

Laxton Parish Council Correspondence Record

21 October to 15 November 2016

The Clerk will circulate correspondence when considered appropriate. If Councillors would like to see a copy of correspondence that has not been circulated, please notify the Clerk on laxtonpc@btinternet.com or 07887 533057.

Ref	Date Received	Attached?	From	Purpose of Correspondence	Additional Information
307	25/10/16	N	Humberside Police	Reminding people to be vigilant and providing advice on protecting property from burglaries	
308	25/10/16	Y	ERYC CCG	Consultation on Urgent Care proposals	
309	28/10/16	Y	Humberside Police	Newsletter	
310	28 October	N	AECOM	Update to East Riding Landscape Character Assessment - consultation document http://www2.eastriding.gov.uk/environment/planning-and-building-control/east-riding-local-plan/landscape-character-assessment/	
311	1/11/16	N	Heartbeat Trust	Notice of use of defibrillator	
312	2/11/16	N	East Riding of Yorkshire Council	Invitation to comment / add events to 2017 City of Culture Programme	
313	3/11/16	N	East Riding of Yorkshire Council	Opportunity to take part in online budget survey: http://www2.eastriding.gov.uk/council/plans-and-policies/budget-interest-form/	
314	8/11/16	Y	ERYC	Anti-social behaviour statistics	
315	11/11/16	N	HWRCC	Invitation to take part in Community Led Housing Workshop - 8th December 2016	
316	14/11/16	N	ERNLLCA	Letter from Andrew Percy, MP encouraging community emergency planning	

HAVE YOUR SAY



Pick me up, take me home, and complete me...

Improving Urgent Care Services in the
East Riding of Yorkshire: shaping a healthy future

www.eastridingofyorkshireccg.nhs.uk/urgentcare

NHS

East Riding of Yorkshire
Clinical Commissioning Group

Thank you...

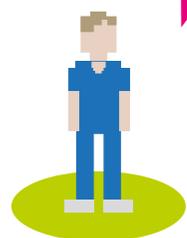
...for taking the time to learn about our options for future urgent care services in the East Riding of Yorkshire. The information in this formal public consultation document has been provided so that you can understand potential options for future urgent care services and have your say about how they might look.

Over the last few months, we have been working with a range of clinicians, partner organisations, and patient representatives to consider and develop local ideas to improve the urgent care system. As a result of this work, we have created an **Urgent Care Strategy** that aims to improve urgent care services for everyone in the East Riding.

Some of the suggested improvements in our Urgent Care Strategy mean significant change needs to happen and we have some important decisions to make before going ahead. Everybody cares about the NHS because we all benefit from NHS care and treatment throughout our lives. This is why no decisions will be made until we have listened to you.

FACT

Urgent care is for when people need help or advice very quickly. It is not emergency care - where you must get help straight away.



This consultation document provides details about our plans, how you can find out more, and how you can have your say.

It is critical that we get this right so please get involved and help us to decide how to improve urgent care services for everyone in the East Riding of Yorkshire.

Pick me up, take me home, and complete me...

Who are we?

We are **NHS East Riding of Yorkshire Clinical Commissioning Group (CCG)**. The map below shows our area. There are **35 GP practices** in our area with a registered population of around **300,000 patients**. We are responsible for meeting the health needs of everyone registered with our GPs.

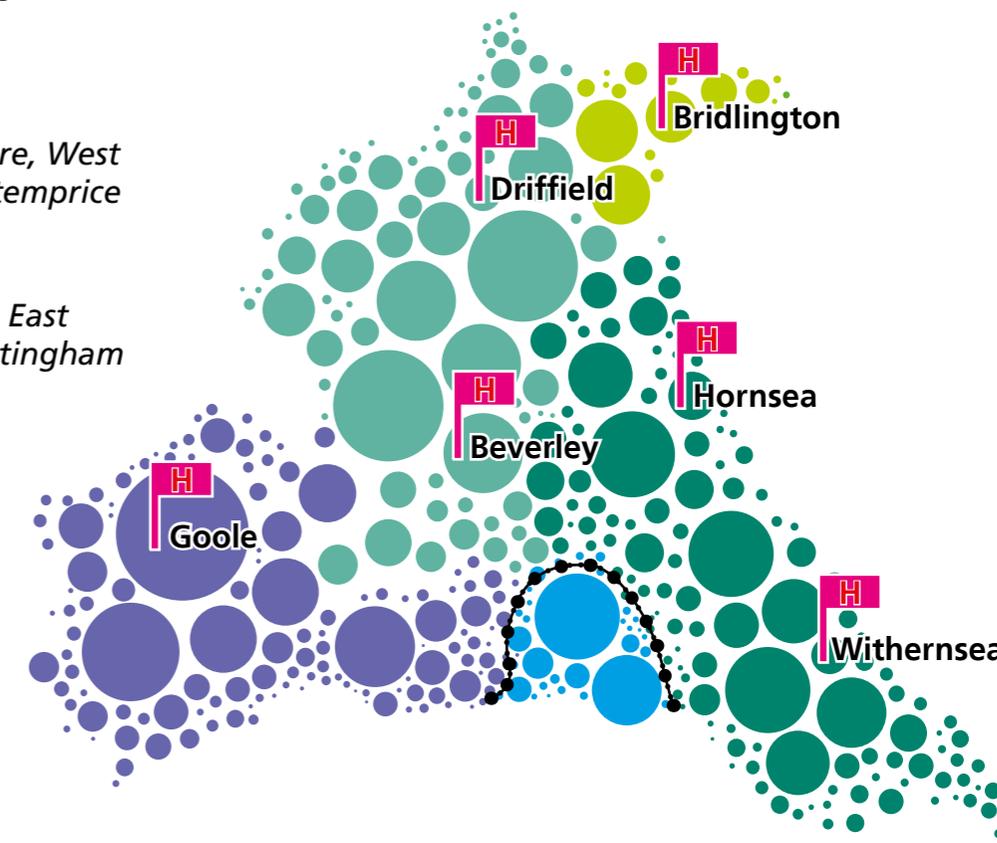
Our area:

- Goole, Howdenshire, West Wolds & West Haltemprice
- Bridlington
- Beverley, Driffield, East Haltemprice & Cottingham
- Holderness

Not our area:

- Hull CCG

H = Hospital



Clinical _____

We are made up of GPs, nurses and other health professionals who understand your health needs.

Commissioning _____

On your behalf we plan and buy health services that you need and use.

Group _____

We are an organisation working on behalf of our 35 GP practices.

What are we consulting on?

We are specifically seeking your views about our plans to:

Introduce Urgent Care Centres (UCCs) in place of Minor Injury Units (MIUs)

- With consistent opening times, 16 hours a day, 7 days a week, 365 days a year.
- Providing a range of advice, treatment, and diagnostics (including X-ray), with no variation between centres.
- Which are fully joined up with the wider urgent and emergency care system.

Improving wrap-around patient care

- Having the right type of beds and services in the community to better meet the needs of people.
 - Helping to prevent unnecessary hospital admissions.
- Earlier discharge home from hospital through strengthened support in the community at or close to home, delivering quicker return to independence.
 - Helping to ease the pressure on Accident and Emergency departments.

We would also like your views on:

The role of primary care

We work very closely with GPs and Pharmacists as they play an important role in supporting the urgent care system so we would welcome your ideas about the future role they might play.

Hear and treat

We want to encourage more people to use NHS111 as a first point of contact for advice, guidance and appropriate access to services.

We would like your views on how we can make this happen.

What are we not consulting on?

GP Out of Hours

The GP out of hours service covers the whole of the East Riding and runs between 6.00pm and 8.00am on weekdays and all day at weekends and on bank holidays to cover the period when GP practices are not open.

GP Walk-in

Walk-in centres allow patients to access care from a GP or a nurse with no need to register or to pre-book an appointment. The centres are open for longer hours than the typical GP practice, including after normal working hours and at weekends. There is one GP Walk-in Centre in the East Riding called Wolds View and it is on the Bridlington Hospital site.

Accident and Emergency (also known as Emergency Department)

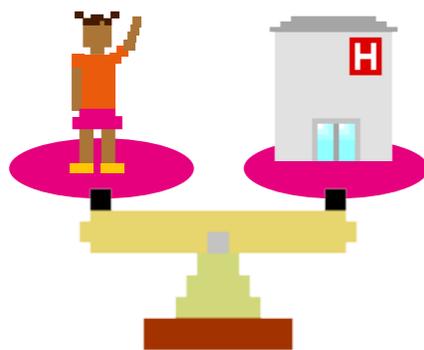
A 24 hour service provided by an acute hospital for conditions that need immediate medical attention to save a life or to prevent permanent damage to health, for example, a serious accidental injury or a heart attack. Emergency Departments are being reviewed at a regional and national level.

Buildings

Our aim is to improve the range and quality of urgent care services that are available for people across the East Riding area. Our plans may result in some space within existing hospitals not being used or used for the provision of a different service in the future. We are also aware that some combinations of our proposals could result in decisions that leave no Minor Injuries services and no community inpatient provisions at Beverley, Bridlington or Withernsea. Any significant change to use of buildings would be subject to a separate consultation.

Why do we need to improve urgent care services?

Like many NHS organisations up and down the country, we are working hard to transform services so that they are better for patients, deliver the right care, in the right place, first time and improve value for money.



