

NORTH YORKSHIRE COUNTY COUNCIL

SCRUTINY OF HEALTH COMMITTEE

Minutes of the meeting held at Malton Rugby Club, Malton on 17 June 2011, commencing at 10.00 am.

PRESENT:-

County Councillor Jim Clark (Chairman).

County Councillors:-Andrew Backhouse, John Clark, Polly English, Andrew Goss, Michael Hesletine (substitute for Val Arnold), Margaret Hulme, Michael Knaggs, Shelagh Marshall, John McCartney, Heather Moorhouse and Chris Pearson.

District Council Members: - John Roberts (Craven), Shirley Shepherd (Hambleton), John Raper (Ryedale), Tony Pelton (Richmondshire) and Jim Preston (Scarborough).

Officers: Bryon Hunter (Scrutiny Team Leader), Jane Wilkinson and Judith Nesbitt (Legal and Democratic Services).

Present by Invitation:

NHS North Yorkshire & York – Sue Metcalfe, Andrew Bucklee, Amanda Brown & Simon Cox.

Bradford District Care Trust – Rob Armstrong, Neil Bryson and Shubhra Singh.

York Teaching Hospital Foundation Trust – Patrick Crowley and Melanie Liley.

Scarborough & North East Yorkshire NHS Trust – Mike Proctor.

Anne McIntosh MP (Thirsk and Malton).

In attendance:-

Sarah Wyatt – Whitby Hospital Action Group.

Dr Liz Garthwaite & Dr Jones – Scarborough Pain Clinic.

Apologies for absence were submitted on behalf of County Councillors Val Arnold, John Blackie and District Councillors Helen Firth (Craven), Ian Galloway & Stan Beer (Harrogate) and Kay McSherry (Selby).

In attendance approximately 12 members of the press and public.

COPIES OF ALL DOCUMENTS CONSIDERED ARE IN THE MINUTE BOOK

80. MINUTES

That the Minutes of the meeting held on 8 April 2011 be taken as read and be confirmed and signed by the Chairman as a correct record.

81. CHAIRMAN'S ANNOUNCEMENTS

- Review of Children's Congenital Heart Services In England – a copy of the Committee's formal response to the consultation was tabled at the meeting.
- NHS Future Forum – A document produced by the Department of Health listing key Government changes to the Health & Social Care Bill was tabled at the meeting.

82. PUBLIC QUESTIONS OR STATEMENTS

There were no questions or statements from members of the the public concerning issues on the agenda.

RESOLVED –

That those members of the public present at the meeting who wished to speak on items listed on the agenda would be invited to do so during consideration of that item.

83. ADULT MENTAL HEALTH AND OLDER PEOPLE'S MENTAL HEALTH SERVICES IN CRAVEN

County Councillor Polly English declared a personal interest in the following item as a volunteer hospital manager at Bradford District Care Trust.

CONSIDERED –

The report of the Scrutiny Team Leader alerting the Committee to pre-consultation discussions on the future provision of inpatient and community Adult and Older People's Mental Health (OPMH) services provided by Bradford District Care Trust to residents in the Craven area.

The Committee was advised that the current configuration of in-patient services was not sustainable. Following discussions with stakeholders Bradford District Care Trust had developed a number of options to address the problems. Prior to public consultation the Trust wanted to brief the Committee and seek its initial reaction to the proposals. In essence the service changes proposed would result in an overall reduction in the number of in-patient beds at a reduced number of units but with greater emphasis on community services.

The report was introduced by Rob Armstrong, Dr Shubhra Singh and Neil Bryson (Bradford District Care Trust) who explained why the changes were necessary and guided the Committee through each of the three options in the report.

Members sought clarification on a number of points and commented as follows:-

- Inclusion of location maps would make it easier to understand the local geography.
- A definition of 'organic' and 'functional' mental illness in the consultation document would be helpful.
- Fully supported the separation into two distinct cohorts of 'adults' and 'older people' with mental health problems.
- That a number of local re-structures of mental health services had taken place in recent years and that following the proposed consultation a period of stability was needed.
- Fully supported the separation of patients with 'organic' and 'functional' mental illnesses.
- Expressed concern about the proposed geographical location of the new organic older people in-patient wards in Bradford and the distance and ability of carers and family members would have to travel to visit people in receipt of care in the in-patient units.
- Sought details of the community services to be provided/available to patients living in the Craven area.
- That the Trust should explore the possibility of providing beds for dementia patients at Greenfoot in Settle as this would be more accessible to Craven residents.

