

## Agenda

### Notice of a public meeting of **Scrutiny of Health Committee**

**To:** **Councillors Liz Colling (Vice-Chair),  
Caroline Dickinson, Richard Foster, Sam Gibbs,  
Nathan Hull, Peter Lacey, Andrew Lee (Chairman),  
John Mann, Rich Maw, Heather Moorhouse,  
Andrew Murday, David Noland, Clive Pearson,  
Andy Solloway and Nick Brown.**

**Date:** **Friday, 8th September, 2023**

**Time:** **10.00 am**

**Venue:** **Brierley Room, County Hall, Northallerton, DL7 8AD**

Members of the public are entitled to attend this meeting as observers for all those items taken in open session. Please contact the Democratic Services Officer whose details are at the foot of the first page of the agenda if you would like to find out more.

This meeting is being held as an in-person meeting.

Recording is allowed at County Council, committee and sub-committee meetings which are open to the public, please give due regard to the Council's protocol on audio/visual recording and photography at public meetings, a copy of which is available to download below. Anyone wishing to record is asked to contact, prior to the start of the meeting, the Democratic Services Officer whose details are at the foot of the first page of the Agenda. We ask that any recording is clearly visible to anyone at the meeting and that it is non-disruptive. <http://democracy.northyorks.gov.uk/>.

1. **Minutes of the Meeting held on 16 June 2023** **(Pages 3 - 8)**
2. **Apologies for Absence**
3. **Declarations of Interest**  
All Members are invited to declare at this point any interests they have in items appearing on this agenda, including the nature of those interests.
4. **Chair's Comments**
5. **Public Questions or Statements**  
Members of the public may ask questions or make statements at this meeting if they have given notice to Christine Phillipson, Principal Democratic Services and Scrutiny Officer (contact details below) no later than midday on Tuesday 5 September. 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

- 6. Hyper Acute Stroke Services for the North Yorkshire population. (Pages 9 - 22)**  
An update on the Hyper Acute Stroke Pathway from Paul Willcoxon, Lead Clinician, Stroke Services, Darren Fletcher, Senior Operational Manager and Neil Wilson, Head of Partnerships and Alliance, York & Scarborough NHS Foundation Trust.
- 7. Urgent Care Delivery in York and The East Coast. (Pages 23 - 30)**  
A progress update for the Committee on the emerging integrated model and the next steps now underway following the Covid pause from Lisa Pope and John Darley, Humber & North Yorkshire Integrated Care Board.
- 8. North Yorkshire Place and Planning Infrastructure. (Pages 31 - 42)**  
A presentation around NHS Infrastructure and North Yorkshire Planning to understand how the process's align and interact.  
Linda Marfitt, Acting Head of Place-shaping & Economic Growth and Tracey Rathmell, Executive Officer Policy and Place and Acting Executive Officer Housing Delivery & Strategic Sites, North Yorkshire Council.  
Lisa Pope, Stephanie Porter and Neil Lawrence , NHS Humber & North Yorkshire Integrated Care Board.
- 9. NHS Estate Follow Up Details (Pages 43 - 44)**
- 10. Work Programme (Pages 45 - 50)**
- 11. Any Other Business**  
Any other items which the Chair agrees should be considered as a matter of urgency because of special circumstances
- 12. Date of Next Meeting**  
The next Scrutiny of Health meeting is on Wednesday 13<sup>th</sup> December 2023 at 10am in the Brierley Room, County Hall, Northallerton.

**Members are reminded that in order to expedite business at the meeting and enable Officers to adapt their presentations to address areas causing difficulty, they are encouraged to contact Officers prior to the meeting with questions on technical issues in reports.**

Barry Khan  
Assistant Chief Executive  
Legal and Democratic Services

County Hall  
Northallerton

Thursday, 31 August 2023

## North Yorkshire Council

### Scrutiny of Health Committee

Minutes of the meeting held on Friday, 16th June, 2023 commencing at 10.00 am.

Councillor Andrew Lee in the Chair plus Councillors Lindsay Burr MBE, Liz Colling, Caroline Dickinson, Richard Foster, Sam Gibbs, Nathan Hull, Peter Lacey, John Mann, Rich Maw, Heather Moorhouse, Andrew Murday, David Noland, Clive Pearson, Andy Solloway and George Jabbour (substitute).

Officers present: Daniel Harry, Democratic Services and Scrutiny Manager, Christine Phillipson, Principal Democratic Services and Scrutiny Officer, Rachel Bowes, Assistant Director, Adult Social Care .

Other Attendees: Jeevan Gill, System Partnership Director and Helen Edwards, Associate Director of Communications and Community Engagement, Yorkshire Ambulance Service. Wendy Balmain, North Yorkshire Place Director, Andrew Dangerfield, Head of Primary Care Transformation and Dr Bruce Willoughby, NHS Humber and North Yorkshire Integrated Care Board.

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

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#### **251 Minutes of Committee meeting held on 10 March 2023**

That the minutes of the meeting held on 10<sup>th</sup> March 2023 be taken as read and be confirmed by the Chairman as a correct record.

Resolved – The minutes are confirmed as correct but a spelling mistake at minute no 244 was noted.

#### **252 Apologies For Absence**

Councillor Nick Brown with Councillor George Jabbour as substitute.

#### **253 Declarations of Interest**

Councillor Liz Colling declared an interest as an appointed Governor of Scarborough and York Hospital NHS Trust.

Councillor Peter Lacey declared an interest as a Director of Whole Systems Partnership who provide support for partnership and strategic development in health and care systems.

#### **254 Chairman's Announcements**

The Chair commented on the pleasing success of Airedale Hospital being accepted on to the New Hospitals Programme and referenced the support this Committee and other partners have given.

None were received.

**256 Response to Workforce Pressures Within Health and Social Care - Verbal Update, Rachel Bowes, Assistant Director, Health and Adult Services, NYC**

Considered – Rachel Bowes, Assistant Director, Health and Adult Services, NYC gave a verbal update to Members on the Response to Workforce Pressures Within Health and Social Care.

The following points were highlighted:

- OPEL level weekly and daily position
- Hospital discharge activity
- Availability of intermediate care beds
- Current vacancies
- Overseas recruitment
- Risks and opportunities.

There then followed a discussion around the following points:

Recruitment from South Africa and Zimbabwe is working well due to similar work styles, but the process is being held up somewhat by social work England.

Other Authorities are struggling also, and other areas being utilised to improve recruitment are university open days and placements. There are no issues or complaints with the overseas recruitment process, and learning is ongoing.

It was suggested that NVQ equivalent qualifications be offered to help recruit and retain staff ongoing and apprenticeship opportunities. Colleges and University relationships can be used to help to identify and highlight the rewards the industry can provide, it was acknowledged that the financial rewards were not great, but the sense of achievement and job satisfaction is a key reward.

Although recruitment is limited in certain geographical areas team placement is reviewed in order to provide staff wherever it is necessary across the area.

Description of the profession is important as apprenticeships are hard to deliver so it is important for a career path and development opportunities to be clear and achievable.

It was noted that over 50's in the area who are retired but perhaps would like to volunteer to help could be a highly valuable asset as well as the recruitment of high calibre staff with more flexible working arrangements around personal circumstances.

Resolved – The Chair thanked Rachel for the report and update and whilst the item did sit with Care and Independence and Housing Overview and Scrutiny Committee's work programme the Scrutiny of Health Committee Members will continue to have an interest in the current situation.

**257 Update on Yorkshire Ambulance Service - Jeevan Gill, System Partnership Director and Helen Edwards, Associate Director of Communications and Community Engagement, Yorkshire Ambulance Service.**

Considered – A presentation from Jeevan Gill, System Partnership Director and Helen Edwards, Associate Director of Communications and Community Engagement, Yorkshire Ambulance Service.

Jeevan gave a presentation which covered the following points:

- Recruitment
- Response times
- Hear and Treat
- Alternative approaches and support
- Control room recruitment
- Patient transport services
- Reducing delays
- Transport solutions
- Rotating paramedics
- Ambulance fleet increase
- Specific mental health vehicles
- New facilities in Scarborough
- Refurbishment of York control room

There then followed a discussion raising the following questions and discussion points:

It was noted that both Scarborough and York patient handover times were above the 15-minute target at 36 and 32 minutes respectively.

