

Agenda

Meeting: Scrutiny of Health Committee

**Venue: The Grand Committee Room,
County Hall, Northallerton DL7 8AD
(See location plan overleaf)**

Date: Friday, 14 March 2014 at 2.00 pm

Business

1. **Minutes of the meeting held on 17 January 2014.**

(Pages 1 to 9)

Purpose of Minutes: To determine whether the Minutes are an accurate record.

2. **Public Questions or Statements.**

Members of the public may ask questions or make statements at this meeting if they have given notice to Jane Wilkinson of Democratic Services (*contact details below*) no later than midday on Tuesday 11 March 2014. 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.

3. **Children's & Maternity Services, Friarage Hospital, Northallerton – Report of the Scrutiny Team Leader.**

(Pages 10 to 39)

Purpose of the report: To invite the Committee to determine what if any further action it wishes to take following the decision of the Hambleton Richmondshire & Whitby Clinical Commissioning Group to approve option 1 – a paediatric short stay assessment unit and midwifery led service with full outpatient services and enhanced community services.

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

Carole Dunn
Assistant Chief Executive (Legal and Democratic Services)

County Hall
Northallerton

6 March 2014
JW/ALJ

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.

Scrutiny of Health Committee

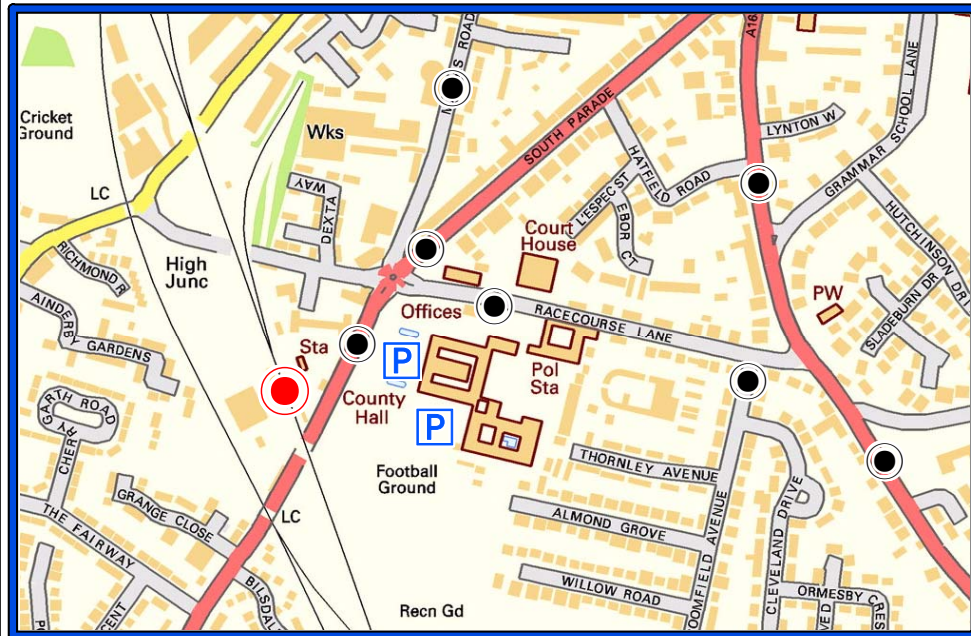
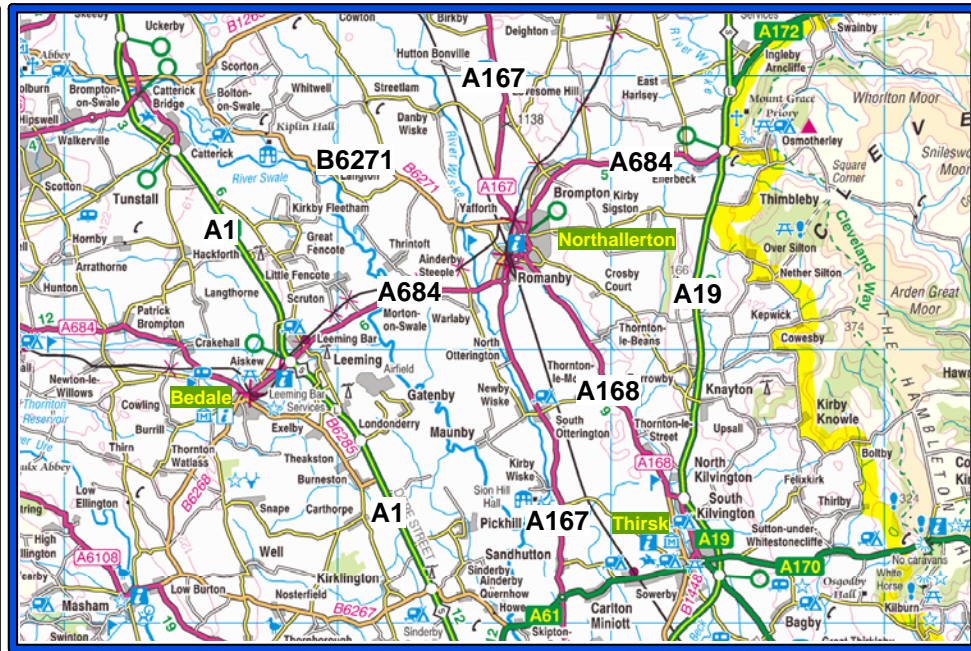
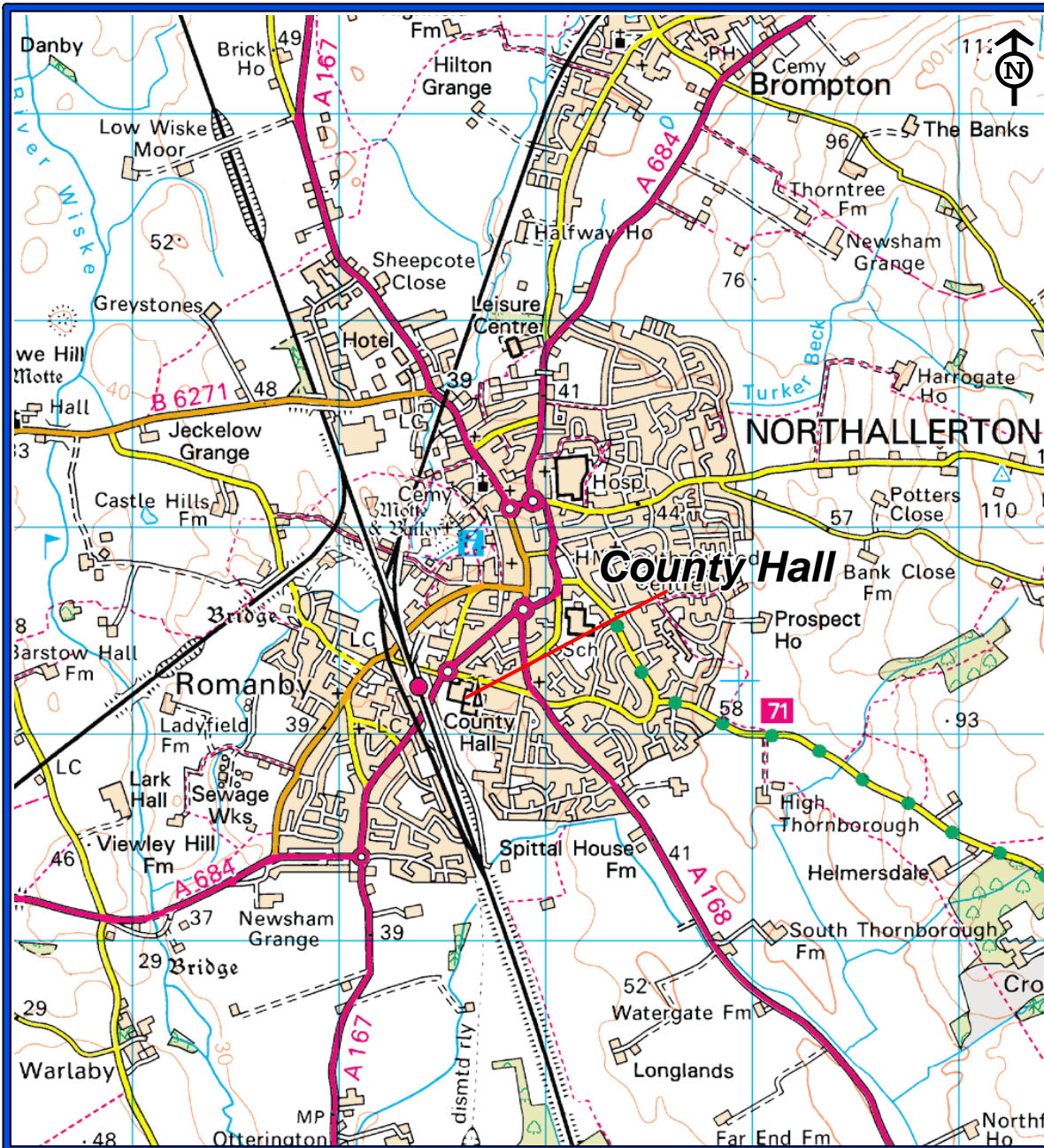
1. Membership

County Councillors (13)							
	Councillors Name			Chairman/Vice Chairman	Political Party	Electoral Division	
1	ARNOLD, Val				Conservative		
2	BARRETT, Philip				NY Independent		
3	BILLING, David				Labour		
4	CASLING, Elizabeth				Conservative		
5	CLARK, Jim			Chairman	Conservative		
6	CLARK, John				Liberal		
7	ENGLISH, Polly			Vice Chairman	Liberal Democrat		
8	ENNIS, John				Conservative		
9	MARSHALL, Shelagh				Conservative		
10	MOORHOUSE, Heather				Conservative		
11	MULLIGAN, Patrick				Conservative		
12	PEARSON, Chris				Conservative		
13	SIMISTER, David				UKIP		
Members other than County Councillors – () Voting							
	Name of Member				Representation		
1	BLADES, David				Hambleton DC		
2	McSHERRY, Kay				Selby DC		
3	RAPER, John				Ryedale DC		
4	MORTIMER, Jane E				Scarborough BC		
5	ROBERTS, John				Craven DC		
6	PELTON, Tony				Richmondshire DC		
7	GALLOWAY, Ian				Harrogate BC		
Total Membership – ()				Quorum – ()			
Con	Lib Dem	NY Ind	Labour	Liberal	UKIP	Ind	Total
8	1	1	1	1	1	0	

