

HEALTH AND WELLBEING SCRUTINY COMMITTEE

At a meeting held on Wednesday, 28th September, 2011

Present:-

Councillor T Lawn (Vice-Chair, in the Chair);
Councillors A Abbott, J Armsby (as a substitute for Mrs J Jefferson), S Bairstow,
Mrs L Bastiman, D L Billing, Mrs H F Mallory, Ms A Robinson, M Smith and
Mrs S Turner

Also present at the invitation of the Chairman

Ms Amanda Brown (Locality Director, NHS North Yorkshire and York) – for
Item 5

Ms Alyson Elder (Ingham Play Park Committee) – for Item 6

Mr James Hayward (Director of Facilities, Scarborough and North East
Yorkshire Healthcare Trust) – for Items 4 and 5

Mr Mike Proctor (Deputy Chief Executive, York Teaching Hospital Foundation
Trust and Interim Chief Executive, Scarborough and North East Yorkshire
Healthcare Trust) – for Items 4 and 5

Dr Marcus Van Dam (GP, Danby Surgery) – for Item 5

Ms Lisa Ward (Ingham Play Park Committee) – for Item 6

Ms Sarah Wyatt (Whitby Hospital Action Group) – for Item 5

1. **DECLARATIONS OF INTEREST**

Councillor Abbott declared a personal interest in agenda item 5, Future of
Whitby Hospital since he was a member of Whitby Hospital Action Group.

Councillor Mrs Turner declared a personal interest in agenda item 5, Future of
Whitby Hospital since she was a member of Whitby Hospital Action Group.

Councillor Lawn declared a personal interest in agenda item 6, Ingham Play
Park, Sleights - Councillor Call for Action since his father-in-law's firm Wilf
Noble tendered for the works.

2. **MINUTES**

RESOLVED that the minutes of the meeting held on 27 July 2011 be
approved as a correct record and signed by the Chairman.

3. **PUBLIC QUESTION TIME**

The Chairman reported that no public questions had been submitted.

4. **MERGER OF SCARBOROUGH AND NORTH EAST YORKSHIRE NHS TRUST AND THE YORK TEACHING HOSPITAL NHS FOUNDATION TRUST**

The Committee received a verbal progress report by Mike Proctor, the Deputy
Chief Executive of York Teaching Hospital Foundation Trust (YTHFT), and the
Interim Chief Executive of Scarborough and North East Yorkshire Healthcare

Trust (SNEYHT) on the integration of both organisations. Members were reminded that because of Government requirements to become a Foundation Trust and SNEYHT's long standing financial difficulties and problems in clinical performance, the SNEYHT had approached YTHFT to consider the acquisition of SNEYHT by YTHFT. On its own, YTHFT was a break even organisation, and SNEYHT a deficit organisation, therefore additional financial support would be needed to make the acquisition a success. Mr Proctor believed that in clinical terms, the benefits would be enormous, by pooling the expertise of both organisations, thereby making services more sustainable, and introducing stability into the management. This was not about centralising services in York, since York Teaching Hospital was already at capacity. Foundation Trust status would also engender greater accountability through patient and staff representation on the Board of Governors. The Integration Plan, Integrated Business Plan and Long Term Financial Plan for the new organisation would be submitted to the independent financial regulator, Monitor by October, and then Monitor would hold a meeting with the YTHFT Board in January 2012. Both Boards of the existing organisations would then take a final decision following the outcome of the Monitor meeting. Subject to the above, the new single organisation would come into being in April 2012. Various questions were then put to Mr Proctor:

Q: What are the threats to the integration not going ahead?

A: The YTHFT Board may reject the proposal because of the financial consequences, but he believes the acquisition is the way to secure the long term future of both hospitals. The larger the organisation, the more viable it becomes.

Q: Will the recent Mascie-Taylor review and the recommendation to reduce the number of hospital beds across North Yorkshire and York by 200 have implications for the integration?

