

Agenda

Meeting: Scrutiny of Health Committee

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

Date: Friday 14 September 2018 at 10.00 am

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Business

1. Minutes of the Scrutiny of Health Committee held on 22 June 2018
(Pages 5 to 15)
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 11 September 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. **Integrated prevention, community care and support in Scarborough and Ryedale – PRESENTATION** – Lynn Parkinson, Interim Chief Operating Officer and Julia Harrison-Mizon, Care Group Director NHS Humber Foundation Trust.
(Pages 16 to 40)
6. **Services for vulnerable people with mental health needs who are in contact with the Criminal Justice System** – REPORT - Julia Mulligan, Police and Crime Commissioner
(Pages 41 to 44)
7. **Mental Health inpatient services in York - development of the new hospital and community services transformation** – REPORT - Martin Dale, Strategic Project Manager and Patrick Scott, Director of Operations in York and Selby, Tees Esk and Wear Valleys NHS Foundation Trust
(Pages 45 to 54)
8. **Transforming adult and older people’s mental health services in Hambleton and Richmondshire** – VERBAL UPDATE – Gill Collinson - Hambleton, Richmondshire and Whitby CCG and Adele Coulthard – Tees, Esk and Wear Valley NHS FT
9. **Building a Sustainable Future for the Friarage Hospital, Northallerton (including the dedicated ambulance for maternity services and paediatrics)** – VERBAL UPDATE – Gill Collinson, Hambleton, Richmondshire and Whitby CCG, Dr Adrian Clements and Helen Edwards, South Tees Hospitals NHS Foundation Trust, Lucy Tulloch, Service Manager, Friarage Hospital
10. **Work Programme** – REPORT - Daniel Harry, Democratic Services and Scrutiny Manager, North Yorkshire County Council
(Pages 55 to 59)
11. 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

6 September 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

Minutes of the meeting held at County Hall, Northallerton on Friday 22 June 2018 at 10 am.

Present:-

Members:-

County Councillor Jim Clark (in the Chair)
County Councillor Val Arnold, Philip Barrett, Liz Colling, John Ennis, John Mann, Zoe Metcalfe, Heather Moorhouse, Chris Pearson, Roberta Swiers and Robert Windass.

Co-opted Members:-

District Council Representatives:- Bob Gardiner (Ryedale), Karin Sedgwick (Richmondshire) and Ann Myatt (Harrogate).

In attendance:-

Michael Ash–McMahon, CFO, Vale of York Clinical Commissioning Group
Amanda Bloor, Harrogate and Rural District CCG
Bernard Chalk, CFO, Hambleton, Richmondshire and Whitby CCG
Dr Adrian Clements, South Tees Hospitals NHS Foundation Trust
Jonathan Coulter, Deputy CEO and Finance Director, and Harrogate District Foundation Trust
Adele Coulthard, Director of Operations, Tees, Esk and Wear Valleys NHS Foundation Trust
Siobhan Grant, Public Health England
Robert Maden, Deputy CFO, Bradford and Airedale Clinical Commissioning Group (also representing Airedale NHS Foundation Trust)
Richard Mellor, CFO, Scarborough and Ryedale CCG
Gary MacDonald, Deputy Director of Finance, South Tees Foundation Trust
Constance Pillar, Commissioning Lead (Dental), NHS England North (Yorkshire & Humber)
Mike Proctor, Chief Operating Officer for the York Foundation Trust
Julie Ryan, Commissioning Manager (Dental), NHS England North (Yorkshire & Humber)
Lucy Tulloch, Service Manager, Friarage Hospital, Northallerton

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

County Council Officers: Daniel Harry (Scrutiny)

Members of the press and public

Apologies for absence were received from:

County Councillors Mel Hobson, Andy Solloway
District Councillors Kevin Hardisty (Hambleton), Judith Chilvers (Selby), Jane E Mortimer (Scarborough), Wendy Hull (Craven)

Copies of all documents considered are in the Minute Book

43. Minutes

Resolved

That the Minutes of the meeting held on 16 March 2018 be taken as read and be confirmed and signed by the Chairman as a correct record.

44. Any Declarations of Interest

There were no declarations of interest to note.

45. Chairman's Announcements

The Committee Chairman, County Councillor Jim Clark, updated the committee on matters that had occurred since the last meeting, as below.

DDTHRW Integrated Care System Joint Health Overview and Scrutiny - The Joint Health Overview and Scrutiny Committee for the development of the Integrated Care System in the north of the county and the North East met on 13 June 2018. The lead officer for the ICS, Alan Foster, re-iterated his support for a three hospital solution, whereby the Darlington Memorial Hospital, the South Tees Hospital and the North Tees Hospital would work together. There has yet to be a clinical consensus on which services are best placed where and this is causing some delays. All of which has had a knock-on effect to the development of new ways of working at the Friarage (part of South Tees Foundation Trust).

Castleberg Community Hospital, Settle – On 8 May the governing body of the Airedale Wharfedale and Craven CCG decided to support the proposal that the Castleberg hospital be re-opened once repairs had been undertaken. Also included was the recommendation that the Castleberg is developed as a community based facility with options for a broader range of support services particularly the voluntary sector.

Mental health services – The checklist that had been developed by the committee is being shared with mental health commissioners, service users and voluntary and community sector groups. Once the final draft has been completed, further consideration will be given as to how this can be best used to influence the commissioners and providers of mental health services in the county.

Mental Health Summit - Members will be aware that the Health and Wellbeing Board held a mental health summit on 30 May 2018. This event drew together a wide range of mental health providers, commissioners and voluntary and community sector organisations. It will be interesting to see what the longer term outcome of this summit is.

Area Constituency Committees - The newly formed Area Constituency Committees are beginning their first round of meetings. There will be opportunities for the committee to co-ordinate work with them, particularly on some of the more local issues such as proposed mergers of GP practices.

46. Public Questions or Statements

There were no questions or statements from members of the public.

47. NHS Clinical Commissioning Groups and NHS Providers Funding Position

Considered -

The presentation by NHS commissioners and providers on their funding position, specifically the financial situation at the end of 2017/18, projected position for 2018/19 and any financial recovery plans.

County Councillor Jim Clark expressed his thanks to all present for taking the time to come to the meeting. He said that the financial problems faced by the NHS in North Yorkshire can be traced back decades and that it is not the fault of the people currently

running and providing NHS services for the county today. County Councillor Jim Clark, however, acknowledged that the focus now needed to be upon a sustainable financial solution for NHS services in the county.

County Councillor Jim Clark noted that the 2012 Health and Social Care Act had introduced changes to the commissioning and provision of NHS services creating structures that were not helpful to North Yorkshire.

County Councillor Jim Clark noted that 4 of the CCGs that commission services in North Yorkshire had been subject to a 'capacity and capability review' by NHS England, which was undertaken by PricewaterhouseCoopers (PWC). The reports that had been published by PWC suggested that all of the CCGs would benefit from greater collaborative working.

County Councillor Jim Clark invited those attending to comment on the slides that had been submitted and published as part of the meetings papers.

Robert Maden, the Deputy Chief Financial Officer for Bradford and Airedale CCGs, said that he had nothing to add to the information that was contained in the presentation.

Mike Proctor, Chief Operating Officer for the York Foundation Trust, said that 2017/18 had been a particularly difficult year in which the subsidy that had previously been provided for the running of Scarborough Hospital, which amounted to approximately £10m per annum, was removed. Mike Proctor said that in 2018/19 NHS England had recognised some of the difficulties associated with the delivery of services at Scarborough Hospital and some financial assistance may be forthcoming.

Bernard Chalk, the Chief Finance Officer for Hambleton, Richmondshire and Whitby CCG, said that it was important to recognise that services are provided throughout the county to the highest standard and in a timely way and that this costs money.

Richard Mellor, the Chief Finance Officer for Scarborough and Ryedale CCG, said that the removal of national support for Scarborough Hospital would also impact upon the finances of the CCG. He said that pressures upon Acute Services were really challenging and this was exacerbated by workforce pressures that meant that some services could not easily be delivered or could only be delivered through the use of more expensive locum or short term contract staff.

Amanda Bloor, the Chief Operating Officer for Harrogate and Rural District CCG, said that there has been no real terms growth in funding to Clinical Commissioning Groups in five years despite demand increasing. She said that North Yorkshire faced particular problems associated with an ageing population and an increase in complexity of health care needs. In addition, workforce pressures were being felt across health and social care and that these were expected to increase over time. Amanda Bloor said that the shortfall in funding amounted to £1.2bn nationally and that the Clinical Commissioning Groups and NHS Providers in North Yorkshire were not unique in this situation.

County Councillor Jim Clark raised his concerns about the deficits in the health system in 2017/18 that were estimated to be £46m. He queried the audit process that was adopted by the NHS nationally. By comparison, Local Government has a legal requirement to return a balanced budget every year. If it does not do so then the ramifications are significant, as recently evidenced by the example of Northamptonshire County Council which had been declared bankrupt.

County Councillor Jim Clark proposed that at the end of the meeting the Committee could consider whether to write an open letter to the Prime Minister to raise the

concerns about the long term sustainability of NHS funding in North Yorkshire. Also to raise concerns about auditing within the NHS.

Bernard Chalk said that despite the financial pressures the Clinical Commissioning Groups were still able to provide good services and referred Committee Members to the Care Quality Commission reports relating to Hambleton, Richmondshire and Whitby CCG and other CCGs in the county.

County Councillor Jim Clark informed committee members that four of North Yorkshire's Clinical Commissioning Groups had been reported to the Secretary of State under the Local Audit and Accountability Act 2014 for not returning a balanced budget at the end of the year.

In response, Richard Mellor said that the CCGs had been formally reported to the Secretary of State for Health and Social Care and that this always happens when a CCG is in deficit at year end.

Bernard Chalk said that all accounts were externally audited and that the auditors were independent of the Clinical Commissioning Group.

Amanda Bloor confirmed that this was the case when CCGs do not return a balanced budget at year end. She maintained that all CCGs have always received unqualified audits which is good. There have never been issues around governance, accountability or transparency. She said that NHS England performs regular quarterly scrutiny of governance and accounts and that the PWC reviews had shown positive results.

Amanda Bloor said that a common theme throughout the PWC reports was that the CCGs could benefit significantly from much closer working together and alignment of commissioning practices and intentions. The issue was not one of the quality of management but managing demand and costs.

County Councillor Jim Clark acknowledged that the CCGs continued to provide good quality services across the county and also the findings of the PWC reports but noted that there was still an end of year deficit in 2017/18 of over £40m. He said that the financial situation was unlikely to get better and queried what the deficit and the implementation of recovery plans would mean for people in North Yorkshire in terms of access to services, in-patient beds and waiting lists. He also queried whether there were likely to be any services at risk as a result of the need to save money in year in 2018/19.

County Councillor Jim Clark referred to a letter that had been sent to Hambleton, Richmondshire and Whitby CCG by the Independent External Auditors and quoted the following: "The actual and planned deficits are evidence of weaknesses in planning finances effectively to support the sustainable delivery of strategic priorities and maintained statutory functions".

