

North Yorkshire County Council

Scrutiny of Health Committee

Minutes of the meeting held at County Hall, Northallerton on Friday 13 December 2019 at 10am.

Present:-

Members:-

County Councillors John Ennis (in the Chair), Val Arnold, Philip Barrett, Jim Clark, Liz Colling, Heather Moorhouse, Chris Pearson, Andy Solloway, Roberta Swiers and Robert Windass.

Co-opted Members:-

District and Borough Councillors John Clark (Ryedale), Kevin Hardisty (Hambleton), David Ireton (Craven), Tom Watson (Harrogate) substitute for Nigel Middlemass, Pat Middlemiss (Richmondshire) and Sue Tucker (Scarborough).

In attendance:-

Simon Cox, Director of Acute Commissioning, North Yorkshire Clinical Commissioning Group (CCG)

Maddy Ruff, Chair and Programme Director, Scarborough Acute Services Review, Humber, Coast and Vale Health and Care Partnership

Naomi Lonergan, Tees Esk and Wear Valleys Foundation Trust (TEWV)

Kirsty Kitching, Harrogate and Rural District CCG

Lincoln Sargeant, Director of Public Health, North Yorkshire County Council.

Executive Members: County Councillor Caroline Dickinson.

County Councillors: Derek Bastiman, Eric Broadbent and David Jeffels.

County Council Officers: Daniel Harry (Scrutiny), Louise Wallace (Health and Adult Services).

Press and public: Stuart Minting, Local democracy reporter, and one member of the public.

Apologies for absence were received from:

County Councillors Mel Hobson, John Mann and Zoe Metcalfe

District and Borough Councillors Nigel Middlemass (substitute Tom Watson) (Harrogate) and Jennifer Shaw Wright (Selby).

Copies of all documents considered are in the Minute Book

107. Minutes

Resolved

That the Minutes of the meeting held on 13 September 2019 be taken as read and be confirmed and signed by the Chairman as a correct record.

108. Any Declarations of Interest

There were none.

109. Chairman's Announcements

The Chairman, County Councillor John Ennis made the following announcements:

Recently met with Colin Martin, the Chief Executive of Tees Esk and Wear Valleys NHS Foundation Trust.

Due to meet with Steve Russell Chief Executive Officer of the Harrogate and District NHS Foundation Trust and also Simon Morrith the Chief Executive of the York Teaching Hospital NHS Foundation Trust.

A Mid Cycle Briefing was held on 1 November 2019 and attended by Cllr Liz Colling and Cllr John Ennis. The following issues were explored as part of the development of the work programme for the committee:

- an overview of the two-year programme of collaboration between the Airedale NHS Foundation Trust and Bradford Teaching Hospitals NHS Foundation Trust
- an overview of the current spending on Public Health services, the budgetary pressures and what changes to services are being considered or are underway
- changes to repeat prescription process to help reduce wasted medicines in the Vale of York CCG area.

The last two of these have been scheduled on the work programme for scrutiny at future meetings of the committee.

County Councillor Andy Solloway then gave an overview of the discussions at the meeting of the West Yorkshire and Harrogate Joint Health Overview and Scrutiny Committee meeting in Leeds on 19 November 2019.

110. Public Questions or Statements

There were none.

111. Scarborough East Coast Review - Update on progress with the review of services and any proposed changes

Considered -

The presentation of Simon Cox, Director of Acute Commissioning, North Yorkshire Clinical Commissioning Group (CCG) and Maddy Ruff, Chair and Programme Director, Scarborough Acute Services Review, Humber, Coast and Vale Health and Care Partnership.

