

North Yorkshire County Council

Scrutiny of Health Committee

Minutes of the meeting held at The Rendezvous Hotel, Skipton on 11 April 2014.

Present:-

Members:-

County Councillor Jim Clark (in the Chair); County Councillors Val Arnold, Philip Barrett, David Billing, Liz Casling, John Clark, Margaret-Ann de Courcey-Bayley (substitute for Polly English), David Ireton (substitute for John Ennis), Shelagh Marshall, Heather Moorhouse, Chris Pearson and David Simister.

Co-opted Members:-

District Council Members:- Kay McSherry (Selby), John Raper (Ryedale), Jane Mortimer (Scarborough), John Roberts (Craven), Tony Pelton (Richmondshire) and Ian Galloway (Harrogate).

In attendance:-

North Yorkshire County Council: Executive Member County Councillor Clare Wood
Airedale Wharfedale & Craven Clinical Commissioning Group: Dr Colin Renwick (Clinical Chief Officer).

Bradford District Care Trust: Alison Bingham Deputy Director In-patient Services

City of Bradford Metropolitan District Council: Councillors Aidrian Naylor and Doreen Lee

Airedale NHS Foundation Trust: Ann Wagner (Director of Strategy & Business Development)

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 Polly English, John Ennis and Patrick Mulligan and District Councillor David Blades (Hambleton).

10 members of the press and public.

Copies of all documents considered are in the Minute Book

38. Minutes

Resolved

That the Minutes of the meeting held on 14 March 2014 be taken as read and be confirmed and signed by the Chairman as a correct record.

39. Chairman's Announcements

- Children's & Maternity Services, Friarage Hospital – A response was still awaited to the letter the Chairman had written to the Secretary of State For Health, Jeremy Hunt asking him to invite the Independent Reconfiguration Panel to carry out a review.
- Children's and Adult Cardiac Services – The Yorkshire & Humber Joint Scrutiny of Health Committee had met the previous day. Good progress continued to be made with new service specifications expected sometime during July.
- Minimum Practice Income Guarantee – Phased withdrawal started on 1 April 2014. The Chairman agreed to find out the current situation and to chase up a response to the letter he had written to the Head of Commissioning at NY local Area Team of NHS England following the meeting of the Committee in January 2014.

40. Public Questions or Statements

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

Resolved

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

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

Considered -

The report of the Scrutiny Team Leader updating the Committee on recent developments surrounding implementation of proposals arising from a consultation conducted in 2012 on proposed changes to mental health services for adults and older people in the Airedale, Bradford and Craven area.

The proposals included an overall reduction in the number of older people's mental health beds, achieved through the relocation of the adult mental health psychiatric intensive care unit (PICU) from the Airedale Centre for Mental Health to Lynfield Mount Hospital in Bradford and the reconfiguration of the former PICU site to house a new functional older people's unit. The new organic unit was due to open in May 2014 and the Lynfield Mount site in May 2015. Functional mental illness was described as being mental illnesses someone could have at any-time in their life such as anxiety or depression. Organic mental illness tended to affect older people and included dementia.

The Committee had two years ago been consulted on the proposals and after raising some issues mainly around travel and transport, had accepted the plans.

The venue for the meeting had been chosen partly in response to concerns raised recently around the suitability of the planned new service and implementation of the original proposals.

The Chairman invited Reverend Griffiths the chair of the 'Ward 24 Carers Action Group' to address the Committee. Under the proposals Ward 24 (PICU unit) at Airedale Hospital was to be relocated to Lynfield Mount Hospital in Bradford.

