

# Agenda

**Meeting: Scrutiny of Health Committee**

**Venue: Regen Centre, Ricall Selby YO16 6PW  
(See location plan overleaf)**

**Date: Friday 5 September 2014 at 10.00 am**

Recording is allowed at County Council, committee and sub-committee meetings which are open to the public, subject to:- (i) the recording being conducted under the direction of the Chairman of the meeting; and (ii) compliance with the Council's protocol on audio/visual recording and photography at meetings, a copy of which is available to download below. Anyone wishing to record must contact, prior to the start of the meeting, the Officer whose details are at the foot of the first page of the Agenda. Any recording must be clearly visible to anyone at the meeting and be non-disruptive.  
<http://democracy.northyorks.gov.uk/>

## Business

1. **Minutes of the meeting held on 13 June 2014** **(Pages 1 to 6)**

Purpose of Minutes: To determine whether the Minutes are an accurate record.

2. **Chairman's Announcements** - Any correspondence, communication or other business brought forward by the direction of the Chairman of the Committee.  
**(FOR INFORMATION ONLY)**

- **Formal Procurement Process in Whitby area for Community & Out of Hours Services - Hambleton Richmondshire & Whitby CCG**
- **Introductory Meeting with Dr Ros Tolcher Harrogate & District NHS Foundation Trust**
- **Developing Closer Working Relationships with Airedale Wharfedale & Craven CCG**

3. **Public Questions or Statements.**

Members of the public may ask questions or make statements at this meeting if they have given notice to Jane Wilkinson of Democratic Services (*contact details below*) no later than midday on Wednesday 3 September 2014. 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.

4. **Healthwatch Issues** Oral report of the Scrutiny Team Leader.

5. **Mental Health Developments in the area of North Yorkshire covered by Tees Esk & Wear Valleys NHS Foundation Trust and Leeds & York Partnership NHS Foundation Trust** – Joint Report of the Scrutiny Team Leader and NYCC Assistant Director Health & Adult Services

**(Pages 7 to 22)**

Purpose of the report: To provide background information on the national and local position of mental health services and to provide Members with an opportunity to comment on developments in mental health services in North Yorkshire with the exception of Craven area.

6. **Harrogate & District Community Healthcare Services Review: Position Statement -**  
Report of the **(Pages 23 to 25)**

Purpose of the report: To highlight work being undertaken to develop community healthcare services in the Harrogate locality.

7. **Work Programme** – Report of the Scrutiny Team Leader.

**(Pages 26 to 28)**

Purpose of report: To present the future Work Programme and to invite Members to comment/amend and suggest additional items to be included.

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

Barry Khan  
Assistant Chief Executive (Legal and Democratic Services)

County Hall  
Northallerton  
28 August 2014

**NOTES:**

- (a) Members are reminded of the need to consider whether they have any interests to declare on any of the items on this agenda and, if so, of the need to explain the reason(s) why they have any interest when making a declaration.

A Democratic Services Officer or the Monitoring Officer will be pleased to advise on interest issues. Ideally their views should be sought as soon as possible and preferably prior to the day of the meeting, so that time is available to explore adequately any issues that might arise.

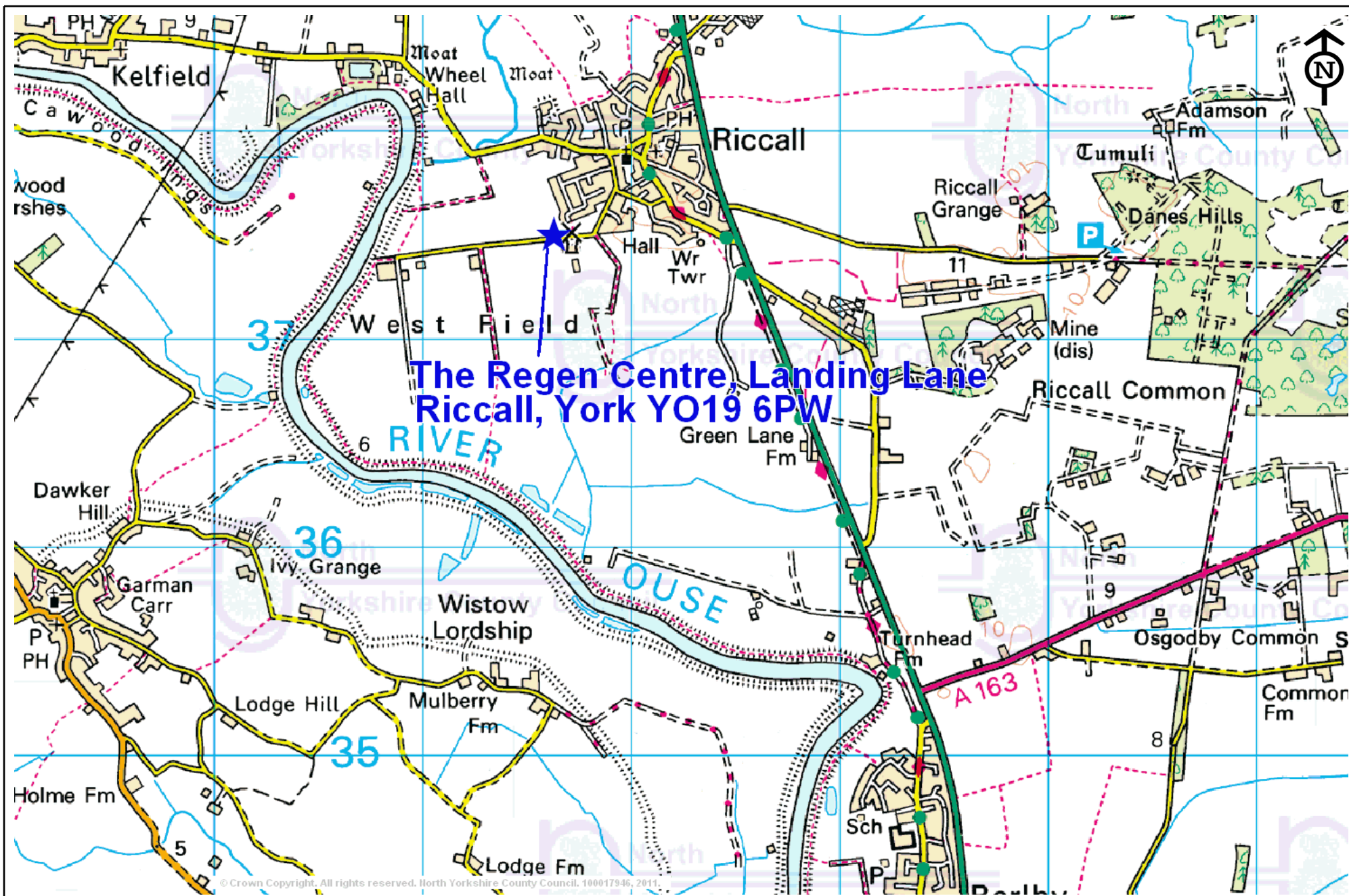
# Scrutiny of Health Committee

## 1. Membership

County Councillors (13)							
	Councillors Name			Chairman/Vice Chairman	Political Party	Electoral Division	
1	ARNOLD, Val				Conservative		
2	BARRETT, Philip			Vice-Chairman	NY Independent		
3	BILLING, David				Labour		
4	CASLING, Elizabeth				Conservative		
5	CLARK, Jim			Chairman	Conservative		
6	CLARK, John				Liberal		
7	DE COURCEY-BAYLEY, Margaret-Ann				Liberal Democrat		
8	ENNIS, John				Conservative		
9	MARSHALL, Shelagh OBE				Conservative		
10	MOORHOUSE, Heather				Conservative		
11	MULLIGAN, Patrick				Conservative		
12	PEARSON, Chris				Conservative		
13	SIMISTER, David				UKIP		
Members other than County Councillors – (7) Voting							
	Name of Member			Representation			
1	BARDON, Peter			Hambleton DC			
2	McSHERRY, Kay			Selby DC			
3	RAPER, John			Ryedale DC			
4	MORTIMER, Jane E			Scarborough BC			
5	ROBERTS, John			Craven DC			
6	PELTON, Tony			Richmondshire DC			
7	GALLOWAY, Ian			Harrogate BC			
Total Membership – (20)				Quorum – (4)			
Con	Lib Dem	NY Ind	Labour	Liberal	UKIP	Ind	Total
8	1	1	1	1	1	0	

