



Joint Health Overview and Scrutiny Committee for North Yorkshire County Council, City of York Council and Leeds City Council

Minutes of the meeting held on Friday 15 February 2019 at 10.30 am.

Present:-

North Yorkshire County Councillors: Jim Clark (Chairman), Liz Colling, John Mann and Zoe Metcalfe

City of York Councillors: Paul Doughty, Chris Cullwick, Kallum Taylor

Leeds City Councillors: Norma Harrington and Sandy Lay.

Apologies:-

Leeds City Councillor Helen Hayden.

Officers:-

Steven Courtney, Leeds City Council

Daniel Harry, North Yorkshire County Council

David McLean, City of York Council.

In attendance:-

Nigel Ayre, Healthwatch North Yorkshire

Dr John Beal, Healthwatch Leeds

Dr Peter Billingsley, Scarborough and Ryedale Clinical Commissioning Group

Tim Cate, Tees, Esk and Wear Valleys NHS Foundation Trust

Joanne Crewe, Harrogate and Rural District Clinical Commissioning Group

Colin Martin, Tees, Esk and Wear Valleys NHS Foundation Trust

Dr Tolu Olusoga, Tees, Esk and Wear Valleys NHS Foundation Trust

Susan Robins, Leeds Clinical Commissioning Group

Mark Vaughan, Leeds Clinical Commissioning Group.

Press and public were also in attendance.

1. Welcome to the Meeting

Daniel Harry, Democratic Services and Scrutiny Manager for North Yorkshire County Council, welcomed everyone to the meeting of the Joint Health Overview and Scrutiny Committee for North Yorkshire County Council, City of York Council and Leeds City Council. He explained that the meeting had been convened to enable all three Councils to scrutinise proposals for changes in the commissioning and provision of mental health services in the greater Harrogate area, which may have implications for the populations of North Yorkshire, York and Leeds.

2. Election of Chairman

Daniel Harry asked for nominations for Chairman for the meeting. North Yorkshire County Councillor Liz Colling nominated North Yorkshire County Councillor Jim Clark to be Chairman of the meeting. This was seconded by North Yorkshire County Councillor John Mann.

The vote was taken and, on a show of hands, the motion was declared carried with none against and no abstentions.

North Yorkshire County Councillor Jim Clark welcomed everybody to the meeting. He said that there were numerous challenges associated with the commissioning and provision of mental health services in the patch that were the result of over two decades of under investment in mental health services. He noted that the way in which the NHS was configured locally made it difficult to maintain an aerial view of what the impact of commissioning proposals would be.

North Yorkshire County Councillor Jim Clark said that this meeting gave an opportunity to explore in greater depth some of the issues that had been identified by the North Yorkshire County Council Scrutiny of Health Committee at their meeting on 14 December 2018. He said that it was not the intention to rehearse those discussions. Instead, the intention was to enable the three local authorities to come together, review the proposals and how they had been developed and then come to a consensus view about what further action should be taken.

3. Declarations of Interest

The following interests were declared:

- Leeds City Councillor Sandy Lay declared an interest as he is employed as a Charge Nurse at Harrogate Hospital A&E Department.
- Daniel Harry, Democratic Services and Scrutiny Manager at North Yorkshire County Council, declared an interest as he manages the Council's contract for Healthwatch North Yorkshire.
- Nigel Ayre representing Healthwatch North Yorkshire declared an interest as he is a Councillor with the City of York Council.

4. Joint Health Overview and Scrutiny Meeting Terms of Reference

Daniel Harry introduced the report. North Yorkshire County Councillor Liz Colling moved that the terms of reference be accepted and used as the basis for the meeting. North Yorkshire County Councillor Zoe Metcalfe seconded that motion.

The vote was taken and, on a show of hands, the motion was declared carried with none against and no abstentions.

5. Public Questions or Statement

There were no public questions or statements.

6. City Councillor and County Councillor Questions or Statements

North Yorkshire County Councillor Geoff Webber spoke to the Committee to raise his concerns regarding the proposed closure of the two mental health in-patient wards at Harrogate Hospital.

North Yorkshire County Councillor Geoff Webber cited recent newspaper reports (i-newspaper dated 15 February 2019) that indicated that successive national governments had failed mental health patients by not providing sufficient funding to enable services to be developed that met identified need. He noted that this was particularly true in North Yorkshire that had struggled that decades of under-investment in mental health services.

North Yorkshire County Councillor Geoff Webber raised his concerns that the proposed changes to mental health services would mean that people would have to travel considerably further to receive the treatment that they needed. He said that people with severe and advanced dementia, who would not be able to be cared for in other settings, would likely go to in-patient treatment at York or Middlesbrough.

