North Yorkshire County Council

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, 17th December, 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 February 2022 meeting.

The meeting will be available to view once the meeting commences, via the following link - www.northyorks.gov.uk/livemeetings. Recording of previous live broadcast meetings are also available there.

Business

1. Minutes of Committee meeting held on 10 September 2021 **(Pages 3 - 14)**

2. Apologies for absence

3. Declarations of Interest

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 14 December 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. NHS response to and recovery from the pandemic, including an update on NHS funding - Report of Wendy Balmain and Jane Hawkard, North Yorkshire Clinical Commissioning Group **(Pages 15 - 26)**

7. Update on Covid-19 prevalence in North Yorkshire - Verbal update - Victoria Turner, Public Health, North Yorkshire County Council

8. Unavoidably small hospitals - Verbal update - Stephen Eames CBE, Designate Integrated Care System (ICS) Chief Executive, Humber, Coast and Vale Health and Care Partnership

9. Update on Esk Ward, Cross Lane Hospital, Scarborough and the CQC inspection improvement plans - Report of Naomi Lonergan, Tees Esk and Wear Valleys NHS Foundation Trust **(Pages 27 - 32)**

10. Stroke services in North Yorkshire - Report of Simon Cox, East Coast Programme Director, North Yorkshire Clinical Commissioning Group **(Pages 33 - 38)**

11. Committee Work Programme - Report of Daniel Harry, Democratic Services and Scrutiny Manager, North Yorkshire County Council **(Pages 39 - 42)**

12. 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, 9 December 2021

North Yorkshire County Council

Scrutiny of Health Committee

Minutes of the remote meeting held on Friday, 10 September 2021 commencing at 9.00 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, Roberta Swiers and Robert Windass.

Co-opted Members:-
District and Borough Councillors: Sue Graham (Ryedale), Wendy Hull (Craven), Nigel Middlemass (Harrogate), Jane Mortimer (Scarborough) and Jennifer Shaw Wright (Selby).

In attendance: County Councillors Caroline Dickinson.

Officers: Rod Barnes (Chief Executive, Yorkshire Ambulance Service NHS Trust), Daniel Harry (Democratic Services and Scrutiny, NYCC), Victoria Turner (Public Health Consultant, North Yorkshire County Council), Wendy Balmain (Director of Strategy and Integration, North Yorkshire CCG), Richard Webb (Director of Health and Adult Services, NYCC)

Apologies: County Councillor John Mann, Hambleton District Councillor Kevin Hardisty, and Richmondshire District Councillor Pat Middlemiss.

Copies of all documents considered are in the Minute Book

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172 Minutes of Committee meeting held on 18 June 2021

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

173 Declarations of Interest

There were none.

174 Chairman's Announcements

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

County Councillor John Ennis thanked all present for being able to attend the meeting at the revised start time of 9am. The change was necessary due to an unavoidable clash with another committee meeting and the constraints on the live broadcast technology which means that two meetings cannot be held at the same time. He said that the meeting would need to finish promptly at 10.55am.

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 of 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 November 2021 meeting.

County Councillor John Ennis noted the sad and untimely death of former County Council John Clark. He was a member of the committee up to 2017 as a County Councillor and then more recently in his capacity as a Ryedale District Councillor. He was an active member of the committee and a strong advocate for high quality, accessible health services for the people of North Yorkshire.

County Councillor John Ennis said that the order of the printed agenda had been changed to accommodate the availability of key speakers. The substantive items would now be taken as follows: 8; 9; 10; 7; and 6.

175 Public Questions or Statements

Daniel Harry, Democratic Services and Scrutiny Manager, said that there were six public questions for the committee. The Council Constitution states that public questions are taken in the order in which they are received and the maximum time allocated in total to public questions is 30 minutes.

Daniel Harry read out the first five questions at the request of those people who had submitted them. Scarborough Borough Councillor Richard Maw was present to read out his question.

The answers to the six questions were provided by Lucy Brown of York and Scarborough Teaching Hospitals NHS Foundation Trust and Simon Cox of the North Yorkshire CCG. Neither were able to attend the meeting due to other commitments and so Daniel Harry read out the responses on their behalf.

The responses to the public questions were batched together where there were common themes.

<u>PQ1 - Dr Gordon Hayes – centralisation of specialist services and associated travel times</u>

Scarborough Hospital has seen a huge reduction in local healthcare service provision for the 200,000 residents in its catchment area since York Trust took over in 2012.

One of the services that has been lost is out-of-hours ophthalmology, which I experienced first hand at the end of 2020.

I have previously suffered a torn retina in my eye which required laser repair. Early one Friday evening at the end of last year I experienced sudden onset recurrent symptoms which I had been advised required a fairly rapid ophthalmological assessment.

I telephoned 111 - who advised me to attend my nearest Emergency department within two hours.

On attending the Emergency department at Scarborough Hospital I was advised there was

no longer an out-of-hours ophthalmology service located there and was signposted to York Hospital where our 'local' service was now based.

I phoned the Emergency department at York Hospital prior to travelling over to specifically check there was a duty ophthalmologist available who could see me if I arrived there. This was confirmed.

I was driven to York from Scarborough by a family member (I could not drive myself in the circumstances) where I eventually arrived over an hour later. I checked in at the Emergency department, was subsequently assessed by a nurse, and then waited for over two hours - only to be told in the early hours of Saturday morning that the duty ophthalmologist could not see me then as previously stated, but that they required me to return early the next morning.

I was driven back to Scarborough, arriving home at 2am on Saturday morning - and wearily driven back to York at 8am to get to York Hospital in time for my appointment.

The medical assessment I received when I saw the ophthalmologist was absolutely fine. But the access system and travelling involved (a total of 5 hours and 160 miles) were appalling. I was very lucky to have someone who could drive me to York, and at times when public transport would be difficult if not impossible to find. Many others would not have been so fortunate and would have been unable to access this healthcare.

Could the committee please comment as to whether they feel this is a reasonable, practical and equitable way for Scarborough and East Coast residents to now access a core medical service which has previously been provided at Scarborough Hospital?

Response to PQ1 – Lucy Brown of York and Scarborough Teaching Hospitals NHS Foundation Trust and Simon Cox of the North Yorkshire CCG

The Trust is unable to comment publicly on individual cases.

In general terms, it is simply not viable to provide out of hours or specialist care for every specialty on every site with the resources we have.

With regard to ophthalmology, there has not been a 24/7 on site emergency ophthalmic service at Scarborough Hospital for over 10 years, and shared arrangements have been in place since that time in order to provide a service for people in the Scarborough area. There is a shared on call rota between the York and Scarborough teams, and ophthalmology elective care and outpatient services have been sustained.

There has been continual investment in the East Coast ophthalmic service, including new consultants based at Scarborough, a new Bridlington clinic and a vastly expanded Malton clinic, with significant capital input. We continue to develop the service in order to improve the quality of care for all of our patients.

PQ2 – Catherine Blades – centralisation of services and supporting small hospitals

As a resident of Scarborough I am concerned about the loss of core health care provision in Scarborough and the East Coast. The Trust says that such cuts are partly due to recruitment problems, but also that services need to have an ‘economy of scale ‘citing stroke services, oncology and other services, meaning that our population does not justify providing the services we need. For example, the CCG recently stated that there would need to be a population of 200,000 people and 600 patients a year to justify a Hyper Acute Stroke Unit in Scarborough, which is why they now want to treat all emergency stroke patients in York, despite concerns about travel times along the A64 which a recent FOI request I submitted revealed to be at the best 55 minutes, but sometimes up to 2 hours, which is outside the NICE clinic, guidelines for treatment of strokes.

