

North Yorkshire County Council

Scrutiny of Health Committee

Minutes of the meeting held at County Hall, Northallerton on 14 June 2013, commencing at 10.00 am.

Present:-

County Councillor Jim Clark (Chairman).

County Councillors:- Val Arnold, David Billing, Elizabeth Casling, John Clark, Polly English, John Ennis, Michael Harrison, Michael Heseltine (substitute for Margaret Hulme), Shelagh Marshall, John McCartney (substitute for Philip Barrett), Heather Moorhouse and David Simister.

Officers:- Bryon Hunter (Scrutiny Team Leader), Jane Wilkinson (Democratic Services), Helen Taylor, Seamus Breen and Lincoln Sargeant (Health & Adult Services)

In attendance:-

Executive Members County Councillors: Clare Wood, Tony Hall and Don MacKenzie

District Council Members: Ken Billings (Hambleton) and Elizabeth Shields (Ryedale) substitute for Councillor Raper.

North Yorkshire Clinical Commissioning Groups:

Hambleton, Richmondshire & Whitby - Dr Vicky Pleydell

Harrogate & Rural District - Amanda Bloor

Scarborough Whitby Ryedale - Simon Cox

Airedale, Wharfedale & Craven – Dr Colin Renwick

Vale of York - Dr Mark Hayes

South Tees Hospitals NHS Foundation Trust – Jill Moulton

County Councillor John Blackie

Apologies for absence were received from County Councillor Philip Barrett and John Raper (Ryedale), Jane Mortimer (Scarborough), Kay McSherry (Selby) and John Roberts (Craven).

In attendance 2 members of the public.

Copies of all documents considered are in the Minute Book

1. Chairman's Welcome and Introduction

Following the County Council elections in May 2013 the Chairman welcomed new members to their first meeting of the Committee.

On behalf of the Committee, the Chairman thanked Seamus Breen for the work he had done and wished him a long and happy retirement.

2. Minutes

That the Minutes of the meeting held on 22 March 2013 be taken as read and be confirmed and signed by the Chairman as a correct record.

3. Public Questions or Statements

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

Resolved –

That the requirement to give 3 days notice is waived and those Members of the public present at the meeting who wish to speak on items listed on the agenda will be invited to do so during consideration of the relevant item.

4. Chairman's Announcements

- National Review of Children's Cardiac Surgery – The Secretary of State for Health had suspended the reform of children's heart surgery. His decision followed the findings of a report by the Independent Reconfiguration Panel which concluded that the review was based on flawed analysis.
- Minimum Practice Income Guarantee (MPIG) – The Chairman had received a request for this to be dealt with as an urgent item at the meeting that day. He had declined the request but had agreed that it be added to the agenda of the next meeting. Invitations to attend that meeting would be sent to NHS NY & Y Local Area Team of NHS England.

5. North Yorkshire Clinical Commissioning Groups

The Committee received a joint presentation from representatives of each of the five Clinical Commissioning Groups in North Yorkshire. The presentation covered the following areas:

- Provided an overview of the new commissioning arrangements
- 2013/14 Financial Plans
- CCG Priorities for 2013/14
- Countywide issues

The Committee commented upon the anomalies in dividing the NHS budget between CCGs in North Yorkshire and was advised that the funding formula was the subject of a national review. The allocations for 2013/14 would be based on a new formula the details of which would not be known until later in the year. It was anticipated that any changes introduced would be phased in gradually. CCGs were hopeful that the new formula would be fairer and give greater weighting to age which was widely recognised as being the main driver for an individual's health. Members were advised that details of Quality, Innovation Productivity & Prevention (QIPP) savings could be found on CCG websites.

Members received assurances that the local priorities of the CCGs were closely aligned to the Health & Well Being Strategy. Member praised CCGs for their use of telehealth and stressed the importance of the need for further work around the timing of healthcare appointments.

In response to questions further details on the initiative to appoint carer champions in GP surgeries was provided.

After listening to the presentations Members said that they looked forward to receiving further information on the integration of healthcare services and to receiving further updates on progress towards the development of an integration framework.

In conclusion the Chairman thanked the CCGs for their attendance and for their willingness to engage with the Committee and looked forward to working closely with them in the future.

Resolved –

That the information given be noted.

6. NYCC Health & Well Being Strategy - Commissioning Intentions

Considered –

The statement of Helen Taylor, Corporate Director NYCC Health and Adult Services.

Helen Taylor summarised the approach taken to complete on behalf of the Health & Well Being Board, North Yorkshire's first Joint Strategic Needs Assessment and Health & Well Being Strategy.

Using the Joint Strategic Needs Assessment as the source document, the County Council and its partners were now drawing up plans to assist the Board to deliver on its health and will-being priorities. She hoped Members when they examined the plans would see the synergy between them.

Helen Taylor and Lincoln Sargeant each then gave a presentation highlighting priorities for the Health & Adult Services directorate and public health.

Members made the following comments:

- Access to sexual health services should be made available in schools
- Smoking immediately outside school gates should be stopped
- The closure of day centres in Harrogate and Northallerton had increased the social isolation of mental health patients
- Greater awareness was needed of the JSNA

Copies of the Joint Strategic Needs Assessment and the Health & Well Being Strategy were available to Members upon request.

