North Yorkshire County Council

Agenda

Meeting: Scrutiny of Health Committee

Venue: The Grand Committee Room, County Hall, Northallerton DL7 8AD (See location plan overleaf)

Date: Friday 2 September 2016 at 10.00 am

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Business

1. Minutes of the Scrutiny of Health Committee held on 1 July 2016

(Pages 6 to 14)

2. Any Declarations of Interest

3. Chairman's Announcements - Any correspondence, communication or other business brought forward by the direction of the Chairman of the Committee.

(**FOR INFORMATION ONLY)**

- CQC Inspection of Yorkshire Ambulance Service NHS Trust on 13 September 2016
- CQC Annual Assessments of CCGs (2015/16)
- Round of meetings with local health commissioners and providers
- Rural Services Network - Scrutiny on Access to Health Services in Rural Areas

Enquiries relating to this agenda please contact Daniel Harry on **01609 533531 or e-mail**
daniel.harry@northyorks.gov.uk
www.northyorks.gov.uk

4. Public Questions or Statements

Members of the public may ask questions or make statements at this meeting if they have given notice to Daniel Harry, Scrutiny Team Leader (*contact details above)* and provided the text they propose to use by midday on Tuesday, 30 August 2016. Each speaker should limit themselves 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.

If you are exercising your right to speak at this meeting, but do not wish to be recorded, please inform the Chairman who will ask anyone who may be taking a recording to cease while you speak.

5. North Yorkshire Mental Health Strategy 2015-20 (including links with the Bradford strategy and Airedale, Wharfedale and Craven Clinical Commissioning Group)

- Introduction and context setting by - Kathy Clark, Assistant Director, Health and Adult Services, NYCC
- Report – Kashif Ahmed, Locality Head of Commissioning Selby, Health and Adult Services, NYCC & Mick James, Airedale, Wharfedale and Craven CCG

(Pages 15 to 31)

6. Dying Well and End of Life Care - Report of the Scrutiny Team Leader, North Yorkshire County Council

(Pages 32 to 35)

7. Joint Strategic Needs Assessment (JSNA) report 'Dying Well: an Overview of End of Life Care in North Yorkshire'

- Introduction and context setting by - Alex Bird, Chief Executive Officer, Age UK North Yorkshire – Health and Wellbeing Board Sponsor for Health and Wellbeing Strategy priority of 'Dying Well'
- Presentation by - Victoria Turner, Specialty Registrar in Public Health, NYCC

(Pages 36 to 55)

8. Work Programme – Report of the Scrutiny Team Leader

(Pages 56 to 60)

9. 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

23 August 2016

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.

(b) **Emergency Procedures For Meetings**

Fire
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Accident or Illness
First Aid treatment can be obtained by telephoning Extension 7575.

Scrutiny of Health Committee

1. Membership

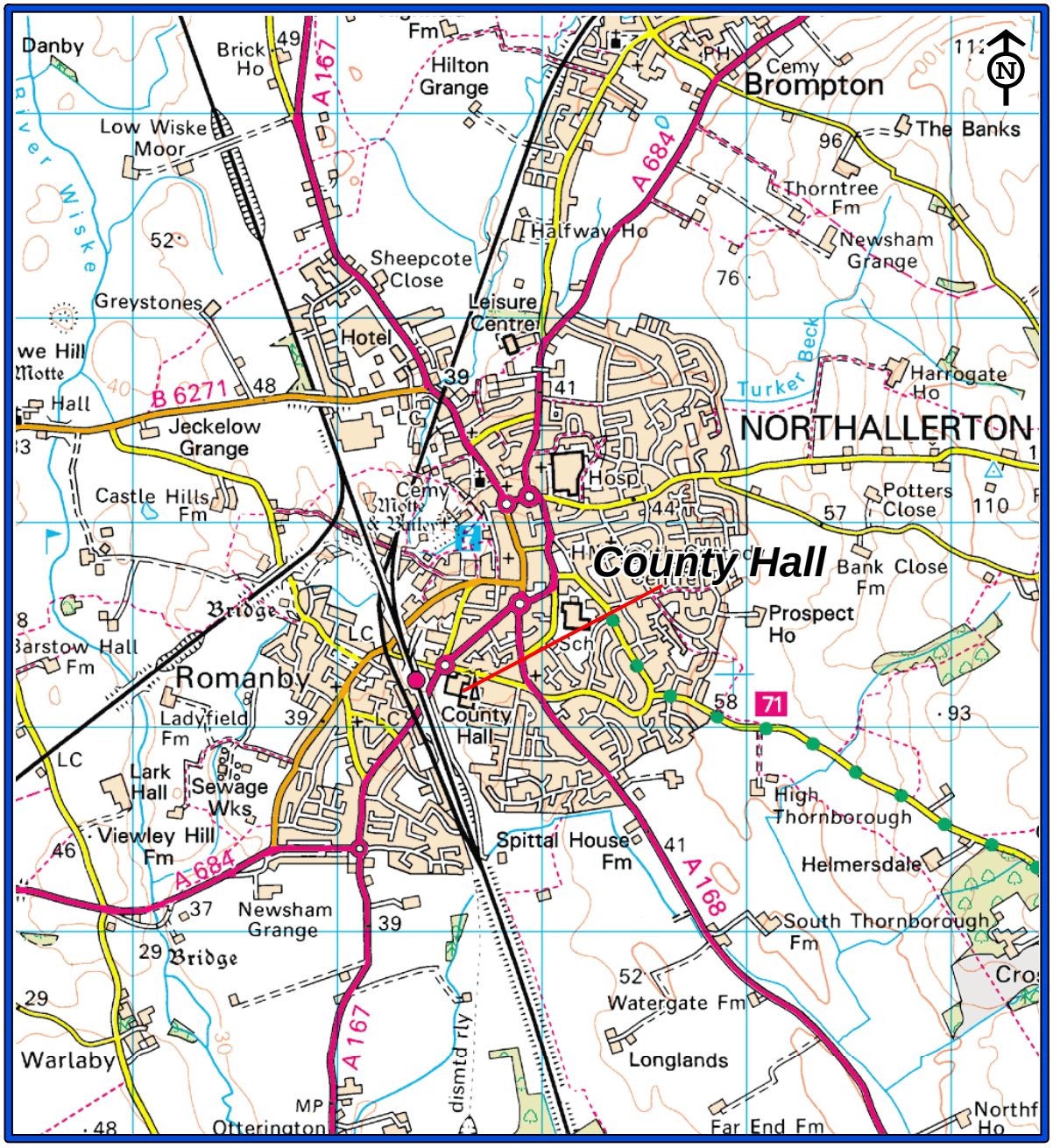
County Councillors (13)				
	Councillors Name	*Chairman/Vice Chairman*	*Political Party*	*Electoral Division*
1	ARNOLD, Val		Conservative	
2	BARRETT, Philip		NY Independent	
3	BILLING, David		Labour	
4	CASLING, Elizabeth		Conservative	
5	CLARK, Jim	Chairman	Conservative	
6	CLARK, John		Liberal	
7	DE COURCEY-BAYLEY, Margaret-Ann	Vice-Chairman	Liberal Democrat	
8	ENNIS, John		Conservative	
9	MARSHALL, Shelagh OBE		Conservative	
10	MOORHOUSE, Heather		Conservative	
11	PEARSON, Chris		Conservative	
12	SIMISTER, David		UKIP	
13	TROTTER, Cliff		Conservative	

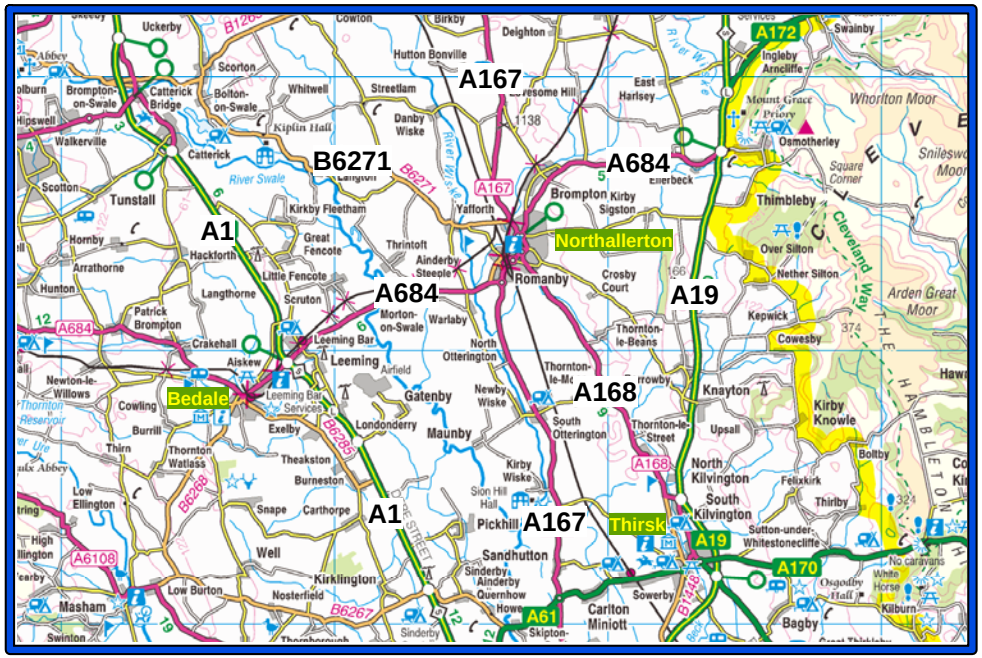
Members other than County Councillors – (7) Voting		
	Name of Member	*Representation*
1	HARDISTY, Kevin	Hambleton DC
2	CHILVERS, Judith	Selby DC
3	GARDINER, Bob	Ryedale DC
4	MORTIMER, Jane E	Scarborough BC
5	BROCKBANK, Linda	Craven DC
6	SEDGWICK, Karin	Richmondshire DC
7	GALLOWAY, Ian	Harrogate BC
Total Membership – (20)		**Quorum – (4)**

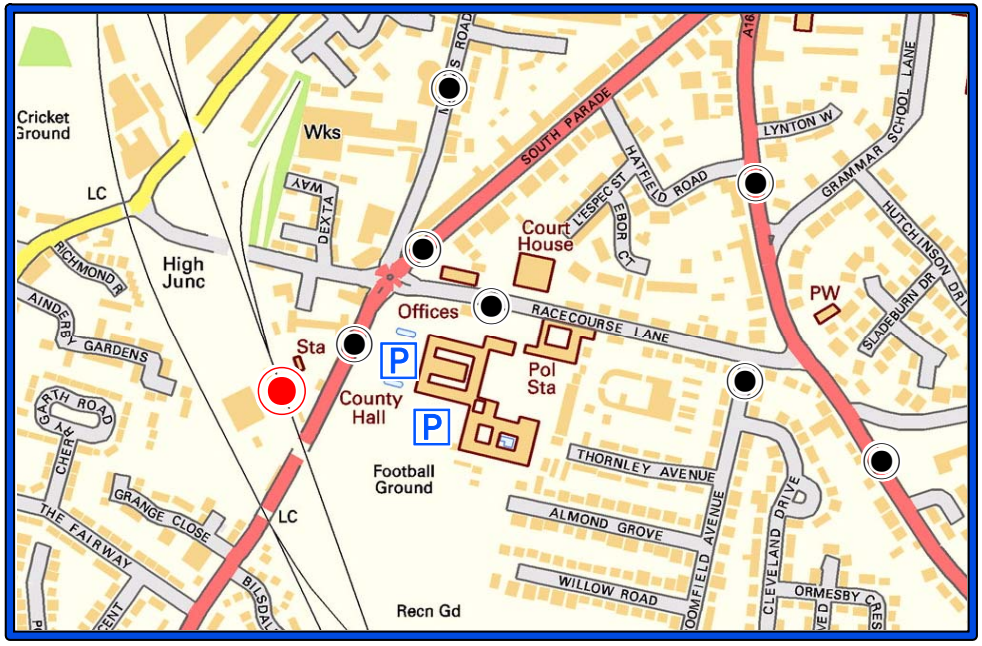
Con	**Lib Dem**	**NY Ind**	**Labour**	**Liberal**	**UKIP**	**Ind**	**Total**
8	**1**	**1**	**1**	**1**	**1**	**0**	

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**		
NY Independent		**Labour**		
	Councillors Names		*Councillors Names*	
1	McCARTNEY, John	**1**	MARSHALL, Brian	
Liberal		**UKIP**		
	Councillors Names		*Councillors Names*	
1	SAVAGE, John	**1**		
		Substitute Members other than County Councillors		
		1	VACANCY	(Hambleton DC)
		2	VACANCY	(Selby DC)
		3	SHIELDS, Elizabeth	(Ryedale DC)
		4	JENKINSON, Andrew	(Scarborough BC)
		5	HULL, Wendy	(Craven DC)
		6	CAMERON, Jamie	(Richmondshire DC)
		7	HASLAM, Paul	(Harrogate BC)







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North Yorkshire County Council

North Yorkshire County Council

Scrutiny of Health Committee

Minutes of the meeting held at County Hall, Northallerton on 1 July 2016.

