

## NORTH YORKSHIRE COUNTY COUNCIL

15 December 2010

## SCRUTINY OF HEALTH COMMITTEE – STATEMENT BY THE CHAIRMAN

1. Since the last County Council on 13 October 2010 the Scrutiny of Health Committee (SoHC) has met formally twice – on 15 October 2010 at County Hall and on 19 November 2010 at Kirkby in Cleveland, near Stokesley. The main issues I would like to highlight from the meetings are summarised below.

**Meeting on 15 October 2010**

2. When the agenda was sent out it was intended that this meeting would focus on two main items – Stroke prevention, awareness and recognition and, secondly, strategic developments in the Harrogate and District NHS Foundation Trust.
3. An additional third item was to be consideration of NHS NY&Y's engagement plan for its "hospital at home" pilot initiatives in the Whitby and Malton areas which included phased reductions in the number of beds in the Ryedale ward at Malton Hospital and the Abbey ward at Whitby Hospital.
4. During the week leading up to the Committee it became clear that the closure of the beds was to be accelerated and the wards would be closing the following week.
5. Consequently against this background the pilots became the main agenda item and the nature changed from being merely a look at the engagement process to a full examination of the proposals and the PCT's actions. We supported the principle of people living independently at home and how that might lead to a reduction in the demand for beds, but called for the proposals to be properly piloted and consulted upon. The meeting unanimously agreed that I should write to Andrew Lansley CBE, Secretary of State for Health seeking his views on the matter. The Secretary of State replied that he was aware of the situation and that he had been assured by the SHA that if the trial leads to a proposed permanent service change, full consultation and engagement would be undertaken.
6. We now need to look forward and, as agreed at the Committee meeting, we will be visiting both Hospitals and discussing how well the pilot arrangements are working with GPs, patients and staff during February.
7. Now returning to the other two agenda items.
8. We heard how a task group led by Councillor Tony Hall and drawn from the SoHC and the Care and Independence Overview and Scrutiny Committee had carried out a project on Stroke Prevention, Awareness and Recognition. We supported and endorsed the task group's findings, in particular the need for

more to be done in primary care to identify people who may, unknowingly, have high blood pressure – a key factor in being at risk of having a stroke.

9. The task group's work has clearly been received positively by NHS NY&Y. In the last week NHS NY&Y has launched a campaign called "Find the 5,000" in which clinicians across County and York are searching for around 5,000 people who have undiagnosed hypertension or high blood pressure. The campaign is specifically targeting people over 40 years old who have not had a blood pressure check in the last five years. In launching the campaign NHS NY&Y referred to the work of the task group. Clearly this is an important initiative for people with these conditions and confirms the task group has made a direct contribution towards improving healthcare in the County.
10. With respect to Harrogate FT we heard how it is taking over community services in the area of the trust and a number of pan-county community services from NHS NY&Y from 1 April 2011. We particularly identified the GP out of hours service as something which the Committee needs to monitor closely to make sure there is no diminution of the services as a result of the transfer.

### **Meeting on 19 November**

#### **Yorkshire Ambulance Service (YAS)**

11. The Committee received a presentation from Vince Larvin (Director of A&E Operations) and Helen Hugill (Service & Quality Improvement Manager) from YAS. The presentation highlighted improvements in YAS' performance since March of this year which had led to the Care Quality Commission in September lifting the condition it had imposed on YAS' registration in April.
12. It was highlighted to Members that during the last year YAS had faced a 6% increase in demand for its service in North Yorkshire. We heard how this additional demand fell outside of the terms of the contract YAS had agreed with NHS NY&Y and that the increase was not replicated elsewhere in the country. We were informed that in very broad terms a 1% increase in demand for the service equated to a 1% reduction in performance.
13. Members' questions focussed on measures YAS was taking to improve its "Category A" (emergency) response times. The national standard is for 75% of calls to receive a response within 8 minutes. Up to the end of September this year YAS was achieving this standard in 76.7% of instances across the whole service. Across North Yorkshire, however, the figure was only 69.5% and in the most rural area, Hambleton and Richmondshire, the figure was currently 52%. We heard how over the course of the next six months spare vehicles would be transferred to the single vehicle ambulance stations and six extra members of staff were being recruited in the Hambleton & Richmondshire area. Consequently it was anticipated this figure would increase to over 60% - still a long way short of the national target.

