

NORTH YORKSHIRE COUNTY COUNCIL

18 February 2009

SCRUTINY OF HEALTH COMMITTEE – STATEMENT BY THE CHAIRMAN

Scrutiny of Health Committee Meeting – Selby – 9 January 2009

1. The latest meeting of the Scrutiny of Health Committee, the first under my Chairmanship, was on 9 January 2009 in Selby. The meeting was held in the new Community Office facilities just across the road from the Selby District Council civic offices.
2. The agenda touched on a wide range of healthcare issues across the County. A number of representatives from the NHS attended for their relevant agenda item - the level of engagement from the NHS was excellent. The main issues that I would like to highlight are discussed below.

Response to Consultation on Adult Mental Health Inpatient Services in the Bradford and Airedale Area

3. This item dated back to the previous Committee on 14 November 2008 when the Committee was consulted on proposals by the Bradford and Airedale Teaching Primary Care Trust (tPCT) to restructure adult mental health services in Bradford, Airedale and Craven. One of the proposals is to close the Moor Lane Centre in Burley-in-Wharfedale. The proposals will mainly affect residents in the Bradford and Airedale areas but there will also be implications for a relatively small number of people living in North Yorkshire who either currently or potentially could receive inpatient rehabilitation or respite services at the Moor Lane Centre.
4. On 9 January the Committee signed off its response to the consultation so that it could be submitted to the Trust before the closing date of 11 January 2009. In essence the response acknowledged that the proposals are consistent with national policy of providing more care services in the community closer to people's homes, promoting independence and providing choice. If as a result of the Consultation Moor Lane Centre is to close, the Committee sought an assurance that the decision will not be implemented, so the Centre would remain open and have patients referred to it, until new, improved services, including appropriate transport arrangements, have been established.
5. On 26 January 2009 I received a written response from Simon Morritt, Chief Executive of the tPCT, to that effect. This was reinforced by the resolution of the tPCT's Board on 27 January 2009 that, "The Moor Lane site should remain open until alternatives are in place which have been designed with and described to patients, their carers and other stakeholders".

Response to the Bradford District Care Trust on its Foundation Status Consultation

6. Towards the end of last year the Bradford District Care Trust which provides mental health services to residents in the Craven area launched a consultation on how it would operate as a Foundation Trust.
7. A key part of our response was a recommendation that the non-elected governors should include a Councillor drawn from the Craven area - either a County Councillor, a Craven District Councillor or a Parish/Town Councillor. We also recommended that the Non-Elected Governors should include a representative from a national group representing the interests of older people, such as Age Concern particularly as the proportion of people over the age of 65 in Craven is likely to increase significantly in the coming years – a point which County Councillor Shelagh Marshall also made strongly to the Committee in November.

The Operating Framework for 2009/10 for the NHS in England

8. Nick Steele, Director of Finance at NHS North Yorkshire and York (NHS NY&Y) attended for this item. The Committee was pleased to note that as part of the Operating Framework, NHS NY&Y will receive an 11.6% increase in funding over the next two years. This places the primary care trust in the top quarter in terms of the increase in allocations. I understand this allocation now more accurately reflects the demography of North Yorkshire, in particular the healthcare needs of an aging population.
9. However, we were disappointed to hear that the Framework still does not take into account the cost of providing NHS services in rural areas. I am convinced that the cost of providing services in rural areas is far greater than in urban areas - transport costs immediately spring to mind as to why this is the case. With regard specifically to healthcare, rural areas will always be characterised by a reliance on relatively small district general hospitals. But in such hospitals economies of scale are more difficult, consequently unit costs tend to be higher.
10. We heard that by the end of this year NHS NY&Y is hoping to achieve in-year balance and that it started the year with an historical debt of £34m.
11. Since the meeting I have written to the Secretary of State for Health, at the request of the Committee, asking that further work be carried out on the Operating Framework with a view to ensuring that it fully recognises the cost of providing services in rural areas. My letter also supported Hugh Bayley MP's call for the historical debt to be written-off as the improved financial settlement provides strong evidence that this debt should be recognised as a by-product of a previously unfair system.

