

NORTH YORKSHIRE COUNTY COUNCIL

12 October 2011

SCRUTINY OF HEALTH COMMITTEE – STATEMENT BY THE CHAIRMAN

The activities of the Scrutiny of Health Committee that I would like to highlight since the last County Council are set out below.

North Yorkshire Review of Health Services 2011

1. This review was commissioned by NHS Yorkshire and the Humber. The Committee has met twice informally with Professor Hugo Mascie-Taylor, who led the Commission that undertook the work – in May as part of his fact finding work and then on 9 September following publication of the report in August.
2. On the basis of these discussions there is clearly common ground between the Committee and the conclusions in the report with regard to the main issues facing the health economy of North Yorkshire – including staying within budgets and coping with an increasing demand – life expectancy is increasing and as we live longer long-term conditions will become more prevalent and be a major issue for the NHS. In terms of looking to the future we fully support the need for a greater emphasis on integrating health and social care. We also welcome an enhanced role for community hospitals for diagnostic procedures and for step-up and step-down care. But the difficult part for us as Elected Members and the local communities we represent will be coming to terms with the prospect of major changes in the services currently provided by the district general hospitals which characterise healthcare in North Yorkshire in order to achieve the report's envisaged efficiency savings of £230million and to reduce the number of in-patient beds by in excess of 200. Such measures would have a huge impact on patients and visitors from remote rural areas who already face problems in terms of cost and time travelling large distances to access healthcare.
3. The report calls for urgent and radical action and highlights the importance that the emerging Health and Wellbeing Board will have in driving forward the necessary changes. Whilst we agree this will be a key role for the Board, we do need to bear in mind that it is unlikely to be in place until early next year and even then it will be operating in shadow form until 1 April 2013.
4. I have written to Bill McCarthy, Chief Executive of NHS Y&H, requesting more information on how the review will be taken forward during the interim period and how he envisages the Committee being involved in that work.

Review of Children's Congenital Heart Services in England

5. As I mentioned in my previous statement to County Council I have written to the Yorkshire and Humber Specialist Commissioning Team highlighting how the Committee feels there are sufficient uncertainties to suggest that in actual fact the case for retaining all 3 centres in the North (Liverpool, Leeds and

Newcastle) is more finely balanced than first appears. We strongly urged that before any final decision is made on units to be closed the scoring methodology, the threshold figure of 400 procedures per unit and the inherent risks in transporting seriously ill children across large distances are reviewed to ensure all relevant factors and options for the service are fully explored.

6. The Yorkshire and Humber Region Joint Scrutiny of Health Committee on which I represent North Yorkshire shares these views and in its response to the consultation is calling for both Leeds and Newcastle to be retained, particularly as a consultation on adult cardiac surgery is to be launched shortly. The Joint Committee feels that no decision should be taken on children's cardiac surgery until the proposals for adults can be taken into account. The Joint Committee was highly critical of the way in which the consultation was managed.
7. The Joint Committee has worked well and whilst understandably local authorities in the Leeds area are anxious to retain the Leeds centre an objective and non-partisan approach has been maintained. I do feel that we in North Yorkshire can take the credit for first highlighting the impact that closing Newcastle or Leeds would have on the residents we serve.
8. The consultation has now closed and we will have to wait to see the outcome of the consultation. We watch with interest developments around adults cardiac surgery.

Hyper-Acute Stroke Pathways in Durham and Darlington Areas

9. NHS County Durham and Darlington is proposing to change hyper-acute stroke pathways across Darlington and Durham. Hyperacute services are those that a patient needs when they are at their most seriously ill and in need of urgent assessment and treatment by a stroke specialist, including brain scanning and thrombolysis (clot busting drugs). These services are most effective within 48-72 hours after a stroke.
10. The Trust is proposing to close the unit at the Darlington Memorial Hospital and to centralise the service at the University Hospital of North Durham. The North Yorkshire Scrutiny of Health Committee contributed to the responses from Richmondshire District Council and Darlington Borough Council in which they questioned the statistical evidence for choosing Durham rather than Darlington. In particular we helped to highlight how a number of factors which could have tipped the balance in favour of Darlington had simply not been taken into account and there were inconsistencies in the scoring of certain factors. The Trust already accepts that the decision to centralise on Durham rather than Darlington is finely balanced. So if these arguments are accepted the statistical case for both centres could actually be almost the same. The consultation closed on 11 September 2011.

Committee Meeting in Skipton on 23 September 2011

11. We received presentations from representatives of the Yorkshire Ambulance Service and Bradford District Care Trust on their proposals for operating as NHS Foundation Trusts. In both consultations the key issue for Members was

which local authorities would be represented as appointed governors. We feel that representation from NYCC is important. In the case of YAS, which covers a total of 22 local authorities across the region, its consultation document merely indicates two appointed governors from two local authorities without stipulating which authorities they will actually be. In the case of Bradford District Care Trust, its appointed governors includes representatives from City of Bradford Metropolitan District Council and Craven DC but not the County Council. This is surprising considering the fact that when the BDCT launched a previous consultation on becoming a foundation trust it was proposing that the County Council would be represented. We have until early December to respond to both consultations.

12. We also received an excellent presentation from Bridget Fletcher, Chief Executive, Airedale NHS Foundation Trust. We heard how the Trust continues to be acknowledged as a high performing Trust and how, particularly since taking over community services, is developing new ways of delivering health care locally. Telehealth is an integral part of that work and Airedale wish to work with the Committee to expand the service.

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Chairman: North Yorkshire County Council Scrutiny of Health Committee

County Hall
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03 October 2011