

North Yorkshire County Council Scrutiny of Health Committee

Minutes of the meeting held at County Hall, Northallerton on Friday 14 December 2018 at 10 am.

Present:-

Members:-

County Councillor Jim Clark (in the Chair)
County Councillor Val Arnold, Philip Barrett, Liz Colling, Mel Hobson, John Mann, Stuart Martin (substitute for John Ennis), Heather Moorhouse, Andy Paraskos (substitute for John Mann), Chris Pearson, Cliff Trotter (substitute for Zoe Metcalfe) and Robert Windass.

Co-opted Members:-

District Council Representatives:- Judith Chilvers (Selby), Kevin Hardisty (Hambleton), Wendy Hull (Craven), Jane E Mortimer (Scarborough), Ann Myatt (Harrogate) and Karin Sedgwick (Richmondshire).

In attendance:-

Dr Peter Billingsley, Scarborough and Ryedale Clinical Commissioning Group
Adele Coulthard, Director of Operations, Tees, Esk and Wear Valleys NHS Foundation Trust
Joanne Crewe, Harrogate and Rural District Clinical Commissioning Group
John Darley, Hambleton, Richmondshire and Whitby Clinical Commissioning Group
Chris Dexter, Managing Director of Patient Transport, Yorkshire Ambulance Service
Mikki Golodnitski, Harrogate and Rural District Clinical Commissioning Group
Lisa Pope, Hambleton, Richmondshire and Whitby Clinical Commissioning Group
Dr David Scullion, Harrogate District Hospital
Lucy Tulloch, Service Manager, Friarage Hospital, Northallerton
Bruce Willoughby, Harrogate and Rural District Clinical Commissioning Group

Executive Members:

Cllr Caroline Dickinson

County Councillors:

John Blackie
Carl Les

County Council Officers:

Daniel Harry (Scrutiny)

Press and public:

Nigel Ayre, HealthWatch North Yorkshire
Steven Courtney, Principal Scrutiny Adviser, Leeds City Council
Councillor Norma Harrington, Leeds City Council
Stuart Minton, Local Democracy reporter

Apologies for absence were received from: County Councillors John Ennis (substitute Stuart Martin), Mel Hobson, John Mann (substitute Andy Paraskos), Zoe Metcalfe (substitute Cliff Trotter), Andy Solloway, Roberta Swiers and from District Councillor Bob Gardiner (Ryedale).

Copies of all documents considered are in the Minute Book

64. Minutes**Resolved**

That the Minutes of the meeting held on 14 September 2018 be taken as read and be confirmed and signed by the Chairman as a correct record.

65. Any Declarations of Interest

There were no declarations of interest to note.

66. Chairman's Announcements

The Chairman, County Councillor Jim Clark, made the following announcements:

Castleberg Hospital – the scrutiny of the development of the community hospital has been passed to the Skipton and Ripon Area Constituency Committee (ACC). It was discussed at their meeting of 13 December 2018. Some concerns were raised about the time it is taking for the hospital to be brought back into use and the potential 'missed opportunities' that new ways of working and innovative services may not be introduced.

Friary Hospital – the scrutiny of the Friary Hospital has been passed to the Richmond (Yorks) ACC. There was a discussion at their meeting of 21 November 2018 about the long term future of the hospital. No immediate concerns were raised. The committee resolved to maintain a watching brief and report back if there were immediate concerns.

Whitby Hospital - The 'Full Business Case' was due to be reviewed by the Hambleton Richmondshire and Whitby CCG's Governing Body at a meeting scheduled for 22 November 2018. This has been put back. The reason being that the quotes from potential contractors are taking longer to come through and the costs are also higher than anticipated.

NHS 10 year plan – not now expected until early 2019.

Closer working between CCGs – Amanda Bloor has been appointed as the single accountable officer to oversee a shared leadership team across three North Yorkshire NHS Clinical Commissioning Groups (CCGs). It brings together Harrogate and Rural District CCG, Hambleton, Richmondshire and Whitby CCG and Scarborough and Ryedale CCG.