2. Substitute Members

Conservative		Liberal Democrat	
	Councillors Names		Councillors Names
1	HESELTINE, Michael	1	GOSS, Andrew
2	SWIERS, Helen	2	SHIELDS, Elizabeth
3	BUTTERFIELD, Jean	3	
4	BASTIMAN, Derek	4	
5		5	
NY Independent		Labour	
	Councillors Names		Councillors Names
1	McCARTNEY, John	1	MARSHALL, Brian
2		2	
3		3	
4		4	
5		5	
Liberal		UKIP	
	Councillors Names		Councillors Names
1	SAVAGE, John	1	

2		2	
3		3	
		Substitute Members other than County Councillors	
		1	BARDON, Peter (Hambleton DC)
		2	DYSON, Michael (Selby DC)
		3	SHIELDS, Elizabeth (Ryedale DC)
		4	JENKINSON, Andrew (Scarborough BC)
		5	STAVELEY, David (Craven DC)
		6	JOHNSON, Rob (Richmondshire DC)
		7	FLYNN, Helen (Harrogate BC)
		8	



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North Yorkshire County Council

North Yorkshire County Council

Scrutiny of Health Committee

Minutes of the meeting held at Sneaton Castle, Whitby on 17 January 2014, commencing at 10.00 am.

Present:-

County Councillor Jim Clark (Chairman)

County Councillors:- Val Arnold, David Billing, John Clark, John Ennis, Shelagh Marshall, Heather Moorhouse, Patrick Mulligan, Chris Pearson and David Simister.

District Council Members:- Jane Mortimer (Scarborough), John Roberts (Craven), and Ian Galloway (Harrogate)

Officers:- Bryon Hunter (Scrutiny Team Leader), Jane Wilkinson and Emma Talman (Legal and Democratic Services), Dr Lincoln Sargeant (Public Health) and Tony Vardy (Health & Adult Services).

In attendance:-

Executive Members County Councillor Clare Wood
 Hambleton, Richmondshire & Whitby Clinical Commissioning Group – Dr Vicky Pleydell
 NHS England (NY & H Local Area Team) – Chris Clarke
 Commissioning Support Unit (NY & Humber) – Alex Trehwitt, Karen Mazingham and Michaela Golodnitski
 North Yorkshire County Council – County Councillor David Jeffels
 Egton Practice Patient Group – Roger Everett (Chair)
 Danby GP Practice – Dr Marcus Van Damm

Apologies for absence were received from County Councillors Philip Barrett and Polly English and District Councillors David Blades (Hambleton), Kay McSherry (Selby), John Raper and Elizabeth Shields (Ryedale) and Tony Pelton (Richmondshire).

In attendance 8 members of the public.

Copies of all documents considered are in the Minute Book

26. Minutes

Minute Number 21 – Minimum Practice Income Guarantee – penultimate paragraph quotes a figure of £19M as being the amount of deficit inherited from the former North Yorkshire & York Primary Care Trust by Clinical Commissioning Groups serving North Yorkshire. The Chairman said this figure was thought to be correct at the date of the meeting but had subsequently been revised and that the correct figure was in fact £9m.

Resolved

That the Minutes of the meeting held on 8 November 2013 be taken as read and be confirmed and signed by the Chairman as a correct record subject to the following amendment:-

- That Councillor Wendy Newall's name (Chair of the Darlington Scrutiny of Health Committee) be added to the list of persons recorded as being present at the meeting

27. Chairman's Announcements - correspondence, communication or other business brought forward by the direction of the Chairman of the Committee:-

- Autism Assessments – Following discussion at the Committee's mid-cycle briefing meeting, a report on work taking place to reduce waiting times was to be deferred until later in the year
- Children's & Maternity Services, Friarage Hospital – The consultation had now ended and the CCG was in the process of considering alternative options that had been put forward. A special meeting of the CCG's Governing Body on 27 February 2014 would make the final decision on proposals to determine the future of children's and maternity services at the Hospital. A special meeting of the Committee would be held on the afternoon of Friday 14 March 2014 to consider what if any further action the Committee would take.
- National Review of Congenital Heart Disease – A consultation on service specification/standards was due to be launched in the spring that would inform commissioning in 2015. Announcements regarding future service configuration were still awaited. As a member of the joint Committee the Chairman said he would continue to provide regular updates
- Meeting in Richmond Town Hall (10 January 2014) with William Hague MP – The meeting had discussed healthcare services in rural areas and had been well attended. Issues discussed included the Friarage Hospital and the withdrawal of Minimum Practice Income Guarantee (MPIG).
- Springwood Mental Health Unit at Malton Hospital - Following the opening of the new Unit the Chairman said he had visited and been very impressed with the facility.
- Rowan Ward Harrogate Hospital – refurbishment now complete and the Chairman had been impressed by staff and facilities on a recent visit.
- CQC Hospital Inspections - Harrogate & Airedale – Following changes introduced by the Care Quality Commission the Chief Inspector of Hospitals had published reports on the quality of care provided at Harrogate and Airedale hospitals. Both hospitals were amongst the first wave of hospitals to be assessed. Overall the results were similar and very positive but low staffing levels on wards caring for older people had been identified as an area of concern. The Chairman said he intended to write to both Trusts to congratulate them on their performance to ask them to comment on the care they provide to older people.

28. Public Questions or Statements

There were no public questions or statements from members of the public concerning issues not on the agenda.

Resolved

That the requirement to give three day notice is waived and those Members of the public present at the meeting who wish to speak on items listed on the agenda will be invited to do so during consideration of that item.

29. “Fit 4 the Future” Initiatives in Hambleton, Richmondshire and Whitby

Considered –

The report of the Scrutiny Team Leader highlighting progress achieved by Hambleton Richmondshire & Whitby Clinical Commissioning Group towards finalising a vision for the future design of community health and social care services across Hambleton, Richmondshire and Whitby including a new Whitby Hospital. Appended to the report was a summary of feedback received to date following public events and engagement with local communities.

The meeting was attended by Dr Vicky Pleydell, Hambleton Richmondshire & Whitby CCG who said that faced with an ageing population and increasing demand for services integration was the way forward. Members of the public had confirmed their support for more care in the community outside of hospital and closer to their own homes so they could be independent for as long as possible. As the work had progressed it had become clear that whilst Hambleton and Richmondshire areas had very similar issues the situation in Whitby was different which was why it had been decided to separate the initiatives into two separate projects :-

- “Fit4the Future” – Enhancing community health and social services in Whitby and surrounding area
- “Fit4Future” –Preparing for an aging population

The next stage was to use the feedback to redesign services. She emphasised the importance of services as opposed to buildings which she said were secondary to the overall vision. She said that each of the initiatives would have a different timetable for implementation. Because of its long history, work on the Whitby initiative would take precedence.

When pressed by Members, Dr Pleydell said that if a decision was taken to build a new Whitby hospital it would be unrealistic to think that construction could be completed before 2018. She stressed that no decisions about a new hospital had been made and that currently work on an options appraisal of the existing hospital was underway. Together with partners the CCG was exploring how the existing site could be redeveloped. One option being considered was the inclusion of an extra care housing development.

Members asked whether some cancer treatments could in time be made available either at Whitby Hospital or in patients own homes. Dr Pleydell replied that following investment by the CCG in the Friarage Hospital, some patients were now able to receive their treatment for cancer at the district hospital without having to travel to the James Cook University Hospital in Middlesbrough. The next step would be to make this care available in a community hospital setting. She agreed that there were lots of other examples where care could be delivered locally.

In response to questions from Members Dr Pleydell gave the following responses:-

- Confirmed that the CCG was in discussion with NHS England about the funding of a new hospital. Finance regulations were complex and following recent NHS reforms untested. Stressed that no new monies were available

and that in order for the development to be cost-neutral services would have to be redesigned and delivered in a different way. Called for support from the community, politicians and the voluntary sector to help deliver the project.

- Whitby Minor Injuries Unit – Agreed that it was not used to its maximum potential and that a new model of delivery was needed. Whitby's geography meant that a MIU's service should be retained in the town and that ideally was linked to urgent care services. Funding for a 24 hour nursing service would hopefully be made available within the next 2/3 months.
- GP Out of Hours – Different model of service needed in Hambleton/Richmondshire as opposed to Scarborough/Whitby. Models currently under development.
- Transport – Acknowledged that access to services was a big problem for many users. The CCG very keen to work with the voluntary sector and explore opportunities to improve existing scheme. Acknowledged that in the past the voluntary sector had suffered from being underfunded.

The Chairman commented that the withdrawal of Minimum Practice Income Guarantee (MPIG) and the new funding formula for CCG allocations which did not keep pace with NHS inflation meant that CCG budgets would receive no extra monies and that this was bound to impact upon the work they were trying to do.

Dr Pleydell responded by saying that the CCG was on track to achieve financial balance in its first year of operation. The CCG was encouraging GPs to provide more services and was looking to invest more in schemes that aimed to keep people out of hospital that were available to all patients in all practices. This would enable the CCG to release funds currently awarded to Acute Trusts. She acknowledged that this transition would not be easy but was encouraged by the efforts of rural GPs who frequently provided services that their urban counterparts did not.

In conclusion Members commended the work done to date by the CCG and looked forward to receiving further updates in due course.

The Chairman congratulated the CCG on the work it had done with communities locally to move the situation forward with regard to Whitby Hospital. He said he had seen a dramatic improvement over the last three and half years and whilst mindful of the financial challenges that lay ahead looked forward to working with the CCG in the future.

