

North Yorkshire County Council Scrutiny of Health Committee

Minutes of the meeting held at County Hall, Northallerton on Friday 15 March 2019 at 10 am.

Present:-

Members:-

County Councillors Jim Clark (in the Chair), Philip Barrett, Liz Colling, John Ennis, John Mann, Zoe Metcalfe, Heather Moorhouse, Chris Pearson, Andy Solloway and Robert Windass.

Co-opted Members:-

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

In attendance:-

Lisa Pope, Hambleton, Richmondshire and Whitby Clinical Commissioning Group
Simon Cox, North Yorkshire Clinical Commissioning Groups
Dr Adrian Clements, South Tees Hospitals NHS Foundation Trust
Dr James Dunbar, South Tees Hospitals NHS Foundation Trust
Tim Cate, Tees Esk and Wear Valleys NHS Foundation Trust
Andrew Pippin, Sector Commander East, Yorkshire Ambulance Service
Lesley Butterworth, Group Station Manager, Yorkshire Ambulance Service
Nick Smith, Executive Director of Operations, Yorkshire Ambulance Service.

Executive Members:

Cllr Caroline Dickinson
Michael Harrison

County Councillors:

John Blackie

County Council Officers:

Daniel Harry (Scrutiny)
Richard Webb (Director, Health and Adult Services)

Press and public:

Nigel Ayre, HealthWatch North Yorkshire
Councillor Pat Middlemiss, Richmondshire DC
Paul Clark, Scrutiny, Richmondshire DC
Stuart Minting, Local Democracy reporter

Apologies for absence were received from: County Councillors Val Arnold, Mel Hobson and Roberta Swiers, and from District Councillors Kevin Hardisty (Hambleton), Jane Mortimer (Scarborough) and Wendy Hull (Craven).

Copies of all documents considered are in the Minute Book

76. Minutes

Resolved

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

77. Any Declarations of Interest

There were no declarations of interest to note.

78. Chairman's Announcements

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

Cancer screening service at Scarborough – The breast oncology outpatient services at Scarborough Hospital will be closed to new patients as of 5 March 2019. All subsequent appointments will take place at York Hospital (or Hull, for those who choose). The reason given for the change in service is a shortage of consultant oncologists. This may then lead to further centralisation of oncology services.

Changes to provision of minor injury services - From 1 April 2019 general practice in Hambleton, Richmondshire and Whitty Clinical Commissioning Group (CCG) will no longer be contracted to provide enhanced minor injury services. This decision was taken by the CCG as part of a review of services provided by general practice which are in addition to services provided under the standard national contract.

The review found that the service dealt with a very small number of patients who were not spread evenly through the CCG and that in some areas there were already existing services available.

It is concerning that an initiative that supports local treatment in a community setting is being decommissioned and that people will be forced to travel to already busy A&E and Urgent Care departments to receive the care that they need.

Loss of services – there are a number of services that have recently been centralised or decommissioned, resulting in the loss of a local service. This includes: the move of hyper acute stroke services to Leeds and York from Harrogate; the closure of the two mental health wards at the Friarage Hospital in Northallerton; the move of breast oncology outpatient services at Scarborough Hospital to York (and Hull); and the removal of enhanced minor injury services in HRW CCG area.

Cllr Jim Clark said that this just a quick summary of what has happened over the past 6 months. There are other changes that have occurred and no doubt more to come. He said that he will be asking Scrutiny officers to compile a list of what changes there have been to NHS services in the county over the past 2 years and what changes may be expected in the next 2 years. As a committee, we then have an opportunity to test out what we find with our NHS colleagues.

Patient Transport Service – this issue was discussed at County Council and the recommendations of this committee accepted in full. Concessions have been made by the NHS locally and we will continue to monitor the situation.

Chairman of Scrutiny of Health Committee – Today's committee meeting is my last as Chairman, after 9 years. 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.

Cllr Jim Clark said that Cllr John Ennis will be taking on the role of committee Chairman and wished him well in this challenging and increasingly complex role.