Present:-
County council officers, Mr David Tucker and Daniel Harry (who will succeed Bryon Hunter as the Scrutiny Team Leader as of 25 July 2016).

Members:-
County Councillor Jim Clark (in the Chair)
County Councillors: Eric Broadbent (substitute for David Billing) , Philip Barratt, John Clark, Margaret-Ann de Courcey-Bayley, John Ennis, Heather Moorhouse, Chris Pearson, and David Simister.

Co-opted Members:-
District Council Representatives:- Kevin Hardisty (Hambleton), Judith Chilvers (Selby), Bob Gardiner (Ryedale), Jane E Mortimer (Scarborough), Wendy Hull (Craven, substitute for Linda Brockbank) , Karin Sedgwick (Richmondshire) and Ian Galloway (Harrogate).

In attendance:-
South Tees Hospitals NHS FT: Siobhan McArdle
Hambleton Richmondshire & Whitby CCG: Janet Probert, Jilly Collinson and Abigail Barren
Scarborough and Ryedale CCG: Simon Cox and Barbara Buckley
York Teaching Hospitals NHS FT: Mike Proctor and Neil Wilson
Saint Michael's Hospice, Harrogate: Tony Collins,

County Councillor Gareth Dadd

County Council Officers: Bryon Hunter, Dr Lincoln Sargeant and Michaela Pinchard

1 member of the press and public

Apologies for absence were received from: Val Arnold, David Billing, Liz Casling, Linda Brockbank

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Copies of all documents considered are in the Minute Book

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106. Minutes

Resolved

That the Minutes of the meeting held on 22 April 2016 be taken as read and be confirmed and signed by the Chairman as a correct record.

107. Any Declarations of Interest

There were no declarations of interest to note.

108. Chairman's Announcements

The Chairman provided the Committee with an update relating to the following matters:-

- **Sustainability and Transformational Plans update**
  He welcomed the Government's decision to give more time for plans to be finalised. The June 30th deadline will now be for plans to be submitted in draft format which "will form the basis for discussion".

  He advised the Committee that he remained very concerned about the whole process and the configuration of STPs covering North Yorkshire, but this new sense of realism should allow more time for local authorities, the voluntary sector, patients and the public to be more involved in the planning process.

- **Better Health Programme (Durham, Darlington and Tees)**
  Plans to reorganise health provision in Darlington, Durham and the Tees Valley could result in changes to accident and emergency and consultant-led maternity and paediatric services at the Darlington Memorial Hospital.

  A Joint Health Scrutiny Committee comprising councillors from across all affected local authorities has been set up to oversee the programme including any service change/review proposals and associated statutory consultation. North Yorkshire County Council will have 3 seats on the joint committee.

- **Rural Services Network - Scrutiny on Access to Health Services in Rural Areas**

  The Committee is involved in a survey which RSN is sponsoring looking at access to health care services in rural areas. All of the CCGs have indicated they will support us in this work. It involves them responding to a range of questions such as:
  - distances to GP practices;
  - ambulance response times

  The CCGs have been asked to respond by the end of July so the information can be collated and submitted to the RSN.

- **Funding of Community Pharmacies**

  The government is consulting on a new pharmacy contract. No decision has been made. Depending on the terms of the new contract some pharmacies may no longer be viable.

  The North Yorkshire Pharmaceutical Needs Assessment takes account of gaps in service so if a rural pharmacy closed and there was no alternative within the area another pharmacy or dispensing practice could apply to deliver the service. As has been the case in previous years the committee will be involved in the update of the Assessment which will include the committee looking at how the CCGs mitigate any of the implications locally of the new contract.

- **Mental Health Services in York and Selby**

  The Tees, Esk and Wear Valleys NHS Foundation Trust which took over services in the area from the Leeds and York Partnership FT has announced that adult inpatient assessment and treatment services will be restored in York

very shortly. Work to refurbish Peppermill Court in York started in February this year and the new unit will re-open to admissions at the end of August.

Alongside this, the TEWV FT's plans for a new, purpose built mental health hospital are also progressing well. Over recent months a number of engagement events have taken place. A short list of site options for the new hospital is expected soon. Following that the trust will consult formally in early autumn on the location of the new hospital as well the proposed number and configuration of beds.

- **Retirement of Bryon Hunter**

  On 8 August 2016 Bryon Hunter, Scrutiny Team Leader retires after almost 30 years with North Yorkshire County Council. Bryon has been involved with the Scrutiny of Health Committee since its formation in 2003. His wide experience of health matters is widely appreciated by not only the Council but also by the wider health community throughout North Yorkshire. The members of the Scrutiny of Health Committee unanimously thanked Bryon for all of his work to support the agenda over the past 13 years and wished him a long and happy retirement.

  This view was shared by representatives from the various NHS organisations that were in attendance.

109. Public Questions or Statements

County Councillor Gareth Dadd and Mr David Tucker registered their wish to make a statement with regard to the Lambert Hospital – agenda item 5.

110. "Fit-4-the-Future" - Transforming our Communities and Addendum: The role of the Lambert Memorial Hospital in future healthcare in Thirsk and District

Considered -

a) The report of the Chief Officer, Hambleton, Richmondshire and Whitby Clinical Commissioning Group outlining proposals for the transformation of the community system in line with the Clinical Commissioning Group vision for community services across Hambleton, Richmondshire and Whitby and identifying opportunities to ensure the CCG vision is achieved.

b) Addendum: Report from the Lambert Hospital Action Group - The role of the Lambert Memorial Hospital in future healthcare in Thirsk and District

Janet Probert advised Members that the aim of Fit-4-the-Future is to transform how community healthcare services are provided with the guiding principle being local services in local areas. Janet described the arrangements under which 6 extra beds in the community were being provided at Sycamore Hall in Bainbridge which already includes an extra-care facility. The long term aim is to broaden this approach across the whole area.

Janet expressed disappointment that the Lambert Hospital in Thirsk had closed due staffing shortages but the situation also presented an opportunity to look at innovative ways of providing services locally. Janet also commented that the Rutson Ward at the Friarage Hospital was not being used as a true community facility and was more of another in-patient ward within the hospital.

Janet highlighted how a new approach to community services was already taking shape in the Whitby locality as part of the redevelopment of the hospital in the town.

A formal consultation would be launched in the coming weeks and that she will report back to the Committee on the outcome of that consultation during the autumn.

Siobhan McArdle commented that the South Tees Hospitals NHS FT is working closely with the CCG on this matter and that the Trust has reviewed its 5 Year Strategy to ensure that local services continue to be prioritised.

In response to Members' questions Siobhan commented that the Trust is still having problems recruiting nursing staff. Sickness levels were also tending to creep upwards partly because of the increased pressures on staff due to vacancies.

Abi Barren guided Members through the document included in the agenda - Transforming Our Communities – A Case for Change for the transformation of health and care in the community. In particular Abi highlighted:

- Chapter 7 - the CCG's commissioning intentions across the 3 localities of Hambleton, Richmondshire and Whitby.

- Chapter 8 – which highlight there is nothing on which to consult formally in the Richmondshire and Whitby localities. A formal consultation is planned only the Hambleton locality.

- Chapter 9 - sets out the detail for the 3 options in the Hambleton locality on which they are going to consult:

  Option 1: Do nothing – The Lambert Memorial Hospital would remain closed and additional beds would continue to be commissioned alongside the current provision of community rehabilitation beds on the Rutson Ward in Northallerton.

  Option 2: Re-open the Lambert Memorial Hospital with a new North Yorkshire based service provider delivering Inpatient care, Services on the Rutson ward would remain as currently specified

  Option 3: Provide step-up and step-down beds supported by integrated locality teams.

Mr David Tucker addressed the Committee. David summarised the paper in the agenda pack. He also queried some of the CCG's estimated costs of remedial work at the Lambert Hospital.

County Councillor Jim Clark reminded Members that the objective of the report was to seek the committee's views on the principles of the consultation and that issues such as the estimated remedial costs at the Lambert could be brought up as part of the consultation.

Janet Probert confirmed that such issues would be covered.

County Councillor Gareth Dadd commented that he supported the views of the Lambert Hospital Action Group and queried why the Lambert Hospital had not received the same level of commitment as had been given to the Friary Hospital in Richmond. He added that a facility on the current Lambert Hospital must continue to have a pivotal role in healthcare locally. He also commented that it was essential that

local GPs are on-board with the proposals and that the Scrutiny of Health Committee should consult with GPs in reaching its views on the proposals.

Janet Probert advised Members that the Friary Hospital was covered by a Private Finance Initiative which has 9 years let to run on its lease.

Janet Probert commented that the County Council which leads on extra-care is already working closely with the CCG.

Jilly Collinson highlighted the role that GPs have in and referring people in to step-up and step-down beds. She added that elderly and frail people need to be in a home like environment not a clinical environment. Jilly also highlighted the important role of hospices and that they provided not just buildings and beds, but also "outreach" services into peoples' own homes.

Resolved -

a) That Janet Probert, Siobhan McArdle, Jilly Collinson and Abi Barren be thanked for attending the Committee and for continuing to engage proactively with the Committee.

b) The 3 options as described in Chapter 9 for the basis of a formal consultation be supported.

c) That the Committee be formally consulted during the autumn which will include the Committee receiving the messages which the CCG has received from its broader engagement process, especially the views of GPs.

111. Ambitions for Health: Transforming Health and Social Care Services in Scarborough, Ryedale, Bridlington and Filey

Considered -

The report of the Chief Officer, Scarborough and Ryedale Clinical Commissioning Group giving an overview of the Ambition for Health programme.

Simon Cox summarised the pressures for change and how people can help influence what future local health and social care services look like. He highlighted the programme had 3 themes:

- Healthy Lifestyles,
- Care at Home and
- Sustainable Services

Mike Proctor advised Members that 1 July was the 4th annivearsy of the York Trust taking over the Scarborough Trust. He added that he was pleased to say that things are now a lot more stable in the Scarborough area and indeed without the amalgamation of the two trusts services would have been lost in the Scarborough area. There was still work to do.

Mike added that the financial context is a lot worse than anyone would have predicted 4 years ago due to the government's austerity measures and the savings required by the NHS.

The NHS needs to present a case to the Department of Health for increased funding.

Mike added that the Emergency Department at Scarborough Hospital was now more clinically led. The approach at Scarborough Hospital has received a lot of interest nationally.

He added that the new urgent care model is working well and that there are moves to adopt a similar approach in the York Hospital.

He added that the Royal College of Paediatricians has commenced a review in the Scarborough Hospital in the last few days. In respect of Obstetrics he commented that Scarborough Hospital carries about 2,000 deliveries per annum and that cost is approximately £2m more that the income it receives. He advised Members of plans to permanently amalgamate the mid-wife led unit and the consultant led unit into one larger unit. But he emphasised that expectant mothers will still be able to have the option of a mid-wife led birth of which there are about 350 per annum.

Members heard that the recruitment of nurses at Scarborough Hospital is difficult and were encouraged to hear that Coventry University has set up a campus in Scarborough and is designing courses around new types of service models in health and social care. Mike Proctor commented that the Trust is considered establishing nursing apprenticeships.

Simon Cox commented that at the moment the programme is a matter of on-going engagement work. He added that the Humber, Coast and Vale Sustainability and Transformational Plan will factor in new funding for a distinguishable Scarborough and Ryedale footprint. He added that Scarborough and Ryedale is a much bigger part of that STP area than Harrogate is of the West Yorkshire STP area.

Dr Lincoln Sargeant commented that he was encouraged by public health developments in the Scarborough area and added that the recently launched smoking cessation strategy was having positive results. He added that increasing the uptake of welfare benefits would help to reduce deprivations.

Resolved -

a) That Simon Cox, Barbara Buckley, Mike Proctor and Neil Wilson be thanked for attending the Committee and for continuing to engage proactively with the Committee.

b) That the aims of Healthy Ambitions be supported.

c) That the Committee be kept fully briefed on how this work is progressing and is involved in decisions being taken on the level of consultation that any development or service change may require.

112. Dying Well and End of Life Care

Considered -

The report of the Scrutiny Team Leader, North Yorkshire County Council providing an initial framework for the Scrutiny of Health Committee to embark on an in-depth project to examine End of Life Care Services.

Bryon Hunter summarised the background and explained why the committee is embarking on this project now by referring to how the Committee last year had contributed to the Joint Health and Wellbeing Strategy (JHWS) by recommending the Strategy should contain a specific priority “Dying well”. He added that this recommendation had been fully taken on board by the Health and Wellbeing Board so it was now timely for the Committee to make a further contribution the Strategy.

