Notice of meeting of

Health Scrutiny Committee

To: Councillors Fraser (Chair), Alexander, Ayre (Vice-Chair), King, Morley, Sunderland and Wiseman

Date: Monday, 11 May 2009

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. Minutes (Pages 5 - 40)
To approve and sign the minutes of the last meeting of the Committee held on 30 March 2009.

3. 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. Anyone who wishes to register or requires further information is requested to contact the Democracy Officer on the contact details listed at the foot of this agenda. The deadline for registering is Friday 8 May 2009 at 5.00pm.

4. Update on Dental Services (Pages 41 - 58)
This report provides Members with an update on the provision of NHS dental services in York and presents information requested at previous meetings.

5. Update on Alcohol Reduction Strategy (Pages 59 - 110)
This report provides Members with an update on information related to the Alcohol Reduction Strategy and provides answers to questions raised at a previous meeting of the Committee.

6. Annual Health Check 2008/09 - Update (Pages 111 - 122)
This report is to update Members on further developments in relation to the Annual Health Check 2008/09.

7. Health Scrutiny Networking (Pages 123 - 128)
This report informs Members of the Committee about recent events attended by both Members and Officers outside of the formal meeting cycle of the Health Scrutiny Committee.

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

[A copy of the Health Scrutiny Committee's work plan is attached for information]

Democracy Officer:

Name: Jill Pickering
Contact details:

- Telephone – (01904) 552061
- E-mail – 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

Agenda Annex

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- 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
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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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Agenda Item 1

HEALTH SCRUTINY COMMITTEE

Agenda item I: Declarations of interest.

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

Councillor Fraser	Governor of York Hospitals NHS Foundation Trust and as a member of the retired section of Unison;
Councillor Wiseman	Governor of York Hospitals NHS Foundation Trust.

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City of York Council	Committee Minutes
MEETING	HEALTH SCRUTINY COMMITTEE
DATE	30 MARCH 2009
PRESENT	COUNCILLORS FRASER (CHAIR), ALEXANDER, AYRE (VICE-CHAIR), MORLEY, SUNDERLAND, WISEMAN AND SIMPSON-LAING (SUBSTITUTE)
IN ATTENDANCE	KEELEY TOWNEND -YORKSHIRE AMBULANCE SERVICE IAN WALTON -YORKSHIRE AMBULANCE SERVICE MARK INMAN – YORK AMBULANCE SERVICE GRAHAM PURDY – NHS NORTH YORKSHIRE & YORK
APOLOGIES	COUNCILLOR DOUGLAS

42. DECLARATIONS OF INTEREST

Members were invited to declare at this point in the meeting any personal or prejudicial interests they might have in the business on the agenda.

Councillor Fraser – personal and non-prejudicial interest as a Governor of York Hospitals NHS Foundation Trust and as a member of the retired section of Unison;

Councillor Wiseman – personal and non-prejudicial interest as a Governor of York Hospitals NHS Foundation Trust.

Cllr Morley declared a personal non-prejudicial interest in the meeting as a member of the York Hospitals NHS Foundation Trust.

43. MINUTES

Arising out of consideration of the minutes it was reported that, at a recent LINks meeting, it had been agreed to share their work plan with the Health Scrutiny Committee to align the work and avoid duplication.

RESOLVED: That the minutes of the last meeting of the Committee held on 2 February 2009 be approved and signed by the Chair as a correct record.

44. PUBLIC PARTICIPATION

It was reported that there had been one registration to speak at the meeting under the Council's Public Participation Scheme.

John Yates, spoke in relation to agenda item 4 (Annual Health Check). He confirmed that the York Older People's Assembly, Chapter 10 and other groups kept a watching brief on the NHS and other health care organisations. He stated that most worked extremely well but NHS North Yorkshire & York's (formerly North Yorkshire & York Primary Care Trust) agenda and minutes published on their website were not easily understandable by the public. He requested the Scrutiny Committee to liaise with a partnership body such as LINks to press NHS North Yorkshire & York to clarify the way in which they communicated with the public and vice versa.

45. ANNUAL HEALTH CHECK 2008/09

Consideration was given to an update report in relation to further developments on the Annual Health Check 2008/09.

The Annual Health Check was the system the Healthcare Commission used to assess and report on the performance of the NHS and other healthcare organisations.

Representatives of the Yorkshire Ambulance Trust (YAS), who were in attendance at the meeting, gave a presentation on the Trust and presented their draft declaration to the Committee, it focussed on the following points:

- The YAS challenge
- Priorities for sustainable improvement
- The Annual Health Check and
- Patient Transport Services

They referred to problems that the Yorkshire Ambulance Service had had to overcome during 2008/09, which ranged from adverse weather conditions to familiarising staff with new equipment, which had resulted in a financial deficit to the service. It was confirmed that, although the Service would still not have met its target for the whole year, it would be compliant at the year end. In relation to performance they confirmed that they were only one of 5 ambulance services within the country that would reach 75% performance for the 8 minute target for reaching patients.

They stated that they were now also in the process of seeking new premises for an additional call centre within the York conurbation which would take on the calls for the out of hours services for Monkgate, York Hospital and the General Practitioners.

The representatives confirmed that comments on their draft declarations were required by 6 April if at all possible. The Scrutiny Officer confirmed that Members were not to meet until 7 April to consider their draft comments.

Members then questioned the following points:

- The details of the slide on Standards for Better Health in relation to the 2007/08 and 2008/09;
- Possible joint fire and ambulance station in the area;

- The transfer of myocardial infarction patients (MI) direct to Leeds General Infirmary rather than York;

The representatives confirmed that although there was an impact on time it had been found that better patient care was achieved if MI patients were transferred directly to a PPCI centre (Primary Percutaneous Coronary Intervention) of which Leeds was the nearest.

The Chair thanked the representatives of the Ambulance Service for their attendance and informative presentation.

The Scrutiny Officer confirmed that she would circulate by email additional information and guidance to Members in relation to the Health Check. [1.]

RESOLVED: That the report and presentation be noted.

REASON: To enable the Health Scrutiny Committee to carry out their duty to promote the health needs of the people they represent.

[A copy of the presentation made to Members is attached to these minutes].

Action Required

1. Email additional information on Health Check to Members. GR

46. INFORMATION REPORT ON THE PUBLIC HEALTH BILL 2009

Members considered a report, which informed them of the contents of the Public Health Bill 2009. This Bill proposed measures to improve the quality of NHS care, the performance of NHS services and improve public health.

It was reported that the Bill had been introduced into Parliament on 15 January 2009 and that it concentrated on the following key areas:

- Placed a duty on providers and commissioners of NHS services to have regard to a new NHS Constitution, which would set out the responsibilities of patients and staff
- Introduced direct payments for health services with the intention of giving patients greater control over the health care services they received
- Introduced quality accounts, which would provide information on quality for patients, clinicians and managers, with the aim of improving local accountability for services
- Made provisions to protect children and young people from the harm caused by smoking. These provisions related particularly to advertising and sales from vending machines
- Extended the remit of the Local Government Ombudsman to consider complaints from people who had arranged their own adult social care
- Introduced a scheme by which prizes for innovation in health service provision may be awarded.

Members confirmed that they were pleased to see that provisions were to be made to protect children from the harm caused by smoking.

RESOLVED: That the report be noted.

REASON: To keep Members fully informed in relation to current legislation.

47. INFORMATION REPORT ON 'DELIVERING HEALTHY AMBITIONS'.

Consideration was given to a report, which advised the Committee about the 'Healthy Ambitions', and 'Delivering Healthy Ambitions' documents produce by NHS Yorkshire and the Humber.

It was reported that in Spring 2008 NHS Yorkshire & the Humber had published their vision document for improving health and healthcare in Yorkshire and the Humber entitled 'Healthy Ambitions'. Subsequently recommendations for improvement had been made in the following areas:

- Maternity and newborn care
- Children's healthcare
- Staying healthy
- Acute episode
- Planned care
- Long term conditions
- Mental health
- End of life care

In view of the large amount of information contained within the documentation Members were asked to consider inviting a representative of the Strategic Health Authority (SHA) to address them, either in general terms or on one or more of the key areas.

The representative from NHS North Yorkshire and York confirmed that their Board would very shortly also be considering these documents. He stated that they would then be in a position to report on the local picture and on progress within each area. He indicated that it may be more appropriate for the SHA to report on the high level strategies and NHS North Yorkshire & York at the local level.

RESOLVED: That, following consideration of this report by NHS North Yorkshire and York, representatives of the Strategic Health Authority and NHS North Yorkshire & York be invited to an informal seminar for all Members to address them on both the strategies and the local situation. [1.]

REASON: To keep Members informed of regional health strategies.

Action Required

1. Add Seminar to Committee's work plan. GR

48. WORK PLAN

Consideration was given to the Health Scrutiny Committee work plan for 2008/09.

Arising out of this, the Chair updated that he had received confirmation from Rachel Johns that statistics were collected on alcohol related incidents and hospital admissions. He felt that this would be useful information to feed into the Alcohol Reduction Strategy (proposed scrutiny topic) and that work was progressing on a joint report, which would hopefully be available for the May meeting of the Committee.

The representative from NHS North Yorkshire and York confirmed that they had undertaken a significant amount of work with GP's and the Hospital on the referral pathways in relation to muscular skeletal procedures to try and avoid hospital admissions. He also confirmed that referral guidance was available for all GP's and that this would shortly be added to the hospital's website to make sure patients were aware why they had not received treatment and of the further options available to them.

Cllr S Fraser, Chair
[The meeting started at 5.00 pm and finished at 6.35 pm].

