

NORTH YORKSHIRE COUNTY COUNCIL
15 May 2019

SCRUTINY OF HEALTH COMMITTEE – STATEMENT BY THE CHAIRMAN

Since my last statement to Council, the Scrutiny of Health Committee formally met on 15 March 2019 and held a Mid Cycle Briefing on 26 April 2019.

North Yorkshire Clinical Commissioning Groups

The three North Yorkshire Clinical Commissioning Groups (Hambleton, Richmondshire and Whitby; Harrogate and Rural District; and Scarborough and Ryedale) have decided, at a recent meeting of their Governing Bodies, to formally merge. This will formalise and advance the current informal, shared working arrangements that have been in place since the appointment of a single Accountable Officer in December 2018. It will take time to go through the merger process and the hope is that a single statutory Clinical Commissioning Group will be in place from 1 April 2020.

The closer working between Clinical Commissioning Groups will make the planning, commissioning and delivery of services on a North Yorkshire footprint easier. It will also enable closer working with the Council and may act as a catalyst for further integrated health and social care service delivery. There is a concern, however, that this merger takes in only 3 of the 6 Clinical Commissioning Groups that commission services for the people of North Yorkshire. The populations in Craven, Selby, a large part of Ryedale and Bentham will not be served by the new, merged Clinical Commissioning Group.

The recent meetings of the committee have been dominated by changes to NHS services locally that have been driven by workforce shortages and financial pressures. Whilst the committee fully appreciates the difficulties faced by the NHS nationally, regionally and locally, members are concerned about the move of local, specialist services to large hospitals out of county.

The Friarage Hospital, Northallerton

As of 27 March 2019, changes to critical care services provided at the Friarage Hospital in Northallerton came into effect. These changes were triggered by concerns about patient safety as a result of shortages in senior clinical and consultant cover, particularly in anaesthesia. This means that patients needing specialty care, critical care and complex critical care dependent surgery will receive that care at the James Cook Hospital in Middlesbrough.

The Scrutiny of Health Committee was alerted to the staffing issues back in the summer of 2017 but no solution to the workforce shortages has been found, despite the efforts of the South Tees Hospitals NHS Foundation Trust that runs the Friarage. The situation had been managed through rota changes, locums and short term contracts but this was determined not to be sustainable.

The committee will keep the operation of the new clinical model under close scrutiny and will be hearing, at its next meeting, what the long term plan is for critical care services at the Friarage. As with other changes in the NHS locally, the concern is that temporary changes triggered by patient safety can soon become permanent changes.

Countywide changes

In addition to the changes to critical care at the Friarage, there have been a number of other NHS services that have recently been centralised or decommissioned. This includes: the move of hyper acute stroke services to Leeds and York from Harrogate; the closure of the two mental health wards at the Friarage Hospital in Northallerton; the move of breast oncology outpatient services at Scarborough Hospital to York and Hull; and the decommissioning of enhanced minor injury services from GP practices in Hambleton Richmondshire and Whitby Clinical Commissioning Group area.

The rationale for many of these changes is understood and the centralised services often provide an improved level of care and better patient outcomes. There is a balance to be struck in a sparsely populated rural area like North Yorkshire, however, between centralisation and access.

In outlining all of the above, I am aware that the Scrutiny of Health Committee may appear to be only focussing upon the negatives and what is lost. Let me reassure you, however, that this is not the case. The committee is keen to learn more about new ways of working and assets-based approaches that will help ensure that sustainable models of health and social care are put in place that draw upon best practice from around the world, such as Canterbury in New Zealand.

Finally, I would like to thank all those people in the Council and the NHS locally, regionally and nationally who have supported the work of the committee under my Chairmanship over the past 9 years and enabled us to do our job.

County Councillor Jim Clark
Chairman, Scrutiny of Health Committee
24 April 2019