North Yorkshire County Council

Scrutiny of Health Committee

Minutes of the meeting held at County Hall, Northallerton on 22 April 2016.

Present:-

Members:-
County Councillor Jim Clark (in the Chair)
County Councillors: Philip Barratt, David Billing, Liz Casling, John Clark, Margaret-Ann de Courcey-Bayley, Shelagh Marshall OBE, Heather Moorhouse, Chris Pearson, David Simister and Michael Heseltine (as substitute for Val Arnold) and Caroline Patmore (as substitute for John Ennis)

Co-opted Members:-
District Council Representatives:- Judith Chilvers (Selby), Bob Gardiner (Ryedale), Jane E Mortimer (Scarborough), Linda Brockbank (Craven), Karin Sedgwick (Richmondshire)

In attendance:-
South Tees Hospitals NHS FT: Siobhan McArdle and Caroline Parnell
Hambleton Richmondshire & Whitby CCG: Janet Probert
Scarborough and Ryedale CCG: Simon Cox
Harrogate and Rural District CCG: Amanda Bloor
Vale of York CCG: Tracey Preece and Dr Andrew Phillips

County Council Officers: Richard Webb, Wendy Balmain and Lincoln Sargeant (Health & Adult Services) and Bryon Hunter (Scrutiny),

Members of the public: Dr Tim Thornton and Mr David Davies.

Apologies for absence were received from: County Councillors Val Arnold and John Ennis, Harrogate Borough Cllr Ian Galloway and Hambleton District Councillor Kevin Hardisty.

Copies of all documents considered are in the Minute Book

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97. Minutes of the Joint Sub-Committee of the Transport, Economy and Environment Overview and Scrutiny Committee and the Scrutiny of Health Committee on 22 January 2016

Resolved

That the Minutes of the meeting held on 22 January 2016 be taken as read and be confirmed and signed by the Chairman as a correct record.

98. Any Declarations of Interest

There were no declarations of interest to note.

99. Chairman's Announcements

County Councillor Jim Clark provided the Committee with an update relating to the following matters:-

- Craven Mental Health Forum – correspondence from Mr Milton Pearson (CEO, Craven Community and Voluntary Service) reading the Craven Mental Health Forum has been brought to the attention of Richard Webb, Corporate Director, Heath and Adult Service.

- Medicines management in the Scarborough and Ryedale Clinical Commissioning Group - group spokespersons have been briefed on new arrangements for reducing waste through improvements to the management of repeat medicines.

100. Public Questions or Statements

There were no statements or questions from members of the public that did not relate to an agenda item.

Correspondence relating to agenda item 7 had been received from County Councillor Gareth Dadd.

Public statements relating to agenda item 8 were received from Dr Tim Thornton, Mr David Davies and Joanne White.

101. North Yorkshire Sustainability and Transformation Planning Footprints - Summary Document (March 2016)

Considered -

The joint report of the Chief Officers of the Clinical Commissioning Groups covering North Yorkshire briefing the Committee on the Sustainability and Transformation Plans covering North Yorkshire.

Janet Probert advised Members that in 2016/17 the Clinical Commissioning Groups (CCGs) were producing Sustainability and Transformation Plans on both a CCG and larger STP footprint. Janet also commented that the STPs were based around acute pathways and took account of specialist pathways, for instance in the Hambleton and Richmondshire area, the specialist pathways for stoke, trauma and cardiology. All of these pathways lead to the specialist centres at the James Cook Hospital. This hospital and the pathways also serve the population of Teesside so it is entirely appropriate for the HRW CCG to work with other CCGs who commission similar services at that hospital. Janet emphasised that the CCG will continue to work locally across Hambleton and Richmondshire and that a layered approach to commissioning and planning services was essential. The STP will ensure that her CCG will have a voice and influence on behalf of North Yorkshire residents when specialist services are being planned even though those will be delivered outside of North Yorkshire. Similarly specialist services for other parts of North Yorkshire are provided by hospitals in Leeds and Hull.