ClIr Foster noted that where rural areas saw a high influx of tourists and visitors in the summer months this needed to be reflected in an increase in the service also. Richmond ACC have requested a graph and data of response times to these rural areas.

ClIr Lacey asked if YAS was confident in staffing the additional vehicles that would be part of the fleet in the future ?

YAS staff were multi-faceted to help with mental health problems and these vehicles will help.

ClIr Solloway noted that some patient transport services were taken over by the voluntary sector and would there be forward planning for electric vehicles and other alternative methods of transport as diesel will be obsolete and those vehicles running on diesel will not be maintained.

It was confirmed that national work was under way to find a hybrid/electric solution with tests taking place currently. Response cars are also in use and are more sustainable

It was questioned whether categories 1 and 2 were defined at the point of call or revised on an ongoing basis ?.

Averages were used for reporting purposes, but extremes will always occur which may alter figures.

ClIr Mann asked about working with acute partners in relation to bed availability and talking to areas where GP's are a problem, interfacing more with primary care.

YAS are looking to improve the link with primary care with a rotation programme for staff and having GP's in the control room as well as working closely with colleagues in the Integrated Care Boards (ICB's).

It was asked if availability of services elsewhere was known when the service was under pressure and ambulances were in full demand ?

It was confirmed that the Control room can see all availability, demand, delays and back up of services. They work closely with the ICB's and hospitals on a daily basis to forward plan delivery of services. Local stations are balanced with need and demand, this forms part of the escalation plan.

Resolved – The Chair thanked Jeevan and Helen for the presentation and suggested they come to a future Scrutiny of Health meeting with a further update.

**258 Primary Care in North Yorkshire - Wendy Balmain, North Yorkshire Place Director, Andrew Dangerfield, Head of Primary Care Transformation and Dr Bruce Willoughby, NHS Humber and North Yorkshire Integrated Care Board**

Considered – A Presentation on Primary Care in North Yorkshire by Wendy Balmain, North Yorkshire Place Director, Andrew Dangerfield, Head of Primary Care Transformation and Dr Bruce Willoughby, NHS Humber and North Yorkshire Integrated Care Board.

Wendy gave an update on the Primary Care network in North Yorkshire.

This covered

- Primary Care Networks (PCN's)
- 65 practices in 14 PCN's
- The Collaborative Priorities
- Capacity and Access Planning
- Workforce

There then followed a discussion highlighting the following points

The early morning struggle for appointments still seems a problem, early morning and evening appointments would help to resolve this.

Increasing the access and ease of use of online and app consultations as well as the alternative pathways, i.e., pharmacy and optician.

Increased focus on high risk people, e.g., travelling, asylum or resettlement population.

It was discussed that the NHS should take action to rethink the whole system in light of the current circumstances.

Whilst this is not in dispute there also is an element of early education and policy making, working with Health and Wellbeing Boards as its not simply the gift of the NHS to improve all areas of delivery.

It was questioned if E Consultation was in fact a barrier and if more GP's were switching to part time contracts ?

A "full time" contract of a GP is not 5 days per week as the normal working day consists of 12 hours. The full time equivalent in terms of resource has been maintained and is growing, with more GP's in training. Some GPs that are due to retire have been approached to continue to work part time for a short time longer, helping with any shortages. International recruitment continues and is proving successful but is not an immediate solution. 7-day working is proving successful in some areas where it has been utilised, as is signposting to alternative pathways.

It was asked how much of a £240m grant the ICB is receiving ?

This would equate to £15k per practice which is not a large sum of money.

It was questioned whether there were plans to share information with Ambulance Trusts ?

This is happening and will grow particularly with health and social care elements and the Ambulance Service are able to see any relevant information.

In relation to quality of care it was noted that the use of technology was good but needed to be used correctly.

Resolved – The Chair thanked Wendy and her colleagues for the update and suggested they come back to a future Scrutiny of Health meeting.

Considered – NHS Estates Information and Detail.

Following a request from a previous committee meeting, details on the NHS Estate in the County are provided for information. Whilst this was very top line information NHS are more than happy to provide further details should Members require them.

Following a brief discussion Members felt further detailed information on properties with RAAC and Asbestos would be useful and also any maintenance issues as well as general issues within the Estate.

Resolved – These details to be requested from NHS and provided at the next meeting.

## **260 Committee Work Programme**

Considered – The Committee's work programme.

- The objective is to enable the Committee to review the work programme and make suggestions on areas of scrutiny for inclusion for the remainder of the year and prioritise accordingly.

The Committee discussed the work programme and as well as the items on the programme the following was suggested;

- The future of health services and strengthening for future changes or increases - this will be discussed with the Chair during his frequent meetings with the ICB.
- Cancer services in the County – this will also be discussed with the Chair during his frequent meetings with the ICB.

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

There was no urgent business.

The meeting concluded at 12.50 pm.

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# North Yorkshire Scrutiny of Health Committee

Friday 8<sup>th</sup> September 2023

Stroke Services- East Coast

# Background

Stroke is a devastating and all too common condition. It is a sudden brain attack, it happens every five minutes in the UK, and two-thirds of stroke survivors leave hospital with a disability.

Evidence emerged 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. London, for example, reduced to 8 from 30 centres receiving acute strokes and saw a significant improvement in mortality (see Morris 2014, Hunter 2013).

Guidance inferred that HASUs should see a minimum of 600 patients per year to provide the appropriate level of workforce expertise and critical mass of resources.

Alongside the changes in HASU care the NHS encouraged the development of Early Supported Discharge (ESD) for stroke patients. For some patients their rehabilitation may be best managed in their own homes with support from therapy and care staff.



# History

Following the national direction on HASU centralisation and staffing problems at Scarborough in 2015 the NHS introduced a new pathway for hyper-acute care. This involved patient continuing to be transferred to Scarborough for their assessment and CT scan. Those needing thrombolysis could have treatment started in Scarborough, before being transferred to the HASU in York. The model was referred to as 'drip and ship'.

The 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.

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 direct admission model in 2020 (initially on a trial basis).

The direct admission model was the nationally recognised pathway and the one implemented in Harrogate, Airedale, Barnsley and other centres across the UK. Local clinicians fully supported the change.



# Summary from the Humber, Coast and Vale ICS Hyper-Acute Stroke Review 2020/21 – Comments from National and Regional Stroke leads

## **SCARBOROUGH**

With the temporary cessation of direct admissions to Scarborough and all Scarborough patents being admitted directly to York there was much greater sense of cooperation and working together between the stroke teams at York and Scarborough with an emerging vision for what a fully integrated service would look like and how it would function.

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 Joint OSC.

