NORTH YORKSHIRE COUNTY COUNCIL

SCRUTINY OF HEALTH COMMITTEE

1 July 2016

Remit of the Committee and Main Areas of Work

Purpose of Report

1. The purpose of this report is to highlight the role of the Scrutiny of Health Committee (SoHC) and to review the work programme taking into account current areas of involvement and decisions taken in respect of earlier agenda items.

Introduction

2. The role of the SoHC is to review any matter relating to the planning, provision and operation of health services in the County.

3. Broadly speaking the bulk of the Committee's work falls into the following categories:

   a) being consulted on the reconfiguration of healthcare and public health services locally;

   b) contributing to the Department of Health's Quality Accounts initiative and the Care Quality Commission's process of registering NHS trusts;

   c) carrying out detailed examination into a particular healthcare/public health service;

4. The Committee's powers include:

   - reviewing and scrutinising any matter relating to the planning, provision and operation of health services in the local authority's area;
   - requiring NHS bodies to provide information within 28 days to and attend (through officers) before meetings of the committee to answer questions necessary for the discharge of health scrutiny functions;
   - making reports and recommendations to local NHS bodies and to the local authority on any health matters that they scrutinise;
   - requiring NHS bodies to respond within a fixed timescale to the health scrutiny reports or recommendations;
   - requiring NHS bodies to consult health scrutiny on proposals for substantial developments or variations to the local health service;
   - referring contested proposals to the Secretary of State for Health.

Scheduled Committee Dates

5. The Committee meetings up to May 2016 are:

2016

- 2 September
- 18 November

2017

- 27 January
- 7 April

6. All of the above meetings will start at 10.00am and will be held at County Hall.

Areas of Involvement and Work Programme

7. The Committee's on-going and emerging areas of work involvement are summarised in APPENDIX 1.

Recommendation

8. That Members review the Committee's work programme, taking into account issues highlighted in this report, the outcome of discussions on previous agenda items and any other healthcare developments taking place across the County.

Bryon Hunter
Scrutiny Team Leader

County Hall
NORTHALLERTON

21 June 2016

Background Documents: None

APPENDIX 1

NORTH YORKSHIRE COUNTY COUNCIL

Scrutiny of Health Committee – Work Programme/Areas of Involvement – 2016/17 (as at April 2016)

(Note: Shading denotes period of on-going involvement/monitoring but without confirmed dates for items to the committee;
✓ = Confirmed agenda item)

	2016		2017		Notes
Scheduled Committee Meetings	**2 Sep**	**18 Nov**	**27 Jan**	**7 Apr**	
Strategic Developments					
1. Implications on health and care services of Sustainability and Transformational Plans across North Yorkshire					Appendix 2
2. National Review of Congenital Heart Surgery (Adults and Children)					Councillor Jim Clark continues to represent North Yorkshire on the Yorkshire and Humber Joint Scrutiny of Health Committee
3. Better Health Programme (Durham, Darlington and Tees) https://nhsbetterhealth.org.uk/					NYCC has been allocated 3 seats on a joint scrutiny committee comprising councillors from all the local authorities across the affected area to consider any service reconfiguration. First meeting is on Thursday 7 July 2016 at 2.00 p.m. at Hartlepool Borough Council Civic Centre.
4. Rural Services Network - Scrutiny on Access to Health Services in Rural Areas					
5. Funding of Community Pharmacies http://www.telegraph.co.uk/news/2016/05/29/3000-local-chemists-could-close-this-year-after-170m-subsidy-cut/					Period of involvement to be confirmed.
6. NY Mental Health Strategy	✓				