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York OSC
30 March 2009

Keeley Townend, Director of ICT
Ian Walton, Director of Operations
Yorkshire Ambulance Service NHS Trust

Yorkshire Ambulance Service NHS
NHS Trust

Contents

1. The YAS challenge
2. Priorities for sustainable improvement
3. The Annual Health Check
4. Patient Transport Services
5. Summary

1. The YAS Challenge

- Formed July 2006
- Merger and de-merger
- Financial deficit in first year
- Historic performance issues
- Major governance issues
- Cultural issues

2. Priorities for Sustainable Improvement

Performance	Systems Working
- Workforce - ICT - Ways of working - Utilisation	- Emergency care - Urgent care - Public health
Resilience	**Quality**
- Resilience - Business Continuity - Emergency Preparedness	- Safe - Effective - Patient-focussed
Management & Leadership Development	**Compliance**
- Capacity - Capability - Clinical Leadership	- S4BH - RMST level - Culture

3. The Annual Health Check

- Systemic problems in operational and some corporate functions
- Demonstrable progress
- Increased confidence externally
- Moving into a sustainable position for 2009-10

3.1 Core Standards

- Acknowledged systemic issues
- Review of Board working by Deloitte
- Developed the assurance process
  - Cultural change – it is the day job
  - Standard operating procedure and clear evidence base
  - Internal audit review to check we've got the approach right
  - Director and assistant director secondments into the organisation
  - New structure and investment in infrastructure

3.2 Standards for Better Health

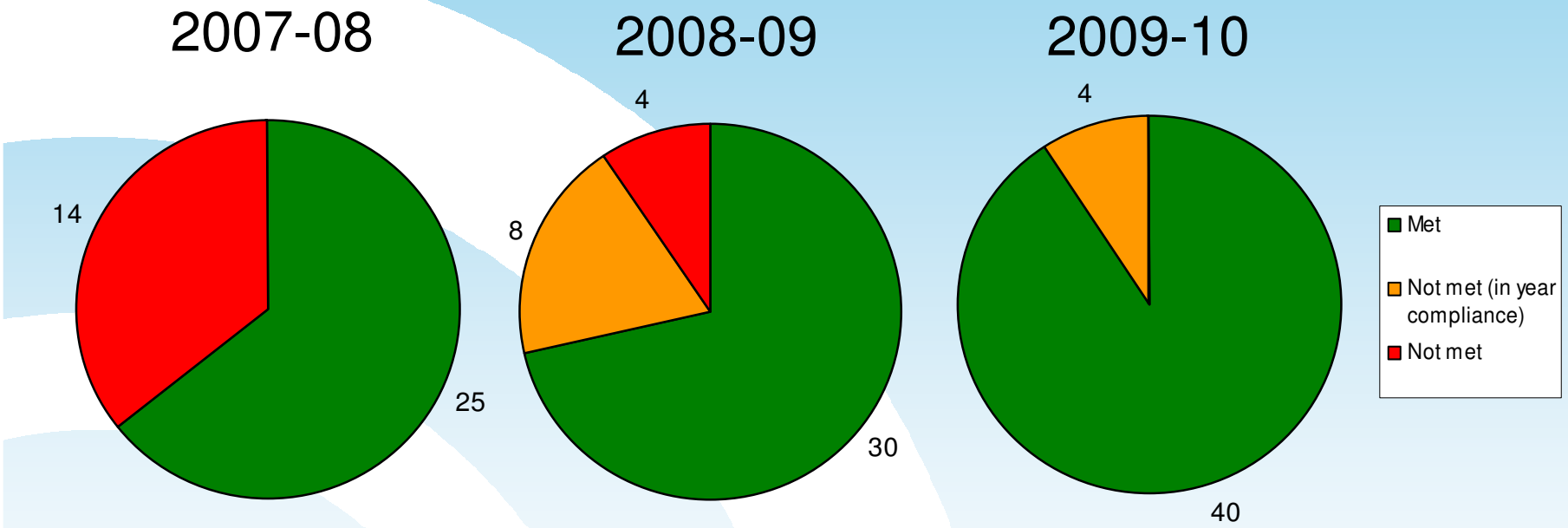
2007-08	Use of Resources		FAIR
	Quality of Service		WEAK
	Core Standards	Existing National Targets	New National Targets

2008-09	Use of Resources		FAIR
	Quality of Service		WEAK
	Core Standards	Existing National Targets	New National Targets

2009-10	Use of Resources		GOOD
	Quality of Service		FAIR
	Core Standards	Existing National Targets	New National Targets

- Not met
- Partly met
- Met
- Scoring yet to be defined

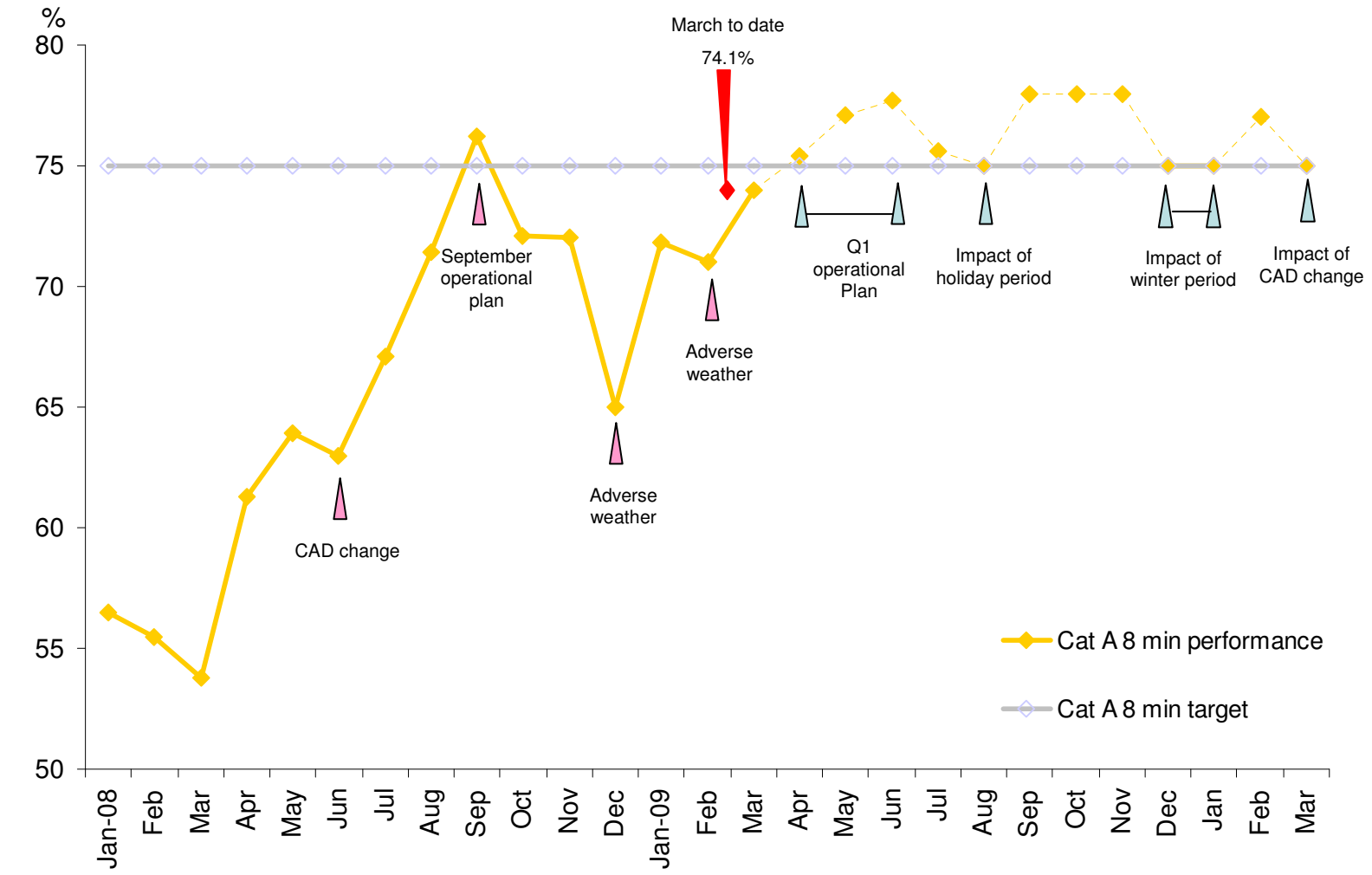
3.3 Compliance with core standards



3.4 Clinical Performance Indicators

	Performance compared across 11 ambulance trusts using funnel plots showing confidence limits	Below Funnel	Within Funnel	Above Funnel
Cardiac Arrest	Pilot	0	2	0
	June 2008 (1 measure added)	**0**	**3**	**0**
Stroke	Pilot	2	1	0
	July 2008	**0**	**1**	**2**
Hypoglycaemia	Pilot	1	2	0
	August 2008	**1**	**0**	**2**
Asthma	Pilot	3	2	0
	September 2008	**2**	**2**	**1**

3.5 Performance trajectory 08-10



3.6 2009-10 will continue to show improvements

- Agreement on a sustainable financial settlement for A&E services
- Investments in resilience, workforce and management capacity
- Management and leadership development
- Better skills mix/pathways

3.7 Quarter 1

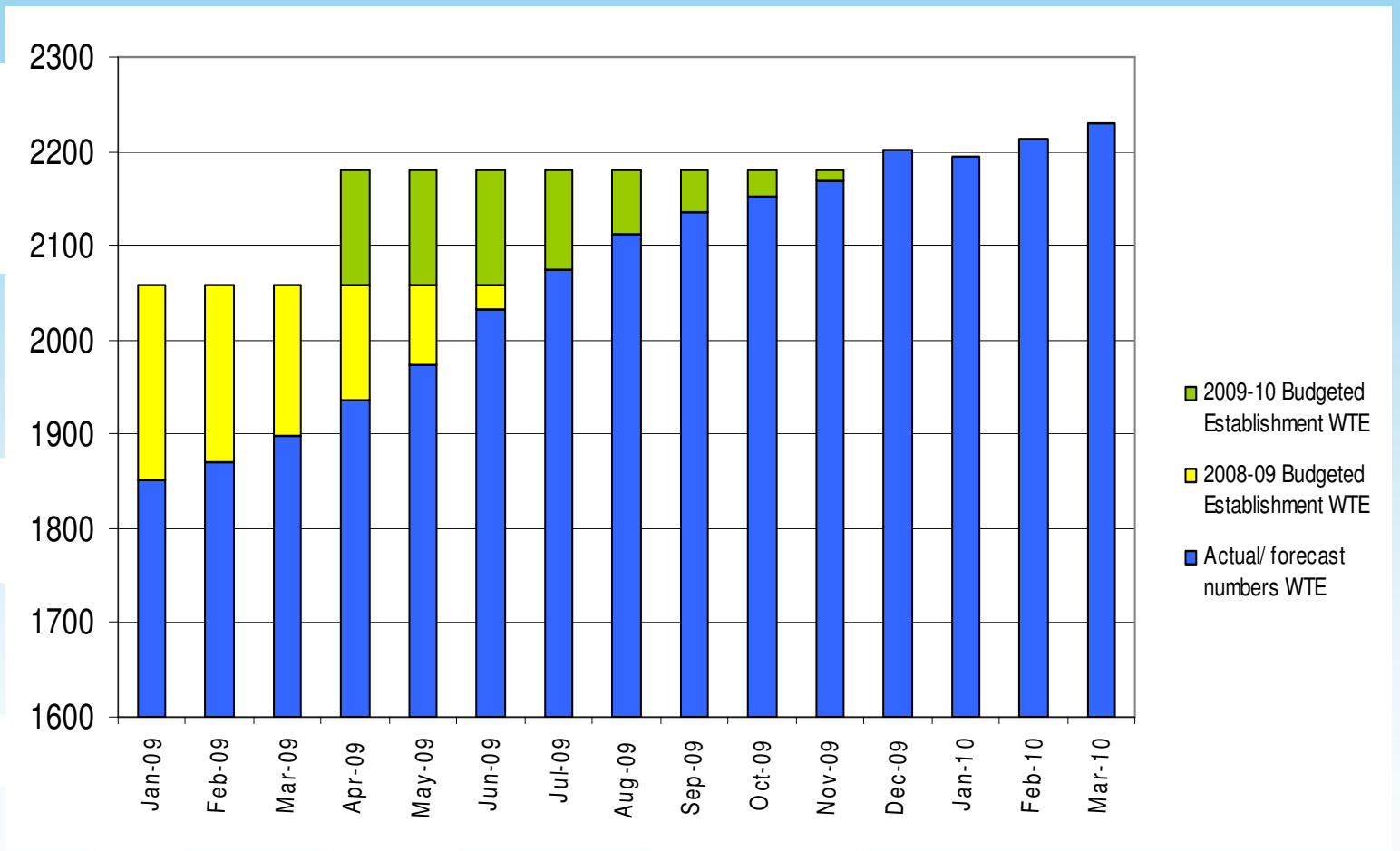
Short term

- REAP level 4
- Maximise capacity

Sustainable improvement

- Increased car hours
- Faster start of call
- Better deployment
- Quicker turnaround