Bryon added that discussions at the committee today marked the start of more detailed work that would be undertaken over the next 6 months or so. At the end of the project it is anticipated the Committee would produce a report which:

a) summarises what the committee has learned from its consultation work ("soft evidence") to inform the Joint Strategic Needs Assessment (JSNA);

b) set out guiding principles as what a good EoLC service should look like with a view to informing the Dying Well priority in the Health and Wellbeing Strategy.

The methodology will include desk research and policy analysis by Scrutiny Support Officers with the involvement of colleagues in the NHS locally and from the Health and Adult Services Directorate. Arrangements will be made for Members to meet face to face and consult with bereavement groups and carers in a "focus" group "settings. The project will be overseen by the Chairman and the group spokespersons at the regular mid-cycle briefings.

Cllr Jim Clark introduced Mr Tony Collins, Chief Executive, Saint Michael's Hospice, in Harrogate.

Tony Collins informed Members that as from today he is also Chief Executive of the Herriot's Hospice in Northallerton. Tony also advised the Committee that he is Chairman of the Advisory Council to Hospice UK until 2019.

He commented that he fully supported the work of the Committee on End of Life Care and that he was eager to help. In his presentation to the Committee Tony highlighted information in the Appendix of the report in the agenda papers and also drew Members' attention to the following points:

- Terminology:

  Palliative care is for people living with a terminal illness where a cure is no longer possible. It relieves pain without dealing with the cause of the condition. It will also help with any psychological, social or spiritual needs.

  End of life care is an important part of palliative care for people who are nearing the end of life. End of life care is for people who are considered to be in the last year of life, but this timeframe can be difficult to predict.

  End of life care aims to help people live as well as possible and to die with dignity. It also refers to care during this time and can include additional support, such as help with legal matters. End of life care continues for as long as people need it.

- End of Life Care is a significant problem and likely to get worse as people living longer there will be an increase in co-morbidities. He commented that many more people will need palliative care.

- There are 4 independent hospices across North Yorkshire and York. They are located in Harrogate, Scarborough, Northallerton and York. In total they have 48 beds in en-suite rooms and have provided care for 1,000s of patients. 54% of patients are discharged home. The hospices employ a wide range of staff from consultants in health care, community based care staff, counsellors. There are over 2,000 volunteers – they are a major part of the service. The hospices deliver personalised care.

- All 4 hospices provide bereavement support. Annually they provide over 2,000 sessions per annum, including suicide prevention.

- Hospices provide education and training to NHS staff.

- Funding: Total budget for the 4 hospices is circa £16m pa. £4m comes from the NHS and £12m from fund raising.

- There is no cohesive end of life strategy across North Yorkshire. Each CCG has a different approach and there is a lack of engagement generally on this topic. It is not surprising that end of life care is a large area of complaints in the NHS.

- The CCGs' budget situation is holding back investment and service development.

- Hospices are struggling to find recognition.

- The hospices provide a helpline which is fully funded and has electronic records.

- Bereavement for carers, friends and relatives is not recognised by the NHS as part of the treatment pathways.

- The issues which come to light from the involvement of hospices are only "scratching the surface" of what is really happening.

Tony advised Members that he would be prepared to help the Committee in its work and that he would be able to help with making arrangements for Members to meet with local bereavement groups etc.

Dr Lincoln Sargeant advised Members that as part of a JSNA's "deep dive" in to end of life care 7 key areas for commissioning priorities have been identified:

1. Access at all times for all people
2. Integration with other existing/planned services
3. Staff training
4. Preferred place of death
5. Community engagement
6. Appropriate level of care
7. Support for carers and relatives

Bryon Hunter advised Members that at the committee meeting on 2 September 2016 representatives from the Health and Adult Services and Alex Bird from Age UK (leading on end of life care on the Health and Wellbeing Board) would be attending to summarise how end of life care is being taken forward as part of the JSNA.

Resolved -

(a) That the report be noted.

(b) That Tony Collins be thanked for attending the Committee and that the work of hospices across the County be commended.

(c) That a project plan/ synopsis be prepared to guide the Committee's work over the next 6 months.

113. Work Programme

Considered -

The report of the Scrutiny Team Leader highlighting the role of the Scrutiny of Health Committee and reviewing the work programme taking into account current areas of involvement and decisions taken in respect of earlier agenda items.

Resolved -

That the Work Programme be noted.

The meeting concluded at 12:50pm

BH

Health Overview and Scrutiny Committee

Paper: North Yorkshire Mental Health Strategy 2015-20, 'Hope, Control and Choice.

1. Background:

Health and social care commissioners led on the production of a Mental Health Strategy for North Yorkshire which was informed through the ongoing engagement with people with mental health problems, carers and with the wider community and voluntary sector. The Care and Independence Overview and Scrutiny Committee reviewed and commented on the Draft Strategy in July 2015, offering their support for the strategy and the principles and objectives within it.

The North Yorkshire Mental Health Strategy 2015-2020 'Hope, Control and Choice' was formally approved by the Health and Wellbeing Board on the 30th September 2015.

Following sign-off of the strategy, work has been undertaken on formalising the strategy governance structure and developing plans for the implementation of the strategy. These arrangements and plans received approval from Health and Wellbeing Board on the 6th of May 2016. Delivery of some of the initial priorities for action have already been achieved and others are well under way.

2. Governance arrangements:

In order to support the strategic implementation of the mental health strategy, a Programme Board has been established to provide assurance and overseeing of the implementation of the strategy. The Programme Board is all age and is jointly chaired by senior managers from the Council and Partnership Commissioning Unit (PCU). Lead commissioners, from health, social care, children and young people and public health report to the Programme Board on progress in terms of implementation.

Mental Health Strategy Implementation Group has been established to support the Programme Board in order to effectively deliver the key messages outlined in the delivery plan 2015/16. The strategy group, is committed and working towards having people with lived experience of mental health, carers of mental health and representation from providers on the group. Strategy governance structure is attached in Annex 1.

3. 'Hope, Control and Choice' Mental Health Strategy Delivery Plan 2015/16

The delivery plan for 2015/16 has been structured around the three high level priorities, initial 12 committed actions and 18 outcomes outlined within the strategy. A baseline assessment was completed to inform what actions and outcomes are prioritised for 2015/16. A one page summary of the Strategy is attached in Annex 2.

In addition, to ensure ongoing engagement with service users takes place through the lifetime of this strategy, engagement and co-production work stream has been established. Furthermore, in order to track and measure the impact of this strategy, a work stream has been established around the development of a North Yorkshire Performance Framework.

The scope of actions within the delivery plan are wide ranging and cover each component of the mental health system. For example, improving and strengthening our offer at all levels; universal and public mental health, primary care, secondary care and tetiary services. Delivery Plan is attached in Annex 3.

4. Craven Locality:

Airedale, Wharfedale and Craven (AWC) Clinical Commissioning Group (CCGs) is currently working in partnership with the two Bradford Clinical Commissioning Groups and Bradford Council to develop a Joint Mental Health Strategy. Commissioners, from North Yorkshire, the Bradford and Airedale, Wharfedale and Craven (AWC) CCGs have agreed to develop a shared implementation plan for Craven, which will be linked and informed by both strategies. This will ensure that there is a consistent and joined up commissioning approach in Craven. This will enable the distinct needs of Craven, particularly around rurality and smaller numbers in terms of population to be addressed in the implementation plan.

Recently, communications and relationships between commissioners from NYCC and AWC and Bradford CGGs have been established and work will commence on the development of a joint locality plan in early November 2016. Bradford and AWC CCG commissioners plan to have their strategy approved by the end of October 2016.

5.0:'Hope, Control and Choice' – Strategy on a Page (Annex 2)

5.0: Progress update – Delivery Plan 2015/16

This section provides some updates on the progress made regarding the commitments within the strategy, in particular, actions relating 1 – 5 from the strategy.

5.1: Public Mental Health:

Work on public mental health has focused on embedding mental health and wellbeing within public health programmes. For example both the public health financed Living Well Service and Stronger communities programmes all have a remit to improve mental health and wellbeing.

A series of small grants were awarded to a number of organisations across the county to build capacity to deliver two internationally evidence based programmes i.e. mental health first aid and ASIST. A total of £70,602 has been awarded to a total

of eleven organisations. This will support the achievement of an instructor licence for ten MHFA instructors and ten ASIST trainers. The funding will support a maximum of 770 participants, with the organisations encouraged to income generate following the grant period.

As one of the largest employers in North Yorkshire County Council has identified mental health as one of its priorities for action and recently signed the national Mindful Employer charter.

Mental health has also been included as one of the five priorities in the Making Every Contact County programme. This programme equips people with the confidence and skills to give brief opportunistic advice and signposting on mental health and wellbeing. This launched in NYCC last year and since September 982 NYCC staff have received face to face training and 663 NYCC staff have completed eLearning. Work has commenced on stage two of this project which will look at equipping the wider public health workforce (beyond NYCC) with this information and skills.

The North Yorkshire suicide audit has now been completed and a surveillance system is in place to ensure that information on deaths by suicide is received in a timely way, and any emerging trends or clusters may be identified as soon as possible.

5.2: Future in Mind:

In March 2015 the publication of Future in Mind announced 49 recommendations for improvement and a commitment to additional investment. These announcements led to the development of local CAMHS transformation plans for each CCG area to demonstrate how they would implement the recommendations by 2020. These plans were signed off by NYCC HWBB and assured by NHS England in October 2015.

NYCC worked closely with the PCU to develop plans for the 4 CCG's they cover. Working with AWC CCG proved more challenging though links have been developed and NYCC will be appropriately represented on relevant working groups.

In September a local North Yorkshire Social and Emotional, Mental Health (SEMH) strategy group will be launched to deliver Future in Mind and the SEMH SEND agenda across North Yorkshire. This group will provide delivery assurance to the Children's Trust and the HCC programme board.

The 4 CCG areas represented by the PCU identified the following common priority areas:

- Community Eating Disorder service – this service on track for full establishment by March 2017
- CYP IAPT – all of North Yorkshire is included in local CYP IAPT partnerships
- Peri-natal mental health – a task and finish group is to be launched September 2016

- Dedicated mental health/wellbeing workers in schools and GP link worker – new service will be launched January 2017
- Single point of access to multi-disciplinary hubs – expansion pilot with North Yorkshire screening and referral team underway.
- Online support to access self help and advice – development area for 2017
- Academic resilience – school tool to be launched September 2016
- Life coach model for vulnerable children – currently on hold
- Working together better – establishment of a local North Yorkshire SEMH group
- Ensuring transparency and accountability – refresh of plans currently underway

The AWC CCG plan includes the following:

- To establish a Commissioning Model for Children's mental health services
- To develop a single point of access– the resource has secured the dedicated PHMW for Craven as a mainstream post.
- To develop Crisis Care Concordat and First Response Service to meet the needs of children and young people – this is currently live and recruiting CAMHS specialists
- To establish separate community based Eating Disorders Service - established
- To enhance Intensive Home Treatment Service to meet the needs of children and young people – this will develop throughout 17/18
- To develop Schools Link project with access to Specialist Workers for all schools – as described above PMHW model Craven has a named worker and runs a consultation session.
- To design One Stop Shop or Drop in facility to enable access for young people who cannot access or are put off statutory provision – this will be Bradford based.
- To embed Specialist Workers with services for vulnerable children and young people (Looked after Children, Youth Offending Teams,) – need to establish NYCC link to planning group.
- Extend training opportunities for the workforce and incorporate more people into the CYPIAPT training programme – Craven VCS will be engaged.

5.3: Social Care Commissioning:

To comply with procurement regulations a number of housing related support services and community based mental health support services have recently been retendered. The timetable for re- procurement, determined by new EU regulations, meant that a full commissioning review was not possible ahead of the re-tender process.

These services have high take up and are highly valued by people experiencing mental health problems, but they have not significantly changed for many years.

With the new Mental Health Strategy now approved the plan is to work with service users and other stakeholders over the next two years to ensure that these community support services are aligned to the new Mental Health Strategy. Case studies attached in Annex 4 and 4.1.

5.4: Crisis Care Concordat:

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.

The Concordat 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

In 2014 a local Gold, Silver and Bronze governance hierarchy was implemented to oversee the development of the Crisis Care Concordat multi-agency declaration, which was made in November 2014. In addition, an action plan was produced and uploaded onto the national website in March 2015.

The above governance has key representation from statutory services such as Police, Health Commissioning, Social Care, and Mental Health Foundation Trust. There is also good representation from people with lived experience of mental health and voluntary community sector.

In response to their commitment to the operating principles and aspirations of the national Mental Health Crisis Care Concordat, TEWV undertook a five day 'superflow' event. Working alongside external partners, they have developed an all age mental health acute crisis response across North Yorkshire; from acute crisis presentation to resolution. Key outcomes will be reflected in an updated urgent care specification for services to be piloted across Scarborough and Ryedale.

