

NORTH YORKSHIRE COUNTY COUNCIL

20 FEBRUARY 2013

SCRUTINY OF HEALTH COMMITTEE – STATEMENT BY THE CHAIRMAN

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

Children’s and Maternity Services at the Friarage – Referral to the Secretary of State for Health

2. On 23 January I received a letter from the Secretary of State for Health informing me that he has asked the Independent Reconfiguration Panel (IRP) to undertake an initial review of our referral to him. He has asked the IRP to report back to him no later than 22 February 2013. My view remains unchanged; we need a full review by the IRP.

National Review of Children’s Cardiac Surgery - Referral

3. On 29 January certain members of the Yorkshire and Humber Joint Scrutiny Committee, including myself, gave evidence to the IRP outlining the Leeds Unit should be retained. We emphasised that this is not a Leeds versus Newcastle issue and there is a strong case to retain both units. In our presentation we highlighted:
 - “The range of interdependent surgical services, maternity and neonatal services are not co-located at proposed alternative surgical centres available to Yorkshire and the Humber children and their families;
 - The dismantling of the already well-established and very strong cardiac network across Yorkshire and the Humber – and the implications for patients with the proposed Cardiology Centre at Leeds essentially working across multiple networks;
 - The current seamless transition between cardiac services for children and adults across Yorkshire and the Humber;
 - Considerable additional journey times and travel costs – alongside associated increased accommodation, childcare and living expense costs and increased stress and strain on family life at an already stressful and difficult time;
 - The implications of patient choice and the subsequent patient flows – resulting in too onerous caseloads (i.e. overloading) in some surgical centres, with other centres unable to achieve the stated minimum number of 400 surgical procedures”.

4. My contribution to the evidence giving session was to highlight travel times, inadequate public transport and patient flows.
5. The IRP has been asked to report back to the Secretary of State by 28 March 2013.
6. In a separate development Judicial Review proceedings instigated by the "Save our Surgery" charity are being held at the High Court on 11 and 12 February 2013.

North Yorkshire and York Clinical Services Review

7. As reported in my last statement there were reports in the press of a leaked long list of cuts being considered following initial work by the consultants KPMG. These included: services at Scarborough's hospital being severely curtailed, with the downgrading of the town's maternity service and moving high-risk births to York, closing the town's accident and emergency unit at night and providing more emergency or unplanned treatment in York. Other options included changes to hospital care in Harrogate which could see services move to York or Leeds and closing minor injury units, reconfiguring community hospitals in Ripon and Whitby and shutting St Monica's Hospital in Easingwold.
8. We were also informed that the final KPMG report would be presented to NHS NY&Y at its Board meeting on 22 January 2013. Needless to say there was high expectation as to what the report would actually say and where cuts were being proposed. However the report contained no detail with regard to specific proposals in healthcare services but concentrated on strategic options. The Board refused to sign off or endorse the report - a report which the Board itself had commissioned.
9. At our meeting on 8 February we heard how each CCG over the coming weeks and months will be developing specific proposals and coming forward with plans for how they will engage with communities and with the Scrutiny of Health Committee where formal consultation is required.

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

10. NHS Harrogate and Rural District Clinical Commissioning Group, NHS North Yorkshire and York and Tees, Esk and Wear Valleys NHS Foundation Trust launched an engagement process which ran from 10 September to 21 January 2013 and involved 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 services. Under the proposals the in-patient beds at Alexander House will close. Alexander House will become a base for community teams and services, including memory clinics. In the short-term Alexander House will 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. I chaired 4 of the local meetings at which there was considerable public interest in the proposals.

11. At our meeting on 8 February the Committee supported the proposals and plans to go forward for approval by the Harrogate and Rural District CCG on 7 March 2013. The Committee was very clear that all parties, including commissioners and providers in the public, private and voluntary sector, must work together to deliver excellent services for those with dementia. Of key importance to this work will be to ensure that the needs of carers are taken into account particularly with regard to the provision of respite care.
12. The Committee also received a report on the success of the Harrogate Dementia Collaborative. Whilst this did not relate directly to developments at Alexander House it did demonstrate the commitment to improve services for people with dementia across the Harrogate area.

Francis Report

13. On 6 February 2013 Robert Francis QC published his report on the public enquiry into the Mid-Staffordshire NHS Foundation Trust.

14. He commented:

“This is a story of appalling and unnecessary suffering of hundreds of people. They were failed by a system which ignored the warning signs and put corporate self interest and cost control ahead of patients and their safety. I have today made 290 recommendations designed to change this culture and make sure that patients come first.”

15. I believe this is an opportunity to ensure we put the patient first in all aspects of care emphasising compassion, humanity and dignity.
16. The report also commented on certain aspects of health scrutiny and I can assure Members that the criticisms applied to Stafford do not apply in North Yorkshire but certain recommendations in the report will need to be considered as part of the work programme of the North Yorkshire Scrutiny of Health Committee.

County Councillor Jim Clark

Chairman: North Yorkshire County Council Scrutiny of Health Committee

February 2013