

Agenda

Meeting: Scrutiny of Health Committee

**Venue: Grand Committee Room, County Hall,
Northallerton, DL7 8AD**

Date: Friday 15 March 2019 at 10.00 am

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Business

1. Minutes of the Scrutiny of Health Committee held on 14 December 2018
(Pages 6 to 19)
2. Declarations of Interest
3. Chairman's Announcements - Any correspondence, communication or other business brought forward by the direction of the Chairman of the Committee.
(FOR INFORMATION ONLY)
4. Public Questions or Statements

Members of the public may ask questions or make statements at this meeting if they have given notice to Daniel Harry, Principal Scrutiny Officer (*contact details below*) no later than midday on Tuesday 12 March 2019. Each speaker should limit himself/herself to 3 minutes on any item. Members of the public who have given notice will be invited to speak:-

- at this point in the meeting if their questions/statements relate to matters which are not otherwise on the Agenda (subject to an overall time limit of 30 minutes);
- when the relevant Agenda item is being considered if they wish to speak on a matter which is on the Agenda for this meeting.

5. **Building a Sustainable Future for the Friarage Hospital, Northallerton** – PRESENTATION TO FOLLOW – Simon Cox, North Yorkshire CCGs, Dr Adrian Clements, South Tees Hospitals NHS Foundation Trust, Lucy Tulloch, Service Manager, Friarage Hospital.
6. **Transforming adult and older people’s mental health services in Hambleton and Richmondshire** – Tees Esk and Wear Valleys NHS Foundation Trust - BRIEFING NOTE

(Pages 20 to 21)
7. **Follow up to the Joint Health Overview and Scrutiny meeting on mental health services in the greater Harrogate area held on 15 February 2019** – REPORT- Daniel Harry, Democratic Services and Scrutiny Manager, North Yorkshire County Council

(Pages 22 to 34)
8. **Ambulance response times and the impact of centralising NHS services** – INTRODUCTORY DISCUSSION - NO PAPERS – Andrew Pippin, Sector Commander for Hull and East, and Lesley Butterworth, Group Station Manager, Yorkshire Ambulance Service
9. **Work Programme** – REPORT - Daniel Harry, Democratic Services and Scrutiny Manager, North Yorkshire County Council

(Pages 35 to 39)
10. Other business which the Chairman agrees should be considered as a matter of urgency because of special circumstances.

Barry Khan
Assistant Chief Executive (Legal and Democratic Services)
County Hall
Northallerton

7 March 2019

NOTES:

- (a) Members are reminded of the need to consider whether they have any interests to declare on any of the items on this agenda and, if so, of the need to explain the reason(s) why they have any interest when making a declaration.

A Democratic Services Officer or the Monitoring Officer will be pleased to advise on interest issues. Ideally their views should be sought as soon as possible and preferably prior to the day of the meeting, so that time is available to explore adequately any issues that might arise.

- (b) **Emergency Procedures For Meetings**

Fire

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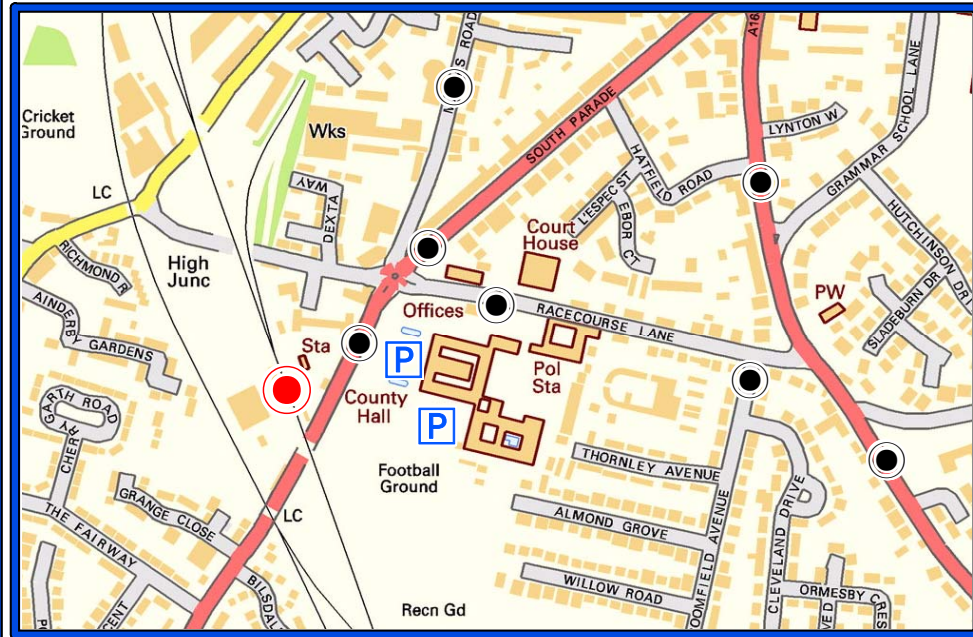
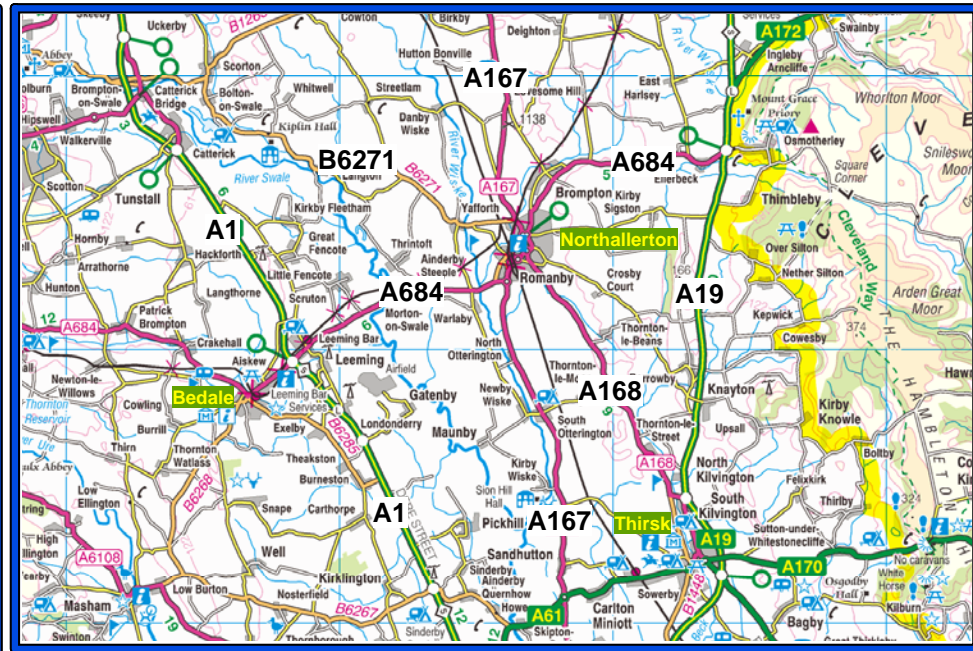
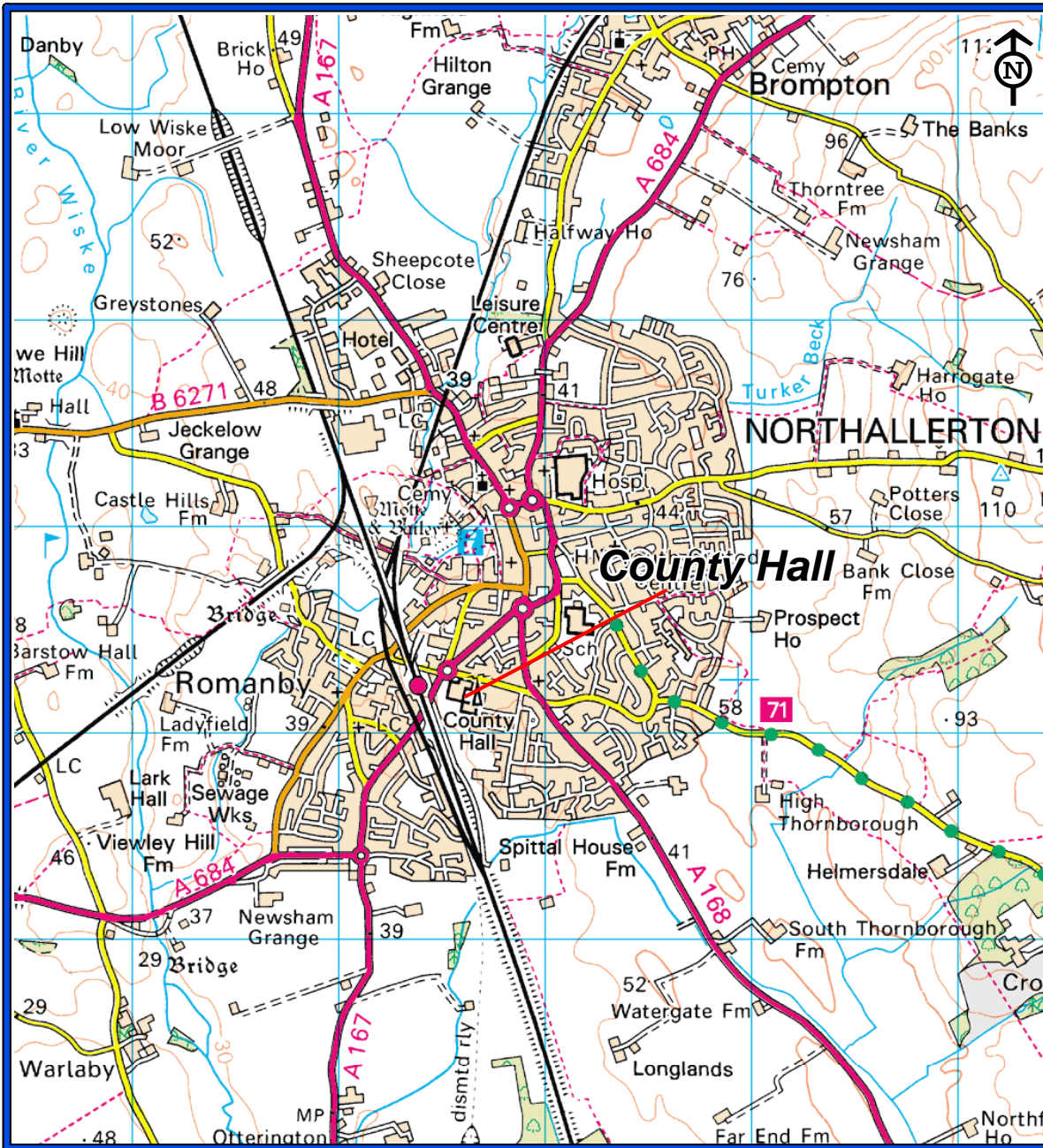
Scrutiny of Health Committee