Having done some research, I found a document that was due to be the focus of a debate in the House of Commons on March last year, on the funding of Unavoidably Small Hospitals. The document was published by NHS England and written by the Advisory Committee on the Allocation of Resources for Unavoidably small hospitals such as Scarborough. It quotes the Scarborough catchment area as having a population of 194, 000., and also stresses the need to provide services to take into account the health needs , geography and travel time to the nearest other hospitals, The catchment area , for which they provide a map , extends out to Kirkbymoorside, Driffield and Whitby. The population must surely be more than 200, 000 by now.

My question is; Is the CCG recognising the full extent of the population quoted (which would achieve economy of scale to provide services), and are they utilising funding for the whole of this catchment area to provide services at Scarborough Hospital?

PQ3 – Mr R H Ward – concerns about the ability of YAS to support the new hyper acute treatment model due to concerns about its performance

Dear committee members

With regard to the permanent move of stroke services to York Hospital from Scarborough Hospital. At your last meeting councillor Heather Moorhouse had some worries with regard to the transfer of patients and the effects this would have on the Yorkshire Ambulance Service. This in mind I made a freedom of information request to the Yorkshire Ambulance Service for timing of transfer of stroke patients from Scarborough postcodes to York Emergency Department, this for the period April 2021 and July 2021. The response was timely and for my post code YO12 revealed that the quickest time was 56 mins and the slowest 1hour 56 mins. How can this be acceptable when in London and in Manchester HASUs are sited so that travel time for any patient is no more than 30 mins and the national stroke lead Dr Deborah Lowe in her foreword to the last SSNAP report states that time is brain. To follow from this I on Saturday 28th August 2021 had what 111 described as a medical emergency and advised my wife to ring 999 for an ambulance. She was told after giving my symptoms that the ambulance service was at a critical level and they could not say how long it would take for an ambulance to be despatched. We do have a car and luckily my wife can drive so she said she would take me to Scarborough A&E. We were informed that the ambulance service quite frequently has to operate at critical level.

My question is how can the committee allow a new service, temporary or permanent, to be put in place which is going to stretch even further an Ambulance service which is struggling to cope with day to day operation, when it would seem sense to create a HASU in Scarborough, fully staffed and funded properly by York Trust which would take one pressure away from the ambulance service, would bring Scarborough patients in line with the majority of the country by giving them a service they could reach within the 30 mins it seems is deemed important in London and Manchester and not the lottery I would be asked to accept of, you might get there in 56 mins or it could take 1 hour 56 mins? But, we will give you a top class service that will save that part of your brain that is left undamaged after the journey to York.

Thank you for your attention.

PQ4 – Mrs M Ward – centralisation of hyper acute stroke services and travel times to treatment

I write as a lifelong resident in Scarborough to your committee to urge all councillors to hear my utter dismay at Scarborough people losing timely access to stroke services. I am totally dissatisfied with the prospects of a journey time between 56 mins and 1hr 56 mins. Haemorrhagic strokes are extremely dangerous, although they make up about 10% of cases, in real terms I am being asked to wait up to two hours travelling time before even

being delivered to a Hyper Acute Stroke Unit. The rest of cases is where blood vessels become blocked and my brain is being starved of oxygen. I believe my prospects of recovery from such an event to be worsened under these extended travelling conditions. A paramedic in an ambulance can do nothing for me. I live in the YO12 postcode area.

'Time is Brain' a mantra used in stroke care. Without a scan and any medication administered my chances of survival and good recovery are worsened each second and minute that passes by.

Public consultation and reassurance has been virtually zero apart from a few scant emails. The public deserve to know the outcomes for the direct model stroke service in a clear transparent manner for Scarborough stroke patients from 2019 - 2021 and where they are classed as postcoded from. The most recent SSNAP data would also be useful. Anything to offer reassurance. There is talk of some kind of consultation in the autumn - after the final decision has been taken no doubt. It is said there is no viable alternative to the direct model, a HASU on the east coast is most definitely a viable alternative.

I will be looking carefully for our coastal outcomes and results in the coming months.

Response to PQ2, PQ3 and PQ4 - Lucy Brown of York and Scarborough Teaching Hospitals NHS Foundation Trust and Simon Cox of the North Yorkshire CCG

This response relates to the three questions that have been asked on the subject of the stroke service.

In 2015 a change was introduced to the stroke service, and since that time anyone attending Scarborough Hospital's emergency department with a suspected stroke is transferred to York Hospital where they can benefit from the expertise and treatment offered in the Hyper Acute Stroke Unit.

In May 2020, a temporary change was introduced to adopt a direct transfer model. This means that patients suffering a stroke will now bypass the intermediate step of going to Scarborough Hospital's emergency department, and will instead be taken directly by ambulance to their nearest hospital with a hyper-acute stroke unit. This may be York, Hull or Middlesbrough and will be dependent on which is to closest to where the patient is picked up.

The rationale for this is that the most important elements in the initial response to stroke are:

- Prompt recognition of signs and symptoms (as summarised in the FAST mnemonic) and call 999
- Assessment and stabilisation by a trained paramedic crew where an ambulance has been called
- Access to a fully configured and staffed Hyper Acute Stroke Unit (HASU). These units should treat at least 600 patients per year
- Rapid access to CT scan to confirm diagnosis and aid treatment planning including timely delivery of thrombolysis where appropriate.

This change means that patients will now access such a unit directly, rather than going via an emergency department in a hospital that does not have a hyper-acute stroke unit.

This model of care is already in place in many other parts of the country, with The NHS Long Term plan notes the following: There is strong evidence that hyper acute interventions such as brain scanning and thrombolysis are best delivered as part of a networked 24/7 service. Areas that have centralised hyper-acute stroke care into a smaller number of well-equipped and staffed hospitals have seen the greatest improvements. This

means a reduction in the number of stroke-receiving units, and an increase in the number of patients receiving high-quality specialist care.

The current stroke pathway for Scarborough patients brings the quality of care for the Scarborough population closer to the nationally recommended standards. Although in responding to incidence of stroke time is of the essence, national standards, based on clinical evidence, are based on timely delivery of key indicators rather than reference to a golden hour.

Considering the transport times from the Scarborough area to Scarborough Hospital (an average of 22 minutes for the Scarborough Hospital catchment), the time involved in assessment and diagnosis at Scarborough Hospital, likely time waiting for an ambulance to be available for transit to the HASU in York, and then the ambulance journey itself, the new direct admission model is likely to see patients accessing specialist care more quickly than before and thus improve outcomes. The service data shows that in 2019 Scarborough area patients would typically access a HASU within 6 hours. As of the current service even with an average ambulance transfer time of 52 minutes, patients are much more likely to arrive at a HASU within 4 hours.

The ambulance service previously would take patients to Scarborough Hospital and then have to transfer them as emergency patients from Scarborough to York. With the direct admission model the number of total ambulance journeys has reduced and the direct admission model is likely to provide more availability of emergency ambulance capacity. Yorkshire Ambulance Service were fully involved in discussions regarding delivery of stroke services for the Scarborough population and the direct admissions model to York was their preferred option.

PQ5 – Mrs D Gallie – centralisation of services and travel times to specialist services

As a resident of Scarborough I am becoming more and more concerned as to the way we are being treated by York Trust withdrawing scores of services from Scarborough Hospital and all done with a complete lack of any local consultation with residents. We have approximately 200,000 people in the true catchment area, more during the summer months, and what are we offering them?

A lengthy trip to York, Hull or Middlesbrough. Even a 10 minute appointment now requires a trip to some other hospital often taking a day and added expense to many patients.

My own experience is having to drive, on at least 13 occasions, my extremely vulnerable husband, in great pain, over a 1000 miles, in total, to York, Castle Hill (Cottingham), The Spire (Anlaby), Malton, Bridlington and Hull Royal Infirmary for various consultations and treatments. He has a lot of complex medical conditions and nothing is on offer for him in Scarborough now.

