North Yorkshire County Council
Whitby Scarborough Filey Borough of Scarborough
Ryedale District Council
East Riding of Yorkshire Council
NHS
NHS Scarborough and Ryedale Clinical Commissioning Group
NHS East Riding of Yorkshire Clinical Commissioning Group
York Teaching Hospital NHS Foundation Trust
Tees, Esk and Wear Valley NHS Foundation Trust

Ambition for Health:

Transforming health and social care services in Scarborough, Ryedale, Bridlington and Filey

Contents:

1.0 Introduction: A shared ambition for health

The organisations responsible for health and social care in Scarborough, Ryedale, Bridlington, Filey and the surrounding area have united to create a shared ambition for the health of local communities.

This is an important time for health and social care services and we want you to be aware of our plans, why they are needed and how all us, as local residents, can keep ourselves healthy and independent and help to influence the health and social care services we use.

This document sets out our ambition and explains why things need to change. Whilst it will take time for us to achieve our ambition, it is essential that we start taking action now. As you will read, the NHS and social care, both nationally and locally, are facing some big challenges. Not only is our population changing and needing more care and support, but we also have the added pressure of providing this care with less money and in a jobs market where fewer people are choosing to work in health and social care.

The only way we can respond to these challenges is by working together to review and change the way we do things. By acting now we will ensure our communities have access to the best information and advice to keep well and to the care and support for their health needs, long into the future.

All partners have committed to supporting the Ambition for Health Programme and to promote better health and the future sustainability of health and social care services in our communities.

2.0 Our ambition

Our ambition covers three main aspects of health and social care:

1. **Healthy lifestyles** - An ambition to help people lead healthy lifestyles, supporting them to take control of their own health to prevent illness
2. **Care at home** - An ambition to improve the care provided at home and in the community (sometimes called 'out of hospital care') so that health and social care services work more closely together with the aim of preventing people needing treatment in hospital
3. **Sustainable services** - An ambition to ensure that Scarborough Hospital and other major services are of a high quality, are financially sustainable and that we all have access to the right care, in the right place, at the right time.

These are ambitions are informed by what local people tell us; and what local statistics show. They also respond to national and local strategies, including the NHS Five Year Forward View and the Joint Health and Well-being Strategies of North Yorkshire and the East Riding of Yorkshire.

3.0 Why we need to change

There are four main reasons why we must take action now:

3.1 Changing health needs of our communities

Beyond the famous coastline and the beauty of the North York Moors National Park, our area has a significant and diverse population. It has a mix of deprived and affluent, urban and rural. The main urban centre of Scarborough is located approximately 40 miles away from the nearest city and experiences significant seasonal fluctuations in population - the impact of which can be immense on health and care services.

Scarborough Hospital is a cornerstone of local services and much valued by local people. However, our local health and social care systems experience financial and workforce pressures which are increased by current national financial and policy models. The small resident population of Scarborough and surrounding areas does not generate sufficient activity to provide income to build sustainable services, which is why we need to modernise services and change the way they are funded.

From a national perspective, England has an ageing population. By 2025, the number of people over 80 years old will have increased by 50% compared with 1995. We can expect the growth in our ageing population to lead to an increase in conditions such as dementia and an increase in unplanned hospital admissions. Much is made of the increasing age of the population and the pressure this will place on health and social care services. Whilst this pressure is real and cannot be ignored, we will also seize the opportunity of a generation who are staying healthy for longer into retirement to drive community and voluntary involvement. Many older people are the glue of our communities, looking after younger generations and volunteering to help others.

We must also recognise that treating the physical condition a person presents with is only part of responding to their needs. We will establish parity of esteem between physical and mental health

and will strive to understand the personal and social context that has led to a person needing support from health or social care. By managing purely medical or care needs as they appear at a moment in time, we miss an opportunity to understand the root cause of those issues and to act to prevent it happening again.

We therefore need to create a model of care that places an emphasis on prevention in the community, which has less reliance on people having to access care at hospital by providing services in alternative settings.

