

Agenda

Meeting: Scrutiny of Health Committee

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

Date: Friday 22 June 2018 at 10.00 am

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Business

1. Minutes of the Scrutiny of Health Committee held on 16 March 2018
(Pages 5 to 14)
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 19 June 2018. Each speaker should limit himself/herself to 3 minutes on any item. Members of the public who have given notice will be invited to speak:-

- at this point in the meeting if their questions/statements relate to matters which are not otherwise on the Agenda (subject to an overall time limit of 30 minutes);
- when the relevant Agenda item is being considered if they wish to speak on a matter which is on the Agenda for this meeting.

5. **NHS Clinical Commissioning Groups and NHS providers funding position – discussion** – PRESENTATION – NHS commissioners and providers
(Pages 15 to 42)
6. **Building a Sustainable Future for the Friarage Hospital, Northallerton** – VERBAL UPDATE - Dr Adrian Clements, South Tees Hospitals NHS Foundation Trust, Lucy Tulloch, Service Manager, Friarage Hospital
7. **Transforming adult and older people’s mental health services in Hambleton and Richmondshire** – VERBAL UPDATE – Lisa Pope - Hambleton, Richmondshire and Whitby CCG and Adele Coulthard – Tees, Esk and Wear Valley NHS FT
8. **Dentistry provision in North Yorkshire – NHS England and Public Health England** – REPORT - Julie Ryan, Commissioning Manager (Dental), NHS England North (Yorkshire & The Humber), Constance Pillar, Commissioning Lead (Dental), NHS England North (Yorkshire & The Humber) and Siobhan Grant, Public Health England
(Pages 43 to 50)
9. **Work Programme** – REPORT - Daniel Harry, Democratic Services and Scrutiny Manager, NYCC
(Pages 51 to 55)
10. 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

14 June 2018

NOTES:

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

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

- (b) **Emergency Procedures For Meetings**

Fire

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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)					
	<i>Councillors Name</i>	<i>Chairman/Vice Chairman</i>	<i>Political Group</i>	<i>Electoral Division</i>	
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					
	<i>Name of Member</i>	<i>Representation</i>			
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	MYATT, Ann	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	
	<i>Councillors Names</i>		<i>Councillors Names</i>
1	BASTIMAN, Derek	1	
2	WILKINSON, Annabel	2	
3	MARTIN, Stuart MBE	3	
4	TROTTER, Cliff	4	
5	DUNCAN, Keane	5	
Labour			
	<i>Councillors Names</i>		
1	BROADBENT, Eric		
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	BROADBANK, Philip (Harrogate BC)

North Yorkshire County Council

Scrutiny of Health Committee

Minutes of the meeting held at Council Chamber, Hambleton District Council Offices, Civic Centre, Stone Cross, Northallerton on Friday 16 March 2018 at 10 am.

Present:-

Members:-

County Councillors Jim Clark (in the Chair), Philip Barrett, John Ennis, Mel Hobson, John Mann, Zoe Metcalfe, Heather Moorhouse, Andy Paraskos (substitute for Val Arnold), Chris Pearson, Andy Solloway, Roberta Swiers and Robert Windass.

Co-opted Members:-

District Council Representatives:- Judith Chilvers (Selby), Jane E Mortimer (Scarborough), Wendy Hull (Craven), Karin Sedgwick (Richmondshire) and Ian Galloway (Harrogate).

In attendance:-

Janet Probert, Chief Operating Officer, Hambleton, Richmondshire and Whitby CCG
 Lisa Pope, Deputy Chief Operating Officer, Hambleton, Richmondshire and Whitby CCG
 Adele Coulthard, Director of Operations, Tees, Esk and Wear Valley NHS Foundation Trust
 Dr Adrian Clements, South Tees Hospitals NHS Foundation Trust
 Lucy Tulloch, Service Manager, Friarage Hospital
 Sue Pitkethly, Executive Director, NHS Airedale, Wharfedale and Craven Clinical Commissioning Group
 Jack Davies of the Local Pharmaceutical Committee for North Yorkshire

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

County Council Officers:-

Clare Beard, Public Health
 Daniel Harry, Democratic Services and Scrutiny Manager

Stuart Minting, Local Democracy Reporter.

Apologies for absence were received from:- County Councillors Val Arnold (substitute Andy Paraskos) and Liz Colling, District Councillors Bob Gardiner (substitute Cllr Elizabeth Shields) and Kevin Hardisty (Hambleton).

Copies of all documents considered are in the Minute Book

32. Minutes

Resolved

That the Minutes of the meeting held on 15 December 2017 be taken as read and be confirmed and signed by the Chairman as a correct record.

33. Any Declarations of Interest

There were no declarations of interest to note.

34. Chairman's Announcements

Statement by the Chairman

The Chairman, Councillor Jim Clark, raised his concerns about the financial challenges faced by four of the Clinical Commissioning Groups (CCGs) that commission health services in North Yorkshire. He said that the combined deficit was estimated to be £40m for 2017/18.

Councillor Jim Clark noted that before the CCGs were created the Primary Care Trust had also experienced significant financial difficulties. He said that this suggested that the finances and the commissioning arrangements that were in place were not sufficient or robust enough to work in an area as complex as North Yorkshire, where there are five Clinical Commissioning Groups, three Sustainability and Transformation Partnerships and potentially three Integrated Care Systems all three of which go outside of county borders.

Councillor Jim Clark said that he understood that four of the CCGs were currently working with NHS England and NHS Improvement to see what could be done to improve their financial position. Whilst they were not formally in a capped expenditure regime, there was likely to be a significant impact upon the services that they commissioned.

Integrated Care Systems

Councillor Jim Clark said that Integrated Care Systems (ICSs) are being developed and implemented across England. These ICSs tend to cover one or more Sustainability and Transformation Partnership (STP) areas. In terms of North Yorkshire, an ICS for North East and Cumbria will go live as of 1 April 2018, which will cover Hambleton Richmondshire and Whitby, and that for West Yorkshire and Harrogate and Craven will go live as of 1 April 2018. There has been no progress as of yet with the development of an Integrated Care System for Humber Coast and Vale STP area.

Councillor Jim Clark stated that there is no statutory framework in place to provide a legislative foundation for the Integrated Care Systems. This raised some concerns about governance and how decisions would be made and scrutinised.

Councillor Jim Clark also raised his concerns that a short term reaction to the workforce shortages and financial pressures faced by some hospitals was leading to significant service changes which were outside of the ICS planning approach. This in turn posed a risk that a number of changes could be made without a full consideration of the cumulative impact in a given area. Councillor Jim Clark stated that the committee would continue to follow up on issues regarding governance and the scrutiny of these new systems and bodies as they are created.

Workforce

Councillor Jim Clark confirmed that he had received some responses to the letters that had been written to MPs and Ministers. The responses received to date were from The Right Honourable Robert Goodwill MP and The Right Honourable Dr Sarah Wollaston MP. Councillor Jim Clark confirmed that no response had been received from The Right Honourable Jeremy Hunt MP and that this would be followed up by the committee.

Mental Health Workshop

Councillor Jim Clark drew members' attention to the workshop that was held on mental health on 23 February 2018 at which members received a full and frank outline of the current situation regarding the financing and provision of mental health services in North Yorkshire. He noted his concerns that it had become evident that there had been over 30 years of under investment in mental health services and that the time had come to respond to this as a committee and make a very clear statement as to what was expected for mental health services in the county.

Councillor Jim Clark stated that he was not happy that the building of a new hospital in York for mental health was going ahead whilst that at Harrogate had been paused. He noted that the York Hospital had only recently received planning permission whereas the Harrogate site had had planning permission in place for a significant period of time.

