

North Yorkshire County Council

Scrutiny of Health Committee

Minutes of the special meeting held at County Hall, Northallerton on 14 March 2014, commencing at 2.00 pm.

Present:-

Members:-

County Councillor Jim Clark (in the Chair); County Councillors Val Arnold, David Billing, John Clark, Polly English, Michael Heseltine (substitute for John Ennis), Shelagh Marshall, Heather Moorhouse, Patrick Mulligan, Chris Pearson and David Simister.

Co-opted Members:-

District Council Members:- David Blades (Hambleton), Kay McSherry (Selby), Jane Mortimer (Scarborough), and Tony Pelton (Richmondshire).

In attendance:-

North Yorkshire County Council: Executive Member County Councillor Tony Hall
Hambleton, Richmondshire & Whitby Clinical Commissioning Group: Dr Vicky Pleydell, (Clinical Chief Officer), Sarah Ferguson (Snr Delivery Manager), and Henry Cronin (Chairman).

Commissioning Support Unit (NY & Humber): Alex Trehitt

South Tees Hospitals NHS Foundation Trust: Jill Moulton (Director of Planning)

Richmondshire District Council: Councillors John Blackie (Leader) and John Robinson and Scrutiny Officer Penny Hillary

County Durham and Darlington NHS Foundation Trust: Sue Jacques (Chief Executive)

Anne McIntosh MP

County Council Officers: Bryon Hunter (Scrutiny Team Leader), Jane Wilkinson and Henry Blackett (Legal & Democratic Services) and Dr Lincoln Sargeant (Director of Public Health).

Apologies for absence were received from County Councillors Philip Barrett and John Ennis and District Councillors John Raper (Ryedale) and Ian Galloway (Harrogate).

8 members of the press and public.

Copies of all documents considered are in the Minute Book

35. Minutes

Resolved

That the Minutes of the meeting held on 17 January 2014 be taken as read and be confirmed and signed by the Chairman as a correct record.

36. Public Questions or Statements

There were no general public questions or statements from members of the public concerning issues not on the agenda. All the speakers who were present wished to speak on item 3 on the agenda.

Resolved

That the requirement to give advance notice is waived and those members of the public present at the meeting who wish to speak on agenda item 3 will be invited to do so during consideration of that item.

37. Children's and Maternity Services, Friarage Hospital, Northallerton

Considered –

The report of the Scrutiny Team Leader on the decision taken by Hambleton, Richmondshire and Whitby Clinical Commissioning Group to reconfigure children's and maternity services at the Friarage Hospital, Northallerton.

In his opening remarks, the Chairman:

- welcomed those present to the meeting – this was followed by introductions
- summarised the history and Committee's involvement to date in the matter
- said the purpose of the meeting was to enable the Committee to decide whether it wished to take any further action
- reminded Members that in reaching a decision they should be mindful of the extent to which the CCG had responded to the four key questions included in the IRP's advice to the Secretary of State
- outlined the order of business for the meeting

The Chairman referred Members to the following documents some of which had been tabled at the meeting whilst others had been circulated prior to the meeting. Copies of all documents were available at the meeting:-

- Letter dated 10 March 2014 from Rt Hon William Hague MP
- Letter dated 4 February 2014 from County Durham & Darlington NHS Foundation Trust
- Letter York Teaching Hospital NHS Foundation Trust dated 4 February 2014
- Letter Harrogate & District NHS Foundation Trust dated 6 February 2014
- Letter NHS Grampian undated
- Letter South Tees Clinical Commissioning Group dated 16 January 2014
- Letter NHS England dated 7 February 2014
- Letter NHS Health Education North East School of Paediatrics dated 20 January 2014
- Article from the Telegraph Newspaper dated 8 March 2014 on Premature Babies
- 'Joshua's Story'- Hambleton, Richmondshire & Whitby CCG document

The Chairman invited the Leader of Richmondshire District Council, Councillor John Blackie to address the Committee.

