

NORTH YORKSHIRE COUNTY COUNCIL

SCRUTINY OF HEALTH COMMITTEE

Minutes of the meeting held in the Grand Committee Room, County Hall, Northallerton on 15 October 2010.

PRESENT:-

County Councillor Jim Clark (Chairman).

County Councillors:- John Blackie, David Blades (as Substitute for Andrew Backhouse), John Clark, Polly English, Margaret Hulme, Michael Knaggs, Shelagh Marshall, John McCartney, Heather Moorhouse, Chris Pearson and Cliff Trotter (as Substitute for Val Arnold).

District Council Members: - John Roberts (as Substitute for Helen Firth (Craven District Council)), Shirley Shepherd (Hambleton), Ian Galloway (Harrogate) and Rob Johnson (Richmondshire)

Officers: Bryon Hunter (Scrutiny Support), Steve Loach (Legal and Democratic Services).

Present by Invitation: Janet Probert, Melanie Bradbury, Mark Algar (NHS North Yorkshire and York), Phillip Lewis (Malton Hospital), Sandra Dodson and Richard Ord (Harrogate and District NHS Foundation Trust), Dr. Bruce Willoughby (NHS North Yorkshire and York), County Councillor Tony Hall.

In attendance:- County Councillors Jane Kenyon and Joe Plant, Alf Abbott (Whitby Hospital Action Group).

Apologies were received from County Councillors Val Arnold, Andrew Backhouse and Andrew Goss; together with District Councillors Helen Firth, J. Rapier and Eileen Vickers.

Eight members of the public were in attendance.

COPIES OF ALL DOCUMENTS CONSIDERED ARE IN THE MINUTE BOOK

47. MINUTES

RESOLVED –

That the Minutes of the meeting held on 24 September 2010 to be taken as read and be confirmed and signed by the Chairman as a correct record, subject to the following amendment:-

Minute Number 43 – Minor Injuries Services in Hambleton and Richmondshire – page four, resolution (i), line one – remove “does not support” and replace with “opposes”.

48. PUBLIC QUESTIONS OR STATEMENTS

RESOLVED that it be noted that, other than those people that had indicated that they wished to speak on particular agenda items, there were no public questions or statements.

49. CHAIRMAN’S ANNOUNCEMENTS

The Chairman stated that the published agenda for this meeting would be taken in a different order, with item 7, Developing Enhanced Community Services in Whitby and Malton taken first, item 6, Strategic Developments at Harrogate and District NHS Foundation Trust taken second, with the remainder of the agenda taken in the order as printed. In respect of the item relating to Developing Enhanced Community Services he added that in view of recent developments regarding the closure of wards at both Whitby and Malton hospitals, the nature of this item would change from being a matter to note that the pilot was taking place to a more substantive issue.

He noted that there were no public questions or statements provided in advance, but stated he would allow Members of the public to speak on specific issues on the agenda, at the time of the consideration of that matter, at his discretion. He stated that he and the Vice-Chairman had attended the Yorkshire Coast and Moors Area Committee held recently, which had discussed the transfer of community services to the Scarborough Acute Trust. He noted that the PCT had not awarded the contract, deciding instead to defer the decision to a later date.

He referred to the Care Quality Commissions report into Scarborough Hospital which had been published recently. He noted that a core group of Members from the Scrutiny of Health Committee had met with Richard Sunley, the Chief Executive of Scarborough Hospital to address the concerns raised in the report. Members discussed the action plan put in place to address these matters with Mr Sunley and it was noted that two of the three conditions put in place had now been lifted, with the remaining condition expected to be lifted shortly. An update on the progress of this matter would be reported to the next meeting of the Scrutiny of Health Committee.

50. DEVELOPING ENHANCED COMMUNITY SERVICES IN WHITBY AND MALTON

CONSIDERED –

A letter from Jayne Brown OBE, Chief executive of NHS North Yorkshire and York setting out the trial of a different approach to providing front line NHS services, aimed at ensuring Community Health Care Services for people in the Whitby and Malton areas are delivered in the most appropriate health care setting and in the most cost effective way.

Janet Probert (NHS North Yorkshire and York) presented details of the initiative and explained the circumstances surrounding events that had taken place in those areas recently in relation to the proposed enhanced community services. She outlined how the letter from the Chief Executive had been sent to all partners explaining that the enhanced community services would utilise existing resources from the local community hospitals to deliver services in the community. As a result staffing capacity on wards at both hospitals would be reduced by the equivalent of five beds whilst the new model was trialled. She noted that the impact would be reviewed on a weekly basis. Following the letter five more beds had closed, allowing more staff to be placed into community services. Ms Probert explained that this would provide 24 hour community nursing services and prevent admissions into hospital having to take place.

Ms Probert outlined how feedback from consultations had outlined how many older people would prefer to be in their own homes when treated. She stated that the resources required to undertake this were being made available from the community hospitals and that a successful trial of the community service had already been undertaken in the Malton area.

As a result it had been decided that to enable the Community Nursing Pilot Initiative to go ahead appropriately resourced 15 beds at each site would be closed, for the

trial period. This had resulted in the closure of a ward on each site, from the Monday previous.

She stated that she had spoken to the Friends of the Hospital Group regarding the funding they had provided to refurbish the ward, advising them that, at the time, it had not been clear that the proposals would be going ahead.