Whitby Hospital site development

Councillor Jim Clark said that it had recently been announced that £11m of capital funding had been made available to enable the development of the Whitby Hospital site to continue. Councillor Jane Mortimer noted that the recent public engagement event went well and that the presentation by the County Council officer, Dale Owens, had been well received. Councillor Jim Clark noted that the capital funding was welcomed and it would be good to see the work around Whitby progress but he also acknowledged that this might place other capital funding projects in the county at risk as there may well be a ceiling or allocation limit for capital funding employed by NHS England.

35. Public Questions or Statements

Daniel Harry confirmed that there were no public questions or statements.

Councillor Jim Clark then informed the committee that the order of the agenda was going to be re-arranged with Item 5 now being taken after Item 7. He confirmed to the committee that the order for items then ran 6, 7, 5, 8, 9, 10, 11, 12 and 13.

36. Transforming Adult and Older People's Mental Health Services in Hambleton and Richmondshire

Considered -

Report by Janet Probert of Hambleton, Richmondshire and Whitby CCG and Adele Coulthard from Tees Esk and Wear Valleys NHS Foundation Trust (TEWV) which gave a brief update on progress with the development of Mental Health Services in the Hambleton and Richmondshire area.

Janet Probert said that the planned move of patients from the existing mental health wards at the Friarage Hospital, Northallerton had been delayed due to delays with the refurbishment of the Roseberry Park Mental Health Hospital at Middlesbrough. Janet Probert stated that there would be greater clarity about how long refurbishment would take by the end of March 2018.

Janet Probert noted that the delays had created opportunities to look in greater depth at how the new services would operate in the community and also to do more service user engagement.

Councillor Jim Clark queried when the community hub would be up and running and whether planning permission had yet been gained.

Adele Coulthard responded that planning permission had not yet been applied for because there needed to be an application for the developments at the site as a whole.

Councillor Jim Clark raised a query about whether the Clinical Commissioning Group and TEWV had yet thought through the implications around transport and what could be done to ease the problems faced by people coming to support and visit carers and loved ones.

Adele Coulthard confirmed that she had had some preliminary discussions with the Yorkshire Ambulance Service regarding transport at a point of mental health crisis.

Janet Probert said that she was working also with the County Council and Yorkshire Ambulance Service over the non-emergency transport to see what options were available.

Councillor Andy Solloway noted that recent bad weather had highlighted the need to have a resilient transport network that enabled health services to work effectively.

Janet Probert stated that there were comprehensive plans in place and that the NHS worked with others to ensure that people continued to get the services that they needed during extreme weather events.

Councillor Heather Moorhouse highlighted the need to ensure spare capacity in any new health facilities that were being built, as there would inevitably be an increase in demand over time.

Councillor Jim Clark thanked Janet Probert and Adele Coulthard for attending the meeting and providing the update on progress with the changes to Mental Health Services in Hambleton and Richmondshire.

Resolved -

The following resolutions were made by the committee:

- (a) That the impact of proposed service changes upon travel times is taken into account
- (b) That some assurances are given regarding long term sustainability of new service models
- (c) That service users continue to be engaged in all aspects of the transformation of community and in-patient mental health services in Hambleton and Richmondshire
- (d) That Janet Probert and Adele Coulthard provide regular updates on progress both through the committee Mid Cycle Briefings and also formal meetings of the committee. Specifically, progress with the refurbishment of the Roseberry Park site at Middlesbrough.

37. Building a Sustainable Future for the Friarage Hospital, Northallerton

Considered –

Presentation by Dr Adrian Clements from South Tees Hospitals NHS Foundation Trust, Lucy Tulloch, Service Manager, Friarage Hospital and Janet Probert from Hambleton, Richmondshire and Whitby CCG providing an update with progress with the development of a new model of service delivery at the Friarage Hospital, Northallerton.

Adrian Clements referred to the presentation and outlined the full extent of the public engagement and consultation that had been undertaken.

Adrian Clements noted that there was still work to be done around dispelling myths. He gave the committee strong assurances that the Friarage Hospital would not close as a result of the current review. He reiterated that the current review was about responding to workforce challenges and looking at new ways of working within the hospital. Adrian Clements noted that this was a complicated process with a detailed analysis of a range of possible service options with involvement from the Royal Colleges for Emergency Medicine and Anaesthesia. He stated that he was unwilling to progress to formal consultation on the future of service delivery at the Friarage until such time as he was assured that the clinical models were as robust as they could be and were also the best possible offer for people and service users in the area.

Adrian Clements noted that he understood people's anxiety about the delays in public consultation on options but reiterated that they needed to get the reorganisation right.

Janet Probert stated that it was likely that a formal public consultation would take place in autumn 2018.

Councillor Jim Clark asked how the work that was being done at the Friarage fitted with the Integrated Care System for Cumbria and the North East.

In response, Adrian Clements said that their work was linked in with developments within the ICS and that the work was not being done in isolation.

Councillor Philip Barrett queried whether the Scrutiny of Health Committee would be presented with an ultimatum when CCG and Foundation Trust staff came back to the Scrutiny of Health Committee in autumn with consultation proposals.

Janet Probert stated that they had to follow a clear set of policies and procedures laid down by the NHS in terms of the development of consultation proposals and then formal consultation. She assured Committee Members that there would be opportunities up until autumn and the launch of any formal consultation for the committee to review proposals.

Councillor Jim Clark noted that the availability of capital was still in question throughout the NHS and that he hoped that there would be sufficient capital available for any changes to the physical structure at the Friarage that were necessary to support the service reconfiguration.

Councillor Jim Clark thanked Dr Adrian Clements, Lucy Tulloch and Janet Probert Coulthard for attending the meeting and providing the update.

Resolved -

The following resolutions were made by the Committee:

- (a) Request that every effort is made to engage with a broad range of people and not just those people that are usually involved in consultation and engagement events
- (b) Committee members encourage people in their area to take part in this and other consultation and engagement events on health services in and around the county
- (c) Request further updates are brought to the meeting of the Scrutiny of Health Mid Cycle Briefing on 27 April 2018 and the Committee meeting on 22 June 2018.

Considered -

Report by Daniel Harry, Democratic Services and Scrutiny Manager, outlining the conclusions that had been drawn from the closed session of the Committee on 23 February 2018 that looked at the current levels of funding and service provision for mental health in the county.

Daniel Harry stated that a checklist had been developed based on the discussions and that members were asked to check that it reflected fully the conclusions from the discussions that had been held.

Daniel Harry also asked members whether the checklist as it stood was sufficient. He said that a checklist would provide members with a useful reference tool when considering complex reconfigurations of mental health services in the county. He noted, however, that there may be an opportunity to develop it further into a position statement for the committee. Daniel Harry said that if this was to be the case, then there might be benefit in also taking the position statement through the County Council democratic process and also the District Council democratic processes.

Councillor John Ennis stated that the checklist was helpful as a tool for assessing any proposals that came forward for change but suggested that there could be a greater emphasis upon prevention and early intervention in schools particularly about building mental health and wellbeing resilience in young people.

Councillor Heather Moorhouse stated that teachers in schools required more support in terms of identifying and working with children who had poor mental health or early onset of low level mental health problems.

Councillor Zoe Metcalfe stated that she had been shocked by the levels of under investment in mental health services and that the committee needed to take a stance and be firm. She said that there needed to be plans in place to catch-up with funding and correct the imbalance that had occurred over a 30 year period. Councillor Zoe Metcalfe suggested that further work could be done to highlight the situation with North Yorkshire's MPs.

Councillor Jane Mortimer stated that it did work as a checklist and that further work was needed to strengthen the element about transitions from children's services to adult services. She also supported the suggestion of taking either the checklist or a position statement through the democratic process both at the County Council and District Councils.