In response, Bernard Chalk said that the financial plan for the CCG for 2018/19 had been approved and that the CCG continued to meet national targets around key indicators such as A&E waiting times and cancer response times. He said that it was important that the focus was upon best value and quality and that there would be no adverse impact upon patients.

County Councillor Jim Clark queried how the CCGs would be able to maintain the same level of services over the next two to three years.

Mike Proctor said that the issue facing hospitals was one of recruitment and the subsequent cost of employing agency and locum staff. He cited the example of nursing

staff and that at Scarborough Hospital the current turnover rate was 7% which was generally judged as being good when taken across a national comparison. However, this meant that Scarborough Hospital had to recruit at least 14 nurses a year just to fill the gaps that arose. In the last year they had only managed to recruit five nurses. He also said that the recruitment of consultants particularly in some of the more specialist roles was becoming increasingly difficult.

Mike Proctor informed the Committee that another significant pressure was the lack of out of hospital care.

County Councillor Jim Clark acknowledged the workforce issues and cited previously in-depth scrutiny that the Committee had done into workforce.

Mike Proctor said that a positive was the apprenticeship scheme which offered people a career ladder and also encouraged people to take up roles in the NHS.

County Councillor Liz Colling queried how much money would be made available by Government this year in order to support Scarborough Hospital.

In response, Mike Proctor said that it was equivalent to about £7.5m and so there was still a gap of approximately £2.5m. He said that the hospital was working with commissioners to find ways of closing that gap.

County Councillor Liz Colling said that she had read the PWC report for Scarborough and Ryedale CCG and that she had some questions about the level of staffing. She queried whether the optimum staffing levels were no longer financially viable. If this was the case, then what did this mean for services?

In response, Richard Mellor said that the CCG was looking at joint work with the Vale of York CCG and the York Foundation Trust to better manage demand in the system. Also, that there was a view that shared management across the CCGs in North Yorkshire would help reduce organisational costs and improve efficiency.

County Councillor Liz Colling queried whether there was a timescale for any closer working or alignment of CCGs to take place.

In response, Amanda Bloor said that Hambleton, Richmondshire and Whitby CCG, Scarborough and Ryedale CCG and Harrogate and Rural District CCG were working with NHS England to develop closer working and alignment. It was not clear yet what the timetable was as the CCGs were only at the earliest stages of discussion.

County Councillor Heather Moorhouse queried whether all NHS services would be provided on a seven day basis and whether all CCGs in the county shared good practice.

Referring back to earlier comments about workforce pressures, Mike Proctor said that every effort was made to offer flexible working to attract staff but that there were limits as to how far flexible working could be applied. He said that it was often the case that provider organisations were in competition with one another for key posts. He also noted that there has been a Brexit effect and a reduction in the number of EU citizens who are applying to work in the health profession in the UK.

Jonathan Coulter, Deputy CEO and Finance Director at Harrogate District Foundation Trust, said that there had been pressures over the past few years to put an increasing number of nursing staff into the wards to ensure high quality services and to ensure the highest levels of safety. This had created additional workforce pressures. He also noted that pay rates in nursing are relatively low and so often nursing is no longer seen as such an attractive role.

Amanda Bloor said that there are a number of measures that could be adopted to support their financial recovery that would not be too onerous such as medicines management.

County Councillor Roberta Swiers acknowledged the concerns about workforce and highlighted the good example the University Campus in Scarborough where local people were able to access nurse training.

County Councillor Philip Barrett asked what the level of workforce pressures and staffing issues were in the Craven area and also how a reduction in the use of locum and agency staff would be achieved.

In response, Robert Maden said that the problems experienced in Craven were the same as elsewhere in the county. The solution was to look to increase the permanent staff base. He said that the situation was gradually improving.

Robert Maden said that he would provide further information to County Councillor Philip Barrett outside of the meeting of the Committee.

Jonathan Coulter said that there was much that could be learnt from the vanguard programme which had established a supported discharge team. Also, that financial recovery would be aided by closer working between the Clinical Commissioning Groups and the better management of demand. He noted that Harrogate has some of the highest numbers of people in hospital over 21 days.

Mike Proctor said that it was not about trying to get people out of hospital at all costs and sending them home before they were ready but it was about avoiding any unnecessary delays.

County Councillor Liz Colling asked what exactly was meant by the term "demand management".

Amanda Bloor said that demand management involves a range of agencies and organisations in health and social care, public health and the community at large working together to better co-ordinate how people's health and social care needs are met prior to hospital, in hospital and then out of hospital. This would involve greater working with GPs and consultants to look at new ways of offering out-patient services.

District Councillor Bob Gardiner said that on the job training of new staff did seem to be the right way forward. He commended the approach of using apprenticeships.

County Councillor Zoe Metcalfe asked whether the local problems being experienced in North Yorkshire were being acknowledged at a regional and national level within the NHS.

Jonathan Coulter replied that yes there were. There has been a national response to the workforce pressures within the NHS.

Amanda Bloor said that there were broader issues impacting upon services such as the rurality of the county and access to transport and housing.

In conclusion, County Councillor Jim Clark thanked all those attending for the time they had taken to prepare the financial information ahead of the meeting and then make themselves available for questions at the Committee. He acknowledged the difficulties that they faced and re-emphasised that it was not the fault of those present today but the consequence of funding issues that had arisen over two to three decades. He asked whether the CCGs would be able to put out some form of press release or

statement that reassured local people that the issues identified in the audit reports were being addressed. County Councillor Jim Clark noted that many people might not understand that sending a letter to the Secretary of State when not in a balanced budget was a routine thing to do and not exceptional or concerning.

County Councillor Jim Clark said that if there was one system leader it would help drive forward the necessary changes to enable the quality of services to be maintained whilst the budget was balanced. He said that there needed to be a sense of urgency otherwise there was a risk that the deficits would not be moved.

Resolved -

- (i) Thank all for attending.
- (ii) Ask for an update on the financial position and progress being made with recovery plans at a future meeting of the Committee.
- (iii) The Committee to write to the Prime Minister to raise their concerns about the long term sustainability of NHS financing in the county and also the concerns that have been raised regarding the quality of audit within the NHS nationally.

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

Considered -

Dr Adrian Clements of the South Tees Hospitals NHS Foundation Trust gave a verbal update on the progress that had been made with the development of a new model of clinical working for the Friarage Hospital, Northallerton.

Adrian Clements said that it had been a complex piece of work but that significant progress had been made. He said that local clinical consensus had been reached about the preferred model. Now the focus was upon engagement with provider organisations to assess whether services could be provided on a sustainable basis across the area both in terms of workforce and funding.

Adrian Clements said that he was hopeful that it would be possible to pass the new model of working over to the Clinical Commissioning Group for review. They would then send it onto the Clinical Senate who would in turn send it onto NHS England Assurance before going onto full public consultation, if that was required. He noted that the workforce position has not improved over the past months. He reminded the Committee that lead-in times from training through to employment of most technical medical roles was typically ten years.

County Councillor Jim Clark said that he had recently attended the Joint Health Overview and Scrutiny Committee for the Durham, Darlington, Tees, Hambleton, Richmondshire and Whitby Sustainability and Transformation Partnership (STP) at which the lead officer, Alan Foster, said that the work at the Friarage was being delayed by a lack of clinical consensus across the three hospitals in the south of the patch those being the Darlington Memorial Hospital, South Tees, and North Tees.

Adrian Clements said a local consensus had been reached on the appropriate clinical model and that model would now need to go through all the necessary checks as he had previously indicated. He acknowledged that the pace of change within the STP or Integrated Care System (ICS), as it was now known, was slow but that it was not possible to wait for there to be a wider resolution within the ICS area.

County Councillor Jim Clark queried when it was likely that there would be a full public consultation on any proposal.

Adrian Clements said it depended on how quickly the proposals moved through the CCG, the Clinical Senate, and NHS England Assurance.

County Councillor Jim Clark thanked Adrian Clements for attending and for the update that he had provided.

Resolved -

- (i) Thank all for attending.
- (ii) Support in principle the work that is being done to build a sustainable future for the Friarage.
- (iii) Request that further updates are brought back to the meetings of the Scrutiny of Health Mid Cycle Briefing and Committee as appropriate.

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

Considered -

The verbal update by Adele Coulthard of Tees, Esk and Wear Valley NHS Foundation Trust.

Adele Coulthard of the Tees, Esk and Wear Valleys NHS Foundation Trust provided an overview of the work that was being done to develop mental health services in the Hambleton and Richmondshire area of North Yorkshire.

Adele Coulthard said that the plans that were in place for the closure of the in-patient mental health wards at the Friarage were still in place and ready to go. As previously indicated, there was a need to close those wards to release the necessary funding to invest in community services. However, progress with this was very much dependent on the refurbishment work being carried out at the Roseberry Park site in Middlesbrough.

Adele Coulthard said that investigative works were still underway at Roseberry Park, Middlesbrough. Early indications were that the work required would be more complex than initially expected. It is likely that patients will not be able to be transferred from the Friarage to Roseberry Park until towards the end of 2018. In the interim a number of options for the temporary transfer of patients from wards at the Friarage are being considered.

Adele Coulthard gave the Committee further information on progress with the community hub at the Friarage Hospital site Northallerton. She confirmed that a site had been identified and that plans were being developed. There will be an initial meeting with the Planning Authority towards the end of June. Adele Coulthard said that planning permission is not currently in place.

County Councillor Jim Clark queried what progress was being made with the Cardale Park site in Harrogate and the build of a mental health in-patient unit there.

Adele Coulthard said that it was still an option to build a mental health in-patient unit at Cardale Park in Harrogate but that there were also a number of other options to consider. These could broaden out the use of the site from being solely mental health in-patient use to combine a range of health services such as dementia care, and health service nursing homes.

Resolved -

- (i) Thank all for attending.
- (ii) Support in principle the drive to improve mental health services in the county and in particular prevention and early intervention.
- (iii) Request that further updates are brought to the meeting of the Scrutiny of Health Mid Cycle Briefing and Committee as appropriate.

50. Dentistry Provision in North Yorkshire - NHS England and Public Health England

Considered -

The report of Constance Pillar, Commissioning Lead (Dental) NHS England North (Yorkshire and Humber), Julie Ryan, Commissioning Manager (Dental), NHS England North (Yorkshire and Humber) and Siobhan Grant, Public Health England.

Constance Pillar introduced the report. She confirmed that the commissioning of dental services was done by NHS England and not by the local Clinical Commissioning Group. She said that contracts had been given back to NHS England by dental practices in Harrogate, Keighley and Catterick. All of these had been owned by the same company.

Constance Pillar confirmed that a new provider of NHS dental services had been put in place in Harrogate as of 1 June 2018. She said that workforce issues remained a significant problem within the provision of dental care particularly in rural areas and on the coast. This is due in part to newly qualified workers staying close to the place in which they were trained, such as Leeds and Newcastle.