What is even more galling is that we live just across the road from Scarborough Hospital.

We are a couple of senior citizens and I don't know how long I will be able to do these drives as I have Osteoarthritis and Inflammatory Arthritis in both ankles which, in turn, cause me great pain as well. Plus imagine how much 1000 miles has cost me in petrol expenses.

Now my question to you, and to the others in the NYCC Scrutiny of Health Committee is: Is this right and is this fair?

It is to be hoped that as a Scrutiny Committee you take your positions seriously and take up these concerns with York Trust.

Response to PQ5 - Lucy Brown of York and Scarborough Teaching Hospitals NHS

Foundation Trust and Simon Cox of the North Yorkshire CCG

The way that health services are organised and have developed over the years, and the resources available to run those services safely, means that we cannot provide all services in all locations and that inevitably people will have to travel to access some services, particularly those of a more specialist nature.

We know that in a large rural area such as ours this can be difficult for patients and their families, and there are several options for accessing support with transport and the associated costs. We are also offering an increasing number of video and telephone appointments where appropriate to avoid the need to travel.

The Trust widely advertises travel support details, including information with outpatient appointment details and on the main page of its website. Both the Patient Transport Service, commissioned by the Clinical Commissioning Group on behalf of patients, and the Healthcare Travel Cost Scheme, administered by the Trust, are extensively used.

These services are specifically designed to support patients who find transport prohibitively expensive due to their financial circumstances and/or because of physical health and mobility issues.

PQ6 – Cllr R Maw – delays at Scarborough A&E, lack of beds at York and impact upon hyper acute stroke treatment

This week I was conducting a mobile street surgery on my ward when I met a lady who had only recently experienced a worrying time at SGH. Julie (not her real name) had been suffering with a heart condition and found herself in A&E. At approx. the same time another lady was brought in by her anxious husband.

On this particular evening there was a shortage of beds. Both patients were to wait out almost the entire night on wooden chairs. At 4am Julie was found a bed whilst her new friend waited, still in her chair.

Julie has no idea what has happened to her fellow patient although she had told her that she was waiting to be taken through to York.

Obviously it is not for anybody here today to comment on any particular case but it does raise the concerns of what care she might have been requiring at York that Scarborough could not provide.

If this other lady had been suffering the symptoms of a stroke, what are the procedures when a suspected stroke patient is brought into Scarborough Hospital A&E by a family member at such a busy time and can these procedures be met 24/7/365?

Response to PQ6 - Lucy Brown of York and Scarborough Teaching Hospitals NHS Foundation Trust and Simon Cox of the North Yorkshire CCG

Patients attending the emergency department, whether by ambulance or walk-in, are assessed and prioritised in order of urgency. In the case of a suspected stroke, under the current pathway ambulances would take the patient straight to the nearest Hyper Acute Stroke Unit, however if the patient has made their own way to Scarborough Hospital they would be urgently transferred to the HASU in York. The procedures for doing this were agreed with the ambulance service prior to implementation of the direct access model, and apply all day every day.

Scarborough Borough Councillor Richard Maw asked as supplementary question, as follows:

It is apparent that waiting times at A&E in Scarborough Hospital are increasing and there are more pressures upon that department, which ten has a knock on effect elsewhere. Is this due to changes/reductions in services elsewhere across the catchment area for Scarborough Hospital?

Daniel Harry said that he would obtain a written response to his question.

County Councillor Liz Colling said that it would be useful to have a future item on a committee agenda regarding unavoidably small hospitals.

County Councillor John Ennis thanked all of the people who had submitted a question or statement for their comments and their contribution. He noted that the committee had carefully scrutinised the changes to the provision of hyper acute stroke services over the past 18 months and at the June meeting endorsed the adoption of the direct admissions model as the only viable option. In doing so, the committee had taken into account NICE guidance, the similar and successful changes made at Harrogate hospital to stroke services, the outcome of the regional review of hyper acute stroke services and information provided by commissioners and providers. The role of the committee is now one of monitoring patient outcomes. An update on this will be provided to the committee meeting in December.

176 NHS response to and recovery from the pandemic

Considered – A presentation by Wendy Balmain, Director of Strategy and Integration, North Yorkshire Clinical Commissioning Group.

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
- NHSE returns include regular updates on outlining plans for activity, finance and workforce
- There is a potential efficiency saving requirement of approximately 3%
- Good progress being made with the vaccination programme. As of 27 August 2021, a total of 524,572 second doses had been administered
- Currently preparing for a covid booster programme to be carried out in the autumn alongside an influenza vaccination programme for all over 50s
- Patients on waiting lists for treatment are to be supported through the 'Waiting Well' programme that is being developed
- Patients continue to be prioritised due to clinical need
- Face to face appointments and digital interactions are now exceeding pre-covid levels (in total), albeit that there may be local variations across the county
- Recognise that there is a need to better describe the health system so that people access the right care at the right time
- A programme of support is in place for staff. The staff absence rates for NHS trusts in the Humber Coast and Vale Integrated Care System were on 17 August 2021 an average of 6.2% ranging from 3.8% to 7.7%
- GPs can make referrals to specialist long covid treatment, where there are severe symptoms that persist longer than four weeks after contracting covid 19.

County Councillor Philip Barrett asked what more could be done to enable a wholesale return to face to face appointments with GPs and primary care.

In response, Wendy Balmain said that there is a lot of anecdotal evidence that suggests that some people are having real problems accessing in person appointments and she recognised that this was very frustrating for many people. Wendy Balmain said that she

would raise this issue with colleagues in the CCG who work directly with primary care providers as the issue is likely to be exacerbated during the winter months when people tend to become ill or existing conditions worsen.

County Councillor John Ennis summed up, thanking Wendy Balmain for attending and responding to questions from the committee members.

Resolved:-

1) That Wendy Balmain provides an update on the local NHS response to and recovery from the pandemic, with a focus the potential impact of national funding and policy changes at the committee meeting on 17 December 2021.

177 Update on Covid-19 in North Yorkshire - Verbal update

Considered – A verbal report by Victoria Turner, Public Health Consultant, North Yorkshire County Council.

Victoria Turner updated as summarised below:

- At 7 September 2021, there had been 53,544 positive tests since 3rd March 2020. The massive expansion of testing of school children may be a factor to consider here
- The 7-day incidence rate (to 05/09/2021) in North Yorkshire was 361.8 cases per 100,000 population, higher than the England rate of 336.5
- At 7 September 2021, there were 143 hospital beds occupied by people admitted from North Yorkshire. 123 people were in general and acute beds and 20 in intensive care beds
- There have been an estimated 441 Covid-19 deaths in hospital of North Yorkshire residents since 1 September 2020 (wave 2). There were 259 deaths in wave 1 (March-August 2020)
- The pandemic has exacerbated existing health inequalities as people with generally poorer health have been disproportionately affected
- Making sure that everyone has had two doses of the vaccine is important as is adhering to the standing advice 'hands, face, space'.

County Councillor John Ennis asked what surveillance was in place to track the development and spread of new variants of covid-19.

In response, Victoria Turner said that Public Health England regularly send positive PCR tests for genetic sequencing to help identify and assess any new variants. Where variants appear, then there is close working with the local Public Health team to understand the implications and response.

County Councillor Andy Solloway said that more large scale vaccination centres were needed as these were efficient to run and manage and could vaccinate large numbers of people in a short period of time.

County Councillor John Ennis summed up, noting the success of the vaccination programme and the work that Public Health in the county was doing to manage local outbreaks of covid.

Resolved:-

1) That Victoria Turner or Louise Wallace provide a further update at the meeting on the committee on 17 December 2021.