Chairman of Scrutiny of Health Committee – The committee meeting on 15 March 2019 will be my last as Chairman. I intend to continue to be a member of the committee and also of the regional Joint Health Overview and Scrutiny committees, for the foreseeable future.

County Councillor Jim Clark raised his concerns about aspects of the commissioning and planning of health services both nationally and locally, including:

- The deficits in the health system in 2017/18 that were estimated to be £46m and which the committee had investigated at their meeting on 22 June 2018. He queried the audit process that was adopted by the NHS nationally and highlighted that 4 of the CCGs covering North Yorkshire had been reported to the Secretary of State under the Local Audit and Accountability Act 2014 for not returning a balanced budget at the end of the year, which was not lawful.
- A legacy of underinvestment in health and mental health in the county.

- National concerns that the practice of deferment of elective operations where lifestyle issues, such as smoking or obesity, were seen as an impediment to a quick recovery created greater health problems and so costs in the long term than it saved in the short term.
- That both the Council's Scrutiny of Health Committee and Leeds City Council Scrutiny Board had concerns about the ability of the Yorkshire Ambulance Service (YAS) to cope with the increasing demands being placed upon it by service redesigns across three Integrated Care system/partnership areas. (At this point a copy of a letter from Leeds City Councillor Helen Hayden, Chair of the Scrutiny Board, to Rod Barnes, Chief Executive of the Yorkshire Ambulance Service, was circulated to committee members.)

67. Public Questions or Statements

There was one Public Question from Nigel Ayre of HealthWatch North Yorkshire, as below:

PQ1 - "At Healthwatch North Yorkshire, we are committed to representing patient and public voice in health and social care. In this capacity, we have some comments regarding the proposed changes to mental health care provision in the area.

Primarily, we are concerned about the loss of inpatient mental health facilities in Harrogate. While it is true people have indicated the desire for better community services, it is rarely explicitly stated with the knowledge that inpatient beds would no longer be available in Harrogate. The engagement material that we have seen did not clarify to the public that closure was a significant possibility, nor that their comments would potentially be used to justify that position. Healthwatch has not been involved in any ongoing engagement and when we held an engagement focus group about mental health in September, the Trust reached out to requests that we did not mention any potential future arrangements at that time. We did so on the understanding there would be a wider public discussion on the options prior to any decision. This has not happened.

The alternative proposal of sending patients to York or Darlington entails adding a significant travel distance for individuals and families who are already struggling. It would be even more difficult for those reliant on public transit. The CCG board has incorrectly compared the situation to travelling further for hyper acute stroke care, but we would argue that inpatient facilities are not specialist services, as confirmed by the STP mental health lead. Visiting and social support is far more important for treatment of mental health problems than in physical care. Lowered voluntary admission rates also heightens the potential of individuals reaching a crisis point.

Furthermore, it is not certain that these alternate locations can support a higher level of occupancy. The most recent TEWV board papers show the 2018 occupancy statistics as follows for YTD against the 85% target:

Trust-wide: 94.85%

Durham and Darlington: 92.54%

Teesside: 102.7%

North Yorkshire: 94.58% (pre-Northallerton closure)

York and Selby: 90%

The facility at York has significant risk given it does not have planning permission for any additional beds for Harrogate residents. There are also significant risks given the necessary work being undertaken at Roseberry Park and also the ongoing closure of the mental health unit in Northallerton

Lastly, we would like to draw attention once more to the loss of section 136 beds. North Yorkshire was previously held up nationally as the only region in England with no health-based places of safety. A great deal of positive work has been done in recent years to remedy this situation, and currently the county has four such locations. One is currently scheduled for closure and these proposals could reduce these numbers to only 2 for a population of 600,000+ in the largest geographical county in England. The Section 136 facility in Harrogate was also cited as an alternative when justifying the closure of the beds in Northallerton. This can only lead to a significant increase in the number of people in mental health crisis being subjected to unnecessary and traumatising detention when they are most in need of care.

