Tees, Esk and Wear Valleys NHS

NHS Foundation Trust

PROJECT / WORKSTREAM SCOPING DOCUMENT

Project / Workstream Name:	North Yorkshire & York Right Care, Right Place Programme
Project / Workstream Manager:	David Kerr
Programme	Right Care, Right Place
Date this form is being considered) by Programme Board	October 2019

1. Background of Project:

Trust Context

Following the Board Business Planning event in October 2018 it was agreed that a new programme which would encompass community, inpatient and urgent care delivery, would be initiated: Right Care, Right Place (RCRP).

The RCRP programme aims to deliver a more integrated and seamless approach to care and in doing so deliver improved patient outcomes with a recovery focused approach being at its core.

Following an initial scoping-phase project to agree a vision and set of principles for the RCRP programme, the next phase of work is for each locality to develop their own proposals on how to implement the principles, in conjunction with local stakeholders

North Yorkshire & York Specific Context

The four geographic patches (Hambleton & Richmondshire, Scarborough, Whitby & Ryedale, Harrogate & Rural District and York & Selby), that make up the North Yorkshire & York Locality are currently in different and unique positions, with a number of different partnership arrangements, structures and transformation programmes under way. In addition, the Locality is relatively new and formed from the merger of the North Yorkshire and the York & Selby Localities. There is a great deal of excellent work already underway in both areas and we are combining our expertise, experience and energy to strive for excellence. It is our intention to build on, link into and align our RCRP work with these existing arrangements as far as possible. This document sets out the North Yorkshire & York Locality plan for stakeholder engagement to co-produce a vision as well as providing details of our proposed governance and project management arrangements which are detailed below and reflected diagrammatically in section 2.

Planned Care - Community Service Development

There are very well established partnership groups (including service user/carer involvement) and work-plans within North Yorkshire & York that have agreed priorities and deliverables that will intrinsically support the RCRP agenda.

Community Teams in both AMH and MHSOP have transformed over the last 18 months, forming integrated teams that provide a more seamless care pathway. AMH and MHSOP community teams in Hambleton & Richmondshire have moved to extended hours and now work across 6 and 7 days respectively. A similar transformation process is now underway in Harrogate pending the outcome of the community engagement that is underway.

It is planned to link/reconfigure the Community teams more closely with the newly formed Primary Care Networks across the locality to provide opportunities to integrate care further. Public Health have developed PCN level "maps" to support PCNs and others to focus on specific local challenges and health gaps, including prevalence and level of mental health need.   There are a range of existing initiatives, some of which led by TEWV, that give us an excellent base from which to maximise opportunities for further development with our partners.

North Yorkshire and York's new models of care programme aims to bring services closer to home and in stronger alignment with GP practice hubs is progressing with an initial focus on the older population (in particular care homes and frailty). There is considerable energy across the locality to further develop their approach around place based, local care and ensure mental health care is included within this.

Harrogate (Harrogate and Rural Alliance HARA) - The Alliance is a new initiative to align and integrate all community care in the Harrogate and Rural Districts. This alliance brings together acute community and primary care to form new integrated core services under the single management of the HARA Leadership Team. These services (with an initial focus on older people and frailty) are an evolution of the previous Harrogate Vanguard. Phase two of this development will include closer alliance with TEWV community services and offer opportunities to realise the shared principles of RCRP.

City of York (Connecting Our City) – Similar to HARA in Harrogate, the Trust is working closely with partners including City of York Council, The University of York St John, the 3rd Sector to develop an integrated, recovery focused mental health services across the City of York that addresses mental health needs in the context of the persons whole needs ie health, housing, employment etc. This programme aims, over the next 5-10 years to transform the way that we support people's mental health and wellbeing in York. It is our ambition that individuals, organisations and communities all work together to achieve the best possible levels of mental health and well-being possible.

The Trieste Mental Health Model – The 'Connecting our City' programme is heavily influenced by the model of mental health services in the city of Trieste, Italy, which is seen by the World Health Organisation as one of the best models of mental

health care in the world. The model is based on a series of principles that define a truly community based and community supported model of mental health care delivered where the person lives. The service user is right at the centre of this model, with individual tailored and funded packages of care delivered through social cooperatives. The key driver for success is that everyone in the community (Service Users, Health, Social Care, Police, Council, community businesses etc) believes that it is their responsibility to work together to provide a connected and supportive mental health and wellbeing system. These fundamental principles form part of the Connecting Our City ambition, they are also transferrable to the rest of North Yorkshire.

