambulance crews would assess the patient and decide where the most appropriate care could be given.

County Councillor Liz Colling asked whether it would be possible or desirable to have one contractor delivering all of the urgent care services in the CCG area.

In response, Nigel Wells said that the care provision in the area had been built up in different layers at different points in time. The changes to care pathways that were being introduced would help make sure that patients access the right care at the right place and at the right time. This can be achieved without the need for a wholesale recommissioning exercise.

Borough Councillor Sue Tucker expressed her concerns that Vocare, which is commissioned by the CCG to deliver some urgent care services, is a profit making organisation.

Nigel Wells said that Vocare had been a key partner for a number of years and had continued to deliver high quality services. The focus should be upon the quality of care and not who delivers it.

County Councillor Liz Colling said that large parts of the NHS had been delivered by profit making organisations since its inception. She said that the model of ownership is not the issue. Instead, it is the outcomes for patients.

#### **Resolved –**

- 1) Victoria Binks, Gary Young and Nigel Wells to attend a future meeting of the committee and update on the new urgent care pathways and provision, with focus on understanding whether people have changed their behaviour in response to the changes made and any patient feedback.

#### **156. NHS response to Covid-19**

Considered – a verbal update by Wendy Balmain, Sue Peckitt and Bruce Willoughby, North Yorkshire CCG.

NHS pandemic recovery programme - the key points from the update are as summarised below:

- The pandemic has reinforced existing health inequalities. As such and as commissioners and providers of services, we need to understand the long term impact of covid upon the more deprived areas of the county

- This last wave of the pandemic has been very difficult for hospitals. Mutual aid has helped, as has close work with local authorities, particularly in the support of vulnerable and shielded people in the community
- Hospitals have worked very hard to ensure that the risk of a hospital acquired covid infection is minimised. Covid infection rates in hospitals are low and reducing but there is no room for complacency
- Some people attending hospital may be infected with covid but not showing any symptoms. This is usually picked up through routine testing upon admission. Recently, such testing has been increased and so more cases have been picked up
- Some routine elective procedures and some outpatient appointments have been restarted
- Fast track appointments have been put in place for cancer assessments and treatment and are now at 110% of the pre-pandemic number
- All assessments and treatment are prioritised according to clinical need
- Patients are kept fully informed of what action will be taken and when and low level interventions and community support are being put in place for people in discomfort who are on a waiting list.

Vaccination programme - the key points from the update are as summarised below:

- Good progress is being made with the vaccination programme, with North Yorkshire on target to deliver against all of the target cohorts. Approximately 375,000 people in North Yorkshire have had the first dose
- The new national target is that all eligible adults will have had the first dose by 1 July 2021
- There has been some vaccine hesitancy. A multi-agency group has been established to respond to this. Everyone has a role to play in encouraging people to have a vaccination.

County Councillor Andy Solloway asked why the vaccination could not be done closer to home rather than involving significant travel to centres in large urban areas.

In response, Sue Peckitt said that some vaccinations were being done in nationally appointed centres and some through local GPs and partnerships

Borough Councillor Nigel Middlemass said that the issue that he had raised at the last committee meeting about hospital acquired covid infections had been addressed. He had been concerned that the national coverage may have deterred people from accessing the help and treatment that they needed. Based upon what has been explained today, people should feel reassured.

County Councillor Jim Clark thanked colleagues in the NHS for the way in which they had so successfully implemented the national vaccination programme.

County Councillor John Mann asked what the treatment response will be to long covid.

Wendy Balmain said that there is a move to establish specialist assessment clinics for people with suspected long covid and the initial focus would be upon the management of respiratory issues.

Delivery of primary care during the pandemic - the key points from the update are as summarised below:

- Patient monitoring has been setup for people with covid who are being cared for at home, as opposed to being admitted to hospital
- Regular health checks and support have been put in place for people who have learning disabilities
- All practices are covid-secure and make use of hot and cold protocols that enable people to be safely managed across a site and which prevent cross-infection
- Secure video link and the sharing of photos has enabled remote assessments to be undertaken
- Face to face appointments and telephone consultations have risen over the past three months, with face to face appointments now at 2/3 of the pre-pandemic level. People will still be able to have a face to face consultation where requested
- Safeguarding remains a priority
- More mental health support is being provided at the primary care level, in recognition of the mental health stresses that have risen during the pandemic.

County Councillor John Ennis thanked those attending for such a comprehensive update on three key areas of work. He welcomed the progress being made with fast track cancer assessment and treatment, the increase in outpatient appointments being offered and the roll out of the vaccination programme.

**Resolved –**

- 1) Wendy Balmain and colleagues to attend the meeting of the committee on 18 June 2021 and provide a verbal update on the NHS recovery from the pandemic, the implementation of the vaccination programme and access to primary care
- 2) Wendy Balmain to provide a briefing note that explains the rationale for cross-border vaccination appointments.

**157. Update on Covid-19 in North Yorkshire**

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

The key points from the report are as summarised below:

- Globally, there have been 117m cases of covid infections to date and 2.6m known deaths
- As of 11 March 2021, there are 38 new cases of covid each day across North Yorkshire. This is below the infection rate for England as a whole and is significantly lower than the peak in December/January
- Multi-agency teams are in place to track infection outbreaks and respond to them. A key part of this is understanding what has driven the transmission each time
- Work is done with employers to help ensure that workplaces are covid-safe and that measures are in place to prevent infection
- It is important that key messages are promoted and Councillors have a role to play in this
- Full details of the current data and statistics are available on the North Yorkshire County Council website.

County Councillor John Ennis thanked Louise Wallace for attending.

**Resolved –**

- 1) Louise Wallace to attend the meeting on 18 June 2021 to provide a verbal update on covid prevalence and the public health/multi-agency response.

**158. 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 committee review the work programme.

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

County Councillors Jim Clark and Andy Solloway gave an update on discussions that had taken place at the recent meetings of the West Yorkshire Joint Health Overview and Scrutiny Committee.

The meeting concluded at 1:10pm

DH

DRAFT

## North Yorkshire Scrutiny of Health Committee An Update on our Care Quality Commission (CQC) Action Plan

Following an unannounced Care Quality Commission (CQC) inspection on some of our adult inpatient wards in January, the CQC published a report from those inspections on Friday 26<sup>th</sup> March 2021. You can read the full report here <https://www.cqc.org.uk/provider/RX3>

In January the CQC visited three wards at Roseberry Park in Middlesbrough, one ward at Cross Lane Hospital in Scarborough and one ward at West Park Hospital, Darlington. Following the inspections we received correspondence from the CQC relating to concerns about our risk management processes, which they felt were complex and difficult to follow. This is detailed in the report.

Due to these concerns, and subsequent enforcement action, the CQC has rated our acute wards for adults of working age and psychiatric intensive care units 'inadequate' for both safe and well-led. This rating is an individual service rating and does not affect our overall trust CQC rating which remains 'requires improvement'.

I wanted to share with you some of the significant steps we have taken over the last few months.

Whilst work to address a number of these concerns was already underway, making rapid progress has been a priority for us and we have made improvements across both inpatient and community services in all of our localities.

Embedding such large-scale change quickly – and in the midst of a pandemic - is clearly a challenge and I am hugely grateful to our staff for their hard work and to our partners for your ongoing support.

I thought it would be helpful to summarise just some of the work that we have been doing as part of our action plan, which is overseen and reviewed by an external quality assurance board including representatives from NHS England and Improvement, commissioners and the CQC.