This is a difficult balancing act, especially in a large area such as the East Riding of Yorkshire where many people's homes are spread across the countryside and in small villages.

Local urgent care and community staff do an amazing job but because the system is not working as well as we would like it to, we often struggle to recruit and retain staff with the right skills who are able to work across our large area.

FACT

Things are not working quite as well as they could be.



Right place, first time

We know that local services are well loved but our patients tell us they are often confused about where they should go for their treatment. Dialling 999 or going straight to Accident and Emergency (A&E) departments is usually the norm. In some cases, patients will be passed around the system until they end up in A&E anyway or are admitted to hospital (sometimes after a long wait in A&E) when this could have been avoided if the system was simpler to understand.

Value for money

Some services are duplicated or significantly underused whilst others are constantly coming under more and more pressure. Much of our money is tied up in paying for beds and buildings that are not always well used. This is not about saving money, but our proposals mean that we could invest more money where it is needed to stop this from happening.

We believe that change will create a better, joined up Urgent Care system for everyone.

Our vision for the urgent care review is...

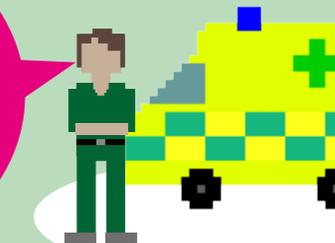
Patients receive treatment in centres with the right facilities and expertise whilst also assuring that individuals can have their urgent care needs met by services as close to home as possible whilst providing a safe, sustainable and affordable service.

In a nutshell this means...

Patients always receive the right care in the right place with the best outcome, first time.

FACT

In the East Riding, around £2.5 million is spent on ambulance journeys for people who don't need taking to an A&E.



What you have told us about current urgent care services

It would be great to see better communication with patients and between emergency and urgent care services

People need to be supported to self-manage their conditions with advice, education and access to relevant medication

Our minor injury units are open at different times of the day and offer different services which is confusing to me

I want more choice, improved quality of care and my individual needs considered.

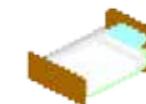
Planning services across a large, varied population and geography is a complex process. We are always listening to local people and involving them in decision making. Information gathered between 2013 and 2015 helped to shape our Urgent Care Strategy.

The clinical benefits of change

GPs and other clinicians who work closely with patients on a day to day basis have been involved in shaping our proposals and they have identified a number of clinical benefits:



Improved and consistent diagnostic provision and access (e.g. blood tests and x-rays) will lead to swifter diagnosis.



Earlier discharge and avoidance of hospital admission will reduce the risk of muscle wasting that patients often experience in a hospital bed which can lead to a rapid loss of independence, especially if they are elderly.



Better alignment with NHS111 will help signpost patients more effectively.



The clinical workforce will be able to maintain their range of skills and competencies, leading to more efficient and effective clinical decision making.



Consistent treatment, care and opening hours will reduce confusion in the range of services available, leading to quicker care.



Earlier discharge from hospital will allow more people to return home and back to independence sooner, with the right support.



Investment in front line clinical services will support better community rehabilitation and reablement.



The ambulance service will have more options than just simply taking people to emergency departments, leading to quicker patient handovers.

Developing our options for improvement

We have involved local patients and local health and social care professionals as we have developed ideas for introducing Urgent Care Centres and transforming care in the community. Everyone involved suggested lots of scenarios for how future services could look.

Five tests (our review criteria) were developed to check which might work best. Everyone involved had a say in which tests were most important to them. All scenarios were then tested and scored using the first four tests:

SCENARIOS MUST:

1 Have a positive impact on improved health and wellbeing of the population

This means they will

- Be simple for people to use and responsive to everyone, including people that might need extra help to access them.
- Offer the right services to meet people's needs now but be flexible enough to meet changing needs in the coming years.
- Be set up so that it is easy for urgent care services to work together to give the right care and treatment in the right place.

2 Improve patient experience and access to services

This means they will

- Offer the same opening times and trusted range of NHS services across the East Riding.
- Not be too far from home, no matter where you live in the East Riding and also offer help, advice and referrals to other services over the telephone, so that people may not need to travel at all.
- Be more flexible, offering choice about how and where you are treated whenever possible.

3 Meet or improve upon all clinical and quality standards

This means they will

- Put patient safety and experience first and meet the excellent quality standards that we expect from our NHS.
- Offer NHS frontline staff a modern, well equipped workplace where they feel well supported and get to make the best use of their specialist skills.
- Strengthen community based services to ease pressure on hospital and emergency services.

4 Be suitable for implementation during April 2017-March 2018

This means

- The new services can be up and running between 1 April 2017 and 31 March 2018.

Those that proved to be realistic potential options were then costed using the fifth and final test, which helped us to identify our options for formal consultation.

SCENARIOS MUST:

5 Lead to better use of NHS money/staff and be more sustainable for the future

This means

- Services will be built upon solid foundations that make the best use of precious NHS resources now and can respond to changing needs for years to come.
- Services are affordable and offer good value for money.

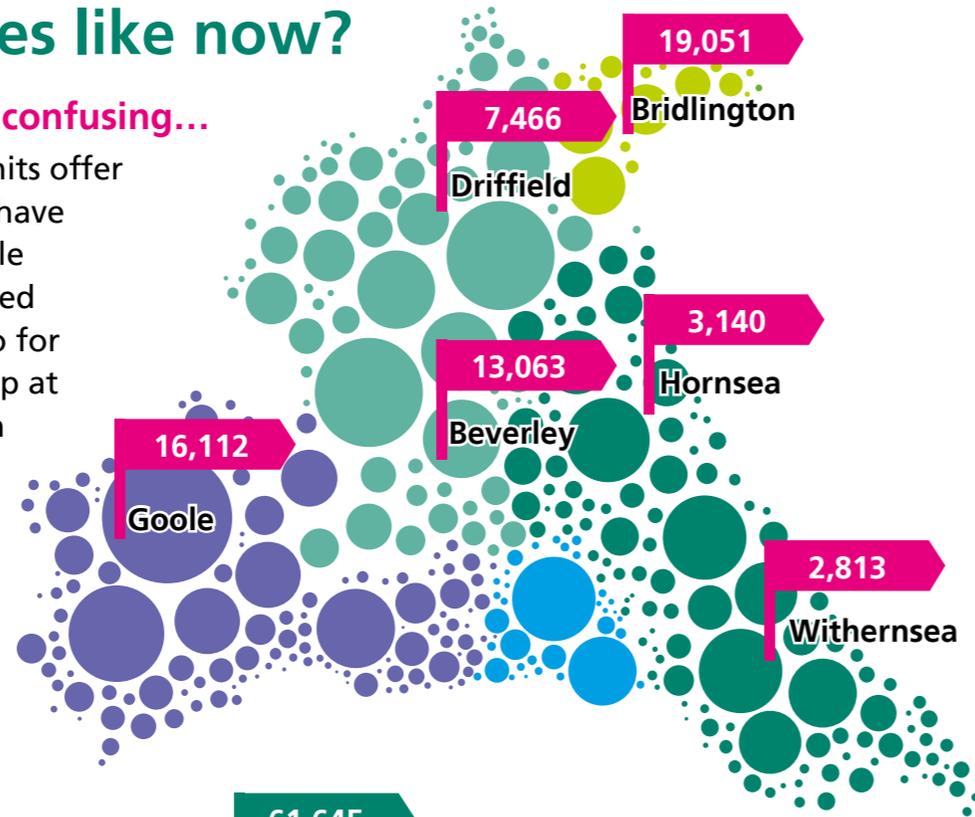
All of our scenarios and how they scored can be found at www.eastridingofyorkshireccg.nhs.uk/urgentcare

Our plans for Urgent Care Centres

What are services like now?

Services are complex and confusing...

All six of our Minor Injuries Units offer slightly different services and have different opening times. People tell us this makes them confused and unsure about where to go for urgent care. People turning up at a Minor Injuries Unit are often redirected because a service is not available (e.g. x-ray) or there is not time to assess and treat them before the Minor Injuries Unit is due to close for the day. Redirecting is inconvenient and stressful for patients and expensive for us.



61,645

Total Minor Injury Units attendances per annum

Around 1 in 3 (22,810) of these were for advice and guidance only.

Current spend = £3.2 million

FACT

When people are redirected by a Minor Injuries Unit that is unable to treat them, the NHS is charged twice.



...they are sometimes not well used...

Maintaining six Minor Injury Units is not sustainable in the long term. Some are accessed by as little as 5-10 people in a day. This impacts on staff working in urgent care services as their skills are not used as well as they could be and it is difficult to maintain and develop additional skills.



...they are sometimes difficult to staff...

There are gaps in the workforce due to long term difficulties in recruiting specialist staff. We sometimes have to shut one of our Minor Injuries Units if there are not enough people to cover the whole service, for example, if people are off sick or taking annual leave.

...they don't meet best practice guidelines...

Local services are inconsistent and confusing. Urgent Care Centres will meet best practice guidelines, meaning that all urgent care centres have consistent services including diagnostics (e.g. x-rays and blood tests) and consistent opening times of at least 16 hours per day.

...and they do not run as part of a wider urgent and emergency care system.

Our local emergency and urgent care systems need to be more joined up. For example, patients requiring follow up treatment are left with responsibility for organising this. Also, ambulance crews have no choice but to take people to A&E. As we propose, these services would be far more joined up.