Siobhan Grant said that public health locally and nationally commissions a survey of the local population and their dental health. She said that the data for North Yorkshire suggested that children's dental health for those five years of age or under was relatively good but that the extraction of decayed teeth remained the leading cause of admission to hospital for under-fives in the county. She noted that poor oral hygiene and poverty were strongly linked.

County Councillor Heather Moorhouse asked how many people go to A&E to access emergency dental care that could otherwise be provided in the community through an NHS dentist.

Constance Pillar said that there were no figures available at present but that this was something that both NHS England and Public Health England were looking into. She said that it was difficult to estimate the number of people who required NHS dentistry but that there had been an issue in Yorkshire and Humber with people using the national 101 service to get help with dental health issues.

Constance Pillar said that a national programme called Starting Well had been rolled out to encourage children and young people and families to adopt good dental health practices.

County Councillor Liz Colling said that a recent check on NHS Choices suggested that the nearest NHS dentist to Scarborough was in Robin Hood's Bay.

Constance Pillar said that there was a recognised problem with the NHS Choices website that was being looked into at a national level.

County Councillor Geoff Webber said that for two years there had been no dentist taking NHS patients in Harrogate. Now one practice was in place that would have to potentially serve 150,000 people. How could one practice manage to serve so many people?

Constance Pillar confirmed that the services that had been commissioned in Harrogate were through one dental practice and that this amounted to 27,000 units of dental activity per year. It was assessed that this should be sufficient to meet the demand present. She emphasised that not all of the population would use NHS dentistry but a significant number would go private.

County Councillor John Mann said that further work could be done with early year's settings, schools and nurseries to promote good dental health with children.

In response, Siobhan Grant said that a new scheme had been commissioned to target children at significant risk of tooth decay. She said that North Yorkshire County Council Public Health also commissioned a supervised tooth brushing scheme to promote good oral hygiene.

County Councillor Philip Barrett queried how much notice a dental practice had to give when handing back an NHS contract. He said that the practice in South Craven had closed at very short notice and that there appeared to be little or no support given to former patients of that practice in terms of directing them to new services.

Constance Pillar said that normally three months' notice is required.

Siobhan Grant said that a particular issue is that the providers of NHS dentistry can have a disincentive to take on new patients as often those patients have the highest level and complexity of need. The contract and the provision of the units of dental activity meant that sometimes dental practices would lose money by offering NHS treatment.

District Councillor Karin Sedgwick queried what interim measures were in place to ensure that people in the Richmond area were still able to access NHS dental services.

Constance Pillar said that an interim service to cover Richmond and Catterick was being put in place but that it could only offer a limited amount of places due to funding restrictions associated with the procurement process. It was anticipated that the new service would have been procured by April or May 2019.

County Councillor Chris Pearson said that Selby has significant house building planned over the next five years and queried whether the resultant increase in the local population had been accounted for in needs assessments for NHS dental provision.

Constance Pillar said that the approach taken with the commissioning of NHS dental places was different to that for mainstream health services. The money does not follow the patients and is not allocated on a per capita basis. There is a fixed amount of funding for NHS dental places in Yorkshire and Humber and that that budget is finite. The funding is not increasing.

Borough Councillor Ann Myatt said that there was an issue about patients not being able to access their records and queried whether this could be addressed in any future contractual arrangements with dental health providers.

Resolved -

- (i) Thank all for attending.
- (ii) Invite Public Health to the next meeting of the Mid Cycle Briefing to give an outline of the role of County Council Public Health in the promotion of good oral hygiene.
- (iii) Invite the Local Dental Committee to attend the next meeting of the Mid Cycle Briefing to give an overview of their perspective on the commissioning of dental health services in the county.

51. Work Programme

Considered -

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

Resolved -

- (i) Members to review the Committee's Work Programme and come back to Daniel Harry after the meeting if there were any particular issues that they felt needed to be included.

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

There were no matters of other business.

The meeting concluded 12.45 pm

DH



Humber Teaching
NHS Foundation Trust

**North Yorkshire County Council – Scrutiny of
Health Committee**

**Lynn Parkinson, Interim Chief Operating
Officer**

Julia Harrison-Mizon, Care Group Director

14 September 2018

Caring, Learning and Growing

Our Mission



Our Mission

Our Values

Our Strategic
Goals

***We are a multi-specialty
health and social care
teaching provider
committed to 'Caring,
Learning and Growing'***

Our Values



CARING

for people while ensuring they are always at the heart of everything we do

LEARNING

and using proven research as a basis for delivering safe, effective, integrated care

GROWING

our reputation for being a provider of high quality services and a great place to work

Our Strategic Goals



As part of our Trust Strategy (2017-2022) we have identified six strategic goals, key objectives and supporting measures to achieve our ambitions and deliver key improvements.

They are linked to government initiatives, regulatory findings and local health needs assessments based on discussions with Sustainability and Transformation Partnership (STP) representatives, patients, carers and families, staff, governors and partners.

About Us

We are a provider organisation and our healthcare services are commissioned by:

- East Riding of Yorkshire CCG
- Hambleton, Richmondshire and Whitby CCG
- Hull CCG
- Scarborough & Ryedale CCG
- East Riding of Yorkshire Council
- Hull City Council
- North Yorkshire County Council
- NHS England - Specialist services and Primary Care Services

About Us

How we do it

- We employ approximately 2,700 staff – operating across three care groups:
 - Mental Health
 - Specialist Services
 - Primary Care, Community, Children’s & Learning Disability Services
- We deliver our services from more than 70 sites across Hull, the East Riding and North Yorkshire
- Our annual budget in 2018/19 is £125.3m

Caring, Learning and Growing

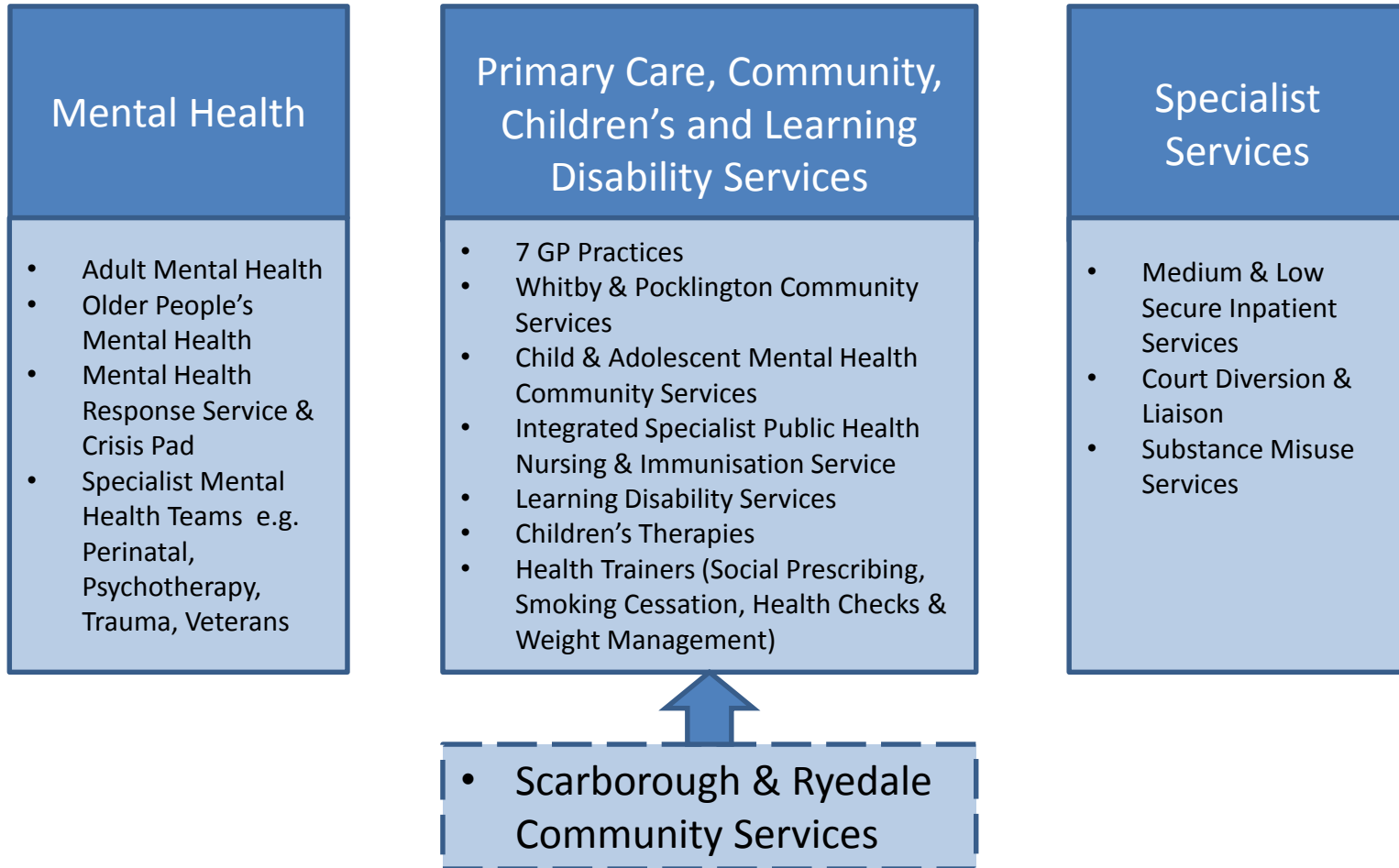
About Us

Council of Governors

- Membership organisation – 16,000 members
- Members represented by our Council of Governors
 - 14 Public Governors (elected by the public)
 - 6 Nominated Governors
 - 5 Staff Governors

About Us

Operational Care Groups



Our Trust Board

Humber Teaching NHS Foundation Trust



Michele Moran
Chief Executive



Sharon Mays
Chairman



Lynn Parkinson
Chief Operating Officer



Hilary Gledhill
Director of Nursing



Dr John Byrne
Medical Director



Mike Cooke
Non-Executive Director



Mike Smith
Non-Executive Director



Francis Patton
Non-Executive Director



Peter Beckwith
Director of Finance



Steve McGowan
Director of HR & Diversity



Peter Baren
Non-Executive Director

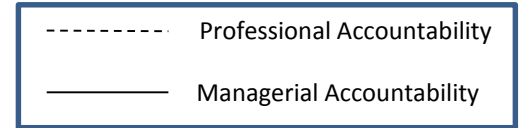


Paula Bee
Non-Executive Director

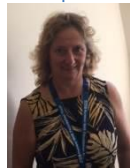
Management Team for Scarborough & Ryedale



Lynn Parkinson
Chief Operating Officer



Julia Harrison-Mizon
Primary Care, Community, Learning Disabilities and
Children's Services Care Group Director