	2016		2017		Notes
Scheduled Committee Meetings	**2 Sep**	**18 Nov**	**27 Jan**	**7 Apr**	
Local Service Developments					
7. Hambleton, Richmondshire & Whitby CCG: Hambleton and Richmondshire - "Fit 4 the Future", including developments at the Lambert Hospital, Thirsk					https://www.hambletonrichmondshireandwhitbyccg.nhs.uk/transforming-our-communities
8. Ambition for Health and Out of Hospital Care in Scarborough and Ryedale					
9. Care Quality Commission Inspection - Harrogate and District NHS FT					Period of involvement to be confirmed.
10. Mental Health Service in York/Selby area + Bootham Hospital					http://www.tewv.nhs.uk/site/about/trust-news/Creative%20patients%20help%20t.15532168405269330 http://www.bbc.co.uk/news/uk-england-york-north-yorkshire-36293194 Update following transfer of services in this area to the Tees, Esk and Wear Valleys NHS FT in 2015. Period of involvement to be confirmed.
11. Vanguard/New Models of Care in Harrogate		✓			http://www.harrogateandruraldistrictccg.nhs.uk/who-we-are/health-and-social-care-partners-across-harrogate-and-rural-district-successful-with-vanguard-bid/
12. Vale of York CCG Financial Recovery Plan + Impact on services					
Public Health Developments					
13. Development of base-line data and an on-going monitoring system on the impact of Fracking.					

	2016		2017		Notes
Scheduled Committee Meetings	**2 Sep**	**18 Nov**	**27 Jan**	**7 Apr**	
14. Alcohol Misuse					Mid cycle briefing 29 July 2016
15. Suicide Prevention					Mid cycle briefing 29 July 2016
16. Annual Report – Director of Public Health		✓			
In-depth Project					
17. Dying well + End of Life Care	✓				Project to inform the Joint Strategic Needs Assessment/Health and Wellbeing Strategy: http://www.nypartnerships.org.uk/CHttpHandler.ashx?id=21125&p=0 Meeting on 2 September Will include discussion of the JSNA "deep dive" into EoLC.

North Yorkshire County Council

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28 April 2016

Moira Dumma
Director of Commissioning Operations
Yorkshire and the Humber
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Dear Ms. Dumma,

NHS Place Based Planning and its Implications for North Yorkshire

Please pass on my thanks to Julie Warren for attending the Scrutiny of Health Committee on Friday 22 April 2016 and for contributing to our discussions on Place Based Planning and Sustainability and Transformational Plans (STPs).

My Committee is taking a close interest in the implementation of the NHS Five Year Forward View published on 23 October 2014 which sets out three aims:

- better health,
- transformed quality of care delivery and
- Sustainable finances.

We are concerned by certain aspects of the NHS Planning Guidance - 2016/17 to 2020/21 published in December last year which will take forward these aims as North Yorkshire will be covered by 3 STPs as follows:

STP	PopN. (million)	Total number of CCGs	North Yorkshire CCGs included
West Yorkshire	2.5	11	• Harrogate and Rural District CCG • Airedale, Wharfedale and Craven CCG
Durham, Darlington, Tees, Hambleton, Richmondshire and Whitby	1.3	6	• Hambleton, Richmondshire and Whitby CCG
Humber, Coast and Vale	1.4	6	• Scarborough and Ryedale CCG • Vale of York CCG

It is against this background that the North Yorkshire Scrutiny of Health Committee met on 22 April 2016 with a view to contributing to your process of engagement and to influence how STPs and healthcare services covering North Yorkshire will be taken forward.

As well as Julie Warren our meeting was attended by Janet Probert (Hambleton, Richmondshire and Whitby CCG), Amanda Bloor (Harrogate and Rural District CCG) and Simon Cox (Scarborough and Ryedale CCG). As part of a separate agenda item on the Vale of York CCG's financial situation Tracey Preece and Dr Andrew Phillips also summarised the work that is taking place in that CCG as part of the wider Humber, Coast and Vale STP.