178 Committee Work Programme

Considered – the report of Daniel Harry, Democratic Services and Scrutiny Manager, regarding the committee work programme.

Daniel Harry introduced the report and asked Members to review the work programme and make suggestions for areas of scrutiny for inclusion.

Daniel Harry noted that there were only two more formal meetings of the committee prior to the May 2022 elections. The March meeting may fall within the pre-election period and so the agenda for that meeting may be limited.

Resolved:-

1) That the committee review the work programme
2) That an item on unavoidably small hospitals is added into the work programme.

179 Yorkshire Ambulance Service response to and recovery from the pandemic

Considered - a verbal update by Rod Barnes, Chief Executive, Yorkshire Ambulance Service NHS Trust

Rod Barnes updated as summarised below:

- The service was in a unprecedented position with very high levels of demand
- The service is operating at the highest level of escalation since early July 2021
- All ambulance services are currently struggling with high levels of demand and one has declared an emergency
- There are 3,900 calls a day to the control room at present, with an increasing number of those calls relating to serious incidences
- The activity levels are similar to what you would see in winter and there were 190,000 calls to the NHS 111 line in July alone, which is 20% higher than normal
- The challenges in the system around access to primary care and dental care, amongst others, can lead of an increased ambulance call out
- The need to maintain covid-safe services has meant that the Patient Transport Service has reduced capacity from 3 people per ambulance to 1 person. The number of journey's made, therefore, increased despite there being lower demand
- The requirements upon the NHS for infection control are greater than for the public as a whole and this impacts upon the service provided by YAS
- Additional NHS funding of £5million has been secured for emergency response and this will be invested in more staff for the ambulances and the control room
- Looking ahead, the intention is to bring in an additional 300 staff prior to the busy Christmas period and to develop more defined career paths with the service to aid staff retention
- Work is underway to support staff wellbeing and also to build surge capacity, which will in turn take the pressure off A&E.

County Councillor Heather Moorhouse asked whether YAS worked with the Air Ambulance.

In response, Rod Barnes said that that there was a strong working relationship between the two services.

County Councillor John Ennis asked whether the transport of patients from the catchment area of Scarborough Hospital with a suspected hyper acute stroke directly to York hospital, rather than going to Scarborough Hospital for assessment first, created any operational issues for YAS.

Rod Barnes said that the direct admission model made more sense as it removed delays caused by patient transfer between sites and improved access to specialist treatment.

County Councillor John Ennis thanked Rod Barnes for attending.

Resolved:-

1) That a watching brief be maintained on YAS performance and that Rod Barnes keep the committee informed of any emergent issues of concern.

180 Update on the development and performance of the services provided by the Harrogate and Rural Alliance

Considered - a presentation by Richard Webb (Director of Health and Social Care, NYCC) and Wendy Balmain (Director of Strategy and Integration, North Yorkshire CCG).

The key points from the presentation are as summarised below:

- The alliance was setup in September 2019
- The alliance delivers an integrated operating model that brings together community health and social care services for adults in Harrogate
- It involves North Yorkshire County Council, Harrogate and District NHS Foundation Trust, Tees Esk and Wear Valleys NHS Foundation Trust, North Yorkshire CCG, and the Yorkshire Health Network Local GP federation
- The annual budget is £49m and there are 400 staff (approximately 50/50 HDFT and NYCC)
- Benefits include reducing duplication, the continued development of the Home First Model and the development of care market
- The co-location of the workforce leads to new ways of working
- It is not the intention to roll out the HARA model to other parts of the county. Each area needs to develop a partnership and model of health and social care delivery that works for them
- Links with the Primary Care Networks are becoming increasingly important
- Local Government Review presents new opportunities as key elements of prevention and early intervention are brought together in the new unitary.

County Councillor John Ennis asked how HARA would fit within the Integrated Care System for Humber Coast and Vale.

Wendy Balmain said that there are four care partnerships within the footprint of the Integrated Care System for Humber Coast and Vale, and one of these aligned to the area covered by HARA.

County Councillor John Ennis asked how HARA had performed and how patient outcomes were measured.

In response, Richard Webb said that the alliance was setup in September 2019, just six months before the first national lockdown. As such, much of its work to date has been dominated by the response to the pandemic. Whilst this has resulted in some new and innovative ways of working that will be continued post pandemic, it has meant that it has been difficult to measure performance overall. Anecdotally, there has been improved working across the local system with better care planning and more timely decisions about care pathways and packages. This will have had a positive impact upon patient outcomes. He said that further work would be undertaken to evaluate HARA and its first 2 years of

operation.

County Councillor John Ennis summed up, thanking Richard Webb and Wendy Balmain for attending and noting the positive impact that HARA had locally during a very difficult period of time.

Resolved:-

1) That a watching brief be maintained and that an evaluation of the performance of HARA be brought back to a future meeting of the committee.

181 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 10.55 am.

North Yorkshire
Clinical Commissioning Group

NHS response to and recovery from the pandemic, including an update on NHS funding

Wendy Balmain, Director of Strategy & Integration
Jane Hawkard, Director of Finance
17 December 2021

Executive Summary (1)

Vaccinations

- Latest data shows that across North Yorkshire and York 86% of eligible cohorts have had their first dose, 80% have had their second dose and 40% have had their booster (*figures as of 6 December 2021*).

Elective Recovery

- Trusts across HCV collectively delivered agreed elective activity plans above the 19/20 baseline in the first six months. This resulted in increased funding being received into the system through the elective recovery incentive fund.
- The plan for the second half of the year is ambitious and dependent upon rates of Covid admissions and therefore less incentive funding is anticipated.

Waiting lists

- The asks for waiting list for the second half of the year are
  - Reduction of patients waiting for 104+ weeks is reduced to zero by 31st March 2022.
  - Stabilisation and reduction of numbers of patients waiting over 52 weeks
  - An increase in performance against the 62 day cancer waits target
  - Total waiting list is not greater than the list as at September 2021

Executive Summary (2)

Primary Care Appointments

- Total appointments in primary care remains strong, with numbers remaining higher than both 2019 and 2020. September has seen large increases in both F2F and total appointments compared to August. Plans for H2 (1 Oct 21- 31 Mar 22) have been set to account for additional appointments (both F2F and NF2F funded via the winter access fund).

Health Checks

- The latest figures for Q2 show that for North Yorkshire 32.2% of people with severe mental illness (SMI) received the complete list of physical health checks in the preceding 12 months. slightly higher than the national figure of 30%.
- The proportion of people aged 14 or over on the learning disabilities register who have received a learning disability health check is now reported monthly. Data to September 2021 shows a cumulative position of 21.3% for North Yorkshire compared to an England average of 21.4%.