NOTED

30. 'Right Care First Time' - Improving Urgent Care Services in Scarborough and Ryedale

Considered –

The report of the Scrutiny Team Leader informing the Committee of the launch of a formal consultation led by the Scarborough and Ryedale Clinical Commissioning Group (SRCCG) on proposals to improve urgent care services in Scarborough and Ryedale.

The meeting was attended by Alex Trehitt and Karen Mazingham NY & H Commissioning Support Unit who described the need improve urgent care (sudden illness or injury that is not life threatening that needs to be treated fast). Initial work had indicated that local people were confused about the services currently available.

Urgent care services currently provided in Scarborough & Ryedale area included a walk-in service at Castle Health Centre in Scarborough, a Minor Injuries Unit at

Malton Hospital and a GP Out of Hours Service available between 6.30 pm and 8.00am. The review aimed to improve patient experience and ease pressure on busy accident and emergency departments. Under the proposals current urgent care services in Scarborough and Ryedale would be replaced by two new urgent care centres, one in each locality. These centres would provide urgent care to patients around the clock, 365 days a year. The new service was due to be launched in Spring 2015.

A short video providing more information about the review was shown at the meeting.

The Committee was provided with details of a series public events planned for prior to the close of the consultation on 3 March 2014. It was anticipated that procurement of the new service would commence in June 2014.

The CCG was keen to get the views of the public on what was proposed and Members were invited to attend the public events and/or complete the on line consultation survey.

In response to the presentation Members commented as follows:-

- That the location of the Castle Health walk-in centre had been the subject of very detailed consideration and that this should be borne in mind when determining the location of the new urgent care centre
- That the contract for the walk-in service at Castle Health Centre in Scarborough was due to expire in October 2014 and the new service was not due to be launched until Spring 2015 – this left a gap in service which was a concern
- Out of hours dentistry – the consultation did not make it clear whether this service was included. It was suggested that the situation was clarified particularly prior to attendance at public events
- That in Ryedale area there were two CCGs each with different urgent care arrangements. Care pathways would be determined by postal addresses leading to confusion and anomalies.
- That arrangements should be included in the new service to reduce the number of hospital admissions from care homes
- How will patient outcomes be evaluated and success or otherwise of the new model be measured?
- How would the proposals contribute to the Better Care Fund agenda given BCF plans were already well advanced
- That the location of the urgent care centre in Ryedale was crucial and the CCG should be well prepared to answer questions on this subject at public events.

Alex Trehwitt and Karen Mazingham made a note of the comments made by Members which they agreed to take forward as part of the consultation. They said that the CCG was aware of the potential gap in service and was in the process of exploring opportunities to bridge it. The Chairman asked to be kept informed of progress. As far as location of the new urgent care centres was concerned this was subject to procurement. Once determined an information/communication strategy would be launched. Negotiations about an out of hours dentistry service were in progress as was finance modelling.

The Chairman thanked Alex Trehwitt and Karen Mazingham for their attendance and the information they had provided at the meeting and commended the professionalism of the video shown at the meeting.

Resolved -

That the proposals to improve urgent care services in Scarborough and Ryedale area be noted.

That the dates of public consultation meetings be noted.

That the outcome of the consultation be referred to a future meeting of the Committee to allow Members an opportunity to influence the final specification before it is presented to the Board of the CCG in May 2014.

That the Chairman be kept informed of the situation surrounding the expiry of the contract for the walk in service at Castle Health Centre in Scarborough.

31. Update on Stroke Services at Scarborough Hospital

Considered –

The report of Simon Cox, Chief Officer, Scarborough and Ryedale Clinical Commissioning Group informing the Committee of changes introduced following a review of stroke services undertaken in 2012.

The report was presented by Michaela Golodnitski NY & H Commissioning Support Unit as Simon Cox was unable to attend the meeting that day. She described the background to the review, progress made and future challenges.

Members noted discussions about future configuration of national and regional stroke services and were advised that if changes were introduced as a result they were unlikely to go ahead within the next two years.

The Chairman asked to be kept informed of developments.

Resolved -

That the report be noted.

32. Merger of Claremont Practice with the Peasholm Surgery, Scarborough

Considered –

The report from NHS England (North Yorkshire and the Humber) informing Members of the merger of Claremont Surgery and Peasholm Practice effective as from 2 January 2014.

Members were advised that it was usual for the Committee to be consulted in advance of any proposed merger but that in this instance this had not proved possible. Due to the illness of one of the GPs and the pressure this placed on the remaining GP a rapid timeframe had been instigated in order to reduce the risk to patients.

The report was introduced by Chris Clark, NHS England (Local Area Team) who summarised the consultation process and support for the merger.

County Councillor David Billing said based on his local knowledge of the area he predicted that many of the patients who had transferred to Peasholm Surgery would ultimately move to another practice that was more centrally located. The isolated location of the Peasholm surgery meant that people would not be able to visit their doctor when in town and would instead have to make a special trip.

Asked if patients had been consulted about transferring to another practice the Committee was advised that a letter had been sent to heads of households and local media used to inform them of the forthcoming merger but that ultimately transfers had been affected by default. Patients could however choose to move to another practice as all practices in Scarborough had open patient lists.

Members raised no objection to the merger and noted that a number of other mergers were in the pipeline.

The Chairman thanked Chris Clark for his attendance and the information he had provided.

Resolved –

That the report be noted.

33. Update on Clinical Commissioning Groups Funding Allocations and on the Withdrawal of the Minimum Practice Income Guarantee (MPIG)

Considered -

The report of the Scrutiny Team Leader presenting budget allocations for North Yorkshire CCGs for the next two years and updating the Committee on the latest position local regarding withdrawal of MPIG.

Members noted that for North Yorkshire CCGs the new funding formula meant that whilst awarded a funding uplift, it was below NHS inflation. Additionally CCG budgets were being top-sliced to support the Better Care Fund which further constrained their budgets. At the previous meeting the Committee was advised that the withdrawal of MPIG could not be reversed and that any work GPs were carrying out over and above their GMS contract would have to be funded by their local Clinical Commissioning Group. A recent announcement by NHS England recognised that certain practices were heavily reliant on MPIG and considered to be 'outlier' practices. For these practices provision would be made so that the withdrawal of MPIG did not undermine their viability. It had recently been confirmed that in North Yorkshire only Egton Surgery and Danby Surgery qualified as outliers. As at the date of the meeting there was no indication how support would be given to these practices.

The Chairman said Roger Everett Chair of the Patient Group for Egton Practice and Dr Marcus Van Damm from the Danby Practice had given notice of their intention to speak at the meeting that day.

Mr Everett-Chair of Patient Group Egton Surgery – described how the withdrawal of MPIG was of huge concern locally. He appreciated the budget position but stressed the urgency of the situation and said that transition arrangements were needed immediately.

As Chair of Scarborough Borough Council's Health & Well-being Scrutiny Committee, County Councillor David Jeffels summarised the outcome of a meeting he had attended the previous day at the House of Commons with representatives from the British Medical Association, NHS England and Senior Civil Servants from the Department of Health. The meeting had been chaired by the All Party Parliamentary Group for Health. At that meeting NHS England had commented that adjustments could be made before MPIG was phased out and encouraged GPs to work with CCGs and their Local Area Team.

The Chairman said the problem was, MPIG would start to be withdrawn on 1 April 2014 which was only eight weeks away and details of transition arrangements were still awaited. He considered it strange that there were no outlier practices in Richmondshire and could not see how CCGs could finance additional work done by some GPs given their budget situation.

On behalf of NHS England Chris Clark confirmed that the Local Area Team was working with GP practices and CCGs to find a solution. He suggested that one possible solution could be an adjustment in the capitation fee paid to GPs for each of their patients.

A Member pointed out that unless GPs were prepared to disclose details of their income which at present they refused to do on the grounds that it was commercially sensitive the Committee was unable give support as it was not in receipt of all the relevant facts.

Dr Van Damm – Danby Practice – appreciated the difficulty of the financial situation and understood why it was important that a replacement for MPIG should not create new anomalies. However he stressed the urgency of the situation and said that a solution was needed immediately. He described how the withdrawal of MPIG was being managed in Wales and said that if similar arrangements were adopted in England it would solve the problem. As things stood his practice would start to experience significant cash flow problems as early as April 2014. He assured Members that he was committed to working with the CCG and NHS England.

The Chairman said that clearly this was an important area of work for the Committee. He referred to the letter dated 10 December 2013 from Geoff Day (NHS NY & H) copy appended to the report. The final paragraph of that letter said NHS England was committed to the development of a long term commissioning strategy for primary care services. The Chairman sought the support of the Committee for him to write a further letter to NHS England setting out the Committee's concerns about the withdrawal of MPIG, seeking information about the development of a long term commissioning strategy for primary care services and asking him to comment on the payment of "practice support payments" to Welsh surgeries.

Resolved –

That the Chairman on behalf of the Committee writes to Geoff Day (NHS NY & H) expressing concern about the withdrawal of MPIG and seeking further information on the development of a long-term commissioning strategy for primary care services.

34. Remit of the Committee and Main Areas of Work

Considered -

Report of Bryon Hunter, Scrutiny Team Leader summarising the role of the Committee and inviting Members to comment upon and approve the content of the Committee's future work programme.

Members attention was drawn to the special meeting of the Committee on Friday 14 March 2014 at 1.30 pm at County Hall, Northallerton and that the venue for the April meeting would be Airedale Hospital.

Resolved -

That the work programme be received and agreed as printed.

The meeting concluded at 12.25pm.

JW/JR

North Yorkshire County Council

Scrutiny of Health Committee

14 March 2014

Children's and Maternity Services at the Friarage Hospital, Northallerton – Current Situation**Purpose of Report**

1. The purpose of this report is to inform and assist the Committee in reaching a decision on further action it wishes to take following the decision of the Hambleton, Richmondshire and Whitby Clinical Commissioning Group at its Extraordinary Board Meeting on 27 February 2014 to approve Option 1 – A Paediatric Short Stay Assessment Unit (PSSAU) and midwifery led maternity service with full outpatient services and enhanced community service provision.
2. To note that in approving Option 1 the CCG Board also:
 - Agreed that the clinical case for change has been strongly made and other options have been considered.
 - Agreed the views of the public have been sought and all mediums used to ensure a fair and transparent process have been adopted and that the impact on vulnerable groups and those experiencing health inequalities can be mitigated.
 - Endorsed the outcome of the GP Council of Members and the preferred option from the public consultation.
 - Approved the overall investment of £625,000 for 24/7 ambulance, SSPAU to provide 7 day working and for a taxi service out of hours and a shuttle bus service in hours between The Friarage Hospital and James Cook University Hospital for all specialities.
 - Agreed all investment areas will be formally reviewed by the Governing Body at 6 months post-implementation.
 - Agreed the implementation timeframes of 6 months for the new services to commence in October 2014.

