

North Yorkshire County Council

Scrutiny of Health Committee

Minutes of the meeting held at County Hall, Northallerton on 12 June 2015.

Present:-

Members:-

County Councillor Jim Clark (in the Chair)
 County Councillors: Val Arnold, Philip Barratt, Liz Casling, John Clark,
 Margaret-Ann de Coursey-Bayley, Tony Hall (Substitute for John Ennis), Heather
 Moorhouse, Chris Pearson and David Simister.

Co-opted Members:-

District Council Representatives:- Councillors Jane E Mortimer (Scarborough) and
 Ian Galloway (Harrogate).

In attendance:-

Healthwatch North Yorkshire: David Ita Project Co-ordinator
 Scarborough & Ryedale CCG: Simon Cox Chief Officer
 Airedale Wharfedale & Craven CCG: Dr Phil Pue
 Airedale NHS Foundation Trust: Shaun Millburn
 York Teaching Hospital NHS Foundation Trust: Juliette Walters
 Yorkshire & Humber Commissioning Support Unit: Alex Trehitt
 District Council Nominees (Appointments to be ratified at the July meeting of the County
 Council): Councillors Kevin Hardisty (Hambleton), Bob Gardiner (Ryedale),
 Linda Brockbank (Craven) and Karin Sedgwick (Richmondshire).

County Council Officers: Jane Wilkinson (Democratic Services), Bryon Hunter and
 Mark Taylor (Scrutiny), Wendy Balmain (Health & Adult Services)

Apologies for absence were received from: County Councillors David Billing, John Ennis,
 Shelagh Marshall OBE and Patrick Mulligan and District Council Nominees:- Judith Chilvers
 (Selby)

Copies of all documents considered are in the Minute Book

78. Minutes

Resolved

That the Minutes of the meeting held on 23 January 2015 be taken as read and be
 confirmed and signed by the Chairman as a correct record.

79. Chairman's Announcements

The Chairman provided the Committee with an update relating to the following
 matters:-

- **Tees, Esk and Wear Valleys Foundation Trust** – The results of an inspection by the Care Quality Commission (CQC) published on 11 May 2015 would be scrutinised by the Committee in detail at its September meeting.
- **Yorkshire Ambulance Services** – Publication of CQC Inspection results were still awaited and would form the basis of further discussion at the September meeting of the Committee.
- **South Tees Hospitals NHS FT** – The results of an inspection by the Care Quality Commission published on 11 May 2015 would be scrutinised by the Committee in detail at its September meeting.
- **York Teaching Hospitals NHS FT** - Publication of CQC Inspection results were still awaited and would form the basis of further discussion at the September meeting of the Committee.
- **NHS Dental Services In Leyburn, Hawes and Bedale** – County Councillor John Blackie had raised concerns in an email to the Chairman. The Chairman stated his intention to deal with the matter outside of the meeting and to involve Richmondshire elected members in the discussions.

80. Public Questions or Statements

It was reported that Mrs Humphreys from Craven area had raised a number of questions around mental health and autism. Mrs Humphreys was not able to be present at the meeting. On her behalf the Chairman said he had taken up her concerns with Airedale Wharfedale & Craven CCG who had agreed to supply a comprehensive written response.

81. Order of Business

Resolved

That the order of business is amended as follows:-

- Item 5 – Fit 4 the Future – Transforming Care In Hambleton & Richmondshire
- Item 6 – Maternity & Paediatric Developments at Friarage Hospital, Northallerton
- Item 7 – North Yorkshire Approach to Integration, Prevention & New Models of Care
- Item 9 – Relocation of the Hyper Acute Stroke Services from Airedale NHS FT
- Item 8 – Developments at Scarborough Hospital
- Item 4 – North Yorkshire Healthwatch
- Item 10 – Work Programme

82. 'Fit 4 the Future' - Transforming Care in Hambleton and Richmondshire

Presentation by Dr Vicky Pleydell, Clinical Chief Officer - Hambleton, Richmondshire and Whitby Clinical Commissioning Group.