We have:

- Introduced new, simpler, safety (risk management) summaries and safety plans for our patients in both inpatient and community settings. We've also reviewed safety summaries and plans for approximately 56,000 patients who are currently under our care.
- Ongoing assurance schedules and more regular ward safety audits, which are carried out by different groups of staff – both senior management and staff peers – to ensure the new procedures are being fully implemented.
- Introduced masterclasses about the simpler processes, with over 1,500 frontline staff attending sessions. We have also developed a new mandatory and statutory training package, which will be delivered via e-learning and we are delivering suicide prevention training.

- Extended the use of Oxehealth Digital Care Assistant, which provides sensory monitoring of patients in their rooms, from three wards to a further 12 wards.
- Launched a recruitment programme. We have committed £5.4 million for extra staffing for our inpatient wards and these posts are currently being advertised.
- Established a practice development team, a new clinical supervision working group and additional leadership development.

We have provided the CQC with evidence of our improvements. As with all enforcement action, the notice will remain in place until the CQC is able to re-inspect and review the particular areas of concern. However, we have already made great progress and we are committed to making continued improvements across our services.

We were also already well underway developing Our Journey to Change, our new strategic direction, which has now launched. This has improving the experience for people who use our services, families, carers, staff and partners at the heart of everything we do and will help us to embed this work. Ultimately our focus is to work collaboratively, to promote and uphold a culture of compassion, respect and responsibility and importantly, to ensure we deliver safe and personalised care, which means a great experience for the people who use our services, their families and carers.

We'll continue to keep you updated but please do get in touch if you'd like to talk about this in more detail with me or a member of the team.

Many thanks

Brent Kilmurray  
Chief executive  
Tees, Esk and Wear Valleys NHS Foundation Trust



Item 6 part 2

# Care Quality Commission (CQC) Improvement Actions

June 2021

# The CQC inspections in January

- In January, CQC inspectors visited:
  - three wards at Roseberry Park
  - one ward at Cross Lane Hospital and
  - one ward at West Park Hospital
- The CQC had concerns about our risk management processes, which they felt were complex and difficult to follow.

# Our action plan

- Whilst work to address these concerns was already underway, making rapid progress has been a priority for us.
- We developed an improvement programme, which is overseen and reviewed by an external quality assurance board which includes representatives from NHS England and Improvement, commissioners and the CQC.
- We have made improvements across both inpatient and community services in all of our localities.
- Embedding such large-scale change quickly – and in the midst of a pandemic - is clearly a challenge. We are hugely grateful to our staff for their hard work and to our partners for your ongoing support.

# Actions

We have:

- Introduced new, simpler, safety (risk management) summaries and safety plans for our patients in both inpatient and community settings.
- Reviewed safety summaries and plans for approximately 56,000 patients who are currently under our care.
- Ongoing assurance schedules and more regular ward safety audits, which are carried out by different groups of staff – both senior management and staff peers – to ensure the new procedures are being fully implemented.
- Introduced masterclasses about the simpler processes, with over 1,500 frontline staff attending sessions.

# Actions

We have:

- Developed a new mandatory and statutory training package, which will be delivered via e-learning and we are delivering suicide prevention training.
- Extended the use of Oxehealth Digital Care Assistant, which provides sensory monitoring of patients in their rooms, from three wards to a further 12 wards.
- Launched a recruitment programme. We have committed £5.4 million for extra staffing for our inpatient wards and these posts are currently being advertised.
- Established a practice development team, a new clinical supervision working group and additional leadership development.

# Assurance and oversight

- We have provided assurance to the Care Quality Commission (CQC) that effective systems are in place in our wards to help keep patients safe - and that further improvements are already underway.
- The Trust's improvement programme is overseen and reviewed by an external quality assurance board which includes representatives from NHS England and Improvement, commissioners and the CQC.
- New assurance schedule launched in April includes ongoing supportive audit and programme of improvement
- Directors visits monthly focussed on learning from incidents
- Peer review took place in May



# Further actions

## Launch of Our Journey To Change

Page 21

**journey to change**

### Our Journey To Change

Tees, Esk and Wear Valleys  
 NHS Foundation Trust

**1 Why we do what we do**  
 We want people to lead their best possible lives.

**2 What people have told us about the sort of organisation we were in 2020**  
 We have a lot to be proud of, yet we don't always provide a good enough experience and at times let down those who use our services, their carers and their families.

**3 The kind of organisation we want to be**  
 We will co-create safe and personalised care that improves the lives of people with mental health needs, a learning disability or autism, involving them and their carers as equal partners. We will listen, learn, improve and innovate together with our communities and will always be respectful, compassionate, and responsible.

**The most important way we will get there is by living our values, all of the time**

**Respect**

- Listening
- Inclusive
- Working in partnership

**Compassion**

- Kind
- Supportive
- Recognising and celebrating

**Responsibility**

- Honest
- Learning
- Ambitious

**4**

**5 We are committed to three big goals for the next five years**

**Goal 1 To co-create a great experience for our patients, carers and families, so you will experience:**

- **Outstanding** and compassionate care, all of the time.
- **Access** to the care that is right for you.
- **Support** to achieve your goals.
- **Choice** and control.

**Goal 2 To co-create a great experience for our colleagues, so you will be:**

- **Proud**, because your work is meaningful.
- **Involved** in decisions that affect you.
- **Well led** and managed.
- That your workplace is **fit for purpose**.

**Goal 3 To be a great partner, so we will:**

- Have a **shared understanding** of the needs and the strengths of our communities
- Be **working innovatively** across organisational boundaries to improve services.
- Be **widely recognised** for what we have achieved together.

Your opinions are important to achieve our goals. Get involved

[www.tevv.nhs.uk/our-journey-to-change](http://www.tevv.nhs.uk/our-journey-to-change)

**NORTH YORKSHIRE COUNTY COUNCIL**

**SCRUTINY OF HEALTH COMMITTEE**

**18<sup>th</sup> June 2021**

***Tees, Esk and Wear Valleys NHS Foundation Trust –  
A brief update on the implementation, development  
and running of the enhanced community services  
model as part of the York and Harrogate  
transformation process with emphasis on Harrogate  
and Rural district.***

**Report of**

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

**Purpose of this report**

1. This paper provides a brief update the implementation, development and running of the enhanced community services model as part of the York and Harrogate transformation process with emphasis on Harrogate and Rural district.

**Background**

2. As part of Transforming Adult and Older People's Mental Health Services in Harrogate and Rural District, EMT received a paper in July 2018 outlining the service model delivery solutions being formed following local engagement and discussions with partners and other stakeholders. The most viable local solution identified was to invest in increasing the level of community service available through a reduction in inpatient beds and to re-provide inpatient care from capacity in the new hospital Foss Park, York.
3. In support of this in November 2018 agreement was given by Clinical Senate to progress to engagement with service users, carers and the wider community across Harrogate and Wetherby town regarding the proposal. Engagement commenced 24th June 2019 for a period of 12 weeks.
4. Foss Park Hospital was opened in April 2020, in the height of the worldwide pandemic, one week ahead of schedule. The closure of the Briary Unit and subsequent re-provision of inpatient services released transformation funding for implementation of the enhanced community services model.
5. **MHSOP Community Mental Health Development:**
  - 5.1 The service is now working through its restructured operating model following establishment of 3 GP Aligned Care Cells (GPACC), which overlay the Primary Care Networks in Harrogate and Rural District. This has led to closer relationships on an operational level with partner agencies.