1. Membership

County Councillors (13)					
	<i>Councillors Name</i>	<i>Chairman/Vice Chairman</i>	<i>Political Group</i>	<i>Electoral Division</i>	
1	ARNOLD, Val		Conservative	Kirkbymoorside	
2	BARRETT, Philip		NY Independents	South Craven	
3	CLARK, Jim	Chairman	Conservative	Harrogate Harlow	
4	COLLING, Liz	Vice-Chairman	Labour	Falsgrave and Stepney	
5	ENNIS, John		Conservative	Harrogate Oatlands	
6	HOBSON, Mel		Conservative	Sherburn in Elmet	
7	MANN, John		Conservative	Harrogate Central	
8	METCALFE, Zoe		Conservative	Knaresborough	
9	MOORHOUSE, Heather		Conservative	Great Ayton	
10	PEARSON, Chris		Conservative	Mid Selby	
11	SOLLOWAY, Andy		Independent	Skipton West	
12	SWIERS, Roberta		Conservative	Hertford and Cayton	
13	WINDASS, Robert		Conservative	Boroughbridge	
Members other than County Councillors – (7) Voting					
	<i>Name of Member</i>			<i>Representation</i>	
1	HARDISTY, Kevin			Hambleton DC	
2	CHILVERS, Judith			Selby DC	
3	GARDINER, Bob			Ryedale DC	
4	MORTIMER, Jane E			Scarborough BC	
5	HULL, Wendy			Craven DC	
6	SEDGWICK, Karin			Richmondshire DC	
7	MYATT, Ann			Harrogate BC	
Total Membership – (20)				Quorum – (4)	
Con	Lib Dem	NY Ind	Labour	Ind	Total
10	0	1	1	1	13

2. Substitute Members

Conservative		NY Independents	
	<i>Councillors Names</i>		<i>Councillors Names</i>
1	BASTIMAN, Derek	1	
2	WILKINSON, Annabel	2	
3	MARTIN, Stuart MBE	3	
4	TROTTER, Cliff	4	
5	DUNCAN, Keane	5	
Labour			
	<i>Councillors Names</i>		
1	BROADBENT, Eric		
2			
Substitute Members other than County Councillors			
		1	VACANCY (Hambleton DC)
		2	VACANCY (Selby DC)
		3	SHIELDS, Elizabeth (Ryedale DC)
		4	JENKINSON, Andrew (Scarborough BC)
		5	BROCKBANK, Linda (Craven DC)
		6	CAMERON, Jamie (Richmondshire DC)
		7	BROADBANK, Philip (Harrogate BC)



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North Yorkshire
DL7 8AD

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North
Yorkshire County Council

North Yorkshire County Council Scrutiny of Health Committee

Minutes of the meeting held at County Hall, Northallerton on Friday 14 December 2018 at 10 am.

Present:-

Members:-

County Councillor Jim Clark (in the Chair)
County Councillor Val Arnold, Philip Barrett, Liz Colling, Mel Hobson, John Mann, Stuart Martin (substitute for John Ennis), Heather Moorhouse, Andy Paraskos (substitute for John Mann), Chris Pearson, Cliff Trotter (substitute for Zoe Metcalfe) and Robert Windass.

Co-opted Members:-

District Council Representatives:- Judith Chilvers (Selby), Kevin Hardisty (Hambleton), Wendy Hull (Craven), Jane E Mortimer (Scarborough), Ann Myatt (Harrogate) and Karin Sedgwick (Richmondshire).

In attendance:-

Dr Peter Billingsley, Scarborough and Ryedale Clinical Commissioning Group
Adele Coulthard, Director of Operations, Tees, Esk and Wear Valleys NHS Foundation Trust
Joanne Crewe, Harrogate and Rural District Clinical Commissioning Group
John Darley, Hambleton, Richmondshire and Whitby Clinical Commissioning Group
Chris Dexter, Managing Director of Patient Transport, Yorkshire Ambulance Service
Mikki Golodnitski, Harrogate and Rural District Clinical Commissioning Group
Lisa Pope, Hambleton, Richmondshire and Whitby Clinical Commissioning Group
Dr David Scullion, Harrogate District Hospital
Lucy Tulloch, Service Manager, Friarage Hospital, Northallerton
Bruce Willoughby, Harrogate and Rural District Clinical Commissioning Group

Executive Members:

Cllr Caroline Dickinson

County Councillors:

John Blackie
Carl Les

County Council Officers:

Daniel Harry (Scrutiny)

Press and public:

Nigel Ayre, HealthWatch North Yorkshire
Steven Courtney, Principal Scrutiny Adviser, Leeds City Council
Councillor Norma Harrington, Leeds City Council
Stuart Minting, Local Democracy reporter

Apologies for absence were received from: County Councillors John Ennis (substitute Stuart Martin), Mel Hobson, John Mann (substitute Andy Paraskos), Zoe Metcalfe (substitute Cliff Trotter), Andy Solloway, Roberta Swiers and from District Councillor Bob Gardiner (Ryedale).

Copies of all documents considered are in the Minute Book

64. Minutes

Resolved

That the Minutes of the meeting held on 14 September 2018 be taken as read and be confirmed and signed by the Chairman as a correct record.

65. Any Declarations of Interest

There were no declarations of interest to note.

66. Chairman's Announcements

The Chairman, County Councillor Jim Clark, made the following announcements:

Castleberg Hospital – the scrutiny of the development of the community hospital has been passed to the Skipton and Ripon Area Constituency Committee (ACC). It was discussed at their meeting of 13 December 2018. Some concerns were raised about the time it is taking for the hospital to be brought back into use and the potential 'missed opportunities' that new ways of working and innovative services may not be introduced.

Friary Hospital – the scrutiny of the Friary Hospital has been passed to the Richmond (Yorks) ACC. There was a discussion at their meeting of 21 November 2018 about the long term future of the hospital. No immediate concerns were raised. The committee resolved to maintain a watching brief and report back if there were immediate concerns.

Whitby Hospital - The 'Full Business Case' was due to be reviewed by the Hambleton Richmondshire and Whitby CCG's Governing Body at a meeting scheduled for 22 November 2018. This has been put back. The reason being that the quotes from potential contractors are taking longer to come through and the costs are also higher than anticipated.

NHS 10 year plan – not now expected until early 2019.

Closer working between CCGs – Amanda Bloor has been appointed as the single accountable officer to oversee a shared leadership team across three North Yorkshire NHS Clinical Commissioning Groups (CCGs). It brings together Harrogate and Rural District CCG, Hambleton, Richmondshire and Whitby CCG and Scarborough and Ryedale CCG.

Chairman of Scrutiny of Health Committee – The committee meeting on 15 March 2019 will be my last as Chairman. I intend to continue to be a member of the committee and also of the regional Joint Health Overview and Scrutiny committees, for the foreseeable future.

County Councillor Jim Clark raised his concerns about aspects of the commissioning and planning of health services both nationally and locally, including:

- The deficits in the health system in 2017/18 that were estimated to be £46m and which the committee had investigated at their meeting on 22 June 2018. He queried the audit process that was adopted by the NHS nationally and highlighted that 4 of the CCGs covering North Yorkshire 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, which was not lawful.
- A legacy of underinvestment in health and mental health in the county.

- National concerns that the practice of deferment of elective operations where lifestyle issues, such as smoking or obesity, were seen as an impediment to a quick recovery created greater health problems and so costs in the long term than it saved in the short term.
- That both the Council's Scrutiny of Health Committee and Leeds City Council Scrutiny Board had concerns about the ability of the Yorkshire Ambulance Service (YAS) to cope with the increasing demands being placed upon it by service redesigns across three Integrated Care system/partnership areas. (At this point a copy of a letter from Leeds City Councillor Helen Hayden, Chair of the Scrutiny Board, to Rod Barnes, Chief Executive of the Yorkshire Ambulance Service, was circulated to committee members.)

67. Public Questions or Statements

There was one Public Question from Nigel Ayre of HealthWatch North Yorkshire, as below:

PQ1 - "At Healthwatch North Yorkshire, we are committed to representing patient and public voice in health and social care. In this capacity, we have some comments regarding the proposed changes to mental health care provision in the area.

Primarily, we are concerned about the loss of inpatient mental health facilities in Harrogate. While it is true people have indicated the desire for better community services, it is rarely explicitly stated with the knowledge that inpatient beds would no longer be available in Harrogate. The engagement material that we have seen did not clarify to the public that closure was a significant possibility, nor that their comments would potentially be used to justify that position. Healthwatch has not been involved in any ongoing engagement and when we held an engagement focus group about mental health in September, the Trust reached out to requests that we did not mention any potential future arrangements at that time. We did so on the understanding there would be a wider public discussion on the options prior to any decision. This has not happened.

