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The Rt Hon Jeremy Hunt MP
Secretary of State for Health
Richmond House
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11 October 2017

Dear Secretary of State

REFERRAL TO SECRETARY OF STATE FOR HEALTH
Consultation on urgent and community care services in the East Riding of
Yorkshire
East Riding of Yorkshire Health, Care and Wellbeing
Overview and Scrutiny Sub-Committee

Thank you for forwarding copies of the referral letter and supporting documentation from Gareth Naidoo, Senior Committee Manager, on behalf of the East Riding of Yorkshire Health, Care and Wellbeing Overview and Scrutiny Sub-Committee. NHS England provided initial assessment information. A list of all the documents received is at Appendix One.

The IRP has undertaken an initial assessment, in accordance with our agreed protocol for handling contested proposals for the reconfiguration of NHS services. In considering any proposal for a substantial development or variation to health services, the Local Authority (Public Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 require NHS bodies and local authorities to fulfil certain requirements before a report to the Secretary of State for Health may be made. The IRP provides the advice below on the basis that the Department of Health is satisfied the referral meets the requirements of the regulations.

The Panel considers each referral on its merits and concludes that **this referral is not suitable for full review because further local action by the NHS with the Sub-Committee can address the issues raised.**

Background

The East Riding of Yorkshire is a largely rural area covering approximately 930 square miles. It is a major tourist spot with around 10 million day trips made a year to the area, mainly to the coast. Of a resident population of just over 336,000, around 24 per cent are aged 65 or over. There are currently six minor injuries units in the East Riding – at East Riding Community Hospital in Beverley (in 2015/16 around 35 attendances a day), Bridlington and District Hospital (over 50), Alfred Bean Hospital in Driffield (around 20), Goole District Hospital (around 40), Hornsea Cottage Hospital (fewer than 10) and Withernsea Community Hospital (around 10). Community beds are located at Beverley (29 beds), Bridlington (12) and Withernsea (12) hospitals.

In November 2014, the East Riding of Yorkshire Clinical Commissioning Group (CCG) began work to develop a strategy for urgent care across the East Riding area. The *Urgent Care Strategy 2015 – 2020*, published in March 2016, described the CCG's response to the national vision for urgent and community care taking account of local needs and formed the basis for a local review of urgent care services. The CCG established a core steering group and a wider panel to examine ways to develop an improved service model for urgent care and 'wrap-around' patient care. The group and panel included membership from the CCG, GPs, nurses and patient representatives. The steering group identified potential scenarios and suggestions from wider stakeholders and a long list of 81 potential scenarios for urgent care and 70 potential scenarios for wrap around patient care was produced for consideration as future service models. These were tested and scored against weighted criteria. The CCG also established a Stakeholder Forum made up of patient, clinical, partner and community representatives from across the East Riding. The Forum provided feedback and views on the planning process in preparation for formal public consultation on a range of viable options.

The CCG presented its urgent care strategy to the East Riding of Yorkshire Health, Care and Wellbeing Overview and Scrutiny Sub-Committee (the Sub-Committee) in April 2016 and committee members attended pre-consultation stakeholder events in May and August 2016.

An NHS England assurance stage 1 strategic sense check meeting was held on 31 May 2016 to consider the case for change and accepted that a case had been made for the service reconfiguration of minor injuries units and community beds. The Yorkshire and the Humber Clinical Senate Review was asked to review the CCG's outline business case and its report, *Clinical Senate review for East Riding of Yorkshire CCG – Urgent Care: Outline Case for Change* was published in August 2016. The report confirmed that the case for change "*does demonstrate a clear clinical evidence base*". An NHS England assurance stage 2 check point panel convened on 9 September 2016 to consider further the case for change. The panel concluded that the proposals "*could be assured to a sufficient level against each of the [Secretary of State's] four tests for service change*".

Proposals for a formal public consultation were presented to, and agreed by, the Sub-Committee on 13 September 2016. Sub-Committee members attended a third pre-consultation stakeholder forum in October 2016.

On 25 October 2016, the CCG launched a 12 week public consultation across the East Riding of Yorkshire. A formal consultation document was produced along with a questionnaire, answers to frequently asked questions and a short film. Ten drop-in events were also held. The consultation comprised two main components:

- *Creating urgent care centres (UCC) in place of minor injury units (MIU)*
Under the plans, the six MIUs across the area would be replaced by either two or three UCCs, with four options setting out varying combinations for locations of the centres. These would have consistent opening times of 16 hours a day, 365 days a year and provide a consistent range of advice, treatment and diagnostics that would be better connected to the wider urgent care system than currently possible. Under all options, the MIUs at Drifffield, Hornsea and Withernsea would be closed.