Resolved –

That the information given be noted.

7. Children's and Maternity Services at the Friarage Hospital, Northallerton

Considered –

The report of the Scrutiny Team Leader on the decision of the Secretary of State For Health in respect of the referral to him by the Committee of contested proposals for health service change.

Members noted that the Independent Reconfiguration Panel (IRP) had not recommended a full review but had said that the CCG should proceed to full consultation and also take account of other options.

Dr Pleydell reported that she had now received reassurance that a separate project currently being undertaken by the NHS in Darlington, Durham and Tees would not lead to children's and maternity services at Darlington Hospital being reconfigured. The Securing Quality Health Services project would not therefore have an adverse impact upon a consultation on changes to children's and maternity services at the Friarage Hospital. The Committee was reminded that the proposal to remove the consultant led service at the Friarage Hospital was predicated on the unit at Darlington having a long term future. Consequently the CCG now intended to proceed to public consultation. Before doing so the consultation document used for the engagement exercise would need significant amendment to reflect the recommendations of the IRP. Dr Pleydell had contacted the Local Area Team to request support from specialist staff able to carry out this work and prepare a programme for the consultation. Provided no further difficulties were encountered the CCG hoped to be able to start the consultation at the beginning of August 2013.

The Chairman referred to the legal advice received by the CCG and PCT which had advised that consultation should not take place on any option that could not be delivered. The Chairman asked Dr Pleydell if she had seen this legal advice and whether a copy could be made available to the Committee. Dr Pleydell replied that she had seen the legal advice. However the CCG was not the owner of the legal advice and she would therefore make enquiries to see if it could be released to the Committee. Dr Pleydell said it remained the view of clinicians that option 1 was not clinically sustainable or affordable. The legal advice supported the view of the CCG that it would be wrong to consult on an option that could not be delivered.

Dr Pleydell said the case for change was clear and that the CCG was willing to explore any alternative options that were put forward. She confirmed that if any new options did come forward they would be measured and scored using the same criteria and matrix used by the CCG to report the outcome of the engagement process.

The Chairman sought an assurance that throughout the consultation period children's and maternity services would continue to operate on a consultant led basis.

On behalf of South Tees Hospitals NHS Foundation Trust, Jill Moulton said that the Trust would continue to provide services on the same basis as it had for the previous two years. It remained the view of the Trust however that the current model was inappropriate for the reasons stated throughout the engagement process. On a practical level filling staff rotas was proving difficult. Staffing levels would continue to be monitored and if they became unsafe the situation would have to be reviewed. From an operational point of view provision of the services continued to be fragile.

A member of the public, Andrew Newton who had spoken at the November 2012 meeting addressed the Committee. He thanked the Committee for referring the matter to the Secretary of State. The referral had he said provided an opportunity for him and other parents to work with the CCG. He was now a member of the CCG's governing body and able to represent the views of parents.

A Member asked if the CCG and Trust were aware of any model that would provide a consultant led service on a 24/7 basis that would be viable. Jill Moulton replied that the Trust was not aware of any such model nor did she think one existed. Dr Pleydell stressed the need for services to be sustainable. Andrew Newton agreed to speak to Dr Pleydell and Jill Moulton about his ideas for alternative options outside of the meeting.

Members reiterated comments made at the March meeting when it was agreed that should a consultation go ahead over the summer months, the usual 12 week period should be extended to a 16 week period to allow for the holiday period. Dr Pleydell

said the CCG was happy to be flexible about the start date for the consultation and happy to extend it to 16 weeks.

The Chairman said he thought that the CCG was being overly ambitious in seeking to commence the consultation at the end of July/beginning of August given the amount of work it had to do. Instead he suggested it would be better if it started no later than the beginning of September for a period of 3 months. Members expressed support for his suggestion and Dr Pleydell said the CCG would be happy to comply. Finally Dr Pleydell agreed to send the Chairman a copy of the consultation document before the consultation was officially launched.

Resolved –

That the information provided at the meeting be noted.

8. Remit of the Committee and Main Current Areas of Work

Considered –

The report of the Scrutiny Team Leader on the role and remit of the Committee. The report also invited Members to review and comment upon the content of the Committee's future Work Programme.

Members requested that the Commissioning Plans of Clinical Commissioning Groups, NHS England and the County Council including public health be presented to a future meeting.

A request was also made for the agenda of the September meeting to include an item on proposed strike action by staff from the Yorkshire Ambulance Service in relation to a dispute surrounding patient safety.

On behalf of Healthwatch, David Ita sought the views of the Committee on the future development of the relationship and process for sharing information between the two bodies. Members were keen to work closely with Healthwatch who they regarded as a valuable source of 'grass roots' consumer intelligence. Members endorsed the suggestion made by the Scrutiny Team Leader for future agenda to include a standing item from Healthwatch that also included an update from the complaints advocacy service.

Resolved –

That the work programme with the addition of the suggestions made at the meeting and recorded in the Minutes be received and agreed as printed.

The meeting concluded at 1.15 pm.

JW/ALJ