

North Yorkshire County Council Scrutiny of Health Committee Minutes

Minutes of the meeting held at County Hall, Northallerton on Friday 22 June 2018 at 10 am.

Present:-

Members:-

County Councillor Jim Clark (in the Chair)
County Councillor Val Arnold, Philip Barrett, Liz Colling, John Ennis, John Mann, Zoe Metcalfe, Heather Moorhouse, Chris Pearson, Roberta Swiers and Robert Windass.

Co-opted Members:-

District Council Representatives:- Bob Gardiner (Ryedale), Karin Sedgwick (Richmondshire) and Ann Myatt (Harrogate).

In attendance:-

Michael Ash–McMahon, CFO, Vale of York Clinical Commissioning Group
Amanda Bloor, Harrogate and Rural District CCG
Bernard Chalk, CFO, Hambleton, Richmondshire and Whitby CCG
Dr Adrian Clements, South Tees Hospitals NHS Foundation Trust
Jonathan Coulter, Deputy CEO and Finance Director, and Harrogate District Foundation Trust
Adele Coulthard, Director of Operations, Tees, Esk and Wear Valleys NHS Foundation Trust
Siobhan Grant, Public Health England
Robert Maden, Deputy CFO, Bradford and Airedale Clinical Commissioning Group (also representing Airedale NHS Foundation Trust)
Richard Mellor, CFO, Scarborough and Ryedale CCG
Gary MacDonald, Deputy Director of Finance, South Tees Foundation Trust
Constance Pillar, Commissioning Lead (Dental), NHS England North (Yorkshire & Humber)
Mike Proctor, Chief Operating Officer for the York Foundation Trust
Julie Ryan, Commissioning Manager (Dental), NHS England North (Yorkshire & Humber)
Lucy Tulloch, Service Manager, Friarage Hospital, Northallerton

County Councillor Caroline Dickinson, Executive Member for Public Health, Prevention, Supported Housing and STPs

County Council Officers: Daniel Harry (Scrutiny)

Members of the press and public

Apologies for absence were received from:

County Councillors Mel Hobson, Andy Solloway
District Councillors Kevin Hardisty (Hambleton), Judith Chilvers (Selby), Jane E Mortimer (Scarborough), Wendy Hull (Craven)

Copies of all documents considered are in the Minute Book

43. Minutes

Resolved

That the Minutes of the meeting held on 16 March 2018 be taken as read and be confirmed and signed by the Chairman as a correct record.

44. Any Declarations of Interest

There were no declarations of interest to note.

45. Chairman's Announcements

The Committee Chairman, County Councillor Jim Clark, updated the committee on matters that had occurred since the last meeting, as below.

DDTHRW Integrated Care System Joint Health Overview and Scrutiny - The Joint Health Overview and Scrutiny Committee for the development of the Integrated Care System in the north of the county and the North East met on 13 June 2018. The lead officer for the ICS, Alan Foster, re-iterated his support for a three hospital solution, whereby the Darlington Memorial Hospital, the South Tees Hospital and the North Tees Hospital would work together. There has yet to be a clinical consensus on which services are best placed where and this is causing some delays. All of which has had a knock-on effect to the development of new ways of working at the Friarage (part of South Tees Foundation Trust).

Castleberg Community Hospital, Settle – On 8 May the governing body of the Airedale Wharfedale and Craven CCG decided to support the proposal that the Castleberg hospital be re-opened once repairs had been undertaken. Also included was the recommendation that the Castleberg is developed as a community based facility with options for a broader range of support services particularly the voluntary sector.

Mental health services – The checklist that had been developed by the committee is being shared with mental health commissioners, service users and voluntary and community sector groups. Once the final draft has been completed, further consideration will be given as to how this can be best used to influence the commissioners and providers of mental health services in the county.

Mental Health Summit - Members will be aware that the Health and Wellbeing Board held a mental health summit on 30 May 2018. This event drew together a wide range of mental health providers, commissioners and voluntary and community sector organisations. It will be interesting to see what the longer term outcome of this summit is.

Area Constituency Committees - The newly formed Area Constituency Committees are beginning their first round of meetings. There will be opportunities for the committee to co-ordinate work with them, particularly on some of the more local issues such as proposed mergers of GP practices.