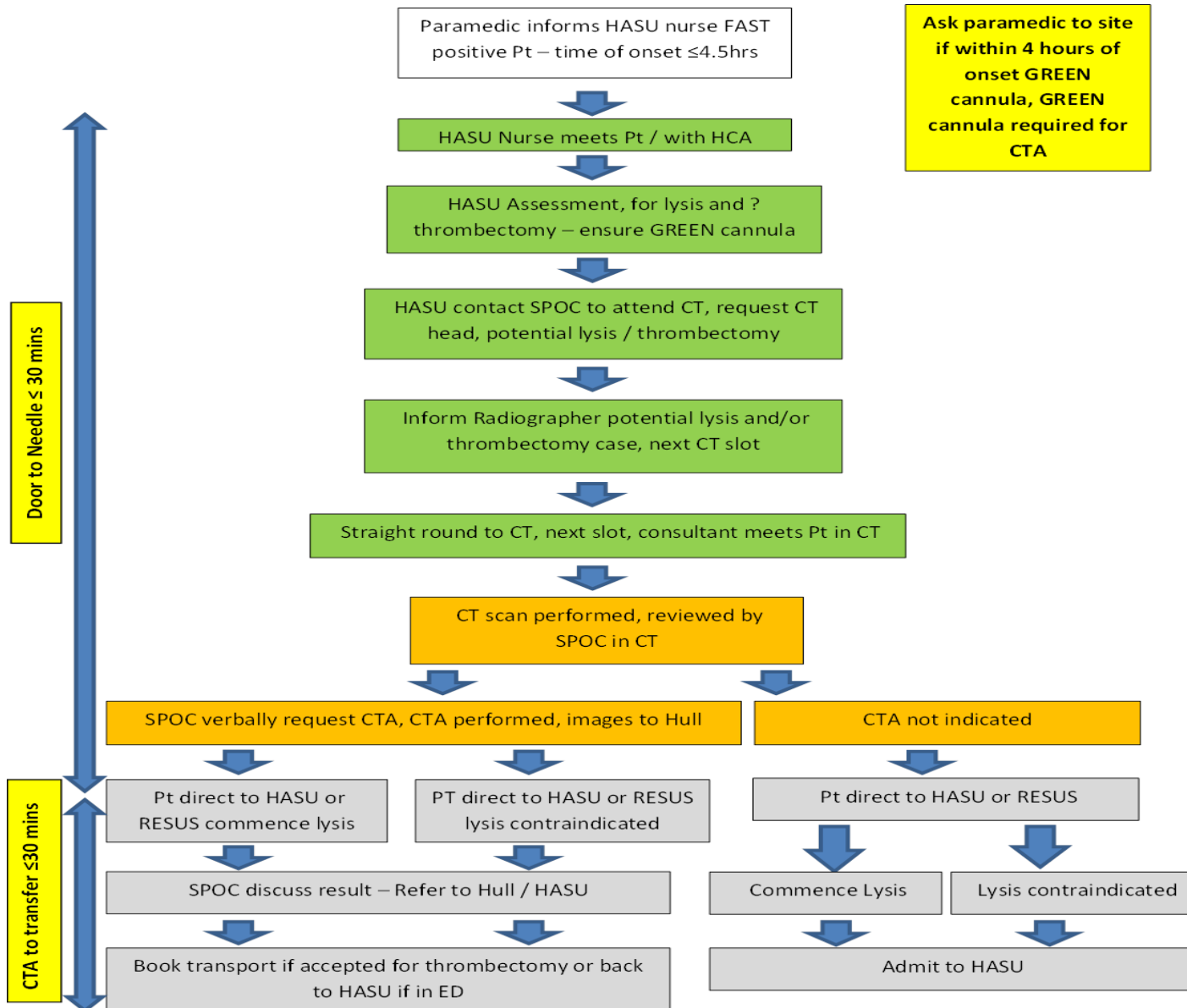
# North Yorkshire OSC Meetings, June and September 2021


- Presentation from Mr. Simon Cox , Senior Responsible Officer for Humber and North Yorkshire Integrated Care System Stroke Network on the revised service pathway for Scarborough Stroke Service shared with the OSC at its meeting in June 2021
- Following the meeting, the Committee sent a written communication to Mr. Cox saying that it was satisfied with the information presented regarding the reasons for the change and the operation of the pathway and that there was no suitable alternative
- At the OSC meeting in September 2021(recorded in the minutes), the Committee Chair stated that following careful scrutiny to the change in provision of the hyper acute pathway for the service, the Committee at its June meeting endorsed the adoption of the direct admissions model as the only viable option. This took into account NICE guidance and the outcome of the Regional review of Hyper Acute Stroke Services. The role of the Committee was now to be one of monitoring patient outcomes.

# The York-Scarborough Stroke Service

- Population >800,000 – predicted to increase over next 15 years
- One of the largest admitting services in the region
- Large, predominantly rural geographical area
- 1100+ new strokes per year, predicted to increase over the next 15 years
- 1500 TIAs clinic referrals per year
- 24/7 Thrombolysis service
- 7-day TIA clinic
- Complex referral pathways
- HASU nurse in excess of 2000 referrals per annum.

# Direct to CT Model



Denotes Scarborough postcodes 





## East Coast patients transferred to York HASU

Between January 2023 and June 2023 there were 151 instances of patients being transported between the East Coast and York with a final working impression of Stroke.

The average travel time was **54 minutes** with the shortest transfer time at **29 minutes** and the longest being **1 hour 27 minutes**.

Month	Incidence No
January 2023	21
February 2023	27
March 2023	24
April 2023	27
May 2023	23
June 2023	29

These incident counts only include patients with Full Working Impression of Stroke, so patients classified with impressions such as 'neurological problems, TIA, headache etc. are not included.

# January – June 2023 LOS and repatriations

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	Total East Coast Patients	Direct Transfer to York YAS	Direct Transfer to Scarb YAS	Self Present Scarb	Discharge to Rehab (Brid/WXC)	Died	Discharged Home/Care Home	Average LOS Ward 23 (Days)	Average LOS Rehab (Days)	Overall Average LOS (Days)
Jan-23	28	13	10	5	11	1	16	4	9	14
Feb-23	27	13	8	6	5	2	20	5	8	13
Mar-23	17	9	4	4	8	1	8	7	22	29
Apr-23	26	13	8	5	10	2	14	7	11	18
May-23	30	16	7	7	10	1	19	5	9	15
Jun-23	29	9	10	10	7	3	19	4	3	7

# Overall January – June 2023 KPI

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Area	Arrival Type	No of Patients Admitted	Time to ASU	Time to CT	Time to HASU Assess	Time to Consultant	Time to Thrombolysis
						First Contact	
Bridlington (YO15, YO16)	Scarb - Amb	15	8:04	3:47	9:56	20:51	
	Self Present Scarb	4	9:44	5:09	7:24	21:18	
	York	7	9:03	5:11	9:37	19:18	
Driffield (YO25)	Scarb - Amb	4	22:14	5:18	22:57	30:52	
	Self Present Scarb	1	127:17	125:25	120:25	139:25	
	York	4	6:10	2:31	4:34	12:07	
Filey (YO14)	Scarb - Amb	0					
	Self Present Scarb	1	0:53	0:01	3:53	0:53	
	York	9	0:30	0:14	0:00	17:28	0:37
Pickering (YO18)	Scarb - Amb	2	12:01	22:58	12:23	21:48	
	Self Present Scarb	3	12:13	3:14	14:47	19:12	
	York	23	2:59	0:43	0:06	10:58	0:17
Scarborough (YO11, YO12, YO13)	Scarb - Amb	13	15:22	3:19	14:53	20:11	
	Self Present Scarb	17	8:17	2:51	8:33	22:01	
	York	48	1:33	0:23	0:08	12:38	0:28
Whitby (YO21, YO22)	Scarb - Amb	3	15:42	4:51	18:13	19:31	
	Self Present Scarb	1	192:00	123:24			
	York	2	124:01	7:04	51:47	51:57	
Total East Coast	Scarb - Amb	37	15:22	3:56	14:29	15:28	
	Self Present Scarb	27	10:49	3:14	8:42	21:31	
	York	93	2:59	0:30	0:08	12:54	0:28
York		434	2:24	0:36	0:18	12:51	0:43

# Key messages

- A proportion of patients are still self presenting to the Scarborough site. (see previous page for breakdown of numbers)
- FAST(Face, Arms, Speech and Time) test communication to public
- Transfer and Repatriation – Ambulance transfer times to be monitored
- Workforce pressures have increased over the last few months, however now have a new locum Stroke Consultant in York and a Stroke Consultant Advert out for a York/East Coast role.
- Pressures in social care are impacting on timeliness of discharge and there is a limited ESD service. We have been unable to use Human Services Group (HSG) for reablement carers for CYC patients due to their lack of capacity. Therefore, ESD is only supported by stroke therapy.
- Where patients come direct to York via YAS, we are seeing reduction in times to scan and accessing the Stroke Unit
- How do we look after East Coast patients in the future - should they go straight to Hull for assessment? (thrombectomy/ thrombolysis then bring to York). For discussion and review in the Stroke Network