3.8 A&E workforce



3.9 Key risks

- Uncommissioned demand increases
- WY urgent care changes
- Inability to generate short term capacity
- Industrial relations issues
- Patient Transport Services

4 Patient Transport Services

- Changed skill mix
- Centralised booking
- Automated processes
- Increased quality/reduced cost

5 Summary

- Clear diagnosis of problems
- Demonstrable improvements
  - Access targets
  - Clinical performance indicators
  - Core standards
- Focus on sustainable improvement
- Supplemented by pragmatic short term action
- Clear strategic direction

5 Summary (continued)

- Wrote to Chairs of OSCs 13 February 2009 requesting comments for the declaration
- Comments to reach Lisa Youle by initially 25 March 2009. Extend to 6 April.
- Any questions?
- lisa.youle@yas.nhs.uk

2007-08

Actual

2007-08

Use of Resources Rating	
Financial Reporting How good are the organisation's financial accounting and reporting arrangements?	Fair
Financial Management How well does the organisation plan and manage its finances?	Fair
Financial Standing How well does the organisation safeguard its financial standing?	Fair
Internal Control How well does the organisation's internal control environment enable it to manage its significant business risks?	Fair
Value For Money How good are the organisation's arrangements for managing and improving value for money?	Fair
Overall Use of Resources Rating	**FAIR**

Quality of Services Rating	
Element	
Core Standards	Not Met
Existing National Targets	Partly Met
New National Targets	Good
Overall Quality Rating	**WEAK**

2007-08 Quality of Service - Core Standards

Safety

C01a – patient safety	Compliant
C01b – patient safety	Compliant
C02 – child protection	Not met
C03 – NICE intervention procedures	N/A
C04a – HCAI/MRSA	Not met
C04b - medical devices	Compliant
C04c – reusable medical devices	N/A
C04d - medicines mgt	Not met
C04e – waste mgt	Not met

Clinical & cost effectiveness

C05a - NICE technology appraisals	Compliant
C05b - clinical supervision	Compliant
C05c - updating clinical skills	Not met
C05d – regular clinical audit	Not met
C06 – meeting patients' needs	Compliant

Governance

C07a/c governance & risk mgt	Compliant
C07b – accountability & use of resources	Compliant
C07e – equality & diversity	Not met
C08a - whistle-blowing	Compliant
C08b – org & personal development	Not met
C09 – information governance	Not met
C10a - employment checks	Compliant
C10b - profes codes of practice	Compliant
C11a - recruitment and training	Compliant
C11b - mandatory training	Not met
C11c - CPD	Compliant
C12 - research governance	Compliant

Patient focus

C13a - dignity and respect	Compliant
C13b – patient information	Not met
C13c – patient information	Compliant
C14a - complaints procedure	Compliant
C14b – non-discrimination	Compliant
C14c – acting on patient concerns	Compliant
C16 – publications & info services	Not met

Accessible & Responsive Care

C17 - patient and public involv't	Not met
C18 - equity, choice	Not met

Care Environ & Amenities

C20a - safe, secure environ	Compliant
C20b - privacy and confidentiality	Compliant
C21 - clean, well designed environment	Compliant

Public health

C22a/c - public health partnerships	Compliant
C22b – director of PH annual report	N/A
C23 – disease prevention	Compliant
C24 - emergency preparedness	Compliant

Overall Performance	**NOT MET**

2007-08 Quality of Service

Existing National Targets		
Indicator	**Perform-ance**	**Rating**
Category A calls meeting eight minute target Met ≥75%; underachieved ≥70%; not met <70%	73%	Under-achieved
Category A calls meeting 19 minute target Met ≥95%; underachieved ≥90%; not met <90%	96%	Met
Category B calls meeting 19 minute target Met ≥95%; underachieved ≥80%; not met <80%	92%	Under-achieved
Thrombolysis - 60 minute Call-to-Needle time Met: either ≥ 68% or ≥38% with a 10% increase between 04-05 and 07-08 Underachieved: either ≥ 38% with a 10% increase between 04-05 and 07-08 Not met: either ≥ 38% without a 10% increase between 04-05 and 07-08	66%	Under-achieved
Overall rating	**PARTLY MET**	

New National Targets	
Element	**Rating**
Participation in audits	Met
Emergency response to stroke and transient ischemic attack	Met
Infection control	Under-achieved
Compliance with self-harm guidelines	Met
Compliance with guidelines concerning obesity	Met
Overall rating	**GOOD**

2008-09

Forecast position

2008-09

Use of Resources Rating	
Financial Reporting How good are the organisation's financial accounting and reporting arrangements?	Good
Financial Management How well does the organisation plan and manage its finances?	Good
Financial Standing How well does the organisation safeguard its financial standing?	Good
Internal Control How well does the organisation's internal control environment enable it to manage its significant business risks?	Fair
Value For Money How good are the organisation's arrangements for managing and improving value for money?	Fair
Overall 'Use of Resources' Rating	**FAIR**

Quality of Services Rating	
Element	
Core Standards	Partly Met
Existing National Targets	Not Met
New National Targets	?* Scoring thresholds TBC
Overall Quality Rating	**WEAK**

2008-09 Quality of Service – Core Standards

Safety

C01a – patient safety	Compliant
C01b – patient safety	Compliant
C02 – child protection	Compliant
C03 – NICE intervention procedures	Compliant
C04a – HCAI/MRSA	Not met
C04b - medical devices	Not met
C04c – reusable medical devices	Not met
C04d - medicines mgt	Not met
C04e – waste mgt	Not Compliant

Clinical & cost effectiveness

C05a - NICE technology appraisals	Compliant
C05b - clinical supervision	Compliant
C05c - updating clinical skills	Compliant
C05d – regular clinical audit	Compliant
C06 – meeting patients' needs	Compliant

Compliant	30
Not Met (Amber –Met in year)	10
Not Met (Red)	2

Governance

C07a/c governance & risk mgt	Compliant
C07b – accountability & use of resources	Compliant
C07e – equality & diversity	Not met
C08a - whistle-blowing	Compliant
C08b – org & personal development	Not met
C09 – information governance	Not met
C10a - employment checks	Compliant
C10b - profes codes of practice	Compliant
C11a - recruitment and training	Not met
C11b - mandatory training	Not met
C11c - CPD	Compliant
C12 - research governance	Compliant

Patient focus

C13a - dignity and respect	Compliant
C13b – patient information	Compliant
C13c – patient information	Compliant
C14a - complaints procedure	Compliant
C14b – non-discrimination	Compliant
C14c – acting on patient concerns	Compliant
C16 – publications & info services	Compliant

Accessible & Responsive Care

C17 - patient and public involv't	Not met
C18 - equity, choice	Not met

Care Environ & Amenities

C20a - safe, secure environ	Compliant
C20b - privacy and confidentiality	Compliant
C21 - clean, well designed environment	Not met

Public health

C22a/c - public health partnerships	Compliant
C22b – director of PH annual report	Compliant
C23 – disease prevention	Compliant
C24 - emergency preparedness	Not met

Overall Performance	**PARTLY MET**

2008-09 Quality of Service

Existing National Targets		
Indicator	**Perform-ance**	**Rating**
Category A calls meeting eight minute target Met ≥75%; underachieved ≥70%; not met <70%	69%	Not met
Category A calls meeting 19 minute target Met ≥95%; underachieved ≥90%; not met <90%	96%	Met
Category B calls meeting 19 minute target Met ≥95%; underachieved ≥80%; not met <80%	90%	Under-achieved
Thrombolysis - 60 minute call-to-needle time Met: either ≥ 68% or ≥38% with a 10% increase between 04-05 and 07-08 Underachieved: either ≥ 38% with a 10% increase between 04-05 and 07-08 Not met: either ≥ 38% without a 10% increase between 04-05 and 07-08	62%	Under-achieved
Overall rating		**Not Met**

New National Targets	
Element	**Rating**
Emergency response to stroke and transient ischemic attack	Expect to meet
Management of hypoglycaemia	?
Management of asthma	?
Management of patients with cardiac arrest	?
Management of acute myocardial infarction	?
Overall rating	**?**

*Scoring thresholds not yet published by HCC

2009-10

Forecast position

2009-10

Use of Resources Rating	
Financial Reporting How good are the organisation's financial accounting and reporting arrangements?	Good
Financial Management How well does the organisation plan and manage its finances?	Good
Financial Standing How well does the organisation safeguard its financial standing?	Good
Internal Control How well does the organisation's internal control environment enable it to manage its significant business risks?	Fair
Value For Money How good are the organisation's arrangements for managing and improving value for money?	Fair
Overall 'Use of Resources' Rating	**FAIR**

Quality of Services Rating	
Element	
Core Standards	Met
Existing National Targets	Partly Met
New National Targets	?* Scoring thresholds TBC
Overall Quality Rating	**FAIR**

2009-10 Quality of Service – Core Standards

Safety

C01a – patient safety	Compliant
C01b – patient safety	Compliant
C02 – child protection	Compliant
C03 – NICE intervention procedures	Compliant
C04a – HCAI/MRSA	Compliant
C04b - medical devices	Complaint
C04c – reusable medical devices	Compliant
C04d - medicines mgt	Not met
C04e – waste mgt	Not Compliant

Clinical & cost effectiveness

C05a - NICE technology appraisals	Compliant
C05b - clinical supervision	Compliant
C05c - updating clinical skills	Compliant
C05d – regular clinical audit	Compliant
C06 – meeting patients' needs	Compliant

Compliant	40
Not Met (Amber –Met in year)	2

Governance

C07a/c governance & risk mgt	Compliant
C07b – accountability & use of resources	Compliant
C07e – equality & diversity	Compliant
C08a - whistle-blowing	Compliant
C08b – org & personal development	Compliant
C09 – information governance	Compliant
C10a - employment checks	Compliant
C10b - profes codes of practice	Compliant
C11a - recruitment and training	Compliant
C11b - mandatory training	Compliant
C11c - CPD	Compliant
C12 - research governance	Compliant

Patient focus

C13a - dignity and respect	Compliant
C13b – patient information	Compliant
C13c – patient information	Compliant
C14a - complaints procedure	Compliant
C14b – non-discrimination	Compliant
C14c – acting on patient concerns	Compliant
C16 – publications & info services	Compliant