Simon Cox updated the committee on the progress being made with the East Coast Review and explained the context for the review. The key points from the presentation are summarised as below:

- There are ongoing challenges around recruitment and retention of key staff
- The focus is upon the development of safe and sustainable services
- The buildings are out of date and do not enable new ways of working to be readily adopted
- Scarborough is 42 miles away from the next Accident and Emergency department. As such, there is still a need for an Accident and Emergency department at Scarborough Hospital and effective and sustainable general surgery provision

- The management of the general surgical rota over the York and Scarborough sites continues to work well
- Temporary changes to the Urology service were introduced in November 2019
- Work will be done to look at how Paediatrics and Obstetrics will be delivered in the long term
- The Clinical Senate for Yorkshire and Humber is involved in the review, providing advice on the emerging clinical models
- Final Clinical Senate report to be published in January or February 2020
- Services provided by Bridlington Hospital are also being considered as part of this review due to the links with the York and Scarborough Hospitals and the known patient flows
- £40million of capital has been secured enabling the Scarborough Hospital site to be developed in a way that enables new ways of working to be adopted that are safer, more efficient and sustainable
- A part time Engagement Manager is to be recruited to co-ordinate a programme of engagement with people who may be affected by any proposed changes to services
- Participating in a 'Small Rural Hospitals Network' that has been setup by NHS Improvement and the Nuffield Trust
- A key issue to be addressed is that of rapid access to diagnostics.

County Councillor Liz Colling asked a number of questions, including: whether Whitby Hospital would be included in the review; whether the Urology service would be repatriated back to Scarborough; and whether a full public consultation would be undertaken.

In response, Simon Cox said that the way in which Urology Services will be delivered is currently going through detailed consideration. What has become clear is that the complexity of and the risks associated with urology means that stand-alone Urology Services are not sustainable and that the preferred model is for services to be provided across a number of different sites. There will be a clearer understanding of what this means by January 2020.

Maddy Ruff said that engagement and consultation would take place as and when needed.

Daniel Harry confirmed that a full discussion on Whitby Hospital and the linked, integrated health and social care services would take place at the Scrutiny of Health Committee meeting on 13 March 2020.

County Councillor John Ennis invited those members of the Scarborough and Whitby Area Constituency Committee who were in attendance to ask any questions that they may have.

County Councillor David Jeffels asked whether there were difficulties in recruiting and retaining specialist staff in Scarborough.

Simon Cox replied that smaller hospitals have to work together in networks, rather than being stand-alone units that attempt to deliver all services. In many respects it is similar to the experience of rural schools and how they work in networks or federations.

Maddy Ruff said that the aim was to get to the point where Scarborough would be a good quality district general hospital.

County Councillor Eric Broadbent queried whether non-urgent operations would still be delayed if someone had a high BMI and/or smoked.

Simon Cox said that the aim was to ensure that people were healthier before undergoing surgery and this would benefit them in terms of recovery and outcomes.

District Councillor John Clark asked whether the environmental cost associated with the centralisation of services and the resulting increase in the number and length of patient journeys would be considered.

Maddy Ruff replied that the focus is upon where services can be safely and effectively delivered. The issue is not just the availability of a consultant but the quality of the site and facilities in which they are expected to work from and the support staff that are there.

Simon Cox noted that approximately 5% of all car journeys in the UK relate in some way to the operation of the NHS. As such, the NHS had a key role to play in tackling climate change.

The Chairman, County Councillor John Ennis, summed up the key points from the discussions and thanked Simon Cox and Maddy Ruff for attending. He said the committee welcomed the recent improvement in recruitment in the east coast area, and the appointment of the engagement officer, noting however that there was inevitably public concern about piecemeal reductions in services, with 'temporary' changes becoming permanent.

He welcomed the securing the £40 million of capital, and underlined the role that the committee could play in continuing to make the case for this.

He noted that two items relating to changes to specialist services at Scarborough Hospital were already scheduled for the committee meeting on 13 March 2019:

- 6-month review of the provision of a single, Trust-wide general surgery rota (briefing report for information only)
- 12-month review of the temporary transfer of breast oncology services from Scarborough to York and Hull (briefing report for information only).

Resolved -

- 1) Initial update on changes to the Urology Service at Scarborough Hospital to go to the committee Mid Cycle Briefing in January 2020 and then to be scheduled for consideration by the committee at a later meeting
- 2) Changes to Paediatric Services at Scarborough Hospital to go to the committee on 13 March 2020 or 19 June 2020
- 3) Details of the East Coast Services Review engagement process to go to the committee on 13 March 2020 or 19 June 2020.

