

Agenda

Meeting: Scrutiny of Health Committee

**Venue: Rendezvous Hotel, Keighley Road,
Skipton BD23 2TA
(See location plan overleaf)**

Date: Friday, 11 April 2014 at 10.00 am

Business

1. **Minutes of the meeting held on 14 March 2014.**

(Pages 1 to 6)

Purpose of Minutes: To determine whether the Minutes are an accurate record.

2. **Chairman's Announcements** - Any correspondence, communication or other business brought forward by the direction of the Chairman of the Committee.

(FOR INFORMATION ONLY)

- Children's Maternity Services, Friarage Hospital, Northallerton
- Children's and Adults Cardiac Services
- Minimum Practice Income Guarantee (MPIG)

3. **Public Questions or Statements.**

Members of the public may ask questions or make statements at this meeting if they have given notice to Jane Wilkinson of Democratic Services (*contact details below*) no later than midday on 8 April 2014. Each speaker should limit himself/herself to 3 minutes on any item. Members of the public who have given notice will be invited to speak:-

- at this point in the meeting if their questions/statements relate to matters which are not otherwise on the Agenda (subject to an overall time limit of 30 minutes);
- when the relevant Agenda item is being considered if they wish to speak on a matter which is on the Agenda for this meeting.

4. Mental Health: Hospital Services For Adults and Older People in Airedale, Bradford & Craven- Report of the Scrutiny Team Leader.

(Pages 7 to 21)

Purpose of report: To update the Committee on recent developments surrounding implementation of proposals arising from a consultation conducted in 2012

5. Healthcare Development in the Craven Area – An Update from the Airedale & Wharfedale & Craven CCG

- Covering Report of the NYCC Scrutiny Team Leader **(Pages 22 to 39)**
- Presentation – by Dr C Renwick (AWCCCG)

6. Developments and Service Improvements in the Airedale NHS Foundation Trust – Report of the Scrutiny Team Leader

(Pages 40 to 41)

Purpose of report: To provide an opportunity for the Scrutiny of Health Committee to be updated and to offer comment on developments and service improvements taking place within the Airedale NHS Foundation Trust (ANHSFT).

7. Remit of the Committee and Main Areas of Work – Report of the Scrutiny Team Leader.

(Pages 42 to 45)

Purpose of report: To present the future Work Programme and to invite Members to comment/amend and suggest additional items to be included.

8. Other business which the Chairman agrees should be considered as a matter of urgency because of special circumstances.

Catriona Gatrell
Acting Assistant Chief Executive (Legal and Democratic Services)

County Hall
Northallerton

3 April 2014
JW/

NOTES:

- (a) Members are reminded of the need to consider whether they have any interests to declare on any of the items on this agenda and, if so, of the need to explain the reason(s) why they have any interest when making a declaration.

A Democratic Services Officer or the Monitoring Officer will be pleased to advise on interest issues. Ideally their views should be sought as soon as possible and preferably prior to the day of the meeting, so that time is available to explore adequately any issues that might arise.

Scrutiny of Health Committee

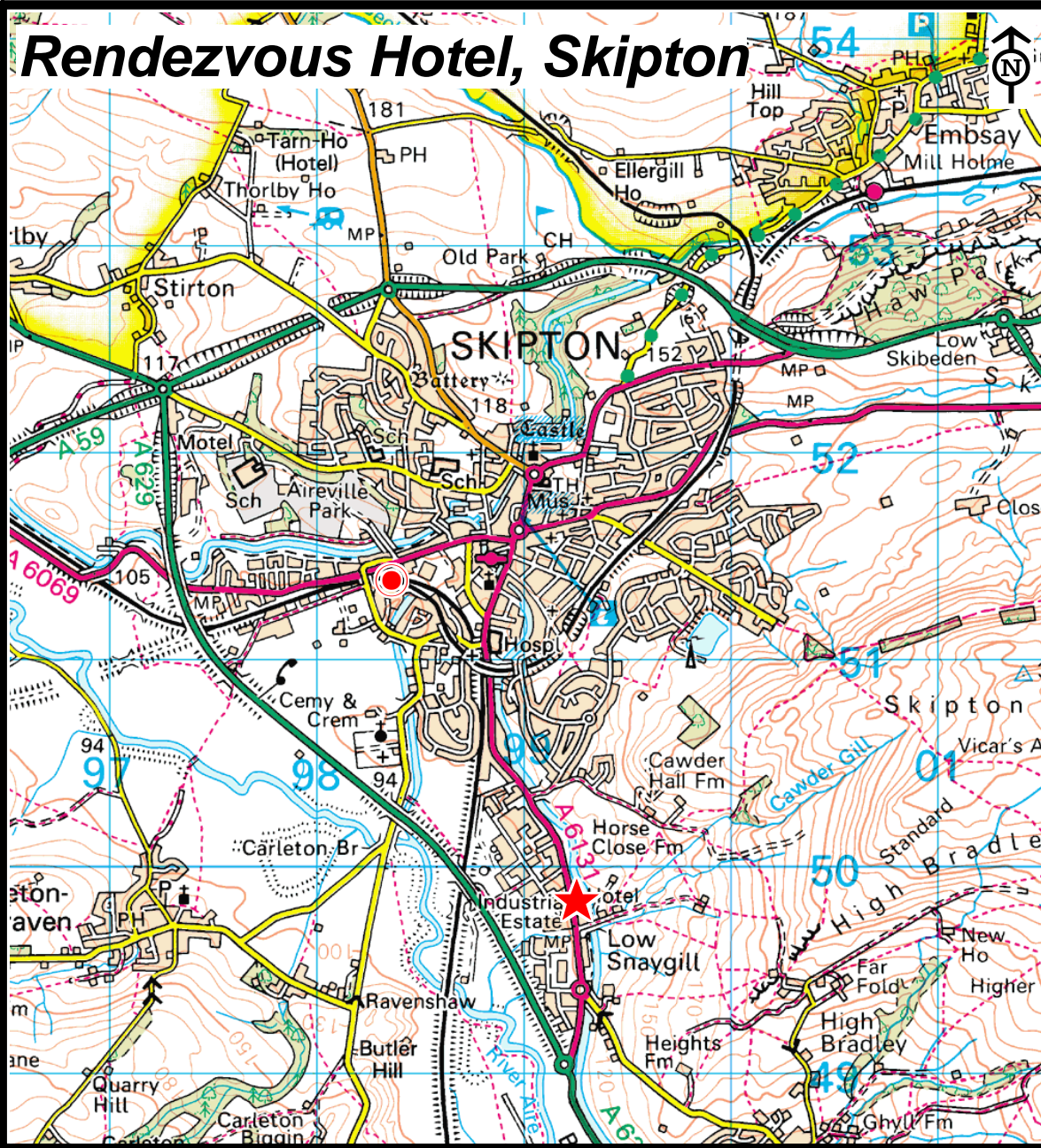
1. Membership

County Councillors (13)							
	Councillors Name			Chairman/Vice Chairman	Political Party	Electoral Division	
1	ARNOLD, Val				Conservative		
2	BARRETT, Philip				NY Independent		
3	BILLING, David				Labour		
4	CASLING, Elizabeth				Conservative		
5	CLARK, Jim			Chairman	Conservative		
6	CLARK, John				Liberal		
7	ENGLISH, Polly			Vice Chairman	Liberal Democrat		
8	ENNIS, John				Conservative		
9	MARSHALL, Shelagh				Conservative		
10	MOORHOUSE, Heather				Conservative		
11	MULLIGAN, Patrick				Conservative		
12	PEARSON, Chris				Conservative		
13	SIMISTER, David				UKIP		
Members other than County Councillors – () Voting							
	Name of Member				Representation		
1	BLADES, David				Hambleton DC		
2	McSHERRY, Kay				Selby DC		
3	RAPER, John				Ryedale DC		
4	MORTIMER, Jane E				Scarborough BC		
5	ROBERTS, John				Craven DC		
6	PELTON, Tony				Richmondshire DC		
7	GALLOWAY, Ian				Harrogate BC		
Total Membership – ()				Quorum – ()			
Con	Lib Dem	NY Ind	Labour	Liberal	UKIP	Ind	Total
8	1	1	1	1	1	0	