Trish Bailey
Clinical Care
Director



Jon Duckles
Head of Primary
Care



Dr Nick Cross
Associate
Medical
Director & GP



Nia Abbott
Assistant Director
Children's
Services



Helen Cammish
Assistant Director
Community Services



Maggie Bean
Primary Care
Matron



Carol Wilson
Community Services
Matron

Community
Services
Matron
In recruitment



Sarah Locker
Hub Manager
Scarborough North

25
Hub Team



Sarah King
Hub Manager
Ryedale

Hub Team



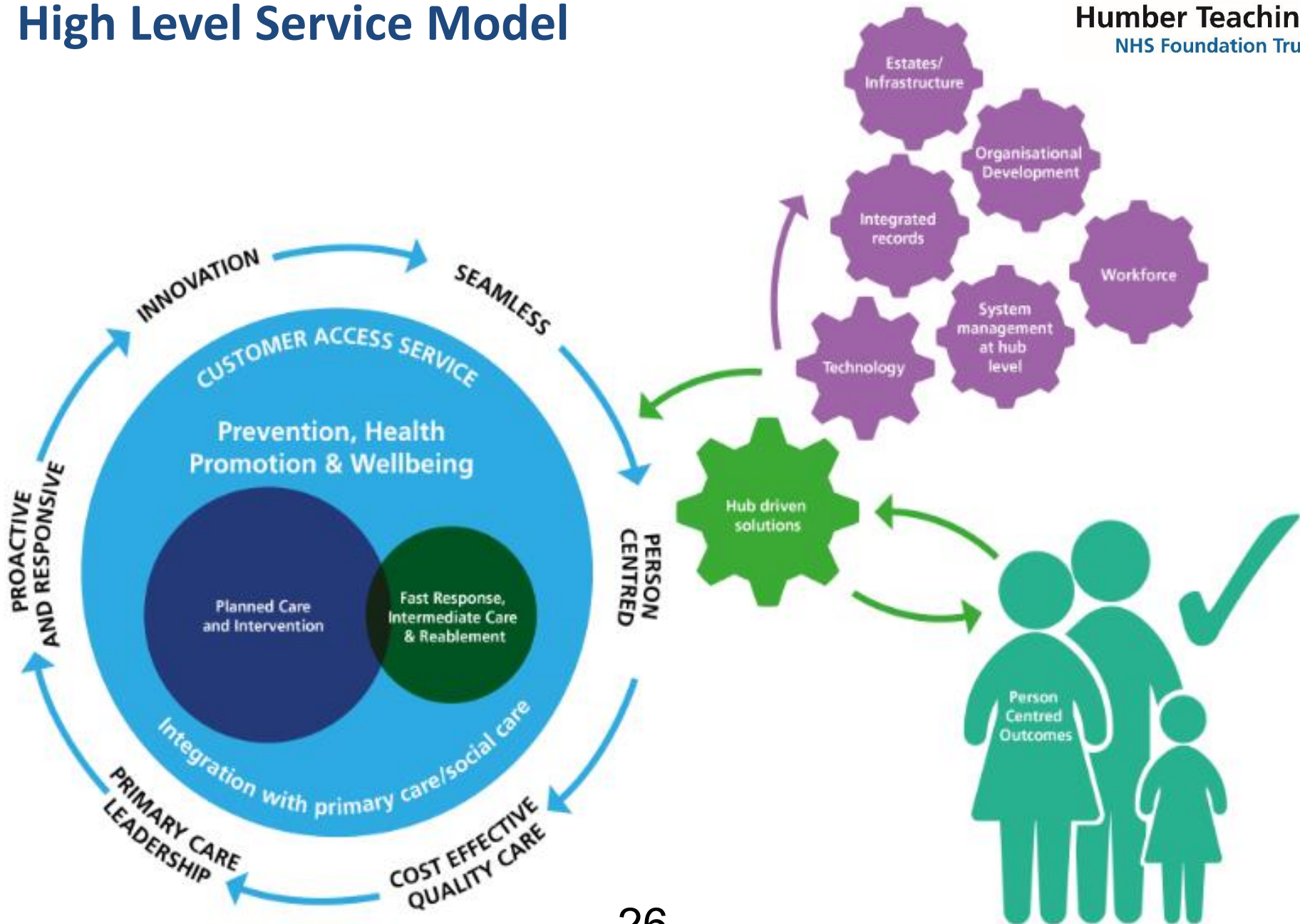
Catherine Ingham
Hub Manager
Scarborough South

Hub Team

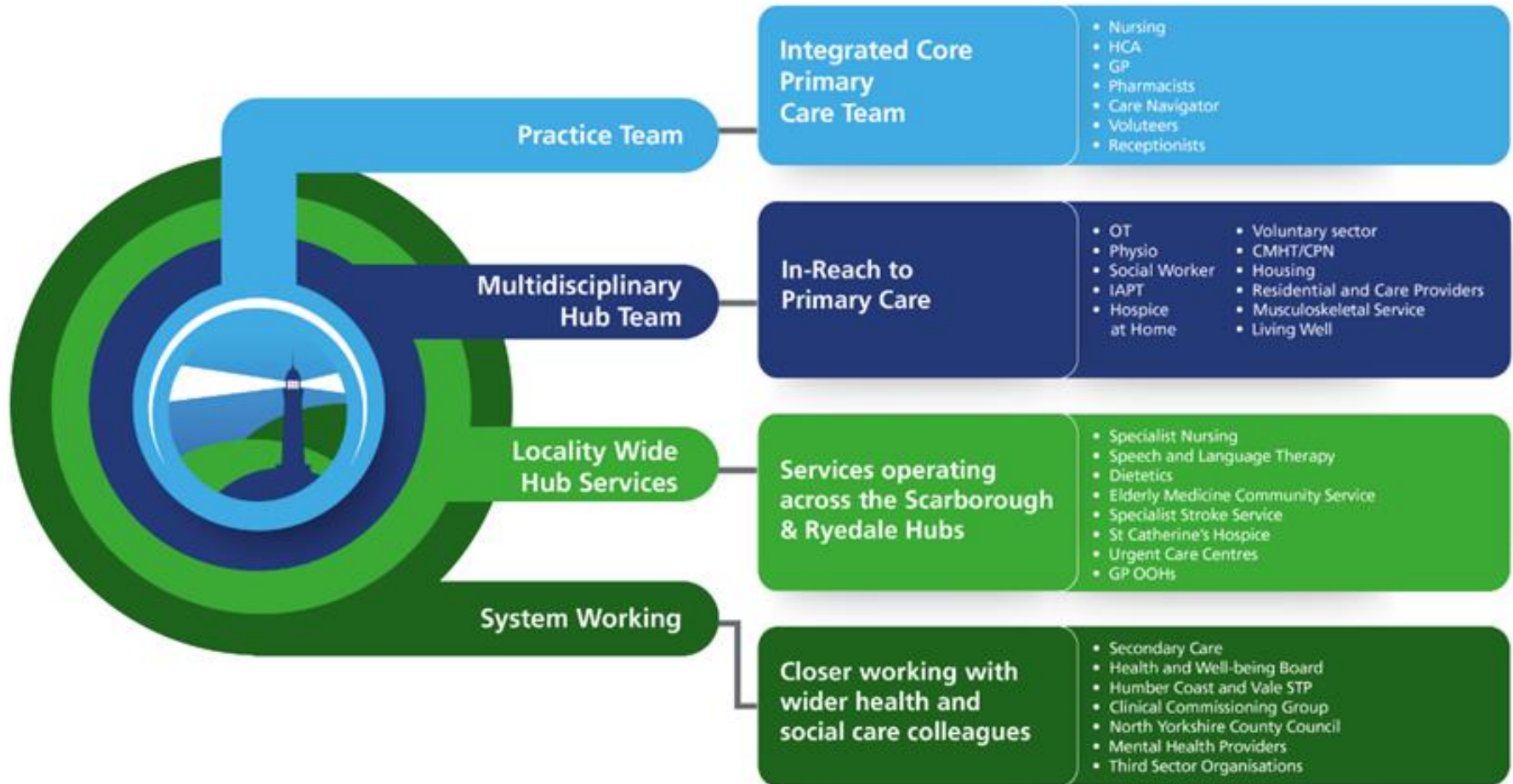


Natalie Belt
Service Manager
Health Trainers (incl.
Management Servs)