We would urge all parties to pause take stock and have a wider discussion with the general public and also take a more holistic view of inpatient provision in the North Yorkshire area. Under current proposals North Yorkshire will have only one inpatient facility and that at its most Easterly extremity."

Nigel Ayre
HealthWatch North Yorkshire

County Councillor Jim Clark said that the Public Question would be picked up at the appropriate point in the agenda, item 9.

68. Notice of Motion – County Council 14 November 2018

Considered -

The report of Daniel Harry, Democratic Services and Scrutiny Manager at North Yorkshire County Council regarding ways in which the committee could respond to the Notice of Motion that was put to the County Council at their meeting of 14 November 2018 by County Councillors John Blackie and Stuart Parsons.

Daniel Harry suggested that the concerns that had been raised about Patient Transport Service could be dealt with under item 6 of the agenda and that the concerns about community hospitals be delegated to a meeting of the Chair, Vice Chair and Group Spokespersons.

County Councillor Jim Clark invited County Councillor John Blackie to speak regarding the element of the Notice of Motion that related to hospitals in the county.

County Councillor John Blackie highlighted his concerns about the long term future of smaller hospitals in the county, in particular the Friary, in-patient facilities at Ripon and Malton and he also noted that the Lambert at Thirsk had closed. He said that smaller hospitals were an essential service in the local community and that bed capacity had been gradually reduced over the years.

Resolved -

- 1) The concerns raised about the Patient Transport Service be dealt with under agenda item 6 at today's meeting
- 2) The committee to make a recommendation to Executive regarding the Patient Transport Service to consider at their meeting on 29 January 2019, ahead of a referral back to the meeting of County Council on 20 February 2019
- 3) A meeting be arranged in the new year of the Chair, Vice Chair and Group Spokespersons to undertake an initial review of the long term future of smaller, community hospitals in the county and report back to a subsequent meeting of the Scrutiny of Health Committee before then going with recommendations to Executive and County Council.

69. Patient Transport Service – changes to the application of eligibility criteria

Considered -

A combined presentation, on the changes to the application of the eligibility criteria for the Patient Transport Service, that had been produced by the Hambleton Richmondshire and Whitby CCG, the Harrogate and Rural District CCG, the Scarborough and Ryedale CCG and the Vale of York CCG .

John Darley of the Hambleton Richmondshire and Whitby CCG introduced the presentation, the key elements of which are summarised below:

- The aim of the work has been to improve the assessment of need for patient transport and to provide a more up to date service that covers more dates and times when transport is required
- The previous eligibility criteria did not enable an accurate assessment of patient needs
- In the past a significant amount of 'social transport' has been provided (i.e. transport which does not support medical or mobility issues)
- Vale of York and Scarborough and Ryedale CCGs has previously gone through changes to the way that eligibility criteria have been applied
- Hambleton Richmondshire and Whitby CCG, Harrogate and Rural District CCG and Yorkshire Ambulance Service have jointly reviewed and refreshed the local eligibility criteria
- At the same time work has been done with the County Council on the development of voluntary car schemes in Hambleton, Richmondshire and Whitby CCG area
- Patients who have concerns about the ability to pay for transport are directed to the national Healthcare Travel Costs Scheme
- Hambleton Richmondshire and Whitby CCG and Harrogate and Rural District CCG automatically provide transport for patients undergoing Chemotherapy, Radiotherapy, Renal and Other Oncology
- Vale of York and Scarborough and Ryedale require all patients to undergo assessment against the national eligibility criteria
- If a patient is eligible for an inbound journey, then they are automatically eligible for the outbound journey
- If any patient is not satisfied with the outcome of their assessment, they have the right to appeal
- The expectation is that capacity will be released, enabling Yorkshire Ambulance Service to improve the overall quality, availability and flexibility of the service
- Monthly reviews are in place to ensure that the service and the revised eligibility criteria are being applied appropriately
- Patients sometimes understate their level of need
- There has been no noticeable change to the number of 'Did Not Attends' for hospital outpatient appointments since the changes were made.

