Notice of meeting of

Health Overview & Scrutiny Committee

To: Councillors Boyce (Chair), Fraser, Holvey, Kirk, Simpson-Laing, Sunderland and Wiseman (Vice-Chair)

Date: Wednesday, 19 January 2011

Time: 5.00 pm

Venue: The Guildhall, York

A G E N D A

1. **Declarations of Interest** (Pages 3 - 4)
   At this point Members are asked to declare any personal or prejudicial interests they may have in the business on this agenda. A list of general personal interests previously declared are attached.

2. **Public Participation**
   At this point in the meeting, members of the public who have registered their wish to speak regarding an item on the agenda or an issue within the Committee's remit can do so. The deadline for registering is **5:00 pm** on **Tuesday 18 January 2011**.

3. **Attendance of Councillor Galvin, Chair of the Scrutiny Management Committee**
   The Chair of the Scrutiny Management Committee (SMC) will attend the meeting to learn about the Scrutiny Committee's views on the effectiveness of scrutiny generally in York and specifically on the success of ongoing changes and improvements to current scrutiny practices. This will help inform SMC in its efforts to improve the experience of scrutiny at work in York.

4. **Consultation on Proposed Changes to Vascular Services across Yorkshire and the Humber Region** (Pages 5 - 36)
This report presents Members with the consultation papers in relation to proposed changes to vascular services across the Yorkshire and Humber region. Member are asked to formulate their response to the consultation.

5. **Report from the York Health Group - Proposed Community Orthopaedics Service for York/Selby** (Pages 37 - 40)
This report presents proposals to deliver a single orthopaedic/Musculoskeletal (MSK) service for York and Selby. Andrew Bucklee, Senior Locality Commissioning Manager for NHS North Yorkshire and York and Alistair Hopkinson Chief Executive of the York Health Group will be in attendance at the meeting.

6. **Update on Recommendations Arising from the Dementia Review (Access to Secondary Care)** (Pages 41 - 66)
This report presents Members with an update on progress made in relation to implementing the recommendations arising from the 'Dementia Review' (Accessing Secondary Care).

7. **Work Plan** (Pages 67 - 68)
Members are asked to review the Committee's work plan for 2010/11

8. **Urgent Business**
Any other business which the Chair considers urgent under the Local Government Act 1972

Democracy Officer:

Name: Jill Pickering
Contact Details:

- Telephone – (01904) 552061
- Email – jill.pickering@york.gov.uk

For more information about any of the following please contact the Democracy Officer responsible for servicing this meeting

- Registering to speak
- Business of the meeting
- Any special arrangements
- Copies of reports

Contact details are set out above

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Agenda Annex

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If you would, you will need to:

- register by contacting the Democracy Officer (whose name and contact details can be found on the agenda for the meeting) **no later than** 5.00 pm on the last working day before the meeting;
- ensure that what you want to say speak relates to an item of business on the agenda or an issue which the committee has power to consider (speak to the Democracy Officer for advice on this);
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Further information about what's being discussed at this meeting
All the reports which Members will be considering are available for viewing online on the Council's website. Alternatively, copies of individual reports or the full agenda are available from Democratic Services. Contact the Democracy Officer whose name and contact details are given on the agenda for the meeting. **Please note a small charge may be made for full copies of the agenda requested to cover administration costs.**

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The majority of councillors are not appointed to the Executive (40 out of 47). Any 3 non-Executive councillors can 'call-in' an item of business from a published Executive (or Executive Member Decision Session) agenda. The Executive will still discuss the 'called in' business on the published date and will set out its views for consideration by a specially convened Scrutiny Management Committee (SMC). That SMC meeting will then make its recommendations to the next scheduled Executive meeting in the following week, where a final decision on the 'called-in' business will be made.

Scrutiny Committees
The purpose of all scrutiny and ad-hoc scrutiny committees appointed by the Council is to:

- Monitor the performance and effectiveness of services;
- Review existing policies and assist in the development of new ones, as necessary; and
- Monitor best value continuous service improvement plans

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- Councillors get copies of all agenda and reports for the committees to which they are appointed by the Council;
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- Public libraries get copies of **all** public agenda/reports.

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Agenda item I: Declarations of interest.

Please state any amendments you have to your declarations of interest:

Councillor Boyce	Employed by the Alzheimer's Society, York Trustee of York Carers' Centre
Councillor Fraser	Governor of York Hospitals NHS Foundation Trust Member of the retired section of Unison Member of the retired section of UNITE the TGWU ACTS section
Councillor Holvey	Partner was a student nurse at the University of York and a professional member of the NHS
Councillor Kirk	Governor of York Hospitals NHS Foundation Trust
Councillor Simpson-Laing	Member of Unison An employee of Relate Works for the Disabilities Trust Member of York Healthy City Board
Councillor Wiseman	Member of York Healthy City Board Public Member of York Hospitals NHS Foundation Trust

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CITY OF YORK COUNCIL

Health Overview & Scrutiny Committee 19th January 2011

Report of the Assistant Director – Legal, Governance & ITT

Consultation on Proposed Changes to Vascular Services across Yorkshire and the Humber Region

Summary

1. This report presents Members with the consultation papers in relation to proposed changes to vascular services across the Yorkshire & Humber Region. Members are asked to formulate their response to the consultation attached at Annex A to this report. Relevant people will be in attendance at the meeting to speak on the key points regarding the consultation and proposed changes to this service.

2. In November 2010 Councillor Wiseman, the Vice-Chair of the Committee visited the vascular laboratories at York Teaching Hospital NHS Foundation Trust. Her comments are attached at Annex B to this report.

Background

3. The Yorkshire and Humber Specialised Commissioning Group (SCG) has conducted a review of vascular services on behalf of the 14 primary care trusts in the Yorkshire and Humber region. It is proposing to reorganise the way that these specialised services are provided in order to improve the care, quality and safety of patients.

4. In reaching a preferred option for how vascular services could best be provided to benefit patients the SCG Board considered a number of alternatives and decided to recommend that four single vascular services, with a number of hospitals working in partnership, are established in the region. **Annex A** to this report provides further details about the proposals and how they would effect each area of the region.

Consultation

5. The review undertaken by the SCG has looked at national and international evidence and has included the views of doctors, other NHS staff within the region, vascular service patients, the public and independent clinical experts.

6. The SCG are now consulting formally on the proposals and would like to hear from local people, vascular patients and anyone who might have an interest in

this review, this includes Overview and Scrutiny Committees across the region. The deadline for responding to the consultation is 28th January 2011.

Options

7. Members have the following options:

Option A Take part in the consultation

Option B Do not take part in the consultation

Analysis

8. Members are advised to take part in this consultation in order that their views can be forwarded to the SCG as part of their review. It is important that Members have a clear understanding of the implications the proposed service changes will have on the residents of York. In light of this relevant people have been invited to today's meeting to present further information to the Committee and answer any questions they may have.

9. Regional service changes can have enormous impacts and can be popular in some areas across a region and not in others. This Committee has an opportunity to have a voice and express its views in relation to the proposed service changes and any impact that these may have on the residents of York. It is therefore important that if Members feel that the changes will have a positive impact for York and generally support them that they express these views through the consultation exercise equally as much as if they feel that they will have a negative impact.

Corporate Strategy 2009/2012

10. This report is linked to the 'Healthy City' aspect of the Corporate Strategy 2009/2012

Implications

11. There are no known implications associated with the recommendation within this report.

Risk Management

12. There is a risk that if Members choose not to respond to the consultation their views will not be heard.

Recommendations

13. Members are asked to respond to the consultation document attached at Annex A, taking into consideration the information within the consultation document itself, any further information received at today's meeting and the comments from Councillor Wiseman at Annex B to this report.

Reason: In order that the Health Overview & Scrutiny Committee's voice can be heard in relation to the proposed service changes to vascular services across the region.

Contact Details

Author:
Tracy Wallis
Scrutiny Officer
Scrutiny Services
Tel: 01904 551714

Chief Officer Responsible for the report:
Andrew Docherty
Assistant Director, Legal, Governance & ITT
Tel: 01904 551004

Report Approved ✓ **Date** 22.12.2010

Specialist Implications Officer(s) None

Wards Affected: **All** ✓

For further information please contact the author of the report

Background Papers:

None

Annexes

Annex A Consultation documentation
Annex B Councillor Wiseman's comments

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Annex A

Yorkshire and the Humber
Specialised Commissioning Group

Consultation on proposals to improve vascular services in Yorkshire and the Humber

We need your views
Deadline for feedback 28 January 2011

This document is available in other languages, large print, audio tape and Braille on request. If you would like this document in an alternative format or if you would like to discuss the contents of this document please contact:

Consultation and Engagement Team (SCG)
Hillder House
49/51 Gawber Road
Barnsley
S75 2PY
Tel: 01226 433 681

CONTENTS

1. Introduction

This document explains some changes that the NHS is proposing to make to the way vascular services are provided in Yorkshire and the Humber, and asks you for your views on these changes.

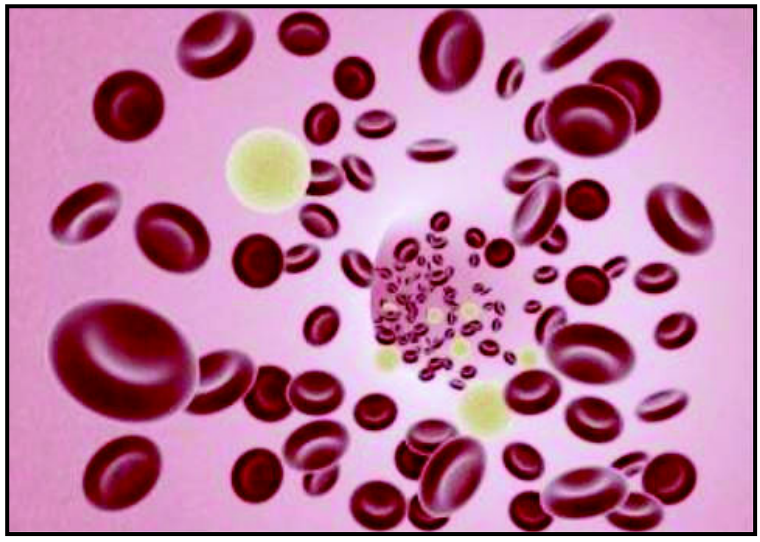
Our aim is to make sure that all of our vascular services provide the highest quality care for patients and meet your needs. To achieve this, we need to understand your views on the changes we are proposing and how you feel these would affect you.

"This consultation exercise is about listening to views on a proposal to improve the survival chances and care for people requiring vascular services in Yorkshire and the Humber."

