

NORTH YORKSHIRE COUNTY COUNCIL

18 May 2011

SCRUTINY OF HEALTH COMMITTEE – STATEMENT BY THE CHAIRMAN

1. Since the last County Council the Scrutiny of Health Committee (SoHC) has met once, on 8 April 2011 at County Hall. The main issues I would like to highlight from that meeting are summarised below.

Update on Transforming Community Services: Mental Health, Learning Disabilities and Substance Misuse Procurement

2. We heard that NHS North Yorkshire and York had awarded the contract to Airedale NHS Foundation Trust, Harrogate & District NHS Foundation Trust and York Teaching Hospital NHS Foundation Trust to take over the delivery of community services in their areas. The remaining contract with South Tees Hospitals NHS Foundation Trust was due to signed off on the actual day of the Committee. Harrogate & District NHS Foundation Trust are also taking over a number of services across the County such as health visiting, school nursing, GP Out of Hours, Smoking Cessation, Salaried Dental Services and Podiatry.
3. With regard to Mental Health, Learning Disabilities and Substance Misuse the plan has been to set up 3 separate lots:

Lot 1: consisting of York, Selby and Tadcaster, and also including North Yorkshire and Yorkwide Specialist Eating Disorder Services and Improving Access to Psychological Therapies (IAPT).

In January, the PCT's Board approved a three-year contract for Leeds Partnerships NHS Foundation Trust to manage these services. The proposed date of transfer of services to Leeds Partnership NHS Foundation Trust has been agreed as 1 October 2011.

Lot 2: consisting of the Harrogate district (with outreach to Craven where appropriate); and

Lot 3: consisting of the Hambleton and Richmondshire districts (with outreach to Scarborough, Whitby and Ryedale).

The PCT's Board approved a three-year contract for Tees, Esk and Wear Valleys NHS Foundation Trust to manage these services. The proposed date of transfer for those mental health services transferring to Tees, Esk and Wear Valleys NHS Foundation Trust has been agreed as 1 June 2011.

4. In response to questions raised by Members we were given assurances that the transfer of community services would not delay the flow of patient information. The only issue still to be resolved related to asset management and ownership of the estate.
5. Finally we noted that the Tees, Esk and Wear Valleys NHS Foundation Trust was likely to be re-branded to reflect that fact that it's services now extend into Harrogate, Hambleton and Richmondshire.

Ryedale and Whitby Enhanced Community Services Pilots

Background

6. The enhanced community team pilots (“hospital at home” model) in Whitby and Ryedale aim to give patients the best care in the most appropriate setting. This means ensuring that unnecessary hospital admissions are avoided, with quicker discharge and better coordinated follow up care for people who are admitted to hospital.
7. The changes were introduced on an incremental basis under which the number of beds open for admission at the Ryedale Ward in Malton Hospital and the Abbey Ward at Whitby Hospital were reduced whilst slowly transferring some staff into the community. The process led to the temporary closure of both wards from 1 November 2010 for a period of 6 months.
8. As part of the evaluation of the pilots NHS Yorkshire and Humber Strategic Health Authority asked the National Clinical Advisory Team (NCAT) to undertake a review to form part of the overall evaluation of the pilot.
9. NCAT’s role is to provide clinical advice to the process of reconfiguration. The team consists of senior clinicians from many specialities drawn from a national level who have often been involved with reconfiguration, or have held senior NHS leadership positions. The NCAT will seek to ensure that the reconfiguration plans make sense; that is there is a clinical justification for the reconfiguration with an evidence base. They will wish to ensure that the reconfiguration scheme has the support of local senior clinicians and GPs, and that the public and patients have been appropriately involved.
10. NCAT drew a range of conclusions for both hospitals including:
 - The need to develop strategic vision.
 - That GP support for the clinical models is pivotal.
 - Engagement with local stakeholders needs further work.
 - Moving to public consultation on the closure of the two wards and the full implementation of ECT is not recommended at this time due to the lack of support from local stakeholders and in particular the General Practitioners.
11. Since the Committee the Board of NHS North Yorkshire and York on Tuesday, 26 April 2011 considered the future of enhanced community services in Ryedale and Whitby following the six month pilot project, including the NCAT report. The outcome from the Board is that:

Ryedale Area

In Malton Hospital there will be a phased re-opening of the beds on Ryedale Ward over the next three months, pending staff recruitment, alongside the re-shaping of the Enhanced Community Team to support the reopening of the beds.