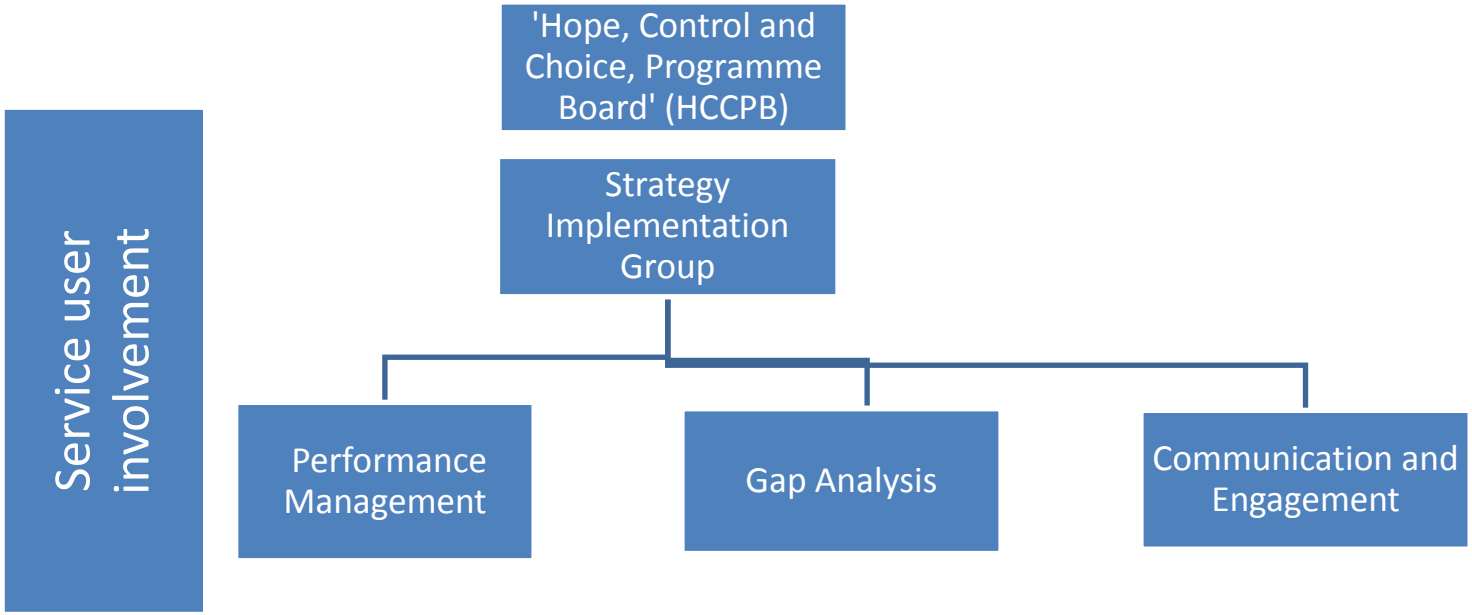
The Crisis Care Concordat action plan has been refreshed and was approved by the strategy board on 15 July 2016.

Priorities include the development of 'safe havens' in Scarborough and York. A Safe Haven will offer an alternative to hospital for some people in crisis, for example by providing a safe space in the evenings and weekends, with access to support and professional help. These include ideas for a mental health café and recovery support

service, with the potential to link in with other crisis services such as street triage, liaison psychiatry and A&E.

Strategy Implementation Governance Structure

Annex 1



A Short Summary of the Strategy

Inspired by the over-arching vision in North Yorkshire's *Health and Wellbeing Strategy:*

"People in all communities in North Yorkshire have equal opportunities to live long healthy lives"

...we have agreed a new Vision for *Mental Health and Wellbeing...*

"We will work together to ensure the people of North Yorkshire have the resilience to enjoy the best possible mental health, and to live their lives to their full potential, whatever their age and background, supported by effective, integrated and accessible services across all sectors, designed in genuine partnership with the people who need to make use of them and those who care for them."

...as well as *ten core principles* we will adopt in *everything* we do, as part of a new *Mental Health Charter:*

1. **Appreciating the whole person -** focusing on all aspects of people's wellbeing and wider circumstances
2. **Recognising the wider community –** we all have an interest, and a part to play
3. **Participation –** seeing people who use our services as equal partners in designing and improving their care
4. **Accessibility –** services delivered in places and at times to suit people's needs
5. **Early Intervention –** promoting wellbeing from an early age and dealing with problems swiftly
6. **Optimism -** helping people to get well or to achieve stability if this is possible, and always staying positive
7. **Integration -** joining support services up to make life simple and offer a seamless experience
8. **Cost-effectiveness -** spending money wisely
9. **Respect -** tackling stigma, eliminating discrimination and treating people with dignity
10. **Safety –** recognising the fundamental importance of safeguarding

...we will concentrate our efforts in *three priority areas:*

Resilience:
individuals, families and communities supported to help themselves

Responsiveness:
better services designed in partnership with those who use them

Reaching out:
recognising the full extent of people's needs

...with 12 initial *joint commitments*, which will be accompanied by Action Plans:

1. New programmes to help children and young people to stay strong.
2. Work with North Yorkshire employers to promote good mental health in the workplace.
3. A range of local initiatives to sustain wellbeing.
4. Campaigns to raise awareness, to tackle stigma and discrimination, and to celebrate the positive.
5. A faster and better response to anyone experiencing a mental health crisis.
6. Actions to improve access to "talking therapies" in North Yorkshire.
7. Pilot and roll out new personal health budgets and individual care plans.
8. Improvements in dementia diagnosis and promotion of "dementia-friendly" communities.
9. Work in new ways to take into account the full range of people's needs, including physical health.
10. Review the impact of new technology, positive and negative.
11. Work with partners to ensure that mental health and wellbeing is embedded in all strategies and plans.
12. North Yorkshire Mental Health Champions brought together annually.

...and 18 *strategic outcomes* we want to see over the lifetime of this strategy:

- Support for family, friends and carers embedded in all services
- Better public understanding & acceptance of mental health
- Greater investment in prevention and early intervention
- More services and activities led by communities themselves
- Reduced impact of rural isolation on mental health
- Better partnership working
- Timely diagnoses for all conditions, especially dementia
- Better services for those with a mental health crisis
- Greater access to talking therapies
- Better transitions between services, eg children to adults
- Better services for vulnerable groups, eg students, military families and veterans
- Better services for those with mental health and substance misuse needs
- Better Advocacy Services
- Better understanding of the links with physical health
- Improved support for people with mental health needs to gain/maintain employment
- Improved support for people with mental health needs to gain/maintain housing
- More volunteering and other activities to promote wellbeing
- Safeguarding fully embedded in all partners' practices

Annex 3 - Mental Health Strategy Delivery Plan 2016-17 29.6.16						
Priority: Resilience: individuals, families and communities with the right skills, respect and support						
Joint initial actions						
Action	**2016-17 activity**	**NY strategy outcomes**	**Measures/targets**	**Lead**	**Update**	**RAG**
1. New programmes to help children and young people to stay strong	●Commission through a procurement route and implement a support service to schools /GP surgeries for prevention and early intervention ●Targets will be developed in line with the service specification for the support service to schools ● The eating disorders service will be enhanced and improved to meet the new access and waiting time standards, and this is being developed by the current CAMHS ●Work with partner agencies and the voluntary sector to promote online websites to provide information and support to children and young people	1.3 Greater investment in prevention and early intervention for children and adults. 3.5 Safeguarding fully embedded in all partners practices	● Increase in percentage of children and young people with a high measure of resilience to 34% at Key stage 2 and 26% at key stage 4 ● Urgent cases seen within 1 week; standard within 4 weeks	LF - PCU	●Procurement group has been established and launch date has been revised to January 2017 ●The procurement plan for the schools project for North Yorkshire is underway – the ITT will be advertised in August. Implementation of the project is planned for January 2017 ●PCU, with the Harrogate Children & Young People's Emotional Health & Well-Being Partnership have promoted and rolled out the use of apps for young people regarding self-harm ●CAMHS are implementing the hub and spoke model across North Yorkshire and York for enhanced eating disorders team, and staff recruitment is underway. ●An updated position of all transformation plans will be shared in October Eating disorder enhanced service on track to be fully implemented by April 2017. Work has taken place to add promotion of digital technology as part of the stronger communities CYP Public Health Grant criteria.	

2. Work with North Yorkshire employers to promote good mental health in the workplace	●Roll out of national workplace wellbeing charter. ●Encourage organisations to sign up to Mindful Employer charter ●Work with NYCC to develop a workforce plan for school staff to develop resilience and improve emotional well-being	1.2 Better public understanding and acceptance of mental health issues. 1.3. Greater investment in prevention and early intervention for children and adults	Every aspect of the standard has been met or exceeded.	VW - PH	NYCC & TEWV are signed up to Mindful Employer charter Ongoing work to raise awareness and encourage sign-up Agreement to develop NY CYP SEMH implementation group- to be launched September. The Group will lead on delivery of a co-ordinated workforce development plan. NYCC has identified promoting mental health and wellbeing as a priority has a mental health and wellbeing subgroup of the NYCC healthy workplace group which is planning and monitoring activity . A programme of activities and personal challenges (which may include mental health) are planned as part of the One You workplace campaign . A health needs assessment is being conducted. The Director of Public Health Annual report for 2016-17 focuses on working age adults and as such includes a section on mental health/ Mindful Employer and why this is important.	
3. A range of local initiatives to sustain wellbeing.	●Launch a strategic review of NYCC Health and Adult Services community support mental health contracts ●Explore opportunities to develop a model of social prescribing within north Yorkshire ●Mapping of relevant initiatives supported by agencies (including NYP, Stronger Communities, TEWV)	1.1 Support for family, friends and carers embedded in all services. 1.3. Greater investment in prevention and early intervention for children and adults 1.4 More services and activities led by communities themselves 1.6 Better partnership working especially with the voluntary and independent sectors 3.4 More volunteering and other activities to promote wellbeing	• PHOF outcome 1 - more people have better mental health • PHOF outcome 2 - more people with mental health problems will recover •PHOF outcome 4 - ensuring a better experience of care •PHO4 6 Reducing stigma and discrimination	CT/KA- NYCC VW - PH	•Review of NYCC Health and Adult Services community support mental health contracts due to commence towards the end of 2016 (dates TBC), once procurement to secure current provision is complete. Need to agree priorities to develop this action further.	

4. Campaigns to raise awareness, to tackle stigma and discrimination, and to celebrate the positive.	•Frontline workers, across the full range of services, to be trained to understand mental health and the principles of recovery. •More individuals and organisations signed up to the Time to Change campaign. • All organisations challenge poor reporting, and praise good reporting, of mental health issues in the media	1.2 Better public understanding and acceptance of mental health issues	•National Attitudes to Mental Health survey •Press cuttings and broadcast media analysis of stigma • Discrimination experienced by people with MH problems	VW - PH BA - PCU LF - PCU	● Public Health Communication campaign developed and will focus on improving mental health and wellbeing ●Alzheimer Society dementia champions to deliver training to staff in CCGs ●Communications plan is being developed to promote national messages around children and young people's mental health ●PCU as part of FiM and in partnership with NYCCare currently procuring wellbeing workers to work with targeted groups in schools Scoping study on stigma completed. One You national campaign is planned for North Yorkshire . Business case for public health twitter account has been approved which will provide an additional forum for promotion of mental health	

Actions	2016-17 Action	NY Strategy outcomes	Measures/targets	Lead:	Update	RAG
5. A faster and better response to anyone experiencing a mental health crisis.	●To develop an all age mental health acute crisis response across the North Yorkshire localities ●Develop a single point of access ●Develop new urgent care commissioning specification for 2016/17 with standard response times, referral processes and quality standards to mental health crises ● Implementation of EIP access standards ●Scope models of safe havens and alternative community based places of safety	2.2 Better services for those experiencing a mental health crisis 2.3 Greater access to talking therapies 2.4 Better transitions between services, e.g. children to adults 2.5 Better services for vulnerable groups, e.g. students, military families, veterans, those detained under the Act etc. 2.6 Better services for those with mental health and substance misuse needs 2.7 Better Advocacy Services	• Same response regardless of age or condition • Standard work & response timescales across services • Quality user experience • Safe continuation of care delivery • Service efficiency EIP >50% receive NICE approved care package within two weeks following first episode, Apr 16	SF - PCU	Superflow' crisis care planning event led by TEWV took place 14-18 March 2016. A concise action plan has been developed with the following initial actions: 1. Identify which locality will pilot the new model 2. Address variation within all three localities by implementing the agreed standard work 3. Agree standard operating procedures •TEWV are utilising HEE training for family intervention and CBT to ensure appropriate level of skill mix in workforce required to deliver full NICE concordant care package. TEWV to provide action plan to PCU on delivery by end of May • 'Urgent Response' pledge for an all age 24 hour, seven day week service, to be called the North Yorkshire Mental Health Crisis Service •Existing points of access into crisis teams will be streamlined into one single point of access for all ages and all diagnosis including CAMHS and older age. Currently approximately 500 people per year present in crisis and 5% are CAMHS • There will be a single crisis telephone & triage service for patients & professionals based within the Force Control Room (North Yorkshire Police) but with a separate telephone number • The role of a bed manager is to be developed; on average there are 800 in-patient beds per annum, bed management process will reduce bed wait times and will be linked into the PARIS system to show availability of beds across TEWV • One system for care records making sharing of information of those in crisis more seamless • There will be 5 steps to crisis response available at the point of a call •AMHP ambition for co-location and increase in provision •Work ongoing to remodel workforce based on Bradford model •Pilot to test the standard work planned for Scarborough Q3	
6.Greatly improved access to "talking therapies" in North Yorkshire.	●To scope the increase of IAPT services for targeted groups including veterans, over 65s and long term physical conditions ● Ensure a seamless pathway between services supporting transition for older children to adulthood ●Expansion of the CYP IAPT principles, training will be rolled out the voluntary and community sector in North Yorkshire	2.3 Greater access to talking therapies	• 15% access • 50% recovery • 95% <18 wk wait • 75% <6 wk wait	RD -PCU	• Continue monthly monitoring ● Targeted work to address recovery rates at risk of not meeting targets in partnership with NHSE and IAPT team•PCU working with Business Intelligence to provide profiling data on new patient groups; establish incidence of anxiety and depression for each group •The PCU have developed a CYPIAPT group that will look to ensure the local partnerships are delivering for the North Yorkshire and York area. The Harrogate CYP emotional wellbeing partnership are also supporting discussions with the VCS to extend CYPIAPT training to the sector. • PCU to research and scope: anxiety and depression in age 65+, long term physical conditions, medically unexplained symptoms, young people	