County Councillor Jim Clark invited County Councillor John Blackie to speak. He raised a number of concerns, as summarised below:

- The 14 pages presentation that had been given only mentioned the word 'rural' once. North Yorkshire is a largely rural county. The national guidance on the Patient Transport Service says that you have to work at a local level but the assessment process and the eligibility criteria do not appear to reflect the rural nature of the county
- It is 60 miles from Hawes to the James Cook and it is impossible to get from Hawes to the James Cook and back in one day using public transport
- There is no voluntary care scheme in the upper Dales and that friends and relatives were not always available to help out with transport

- There had not been engagement with the Scrutiny of Health Committee until after the fact
- Local surveys done as part of the 'Good Life' project with the Council's Stronger Communities Team had shown that people living in rural areas were worried about how they would access hospital appointments
- The changes were a grave disappointment and did not meet the needs of the local population.

County Councillor John Blackie then gave a number of anonymised examples of people from in and around Hawes who had been adversely affected by the changes. Based upon this, he said the changes were a distinct change in service and not just a change to the way in which eligibility criteria were applied.

County Councillor John Blackie then asked that the following be included in the assessment process or criteria that is applied by the Yorkshire Ambulance Service: an element that takes into account rurality, distances travelled and access to public transport; and a simplified appeals process that is well publicised.

John Darley responded to the comments made by County Councillor John Blackie, as summarised below:

- The appeals process was simple and easy to complete. The end to end process took no more than 24 hours and was not bureaucratic or intrusive
- The focus has been upon improving the quality of the assessment and so better meeting the needs of the patients. Both distance and ability to travel are taken into account in the assessment process and also at the appeals stage. The national guidance applies a 'reasonable travel time' test
- The Patient Transport Service is not a proxy for a bus service.

County Councillor Heather Moorhouse raised concerns that people may be excluded from accessing the Patient Transport Service based upon their income and where they live.

County Councillor Liz Colling requested data on the number of appeals (successful and unsuccessful) as a percentage of the overall number of journeys and the number of 'Did Not Attends' for medical appointments that can be linked to the changes in the application of the eligibility criteria. She also queried why the Vale of York CCG and the Scarborough and Ryedale CCG require all patients to undergo assessment against the national eligibility criteria, rather than automatically providing a service to specific groups.

John Darley said that the requested data could be shared with the committee and that the Vale of York CCG and the Scarborough and Ryedale CCG had not included any exempt groups as they wanted their assessment and eligibility to be equitable for all patients.

District Councillor Kevin Hardisty said that the report that had been given was positive and that there would always be difficulties in planning and delivering health services in such a large, rural county as North Yorkshire.

County Councillor Caroline Dickinson asked whether more could be done to communicate the changes to the people whom it would affect.

County Councillor Jim Clark said that the Council's Health and Adult Services department was currently undertaking a consultation on charges for transport to adult social care placements and activities. It would be good to see whether there were any links with the changes to the Patient Transport Service. He said that he would follow this up with County Councillor Michael Harrison.

Borough Councillor Ann Myatt queried whether the script used by the Yorkshire Ambulance Service for the over the phone assessment was good enough or whether it could be improved.

John Darley said that the script had been tested with 200 users of the Patient Transport Service.

Chris Dexter, Managing Director of Patient Transport, Yorkshire Ambulance Service said that the script had a sequence of questions that awarded points according to the answer given. There was, however, discretion and the script is under a process of ongoing review by YAS and the CCG.

County Councillor Robert Windass stated that, as Chairman of the County Council, he had been ridiculed for determining that the Notice of Motion was best dealt with at the Scrutiny of Health Committee, as opposed to County Council. He said that the high quality of the discussion here today justified his decision.