Councillor Philip Barrett queried what work we had done to link in with Bradford because most services provided for mental health in the Craven area were commissioned by Bradford.

Councillor Wendy Hull said that the Committee needed to have a strong place-based focus and that the checklist could include something about co-ordination at a local level beneath the county level. She reiterated that transport remained a critical issue and that further work could be done on looking at accessibility to mental health services whether these were in-patient or community-based.

Councillor Jim Clark stated that there needed to be a renewed focus on mental good health and not just ill health. As such further work needed to be done on prevention, early identification of onset of mental health problems and then early intervention.

Councillor Jim Clark stated that the Committee needed to show how it could make a difference and supported the idea that the checklist be developed further into a position

statement and then taken through the County Council's Executive and full Council meetings.

Councillor Andy Solloway said that the checklist could also take into account the impact of social isolation and the need to do more around enabling people to have positive social contacts. He also identified a need to encourage the dissemination of good practice across the county.

Councillor Ian Galloway noted his concerns about the pause of the build of a new mental health in-patient unit at in Harrogate. He said that he was very disappointed and suggested that the full story was not being told as it just did not make sense to pause the build of a new hospital when planning permission was in place and the land had already been purchased.

Resolved -

- (a) To ask Daniel Harry to develop the checklist in line with comments made by committee members
- (b) To take the updated version of the checklist to the next Mid Cycle Briefing of the Scrutiny of Health Committee on 27 April 2018
- (c) That the final version of the checklist be taken to the proposed Mental Health Summit that is taking place in the county on 30 May 2018.
- (d) That Daniel Harry works with County Councillor Jim Clark and County Councillor Michael Harrison to determine the appropriate route to take the final checklist and position statement through the democratic processes at the County Council.

39. The Castleberg Hospital, Settle

Considered –

The report of Sue Pitkethly of Airedale, Wharfedale and Craven CCG updating the committee on the work had taken place to engage and consult with people in Craven regarding the future of the Castleberg Hospital at Settle.

Sue Pitkethly reminded committee members that the hospital had been unexpectedly closed in April 2017 following a series of problems with the infrastructure of the building. Sue Pitkethly stated that she had previously attended the Scrutiny of Health Committee on 23 June 2017 and has since been in regular contact with Daniel Harry, Councillor Jim Clark and also through mid-cycle briefings.

Sue Pitkethly gave an outline of the work that had been done on engagement. She stated that over 1,500 responses had been received from members of the local community, which in her experience was an unprecedented level of interest in a consultation and engagement process. She stated that this was extremely helpful and would help inform the development of the final proposals as they went forward.

Sue Pitkethly stated that the consultation had only recently closed and so there had not been full analysis of the results. There was also a series of NHS assurance processes and check points that the Clinical Commissioning Group had to go through before the final outcome of the consultation and the final proposal could be confirmed. It was likely that the final recommendation for the future of the Castleberg Hospital at Settle will be taken to the Clinical Commissioning Group Governing Body on 8 May 2018.

Councillor Wendy Hull stated that Option 2 implied a revenue solution whereas Option 1 implied a capital solution. She queried whether there was equal access to both revenue and capital and as such there was no a bias one way or the other driven by financial expediency.

In response Sue Pitkethly noted that there is money available for either option to be delivered and that no savings were being made as a result of the temporary closure of the hospital at Settle.

Councillor Jim Clark thanked Sue Pitkethly for attending the meeting and giving an update.

Resolved -

- (a) Councillor Jim Clark requested that a further update be given at the next mid-cycle briefing of the Committee on 27 April 2018.

Councillor Jim Clark then asked the Committee whether the following three items on the agenda Item 9 - Funding of Local Community Pharmacies, Item 10 - Health Impact Assessment of Pharmacy Funding Changes in 2017 and Item 11 - Pharmaceutical Needs Assessment (PNA) for North Yorkshire 2018-21 could all be taken as one because of the similarities and common themes across them. This was agreed.

40. Funding of community pharmacies, impact and the Pharmaceutical Needs Assessment

Considered presentations and reports by Jack Davies of the Local Pharmaceutical Committee for North Yorkshire and Clare Beard of Public Health, North Yorkshire County Council updating on the funding of community pharmacies and the Pharmaceutical Needs Assessment.

Jack Davies outlined the impact of the Government changes to the funding for community pharmacies and also the changes to tariff prices for drugs. He noted that a particular issue regarding the tariff system was that often pharmacies pay more for medicine than they receive from the Government. This could have a significant impact upon their long term financial viability as a business. He gave the example of statin drugs which typically the NHS would pay the pharmacies between £2.80 and £2.90 for but the pharmacies could only buy for £3.40.

Jack Davies stated that although the Government does review the tariff on a regular basis, it takes time to review the tariff prices for all drugs. He also noted that the suppliers of drugs would often move their prices up to match the prices in the tariff.

Jack Davies said that there were emerging issues concerning the pharmacy workforce and shortages nationally but also that as a cost saving measure when staff left a community pharmacy their posts were often held vacant. This in turn meant that many of the roles that community pharmacies had previously done on a voluntary basis over and above their contract were now no longer being done.

Councillor John Mann stated that it was clear that the market for drugs was not working effectively and queried whether anyone from the local pharmacy committee locally or nationally had spoken to the Competitions and Markets Authority.

In response Jack Davies said that there were real difficulties in providing the necessary level of evidence to demonstrate whether there had been potential abuses of market

power. He stated that it was clear to him that the system was broken and that there had to be another way of dealing with the pricing and purchase of drugs.

Councillor Heather Moorhouse said that pharmacies were a commercial body and there was a global market for drugs. She did not see it as the role for Government to interfere in this market and suggested that there will always be some areas where money can be made and other areas where money would be lost but that this should balance out.

Councillor Chris Pearson asked whether it would be possible for an intermediary purchasing organisation to be created to ensure that costs were properly regulated.

Councillor Wendy Hull stated that the existing pharmacy access scheme would protect rural pharmacies. She also noted that as commercial organisations pharmacies could adapt to market forces.

Clare Beard from Public Health North Yorkshire County Council then gave an overview of the Health Impact Assessment of pharmacy funding changes.

Clare Beard stated that it was difficult to demonstrate any immediate or short term effect of the changes to Government funding for community pharmacies or the issues that have been highlighted by Jack Davies regarding the pharmacy tariff. She stated that the Pharmaceutical Needs Assessment process had been helpful in better understanding some of the pressures that were being experienced by community pharmacies. She also stated that there was a watching brief on the impact of changes to community pharmacy funding which Healthwatch, the Scrutiny of Health Committee and Public Health could all play a role in.

Clare Beard then went on to go over the Pharmaceutical Needs Assessment which she described as a snapshot. In summary, it had shown that there is good coverage of pharmacies throughout North Yorkshire. There remain some challenges but these were known and action could be taken to reduce any risks that had been identified.

Clare Beard highlighted the role that Public Health have to play as commissioners of services from pharmacies and that these included supervised consumption, sexual health services and health checks.

Councillor Jim Clark thanked Clare Beard and Jack Davies for attending the meeting and updating on the situation regarding community pharmacies

Resolved -

- (a) That Clare Beard keep the Committee informed of any changes regarding the Pharmaceutical Needs Assessment.
- (b) That Jack Davies attend a future meeting of the Scrutiny of Health Committee to provide a further update of the impact of changes in community pharmacy funding and the tariff and any impact that this might have on the delivery of community pharmacy services in the county.

41. Work Programme

Daniel Harry introduced this item and asked members to consider the items that had been identified on the Work Programme.

Councillor John Mann suggested that another item that could be added to the Work Programme was an assessment of the finances of the Foundation Trusts and Clinical Commissioning Groups in the county. Daniel Harry stated that he would take this away

and develop up further as a line of enquiry before bringing back to the next meeting of the Mid-Cycle Briefing.

