

North Yorkshire County Council

Scrutiny of Health Committee

Minutes of the meeting held at Ripon Community House, Allhallowgate, Ripon on 7 September 2012, commencing at 10.00 am.

Present:-

County Councillor Jim Clark (Chairman).

County Councillors:-Val Arnold, John Clark, John Fort (substitute for Margaret Hulme), Andrew Goss, Mike Knaggs, Shelagh Marshall, Heather Moorhouse John McCartney, Heather Moorhouse and Chris Pearson.

District Council Members: - Ian Galloway (Harrogate), Tony Pelton (Richmondshire), Elizabeth Shields (substitute for John Raper Ryedale), John Roberts (Craven) and Michael Dyson (substitute for Kay McSherry Selby).

In attendance:- Executive Member County Councillor Clare Wood and County Councillor John Batt.

Officers: Seamus Breen (Health & Adult Services), Bryon Hunter (Scrutiny Team Leader), Jane Wilkinson (Legal and Democratic Services).

Present by Invitation:

South Tees Hospitals NHS Foundation Trust – Jill Moulton.
NHS North Yorkshire & York – George Lee and Amanda Brown
Harrogate & Rural District CCG – Amanda Bloor and Dr Alistair Ingram
Hambleton, Richmondshire & Whitby CCG – Dr Vicky Pleydell
North Yorkshire Tees, Esk & Wear Valleys NHS Foundation Trust – Adele Coulthard
Harrogate Foundation Trust – Fiona Bell
Mid Yorkshire Hospitals NHS Trust – Ruth Unwin and Dr Simon Enright
Yorkshire Ambulance Trust – Vince Larvin

Apologies for absence were submitted by County Councillors John Blackie, Polly English and Margaret Hulme and District Councillors Shirley Shepherd (Hambleton), John Raper (Ryedale) and Kay McSherry (Selby).

Copies of all documents considered are in the Minute Book

130. Minutes

Min No 128 – Criteria Based Commissioning in NHS North Yorkshire & York

A request was made for the response of Dr Geddes received following the previous meeting to be recorded within the Minutes. The Scrutiny Team Leader agreed to attend to this in his next work programme report.

Resolved

That the Minutes of the meeting held on 1 June 2012 be taken as read and be confirmed and signed by the Chairman as a correct record.

131. Chairman's Announcements

- National Review of Children's Cardiac Surgery – The decision of the NHS to close the children's heart surgery unit at Leeds Hospital was to be the subject of an appeal by campaigners. A further meeting of the Regional Scrutiny of Health Committee was being arranged to agree objections and to formally resolve to refer the matter to the Secretary of State.
- Dementia Services In Harrogate & Ripon – The Chairman reported the outcome of a meeting held with representatives of service users, Dementia Forward, North Yorkshire County Council, the Primary Care Trust and Tees, Esk & Wear Valleys NHS Foundation Trust to discuss concerns raised at a previous meeting of the committee.
- Historic Debt – Scarborough & North East Yorkshire NHS Trust – Information requested at the previous meeting was still outstanding and would be circulated to Members upon its receipt.

132. Public Questions or Statements

There were no public questions or statements from members of the public concerning issues not listed on the agenda.

133. Commissioning Strategy

Considered –

The report of the NHS Harrogate and Rural District Clinical Commissioning Group informing the Committee of changes to commissioning arrangements for healthcare services in Harrogate District effective as from April 2013.

The meeting was attended by Dr Alistair Ingram and Amanda Bloor from the Clinical Commissioning Group who summarised work leading towards the development of its first commissioning strategy. They also gave an explanation of each of the Group's five overarching strategic priority areas that included specific examples of work being done locally to achieve their strategic objectives.

Members asked a number of questions and sought further information on the following areas:-

- Arrangements for patient discharge from hospital
- Integration of community and social services
- The variation across the district in Planned and effective care
- Measures to overcome isolation and loneliness amongst older people
- Affordability and sustainability of service
- Communication strategy

Members referred to the appendices attached to the report and suggested that the diagram in appendix 1 be amended to include the Scrutiny of Health Committee and that some of the language in appendix 2 be amended to avoid it being ambiguous.

The Portfolio Holder expressed surprise that the report made no specific reference to safeguarding of adults or children.

Members questioned the financial position of the Group and in particular the affect of the Primary Care Trust's financial deficit on their future budget allocation. In response the Committee was informed that the Group was well aware of the financial challenge it faced. The need to make efficiency savings had been a driver for integrating local care teams, the success of which was now receiving widespread

recognition. The Clinical Commissioning Group was working closely with the Primary Care Trust but as yet both organisations had received no indication of next year's funding formula or operating framework and the final budget allocation was as yet unknown. The Primary Care Trust anticipated it would have a deficit of £19M but this figure was likely to rise to somewhere between £40/50M by the end of the financial year. National guidance was awaited from the Department of Health on whether and when the annual budgets of Clinical Commissioning Groups would be 'top sliced' if a Primary Care Trust overspent its budget. In the meantime the Clinical Commissioning Group would continue to take steps to introduce local savings and manage the available resources as efficiently as possible.