Amanda Bloor advised Members that it would be important to ensure that STPs do not distract CCGs from their day job in terms of developing and new models of integrated care. Local plans will have primacy through the Harrogate and Rural District CCG Transformation Board.

Simon Cox commented that STPs will not undermine the work to take forward the Better Care Fund and work taking place with Health and Adult Service and Children's and Young Peoples Service will continue. He emphasised the need for the North

Yorkshire CCGs to be involved in the planning and being able to influence specialist/tertiary care which is delivered largely outside of the County.

Tracey Preece commented that Vale of York CCG is already working with other CCGs who are part of broader networks looking at specialist services, for instance, urgent and emergency care. The involvement of CCGs across a broad footprint would help to standardise levels of care.

Julie Warren acknowledged that North Yorkshire has been one of the most complicated areas to consider in term of STP footprints. But Julie emphasised that local services will remain locally planned and delivered.

County Councillor Jim Clark expressed concerns that the Harrogate and Rural District CCG would be part of a much larger West Yorkshire STP comprising 11 CCGs in total and whose population was 2.5 m. Councillor Clark also highlighted the significance of the real terms element of growth in CCG allocations for 2017/18 onwards being contingent upon the development and sign off of a robust STP during 2016/17. Councillor Clark also expressed concern about the viability of the CCGs covering North Yorkshire and whether they might be absorbed by larger CCGs which could have focus on issue outside of North Yorkshire due to population size and density at the expense of the County's rural and sparse population. He also referred to NHS England's guidance which highlighted that good STPs would receive priority in terms of access to funding. This posed the question what would happen to bad STPs.

Amanda Bloor advised Members that STPs were not about creating something new – specialist services were already being planned on these footprints. Amanda added that in fact the West Yorkshire STP was a two tier STP.

Julie Warren accepted that West Yorkshire is a large population pool but this whole initiative was not about CCG mergers but rather about the long term planning of hospital care. With regards to "good" versus "bad" STPs Julie commented that NHS England was waiting to see how Transformational Plans shaped up including how services and funding will go forward in the long term.

In response to Councillor Clark expressing concerns that the whole STP process was very centrally driven with an emphasis on effective leadership, Janet Probert commented that local plans will continue to have primacy but emphasised the need for specialist services to be planned by all the affected CCGs with the involvement of all affected patients. Rural issues are already taken into account, not just in terms of acute hospital care but also in terms of the work her CCG is doing with the Tees, Esk and Wear Valleys NHS Foundation Trust which covers a large geographical area.

Richard Webb advised Members that the main concern of local government was the way in which the process had been introduced in a very top down way and there were concerns that social care could be overlooked. He added that the initiative was very much driven by performance and financial viability across the acute sector. He also recognised the tensions in terms of having to plan specialist hospital services across large geographical areas while at the same time seeking to deliver integrated models of care locally.

Members of the Committee raised a number issues including:

- Governance arrangements in CCGs were already complicated and STPs introduced more bureaucracy into the system and undermined local accountability.

- The importance of ambulance services being involved in discussion around the development of pathways for specialist and emergency care.
- The possible impact on A&E units at the local district general hospitals serving North Yorkshire.
- The need to not lose sight of the importance of integrating primary, community an social care through new models of care, including the Vanguard projects.
- The need to ensure effective overview and scrutiny were established and how this could include joint committee being established for each STP area and comprising elected Members from all the affected local upper tier local authorities.

Councillor Philip Barrett expressed concern that arrangements in the Craven area had not been part of the discussions at this meeting.

Amanda Bloor acknowledged that the diagrams of governance arrangements were complicated but commented that the purpose of these diagrams were to illustrate how partnerships will work, not about how new services will be planned.

Amanda also reassured Members that she envisaged there would always be an urgent care facility at Harrogate Hospital.