42. Other Business which the Chairman agrees should be considered as a matter of urgency because of special circumstances

Councillor Jim Clark noted that the Area Committees for North Yorkshire would be changing after May 2018. This would result in a reduction in the number of committees from seven to six and being aligned with the Yorkshire MP Constituencies. The Area Committees would also take on a more active role in local scrutiny. This was welcomed as it gave an opportunity for the Scrutiny of Health Committee to seek input from local members about issues relating to health that were pertinent for their local area and then using that to inform the strategic view of the Committee.

Councillor Jim Clark also noted that there were a number of public engagement and consultation events underway at the moment relating to stroke services in Harrogate and mental health services in and around the Harrogate area. He encouraged members to take part in these engagement events and asked Daniel Harry to forward any details to the full membership of the Committee. Daniel Harry asked members to also send him details of any consultation engagement events that were underway in their areas that related to NHS services.

The meeting concluded at 12:40

DH



Scrutiny of Health Committee 22 June 2018

Item 5 - NHS Clinical Commissioning
Groups and NHS providers funding
position – discussion

2017/18 Financial Performance

	Plan £'000	Actual £'000	Difference £'000
CCG Revenue Resources	230,920	230,920	0
In Year Underspend	1,857	1,857	0
National Reserves Held Locally	0	1,266	1,266
	<hr/>	<hr/>	<hr/>
	1,857	3,123	1,266

Reported Underspend in Annual Accounts was £3,123k

CCG Running Costs	3,418	2,937	-481
Cost Savings Achieved	6,044	6,076	32

2018/19 Financial Plan

	Plan £'000	
CCG Revenue Resources	235,585	
In Year Target Underspend	0	
Savings Required to Deliver Plan <i>(Currently have £2.6m to identify)</i>	6,679	2.76%

Main cost savings expected from prescribing, planned care, and stopping ineffective pilot schemes.

Main risks relate to acute hospital activity and continuing care activity.

I&E performance before technical impairments and donated assets is a surplus of £7.5M

	Control Total Plan	Actual Performance	Diff
	£000`s	£000`s	£000`s
Surplus before STF	305	837	532
STF	4,116	6,692	2,576
Total Surplus	4,421	7,529	3,108

2018/19 Financial Plan

	£000`s	
Surplus	418	CIP target £8.1M
PSF (Was STF)	4,788	
Total	5,206	

At this stage the trust is working towards the delivery of the CIP target.

CIP Delivery for 2017/18

To Trust delivered £9.8M of Cost improvements in 2017/18

During the year the Trust did go into recovery mode which led to weekly finance meetings with the clinical groups to review:

- Income & Activity Levels
- CIP Performance
- Agency & Bank spend

Main areas of improvement

- Reduced Depreciation charges
- Workforce Initiatives – Skill mix and role reviews
Reductions in Bank & agency
- Procurement savings
- Greater controls on non essential non pay spend.

Overview & Scrutiny

Financial overview

22 June 2018

2017/18 outturn and 2018/19 plan

	Original Plan £m	Outturn £m	Sustainability funding (STF) £m	Outturn including STF £m
2017/18	2.1	(2.5)	3.6m	1.1m

	Plan £m	Control Total £m	Sustainability Funding £m	CIP requirement
2018/19	0.0	0.0	4.0	10.2

Savings plans / actions

- Reduction in agency spend through reducing demand and controlling pay rates
- Benefits realisation of our Wholly Owned Subsidiary
- Procurement opportunities locally and across the Provider network
- Reduction in length of hospital stay to manage within our bed base
- Efficiency delivered through the opening of our new endoscopy unit
- Managing staff turnover and vacancies
- Theatre productivity to reduce 'out of hours' operating
- Working with HaRD CCG through an Aligned Incentive Contract to manage financial and activity risk, and assist in the management of winter pressures

Financial Update to the Scrutiny of Health Committee

Friday, 22 June 2018



2017/18 Outturn and 2018/19 Plan

	Original Plan £m	Outturn £m	QIPP Plan £m	QIPP Delivery £m
2017/18	(£6.5m)	(£12.8m)	£8.5m	£3.9m

	Plan	Control Total	Commissioner Support Funding	QIPP requirement
2018/19	(£10.0m)	(£10.0m)	£10m	£5.6m



Recovery Plan and Actions

2018/19 focused on delivering control total requirement of £10m deficit and to qualify for access to Commissioner Sustainability Funding

Medium term financial plans developed with Harrogate system partners to 2020/21 as part of the overall West Yorkshire and Harrogate Health and Care Partnership

Partnership working with main acute provider, HDFT. Aligned Incentives Contract agreed for 2018/19.

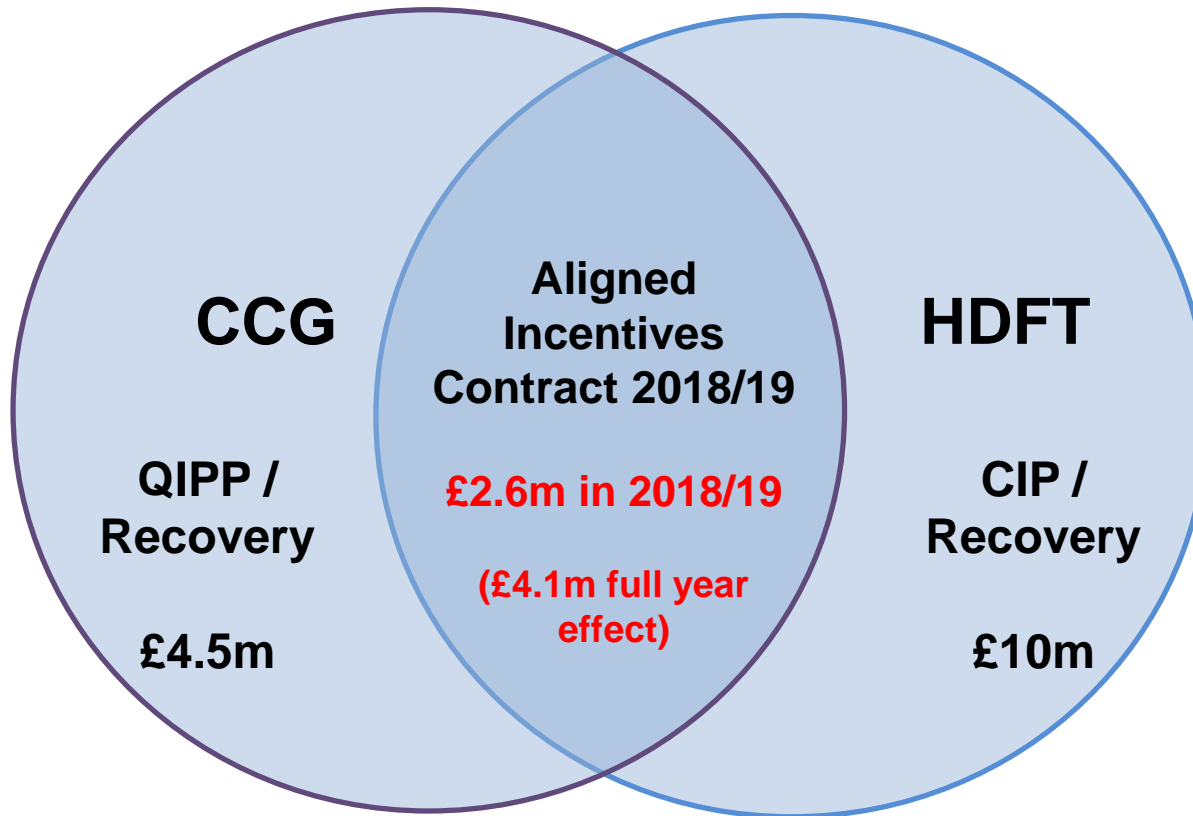
Mental Health – minimum invested standard met – partnership board established to deliver efficiencies and performance

Integrated Community Care – provider collaborative working together to deliver joined up services for local people

Continuing Health Care – redesigned processes to improve value for money and experience

Continued focus on optimal prescribing and reducing medicines waste

Harrogate system - Scale of the Challenge in 2018/19



*Assumes delivery of provider and commissioner control totals in 2018/19

*Assumes receipt of STF and CSF funding



Rationale for Change

Why do we need a different approach?