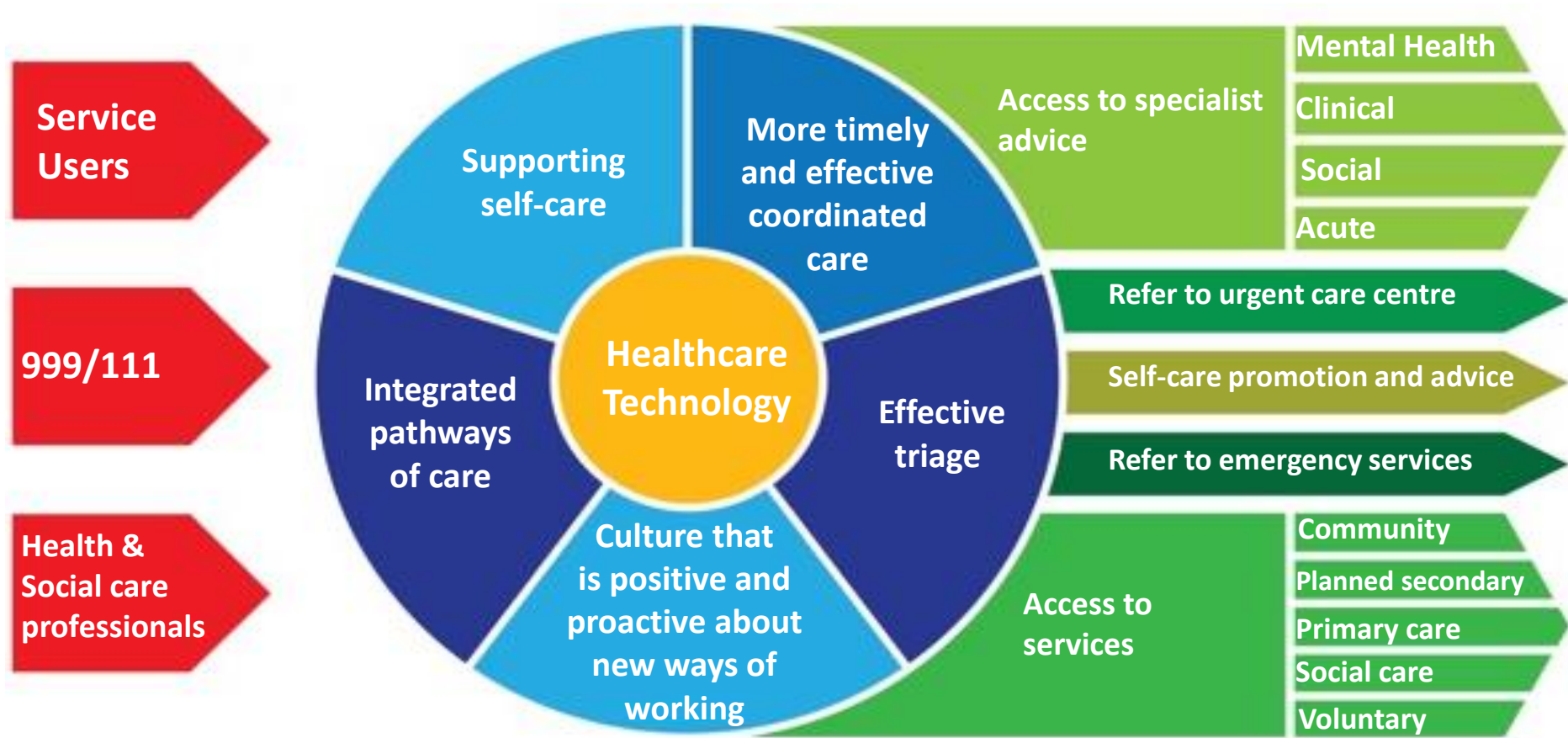
High Level Service Model



Operating Model



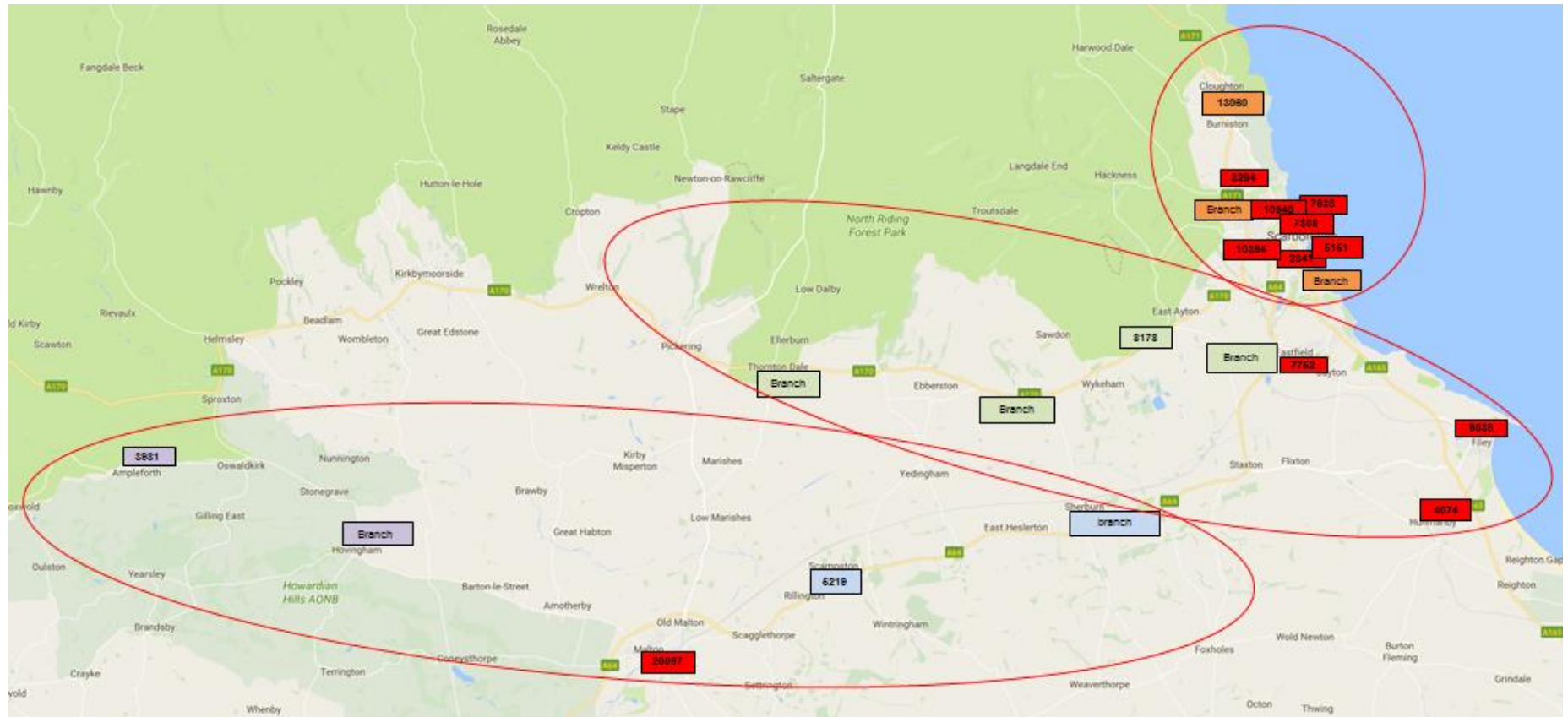
Customer Access Service



Scarborough and Ryedale Integrated Hub Structure



Hub Structure



Metrics

- Over 200 staff transferred under TUPE
- 5,500 referrals & 4,140 unique patients migrated to the S&R Community Services clinical system

Weeks 1 - 4

- 3,140 phone calls to the Customer Access Service (CAS) – 194 (6.2%) missed or not picked up by first operator
- Approx. 1,800 new referrals received via the CAS
- Increase to 5,700 unique patients registered
- Of which, 5,165 have an open referral
- 1,850 patients received 9,150 face to face contacts

Months 1 – 4 (May to August 2018)

- 12,034 phone calls to the Customer Access Service (CAS) – 780 (6.48%) missed or not picked up by the first operator
- 6,315 new referrals received via the CAS
- Increase to 7,319 unique patients registered
- Of which, 7,174 have an open referral – continue to be receiving input
- 10,119 patients received 37,719 face to face contacts

Pathway Examples & Case Studies

BG

Mr G lives in central Scarborough. He is a 67 year old married gentleman, with diabetes and heart failure. He is due to be discharged from his third unplanned admission to secondary care in three months following an episode of unstable diabetes. Mr G has increasing breathlessness, poor and deteriorating mobility, smokes and has failed to have a flu vaccine due to difficulty getting to the surgery. He requires dressings to leg ulcers.



Current Pathway

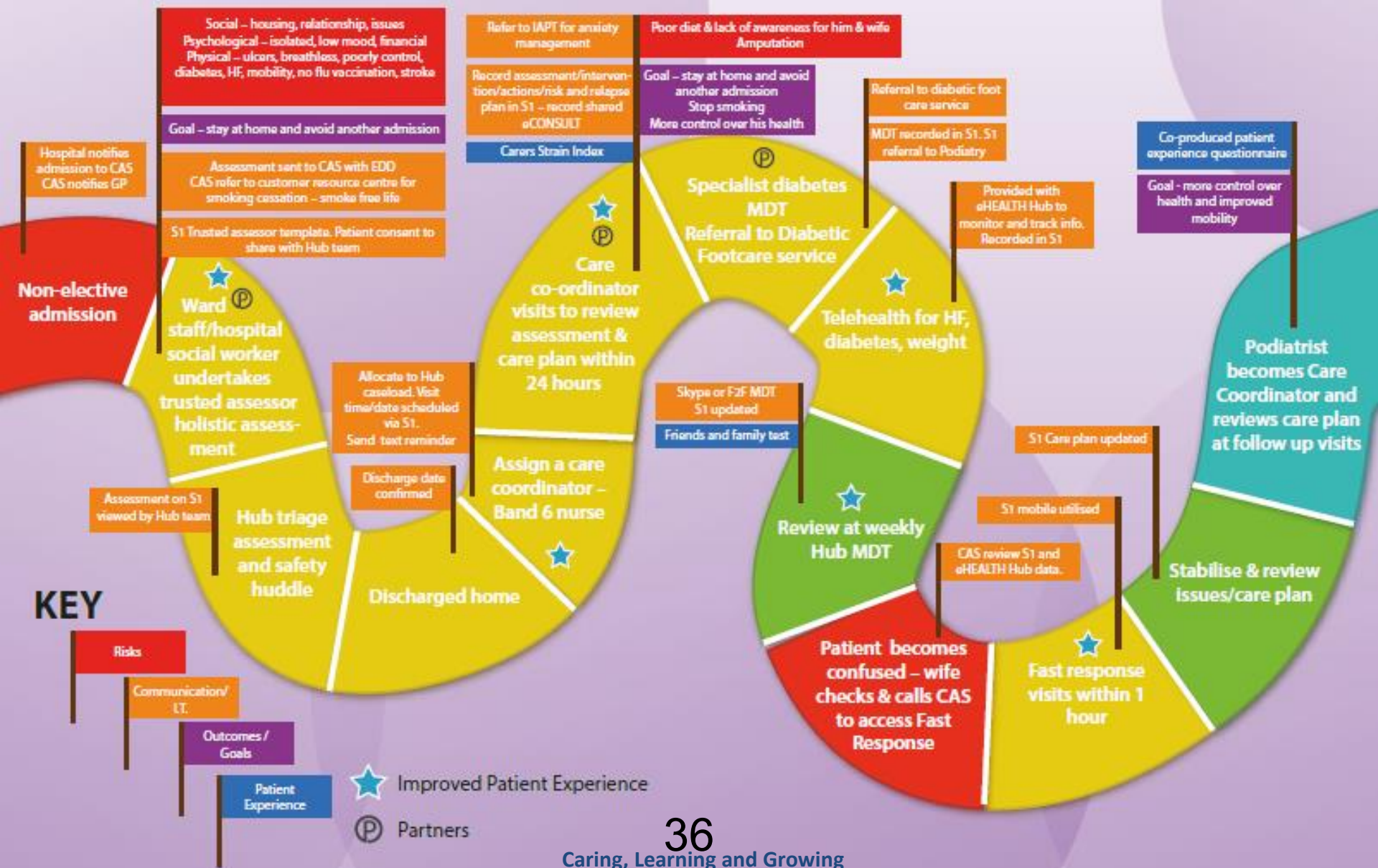


Day One Pathway



Barry

OneTeam Pathway



Case Study – Gentleman, EOL who's wish was to be cared for at home

Our pathway

CAS receive referrals and deploy urgent response from the community team (CRT) & routine District Nurse (DN) visit



What was different

Single point of contact for all staff/services
DN able to view CRT SystmOne (S1) clinical visit record

CRT staff deploy profiling bed/mattress

Joint DN/CRT visit re: anticipatory drugs, bloods, skin integrity assessment



OT identified as care co-ordinator
Generic Support Worker undertakes dressings and supported to do continence assessment

GP request Fast Track referral



OT completes referral

Care transferred to Fast Track care provider

Family contact CAS – difficulty passing urine/upset at speed of progression of diagnosis & concerns regarding care provider

Improved communication of full team inc. Macmillan Nurse, St Catherine's consultant, GP practice safety huddle, S1 tasks & electronic record