46. Public Questions or Statements

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

47. NHS Clinical Commissioning Groups and NHS Providers Funding Position

Considered -

The presentation by NHS commissioners and providers on their funding position, specifically the financial situation at the end of 2017/18, projected position for 2018/19 and any financial recovery plans.

County Councillor Jim Clark expressed his thanks to all present for taking the time to come to the meeting. He said that the financial problems faced by the NHS in North Yorkshire can be traced back decades and that it is not the fault of the people currently

running and providing NHS services for the county today. County Councillor Jim Clark, however, acknowledged that the focus now needed to be upon a sustainable financial solution for NHS services in the county.

County Councillor Jim Clark noted that the 2012 Health and Social Care Act had introduced changes to the commissioning and provision of NHS services creating structures that were not helpful to North Yorkshire.

County Councillor Jim Clark noted that 4 of the CCGs that commission services in North Yorkshire had been subject to a 'capacity and capability review' by NHS England, which was undertaken by PricewaterhouseCoopers (PWC). The reports that had been published by PWC suggested that all of the CCGs would benefit from greater collaborative working.

County Councillor Jim Clark invited those attending to comment on the slides that had been submitted and published as part of the meetings papers.

Robert Maden, the Deputy Chief Financial Officer for Bradford and Airedale CCGs, said that he had nothing to add to the information that was contained in the presentation.

Mike Proctor, Chief Operating Officer for the York Foundation Trust, said that 2017/18 had been a particularly difficult year in which the subsidy that had previously been provided for the running of Scarborough Hospital, which amounted to approximately £10m per annum, was removed. Mike Proctor said that in 2018/19 NHS England had recognised some of the difficulties associated with the delivery of services at Scarborough Hospital and some financial assistance may be forthcoming.

Bernard Chalk, the Chief Finance Officer for Hambleton, Richmondshire and Whitby CCG, said that it was important to recognise that services are provided throughout the county to the highest standard and in a timely way and that this costs money.

Richard Mellor, the Chief Finance Officer for Scarborough and Ryedale CCG, said that the removal of national support for Scarborough Hospital would also impact upon the finances of the CCG. He said that pressures upon Acute Services were really challenging and this was exacerbated by workforce pressures that meant that some services could not easily be delivered or could only be delivered through the use of more expensive locum or short term contract staff.

Amanda Bloor, the Chief Operating Officer for Harrogate and Rural District CCG, said that there has been no real terms growth in funding to Clinical Commissioning Groups in five years despite demand increasing. She said that North Yorkshire faced particular problems associated with an ageing population and an increase in complexity of health care needs. In addition, workforce pressures were being felt across health and social care and that these were expected to increase over time. Amanda Bloor said that the shortfall in funding amounted to £1.2bn nationally and that the Clinical Commissioning Groups and NHS Providers in North Yorkshire were not unique in this situation.

County Councillor Jim Clark raised his concerns about the deficits in the health system in 2017/18 that were estimated to be £46m. He queried the audit process that was adopted by the NHS nationally. By comparison, Local Government has a legal requirement to return a balanced budget every year. If it does not do so then the ramifications are significant, as recently evidenced by the example of Northamptonshire County Council which had been declared bankrupt.

County Councillor Jim Clark proposed that at the end of the meeting the Committee could consider whether to write an open letter to the Prime Minister to raise the

concerns about the long term sustainability of NHS funding in North Yorkshire. Also to raise concerns about auditing within the NHS.

Bernard Chalk said that despite the financial pressures the Clinical Commissioning Groups were still able to provide good services and referred Committee Members to the Care Quality Commission reports relating to Hambleton, Richmondshire and Whitby CCG and other CCGs in the county.

County Councillor Jim Clark informed committee members that four of North Yorkshire's Clinical Commissioning Groups had been reported to the Secretary of State under the Local Audit and Accountability Act 2014 for not returning a balanced budget at the end of the year.

In response, Richard Mellor said that the CCGs had been formally reported to the Secretary of State for Health and Social Care and that this always happens when a CCG is in deficit at year end.

