



## 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 Dinah Keal, Kevin Hardisty, Wendy Hull, Nigel Middlemass, Pat Middlemiss, Jennifer Shaw-Wright and Sue Tucker.**

**Date: Friday, 10th September, 2021**

**Time: 9.00 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 November 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 18 June 2021 (Pages 3 - 12)**
- 2. Apologies for absence**
- 3. Declarations of Interest**

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

**Website:** [www.northyorks.gov.uk](http://www.northyorks.gov.uk)

**4. Chairman's Announcements**

Any correspondence, communication or other business brought forward by the direction of the Chairman of the Committee.

**5. 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 7 September 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.

- 6. Update on the development and performance of the services provided by the Harrogate and Rural Alliance - Report of Chris Watson, Director of Harrogate and Rural Alliance (Pages 13 - 20)**
- 7. Yorkshire Ambulance Service response to and recovery from the pandemic - Verbal update - Rod Barnes, Chief Executive, Yorkshire Ambulance Service NHS Trust**
- 8. NHS response to and recovery from the pandemic - Report of Wendy Balmain, Director of Strategy and Integration, North Yorkshire Clinical Commissioning Group (Pages 21 - 34)**
- 9. Update on Covid-19 prevalence in North Yorkshire - Verbal update - Victoria Turner, Public Health, North Yorkshire County Council**
- 10. Committee Work Programme - Report of Daniel Harry, Democratic Services and Scrutiny Manager, North Yorkshire County Council (Pages 35 - 38)**
- 11. Other business which the Chairman agrees should be considered as a matter of urgency because of special circumstances**

Barry Khan  
Assistant Chief Executive  
(Legal and Democratic Services)

County Hall  
Northallerton

Thursday, 2 September 2021

## North Yorkshire County Council

### Scrutiny of Health Committee

Minutes of the remote meeting held on Friday, 18th June, 2021 commencing at 10.00 am.

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>

#### **Members:-**

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

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

District and Borough Councillors: John Clark (Ryedale), Kevin Hardisty (Hambleton), David Ireton (Craven), Nigel Middlemass (Harrogate), Pat Middlemiss (Richmondshire), Jane Mortimer (Scarborough) and Jennifer Shaw Wright (Selby).

In attendance: County Councillors Caroline Dickinson, Andy Paraskos, Tony Randerson, Karin Sedgwick and Annabel Wilkinson.

Officers: Daniel Harry (Democratic Services and Scrutiny, NYCC), Louise Wallace (Health and Adult Services, NYCC), Simon Cox (North Yorkshire CCG), Wendy Balmain (North Yorkshire CCG) and Naomi Lonergan, Dr Tolu Olusoga and Martin Dale (Tees Esk and Wear Valleys Foundation Trust), Dr Stefan Serban, (PHE), Simon Hearnshaw and Debbie Pattinson, (NHSE and NHSI, Yorkshire and Humber).

Apologies: County Councillors Robert Windass and John Mann and Scarborough Borough Councillor Sue Tucker (Jane Mortimer attending).

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

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#### **160 Minutes of Committee meeting held on 12 March 2021**

That the Minutes of the meeting held on 18 June 2021 be taken as read and be confirmed and signed by the Chairman as a correct record.

#### **161 Declarations of Interest**

There were none.

#### **162 Chairman's Announcements**

The committee Chairman, County Councillor John Ennis, welcomed everyone to the meeting.

County Councillor John Ennis reminded the committee that the meeting was being held informally and that any formal decisions would need to be taken in consultation with the Chief Executive Officer using his emergency powers.

County Councillor John Ennis read out the following statement so that the status of the meeting was clear to all involved and viewing:

You will have seen the statement on the Agenda front sheet about current decision-making arrangements within the Council, following the expiry of the legislation permitting remote committee meetings. I just want to remind everyone, for absolute clarity, that this is an informal meeting of the Committee Members. Any formal decisions required will be taken by the Chief Executive Officer under his emergency delegated decision-making powers after taking into account any the views of the relevant Committee Members and all relevant information. This approach has been agreed by full Council and will be reviewed at its July meeting.

County Councillor John Ennis summarised discussions that had taken place at the Mid Cycle Briefing on 23 April 2021:

- Changes to the provision of hyper acute stroke services at Scarborough Hospital and the sequencing of updates being brought to the Scrutiny of Health Committee and the Scarborough and Whitby ACC
- The response of the Tees Esk and Wear Valleys NHS FT to the CQC inspection that looked at 5 in-patient wards and which raised concerns about the complexity of the risk management process and how it was being implemented
- The response of York and Scarborough Teaching Hospitals NHS FT to the CQC inspection of Scarborough Hospital which raised concerns about patient safety
- Whether there are opportunities through the Local Plans and s.106 funding to support the development of health services in a housing growth area
- A review of the committee work programme and the timings of matters coming to the committee.

### **163 Public Questions or Statements**

There were no public questions or statements.

### **164 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**

Considered – a presentation by Simon Cox of the North Yorkshire Clinical Commissioning Group (CCG) and Neil Wilson of the York Teaching Hospital NHS Foundation Trust on the reconfiguration of stroke services provided by York Teaching Hospital NHS Foundation Trust at Scarborough.

