

North Yorkshire County Council

Scrutiny of Health Committee

Minutes of the meeting held at County Hall, Northallerton on 1 July 2016.

Present:-

County council officers, Mr David Tucker and Daniel Harry (who will succeed Bryon Hunter as the Scrutiny Team Leader as of 25 July 2016).

Members:-

County Councillor Jim Clark (in the Chair)

County Councillors: Eric Broadbent (substitute for David Billing) , Philip Barratt, John Clark, Margaret-Ann de Courcey-Bayley, John Ennis, Heather Moorhouse, Chris Pearson, and David Simister.

Co-opted Members:-

District Council Representatives:- Kevin Hardisty (Hambleton), Judith Chilvers (Selby), Bob Gardiner (Ryedale), Jane E Mortimer (Scarborough), Wendy Hull (Craven, substitute for Linda Brockbank) , Karin Sedgwick (Richmondshire) and Ian Galloway (Harrogate).

In attendance:-

South Tees Hospitals NHS FT: Siobhan McArdle

Hambleton Richmondshire & Whitby CCG: Janet Probert, Jilly Collinson and Abigail Barren

Scarborough and Ryedale CCG: Simon Cox and Barbara Buckley

York Teaching Hospitals NHS FT: Mike Proctor and Neil Wilson

Saint Michael's Hospice, Harrogate: Tony Collins,

County Councillor Gareth Dadd

County Council Officers: Bryon Hunter, Dr Lincoln Sargeant and Michaela Pinchard

1 member of the press and public

Apologies for absence were received from: Val Arnold, David Billing, Liz Casling, Linda Brockbank

Copies of all documents considered are in the Minute Book

106. Minutes

Resolved

That the Minutes of the meeting held on 22 April 2016 be taken as read and be confirmed and signed by the Chairman as a correct record.

107. Any Declarations of Interest

There were no declarations of interest to note.

108. Chairman's Announcements

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

- **Sustainability and Transformational Plans update**

He welcomed the Government's decision to give more time for plans to be finalised. The June 30th deadline will now be for plans to be submitted in draft format which "will form the basis for discussion".

He advised the Committee that he remained very concerned about the whole process and the configuration of STPs covering North Yorkshire, but this new sense of realism should allow more time for local authorities, the voluntary sector, patients and the public to be more involved in the planning process.

- **Better Health Programme (Durham, Darlington and Tees)**

Plans to reorganise health provision in Darlington, Durham and the Tees Valley could result in changes to accident and emergency and consultant-led maternity and paediatric services at the Darlington Memorial Hospital.

A Joint Health Scrutiny Committee comprising councillors from across all affected local authorities has been set up to oversee the programme including any service change/review proposals and associated statutory consultation. North Yorkshire County Council will have 3 seats on the joint committee.

- **Rural Services Network - Scrutiny on Access to Health Services in Rural Areas**

The Committee is involved in a survey which RSN is sponsoring looking at access to health care services in rural areas. All of the CCGs have indicated they will support us in this work. It involves them responding to a range of questions such as:

- distances to GP practices;
- ambulance response times

The CCGs have been asked to respond by the end of July so the information can be collated and submitted to the RSN.

- **Funding of Community Pharmacies**

The government is consulting on a new pharmacy contract. No decision has been made. Depending on the terms of the new contract some pharmacies may no longer be viable.

The North Yorkshire Pharmaceutical Needs Assessment takes account of gaps in service so if a rural pharmacy closed and there was no alternative within the area another pharmacy or dispensing practice could apply to deliver the service. As has been the case in previous years the committee will be involved in the update of the Assessment which will include the committee looking at how the CCGs mitigate any of the implications locally of the new contract.

- **Mental Health Services in York and Selby**

The Tees, Esk and Wear Valleys NHS Foundation Trust which took over services in the area from the Leeds and York Partnership FT has announced that adult inpatient assessment and treatment services will be restored in York

very shortly. Work to refurbish Peppermill Court in York started in February this year and the new unit will re-open to admissions at the end of August.

Alongside this, the TEWV FT's plans for a new, purpose built mental health hospital are also progressing well. Over recent months a number of engagement events have taken place. A short list of site options for the new hospital is expected soon. Following that the trust will consult formally in early autumn on the location of the new hospital as well the proposed number and configuration of beds.