## 2. Substitute Members

Conservative		Liberal Democrat	
	Councillors Names		Councillors Names
1	HESELTINE, Michael	1	GOSS, Andrew
2	BUTTERFIELD, Jean	2	SHIELDS, Elizabeth
3	BASTIMAN, Derek	3	
4	SWIERS, Helen	4	
5		5	
NY Independent		Labour	
	Councillors Names		Councillors Names
1	McCARTNEY, John	1	MARSHALL, Brian
2		2	
3		3	
Liberal		UKIP	
	Councillors Names		Councillors Names
1	SAVAGE, John	1	
2		2	
3		3	
Substitute Members other than County Councillors			
		1	BLADES, David (Hambleton DC)
		2	DYSON, Michael (Selby DC)
		3	SHIELDS, Elizabeth (Ryedale DC)
		4	JENKINSON, Andrew (Scarborough BC)
		5	STAVELEY, David (Craven DC)
		6	DUFF, Tony (Richmondshire DC)
		7	FLYNN, Helen (Harrogate BC)



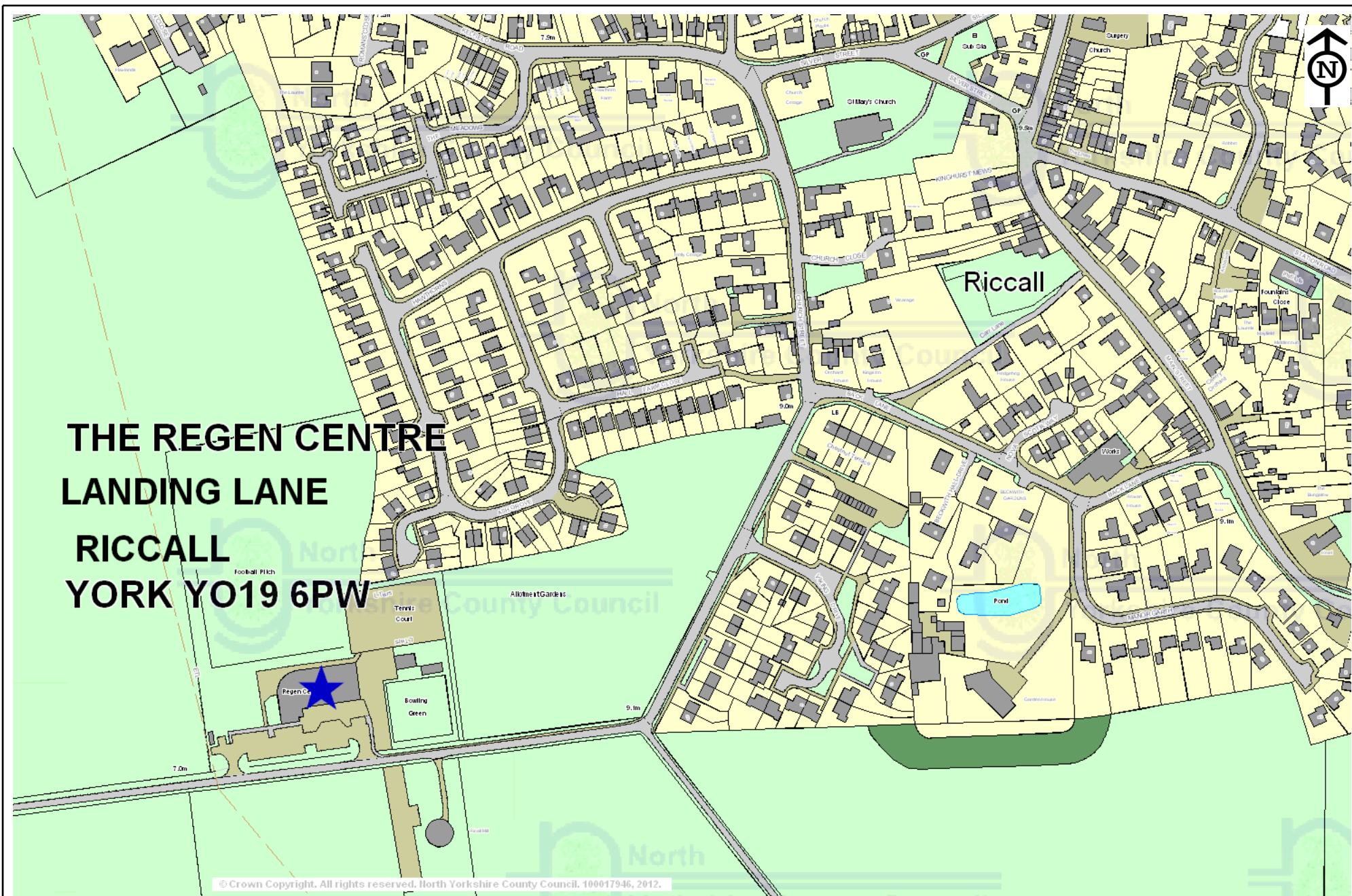
© Crown Copyright. All rights reserved. North Yorkshire County Council. 100017946, 2011.



**The Regen Centre, Landing Lane, Riccall, York YO19 6PW**

Map scale: Scale 1/24521  
 Date: Date 4/3/2011  
 Created by: ALJ  
 Grid Ref: Centre = 462241 E 436441 N

(c) Crown Copyright. North Yorkshire County Council 100017946 2011



**The Regen Centre, Landing Lane, Riccall, York.YO19 6PW**

(c) Crown Copyright. North Yorkshire County Council 100017946 2012

Map scale: Scale 1/3065  
 Date: Date 22/10/2012  
 Created by: ALJ  
 Grid Ref: Centre = 461850 E 437640 N

## North Yorkshire County Council

### Scrutiny of Health Committee

Minutes of the meeting held at The Street, Community Centre Scarborough on 13 June 2014.

**Present:-**

**Members:-**

County Councillor Jim Clark (in the Chair); County Councillors Val Arnold, David Billing, Liz Casling, John Clark, John Ennis, Heather Moorhouse, Patrick Mulligan, and Helen Swiers (substitute for Shelagh Marshall).

**Co-opted Members:-**

District Council Members:- Peter Bardon (Hambleton), Elizabeth Shields (Ryedale), Jane Mortimer (Scarborough), John Roberts (Craven), Michael Dyson (Selby) and Ian Galloway (Harrogate).

**In attendance:-**

North Yorkshire County Council: Executive Member County Councillor Clare Wood  
 NYCC Yorkshire Coast & Moors Area Committee:- County Councillors Penny Marsden, David Jeffels and Carole Gerada (Parish Representative)  
 Hambleton Richmondshire & Whitby Clinical Commissioning Group: Dr George Campbell and Sarah Ferguson  
 York Teaching Hospital NHS Foundation Trust: Mike Proctor Deputy Chief Executive  
 Scarborough & Ryedale Clinical Commissioning Unit: Simon Cox, Chief Officer  
 North Yorkshire & Humber Commissioning Support Unit: Alex Trehitt and Iain Murray

County Council Officers: Bryon Hunter (Scrutiny Team Leader), Jane Wilkinson and Henry Blackett (Legal & Democratic Services) and Dr Lincoln Sargeant (Director of Public Health).

