

## NORTH YORKSHIRE COUNTY COUNCIL

19 February 2020

**STATEMENT OF CHAIRMAN OF THE SCRUTINY OF HEALTH COMMITTEE**

The Scrutiny of Health Committee has a responsibility to review any matter relating to the planning, provision and operation of health services in the County. A key part of that responsibility is requiring NHS bodies to consult health scrutiny on proposals for substantial developments or variations to the local health service provision, and to demonstrate to our satisfaction that, where appropriate, public consultation has occurred. One of the powers that the committee has is, in specific circumstances, to refer contested proposals for change to the Secretary of State for Health.

The changes to health services in the county are numerous and complex often demanding a significant understanding of medical processes and how specialist services are delivered. These changes can be temporary or permanent. They can also be substantial in size and ambition or minor. All of this can make it challenging for committee members to keep pace of the changes and to understand the overall impact upon the local system.

The Scrutiny of Health Committee formally met on 13 December 2019. At that meeting, the following changes to NHS services used by the people of North Yorkshire were scrutinised.

**East Coast Services Update**

The committee received an update from commissioners on the progress being made with the East Coast Review and what this means for Scarborough General Hospital. The committee was pleased to note that the review had identified the need to ensure the long term sustainability of an Accident and Emergency department at the hospital and also of general surgery provision. We were also pleased to hear that £40million of capital has been secured, which will enable Scarborough General Hospital site to be developed in a way that promotes new ways of working to be adopted that are safer, more efficient and sustainable.

Whilst this is good news, there remain concerns about the supposedly temporary relocation of smaller, specialist services over time to York Teaching Hospital and Hull Teaching Hospital. Over the past 12 months this has included: urology; general oncology; and specialist breast oncology. Typically, the re-location of services is driven by workforce shortages and concerns about what this will mean for patient safety. We remain alert to the risk of 'temporary' changes becoming permanent by default.

**Transformation of Community Mental Health Services in Harrogate and Rural District**

The committee has on numerous occasions over the past 3 years scrutinised proposals for changes to the way in which mental health services are provided in the county. The changes have been driven by a strategy of reducing the number of and use of in-patient beds and then re-investing the money saved into specialist and emergency community services. In the greater Harrogate area alone, it is estimated that the re-investment could be as much as £500,000 per annum.

The committee is broadly supportive of the change in emphasis from in-patient treatment to enhanced community treatment but will continue to scrutinise the development and implementation of new, enhanced community services, the transition arrangements for ensuring, as beds close, that the new services are there and ready, and the impact that this transition has upon patient outcomes and carers.

### **Immunisation coverage in North Yorkshire**

The committee has been interested to understand immunisation coverage rates and what this means for the health of people in North Yorkshire. Dr Lincoln Sargeant attended the committee and gave an overview of how coverage in North Yorkshire compares to other areas of the country. Whilst coverage of first dose immunisations in the county is good, second dose take up is less good. This is similar to other parts of the country and work is underway to improve the take up of second dose immunisations. The committee was pleased to note that parental confidence in the national immunisation programme is strong and there is no evidence to suggest that anti-vaccine activism has had a major impact on immunisation rates nationally, regionally or locally.

### **Area Constituency Committee links**

Scrutiny of Health's links with the Area Constituency Committees (ACCs) continue to develop. Members of the Scarborough and Whitby ACC have participated in meetings where the East Coast Review has been scrutinised. Also, the Skipton and Ripon ACC has completed its scrutiny of the re-development of the Castleberg Hospital in Giggleswick. I anticipate that there will be more opportunities over time to delegate scrutiny of local health changes to the ACCs. Also, to respond to concerns about health service developments or reconfigurations that have been identified at a local level by the ACCs.

### **Castleberg Hospital, Giggleswick**

The Castleberg is a small, community hospital that provides step-up and step-down beds and some end of life support. The hospital was temporarily closed on 13 April 2017 due to significant problems with the building structure. A public consultation was then held over the period September to December 2017 and the decision was taken to re-open the hospital in May 2018. Work commenced on the site and it was formally re-opened on 26 November 2019. Few people locally or on the Scrutiny of Health Committee expected the hospital to re-open, and it is a testament to the hard work, openness and creativity of the Airedale, Wharfedale and Craven Clinical Commissioning Group and the Airedale Foundation Trust that the hospital has re-opened and that it will continue to provide a much needed local service to people across Craven district.

### **The Friarage hospital, Northallerton**

The committee has been scrutinising the challenges facing the provision of urgent and emergency care at the Friarage for over 2 years, as the commissioner and provider have worked hard to find a solution to persistent workforce shortages in anaesthesia and emergency medicine. The new Urgent Treatment Centre (UTC) model was adopted on 27 March 2019 and a 12-week consultation commenced on 13 September 2019, with a pause for the General Election.

The consultation options are for either a 24-hour or a 16-hour service in the UTC, which will be open 7 days a week for adults and children with minor injuries and minor illnesses. The detailed analysis of the consultation responses will come back to the committee on 13 March 2020.

Throughout the consultation period the committee has been kept informed of how the Urgent Treatment Centre model is working. It has been reassuring to note that it is working well and appears sustainable with 9 out of 10 people continuing to receive a service at the Friarage.