Example: a snapshot of health in our area

- The gap in life expectancy between the least and most deprived communities in North Yorkshire is around 12.5 years for men and 5.6 years for women
- In North Yorkshire 52,790 people have common mental health problems
- The leading cause of premature death (people under 75 years of age) in Scarborough and Ryedale is Cancer, accounting for 38% of all deaths
- The number of people over 65 years of age is set to increase from 12,300 to 15,800 in Ryedale and from 25,500 to 31,300 in Scarborough
- Public Health priorities in Scarborough include reducing health inequalities in cardiovascular disease, reducing the prevalence of smoking and harm caused by alcohol.

Example: The impact of dealing with increasing demand for care with limited resources

The winter of 2014/15 is a good example of how high demand for health and social care services combined with workforce pressures pushed the health system to its limit.

Scarborough Hospital experienced significant service pressures with a number of occasions where all inpatient beds were occupied. Patients experienced long waits for assessment and many emergency admissions had to be diverted to other hospitals.

This 'winter pressure' came after a sustained period of time (approximately 18 months) where Scarborough's emergency department had been unable to achieve the standard four-hour waiting time. One of the consequences of high numbers of emergency admissions was a high level of cancellations for planned procedures (such as knee and hip replacement surgery) as emergency and planned patients 'competed' for a limited number of beds.

These types of situation can also have a knock-on impact in the community, particularly for people who need 24 hour care in a residential or nursing home or who need help with personal care at home. A number of care homes have closed in the area in recent years and some that remain, alongside home care services, can find it difficult to recruit and retain staff.

3.2 Poor health outcomes for people living in deprived areas

Life expectancy for people living in our most deprived areas is reduced by as much as 12 years compared with those living in the least deprived areas. This shocking statistic is linked to people leading unhealthy lifestyles, such as eating unhealthy food and being overweight, smoking, and/ or drinking too much alcohol. This can lead to early deaths from things like heart disease or stroke. We need to continue to raise awareness of the risks of leading unhealthy lifestyles and support people to change their behaviours.

Unhealthy adults often start life as unhealthy children, so we need to work closely together to support people to make good lifestyle choices for themselves and their children in all avenues of life, be it diet or smoking.

We will adopt the Making Every Contact Count (MECC) approach that encourages health and social care staff to have conversations with people using our services based on behaviour change methodologies (ranging from brief advice, to more advanced behaviour change techniques), so that people are encouraged to make healthier lifestyle choices. We will also work together to see what we can do to address what are called the wider social determinants (for example, the economy, housing, transport) that influence our health.

We also recognise that health and social care cannot be separated from the communities in which services operate, so we will work closely across statutory, business and voluntary partners to explore ways in which we can contribute to the well-being and sense of pride and belonging of local communities.

We also know that there are areas of Scarborough and Bridlington which suffer from poor housing stock and have high levels of private sector renting with properties unsuitable for adaptation should a person's needs change. Across rural areas, there are also issues around housing, although these tend to stem from people living in isolated, poorly insulated homes which have become unsuitable as a person's age advances. Instances such as these increase the risk of people suffering either a physical injury such as a fall, or of becoming lonely and isolated with the subsequent deterioration of mental health and wellbeing. We will work closely with communities, housing providers and landlords to ensure that housing is suitable, safe and adaptable as people age with a view to ensuring people are able to remain independent and in their own homes for as long as possible.

Example: The impact of leading an unhealthy lifestyle in Scarborough

Levels of smoking are significantly worse than the national average at 21.8% and accounted for approximately 250 deaths in 2012. The smoking rate for mothers at the time of delivery was 17.7 per 100,000 - well above the nation average of 12 per 100,000.

The rate of alcohol related harm hospital stays was 649 per 100,000 which represents 721 stays per year which is in line with the national average. In 2012 24.1% of people were classified as obese with rates of early death from heart disease and stroke trending above the England average at 92 deaths per 100,000. Despite this, levels of physical activity in adults are reported as above the England average.