She emphasised that there were a number of options for the use of the existing sites, in line with what was already provided there, but discussions on how those options would be progressed would not take place until the pilot scheme had been fully evaluated. Ms Probert emphasised that she would be returning to the Committee to have further discussions on those implications when the pilot scheme evaluation had been completed.

The Chairman sought reassurance that it was not the intention of NHS North Yorkshire and York to close Whitby and Malton Hospitals. In response Ms Probert categorically stated that there was no intention to close the hospitals as patients in those areas required access to community hospitals. She noted that an audit had been carried out that highlighted how many people preferred to be cared for at home now, particularly older patients.

The Chairman asked whether the intended closures of the Ryedale Ward at Malton Hospital and the Abbey Ward at Whitby Hospital could be regarded as temporary. In response Ms Probert stated that these were temporary closures and were for the period of the pilot exercise.

The Chairman invited County Councillor Joe Plant to address the meeting in respect of him being an elected representative for the Whitby area.

County Councillor Plant outlined how he had met with local GPs and the PCT and had sent an email to representatives of the PCT asking for the closure of the Abbey Ward at Whitby Hospital to be stopped. He noted that he had been told the ward was being closed for financial reasons and considered that health care should be taken account of. He emphasised that he did not consider that 24 hour care in the community was the same as 24 hour care in a hospital. He noted that there was only likely to be three visits to a patient in that 24 hour period where they were being treated at home. He suggested that there would be no consultation with the people of Whitby and it was not known what the public wanted.

He asked why wards and beds were closing before the pilot project had taken place. He stated that there was no evidence to suggest that the pilot would work or was supported. He considered that when the wards had been closed that they would not open again.

He emphasised that local representatives and the local community had fought to ensure services were kept at Whitby Hospital. He acknowledged that 24 hour care sounded good when outlined, but in practice some people were unable to go home and he wondered how their care would be provided. He considered that keeping Whitby Hospital and all its wards open would free up beds in other hospitals. He noted that local GPs had expressed concern to him that they were not being listened to.

He noted that the issues outlined to him and representatives of Whitby Hospital Action Group, by a representative of NHS North Yorkshire and York were that financial reasons were behind the ward closure. He wondered how much would be saved by the closures and what was the financial plan/strategy to address the deficit. He wondered where patients would go should Whitby Hospital be required in an emergency situation. He considered that NHS North Yorkshire and York were not being honest and were not listening to local GPs, patients and representatives. As a

result he was requesting that the Committee referred the matter to the Secretary of State, providing him with the chance to come to Whitby, meet local representatives and find out their concerns.

In response to the issues raised Janet Probert stated that she had been present at the meeting attended by County Councillor Plant. She emphasised that there was no doubt that the NHS was facing a challenging financial position, which was why NHS North Yorkshire and York were taking the responsibility of using resources to their best effect for the people of North Yorkshire. She considered that the proposed 24 hour care in the patients own homes gave a better care service for local people. She emphasised that 24 hour care would still be available in Malton and Whitby Hospitals, but where that could be provided in the patients own home, at no risk to that patient, then it appeared to be the most beneficial way of providing that care. In terms of the enhanced community visits, she expected that that would relate to around 6-8 visits per day per patient. She stated that the home care would only be provided to patients where that was appropriate.

She emphasised that the over arching strategy of the PCT was to provide care where people required it and, following many meetings and consultations, a large number of people had stated that they would like care provided in their own homes. She emphasised that there was no dishonesty from them, and the facts of the matter were always provided.

Ms Probert stated that NHS North Yorkshire and York were working closely with GPs in all areas, including Whitby, with a GP on the consultation group for this pilot scheme.

She accepted that evidence was not in place that enhanced community provision would be what was required in Whitby, which was why the pilot exercise was being undertaken. She stated that the only way to obtain the evidence was to get the outcomes from patients and clinicians as to how this had worked during the pilot project period.

County Councillor Plant stated that he considered that closing wards and beds in local hospitals, as part of the consultation process, would not provide balanced evidence. He suggested that the evidence should have been gathered whilst the beds and wards were still open.

Dr Phillip Lewis, accompanying Janet Probert, emphasised that the proposals were sound in the long term and, although no evidence had been obtained for the Whitby area, evidence from other areas showed that this type of provision did work. He refuted that the measures were being taken purely for cost saving purposes. He stated that if the matter was based purely on cost issues then the community services would not be provided in conjunction with the community hospitals. He emphasised that in an ideal world a full dual service would be provided, but under current financial constraints that was not possible. He stated that evidence was available to show that treating people in their own homes was more beneficial to the patient, whilst at the same time being beneficial in terms of cost. He emphasised that the wards were being closed on a temporary basis and no action would be taken permanently without the appropriate information being in place.

The Chairman invited Mr Alf Abbott from the Whitby Hospitals Action Group to address the Committee.

Mr Abbott stated that following the recent meeting referred to in earlier discussions, he had written to the Chief Executive of NHS North Yorkshire and York asking why she was infringing the rights of the people of Whitby through these proposals. In response, the Chief Executive had advised him that the PCT worked within the boundaries of the national Constitution. The WHAG considered, therefore, that it

was appropriate to put to the Committee that their rights were protected by law. Mr Abbott referred to the Respect and Dignity Agenda and considered that North Yorkshire PCT were not complying with the respect or values of the NHS Constitution, in the fact that they had not sought evidence from the people of Whitby before closing the ward and undertaking the pilot project.

