

North Yorkshire County Council

Scrutiny of Health Committee

Minutes of the meeting held at County Hall, Northallerton on 2 September 2016.

Members:-

County Councillor Margaret-Ann de Courcey-Bayley (in the Chair)

County Councillors: Cllr Philip Barrett; Cllr David Billing; Cllr John Clark; Cllr Caroline Dickinson (substitute for Cllr Shelagh Marshall); Cllr Heather Moorhouse; Cllr Chris Pearson; and Cllr David Simister.

Co-opted Members:-

District Council Representatives:- Judith Chilvers (Selby); Bob Gardiner (Ryedale); Jane E Mortimer (Scarborough); Wendy Hull (Craven substitute for Linda Brockbank); and Ian Galloway (Harrogate).

In attendance:-

Kathy Clark, Assistant Director, Health and Adult Services, NYCC

Kashif Ahmed, Locality Head of Commissioning Selby, Health and Adult Services, NYCC

Vicky Waterson, Health Improvement Manager, Public Health, NYCC

Emma Thomas, Children's Commissioning Manager, Children and Young People's Services, NYCC

Beverly Hunter, Head of Mental Health, Learning Disability and Vulnerable Adults Commissioning, Scarborough and Ryedale CCG

Alex Bird, Chief Executive Officer, Age UK North Yorkshire & Health and Wellbeing Sponsor for Health and Wellbeing Strategy priority of 'Dying Well'

Dr Victoria Turner, Specialty Registrar in Public Health, NYCC.

County Councillor Clare Wood

County Council Officers: Daniel Harry

No members of the press and public

Apologies for absence were received from: Cllr Val Arnold Cllr Jim Clark; Cllr John Ennis; Cllr David Jeffels; Cllr Shelagh Marshall; Cllr Cliff Trotter; Cllr Kevin G. Hardisty (Hambleton); Cllr Karin Sedgwick (Richmondshire).

Copies of all documents considered are in the Minute Book

114. Minutes

Resolved -

That the Minutes of the meeting held on 1 July 2016 be taken as read and be confirmed and signed by the Chairman as a correct record.

115. Any Declarations of Interest

There were no declarations of interest to note.

116. Chairman's Announcements

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

- **CQC Inspection of Yorkshire Ambulance Service NHS Trust on 13 September 2016**

The CQC are currently in the information gathering phase. Feedback has been received from a number of stakeholders and Committee members. In summary, there has been a significant and sustained improvement in ambulance service quality and performance over the last three years, albeit from a relatively low starting point. However, for Red 999 calls YAS response within the national 8 minute target ranges across the county from about 55% to 72%.

Please forward any further feedback either directly to the CQC - hospitalinspections@cqc.org.uk - or via the Scrutiny Team Leader – Daniel Harry

Resolved – Daniel Harry to re-circulate the email address for submission of feedback.

- **NHS England Annual Assessments of CCGs (2015/16)**

NHS England conducts an annual performance assessment of CCGs. The assurance framework for 2015/16 assessed CCGs against five components of assurance: Well led; Delegated functions; Finance; Performance; and Planning. There are four different ratings that can be applied: outstanding; good; requires improvement; and inadequate. The outcomes from the CCG Assessment Framework 2015/16 are available at: www.england.nhs.uk/commissioning/ccg-auth

Resolved – Daniel Harry to circulate details of the 2014/15 NHS England annual assessments of CCGs.

- **Round of meetings with local health commissioners and providers**

The Chairman, Cllr Jim Clark, has continued with a series of meetings with health providers and commissioners across North Yorkshire. Key issues that have arisen: Sustainability and Transformational Plans and the impact upon local health services in North Yorkshire; financial pressures across the health system and how this will affect the provision of health services.

The next meeting of the Better Health Programme Joint Scrutiny of Health Committee (Cllr Jim Clark; Cllr John Blackie and Daniel Harry attend) is on Thursday 8 September 2016 in Middlesbrough.

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

The report will shortly be submitted. Feedback received from all CCGs. Key themes: difficulty of recruiting nursing staff with sufficient technical skills; some vacant posts in GP surgeries but this is being managed; noted that a number of GPs are approaching retirement; ambulance response times vary across the county but are improving; and no GP practices have closed in the last 12 months but there have been some mergers and more mergers may be planned.

117. Public Questions or Statements

There were no public questions or statements.

