North Yorkshire County Council

Agenda

Meeting: Scrutiny of Health Committee

Venue: The Grand Committee Room, County Hall, Northallerton DL7 8AD

Date: Friday 15 December 2017 at 10.00 am

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PLEASE NOTE – Committee members will be able to see a video presentation, which is used as part of the public engagement on the Friarage Hospital, in Meeting Room 4 from 9.30am.

Business

1. Minutes of the Scrutiny of Health Committee held on 22 September
   (Pages 5 to 17)

2. 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)

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, Principal Scrutiny Officer (*contact details below)* no later than midday on Tuesday 12 December 2017. Each speaker should limit himself/herself to 3 minutes on any item. Members of the public who have given notice will be invited to speak:-

- at this point in the meeting if their questions/statements relate to matters which are

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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.

5. **County Council Notice of Motion on mental health services in Northallerton and Harrogate** – report - response of area committees and consideration by the Scrutiny of Health Committee – Daniel Harry, Scrutiny Team Leader, North Yorkshire County Council
(Pages 18 to 20)

5a. **Overview of mental health service reconfiguration** – report - Daniel Harry, Scrutiny Team Leader, North Yorkshire County Council
(Pages 21 to 26)

6. **Transforming adult and older people's mental health services in Hambleton and Richmondshire** – presentation - Janet Probert and Lisa Pope, Hambleton, Richmondshire and Whitby CCG, Brent Kilmurray, Chief Operating Officer and Adele Coulthard – Director of Operations, Tees, Esk and Wear Valley NHS FT
(Pages 27 to 47)

7. **Building a Sustainable Future for the Friarage Hospital, Northallerton** – presentation (to follow) and an accompanying report on standby ambulance - Dr Adrian Clements, South Tees Hospitals NHS Foundation Trust and Janet Probert, Hambleton, Richmondshire and Whitby CCG
(Pages 48 to 54)

8. **Winter pressures and Delayed Transfers of Care** – presentation (to follow) – Louise Wallace, Assistant Director of Health and Adult Services, NYCC
(To follow)

9. **Pharmaceutical Needs Assessment for North Yorkshire 2018-21** – report - Clare Beard, Public Health, North Yorkshire County Council
(Pages 55 to 58)

10. **Health and social care workforce planning** – draft report of the Joint Scrutiny Task and Finish Group - Daniel Harry, Scrutiny Team Leader, North Yorkshire County Council
(Pages 59 to 84)

11. **Work Programme** – report - Daniel Harry, Scrutiny Team Leader, North Yorkshire County Council - Report
(Pages 85 to 89)

12. 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

7 December 2017

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
The fire evacuation alarm is a continuous Klaxon. On hearing this you should leave the building by the nearest safe fire exit. From the **Grand Meeting Room** this is the main entrance stairway. If the main stairway is unsafe use either of the staircases at the end of the corridor. Once outside the building please proceed to the fire assembly point outside the main entrance.

Persons should not re-enter the building until authorised to do so by the Fire and Rescue Service or the Emergency Co-ordinator.

An intermittent alarm indicates an emergency in nearby building. It is not necessary to evacuate the building but you should be ready for instructions from the Fire Warden.

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 Group*	*Electoral Division*
1	ARNOLD, Val		Conservative	Kirkbymoorside
2	BARRETT, Philip		NY Independents	South Craven
3	CLARK, Jim	Chairman	Conservative	Harrogate Harlow
4	COLLING, Liz	Vice-Chairman	Labour	Falsgrave and Stepney
5	ENNIS, John		Conservative	Harrogate Oatlands
6	HOBSON, Mel		Conservative	Sherburn in Elmet
7	MANN, John		Conservative	Harrogate Central
8	METCALFE, Zoe		Conservative	Knaresborough
9	MOORHOUSE, Heather		Conservative	Great Ayton
10	PEARSON, Chris		Conservative	Mid Selby
11	SOLLOWAY, Andy		Independent	Skipton West
12	SWIERS, Roberta		Conservative	Hertford and Cayton
13	WINDASS, Robert		Conservative	Boroughbridge

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	HULL, Wendy	Craven DC
6	SEDGWICK, Karin	Richmondshire DC
7	GALLOWAY, Ian	Harrogate BC

Total Membership – (20) **Quorum – (4)**

Con	Lib Dem	NY Ind	Labour	Ind	Total
10	0	1	1	1	13

2. Substitute Members

Conservative		NY Independents	
	Councillors Names		*Councillors Names*
1	BASTIMAN, Derek	**1**	
2	WILKINSON, Annabel	**2**	
3	MARTIN, Stuart MBE	**3**	
4	TROTTER, Cliff	**4**	
5	DUNCAN, Keane	**5**	
Labour			
	Councillors Names		
1	BROADBENT, Eric		
2			
		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	BROCKBANK, Linda (Craven DC)
		6	CAMERON, Jamie (Richmondshire DC)
		7	HASLAM, Paul (Harrogate BC)

North Yorkshire County Council
Scrutiny of Health Committee

Minutes of the meeting held at County Hall, Northallerton on 22 September 2017.

Members:-
County Councillor Jim Clark (in the Chair)
County Councillors: Val Arnold, Philip Barrett, Liz Colling (Vice Chair), John Ennis, Mel Hobson, John Mann, Zoe Metcalfe, Heather Moorhouse, Chris Pearson, Andy Solloway, Roberta Swiers, Robert Windass.

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

In attendance:-
Janet Probert, Chief Operating Officer, Hambleton, Richmondshire and Whitby CCG
Lisa Pope, Deputy Chief Operating Officer, Hambleton, Richmondshire and Whitby CCG
Georgina Sayers, Communications and Engagement Manager, Hambleton, Richmondshire and Whitby CCG
Brent Kilmurray, Chief Operating Officer, Tees, Esk and Wear Valley NHS Foundation Trust
Adele Coulthard, Director of Operations, Tees, Esk and Wear Valley NHS Foundation Trust
Jess Williams, Vice Chair, Phoenix Group
Nigel Ayre, Project Manager, Healthwatch North Yorkshire
Claire Ferguson, Research and Intelligence Officer, Healthwatch North Yorkshire
Dr James Dunbar, South Tees Hospitals NHS Foundation Trust
Sharon Poskitt, Senior Nurse, South Tees Hospitals NHS Foundation Trust
Joanne Evans, Service Manager in Urgent and Emergency Care, South Tees Hospitals NHS Foundation Trust.

County Councillor Caroline Dickinson, Executive Member for Public Health, Prevention, Supported Housing and STPs
County Councillor Annabel Wilkinson.

County Council Officers:-
Daniel Harry, Scrutiny Team Leader
Louise Wallace, Health and Adult Services.

Apologies for absence were received from: District Councillors Bob Gardiner (Ryedale DC) substitute Cllr Elizabeth Shields and Karin Sedgwick (Richmondshire) substitute Cllr Toby Duff

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Copies of all documents considered are in the Minute Book

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12. Minutes

Resolved

That the Minutes of the meeting held on 23 June 2017 be taken as read and be confirmed and signed by the Chairman as a correct record.

13. Any Declarations of Interest

There were no declarations of interest to note.

14. Chairman's Announcements

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

Access to NHS dentistry
A query had previously been raised by Cllr Geoff Webber about the availability of NHS dentistry in the county, having been contacted by a constituent who was having trouble in locating a dentist willing to take on NHS patients in the Harrogate area. In response, we contacted NHS England, who commission NHS dentistry services, and asked the following questions:

1) Is there a shortage of NHS dental places in the Harrogate area and North Yorkshire as a whole?
2) If there is a shortage, then what is being done to ensure that people who cannot access NHS dentistry and who cannot afford private dentistry can access the regular dental checks and interventions that they need?

In summary, the response stated that NHS England (Yorkshire and the Humber) is currently reviewing how it can improve access to NHS dentists across the whole region and is considering how it can introduce additional capacity from within its existing budget. A plan for commissioning the wider dental pathway will be finalised by April 2018.

The Chair confirmed that this would be followed up by the committee and the NHS dental commissioning plan had been added to the committee work programme for early 2018.

NHS Property Services
Cllr Jim Clark reminded committee members of previous discussions about the management of NHS properties in the county and what happened to them once a service was no longer provided there, as is the case with the Lambert Memorial Hospital in Thirsk.

Cllr Liz Colling, Vice Chair, confirmed that she had met with Karina Dare and Shamim Eimaan of NHS Property Services and that the meeting was positive. It was noted that NHS Property Services only have responsibility for 10% of the NHS estate and that they are run as a commercial body. Cllr Liz Colling stated that there was to be an ongoing dialogue with NHS Property Services and that they would be attending a future Mid Cycle Briefing.

Capped expenditure regime
Cllr Jim Clark noted that there was no information publically available about what the implications are to be on the delivery of health services of the capped expenditure regime is in place across the Vale of York CCG, Scarborough and Ryedale CCG and York Teaching Hospital FT. Cllr Jim Clark confirmed that he and Cllr Liz Colling would meet with the lead officers from those organisations over the next month to gain a better understanding of the current position.

Merger of (4) GP surgeries in Scarborough
Daniel Harry, Scrutiny Team Leader, stated that Scarborough and Ryedale CCG had informed them that 4 GP practices in Scarborough are considering merging. A 'soft' merger will take place in December 2017, with the full merger thereafter. Daniel Harry said that he had been told that all 4 sites would remain and that the merger should lead to an improvement in service, as between the 4 sites they will be able to offer appointments from 7.30am to 7.30pm and at the weekend.

Daniel Harry confirmed that a representative of the Scarborough and Ryedale CCG will be invited to attend the November Mid Cycle Briefing of the committee to provide further detail on what is proposed, the potential impact and what engagement and consultation had been undertaken or was planned.

Mental Health Services in Harrogate
Cllr Jim Clark informed the committee that the Tees, Esk and Wear Valley NHS Foundation Trust (TEWV) and Harrogate and Rural District Clinical Commissioning Group (H&RD CCG) had started a programme of public engagement on the future of mental health services in the Harrogate area. This follows the recent pause on the development of an in-patient mental health unit at Cardale Park in Harrogate. Cllr Jim Clark noted that further details would be provided to a future meeting of the committee, subject to confirmation of the proposed timeline for engagement, consultation and any subsequent changes to services.

Accountable Care Systems
Cllr Jim Clark confirmed that the introduction of an Accountable Care System for the north east and Cumbria had been discussed at the recent Joint Health Scrutiny of the Durham, Darlington, Tees, Hambleton, Richmondshire and Whitby Sustainability and Transformation Partnership (STP). At this stage, it is not clear what this will mean but the concern remains that a stronger focus further north towards Newcastle could disadvantage people living in the north of the county.

Yorkshire Ambulance Service
Cllr Jim Clark confirmed that concerns raised by Cllr John Blackie regarding ambulance coverage and response in parts of Richmondshire had been investigated. This had involved meetings with: Mark Inman and Pete Summerfield of the Yorkshire Ambulance Service (YAS); Janet Probert and John Darley of Hambleton, Richmondshire and Whitby CCG; a telephone interview with Leaf Mobbs, the Director of Planning and Development at YAS; and a review of YAS performance data. The outcome of this investigation has been shared with the Chair of the Richmondshire Area Committee, the Chair of the Health and Wellbeing Board and it will be discussed at the next meeting of the Richmondshire Area Committee.

15. Public Questions or Statements

There were two questions from members of the public.

Question raised by Roger Tuckett:

“Grenfell Tower teaches us that reliance on desk-top studies puts vulnerable people’s lives at risk. Is it any different with assessing demand levels for suicidal patients needing in-patient hospital beds?”

Cllr Jim Clark thanked Roger Tuckett for his question and agreed that copies of a document (appended to the minutes) be allowed to be distributed to the committee. Cllr Jim Clark, noting the reference that had been made to Grenfell Tower, stated that the loss of life as a result of the fire was dreadful. Also, that it was subject to a public enquiry, which had not yet delivered its conclusions or recommendations and so the comparison with the consultation on proposals for changes to mental health in-patient services was not helpful.

Cllr Jim Clark requested that the concerns raised by Roger Tuckett be taken into account as part of the consultation process. The committee were reminded that there would not be a decision at this meeting, as the consultation had only just finished and a full and complete analysis of the responses had yet to be completed, but that there

would be a full discussion and evaluation of all the evidence at the Scrutiny of Health committee meeting on 15 December 2017.

Question raised by Jo Foster, Richmondshire Liberal Democrats:

"Our Police Commissioner, Julia Mulligan's attempt to take control of the Fire Service has been rejected by the police watchdog on the basis that it is: '...very high risk, lacking in any detailed assessment of what it would achieve and which, critically, cannot be reversed if things go wrong.' Is this committee prepared to endorse a similar high-risk, leap in to the dark?"

Cllr Jim Clark thanked Jo Foster for her question and noted that the committee would not endorse a 'leap into the dark' but would impartially consider all of the evidence that is put before it and then come to a decision.

16. Transforming Adult and Older People's Mental Health Services in Hambleton and Richmondshire - Post-consultation update

Considered -

Presentation by Janet Probert and Lisa Pope, Hambleton, Richmondshire and Whitby CCG, Brent Kilmurray, Chief Operating Officer and Adele Coulthard, Director of Operations, Tees, Esk and Wear Valley NHS FT.

Janet Probert introduced the presentation and emphasised that every effort had been made to engage with the public on the proposed changes to mental health services. Also, that every effort had been made to engage with the Scrutiny of Health Committee and this was the fourth time in a row that she had been to the committee to discuss mental health services and the need to change them so that they are fit for the future.

The presentation was then delivered by Janet Probert and Adele Coulthard. The key points from the presentation are summarised below:

- The ambition is to deliver the best possible service for the local population
- The views of the public are critically important and will be listened to
- A total of 866 people were engaged with at 35 public events
- There had also been a media campaign that was designed to promote engagement
- Discussions about the future of mental health services commenced in 2013
- In 2014 stakeholder engagement started. In 2015 there was a series of appreciative enquiry events and in 2017 there has been pre-engagement and formal consultation
- The priority is to keep care as close as possible to home
- Option 2 remains the preferred option of the CCG, TEWV and medical professionals
- A variety of different in-patient sites are already used outside of the county
- The fourth option, a 7 day enhanced community and crisis care and access to local remodelled adult functional assessment and treatment mental health beds on the Friarage Hospital site, had been discounted as it was not clinically safe
- In-patient mental health services have become increasingly specialised and so it has become increasingly difficult to have all the necessary specialisms and interventions at every site
- Patients are admitted only when they are seriously ill and they need to have privacy and dignity and should not be in mixed wards
- The CQC has suggested that the different populations of in-patients should be cared for differently and that single sex accommodation should be a priority.

Following the presentation Jess, a former mental health service user and Vice Chair of the Phoenix Group, spoke to the committee about her experiences and her view of what type of mental health services were needed. Jess stated that in-patient admission was the last possible option and that investment was needed in community services. Options 2 and 3 in the consultation offered an opportunity to make savings that could then be re-invested in community based care. Jess acknowledged that there simply was not enough money to do everything and so TEWV and the CCG had to develop new services that reflected local need and changes in mental health treatments and interventions.

Jess also noted that any in-patient wards that were used had to be of the highest standard, single sex, with different accommodation available according to the type of illness people had. Jess also highlighted her concerns that there had been a great deal of mis-information about the future of the Friarage Hospital. Jess stated that if the existing wards were vacated, then it was likely that they would be used by South Tees to provide more physical health services for local people.

Cllr Jim Clark thanked Jess for coming to the meeting and for her valuable input as a former service user.

Janet Probert stated that should the provision of in-patient mental health facilities at the Friarage end, then this would not pose a threat to the future of the Friarage Hospital.

Dr James Dunbar of South Tees Hospitals NHS Foundation Trust, stated that the Friarage was critically important to the Foundation Trust and that any vacated space would be used to increase the local delivery of physical health services.