Taking into account the discussions and information published by NHS England I would like to highlight the following issues which my committee feel are significant for North Yorkshire and require addressing:

Sparsity and Rurality

It will be essential that healthcare services in North Yorkshire are not unduly influenced by the challenges faced in providing services in the urban areas of Middlesbrough, Leeds, Bradford and Hull. Relative to North Yorkshire these areas have a much greater population and a greater population density. 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.

It is proposed that STPs will become the single application and approval process for being accepted onto programmes with transformational funding for 2017/18 onwards. Due to the factors associated with sparsity this funding may be concentrated in more densely populated urban areas.

Integration of Care

We support the focus is on the 9 NHS 'must dos', of which acute / NHS service performance and finance are the main priorities. This reiterates the triple aims set out in December's NHS Planning Guidance (health and well-being, care and

quality and finance). These aims and “must do” are largely seen through the lens of the cost impact on the NHS – virtually nothing about social care.

The importance of maintaining a “whole system” approach looking across all aspects of care – prevention and public health, primary care, community, hospital care, mental health and social care – is important too and we need to be assured that the local chapters of STP plans address these issues and, crucially, that North Yorkshire’s CCGs receive a fair share of the funding they need to address the challenges in the County.

“Primary Care at Scale”

Guidance from NHS England highlights the opportunities presented by planning primary care at scale including opportunities for developing new integrated models of care which are more local/closer to where people live and would help to reduce referrals into secondary care.

Generally, primary care in the County has a good reputation and enjoys high satisfaction levels. With the right focus, investment and development, experience from within North Yorkshire and elsewhere, indicates that primary care can play a bigger role in providing alternatives to hospital services eg. through diagnostic testing, primary care outpatient and treatment services, telemedicine and other support.

The County Council’s Public Health function and our Stronger Communities team are already working closely with community groups and volunteers for them to take on a greater role in direct service provision, not just as a way of making savings, but as a way of improving the sustainability of local communities and promoting and active citizenship. General wellbeing is being improved. Primary care at scale could facilitate a more integrated and co-ordinated approach to what the County Council is trying to achieve and give greater impetus to social prescribing initiatives in which there is less of a clinical approach and a greater emphasis on social and emotional needs which are important to all of us, particularly for people with long term conditions.

Primary care at a greater scale could give telehealth more impetus. It would also provide significant potential to reduce prescribing costs through economies of scale.

While there could be significant benefits, as described above, there will be issues to consider in terms of accountability and governance. For instance, it will be important to ensure conflicts of interest between GP federations and CCGs are managed and there is openness in terms of with whom CCGs are trading and the value of contracts is openly declared.

Wider Planning and Organisational Context

STPs will need to be flexible enough to take account of possible planning and organisational structures arising out of devolution and combined authorities.

At a local level STPs must not undermine the success of local Health and Wellbeing Boards who have all published their own Health and Wellbeing Strategies, overseen investment via the Better Care Fund and brought forward new models of care, including "Vanguards".

Governance and Accountability

STPs are creating another tier across the NHS and local government. It is difficult to see how democratic accountability in the NHS is being enhanced when leadership of the STPS sits out-with established local and County wide accountability arrangements.

Maintaining effective overview and scrutiny across the STP boundaries is likely to require the setting up of joint committees drawn from the relevant upper tier local authorities.

Please accept this letter from the North Yorkshire Scrutiny of Health Committee as part of the general engagement work on STPs and I look forward to a formal response to the issues I have raised.

Finally, I would be grateful if the Senior Responsible Officers would contact Bryon Hunter (contact details shown below) with a view to setting up a process under which the North Yorkshire Scrutiny of Health Committee can receive regular updates collectively from all STPs to include how you will:

a) address the specific issues of rural, coastal and market town healthcare in North Yorkshire;

b) ensure that the specific needs of people in North Yorkshire get a fair share of the Transformation Fund linked to STPs.

Yours sincerely

County Councillor Jim Clark
Chairman, North Yorkshire Scrutiny of Health Committee

Copy to:

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CCGs
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