7. Pilot and roll out new personal health budgets & individual care plans.	• Significant expansion of Personal Health Budgets ● Extend to people with a learning disability/mental health condition who have had a psychiatric hospital admission and who are eligible for Section 117 Aftercare.	1.1 Support for families, friends and carers embedded in all services 1.4 More services and activities led by communities themselves	•National target 1-2 people in 1000 population	BA	• Developing the market to ensure increased choice for people on CHC funded care plan • Currently 30 people in receipt of PHB and further demand for take-up • PCU reviewing current care coordination arrangements to ensure capacity for person-centred planning is flexible to support increasing demand•Local offer now published on CCG websites •Market engagement event planned for July •38 people now in receipt of PHB and further roll-out planned to accommodate personalised support planning within continuing healthcare, Section 117 funded patients and the SEND agenda •New support planning arrangements have been set up on a trial basis with Salvere, a local social enterprise, and Bespoke, a domiciliary care agency specialising in complex care •PCU presented at a regional event on PHB following completion of a development programme "Getting Started" and have run two sessions on mental health and PHB in conjunction with People Hub and St John's University PCU have shared information on PHB pilots in mental health with Crisis Care Concordat- some positive outcomes for patients following presentation at acute Psychiatric Liaison services in reducing crisis	
8.Timely dementia diagnosis and "dementia-friendly" communities.	• Review post-diagnostic support for people with dementia, and continue to support Primary Care colleagues to improve dementia diagnosis rates. • Development of accessible support for patients with dementia at all stages of illness; providing project management support to develop new ways of working with local partners. Ensuring comorbidity factors are recognised and that care and support is effectively coordinated. • Reviewing jointly commissioned dementia support service with NYCC.	2.1 Timely diagnoses for all conditions, especially dementia	Support primary care colleagues to achieve 68% national dementia diagnosis rate 95% - 18 weeks 75% - 6 weeks	BA	•PCU held a workshop with NYCC and CYC in early May to assess current dementia support pathway, including the role of the dementia care navigator provided by Making Space. The workshop will inform future joint commissioning of local services. •NY dementia strategy currently in development and due to be finalised Dec 16. PCU are working with NYCC and CYC to develop a shared vision for Dementia based on the national Dementia Strategy and Prime Minister's Challenge. This will inform local authority policy and strategic planning. A series of engagement activities around questionnaires are planned with Dementia Forward and Making Space to capture the views of local people with dementia throughout May -June 2016. •PCU are working alongside VoY and HaRD CCGs, Dementia Forward and TEWV to implement new projects testing shared care approaches to dementia, in partnership with local GP practices. This will enable a continued focus on increasing diagnosis rates •One year pilot of primary care based support has been established in Harrogate- supporting patients pre and post diagnosis to signpost and direct patients to local support and help patients enquire further about the process	

Priority: Reaching out: recognising the full extent of people's needs						
Actions	**2016-17 Actions**	**NY Strategy outcomes**	**Measures/targets**	**Lead:**	**Update**	**RAG**
9. Work in new ways to take into account the full range of people's needs, including physical health.	•Development of liaison psychiatry and crisis care pathway to ensure parity of esteem for patients accessing support with physical health •Explore further commissioning opportunities around integrating physical and mental health services for all ages including young people and improving parity of esteem •Embed parity in policies, specifications and contracts •'Better Births 2016' initiative to provide multi-professional working for improved personalised, seamless and safer postnatal and perinatal mental health services. • Ensuring that relationship between mental health and dementia is recognised and addressed by services.	• 1.6 Better partnership working especially with the voluntary and independent sectors ·3.1 Better understanding of the links with physical health, leading to dual diagnoses	National CQUIN target for assessing the physical health of in-patients with psychosis and community patients in early intervention psychosis teams ● To be developed	PCU	•Implementation of 'Making Every Contact Count' across TEWV services •Health promotion resource available on In touch for staff to signpost/provide support or information to patients • TEWV led Expert by Experience training programme in which 35 people with lived experience of mental health supporting service development and working with staff to change their practices/culture to one of recovery • Of those accessing the Expert by Experience Programme 6 of these have taken up paid lived experience jobs within TEWV and 3 have obtained promotions within work roles. •Delivery group to consider the Five Year Forward View, mental health implementation plan which aims to deliver improved access to high quality care, more integrated services and earlier interventions. (I suggest this is a cross-cutting update across much of the plan)	
10. Review the impact of new technology, positive and negative.	Action to be developed following determination on the scope of this review	2.1 Timely diagnosis 2.2 Better services for those experiencing crisis 2.6 Better services for those with mental health and substance misuse needs 1.3 Greater investment in prevention and early intervention for children and adults	To be developed	NYCC	Scoping report to identify studies for inclusion in the review be drafted and submitted to the programme board by Q2 . Some initial research to inform scoping report undertaken so far.	
11. Work with partners to ensure that mental health and wellbeing is embedded in all strategies and plans.	●Develop a coherent approach that enables partners to embed wellbeing and prevention in mainstream policies, strategies and specification ●Develop a Social Value charter for NY and embed this into the commissioning cycle ●Young in Yorkshire refresh will include CYP EMH and give full recognition to the FiM Transformation plans	1.6 Better partnership working especially with the voluntary and independent sectors 3.1 Better understanding of the links with physical health, leading to dual diagnoses 3.4 More volunteering and other activities to promote well-being	●The proportion of people who use services who say that those services have made them feel safe and secure (ASCOF) ●Increase in people who have good mental health ●Increase in recovery rates	KA VW PCU	•Need to discuss further in MHSIG key activity/outcomes •Consultation events planned to support the development of the Dementia Strategy • Performance framework for recovery to be developed, with service user involvement, to include improved quality of experience, enhanced perceptions of hope and control, and the achievement of personally relevant life goals such as stable and secure housing, employment and networks of support •Wellbeing/mental health to be considered during NYCC prevention contracts review (due to commence Aug/Sept 16)	

12 North Yorkshire Mental Health Champions brought together at least once a year	●Identify mental health champions in the scope of this strategy ●Employers sign up to Time to Change and undertake training	1.4 More services and activities led by communities themselves 1.6 Better partnership working especially with the voluntary and independent sectors	To be developed Number of mental health champions across partner agencies	KA VW PCU	●Work ongoing to agree the definition of mental health champions in the scope of this strategy ● During engagement and coproduction meeting July 16 proposed to develop proposal for MH Champions for MH Strategy Programme Board - to include cost/required commitment for retaining MH Champions. To be discussed further at MHSIG 3rd Aug.	

Annex 4

Mental health housing related support service – Colin case study

Looking back, Colin says he was a teenager when he began to have mental health issues.

After leaving school he moved to York and lived in student digs to study Leisure and Tourism, this is where his depression seemed to get worse.

After Colin completed his course at college he moved into his own accommodation, looking back Colin said this only made matters worse because he found living by himself made him even more stressful and his sleep patterns became erratic.

He started to have visual and auditory hallucinations and 'out of body' experiences and eventually his mum intervened and brought Colin back to Catterick where she lived, matters only seemed to get worse with delusional thoughts and his perception of reality splitting. Colin was admitted to a mental health hospital.

After leaving hospital he moved into his dads with support from both his dad and his partner Jordan his life settled down for a while but the hallucinations returned and he was in need of further support.

He moved to Northallerton and was referred to Broadacres' mental health supported accommodation service. An assessment identified a number of issues that needed to be addressed, one of the main ones being trying to provide Colin with a stable environment.

He was allocated a support worker called Simon and whilst it initially took time for Colin to accept Simon, eventually they reached an understanding and slowly but surely, improvements started to be seen in Colin's health.

The structure that Colin craved was put in place and he was given help organising his life, including bills and shopping – things that many people take for granted but with which he had previously struggled.

Earlier this year, Colin successfully moved into a brand new Broadacres property in Northallerton and is enjoying life in his home.

He has a job and has just completed the first year of an Open University degree in law. He has also delivered a number of training sessions on mental health to staff at Broadacres and a local charity, and admits he enjoys public speaking.

Diagnosed as bi-polar, Colin understands it is something he will always have, but he has chosen to positively embrace his condition.

He credits Broadacres with giving him the support he needed to gain stability in his life, and he is looking to the future with lots of optimism.

Annex 4.1

Case study: Claro Enterprise – supported employment workshop

'What did Claro Enterprises did to me"

I had major breakdown and afterwards I was clinic depressant with suicidal thoughts and many attempts to take my own life. Been in and out of hospital so many times that I have lost count. I have been section and been chased by the police a few times.

Feeling very negative in life and myself. As I was regular seeing my psychiatrist nurse, she suggests me to do volunteering work for Claro Enterprises. Well that was it.

I started doing 3 days per week and started to feel a lot happier and positive in my myself and so much so, I went on to do 5 days per week.

Well now you look at me, I never felt so positive happy in myself, not just myself has notice is everyone around me and people keep on telling me that they haven't see me smiling and laughing. Now I have just got another big lift in myself, now I am acting temporary supervisor for 3 months. I wouldn't of thought of it in the million of years.

I own literally my life to Claro Enterprises and the staff who help me and I would like thank you to them all because without them I don't think I will be here to tell the story.

North Yorkshire County Council

Scrutiny of Health Committee

2 September 2016

End of Life Care and "Dying Well"

Purpose of Report

1. The purpose of this report is to provide an update on the progress that has been made to date and the work that is planned for the in-depth project which the Scrutiny of Health Committee is undertaking into End of Life Care (EoLC) across North Yorkshire.

Background

2. At the 1 July 2016 Scrutiny of Health Committee meeting, the initial framework for this piece of in-depth scrutiny was agreed by Members. A project plan synopsis was requested to be prepared to guide the Committee's work over the next 6 months. The project plan is included in this report for comment, in particular identifying any gaps or omissions.

Work to date

3. Since the last meeting of the Scrutiny of Health Committee on 1 July 2016, the following activities have been undertaken to progress this project:

- Development and refinement of the project plan
- Initial scoping exercise with North Yorkshire Healthwatch as to how they could support this piece of work
- Contact with the North Yorkshire NHS Complaints and Advocacy Service
- Finalisation of the areas of interest or lines of enquiry for the focus group sessions that are being planned
- Meetings with North Yorkshire County Council lead officers across Health and Adult Services, Children and Young Peoples Services and Public Health
- Discussions with the five North Yorkshire Clinical Commissioning Groups about their approach to commissioning End of Life Care Services, with a view to attending the 14 October 2016 Mid Cycle Briefing for an informal discussion
- Identification of and preliminary discussions with a number of 'expert witnesses' who may be able to assist with providing evidence to this committee.