Professor Chris Welsh, Medical Director, Yorkshire and the Humber Strategic Health Authority

1.1 What are Vascular Services?

Vascular services consist of planned treatment for conditions where there is not enough blood reaching an organ or parts of the body such as the arms, legs or head, caused by a partial or total blockage of an artery.



Vascular services also include planned treatment for aneurysms, a fluid-filled bulge in an artery that can weaken it, causing it to leak or burst, and, treatment for other types of abnormal blood vessels.

In addition, vascular specialists are needed to support other medical treatments, such as kidney dialysis or for chemotherapy access.

As well as planned treatment vascular services can include emergency treatment. This could include life threatening emergencies, such as when a large artery bursts; where there is a critical lack of blood to a limb, when the lack of a blood supply can be limb threatening; or injuries from road traffic accidents.

1.2 Who is responsible for these services?

At the moment, treatment for vascular conditions takes place in local hospitals and regional specialist hospitals, depending on the complexity of the procedure and whether the appropriate specialists are available locally. These services are commissioned – that is planned and paid for – by the Specialised Commissioning Group (SCG) for Yorkshire and the Humber. This group is made up of the fourteen primary care trusts in the region, who work together to commission specialised services.

2. What are we proposing?

We are proposing that hospitals work in partnership to deliver vascular services, with complex and emergency operations carried out in fewer, specialist centres and the remainder of care continuing to be provided locally.

This would mean that we would establish four centres for vascular services within the Yorkshire and the Humber (and Bassetlaw) region, which would improve the care and outcomes for all vascular patients.

North & East Yorkshire	NHS East Riding of Yorkshire, NHS Hull, North East Lincolnshire Care Trust Plus, NHS North Lincolnshire, NHS North Yorkshire and York
South Yorkshire	NHS Barnsley, NHS Bassetlaw, NHS Doncaster, NHS Rotherham, NHS Sheffield
West Yorkshire Central	NHS Leeds, NHS Wakefield District, NHS Kirklees (part)
West Yorkshire West	NHS Bradford & Airedale, NHS Calderdale, NHS Kirklees (part), NHS North Yorkshire and York (part)

Full details of these proposals and what they would mean for patients in each area are set out in section 5.

3. Why do we need to change the way vascular services are provided?

The aim of these proposals is to improve the quality of care and safety for patients

- **To provide the best possible care for our patients**

Evidence shows that the best chances of survival and improved quality of life after vascular treatment are achieved when patients have the services of a highly trained specialist team working in a centre.

- **To meet national standards and best practice**

Evidence also shows that staff providing these services need to carry out a minimum number of certain complex procedures to maintain their specialist clinical skills and continue to apply the latest medical techniques. This shows that the more operations carried out at a particular hospital, the greater the success of the operation. This means that we need to have fewer hospitals carrying out large numbers of operations, rather than lots of hospitals carrying out smaller numbers.

- **To ensure specialist doctors are available at all times**

The standards also require hospitals carrying out vascular surgery to have specialist doctors available at all times. This has also been shown to offer the

best possible chance of survival to patients. This means that teams need enough specialists to ensure sufficient surgical and medical cover 24 hours a day, which is not always possible in smaller hospitals.

Vascular patients can often be treated using new techniques that don't require open surgery. A report published by the Department of Health found where the specialists who carry out these techniques are available 24 hours a day some amputations can be avoided.

- **To meet the standards set by our doctors**

We have worked with doctors across our region to agree a number of quality standards for vascular services to ensure the highest levels of care and safety. To meet these, we need to make some changes to the way services are provided.

- **To make sure that everyone has equal access to new and innovative procedures, such as keyhole techniques**

At the moment, patients in the region are not all able to access the latest treatments and techniques at their local hospital. We do not think this is fair and want to make sure that all patients can benefit from these.

(Details of the supporting evidence are provided at Appendix B)

4. How have we developed these proposals?

To inform this work, the Specialised Commissioning Group carried out a full review of vascular services in the region between October 2008 and October 2010. We talked to doctors and other health care professionals, the people commissioning these services, and patients and the public about what was important to them for vascular services.

A Task and Finish Group, made up of a small group of experts was set up to review all of the evidence and comments we received and make recommendations (see Appendix B for members). Independent clinical advice was also provided by a vascular surgeon, Jonathan Earnshaw, who is Director of the National Screening Programme for Abdominal Aortic Aneurysm and Honorary Secretary of the Vascular Society of Great Britain and Ireland.

A range of options was developed for discussion with clinicians and stakeholders in January 2010 and work was then undertaken in each local area to seek to reach agreement on the best fit locally. This included: discussions with local hospitals; GP events; and surveys and focus groups with patients and local people. From this, a preferred option for each local area has been identified for consultation.

Patients and the public told us that the outcome of

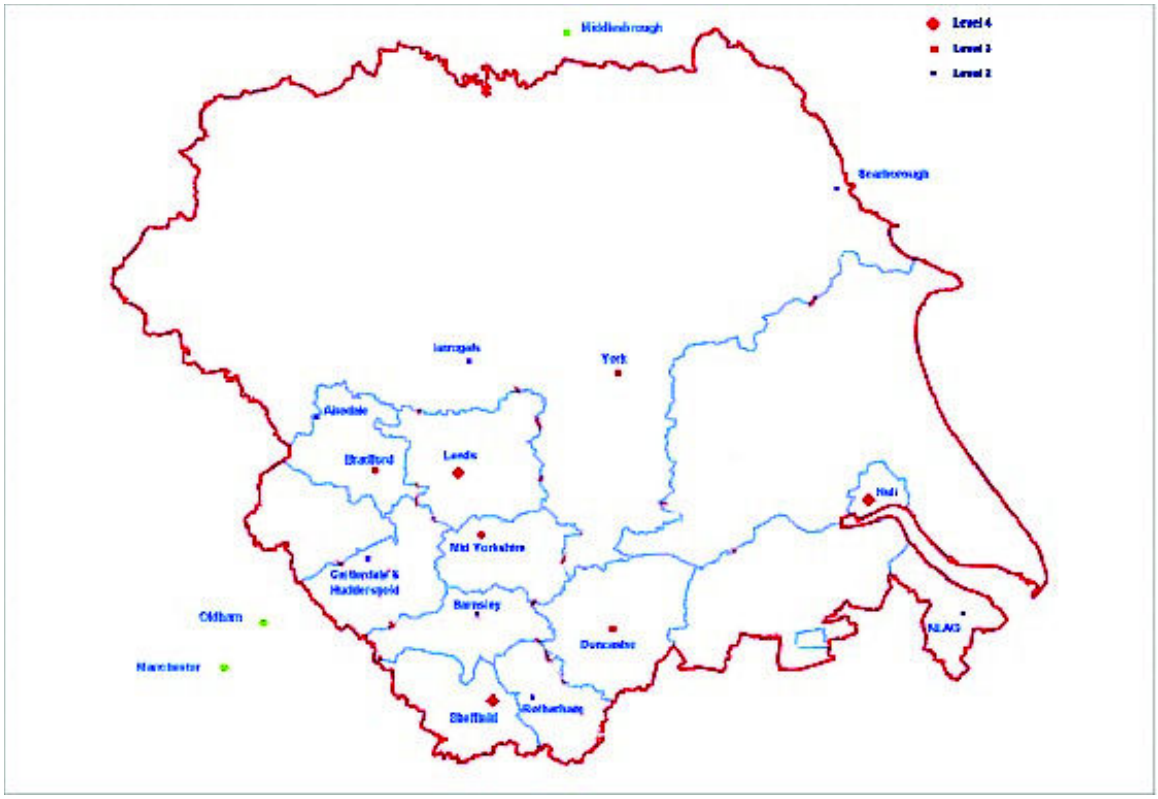
treatment was their overall priority. They would generally be willing to travel further for an operation but transport implications need to be carefully considered, particularly the need to lessen the effects of increased travel on all of those involved. These views were used to inform the proposals we have developed.

(A copy of the findings of our engagement with patients and the public and the vascular impact assessment and recommendations report are available on the 'vascular services consultation' section of our website www.yhscg.nhs.uk).

5. Our proposals in detail

As set out previously, based on the recommendations from the review, we are proposing to establish four centres for vascular services in the region.

Complex and emergency surgery would only be done in seven hospitals, so would no longer be offered in Grimsby, Scunthorpe, Scarborough and Mid Yorkshire. This would mean that around 1,500 patients per year (10% of all those in treated in the region) would need to travel to a different hospital than currently for their major operation.



What the proposals would mean for each area

5.1 South Yorkshire and Bassetlaw

(NHS Barnsley, NHS Bassetlaw, NHS Doncaster, NHS Rotherham, NHS Sheffield)

Current Position:

- There are two vascular services within this area, Sheffield Teaching Hospitals and Doncaster & Bassetlaw Hospitals.
- The specialist teams in these hospitals work independently of each other and provide the full range of vascular services 24/7, although some complex procedures are only carried out at Sheffield Teaching Hospitals.
- Daycase operations and outpatient clinics are also held in Barnsley and Rotherham Hospitals, using doctors from Sheffield Teaching Hospitals.

Proposed Position:

- The specialist teams in Sheffield Teaching Hospitals and Doncaster & Bassetlaw Hospitals would work together as a single service and have overall responsibility for all vascular patients.
- All emergency and inpatient vascular patients would continue to be treated in either Sheffield or Doncaster and the range of complex treatments available in Doncaster would increase.
- Patients would be able to choose which of these hospitals to be treated at or would go to their nearest hospital in the case of emergency.
- GPs would continue to be able to refer patients to Barnsley and Rotherham, where specialists from the vascular service would continue to attend to provide appointments and daycase treatment.

"We recognise the benefits that could result from our two centres working more closely together and believe that working in partnership will support the continuing development and improvement of vascular services across South Yorkshire and Bassetlaw."

Willy Pillay
Consultant Vascular Surgeon
Doncaster & Bassetlaw NHS Foundation

"We believe that working in partnership will support the development and sustainability of vascular services across South Yorkshire and Bassetlaw."

Raj Nair
Consultant Vascular Surgeon
Sheffield Teaching Hospitals NHS Foundation Trust

5.1.1 Impact by PCT

NHS Barnsley

Currently, vascular patients in Barnsley are usually referred to Sheffield for complex vascular treatment. Outpatient appointments and daycase procedures are offered at Barnsley Hospital Foundation Trust. Some patients have their treatment in other hospitals either through choice or where clinically appropriate.

Under these proposals, Barnsley patients may in the future be able to choose to have their complex treatment in either Sheffield or Doncaster. Patients would continue to be able to access treatment in other hospitals, either through choice or where clinically necessary.