County Councillor Jim Clark invited John Darley to comment in closing. John Darley reiterated that the changes had been made to improve the service and better meet the needs of patients.

Resolved -

- 1) Thank all for attending
- 2) The Clinical Commissioning Groups and Yorkshire Ambulance Service to provide data on: 1) the number of appeals (successful and unsuccessful) as a percentage of the overall number of journeys; 2) the financial impact of the changes to the application of the eligibility criteria; 3) the number of 'Did Not Attends' for medical appointments that can be linked to the changes in the application of the eligibility criteria
- 3) The CCGs and the Yorkshire Ambulance Service to consider amending the assessment criteria to explicitly include as considerations: the impact of rurality; the level of access to public transport; and the distances that have to be travelled
- 4) The Vale of York CCG and Scarborough and Ryedale CCG to consider amending their criteria so that patients undergoing Chemotherapy, Radiotherapy, Renal and Other Oncology are automatically entitled to patient transport services and do not need an assessment The appeals process to be simplified and better publicised
- 5) The Council's Scrutiny of Health Committee to liaise with the Council's Care and Independence Overview and Scrutiny Committee over changes to adult social care transport charging that are currently being consulted upon
- 6) Daniel Harry to draft a report that outlines the Scrutiny of Health Committee response to the Notice of Motion, based upon the discussions today, and circulate to the members of the committee for comment
- 7) That an update on the impact of the changes to the way in which the eligibility criteria for the Patient Transport Service are applied is provided to the Scrutiny of Health committee meeting on 21 June 2019.

70. Building a sustainable future for the Friarage Hospital, Northallerton

Considered -

A verbal update provided by Lisa Pope of the Hambleton, Richmondshire and Whitby CCG and Lucy Tulloch, Service Manager, Friarage Hospital, Northallerton on the proposed changes to the way in which Emergency Medicine and Anaesthesia will be delivered at the Friarage Hospital in Northallerton.

Lisa Pope provided a quick update on Whitby Hospital and stressed that although there had been some small delays the work was progressing and the full business case

would go the Hambleton Richmondshire and Whitby CCG Governing Body in January 2019.

The key elements of the update provided by Lisa Pope on the Friarage are summarised below:

- The work had taken longer than anticipated due to the complexity of the clinical options and solutions that were being considered. This was not something that could be rushed.
- A draft public consultation document was being developed
- The Yorkshire Ambulance Service were mapping out the potential impacts upon their service
- There is an established process of ongoing engagement with the public, service users and carers.

County Councillor Jim Clark said that it was disappointing that the changes were taking so long to develop and implement.

County Councillor John Blackie urged the CCG to go consult with the public as soon as they can. He said that recent investment into the Friarage Hospital, such as the Sir Robert Ogden Macmillan Centre, was welcomed and people needed to be reassured that the Friarage had a positive future.

County Councillor John Blackie said that he remained concerned that no progress appeared to have been made with the three hospital model, which was being developed by the Integrated Care System for Cumbria and the North East, whereby the Friarage, the James Cooks and the Darlington Memorial Hospital would work more closely together.

County Councillor Jim Clark noted the high level of investment that had gone into the Friarage in the past couple of years and that new specialist and cutting edge services that were now available there.

Resolved -

- 1) Thank all for attending
- 2) Lisa Pope to bring further updates to the committee and the Mid Cycle Briefings on progress with implementation of a new clinical model for the delivery of Anaesthesia and Emergency Medicine at the Friarage Hospital.

71. Transforming Adult and Older People's Mental Health Services in Hambleton and Richmondshire

Considered -

A verbal update provided by Lisa Pope of the Hambleton, Richmondshire and Whitby CCG and Adele Coulthard, Director of Operations, Tees, Esk and Wear Valleys NHS Foundation Trust regarding the development of older people mental health services in Hambleton and Richmondshire.