- 5.2 The Covid pandemic has impacted plans to have designated staff working to share the new model with partner agencies and linking in to MDT forums such as frailty meetings.
- 5.3 The team recently reviewed the GPACC model in addition to a caseload review. The resulting learning has informed a number of amendments to the model. Staff in all three GPACC reported benefits in working with a small consistent staff group with a defined group of surgeries and care homes. Benefits identified include good communication, supportive relationships and a shared understanding of service user needs and treatment plans supporting consistency for service users and carers irrespective of care coordinator or lead professional being on leave.
- 5.4 Substantial work has been ongoing developing the community model to provide intensive support and treatment at home, avoiding admissions where safe to do so. Forums have been established to enable Community and Crisis teams to discuss those people requiring admission with inpatient colleagues on a regular basis to support discharge planning and minimise length of stay.
- 5.5 The work has been impacted by the need to implement a cohorting approach to admissions in North Yorkshire and York. Harrogate and Wetherby patients were being initially admitted to Rowan Lea in Scarborough until a negative Covid test was confirmed and then transferred to either Moorcroft Ward (for functional patients) or Wold View Ward (for organic patients) at Foss Park Hospital.
- 5.6 The table below shows Admissions and ALoS positions at year end for the 3 years to 30<sup>th</sup> April 2021 in the context of development of the community mental health provision.

	FUNCTIONAL						ORGANIC					
	18/19 baseline from transformation paper		2019/20 Remeasure		2020/21 Remeasure		18/19 baseline from transformation paper		2019/20 Remeasure		2020/21 Remeasure	
<b>ADMISSIONS</b>	<b>49</b>		<b>34</b>		<b>32</b>		<b>33</b>		<b>35</b>		<b>21</b>	
<b>Gender Split</b>	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
	16	33	12	22	8	24	16	17	22	13	11	10
<b>LENGTH OF STAY</b>	<b>55.05</b>		<b>49.23</b>		<b>48.07</b>		<b>61.35</b>		<b>65.46</b>		<b>74.46</b>	
<b>Gender Split</b>	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
	33.66	65.67	46.38	50.27	38.75	51.45	55.67	67.54	64.95	66.31	73.07	74.46

## 6. AMH Community Mental Health Development

- 6.1 Community and Crisis Team – As reported previously following the closure of the Briary Unit the Adult Crisis Team relocated to The Orchards community hub in Ripon with no disruption to services on the 28th April 2020.
- 6.2 From a staff experience perspective, despite the disruption and relocation of a number of staff due to the move, feedback has been very positive, with limited staff movement occurring since the move. The maintenance of this workforce has supported continued delivery of a place based which was a concern given the impact of the current pandemic.
- 6.3 With reference to the Crisis Team, the Consultant Psychologist, Advanced Nurse Practitioner and Crisis Community Support Workers additional posts have been recruited into although there has been limited staff movement that is being managed through normal on-going recruitment.

- 6.4 As previously reported additional funding secured outside the transformation process was used to recruit 5.48wte Senior Crisis Practitioners to enable provision of the All Age Crisis Helpline which remains fully recruited into. To maximise value from the roles they have been integrated into the larger Crisis Team and rotate between supporting the All Age Crisis Line and acting in Senior Clinician roles within the Crisis Team. The helpline has seen a significant rise in both calls and referrals logged into the Crisis Team that aligns incrementally with the pandemic and lockdowns.
- 6.5 With reference to the Harrogate Integrated Community Team there has been some successful recruitment in to the remodelled team however there are still some recruitment challenges. In particular the Band 6 Community Practitioner and Band 5 Higher Assistant Psychologist roles have been recruited. The Band 5 Community practitioners remain vacant and are now being advertised as Band 6 roles to encourage applications. The Band 6 Occupational Therapist role could not be recruited to but has now been filled as a Band 5 developmental post.
- 6.6 In terms of our Wetherby provision TEWV planned to host with Leeds CCG a mental health adult and older people's service mapping event over a number of sessions using MS Teams in November and December 2020. However due to COVID Lockdown two and requests from primary care GP's who's were struggling to attend, it was agreed with Leeds CCG to facilitate the 3 sessions w/c 21/1/21. This was again unable to proceed due to the third lockdown however the proposal is run the event in September 2021 with partner reengagement commencing in June 2021. To maintain engagement in the interim we have sent representative to Leeds CCG to review services and examine potential transformation.
- 6.7 Section 136 Suite – As previously reported the Section 136 suite located at The Briary closed as planned with provision being facilitated primarily in Foss Park 136 Suite with additional capacity at Cross Lane Scarborough. The 136 Suite has not experienced and significant rise in demand across the period of the pandemic.
- 6.8 With regard to Inpatient Provision in the context of transformation and the current pandemic Harrogate and surrounding area residents who required admission have been accommodated in Foss Park Hospital as planned. COVID cohorting plans previously implemented across the facilities in Scarborough at Cross Lane and Foss Park remain in place.
- 6.9 The table below shows Admissions and ALoS positions at year end for the 3 years to 30<sup>th</sup> April 2021 in the context of development of the community mental health provision.

AMH	18/19 baseline from		End 2019/20 Remeasure		2020/21 Remeasure	
<b>Admissions</b>	<b>184</b>		<b>185</b>		168	
<b>Gender Split</b>	<b>Male</b>	<b>Female</b>	<b>Male</b>	<b>Female</b>	<b>Male</b>	<b>Female</b>
	72	112	86	99	76	92
<b>Length of Stay</b>	<b>31.58</b>		<b>22.25</b>		<b>19.94</b>	
<b>Gender Split</b>	<b>Male</b>	<b>Female</b>	<b>Male</b>	<b>Female</b>	<b>Male</b>	<b>Female</b>
	25.2	36.43	21.23	23.61	20.2	19.74

## Implications

- **Financial** – N/A in these recent changes.

- **Human Resources** – Recruitment is continuing into a number of the transformed service roles
- **Equalities** – N/A.
- **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.

The transformed services are delivering continued place based and crisis care despite the impact of the pandemic and restriction imposed by lockdowns. Admissions and ALoS trajectories are on the whole achieving or continuing towards achieving transformation targets again despite the impact of the pandemic.

## **Recommendations**

The committee is asked to review and note this paper.

## **Author**

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## NORTH YORKSHIRE COUNTY COUNCIL

### SCRUTINY OF HEALTH COMMITTEE

18<sup>th</sup> June 2021

***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, and December 2020.

#### **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 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 space 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 Trust's capital investment in this scheme is approximately £5.5m.



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 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. To help illustrate the facilities on offer, in addition to the team spaces and formal meeting rooms, we are providing 19 consulting rooms for Adults, Older Persons and Learning Disability Teams, and a further 6 consulting rooms for our Children and Young Persons services. Additionally we have provided a Carer's space which can be accessed via the main reception and a family room in the Children's and Young Person's area. There is also a dedicated garden space for both Memory services and Children's and Young Persons services to provide safe access to garden environments.
8. Despite the limitations caused by the pandemic, including restrictions to number of workers permitted on site, furlough arrangements for some sub-contractors, etc., progress has been positive and the scheme had experienced only minor delays until very recently.
9. The construction programme was originally intended to complete in late February 2021 but it was previously acknowledged that due to a small number of Covid-19 related delays (such as the delivery of steel to site) the build would be completed and handed over to TEWV in early April 2021.
10. Unfortunately, a further delay was recently experienced which has further impacted the planned handover. The delivery of the electricity meter to site was significantly delayed and a number of key construction and installation actions could not be completed until the meter had been installed. This was something that could not be controlled by ourselves, or by our construction partners. ESH.
11. The meter arrived on site Friday 14<sup>th</sup> May and the construction team are now busy coordinating the installation and safety checking of the site. It is anticipated that this will take approximately 6 weeks with a provisional handover to TEWV planned for late June 2021, though potentially subject to further minor changes.
12. In between time we are looking to complete any actions we can with regards commissioning work prior to handover, to try and reduce the impact of this delay. We acknowledge that the majority of actions cannot be completed until we take formal handover, but where we can we are working to get ahead of schedule.
13. Once we have had the building formally handed over to us we will then fully commission the building 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.