Accessible & Responsive Care

C17 - patient and public involv't	Not met
C18 - equity, choice	Compliant

Care Environ & Amenities

C20a - safe, secure environ	Compliant
C20b - privacy and confidentiality	Compliant
C21 - clean, well designed environment	Compliant

Public health

C22a/c - public health partnerships	Compliant
C22b – director of PH annual report	Compliant
C23 – disease prevention	Compliant
C24 - emergency preparedness	Not met

Overall Performance	**Met**

2009-10 Quality of Service

Existing National Targets

Indicator	Perform-ance	Rating
Category A calls meeting eight minute target Met ≥75%; underachieved ≥70%; not met <70%		Met
Category A calls meeting 19 minute target Met ≥95%; underachieved ≥90%; not met <90%		Met
Category B calls meeting 19 minute target Met ≥95%; underachieved ≥80%; not met <80%		Under-achieved
Thrombolysis - 60 minute call-to-needle time Met: either ≥ 68% or ≥38% with a 10% increase between 04-05 and 07-08 Underachieved: either ≥ 38% with a 10% increase between 04-05 and 07-08 Not met: either ≥ 38% without a 10% increase between 04-05 and 07-08		Under-achieved
Overall rating		**Partly met**

New National Targets

Element	Rating
Emergency response to stroke and transient ischemic attack	Expect to meet
Management of hypoglycaemia	?
Management of asthma	?
Management of patients with cardiac arrest	?
Management of acute myocardial infarction	?
Overall rating	**?**

*Scoring thresholds not yet published by HCC

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Health Scrutiny Committee **11th May 2009**

Report of the Head of Civic, Democratic & Legal Services

Update on Dental Services

Summary

1. The purpose of this report is to provide Members with an update on the provision of NHS dental services in York and to present information requested at previous meetings held on 5th January 2009 and 2nd February 2009.

Background

2. Members of the Health Scrutiny Committee receive regular updates from NHS North Yorkshire and York (formerly North Yorkshire & York Primary Care Trust) regarding dental services in York.

3. At a meeting on 7th July 2008 Members requested that future updates be provided in writing so that they could form part of the published agenda. They also requested that written updates be provided in the form of a 'standard template' in order that data reported was presented in a manner that was easily interpreted.

Information Requested at the meeting held on 5th January 2009

4. At a meeting on 5th January 2009 Members expressed concern that a number of the charts presented to them had made it difficult to view trends. They therefore requested that the Assistant Director of Commissioning and Service Development at NHS North Yorkshire & York include the following information as part of the quarterly update to the Committee:

   - Information should relate to the Selby/York area only
   - The number of dentists in the York area
   - The number of new dentists in the York area
   - The number of dentists providing NHS treatment in the York area
   - Information on the number of residents who do not see a dentist at all
   - To investigate the possibility of showing the information on 'waiting times for patients still on the list' as a mean average over a length of time rather than at a specific point in time

5. NHS North Yorkshire & York have provided their next quarterly update and this is attached at Annex A to this report.

Information Requested at the meeting held on 2nd February 2009

6. At their meeting on 2nd February 2009 Members considered a scrutiny topic on 'Access to Dental Services', submitted by Councillor Moore. For reference purposes, the topic registration form is attached at Annex B to this report. After consideration the Committee decided to defer their decision on whether this topic should progress to review until they had received information on the following:

   - The next quarterly update from NHS North Yorkshire & York on dental services in York attached at Annex A to this report
   - Confirmation as to whether LINks was intending to look at dental provision as part of their work plan
   - Further information on whether North Yorkshire County Council's Health Scrutiny Committee are intending to carry out a review in relation to access to dental services to determine whether a joint review could be an option
   - A briefing note regarding the arrangements that Doncaster PCT has put in place in respect of Units of Dental Activity (UDA). This is attached at Annex C to this report.

7. York LINk (Local Involvement Network) has recently held its first Annual General Meeting (AGM) where voting took place on what items should be on its work plan. A representative of the LINk has confirmed that they will not be looking at dental provision as part of their work plan.

8. Discussions with the Health Scrutiny Officer at North Yorkshire County Council indicated that their Scrutiny of Health Committee does not intend to carry out a review on NHS dentistry at the present time. They do, however, intend to continue to monitor the situation in their area via regular reports to Committee. North Yorkshire County Council have elections in June this year, and the make up of the Committee and work plan priorities may therefore change.

Consultation

9. This report is part of ongoing consultation between Members and the various Health Trusts. The following have been consulted on the preparation of this report:

   - York LINk
   - NHS North Yorkshire & York
   - NHS Doncaster

10. In relation to the registered scrutiny topic on 'Access to Dental Services' the following were consulted at the time the feasibility report was prepared:

    - Portfolio holder for Housing & Adult Social Services (HASS)
    - Director of HASS
    - NHS North Yorkshire & York

11. The Assistant Director of Commissioning and Service Development at NHS North Yorkshire & York will attend today's meeting to answer any questions that Members may have on the information provided.

Options

12. Members may wish to consider:

- Whether they wish to make any further amendments to the type of information included within the standard report writing template
- Whether they wish to continue receiving quarterly updates on dental services in York from NHS North Yorkshire & York.
- Whether they wish to go ahead with the 'Access to Dental Services' Review topic submitted to the Committee by Councillor Moore and discussed at their meeting on 2nd February 2009.

Analysis

13. Although receiving regular updates is invaluable in keeping Members informed of progress regarding developments in dental services, Members may wish to consider whether this will have an impact on other work scheduled on the current work plan.

14. If Members should chose to undertake a review on 'Access to Dental Services' it is suggested that they wait until the new scrutiny structure is in place. This would enable them to form a small working group, comprised of some of the Committee Members to look at the topic. Any working group would report back to the Healthy City Overview and Scrutiny Committee with regular updates on progress. Should Members choose to go ahead with a review a draft remit is attached at Annex D to this report.

Corporate Priorities

15. This report relates to the following Corporate Priority

'Improve the health and lifestyles of the people who live in York, in particular among groups whose levels of health are the poorest.'

Implications

16. **Financial** – There is a small amount of funding available within the scrutiny budget to carry out reviews. There are no other known financial implications associated with this report however; implications may arise should the review be progressed.

17. **Human Resources** – There are no known human resources implications associated with this report.

18. There are no known equalities, legal, crime & disorder, information technology, property or other implications associated with this report.

Risk Management

19. In compliance with the council's risk management strategy there are no known risks associated with the recommendations in this report.

Recommendations

20. Members are asked to:

(i) Note the report and the update from NHS North Yorkshire & York

(ii) Decide whether they wish to amend/add to the type of information included in the standard reporting template

(iii) Decide whether they wish to go ahead with the scrutiny topic on 'Access to Dental Services' put forward by Councillor Moore and initially discussed at the Health Scrutiny meeting on 2nd February 2009 and if so, agree a remit.

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

Contact Details

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Quentin Baker
Head of Civic, Democratic & Legal Services
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Report Approved ✓ **Date** 30th April 2009

Specialist Implications Officer(s)
None

Wards Affected: **All** ✓

For further information please contact the author of the report

Background Papers:

None

Annexes

Annex A	Quarterly update to Health Scrutiny Committee from NHS North Yorkshire & York in relation to dental services in York
Annex B	Scrutiny Topic Registration Form – 'Access to Dental Services'
Annex C	Briefing Note on Units of Dental Activity
Annex D	Draft remit for proposed scrutiny topic

Annex A

North Yorkshire and York NHS
Primary Care Trust

Report To: **City of York Council Health Scrutiny Committee - 11th May 2009**

Report From: **Amanda Brown Assistant Director of Commissioning and Service Development**

Report Subject: **Dental Services**

1. Introduction

This paper provides updated information to the OSC about the numbers of patients accessing NHS dental services and the length of time patients are on the dental access database before they are allocated to a dentist.

At the last meeting members asked that the information provided related to the Selby & York area only and information on the number of dentists in the area providing NHS services.

The information is derived from nationally negotiated dental contracts and in the case of the access database records, which are kept by the PCT.

2. Numbers Of New Patients Seen

Table 1: The number of new patients seen by NHS dentists in the City of York area during the in the previous 24 months by quarter commencing 1st April 2008

Patients seen in 24 months	**Total**
Quarter ending March 2008	89,536
Quarter ending June 2008	92,566
Quarter ending September 2008	95,725
Quarter ending December 2008	98,666
Quarter ending March 2009	100,840
Variance since March 2008	12.6%

Explanation:

The Department of Health has set performance targets for each PCT on the number of new patients who have seen a dentist in the previous 2 years.

Annex A

Targets are not set by localities within the PCT as patients can be seen by any dentist.

This information relates to patients who have been seen and treated by a dentist based in the City of York for the first time under NHS contract either for dental or orthodontic treatment during the previous 24 months where the dentist has submitted a claim for payment. This information is derived from information provided by the Dental Business Service to practices since April 2008 and related to dental practices in the York area, the patients may reside outside York.

3. Residents Who Do Not See A Dentist

The OSC have asked for information on the number of residents who do not see a dentist at all. Under the NHS dental contract the public can seek treatment from any NHS dentist and information is not collected the area of residence of patients.

For planning purposes based on historic trends approximately 40% of the population do not use NHS dental services on a regular basis. This may be because they prefer to use emergency dental services on an ad hoc basis, or they are not exempt from treatment but cannot afford NHS charges, or they are receiving treatment privately and prefer to stay with a private dentist that they know.

The City of York population 2006 mid year estimate was 191,800 if we take off a small number for people without dentition, 40% is the equivalent of 75,920 people, some of whom who may be accessing dental care either through the emergency dental service, the NHS salaried service, private dentists or not at all.

3. Access – New Patients Assigned to a Dentist

Table 2: The numbers of patients assigned to a dentist from the database for the period 1 April 2008 – 31st March 2009

Locality	April - June	July - Sept	Oct - Dec	Jan – Mar	TOTAL
Selby & York	1,789	5,684	4219	3221	14,913

4. Demand for NHS Primary Care Dentistry

Table 3: The numbers of patients who have been added to the database for the period 1 April 2008 – 31st March 2009

Locality	April - June	July – Sept	Oct - Dec	Jan-Mar	Total

Annex A

Selby & York	2,044	2,368	3,308	3889	11,609

Table 4: The number of patients on the database waiting to be assigned to a dentist for period 1 April 2008 – 31st March 2009

Locality	April - June	July – Sept	Oct – Dec	Jan-Mar	Total
Selby & York	4759	1443	1250	3482	10,934

Explanation-Table 4 indicates the number of patients on the data base when the count was undertaken. April to June includes patients who were already on the list.

5. Waiting times

The OSC requested the information as provision of a mean average over a length of time for patients still on the list.

Table 5: Waiting Times for Patients for patients who were on the access data base between January and March 09

Waiting times for patients on the waiting list: Jan-March 2009	Average no of patients
<1 month	677
1-2 months	353
2-3 months	24
3-4 months	18
4-5 months	16
5-6 months	6
6-7 months	7
Over 7 months	58

Explanation-Table 5 shows the average number of patients by months waited for patients who have been on the data base between January and March.