79. Public Questions or Statements

Cllr Pat Middlemiss of Richmondshire District Council asked why the services were being decommissioned when the whole emphasis of health commissioners at present was to develop enhanced community services that diverted people from hospital. The changes would only result in increased demand for hospital services and adversely impact rural areas.

Cllr John Blackie raised his concerns about the apparent lack of consultation with GPs about the planned changes to the services and also his concerns that another community-based service was being lost. The increased travel distances and times would be significant and were avoidable.

In response, Simon Cox said that the changes were being reviewed and that actions were being considered to mitigate the impact in the more rural areas. He said that he would come back to a future meeting of the committee to outline the changes and following actions.

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

Considered -

The presentation of Dr Adrian Clements and Dr James Dunbar of South Tees Hospitals NHS Foundation Trust and Simon Cox of the North Yorkshire CCGs.

Dr Adrian Clements gave the presentation, noting the following key points:

- Only one consultant (rather than four) is currently covering critical care and only two consultants (rather than eight) covering critical care out of hours
- Staff cannot be transferred from the James Cook
- This lack of critical care cover means:
 - need to assess the appropriateness of all 999 and GP emergency activity prior to arrival at the Friarage
 - need to transfer all complex critical care dependent surgery to James Cook
 - need to change the name of Accident and Emergency service to a 24/7 Urgent Treatment Centre
 - need to deliver rapid diagnostic testing services for patients requiring an acute admission in order to ensure they can remain safely at the Friarage site.
- The 24/7 Urgent Treatment Centre will be able to see all patients with minor illnesses and injuries, for example slips, trips and falls, broken bones, minor head injuries and minor wounds
- Children who have illnesses (such as fever, rashes, asthma), rather than just injuries, will be treated at the Friarage
- 90% of patients who currently are treated at the Friarage would be unaffected by the changes.

Dr Adrian Clements said that the temporary changes would come into force on 27 March 2019. These changes had been driven by patient safety concerns, which in turn had been the result of staffing shortages, particularly in anaesthesia. He said that the alternative to the planned changes was continuing as we are and then getting to a crisis situation where there would have to be an unplanned emergency closure.

Dr Adrian Clements said that there was widespread agreement amongst clinicians at the Friarage and South Tees that this was a sustainable model of delivery. Also, that there had been agreement with the clinicians in the southern part of the ICS for Cumbria and the North East.

Dr Adrian Clements said that the changes would mean that there would be only 3 additional in-patient moves from the Friarage to the James Cook per day. Also, that there would be only 5 additional out-patient moves per day. In total, 8 additional patient moves per day.

Dr Adrian Clements said that the next task was to work through which services currently provided at the James Cook could be provided at the Friarage, closer to the local population.

Cllr Heather Moorhouse said that it was important to note that whilst some services being provided at the Friarage were changing, the hospital was here to stay. It was important for members to re-iterate this point and be clear with the public.

Cllr Ann Myatt requested that the committee be able to see patient outcomes data to ascertain whether the service changes had resulted in any adverse impacts.

Dr Adrian Clements said that data would be brought back to the committee in time.

Cllr Liz Colling asked when there was going to be a formal consultation on the current temporary changes and what permanent changes may subsequently be deemed necessary.

Dr Adrian Clements said that he would have preferred to consult first but that patient safety had forced the timetable.

Simon Cox said that a public consultation would be considered once the current model had been up and running long enough to understand how well it worked and what the other options may be for the management of a sustainable service. This would likely be in summer or autumn but it was not yet clear what the other options or alternatives were and so whether there would be anything to consult upon.

Dr James Dunbar referred members to the model that had been developed at Lymington New Forest Hospital. This hospital had experienced worse workforce pressures than then Friarage but was now fully staffed and working effectively for its local community.

Cllr Liz Colling questioned whether the impact of the 8 additional patient moves a day upon the Yorkshire Ambulance Service had been taken into consideration.

Dr Adrian Clements said yes and that the impact was minimal.

Cllr John Blackie said that the strength of the response to the local campaign 'Save our Friarage' demonstrated that local people did not want services to change any more. He said that South Tees Foundation Trust had not listened in the past and there was a lack of confidence in the management, which needed to be addressed.