Hambleton & Richmondshire (H&R) - The proposed Catterick Garrison Health Campus provides an opportunity to provide truly integrated health and social care services to the Garrison and the wider Richmondshire area. This will be achieved through an active partnership between primary, secondary, community and mental health provision through both the NHS and MOD so that the whole population, armed forces and civilian, experience equal access to high quality services in the most efficient way. The principles and values that drive the RCRP programme will be key enablers to make this initiative successful.

A new Community Services Hub is being built in Northallerton that will house mental health services and social care staff from all specialities, providing a new and joined up community focus for services.

Scarborough, Whitby & Ryedale (SWR) - The Ambition for Health programme is a five-year programme which aims to transform three key aspects of health and social care across Scarborough, Whitby and Ryedale. RCRP will look to influence and inspire people to lead a healthy lifestyle. This means:

- Prevention and self-care – with a particular emphasis on alternative places of safety, the development of a mental health café and reducing stigma in partnership with Scarborough Survivors, the Community Safety Hub, the 'Whole New World' initiative and 'Time to Change'.
- Improving emotional health, through better mental health services and helping people to live well with dementia
- Listening to, and shifting power, to patients and the public, including through better information and advice

Care at home – an ambition for truly joined up health and social care in our communities:

- When people do need to be admitted to hospital, ensuring they return home as soon as they are fit and ready to do so
- Provide more services in the community wherever possible, including better support for carers
- Working together to align services, reduce duplication and ensure a positive experience of health and social care

Delivering sustainable services for local people. This means working closely with our partners to:

- Provide services of the expected quality and safety, within budget
- Developing our workforce and recruiting and retaining the right people for the right roles.

Unplanned/Urgent Care Service Development

Across North Yorkshire & York, the established Crisis Care Concordat Urgent Care Sub-Group (All Age Crisis Response Work-stream), has achieved a considerable amount of change over recent years to develop a vision for a 24/7 all age crisis response across the whole locality, spanning prevention through to recovery. TEWV's role within this, driving the crisis response work-stream, has prioritised the establishment of an all age, multi-disciplinary/speciality response, co-located teams linked with a range of other partners that has enabled the locality to develop initiatives across the wider crisis pathway including MH, Triage in the Police Force Control Room, Street Triage services in Scarborough and York (with a plan to develop another service in Harrogate), the development of alternative places of safety in partnership with the 3rd Sector and NY Police and the development of Crisis Cafes in York and Scarborough.

CAMHS Crisis Services are now well established and integral to the provision of an all age crisis response across North Yorkshire & York.

Equally, acute liaison services have worked hard to develop their role and capacity within acute hospital settings and are seeing an increasing positive impact for both users and staff.

As the North Yorkshire & York Crisis Care Concordat Urgent Care Sub-Group (All Age Crisis Response Work-stream) is already well established, with a shared vision for the future, shared priorities and an agreed work-plan that not only considers TEWV services but also early intervention and recovery, that there is no separate work-stream established for urgent care. Rather, we will ensure that we have appropriate representation on the CCC; that multi agency development work continues as planned within and across each of the Directorates in the locality; and that this is drawn together at LMGB and through focused discussion and reflection at regular LMGB development sessions. Each of the North Yorkshire & York project groups will receive updates on progress to ensure 'fit' with other strands of work and to assess the impact of improvement activity. The CCC also directly reports into the North Yorkshire Partnership Board and the York Contract Management Board so provides additional opportunities to provide assurance of multi-agency alignment.

Acute Inpatient Care Development

Acute services across the specialities within North Yorkshire & York have worked hard over a number of years to maximise efficiency and make best use of the bed base. Significantly in the past year has been the locality's ability to accommodate the following changes to the Localities inpatient provision:

- **Closure of the Friarage** – Community Transformation resulting in much less reliance on inpatient care through more assertive community interventions, extended working day and 6 day working for the community mental health teams and a strong link with the inpatient services in Tees & Durham for those requiring a hospital stay.

- **Potential closure of the Briary Wing** (pending public engagement) – The Harrogate & York Transformation Board, in partnership with our partners, is currently undergoing a public engagement regarding the possible future model for inpatient care in North Yorkshire & York. It is likely that the current AMH and MHSOP beds will no longer be provided in Harrogate following the proposed closure of the Briary Wing at Harrogate Hospital. It is proposed that care will be focused on a more robust community intervention through increased investment in the Community Teams, 6 or 7 day working and extended hours of operation. People from Harrogate that require an admission will use Foss Park Hospital in York.