Resolved -

a) That the report be noted.

b) That the Chairman be authorised on behalf of the Committee to write to NHS England summarising the issues raised at the meeting with a view to informing NHS England's engagement and consultation on the introduction of STPs.

102. Vale of York CCG Budget Situation and Financial Recovery Plan

Considered -

The report of Tracey Preece, Chief Finance Officer, updating the Committee on the development of the NHS Vale of York Clinical Commissioning Group's 2016/17 Financial and Operating Plans.

Tracey Preece guided Members through a presentation – Financial Plan 2016/17 – Final Submission Update - 18 April 2016.

Tracey highlighted that closing deficit position for 2016/17 is projected to be £13.3m which was an improvement of £3m from the plan that was considered by the CCG's Governing Body on 7 April 2016. This had been achieved through the removal of discretionary spend and increase risk within the plan. The long term financial plan still anticipates that this will be the last deterioration with the deficit held in 2017/18 and recovered over 2 years 2018/19 – 2019/20 with a return to surplus by the end of 2019/20. But this would need to be remodelled following 18 April submission of 2016/17 plan.

Tracey also highlighted that there is work to do in terms of mitigation plans for Quality, Innovation, Productivity and Prevention (QIPP). QIPP is a national, regional and local level programme designed to support clinical teams and NHS organisations to improve the quality of care they deliver while making efficiency savings that can be reinvested into the NHS. Tracy also mentioned that there is still work to be done in terms of agreeing the contract with the York Teaching Hospitals NHS FT and it was

likely that the CCG would be entering into a formal an arbitration process if the contract was not agreed by 25 April 2016. There is also work to be completed to finalise Better Care Fund plans.

Tracey and Dr Phillips summarised opportunities to learn from other CCGs, for instance to make savings in prescribing budgets, over the counter medications, eligibility for MRI scans and eligibility to elective surgery by being more evidence based and possibly linking eligibility to patient BMI index.

Julie Warren advised Members that NHS England would be carrying out a "deep dive" project into CCG's finances ad recovery plan.

Tracey acknowledged that as STPs become established there may be issues to overcome such as whether or not other CCGs in the STP feel that transition funding should be invested in the Vale of York CCG.

Members expressed serious concerns about the potential impact on front-line services in the CCG area and queried the level of management control, audit and governance that had allowed the situation to develop..

Dr Phillips commented that it is not easy to control the demand for health care but conceded that the CCG had never really been able to control the expenditure by the York Teaching Hospitals FT. The inclusion of the Vale of York in the ## STP would increase opportunities to commission services more intelligently rather than being driven by demand and the trust's finances.

Resolved -

a) That the report be noted.

b) That the CCG's recovery plan be supported.

c) That the planned engagement and consultation process with stakeholders and patients and the public due to commence shortly be noted.

d) That the committee expects to receive regular updates on the implementation of the recovery plan and on the progress of the engagement process.

103. "Fit-4-the Future" - Transforming our Communities

Considered -

The report of the Chief Officer, Hambleton, Richmondshire and Whitby Clinical Commissioning Group asking the Committee to examine the extent to which robust plans across health and social care have been put in place to support people, particularly as the winter period is approaching following the temporary closure of beds at the hospital.

County Councillor Jim Clark drew Members' attention to a letter from County Councillor Gareth Dadd which had been tabled at the meeting.

Janet Probert and Siobhan McArdle guided Members through the main points in the above report.

In response to the specific assurance that the Lambert will be considered as part of the CCG's plans for local health and social care in nay new configuration, which Council Dadd was asking the Committee to seek, Janet Probert commented that this would be the case and referred to the engagement work currently taking place. The importance of a local facility was a consistent theme coming out from that work. The possibility of some kind of different care model on the site had at this stage not been ruled out. Any development of the existing Lambert Hospital site would involve negotiations with NHS Property Services and Hambleton District Council and the CCG.

Siobhan McArdle described the need to provide a local facility and how thsi had to be tempered by the Trust's ability to recruit and pay for the required staff. The Trust was already facing massive challenges in terms of recruitment. Siobhan emphasised that the Trust is continuing its efforts to recruit nurses and that she is not ruling out the Lambert Hospital reopening albeit in a more modern form.