Janet Probert recognised the concerns of the committee regarding travels times to alternative mental health in-patient sites but stated that for most people Darlington and Middlesbrough were closer to them than the Friarage. It was accepted, however, that this was not the case for people in the immediate vicinity of Northallerton. Janet Probert stated that the CCG and TEWV would work with the County Council and others to look at how the issues around travel times could be addressed.

Brent Kilmurray said that the intention was to provide a resource centre for mental health services on the Friarage site, building on best practice. This would be something new and exciting which would offer a real improvement in the way that community mental health services were delivered. It would mean more care close to home, evening and weekend cover, more in-reach to care homes and more access to psychological therapies. The aim is to co-design this new approach with service users and carers.

Adele Coulthard emphasised that the majority of in-patient admissions were now compulsory and under the Mental Health Act, they were no longer voluntary or self-referral. They were for people in crisis who needed ‘psychiatric intensive care’, care which was only available at larger sites due to the skills, specialisms and health professionals required. Locally, the level of demand for in-patient services did not warrant provision at the Friarage.

Adele Coulthard stated that work was underway to develop community-based sanctuary accommodation, for people in crisis, to further avoid the need for an admission to mental health in-patient services.

Janet Probert welcomed the work that Healthwatch North Yorkshire had done and said that the CCG and TEWV would continue to work with Healthwatch, as they offered a different perspective.

In summarising, Janet Probert outlined the next steps, as follows:

- Finish the analysis and completed the report over the next two weeks
- Go through the NHS England checkpoint process of assurance
- Present findings and proposed way forward to the Northern Clinical Senate
- Report to CCG Governing Body on 26 October 2017
- Update the Scrutiny of Health Committee at the meeting on 15 December 2017.

Cllr Jim Clark thanked all attending for the presentation and in-depth explanations that had been provided about the rationale and what the new services could look like.

Cllr Jim Clark noted the need to look at mental health service provision in the county as a whole to better understand what the level of need is and how it can best be met, within the existing financial constraints. Cllr Jim Clark stated that the outcome of the engagement on mental health services in Harrogate and the surrounding area and the services that will be offered by the new mental health hospital in York should be taken into account when considering the future of mental health services in Hambleton and Richmondshire.

Cllr Jim Clark asked Janet Probert a series of questions, as follows: why it was that there appeared to be a general move away from providing in-patient beds in the north of the county, when they were available elsewhere; how will any reduced in-patient capacity be managed and will enough community based services be built up to compensate; and how far have recent proposed changes to the development of mental health services been influenced by need and how far by CCG funding problems.

Janet Probert noted that Cllr Clark had been a strong advocate for improved mental health services in the county for many years. In response to the specific questions, Janet Probert stated that there were not enough people in the area with the level and complexity of mental health need that would justify building a new in-patient facility or bringing the existing wards up to a modern standard.

Adele Coulthard stated that 98% of TEWV patients received the care that they needed out of hospital. The 2% that are admitted for in-patient treatment accounted for 60% of total expenditure.

Janet Probert noted that about 10% of the HRW CCG annual budget was spent on mental health services, compared to the 8% that was allocated by central government. Whilst Middlesbrough CCG spent about 13% of its annual budget on mental health services, it benefitted from a larger overall allocation of central government funding. This is due to the allocations being based upon health needs. In an area like Hambleton and Richmondshire, where people are generally healthier and live longer the allocation is less. This is despite the fact that by living longer and having multiple long term conditions, it is more expensive to provide health services here.

Janet Probert said that the reality was that any increase in mental health services would be at the expense of physical health services and at present it was not clear what element of physical health services could be safely run down to provide the increased funding.

Brent Kilmurray said that there was no firm decision about the future of the Cardale site in Harrogate. The site had been purchased at a cost of £2 million and planning permissions had been gained. There was a need to better understand, through local engagement and consultation with the public, stakeholders, service users and carers, how the site could best be used.

Brent Kilmurray stated that access to transport and travel times were a key consideration for service users and their carers and that this would be taken into

account. It was noted, however, that 98% of people received their mental health services and interventions in the community close to where they lived and not in an in-patient facility.

In response, Cllr Jim Clark stated that this was not a simple binary choice between in-patient or community based services. Instead, it was about ensuring that services met identified need as best they could within the finances, whatever combination of services that was.

Cllr Jim Clark noted that the quality of services had significantly improved since TEWV had become the provider of most mental health services in the county.

Cllr Liz Colling queried whether the local concerns about the future of the Friarage Hospital had distorted the consultation and engagement process by taking the focus away from the needs of mental health service users and their carers.

In response, Janet Probert said that the importance of the Friarage Hospital to local people was known and that the analysis of the consultation responses should be able to distinguish between general concerns about the future of the Hospital and concerns about how mental health services are provided in Hambleton and Richmondshire.

Cllr Liz Colling then sought further information on patient flows to the mental health in-patient beds at the Friarage.

Adele Coulthard stated that the Friarage is mostly used by people living in Hambleton. People living in Richmondshire tend to go to Darlington or Middlesbrough. Very few people from the area travel south. The only exception to this is the use of the small, specialist unit in Malton.

Cllr Kevin Hardisty stated that the Friarage Hospital was very important to local people and had been supported by them over the years. He stated that a recent fund raising event had raised £20,000 and that local services needed to be maintained at the Fraiarge.

Cllr Toby Duff reiterated the value of the Friarage to local people and stated that South Tees NHS Foundation Trust had not done enough to address workforce shortages, shortages that were now placing services at risk.

Cllr Ian Galloway said that the Police were picking up an increasing amount of community safety issues relating to people with mental health problems. This wasted police time and the Cardale development, being opposite Harrogate Police station, would have helped with this by enabling mental disorder offenders to get the help they needed promptly.

Cllr Heather Moorhouse asked what plans were in place to enable the TEWV workforce to be trained in the new roles that will be required as a transition is made from in-patient services to new ways of delivering services in the community.

In response to these questions, Adele Coulthard stated that TEWV had a good working relationship with the police and mental health training was provided to police officers as part of the partnership work done to support the Mental Health Crisis Care Concordat locally.

Adele Coulthard said that a place of safety did not have to be a mental health in-patient unit but could be anywhere where treatment could be administered in a clinically safe way. It was noted that over the past 6 months the Hambleton and Richmondshire s.136 suite had only been used by 2 people. This was because the majority of people with mental health problems who end up being picked up by the police do not need in-

patient services as they are often under the influence of drink or drugs and have experienced some form of crisis that can be dealt with in different ways.

In response to earlier questions regarding the transition from in-patient services to community based services, Brent Kilmurray said that there would be a transition period and that the timescales needed would be factored into the plans, should the preferred option go ahead.

Brent Kilmurray informed the committee that some building defects had been discovered at the Roseberry Park hospital in Middlesbrough, which had been built as part of the government PFI initiative. These defects had been temporarily corrected but there was a need for long term repairs to be undertaken. This would mean that some mental health services would be moved to Hartlepool on a temporary basis to enable the work to be completed. Services for people from North Yorkshire would still be provided in Middlesbrough.

Cllr Jim Clark asked Brent Kilmurrary to provide an update at the committee meeting on 15 December 2017.

Cllr John Ennis queried how local clinicians had reacted to the proposed changes to mental health services.

In response, Janet Probert said that of the 17 GP practices in Hambleton and Richmondshire, 16 GP practices had supported Option 2. 1 had abstained.

Adele Coulthard stated that staff at TEWV had a range of views but most supported Option 2 and increased investment in community mental health services.

Janet Probert outlined the next steps as being agreement of the preferred option by the CCG Governing Body in October 2017 with details of implementation being brought back to the Scrutiny of Health Committee at the meeting on 15 December 2017.

Cllr Jim Clark asked that the issues raised by Roger Tuckett be taken into account and that the resolution that the committee had received from Northallerton Town Council be considered.

Janet Probert stated that she was attending a meeting of Northallerton Town Council on Monday 2 October 2017.

Resolved -

1. Thank all for attending
2. Support in principle the drive to improve mental health services in the county and in particular prevention and early intervention
3. That the impact of proposed service changes upon travel times is taken into account
4. That some assurances are given regarding the long term sustainability of the other proposed sites for in-patient care (Darlington, Middlesbrough and Bishop Auckland), so that there is not a progressive withdrawal of in-patient mental health services further north and away from North Yorkshire over time
5. That the issues identified by: Roger Tuckett; Richmondshire Liberal Democrats; and Northallerton Town Council are taken into account
6. Come back to the meeting of the Scrutiny of Health Committee on 15 December 2017 to provide an update on the programme of repair works that will be undertaken at the Roseberry Park site in Middlesbrough
7. Come back to the meeting of the Scrutiny of Health Committee on 15 December 2017 to present the final report on the consultation analysis and proposals, including: a detailed plan of how the transition between in-patient services and

community services will be managed; and an examination of what the impact of the development of in-patient mental health services in Harrogate and York will be upon care pathways in Hambleton and Richmondshire.

17. Healthwatch Response to the Future of Mental Health Services in Hambleton and Richmondshire

Considered -

The report by Nigel Ayre, Manager and Claire Ferguson, Research and Intelligence Officer, Healthwatch North Yorkshire

Nigel Ayre introduced the report and provided the committee with an overview of the role and responsibilities of Healthwatch and its role as an independent voice for health and social care service users. The key points from the report are summarised as follows:

- The ability of carers, particularly young carers, to support people in mental health services may be impacted upon by a move of in-patient care from the Friarage to Darlington, Bishop Auckland and Middlesbrough. Further consideration could be given to public transport options.
- The transition from in-patient services to community based care in Hambleton and Richmondshire will need to be carefully managed. Further work may need to be done to ensure that local community services across a broad range of public and voluntary providers are linked into the mental health in-patient sites at Darlington, Bishop Auckland and Middlesbrough.
- There are concerns that any change to services will result in a breakdown in continuity of care as patients are dealt with by different staff at different sites.
- The closure of the in-patient mental health wards at the Friarage could further reduce the county's overall inpatient capacity, with the potential for an increase in Out of Area placements.
- A system-wide view of mental health service provision should be maintained, with potential changes both inside and outside of the county being taken into account. In particular, the current review of mental health services in Harrogate and the surrounding area.

Nigel Ayre said that the report was being finalised and would be used by the CCG and TEWV as part of their considerations.

Cllr Liz Colling noted that Out of Area placements were not necessarily a bad thing, as often it meant that people could access the specialist care that they needed.

Cllr Jim Clark thanked Nigel Ayre and Claire Ferguson for attending and the input that Healthwatch had provided.

Resolved -

1. That the report be noted
2. Thank Nigel Ayre and Claire Ferguson for attending
3. That the issues raised by Healthwatch are taken into account as part of the analysis of the consultation findings and any conclusions drawn.

18. Sustainability and Transformation Partnerships - Development of Proposals and Engagement with Consultation Timetable

Considered -

The verbal update by Janet Probert, Hambleton, Richmondshire and Whitby CCG
Janet Probert gave an overview of the Sustainability and Transformation Planning (STP) process across the three STPs that cover the county, as follows:

Durham, Darlington, Tees, Hambleton, Richmondshire and Whitby STP

- Work is progressing on the main themes, such as stroke services, cancer, mental health and staying healthy
- There are no concrete proposals at this time and it is unlikely that there will be any formal engagement and consultation until 2018
- An accountable care system is being developed for the north east and Cumbria, which takes in all of the Durham, Darlington, Tees, Hambleton, Richmondshire and Whitby STP
- Hambleton, Richmondshire and Whitby CCG will work with the accountable care system as and when it benefits the local population.

Humber Coast and Vale STP

- The new lead officer for the STP is Simon Pleydell
- There is potential for a review of the current STP boundary as there are significant differences across the health economies north and south of the Humber.

West Yorkshire and Harrogate STP

- Work on the 10 key priority areas is proceeding, with each programme at different stages of development and with its own milestones for delivery
- A total of £31m in transformation funding for A&E, cancer, mental health, learning disabilities and diabetes has been secured by the STP
- A strategic case for change for stroke services has been developed but there is no confirmed date for engagement and consultation.

Cllr Jim Clark queried whether the creation of an accountable care system for the north of England would have a negative impact upon services in the north of the county, as the risk was that the focus would be upon Newcastle and surrounding areas.

Janet Probert said that the CCG would work with the accountable care system but that the natural footprint was North Yorkshire and the focus was upon delivering services locally.

Cllr Jim Clark noted the pragmatic view and said that the committee would keep a close watch on how the accountable care system develops.

Janet Probert then introduced an update that was being provided by the Hambleton, Richmondshire and Whitby CCG and South Tees Hospitals NHS Foundation Trust on physical health services being provided by the Friarage Hospital in Northallerton. This included a short presentation.

Dr James Dunbar, South Tees Hospitals NHS Foundation Trust, said that the affection that local people had for the Friarage was well known and respected and that the aim of the presentation and discussions today was to outline some of the challenges that were being experienced with the delivery of the services.

Dr James Dunbar told the committee that the Friarage was a vital asset for South Tees Hospitals NHS Foundation Trust and assured members that there were no plans for the closure of the Friarage. Indeed, the future of the hospital was exciting and a range of new services could be delivered from the Friarage closer to people's homes.

Dr James Dunbar stated that there were shortages of key personnel, such as consultant anaesthetists, which was beginning to have an impact upon the services that could be delivered at the hospital. Whilst a number of temporary fixes had been

put in place, a permanent solution was needed that ensured long term sustainability of services. As such, the aim is to start a conversation with local people about the type of services that could be provided from the Friarage site.

Dr James Dunbar said that the old approach of hospitals providing every type of health service and intervention was no longer sustainable or safe. The increasing complexity of medical procedures, the increasing complexity of the illnesses that people present with, shortages of key staff and the creation of regional and sub-regional centres of excellence have meant that different hospitals now provide different services.

Dr James Dunbar said that South Tees Hospitals NHS Foundation Trust was being supported by the Royal College of Anaesthesia and the Royal College of Emergency Medicine, who were reviewing the services currently being delivered from the Friarage.

Dr James Dunbar stated that he and colleagues would keep updating the committee both at formal meetings and Mid Cycle Briefings. At this stage, it was likely that final recommendations would be made in the Summer of 2018.

Cllr Liz Colling noted the interdependencies between key, skilled roles in a hospital setting and how shortages in one specialism could have a dramatic impact in other areas.

Cllr John Ennis stated that recruitment and retention to key roles was an ongoing issue and one that was being looked into by this committee and the Care and Independence Overview and Scrutiny Committee as part of a piece of joint scrutiny into health and social care workforce planning.

Dr James Dunbar said that there were national difficulties recruiting doctors and anaesthetists. These problems were particularly acute in the north east. Work was underway to promote recruitment and training but it took time and North Yorkshire would always be in competition with areas like York and Newcastle.

Cllr Jim Clark encouraged the CCG and South Tees Hospitals NHS Foundation Trust to engage with local people on the future of service delivery at the Friarage at the earliest possible opportunity.

Cllr Jim Clark reminded members that it was the role of the committee to hear evidence and then take a decision based upon it. The high levels of emotion around hospital buildings and sites was unhelpful as the focus must be upon outcomes for patient and carers.

Janet Probert said that the reason for coming to committee today was to start a dialogue with local people, services users and carers about the type of physical health services that could be delivered safely and effectively from the Friarage. No deals were being done behind closed doors and the process would be open and transparent.

Janet Probert noted that a great deal of investment had gone into the Friarage over the past couple of years with the MRI scanner and the opening of the new Cancer Unit. There is always a balance to be struck between high quality, specialist services and local delivery. For example, working with the James Cook means that specialist cancer treatment can be provided at Middlesbrough but that all follow up and outpatient services can then be provided in Northallerton.

Resolved -

1. Thank all for attending
2. Support in principle the work that is being done to ensure that long term sustainability of hospital based health services at the Friarage

3. Come back to the meeting of the Scrutiny of Health Committee on 15 December 2017 to provide an update
4. In the interim, provide regular updates to the Committee Chair and Vice-Chair.