- Sought reassurance that any monies saved through implementation of Option 3 be 'ring-fenced' for reinvestment in local community services.

The representatives of Bradford District Care Trust thanked the Committee for their comments. They acknowledged the concerns expressed about journey times and transport problems and said that the success of the proposals was dependent upon investment in community services. With regard to the suggestion of using 'Greenfoot' the Trust agreed to explore the possibility of it being used as a step-down facility with the commissioners.

The Chairman referred Members to the tabled report of Melanie Bradbury, NHS North Yorkshire & York dated 17 June 2011 which summarised the response of the local GP Commissioning Consortia to the proposals.

Members said that they understood the rationale behind the proposals and fully supported the proposal that Bradford District Care Trust undertake a full public consultation on the proposed changes to the older people in-patient mental health wards before any decision to relocate the wards was finalised.

RESOLVED –

- (a) That the Scrutiny of Health Committee recommends that Bradford District Care Trust undertake a formal three month public consultation on its proposals relating to future provision of inpatient and community Adult and Older People's Mental Health (OPMH) services.
- (b) That greater emphasis is given to Option 3 in the formal consultation document.
- (c) That the following additional information is included in the formal consultation document::
 - A comparison of the public transport arrangements for residents/service users living in rural and urban areas.
 - Details of community service provision in rural areas.
- (d) That subject to a formal consultation on the proposals being launched in August it will be the main item of business on the agenda of the September meeting of the Committee which will be held at a venue in the Craven area.

84. PROVISION OF A COMMUNITY BASED ORTHOPAEDICS/MUSCULOSKELETAL SERVICE FOR THE SELBY AND YORK LOCALITY

CONSIDERED –

The report of the Scrutiny Team Leader inviting the Committee to comment on forthcoming changes to orthopaedic provision in the Selby and York locality.

In the past patients received care from a range of providers. Following a decision of the Commissioners (the PCT & GPs) it was decided to bring it altogether under one service. The Committee was advised that following an extensive tendering process the contract to deliver a single orthopaedic/MSK service in the community had been awarded to York Teaching Hospital NHS Foundation Trust with effect from September 2011.

The meeting was attended by Andrew Bucklee, (NHS North Yorkshire & York) and Melanie Liley, (York Teaching Hospital Foundation Trust) who together described the clinical model about to be implemented and aims of the new service.

The benefits included quicker and improved access to specialist services for patients closer to their own homes and efficiency savings.

In response to questions from Members the Committee was advised that a shortage of physiotherapists had led to national recruitment difficulties but that this was not the case in the York and Selby areas. It was acknowledged that waiting times had in the past been problematic and variable but it was hoped that the new model would overcome both of these issues. The new service was endorsed by local GPs and whilst there was no immediate plans for it to be expanded into Scarborough, Whitby and Ryedale areas discussions with relevant staff had been held to consider at how orthopaedic/musculoskeletal services could be developed and supported in these areas.

The Chief Executive of York Teaching Hospital Foundation Trust, Patrick Cowley said that the new contract would provide high quality services for less money and as such was a key development for the Foundation Trust. Provision of a fully integrated service also underpinned the principals behind the proposed merger between the Trust and Scarborough & North East Yorkshire NHS Trust.

On the basis of the information provided at the meeting and in the report Members expressed support for the community based service and wished the Trust every success with its new venture.

RESOLVED –

That the Scrutiny of Health Committee supports and approves the introduction of a community based orthopaedic/musculoskeletal service in the York and Selby locality.

85. RYEDALE AND WHITBY ENHANCED COMMUNITY SERVICES PILOTS

CONSIDERED –

The report of the Scrutiny Team Leader updating the Committee on progress of the enhanced community services pilots in Ryedale and Whitby.

At the invitation of the Chairman the Committee was addressed by:-

- Sue Metcalfe, Deputy Chief Executive, NHS North Yorkshire & York,
- Patrick Cowley, Chief Executive York Teaching Hospital NHS Foundation Trust and
- Mike Proctor, Deputy Chief Executive York Teaching Hospital Trust & Interim Chief Executive Scarborough & North East Yorkshire NHS Trust.

Sue Metcalfe summarised the findings of the National Clinical Advisory Team (NCAT) report referred to in the report and confirmed that at its Board meeting in April the Primary Care Trust had agreed the phased reopening of beds at Malton & Whitby Community Hospitals. The Primary Care Trust had also agreed to develop a strategy for both hospitals that took account of the findings of North Yorkshire Review being undertaken by Professor Hugo Mascie-Taylor.