It will be possible for ambulance crews to take patients to an Urgent Care Centre instead of A&E if appropriate. NHS 111 will be far more geared up to offer help, treatment advice and referrals over the telephone so that people get the right treatment, in the right place, first time.



Introducing Urgent Care Centres

Urgent Care Centres, as we propose them, would provide a wide range of services, open 7 days a week, for 16 hours a day, 365 days a year. These would offer the same treatment and care whichever centre you visit, reducing the need for multiple visits or visits to alternative sites.

Assessment and treatment:

- Traumatic injuries, sprains, broken bones and sports injuries
- Respiratory and chest complaints, including upper and lower respiratory tract infections
- General ear, nose and throat conditions
- Back, head and neck injuries and whiplash
- Cuts, wounds, burns and scalds
- Falls
- Insect and animal bites
- Minor surgery
- Minor eye injuries

Joined up with other services:

- Accident and Emergency departments
- Ambulance journeys
- Community and primary care
- Crisis support (mental health)
- General Practice (in and out of hours)
- Pharmacy
- Physiotherapy / Occupational Therapy
- Social care services
- Voluntary and Community services
- Wellbeing services

Supporting services:

- Diagnostics (blood tests, x-ray, ultrasound)
- NHS 111
- Plaster casts (for broken bones)
- Non-medical prescribing
- Radiological imaging



It is proposed that the new Urgent Care Centres would replace the current Minor Injury Units.

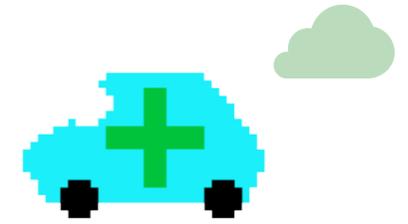
We are confident that our proposals would allow more people to be treated in one place without multiple visits but some people have already told us they are concerned about other things such as having to travel further or accessing GP appointments.

Some minor ailments, injuries and wounds can be dealt with by local GPs, Pharmacists and community services in your local area, without the need to travel to an Urgent Care Centre.



Around 1 in 3 people who attend Minor Injuries Units are given advice and guidance only. In the future, we expect more people to receive advice and guidance through NHS 111.

For those patients who are either too ill to get to hospital without assistance or for whom getting there may cause their condition to deteriorate, urgent transport journeys are available without the need for an ambulance.



A range of community transport solutions are also available through East Riding of Yorkshire Council or voluntary and community organisations for anyone who cannot easily access existing bus services.

We have looked at the potential impact on GP practices resulting from our proposed changes.

This shows that, whilst most practices are unlikely to be affected, some may see a potential increase of up to 3 patients per day requesting an appointment.

Where necessary, we would work with our GPs to consider ways to support patients and practices to manage any increase in demand.



Proposed options for Urgent Care Centres

Create TWO Urgent Care Centres at East Riding Community Hospital in Beverley and at Goole District Hospital

1

Potential impacts

The Minor Injury Units at Bridlington, Driffield, Hornsea and Withernsea would close. Urgent Care Centres at Beverley and Goole would be open 16 hours per day, 365 days per year and offer a wider range of consistent services (see page 14).

Forecast attendances (based on current use)

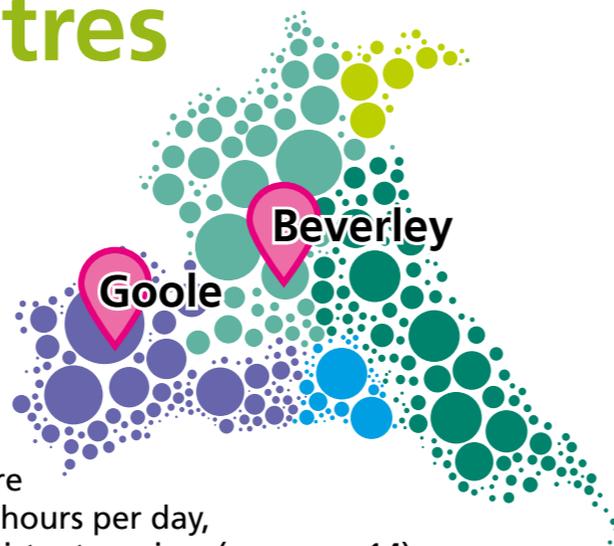
At UCC	95 per day (34,500 per annum)
At A&E for minors	Additional 52 per day (19,000 per annum)

Quality

- Improved quality, safety and experience for patients
- One stop shop for patients – seen, treated and discharged or booked referral
- A joined up urgent care system would reduce pressure on A&E

Maximum additional travel from MIU to alternative Urgent Care Centre/A&E

Bridlington	18.7 miles	Scarborough A&E
Driffield	13.8 miles	Beverley
Hornsea	12.0 miles	Beverley
Withernsea	18.8 miles	Hull A&E



After testing 81 potential scenarios, which included the option to do nothing, we feel these options best meet the needs of local people and offer value for money (ie. less than £70 per attendance). More detail about all the scenarios we considered and tested is available on our website at: www.eastridingofyorkshireccg.nhs.uk/urgentcare

Create TWO Urgent Care Centres at East Riding Community Hospital in Beverley and at Bridlington Hospital

2

Potential impacts

The Minor Injury Units at Driffield, Goole, Hornsea and Withernsea would close. Urgent Care Centres at Beverley and Bridlington would be open 16 hours per day, 365 days per year and offer a wider range of consistent services (see page 14).

Forecast attendances (based on current use)

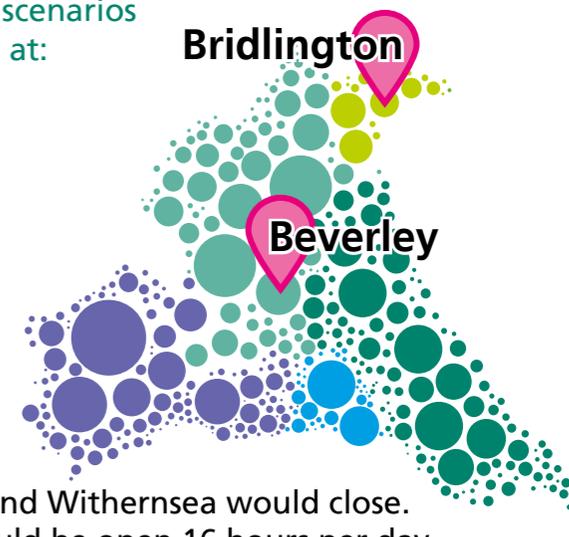
At UCC	112 per day (41,000 per annum)
At A&E for minors	Additional 44 per day (16,000 per annum)

Quality

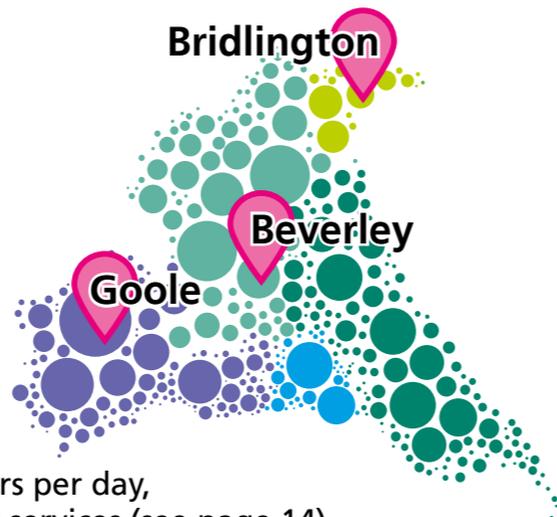
- Improved quality, safety and experience for patients
- One stop shop for patients – seen, treated and discharged or booked referral
- A joined up urgent care system would reduce pressure on A&E

Maximum additional travel from MIU to alternative Urgent Care Centre/A&E

Driffield	13.8 miles	Beverley
Goole	27.2 miles	Hull A&E
Hornsea	12.0 miles	Beverley
Withernsea	18.8 miles	Hull A&E



Create **THREE** Urgent Care Centres at East Riding Community Hospital in Beverley, at Bridlington Hospital and at Goole District Hospital



Potential impacts

The Minor Injury Units at Driffield, Hornsea and Withernsea would close. Urgent Care Centres at Bridlington, Beverley and Goole would be open 16 hours per day, 365 days per year and offer a wider range of consistent services (see page 14).

Forecast attendances (based on current use)

At UCC	156 per day (57,000 per annum)
At A&E for minors	Additional 13 per day (4,800 per annum)

Quality

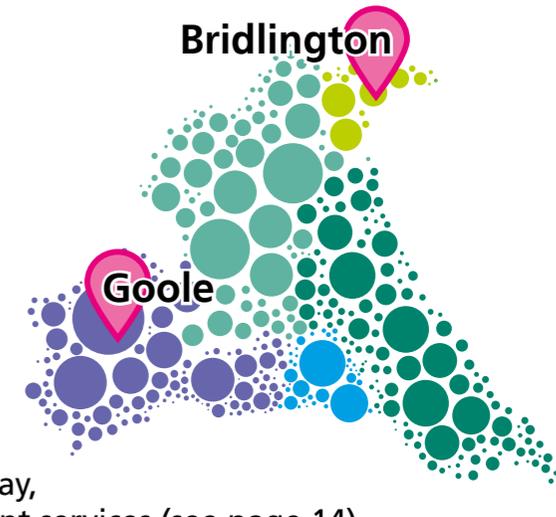
- Improved quality, safety and experience for patients
- One stop shop for patients – seen, treated and discharged or booked referral
- A joined up urgent care system would reduce pressure on A&E
- Smaller numbers at A&E makes the cost of 3 Urgent Care Centres affordable

Maximum additional travel from MIU to alternative Urgent Care Centre/A&E

Driffield	10.4 miles	Bridlington
Hornsea	12.0 miles	Beverley
Withernsea	18.8 miles	Hull A&E

FACT
Services are also available at Hull Royal Infirmary (A&E) and Bransholme (UCC).