He emphasised that the NHS Constitution had a commitment to quality of care and outlined the need to listen and learn from what people say. He considered that NYPCT were neither listening nor learning from the public. He also considered that staff were not being listened to even though they were consultation stakeholders. The Constitution emphasised that people would have a better experience of the NHS, and Mr Abbott considered that this should be the case, however, the closure of beds and services was preventing that from happening.

Mr Abbott emphasised that the WHAG had tried to clarify the situation with the Secretary of State for Health and had been told that the Constitution should work from the bottom up rather than the top down. He felt that this was not the case in respect of this matter and that consultation was not taking place appropriately or effectively.

Janet Probert stated that she had already responded to the issues raised by the WHAG.

County Councillor Jane Kenyon, also elected representative of the Whitby area, addressed the meeting. She stated that she had spoken to GPs in the area and acknowledged that there were some benefits to the proposed Community Nursing Scheme, however, all those benefits would be lost by the closure of beds/wards. She stated that she had some sympathy with the health service having to implement cuts and find financial savings, however, she found it incomprehensible that a pilot scheme such as this would be used to find evidence, rather than evidence being used to implement the pilot scheme. She considered that the winter months were the most inappropriate time for such a scheme to take place as bed usage was likely to increase, with old people in particular more likely to require hospitalisation at this time of year.

She suggested that NHS North Yorkshire and York were using the pilot scheme to provide the answers they wanted to make a case for the closure of wards/beds. She stated that the results of the pilot exercise would be flawed with the closures in place. She considered that these scheme was not being carried out to ensure that people were being protected correctly.

County Councillor Kenyon stated that the message being promoted by NHS North Yorkshire and York was that Whitby Hospital was being closed by stealth. She supported the referral to the Secretary of State, therefore.

In response Ms Probert stated that she accepted the concerns of local communities in relation to the issues raised. She noted that the issue of a potential flu virus, and the impact that that may have on local hospitals had been raised and considered that it was more appropriate for people to be treated in their own homes during a flu epidemic, rather than in hospital, to try and stop the spread of the disease. The enhanced community service would assist in that factor. She also emphasised that the community nursing project could assist a lot more people, than care could be provided for in the hospitals.

County Councillor Kenyon suggested that thought had not been given to people living in isolated rural communities and that the community provision had to be balanced against the service provided at local hospitals. She emphasised that the winter period could see great difficulties for community nurses gaining access to their patients in the more rural parts of the area.

Councillor Warriner of Ryedale Council concurred with what had been said and worried that the appropriate infrastructure was not in place for the community nursing scheme to be provided in the outlying rural areas of Malton and Whitby. She emphasised the need for a correct consultation with everyone in the areas affected, before the pilot project was undertaken, to ensure that people were happy with the proposal.

It was noted that the pilot project was due to run from November 2010 to March 2011.

County Councillor Knaggs stated that he fully supported the views of County Councillor Kenyon and suggested that it was not appropriate to close beds and wards and then undertake a consultation exercise. He considered it inappropriate that the media knew of the ward closures before the Chairman of the Scrutiny of Health Committee. He noted that the Malton/Norton area was in the process of developing around 1,500 new homes and services would be required for the people coming to live there.

He emphasised that the hospital at Malton had saved many lives, as many people were unable to get to Scarborough or York from Malton, in the time necessary, for emergency action to be taken. He considered that Whitby was in the same position. He considered that NHS North Yorkshire and York should look at the situation sensibly and take account of the residents of both Malton and Whitby. He also supported the referral of the matter to the Secretary of State.

The Chairman noted that the Chief Executive of NHS North Yorkshire and York had been invited to the meeting, but was undertaking a previously arranged meeting with the Chief Executive of Ryedale District Council to discuss the same issue.

County Councillor Knaggs sought assurances that the closures of the wards were temporary and that Malton and Whitby Hospitals were not going to be eventually closed down on a permanent basis.

In response Janet Probert stated that if it had been possible then it would have made sense to have the community teams in place before the closure of the beds/wards, however, due to financial constraints and the need to staff the community nursing pilot, this had been impossible.

She emphasised that in respect of acute illnesses patients would not be admitted to the community hospitals, but would go to a specialist hospital before being referred back to a Community Hospital when their condition had been stabilised. She stated that that had been the case for a number of years.

She reiterated that there were no plans to close either Whitby or Malton Hospitals and that NHS North Yorkshire and York were fully aware of the contribution that these and the other community hospitals in the area made.

County Councillor Blackie suggested that health care provision on the east coast and its hinterland was in decline. He noted that there had been a recent unsatisfactory report in respect of Scarborough Hospital.

In terms of the situation at Malton and Whitby he noted that the provision was being changed without what appeared to be appropriate consultation, with stakeholders, partners, patients or GPs and he suggested that NHS North Yorkshire and York were a law unto themselves. In terms of GPs he noted that the recent consultation on the minor injury service had consulted only a select number of GPs and it did not appear that they had been taken into the confidence of the PCT. He also noted that there

had been little consultation with local MPs as they appeared surprised and they had been told about what was intended to be done with the Ryedale Ward.

He referred to the original letter set out in the agenda which proposed that five beds be closed to accommodate the pilot and stated that he found that suggestion acceptable. He emphasised, however, that the letter did not outline what was now taking place and the process of on going consultation described had not happened. He noted that there was no mention of further bed closures nor of the impending ward closures. He described the letter as duplicitous and considered this to be a disappointing statement from the Chief Executive of the PCT.