Mike Proctor and Patrick Cowley welcomed the re-opening of the beds at Whitby and Malton hospitals and endorsed the recommendation in the NCAT report for a strategic vision for the two community hospitals. Patrick Cowley said If better use was made of the facilities at both hospitals a greater range of patients could be treated. They said a significant number of patients at Scarborough and York hospitals did not require secondary care and could be better managed in a community setting. The development of a new model of care that was more affordable, would relieve pressure on Scarborough & York hospitals and was better for patients was the obvious way forward.

The Chairman then invited Sarah Wyatt a member of the public and member of Whitby Hospital Action Group to speak.

In respect of Whitby Hospital and the healthcare it provided to patients, Sarah Wyatt said she had the following concerns:-

- that Malton and Whitby hospitals were not able to function properly following an announcement that the operating theatres at both hospitals were to be closed because of ventilation problems.
- That despite the decision to re-open beds at Whitby & Malton hospitals this still had not happened.
- That the funding available to the Hambleton & Richmondshire GP Commissioning Consortia (that included Whitby) was insufficient to meet the demands of the population of Whitby.
- That the appointment process for membership of the Hambleton & Richmondshire GP Commissioning Consortia was not open and transparent. The consortia did not include a community representative and did not have the support of the local community.
- That the working relationship between Whitby GPs and staff at Whitby Hospital was sometimes problematic.

In response Sue Metcalfe said that the beds at Whitby & Malton Hospitals would re-open in July. The re-opening of the beds was being phased so as to accommodate staff recruitment and the redesign of the Enhanced Community Team. Thereafter the long term future of the beds at Whitby hospital was not within the control of the Primary Care Trust. The creation of GP Commissioning Consortia was in response to Government direction and similarly the funding available to GP Commissioning Consortia was set nationally. She said that the development of GP Commissioning Consortia was still at an early stage and that much of the practical detail of how they would operate had still to be resolved. It was therefore extremely disappointing to hear talk at such an early stage of 'no confidence' in local GP Commissioning Consortia. The Government was she understood considering appointing lay members to commissioning consortia.

The Chairman acknowledged that more transparency was needed surrounding the operation and membership of commissioning consortia.

Mike Proctor advised the Committee that an annual check had found the ventilation systems in the operating theatres at Whitby and Malton hospitals to be below the required standard. The use of both theatres had therefore with immediate effect been suspended on the grounds of patient safety. Patients about to undergo procedures would be re-scheduled. Correction of the problems would require significant investment and he did not foresee either theatre reopening in the foreseeable future.

Members whilst welcoming the re-opening of the beds at Whitby & Malton hospitals said that the timing of the closure of the operating theatres could not have been worse but accepted that patient safety was paramount.

Members commented that the lack of detail surrounding staff recruitment and the timing of the re-opening of beds was not helpful and that questions surrounding the management of the plant in both operating theatres remained.

The Committee was advised that the annual check of the operating theatres was undertaken by an independent organisation and that copies of both reports would be made available to the Committee following the meeting. The latest position with regard to staff recruitment would also be provided following the meeting.

The Committee was advised that it was the GPs themselves who had taken the decision to join the Hambleton & Richmondshire Commissioning Consortia and that this decision was in part based on patient flows. Sue Metcalfe assured the Committee that Whitby GPs were fully engaged in the process.

Based on what they had heard that morning, Members agreed it was important that the Committee sought the views of GPs on the development of strategies for both Whitby & Malton hospitals. It was widely accepted by all those present at the meeting that the review by Professor Hugo Mascie-Taylor would have a major bearing on the future of both hospitals.

RESOLVED –

That the Scrutiny of Health Committee is disappointed to learn of the closure of the operating theatres at Whitby and Malton Hospitals and looks forward to receiving regular update reports on the situation.

That relevant GP Commissioning Consortia are invited to attend a future meeting of the Committee to discuss the development of strategies for Whitby and Malton Hospitals and how the Committee could contribute to that work.

That reports on the findings of the North Yorkshire Review undertaken by Professor Hugo Mascie-Taylor and amendments to the Health and Social Care Bill be referred to the next meeting.

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

The Committee received a joint oral presentation from Patrick Crowley, (Chief Executive YTHFT) and Mike Proctor (Deputy Chief Executive, YTHFT) and Interim Chief Executive, SNEY NHS Trust on the planned merger of the two Trusts.