Create **TWO** Urgent Care Centres at Bridlington Hospital and at Goole District Hospital



Potential impacts

The Minor Injury Units at Beverley, Driffield, Hornsea and Withernsea would close. Urgent Care Centres at Bridlington and Goole would be open 16 hours per day, 365 days per year and offer a wider range of consistent services (see page 14).

Forecast attendances (based on current use)

At UCC	107 per day (39,000 per annum)
At A&E for minors	Additional 40 per day (14,500 per annum)

Quality

- Improved quality, safety and experience for patients
- One stop shop for patients – seen, treated and discharged or booked referral
- A joined up urgent care system would reduce pressure on A&E

Maximum additional travel from MIU to alternative Urgent Care Centre/A&E

Beverley	12.0 miles	Bransholme
Driffield	10.4 miles	Bridlington
Hornsea	15.4 miles	Bridlington
Withernsea	18.8 miles	Hull A&E



Our plans for improving wrap-around patient care

We know from feedback that, given the choice, most people would prefer to be cared for in or close to their own home whenever possible.

It is important that we are not asking patients to spend time in a hospital bed when it is not necessary and they could be comfortable at home, especially when considering that the average age of patients using community beds is 79.

Working with local clinicians (GPs) and stakeholders, we have considered examples of best practice and have tested care models locally.

We have identified that the East Riding of Yorkshire requires a much more flexible and responsive future community bed model that is expanded to include improved intensive rehabilitation, **Time to Think** beds and a **Home First** approach.

Reorganising in this way would allow more investment in wrap-around services to support more people back to independence.

We are confident that our proposals for improving wrap-around patient care will strengthen our ability to care for more people in or close to their own home and lift the strain on acute hospitals, enabling them to use their beds appropriately for patients requiring specialist care.

We recognise that our proposals may have an impact on some people who currently receive palliative care in a community hospital setting.

We will be reviewing palliative care services, specifically focussing on improving ways to support people where there may be a greater need as a result of the consultation outcome, such as Bridlington and Withernsea.

"Very good respite, loved my time here, left feeling well and a lot stronger. Thank you"
- Patient



What are Time to Think beds?

Time to Think beds

help people who no longer require specialist acute care to leave hospital sooner. **Time to Think beds** are based in local residential and care homes and offer short term NHS care, rehabilitation, therapy and support to help individuals back to independence quickly.

Bed types explained



COMMUNITY BEDS

For people who are medically fit and have both nursing and rehabilitation needs. This includes stroke and palliative care.

£350 per day



INTENSIVE REHABILITATION BEDS

For people who are medically fit and would normally be receiving up to 3 hours of intensive therapy input per day.

£147 per day



TIME TO THINK BEDS

Based in residential homes and used by people who are medically fit but may require complex packages of care or equipment and are waiting for this to be put in place.

£65 - £140 per day



HOME FIRST BEDS

Care provided to people in their own home (which could be a nursing home). We would like to be able to offer people the choice of Home First much more often in the future.

£65 - £140 per day

Improving wrap-around patient care...

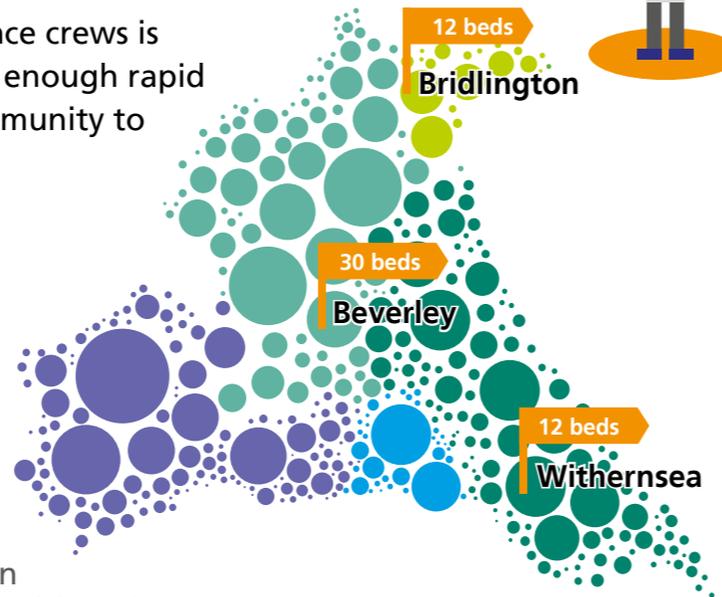
...quicker recovery, more independence

What are services like now?

Beds in the acute hospitals are used more than they need to be...

- Too many patients are admitted into hospital beds when they don't need acute care at all or they end up staying longer when they could recover more quickly at, or close, to home.
- The current way things are set-up (the care model) makes it more difficult for community services to have a care package in place for patients when they are ready for hospital discharge, causing delays.
- Currently, the default option for ambulance crews is taking patients to an acute hospital. Not enough rapid response services are available in the community to help avoid hospital admission.

FACT
Approximately **10,600 bed days** are used each year for patients in Hull and East Yorkshire Hospitals who are ready to leave but have their discharged delayed by 7 days or more

FACT
There are **2,943** unplanned/emergency admissions a year for people with long term conditions who get into crisis



Acute inpatient beds at Bridlington and Goole hospitals are not part of this review.

...and community beds are not as well used as they could be...

- Many people don't meet the clinical criteria for a community ward, but the intensive rehabilitation (e.g. physiotherapy, occupational therapy), community nursing and reablement they need is not available to support them at home.
- Of our 54 community hospital beds, an average of 47 are occupied every day.
- A community bed costs around £350 a day whether it is used or left empty. This amounts to £6.5 million each year which could be invested in providing better community services, such as rehabilitation and reablement.
- **Average length of stay is 28 days.**
- **Some patients who live in the East Riding refuse to be admitted** into community beds due to their geographical location.

FACT
For people aged 80 and over, **10 days in hospital** equates to **10 years of muscle wasting**



...or they are used for the wrong reasons.

We carried out an audit on current use of community beds:

- **Less than 25%** of the patients audited actually required medical or nursing input.
- **Just over 25%** actually required intensive rehabilitation.
- **The remaining 50%** would experience better quality of care by being offered nursing and therapy care at home.
- **36% of the time** patients in community beds are not receiving any active treatment.

Being independent and making simple choices that are not available on a hospital ward can make an enormous difference to quicker patient recovery – e.g. getting dressed each day, choosing when to get up or go to bed, popping to the shop and deciding when to eat or have a cup of tea.

Proposed options for wrap-around patient care

OPTION A

This is our preferred option

Create an integrated community and intensive rehabilitation centre in a single location, at Beverley supported by Time to Think beds.

Community & Intensive Rehabilitation beds

An integrated rehabilitation unit providing 12 community beds and 17 intensive rehabilitation beds (including stroke and palliative care) co-located at East Riding Community Hospital, Beverley (community beds at Bridlington and Withernsea would be closed).

Home First beds

Improved rehabilitation and rapid response service in the patient's own home (which may be a nursing or care home).

Time to Think beds

15 Time to Think beds provided in residential care settings at 3 locations within the boundaries of the East Riding (these are short stay to support improved discharge from hospital to home and would not be used by patients needing palliative care).

Potential impacts

This option is our preferred option because it would reduce pressure on acute services by providing specialist care in a central facility enhanced by Time to Think beds in 3 locations across the East Riding.

All 70 potential scenarios we considered are available on our website.

- Community beds at Bridlington and Withernsea would close.
- Time to Think beds would be introduced at three locations in the East Riding.
- The Home First approach would be improved.
- Full utilisation of available community beds.
- Provision of intensive rehabilitation in a purposely commissioned unit e.g. improved outcomes for stroke patients.
- Supports the development and sustainability of the care home sector.

The following impacts apply to both options:

- Improved experience for patients, encouraging a quicker return to independence.
- Improved outcomes and reducing risks associated with muscle wastage.
- Reduced length of stay in hospital for patients awaiting home care packages.
- Reduction of pressure on acute beds required for specialist care.
- Palliative care services to be enhanced in the community where needed.
- Enhanced community workforce to enable fast/rapid response to people at home.
- Potential reductions in permanent admission to long term care.

www.eastridingofyorkshireccg.nhs.uk/urgentcare

OPTION B

Create a Home First beds solution, supported by improved community rehabilitation and Time to Think beds

Community & Intensive Rehabilitation beds

Stroke and palliative care would be provided in an acute hospital and would include Hull & East Yorkshire Hospitals, Scarborough Hospital, Scunthorpe Hospital, Goole Hospital, York NHS Foundation Trust and would be paid for under existing payment/tariff arrangements (the current provision of community hospital beds at Beverley, Bridlington and Withernsea would be closed).

Intensive rehabilitation would be delivered in the patient's own home (which could be a nursing or care home) or in a Time to Think bed.