2. Substitute Members

Conservative		Liberal Democrat	
	Councillors Names		Councillors Names
1	HESELTINE, Michael	1	GOSS, Andrew
2	SWIERS, Helen	2	SHIELDS, Elizabeth
3	BUTTERFIELD, Jean	3	
4	BASTIMAN, Derek	4	
5		5	
NY Independent		Labour	
	Councillors Names		Councillors Names
1	McCARTNEY, John	1	MARSHALL, Brian
2		2	
3		3	
4		4	
5		5	
Liberal		UKIP	
	Councillors Names		Councillors Names
1	SAVAGE, John	1	
2		2	
3		3	
Substitute Members other than County Councillors			
		1	BARDON, Peter (Hambleton DC)
		2	DYSON, Michael (Selby DC)
		3	SHIELDS, Elizabeth (Ryedale DC)
		4	JENKINSON, Andrew (Scarborough BC)
		5	STAVELEY, David (Craven DC)
		6	JOHNSON, Rob (Richmondshire DC)
		7	FLYNN, Helen (Harrogate BC)
		8	

Rendezvous Hotel, Skipton



Visitor Parking

Skipton Railway Station

Bus Stops

Rendezvous Hotel
Keighley Road
Skipton
North Yorkshire
BD23 2TA



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 Trewitt

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

NORTH YORKSHIRE COUNTY COUNCIL**SCRUTINY OF HEALTH COMMITTEE****11 April 2014****Mental Health: Hospital Services for Adults and Older People in Airedale, Bradford and Craven****Purpose of Report**

1. The purpose of this report is to update the Scrutiny of Health Committee on recent developments surrounding implementation of proposals that were part of a consultation carried out in 2012 on proposed changes to mental health services for adults and older people in the Airedale, Bradford and Craven area.

Background

1. In 2012 NHS Airedale, Bradford and Leeds (NHS ABL), the former primary care trust and lead commissioner at that time, led a formal consultation "Mental Health: Hospital Services for Adults and Older People in Airedale, Bradford and Craven". The proposals covered the future provision of inpatient and community mental health services in the area. Bradford District Care Trust (BDCT) is the main provider of these services.
2. At its meeting on 20 April 2012 this Committee was consulted formally.
3. Key extracts from the consultation document are attached as Appendix 1.
4. The Committee's initial response to the consultation is attached at Appendix 2. Subsequently leading Members of the Committee met with representatives from NHS ABL on 20 April 2012 to discuss the Committee's reservations. The meeting led to the additional response attached as Appendix 3.
5. In the build-up to the consultation, a number of options had been developed by the Trust in conjunction with commissioners and also with the newly emerging GP commissioning executive (GPCE). Extensive work was also undertaken by the Trust and commissioners with the Health Overview and Scrutiny committees for Bradford District Metropolitan Council and North Yorkshire County Council, as well as the Craven Overview and Scrutiny subcommittee.
6. The Board of NHS ABL approved the outcome of the consultations, including the changes to older people's services currently being implemented, on 29 September 2012.
7. The public consultation proposed bed reductions for Older People from 71 commissioned beds to 43 beds – 22 organic beds and 21 functional beds. Occupancy of the 71 beds was lower than expected at 52%, much lower than best practice guidance of 85%. This was due to a greater emphasis on admission avoidance via the provision of care and treatment in the community.
8. The public consultation also proposed a move away from an ageless model of care - adult mental health & older people's beds on the same wards. Some of the functional

beds for older people are located on adult wards meaning older people being admitted onto adult wards. This is not considered best practice.

9. CQC advise against ageless models of care. Ageless care contravenes 'nationally accepted good practice. By creating discrete centres of excellence for Organic and Functional care this ensures the Trust is able to provide modern, fit for purpose facilities in line with best practice guidance. The provision of an age appropriate model is also supported by the National Institute for Clinical Excellence, the Department of Health, the Royal College of Psychiatrists and the British Psychological Society who believe care and treatment for older people is best provided by professionals who have specific expertise in that area. The National Mental Health Strategy also expects services to be age appropriate and non-discriminatory.
10. Organic beds are for service users aged 65 years or older with an organic mental illness, primarily dementia. Functional beds are for the use of service users aged 65 years or older with a functional mental illness such as schizophrenia.
11. The new purpose build organic unit is to be located on the ground floor of Daisy Hill House, Lynfield Mount. The new purpose build functional unit is to be located on the Airedale Centre for mental health.
12. The programme of capital works associated with implementing the consultation outcomes has already completed a number of projects. At present the reconfiguration of the former (PICU) site at The Airedale Centre for Mental Health is underway in order to house the functional older people's unit. This is due for completion in May 2014.
13. The final scheme is the relocation the organic ward currently located at Ward 24, Airedale Hospital to the ground floor of Daisy Hill House at the Lynfield Mount site in May 2015.
14. In June 2013, a multidisciplinary team began the process of working up an outline design for the new organic unit in consultation with service user and carer representatives.
15. As part of the design process, members of the project team visited two other organic units to gain further insight into current dementia best practice design principles. Visits were undertaken at Monkwearmouth Hospital, Sunderland and Carleton Clinic.
16. A number of design options for the new organic ward were developed. Design options have been the subject of an independent review by experts at the Dementia Services Development Centre at The University of Stirling, following which two were shortlisted. These are known as Options 7 and 12.
17. As part of the design assurance process, the service were asked to carry out a practical assessment simulating the activities that would occur within a bedroom area to ensure that the bedroom areas would be functionally suitable.
18. Option 7 was the option worked up by the multidisciplinary project team and is the service preferred option. Option 12 is the alternative which meets the operational requirements of the service without reconfiguring the existing space at Daisy Hill House to the same extent as Option 7. Both options have a number of distinct advantages over the current Ward 24 offering a purpose built, quality environment, single

bedrooms, at least 50% en suites (option 7 provides 100% en suite bedrooms) and will incorporate into the internal finish, best practice guidance for dementia units, designed in consultation with the University of Stirling.

19. It should be noted that the service are fully supportive of Option 7 having been involved and consulted at every stage of its development. Option 12 is less favoured both by the service and also by the Ward 24 Carers' Action Group (CAG).
20. On 27 February 2014, BDCT's Board approved a fully costed business case to support option 7.
21. As part of the public consultation, BDCT agreed to fund assisted travel support for carers/visitors who are inconvenienced by the moves. This will be for a period 36 months beyond the completion of all estates changes. The final change involves completion of the organic unit scheduled for May 2015. Ward managers ensure that carers/visitors are aware of the assisted travel scheme and ensure that those who wish to take advantage of the scheme are assisted accordingly. The Trust will support three options; the cost of additional private mileage, the costs of public transport or the costs of private taxi transport for the additional distance.
22. Representatives from the BDCT will be attending the meeting to provide more information on the progress that has been made on implementing the original proposals and, in particular, how the concerns around the suitability of the planned new service are being addressed.

Recommendations

23. That Members note BDCT's progress with implementation of the outcomes of the 2012 public consultation on mental health services for adults and older people in the Airedale, Bradford and Craven area.

Bryon Hunter
Scrutiny Team Leader

County Hall
Northallerton
25 March 2014

Background Documents: None

NHS Airedale, Bradford and Leeds
NHS North Yorkshire and York
Bradford District Care Trust



Mental health:
Hospital services for adults
and older people in
Airedale, Bradford and Craven

In this leaflet we talk about some of the challenges facing Bradford District Care Trust in providing services for people with mental health problems when they need to go into hospital. These challenges provide us with an opportunity to review and improve the quality of the services that we provide for people. That is why we are asking you to tell us what you think about these issues and the options to improve them.