Project Plan

4. The project plan for this extended piece of scrutiny work is as below:

Date	Action
July 2016	Committee meeting on 1 July - project launch, initial meeting; and engagement with Hospices
	Mid Cycle Briefing on 29 July - identification of issues (lines of enquiry) to explore at focus group meetings for confirmation with Tony Collins
August 2016	Further research and contacts, refinement of the project plan and preparation for 2 September committee meeting
September 2016	Committee meeting on 2 September - update on Joint Strategic Needs Assessment Joint Strategic Needs Assessment (JSNA) report 'Dying Well: an Overview of End of Life Care in North Yorkshire' report and presentation - Victoria Turner, Specialty Registrar in Public Health Introduction and context setting by Alex Bird, Chief Executive Officer, Age UK North Yorkshire – Health and Wellbeing Sponsor for Health and Wellbeing Strategy priority of 'Dying Well'.
September to November 2016	Focus group sessions (TBC). The following key questions were identified at the Mid Cycle Briefing on 29 July 2016: • Bereavement counselling • Dying at home/choice of place of death • Palliative care • Hospice funding • Planning for death. Tony Collins, Chief Executive, Saint Michael's, Harrogate to assist with the development and management of these sessions. With all of the above the focus is upon looking at the current state and then scoping out what the future state could/should be. This then takes into account variations and inequalities across the county and also across different groups of people (by age or by disease type). Also, the degree to which people have choice. In parallel to the focus group sessions, North Yorkshire HealthWatch are looking at the feasibility of undertaking a patient (and affected others) experience survey.
October 2016	Mid Cycle Briefing on 14 October – update on focus group sessions and early findings of work to date CCG perspective – overview of the current and planned provision/commissioning of End of life care services by the 5 CCGs in North Yorkshire.

Date	Action
November 2016	Committee meeting on 18 November – update on programme of work, outcome of focus group sessions and 'expert witnesses' to be confirmed. Likely to include insight into the services that are available for children and young people across North Yorkshire.
December 2016	Mid Cycle Briefing on 16 December – early draft of the final report for discussion, additions and amendments. Possible identification of further lines of enquiry.
January 2017	Early January 2017 - circulate report to partners and contributors for comment, additions and amendments. Committee meeting on 27 January – draft report for discussion and sign off (subject to requested amendments).
February 2017	Finalisation of report.
March 2017	Report to Health and Wellbeing Board on 17 March 2017.

Anticipated outcomes

5. Two outcomes are anticipated from this piece of scrutiny work:

- A number of guiding principles or standards will be identified for the commissioning and/or provision of End of Life Care in North Yorkshire, which help improve the experience of those people affected
- The consultation and engagement work undertaken by the committee will provide further evidence to inform the Joint Strategic Needs Assessment (JSNA), specifically around 'soft intelligence' and the areas highlighted for further assessment and/or investigation.

Reference material

6. In addition to the Joint Strategic Needs Assessment (JSNA) report 'Dying Well: an Overview of End of Life Care in North Yorkshire' (Agenda Item 6), the table below provides some of the key reference documents:

North Yorkshire Joint Strategic Needs Assessment http://www.nypartnerships.org.uk/index.aspx?articleid=26753
North Yorkshire Joint Health and Wellbeing Strategy http://www.nypartnerships.org.uk/index.aspx?articleid=20933
North Yorkshire JSNA: End of Life Care [full report]

http://hub.datanorthyorkshire.org/dataset/jsna-data
Ambitions for Palliative and End of Life Care: a national framework for local action 2015-2020 http://endoflifecareambitions.org.uk/
Guide for commissioners on end of life care for adults NICE commissioning guidelines [CMG42], December 2011 https://www.nice.org.uk/guidance/cmg42
Care Quality Commission: 'A different ending: End of life care review' Addressing inequalities in end of life care http://www.cqc.org.uk/content/different-ending-end-life-care-review
On the Brink: The Future of End of Life Care Report by the End of Life Care Coalition http://endoflifecampaign.org/wp-content/uploads/2016/02/End-of-Life-Report-WEB.pdf
Nuffield Trust: Exploring cost of care at the end of life Providing a best estimate of current costs, and comparing to Marie Curie community model http://www.nuffieldtrust.org.uk/sites/files/nuffield/publication/end_of_life_care.pdf

Recommendations

7. That Members:
   a) offer any comments on the project plan, in particular identifying any gaps or omissions
   b) review the national and local evidence base (see reference materials in paragraph 6 and the JSNA report at Agenda Item 6) to identify any additional lines of enquiry.

Report From:

Daniel Harry, Scrutiny Team Leader

North Yorkshire County Council, County Hall, NORTHALLERTON

19 August 2016

Background Documents: None

North Yorkshire Scrutiny of Health Committee Meeting

2nd September 2016

JSNA 'Deep Dive' Report: End of Life Care

Dr Victoria Turner (Public Health Registrar)

North Yorkshire County Council

Why is End of Life Care so important?

"[My husband] was a quiet man who didn't argue and accepted what was going on because he had no choice. It wasn't his choice, it was everybody else's choice really."

"It was one of the most wonderful experiences of my life, because my dad died in his own bed, in his own home, with people he loved and who loved him around him. He died with a smile on his face."

Quotes from "A Different Ending: Addressing inequalities in end of life care" (Care Quality Commission, 2016)

North Yorkshire County Council

Introduction

'Dying Well' is one of the five key themes for the Joint Health & Wellbeing Strategy 2015-20.

- Purpose of report: **combine national guidance with local data to inform local commissioning priorities**

- UK EoLC comparatively good, but improvements needed (out of hours, communication).

- National direction changing, with shift towards community services

North Yorkshire County Council

What is end of life care?

GMC: approaching end of life when likely to die in the next 12 months. This includes people whose death is imminent, and those with:

- advanced, progressive, incurable conditions
- general frailty and coexisting conditions that mean they are expected to die within 12 months
- existing conditions if they are at risk of dying from a sudden acute crisis in their condition
- life-threatening acute conditions caused by sudden catastrophic events

North Yorkshire County Council

What are the key issues?

JWBS 2015-2020 aim: to enable more people approaching the end of life to be **cared for and to die in their place of choosing**, enabling the **delivery of the best possible standard of care in all end of life settings**.

- To do this, need to address:
  - **Discussions around dying**
  - **Access for all**
  - **The importance of coordination**
  - **Training**

North Yorkshire County Council

What commissioning priorities are recommended?

Recommendations for commissioners are based around 7 key themes:

- **Access at all times for all people**
- **Integration with other existing/planned services**
- **Staff training**
- **Preferred place of death**
- **Community engagement**
- **Appropriate level of care**
- **Support for carers and relatives**

North Yorkshire County Council

Who is at risk and why?

1% of population die each year. Not all will have been identified on an EoLC register.

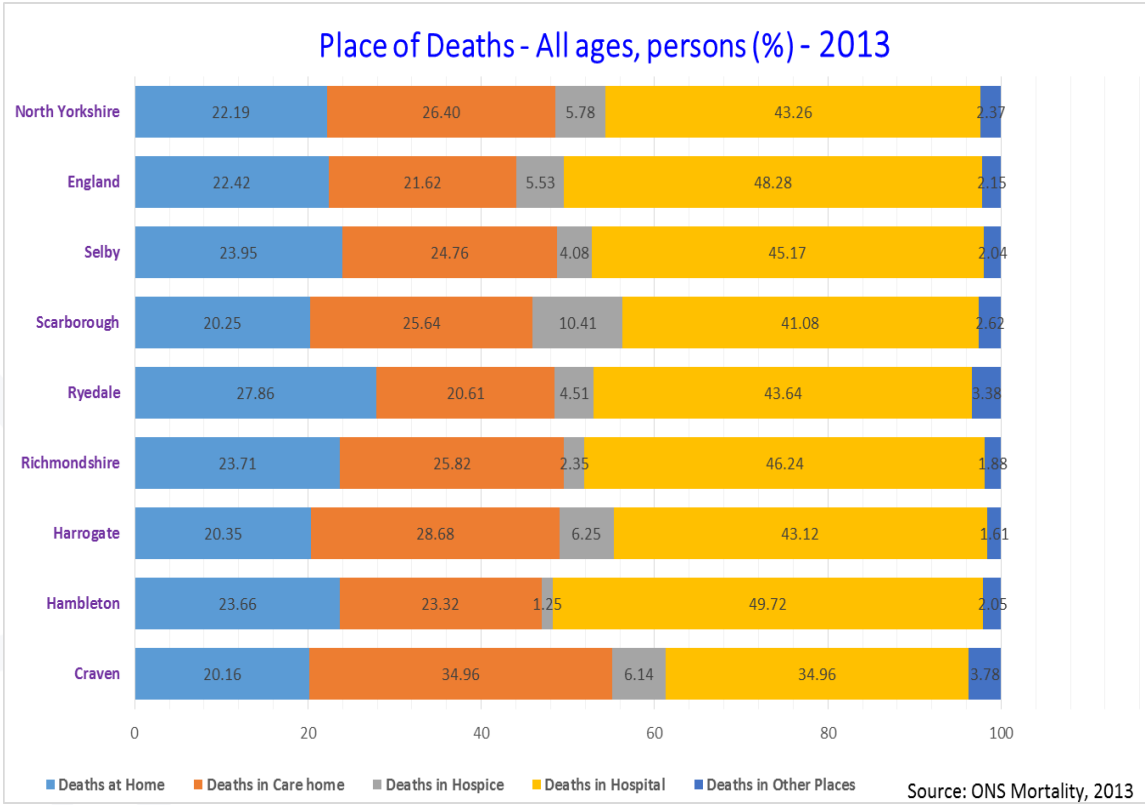
CQC report on 'addressing inequalities in EoLC':

- People with conditions other than cancer
- Older people
- People with dementia
- BME groups
- LGBT
- Learning disabilities, mental health
- Homeless, gypsies and travellers
- Those in secure/detained settings

North Yorkshire County Council

What is the level of need in the population?

- 6,197 deaths in NY (2013)
  - 22.2% at home
  - 26.4% in care home
  - 5.8% in hospice
  - 43.3% in hospital
- Main causes of death:
  - CVD (31.18%)
  - Cancer (27.91%)
  - Respiratory disease (15.03%)
- Some variation in location of death, both between districts and by cause

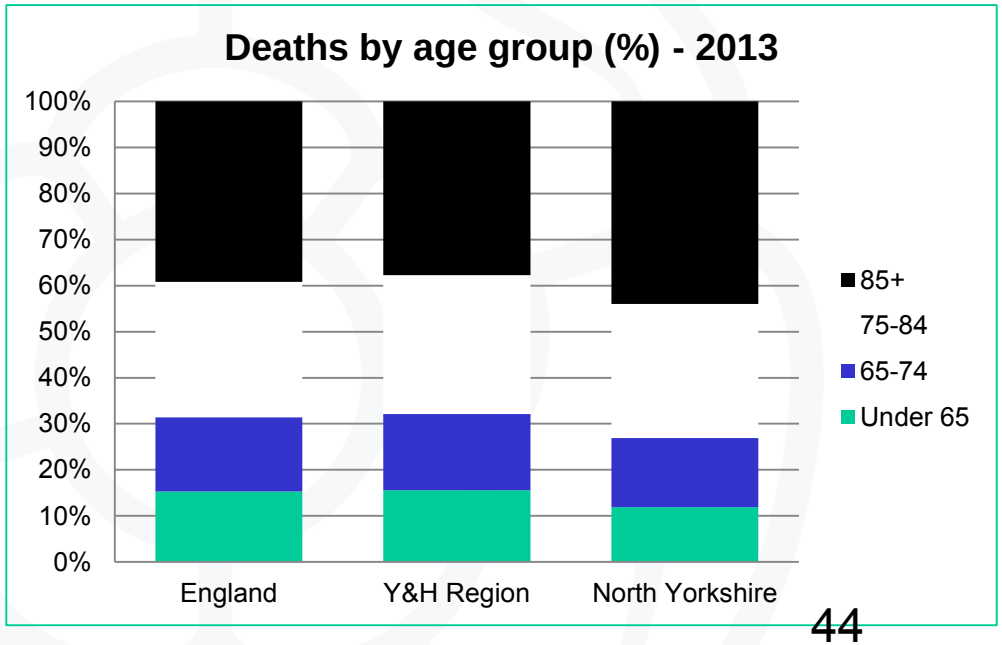


North Yorkshire County Council

What is the projected level of need?

NY population to increase by 12,000 by 2020

- **Already have elderly population**
- **Increasing proportion will be over 65 by 2020**
- **Greater care needs**

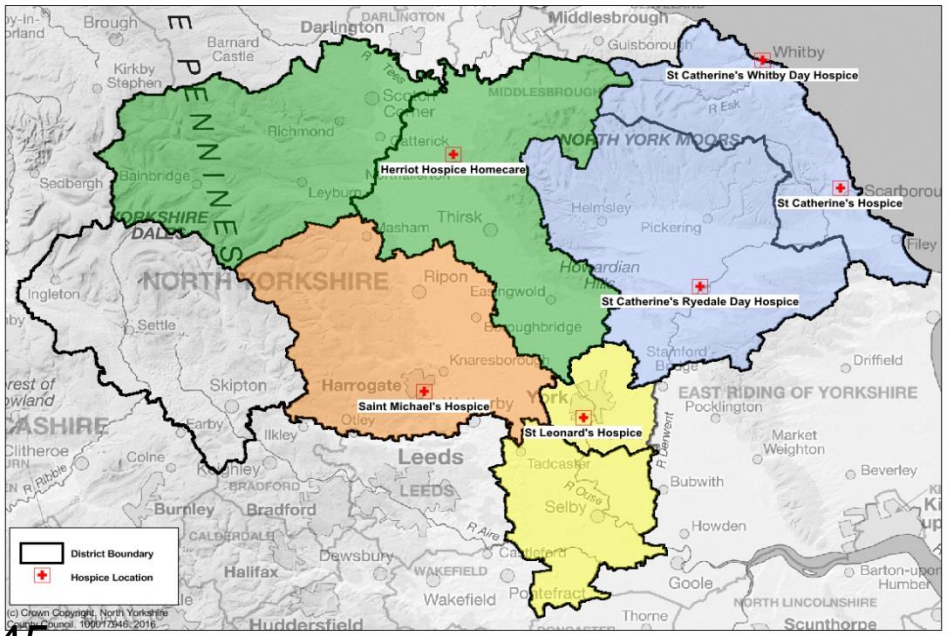


North Yorkshire County Council

What services are currently provided?

