

NORTH YORKSHIRE COUNTY COUNCIL

18 May 2016

SCRUTINY OF HEALTH COMMITTEE – STATEMENT BY THE CHAIRMAN

The main topics I would like to highlight to this meeting of County Council are:

NHS Sustainability and Transformational Plan (STP) and their Implications for North Yorkshire

Representatives from Clinical Commissioning Groups (CCGs) covering North Yorkshire and NHS England attended our committee meeting on 22 April 2016.

STPs are about the pursuit of three aims set out in the NHS Five Year Forward View published on 23 October 2014 - better health, transformed quality of care delivery and sustainable finances.

NHS England (Yorkshire and the Humber) is recommending the main five CCGs covering North Yorkshire to join STPs largely outwith North Yorkshire:

- Harrogate and Rural District CCG and the Airedale, Wharfedale and Craven CCG – with West Yorkshire
- Hambleton, Richmondshire and Whitby CCG - with Durham and Tees
- Scarborough and Ryedale CCG and the Vale of York CCG - with Hull, NE Lincolnshire, North Lincolnshire and East Riding

This footprint is heavily influenced by the geographical location of the acute hospital trusts and the networks to which they belong for specialist services.

The STPs will become the single application and approval process for being accepted onto programmes with transformational funding for 2017/18 onwards. As funding for CCGs is already being squeezed it is likely that the only new or growth funding will be through this transformational route.

As I stated at Council in February my concern is that there will not be one STP covering the whole of North Yorkshire and that the STPs which do cover North Yorkshire may be unduly influenced by the challenges faced in providing healthcare in the urban areas of Middlesbrough, Leeds, Bradford and Hull. The challenges in these areas are entirely different to those of providing services to the rural and remote communities of North Yorkshire where we have a reliance on medium sized district general hospitals, a history of the NHS financial deficits, low local government funding settlements and an under investment in community health services. I did not hear anything at our meeting in April that persuaded me these fears are unfounded and I have written formally to NHS England setting out these concerns and requesting a response. My letter was also copied to the Senior Responsible Officer at each STP with a view to establishing arrangements under which the committee will receive regular collective updates, including how they will:

- a) address the specific issues of healthcare in North Yorkshire;
- b) ensure that North Yorkshire receives a fair share of the Transformation Fund linked to STPs.

Vale of York CCG

At our meeting in April we heard that the Vale of York CCG had closing deficit position for 2016/17 projected to be £13.3m which was an improvement of £3m from the plan that was considered by the CCG's Governing Body on 7 April 2016. This has been achieved through cutting discretionary spend and increasing the risk within the plan. The long term financial plan still anticipates that this will be the last deterioration with the deficit held in 2017/18 and recovered over 2 years 2018/19 – 2019/20 with a return to surplus by the end of 2019/20. But this would need to be remodelled following 18 April submission of 2016/17 plan.

It was significant that the CCG still had work to do to agree the contract with the York Teaching Hospitals NHS FT and it was likely that the CCG would be entering into a formal arbitration process if the contract was not agreed by 25 April 2016.

The CCG is planning savings across a range of areas, for instance to make savings in prescribing budgets, over the counter medications, eligibility for MRI scans and eligibility to elective surgery by being more evidence based and possibly linking eligibility to patient BMI index.

We also heard that NHS England would be carrying out a “deep dive” project into CCG's finances and recovery plan.

Linking back to STPs we heard that the CCG acknowledges there may be issues to overcome such as whether or not other CCGs in the STP feel that transition funding should be invested in the Vale of York CCG.

We continue to have serious concerns about the potential impact on front-line services in the CCG area and we will be maintaining a very close eye on how things develop. This is likely to involve working closely with the scrutiny of health committee at York City Council.

Developments in the Hambleton, Richmondshire and Whitby CCG area

We are already currently involved in a range of “live” initiatives across the CCG area:

“Transforming our Communities” (Including the Lambert Hospital, Thirsk)

Against a background of the temporary closure of the Lambert Hospital in Thirsk and the public meeting organised by County Councillor Gareth Dadd on 22 March 2016 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.

A number of listening events and a number of key themes have already been identified including:

- Support for a new model of palliative care
- Support for the provision of step up step down bed model
- Support for the development of integrated locality teams
- Concerns regarding the future use of the Lambert Hospital
- Concerns regarding the impact of the future increase in population in the Thirsk area.

A formal public consultation is planned between July – September 2016.

Shuttle Bus

The CCG has launched a period of public engagement with current and potential passengers of a local bus service known as “The Shuttle Bus”.

The CCG introduced the “Shuttle Bus” service between The Friarage Hospital, Northallerton and James Cook University Hospital, Middlesbrough in November 2014 as a pilot to support users of those services affected by the reconfigured maternity and paediatric services.

The CCG has to save £7.7million in 2016/17 in order to deliver a balanced financial position which it is statutorily required to do. Consequently it is prioritising core health services and those which we are required to commission by law, above those which may be considered supplementary to core healthcare provision.

NHS Durham and Darlington CCG - Better Health Programme

This CCG is currently looking at the following services across Darlington, Durham and Tees:

- Acute Medicine
- Acute Surgery
- Accident and Emergency
- Critical Care
- Acute Paediatrics, Maternity and Neonatology (services for very small babies)
- Interventional radiology

While this initiative is not being led by the Hambleton, Richmondshire and Whitby CCG it could impact on communities especially in Richmondshire if services are withdrawn from the Darlington Hospital. Consequently we are monitoring developments closely.

We will receive a briefing on all of these developments at our mid cycle briefing on Friday 13 May 2016. I will report orally on the outcome of those discussions at County Council.

Minerals and Waste Plan - Fracking

Following on from the Committee’s joint meeting with the Transport, Economy and Environment Committee in January, looking into the impacts of hydraulic fracturing, a draft report was presented to our meeting in April.

It was agreed that County Councillor Andrew Backhouse and I would finalise the report for the Executive on 24 May 2016 after taking into account discussions at the committee meeting and comments from the group spokespersons of both committees.

County Councillor Jim Clark
Chairman: North Yorkshire County Council Scrutiny of Health Committee

May 2016