



**North Yorkshire County Council
Skipton and Ripon Area Constituency Committee
10am on 13 December 2018
Castleberg Community Hospital**

Purpose of Report

To update committee members with the latest position on the re-opening of Castleberg Hospital.

Background

At the committee meeting on 31 August 2018, an update report on the development of the Castleberg Hospital was provided by Daniel Harry, Democratic Services and Scrutiny Manager, North Yorkshire County Council. In the subsequent discussions, committee members highlighted a number of lines of enquiry, as below:

- When will the hospital re-open? Is the second survey likely to highlight significant issues with the structure of the building and so significant delays?
- What progress has been made with plans to use the old middle school site as a GP surgery?
- What health, social care and mental health services should and could be provided?
- How will it be different to what was there previously?
- What will the links be with primary care (GPs)?
- What role does the County Council and the District Council have to play?
- What will the links be with the voluntary and community sector?
- Will this new model be sustainable?
- Is there a model that could be applied elsewhere in the area of the county?
- What lessons have been learnt?

The committee resolved to invite Sue Pitkethly from Airedale, Wharfedale and Craven Clinical Commissioning Group and colleagues from NHS Property Services to attend the committee meeting on 13 December 2018 to provide an update and answer the above questions.

In Appendix 1 is the report that has been provided by Sue Pitkethly, which will form the basis of discussions at today's meeting.

Recommendation

Members are asked to consider the report in Appendix 1 and identify any further lines of enquiry to pursue.

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Community Services in Craven: Castleberg Hospital

To:

- Members of the public who expressed interest in being kept informed during the public consultation
- Members of the public, VCS & Volunteers who met 16th July in Settle with an interest in an asset based community development approach and utilisation of the building as a community asset
- The North Craven Health and Wellbeing Action Group (formerly the Castleberg the Future Group)
- Settle Medical Centre

From:

Lynne Scrutton Deputy Director. Accountable Care Airedale AWC CCG on behalf of the Castleberg Mobilisation Group

Further to the update provided 16th July 2018 I am writing to let you know the latest position on the re-opening of Castleberg Hospital. You will recall that the governing body of Airedale, Wharfedale and Craven Clinical Commissioning Group (CCG) decided earlier this year that the hospital would re-open after the completion of repairs to the building.

The group established to oversee this process – which meets bi-weekly - includes representatives of the providers of the service, NHS Property Services, Morecambe Bay CCG and Airedale, Wharfedale and Craven CCG.

When I last wrote to you, I advised that we had been working to an aspirational date of 1st December 2018 for re-opening the hospital. The site had been re-surveyed and preliminary reports received. At that time, it was also becoming increasingly apparent that the hospital was unlikely to re-open until the New Year.

Much progress has been made since then, and I am writing to you today to let you know of some exciting plans to increase the scope of work to be completed. The newly agreed improvements address the issues that led to the temporary closure and also include:

- private ensuite facilities for people nearing the end of life and those needing palliative care;
- a new separate family room and treatment room;
- improving access to the ground floor for people with disabilities (subject to the necessary planning permissions being secured);
- opportunities to consider how the whole of the first floor could be made available for suitable use/activities (which would benefit the community).

Because of this, the latest estimation is that the hospital is likely to re-open in May 2019. This new date has been informed by a number of things, including:

- the scope of works to be undertaken
- the time to commission the work and to appoint contractors;
- that the building work will fall during the winter period; and
- that planning permissions are required for some of the proposed improvements.

The 'mobilisation' group – which is responsible for re-opening the hospital - took the view that, rather than rush for early opening, it was better to explore all potential improvements and do the job as well as possible. In the longer term it means people will benefit from an improved facility which, in turn, improves the experience of patients, families and carers .

Although the CCG originally agreed only to repair and re-open the building it has become apparent, when considering the remedial work, that there is an opportunity to explore how some improvements to the building could be made at the same time. Working with the architects, we have carefully planned a design that works for the service provider and that improves the experiences of everyone who uses the hospital. The mobilisation group has now agreed these plans.

During the temporary closure we were approached to see if it would be possible for members of the public to raise funds to install a lift at the hospital. The mobilisation group has considered this and, subject to the CCG agreeing to pick up the recurrent maintenance costs of approximately £1800 a year, it could be a possibility.

The architects have recommended an external lift. This would avoid further delaying re-opening , minimise impact for people being cared for at the hospital and take account of the internal layout and design of the building. The cost of this is estimated at between £60-80k plus VAT. If the community would like to pursue this interest we can discuss it further. This too would be subject to the necessary planning permissions

The provider of the service, Airedale NHS Foundation Trust, has confirmed that volunteers were previously involved in supporting and enhancing the support provided at Castleberg and they would actively encourage this to continue and be built on.

In relation to utilising the building as a community asset, the Craven Communities Together partnership network will be the vehicle for taking this forward. The 'Craven Communities Together leadership team are keen to work with local people to progress discussions on the local priorities for community development and how these could be addressed by working together. Members of the mobilisation group will meet with representatives from the North Craven Health and Wellbeing Action Group (formerly the Castleberg the Futures Group) 21st November and explore ideas further.

With regards

Lynne Scrutton

On behalf of the Castleberg Mobilisation Group