Janet commented that the meeting which Councillor Dad had organised had been a major turning point.

Resolved -

a) That the report be noted.

b) The CCG and the Trust be thanked for the level of engagement they have provided to the Committee on this matter.

c) That the CCG and the Trust to report to the Committee on the outcome of the engagement process with patients and the public as part of the Transforming our Communities initiative and on any plans for proceeding to a formal consultation.

104. Joint investigation undertaken by the Transport, Economy and Environment Overview and Scrutiny Committee and the Scrutiny of Health Committee to inform the Minerals and Waste Joint Plan, with regards to hydraulic fracturing, and to inform the Executive's response to the petition received by Ryedale Area Committee on 10 June 2015

Considered -

The report of the Chairman of the Transport, Economy and Environment Overview and Scrutiny Committee and the Chairman of the Scrutiny of Health Committee asking the Committee to discuss and note the information in the joint report of the Chairman of the Transport, Economy and Environment Overview and Scrutiny Committee and the Chairman of the Scrutiny of Health Committee and asking the Committee to consider the recommendations to the Executive as set out in the report.

Public Questions

Dr Tim Thornton and Mr David Davis read out the following statements:

Dr Tim Thornton
As a GP in Ryedale for over 30 years, I have concerns about how we can ensure that the communities can remain safe from the potential impacts from fracking.
We are dealing with a new process that is only about 10 years old and with only one episode having occurred in the UK. We will be dealing with fracking in a new regulatory framework and a new geology. There are many unknowns.
To protect communities and the environment around the fracking sites, we need to know what the hazards are, and for how far they might be significant. We can

only come to appropriate decisions regarding safe distances from habitation by Using Sound Science Responsibly. We need to look carefully at baselines and continue to monitor sufficiently regularly to detect changes to health and the environment before they becomes a problem.
Will this committee be recommending a prediction on the possible impacts of fracking with a Health Impact Assessment and also a detailed survey of health and well-being in the immediate area around the wells and further away? This will help to detect evidence of impacts – for good or bad.
Will this committee be recommending monitoring at various distances from wells to determine the interaction between wells and to give the basis for science to determine the distances from the well to habitation?
Using Sound Science Responsibly - one of the guiding principles of the NPPF.
http://www.publications.parliament.uk/pa/cm201012/cmselect/cmcomloc/1526/152607.htm
(The National Planning Policy Framework - Communities and Local Government Committee, December 2011)

Mr David Davis
Further to the report issued from the Joint Scrutiny Committee Meeting in January 2016 it is clear many issues were identified that were important in respect to informing the Minerals and Waste Joint Plan.

One of the most important areas is Public Health. One only has to look at the health data around the workforce in the oil and gas sector to see the effect this industry can have on health. Peer reviewed studies from overseas where this industry has proliferated is flagging up warnings that tell us further research is needed with regard to the health effects on people living in relatively close proximity of operating sites.

My questions revolve around many complex inter- related issues, including
1. The proximity of settlements to likely sites
2. The fact that this industry is allowed to degrade the air quality and create noise and disturbance. Both of these items are known to have harmful health effects.
3. The health data currently available
4. The additional data required to form an accurate baseline

So, should fracking take place in North Yorkshire
- How and when will a health baseline study be carried out?
- Who will carry out the study and how will it be reported?
- How will the subsequent baseline established feed in to the Minerals and Waste Joint Plan?

Ms Joanne White's statement was tabled at the meeting:

The report acknowledges the importance of M&WJP to protect and preserve the health of residents, the environment and existing economies. And also acknowledges the "unknowns".
There is however considerable information available about the unconventional gas industry and how it operates if we look abroad to countries like Australia and the US. There are commonalities, irrespective of different regulatory and legal regimes. And it is essential that those with responsibility for drafting the Plan take account of these commonalities and fully appreciate the difference between unconventional and conventional gas extraction - as there is a tendency for the industry and UKOOG to down play these important differences. The Plan must be reviewed but it must also be drafted with an eye to the future.

