

North Yorkshire County Council

Scrutiny of Health Committee

Minutes of the meeting held at County Hall, Northallerton on 23 January 2015.

Present:-

Members:-

County Councillor Jim Clark (in the Chair)

County Councillors: Val Arnold, Philip Barratt, David Billing, Liz Casling, John Clark, Margaret-Ann de Courcey-Bayley, John Ennis, Heather Moorhouse, Patrick Mulligan, Chris Pearson, David Simister and Michael Heseltine.

District Council Members:- Peter Bardon (Hambleton), Jane Mortimer (Scarborough), Tony Pelton (Richmondshire) and Ian Galloway (Harrogate).

In attendance:-

North Yorkshire County Council: Executive Members, County Councillors: Clare Wood and Tony Hall.

Healthwatch: David Ita, Partnership Co-ordinator.

Scarborough and Ryedale Clinical Commissioning Group: Simon Cox, Chief Officer for Scarborough and Ryedale CCG Commissioning and Dr Peter Billingsley, Lead for Urgent Care NHS Scarborough and Ryedale CCG.

Northern Doctors Urgent Care: Angela Frankish.

Hambleton, Richmondshire and Whitby Clinical Commissioning Group: Debbie Newton, Chief Operating and Finance Officer and Angela Barron, Senior Transformation Project Manager.

North Yorkshire and York Four Clinical Commissioning Groups: Janet Probert, Director of the Partnership Unit.

NHS England Yorkshire and the Humber: Geoff Day, Head of Co-Commissioning for Localities.

County Council Officers: Bryon Hunter (Scrutiny Team Leader), Mark Taylor (Project Officer), Mike Webster (NYCC Assistant Director – Health & Adult Services), Ruth Everson (NYCC Health Improvement Manager – Health and Adult Services).

Apologies: County Councillor Shelagh Marshall OBE, Councillor John Roberts (CDC)

Copies of all documents considered are in the Minute Book

68. Minutes

Resolved

That the Minutes of the meeting held on 7 November 2014 be taken as read and be confirmed and signed by the Chairman as a correct record.

69. Chairman's Announcements

- **Temporary changes to the opening times of the Paediatric Short-Stay Assessment Unit at the Friarage Hospital** – On Monday, 12 January 2015 the South Tees Hospital Foundation Trust (STHFT) announced the opening times of the Short-Stay Paediatric Assessment Unit at the Friarage Hospital would be temporarily changed from Saturday, 17 January due to staffing pressures. The Unit is now open from 10am-8pm Monday to Friday and 10am - 5pm weekends and Bank Holidays. Doctors have stressed there will be minimal impact on patients. The Chairman has written to Tricia Hart, STHFT Chief Executive, expressing his serious concerns given the Trust's assurances that when the Unit opened it would provide better and safer service for patients into the future. The STHFT and have given no firm date on a return to its former opening hours. He advised the Committee that together with Cllr John Blackie he is seeking an urgent meeting to discuss the situation. He undertook to keep Members abreast of developments.
- **Scarborough Hospital A&E major incident and A&E waiting times generally** – The NHS in England has missed its four-hour A&E waiting time target with performance dropping to its lowest level 92.6% (Oct-Dec 2014) for almost a decade. Performances were significantly below the 95% target for our area – 86.3% Friarage and James Cook; 86.2% Scarborough and York; 89.2% Airedale and 75.0% Darlington. A number of hospitals across the UK have declared 'major incidents' in recent weeks. The major incident at Scarborough on 5 January 2015 was stood down after one day. He advised the Committee that he is going to attend the Health and Wellbeing Board 13 February as the Board is looking into Winter Planning and it might be that the Scrutiny of Health Committee can look at this issue in more detail in the coming months to assess preparedness for next winter.
- **Yorkshire Ambulance Services (YAS), Care Quality Commission inspection** – In the middle of November Cllr Clark referred to two instances which had been brought to his attention of YAS staff expressing concerns over a number of service issues, including the way in which the Trust was calculating its compliance with the 8 minute emergency response target. On 24 November he had written to Della Cannings (YAS Chairman) about the issues raised. Ms Cannings provided information refuting the claims made. Cllr Clark met with Dr David Macklin, Interim Director of Operations for YAS on Monday, 8 December. At the same time UNITE Union wrote to all local authorities expressing similar concerns to those that were being discussed with YAS. On 10 December, Rod Barnes, Interim Chief Executive, wrote to all local authorities across the region answering UNITE's concerns. All correspondence has been forwarded to the CQC who are currently carrying out an inspection of YAS.
- **Leeds and York Partnership NHS Foundation Trust, Care Quality Commission Inspection** – On 16 January 2015 the Trust published the results of its CQC inspection. The Trust received an overall rating of "Requires Improvement". The Vale of York CCG are seeking to procure new mental health and learning disability services with a view to the service being introduced from October 2015.
- **Re-opening of Worsley Court from 11 January 2015 following the temporary closure; and changes to meet the Care Quality Commissions requirements** – In October 2014 the Leeds and York Partnership Foundation Trust temporarily closed Worsley Court, the community unit for the elderly in Selby. This action was taken to meet CQC requirements for mixed sex

