

## **NORTH YORKSHIRE COUNTY COUNCIL**

### **SCRUTINY OF HEALTH COMMITTEE**

Minutes of the meeting of the Scrutiny of Health Committee held at Stokesley Town Hall, Stokesley on 8 December 2006.

#### **PRESENT:-**

County Councillor John Blackie in the Chair.

County Councillors Val Arnold, Andrew Backhouse (Substitute for Gareth Dadd), David Billing, Tony Hall, David Heather, Margaret Hulme and John Wren. District Councillors:- B S Fortune (Hambleton), R Adderley (Harrogate), R Johnson (Richmondshire), J Raper (Ryedale) and J Preston (Scarborough).

Officers:- Louise Barker, Bryon Hunter and Stephen Loach.

#### **PRESENT BY INVITATION:-**

Scarborough and North East Yorkshire's NHS Health Care Trust: Iain McInnes.

Scarborough Pain Clinic: Dr Jones.

Yorkshire Air Ambulance: Martin Eade and Mike Lindley.

Approximately 20 members of the press and public were in attendance.

Apologies for absence were submitted on behalf of County Councillor Gareth Dadd.

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**COPIES OF ALL DOCUMENTS CONSIDERED ARE IN THE MINUTE BOOK**

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#### **121. MINUTES**

##### **RESOLVED –**

That the Minutes of the meeting of the Committee held on 13 October 2006, having been printed and circulated, be taken as read and be confirmed and signed by the Chairman as a correct record.

Members referred to difficulties at the previous meeting in respect of the length of time invited guests had to wait to present their items and felt there was a greater need to undertake some time management on the agendas for future meetings. The Chairman indicated that every effort would be made to give approximate timings for presentations, so as not to delay invited guests unduly.

#### **122. CHAIRMAN'S ANNOUNCEMENTS**

The Chairman referred to responses he had received from Phil Willis MP and the Secretary of State for Health in respect of concerns raised regarding the financial savings that NHS Trusts were expected to make in a very short timescale. He stated that the response from the Secretary of State had been disappointing, although this had indicated that some flexibility for the huge savings required was being sought.

He referred to a response he had received from David Curry MP regarding issues raised on Ripon Community Hospital, which referred to patients not being transferred to the hospital and how that was exacerbating the problems related to keeping the wards open at the Ripon Community Hospital.

He had also received a letter from Fylingdales Parish Council regarding the Special Meeting that had taken place to discuss Whitby Hospital. The correspondence outlined a perception that services were being run down in that area.

A number of Members of the Committee raised concerns regarding the lack of representation from the Primary Care Trust and the apparent disregard that they were showing to the Scrutiny of Health Committee. It was suggested that a representative from their organisation should attend meetings of the Committee as there were many issues pertinent to them and that Members wished to discuss with them. It was noted that the PCT had stated that they were fully committed to public engagement and it was expected that further discussion of this matter would take place at forthcoming meetings with the PCT.

Concerns were also raised that the meetings of the Primary Care Trust now required 3 days notice of questions from the public, whereas, previously, members of the public were allowed to attend the meetings and ask questions at the time. Members did not feel that this demonstrated a commitment to public engagement.

Concerns were raised regarding the proposals to split the newly appointed Primary Care Trust into four operational units, as this was felt to be a retrograde step, especially as the unit had just re-established as a single body.

The Chairman noted that a recent visit to the Friarage Hospital at Northallerton, which had also involved the Leader of the County Council, had informed him of substantial savings that had to be made there. He noted that this could have serious repercussions for the area particularly in view of the importance of the Hospital and the core services that it provided. He had attempted to raise the matter with the PCT, requesting information as to when contact had been established between them and the South Teesside Health Authority in relation to the gap in funding for the Hospital. He noted that he had yet to receive a proper response to his question.