The key points from the presentation are as summarised below:

- There is documented evidence of the improved patient outcomes associated with the centralisation of specialist hyper acute stroke services
- National clinical guidance suggests that hyper acute stroke units should see a minimum 600 patients per year to provide the appropriate level of workforce expertise and critical mass of resources
- There have been persistent shortages in staff at Scarborough hospital, which has impacted on the ability to provided specialist stroke services there
- The 'drip and ship' model was introduced at Scarborough hospital in 2015. This meant that people with a suspected stroke were first assessed at Scarborough hospital, stabilised and then transferred to York hospital
- In 2020 a direct admission model was put in place, replacing the 'drip and ship' model
- The direct admission model results in quicker access to specialist treatment at the Hyper Acute Stroke Unit (HASU) at York hospital (known as 'door to needle' time and so better long term patient outcomes
- The Humber, Coast and Vale Integrated Care System (ICS) conducted a formal review of hyper acute stroke services in the area in 2020/21. The review found that the direct admission model was safe, effective and able to deliver better outcomes than the

previous 'drip and ship' model. These findings were verified by regional and national stroke leads in the NHS

- The community-based rehabilitation services for people who have suffered a stroke are being reviewed to improve patient outcomes and enable earlier, planned and supported discharge from hospital
- There is a renewed focus upon prevention and there is a key role for primary care in the identification and management of risk.

Simon Cox asked the committee to formally endorse the direct admission model.

There followed a discussion, the key points of which are as summarised below:

- Stroke is a preventable disease and there needs to be a greater focus in primary care upon identification and early intervention
- There will need to be more joint work between health and social care in managing the rehabilitation of people who have suffered a stroke and been discharged from hospital. In particular, around speech and language therapy
- Paramedics are key in making the first assessment when someone presents with a suspected stroke. They need to be trained appropriately and supported.

County Councillor Liz Colling asked whether the change from the 'drip and ship' model to the direct admission model, which the committee were being asked to endorse, was going to be a permanent change.

In response, Simon Cox said that this would be a permanent change as there was no other viable alternative. In line with NHS guidance, no formal public consultation is required as there is no viable alternative to what has been in place since 2020. The final decision would be made at the next meeting of the York Teaching Hospital NHS Foundation Trust Board.

Ryedale District Councillor John Clark thanked staff at York hospital for the excellent care and support that had been given to a friend who had suffered a severe stroke. He said that the challenge was now around discharge and rehabilitation services in the community that help ensure positive long term outcomes.

County Councillor John Ennis summed up and said that in view of the information, data and analysis that had been considered by the committee over the past 18 months, the similar and successful changes made at Harrogate hospital to stroke services, the outcome of the regional review of hyper acute stroke services and the views expressed by the committee members that the direct admissions model be endorsed for permanent adoption.

**Resolved:-**

- 1) That the permanent adoption of the direct admission model for hyper acute stroke services is endorsed, as there is no other viable alternative
- 2) That an overview of what stroke services are in place for the population of North Yorkshire is given at the committee meeting on 17 December 2021
- 3) That an update on outcome data is provided at the committee meeting on 17 December 2021.

**165 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**

Considered – reports and presentations by Naomi Lonergan, Martin Dale and Dr Tolu Olusoga of the Tees Esk and Wear Valleys NHS Foundation Trust (TEWV) regarding progress with improvement actions in response to recent Care Quality Commission (CQC) inspections, the progress with enhanced community services, the community mental health

hubs for Northallerton and Selby and the rectification work being undertaken at Roseberry Park.

The committee Chairman asked Naomi Lonergan to first provide an overview of the response to the findings of the recent CQC inspection and then respond to questions relating to the other areas of work being undertaken by TEWV to improve mental health services.

Naomi Lonergan provided an overview as follows:

- In January 2021 there was a CQC inspection of three acute wards for adults of working age and psychiatric intensive care units which raised concerns about risk management processes, which were found to be complex and difficult to follow
- The CQC rated the wards as 'inadequate' for both safe and well-led. The overall trust CQC rating remains 'requires improvement'
- An improvement programme has been developed and it is reviewed by an external quality assurance board
- New, simpler, safety (risk management) summaries and safety plans for our patients in both inpatient and community settings have been introduced and risk management training and audits put in place
- A practice development team has been established
- Recruitment is underway to address some persistent work force shortages
- A peer review was undertaken in May 2021
- A CQC inspection is currently underway and will be completed at the end of July 2021.

County Councillor John Ennis asked for clarification of the scale of the workforce shortages across TEWV and what progress was being made with the work to recruit to vacancies.

In response, Naomi Lonergan said that the issues with staffing varied across the geography covered by and services provided by TEWV. There were particular issues around the Scarborough, Harrogate and Selby areas. In addition to a renewed recruitment drive, work is being done to develop nurse apprenticeships with education providers and social work placements.

Dr Tolu Olusoga said that there are also challenges in recruiting to medical and clinical positions as there was a great deal of competition and other areas may be more attractive to work in. This is particularly the case in psychiatry.

There followed a discussion about the other areas of work being undertaken by TEWV to improve mental health services.

District Councillor Kevin Hardisty said that the community hub in Northallerton had progressed well and welcomed the fact that it would be a modern and purpose built facility.

County Councillor Heather Moorhouse said that the problems with recruitment were understood, known and common to many organisations working in North Yorkshire. County Councillor Heather Moorhouse asked how the work was progressing with the rectification of the Roseberry Park site.

In response, Naomi Lonergan said that significant progress had been made and a further two blocks will be handed over to the service in September 2021.

County Councillor John Ennis asked what was driving the increase in referrals to the crisis team.

