

NORTH YORKSHIRE COUNTY COUNCIL**19 February 2014****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.

Meeting Chaired By Rt. Hon William Hague MP

On Friday, 10 January 2014 I attended a public meeting in Richmond Town Hall chaired by William Hague on the importance of retaining access to first class healthcare services across Richmondshire. The meeting was an opportunity for Mr Hague to hear at first hand the strength of feeling of local residents. Concerns over developments at the Friarage Hospital and the future of rural GP practices, including the withdrawal of the Minimum Practice Income Guarantee (MPIG), featured strongly in the discussions.

Mr Hague reaffirmed his commitment to healthcare across the area and that in his view people in rural areas should have the same access to healthcare as those in towns and cities. He undertook to report back directly to Jeremy Hunt, Secretary of State for Health, on the messages coming forward from the meeting.

Children's and Maternity Services, Friarage Hospital

The Hambleton, Richmondshire and Whitby Clinical Commissioning Group's (CCG) formal consultation ended on 18 December 2013. The consultation was 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.

On 18 December 2013 the CCG met to consider two additional options put forward during the consultation.

County Councillor John Blackie, in his capacity as Leader of Richmondshire District Council also submitted an option and met with the CCG and representatives from the South Tees NHS Foundation Trust on Monday, 27 January. Cllr Blackie's proposal is based on visits to a number of small hospitals in other parts of England and Scotland where they have been able to retain consultant-led children's and maternity units with a similar number of patients and mothers-to-be as those at the Friarage.

The CCG will have an extraordinary meeting of the governing body on 27 February at 10.00am in the Yorkshire Suite, the Golden Lion, High Street, Northallerton DL7 8PP to take a formal decision.

Pending the outcome of that CCG meeting, a special meeting of the Scrutiny of Health Committee has provisionally been arranged for Friday, 14 March at 2.00pm.

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

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.

In May of last year the CQC appointed Professor Sir Mike Richards as its Chief Inspector of Hospitals. In July Sir Mike announced 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 were included in this first tranche. Both were assessed as low risk.

The inspections of Airedale Trust and Harrogate Trust took place during the autumn of last year and the CQC has recently published both inspection reports.

The CQC's findings across both hospitals are similar and very positive. In terms of good practice at both hospitals the CQC found that that services were provided safely, effectively and consistently to a good standard. The CQC praised the value which both trusts place on the work of volunteers as well as the trusts' work around telemedicine/telehealth. In terms of areas of concern the CQC pointed towards low staffing levels on wards caring for the elderly in both hospitals.

I have written to the Chief Executive of both trusts congratulating them on the outcome of the inspections but also highlighting these concerns.

At our mid-cycle briefing on 21 February representatives from the Harrogate Trust will be attending to seek the Committee's initial views on their Quality Account (QA) for 2013/14. The Committee will then be consulted in the spring and given an opportunity to provide comments for inclusion in the QA around June.

The next meeting of the Committee on 11 April will be held in Craven. This will be an opportunity for the Committee to hear first-hand how the CQC's findings are being taken forward in that hospital as well as contributing to that Trust's QA.

"Fit4theFuture" Initiatives in the Hambleton, Richmondshire and Whitby CCG

The Hambleton, Richmondshire and Whitby CCG have launched two "Fit4theFuture" Initiatives:

- "Fit4theFuture" – Enhancing community health and social services in Whitby and surrounding area
- "Fit4the Future" - Preparing for an aging population

The first initiative includes a vision for a new Whitby Hospital. The second highlights the challenges facing the whole of the CCG area in terms of an aging population and the need for more joined-up primary care, non-urgent care, community care and social care so that people can live independently in their own homes.

At our meeting on 17 January 2014 we expressed support for the CCG's work. In particular we were very encouraged by the progress that has been made by working with the local

community in Whitby to move the situation forward with regard to Whitby Hospital. We look forward to continued involvement in both initiatives.

Right Care First Time – Urgent Care Services in Scarborough and Ryedale

The Scarborough and Ryedale Clinical Commissioning Group (CCG) has launched a formal consultation on proposals for improving urgent care services in Scarborough and Ryedale.

‘Urgent care’ is for a sudden illness or injury that needs treating fast, but is not considered to be a 999 emergency. No appointment is needed to access an urgent care service. Urgent care services should not be used to treat minor symptoms that could be treated by GPs, pharmacists or using over the counter medicines.

The current urgent care services in Scarborough and Ryedale that are included are:

- GP out-of-hours service
- Walk-in service at Castle Health Centre
- Malton Minor Injuries Unit (MIU)

At this stage the CCG is consulting on a specification which will underpin a competitive tendering exercise for the services. The timescale is for the new service to be launched from 1 April next year but it is unclear what further formal consultation will take place in the event of a reconfiguration of the services.

We will be watching how this develops including the long term plans for the impact on the out of hours service in the area, Malton Hospital minor injuries unit, services at the Castle Health Centre and A&E at Scarborough Hospital.

Minimum Practice Income Guarantee (MPIG)

Nationally, MPIG has been subject of discussion between the British Medical Association (BMA) and NHS Employers for some time. From 1 April of this year MPIG will be phased out over 7 years.

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.

Representatives from NHS England’s North Yorkshire and Humber Local Area Team (LAT) attended our meeting in November of last year. I had hoped that the LAT would have had a plan in place by the time of our meeting on 17 January 2014.

From discussions at our meeting in January it was clear that very little progress has been made other than 98 “outlier” practices have been identified nationally and, in North Yorkshire, locally only the Egton and Danby practices qualify for that status. “Outliers” are those practices that will be most affected by the loss of MPIG. We also heard from a GP in the Egton practice of the cash-flow problems that practice would face from 1 April and how it might start to impact on primary care services in that area.

I have again written to the Head of Primary Care at the LAT to highlight the situation and the need for a transition plan. As part of my letter I have referred to the situation in Wales where practices most affected will receive a “practice support payment” in perpetuity and remaining

MPIG funding will be recycled into Global Sum over the 7 year period MPIG is phased out. I have invited the Head of Primary Care to comment on the feasibility of introducing similar arrangements in England.

Clinical Commissioning Group (CCG) Funding Allocations

CCGs are funded by NHS England to commission services from hospital trusts and other providers.

For 2014/15 North Yorkshire CCGs are receiving a funding increase of 2.14% and in 2015/16 an increase of 1.7%. This does not keep pace with inflation in the NHS.

The funding allocations are being introduced at the same time as an element of CCG funding is being top-sliced under the national initiative, Better Care Fund (BCF). Together with funding from local authorities, BCF, will drive closer integration of health and social care, improve outcomes for patients, service users and carers, and enable local health economies transform services.

So whilst CCG budgets are being squeezed there will be increased efforts to reduce hospital admissions and support early discharge.

County Councillor Jim Clark

Chairman: North Yorkshire County Council Scrutiny of Health Committee

February 2014