Background

3. Key Events:

Date	Event
2005	Friarage Clinical Futures Review
July to October 2009	Temporary closure of the consultant-led in-patient paediatrics and consultant-led maternity services at the Friarage Hospital.
December 2011/January 2012	National Clinical Advisory Team (NCAT) review
15 February 2012	North Yorkshire County Council resolved:

Date	Event
	<p>“This Council calls upon all those involved in considering the future of maternity and paediatric services at the Friarage Hospital to consult and engage with all of the communities affected and to leave no stone unturned in an effort to retain the existing consultant led services at what the public rightly considers to be an excellent Hospital”.</p>
21 February 2012	<p>Hambleton District Council resolved:</p> <p>“This Council firmly believes that residents of Hambleton are entitled to receive consultant led medical care of the highest quality at a centre of excellence as close to their home as possible. The rural nature of Hambleton requires maternity facilities to remain at the Friarage Hospital, Northallerton, as part of a local hospital with a long term future.”</p>
April to June 2012	CCG engagement events
26 May 2012	Public march through Northallerton led by William Hague MP
25 September 2012	<p>NHS North Yorkshire and York (NHS NY&Y, the former primary care trust) considered a report “Proposed Reconfiguration of Paediatric and Maternity Services at Friarage Hospital, Northallerton”. The purpose was to agree the options to be included in the formal consultation. The report outlined options for the reconfiguration of paediatric and maternity services:</p> <p>Option 1 - Sustaining a consultant led paediatric service and maternity unit, requiring significant investment to achieve safety standards although this service would remain fragile in terms of sustainability.</p> <p>Option 2 - Paediatric Short Stay Assessment Unit (PSSAU) and midwifery led maternity service with full outpatient services and enhanced community service provision. This would be delivered within tariff, so therefore would require no additional investment by the CCG. Minor additional transport costs would be incurred but it is hoped that ambulance costs would be met by efficiencies.</p> <p>Option 3 - Paediatric outpatient services and enhanced community services and a midwifery led unit. Similar costs to Option 2.</p> <p>NHS NY&Y decided to consult only on options 2 and 3.</p>
23 October 2012	<p>Richmondshire District Council resolved, “Urges the NYCC Scrutiny of Health Committee to call in to the Secretary of State for Health the proposals for change at the Friarage during the statutory NHS public consultation period on the grounds that they are not in the interests of the local health service and are prejudicial to patient safety, so as to secure an independent and objective high level review of the current services and the proposals to downgrade them.”</p>
24 October 2012	NHS NY&Y announced that it would be pausing the consultation process.
22 November 2012	Special meeting of the Scrutiny of Health Committee. The meeting was held after it became clear that retention of consultant-led

Date	Event
	paediatric and maternity services at the Friarage Hospital would not feature in a consultation on the way forward. Committee resolved to refer the matter to the Secretary of State for Health.
20 December 2012	Letter sent to the Secretary of State for Health from the Scrutiny of Health Committee. See APPENDIX 1.
23 May 2013	Secretary of State's response to Cllr Jim Clark. See APPENDIX 1.
September 2013 to November 2013	Formal consultation on 2 options: <ul style="list-style-type: none"> • Providing a Paediatric Short Stay Assessment Unit (PSSAU) and Midwifery Led Unit (MLU) with full outpatient services and enhanced services in the community. • Providing paediatric outpatient services and Midwifery Led Unit (MLU) and enhanced services in the community.
18 December 2013 and 17 January 2014	Evaluation of 3 other options
7 February 2014	CCG Council of GP Members (in private) approved Option 1.
Thursday 20 February 2014	Final reports published on CCG's website. Please see APPENDIX 2.
Tuesday, 25 February 2014	Richmondshire District Council resolved to look into taking legal action over the decision by the Hambleton, Richmondshire and Whitby Clinical Commissioning Group. Officers from that Council are looking into financial implications.
Thursday 27 February 2014	CCG Board Meeting (in public) endorsed the decision of the CCG Council of GP Members.

Next Steps

4. The Scrutiny of Health Committee has been fully involved throughout the engagement and formal consultation phases. The Committee was formally consulted at its meeting on 8 November 2013.
5. Now that the CCG has taken a final decision Dr Vicky Pleydell, the CCG's Clinical Chief Officer and Jill Moulton, Director of Planning, South Tees Hospitals NHS Foundation Trust (STFT) will be attending the meeting on 14 March to summarise the case for change and how the other options that came forward from the consultation were evaluated. This will include summarising the discussions at the Council of GP Members on 7 February and the Board meeting on 27 February.
6. In addition to considering all of the issues it raised in the original referral to the Secretary of State for Health, the Committee also needs to reach a view on whether the CCG followed the advice of the Secretary of State/IRP. In particular:
 - a) **Has the case for change been proved?**

- b) **If a consultant-led option is not viable, has the CCG demonstrated why it is not viable - with suitably detailed analysis of sustainability, affordability and quality. This should include why consultant-led services are delivered at other hospitals of a similar size.**
 - c) **Did the consultation invite new options - not limiting respondents to those listed - and have the new options properly evaluated?**
 - d) **Has the consultation been conducted and completed as part of a fair, open and rigorous process that seeks the best possible solution?**
7. In considering the Committee's course of action it needs to reach a view on what has become quite a complex issue and dating back to 2005.
8. The powers of the Scrutiny of Health Committee are set out in APPENDIX 3.

Recommendation

9. Members are asked to consider this report and decide any action the Committee may wish to take.

**Bryon Hunter
Scrutiny Team Leader**

**County Hall
NORTHALLERTON**

4 March 2014

Background Documents: None

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20 December 2012

Rt Hon. Jeremy Hunt MP
Secretary of State for Health
Richmond House
79 Whitehall
London SW1A 2NL

Dear Secretary of State

Proposed Reconfiguration of Children's and Maternity Services at the Friarage Hospital, Northallerton

Please accept this letter as formal referral to you of the proposals by NHS North Yorkshire and York (NHS NY&Y) to close the 24/7 consultant-led children's and maternity services at the Friarage Hospital, Northallerton. The referral follows on from the meeting of the North Yorkshire Scrutiny of Health Committee (SoHC) on 22 November 2012¹ when it was resolved unanimously that I should refer these proposals to you.

The referral is made in accordance with the provisions set out in the Health and Social Care Act (2001) (as amended) and the associated regulations² (specifically regulation 4(7)) and current Department of Health guidance³.

It is important to note that the SoHC is seeking a full review of these proposals by the Independent Reconfiguration Panel (IRP) and is requesting you to agree this approach.

You will note in written evidence⁴ submitted with this letter that the Rt. Hon. William Hague MP, as the local Member of Parliament, sees this as the only way

¹ https://www3.northyorks.gov.uk/n3cabinet_scru/health_agendas_/20121122agenda/2012-11-22-Agenda.pdf

² http://www.legislation.gov.uk/ukxi/2002/3048/pdfs/ukxi_20023048_en.pdf

³ http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4066238.pdf

⁴ https://www3.northyorks.gov.uk/n3cabinet_scru/health_reports_/20121122_/williamhaguempl/williamhaguempl.pdf

to settle the gulf between the arguments put forward by the local NHS underpinning their proposed downgrading of the services and the arguments and public support underpinning their retention at the Friarage Hospital.

The referral focuses on 3 main aspects:

- 1) A reduction in the quality of these NHS services;
- 2) Significantly reduced patient accessibility;
- 3) Compromising the reputation and credibility of the local NHS in the eyes of the public by excluding from the proposed public consultation the option that had attracted their overwhelming support in an extensive engagement programme.

It is important to note that Mr. Hague has given his unswerving support for retaining the healthcare services proposed to be downgraded although he makes clear it may have to be on the basis of finding a unique solution, and so their provision would potentially be in a different format.

Mr. Hague led a family rally and march of some 4,000 men, women, children and babies in May of this year organised to demonstrate the support amongst local people for the retention of the 24/7 consultant-led services.

The background and the main events together with references to key documents over the last year relating to the proposed reconfiguration are detailed below.

In July 2011, South Tees Hospitals NHS Foundation Trust approached NHS Hambleton, Richmondshire and Whitby Shadow Clinical Commissioning Group (CCG) regarding concerns about the future sustainability of paediatric services at the Friarage Hospital, Northallerton.

A series of discussions between the GP commissioners and consultant staff from the hospital took place in the autumn of 2011. The CCG then invited the National Clinical Advisory Team (NCAT) to visit in December 2011 to review the clinical case. NCAT published its report⁵ early in 2012.

Whilst the NCAT report suggested that no change was not an option for the services under review at the Friarage Hospital, it also confirmed that the services currently provided there were 1st class, and the hospital was loved by the 150,000 residents it serves across a huge 75 mile wide rural and deeply rural catchment here in North Yorkshire, from very nearly to Pickering in the North York Moors, across the Vale of York, to the remote areas of Upper Swaledale and Upper Wensleydale in the Yorkshire Dales.

The NCAT report also raised concerns about the future provision and sustainability of 24/7 consultant-led maternity and children's services at the Darlington Memorial Hospital, a hospital suggested by the local NHS to provide an alternative if these services at the Friarage were downgraded. If services at the Darlington Memorial Hospital were subsequently downgraded, having lost those at the Friarage, this would consign expectant mothers-to-be from a local deeply rural population of some 5,000 people to journeys of approximately 50 to 70 miles from the Upper Dales in the Yorkshire Dales National Park to access a 24/7 consultant-led maternity service.