14. As part of the commissioning process we will be spending time helping staff to become fully orientated to the layout and management of the new site, and to ensure everyone is fully aware of all core protocols such as fire and emergency response procedures.
15. Communications are being prepared to alert our service users, carer and staff about the change of premises and to provide all necessary contact details in good time. For a number of our teams the telephone numbers will not change, and for the small number that will we have secured permission to retain the existing numbers for 3 months to ensure that everyone can continue to access services.
16. The Friarage and Gibraltar House accommodation currently used by our teams are managed under leasing arrangements and will be returned to the respective landlords. Brompton House is owned by TEWV and will be sold on the open market.
17. We have previously 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.
18. Additionally we have assurance that the Adult Crisis and Home treatment Team will be able to access accommodation at the Friarage Hospital out of working hours (after 8pm to 8am the following day) 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.
19. We are hoping to facilitate some site visits for the Scrutiny of Health Committee in the week prior to our team transfers. Once we have a confirmed handover date we will look to make arrangements, offering as much notice as possible.
20. The architect's illustration of the proposed hub is pictured below...



...and here is the completed building (taken on a dull day in May 2021!)



## Implications

- **Financial** – The development of North Moor House is being met entirely from TEWV capital reserves
- **Human Resources** – A formal management of change process within TEWV has been completed for all staff transferring 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. This will help support more choice in the offer to service users and carers.
- **Property** – North Moor House has been developed and is owned by TEWV.

## **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.

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**

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## NORTH YORKSHIRE COUNTY COUNCIL

### SCRUTINY OF HEALTH COMMITTEE

18<sup>th</sup> June 2021

***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 in September 2019, and most recently in December 2020.
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 (CQC) has advised that services must 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 had 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 could be accommodated on one site. Our ethos was that this would improve communication, support safe



transfers of care between teams and maximise the efficiency of resource management, hence supporting more time for care delivery.

5. A number of options had been explored including refurbishment of the existing Worsley Court site whilst retaining the lease, purchase of the Worsley site, and in seeking alternative lease opportunities within available local business accommodation. None of these options were possible due to economic or availability factors.
6. A further option was considered to purchase an alternative site and construct new premises to meet service requirements in the Selby area. However, exploration of available sites was 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 all presented access challenges for local people and hence were ruled out.
7. In 2018 TEWV looked to purchase a site that was suitably located for easy local access but the site was quickly purchased by an external developer and hence was unavailable to us.
8. Discussions within the One Public Estate forums were initially useful in helping to verbally identify potential sites in Selby, to 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 was not possible to obtain full details of these from the council, hence we were unable to progress these schemes.
9. An alternative commercial site was later 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 it also was no longer available to us.
10. The building previously used by North Yorkshire Police in Selby was also fully appraised but whilst the space available it was in excess of our requirements, and 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. Essentially it would have created a revenue challenge that could impact front line service funding.
11. Work continued to try and identify available but not yielded no results and in the interim some light refurbishment of facilities at Worsley Court was undertaken, funded through the internal capital programme.
12. It has since been agreed that we will stop looking to identify a site for a new hub in Selby and instead will invest further capital (£175k) in modernising facilities at Worsley Court to suitably accommodate the CAMHS Team, currently based in the Cabins, and to provide high quality clinical space for our CAMHS service users.
13. In addition to providing significantly improved CAMHS facilities, we will be able to accommodate community teams from all 4 specialities (Adults, Older Persons, CAMHS and Learning Disabilities) under one roof by using space previously unused at Worsley Court.



14. By investing in these facilities we can also provide increased consulting space for all teams, and better staff working environments (to support productivity) through spaces specifically designed to support confidential remote appointments.
15. In early 2020 we established a small project and design team to oversee the transfer of services from The Cabins to Worsley Court and we anticipated that the required building work and modifications would be completed by the end of that year. However, the space identified for improvement was allocated for use by Selby GPs as part of the local pandemic response and so we were understandably unable to start construction work as planned, and hence our plans for service transfers were understandably delayed.
16. The local GPs have since moved back into their primary cases but we have unfortunately experienced a further delay and have been unable to start construction work.
17. The building was originally an inpatient unit with some accommodation for adult and older person's community teams. It was closed to inpatients in December 2016 but this change was never registered by NHS Property Services. This means that to complete the necessary work we are advised that we now need formal planning approval.
18. The formal planning application has now been submitted and we are hopeful of achieving full approval so that we can commence construction in summer 2021.
19. The construction programme is for 12 weeks, followed by a period of time for TEWV to commission the building, train and orientate staff and to move CAMHS and LD across to their new premises in autumn 2021.

## Implications

- **Financial** – The alterations to Worsley Court will be met from TEWV capital reserves.
- **Human Resources** – N/A
- **Equalities** – The changes planned to Worsley Court ensure no impact in regards to equalities.
- **Legal** – N/A
- **Crime and Disorder** - N/A
- **Information Technology (IT)** – The improvements to Worsley Court embrace the most up to date technology to support remote clinical appointments as well as face to face intervention.
- **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), was viewed by all stakeholders as a key development but it has not been possible to identify a suitable site.

By investing in a significant programme of improvement at Worsley Court we can ensure that service users have good access, are seen in suitable and safe premises, and that services can continue to function effectively.

The transfer of services out of The Cabins is long overdue, and noted as a key action by the Care Quality Commission, and can now be facilitated.

*Pictured below, Worsley Court*



## Recommendations

The committee is asked to review and note this paper.

## Author

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North Yorkshire County Council  
Brief oral health report for Scrutiny of Health Committee

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18/06/2021

Prepared by Dr. Stefan Serban and Dr. Siobhan Grant, Public Health England

### **Data**

We have access to a significant amount of data on children’s dental health because nationally, 5-year olds are looked at every two years by calibrated examiners. This also allows comparisons between regions.

### **Children**

- In North Yorkshire, one fifth of 5-year olds experience tooth decay.
- Of those experiencing decay, by the time they are 5 years old they will already have nearly 3 teeth decayed extracted or filled teeth.
- Children living in socially deprived areas are the most affected by tooth decay. Tooth decay is almost entirely preventable.<sup>1</sup>