The Chairman stated that he would write to the PCT to express his, and the other Committee Members, disappointment, regarding the lack of attendance of a representative from their organisation at the Scrutiny of Health meeting and their apparent lack of commitment to the Scrutiny and Consultation process, on health issues, as a whole.

He also stated he would contact the Chief Executive of the Harrogate Hospital Trust, to re-emphasise the need of "unbundling the tariff" for health care service provision in the Harrogate/Ripon area, for the benefit of local patients.

#### **RESOLVED –**

That the Chairman's statement be noted and his actions, as outlined, be welcomed by the Committee.

### **123. PUBLIC QUESTIONS OR STATEMENTS**

Mr Borman, representing the South Tees PPI forum, addressed the Committee in respect of the Department of Health's replacement of patients forums, which exist for all NHS Trusts with LINKS which would operate in liaison with Local Authorities, Health Service providers and Community Care providers. He hoped that the development of the LINKS would support and enhance the current liaison provision,

in respect of Health Services, to ensure that views on local services could be expressed as fully as possible, with a view to protecting services in rural areas.

In response to this matter it was acknowledged that the LINKS system was currently in its formative stage, but it was expected there would be close communications between the Scrutiny of Health Committee and the various LINKS forums. It was emphasised that it was the intention of the Scrutiny of Health Committee to develop close co-ordination with the LINKS to promote the issues raised by the questioner.

Ms Murray, representing the North Yorkshire and York PCT PPI Forum, raised the issue of the 'Teesside effect' on health provision in the Stokesley area. She emphasised that Stokesley was only a small part of the overall Teesside Health provision, which had a heavy urban influence on the resources provided for its services.

She wished to raise the awareness of the Committee that the ambulance trust for the Stokesley area, which used to be part of TENYAS has now to be allocated to the North East area. She felt there had been insufficient consultation from the PCT in relation to this service provision and asked the Committee to give it careful consideration.

It was noted that a Department of Health Workshop which discussed the provision of urgent care had indicated that rural areas needed different health care services to what was proposed for the Stokesley area. It was noted that the proposals were currently out for consultation with a closing date for the consultation process being 5 January 2007. The need for the protection of services for rural areas and representations being made on the requirements for rural areas within the consultation process were emphasised.

#### **124. RIPON COMMUNITY HOSPITAL**

The Chairman gave a verbal update on the situation relating to Ripon Community Hospital. He stated that letters have been sent to the Chief Executive of the North Yorkshire and York PCT outlining the concern of the Scrutiny of Health Committee, and of the public, in relation to the closure of ten of the twenty in-patient beds on Trinity Ward at the Hospital. Letters in relation to this issue had also been sent to GPs in the Ripon area and the Secretary of State for Health.

In response to the correspondence it was noted that there was no current intention to re-open some or all of the closed beds within the ward, that some patients had been refused admission to Ripon Community Hospital and that the situation was of the type that could be referred to the Secretary of State for Health, depending on the circumstances. A key issue emanating from the correspondence related to the "un-bundling" of the national tariffs in the NHS which were mitigating against the use of Community Hospitals, such as the one in Ripon. This situation arose from arrangements whereby if patients were discharged to a Community Hospital earlier than the length of stay in hospital on which the national tariff was based, the PCT would still have to pay the national tariff and fund the time the patient might spend in the Community Hospital ie it had to pay twice. It was noted that, despite assurances from the Chief Executive of Harrogate Hospital at the Scrutiny of Health meeting held in Ripon, matters were moving forwards at a slow pace, with patients who could be transferred to Ripon Community Hospital being looked after at Harrogate Hospital.

#### **RESOLVED –**

That the Chairman write a letter to the Chief Executive of the Harrogate Hospital Trust with a view to undertaking negotiations to proceed on "un-bundling" the tariff in respect of the provision in the Ripon and Harrogate areas.

(A copy of this letter would be forwarded to all Members of the Scrutiny of Health Committee).