Other than this, patients would not notice any change to services.

Summary: no significant service change

NHS Bassetlaw

Patients in Bassetlaw are usually referred to Doncaster for complex vascular treatment. Outpatient appointments and daycase procedures are offered at Bassetlaw Hospital. Some patients have their treatment in other hospitals either through choice or where clinically appropriate.

Under these proposals, Bassetlaw patients may in the future be able to choose to have their complex treatment in either Sheffield or Doncaster. In addition, the range of complex procedures in Doncaster that patients have access to would increase, representing an improvement in the current service. Patients would continue to be able to access treatment in other hospitals, either through choice or where clinically necessary.

Other than this, patients would not notice any change to services.

Summary: no significant service change

NHS Doncaster

Patients in Doncaster are usually referred to Doncaster for complex vascular treatment. Outpatient appointments and daycase procedures are also offered at Doncaster Hospital. Some patients have their treatment in other hospitals either through choice or where clinically appropriate.

Under these proposals, Doncaster patients may in the future be able to choose to have their complex treatment in either Doncaster or Sheffield. In addition, the range of complex procedures in Doncaster that patients have access to would increase, representing an improvement in the current service. Patients would continue to be able to access treatment in other hospitals, either through choice or where clinically necessary.

Other than this, patients would not notice any change to services.

Summary: No significant service change

NHS Rotherham

Currently, vascular patients in Rotherham are usually referred to Sheffield for complex vascular treatment. Outpatient appointments and daycase procedures are offered at Rotherham District General Hospital. Some patients have their treatment in other hospitals either through choice or where clinically appropriate.

Under these proposals, Rotherham patients may in the future be able to choose to have their complex treatment in either Sheffield or Doncaster. Patients would continue to be able to access treatment in other hospitals, either through choice or where clinically necessary.

Other than this, patients would not notice any change to services.

Summary: no significant service change

NHS Sheffield

Patients in Sheffield are usually referred to Sheffield for complex vascular treatment. Outpatient appointments and daycase procedures are also offered at Sheffield Hospitals. Some patients have their treatment in other hospitals either through choice or where clinically appropriate.

Under these proposals, no change is proposed. Patients would continue to be able to access treatment in other hospitals, either through choice or where clinically necessary.

Patients would not notice any change to services.

Summary: no significant service change

5.2 West Yorkshire - West

(NHS Bradford & Airedale, NHS Calderdale, NHS Kirklees (part), NHS North Yorkshire and York (part))

Current Position:

- There are two main vascular services within this area, Bradford Teaching Hospitals and Calderdale & Huddersfield Hospitals.
- The specialist teams in these Hospitals work independently of each other and provide the full range of vascular services 24/7.
- Some elective inpatient vascular surgery is also provided at Airedale Hospitals, along with daycases and outpatient clinics, supported by doctors from Bradford Teaching Hospitals.

Future position:

- The specialist teams in Calderdale & Huddersfield Hospitals and Bradford Hospitals would work together as a single service and have overall responsibility for all vascular patients.
- All emergency and inpatient vascular patients would be treated in either Bradford or Huddersfield.
- Patients would be able to choose which of these Hospitals to be treated at or would go to their nearest Hospital in the case of emergency.
- GPs would still be able to refer patients to Airedale Hospital where specialists from the vascular service would attend to provide appointments and daycase treatment.
- Calderdale & Huddersfield Hospitals and Bradford Hospitals would share an on-call rota. This means that between the hours of 7pm and 8am Huddersfield and Bradford would take it in turn to admit all emergency patients, alternating on a weekly basis.

> "As Lead Clinician for the Bradford and Airedale, Calderdale and Huddersfield Vascular Network I believe this proposed major change will significantly strengthen our local vascular services. Patients will receive high quality care with the best possible outcomes as close to their homes as possible. Furthermore, specialists will be available to all hospitals in the area to support other vital services."
>
> **David Wilkinson**
> **Consultant Vascular Surgeon and Lead Clinician for the Bradford and Airedale, Calderdale and Huddersfield Vascular Network**

5.2.1 Impact by PCT

NHS Bradford & Airedale

Patients in Bradford & Airedale are usually referred to Bradford for complex vascular treatment. Outpatient appointments and daycase procedures are offered at both Bradford and Airedale Hospitals. Some patients have their treatment in other hospitals either through choice or where clinically appropriate.

Under these proposals, Bradford & Airedale patients may in the future be able to choose to have their complex treatment in either Bradford or Huddersfield. Patients would continue to be able to access treatment in other hospitals, either through choice or where clinically necessary.

If, however, patients require emergency admission to a vascular service during the night, they may be admitted to Huddersfield instead of Bradford. This is because Bradford would admit overnight emergencies on alternate weeks.

Other than this, patients would not notice any change to services.

Summary: moderate service change

NHS Calderdale

Patients in Calderdale are usually referred to Huddersfield for complex vascular treatment. Outpatient appointments and daycase procedures are also offered in Huddersfield. Some patients have their treatment in other hospitals either through choice or where clinically appropriate.

Under these proposals, Calderdale patients may in the future be able to choose to have their complex treatment in either Huddersfield or Bradford. Patients would continue to be able to access treatment in other hospitals, either through choice or where clinically necessary.

If, however, patients require emergency admission to a vascular service during the night, they may be admitted to Bradford instead of Huddersfield. This is because Huddersfield would admit overnight emergencies on alternate weeks.

Other than this, patients would not notice any change to services.

Summary: moderate service change

NHS Kirklees

Patients in Kirklees are usually referred to either Huddersfield, Mid Yorkshire or Leeds for complex vascular treatment, depending on which hospital is nearest, what is most appropriate clinically and patient choice. Outpatient appointments and daycase procedures are also offered at these hospitals. Some patients have their treatment in other hospitals either through choice or where clinically appropriate.

Under these proposals, Kirklees patients may in the future be able to choose to have their complex treatment in either Huddersfield, Bradford or Leeds but would no longer be able to have complex treatment in Mid Yorkshire, although daycases, outpatients and some intermediate vascular treatments would continue to be offered there. Patients would continue to be able to access treatment in other hospitals, either through choice or where clinically necessary.

All emergency vascular patients would be admitted to either Huddersfield, Bradford or Leeds. Emergency vascular patients usually admitted to Mid Yorkshire would be admitted to Leeds as Mid Yorkshire would no longer admit vascular emergencies. Emergency vascular patients usually admitted to Huddersfield would continue to be admitted there except during the night, where they may be admitted to Bradford, as Huddersfield would admit overnight emergencies on alternate weeks.

Summary: significant service change

NHS North Yorkshire and York (Craven)

Patients in the Craven area of NHS North Yorkshire and York are usually referred to Bradford for complex vascular treatment. Outpatient appointments and daycase procedures are offered at both Bradford and Airedale Hospitals. Some patients have their treatment in other hospitals either through choice or where clinically appropriate.

Under these proposals, Craven patients may in the future be able to choose to have their complex treatment in either Bradford or Huddersfield. Patients would continue to be able to access treatment in other hospitals, either through choice or where clinically necessary.

If, however, patients require emergency admission to a vascular service during the night, they may be admitted to Huddersfield instead of Bradford. This is because Bradford would admit overnight emergencies on alternate weeks.

Other than this, patients would not notice any change to services.

Summary: moderate service change

5.3 West Yorkshire - centre

[NHS Leeds, NHS Wakefield District, NHS Kirklees (part)]

Current Position:

- There are two main vascular services within this area, Mid Yorkshire Hospitals and Leeds Teaching Hospitals.
- The specialist teams in these hospitals work independently of each other and provide the full range of vascular services 24/7.

Future Position:

- The specialist teams in Mid Yorkshire Hospitals and Leeds Teaching Hospitals would work together as a single service and have overall responsibility for all vascular patients.
- All emergency and complex inpatient vascular patients would be treated at Leeds General Infirmary.
- GPs would be able to continue to refer patients to Mid Yorkshire where specialists from the vascular service would attend to provide appointments, daycase treatment and some planned inpatient procedures.
- There would be instant collaboration with Leeds supporting the Mid Yorkshire site whilst further planning is undertaken to evaluate the concept of all vascular emergencies and all major elective arterial surgery being performed by all members of the unified partnership on the Leeds site. The implications of proceeding to this would need to be managed to ensure that the non-vascular interventional radiology services at Mid Yorkshire are not compromised.

"We have a shared vision involving the provision of all major elective vascular and all emergency work on the Leeds General Infirmary site. We will work together in partnership, as equal partners to ensure that access to beds is based on agreed clinical criteria and not related to postcode and the quality of service is improved."

David Berridge
Divisional Medical Manager Surgery & Oncology
Consultant Vascular Surgeon
Leeds Teaching Hospitals NHS Trust

5.3.1 Impact by PCT

NHS Kirklees

Patients in Kirklees are usually referred to either Huddersfield, Mid Yorkshire or Leeds for complex vascular treatment, depending on which hospital is nearest, what is most appropriate clinically and patient choice. Outpatient appointments and daycase procedures are also offered at these hospitals. Some patients have their treatment in other hospitals either through choice or where clinically appropriate.

Under these proposals, Kirklees patients may in the future be able to choose to have their complex treatment in either Huddersfield, Bradford or Leeds but would no longer be able to have complex treatment in Mid Yorkshire, although daycases, outpatients and some intermediate vascular treatments would continue to be offered there. Patients would continue to be able to access treatment in other hospitals, either through choice or where clinically necessary.

All emergency vascular patients would be admitted to either Huddersfield, Bradford or Leeds. Emergency vascular patients usually admitted to Mid Yorkshire would be admitted to Leeds as Mid Yorkshire would no longer admit vascular emergencies. Emergency vascular patients usually admitted to Huddersfield would continue to be admitted there except during the night, where they may be admitted to Bradford, as Huddersfield would only admit vascular emergencies on alternate weeks.

Summary: significant service change

NHS Leeds

Patients in Leeds are usually referred to Leeds for complex vascular treatment. Outpatient appointments and daycase procedures are also offered at Leeds General Infirmary. Some patients have their treatment in other hospitals either through choice or where clinically appropriate.

Under these proposals, no change is proposed. Patients would continue to be able to access treatment in other hospitals, either through choice or where clinically necessary.

Patients would not notice any change to services.

Summary: no significant service change

NHS Wakefield District

Patients in Wakefield are usually referred to Mid Yorkshire or Leeds for complex vascular treatment, depending on which hospital is nearest, what is most appropriate clinically and patient choice. Outpatient appointments and daycase procedures are also offered at these hospitals. Some patients have their treatment in other hospitals either through choice or where clinically appropriate.