- **Foss Park Hospital** – This new 72 bedded hospital is currently being constructed in the Haxby area of York. Completion is expected for 2020. This will provide Mental Health inpatient beds for the populations of Harrogate and York. The new hospital will work in close partnership with a number of organisation including the York St John University and its Discovery Hub. The Harrogate & York Pathways Steering Group is currently developing pathways to manage inpatient flow across both Harrogate, Wetherby and the York patches.

It is proposed that development work around acute care continues as planned within each of the Directorates in the locality, and is drawn together at LMGB and through focused discussion and reflection at regular LMGB development sessions. Each of the North Yorkshire & York project groups will receive updates on progress to ensure 'fit' with other strands of work and to assess the impact of improvement activity.

Governance Arrangements

There will be 3 distinct work-streams (as described above), overseen by a central reference group. Wherever possible these will build on and make best use of existing structures, regular reports from each project/development group to LMGB will ensure that internally there is a clear and consistent overview that draws all elements of the programme together. The 3 streams of work will be co-ordinated by specific place-based development/project groups in each of Scarborough & Ryedale, Hambleton & Richmondshire, Harrogate and York & Selby, as described below. Additionally, representatives from the locality are already engaged in other parallel work with partners across North Yorkshire & York relating to developments such as the Harrogate & Rural Alliance, Connecting Our City (York), place based commissioning and integrated community services, so will ensure all work undertaken under the auspices of RCRP will be aligned with these approaches and work-streams.

It is proposed that development of community services forms the most significant part of the development work through each of the North Yorkshire & York project groups. Further locality engagement events (for York and North Yorkshire) are planned for October 2019 to engage with a wider place based audience.

2. Proposed Governance Arrangements				
Is this a…	Project?	X	Workstream?	X
Will this project require capital investment? (Y/N)		**no**		

Name of Project / Workstream Manager	David Kerr, Right Care Right Place Delivery Lead
Members of Project Group (if applicable) – please give names and roles	The development of the Primary Care Networks across the whole of North Yorkshire is at different stages. The Vale of York and North Yorkshire PCNs are quite different and do not meet together. We are keen to ensure that the governance approach for this programme is truly PCN, population and place based to ensure that we get full engagement from our communities.

A number of meetings have been or are being arranged with key stakeholder leads ie; Individual PCN and Primary Care Leads for the Locality, 3rd Sector Leads including; Dementia Forward, Mind, Scarborough Survivors, The Haven, Changing Lives, Health-watch, Human Kind.

We are also engaging with some key Service User & Carer forums including; Harrogate SU Group and the York Carer Group.

A small Task & Finish Group has been set up comprising of LMGB members to design, scope and establish the engagement process during the first couple of months. The final membership and structure of our infrastructure to support the programme is currently being finalised. However, we have agreed with partners that we will establish a senior reference group, supported by distinct North Yorkshire & York project groups which in turn will feed directly into existing PCN leads/PCN forums. Our draft structure and membership, where this is confirmed, is shown below:

North Yorkshire & York RCRP Reference Group
Director of Commissioning, Vale of York CCG
Director of Commissioning, North Yorkshire CCGs
Primary Care Network Lead, Vale of York CCG
Primary Care Network Lead, North Yorkshire CCGs
Corporate Director NYCC
Corporate Director CoYC
NYP Commissioner |

	Director of Operations, North Yorkshire & York, TEWV RCRP Project Lead, North Yorkshire & York, TEWV Deputy Medical Director, TEWV Research Team, TEWV **York (Connecting Our City) Project Group/Mental Health Task and Finish Group (others TBC)** PCN Lead, York RCRP Lead Expert by Experience Carer CVS representative Public Health Converge, University of York & St John City of York Council Lead Chair of Mental Health Strategy Sub-Group TEWV Directorate Reps (AMH, MHSOP) TEWV Master Coach **Harrogate (HARA) Project Group/Mental Health Task and Finish Group (others TBC)** PCN Chair, Harrogate RCRP Lead HARA Director Expert by Experience Carer CVS representative Public Health NYCC Lead TEWV Directorate Reps (AMH, MHSOP) TEWV Master Coach **Hambleton & Richmondshire Project Group/Mental Health Task and Finish Group (others TBC)** PCN Chair, Hambleton, Richmondshire & Whitby RCRP Lead Expert by Experience Carer CVS representative Public Health NYCC Lead TEWV Directorate Reps (AMH, MHSOP) TEWV Master Coach **Scarborough & Ryedale Project Group/Mental Health Task and Finish Group (others TBC)** PCN Chair, Scarborough & Ryedale RCRP Lead Expert by Experience Carer