North Yorkshire County Councillor Geoff Webber reminded those present that North Yorkshire is a large rural county. He noted that there were many anecdotal examples of people booking into hotels to stay the night before attending health appointments just to be sure that they were on time the following day. He urged commissioners and providers to think very carefully before taking any further decisions about what the future shape of mental health services should be.

7. Local Healthwatch Questions or Statements

Nigel Ayre of Healthwatch North Yorkshire said that Healthwatch shared many of the concerns that had been raised by North Yorkshire County Councillors at the Scrutiny of Health Committee meeting on 14 December 2018. He said that there had been a legacy of under investment in community mental health services in the county. He also said that it was misleading to suggest that an 'either or decision' had to be made between in-patient care and community care. Nigel Ayre said that it was important that there was a balance of both in-patient care and community care.

Nigel Ayre noted that the Government had continued to highlight the need for parity of esteem between mental health and physical health services.

Nigel Ayre also suggested that it was misleading to make direct comparisons between recent changes to the provision of hyper acute stroke services in Harrogate and the proposals that were now under discussion for mental health services in the area. Whilst hyper acute stroke can be treated at a specialist unit within 24 or 48 hours and then that person moved back to rehabilitation in their local area, it is highly unlikely that most people at a point of mental health crisis can be admitted and then released back into the community within 48 hours.

Nigel Ayre noted that the proposals did not seem to fully consider the impact upon families, particularly children in cases where a parent is admitted to in-patient care.

Nigel Ayre said that the distances that will have to be travelled to in-patient care in Middlesbrough or York could be up to 60 miles one way.

Nigel Ayre also highlighted concerns that Healthwatch had regarding the provision of Section 136 suites. He said that there had at one point in time been four Section 136 suites but over time this number had reduced and there were concerns about how care would be provided for those people in mental health crisis who were detained under Section 136 by the Police.

Nigel Ayre referred to the Clinical Senate report on the proposed changes. He said that it did not seem like the overall context of provision of mental health services in the county had been fully taken into account in that report. Specifically the closure of the two in-patient mental health wards at the Friarage Hospital in Northallerton. He said that the Clinical Senate report also did not appear to consider the impact of the proposals on the overall number of in-patient beds in York and North Yorkshire. Nigel Ayre said, that by his calculations, there was an overall proposed loss of 60 mental health in-patient beds in York and North Yorkshire based on a starting position of 150 beds.

In conclusion, Nigel Ayre of Healthwatch North Yorkshire suggested that the proposals being considered today appeared to have been driven by financial concerns rather than being policy driven.

Dr John Beal of Healthwatch Leeds explained that he was a Co-opted Member of the health scrutiny committee for Leeds City Council. He said that in general he supported the principles of moving people from inappropriate in-patient mental health settings and placements into enhanced community care near to where they live. He said that it was always preferable to avoid admittance to mental health in-patient units and that when people were admitted that they only stayed for a short period of time. Dr John Beal said that the important thing was to achieve the right balance between in-patient care and community care and also to ensure that appropriate levels of community care were in place, particularly for people at a point of crisis.

Dr John Beal then raised four questions that he asked Members of the Committee to consider, as follows:

1. What consultations have taken place with the Wetherby population and what feedback has been received?
2. What are the proposals for providing enhanced community based care and crisis care?
3. What services will be provided for people with autism who also have mental health concerns?
4. Has sufficient consideration been given to the impact of the proposed changes upon service users and their families?

City of York Councillor Paul Doughty said that he was Chairman of the City of York Council health scrutiny committee. He said that he had heard compelling arguments by the two Healthwatch organisations. Also, that he was keen to ensure that in-patient provision was maintained in York for the York population.

City of York Councillor Paul Doughty acknowledged the impact that the centralisation of mental health in-patient beds would have upon people living in Wetherby and North Yorkshire. He said that the new mental health hospital for York was currently under construction on the basis of 72 in-patient beds and that this was to meet the assessed level of need for the York population. He then raised his concerns about how the needs of the Harrogate population could then be met within the existing provision that was being built at York. City of York Councillor Paul Doughty noted his concerns that this may then mean that some York patients are displaced from the new York Hospital so as to make space for people from the greater Harrogate area. He sought reassurances from the commissioners and providers that this would not be the case and that there would always be a bed at the new York mental health hospital for a patient from York.