Dr Pleydell spoke to a series of slides (copy in Minute Book) covering the objectives of the programme, current progress, the CCGs plan for future engagement and workstreams.

Dr Pleydell welcomed offers from Members to be a programme 'ambassador' for their area. She described a project that was due to be piloted in Wensleydale and Swaledale during the summer whereby one nurse would deliver both health and social care services to patients.

Dr Pleydell acknowledged Members comments about staff shortages and acknowledged that workforce issues were the biggest challenge. The Committee learned that partners across all sectors were working together looking at different models of care. Vocational training and the integration of different staff roles were being looked in an attempt to attract and retain staff as well as saving money.

Dr Pleydell referred to David Cameron's pledge to extend access to GP services. Hambleton Richmondshire & Whitby CCG had been one of the first in the country to receive funding to pilot a scheme to extend opening hours to cover weekends. After examining the initial results the CCG had taken the decision to terminate the pilot due to a lack of patient demand. The hub model of delivery had proved unpopular with patients who preferred to make appointments at their own surgeries. Dr Pleydell said the CCG did not consider the pilot to be a good use of resources and highlighted differences in demand between rural and urban areas. The CCG remained however interested in improving access to GP services and she assured the Committee that it would continue to look a different models of delivery.

Members commended the CCG on its innovative approach and asked to be kept informed of progress of the 'Dales Project'. Members noted that it was anticipated that the pilot due to be scoped in July would run for 12 months. Patient outcomes and staff and patient satisfaction levels would be taken into account as well as the costs involved when measuring the success of the project.

Resolved -

That the presentation be noted.

That further updates be submitted as appropriate in order that the Committee:

- is briefed as part of the engagement plan for the Fit 4 the Future programme
- receives progress reports on implementation of the Dales Project pilot

83. Update on Maternity and Paediatric Developments at Friarage Hospital, Northallerton

Dr Vicky Pleydell, Clinical Chief Officer- Hambleton, Richmondshire and Whitby Clinical Commissioning Group gave an oral report on the results of a 6 month post evaluation of reconfigured of maternity services. Attached to the agenda was a copy of a report considered by the CCGs Governing Body.

In speaking to the report Dr Pleydell highlighted additional commissioned ambulance service and the patient shuttle bus.

Members noted that confidence was growing in the reconfigured services and that it was hoped that patient numbers would continue to increase so as to make the unit sustainable. The patient shuttle bus had proved very popular and assurances were given that operating times were subject to regular review. The main issue was the departure time of the final journey from James Cook University Hospital at 5.00pm. Steps were being taken to extend the departure time to either 5.15pm or 5.30pm which would be more convenient for passengers.

Resolved -

That the information in the report and provided at the meeting be noted.

84. North Yorkshire Approach to Integration, Prevention and New Models of Care

Considered -

A report describing the collective response of North Yorkshire CCGs to the NHS Five Year Forward View published in October 2014. The report also described work the CCGs were doing towards the development of new models of care in North Yorkshire.

On behalf of North Yorkshire CCGs Simon Cox, Dr Vicky Pleydell and Dr Phil Pue responded to a number of questions from Members who sought clarification of the arrangements surrounding the co-commissioning of primary care in North Yorkshire.

The Committee was advised that a more detailed report on co-commissioning had been submitted to the Health and Wellbeing Board and that copies of the report were available upon request.

An explanation of the distinctions between co-commissioning levels was provided. Capacity and governance were cited as the main determinants for the individual choices made by CCGs. CCGs emphasised that the development of primary care co-commissioning should not be seen in isolation but should be viewed as part of wider service strategies such as new models of care the redesign of services. CCGs maintained that in due course the commissioning of primary care would be devolved to them in any event. It was stressed that arrangements surrounding the co-commissioning of primary care would not affect patient access to GP services.

In response to a request seeking clarification about the establishment of GP federations in North Yorkshire the Committee noted that each of the five North Yorkshire CCGs had established a federation. However not all GP practices in each CCG area had chosen to be a member of the federation. Members expressed concern about the potential this posed for conflicts of interest and the ability of GPs to treat patients equitably.

