

North Yorkshire County Council

Scrutiny of Health Committee

Minutes of the meeting held at County Hall, Northallerton on 18 November 2016.

Members:-

County Councillor Jim Clark (in the Chair)

County Councillors: Val Arnold, Philip Barratt, David Billing, John Clark, Margaret-Ann de Courcey-Bayley, Caroline Dickinson, John Ennis, Shelagh Marshall OBE, Heather Moorhouse and Chris Pearson.

Co-opted Members:-

District Council Representatives:- Judith Chilvers (Selby), Jane E Mortimer (Scarborough), Karin Sedgwick (Richmondshire), Ian Galloway (Harrogate) and Cllr Elizabeth Shields (Ryedale).

In attendance:-

South Tees Hospitals NHS FT: Barbara Stoker, Director of Integrated Therapies

Hambleton Richmondshire & Whitby CCG: Janet Probert, Chief Officer and Abigail Barron, Head of Strategy/Community Care

Tees Esk & Wear Valleys NHS Trust: Martin Dale, Strategic Project Manager and Brian Coupe, Head of service for Mental Health Service

Vale of York CCG: Elaine Wyllie

Martin House: Clair Holdsworth, Deputy Director of Clinical Services

County Councillor Gareth Dadd

County Councillor Clare Wood

County Council Officers: Daniel Harry (Scrutiny), Amanda Reynolds (Assistant Director for Integration, HAS)

Apologies for absence were received from: County Cllr David Simister, County Cllr Cliff Trotter, Cllr Bob Gardiner (Ryedale) – substitute Cllr Elizabeth Shields, Cllr Kevin Hardisty (Hambleton) and Wendy Hull (Craven).

Copies of all documents considered are in the Minute Book

123. Minutes

Resolved

That the Minutes of the meeting held on 2 September 2016 be taken as read and be confirmed and signed by the Chairman as a correct record.

124. Any Declarations of Interest

There were no declarations of interest to note.

125. Chairman's Announcements

The Chairman provided the Committee with an update relating to the following matters:-

- **Vanguard/New Models of Care in Harrogate District** - Over three years ago the 'Healthy Ripon Strategy' was launched by the then North Yorkshire and York PCT to secure the long term future of the hospital. Little progress with the implementation of the strategy appears to have been made since 2014 and there are concerns that the implementation of the 'Healthy Ripon Strategy' has stalled. In light of what has happened to the Lambert at Thirsk, the Chairman noted his concerns about the future of Ripon Community Hospital, calling upon the Foundation Trust to consult upon any future changes to service delivery well in advance.
- **Joint Scrutiny of the Better Health Programme - Meeting 13 October 2016** - At the meeting of the Better Health Programme Joint Health Scrutiny Committee on 13 October 2016, a number of planning scenarios were presented for the delivery of health services through the STP. Two of these scenarios involved changes to services provided by Darlington Memorial Hospital (DMH). This could result in the downgrading of accident and emergency, consultant-led maternity and paediatric services.

At County Council on 9 November 2016, a motion was passed, calling on the Better Health Programme to review to take into account the needs of residents and communities that rely upon these critical care services remaining at the Darlington Memorial Hospital.

Similar motions have been passed by other local authorities.

- **National pharmacy findings** - The government is negotiating a new pharmacy contract and consulting about this. The industry body that leads the negotiation is the Pharmaceutical Services Negotiating Committee. Depending on the terms of the new contract some pharmacies may well no longer be viable and have to close. At present, there are 121 Pharmacies in North Yorkshire.

At County Council on 9 November 2016, the issue was discussed following the proposal of a motion. The matter has been referred back to the Scrutiny of Health Committee. It is on the agenda for discussion at the Mid Cycle Briefing on 16 December 2016.

- **Mid Cycle Briefing discussions - 14 October 2016** – The session was devoted to an informal discussion with representatives from the 5 CCGs that cover the county about their approach to the commissioning and provision of End of Life Care services.

The outcome of the discussions will be included in the report on in-depth piece of scrutiny that we are doing on End of Life Care.

126. Public Questions or Statements

County Councillor Gareth Dadd raised concerns about the Lambert Hospital and how the closure of the facility had been mis-managed by the South Tees Hospitals NHS Foundation Trust. He also sought reassurance about the following:

- When are the community rehabilitation beds on the Rutson Ward going to be decommissioned?
- Will all necessary contracts be in place to ensure that those people who are affected receive a continuity of the care?
- Where will the palliative care beds be in Thirsk?

- What is planned for the future use of the Lambert site in Thirsk? Are there discussions taking place about the possible use of the site as a community health hub?