⁵<http://www.northyorkshireandYork.nhs.uk/HRW/BoardMeetings/2012-13/2012Sep17/Appendix%203%20NCAT%20Report.pdf>

It is understood this would place these communities the furthest away of all communities of a comparable size in all England from consultant-led maternity services.

The extended length of such journeys, especially given the hostile weather conditions prevalent for many months of the year in the Yorkshire Dales, present a significant threat to the safety of both the mother-to-be and her expected baby, and indeed the local NHS has predicted it could be likely to increase the number of emergency births en route to a hospital, as the distance and the time taken to travel would exceed that available for the impending birth of the baby.

The NCAT report led to a decision to carry out an engagement process or “conversation” with local patients, the public, NHS partners, the Local Authority, the voluntary sector and other stakeholders about the problems the paediatric service faces. It was also decided that the engagement process would include the future of maternity services at the Friarage as there are fundamental links between paediatrics and maternity services in terms of sustainability.

The engagement process included 9 public meetings held across Hambleton and Richmondshire between April to June 2012. At each of these meetings, 7 of which I personally chaired, we heard from managers and clinicians that there is currently a first class service but there are problems in sustaining it at this level. The overwhelming view from the public was that a consultant led service should be retained. The engagement exercise culminated in a comprehensive report⁶.

NCAT carried out a second visit to the Friarage Hospital in August and published their second report⁷ in September. It again concluded that no change was not an option but it did recognise the overwhelming public support for retention of a consultant led service.

On 25 September 2012 the Board of NHS NY&Y considered a report “Proposed Reconfiguration of Paediatric and Maternity Services at Friarage Hospital, Northallerton”⁸ with a view to agreeing the options to be included in the formal consultation. The report outlined options for the reconfiguration of paediatric and maternity services:

Option 1 - Sustaining a consultant led paediatric service and maternity unit, requiring significant investment to achieve safety standards although this service would remain fragile in terms of sustainability.

Option 2 - Paediatric Short Stay Assessment Unit (PSSAU) and midwifery led maternity service with full outpatient services and enhanced community service provision. This would be delivered within tariff, so therefore would require no additional investment by the CCG. Minor additional transport costs would be incurred but it is hoped that ambulance costs would be met by efficiencies elsewhere in the system locally.

⁶<http://www.northyorkshireandYork.nhs.uk/friarage/index.htm>

⁷[http://www.northyorkshireandYork.nhs.uk/friarage/docs/Friarage%20report%20following%20visit%2021-8-12%20-%20final%20version%20\(2\).pdf](http://www.northyorkshireandYork.nhs.uk/friarage/docs/Friarage%20report%20following%20visit%2021-8-12%20-%20final%20version%20(2).pdf)

⁸<http://www.northyorkshireandYork.nhs.uk/AboutUs/PublicBoardMeetings/2012Sep25/Item%207%20The%20Friarage%20Proposed%20Reconfiguration.pdf>

Option 3 - Paediatric outpatient services and enhanced community services and a midwifery led unit. Similar costs to Option 2.

At that meeting the Chief Executive of NHS NY&Y advised the Board that legal advice had been sought and the conclusion reached was that the consultation should not be on a single option nor on an option that could not be delivered. The minutes⁹ from the meeting indicate that on the basis of this evidence and the guidance from the Strategic Health Authority's Service Change Assurance Process, the Board of NHS NY&Y agreed to consult on Options 2 and 3 only.

The Board concluded that Option 1 was not feasible given that significant investment would be required to increase the staffing levels to address the issues around quality and safety, and that even if additional investment was made, the service would not be clinically sustainable due to staffing and recruitment issues. At that stage NHS NY&Y's intended start date for the consultation was 1 November 2012.

However the approach of the NHS NY&Y did not allow any public scrutiny of the costings that the South Tees NHS Foundation Trust had put forward in sustaining the consultant-led services, nor any scrutiny of the trust's assertion that recruitment of the necessary high quality consultants would be very difficult, if not impossible. Evidence was available at the time, and subsequently confirmed, that the costings may not need to be as high as the local NHS was putting forward and that recruitment was not the obstacle it was being suggested.

This evidence came forward in a survey¹⁰ conducted by overview and scrutiny at Richmondshire District Council of the 19 smallest hospitals in the United Kingdom operating 24/7 consultant-led maternity and paediatric services. The survey received a very high response rate of 17 replies and a follow up face to face fact finding visit¹¹ to 3 of the hospitals, all located in the West Country.

This evidence was submitted to the SoHC by the District Council's Health Scrutiny Committee which has been a partner of ours on a number of scrutiny reviews. Very nearly all the 51,500 residents of Richmondshire would be detrimentally affected by the proposals to downgrade services at the Friarage Hospital.

On 23 October 2012 NHS NY&Y decided unilaterally to postpone the start date of the consultation. It took the view that to embark upon such an expensive and time consuming exercise would have been inappropriate if, as seemed likely, the SoHC resolved to refer the proposed options to you. The Accountable Officer for the CCG wrote to me on 26 October 2012 confirming the consultation had been postponed¹².

It is important to note that the SoHC was not consulted about the postponement and indeed the first I heard of it as its Chairman was when the press contacted me as a result of following up a press release issued by the CCG.

⁹ <http://www.northyorkshireandyork.nhs.uk/AboutUs/PublicBoardMeetings/2012Oct23/09.12%20BoardMins.pdf>

¹⁰ https://www3.northyorks.gov.uk/n3cabinet_scru/health_reports/20121109/hldcfhnsmallhos/dcfhnsmallhospi.pdf

¹¹ https://www3.northyorks.gov.uk/n3cabinet_scru/health_reports/20121109/05rdcsmallhospi-2/05rdcsmallhospi.pdf

¹² https://www3.northyorks.gov.uk/n3cabinet_scru/health_reports/20121109/04lettertocounc/04lettertocounc.pdf

The SoHC met on 22 November 2012 to hear first hand the views and concerns expressed by members of the public on the draft proposals to be included in the (now postponed) consultation document for services at the Friarage Hospital. The document was made available to the Committee by the CCG so the Committee could confirm the next steps in terms of its continued involvement in this matter.

There was a standing room only audience of just under 200 present, which heard a number of very moving and telling contributions from mothers who considered their lives, or the lives of their babies, might have been lost if the 24/7 consultant-led services had not been available at the Friarage Hospital, in view of the distance to the next nearest hospital offering these services as being proposed in the draft consultation.

In most of these contributions it was clear that the Special Care Baby Unit (SCBU) played an absolutely key role.

It also heard from a number of parents with children who had very complex medical needs that were able to take advantage of the Open Access for their children offered at the Friarage.

Both the SCBU and Open Access during the evening / overnight hours and all weekend would be lost if the downgrading proposals were implemented.

The SoHC, having heard these contributions, and taking into account the evidence it had already heard, including the evidence that had recently come forward from Richmondshire District Council as outlined above, and the detrimental implications flowing from any downgrading of the services, resolved unanimously that I should refer the proposals to you as Secretary of State for Health.

A key issue underpinning the Committee's decision is that the loss of a consultant led children's and maternity service at the Friarage will lead to a significant reduction in the quality of services that children, their parents and expectant mothers will receive.

Since the original Lord Darzi Review in 2008 (and which has been reinforced in the Health and Social Care Act 2012) quality in the NHS is seen as:

Clinical Effectiveness

Quality care is care which is delivered according to the best evidence as to what is clinically effective in improving an individual's health outcomes;

Safety

Quality care is care which is delivered so as to avoid all avoidable harm and risks to the individual's safety; and

Patient Experience

Quality care is care which looks to give the individual as positive an experience of receiving and recovering from the care as possible, including being treated according to what that individual wants or needs, and with compassion, dignity and respect.

These quality dimensions are the very same factors on which Option 1 scored highest in the CCG's own scoring methodology:

Criteria	Weighted Result		
	Option 1 Invest in existing service and continue to provide a consultant led service for paediatrics and maternity for both outpatients and inpatient stays	Option 2 Provide a Short Stay Paediatric Assessment Unit, Outpatients and a Midwifery Led Unit	Option 3 Paediatric Outpatients only and midwifery led unit
Patient Safety	19.11	15.61	10.35
Affordability	4.39	15.28	15.42
Clinical Effectiveness	16.10	15.03	12.45
Patient Experience	14.91	12.52	7.23
Sustainability	5.62	14.73	15.80
Equity of access	15.85	13.59	7.79
Cost effectiveness	5.20	13.92	12.92
Total weighted score	81.17	100.68	81.97

Criteria	Highest Score
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Ref: CCG's Business Case report, page 108

A consultant led service scores highest in all 3 aspects of quality. It also scores highest in Equity of Access.

In addition to these issues relating to quality the Committee could not ignore the strength of public concerns expressed over the proposed loss of consultant led children's and maternity services at the Friarage Hospital:

- On 26 May 2012 a march involving some 4,000 people and led by the Rt. Hon. William Hague MP took place from County Hall to the Friarage Hospital.
- A petition on the social networking site Facebook has been signed by over 10,000 people.
- A petition led by the Northern Public Services Alliance has 800 signatures.
- A petition by the Marske Women's Institute raised 750 signatures
- A number of parish councils and both Hambleton District Council¹³ and Richmondshire District Council¹⁴ have expressed opposition to the proposal
- The County Council¹⁵ called for no stone to be left unturned in an effort to retain the existing consultant led serves at the Friarage Hospital.

¹³ <http://www.hambleton.gov.uk/Hambleton%20District%20Council/Committees/Council/210212.pdf>

¹⁴ <https://www.richmondshire.gov.uk/pdf/121023%20Council%20Minutes%20-%20Draft.pdf>

¹⁵ https://www3.northyorks.gov.uk/n3cabinet_cc/minutes_/20120215countyc/20120215countyc.pdf

- The option overwhelming supported by the public during the extensive public engagement programme staged by the local NHS was going to be excluded from the proposed statutory consultation.