Covid vaccination rates – North Yorkshire CCG

North Yorkshire CCG

Priority Groups	Individuals	First dose	Second dose	Booster dose	% First dose	% Second dose	% Booster dose
Age 80+	29,770	29,118	29,014	26,961	97.81%	97.46%	90.56%
Age 75-79	22,998	22,458	22,375	20,954	97.65%	97.29%	91.11%
Age 70-74	28,583	27,670	27,562	25,266	96.81%	96.43%	88.40%
Age 65-69	28,365	27,210	27,068	22,365	95.93%	95.43%	78.85%
Age 60-64	32,461	30,649	30,449	20,848	94.42%	93.80%	64.22%
Age 55-59	35,278	32,882	32,603	18,108	93.21%	92.42%	51.33%
Age 50-54	32,303	29,599	29,249	13,928	91.63%	90.55%	43.12%
Age 40-49	50,191	43,655	42,650	10,740	86.98%	84.98%	21.40%
Age 30-39	49,195	39,093	37,092	5,602	79.47%	75.40%	11.39%
Age 18-29	50,104	39,334	35,505	3,328	78.50%	70.86%	6.64%
Age 16-17	9,443	6,609	2148	134	69.99%	22.75%	1.42%
Age 12-15	18,812	8,528	274	6	45.33%	1.46%	0.03%
Total	**387,503**	**336,805**	**315,989**	**168,240**	**86.92%**	**81.54%**	**43.42%**

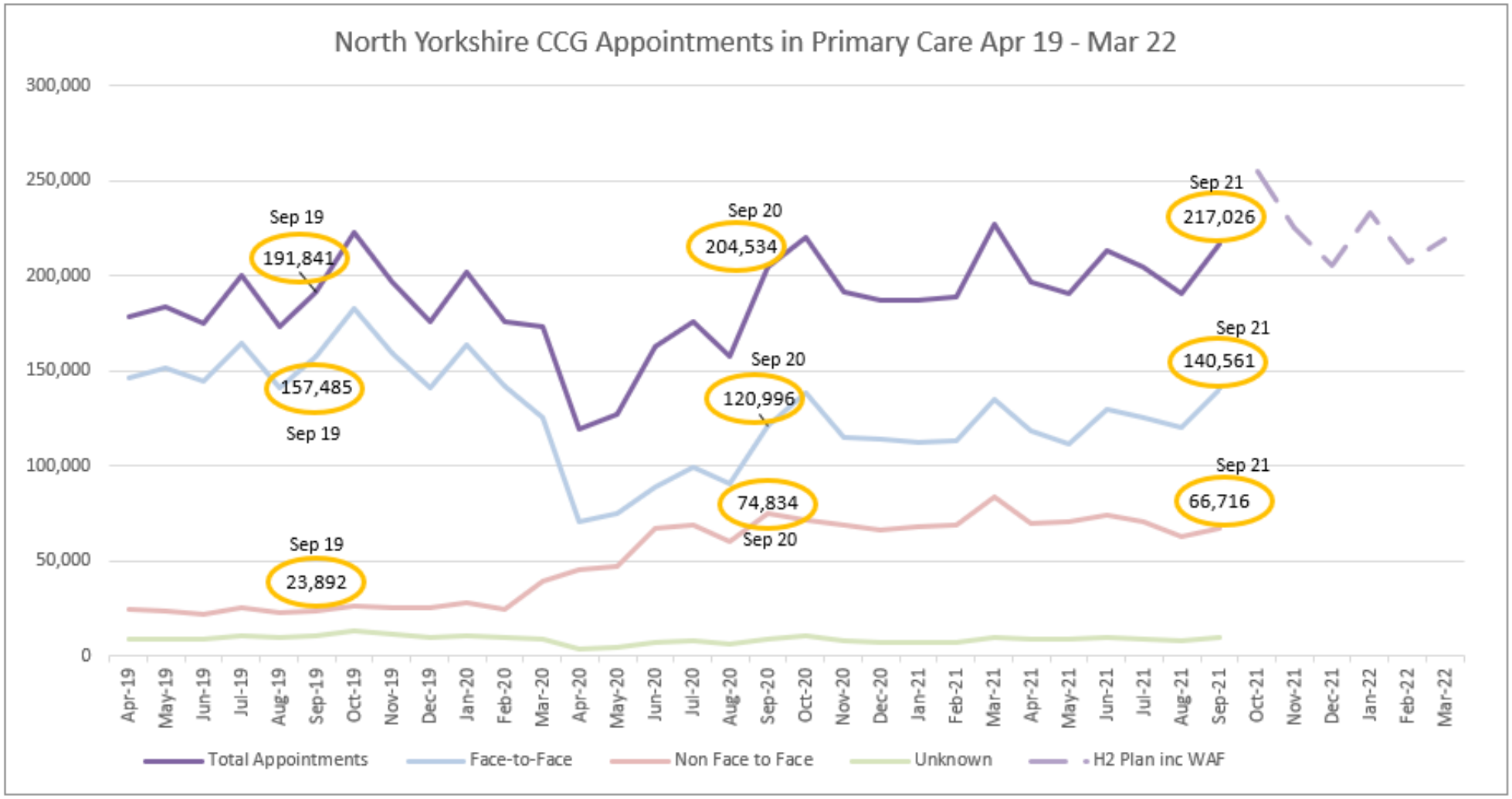
Vaccination rates at 6 December 2021

Current OPEL levels

24 November 2021

Acute Trusts	York Acute Site	Opel 3
	Scarborough Acute Site	Opel 2
	HDFT	Opel 3
	Darlington	Opel 3
	James Cook	Opel 2
	Friarage	Opel 1
Local Authorities	North Yorkshire County Council	Opel 4
	City of York Council	Opel 3
	East Riding of Yorkshire Council	Opel 3
Ambulance Services	Yorkshire Ambulance Service	REAP 4
UTC/GP OOH	Vocare OOHs	Opel 3
	Vocare UTCs	Opel 3
	HDFT OOH	Opel 2
Community	Humber	Opel 2/3
	CHCP	Opel 2
	HDFT	High Opel 2
	York	Opel 3
	NYCC	Opel 3
Mental Health	TEWV	Opel 3
North Yorkshire & York System Overall Escalation Level OPEL 3		

GP practices - appointments



Total appointments in September 2021 are significantly higher than those reported in September 2019, however face to face appointments now account for 3/5 of total appointments compared to 4/5 pre-Covid.

NHS Funding for Recovery (1)

Funding from October 2021 to March 2022 is focussed on the following areas:

1. **Continuation of the vaccination programme**
   - The vaccine programme continues to be funded centrally through cost reimbursement. Initiatives for vaccine centres are reviewed for value for money before approval is given
2. **Effective management of Urgent & Emergency demand over winter period, including Covid**
   - Capacity Funding to support non-elective demand of £2.9m for NY&Y
   - Mental health funding to improve discharge of £0.5k for NY&Y

NHS Funding for Recovery (2)

3. **Continued reduction in waiting times for Elective/Planned Care**
   - Elective Recovery Fund of £23m across Humber Coast and Vale to increase elective activity and reduce waiting times
   - Elective Recovery Fund – An incentive scheme which provides extra funding for elective activity above the 19/20 activity baseline
   - **Primary Care Access Funding** – to increase the availability of appointments in general practice, including face to face appointments
   - **Targeted Capital Investment Funding**

Capacity Funding Evaluation Criteria

- **Deliverability** – Can it be delivered and how quickly. Schemes without a clear implementation plan and limited likelihood of deliverability should be immediately rejected
- **Impact** – Schemes should have a clear measure for their system impact and how partners can evaluate its effectiveness
- **Reducing the need for hospitalisation** – Will proposals reduce the need for patient to access inpatient care
- **Managing on-day demand for care** – Will schemes reduce or manage more efficiently the demand for on-day/urgent care in any care setting
- **Improving patient flow and rehabilitation** - Can proposals accelerate flow through the care system and improve longer-term physical and mental ability

Capacity Funding - Allocation

AEDB	Actions	Organizations
NYY Wide	NHS 111 Clinical Advisory service expansion; Ambulance Capacity; Home from Hospital support	YAS/ Vocare/ VCS
York-Scarborough-Whitby	Enhanced Emergency Dept (ED) streaming; Urgent Treatment Centre (UTC) Enhanced staffing to promote hospital flow Step-down community capacity	YSFT, NYCC, CYC, Vocare, Nimbus
Harrogate & District	Step-down community capacity Winter inpatient ward Enhanced GP streaming in ED	HDFT, NYCC, HARA
Hambleton & Richmondshire	Additional patient transport Step-down bed capacity	South Tees FT, NYCC Cipher