Under these proposals, Wakefield patients would in the future have their complex treatment in Leeds and would no longer be able to have complex treatment in Mid Yorkshire, although daycases, outpatients and some intermediate cases would continue to be offered there. Patients would continue to be able to access treatment in other hospitals, either through choice or where clinically necessary.

All emergency vascular patients would be admitted to Leeds.

Summary: significant service change

5.4 North & Eastern Yorkshire and Northern Lincolnshire

(NHS East Riding of Yorkshire, NHS Hull, North East Lincolnshire Care Trust Plus, NHS North Lincolnshire, NHS North Yorkshire and York)

Current Position:

- There are two main vascular services within this area, York Hospital and Hull and East Yorkshire Hospitals.
- The specialist teams in these hospitals work independently of each other and provide the full range of vascular services 24/7.
- Most types of elective inpatient vascular surgery are also provided at Northern Lincolnshire and Goole Hospitals and Scarborough and North East Yorkshire Hospitals, as well as daycases and outpatients. These hospitals also accept emergency admissions on some days of the week, when they have doctors available.

Future Position:

- The specialist teams in Hull and York Hospitals would work together as a single service and have overall responsibility for all vascular patients.
- All emergency and complex inpatient vascular patients would be treated at either York or Hull Hospitals
- Patients would be able to choose which of these Hospitals to be treated at or would go to their nearest Hospital in the case of emergency.

- GPs would be able to continue to refer patients to Northern Lincolnshire and Goole Hospitals and Scarborough Hospitals, where specialists from the vascular service would attend to provide appointments and daycase treatments.

> "We support the proposed changes to the way vascular services are delivered and believe that, working in partnership, we can improve services for patients and deliver high quality vascular services for all."
>
> **Alistair McCleary**
> **Consultant Vascular Surgeon**
> **York Hospitals**

5.4.1 Impact by PCT

NHS East Riding of Yorkshire

Patients in East Riding are usually referred to either Hull, York or Scarborough for complex vascular treatment, depending on which hospital is nearest, what is most appropriate clinically and patient choice. Outpatient appointments and daycase procedures are also offered at these hospitals. Some patients have their treatment in other hospitals either through choice or where clinically appropriate.

Under these proposals, East Riding patients may in the future be able to choose to have their complex treatment in either Hull or York but would no longer be able to have complex treatment in Scarborough, although daycases and outpatients would continue to be offered there. In addition, the range of complex procedures in York that patients would have access to would increase, representing an improvement in the current service.

All emergency vascular patients would be admitted to either Hull or York, depending on which is nearest. It is worth highlighting that many emergency patients are already admitted to Hull or York, as Scarborough do not provide a vascular service 24 hours a day, 7 days a week.

Summary: significant service change

NHS Hull

Patients in Hull are usually referred to Hull for complex vascular treatment. Outpatient appointments and daycase procedures are also offered at Hull Hospital. Some patients have their treatment in other hospitals either through choice or where clinically appropriate.

Under these proposals, Hull patients may in the future be able to choose to have their complex treatment in either Hull or York. Patients would continue

to be able to access treatment in other hospitals, either through choice or where clinically necessary.

Other than this, patients would not notice any change to services.

Summary: no significant service change

North East Lincolnshire Care Trust Plus

Patients in North East Lincolnshire are usually referred to North Lincolnshire and Goole or Hull for complex vascular treatment, depending on which hospital is nearest, what is most appropriate clinically and patient choice. Outpatient appointments and daycase procedures are also offered at these hospitals. Some patients have their treatment in other hospitals either through choice or where clinically appropriate.

Under these proposals, North East Lincolnshire patients may in the future be able to choose to have their complex treatment in either Hull or York but would no longer be able to have complex treatment in Northern Lincolnshire and Goole, although daycases and outpatients would continue to be offered there. Patients would continue to be able to access treatment in other hospitals, either through choice or where clinically necessary.

All emergency vascular patients would be admitted to Hull. It is worth highlighting that many emergency patients are already admitted to Hull, as Northern Lincolnshire and Goole do not provide a vascular service 24 hours a day, 7 days a week.

Summary: significant service change

NHS North Lincolnshire

Patients in North Lincolnshire are usually referred to Northern Lincolnshire and Goole or Hull for complex vascular treatment, depending on which hospital is nearest, what is most appropriate clinically and patient choice. Outpatient appointments and daycase procedures are also offered at these hospitals. Some patients have their treatment in other hospitals either through choice or where clinically appropriate.

Under these proposals, North Lincolnshire patients may in the future be able to choose to have their complex treatment in either Hull or York (those that flow naturally to Sheffield or Doncaster would continue to do so) but would no longer be able to have complex treatment in Northern Lincolnshire and Goole, although daycases and outpatients would continue to be offered there. Patients would continue to be able to access treatment in other hospitals, either through choice or where clinically necessary.

All emergency vascular patients would be admitted to Hull. It is worth highlighting that many emergency patients are already admitted to Hull, as Northern Lincolnshire and Goole do not provide a vascular service 24 hours a day, 7 days a week.

Summary: significant service change

NHS North Yorkshire and York (North and East)

Patients in North Yorkshire and York are usually referred to either Scarborough, York or South Tees for complex vascular treatment, depending on which hospital is nearest, what is most appropriate clinically and patient choice. Outpatient appointments and daycase procedures are also offered at Harrogate. Some patients have their treatment in other hospitals either through choice or where clinically appropriate.

Under these proposals, North Yorkshire and York patients may in the future be able to choose to have their complex treatment in either Hull, York or South Tees but would no longer be able to have complex treatment in Scarborough, although daycases, outpatients and some intermediate vascular treatments would continue to be offered there. Patients would continue to be able to access treatment in other hospitals, either through choice or where clinically necessary.

All emergency vascular patients would be admitted to either Hull, York or South Tees, depending on which is nearest.

Summary: significant service change

6. The consultation process

Yorkshire and the Humber Specialised Commissioning Group is undertaking this consultation on behalf of the 14 primary care trusts in Yorkshire and the Humber.

We will consider all the feedback from the consultation to help decide if we should go ahead with these proposals or of there are any changes we need to make.

The findings of the consultation and recommendations on how the proposals should be taken forward will discussed at by the Yorkshire and the Humber Specialised Commissioning Group at its meeting on 25th February 2011.

6.1 Key Dates

26 October 2010	Consultation starts
28 January 2011	Consultation closes
25 February 2011	Recommendations from the consultation taken to Yorkshire and the Humber Specialised Commissioning Group for a final decision

7. Tell us what you think

We would like to know what you think about the changes we are proposing and there are a number of ways you can give us your comments:

- By returning the feedback form attached at Appendix A by post
- By completing the feedback form online at **www.yhscg.nhs.uk**
- By talking through the feedback form over the telephone
- By request a meeting at which you can give us your views

To post back the feedback form, phone through your feedback or request a meeting please use the following contact details:

Claire Clayton
Team Administrator
Communications and Engagement Team
NHS Barnsley
Hillder House
49/51 Gawber Road
Barnsley
South Yorkshire S75 2PY

Tel: 01226 433 681
Email: claire.clayton@barnsleypct.nhs.uk

All comments must be received no later than 28 January 2011
At the end of the consultation period all comments received will be analysed and used to shape the service. If you would like a copy of the key findings, please fill in the appropriate form and return with the feedback form.

Yorkshire and the Humber
Specialised Commissioning Group

Vascular Services Review October 2010

Feedback Form

What this consultation is about

"This consultation exercise is about listening to views on a proposal to improve the survival chances and care for people requiring vascular services in Yorkshire and the Humber"

Your views are very important and we warmly welcome any comments you wish to make on this proposal.

Responses to this consultation will be used to shape recommendations to the SCG Board on 25th February 2011 where a decision will be made about how the proposals will be taken forward

Please return the completed feedback form by **Friday 28th January 2011.**

Thank you for your help.

There are a number of questions which we would like you to consider:

1. What is your overall view of the proposal for changes to vascular services as described in the consultation document?

2. Do you feel that the changes will affect you in a positive way? If 'Yes' please explain below, if 'No' please go to question 3

3. Do you feel that the changes will affect you in a negative way? If 'Yes' please explain below, if 'No' please go to question 4.

4. What are the issues we need to consider if these changes go ahead?

5. Are there any other comments you would like to make?

6. Which PCT area do you live in? (*please tick one box)*

NHS Barnsley		Hull Teaching Primary Care Trust	
Bradford & Airedale Teaching PCT		NHS North Lincolnshire	
NHS Calderdale		North East Lincolnshire Care Trust Plus	
NHS Doncaster		NHS North Yorkshire & York	
NHS East Riding of Yorkshire		NHS Rotherham	
NHS Kirklees		NHS Sheffield	
NHS Leeds		NHS Wakefield District	
NHS Bassetlaw			

If you are unsure please enter your post code below

7. In what capacity are you responding to these questions? (*please tick one box)*

- ☐ Member of the public
- ☐ Partner organisation
- ☐ Patient group/Community group
- ☐ Clinician/NHS staff
- ☐ Vascular services patient or former vascular services patient
- ☐ Carer
- ☐ Prefer not to answer
- ☐ Other (Please specify below)

8. If you would like to receive information about the progress of this review, or take part in work to improve SCG services in the future please tick the appropriate box(es). Please let us know how to contact you by writing your contact details below.