County Councillor Gareth Dadd also praised Hambleton, Richmondshire and Whitby CCG for the way in which they had handled the consultation on the future of the Lambert.

The Chairman asked Janet Probert of the Hambleton, Richmondshire and Whitby CCG to respond to the issues raised by County Councillor Gareth Dadd under the next agenda item.

127. Hambleton, Richmondshire and Whitby CCG: Hambleton and Richmondshire - 'Transforming our communities', including developments at the Lambert Hospital

Considered -

The report of Abigail Barron, Head of Strategy, Community Care Hambleton, Richmondshire and Whitby CCG updating on the outcome of the public consultation relating to Transforming our Communities and providing assurance on the engagement and consultation process undertaken.

Abigail Barron provided an overview of the consultation process highlighting that there were: 18 pre-consultation events attended by 493 members of the public; 33 consultation events attended by 392 members of the public; a specific consultation meeting with the Lambert Hospital Action Group; and an online survey with 353 responses.

Barbara Stoker stated that occupational health services would continue to be provided from the Lambert until a suitable clinical space could be found for the physiotherapy equipment.

In response to the questions raised and reassurances sought by County Councillor Gareth Dadd, Abigail Barron stated that:

The commissioning arrangement put in place when the Lambert closed for 6 temporary beds on the Rutson Ward will only cease once a local bed base is operational in Thirsk. The CCG is working with Herriot Gardens towards a 1 December 2016 start date.

The CCG is working with South Tees Hospitals NHS Foundation Trust to decommission the community beds on the Rutson ward and replace these with step up step down beds across Hambleton and Richmondshire. These changes will be phased in between December 2016 and March 2017

The CCG is working with Broadacres to finalise timescales for the step up step down contracts for Stokesley, Northallerton and Leyburn and these will be in place prior to any changes to the Rutson Ward.

The CCG has agreed with Thirteen Group as the housing provider for Herriot Gardens that two units will be leased for the purposes of step up step down care and palliative and end of life care. In addition to this the CCG has also agreed to lease an additional unit exclusively for palliative and end of life care.

The CCG will declare the Lambert Building as surplus to requirements for its commissioned services by 31 December 2016. The building will then be handed

back to NHS Property Services. The CCG has assisted the three GP practices in the Thirsk Locality with the development of a bid to NHS England, if successful, this bid will secure funding to enable to GPs to lead work on a feasibility study to assess options for a primary care facility in Thirsk. As part of this bid development, the CCG has encouraged primary care colleagues to include other stakeholders such as housing providers and the third sector in these developments. The CCG expect the Lambert site to be included in the feasibility work and would be supportive of this.

Janet Probert acknowledged the disappointment about the way that the closure of the Lambert had been managed in the early stages and thanked both District and County Councillors for all the work that they had done to support the consultation process and promote constructive and meaningful dialogue.

Janet Probert confirmed that the site is owned by NHS Property Services and so the future use is not under CCG control. However, there is a duty upon NHS Property Services to look at possible use by public and voluntary sector bodies before there is any consideration of selling a site.

Janet Probert stated that the aim of the CCG was to enable services to be delivered as locally as possible, where it was clinically safe to do so. This was not always possible with some specialist services.

Janet Probert suggested that plans for the future of Whitby Hospital be brought to a future meeting of the Committee. She also invite members of the committee to see the 'Extra Care Beds' that have been out in place.

In summing up, Cllr Jim Clark emphasised that the consultation on the Lambert would have been better to have taken place before it was closed and not after. He also noted that whilst this was not the outcome which was wanted, the CCG had run an inclusive and informative consultation process.

Resolved -

- a. To thank Janet Probert, Abigail Barron and Barbara Stoker for attending
- b. That the committee be fully briefed on the future use of the Lambert site
- c. That the committee be fully briefed on progress with the establishment of the new. Post Lambert, service provision in the area and any issues arising around continuity of care.

128. Sustainability and Transformation Plans - Update

Considered -

The report of the Scrutiny Team Leader providing details of progress with the development and implementation of Sustainability and Transformation Plans both nationally and locally and highlighting some of the challenges faced and areas that Committee Members may wish to look at in greater depth.

Daniel Harry gave an overview of the content of the report and some of the key issues for Committee Members to consider, including:

- the impact of North Yorkshire being covered by three separate STPs
- possible downgrading of services and increased travel times to specialist or emergency services
- a shift in health expenditure away from North Yorkshire to other areas

- a shortage of the capital funding needed to transform and modernise health services
- doubts as to whether the STPs will be able to deliver the financial and performance improvements.