Apologies for absence were received from County Councillors Philip Barrett, Margaret-Ann de Courcey-Bayley, Shelagh Marshall, Chris Pearson and David Simister and district Councillors Kay McSherry (Selby) and John Raper (Ryedale).

5 members of the press and public.

---

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

---

**The Chairman paid tribute to the Committee's former vice-chair, County Councillor Polly English who had died on Good Friday. The Committee then observed a minute's silence in her memory.**

**45. Minutes**

**Resolved**

That the Minutes of the meeting held on 11 April 2014 be taken as read and be confirmed and signed by the Chairman as a correct record.

#### **46. Chairman's Announcements**

- Children's & Maternity Services, Friarage Hospital – Following the decision of the Secretary of State, proposals to end consultant-led maternity and paediatric services would now go ahead. The role of the Committee was to ensure implementation of the proposals was effected smoothly and that James Cook and Darlington Hospitals had the necessary capacity.
- Quality Accounts – A formal response had been sent to Harrogate & District NHS Foundation Trust, Airedale Hospital NHS Foundation Trust and Tees, Esk and Wear Valleys NHS Foundation Trust.
- Autism Assessments – At the Committee's mid-cycle briefing, Members had learnt how additional investment was being used to fund initiatives aimed at reducing waiting times. The Committee would continue to monitor the situation and further updates would be provided in due course.
- Mental Health Services in Airedale and Craven - The Chairman together with Councillors from Bradford District Council had met with the Chief Executive of Bradford District Care Trust to discuss proposals for Ward 24, Airedale Hospital and a specialist unit for dementia patients at Lynfield Mount. Concerns around access and transport had been raised and the Chief Executive had given an undertaking to provide travel support for relatives and carers for the next five years.

#### **47. Public Questions or Statements**

There were no general public questions or statements from members of the public concerning issues not on the agenda.

##### **Resolved**

That the requirement to give three days' notice is waived and those Members of the public present at the meeting who wish to speak on items listed on the agenda will be invited to do so during consideration of that item.

#### **48. "Fit 4 the Future" Initiatives Hambleton Richmondshire and Whitby**

Considered -

The report of the Scrutiny Team Leader on two initiatives by Hambleton Richmondshire & Whitby Clinical Commissioning Group aimed at redesigning the future model of health and social care services in the area including Whitby Hospital. Appended to the report was a summary of the Clinical Commissioning Group's vision based on engagement work it had undertaken. The different challenges posed by localities had led to the project being divided into the following two initiatives:-

- "Fit 4 the Future" – Preparing for an aging population
- "Fit 4 the Future" – Enhancing community health and social services in Whitby and surrounding area

Dr George Campbell and Sarah Ferguson from Hambleton, Richmondshire & Whitby Clinical Commissioning Group together with Iain Murray (North Yorkshire & Humber Commissioning Support Unit) guided Members through a presentation that was tabled. The presentation highlighted progress made by each of the initiatives since previously reported to the Committee in January 2014. With regard to the Whitby area the presentation covered the retendering of a contract for community services and GP out of hours services and the potential options under consideration for redeveloping Whitby Hospital. Tabled at the meeting were an update paper (Whitby and surrounding area – June 2014) and a copy of the Whitby Hospital Strategic

Estate Options Appraisal. It was stressed that the preferred option for the redevelopment of the Whitby Hospital site as described in the presentation was still at the initial planning stage and therefore could be the subject of significant change before final approval was granted. The preferred option was to remodel and refurbish the four storey building on the rear of the current site which would then be able to meet all clinical requirements. The remaining surplus area could then be developed for community use such as extra care housing and bungalows for people with learning disabilities or alternative housing. A report was due to be presented to the CCG's governing body in July 2014. The proposals if approved would then be the subject of formal consultation. The Executive Member confirmed that the County Council was engaged in discussions with the CCG about community housing.

With regard to Hambleton & Richmondshire, Members were advised that the CCG intended to publish a report setting out its vision in the autumn that would include a long term strategy for the Friarage Hospital, Northallerton. Plans were also underway to provide 8-8 service provision based on learning from Whitby.

The Committee was advised of a successful bid to the Prime Minister's Challenge Fund. The monies secured by the CCG, £2.4m would be used to support a project to improve access for patients including IT access. The bid included a number of key elements including the use of technology to deliver remote consultations and partnership with large health partners such as Boots and WebMD.

During the course of the presentation it emerged that plans to constitute a GP Alliance/Federation across the Hambleton/Richmondshire area comprised of 21 merged practices were well advanced. The name of the federation which would be a limited company was 'Heartbeat Alliance'. One of the aims of the federation was to bid for contracts put out to tender such as out of hours and community services. The Committee was advised that robust governance arrangements had been put in place to guard against conflicts of interests. Despite the assurances given at the meeting that robust governance arrangements would be introduced Members remained concerned over there being conflicts of interest as the CCG would be commissioning services from GPs who were part of the CCG. The Chairman said that issues surrounding GP federation warranted closer examination and that a report on the matter would be added to the Committee's work programme and considered at a subsequent meeting.

Comments and questions from Members included:

- Commended the CCG on the quality and level of public engagement work it had undertaken surrounding the "Fit 4 the Future Initiatives".
- Supported and endorsed the long term vision being developed with regard to redesigning services and the redevelopment of the Whitby Hospital site
- disappointment at the lack of publicity/engagement regarding the CCG's plans to federate
- Emphasised the need for social housing in Whitby as opposed to private/holiday homes

The Chairman thanked the presenters for their attendance and the information they had provided. On behalf of the Committee he acknowledged the progress that had been made and congratulated the CCG on its successful bid to the Prime Minister's Challenge Fund.



## **Resolved –**

That regular update reports on the “Fit 4 the Future” Initiatives in the Hambleton, Richmondshire & Whitby Clinical Commissioning Group area be referred to future meetings.

That a report on GP federation that included input from the North Yorkshire & Humber Commissioning Support Unit be referred to a future meeting.

### **49. ‘Right Care First Time’ - Improving Urgent Care Services in Scarborough and Ryedale**

Considered -

The report of the Scrutiny Team Leader presenting the results of a consultation undertaken by Scarborough and Ryedale Clinical Commissioning Group on proposals to improve urgent care services in Scarborough and Ryedale.

The meeting was attended by Alex Trehwitt (NY & Y Commissioning Support Unit) and Simon Cox (Scarborough & Ryedale Clinical Commissioning Group) who outlined current services, the aims of the review, the response to the consultation and the timetable for procuring a new service.

The Scarborough & Ryedale Clinical Commissioning Group planned to carry out a procurement exercise during the summer with a view to announcing the service provider in September/October and for the new service to be launched in April 2015.

Questions and comments from the Committee included:-

- Would the Invitation to Tender documentation be made available to the public
- Queried why the tender documentation could not be site specific
- How would the gap in walk-in service provision at Castle Health Centre be managed
- How would the quality of the services provided be improved under the new contract
- Expressed support in principle for what the Clinical Commissioning Group was trying to achieve
- Commended the Clinical Commissioning Group on its engagement with the public
- Queried how staff shortages and recruitment problems would be overcome

Responses given by Simon Cox and Alex Trehwitt assured the Committee:

- That the Invitation to Tender documentation would be made available to the public and a copy forwarded to the Committee when available
- That if tender documentation was site specific it would limit the new services to continuing to be provided from current premises or to bids being received only from potential providers that had the capacity/ability to build new premises
- That there would be no gap in walk-in service provision at Castle Health Centre. Final details of the service to be provided between October and March were still the subject of negotiation between NHS England and the Castle Health Centre and were likely to be more nurse-led.
- Provision of a ‘one stop shop’ for all urgent care needs would reduce pressure on A&E and improve cost effectiveness. At present multiple points of access meant there was duplication and confusion about where to go. Patient transfers would in some instances still be necessary but the numbers would be minimal.