He acknowledged that patients felt better to be able to recover in their own surroundings, but emphasised that this was not always practical. He stated there were times when patients felt safer in hospital and considered that travel times, for the more rural areas, had not been taken into account. He suggested that community nurses would be unable to make six visits per day as many of the areas were too large to cover. He suggested that the pilot could see 54 staff engaged in travelling around the County rather than providing nursing services.

He referred to the reassurances given that the future of Whitby and Malton Hospitals was secure, but suggested until the pilot project was evaluated this could not be guaranteed.

He suggested that the Committee refer the matter to the Secretary of State as he did not consider the PCT were working in a responsible manner. He considered that a pilot project would be acceptable but not on the scale proposed and in the middle of winter.

Councillor Rob Johnson stated that he fully understood the difficult position for the PCT in terms of funding and emphasised that the income deficit was not going away despite reassurances that was the case. He also wondered how enhanced community services were going to access the deeply rural areas and considered it important that the community service provided was not to the disadvantage of available hospital beds. He wondered what would happen if the demand for hospital beds suddenly increased. He asked whether the PCT would be able to reintroduce those beds in response to issues that arose.

He recognised the need to carefully examine what could be achieved with limited resources, but emphasised that care had to be taken that people did not suffer as a result and suggested that the reduction of beds could lead to this as the community services would not always be available.

He acknowledged that the issue of winter was probably not as significant as had been suggested, with demand being as high during the summer as in winter, however, he emphasised that there were areas that had to be addressed, particularly in terms of the more rural aspects of the areas.

County Councillor Hulme outlined her concerns. She wondered where doctors would be provided from should medical attention be required at night. She stated that a flu outbreak would be better treated in an isolation ward than leaving it in local communities. She gave an example of someone suffering from asthma and asked how their case would be dealt with if they suffered an attack. County Councillor Heather Moorhouse asked that, if the pilot scheme was to go ahead, that the Scrutiny of Health Committee be provided with an opportunity to visit the areas to see how the service was developing. This would also provide the Committee with an opportunity to obtain information from service providers and patients to obtain their opinion as to how the service was being developed.

County Councillor John Clark supported a referral to the Secretary of State. He suggested some questions required clarifying in terms of the development of the pilot project, including:-

- The occupancy of the Ryedale Ward on the 5th October 2010.
- The occupancy of the Ryedale Ward during the current week.
- Details, pro rata, of the peak months of the year.
- How much had been spent on the Ryedale Ward.
- When the 24 hour enhanced community service had last been assessed.
- When the money had been spent on the Ryedale Ward.

County Councillor English also supported a referral to the Secretary of State. She considered that there were many vulnerable elderly people living on their own and wondered if 6 to 8 visits per day would provide them with the care they needed. She did not envisage that number of visits taking place in the outlying rural areas and suggested that should a patient require 8 visits per day then it may be more beneficial for them to be in hospital.

In terms of the reassurances given on the hospitals remaining open she noted that the same reassurances had been given in relation to hospitals in Craven, which did not know provide a number of previously given services in that area.

County Councillor McCartney noted that the PCT had stated that there was sufficient evidence to show that the enhanced community service system worked and wondered why the pilot projects were required if there was sufficient evidence already in place.

In response to the issues raised Janet Probert outlined how proposals were in place for PCTs to cease to exist by 2013.

In terms of the rural issues, she emphasised that the PCT was fully aware of the problems as many services were delivered in those communities now. She noted that the issue of travel was not unique to rural areas as where services were provided in urban areas staff reported that they had to spend a lot of time in traffic jams and finding areas in which to park. She noted that, in terms of rural visits for the community nursing schemes, these had gone ahead as planned even during the bad weather period last year.

In terms of coverage by doctors in the Enhanced Care in the Community Scheme GPs would be on hand at all times. Ms Probert emphasised that patients would only be treated in their own homes where it was considered appropriate to do so.

In terms of a flu outbreak she stated that people were isolated in bays in hospital, however, wherever possible the Health Service attempt to keep people at their own homes to try and isolate the outbreak. In terms of problems relating to asthma and breathing difficulties oxygen was provided at home for such patients.

Where the issue related to a patient's end of life, visits would take place to that patient as often as requested.

In relation to the issue raised on Craven hospitals Ms Probert stated that she was not in a position to comment.

She stated that she was happy for the Overview and Scrutiny Committee to visit as part of the pilot project, with access to patients and providers.

She noted that evidence was in place to show the benefits of enhanced community services delivered in the patients own home were possible. She noted that the pilot project being undertaken was to evaluate the service for both Malton and Whitby. Mr Lewis, who was accompanying Ms Probert stated that part of the process was to determine staffing levels for the continuation of both services. He stated that should it be discovered that something was going wrong then the ward would be re-opened if required. It was emphasised at the end of the pilot project the ward may re-open. It was noted that the pilot was required in the Whitby Area as this had not yet been tried there, therefore, the evidence would be provided through the pilot. There was some evidence available in the Ryedale Area as the ward had been closed in the previous year. Independent analysis would be obtained in respect of the evidence gathered, and details from other parts of the country would be utilised.