Members of the Committee were both appreciative and supportive of the information contained in the report and provided at the meeting and congratulated the Clinical Commissioning Group on its initial attempt to develop a commissioning strategy. The Committee looked forward to working with the Clinical Commissioning Group in the future and asked that the comments made during the meeting be taken on board.

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134. Mental Health Services for Older People in the Harrogate Area

Considered –

The report of the Scrutiny Team Leader briefing the Committee on the development of plans for mental health services for older people in the Harrogate Area. Appended to the report were three detailed reports on the reconfiguration of services and the engagement plan for proposals for in-patient beds for older people in Alexander House, Knaresborough.

The meeting was attended by Adele Coulthard, (Director of Operations North Yorkshire Tees Esk & Wear Valleys NHS Foundation Trust) and George Lee (Senior Commissioning Manager, NHS North Yorkshire & York).

The Committee was advised that the changes would enable more patients and carers to receive support that was tailored to meet their individual needs as well as an extended memory service and the establishment of a dedicated nursing and residential care home liaison team. With regard to the proposals for in-patient beds in Alexander House the Committee was assured that final decisions would not be made until after the conclusion of the informal engagement.

The Chairman referred to the statement in the report that said formal consultation at this stage was not appropriate as there were no other options to consider as alternatives to the proposals. The Chairman asked what would happen if other options emerged during the informal engagement. Both Adele Coulthard and George Lee agreed that if that were the case then a period of formal consultation would have to be entered into.

The Chairman then invited County Councillor John Batt, the local member for Knaresborough to address the Committee. County Councillor John Batt said that there was concern that the proposals for Alexander House had been developed to their current stage without any real dialogue taking place between affected parties. The Town Council had therefore written to the Foundation Trust and asked for a meeting. Within the local community there were he said fears and disquiet about the quality of dementia services provided by other organisations outside of the NHS.

Adele Coulthard responded by saying that she would respond to the letter from the Town Council and offered to attend their next meeting. The establishment of a dedicated nursing and residential care home liaison team would enable the Trust to

work with staff in care homes to help them recognise changes in a patient's health usually displayed by their behaviour that would help to reduce hospital admissions.

County Councillor Batt welcomed her offer to attend the next meeting of the Town Council. He pointed out that most care homes had a high turnover of staff and said he would be seeking an assurance that the Liaison Team would be able to provide continuity of training. County Councillor Batt and other Members of the Committee expressed an interest in being involved with the Alexander House consultation which the Trust said they were happy to accommodate.

The Committee was keen that the views of patients and carers were taken into account when shaping future services and urged the Trust to be creative and innovative.

The Committee approved the engagement plan subject to Dementia Forward and WRVS being added to the list of stakeholders and looked forward to receiving the results of engagement at its meeting in January 2013 when if other options emerged formal consultation would be needed.

Resolved –

That the results of engagement by Tees Esk and Wear Valleys NHS Foundation Trust on its proposals for in-patient beds at Alexander House, Knaresborough be reported to the January meeting of the Committee.

135. Children and Maternity Services at the Friarage Hospital

Considered –

The report of the Scrutiny Team Leader setting out the current position and next steps for children's and maternity services at the Friarage Hospital, Northallerton following conclusion of the engagement process.

The meeting was attended by Dr Vicky Pleydell (Hambleton, Richmondshire & Whitby Clinical Commissioning Group) and Jill Moulton (South Tees Hospitals NHS Foundation Trust).

The Committee was advised that throughout August the Clinical Commissioning Group (CCG) had conducted an options appraisal with GP practices. The results had been collated into a report that would be made available to the public the following Tuesday. The report and its findings were due to be discussed at a meeting of the CCG Board on 17 September 2012. The recommendation of the CCG regarding its preferred option would then be considered by the Board of the Primary Trust at its meeting on 25 September 2012. If major services changes were recommended a formal consultation would have to be undertaken.

Resolved –

That the information provided at the meeting and contained in the report be noted.

136. Mid Yorkshire Hospitals NHS Trust - Clinical Services Strategy

Considered –

The report of Mid Yorkshire Hospitals NHS Trust on progress on the development of its new Clinical Services Strategy.

The report updated the Committee on work that had taken place since the Trust last reported to the Committee on 27 January 2012.

The meeting was attended by Ruth Unwin, Director of Development and Dr Simon Enright, the Clinical Lead for the Strategy.

The Committee received a presentation that covered:-

- The pre-consultation work undertaken last year on the original five options and the feedback received
- The reasons for change
- Details of the 2 options currently under consideration
- Opportunities for earlier 'in year' changes in advance of the new Strategy
- An update on Pontefract emergency department
- The timetable leading up to and including formal public consultation

The Committee noted that Option 2 the more radical of the two options was preferred by the Trust as it delivered both clinical and financial viability.