- PBR doesn't incentivise correctly and creates perverse incentives
- PBR is inflationary – drives up cost
- Current contractual agreements lead to organisational thinking not system
- Contract levers don't work (not always)
- Policy context and financial conditions are changing
- Current systems lead to more of the same – transformation is not enabled

What does different look like?

- Place based, system working
- Focus of value - cost, efficiency, effectiveness
- Equitable contracting arrangements and allocation of resources
- Contracts that enable transformation
- Risk sharing, joint planning and joint savings programme
- Transparent behaviour
- Alignment of system incentives

*Collaborative Framework to align effort to deliver something sustainable
Focus on cost and value for money*



Scarborough and Ryedale CCG

Financial update to Scrutiny of Health Committee

2017/18 Outturn and 2018/19 Plan

	Original Plan	Capped Expenditure Plan	Outturn	QIPP Plan	QIPP delivery
2017/18	£(5.3)m	£(1.4)m	£(7.5)m	£6.2m	£4.3m

	Plan	Control Total	Commissioner Support Funding	QIPP requirement
2018/19	£(4)m	£(4)m	£4m	£5.5m

Surplus / (Deficit)

Recovery Plan and Actions

- To improve the in year financial position from £(7.5)m deficit to £(4)m deficit in 2018/19, to obtain £4m of Commissioner Support Funding.
- To continue a trajectory of financial recovery, with the in year deficit reducing to £(2.1)m in 2019/20 and a surplus of £0.3m in 2020/21. At this time the CCG will have a cumulative deficit of £(10.9)m.

This will be achieved through:

- Continued demand management, through thresholds and pathway management, and supporting more self care
- Work with York NHS FT under an Aligned Incentive contract to manage patients differently, including advice and guidance and virtual clinics, to manage demand within existing resources
- Strategic review of estates and clinical services
- Control demand for urgent care through improved primary and community care
- Review of CHC processes to efficiently manage packages and care needs
- Continued work on management of prescribing, and optimum product use

Financial update to Scrutiny of Health Committee

NHS Vale of York CCG

2017/18 Outturn and 2018/19 Plan

	Original Plan £m	Capped Expenditure Plan £m	Outturn £m	Underlying £m	QIPP Plan £m	QIPP delivery £m
2017/18	(£16.1m)	(£6.3m)	(£20.1m)	(£21.7m)	£14.4m	£7.9m

	Plan	Control Total	Commissioner Support Funding	QIPP requirement
2018/19	(£14.0m)	(£14.0m)	£14m	£14.5m

Surplus / (Deficit)

Recovery Plan and Actions

- The Vale of York CCG has developed a 2018/19 Financial Recovery Plan ('FRP') totalling £15.4m, with a plan requiring £14.5m to achieve an in-year deficit of no more than £14.0m.
- A stable Executive and Clinical Leadership team is now in place and has made significant progress in structuring the FRP to address all major areas of financial opportunity.
- The CCG has taken a fundamentally different approach to the development of its strategy based on a detailed understanding of its population needs.
- The CCG believes that, in order to deliver real change, a radical new approach to system leadership, commissioning and delivery is required.
- Up until now, the health and social care system which VoY is part of has failed to produce the correct incentives and behaviours that lead to large scale efficiency savings.



Financial update to Scrutiny of Health Committee

2017/18 Outturn and 2018/19 Plan

	Original Plan	Capped Expenditure Plan	Outturn	QIPP Plan	QIPP delivery
2017/18	£ Breakeven	N/A	£(5.6)m	£8.6m	£5.8m
	Plan	Control Total	Commissioner Support Funding	QIPP requirement	
2018/19	£(3)m	£(3)m	£3m	£7.7m	

Surplus / (Deficit)

Recovery Plan and Actions

Overall Objectives:

- To improve the in year financial position from a £5.6m deficit in 2017/18 to a £(3)m deficit in 2018/19, If this plan is delivered, the CCG will receive £3m of Commissioner Support Funding.
- To continue a trajectory of financial recovery, with the in year deficit reducing to £0.8m in 2019/20 and a surplus of £2.23m in 2020/21.
- The CCG is currently planning to recover its cumulative deficit by 2022/23.

Planned Financial Recovery measures

- PbR contracts have been signed with all of its acute providers.
- QIPP targets have been agreed for all of our main budgets (acute services, CHC & prescribing). The CCG is receiving additional QIPP support (as part of a national QIPP programme);
- Review of CHC processes to efficiently manage packages and care needs
- Continued work on management of prescribing, and optimum product use
- Continued demand management, through thresholds and pathway management, and supporting more self care;
- Working with practices (prioritising the highest cost practices) to control demand for urgent care through improved primary and community care (agreement of a new frailty specification);

Future Years:

- Continuing to work collaboratively with STCCG and STHFT to assess the opportunities presented by an aligned incentive contract focused on reducing overall costs to the system and delivering a sustainable system model of healthcare delivery to our population.

Financial Performance 2017-2019

Key Metrics	2017/18		2018/19
	Plan	Actual	Plan
Income & Expenditure: Surplus/ (-)Deficit (£m)	3.3	-20.1	-1.9
NHSI Control Total: Surplus/ (-) Deficit (£m)	3.2	3.2	-1.9
Sustainability & Transformation Fund Earned (£m)	11.8	3.1	-
Provider Sustainability Fund Earned (£m)	-	-	12.5
Cost Improvement Programme (£m)	22.8	23.3	21.7
Cost Improvement Programme (% of Spend)	4.7%	4.6%	4.3%

2017/18

- Deficit primarily due to loss of STF, and safer staffing issues.
- Interim revenue support to working capital of £23m borrowed from DoH in 2017/18.

2018/19

- Forecast to meet plan.
- Further interim revenue support to working capital of £1.8m expected during 2018/19.

Financial Management and Recovery Plan, Features & Challenges 2018/19

- Financial Recovery Plan - commenced during 2017/18 reduced underlying spend by £14m.
- Cost Improvement Programme – new target for 18/19 of £21.7m, representing 4.3% of spend v national efficiency requirement of 2%.
- NHSI Control Total – reduced requirement of £7.5m from NHSI over previously notified expectation, in part recognising the provision of uneconomic services on the east coast.
- Local Health System – current gap between the Trust's income expectation from CCGs, and CCGs spend plans with the Trust of £21m. The system is now working collaboratively to deliver an ambitious QIPP (Quality, Innovation, Productivity and Prevention) programme designed to bridge the gap, supporting by a prospective new contracting arrangement.