Bernard Chalk said that all accounts were externally audited and that the auditors were independent of the Clinical Commissioning Group.

Amanda Bloor confirmed that this was the case when CCGs do not return a balanced budget at year end. She maintained that all CCGs have always received unqualified audits which is good. There have never been issues around governance, accountability or transparency. She said that NHS England performs regular quarterly scrutiny of governance and accounts and that the PWC reviews had shown positive results.

Amanda Bloor said that a common theme throughout the PWC reports was that the CCGs could benefit significantly from much closer working together and alignment of commissioning practices and intentions. The issue was not one of the quality of management but managing demand and costs.

County Councillor Jim Clark acknowledged that the CCGs continued to provide good quality services across the county and also the findings of the PWC reports but noted that there was still an end of year deficit in 2017/18 of over £40m. He said that the financial situation was unlikely to get better and queried what the deficit and the implementation of recovery plans would mean for people in North Yorkshire in terms of access to services, in-patient beds and waiting lists. He also queried whether there were likely to be any services at risk as a result of the need to save money in year in 2018/19.

County Councillor Jim Clark referred to a letter that had been sent to Hambleton, Richmondshire and Whitby CCG by the Independent External Auditors and quoted the following: "The actual and planned deficits are evidence of weaknesses in planning finances effectively to support the sustainable delivery of strategic priorities and maintained statutory functions".

In response, Bernard Chalk said that the financial plan for the CCG for 2018/19 had been approved and that the CCG continued to meet national targets around key indicators such as A&E waiting times and cancer response times. He said that it was important that the focus was upon best value and quality and that there would be no adverse impact upon patients.

County Councillor Jim Clark queried how the CCGs would be able to maintain the same level of services over the next two to three years.

Mike Proctor said that the issue facing hospitals was one of recruitment and the subsequent cost of employing agency and locum staff. He cited the example of nursing

staff and that at Scarborough Hospital the current turnover rate was 7% which was generally judged as being good when taken across a national comparison. However, this meant that Scarborough Hospital had to recruit at least 14 nurses a year just to fill the gaps that arose. In the last year they had only managed to recruit five nurses. He also said that the recruitment of consultants particularly in some of the more specialist roles was becoming increasingly difficult.

Mike Proctor informed the Committee that another significant pressure was the lack of out of hospital care.

County Councillor Jim Clark acknowledged the workforce issues and cited previously in-depth scrutiny that the Committee had done into workforce.

Mike Proctor said that a positive was the apprenticeship scheme which offered people a career ladder and also encouraged people to take up roles in the NHS.

County Councillor Liz Colling queried how much money would be made available by Government this year in order to support Scarborough Hospital.

In response, Mike Proctor said that it was equivalent to about £7.5m and so there was still a gap of approximately £2.5m. He said that the hospital was working with commissioners to find ways of closing that gap.

County Councillor Liz Colling said that she had read the PWC report for Scarborough and Ryedale CCG and that she had some questions about the level of staffing. She queried whether the optimum staffing levels were no longer financially viable. If this was the case, then what did this mean for services?

In response, Richard Mellor said that the CCG was looking at joint work with the Vale of York CCG and the York Foundation Trust to better manage demand in the system. Also, that there was a view that shared management across the CCGs in North Yorkshire would help reduce organisational costs and improve efficiency.

County Councillor Liz Colling queried whether there was a timescale for any closer working or alignment of CCGs to take place.

In response, Amanda Bloor said that Hambleton, Richmondshire and Whitby CCG, Scarborough and Ryedale CCG and Harrogate and Rural District CCG were working with NHS England to develop closer working and alignment. It was not clear yet what the timetable was as the CCGs were only at the earliest stages of discussion.

County Councillor Heather Moorhouse queried whether all NHS services would be provided on a seven day basis and whether all CCGs in the county shared good practice.

Referring back to earlier comments about workforce pressures, Mike Proctor said that every effort was made to offer flexible working to attract staff but that there were limits as to how far flexible working could be applied. He said that it was often the case that provider organisations were in competition with one another for key posts. He also noted that there has been a Brexit effect and a reduction in the number of EU citizens who are applying to work in the health profession in the UK.