accommodation and to significantly and rapidly improve the quality of nursing care through training. Worsley Court has now partially re-opened from 11 January 2015 and it will fully re-open from 15 February 2015.

- **York Foundation Trust** – is to be inspected by the CQC in March 2015.

70. Public Questions or Statements

There were no questions or statements from members of the public.

Cllr Clark advised the Committee that he had received a letter from a Mrs Stephenson regarding her “serious reservations about the whole remit of the Womens Royal Voluntary Service hubs being rolled out in hospital and community settings”. Cllr Clark commented that he is consulting with local councillors and the York Hospital Foundation Trust to obtain a better understanding of the issues raised by Mrs Stephenson and then will reach a view as to whether these matters lay within the remit of the Committee. If they do, the Chair will bring this matter to the attention of the Committee with a view to deciding how to progress this matter.

71. North Yorkshire Healthwatch

Considered -

The Friarage Hospital, Northallerton report ‘Enter and View’ and the oral report of David Ita, Partnership Co-ordinator Healthwatch. The report provided background, methodology and the findings of the recent ‘Enter and View’ visit by Healthwatch into Northallerton’s Friarage Hospital on 17 November 2014.

David Ita congratulated South Tees Hospital Foundation Trust for their proactive response to the recommendations in the report; noting that a lot of the changes have been made or are underway.

The Chair enquired how the visits work and how they tie into Care Quality Commission (CQC) inspections. Members were advised that Enter and View visits were not done by ‘inspectors’ but trained ‘authorised representatives’. Healthwatch have a close relationship with the CQC to cooperate on planning. CQC inspections tend to focus on processes and procedures; whereas Healthwatch are more interested in experiences of the patients.

Members expressed their concern that the hospitals dementia policy was not seen to be applied across all service areas but were reassured to hear that as a result of the recommendations of the report the Trust is now acting on its dementia policy and enhanced training for staff.

A Member expressed his concern about the increased use iPads replacing paperwork. It was explained that iPads were already in place in the hospital as a response to staff concerns around the burden of paperwork. David Ita commented that iPads allowed staff to care for patients whilst inputting data as opposed to paperwork where it was found staff had to retreat to a separate office to complete paperwork. He acknowledged that there is a balance to be struck.

In response to questions regarding Healthwatch’s role David Ita explained that Healthwatch was only interested in the patient’s perspective, it was literally the voice of patients. There are no external opinions or ulterior motives, views expressed are wholly those of the patient. And when patients are not listened to that is when you get major incidents like some of the ones seen nationally across England.