Primary Care Funding

AEDB	Actions
NYY Wide 'at scale initiatives	• Increase in remote capacity for virtual appointments to release local GPs for face to face appointments • Work with Voluntary sector to roll out use of the NHS app to increase ability to book repeat prescriptions and appointments without a phone call or a visit • Single recruitment hub for additional rolls
York-Scarborough-Whitby practices working in their primary care networks	• The plan would be to support additional on the day urgent care capacity face to face by increasing capacity at the local Urgent Treatment Centre (UTC) to support winter demand within primary care • Exploring Respiratory Hub. • Fixed cost elements of estates, PCs, comms, dragons, systems initiatives • Single home visit service in Scarborough to reduce time out of practice by GPs releasing time for appointments.
Harrogate & District practices working in their primary care networks	• The plan would be to support additional on the day urgent care capacity for face to face. • Expanding extended access • Generating increased appointments at PCN/practice level through additional sessions • Current staff working in Vaccine centre expected to return releasing further capacity back into practice
Hambleton & Richmondshire practices working in their primary care networks	• The plan would be to support additional on the day urgent care capacity for face to face. This would be provided on a hub basis at a suitable location locally

Targeted Capital Investment Funding

Scheme Submitted	Actions
York & Scarborough Teaching Foundation Trust	Development of a York Elective Hub with NHS Property Services and Clifton Park Hospital
Harrogate and District Foundation Trust	To develop increased surgical capacity at Wharfedale Hospital to increase access to elective theatre capacity for Harrogate Trust
Humber Coast and Vale Wide	Digital improvements including • Digital solutions for video consultations • System 1 roll out to secondary care in some areas • Digital support and enabling technology to increase prescriptions and use of digital self-care tools • Outpatient clinic and medical elective room planner and digital theatre booking system

NORTH YORKSHIRE COUNTY COUNCIL
SCRUTINY OF HEALTH COMMITTEE
17 December 2021

Tees, Esk and Wear Valleys NHS Foundation Trust – A brief update and overview of the issues that led to the temporary closure of Esk Ward, Cross Lane Hospital, Scarborough, and the implementation of improvement plans in response to recent CQC inspections.

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

Purpose of this report

1. The purpose of this paper is to provide an update on the issues that led to the temporary closure of Esk Ward (13 bed female ward at Cross Lane Hospital, Scarborough) and the recent trust wide CQC inspection, specifically in relation to inpatient services at Foss Park Hospital in York.

2. Esk Ward

Within the service and trust, the ability to retain and recruit staff into the adult wards at Cross Lane Hospital has been a challenging issue in recent years. Key actions to address this has been to introduce attractive roles to the unit, bespoke recruitment events, with limited success, and the recent introduction of an international recruitment programme and the piloting of a recruitment and retention premia.

2.1 In the context of staffing challenges, a full review of the ward's staffing escalation template was undertaken in October 2021 due to an increasing number of nursing staff vacancies and the imminent retirement of the locum consultant. On its review, whilst the staff available across all roles showed only a moderate % gaps in posts, the overall number and forecast of registered nurses across the band 5 and band 6 clinical lead posts was considered unsafe. In addition to access to nursing capacity, the unit still has not been able to recruit into the consultant psychology and psychiatry posts that are essential to delivering a multidisciplinary approach to patient care, providing effective treatment and support to the ward.

2.2 A key mitigating factor of using block booked agency was also lost due to changing pay conditions with the agency and offer of other providers.

2.3 Alongside the core number of registered nurses that support care delivery, professional development and operational running of the ward, there exists:

- Ward Manager
- Practice Development Practitioner
- Psychological therapist
- 15.05 wte Health Care Assistants (over established to support the S136 suite and back of people on RNDP)
- 0.5 Occupational Therapy
- Occupational Therapy assistants

In addition, there is also senior posts supporting the unit:

- Acting nurse consultant
- Acting modern matron.

2.4 Joint review of current staffing

On 11 October, an urgent meeting was held to consider the options and ability to safely staff the ward, managing the level of clinical need for patents and the safety of the ward. The meeting included senior leads across the Trust responsible for operations and including clinical representation of nursing, psychiatry, psychology.

In this remedial review, 4 primary options were considered, against the chronic inability to recruit staff to the ward over time, retain staff and the increasing patient experience issues that are presenting, in part due to changing nature of patient presentations, but also the wards reduced ability to engage patients in a consistent way.

Risk	**Benefits**
Option One: Continue to manage the ward on a day by day basis at risk	
Option two: staff the unit using the senior nursing leadership in the locality and within AMH (requires 3.58wte to meet the requirements of the core rota)	
Option three: reduce the overall bed base to 10	
Option four: Close Esk ward and consideration of a flexible patient mix on Danby for 6 months	
• Impact on trust bed capacity and need to support out of area admissions and secure out of Trust bed capacity • Increase of patient complaints due to loss or reduction of local access to beds • Impact on the lone impatient psychiatrist without a peer – mitigate by the crisis consultant on site • Risk that Danby medic confirms her intention to go to the Ripon community or Scarborough community posts that is due to be advertised • Inpatient staff leave due the change to in patient group.	• Protects remain staff resource to improve staffing on Danby and within the crisis team • Capacity to make sure of the operational and development leads to do targeted recruitment • Protects crisis and S136 responses, including the role of medic • Mitigate against patient experience and incident concerns • Protects operational and senior nursing capacity • Increases OT and psychological therapy capacity to Danby ward • Reducing the need for bank and agency staff and costs •

2.5 From the review, there was consensus from all those present at the review meeting that Option 4 was to be the joint recommendation for trust consideration with the following considerations:

- The ward remains closed for a period of up to 6 months and we are work in partnership with colleagues across PCN, local authority and CCG partners regarding a joint approach to recovery;
- That the current Esk patients are not decanted and supported on the ward until the end of October, reducing the number that need to be transferred to another ward and allowing them wherever possible to complete their treatment prior to discharge;
- Operational leadership supports a project to proactively recruit into vacant posts;
- The released capacity accelerates the development of the international recruits, starting in December 2021 and provision of physical workforce in March / April 2022;

- Retention and recruitment premia is financially approved to protect against the loss of current staff at Cross Lane Hospital, Scarborough – this is now an agreed pilot for 12 months.

3. Trust wide CQC inspection

3.1 In January 2021 the CQC inspected our acute wards for adults of working age and psychiatric intensive care units across the whole Trust. In a follow up to the January inspection, in May the CQC re-inspected our acute wards for adults of working age and psychiatric intensive care units.

3.2 Actions since our January inspection we have:

- Introduced new, simpler, safety (risk management) summaries and safety plans for our patients in both inpatient and community settings.
- Reviewed individual safety summaries and safety 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 new simpler processes, with over 1,500 frontline staff attending sessions so far
- Developed a new mandatory and statutory training package, which will be delivered via e-learning, including refreshed 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. This is in place at Foss park. It does not replace good nursing care but prompts staff to any key environmental changes which could signal a physical change in a service users' presentation.
- Committed and extra £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 across the whole Trust

3.3 Assurance and oversight embedded

- We have provided assurance to the Care Quality Commission (CQC) that effective systems are in place to help keep patients safe - and that further improvements are already underway.
- Our 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.

3.4 Re-inspection of our adult acute and psychiatric intensive care units – May 2021

- On 27 August the CQC published its report following the re-inspection of our acute wards for adults of working age and psychiatric intensive care units, from the re-inspection in May 2021.
- This focused inspection was to see if improvements had been made.
- The CQC has rated our acute wards for adults of working age and psychiatric intensive care units as requires improvement.