19. Integrated Prevention, Community Care and Support in Scarborough and Ryedale

Considered -

The verbal update by Simon Cox, Scarborough and Ryedale CCG

Daniel Harry noted that Simon Cox was unable to attend the meeting but that he had provided a short, written update on the procurement process, as below:

"As Members may be aware, Scarborough and Ryedale CCG commenced its integrated Community Services procurement in July 2017 with a pre-qualification questionnaire that resulted in three bidders being shortlisted. These were:

- Humber NHS Foundation Trust
- Scarborough and Ryedale Health and Social Care Partnership, a consortium of NYCC and the East Coast Health Options (ECHO) the local GP federation.
- County Durham and Darlington NHS Foundation Trust.

The CCG are now in the second stage of their procurement process, referred to as dialogue. This is a series of structured meetings with bidding organisations and helps bidders understand the CCG's requirements and refine their service and commercial proposals.

Once the CCG is happy that all significant elements of its requirements have been discussed, it will ask the bidding organisations to submit their final tenders, which will be evaluated and a recommendation made about which organisation the CCG will select to be its preferred bidder.

The CCG's current timeline envisages announcing its preferred bidder in mid-November with a new service due to commence on 3 April 2017.

Members will note that as the procurement is a commercially confidential process, the CCG and its officers cannot discuss the finer details of its procurement or bidder proposals."

Daniel Harry read this update to the committee.

Cllr Jim Clark highlighted his concerns that the timetable was very ambitious and that the capped expenditure regime may have an impact on what could be delivered. Cllr Jim Clark stated that he and Cllr Liz Colling would be meeting with Simon Cox on 3 October 2017.

Resolved -

That the update be noted.

20. Work Programme

Considered -

The report of the Scrutiny Team Leader, North Yorkshire County Council, for the Committee to discuss and check that the Work Programme reflects the key issues that need to be addressed.

Resolved -

1. That the report be noted.
2. That any committee member that had an issue that they felt needed inclusion on the Work Programme send this to Daniel Harry so that it could be discussed by the Chair, Vice-Chair and Spokespersons at the next Mid Cycle Briefing.

The meeting concluded at 12:40

DH

North Yorkshire County Council
Scrutiny of Health Committee
15 December 2017

Response to Motion to County Council on 8 November 2017 on mental health services

Purpose of Report

This report provides Members with an opportunity to discuss the Motion that was put to County Council on 8 November 2017, taking into account the views of the Area Committees and then to agree a recommendation to Executive to consider at their meeting on 16 January 2018, ahead of a referral back to the meeting of County Council in February 2018.

Motion

The following Motion was put to County Council on 8 November 2017 by Cllr John Blackie and supported by Cllr Geoff Webber:

"North Yorkshire County Council deplores the recent decision of the Hambleton, Richmondshire and Whitby Clinical Commissioning Group, supported by the Tees, Esk and Wear Valley Mental Health Trust, to relocate in-patient mental health provision away from the Friarage Hospital, without any genuine public approval, and calls upon them both to reconsider. The County Council further notes the decision not to proceed with development on a site previously purchased in Harrogate to replace facilities in the Briary Wing of Harrogate Hospital, and calls upon the relevant Health Authorities to maintain existing in-patient facilities in the Harrogate area."

The County Council decided that the motion was to be considered by the Scrutiny of Health Committee and the appropriate Area Committees.

Area Committee perspective and views

The Motion contains two distinct elements:

1. The decision by the Hambleton, Richmondshire and Whitby Clinical Commissioning Group (HRW CCG), supported by the Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) to close the existing mental health in-patient beds at the Friarage Hospital in Northallerton and move patients to Roseberry Park in Middlesbrough, once planned refurbishment work there has been completed.

2. The decision by Harrogate and Rural District Clinical Commissioning Group (HRD CCG), supported by the Tees, Esk and Wear Valleys NHS Foundation Trust to pause the planned building of a new in-patient mental health facility at Cardale Park in Harrogate and engage with local people, services users and stakeholders on what sustainable mental health services could look like in the area.

A view on the first part of the Motion, referring to the Friarage in Northallerton, was sought by email from the members of the County Committee for Hambleton and the Richmondshire Area Committee.

A view on the second part of the Motion, relating to the pause on the build of a new in-patient mental health facility in Harrogate, was sought by email from the members of the County Area Committee for the Harrogate District.

Those comments that have been received are summarised as below:

Closure of mental health in-patient wards at the Friarage
Concerns raised about the apparently low level of public engagement in the consultation on the future of mental health services at the Friarage Hospital in Northallerton.

Concerns raised about the apparent lack of detail as to the following:

- what the proposed community hub would deliver and how future demand for in-patient services would be managed
- whether patients in Middlesbrough would be transferred back to community services based at the Friarage, how quickly this would happen and what support people would receive.

A query was raised about the financial arrangements. If the refurbishment of in-patients facilities at Middlesbrough is going to delay the transfer of patients by 12 to 18 months, then costs will rise and the business cost base will move upwards and possibly become too expensive. If this is the case, then will there need to be another pubic consultation event of what options there are instead?

It was noted that all patients need family support whilst in hospital. There is a duty to ensure that families can provide this at a low cost to themselves or have options available to provide assistance with costs. As such, further work needs to be done to look at travel options.

Services in Harrogate
There is a consensus that the Brierley Wing at Harrogate Hospital is not able to provide a modern standard of care for patients, as it has mixed sex wards and not individual, ensuite rooms which is now the norm for mental health in-patients.

There is a concern that the delay in developing the Cardale Park site may have an impact upon the County Council's social care services.

Concerns were raised about the quality of the planning processes used by both the CCG and TEWV, in particular why appropriate funding for the Cardale Park build and site development was not secured from the outset.

A query was raised as to whether the review will mean that no in-patient mental health services are provided in Harrogate and the surrounding area.

Recommendation

That the committee:

1. Considers the concerns raised by the Councillors who proposed the motion and the issues raised by the members of the three Area Committees
2. Proposes to Executive at their meeting on 16 January 2018 that the Scrutiny of Health Committee continues to review the situation and reports back to Council, as appropriate.

Daniel Harry
Scrutiny Team Leader
North Yorkshire County Council
4 December 2017

North Yorkshire County Council
Scrutiny of Health Committee
15 December 2017

Overview of mental health service reconfiguration

Purpose of Report

This report provides committee members with a summary of some of the key aspects of the changes to mental health services in the county that have happened over the past 12 months, are planned for the next 12 to 18 months and which are being considered.

It also suggests a way by which the committee could assess these changes.

This summary document is intended to be read with those agenda items that relate to mental health.

Mental health in-patient beds at the Friarage Hospital in Northallerton

Hambleton Richmondshire and Whitby CCG went out to consultation over the period 26 June 2017 to 15 September 2017 on the following proposals:

Option 1 – Do nothing and maintain the current inpatient provision at the Friarage Hospital and the current level of community mental health services.

Option 2 - Enhanced community and crisis services with inpatient care provided at the nearest neighbouring hospital in either Darlington or Middlesbrough. Older patients with very severe organic mental health problems will go to Bishop Auckland General Hospital which is the nearest specialist hospital for these patients.

Option 3 - Enhanced community and crisis service with inpatient care at a single site at either Darlington or Middlesbrough. Older patients with very severe organic mental health problems will go to Bishop Auckland General Hospital which is the nearest specialist hospital for these patients.

During the consultation, a total of 866 people were engaged with at 35 public events.

The CCG Governing Body decided on 26 October 2017 to adopt Option 2.

Part of the changes that have been proposed and agreed by the CCG Governing Body will see the development of a resource centre for mental health services on the Friarage site.

Senior representatives from Hambleton Richmondshire and Whitby CCG and Tees, Esk and Wear Valleys NHS Foundation Trust have attended the North Yorkshire Scrutiny of Health Committee at four consecutive meetings, as below:

- 27 January 2017 to outline the case for change and consultation and engagement processes

- 7 April 2017 to outline the pre-consultation engagement to date, early thinking and timeline
- 23 June 2017 to seek approval for the consultation to proceed
- 22 September 2017 to provide early feedback on the themes in the consultation.

The CCG and TEWV will also be attending the committee on 15 December 2017 to provide further information on:

- the programme of repair and refurbishment works that will be undertaken at the Roseberry Park site in Middlesbrough and how long they are expected to take
- a detailed plan of how the transition between in-patient services and community services will be managed.

The committee will also be seeking further assurances about travel times and support for carers, and the long term sustainability of the other proposed sites for in-patient care.

The Scrutiny of Health Committee has been assured by that no changes will be made to the mental health in-patient beds at the Friarage until such time as the planned repair and refurbishment works at Roseberry Park are at a stage where people can be transferred there. This assurance was repeated by Colin Martin at the Hambleton Richmondshire and Whitby CCG Governing Body meeting on 26 October 2017.

The duration of the programme of repair and refurbishment works that will be undertaken at the Roseberry Park site in Middlesbrough is not yet known but may take 12 to 18 months.

A number of concerns were raised at the Scrutiny of Health Committee meeting on 22 September 2017, including: travel times for carers and loved ones; when repair works would be completed at the Roseberry Park site in Middlesbrough; how the closure of the in-patient would be managed; how quickly community based crisis care could be developed; and what the long term sustainability of the identified alternative sites is.

The papers for the Scrutiny of Health Committee meeting on 22 September 2017, including the draft minutes, are available on the North Yorkshire County Council website via the following link:

http://democracy.northyorks.gov.uk/committees.aspx?commid=23

Details of the engagement and consultation process are available on the CCG website via the following link:

https://www.hambletonrichmondshireandwhitbyccg.nhs.uk/transforming-mental-health-services

Public engagement on mental health services in Harrogate and the surrounding area

The Harrogate and Rural District CCG recently completed a period of initial engagement with the public on looking at options for the future development of adult and older people's mental health services for Harrogate and rural district. This engagement was triggered by the pause in the build of a new mental health in-patient mental health unit at Cardale Park in Harrogate. The engagement posed the question 'how do we spend the money that we have in the best possible way to improve outcomes?'

The proposal for a new in-patient facility at Cardale Park, where land is owned and planning permissions are in place, was developed as a result of the need to replace the inpatient accommodation at the Briary Wing in Harrogate. The Briary Wing is made up of 2 mixed sex wards: one for adults with 18 beds; and one for elderly people with 16 beds. The facility is not considered as being fit for the future and needs to be re-provided.

The decision to pause the build of the new in-patient facility at Cardale Park was taken as a result of a number of factors:

- A new stand-alone build would likely cost more than currently available and there is no additional funding
- Clinical best practice encourages the CCG and TEWV to look at different models of care delivery to improve outcomes for individuals with mental health needs
- The long term viability of small stand-alone mental health units is in question in terms of the ability to attract staff and meet the needs of a more complex patient group, many of whom will be detained under the Mental Health Act and who can present with challenging behaviour.

Amanda Bloor of HRD CCG and Adele Coulthard of TEWV attended the Mid Cycle Briefing of the Scrutiny of Health Committee on 3 November 2017 and provided an overview of the timetable for engagement and consultation. The outcome of the first round of engagement is expected in November 2017. This will then inform a further and more targeted round of public and stakeholder engagement ahead of formal consultation on any changes to services in the spring or summer of 2018.

Amanda Bloor and Adele Coulthard gave an assurance that the Briary Wing will remain open on the Harrogate site until late 2019 at the earliest, subject to ongoing review from an environmental, staff and user/carer perspective, as well as clinical need.

Details of the engagement process are available on the CCG website via the following link:

http://www.harrogateandruraldistrictccg.nhs.uk/index/news/?post=developing-a-vision-for-mental-health-services-in-harrogate-and-rural-district

Development of a new in-patient facility at Haxby Road, York

Representatives from the Vale of York CCG and the Tees, Esk and Wear Valleys NHS Foundation Trust have attended the following meetings of the Scrutiny of Health Committee to provide updates on the development of a new mental health in-patient facility in York to replace Bootham Park:

- 18 November 2016 Scrutiny of Health Committee – outlining the challenges faced by TEWV when it took on services for the Vale of York from 1 October 2015, including the need to replace Bootham Park and the public engagement and consultation process.
- 3 March 2017 Mid Cycle Briefing – to provide the initial results of the formal consultation on proposals for a new in-patient facility and next steps (the consultation ran for 16 weeks from 23 September 2016 to 16 January 2017).

Regular updates have been provided by Martin Dale at TEWV to the Chair of the committee. A follow up is planned at the Mid Cycle Briefing on 27 April 2018.

The Haxby Road site, in York, has been chosen for the new hospital following public engagement and consultation. It is anticipated that the site will be purchased and final planning permissions agreed at the end of December 2017.

The development remains on track and it is anticipated that the build will be completed in late autumn 2019, with service delivery from December 2019.

The hospital will have 72 beds for adults with two single sex wards and two older people's wards. One of the older people's wards will be for people with dementia and one for people with mental health conditions, such as severe depression.

The number of beds was increased from 60 to 72 in response to concerns highlighted as part of the public consultation about the need to plan for increases in future demand.

TEWV hope to be able include space on-site for research and development in mental health conditions and the development of innovative treatments and interventions.

The papers for the Scrutiny of Health Committee meeting on 18 November 2016, are available on the North Yorkshire County Council website via the following link:

http://democracy.northyorks.gov.uk/committees.aspx?commid=23&meetid=3370

Section 136 of the Mental Health Act 1983 – place of safety

Under s.136 of the Mental Health Act 1983, the Police have the power to take people to a place of safety who have a mental illness, who are in a public place and who are assessed as being in need of care. A place of safety can be a hospital or a police station.

In York and North Yorkshire there are currently four single-bed Health-Based Places of Safety (HBPoS) for people detained by police under s.136 Mental Health

Act. One of those HBPoS is at the Friarage Hospital. This will be decommissioned once inpatient services for mental health are closed there.

North Yorkshire Police and TEWV are currently in discussion to work through how the need for s.136 facilities can be met in the longer term.

Comment

It is widely acknowledged that there has been a legacy of under-investment in mental health services in the county and in particular community-based provision. Whilst investment has increased in recent years and the CCGs and TEWV have done more to improve the delivery of mental health services in the county, further investment in community services is needed to bring North Yorkshire up to the level of neighbouring local authorities.

An increase in community based early intervention, prevention and crisis services will help reduce the need for in-patient units in the long term. In North Yorkshire there appears to be a comparatively high level of use of in-patient admissions, which may be reflective of the lack of community based crisis care and limited ongoing community care. The challenge will be how the short term transition from in-patient admissions to community based services is managed.

The existing in-patient mental health provision at the Briary Wing at Harrogate District Hospital and wards 14 and 15 at the Friarage Hospital in Northallerton is not suitable. Services are provided in mixed sex wards where people functional mental health problems (such as severe depression) are cared for alongside people with organic mental health problems (such as dementia).

It is recognised that in-patient mental health services, are becoming increasingly specialised and that the delivery of mental health intensive care at centralised locations is inevitable. There is a need, however, to ensure that there is ready access to these in-patient services at a number of sites serving the county.

Conclusion

The changes in mental health services that are being proposed are being brought to the committee on a CCG by CCG basis over time. The changes relate to different areas, like York and Selby or Hambleton and Richmondshire or Harrogate and the surrounding area. This makes it difficult to understand and assess the cumulative impact of the changes. This is compounded by the complexity of the proposals and evidence base and the interdependencies between different services.

A way of promoting our shared understanding of the changes to mental health services and their impact could be to establish a baseline or blueprint of what they would look like if we were starting from scratch, based upon best practice, local demography and geography, and levels of need.

Recommendation

The recommendation is that a piece of work is done with NYCC Public Health to establish what level of investment, services and care would be expected for the people of North Yorkshire, when the geography, demography and level of need is

taken into account. This can then be compared to the services that are being developed by the Clinical Commissioning Groups, the Tees, Esk and Wear Valleys NHS Foundation Trust and the Bradford District Care NHS Foundation Trust.