	CVS representative Public Health NYCC Lead TEWV Directorate Reps (AMH, MHSOP) TEWV Master Coach
Proposed Governance and Project Management Arrangements	**NYY Proposed RCRP Governance Structure**

3. Stakeholder Engagement

Is this project / workstream likely to trigger the NHS England service change assurance criteria? Please mark each item in the checklist below "Y" or "N"

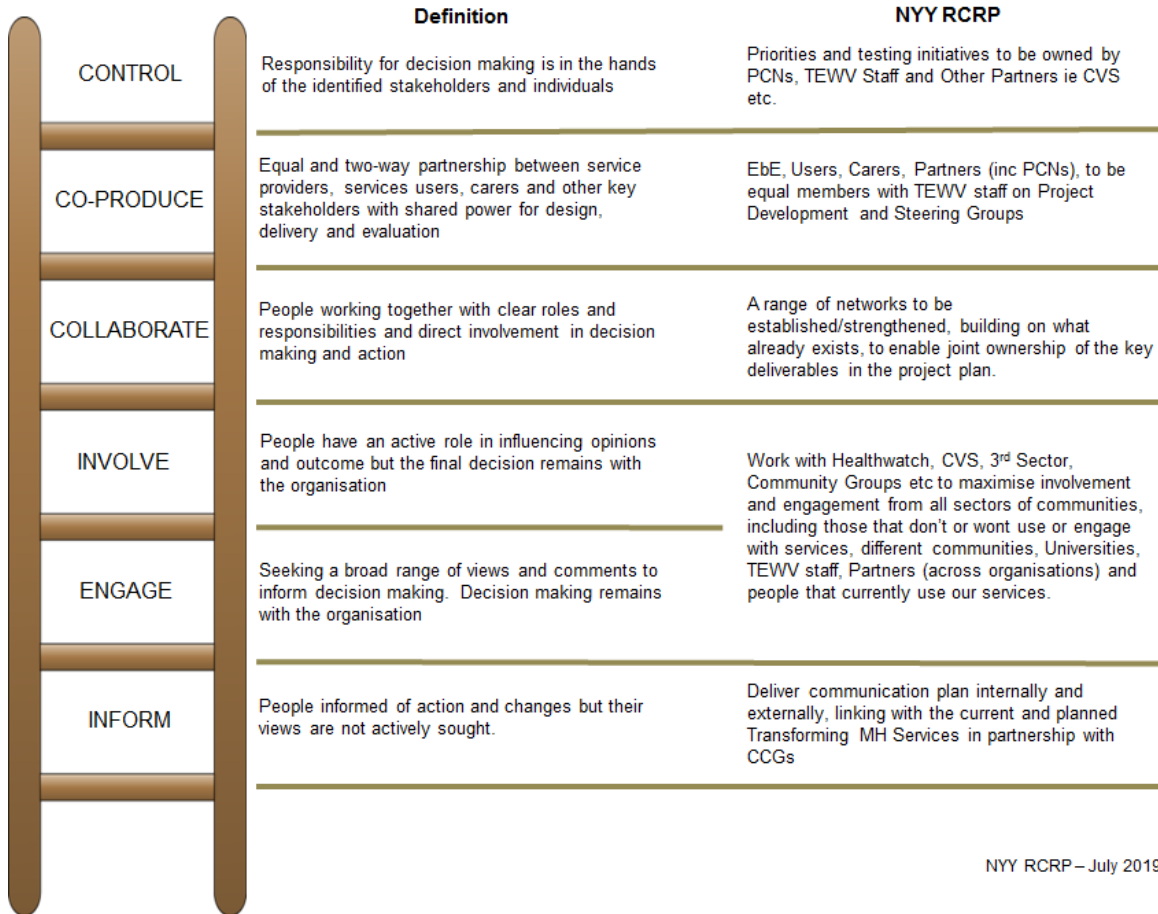|		
1.	Is the change likely to cause disquiet or controversy among existing patients and their carers / families?	No
2.	Is the change likely to be politically controversial at local or national level? (Local Authorities, pressure groups or individual MPs)	No
3.	Does the change involve a service physically moving from one site to another	Possibly
4.	Will the change lead to service users in one Locality having to go to a different Locality	No
5.	Does the change increase clinical risk significantly? (or do our clinical assumptions rely on untested and unproven assertions that do not have a clear evidence base)	No
6.	Is the CQC / NHS Likely to have concerns about the change?	No
7.	Do our commissioners view this as a significant change?	No
8.	Does the proposed change contradict or undermine an STP plan, or major plans of other health and social care providers in the relevant Localities	No
9.	Could the change be interpreted as reducing the opportunities for patients to exercise choice?	No