The PCT suggests that as the waiting time is relatively short and the waiting list is affected by additions to the list encouraged by promotion of the opportunity to join the list and assignments to dentists that a more accurate picture of trends in waiting times can be obtained by reporting monthly information recorded at a point in time, usually at monthly intervals.

The PCT welcomes the opportunity to discuss the information with the OSC at the next meeting to ensure the data meets the OSC`s requirements.

Annex A

6. Supply of Primary Dental Services

There are currently 18 NHS Practices in the City of York area. The PCT has no commissioning relationship with private dentists. There are approximately 5 fully private practices.

Workforce information is not required under the contract which is commissioned on activity.

The PCT maintains a list of dental peformers who are required to meet regulatory requirements before practising in the area. However their sessional commitment and place of work may vary and cannot be regarded as an indicator of workforce in the area.

The PCT has discussed with the Local Dental Committee undertaking a workforce survey and will share the information with the OSC.

Annex B

Scrutiny topic registration form

Fields marked with an asterisk * are required.

* Proposed topic:	Access to dental services in York
* Councillor registering the topic	Moore - Councillor Richard Moore
Submitted due to an unresolved 'Cllr Call for Action' enquiry	☐

Please complete this section as thoroughly as you can. The information provided will help Scrutiny Officers and Scrutiny Members to assess the following key elements to the success of any scrutiny review:

How a review should best be undertaken given the subject
Who needs to be involved
What should be looked at
By when it should be achieved; and
Why we are doing it ?

Please describe how the proposed topic fits with 3 of the eligibility criteria attached.

	Yes?	Policy Development & Review	Service Improvement & Delivery	Accountability of Executive Decisions
Public Interest (ie. in terms of both proposals being in the public interest and resident perceptions)	☑	☐	☑	☐
Under Performance / Service Dissatisfaction	☑	☑	☑	☐
In keeping with corporate priorities	☐	☐	☐	☐
Level of Risk	☐	☐	☐	☐
Service Efficiency	☐	☐	☐	☐
National/local/regional significance e.g. A central government priority area, concerns joint working arrangements at a local 'York' or wider regional context	☑	☑	☑	☐

Set out briefly the purpose of any scrutiny review of your proposed topic. What do

Annex B

you think it should achieve?

A review should examine the provision of NHS dental services in York. At present the reports supplied to the HSC are high-level statistics, which may or may not bear any resemblance to the actuality. A successful review will determine whether the provision of dental services is effective. Examples of whether patients receive the treatment they require when they require it are as follows.

1.A patient can be assigned to a dentist, and thus removed from the PCT database. After an initial check up with a dentist they may be told that they need treatment and the wait for this treatment can be lengthy. It could therefore be argued that the patient is not receiving the treatment they require when they require it.

2. Some dentists charge in advance of providing treatment and will not make the patient an appointment for treatment needed until the balance has been paid in full.

In summary, the intention of this scrutiny review would be to determine whether patients can get the treatment they need when they need it and if not to make recommendation to the PCT to improve their service, or if necessary for the Health Scrutiny Committee to use their powers to refer the matter to the Secretary for State of Health.

*** Please explain briefly what you think any scrutiny review of your proposed topic should cover.**

The review should firstly be about patient experience and should examine the provision of services from a patient perspective. Secondly, it should investigate the system of "units of dental activity" (UDA) and determine (a) how the units are allocated, and (b) whether this system is effective in ensuring that there are sufficient units to maintain the service throughout the period for which they are allocated, so that patients can receive treatment. It should also consider whether there are alternative ways in which to guarantee that patients receive the treatment they require when they require it.

*** Please indicate which other Councils, partners or external services could, in your opinion, participate in the review, saying why.**

This would require the assistance of the PCT, the dental equivalent of the LMC, interviews with residents to gather information (which could probably be done through such organisations as Age Concern, the Older People's Assembly and other voluntary organisations), and those dental practices, which offer NHS treatment.

*** Explain briefly how, in your opinion, such a review might be most efficiently undertaken?**

It would be for members of the HSC to consider how best this topic should be progressed, though the organisations mentioned above could be contacted for information. This would form a basis on which to determine the severity of the concern. The manner in which "units of dental activity" are allocated should be investigated, to

determine whether this is on a per capita basis, by the number of dentists in the

Annex B

practice, or by some other means. The question should then be "is this the best method?" The issue of missed appointments should be examined, to discover whether this has an impact on provision and, if so, the severity of the problem.

Estimate the timescale for completion.

- ☐ 1-3 months
- ◉ 3-6 months
- ☐ 6-9 months

Support documents or other useful information

Warning: This item is published and cannot be updated
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Date submitted: Tuesday, 6th January, 2009, 8.55 pm

Submitted by: Councillor Richard Moore

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Annex C

Briefing Note on Units of Dental Activity

Background

Since April 2006, UK NHS dentists have been paid according to how many "Units of Dental Activity" (UDA) they undertake in a year.

In April 2006 each Primary Care Trust (PCT) was given a budget (devolved from the Department of Health) for dental commissioning. Included in this budget was a 'planning assumption' target level of UDAs, which was linked to Patient Charge Revenue (PCR) i.e. the amount of money collected by the dentist from the patient.

A typical example of this is set out below:

Gross funding	£20m
UDAs (planning assumption)	500,000
PCR	£5m
Net funding	£15m

[Please note that the figures above are just an example]

The assumption is that if the PCT commissioned 500,000 UDAs it would generate £5m in patient charges; therefore the PCT would actually receive £15m central funding.

There are two types of contract General Dental Services (GDS) and Personal Dental Services (PDS). In April 2006 for those dental practices that held a GDS contract a calculation was made by the Dental Practice Board, which determined the number of UDAs they had to deliver for the contract value they had been guaranteed. This calculation looked at all the different claims they had made in a 'test period' (October 2004 to September 2005) and the amount of payment they had received.

Before the new system there were around 400 items of service, which, as of April 2006, were narrowed to three treatment bands to determine the equivalent number of UDAs that a dentist would be required to deliver under the new arrangements. During the test period different dentists may have given more or less of a particular type of treatment. The outcome of this was that you could have 10 different GDS contracts (contract will be the same but UDA rate different) with 10 different UDA rates. In PCTs where there are a significant number of GDS contracts they will, therefore, be paying different rates to each contractor.

PDS contracts are more flexible, locally agreed arrangements and can allow the PCT to propose a standard rate for a UDA. Generally PDS contracts had a higher UDA rate and were fixed term until 2009. PCTs are no longer encouraged by the Department of Health to offer PDS contracts. In Yorkshire dentists who offer specialist services continue to have a PDS contract as these cannot be accommodated by the standard GDS contract.

Annex C

UDA rates vary around the country, The actual cash value of a UDA is set by the local NHS Primary Care Trust in discussion with the individual Dental Practice. Once the original contract value was set most PCTs have not re-negotiated this value. If additional services are commissioned then this has gone through a tender process where several criteria are taken into account to decide where the contract is allocated. These criteria can include price per UDA.

If a dentist does a simple course of treatment, such as an examination (Band 1) they will be awarded 1 UDA. A treatment that involves fillings or extractions (Band 2) will earn the dentist 3 UDAs, and a course of treatment that needs lab work (Band 3) (like dentures or crowns) earns 12 UDAs.

Units of dental activity for non – orthodontic treatment
(These are set nationally and do not vary between PCTs)

•Band 1 treatments	1 unit	•Arrest of Bleeding	1.2 units
•Band 2 treatments	3 units	•Denture Repairs	1 unit
•Band 3 treatments	12 units	•Bridge Repairs	1.2 units
•Urgent Treatments	1.2 units	•Removal of Sutures	1 unit
		•Issue of Prescription	0.75 units

EXAMPLES

Course	***Band***	***Units***
•Exam & scale and polish	1	1
•Exam & filling	2	3
•Exam, filling & fit dentures	3	12
•Repair of bridge & issue of prescription	Free	1.2

How it works in York

York area initially negotiated each contract using an average value per UDA (around £23) with each dental practice. Each practice has been contracted to provide a certain amount of UDAs per year.

How it works in Doncaster

The majority of contracts in Doncaster were PDS Agreements, which made it easier to propose a standard rate for each UDA be applied. They thought that it was difficult to justify why one dentist should get paid more than another per UDA for providing the same service.

They have also introduced a Quality and Outcomes Framework, which gives dental contractors a financial incentive to adopt and implement best practice.

Annex C

Observations

The system adopted by Doncaster could reduce competition, but in practice, they have found that this is not the case. As they are all paid the same flat rate dentists do not tend to move from one local practice to another as everyone is, effectively, treated the same.

Investment in service with a value above the EU limits places a requirement to procure services through an open and transparent procurement process, which will result in different UDA values.

The investment in North Yorkshire GDP dental services is more than twice of that in Doncaster. This is a reflection of the relative size of populations of the organisations and number of practices.

Quality Outcome measures are slightly different :

	Doncaster	North Yorkshire
Patients reattending within 3 months	17.8	17.0
Patients reattending between 3 and 9 months	48.9	55.9
Band 1 courses	8.2	5.9
% patients satisfied with course of treatment	92%	94%
% patients satisfied with length of waiting time for appointment	82 %	89%

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Annex D

Draft Remit

Access to Dental Services in York
Health Scrutiny Committee

Aim

To determine whether the provision of dental services is effective and to determine whether patients can get the treatment they need when they need it.

Key Objectives

i. To examine patient experience of dental service provision.

ii. To examine and understand the system of 'Units of Dental Activity' (UDA) and determine:

- How the units are allocated (per capita, number of dentists within the practice or by some other means).
- Whether this system is effective in ensuring that there are sufficient units to maintain the service throughout the period for which they are allocated, so that patients can receive treatment.

iii. To examine if there are any alternative ways in which to ensure patients receive the treatment they require when they require it.

iv. To examine whether missed appointments have an impact on service provision and if so the severity of this impact.

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Health Scrutiny Committee **11th May 2009**

Report of the Head of Civic, Democratic & Legal Services

Update on Alcohol Reduction Strategy

Summary

1. The purpose of this report is to provide Members with an update on information related to the Alcohol Reduction Strategy and to provide answers to questions raised at a previous meeting of the Committee held on 2nd February 2009.

Background

2. At a meeting on 2nd February 2009 Members of the Committee were asked to consider a feasibility study registered by Councillor Sue Galloway. Her topic registration form had requested the Committee scrutinise the performance and value for money of the North Yorkshire & York NHS's alcohol treatment services, particularly in relation to hospital admissions and the impact on NI (National Indicator) 39 of the Local Area Agreement (LAA). A copy of the registration form is attached at Annex A to this report for reference.

3. After consideration of the feasibility report and the information provided by the two health trusts Members decided to defer making a decision on whether this scrutiny topic should be progressed until further information had been provided.