Reverend Griffiths said the Action Group had been formed to speak out on behalf of dementia patients and had launched a petition to save that Ward. The Group had initially albeit reluctantly accepted the original proposals but had subsequently revised its position as a result of changes made to the design of the new unit at Lynfield Mount. He maintained that the changes made to the original design were based on the need to save money and as a result the new unit was not fit for purpose. The Action Group was campaigning for the organic unit to be retained at Airedale Hospital and had received a lot of local support. The Action Group believed that for patients with dementia some of whom had very complex needs an organic unit was best suited to being located on the site of a district hospital site in this case Airedale Hospital. The Action was concerned that Lynfield Mount was very difficult to access especially when using public transport (up to 90 miles and 5 buses). Patients at the new unit would also need to be transferred via an ambulance if they required hospital treatment. The Action Group did not believe that the proposals would result in any efficiencies being made as the capital outlay already exceeded identified savings and when complete the project would only replicate what was already in place at Airedale Hospital. Rev Griffiths concluded by urging the Committee to work together with its counterpart at Bradford Metropolitan District Council.

The Chairman then invited Bradford Metropolitan District Councillors Naylor and Lee to address the Committee.

Councillor Lee said the proposal to relocate the organic unit did not make financial sense and did not take into account the human cost to carers and visitors. She would not recommend the area around Lynfield Mount as being safe in which to wait for a bus. The site was very difficult to access using public transport and the Trust had only agreed to fund the travel costs of carers and visitors for three years. What would happen after the expiry of three years? The proposals had not been well publicised and there was a lot of support for the unit to remain at Airedale Hospital where there was a need for local provision.

Councillor Naylor said that the language used during the consultation two years ago was not written in plain English. He cast doubts on the effectiveness of the consultation as many of the people directly affected had not understood its significance.

In order to evaluate the project the scrutiny committee at Bradford Metropolitan District Council had requested sight of a report on transport which had not been made available. He pointed out that the frequency and timing of bus routes fell outside of the control of the Trust and that in the current economic climate further cuts to public transport were to be expected. The Trust had agreed to provide travel support for three years but it was not clear whether limits would be imposed in respect of the amount that could be claimed or on the number of visits that could be made.

Councillor Naylor continued saying that the decision to move the organic unit to Lynfield Mount was an infringement of the human rights of carers and visitors travelling from Craven. During the last two years the position regarding public transport had changed dramatically to such an extent that he believed the consultation was flawed. The site at Lynfield Mount was prime real estate and the current economic climate made it vulnerable to being sold. He concluded by inviting the Chairman to join him in attending a joint meeting with Bradford District Care Trust to discuss the concerns highlighted.

The Chairman said that after listening to what had been said the situation appeared to have changed since when the Committee was consulted two years ago and invited Alison Bingham, Deputy Director In-patient Services Bradford District Care Trust to address the Committee.

Alison Bingham said that the redesign of services under discussion had been the subject of extensive consultation. The Trust had consulted on 3 options and was now implementing the option that had been overwhelming supported. The Trust was investing significant amounts of money to improve mental health services for older people. As part of the design process the Trust had received expert advice and consulted the Carers Action Group and staff. Clinicians supported the approach being taken and Alison Bingham said she would be happy for a member of her family to be a resident of the new unit at Lynfield Mount when it opened. The facilities on Ward 24 contravened nationally accepted good practice and the new facilities when operational would be a significant improvement. The Trust was also investing in staffing and community services which would have extended opening hours. She acknowledged that the arrangements to provide assisted travel support were not ideal but said that the majority of people affected were younger and more mobile as they would be travelling from the Bradford area to the functional unit at Airedale Hospital. She confirmed that there were no plans to sell the Lynfield Mount site and that neither the functional or organic service was closing just relocating. She said there was no evidence to support either functional or organic units being located on a hospital site. She disputed claims that the quality of service at Lynfield Mount was inferior to that provided by Airedale Hospital and offered to arrange a visit for Members to see the new unit at Airedale Hospital when it opened the following month.

A member of the public Hazel Bulcock, recounted her experiences as an in-patient at Airedale Hospital. She praised the care and treatment she had received and said she was very distressed at the prospect of proposed changes to services.