Cllr John Blackie noted that the workforce pressures at the Friarage had been well known for years and that it was hard for lay people to challenge a decision that had been made on the basis of patient safety.

Dr Adrian Clements said that there had been mistakes made in the past but that things had changed and there was now a credible solution to the problems faced at the Friarage.

Cllr Andy Solloway noted that people living in Craven could only dream of having a hospital in their area like the Friarage.

Richard Webb drew committee members' attention to the models of health and social care delivery that had been developed in Christchurch, New Zealand. There, new and

innovative ways had been developed for providing care that worked in sparsely populated and rural areas.

Resolved -

- 1) Thank the clinicians for attending the committee and all of the work that they have done to secure a sustainable model of service delivery for the Friarage
- 2) Adrian Clements, James Dunbar and Simon Cox to come back to the 21 June 2019 meeting of the committee to provide a 3 month review report on the impact of the changes to services at the Friarage and update on plans for a public consultation
- 3) Lisa Pope and Simon Cox to come back to the 21 June 2019 meeting of the committee to provide more details of the changes to the minor injury service that had been commissioned by HRW CCG from the GP practices in the area.

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

Considered -

The report of Tim Cate, Tees Esk and Wear Valleys NHS Foundation Trust about the management of the closure of the two mental in-patient wards at the Friarage Hospital in Northallerton and the development of a model of enhanced community services.

Tim Cate introduced the report, the key elements of which are summarised below:

- The closure of wards 14 and 15 at the Friarage has been completed
- The process went smoothly
- Only 2 patients were transferred to Roseberry Park, Middlesbrough
- Enhanced community services are up and running
- It had been estimated that about 13 in-patient beds would be required to meet the needs of local people but this may fall as the enhanced community services become embedded
- The corrective works at Roseberry Park mental health hospital in Middlesbrough are ongoing and complex. They are likely to be completed by May 2023.

Cllr Jim Clark asked whether the planned community hub would still be built at the Friarage Hospital site.

In response, Tim Cate said that a better site had been secured to the north of the town, which could also accommodate some additional services that needed to be re-located. It was anticipated that the hub would be built and open by the spring of 2021.

Cllr Heather Moorhouse requested that patient outcomes data be made available to the committee so that the impact of the service changes could be tracked.

Lisa Pope confirmed that such data would be brought back to a future meeting of the committee.

Resolved -

- 1) Thank Tim Cate and Lisa Pope for attending and updating the committee
- 2) Tim Cate to forward to Daniel Harry a presentation that provides fuller detail of the corrective work being done to facilities and buildings at the Roseberry Park mental health hospital at Middlesbrough
- 3) Lisa Pope and a representative from TEWV to come back to the 13 September 2019 meeting of the committee to provide patient experience and outcomes data that enables the impact of the transition from in-patient focussed care to enhanced community based care to be assessed.

82. Follow up to the Joint Health Overview and Scrutiny meeting on mental health services in the greater Harrogate area held on 15 February 2019

Considered -

The report of Daniel Harry, Democratic Services and Scrutiny Manager, on the outcome of the joint scrutiny meeting that was held on 15 February 2019.

Daniel Harry introduced the report and explained the purpose was to update the committee and see whether there are any additional concerns, issues or lines of enquiry that needed to be pursued.

Daniel Harry made the following points in relation to the meeting of the Scrutiny of Health Committee on 14 December 2018 and the joint meeting on 15 February 2019:

- Direct comparisons between recent changes to the provision of hyper acute stroke services in Harrogate and the proposed changes to mental health service provision were unhelpful, as the conditions being treated are not similar
- It was not clear what the right balance between in-patient care and community care will be
- There were concerns as to how the needs of the Harrogate population could be met within the existing provision that was being built at York, on the basis of 72 in-patient beds
- It was 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
- It was also confirmed that the overall number of mental health in-patient beds would reduce.

Daniel Harry said that a further joint meeting would be convened once the period of engagement on the enhanced community model had been undertaken by TEWV and there was a clearer understanding of the level of in-patient demand.

Cllr John Mann noted that it was important that both community services and in-patient services were available that met local needs for mental health services.

