



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 Susan Graham, Kevin Hardisty, Wendy Hull, Nigel Middlemass, Pat Middlemiss, Jennifer Shaw-Wright and Sue Tucker.

Date: Friday, 11th March, 2022

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 May 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 17 December 2021 (Pages 3 - 10)**
- 2. Apologies for absence**
- 3. Declarations of Interest**
- 4. Chairman's Announcements**
Any correspondence, communication or other business brought forward by the direction

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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 above) no later than midday on Tuesday 8 March 2022. 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 - Verbal update
- Wendy Balmain, North Yorkshire Clinical Commissioning Group

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

8. Whitby Hospital - update on the redevelopment of the site – (Pages 11 - 16)
Report of Rob Atkinson and Sonia Rafferty, Humber Teaching NHS Foundation Trust

9. Urgent & Emergency Care Development Project and other Site (Pages 17 - 36)
Development Projects at Scarborough General Hospital - Report of Mark Steed, York Teaching Hospitals Facilities Management

10. Committee Work Programme - Report of Daniel Harry, Democratic Services and Scrutiny Manager, North Yorkshire County Council (Pages 37 - 40)

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, 3 March 2022

North Yorkshire County Council

Scrutiny of Health Committee

Minutes of the remote meeting held on Friday, 17 December 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, Jim Clark, Liz Colling, John Mann, Zoe Metcalfe, Heather Moorhouse, Chris Pearson, Andy Solloway, Roberta Swiers and Robert Windass.

Co-opted Members:-

District and Borough Councillors: Sue Graham (Ryedale), Wendy Hull (Craven), Nigel Middlemass (Harrogate), Pat Middlemiss (Richmondshire), Jane Mortimer (Scarborough) and Jennifer Shaw Wright (Selby).

In attendance: County Councillors Caroline Dickinson and Annabel Wilkinson.

Officers: Daniel Harry (Democratic Services and Scrutiny, NYCC), Victoria Turner (Public Health Consultant, NYCC), Wendy Balmain (Director of Strategy and Integration, North Yorkshire CCG), Jane Hawcard (Chief Finance Officer at North Yorkshire CCG), Stephen Eames CBE (Designate Integrated Care System Chief Executive, Humber, Coast and Vale Health and Care Partnership), Dr Tolu Olusoga (Tees Esk and Wear Valleys NHS Foundation), Simon Cox (East Coast Programme Director, NHS North Yorkshire Clinical Commissioning Group North Yorkshire CCG).

Copies of all documents considered are in the Minute Book

182 Minutes of Committee meeting held on 10 September 2021

That the Minutes of the meeting held on 10 September 2021 be taken as read and be confirmed by the Chairman as a correct record.

183 Apologies for absence

Apologies were received from County Councillor Philip Barrett and Hambleton District Councillor Kevin Hardisty.

184 Declarations of Interest

There were none.

185 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 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 February 2022 meeting.

County Councillor John Ennis summarised discussions at a recent meeting of the committee Mid Cycle Briefing that was held on 5 November 2021:

- The consultation on the proposed changes to the Council commissioned sexual health services has been completed and there was overwhelming support for all proposed service changes. The key changes are around greater use of remote and on-line access to services. A physical presence is to be maintained but scaled down. The new service will go live as of 1 April 2022. An item has been included on the committee work programme for a review of the first six months of operation.
- There has been a temporary closure of the Esk ward at Cross Lane Hospital, Scarborough. An update on this will be provided at the committee meeting today at item 9.

County Councillor John Ennis also noted that the social care White Paper has been published.

186 Public Questions or Statements

There were none.

187 NHS response to and recovery from the pandemic, including an update on NHS funding - Wendy Balmain and Jane Hawcard, North Yorkshire Clinical Commissioning Group

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:

- There is a strong focus upon the vaccination programme and encouraging people to come forward for boosters
- Primary care has led on the local delivery of the booster programme and this has meant them completely refocussing their work
- Local volunteers have been crucial to the success of the vaccination programme
- The national target for booster vaccinations will be met locally by 31 December 2021
- The national Winter Access Fund will be used locally to increase the number of GP appointments available
- There will be greater use of remote and phone contact with primary in January for routine patient check-ups, which will free up capacity for face to face appointments and take some of the pressure off urgent and emergency care services
- There is also a strong focus upon reducing delayed discharges from hospital and close working between the NHS and the Council's Health and Adult Services to ensure that all discharges are planned and safe. This will then help free up hospital beds, in case they are needed to treat increasing number of people with Covid
- From April 2022 the Clinical Commissioning Groups (CCG) will merge into the Integrated Care System (ICS) for Yorkshire and Humber. The first year will see an

initial, one-year financial plan. Thereafter, the financial planning will be upon the basis of three to five years.