The alternative proposal of sending patients to York or Darlington entails adding a significant travel distance for individuals and families who are already struggling. It would be even more difficult for those reliant on public transit. The CCG board has incorrectly compared the situation to travelling further for hyper acute stroke care, but we would argue that inpatient facilities are not specialist services, as confirmed by the STP mental health lead. Visiting and social support is far more important for treatment of mental health problems than in physical care. Lowered voluntary admission rates also heightens the potential of individuals reaching a crisis point.

Furthermore, it is not certain that these alternate locations can support a higher level of occupancy. The most recent TEWV board papers show the 2018 occupancy statistics as follows for YTD against the 85% target:

Trust-wide: 94.85%

Durham and Darlington: 92.54%

Teesside: 102.7%

North Yorkshire: 94.58% (pre-Northallerton closure)

York and Selby: 90%

The facility at York has significant risk given it does not have planning permission for any additional beds for Harrogate residents. There are also significant risks given the necessary work being undertaken at Roseberry Park and also the ongoing closure of the mental health unit in Northallerton

Lastly, we would like to draw attention once more to the loss of section 136 beds. North Yorkshire was previously held up nationally as the only region in England with no health-based places of safety. A great deal of positive work has been done in recent years to remedy this situation, and currently the county has four such locations. One is currently scheduled for closure and these proposals could reduce these numbers to only 2 for a population of 600,000+ in the largest geographical county in England. The Section 136 facility in Harrogate was also cited as an alternative when justifying the closure of the beds in Northallerton. This can only lead to a significant increase in the number of people in mental health crisis being subjected to unnecessary and traumatising detention when they are most in need of care.

We would urge all parties to pause take stock and have a wider discussion with the general public and also take a more holistic view of inpatient provision in the North Yorkshire area. Under current proposals North Yorkshire will have only one inpatient facility and that at its most Easterly extremity."

Nigel Ayre
HealthWatch North Yorkshire

County Councillor Jim Clark said that the Public Question would be picked up at the appropriate point in the agenda, item 9.

68. Notice of Motion – County Council 14 November 2018

Considered -

The report of Daniel Harry, Democratic Services and Scrutiny Manager at North Yorkshire County Council regarding ways in which the committee could respond to the Notice of Motion that was put to the County Council at their meeting of 14 November 2018 by County Councillors John Blackie and Stuart Parsons.

Daniel Harry suggested that the concerns that had been raised about Patient Transport Service could be dealt with under item 6 of the agenda and that the concerns about community hospitals be delegated to a meeting of the Chair, Vice Chair and Group Spokespersons.

County Councillor Jim Clark invited County Councillor John Blackie to speak regarding the element of the Notice of Motion that related to hospitals in the county.

County Councillor John Blackie highlighted his concerns about the long term future of smaller hospitals in the county, in particular the Friary, in-patient facilities at Ripon and Malton and he also noted that the Lambert at Thirsk had closed. He said that smaller hospitals were an essential service in the local community and that bed capacity had been gradually reduced over the years.

Resolved -

- 1) The concerns raised about the Patient Transport Service be dealt with under agenda item 6 at today's meeting
- 2) The committee to make a recommendation to Executive regarding the Patient Transport Service to consider at their meeting on 29 January 2019, ahead of a referral back to the meeting of County Council on 20 February 2019
- 3) A meeting be arranged in the new year of the Chair, Vice Chair and Group Spokespersons to undertake an initial review of the long term future of smaller, community hospitals in the county and report back to a subsequent meeting of the Scrutiny of Health Committee before then going with recommendations to Executive and County Council.

69. Patient Transport Service – changes to the application of eligibility criteria

Considered -

A combined presentation, on the changes to the application of the eligibility criteria for the Patient Transport Service, that had been produced by the Hambleton Richmondshire and Whitby CCG, the Harrogate and Rural District CCG, the Scarborough and Ryedale CCG and the Vale of York CCG .

John Darley of the Hambleton Richmondshire and Whitby CCG introduced the presentation, the key elements of which are summarised below:

- The aim of the work has been to improve the assessment of need for patient transport and to provide a more up to date service that covers more dates and times when transport is required
- The previous eligibility criteria did not enable an accurate assessment of patient needs
- In the past a significant amount of 'social transport' has been provided (i.e. transport which does not support medical or mobility issues)
- Vale of York and Scarborough and Ryedale CCGs has previously gone through changes to the way that eligibility criteria have been applied
- Hambleton Richmondshire and Whitby CCG, Harrogate and Rural District CCG and Yorkshire Ambulance Service have jointly reviewed and refreshed the local eligibility criteria
- At the same time work has been done with the County Council on the development of voluntary car schemes in Hambleton, Richmondshire and Whitby CCG area
- Patients who have concerns about the ability to pay for transport are directed to the national Healthcare Travel Costs Scheme
- Hambleton Richmondshire and Whitby CCG and Harrogate and Rural District CCG automatically provide transport for patients undergoing Chemotherapy, Radiotherapy, Renal and Other Oncology
- Vale of York and Scarborough and Ryedale require all patients to undergo assessment against the national eligibility criteria
- If a patient is eligible for an inbound journey, then they are automatically eligible for the outbound journey
- If any patient is not satisfied with the outcome of their assessment, they have the right to appeal
- The expectation is that capacity will be released, enabling Yorkshire Ambulance Service to improve the overall quality, availability and flexibility of the service
- Monthly reviews are in place to ensure that the service and the revised eligibility criteria are being applied appropriately
- Patients sometimes understate their level of need
- There has been no noticeable change to the number of 'Did Not Attends' for hospital outpatient appointments since the changes were made.

County Councillor Jim Clark invited County Councillor John Blackie to speak. He raised a number of concerns, as summarised below:

- The 14 pages presentation that had been given only mentioned the word 'rural' once. North Yorkshire is a largely rural county. The national guidance on the Patient Transport Service says that you have to work at a local level but the assessment process and the eligibility criteria do not appear to reflect the rural nature of the county
- It is 60 miles from Hawes to the James Cook and it is impossible to get from Hawes to the James Cook and back in one day using public transport
- There is no voluntary care scheme in the upper Dales and that friends and relatives were not always available to help out with transport

- There had not been engagement with the Scrutiny of Health Committee until after the fact
- Local surveys done as part of the 'Good Life' project with the Council's Stronger Communities Team had shown that people living in rural areas were worried about how they would access hospital appointments
- The changes were a grave disappointment and did not meet the needs of the local population.

County Councillor John Blackie then gave a number of anonymised examples of people from in and around Hawes who had been adversely affected by the changes. Based upon this, he said the changes were a distinct change in service and not just a change to the way in which eligibility criteria were applied.

County Councillor John Blackie then asked that the following be included in the assessment process or criteria that is applied by the Yorkshire Ambulance Service: an element that takes into account rurality, distances travelled and access to public transport; and a simplified appeals process that is well publicised.

John Darley responded to the comments made by County Councillor John Blackie, as summarised below:

- The appeals process was simple and easy to complete. The end to end process took no more than 24 hours and was not bureaucratic or intrusive
- The focus has been upon improving the quality of the assessment and so better meeting the needs of the patients. Both distance and ability to travel are taken into account in the assessment process and also at the appeals stage. The national guidance applies a 'reasonable travel time' test
- The Patient Transport Service is not a proxy for a bus service.

County Councillor Heather Moorhouse raised concerns that people may be excluded from accessing the Patient Transport Service based upon their income and where they live.

County Councillor Liz Colling requested data on the number of appeals (successful and unsuccessful) as a percentage of the overall number of journeys and the number of 'Did Not Attends' for medical appointments that can be linked to the changes in the application of the eligibility criteria. She also queried why the Vale of York CCG and the Scarborough and Ryedale CCG require all patients to undergo assessment against the national eligibility criteria, rather than automatically providing a service to specific groups.

John Darley said that the requested data could be shared with the committee and that the Vale of York CCG and the Scarborough and Ryedale CCG had not included any exempt groups as they wanted their assessment and eligibility to be equitable for all patients.

District Councillor Kevin Hardisty said that the report that had been given was positive and that there would always be difficulties in planning and delivering health services in such a large, rural county as North Yorkshire.

County Councillor Caroline Dickinson asked whether more could be done to communicate the changes to the people whom it would affect.

County Councillor Jim Clark said that the Council's Health and Adult Services department was currently undertaking a consultation on charges for transport to adult social care placements and activities. It would be good to see whether there were any links with the changes to the Patient Transport Service. He said that he would follow this up with County Councillor Michael Harrison.

Borough Councillor Ann Myatt queried whether the script used by the Yorkshire Ambulance Service for the over the phone assessment was good enough or whether it could be improved.

John Darley said that the script had been tested with 200 users of the Patient Transport Service.

Chris Dexter, Managing Director of Patient Transport, Yorkshire Ambulance Service said that the script had a sequence of questions that awarded points according to the answer given. There was, however, discretion and the script is under a process of ongoing review by YAS and the CCG.

County Councillor Robert Windass stated that, as Chairman of the County Council, he had been ridiculed for determining that the Notice of Motion was best dealt with at the Scrutiny of Health Committee, as opposed to County Council. He said that the high quality of the discussion here today justified his decision.

County Councillor Jim Clark invited John Darley to comment in closing. John Darley reiterated that the changes had been made to improve the service and better meet the needs of patients.

Resolved -

- 1) Thank all for attending
- 2) The Clinical Commissioning Groups and Yorkshire Ambulance Service to provide data on: 1) the number of appeals (successful and unsuccessful) as a percentage of the overall number of journeys; 2) the financial impact of the changes to the application of the eligibility criteria; 3) the number of 'Did Not Attends' for medical appointments that can be linked to the changes in the application of the eligibility criteria
- 3) The CCGs and the Yorkshire Ambulance Service to consider amending the assessment criteria to explicitly include as considerations: the impact of rurality; the level of access to public transport; and the distances that have to be travelled
- 4) The Vale of York CCG and Scarborough and Ryedale CCG to consider amending their criteria so that patients undergoing Chemotherapy, Radiotherapy, Renal and Other Oncology are automatically entitled to patient transport services and do not need an assessment The appeals process to be simplified and better publicised
- 5) The Council's Scrutiny of Health Committee to liaise with the Council's Care and Independence Overview and Scrutiny Committee over changes to adult social care transport charging that are currently being consulted upon
- 6) Daniel Harry to draft a report that outlines the Scrutiny of Health Committee response to the Notice of Motion, based upon the discussions today, and circulate to the members of the committee for comment
- 7) That an update on the impact of the changes to the way in which the eligibility criteria for the Patient Transport Service are applied is provided to the Scrutiny of Health committee meeting on 21 June 2019.