Decision to change care provider and increase care provision time



Original Fast Track paperwork amended

Gentleman deteriorated rapidly and was able to die at home as per his wishes

Case Study – Gentleman, EOL who's wish was to be cared for at home

Case Study - Summary

Improved communication

Improved response to patient and family

Increased skill/competency of generic support workers

Care co-ordination

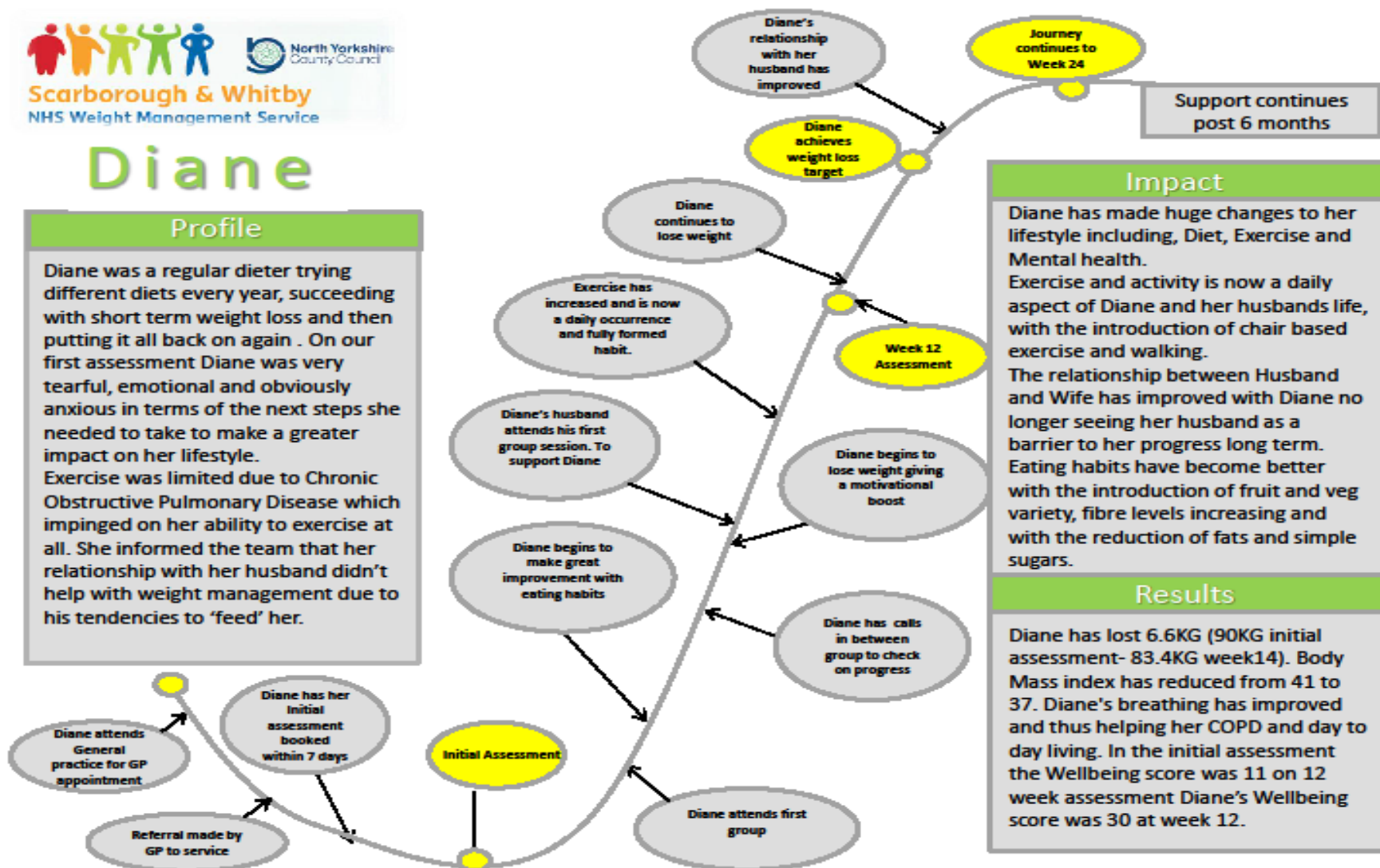
New tasks undertaken by different team members



Diane

Profile

Diane was a regular dieter trying different diets every year, succeeding with short term weight loss and then putting it all back on again. On our first assessment Diane was very tearful, emotional and obviously anxious in terms of the next steps she needed to take to make a greater impact on her lifestyle. Exercise was limited due to Chronic Obstructive Pulmonary Disease which impinged on her ability to exercise at all. She informed the team that her relationship with her husband didn't help with weight management due to his tendencies to 'feed' her.



Impact

Diane has made huge changes to her lifestyle including, Diet, Exercise and Mental health. Exercise and activity is now a daily aspect of Diane and her husbands life, with the introduction of chair based exercise and walking. The relationship between Husband and Wife has improved with Diane no longer seeing her husband as a barrier to her progress long term. Eating habits have become better with the introduction of fruit and veg variety, fibre levels increasing and with the reduction of fats and simple sugars.

Results

Diane has lost 6.6KG (90KG initial assessment- 83.4KG week14). Body Mass index has reduced from 41 to 37. Diane's breathing has improved and thus helping her COPD and day to day living. In the initial assessment the Wellbeing score was 11 on 12 week assessment Diane's Wellbeing score was 30 at week 12.

Questions

Thank you



Scrutiny of Mental Health Service

Policing Context

Summary

The focus within NYP and the PCC comes from the emerging gaps in service provision. These come from the increase of cases where the police are called to, dealing with people with mental health issues. This demand on the police has identified gaps in how the police deal with this increase particularly regarding with crisis points and meeting the requirements of the s.136 changes.

The OPCC are looking to work with the respective CCGs to review the current pathways, commissioning arrangements and identify potential alternative and additional beds that could be allocated as places of safety going forwards to see how we can align processes to these changes.

Currently the services we provide includes Street Triage (ST) services which aim to reduce the number of people detained under s.136 in a few areas of North Yorkshire and a ST nurse embedded at the Force Control Room (FCR). The identified gaps include demand on the police, the provision of 136 suites and transportation of those people. The barriers to these include the lack of understanding in demand on the police and the lack of consistent processes in place.

Mental Health Current Provision

The services currently provided in NY are to reduce demand on the force in relation to first time and repeat offending and calls for public safety and welfare. The Force Control Room and Street Triage services are to reduce the use of section 136 of the mental health act. Current provision is:

- FCR Triage, commissioned via the OPCC, embedded within the FCR at Fulford Road, 7 days a week, 12 hours a day. Offers county wide provision and support to NYP for those coming into contact with the force where MH is thought to be an issue
- Scarborough, Whitby and Ryedale (SWR) street triage, co-commissioned via OPCC, CCG & TEWV, 7 days a week, 12 hours a day
- York ST is not a commissioned service but a partnership agreement to deliver where resources allow. Meaning that ST will be pulled to deliver crisis when the need arises

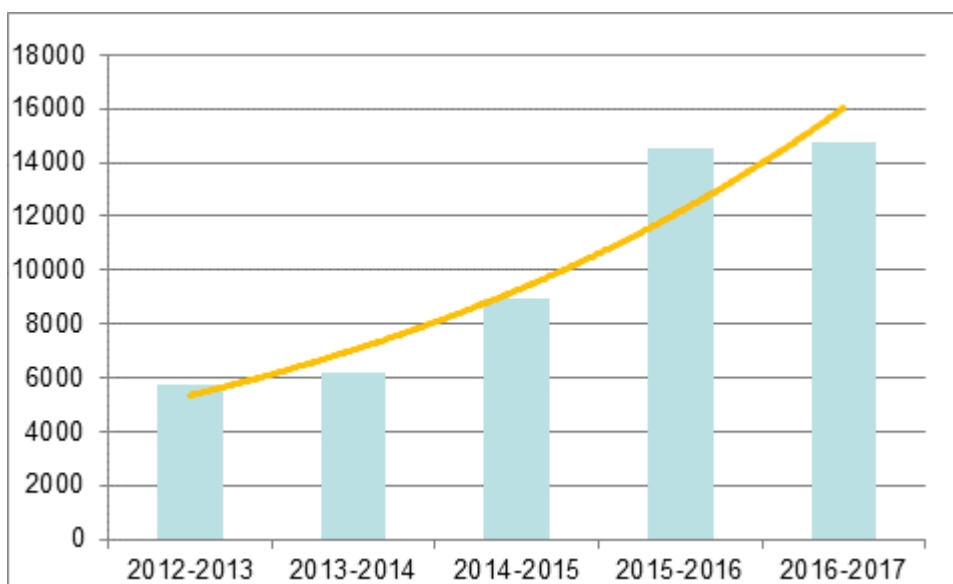
There is currently no provision in Harrogate. The OPCC originally offered to contribute towards a ST in all localities but SWR were the only place to agree matched funding (via CCG & TEWV).

Gaps

Rising Demand

The increase on demand on the police related to mental health rose steadily and has nearly doubled in the last couple of years. Public Safety and Welfare incidents dealt with by the police for 17/18 is currently at 79,709 which is up by 34.16%.

Police identify vulnerable people using a “Mental Health” qualifier, this involves a person who has, or appears to be suffering from, a mental disorder or mental impairment including learning difficulties, and this increase is shown below.



136 Suites

There are currently 4 x 136 suites across North Yorkshire and York and there is capacity within current 136 provisions to meet any future increase according to Harrogate and Rural CCG.

However, with the closing of Friarage in Northallerton going ahead and a soft consultation in place for Briary Wing in Harrogate, this would essentially reduce the capacity by half.

Rising s136 Numbers

Since the 11th December changes, the guidance from the Home Office states “The expectation remains that, with limited exception, the person’s needs will most appropriately be met by taking them to a ‘health-based’ place of safety - a dedicated section 136 suite where they can be looked after by properly trained and qualified mental health and other medical professionals.”

Data released by Digital NHS last year about inpatients detained under the Mental Health Act states “The use of section 136 of The Act (under which people were brought to hospital as a 'place of safety') increased by 18 per cent since last year, to 22,965. This rise should be viewed in the context of the fall in the use of police cells as a place of safety over the same period, which was reported in data released earlier this year by the National Police Chiefs' Council (NPCC).

North Yorkshire police data shows a steady increase over the last 4 years in health based places of safety and also shows the transport mode used in these cases.

	Total	York	Harrogate	Friarage	Cross Lane	Custody Involved	A & E Involved	Ambulance transport	Police transport
2014	232	169	0	4	59	28	43	134	93
2015	314	124	58	50	82	23	55	77	232
2016	324	76	88	62	96	19	77	113	192
2017	344	114	80	37	107	15	36	160	178

The data from police and NHS both suggest that the number of patients detained will continue to increase so reducing the current provision of beds is not an option.

Transportation

Significant work is required regarding conveyancing of patients. NY figures from the Home Office, for between March 2016 and March 2017 state that 126 patients were transported in an ambulance, 224 in a police vehicle, 16 other and 4 unknown, of the 370 retentions. The challenge is the capacity to ensure a reduction in patients transported in police vehicles to 136 suites. If the patient is taken to Harrogate from Hambleton or Richmondshire, that is at least 50 minutes extra travel time, which currently has been predominantly in a police van.

In 2017 police conveyed 52% of s.136 detentions to a health based place of safety rather than an ambulance; 14% of those times because no ambulance was available within 30 minutes and 30% being because an ambulance wasn't available or refused to convey.

Current Demand

There is high demand on emergency services which means some services have been funded to meet these demands and to cover the wider mental health of NY.