If you have ticked "yes" to any item on the checklist please contact the Head of Communications and Head of Planning and Business Development for advice.

Project approach to stakeholder engagement

Our developing approach to stakeholder engagement is shown diagrammatically below. This will be refined over the coming months in line with development of our full business case and will enable parallel work to develop and test prototypes quickly to inform and help develop a clear vision for North Yorkshire & York that is "owned" by the system.

North Yorkshire & York Right Care, Right Place Engagement Plan

	Definition	NYY RCRP
CONTROL	Responsibility for decision making is in the hands of the identified stakeholders and individuals	Priorities and testing initiatives to be owned by PCNs, TEWV Staff and Other Partners ie CVS etc.
CO-PRODUCE	Equal and two-way partnership between service providers, services users, carers and other key stakeholders with shared power for design, delivery and evaluation	EbE, Users, Carers, Partners (inc PCNs), to be equal members with TEWV staff on Project Development and Steering Groups
COLLABORATE	People working together with clear roles and responsibilities and direct involvement in decision making and action	A range of networks to be established/strengthened, building on what already exists, to enable joint ownership of the key deliverables in the project plan.
INVOLVE	People have an active role in influencing opinions and outcome but the final decision remains with the organisation	Work with Healthwatch, CVS, 3rd Sector, Community Groups etc to maximise involvement and engagement from all sectors of communities, including those that don't or wont use or engage with services, different communities, Universities, TEWV staff, Partners (across organisations) and people that currently use our services.
ENGAGE	Seeking a broad range of views and comments to inform decision making. Decision making remains with the organisation	
INFORM	People informed of action and changes but their views are not actively sought.	Deliver communication plan internally and externally, linking with the current and planned Transforming MH Services in partnership with CCGs

NYY RCRP – July 2019

4. Project / Workstream Development Plan

A more detailed project plan of the specific work required to deliver the locality's plan over the coming 6 months is being developed. However, high level actions and milestones are shown below:

Action	Timescale (all 2019 unless indicated)	Responsible Officer
Establish Project / Work-stream draft membership	End July	D Kerr

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Action	Timescale (all 2019 unless indicated)	Responsible Officer
Develop and circulate "key messages" briefing to Senior Reference Group	End July	D Kerr
Trieste Partnership and visit	July	D Kerr/York Project Team
Formally establish project group structure, including formal MH Task and Finish Group as a sub group of the existing PCN Leads meeting for North Yorkshire & York	August	D Kerr /tbc
Begin engagement with PCN Directors and begin to identify what would make the biggest difference quickly	August	D Kerr /tbc
Set up and populate risk register (air log)	End July	D Kerr
Meet all PCN leads	End August	D Kerr
Identify possible prototypes for early testing and implementation with PCNs, staff, partners and patients/families	End April 2020	D Kerr
Undertake contextual and data analysis at PCN level, including working with TEWV/Public Health Consultant	Sept	D Kerr
Fully map current position of services and multi-agency offer (including existing developments) across North Yorkshire & York	Sept	D Kerr
Complete stakeholder analysis including RACI profile to inform communication and engagement plan	Sept	D Kerr
Complete analysis of models elsewhere to identify possible learning	Oct	D Kerr
Work with Health-watch, Local Authority Events/Engagement teams, TEWV PPE team and others to explore options for patient/family/public/stakeholder engagement	Oct	D Kerr
Develop and finalise locality communication and engagement plan	Sept	D Kerr
Agree the "givens" for TEWV and the wider system	Sept	D Kerr
Begin to introduce possible small scale prototypes to inform development of vision	Sept onwards	D Kerr
Feedback and update on progress to LMGB	10th Sept	D Kerr
Monthly updates to range of appropriate partnership groups for sign off including: Mental Health Strategic Partnership Board (North Yorkshire) PCN Leads (Vale of York) Crisis Concordat (North Yorkshire)	26th Sept End Sept 25th Oct	D Kerr D Kerr D Kerr