70. Building a sustainable future for the Friarage Hospital, Northallerton

Considered -

A verbal update provided by Lisa Pope of the Hambleton, Richmondshire and Whitby CCG and Lucy Tulloch, Service Manager, Friarage Hospital, Northallerton on the proposed changes to the way in which Emergency Medicine and Anaesthesia will be delivered at the Friarage Hospital in Northallerton.

Lisa Pope provided a quick update on Whitby Hospital and stressed that although there had been some small delays the work was progressing and the full business case

would go the Hambleton Richmondshire and Whitby CCG Governing Body in January 2019.

The key elements of the update provided by Lisa Pope on the Friarage are summarised below:

- The work had taken longer than anticipated due to the complexity of the clinical options and solutions that were being considered. This was not something that could be rushed.
- A draft public consultation document was being developed
- The Yorkshire Ambulance Service were mapping out the potential impacts upon their service
- There is an established process of ongoing engagement with the public, service users and carers.

County Councillor Jim Clark said that it was disappointing that the changes were taking so long to develop and implement.

County Councillor John Blackie urged the CCG to go consult with the public as soon as they can. He said that recent investment into the Friarage Hospital, such as the Sir Robert Ogden Macmillan Centre, was welcomed and people needed to be reassured that the Friarage had a positive future.

County Councillor John Blackie said that he remained concerned that no progress appeared to have been made with the three hospital model, which was being developed by the Integrated Care System for Cumbria and the North East, whereby the Friarage, the James Cooks and the Darlington Memorial Hospital would work more closely together.

County Councillor Jim Clark noted the high level of investment that had gone into the Friarage in the past couple of years and that new specialist and cutting edge services that were now available there.

Resolved -

- 1) Thank all for attending
- 2) Lisa Pope to bring further updates to the committee and the Mid Cycle Briefings on progress with implementation of a new clinical model for the delivery of Anaesthesia and Emergency Medicine at the Friarage Hospital.

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

Considered -

A verbal update provided by Lisa Pope of the Hambleton, Richmondshire and Whitby CCG and Adele Coulthard, Director of Operations, Tees, Esk and Wear Valleys NHS Foundation Trust regarding the development of older people mental health services in Hambleton and Richmondshire.

The key elements of the update provided by Lisa Pope are summarised below:

- The construction of the community hub is anticipated to start in early 2019. It will take approximately 12 months to build. Planning permission is not yet in place
- There will be no new admissions to the two in-patient wards at the Friarage after January 2019

- Patients from Hambleton, Richmondshire and Whitby will be admitted to the West Park mental health hospital in Darlington. It is hoped that this will minimise any negative impact upon patients and carers
- The rectification works at Roseberry Park in Middlesbrough are proceeding.

County Councillor Jim Clark said that it was disappointing that the in-patient beds at the Friarage will be closed substantially before the community hub is opened.

In response, Adele Coulthard said that investment had already been made in community based crisis response, which will help to ensure that the appropriate care is in place during this period of transition.

County Councillor Heather Moorhouse queried what would happen to the staff who were currently working on the in-patient wards.

Adele Coulthard said that staff are being moved to community-based roles or in-patient roles elsewhere and that there would be no redundancies.

Resolved -

- 1) Thank all for attending
- 2) Adele Coulthard from TEVV and Lisa Pope from the Hambleton, Richmondshire and Whitby CCG to provide further updates to the committee and the Mid Cycle Briefings on progress with the rectification works at the Roseberry park in-patient hospital in Middlesbrough and the development of the new community hub at the Friarage in Northallerton.

72. Mental Health Services in Harrogate and the surrounding area – update on engagement exercise

Considered -

The report of Joanne Crewe, Harrogate and Rural District Clinical Commissioning Group and Adele Coulthard, Director of Operations, Tees, Esk and Wear Valleys NHS Foundation Trust and Dr Peter Billingsley, Scarborough and Ryedale Clinical Commissioning Group on the work that had been undertaken to develop mental health services in Harrogate and the surrounding area.

County Councillor Jim Clark invited Nigel Ayre, HealthWatch North Yorkshire to the table to participate in the discussions. He also invited Steven Courtney, Principal Scrutiny Adviser, Leeds City Council and Councillor Harrington, Leeds City Council.

Nigel Ayre asked his Public Question.

County Councillor Jim Clark thanked Nigel Ayre for his question and noted that the response would be forthcoming during the presentation and that he could be involved in the discussions on this agenda item, if he wished.

County Councillor Jim Clark said that there had been decades if under investment in mental health services in the county and that the arrangements for the commissioning of mental health services across 5 CCGs and three Integrated Care Systems/Partnerships could not be more complicated.

County Councillor Jim Clark said that he was concerned about the loss of in-patient beds in the county and plans to transfer people to the York mental health hospital, once it was built.

Joanne Crewe introduced the report and presentation identifying a number of key issues, as summarised below:

- The work to develop mental health services in the Harrogate area is not new to the committee and has been brought on a number of occasions
- The focus is upon improving the quality of services and outcomes for patients
- There has been an independent review of the work done and the presentation provides the rationale for the preferred option.

Joanne Crewe requested that members hold their questions until the presentation had been completed.

Adele Coulthard then started to give the presentation, highlighting the following:

- The CCG and TEVV have engaged with the Scrutiny of Health Committee over the past 5 years on how mental health services in the county can be developed
- Service users continue to ask for more capacity in crisis response, particularly out of hours
- The Briary Wing of Harrogate District General Hospital (Rowan Ward and Cedar Ward) is not fit for purpose and not a facility where a modern standard of care can be provided
- If a new mental health in-patient facility were to be built in Harrogate, then funding would have to be taken away from community-based mental health services and crisis care
- The way in which mental health is treated is rapidly changing as new therapies and drugs become available. As such, it is likely that any beds provided now at a new in-patient facility in Harrogate would probably not be used in 5 to 10 years' time.

At this point in the presentation, County Councillor Heather Moorhouse raised her concerns about the lack of access to s.136 suites for people who were in mental distress in public places.

County Councillor Jim Clark queried why an increased number of beds were being provided in York, 97 up from the 72, if in a matter of years they would not be needed. He also queried whether there had been discussions with the City of York Council and their scrutiny committee about this proposed increase in beds.

County Councillor Jim Clark questioned why the plan to build the new mental health in-patient facility at Cardale Park in Harrogate was being abandoned when the land had been purchased, planning permissions were in place and changes had already been made to the Highways to accommodate traffic flows to the new facility.

County Councillor Jim Clark said that the county desperately needed mental health in-patient beds now but that the committee had heard today that beds and wards were being closed at Harrogate Hospital and the Friarage Hospital.

In response, Adele Coulthard said that no beds are being closed. The beds that are provided at the Briary Wing will be re-provided at the new mental health hospital in York.

Adele Coulthard said that national rules meant that mixed sex mental health wards were no longer an option. The intention had been to build 2 mixed sex wards of 18 beds at Cardale Park. Now there would have to be 4 wards of 9 beds, each ward being single sex. This would simply not be financially sustainable. The alternative is to transfer those planned beds to the new mental health hospital at York and so benefit from the economies of scale.

Adele Coulthard said that the land at Cardale Park that had been purchased could be used for alternative mental health and social care provision, such as a dementia village.

County Councillor Jim Clark asked whose decision it was to instigate the pause in the development of the Cardale Park site and queried whether the motivation was purely financial.

Adele Coulthard replied that the pause had been a joint decision of both the commissioner and the provider.

County Councillor Jim Clark asked whether Adele Coulthard has been surprised by the decision to pause the development.

Adele Coulthard said that it was sensible to consider how best to respond to the needs of people in and around Harrogate.

Joanne Crewe then asked the Chairman whether any further questions could now be held until the end of the presentation. She said that many of the questions that had been asked and concerns raised could be dealt with by going through the presentation. It provided a step by step walk through the evolution of the proposals and the rationale as to why Option 3, re-provide in-patient care elsewhere and invest in community services, was the preferred option.

Adele Coulthard continued the presentation, as summarised below:

- The concerns about travel times, distance and access are recognised
- There are planned to be 72 beds at the new mental health hospital in York at present. This will need to increase to 97
- There are three options but the only viable option is option 3, re-provide in-patient care elsewhere and invest in community services. This has been agreed by HS England, the Clinical Senate for Yorkshire and Humber and the CCG Governing Body
- Option 3 will release £0.5 million per year which can then be used to fund 14 members of staff who will be providing improved crisis care
- There will be further engagement with local people and other stakeholders from January 2019 onwards
- The aim of is to increase the level and intensity of community services in order to reduce the need for people to be either admitted to or have extended stays in hospital
- Where hospital admission is required, for this to be provided from larger and more specialist facilities.

At this point County Councillor Jim Clark invited Leeds City Councillor Norma Harrington to speak. Councillor Norma Harrington is a Wetherby Ward Councillor and a member of the Leeds City Council's Scrutiny Board (Adults, Health and Active Lifestyles).

County Councillor Jim Clark said that he had recently attended a meeting of the West Yorkshire and Harrogate Joint Scrutiny of Health Committee at which it had become apparent that the changes to mental health services in and around Harrogate would have a significant impact upon the Wetherby population, which falls under Leeds City Council.