A: How to manage the recommended reduction in hospital beds has yet to be decided, but if beds are to be lost, these should be in acute hospitals, not community hospitals, which he believes have a bright future.

Q: Why is YTHFT trying to acquire SNEYHT given its historical debt, critical Care Quality Commission reports, and problems with hospital acquired infection? And what is being done about the hospital acquired infection?

A: YTHFT has a track record of delivering quality services and can improve healthcare delivery in Scarborough and the surrounding area. SNEYHT has previously struggled because of the healthcare system, but York has resources to help Scarborough. However, given the levels of debt, this cannot be achieved without financial support from the centre. Hospital acquired infection statistics have shown improvement. There has been only one MRSA bloodstream infection this year at Scarborough Hospital and the Trust is on course to achieve its target of under 40 C. Difficile cases. However, he recognises that the Trust is going to have to make changes, and then embed them to win patients' confidence.

Q: Is the reduction in patient choice as a consequence of the acquisition an issue?

A: This is not an issue because of the rurality of the area concerned and the existing limited choice. He believes it is not the choice that matters to people, but rather that their local hospital is good.

Q: Why has the Pain Clinic at Scarborough Hospital been closed?

A: This was a commissioning issue, not a provider issue. The commissioning body believed that closing the clinic was an appropriate use of NHS resources.

Q: Looking into the future, how will the new organisation be affected by market forces in the healthcare economy?

A: Historically, work in Whitby has drifted north to Middlesbrough, and work in Bridlington has drifted south to the East Riding. The new Trust will aspire to offer as good a service as South Tees and East Riding, and so win patients back.

The Chairman thanked Messrs Proctor and Hayward for their attendance and invited them back to the Committee's meeting on 25 January 2012 for a further update.

RESOLVED that the report be received.

5. FUTURE OF WHITBY HOSPITAL

The Committee considered a verbal report by Amanda Brown, Locality Director, NHS North Yorkshire and York (NHSNYY), in respect of the future of Whitby Hospital. Ms Brown referred to a briefing and list of questions which had been previously circulated to members of the Committee. The briefing stated that the clinical model of Enhanced Community Teams (ECT) or 'Hospital at Home' was piloted at Whitby Hospital in 2010, leading to the temporary closure of Abbey Ward from November 2010 to July 2011. The objective of the pilot was to ensure that unnecessary hospital admissions were avoided, with quicker discharge and better coordinated follow-up care for people who are admitted to hospital. Earlier in the year, the National Clinical Advisory Team (NCAT) undertook a review to form part of the overall evaluation of the pilot. They endorsed this model of care, but viewed it within the context of a new wider strategic vision for community hospitals based on intermediate care (including rehabilitation and palliative care), outpatient services, diagnostics and minor injuries. However, they saw GP support for the new clinical models as pivotal, and advised against full implementation of the ECT and closure of the ward because of lack of local stakeholder support, and in particular of GPs. The NCAT also referred to the poor estate of Whitby Hospital and that any capital planning should flow from the future strategic direction agreed for the hospital. NCAT's findings and recommendations were further reinforced by Professor Mascie-Taylor's Independent Review of Health Services in North Yorkshire and York which concluded in August 2011 that community hospitals such as Whitby should be reviewed and redesigned as part of a wider strategy for improved community services. They should provide 'step-up' care for patients from the community and 'step-down' care for patients from acute hospital settings, so that care was matched to patient need and was provided in the right place. Mascie-Taylor specifically referred

to the Whitby ECT pilot as a model which should be considered. Mascie-Taylor provided a stark assessment of the North Yorkshire and York health economy, estimating that the efficiency savings required in North Yorkshire in the next four years would be in excess of £230 million. To meet this challenge he called for a radical solution and a shift in how healthcare is provided, including

- redesigning the model of care so that patients are treated according to their level of need
- reducing hospital inpatient beds, while increasing activity
- shifting care from the hospital to the community sector, and significantly developing community services