National oral health survey for 5-year olds 2018/2019

*Table 1 Oral health survey of 5-year-old children 2019*

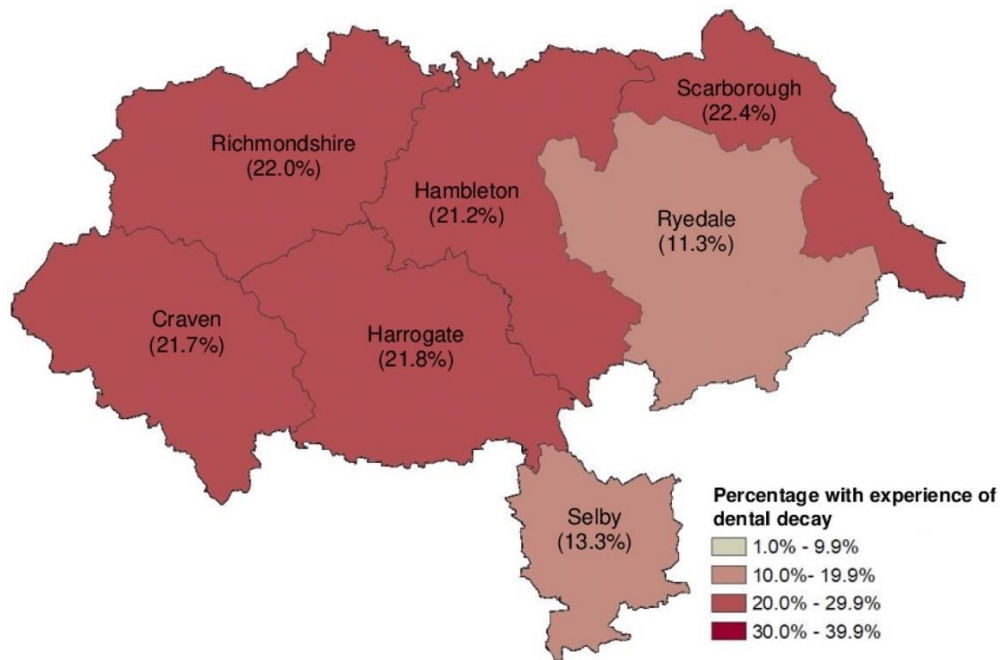
	% of children with any decay experience	Average number of affected teeth
<b>North Yorkshire</b>	20.0	2.8
<b>Yorkshire and The Humber</b>	28.7	3.8
<b>England</b>	<b>23.4</b>	<b>3.4</b>

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<sup>1</sup> Royal College of Surgeons of England. The state of children’s oral health in England [Available from: <https://www.rcseng.ac.uk/library-and-publications/rcs-publications/docs/report-childrens-oral-health/> (accessed May 2021)]

Figure 1, presents the percentage of 5-year olds with dental decay in North Yorkshire by lower-tier local authority. The small sample size means it is not possible to provide information at ward level.

Figure 1 Percentage of 5 year olds with dental decay in North Yorkshire by lower-tier local authority



### **Hospital extractions under general anaesthesia**

- Tooth decay is still the most common reason for hospital admissions in the 6-10-year-old age group
- Significant inequalities persist, with admission rates for tooth extraction in the most deprived communities nearly four times that of those living in the most affluent communities
- In 2019/20, in North Yorkshire, 465 children were hospitalised for tooth extractions under general anaesthesia.<sup>2</sup> This is the equivalent of approximately 8 full school buses every year.<sup>3</sup> Important to remember that tooth decay is almost entirely preventable.<sup>4</sup>

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<sup>2</sup> Public Health England. Hospital tooth extractions of 0 to 19 year olds [Available from: <https://www.gov.uk/government/publications/hospital-tooth-extractions-of-0-to-19-year-olds> (accessed May 2021)]

<sup>3</sup> British Dental Association. Dentists back ideas to tackle obesity and tooth decay together [Available from: <https://bda.org/news-centre/press-releases/Pages/Dentists-back-ideas-to-tackle-obesity-and-tooth-decay-together.aspx> (accessed May 2021)]

<sup>4</sup> Royal College of Surgeons of England. The state of children's oral health in England [Available from: <https://www.rcseng.ac.uk/library-and-publications/rcs-publications/docs/report-childrens-oral-health/> (accessed May 2021)]



Table 2 Children being admitted to hospital for tooth extractions 2019-2020

Local authority	Children 0-19yrs with hospital extractions
Craven	30
Hambleton	55
Richmondshire	45
Harrogate	130
Ryedale	30
Scarborough	95
Selby	80
<b>North Yorkshire</b>	<b>465</b>
<b>ENGLAND</b>	<b>35,190</b>

### Impact on families and the NHS

- Oral health is an integral part of overall health. Poor oral health can affect children and young people’s ability to sleep, eat, speak, play and socialise with other children. Other impacts include pain, infections, poor diet, and impaired nutrition and growth.
- Children may miss school and parents have to take time off work for their child to attend the dentist or be admitted to hospital.
- Although largely preventable, hospital extractions for children’s teeth cost around £40 million/year to the NHS in England. This represented the biggest cost to the NHS for this age group across all areas of healthcare.
- The average 5 year old consumes their own weight in sugar each year.

### What can we do?

- The good news is that we have good evidence of what works in terms of prevention. Well-chosen public health interventions help to avoid poor health and reduce the growth in demand on the NHS. They can also reduce pressure on other public services and support economic growth.
- Main interventions: reducing sugar consumption, regular brushing with fluoride toothpaste, routine visits to dentist.

### Adults

Good oral health is essential for general health and wellbeing. For example, good oral health can support older people to stay independent for longer, or to recover from episodes of crisis or frailty.

### Oral cancer

- Risk factors
- Poor outcome as spotted late



**Impact on general health**

- Poor oral health, especially gum disease has been linked to several other chronic diseases such as diabetes, cardiovascular disease, rheumatoid arthritis, and others.
- Treating gum disease could help people with Type 2 diabetes manage their blood glucose levels and may reduce their risk of diabetes-related complications. The improvement could be similar to having prescribed a second blood glucose lowering drug but without the additional side effects.<sup>5</sup>

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<sup>5</sup> D'Aiuto F, Gkraniias N, Bhowruth D, Khan T, Orlandi M, Suvan J, et al. Systemic effects of periodontitis treatment in patients with type 2 diabetes: a 12 month, single-centre, investigator-masked, randomised trial. The Lancet Diabetes & Endocrinology

**NHS England - Yorkshire and the Humber  
North Yorkshire Scrutiny Committee – Dentistry**

**1 Background**

NHS England (Yorkshire and the Humber) is responsible for the commissioning and contracting of all NHS dental services across North Yorkshire. Commissioned dental activity is based on Courses of Treatment (CoT) and Units of Dental Activity (UDAs). Depending on the complexity of the treatment, each CoT represents a given number of UDAs. Dental services commissioned by NHS England for North Yorkshire residents include:

- Primary care (general high street dentistry)
- Community Dental Services (CDS)
- Orthodontics
- Urgent care
- Secondary care.

**2 Dental Provision in North Yorkshire**

NHS England currently commissions a total of 835,862 Units of Dental Activity (UDAs) across approximately 70 practices in North Yorkshire. Primary care providers delivered 96% of their contracted UDAs for the year ended March 2020 and 92% in 2018/19.

To improve access and reduce inequalities, an innovative approach to contracting was introduced across Yorkshire and Humber in 2019. The 'Flexible Commissioning' model translates some of the contracted UDAs into a resource envelope, which the provider can utilise to deliver care in alternative ways, i.e. dental nurses providing services for hard to reach children and other vulnerable groups of patients. There are 40 North Yorkshire practices on this scheme.

- There is one community dental service provider.
- There are thirteen orthodontic providers.
- Urgent care is provided via primary care practices and NHS111.
- There are three secondary care trusts.

**3 Workplan Priorities for North Yorkshire**

As well as Yorkshire and the Humber initiatives, such as flexible commissioning, work specifically aligned to North Yorkshire includes:

- Development of an out of hours urgent care service (planned for October 2021), accessed via NHS111.
- Procurement of new primary care services in Scarborough, Helmsley, Sherburn-in-Elmet and Tadcaster, where providers have handed back their NHS contracts to NHS England (circa £1.7m of activity).
- Intermediate minor oral surgery services to be procured.
- Additional specialist services at York Trust for restorative dental treatment.