Daniel Harry
Scrutiny Team Leader
North Yorkshire County Council
4 December 2017

NHS
Tees, Esk and Wear Valleys
NHS Foundation Trust

NHS
Hambleton, Richmondshire and Whitby
Clinical Commissioning Group

Transforming Mental Health Services Hambleton and Richmondshire

fit 4 the future

Consultation Outcome Report

Janet Probert, Chief Officer

15 December 2017

@HRW_CCG
facebook.com/HRWCCG

Our Aim

To transform adult and older people's mental health services for Hambleton and Richmondshire

- Recovery-focussed, community services
- Increase treatment and support
- Access to specialist inpatient care
- Evidence-based treatment
- Working closely with GPs

The options

Option 1

Do nothing

Option 2 - preferred

Enhanced community and crisis services with inpatient care provided at the nearest neighbouring hospital in either Darlington or Middlesbrough.

Option 3

Enhanced community and crisis service with inpatient care at a single site at either Darlington or Middlesbrough.

Consultation: 26 June 2017 – 15 September 2017

What we did

NHS Tees, Esk and Wear Valleys NHS Foundation Trust

NHS Hambleton, Richmondshire and Whitby Clinical Commissioning Group

Consulted with **866** people

Engaged with **515** people

Attended **27** extra meetings

Hosted **35** open public events

Published **162** Social media posts

Distributed **748** Hard copy summaries

442

questionnaires

387

comments

55

other feedback

From our consultation with 866 people....

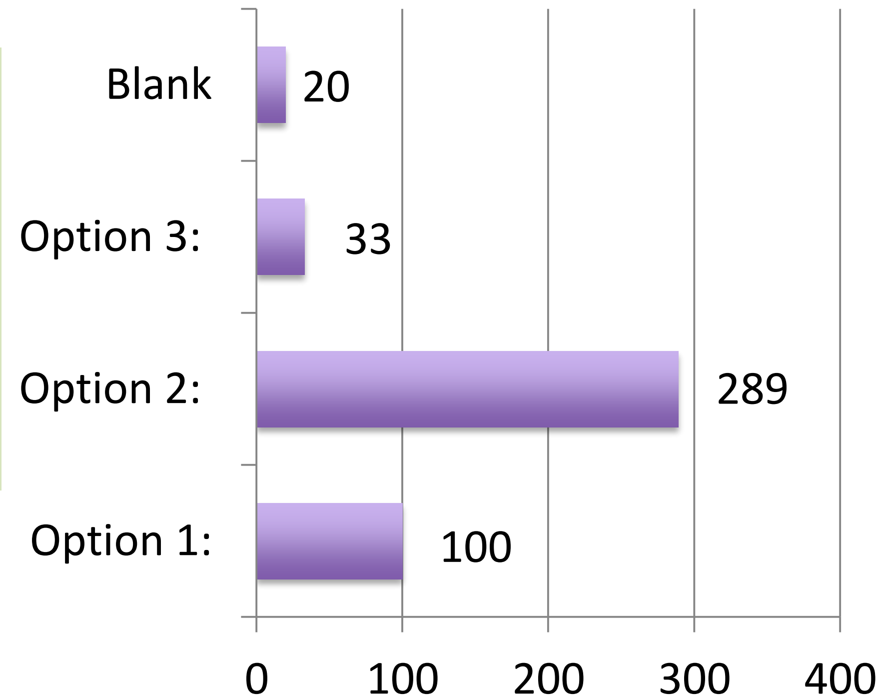
What people told us

Overall respondent preferred option:

Option 1 – **23%** (100 respondents)

Option 2 – **65%** (289 respondents)

Option 3 – **7%** (33 respondents)



(These figures exclude the 5% of respondents that did not specify a preferred option)

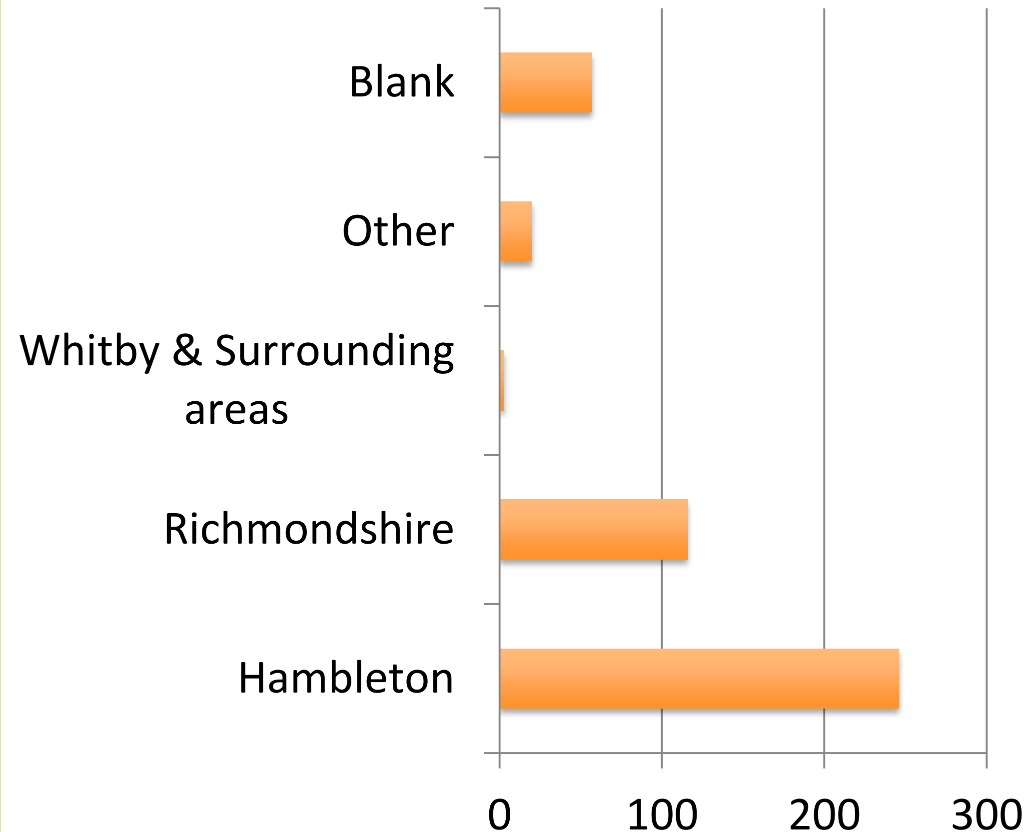
Respondents choosing option 2 as their preferred:

- **74%** stated they believe the option would result in better services
- **72%** stated they believe the option would help get care closer to home for a majority

(These figures exclude respondents that selected 'no' or did not respond to these questions)

Overall respondents by location:

- **56% – Hambleton**
- **26% – Richmondshire**
- **1% – Whitby and surrounding areas**



(These figures exclude respondents that selected 'other', 'prefer not to say' or did not respond to these questions)

Overall support

"More (care) needs to be delivered in the community."
Survey comment

"I would rather have .. good quality in-patient mental health care in an appropriate environment … than receive care in a sub-standard and arguably dangerous environment."
Survey comment

"more need(s) to be done to support & prevent admission"
Carer, July 2017

"Care in the community is (the) most important (thing) as (people) need their (familiar) surroundings. Home comforts, family & friends."
Service user, July 2017

"I have read the full document – and it is good for patients – we should have done this 7 years ago."
Health Care Professional, July 2017

What people told us

"There is no mention of public transport in the document - that is how many of our older people get around."

What people told us

"It is closure of the Friarage by stealth!"

What people told us

"If you are funding into a centre at the Friarage Hospital why doesn't it have inpatient services?"

What people told us

"Care closer to home is a good thing but what will it look like?"

Feedback

- **Healthwatch** – interviews, focus groups and report.
- **Richmondshire Liberal Democrats** – petition with 347 signatures
- **68 specific queries** – Age UK, Over 50s forums and various other groups and individuals.

Council of Members

- 21 practices responded in support of Option 2 as their preference

- 1 practice abstained

Feedback

NHS England asked us to consider:

- Clearer financial information
- Out of area placements and modelling assumptions is included in the information presented.
- Findings from the Northern Clinical Senate are taken into account.
- Assurance is based on the Clinical Senate's findings.

NHS
Tees, Esk and Wear Valleys
NHS Foundation Trust

NHS
Hambleton, Richmondshire and Whitby
Clinical Commissioning Group

Feedback

The Northern Clinical Senate asked us to consider:

- How occupational therapists will feature in the adult community teams.
- Ensuring staffing levels are right within the new model (e.g. potentially consider benchmarked with other similar units).
- The estate requirements of the new service.
- The work required to develop the team culture that will need to exist in the new service.

Feedback

North Yorkshire Scrutiny of Health Committee asked us to consider:

- Impact of change on North Yorkshire
- Impact on wider estates issues
- A detailed plan of transition

The Governing Body decision

On October 26th the Governing Body was asked to give approval to proceed with the implementation of option 2.

This decision was unanimously agreed with the following recommendations:

- that in light of the feedback received the CCG articulate in the commissioning strategy and service specification our expectation regarding the enhanced community model;
- how the issues which were raised during the consultation are addressed; and
- how we will hold the provider to account in order to deliver transformed mental health services for the people of Hambleton and Richmondshire.

Next Steps

- Develop a strategy and a service specification for the transformed service,
- Develop a timeline to factor in the estate issues at Roseberry Park,
- Form an implementation group with service users,
- Establish co- design principles,
- Keep the public up to date via regular updates; and
- Keep the CCG Governing Body regularly apprised of progress.

Tees, Esk and Wear Valleys NHS Foundation Trust

Hambleton, Richmondshire and Whitby Clinical Commissioning Group

Thank you

www.hambletonrichmondshireandwhitbyccg.nhs.uk

hrwccg.hrwccgenquiries@nhs.net

01609 767600

Patient Relations - hrwccg.patientrelations@nhs.net

Additional Ambulance at the Friarage Hospital, Northallerton – Statement to the North Yorkshire Scrutiny of Health Committee 15 December 2017

1. Introduction

This paper outlines the background, current context and position statement regarding the status of the dedicated ambulance for Maternity and Paediatrics services at the Friarage Hospital, Northallerton (FHN) following an evaluation of this element of the service. The purpose of this paper is to share with the Committee, the evidence and process by which the CCG Governing Body has discussed and agreed to decommission this resource.

2. Background and Utilisation

As part of the response to the public consultation carried out in relation to the reconfiguration of Maternity and Paediatric services on the Friarage Hospital site in 2014, the provision of additional emergency ambulance support around the clock was implemented to provide additional assurance to clinicians and the public.

The wording of the original commitment states that:

'Commission from Yorkshire Ambulance Service an additional ambulance to be stationed in Northallerton. This will ensure a response within 8 minutes for both maternity and paediatric services. This will be carefully monitored during the first 12 months and subject to utilisation will be re-commissioned.' (Children's and Maternity Service at the Friarage Hospital, Assessment of Future Services, February 2014).

The intention was that the ambulance would be a dedicated resource to support the emergency conveyance of Maternity (and Paediatric where necessary) patients from the Friarage Hospital to the James Cook University Hospital (JCUH) and to also respond to Red (life threatening) calls in the Northallerton locality.

The original cost of the ambulance was £625k per annum and this has now escalated to £693k per annum.

In addition, despite ongoing marketing efforts by South Tees NHS Foundation Trust, births within the midwifery unit are declining and have not reached the required minimum unit threshold of 300 births per year.

The following table shows the number of FHN births and associated ambulance transfers each year since the commencement of the service in October 2014:

Year	FHN Births	Ambulance Transfers	Transfer Rate
Oct 2014 – Sept 2015	266	32	12%
Oct 2015 – Sept 2016	267	38	14%
Oct 2016 – Aug 2017*	191	38	20%

*11 months data – latest available at time of writing

This equates to 38 transfers per year which is less than one obstetric transfer per week, costing £18,000 per transfer.

3. Research of Comparable Systems

As part of the evaluation the CCG completed a desktop review of all 114 birth centres in England to ascertain how other areas posed with the same challenges utilise their resources. Of the centres analysed 39 were stand-alone midwifery units and each of these were contacted by telephone. 25 of those contacted agreed to share their operational information with us.

Evidence indicated that only two of these centres could be found to have ever had dedicated emergency units attached to them. One of these is in the process of being decommissioned and the other is under review.

- Horton General Hospital, Oxfordshire. Service being decommissioned - ongoing 2017
- Withybush Hospital, Pembrokeshire. Service under review.

Of the other units contacted, some of them from a similar geographic and demographic area, none had ever had a dedicated emergency unit attached to them and many were of similar, or greater, distances from the nearest specialist centre as FHN is to JCUH (22.4 miles)

- Helston Birth Centre – 19 miles (60 minutes travel time)
- Frome Community Hospital – 16.8 miles
- Honiton Birth Centre – 17 miles
- Penrice Midwife-led Unit – 20 miles
- St Mary's Hospital – 35 miles (60 minutes by helicopter)

Conversation with staff at each of these units indicated that none of them are significant outliers for maternal or perinatal deaths and that their friends and family scores are good, indicating positive patient experience and outcomes.

The additional results of the desktop analysis are included at Appendix 1 to this document.

4. Rationale for Decision

The CCG has over an extended period of time monitored the utilisation of the dedicated ambulance at FHN and on the basis of the evidence collected discussed and agreed with the Governing Body to decommission this resource because;

- It is not well utilised for the purpose for which it is commissioned; and
- It does not provide value for money.

Additionally that if it was decommissioned;

- Based on evidence from other areas, there should be no adverse effect on patient safety, experience or outcomes
- Nor would it constitute a risk to patient care as evidence from other midwifery led units which are a similar distance from the nearest specialist unit function safely and effectively without dedicated vehicles on standby.

South Tees NHS Foundation Trust have confirmed that there will be no change to the service model for the midwifery led unit commissioned by the CCG – the supporting letter which states this is included at Appendix 2 of this document.

5. Conclusion

Following the public consultation in 2013/14 the additional ambulance was commissioned to provide additional assurance to clinicians and the public during a time of significant change. Evidence now demonstrates that this resource is underutilised and does not provide significant added value in terms of patient safety or value for money when compared with other similar services. Therefore the CCG has determined that the additional ambulance can no longer be considered a priority and will decommission this resource from 31 March 2018.

The CCG will develop a full communication plan with colleagues at South Tees NHS Foundation Trust to provide information to women and the wider public over the coming months.