- Responsibility for staffing rested with the provider – longer contracts however provided greater security and meant there were opportunities to explore the use of telemedicine and different skill-mixes of staff such as more nurse practitioners

**Resolved -**

That the Scrutiny of Health Committee notes the results of the consultation for improving urgent care services in the Scarborough and Ryedale areas.

That further update reports are referred to the Committee in due course.

That copies of the Invitation to Tender documentation together with details of the final arrangements agreed to cover the gap in walk-in service provision at Castle Health Centre be circulated to Members when available.

**50. York Teaching Hospitals NHS Foundation Trust**

The Committee received an oral report from Mike Proctor, Deputy Chief Executive at York Teaching Hospitals NHS Foundation Trust on the following:-

- community hubs in Malton and Selby;
- developments in community services in the Whitby area and at Whitby Hospital;
- midwife led unit at Scarborough Hospital; and
- increasing elective surgery at Bridlington Hospital.

Mike Proctor elaborated that faced with a growing demand for services and an increasingly elderly population unless care pathways changed he foresaw that the current system would break down. He believed that significant numbers of secondary care patients could be managed better and more cost effectively by providers working together.

The Committee was advised that the Trust together with the Clinical Commissioning Group had elected to develop community hubs in Malton and Selby on a pilot basis as opposed to going down the formal procurement route. Both community hubs were still in the initial stages of development, a final timescale had still to be agreed. Members noted that work on the Malton pilot was slightly more advanced and it was hoped an initial model would be place by October. In response to questions Members were advised that the Trust aimed to provide patient transport and that problems surrounding data sharing had delayed progress.

Members noted that demand for in-patient beds at Scarborough Hospital had led to orthopaedic procedures being cancelled. Bridlington Hospital had capacity and patient feedback received following elective surgery carried out there had been very positive. The vast majority of patients were reported as saying that they were happy to travel the increased distance if it meant their operation could go ahead as planned. Based on this success the Trust was considering plans to extend the surgery available to include day cases.

Members endorsed the Trust's attempts to improve patient experience and welcomed news that the mid-wife led unit at Scarborough Hospital would shortly be re-opened.

**Resolved -**

That the content of the presentation be noted.

That a further progress report on the development of community hubs in Malton and Selby is referred to the Committee later in the year.

**51. Remit of the Committee and Main Areas of Work**

Considered -

The report of Bryon Hunter, Scrutiny Team Leader inviting comments from Members on the content of the Committee's programme of work scheduled for future meetings.

Members were asked if they had any additions, comments or changes to make on the Work Programme.

In presenting his report Bryon Hunter commented that he had been approached by several North Yorkshire clinical commissioning groups wanting to engage with the Committee on proposed service developments. Members noted that the theme of the September meeting would be mental health services. It was pointed out that each of the clinical commissioning groups had appointed a lead for mental health and that it would be helpful for them to be invited to attend or contribute to the September meeting.

**Resolved -**

That the content of the work programme and work programme schedule are agreed and noted.

The meeting concluded at 12.30 pm

JW/JR

## North Yorkshire County Council

## Scrutiny of Health Committee

5 September 2014

**Mental Health Developments in the area of North Yorkshire covered by Tees  
Esk & Wear Valleys NHS Foundation Trust and the Leeds and York Partnership  
NHS Foundation Trust**

**Purpose of Report**

1. To provide background information on the national and local position regarding Mental Health Services.
2. To give Elected Members an opportunity to comment on a range of developments in mental health services taking place across North Yorkshire, with the exception of in the Craven area.\*

\* *Arrangements are being made for the Committee to follow up developments in mental health services in the Craven area.*

**National Context**

3. At a national level, '*No Health Without Mental Health*' (DH, 2010) set out clearly how important our mental health is to us as individuals and to our social and economic success as a nation. It introduces the concept of 'Parity of Esteem', stressing that mental health needs to be given equal priority with physical health. '*Closing the gap: priorities for essential change in mental health*' (DH, 2014) builds on this early thinking by introducing 25 areas of mental health care that local organisations can focus on to deliver tangible change.
4. The 25 areas are set within six objectives:
  - More people will have good mental health
  - More people with mental health problems will recover
  - More people with mental health problems will have good physical health
  - More people will have a positive experience of care and support
  - Fewer people will suffer avoidable harm
  - Fewer people will experience stigma and discrimination.

**Parity of Esteem**

5. Launching '*Closing the gap*', the Deputy Prime Minister expressed concern that mental health services may have taken more than their fair share of the impact of the economic downturn. Attitudes to mental health are changing but stigma and ignorance still exist and it may sometimes have appeared easier to target mental health provision for cost savings than other more high-profile services. '*Everyone Counts*', NHS England's planning guidance for 2014 to 2019, calls

on Clinical Commissioning Groups (CCGs) to set out in their 5 year strategies how they will achieve parity of esteem. It is also evident that relatively small investment in mental health services can lead to significant savings elsewhere, such as reduced length of acute hospital stay or reduced burden on the criminal justice system.

#### Mental Health Crisis Care Concordat

6. The [Mental Health Crisis Care Concordat](#) is a national agreement between services and agencies involved in the care and support of people in crisis. It sets out how organisations will work together better to make sure that people get the help they need when they are having a mental health crisis. In February 2014, 22 national bodies involved in health, policing, social care, housing, local government and the third sector came together and signed the [Crisis Care Concordat](#). It focuses on four main areas:
  - [Access to support before crisis point](#) – making sure people with mental health problems can get help 24 hours a day and that when they ask for help, they are taken seriously.
  - [Urgent and emergency access to crisis care](#) – making sure that a mental health crisis is treated with the same urgency as a physical health emergency.
  - [Quality of treatment and care when in crisis](#) – making sure that people are treated with dignity and respect, in a therapeutic environment.
  - [Recovery and staying well](#) – preventing future crises by making sure people are referred to appropriate services.
7. Although the Concordat focuses on the responses to acute mental health crises, it also includes a section on prevention and intervention. The Concordat builds on and does not replace existing guidance. North Yorkshire agencies are looking at how to implement this locally.

#### Integration

8. All evidence shows that improving mental health requires both health and social care input. Factors relating to social inclusion, accommodation and employment are as important as physical and psychological health in recovery from mental health problems.
9. There are three key arguments in favour of an integrated approach:
  - Continuity of care: Reducing the likelihood of people's needs being lost because of exclusion criteria in fragmented services and increasing the quality of care coordination;
  - Comprehensive service provision: Recognising that the social and illness factors in people's mental health cannot be separated and ensuring that all needs are addressed;
  - Cost reduction: In terms of management savings, reduced duplication and efficient division of labour.

10. Ultimately the integration agenda needs to go across sectors, finding appropriate ways to join up police, acute healthcare and community healthcare to achieve successful outcomes.

## **North Yorkshire Context**

### *Health and Wellbeing Strategy and Better Care Fund*

11. The North Yorkshire Joint Health and Wellbeing Strategy identifies the emotional health and wellbeing of all age groups as a key area of focus between 2013 and 2018.
12. In addition to this, the Health and Wellbeing Board has agreed three priorities within the Better Care Fund (BCF) Plan submitted in April 2014 for Mental Health:
  - Improve health, self-help and independence for North Yorkshire people by:
    - Developing more alternatives to long term care for older people and those with learning disability and mental health needs,
  - Invest in Primary Care and Community Services, including
    - Investing in core community health services to increase capacity,
    - Developing mental health in-reach services to support people in acute care and in community settings,
    - Investing in dementia services,
  - Create a sustainable system
    - Developing more alternatives to long term care for older people and those with learning disability and mental health needs,
    - Investing in support to carers,
    - Working with Secondary Care to secure the hospital, mental health and community services needed in North Yorkshire.
13. All North Yorkshire CCGs have identified mental health as a priority in their Strategic and Operational Plans and it is recognised that improving responses to mental health problems will have benefits across the health and care system, as well as other partners, for example, the Police.
14. Across North Yorkshire, NYCC works closely with 3 Trusts which provide mental health, learning disabilities and substance misuse services:
  - Bradford District Care Trust - Craven,
  - Tees, Esk and Wear Valleys Mental Health Foundation Trust - Hambleton and Richmondshire, Scarborough, Whitby, Ryedale and Harrogate areas,
  - Leeds and York Partnership NHS Foundation Trust (LYPFT) - Tadcaster, Selby/Easingwold areas.