In respect of the issues that he had raised, County Councillor John Clark stated that he had approached the matter with no preconceived ideas and had ignored the statements that the ward would be closing anyway. He suggested that as the PCT were coming to discuss the matter with the Committee that it would have been pertinent to provide the evidence already obtained to Members. He noted that the questions he had provided had not been given answers and felt that this was not satisfactory. County Councillor McCartney supported the call from County Councillor John Clark stating if the evidence was available why had it not been provided to the meeting. He emphasised that to make an informed decision, information had to be provided.

The Chairman expressed his concerns. He noted that he had been advised of the closure of the ward at Malton Hospital through quotations from a newspaper being provided to him at a recent County Council meeting. He considered that he and the Members of the Scrutiny of Health Committee should have been advised that this was to take place prior to it being in the media. He considered that what had taken place over the previous week had not assisted the good working relationship that had existed between himself and representatives of NHS North Yorkshire and York beforehand. He emphasised that there was a need to have a relationship with the PCT where the Committee was told of what was taking place prior to the events, rather than finding out in other ways. He called for an open and transparent relationship to ensure that the system continued to work. He considered that the appropriate links should have been used to prevent the situation escalating to the extent it clearly had. County Councillor Blackie emphasised that the letter provided did not fully describe what was taking place. He emphasised that there was no objection to a small pilot scheme, but the position had fundamentally changed from that that was described in the initial letter provided.

County Councillor Blackie put forward a motion for the Committee to determine as its proposal to put forward. County Councillor Knaggs supported this and suggested that the PCT should have informed the Committee of its intention to close the Ryedale Ward at Malton, prior to informing any other body.

County Councillor John Clark stated that he supported the motion, but asked if this were supported by the Committee, whether action could be taken to work alongside the PCT in dealing with the issue, while the Secretary of State gave consideration to the matter.

In relation to this County Councillor Blackie stated that it was not helpful to have additional sections placed on to a motion when this had already been put. He noted that at the recent County Council meeting it had been agreed that a letter be sent from the Leader and Chief Executive of the County Council to the leading

representatives of the PCT to clarify a number of issues, including this matter. He did not feel it necessary, therefore, to add any additions to the motion.

RESOLVED –

- (i) That the following concerns of the Scrutiny of Health Committee, with regard to the introduction of a Hospital at Home Model in the areas served by the Whitby and Malton Community Hospitals, leading to the imminent closure of the Ryedale Ward at the latter hospital, be referred to the Secretary of State for Health:
- There is has been very little prior consultation with local stakeholders, patients, carers and the public and minimal engagement with Members of Parliament for Whitby and Malton;
 - There has been minimal engagement with GPs associated with each hospital and providing primary care for their patients;
 - There has been lack of candidness in the information circulated to stakeholders, including the Scrutiny of Health Committee; in a letter to all stakeholders of 5 October 2010 NHS North Yorkshire and York outlined the process of taking out five beds at a time in the Ryedale Ward at Malton Hospital but did not indicate that the process would lead to the almost immediate closure of the ward;
 - There was little evidence on which to base the fundamental change of nursing provision;
 - Failure to comprehend the health care needs of a rural sparsely populated area and the travelling distances and times involved particularly during hostile winter conditions;
 - NHS North Yorkshire and York's financial deficit appeared to have been the driver for change rather than the best model of care; and
 - NHS North Yorkshire and York's Hospital at Home trial had undermined the confidence of the public and patients in the future of health care services in the area and was not in the best interest of health care provision for local communities.
- (ii) That the Committee agrees with the principal of supporting people to live independently in their own homes and accepts the need to explore options on how this can be achieved.
- (iii) That as an alternative approach the Committee would prefer to see the Ryedale Ward being kept open for new admissions and the number of in-patient beds being reduced by five as the basis for the pilot trial, and the outcome of that trial being assessed before decisions were taken on any further reductions in the number of beds.
- (iv) That Members of the Committee visit Whitby and Malton Community Hospitals to hold discussions with GPs, staff, patients, carers and members of the public.

51. STRATEGIC DEVELOPMENTS AT HARROGATE AND DISTRICT NHS FOUNDATION TRUST

The Chairman introduced Sandra Dodson and Richard Ord Chairman and Chief Executive respectively of the Harrogate and District NHS Foundation Trust.

Ms Dodson provided an overview from a strategic level of the development of that trust.

She stated that the strategic aims of the Trust were to provide high quality care to the local population, to progress the development of integrated care as the provider of services in the Harrogate and local district.

She stated that at the last meeting between the Trust and the PCT it had been confirmed that the Foundation Trust would be taking over the provision of services in that area and were advised to undertake a due diligence process. That process was now underway.

Ms Dodson explained that the Trust had to ensure that this was the right thing to do and, therefore, the issue was referred to the Trust's Governors for them to determine the appropriateness of moving forward with this. It was noted that the County Council representative on the Governing Body for the Trust was County Councillor de Courcey-Bayley. The Governors managed the strategic direction of the Trust and therefore were the appropriate body to undertake the due diligence process. The Governors developed a project team which undertook a procedure of question and answers in respect of the process.

Ms Dodson explained that strategically, to deliver quality services in the area and other parts of North Yorkshire, standardised areas of care were required and noted that the delivery of planning and securing care would be handed down to the Trust from the PCT, therefore, it would be their responsibility to ensure that a structure was in place to meet patients needs. The Trust was also looking at the "Liberating the NHS" agenda and had met with representatives of local GPs to try and develop a better understanding between the two parties.