Members commented as follows:-

- That the consultation/engagement undertaken had failed to gain public confidence and lacked compassion
- Agreed that distance and lack of public transport made accessing Lynfield Mount from Craven district very difficult.
- Expressed support for investment in community services
- Queried the reduction in the number of in-patient beds for organic mental health in the light of an aging population
- Expressed support for the clinical arrangements but were concerned about the affect the travelling distances would have on carers and visitors some of whom visited for many years on a daily basis

In response Alison Bingham said the Trust had agreed to review the provision of travel support after three years. Funding would only be provided for travelling additional distance as result of services being remodelled as opposed to an entire journey. Each case would be assessed on its merits but there was no limit on the number of claims that could be submitted.

The Chairman thanked everyone for their attendance and for the information they had provided.

Resolved -

That the Chairman write to Bradford District Care Trust reflecting upon the Committee's earlier response to the consultation and its concerns with regard to transport arrangements.

That the Chairman together with Councillors from Bradford Metropolitan District Council attend a meeting with Bradford District Care Trust to discuss the concerns raised at the meeting and recorded in the minutes.

42. Healthcare Development in the Craven Area - An Update from the Airedale Wharfedale and Craven CCG

The Committee received a presentation from Dr Colin Renwick Clinical Chair of Airedale, Wharfedale and Craven Clinical Commissioning Group in which he summarised the work and priorities of the clinical commissioning group since taking over responsibility for commissioning healthcare services in April 2013. He described the major health issues for people living in Airedale, Wharfedale and Craven and outlined new initiatives and care pathways aimed at tackling those challenges. A copy of the presentation slides used is in the Minute Book.

Members commented as follows:-

- Commended the use of technology that enabled patients to speak to a GP though a live screen video link
- Asked for an update report in six months' time to enable progress against identified targets to be measured
- Sought details of the timescale attached for implementation of each of the identified priorities
- Highlighted complaints they had received from patients about the limited number of GP appointments that were available
- Highlighted requests from patients for the opening hours of GP practices to be extended
- Asked for details of waiting times and how many people were in receipt of talking therapy services
- Asked about ambulance response times

Dr Renwick replied he would be happy to attend a future meeting of the Committee to report progress against local priorities. GP Practices were moving towards opening seven days a week and he was confident that in time this would happen. In Airedale, Wharfedale & Craven areas ambulance response times had fallen below national guidelines. The Clinical Commissioning Group had taken up the issue with the Yorkshire Ambulance Service and had enlisted the support of the local MP. Members noted that ambulance response times were produced on a regional basis. Because of this, response times in urban areas which were generally quicker due to reduced travelling distances effectively boosted the statistics for rural areas and made them look more favourable than they actually were. The Committee was assured that the Clinical Commissioning Group took the matter seriously and was actively engaged in seeking improvements. With regard to talking therapy services Dr Renwick agreed to provide further details in his update report.

The Chairman thanked Dr Renwick for the information he had provided and looked forward to receiving further updates in due course.

Resolved

That a progress report on the priorities described in the presentation be referred to the Committee in six/nine months time.

43. Developments and Service Improvements in the Airedale NHS Foundation Trust

Considered -

The report of the Scrutiny Team Leader giving an overview of Airedale Hospital and the services it provided.

The meeting was attended by Ann Wagner, Director of Strategy and Business Development, Airedale NHS Foundation Trust who gave a presentation in which she described developments and services improvements taking place at Airedale Hospital. A copy of the presentation slides used is in the Minute Book.

The Committee noted that following a recent inspection by the Chief Inspector of Hospitals his report concluded that overall patients were positive about the care they received.

The Chairman thanked Ann Wagner for her attendance and the information she had provided and commended the Trust for its use of telehealth and its work around modernising healthcare with more of a community focus.

NOTED

44. Remit of the Committee and Main Areas of Work

Considered -

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

Members noted that the venue for the next meeting in June would be Scarborough when the main item on the agenda would be a presentation from York Hospitals Trust on developments and service improvements taking place within the Trust.

Resolved -

That the work programme be received and agreed as printed.

The meeting concluded at 1.00pm

JW/JR