3.5 The re-inspection took place over 9 wards, including Ebor (female) and Minster (male) wards at Foss Park Hospital.

3.6 The CQC findings, detailed in the August report:

- The CQC no longer has significant concerns relating to risk management of service users in our care.
- We have better systems in place to comprehensively assess and mitigate patient risk on our wards.
- Staff have a better understanding regarding the risk assessment process and what is expected of them when updating clinical documentation.
- We have appropriate mechanisms in place to monitor, audit and ensure oversight of the patient risk assessment process.
- We have effective procedure and process in place to review and learn from serious incidents.

3.7 However:

- Patient risks were still not always fully reflected within the written patient safety summaries in a small number of files reviewed.
- Staff had not always flagged current incidents, so these did not pull through into the written overview section of patient records. Information across other parts of the record usually showed that staff were mitigating these identified risks.
- Staff were not always following the trust's policy and expectations. An example was an unlocked window which presented a ligature risk. The CQC noted that we addressed these very quickly.
- Staff were not always mitigating the risks of operating mixed sex accommodation to fully promote patients' safety, privacy, and dignity. What people who use the service say
- The CQC spoke to 16 patients. However, there was limited feedback from patients about risk assessments and risk management, which was the focus of this inspection.
- Most patients we spoke with found nursing and support work staff to be supportive and caring.
- Patients commented that they sometimes found it difficult to cope on the ward as the wards were very busy and some patients were acutely mentally unwell.
- They reported that staff worked hard to keep patients safe.

3.8 Next steps:

- We are pleased that the CQC has recognised the improvements we have made within our adult acute inpatient and PICU wards.
- Our teams have worked incredibly hard to make positive changes in a short space of time to improve safety and risk management. It's also demonstrates our commitment to providing a better experience for people in our care, their families and carers and for our staff.
- We recognise that there is a lot more work to do and over the coming weeks and months we will be driving a number of changes across our organisation.
- These include continuing to embed improvements across our trust, and the introduction of new technology and digital solutions over the coming months, which will have a positive impact on patient care, and a focus on people and culture to support our workforce.
- We've also made significant investment in key areas such as staffing, which we acknowledge can be extremely challenging.

- We recently invested £5.4m to recruit new roles for adult inpatient services as well as our forensic services, and we are in the process of recruiting to those new roles. This is challenging work as there is a nationally recognised shortage of qualified nurses

4. Conclusions

Esk Ward

The ward was temporarily closed on the 12th November 2021 and with safe management of patients and one transfer to Foss Park Hospital, York to complete their treatment. A full communications plan to support patients, their families and to inform the local community and partners was also developed and implemented w/b 25th October 2021. Remaining staff have been deployed to support Danby Ward, Cross Lane Hospital, the crisis team and community teams to ensure we provide additional support where needed. We have implemented a pilot re the use of recruitment and retention premia and there is positive progress regarding the internal recruitment project with 5 candidates appointed and further interviews scheduled.

CQC inspection

Moving forwards the involvement of the CQC, alongside service user and carer feedback is essential so that we can continue to learn lessons, and to improve our understanding of service users' experiences of receiving care at Foss Park. The CQC feedback has been taken seriously and actioned accordingly but we prefer not to take a stance of complacency, instead continually focussing on developing our services to deliver the best possible care. Equally we need to ensure that we can move with the times, adopt and embed new evidence-based approaches that emerge and develop our services to meet expectations, designing care around individual needs rather than meeting needs in environments which can present significant compromise for care delivery. Foss Park is designed to afford this opportunity long into the future. We expect that the CQC will publish our well-led inspection report on Friday 10 December. We'll be in a position to provide you with an update on the report when we attend the meeting.

Recommendations

The committee is asked to review and note this paper.

Author

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

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North Yorkshire County Council
Scrutiny of Health Committee
17 December 2021

Stroke Services in North Yorkshire

1.0 PURPOSE OF REPORT

1.1 To provide an update to the committee on the stroke pathway for North Yorkshire residents, particularly the relatively recent changes to stroke services for Harrogate and East Coast residents.

2.0 BACKGROUND

2.1 **National**

Evidence has emerged in recent years as to the benefits of centralisation of the first part of the Stroke pathway – the Hyper-Acute care – and the benefits of this being conducted in larger centres. Guidance suggests that Hyper Acute Stroke Units (HASUs) should be concentrated onto fewer sites and see a minimum of 600 patients per year. These sites then operate as centres of excellence providing the appropriate level of workforce expertise and critical mass of resources. Where care has been reorganised in this way, patients generally spent less time in hospital and were less likely to die or be disabled as a result of their stroke.

This model results in changes to smaller stroke units to focus on care and rehabilitation for patients after the first 72 hours of care rather than providing care for the whole stroke pathway.

Research by the Stroke Association supports this model and has shown that stroke survivors and their carers have positive experiences of care at HASUs, and believe getting the best care outweighs the potential inconvenience of having to travel further.

2.2 **North Yorkshire**

In North Yorkshire, over the last two years, there has been a change to the way stroke services have been delivered in both the Harrogate and East Coast areas to adopt the national best practice on patient access to a Hyper-Acute Stroke Unit (HASU).

Harrogate

In April 2019, in recognition that the number of stroke admissions fell well below the national recommendation of 600, stroke care for Harrogate patients was reconfigured to ensure access to the HASUs in either York or Leeds depending on patient location. Once hyper acute care has been completed at the centre, patients are either discharged home with the appropriate support from the community rehabilitation team or they are repatriated to Harrogate Hospital for ongoing care until they are ready to go home.

Early indications are that there has been a positive impact on some elements of the pathway but that not all eligible patients have been accessing hyper acute care during the pandemic. It is timely now, as part of the ICS wide review of hyper acute provision, to conduct a through review of the outcomes of the change in pathway and determine whether further changes are indicated.

East Coast – Following the national direction on HASU centralisation and staffing problems at Scarborough Hospital, in 2015 the NHS introduced a new pathway for hyper-acute care.

In this model, patients continued to access their initial assessment and scan at Scarborough. All patients who would benefit from hyper-acute stroke care were then transferred to the HASU in York. Those needing thrombolysis could have treatment started in Scarborough, before transfer to the HASU in York. The model was referred to as 'drip and ship'. This patient pathway was safe and avoided adding further pressure to the flow through the York Emergency Department. However, patients would not access full HASU care until they had been transferred to the unit in York.

At this time this was seen as the best way of ensuring access to hyper acute care whilst maintaining as much local care as possible.

The continued provision of specialist nursing staff in Scarborough remained fragile after 2015, as was the continued provision of stroke medical support to the Scarborough site. This came to a point of unsustainability in late 2019 and the decision was taken to move to a model where the patient was directly conveyed to the most appropriate HASU from 2020.

The Integrated Stroke Delivery Network commissioned a review of Hyper Acute Stroke Care, undertaken between December 2020 and March 2021. This was conducted by the national Stroke Lead, Deb Lowe, and the Yorkshire and Humber stroke lead, Graham Venables. They were very supportive of the new model delivered for Scarborough patients and did not recommend re-establishing any form of HASU care in Scarborough. They concluded:

"Having seen the benefits to patients of direct admission to York we feel able to reassure members of the public, commissioners and regional officers that the service is safe, efficient and able to deliver better outcomes than the previous 'drip and ship' model and would commend the new service to the Scrutiny of Health Committee."

3.0 SCRUTINY OF HEALTH RECOMMENDATIONS

As outlined above the changes on the East Coast had been introduced in May 2020 as a temporary measure but, at the Scrutiny of Health Committee in June 2021, the meeting noted that in terms of the pathway changes for the East Coast *'there was no reasonable alternative model of care for Scarborough patients. Despite the longer journey times for many patients, the model in place now will support better clinical outcomes for patients and moving hyper-acute care back to Scarborough would potentially expose patients to additional risk, and go against national guidance and the recommendation of local and national stroke specialists.'*

However, they also asked that some information be provided to the public about the rationale for the changes in both the Harrogate and East Coast areas and feedback be sought about patient experience of the new pathways.