**125. TURN AROUND PLAN 2006-2011 – RECOVERY PLAN SAVINGS TARGETS AND IMPLEMENTATION PLAN – SCARBOROUGH AND NORTH EAST YORKSHIRE HEALTH CARE NHS TRUST**

The interim Chief Executive of the Scarborough and North East Yorkshire Health Care NHS Trust, Mr Iain McInnes, gave a presentation on how the Trust was attempting to return to financial balance. A framework for the proposed measures was circulated to the Committee which outlined the size of the challenge for the Trust, which was facing a deficit of £7.2m for 2006/07. He emphasised that the aim of the Trust was to achieve a balanced position within a two year period, which had been recognised by the Secretary of State for Health, however, it had been made clear to the Trust that the Government would have preferred to have seen the balance in place by March 2007.

A range of “housekeeping” measures were to be introduced in an attempt to reduce the budget towards the balance position. The Trust would also seek to maximise claims for all funding it is entitled to. Mr McInnes outlined a number of schemes which were being introduced to maximise the savings. These included:-

- Vacancy management control.
- Agency spend.
- Requisition and stock control.
- Procurement.
- Nursing structure.
- Administration and clerical staff review.
- Medical staff review.
- Review of emergency admissions – integrated accident and emergency/out of hours GP service.
- “Physician of the Day” Scheme – Consultant available between 8.00 am and 6.00 pm.
- Improved emergency bed management.
- More efficient diagnostics and improved management of elective surgery beds.

Other issues highlighted included a possible new acute hospital provision in Scarborough and how services would be provided should that come to fruition.

The possible shift of acute care to a community setting in Bridlington was also outlined, including how certain services would be provided through the Hospital, through Community locations and by the Independent Sector in a co-ordinated manner. The reduction of services provided by the minor injuries unit at Bridlington Hospital was also outlined. The marketing of Scarborough Hospital Services into neighbouring areas was discussed.

Potential savings were also being sought from preventative care for older patients, through primary care services to ensure that shorter spells were spent in hospital.

Following the initial presentation Members of the Committee discussed the issues raised with Mr McInnes, with the following issues highlighted:-

- The implications of achieving £7m of savings by July 2007, together with the expected growth in population in Scarborough of around £15,000 people by 2021, which would see further demands on health services in the area. Clarification of the payback period for funding offered through the Strategic Health Authority was outlined. It was noted that Primary Care Trusts had encountered a budget cap in 2006 which was likely to be replicated again in

2007. Mr McInnes emphasised that the Scarborough Health Trust were confident that the funding given through the Strategic Health Authority could be paid back within a two year period. In terms of population growth it was recognised that the potential increase in older people would have an impact on the provision of services.

It was noted that, currently, the Scarborough and North East Yorkshire NHS Health Care Trust had not signed a contract with the PCT as negotiations were taking place in relation to the variations of projected funding required by the Trust. The pilot project for the GP service within Accident and Emergency was explained and it was noted that the pilot project was shortly to come to a conclusion with an evaluation taking place subsequently.

It was noted that the extra space within Bridlington Hospital would be utilised by the Trust, however, it was stated that the Bridlington Community Hospitals Minor Injury Unit was coming under threat which would see patients having to travel to Hull or Scarborough to acquire treatment. Measures being introduced to provide treatment over weekends to ensure people were not remaining in Hospital for long periods of time and contingency measures for any extra burden on the service over the winter months were outlined.

It was stated that problems did occur where older people came into the area and required the use of health services. It was noticed that the biggest financial burden in relation to these problems related to arrangements for transporting the person back to their own home. Closer working with social care providers was being undertaken to ensure that patients could leave hospital services as soon as possible with, in many cases, care provided in their own home. Where care could not be provided and there was a shortage of beds in nursing homes a service was being developed whereby patients could be accommodated at a temporary nursing home until space was available in their chosen home.

Mr McInnes emphasised that the "house keeping" within the Trust was now under control, which, in itself, had generated a great deal of savings.