3.3 Workforce pressures

Recruitment and retention of both clinical and social care staff in our area is a huge problem. Not having enough specialist health staff to provide care can lead to services becoming unsafe, which then means alternative solutions must be found, usually at short notice. In social care a lack of social workers and occupational therapists can lead to delays in assessments and hospital discharges, whilst a lack of care workers can result in understaffing in care homes or the inability of the sector to meet demand especially at peak times which again impacts on the health service. Where any part of the system is understaffed, this situation can result in cancellations to planned treatments or temporary arrangements being put in place which causes disruption for everyone involved.

Workforce issues are not unique to our area; they are a national issue which will take time to address. We need to provide services in different ways which can be delivered by current levels of staff and which attract new people into the health and social care workforce. We will explore how to make the NHS and social care more attractive as employers and care as a career of choice.

The seasonal nature of employment in the area (linked with tourism) is not an issue that can be solved easily. We will look to develop ways of working with the current labour market to create a sustainable and predictable staffing base for all services.

Example: The impact of not having enough specialist clinical staff

In June 2015, the local NHS had no choice but to make changes to how patients received immediate care following a stroke.

Typically, a stroke patient would receive their immediate care (hyper acute) from a stroke consultant at Scarborough Hospital, and then be moved to a different part of the hospital or sent home for rehabilitation. Two stroke consultants working at Scarborough Hospital retired earlier this year and, despite numerous attempts over a long period of time, efforts to recruit replacement consultants had only limited success.

In order to maintain safety, measures were introduced which meant that any patient suffering a stroke in the Scarborough area would first be taken to Scarborough Hospital for initial assessment and thrombolysis (clot busting drugs) if appropriate, before being transferred to York Hospital to receive hyper acute consultant care (typically required for around three days).

The need to introduce this change was solely because of an inability to recruit the specialist staff required to provide a safe service in Scarborough Hospital.

3.4 Financial pressures

In 2012, York Teaching Hospital NHS Foundation Trust took over Scarborough and Bridlington Hospitals. This change included a significant amount of financial support provided by NHS England to help with the transfer of services. This financial support ends in 2017.

The way hospital services are currently provided is not sustainable without this funding. Therefore, we must seek new and alternative ways to provide care which are just as effective in terms of health outcomes.

The extent of the financial challenge should not be underestimated – by 2017 the budget for hospital care will be reduced by at least £17million compared with today. The Local Authority picture is no less challenging with Councils having to make savings in social care of at least £6million locally by 2020. In order to achieve these challenging financial targets, health and social care will need to work closely together to avoid duplication and streamline how we do things wherever possible.

It is worth remembering that even with spending reductions, the NHS and local government in our area invest over £200 million each year in health and social care services and, in addition, significant numbers of people who are not eligible for public funding, fund their own social care. We need to ensure that this investment is made wisely and managed well.

4.0 A change for the better: our top priorities

The challenges detailed above are having a significant impact on our ability to deliver the quality of care that local people and services expect. For example, not having enough staff to provide care can often result in lengthy waiting times and cancelled appointments, all of which lead to a bad experience for people.

Although the way services are provided in the future may look quite different, they will continue to be provided to the best possible standard and, where possible, to a better standard than they are now.

Example: prevention is better than cure

North Yorkshire County Council and NHS Scarborough and Ryedale Clinical Commissioning Group are funding a new team of Living Well Co-ordinators, to work with people who are on the cusp of needing care. This programme will focus on making the most of the support that exists in local communities and help individuals to maintain or re-gain their confidence. Alongside this, the Stronger Communities Programme is already supporting voluntary and community organisations to develop community transport, improve youth services, maintain libraries and provide support to older and disabled people.

The County Council and Borough and District Councils are also working together to build more extra care and supported accommodation, so that more people can live independently, with help available if it's needed.

And there's support too for making healthier lifestyle choices. New Stop Smoking Services are being developed and the Public Health service is grant funding Scarborough Borough and Ryedale District Councils to pilot a weight management programme for individuals aged 18 who are obese. There's also some targeted work to increase take-up of NHS Health Checks amongst farming communities and in the most deprived wards in Scarborough Town: Castle, Central, Falsgrave Park, Northstead, Ramshill, and Stepney as well as with homeless people.