Naomi Lonergan said that demand for mental health services is rising. This may be due to the impact of prolonged social isolation and economic hardship associated with the

pandemic. Many of those people seeking help are previously unknown to mental health services. The situation is being closely monitored as whilst demand is rising, the capacity of the service is largely fixed. The aim is to do more work with partner agencies and organisations that will build capacity in prevention and early intervention.

Martin Dale said that it would be possible to show committee members around the North Moor House community hub on 6 August 2021. Daniel Harry agreed to help Martin Dale co-ordinate this.

County Councillor John Ennis summed up and thanked all for attending.

**Resolved:-**

- 1) That Naomi Lonergan keeps the committee informed of the outcome of current CQC inspections and the progress being made with regard to the implementation of the improvement plan that is in place. A further update is given to either the committee meeting on 10 September or the that on 17 December 2021
- 2) That there is no need for any further updates to the committee on the development of the community mental health hubs (Northallerton and Selby)
- 3) That Naomi Lonergan provides an update on patient outcomes for the enhanced community services to the committee meeting on 17 December 2021
- 4) That there is no need for any further updates to the committee on the progress being made with the rectification works at Roseberry Park
- 5) Martin Dale and Daniel Harry to liaise regarding the visit to Northallerton community hub on 6 August 2021.

**166 Access to and provision of NHS dentistry - Dr Stefan Serban, PHE, Simon Hearnshaw and Debbie Pattinson, NHSE and NHSI, Yorkshire and Humber**

Considered – A report and presentations by Dr Stefan Serban, Public Health England (PHE), Simon Hearnshaw and Debbie Pattinson, NHS England (NHSE) and NHS Improvement (NHSI) Yorkshire and Humber regarding how NHS dental services are commissioned, some of the problems associated with that process and how services are recovering from the pandemic.

County Councillor John Ennis welcomed County Councillors Annabel Wilkinson and Tony Randerson to the meeting. They had an interest in NHS dental service for Looked After Children and recent changes to provision in Scarborough, respectively.

Dr Stefan Serban, Public Health England (PHE), gave a presentation on children's oral health in North Yorkshire compared to elsewhere in Yorkshire and Humber and nationally, as summarised below:

- One fifth of under 5-year olds in the county have tooth decay
- Of those, by the time they are 5 years old they will have had nearly 3 teeth decayed extracted or filled
- Children living in the more deprived area of the county are most at risk of and affected by tooth decay and extractions
- Tooth decay is almost entirely preventable
- The situation in North Yorkshire is better than the averages for Yorkshire and Humber and England
- Tooth decay is still the most common reason for hospital admissions in the 6-10 year-old age group
- Hospital extractions for children's teeth cost around £40 million/year to the NHS in England
- Reducing sugar consumption, regular brushing with fluoride toothpaste, routine visits to dentists will help promote good oral health

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

- The levels of sugar consumed by young children are much higher than expected and shocking
- More could be done to enable access to NHS dental services by Looked After Children
- The high costs associated with a hospital admission to have an extraction of a decayed tooth of a child could be saved if a fraction of that money was invested in prevention in those areas most at risk
- More targeted work could be done with schools
- Local authority Public Health has a lead role to play in prevention and early intervention work.

There then followed a discussion about the commissioning of and access to NHS dental services, based upon the report that had been provided by Debbie Pattinson of NHS England.

County Councillor Tony Randerson raised his concerns about the closure, at short notice, of the NHS dental practice at Eastfields in Scarborough, which is one of the most deprived areas of the county. County Councillor Tony Randerson said that all people deserved easy access to NHS dental healthcare near to where they live. He said that this had been a problem with NHS dental provision in Eastfields for the past 17 years and that the Council needed to bring pressure to bear upon the government. He then asked what more could be done to encourage greater NHS dental provision in the area.

In response, Simon Hearnshaw said that work was underway to re-procure those NHS dental services in Eastfields that had been lost. A limiting factor was the persistent workforce shortages on the east coast, something that affected all health services.

County Councillor Val Arnold asked when the NHS dental provision for Helmsley would be recommissioned.

Debbie Pattinson said that the pandemic had posed particular problems for dentistry as dentists were at heightened risk due to the nature of the work. During the pandemic the focus had been upon emergency procedures and pain relief. Much of the routine work and check-ups has been stopped and is only slowly being re-instated.

Debbie Pattinson said that it is important to note that dentistry is not free but a subsidised service that is delivered by commercial providers. Dentists are businesses and so will prioritise private work.

Debbie Pattinson outlined the work that is underway to provide NHS dental services in areas of the county where services had recently been withdrawn, as summarised below:

- In Helmsley, NHS dental services have been re-procured for urgent and emergency work and pain relief. A procurement exercise is being planned for Helmsley, which should be able to cover the populations in Kirbymoorside, Pickering and Malton
- In Eastfield, work is underway to re-procure those NHS dental services. An urgent and emergency service will be in place as of 1 July 2021, elsewhere in Scarborough that people from Eastfields can access
- Procurement work is also underway to restore services in the Sherburn and Tadcaster area.

County Councillor John Ennis queried what progress was being made with the review of the national contract for NHS dental services that was underway. Also, whether the commissioning of NHS dental services would be absorbed into the new Integrated Care Systems (ICS) or whether it would stay part of NHS England.



Debbie Pattinson said that there was no clarity as of yet about whether dental health commissioning would be taken on by the ICS. Also, that the national review was underway but at its very early stages.

