

NORTH YORKSHIRE COUNTY COUNCIL

13 NOVEMBER 2013

SCRUTINY OF HEALTH COMMITTEE – STATEMENT BY THE CHAIRMAN

The main areas of involvement of the Scrutiny of Health Committee and developments in the NHS impacting on our work since my last report are summarised below.

Children's and Maternity Services at the Friarage

1. The Hambleton, Richmondshire and Whitby Clinical Commissioning Group (CCG) are now consulting on 2 options:
 - Providing a Paediatric Short Stay Assessment Unit (PSSAU) and Midwifery Led Unit (MLU) with full outpatient services and enhanced services in the community.
 - Providing paediatric outpatient services and Midwifery Led Unit (MLU) and enhanced services in the community.
2. The CCG has held 9 public meetings, of which I have attended 5 as an observer. There is still strong support from amongst the public for the retention of a consultant-led option and indeed almost all of the public meetings I attended have been taken up discussing this option though it is not part of the formal consultation.
3. In accordance with the Independent Reconfiguration Panel's (IRP) recommendations the CCG has consistently said it would look at any other options that come forward from the consultation. County Councillor John Blackie, as Leader of Richmondshire District Council, is researching consultant-led units in other parts of the country and in Scotland which remain viable with a similar number of paediatric admissions and births to those at the Friarage with a view to putting forward a unique option for the Friarage.
4. The Scrutiny of Health Committee will be consulted formally at our meeting on 8 November.
5. The consultation runs until 25 November 2013 and it is anticipated that the CCG will reach a final decision on the way forward in January 2014.

National Review of Adults and Children's Cardiac Surgery

6. In June the Secretary of State for Health, suspended plans to reform children's heart surgery in England. Based on advice from the IRP, the Secretary of State concluded the NHS' proposals to end paediatric cardiac surgery at three hospitals – including Leeds General Infirmary - were based on a "flawed analysis". He gave NHS England until the end of July to come up with a plan including how the way forward for children's cardiac surgery can be considered at the same time as cardiac surgery for adults.
7. A new review is now underway to consider the whole lifetime pathway of care for people with congenital heart disease to achieve:

- the best outcomes for all patients, not just lowest mortality but reduced disability and an improved opportunity for survivors to lead better lives;
 - tackling variation so that services across the country consistently meet demanding performance standards and are able to offer resilient 24/7 care; and
 - great patient experience, which includes how information is provided to patients and their families, and considerations of access and support for families when they have to be away from home.
8. A Programme Board, Chaired by Bill McCarthy (NHS England: Policy Director) is driving the review forward. The Board has already come in for a good deal of criticism over the extremely short timescales being imposed on stakeholders and the public being able to feed into the Board's work. As yet it is far from clear as to how Scrutiny of Health Committees are going to be involved, including being consulted formally in the event of substantial changes being proposed.
9. I represented North Yorkshire and on the Yorkshire and Humber Joint Scrutiny of Health Committee which looked at children's cardiac surgery. The constitution of the Joint Committee is being revised to cover the new review. We will be making strong representations to NHS England to make sure we are consulted on any changes that affect our region.

Minimum Practice Income Guarantee (MPIG)

10. At our meeting in September the Director of Commissioning at NHS North Yorkshire and Humber (the local area team of NHS England) summarised the services they commission and gave us an initial briefing as to why the MPIG will be phased out by 2021.
11. Nationally MPIG has been subject to discussion between the British Medical Association (BMA) and NHS Employers for some time. The plan is that by the end of 7 years MPIG will no longer be a recognised element of funding for general practice.
12. Each local area team of NHS England has been tasked with taking a pro-active role in shaping the revisions to the formula and seeking to ensure that the specific issues faced by rural practices are accurately reflected in the formula.
13. County Councillor John Blackie met with the Rt Hon. Jeremy Hunt MP and the Rt. Hon. William Hague MP on 23 October 2013 when this issue was raised. From his report of the meeting it does seem that the issues faced by rural communities and practices are being recognised at the very highest level.
14. I am hopeful that we will hear encouraging messages from North Yorkshire and Humber local area team of NHS England when they attend our meeting on 8 November to summarise how the work is being taken forward locally.
15. I will give a verbal update to County Council on the outcome of those discussions.