8. Context Setting Reports

Daniel Harry introduced the reports stating that they had been included to provide Members of the Committee with the context for the discussions today. He said that the first report contained the minutes and key points raised at the meeting of the North Yorkshire County Council Scrutiny of Health Committee at their meeting on 14 December 2018. The second report related to a discussion at the City of York Health and Adult Care Overview and Scrutiny Committee meeting on 12 February 2019.

The reports were noted.

9. Transforming Mental Health Services for Adults and Older People in Harrogate and Rural District

The representatives from mental health commissioners and providers all introduced themselves to the Committee. Joanne Crew of Harrogate and Rural District Clinical Commissioning Group and Colin Martin of the Tees Esk and Wear Valleys NHS Foundation Trust jointly introduced the report.

North Yorkshire County Councillor Jim Clark asked Colin Martin and Joanne Crew to consider the following issues as part of their presentation to the Committee:

1. Whether the recommendations in the Clinical Senate report, dated October 2018, had been followed up and addressed
2. Whether beds are being closed or re-provided and what was meant by the term 're-provision'
3. Who made the decision for the pause in the development of the mental health in-patient unit at Cardale Park in Harrogate.

North Yorkshire County Councillor Jim Clark also expressed his surprise that the Clinical Senate Report had not been previously shared with the committee.

Joanne Crew said that the Clinical Senate report had been referenced in the Case for Change document, which had been included in the papers that had been presented to the North Yorkshire County Council Scrutiny of Health Committee meeting in December. She said that the Clinical Senate report recommendations had now all been completed and addressed.

Colin Martin said that, in reference to in-patient beds, that he agreed that there needed to be a clear statement of what was happening to bed numbers. He said that, as of end of February 2019, there would be no mental health in-patient beds in Northallerton. He said that the term used by mental health professionals was 're-provision', as in-patient beds would still be available within the TEWV area. In-patient beds would also be removed from Harrogate, as the proposal is that the new mental health in-patient unit is not built and also that the existing mental health in-patient beds at Harrogate Hospital will be closed. As such, the overall number of beds will reduce but this is in line with current NHS policy and the need to move to more community provision. He acknowledged previous comments that there needed to be a good combination of community and in-patient resources.

Colin Martin said that the decision to 'pause' to build the new mental health in-patient facility at Cardale Park in Harrogate was taken by the Tees, Esk and Wear Valley NHS Foundation Trust. He said that the level of need, the standards required for a new build and the money that it would take to make such a new build sustainable in the longer term had all been taken into account when making that decision. He reassured the Committee that the Cardale Park site would still be used for some form of health or social care service provision but at this point it was not clear what that would be. He said that he would come to future meetings of this Joint Committee and individual local authority Scrutiny of Health Committees to provide further information when it was forthcoming.

Susan Robins of Leeds Clinical Commissioning Group, in response to concerns raised regarding the level of engagement with the Wetherby population, said that she had previously met with Members of Leeds City Council. She said that very small numbers of people would be affected by the proposals. She gave assurances that the Clinical Commissioning Group would engage in an extensive consultation with public and professionals about the proposed changes to mental health services in the Harrogate area and how this may impact upon them.

Joanne Crew said that a comprehensive programme of consultation and engagement was under development. She also said that NHS England was fully supportive Option 3 in the proposals, that being to invest in extended community services through a reduction in inpatient beds and to provide inpatient care from a specialist facility elsewhere in the Trust. Once consultation and engagement on the new model of enhanced community services has been completed then it will be possible to understand the level of in-patient beds needed for the population in the greater Harrogate area.

North Yorkshire County Councillor Jim Clark said that the Committee Members accepted that there was a need to move away from in-patient provision to enhanced community care over time. Concerns remained, however, about how the transition would be managed. He said that it made more sense to build up community services first and then close beds rather than doing it the way that is being proposed.

Dr Tolu Olusoga of Tees, Esk and Wear Valleys NHS Foundation Trust said that there had been an over-reliance upon in-patient admissions to care. He said that there needed to be a renewed focus on community based crisis care that could be provided locally to where people lived. He stated that, from his experience, all available beds are usually filled despite the fact that those admissions may not be appropriate. Dr

Tolu Olusoga said that the intention was to look at the overall mental health estate and provision of care and come to the right balance between community and in-patient services.

Dr Tolu Olusoga responded to concerns about the availability of Section 136 beds and said that further work was being done to identify alternative places of safety that could be used. He said that the advantage of this was that people could be protected, assessed and potentially treated in an environment that was less restrictive than a Section 136 suite.