# Next steps

- Ongoing Public campaign on signs and symptoms
- Developing plans for sustainable workforce as part of ISDN(Stroke Network) workforce strategy(out to advert for Consultants - currently no applicants and now have appointed trainee Stroke specific ACPs x2 ;Rehab ward in Bridlington for East Coast Patients, Specialist Nurse led FU clinics both F2F and Telephone in Bridlington;Consultant led TIA NP/FU clinic once weekly and extra clinic monthly in Scarborough)
- Further work with Rehab centres/Social Care to improve timeliness of discharge - limited ESD and local community care provision. Single Point of Access Working Group looking to improve access to reablement services for CYC ESD patients(solutions can be applied to other geographic areas)
- Stroke Network to discuss whether stroke patients should go to Hull not York for thrombectomy
- Progress update to OSC in 12 months

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# North Yorkshire and York Urgent Care

## North Yorkshire Scrutiny of Health Committee

8<sup>th</sup> September 2023

- In January 2023 the government released a ‘delivery plan for recovering urgent and emergency care services’ post the Covid-19 pandemic.
- Expanding care outside of hospital is one of the key aspects of the plan – specifically an increase in referrals to and utilisation of urgent care services in Winter 2023/24 and an increase in the transfer of patients from ambulances directly to community based services.
- In the development of all services we take into account the delivery requirements of the 10 high impact initiatives (published by NHSE in July 2023).
- North Yorkshire is a complex geography with variation in population needs and health inequalities across our different communities. We consider all of these factors when designing access to local services.
- In North Yorkshire we are working to transform our current, complex, system and develop a range of options to manage the flow of patients through our emergency departments (ED).
- We will do this by implementing a single integrated urgent care specification, locally delivered, which is simple to navigate and easy to access.
- Urgent Care does not operate in isolation so we are developing a range of service models across our system to provide better access and reduce the need for hospital attendances and admissions.





## Unwell? Choose well



### Self Care

Minor ailments should be treated at home

Minor cuts and grazes  
Minor bruises  
Minor sprains  
Coughs and colds



### Pharmacy

Local expert advice

Minor illnesses  
Headaches  
Stomach upsets  
Bites & stings



### NHS 111

Non-emergency help

Use NHS 111 online if you're unsure what service you need



### GP Practice

A skilled team of medical professionals

Lasting symptoms  
Chronic pain  
Long term conditions  
New prescriptions



### Urgent Care

Urgent Treatment Centres

Breaks & sprains  
x-rays  
Cuts & burns  
Fever & rashes



### A&E or 999

For emergencies only

Choking  
Chest pain  
Blacking out  
Serious blood loss

If you can, use online services in the first instance



### Mental Health

### For urgent mental health help

Text "SHOUT" to 85258 for free from a UK mobile network or scan the QR code to find a local helpline



- All parts of the health and care system provide urgent care to a degree.
- Urgent treatment centres (UTCs) provide **urgent but non-emergency** medical help.
- **Urgent treatment centres are clinically led** by doctors (sometimes GPs) working with nurses to deliver the service.
- **UTCs can diagnose and deal with many of the common problems that people go to A&E with including:**
  - sprains and strains
  - suspected broken bones
  - injuries, cuts and bruises
  - stomach pain
  - breathing problems
  - vomiting and diarrhoea
  - high temperature in children
  - mental health concerns

## Urgent treatment centres:

- York
- Whitby
- Scarborough
- Malton
- Selby
- Northallerton

## Emergency Departments:

- York
- Harrogate
- Scarborough

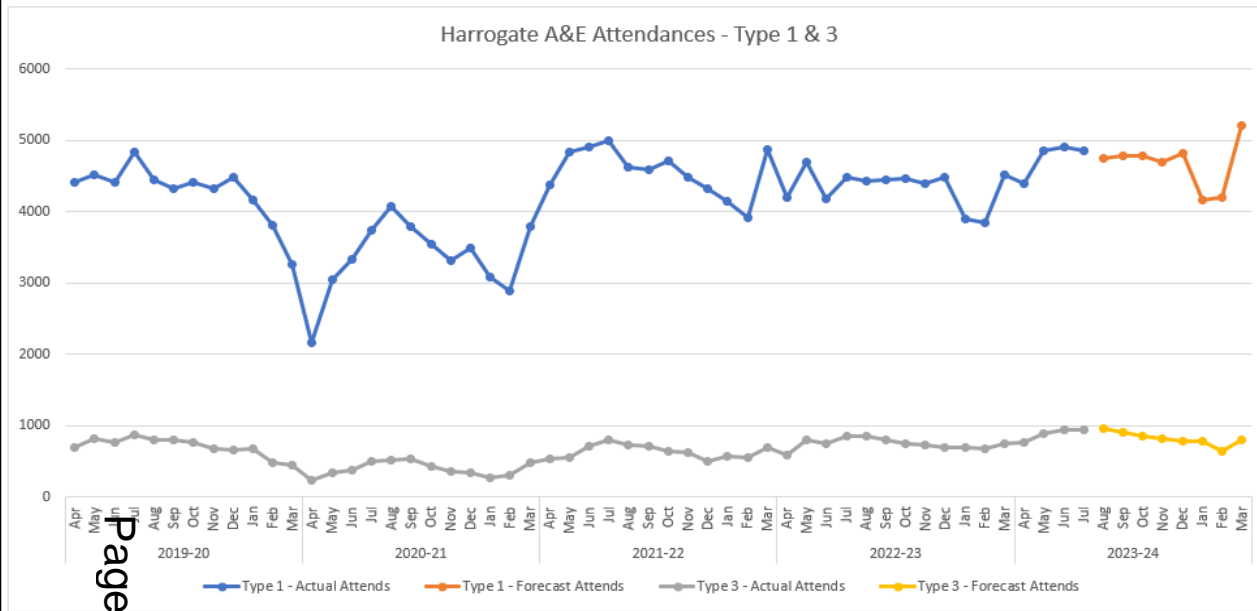
## Minor Injury Unit (MIU):

- Ripon (new operating model in development)

UTCs*	Operating hours
York	16hrs per day walk in
Whitby	12hrs per day walk in
Scarborough	24/7 walk in
Malton	12hrs per day walk in
Selby	12hrs per day
Northallerton	24/7 walk in
Ripon (MIU)	12hrs per day walk in - injury service only
*All centres also have GP Out of Hours on-site	

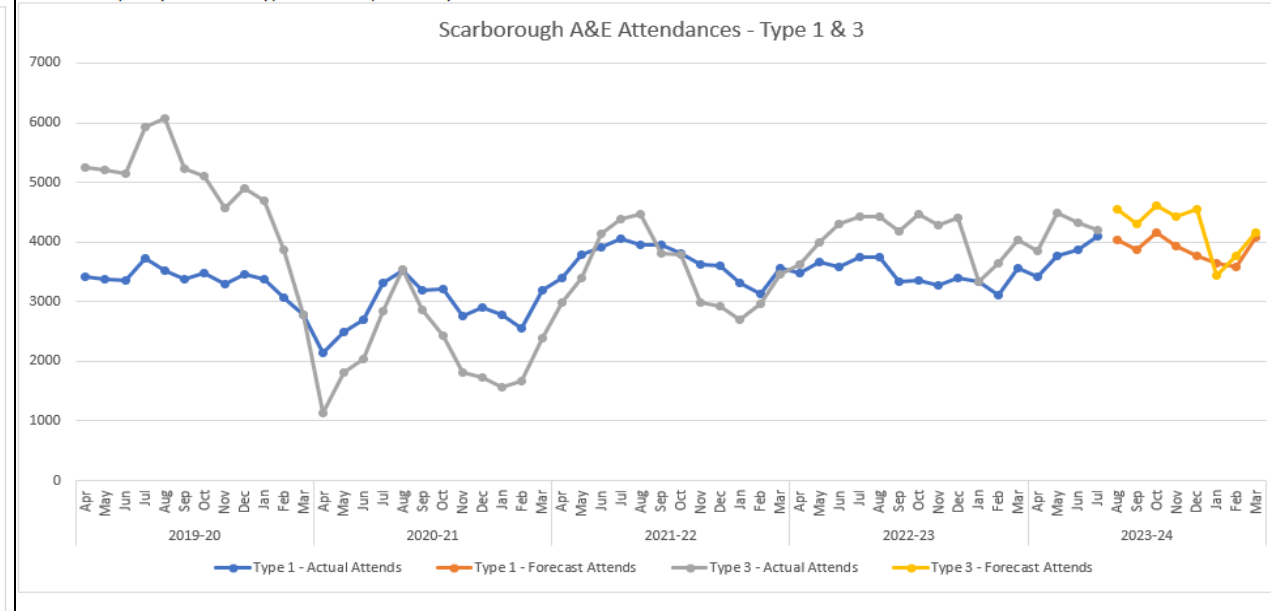
# Emergency Department and UTC Activity 2019/20 to 2023/24