Home First beds

Improved rehabilitation, reablement and rapid response service in the patient's own home (which may be a nursing or care home).

Time to Think beds

A higher number of Time to Think beds provided in residential care settings at locations within the boundaries of the East Riding (these are short stay to support improved discharge from hospital to home and would not be used by patients needing palliative care but would include intensive rehabilitation, rehabilitation and reablement).

Improved support for people needing non specialist palliative care would be delivered in the patient's own home (which could be a nursing or care home).

Intensive rehabilitation (including stroke) would be delivered in the patient's own home (which could be a nursing or care home).

Potential impacts

Some people may stay in the acute hospital longer to receive the intensive rehabilitation they require. However this option would still ensure that there is an alternative level of care available in people's homes.

- Community beds at Beverley, Bridlington and Withernsea would close.
- The Home First approach would be improved and our first choice whenever possible.
- A higher number of Time to Think beds would be introduced with flexibility on location and number across East Riding as needs require.
- Potentially fewer ward/bed moves experienced by patients leading to improved continuity of care by the same staff.

The following impacts apply to both options:

- Improved experience for patients, encouraging a quicker return to independence.
- Improved outcomes and reducing risks associated with muscle wastage.
- Reduced length of stay in hospital for patients awaiting home care packages.
- Reduction of pressure on acute beds required for specialist care.
- Palliative care services to be enhanced in the community where needed.
- Enhanced community workforce to enable fast/rapid response to people at home.
- Potential reductions in permanent admission to long term care.

How you can give your views

This 12 week formal public consultation runs from
25th October 2016 – 17th January 2017.

Complete our survey

Completing our survey online saves administration time, postage and the environment. Please help us by staying online if you can. It is available on our website.

www.eastridingofyorkshireccg.nhs.uk/urgentcare

A pull-out FREEPOST survey form is also available in the centre of this document.



Requesting documents in alternative formats and languages

Our website is supported by Browsealoud technology which automatically changes all our information into alternative formats and languages.

An Easy Read version is available and we can also provide alternative formats upon request.

EASY READ PLEASE



Need more information?

This consultation document has been designed to give you enough information to be able to consider our options and give your own views about future urgent care services. However, we have considered a wide range of information whilst developing our plans. More detailed information can be found on our website at

www.eastridingofyorkshireccg.nhs.uk/urgentcare

Additional information can also be requested by email or telephone using the contact details on the back cover.

Volunteer to be a community champion

If you are in a role that enables you to reach members of your own community to spread the word about this consultation, we would love your help.

Contact us using the details on the back cover and we can help you to help us.

Attend a public drop-in event

There is no need to book a place, just drop-in

Bridlington

Monday 7 November 2016, 1:00pm - 4:00pm,
Bridlington Spa, South Marine Drive, YO15 3JH

Driffield

Thursday 10 November 2016, 4.30pm - 7.30pm,
Driffield Town Council Offices, Market Walk,
YO25 6BW

Beverley

Saturday 12 November 2016, 12.30pm - 3.30pm,
Beverley Minster, Parish Hall, Minster Yard North,
HU17 0DP

Hessle

Friday 18 November 2016, 12.30pm - 3.30pm,
All Saints Church Hall, The Square, HU13 0AD

Withernsea

Monday 21 November 2016, 1:00pm - 4:00pm,
Meridian Centre, 201 Queen Street, HU19 2HH



Ask questions, talk to members of the CCG team, watch our film, look at our displays, fill in our survey.



Hornsea

Wednesday 23 November 2016, 5:00pm - 8:00pm,
Floral Hall, Esplanade, HU18 1NQ

Market Weighton

Monday 28 November 2016, 1:00pm - 4:00pm,
Community Hall, Station Road, YO43 3EW

Goole

Thursday 1 December 2016, 1:00pm - 4:00pm,
Goole Courtyard, Boothferry Road, DN14 6AE

Hedon

Thursday 8 December 2016, 1:00pm - 4:00pm,
The Alexandra Hall, St Augustine's Gate, HU12 8EX

Next steps

It is very important that this formal consultation process is transparent and we are accountable for the decisions made.

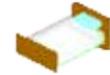
What happens to the responses?

All feedback will be collected. Feedback will be analysed and a report will be produced for consideration as part of the decision making process. We expect the feedback report to be completed by the end of February 2017.

Decision making process

All clinical evidence and feedback, including the Feedback Report, will be used to produce an Outcomes Report which will make recommendations. Both reports will be considered by our Governing Body who will make a decision about our future approach to introducing Urgent Care Centres and Improving Wrap-around patient care at their meeting in public on 21 March 2017.

Glossary



Accident & Emergency (A&E)	A 24 hour service provided by an <i>acute hospital</i> for conditions that need immediate medical attention to save a life or to prevent permanent damage to health, for example, a serious accidental injury or a heart attack. Also known as <i>Emergency Department</i> .
Acute Care	The treatment of patients who need specialised medical or surgical care, or who need care for a brief but severe period of illness.
Care Home	Also known as a residential home, which provides accommodation, meals and personal care (such as help with washing and eating) for people who can no longer live independently.
Carer	A carer is anyone who cares, unpaid, for a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without their support.
Clinical	Observation and treatment of disease and other illness in patients.
Community beds / wards	An inpatient ward within a community hospital that offers care and rehabilitation to individuals who are temporarily unwell due to surgery or illness.
Community Services	Treatment provided to people outside of hospitals, for example at the <i>GP</i> practice or via community nurses and <i>therapists</i> , together with preventative services such as immunisation, <i>screening</i> or <i>health promotion</i> .
Diagnostics	Procedures to identify a disease or condition, e.g. blood tests, x-rays.
Hear and treat	See page 5 of this document.
Home First	A <i>care model</i> that aims to improve a patient's quality of life by enabling early hospital discharge or preventing hospital admission by allowing people to be safely cared for in their own home.
Long term conditions	Those conditions (e.g. diabetes, asthma and arthritis) that cannot whose progress can be managed and influenced by medication and other therapies.
Minor ailments	Illnesses that can be treated at home or with advice from a pharmacist e.g. colds, rashes and stomach upsets.
Minor injuries	Injuries requiring <i>urgent care</i> , for example, cuts, bruises, scalds and suspected closed limb fractures.

NHS 111	The NHS 111 telephone service is open 24 hours a day 365 days a year. It is for people who require healthcare treatment or advice and don't know where to go.
Occupational Therapist (OT)	Treatment of physical and psychological conditions through specific activities to help people reach their own best level of independence in all aspects of daily life.
Out of hours Service	Medical cover provided outside the normal working hours of GP services.
Palliative Care	Supportive service for those who are living with disease that is not curable e.g. cancer or multiple sclerosis.
Physiotherapist	Treatment involving the use of physical treatments such as exercise, heat and massage for rehabilitation and to aid recovery.
Rehabilitation and reablement	A programme of patient therapy, often involving <i>physiotherapy</i> and <i>occupational therapy</i> , designed to restore independence and reduce the effects of a permanent or temporary disability caused through injury or illness. More serious cases often required intensive rehabilitation and less serious cases require reablement.
Time to Think beds	Usually based in local residential and care homes supported with additional NHS <i>wrap-around care</i> such as <i>intensive rehabilitation</i> , <i>reablement</i> and other support to help individuals back to independence.
Urgent care	The range of health services available to people who need urgent advice, diagnosis and treatment quickly and unexpectedly for needs that are not considered life threatening.
Urgent care centre	A community facility where <i>urgent care</i> is offered.
Voluntary sector	An umbrella term for non-profit organisations e.g. associations, self-help groups and community groups. Also known as the <i>third sector</i> .
Walk-in Centre	Walk-in centres allow patients to access care from a GP or a nurse with no need to register or to pre-book an appointment. The centres are open for longer hours than the typical GP practice, including after normal working hours and at weekends.
Wrap-around care	Care such as intensive <i>rehabilitation</i> , <i>reablement</i> and other support to help individuals back to independence at, or close to, home.



Contact details:

Phone: 01482 672156

Email: ERYCCG.Contactus@nhs.net

Twitter: @eastriding

Post: Urgent Care Consultation

FREEPOST RTTL-HSBE-BLHL

East Riding of Yorkshire Clinical Commissioning Group

Health House,

Grange Park Lane,

Willerby

HU10 6DT

You can also request this document
in a different language or format by
contacting us or visiting our website:

www.eastridingofyorkshireccg.nhs.uk/urgentcare



Protecting Communities, Targeting Criminals, Making a Difference

Parish/Town News Release

Howdenshire Update for November 2016

1. Priority

Issue: Youths causing annoyance around the areas of the Church and playing fields in Gilberdyke.

Throughout November, officers will continue to patrol the above areas on Clementhorpe Road to deter any potential anti-social behaviour. Anyone caught engaging in anti-social behaviour will be dealt with under the FAIRWAY process jointly with East Riding of Yorkshire Council. It is unlikely that any discretion will be shown.

2. Meetings

Police Drop In Surgery

PCSO Simon Palmer will be holding a surgery at the Travelling Library, Gilberdyke Memorial Hall car park, Clementhorpe Road, Gilberdyke on Wed 23rd November (17:00-18:00)

3. Examples of Crimes in your area.

- A secure van was broken into in Holme Upon Spalding Moor and tools were stolen.
- Tools and equipment were stolen from a secure unit in the Holme Upon Spalding Moor area.
- A child's bicycle was stolen from a rear garden in Gilberdyke.
- Entry was gained into an insecure vehicle in Eastrington, which was then searched .