Dr Peter Billingsley of Scarborough and Ryedale Clinical Commissioning Group said that there had been historically low use of Section 136 beds and that most people admitted to a Section 136 bed went home within a couple of hours. He said that the emphasis needed to be upon building up enhanced community crisis care and the delivery of services closer to home.

Dr Peter Billingsley said that discussions about in-patient beds were often a distraction, pulling the focus away from early intervention and treating people in their own homes rather than a mental health in-patient unit.

Dr Peter Billingsley said that he welcomed the interest of the three local authorities in the development of mental health services in the area and the public debate that it would help to stimulate.

Colin Martin stated that in the past 12 months Tees, Esk and Wear Valleys NHS Foundation Trust had provided additional community based mental health services in North Yorkshire and York and that they were beginning to close the gap that existed between North Yorkshire and York and some surrounding authorities.

North Yorkshire County Councillor Jim Clark asked what the next steps would be for commissioners and providers.

Joanne Crew said that a robust and comprehensive engagement and communications plan would be developed which would be used to gain insight from members of the community, service users, carers and key stakeholders of what the shape of enhanced community services could be. Once the outcome of this work had been assessed and analysed then there would be a greater understanding of what level of in-patient beds would be needed.

North Yorkshire County Councillor Jim Clark asked Colin Martin directly whether a mental health in-patient hospital or unit would be built in the Cardale Park site in Harrogate.

In response, Colin Martin said that he could not see a situation where a mental health in-patient hospital or unit would be built on that site.

North Yorkshire County Councillor Jim Clark queried whether North Yorkshire patients would need to travel to Leeds to receive in-patient care.

Colin Martin said no. There was a commitment to keep people close to their community and to the community mental health services in their area. He said that Tees, Esk and

Wear Valleys NHS Foundation Trust did not want people to have out of area placements.

North Yorkshire County Councillor Liz Colling asked what was meant by the term ‘out of area placements’.

In response, Colin Martin said that out of area meant out of the area covered by the Tees, Esk and Wear Valleys NHS Foundation Trust. He reassured Members that the intention was always to provide mental health in-patient care closest to where people live.

North Yorkshire County Councillor Liz Colling asked whether a system was being designed that suited commissioners and providers but not patients.

City of York Councillor Paul Doughty raised a query as to what would happen to those people from the greater Harrogate area who needed in-patient care. He queried whether it would be received at the new York Hospital. If so, then he asked what capacity issues this would present and whether any York patients would be displaced.

Dr Tolu Olusoga said that there were a range of options being developed around the provision of dementia care. This included supporting patients with dementia care in residential care and nursing home settings but also in their own home. An important part of this was having a crisis care team available to support people particularly at weekends.

City of York Councillor Kallum Taylor raised a number of concerns about the consultation and engagement process and urged commissioners and providers to:

1. avoid the use of jargon
2. tailor any engagement to each individual community and area
3. to work closely with Healthwatch organisations
4. to seek out new groups of people to speak to rather than the usual suspects
5. to be explicit with the different communities what services they are likely to have and those which they will not.

He said that it was important to offer more than the routine consultation exercise.

City of York Councillor Kallum Taylor also noted his unease that one of the key issues being cited for not building the Cardale Park mental health in-patient unit was the need to have single sex provision. He said that guidance had been in place for many years emphasising the need to provide single sex accommodation and as such this was not something new or different. He said that both commissioners and providers would have been aware of this fact at the earliest stages of planning for the new build. City of York Councillor Callum Taylor said that he hoped that the commissioners and providers could understand why people may be concerned, suspicious and cynical about the rationale for some of the proposed changes.

North Yorkshire County Councillor John Mann said that there remained significant concerns that the transition from in-patient care to enhanced community based care would not go smoothly. He also queried what work was being done with the local

authorities present to co-ordinate care over both mental health services and social care services.

Tim Cate said that the managed closure of the two mental health in-patient wards at the Friarage Hospital in Northallerton had been successful and people had been moved into alternative in-patient units or community-based care.

Nigel Ayre of Healthwatch North Yorkshire said that it was clear from the discussions at the meeting that any consultation would not be on proposals for change but on how the proposals would be implemented. He said that he endorsed the comments that had been made by Dr Peter Billingsley but that travel times and distances still posed huge problems for parents, carers, families and loved ones.

Leeds City Councillor Sandy Lay noted that, as an Accident and Emergency department nurse, he knew that mental health community teams and in particular the crisis teams were overstretched and under resourced. He said that he regularly saw people in mental health crisis being sent to A&E, even though that was not appropriate. He said that there was a need to have a range of alternative places of safety that could be accessed by the Police and other organisations.

