

NORTH YORKSHIRE COUNTY COUNCIL

9 November 2016

SCRUTINY OF HEALTH COMMITTEE – STATEMENT BY THE CHAIRMAN

The main topics arising since my last statement are:

Sustainability and Transformation Plans - Implications for North Yorkshire

Members will be aware that the Sustainability and Transformation Plans (STPs) are being developed by NHS England, working with 44 areas to a tight deadline, to enable the local implementation of the NHS Five Year Forward View. North Yorkshire is covered by three STPs, which creates considerable challenges in being involved and engaged in their development.

Guidance from NHS England is clear that STPs plans are owned by health, local authorities and the voluntary and community sector. I am concerned, however, that the focus is very strongly upon the NHS and the centralisation of specialist health services at a small number of the larger acute hospital trusts.

There remains a risk that the social care and the lead role that upper tier local authorities play in its commissioning and delivery becomes a secondary consideration. There is also a risk that longer journey times to access specialist and emergency health care services may result from the process of centralisation and the downgrading of services provided by hospitals servicing North Yorkshire.

I remain concerned that the STP process is overly focussed on financial savings, at the expense of service improvement. It is also of concern that the need to save money in the short term creates a pace for the development and implementation of the STPs that does not allow for a robust consideration of a range of options for the delivery of local health services, which best suit local needs.

The situation is fluid, with dates, guidelines and approaches frequently changing. At present, guidance suggests that the draft versions of the STPs will be submitted to NHS England in October 2016, with a summary document published in December 2016. Formal consultation on any proposed major service changes will commence in June 2017.

Better Health Programme (Durham, Darlington and Tees Valley)

Members will recall that plans were in place under the Better Health Programme to reorganise health provision in Darlington, Durham and the Tees Valley. Also, that this could result in changes to accident and emergency and consultant-led maternity and paediatric services at the Darlington Memorial Hospital.

These plans and the Better Health Programme have now become part of the Sustainability and Transformation Plan for that area. The North Yorkshire element of this STP covers the area of the Hambleton, Richmondshire and Whitby CCG.

The Joint Health Scrutiny Committee comprising councillors from across all affected local authorities, that was set up to oversee the programme including any service change/review proposals and associated statutory consultation, has met three times to consider the developing plans. Three possible scenarios have been developed for the provision of health services through the James Cook University Hospital, University Hospital of North Tees,

Darlington Memorial Hospital, the Friarage, Bishop Auckland Hospital and the University Hospital of Hartlepool. In these scenarios, the Friarage would remain a local hospital and Darlington Memorial Hospital could remain a District General Hospital or be down-graded to a local hospital.

The Better Health Programme and the STP for the area no longer includes the University Hospital of North Durham, which has been moved to the STP covering Northumberland, Tyne and Wear.

Members will recall that when consultant-led maternity and paediatric services were removed from the Friarage Hospital in Northallerton one of the reasons accepting the change was that these services would continue to be available in Darlington. These services are now under serious threat.

Elective surgery outcomes – changes to eligibility

Plans are in place across the five North Yorkshire Clinical Commissioning Groups (CCGs) to review the eligibility criteria that are in place for elective surgery. Members will be aware that the short term and long term outcomes from surgery are largely determined by a person's general health and wellbeing prior to that surgery. As such, the CCGs are in the process of introducing a maximum Body Mass Index (BMI) of between 30 and 35 and also a minimum period of having stopped smoking.

The exception to this is the Vale of York CCG, that is currently in special measures and so restricted from adopting such a policy.

There are concerns that this marks the beginning of health rationing and that it has been adopted in response to financial pressures. The CCGs state, however, that the decision has been made with a focus upon patient outcomes and maximising the effectiveness of surgery, which will also and fortunately have a positive impact upon finances.

Hambleton, Richmondshire and Whitby Clinical Commissioning Group (CCG) area - "Transforming our Communities" (Including the Lambert Hospital, Thirsk)

Members will be aware that Lambert Hospital in Thirsk has been closed for a considerable period and that the CCG and the South Tees Hospitals NHS Trust have been carrying out joint public engagement activities to seek views and suggestions on the future provision of care in the Thirsk area.

The formal public consultation took place from July until September 2016 on 3 options:

- 1) Do nothing – The Lambert Memorial Hospital would remain closed and additional beds would continue to be commissioned alongside the current provision of community rehabilitation beds on the Rutson Ward in Northallerton.
- 2) Re-open the Lambert Memorial Hospital with a new North Yorkshire based service provider delivering inpatient care, services on the Rutson ward would remain unchanged.
- 3) Provide step up and step down beds supported by integrated locality teams.

The Scrutiny of Health Committee has been involved in these developments over the last 18 months and will continue to be closely involved. The findings of the consultation will be brought to the Scrutiny of Health Committee meeting on 18 November 2016 for consideration.

End of Life Care - Dying Well

In July, the Scrutiny of Health Committee started an in-depth piece of scrutiny work on End of Life Care across North Yorkshire. This is intended to support the delivery of the Joint Health and Wellbeing Strategy (JHWS) 2015-2020 priority - "Dying Well".

The Scrutiny of Health Committee has engaged with a range of health, social care and voluntary sector commissioners and providers to build a body of evidence that complements the desk top research that has been done on national guidance, best practice and local need. The work is now at the half way point and a number of themes have emerged, including: the lack of a shared vision or outcome for End of Life Care to work to across the county; a need to train and support more health and social care staff to have the difficult conversation with people nearing the end of their life; support for carers; and the lack of a shared system for recording a sharing people's end of life care plan.

The next steps are to visit a number of organisations that provide end of life care and services to better understand the realities of that people face and to move scrutiny out of the committee meeting and into the wider community.

Members will be well aware that talking about death and planning where and in what circumstances people want to die can be extremely difficult. It is becoming apparent, however, that it is important to encourage such conversations to enable people to take greater control of the care that they receive in the last months of their life.

Rural Services Network

In keeping with the concerns about access to health services in rural areas, the Scrutiny of Health Committee looked into this issue on behalf of the national Rural Services Network. A number of themes emerged, including: difficulty of recruiting nursing staff with sufficient technical skills; some vacant posts in GP surgeries but that this is being managed; increasing number of GPs approaching retirement; ambulance response times varying across the county but are improving; and no GP practice closers in the last 12 months but there have been some mergers and more mergers may be planned.

The report from North Yorkshire will be included in a national report that is expected to go to the All Party Parliamentary Group on Rural Services in December 2016.

County Councillor Jim Clark

Chairman: Yorkshire County Council Scrutiny of Health Committee

November 2016