

## **NORTH YORKSHIRE COUNTY COUNCIL**

### **SCRUTINY OF HEALTH COMMITTEE**

Minutes of the meeting held at The Oasis Family Centre, Scarborough on 16 February 2010.

#### **PRESENT:-**

County Councillor Gareth Dadd in the Chair.

County Councillors:- Val Arnold, Andrew Backhouse, John Blackie, Margaret Hulme, Penny Marshall (substitute for Andrew Williams), Heather Moorhouse and Stephen Shaw (substitute for Shelagh Marshall).

District Councillors: David Heather (Craven), Ian Galloway (Harrogate), John Clark substitute for John Raper (Ryedale), Eileen Vickers (Scarborough) and Ruth Sayner (Selby).

Officers: Bryon Hunter (Scrutiny Support) and Jane Wilkinson & Louise Barker (Legal and Democratic Services)

#### **Present By Invitation:-**

NHS North Yorkshire & York (NHS NY&Y): Simon Cox, Graham Purdy and Sue Metcalfe.  
Scarborough & North East Yorkshire NHS Trust (SNEY): Richard Sunley, Mark Andrews and Dr Martin Hawking.

North Yorkshire Local Involvement Network (LINK): Leo McGroary  
NHS Yorkshire & the Humber – Rosamond Roughton

Apologies for absence were received from County Councillors Keith Barnes, Shelagh Marshall, and Andrew Williams and District Councillors Bridget Fortune (Hambleton), Rob Johnson (Richmondshire) and John Raper (Ryedale).

In attendance eight members of the press and public.

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**COPIES OF ALL DOCUMENTS CONSIDERED ARE IN THE MINUTE BOOK**

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#### **28. MINUTES**

##### **RESOLVED –**

That the Minutes of the meeting held on 22 January 2010 to be taken as read and be confirmed and signed by the Chairman as a correct record subject to the following amendment:-

Min No 23 – Scarborough Pain Clinic – Recommendation (iv)

Add the following words “however, we also welcome Richard Sunley’s pledge to do this”.

#### **29. CHAIRMAN’S ANNOUNCEMENTS**

None

#### **30. PUBLIC QUESTIONS OR STATEMENTS**

The Chairman announced that members of the public who wished to speak at the

meeting would be invited to do so during consideration of the relevant item of business.

### **31. SCARBOROUGH, WHITBY AND RYEDALE STRATEGIC REVIEW**

CONSIDERED –

The report of the Head of Scrutiny and Corporate Performance inviting Members to comment on the work taking place to develop a plan for long term sustainable healthcare services in Scarborough, Whitby and Ryedale areas. In particular Members were invited to comment on NHS' plans for formal consultation should changes to services prove to be necessary.

The Committee received a joint presentation from Simon Cox, Dr Martin Hawking, Mark Andrews and Richard Sunley. A copy of the presentation slides is in the Minute Book. The presentation covered the following key areas:-

- Why reform of the local health system was necessary.
- The approach adopted by the Strategic Review.
- An outline of the preferred model of care.
- Timetable for implementation of the preferred model of care.

The Scrutiny Support Officer agreed to provide Members with a copy of the presentation slides used during the meeting.

The presentation referred to evidence that showed it was possible to run a small general hospital with a wide range of emergency and other services where it was part of a wider network with other neighbouring hospitals. The vision for Scarborough and Bridlington Hospitals was to translate local knowledge of demographics and the drivers for change around clinical and financial sustainability into new commissioning arrangements that would require integrated care pathways and partnership working with neighbouring Trusts.

Key characteristics of the new model included:-

- Simplify – reduce the wide range and complex nature of unselected A&E and emergency presentations.
- Division between the management of patients who are acutely ill and those in the recovery phase through an 'acuity model'.
- Effective integration of primary and secondary care for urgent care and for patients with chronic diseases.
- Flexible capacity – generic teams and multi-skilling.
- Responsive to need – intelligent information systems and care pathways across primary and secondary care.
- Planning for predictability – elective and chronic disease management with local and specialist networks.
- Incentivise desired actions – day surgery precludes pre-operative admissions; funding supports integrated care pathways, reducing admissions and facilitating early discharge.

