

NORTH YORKSHIRE COUNTY COUNCIL

21 July 2021

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 local health service provision. 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 committee last met on 18 June 2021, using Microsoft Teams for a live broadcast meeting. At that meeting, committee members received detailed presentations on: proposed changes to hyper acute stroke services at Scarborough Hospital; developments in mental health services in the county and the response of the Tees, Esk and Wear Valleys NHS Foundation Trust to recent Care Quality Commission (CQC) inspections; access to NHS dentistry in the county; the NHS White Paper and the development of integrated care systems and partnerships in the county; the NHS response to and recovery from the pandemic locally; and data on the vaccination programme, infection rates and the number of people hospitalised with Covid-19.

Hyper acute stroke services at Scarborough Hospital

The committee has been reviewing the proposed changes to hyper acute stroke services at Scarborough Hospital since May 2020. At that point, the established process of assessment at Scarborough and then referral on elsewhere for specialist treatment was ended. Instead, suspected stroke patients are now assessed at the scene by trained paramedics remotely supported by clinical staff and then sent directly to York (in most cases), South Tees or Hull for specialist treatment at a hyper acute stroke unit.

At the meeting on 18 June 2021, the committee formally endorsed making this temporary change a permanent one. This was on the basis of supporting evidence from a regional clinician-led review of stroke services, NICE guidance, similar changes at Harrogate Hospital two years ago, public statements, and evidence around travel times and the so called 'Golden Hour'. It was noted that the size of population within the Scarborough catchment was insufficient to support a separate hyper acute stroke unit locally. The conclusion was that there was no other viable alternative that would ensure the best outcomes for patients. As such, a formal public consultation is not required by the NHS prior to the proposed service change being considered by the Clinical Commissioning Group Governing Body at their September meeting.

The committee is aware of the concerns of some members of the public about the proposed change to hyper acute stroke services and the future of some specialist services at Scarborough Hospital in the longer term. The committee will continue to monitor the situation and scrutinise patient outcome data for the new stroke pathway. It is of note, that £47 million of capital investment is going to the development of new urgent, emergency and critical care facilities at Scarborough Hospital and that there is a renewed commitment by York and Scarborough Teaching Hospitals NHS Foundation Trust to developing services and standards across the east coast.

Mental health services in the county

The committee has also maintained a strong focus upon developments in mental health services across the county, in particular investment in high quality in-patient services and enhanced community services. The committee recognises that the Tees Esk and Wear Valleys NHS Foundation Trust (TEWV) has been working hard to correct years of historical underinvestment in mental health services in the county and to ensure that people in need can access the same services in North Yorkshire as they can in neighbouring areas.

The development of new services by TEWV has moved apace, whilst existing services have continued to be delivered and ways of working have been adapted in response to the pandemic. There have been some concerns, however, about the performance of aspects of TEWV as recent CQC inspections have highlighted areas for improvement. An action plan is in place to address issues previously highlighted by the CQC and, at the time of writing, a follow up inspection of the organisation by the CQC is underway. The committee will continue to monitor the implementation of the action plan and the CQC assessment of TEWV as an organisation and the specific services that it provides. A meeting with the TEWV CEO is scheduled for next month.

Access to NHS dentistry

The difficulties that people have in accessing NHS dental services across the county are long standing. In the past, the committee has been involved on a number of occasions concerning closure of dental practices and following up on what is being done by NHS England, as the commissioner of NHS dental services, to ensure that access to NHS places is maintained. Recently, concerns have arisen following the closure of a dental practices in Scarborough (Eastfield), Helmsley, Tadcaster and Sherburn in Elmet.

The committee heard from commissioners from NHS England and NHS Improvement about the plans for the procurement of new NHS dental services in these localities, the constraints of the existing financial and contractual arrangements, and a national review that is underway of NHS provision and the national contract for general dental practitioners. It is anticipated that this review will lead to changes in commissioning that increases the number of NHS dental places available. It is acknowledged, however, that this will take time as the review has only recently started and primary legislation would be required to implement a new system.

The committee will continue to follow up on the response to the specific concerns in Eastfield and other areas of the county, progress being made with the national review, and the possible impact of the NHS White Paper changes (see below).

NHS White Paper

The committee has followed developments in the Integrated Care Systems (ICS) and Partnerships that cover North Yorkshire over the past 2 years. The Integrated Care System model has great potential to drive collaborative working within the NHS and also with other commissioners and providers of services that promote population health and wellbeing. The NHS White Paper formalised much of the work that has been done to date across the country and set-out the legislative reforms needed to enable the ICS model to be fully implemented.

The committee heard from the North Yorkshire Clinical Commissioning Group (CCG) about some of the changes that were going ahead, in advance of the White Paper going through the legislative process. Most significant of these is the removal CCGs, with the ICS taking on their commissioning responsibilities as well of some of the commissioning responsibilities of NHS England and Improvement. If the legislative programme proceeds as previously outlined, then

the White Paper will become an Act of Parliament in January 2022. It is too early to know whether the appointment of a new Secretary of State for Health and Social Care, the Rt Hon Sajid Javid MP, will affect progress with these NHS reforms and the addressing of wider needs across health and social care.

Committee meeting on 10 September 2021

The next meeting of the committee will be at 10am on 10 September 2021. At this time, the items for consideration at that meeting are as follows: the NHS response to and recovery from the pandemic; Covid-19 vaccination rates across the county; an update on Harrogate and Rural Alliance; an update on the development of the Catterick Integrated Care Campus; and progress with the implementation of improvement plans by TEWV following recent CQC inspections.

Hemingbrough GP branch surgery

In June, I was made aware by the Vale of York CCG that there was a consultation underway on the proposed closure of the Hemingbrough GP branch surgery, outside Selby. Over the past 18 months, there have been proposals put forward for a number of GP surgery closures. The common theme has been that the existing branch surgery is not suitable for modern primary care as it is difficult to manage infection control and to provide specialist treatment and assessments. Typically, the proposal is that the patients are provided for at a central site, with better facilities. It is much the same case with the Hemingbrough GP branch surgery, with patients being transferred to the Posterngate practice in Selby, about 4 miles away.

Whilst the response to pandemic has not been cited as a reason for the proposed closure in this case or the other cases considered over the past 18 months, it is apparent that the pandemic and the new ways of working that have been adopted in primary care have led to a review of existing facilities and how they are managed. The rationale for the decisions made appears logical and seems to have a strong focus upon patient outcomes and efficient and effective working. It is yet another example, however, of health services being more centralised and becoming more removed from local people. This is something that has always been of concern to the members and of the committee and something that we will return to.

COUNTY COUNCILLOR JOHN ENNIS
Chairman of the Scrutiny of Health Committee
30 June 2021