Since the PCT had indicated that the Trust were the preferred deliverer of services in the Harrogate area detailed work had begun in due diligence, with a detailed business plan being put together. This would be shared with all partners as it moved forward. A detailed integration plan was also being prepared. Ms Dodson stated that all details would be shared with the Overview and Scrutiny Committee as they progressed.

She explained the due diligence progress and how that was being delivered to the Board of Directors and Governors in the short term. Proposals for how services would be integrated, going forward, were being consulted on. It was expected that proposals would be in place by the end of January 2011, accompanied by a risk assessment, and would be provided to the Board of Directors and Governors to determine whether the proposals were in a position to go ahead. It was expected with everything in place that the Trust would commence the delivery of services from the 1 April 2011.

The Chairman asked which of the countywide services the Trust would have responsibility for. In response Ms Dodson stated that it was expected that would be health visiting and nursing, however, that was still part of the due diligence process. She emphasised that when the issue had been considered a further report would be provided to the Committee.

Councillor Galloway asked about the future of Ripon Community Hospital under the new arrangements. Ms Dodson stated that discussions were taking place on the better use of beds at the Ripon Service Centre, currently. She emphasised the need for Harrogate District and Ripon Hospital to work together for the benefit of local communities. She emphasised, however, there was no plans to reduce services at Ripon Hospital presently.

County Councillor Blackie referred to the reduction that had taken place in health visitors over the last five years and warned the Trust that they should take care not to be taking on a service that was stretched to the limit. He emphasised that should the Trust take on this service without due consideration, then there was a possibility they may be back at the Committee having to explain how the service was operating. He emphasised the need for the Trust to ensure they kept their reputation. He suggested that the same issue prevailed for school nursing.

County Councillor Blackie asked what discussions had been held with the PCT in relation to the delivery of GP Out of Hours Services.

In response to the issue raised Ms Dodson stated that the Health Visitor issues had been discussed and the Trust aspired to deliver an excellent service. In terms of Out of Hours GP Services, the area was being considered closely and would be discussed in detail with both the providers and the PCT on how best to take this forward. She noted that no detailed proposals had yet been produced in relation to this.

County Councillor Blackie stated that the Trust may be put under pressure to reduce services because of the financial situation. Ms Dodson emphasised that the Trust would not go forward with the proposal unless they had received assurances that the financial issue had been dealt with.

It was noted that the contract that the Trust was entering into included a dentistry programme.

RESOLVED –

That the Chief Executive and Chairman of the Harrogate and District NHS Foundation Trust be thanked for their presentation, the information provided be noted and the Committee looks forward to working with the Trust in the future.

52. STROKE AWARENESS AND RECOGNITION

CONSIDERED –

The report of the Head of Scrutiny and Corporate Performance inviting the Committee to discuss the draft report on Stroke Awareness and Recognition from the Member Task Group that has been undertaking the project.

County Councillor Tony Hall, Lead Member of the Task Group and Dr. Bruce Willoughby of NHS North Yorkshire and York outlined the report for Members.

County Councillor Hall declared an interest in relation to him being a Member of the Board of Governors for South Tees Hospital and also the Chair of the Care and Independence Scrutiny Committee.

County Councillor Hall stated that the report had been undertaken from a position of promoting good health care and its development had utilised the assistance of the PCT and Bryon Hunter, the Scrutiny Support Officer.

He stated that the scope for the report had been provided through the National Stroke Strategy, as a response to the issues raised within that.

The Task Group had looked at awareness, recognition and prevention of strokes and had given consideration to how community leaders were contributing to those aspects. It was noted that the Centre of Excellence for Strokes was situated at the James Cook Hospital.

The report highlighted that there was good close working with the PCT and the Voluntary Sector on awareness, recognition and prevention, however, it was apparent that the message was not getting across to people that strokes were the third biggest killer and could be prevented with changes in life style, for many people.

Bruce Willoughby for the PCT outlined that there were 2,000 new cases per year in North Yorkshire and York, with these affecting over 16,000 people and resulting in around 900 deaths.

County Councillor Hall stated that the report included contributions from a number of related groups and professionals. He stated that the report emphasised that prevention was better than cure in terms of strokes and the risk factors were identified. He emphasised that more work was required with a great deal of emphasis on early identification and intervention. He noted that several local initiatives were being established, with local GPs concentrating on providing preventative measures, and identifying those who were at risk of having a stroke.

The various methods of promoting the report were outlined and it was noted that work had been closely undertaken alongside the "FAST" campaign. It was emphasised that the report not only aimed at stroke awareness but provided opportunities for stroke prevention.

County Councillor Hall emphasised that now the report had been developed that it should be used and circulated to all appropriate bodies and professionals for them to use. He noted that despite the excellent "FAST" campaign he was still aware of people who when some one had been the victim of a stroke, they had not contacted the appropriate services. The report would assist in developing that awareness.

The Chairman thanked those involved for a thorough and interesting report and invited comments from the Committee and those present.

A member of the public referred to the Citizens Panel survey and stated that there had been no specific evidence provided in relation to patients' services and after care and ambulance provision in relation to strokes. He asked if this could be taken account of in the work programme. The Chairman agreed to take account of the issues raised.