*(It should be noted that up until 1 July 2014 the Leeds Partnership Trust also provided Improving access to Psychological Therapy (IAPT) services and Specialist Eating Disorder Services across all of the County. IAPT services are now aligned with each of the 3 trusts above.)*

15. Work is underway to develop a single Mental Health and Wellbeing Strategy for North Yorkshire that will include public health, health care and social care. This strategy will shape the response of organisations to ensure North Yorkshire builds effective and sustainable mental health services.
16. Just as there is a need to translate national strategy into what works for North Yorkshire and York, local variation within the county needs to be understood and addressed. Recognising the complexity of the North Yorkshire care system, improving the quality of mental health services should reflect the needs of local communities – a ‘one size fits all approach’ will not do. Services should be designed to keep people at home or, where care elsewhere is necessary, to return them home as soon as possible.

#### Yorkshire & the Humber Strategic Clinical Networks

17. As the care system seeks to change and improve, Strategic Clinical Networks are there to help with the development process. They are already demonstrating some key areas of progress, which include:
  - CCG GP Mental Health Leadership Programme
  - commissioning effective quality Improving Access to Psychological Therapies (IAPT) services
  - organised the first regional IAPT provider’s network meeting
  - supporting the ‘Yorkshire and the Humber Mental Health Collaborative’ to understand the implications of the ‘Crisis Care Concordat’

#### Key Issues for North Yorkshire

18. There are common issues across the County and there is a need to work out the extent to which there are common solutions. The key issues include:
  - IAPT: Making sure there is sufficient investment and capacity within the IAPT programme that supports a more diverse approach to psychological therapies access at all tiers of service. Current arrangements for the provision of this service for the northern parts of North Yorkshire will transfer from Leeds and York Partnership NHS Foundation Trust to Tees Esk, and Wear Valleys Foundation Trust in July. The part of the IAPT service that is provided to the Craven area will transfer to Bradford District Care Trust later this year.
  - Dementia: The Joint North Yorkshire and York Dementia Strategy 2011-2013 is currently being refreshed. This will ensure a continued focus on managing the challenges created by increased demand while commissioning a high quality range of services for people living with dementia and their carers. Early interventions have been shown to be cost effective and the newly commissioned Dementia Support Services in North Yorkshire have a key role to play in supporting people post-diagnosis.

- Diversity of provision: There are some excellent examples of initiatives led by the non-statutory sector in North Yorkshire and York but there is also a significant opportunity to expand involvement of voluntary sector and independent sector groups and organisations.
- Acute/Psychiatric Liaison: Work is underway to develop liaison psychiatry services across the county. The Prevalence of co-morbid mental health problems among patients in general and acute hospitals is extremely high, particularly among older people, where the Royal College of Psychiatrists estimate 60% of people over 65 in acute hospital have mental health as well as physical health problems. This leads to significantly longer stays in hospital for this group and poorer health outcomes.
- Transitions: Young people moving at age 18 from Child and Adolescent Mental Health Services (CAMHS) to adult mental health services can experience a number of problems. Early Intervention in Psychosis services have bridged this gap for some but commissioners are exploring further development of an early intervention approach. North Yorkshire Children and Young People's Services have developed an Emotional Health and Wellbeing Strategy under the direction of the Children's Trust and the CAMHS Partnership Group. The strategy sets the vision for all children and young people in North Yorkshire to enjoy good emotional and mental health and sits in the context of the government's Mental Health Strategy (No Health without Mental Health) as described earlier.
- Specific populations: Armed forces veterans and the families and dependents of the armed forces have specific needs. There is a changing pattern of ethnic origin across North Yorkshire and York. All services need to ensure that people with learning disabilities and physical disabilities have access to services which meet their needs.
- Physical Health: There is clear evidence that having a mental health problem compromises physical health. In North Yorkshire, people identified with a mental health problem are nearly four times more likely to die before they reach the age of 75 than those without. Suicide accounts for around 6% of these deaths, with the biggest cause being circulatory disease at 22%. Twice the number of people with mental health problems are smokers, compared to the general population.
- Estate: There are significant challenges in terms of physical fabric of the buildings and facilities across the County and CCGs and Trusts are taking action to improve these settings.
- Response in crisis: Two clinically-based Section 136 places of safety have recently opened, one in York and one in Scarborough. Progress to meet the needs of populations around Harrogate and Northallerton is also being made. The *Mental Health Crisis Care Concordat* presents an opportunity to embed the principle of all partners working together to meet the best interests of vulnerable people in crisis.



## **Specific Service Developments Currently Taking Place in North Yorkshire**

### *DISCOVER! – A New Mental Health Strategy for York*

19. As part of its *DISCOVER!* initiative the Vale of York CCG has held a series of engagement events during the summer months with the objective to transform and modernise mental health services. Key commitment has been to ensure that the community has a role in helping to shape decisions about local healthcare, and have a role in determining the range of services that should be provided in the community setting and in primary care.
20. The outcome from the events will help to shape the CCGs future service specification and commissioning decisions and for mental health services. The CCG will be launching a procurement process during the autumn period with a view to awarding a contract by 1 April 2015 and the contract taking effect from 1 October 2015.
21. Janet Probert, Director, Partnership Commissioning Unit (the unit which commissions mental health services on behalf of 4 CCGs covering most of North Yorkshire) will be attending the meeting to provide more information and to respond to Members' questions and comments.

### *Bootham Park Hospital and Lime Trees Unit, York*

22. Confirming comments that the CCG has received recently from service users, a recent Care Quality Commission (CQC) report highlighted concerns about the physical state of Bootham Park Hospital. In addition, the Lime Trees Unit, which delivers child and adolescent mental health services (CAMHS) commissioned by NHS England was found to be not meeting standards for access, privacy and dignity and single sex accommodation. Bootham Park Hospital was built in 1774 and it has served the people of York well for 240 years but the time has come for a new approach. The services at Bootham Park and Lime Trees are currently provided by the LYPFT.
23. The CQC identified a number of issues that needed to be resolved to make the premises safe for inpatient care. In the case of Bootham Park Hospital the fact that it is a Grade 1 listed building meant there were restrictions to any improvements that can be made to the fabric of the building. English Heritage and York City Council planners have since agreed to more changes which will allow the Bootham Park Hospital to be refurbished to provide safer inpatient care.
24. Under an interim plan agreed at the CCG's Governing Body meeting on Thursday 7 August 2014 measures include refurbishing and changing wards at Bootham Park Hospital to make them more suitable for providing inpatient care; and moving Ward 6 (older people's ward) to Cherry Tree House in York. Further work has just been undertaken with staff on the Electro-Convulsive Therapy (ECT) suite to identify the most appropriate solution and the Trust has agreed that it should remain at Bootham Park Hospital. These plans will improve the environment for service users who access these services.
25. Specialist mental health services inpatient services (Tier 4) for children and young people, commissioned by NHS England, will move from Lime Trees to Mill Lodge in York. This will provide a better environment with more space, and

will improve care for more children and young people in inpatient facilities close to their homes and families. A more detailed paper on this aspect of the changes is attached as ENCLOSURE 1.