The key elements of the update provided by Lisa Pope are summarised below:

- The construction of the community hub is anticipated to start in early 2019. It will take approximately 12 months to build. Planning permission is not yet in place
- There will be no new admissions to the two in-patient wards at the Friarage after January 2019

- Patients from Hambleton, Richmondshire and Whitby will be admitted to the West Park mental health hospital in Darlington. It is hoped that this will minimise any negative impact upon patients and carers
- The rectification works at Roseberry Park in Middlesbrough are proceeding.

County Councillor Jim Clark said that it was disappointing that the in-patient beds at the Friarage will be closed substantially before the community hub is opened.

In response, Adele Coulthard said that investment had already been made in community based crisis response, which will help to ensure that the appropriate care is in place during this period of transition.

County Councillor Heather Moorhouse queried what would happen to the staff who were currently working on the in-patient wards.

Adele Coulthard said that staff are being moved to community-based roles or in-patient roles elsewhere and that there would be no redundancies.

Resolved -

- 1) Thank all for attending
- 2) Adele Coulthard from TEVV and Lisa Pope from the Hambleton, Richmondshire and Whitby CCG to provide further updates to the committee and the Mid Cycle Briefings on progress with the rectification works at the Roseberry park in-patient hospital in Middlesbrough and the development of the new community hub at the Friarage in Northallerton.

72. Mental Health Services in Harrogate and the surrounding area – update on engagement exercise

Considered -

The report of Joanne Crewe, Harrogate and Rural District Clinical Commissioning Group and Adele Coulthard, Director of Operations, Tees, Esk and Wear Valleys NHS Foundation Trust and Dr Peter Billingsley, Scarborough and Ryedale Clinical Commissioning Group on the work that had been undertaken to develop mental health services in Harrogate and the surrounding area.

County Councillor Jim Clark invited Nigel Ayre, HealthWatch North Yorkshire to the table to participate in the discussions. He also invited Steven Courtney, Principal Scrutiny Adviser, Leeds City Council and Councillor Harrington, Leeds City Council.

Nigel Ayre asked his Public Question.

County Councillor Jim Clark thanked Nigel Ayre for his question and noted that the response would be forthcoming during the presentation and that he could be involved in the discussions on this agenda item, if he wished.

County Councillor Jim Clark said that there had been decades of under investment in mental health services in the county and that the arrangements for the commissioning of mental health services across 5 CCGs and three Integrated Care Systems/Partnerships could not be more complicated.

County Councillor Jim Clark said that he was concerned about the loss of in-patient beds in the county and plans to transfer people to the York mental health hospital, once it was built.

Joanne Crewe introduced the report and presentation identifying a number of key issues, as summarised below:

- The work to develop mental health services in the Harrogate area is not new to the committee and has been brought on a number of occasions
- The focus is upon improving the quality of services and outcomes for patients
- There has been an independent review of the work done and the presentation provides the rationale for the preferred option.

Joanne Crewe requested that members hold their questions until the presentation had been completed.

Adele Coulthard then started to give the presentation, highlighting the following:

- The CCG and TEWV have engaged with the Scrutiny of Health Committee over the past 5 years on how mental health services in the county can be developed
- Service users continue to ask for more capacity in crisis response, particularly out of hours
- The Briary Wing of Harrogate District General Hospital (Rowan Ward and Cedar Ward) is not fit for purpose and not a facility where a modern standard of care can be provided
- If a new mental health in-patient facility were to be built in Harrogate, then funding would have to be taken away from community-based mental health services and crisis care
- The way in which mental health is treated is rapidly changing as new therapies and drugs become available. As such, it is likely that any beds provided now at a new in-patient facility in Harrogate would probably not be used in 5 to 10 years' time.

At this point in the presentation, County Councillor Heather Moorhouse raised her concerns about the lack of access to s.136 suites for people who were in mental distress in public places.

County Councillor Jim Clark queried why an increased number of beds were being provided in York, 97 up from the 72, if in a matter of years they would not be needed. He also queried whether there had been discussions with the City of York Council and their scrutiny committee about this proposed increase in beds.