These include:

- **York Pathways** which is commissioned via the OPCC for 1 year to support in building evidence base - working with multiple complex needs and those placing high demand on emergency services. Similar to **SAFE** in Harrogate which is commissioned via Harrogate Council (staff costs only). Bid gone in to Community fund for additional worker (for SAFE) with specialism in Substance Misuse
- **FOCUS** is a multi-agency approach to working within individuals placing high demand on Emergency Services (this is not a commissioned offer but a partnership approach to supporting vulnerable individuals in contact with emergency services). This is currently happening to Scarborough – plans to extend into Harrogate and other localities across the County. Learning taken from Scarborough
- The introduction of Alternative Places of Safety such as **Safe Haven** in York, which operates 7 days a week and is commissioned by TEWV, the **Crisis Café** in Scarborough which currently offers weekend cover and is funded via the OPCC Community Fund and there are discussions about further provision in Harrogate and Catterick Garrison
- Consideration for what a County Wide offer would look like (Pathways / SAFE Model) through volunteer / peer support / expert by experience group. This would need to link into Community Connectors to better understand

Barriers

Commissioning/Co-commissioning

The challenges facing commissioning is the lack of understanding around demand, what is currently in place, how they interlink/overlap and if they are duplicated. Reasons for this lack of understanding is the different priorities, different CCG areas, different STP footprints and the clear York/North Yorkshire divide.

The York/North Yorkshire divide also creates duplication of meetings which creates a lack of understanding and increased workload for us to be able to recognise the gaps and trends.

Provision Parity

TEWV are the predominant MH providers across County Durham, Darlington, Teesside and North Yorkshire and the Vale of York, despite this there is inconsistencies in service offer, so it is difficult to understand.

There is currently *one* piece of legislation that covers s136 detentions, provisions and expected actions. This legislation is then written into policy and procedures that differ depending on each organisational need. The true multi agency response to a person in crisis that may be detained under a s136 detention should have the person in crisis at the centre of the procedure and their needs, care and support built around it.

Currently procedures are built around each organisation's needs and there are areas that mirror and work well together, but equally there are areas that differ. It's when these areas of difference are highlighted that there is confusion and delay and the only person that really suffers is the person in crisis. Inter-agency squabbling over who should take primacy, who should transport, who should retain ownership is not in the best interest of the person in crisis and causes more harm than can be measured.

NORTH YORKSHIRE COUNTY COUNCIL
SCRUTINY OF HEALTH COMMITTEE

14th September 2018

Tees, Esk and Wear Valleys NHS Foundation Trust – Development of the new hospital and community services transformation.

Report of Martin Dale, Strategic Project Manager, and Patrick Scott, Director of Operations for York and Selby, from Tees Esk and Wear Valleys NHS Foundation Trust

Purpose of this report

1. This paper provides an update regarding the development of the new mental health hospital which is being built on Haxby Road in York, and the proposed community mental health hub for Selby.

Background

2. A previous report was presented to the North Yorkshire County Council (NYCC) Scrutiny of Health Committee in November 2016 during the new hospital public consultation to provide comprehensive details of changes made to mental health inpatient and community services in York and Selby one year on from the closure of Botham Park Hospital.
3. Martin Dale and Elaine Wyllie (Vale of York CCG) presented an update following the public consultation at the mid cycle briefing in March 2017. The update provided details of chosen site and clarified bed configurations.
4. In November 2017 Martin Dale provided a briefing note to update the Committee of progress being made, including details of planning proposals, confirmation of the appointment of construction partners, and with regards local partnership working.
5. Since November 2017 significant progress has been made with regards the new hospital, including achievement of enabling works on site, development of partnership arrangements with local key stakeholders and the embedded involvement of service users, carers and clinical staff in all design decisions.
6. Work is progressing to integrate the development of the new hospital with our community mental health services so that more people can be cared for at home (in their place of residence) and that hospital admission is considered only when clinically appropriate. This model is robustly supported by clinical research evidence.
7. The full business case was approved by the TEWV Board on 22nd May 2018.

8. To further support the development of community services, TEWV are working to provide a community hub in Selby. The hub will accommodate staff from each mental health speciality and be designed to support improved access to mental health care for local residents.

Developing the new hospital

9. The new purpose-designed 72 bed hospital will provide two adult, single sex wards and two older people's wards - one for people with dementia and one for people with mental health conditions such as psychosis, severe depression or anxiety. The hospital is due to be open in April 2020.

10. Significant work has been undertaken and the key milestones are illustrated below:

August 2016 to present day	Engagement events with service users and carers to develop design brief and determine preferred designs across clinical and public areas. 40 separate design workshops have been held to date - COMPLETE
September 2016 to January 2017	Public Consultation re choice of sites and configuration of inpatient beds – COMPLETE
August 2017	Communication release re appointed construction partners – Wates - COMPLETE
18 th December 2017	Formal (written) planning approval received from CYC – COMPLETE
19 th December 2017	Trust Board approval for enabling works – COMPLETE
February 2018 to August 2018	Enabling work commences on Haxby Road site- COMPLETE
March 2018	Land purchase – COMPLETE
February to April 2018	TEWV internal review and sign off process for Full Business Case (FBC) - COMPLETE
May 2018	Full business case approved by TEWV Board of Directors – COMPLETE
August 2018	Final tender position received from Wates Construction, detailing final costs – COMPLETE
September 2018	Ground work commences on Haxby Road site.

January to March 2020

Commissioning work to prepare the new hospital will be completed

April 2020

Hospital becomes operational with a planned phased transfer of inpatient services.

11. The Full Business Case (FBC) was delayed from an original intention of January 2018 to March 2018. Between March and May there was a further detailed review of the proposed design and associated tender pricing to ensure value for money and to assure highest quality operational delivery. The Full Business Case was approved by TEWV Board of Directors on 22nd May 2018.
12. TEWV is investing approximately £37m (including VAT, fees and land purchase) from internal cash resources to develop the new hospital. At the public consultation in 2016 we quoted an estimated figure of £29m (inc. VAT and fees, but excluding the land purchase). Since that time the scope has increased to provide 18 beds per ward to support future clinical flexibility and to accommodate the increase in associated support services.
13. The level of assurance work undertaken with City of York Council planning team, appointed construction partners, TEWV technical advisors and clinical teams has meant that there has been an impact to the programme timetable. Previously it had been expected that the new hospital would become operational from December 2019 however the necessary quality assurance work, subsequent elements of redesign and associated re-drawing and technical specification revisions have meant that the programme could no longer be delivered to the original planned timescale. Essentially we are providing a bigger building which will take longer to construct.
14. The new hospital will now be completed in early 2020 with commissioning work completed between January and March, followed by operational opening in April with a planned phased transfer of inpatient services thereafter.
15. A rigorous financial review has also been undertaken to assure value for public money against the required clinical quality. The final tender positions were received from Wates Construction in August 2018 and have determined that the final costs remain within budget, based on the extensive assurance exercises described above. The revised programme timetable is not impacted.
16. There will be no impact to current service delivery in light of the delay. TEWV will continue to provide inpatient beds as follows:
 - 12 female adult beds at Ebor Ward (part of Peppermill Court)
 - 12 male adult beds at Minster Ward (part of Peppermill Court)
 - 18 mixed sex functional older persons beds at Cherry Tree House
 - 14 female dementia beds at Meadowfields.
 - 14 male dementia beds at Acomb Garth.
17. We are working closely with local authority colleagues to help make sure that older people are getting the care and support they need in the appropriate environment

and are not staying in hospital longer than required. Research clearly evidences the potential harm experienced when people remain in hospital longer than clinically required, or when admitted unnecessarily.

18. Additionally work to continue developing community mental health services remains a clinical priority, to transform services from an historic reliance on inpatient beds to safe clinically appropriate admission avoidance.
19. An illustration of the front elevation of the new hospital is provided below:



20. Further illustrations will be provided at the Committee meeting on 14th September 2018.

Developing a mental health hub for Selby

21. A new community mental health hub for Selby is in development and this will also be funded by TEWV from its internal capital resource.
22. Community mental health services in Selby are currently based in remote, poor quality accommodation, and with insufficient space to meet current and future clinical requirements.
 - Children and Young Person's services are located in The Cabins on Flaxley Road
 - Learning Disability services have shared access to hot desks at Selby Memorial Hospital
 - Adult and Older Persons community teams are based at Worsley Court on Doncaster Road but currently have insufficient space for all team members.
23. A number of options have been considered to develop a community hub model in Selby (similar to Huntington house in York) whereby all TEWV Selby teams can be

accommodated on one site, thus improving communication, transfers of care and maximising resource management.

24. Options explored have included refurbishment of the existing Worsley Court site (owned by NHS Property Services), purchase of the Worsley Court site and lease availability within local business accommodation. None of these options have been possible due to economic or availability factors.
25. A further option has now been considered to purchase land and build premises to meet service requirements in the local Selby area. This has several advantages, despite the increased initial outlay including lowered revenue consequences for the local service and greater control over the quality of facilities provided (including required maintenance programmes).
26. Whilst sites were being explored, a dedicated project design team has been meeting with service users, carers and clinical staff to identify specific requirements from which architectural plans have been developed. Copies of the planned internal layout will be available to members at the Committee meeting on 14th September.
27. Sites have been investigated in relation to meeting the space requirements identified and with regards to service user and carer accessibility. TEWV recently looked to purchase a site that was suitably located for easy local access but unfortunately this site is no longer on the open market. Other sites are now being explored, one of which carries identical benefits and negotiations are currently underway.
28. Discussions within the One Public Estate agenda have been extremely useful in helping to identify potential sites, understand local variances and to connect with key people. These connections will be ongoing across the locality.
29. Once a site is identified it is anticipated that the building programme will take approximately 24 months from site purchase to operational handover and it is intended that we vacate the Worsley Court site at that point, handing it back to NHS Property Services.
30. To improve our services in the interim period we are investing in refurbishment of some facilities at Worsley Court to ensure more service users can be seen and hence positively impact access to services. Additionally we have refurbished dedicated space for staff training to improve the local opportunities and reduce the need for staff to travel out of area for mandatory training, ensuring more patient-facing time is available. These elements have been funded from our internal capital programme.
31. Artists impression of the new Selby Hub will be available at the meeting.

Engagement with service users and carers

31. Engagement with service users and carers has been integral to developing local services and this includes development of our estates.

32. Service users and carers were involved in the “Discover” work, facilitated by TEWV and Vale of York CCG in early 2016 to understand local needs and to seek meaningful feedback.
33. In April 2016 service users and carers identified the key design features they wanted to be incorporated in the new hospital, prior to the appointment of the contracted architects.
34. There have since been 40 separate design workshops held regarding the new hospital and service users and carers have been involved in 36 of these.
33. This level of engagement has enabled us to understand people’s needs, identify what supports recovery and what can sometimes hinder it, what makes the difference in enabling someone to feel comfortable, safe and respected within our care and to listen properly to service user’s experience and learn from these.
34. Service users and carers regularly challenge our thinking and whilst we sometimes need to receive feedback which is hard for us to hear, we are pleased that people feel able to come forward and hold us to account so that we can make improvements. This has been especially pertinent in the design of the new hospital and has sometimes radically changed the layout or adjacencies within clinical areas.