North Yorkshire County Council Scrutiny of Health Committee

22 June 2018



Financial Position

South Tees Hospitals Foundation Trust

2017/18 performance and 2018/19 plans

Area	2017/18 Plan	2017/18 Outturn (pre-determination settlement)	2018/19 Plan
Acute	£69,733,371	£71,263,328	£71,562,321
Better Care Funding	£1,413,999	£1,409,861	£1,415,413
Community	£8,772,892	£8,812,112	£8,833,790
Total (excl. QIPP)	£79,920,262	£81,485,301	£81,811,524
QIPP	(£4,545,046)		(£1,928,079)
Total (incl. QIPP)	£75,375,216	£81,485,301	£79,883,445

2018/19 Delivery Plan and Recovery Plans

Area	2017/18 Plan £m
Clinical Income	545.9
Non-Clinical income	39.9
Income	585.8
Pay	(358.0)
Non-Pay	(223.9)
Technical	(40.9)
Productivity and Efficiency programme	26.8
Expenditure	(595.9)
Control Total Deficit	(10.1)

Clinical Income breakdown

	£m
South Tees	226.2
HRW	81.8
Specialised	162.4
Contracted	71.1
Non Contracted	4.4
	<u>545.9</u>

Dental Services in North Yorkshire



Prepared by Constance Pillar

Commissioning Lead - Dental

NHS ENGLAND – North (Yorkshire & The Humber)

June 2018

Report to the North Yorkshire Council Overview and Scrutiny Committee

Dental Services in North Yorkshire

1 Background:

- 1.1 The current primary care NHS dental contracts, the General Dental Service Contract and Personal Dental Service Agreement, were introduced in 2006. The dental contracting currency is Units of Dental Activity (UDA) and the orthodontic contracting currency is Units of Orthodontic Activity (UOAs). A general dental service provider is contracted for an annual agreed number of units of dental activity for a related contract value. An orthodontic provider is contracted for an annual agreed number of units of orthodontic activity for a related contract value.
- 1.2 NHS England currently has a statutory duty to secure all NHS dental services. This includes the general dental practices on the high street, Orthodontic practices, Community Dental Services and those services provided in secondary care like oral surgery.
- 1.3 As the oral health of the population has improved more people are keeping their teeth into old age. At the same time major technical advances are being made enabling provision of more complex dental care. Both these factors have implications for dental services. It is recognised that dental services are demand led, but that they should be increasingly targeted towards those whose oral health is poor or who are at high risk of developing disease.
- 1.4 Dental practices provide services according to four different bands of care with the provider awarded a number of UDAs for each band:
- Band 1: includes an examination, diagnosis and advice. If necessary, it also includes x-rays, a scale and polish, application of fluoride varnish or fissure sealants and planning for further treatment (1 UDA).
 - Band 1 urgent: includes urgent care a patient may need, such as pulp extirpation, extraction, dressing (1.2 UDAs).
 - Band 2: includes all treatment covered by Band 1, plus additional treatment, such as fillings, root canal treatment, extractions and gum (periodontal) treatment (3 UDAs).
 - Band 3: includes all treatment covered by Bands 1 and 2, plus more complex procedures, such as crowns, dentures and bridges (12 UDAs).
- 1.5 Fee paying adults contribute towards the cost of NHS dental treatment with the contribution determined by the band (the patient contribution to Band 1 and Band 1 urgent is the same).

2 Primary care dental services (General Dental Practices)

- 2.1 In North Yorkshire there are 104 NHS dental contracts split between general dental services, orthodontics or general dental services that also have an orthodontic service.

	Overall NY Nos	Cost		UDAs / UOAs	
		2016/17	2017/18	2016/17	2017/18
General dental services	82	£30,546,801.68	£30,888,203.94	UDAs 1,091,564	UDAs 1,088,316
Combined general dental	14	£3,690,290.56	£3,814,656.54	UDAs 124,754	UDAs 127,747

service and an orthodontic service				UOAs - 3698	UOAs - 3427
Orthodontic services only	8	£2,920,037.88	£2,928,661.97	UOAs 52,974	UOAs 52,074

The average price per UDA in North Yorkshire is £28.38 compared to the Yorkshire and Humber average of £28.30.

- 2.2 The data from September 2017 show there were 228,865 adult patients seen in the past 24 months in North Yorkshire and 66, 251 child patients seen in the past 12 months. Consequently, a total of 295, 116 patients received access to NHS dental care (Source: NHS Digital, 2018).
- 2.3 Most primary care dental services are provided in general dental practice however the community dental services have an important role in the provision of primary dental care for vulnerable groups who may need treatment in a setting to accommodate their needs. The community dental services also have important roles in relation to delivering dental public health programmes and some specialist services such as paediatric dentistry and special care dentistry. The budget for this service in North Yorkshire (17/18) was £3,131,593
- 2.3 Other primary based specialist services in North Yorkshire consist of orthodontic and oral surgery services. There are 8 specific orthodontic providers in North Yorkshire.
- 2.4 Unplanned dental care aims to provide primary care dental access to people who require urgent dental care in or out of hours due to pain, infection, swelling, bleeding and dental trauma.

3 Access and Capacity

There is widespread availability of NHS dental care in North Yorkshire with units of dental activity (UDAs) commissioned across all the district authorities. The average number of UDAs commissioned per person in North Yorkshire is similar to the neighbouring local authority of York (Figures 1 and 2).

Figure 1 UDAs claimed per resident adult patient by local authority 2013/14

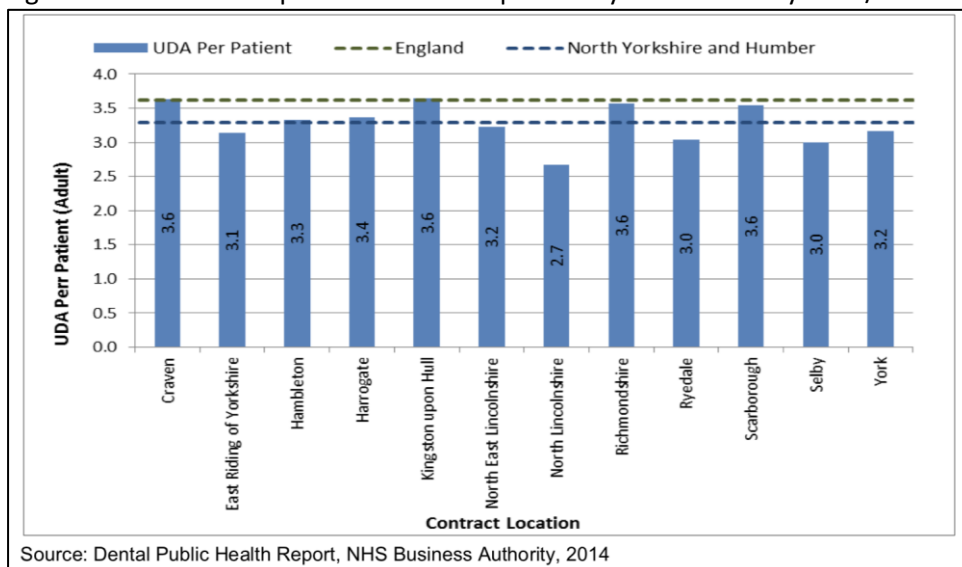
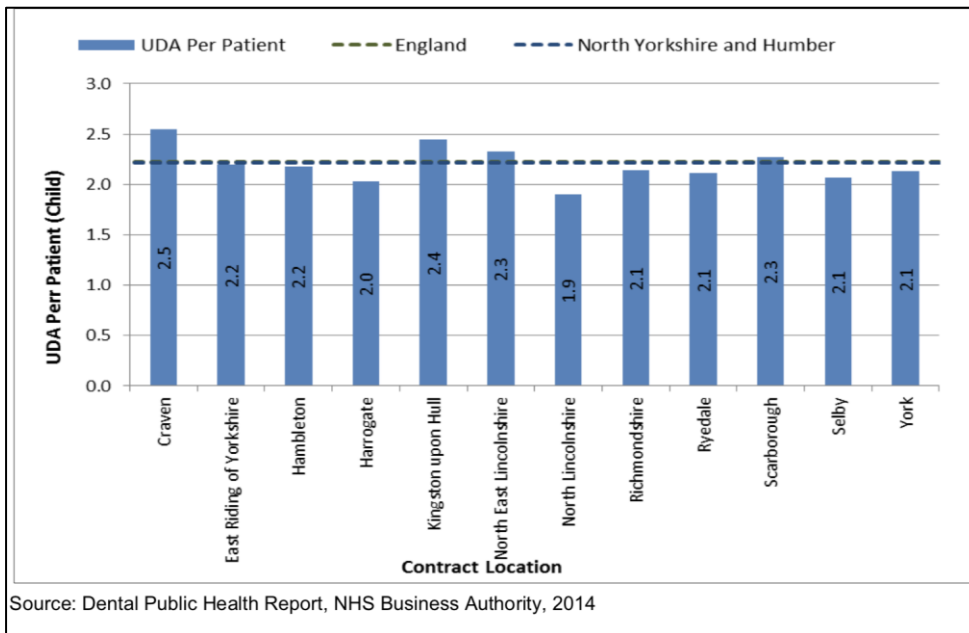