4. Members requested that a joint briefing note be prepared by the trusts and this should include:

- Clarification as to the data that is currently collected
- Confirmation of targets and how these are reported (including the definition of an alcohol related hospital admission)
- Historical data
- Feedback from the pilot being carried out by Harrogate Accident and Emergency Department in respect of the electronic collection of data

5. A briefing note, prepared by Rachel Johns, Associate Director of Public Health and Melanie Bradbury, Assistant Director of Vulnerable People and Third Sector Commissioning is attached at Annex B and Annex BA to this report. Annex B contains details on alcohol harm related admissions and Annex BA contains the technical detail for calculation of the rates for alcohol-harm related admissions.

6. Statistics relating to A&E attendance at York Hospitals Foundation Trust are being prepared and will be presented at the meeting. Libby McManus, Chief Nurse at York Hospitals NHS Foundation Trust will be attending the meeting to present this data.

7. Feedback from the pilot being carried out by Harrogate Accident and Emergency Department in respect of the electronic collection of data is attached at Annexes C, D, E and F to this report.

Consultation

8. Representatives from York Hospitals NHS Foundation Trust and North Yorkshire and York NHS attended the meeting on 2nd February to give details of the work that was taking place regarding the setting of targets and the commissioning of services in respect of alcohol misuse.

Options

9. Members should consider whether they wish to go ahead with the proposed scrutiny topic on the 'Alcohol Harm Reduction Strategy' submitted to the Committee by Councillor Sue Galloway.

Analysis

10. If Members chose to undertake a review on this topic it is suggested that they wait until the new scrutiny structure is in place. This would enable them to form a small working group, comprised of some of the Committee Members to look at the topic. Any working group would report back to the Healthy City Overview and Scrutiny Committee with regular updates on progress. Should Members choose to go ahead with a review a draft remit is attached at Annex G to this report.

Corporate Priorities

11. This report relates to the following Corporate Priority

    'Improve the health and lifestyles of the people who live in York, in particular among groups whose levels of health are the poorest.'

Implications

12. **Financial** – There is a small amount of funding available within the scrutiny budget to carry out reviews. There are no other known financial implications associated with this report however; implications may arise should the review be progressed.

13. **Human Resources** – There are no known human resources implications associated with this report.

14. There are no known equalities, legal, crime & disorder, information technology, property or other implications associated with this report.

Risk Management

15. In compliance with the Council's risk management strategy, there are no known risks associated with the recommendations in this report.

Recommendations

16. Members are asked to:

    (i) Decide whether they wish to go ahead with the proposed scrutiny topic on the 'Alcohol Reduction Strategy' put forward by Councillor Sue Galloway and initially discussed at the Health Scrutiny meeting on 2nd February 2009 and if so, agree a remit.

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

Contact Details

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

Report Approved ✓ **Date** 30th April 2009

Specialist Implications Officer(s)
None

Wards Affected: **All** ✓

For further information please contact the author of the report

Background Papers:

Further information, including a poster, a consent form and a Healthy City Board Paper from March 2009 were also provided by NHS North Yorkshire & York.

Annexes

Annex A	Topic Registration Form
Annex B	Briefing Note on Alcohol Related Admissions
Annex BA	Annex to the Briefing Note on Alcohol Related Admissions
Annex C	Research Protocol (for pilot scheme being run in Harrogate)
Annex D	Information sheet (for pilot scheme being run in Harrogate)
Annex E	Flowchart (for pilot scheme being run in Harrogate)
Annex F	Survey (for pilot scheme being run in Harrogate)
Annex G	Draft Remit

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Annex A

Scrutiny topic registration form

Fields marked with an asterisk * are required.

*** Proposed topic:**	The performance and value for money of the North Yorkshire & York NHS's alcohol treatment services in particular, in relation to hospital admissions and the impact on NI 39 of the LAA
Cllr registering the topic	Councillor Susan Galloway
Submitted due to an unresolved 'Cllr Call for Action' enquiry	☐

Please complete this section as thoroughly as you can. The information provided will help Scrutiny Officers and Scrutiny Members to assess the following key elements to the success of any scrutiny review:

How a review should best be undertaken given the subject
Who needs to be involved
What should be looked at
By when it should be achieved; and
Why we are doing it?

Please describe how the proposed topic fits with 3 of the eligibility criteria attached.

	Yes?	Policy Development & Review	Service Improvement & Delivery	Accountability of Executive Decisions
Public Interest (i.e. in terms of both proposals being in the public interest and resident perceptions)	☑	☑	☑	☐
Under Performance / Service Dissatisfaction	☑	☐	☑	☐
In keeping with corporate priorities	☐	☐	☐	☐
Level of Risk	☐	☐	☐	☐
Service Efficiency	☐	☐	☐	☐
National/local/regional significance e.g. A central government priority area, concerns joint working arrangements at a local 'York' or wider regional context	☑	☑	☑	☑

*** Set out briefly the purpose of any scrutiny review of your proposed topic. What do**

you think it should achieve?

This should be a quick scrutiny to ensure that our partners, the North Yorkshire & York NHS have in place systems, which will monitor and give detailed information on NI39 of the LAA. This target is a key one for City of York Council in meeting the LAA objectives.

This review should achieve a process for collecting the information as detailed in the paragraphs below. Once this information is available it will allow Members to investigate the effect that alcohol is having on the health of the population of York.

*** Please explain briefly what you think any scrutiny review of your proposed topic should cover.**

Please refer to the minutes of the Gambling & Licensing Acts Committee of 05.12.08 - Members of the Gambling & Licensing Acts Committee have expressed concerns that York has not been collecting data for NI 39 (Alcohol - harm related hospital admission rates) of the Local Area Agreement (LAA).

It would be useful to know the answers to the following as part of this review:

1. In York, how many hospital admissions are specifically related to alcohol as their primary cause?
2. From where are these people taken? i.e. from city centre locations/premises or private/domestic settings.

The review should aim to change the way evidence regarding the above is collected, as ultimately these statistics would allow elected Members to investigate the effect that alcohol is having on York's citizens.

*** Please indicate which other Councils, partners or external services could, in your opinion, participate in the review, saying why.**

North Yorkshire & York Primary Care Trust, Safer York Partnership, Crime & Disorder Reduction Partnerships, CYC Officers, Nottingham PCT (possibly to inform the PCT of how they collect their data).

*** Explain briefly how, in your opinion, such a review might be most efficiently undertaken?**

The review should be short and comprise a scoping report, a half/full day of evidence collection and a final report with recommendations. The following questions should be explored and answered:

Why isn't any data being collected?
What data should be being collected
What is needed to make the PCT collect this data?
and; given all the above:
How would they propose to collect this data?

Annex A

Estimate the timescale for completion.

- (•) 1-3 months
- ( ) 3-6 months
- ( ) 6-9 months

Support documents or other useful information:

Agenda & Reports of the Gambling & Licensing Acts Committee meeting on 05.12.2008
Minutes of the above meeting
North Yorkshire Local Area Agreement 2008/11 – relevant alcohol indicators

Date submitted: Monday, 8th December, 2008, 11.36 am

Submitted by: Councillor Susan Galloway

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Annex B

Alcohol Harm Related Admissions

Prepared by Rachel Johns, Associate Director of Public Health and Melanie Bradbury, Assistant Director of Vulnerable People and Third Sector Commissioning.

Background

The impact of alcohol misuse on health and on community safety was highlighted as a priority within the Safer York and Healthy City partnerships. Alcohol-harm related admissions was the only alcohol related indicator in the National Indicator Set and was therefore agreed as an LAA target as the best indicator of action to reduce the impact of alcohol on the people of York. The target was agreed with Government Office of Yorkshire & Humber.

Definition

Annex B provides the technical detail for calculation of the rates for alcohol-harm related admissions. In summary the number of admissions to hospital that are deemed alcohol related are standardised to allow comparison. This includes admissions that are 100% attributable to alcohol and a proportion of other admissions such as for some cancers, circulatory disease and accidents. The detailed 'attributable fractions' for each cause of admission are set out on page 4 of Annex B.

Important Note: Attendances at A&E which do not result in a stay in hospital are not defined as admissions and are not included in this rate.

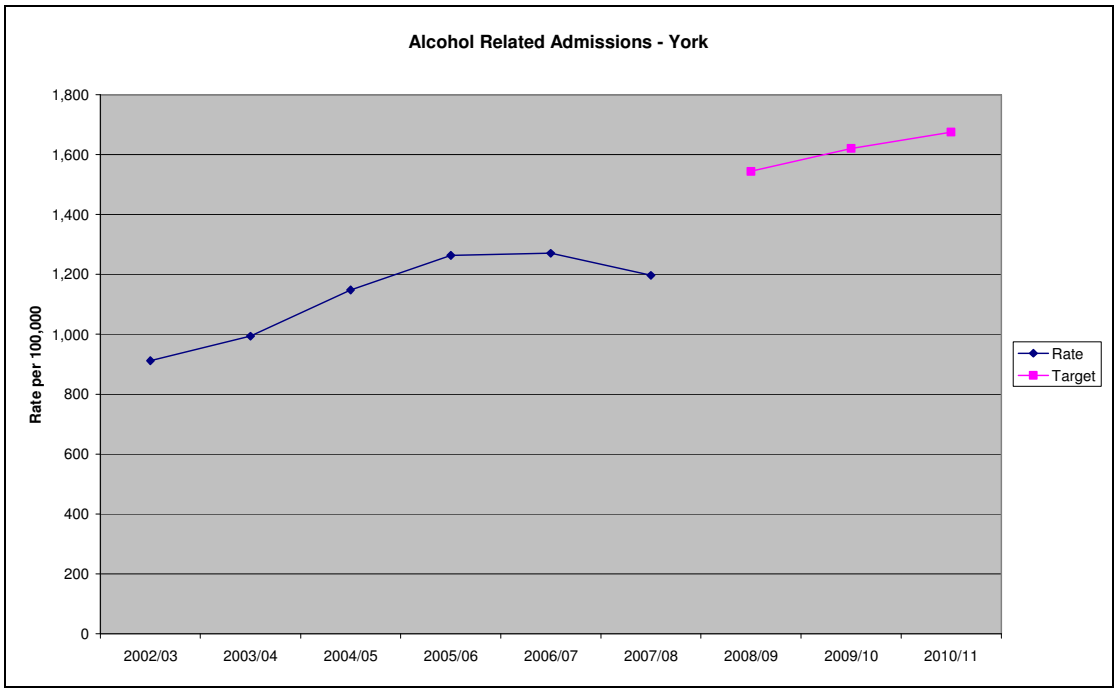
Data is calculated and provided on an annual basis by the North West Public Health Observatory on behalf of the whole country.

Progress

See Figure 1. Alcohol harm related admissions in York rose steadily in the period between 2002/03 and 2005/06, with a lower rate of increase in 2006/07. The most recently released data (released 7th April 2009) show that 2007/08 rate has declined which is very promising, and compares well to LAA targets. However, it is important to recognise that one reduced year does not constitute a trend and it will be important to maintain activity and monitor further data as it becomes available.

Annex B

Figure 1



Source NWPHO.