A Member wanted to know if there were any indications of problems in staffing in Paediatric care. David Ita noted that there were no problems that Healthwatch noticed with staffing in that unit.

A member wanted to know how Enter and View reports tied in with the NHS Friends and Family test. It was explained that the test ties in well with the reports as Enter and View reports put a “human face” on the Friends and Family test.

Resolved -

That the reports be noted.

72. “Right Care First Time” - Improving Urgent Care Services in Scarborough and Ryedale

Considered -

The report and presentation of Simon Cox, North Yorkshire and Humber Commissioning Support Unit, and Dr Peter Billingsley, lead for Urgent Care NHS Scarborough and Ryedale; updating the Committee with the background and latest developments surrounding the procurement of new urgent care services in Scarborough and Ryedale. And the presentation of Angela Frankish, Northern Doctors Urgent Care, providing details about Northern Doctors Urgent Care and the new service they will deliver in Scarborough and Ryedale.

It was noted that the contract was for five years with a possible extension to seven years. Members questioned the relevance of urgent care models in Sunderland to North Yorkshire and the extent to which Northern Doctors will be able to access patient records. It was explained that the model for Scarborough and Ryedale is more like the model used in Bath where there is a greater emphasis on patient information and advice. All patients are given the option to allow access to their personal records; this will be asked as part of the initial consultation.

In response to questions regarding NHS111, especially if the caller was physically unable to travel, what would happen? Angela explained that “111” advisors would always refer someone to the most appropriate form of help needed and that were a home visit required, the “111” advisor would put the caller through to a local GP.

Members commented that a certain amount of self-diagnosis was needed to know the appropriate place to seek help, be that urgent care, emergency departments or wait to see a GP. It was also enquired as to whether or not Northern Doctors have ever lost a contract and if they do not meet the success criteria within the contract what would happen. Angela noted that the first response for most people when ill or injured is to go to emergency departments, but in some cases A&E was not the most appropriate route into care. Patients need more information on alternatives and to be confident that their needs are being met. Angela commented that Northern Doctors have never lost a contract when they have bid for one; however, there have been occasions where they have not retained a contract when it has been re-commissioned. There are a number of key performance indicators which are recorded and monitored on a monthly basis. Northern Doctors are accountable for performance against those indicators.

A Member commented that there was an increasing blurring of definitions and that a patient may not necessarily know what the difference is between ‘urgent’ and ‘emergency’ but they will know they feel unwell or injured. Dr Billingsley noted that the default position was for everyone to go to A&E, and that actually hospitals were removing the “Accident” from A&E as that was leading to high numbers of inappropriate referrals. Urgent care will now be seeing those minor injuries and

accidents that used to go to A&E. This should relieve some of the pressure on the emergency departments.

Simon Cox explained that dental care is not part of the contract. Urgent care can refer patients appropriately, however, dental care is provided by NHS England.

Simon explained that the major concern raised during the consultation phase was around the future of Castle Health Centre. The procurement for the Centre has just been completed; it will continue to be a GP list and will provide elderly care.

A Member described personal circumstances which had resulted in going to the Friarage for a suspected fracture. What would the procedure have been from the 1 April for one of these new Urgent Care Units? It was explained that for suspected fractures patients should go to an Urgent Care Unit. Patients would be seen by a specialist the following day for a fracture.

A Member commented that there needed to be more uniformity across the County across the range of different services. The Chair noted that due to the size and diversity of the County it was not possible to have a one size fits all approach, instead we should strive for uniformity of excellence.

The Chairman, on behalf of the Committee, thanked the presenters for the report and presentations and looked forward to working with the new arrangements and wished them well.

Resolved -

That the report be noted.

73. 'Fit 4 the Future' - Transforming the Care we deliver in Whitby and the Surrounding Area Whitby Hospital

Considered -

The report of Debbie Newton, Chief Operating and Finance Officer, and Abigail Barron, Senior Transformation Project Manager for Hambleton, Richmondshire and Whitby CCG updating the Committee on developments in Whitby and the surrounding area, specifically the procurement of Community and Out of Hours Services and the future development of Whitby Hospital.