4. News and Appeals

Halloween and Bonfire Night

Halloween is a time of fun for kids and families. But it's not fun for everyone.

Humberside Police knows not everyone wants to be involved in Halloween and there are times when what seems innocent fun to some people, can bring real fear to elderly or vulnerable residents.

Humberside Police are carrying out a campaign over the Halloween and Bonfire Night period to help combat associated crime, reduce incidents of anti-social behaviour and provide advice and support to local communities.

Chief Inspector James Glansfield who is overseeing the policing operation said:

"Officers from community policing teams have visited schools across the force area to speak about anti-social behaviour urging youngsters to enjoy the festivities without becoming a nuisance in their neighbourhood.

"We would ask parents and carers to keep children safe and to know where they are and what they are doing. Mischief Night is not a license to cause criminal damage.



Protecting Communities, Targeting Criminals, Making a Difference

Parish/Town News Release

"A local agreement with retailers is also being refreshed to remind them of their responsibility not to sell flour and eggs to youngsters on the run up to Halloween and Mischief Night."

"Please note that fireworks, including sparklers, can only be purchased from registered sellers for private use between 15th October to 10th November. At other times fireworks can only be bought from licensed shops. You can be fined up to £5,000 and/or imprisoned for up to 6 months for selling or using fireworks illegally. You could also get an on-the-spot fine of £90. Shops that sell fireworks are reminded that it is illegal to sell fireworks to anyone under the age of 18."

The Humberside Police website and Facebook page will be featuring crime prevention advice, a printable copy of the "Sorry no trick or treat" posters, the "Haunter's Code" and a poster specifically aimed at preventing youngsters buying eggs and flour from shops on the run up to Halloween and Mischief Night.

Chief Inspector Glansfield added:

"Sorry no trick or treat" posters will also be available from local police officers for those who do not wish to be disturbed on Halloween.

"The number of calls for service we receive could have an impact on our response times so please bear this in mind. If your call is not urgent please don't block the lines preventing other important calls coming through."

Humberside Police would like to offer the following crime prevention advice to people for Halloween. By following this simple advice you could prevent yourself from becoming a victim of crime.

- * If you don't want callers at your home on Halloween please display the "Sorry no trick or treat" poster in your window and/or on your door. This will let people who are out taking part in the festivities know that you do not wish to be disturbed.
- * Are you taking your child/children out trick or treating or to a bonfire display? If so please don't make your home a target for a burglar. An opportunist thief will know that people will be out and about leaving their homes empty. Make it look like you have somebody at home by leaving a light on and NEVER leave valuables on display.
- * If you are driving, then make sure that you don't leave anything on display when you leave your vehicle. Thieves work under the cover of darkness and will damage your vehicle to get to anything you might leave on the seats or foot well.
- * Make sure your children are safe and be aware that there will be a number of people out and about between peak hours of 4pm to 8pm.
- * Please be aware that during Halloween, and the nights running up to it, calls to police, especially in relation to ASB, can be significantly higher than normal. This may increase the call answering times so please be aware of this.
- * THINK do you really need to call the police? Calls for service are generally higher around this time of year so please consider if it is the police you really need and just how important is it?



EAST RIDING
OF YORKSHIRE COUNCIL

County Hall Beverley East Riding of Yorkshire HU17 9BA
www.eastriding.gov.uk

Paul Bellotti, Head of Housing, Transportation and Public Protection

Issue 16
October 2016

TACKLING ANTI SOCIAL BEHAVIOUR IN OUR COMMUNITY

Please find attached issue 16 of our six-monthly updates.

The updates inform you of the interventions used in your area and this one sets out those used between 1 April and 30 September 2016. I also attach details of the number of calls received by your Anti Social Behaviour team.

My last update informed you that we were carrying out formal consultation on the introduction of Public Spaces Protection Orders. The consultation has now ended and the new Orders took effect on 1 September 2016. Each Parish has its own Order and further information is provided on the next page. The Dog Warden team has already issued fixed penalty notices following breaches of the Order.

We are here to help those who suffer from anti social behaviour and our website provides helpful information on anti social behaviour and what can be done to tackle it:
<http://www2.eastriding.gov.uk/living/crime-and-community-safety/anti-social-behaviour/>

We rely on information that residents pass on and I encourage you to use our website and report anti social behaviour to Humberside Police on 101 or your Anti Social Behaviour team on 01482 396380.

Thank you

A handwritten signature in black ink, appearing to read 'Nigel Brignall'.

Nigel Brignall
Manager of the Anti Social Behaviour Team

PUBLIC SPACES PROTECTION ORDERS

Public Spaces Protection Orders came into force on 1 September 2016 in all parishes in the East Riding. They include controls over the presence and behaviour of dogs and some include restrictions on the consumption of alcohol or access to parts of the public highway. They replaced former Dog Control Orders, Designated Public Place Orders (No Drinking Zones) and Gating Orders.

Each Order can be downloaded from the Council's website (link below) and for those containing a restriction on the consumption of alcohol or access to parts of the public highway, a map is also included.

<http://www2.eastriding.gov.uk/living/crime-and-community-safety/anti-social-behaviour/#public-spaces-protection-orders>

All Orders will be reviewed by 31 August 2019. If any significant changes are required, for example if a new fenced play area is included in a large housing development or there is a serious ongoing issue in relation to adults drinking alcohol in a public place causing nuisance to residents, Orders may be reviewed sooner.

BREACHES

All breaches of Orders regarding dogs should be reported to

Email: dog.warden@eastriding.gov.uk

In the first instance this offence may be dealt with by way of a fixed penalty notice of £75. Failure to pay the fixed penalty notice may result in further legal action being taken.

All breaches of Orders regarding the consumption of alcohol or access to parts of the public highway where restrictions are in place should be reported to Humberside Police on 101.

If an officer from Humberside Police asks someone to stop drinking and pour away the alcohol or asks them to give it to them they should do this. If they have sealed containers of alcohol with them and the officer thinks that they may drink this in the area, they may also ask them to pour it away or hand it over to them so they can dispose of it. If they do not, they may receive a £75 Fixed Penalty Notice or, upon summary conviction, a fine not exceeding £500.

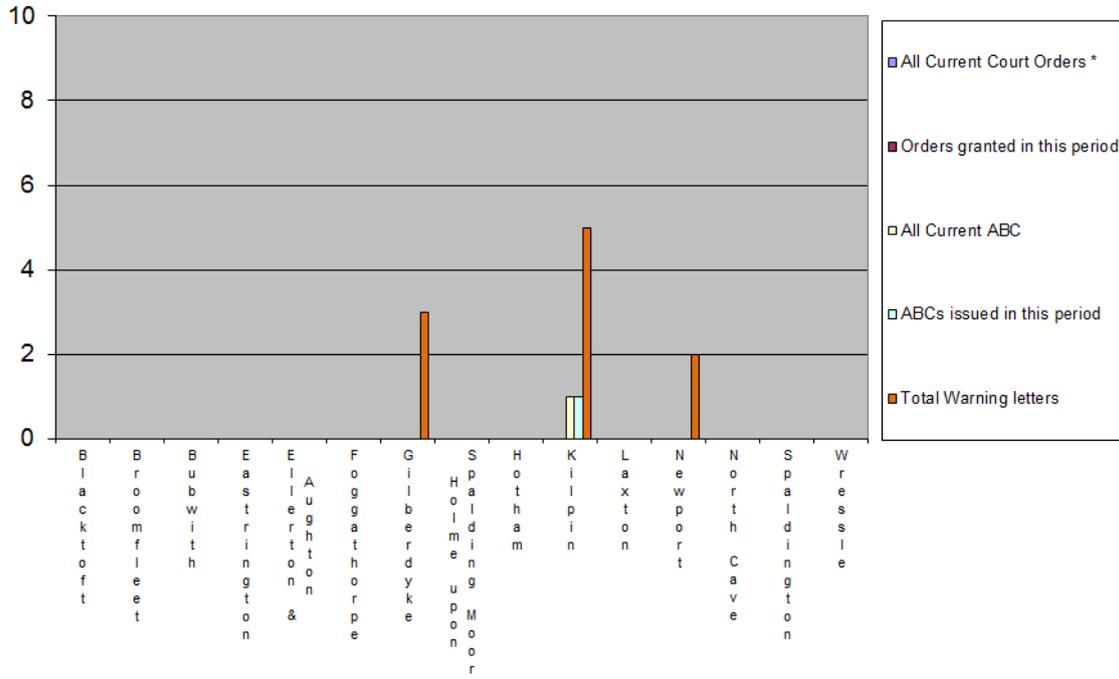
If a person enters an area to which access is prohibited or restricted by a Public Spaces Protection Order during any specified times, they may receive a £75 Fixed Penalty Notice or, upon summary conviction, a fine not exceeding £1,000.