Leeds City Councillor Norma Harrington said that there had been some conversations with the Leeds CCG about the proposed changes to services but that this conversation had been brief and late in the process. She said that there needed to be more engagement with Leeds City Councillors, service users and the local population about the plans.

A copy of a letter from Leeds City Councillor Helen Hayden, Chair of the Scrutiny Board, to County Councillor Jim Clark regarding mental health services for adults and older people in Harrogate and Rural District, was circulated to committee members.

Joanne Crewe said that there had been regular conversations between Harrogate and Rural District CCG and Leeds CCG. She was disappointed that the agreed messages and approach had not filtered through. Joanne Crewe said that engagement with Leeds City Council and the population of Wetherby would be stepped up.

Leeds City Councillor Norma Harrington said that the expansion of house building in the Wetherby area would also need to be taken into account when considering the future needs of the population.

Joanne Crewe reiterated that the focus of the work was providing high quality mental health services that meets the needs of the local population. There is a clear need to invest in community based crisis services.

Daniel Harry said that the onus was upon the NHS commissioners proposing changes to services and/or planning new services to engage with the local authorities affected and propose that a joint health scrutiny committee be formed. The changes to mental health services in and around Harrogate affected North Yorkshire County Council, the City of York Council and Leeds City Council and yet no such committee had been suggested.

County Councillor Jim Clark queried the ability of the Yorkshire Ambulance Service to respond to the longer and more complex journeys that would result from the need to transport people from Harrogate and Wetherby to York.

County Councillor Stuart Martin raised concerns that ambulance crews may not have the skills or the confidence to manage people in mental health distress over longer travel distances.

Adele Coulthard said that ambulance crews were trained in how to manage people with mental health problems.

County Councillor John Blackie said that he was concerned about the lack of engagement with Leeds City Council and the City of York Council.

County Councillor Jim Clark invited Nigel Ayre, who had asked the Public Question relating to this item, to speak.

Nigel Ayre said that as far as he was aware, to date there had been no discussion with the City of York Council regarding the proposed expansion of the new hospital in York from 72 to 97 beds and so planning permissions would not yet be in place. As such, he queried whether it was possible to go ahead and engage or consult with the public when the solution was only hypothetical at this stage.

Resolved -

- 1) Thank all for attending
- 2) Daniel Harry to liaise with Joanne Crewe and Overview and Scrutiny at Leeds City Council and the City of York Council about setting up a Joint Health Overview and Scrutiny Committee meeting in January 2019 to review the impact of the proposed changes across the whole area affected
- 3) Following the planned Joint Health Overview and Scrutiny meeting in January 2019 and further discussions with Harrogate and Rural District and the Tees Esk and Wear Valleys NHS Foundation Trust, the Scrutiny of Health Committee to consider further whether it would request a full public consultation on 3 options.

73. Hyper acute stroke services at Harrogate District Hospital

Considered -

The report of Joanne Crewe, Mikki Golodnitski and Bruce Willoughby from Harrogate and Rural District Clinical Commissioning Group and Dr David Scullion from Harrogate District Hospital regarding the changes to hyper acute stroke services at Harrogate District Hospital.

Mikki Golodnitski introduced the report and the key points are as summarised below:

- Hyper acute stroke will transfer from Harrogate Hospital to Leeds and York Hospitals, with subsequent rehabilitation services being provided at Harrogate Hospital, as of April 2019
- Evidence shows that people who receive care in hyper acute stroke units that see a minimum of 600 new admissions per year have better outcomes, even if the initial travel time is increased
- Harrogate currently sees on 300 a year
- Patients will be repatriated quickly, usually within 72 hours
- There is capacity in Leeds to pick up the anticipated additional 200 cases per annum
- Further work on communication and engagement is planned.

Daniel Harry noted that this was the first time that this item had come to a formal, public meeting of the committee. Previously discussions had taken place at the Mid Cycle Briefing, which is a private and meeting of the Chair, Vice Chair and Group Spokespersons.

County Councillor Jim Clark stated that he had been involved in this change of service for some time and that all aspects had been thoroughly reviewed. He noted that a public consultation was not required as this was the only viable option available to the commissioners.

County Councillor Jim Clark asked for a view from the committee as to whether they endorsed this change to hyper acute services in Harrogate. There was unanimous support.

Resolved -

- 1) Thank all for attending
- 2) The committee supports the changes to hyper acute stroke services at Harrogate District Hospital.

74. Work Programme

Considered -

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

Resolved -

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.

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

There were no items of other business.

The meeting concluded at 1:35pm

DH

DRAFT



Tees, Esk and Wear Valleys
NHS Foundation Trust

**North Yorkshire County Council
Scrutiny of Health Committee
15 March 2019**

Transforming adult and older people's mental health services in Hambleton and Richmondshire

Purpose of Report

The following provides a brief update on the closure of ward 14 and 15 at the Friarage hospital, the development of the new enhanced community services and an update on the Roseberry Park Hospital situation in Middlesbrough.

Decommissioning of ward 14 and older adult service

The ward decommissioning was managed exceptionally well by the ward manager. All staff have been successfully redeployed apart from 2 health care assistants for whom redeployment opportunities are restricted due to being non-drivers. These staff will be found roles in due course.

Enhanced CMHT Provision

Seven day extended hours working commenced on the 1st March as planned, and we're now monitoring out of hours activity. The majority of posts in the enhanced CMHTs have now been filled through recruitment and redeployment and we now have an improved skill mix including dietetics and physiotherapy which will support our aims of improving the physical health of service users and avoiding unnecessary hospital admissions. The remaining posts to be filled are a B 6 CPN role and a social work post.

Currently the Advanced nurse practitioner in the team is providing discharge liaison support to the functional MHSOP ward at West Park Hospital, Darlington and the organic wards at Auckland Park Hospital and we have established really good links between the wards and the CMHT here.

Since Ward 14 closed to admissions on the 1st January 2019 we have admitted 4 Hambleton and Richmondshire patients. Two patients were admitted directly to Oak Ward and two were admitted to other wards with one of those patients requesting to remain at Cherry Tree House York and the other transferred to Oak Ward as soon as a bed was available. We currently have 3 patients in hospital and all are on Oak Ward.

Admissions are being tracked using the combined trust bed board and this has been working really well.

Decommissioning of ward 15 and adult mental health service

We have grown our community services by 12 new posts split across the East community and west community teams. These posts have included nursing staff, support staff, psychologists, Occupational therapists and administration staff.

Currently we are working intensively with the crisis team as we test the new ways of working in the new model. Briefly we are expanding the offer of the recovery at home model that was successful on ward 15 into both West Park Hospital and Roseberry Park Hospital. So far this has been going very well and the table below sets out the data for the people admitted to hospital since the 1st January this year.

Numeric	H&R CRIHTT	Trust (Benchmarking data)
Admissions	11.5 per 100,000 (n=19)	40.5 per 100, 000
Repeat Admissions	2 (10%)	210 (22.6%)
OOA admission	2 (10%)	17%
Length of Hospital Stay	5.5 days	29.9 days

We currently have 2 patients in RPH and none in WPH, of the cohort admitted this calendar year.

Roseberry Park Hospital Update and rebuild

The current position is we have SQ (Scheme Questionnaires) back and they have been scored, so we will be sending out the Invitation to Tender documentation to the Organisations for them to become part of the framework. Those documents are to be returned by the 1st April and from that we will be shorting the companies to be the Trust Framework Contractors that should all be agreed after a standstill period by the 13th May.

We will then be going out for a mini competition to all of the contractors on the framework for the works to rectify Blocks 5&10 and to build Block 16. Those costed tenders will all be agreed by the 15th July for the appointment of the contractor to undertake the works and works will commence on the 29th July 2019 for all three areas.

The above is the timetable we are working to and we are currently on programme.

T M CATE
Acting Operational Director
Department of Mental Health
Friarage Hospital
NORTHALLERTON
North Yorkshire
DL6 1JG

06.03.19



**North Yorkshire County Council
Scrutiny of Health Committee
15 March 2019**

Summary of discussions at the Joint Health Overview and Scrutiny meeting on mental health services in the greater Harrogate area held on 15 February 2019

Purpose of Report

This report provides details of some of the key issues that were identified at the Joint Health Overview and Scrutiny meeting, on mental health services in the greater Harrogate area, which was held on 15 February 2019. The minutes of the meeting are appended to this report.

Joint Health Overview and Scrutiny meeting, 15 February 2019

The meeting was convened, following the County Council's Scrutiny of Health Committee meeting on 14 December 2018.

The committee was made up of councillors from North Yorkshire County Council, City of York Council and Leeds City Council. The North Yorkshire County Councillors on the committee were: Jim Clark (Chairman), Liz Colling, John Mann and Zoe Metcalfe.

A number of commissioners and providers of mental health services attended the meeting, including representatives from: Tees, Esk and Wear Valleys NHS Foundation Trust; Harrogate and Rural District Clinical Commissioning Group; Scarborough and Ryedale Clinical Commissioning Group; and Leeds Clinical Commissioning Group.

Representatives from Healthwatch North Yorkshire and Healthwatch Leeds attended and participated in the meeting.

The resolutions from the committee meeting are detailed in minutes, which are in Appendix 1.

There were a number of issues identified and points of clarity gained that are summarised below:

- It was considered to be misleading to make direct comparisons between recent changes to the provision of hyper acute stroke services in Harrogate and the proposed changes to mental health service provision, as the conditions being treated are not similar.
- The Clinical Senate report on the proposed changes did not appear to take into account the overall context of changes in the provision of mental health services in the county.

