

NORTH YORKSHIRE COUNTY COUNCIL**10 OCTOBER 2012****SCRUTINY OF HEALTH COMMITTEE – STATEMENT BY THE CHAIRMAN**

The main developments and issues arising since my last report are summarised below.

Children's and Maternity Services at the Friarage

1. The Hambleton and Richmondshire Clinical Commissioning Group (CCG), at its meeting on Monday, 17 September, considered three options:
 - Option 1 – sustaining a consultant led Paediatric Service and Maternity Unit, requiring significant investment to achieve safety standards, although this service would remain fragile in terms of sustainability.
 - Option 2 – Paediatric Short-Stay Assessment Unit (PSSAU) and Midwifery led Maternity Services with full out-patient services and enhanced community service. This would be delivered within tariff so therefore would require no additional investment by the CCG. Minor additional transport costs would be incurred but it is hoped that ambulance costs would be met by efficiencies elsewhere in the system locally.
 - Option 3 – Paediatric Out-Patient Services and enhanced community services and a Midwifery led Unit.
2. The CCG agreed that the clinical case for change is made and that the preferred option is Option 2.
3. A report from the meeting of the CCG was considered by the Board of NHS North Yorkshire and York on 25 September 2012. The PCT decided to consult on two options and not consult on Option 1: to invest in existing service and continue to provide a consultant led service for paediatrics and maternity for both outpatients and inpatient stays. They will be consulting on Option 2: to provide a short stay paediatric assessment unit, outpatients and a midwifery led unit; and Option 3: to provide paediatric outpatients only and midwifery led unit, but they must also, during the consultation process, explain to the public why they have not consulted on the original Option 1, which would have cost £2.7m.
4. I addressed the PCT meeting and asked that they consult on all three options, but I was unsuccessful. I found it unacceptable that they would not consult on the option that scored highest on patient safety, clinical effectiveness, patient experience and equity of access. The consultation will begin in November and conclude at the end of January.

National Review of Children's Cardiac Surgery

5. As I reported in my last statement to County Council the Joint Committee of Primary Care Trusts led by Sir Neil McKay, which has been undertaking the review, announced on 4 July 2012 proposals under which the Leeds unit would close and networks of congenital cardiac services would be established around the Country at a number of surgical centres, including the Freeman Hospital in Newcastle.
6. Within the Yorkshire and Humber there is still a good deal of debate taking place as to whether or not parents of patients in this area would actually choose to receive their care at Newcastle, thus resulting in that unit also being unsustainable in the longer-term, meaning that patients across the whole of the North of England would be faced with only one option for receiving their care, that being the Alder Hey Children's Hospital in Liverpool.
7. The Yorkshire and Humber Joint Scrutiny Committee has consistently asked for more information on the "Kennedy" scoring system which underpinned the proposals. Following its meeting on 24 July which Sir Neil Mackay attended and answered Members' questions the Committee resolved to refer the proposals to the Secretary of State. Unfortunately production of the referral report is being delayed by the fact that information on the Kennedy scoring system is not forthcoming.
8. A proposal which is gathering support across the region is for the national changes to go ahead but in the North of England the units at both Leeds and Newcastle should be kept open with a decision on their future delayed until April 2014. The Children's Heart Surgery Fund, a charity based in Leeds, has announced that if there is no satisfactory response in the near future the charity is likely to proceed to a full application for a judicial review (subject to the agreement of the charity's board of trustees).

NHS North Yorkshire and York Budget Situation

9. In my last statement to County Council I referred to the financial deficit facing the PCT, including that in June the projected finance deficit at the end of the year was £19m and how the Chief Executive of the PCT, Chris Long, had accepted this was an optimistic estimate based on a mild winter and "good luck". The actual deficit at the end of August is £24m.
10. At their meeting the PCT announced a number of emergency cuts, which in their view would save £10m. These were:
 - A review of elective activity
 - A review of outpatient follow up appointments in line with best practice
 - A review of Minor Injuries Units opening hours with a view to some closures
 - A review of community hospital beds with a view to some short-term closures

- A review of high cost treatment and drugs
 - Potential cessation of enhanced primary care service payments
 - A review of Mental Health and continuing health care placements
 - Ceasing expansion of health visitor implementation
 - Redesigning patient transport services.
11. I will update Members on further details when they are available, but this not good news for the residents of North Yorkshire.
12. In addition to the above they have commissioned KPMG consultants to carry out a project to examine the strategic options available that could potentially take out significant costs in the acute/community/primary care sector. These options will be worked up with the clinicians and managers from each of the acute trusts and within the CCGs as well as across the wider health community. The report should be available by the end of November.
13. I intend to ensure there is full consultation before any substantial proposals for change.

Mental Health Services in the Harrogate district – Alexander House, Knaresborough

14. NHS Harrogate and Rural District Clinical Commissioning Group, NHS North Yorkshire and York and Tees, Esk and Wear Valleys NHS Foundation Trust have launched an engagement process to run from 10 September to 10 December 2012 which will involve meetings with service users, members of the public, community and voluntary groups and local stakeholders on the proposed way forward for day hospital services, memory services, in-patient services and nursing/residential care home health liaison service. Under the proposals the in-patient beds at Alexander House would be closed. Alexander House would become a base for community teams and services. In the meantime Alexander House would provide accommodation for a small number of patients from Malton whilst a specialist in-patient unit for the whole of North Yorkshire is built on the Malton Hospital site. This new facility will provide care for older people with Dementia who have complex and challenging needs.

Possible Changes to Ambulance Stations

15. Earlier this month there were reports that the Yorkshire Ambulance Service is drawing up a rationalisation programme which would see a number of ambulance stations across the region closing. These reports are coming out at a time when the service faces unprecedented financial pressures brought about by requirements to reduce costs as part of the overall efficiency drive in the NHS but at the same time deal with an estimated increase in the demand for emergency care services. The report, which I have not yet seen, highlights 11 ambulance stations in North Yorkshire which could face early closure including Ingleton, Grassington and Scarborough. Whilst I recognise that ambulance services are currently commissioned across the region by NHS

Airedale Bradford and Leeds I will shortly be meeting with the Chairman and Chief Executive of the Yorkshire Ambulance Service.

Summing Up

16. The PCT's financial situation is becoming more and more worrying and could have a vast impact on healthcare services across the County. Over the next six months that remain for the PCT, and indeed once the clinical commissioning groups fully take over the commissioning reins, I will ensure that the Scrutiny of Health Committee does all it can to make sure that the needs of patients and the public are fully taken into account in the planning, commissioning and delivery of healthcare services.

County Councillor Jim Clark

Chairman: North Yorkshire County Council Scrutiny of Health Committee

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