Within three months an agreed strategy should be developed with local partners, including York Teaching Hospital NHS Foundation Trust, for use of all beds within Malton Hospital, taking into account the recommendations of

the wider North Yorkshire Review being chaired by Professor Hugo Mascie-Taylor.

Whitby Area

In Whitby Hospital there will be a phased re-opening of the beds on Abbey Ward over the next three months, pending staff recruitment, alongside the re-shaping of the Enhanced Community Team to support the reopening of the beds.

The NCAT Report recommended a further review of the patient case mix, capacity and model of care at Whitby Hospital. Therefore a strategy will be developed, led by local GPs over the next six months, taking into account the recommendations of the North Yorkshire Review.

Yorkshire Ambulance Service – Quality Account 2010-11

12. Quality Accounts are annual reports to the public from NHS providers of healthcare, on the quality of the healthcare services they provide.
13. Several Members commented on the need to review and improve the Patient Transfer Service so it was pleasing that this service was highlighted as an area for improvement in the QA.
14. Over the last year YAS has engaged with the SoHC on pathways for stroke and trauma patients in the Hambleton and Richmondshire area as well as on ambulance response times in that area generally. We therefore welcome the continued emphasis in the QA towards improving patient pathways and response times. The improved response times in rural areas such as Hambleton and Richmondshire were particularly welcomed.

Review of Children's Congenital Heart Services in England

15. A national review of Children's Congenital Heart Services in England is now taking place.
16. The review is being led by the Safe and Sustainable Review Team at NHS Specialised Services on behalf of the ten specialist commissioning groups in England and their constituent local Primary Care Trusts. Advances in technology and increasingly sophisticated procedures mean it is now appropriate to review the size, location and number of centres performing children's heart surgery to ensure that all children have equal access to the highest standards of care.
17. The Committee was advised that the NHS had launched a four month consultation that was due to end on 1 July 2011.
18. The current 11 centres are:
 - Alder Hey Children's Hospital, Liverpool
 - Birmingham Children's Hospital
 - Bristol Royal Hospital for Children
 - Evelina Children's Hospital, London
 - Freeman Hospital, Newcastle
 - Glenfield Hospital, Leicester

- Great Ormond Street Hospital for Children, London
- John Radcliffe Hospital, Oxford (surgery services are currently suspended)
- Leeds Teaching Hospital
- Southampton General Hospital
- Royal Brompton Hospital, London

19. The 4 options being consulted upon are:

Option A

Seven surgical centres at:

- Freeman Hospital, Newcastle
- Alder Hey Children's Hospital, Liverpool
- Glenfield Hospital, Leicester
- Birmingham Children's Hospital
- Bristol Royal Hospital for Children
- 2 centres in London

Option B

Seven surgical centres at:

- Freeman Hospital, Newcastle
- Alder Hey Children's Hospital, Liverpool
- Birmingham Children's Hospital
- Bristol Royal Hospital for Children
- Southampton General Hospital
- 2 centres in London

Option C

Six surgical centres at:

- Freeman Hospital, Newcastle
- Alder Hey Children's Hospital, Liverpool
- Birmingham Children's Hospital
- Bristol Royal Hospital for Children
- 2 centres in London

Option D

Six surgical centres at:

- Leeds General Infirmary
- Alder Hey Children's Hospital, Liverpool
- Birmingham Children's Hospital
- Bristol Royal Hospital for Children
- 2 centres in London

London

The preferred two London centres in the four options are:

- Evelina Children's Hospital
- Great Ormond Street Hospital for Children

20. Members highlighted that Leeds General Hospital has the advantage, unlike Newcastle, of operating from a single site and has excellent transport links. Leeds also serves a bigger population with higher birth rates.
21. North Yorkshire is served by both the Freeman Hospital (FH) in Newcastle and the Leeds General Infirmary (LGI). The proposed options have a special significance for North Yorkshire because 3 of the 4 options retain the FH, Newcastle but not the LGI. However, in the 4th option this is reversed - the LGI is retained but the FH in Newcastle is not retained.
22. In our view we feel that option 4 should be extended to include both FH, Newcastle and LGI.
23. When a consultation on reconfiguration of health services cuts across a number of scrutiny of health authorities those authorities are obliged to set up a joint committee to consider the proposals. In this case joint committees have been set up in each region. But the NHS is only required to consult these joint committees. Consequently we will be feeding in our views to the joint committee covering Local Authorities in the North East and the joint committee covering Local Authorities in the Yorkshire and Humber area.

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

04 May 2011