Healthcare Commission – Annual Health Checks 2008/09

12. The annual health checks which are now in their third year is the process used by the Healthcare Commission to assess the performance of NHS Trusts across a range of basic service standards as well as performance on indicators that matter to patients, including safety, clinical effectiveness and waiting times. The process is based on a declaration or self assessment by the Trusts against these basic standards. Declarations for 2008/09 must be submitted to the Commission no later than midday on 1 May 2009.
13. The Committee's role in the process is not to comment on the Trusts' assessment of whether or not they are compliant with the standards but rather to provide comments on the experiences it has had with each Trust over the past year. Work on preparing our comments will be undertaken over the next couple of months.
14. The Trusts must include our comments word for word in their declaration. The Commission compares the Trusts' self assessment with evidence from a range of sources, including commentaries from overview and scrutiny committees. Where it finds major discrepancies the Commission may decide to visit a Trust to carry out further research or carry out a review of a particular service.
15. The results are published in the autumn when each NHS trust receives an overall performance rating in two parts – one rating for the quality of services and one for quality of financial management.

Selby Hospital

16. Janet Probert (Director of Community and Mental Health Services, NHS North Yorkshire and York) and Martin Connor (Chief Executive, Selby District Council) brought us up to speed on the project to establish a new hospital and civic headquarters on one site. It is very much a partnership between the NHS NY&Y and the District Council. The new hospital will provide like-for-like services to those which are provided in the existing hospital. It is envisaged, providing all goes to plan, that the new hospital will open in 2011.
17. This is an excellent example of partnership working and the Committee applauded the fine work now underway.

NHS Dentistry

18. Access to NHS Dentistry was not on the formal agenda but the Committee is continuing to monitor developments across the County.
19. Just a couple of days before the meeting Cllr Jim Snowball alerted me to a letter that he had received from a visually impaired member of the public who was having difficulties accessing NHS dental care in Selby that did not involve a 2 hour each way journey on public transport to Clifton Moor and back. I forwarded a copy of that letter to NHS NY&Y and have been informed that arrangements are in hand to secure a more appropriately located dentist.

20. I am also aware that access to NHS dentistry is also becoming a problem for looked after children in North Yorkshire.
21. Against this background I have arranged with NHS NY&Y for the Committee to receive an update on efforts to improve access to NHS dentistry at our meeting on 27 February 2009. This will include a presentation in 2 parts - the background as to where we are now, and the actions they intend to take to rectify the serious problems being encountered across the County, not least in some of the more rural parts of the County.

New Personnel and Retirement of the Chairman in NHS North Yorkshire and York

22. Jayne Brown has been appointed as the Chief Executive of NHS NY&Y. I was asked to be part of the appointment process on 15th January, where, along with senior stakeholders of the health community across North Yorkshire and York, we were given ample opportunity to ask questions. I am in no doubt that this appointment, on the evidence we received first hand and subsequent discussions, will be to the benefit of the residents we represent in North Yorkshire.
23. I also met with Jayne on Monday 2 February and had a frank and open discussion around some of the issues we are facing. These of course included Dentistry, strategic reviews in Hambleton/Richmondshire and Scarborough/Ryedale, Scarborough Primary Access Clinic and the financial situation of the organisation. I must comment on her willingness to engage and her refreshingly honest, open and direct responses. I am sure we are embarking upon a period of mutual co-operation. Furthermore, I am confident that the new Chief Executive recognises our critical and important role in holding her organisation to account.
24. Sue Proctor has taken up a watching brief as Interim Director of Commissioning following the departure of Jane Marshall at the end of January.
25. Finally Johnny Wardle OBE, Chairman of NHS Yorkshire and York, has announced he is to retire at the end of March 2009 after 13 years chairing NHS organisations in North Yorkshire.

County Councillor Gareth Dadd
Chairman: North Yorkshire County Council Scrutiny of Health Committee

4 February 2009