In his letter to me your Cabinet colleague, Mr Hague MP, encouraged the SoHC to refer the matter to you. He stated, “A rigorous, independent and thorough analysis by the IRP will help bring some much needed clarity to the issue”.

The Richmondshire District Council fact finding visit to the 3 small hospitals operating 24 / 7 consultant-led maternity and children’s services in the West Country showed that unique solutions to the national challenges faced by continuing to run these services in the future could be overcome by bespoke solutions when coupled with a determination by the clinical staff and management to provide locally accessible services.

Against this background of such united opposition and the fact that the CCG's own survey shows there would be a significant reduction in the quality of service that children and expectant mothers would receive if the proposals are implemented, led the Committee to conclude they do not meet the health needs of the local community. Consequently, we resolved unanimously to refer the proposals to you.

The Committee accepts that no change is not an option but calls for more work to be done to find a unique solution to the problems being encountered. It does not appear that the necessary innovative thinking has been undertaken by the local NHS to overcome the challenges faced at the Friarage to retain the services proposed for closure in the way that it has been undertaken elsewhere. This could include overcoming the recruitment and costs of committing to a fully staffed rota of consultants at the Friarage as has been possible at other similar hospitals, most notably the Horton Hospital in Banbury, North Devon Hospital, Dorset County Hospital and Yeovil District Hospital. Another option might be to do more work to explore fully the feasibility of introducing Advanced Neonatal Nurse Practitioners as has been possible at the Wansbeck Hospital. But there may be other options.

Finally, I hope that colleagues in the NHS locally will recognise that this referral is made to you in the spirit of co-operation with them and with a view to enlisting the help of the IRP to find a unique solution to the problems facing children’s and maternity services at the Friarage Hospital.

If you need any further information please do not hesitate to contact me or Bryon Hunter (contact details below).

Yours sincerely

County Councillor Jim Clark
Chairman – North Yorkshire County Council Scrutiny of Health Committee

Copies to:

The Rt Hon. William Hague MP

County Councillor John Weighell, Leader - North Yorkshire County Council (NYCC)

Richard Flinton - Chief Executive, NYCC

County Councillor Clare Wood - Portfolio Holder for Health and Adult Services, NYCC

Helen Taylor, Corporate Director Health and Adult Services, NYCC

All Members of the North Yorkshire Scrutiny of Health Committee

Kevin McAleese CBE - Chairman, NHS North Yorkshire and York

Chris Long - Chief Executive, NHS North Yorkshire and York

Dr Vicky Pleydell - Shadow Accountable Officer, Hambleton, Richmondshire and Whitby Clinical Commissioning Group

Jill Moulton - Director of Planning, South Tees Hospitals NHS Foundation Trust

Tony Clark, Managing Director, Richmondshire District Council

Phil Morton, Chief Executive, Hambleton District Council

Bryon Hunter - Scrutiny Team Leader, North Yorkshire County Council

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The Rt Hon Jeremy Hunt MP
Secretary of State for Health
Richmond House
79 Whitehall
London SW1A 2NS

22 February 2013

Dear Secretary of State

REFERRAL TO SECRETARY OF STATE FOR HEALTH
Reconfiguration of children's and maternity services at the Friarage Hospital,
Northallerton
North Yorkshire County Council Scrutiny of Health Committee

Thank you for forwarding copies of the referral letter and supporting documentation from Cllr Jim Clark, Chairman, North Yorkshire County Council Scrutiny of Health Committee (SoHC). NHS Yorkshire and Humber provided initial assessment information. A list of all the documents received is at Appendix One.

The IRP has undertaken an initial assessment, in accordance with our agreed protocol for handling contested proposals for the reconfiguration of NHS services. The IRP considers each referral on its merits and its advice in this case is set out below. **The Panel concludes that this referral is not suitable for full review.**

Background

The Friarage Hospital, Northallerton (FHN) is part of the South Tees Hospitals NHS Foundation Trust (STFT). The Trust provides paediatric and maternity at both the James Cook University Hospital (JCUH) in Middlesbrough and at FHN. The two hospitals are around 22 miles apart. FHN serves a largely rural population, Northallerton lying between the North York Moors and the Pennines with York some 30 miles to the south.

Children's and maternity services are provided on an integrated basis with common standard operational procedures and policies, managed on both sites by the STFT Division of Women and Children. The children's services ward at FHN has 14 beds used both for inpatient stays and as an assessment facility. There are around 1,900 inpatient stays a year on the ward. Children requiring emergency surgery and trauma surgery are transferred to JCUH. The maternity service offers obstetric and midwifery-led care with around 1,200 births a year. Pregnant women requiring specialist care are transferred to JCUH. There is a 10-cot special care baby unit. Newborn babies requiring high dependency and intensive care are also transferred.

In July 2011, STFT published a report highlighting concerns about paediatric services at FHN. Discussions began with NHS Hambleton, Richmondshire and Whitby Shadow Clinical Commissioning Group (CCG) regarding the future sustainability of the service. The National Clinical Advisory Team (NCAT) was invited to visit in December 2011 to review the clinical case and consider options for reconfiguring children's services within the Trust.

NCAT's report was published in January 2012. The report concluded that *"the present low volume inpatient service is unsustainable for reasons of maintaining a workforce with the right skills, affordability and potentially clinical safety"*. It commented that the Friarage Hospital is *"loved by its local community"* who *"would wish to see a vision for the hospital which would see it sustainable into the future"*. It recommended that the Trust proceed with work to redesign paediatric services and to develop a sustainable vision for maternity services within a larger piece of work describing *"a vision for FHN as a small hospital serving the community of Northallerton and beyond, which is of high quality, sustainable and affordable"*.

NHS North Yorkshire and York (PCT Cluster) – on behalf of themselves, the CCG and STFT – undertook extensive pre-consultation engagement between April and June 2012, in which seven options for future services were outlined. Public meetings were held across Hambleton and Richmondshire and conversations were held with local patients, the public, staff, NHS partners, local authorities, voluntary sector and other stakeholders. The SoHC, notably through the Chairman, were involved throughout.

During this period, a fact-finding exercise was conducted to explore with other NHS organisations issues being faced by paediatric and obstetric services and arrangements under consideration for future service delivery. This included visits to other hospitals undertaken in conjunction with local councillors. In June-July 2012, a survey was carried out by Richmondshire District Council of small hospitals with maternity units, the results of which were shared with the CCG and STFT.

During August 2012, Gateway review was completed and NCAT invited to undertake a further review. NCAT's report, published in September 2012, concluded that the case for change remained the same as when NCAT had visited previously.

On 17 September 2012, the shadow governing body of the CCG held an extraordinary meeting to consider an option appraisal of paediatric and maternity services at FHN. The meeting described how the option appraisal process had been undertaken and discussed three options for future provision of services. The shadow governing body agreed the clinical case for change and recommended that the PCT Board (NHS North Yorkshire and York) consider proceeding to public consultation (on the three options discussed) including the CCG clinically preferred option – see option 2 below.

The NHS Yorkshire and York (PCT Cluster) Board met on 25 September 2012 to consider a report *Proposed reconfiguration of paediatric and maternity services at Friarage hospital,*

Northallerton with a view to agreeing options for inclusion in a formal consultation. The report outlined three options for the reconfiguration of services:

Option 1 – Sustaining a consultant-led paediatric service and maternity unit, requiring significant investment to achieve safety standards although this service would remain fragile in terms of sustainability.

Option 2 – Paediatric Short Stay Assessment Unit and midwifery-led maternity service with full outpatient and enhanced community service provision. This would be delivered within tariff, so therefore would require no additional investment by the CCG. Minor additional transport costs would be incurred but it is hoped that ambulance costs would be met by efficiencies elsewhere in the system locally.

Option 3 – Paediatric outpatient services and enhanced community services and a midwifery-led unit. Similar costs to Option 2.

The Board agreed that the clinical case for change had been demonstrated. Taking account of legal advice that consultation should not take place on an option that could not be delivered, the Board agreed that consultation should take place on options 2 and 3 subject to the NHS North of England Service Change Assurance Process.

The Board met again on 23 October 2013 and, aware of indications that the SoHC intended to refer the matter to the Secretary of State for Health, opted to pause the consultation process. A press release was issued and all stakeholders, including the SoHC, were subsequently advised of the decision.

The SoHC met on 22 November 2012 and resolved unanimously to refer the matter to the Secretary of State. The CCG Chair and SoHC Chair met on 26 November 2012 to discuss the way forward. The Clinical Chief Officer Designate of the CCG wrote to the SoHC Chair on 30 November 2012 to re-affirm the commitment to continued close working, clarity about use of evidence, providing clear and comprehensive information and transparency in dealings with stakeholders and the public.

Formal referral of the matter was made by the SoHC in a letter of 20 December 2012 to the Secretary of State.

Basis for referral

The referral letter of 20 December 2012 states that:

“The referral is made in accordance with the provisions set out in the Health and Social Care Act (2001) (as amended) and the associated regulations (specifically regulation 4(7)) and current Department of Health guidance.”

IRP view

Independent Reconfiguration Panel

Tel: 020 7389 8045/6

E Mail: info@irpanel.org.uk

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With regard to the referral by the North Yorkshire County Council Scrutiny of Health Committee, the Panel notes that:

- FHN serves a geographically isolated population across north Yorkshire
- The hospital is greatly valued by the local population – the CCG has made clear its commitment to maintaining a hospital at FHN
- While consultant-led paediatric and maternity services are available in Middlesbrough, Darlington, Harrogate and York, transport, access and future sustainability of alternatives services are issues for local residents
- Workforce issues, affordability and potential safety concerns have been cited as the main drivers behind the clinical case for change
- Two NCAT reviews have supported the case for change
- The SoHC accepts that no change is not an option but has called for more work to be done to find a unique solution to the problems being encountered
- The process is currently suspended pending the outcome of referral to the Secretary of State – formal consultation on proposals has yet to take place
- Both the SoHC and the local NHS are committed to continued close working and a spirit of co-operation

Conclusion

The IRP offers its advice on a case-by-case basis taking account of the specific circumstances and issues of each referral. **The Panel does not consider that a full review would add any value at this stage.**

The challenges faced by the NHS in providing health services in remote locations are not to be underestimated. The Friarage Hospital, Northallerton serves a largely rural population dispersed across a wide geographical area. While activity levels - both for paediatrics and maternity services - are low compared to most hospitals in England, the availability of these consultant-led services is greatly valued by the local population.