County Councillor Moorhouse welcomed the document and noted that, in the main, it highlighted how strokes affected those aged 40 and above. She emphasised that, with today's life styles, many more younger people were putting themselves at risk of suffering strokes and suggested that, where possible, the message needed putting out to the younger age group as well. She hoped this would have an impact on the current life style of many. In response County Councillor Hall emphasised that the report would be distributed among community leaders for them to pass the message out to the whole of the community.

County Councillor Marshall stated that she had been impressed by the service provided by the Stroke Association, who were instrumental in providing aftercare for stroke sufferers, with a voluntary worker picking up referrals following the victims of strokes being released from hospital.

In terms of awareness of strokes, County Councillor Marshall indicated that awareness was low in local residents that she had encountered when she had assisted with a national survey on this. She highlighted how a person had been discharged from hospital, despite attending, suffering from the symptoms of a stroke, and she suggested that some of the professionals in Accident and Emergency Departments should also be appraised as to the stroke symptoms.

County Councillor English highlighted how the Dedicated Centre for Stroke Victims in the Craven Area was at Airedale Hospital.

County Councillor Pearson stated that his son had suffered a stroke at the age of 32 and knew of the problems in relation to that. He noted that his son had suffered this in France and had received excellent treatment at the time. He noted that when he had been transferred back home there had been no acute beds available for him, however, since then this had been rectified. He emphasised the need to promote FAST as it was important to recognise the symptoms of a stroke as quickly as possible.

County Councillor Blackie congratulated the team on the report that they had put together and noted the contribution from the Scrutiny Support Officer. He emphasised the importance of the document and suggested that it be renamed Stroke Prevention, Awareness and Recognition (SPAR) as that would be a useful acronym. He also emphasised the need to make younger people aware of the issues relating to strokes. He noted the issue raised in relation to ambulances and that James Cook Hospital had now been the centre of excellence for Stroke patients and suggested that this could cause problems for people in outlying rural areas as at least half an hour could be added to their already long journey, which could be critical. He suggested that the report required circulation at “grass roots” level to assist all relevant representatives, organisations and people in recognising stroke symptoms.

County Councillor John Clark emphasised the need to respond quickly for stroke victims in line with “FAST” and to ensure that the nearest place that could provide appropriate care and attention should be identified. He suggested that the report needed sharing with as many people as possible, at all levels, to assist this.

County Councillor Blades stated that he had been on a first aid course, but felt that he would be uneasy in trying to assist someone in the early stages of stroke. He considered that it was important that people recognise these factors but asked what action should be taken if it was recognised that someone was having a stroke, initially. Dr Willoughby agreed that it was important to recognise the first signs of a stroke, but rather than trying to take action themselves, people who observed someone having a stroke should contact the emergency services immediately.

County Councillor Hall requested that an additional recommendation be provided allowing the report to be referred to the Care and Independence Scrutiny Committee as a lot of the background work had emanated from that Committee.

Councillor Hall stated that the finalised version of the report, with the appropriate amendments in place, would be circulated to the PCT and Cardiovascular Groups. It was expected that all other appropriate organisations would be emailed a copy and as many local/community organisations, including library services, would be targeted.

RESOLVED –

- (i) That the suggested amendments be incorporated within the report;
- (ii) That the final version of the report be circulated to NHS North Yorkshire and York, the three Cardiovascular networks in the County, all other appropriate organisations and local/community organisations including the library service; and
- (iii) That NHS North Yorkshire and York be invited to respond formerly to the Committee indicating how the report would be used to inform work on stroke path ways across the County; and

- (iv) That the report be referred to the County Council's Care and Independence Scrutiny Committee, for further consideration.

53. UPDATE ON TRANSFORMING COMMUNITY SERVICES AND PROGRESS TOWARDS A SPECIFICATION FOR MENTAL HEALTH SERVICES IN NORTH YORKSHIRE

CONSIDERED –

The report of the Head of Scrutiny and Corporate Performance providing a framework for Members to be updated on progress towards implementing Transforming Community Services, particularly with regard to:

- (a) Services that will be transferred to the acute trusts from 1 April 2011; and
(b) Developing a specification for mental health services across the County.

The Chairman outlined how a recent board meeting of NHS North Yorkshire and York had postponed a decision regarding which Trust would be taken over Community Services in Scarborough, Whitby and Ryedale. In relation to mental health services, in the areas covered by NHS North Yorkshire and York a tender process was being followed that would be completed in January 2011.

Mel Bradbury, Assistant Director NHS North Yorkshire and York introduced the report and highlighted the specification for mental health services across the County.

Ms Bradbury outlined the process being undertaken to identify service providers in respect of transforming community services. She noted that expressions of interest had been requested from service providers which had resulted in 37 expressions of interest. From those nine had been provided with a pre-qualification questionnaire, which had been evaluated by the appropriate team, with five providers being invited to tender as a result. Subsequently there had been one withdrawal, leaving four providers submitting tenders. She stated that due to commercial sensitivity she was unable to provide the name of the four providers to the meeting.

She stated that a team was managing the process and details of that team were provided in the report. It was noted that representatives from both Children's and Adults Services at North Yorkshire County Council were included in the team and assisted in the development of the service specifications.