Councillor John Blackie expressed his deep disappointment at the failure of the CCG to include a consultant-led option in the consultation. Research undertaken by the District Council indicated that mid-wife led maternity units were often not sustainable

and he feared that within two years of its opening the CCG and South Tees Hospitals NHS Foundation Trust would seek to close such a unit at the Friarage. He contended that the alternative option put forward by Richmondshire District Council was affordable and maintained the essence of the existing consultant-led service. He urged the Committee to refer the matter to the Secretary of State so that the public would receive an objective, independent and thorough review. Throughout the consultation, he claimed the CCG had failed to demonstrate any appetite for finding a unique solution. Lay people should not he said be expected to provide financial costings for the proposals they put forward. Councillor Blackie expressed his disappointment at the failure of the CCG to score the alternative option put forward by Richmondshire District Council or to circulate it to its members. The model proposed by the CCG was a 'Rolls Royce' service which made it unaffordable. The NHS had a duty to serve the public and he referred to the concerns expressed by Rt Hon William Hague MP in his letter and repeated his recommendation for the matter to be referred.

County Councillor Tony Hall addressed the Committee in his capacity as the local elected member and executive member for children's services. He agreed that it was regrettable that a consultant –led option had not been included in the consultation. Had the Acute Trust had taken steps to recruit and train in house middle-grade doctors and nurses five years ago the situation may have been different but it had not done so. The concerns expressed by the Rt Hon William Hague MP were at odds with those expressed by clinicians. The tabled letter from County Durham and Darlington NHS had however satisfied any remaining concerns he had. If ultimately however the Committee chose to refer the matter to the Secretary of State he urged the Committee to include a request that the matter be dealt with swiftly in view of the fragility of the service and the risks attached to any further delay.

Councillor Robinson, Richmondshire District Council addressed the Committee. He referred to the conclusions and recommendations in the report of the National Clinical Advisory Team (NCAT) many of which he said recognised the validity of the work done by Richmondshire District Council. Councillor Robinson said the CCG had demonstrated an unwillingness to explore the use of alternative valid options such as fixed term contracts and the recruitment of middle grade doctors. Councillor Robinson recommended the alternative option as proposed by Richmondshire District Council.

The Chairman invited members of the public who had not provided notice to speak to make a statement or ask a question. One person indicated that they would like to speak. Mr Batty a resident of Northallerton expressed concerns about the proposed reconfiguration of children's and maternity services at the Friarage Hospital. He said that there was confusion locally about exactly what services were currently provided as well as enormous disappointment at the prospect of not being able to access services locally.

The Chairman invited Dr Vicky Pleydell Clinical Chief Officer Hambleton Richmondshire & Whitby CCG to give a presentation.

Dr Pleydell's presentation covered the following areas:-

- The case for change
- The extent to which other options (not just the three that came forward from the consultation) had been considered and evaluated
- How the CCG had evaluated the other submitted options
- The CCGs decision making process
- The CCGs response to the advice of the IRP.

A copy of the presentation slides is in the Minute Book.

Dr Pleydell said concerns about the safety of the services had prompted the proposals. She had spoken to clinicians at the hospital recently who were anxious about the increasing number of serious incidents and the risk this posed to patients. With regard to the future of a mid-wife led unit at the Friarage, this was dependent upon patient choice. Travelling time to Darlington was for many people less than Northallerton and as knowledge of its availability as an option spread it was becoming increasingly popular.

Dr Pleydell assured the Committee that the CCG had left no stone unturned but had been unable to find a safe and sustainable model that was affordable. The CCG trusted the evidence produced by Richmondshire District Council and had seen no need to repeat visits to the hospitals it had made. She referred Members to the letter from NHS Grampian which indicated that their current service model was unlikely to remain the same.

The Committee noted that it would take seven years to train middle-grade doctors/nurses. Had the Acute Trust gone down this route the service would still not conform to the standards set by the Royal Colleges and national safety guidelines. Dr Pleydell said the use of middle-grade doctors/nurses could in her view only ever be a short term solution. She doubted the ability of the Trust to recruit ready trained middle-grade doctors/advanced neonatal nurse practitioners as these were in very short supply. The CCG and Trust did not have the luxury of time to establish a training programme and were unable to recruit consultants with sufficient experience and training because the Friarage was not an attractive career proposition.

Dr Pleydell said that it was in response to requests from GP practices that details of all five options had been sent electronically as opposed to paper copies. Dr Pleydell assured the Committee that all five options had been carefully considered but only those that met all the agreed criteria had been scored. Throughout the entire decision making process the CCG had acted in accordance with its Constitution.