Ms Brown then provided further information to supplement the briefing. She reported that earlier this year the York/Scarborough Trust had taken over community services in the area including Whitby Hospital, and GPs representing the Whitby area had joined the Clinical Commissioning Group for Hambleton and Richmondshire. Mascie-Taylor's recommendations to provide more integrated healthcare services also needed to be seen in the context of radical changes in the way healthcare was to be commissioned which were proposed in the Health and Social Care Bill. Locally a new integrated approach to commissioning across primary, secondary and community care was therefore being developed with local GPs at the forefront. This was still in its very early stages but gave rise to new relationships and new opportunities. It was very important for the public and local stakeholders to be engaged in this developmental work. The strategic review of services provided at Whitby Hospital had aimed to report by the end of October, but Ms Brown added that this was an ambitious target, and if patients were to get involved which they needed to be, then the review may well take longer. Ms Brown recognised that the ECT pilot could have been managed better by NHSNYY. Although the GPs broadly agreed with the direction of travel, they wanted more control over the process and felt the pilot was rushed. They also had concerns over the closure of hospital beds. NHSNYY was now taking a broader, steadier and more inclusive approach to developing a vision for services at Whitby Hospital. Once this vision had been established, then the buildings and estate would be tailored to support the delivery of services in accordance with this vision. Ms Brown cited the example of Selby where the development of new healthcare facilities took some ten years. She added that the existing building had its problems – NHSNYY had recently invested some £1M to address major problems in the fabric of the building to enable services to continue to be provided from the premises. Ms Brown admitted that NHSNYY had tended historically to present proposals and potential solutions for Whitby as a *fait accompli*, but through the new Clinical Commissioning Group and new relationships this entailed, this work had to be done differently, with the public consulted earlier in the process, and the proposals opened out for discussion. The Chairman then invited Sarah Wyatt of Whitby Hospital Action Group (WHAG) to address the Committee and put questions to Ms Brown and Dr Van Dam. Ms Wyatt agreed there was a need for a much wider forum to include patients and other stakeholders to discuss the development of services at Whitby Hospital. The Chairman welcomed Ms Brown's recent letter to the Whitby Hospital Action Group requesting a

meeting to consider this issue. However, Ms Wyatt felt there were still questions which NHSNYY needed to answer about Whitby Hospital: for example, why did NHSNYY decide against investing in the theatres at Whitby Hospital?, what will be the fate of the Minor Injuries Unit? why was the decision made to close the operating theatre? In respect of the latter question, Mr Hayward, Director of Facilities at SNEYHT agreed to meet with WHAG to explain in detail the clinical reasons for closing the theatre. Dr Van Dam explained that the new Clinical Commissioning Group would be developing its vision over the coming months, but he agreed with Professor Mascie-Taylor that given the increasing number of older people with long term conditions, the model of care needed to change from the current very expensive scenario of patients with relatively simple medical needs taking up hospital beds. Mr Proctor, the Deputy Chief Executive of YTHFT which now ran Whitby Hospital, acknowledged that there needed to be more clarity, honesty and better communication between patients and NHS managers, but he also called for a break with the past, and a focus on developing improved healthcare facilities in Whitby. He identified four basic elements of the debate: what do patients want?, what do patients need?, what can be afforded?, and what is the clinical view about what is possible? It was the latter that was changing through the Mascie-Taylor report and other developments. The evidence needed to be presented and then discussed with stakeholders. There would not always be agreement – there remained an element of interpretation and judgement – but there needed to be honesty and transparency in the debate. Various suggestions were then made about how services could be improved at Whitby Hospital. Reference was made to problems in accessing healthcare facilities for Whitby residents because of distance from other hospitals and deprivation. In reply, Mr Proctor reiterated that he saw a bright future for Whitby Hospital, but by providing clinically appropriate services such as rehabilitation which could take pressure off other hospitals in the area. A further question was: who would be leading on the public engagement in the strategic review of health services in Whitby? NHSNYY or YTHFT? Ms Brown replied that the Clinical Commissioning Group would be taking the lead, which has to demonstrate how it has fulfilled its obligations to engage the public, to higher standards than NHSNYY has previously had to meet. The Chairman thanked all speakers for their contributions.

