

**North Yorkshire County Council
Care and Independence Overview and Scrutiny Committee
23 June 2017**

Proposed Joint Scrutiny with the Care and Independence Overview and Scrutiny Committee: a) health and social care workforce planning; b) integration of health, mental health and adult social care commissioning and service provision

Health and social care workforce planning
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Background

A recurrent theme that has arisen from the scrutiny of health and social care over the past 12 months has been one of shortages of health, mental health and social care staff.

Some of the concerns that have been raised are as follows:

- A large number of GPs are expected to retire in the next 5 years. These are not being replaced by newly qualified GPs, leading to shortages in GPs particularly in rural practices
- There are shortages of consultants in hospital settings, particularly in smaller hospitals that tend to serve rural areas and which have a large catchment area
- There are shortages in social care staff, which is affecting the ability of social care providers to offer a comprehensive service
- There are shortages in community-based health and social care staff, which is affecting the ability of commissioners to develop out-of hospital services
- There are shortages in out of hours nursing (the District Nurse Service is not provided on a 24/7 basis in North Yorkshire), which can generate demand for more specialist and costly hospital based services
- Individual health services are being re-designed to compensate for or mitigate the existing workforce pressures with the potential for significant unintended consequences.

Some of the questions that have been raised include:

- What workforce planning is underway?
- How does it fit with strategic commissioning planning?
- Is it system wide?
- How do we address the short term and immediate workforce shortages whilst planning for the medium and long term?
- How well-equipped is the workforce to meet future health and social care needs?
- Are there variations in recruitment and retention across North Yorkshire and surrounding areas?
- How are work patterns changing and how does this impact upon the availability of workers?
- What is the impact of the UK leaving the EU?

- What impact will technology have, particularly in diagnosis and consultation?
- Is there a role for volunteers?

Objective

The objective of this piece of scrutiny work is to engage with a broad range of commissioners, service providers, patients and the public to better understand the causes of workforce shortages, what the short term and long term impacts are, what actions are being taken to mitigate them and how successful these actions are or likely to be.

Methodology

The approach taken is likely to be joint scrutiny by the Scrutiny of Health Committee and the Care and Independence Overview and Scrutiny Committee over a 3 month period.

Subject to agreement by both committees, the project will be overseen by a sub-group of the committees (4 members from each committee). The project will be supported by Ray Busby and Daniel Harry, from the Overview and Scrutiny Team.

The approach taken is likely to include:

- Desktop research into national guidance, policy and best practice
- Written reports and presentations to the sub-group
- Expert witnesses
- Consultation with stakeholders, carers and patients.

It is envisaged that the sub-group will meet three times during the course of the project. Terms of Reference will be drafted for the sub-group.

Work plan

The following work programme is draft and intended to give an impression of the likely timeframe and level of resourcing required for the project. It has yet to be agreed by the committees or the proposed sub-group.

Date	Action	Comment
Care and Independence OSC – 29 June 2017 Scrutiny of Health Committee – 23 June 2017	Work plan taken to committee	Agree TOR, sub-group nominations/membership and arrangements for Charing
wc 17 July 2017	First meeting of the sub-group	Evidence gathering
wc 14 August 2017	Second meeting of the sub-group	Evidence gathering
wc 11 September 2017	Third and final meeting of the sub-group	Drawing conclusions and developing recommendations
wc 9 October 2017	Final report and recommendations to sub-group	Circulated by email for comment

Care and Independence OSC MCB – 9 November 2017 Scrutiny of Health MCB – 3 November 2017	Final report and recommendations taken to committee – delegated to MCB	
24 November 2017	Final report and recommendations taken to the North Yorkshire Health and Wellbeing Board	
5 December 2017	Final report and recommendations taken to Executive	