Cllr Jim Clark noted that the development of the STPs was a rushed process that focussed on the NHS and not the broader partnership of agencies that were needed to make improvements to patient care and outcomes.

Cllr Jim Clark raised his concerns that the focus of the 3 STPs upon urban areas and large acute hospitals outside of the county would lead to a steady flow of NHS funding out of North Yorkshire to places such as Middlesbrough, Leeds, Bradford and Hull.

Cllr Jim Clark also stated that the Leader, the Chief Executive and the Director of Health and Adult Services at the Council were calling for 1 STP for North Yorkshire.

Cllr David Billing supported the call for 1 STP for North Yorkshire and drew attention to the financial gap that the three STPs had to bridge by April 2021, which has been estimated to be £1,750 million. He questioned how such massive savings could be made without a radical change to local health services.

Cllr Philip Barrett endorsed the comments of the Chairman and raised his concerns about the future of health services to people living in Craven District and whether their needs would be overshadowed by those of people in Leeds and Bradford.

Cllr Jim Clark stated that the STP process was fundamentally flawed as it was based upon patient flows to large acute hospitals and did not look at patient outcomes and the role of integrated health and social care services in the community.

Cllr Jane Mortimer said that the STP plans to date were too high level and too vague and appeared to have completely omitted any reference to mental health.

Members raised concerns about the future of Darlington Memorial Hospital. Early proposals considered by the STP suggest that Accident and Emergency and consultant-led maternity and paediatric services there could be downgraded. Concerns were also raised about the impact that this would have upon journey times and the accessibility of emergency and specialist health services.

Cllr Ian Galloway highlighted his concerns about the future of Ripon Community Hospital under the STP process.

Cllr Jim Clark stated that the STP is a planning process or tool and that they are not constituted or statutory bodies with clear and robust governance arrangements. Whilst the STP leads report to NHS England, there is a real issue around lack of accountability to and engagement with the agencies, organisations and people in the STP footprint.

Cllr John Clark thanked the Cllr Jim Clark for monitoring the development of the STPs over the past months and keeping it firmly on the agenda of the committee.

Cllr Clare Wood stated that the STPs needed to be scrutinised and reiterated that the County Council was actively pursuing 1 STP for North Yorkshire.

Janet Probert offered a CCG perspective in the development and implementation of STPs, highlighting the need to be part of the conversation and engaged in the planning process so that NHS money for rural populations was made available.

Members debated a resolution proposed by the Chairman.

Resolved -

The North Yorkshire County Council Scrutiny of Health Committee resolves to:

Call an urgent meeting with the 3 lead officers for the Sustainability and Transformation Plans that cover North Yorkshire (1) Durham, Darlington, Tees, Hambleton, Richmondshire and Whitby; 2) Humber, Coast and Vale; and 3) West Yorkshire and Harrogate) to address the committee's concerns that the current plans do not meet the health and wellbeing needs of the population of North Yorkshire.

Specifically, that the implementation of STPs will result in:

- the diversion NHS funding from North Yorkshire to support large urban populations in places such as Middlesbrough, Leeds, Bradford, and Hull
- the downgrading and/or closure of services provided by smaller hospitals in North Yorkshire (the Friarage, Harrogate, Ripon, Scarborough) and those used by people from North Yorkshire (York, Darlington), such as Accident and Emergency and consultant-led maternity and paediatric services.

129. Tees, Esk and Wear Valleys NHS Foundation Trust - One Year On - Mental Health Service in York/Selby area and Bootham Hospital

Considered -

The report of Martin Dale, Strategic Project Manager and Brian Coupe, Head of Service, Tees, Esk and Wear Valleys NHS Foundation Trust updating on the position for mental health and learning disability services since Tees, Esk and Wear Valleys NHS Foundation Trust took on services for the Vale of York from 1 October 2015.

Martin Dale and Brian Coupe gave an overview of the changes that had been made to the mental health services delivered in the Vale of York CCG area since October 2015. It was noted that Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) took on the contract at a time of upheaval, with the sudden closure of Bootham Park Hospital, following an inspection by the CQC.

It was noted that the closure of Bootham Park prompted a wholesale review of mental health services in the area and the estate that is used to deliver them. Many of the properties that have been taken on are not suitable to provide modern mental health services. As such, there will be a significant re-configuration of estates. As NHS Property Services own most of the buildings used by TEWV in York and Selby, there will be no release of capital funding should the buildings be vacated.

Martin Dale stated that the aim is to increase the intensity, capacity and resilience of community mental health services and reduce the dependency upon in-patient beds. The recovery model will be embedded in all approaches to treatment and support.