Drs Martin Hawking and Mark Andrews stressed that small district hospitals such as Scarborough would never have the volume of patients to justify the range of services provided at larger hospitals such as the James Cook University Hospital in Middlesbrough. Therefore the needs of the community to have local access to healthcare services had to be balanced against the needs of consultants to develop their own particular specialisms. The efficiencies described in the presentation would he said enable specialists to be recruited and would see patients benefiting from the latest developments in healthcare.

The Committee was advised that there was strong clinical support for the findings of the Strategic Review and that staff were both committed and enthusiastic about implementation of the review findings.

Members fully recognised the need to be realistic about the future of Scarborough Hospital and voiced their support for the innovative approach described in the presentation. Members said they were heartened to see the NHS working in partnership and enquired about the current financial viability of Scarborough Hospital and asked whether any work to cost the proposals had been undertaken.

The Committee was advised that SNEY Trust had been financially viable for the past two years with the monetary surpluses it produced being used to repay outstanding historic debt. Assurances were given that the Trust anticipated it would have a £1.9M surplus at the end of the current financial year and that this money would be used to repay historic debt.

Rosamond Roughton, NHS Yorkshire & Humber addressed the Committee. She said that Scarborough Hospital was one of small group of seven hospitals nationally facing similar problems due to its geography and patient numbers. The Strategic Health Authority fully supported the strategic review which clearly demonstrated how vital it was for the model of care to change. Some work on the affordability of the proposals had been undertaken but further financial modelling was still needed. She said that the workforce model proposed was very innovative and would require input from the Royal Colleges on the impact on career pathways for doctors. Also further research was needed to see if existing care models could be adapted and/or utilised in Scarborough.

Members said that success of the proposals described in the presentation was reliant upon support from other agencies such as the ambulance service and social care and asked if they were aware of the Trust's plans and if they had sufficient capacity to cope with additional demand. The Committee was advised that the Primary Care Trust had worked closely with SNEY during development of the Strategic Review to accurately determine the needs of the local community and was satisfied that the proposed new model potentially could meet patient needs and be sustainable. It was confirmed that no additional monies would be made available for implementation which was why the further work described on financial modelling was so vital.

The Committee was advised that plans for consulting with patients and the public would shortly be available. A 3 year Action Plan was nearing completion and would be made available to Members the following week following approval by NHS Yorkshire and Humber.

Members accepted that until NHS Yorkshire & Humber had tested out the affordability of the proposed new model of care it would be difficult to provide the Committee with information on a planned programme of engagement. Nevertheless Members requested that some indication of timescale was provided to enable the Committee to plan its own work programme.

Finally, County Councillor Andrew Backhouse said that the role of the Stakeholder Group was not what the Committee was led to understand it would be when it nominated a representative to the Group in July 2008. He said that now proposals were starting to come forward he hoped the Group would act as an informal sounding board for proposals and contribute to the plans for engaging with patients and the public.

The Chairman thanked the NHS representatives for their attendance. He remarked that the meeting had been one of the most open, transparent, informative and positive meetings held to date.

## **RESOLVED –**

- (1) That the Chairman of the Scrutiny of Health Committee writes to the Chief Executives of SNEY Trust and NHS North Yorkshire & York requesting that within 28 days they set out in writing:-
  - (i) An outline of the healthcare services to be provided at Scarborough and Bridlington Hospitals.
  - (ii) A list of services that will require networking with neighbouring trusts.
  - (iii) Plans to publicise the actions set out above.
- (2) That an outline of the plans for consulting with patients and the public and in particular with the Scrutiny of Health Committee on the proposed new model of care and its implementation at Scarborough Hospital are made available.
- (3) That the Scrutiny of Health Committee is advised of the outcome of the future work to be commissioned by the Strategic Health Authority on financing the new model of care as and when this is available.
- (4) The Scrutiny Of Health Committee seeks an assurance from the NHS, that the Stakeholder Group will be used as a 'sounding board' for preliminary proposals and plans and for consulting on those proposals – in line with what the Committee was led to understand the purpose of the Stakeholder Group was to be when the Committee nominated an elected member to be a member of the Stakeholder Group in June 2008.

JW/ALJ