Jonathan Coulter, Deputy CEO and Finance Director at Harrogate District Foundation Trust, said that there had been pressures over the past few years to put an increasing number of nursing staff into the wards to ensure high quality services and to ensure the highest levels of safety. This had created additional workforce pressures. He also noted that pay rates in nursing are relatively low and so often nursing is no longer seen as such an attractive role.

Amanda Bloor said that there are a number of measures that could be adopted to support their financial recovery that would not be too onerous such as medicines management.

County Councillor Roberta Swiers acknowledged the concerns about workforce and highlighted the good example the University Campus in Scarborough where local people were able to access nurse training.

County Councillor Philip Barrett asked what the level of workforce pressures and staffing issues were in the Craven area and also how a reduction in the use of locum and agency staff would be achieved.

In response, Robert Maden said that the problems experienced in Craven were the same as elsewhere in the county. The solution was to look to increase the permanent staff base. He said that the situation was gradually improving.

Robert Maden said that he would provide further information to County Councillor Philip Barrett outside of the meeting of the Committee.

Jonathan Coulter said that there was much that could be learnt from the vanguard programme which had established a supported discharge team. Also, that financial recovery would be aided by closer working between the Clinical Commissioning Groups and the better management of demand. He noted that Harrogate has some of the highest numbers of people in hospital over 21 days.

Mike Proctor said that it was not about trying to get people out of hospital at all costs and sending them home before they were ready but it was about avoiding any unnecessary delays.

County Councillor Liz Colling asked what exactly was meant by the term "demand management".

Amanda Bloor said that demand management involves a range of agencies and organisations in health and social care, public health and the community at large working together to better co-ordinate how people's health and social care needs are met prior to hospital, in hospital and then out of hospital. This would involve greater working with GPs and consultants to look at new ways of offering out-patient services.

District Councillor Bob Gardiner said that on the job training of new staff did seem to be the right way forward. He commended the approach of using apprenticeships.

County Councillor Zoe Metcalfe asked whether the local problems being experienced in North Yorkshire were being acknowledged at a regional and national level within the NHS.

Jonathan Coulter replied that yes there were. There has been a national response to the workforce pressures within the NHS.

Amanda Bloor said that there were broader issues impacting upon services such as the rurality of the county and access to transport and housing.

In conclusion, County Councillor Jim Clark thanked all those attending for the time they had taken to prepare the financial information ahead of the meeting and then make themselves available for questions at the Committee. He acknowledged the difficulties that they faced and re-emphasised that it was not the fault of those present today but the consequence of funding issues that had arisen over two to three decades. He asked whether the CCGs would be able to put out some form of press release or

statement that reassured local people that the issues identified in the audit reports were being addressed. County Councillor Jim Clark noted that many people might not understand that sending a letter to the Secretary of State when not in a balanced budget was a routine thing to do and not exceptional or concerning.

County Councillor Jim Clark said that if there was one system leader it would help drive forward the necessary changes to enable the quality of services to be maintained whilst the budget was balanced. He said that there needed to be a sense of urgency otherwise there was a risk that the deficits would not be moved.

Resolved -

- (i) Thank all for attending.
- (ii) Ask for an update on the financial position and progress being made with recovery plans at a future meeting of the Committee.
- (iii) The Committee to write to the Prime Minister to raise their concerns about the long term sustainability of NHS financing in the county and also the concerns that have been raised regarding the quality of audit within the NHS nationally.

48. Building a Sustainable Future for the Friarage Hospital, Northallerton

Considered -

Dr Adrian Clements of the South Tees Hospitals NHS Foundation Trust gave a verbal update on the progress that had been made with the development of a new model of clinical working for the Friarage Hospital, Northallerton.

Adrian Clements said that it had been a complex piece of work but that significant progress had been made. He said that local clinical consensus had been reached about the preferred model. Now the focus was upon engagement with provider organisations to assess whether services could be provided on a sustainable basis across the area both in terms of workforce and funding.

Adrian Clements said that he was hopeful that it would be possible to pass the new model of working over to the Clinical Commissioning Group for review. They would then send it onto the Clinical Senate who would in turn send it onto NHS England Assurance before going onto full public consultation, if that was required. He noted that the workforce position has not improved over the past months. He reminded the Committee that lead-in times from training through to employment of most technical medical roles was typically ten years.