118. North Yorkshire Mental Health Strategy (including links with the Bradford strategy and Airedale, Wharfedale and Craven Clinical Commissioning Group):

Considered - The report of Kathy Clark, Assistant Director, Health and Adult Services, NYCC and Kashif Ahmed, Locality Head of Commissioning Selby, Health and Adult Services, NYCC outlining progress with the implementation of the strategy since its sign off in September 2015.

Kathy Clark gave an overview of the strategy, its aims and objectives and the context in which it was developed and implemented. The strategy was formally approved by the Health and Wellbeing Board (HWB) on the 30th September 2015 and the HWB continues to monitor progress with its implementation. The strategy is evolving over time and is not a static document.

Kathy Clark highlighted that the strategy covers the geographic boarder of North Yorkshire. However, as part of the Airedale, Wharfedale and Craven CCG area goes out of the county, the CCG is also aligning their activity with the strategy that is being developed by the Bradford Clinical Commissioning Groups and Bradford Council. Kathy Clark emphasised that a joined up approach to the planning and delivery of services in the Craven area was being taken and that an early draft of the Bradford Mental Health Strategy is likely to be ready in October 2016.

The absence of representatives from the Bradford CCGs was noted. Kathy Clark explained that this was due to unavoidable work commitments.

Kathy Clark emphasised that the focus of the strategy is much broader than in-patient provision. Instead, it looks at what work can be done in partnership to promote the mental health and wellbeing of the people of North Yorkshire.

Kathy Clark acknowledged that there was no new funding attached to this strategy and as such, the focus was upon: protecting existing mental health services; increasing the available funding through bidding and grant funding opportunities; and joint working and partnership working.

Cllr Philip Barrett queried the waiting times for autism assessments in the Craven area, citing a 47 week wait for an initial assessment, and how this compared to North Yorkshire as a whole.

In response, Kashif Ahmed outlined the work that was being done in partnership across the Craven area to reduce the waiting times and to more effectively target the assessments. He further stated that increased awareness of autism had led to an increase in referrals, which in turn had impacted upon waiting times for an assessment.

Emma Thomas, Children's Commissioning Manager, Children and Young People's Services, NYCC stated that the strategy covered all ages and it was reassuring to see a renewed focus upon the mental health and wellbeing of children and young people.

Cllr David Simister queried what inpatient beds were available for children and young people in the county.

In response, Emma Thomas stated that inpatient beds for children and young people are commissioned by NHS England at a national level. There is going to be a pilot of some locally commissioned beds but the focus was upon providing preventative and crisis response services in the community that would then reduce the need for inpatient beds.

Cllr Heather Moorhouse raised concerns about the distances that children and young people have to travel to access mental health assessments and support. She also

highlighted how a group of young people in Scarborough had come together to develop their own mental health and wellbeing awareness training.

Cllr Clare Wood, as Chair of the Health and Wellbeing Board, stated that the strategy was being taken seriously and that one of the key objectives was to achieve parity for mental health and physical health services. Cllr Clare Wood welcomed the interest of the Scrutiny of Health Committee and urged members to focus in on a small number of areas of specific concern for future investigation, as the HWB was already monitoring the implementation of the strategy and receiving regular updates.

The Committee Chair noted that the development of the NHS Sustainability and Transformation Plans (STP) could have an impact on the delivery of the strategy, in particular the way in which local mental health services are provided in the future.

Resolved –

- a) Thank Kathy Clark, Kashif Ahmed, Emma Thomas, Vicky Waterson and Beverly Hunter for attending
- b) That the aims and objectives of the North Yorkshire Mental Health Strategy be supported
- c) That the Committee be kept fully briefed on how this work is progressing, in particular the impact of the STP upon the provision of local mental health service across the county
- d) That the Committee be kept full briefed on the provision of and access to mental health services in Craven, with early sight of the Bradford Mental Health Strategy and the Joint Implementation Plan
- e) That the committee seek further information on the provision of in-patient and community based mental health services from the Tees, Esk and Wear Valley NHS Foundation Trust.

119. Dying Well and End of Life Care - Report of the Scrutiny Team Leader, North Yorkshire County Council

Considered - The report of Report of the Scrutiny Team Leader, North Yorkshire County Council that outlined the project plan for this piece of extended scrutiny work that had been developed as requested at the Committee meeting on 1 July 2016.