In working towards achieving our ambitions, we will focus on **ten major priorities**:

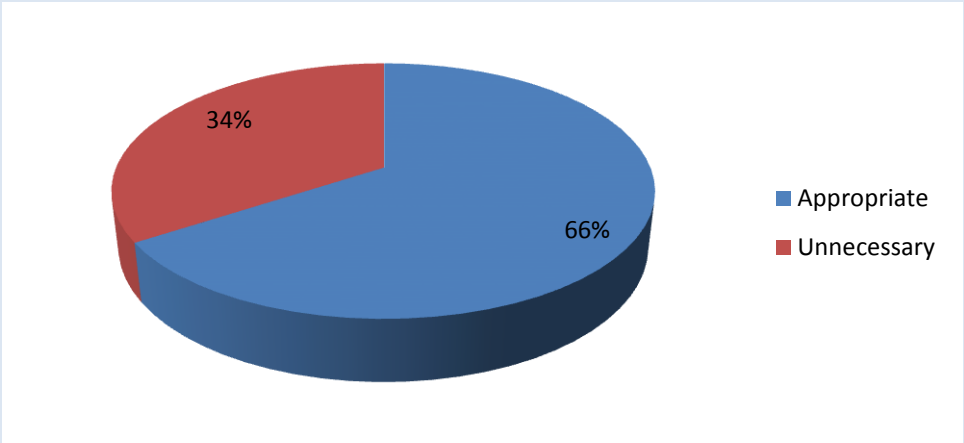
1. **Prevention**, self-care and helping people of all ages to lead healthy lifestyles – with a particular emphasis on encouraging a smoke free generation
2. Improving **emotional health**, through better mental health services and helping people to live well with dementia
3. Providing services that are of the expected **quality and safety, within budget**
4. Securing a sustainable **future for Scarborough Hospital**, in particular maintaining core services including emergency medicine, obstetrics (pregnancy and childbirth) and paediatrics (services for babies, children and young people)
5. When people do need to be admitted to hospital, ensuring they **return home** as soon as they are fit and ready to do so
6. Providing **more services in the community** wherever possible, including better support for carers and more choices for people to live in their own homes with support, leading to a consequent reduction in unnecessary admissions to hospital and to 24 hour care
7. Supporting people to have more choice about **where they die**
8. Working together to align services, reduce duplication and ensure a **positive experience of health and social care for each individual**
9. Listening to, and **shifting power**, to patients and the public, including through better information and advice send the creation of shared records
10. Developing our **workforce** and recruit and retain the right people for the right roles

Example: Do patients really need to be in hospital?

In 2014 we undertook an audit of occupied beds on wards at Scarborough Hospital, Bridlington and Malton Community Hospitals and two residential/rehabilitation care homes. The aim of the audit was to see how many of the patients occupying beds were receiving the appropriate level of care for their needs, which ranges from level one to level five:

- Level 1 – Intensive care
- Level 2 – Acute care
- Level 3 – Specialist rehabilitation
- Level 4 – Rehabilitation in own home or rehabilitation/care home
- Level 5 – Fit for hospital discharge

The findings were very interesting. Out for the 371 patients included in the audit, 127 were deemed to be receiving a level of care that was unnecessary for their needs:



This was mainly patients receiving level 4 care (acute care) or level 5 care (fit for hospital discharge).

In summary, this means that 34% of the patients included in the audit were either receiving a level of care above what they needed (level 4) or were still in hospital when they no longer need to be (level 5). Essentially these patients were stuck in the system.

5.0 Achieving our ambition

We are still very much at the start of our journey. However, we have set ourselves a clear direction of travel. Over the coming months we will begin to develop more detailed plans about the changes we need to make. We are committed to involving you in this process.

It is also important that we raise awareness amongst local people about how we can work together to overcome the challenges presented in this document, for example how all of us who live locally can lead a healthier lifestyle or how the NHS and local government can use resources better.

Your opportunity to get involved in shaping our plans begins now.

If you have any comments on the contents of this document, or would like to make suggestions for how you think we can achieve our ambition for health, we'd like to hear from you. Here's how you can get in touch:

By email: TBC

By letter: TBC

Via twitter or facebook: TBC