Key stakeholders and expert witnesses

Outlined below is an initial list of people who may be able to contribute to

- NYCC Health and Adult Services – Louise Wallace et al TBC
- NYCC HR and OD – Justine Brooksbank
- HRW CCG – Janet Probert
- S&R CCG – Simon Cox
- H&RD CCG – Amanda Bloor
- VoY CCG – Phil Mettam
- AWC CCG – Helen Hirst
- Harrogate and District NHS Foundation Trust – Dr Ros Tolcher
- South Tees Hospital NHS Trust – Siobhan McArdle
- York Teaching Hospital NHS Foundation Trust – Pat Crowley/Mike Proctor
- Airedale NHS Foundation Trust – Bridget Fletcher
- Yorkshire Ambulance Service – Vince Larvin
- Tees Esk and Wear Valleys NHS Foundation Trust – Adele Coulthard
- North Yorkshire Provider Forum - TBC
- Local Medical Committee - TBC
- Local Pharmaceutical Committee – Jack Davies
- Healthwatch North Yorkshire - TBC
- Complaints and Advocacy North Yorkshire – TBC.

The Scrutiny of Health Committee meets on the 23 June 2017 to consider this and the connected proposal that follows; that Committee's views will be reported to your meeting.

Recommendation

That Members review the proposal and make suggestions for any amendments. Subject to agreement of any proposed amendments, that 4 members of the committee are nominated to take part in the joint sub-group of the Scrutiny of Health Committee and the Care and Independence Committee.

Integration of health, mental health and adult social care commissioning and service provision

Background

A recurrent theme that has arisen from the scrutiny of health and social care over the past 12 months has been one of there being a pressing need to integrate health, mental health and social care services. Whilst there is a general acceptance at a national and local level that the integration of services is a good thing which will lead to improvements in service delivery, many aspects of what integration means remain unclear.

Some of the areas where greater clarification is sought are as follows:

- What is the level of ambition for the integration of health, mental health and social care services in North Yorkshire?
- What services are likely to be included?
- How will the workforce have to change and will they be able to?
- What are the benefits to services users and patients?
- What are the system wide financial benefits?
- What are the risks and how will these be mitigated?
- Is there a preferred model for or approach to integration locally?
- Will there be variations in approaches across services and geographies?
- Is the formal integration of services too time consuming, cumbersome and bureaucratic? Is greater collaboration and coordination of service planning and delivery quicker, easier and more flexible?

The context for integration is one of reducing budgets, increasing demand and workforce shortages. Integration is often perceived to be the solution to these problems, when there may be other ways to tackle these pressures.

The assumption is that the current focus is upon integrating services and enhancing service delivery, rather than integrating structures and organisations.

The King's Fund (2011) 'Integrating health and social care - where next?' identified a number of factors that are helpful to integration and which may hinder integration, as summarised below:

Helpful factors

Friendly relationships
Leadership
Commitment from the top
Joint strategy
Joint vision
Co-terminosity
Additional funding
Patient and user focus
Frontline staff commitment
Joint commissioning
Central guidance
Joint appointments
History of success.

Hindering factors

Performance regimes
Financial pressures
Organisational complexity
Changing leadership
Financial complexity
Culture
Commissioning
National policies
Local history
Data and information technology
Planning
Workforce

Some of all of these factors may provide a helpful framework for the scrutiny.

Objective

The objective of this piece of scrutiny work is to engage with a broad range of commissioners, service providers, patients and the public to better understand what is meant by 'integration' in North Yorkshire. In particular, what integrated services are currently delivered, what services are planned and what the impact of these services has or will be upon patient/service user outcomes.

Methodology

The approach taken is likely to be a select committee involving both the Scrutiny of Health Committee and the Care and Independence Overview and Scrutiny Committee. It is envisaged that the select committee will have one session, running from 10am to 3.30pm, during which they will hear evidence and then form conclusions and recommendations.

The select committee will be supported by Ray Busby and Daniel Harry.

The approach taken is likely to include:

- Desktop research into national guidance, policy and best practice
- Written reports and presentations
- Expert witnesses
- Consultation with stakeholders, carers and patients.

Timing

Further work is required to determine when this piece of scrutiny could start. This is, in part, due to the complexity of the issues and the need to focus in on some clearly defined lines of enquiry.

Recommendation

That Members agree that this is a topic that would benefit from joint scrutiny with the Care and Independence Overview and Scrutiny Committee. Also, that work continues to identify a small number of clearly defined lines of enquiry.

Daniel Harry
Scrutiny Team Leader
North Yorkshire County Council
13 June 2017