Leeds City Councillor Sandy Lay stated that a community of 160,000 people would need some in-patient beds. He said that it was right to look at developing community care and the implementation of prevention programmes and early intervention but that there would still be a need to treat some people as in-patients. He then raised a number of questions for the commissioners and providers present as follows:

1. do you have enough qualified staff to support the development of enhanced community services particularly crisis support
2. what support will be put in place for carers particularly elderly carers of people with severe dementia
3. what work will be done to raise awareness of the 136 service, how it works and what is the most appropriate response to someone in crisis in the community
4. will any of the proposed changes save money and if so what will be done with those savings.

Joanne Crew noted that workforce issues remain significant across all aspects of the NHS across the UK. North Yorkshire was not different in this respect. She reiterated that the proposals were not driven by finances and were not about saving money. Instead, there was a commitment to enhancing community based services and ensuring that in-patient admissions were appropriate and made only where absolutely necessary. Joanne Crew said that there would be a great emphasis upon co-design with the public following comprehensive public engagement and consultation.

Daniel Harry said that it was important to be clear whether it was engagement that would be undertaken or formal consultation. If there was to be formal consultation, then there remained a question as to what the consultation would be upon as it was clear that the mental health in-patient wards at Harrogate Hospital would be closed and no new in-patient facility built in Harrogate.

Leeds City Councillor Norma Harrington said that little account had been taken of people living in the villages around Wetherby. This was of concern as they faced

particular problems around access to public transport. She also queried how the services provided to the Wetherby population would compare to those provided to the Harrogate and Leeds populations and warned against creating a postcode lottery.

Leeds City Councillor Norma Harrington said that further work needed to be done to take into account the increasing population in the Wetherby area that would result from building over 3,000 new houses.

Leeds City Councillor Norma Harrington said that there was an ageing population in Wetherby and that 55% of people in the area were over 60 years old.

Susan Robins of Leeds Clinical Commissioning Group said that local demography would be taken fully into account.

Resolved -

The joint committee resolved:

1. A meeting of the joint committee to be convened once the public engagement process by Tees Esk and Wear Valleys NHS FT and the Harrogate and Leeds Clinical Commissioning Groups has been completed and there is a better understanding of: 1) what the model of enhanced community mental health care will be; 2) what the demand for in-patient beds will be; and 3) how the transition between in-patient care and enhanced community care will be managed.
2. In the interim, continue to undertake local scrutiny of mental health service commissioning and provision through the three local authority scrutiny of health arrangements. The three local authority scrutiny officers to maintain communication between the three committees and ensure that work is appropriately co-ordinated.
3. In the interim, Harrogate and Rural District Clinical Commissioning Group, Leeds Clinical Commissioning Group and Tees Esk and Wear Valleys NHS FT to provide the scrutiny of health committees in North Yorkshire, Leeds and York with further information on the planned engagement process, including timings and scope.
4. In the interim, Harrogate and Rural District Clinical Commissioning Group, Leeds Clinical Commissioning Group and Tees Esk and Wear Valleys NHS FT to provide the scrutiny of health committees in North Yorkshire, Leeds and York with further information on the progress that is being made with transition from s.136 suites and to places of safety in the community.
5. In the interim, Harrogate and Rural District Clinical Commissioning Group, Leeds Clinical Commissioning Group and Tees Esk and Wear Valleys NHS FT to provide the scrutiny of health committees in North Yorkshire, Leeds and York with further information on: 1) how NHS, local authority, voluntary and community sector and private sector organisations are working together to provide mental health support and services in the community; 2) how the proposals reflect the plans for mental health provision as set out in the NHS Long Term Plan and the plans for increased

mental health spending by 2022 as set out in the last Autumn Statement from the Chancellor.

6. Harrogate and Rural District Clinical Commissioning Group, Leeds Clinical Commissioning Group and Tees Esk and Wear Valleys NHS FT to consider the impact of house building and the changing demographic of communities in Harrogate, York and Wetherby upon the planning of enhanced community services and in-patient services.
7. Acknowledging that an in-patient mental health unit will now not be built at the Cardale Park site in Harrogate, Harrogate and Rural District Clinical Commissioning Group, Leeds Clinical Commissioning Group and Tees Esk and Wear Valleys NHS FT to provide: 1) further assurance that the planned in-patient capacity will be sufficient to meet current and predicted future needs of the population; and 2) an impact assessment (and mitigation plan) for those populations currently accessing in-patient care at Harrogate.

10. 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 1:15pm

DH – 22.02.19