- *Improving wrap-around patient care*
The plans would see a change in the way community beds are used. The CCG's preferred option (A) was to create an integrated community and intensive rehabilitation centre, providing 29 beds including specialist palliative care, at one central facility co-located with the hospital in Beverley. This would be supported by 15 *Time to Think* beds offering short term NHS care, rehabilitation, therapy and support in residential care settings at three locations within the boundaries of the East Riding. Community beds at Bridlington and Withernsea would be closed. The second option was to create a *Home First Solution* supported by improved community rehabilitation and *Time to Think* beds. Under this option, community beds at Beverley, Bridlington and Withernsea would close.

A presentation on the consultation was provided to the Sub-Committee by the CCG on 15 November 2016. In light of questions and concerns raised, the CCG arranged a workshop with the Sub-Committee on 12 December 2016 and subsequent one-to-ones with individual members to provide more detail and clarity on the proposed model. An extraordinary meeting of the Sub-Committee was held on 14 December 2016 at which the CCG answered further questions from members and provided a mid-consultation update. The wide-ranging and detailed points raised included questions about modelling data (including transport - distance and cost), operational hours, community bed capacity and the involvement of ambulance services.

The CCG again attended a meeting of the Sub-Committee on 10 January 2017 to provide a further update and answer concerns raised by members. The Sub-Committee submitted its formal response to the consultation on 13 January 2017. The Sub-Committee, while understanding the need for change across the health and social care sector and recognising the financial challenges faced by the CCG, raised a number of concerns and made recommendations on the options for urgent care centres and wrap-around patient care:

- That the CCG maintain some place based services in the Driffield, Hornsea and Withernsea areas and that, if this were done, the Sub-Committee would support the creation of urgent care centres at Goole, Beverley and Bridlington
- Support for Option A but not the closure of beds at Bridlington and Withernsea and that the CCG should reconsider the population needs for community beds and residential nursing care beds in totality to provide certainty of current and future need

The public consultation closed on 17 January 2017. An analysis of the 1,359 responses to the consultation was undertaken and a report, *Improving Urgent Care Services Consultation Report, March 2017*, was provided to the Sub-Committee on 7 March 2017. The Sub-Committee responded to the CCG on 14 March 2017 indicating that the information contained in the report did not change its views and that the recommendations submitted on 13 January 2017 remained unaltered. The CCG acknowledged the Sub-Committee's response on 16 March 2017.

A decision-making business case (DMBC) was produced by the CCG ahead of a meeting of the Governing Body on 21 March 2017. The NHS England Yorkshire and the Humber Service Reconfiguration Oversight Group considered a paper regarding the CCG's DMBC and agreed that the proposals it contained could be assured to a "sufficient level". The Governing Body of the CCG met on 21 March 2017 to consider

responses to the consultation and make final decisions. The Governing Body agreed to:

- *“Create Three Urgent Care Centres at East Riding Community Hospital in Beverley, at Bridlington Hospital and at Goole District Hospital. Together with – providing urgent care slots at 8-8 centres at Driffield and Withernsea to be booked into via NHS111/Single Point of Access and undertaking the actions set out in the CCG’s responses by locality.”*
- *“Create an integrated community and intensive rehabilitation centre in a single location, at Beverley supported by Time to Think Beds. Together with the following actions:*
 - i) The location of Time to Think Beds at Bridlington and Holderness specifically*
 - ii) The availability of an additional 10 Time to Think Beds during the transition period*
 - iii) Partnership working with the East Riding of Yorkshire Council in respect of the procurement of Time to Think capacity*
 - iv) The review of palliative care services specific to Bridlington and Withernsea to ensure the provision of service that meets the needs of individuals across the East Riding.”*

The Sub-Committee was informed of the CCG’s decisions.

At its meeting on 4 April 2017, the Sub-Committee formally received the CCG’s decisions, presented by the Chief Officer of the CCG. Following further discussion and clarification on queries, the Sub-Committee unanimously resolved to refer the matter to the Secretary of State for Health. A referral letter and supporting documentation was sent on 28 April 2017.