Appendix 1 – Desktop Review Results

MLU contacted	Dedicated emergency resource	Mechanism deployed for obstetric emergency	Miles from Consultant led unit	Journey time to Consultant led unit (minutes via blue light)	MLU in operation
Clacton District Hospital	No	Midwives have the contact number of the Ambulance Control Centre for use when women need an emergency transfer	18-20 miles	Information not available	Yes
Harwich Maternity Unit	No	Midwives had a direct line to ambulance control - bypassing 999 call -to confirm an obstetric emergency	Information not available	Information not available	No – closed April 2017
Maldon Maternity Unit	No	Midwives call 999, state it's an obstetric emergency & receive 1st response from local ambulance service	18 miles	15-20 mins	Yes
Andover Birth Centre	No	Where there is an obstetric emergency – midwives and paramedics work together to stabilise a woman pre transfer. Obstetric emergency transfers break down to: 8% - first baby / birth, 3% women who've given birth before	Approx 22 miles	20 mins	Yes
Helme Chase MLU	No	In obstetric emergency, call 999. MLU has the contact number for Preston Ambulance control which triages the call	Approx. 22 miles	Information not available	Yes

Grantham & District Hospital	No	When in operation, obstetric emergency transfer was via 999 calls	Approx. 30 miles	Transfer time took between 35 /40m - 1 hr	No – was decommissioned
Hexham Maternity	No	MWs call 999 in an obstetric emergency and request an 8 min / fastest response to transfer woman to RVI	Approx. 23 miles	Journey takes approx. 20 mins	Yes
Hillcrest Maternity Unit, Alnwick	No	For obstetric emergency MWs call 999 for a paramedic ambulance. MW on-call is called out so an MW will escort the woman in the ambulance	Transfer is to Cramlington, approx. 30-32 miles away via dual carriageway	Transfer time is approx. 20-25m.	Yes
4 Oxfordshire MLUs including Wallingford Community Hospital and Horton General Hospital	No	In obstetric emergency MW calls ambulance control and requests Category 1 or Category 2 response. MW travels with the woman	Approx. 17 miles	40 minutes	Yes
Oakhampton Maternity Unit	No	Obstetric emergency from MLU is a 999 call	Approx. 28 miles via dual carriageway	20-25 mins	Yes
Tiverton Birth centre	No	Obstetric emergency is a 999 call. 999 calls is an 8 min response time but can take 30m. If taking 30mins MW can upscale the call.	Approx. 23 miles	Blue light transfer is approx. 27 mins	Yes
Chippenham Birthing Centre	No	Obstetric emergency is via 999 calls. 999 triage the	Women can access 2 acute	Royal United Hospital in Bath is approx. 15-30 mins	Yes

(Practice here also includes Frome /Poulton / Trowbridge & St Peter's)		emergency to red / purple. Quickest response time is 8 mins. MW is given the incident number for the obstetric emergency so can keep in contact with the ambulance and travels with the woman	trusts: Royal United Hospital in Bath is 21 miles Great Western Hospital, Swindon	Great Western Hospital, Swindon - approx. 30mins	

Appendix 2 – Supporting letter from South Tees NHS Foundation Trust

Chief Executive's Office
The Murray Building
The James Cook University Hospital
Marton Road
Middlesbrough, TS4 3BW
Tel: 01642 854397
Web-site: www.southtees.nhs.uk

SMc/AK

3 November 2017

Mrs Janet Probert
Chief Operating Officer
Hambleton, Richmondshire & Whitby CCG
Civic Centre
Stone Cross
NORTHALLERTON
North Yorkshire
DL6 2UU

BY E-MAIL

Dear Janet

Further to our recent conversations I am writing to confirm that we will continue to provide a midwife led maternity service at the Friarage Hospital without the support currently provided by the additional ambulance commissioned by the CCG. We are aware that following your review of the national data, that as far as you can ascertain no other standalone midwife led unit has a dedicated ambulance as part of the clinical model. We understand that any obstetric cases requiring transfer to JCUH should be transferred by YAS as part of their normal contract arrangements and that all transfers to JCUH are classified as category 2 – emergency transfers.

We will continue to work closely with YAS and the CCG to monitor all ambulance transfers.

Yours sincerely

Siobhan McArdle
Chief Executive

North Yorkshire County Council
Scrutiny of Health Committee
15 December 2017

North Yorkshire Pharmaceutical Needs Assessment (PNA)

Purpose of report
This report is intended to update members on progress made with the PNA and to encourage the committee and committee members to take part in the statutory 60 day consultation that starts in December 2017.

Background
The Health and Wellbeing Board has a statutory duty to produce a Pharmaceutical Needs Assessment (PNA) every three years. A PNA describes what pharmacy services are currently available in North Yorkshire and what services might be needed in the future. The document is used to inform decisions on whether changes need to be made to opening times of pharmacies or if new pharmacies or services are required.

Decisions on whether to open new pharmacies or make any changes are made by NHS England who review the application and decide if there is a need for a new pharmacy in the proposed location. When making the decision NHS England is required to refer to the local PNA. As these decisions may be appealed and challenged via the courts, it is important that PNAs comply with regulations and that mechanisms are established to keep the PNA up-to-date. There is also a requirement for NHS England to consult Health and Wellbeing Boards when applications are made to changes pharmacy services e.g. a new pharmacy, or closure, relocation or change in ownership of an existing pharmacy.

The North Yorkshire County Council (NYCC) Public Health team are leading the PNA on behalf of the North Yorkshire Health and Wellbeing Board.

Development of the 2018-21 PNA
A PNA steering group has been established to lead the PNA and a project plan is in place. The group includes representatives from the Local Medical Committee (LMC), NHS England, Community Pharmacy North Yorkshire (CPNY), Healthwatch and City of York and North Yorkshire Public Health teams.

The final PNA has to be approved by the Health and Wellbeing Board and published by the end of March 2018, and to achieve this the review has been divided into four stages:

Stage one: Stakeholder engagement. An eight week engagement exercise was launched at the end of May to gather feedback on the provision and availability of pharmacies and pharmacy services. The engagement also aimed to identify whether there might be any potential future plans or changes that could impact on the need for pharmacies. Four surveys were devised as follows:

- Users/potential users of pharmacies
- Pharmacies

- Health and Social Care Providers
- Strategic Partners (including CCG's)

Stage two: Data analysis and drafting the report (July to November 2017). This includes reviewing the demography of North Yorkshire to identify where the need for pharmacy services is and mapping the availability of pharmacies including opening times, location and services commissioned.

Stage three: Consultation on the draft PNA (December 2017 and January 2018). The Health and Wellbeing Board has to carry out a 60 day statutory formal consultation period where a number of agencies must be given the opportunity to consult on the draft PNA. These agencies include the CCG's, Healthwatch, NHS Mental Health Trusts, NHS Acute Trusts, pharmacies and dispensing practices, NHS England, neighbouring Health and Wellbeing Boards CPNY and the LMC.

Stage four: Production and approval of the final report (January to March 2018). The final PNA will be brought to the Health and Wellbeing Board on the 23rd March 2017 for final approval and sign off. A process must also be agreed for the Health and Wellbeing Board to review future pharmacy applications and produce supplementary statements to the PNA where necessary.

Feedback from the engagement exercise
A good response was received from a range of stakeholders across North Yorkshire through four surveys. The number of responses received were as follows:

	2017	**2014**
General public/pharmacy users	375	117
Strategic partners	12 (including all local CCGs)	10
Health and Social Care Providers	37	31 (included 1 pharmacy)
Pharmacies	50	no separate pharmacy questionnaire last time

NB the previous PNA results also included York services/residents.

In addition to the surveys feedback was gathered through focus groups including the older people's forum and disability forums to ensure the needs of key groups were represented.

Early findings
Analysis of the data has taken place to summarise the demographics and the health needs of North Yorkshire and any implications on the need for pharmacies. This includes mapping the provision of pharmacies, their opening times, population density and travelling distance from a pharmacy. We are also consulting with neighbouring Health and Wellbeing Boards about services provided in their areas which may affect the pharmaceutical needs in North Yorkshire.

Evidence shows that generally there continues to be a good geographic spread of pharmacies across North Yorkshire, with the majority of people being within reasonable travel distance of a pharmacy. There are currently 113 community

pharmacies in North Yorkshire and 48 dispensing practices. There is good pharmacy coverage in the more deprived wards in North Yorkshire and all districts have above the national level of pharmacies per 100,000 population. There are no gaps in necessary provision.

Key notes from the assessment include:

- The population in North Yorkshire is growing and is getting older. Within the next three years it is expected that the population of North Yorkshire will include a greater number of people with long term health conditions. Although the population is growing, our projections suggest that this need can be accommodated within existing capacity over the next three years. Trends suggest additional capacity may be required to meet these growing needs over time
- Opening hours indicate good access during Monday to Saturday. However, there are areas where Sunday access is improved by pharmacies in neighbouring authorities.
- Around 98% of the population of North Yorkshire lives within five miles (as the crow flies of a pharmacy), with around 63% of the population living within a 20 minute walk of a pharmacy. However, there are parts of the county that are reliant on pharmacies in other Local Authority areas. If community pharmacy services in these areas were not maintained then travel time to the next available pharmacy could be significantly increased for some residents.
- The residents of North Yorkshire currently have better health than their peers nationally. This means that there will be opportunities for greater self-care and self-monitoring of conditions, some of which may be facilitated by community pharmacies.
- There was feedback from some pharmacy providers that they do not have the systems in place to allow them to provide some services currently such as disabled access.
- A range of additional/enhanced services are provided and these appear to be based on population need. There are no gaps in additional services although activity for public health commissioned service falls below desirable levels so work needs to be done to address any barriers in providing this service. Local Authority and NHS commissioners should continue to monitor potential opportunities for developing new services such as long term conditions where a need has been identified.
- There are a number of developments that are expected to take place over the next three years that may impact on the need for and access to pharmacy services. E.g. GP extended access, housing developments, on-line pharmacies and changes to the way in which pharmacies are funded. It is not possible to assess the impact of this at this time, however, it should remain under review as part of the ongoing PNA process. Any pharmacy changes or closures that have a significant impact on access may be subject to a supplementary statement being issued by the Health and Well-being Board if this occurs before the next PNA is prepared in 2020.
- Pharmacy services providing advice on minor illnesses and repeat ordering of prescriptions appears fairly well used in North Yorkshire (based on survey data). However, there also appeared to be some knowledge gaps among the public of the services offered by pharmacies.
- The development of healthy living pharmacies and closer working with primary care will improve services for the user over the next three years.

Next steps
The PNA has been drafted and the statutory 60 day consultation starts in December. A range of stakeholders are invited to comment on the findings and the final document will be published in April.

Recommendations
That members of the Scrutiny of Health Committee:

- Note the contents of this report
- Engage in the public consultation on the PNA
- Help publicise the public consultation on the PNA in their area.

Carly Walker
Health Improvement Manager
Public Health
NYCC Health and Adult Services

Clare Beard
Public Health Consultation
NYCC Health and Adult Services

5 December 2017.

North Yorkshire County Council
Scrutiny of Health Committee
15 December 2017

Joint Scrutiny by the Scrutiny of Health Committee and the Care Independence Overview and Scrutiny Committee
Health and social care workforce planning Task and Finish Group
Draft report

Purpose of Report
This is the draft report of the Joint Scrutiny by the Scrutiny of Health Committee and the Care Independence Overview and Scrutiny Committee, which has scrutinised health and social care workforce planning, over the course of three meetings since September 2017.

Members are asked to review and agree the draft report. In doing so, identifying any gaps, omissions or inaccuracies, and assuring themselves that the recommendations are specific, realistic and relevant to the evidence base presented in this report.

Background

1. At the Scrutiny of Health Committee meeting on 23 June 2017 and the Care and Independence Overview and Scrutiny Committee meeting on 29 June 2017, the initial framework for this piece of in-depth scrutiny was agreed by Members. Since then, over the course of three meetings in September, October and November evidence has been gathered from a wide range of sources to better understand the challenges faced in health and social care workforce planning and to identify any areas where improvements could be made.

Draft report to review and agree

2. The draft report is presented today for the committee to review and agree, subject to the completion of any necessary amendments and updates.

3. The report has been through a peer review process and has been sent to all those people who have contributed to it for comment.

4. Following the discussions at this Committee meeting and the completion of any necessary amendments and updates, the intention is to take the final agreed version of this report to a future meeting of the North Yorkshire Health and Wellbeing Board.

Recommendation

5. Members are asked to review and agree the draft report. In doing so, identifying any gaps, omissions or inaccuracies, and assuring themselves that the recommendations are specific, realistic and relevant to the evidence base presented in this report.

6. That the final agreed version of this report is presented to a future meeting of the North Yorkshire Health and Wellbeing Board.

Daniel Harry
Scrutiny Team Leader
North Yorkshire County Council
22 November 2017.

North Yorkshire County Council

Health and social care workforce planning – joint scrutiny by the Scrutiny of Health Committee and the Care and Independence Overview and Scrutiny Committee

Executive summary

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

Key findings from this piece of joint scrutiny include:

- A great deal of work is already underway to help address workforce shortages across health and social care. This work, however, is often undertaken in silos or unilaterally.

- Workforce planning over anything but the short term is extremely difficult as there are a number of variables that are very difficult to predict.

- National shortages in social care staff are due to increasing demand for social care for older people, the social care role being poorly perceived, perceived lack of career progression, pay rates being low, a rising cost of living, competition with other sectors (hospitality and retail), difficulties in retaining staff, shortages of affordable housing and falling levels of unemployment.

- Workforce pressures in the NHS have arisen from pay restraint, increasing numbers of patients and the complexity of their health needs, the introduction of safe staffing policies and guidance following the Francis report, and the uncertain impact of the UK exit from the EU.

- Recruitment and retention of skilled medical staff in North Yorkshire and the North East is more difficult than elsewhere in the country. In general, the further a hospital is away from the A1/M corridor, then the less attractive a place is to work. Also, NHS staff shortages in England become more acute as you go north of Nottingham.

- Shortages in permanent staff in health and social care mean that employers fill gaps with agency, locum and other temporary staff. This creates additional expense and is inefficient.

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- The large amounts of unpaid care provided by family members, who often have care needs of their own, helps relieve pressure upon the health and social care system.

- In addition to general nursing, a number of medical specialties are significantly more difficult to recruit to at Consultant level. There are also GP shortages in all areas. These are particularly acute in poorer, coastal and more rural areas of the county.

- The challenge is to reshape the workforce, changing the skills mix and developing new roles that reduce the dependence on traditional and hard to fill roles, such as GPs.

- Closer working between NHS providers would help: reduce competition for specialist medical roles; share best practice in recruitment and retention; gather accurate workforce data to inform the work of Health Education England.

- Public health work and 'Make Every Contact Count' offers an opportunity for a broad range of agencies and personnel to promote healthy lifestyles and become involved in preventative work, reducing GP and hospital attendances in the short term and also the need for more complex and expensive social and medical interventions in the long term.

- Whilst the impact of the UK Exit from the EU and the end of student bursaries for nurse and midwifery training is uncertain at this stage, it is likely that both will create additional pressures upon health and social care workforce shortages.

- More could be done to maximise the UK workforce and reduce the reliance on overseas workers.

The recommendations in this report will be presented to the North Yorkshire Health and Wellbeing Board.

Draft

Section 1 – Background, objectives and methodology

Background
A theme that has arisen from the scrutiny of health and social care over the past 18 months has been one of shortages of health, mental health and social care staff. Some of the concerns that have been raised are as follows:

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

Some of the questions that have been raised include:

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

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

Methodology
The approach to this piece of joint scrutiny included: desktop research into national guidance, policy and best practice; written reports and presentations to the sub-group; briefings by expert witnesses.

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Membership of the task and finish group

Cllr Val Arnold
Cllr Philip Broadbank
Cllr Eric Broadbent
Cllr Jim Clark (Chair)
Cllr Liz Colling
Cllr John Ennis
Cllr Caroline Goodrick
Cllr Helen Grant
Cllr Mel Hobson
Cllr David Jeffels
Cllr John Mann
Cllr Heather Moorhouse

Ray Busby, Scrutiny, NYCC
Daniel Harry, Scrutiny, NYCC
Louise Wallace, HAS, NYCC

Work plan

Date	Action	Comment
Care and Independence OSC – 29 June 2017 Scrutiny of Health Committee – 23 June 2017	Work plan taken to committee	Agree TOR, sub-group nominations/membership and arrangements for Chairing
7 September 2017	First meeting of the sub-group	Context setting - social care and identification of lines of enquiry
11 October 2017	Second meeting of the sub-group	Context setting – health and identification of lines of enquiry
10 November 2017	Third and final meeting of the sub-group	Drawing conclusions and developing recommendations
27 November 2017	Final report and recommendations to sub-group	Circulated by email for comment
Care and Independence OSC – 14 December 2017 Scrutiny of Health Committee – 15 December 2017	Final report and recommendations taken to committee meetings	
January 2018	Final report and recommendations taken to the North Yorkshire Health and Wellbeing Board and Executive	As appropriate

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Section 2 – Literature review

Introduction

There is a wide range of research, policy, strategy, guidance and best practice on the subject of workforce planning in health and social care. The literature review summarises the key issues identified in a range of documents that have been identified as the most significant.

Social care

House of Commons, Communities and Local Government Committee, Adult social care, Ninth Report of Session 2016–17
https://publications.parliament.uk/pa/cm201617/cmselect/cmcomloc/1103/1103.pdf

The Committee looked at the funding pressures on adult social care and their consequences. The key findings that relate to social care workforce planning, are as summarised below:

- The turnover rate for nurses working in social care is 35.9%
- 47.8% of care workers leave within a year of starting
- The median hourly pay for a care worker is £7.40
- 160,000 to 220,000 care workers in England are paid below the national minimum wage
- 49% of home care workers are on zero hour contracts, compared with 2.9% of the workforce nationally
- 27% of care workers received no dementia training and 24% of those who administer medication were not trained to do so
- Between 2010–11 and 2013–14, the number of unpaid carers increased by 16.5%, while the general population grew by 6.2%
- One in five unpaid carers providing 50 hours or more of care each week receives no practical support from the local authority.