A representative of the Patients Forum in the Scarborough area referred to the new building that had been erected for the use of an MRI Scanner, which was not being used for that purpose, and a PCT Mobile Scanning Unit was currently being used. Reference was also being made to the Sterilisation Unit that was not being used as the Trust utilised disposable instruments.

In response it was acknowledged that better use could be made of the MRI scanner and with the intention of making improvements on diagnostic treatment it was emphasised that the likelihood was that more use would be made of the scanner. It was also noted that it was intended to make better use of the decontamination unit in 2007.

It was felt that the Trust could generate a great deal of income by managing the car parking arrangements efficiently. In response it was stated that a sub-group was being established to give consideration to better management of the car parking arrangements at Scarborough Hospital, with investigations being made in to the ad-hoc charging that currently takes place, with a view to organising that more appropriately.

Mr McInnes gave assurances to the Committee that, for the foreseeable future, a 24 hour accident and emergency service, with all back up services in place, would remain at Scarborough Hospital.

It was noted the public consultations, closely involving the Scrutiny of Health Committee were planned on the reduction of services at Bridlington's Community

Hospital Minor Injuries Unit and the cessation of maternity services at Whitby and Malton Community Hospitals. Additionally consultation would be launched on Scarborough Hospital Specialist Services.

**RESOLVED –**

That Mr McInnes be thanked for his presentation, the contents of which be noted and the consultation processes launched in relation to this issue be welcomed.

**126. MATERNITY SERVICES AT BRIDLINGTON, MALTON AND WHITBY COMMUNITY HOSPITALS**

Mr Ian McInnes, the Interim Chief Executive of the Scarborough and North East Yorkshire NHS Health Care Trust, outlined the plans for a public consultation on maternity services provided by Hospitals in Bridlington, Malton and Whitby. He initially outlined the current practice for the provision of maternity services in those areas and the differences that the proposals would make to the provision of that service. He emphasised that midwives would be available in the areas of Bridlington, Malton and Whitby, which would be backed up by the Hospital based maternity service provision at Scarborough Hospital. He sought to reassure concerns that there would be difficulty for persons wishing to obtain maternity services, in isolated rural areas, by outlining the back up service that would be available. He emphasised that enough support would be available to provide appropriate services to all areas.

In terms of training he stated that midwives would undertake a rotation of placement, to ensure that they spent some time in Scarborough Hospital enabling their skills to be extended. He outlined how services would be delivered for groups of mothers with particular concerns, for example those where children suffered from illness, younger mothers, etc.

A consultation process for the proposals would be put in place from the 15 December 2006 to 11 March 2007 with a launch for this consultation already in place. Full documentation would be made available to all key consultees during the process. Questionnaires would be provided within the documentation and representative groups would be invited to a number of consultation meetings being organised throughout the area. The outcomes of the consultation process would then be widely publicised. A number of these meetings would be linked into meetings of the Scrutiny of Health Committee. The Trust Board would then review the results on 27 March with their considerations being submitted to the appropriate consultees. It was noted that consultation meetings would be held in Bridlington, Malton and Whitby with the meeting in Bridlington being a joint meeting with the Scrutiny of Health Committee from East Riding of Yorkshire Council. The meeting in Whitby would also examine the recent decision by the PCT to close the Mulgrave Ward and the general run down of services at the Hospital. The meeting in Malton would be held towards the end of the consultation when the Scrutiny of Health Committee would put together its conclusions and official response to the consultation including taking into account the views of the North Yorkshire County Council Yorkshire Coast and Moors and Ryedale Area Committees that were to be consulted by the Trust.

Additional issues highlighted by Members included:-

- The need for patient choice.
- Ensuring that the main driver behind the proposals was people's safety and not the need to save money.
- Ensuring that proper consultation took place. In relation to this it was noted that four options were outlined in the consultation document, one of them being to remain with the current provision. One of these would be chosen as the preferred option.