It was explained that the merger arose from the directive issued by the Department of Health that all hospital trusts had to achieve foundation status by 2014. In order to achieve foundation status, Trusts had to prove that they were financially stable and well-governed. It was feared that SNEY NHS Trust, because of its historic and recent debts and its remote geographical location leading to concerns about the quality and sustainability of its services would struggle to make the grade. For these reasons the Board at SNEY NHS Trust had taken the decision not to proceed with an application for foundation status. That left a number of options open to the Trust the best of which was to seek to a merger with the existing foundation trust of York with a view to forming a single organisation by April 2012. The new organisation would be much better equipped to make clinical and back office improvements, as well as achieving efficiency savings.

Members were advised that the merger was being overseen by the Department of Health through the Strategic Health Authority and was proceeding along two separate work streams.

The first work stream involved the formal acquisition of Scarborough Trust. York Foundation Trust itself would have to go through a period of due diligence to demonstrate to its own Board and the economic regulator Monitor that the proposals were viable. Monitor would also identify the services which the new Trust would have to deliver. The due diligence report was due to be considered by the York Board at its meeting in July where it was anticipated that a statement about whether the merger would go ahead would be made.

The second work stream was the integration of the two Trusts. Assurances were given that core services would continue to be provided at Scarborough.

Members commented on the strength and experience of the working relationship that existed between Mike Proctor and Patrick Cowley and were impressed by their enthusiasm for the challenges that lay ahead.

The Committee noted that the recent recruitment of two consultants had stabilised the general surgical rota at Scarborough.

Members were invited to attend a consultation meeting being held in Malton the following week. Topics to be discussed would include public transport links and concerns about the risk of services being centralised in York at the expense of Scarborough.

The Chairman then invited Dr Jones who led the pain clinic at Scarborough Hospital to address the Committee.

Dr Jones said he had been informed that with effect from the end of July 2011 many of the procedures currently provided by staff at the pain clinic would no longer be commissioned by the Primary Care Trust. This would deny many patients effective treatment for their chronic conditions many of whom were very upset and angry at the prospect. Dr Jones said that the public had not been consulted about this service change. The pain clinic was very well supported and had in the past successfully resisted attempts to limit its activities

Dr Jones said that if the new arrangements were introduced existing patients could be referred to a PCT panel who would determine whether they continued to receive treatment. The application form (to be completed by a doctor) however took 15 minutes to complete and Dr Jones had been told that only 10% of referrals would be successful. Dr Jones maintained that this in effect amounted to a postcode lottery for receipt of services. The pain clinic he said had low overheads and made a significant contribution to the income of the Trust. Dr Jones said it was not acceptable that patients would be forced to pay privately for treatment. Another doctor who worked at the pain clinic was currently piloting an integrated service in East Yorkshire and Dr Jones suggested that a similar model would work well in Scarborough.

Dr Jones concluded by seeking the support of the Committee in opposing the proposed service changes to the pain clinic in Scarborough.

Patrick Cowley said that similar treatment thresholds to those proposed at Scarborough had been implemented in York. As a service provider he was not in a position to provide services that had not been requested by the commissioner.

The Chairman said that as Scarborough Pain Clinic was not a specific item on the agenda it would be unfair to insist that PCT representatives present at the meeting respond to the concerns raised by Dr Jones. The Chairman said that following the meeting he would seek a written response from the PCT on the concerns raised at the meeting. It was also recommended that a response be sought from the relevant GP Commissioners.

Members expressed support in principal for the merger.

RESOLVED –

That the presentation be received.

That progress reports on the merger be referred to the Committee in due course.

87. WORK PROGRAMME

CONSIDERED –

The report of Bryon Hunter, Scrutiny Team Leader inviting Member to comment on and approve the content of the Committee's future work programme.

Members noted that the main item on the agenda for the September meeting would be the consultation on Older People's Mental Health Services in Craven as discussed earlier in the meeting. Consequently the venue was likely to be in the Craven area.

Bryon Hunter said that following publication in July, of the report by Professor Hugo Mascie-Taylor reviewing health services in North Yorkshire he would arrange an informal workshop. The workshop would provide an opportunity for Members to discuss with the Professor his findings. Members would be notified of the date in due course.

The Committee was advised that the mid-cycle briefing meeting on Friday 29 July 2011 would be attended by Simon Pleydell, Chief Executive, South Tees Hospitals NHS Foundation Trust. At that meeting Simon Pleydell would outline the Trust's proposals for efficiency savings in the light of recently announced budget cuts. The Chairman undertook to keep the Committee informed of any significant issues arising from the discussions.

RESOLVED –

That the content of the Work Programme is approved subject to the comments recorded in the Minutes.

The meeting concluded at 1.05 pm.

JW/ALJ