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Action	Timescale (all 2019 unless indicated)	Responsible Officer
Present outline of approach and model options to EMT	25th Sept	Naomi Lonergan/D Kerr
Present initial thinking from Locality at TEWV Urgent Care Conference	27th Sept	D Kerr
Deliver series of multi-agency, service user/carer and public engagement events to develop vision for North Yorkshire	August - Nov	D Kerr
Deliver series of multi-agency, service user/carer and public engagement events to develop vision for Vale of York	August - Nov	D Kerr
Development of shared vision complete	Apr 2020	D Kerr
Identify the "system" resource that might be used to support implementation of the vision	End Oct	D Kerr
Consult E&D team (sarahjay@nhs.net) and conduct Equality Impact Assessment on potential options	End Oct	D Kerr
Consult Information Governance team and conduct Data Protection Assessment on options if required	End Oct	D Kerr
Inform Capital Investment Group if any changes to premises, leases, car parking, security team requirements etc could be required (contact suerice@nhs.net)	End Oct	D Kerr/Paul Foxton
Discuss any changes to IT systems with RADAA (meets first Tuesday of the month, contact Victoria.marshall2@nhs.net to obtain an agenda slot)	End Oct	D Kerr
Contact bryan.oleary@nhs.net if there is any reason to believe that one of the options will impact on medical training and discuss possible options and impact re Consultant staffing with Medical Director and DMD	End Oct	D Kerr
Contact Finance (directorate accountants) if any change to budgets in either direction could result from the options	End Oct	D Kerr
Contact Operational HR if the options are likely to result in organisational change	End Oct	D Kerr
Develop draft full business case (options/vision for the locality) and implementation plans for presentation to Programme Board	5th November	D Kerr
Present full business case (vision for the locality informed by prototype initiatives) and implementation plans to Programme Board	11th November	D Kerr

Action	Timescale (all 2019 unless indicated)	Responsible Officer
Presentation of draft full business case (vision for the locality informed by prototype initiatives) to LMGB and range of appropriate partnership groups for sign off: LMGB Crisis Concordat Mental Health Strategic Partnership Board Vale of York Integrated Care Board North Yorkshire Integrated Care Board NYYMHLD Partnership	13th Nov 27th Nov 19th Dec	D Kerr D Kerr D Kerr Naomi Lonergan Naomi Lonergan Naomi Lonergan
Programme Board agrees full business case	End Dec	Naomi Lonergan
Implementation stage Project Plan complete	End Dec	D Kerr
Implementation Project Plan agreed by Programme Board	End Dec	Naomi Lonergan
Present Locality Vision and Implementation Plans to Trust Board	7th January 2020	Naomi Lonergan

5. Resources to develop the project / workstream

What staffing and other resources are available?

Person	Time needed	Agreed by their manager?
D Kerr	Variable	Yes
Project Group Members	Variable	Yes
Heads of Service	Variable	Yes
Clinical Directors	Variable	Yes
Locality Planning Lead	Variable	Yes
Experts by Experience	Variable	Yes
Locality KPO Lead	Variable	Yes
Locality Finance Lead	Variable	Yes
PCN Leads	Variable	Agreed by Group Chair
Information Services	Variable	

Are staffing or other resources being requested from the programme board and its members? If so, please detail below

Non recurring revenue		
	£	**What will this resource be used for?**
Current financial year	**£10,000**	To support wide research,engagement and involvement to develop the "North Yorkshire & York" vision and ambition for the future, inc venues and use of artists

		To visit examples of innovation nationally and internationally to learn from others
Next financial year	**TBC**	

Use of existing staffing resources		
Person	**Time needed**	**What will they do?**
Finance	unknown	Support detailed work relating to financial flows and envelopes
HR	unknown	Support detailed work as programme progresses re workforce impact and change
Estates	unknown	Support detailed work as programme progresses
IT	unknown	Support detailed work as programme progresses
Information Services	unknown	Urgent work to review IIC reports available and produce reports that are needed to support development of community models at PCN level – reports required to allow analysis to be completed July-August 2019. Will include rationalisation and alignment of practice codes/names Access for project lead to export data from IIC to excel to support analysis and development work
Organisational Development	unknown	Support detailed work as programme progresses especially re workforce change

Use of other Resources		
Resource (e.g. room)	**How often**	**Until when?**
Office accommodation for Delivery Lead and Project Team base	Daily	Until further notice