**4 Key Challenges – Pre-Covid**

Access/inequalities: NHS England inherited a range of contracts, from Primary Care Trusts, when it was established and these 'legacy' arrangements mean that there is not a consistent pathway to services across the region as a whole and little options with regard to contract



arrangements (see the next point), in terms of both the contract that is in place and all budgets for dentistry committed to existing services.

Primary care national contract: rolled out in 2006, this is held by a General Dental Practice (GDP) in perpetuity (subject to any performance concerns), with little flexibility for either the commissioner or the provider.

Procurement: procurement rules introduce further challenges to levers to change to commissioning arrangement; it is not always possible to introduce innovative ways of working without testing the market.

Recruitment and retention: difficulties faced by contractors in attracting dentists and staff to work on the East Coast, which is not confined just to North Yorkshire.

Finance allocations: unlike GP services, dental contracts are not list based and are activity based, as established in 2006. Population growth does not generate additional funding, so it is a challenge to improve access where there are new housing developments.

Patient perceptions:

- Patients generally tend to think that they are registered with a dental practice in the same way that they are registered with a GP: however, this is not the case. Dental practices do not have contractual arrangements to maintain a registered patient list but do tend to see patients regularly. Practices are obliged to only deliver a course of treatment to an individual, not ongoing regular care.
- Fee paying, non-exempt adults contribute towards the cost of NHS dental treatment with the contribution determined by the course of treatment; unlike other NHS services, which are provided free at the point of delivery, dental services are not free but subsidised.

## **5 Impact of Covid-19 Pandemic - The Delivery Model Since March 2020**

The dental sector has faced unique challenges during the pandemic due to the proximity between a dental professional and a patient's airway and the relatively high proportion of aerosol generating procedures (AGPs) undertaken.

During the first wave of the pandemic, in the interest of patient and dental staff safety, routine and regular dental services were paused, practices were asked to close and urgent dental centres (UDCs) were established to provide access to urgent services to patients in pain.

Practices could reopen for the provision of face to face care in June 2020, subject to having the appropriate personal protection equipment and have steadily increased the activity that they can provide since that time.

The contractual arrangements for primary care practices throughout the pandemic have reflected the need to prioritise patient safety, patient access and practice sustainability.

In return for income protection, practices were required to meet a set of limited conditions, including:

- a requirement that they deliver at least 20% of normal activity volumes for the period of July to December 2020;
- a minimum of 45% of pre-covid activity for the period of January to end of March 2021;
- a minimum of 60% of pre-Covid activity from April 2021 until September 2021.



Whilst restoration of NHS dental activity continues, it will be some time before dental services return to providing care in a similar manner and to the activity levels that patients previously experienced, with many dental practices are still catching up on the backlog from when they were closed during the first national lockdown.

Given these challenges, practices have been asked to prioritise seeing patients with the greatest clinical need i.e. those requiring urgent dental care and vulnerable patients which likely means a delay for patients seeking non-urgent and more routine dental care such as check-ups. A return to full capacity, which will be dependent on the further easing of Covid-19 control measures, will be required before practices can provide more routine and regular dentistry.

Progression to resume routine dental care is being risk-managed by individual practices. In the interim we are working with our NHS dental providers to explore opportunities to increase the clinical treatment capacity available within the constraints of the Covid pandemic and infection control measures to ensure that care can be delivered safely for both patients and staff. We are therefore asking patients for their understanding and co-operation during this unprecedented and difficult time for the NHS.

## 6 Resumption – General Overview

The focus of NHS England's dental commissioning team is to support providers to resume services, in line with Standard Operating Procedures and IPC guidance:

- 6.1 Primary Care - All primary care providers are open and providing services outlined in national Standard Operating Procedures. Urgent care is the priority for all dental care currently and there are two ways of accessing care, i.e. via a high street dentist or via NHS111.
- 6.2 Community Dental Services (CDS) – Most primary care dental services are provided in general dental practices, however the community dental service provider has an important role in the provision of dental care for vulnerable groups who may need treatment in an alternative setting, to accommodate their needs. Harrogate and District NHS Foundation Trust provides this service across North Yorkshire at 12 clinics.
- 6.3 Orthodontics – There are thirteen orthodontic providers across North Yorkshire. Practices closed, at the request of the Chief Dental Officer, between March and June. Practices are currently being asked to deliver at least 80% of their contracted activity.
- 6.4 Secondary Care – Services provided in a hospital setting (York, Harrogate and South Tees Trusts) have recommenced and they are accepting new referrals which are clinically triaged. A prioritisation model is in place to ensure that hospitals can work through any backlog.

## 7 Communicating with the public

NHS England has been posting messages on social media platforms on a weekly basis. Examples of these posts are shown below.

**Tweet:** Please be aware that dentists are currently still prioritising vulnerable patients or those with urgent dental needs; it is therefore unlikely that routine dental care such as dental check-ups will be available at this time. #helpushelpyou

**Tweet:** Please note that appointments for some routine dental treatments, such as dental check-ups, are limited at this time as dentists prioritise vulnerable patients and those with urgent dental needs. #helpushelpyou

**Tweet:** Please ONLY visit your practice if you have an appointment and telephone to book an appointment only if essential – dentists are currently prioritising the vulnerable or those with the most urgent need. #helpushelpyou

**Tweet:** Toothache should initially be managed with over the counter pain relief until an appointment can be made. Chemists are open and a Pharmacist can advise you what is the best pain control to meet your needs #helpushelpyou

**Tweet:** Lost fillings, crowns or bridges, broken teeth or braces are not deemed to be clinically urgent and patients are advised to contact their local dental practice when they re-open. #helpushelpyou

**Tweet:** Only ring NHS 111 out of hours when your dental needs cannot be met by self-care and cannot wait till your practice is open to contact them for advice. #helpushelpyou



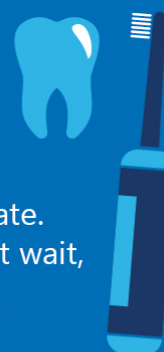
## Accessing dental care



**Dental Practices are open, however practices will need to prioritise patients with the most urgent need.**

If you need help from a dentist:

- Contact your regular dentist or if you do not have one, call any NHS dental practice
- You will be given advice or offered an appointment if appropriate.
- For urgent dental care, out of hours or at weekends that cannot wait, please ring NHS111



Please do not visit your dental practice unless you've been advised to. This will ensure the practice can continue to provide essential care safely.

**Report prepared by:**

Debbie Pattinson, Dental Commissioning Lead  
Leesa Rayton, Dental Contract Manager  
North East and Yorkshire (Yorkshire and the Humber)

**Date:** 7 June 2021 (v3.3)

# North Yorkshire CCG

Page 43

## The White Paper and Integrated Care Systems



Agenda Item 8

# The White Paper and Integrated Care Systems (ICS)

**ICSs will be established, to include an NHS body and a Health and Care Partnership**

## **The Health and Care Strategic Partnership**

Be responsible for developing a plan that addresses the wider health, public health and social care needs of the system, with the NHS ICS board and local authorities having to regard that plan when making decisions.

Details regarding their functions and membership are to be left to the discretion of the local areas.

Humber Coast and Vale ICS (HCV) will operate through two strategic partnerships – North Yorkshire & York and The Humber.

## **The NHS Body will:**

Be responsible for strategic planning, taking on the commissioning functions of CCGs and be directly accountable for NHS spend and performance within the system, with its chief executive becoming the accounting officer for NHS money allocated to the NHS ICS body.