Members were informed that the contract for Out of Hours service is seven years.

Access to pharmacies was highlighted as a big issue for Out of Hours patients in North Yorkshire. It was noted that pharmacies and Out of Hours services would be co-located within the Hospital and that the CCG were engaging with partners and providers to ensure there was adequate pharmacy provision across the area.

The Committee congratulated Debbie and Abigail on the report and the way in which the CCG had engaged with local communities and this Committee throughout the consultation and procurement process.

Resolved -

That the report be noted.

74. All Age Autism Strategy

Considered -

The report of Janet Probert, Director of the Partnership Commissioning Unit on behalf of four local CCGs updating the Committee on development of a Joint All Age Autism Strategy and on procurement of NHS adult and child autism diagnostic services.

Members were surprised at the different types and complexity of autism. For example they enquired as to whether Fragile X Syndrome was on the autism spectrum. Janet Probert undertook to report back to the Committee on this matter.

In response to Members' questions Janet Probert commented that the average waiting time in Harrogate between being referred for autism and receiving a diagnosis was 26 weeks. In parts of the County some children were waiting over a year.

Members noted that nationally children from military families were less likely to receive a diagnosis of autism and enquired why this was and also was there anything specific for military families within the strategy given the large military presence at Catterick? Janet Probert advised Members that this was the national picture and further work would be carried out to confirm whether or not this was the case in North Yorkshire. One possible explanation being put forward was that military families tend to move around and it may be that actually children are in touch with services for less time. An Equality Impact Assessment is being prepared with a view to assessing the impact that the strategy might have on all groups across the County.

Members noted that Airedale, Wharfedale and Craven CCG had been omitted from the list of signatories and sought assurances that the needs of the Craven area are being addressed. Janet Probert commented that this was purely an error in the list of signatories and that patients in the Craven area had been involved in the engagement work carried out to date.

Members were concerned by the statement in the draft strategy that Looked After Children were less likely to receive diagnosis of autism. Janet commented that this was also the national picture but understood Members' concerns and added that there may be similar reasons between looked after children and children from military families as to why they are not being referred for assessments. More work is being carried out to confirm the picture for looked after children in North Yorkshire.

Members requested that the Scrutiny of Health Committee be added to the list of groups who receive updates on the progress of the strategy.

In conclusion Members expressed broad support for the draft strategy as it represented a co-ordinated and holistic step in the right direction. They commented, however, that discussions had highlighted a number of queries in relation to some of the statistics which underpinned the strategy.

Janet Probert advised Members that the strategy was still very much in draft form and had sought to bring together information from across the NHS locally and the County Council. She welcomed the proposal of more detailed work by a task group from the Committee and the Committee being involved in the longer term with regard to how the strategy is actually delivered.

Resolved -

The Scrutiny of Health Committee welcomes and supports the way forward set out in the draft All Age Autism Strategy.

A task group comprising the group spokespersons be established to gain a better understanding of the statistics underpinning the strategy and to advise Janet Probert on further presentation of that information.

That Janet Probert, Director of the Partnership Commissioning Unit be invited to work with the task group on this work.

The Committee receive an update on the outcome of the task group's work no later than at the next meeting of the Committee on 12th June 2015.

That the Director of the Partnership Commissioning Unit be requested to add the Scrutiny of Health Committee to the list of groups to be consulted on the strategy.

75. NHS Health Checks: An Update on Performance and Future Developments

Considered -

The report of the Director of Public Health for North Yorkshire providing information on current performance of the NHS Health Check programme and planned actions to improve performance.

The report was presented by Mike Webster and Ruth Everson from Health and Adult Services.