International Longevity Centre UK (2015) Moved to care: the impact of migration on the adult social care workforce
http://www.ilcuk.org.uk/images/uploads/publication-pdfs/IA_Moved_to_care_report_12_11_15.pdf

The International Longevity Centre – UK (ILC-UK) is a futures organisation focussed on some of the biggest challenges facing Government and society in the context of demographic change.

The report provides an overview of the make-up of the social care workforce, identifying the countries of origin of non-UK workers. The key statistics referred to are as follows:

- 1.45 million people work in the adult social care sector in England (2014)
- 266,000 of these workers were born outside of the UK
- 191,000 of these workers were non-EU migrants
- Among migrants who arrived in the UK over the last eight years (between
- 2007 and 2014), the top five countries of birth were: India (13%), Poland (12%), Philippines (11%), Romania (11%), and Nigeria (7%)

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There are regional variations in the adult social care workforce with the highest proportion of migrant workers being in the South East. By contrast, in the North East over 95% of care workers are UK born.

Migration policy may have an impact upon the number of non-EU migrants that can work in adult social care (non-EU migrants are judged on a points-based system). The UK exit from the EU may also have an impact upon the number EEA migrants that can work in adult social care.

The report recommends that:

- UK migration policy is amended to retain existing and promote the recruitment of more non-EU adult social care workers
- An intensive Postgraduate Diploma for adult social care is introduced
- More care apprenticeships are introduced
- There is a national campaign to attract male care workers
- Greater support is given to unpaid carers
- More national funding is given to support adult social care.

Care Quality Commission (2017) Adult Social Care: Quality Matters
https://www.gov.uk/government/publications/adult-social-care-quality-matters

The report sets out a commitment from a broad range of agencies and organisations to creating shared understanding of what high quality adult social care is and then implementing the necessary changes and improvements to achieve it.

In terms of workforce planning, the following are identified:

- Promote the social care role and career and what it can achieve
- Target and attract 'non-traditional' workers into adult social care
- Stronger focus on the development of integrated roles, largely through the Sustainability and Transformation Partnership planning process
- Increase uptake of NICE guidance, NICE quality standards and Skills for Care's workforce resources.

Skills for Care (2017) Recruitment and retention in adult social care: secrets of success
http://www.skillsforcare.org.uk/NMDS-SC-intelligence/Research-evidence/Our-research-reports/Our-research-reports.aspx

Skills for Care is an organisation that provides practical tools, support and help to adult social care organisations and employers on the recruitment and development of their workforce.

The report is based upon research amongst adult social care employers with a turnover of less than 10% to explore what it is that they do that they feel contributes to their success in relation to recruitment and retention.

The key findings are as follows:

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Attracting more people

- Recruitment planning needs to be based upon a strong understanding of local need
- Pay above the National Living Wage and also highlight the range of benefits associated with working in adult social care
- Support and value staff and invest in their ongoing professional development
- Build a local reputation of being a good employer
- Be honest about what the job entails.

Taking on the right people

- Find staff with the right values and behaviour, as skills can be taught
- Willing to learn and life experience can be as important as previous work experience
- Use of taster shifts
- Adoption of value based interviews.

Developing talent and skills

- Use external funding that is available to help with investment in staff skills
- Become more adept at identifying learning and development needs
- Wider use of mentoring and buddying.

Keeping your people

- Respect and value staff, investing in learning and development
- Involve staff in decision making
- Pay competitively
- Flexibility around work hours and shifts
- Ensure that staff are mentally and physically fit for work
- Measure staff satisfaction.

Kings Fund and Nuffield Trust (2016) Social care for older people - Home truths
https://www.nuffieldtrust.org.uk/files/2017-01/social-care-older-people-web-final.pdf

This report focuses on services for people over 65 years of age. It has four key lines of enquiry: the response of local authorities to the pressures that they face; the impact upon the social care market; the impact upon the NHS; and the impact upon the quality and sustainability of services for older people.

The report suggests that the combination of low pay, low levels of skills and training and increased difficulties around recruitment mean that the quality of care being provided, at a time when there is rising need, is in doubt.

The report identifies a number of issues relating to workforce planning, as follows:

- Problems with recruitment and retention of staff in residential and nursing care homes
- An increased reliance on migrant workers to bridge gaps
- Competition with the NHS for nursing staff, with the social care offering lower pay and less clear career paths
- Some non-compliance with the minimum wage in some areas of the sector.

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Social Care Institute for Excellence (2017) Building the future social care workforce: a scoping study into workforce readiness, recruitment and progression in the social care sector
https://www.scie.org.uk/files/future-of-care/care-workers/building-the-future-social-care-workforce-a-scoping-study-into-workforce-readiness.pdf

The Social Care Institute for Excellence is an improvement and support agency for adults', families' and children's care and support services across the UK.

The report provides an overview of key issues affecting the social care workforce in England, with an in-depth review of the situation in East London.

Recruitment and retention of staff was identified as a key issue. In particular the apparent lack of an obvious and achievable career pathway. A number of examples of innovative practice were identified, as follows:

- The 'I Care Ambassador' programme that was launched by Skills for Care in 2014. This programme recruits staff working in social care roles as sector 'ambassadors' and supports them in promoting and publicising social care work as a viable employment option. Take up of this programme is highest in the North West and South West.

- The 'Getting Started Collaborative' in Northern Ireland. This pilot project gave unemployed people the opportunity to participate in values-based training to become support workers for people with a learning disability. There was then the opportunity to achieve qualifications and then apply for a job.

- The 'Timewise' approach, also known as compatible flexibility', promotes open and honest discussions with employees and potential employees about their non-work commitments and responsibilities. In that way, flexible working patterns that benefit both the employer and employee can be negotiated.

- The 'Supercarers' scheme aims to empower families and give them choice and control over who comes into their home. The Supercarer team match clients and carers and arrange for them to meet before they are confirmed in role.

- The large, independent care provider HC-One has created a new role called a nursing assistant that sits between a senior carer and a qualified nurse. This helped improve quality of care by reducing the use of agency nurses, up-skilling existing staff and providing career progression.

Anecdotal evidence cited in the report suggested that ongoing professional development was often used by social care staff to skill them up to the point where they could work in the NHS.

The main recommendations of the report are:

- Local, regional and national initiatives and campaigns are undertaken to change the public perception of the social care sector

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- Greater use of apprenticeships and similar schemes to increase the number of young people entering the social care sector
- Use of pre-employment training, in conjunction with JobCentre Plus, to encourage people who are unemployed to take up roles in the social care sector
- Greater flexibility of shifts and rotas to enable people with non-work commitments to manage their time effectively.

Health

NHS England (2017) Next steps on the NHS Five Year Forward View
https://www.england.nhs.uk/wp-content/uploads/2017/03/NEXT-STEPS-ON-THE-NHS-FIVE-YEAR-FORWARD-VIEW.pdf

The section on 'Strengthening our Workforce' refers to the workforce pressures in the NHS that have arisen from pay restraint, increasing numbers of patients and the complexity of their health needs and the uncertain impact of the UK exit from the EU. It also highlights the geographic variations in recruitment and retention.

A number of key improvements are highlighted for 2017/18 and 2018/19, including:

- An increase in the number of registered nurses of at least 6,000 to be achieved through: an expansion of the education and training programmes; reducing turnover; encouraging nurses back into practice; a fast track programme for mental health and learning disability nursing; development of Advanced Clinical Practice nurse roles; and more effective management of rotas.

- An increase in the overall medical workforce to be achieved through: an expansion of undergraduate medical training and GP training; tackling the pressures on junior doctors in training; and address specific shortages in Emergency Medicine, Endoscopists, Ultrasonography, Radiology.

- A stronger focus upon staff health and wellbeing.

Health Education England (2016) Workforce Plan for England
https://www.hee.nhs.uk/sites/default/files/documents/HEE%20Workforce%20Plan%20for%20England%202016%20180516_0.pdf

Health Education England is an NHS body that is responsible for the education, training and workforce planning for all NHS staff. Health Education England work in partnership across Yorkshire and the Humber through the Local Workforce Action Boards.

The NHS England Five Year Forward View (2014) has identified a number of priority areas for improvement that Health Education England will support through focussed workforce planning and delivery. These are: Primary Care; Mental Health; Maternity; Cancer; Prevention; Health and Care Integration; Urgent and Emergency Care; and Seven Day Services.

The Workforce Action Boards have identified the following as priority areas: Nursing; Emergency Medicine; Paramedics; General Practice.

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Safe staffing policies and guidance, introduced as a result of the Francis report (2013) into the failings at the Mid Staffordshire Foundation Trust, have increased the demand for nursing staff. Another significant driver in demand has been the increase in hospital attendances.

Many of the workforce shortages that have been experienced and which are predicted could be overcome through the development of a multi-professional workforce, better use of technology, and through organisational changes to the NHS primary care system. Best practice examples of new ways of working piloted in the various Vanguard programmes will need to be rapidly upscaled and applied across the NHS and social care.

The retention of existing GPs is being addressed by the NHS England, the Royal College of General Practitioners and the British Medical Association through the '10 Point Action Plan'.

Around 400 pharmacists are being recruited to work in general practices to provide clinical consultations that enable patients, particularly those with long term conditions, to optimise medicines use.

Carter Review (2015) identified significant variation in costs and practice which, if addressed, could save the NHS £5 billion each year by 2020 to 2021. Of these savings up to £2bn comes from the workforce budget, through: better use of clinical staff; reducing agency spend and absenteeism; adopting good people management practices.

Forecasts of future supply suggest that more people are being trained and entering the NHS system than are leaving the system in every profession. This includes people leaving NHS employment to work in the independent and care sectors.

NHS Provider forecast increases in workforce demand 2015 to 2020 suggest that there will be an increase in demand for nursing roles of 16,860 or 4.9% and an increase in demand for Allied Health Professionals of 5,946 or 7.1%.

The medical workforce divides into more than 60 specialties.

Health Education England views the Sustainability and Transformation Partnerships as key vehicles for the creation of a shared, local view on the shape, size, and characteristics of the workforce required to deliver NHS services in the future.

The NHS electronic staff record is not used consistently or to its optimum. This then reduces the quality and the impact of the data that is collected. This creates a barrier to identifying, diagnosing, and solving shortage problems.

See also the Health Education England (2016) Yorkshire and the Humber Delivery Plan 2016/17
https://hee.nhs.uk/hee-your-area/yorkshire-humber/about-us/delivery-plan

King's Fund Rachael Addicott et al. (2015) Workforce planning in the NHS
https://www.kingsfund.org.uk/publications/workforce-planning-nhs

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- The NHS workforce is estimated to be 1.4 million people and accounts for around 70% recurring NHS provider costs.

- There are substantial gaps in the available data on workforce numbers, measures of demand and workload, and estimates of the workforce numbers required to address this demand. These gaps are particularly acute in the following areas: primary and community care; agency and bank staff; vacancy rates; and independent and voluntary sector providers.

- Although Health Education England is responsible for training the workforce of the future, day-to-day workforce issues are responded to by individual employers. Decisions made about the current workforce will impact upon the workforce needs in the future. The link between individual employers and Health Education England is not always made.

NHS Improvement (2016) Evidence from NHS Improvement on clinical staff shortages – a workforce analysis
https://improvement.nhs.uk/uploads/documents/Clinical_workforce_report.pdf

NHS Improvement is responsible for overseeing foundation trusts, NHS trusts and independent providers. It offers support to these frontline providers to ensure that they give patients consistently safe, high quality, compassionate care within local health systems that are financially sustainable.

The key points from the report are as summarised as below:

- The increased demand for nursing staff that resulted from the Francis Inquiry Report on the Mid Staffordshire NHS Foundation Trust, has been partially offset by recent productivity improvements across the NHS

- The focus of NHS Improvement workforce initiatives is upon: supporting providers on workforce planning and improving co-ordination at a national level; building on the work of the Carter Review to improve provider productivity; and reducing providers' agency costs.

- The supply of UK trained nurses is slow to respond to changes in demand. International recruitment has helped to fill emergent gaps, as has the use of agency nurses. In 2015/16, agency nursing accounted for 31% of total spending on clinical agency staff by all NHS foundation trusts.

- There has been an expansion in the consultant workforce over the past 10 years but there are shortages in key specialities, including: emergency medicine; acute general practice; diagnostic services; and psychiatry.

- Do more to ensure that the existing NHS workforce is being used effectively, taking into account the recommendations in the Carter Review.

British Medical Association (2015) Building the Workforce – the New Deal for General Practice
https://www.bma.org.uk/collective-voice/committees/general-practitioners-committee/gpc-current-issues/workforce-10-point-plan

NHS England, Health Education England, Royal College of General Practitioners and the British Medical Association worked together to produce a 10 point plan to address workforce planning in general practice, as below:

- Promote careers in general practice
- Improve the breadth of training
- Training hubs for primary care staff
- Incentives for GP trainees
- Investment in retainer schemes
- Incentives to remain in practice
- New ways of working to support general practice
- New induction and returner scheme
- Investment and incentives to attract GPs back into practice.

General

Reform (February 2017) Work in progress - Towards a leaner, smarter public-sector workforce, Alexander Hitchcock et al.
http://www.reform.uk/wp-content/uploads/2017/02/Reform-Work-in-progress-report.pdf
Reform is an independent, non-party think tank whose mission is to set out a better way to deliver public services and economic prosperity.

The report outlines the problems currently facing people trying to develop a public sector workforce that is fit to meet future public service needs, whilst also suggesting ways in which workforce planning could change. The key issues arising from the report are summarised below:

- There are too many administrative posts in the public sector. For example, in primary care there is estimated to be 10 receptionists for every 14 clinicians and almost one receptionist for each GP. In secondary care about 18% of the workforce are in administrative roles.

- A leaner workforce could be achieved through a flattening of existing hierarchies and the greater use of technology. For example, one GP has a clinician-to-receptionist ratio of 5:1. If this ratio were applied across the NHS as a whole, then there could be a potential reduction of 24,000 roles across the NHS (based upon 2015 workforce statistics).

- A number of clinical roles could also be automated. The report refers to work done by McKinsey which estimated that 30 per cent of nurses' activities could be automated and a similar proportion of doctors' activities could also be automated (in some specialisms but not all). This would then free up clinical capacity.

- The greater use of apprenticeships is identified as providing a more skilled and diverse public-sector workforce, reducing levels of over-qualification and offering better value for money.

Lord Carter of Coles (2016) Operational productivity and performance in English NHS acute hospitals: Unwarranted variations

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https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/499229/Operational_productivity_A.pdf

The review looked at productivity and efficiency in English non-specialist acute hospitals. It found that there was significant unwarranted variation in productivity and efficiency across all of the main resource areas. The report estimated that the variation was worth £5bn in terms of efficiency opportunity.

Variations included:

- Inpatient treatment ranging from £3,150 to £3,850 (a 20% variation)
- Care provided by registered nurses and health care support workers per patient day ranging from 6.33 to 15.48 hours
- Deep wound infection rates for primary hip and knee replacements ranging from 0.5% to 4%
- Costs of pathology services as a percentage of operating expenditure ranging from 1.1% to 2.4%.

In terms of workforce, the focus of the report is upon making better use of the existing workforce through initiatives and approaches.

For nursing:

- Adoption of Care Hours per Patient Day metric as the standard means by which nursing and care staff deployment is measured
- Use of e-rostering systems
- Standardised approach to the management of enhanced care demands.