That no change is not an option is widely accepted. However, the process of bringing about change has stalled at a point before formal consultation has taken place. The SoHC and local NHS appear to have worked well together up to this stage in developing an effective pre-consultation engagement phase and exploring options for change. Given the evident concerns about sustainability of the current position, the process needs to be allowed to continue through formal consultation, consideration of feedback, refinement of proposals and, ultimately, decision-making.

With regard to the content of the formal consultation, the IRP understands that the SoHC has indicated a preference for the consultation to include Option 1 - sustaining a consultant-led paediatric service and maternity unit. The CCG and PCT maintain that this option is not viable and should not, therefore, be included. Legal advice received by the CCG and PCT advised that consultation should not take place on any option that cannot be delivered. The IRP would not wish to contradict any such advice on matters of law, only to observe that it has seen similar advice in other cases.

However, the Panel considers that the draft document produced in preparation for formal consultation and shared with the SoHC could usefully be adapted to satisfy all requirements. In such circumstances, a clear explanation of the case for change is required. If it is considered that Option 1 is not viable, it is important to demonstrate *why* it is not viable – by providing suitably detailed analysis to show what it would mean in terms of sustainability, affordability and quality. The consultation may also wish to invite new options and not limit respondents to those listed. Any new options put forward can be evaluated post-consultation in line with the agreed criteria.

The Panel recognises that further challenges may lie ahead once the consultation phase has been completed. But, at this stage, it is important that formal consultation is conducted and completed in a way that engages all interested parties in a fair, open and rigorous process that seeks the best possible solution.

Yours sincerely

Lord Ribeiro CBE
Chairman, IRP

APPENDIX ONE

LIST OF DOCUMENTS RECEIVED

North Yorkshire County Council Scrutiny of Health Committee

- 1 Letter of referral from Cllr Jim Clark to Secretary of State for Health, 20 December 2012

NHS Yorkshire and Humber

- 1 IRP template for providing initial assessment information
Attachments:
- 2 Travel impact assessment
- 3 Friarage engagement report
- 4 Gathering evidence from different parts of the country
- 5 Letter to North Yorkshire County Council Scrutiny of Health Committee from Dr Vicky Pleydell, Clinical Chief Officer Designate, Hambleton, Richmondshire and Whitby Clinical Commissioning Group, 30 November 2012
- 6 Notes of public engagement meetings
- 7 Friarage referral letter – GP version
- 8 Poster for public
- 9 Equality impact assessment
- 10 SHA letter of approval and conditions to proceed, November 2012
- 11 Gateway review
- 12 NCAT report, 12 December 2011
- 12 NCAT report, 21 August 2012
- 13 Assessment against the four tests for service change
- 14 Health needs assessment
- 15 Travel impact survey
- 16 Draft consultation document
- 17 PCT Board minutes, 25 September 2012
- 18 CCG Extraordinary Board meeting, 17 September 2012

Other information received

- 1 Letter to IRP from The Rt Hon William Hague, MP for Richmond (Yorks), 20 February 2013

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Councillor Jim Clark
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23 MAY 2013

Dear Mr Clark,

RECONFIGURATION OF CHILDREN'S AND MATERNITY SERVICES AT THE FRIARAGE HOSPITAL (PART OF SOUTH TEES HOSPITALS NHS FT) – REFERRAL FROM NORTH YORKSHIRE COUNTY COUNCIL'S HEALTH SCRUTINY COMMITTEE AND INITIAL IRP ADVICE

I refer to your letter of 20 December 2012 referring proposals regarding the reconfiguration of children's and maternity services at the Friarage Hospital in Northallerton, I asked the Independent Reconfiguration Panel (IRP) for its initial advice.

I refer also to your subsequent letter of 25 February 2013 in which you ask for my decision following the Panel's advice ahead of purdah for local elections.

The Panel has now completed its initial assessment and shared its advice with me.

A copy of that advice is appended to this letter and which will be published today on the Panel's website at www.irpanel.org.uk

In order to make my decision on this matter, I have considered the concerns raised by your Committee, and have taken into account the Panel's advice.

IRP advice

As you will be aware, the IRP offers its advice to me on a case by case basis, taking account of the specific circumstances and issues of each referral. In this instance, the Panel does not consider that a full review would add any value at this stage.

In providing its advice, the Panel is clear about the challenges faced by the NHS in providing health services in remote locations are not to be underestimated.

I know The Friarage serves a largely rural population dispersed across a wide geographical area, and while activity levels, both for paediatrics and maternity services are low compared to most hospitals in England, the availability of these consultant-led services is greatly valued by the local population.

It is clear that “no change” is not an option is widely accepted.

However, the process of bringing about change has stalled at a point before local consultation has taken place.

Your Committee referred to me on the grounds where it believes proposed changes at The Friarage are not in the interests of the local health service.

In your referral letter, you asked me that “a full review of the proposed changes be undertaken by the Panel”.

However, it is routine practice for the Panel to provide me with an initial assessment before deciding whether they believe the referral and associated case for change warrants a full review as part of its advice.

As part of its initial assessment, the Panel observed that your Committee and the local NHS appear to have worked well together up to this stage in developing an effective pre-consultation engagement phase and by exploring options for change. I would expect this good work to continue in the best interests of patients.

Given the evident concerns about sustainability of the current position, the process now needs to be allowed to continue through formal local consultation, consideration of feedback, refinement of proposals and, ultimately, the decision-making process.

With regard to the content of formal local consultation, the Panel understands your Committee has indicated a preference for consultation to include option 1 (sustaining a consultant-led paediatric service and maternity unit).

I understand the local Clinical Commissioning Group and Primary Care Trust maintain this option is not viable and as a result should not be included.

Legal advice received by the CCG and PCT advised that consultation should not take place on any option that cannot be delivered.

The IRP would not wish to contradict any such advice on matters of law, only to observe that it has seen similar advice in other cases.

However, the Panel considers that the draft document produced in preparation for formal consultation and shared with your Committee could usefully be adapted to satisfy all requirements.

In such circumstances, a clear explanation of the case for change is required. If it is considered that option 1 is not viable, it is important to demonstrate *why* it is not viable – by providing suitably detailed analysis to show what it would mean in terms of sustainability, affordability and quality.

The consultation may also wish to invite new options and not limit respondents to those listed. Any new options put forward can be evaluated post-consultation in line with the agreed criteria.

The Panel recognises that further challenges may lie ahead once the consultation phase has been completed. But, at this stage, it is important that formal consultation is conducted and completed in a way that engages all interested parties in a fair, open and rigorous process that seeks the best possible solution.

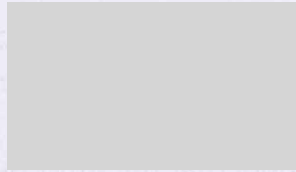
Conclusion

The Panel recommends that local consultation should now take place.

However, it is important that local consultation is conducted and completed in a way that engages all interested parties, including your Committee in a fair, open and rigorous process that seeks the best possible solution and I support that recommendation entirely.

I support the Panel's initial assessment in full and expect the local NHS to move to consultation and to ensure that your Committee as well as other key stakeholders are fully involved.

Yours sincerely



JEREMY HUNT



**Hambleton, Richmondshire and Whitby
Clinical Commissioning Group**

**Hambleton, Richmondshire and Whitby Clinical Commissioning Group
Governing Body**

Date of Meeting: 27 February 2014

Title: Reconfiguration of Maternity and Paediatric Services at
The Friarage Hospital, Northallerton

Report for: Decision

This Report includes /supports the following CCG aims:

1. Involve people in their care and as part of that we will encourage self-care	Tick √
2. Buy quality services	√
3. Change services for the better and in doing so we will provide care as close to home as possible that is easily accessible	√
4. Use the money we have in the best possible way	√

The CCG values are:

Integrity

Transparency

Collaborative

Focus

Action

Energy

Courage

**Hambleton, Richmondshire and Whitby Clinical Commissioning Group
Governing Body**

27 February 2014

Reconfiguration of Maternity and Paediatric Services at The Friarage Hospital,
Northallerton

1. Introduction and Purpose

The purpose of this report is to present the final assessment for future maternity and paediatric services which has been developed following extensive public consultation. The report provides information on the two options the CCG presented and the additional options put forward during the consultation by the public. The risks associated with each option are assessed, including the clinical safety and sustainability and the ability of the options to deliver care closer to home.

The Assessment of Future Services report details the clinical case for change, the results of the public consultation phase, the various assessments and a review of the evidence gathered. It also details the method by which the original options and the additional three options that were submitted following the public consultation were assessed.

2. Background Information

In July 2011, South Tees Hospitals NHS Foundation Trust (STHFT) approached NHS Hambleton, Richmondshire and Whitby Clinical Commissioning Group which was then in Shadow Form, regarding concerns about the future sustainability of paediatric services at The Friarage Hospital, Northallerton (FHN).

Following discussions between GP Commissioners and Consultants, concerns were raised by senior doctors at The Friarage Hospital in 2011, about the long term sustainability of some children's and maternity services. The local NHS agreed to look again at how best to meet the required standards in the future. Two reports published at the time, from the Royal College of Paediatrics and Child Health (RCPCH) - *Facing the Future: Standards for Paediatric Services* (2010) and *Facing the Future: A Review of Paediatric Services* (2011) had set out a series of minimum service standards which should be achieved.

During the last two year period the CCG and STHFT have visited and engaged with a range of commissioners and providers across the UK, in order to leave "no stone unturned" in the efforts to find an innovative solution to the issues facing The Friarage Hospital. The CCG has contacted, visited and surveyed a range of hospitals and has made this information available publically.

Where local stakeholders have suggested new models which are currently available in other parts of the country, the CCG has, throughout the public consultation period, engaged with those who both commission and provide those maternity or paediatric services.