Information in main report and appendices on:

- **Local partnerships**
  - **Children and young people**
- **Hospital services (inpatient and outpatient)**
- **Nursing services**
  - **Care homes**
  - **Domicillary care**
- **Hospices**
- **Other voluntary sector**



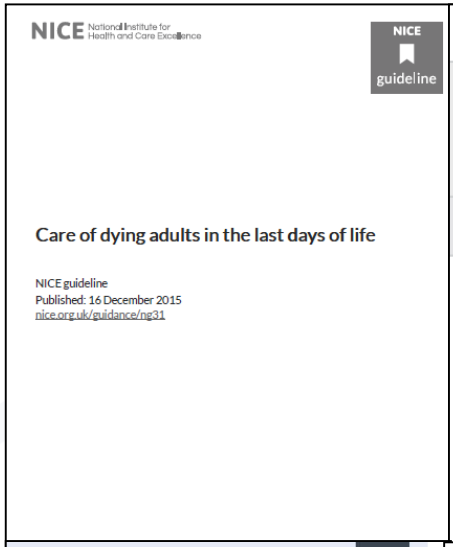
What needs might be unmet?

Local areas of unmet need largely reflect national areas of unmet need.

- **Access to preferred place of dying**
- **Integration of EoLC into all care pathways**
- **Co-ordinated IT system**
- **Access to inpatient hospice facilities**
- **Training**
- **Out of hours access**

North Yorkshire County Council

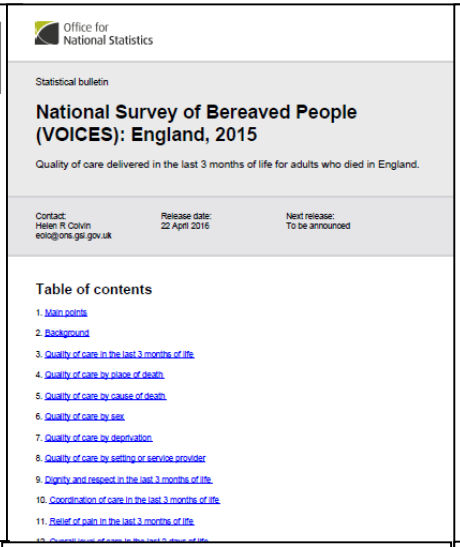
Evidence for effective intervention?


NICE National Institute for Health and Care Excellence

NICE guideline

Care of dying adults in the last days of life

NICE guideline
Published: 16 December 2015
nice.org.uk/guidance/ng31


Office for National Statistics

Statistical bulletin

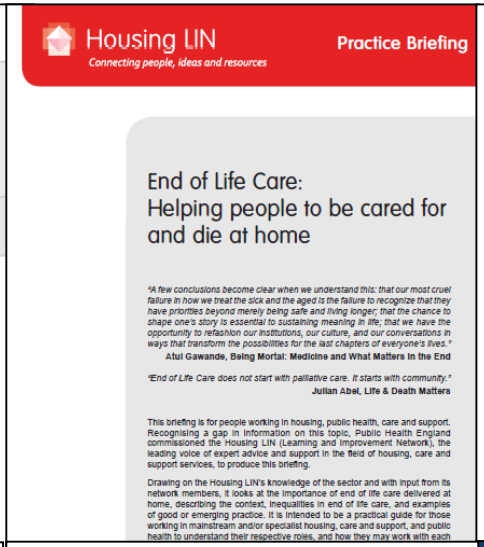
National Survey of Bereaved People (VOICES): England, 2015

Quality of care delivered in the last 3 months of life for adults who died in England.

Contact: Helen R Colvin, eolc@ons.gsi.gov.uk
Release date: 22 April 2016
Next release: To be announced

Table of contents

1. Main points
2. Background
3. Quality of care in the last 3 months of life
4. Quality of care by place of death
5. Quality of care by cause of death
6. Quality of care by sex
7. Quality of care by deprivation
8. Quality of care by setting or service provider
9. Dignity and respect in the last 3 months of life
10. Coordination of care in the last 3 months of life
11. Relief of pain in the last 3 months of life


Housing LIN
Connecting people, ideas and resources

Practice Briefing

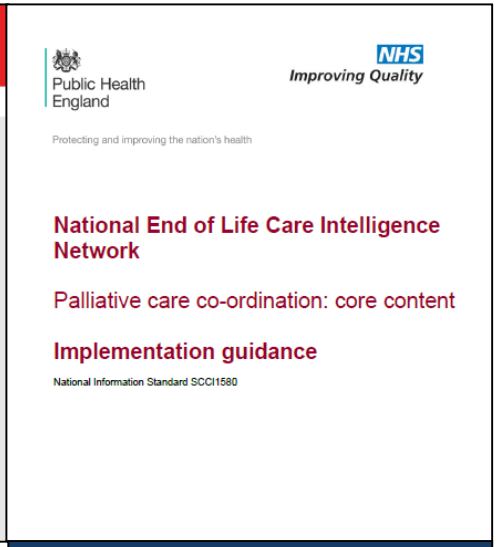
End of Life Care:
Helping people to be cared for and die at home

"A few conclusions become clear when we understand this: that our most cruel failure in how we treat the sick and the aged is the failure to recognize that they have priorities beyond merely being safe and living longer; that the chance to shape one's story is essential to sustaining meaning in life; that we have the opportunity to refashion our institutions, our culture, and our conversations in ways that transform the possibilities for the last chapters of everyone's lives."
Atul Gawande, Being Mortal: Medicine and What Matters in the End

"End of Life Care does not start with palliative care. It starts with community."
Julian Abel, Life & Death Matters

This briefing is for people working in housing, public health, care and support. Recognising a gap in information on this topic, Public Health England commissioned the Housing LIN (Learning and Improvement Network), the leading voice of expert advice and support in the field of housing, care and support services, to produce this briefing.

Drawing on the Housing LIN's knowledge of the sector and with input from its network members, it looks at the importance of end of life care delivered at home, describing the context, inequalities in end of life care, and examples of good or emerging practice. It is intended to be a practical guide for those working in mainstream and/or specialist housing, care and support, and public health to understand their respective roles, and how they may work with each


Public Health England

Protecting and improving the nation's health

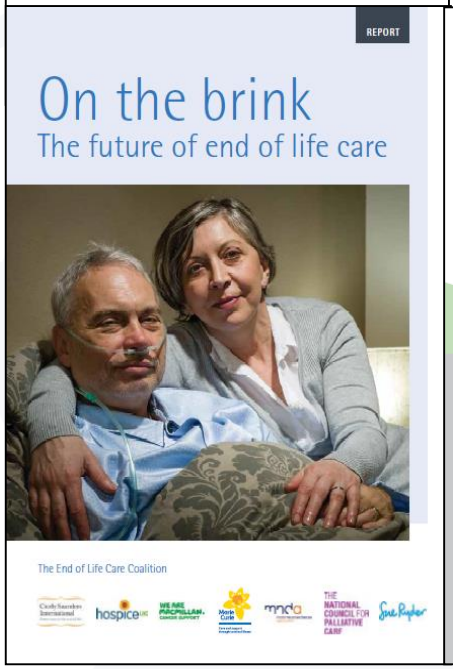
NHS Improving Quality

National End of Life Care Intelligence Network

Palliative care co-ordination: core content

Implementation guidance

National Information Standard SCCI1580


REPORT

On the brink
The future of end of life care

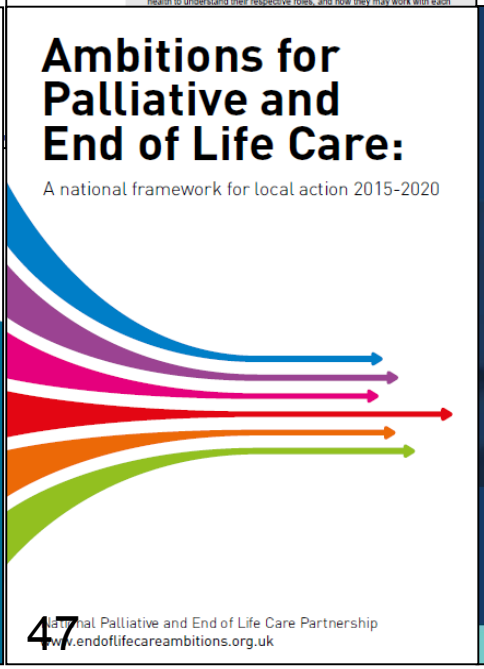
The End of Life Care Coalition


What's important to me.
A Review of Choice in End of Life Care

EXECUTIVE SUMMARY

Published by
The Choice in End of Life Care Programme Board

February 2015


Ambitions for Palliative and End of Life Care:

A national framework for local action 2015-2020

National Palliative and End of Life Care Partnership
www.endoflifecareambitions.org.uk


CareQuality Commission

A different ending
Addressing inequalities in end of life care

Overview report

MAY 2016

Additional needs assessment required?

Data often not held in single accessible location, but by multiple partners:

- **Information on staff training**
- **How many people needing EoLC are identified on a suitable register?**
- **Information on patient experience**
- **Information on preferred place of death**
- **Detailed funding arrangements**
- **Cost-effectiveness**

North Yorkshire County Council

Next steps

- Health and Wellbeing Board appointing a theme sponsor for ‘Dying Well’ (Joint Health and Wellbeing Strategy 2015-2020)
- Commissioners to consider reviewing current and prospective EoLC services in light of report findings
- Commissioners to consider using (and expanding) existing networks of end of life care professionals to help achieve recommendations
- Commissioners and NYCC Public Health Team to review the PHE health economics report on EoLC (end of June 2016)

North Yorkshire County Council

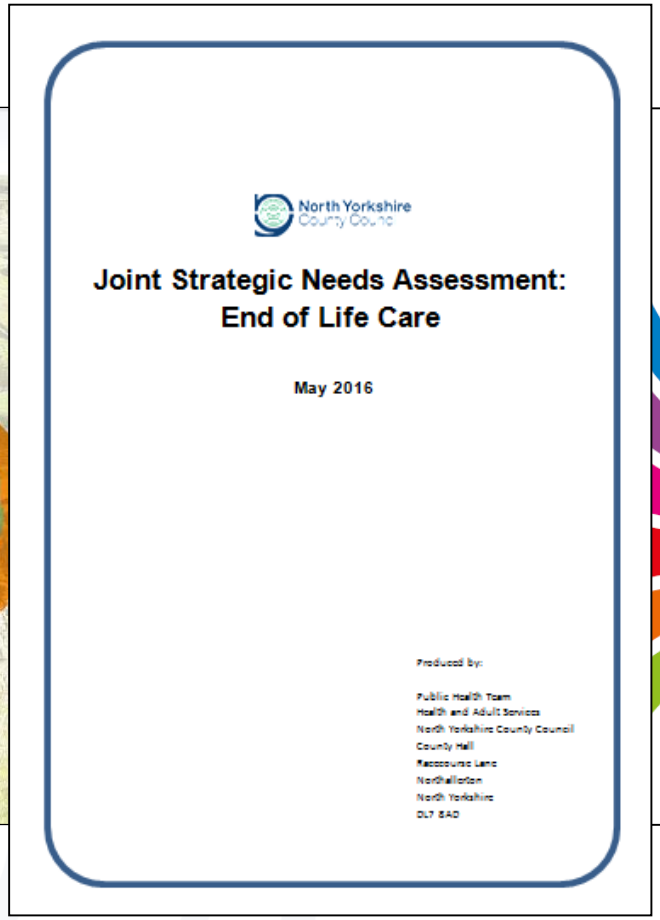
Stakeholders consulted:

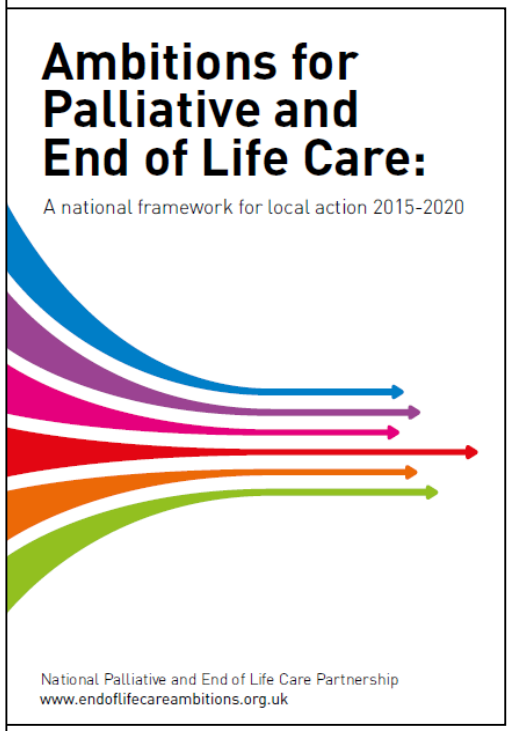
- North Yorkshire County Council Public Health Team
- Harrogate & Rural District Clinical Commissioning Group
- Scarborough & Ryedale Clinical Commissioning Group
- Partnership Commissioning Unit
- Public Health England: Health Economics team
- Dr Mike Brookes, GP (Reeth Medical Centre) & RCGP/Marie Curie Palliative and End of Life Clinical Support Fellow
- Age UK North Yorkshire

Input also received from colleagues at Martin House Children's Hospice and the University of York.