- Ensuring sufficient midwives were in place throughout the area concerned to deliver an appropriate service.
- Ensuring that appropriate training was provided to all midwives to continually update their skills and practices.
- Members emphasised the need to ensure that the public consultation was fully co-ordinated.

The proposals for the consultation process were outlined as follows:-

- An evening meeting to take place in Whitby.
- The joint meeting with the East Riding of Yorkshire Scrutiny of Health Committee to take place on an evening to be determined in Bridlington with County Councillors Blackie, Billing, Arnold, Heather and Hulme representing North Yorkshire County Council.
- Consultation would take place at the Ryedale Area Committee scheduled for 17 January 2007 at 10.30 am in Malton Rugby Club and also at the Yorkshire Coast and Moors area Committee being held on 8 February 2007.
- A Scrutiny of Health Committee would be held towards the end of the consultation period to discuss the issue that had arisen.
- The dates and arrangements for all of the meetings would be co-ordinated through contact with the members of the Committee.
- Members also agreed that representatives of the PCT should be requested to attend the Whitby and Malton consultation meetings to take account of the issues likely to be raised.

#### **RESOLVED –**

- (i) That Mr McInnes presentation on proposals for maternity services at Bridlington, Malton and Whitby Community Hospital be noted.
- (ii) That the proposed consultation process be endorsed.
- (iii) That the proposed meetings relating to the consultation process be co-ordinated with Members of the Committee.
- (iv) That an appropriate PCT representative be invited to attend the consultation meetings being held at Whitby and Malton.

#### **127. SCARBOROUGH PAIN CLINIC**

Dr Jones, Consultant at the Scarborough Pain Clinic, explained the specialist service provided by the Pain Clinic and how the service was being eroded in favour of more services being provided by GPs and Physicians, to make financial savings, as having a detrimental effect on patients well being. He outlined the services that were previously provided through the Pain Clinic and the reductions that had been enforced by the Scarborough, Whitby and Ryedale Primary Care Trust, prior to them being dissolved and replaced by the North Yorkshire and York Primary Care Trust. He emphasised that a number of the essential services undertaken by the Pain Clinic could no longer be provided to patients in the Scarborough area. He noted that the clinic had maintained the same number of patients as previously but the procedures it was allowed to undertake had been cut from 800 to 300 which meant that patients could be seen but could not be offered appropriate treatment.

Dr Liz Garthwaite and two representatives of the Pain Support Group also attended the meeting and spoke in favour of the Pain Clinic and the need to ensure that the full number of procedures undertaken by the Clinic was put back in place as soon as possible. It was noted that a petition containing over 3,000 signatures relating to this had recently been handed in at a North Yorkshire and York Primary Care Trust Board meeting.

The representatives of the Pain Clinic outlined how the reduction in procedures had been implemented with no attempt at consultation on the effect of these cuts.

It was noted that approaches had been made to the Chief Executive of the newly formed North Yorkshire and York PCT and the Chairman of the new PCT had also attended the last meeting of the Pain Clinic Support Group. Assurances had been given that the issues raised were being investigated.

Members of the Scrutiny of Health Committee noted, with some concern, that the new PCT had only provided a briefing note to the meeting, which while helpful, only dealt partly with the issues raised and provided no statistics. It was felt that the questions raised were not covered adequately by the briefing paper and Members commented on the unsatisfactory nature of representatives of the North Yorkshire and York PCT not attending meetings of the Scrutiny of Health Committee to discuss issues of importance, such as this.

The Scrutiny of Health Committee recognised the valuable service to the Local Community provided by the Pain Clinic's multi-disciplinary team approach and suggested that representatives of the Scrutiny of Health Committee broker a meeting between the appropriate organisations to discuss the issues outlined in more detail.