There followed a discussion with the key points as summarised below:

- Workforce shortages, particularly in coastal and rural areas, remains a key risk for the NHS. This is something that the ICS will work on
- The workforce shortages can lead to higher levels of agency spend, which creates additional financial pressures
- Some local vaccination centres that were well used during the first and second dose programmes have not been opened up or have only been opened for limited hours during the booster programme. Some committee members considered this a missed opportunity
- People who are unable to leave their home to attend a vaccination centre will be visited by a GP or health professional so that they can be vaccinated
- There is a programme of targeted communications nationally and locally to encourage people to get vaccinated
- There is an ongoing discussion with the public about how they use primary care. This includes getting the right balance between face to face appointments and the use of remote means. Also, looking at the range of routes by which people can receive the care they need. People do not always need to speak to a GP.

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 at the committee meeting on 11 March 2021.

188 Update on Covid-19 prevalence in North Yorkshire - Victoria Turner, Public Health, North Yorkshire County Council

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

Victoria Turner updated as summarised below:

- The Omicron variant is a new challenge. The Delta variant is still present and people are still being infected with it
- The Omicron variant spreads rapidly and is easily transmissible
- Covid infection rates in North Yorkshire are currently below the England average but rates do fluctuate and the Omicron variant is likely to lead to an increase in infections, as it has done in London
- Vaccinations will help slow the spread of the new variant and also help to ensure that should people become infected, then they are less ill
- Covid infections and the resultant illness and periods of self-isolation mean that staffing in health and social care settings has been affected and there are shortages in key services
- The booster programme has been helped by the proximity to the Christmas break, as people are incentivised to get the booster vaccination so that they can continue with the plans for the holiday period.

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 11 March 2022.

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

Considered - a presentation by Stephen Eames CBE, Designate Integrated Care System (ICS) Chief Executive, Humber, Coast and Vale Health and Care Partnership

Stephen Eames CBE gave an overview of some of the risks and opportunities facing small hospitals, as summarised below:

- The term 'unavoidably small hospitals' is often used and has featured in recent Parliamentary research documents. The preferred term is simply that of 'small hospitals'
- Integrated services are the key to the long term development of small hospitals
- There is tension between providing high quality, specialist services at a central point and accessibility, particularly in rural areas. This is difficult to reconcile
- Small hospitals often face work force shortages in key specialisms. This is difficult but not insurmountable as shortages can be resolved by integrated working across a number of different sites. Staff also need to be inspired and there needs to be a coherent vision for a small hospital that staff and local people all understand and support
- There are 343 specific roles in the NHS
- It is important to remember that hospitals are large local employers and have a key role to play in the local economy
- The bulk of hospital services that people need are delivered at their local hospital. Where treatment is needed for stroke, head injuries or heart disease then this needs to be done at a specialist centre. The focus is then upon how quickly patients can be repatriated following specialist treatment and how all follow up and outpatient appointments and diagnostics can then be delivered locally
- There will always be a need to be innovative and seek new solutions. People running small hospitals have to be creative. Solutions cannot simply be pulled off the shelf.
- Digital and robotics presents fresh opportunities for assessments, diagnostics and operations to be carried out remotely. This need further work but is an exciting area of medicine.

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

- A strong focus upon staff recruitment and retention is needed, as are innovative ways of staffing roles
- A key challenge is sharing specialist staff across different sites
- Communication is key and the emphasis must upon more than just what specialist services are being lost but what services are being retained or transferred across to smaller hospitals
- The pandemic has accelerated the adoption of new working practices and greater use of remote technologies for assessment and diagnostics.

County Councillor John Ennis thanked Stephen Eames CBE for attending the meeting and answering the questions of the committee members.

Resolved:-

- 1) That Stephen Eames CBE attends a future meeting of the committee to provide an update on the development of the Integrated Care System for Humber Coast and Vale.