26. Developments at Bootham Hospital and at the Lime Trees Unit are occurring at the same time as the *DISCOVER* initiative referred to above. There is now an opportunity for the Vale of York CCG to define the best possible model of care and to design a state of the art hospital facility.
27. The CCG hopes to announce the site of the new hospital in approximately six months. The interim plans will provide solutions for three years when it is expected that a new purpose-built mental health hospital will open its doors to patients.

*Leeds and York Partnership NHS Foundation Trust (LYPT) - Review of Cognitive Impairment and Dementia Services*

28. The LYPFT is reviewing its Cognitive Impairment and Dementia Services in York and North Yorkshire.
29. The review will examine the needs of all people with cognitive impairment and/or dementia who receive community services, memory services and inpatient services. "The aim for the project is to develop a clear mental health pathway for people with cognitive impairment/dementia, providing a service which is 'better, simpler and more efficient' and reflects the Trust's goals and values."
30. The review will cover services currently provided at Worsley Court a community unit for the elderly in Selby.
31. Lynn Parkinson, Deputy Chief Operating Officer from the LYPFT will be attending the meeting to provide more information and to respond to Members' questions and comments in respect of the developments at Bootham Park Hospital and the review of Cognitive Impairment and Dementia Services.

*Hambleton, Whitby & Richmondshire CCG, Scarborough & Ryedale CCG and Harrogate and Rural District CCG Areas*

32. Mental health services across these CCG areas are provided by the Tess, Esk and Wear Valleys NHS Foundation Trust. There are no imminent plans for the retendering of these services by the CCGs.
33. Adele Coulthard, Director of Operations, North Yorkshire at the Trust will be attending to brief the Committee on a number of service developments.

**Child and Adolescent Mental Health Services (CAMHS)**

34. The North Yorkshire Children's Trust is committed to supporting and promoting the good emotional and mental health of children living in North Yorkshire. A new Emotional and Mental Health Strategy 2014-17 has recently been developed. Most children in North Yorkshire will grow up with a strong sense of identity, self-esteem and resilience, and will not require any form of intervention around their emotional and mental health. This new strategy recognises the importance of strengthening protective factors which promote childhood resilience across a child's physical and emotional attributes, family life and the

environment in which the child lives. However, the strategy also acknowledges that the impact of poor mental health or lack of self-esteem can be destructive to young lives and hinder a child's ability to fulfil their potential.

35. The national 'no health without mental health' Strategy<sup>2</sup> identifies that 1 in 10 children between the age of 5-16 years old has a mental health problem and many continue to have problems into adulthood, and that half of those with lifetime mental health problems first experience symptoms by the age of 14. Tackling mental health issues in early life and building on protective factors is, therefore, important to help children move on to positive and fulfilled lives.
36. The strategy recognises that many agencies contribute both directly and indirectly to the emotional and mental wellbeing of children in North Yorkshire, including schools, early help services, social care services, the voluntary and community sector and a range of health professionals including GPs, primary mental health workers, psychiatric nurses and Child and Adolescent Mental Health Services (CAMHS) clinicians.
37. The strategy describes work in North Yorkshire to ensure that services are co-ordinated, integrated, deliver quality outcomes and value the voice of the child and family. In order to deliver against the outcomes identified in the government's Mental Health Strategy and the vision which the Children's Trust has set itself, eight local actions have been agreed:
  1. To promote emotional wellbeing and resilience in all children
  2. To provide a clear and transparent view of the services available to promote positive mental and emotional wellbeing in North Yorkshire
  3. To increase understanding amongst children and professionals of emotional and mental ill-health in order to reduce discrimination and stigma
  4. To ensure earlier identification of children exhibiting emotional problems so that they are able to access help and support in a timely way
  5. To develop and implement integrated, multi-agency service pathways for all levels of service provision, that improve both access to services and the timeliness of response
  6. To ensure services put children, families and carers at the centre of their care and ensure they are involved in the planning, design and evaluation of services
  7. To, where possible, ensure services will be evidence informed and that they deliver quality outcomes
  8. To understand the current and expected future demand for these services, so as to inform future commissioning decisions around priority needs and vulnerable groups
38. Together, these local actions are cross cutting and will deliver against more than one outcome area. Delivery of the actions is underpinned by some shared principles: -
  - The role of services is to ensure that the life chances of children and young people, especially those who are disadvantaged, are maximised.

- Parents have primary responsibility for, and are the main influence on, their children.
  - Families are central to defining and addressing the problems that they face and they are key partners in the process.
  - Children's needs are best met when addressed in the context of the whole family
  - Intervening early prevents longer term, more costly and more damaging problems later.
39. The emotional and mental health of children and young people also features heavily in the new Children and Young People's Plan "Young and Yorkshire" due for public launch on the 20 September 2014.

Government Task Force

40. Norman Lamb, Minister of State for Care and Support, has recently stated publically that child mental health services are "not fit for purpose and are stuck in the dark ages".
41. Services currently are commissioning from councils, schools, clinical commissioning groups and NHS England. He said it was unacceptable that some children with severe mental health problems were still being cared for on adult wards, and some being transferred to centres miles from their homes.
42. A government task force has been launched in a bid to make improvements.
43. The new task force, which will be co-chaired by officials from NHS England and the Department of Health, will look at how best to improve the organisation of services, and how they are commissioned. It will also focus on the use of charity and voluntary groups, as well as ways to make it easier for young people to get help online. A key aim will be to get young people involved in developing the new service. Among its tasks will be to look at overhauling the way CAMHS is commissioned, to ensure young people are offered the most appropriate care, whether in the community or in hospital.
44. It is anticipated that the Task Force will report early in 2015.

Recommendations

45. That Members note and offer comment to:
- a) the Vale of York CCG on its "Discover" initiative and on the CCG's plans to transform and modernise mental health services, including the role that the community has in shaping the future services.
  - b) the Leeds and York Partnership NHS Foundation Trust on:
    - developments at Bootham Park Hospital - including the relocation of Ward 6 (older people's ward) to Cherry House in York.
    - the relocation of CAMHS in-patient services from Limes Trees to Mill lodge in York.

- its review of Cognitive Impairment and Dementia Services.

c) the TEWVFT on developments taking place in the services it provides.

46. That Members note that a further report on the outcome from the Government Task Force looking at CAMHS and how that work can be taken forward locally will be prepared for the Committee in the New Year.
47. That Members note a report covering developments in mental health services in the Craven area of North Yorkshire will be submitted to the Committee at the earliest opportunity.

Report From:

Bryon Hunter, Scrutiny Team Leader

North Yorkshire County Council, County Hall, NORTHALLERTON

**28 August 2014**

**Background Documents: None**

## Relocation of Child and Adolescent Mental Health Tier 4 Inpatient Services in York

### 1. Introduction

Child and adolescent mental health services (CAMHS) cover a wide range of services for young people up to the age of 18. About one in 10 young people will have emotional or behavioural problems at some time in their lives.

CAMHS is split into four tiers:

- The first three tiers are delivered in the community and provide a wide variety of assessment and support for mild to moderate mental health conditions. These range from common problems of childhood such as sleeping difficulties or feeding problems up to assessment of development or behavioural problems, autism, hyperactivity, eating disorders, depression and early onset psychosis. Services in Tiers 1 to 3 are commissioned by clinical commissioning groups.
- Tier 4 services consist of specialised day and inpatient units, where children and adolescents with more severe mental health problems can be assessed and treated. Tier 4 services are commissioned directly by NHS England specialist commissioners.

### 2. CAMHS provision in York and Selby

Tier 4 CAMHS is provided to young people up to the age of 18 in the York and Selby area by Leeds and York Partnerships NHS Foundation Trust (LYPFT).