County Councillor Jim Clark questioned why the plan to build the new mental health in-patient facility at Cardale Park in Harrogate was being abandoned when the land had been purchased, planning permissions were in place and changes had already been made to the Highways to accommodate traffic flows to the new facility.

County Councillor Jim Clark said that the county desperately needed mental health in-patient beds now but that the committee had heard today that beds and wards were being closed at Harrogate Hospital and the Friarage Hospital.

In response, Adele Coulthard said that no beds are being closed. The beds that are provided at the Briary Wing will be re-provided at the new mental health hospital in York.

Adele Coulthard said that national rules meant that mixed sex mental health wards were no longer an option. The intention had been to build 2 mixed sex wards of 18 beds at Cardale Park. Now there would have to be 4 wards of 9 beds, each ward being single sex. This would simply not be financially sustainable. The alternative is to transfer those planned beds to the new mental health hospital at York and so benefit from the economies of scale.

Adele Coulthard said that the land at Cardale Park that had been purchased could be used for alternative mental health and social care provision, such as a dementia village.

County Councillor Jim Clark asked whose decision it was to instigate the pause in the development of the Cardale Park site and queried whether the motivation was purely financial.

Adele Coulthard replied that the pause had been a joint decision of both the commissioner and the provider.

County Councillor Jim Clark asked whether Adele Coulthard has been surprised by the decision to pause the development.

Adele Coulthard said that it was sensible to consider how best to respond to the needs of people in and around Harrogate.

Joanne Crewe then asked the Chairman whether any further questions could now be held until the end of the presentation. She said that many of the questions that had been asked and concerns raised could be dealt with by going through the presentation. It provided a step by step walk through the evolution of the proposals and the rationale as to why Option 3, re-provide in-patient care elsewhere and invest in community services, was the preferred option.

Adele Coulthard continued the presentation, as summarised below:

- The concerns about travel times, distance and access are recognised
- There are planned to be 72 beds at the new mental health hospital in York at present. This will need to increase to 97
- There are three options but the only viable option is option 3, re-provide in-patient care elsewhere and invest in community services. This has been agreed by HS England, the Clinical Senate for Yorkshire and Humber and the CCG Governing Body
- Option 3 will release £0.5 million per year which can then be used to fund 14 members of staff who will be providing improved crisis care
- There will be further engagement with local people and other stakeholders from January 2019 onwards
- The aim of is to increase the level and intensity of community services in order to reduce the need for people to be either admitted to or have extended stays in hospital
- Where hospital admission is required, for this to be provided from larger and more specialist facilities.

At this point County Councillor Jim Clark invited Leeds City Councillor Norma Harrington to speak. Councillor Norma Harrington is a Wetherby Ward Councillor and a member of the Leeds City Council's Scrutiny Board (Adults, Health and Active Lifestyles).

County Councillor Jim Clark said that he had recently attended a meeting of the West Yorkshire and Harrogate Joint Scrutiny of Health Committee at which it had become apparent that the changes to mental health services in and around Harrogate would have a significant impact upon the Wetherby population, which falls under Leeds City Council.

Leeds City Councillor Norma Harrington said that there had been some conversations with the Leeds CCG about the proposed changes to services but that this conversation had been brief and late in the process. She said that there needed to be more engagement with Leeds City Councillors, service users and the local population about the plans.

A copy of a letter from Leeds City Councillor Helen Hayden, Chair of the Scrutiny Board, to County Councillor Jim Clark regarding mental health services for adults and older people in Harrogate and Rural District, was circulated to committee members.

Joanne Crewe said that there had been regular conversations between Harrogate and Rural District CCG and Leeds CCG. She was disappointed that the agreed messages and approach had not filtered through. Joanne Crewe said that engagement with Leeds City Council and the population of Wetherby would be stepped up.

Leeds City Councillor Norma Harrington said that the expansion of house building in the Wetherby area would also need to be taken into account when considering the future needs of the population.