☐ I would like to receive further information about the progress of this review

☐ I would like to take part in future work to improve services

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Appendix B

Members of the Task and Finish Group

Chris Welsh, SHA Medical Director
Ian Holmes, SHA Associate Director, Economics and Systems Management
Kevin Smith, SCG Regional Medical Advisor
Mike Pinkerton, Chief of Business Development, Rotherham FT
Garry Dyke, Deputy Dean, Yorkshire and the Humber Deanery
Charles Collinson, GP Representative, NHS Rotherham
Pia Clinton-Tarestad, SCG

Supporting Evidence

- Abdominal Aortic Aneurysm: A Service in Need of Surgery? NCEPOD 2005
- Achieving Standards in Vascular Radiology. Document prepared by The Royal College of Radiologists and BSIR (2007)
- A Joint Training Pathway in Vascular Surgery and Interventional Radiology. Statement by The Royal College of Radiologists, The Royal College of Surgeons of England and the British Society of Interventional Radiology (2007)
- Hafez, H et al, "Advantage of a one-stop referral and management service for ruptured abdominal aortic aneurysms", British Journal of Surgery 2009;96:1416-1421
- Holt PJ, Poloniecki JD, Loftus IM et al. Meta-analysis and systematic review of the relationship between hospital volume and outcome following carotid endarterectomy. *Eur J Vasc Endovasc Surg* 2007; 33: 645-51.
- Holt PJ, Poloniecki JD, Gerrard D et al. Meta-analysis and systematic review of the relationship between volume and outcome in abdominal aortic aneurysm surgery. *Br J Surg* 2007; 94: 395-403
- Interventional Radiology (IR): Improving Quality and Outcomes for Patients. Department of Health Gateway Reference: 12788
- Michaels J., Brazier J., Palfreyman S., Shackley, P., Slack R. Cost and outcome implication of the organisation of vascular services. Health Technology Appraisal. 2000;4(11).
- NCEPOD. *Abdominal Aortic Aneurysm: a Service in need of Surgery.* London 2005. www.ncepod.org.uk/2005aaa.htm
- Provision of Vascular Radiology Services. Document prepared by the Royal College of Radiologists, 2003.
- Provision of Vascular Services in South Yorkshire and Bassetlaw. Document prepared by the North Trent Vascular Services Network, 2004.
- Requirement of screening programme, RCR 2007, 97
- Specialised Services National Definitions Set (2nd edition) Specialised Vascular Services (Adult) – Definition No. 30
- Standards for providing a 24-hour interventional radiology service. Document prepared by the Royal College of Radiologists (2008)
- The Provision of Emergency Vascular Services. Document prepared by the Vascular Surgical Society of Great Britain and Ireland, 2007.
- The Organisation and Delivery of the Vascular Access Service for Maintenance Haemodialysis Patients. Report of a Joint Working Party, 2006.
- The Provision of Vascular Services. Document prepared by the Vascular Surgical Society of Great Britain and Ireland, 2009.
- Vascular Services: Care of the Patient with Vascular Disease. Document prepared by NHS Quality Improvement Scotland (2003)
- UK Audit of Vascular Surgical Services and Carotid Endarterectomy. July 2010 Public Report prepared on behalf of the Steering Group by The Clinical Standards Department and Royal College of Physicians of London
- Y&HNHS Next Steps Review: Report of the Planned Care Clinical Pathways Group, May 2008

NICE Guidance

CG34	Hypertension - NICE guideline (all the recommendations) (June 2006)
CG46	Venous thromboembolism: NICE guideline (April 2007)
CG66	Diabetes - type 2 (update): NICE guideline (May 2006)
CG68	Stroke: NICE guideline (July 2008)
IPG8	Radiofrequency ablation of varicose veins: guidance (September 2003)
IPG052	Endovenous laser treatment of the long saphenous vein - guidance (March 2004)
IPG060	Thrombin injections for pseudoaneurysms - guidance (June 2004)IPG079 Stent placement for vena caval obstruction - guidance (July 2004)
IPG079	Stent placement for vena caval obstruction - guidance (July 2004)
IPG094	Uterine artery embolisation for the treatment of fibroids - guidance (October 2004)
IPG127	Endovascular stent-graft placement in thoracic aortic aneurysms and dissections - guidance (June 2005)
IPG163	Stent-graft placement in abdominal aortic aneurysm - guidance (March 2006)
IPG217	Ultrasound-guided foam sclerotherapy for varicose veins: guidance (May 2007)
IPG229	Laparoscopic repair of abdominal aortic aneurysm: guidance (August 2007)
TA90	Vascular disease - clopidogrel and dipyridamole: guidance (May 2005)
TA94	Cardiovascular disease - statins: guidance (January 2006)
TAG167	Endovascular stent-grafts for the treatment of abdominal aortic aneurysms (February 2009)

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Annex B

Comments from Councillor Wiseman; Vice-Chair of the Health Overview & Scrutiny Committee

I visited the hospital in November 2010 and was luckily able to visit the vascular laboratories in the Radiography Department.

In York there is one cardiac laboratory and one general vascular one which has been purpose built in the past few years.

As far as cardiology is concerned the latest 'gold standard' for post heart attacks is now to unblock the artery which is blocked by intervention first and then, if that is not possible, to use 'clot busting' drugs.

For the past 20 years, our Cardiologists have undertaken the Angiograms with the actual Angioplasty taking place at Leeds on a sessional basis. Now we have these facilities in York and procedures can be done immediately and on site. This obviously means there is a much improved service for our residents. The three interventional Cardiologists now perform Angioplasty (stent to the blocked artery) on a daily basis and have recently opened up a 24hour emergency service. Because of the depth of their experience the service we receive in York is second to none in my opinion.

The Hospital has recently employed an Interventional Radiologist who works with the Vascular Surgeons who are now performing Aortic Aneurism repairs, carotid endarterectomys etc. I believe this service is for elected patients or emergencies during day hours, but the service will ultimately be opened up to be a 24hour service.

As Members will probably know the York Teaching Hospital NHS Foundation Trust has been approached by Scarborough to be joined with York. These talks are in their infancy (as of November 2011) but the possibility might be that vascular services will include the Scarborough area as well. At present the Cardiologist comes to York once a week to do the Interventional Angiograms on patients from Scarborough. So, I fully believe we are very lucky to have not only the facilities but the talented staff to offer this service to our residents.

Reading the consultation document I feel that little will change for us in York but I would like to see the Health Overview & Scrutiny Committee reinforce our continued support for the services as they are now, with no change to their delivery.

I would, therefore, as a Member of the Health Overview & Scrutiny Committee like the above comments and the following statements to be taken into consideration when the Committee are responding to the consultation.

Annex B

Suggestions for inclusion in any response the Committee may choose to make on the consultation document

Question 1 What is your overall view of the proposal for changes to vascular services as described in the consultation document?

Positive way forward to provide a service of the highest standards of quality care.

Question 2 Do you feel that the changes will affect you in a positive way? If 'yes' please explain.

Yes! Providing specialist care from centres with experienced clinicians would improve care outcomes for all vascular patients.

Question 3 Do you feel that the changes will affect you in a negative way? If 'yes' please explain.

Possible geographical travel inconvenience but this would be outweighed by the positive reasons.

Question 4 What are the issues we need to consider if these changes go ahead?

Consultation with all stakeholders. No reduction in any services we have at present.

Question 5 Are there any other comments you would like to make?

York provides a complex and exceptionally good service with many experienced and talented clinicians. New facilities providing potentially a more improved service.

York Overview & Scrutiny Committee meeting on January 19th, 2011.

1. **Provision of a community based Orthopaedics/Musculoskeletal Service**

There are in excess of 200 musculoskeletal conditions affecting millions of people, including all forms of arthritis, pain and osteoporosis. It is estimated that up to 30% of all GP consultations are about complaints such as:

- Osteoarthritis
- Rheumatoid Arthritis
- Osteoporosis
- Fibromyalgia
- Neck pain
- Ligament injuries
- Chronic pain management
- Sprains and strains

At present orthopaedics, musculoskeletal, physiotherapy, podiatry and orthotic service provision is mainly provided for York and Selby registered patients by York Hospital Foundation Trust (YHFT) and Ramsey Health and NHS North Yorkshire and York Community and Mental Health Service.

Commissioners have decided to offer a contract to deliver a single Orthopaedic/MSK service in the community for the locality covering York and Selby. The service will cover triage, clinical assessment, and treatment via a single point of referral for GPs and patients themselves. The overall aims of the service are to:

- ✓ Ensure patients are offered the most appropriate treatment or management in the shortest possible time.
- ✓ Ensure patients are seen and treated as close to home as possible and in an environment most appropriate to their needs.
- ✓ Improve access to specialised services.
- ✓ Limit the physical and associated disabilities that are caused by orthopaedic/musculoskeletal conditions.
- ✓ Support General Practice by making available a new and effective pathway for patients with orthopaedic/musculoskeletal conditions
- ✓ Reduce pressure on secondary care services and enable waiting time targets to be met.

The following options will be available within the care pathway – all within a community setting:

- ✓ Physiotherapy
- ✓ Podiatry/Orthotics
- ✓ A physical and psychological approach to chronic pain
- ✓ Diagnosis and treatment by clinical professionals
- ✓ Referral to diagnostics

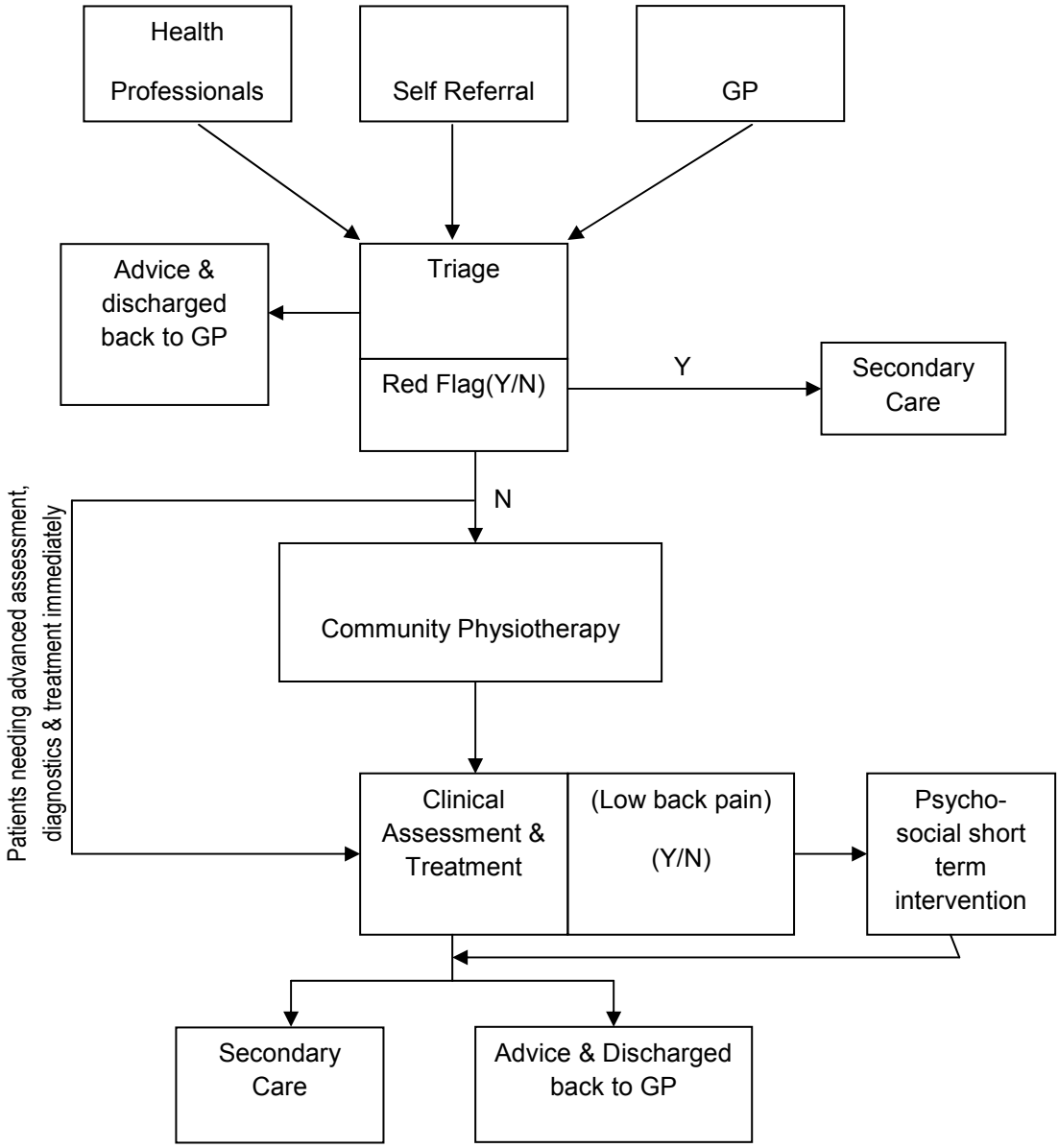
- ✓ Referral back to GPs with advice re treatment in general practice
- ✓ Referral to secondary care services (subject to choice)

This service, following an extensive tendering process, is expected to start in May 2011 and will be available to approximately 300,000 registered patients within the Practice Based Commissioning consortia of York Health Group and Selby Commissioning Group. The final model is expected to be very similar to that shown in Fig.1.