County Councillor Jim Clark said that he had recently attended the Joint Health Overview and Scrutiny Committee for the Durham, Darlington, Tees, Hambleton, Richmondshire and Whitby Sustainability and Transformation Partnership (STP) at which the lead officer, Alan Foster, said that the work at the Friarage was being delayed by a lack of clinical consensus across the three hospitals in the south of the patch those being the Darlington Memorial Hospital, South Tees, and North Tees.

Adrian Clements said a local consensus had been reached on the appropriate clinical model and that model would now need to go through all the necessary checks as he had previously indicated. He acknowledged that the pace of change within the STP or Integrated Care System (ICS), as it was now known, was slow but that it was not possible to wait for there to be a wider resolution within the ICS area.

County Councillor Jim Clark queried when it was likely that there would be a full public consultation on any proposal.

Adrian Clements said it depended on how quickly the proposals moved through the CCG, the Clinical Senate, and NHS England Assurance.

County Councillor Jim Clark thanked Adrian Clements for attending and for the update that he had provided.

Resolved -

- (i) Thank all for attending.
- (ii) Support in principle the work that is being done to build a sustainable future for the Friarage.
- (iii) Request that further updates are brought back to the meetings of the Scrutiny of Health Mid Cycle Briefing and Committee as appropriate.

49. Transforming Adult and Older People's Mental Health Services in Hambleton and Richmondshire

Considered -

The verbal update by Adele Coulthard of Tees, Esk and Wear Valley NHS Foundation Trust.

Adele Coulthard of the Tees, Esk and Wear Valleys NHS Foundation Trust provided an overview of the work that was being done to develop mental health services in the Hambleton and Richmondshire area of North Yorkshire.

Adele Coulthard said that the plans that were in place for the closure of the in-patient mental health wards at the Friarage were still in place and ready to go. As previously indicated, there was a need to close those wards to release the necessary funding to invest in community services. However, progress with this was very much dependent on the refurbishment work being carried out at the Roseberry Park site in Middlesbrough.

Adele Coulthard said that investigative works were still underway at Roseberry Park, Middlesbrough. Early indications were that the work required would be more complex than initially expected. It is likely that patients will not be able to be transferred from the Friarage to Roseberry Park until towards the end of 2018. In the interim a number of options for the temporary transfer of patients from wards at the Friarage are being considered.

Adele Coulthard gave the Committee further information on progress with the community hub at the Friarage Hospital site Northallerton. She confirmed that a site had been identified and that plans were being developed. There will be an initial meeting with the Planning Authority towards the end of June. Adele Coulthard said that planning permission is not currently in place.

County Councillor Jim Clark queried what progress was being made with the Cardale Park site in Harrogate and the build of a mental health in-patient unit there.

Adele Coulthard said that it was still an option to build a mental health in-patient unit at Cardale Park in Harrogate but that there were also a number of other options to consider. These could broaden out the use of the site from being solely mental health in-patient use to combine a range of health services such as dementia care, and health service nursing homes.

Resolved -

- (i) Thank all for attending.
- (ii) Support in principle the drive to improve mental health services in the county and in particular prevention and early intervention.
- (iii) Request that further updates are brought to the meeting of the Scrutiny of Health Mid Cycle Briefing and Committee as appropriate.

50. Dentistry Provision in North Yorkshire - NHS England and Public Health England

Considered -

The report of Constance Pillar, Commissioning Lead (Dental) NHS England North (Yorkshire and Humber), Julie Ryan, Commissioning Manager (Dental), NHS England North (Yorkshire and Humber) and Siobhan Grant, Public Health England.

Constance Pillar introduced the report. She confirmed that the commissioning of dental services was done by NHS England and not by the local Clinical Commissioning Group. She said that contracts had been given back to NHS England by dental practices in Harrogate, Keighley and Catterick. All of these had been owned by the same company.

Constance Pillar confirmed that a new provider of NHS dental services had been put in place in Harrogate as of 1 June 2018. She said that workforce issues remained a significant problem within the provision of dental care particularly in rural areas and on the coast. This is due in part to newly qualified workers staying close to the place in which they were trained, such as Leeds and Newcastle.

