

NORTH YORKSHIRE COUNTY COUNCIL

SCRUTINY OF HEALTH COMMITTEE

Minutes of the meeting held at Sneaton Castle, Whitby, on 18 June 2010.

PRESENT:-

County Councillor Gareth Dadd in the Chair.

County Councillors:- Andrew Backhouse, John Blackie, John Clark, Margaret-Ann de Courcey-Bayley (substitute for Keith Barnes), Margaret Hulme, Jayne Kenyon, Shelagh Marshall, Heather Moohouse, Joe Plant, and Herbert Tindall.

Officers: Bryon Hunter (Scrutiny Support), Josie O'Dowd & Louise Barker (Legal and Democratic Services).

District Councillors Members: - Helen Firth (Craven), Shirley Shepherd (Hambleton), Ian Galloway (Harrogate Borough Council), Rob Johnson (Richmondshire), Eileen Vickers (Scarborough) and Ruth Sayner (Selby).

Apologies noted for John Raper (Ryedale) and County Councillor Keith Barnes.

Others Present by Invitation: Jayne Brown and Simon Cox - NHS North Yorkshire and York, Alan Swain - Care Quality Commission, Teresa French, Director of Nursing and Deputy Chief Executive - Scarborough and North East Yorkshire Trust, and Janet Probert – Managing Director of Clinical and Mental Health Services – Yorkshire and Humber.

COPIES OF ALL DOCUMENTS CONSIDERED ARE IN THE MINUTE BOOK

32. MINUTES

RESOLVED –

That the Minutes of the meeting held on 16 February 2010 were taken as read, confirmed and signed by the Chairman as a correct record.

33. CHAIRMAN'S ANNOUNCEMENTS

Any correspondence, communication or other business brought forward by the direction of the Chairman of the Committee.

Councillor Rob Johnson wished to bring to the Committee's attention concerns that had been voiced to him regarding the long term future of the Duchess of Kent Hospital at Catterick. Jayne Brown NHS North Yorkshire and York (NHS NY & Y) reported that no change was anticipated to those services at the present time.

The Chairman welcomed local North Yorkshire County Councillors Jayne Kenyon, Joe Plant and Herbert Tindall to the meeting.

34. PUBLIC QUESTIONS OR STATEMENTS

Josie O'Dowd, Democratic Services, confirmed that the Whitby Hospital Action Group had given notice of their desire to speak. The Chairman confirmed that members of the public who wished to speak at the meeting would be invited to do so during the main item on the agenda regarding Whitby Hospital. He noted that up to

10 people would be given the opportunity to speak at that time and the contributors were identified.

35. HEALTH AND NHS DEVELOPMENTS IN NORTH YORKSHIRE

CONSIDERED –

The oral report of Jayne Brown, Chief Executive, NHS North Yorkshire and York.

Jayne Brown welcomed the opportunity to address residents in the area. She reported that the PCT performance had been rated as 'good' by the Care Quality Commission, reflecting improving ratings over the last two years. She noted that like all public sector organisations, the NHS would be financially challenged in the future but notwithstanding this, there was a desire to develop a locality based approach to services. The move to more GP based commissioning would be a key focus. There were 7 locally based commissioning bodies supplemented by input from Local Authorities. She noted the excellent working relationships with North Yorkshire County Council, as reflected in moves towards joint commissioning for adult social care, which she felt would help remove artificial boundaries.

RESOLVED –

That the update be noted.

36. WHITBY HOSPITAL AND SCARBOROUGH, WHITBY, RYEDALE STRATEGIC REVIEW

CONSIDERED –

The report of the Head of Scrutiny and Corporate Performance provided an opportunity for Members to be updated on recent developments at Whitby Hospital and on the longer term plans for the hospital coming forward as part of the Scarborough, Whitby and Ryedale Strategic Review.

The Chairman introduced the report and noted the additional report which had been circulated from Simon Cox, NHS NY & Y. Providing background to this item, feedback was given regarding the previous public meeting, held 25 March 2010 at Whitby Pavilions, attended by some 300 residents. There was a long history of public engagement by the NHS regarding services at Whitby. However there were felt to be inherent contradictions between the NHS' desire to improve services, whilst then suspending the overnight service for the Minor Injuries Unit. Public anger was expressed, particularly regarding the lack of consultation on this issue, including the failure to consult with staff. Consensus had been expressed regarding the desire for a safe, sustainable, prosperous, and appropriately financed Whitby Hospital.

The Chairman then invited Jayne Brown and Simon Cox, NHS NY & Y, to introduce the additional report which had been circulated. Jayne Brown confirmed that there was no intention to close Whitby Hospital and stated that there never had been. She commented that in the short term the theatres would be reinstated following investment. Regarding the Minor Injury Unit, again this was not to close however there was an issue regarding maintaining the overnight service due to difficulties recruiting a practitioner nurse. For the future she wished to talk with residents regarding the range and scope of services that were appropriate for Whitby. As a result of the meeting on 25 March 2010, she confirmed that she was very clear about the public preference, and added that whilst change was inevitable, there was no plan to close Whitby Hospital.