The closing date for the submission of the tenders was 17 November 2010, from which an evaluation process would take place, with two independent evaluators working on that, as well as the original team. It was expected that a report would then be taken to the NHS North Yorkshire and York Board in December with a contract awarded, following a "cooling off" period to allow for any objections, on 17 January 2011. Ms Bradbury stated that the process normally took 18 months to two years, however, this had been undertaken over the last nine months. She noted that the service specification had been over 200 pages long and was one of the largest procurement exercises undertaken in the Yorkshire and Humber region in terms of the NHS. She was pleased to say that the Strategic Health Authority were confident in the way the process was being carried out.

In terms of mental health services, as part of the tender, these had been split into three localities to capture as wide a competitive market as possible. The localities were:-

- York, Selby and Tadcaster.
- Harrogate (with outreach to Craven where appropriate).

- Hambleton and Richmondshire (with outreach to Scarborough, Whitby and Ryedale).

She noted that in some of the areas partnerships with other service providers already existed for example Craven and Scarborough.

She acknowledged the challenges ahead for rural areas, giving an example as the provision given to the Craven Area from Bradford Care Trust and she stated that innovative solutions were being sought to support people in those areas. She emphasised that there would be many challenges for the new providers to face, this being one of them.

County Councillor Marshall whether the process was for the whole of the service or whether part services could be tendered for. She noted that in the Craven Area some of the services were provided by York and North Yorkshire Mental Health, and others through the Bradford Care Trust. In response it was noted that providers did not have to bid for the provision of the whole service, but could bid for parts of that. Where this was the case the existing provider would continue to deliver services, as at present, to the local community.

County Councillor Marshall raised concerns regarding the overlap of services, noting that Bradford Social Services Community Health Workers had been taken on by the Bradford Health Trust to provide a continuous service, whereas this had not been the case for North Yorkshire. She suggested that situations such as this had to be addressed to ensure that a continuity of service was in place.

County Councillor Marshall outlined the need to take account of extra provision required, in terms of mental health services, for both the ever increasing dementia services and for military personnel returning from active service.

In response to the issues raised it was emphasised that as long as there was an integrated service provision, which gave the service required and the outcomes required, then it was not necessary for the services to be provided as one. It was noted that the PCT had not included Craven within the tender process as that came under Bradford District Health Trust consideration, however, should the situation change in the future, then this would be addressed.

In terms of dementia support services for dementia sufferers were within the specification for the tender. In terms of military personnel it was noted that the largest service base in Europe, Catterick Garrison, was in the area and that the PCT were working alongside the Department of Health and the Ministry of Defence to provide appropriate services to military personnel and their families. A pilot scheme operated at Catterick Garrison from around four to five months, with the assistance of the Ministry of Defence. It was expected that resources would be allocated to Catterick Garrison to address issues emanating from there. County Councillor Marshall emphasised that military personnel were based throughout the County and not just at Catterick Garrison. This fact was acknowledged.

County Councillor English raised concerns regarding the service provision for Craven and how that would be addressed through the tender process. She asked for more detail on the contract when that was available. She noted that her previous experience of service provision in the Craven Area, which came from the Bradford District Care Trust showed that they delivered a good service, but that was not always beneficial to the Craven Area, as there was limited knowledge of the Craven District within the Trust.

County Councillor English referred to problems at the Craven Centre in terms of different provision for the over 65's in comparison to the under 65's. She suggested

that a uniform approach to both age groups was required to ensure that the care and services needed were being provided appropriately. In response to the issues raised Ms Bradbury highlighted the services provided by North Yorkshire in the Craven Area as opposed to the Bradford District Health Trust. She noted that the issues in relation to the Craven Drop In Centre were the decisions implemented by North Yorkshire County Council's Social Workers and did not relate to the PCT. In terms of services provided by Bradford District Care Trust she emphasised that she was not in a position to comment on those, as that was not part of her remit.

County Councillor English stated that she would take the matters up with the Local Authorities concerned.

Councillor Rob Johnson, Richmondshire District Council, referred to the issues highlighted in relation to Catterick Garrison. He noted that Richmondshire District Council had given consideration to the support available to serving military personnel and their families within the Garrison. He also noted that the Garrison extended beyond Catterick and extended into other parts of North Yorkshire. He considered that various parts of support offered to military personnel and their families were not always co-ordinated effectively and there was a need to ensure that these were linked. He noted that many serving personnel returning from active duty had psychological problems and this had a major effect on not only their life but their family's lives. He emphasised the need for both the NHS and the Ministry of Defence to provide appropriate support, providing both social care and health care to those needing support. It was also emphasised that many young people in local schools, with families in the military, required support. It was noted that there was a partnership with the local schools that provided the support and counselling stated.

County Councillor John Clark referred to Section 2.2 of the report which stated that the Local Authority were supported of integration with an existing local provider in terms of Adult Community Services with Scarborough and East Yorkshire Health Care NHS Trust. He also noted that the report indicated that there was the full support of local GPs. He asked whether this was the case. In response it was stated that a report had been submitted to the PCT board meeting held last month, which had not been accepted. The position was now being reconsidered as it was apparent that the support of local GPs and the Local Authority was not in place. A consultation meeting had been held with Local Authority's and GPs in relation to the service specification. GPs had been identified who had a special interest and they were to be involved with the tender evaluation meetings.

The Chairman thanked the representatives of NHS North Yorkshire and York for their attendance at the meeting and for clarifying the issues raised.

RESOLVED –

That the report be noted and the issues raised by Members of the Committee be taken account of, as this issue moves forward.

SL/ALJ