The service is known as Lime Trees and is based in a building of the same name, which is located in the Clifton area of York. The building is owned by NHS Property Services. Whilst most service users are supported by the outpatient (community) team, which provides a range of assessment and treatment interventions including one-to-one, group and family therapy, some young people with severe conditions require more intensive assessment, care and support in an inpatient service.

Lime Trees provides mixed gender inpatient accommodation for up to nine service users. The majority of inpatients are female, which is in line with national trends. The most common conditions experienced by inpatients are anorexia nervosa (28% of cases) and self-harming behaviour (26%).

At present, demand for inpatient CAMHS beds for York and Selby is variable but at any one time there can be up to 14 service users who need an inpatient admission.

At Lime Trees only nine beds are currently available (with the unit having closed two of its beds at the request of NHS England due to the serious constraints of the physical environment of the unit). When demand is high, service users are admitted to other specialist units in other parts of the country and in some cases there is a waiting list for places.

In Yorkshire and Humber, up to 40% of patients are admitted to Tier 4 services outside of the region due to high demand for existing specialist services in the region. The closure of the two beds at Lime Trees will inevitably add more pressure on this.

### **3. Challenges of the current environment**

The physical environment of the current Lime Trees inpatient building is not fit for purpose, and creates a number of challenges to the delivery of safe and effective care to children and adolescents requiring 24-hour care. LYPFT has, for some time, been working with NHS Property Services to find alternative premises for inpatient CAMHS at Lime Trees. The challenges of the physical environment were then highlighted in a recent (February 2014) Care Quality Commission (CQC) inspection report relating to the service, and have also required NHS England specialist commissioners to issue an agreed derogation against national standards for Tier 4 CAMHS services.

The latest CQC inspection report highlighted that generally the care received by service users at Lime Trees is good. They found the service to be fully compliant in meeting standards for:

- Treating people with respect and involving them in their care
- Providing care, treatment and support that meets people's needs
- Staffing (providing skilled staff and the appropriate staffing levels).

The CQC highlighted some very positive feedback in their report. They said:

- Staff were interacting with patients in a positive, respectful and caring manner
- There was documented evidence which demonstrated that patients were provided with written and verbal information about their rights
- Each patient had a comprehensive risk assessment in place which included exploitation, vulnerability, nutrition, social isolation, self-harm, aggression and violence
- Patients they spoke with told them they thought they were cared for well by staff and felt safe on the ward.

However, as a result of the challenges posed by the clinical environment, Lime Trees was only partially compliant against two required standards in the CQC inspection:

- People should be cared for in safe and accessible surroundings that support their health and welfare (outcome 10)
- The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care (outcome 16).

An inspection of inpatient facilities found a number of potential ligature (hanging) points in bedrooms and bathrooms, and the CQC noted that the ward did not have risk assessments in place to manage the ligature risks identified. In addition, the bedrooms were found to present a risk in enabling service users to barricade themselves into rooms, and there were concerns relating to adequate ventilation. These were identified as serious concerns that needed prompt resolution.

The CQC concluded that the building is not compliant with the Disability Discrimination Act (DDA) because the corridors and some rooms are not accessible for wheelchair users.

A number of issues relating to the provision of separate services for male and female service users also meant that the inpatient service was not compliant with the Department of Health Single Sex Accommodation (SSA) requirements, and the environmental layout may compromise the privacy and dignity of patients. The accommodation is such that the number of male inpatients is therefore limited to two at any one time.

A number of these concerns are equally reflected in the feedback given by both service users and families/carers as part of the annual Quality Network Peer Review process. Last year, the comments raised included concerns relating to the size and layout of the bedrooms, a lack of adequate visiting space, a lack of bathrooms, poor ventilation, and a general sense of the whole unit feeling very small and cramped.

Although a number of short-term actions have been taken to reduce the risks identified, it is fully agreed by LYPFT and NHS England specialist commissioners that the current unit cannot remain open due to the environmental challenges and an inability to ever fully comply with national standards and other legal requirements (such as the DDA).

#### **4. Proposed solution**

LYPFT has worked closely with NHS England specialist commissioners and NHS Property Services to identify optimum solutions for enabling Lime Trees to meet CQC standards and deliver high quality, safe inpatient care in line with national guidelines. Due to the urgency of the need to relocate the service, a current property was identified that could be adapted to meet the required standards, and this was proposed as a temporary interim solution.



LYPFT, NHS England specialist commissioners and NHS Property Services have therefore planned to relocate inpatient services to an alternative NHS building in the Huntingdon area of York. The Mill Lodge building is currently unoccupied, although was previously designated as a 20 bedded inpatient unit for older adults. Outpatient services will remain at Lime Trees.

Subject to refurbishment, the Mill Lodge building will provide suitable accommodation for young inpatients and will enable the service to:

- Increase bed capacity, which would reduce the number of local young people receiving their inpatient care out of the York area
- Develop a high dependency area as part of the inpatient service, which would enable the unit to care for more acutely ill young people
- Minimise ligature risk and make bedrooms, bathrooms and other facilities safer
- Make the inpatient wards single sex and improve dignity by introducing washing facilities in all the bedrooms and separate facilities for male and female patients
- Ensure that the service is wheelchair user-friendly and compliant with the DDA
- Provide more relaxation space and space for family visits, which is not currently available at the Lime Trees building
- Increase space at the Lime Trees building for outpatients and other community services.

Mill Lodge has previously received capital investment from the former North Yorkshire and York PCT and is therefore of a high internal and external standard already. By utilising this existing inpatient space, LYPFT will be able to reduce costs and make the best use of resources whilst ensuring a prompt transition to the new premises.

Based upon the work that has been undertaken to date to develop plans for Mill Lodge, NHS England specialist commissioners have given their support to a business case to proceed with refurbishment of the building; and we expect (a different part of) NHS England to give approval to the capital funding for the refurbishment shortly. A specification for the refurbished building – based upon the identified needs of the service user group and the national standards related to Tier 4 CAMHS units – has been developed, and is currently going to tender.

NHS England specialist commissioners have been clear that failure to implement an urgent resolution to the relocation of the service would inevitably result in a closure of the service; and a loss of a local Tier 4 CAMHS service to the young people of York and North Yorkshire.

## **5. Service user involvement**

LYPFT and NHS England have been working closely with service users, families and staff to ensure that their views have assisted in – and continue to inform - the development of these proposals. Some current inpatients were involved in a site visit to the proposed new premises. During the visit the young people were very positive about the potential and in particular commented on the space throughout the unit, both internally and externally. They liked the fact that there would be better visiting space and more 'chilling out' areas. They wanted the lounge to remain as one room but liked the different zones in the room – a sense of being together but having some space apart. The young people advised on furniture choices and wanted a combination of sofas and chairs in the lounge, citing how challenging it feels in the current unit when everyone has to 'squash into the sofas' in the lounge.

In addition, a session was held with the York Youth Council, asking them to comment on the requirements they would want from an inpatient service. The general feedback included:

- Homely feel with a place to lock personal belongings
- Own bedroom and own bathroom
- Community area and opportunities to watch TV, read books, play games and listen to music
- Warm colours
- A safe place
- A gardening area to grow vegetables
- Stationery to keep a diary
- Good food (and possibly a tuck shop)

The feedback is being used to shape the plans for developing the Mill Lodge site; and young people and their families/carers will be invited back to further inform the next stage of the development, including the choice of colours used in the unit and the general look and feel of the decor.

## **6. Next steps**

Assuming that the current specification for refurbishment is successfully tendered and the timescales anticipated within the work programme are achieved, the intention is for the Tier 4 CAMHS inpatient services to relocate to Mill Lodge by early November 2014. This will provide an interim solution to the environmental needs of the service. It is anticipated that the refurbishment project will cost around £1m inclusive of fees, contingency and VAT.