Simon Cox went on to outline his report which reflected feedback from key stakeholders and would be used to help shape future services, he highlighted:

- The rural and isolated location - one hour from a major hospital which was not easy to access;
- The registered population of 27,000 which was supplemented by a significant volume of temporary residences in the summer;
- A priority area for the PCT was to improve health outcomes which were too low currently, for example coronary heart disease.
- National guidance on health priorities for areas with 250,000 to 500,000 catchments for cancer care services: Whitby was key to the locality in this regard, in that it helped to maintain the catchment of Scarborough Hospital for cancer treatments.
- Regarding the minor injuries overnight service between 11.00 pm and 8.00 am: this was suspended currently and the PCT sought assurances in two areas prior to re-opening. The unit was very busy during the day but very quiet overnight, there was not therefore a 24/7 requirement. Whilst there needed to be provision for urgent care, did this need to be a hospital based service?
- There was also a need for in bedded rehabilitation services. Whitby could provide relocation support with links to hospices etc.
- There was a need for fast access to elective care and diagnostics for example endoscopy could be provided in Whitby.
- No major shift of services in to Whitby was anticipated.
- Regarding outpatient services these could be provided via consultants travelling to patients.

Simon Cox then spoke of the long term options cited in section 7 of the report. Options 7a, b and c, were deemed impractical. 7d was the preferred option for the NHS, which sought to reintroduce services but in a different building, as the current building had poor access. He commented that better services could be developed on a new site, possibly as part of a wider care complex. He noted that North Yorkshire County Council were currently looking at Extra Care facilities in the area and perhaps this could be an option? Jayne Brown noted that this was a complex paper and reiterated that the objective was not about closing Whitby facilities. She endorsed the collective desire to see a safe, prosperous and sustainable hospital for the future, stressing that safety was the priority.

The Chairman invited public questions and statements which covered the following:

- Risk assessment was a concern, particularly in view of the absence of public dialogue in this regard. How could patients rely upon the risk assessment matrix?
- The accuracy of the supplementary report was questioned, given the details included of local surgeries appeared incomplete.
- The information used by the Whitby Gazette had apparently been gleaned from a PCT press release. Jayne Brown NHS NY & Y responded stating that unnecessary distress had been caused to both staff and the public as the article misinterpreted the information. She added that if services were relocated, the old hospital would be closed down and another opened.
- There was feeling that this was an old debate which kept going round - there was a need for the NHS to keep their word. It was also noted that incomplete information from the NHS also created problems and distrust and unnecessary distress.
- Reference Section 4.1 of the report which spoke of slight reductions to service; it was noted that since the 1 January 2000 there had actually been dramatic reductions.
- Concern expressed regarding the accuracy of the statements about the

growth of the population of the town. The demand for hospital services should not be underestimated.

- The inability to recruit a night nurse for the Minor Injuries Unit was questioned, where had the adverts had been placed? Also if there were to be another smaller unit to replace the present Whitby Hospital, where would the funding come from?

GP contributions were as follows:

- There had been involvement in the discussions prior to the production of the paper and broadly the proposals were supported. GPs now better understood the financial constraints of the PCT, also the risks and limits. There was a need for realism and acceptance that the PCT could not do everything. There was need for honesty if things were to move forward positively, and difficult discussions must be held in public. It was accepted that the devil was in the detail and there were unresolved questions around beds and staffing and so on. GPs needed assurances that arrangements would be workable and safe.
- This speaker stated that his own family used the local services and stressed that he would not support anything for others that he would not want for himself. He noted that significant changes in the way medical care was delivered were inevitable. Regarding the treatment of heart attacks he stated that he did not want clot busters to be used in Whitby, but would rather go to Middlesbrough where specialist care was provided. It was proven that life was prolonged as a result of this approach. In the event of stroke he did not wish care to be given in Whitby, 24 hour specialist care was required in such circumstances and this would never be available in community hospitals. Speaking on behalf of himself and other GP colleagues he felt that Whitby should not be primarily about admissions it should provide a consultancy service and diagnostics. Similarly surgery should not be routinely provided locally, it was not always appropriate or safe. If there were no change, he felt Whitby Hospital would struggle to provide the standards required. He noted that the recent headlines had been disappointing but felt that the real hard work started now and everyone needed to think very hard about the services required for the future. Therefore the public needed to be totally involved in such discussions in future.