The Trust has told us it would like to improve the services provided at Lynfield Mount Hospital, the Airedale Centre for Mental Health and the services it provides from Ward 24 at Airedale General Hospital. These include hospital admissions for older people and for adults who need psychiatric intensive care services.

Having the best possible mental health services is important to everyone. This is why, from time to time, we review the services that are on offer and whether they are well placed to meet your needs. When we do this, as well as thinking about quality we also think about your safety, whether the treatments are effective and if the services are good value for money. The NHS needs to save money and the ideas set out in this document help us to do that without cutting the quality of the services. Your thoughts about the services are also very important in helping us make decisions.

Because of this, we asked Bradford District Care Trust to think carefully about the changes they would like to make to their services and, where it is possible, to give you some different options to think about. We talk about these options in more detail later on in this leaflet.

We know that this review of services is complicated and that you might worry about what will happen. We plan to make sure that you have plenty of information to help you make your views known to us and we promise to tell you as soon as possible when we have made a decision about what will happen next. If you are using mental health services, your care co-ordinator should be able to help you understand the changes. Please do talk to him or her about any worries you have, or contact the PALS service (tel: 01274 237555).

This consultation ends on 26 April 2012. On page 7 there are many different ways you can tell us your thoughts about the changes that we are suggesting.

When we get your views and ideas on how the services might be improved, we will consider them all and make a decision about the best way forward.

Your thoughts really matter to us, so please do take the time to send us your views.

Who uses the services we would like to improve?

Older people's mental health services are for people aged 65 years and over. Sometimes people under 65 are treated by the older people's services because of the kind of illness they have – for example, someone with the early onset of dementia.

There are two types of older people's inpatient services:

- **Functional** – this describes all kinds of mental illness that someone could have at anytime in their life, such as anxiety or depression.
- **Organic** – this describes mental illnesses that usually only happen in older age, such as dementia.

People who use the older people's service mainly live in and around Bradford, Airedale and Craven. Two primary care trusts – NHS Airedale, Bradford and Leeds and NHS North Yorkshire and York – hold the money to buy services for people living in the area. We buy services for you from Bradford District Care Trust who manage Lynfield Mount Hospital, the Airedale Centre for Mental Health and Ward 24 on the Airedale General Hospital site.

Most older people who require mental health services are seen at home and very few people are admitted to hospital.

Adult mental health services are for people aged between 18 and 65 years. Some people who are over 65 years might also use these services if their illness does not yet need the skills of the older people's services.

Adults and older people who have serious behavioural problems because of their mental illness may use the **psychiatric intensive care unit (PICU)**. These are mainly people who have become a risk to themselves or to other people because they are very unwell at the time. There are eight beds in PICU.

Four of the eight beds in PICU are for use by people who live in Bradford and Airedale. The other four can be bought by Primary care trusts from all over the country when they are unable to treat people in their own area.

You can see how many adult and older people's beds the Trust has, and where they are, by looking at the table on page 11.

Why does Bradford District Care Trust want to change services?

The Care Trust wants to make services better for the people who use them, and spend the money they have on the services that people need the most. All NHS services must be good value for money, but quality and clinical effectiveness are just as important. Nowadays people can have lots of healthcare services at home or near the places where they live. Hospital services are not used as much as they were in the past, so it is important to make sure that money is spent on good quality mental health services.

There are five things that the Trust has been thinking about when deciding what could change. They are:

- Older people from Airedale and Craven are admitted to adult wards (Fern and Heather wards) at the Airedale Centre for Mental Health. An organisation that monitors how well Trusts run their services (called the Care Quality Commission) says that this is not good quality care for older people and needs to be changed. Older people should be cared for on wards specially designed for their needs.
- Older people do not go into hospital as much as they used to, so currently about half of the beds are empty (52.2%). We know the population of older people is growing every year but even so, less and less people need to go into hospital. This is because there are now better ways of treating people at home or the place where they live. The Trust believes that it can improve quality as well as reduce the number of beds and that this will be enough to meet local need.
- Almost eight out of ten people (79.5%) who use the PICU live in Bradford, but the PICU ward is at the Airedale Centre for Mental Health just outside Keighley. This means that people who are very unwell are taken from one site to another by ambulance in the care of two or three staff, reducing the number of staff on the wards. This also means that there are risks to the patient and staff involved in the move. Moving the unit to Bradford would reduce these risks.
- The PICU building is too small which makes it difficult to have big enough treatment and visiting areas on the ward.
- Making sure that services are good quality and value for money and that, where they are not being used well (for example, by having empty beds for too much of the time), money can be used to improve the quality of services.

The Trust has already begun talking to people who use some of these services and their carers. Their comments have helped us to decide on the proposals in this leaflet.

What services might be improved?

The services that we are talking about in this leaflet are:

- **Clover Ward** at the Airedale Centre for Mental Health - this is the psychiatric intensive care unit (PICU) which has eight beds;
- **Heather and Fern Wards** at the Airedale Centre for Mental Health – these are the wards that are currently used by both older people and adults;
- **Ward 24** within Airedale General Hospital - this is an organic older people's ward;
- **Duchy Court and Chellow Lodge** – these are the functional and organic older people's wards at Lynfield Mount Hospital.

Part of these plans also includes swapping the use of a number of wards at Lynfield Mount Hospital. These are adult acute in-patient wards, one of which closed after a public consultation in 2009.

What have we done so far?

In the past twelve months, Bradford District Care Trust has worked with people who use mental health services, their carers and their family doctors to help them understand some of the challenges it faces. To help focus the discussion a number of options were explored.

During these sessions, the Care Trust shared the options and used what people said to refine them or to provide more information when it was needed.

As a result, and at the request of the two primary care trusts and local family doctors (GPs), the number of options was reduced. This was because one of the options needed more money to be invested and, because of the current economic climate, it was felt to be an unrealistic option to include in a public consultation. The other option was not considered good clinical practice and so was removed.

The options below have been discussed and developed in partnership with local people and agreed as reasonable options to be included in a public consultation. We recognise that some of the proposals may make it more difficult for some carers to visit their relatives whilst they are in hospital. We will work to ensure that we provide appropriate help and support to those affected. For example, we could use volunteer drivers or private hire vehicles to support people visiting the hospitals.

However, if you have a suggestion about something else that you think might be useful for us to consider, we will be happy to do so.

What are the options for change?

Appendix A (page 11 onwards) contains lots of information that has been used to develop the following options. We would like you to tell us what you think about the three options below. Details on how to do this are on page 7 of this leaflet.

We would also like to hear any other options that you think might work.

Option 1: No change in the number of beds provided but some minor changes in where they are located.

In this option:

- PICU would stay at the Airedale Centre for Mental Health;
- The 71 older people's beds across four units at Lynfield Mount and Airedale General Hospital would remain;
- The 22 organic beds currently provided from Chellow Lodge would be moved to Daisy Hill House on the same site at Lynfield Mount Hospital - near to the functional mental health ward already there (because Chellow Lodge cannot be made suitable for older people's organic beds – see page 12)
- Staff from Chellow Lodge would also move to provide care for people using the extra beds at Daisy Hill House.

What is good about this option?

- There would still be functional and organic older people's beds at both Lynfield Mount and Airedale General Hospital.

What isn't so good about this option?

- By not separating functional older people's beds from the adult acute wards at Airedale, this would mean that the Trust could not meet the best practice levels set by Care Quality Commission (CQC) - see page 13;
- No money would be released to reinvest back into older people's services;
- There would still be low bed occupancy levels.
- Because PICU would not move from Airedale, more people would still have to travel a long way to use or visit it.