Harrogate includes Ripon Type 3



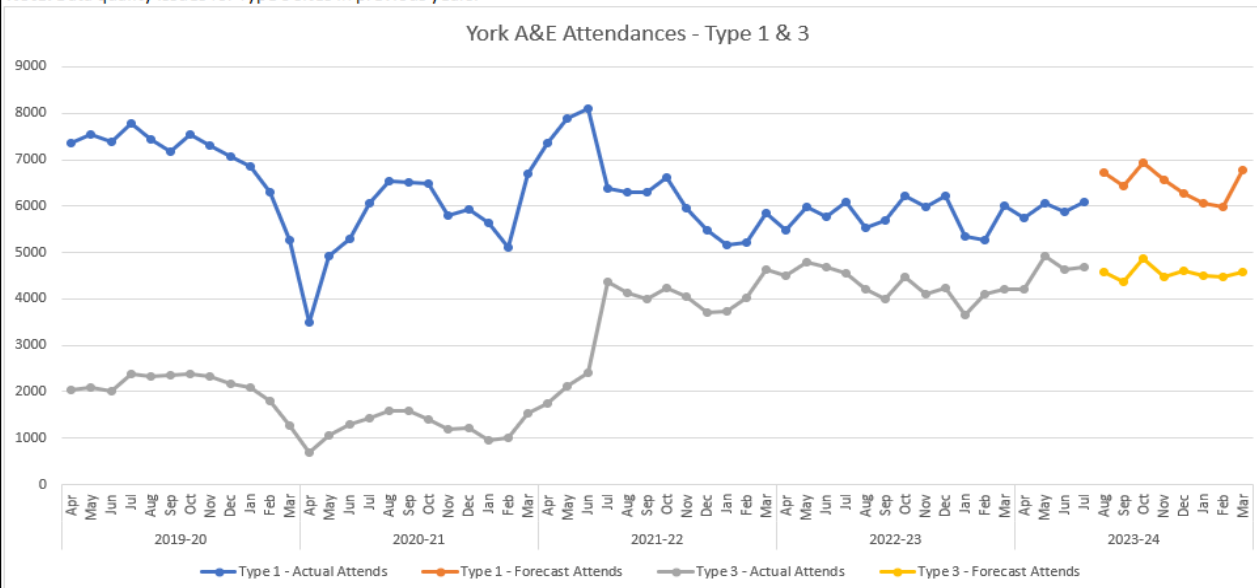
Scarborough site including Bridlington and Malton Type 3

Note: Data quality issues for Type 3 sites in previous years.



York site including Selby Type 3

Note: Data quality issues for Type 3 sites in previous years.



- **Graphs show activity demand for ED (Type 1) and UTC (Type 3) between 2019/20 and 2023/24**
- Post Covid-19 there has been a **steady increase in demand for both ED and UTC** provision across North Yorkshire
- **A marked increased in the acuity of patients** presenting via both ambulance and walk in is directly impacting on flow and 4hr ED performance at all sites
- Harrogate data includes Ripon MIU
- York data includes Selby UTC
- Scarborough data includes Bridlington and Malton UTCs

We have made significant progress implementing a new model of urgent care which will address the challenges of provision, demand and access ahead of this Winter. These include:

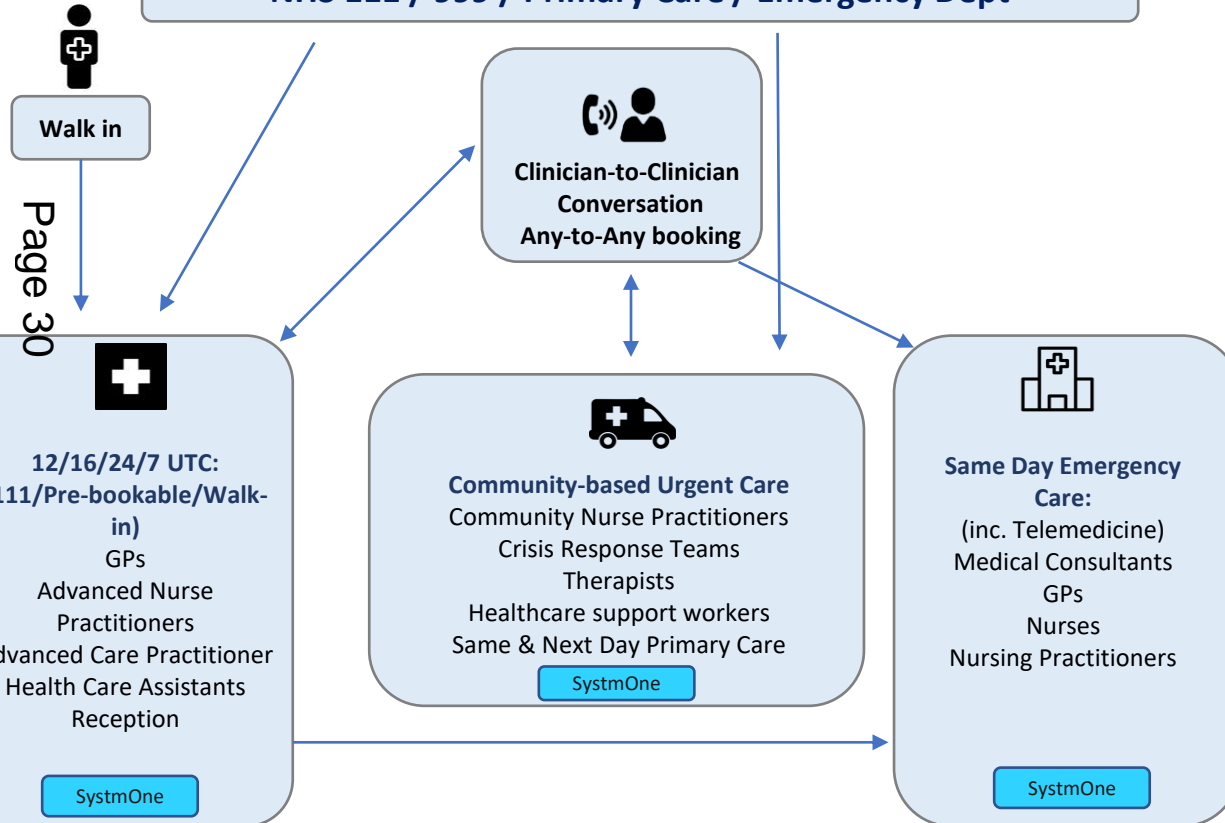
- **The North Yorkshire and York Urgent Care Board and the North Yorkshire and York Integrated Urgent Care (IUC) Redesign and Procurement Groups have been established.** These oversee the delivery of winter planning, implementation of new service models and operational oversight on system performance to provide operational resilience.
- **Working with key providers** across York and Scarborough to increase staff resilience across the Trust footprint in both GP Out Of Hours services and the Urgent Treatment Centres ahead of this winter.
- **To support the timely ambulance handovers we have commissioned CIPHER to provide a cohorting service 24/7** at Scarborough and York Hospitals until 31<sup>st</sup> March 2024.
- **A new Emergency Department (1<sup>st</sup> phase) opened at York hospital** in July 2023
- **Improvement of the Emergency Department at Scarborough hospital** in progress and planned to open in April 2024
- **Improving staffing resilience at Selby UTC in place** for this winter
- We have **created 213 additional roles to provide additional capacity in primary care** and support increases in same day and next day urgent care demand. Types of roles include Mental Health Support Workers, Social Prescribers and Physiotherapists.
- Refreshed system **escalation plan operating across North Yorkshire and York to improve how the whole system responds** to surge in demand and provides mutual aid and support where and when it's needed.
- Design and implementation of a new 24/7 service specification from April 2024 which delivers a **consistent patient offer (see slide 8 below).**