A Member asked about page 65 (para 10+11) in the report, was there a district breakdown for the percentages and how is that percentage formulated? Ruth noted that they can circulate the annual report which contains a district breakdown of those percentages; the next annual report is due to be published in June. Anyone not on a health register already has the opportunity to receive a Health Check.

It was explained that the service is delivered through local GPs and that data is received monthly on the number of checks they had undertaken.

Members expressed their concern that not all GP's in the County actually offer the programme. Ruth acknowledged the concerns, to understand the reasons why they opted out there is a constant dialogue with the practices. They are also looking at the possibility of an alternate provider or potentially a "mixed model".

In terms of describing how GPs are incentivised to deliver this programme Ruth advised Members that GP's are paid in increasing amounts dependent on invites sent out, and if they hit their targets and for the checks and assessments they carry out. This is under constant revision.

Members were advised that their service is a separate programme to the national NHS Health Check.

Resolved -

That the report be noted.

76. Review of Personal Medical Services Contracts

Considered -

The report of Geoff Day, Head of Co-Commissioning for Localities, NHS England Yorkshire and the Humber briefing the Committee on the contracts review currently being undertaken by NHS England in conjunction with local Clinical Commissioning Groups.

Members enquired if the impact of funding revision for PMS contracts will be the same as it was when Minimum Practice Income Guarantees (MPIG) were phased out and what might be the impact on front-line GP services. Geoff Day assured the Committee that there would be less impact for PMS than there was for MPIG. The primary care services that will be affected are not high volume contracts and that any appropriate consultation would be a matter for the relevant CCGs to decide upon.

Members enquired how much GP's were being paid and commented that it is difficult to judge this report without that knowledge. Geoff Day explained he would like to be in a position where GP's salaries could be disclosed but that was not the case at the present time.

A Member wanted to know what was characteristic of a PMS contract and what distinguishes them. The Member also wanted to know what evidence there was to suggest that no service would be stopped. It was explained that there is no standardisation of service and there is a lot of variation across the County depending on what practices want to offer. There is a big mix between large and single handed practices and there is still the element that some practices are getting PMS money and some are not.

A Member wanted to know what the definition of essential service was, and, was it a "box ticking exercise" as to what practices must offer. Geoff Day explained that the official definition of essential services is very general and unspecific about what a GP must provide.

Members noted that this was a national programme. Geoff advised Members that the CCG's get the money to reinvest, however, there are three practices affected in their area, one will gain from GMS contracts, the other two will lose. He highlighted the need for every practice to be carefully scrutinised now to see what it is that it is doing over and above the essential services it must deliver.

The Chairman asked that the Committee is kept updated on these issues and progress.

Resolved -

That the report be noted.

The Committee is kept updated on the progress of the PMS review.

77. Work Programme

Considered -

The report of Bryon Hunter, Scrutiny Team Leader inviting comments from Members on the content of the Committee's programme of work scheduled for future meetings. The Scrutiny Team Leader invited Mike Webster to give the committee an update on item 10 of the Work Programme.

Mike Webster provided information on the current review of mental health services, the engagement process of the public and professionals and the proposal to replace Crisis Call for wider coverage. The plan will go to the Health and Adult Services Leadership Team in early February and that this will be reported back to this Committee.

Members highlighted wanted to know the scope for joint committee work between the Scrutiny of Health and Care and Independence Committees given the overlap of items and issues between the committees.

It was explained that the work programme item “Hambleton, Richmondshire and Whitby CCG – Fit 4 the Future” was an on-going area of involvement for the Committee.

A Member requested the NHS 5 Year Plan and the implications this has for North Yorkshire go onto the Work Programme.

Resolved -

That:

1. The content of the work programme and schedule are agreed and noted.
2. That possible links and joint working between the Care and Independence Overview and Scrutiny Committee and the Scrutiny of Health Committee be explored.
3. A report on the NHS 5 Year Plan be added to the work programme for consideration at the appropriate time.

The meeting concluded at 12:45pm.

MT/BH