Clinical Commissioning Group Funding Allocations

16. CCGs are funded by NHS England to commission services from hospital trusts and other providers. Under its "fair shares formula" – first proposed a year ago, but dropped after protests – NHS England is planning to change the funding formula.

17. There are reports that the CCGs covering North Yorkshire could face a funding reduction in the region of £21m per annum. This would present major difficulties for them particularly as they already have had to deal with the deficits carried forward from the former primary care trust.
18. I intend to raise this matter with NHS NY&H as part of the discussions on MPIG on 8 November.

Care Quality Commission - Inspections of Airedale and Harrogate NHS Foundation Trusts

19. The Care Quality Commission (CQC) is the independent regulator of health and social care in England. Its role is to make sure health and social care services provide people with safe, effective, caring, well-led and responsive care. As well as encouraging care services to improve, it monitors, inspects and regulates services to make sure they meet fundamental standards of quality and safety. It publishes what it finds to help people choose their care.
20. In May 2013 the CQC appointed Professor Sir Mike Richards as its Chief Inspector of Hospitals. In July Sir Mike announced he would be introducing a new system for inspecting hospitals in England and that a first tranche of inspections would include 18 hospitals. This included 6 hospitals assessed as high risk, 6 as low risk and 6 where there was a variety of risk points between high and low. Harrogate and Airedale trusts are included in this first tranche. Both are assessed as low risk.
21. The inspection of Airedale trust took place between 18 to 20 September 2013.
22. A similar inspection of the Harrogate trust will take place between 14 and 15 November 2013. This includes a listening event for members of the public on 14 November between 6.30pm and 8.00pm at the Best Western Cedar Court, Park Parade, Harrogate, and North Yorkshire, HG1 5AH.
23. Richard Ord, Chief Executive of the HDFT will be attending our meeting 8 November to tell us how the Trust is preparing for the inspection. This will include Richard identifying areas of strength in the Trust, areas where there are risks and the actions in place to address them.
24. No dates have been announced for the results of the inspection to be published.

Urgent Care in Scarborough and Ryedale

25. The Scarborough and Ryedale CCG is proposing to hold a 12-week formal public consultation starting on 6 January 2014 on an integrated urgent care service for patients in Scarborough and Ryedale.
26. This will involve re-providing four key elements of the existing urgent care service into a more integrated 'one-stop-shop- for all urgent care needs covering:
 - 999 minors
 - GP out of hours
 - Minor injuries (Scarborough and Malton)
 - Walk-in provision at Castle Health Centre
27. Leading Members have already received a briefing on the plan. The Committee will consider the outcome of the consultation in the spring of next year.

Mid Yorkshire Hospitals NHS Trust

28. On 9 October the Joint Kirklees and Wakefield Joint Overview and Scrutiny Committee referred proposals to reconfigure hospital services across Pinderfields, Dewsbury and Pontefract hospitals to the Secretary of State for Health. The committee felt there was sufficient doubt that the proposals were in the best interests of local people.
29. The plans would see planned and unplanned services separated across the 3 hospitals. Pinderfields would become the centre for complex and emergency care and Pontefract and Dewsbury would be centres for planned care. Both Pontefract and Dewsbury would have an 'emergency unit'. In the case of Pontefract this is no change from its existing minor injuries unit but the changes would see Dewsbury's A&E being downgraded. The Joint Committee felt this would put pressure on Pinderfields in terms of capacity as the District's only emergency centre. Additionally only Pinderfields would have consultant-led births.
30. My Committee will be keeping abreast of developments as changes at Pontefract Hospital impact on the residents of Selby district.

County Councillor Jim Clark

Chairman: North Yorkshire County Council Scrutiny of Health Committee

October 2013