In view of the complex structure that existed in North Yorkshire Members said they would appreciate a more detailed written report to aid their understanding of the situation.

Simon Cox offered to be the author of the said report but suggested that it would be better if the Committee waited for 6/12 months to allow CCGs time to implement the changes outlined that day.

Wendy Balmain, NYCC Assistant Director – Integration and Commissioning reiterated that the transfer of primary care services should not be viewed in isolation. The changes discussed that day were positive and this change of direction had the approval of the Health & Wellbeing Board as it considered it would lead to improved health and social care service provision.

The Chairman acknowledged her comments but said it was important that Members were satisfied with the governance arrangements that had been put in place in case any problems arose.

Simon Cox urged Members not to underestimate the scale of the changes outlined in the covering report which he said would benefit from preparation of a more detailed paper and a longer discussion.

The Scrutiny Team Leader referred Members to the report appendices which described the position of each CCG and suggested that the Committee may like to comment on the direction of travel.

The Chairman acknowledged that the changes discussed that day were in the early stages of development. He said the Committee endorsed the integrated approach outlined in the report and at the meeting with the focus on improved delivery. He said the Committee would continue to work with CCGs on governance and looked forward to receiving further updates in due course.

Resolved -

That the report and information provided at the meeting be noted.

85. Relocation of Hyper Acute Stroke Services from Airedale NHS Foundation Trust to Bradford Teaching Hospitals NHS Foundation Trust

Considered -

The report of Dr Phil Pue, Chief Clinical Officer, NHS Airedale, Wharfedale and Craven CCG describing the delivery of current stroke services and the reasons behind proposals to relocate hyper acute stroke services from Airedale Hospital to Bradford Hospital.

In speaking to his report Dr Pue advised the Committee that over recent months Airedale NHS Foundation Trust had following the resignation and long term sickness of stroke consultants found it increasingly difficult to sustain 24 hour a day, 7 days per week stroke services. Several attempts at recruitment had provided unsuccessful and the Trust was currently relying on locum consultants. Even with the use of locum consultants the Trust was unable to staff the hyper acute stroke unit out of hours and consequently patients in Airedale, Wharfedale and Craven had been treated in the hyper acute stroke unit at Bradford Hospital. Looking ahead as from July the resignation of locums meant there would only be one consultant instead of three to manage the service during the hours 8am-6pm Monday to Friday.

The staff shortages experienced had led to a decrease in the performance of the hyper acute stroke unit at Airedale Hospital. Nationally there was a shortage of stroke consultants. Furthermore it was recommended that for a hyper acute stroke unit to operate efficiently and provide effective care it needed to admit 600 confirmed strokes per year. Based on previous figures the Airedale hyper acute stroke unit would expect to admit approximately 350 strokes per year.

Upon advice from NHS England it had been decided on the grounds of patient safety to relocate the hyper acute stroke beds at Airedale Hospital to Bradford Hospital. Acute stroke services and rehabilitation would continue at both hospitals. It was not proposed to conduct a formal consultation on these changes to stroke services as for the reasons recorded above there was little possibility that the CCG could consult meaningfully on a choice of options when there was no viable alternative option available. Therefore what was planned was meaningful engagement on the support patients, carers and the general public needed to enable them to access the new services.

In response Members whilst expressing concern at the distances Craven patients, carers and the general public would have to travel, recognised this had to be balanced against the improved outcomes of patients treated at specialist centres. They highlighted the lack of public transport available and sought reassurance that there were no plans to transfer further services from Airedale to Bradford.

The Committee was advised that travel would be a key issue during public engagement. In terms of facilities there was a family room at Bradford Hospital but it

was emphasised that the time spent by patients on the hyper acute unit would be minimal.