190 Update on Esk Ward, Cross Lane Hospital, Scarborough and the CQC inspection improvement plans – Dr Tolu Olusoga, Tees Esk and Wear Valleys NHS Foundation Trust

Considered – A report by Dr Tolu Olusoga of the Tees Esk and Wear Valleys NHS Foundation Trust.

Dr Tolu Olusoga provided an overview of the progress being made with the implementation of an action plan following a recent CQC inspections and also an update on the temporary closure of the Esk ward at Cross Lane Hospital and work that is underway to re-open it.

The key points from the update on the Esk ward are as summarised below:

- Recruitment is underway to fill the vacant positions
- There remains a strong focus upon the provision of safe care
- A retention premium is being introduced
- Patients have been discharged in a managed way, with all but one going back into community care
- The mental health crisis team at Scarborough hospital has been bolstered so that people in need can still get access to services
- There is capacity at the Foss Park in-patient hospital at York to take those people who would have otherwise received care in the Esk ward
- Still on track to re-open in six months. It was noted that the Omicron variant may have an impact upon this timeframe, particularly with regard to staffing.

The key points from the update on the response to recent CQC inspections are as summarised below:

- The final report by the CQC regarding a recent inspection was published on 10 December 2021. The overall rating remains that of 'Requires Improvement'
- The CQC recognised the work that is underway to respond to the issues raised in previous inspections
- Significant progress has been made with the implementation of the improvement plan and new leadership has been brought in
- Recruitment remain a challenge across the patch
- Support staff from NHS England and NHS Improvement are assisting with the responding to the CQC report and there is also peer review in place
- It is anticipated that there will be a follow-up inspection in the spring.

There followed a discussion with the key points arising as summarised below:

- Concerns remain about how long it can take for a young people with poor mental health to access the services that they need, particularly specialist services
- Workforce issues are a common theme across all of the topics on the agenda today. There is a need for a new approach as the problems are not going away but getting worse.

County Councillor John Ennis summed up, thanking by Dr Tolu Olusoga for attending and responding to questions from the committee members.

Resolved:-

- 1) That by Dr Tolu Olusoga or Naomi Lonergan provide an update on the response to the CQC inspection at the June 2022 meeting of the committee.

191 Stroke services in North Yorkshire - Simon Cox, East Coast Programme Director, North Yorkshire Clinical Commissioning Group

Considered - a report by Simon Cox, North Yorkshire CCG, providing an update on the stroke pathway for North Yorkshire residents and feedback from the recent public engagement with patients in the catchment area of the Scarborough hospital.

Simon Cox updated as summarised below:

- Guidance suggests that Hyper Acute Stroke Units (HASUs) should be concentrated onto fewer sites and see a minimum of 600 patients per year. Historically, Scarborough and Harrogate saw far less than 600 patients per year
- In November 2021, two virtual events were held. One for people living in the Harrogate area and one for those living on the East Coast. At the Harrogate Event, no concerns about the current model were raised. At the East Coast event, questions were raised about transport times and the impact that this may have on the start of stroke care
- Acknowledge that there is still more work to be done to articulate the benefits of the new pathway and reassure people locally. This forms part of a large piece of work being done around the future of Scarborough hospital
- The results from a survey of a sample of patients who have experienced the stroke pathway in the last eighteen months is appended to the report.
- A total of 114 surveys were completed, 82.30% (93) were patients who had had a stroke or suspected stroke. 37.4% (34) patients from the Scarborough area, 57.2% (52) patients from the East Riding area. Overall, the feedback was very positive. Some concerns were raised about the length of time that people had to wait for community rehabilitation in the Scarborough area
- The key remains one of repatriation as soon as safely possible to a more local hospital
- Stephen Eames CBE made a lot of relevant points in his presentation about small hospitals
- North Yorkshire CCG, YAS, the Acute Trusts, the Stroke Network and the Stroke Association are clear that there is no viable alternative delivery model for stroke services for East Coast patients which meets the required National clinical standards.

County Councillor Liz Colling asked when the committee would receive some data on patient outcomes that would enable a comparison across the different pathways. This had previously been requested. Whilst the survey data provided some understanding of the patient experience and outcomes, more data was needed.