- **Retirement of Bryon Hunter**

On 8 August 2016 Bryon Hunter, Scrutiny Team Leader retires after almost 30 years with North Yorkshire County Council. Bryon has been involved with the Scrutiny of Health Committee since its formation in 2003. His wide experience of health matters is widely appreciated by not only the Council but also by the wider health community throughout North Yorkshire. The members of the Scrutiny of Health Committee unanimously thanked Bryon for all of his work to support the agenda over the past 13 years and wished him a long and happy retirement.

This view was shared by representatives from the various NHS organisations that were in attendance.

109. Public Questions or Statements

County Councillor Gareth Dadd and Mr David Tucker registered their wish to make a statement with regard to the Lambert Hospital – agenda item 5.

110. “Fit-4-the-Future” - Transforming our Communities and Addendum: The role of the Lambert Memorial Hospital in future healthcare in Thirsk and District

Considered -

- a) The report of the Chief Officer, Hambleton, Richmondshire and Whitby Clinical Commissioning Group outlining proposals for the transformation of the community system in line with the Clinical Commissioning Group vision for community services across Hambleton, Richmondshire and Whitby and identifying opportunities to ensure the CCG vision is achieved.
- b) Addendum: Report from the Lambert Hospital Action Group - The role of the Lambert Memorial Hospital in future healthcare in Thirsk and District

Janet Probert advised Members that the aim of Fit-4-the-Future is to transform how community healthcare services are provided with the guiding principle being local services in local areas. Janet described the arrangements under which 6 extra beds in the community were being provided at Sycamore Hall in Bainbridge which already includes an extra-care facility. The long term aim is to broaden this approach across the whole area.

Janet expressed disappointment that the Lambert Hospital in Thirsk had closed due staffing shortages but the situation also presented an opportunity to look at innovative ways of providing services locally. Janet also commented that the Rutson Ward at the Friarage Hospital was not being used as a true community facility and was more of another in-patient ward within the hospital.

Janet highlighted how a new approach to community services was already taking shape in the Whitby locality as part of the redevelopment of the hospital in the town.

A formal consultation would be launched in the coming weeks and that she will report back to the Committee on the outcome of that consultation during the autumn.

Siobhan McArdle commented that the South Tees Hospitals NHS FT is working closely with the CCG on this matter and that the Trust has reviewed its 5 Year Strategy to ensure that local services continue to be prioritised.

In response to Members' questions Siobhan commented that the Trust is still having problems recruiting nursing staff. Sickness levels were also tending to creep upwards partly because of the increased pressures on staff due to vacancies.

Abi Barren guided Members through the document included in the agenda - Transforming Our Communities – A Case for Change for the transformation of health and care in the community. In particular Abi highlighted:

- Chapter 7 - the CCG's commissioning intentions across the 3 localities of Hambleton, Richmondshire and Whitby.
- Chapter 8 – which highlight there is nothing on which to consult formally in the Richmondshire and Whitby localities. A formal consultation is planned only the Hambleton locality.
- Chapter 9 - sets out the detail for the 3 options in the Hambleton locality on which they are going to consult:

Option 1: Do nothing – The Lambert Memorial Hospital would remain closed and additional beds would continue to be commissioned alongside the current provision of community rehabilitation beds on the Rutson Ward in Northallerton.

Option 2: Re-open the Lambert Memorial Hospital with a new North Yorkshire based service provider delivering Inpatient care, Services on the Rutson ward would remain as currently specified

Option 3: Provide step-up and step-down beds supported by integrated locality teams.

Mr David Tucker addressed the Committee. David summarised the paper in the agenda pack. He also queried some of the CCG's estimated costs of remedial work at the Lambert Hospital.

County Councillor Jim Clark reminded Members that the objective of the report was to seek the committee's views on the principles of the consultation and that issues such as the estimated remedial costs at the Lambert could be brought up as part of the consultation.

Janet Probert confirmed that such issues would be covered.

County Councillor Gareth Dadd commented that he supported the views of the Lambert Hospital Action Group and queried why the Lambert Hospital had not received the same level of commitment as had been given to the Friary Hospital in Richmond. He added that a facility on the current Lambert Hospital must continue to have a pivotal role in healthcare locally. He also commented that it was essential that

local GPs are on-board with the proposals and that the Scrutiny of Health Committee should consult with GPs in reaching its views on the proposals.