Revised for Nov 08 refresh

NWPHO draft (18th December 2008)

Hospital admissions for alcohol-related harm:

Technical Information and Definition for Vital Signs Indicator VSC26, National Indicator Set NI39 and Public Service Agreement Indicator 25.2

Introduction

This document provides a description of the methodology for the indicator of *Hospital admissions for alcohol-related harm*, which is included in three key indicator sets and performance management frameworks:

- Vital Signs Indicator VSC26
  The Vital Signs framework provides a series of indicators from which PCTs may select a number that reflect the priorities for health in that area.
  [www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_082542]
- National Indicator Set NI39
  The national indicators form part of a new performance framework for local authorities and local authority partnerships.
  [www.communities.gov.uk/localgovernment/performanceframeworkpartnerships/nationalindicators]
- Public Service Agreement Indicator 25.2
  PSAs set out the key priority outcomes the Government wants to achieve in the next spending period (2008-2011). [www.hm-treasury.gov.uk/pbr_csr/psa/pbr_csr07_psaindex.cfm]

The methodology was revised in November 2008 from that used when the indicator was first launched. This document sets out the methodological changes that have been made, the background to those changes, and the effect that they have had on the indicator.

The production of measures of admission to hospital related to alcohol is dependent upon identifying all conditions known to be either wholly or partially attributable to alcohol (ie. there is a risk associated with the consumption of alcohol) and the proportion of the population who might be affected (Box 1).

Box 1: Attributable Fractions (AF)

The epidemiological concept of attributable risk (AR) is defined as the absolute difference in risk of developing a disease between exposed and unexposed individuals. The concept can be extended from individuals to a population in the form of an attributable fraction (AF). The AF is defined as the proportion of cases arising in a population that can be attributed to exposure to a given risk factor, or alternatively as the proportionate reduction in cases that would be expected if the exposure were removed from the population. This measure is also known as the *population* attributable fraction (PAF), or the population attributable risk percent (PAR%).

The attributable fraction can be estimated directly from a representative case series if it is possible to identify those cases that arise as a direct result of exposure. More commonly, the AF is obtained indirectly by combining information on relative risk (RR) from epidemiological studies with estimates of exposure prevalence in the target population. Alcohol attributable fractions are specific to the population being studied, since alcohol consumption levels are expected to vary across populations.

The alcohol attributable fractions (AAFs) now used to calculate hospital admissions for alcohol-related harm match the fractions published by the North West Public Health Observatory (NWPHO) in July 2008, following a review commissioned by the Department of Health[1].
Briefly, *Alcohol-attributable fractions for England* identified relative risk estimates from a number of epidemiological reviews and studies of the health impacts of alcohol; estimates of different levels of alcohol consumption in the population were obtained from the General Household Survey 2005. From these a set of age group and gender specific AAFs were derived for each alcohol related condition, defined in terms of ICD10 codes. For most alcohol related conditions, relative risk estimates were only available for adults, and the AAF for persons aged 15 or under was set to zero. The exception was conditions for which alcohol is a contributory factor in all cases, e.g. acute alcohol intoxication, where the AAF was set to 1 for all age groups.

Indicator definition for VSC26 and NI39: Hospital admissions for alcohol-related harm

1. Identification of hospital admissions with alcohol related diagnoses

- Data source: Hospital Episode Statistics [www.hesonline.org.uk]
- The list of alcohol related ICD10 codes and associated age group and gender specific attributable fractions (AAFs) was taken from the findings of the recent DH review *Alcohol-attributable fractions for England* published in July 2008. Negative attributable fractions are not used (that is, they are set to zero).
- The following criteria were used to select records for analysis. The text in square brackets shows how the selection criteria were defined in terms of HES dataset fields. Further information can be found in the HES data dictionary [www.hesonline.org.uk/Ease/servlet/ContentServer?siteID=1937&categoryID=571]:
  - It was a finished episode [*epistat* = 3]
  - It was an admission episode [*epiorder* = 1]
  - The primary diagnosis or any of the 13 secondary diagnoses [*diag_01* to *diag_14*] contained an ICD10 code that was in the list of alcohol related codes in Table 1.
  - The sex of the patient was valid [*sex* = 1 or 2]
  - A valid age at start of episode was recorded [*startage* between 0-120 or between 7001-7007]
  - The admission was an ordinary admission,,day case or maternity [*classpat* = 1, 2 or 5]
  - The region of residence was one of the English regions, no fixed abode or unknown [*resgor* <= K or U or Y]

2. Estimating alcohol attributable admissions

- For each episode identified in step 1 above, an attributable fraction was applied, based on the diagnostic codes, age group and gender of the patient. Where there was more than one alcohol related ICD10 code among the 14 possible diagnostic codes, the one associated with the largest attributable fraction was selected. In the event of two or more codes with the same attributable fraction, the code from the earliest diagnostic position was used ['diagnostic position', takes an integer value between 1 and 14, corresponding to the 14 diagnosis fields *diag_01* to *diag_14*].
- Children aged under 16 were only included if they had an alcohol specific diagnosis i.e. where the attributable fraction = 1, meaning that alcohol consumption is a contributory

[1] Jones L, Bellis MA, Dedman D, Sumnall H, Tocque K. Alcohol-attributable fractions for England: Alcohol-attributable mortality and hospital admissions. Centre for Public Health, Liverpool John Moores University. 2008. (see www.nwph.net/alcohol/lape/nationalindicator.htm)

factor in all cases. For other conditions, estimates of the alcohol attributable fraction were not available for children.

- In some cases, the PCT of residence is recorded in the Hospital Episode Statistics data set but the Local Authority is not. To ensure that the figures for coterminous PCTs and LAs are the same, details of the Local Authority were added where this information could be ascertained from PCT residency.

3. Standardised rate calculation

- Alcohol attributable admissions from step 2 above were aggregated by age group (5-year age bands to age 84, and 85years and over), gender and area of residence.
- Mid-year population estimates were used to derive age group and gender specific rates for each area.
- The directly age standardised rate is obtained as a weighted sum of the age-group and gender specific rates, where the weights are the proportion of the European Standard Population in each age and gender group.
  [www.nchod.nhs.uk/NCHOD/Method.nsf/0/19bd7f5d961a822f65256cd2001eae50?OpenDocument]

Table 1: List of ICD codes used and attributable fractions for VSC26/NI39/PSA25.2 indicator: Rate of hospital admissions for alcohol related harm per 100,000 population.

ICD code	ICD name	Alcohol Attributable Fraction															
		0-16		16-24		25-34		35-44		45-54		55-64		65-74		75+	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
E24.4	Alcohol-induced pseudo-Cushing's syndrome	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
F10	Mental and behavioural disorders due to use of alcohol	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
G31.2	Degeneration of nervous system due to alcohol	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
G62.1	Alcoholic polyneuropathy	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
G72.1	Alcoholic myopathy	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
I42.6	Alcoholic cardiomyopathy	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
K29.2	Alcoholic gastritis	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
K70	Alcoholic liver disease	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
K86.0	Chronic pancreatitis (alcohol induced)	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
T51.0	Ethanol poisoning	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
T51.1	Methanol poisoning	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
T51.9	Toxic effect of alcohol, unspecified	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
X45	Accidental poisoning by and exposure to alcohol	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
C00-C14	Malignant neoplasm of lip, oral cavity and pharynx	0.00	0.00	0.50	0.40	0.50	0.35	0.49	0.36	0.53	0.35	0.50	0.33	0.44	0.26	0.36	0.20
C15	Malignant neoplasm of oesophagus	0.00	0.00	0.32	0.23	0.31	0.20	0.30	0.20	0.34	0.20	0.32	0.18	0.26	0.14	0.20	0.10
C18	Malignant neoplasm of colon	0.00	0.00	0.05	0.03	0.05	0.03	0.04	0.03	0.05	0.03	0.05	0.03	0.04	0.02	0.03	0.01
C20	Malignant neoplasm of rectum	0.00	0.00	0.08	0.06	0.08	0.05	0.08	0.05	0.09	0.05	0.08	0.05	0.07	0.03	0.05	0.03
C22	Malignant neoplasm of liver and intrahepatic bile ducts	0.00	0.00	0.16	0.11	0.15	0.10	0.15	0.10	0.17	0.10	0.16	0.09	0.13	0.07	0.10	0.05
C32	Malignant neoplasm of larynx	0.00	0.00	0.34	0.25	0.33	0.21	0.32	0.22	0.36	0.21	0.34	0.20	0.28	0.15	0.22	0.11
C50	Malignant neoplasm of breast	0.00	0.00	0.00	0.09	0.00	0.08	0.00	0.09	0.00	0.09	0.00	0.08	0.00	0.06	0.00	0.04
G40-G41	Epilepsy and Status epilepticus	0.00	0.00	0.56	0.64	0.58	0.59	0.58	0.61	0.61	0.61	0.61	0.57	0.51	0.45	0.42	0.35
I10-I15	Hypertensive diseases	0.00	0.00	0.34	0.24	0.33	0.19	0.32	0.20	0.37	0.20	0.34	0.18	0.27	0.13	0.20	0.09
I47-I48	Cardiac arrhythmias	0.00	0.00	0.35	0.36	0.36	0.35	0.37	0.35	0.38	0.35	0.37	0.33	0.34	0.27	0.30	0.22
I50-I51	Heart failure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
I60-I62, I69.0-I69.2	Haemorrhagic stroke	0.00	0.00	0.31	0.20	0.30	0.15	0.27	0.15	0.34	0.15	0.30	0.13	0.24	0.10	0.16	0.06
I63-I66, I69.3, I69.4	Ischaemic stroke	0.00	0.00	0.16	0.03	0.13	0.00	0.08	0.00	0.18	0.00	0.12	0.00	0.06	0.00	0.00	0.00
I85	Oesophageal varices	0.00	0.00	0.77	0.67	0.76	0.59	0.74	0.60	0.79	0.59	0.77	0.57	0.71	0.48	0.61	0.38
K22.6	Gastro-oesophageal laceration-haemorrhage syndrome	0.00	0.00	0.47	0.47	0.47	0.47	0.47	0.47	0.47	0.47	0.47	0.47	0.47	0.47	0.47	0.47
K73, K74	Chronic hepatitis, not elsewhere classified and Fibrosis and cirrhosis of liver	0.00	0.00	0.77	0.67	0.76	0.59	0.74	0.60	0.79	0.59	0.77	0.57	0.71	0.48	0.61	0.38
K85, K86.1	Acute and chronic pancreatitis	0.00	0.00	0.27	0.19	0.27	0.16	0.26	0.16	0.30	0.16	0.27	0.14	0.22	0.10	0.16	0.07
L40 excluding cirrhosis L40.5	Psoriasis	0.00	0.00	0.34	0.33	0.34	0.33	0.35	0.33	0.36	0.32	0.35	0.31	0.33	0.26	0.30	0.22
O03	Spontaneous abortion	0.00	0.00	0.00	0.23	0.00	0.21	0.00	0.22	0.00	0.21	0.00	0.20	0.00	0.15	0.00	0.12
§§	Pedestrian traffic accidents	0.00	0.00	0.35	0.16	0.45	0.19	0.46	0.21	0.46	0.21	0.23	0.03	0.23	0.03	0.23	0.03
§	Road traffic accidents (driver/rider)	0.00	0.00	0.21	0.09	0.33	0.15	0.24	0.12	0.24	0.12	0.09	0.03	0.09	0.03	0.09	0.03
V90-V94	Water transport accidents	0.00	0.00	0.20	0.20	0.20	0.20	0.20	0.20	0.20	0.20	0.20	0.20	0.20	0.20	0.20	0.20
V95-V97	Air/space transport accidents	0.00	0.00	0.16	0.16	0.16	0.16	0.16	0.16	0.16	0.16	0.16	0.16	0.16	0.16	0.16	0.16
W00-W19	Fall injuries	0.00	0.00	0.22	0.14	0.22	0.14	0.22	0.14	0.22	0.14	0.22	0.14	0.12	0.04	0.12	0.04
W24-W31	Work/machine injuries	0.00	0.00	0.07	0.07	0.07	0.07	0.07	0.07	0.07	0.07	0.07	0.07	0.07	0.07	0.07	0.07
W32-W34	Firearm injuries	0.00	0.00	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25
W65-W74	Drowning	0.00	0.00	0.34	0.34	0.34	0.34	0.34	0.34	0.34	0.34	0.34	0.34	0.34	0.34	0.34	0.34
W78-W79	Inhalation of gastric contents/Inhalation and ingestion of food causing obstruction of the respiratory tract	0.00	0.00	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25
X00-X09	Fire injuries	0.00	0.00	0.38	0.38	0.38	0.38	0.38	0.38	0.38	0.38	0.38	0.38	0.38	0.38	0.38	0.38
X31	Accidental excessive cold	0.00	0.00	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25
X60-X84, Y10-Y33	Intentional self-harm/Event of undetermined intent	0.00	0.00	0.34	0.35	0.34	0.33	0.35	0.34	0.37	0.34	0.36	0.32	0.31	0.25	0.27	0.20
X85-Y09	Assault	0.00	0.00	0.27	0.27	0.27	0.27	0.27	0.27	0.27	0.27	0.27	0.27	0.27	0.27	0.27	0.27