3.1 Events

In November 2021 two virtual events were held – one for Harrogate area residents and one for those living on the East Coast. A total of 8 people attended the Harrogate event and 24 the East Coast event. The format of the meetings involved Stroke Service clinical team members walked participants through the stroke pathway from prevention, through onset of symptoms, conveyance by YAS, treatment in the HASU and discharge and rehabilitation. Clinical experts spoke about each stage of the pathway and answered questions from the public.

At the Harrogate Event, no concerns about the current model were raised. A patient experience was shared and reinforced the need to ensure that each person is able to access the best possible care.

At the East Coast event many of the questions were around the transport times by the ambulance service and the impact that this may have on the start of stroke care. Others were on the demise of the Scarborough stroke service which was well thought of. In response the ambulance service reassured the participants that in most cases a patient conveyed Scarborough Hospital first would take longer to receive the clinically excellent treatment available at a HASU and this would detrimentally affect their outcome. They were also reminded that in order for a unit to be clinically viable it requires the staff to see 600 strokes a year and in the case of Scarborough Hospital this number is around 300 so it would never reach the required threshold to allow staff to maintain their clinical skills. In addition, despite multiple attempts to recruit, it has not been possible to recruit the staff required to provide a HASU on the East Coast. The meeting was also advised that when audited the former stroke unit at Scarborough was consistently rated as a 'D' or an 'E' whereas the HASU at York rates at either an 'A' or a strong 'B' with outcomes above the national average.

Yorkshire Ambulance Service (YAS) also advised that they have procured 28 more ambulances, which will be on the road before Christmas, to support the transport of patients which should ease waiting times.

Although there was a vocal minority who challenged the move to the new stroke pathway, despite the clinical benefits and the national drivers, there were also those who attended the meeting who were grateful for the opportunity to better understand the stroke pathway and were reassured by what they heard.

> *'Thank you, a lot of things are clearer now. It is clear that we are not being victimised on the East Coast, we are getting the best treatment possible, especially with very limited resources.'*
>
> *'Thanks for the presentation. As a student, I've learnt a little more about the pathway for people after suffering from a stroke.'*

More information on the event can be found at Appendix A to be tabled at the meeting.

3.2 **Survey**

Alongside the events North Yorkshire Clinical Commissioning Group have, with the support of East Riding Clinical Commissioning Group and our local acute hospitals, sent out a survey to a sample of patients who have experienced the stroke pathway in the last eighteen months including patients transported to Hull and York HASUs.

3.3 **Survey Feedback**

At the time of this report the survey was still open but feedback will be tabled at the meeting at Appendix A.

4.0 CONCLUSION

Although some anxieties remain about the new stroke pathways for the East Coast and Harrogate areas, particularly from residents on the East Coast and mainly related to travel and transport times, those who experienced the new pathway were very positive about the care that they received at the HASU.

"The Doctors and staff in the stroke unit of York Hospital were fantastic – so kind and caring and I will always be indebted to them for literally saving my life"

"Experience was first class. Thank you to all staff"

"I think the care and help I had from everyone was just perfect. Also the follow on care I received once I got home"

It remains the view of North Yorkshire CCG, YAS, the Acute Trusts, the Stroke Network and the Stroke Association that there is no viable alternative delivery model for stroke services for East Coast patients which meets the required National clinical standards.

5.0 FINANCIAL IMPLICATIONS

Funding requirements for the Harrogate service will need to be reviewed once the hyper acute review has been completed to ensure that every part of the pathway is adequately resourced.

6.0 CLIMATE CHANGE IMPLICATIONS

There is a slight increase in ambulance journeys as a result of the change in the Harrogate pathway. The change in the East Coast pathway from the 2015 model results in fewer ambulance journeys overall.

7.0 REASONS FOR RECOMMENDATIONS

As requested by the committee we have held events informing the public of the rationale for the changes to the stroke pathways for Harrogate and East Coast patients. In addition we have carried out a qualitative survey of those patients who have been though the Direct Transfer stroke pathway to gather feedback on their experiences which have been largely positive from the feedback received so far. Taking this into account it remains the view of North Yorkshire CCG, YAS, the Acute Trusts, the Stroke Network, the Stroke Association and the clinicians involved in delivering these services, that there is no viable alternative delivery model for stroke services for East Coast patients which meets the required National clinical standards.

8.0 RECOMMENDATIONS

That the committee consider this report and endorse the recommendation that the Direct Transfer model of stroke care, initially introduced in 2020 as a result of sustainability issues at Scarborough Hospital, but now recommended as clinical best practice for stroke care is seen as the most appropriate and evidence based service model for East Coast residents. This will ensure that all residents of North Yorkshire will now have access to the same high quality stroke care at a Hyper-Acute Stroke Unit wherever they live in North Yorkshire.

Report Author: Simon Cox, East Coast Programme Director, North Yorkshire Clinical Commissioning Group

Date: 9 December 2021

Background papers: Papers to the NYCC Scrutiny of Health Committee throughout 2020 and 2021 - Browse meetings - Scrutiny of Health Committee | North Yorkshire County Council

APPENDIX A – Survey feedback from a sample of patients who have experienced the stroke pathway in the last eighteen months including patients transported to Hull and York Hyper Acute Stoke Units.

At the time of this report the survey was still open but feedback will be tabled at the meeting on 17 December 2021.

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NORTH YORKSHIRE COUNTY COUNCIL
SCRUTINY OF HEALTH COMMITTEE
17 December 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 11 March 2022. The next scheduled meeting of the Mid Cycle Briefing is 10am on 28 January 2022.

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 the 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
7 December 2021

NORTH YORKSHIRE COUNTY COUNCIL
Scrutiny of Health Committee – Work Programme 2020/21
Version – 2 December 2021

	10 Sep	5 Nov	17 Dec	21 Jan	11 Mar	ACC	
	COM	MCB	COM	MCB	COM		
Strategic Developments							**Comment**
1. NHS response to the pandemic, recovery plans, lessons learned and new ways of working. In addition to hospital and community services, this will include: community pharmacies; dentistry; health and social care integration; and community transport.	✓		✓		✓		A substantive piece of work to be co-ordinated by the Council's Scrutiny Board as it is cross-cutting. Expected to be a series of lines of enquiry over the course of a number of meetings
2. Prevalence data on the pandemic and vaccination rates	✓		✓				Public Health updates
3. Development of the Integrated Care Systems and Partnerships that cover North Yorkshire					✓		Strategic view of the form and function of the Local Care Partnerships within the ICSs that cover North Yorkshire
4. Unavoidably small hospitals			✓				Overview of key issues facing smaller hospitals in rural and coastal areas
5. Independent public inquiry into the UK Government handling of the COVID-19 pandemic							Report due Spring 2022 - TBC
Local Service Developments							
1. Harrogate and Rural Alliance - Adult Community and Health Services	✓						Update on progress with the model. Follow up at committee on 9 September 2022
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**	Final update to the December 2021 meeting, with a focus upon patient outcomes
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 inspections and action plans			✓				Follow up on implementation of the improvement plan (deferred from September 2021 meeting)
8. Temporary closure of the Esk ward at Cross Lane Hospital			✓				Update on restoration of services - TEWV
9. Catterick Integrated Care Campus project						**Y**	Referred to the Richmond (Yorks) ACC to lead
10. Review of urgent care pathway in the Vale of York CCG area					✓		Update on progress to the March 2022 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
Public Health Developments							
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		✓					Report on first 6 months of new service at committee on 9 September 2022

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	28 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.