Option 2: No change in the number of beds provided BUT the PICU unit would be moved to Bradford from the site near Keighley.

- PICU would move to Lynfield Mount Hospital;
- The 71 older people's beds across four units at Lynfield Mount and Airedale General Hospital would remain;
- The 22 organic beds currently provided from Chellow Lodge would be moved to Daisy Hill House on the same site at Lynfield Mount Hospital - close to the functional mental health ward already there (because Chellow Lodge cannot be made suitable for older people's organic beds – see page 12);
- Staff from Chellow Lodge would also move to provide care for people using the extra beds at Daisy Hill House.

What is good about this option?

- There would still be functional and organic older people's beds at both Lynfield Mount and Airedale General Hospital;
- Most people would not have to travel as far to use the PICU or to visit people using it.

What isn't so good about this option?

- By not separating functional older people's beds from the adult acute wards at Airedale, this would mean that the Trust could not meet the best practice levels set by CQC (see page 13);
- No money would be released to reinvest back into older people's services;
- There would still be low bed occupancy levels;
- Some people would still have to travel to access the PICU.

Option 3: Moving PICU to Lynfield Mount Hospital, reducing the number of beds and making separate wards for functional and organic illnesses.

In this option:

- PICU would move to Lynfield Mount Hospital;
- The number of older people's mental health beds would be reduced from 71 to 43;
- The number of older people's units are reduced from four to two and there would be dedicated wards for functional (21 beds) and organic (22 beds) illnesses;
- Higher staffing levels could be maintained on the wards.

What is good about this option:

- Best practice guidance for providing specialist care for older people would be met;
- There would be savings of about £1.15 million a year;
- Money could be invested in improving the staffing levels of the wards to give people a high quality service;
- Two highly specialist functional and organic wards designed to deliver high quality care and staffed by a team with specialist skills;
- Most people would not have to travel as far to use PICU, or visit people using it.

What isn't so good about this option:

- Some patients and carers would be inconvenienced by having to travel further to use the older people's wards;
- Some people will still have to travel to use the PICU.

What do you think about the options?

Let us know which of the options you think will work best. Or you might want to tell us about a different plan that you think might work. But remember - there is no more extra money available to fund mental health services. Any changes have to be funded by saving money from under-used services or those that are not very efficient.

How to tell us what you think

You can tell us what you think about the ideas in this leaflet like this:

in writing, or by using the tear off slip on this leaflet, to:

You do not need to use a stamp

or you can email:

or you can go on our website and fill in the reply form:

or you can telephone our Patient Advice and Liaison (PALS) service

or by putting a comment on our NHS Bradford and Airedale on Facebook

or Twitter pages:

or text us:
(only one text for each phone number will be accepted)

Mental health services review
FREEPOST RLZH-XTUZ-YAZK
Douglas Mill
Bowling Old Lane
Bradford BD5 7JR

consultation@bradford.nhs.uk

<http://www.bradford.nhs.uk/category/get-involved/current-consultations/>

01274 237555

www.facebook.com/NHSBradfordandAiredale

www.twitter.com/nhsbradford

Text mhealth plus the option you prefer to
07797 870001 for example: mhealth option 1

County Councillor Jim Clark
(Harrogate/Harlow Division)

74 Green Lane
Harrogate
North Yorkshire
HG2 9LN

Tel: 01423 872822

E-mail: cllr.jim.clark@northyorks.gov.uk

25 May 2012

Mick James
Mental Health and Learning Disabilities Commissioner
NHS Airedale, Bradford and Leeds
Douglas Mill
Bowling Old Lane
BRADFORD BD5 7JR

Dear Mr James

Mental Health: Hospital Services for Adults and Older People in Airedale, Bradford and Craven

Thank you for attending the meeting of the North Yorkshire Scrutiny of Health Committee on 20 April 2012 and for guiding Elected Members through your consultation document on this matter. I would also like to take this opportunity to thank Nick Morris and Rob Armstrong from Bradford District Care Trust for the way they have engaged with the Committee on this matter. Their work with the Committee spans almost 12 months.

The response below is on behalf of the whole Committee.

The first thing to say is that the Committee fully acknowledges the need to increase bed occupancy (currently 52%), overcome problems of providing services in outdated buildings and to separate older patients suffering from functional mental health problems from the adult acute wards at Airedale Hospital. We also support the movement towards providing more services in the community, closer to people's own homes.

However, we do have some reservations and comments on information in the consultation document. Unless these are addressed we would find it difficult to comment conclusively on any option for change.

Cont/d ...

At our meeting on 20 April, local Members from the Committee and the public disputed statements in the consultation document that beds in the Heather and Fern wards at the Airedale Centre for Mental Health (in the grounds of Airedale Hospital) assigned to older people were actually empty. We heard claims that these beds were in fact being occupied by adults of working age. We acknowledged that in light of similar comments you have already received as part of the consultation you issued an addendum to clarify this issue and extended the closing date to the consultation from 26 April to 26 May 2012. However it is clear that doubts over whether the beds are actually empty persist and against this background there is still a feeling that it will be difficult for the Bradford District Care Trust to release significant funding for reinvestment in new services. Indeed it is disappointing that the consultation document gives very little information on what new services will be put in place, both in terms of in-patient services and services in the community and how they will be funded.

The proposals would include the Psychiatric Intensive Care Unit (PICU) and the whole of the Dementia Care Unit (Ward 24) being moved from the Airedale Hospital site to Lynfield Mount in Bradford, some 11 miles further away for Craven residents. The PICU will be converted into a new ward for over 65 year old patients with functional mental health problems. Travelling to Airedale Hospital from Craven, particularly from the northern part of the district is already a difficult journey. Travelling to Lynfield Mount would be even more difficult for patients and their carers relying on public transport. Unfortunately there is very little information in the consultation document on measures that will be put in place to ease these travel problems by, for instance, improved community transport.

The seeming lack of consideration of transport problems for people in Craven is in stark contrast to the considerations being given to people from Bradford who currently travel to the PICU at Airedale Hospital. The last bullet point on page 13 of the consultation document in referring to the current location of the Psychiatric Intensive Care Unit states "people who use the service from Bradford are further away from their families, carers and support networks and their families find it difficult to visit them." This may be the case but a journey by public transport from Bradford to Airedale Hospital will be far less of an ordeal than for people trying to get across to Lynfield Mount from Craven which could involve 4 bus journeys and take 3 to 4 hours. Whilst there may be less travelling for people in Bradford the impact on Craven residents, whilst being fewer in number, would be far more significant on an individual to individual comparison. An Equalities Impact Assessment of the proposals should have been included in the consultation document. Assuming an assessment has been produced I would welcome sight of it so I can understand how the proposals will impact on communities in Craven.

In essence the Committee acknowledged the need to reconfigure the service but felt that the consultation had missed an opportunity to describe the new models of service provision in the community and measures that would be put in place to support patients and their families and carers from Craven come to terms with the proposals. Due to the absence of this information perhaps it is understandable that the general feeling expressed by the public at the meeting and to local members in recent months is that services are being moved closer to Bradford at the expense of Craven residents.

It is disappointing the consultation contains no information on the extent to which any of the options have been future proofed in terms of increased life expectancy and the associated increase in levels of dementia in communities.

Summing up the Committee's view is that there is insufficient information in the consultation document for it to be able to comment conclusively on the proposals. It suggests that before any final decision is made on the proposed arrangements the NHS should carry out further engagement with local communities. This work, in addition to addressing the issues highlighted above, should set out how funds will be reinvested and new services will be phased in – both in the community and in in-patient settings. Improved transport arrangements between Craven and Lynfield Mount must also be a key element of those plans. Finally more work is required to ensure the proposed arrangements meet the outcomes desired by people with dementia and their carers as set out in the National Dementia Strategy.