Siobhan Grant said that public health locally and nationally commissions a survey of the local population and their dental health. She said that the data for North Yorkshire suggested that children's dental health for those five years of age or under was relatively good but that the extraction of decayed teeth remained the leading cause of admission to hospital for under-fives in the county. She noted that poor oral hygiene and poverty were strongly linked.

County Councillor Heather Moorhouse asked how many people go to A&E to access emergency dental care that could otherwise be provided in the community through an NHS dentist.

Constance Pillar said that there were no figures available at present but that this was something that both NHS England and Public Health England were looking into. She said that it was difficult to estimate the number of people who required NHS dentistry but that there had been an issue in Yorkshire and Humber with people using the national 101 service to get help with dental health issues.

Constance Pillar said that a national programme called Starting Well had been rolled out to encourage children and young people and families to adopt good dental health practices.

County Councillor Liz Colling said that a recent check on NHS Choices suggested that the nearest NHS dentist to Scarborough was in Robin Hood's Bay.

Constance Pillar said that there was a recognised problem with the NHS Choices website that was being looked into at a national level.

County Councillor Geoff Webber said that for two years there had been no dentist taking NHS patients in Harrogate. Now one practice was in place that would have to potentially serve 150,000 people. How could one practice manage to serve so many people?

Constance Pillar confirmed that the services that had been commissioned in Harrogate were through one dental practice and that this amounted to 27,000 units of dental activity per year. It was assessed that this should be sufficient to meet the demand present. She emphasised that not all of the population would use NHS dentistry but a significant number would go private.

County Councillor John Mann said that further work could be done with early year's settings, schools and nurseries to promote good dental health with children.

In response, Siobhan Grant said that a new scheme had been commissioned to target children at significant risk of tooth decay. She said that North Yorkshire County Council Public Health also commissioned a supervised tooth brushing scheme to promote good oral hygiene.

County Councillor Philip Barrett queried how much notice a dental practice had to give when handing back an NHS contract. He said that the practice in South Craven had closed at very short notice and that there appeared to be little or no support given to former patients of that practice in terms of directing them to new services.

Constance Pillar said that normally three months' notice is required.

Siobhan Grant said that a particular issue is that the providers of NHS dentistry can have a disincentive to take on new patients as often those patients have the highest level and complexity of need. The contract and the provision of the units of dental activity meant that sometimes dental practices would lose money by offering NHS treatment.

District Councillor Karin Sedgwick queried what interim measures were in place to ensure that people in the Richmond area were still able to access NHS dental services.

Constance Pillar said that an interim service to cover Richmond and Catterick was being put in place but that it could only offer a limited amount of places due to funding restrictions associated with the procurement process. It was anticipated that the new service would have been procured by April or May 2019.

County Councillor Chris Pearson said that Selby has significant house building planned over the next five years and queried whether the resultant increase in the local population had been accounted for in needs assessments for NHS dental provision.

Constance Pillar said that the approach taken with the commissioning of NHS dental places was different to that for mainstream health services. The money does not follow the patients and is not allocated on a per capita basis. There is a fixed amount of funding for NHS dental places in Yorkshire and Humber and that that budget is finite. The funding is not increasing.

Borough Councillor Ann Myatt said that there was an issue about patients not being able to access their records and queried whether this could be addressed in any future contractual arrangements with dental health providers.

Resolved -

- (i) Thank all for attending.
- (ii) Invite Public Health to the next meeting of the Mid Cycle Briefing to give an outline of the role of County Council Public Health in the promotion of good oral hygiene.
- (iii) Invite the Local Dental Committee to attend the next meeting of the Mid Cycle Briefing to give an overview of their perspective on the commissioning of dental health services in the county.

51. Work Programme

Considered -

Daniel Harry introduced this item and asked Members to consider the items that had been identified on the Work Programme.

Resolved -

- (i) Members to review the Committee's Work Programme and come back to Daniel Harry after the meeting if there were any particular issues that they felt needed to be included.

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

There were no matters of other business.

The meeting concluded 12.45 pm

DH