Section 3 – Organisations giving evidence

At the Task and Finish Group meetings on 7 September 2017 and 11 October 2017, a number of organisations gave evidence. A summary of the responses received and presentations given are as below:

Cath McCarty, Health and Adult Services, North Yorkshire County Council and Liz Beavan, Human Resources and Organisational Development, North Yorkshire County Council

- National shortages in social care staff are due to increasing demand for social care for older people, the social care role being poorly perceived, perceived lack of career progression, pay rates being low, a rising cost of living, competition with other sectors (hospitality and retail), difficulties in retaining staff, shortages of affordable housing and falling levels of unemployment.
- The importance of social care work has been acknowledged nationally but it will always be in competition with nursing.
- National organisations tend to provide strategic direction. Local authorities are expected to lead the work on social care workforce planning.
- There are not large numbers of EU workers in social care. In Harrogate and Selby, however, restrictions on EU workers in hospitality and retail may increase the pressure on social care as more UK workers are drawn into that occupation, as opposed to social care.

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- There are low levels of unemployment, particularly amongst young people and young adults.
- The age profile of the social care workforce is relatively high at present, with 70% of the existing workforce due to retire in the next 20 years.
- Average hourly pay rates for entry level care roles in North Yorkshire in 2017 ranged from £7.84 to £9.03. The NYCC average hourly pay rate is £7.97. However, this does not take into account the full range of benefits associated with working with a local authority.
- There could be opportunities to encourage recent retirees to work in social care.
- There is a drive to attract young people and young adults into social care, with work already underway.
- People on Job Seekers Allowance can do 16 hours of work per week. Could more be done to encourage people on JSA to take on part time social care work?
- There are areas of the county where packages of care could be more easily provided if workers could be recruited locally or if workers could be transported to the work.
- People could be encouraged to become self-employed social care workers and provided services to those people in the community who received Direct Payments for their social care.
- Men and young people are currently underrepresented in the social care workforce both nationally and locally.
- Social care work can be flexible as it tends to involve working shifts. As such, it may be attractive to students and young people, who could 'earn while they learn'.
- The implementation of the Living Wage and Workplace Pensions will only increase the pay baseline for all employers. It won't necessarily lead to a surge in recruitment into social care.
- Schools and Higher Education (HE) providers all have a role to play in promoting social care as a viable career.
- NYCC has linked with HE providers on work experience in social care but with mixed results.
- The Make Care Matter website (www.makecarematter.co.uk) has been developed by NYCC with partners which includes sector-wide material such as employment opportunities, career progression routes, staff case studies and blog posts, a student hub and positive news stories. Users will be signposted from existing campaigns and initiatives including roadshows, careers fairs, open days and social media activity.

Dr Lincoln Sargeant, Health and Adult Services, North Yorkshire County Council and Chris Sharp, Public Health England

- The public health workforce is far larger than just people who have a formal public health qualification. Many different people can have an impact upon promoting health and wellbeing and helping to prevent diseases with some support from public health practitioners. The 'Make Every Contact Count' approach embodies this.
- Whilst public health training is a core part of curriculum for doctors, nurses and many allied health care professions, it is often not maintained after the initial training.

- The public health consultant capacity in the county has decreased since the move of public health from the NHS to the local authority. The consultants now work over a much larger footprint.
- As in other areas of health, it can be very difficult to find enough learning placements to support training and ongoing professional development.
- The reduction in the number of environmental health officers in district councils and also changes to their roles and responsibilities creates a gap in public health delivery.
- Work is underway to raise awareness of the public health role and the career that can be had.
- There needs to be a focus on creating a new, integrated workforce that can support people in the community and manage health conditions outside of the hospital setting.

Chris Mannion, Associate Director, Workforce Transformation (West Yorkshire and Harrogate Local Workforce Action Board) and Dr David Eadington, Deputy Dean in Health Education England and a Consultant at Scarborough Hospital

- Shortages in permanent staff mean that employers fill gaps with agency, locum and other temporary staff. This creates additional expense and is inefficient.
- The reliance upon locums and employment agencies to provide the staff needed to continue to offer a safe and effective service. NHS Improvement (regulator) has been working with Trusts to help reduce their agency costs, with some success.
- Jobs and careers in the NHS are not promoted as effectively as they could be. There are a broad range of interesting and well paid roles that people could do but which are not well publicised. Such as, Operating Department Practitioners.
- The delivery of health training has become more complex, with a number of larger (hospital) providers offering their own schemes with a variety of incentives and tie-ins.
- Local Workforce Action Boards have a key role to play in trying to co-ordinate training activity across their area.
- Any expansion of healthcare training is dependent upon clinical placement capacity.
- Most medical specialisms have a long production time. Of recent medical school graduates, only about 50% are moving into training immediately – young doctors are seeking more flexibility in how they plan their career. Many take career breaks and time out. Most return to training within the next two years. Tracking of GMC numbers suggests that 5% do not come back. Their destination is unknown but most are probably still working in health, but not in a training pathway.
- At present in the North, there is particularly low take up in General Practice, Psychiatry, Medicine, and growing difficulty in Paediatrics. The current focus of the government is upon recruitment and retention of GPs.
- Often newly qualified GPs are working as locums rather than joining a practice as a permanent GP. An increasing number of GPs are saying that they are planning to retire early, which means that there are pressures at both ends of the pipeline, less GPs coming in and more leaving.
- Encouraging and supporting NHS staff to retire 2 to 3 years later than planned may help bridge some of the shorter term gaps in workforce.

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- Newly qualified medical staff, such as GPs or pharmacists, often stay near where they trained or head to larger urban areas. It can be difficult to attract them to rural areas, areas with higher level of deprivation and smaller hospitals and practices.
- For GPs there are financial incentives that may help with recruitment and retention in rural areas.
- The creation of local training is seen as a way of increasing recruitment and retention. The Coventry University Scarborough Campus is commencing local nurse training.
- The further you are away from the A1/M corridor, the less attractive a place is to work in for junior doctors, as a general rule of thumb. Also, difficulty recruiting medical trainees becomes more acute as you go north of Nottingham.
- More work could be done to encourage all NHS employers to share good and best practice around recruitment, retention and the development of new roles.
- The challenge is to reshape the workforce, changing the skills mix and developing new roles that reduce the dependence on traditional and hard to fill roles, such as GPs. For example, advanced clinical practitioner roles and nurse associates. Although, skilling up existing nurses to take on more specialist or technical roles means that there are less people to do the day to day patient care on hospital wards.
- There is also a need to increase recruitment to Bands 1 to 4 and to improve training for these staff. Apprenticeships may help here. The government levy creates a strong financial incentive to make apprenticeships work.
- The long term impact that the end of student bursaries for many health professions and the introduction of a repayable loan will have is uncertain. Early indications are that it may be deterrent, particularly for mature students changing their career and people from less affluent backgrounds.
- The impact of the UK Exit from the EU is uncertain at this stage. Whilst a significant number of nursing staff come from the EU, most non-UK consultants come from outside of the EU.
- More could be done to maximise the UK workforce and reduce the reliance on overseas workers.
- The lesson that has been learnt from previous attempts at long term workforce planning is to not make any radical changes. There are simply too many variables and too many events that are unforeseen to accurately predict future demand for all specialisms.
- There are currently 26,000 more clinicians in the NHS compared to 5 years ago. However, there are still workforce gaps because during the same period it is estimated that the number of established posts that the NHS wants to fill grew by 62,000.
- All NHS providers contribute data on workforce to HEE and LWABs but this can be incomplete, difficult to access and sometimes not informative.
- Some of the Royal Colleges are moving towards a more multi-professional view of the workforce and are working in new ways through the Academy of Medical Royal Colleges, rather than uni-professionally.
- Alignment of roles and consistent pay banding across NHS providers may help reduce competition.
- NHS providers are being encouraged to look for ways to enable their staff to access work in different providers. This would be cheaper and more effective than using locums and agency staff.

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- NHS provider exit interviews could be improved. Need to understand why people are leaving and make changes accordingly.

Pete Summerfield, Yorkshire Ambulance Service, Locality Manager, North Yorkshire Dales

- Retention initiatives tend to focus upon training and development opportunities that offer career progression and make the job more interesting. For example Emergency Care Assistants wishing to progress their career and qualify as Paramedics.
- In the North Yorkshire part of YAS, there is currently a full complement of A&E Operations staff (Paramedics and Emergency Care Assistants). However, staff can be attracted away from rural areas, like the Upper Dales, to urban areas, like Leeds, due to the increased number and type of calls that they will deal with and the related opportunities for career development. This is attrition within YAS.
- There are a number of private health providers, who use qualified paramedic staff in GP surgeries and for Out of Hours services in neighbouring areas (Sunderland, Durham, North Tees, and Darlington), who attract staff away from YAS with seemingly better terms and conditions. However, a large proportion come back to YAS, over time (two thirds).
- Military paramedics at Catterick Garrison work with YAS locally to maintain and develop their skills and expertise. This increases the number of people available for a rota. Some also stay with YAS when they leave the military.
- YAS promote flexible working and do their upmost to enable staff to have a work/life balance. This helps with retention and fosters good will.
- Noted that advanced and different skills are needed to work with a patient on the longer ambulance journeys that you have in rural areas. This may help make some of the rural work more attractive.
- Rotation of staff through different clinical settings can help with training and development and also retention. This risk is, however, that these more highly skilled workers become attractive to other employers.

Janet Probert, Hambleton, Richmondshire and Whitby Clinical Commissioning Group

- The CCGs have a strategic role to play, as health commissioners, in workforce planning.
- Increasingly, decisions about where people receive the care and interventions that they need are being influenced by workforce pressures and shortages.
- Workforce planning over anything but the short term is extremely difficult as there are a number of variables that are very difficult to predict. For example, technological innovations, developments in pharmacology, behaviour of leading pharmaceutical companies, changes in disease profiles, increases in survivability, the state of the economy and political changes. As such, the projected needs identified at Day 1 and the consequential changes to workforce training and recruitment over the next 5 to 10 years is often wrong.
- Medical training now has high levels of specialisation. Whilst this can help improve patient outcomes, it also creates difficulties as more staff are needed to cover all of the specialisms. This is particularly problematic in smaller hospitals, like the Friarage in Northallerton. For example, increasing specialisation in anaesthesia has meant that instead of one anaesthetist being able to cover all

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medical events, specialist anaesthetists are required to work in Accident and Emergency, Intensive Care and High Dependency, and Operating Theatres.
- Instead of trying to recruit and fill existing gaps, a more sustainable and effective response is to consolidate specialist roles, interventions and treatments in a small number of sites. The creation of specialist trauma centres has led to a 50% increase in survival rates.
- There are a wide range of different agencies and organisations, commissioners and providers engaged in workforce planning. They do not always have a system-wide view of what actions are required, as they have pressing workforce issues of their own to solve in the short term.
- Gains could be made by health and social care through a new way of working with frail elderly people. Frail elderly people are best looked after in the community and not in hospital. Ending the dependence on hospital services would help release capacity in the hospital workforce and improve outcomes for frail elderly people.
- Public expectations need to be managed. People want every site to have every service with all the specialist staff that would be needed to sustain those services. This is no longer viable.

Wendy Nichols, Unison

- Social care has one of the highest levels of staff turnover in the whole economy. Therefore, need to focus upon retention.
- Lack of support, training and low pay can impact upon retention and the quality of care that people are able to give.
- The adoption of the Ethical Care Charter by Local Authorities is seen as key. The Charter is a set of commitments that councils make which fix minimum standards that will protect the dignity and quality of life for those people and the workers who care for them.
- The adoption of the Residential Care Charter by care providers also seen as key. The Charter sets out the minimum standards and employment conditions required to deliver decent care. Employment levels, pay, conditions and training directly impact the quality of care.
- Social care is always in competition for staff with other occupations, which often pay better and are perceived as having better terms and conditions, like catering, hospitality and retail.
- Lifting the public sector pay cap will have a negative impact upon the NHS and local authorities unless additional funding is given to pay it. If it comes from existing funding streams, then it will impact upon care.

Maureen Goddard, Bradford District and Craven – Health and Care Integrated Workforce Partnership

In Bradford District and Craven, workforce partnership at a system wide level is conducted through the Integrated Workforce Programme (IWP). The IWP is an overarching and enabling programme that aims to work collaboratively to identify and work towards developing a system wide integrated workforce that is fit for the future.

The IWP workforce strategy has been co-created and co-designed by partners within and across the health and care system. It brings together the common challenges, key priorities, good practice and potential workforce solutions from a wide range of

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health and care sectors and patient pathways. The strategy, which has been shaped, tested and refined over time by a wide range of stakeholders, has four delivery programmes focused on:

1. attracting and recruiting people to the health and care system (particularly developing the concept of 'growing our own')
2. developing the health and care workforce together
3. retaining people in the system
4. working to a shared culture of integration.

As an example of taking of taking a longer term approach to our shared workforce challenges, a key piece of work within work programme 1 has been in developing a health and care Industrial Centre of Excellence (ICE). This builds on the four ICE programmes that were already being delivered across Bradford District (ie Business and Finance, Science & Environmental Technologies, Advanced Manufacturing and Engineering and the Built Environment). An ICE provides industry led programmes for 14-16 year olds who want to learn skills, gain experience and develop a career in a particular sector.

The development of a health and care ICE in the Bradford District aims to build strong and lasting partnerships between employers, schools, colleges and universities; creating career pathways that will transform the way young people think about working in health and care and developing the skills required by in the system.

The ICE programme will provide a platform for apprenticeships, routes into further and higher education and professional training within and across the local health and social care system.

Other key pieces of work include developing and agreeing common competences and quality standards, particularly within statutory and mandatory training; delivering joint leadership programmes and developing an agreed and shared set of values for integrated working.

Will Thornton, Workforce Utilisation, York Teaching Hospital NHS Foundation Trust

Workforce planning takes place at departmental and Trust level, and informs the Local Workforce Action Board for the Humber Coast and Vale region (Sustainability and Transformation Partnership) and workforce planning by NHS England.

Like in many NHS organisations, attention in the Trust has focussed on workforce planning and redesign to mitigate shortages in the supply of doctors and registered nurses. There are also recommendations from the Carter Review into productivity in NHS Hospitals which will impact the future make-up of our workforce.

A forecast of workforce shortages in nursing, based on current rates of turnover, hiring and forecasted retirements, has indicated that by 2024 the Trust could have a workforce gap of 735 full-time equivalent staff.

To address shortages, the Trust is taking a number of actions, including:

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1. Recruitment programmes, including open events, attendance at university events, rolling advertisements and digital marketing
2. Retention initiatives (e.g. re-opened the Associate Specialist grade to Middle Grade doctors and signed SAS Charter to uplift annual leave entitlement for this grade)
3. Development of new roles and programmes (e.g. Senior Foundation Doctor – Trust Grade (F3), rotational programmes to allow nurses to work across different specialties)
4. Increasing numbers of trained Advanced Clinical Practitioners and Nursing Associates, to enable the re-allocation of work and allow a smaller number of doctors and registered nurses to concentrate on tasks commensurate with their training and registration.

Simon Cox, Scarborough and Ryedale Clinical Commissioning Group

There are just over 100 GPs in practices in the Clinical Commissioning Group (CCG) with about 70 whole time equivalent posts. There are currently 12 vacancies with several posts being vacant for more than 2 years. A recent survey of GPs in practices in the CCG found that in the next five years 21% of GPs intend to retire. The CCG has been working to deliver our General Practice Forward View plan which includes workforce development.

The CCG has supported the national plan to recruit international GPs and is working across Humber, Coast and Vale Sustainability and Transformation Partnership (STP) CCGs with NHSE and has engaged a recruitment agency to work with local clinicians to finalise recruitment, induction and training plans.

The CCG has worked closely with Coventry University Scarborough Campus to bring nurse training back to Scarborough after a gap of over 20 years for local people having an opportunity to take up a nursing career with local training offered. It is hoped that the first intake of student nurses will be in February 2018. All GP practices now have nurse mentors and all students will have placements in local general practices which has not always been the case in previous years.

Locally, the CCG has been working with practices over the last 3 years to develop the primary care workforce and introduced new roles to support the GPs. In two practices we have paramedics who are seeing patients at home and in nine practices we have pharmacists to provide medicines management advice to patients. This is in addition to Advanced Nurse Practitioners who see patients with minor injuries and minor ailments and are able to prescribe medicines.