Once implemented this service will be expected to achieve the following outcomes:

- ✓ Improve the clinical outcomes for patients.
- ✓ Transfer activity from an acute hospital setting to the community.
- ✓ Improve the clinical pathway by developing joint working between primary and secondary care providers and clinicians.
- ✓ Reduce health inequalities by improving access to the service.
- ✓ Improvement in patient and referrer experience.
- ✓ Help to reduce long term disability.
- ✓ Demonstrate an improvement in conversion rates for patients requiring intervention within an acute setting.
- ✓ Achievement of 18 week targets for all referrals relevant to the service;
- ✓ Achieve maximum waiting time of 4 weeks from GP referral to assessment, and commencement of treatment.

Fig 1.


Health Professionals
Self Referral
GP
Advice & discharged back to GP
Triage
Red Flag(Y/N)
Y
Secondary Care
N
Patients needing advanced assessment, diagnostics & treatment immediately
Community Physiotherapy
Clinical Assessment & Treatment
(Low back pain) (Y/N)
Psycho-social short term intervention
Secondary Care
Advice & Discharged back to GP

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Health Overview & Scrutiny Committee 19 January 2011

Report of the Assistant Director – Legal, Governance & ITT

Update on Recommendations Arising from the Dementia Review (Access to Secondary Care)

Summary

1. This report presents Members with an update on progress made in relation to implementing the recommendations arising from the 'Dementia Review' (Accessing Secondary Care).

Background

2. Between July 2008 and November 2008 the Health Scrutiny Committee undertook a review of the experiences of older people with mental health problems (and their families/carers) who accessed general health services for secondary care in order to identify where improvements may be required.

3. Over a series of meetings, both formal and informal, the Committee heard evidence from a variety of sources to ensure that they built a comprehensive picture of experiences, barriers faced, and possible beneficial improvements to services. As a result of these inquiries the Committee formulated several recommendations.

4. Recommendation 7 of the final report of the Dementia Review requested that all service providers (City of York Council, NHS North Yorkshire & York, Yorkshire Ambulance Service and York Hospitals Trust) report back to the Committee in 6 months time to inform them of the progress made. The original recommendations, the 6 monthly updates as of June 2009, January 2010 and July 2010 are set out in the table contained within Annex A to this report and a further and current update as of January 2011 within Annex B to this report.

Consultation

5. Representatives from the following organisations were consulted and have provided updates and information for this report (Annexes A & B refer):

   - Director and Staff in Adults, Children & Education (formerly Housing and Adult Social Services) Directorate at City of York Council
   - Representatives of NHS North Yorkshire & York
   - Representatives from York Hospitals Foundation Trust

- Representatives from the Yorkshire Ambulance Trust

Options

6. Members can:

   i. Consider whether they wish to sign off any of the recommendations as complete

   ii. Consider whether they wish to receive further updates on progress and if so at what intervals

Analysis

7. The information contained within Annexes A & B to this report outlines progress made to date regarding implementing the recommendations arising from the Dementia Review. Members may wish to consider asking for a further progress update in 6 months time however, if this is the case Members are asked to clearly indicate what information they would like to receive.

Corporate Strategy 2009/2012

8. This report and the information set out within it are directly in line with the Corporate Strategy theme of being a Healthy City – 'we want to be a city where residents enjoy long, healthy and independent lives.'

Implications

9. **Financial** – There are no known financial implications associated with the recommendations within this report. There may be some financial implications for all health service providers in terms of providing funding to develop the Psychiatric Liaison Service and training staff.

10. **Legal** – There are no known legal implications associated with the recommendations within this report.

11. There are no known Human Resources (HR), Equalities or other implications associated with the recommendations within this report.

Risk Management

12. There are no known risks associated with this report.

Recommendations

13. Members are asked to:

   a. Note the report and progress made on implementation of the recommendations arising from the Dementia Review set out in Annex B to this report

b. Consider whether they wish to sign off as complete any of the recommendations arising from the review

c. Consider whether they wish for further updates and if so, at what intervals and what specific information they would like to receive.

Reason: In order to carry out their duty to promote the health needs of the people they represent

Contact Details

Author:
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Scrutiny Officer
Scrutiny Services
Tel: 01904 551714

Chief Officer Responsible for the report:
Andrew Docherty
Head of Civic, Legal & Democratic Services
Tel: 01904 551004

Report Approved ✓ **Date** 06.01.2011

Specialist Implications Officer(s) None

Wards Affected: **All** ✓

For further information please contact the author of the report

Background Papers:

Final Report of the Dementia Review

Annexes

Annex A Previous Updates on implementation of recommendations arising from the Dementia Review 2009-2010

Annex B Current Update on implementation of recommendations arising from the Dementia Review – January 2011

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Progress Report on Implementation of the Recommendations Arising From the Dementia Review (Accessing Secondary Care)

Key:
HASS – Housing and Adult Social Services Directorate at City of York Council
PCT – NHS North Yorkshire & York (formerly North Yorkshire & York Primary Care Trust)
YAS – Yorkshire Ambulance Service
YHFT – York Hospitals Foundation Trust

Updates & Progress on Implementation - June 2009 & January 2010			
Recommendation 1 That the York Hospital Trust, in liaison with other appropriate service providers* be urged to develop and implement the Psychiatric Liaison Service. The development of this programme to be a benchmark for training and support for staff working with dementia patients who access secondary care.			
HASS/CYC	**June 2009** Officers from HASS assisted in putting a business case for a psychiatric team at the hospital, which was presented to the Older People's Partnership Board. However the funding for such a service had not been agreed with the PCT and there were ongoing debates about the most effective model	**January 2010 -** Funding should be 'owned' by the PCT	**July 10** – No further update from CYC

PCT	**June 2009** - The PCT has met with York Hospital and discussed the development of a liaison service. The PCT is assessing different models of service with a view to consulting with the relevant key stakeholders including service users and carers on the options available and draft service specification. A business case will then be drawn up for approval by the PCT's Integrated Commissioning Committee.	**January 2010** – The York Dementia Working Group has been established to include all key stakeholders in the implementation of the National Dementia Strategy. This includes the provision of liaison services. A service specification will be circulated for comment by the end of January 2010.	**July 2010** – A paper describing the development of a liaison service in to general hospitals has been put before York Mental Health Modernisation and Partnership Board, York Health Group and York Acute Trust. Data is being collected on current activity to provide more detail on the potential savings for the investment. The intention is to phase in the liaison services across North Yorkshire and York starting in York. However this is dependant on NHS North Yorkshire and York's financial position. We also expect all the acute trusts to demonstrate what other action they are taking to improve the experience of people with dementia and their carers before the liaison service is commissioned.
YHFT	**June 2009** - A proposal for a psychiatric liaison team for older people has been prepared and submitted to the commissioners in the PCT. They have responded by outlining that they are developing a service specification for this service and will issue this once it is complete.	**January 2010** – The situation remains unchanged. The proposal for a liaison team has been shared with the York Dementia Working Group (LIAG) and is supported	**July 2010** The service specification for a mental health liaison team has been circulated and feedback has been provided by elderly medicine
YAS	YAS responses for June 2009, January 2010 & July 2010 are set out at the end of this document		

Recommendation 2 That all service providers be urged to review their arrangements for staff training in relation to recognising and working with those with an underlying condition of dementia. Any such review should include: ➢ Promoting the use of Link nurses and investigating the possibility of nominating Link clinicians within defined staffing groups. ➢ Investigation of the larger gaps in training ➢ The utilisation of the variety of sources for training provision including the Alzheimer's Society and other voluntary sector organisations ➢ Investigation into the pooling of resources between service providers			
HASS/CYC	**June 2009** - Dementia training is part of the requirements for domiciliary staff and has been identified as a priority for care managers this year	**January 2010** – Dementia training has been made available to care managers since Autumn 2009 through a training programme and interest group discussion	**July 10** - No further update
PCT	**June 2009** - This is in line with objective 13 of the Dementia Strategy: An informed and effective workforce. Gaps in training will be considered by each locality as part of the assessment of localities against the strategy. Further use of the third sector, including the Alzheimer's Society, will be considered to provide training and education for both staff and people with dementia and their carers	**January 2010** – The PCT have included training requirements into its service specifications for provider services. The provision of training for all staff is being considered as part of the Dementia Working Group action plan	**July 2010** – The NY&Y Dementia Network set up two sub groups to focus on specific objectives within the dementia strategy. 1) Objective 8: general hospitals. Meeting of acute trusts dementia leads / Older Peoples Champions / Dignity and Respect Champions. The meeting highlighted several areas including training. Agreement that training of staff at all levels is required to the appropriate level and evidence of

	building on work already undertaken. The PCT will review the training requirements of staff for services it commissions to work with people who are at risk of dementia and their carers. This will be considered alongside Transforming Community Services		this is expected. 2) Objective 13 Workforce development. The group are piloting an e-learning package for staff from a variety of organisations. If successful, we are exploring the feasibility of including this within staff mandatory training to ensure all staff working with Adults/ Older people have training on dementia.
YHFT	**June 2009 -** In relation to the third bullet point of this recommendation – elderly services are piloting some training from the Alzheimer's Society on one of the wards and will review this.	**January 2010** – Awareness raising training held for a group of staff within elderly medicine. External training opportunities also being identified and supported	**July 2010** – staff are being encouraged to attend appropriate training.
YAS	YAS responses for June 2009, January 2010 & July 2010 are set out at the end of this document		