Simon Hearnshaw said that the 2006 contract had caused most of the problems with access to NHS dental services. Primary legislation would be needed to change the existing contract and whilst the issue of NHS dentistry has gained a renewed focus politically, it may take some time.

County Councillor John Ennis summed up, noting that the discussion had been informative and open. He said that the problems arising from the 2006 NHS contract could not be resolved by the committee or colleagues from commissioning but that it was an issue for government.

**Resolved:-**

- 1) That Debbie Pattinson keep the committee informed of the development of the ICS and any implications for NHS dental commissioning
- 2) That Debbie Pattinson and colleagues feedback to NHE and NHSI the concerns of the committee about the 2006 contract and address the problems that have arisen as a result of that contract
- 3) Debbie Pattinson to keep local members updated on progress with the procurement of NHS dental services
- 4) That the role that the Council's Public Health team has to play in prevention of and early intervention in oral health is further looked into.

**167 White Paper and Integrated Care Systems - Wendy Balmain, Director of Strategy and Integration, North Yorkshire Clinical Commissioning Group**

Considered – A presentation by Wendy Balmain, Director of Strategy and Integration, North Yorkshire Clinical Commissioning Group on the Health White Paper and Integrated Care Systems.

The key points from the presentation are as summarised below:

- The ICS will be responsible for developing a plan that addresses the wider health, public health and social care needs in the area
- There will be a NHS ICS board. It and local authorities will have regard to that plan when making decisions
- The Humber Coast and Vale ICS (HCV) will operate through two strategic partnerships, 'North Yorkshire' and 'York and The Humber'
- It will take on the commissioning functions of CCGs and be directly accountable for NHS spend and performance within the system
- There will be a strong focus upon place-based services and integration
- Also upon collaboration between NHS services rather than competition
- Structures are being developed and shadow arrangements put in place
- There is a strong focus upon continuity to services during this period of organisational change
- The necessary legislation is expected to be enacted in January 2022, with the ICSs being established as legal entities in April 2022.

County Councillor John Ennis noted that there White Paper was largely an NHS document and very little mention of social care was made.

In response, Wendy Balmain said that collaboration is key to the success of the ICS model, with success being measured as to how well the local health needs of the population are met and how health inequalities are reduced.

County Councillor Heather Moorhouse asked how the existing funding, based upon specific geographies, currently managed by the CCGs would be allocated by the ICSs.

Wendy Balmain said that the money would be kept in the ICS area. Work would then be undertaken to understand the health needs across the area and how resources could then be best allocated to respond to those needs.

County Councillor Jim Clark raised concerns about the speed with which the changes were being introduced, the large geographical area being covered by the ICS and the scale of the financial challenge.

County Councillor John Ennis thanked Wendy Balmain for attending and asked for an update on progress with the implementation of the ICSs at a future meeting.

**Resolved:-**

- 1) Wendy Balmain to attend a future meeting of the committee and update on progress with the implementation of the ICSs, in the summer or autumn of 2022.

**168 NHS response to and recovery from the pandemic - Wendy Balmain, Director of Strategy and Integration, North Yorkshire Clinical Commissioning Group**

Considered – A presentation Wendy Balmain, Director of Strategy and Integration, North Yorkshire Clinical Commissioning Group regarding the NHS response to and recovery from the pandemic.

The key points from the presentation are as summarised below:

- NHS recovery planning has six elements, including developing primary care, supporting and retaining staff, rolling out the vaccination programme and building upon lessons learned from the pandemic and new ways of working
- Waiting lists for elective procedures have increased as a result of the response to and recovery from the pandemic
- Work to reduce waiting lists and times is prioritised according to risk
- Hospitals are planning to be able to deliver 85% of pre-covid activity levels by July 2021
- There has been a strong focus upon restoring all cancer services and the aim is to reduce the number of patients waiting over 62 days for treatment to pre-pandemic levels
- There is increased demand for primary care services and face to face appointments and digital interactions are now back to almost pre-covid levels, albeit that there may be local variations across the county.

County Councillor John Ennis asked when the 100% recovery target for elective procedures would be met.

Wendy Balmain said that the focus was upon 85% at present. As of September, a new target would be set with accompanying guidance.

County Councillor John Ennis noted that NHS would need ongoing support as the pace of work in the NHS had not let up since February 2020 and there was still some way to go with responding to and recovering from the pandemic.

**Resolved:-**

- 1) That Wendy Balmain provides an update on the local NHS response to and recovery from the pandemic, with a focus upon the work to support people with 'long-covid' at the committee meeting on 10 September 2021

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

Considered – A verbal report by Louise Wallace, Director of Public Health, North Yorkshire County Council regarding Covid-19 in North Yorkshire

Louise Wallace updated on progress with the vaccination programme in the county, as follows:

- By 31 July 2021, all 1st doses of cohorts 1-12 as well as the majority of 2nd doses will have been completed
- Preparations are in hand for covid-booster vaccinations and the annual flu vaccinations for all over 50s
- Making sure that everyone has had two doses of the vaccine is important as is adhering to the standing advice 'hands, face, space'.

Louise Wallace said that Public Health was working with various organisations to support the response to local outbreaks. Also, to support the continuation of large scale public events, where it can be done in a covid-safe way.

**Resolved:-**

- 1) That Louise Wallace provide a further update at the meeting on the committee on 10 September 2021.