It was reported that since Pontefract A&E had reopened on 3 September 2012 patient numbers remained very low on average 9 or 10 per night. The Committee was advised that if patient numbers did not increase the service was not sustainable and the 18 month Contract with GPs would have to be reviewed.

It was suggested that the Trust consider renaming the Unit at Pontefract Hospital. The title 'Accident & Emergency' was Members said confusing because in reality it was little more than a Minor Injuries Unit and had been for several years. The Trust acknowledged the need to be open and honest with the public and said that clinicians shared Members concerns about the name giving people false expectations. Members agreed with the Trust that it was unrealistic and unreasonable for them to upgrade the Unit at Pontefract Hospital so as to be capable of providing acute care to patients with either a serious injury or urgent medical condition.

The Committee noted that the Trust's financial situation remained very serious and that it continued to lose approximately £100K per day. Members asked for details of the cost of the 'Accident & Emergency' Service at Pontefract and were told that this would be made available following the meeting. The financial situation meant that it was possible that the Trust could be merged with another Trust as a means of providing increased financial stability but in the meantime work on the new Clinical Services Strategy would continue as planned.

County Councillor Shelagh Marshall asked what steps the Trust was taking to address the early timing of appointments amongst older people who lived some distance from a hospital which she was a frequent cause of complaint. Ruth Unwin replied that the Trust was aware of the problem and that transport and travel times had emerged as important criterion at stakeholder events. The Trust through use of 'choose and book' which gave patients greater choice was seeking to eradicate all random appointment times.

Reference was made to their being no representation from North Yorkshire at the stakeholder conference held in June and County Councillor John McCartney agreed to attend future events and to keep the Committee informed of developments.

On behalf of North Yorkshire County Council, Seamus Breen said he would happy to open a dialogue on integrated services with the Trust.

In conclusion the Chairman thanked the Trust for their attendance and said that the Committee looked forward to receiving the results of their engagement in due course.

Resolved –

That the information contained in the report and provided at the meeting be noted.

137. NHS 111

Considered –

The report of the Scrutiny Team Leader on a new national telephone service aimed at supporting access to urgent and emergency healthcare. The report advised on progress implementing the service and gave details of the planned public awareness campaign.

Amanda Brown from the primary care trust NHS North Yorkshire & York attended for this item and gave a power- point presentation (copy of the slides in the Minute Book) that described in detail the benefits of the new service and the ongoing work to develop a local Directory of Services. The Directory would contain information on access to and the availability of healthcare services. Production of the Directory of Services would she said enable commissioners to compare and contrast healthcare services across the county. Seamus Breen added that the Directory would also provide opportunities to integrate NHS and social care services and said that it would be reviewed in 12 months time.

The Committee was advised that Yorkshire Ambulance Service had been successful in procuring the contract for provision of the new service. An extensive testing programme was planned prior to the service going live in mid March 2013. It was explained that clarification was still awaited from the Department of Health on its future plans for NHS Direct which the new service was expected to replace.

Members commented that success of the new service would be closely linked to the effectiveness of the public engagement campaign. Members questioned how the calls would be processed and Vince Larvin from Yorkshire Ambulance Service offered to do a presentation to the Committee on the algorithm staff would use following their recruitment. Members accepted his offer which they said would boost their confidence in the new service.

Resolved –

The Committee noted the content of the report and presentation and agreed to receive a further progress report on NHS 111 following its introduction in April 2013.

138. Work Programme

Considered –

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

The Committee recognised that developments surrounding Children's & Maternity Services at the Friarage Hospital in Northallerton would continue to feature strongly in future meetings. The date of the next meeting of the Committee in November would almost certainly coincide with the commencement of the formal three month consultation period. It was highly likely therefore that the Committee would receive a further briefing on the matter at that meeting.

The Scrutiny Team Leader informed the Committee that he had been approached by Leeds & York Partnership NHS Foundation Trust. The Trust had requested an item be placed on the Committee's November agenda to discuss developments at Mill

Lodge Community Unit for the elderly in York. Whilst outside of the County Council's boundaries the proposals would impact on some North Yorkshire residents. Members agreed to the request and asked that the report include an overview of the entire service approach instead of just concentrating on developments at Mill Lodge.

The Committee agreed that if the consultation to be undertaken by Mid Yorkshire Hospitals NHS Trust on its Clinical Services Strategy resulted in further options being identified then a further report would be referred to the Committee.

Finally the Committee requested a further progress report on NHS 111 following its introduction in April 2013.

Resolved –

That the work programme be received and agreed as printed including the suggestions made during the meeting and recorded in the Minutes.

The meeting concluded at 12:25 pm.

JW/ALJ