Recommendation 3 That secondary care provider clinicians be urged to acknowledge the positive contributions that can be made by a patient's carer to that patient's ongoing programme of treatment (whilst recognising the issues surrounding patient confidentiality). Clinicians are also urged to take the following into consideration: ➢ Where it is recognised that there may be an underlying mental health condition to provide written details of any medication and/or treatment plans to the patient ➢ The issue of carers' information being logged on a patient's notes to be urged as good practice and an ongoing dialogue between medical practices and the York Carer's Forum to be maintained to allow for effective databases to be kept.			
HASS/CYC	**June 2009** – no update	**January 2010** – The Carers' Strategy Group is sponsoring work between carers & York Hospital to develop a 'carer's passport' which will enable better communication and understanding of need.	**July 10** – The Carer's Strategy Group has received reports on the progress of the 'passport', which is being led by the hospital and is progressing
PCT	**June 2009** – no update	**January 2010** – The York Dementia Working Group has highlighted Carers as a priority area. We are looking to provide training / education sessions for carers to help them with practical tips to support those they care for and support themselves We will also work with the hospital to improve support for carers by sharing examples of good practice from other areas.	**July 2010** – The experience of carers was also covered in the meeting with Acute Trust dementia leads. Suggestion that the recommendations within the ADASS report 'Carers as Partners In Hospital Discharge', are implemented. Exploring the feasibility of building it into the contract with Acute Trusts.

YHFT	**June 2009** - Within elderly services a review is underway of written information given to all patients and carers to ensure it meets needs	**January 2010** – Work continues. As policies and procedures and patient information leaflets are reviewed amendments are made to reflect the needs of the patients who have dementia (as well as the needs of their carers). This is especially relevant in relation to flexible visiting times & supporting patients at mealtimes.	**July 2010 -** No new info to add – update remains as before
YAS	YAS responses for June 2009, January 2010 & July 2010 are set out at the end of this document		

Recommendation 4 a. That all service providers be urged to work with the relevant voluntary organisations (Alzheimer's Society, York & District branch of MIND, Age Concern, Older People's Assembly etc) to develop new initiatives and to promote the awareness of dementia (including the provision of an information leaflet for carers) b. That commissioner and service providers discuss the 'This is me' initiative further with the Alzheimer's Society with a view to adopting it within their individual organisations. The Committee wished it to be known that they were very impressed with this particular initiative			
HASS/CYC	**June 2009** - We are not aware of any new information having been produced for carers specific to dementia	**January 2010** – The Voluntary Sector are actively engaged in joint initiatives to develop services and a shared pathway of care for those with memory problems. Our own care homes are already working with the Alzheimer's Society to provide more personalised activities for residents. We will be asking the Independent Care Group to feature the 'This is Me' initiative in one of their newsletters to independent providers this year.	**July 10 -** The Independent Care Group (ICG) has continued to promote a number of initiatives including 'This is Me'. The Council and the ICG have also agreed to use £40k, which could have been considered as a way to offer a very small fee increase for care homes this year, for grants towards dignity, dementia or nutrition initiatives, Invitations for bids will be sought in the next few weeks
PCT	**June 2009** a. The PCT will encourage Providers to work with the voluntary sector through the inclusion of the voluntary sector in the development and implementation of care pathways for dementia/depression as well as the development of service specifications. b. The PCT would be happy to discuss	**January 2010** a. Third sector organisations are included in the York Dementia Working Group and are recognised as providing valuable support to those with dementia and their carers as part of the care pathway. The Map of Medicine for dementia	**July 2010 –** a) Meeting planned with CYC to explore more efficient commissioning of services from the third sector that is focussed on our priorities. The Map of Medicine has included voluntary sector organisations in to the care pathway for Primary Care to

	the 'This is me' initiative with Providers and the Alzheimer's Society and will consider how such initiatives are built into the commissioning of services in the future.	will be piloted in the York/Selby area. This will describe the care pathway and include health, social care and voluntary sector input. b. The PCT would be happy to discuss the 'This is Me' initiative with Providers and the Alzheimer's Society and will consider how such initiatives are built into the commissioning of services in the future.	raise the profile of the services provided by the voluntary sector. b) This links to recommendation 2 and 3 with an expectation that such tools will be used by Acute Trusts to improve the experience of people with dementia.
YHFT	**June 2009** a. Elderly services have set up an older people's liaison group which meets 4 times a year and is well attended by the voluntary organisations. Dementia updates are a standing item on the agenda. b. A meeting has been arranged in early July to discuss the use of the leaflet.	**January 2010** 'This is Me' leaflet pilot. YHFT have piloted the leaflet on a variety of wards. Information on progress is shared with the older people's liaison group as identified above.	**July 2010** - Extra leaflets have been ordered.
YAS	YAS responses for June 2009, January 2010 & July 2010 are set out at the end of this document		

Recommendation 5 That York Hospitals Trust, where possible, be urged to adopt a flexible approach during a dementia patient's stay in hospital, for example flexibility in hospital visiting hours and flexibility at mealtimes to allow carers to assist patients with eating.			
HASS/CYC	**June 2009** – No update	**January 2010** – No update	**July 10** – no update
PCT	**June 2009** – No update	**January 2010** – No update	**July 2010 –** NHS NYY are looking to see evidence of a dementia pathway of care using systems and processes that improve patients stay and the experience of their carers while their cared for is in hospital.
YHFT	**June 2009** - This has been discussed with all Ward Managers and Matrons in elderly services to ensure flexibility whenever possible and to allow carers to participate and help with meals. We are currently getting feedback from patients and carers on 2 wards with regard to experiences of their stay in Hospital in order to improve some of the processes and available information.	**January 2010** – A new Care Pathway has been drafted for patients admitted to elderly wards. This includes involvement of carers wherever possible, especially at mealtimes.	**July 2010** – as above and will be modified by the specialist mental health nurse due to commence post shortly A leaflet has been produced for carers and families of patients with regard to ward 37 – the joint mental health ward
YAS	YAS responses for June 2009, January 2010 & July 2010 are set out at the end of this document		

Recommendation 6 That all relevant parties be urged to resolve the ongoing issues surrounding the implementation of a universal 'Shared Care Record System'			
HASS/CYC	**June 2009** - A person held records pilot has gone ahead but take-up has been limited. The Council has provided funding to the York Health Group to quicken progress on single assessment but this is focused on intermediate care rather than dementia**.**	**January 2010** – Work on a shared pathway of care will include looking at how information can be better shared	**July 10** – No update
PCT	**June 2009** - The PCT are progressing the National IT Programme that will benefit patients and clinicians. Further information is available upon request	**January 2010** – No update	**July 2010** - The PCT are progressing the National IT Programme that will benefit patients and clinicians. Further information is available upon request Greater integration between health and social care staff would enable greater access to people's records – see additional comments.
YHFT	**June 2009** – No update	**January 2010** – YHFT is participating in discussions led through the LIAG	**July 2010 - As** above – an action plan has been produced with recommendations and is now going out for consultation prior to submission to the commissioners.
YAS	YAS responses for June 2009, January 2010 & July 2010 are set out at the end of this document		

Recommendation 7
That all service providers (HASS/CYC, PCT, YAS & YHFT) report back to the Committee in 6 months time to inform them of the progress that has been made.

Comments from YAS

June 2009

YAS has engaged with the Yorkshire and Humber Improvement Partnership to find ways that Primary Care, Social Services, the Police and Ambulance Service may improve partnership working in relation to mental health. This has manifested as three main work streams; conveyance under s 2 the Mental Health Act (1983), s 136 conveyance and assessment/treatment/transportation under the Mental Capacity Act (2005).

- Conveyance under s 2 MHA has been standardised across Yorkshire and the Humber using a template designed in collaboration with a multi-professional working group led by Humber Mental Health.

- Conveyance of patients detained by the Police under s 136 MHA is work in progress and various local protocols and facilities currently exist. However, in partnership with the Police it is hoped to develop a standard level of service to all patients in the region.

- Patients who are deemed to lack capacity are the greatest challenge to frontline ambulance staff and occasionally conflict arises between ambulance service personnel and other health and social care workers. To address this, YAS is undertaking a service-wide education programme, coupled with modification to the standard patient report form (PRF) to include mental capacity assessment. In addition, establishing partnership working through YHIP will ensure improved frontline multi-professional relations.

The latter work stream is of most relevance to the review of dementia in York as patients with dementia ought to be recognised as lacking capacity by our frontline crews and may be directed to alternative pathways of care as they are developed. In addition, there

is an opportunity for YAS to 'flag' the addresses of patients with dementia but, as this may be a significant number, it is likely to be associated with a commissioning need.

January 2010

YAS has now implemented the changes detailed in the report from the last meeting in the summer i.e. ambulance clinicians now carry documentation to allow them to record assessment of mental capacity and a protocol has been developed for treating patients who lack capacity to make decisions for themselves. Work is ongoing with the Yorkshire & Humber Improvement Programme (YHIP) to develop robust multi-agency processes for treatment of patients detained under S136 of the Mental Health Act.

July 2010

Work is progressing with the Yorkshire & Humber Improvement Programme to establish a multi-agency region-wide project looking at all aspects of capacity and Mental Health Act impact. There has been a noticeable improvement in working relationships with Social Services over the past year.

Additional Comments from YHFT (January 2010)

- YHFT will be participating in the RCP National Care Audit of Dementia
- YHFT have agreed terms of reference and membership of a Dementia Strategy Group which will be an internal group and meet quarterly
- Snapshot audit of numbers of patients in elderly beds in November 2009 with a diagnosis of 'dementia'/cognitive impairment – showed 50 patients (total bed base in elderly is 238)

Additional Comments from YHFT (July 2010)

- The Core Audit has been completed and we await national benchmarking results
- The dementia strategy group is now in place with user and carer input

- We have appointed a new specialist mental health nurse, as this post has been vacant since January 2010. Start date yet to be agreed.
- NICE have issued guidance on Quality Standards for dementia and there are 10 quality statements.

Additional Comments from the PCT (June 2009)

Since the completion of the Dementia Review final report in November 2008 the National Dementia Strategy has been released (February 2009). NHS North Yorkshire & York is currently liaising with key stakeholders to assess the current care and treatment of people with dementia and their carers against the seventeen objectives outlined in the strategy. This will result in an action plan for each locality, including York.