Partnership working

35. Partnership working is a key factor to the success of mental health service development, in assuring a joined up approach which meets the overarching themes of the city-wide mental health strategy.
36. TEWV has been working closely with partners for some time and views this work as essential in developing services that meet people’s needs without duplicating provision unnecessarily.
37. In TEWV, York and Selby mental health services have liaised closely with colleagues in Trieste (Italy) through the work of the International Mental Health Collaborating Network. This work has included learning sets with service users and carers and a recent visit to see services in Trieste to understand their transition from an historical reliance on inpatient beds to a focus on flexible and responsive community support.
38. With regards the new hospital, positive partnerships are being developed with neighbouring organisations and academic providers:
 - Partnerships with York St John University are growing with benefits to both organisations including academic study programmes, use of shared facilities and exploration of mutual mental health research opportunities
 - Partnership with Joseph Rowntree Housing Foundation are beginning, to explore how we might improve pathways of care, access to accommodation and maximising use of existing community infrastructures to support our community-facing focus.

- We are working closely with the University of York to support the development of a dedicated Research and Development facility in the new hospital. This is progressing positively and we are looking to finalise licence details later this year.

Finance

39. Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) became the local provider of mental health services in October 2015. The contract stipulated a fixed price with potential additional investment associated with national priorities. The contract currently reflects a 5 year term with the opportunity to extend by a further 2 years if required.
40. The financial model was based on reinvestment of savings associated with transforming the legacy bed-based service into a more contemporary (evidence-based) community-focussed mental health service.
41. In October 2015 the inherited financial split between inpatient and community funding was 44% inpatients and 56% community (figure 1)

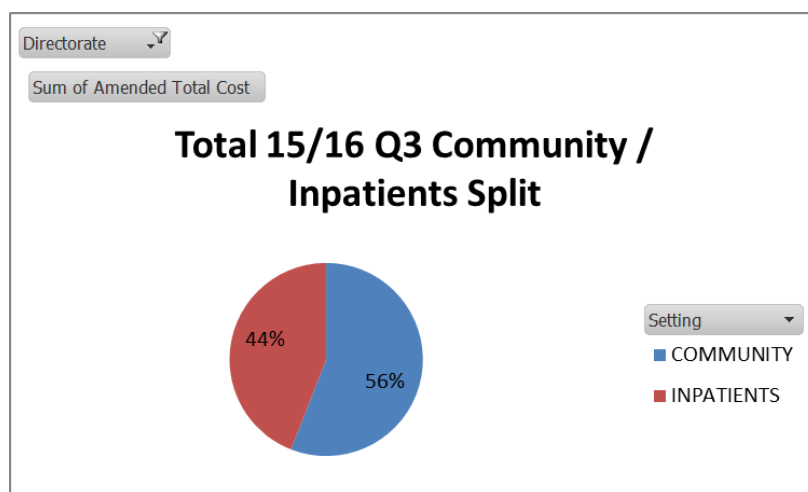


Figure 1

42. We recognised that community services required increased financial investment in order to deliver a revised care model to meet the expressed expectations of our service users and carers.
43. Following a number of significant developments and the ongoing realignment internally of teams, by March 2018 the funding split had changed with an increase in community services funding to 67% (figure 2).

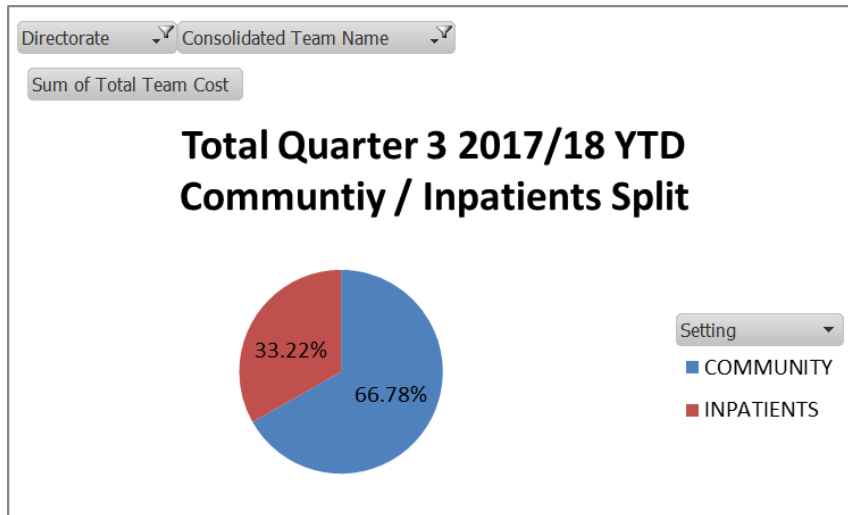


Figure 2

44. This change illustrates our ongoing commitment to increase financial investment into modern community services and to support the development of new clinical models to enhance appropriate community-based treatment alternatives to hospital admission. The above numbers reflect the patients within the TEWV estate and exclude those placed within secondary commissioned inpatient settings.
45. Figure 3 represents the proportion of the TEWV contract in relation to the contracted specialities:

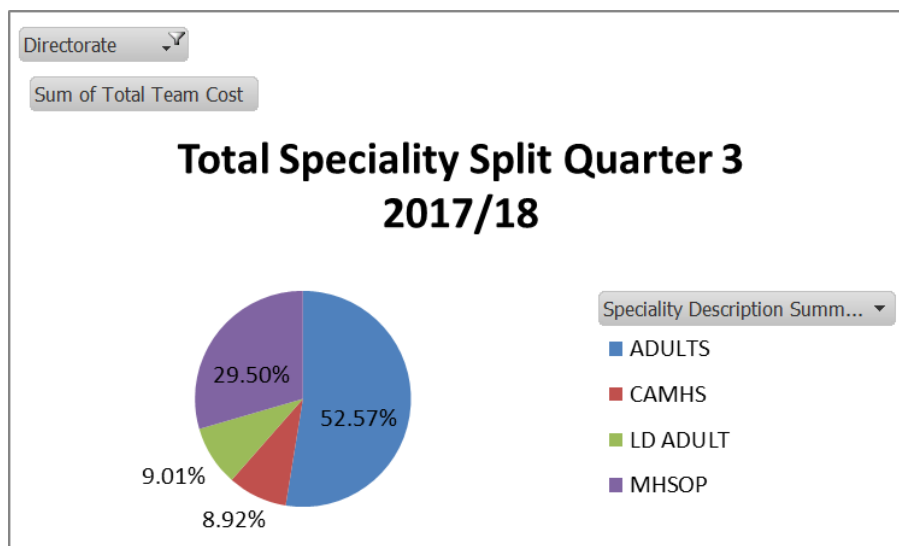


Figure 3

46. Corporate (including back office) functions are allocated to each speciality budget as part of how we cost patient services. Costs for management, nursing and governance etc are also allocated to specialities, within specific teams, rather than reporting these separately.
47. The Trust is working with the CCG and partners, to ensure that additional financial investment is prioritised within services (as part of national priorities as identified

within the mental health taskforce report) in order to effectively meet the needs of people in the Vale of York.

Implications

- **Financial** – TEWV is funding the new hospital and Selby Hub from internal capital resources.
- **Human Resources** - A workforce plan is being developed with senior clinical colleagues to ensure safe staffing of inpatient areas and to maximise skills alignment to provide a breadth of intervention which is clinically appropriate and to support best health outcomes.
- **Equalities**- Equality impact assessments have been completed for all service changes and estate developments. No issues requiring resolution have been highlighted.
- **Legal** - TEWV are compliant with all legal requirements regarding these two developments.
- **Crime and Disorder** - The planning approval for this new hospital development includes advice from North Yorkshire Police re site and personal security.
- **Information Technology (IT)** – Both sites will embrace technological advances.
- **Property** – TEWV has purchased the new hospital site and is funding the construction. It is looking to purchase a site for Selby Hub and will also fund it's construction.

Conclusions

48. The development of a new mental health hospital is a hugely exciting opportunity for York and Selby. It will offer modern healthcare facilities which provide a safe and comfortable environment in which to receive care, and for carers to visit.
49. The opportunity afforded by this development allows new interventions to be supported by enabling the environment to meet best clinical practice, whilst enhancing safety, privacy and dignity. The high quality of accommodation and abundance of indoor and outdoor space available maximises service user choice and in supporting healing processes.
50. Similarly, the development of a community mental health hub for Selby offers an exciting opportunity to embed best practice, maximise the efficiency of care delivery, and to ensure easy early access for service users and carers to support improved health outcomes.
51. By accommodating all community mental health specialties (CAMHs, Adults, Older Persons and Learning Disabilities) in one hub will significantly improve communication, transitions between services and positively impact service user experiences.

Recommendations

52. The committee is asked to receive and note this briefing.

Background Papers:

53. No background papers are attached to this report.

Annexes

54. No annexes are attached to this report.

Authors:

Martin Dale, Strategic Project Manager, Tees Esk & Wear Valleys NHS Foundation Trust

martindale@nhs.net

Patrick Scott, Director of Operations, Tees Esk & Wear Valleys NHS Foundation Trust

patrick.scott2@nhs.net

**North Yorkshire County Council
Scrutiny of Health Committee
14 September 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 December 2018.

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

Forthcoming Mid Cycle Briefing dates in 2018 are:

- 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
3 September 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. At Mid Cycle Briefing on 27 July 2018
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.

	23 Feb	16 Mar	22 Jun	14 Sept	14 Dec	
11. Stroke service provision in Harrogate and Craven						Development of proposals through the West Yorkshire and Harrogate Integrated Care System – to 2 November Mid Cycle Briefing Local service discussion – 27 July Mid Cycle Briefing
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. Emergency services response to vulnerable people with mental health problems				✓		Initial discussion with Police and Crime Commissioner about the impact upon policing.
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. York FT – Home first project						Overview at 27 July 2018 Mid Cycle Briefing
Public Health Developments						
18. 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.
19. Dentistry provision in North Yorkshire – NHS England			✓			NHS England (Yorkshire and Humber) – review the plan for commissioning the wider dental pathway
In-depth Projects						
20. Health and social care workforce planning – joint scrutiny by Scrutiny of					✓	Progress report.

	23 Feb	16 Mar	22 Jun	14 Sept	14 Dec	
Health and Care & Independence OSC						
21.Dying well and End of Life Care - HWB						Progress report at 27 July 2018 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*	11 September 2018 10.30am	11 December 2018 10.30am	12 March 2019 10.30am
Scrutiny of Health Committee	14 September 2018 10.00am	14 December 2018 10.00am	15 March 2019 10.00am
Mid Cycle Briefing*	2 November 2018 10.30am		26 April 2019 10.30am

*Agenda Briefings and Mid Cycle Briefings are attended by the Chair, Vice Chair and Group Spokespersons only.