Member contributions were as follows:

- Would the closure of the Minor Injuries Unit over night service dilute the out of hours services?
- There was clearly distrust of the PCT, and this appeared to be of their own making due to the lack of public consultation. This was exacerbated by personnel changes within the PCT, and the consequent absence of continuity.
- The invaluable input of local GPs to the Strategic Health Authority's planning exercise was noted.
- Regarding any capital receipt acquired in the event of the sale of Whitby Hospital, it was hoped that this would be used for the redevelopment of new facilities.
- It was suggested that the starting point for the way forward, should be an apology for the recent lack of consultation. Recent spending on Whitby Hospital (eg asbestos removal) had created the impression that the hospital had a long term future and yet now this seemed not to be so, was this truly value for money?
- The breach of trust was a serious issue for local people, there was a need to be honest and up front about the real situation in future.
- It was accepted that some services could not be delivered in community hospitals; acute services should come from elsewhere.

- Telemedicine might be another way to extend out patient facilities.
- Community facilities could come to the fore after acute care had been given, perhaps moving patients back to Whitby Hospital to recover after surgery?
- Assurances were sought that back up services would be available from the Scarborough Trust.
- It was felt that people needed to be clear about what was available locally and what specialist services needed to be provided elsewhere.
- Future consultation should involve carers, voluntary representatives and elected Members. It was hoped that short, medium and long term plans would under pinned by a financial strategy and if this was not complied with the matter could be referred to the Secretary of State.

Regarding the question of capital receipts, Jayne Brown, NHS NY & Y, responded that ultimately this would be a Board decision, and regarding her own accountability she pledged this as long as she served in her present position. She also acknowledged the concerns regarding consultation and apologised for the impact that this had had upon the community. She accepted the comments made and the need to focus on the future and to work together. Again she reiterated that the NHS was committed to Whitby, and that there was not a desire to close hospital services. She accepted that the public were looking for the reinstatement of services as soon as possible and interim measures had been put in place, in the longer term the new development would address sustainable future arrangements.

Teresa French, SNEY, spoke of the desire of clinical staff to maintain services in community hospitals and their commitment to make the vision for the future work. She noted that Scarborough Hospital had been financially stable for the last two years but strategic plans must be devised to deliver sustainable services in the longer term.

Alan Swain, Care Quality Commission (CQC), noted that correspondence was on going with the PCT regarding the reopening of theatres. Jayne Brown, NHS NY & Y, confirmed that if the CQC were happy with the improvement plan proposals, she would reinstate facilities promptly. She also confirmed that it should be possible to use district nurses to provide the overnight Minor Injuries Service if public consultation showed support for this. Regarding the capacity for inpatient beds at any new hospital facility, Jayne Brown was unable to answer this at the time, confirming that the status quo would prevail whilst public consultation continued. Whilst she could not commit to 'no change', she pledged to share information as soon as possible regarding future options.

Members recorded their thanks for a very productive meeting and hoped that honesty and transparency would be achieved in future. The next major step would be to a share communications plan with the Committee.

RESOLVED –

That this Committee:-

- (i) Expresses disappointment that the preferred PCT option will result in the over night minor injuries unit being closed.
- (ii) Calls for the necessary immediate investment in overnight district nursing and community services.
- (iii) Calls on the PCT to refrain from temporarily closing facilities across North Yorkshire and York on the basis of not undertaking any formal consultation with this Committee and wider stakeholders and the public but later announcing that suspension would be permanent.

- (iv) Supports in principal the actions set out in Section 10 of the report and calls for the immediate reopening of the operating theatres and the investment identified to be made as soon as financially possible.
- (v) Seeks an assurance from NHS North Yorkshire and York and the SNEYNHS Trust that the Committee and the public will be fully involved throughout the process of developing and implementing a vision for a new locally provided facility and the services that would be provided at a new Whitby Hospital.
- (vi) It is imperative that any new Whitby Community Hospital should be provided with an adequate and appropriate number of in patient beds.
- (vii) That now and in the future health care services at the Whitby Community Hospital should be maintained and improved and new services introduced where appropriate and that all those services should continue whilst any plans for the development and implementation of a new Whitby Community Hospital take place.
- (viii) That on behalf of the Committee the Chairman should write to the Chairman of both NHS North Yorkshire and York and the SNEY Trust bringing these resolutions to their attention and requesting an assurance that there is a long term commitment to a modern community hospital facility in Whitby.
- (ix) The Committee would welcome the opportunity for the Chairman or Vice-Chairman to present these resolutions to the Board of NHS North Yorkshire and York and the SNEYNHS Trust.
- (x) That the Committee commend the local health care professionals, consultants, doctors, GPs, nurses and all the staff for their excellent care and total commitment to their patients and their relatives at the Whitby Community Hospital.

37. WORK PROGRAMME

CONSIDERED –

Members reviewed the Committee's Work Programme and took into account the outcome of discussions on previous agenda items and other health care developments taking place across the County. Bryon Hunter, Scrutiny Officer drew attention to page 13 of the report highlighting the extended closing date for consultation on choice GP practice this being the 2 July 2010.

RESOLVED –

That a special additional meeting be scheduled in early July to consider:-

- (i) Transforming Community Services.
- (ii) PCT consultation on minor injuries units for Hambleton and Richmond.
- (iii) PCT engagement plan for Whitby Hospital.

JOD/ALJ