Basis for referral

The Sub-Committee’s letter of 28 April 2017 states:

“At its meeting on 4 April 2017 the Council’s Health, Care and Wellbeing Overview and Scrutiny Sub-Committee (“the Sub-Committee”) received the CCG’s Decision, presented by the Chief Officer of East Riding of Yorkshire Clinical Commissioning Group. After giving due consideration to the report, presentation and ensuing debate and discussion, the Sub-Committee unanimously resolved to refer the CCG’s Decision for your consideration on the basis that: (a) the Sub-Committee considers that the proposals are not in the interests of local health services across East Riding of Yorkshire and (b) the Sub-Committee is not satisfied that consultation by the CCG has been adequate.

This referral is in accordance with the provisions set out in the Health and Social Care Act 2001 and 2012 and the associated guidance.”

IRP view

With regard to the referral by the East Riding of Yorkshire Health, Care and Wellbeing Overview and Scrutiny Sub-Committee, the Panel notes that:

- The clinical case for change has been established, both through the Yorkshire and Humber Clinical Senate and by the NHS England assurance process – the Sub-Committee, too, accepts the need for change across the health and social care sector

- The Sub-Committee has approached its responsibility to scrutinise these proposals with great diligence - equally, the CCG has shown considerable commitment in responding to requests from the Sub-Committee for information
- Whether the local public are as well informed either about current services or what will replace them is less clear - to introduce successfully the new model for accessing urgent care will require a concerted period of explaining to the public how it works and how to use it
- The Sub-Committee is keen to see some level of service maintained in isolated communities – whether more can be done to support those communities in conjunction with primary care development may merit further consideration
- The CCG’s model for urgent care reflects the direction of travel set out in national guidance – how this fits within the strategy for healthcare across the wider east Yorkshire area needs to be demonstrated
- The service model for community, rehabilitation and palliative care services offers an opportunity to provide improved patient care outside of a hospital setting – again, more work is needed to explain to the public how the service will work
- Progress from now on will depend on co-operation and collaboration between all interested parties – including the relevant NHS and partner organisations, the Council and its Sub-Committee, and service users and the public

Advice

The IRP offers its advice on a case-by-case basis taking account of the specific circumstances and issues of each referral. **The Panel does not consider that a full review in relation to this referral would add any value. Further local action by the NHS with the Sub-Committee can address the issues raised.**

Providing health and social care across an area as large and diverse as the East Riding of Yorkshire is no easy task. The services in question, that have developed over time, may seem familiar and reassuring to the local population. That does not, however, mean that they are either optimal or sustainable. Indeed, authoritative review by the Yorkshire and Humber Clinical Senate concluded that services are neither optimal nor sustainable. The Senate’s report supported *“the commissioner vision to move towards increased community based rehabilitation services supporting patients to go home with appropriate wrap around community support”* and agreed that *“the Case for Change clearly demonstrates that maintaining six Minor Injuries Units (MIUs) is not sustainable in the longer term”*. That the case for change had been made was further supported by NHS England through its assurance process. The IRP agrees that the case for change has been made and implementation should proceed while addressing the comments below.

The Sub-Committee, in scrutinising these proposals resolutely and thoroughly, has accepted the need for change across the health and social care sector. Its work is to be commended as is that of the CCG in responding to the many and varied questions put to it by the Sub-Committee.

Further work is now required to inform and assure the public that the changes put forward offer an improvement to the service currently being provided.

The Sub-Committee's supporting evidence emphasized the strength of feeling locally (including petitions and letters submitted to the CCG) for retaining services in their existing shape. Yet, the current variation in service provision, in which the six MIUs offer differing services at different times of the day and with the possibility of closure at short notice, is clearly not ideal as the low usage at some of the units perhaps testifies. The introduction of three urgent treatment centres¹ in Beverley, Bridlington and Goole with consistent opening times of 16 hours a day, seven days a week and providing consistent advice, treatment and diagnostics offers people confidence that a centre will be open during its stated hours and that care will be provided. Work now needs to focus on confirming details for the public, not least precisely which hours of the day the UTCs will be open. The Clinical Senate noted the need for strong clinical leadership and, as implementation proceeds, the CCG should consider again the Senate's recommendations with regard to appointing a dedicated urgent care lead.

Taking account of the Sub-Committee's recommendation to see the maintenance of place-based services in the other locations where MIUs would close, the CCG has agreed to provide urgent care slots in 8-8 centres in Driffield and Withernsea. Discontent at this solution may to some extent lie in a lack of understanding of how this service will work. For residents of Hornsea and the wider Holderness area, it occurs to the Panel that some of the care that has previously been provided by the local MIU is appropriate to general practice. If, as has been suggested in some quarters, insufficient effort was made in the past to integrate aspects of urgent care with primary care, progressing these changes represents an opportunity to make good on this deficiency. The CCG should instigate discussions with relevant general practitioners on further developing the model of care, identifying any potential gaps in the future service and agreeing how these can be filled.