North Yorkshire County Council

Questions?





North Yorkshire County Council

Dying Well: Executive Summary

Almost everyone will experience end of life care at some point during their lives. Many of us will be involved in caring for someone who is dying, often a close friend or relative. Some of us will be involved in a professional manner, looking after dying people as part of our role in health or social care, or other professions such as lawyers or religious leaders. Most of us will also need end of life care as individuals, regardless of what our eventual cause of death might be.

The difference good end of life care makes to both dying individuals and their families cannot be underestimated. Each death is personal; the memories of every death remain with the people involved long after a loved one has passed away. The final thing we can do for the people we care for is to make sure they receive the best possible care at the end of their lives. However, a deep-seated unwillingness to talk about death across society has meant that discovering the needs of dying people, and then trying to translate these needs into practice, has not been an easy process.

The North Yorkshire Health and Wellbeing Board has recognised the importance of improving care at the end of life by including 'Dying Well' as one of the five key themes for the Joint Health & Wellbeing Strategy 2015-20.

What is end of life care?

The General Medical Council definition of 'end of life' says that people are 'approaching end of life' when they are likely to die within the next 12 months. This includes people whose death is imminent (expected within a few hours or days) and those with:

- advanced, progressive, incurable conditions
- general frailty and coexisting conditions that mean they are expected to die within 12 months
- existing conditions if they are at risk of dying from a sudden acute crisis in their condition
- life-threatening acute conditions caused by sudden catastrophic events

End of life care involves any care that is provided when a patient has reached this terminal stage. This includes the palliative management of pain and other symptoms, and also the provision of psychological, social, spiritual and practical support. The range of health and social support needed highlights the importance of an integrated service model for end of life care.

National Context

The UK population is steadily ageing, and deaths in England and Wales are expected to rise by 17% between 2012 and 2030. Currently just over 1% of people in the UK die every year; in 2014 there were 501,424 deaths registered in England and Wales (ONS, 2015). North Yorkshire already has a population with a significant proportion of elderly residents - end of life care is therefore a very important issue for many residents and their families.

The UK provides comparatively good end of life care overall (2015 Quality of Life Index), but some areas, such as communication and access to out of hours services, need improvement. A recent estimate suggested that of the approximately 355,000 people needing palliative care services every year, around 92,000 people were still not being reached. 70% of carers report that those they care for do not get all the support they need.
The majority of costs from end of life care currently come from hospital admissions, averaging £4500 per person. It is estimated that providing better care in the community will reduce unnecessary hospital admissions, with potential savings estimated around £500 per person (Nuffield Trust, 2014). The overall financial cost of end of life care is not currently known, as care is provided by many different people across a range of different settings. A review of the economics of end of life care by Public Health England is due to be released in June 2016.

Key issues

Discussions about dying: The persisting view of death as a 'taboo subject' by patients, families and medical practitioners means that the wishes of the dying person are often missed, leading to inappropriate care being given in the wrong locations. Most people still die in hospitals, despite the most common preference being to die at home. In North Yorkshire 43% of deaths occurred in hospital (2013), which is lower than the national average but still does not reflect expected patient wishes.

Access for all: Although many people receive very good end of life care, it is still not available to everyone. Access to care can be affected by where people live, the type of illness they have, age and deprivation level. End of life care is well-integrated into some care pathways (particularly for cancer), but not for others such as dementia. In addition, not all people have out of hours access to end of life care services. Across the country only 11% of hospital inpatients have 24/7 access to a specialist palliative care teams, and not all people in the community have 24/7 access to advice and key therapies such as analgesia.

Co-ordinating services: Good quality end of life care can only be achieved if there is a co-ordinated approach between service providers, including electronic communications systems (EPaCCS). People needing end of life care often have complex health and social care needs, and will therefore come into contact with a range of services including primary care, secondary care, emergency services, social services, housing services and voluntary sector organisations. Good communication is needed to make sure that individuals access the right services at the right time, in order to prevent unnecessary duplication of services or inappropriate treatment.

Training: All people involved in end of life care (both palliative care specialists and non-specialists such as GPs, community nurses and social workers) need suitable training, including how to identify and manage people at the end of life, and also relevant communication skills for discussing end of life issues with patients and their families.

Holistic care:
End of life care encompasses more than just health needs. Dying well is likely to also require social care, spiritual care, legal assistance, general wellbeing advice and emotional support both for the dying and for their families.

Areas for improvement

End of life care services in North Yorkshire can be improved by focusing on seven key areas:

1. **Access at all times for all people:** ensuring all people with end of life care needs can access the correct treatment and advice 24/7
2. **Integration with other existing/planned services:** ensuring end of life care is integrated into pathways for all conditions, not just cancer care; improving IT systems to enable better sharing of information between services and avoid service duplication that wastes resources
3. **Staff training:** training for both generalists and specialists involved in end of life care, including how to both identify and manage end of life patients
4. **Preferred place of death:** all patients should be given to opportunity to express their preferred place of death, and enabled to die there wherever possible
5. **Community engagement:** voluntary sector organisations and community initiatives should be utilised where appropriate to support end of life care services
6. **Appropriate level of care:** treatment should be focused on symptom relief in order to maximise remaining quality of life; patients should have an agreed

ceiling of care to prevent unnecessary interventions that risk causing harm with no curative benefit

7. **Support for carers and relatives:** end of life care should extend to the carers and families of those who are dying, and should include bereavement support after a death. This should link to the North Yorkshire carer's strategy (currently under development)

Links

Ambitions for Palliative and End of Life Care: a national framework for local action 2015-2020
http://endoflifecareambitions.org.uk/

Guide for commissioners on end of life care for adults
NICE commissioning guidelines [CMG42], December 2011
https://www.nice.org.uk/guidance/cmg42

Care Quality Commission: 'A different ending: End of life care review'
Addressing inequalities in end of life care
http://www.cqc.org.uk/content/different-ending-end-life-care-review

On the Brink: The Future of End of Life Care
Report by the End of Life Care Coalition
http://endoflifecampaign.org/wp-content/uploads/2016/02/End-of-Life-Report-WEB.pdf

Nuffield Trust: Exploring cost of care at the end of life
Providing a best estimate of current costs, and comparing to Marie Curie community model
http://www.nuffieldtrust.org.uk/sites/files/nuffield/publication/end_of_life_care.pdf

North Yorkshire JSNA: End of Life Care [full report]
http://hub.datanorthyorkshire.org/dataset/jsna-data

North Yorkshire Health Joint Health and Wellbeing Strategy 2015-2020
http://www.nypartnerships.org.uk/CHttpHandler.ashx?id=21125&p=0

NORTH YORKSHIRE COUNTY COUNCIL

SCRUTINY OF HEALTH COMMITTEE

2 September 2016

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 up to May 2017 are:

2016

- 18 November

2017

- 27 January
- 7 April

6. All of the above meetings will start at 10.00am and will be held at County Hall.

Areas of Involvement and Work Programme

7. The Committee's on-going and emerging areas of work 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.

Daniel Harry
Scrutiny Team Leader

County Hall
NORTHALLERTON

18 August 2016

Background Documents: None

NORTH YORKSHIRE COUNTY COUNCIL

Scrutiny of Health Committee – Work Programme/Areas of Involvement – 2016/17 (as at August 2016)

(Note: Shading denotes period of on-going involvement/monitoring but without confirmed dates for items to the committee;
✓ = Confirmed agenda item)

	2016		2017		Notes
Scheduled Committee Meetings	**2 Sep**	**18 Nov**	**27 Jan**	**7 Apr**	
Strategic Developments					
1. Implications on health and care services of Sustainability and Transformational Plans across North Yorkshire					Follow up with Wendy Balmain and STP leads as to when next update to Committee.
2. National Review of Congenital Heart Surgery (Adults and Children)					Complete – positive outcome with Leeds and Newcastle Services kept on.
4. Rural Services Network - Scrutiny on Access to Health Services in Rural Areas					Responses from NYCC and CCGs to be collated and returned by 31 August 2016.
5. Funding of Community Pharmacies http://www.telegraph.co.uk/news/2016/05/29/3000-local-chemists-could-close-this-year-after-170m-subsidy-cut/					Period of involvement to be confirmed – follow up ahead of 27 January 2017 committee meeting.
6. NY Mental Health Strategy	✓				To 2 September 2016 committee - presentation with copies of both the NY Mental Health Strategy and the Craven 'locality delivery plan for mental health' (Kathy Clark).
Local Service Developments					
7. Hambleton, Richmondshire & Whitby CCG: Hambleton and Richmondshire - "Fit 4 the Future", including developments at the Lambert Hospital, Thirsk		✓			https://www.hambletonrichmondshireandwhitbyccg.nhs.uk/transforming-our-communities To 18 November 2016 Committee meeting and 14 October MCB.
8. Better Health Programme (Durham, Darlington and Tees) https://nhsbetterhealth.org.uk/					NYCC has been allocated 3 seats on a joint scrutiny committee comprising councillors from all the local authorities across the affected area to consider any service reconfiguration. First meeting is on Thursday

	2016		2017		Notes
Scheduled Committee Meetings	**2 Sep**	**18 Nov**	**27 Jan**	**7 Apr**	
					7 July 2016 at 2.00 p.m. at Hartlepool Borough Council Civic Centre.
9. Ambition for Health and Out of Hospital Care in Scarborough and Ryedale					Engagement to start in April 2017.
10. Care Quality Commission Inspection - Harrogate and District NHS FT					Period of involvement to be confirmed.
11. Care Quality Commission Inspection – Yorkshire Ambulance Service – 13 September 2016					Initial intelligence gathering ends 1 September 2016.
12. Mental Health Service in York/Selby area + Bootham Hospital		✓			http://www.tewv.nhs.uk/site/about/trust-news/Creative%20patients%20help%20t.15532168405269330 http://www.bbc.co.uk/news/uk-england-york-north-yorkshire-36293194 Update following transfer of services in this area to the Tees, Esk and Wear Valleys NHS FT provided at 29 July 2016 MCB. Consultation on the replacement hospital for the Bootham to commence in September and run for 12 weeks. To 18 November 2018 committee (Ruth Hill).
13. Vanguard/New Models of Care in Harrogate (Future of Ripon Hospital)		✓			http://www.harrogateandruraldistrictccg.nhs.uk/who-we-are/health-and-social-care-partners-across-harrogate-and-rural-district-successful-with-vanguard-bid/
14. Vale of York CCG Financial Recovery Plan + Impact on services					Period of involvement to be confirmed.
15. Eligibility for health procedures					To the 14 October 2016 MCB.
16. NY Healthwatch Annual Report 2015/16					To the 14 October 2016 MCB (Bob Carter). At Health and Wellbeing Board on 14 September 2016.
17. NY Independent Health Complaints and Advocacy Annual Report 2015/16					To the 14 October 2016 MCB (Jason Stamp/Nigel Ayre). At Health and Wellbeing Board on 14 September 2016

	2016		2017		Notes
Scheduled Committee Meetings	**2 Sep**	**18 Nov**	**27 Jan**	**7 Apr**	
Public Health Developments					
18. Development of base-line data and an on-going monitoring system on the impact of Fracking.					Lincoln Sargeant leading discussions with Public Health England on support for monitoring. Update to 16 December 2016 MCB
19. Annual Report – Director of Public Health		✓			
In-depth Project					
20. Dying well + End of Life Care	✓	✓	✓		Project to inform the Joint Strategic Needs Assessment/Health and Wellbeing Strategy: http://www.nypartnerships.org.uk/CHttpHandler.ashx?id=21125&p=0 Meeting on 2 September Will include discussion of the JSNA "deep dive" into EoLC.