Simon Cox said that a performance dashboard is being developed for stroke services and more information would be provided.

County Councillor John Ennis summed up, thanking Simon Cox for attending.

Resolved:-

- 1) That Simon Cox provides data on patient outcomes following hyper acute stroke treatment to Daniel Harry to share with the committee
- 2) That the committee keeps a watching brief on the performance of the hyper acute stroke pathway for Harrogate and the East Coast.

192 Committee Work Programme - Daniel Harry, Democratic Services and Scrutiny Manager, North Yorkshire County Council

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 any areas of scrutiny for inclusion.

Daniel Harry noted that there was only one more formal meeting of the committee prior to the 5 May 2022 elections.

Resolved:-

- 1) That the committee review the work programme.

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

There was none.

The meeting ended at 12:51 pm.

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Humber Teaching
NHS Foundation Trust

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Whitby Hospital Update March 2022

OFFICIAL

Agenda Item 8



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March 2020



Proposal



September 2021

Whitby Hospital

Hospital refurbishment



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Caring, Learning
& Growing Together

[Whitby Hospital Tower Block Building Tour - YouTube](#)

Current Service Provision

All services were delivered through out the pandemic/refurbishment project including;

- Core Neighbourhood Care Services – a multi-disciplinary community team; Nurse, Physiotherapy, Occupational Therapy, Dietetics, Speech & Language Therapy and HCAs
- Specialist Services; Pulmonary /Cardiac Rehabilitation, Heart Failure, Continence care, TVN, MSK Out-patient Physiotherapy, GP OOHs Service (delivered by Vocare)



Next Steps

- Implementation of 2hr Urgent Crisis Response (UCR) Service by 1st April 2022
- Ongoing transformation of Whitby UTC

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Planning Priorities for 2022/23

- Development of Virtual Ward beds
- Embed and enhance UCR
- Optimise hospital discharge pathways
- Focus on Community Services waiting lists



Caring, Learning
& Growing Together

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Update on the Urgent & Emergency Care Development Project and other Site Development Projects at Scarborough General Hospital

Mark Steed

Director of Property & Asset Management

Summary

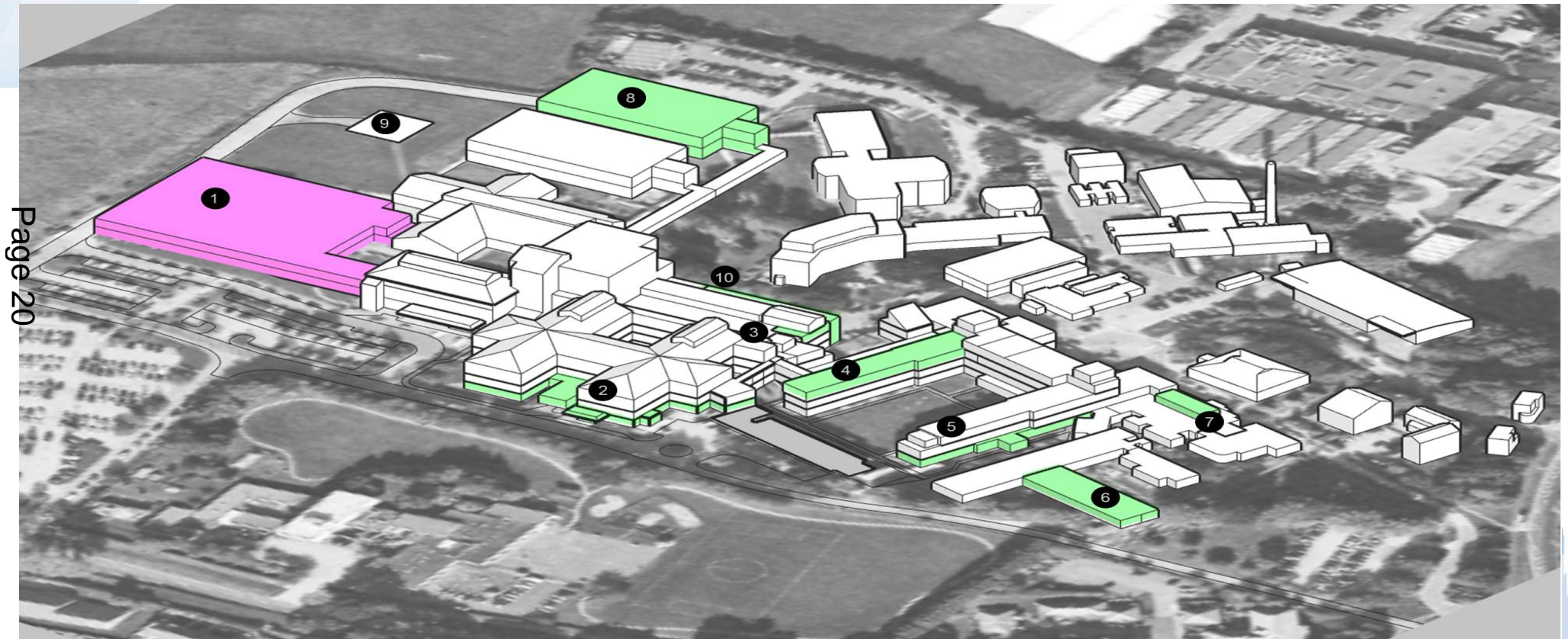
- An update on the UEC, Critical Care & engineering infrastructure project at Scarborough General Hospital
- An update on other capital investment projects at Scarborough General Hospital
- Q&A