- There was general support for the principle of moving people from inappropriate in-patient mental health settings and placements into enhanced community care near to where they live. It was noted by Members that the important thing, however, was to achieve the right balance between in-patient care and community care, ensuring that appropriate levels of community care were in place, particularly for people at a point of crisis.
- Questions were raised as to how the needs of the Harrogate population could then be met within the existing provision that was being built at York, on the basis of 72 in-patient beds.
- Colin Martin of Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) confirmed that the decision to 'pause' to build the new mental health in patient facility at Cardale Park in Harrogate was taken by the Tees, Esk and Wear Valley NHS Foundation Trust.
- Colin Martin of TEWV confirmed that the overall number of mental health in-patient beds would reduce. The term 're provision', which had been used at the previous Scrutiny of Health Committee meeting, was used by mental health professionals to indicate that in-patient beds would still be available within the TEWV area (which is significantly larger than North Yorkshire).
- Questions were raised about how the transition from in-patient care to enhanced community based care would be managed.
- Colin Martin of TEWV confirmed that 'out of area' meant out of the area covered by the Tees, Esk and Wear Valleys NHS Foundation Trust. He provided reassurances that the intention was always to provide mental health in-patient care closest to where people live.

Recommendation

That the committee:

1. Notes the report and any areas of concern that need to be followed up or clarified, in addition to those identified at the Joint Health Overview and Scrutiny meeting on 15 February 2019.

Daniel Harry
 Democratic Services and Scrutiny Manager
 North Yorkshire County Council
 6 March 2019



Leeds
CITY COUNCIL



CITY OF
YORK
COUNCIL

Joint Health Overview and Scrutiny Committee for North Yorkshire County Council, City of York Council and Leeds City Council

Minutes of the meeting held on Friday 15 February 2019 at 10.30 am.

Present:-

North Yorkshire County Councillors: Jim Clark (Chairman), Liz Colling, John Mann and Zoe Metcalfe

City of York Councillors: Paul Doughty, Chris Cullwick, Kallum Taylor

Leeds City Councillors: Norma Harrington and Sandy Lay.

Apologies:-

Leeds City Councillor Helen Hayden.

Officers:-

Steven Courtney, Leeds City Council

Daniel Harry, North Yorkshire County Council

David McLean, City of York Council.

In attendance:-

Nigel Ayre, Healthwatch North Yorkshire

Dr John Beal, Healthwatch Leeds

Dr Peter Billingsley, Scarborough and Ryedale Clinical Commissioning Group

Tim Cate, Tees, Esk and Wear Valleys NHS Foundation Trust

Joanne Crewe, Harrogate and Rural District Clinical Commissioning Group

Colin Martin, Tees, Esk and Wear Valleys NHS Foundation Trust

Dr Tolu Olusoga, Tees, Esk and Wear Valleys NHS Foundation Trust

Susan Robins, Leeds Clinical Commissioning Group

Mark Vaughan, Leeds Clinical Commissioning Group.

Press and public were also in attendance.

1. Welcome to the Meeting

Daniel Harry, Democratic Services and Scrutiny Manager for North Yorkshire County Council, welcomed everyone to the meeting of the Joint Health Overview and Scrutiny Committee for North Yorkshire County Council, City of York Council and Leeds City Council. He explained that the meeting had been convened to enable all three Councils to scrutinise proposals for changes in the commissioning and provision of mental health services in the greater Harrogate area, which may have implications for the populations of North Yorkshire, York and Leeds.

2. Election of Chairman

Daniel Harry asked for nominations for Chairman for the meeting. North Yorkshire County Councillor Liz Colling nominated North Yorkshire County Councillor Jim Clark to be Chairman of the meeting. This was seconded by North Yorkshire County Councillor John Mann.

The vote was taken and, on a show of hands, the motion was declared carried with none against and no abstentions.

North Yorkshire County Councillor Jim Clark welcomed everybody to the meeting. He said that there were numerous challenges associated with the commissioning and provision of mental health services in the patch that were the result of over two decades of under investment in mental health services. He noted that the way in which the NHS was configured locally made it difficult to maintain an aerial view of what the impact of commissioning proposals would be.

North Yorkshire County Councillor Jim Clark said that this meeting gave an opportunity to explore in greater depth some of the issues that had been identified by the North Yorkshire County Council Scrutiny of Health Committee at their meeting on 14 December 2018. He said that it was not the intention to rehearse those discussions. Instead, the intention was to enable the three local authorities to come together, review the proposals and how they had been developed and then come to a consensus view about what further action should be taken.

3. Declarations of Interest

The following interests were declared:

- Leeds City Councillor Sandy Lay declared an interest as he is employed as a Charge Nurse at Harrogate Hospital A&E Department.
- Daniel Harry, Democratic Services and Scrutiny Manager at North Yorkshire County Council, declared an interest as he manages the Council's contract for Healthwatch North Yorkshire.
- Nigel Ayre representing Healthwatch North Yorkshire declared an interest as he is a Councillor with the City of York Council.

4. Joint Health Overview and Scrutiny Meeting Terms of Reference

Daniel Harry introduced the report. North Yorkshire County Councillor Liz Colling moved that the terms of reference be accepted and used as the basis for the meeting. North Yorkshire County Councillor Zoe Metcalfe seconded that motion.

The vote was taken and, on a show of hands, the motion was declared carried with none against and no abstentions.

5. Public Questions or Statement

There were no public questions or statements.

6. City Councillor and County Councillor Questions or Statements

North Yorkshire County Councillor Geoff Webber spoke to the Committee to raise his concerns regarding the proposed closure of the two mental health in-patient wards at Harrogate Hospital.

North Yorkshire County Councillor Geoff Webber cited recent newspaper reports (i-newspaper dated 15 February 2019) that indicated that successive national governments had failed mental health patients by not providing sufficient funding to enable services to be developed that met identified need. He noted that this was particularly true in North Yorkshire that had struggled that decades of under-investment in mental health services.

North Yorkshire County Councillor Geoff Webber raised his concerns that the proposed changes to mental health services would mean that people would have to travel considerably further to receive the treatment that they needed. He said that people with severe and advanced dementia, who would not be able to be cared for in other settings, would likely go to in-patient treatment at York or Middlesbrough.

North Yorkshire County Councillor Geoff Webber reminded those present that North Yorkshire is a large rural county. He noted that there were many anecdotal examples of people booking into hotels to stay the night before attending health appointments just to be sure that they were on time the following day. He urged commissioners and providers to think very carefully before taking any further decisions about what the future shape of mental health services should be.

7. Local Healthwatch Questions or Statements

Nigel Ayre of Healthwatch North Yorkshire said that Healthwatch shared many of the concerns that had been raised by North Yorkshire County Councillors at the Scrutiny of Health Committee meeting on 14 December 2018. He said that there had been a legacy of under investment in community mental health services in the county. He also said that it was misleading to suggest that an 'either or decision' had to be made between in-patient care and community care. Nigel Ayre said that it was important that there was a balance of both in-patient care and community care.

Nigel Ayre noted that the Government had continued to highlight the need for parity of esteem between mental health and physical health services.

Nigel Ayre also suggested that it was misleading to make direct comparisons between recent changes to the provision of hyper acute stroke services in Harrogate and the proposals that were now under discussion for mental health services in the area. Whilst hyper acute stroke can be treated at a specialist unit within 24 or 48 hours and then that person moved back to rehabilitation in their local area, it is highly unlikely that most people at a point of mental health crisis can be admitted and then released back into the community within 48 hours.

Nigel Ayre noted that the proposals did not seem to fully consider the impact upon families, particularly children in cases where a parent is admitted to in-patient care.

Nigel Ayre said that the distances that will have to be travelled to in-patient care in Middlesbrough or York could be up to 60 miles one way.

Nigel Ayre also highlighted concerns that Healthwatch had regarding the provision of Section 136 suites. He said that there had at one point in time been four Section 136 suites but over time this number had reduced and there were concerns about how care would be provided for those people in mental health crisis who were detained under Section 136 by the Police.

Nigel Ayre referred to the Clinical Senate report on the proposed changes. He said that it did not seem like the overall context of provision of mental health services in the county had been fully taken into account in that report. Specifically the closure of the two in-patient mental health wards at the Friarage Hospital in Northallerton. He said that the Clinical Senate report also did not appear to consider the impact of the proposals on the overall number of in-patient beds in York and North Yorkshire. Nigel Ayre said, that by his calculations, there was an overall proposed loss of 60 mental health in-patient beds in York and North Yorkshire based on a starting position of 150 beds.

In conclusion, Nigel Ayre of Healthwatch North Yorkshire suggested that the proposals being considered today appeared to have been driven by financial concerns rather than being policy driven.

Dr John Beal of Healthwatch Leeds explained that he was a Co-opted Member of the health scrutiny committee for Leeds City Council. He said that in general he supported the principles of moving people from inappropriate in-patient mental health settings and placements into enhanced community care near to where they live. He said that it was always preferable to avoid admittance to mental health in-patient units and that when people were admitted that they only stayed for a short period of time. Dr John Beal said that the important thing was to achieve the right balance between in-patient care and community care and also to ensure that appropriate levels of community care were in place, particularly for people at a point of crisis.

Dr John Beal then raised four questions that he asked Members of the Committee to consider, as follows:

1. What consultations have taken place with the Wetherby population and what feedback has been received?
2. What are the proposals for providing enhanced community based care and crisis care?
3. What services will be provided for people with autism who also have mental health concerns?
4. Has sufficient consideration been given to the impact of the proposed changes upon service users and their families?

City of York Councillor Paul Doughty said that he was Chairman of the City of York Council health scrutiny committee. He said that he had heard compelling arguments by the two Healthwatch organisations. Also, that he was keen to ensure that in-patient provision was maintained in York for the York population.

City of York Councillor Paul Doughty acknowledged the impact that the centralisation of mental health in-patient beds would have upon people living in Wetherby and North Yorkshire. He said that the new mental health hospital for York was currently under construction on the basis of 72 in-patient beds and that this was to meet the assessed level of need for the York population. He then raised his concerns about how the needs of the Harrogate population could then be met within the existing provision that was being built at York. City of York Councillor Paul Doughty noted his concerns that this may then mean that some York patients are displaced from the new York Hospital so as to make space for people from the greater Harrogate area. He sought reassurances from the commissioners and providers that this would not be the case and that there would always be a bed at the new York mental health hospital for a patient from York.