As a minimum, include a chair, the chief executive and representatives from NHS trusts, general practice and local authorities, with others determined locally. ICSs will also need to ensure they have appropriate clinical advice when making decisions.

Be responsible for developing a plan to meet the health needs of the population within their defined geography; developing a capital plan for the NHS providers within their health geography; and securing the provision of health services to meet the needs of the system population.

# what the proposals mean (continued)

## Place level working will continue to be critical in the future

Place-based arrangements between local authorities, the NHS and providers of health and care will be left to local organisations to arrange.

The statutory ICS will work to support places to integrate services and improve outcomes.

Health and Wellbeing Boards will continue to have an important responsibility at place level to bring local partners together, as well as developing the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy.

Page 45

## There is a strong emphasis on collaboration throughout the document

Strong emphasis on collaboration rather than competition as a key driver of improvement.

Duty to collaborate – between NHS partners and NHS and local authorities.

Continued emphasis on provider collaboration – both across system and in place.

It will be made easier for organisations to work closely together through joint committees – operating at place and system.

# Planning for the future - progress to date and next steps

Timeline	Progress
<b>December 2020</b>	Interim Partnership Director role appointed, responsibility for development of places, planning, partnership and integration and leading the partnership – member of HCV Executive team shaping the operating model
<b>March 2021</b>	Communication to partners and all staff outlining the approach and HCV HR principles to transition from Professor Stephen Eames
<b>April 2021</b>	North Yorkshire and York Strategic Partnership Board established
<b>15 April 2021</b>	Interim appointments for North Yorkshire and York <ul style="list-style-type: none"> <li>• Director of Integration and Primary Care Transformation</li> <li>• Director of Finance and Planning</li> </ul>

Page 46

Key dates	Next steps
<b>23 July 2021</b>	1st reading of the bill in Parliament before the Act
<b>September 2021</b>	Confirmation of detailed structure new ICS NHS Body
<b>November 2021</b>	Initial confirmation to affected staff of future and employer and job role
<b>January 2022</b>	Act of Parliament
<b>April 2022</b>	NHS Humber, Coast and Vale Integrated Care System NHS Body is established

# North Yorkshire CCG

## Scrutiny of Health Committee Update

Page 47

Wendy Balmain, Director of Strategy & Integration  
18 June 2021



Agenda Item 9



# Supporting Recovery – NHS 6 Planning Requirements

1. Supporting the health and wellbeing of staff and taking action on recruitment and retention
2. Delivering the NHS COVID vaccination programme and continuing to meet the needs of patients with COVID-19
3. Building on what we have learned during the pandemic to transform the delivery of services, accelerate the restoration of elective and cancer care and manage the increasing demand on mental health services
  - **Maximise elective activity, taking full advantage of the opportunities to transform the delivery of service**
  - **Restore full operation of all cancer services**
  - **Expand and improve services for people with a learning disability and/or autism**
4. Expanding primary care capacity to improve access, local health outcomes and address health inequalities
  - **Restoring and increasing access to primary care services**
  - **Implementing population health management and personalised care approaches to improve health outcomes and address health inequalities**
5. Transforming community and urgent and emergency care to prevent inappropriate attendance at emergency departments (ED), improve timely admission to hospital for ED patients and reduce length of stay
  - **Transforming community services and improve discharge**
  - **Ensuring the use of NHS111 as the primary route to access urgent care and the timely admission of patients to hospital who require it from emergency departments**
6. Working collaboratively across systems and sectors to deliver on these priorities



# North Yorkshire and York Vaccination Programme

The NYY Covid-19 Vaccination programme continues to make excellent progress and as at 7 June 2021 the number of doses administered is:

Area	Vaccinations
North Yorkshire CCG	<ul style="list-style-type: none"><li>• 1st doses – 282,760</li><li>• 2nd doses – 220,312</li></ul>
Vale of York CCG	<ul style="list-style-type: none"><li>• 1st doses – 221,810</li><li>• 2nd doses – 156,997</li></ul>
Total NY&Y	<ul style="list-style-type: none"><li>• 1st doses – 504,570</li><li>• 2nd doses – 377,309</li></ul>

Page 49

- Will complete **all 1<sup>st</sup> doses of cohorts 1-12** by **31 July 2021** as well as the majority of 2<sup>nd</sup> doses
- Over **94.5%** of those who received a first dose have come forward to received their second
- Targeted work is being done in areas of inequality e.g. Scarborough and **uptake is increasing**
- Currently preparing for a **Covid booster programme** to be carried out in the autumn
- Also preparing for the **winter 2021 Flu programme** which will, as last year, **include all over 50s**

# Elective Recovery Programme

- The number of patients waiting for an elective procedure has increased as the system returns to usual levels of referral and demand and in a context of organising services as the pandemic continues
- Waiting lists continue to be prioritised due to clinical need and include patients waiting for a diagnostic test
- Trusts are planning to deliver 85% of pre-covid activity levels by July by creation of additional capacity, both in house and by using the independent sector
- Recovery supported by the introduction of shared waiting lists facilitating mutual aid across providers
- Continuation of advice and guidance and expert input to ensure that referrals are optimised with virtual appointments available where appropriate
- Significant reduction in time waiting for Priority 2 patients (patients who require surgery within 1 month) – 90% will be seen in 28 days by Sept
- Waiting well programme being developed to support patients assessed with a low risk waiting for a surgical procedure