Howdenshire

Six month data represents 1 April 2016 to 30 September 2016

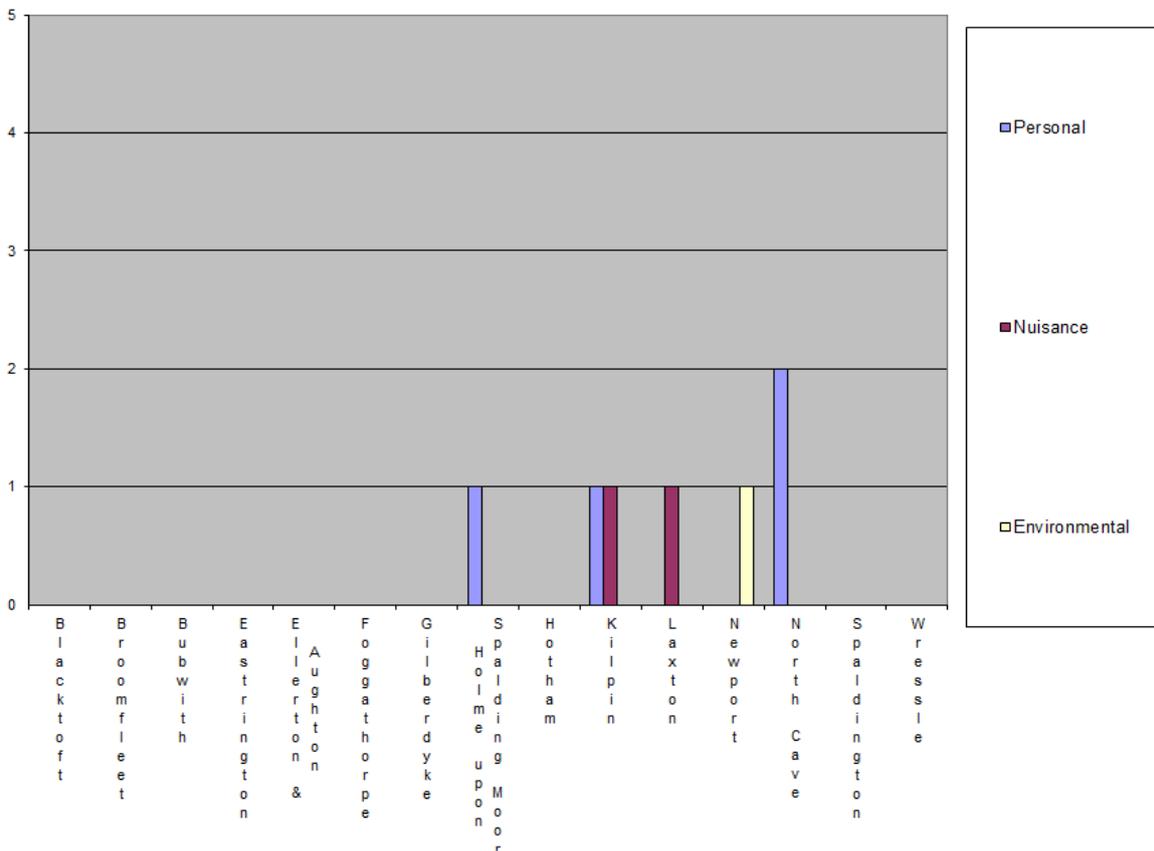
Breakdown by Parish and Town Council area