In accordance with the national guidance which underpins the role of local authorities in scrutinising substantial changes in health care services I look forward to receiving a response to the issues I have raised in this letter by Saturday, 23 June 2012 .

Yours sincerely

A rectangular area of the document is redacted with a solid yellow background, obscuring the signature of the County Councillor.

County Councillor Jim Clark
Chairman – North Yorkshire County Council Scrutiny of Health Committee

Copy to:

All Members of the North Yorkshire Scrutiny of Health Committee
Nick Morris and Rob Armstrong - Bradford District Care Trust
Judith Knapton - NHS North Yorkshire and York
Seamus Breen - NYCC

County Councillor Jim Clark
(Harrogate/Harlow Division)

74 Green Lane
Harrogate
North Yorkshire
HG2 9LN

Tel: 01423 872822

E-mail: cllr.jim.clark@northyorks.gov.uk

13 July 2012

Mick James
Mental Health and Learning Disabilities Commissioner
NHS Airedale, Bradford and Leeds
Douglas Mill
Bowling Old Lane
BRADFORD BD5 7JR

Dear Mr James

Mental Health: Hospital Services for Adults and Older People in Airedale, Bradford and Craven

Further to my letter of 25 May 2012 and the helpful response we received from Judith Knapton (NHS North Yorkshire and York), our meeting earlier this week was extremely useful and clarified a number of issues which the Committee raised in that initial letter.

I think it is helpful to set out what I feel were the main points arising from our discussions from the perspective of local Members and myself, as follows:

- There will be no actual loss in the number of in-patient beds provided for older people with dementia in the Airedale Centre for Mental Health at Airedale Hospital. (As the Scrutiny Committee itself acknowledged these beds are being occupied by adults with functional mental health problems so not referring older people to beds which they are not currently occupying will make no difference.)
- The very fact that older people are not being referred to the in-patient beds means that they are already being supported in the community. We welcomed the commitment from Bradford District Care Trust (BDCT) to work with the Clinical Commissioning Group and North Yorkshire County Council in looking to the future needs for modern mental health services in Craven.

Cont/d ...

- BDCT will cover the additional transport costs encountered by Craven families wishing to visit the relatives in Lynfield Mount on a case by case basis, thus taking an individualised approach. Acknowledging that the proposals will take a while before they are fully implemented we agreed that a report will be brought back to the North Yorkshire Scrutiny of Health Committee after these arrangements have operated for a full year.
- Moving the in-patient beds for older people with dementia to the unit at Lynfield Mount will facilitate Craven residents being able to benefit from a multi-disciplinary team approach including occupational therapists and physiotherapists which has already been developed for Bradford residents in the unit.

Summing up, local Members and myself now feel assured that the reconfiguration will not have an adverse effect on older people from Craven and accept the proposals as the most appropriate way forward across the area.

If you need any further information on this matter please do not hesitate to contact me.

Yours sincerely

County Councillor Jim Clark
Chairman – North Yorkshire County Council Scrutiny of Health Committee

Copy to:
County Councillor Shelagh Marshall
County Councillor Polly English
Seamus Breen, Assistant Director Health Reform & Development, NYCC
Judith Knapton, Head of Commissioning (Adult and Community Services), NHS
North Yorkshire and York
Nick Morris, Director of Strategy & Nursing, Bradford District, Bradford District
Care Trust
Bryon Hunter, Scrutiny Team Leader, NYCC

NORTH YORKSHIRE COUNTY COUNCIL**SCRUTINY OF HEALTH COMMITTEE****11 April 2014****Healthcare Developments in the Craven Area – An Update from the Airedale,
Wharfedale and Craven Clinical Commissioning Group****Purpose of Report**

1. The purpose of this report is to provide an opportunity for the Scrutiny of Health Committee to be updated on healthcare developments taking place in the Craven area.

Introduction

2. Clinical Commissioning Groups took over the bulk of the commissioning responsibilities of primary care trusts from April 2013. A key role for all CCGs is to ensure that clinical people like GPs and nurses are more involved in deciding what services should be provided for local people.
3. The NHS Airedale, Wharfedale and Craven CCG (AWCCCG) is made up of 17 GP practices. It's Prospectus for 2013/14 is attached as APPENDIX 1.
4. Dr Colin Renwick, (Chairman, AWCCCG) will be attending the meeting to summarise the work and priorities of the AWCCCG, including topics such as:
 - Demographic issues, including the increase in the number of patients with long term conditions;
 - Current models of hospital care – the type of services patients can expect at Airedale Hospital and at other centres such as Leeds General Infirmary;
 - Modernisation of healthcare, including integration of health and social care;
 - Developments in urgent care – covering NHS 111, A&E, GP walk-in centres, GP out of hours services etc;
 - Developments in Mental Health and Learning Disability services;
 - Improving ambulance response times.
5. Dr Renwick will also report on how CCG's priorities fit in with the North Yorkshire Health and Wellbeing Strategy.

Recommendation

6. That Members provide comment/advice to Dr Renwick on the AWCCCG's priorities and on healthcare developments across the Craven area in general.

**Bryon Hunter
Scrutiny Team Leader
County Hall
NORTHALLERTON**

31 March 2014

Background Documents: None

Prospectus 2013/14



**Working together
to improve your
local healthcare**

Foreword – Dr Phil Pue, Chief Clinical Officer

The aim of this prospectus is to introduce Airedale, Wharfedale and Craven CCG – your Clinical Commissioning Group – to you, its patients. We hope that the information we have included helps you to understand who we are, why we exist and how we aim to deliver the best healthcare services for you.



We are responsible for buying healthcare services for the people of Airedale, Wharfedale and Craven. We are made up of 17 member GP practices that look after the health needs of 156,000 people and we have a budget of £182 million.

CCGs are very different from any of their predecessors. They are made up of local GP practices which, through their constitution, establish a governing body to oversee the way they carry out their responsibilities. This means that local doctors – who have a good understanding about their patients – are in charge of buying and designing the services used by local people.



Our vision

To be a leading CCG through successful integration and transformation of health and social care, the introduction of innovative, improved clinical pathways, sound financial management and by being a model employer and developing future clinical leaders.

Mission

NHS Airedale, Wharfedale and Craven Clinical Commissioning Group (AWC CCG) will provide clinically-led, innovative commissioning of efficient and effective health care informed by patients, carers and clinicians.

This will be achieved through close working relationships with relevant health, social care and voluntary organisations.

Resources will be utilised responsibly, efficiently and collaboratively to ensure high quality, integrated health and social care for all.

Our values

The values that lie at the heart of our CCG are excellent patient experience; better health; and wise use of money.

Dr Phil Pue

Chief Clinical Officer

**Patients are
at the centre of
everything we do**

The communities we serve

We serve a population of 156,000 people in a large geographical area stretching from Oakworth and Keighley in the south to Settle in the north. The population is growing at a rate of 1% annually and Airedale, Wharfedale and Craven also has an ageing population with resultant higher demand for health and social care services.



**Life expectancy
78.3 for males**



**Life expectancy
82.3 for females**

- 9.2% of the population aged 75+ versus national average of 7.5%
- Approximately two thirds of the population live in the Bradford authority boundary and one third in the North Yorkshire authority boundary



Which healthcare services are we responsible for buying?

Our GPs are in the driving seat, and working with their patients, this provides a great opportunity for clinical leaders, together with health and social care partners, to improve quality and achieve better outcomes for patients.

The health services AWC CCG will buy include:

- Community health services.
- Maternity services.
- Planned hospital care (operations, scans etc)
- Rehabilitation services.
- Urgent and emergency care, including A&E, ambulances and out-of-hours services.
- Continuing healthcare (a package of care provided outside hospital, arranged and funded by the NHS, for people with ongoing healthcare needs).

Public Health responsibilities (services include: sexual health, school nurses, weight management, drug and alcohol support, stop smoking, emergency planning and accident prevention) have now transferred to Bradford Council and North Yorkshire County Council.