Janet Probert advised Members that the Friary Hospital was covered by a Private Finance Initiative which has 9 years left to run on its lease.

Janet Probert commented that the County Council which leads on extra-care is already working closely with the CCG.

Jilly Collinson highlighted the role that GPs have in and referring people in to step-up and step-down beds. She added that elderly and frail people need to be in a home like environment not a clinical environment. Jilly also highlighted the important role of hospices and that they provided not just buildings and beds, but also “outreach” services into peoples' own homes.

Resolved -

- a) That Janet Probert, Siobhan McArdle, Jilly Collinson and Abi Barren be thanked for attending the Committee and for continuing to engage proactively with the Committee.
- b) The 3 options as described in Chapter 9 for the basis of a formal consultation be supported.
- c) That the Committee be formally consulted during the autumn which will include the Committee receiving the messages which the CCG has received from its broader engagement process, especially the views of GPs.

111. Ambitions for Health: Transforming Health and Social Care Services in Scarborough, Ryedale, Bridlington and Filey

Considered -

The report of the Chief Officer, Scarborough and Ryedale Clinical Commissioning Group giving an overview of the Ambition for Health programme.

Simon Cox summarised the pressures for change and how people can help influence what future local health and social care services look like. He highlighted the programme had 3 themes:

- Healthy Lifestyles,
- Care at Home and
- Sustainable Services

Mike Proctor advised Members that 1 July was the 4th anniversary of the York Trust taking over the Scarborough Trust. He added that he was pleased to say that things are now a lot more stable in the Scarborough area and indeed without the amalgamation of the two trusts services would have been lost in the Scarborough area. There was still work to do.

Mike added that the financial context is a lot worse than anyone would have predicted 4 years ago due to the government’s austerity measures and the savings required by the NHS.

The NHS needs to present a case to the Department of Health for increased funding.

Mike added that the Emergency Department at Scarborough Hospital was now more clinically led. The approach at Scarborough Hospital has received a lot of interest nationally.

He added that the new urgent care model is working well and that there are moves to adopt a similar approach in the York Hospital.

He added that the Royal College of Paediatricians has commenced a review in the Scarborough Hospital in the last few days. In respect of Obstetrics he commented that Scarborough Hospital carries about 2,000 deliveries per annum and that cost is approximately £2m more than the income it receives. He advised Members of plans to permanently amalgamate the mid-wife led unit and the consultant led unit into one larger unit. But he emphasised that expectant mothers will still be able to have the option of a mid-wife led birth of which there are about 350 per annum.

Members heard that the recruitment of nurses at Scarborough Hospital is difficult and were encouraged to hear that Coventry University has set up a campus in Scarborough and is designing courses around new types of service models in health and social care. Mike Proctor commented that the Trust is considered establishing nursing apprenticeships.

Simon Cox commented that at the moment the programme is a matter of on-going engagement work. He added that the Humber, Coast and Vale Sustainability and Transformational Plan will factor in new funding for a distinguishable Scarborough and Ryedale footprint. He added that Scarborough and Ryedale is a much bigger part of that STP area than Harrogate is of the West Yorkshire STP area.

Dr Lincoln Sargeant commented that he was encouraged by public health developments in the Scarborough area and added that the recently launched smoking cessation strategy was having positive results. He added that increasing the uptake of welfare benefits would help to reduce deprivations.

Resolved -

- a) That Simon Cox, Barbara Buckley, Mike Proctor and Neil Wilson be thanked for attending the Committee and for continuing to engage proactively with the Committee.
- b) That the aims of Healthy Ambitions be supported.
- c) That the Committee be kept fully briefed on how this work is progressing and is involved in decisions being taken on the level of consultation that any development or service change may require.

112. Dying Well and End of Life Care

Considered -

The report of the Scrutiny Team Leader, North Yorkshire County Council providing an initial framework for the Scrutiny of Health Committee to embark on an in-depth project to examine End of Life Care Services.

Bryon Hunter summarised the background and explained why the committee is embarking on this project now by referring to how the Committee last year had contributed to the Joint Health and Wellbeing Strategy (JHWS) by recommending the Strategy should contain a specific priority "Dying well". He added that this recommendation had been fully taken on board by the Health and Wellbeing Board so it was now timely for the Committee to make a further contribution to the Strategy.