The CCG has not found a model, different from the original options proposed which is sustainable in terms of staffing, does not require continuation of a consultant led model, additional tier 1 and 2 provision or require Advanced Neonatal Nursing Practitioners (ANNPs) and/or does not require significant investment. Many of the models explored are also subject to similar reviews due to concerns over sustainability.

The CCG has demonstrated that other hospitals, many larger than The Friarage Hospital, are struggling with the same issues. Despite the intensive work to understand different models from around the country there does not appear to be any suitable model which has not been considered within our range of options.

Public Consultation

The CCG went out to public consultation following extensive public engagement and a review by the Independent Reconfiguration Panel (IRP). The CCG took two options to full public consultation which took place from 2 September 2013 to 25 November 2013. The options which the CCG consulted on are summarised below:

Option 1 - Paediatric Short Stay Assessment Unit (PSSAU) and midwifery led maternity service with full outpatient services and enhanced community service provision.

Option 2 - Paediatric outpatient services and enhanced community services and a midwifery led unit.

A total of 293 members of the public attended nine events, held across the locality. A survey was also conducted and there were 76 respondents – received either on-line or via mail. An overwhelming majority of survey respondents were in favour of Option 1. The public remain keen to access high quality and safe services in both maternity and paediatrics locally. The main issues identified by the public were issues relating to transport and a strong desire to retain local services.

Other Options

The IRP did ask however that the CCG invite additional options from the public, in order to try to find a unique solution. In total, three additional options were put forward and the CCG are very grateful for the hard work which the local public undertook to develop each of these options. The 3 additional options are summarised below and are available on the CCG website.

Option 3 (submitted by Andrew Newton) - The provision of a 7 day Paediatric Short Stay Assessment Unit with overnight beds, enhanced 24/7 community paediatric nursing and access to outpatient services 7 days per week making use of technologies e.g. telemedicine.

Option 4 (submitted by David Williamson) – The provision of a Midwifery Led Unit (MLU) and a nurse-led paediatric overnight model achieved by rotating nursing staff in order to maintain skills with The James Cook University Hospital.

Option 5 (submitted by Richmondshire District Council) – The continuation of a consultant led unit for both maternity and paediatric units, continuation of a full A&E for major and minor illness and injury and the development of a Young Persons Unit through a more relaxed approach to Royal College guidance, innovative recruitment and for a £200,000 additional investment.

The CCG hosted two clinical review meetings (18 December 2013 and 27 January 2014) with the authors of the additional proposals along with clinicians from STHFT. These meetings were both chaired by Henry Cronin, Chair of HRW CCG and there was attendance from a HealthWatch representative. Transcripts from both meetings are shared on the CCG website. Both meetings were positive and constructive and all participants engaged in the discussion and debate.

The CCG requested that the National Clinical Advisory Team (NCAT) review the additional options, to ensure robust and independent clinical views were sought. The view of NCAT were that none of the models were clinically viable in their own right and commented that the option proposed by the Richmondshire District Council was a continuation of consultant led services which they had previously discounted and was not a new option. They commended elements of option 3 (Andrew Newton's Option) and suggested these could be incorporated into options 1 or 2 proposed by the CCG. The CCG included these within the options which were taken to the Council of Members meeting.

Council of Members meeting

On the 7 February 2014, the CCG held an extra-ordinary meeting of the Council of Members, in order to review the options and information collated. Prior to the meeting each practice was sent the decision making process and a copy of all the options. Every practice held a meeting with all of their GPs to review the options and determine if they agreed with the areas of investment and scoring process. The practices collated the scores and brought these to the Council of Members meeting. If they were unable to attend, the scores were emailed to the CCG Project Manager. The meeting was attended by HealthWatch and videoed in order to provide full public transparency and to ensure an accurate record was maintained.

The Council of Members voted overwhelmingly for option 1 and supported the investment of £625,000 in local services, this includes 7 day opening for the PSSAU, additional emergency and local transport and finally a taxi service out of hours for those patients who do not have access to transport. Further information on this meeting can be found in Chapter 9 of the Assessment of Future Services.

3. Key Issues

The full range of issues is highlighted in Chapter 3 of the Assessment of Future Services - The Case for Change. The key issues are summarised below:

- Both the paediatric and maternity units at The Friarage Hospital are amongst the smallest in the country and the CCG cannot ignore national guidance by the Royal Colleges in terms of staffing levels.
- The paediatric unit operates with only consultant and junior medical staff with no middle grade tier and has only approximately 1700 non-elective admissions per annum.
- The principal concern is that night cover on the unit is provided by junior medical staff and nurses without any senior doctor being available within the hospital, delaying children's access to consultant input into their care pathway.
- The maternity unit has on average 1250 deliveries per year, meaning it is classified as a small unit.
- The overnight cover on the unit is provided by a rota of only six middle grade staff (of which a number are locums), with no junior doctors.
- The Deanery has also confirmed there is no opportunity of providing a middle tier at The Friarage Hospital. The volumes of activity on both units mean that there is limited exposure for the maintenance of skills and there remain issues at both sites in relation to staffing levels.
- There are currently issues nationally with recruitment of consultants and the most appropriate solution to this would be to centralise rotas.
- There is strong public desire, including from local GPs, to maintain safe local services for maternity and paediatrics and offer wide range of choice for patients under the NHS Constitution.

4. Implications/Risks

Quality

As highlighted in the NCAT reports of 2012/2013, "doing nothing is not an option".

Failing to act on the evidence the CCG has – both national and local – will mean the CCG could experience poorer quality services. In making the changes the following areas will be addressed:

- All patients can experience the same high standard of care, from the right healthcare professional with the right skills and experience to support their needs.
- Improving maternity and paediatric care will save lives. Centralising specialist services in our area means better outcomes for patients as specialists increase their skills and knowledge by dealing with larger numbers of similar complex cases.
- It is easier to attract and retain skilled staff if they are able to work in specialist centres. The CCG will avoid the problems of having to temporarily close services or divert patients at the last minute when

staffing levels drop or where there are long-term vacancies which are not attracting new staff.

- Specialist services will safeguard the quality of care patients will receive today – and in the future.
- Taking action will avoid the problem developing into a crisis in the future where the unit needs to close in an unplanned way.

Financial

Details of the additional costs can be found in Chapter 8 of the Assessment of Future Service Report. The costs will require careful and ongoing management to ensure they continue to provide value for money and that open book accounting is agreed with the Trust in the first year.

Constitutional and Legal

The approach undertaken by the CCG complies with the NHS Constitution. Specifically in terms of consistency with the following rights and pledges:

“The NHS is accountable to the public, communities and patients that it serves. You have the right to be involved, directly or through representatives, in the planning of healthcare services, the development and consideration of proposals for changes in the way those services are provided, and in decisions to be made affecting the operation of those services.”

The CCG recognise that there remains a significant risk of referral to The Independent Reconfiguration Panel or to Judicial Review.

Equality and Diversity

A detailed equality analysis was undertaken by the CCG and this has been reviewed to ensure all suggestion and areas of impact have been acted on to reduce impact on those experiencing health inequalities. As commissioners the CCG has complied with the public sector Equality Duty in the Equality Act 2010.

Other Risks

The CCG remain concerned that a referral to the IRP or to Judicial Review would pose a significant risk of closure to maternity and paediatric services at The Friarage Hospital. The risk is heightened by any delays to the implementation of a new and sustainable service model, due to consultant and staff shortages.

5. Conclusions

Following the outcome of the Council of Members meeting the recommendation to the Governing Body is to approve a 7 day a week Paediatric Short Stay Assessment Unit (PSSAU) and Midwifery Led Maternity Unit (MLU) as detailed in option 1.

6. Recommendation

The Governing Body of the CCG is requested to approve option 1 and in doing so:

- Agree that the clinical case for change has been strongly made and other options have been considered.
- Agree the views of the public have been sought and all mediums used to ensure a fair and transparent process have been adopted and that the impact on vulnerable groups and those experiencing health inequalities can be mitigated.
- Endorse the outcome of the GP Council of Members and the preferred option from the public consultation.
- Approve the overall investment of £625,000 for 24/7 ambulance, SSPAU to provide 7 day working and for a taxi service out of hours and a shuttle bus service in hours between The Friarage Hospital and James Cook University Hospital for all specialities.
- Agree all investment areas will be formally reviewed by the Governing Body at 6 months post-implementation.
- Agree the implementation timeframes of 6 months for the new services to commence in October 2014.

Author: Shirley Moses

Title: Project Manager – Reconfiguration of Maternity and Paediatric Services at Friarage Hospital Northallerton

Powers of the Scrutiny of Health Committee

1. The Local Authority (Overview and Scrutiny Committees Health Scrutiny Functions) Regulations 2002¹ require NHS bodies to consult formally with the health and overview and scrutiny committee (HOSC) on any proposals for substantial variations or developments to local services.
2. The 2002 Regulations also set out the health scrutiny functions of such committees and the other duties placed on NHS bodies. These regulations are still in force today. They:
 - a. enable HOSCs to review and scrutinise any matter relating to the planning, provision and operation of health services in the local authority's area;
 - b. require NHS bodies to provide information to and attend (through officers) before meetings of the committee;
 - c. enable HOSCs to make reports and recommendations to local NHS bodies and to the local authority on any health matters that it scrutinises;
 - d. require NHS bodies to respond within a fixed timescale to the HOSC's reports or recommendations, where the HOSC requests a response;
 - e. require NHS bodies to consult HOSCs on proposals for substantial developments or variations to the local health service; and
 - f. enable local authorities to appoint joint HOSCs;
 - g. enable HOSCs to refer proposals for substantial developments or variations to the Secretary of State where they have not been adequately consulted, or believe that the proposals are not in the best interests of the local health service.
3. It should be noted that a HOSC can refer a reconfiguration proposal to the Secretary of State at any time during the development of the proposal, although most tend to be after the NHS has concluded its consultation and decided on the preferred option.

¹ http://www.legislation.gov.uk/uksi/2002/3048/pdfs/uksi_20023048_en.pdf