The UEC Project's focus:-

- A new building to provide:
 - combined Emergency Department, Same Day facilities and Acute Medical Unit (Roughly 3,000 metres sq footprint)
 - Combined level 1, 2 and 3 Critical Care facilities Roughly 3,000 metres sq footprint)
- Engineering infrastructure investment to support the new building, improved site resilience and flexibility for expansion to support future developments at Scarborough General Hospital
- A total of £47m investment in Scarborough General Hospital.

Site Development Plan



The project sits within the SGH SDP and YTHFT's Estate Strategy

Project Funding

- Central Government funding plus some Trust and ICS funding.
- Due to the scale and value of the scheme we are obliged to follow HM Treasury and NHS England / Improvement Business Case guidelines and processes.
- Three business case process required – **Strategic Outline Case ('SOC')**, **Outline Business Case ('OBC')** and **Full Business Case ('FBC')** – sequentially and with Trust Board and NHSEI / DHSC approvals at each stage.
- SOC & OBC now approved and FBC completed an awaiting approval by DHSC and NHSEI.

Procurement Arrangements

- The selected procurement strategy is a Department of Health and Social Care construction framework called Procure 22 (OJEU compliant).
- The appointed Principal Supply Chain Partner from the framework is Integrated Health Projects ('IHP'), which is a partnership between Sir Robert McAlpine and Vinci and a very robust and leading construction partner (www.ihprojects.co.uk).
- We have been working with IHP for over 12 months now and have produced both detailed design and specification information and the FBC.

Progress to Date & Next Steps

- SOC completed and approved by Trust BOD September 2019.
Approved by NHSEI April 2020.
- OBC completed and approved by Trust BOD in October 2020.
Approved by NHSEI March 2021.
- FBC was developed between January 2021 and November 2021.
The Trust BOD approved it in December 2021 and DHSC/NHSEI approval is expected in March 2022.
- Enabling work is now underway and full construction to start April 2022 (subject to FBC approval)
- Forecast completion Q3 2023-24.
- Circa 10 months' improvement on original programme.



Project Key Milestones

	Description	Key Dates
1	SOC approval letter received	End April 2020
	<ul style="list-style-type: none"> 5 options reduced to 4 options (Preferred Way Forward) to be taken forward to OBC 	
2	OBC approval letter received	12 March 2021
	<ul style="list-style-type: none"> 4 options reduced to 1 option (Preferred Option No 4) to be taken forward to FBC central approval expected 	End April 2021
3	FBC to Trust Board for approval	22 December 2021
	<ul style="list-style-type: none"> finalising and detail of Preferred Option central approval expected 	End March 2022
4	Construction phase	Jan 2022 to Nov 2023
	<ul style="list-style-type: none"> Commissioning and handover Fully in use 	Nov 2023 to Jan 2024 Jan 2024

Critical Care



York and Scarborough
Teaching Hospitals
NHS Foundation Trust

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DEPARTMENT KEY:

- AMM Staff (AMS)
- Care Grp 2 **Desp** (CG2)
- Care Grp 3 ICU **Desp** (CG3)
- Circulation (CHP)
- Circulation - Departmental (CDF)
- Entrance & Wait (ENT)
- Plant (PLT)
- Reliefs (REL)
- Staff (STP)
- Support (SPP)
- Vertical Circulation (VRC)

DEPARTMENT AREA SCHEDULE -FIRST FLOOR

Department	Area
AMM Staff (AMS)	282.67
Care Grp 2 Desp (CG2)	535.84
Care Grp 3 ICU Desp (CG3)	495.95
Circulation (CHP)	140.56
Circulation - Departmental (CDF)	625.78
Entrance & Wait (ENT)	183.58
Plant (PLT)	46.81
Reliefs (REL)	70.03
Staff (STP)	286.38
Support (SPP)	227.99
Vertical Circulation (VRC)	146.76
Grand total: 40	2937.14

Concept Elevation View to existing Hospital entrance

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View of Proposed UEC Entrance



Concept Elevation View of Ambulance Drop Off Area



York and Scarborough
Teaching Hospitals
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Concept Interior View Main Entrance Reception & Wait



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Concept Interior View Emergency Dept. Cubicle



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Teaching Hospitals
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Other Site Development Projects

- New helipad for air ambulances and air sea rescue services
 - Circa £500k investment
 - Funded by the HELP Appeal - external charity that focusses on funding helipads
 - Complete and in use for daytime landings
 - Civil Aviation Authority compliant
 - Will enable a greater range of helicopters to land and will also facilitate night landings for the first time.



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New Helipad at Scarborough General Hospital

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Other Site Development Projects at Scarborough General Hospital

- New Changing Places facility
- Upgraded north entrance to the hospital
- Ward refurbishment
- Facilities for mobile diagnostic units (e.g. PET CT, which is a new service at the hospital)
- Backlog maintenance, including roof and window replacement, ventilation system upgrades and car park resurfacing
- New mortuary in early design stages



**York and Scarborough
Teaching Hospitals**
NHS Foundation Trust

Questions & Answers



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**NORTH YORKSHIRE COUNTY COUNCIL
SCRUTINY OF HEALTH COMMITTEE
11 March 2022
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 Areas of Involvement and Work Programme

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

4.0 Recommendation

4.1 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
3 March 2022

NORTH YORKSHIRE COUNTY COUNCIL
Scrutiny of Health Committee – Work Programme 2022
Version – 3 March 2022

	17 Dec	28 Jan	11 Mar	22 Apr	17 Jun	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.	✓		✓		✓		28 June committee to focus upon: the learning from the pandemic and how this has shaped the development of services, such as primary care, outpatients, screening and diagnostics, and remote technologies
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
6. Report by West Yorkshire Joint Health Scrutiny Committee on the Nightingale Hospital, Harrogate.					✓		County Councillor Jim Clark to present to the committee
7. Response to workforce pressures within health and social care							Review of current workforce pressures across the health and social care system and the response to them – 9 September 2022
8. Pharmaceutical Needs Assessment							Review draft PNA and explore the wider role that pharmacies have to play in the local community as a first point of contact – date TBC
Local Service Developments							
1. Harrogate and Rural Alliance - Adult Community and Health Services						Y	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. Hyper acute stroke services for the North Yorkshire population	✓		✓			Y	Briefing on patient outcomes to include average repatriation times
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 and subsequent re-inspections – June 2022
8. Temporary closure of the Esk ward at Cross Lane Hospital	✓						Update on restoration of services – TEWV to brief Chairman ahead of March 2022 committee
9. Catterick Integrated Care Campus project						Y	Referred to the Richmond (Yorks) ACC to lead
10. Review of urgent care pathways in the Vale of York CCG area							Project start deferred 18 months to mid-2023 due to covid-19 service pressures
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
3. Overview of Public Health commissioning, provision and budget planning					✓		

Meeting dates

Scrutiny of Health Committee – 10am	11 March 2022	17 June 2022	9 September 2022	16 December 2022	10 March 2023
Mid Cycle Briefing – 10.00am*	22 April 2022	22 July 2022	4 November 2022	20 January 2023	21 April 2023

*Mid Cycle Briefings are attended by the Chair, Vice Chair and Group Spokespersons only.

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.