#### **RESOLVED –**

That a task group of the Scrutiny of Health Committee comprising of County Councillors David Billing, David Heather and the Chairman meet with representatives of the PCT, the Scarborough Hospital NHS Trust and the Pain Clinic Support Group to discuss the issues outlined in more detail, early in the New Year, with a subsequent report back to the Scrutiny of Health Committee allowing it to finalise a position on this matter.

#### **128. YORKSHIRE AIR AMBULANCE**

Mr Martin Eade and Mr Mike Lindley, the Chief Executive and Operations Manager of the Yorkshire Air Ambulance (YAA) Service attended the meeting to highlight how an enhanced Air Ambulance Service could help to relieve some of the additional strains being placed on the conventional ambulance services through the current NHS savings proposals, particularly as a possible 63 Accident and Emergency Departments around England could be closed over the next few years with some of those possibly located in the Yorkshire and Humber region.

It was stated that until the present time there had been insufficient work to warrant Air Ambulances flying at night and this position was likely to remain for the short to medium term for normal air ambulance operations. With improvements to the specification of existing aircraft and the introduction of new aircraft the Yorkshire Air Ambulance, under the CAA guidelines, would be able to fly at night from one pre-authorised landing site to another.

The YAA emphasised that they were keen to discuss this issue with the relevant authorities (including Planning and Development Control authorities) with a view to having a number of landing sites for night use around the region. The authorities they wished to discuss the matter with included the Yorkshire Ambulance Service, the National Park Authorities, County Council and the District Councils. Included in the discussions would be the North Yorkshire and York PCT and the Strategic Health Authority, as additional resources/funding would be required to support the Yorkshire Air Ambulance.

The principle behind the additional service was that day or night emergency ambulances would pick patients up and transfer them to landing sites allowing the air



ambulance to be waiting to transfer the patient to the appropriate location. In extreme cases, the helicopter Air Ambulance could transfer the patient to Leeds Bradford International Airport or Teesside Airport for transfer to specialist centres by fixed wing aircraft. Following the presentation Members of the Committee raised a number of issues and statements as follows:-

- Members of the Committee praised the work of the Yorkshire Air Ambulance and expressed their gratitude for the service provided.
- Strong support was offered to the proposals, but it was emphasised that this should not be at the expense of any downgrading or closure of existing accident and emergency services within the County. The Yorkshire Air Ambulance was seen by the Committee as a supplement to the existing accident and emergency services and should not be seen as a replacement to these facilities.
- The importance to rural locations of the Yorkshire Air Ambulance was outlined.
- Members were informed of how the Yorkshire Air Ambulance is currently funded and how it is staffed, including the use of Volunteer Doctors.
- The large scale benefits to the service of introducing a second air craft were explained, together with the ability for the current provision to accommodate an additional person to travel with the patient.
- Members of the Committee agreed to facilitate a meeting/workshop/conference, involving the Yorkshire Air Ambulance Service, appropriate Health Service representatives and other relevant organisations, to further develop the proposals for the enhancement of the YAA, under the guidance of the YAA, ensuring co-ordination with the timescales for the project.

#### **RESOLVED –**

That the Committee facilitates a meeting, involving the Yorkshire Air Ambulance Service and other appropriate agencies/organisations to further develop the proposals for the enhancement of the YAA, under the guidance of the YAA, ensuring co-ordination with the timescales for the project.

#### **129. OUT OF HOURS SERVICE IN THE CRAVEN AREA**

County Councillor David Heather, a Member of the Scrutiny of Health Committee, outlined concerns being expressed by GPs and Patients in the Craven Area regarding the revised out of hours GP service put in place by the North Yorkshire and York PCT.

He highlighted the impact that the new out of hours service would have on smaller rural communities in North Craven as well as the impact that this was having on residents in the Settle and Ingleton areas, where patients had to travel to Skipton to obtain the nearest out of hours centre.

He noted that, at present, the new system had worked, however, the GPs in the area had grave reservations that this would continue to be the case. County Councillor Heather agreed to monitor the new service arrangements for the next few months and report back to the Committee later in the New Year when the issue of out of hours provision was revisited.