The CCG's model for urgent care reflects the broad direction of travel set out in NHS England's review of urgent and emergency care *Transforming urgent and emergency care services in England* (the Keogh review). However, the CCG should assure itself that the UTCs are fully compliant with the pathways for achieving UTC designation set out in the Keogh review. Further, the CCG boundary is, of course, an arbitrary one with other health service facilities located in the surrounding areas. As the Clinical Senate noted, the CCG needs to demonstrate how these changes fit with the urgent care strategy for the wider east Yorkshire area.

The model for community care, providing as much care as possible outside of a hospital setting is, again, broadly in line with the national direction of travel. The IRP is aware that community beds currently provided at Withernsea Hospital were closed temporarily in August 2017 due to staffing issues leading to concern about the ability to maintain appropriate patient safety and quality. Similar concerns have surfaced with regard to the community beds based in Bridlington. The new model represents an opportunity to improve on the existing service. In response to the Sub-Committee's concerns, the CCG has agreed to provide *Time to Think* beds specifically in Bridlington and south Holderness. It has also agreed to partnership working with the Council in respect of the procurement of the *Time to Think* capacity. As with the changes to urgent care, more clinical engagement is needed now to

¹ Previously referred to as urgent care centres.

explain the proposed service to the public in greater detail. This includes clarifying precisely what phrases like *time to think* and *wrap-around care* mean in practice, how community based services will improve patient outcomes by offering more care at home and keeping people out of hospital beds, and how greater integration with social care will be achieved.

If there is any validity in the argument that more could have been done post-consultation to reach agreement between the CCG and the Sub-Committee, now is the time to set this right. The paragraphs above outline the main issues on which greater clarity and explanation is required. If other concerns, such as the involvement of the ambulance service and the commitment to providing transport for people in isolated communities, remain unresolved they should be addressed now. Future work, for example around communicating information effectively on the changes and their benefits, should, wherever possible, look to co-design and co-production between the CCG with its partners, the Council and Sub-Committee and other stakeholders including Healthwatch and local people. As implementation proceeds, a similar approach should be adopted with regard to establishing evaluation of the changes so that all parties can move forward confident that the new models of service are working as intended.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Ribeiro', with a large, sweeping flourish above the name.

Lord Ribeiro CBE
Chairman, IRP

APPENDIX ONE

LIST OF DOCUMENTS RECEIVED

East Riding of East Riding of Yorkshire Health, Care and Wellbeing Overview and Scrutiny Sub-Committee

- 1 Letter to Secretary of State for Health from Gareth Naidoo, Senior Committee Manager, 28 April 2017
Attachment:
- 2 Referral report on urgent care services in East Riding of Yorkshire

NHS

- 1 IRP template for providing initial assessment information
Attachments:
- 2 Letter to CCG - Strategic Sense Check: Stage 1, NHS England, 28 July 2016
- 3 Letter to CCG - Assurance of East Riding of Yorkshire CCG Urgent Care service change proposals, 21 September 2016
- 4 Letter to CCG - Decision Making Business Case - service reconfiguration proposals for East Riding of Yorkshire CCG on Integrated Urgent Care Centres and Community Beds, 22 March 2017
- 5 letter to CCG - Decision Making Business Case - service reconfiguration proposals for East Riding of Yorkshire CCG on Integrated Urgent Care Centres and Community Beds, 29 March 2017
- 6 CCG Diversionary Pathways Transformation through Accelerated Redesign Stakeholder Workshop, Report 19 July 2017
- 7 CCG Specialist Palliative Care Review
- 8 CCG Published information on future community health services
- 9 CCG Urgent Care Service Change: Stage Two Assurance Checkpoint Meeting, Executive Summary, 9 September 2016
- 10 Withernsea Community Beds - Review of Operational Services and Care Quality, City Health Care Partnerships CIC, Final Report, 29 May 2017
- 11 Clinical Senate Review for East Riding of Yorkshire CCG, Urgent Care: Outline Case for Change, August 2016

Other evidence considered

- 1 Holderness Health Alliance letter to East Riding of Yorkshire CCG, 22 May 2017
- 2 Email to secretary of state for Health from Graham Stuart MP for Beverley and Holderness, 1 June 2017
- 3 Letter to Lord Ribeiro, IRP Chair, from Driffield Town Council, 18 August 2017
- 4 Letter to Lord Ribeiro, IRP Chair, from the Rt Hon Sir Greg Knight MP for East Yorkshire, 12 September 2017