**170 Committee Work Programme - Report of Daniel Harry, Democratic Services and Scrutiny Manager, North Yorkshire County Council**

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.

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

There was no other business.

The meeting concluded at 1.05 pm.

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# HARROGATE AND RURAL ALLIANCE

Health & Social care working together with you

## HARA Update

### Scrutiny of Health Committee 10 September 2021

Page 13

Agenda Item 6



# HARA Vision

Page 14

Deliver an integrated operating model that brings together community health and social care services for adults in Harrogate. Services will be aligned to defined primary care networks to create an enhanced local offer that delivers benefit for the population through maximising the local resource and assets”

- *Expressed as:-*

- *“Health and Social Care Working with you”*
- *“ A passion for wellbeing at the heart of our communities”*



# HARA - Background

- Established on 31 September 2019
- Alliance of Five Organisations
  - North Yorkshire County Council
  - Harrogate and District NHS Foundation Trust
  - Tees Esk and Wear Valleys NHS Foundation Trust
  - North Yorkshire CCG (as the successor organisation to Harrogate and Rural District CCG)
  - Yorkshire Health Network – Local GP federation
- Legal Framework
  - Two Section 75s
    - Provider – NYCC and Harrogate and District Foundation trust
    - Commissioner – NYCC and NYCCG
  - An alliance agreement
- Operating Model
  - Describes the way in which services are organised and managed operationally
- Core Services
  - Adult Social Care
  - Community Nursing and Therapy
- Legal Framework and Operating Model to be updated April 2022 - HARA board just completed three development sessions



# HARA – Achievements

- Integrated health and social care management with an Alliance Director
- Daily Huddles involving HARA partners
- Health and Social Care Discharge Hub at Harrogate Hospital
- Improved management relationships
- Joint operational management through COVID -19

Page 16





# HARA – Development Focus

- Acute Response and Rehabilitation in Community Home and Hospital (ARCH) Service
  - Virtual Wards (including supported discharge and admission avoidance)
  - Acute Therapy In-reach
  - Bed based Rehab
  - Community rehab
- Development of Ageing Well Agenda
  - 2 hour community response service Linked to ARCH
  - Enhanced Care in Care Homes
  - Anticipatory Care
- Workforce and Culture
- Primary Care leadership role in HARA

Page 1



# HARA – Structure

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Page 18

Super Locality

Harrogate North

Harrogate South

Centrally Managed

ARCH

- Virtual Wards
- Acute Therapy In-reach
- Bed based Rehab
- Community rehab

Discharge Hub

2 Hour  
Community  
Response

Super Locality

Knaresborough / B'Bridge

Ripon



# HARA – Challenges & Solutions

- Most Effective Use of the Harrogate £
  - Reducing duplication
  - Continued Development of Home First Model
  - Development of Care Market
- Bringing other partners into the HARA Model using specific projects
  - Primary Care
  - Voluntary Sector
- New Ways of working
  - More co-location of workforce within a blended approach
- Different IT structure
  - User acceptance testing or the Yorkshire and Humber Care Record
- Workforce Gaps
  - HARA wide recruitment planned for Autumn 2021

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# North Yorkshire CCG

## Scrutiny of Health Committee

Page 21

Wendy Balmain, Director of Strategy & Integration  
10 September 2021



Agenda Item 8

# Supporting Recovery – NHS 6 Planning Requirements

- 1 Supporting health and wellbeing of staff and taking action on recruitment and retention**
- 2 Delivering 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**

# Planning

- Good progress has been made through April to September 2021
- Planning guidance due mid-September (for October - March 2022)
- Key planning areas likely to be similar to H1 (April to September) (i.e. ongoing recovery) and system will be required submit information outlining plans for activity, finance and workforce
- H2 (October to March) plan submission to NHS England mid-November
- Potential efficiency saving requirement of approx. 3% of the H2 budget
- Our mental health submission earlier in the year include H2 so that is already in place

# North Yorkshire and York Covid Vaccination Programme

The NY&Y Covid-19 Vaccination programme continues to make excellent progress and as at 27 August 2021 the number of doses administered is:

Area	Vaccinations
North Yorkshire CCG	<ul style="list-style-type: none"><li>• 1st doses – 320,667</li><li>• 2nd doses – 292,703</li></ul>
Vale of York CCG	<ul style="list-style-type: none"><li>• 1st doses – 261,033</li><li>• 2nd doses – 292,703</li></ul>
Total NY&Y	<ul style="list-style-type: none"><li>• 1st doses – 581,700</li><li>• 2nd doses – 524,572</li></ul>

Page 24

- Vaccine programme extended to all **16 & 17** year olds and **12-15** year olds at increased risk of serious Covid-19 disease
- Successful **pop up and walk in** vaccination clinics have been taking place across NY&Y this summer to encourage vaccine take up
- Focused work underway to enhance vaccine confidence in those who are **pregnant** or planning to become pregnant
- 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**