NHS England, another new NHS organisation, is now responsible for buying primary medical services (GPs, dentists, opticians and pharmacies), high security psychiatric services, health services for prisoners, specialised services, some public health services and some health services for the armed forces.

What are the challenges ahead for Airedale, Wharfedale and Craven CCG?

Our role is to commission high quality health services for the people of Airedale, Wharfedale and Craven. We want to ensure that healthcare is available for anyone who needs it and help people to maintain a healthy lifestyle. We also want to address health inequalities locally and have worked in partnership with our health and wellbeing boards in Bradford and North Yorkshire in developing our strategic priorities to focus on these inequalities.

Our major health issues are:

Cardiovascular disease (CVD) (diseases of the heart and circulation): This is a leading cause of death and the second most significant cause of premature death.

Respiratory disease (conditions affecting the lungs and airways): In our area, rates for premature death from respiratory disease are higher among men than women and the gap may be widening.

Cancer: This is the leading cause of premature death and the second most significant cause of all deaths in our area.

People drinking hazardously and harmfully: The impact of this is being seen in the increasing number of people attending A&E and being admitted to hospital.

Mental health: Psychological therapies and dementia are our main focus areas in mental health.

How do we aim to tackle those challenges?

Our priorities for 2013/14

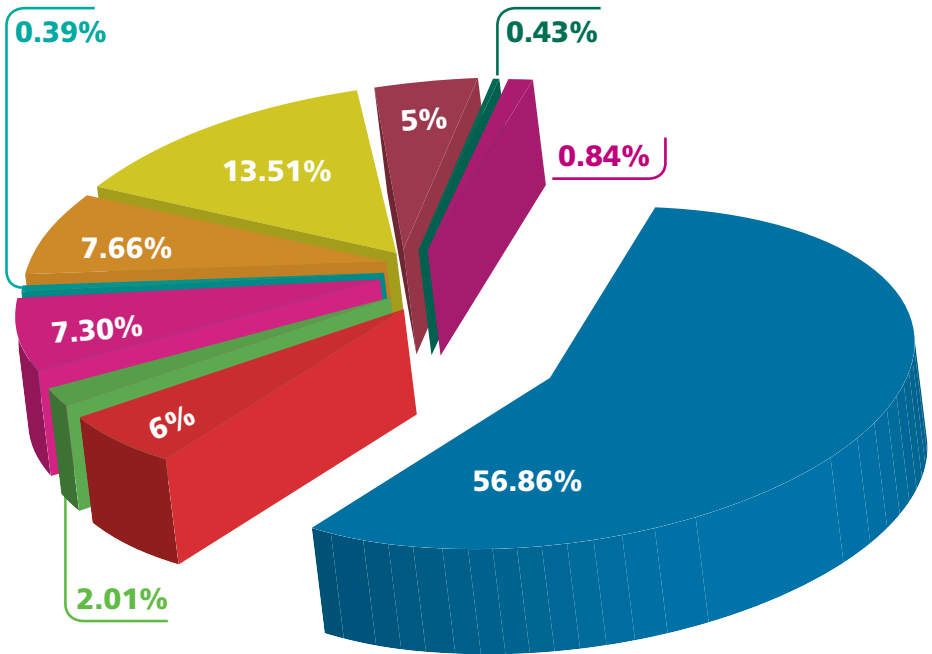
- Transforming how we deliver integrated care services. We aim to support people with long term conditions, for example heart disease, COPD and diabetes through a new care model including making use of telemedicine and telehealth in both patients homes and in care homes.
- Improve the health of people with long term conditions by supporting them to manage their conditions in their own communities, improving their quality of life and improving health outcomes.
- Partnership working, including with patients and the public to ensure high quality and safe services.
- Getting people with mental health problems into recovery as soon as possible.
- Ensuring people who are at the end of their life, die in the place of their choice.
- Transforming urgent care provision which includes the roll out of NHS 111.



How much money will we spend on healthcare?

Our annual budget

- Our budget for 2013-14 is £182 million. That's equivalent to £1,166 per person in the Airedale, Wharfedale and Craven area.
- The administrative budget is separate and is valued at £3.7m, approximately 2% of the overall budget.
- The majority of our spending is on secondary care (hospital services such as scans and operations) and community care (services such as district nurses and health visitors).

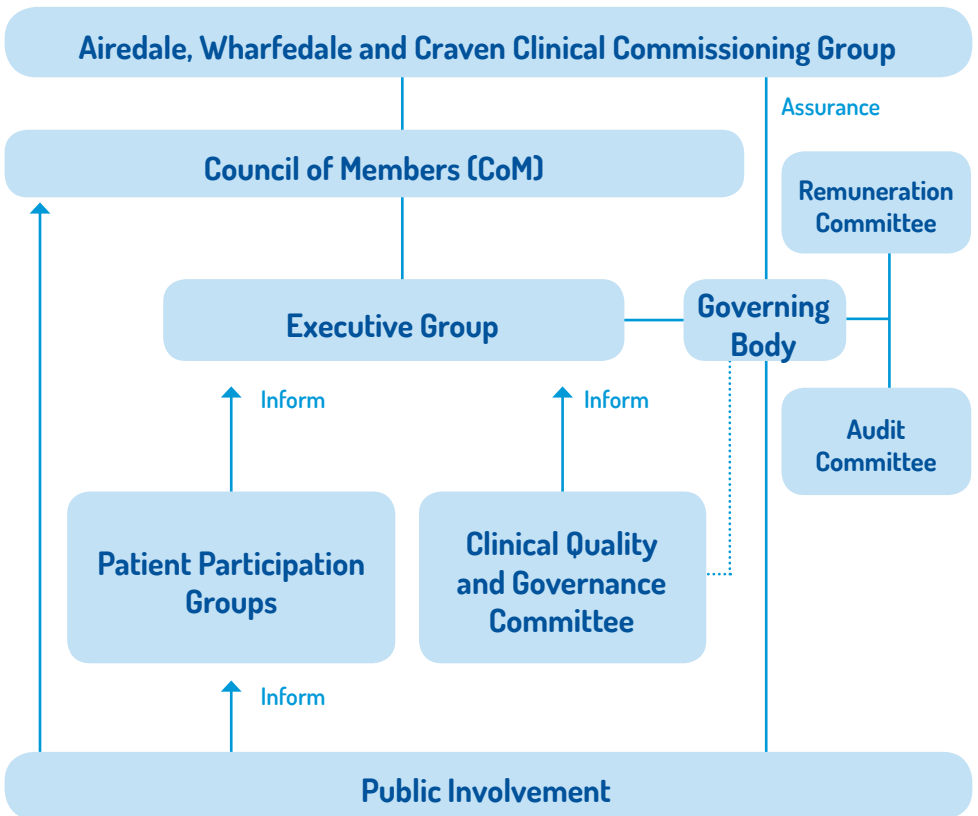


- | | |
|-----------------------------|----------------------------------|
| ● Acute | ● Mental Health Services |
| ● Continuing Healthcare | ● Primary Care Prescribing |
| ● Running Costs | ● Other |
| ● Community Services | ● Primary Care Enhanced Services |
| ● Voluntary Sector Services | ● Urgent Care |

Our structure

The purpose of our CCG is to clinically lead the commissioning of health and care services for the residents of Airedale, Wharfedale and Craven and we are a membership organisation made up of 17 GP practices. This is delivered by our Executive Group and assured via our Governing Body. Elected GPs from our practices are members of the Executive Group along with senior staff who are responsible for the day to day running of the CCG.

The governing body includes GPs, a hospital consultant, a nurse, two lay members, a chief financial officer and the chief clinical officer. NHS Airedale, Wharfedale and Craven CCG, has its headquarters at Millennium Business Park in Steeton.