The Chairman said he had the previous evening attended a meeting of Bradford Metropolitan District Council's Scrutiny of Health Committee at which the same report had been discussed. The same issues surrounding travel arrangements and the distances involved had been raised by their Members. At that meeting Bradford Members had been advised that the additional travel involved was not likely to be longer than 15 minutes. The Chairman highlighted the failure of the CCG to communicate with both scrutiny committees simultaneously. Had this happened NYCC members from Craven area could he said have been given the option of attending the meeting in Bradford.

Members agreed there was little point in conducting public consultation if the options presented were unviable and asked to be kept updated on the results of the public engagements.

Resolved -

- (a) That the report be noted.
- (b) That the Committee supports the nine week engagement period.
- (c) That discussions with the local communities involved explaining the changes to the hyper acute stroke service be supported.
- (d) That a further update report be referred to the Committee in due course.

86. Developments at Scarborough Hospital

Considered -

The report of the Scrutiny Team Leader updating the Committee on developments in relation to hyper acute stroke services, neurology services and urology diagnostic services.

Simon Cox, Chief Operating Officer Scarborough & Ryedale CCG summarised the proposed changes to services detailed in the appendices attached to the covering report. Members were advised that in respect of hyper acute stroke services the changes were temporary. Changes to neurology outpatient services were described as short to medium term whilst patient feedback would be used to determine whether to continue with the proposals for the urology diagnostic services.

In respect of stroke services the Committee was advised that in seeking to provide a high quality stroke service issues such as staff recruitment/retention and patient numbers facing commissioners in Scarborough were the same as those experienced at Airedale Hospital (the subject of the previous agenda item). Members noted the proposed changes in stroke care pathways; which dependent upon patient locality of presentation meant that they would either be taken directly to York Hospital or undergo an initial assessment at Scarborough Hospital before being taken to York if necessary for acute stroke care. Not all Members were convinced that this model was the best option and despite assurances remained concerned that some patients would face a delay before receiving acute stroke care.

Members noted that it was anticipated that the temporary changes for stroke services would remain in force for approximately 12 months.

Resolved -

That the comments of Members and the content of report be noted.

87. North Yorkshire Healthwatch

Considered -

The report and presentation of David Ita, Partnership Co-ordinator North Yorkshire Healthwatch on the rationale, findings and approach to statutory 'Enter and View Visits' that had been carried out at Airedale, Harrogate, Scarborough and Friarage Hospitals. Full copies of all 'Enter and View' reports were available on the Healthwatch website.

The Committee was advised that a further response from Airedale Hospital was awaited and that some of the hospitals visited would be revisited to monitor whether they had addressed matters of concern. The focus of visits this year was end of life care and David Ita offered to attend a future meeting of the Committee to report the outcome of further visits to hospitals and care homes in the county.

Members agreed that it was important for regular communications between Healthwatch and the Committee on what Healthwatch was doing.

David Ita responded to a number of questions from Members. He advised that the timing of the visits to hospitals had been carefully planned. Inspectors from the Care Quality Commission used Enter and View reports (which focused on patient experience) to inform their own inspections. He acknowledged discharge arrangements for patients being transferred from a hospital to a care home had been identified as an area of concern. Practice was not consistent across the county. A lack of information provided to carers about the level of care needed and the location of suitable care homes had led to bed blocking. This was an area Healthwatch hoped to cover in their forthcoming visits to care homes. Members highlighted difficulties surrounding the recruitment of volunteers generally and were pleased to note a protocol was in operation setting out the working relationship between North Yorkshire and Bradford Healthwatch.

Resolved -

That the report and presentation be noted.

That further 'Enter and View Visit' reports be referred to the Committee in due course.

88. Work Programme

Considered -

The Scrutiny Team Leader presented the Committee's programme of work scheduled for future meetings.

Members noted that that suggested item put forward for inclusion on the Agenda for the September meeting included:-

- CQC Inspection results and Trust's responses
- The role of pharmacy in primary care

- Scoping work on CAMHS with Healthwatch

Resolved -

That the content of the work programme and schedule are agreed and noted.

The meeting concluded at 1.00pm

JW