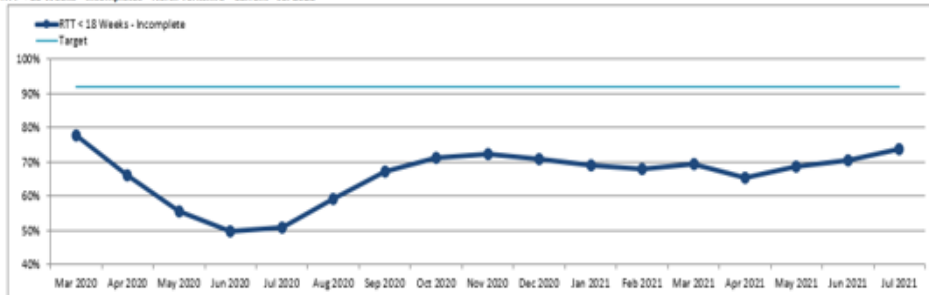


# Elective Recovery Programme

- Number of patients waiting for a procedure is being carefully monitored and hospitals did anticipate this trend. **Clear plans in place** to provide support with a programme called 'Waiting Well' being developed
- Patients continue to be **prioritised due to clinical need** resulting in a **reduction** in the number of patients waiting over **52 weeks** for their treatment
- Page 25 Priority 2 patients (those requiring surgery within one month) are experiencing **lower waiting times** and trusts are making **progress towards** the target to treat **90%** of these patients within **28 days**
- Shared NHS waiting lists continue to support recovery by **providing mutual aid** across providers and including capacity available in the independent sector to make sure all available capacity is being used for those who need it
- **Advice and guidance** and **expert input** continues to be provided ensuring that referrals are optimised with **virtual appointments** available where appropriate

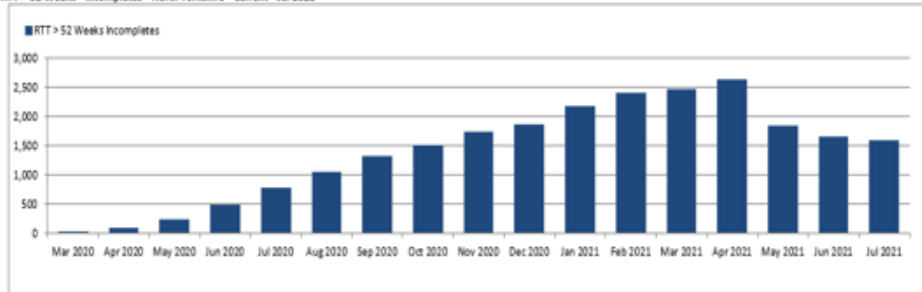
# Elective recovery programme – Waiting times

RTT < 18 Weeks - Incompletes - North Yorkshire - Current - Jul 2021



	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021	Apr 2021	May 2021	Jun 2021	Jul 2021
RTT < 18 Weeks - Incomplete	77.7%	66.0%	55.4%	49.8%	50.8%	59.1%	67.0%	71.1%	72.1%	71.0%	68.9%	68.0%	69.4%	65.5%	66.7%	70.3%	73.6%

RTT > 52 Weeks - Incompletes - North Yorkshire - Current - Jul 2021



	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021	Apr 2021	May 2021	Jun 2021	Jul 2021
RTT > 52 Weeks Incompletes	10	83	236	489	769	1043	1311	1507	1723	1855	2154	2394	2463	2637	1832	1640	1591

1. Patients waiting over 18 weeks from referral to treatment - target of 92% - it can be seen that performance is slowly improving against a backdrop of increasing numbers of patients being added to the waiting list.

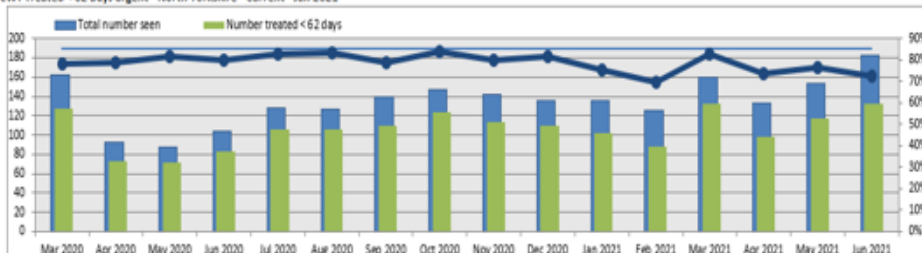
2. Patients waiting over 52 weeks – the number of patients waiting over 52 weeks is reducing month on month

CWT Treated < 31 Days Diagnosis - North Yorkshire - Current - Jun 2021



	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021	Apr 2021	May 2021	Jun 2021
Number treated < 31 days	286	177	152	166	219	214	235	234	228	249	220	219	252	225	231	295
Total number seen	292	184	156	177	217	216	241	240	240	253	229	233	265	243	238	305
CWT treated < 31 Days diagnosis	97.9%	96.2%	97.4%	93.8%	96.5%	99.1%	97.5%	97.5%	95.0%	98.4%	96.1%	94.4%	95.8%	93.0%	97.1%	96.7%

CWT Treated < 62 Days urgent - North Yorkshire - Current - Jun 2021



	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021	Apr 2021	May 2021	Jun 2021
Number treated < 62 days	127	73	71	83	106	106	110	123	113	110	102	88	132	98	117	132
Total number seen	162	93	87	104	128	127	140	147	142	135	135	126	160	133	153	182
CWT Treated < 62 Days urgent	78.4%	78.5%	81.6%	79.8%	82.8%	83.5%	78.6%	83.7%	79.6%	81.5%	75.6%	69.8%	82.5%	73.7%	76.5%	72.5%

3. Patient treated within 31 days of decision to treat – target of 96% being met

4. Patient receiving treatment within 62 days of urgent referral – target of 85% not being met with the most challenged areas being; Lung, colorectal and upper GI