Section 4 - summary of key findings from literature review and evidence from organisations

There are a number of themes that have been identified, as below:

- A high percentage of care workers, 47.8% leave within the first year of work. This high rate of attrition could be reduced through the introduction of: taster sessions and shifts; wider use of mentoring and buddying; increased flexibility around shifts and rotas; and pay incentives.

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- There is a reliance upon unpaid carers, often family members with care needs of their own, to provide care for older people. Without this care being provided, local government social care and the NHS would face a significant increase in demand for services. As such, there is a question as to whether more support could be given to carers.

- The UK exit from the EU creates a risk that health and social care workers from the EU who currently work in the UK may leave to return to their home countries, as their immigration status and standing in the community is placed in doubt. In terms of health, the risk is most acute in the hospital setting. In social care, the risk is associated with EU staff leaving the retail and hospitality sectors and those vacant jobs (which may offer better terms and conditions) being filled by people who would have otherwise worked in social care.

- There is a role for national government to promote social care work as a career and put in place measures that aid long term retention of staff. This includes: the development of undergraduate and postgraduate diplomas for social care; national campaigns to raise awareness of what opportunities exist in social care; and targeting and attracting 'non-traditional' workers into social care.

- Social care is in competition for staff with the NHS, as NHS based social care roles are seen as more attractive with better pay, terms and conditions and a more defined career path.

- There are currently 26,000 more clinicians in the NHS compared to 5 years ago. However, there are still workforce gaps because during the same period it is estimated that the number of established posts that the NHS wants to fill grew by 62,000.

- The ability of Health Education England to address workforce issues is dependent on cooperation of other health and care organisations including NHS Foundation Trusts, GP providers, the 3rd sector and the private sector.

- The NHS has over 60 different medical specialties. Increased specialisation has improved quality and patient outcomes, but the reduced commitment to generalism that has come in parallel has created operational difficulties – effects of this are most difficult to mitigate in smaller hospitals, which can only recruit to the mainstream secondary care specialties.

- There may be scope for a fresh look at key roles (which are difficult to recruit to) across health and social care to see whether there is scope create new, integrated roles, such as such as care navigators, social prescribers, physician associates, and pharmacy assistants.

- There could be opportunities for aspects of an existing role to be delegated to another professional. For example, elements of a GPs current role could be performed by a nurse practitioner, a paramedic and a community pharmacist.

- Future workforce needs, in 5, 10 and 15 years' time, are not yet clear.

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- The NHS staff record is not fully utilised, which makes it difficult for Health Education England and the Local Workforce Action Boards to access the data that they need to identify and respond to current and future workforce shortages.

- The Sustainability and Transformation Partnerships that cover North Yorkshire (x3) are providing leadership on NHS workforce planning, largely through the Local Workforce Action Boards. Whilst local authorities are engaged in the discussions, the focus appears to be upon addressing shortages in staffing in NHS provided care.

- The use of agency medical staff is a significant cost burden upon the NHS. NHS Improvement, which oversees NHS providers, is working to drive this expense down. If the workforce shortages that have led to the use of agency staff cannot be addressed, then workforce shortages are likely to become a more significant factor in discussions about some service reconfigurations.

- The Carter Review identified that there was a significant variation in productivity across similar NHS services, which if reduced would release significant savings that could then be used elsewhere in the system.

- Apprenticeships and schemes aimed at the long term unemployed can help increase recruitment into social care work. Taster sessions and mentoring and support can help retain workers past the first 12 months.

- Any expansion of health, social care and public health training is dependent upon the availability of placements and mentors/supervisors.

- Medical technology (use of remote diagnosis and prescribing) has not developed at sufficient pace to make a significant difference to the way in which services are offered.

- Alignment of roles and pay across NHS providers may help reduce the competition for specialisms and the inflation for market rates as providers attempt to out-bid each other.

- NHS providers could be encouraged to: share their staff more, using a bank system where additional shifts could be offered by those providers facing staff shortages; improve the quality of workforce data; to share best practice around recruitment, retention and the development of new roles.

- People do not always enter the health and social care system at the right point. Evidence suggest that 1/3 of people who go to see a GP could have gone elsewhere for treatment.

- Public health work and ‘Make Every Contact Count’ offers an opportunity for a broad range of agencies and personnel to promote healthy lifestyles and preventative work, reducing the need for more complex and expensive social and medical interventions further down the line. This then can reduce the burden upon medical services and staffing.

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- Gains could be made by health and social care through a new way of working with frail elderly people.

Section 5 – Recommendations

Recommendations

In making these recommendations, it is recognised that there is already a great deal of work underway and that long term planning of the health and social care workforce is often impeded by the need to respond to immediate shortages in staff that threaten the sustainability of services. Without a move away from traditional roles and traditional workforce training, however, the problems that are currently being experienced will only worsen.

National

1. The committees write to HM government to request that measures are put in place as quickly as possible that help ensure that existing workers from the EU in health and social care roles are not disadvantaged in any way by the UK exit from the EU.

2. The committees write to HM government to request a review of the financial support that is offered to people seeking training in health and social care. In particular, consider reinstating bursaries for nursing, midwifery and allied health professionals training.

3. The committees to write to HM Government to request that additional funding is made available to the NHS and local authorities to enable increases in pay rates to be met, when and if the public sector pay cap is lifted, without the need to find money from within existing budgets.

4. The LGA and ADASS to work with HM Government to promote social care work as a career, support structured training and development and put in place measures that aid long term retention of staff.

Sustainability and Transformation Partnerships (x3)

1. The NHS and local authorities (through the Local Workforce Action Boards) to increase the number of integrated health, social care and public health professional roles in the community, attached to a GP practice or similar community hub, which enable a more efficient use of the existing workforce, avoid duplication of roles and release capacity in some of the more difficult to recruit to roles.

2. The NHS and local authorities (through the Local Workforce Action Boards) to look at new ways of working with frail elderly people that reduce hospital admissions and provide integrated support in the community.

3. NHS providers to work together through the Local Workforce Action Boards to: encourage workforce mobility; improve the quality of workforce data provided to Health Education England (NHS staff record), including the greater and consistent use of exit interviews; and to share best practice around recruitment, retention and the development of new roles.

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4. Health Education England and the Local Workforce Action Boards to work with local authority public health services and Public Health England to promote public health interventions by a wider workforce of associated practitioners and workers.

5. Health Education England, the Local Workforce Action Boards and the County Council to support the ongoing development of local medical training, through educational institutions in Yorkshire and Humber, such as the Coventry University Scarborough Campus and the Hull York Medical School.

6. Health Education England and the Local Workforce Action Boards to explore whether more could be done to promote and develop the self-employed social and health care workforce that provides services to people in the community who receive Direct Payments for their health and social care.

County

1. The County Council to continue to promote social care careers to a broad-base of non-traditional workers, such as: retirees; young people; students; men; ex-military; long term unemployed; and people on Job Seekers Allowance or Universal Credit.

2. The CCGs and the County Council to work together to promote a greater understanding and awareness of where people should go to get the health and social care interventions that they need. Also, to work with other community services, such as community pharmacies, to ensure that there is capacity to cope with any resulting increase in demand for their services.

3. The CCGs and the County Council to review the findings of local and regional Vanguard programmes to see what lessons can be learned and applied.

4. The CCGs and the County Council to work together to explore technological solutions that help reduce the demand upon health and social care services (diagnostic tools and remote prescribing and consultations), support flexible working (e-rostering) and increase automation.

Ongoing monitoring

There are also a number of areas in which impact monitoring is suggested:

1. Monitor the impact of the emergent shortage in clinical, social care and public health placement capacity upon training and development
2. Monitor the local impact of the end of student bursaries for nursing, midwifery and allied health professionals
3. Monitor the local impact of the UK exit from the EU upon the health and social care workforce.

Acknowledgements

In addition to the County Councillors from the Scrutiny of Health Committee and the Care and Independence Overview and Scrutiny Committee who worked together on the joint scrutiny task and finish group, I would like to thank all those people who contributed to this piece of work:

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- Ray Busby, Overview and Scrutiny Team, North Yorkshire County Council
- Justine Brooksbank, Assistant Chief Executive, North Yorkshire County Council
- Cath McCarty, Health and Adult Services, North Yorkshire County Council
- Liz Beavan, Human Resources and Organisational Development, North Yorkshire County Council
- Dr Lincoln Sargeant, Health and Adult Services, North Yorkshire County Council
- Chris Sharp, Public Health England
- Janet Probert, Hambleton Richmondshire and Whitby CCG
- Mark Inman, Leaf Mobbs and Pete Summerfield, Yorkshire Ambulance Service
- Chris Mannion, Associate Director, Workforce Transformation (West Yorkshire and Harrogate Local Workforce Action Board)
- Dr David Eadington, Deputy Dean in Health Education England and a Consultant at Scarborough Hospital
- Wendy Nichols, UNISON
- Maureen Goddard, Bradford District and Craven Integrated Workforce Programme
- Will Thornton, Workforce Utilisation, York Teaching Hospital NHS Foundation Trust
- Jack Davies, Community Pharmacy North Yorkshire
- Simon Cox, Scarborough and Ryedale CCG.

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North Yorkshire County Council
Scrutiny of Health Committee
15 December 2017

Committee work programme

Purpose of Report

This report provides Members with details of some of the specific responsibilities and powers relating to this committee and also a copy of the committee work programme for review and comment (Appendix 1).

Introduction
The role of the Scrutiny of Health Committee is to review any matter relating to the planning, provision and operation of health services in the County.

Broadly speaking the bulk of the Committee's work falls into the following categories:

- being consulted on the reconfiguration of healthcare and public health services locally
- contributing to the Department of Health's Quality Accounts initiative and the Care Quality Commission's process of registering NHS trusts
- carrying out detailed examination into a particular healthcare/public health service.

Specific powers
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 meetings and Mid Cycle Briefing dates
Forthcoming committee dates in 2018 are:

- 10am on 23 February 2018 (additional meeting)
- 10am on 16 March 2018
- 10am on 25 May 2018 (additional meeting requested)
- 10am on 22 June 2018
- 10.00am on 14 September 2018
- 10.00am on 14 December 2018.

Please note that an additional meeting has been requested to consider the proposals for consultation on the services provided at the Friarage Hospital, Northallerton. This is likely to be held on 25 May 2018. The date that was previously held for this meeting, 23 February 2018, will now be used to enable other matters to be scrutinised.

All the meetings will be held at County Hall, Northallerton.

Forthcoming Mid Cycle Briefing dates in 2018 are:

- 10.30am 26 January 2018
- 10.30am on 27 April 2018
- 10.30am on 27 July 2018
- 10.30am on 2 November 2018.

These are not public meetings and are attended by the Chair, Vice-Chair and Spokespersons for the political groups.

Areas of Involvement and Work Programme
The Committee's on-going and emerging areas of work are summarised in the work programme in Appendix 1.

Recommendation

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 developments taking place across the County.

Daniel Harry
Scrutiny Team Leader
North Yorkshire County Council
7 December 2017

APPENDIX 1

NORTH YORKSHIRE COUNTY COUNCIL
Scrutiny of Health Committee – Work Programme/Areas of Involvement – 2017 and 2018

	15 Dec	23 Feb	16 Mar	25 May	22 Jun	14 Sept	14 Dec	
Strategic Developments								
1. Implications on health and care services of Sustainability and Transformational Partnerships (STP) across North Yorkshire	✓		✓	✓	✓	✓	✓	Verbal update by the STP lead officers, with particular focus upon consultation and engagement.
2. NY Mental Health Strategy – Health and Adult Services								Follow up 26 January 2018 Mid Cycle Briefing, particularly with regard to the commissioning and provision of services in Craven.
3. Funding of Community Pharmacies - LPC			✓					Follow up to 27 January 2017 committee meeting – watching brief and Public Health impact monitoring – Jack Davies (LPC) and Clare Beard (NYCC PH).
4. NHS Property Services – approach to the management, maintenance and disposal of NHS properties in North Yorkshire								Follow up to issues raised concerning the Lambert at Thirsk and the Castleberg at Settle. At Mid Cycle Briefing on 26 January 2017.
5. Ambulance Response times and the impact of centralising NHS services - YAS			✓					Overview of the Ambulance Response Protocol and reconfiguration of health services through the STP process. Report to Richmondshire Local Area Committee meeting on 29 November 2017.
6. Winter pressures and Delayed Transfers of Care – Health and Adult Services	✓							Overview of health and social care planning around winter pressures and financial implications.
7. Capped expenditure – York Foundation Trust, Vale of York CCG, Scarborough and Ryedale CCG			✓					Outline of any proposed changes to services – TBC.

	15 Dec	23 Feb	16 Mar	25 May	22 Jun	14 Sept	14 Dec	
Local Service Developments								
8. Transforming our Communities – mental health services – HRW CCG and TEWV	✓		✓		✓	✓	✓	Report on the findings of the consultation and next steps in the process of service reconfiguration.
9. Future plans for Whitby Hospital – HRW CCG								Previously to Mid Cycle Briefing on 3 November 2017. Ongoing scrutiny through Mid Cycle Briefings.
10. Integrated prevention, community care and support in Scarborough and Ryedale – S&R CCG			✓					Outcome of procurement exercise and next steps.
11. Mental Health Service in York/Selby area and Bootham Hospital – TEWV and VoY CCG								Progress with business case and commencement of building. To 27 April 2018 Mid Cycle Briefing.
12. Castleberg Hospital, Settle – update – AWC CCG			✓					Previously to 3 November 2017 Mid Cycle. Early findings from consultation.
13. Future service delivery from the Friarage Hospital in Northallerton – HRW CCG and South Tees FT	✓	✓	✓	✓	✓	✓	✓	Outcome of engagement on proposals for how services can be re-configured across the area.
14. Merger of 4 GP practices in Scarborough – S&R CCG			✓					
Public Health Developments								
15. Development of base-line data and an on-going monitoring system on the impact of shale gas extraction – Public Health England					✓			Lincoln Sargeant and Simon Padfield PHE. Follow up to 23 June 2017 meeting.
16. Dentistry provision in North Yorkshire – NHS England			✓					NHS England (North) – review the plan for commissioning the wider dental pathway – due April 2018
17. Pharmaceutical Needs Assessment (PNA) for North Yorkshire 2018-21 – Public Health	✓		✓					Scrutiny of PNA.
In-depth Projects								

	15 Dec	23 Feb	16 Mar	25 May	22 Jun	14 Sept	14 Dec	
18. Health and social care workforce planning – joint scrutiny by Scrutiny of Health and Care & Independence OSC	✓					✓		
19. Dying well and End of Life Care - HWB					✓			Progress report at 3 November 2017 MCB

Other areas to be explored

- Supporting people living with one or more long term condition
- Online medical advice and prescriptions
- Integration of health and social care – progress to date, principles and outcomes
- Health and social care services in Craven
- Overall approach to commissioning mental health services that are provided in North Yorkshire.

Meeting dates 2017 and 2018

Agenda Briefing*	12 December 2017 10.30am	20 February 2018 1pm (after Executive)	13 March 2018 10.30am	TBC	19 June 2018 10.30am	11 September 2018 10.30am	11 December 2018 10.30am
Scrutiny of Health Committee	15 December 2017 10.00am	23 February 2018 10.00am	16 March 2018 10.00am	25 May** 2018 10.00am	22 June 2018 10.00am	14 September 2018 10.00am	14 December 2018 10.00am
Mid Cycle Briefing*	26 January 2018 10.30am		27 April 2018 10.30am		27 July 2018 10.30am	2 November 2018 10.30am	

*Agenda Briefings and Mid Cycle Briefings are attended by the Chair, Vice Chair and Group Spokespersons only.
**Note additional meeting to consider the proposals for consultation on the services provided at the Friarage Hospital, Northallerton. This has moved from 23 February 2018. The meeting on 23 February 2018 will still go ahead, as there are other matters to scrutinise.