Cllr Zoe Metcalfe said that the transition from in-patient care to community-based care would need to be carefully managed. Also, that it was concerning that some of the City of York Councillors present at the meeting had expressed the view that the new York Hospital was intended for York residents only.

Cllr John Ennis said that he was pleased to see the three committees working closely together and also that he was glad that the comparison to changes to hyper acute services was no longer being made.

Cllr Ann Myatt queried where the funding that had been given by Government for mental health services had gone and whether it had all been spent on meeting mental health need.

Simon Cox replied that the money was not ring fenced but that the commissioners of health services in the county took the requirement to have parity of esteem seriously. Increases in investment had been made but it would take time to correct the historical imbalance.

Cllr Jim Clark said that, following on from the joint meeting on 15 February 2019, he had written to Colin Martin, Chief Executive of TEWV, raising concerns about the

differences in the information that had been shared with the Scrutiny of Health Committee in December 2018 and the joint meeting in February 2019.

Resolved -

- 1) All committee members agreed to consider the outcome of the February 2019 meeting and identify any lines of enquiry that need to be pursued either by the joint committee or the Council's Scrutiny of Health Committee.

83. Ambulance response times and the impact of centralising NHS services

Considered -

A verbal update provided by Andrew Pippin, Lesley Butterworth and Nick Smith of Yorkshire Ambulance Service.

Daniel Harry introduced the report and said that the intention was to start a discussion on the extent to which the Yorkshire Ambulance Service is engaged in planning and commissioning decisions that have led to the centralisation of NHS services. He said that a recent example of a service change that the committee could explore was the move of hyper acute stroke services to Leeds and York from Harrogate.

Nick Smith gave an overview of how Yorkshire Ambulance Service is engaged in changes to NHS services locally, the key elements of which are summarised as below:

- Yorkshire Ambulance Service is fully involved in the planning of NHS service changes
- Modelling is undertaken of changes to patient flows and what this means for the number and duration of ambulance journeys, both planned patient transfers between sites and emergency response. This is then taken into account by service commissioners
- Response times are important but so are patient outcomes. A longer journey to the right care may have a better outcome than a short journey to care that is less good
- Major changes to services will require investment in the Yorkshire Ambulance Service.

Cllr Jim Clark asked whether private ambulances were used as part of the overall cover provided by Yorkshire Ambulance Service.

Nick Smith replied that this they were mostly used as part of the NHS Patient Transport Service or for transfers between sites.

Cllr Heather Moorhouse noted her concerns about response times and the potential impact that widespread NHS changes may have upon them.

Cllr Andy Solloway raised his concerns about ambulance response times in the Craven area.

Cllr John Blackie queried whether Yorkshire Ambulance Service and the Air Ambulance worked collaboratively and co-ordinated their efforts.

In response, Nick Smith said that they hold joint Board meetings, co-ordinate operationally and undertaken joint training.

Resolved -

- 1) Thank Lesley Butterworth, Andrew Pippin and Nick Smith for attending

- 2) All committee members agreed to consider the discussions and identify any lines of enquiry that could be included in the committee work programme.

84. Work Programme

Considered -

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

Cllr Liz Colling asked whether it would be possible for the committee to have early notification of NHS services that were at risk of being changed. The changes to oncology at Scarborough Hospital appeared to come out of nowhere, despite there being long standing workforce pressures.

Cllr Zoe Metcalfe queried whether the joint scrutiny that had previously been done on workforce pressures in health and social care could be revisited.

Resolved -

- 1) Daniel Harry to catalogue the changes to NHS services, that serve residents of North Yorkshire, that have occurred in the last 2 years and also identify services at risk in the next 2 years and circulate to local NHS commissioners and providers for comment
- 2) Daniel Harry to establish with local NHS commissioners and providers a mechanism by which the Scrutiny of Health Committee can be warned as early as possible of pressures in the system that may trigger service changes
- 3) An item of NHS workforce planning to be added to the work programme, building upon the joint scrutiny that had been done with the Care and Independence OSC 18 months previously.

85. 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 12:30pm

DH