# 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 **exceeding pre-Covid levels**
- **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 Primary Care Network 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

- Total Appointments:-

- June 2019 – 174,640

- June 2021 – 213,502

- Increase of 38,862

- Face to Face Appointments

- Jun 2019 – 4 in 5 face to face

- Jun 2021 – 3 in 5 face to face

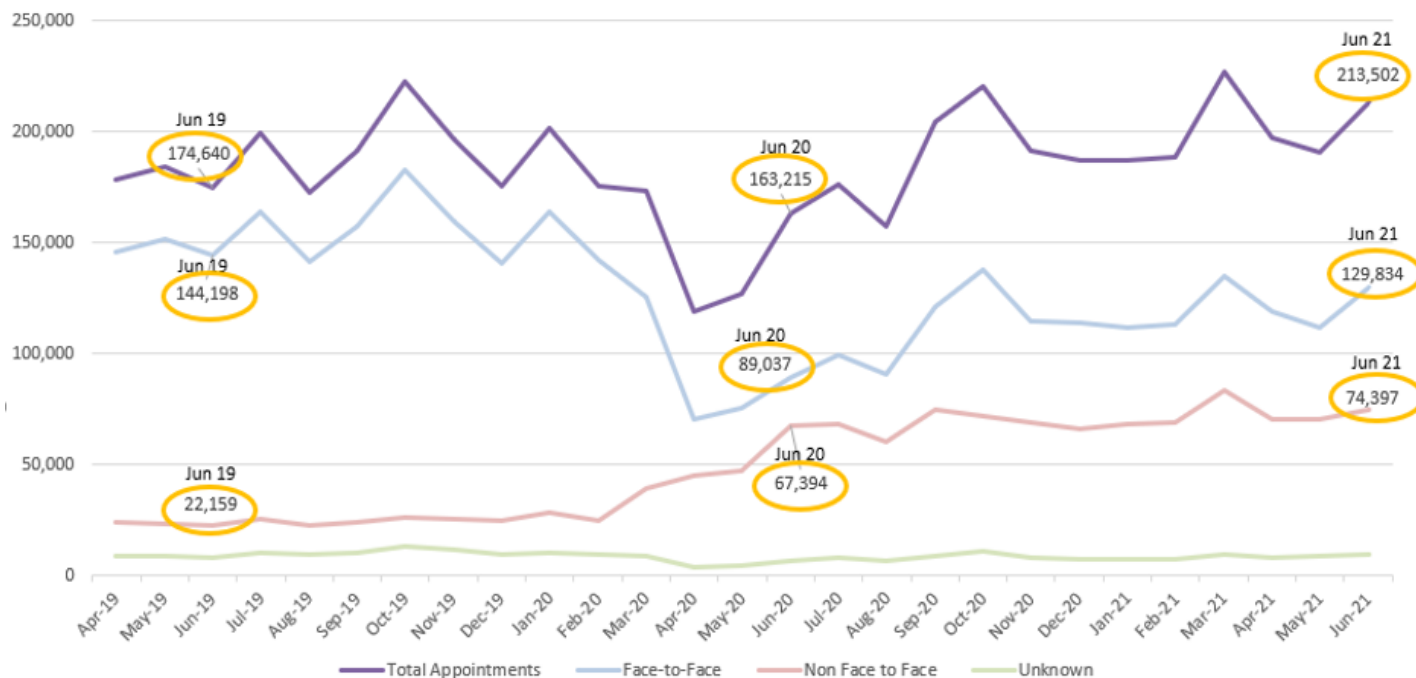
- Average Appointments

- Oct-19 – Mar-20 190,918 per month

- Oct-20 – Mar-21 200,476 per month

- Increase of 9,558 per month

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



# GP access survey

- In June/July 2021 the CCG sought feedback from patients on their **experiences accessing GP practice services during the COVID-19 pandemic**.\*
- From the **127 responses** to an online survey we heard:
  - 48% of appointments were face-to-face; 52% via telephone
  - 82% of respondents thought their appointment was suitable for their clinical need
  - 79% would rate their appointment and how it took place as good or very good (62% said very good); 9% bad or very bad and about 13% average
  - While some people think face-to-face is a must, there is strong support for telephone appointments when appropriate and the ease and speed which often come with them
  - Some of the concerns raised were:
    - Being given an appointment with a clinician other than a doctor
    - Not always being able to see the same doctor; and
    - The potential lack of privacy around telephone consultations

Page 29

\* Full survey results: <https://northyorkshireccg.nhs.uk/wp-content/uploads/2021/08/final-to-publish-Access-to-General-Practice-July-2021-.pdf>

# System Response and Recovery – Workforce

- **Supporting Health and Wellbeing of Staff** – Active programme to support staff in place including:
  - Development of a system-wide coaching network
  - Staff Support and Training for Trauma
  - Support for desk based staff
  - Resilience Hub
  - Health and wellbeing workshops for staff including REACT mental health conversation training
- **Collaborative Working** – across health and social care and the Humber Coast and Vale Health and Care Partnership (HCV HCP)
  - The HCV HCP Workforce Vaccination Programme has led a co-ordinated response in relation to:
    - Bring Back Staff Scheme
    - Recruitment to vaccination roles
    - Co-ordination of bank/volunteer staff placements in vaccination centres
    - Provision of toolkits for training/induction for vaccination staff/roles
    - Participation in staff modelling for booster programme
  - Colleagues from across health and social care working together to identify current service pressures, potential solutions and review options for sharing resources
- **Current Absence Rates**
  - Absence rates for NHS trusts are monitored across the North East and Yorkshire. Across HCV on 17 August the average absence rate was 6.2% ranging from 3.8% to 7.7%.