Additional Comments from the PCT (January 2010)

The PCT has discussed the development of a North Yorkshire & York Dementia Network with representatives from both City of York Council and North Yorkshire County Council. This Network is aimed at operational staff, service users and carers, voluntary sector and independent sectors to share good practice and develop the standards of care we want to see for our population. One initial meeting has been held and the next is planned for 3rd February. If anyone would like further information on this or would like to be added to the network mailing list please contact Judith Knapton at NHS NYY (judith.knapton@nyypct.mhs.uk or 01423 859622)

Additional Comments from the PCT (July 2010)

Yorkshire and Humber Health Improvement Partnership has held a Peer Review of dementia services in York. One of the areas for improvement highlighted by the team was the lack of integrated services between health and social care. Currently social care staff are not integrated with Community Mental Health Teams.

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Progress Report on Implementation of the Recommendations Arising From the Dementia Review (Accessing Secondary Care)

Key:
HASS – Housing and Adult Social Services Directorate at City of York Council
ACE – Adults, Children & Education Directorate (formerly HASS)
PCT – NHS North Yorkshire & York (formerly North Yorkshire & York Primary Care Trust)
YAS – Yorkshire Ambulance Service
YHFT – York Hospitals Foundation Trust

Updates & Progress on Implementation – January 2011	
Recommendation 1 That the York Hospital Trust, in liaison with other appropriate service providers* be urged to develop and implement the Psychiatric Liaison Service. The development of this programme to be a benchmark for training and support for staff working with dementia patients who access secondary care.	
ACE (formerly HASS)/CYC	**January 2011 -** No further involvement from CYC
PCT	**January 2011** - The PCT has not been able to implement this year due to the financial position and focus of work being on the statutory obligation of achieving financial balance
YHFT	**January 2011 -** Feedback as per July 2010. YHFT have contributed to the development of the service specification. Awaiting funding decisions
YAS	**January 2011 –** N/A

Recommendation 2 That all service providers be urged to review their arrangements for staff training in relation to recognising and working with those with an underlying condition of dementia. Any such review should include: ➢ Promoting the use of Link nurses and investigating the possibility of nominating Link clinicians within defined staffing groups. ➢ Investigation of the larger gaps in training ➢ The utilisation of the variety of sources for training provision including the Alzheimer's Society and other voluntary sector organisations ➢ Investigation into the pooling of resources between service providers	
ACE (formerly HASS)/CYC	**January 2011** – No further update
PCT	**January 2011** The PCT is including the requirement for dementia training in its service specifications for relevant services from the statutory, voluntary and independent sectors. This includes hospital admission and discharge policies. The PCT is encouraging the sharing of good practice between acute trusts via the General Hospital sub group of the North Yorkshire and York Dementia Network. The Workforce sub group of the North Yorkshire and York Dementia Network has drafted a Dementia Workforce development strategy
YHFT	**January 2011 -** The PCT wide dementia Network has set up a group to work on this and recommend standards of training and learning for staff who deliver dementia care. The group is due to report in January. With effect from August 2010 The Trust filled the specialist mental health nurse vacancy. The specialist nurse has met with Alzheimer's to establish a clearer and more formal referral process to third sector agencies to support service users. This will be included in the dementia pathway. Dementia info ordered from the Alzheimer's Disease Society. LINK dementia nurse to be identified on each of the elderly medical wards.
YAS	**January 2011 -** Individual clinicians are being identified to be locality 'champions' to represent YAS for all mental health issues.

Recommendation 3 That secondary care provider clinicians be urged to acknowledge the positive contributions that can be made by a patient's carer to that patient's ongoing programme of treatment (whilst recognising the issues surrounding patient confidentiality). Clinicians are also urged to take the following into consideration: ➢ Where it is recognised that there may be an underlying mental health condition to provide written details of any medication and/or treatment plans to the patient ➢ The issue of carers' information being logged on a patient's notes to be urged as good practice and an ongoing dialogue between medical practices and the York Carer's Forum to be maintained to allow for effective databases to be kept.	
ACE (formerly HASS)/CYC	**January 2011 -** No further update from CYC
PCT	**January 2011 -** The PCT has included elements of the recommendations from the Association of Directors of adult Social Services (ADASS) report 'Carers as Partners In Hospital Discharge' within the Admissions and Discharge Policy principles all acute trusts are expected to adhere to. The intention is to get agreement on this for implementation from April 2011.
YHFT	**January 2011** - Ward 37 information leaflet in final draft Involvement of family / carers now routine practice for all patients assessed with cognitive impairment by specialist nurse. The dementia pathway will give family / carer increased recognition of their contribution and needs in the assessment process.
YAS	**January 2011 -** Documentation of medication is routine practice. Carer's/Relative's information is also recorded on the Patient Report Form, a copy of which is handed over to the receiving secondary care providers.

Recommendation 4 a. That all service providers be urged to work with the relevant voluntary organisations (Alzheimer's Society, York & District branch of MIND, Age Concern, Older People's Assembly etc) to develop new initiatives and to promote the awareness of dementia (including the provision of an information leaflet for carers) b. That commissioner and service providers discuss the 'This is me' initiative further with the Alzheimer's Society with a view to adopting it within their individual organisations. The Committee wished it to be known that they were very impressed with this particular initiative	
ACE (formerly HASS)/CYC	**January 2011** Dementia/dignity grants awarded to care homes, in partnership with Independent Care Group to promote good practice and innovative working. Initiatives include Life Story Tool Kits, which can be particularly beneficial for people with dementia A Sensory Room Reminiscence walls and themed corridors. Specially commissioned 'back drops' to create different and stimulating environments within the home Dementia activity boards, signage, specialised clocks and memorabilia Great North Care Award for dignity in Care awarded to Val Sutton, CYC Group Manager for work within Council care homes to develop more person centred activities, based on resident histories and profiles Yorkshire and Humber Care award for programme bringing music into council dementia care homes

PCT	**January 2011** a) The PCT is currently reviewing all the contracts and agreements it has with the voluntary sector. There will be a 4% reduction in the overall funding for the voluntary sector from April 2011. Service specifications will be written that clarify the outcomes expected from any voluntary sector organisation commissioned to deliver services in 2011. Discussions are being held with CYC to consider a joint approach to more effective commissioning. b) The 'This Is Me' patient passport is one of several available. Discussions are underway within the York Carers Health Group (sub group of the York Carers Strategy Group) to ensure the trust is not overrun with different versions leading to confusion for staff.
YHFT	**January 2011 -** "This is Me" leaflet being used for all patients on ward 37 and those patients referred to the specialist nurse. Good feedback has been received and it is encouraging involvement of service users in the assessment process. Further roll out of the leaflet is planned to raise the awareness and importance of person centred care in dementia care. Dementia remains a standing agenda item on the quarterly Older People's Liaison Group, which is attended by Alzheimer's, Age Concern, Older People's Assembly and other agencies. The Trust also holds a quarterly Dementia Strategy Group chaired by the Dementia Champion Dr. Sandeep Kesavan and attended by Trust wide representatives as well as patient/ carer representatives. Initial feedback from the Royal College of Psychiatrists National Audit of Dementia Audit has been received at the end of November 2010.This Audit looked at organisational issues and clinical issues for patients with dementia. An action plan will be developed based on this audit and will be discussed and shared with the Older Peoples Liaison Group and the Dementia Strategy Group.
YAS	**January 2011** - Nationally, the Ambulance Service Network is working with voluntary sector organisations to understand the Ambulance Service engagement with patients with dementia.

Recommendation 5 That York Hospitals Trust, where possible, be urged to adopt a flexible approach during a dementia patient's stay in hospital, for example flexibility in hospital visiting hours and flexibility at mealtimes to allow carers to assist patients with eating.	
ACE (formerly HASS)/CYC	**January 2011 –** No update
PCT	**January 2011** - As stated in recommendation 2, the PCT is encouraging the sharing of good practice between acute trusts via the General Hospital sub group of the North Yorkshire and York Dementia Network. This includes the use of policies, systems and tools that will improve the experience of people with dementia in general hospitals and that of their carers.
YHFT	**January 2011 -** The dementia care pathway is under development and will promote a patient centred care approach. This will encourage and recognise the involvement of others and their needs during and after a patient's hospital admission.
YAS	**January 2011** – N/A

Recommendation 6 That all relevant parties be urged to resolve the ongoing issues surrounding the implementation of a universal 'Shared Care Record System'	
ACE (formerly HASS)/CYC	**January 2011 –** No update
PCT	**January 2011 -** The National IT Programme is still progressing and involves GP practices, Community Services, Hospices and Acute Trusts having compatible systems to allow the transfer of information electronically.
YHFT	**January 2011 -** York Working Group on Dementia, attended by multi agencies, continues to meet as a sub group to the York Mental Health Partnership and Modernisation Board. The Shared Care Record is prioritised as part of the action plan. We are working towards a two- way improved system of sharing information between the acute and mental health services. The specialist nurse is working on improved discharge summaries with reference to a patient's mental health assessment during their hospital admission
YAS	**January 2011** - YAS welcomes access to primary care records so that patient care may be more focussed towards an individual's needs.

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Health Overview & Scrutiny Committee Work Plan 2010/11

Meeting Date	Work Programme
1st December 2010	1. Report and/or Attendance of the Executive Member for Health & Adult Social Services 2. Six-Monthly Update from York Hospitals Foundation Trust 3. Presentation/Introduction from the New Providers of Community Services (Outcome of Transforming Community Services) 4. Quarter 2 Monitoring Report 5. Carer's Topic – Scope & Timetable
19th January 2011	1. Attendance of Councillor Galvin; Chair of Scrutiny Management Committee 2. Presentation/Report from York Health Group – Proposed Community Orthopaedics Service for Selby/York 3. Update on Recommendations Arising from the Dementia Review 4. Consultation on Vascular Services
24th January 2011	1. Presentation on JSNA (Executive Referral) 2. Children's Cardiac Services in the region – proposed service changes 3. Interim Report of the Carer's Review Task Group 4. Priority Indicators for Quality Accounts
2nd March 2011	1. Quarter 3 Monitoring Report 2. Six – Monthly update from NHS North Yorkshire & York 3. Final Report of Carer's Review Task Group 4. Consultation on the Public Health White Paper 5. *Mental Health & Learning Disability Procurement (Transforming Community Services Update) – slipped from 19th January meeting* 6. *PACE Report from LINk – Carer's Rights (provisional)*
6th July 2011 (provisional)	1. Six –Monthly Update from Yorkshire Ambulance Service 2. Update from York Hospitals Foundation Trust in relation to Transforming Community Services

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