Urgent Care transformation sits within the context of wider system developments and is particularly co-dependant on Community Services. In place for Winter 23/24 are:

- **New intermediate care model** is currently being developed in partnership with NYC and is starting to reduce the number of people **not meeting the criteria to reside in acute hospitals** as well as impacting on long term care outcomes.
- **Strengthened Home First capacity** based on reablement and therapy working in an integrated approach is supporting more hospital discharges, including a new joint Home First team in Hambleton and Richmondshire.
- **In-reach therapy from community providers into 24 intermediate care beds** in NYC residential facilities allows appropriate patients to come out of hospital more quickly and is allowing them to return home at the end of their stay.
- **42 new Virtual Ward beds are now in place through partnerships between acute and community services.** Work is underway to build clinical expertise, strengthen consultant and GP medical oversight, extend bed numbers and promote use of the service.
- **2 hour 8am – 8pm urgent crisis response services** delivered through all 3 community providers across 9 clinical specifications; **trajectory of 513 patients** per month on target for delivery by winter 2023/24.
- Expansion of **Hospital at Home services** and **community transport** schemes to support discharge, and ongoing programme of investment in partnership with VSCE services.
- **Immedicare** telemedicine service in place in 79 care homes across North Yorkshire providing urgent care advice.

## Emerging future model: Integrated Urgent Care

NHS 111 / 999 / Primary Care / Emergency Dept



We aim to have a fully integrated urgent care service with local GPs, Yorkshire Ambulance Service, NHS111 and other providers in place by 1st April 2024. This will mean:

- A mutually agreed, mutually 'owned' joint model between primary, urgent and community care.
- 'Handover' rather than 'handoff' of patients and their care and signposting to the most appropriate place for patients to be seen.
- Removal of duplication and overlaps between services.
- A locally GP-run clinical assessment service 24/7 for all potential referrers including YAS – enabling GPs to have access to same day emergency care (SDEC) and speciality care clinical decision making.
- New working models / direct access with SDEC units.

# Scrutiny of health meeting

8 September 2023

# Agenda

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1. An introduction to securing new health infrastructure through the planning process
2. How this works in practice: The role and input of the Integrated Care Board (ICB)
3. Opportunities through the new Local Plan for North Yorkshire
4. Questions and discussion



# Planning for Health



# Policy context



Policies to deliver infrastructure  
General and/or site specific  
Site wide development frameworks or  
parameter plans



Prepared in consultation with  
infrastructure providers  
Sets out what infrastructure is needed,  
when and who delivers/pays for it

# Developer contributions

## Community Interest Levy (CIL)

- Fixed flat rate
- Does not apply across the whole of NYC
- Supports infrastructure delivery generally

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## S106\*

- Negotiated settlement
- Delivers development specific infrastructure
- Fairly & reasonably related to scale of development
- Necessary to make the scheme acceptable

\*of the Town and Country Planning Act, 1990

## The North Yorkshire ICB Approach

- North Yorkshire has been working with the 7 boroughs and district councils successfully for years to manage the impact of planning developments and decisions.
- We have established an innovative and proactive approach to capital planning and estates. This includes working closely with system partners to horizon scan and mitigate health care impact linked to future developments and population needs.
- We hold a comprehensive pipeline of out of hospital estates issues and upcoming developments across housing and other areas which is reviewed at our Capital Planning and Estates Group (CPEG) monthly.
- We have nominated senior leadership and locality leads where estates are incorporated as part of their core functions.
- We also have a dedicated planning officer who monitors developments and makes applications for appropriate funding.
- The ICB is working with colleagues through the new single council, both strategically and operationally, to explore options for utilising estate across North Yorkshire and support delivery of integrated models of care.
- **The relationships formed through this approach are key to our success.**

## ICB application process for capital

- Make appropriate response to housing developments (>10 units in Scarborough and > 25 units in HaRD) and care home developments
- In response, establish if there is existing capacity at GP practices within a 2 mile radius of the proposed development
- Where there is no capacity:
  1. Establish the expected population increase as a result of the proposed development (the number of proposed houses x the average occupancy per house based on census information)
  2. Calculate the primary care space required to mitigate against the development (using national planning tool)
  3. Generate a financial value based on the space requirement:
    - space x new build cost per m<sup>2</sup>
    - Or, space x extension cost per m<sup>2</sup>
- Funding is, and can only be used, to increase primary care floor area to mitigate against the increased population
- Developers pass funding over to NYC to hold until ICB has a defined scheme
- Any unused capital would be returned to the developer
- The support of the council through this process is key to the securing the resources required for our population needs

## Capital requests secured

Work is underway to finalise proposals to extend primary care floor area in the following places:

### **Scarborough = £586k**

- 13 separate developments across Eastfield, Scalby, Burniston, Newby and Osgodby. Directly affects multiple GP practices

### **Filey = £66k**

- 2 separate developments in Filey affecting the GP practice there, and possibly Hunmanby Surgery too

### **East Ayton, Seamer and Hunmanby = £138k**

- 5 separate developments across these areas

### **Knaresborough = £115k**

- 2 schemes affecting all 3 GP practices in Knaresborough at Halfpenny Lane and Wetherby Road Extra Care facility

### **Harrogate = £254k**

- 2 separate developments at Kingsley affecting Mowbray Square Medical Practice and Grove Park Court

### **Whitby = £53k**

- 3 separate schemes directly affecting Whitby Group Practice, at High Stakesby Road, Green Lane and The Garth

**Total = £1.2m capital secured across North Yorkshire to mitigate against approved developments**

## Pipeline capital requests submitted

### West Harrogate = £2.4m

- As part of the West of Harrogate parameters plan. 2,000 houses, population increase expected of 5,750 people

### Ripon = £1.5m

- The redevelopment of Claro Barracks. 1,300 houses, population increase expected of 2,990 people

### Norton Lodge, Malton = £792k

- Land Adjacent To Norton Lodge, Beverley Road. 672 houses, population increase expected of 1,613 people

### 12 other developments = £544k

- Separate housing developments across the Harrogate & Rural District and Scarborough Ryedale places

### West Ayton = £113k

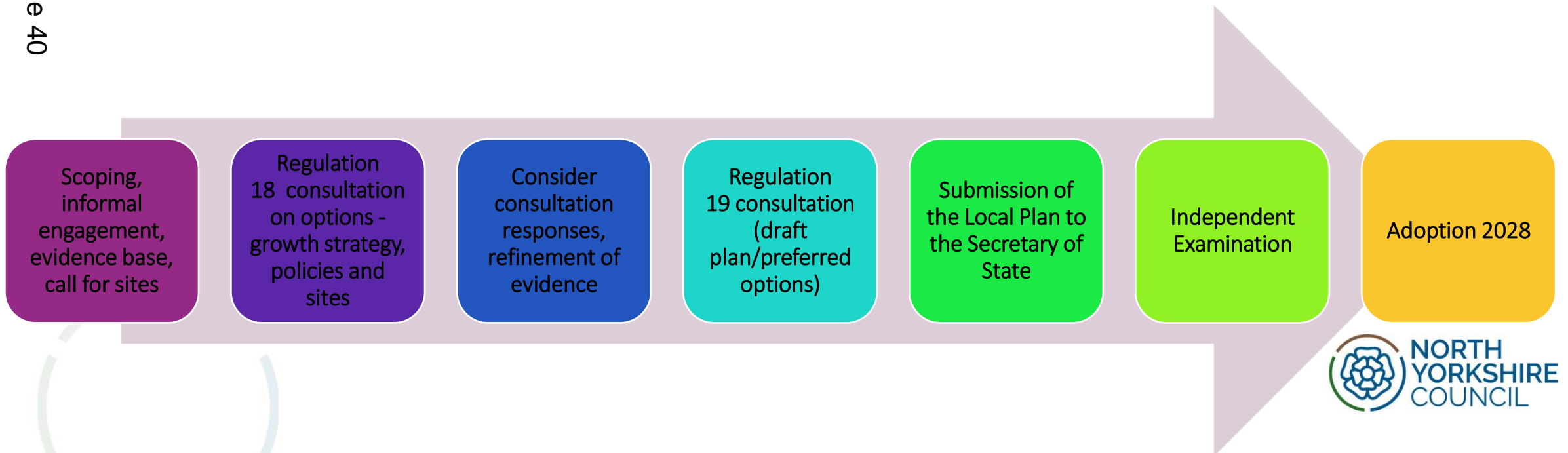
- 4 separate developments across East Snainton, Seamer and East Ayton in response to proposed housing developments