# Engagement and Communications

## We are helping people:

- Access the right services first time across health and social care
- Understand the clinical expertise within primary care to enhance greater use of specialist skills (e.g. physiotherapists, pharmacists, physicians associates)
- By working with colleagues across Humber Coast and Vale Health and Care Partnership to ensure that patients have clear and transparent information about our approach to the elective recovery programme
- With a developing programme to support people in being and 'waiting well' as we work across the NHS to address the demand in the system created by the pandemic
- Use the resources which are available to best effect by e.g. cancelling appointments they no longer need or cannot attend

# Long COVID MDT Assessment Services (1)

## Services and Patient Pathway

- There are three long COVID multi disciplinary team (MDT) assessment services operating in North Yorkshire and York (York and Scarborough Hospitals, Harrogate District Hospital and the Friarage Hospital)
- GPs assess patient needs and make referrals into the clinics where appropriate. Referrals are made using the Covid-19 Yorkshire Rehabilitation Scale (C19-YRS). C19-YRS is a screening tool recommended by NHS England to capture the severity of symptoms that persist longer four weeks after contracting Covid-19.
- Once referred further discussions with patients and screening take place guided by the clinical experience of the MDTs. This information is used to evaluate and recommend treatment options.
- Treatment options include: Consultant led care for complex cases, OT, Physiotherapy, IAPT, Chronic Fatigue, Sleep Support Services, Speech and Language Therapy, Weight loss/Exercise Programme, Smoking Cessation, Patient Groups, Social Prescribing, your covid recovery etc. (this list continues to grow as we learn more about the management of Long COVID).
- As part of the additional funding announced in June 2021, formal expansion of these pathways is underway and additional roles are being created and recruited to support patients.



# Long COVID MDT Assessment Services (2)

## Governance

- To date MDT assessment clinics have been funded through national monies. Additional funding to expand current services were announced in June 2021.
- NHS England released guidance and a ten-step plan to support commissioners and providers to expand current Long COVID MDT assessment services. NY&Y CCG leads have been working with providers and are assured that expansion plans are meeting the standards in the national guidance.
- Acute providers are working with community, primary, local authority and voluntary care providers to develop integrated treatment pathways for patients. Additional roles to support these are being filled.
- A NY&Y Long COVID working group meets monthly to support shared learning and governance/assurance processes.

# Long COVID MDT Assessment Services (3)

## Primary Care Direct Enhanced Service (DES)

- The DES intends to support practices access professional education, provide consistent coding of patients, plan clinical pathways to assess and support patients and introduce measures to reduce the risk of inequity of access to support.
- All practices across North Yorkshire and York have opted to deliver the Long COVID enhanced service

Page  
4

## Paediatric MDT Assessment Service

- Each integrated care system is required to have one paediatric assessment service.
- Humber Coast and Vale Health and Care Partnership (HCV HCP) has received funding to support the set up of a service which will be delivered by Hull University Teaching Hospitals.
- Governance and support for setting this service up is being managed at HCV HCP level but appropriate representatives from NY&Y CCGs are linked into pathway discussions.

**NORTH YORKSHIRE COUNTY COUNCIL  
SCRUTINY OF HEALTH COMMITTEE  
10 September 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 17 December 2021. The next scheduled meeting of the Mid Cycle Briefing is 10am on 5 November 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 At present, all meetings will be held remotely by Microsoft Teams. The committee meetings will be broadcast live and will be shown on the Council YouTube pages. The committee meetings will also be recorded.

**4.0 Areas of Involvement and Work Programme**

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

**5.0 Recommendation**

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

Daniel Harry  
Democratic Services and Scrutiny Manager  
North Yorkshire County Council  
1 September 2021

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

	18 Jun	23 Jul	10 Sep	5 Nov	17 Dec	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. Updates as the new structures embed
<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. Changes to the management of hyper acute Scarborough Hospital	✓				✓	Y	Changes to hyper acute stroke
4. Capital investment in Scarborough Hospital and the development of the Emergency Department and critical care facilities					✓		Capital investment in Scarborough Hospital and the development of the Emergency Department and critical care
5. Scarborough Hospital CQC inspection January 2020						Y	Exception reporting only
6. Mental health enhanced community services	✓				✓		Scrutiny of outcomes data

7. TEWV CQC inspection and action plan	✓				✓		Follow up on implementation of the improvement plan
8. Catterick Integrated Care Campus project						Y	Referred to the Richmond (Yorks) ACC to lead
9. Review of urgent care pathway in the Vale of York CCG area					✓		Update on progress to the December meeting of the committee - TBC
10. Review of primary care services in and around Easingwold						Y	Referred to Thirsk and Malton ACC to lead
11. 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	✓						Item to be developed on the Council's role in the promotion of good oral hygiene
2. Consultation on changes to sexual health service in North Yorkshire					✓		Overview of findings from consultation that closed on 4 October 2021

### Meeting dates 2020/21

Scrutiny of Health Committee – 10am	10 September 2021	17 December 2021	11 March 2022
Mid Cycle Briefing – 10.00am*	5 November 2021	21 January 2022	22 April 2022

\*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.