Joanne Crewe reiterated that the focus of the work was providing high quality mental health services that meets the needs of the local population. There is a clear need to invest in community based crisis services.

Daniel Harry said that the onus was upon the NHS commissioners proposing changes to services and/or planning new services to engage with the local authorities affected and propose that a joint health scrutiny committee be formed. The changes to mental health services in and around Harrogate affected North Yorkshire County Council, the City of York Council and Leeds City Council and yet no such committee had been suggested.

County Councillor Jim Clark queried the ability of the Yorkshire Ambulance Service to respond to the longer and more complex journeys that would result from the need to transport people from Harrogate and Wetherby to York.

County Councillor Stuart Martin raised concerns that ambulance crews may not have the skills or the confidence to manage people in mental health distress over longer travel distances.

Adele Coulthard said that ambulance crews were trained in how to manage people with mental health problems.

County Councillor John Blackie said that he was concerned about the lack of engagement with Leeds City Council and the City of York Council.

County Councillor Jim Clark invited Nigel Ayre, who had asked the Public Question relating to this item, to speak.

Nigel Ayre said that as far as he was aware, to date there had been no discussion with the City of York Council regarding the proposed expansion of the new hospital in York from 72 to 97 beds and so planning permissions would not yet be in place. As such, he queried whether it was possible to go ahead and engage or consult with the public when the solution was only hypothetical at this stage.

Resolved -

- 1) Thank all for attending
- 2) Daniel Harry to liaise with Joanne Crewe and Overview and Scrutiny at Leeds City Council and the City of York Council about setting up a Joint Health Overview and Scrutiny Committee meeting in January 2019 to review the impact of the proposed changes across the whole area affected
- 3) Following the planned Joint Health Overview and Scrutiny meeting in January 2019 and further discussions with Harrogate and Rural District and the Tees Esk and Wear Valleys NHS Foundation Trust, the Scrutiny of Health Committee to consider further whether it would request a full public consultation on 3 options.

73. Hyper acute stroke services at Harrogate District Hospital

Considered -

The report of Joanne Crewe, Mikki Golodnitski and Bruce Willoughby from Harrogate and Rural District Clinical Commissioning Group and Dr David Scullion from Harrogate District Hospital regarding the changes to hyper acute stroke services at Harrogate District Hospital.

Mikki Golodnitski introduced the report and the key points are as summarised below:

- Hyper acute stroke will transfer from Harrogate Hospital to Leeds and York Hospitals, with subsequent rehabilitation services being provided at Harrogate Hospital, as of April 2019
- Evidence shows that people who receive care in hyper acute stroke units that see a minimum of 600 new admissions per year have better outcomes, even if the initial travel time is increased
- Harrogate currently sees on 300 a year
- Patients will be repatriated quickly, usually within 72 hours
- There is capacity in Leeds to pick up the anticipated additional 200 cases per annum
- Further work on communication and engagement is planned.

Daniel Harry noted that this was the first time that this item had come to a formal, public meeting of the committee. Previously discussions had taken place at the Mid Cycle Briefing, which is a private and meeting of the Chair, Vice Chair and Group Spokespersons.

County Councillor Jim Clark stated that he had been involved in this change of service for some time and that all aspects had been thoroughly reviewed. He noted that a public consultation was not required as this was the only viable option available to the commissioners.

County Councillor Jim Clark asked for a view from the committee as to whether they endorsed this change to hyper acute services in Harrogate. There was unanimous support.

Resolved -

- 1) Thank all for attending
- 2) The committee supports the changes to hyper acute stroke services at Harrogate District Hospital.

74. Work Programme

Considered -

Daniel Harry introduced this item and asked Members to consider the items that had been identified on the Work Programme.

Resolved -

Members to review the Committee's Work Programme and come back to Daniel Harry after the meeting if there were any particular issues that they felt needed to be included.

75. 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.

The meeting concluded at 1:35pm

DH

DRAFT