8. Context Setting Reports

Daniel Harry introduced the reports stating that they had been included to provide Members of the Committee with the context for the discussions today. He said that the first report contained the minutes and key points raised at the meeting of the North Yorkshire County Council Scrutiny of Health Committee at their meeting on 14 December 2018. The second report related to a discussion at the City of York Health and Adult Care Overview and Scrutiny Committee meeting on 12 February 2019.

The reports were noted.

9. Transforming Mental Health Services for Adults and Older People in Harrogate and Rural District

The representatives from mental health commissioners and providers all introduced themselves to the Committee. Joanne Crew of Harrogate and Rural District Clinical Commissioning Group and Colin Martin of the Tees Esk and Wear Valleys NHS Foundation Trust jointly introduced the report.

North Yorkshire County Councillor Jim Clark asked Colin Martin and Joanne Crew to consider the following issues as part of their presentation to the Committee:

1. Whether the recommendations in the Clinical Senate report, dated October 2018, had been followed up and addressed
2. Whether beds are being closed or re-provided and what was meant by the term 're-provision'
3. Who made the decision for the pause in the development of the mental health in-patient unit at Cardale Park in Harrogate.

North Yorkshire County Councillor Jim Clark also expressed his surprise that the Clinical Senate Report had not been previously shared with the committee.

Joanne Crew said that the Clinical Senate report had been referenced in the Case for Change document, which had been included in the papers that had been presented to the North Yorkshire County Council Scrutiny of Health Committee meeting in December. She said that the Clinical Senate report recommendations had now all been completed and addressed.

Colin Martin said that, in reference to in-patient beds, that he agreed that there needed to be a clear statement of what was happening to bed numbers. He said that, as of end of February 2019, there would be no mental health in-patient beds in Northallerton. He said that the term used by mental health professionals was 're-provision', as in-patient beds would still be available within the TEWV area. In-patient beds would also be removed from Harrogate, as the proposal is that the new mental health in-patient unit is not built and also that the existing mental health in-patient beds at Harrogate Hospital will be closed. As such, the overall number of beds will reduce but this is in line with current NHS policy and the need to move to more community provision. He acknowledged previous comments that there needed to be a good combination of community and in-patient resources.

Colin Martin said that the decision to 'pause' to build the new mental health in-patient facility at Cardale Park in Harrogate was taken by the Tees, Esk and Wear Valley NHS Foundation Trust. He said that the level of need, the standards required for a new build and the money that it would take to make such a new build sustainable in the longer term had all been taken into account when making that decision. He reassured the Committee that the Cardale Park site would still be used for some form of health or social care service provision but at this point it was not clear what that would be. He said that he would come to future meetings of this Joint Committee and individual local authority Scrutiny of Health Committees to provide further information when it was forthcoming.

Susan Robins of Leeds Clinical Commissioning Group, in response to concerns raised regarding the level of engagement with the Wetherby population, said that she had previously met with Members of Leeds City Council. She said that very small numbers of people would be affected by the proposals. She gave assurances that the Clinical Commissioning Group would engage in an extensive consultation with public and professionals about the proposed changes to mental health services in the Harrogate area and how this may impact upon them.

Joanne Crew said that a comprehensive programme of consultation and engagement was under development. She also said that NHS England was fully supportive Option 3 in the proposals, that being to invest in extended community services through a reduction in inpatient beds and to provide inpatient care from a specialist facility elsewhere in the Trust. Once consultation and engagement on the new model of enhanced community services has been completed then it will be possible to understand the level of in-patient beds needed for the population in the greater Harrogate area.

North Yorkshire County Councillor Jim Clark said that the Committee Members accepted that there was a need to move away from in-patient provision to enhanced community care over time. Concerns remained, however, about how the transition would be managed. He said that it made more sense to build up community services first and then close beds rather than doing it the way that is being proposed.

Dr Tolu Olusoga of Tees, Esk and Wear Valleys NHS Foundation Trust said that there had been an over-reliance upon in-patient admissions to care. He said that there needed to be a renewed focus on community based crisis care that could be provided locally to where people lived. He stated that, from his experience, all available beds are usually filled despite the fact that those admissions may not be appropriate. Dr

Tolu Olusoga said that the intention was to look at the overall mental health estate and provision of care and come to the right balance between community and in-patient services.

Dr Tolu Olusoga responded to concerns about the availability of Section 136 beds and said that further work was being done to identify alternative places of safety that could be used. He said that the advantage of this was that people could be protected, assessed and potentially treated in an environment that was less restrictive than a Section 136 suite.

Dr Peter Billingsley of Scarborough and Ryedale Clinical Commissioning Group said that there had been historically low use of Section 136 beds and that most people admitted to a Section 136 bed went home within a couple of hours. He said that the emphasis needed to be upon building up enhanced community crisis care and the delivery of services closer to home.

Dr Peter Billingsley said that discussions about in-patient beds were often a distraction, pulling the focus away from early intervention and treating people in their own homes rather than a mental health in-patient unit.

Dr Peter Billingsley said that he welcomed the interest of the three local authorities in the development of mental health services in the area and the public debate that it would help to stimulate.

Colin Martin stated that in the past 12 months Tees, Esk and Wear Valleys NHS Foundation Trust had provided additional community based mental health services in North Yorkshire and York and that they were beginning to close the gap that existed between North Yorkshire and York and some surrounding authorities.

North Yorkshire County Councillor Jim Clark asked what the next steps would be for commissioners and providers.

Joanne Crew said that a robust and comprehensive engagement and communications plan would be developed which would be used to gain insight from members of the community, service users, carers and key stakeholders of what the shape of enhanced community services could be. Once the outcome of this work had been assessed and analysed then there would be a greater understanding of what level of in-patient beds would be needed.

North Yorkshire County Councillor Jim Clark asked Colin Martin directly whether a mental health in-patient hospital or unit would be built in the Cardale Park site in Harrogate.

In response, Colin Martin said that he could not see a situation where a mental health in-patient hospital or unit would be built on that site.

North Yorkshire County Councillor Jim Clark queried whether North Yorkshire patients would need to travel to Leeds to receive in-patient care.

Colin Martin said no. There was a commitment to keep people close to their community and to the community mental health services in their area. He said that Tees, Esk and

Wear Valleys NHS Foundation Trust did not want people to have out of area placements.

North Yorkshire County Councillor Liz Colling asked what was meant by the term 'out of area placements'.

In response, Colin Martin said that out of area meant out of the area covered by the Tees, Esk and Wear Valleys NHS Foundation Trust. He reassured Members that the intention was always to provide mental health in-patient care closest to where people live.

North Yorkshire County Councillor Liz Colling asked whether a system was being designed that suited commissioners and providers but not patients.

City of York Councillor Paul Doughty raised a query as to what would happen to those people from the greater Harrogate area who needed in-patient care. He queried whether it would be received at the new York Hospital. If so, then he asked what capacity issues this would present and whether any York patients would be displaced.

Dr Tolu Olusoga said that there were a range of options being developed around the provision of dementia care. This included supporting patients with dementia care in residential care and nursing home settings but also in their own home. An important part of this was having a crisis care team available to support people particularly at weekends.

City of York Councillor Callum Taylor raised a number of concerns about the consultation and engagement process and urged commissioners and providers to:

1. avoid the use of jargon
2. tailor any engagement to each individual community and area
3. to work closely with Healthwatch organisations
4. to seek out new groups of people to speak to rather than the usual suspects
5. to be explicit with the different communities what services they are likely to have and those which they will not.

He said that it was important to offer more than the routine consultation exercise.

City of York Councillor Callum Taylor also noted his unease that one of the key issues being cited for not building the Cardale Park mental health in-patient unit was the need to have single sex provision. He said that guidance had been in place for many years emphasising the need to provide single sex accommodation and as such this was not something new or different. He said that both commissioners and providers would have been aware of this fact at the earliest stages of planning for the new build. City of York Councillor Callum Taylor said that he hoped that the commissioners and providers could understand why people may be concerned, suspicious and cynical about the rationale for some of the proposed changes.

North Yorkshire County Councillor John Mann said that there remained significant concerns that the transition from in-patient care to enhanced community based care would not go smoothly. He also queried what work was being done with the local

authorities present to co-ordinate care over both mental health services and social care services.

Tim Cate said that the managed closure of the two mental health in-patient wards at the Friarage Hospital in Northallerton had been successful and people had been moved into alternative in-patient units or community-based care.

Nigel Ayre of Healthwatch North Yorkshire said that it was clear from the discussions at the meeting that any consultation would not be on proposals for change but on how the proposals would be implemented. He said that he endorsed the comments that had been made by Dr Peter Billingsley but that travel times and distances still posed huge problems for parents, carers, families and loved ones.

Leeds City Councillor Sandy Lay noted that, as an Accident and Emergency department nurse, he knew that mental health community teams and in particular the crisis teams were overstretched and under resourced. He said that he regularly saw people in mental health crisis being sent to A&E, even though that was not appropriate. He said that there was a need to have a range of alternative places of safety that could be accessed by the Police and other organisations.

Leeds City Councillor Sandy Lay stated that a community of 160,000 people would need some in-patient beds. He said that it was right to look at developing community care and the implementation of prevention programmes and early intervention but that there would still be a need to treat some people as in-patients. He then raised a number of questions for the commissioners and providers present as follows:

1. do you have enough qualified staff to support the development of enhanced community services particularly crisis support
2. what support will be put in place for carers particularly elderly carers of people with severe dementia
3. what work will be done to raise awareness of the 136 service, how it works and what is the most appropriate response to someone in crisis in the community
4. will any of the proposed changes save money and if so what will be done with those savings.