Figure 2 UDAs claimed per resident child patient by local authority 2013/14



Despite good overall access to dental services, with increasing deprivation access rates fall in both adults and children. Those wards shaded red had the lowest dental attendance and those shaded blue had the highest dental attendance over a 24-month period (Figures 3 and 4).

Figure 3 Access rate for resident adult by ward, 24 months to March 2014

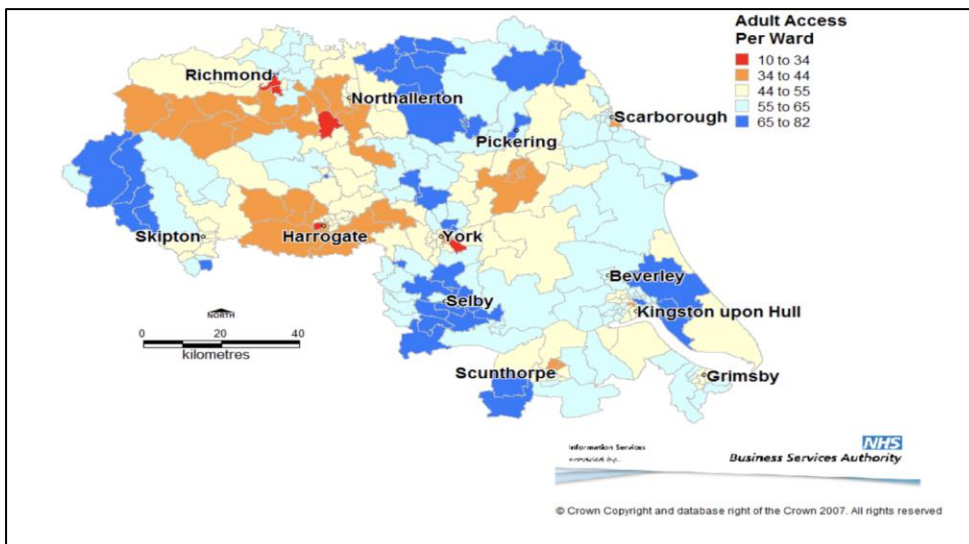
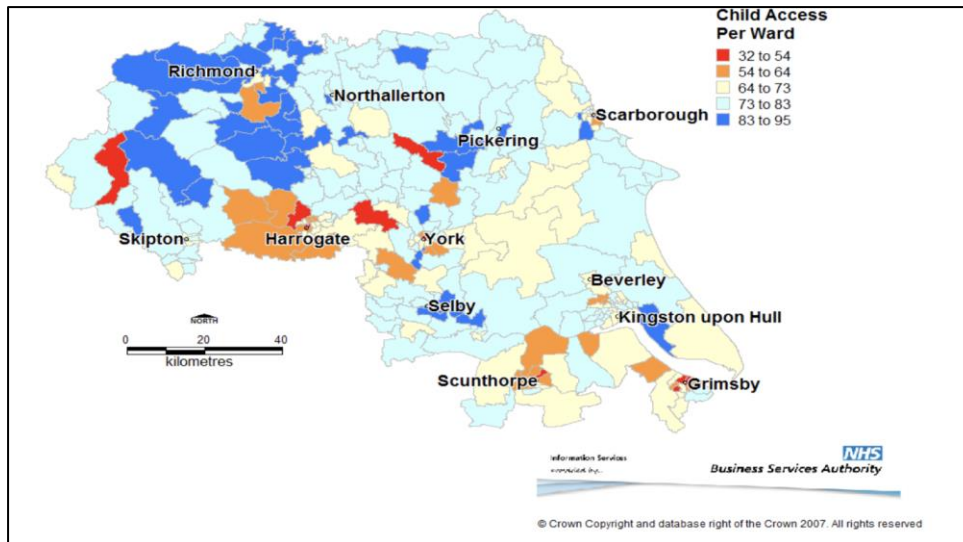


Figure 4 Access rate for resident child by ward, 24 months to March 2014



General dental practices accepting new patients

Patients are no longer officially 'registered' with a dental practice, but patients tend to be associated with particular dental practices for their routine dental care.

General dental practices provide information to the NHS Choices website regarding whether they are able to take on new patients and the facilities they offer including access for disabled patients. It is the responsibility of the practice to keep this information up to date, but many practices do not update the information.

4 Secondary Care Dental Services

- 4.1 In North Yorkshire, there are 4 acute trusts, Airedale NHS Foundation Trust, Harrogate & District NHS Foundation Trust, South Tees Hospitals NHS Foundation Trust and York Teaching Hospitals NHS Foundation Trust. The overall contract costs 17/18 - £111,308,255 and 18/19 - £11,234,368.80
- 4.2 The acute trusts undertake a variety of treatments including orthodontics, oral medicine and paediatric dentistry.

5 Epidemiology

- 5.1 Tooth decay is the main oral disease affecting children. It has significant impacts on the daily lives of children and their families including pain, sleepless nights and time missed from school and work. The main risk factors for tooth decay are diets high in sugars and lack of exposure to fluoride therefore tooth decay is largely preventable. A commonly used indicator of tooth decay and treatment experience, the dmft index, is obtained by calculating the average number of decayed (d), missing due to decay (m) and filled due to decay (f) teeth (t) in a population. In five-year-old children, this score will be for the first (primary) teeth and is recorded as dmft. In 12-year-old children it reports the adult teeth in upper case (DMFT). The average (mean) dmft/DMFT is a measure of the severity of tooth decay experience.

- 5.2 The 2013 national survey examined three-year-old children, attending state and private funded nurseries and nursery classes attached to schools and play groups. Yorkshire and The Humber was amongst the worst four regions in England for oral health for this age group.
- 5.3 In 2016/17 the prevalence of tooth decay in 5-year-olds in Yorkshire and The Humber (30.4%) was higher than the England average (23.3%). Of the five-year-olds in North Yorkshire 21.8% experienced tooth decay. However, there were variations by unitary authority with 29.4% of five-year-olds in Scarborough experiencing tooth decay.

6 Developments

NHS England Yorkshire and Humber has restructured the dental team to merge the pathway of primary and secondary dental care in to one so the team works across the whole of Yorkshire and Humber.

This has enabled the development of a structured work plan for the whole of Yorkshire and Humber. The priority areas are:

- Improving access to primary care dental service
- Urgent Care services
- Community Dental Services development
- Orthodontics re-procurement

Improving access to primary care dental services

The Yorkshire and Humber Dental team has developed a strategy to support improving access to primary dental care. This was started with a review of the current provision. The area was divided in to smaller units and a ranking of those units was developed using certain criteria –

- Units of Dental Activity per head of population
- The number of patients resident in an area that are accessing NHS dental services
- The Index of Multiple Deprivation

The average UDAs per head of population for Yorkshire and Humber is 1.72 – the strategy is to work towards raising all areas to this level.