Daniel Harry outlined the progress that had been made to date with the development of the project plan, emphasising that it was work in progress and subject to change. Members were invited to identify any gaps or omissions in the identified lines of inquiry.

Cllrs Heather Moorhouse and Philip Barrett supported the work done to date.

Daniel Harry highlighted that the sign off of the report was planned for the Scrutiny of Health Committee meeting on 27 January 2017 and then the Health and Wellbeing Board on 17 March 2016.

Resolved -

- a) That the content of the project plan was supported and that Committee members would keep it under review.

120. Joint Strategic Needs Assessment (JSNA) report 'Dying Well: an Overview of End of Life Care in North Yorkshire'

Considered – The presentation of the key findings of the JSNA report 'Dying Well: an Overview of End of Life Care in North Yorkshire' by Dr Victoria Turner, Specialty Registrar in Public Health, NYCC.

Alex Bird, Chief Executive Officer, Age UK North Yorkshire and Health and Wellbeing Sponsor for Health and Wellbeing Strategy priority of 'Dying Well', started the presentation with some context setting and summary of key facts and issues:

- Everyone should have the right to high quality palliative care when they have a terminal illness, regardless of their condition, where they live, or their personal circumstances
- Palliative Care is defined as being for people living with a terminal illness when a cure is no longer possible. It is also for people who have a complex illness and need their symptoms controlled
- End of Life Care is an important part of palliative care for people who are nearing the end of their life. It is for people who are considered to be in the last year of life (which can be difficult to predict) and aims to help people live as well as possible and die with dignity
- 1 in 4 people do not have access to palliative care
- In July 2016, the Government unveiled a new national commitment on End of Life Care setting out its vision for improving care for dying people and their families. The focus is upon personalised care and choice.

Dr Victoria Turner, as part of her presentation of the JSNA findings, identified the following areas of potential unmet need:

- Access to preferred place of dying
- Integration of end of life care into all care pathways, particularly for illness pathways other than cancer
- Co-ordinated IT system to enable greater data sharing
- Access to inpatient hospice facilities – there are none in Craven, Hambleton, and Richmondshire. Also, there is no children's hospice within North Yorkshire
- Training in palliative care
- Out of hours access
- Holistic care.

The presentation also highlighted areas for further assessment and/or investigation, as below:

- Training, particularly for those people working in more general palliative and end of life care, such as social workers, care home staff and primary care staff
- Accuracy of recording on the palliative care register
- Information on patient experience at a North Yorkshire level
- Preferred place of death - what proportion of those who express their preference actually die there?
- Assessment of non-health needs, such as social care, spiritual care, legal assistance, general wellbeing advice and emotional support
- Access to services among different socioeconomic groups
- Detailed funding arrangements
- Cost-effectiveness of End of Life Care.

Committee members expressed interest in the 'Gold Line' system of remote support that was piloted by the Airedale NHS Foundation Trust, funded through the Craven

area 'Vanguard' initiative. This was identified as a local example of best practice. It was also highlighted as a service that could reduce unnecessary hospital admissions and so make financial savings.

Summing up, Alex Bird and Dr Victoria Turner highlighted the need for organisations to work together. Key priorities identified were:

- Staff training, particularly across non-medical or specialists staff
- Work with national and local charities
- Ensuring that literature and materials about End of Life services reflect all diverse groups
- Strengthening accountability, transparency and leadership
- Greater understanding of and action on reducing the variations in End of Life care in North Yorkshire.

The Committee Chairman raised concerns about the impact of the NHS STP process upon the provision of End of Life Care. In response, Dr Victoria Turner suggested that there may be opportunities to include it in the STP plans.

Cllr Wendy Hull noted that people living in Craven District Council area would tend to access hospice services in Bradford.

Cllr Bob Gardiner queried the level of training on End of Life Care that was made available to staff in care and nursing homes. It was concluded that this would be variable and that further work may need to be done to understand the scale of the issue.

Resolved -

- a) Thank Dr Victoria Turner and Alex Bird for attending
- b) That the Committee note this report, the issues highlighted and consider them as part of the in-depth scrutiny work that is being undertaken
- c) That the Committee review the Public Health England report on the cost effectiveness of End of Life Care, once it has been published
- d) That the Committee be kept fully briefed on the development of the STP plans for North Yorkshire and to what extent considerations about End of Life Care will be included.

121. 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.

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

There was no other business.

The meeting concluded at 12:20pm

DH – 02.09.16