It is fact that this is a new industry only one well has been fracked unconventionally in the UK - as confirmed by DECC, and the EA.
It is fact that this industry cannot operate without lots of sites and lots of wells. The plan must stop over development.
We know from the Lancashire planning inquiry that each exploratory site is likely to take three years to complete, not the two years stated in Appendix 2. Production sites with more wells will take much longer.
In October 2015 Andrea Leadsom (Energy Minister) said that 100 to 200 wells would need to be drilled to see if shale gas could be successful. So just the exploratory phase may require up to 200 wells drilling and fracking.
Compare this scale to the six conventional wells Third Energy has in production in Ryedale.
North Yorkshire has a large licenced area so it would be reasonable to plan for a significant number of exploratory wells being in our Plan area.
The report refers to the cumulative issue of traffic. Again we know from the Lancashire inquiry that at times there will be 50 HGV journeys per day, per site and fracking requires large HGVs that are over 54' in length.
The report acknowledges the traffic impact of other extractive operations. Although in the North York Moors National Park - the new potash mine and its five-year construction, must also be considered. This adds to the "industrialisation" and transport load of the area and road network.
Should we be including in the Plan from the outset that traffic from fracking must not be permitted through the centre of settlements unless on an A Road?
The cumulative impact of waste is of great concern. We know from the Lancashire inquiry that only eight wells will take 70% of the available waste capacity. A waste expert at the Inquiry stated the EA had " not done a thorough job ..…... had left it open that capacity might not be available, it had specified process but not capacity"
At the same time it came to light that Cuadrilla may have underestimated the amount of flow back water it will produce.
We cannot be caught out. The Plan must be clear and robust. We cannot allow this industry at the expense of everything else.

Dr. Lincoln Sargeant advised Members that the British Geological Society is monitoring the environmental impacts of fracking and that this work would include establishing baseline data. Lincoln highlighted the need to have a large of amount of data for it to be statistically reliable and it would be difficult to build up sufficient data over collected at small distances apart. Lincoln also commented that there was currently no strong evidence that fracking would have an impact on health although he is working closely with NHS England on how the health impact of fracking can be monitored effectively.

Councillor John Clark commented that a leakage of, for instance benzene, affecting maybe 4 homes would have a low statistical impact but a massive impact on the residents of those homes.

Dr Thornton highlighted that high volume fracking industry is less than 10 years old and there is very little evidence of its impact under UK legislation and licencing arrangements.

Members commented that the chemical composition of fracking fluid before it enters the ground will be known, the composition of flow back fluid will not be known including whether or not it contains Naturally Occurring Radio Active Material, will not be known until it returns to the surface.

Members commented that whilst there could be a degree of confidence that all relevant agencies - including the police, emergency services, healthcare services,

housing and transport authorities, water companies - are already trained and equipped to deal with emergencies, fracking was a new industry and no one could be 100% confident that gaps would not occur in the responsibilities and activities of these agencies.

Members emphasised that the focus of their work on this matter had been entirely to inform production of the Minerals and Waste Plan in relation to issues that are within the scope of that Plan. They expressed broad support for the current draft report in terms of content. With regards to the format Members commented that the "Recommendations" should feature more prominently.

Resolved -

a) That the Chairman of the Scrutiny of Health Committee and the Chairman the Transport, Economy and Environment Overview and Scrutiny Committee, taking into account the views of the group spokespersons from both committees, be delegated responsibility to prepare a final joint report for submission to the Executive on 24 May 2016.

105. Work Programme

Considered -

The report of the Scrutiny Team Leader presenting the future Work Programme and inviting Members to comment/amend and suggest additional items to be included.

Resolved -

That the Work Programme be noted.

The meeting concluded at 12:50pm

B Hunter