**Total = £5.35m capital requests submitted across North Yorkshire**

# A new Local Plan for North Yorkshire

- Full local plan for the whole area (vision, strategic objectives, growth strategy, development management policies, monitoring)
  - Minimum 15 Years
  - National Planning Policy Framework
  - Local Evidence including Infrastructure Delivery Plan & Whole Plan Viability Assessment
- Early engagement with infrastructure providers & other key stakeholders is key**

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# Key issues for the new local plan

## A New Sustainable Growth Strategy

Linking to other key strategies & evidence

Large plan area – local focus

Economic & housing growth ambition

Key economic centers & drivers

Places that work for people

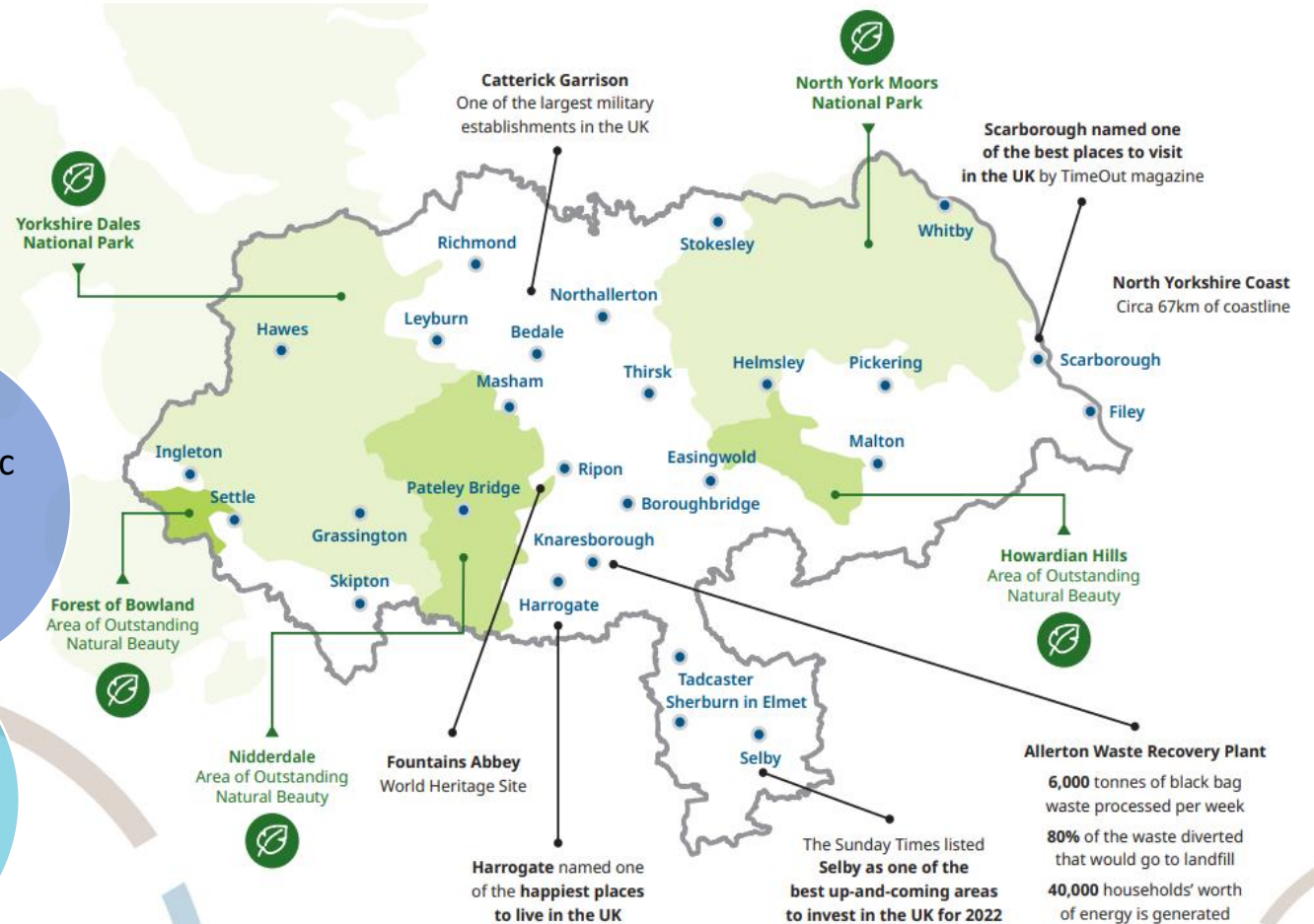
Climate change

Infrastructure opportunities & constraints

Design codes

Natural & built environment

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# The new Local Plan - opportunities for Health

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Recommend a **specific Health policy** in emerging LP. To help avoid confusion for members and service providers limit and challenge from applicants

**Planning and Health – cutting themes:** Walkable neighbourhoods; provision of sports, landscape and open space; children's play areas; active and sustainable travel in new developments; lifetime home design; etc.

**Engagement throughout the plan making process:** Members, other NYC services and external health service providers (e.g., ICB, NHS)

Need to **identify where new health facilities are required** across the geography, add these to the Local Plan so land is secured for long term projects.

## NHS Estate Update

Further Details from NHS Estates following the Committee's discussion at the last meeting where Members felt further detailed information on properties with RAAC and Asbestos would be useful and also to highlight any maintenance issues as well as general issues within the Estate.

### **RAAC**

All Trusts and NHS Property Services have undertaken survey work and identified any RAAC and funding and plans are in place for removal of RAAC. A full list from public sources is below with the two North Yorkshire sites highlighted.

All general practices were recently asked to review their premises for RAAC.

### **List of NHS hospitals "made nearly exclusively" of RAAC:**

- Queen Elizabeth Hospital, King's Lynn
- Leighton Hospital
- James Paget Hospital
- Frimley Park Hospital
- Hinchingsbrooke Hospital
- Airedale Hospital
- West Suffolk Hospital

### **Other NHS hospitals and health centres affected:**

- Arthurs Hill Clinic
- Broomfield Hospital, Building 60
- Blackpool Victoria Hospital, Block 44 and Block 8
- Southampton General Hospital Laboratory and Pathology Block
- Bassetlaw and District General Hospital mental illness buildings and theatres 1-4
- Kidderminster Hospital Block A
- Scarborough General Hospital pathology, pathology link corridor, theatre, attic, plant room, and north/south block link corridor.
- Royal Blackburn Teaching Hospital Level 4, R14 and R15
- The Royal Oldham hospital roof and The Salford Royal Turnberg building
- Haywood Hospital
- Aintree University Hospital Tower block plant rooms, main kitchen, Clinics A, B, C, D, and F, Domestic services centre, imagine department, Ward 6, Theatre A plantroom/recovery, pre-op
- Haverhill Health Centre
- Warren Farm Health Centre

### **Asbestos**

Asbestos may be present in any building constructed prior to 2000. The approach employed is that an asbestos survey should be completed in buildings prior to that date by an appropriately qualified specialist firm. The survey sets out any known or suspected asbestos and a management plan is put in place to monitor, manage and/or remove any asbestos identified. If the asbestos is encapsulated and a low risk the plan may be to manage, but then a regular cycle of checks is required to ensure that there has been no damage and that the level of risk has not changed. All health facilities should have an asbestos report and where necessary an asbestos management plan.