RESOLVED that:

- (i) the report be received;
- (ii) Ms Brown and representatives of the Clinical Commissioning Group be invited to the meeting on 23 November 2011 to give a progress report on the strategic review of services at Whitby Hospital and public engagement in this process; and
- (iii) Messrs Proctor and Hayward be invited to the meeting on 25 January 2012 to give an update on the integration of YTHFT and SNEYHT.

6. INGHAM PLAY PARK, SLEIGHTS - COUNCILLOR CALL FOR ACTION

The Committee considered a report by the Overview and Scrutiny Manager which set out the terms of a Councillor Call for Action initiated by the Chairman, Councillor Lawn in respect of how the Council supported Ingham

Play Park Committee (IPPC) to deliver the new play park in Sleights. Councillor Lawn explained that although this project had been an undoubted success, and could not have been realised without the support of the Borough Council, the IPPC had encountered many frustrations when dealing with the Council. Today's review therefore set out to identify what these frustrations were, if there were any weaknesses in the way the Council supported community groups to deliver such projects, and what lessons the Council could learn from Ingham Play Park in order to improve the way it supported community groups. Ms Alyson Elder of IPPC then addressed the Committee. Ms Elder explained that in 2006, with help from Eskdaleside-cum-Ugglebarnby Parish Council, a group was set up with the intention of redeveloping the derelict and disused play ground off Ingham Close. By April 2007 the group was formally constituted as Ingham Play Park Committee. This group consisted entirely of Sleights residents. Throughout, two members of the Parish Council attended all their meetings. The Parish Council paid for room hire at the local institute allowing them to meet as a group and to arrange meetings with outside bodies, and to obtain advice and direction from other organisations and funding bodies. To underline this support and add credibility, the Parish Council provided an initial grant of £2000. Due to funding body requirements (Lottery and Leader) the IPPC was required to finalise schemes for:

- (i) the lease of the site,
- (ii) maintenance of the equipment and also the green areas of the site,
- (iii) regular safety inspections (with the Parish Council to meet the costs of these)
- (iv) insurance
- (v) an Accountable Body to handle the grants (Scarborough Borough Council).

A formal agreement with SBC (as landowners) was negotiated to enable the group to prepare and submit bids for funding. By the end of 2009 it was agreed that SBC would appoint a project manager to work with the group. The IPPC was successful in its bids to the Lottery and Leader – the Lottery being a 2 stage process over 18 months which supported the successful Leader bid. Over £135K of funding was obtained to enable the creation of an impressive play park at Ingham Close. Ms Elder added that to achieve this project they needed to negotiate their way through a labyrinth of hoops. Although the project was complete, she commented that there were questions they needed to ask the management of SBC, in order (i) to improve the IPPC's understanding of why parts of the administrative system of SBC made it difficult to achieve their aim and (ii) to enable the IPPC to support and pave the way for other community groups experiencing difficulties in their dealings with the systems of SBC. The Head of Legal and Support Services, Ian Anderson then addressed the Committee in reply. A summary of his response had been circulated to the Committee. Mr Anderson identified three issues in particular which arose from the call for action:

- (a) the importance of communicating effectively how the Council's structures and budget operated so that community groups contemplating such a project understood the arrangements that would follow from the outset. Much of this information could already be found within the Council's Partnership Guide on

the Council website. However, Mr Anderson suggested perhaps a suite of web pages that were bespoke to projects such as this, which explained the Council and grant providers' approaches and how these needed to be addressed. Mr Anderson made this suggestion for several reasons. The first was the onerous requirements of grant providers dispensing public monies including public law procurement principles, and that ordinarily local community groups required an Accountable Body to act as guarantor of the project, with all the responsibilities this position entailed. He also referred to the substantial revenue implications of such a project especially the long term maintenance and repair of the equipment and associated grounds. Accordingly, the IPPC had looked to SBC to help the community deliver the project, act as Accountable Body and meet revenue costs arising from the implementation of the project. There were two difficulties with this request: (i) as revenue budgets had been cut, SBC had structured its overall budget to build capacity through capitalising salaries, instead of using revenue budgets. Funding to pay for the involvement of staff therefore had to be found through project budgets (ii) the revenue budget of the Council has been reduced year on year in real terms for the last five years and this trend was set to continue. Any proposal to extend the scope of the work undertaken through increased maintenance responsibilities therefore amounted to potential growth in the revenue budget unless it could be accommodated by efficiencies in the operation of the service.