Brian Coupe outlined the extent to which service users had been involved in the reorganisation of mental health services and in the plans for a new hospital.

Martin Dale informed the committee that the CQC had made an unannounced inspection of all TEWV services last week and that the outcome of that inspection was anticipated in January 2017.

Cllr Heather Moorhouse noted that scale of the challenge faced by TEWV and the large amount of work that had been done over the past 12 months to improve services.

Cllr Jim Clark queried whether TEWV experienced any shortages of skilled staff, as was the case elsewhere in the health and social care system. In response, Martin Dale stated that TEWV tended to be able to recruit and retain the staff they needed. He recognised, however, that there were challenges around the provision of mental health services for people with dementia and the specialist skills required in that role.

Cllr David Billing highlighted concerns about the Child and Adolescent Mental Health Services provision particularly for those children and young people with more severe and enduring mental health problems.

Elaine Wyllie gave an overview of the consultation process that was underway on the new hospital, noting that 30 consultation events would be held across the Vale of York. The proposal is for a 60 bed hospital, 30 beds for adult acute and 30 beds for older people. The potential sites are Bootham Park Hospital site, Clifton Park, Shipton Road, Haxby Road (former Bio-Rad site).

Access to public transport was highlighted as a key factor in determining how the original 11 potential sites were narrowed down to 3.

Elaine Wyllie urged committee members to engage in the consultation process.

Resolved -

- a. That the update on the work undertaken to address the transformation of mental health services following the contract change on 1 October 2015 be noted
- b. That the public consultation regarding the development of a new mental health hospital in the Vale of York be noted
- c. That Martin Dale, Brian Coupe and Elaine Wyllie come back to the committee in the new year to provide feedback on the outcome of the consultation.

130. Dying Well and End of Life Care - Hospice Care for Children and Young People

Considered -

The presentation by Clair Holdsworth, Deputy Director of Clinical Services, Martin House.

Clair gave an overview of the service provided by Martin House, how palliative and hospice care for children and young people differs from that provided to adults, and some of the issues encountered by children, young people and their families when seriously ill and in need of palliative care. Specifically:

- The need for care and services that is right for their age – from neonates to young adults
- Short breaks, with nursing and medical support when required
- To be able to continue with their education and have the opportunity to participate in social activities and be with their friends
- Specialist support for siblings
- Bereavement support for the family.

At present, Martin House receives approximately 20% of its funding from the public sector with the remaining 80% funded through donations, legacies, fundraising and retail.

Clair Holdsworth stated that a piece of research had been undertaken that suggested that there were 398 children in North Yorkshire that needed specialist palliative and hospice support. It is understood that this is an under-estimate and that the real figure is likely to be around 560.

Clair Holdsworth noted that the main referral routes were via consultants and social care.

Members questioned what key challenges were for Martin House in providing palliative and hospice care for children and young people. In response, Clair Holdsworth highlighted the following:

- Recruitment of qualified/skilled staff – albeit that in-house training schemes are in place to up-skill workers
- Shortages of some specialist staff within the NHS locally, which creates gaps in community-based service provision
- Identifying ‘hard to reach’ children and young people
- A shortage of counselling services for children in the community.

Resolved -

- a. To thank Clair Holdsworth for attending
- b. That the Committee note the report, the issues highlighted and consider them as part of the in-depth scrutiny work that is being undertaken.

131. Dying Well and End of Life Care

Considered -

The report of the Scrutiny Team Leader providing an update on the progress that has been made with the in-depth scrutiny that the Scrutiny of Health Committee is undertaking on End of Life Care (EoLC) across North Yorkshire and asking Members to review the progress to date, seek clarifications and make suggestions for further lines of enquiry.

Daniel Harry outlined the progress that had been made to date with the implementation of the project plan. Members were invited to identify any gaps or omissions in the identified lines of inquiry.

Resolved -

That the progress and suggestions for further lines of enquiry be noted.

132. Work Programme

Considered -

The report of the Scrutiny Team Leader highlighting the role of the Scrutiny of Health Committee and reviewing the work programme taking into account current areas of involvement and decisions taken in respect of earlier agenda items.

Resolved -

That the Work Programme be noted.

133. Annual Report - Director of Public Health

A link to the above report was supplied with the agenda for information.

134. NY Healthwatch Annual Report 2015/16

A link to the above report was supplied with the agenda for information.

135. NY Independent Health Complaints and Advocacy Annual Report 2015/16

A link to the above report was supplied with the agenda for information.

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

There was no other business.

The meeting concluded at 1pm.

DH