#### **RESOLVED –**

That further monitoring of the provision of an out of hours GP service for the Settle and North Craven area be undertaken, with further consideration being given to this issue when the Committee revisits the matter of out of hours provision.

**(Mr R Johnson, Richmondshire District Council, declared a personal interest in the following item in respect of him being involved with negotiations on contracts with Cumbria County Council)**

### **130. ACUTE MEDICAL SERVICES REVIEW IN MORECAMBE BAY**

The report of the Head of Scrutiny and Corporate Performance highlighted the review of Acute Medical Services in Morecambe Bay currently taking place.

The report highlighted the joint public consultation exercise undertaken by the former Morecambe Bay Primary Care Trust and the University Hospitals of Morecambe Bay which had closed on Wednesday, 13 September 2006 and had been considered by a Joint Scrutiny of Health Committee comprising of Members from Cumbria County Council, Lancashire County Council, Lancaster City Council and South Lakeland Borough Council. Details of the Executive Summary and recommendations from the Joint Scrutiny were appended to the report.

At the time of the Joint Scrutiny consideration it had not been established how many patients from North Yorkshire would be affected by the proposals and, consequently, the North Yorkshire Scrutiny of Health Committee was not invited to participate.

Figures from Cumbria County Council indicated that the Westmoreland General Hospital dealt with 65 Emergency Medical Admissions from North Yorkshire PCT (around 1%) and the Royal Lancaster Infirmary dealt with around 291 emergency medical admissions from North Yorkshire PCT (around 3%). There had been no admissions from North Yorkshire to Furness General Hospital.

County Councillor David Heather had raised the matter for the North Yorkshire Scrutiny of Health Committee to consider in light of the patients living in the Craven Area of North Yorkshire that would be affected by the proposals.

Members noted the affect the proposals could have on small communities in the west of the County, which was 20 miles away from those localities, compared to a 45 mile trip to the Friarage Hospital in Northallerton.

The issues raised were in respect of the continuance of acute medical in-patient services at West Moreland Hospital and it was noted that a number of patients from North Yorkshire chose their elective operations to be carried out there.

An official response to this issue had been submitted to the Secretary of State for Health by Craven District Council and the Scrutiny of Health Committee agreed to support that statement requesting that acute medical services should continue to be provided at the West Moreland Hospital.

#### **RESOLVED –**

That the Committee endorses the response from Craven District Council, set out in Appendix 3 of the report, as an appropriate response to this issue and supports the position that acute medical services should continue to be provided at the West Moreland Hospital.

### **131. WORK PROGRAMME**

The Head of Scrutiny and Corporate Performance submitted a report to assist Members to review the Scrutiny of Health Committees Work Programme, taking into account current areas of involvement and decisions taken earlier in the meeting.

The report set out the following issues in which the Committee is currently involved:-

- Future role of Community Hospitals.
- Whitby Community Hospital.
- Consultation on Maternity Services at Bridlington, Whitby and Malton Hospitals.
- Scarborough Pain Clinic.
- Out of Hours Services in Craven.
- Helicopter Landing Sites for Night Time Transfer of Patients.
- Health Care Commission Annual Health Checks.
- Visit to Selby Hospital.

Members noted the particularly heavy workload for the Committee for the initial part of 2007 and felt that it would be appropriate to form task groups, involving the Chairman, Vice-Chairman, Group Spokespersons and Local Members, to provide the response to the nine health care checks required of the Committee.

#### **RESOLVED –**

- (i) That the Committee agrees to the work programme set out in the report.
- (ii) That the particularly heavy work load for the Committee for the initial part of 2007 be noted.
- (iii) That the Committee forms Task Groups, involving the Chairman, Vice-Chairman, Group Spokespersons and Local Members, to provide the response to the nine health care checks, required of the Committee.

SML/ALJ