Funding has been identified to support the start of this work. The first 20 areas with the highest ranking score have been selected for some additional funding to the limit of the £5 million budget identified. There are no areas in North Yorkshire that have been immediately identified as requiring additional activity however as work progresses and budgets allow then it is anticipated that this work may extend to other areas

Urgent Care services

There are currently 5 providers who offer urgent care slots in North Yorkshire – Scarborough, Ripon, Harrogate, Skipton and York. All providers offer urgent care dental services over weekends and bank holidays.

Community Dental Services

There is one service provider in North Yorkshire and the service is based in several locations across North Yorkshire. The services across Yorkshire and Humber have been reviewed and a service specification to commission a standardised service across the whole area has been developed. Work is being done to identify how this can now be implemented.

Orthodontic contracts

Orthodontic services are commissioned under a Personal Dental Services Agreement with Units of Orthodontic Activity (UOAs) – this is a time limited agreement. The current agreements in all Yorkshire and Humber are due to end in March 2019 and so work is being done to re-procure these services. A 2017/18 Orthodontic Needs Assessment has been completed by Public Health England and this has identified that for North Yorkshire there are areas which may be over-commissioned (Harrogate, Scarborough and Ryedale, Selby and York) and some which may be under-commissioned (Craven, Hambleton and Richmondshire and Airedale). However the natural flows of population from neighbouring areas is being taken into account and the fact that there are some areas where UOAs are provided in general dental contracts.

Challenges for provision

In 2018, NHS England YH was made aware of 2 providers in Catterick & Richmond and Keighley who decided to hand back their NHS contracts for a variety of reasons. As a result of this, NHS England YH has put interim solutions in place to ensure local patients can continue to access NHS dentistry. These interim solutions are now in place until 31st March 2019 whilst NHSE YH seeks further clarification on whether procurement for these services is required.

Another challenge for service providers and commissioners is the difficulties in attracting dentists and staff to work in North Yorkshire – this is mainly in the coastal area and is not confined just to North Yorkshire. Work is being started between the national NHS England dental team with Health Education England and the dental profession to see how this can be addressed. Locally this has also been raised with the Dental Deanery to see how training places can be supported in this area to try to encourage dentists to undertake their Foundation Training – which is done after they have qualified – with practices in North Yorkshire and then what measures need to be taken to encourage dentists to stay after they have completed this year.

Confirmation of questions raised

- How many dental practices offer NHS places in the county?
In North Yorkshire there are 104 NHS dental contracts split between general dental services, orthodontics or general dental services that also have an orthodontic service
- How many people receive NHS dental treatment each year?
The data from September 2017 show there were 228,865 adult patients seen in the past 24 months in North Yorkshire and 66, 251 child patients seen in the past 12 months. Consequently, a total of 295, 116 patients received access to NHS dental care (Source: NHS Digital, 2018).
- Whether there is any spare capacity to take on additional NHS clients in the county?
The Yorkshire and Humber Dental team has developed a strategy to support improving access to primary dental care. This was started with a review of the current provision. The YH locality was divided in to smaller units and a ranking of those units was developed using a certain criteria. There are no areas in North Yorkshire that have been immediately identified as requiring additional activity however as work progresses and budgets allow then it is anticipated that this work may extend to other areas.
- Are there any obvious gaps in provision?

The Yorkshire and Humber Dental team continue to work closely with our dental providers and dental networks in Yorkshire and Humber to ensure we have equitable access to dental services across all areas.

As regards to access for children, the SMILE4LIFE programme proposed by the Office of the Chief Dental Officer, has collected together several initiatives to support increasing access for children to dental services particularly supporting preventative interventions.

There is already an initiative underway in parts of North Yorkshire called In Practice Preventive (IPP). This initiative is being formally evaluated by Bangor University.

A Starting Well Core offer is also being proposed that can be used by commissioners to take this forward for children under 2 years of age in areas of high deprivation. The purpose of this scheme is to encourage practices to accept more children in to their service and to spend time with them encouraging tooth brushing, improving diets and reducing sugar intake.

**North Yorkshire County Council
Scrutiny of Health Committee
22 June 2018**

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:

- 10.00am on 14 September 2018
- 10.00am on 14 December 2018.

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

Forthcoming Mid Cycle Briefing dates in 2018 are:

- 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
Democratic Services and Scrutiny Manager
North Yorkshire County Council
8 June 2018

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

	23 Feb	16 Mar	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. Blueprint for mental health services – establishing a baseline for comparison	✓	✓				Follow up to closed session on 23 February 2018 to ascertain what mental health services you would expect in the county if starting from scratch
3. NY Mental Health Strategy – Health and Adult Services						At Mid Cycle Briefing on 27 April 2018. Particular regard to the commissioning and provision of services in Craven.
4. Funding of Community Pharmacies - LPC		✓				Follow up to 16 March 2018 - Jack Davies (LPC) – March 2019 TBC
5. 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 27 April 2018.
6. Ambulance Response times and the impact of centralising NHS services - YAS						Mid Cycle Briefing on 27 July 2018.
7. Winter pressures and Delayed Transfers of Care – Health and Adult Services						Mid Cycle Briefing on 27 July 2018.
8. NHS Clinical Commissioning Groups and Foundation Trust funding – 2017/18 accounts			✓			To understand the totality of NHS funding pressures in the county
Local Service Developments						
9. Transforming our Communities – mental health services (Friarage) – HRW CCG and TEWV		✓	✓	✓	✓	Report on the findings of the consultation and next steps in the process of service reconfiguration. Also at Mid Cycle Briefings.
10. Future plans for Whitby Hospital – HRW CCG						Ongoing scrutiny through Mid Cycle Briefings.
11. Stroke service provision in Harrogate and Craven				✓		Development of proposals through the West Yorkshire and Harrogate Integrated Care System

	23 Feb	16 Mar	22 Jun	14 Sept	14 Dec	
12. Integrated prevention, community care and support in Scarborough and Ryedale – Humber NHS Foundation Trust				✓		Service overview by new provider - TBC
13. Mental Health Service in York/Selby area and Bootham Hospital – TEWV and VoY CCG				✓		Progress with business case and commencement of building.
14. Castleberg Hospital, Settle – update – AWC CCG		✓				Updates via the Mid Cycle Briefings.
15. Sustainable Future for 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. Also at Mid Cycle Briefings
16. Withdrawal of standby ambulance at nurse-led maternity services at the Friarage, Northallerton				✓		Follow up to committee meeting on 15 December 2017
17. Merger of 4 GP practices in Scarborough – S&R CCG						Updated at Mid Cycle Briefing on 26 January 2018
18. York FT – Home first project						Overview at 27 July 2018 Mid Cycle Briefing
Public Health Developments						
19. 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.
20. Dentistry provision in North Yorkshire – NHS England			✓			NHS England (Yorkshire and Humber) – review the plan for commissioning the wider dental pathway
21. Pharmaceutical Needs Assessment (PNA) for North Yorkshire 2018-21 – Public Health		✓				Scrutiny of PNA.
In-depth Projects						
22. Health and social care workforce planning – joint scrutiny by Scrutiny of Health and Care & Independence OSC				✓		Progress report at 14 September 2018 committee.
23. 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
- Health and social care services in Craven.

Meeting dates 2018

Agenda Briefing*	19 June 2018 10.30am	11 September 2018 10.30am	11 December 2018 10.30am
Scrutiny of Health Committee	22 June 2018 10.00am	14 September 2018 10.00am	14 December 2018 10.00am
Mid Cycle Briefing*	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.