# Cancer programme priorities

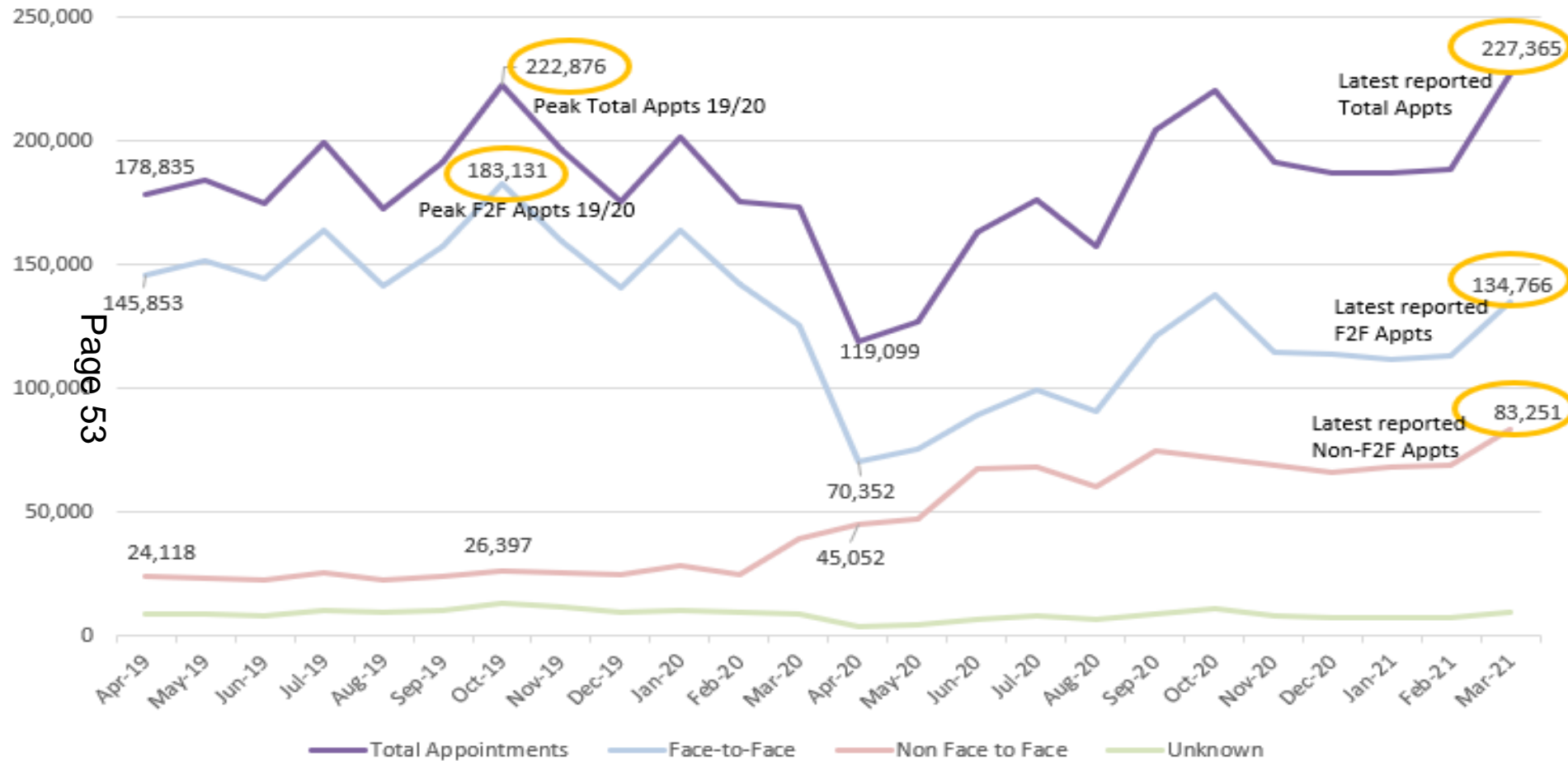
- **Restoration of all cancer services**
- Aim to reduce the number of patients **waiting over 62 days** for treatment to pre-pandemic levels and improve waiting times across **cancer pathways**
- Meet the increased levels of referrals and treatments required to address the **shortfalls seen during the pandemic, reducing inequalities and variation**
- **Clinically led** programmes of work to support recovery;
  - **Awareness and Early Diagnosis** – Raising awareness and signs of cancer through education in the community; Increasing the uptake of screening programmes in Primary Care
  - **Diagnostics** - Implementing increased community diagnostic capacity
  - **Treatment and Pathways** - Implementing timed (RAPID) pathways for Lower/Upper GI, Lung and Prostate cancers; Embedded multi disciplinary approach to ensure all cancer staging data is made available
  - **Living with and Beyond Cancer** - Ensuring all patients have access to personalised care and support including at least one holistic needs assessment and care plan
- Implementation of **clinical innovations** and use of **digital** technology to support recovery

# A focus on Primary Care

- Face to face appointments and digital interactions (on line consultations, video consultations) have all **increased steadily** since the first lockdown in March 2020 and are now **back to almost pre-covid levels**
- **Demand for primary care** has been rising significantly since April of this year while practices continue to work with **higher levels of restriction** due to infection prevention and control measures
- **Focus on reducing any backlog** around routine reviews for chronic conditions and screening work, and supporting patients waiting for hospital procedures and appointments
- Continuing to lead on delivery of the national **Covid-19 vaccination programme**
- **Supporting PCN organisational development** and strengthening partnership working through provider collaboratives
- **Promoting use of the NHS APP** to help patients and clinicians manage their time and care more effectively
- Developing a targeted programme of work to **use digital/technology to improve access** to care for our population

# GP Access - Face to Face and Digital Appointments

North Yorkshire CCG Appointments in Primary Care Apr 19 - Mar 21



Face to face appointments are almost at pre covid levels and total appointments have exceeded pre covid levels by circa 50,000 from April 2019 to those seen in March 2021

# Transforming Community Services

- **Admission Avoidance**

- 2 hour crisis response implementation
- Joint health & social care team integrated approach across NYY
- Building a 'Home First' to support people better in their own home

- **Discharge to Assess**

- Single approach across North Yorkshire with specified beds in place to discharge people safely

- **Frailty & Ageing Well**

- Proactive identification , management and support for a frail person
- 7 day frailty turn-around at hospital front door to avoid admission if not appropriate
- Frailty competency development across local partners – raising awareness and recognition
- Engaging with communities to recognise and support frailty

- **Long Covid & Pulmonary Rehabilitation**

- Providers to further develop & extend Long Covid assessment clinics
- Long Covid capacity and capability to be reviewed ahead of winter
- Oximetry@Home available across primary care and care homes

# Population Health Management (PHM) – understanding health inequalities

## Achieved So Far...

**Rapid Public Health Driven Needs Assessment** on the impact of the four phases of covid

Strong engagement in the **PHM Development Programme in 3 Primary Care Networks**

- Whitby Coast and Moors PCN -focus on **patients aged 50-74 years with depression, and diabetes** with aim to deliver community-based, personalised support to improve their health and well-being using social prescribing link workers
- Selby Town PCN focus on **patients 50-64 years old with hypertension and frailty**
- York Place focus on **patients with Diabetes aged 50-64 with risk factors for progression to multi-morbidity**

**Health Navigator pilot** in Scarborough and Harrogate helping to reduce hospital admissions

**North Yorkshire and York business intelligence** and **working groups established**

## Next Phase of Work...

Agree a **partnership plan** based on a collective and shared understanding of our communities

**Grow capability** across our **BI and PH intelligence communities** with access to place and PCN level data

Make progress with full implementation of a shared care record to provide patients and clinicians with timely information about their care needs



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## NORTH YORKSHIRE COUNTY COUNCIL SCRUTINY OF HEALTH COMMITTEE

18 June 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 10 September 2021. The next scheduled meeting of the Mid Cycle Briefing is 10am on 23 July 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  
10 June 2021

**NORTH YORKSHIRE COUNTY COUNCIL**  
**Scrutiny of Health Committee – Work Programme 2020/21**  
**Version – 19 May 2021**

	12 Mar	23 Apr	18 Jun	23 Jul	10 Sep	ACC	
	COM	MCB	COM	MCB	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. Prevalence data on the pandemic	✓		✓		✓		Public Health updates
3. Vaccination programme implementation	✓		✓		✓		CCG updates
4. 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.
5. Housing development and investment in NHS infrastructure		✓					Initial discussion at Mid Cycle Briefing
<b>Local Service Developments</b>							
1. Harrogate and Rural Alliance - Adult Community and Health Services					✓		Update on progress with the model.
2. Redevelopment of Whitby Hospital	✓					Y	Final update to the March 2022 meeting of the committee
3. Service changes at Scarborough Hospital	✓	✓	✓		✓	Y	Details of specific actual and proposed service changes (oncology, hyper acute stroke, urology) and capital investment in Scarborough Hospital
4. Scarborough Hospital CQC inspection January 2020		✓				Y	Follow up on implementation of the improvement plan

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 between inpatient and community services reflects patient needs (children, young people and adults)
8. TEWV CQC inspection and action plan		✓	✓				Follow up on implementation of the improvement plan
9. Catterick Integrated Care Campus project					✓	Y	Update on progress to the September meeting of the committee
10. Review of urgent care pathway in the Vale of York CCG area	✓						Update on progress to the December meeting of the committee
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
<b>Public Health Developments</b>							
1. NHS Dentistry – access to and availability of places			✓				Follow up discussion at MCB on 23 April 2021. Report to June committee

### Meeting dates 2020/21

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