It was originally proposed that NHS Property Services might provide a new entirely fit-for-purpose development on the Lime Trees site at an estimated cost

of around £3m. However, due to both the urgency of the need to relocate the service and a planned national procurement exercise by NHS England for the provision of Tier 4 CAMHS this was not a viable solution in the short term. It is anticipated that this will need to be explored further, in particular depending upon the outcome of the national procurement process for Tier 4 CAMHS provision across Yorkshire and Humber.

**North Yorkshire County Council****Scrutiny of Health Committee****5 September 2014****Harrogate and District Community Healthcare Services Review : Position Statement****Purpose of Report**

1. The purpose of this report is to alert the Scrutiny of Health Committee to work being undertaken to develop community healthcare services in the Harrogate locality.

**Background**

2. Harrogate and Rural District Clinical Commissioning Group (HaRD CCG) and Harrogate and District NHS Foundation Trust (HDFT) recently undertook a formal review of community healthcare services delivered in the Harrogate locality.
3. There was a desire to understand the range and scope of services and to ensure services are well integrated and work seamlessly together for the benefit of patients. There was also a need to identify gaps in provision leading to unmet need, and how community-based healthcare services can work with acute hospitals and other sectors (such as voluntary organisations, care homes, etc.) to ensure an effective and efficient provision of healthcare within the community.
4. The review is driven by a commitment to delivering high quality, accessible and responsive services for all who need them. The overriding ambition is to increase the healthy lifespan of the population, reduce social isolation and improve people's quality of life.

**Which services did it cover?**

5. The former NHS North Yorkshire and York (Primary Care Trust or PCT) tendered for and awarded a community contract for a number of community services to HDFT as part of the Transforming Community Services (TCS) Programme in 2011. Some of these services are provided across the whole of North Yorkshire, while others are delivered only in the Harrogate locality.
6. This review covers only the following services delivered in the Harrogate locality:
  - Cardiac Rehabilitation
  - Case Management
  - Community Matrons
  - Community Nursing
  - Specialist Continence
  - Chronic Pain and Fatigue Services
  - Specialist Diabetes Nursing
  - Falls Assessment
  - Fast Response Team

- Specialist Heart Failure Nursing
  - Specialist Respiratory Nursing
  - Speech & Language Therapy – Adults
  - Community Stroke service
7. It does not cover services delivered in acute hospital settings at Harrogate District Hospital or Ripon Community Hospital.
  8. The contract was awarded for a three year period from 1 April 2011 until 31 March 2014. HaRD CCG recently took a decision to roll forward the current contract for community services as a number of national initiatives due to be concluded in the coming months could impact on the commissioning and provision of community services, influencing the CCG's decision making once the review is complete.

#### **How was the review carried out?**

9. If services are to be developed to meet future need, then it is vital that the people who deliver the services and who receive care, as well as key stakeholders in the wider community, are involved and have the opportunity to contribute to any service redesign. These groups are best placed to provide their views on how the services currently operate, how they feel services may need to change and to make suggestions for better future working.
10. The review was carried out in an engaging and transparent way, with a variety of focus groups, one to one meetings and open space events, to gain the knowledge of staff working in the services and clinicians referring into the services.
11. To gain the insight of service users, a survey was produced and distributed to a sample of recently discharged patients. The information and insights received from these patients has proved particularly useful.

#### **What did the review conclude?**

12. The review was designed to make recommendations to be considered by both organisations to enable:
  - The CCG's Governing Body to make an informed decision regarding any commissioner actions
  - HDFT Board to make informed decisions regarding any changes required to the current community service model of provision.
13. There were a number of recommendations in the report. In summary they include:
  - There is a lack of consistency in the way services are resourced, which needs to be addressed in order to ensure they can operate more effectively.
  - Further work is required to change the governance, leadership, skill mix and availability of community nursing to effectively meet the needs of patients.
  - All forms of documentation need to be consistent and of a high standard to support effective communication.

- Referral pathways, policies and procedures need to be developed and consistently applied and all key stakeholders including GPs need to be made aware.
- Effective implementation of integrated health and social care teams wrapped around the needs of a practice population need to be introduced, including named community nurses and team leaders for each practice and an improved and more effective communication route for GPs to raise concerns with HDFT and vice versa.

### **Next steps**

14. The next phase of the project will see a wide scale engagement exercise with patients and the public to talk to them about what they want to see from future community services. This will help the CCG develop its vision for the future. If you need any further information, please email us at [hardccg.enquiries@nhs.net](mailto:hardccg.enquiries@nhs.net)

Report from:

- John Pattinson, Director of Quality / Executive Nurse, Harrogate & Rural District Clinical Commissioning Group
- Joanne Crewe, Operational Director, Harrogate and District Hospitals Trust

  
**Harrogate and Rural District  
Clinical Commissioning Group**

**Harrogate and District**   
NHS Foundation Trust

---

**21 August 2014**

**Background Documents: None**

**NORTH YORKSHIRE COUNTY COUNCIL****SCRUTINY OF HEALTH COMMITTEE****5 September 2014****Remit of the Committee and Main Areas of Work****Purpose of Report**

1. The purpose of this report is to highlight the role of the Scrutiny of Health Committee (SoHC) and to review the work programme taking into account current areas of involvement and decisions taken in respect of earlier agenda items.

**Introduction**

2. The role of the SoHC is to review any matter relating to the planning, provision and operation of health services in the County.
3. Broadly speaking the bulk of the Committee's work falls into the following categories:
  - a) being consulted on the reconfiguration of healthcare and public health services locally;
  - b) contributing to the Department of Health's Quality Accounts initiative and the Care Quality Commission's process of registering NHS trusts;
  - c) carrying out detailed examination into a particular healthcare/public health service;
4. 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.

### **Scheduled Committee Dates**

5. The Committee meetings for the rest of 2014 and into 2015 are:

#### **2014**

- 7 November, Venue: County Hall

#### **2015**

- 23 January
- 24 April

6. All of the meetings take place on Fridays and start at 10.00am. All venues are yet to be confirmed unless stated otherwise.

### **On-Going and Emerging Areas of Work**

7. The Committee's work programme and areas of involvement are summarised in APPENDIX 1.

#### **Recommendation**

8. That Members review the Committee's work programme, taking into account issues highlighted in this report, the outcome of discussions on previous agenda items and any other healthcare developments taking place across the County.

**Bryon Hunter**  
**Scrutiny Team Leader**

**County Hall**  
**NORTHALLERTON**

**27 August 2014**

**Background Documents: None**



**NORTH YORKSHIRE COUNTY COUNCIL****Scrutiny of Health Committee – Work Programme/Areas of Involvement - 2014/15 (as at August 2014)**

	2014		2015	
	5 Sept	7 Nov	23 Jan	24 Apr
<b><i>Scheduled Committee Meetings</i></b>				
1. Vale of York CCG – “Discover” - A new Mental Health Strategy for York				
2. Leeds and York Partnership NHS Foundation Trust: - Developments at Bootham Hospital and Lime Trees Unit, York - Review of Cognitive Impairment and Dementia Services				
3. Tees, Esk and Wear Valleys NHS Foundation Trust: Service Developments				
4. Harrogate and Rural District CCG / Harrogate and District NHS Foundation Trust: Review of Community Services				
5. South Tees Hospitals NHS FT - Investigation by Monitor and financial situation of the Trust				
6. Hambleton, Richmondshire & Whitby CCG: Whitby - “Fit 4 the Future”				
7. Hambleton, Richmondshire & Whitby CCG: Hambleton and Richmondshire - "Fit 4 the Future"				
8. Scarborough & Ryedale CCG: Integrated Urgent Care Model – Implementation				
9. National Review of Congenital Heart Surgery (Adults and Children)				
10. Outcome of Government Task Force on CAMHS – Local Implementation				
11. Mental Health services in the Craven area				