Interventions to Tackle ASB



*Court Orders include ASBOs, Criminal Behaviour Orders and Civil Injunctions

Calls for Service to the ASB Team

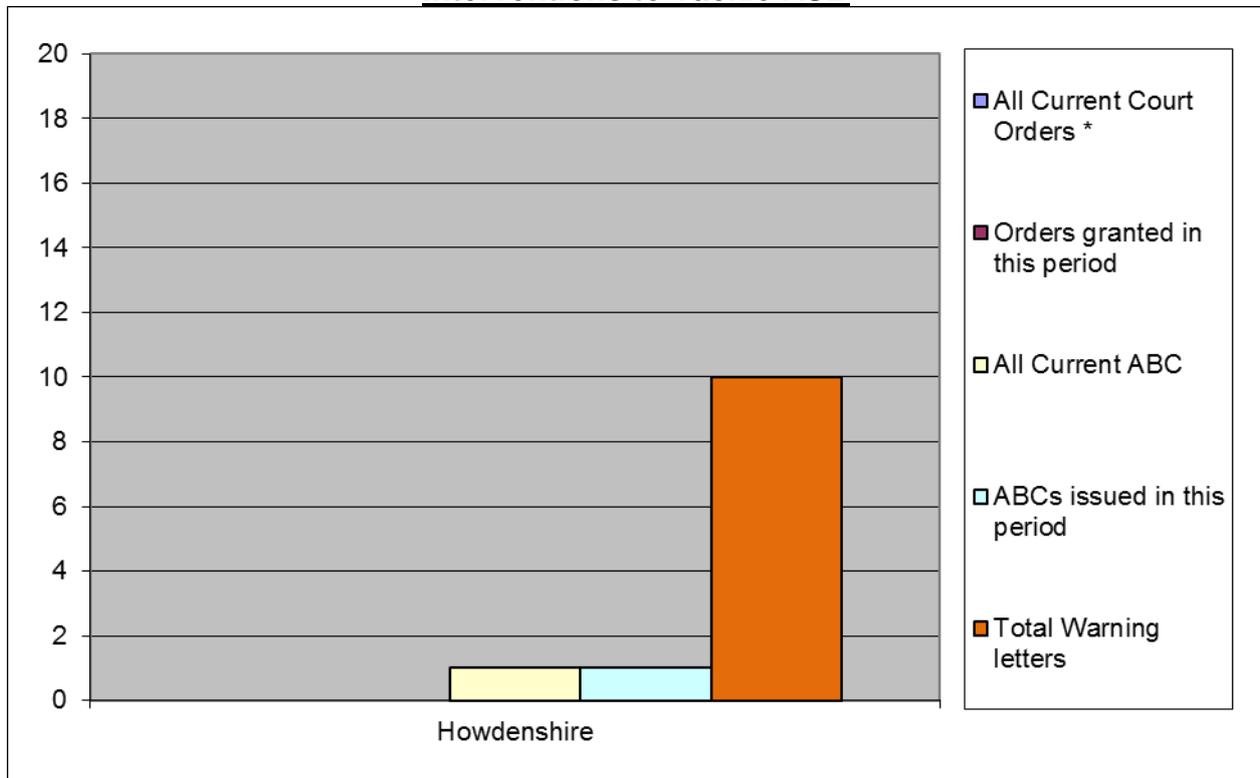


Howdenshire

Six month data represents 1 April 2016 to 30 September 2016

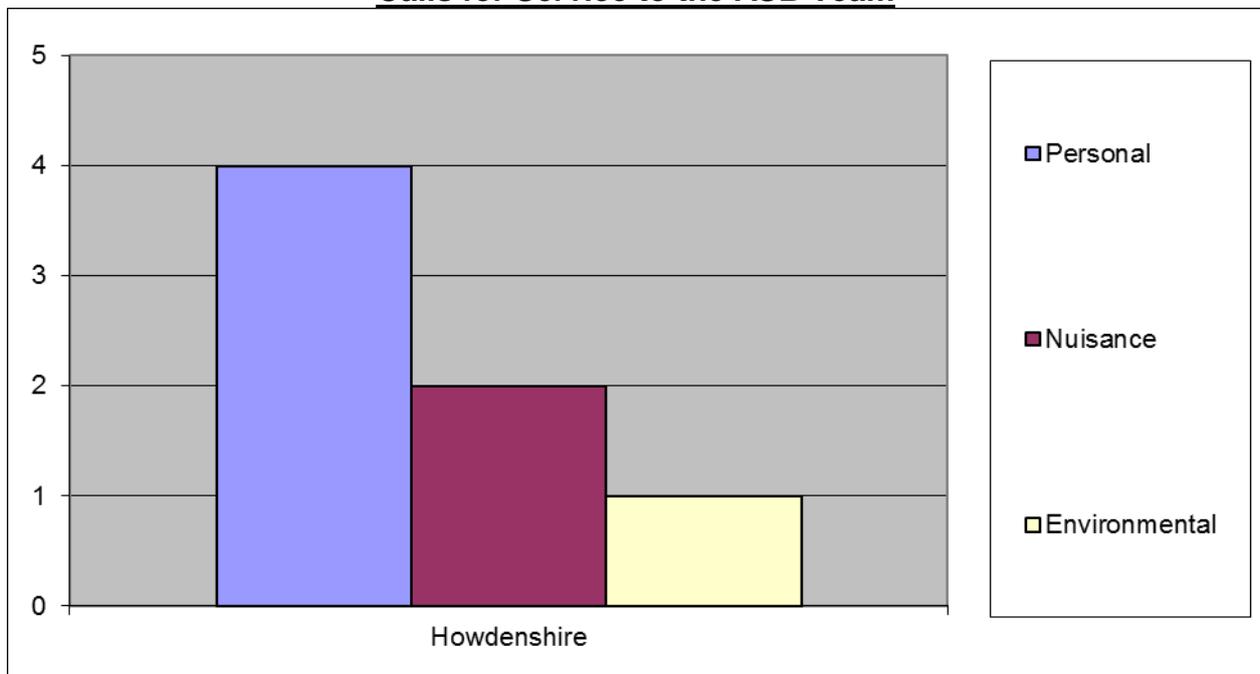
Breakdown by Ward

Interventions to Tackle ASB



*Court Orders include ASBOs, Criminal Behaviour Orders and Civil Injunctions

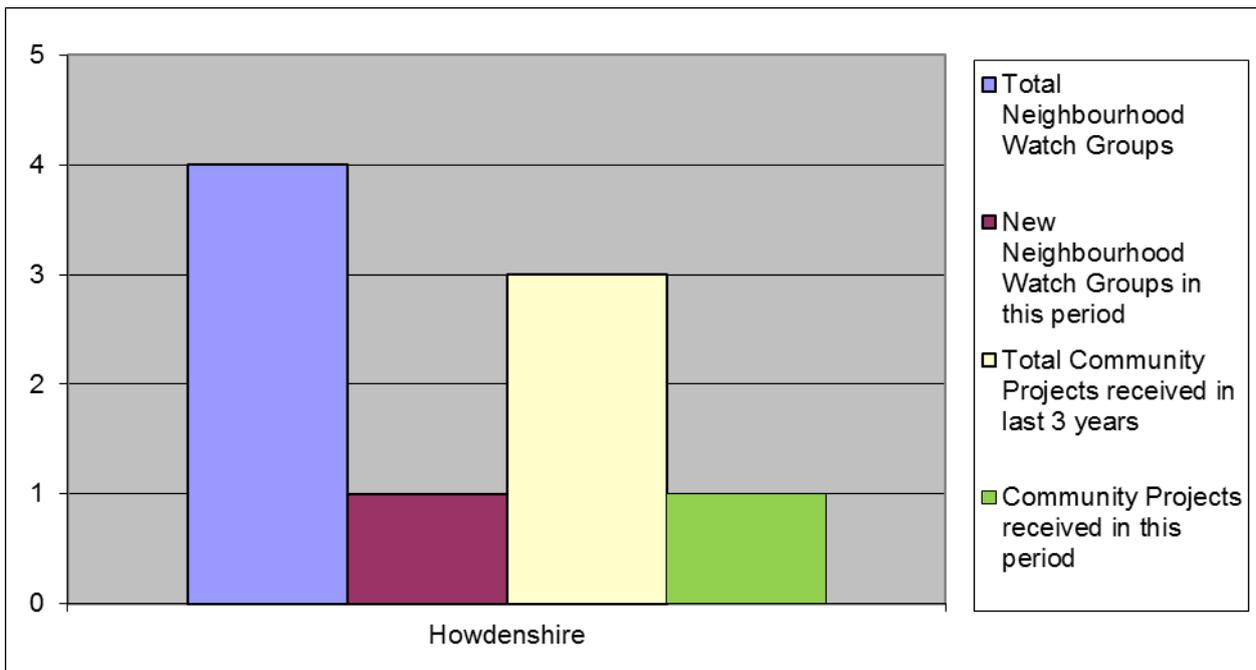
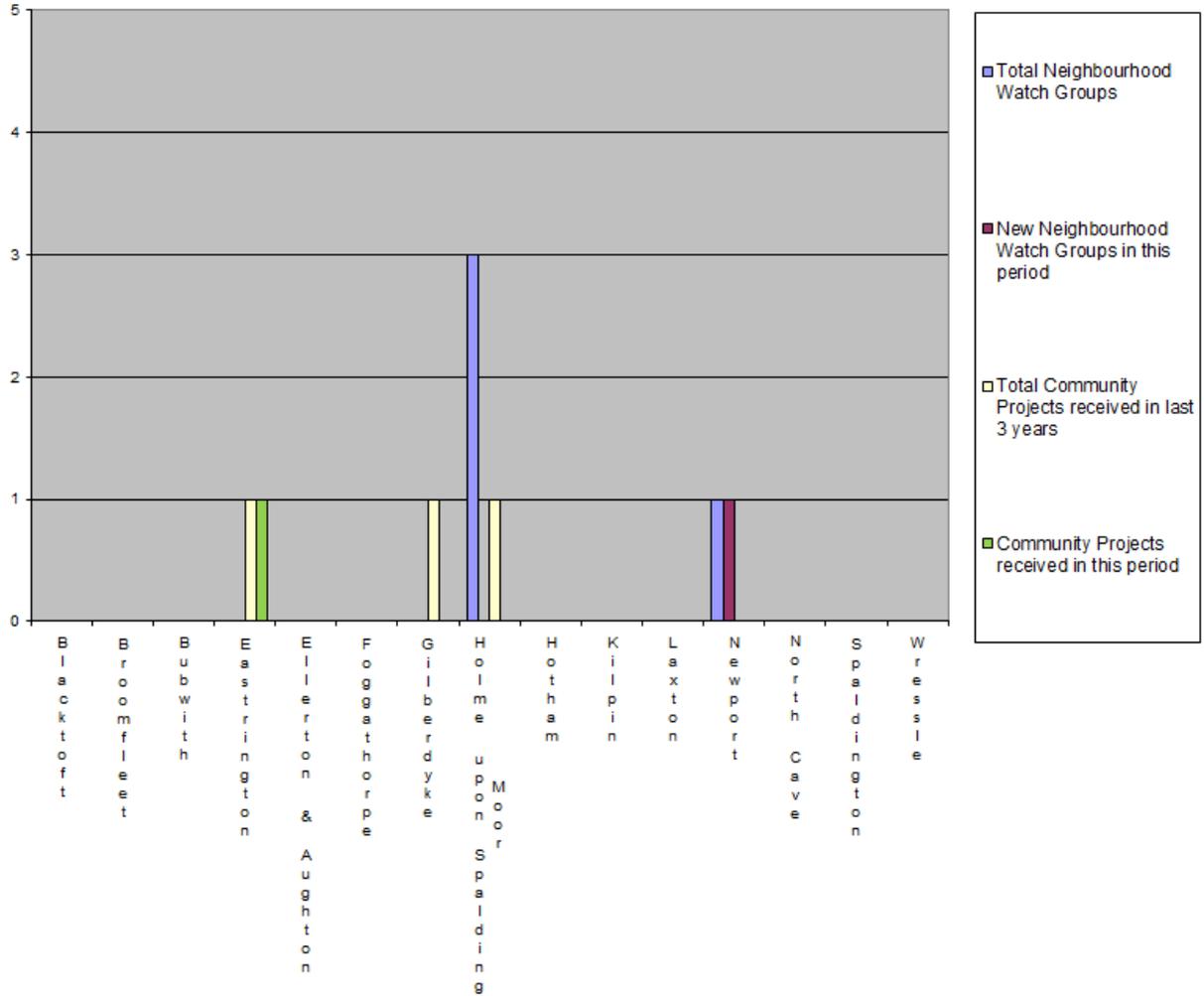
Calls for Service to the ASB Team



Howdenshire

Six month data represents 1 April 2016 to 30 September 2016

Neighbourhood Watch Groups and Community Projects



1. What makes Etton a good place to live?

2. What needs to be improved to make Etton a better place to live?

3. Are you satisfied with the current provision for social or recreation activities in Etton?

Yes

No

If not, what provision would you like to see in Etton?

4. How important is the Village Hall to Community Life

Very Important

Important

Necessary

Not very important

5. How often do you use the Village Hall?

Frequently

Occassionally

Rarely

Never

6. What activities would you participate in if provided at the Village Hall?

7. Do you know what is the role of the Parish Council in Etton?

Yes

No

8. Do you know how to contact the Parish Council?

Yes

No

9. How effective is the Parish Council in dealing with residents concerns?

Very Effective

Effectivie

Neither good or bad

Ineffective

Very ineffective

10. How could the resident's relationship with the Parish Council be improved?

11. Would you support and participate in the development of a children's play area/activities in the village?

Yes

No

If Yes, where could that be developed?

* 12. What is your age and gender? (for the person who completes the questionnaire)

	Male	Female
17 or younger	<input type="radio"/>	<input type="radio"/>
18 - 20	<input type="radio"/>	<input type="radio"/>
21 - 29	<input type="radio"/>	<input type="radio"/>
30 - 39	<input type="radio"/>	<input type="radio"/>
40 - 49	<input type="radio"/>	<input type="radio"/>
50 - 59	<input type="radio"/>	<input type="radio"/>
60 +	<input type="radio"/>	<input type="radio"/>

Laxton Parish Council Proposed Budget 2017/8

	2015/16	2016/17	2017/18	
Salaries / N.I.	1654	1680	1800	
Training Budget	500	500	400	
Postage/Stationery / Printing	220	220	220	
Community Newsletter	0	100	0	
Councillor Mileage & Subsidence	100	60	60	
Insurance	250	270	300	
Seats / Bins / Notice Boards	2200	0	0	
Room Booking / Village Hall Rent	195	250	251.16	
Grants	250	250	250	
Emergency equipment	3000	51.16	100	
Public Works Loan	3141.44	3141.44	3141.4	
Subscriptions	325.74	350	350	
Audit	144	160	160	
Lighting SLA	249.71	275	275	
Election Costs	1500	0	0	
Drainage Rates	2.33	2.33	2.33	
Allotments	0	50	50	
Community Led Plan		3002	0	
Contingencies	335.28	0	0	
Total Expenditure	14067.5	10361.93	7359.93	
Income				
Precept	6967.5	7209.93	7209.93	
Allotment Rent	150	150	150	0
Grant		3002	0	
Total Income		10361.93	7359.93	

Laxton Parish Council

Accounts for Payment

October 2016

Payee	Details	Total	VAT
Alan Bravey	Salary - November	86.85	0
Post Office	PAYE - November	57.60	0
East Riding Supplies	Emergency Equipment	18.20	3.04
Alan Bravey	Salary - December	86.45	0
Post Office	PAYE - December	58.00	0
Total		307.1	3.04