Joanne Crew noted that workforce issues remain significant across all aspects of the NHS across the UK. North Yorkshire was not different in this respect. She reiterated that the proposals were not driven by finances and were not about saving money. Instead, there was a commitment to enhancing community based services and ensuring that in-patient admissions were appropriate and made only where absolutely necessary. Joanne Crew said that there would be a great emphasis upon co-design with the public following comprehensive public engagement and consultation.

Daniel Harry said that it was important to be clear whether it was engagement that would be undertaken or formal consultation. If there was to be formal consultation, then there remained a question as to what the consultation would be upon as it was clear that the mental health in-patient wards at Harrogate Hospital would be closed and no new in-patient facility built in Harrogate.

Leeds City Councillor Norma Harrington said that little account had been taken of people living in the villages around Wetherby. This was of concern as they faced

particular problems around access to public transport. She also queried how the services provided to the Wetherby population would compare to those provided to the Harrogate and Leeds populations and warned against creating a postcode lottery.

Leeds City Councillor Norma Harrington said that further work needed to be done to take into account the increasing population in the Wetherby area that would result from building over 3,000 new houses.

Leeds City Councillor Norma Harrington said that there was an ageing population in Wetherby and that 55% of people in the area were over 60 years old.

Susan Robins of Leeds Clinical Commissioning Group said that local demography would be taken fully into account.

Resolved -

The joint committee resolved:

1. A meeting of the joint committee to be convened once the public engagement process by Tees Esk and Wear Valleys NHS FT and the Harrogate and Leeds Clinical Commissioning Groups has been completed and there is a better understanding of: 1) what the model of enhanced community mental health care will be; 2) what the demand for in-patient beds will be; and 3) how the transition between in-patient care and enhanced community care will be managed.
2. In the interim, continue to undertake local scrutiny of mental health service commissioning and provision through the three local authority scrutiny of health arrangements. The three local authority scrutiny officers to maintain communication between the three committees and ensure that work is appropriately co-ordinated.
3. In the interim, Harrogate and Rural District Clinical Commissioning Group, Leeds Clinical Commissioning Group and Tees Esk and Wear Valleys NHS FT to provide the scrutiny of health committees in North Yorkshire, Leeds and York with further information on the planned engagement process, including timings and scope.
4. In the interim, Harrogate and Rural District Clinical Commissioning Group, Leeds Clinical Commissioning Group and Tees Esk and Wear Valleys NHS FT to provide the scrutiny of health committees in North Yorkshire, Leeds and York with further information on the progress that is being made with transition from s.136 suites and to places of safety in the community.
5. In the interim, Harrogate and Rural District Clinical Commissioning Group, Leeds Clinical Commissioning Group and Tees Esk and Wear Valleys NHS FT to provide the scrutiny of health committees in North Yorkshire, Leeds and York with further information on: 1) how NHS, local authority, voluntary and community sector and private sector organisations are working together to provide mental health support and services in the community; 2) how the proposals reflect the plans for mental health provision as set out in the NHS Long Term Plan and the plans for increased

mental health spending by 2022 as set out in the last Autumn Statement from the Chancellor.

6. Harrogate and Rural District Clinical Commissioning Group, Leeds Clinical Commissioning Group and Tees Esk and Wear Valleys NHS FT to consider the impact of house building and the changing demographic of communities in Harrogate, York and Wetherby upon the planning of enhanced community services and in-patient services.
7. Acknowledging that an in-patient mental health unit will now not be built at the Cardale Park site in Harrogate, Harrogate and Rural District Clinical Commissioning Group, Leeds Clinical Commissioning Group and Tees Esk and Wear Valleys NHS FT to provide: 1) further assurance that the planned in-patient capacity will be sufficient to meet current and predicted future needs of the population; and 2) an impact assessment (and mitigation plan) for those populations currently accessing in-patient care at Harrogate.

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

There were no items of other business.

The meeting concluded at 1:15pm

DH – 22.02.19



**North Yorkshire County Council
Scrutiny of Health Committee
15 March 2019
Committee work programme**

Purpose of Report

This report provides Members with details of some of the specific responsibilities and powers relating to this committee and also a copy of the committee work programme for review and comment (Appendix 1).

Introduction

The role of the Scrutiny of Health Committee is to review any matter relating to the planning, provision and operation of health services in the County.

Broadly speaking the bulk of the Committee's work falls into the following categories:

- being consulted on the reconfiguration of healthcare and public health services locally
- contributing to the Department of Health's Quality Accounts initiative and the Care Quality Commission's process of registering NHS trusts
- carrying out detailed examination into a particular healthcare/public health service.

Specific powers

The Committee's powers include:

- reviewing and scrutinising any matter relating to the planning, provision and operation of health services in the local authority's area
- requiring NHS bodies to provide information within 28 days to and attend (through officers) before meetings of the committee to answer questions necessary for the discharge of health scrutiny functions
- making reports and recommendations to local NHS bodies and to the local authority on any health matters that they scrutinise
- requiring NHS bodies to respond within a fixed timescale to the health scrutiny reports or recommendations
- requiring NHS bodies to consult health scrutiny on proposals for substantial developments or variations to the local health service
- referring contested proposals to the Secretary of State for Health.

Scheduled Committee meetings and Mid Cycle Briefing dates

Forthcoming committee dates in 2019 are:

- 10.00am on 21 June 2019
- 10.00am on 13 September 2019
- 10.00am on 13 December 2019.

All the meetings will be held at County Hall, Northallerton.

Forthcoming Mid Cycle Briefing dates in 2019 are:

- 10.30am on 26 April 2019
- 10.30am on 26 July 2019
- 10.30am on 1 November 2019.

These are not public meetings and are attended by the Chair, Vice-Chair and Spokespersons for the political groups.

Areas of Involvement and Work Programme

The Committee's on-going and emerging areas of work are summarised in the work programme in Appendix 1.

Recommendation

That Members review the Committee's work programme, taking into account issues highlighted in this report, the outcome of discussions on previous agenda items and any other developments taking place across the County.

Daniel Harry
Democratic Services and Scrutiny Manager
North Yorkshire County Council
6 March 2019

NORTH YORKSHIRE COUNTY COUNCIL
Scrutiny of Health Committee – Work Programme/Areas of Involvement – 2019

	2019				
	15 Mar	21 Jun	13 Sep	13 Dec	
Strategic Developments					
1. Funding of Community Pharmacies – Local Pharmaceutical Committee		✓			Follow up to 16 March 2018 - Jack Davies (LPC) – March 2019 TBC.
2. Ambulance response times and the impact of centralising NHS services - YAS	✓				This item has been deferred a number of times due to YAS not being able to attend.
3. Patient Transport Service – changes to the application of eligibility criteria		✓			6 month follow up to committee meeting on 14 December 2018 to ascertain whether there have been any adverse consequences to the changes.
4. NHS Clinical Commissioning Groups and Foundation Trust funding – 2018/19 accounts		✓			Annual consideration - to understand the totality of NHS funding pressures in the county.
5. Online medical advice and prescriptions					Information to be circulated to committee members
Local Service Developments					
1. Transforming our Communities – mental health services (Friarage) – HRW CCG and TEWV	✓	✓	✓	✓	Updates on progress with the: rectification of the Roseberry Park site; the transfer of patients from the 2 in-patient wards at the Friarage; and progress with the development of the new community hub on the Friarage Hospital site.
2. Future plans for Whitby Hospital – HRW CCG					Ongoing scrutiny through Mid Cycle Briefings.
3. Stroke service provision in Harrogate and Craven			✓		Review of first 6 months of operation of new hyper acute stroke service.
4. Integrated prevention, community care and support in Scarborough and Ryedale – Humber NHS Foundation Trust	✓				Update on the services that are provided by the FT in Whitby and the use of the two in-patient wards in Malton Community Hospital.
5. Mental Health Service in York/Selby area and Bootham Hospital – TEWV					Progress with business case and commencement of building. 26 April 2019 Mid Cycle Briefing – update.

and VoY CCG					
6. Mental Health Services in Harrogate and the surrounding area – update on engagement exercise – HRD CCG and TEWV	✓				Joint health scrutiny committee review by North Yorkshire, Leeds and York on 15 February 2019.
7. Mental Health Crisis Care Concordat		✓			Overview of work being undertaken by the partnership and local impact upon service development.
8. Sustainable Future for the Friarage Hospital in Northallerton – HRW CCG and South Tees FT	✓	✓	✓	✓	Development of a new model for delivery of services, particularly relating to Anaesthesia and Emergency Medicine.
9. York FT – Home first project					Overview at 27 July 2018 Mid Cycle Briefing and follow up at committee – TBC.
Public Health Developments					
1. Development of base-line data and an on-going monitoring system on the impact of shale gas extraction – Public Health England					Mid Cycle Briefing on 26 April 2019 at 10.30am - Lincoln Sargeant and Simon Padfield PHE. Follow up to 23 June 2017 meeting.
2. Dentistry provision in North Yorkshire – NHS England					NHS England (Yorkshire and Humber) – review the plan for commissioning the wider dental pathway Public health role – Mid Cycle Briefing on 2 November 2018 and briefing with Local Dental Committee and Public Health in mid 2019 - TBC
In-depth Projects					
1. Health and social care workforce planning – joint scrutiny by Scrutiny of Health and Care & Independence OSC		✓			Progress report.
2. Dying well and End of Life Care - HWB		✓			Progress report.

Meeting dates 2019/20

Agenda Briefing*	12 March 2019 at 10.30am	18 June 2019 at 10.30am	10 September 2019 at 10.30am	10 December 2019 at 10.30am
Scrutiny of Health Committee	15 March 2019 at 10am	21 June 2019 at 10am	13 September 2019 at 10am	13 December 2019 at 10am

Mid Cycle Briefing*	26 April 2019 at 10.30am	26 July 2019 at 10.30am	1 November 2019 at 10.30am	24 January 2020 at 10.30am
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*Agenda Briefings and Mid Cycle Briefings are attended by the Chair, Vice Chair and Group Spokespersons only.