In conclusion Dr Pleydell said that the decision to approve Option 1 with the addition of a seven day paediatric service and additional investment in transport was in the circumstances the best available solution.

The Chairman referred Members to the four questions included in the IRP's advice to the Secretary of State. Members considered each of the questions in turn. The Committee accepted that the case for change had been proved and that the consultation had been fair, open and rigorous. The Committee concluded that the CCG had demonstrated why a consultant-led option was not viable and that it had invited other options. The Chairman added that whilst it was disappointing that the final decision had been taken in private he acknowledged that the video of the meeting was on the CCGs web-site and that it had been made public after the event and that the process was compliant with the CCGs constitution. The Committee was he said more concerned with healthcare services than NHS governance issues.

Anne McIntosh MP commented that she would like to see further detail of how the additional ambulance and bus transport resource would in practice be delivered and made available to remote rural villages. She questioned whether mid-wives would want to work in a mid-wife led only unit on account of society being increasingly litigious and asked whether their views had been sought. She sought confirmation that Darlington Memorial Hospital had the capacity to cope with extra demand on a long term basis. She welcomed the development of a seven day model for paediatric care and acknowledged based on her own experience the gulf that existed between clinicians and her constituents. She agreed that any referral to the Secretary of State

should include a request for it to be dealt with urgently in view of the fragility of the services.

The Chairman invited Sue Jacques Chief Executive County Durham & Darlington NHS Foundation Trust to address the Committee.

Sue Jacques referred to her letter dated 4 February 2014 addressed to Dr Pleydell. She responded to a number of questions from Members and assured the Committee that Darlington Memorial Hospital had the capacity to take on additional work from Friarage Hospital from both a workforce and estate perspective and offered a realistic alternative. The hospital currently had no staff vacancies and would only need to recruit a minimal number of non-senior staff. The hospital would put in place care pathways to ensure that there was a clear understanding of what would happen around patient transfers and like many other hospitals was used to working collaboratively and had good networking links. She confirmed that she was not aware of any threat to the long term future of services at Darlington Hospital but that she could give no guarantees given the every changing nature of the NHS.

The Committee debated the proposals. Members all agreed that the matter was extremely sensitive and recognised that time was of the essence. The Chairman suggested that further work was required in order to give the Committee reassurance that a unique solution did not exist in accordance with the points raised by Rt Hon William Hague MP. He commended the work done by Richmondshire District Council and proposed a motion recommending referral to the Secretary of State and asking him to invite the IRP to undertake a thorough analysis of the situation with regard to the viability of other options. The Committee could then be confident that the issues had been examined in every possible forum and this was consistent with calls from the County Council and Richmondshire District Council for not stone to be left unturned. The motion was seconded by the Vice Chair.

Jill Moulton, Director of Planning South Tees Hospitals NHS Foundation Trust stressed the fragility of the services and said that Members needed to be aware that if the Committee chose to refer the matter to the Secretary of State how disappointed clinicians would be. The process had to date taken in excess of 2 years and the uncertainty was very difficult to live with on a daily basis. The sustainability of the services had worsened during this time and she was unable to give a guarantee that the Trust would not have to make unplanned services changes.

It was with deep regret that some Members of the Committee said they were unable to support the motion proposed by the Chairman. After listening to all the evidence they were satisfied that no stone had been left unturned and were unconvinced that a unique solution existed. Given the fragility of the services they did not consider any further delay to be in patients best interests.

The motion was then put to the vote and declared carried.

Resolved –

That the Committee acknowledges the level of engagement the CCG has given to the Committee.

The Committee acknowledges that the recommendations approved by the Board of the CCG on 27 February 2014 are a significant improvement on the original proposals particularly with regard to the 7 day opening of the SSPAU and enhanced services in the community.

The Committee agrees to refer the matter to the Secretary of State asking him to invite the Independent Reconfiguration Panel to undertake a thorough analysis of the situation with regard to the viability of other options on the basis of leaving no stone unturned in seeking a unique solution for the Friarage Hospital and asks that this work be carried out as a matter of urgency as the sustainability of children's and maternity services at the Friarage Hospital has reached a critical point.

That the Chairman circulate to Members of the Committee for comment a copy of his draft referral letter prior to dispatch.

County Councillor John Clark requested that his vote against referral of the matter to the Secretary of State be recorded in the Minutes.

The meeting concluded at 4.25pm

JW/JR