112. Mental Health service provision for the population of North Yorkshire – overview of changes to services in Northallerton and Harrogate

Considered -

The report of Naomi Lonergan, Tees Esk and Wear Valleys Foundation Trust (TEWV) and Kirsty Kitching, Harrogate and Rural District CCG.

Naomi Lonergan updated the committee with the progress that had been made with the transformation of community mental health services in and around Harrogate including Wetherby and the closure of the in-patient wards at Harrogate Hospital. The key points are as summarised below:

- Public engagement work began in June 2019 and ran through to September 2019. The aim of this was to work with local people to develop a model of enhanced community services that would enable more people to be treated at home and to reduce the need for and use of in-patient beds
- There was general support for reducing the use of in-patient beds and re-investing the money saved into community services
- There were concerns regarding the movement of beds from Harrogate to York, particularly around travel times, distance and access. Also, support for carers and queries around services for people with Learning Difficulties and Autism.
- Reducing the number of in-patient beds will release £500,000 per year to invest in enhanced community services
- The new enhanced community model is likely to include: an extended working day for core community teams; an expanded home treatment capability 7 days a week; introduction of acute hospital liaison 24/7 releases crisis staff capacity overnight; and the removal of the Section 136 suite and introduction of alternatives to places of safety.
- A plan for the closure of the in-patient beds in the Briary Wing and the transfer of patients to community setting or the in-patient facility in York is under development
- It is anticipated that the changes to mental health services will be made by May 2020.

Naomi Lonergan said that that work had been done with the Leeds CCG to ensure that the needs of the Wetherby population were taken into account. A report is also going to be taken to the health overview and scrutiny committee at Leeds City Council in January 2020.

County Councillor John Ennis queried whether GPs had been involved in discussions about the proposed changes to services. In relation to the engagement process, he queried whether the west of the Harrogate District had been covered, e.g residents of the Pateley Bridge area.

In response, Naomi Lonergan said that there had been extensive engagement with local GPs and that, on the whole, they had been supportive of the proposed changes.

County Councillor Jim Clark noted that the Royal College of Psychiatrists had recently published a report that stated that there was a national shortage of mental health in-patient beds and that a further 1,000 extra beds are needed to meet identified need. In view of this, he asked whether there was the appropriate number of mental health in-patient beds in North Yorkshire.

Naomi Lonergan said that the need for mental health in-patient beds was under constant review. She said that there would always be a need for some in-patient beds but that the demand for them would drop over time as the enhanced community services being put in place meant that more people could be treated in the community and when people did need in-patient treatment it was for shorter periods of time.

County Councillor Heather Moorhouse asked whether the proposed service changes would create further workforce shortages.

Naomi Lonergan replied that a great deal of time and effort was being put into the development of the mental health workforce and transferring workers from the in-patient setting to community settings. Lessons had been learned from the closure of the two mental health in-patient wards at the Friarage Hospital. Work was also being done with residential and nursing care homes to upskill staff in the management of people with dementia and other similar conditions.

Naomi Lonergan said that there was a mental health course at the University of Coventry site in Scarborough, which was helping to keep people with an interest in a career in mental health services in the Scarborough area. She also said that local recruitment campaigns tended to be successful.

Borough Councillor Tom Watson asked who was responsible for transporting people who are undergoing a mental health crisis.

Naomi Lonergan said that it depended on the situation but an emergency admission would involve Yorkshire Ambulance Service and/or the Police. For all other admissions, then people tended to make their own way to the in-patient unit. Where they were on a low income, then the NHS Patient Transport Services may be available.

Borough Councillor Sue Tucker asked whether attempts were being made to reduce the use of anti-psychotic medication in residential and nursing care homes.

Naomi Lonergan replied that the Trust always looked to use the lowest level of intervention and was working with residential and nursing care homes.

County Councillor John Ennis sought confirmation that the Cardale Park site in Harrogate which TEWV had acquired would be used for a health and social care purpose rather than be open commercial development. He asked for an assurance that there would be detailed discussion with North Yorkshire County Council about options.

Naomi Lonergan confirmed that the site was intended for use for health and social care services and that such discussions were underway.