14. We were informed that a task and finish group had been set up within YAS to identify how response time across North Yorkshire could be improved. The outcome of that work will be reported to the Committee.
15. Concerns were also expressed about the condition of vehicles, especially those used at Stokesley, and whether they were fit for purpose. We heard that a number of 4x4 vehicles had recently been brought into service and that over the next 18 months an overhaul of the entire fleet would be complete.
16. Hambleton District Councillors Bridget Fortune and Margaret Skillbeck advised the Committee that the changes introduced in the Stokesley and Great Ayton areas 18 months ago had been a success. They commended YAS staff for their work and asked that their comments be fed back to the staff involved.
17. We also highlighted the importance of the ambulances in the proposed new pathways for stroke and orthopaedic patients between the Friarage and the James Cook Hospitals.
18. Finally we highlighted concerns about the quality of the Patient Transport Service (PTS) including how some vehicles are very old, uncomfortable and generally in poor condition. This was against a background of the contract for the supply of vehicles used by the Patient Transfer Service in Craven about to be retendered. We agreed to include an examination of the PTS in the Committee's work programme.

Acute Stroke Services and Trauma/Orthopaedic Surgery Pathways in the South Tees Hospitals NHS Foundation Trust

19. The Committee's involvement in these developments dates back to the meeting in September. At that meeting we unanimously supported new pathways under which acute stroke patients and patients requiring orthopaedic surgery would be taken directly to the James Cook Hospital in Middlesbrough for specialist care and once they had become stabilised, usually after around 3 days, taken to the Friarage Hospital for on-going care and rehabilitation.
20. Our meeting on 19 November gave us an opportunity to receive an interim briefing on the trust's engagement process and to hear concerns from Richmondshire District Councillor Tony Duff regarding what he viewed as over centralisation of services at the James Cook at the expense of the Friarage, including the increased demand on the ambulance service. The Director of Planning at the trust undertook to provide more information to reassure Councillor Duff.
21. The Director also undertook to report back to the Committee in the New Year when the engagement plan had run its full course.

### Closure of two the GP Branch Surgeries

22. We considered two separate reports on the closure of 2 branch surgeries – one in Cawood, Selby and the other at the health centre on Knaresborough Road in Harrogate. In both cases the proposal was to centralise patient care at the main surgery – Posterngate Surgery, Selby and Church Avenue, Harrogate respectively. To some extent the reasons behind both changes were similar – mainly around premises and opportunities to improve patient care by treating more patients at the main surgery.
23. In both cases we supported the proposals. In accordance with the Posterngate surgery's engagement plan for the changes in Cawood we invited that practice to return to the Committee in January to summarise the eventual outcome of their engagement with patients. In the case of the Church Avenue practice, as the Practice Manager confirmed there had been no opposition to the proposals, we decided there was no need for a second report to the Committee.

### **Public Health White Paper: Healthy Lives, Healthy People: Our strategy for public health in England**

24. The White Paper published on 30 November 2010, expands on the Government's proposals for public health originally set out in Equity and Excellence: Liberating the NHS published in July.
25. Key points include:
  - a life course approach to improving health and reducing health inequalities, by focussing on health and well being throughout life so that everyone is supported to make healthier lifestyle choices;
  - recognition of the importance of the wider determinants of health such as employment, educational achievement, environmental, social and cultural factors, as well as housing and homelessness;
  - a “nudging” approach to help people choose healthy lifestyles rather than through legislation/regulation;
  - local authorities will lead on health promotion and improvement;
  - a new public health service - Public Health England (PHE) – to be created in the Department of Health. PHE will strengthen the national response on emergency preparedness and health protection and support local work;
  - upper tier local authorities will be required to have a Director of Public Health who will be jointly appointed by those authorities and PHE.
  - an overall budget circa £4 billion. This would include the funding which local authorities will receive and which will be ring fenced. In addition to

the ring fenced element a health premium is also being proposed to reward progress against a new outcomes framework;

- consultations on funding and new outcomes framework will be published by the end of year.
26. The soon to be published Health and Social Care Bill will set out other reforms which will pave the way for enhancing the role of local authorities in this new agenda, including the setting up of health and wellbeing boards.
27. This is a tremendous prize and opportunity for local authorities, although in reality the proposals only return public health back to its natural home. Over the coming months I am sure all Members will have opportunities to contribute to how things are taken forward in North Yorkshire. As individual Members this is also an increased opportunity for us to champion public health and healthy lifestyles in our local communities.

**County Councillor Jim Clark**  
**Chairman: North Yorkshire County Council Scrutiny of Health Committee**

**3 December 2010**