Which other organisations do we work with?

To provide the people of Airedale, Wharfedale and Craven with access to the best health and social care, we buy services from a wide variety of providers. For example we buy:

- Services for patients from Airedale Hospital Foundation Trust, Bradford Teaching Hospitals Foundation Trust, the independent sector, and Bradford District Care Trust. We also work collaboratively with Bradford Metropolitan District Council and North Yorkshire County Council in their role as providers of social care for the local population.
- Services from voluntary and community sector organisations. They provide locally focused projects aimed at improving people's health and wellbeing, for example, by promoting awareness, prevention and healthy living.



- Support services from the West and South Yorkshire and Bassetlaw Commissioning Support Unit (CSU) and the North Yorkshire Commissioning Support Unit. The services that the CSU provide enable the CCG to carry out their functions, and include expertise in areas such as business intelligence, information technology, communications and workforce development.
- Joint services in which the three CCGs in Bradford and Airedale work together with other organisations. These are the Yorkshire Ambulance Service and out of hours services; specialised care such as cardiac, cancer, treatment for severe burns and plastic surgery; and NHS England, the body responsible for providing support to, and assurance on, CCGs.

As well as buying health services we work with other partners to help us achieve our objectives. Health and Wellbeing Boards bring together key decision makers to set a clear direction for the commissioning of healthcare, social care and public health, and to drive the integration of services across communities. CCG representatives are members of the North Yorkshire and Bradford Health and Wellbeing Boards.

Healthwatch, is a key partner in helping us to plan services. It is the new independent public watchdog that works with people and organisations to make positive change happen in health and social care services in the district. In Airedale, Wharfedale and Craven there are two local Healthwatch bodies that have taken on the work of the Local Involvement Networks (LINKs) using the knowledge and expertise of existing LINKs. Healthwatch will build on the work previously done by LINK, and under the Health and Social Care Act 2012 has been granted additional powers and functions. Healthwatch has the following responsibilities:

- Act as a signposting and information service to the local population.
- Engage with the local population and ensure their views are used to influence commissioning decisions.
- Have the power to enter and view health and social care services across the district.

Some of the work we are undertaking

Use of new technologies

We have commissioned a new innovative service from Airedale Hospital which provides 'virtual' rapid specialist opinion to patients in care homes (residential homes and nursing homes) and in their own homes. This means that through live on screen video link a consultant from the hospital can review a patient and provide care or advice, without the need for frail patients to be taken to hospital. We aim to expand this service with a particular focus on patients with heart problems and breathing difficulties.

A similar approach is being taken for patients who are nearing the end of their life and wish to remain in their own homes rather than be admitted to hospital. Equipment is installed in patients' homes so that they, and their carers, can access specialist advice from clinicians without the need to go into hospital.

People drinking hazardously and harmfully

We have invested in services to reduce the incidence of harm from alcohol in adults and young people who are dependent on alcohol, which leads to significant health problems, including mental health issues and social isolation, particularly in later life. The support workers carry out their work in Airedale Hospital, Project 6, GP practices and the client's own home, to reduce dependency and rehabilitate clients.

Mental Health

It is thought that 50% of people who attend their GP surgery have an underlying mental health problem. We will continue to invest in psychological therapies to ensure that people receive a responsive service to their needs.

Together with Airedale Hospital, Bradford District Care Trust, and both local authorities in Bradford and North Yorkshire, we intend to further develop and expand our services for patients suffering from dementia, together with the support for their carers.

Integration of Health and Social Care

Our vision is to ensure people receive the right care, in the right place the first time, with joined up services which enable people to regain and keep their optimal health, well-being and independence.

We are working together so that people get the help that they need at the right time and in the best place for them. Health and social care professionals are working collaboratively to ensure people have one point of contact to talk to about their needs. This should mean that people will not have to repeatedly give the same information to different people and receive the right care to meet their needs first time so they don't need to go to hospital as much.

We have also invested money to enable more patients to be supported and rehabilitated at home through support from the health and social care teams.

As part of the integration of health and social care, pathways of care for patients are being reviewed and developed. The means that where it is safe and benefits the patient, services are being provided in the community, in people's home or in a clinical setting as an alternative to being admitted to hospital. Examples of this are the investigation and support for people with deep vein thrombosis, and those with cellulitis.

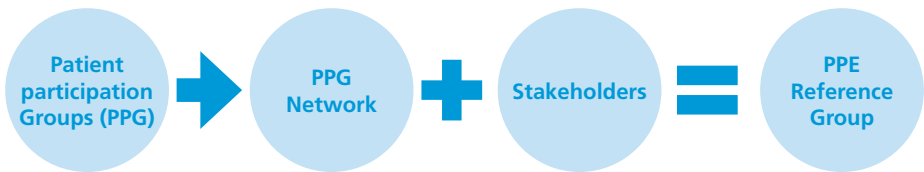
Asthma Pathway improvement for children and young people

A key health economy priority is to improve asthma pathways for children and young people to ensure that they are clear and concise for patients and health professionals. We aim to improve the management plans for this condition to provide support, advice and assurance wherever the child or young person may be; whether at home, school or in a social environment such as scouts or guides. These changes to the way the condition is managed will ensure the condition does not define the child, but provides support to help them maintain a full and active life.

Engaging with patients and the public

Patients are at the centre of everything we do. We have established a patient and public engagement reference group (PPERG) chaired by our lay member. The purpose of the group is to engage with patients and the public to consult on our plans and make suggestions for improving services. The Group comprises representatives of the voluntary and community sector with specific interests in health.

Each member practice has a patient participation group which registered patients can join and this informs the work of the PPERG.



We hold our governing body meetings in public and people are encouraged to attend our meetings to see how we conduct our business. We rotate these meetings to improve accessibility across our area and details of the dates of future meetings are published on our website www.airedalewharfedalecravenccg.nhs.uk/category/governing-body-meeting-2013



List of member practices

Addingham Medical Centre

151a Main Street, Addingham
Ilkley, LS29 0LZ
01943 830367

Cross Hills Health Centre

Holme Lane, Cross Hills
West Yorkshire, BD20 7LG
01535 631813

Dyneley House Surgery

Newmarket Street
Skipton, BD23 2HZ
01756 799811

Farfield Group Practice

St Andrew's Surgeries, West Lane,
Keighley, BD21 2LD
01535 607333

Fisher Medical Centre

Millfields, Coach Street
Skipton, BD23 1EU
01756 799 622

Grange Park Surgery

Grange Road, Burley-in-Wharfedale
Ilkley, LS29 7HG
01943 862108

Grassington Medical Centre

9 Station Road, Grassington, BD23 5LS
01756 752313

Haworth Medical Practice

Heathcliffe Mews, Haworth
Keighley, BD22 8DH
01535 642255

Holycroft Surgery

The Health Centre, Oakworth Road
Keighley, BD21 1SA
01535 602010

Ilkley Moor Medical Practice

The Health Centre, Springs Lane
Ilkley, LS29 8TH
01943 604999

Ilkley & Wharfedale Medical Practice

Springs Medical Centre,
Springs Lane
Ilkley, LS29 8TQ
01943 604455

Kilmeny Surgery

50 Ashbourne Road, Ingrow
Keighley, BD21 1LA
01535 606415

Ling House Medical Centre

49 Scott Street, Keighley, BD21 2JH
01535 605747

North Street Surgery

151 North Street,
Keighley, BD21 3AU
01535 607444

Oakworth Health Centre

3 Lidget Mill, Oakworth
Keighley, BD22 7HY
01535 643306

Silsden Health Centre

Elliott Street, Silsden
Keighley, BD20 0DG
01535 652447

Townhead Surgery

Townhead, Settle, BD24 9JA
01729 822611

Talk to us

Patients also have an opportunity to feedback views about services via our website: www.airedalewharfedalecravenccg.nhs.uk.