The Chairman, County Councillor John Ennis, summed up the key points from the discussions and thanked Naomi Lonergan and Kirsty Kitching for attending. He noted that two items on the development of mental health services were already scheduled on the committee work programme, as follows:

- 13 March 2020 committee – update on progress with the Northallerton Community Service hub and refurbishment of the Roseberry Park Hospital
- 19 June 2020 committee – update on progress with the Selby Community Service hub and the operational of the new hospital in York.

Resolved -

- 1) Come back to the committee on 19 June 2020 to provide an update on the development of enhanced community services in Harrogate and the surrounding area and the changes to in-patient care (closure of the Briary Wing and transfer to York).

113. Immunisation coverage in North Yorkshire

Considered -

The report of Lincoln Sargeant, Director of Public Health North Yorkshire County Council, and Kate Horsfall of Public Health England.

Lincoln Sargeant introduced the report and gave an overview of immunisation coverage in the county and how it compared to other areas. The key points from the presentation are as summarised below:

- The World Health Organisation (WHO) recommendation is for greater than 95% immunisation coverage for any of the routine childhood vaccinations
- Measles, Mumps and Rubella (MMR) 1st dose immunisation is good but 2nd dose is less good. It is important that a 2nd dose immunisation is taken up.
- Immunisation rates can be affected by access to and availability of GP services
- The region has higher than England as a whole rates of vaccination and immunisation
- Work is being done with primary care in areas where take up is lower
- There are some known inconsistencies in the recording of immunisations and so the performance is likely to be better than indicated in the report. However, these inconsistencies can impact upon the ability to follow up on 1st dose immunisations.
- Parental confidence in the national immunisation programme is strong and there is no evidence to suggest that anti-vaccine activity has had a major impact on immunisation rates nationally, regionally and locally
- Councillors can have a role to play in raising awareness of the benefits of the immunisation programme.

Lincoln Sargeant explained that measles is a highly contagious disease and that prior to the introduction of a measles vaccine in 1963, there were approximately 500,000 cases of measles a year in the UK. WHO data states that in 2018, there were more than 140,000 measles deaths globally, mostly among children under the age of five.

County Councillor John Ennis queried whether low take up of immunisations was linked to deprivation.

In response, Lincoln Sargeant said that there was no obvious link between immunisation take up and deprivation in the county. The key issues tend to be trust and how proactive GP practices are with immunisation programmes.

County Councillor John Ennis noted the high levels of take up of the MMR vaccine and that parents and carers did not appear to have been influenced by the now widely discredited piece of research that had suggested a link between MMR vaccination and Autism.

Lincoln Sargeant reiterated that it was important that trust and confidence was maintained in immunisation programmes.

The Chairman, County Councillor John Ennis, summed up the key points from the discussions and thanked Lincoln Sargeant for a very informative presentation.

Resolved -

- 1) That committee members take the opportunity to encourage people to take up vaccinations that are offered to them, particularly influenza, and also refer people to NHS information sources, such as 'NHS Choices'.

114. Work Programme

Considered -

Daniel Harry, Democratic Services and Scrutiny Manager, North Yorkshire County Council, introduced this item and asked Members to review the work programme and make suggestions for areas of scrutiny for inclusion on the work programme.

District Councillor John Clark queried what progress was being made by the committee regarding the scrutiny of children's mental health services in Scarborough and Ryedale.

Resolved -

- 1) Daniel Harry to update the committee work programme accordingly and develop lines of enquiry for each scrutiny item
- 2) Daniel Harry to follow up on the item on children's mental health services in Scarborough and Ryedale as a matter of urgency.

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

There were no items of other business.

116. Building a Sustainable Future for the Friarage Hospital, Northallerton – update on progress with the public consultation

This report was not available until the day of the meeting, due to concerns about purdah. A hard copy of the report was distributed to the committee members. The report was taken as for information only and did not form part of the discussions at the committee. Any queries were to be directed to Daniel Harry.

117. Patient Transport Service – changes to the application of eligibility criteria – review of first 12 months of operation

The report was taken as for information only and did not form part of the discussions at the committee. Any queries were to be directed to Daniel Harry.

The meeting concluded at 12:06pm

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