(b) There appeared to be some frustration that the Council did not appoint an officer to deal with this project until the point there was agreement upon how such time would be paid for. This arose in part from the capitalisation of salaries. But he was also concerned at the disconnect between community expectations that the costs of support be met by the Council and the growing pressure on the Council's revenue budgets. An initial point of contact to support the information to be placed on the website could well assist in this regard. This point of contact may logically be through Regeneration Services. The purpose of the contact would be simply to support the information on the website and help the community explore how they may take the matter forward. Agreement to take any project forward and commit Council funds to it needed financial provision either through the project itself, or through a decision to commit funds through Cabinet. Recently the opportunity to submit capital bids had been extended to community representatives. Those projects that were supported should ordinarily be identified through this process.

(c) The community group had established new structures to manage the play park with consequent costs. Mr Anderson understood that a company limited by guarantee had been formed. However, in practice the major part of the responsibilities within the lease had been returned to the Borough Council through the Services Agreement. Yet within the Borough all areas outside of Scarborough Town were parished. As a local authority the parish council was subject to the same procurement regime as the public funders of the project. There were existing mechanisms such as the Parish Model Area Agreement that provided for the provision of funding to parish councils to fund responsibilities and furthermore the parish existed as a constituted body that could take on responsibilities and raise revenue through precepts, or set up

trusts to manage facilities. Mr Anderson suggested that parish councils could play a larger role in delivering and managing such projects.

Ms Elder responded by suggesting a meeting with SBC management first to help resolve specific issues around the Council support for the project, and then to identify the broader lessons to be learned. Members congratulated Ms Elder on the success of Ingham Play Park. They welcomed this call for action and the issues Mr Anderson had highlighted. They agreed with him that clearer, more accessible information for community groups was required with an initial point of contact to discuss groups' proposals. They felt that such an initial point of contact could have helped the IPPC to progress their project. Members also highlighted the pivotal role of parish councils to progress community projects. The Chairman, a member of Eskdaleside-cum-Ugglebarnby Parish Council, commented that the parish council had been involved from the start of the project, but for VAT reasons, they did not have the capacity to deliver it, nor the expertise. There were therefore issues around the capacity of parish councils that needed to be examined. Mr Anderson further suggested that perhaps seed funding in the Council's budget could be identified to assist communities and parish councils to develop capital bids. The renovation of Pannett Park in Whitby was cited as a model of how the Borough Council and a parish/town council could work in partnership to deliver a capital project. The Chairman thanked all the speakers for their contributions, and as per Ms Elder's request, suggested that Mr Anderson, Regeneration Services, Environmental Services, and himself meet with Ms Elder and Ms Ward to discuss their concerns and the ideas raised at today's meeting, with a view to officers submitting a report to the next meeting of the Committee on 23 November with some concrete proposals for Members to consider.

RESOLVED that:

- (i) the report be received; and
- (ii) as outlined above, a further report be submitted to the next meeting on 23 November 2011.

7. WORK PROGRAMME 2011/12

The Committee considered a report by the Head of Legal and Support Services (Reference 11/339) to assist Members in planning the committee's work for 2011/12. In addition to the new items agreed under minutes 4, 5 and 6, Members agreed to invite a representative of Yorkshire Ambulance Service Trust to the next meeting on 23 November, to speak to the current consultation on YAS's plans to become a Foundation Trust.

RESOLVED that, subject to the above amendments, the report be received.

Chairman