The Patient Advice and Liaison Service, known as PALS, has been introduced to ensure that the NHS listens to patients, their relatives, carers and friends, and answers their questions and resolves their concerns as quickly as possible.

PALS also helps the NHS to improve services by listening to what matters to patients and their loved ones and making changes, when appropriate. You can contact PALS on **0800 0525 270** or WestYorksPALS@nhs.net.

Airedale, Wharfedale and Craven Clinical Commissioning Group

Millennium Business Park, Station Road, Steeton, Keighley, BD20 6RB

Please contact us via our website.

We understand the importance of listening to and acting on what our patients say

To keep up to date with the latest news follow us on



Twitter @NHSAWCCCG

www.airedalewharfedalecravenccg.nhs.uk

NORTH YORKSHIRE COUNTY COUNCIL**SCRUTINY OF HEALTH COMMITTEE****11 April 2014****Developments and Service Improvements in the Airedale NHS Foundation Trust****Purpose of Report**

1. The purpose of this report is to provide an opportunity for the Scrutiny of Health Committee to be updated and to offer comment on developments and service improvements taking place within the Airedale NHS Foundation Trust (ANHSFT).

Introduction

2. Airedale Hospital, which is part of the Airedale NHS Foundation Trust provides personalised, acute, elective and specialist care for a population of over 200,000 people from a widespread area covering 700 square miles within Yorkshire and Lancashire – stretching as far as the Yorkshire Dales and the National Park in North Yorkshire, reaching areas of North Bradford and Guiseley in West Yorkshire and extending into Colne and Pendle in the East of Lancashire.
3. The Trust:
 - employs 2,900 staff and have 400 committed volunteers
 - in a year treats 25,000 inpatients, 26,000 non-elective patients and 150,000 outpatients
 - its Accident and Emergency Department sees and treats over 51,000 patients every year
 - delivers around 2,600 babies each year in the hospital.
4. Services are provided from the main hospital site and at other locations across the community.
5. The Trust's vision is "to be the hospital chosen by the community for putting patients first, providing excellent, innovative and diverse services, delivering safe standards of care, all underpinned by the constant pursuit of efficiency".
6. Airedale Hospital was highly commended in the Dr Foster's hospital guide for 2013. Data gathered for the annual hospital guide – which analyses information from all NHS health trusts – showed that ANHSFT is one of only eight trusts with very low mortality rates for both weekdays and weekends and one of only six trusts with very low re-admission rates for both weekdays and weekends. The report also noted that Airedale is one of just 20 hospital trusts where mortality rates are significantly lower than expected on at least two out of four (and not high on any) of the key mortality measures – Hospital Standardised Mortality Rates (HSMR), Summary Hospital-level Mortality Indicator (SHMI) deaths in low-risk conditions and deaths after surgery.
7. The Care Quality Commission (CQC) Quality Report (November 2013) on Airedale General Hospital concluded that the Hospital was operating safely and effectively across all key services. The CQC commented that services were provided effectively

and consistently to a good standard. The CQC also highlighted how the Trust values volunteers and acknowledged the Trust's achievements around Telehealth. In terms of areas for improvement the CQC mentioned nurse staffing levels - particularly those caring for older people - and questioned the co-ordination between the Critical Care Unit and the rest of the Hospital. In overall terms it was a very positive report.

8. Ann Wagner (Director of Strategy and Business Development) and Alison Fuller (Assistant Director of Healthcare Governance) from the ANHSFT will be attending the meeting to provide more information on the work of the Trust and how it is responding to the CQC report.

Recommendations

9. That Members offer comment on the developments taking place in the ANHSFT.

Bryon Hunter
Scrutiny Team Leader

County Hall
Northallerton
02 April 2014

Background Documents: None

NORTH YORKSHIRE COUNTY COUNCIL**SCRUTINY OF HEALTH COMMITTEE****11 April 2014****Remit of the Committee and Main Areas of Work****Purpose of Report**

1. The purpose of this report is to highlight the role of the Scrutiny of Health Committee (SoHC) and to review the work programme taking into account current areas of involvement and decisions taken in respect of earlier agenda items.

Introduction

2. The role of the SoHC is to review any matter relating to the planning, provision and operation of health services in the County.
3. Broadly speaking the bulk of the Committee's work falls into the following categories:
 - a) being consulted on the reconfiguration of healthcare and public health services locally;
 - b) contributing to the Department of Health's Quality Accounts initiative and the Care Quality Commission's process of registering NHS trusts;
 - c) carrying out detailed examination into a particular healthcare/public health service;
4. The Committee's powers include:
 - reviewing and scrutinising any matter relating to the planning, provision and operation of health services in the local authority's area;
 - requiring NHS bodies to provide information within 28 days to and attend (through officers) before meetings of the committee to answer questions necessary for the discharge of health scrutiny functions;
 - making reports and recommendations to local NHS bodies and to the local authority on any health matters that they scrutinise;
 - requiring NHS bodies to respond within a fixed timescale to the health scrutiny reports or recommendations;
 - requiring NHS bodies to consult health scrutiny on proposals for substantial developments or variations to the local health service;
 - referring contested proposals to the Secretary of State for Health.

Scheduled Committee Dates

5. The Committee meetings for the rest of 2014 and into 2015 are:

2014

- 13 June
- 5 September
- 7 November

2015

- 23 January
- 24 April

6. All of the meetings take place on Fridays and start at 10.00am. All venues are yet to be confirmed.

On-Going and Emerging Areas of Work

7. The Committee's work programme is summarised in APPENDIX 1.

Recommendation

8. That Members review the Committee's work programme, taking into account issues highlighted in this report, the outcome of discussions on previous agenda items and any other healthcare developments taking place across the County.

Bryon Hunter
Scrutiny Team Leader

County Hall
NORTHALLERTON

02 April 2014

Background Documents: None

NORTH YORKSHIRE COUNTY COUNCIL**Scrutiny of Health Committee – Work Programme/Areas of Involvement - 2014/15 (as at 1 April 2014)**

	2014			2015	
Scheduled Committee Meetings	13 Jun	5 Spt	7 Nov	23 Jan	24 Apr
<i>Scheduled Mid Cycle Briefings (Chairman, Vice Chairman and group spokespersons only)</i>					
1. Consultation on Children's and Maternity Services at the Friarage Hospital, Northallerton					
2. Whitby - "Fit 4 the Future" - Public Engagement					
3. Hambleton and Richmondshire - "Fit 4 the Future" - Public Engagement					
4. Scarborough & Ryedale Integrated Urgent Care Model - Formal consultation					
5. York Hospitals NHS Foundation Trust: Update on Developments					

Additional/Emerging Areas of Involvement

National Review of Congenital Heart Surgery (Adults and Children)

On 12 June 2013 the Secretary of State for Health announced in parliament that the safe and sustainable proposals for Children's Congenital Heart Services could not go ahead in their current form. Under the proposals children's cardiac surgery at Leeds General Infirmary would have stopped. NHS England, the body responsible for commissioning specialised congenital heart services, are now taking forward the process to cover services for adults and children. NHS England has announced that by June 2014 they will have a plan for an implementable solution. As yet it is unclear how scrutiny committees will be involved in the process of developing a solution or in any formal consultation that may take place.

Mid Wife-led Maternity Unit at Scarborough Hospital

The Unit has been temporarily closed to allow upgrades to the maternity operating theatres.

Quality Accounts

The NHS trusts serving North Yorkshire have invited the Committee to comment on the priorities to be included in their Quality Accounts for 2013/14.

New GP Contract (Incl. Impact of withdrawal of GP Minimum Income Guarantee)

The Committee will receive regular updates as the developments unfold.

Autism Assessments

Further work is planned during the year but as yet there is no firm timescale for that work.

Crisis Call Service

Further work is planned during the year but as yet there is no firm timescale for that work.