In addition to the routine activity above a pre-construction survey is required if any building works are to be undertaken to fully understand the asbestos in the facility and develop an appropriate plan for its management and/or removal as part of the works.

## Maintenance

Reporting on maintenance issues is undertaken in different ways by different parts of the health system. The acute and community Trusts provide an annual return about their estate which is called Estates Returns Information Collection (ERIC). [Estates Returns Information Collection - NHS Digital](#)

There are detailed definitions which break out the levels of backlog maintenance on a risk adjusted basis.

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/148143/Backlog\\_costing.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/148143/Backlog_costing.pdf)

In general practice and NHS Property Services properties, the approach is generally based on maintaining buildings to be statutorily compliant e.g. annual gas survey, 5 yearly electrical survey and to meet condition 'B' which means buildings are in a safe and useable condition. Surveys are undertaken periodically to check the condition and to highlight works that are required, and ideally a programme of planned maintenance to ensure the building is adequately maintained. Due to the multiple ownership models in primary and community care there is no routine reporting in the same way as Trusts.

Karina Dare  
Primary Care Estates Strategy Lead

**North Yorkshire Council**  
**Scrutiny of Health Committee**  
**8 September 2023**  
**Work Programme 2023/2024**

**1.0 Purpose of Report**

- 1.1 This report invites Members to consider the Committee's Work Programme for 2023/2024, considering the outcome of discussions on previous Agenda Items and any other developments taking place across the County.
- 1.2 The Work Programme schedule is enclosed at 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 dates and Mid-Cycle Briefing dates for 2023/2024**

**3.1 Committee Meetings**

- Friday 8<sup>th</sup> September 2023 at 10.00 a.m.
- Wednesday 13<sup>th</sup> December 2023 at 10 a.m.
- Friday 8<sup>th</sup> March 2024 at 10 a.m.

**3.2 Mid Cycle Briefing Dates**

- Friday 3<sup>rd</sup> November 2023 at 10 a.m.
- Friday 19<sup>th</sup> January 2024 at 10 a.m.

- 3.3 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.

**4.0 Recommendation**

- 4.1 The Committee is asked to confirm, comment, or add to the areas listed in the Work Programme Schedule as appropriate.

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22 August 2023

**NORTH YORKSHIRE COUNCIL**  
**Scrutiny of Health Committee**  
**Committee Work Programme 2023/24**  
**Dated: 9 August 2023**

**Meeting dates**

- Scheduled future Committee Meetings: 10am on 16<sup>th</sup> June, 8<sup>th</sup> September, 15<sup>th</sup> December
- Scheduled mid cycle briefings: 21<sup>st</sup> July, 3<sup>rd</sup> November, 19<sup>th</sup> January 2024 via Teams

Meeting	Subject	Aims/Terms of Reference	Report
<b>10 March 2023</b>	DPHAR	Summary of Director of Public Health's Annual Report	Louise Wallace
	Preventative Prescribing	Alternative Social Prescribing – to be taken offline with Cllr Haslam and Louise Wallace.	Louise Wallace
	CAMHS	Mental health enhanced community services	Brian Cranna, Care Group director, NY, York & Selby Care Group
	Changes to sexual health service in North Yorkshire	Report on first 9 months of new service	Emma Davis, HAS, NYC
<b>16 June 2023</b>	YAS	Update on Yorkshire Ambulance Service	Jeevan Gill & Rod Barnes, Chief Exec, YAS
	Primary Care in North Yorkshire  NHS Estate	  Understanding of property portfolio	Wendy Balmain Andrew Dangerfield and Dr Bruce Willoughby

	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. Summary report from HAS.	Rachel Bowes, HAS, NYC
<b>8<sup>th</sup> September</b>	North Yorkshire Place - Infrastructure	How NHS workforce and S106 is planned.	Wendy Balmain Linda Marfitt
	Hyper acute stroke services for the North Yorkshire population	Performance data to be provided on the hyper acute stroke pathway – deferred from last meeting	Jamie Todd & Neil Wilson, York & Scarborough NHS Foundation Trust
	Urgent Care Delivery in York and The East Coast	<a href="https://www.valeofyorkccg.nhs.uk">NHS Vale of York Clinical Commissioning Group - Urgent care engagement (valeofyorkccg.nhs.uk)</a> Started in 2019, 2 updates to Committee since then, progress now underway again after Covid pause. Update on emerging integrated model and next steps.	Rachel Durrett – Humber & NY ICB
	Update on progress so far with the Autism Strategy	Brief written update prior to report to Committee in March – moved to a later date to align with the Strategy.	Stacey Annandale Naomi Smith
<b>13<sup>th</sup> December</b>	Proposed re-build of the Airedale Hospital on the existing site	Follow up from November meeting	Francesca Hewitt
	Acute Mental Health Services	Deferred from September	Brian Cranna & Kirsty Kitchen
	Catterick Integrated Care Campus	Follow up from November meeting	Wendy Balmain



	Independent public inquiry into the Government handling of the COVID-19 pandemic Report due – TBC - Align with HAS & RW when published	Review of module 1 and the Council’s statutory duties around protecting the public.	Barry Khan, Assistant Chief Exec, Legal and Dem Svs & Monitoring Officer
<b>8<sup>th</sup> March 2024</b>	Update on progress so far with the Autism Strategy	Report to Committee on current situation and the Autism Strategy.	Stacey Annandale Naomi Smith
	<b>To Be Confirmed or Completed (possibly to return in the future)</b>		
	NHS Dentistry – access to and availability of places – submission to Health and Social Care Committee		Ongoing scrutiny
	Information re the Health and Social Care Committee submission		To Share when published
	Overview of Public Health commissioning, provision and budget planning (when required)		Victoria Turner, HAS, NYC
	TEWV CQC inspections and action plans - as required  Well led inspection of TEWV completed early this year, first draft of report expected August/September. To discuss at a mid-cycle briefing, possibly November/January then on to Committee in December/March.		Brian Cranna, TEWV  Zoe Campbell Managing Director, North Yorkshire, York and Selby , TEWV
	GP Waiting list information and access figures		Ongoing scrutiny - local report to Thirsk & Malton ACC

## ITEMS FOR MID CYCLE BRIEFINGS

DATE	POTENTIAL ITEM
Friday 20 <sup>th</sup> January 2023 at 10.00am (in respect of the Committee meeting on 10 <sup>th</sup> March)	Discussion re outcome of request for social prescribing for March Committee - Louise Wallace Hyper acute stroke services – Neil Wilson, York & Scarborough NHS Foundation Trust Pharmaceutical Needs Assessment – Discuss the PNA and explore the wider role that pharmacies play in the local community as a first point of contact - Claire Lawrence/Louise Wallace. Date for Committee to be agreed for 23/24
Friday 21 <sup>st</sup> April 2023 at 10am (in respect of the Committee meeting on 16 <sup>th</sup> June)	Neil Wilson – Hyper Acute Pathway content discussion prior to Committee in June Jeevan Gill , YAS content discussion prior to Committee in June Committee Work Programme
Friday 3 <sup>rd</sup> November 2023 at 10am in respect of the Committee meeting on 15 <sup>th</sup> December)	Acute Mental Health Services - Brian Cranna and Kirsty Kitchen (NHS) Naomi Smith & Stacey Annandale – update on Autism and the Strategy – full report to Committee in March. Chief Executives of North Yorkshire Hospice Care, St Leonard’s, and Saint Catherine’s informal discussion re Hospice and EOL providers, current service development, need and risk. Zoe Campbell – TEWV to discuss informally the draft report of a Well Led inspection of Tees Esk Wear Valley Trust – <b>TBC May be Jan</b>
Friday 19 <sup>th</sup> January 2024	Zoe Campbell – TEWV to discuss informally the draft report of a Well Led inspection of Tees Esk Wear Valley Trust

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\*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 several times during the year.