Bryon added that discussions at the committee today marked the start of more detailed work that would be undertaken over the next 6 months or so. At the end of the project it is anticipated the Committee would produce a report which:

- a) summarises what the committee has learned from its consultation work (“soft evidence”) to inform the Joint Strategic Needs Assessment (JSNA);
- b) set out guiding principles as what a good EoLC service should look like with a view to informing the Dying Well priority in the Health and Wellbeing Strategy.

The methodology will include desk research and policy analysis by Scrutiny Support Officers with the involvement of colleagues in the NHS locally and from the Health and Adult Services Directorate. Arrangements will be made for Members to meet face to face and consult with bereavement groups and carers in a “focus” group “settings. The project will be overseen by the Chairman and the group spokespersons at the regular mid-cycle briefings.

Cllr Jim Clark introduced Mr Tony Collins, Chief Executive, Saint Michael’s Hospice, in Harrogate.

Tony Collins informed Members that as from today he is also Chief Executive of the Herriot’s Hospice in Northallerton. Tony also advised the Committee that he is Chairman of the Advisory Council to Hospice UK until 2019.

He commented that he fully supported the work of the Committee on End of Life Care and that he was eager to help. In his presentation to the Committee Tony highlighted information in the Appendix of the report in the agenda papers and also drew Members’ attention to the following points:

- Terminology:

Palliative care is for people living with a terminal illness where a cure is no longer possible. It relieves pain without dealing with the cause of the condition. It will also help with any psychological, social or spiritual needs.

End of life care is an important part of palliative care for people who are nearing the end of life. End of life care is for people who are considered to be in the last year of life, but this timeframe can be difficult to predict.

End of life care aims to help people live as well as possible and to die with dignity. It also refers to care during this time and can include additional support, such as help with legal matters. End of life care continues for as long as people need it.

- End of Life Care is a significant problem and likely to get worse as people living longer there will be an increase in co-morbidities. He commented that many more people will need palliative care.
- There are 4 independent hospices across North Yorkshire and York. They are located in Harrogate, Scarborough, Northallerton and York. In total they have 48 beds in en-suite rooms and have provided care for 1,000s of patients. 54% of patients are discharged home. The hospices employ a wide range of staff from consultants in health care, community based care staff, counsellors. There are over 2,000 volunteers – they are a major part of the service. The hospices deliver personalised care.

- All 4 hospices provide bereavement support. Annually they provide over 2,000 sessions per annum, including suicide prevention.
- Hospices provide education and training to NHS staff.
- Funding: Total budget for the 4 hospices is circa £16m pa. £4m comes from the NHS and £12m from fund raising.
- There is no cohesive end of life strategy across North Yorkshire. Each CCG has a different approach and there is a lack of engagement generally on this topic. It is not surprising that end of life care is a large area of complaints in the NHS.
- The CCGs' budget situation is holding back investment and service development.
- Hospices are struggling to find recognition.
- The hospices provide a helpline which is fully funded and has electronic records.
- Bereavement for carers, friends and relatives is not recognised by the NHS as part of the treatment pathways.
- The issues which come to light from the involvement of hospices are only “scratching the surface” of what is really happening.

Tony advised Members that he would be prepared to help the Committee in its work and that he would be able to help with making arrangements for Members to meet with local bereavement groups etc.

Dr Lincoln Sargeant advised Members that as part of a JSNA’s “deep dive” in to end of life care 7 key areas for commissioning priorities have been identified:

1. Access at all times for all people
2. Integration with other existing/planned services
3. Staff training
4. Preferred place of death
5. Community engagement
6. Appropriate level of care
7. Support for carers and relatives

Bryon Hunter advised Members that at the committee meeting on 2 September 2016 representatives from the Health and Adult Services and Alex Bird from Age UK (leading on end of life care on the Health and Wellbeing Board) would be attending to summarise how end of life care is being taken forward as part of the JSNA.

Resolved -

- (a) That the report be noted.
- (b) That Tony Collins be thanked for attending the Committee and that the work of hospices across the County be commended.
- (c) That a project plan/ synopsis be prepared to guide the Committee’s work over the next 6 months.

113. Work Programme

Considered -

The report of the Scrutiny Team Leader highlighting the role of the Scrutiny of Health Committee and reviewing the work programme taking into account current areas of involvement and decisions taken in respect of earlier agenda items.

Resolved -

That the Work Programme be noted.

The meeting concluded at 12:50pm

BH