§ V12-V14 [.3 -.9], V19.4-V19.6, V19.9, V20-V28 [.3 -.9], V29-V79 [.4 -.9], V80.3-V80.5, V81.1, V82.1, V82.9, V83.0-V86 [.0 -.3], V87.0-V87.9, V89.2, V89.3, V89.9

§§ V02-V04 [.1, .9], V06.1, V09.2, V09.3

Indicators of *Hospital admissions for alcohol-related harm* for 2002/03 to 2006/07 at various geographies: Government Office Region/Strategic Health Authority, Local Authority (Unitary, Upper and Lower Tier) and Primary Care Trust are available at www.nwph.net/alcohol/lape.

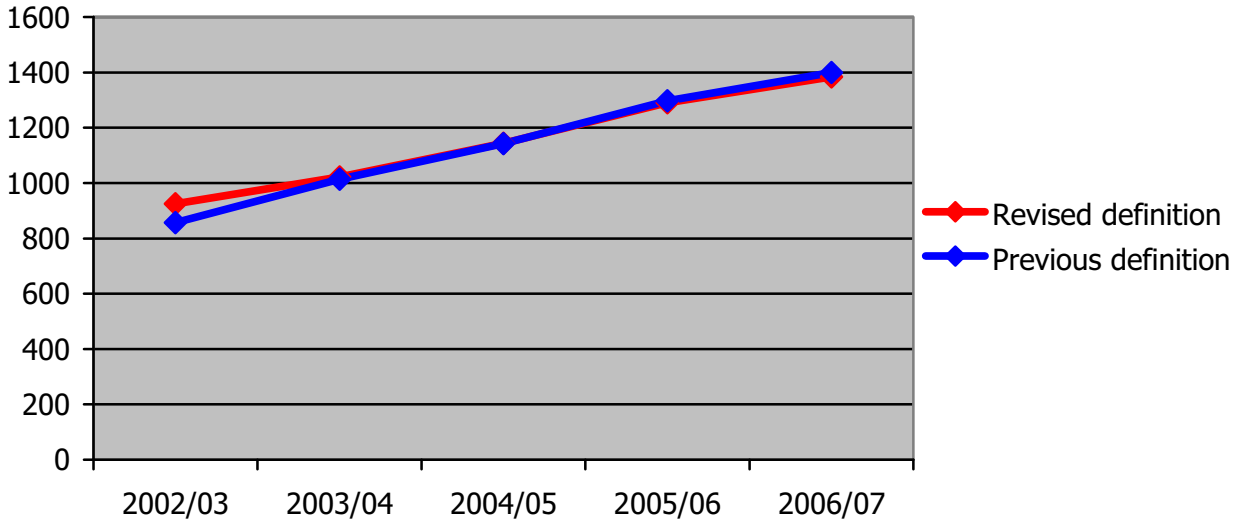
Revisions from the previous version of the indicator

The methodology used to construct this indicator was revised in November 2008 from that used when the indicator was first launched. The changes were as follows:

- The conditions and attributable fractions used for the indicator were brought into line with the set published in July 2008 that resulted from the review undertaken for the Department of Health by the NWPHO. When the indicator was first launched, the review had not completed and it was necessary to use the conditions and fractions as they stood at the time. The published set have been adopted to avoid conflicting information, to reduce confusion and because they represent the current sum of epidemiological evidence.
- The indicator counts finished admissions, rather than finished in-year admissions as before. This follows standard practice recently adopted by the Information Centre.
- Conditions are no longer excluded if the all-ages attributable fraction for both men and women is less than 0.2, although negative attributable fractions are still not applied. The threshold of 0.2 was introduced in order to reduce the degree of confounding (the extent to which change in the indicator results from factors other than alcohol harm). However, it transpired that only about four per cent of admissions were excluded. Because the effect is so small, the use of a threshold is considered to add unnecessary complexity.
- Children under 1 are now included.
- Maternities are now included in addition to ordinary and day cases – again, in line with IC practice.
- All non-residents of England are now excluded, whereas before those resident outside the UK/Isle of Man/Channel Island were included in the national totals (although not in the figures for individual PCTs, Local Authorities or regions).

The net effect of these changes has been to reduce the national rate of admission in 2006/07 by 1.2%, from 1400 to 1384 admissions per 100,000 population and to reduce the national number of admissions by 1.5%, from 811 thousand to 799 thousand. The figures for earlier years have been revised by lesser amounts, with the exception of 2002/03, the rate for which has been revised upwards by 7.9%. The change for 2002/03 is greater because it was found that some records were missing from the original extract taken from the Hospital Episode Statistics.

The revisions have also 'dampened' the trend slightly, as can be seen in the chart below:



The effect varies between localities. At PCT level, the change in the 2006/07 rate ranges from minus 4.4% to plus 4.7%. In over two-thirds of PCTs, the 2006/07 rate has changed by less than +/- two per cent. The variation is greater for 2002/03, as the issue with missing records affected some localities more than others: twenty four PCTs saw a revision in the rate of twenty per cent or more.

Other indicators of hospital admissions for alcohol-related harm

Details of other sources of statistics and information on alcohol related morbidity and mortality in the UK are presented in Box 2 to provide some context. Note that none of these statistics are directly comparable with the indicator described above, as they are created using different methods and assumptions.

Box 2: Earlier/other work on alcohol attributable health effects

1. The UK Prime Minister's Strategy Unit (PMSU) produced estimates of alcohol attributable health effects [mortality and hospital admission] in their 2003 *Interim Analytical Report* [www.number-10.gov.uk/files/pdf/SU%20interim_report2.pdf]. The estimates were derived using attributable fractions for a set of 53 alcohol-related conditions, which were adapted from the WHO *International Guide for monitoring alcohol consumption and related harm* [2000], using data from the Health Survey for England to estimate alcohol consumption levels in the UK population.

2. Subsequent work by the North West Public Health Observatory [NWPHO] and Northwest Alcohol Strategy Group mapped the PMSU attributable fractions from ICD9 to ICD10 diagnosis codes, and statistics on alcohol attributable deaths and hospital admissions were included in their 2004 report *Taking Measures*.

3. More recently [August 2006] NWPHO has published information and statistics on alcohol attributable hospital admissions in *Local Alcohol Profiles for England* [www.nwph.net/alcohol/lape]. An updated set of 22 indicators was released in August 2007, containing measures of hospital admission related to alcohol presented in terms of persons admitted, ignoring repeat admissions within the same HES year. Thus, these do not directly compare with the VSC26/NI39 data that counts admission episodes.

4. Similar work on alcohol attributable health impacts has been carried out in Scotland [www.alcoholinformation.isdscotland.org] and the USA [www.cdc.gov/alcohol/ardi.htm], with each using a slightly different definition of alcohol related conditions in terms of the ICD10 codes used.

5. The Office for National Statistics publishes statistics on *Alcohol Related Deaths* in the UK, which includes a subset of alcohol-related conditions regarded as 'most directly due to alcohol consumption' [www.statistics.gov.uk/statbase/Product.asp?vlnk=14496]. The list of conditions included in these statistics was revised in 2006 following a consultation exercise [www.statistics.gov.uk/downloads/theme_health/Summary_responses.pdf]

6. The Information Centre for Health and Social Care also publishes *Annual Alcohol Statistics* for England which include information on hospital admissions for three alcohol specific conditions - mental and behavioural disorders due to use of alcohol, alcoholic liver disease and toxic effect of alcohol [www.ic.nhs.uk/statistics-and-data-collections/health-and-lifestyles/alcohol].

7. In 2007/08 the Department of Health commissioned a study to review and update the alcohol attributable fractions from England, taking into account the full range of potential health impacts of alcohol as reflected in the epidemiological literature, and updating the estimates of alcohol consumption levels using data from the General Household Survey (2005). This resulted in production of a revised set of age group and gender specific alcohol attributable fractions. The provisional AAFs from this review are used in the calculation of the VSC26, NI39 and PSA25.2 indicator. A small number of revisions were made to the AAFs following further review, details of which are to be published by The Centre for Public Health, Liverpool John Moores University (June 2008).

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Harrogate and District NHS
NHS Foundation Trust

Annex C

RESEARCH PROTOCOL

Does the Emergency Department hold the key to untapped intelligence on the Night Time Environment?

Background

Nationally, according to the British Crime Survey (BCS), violent crime has reduced by 41% or over half a million fewer victims since 1995 (Nicholas *et al.*, 2007). During this time, the dynamics of violent crime have also changed with falls in both 'domestic' and 'acquaintance' violence. Since the start of the 21st century, the risk has levelled between stranger and acquaintance attacks. Despite these falling trends, violence remains a traumatic crime that can cause serious physical and psychological damage.

The BCS is deemed to be the most reliable indicator of violent crime trends, as police recorded crime is subject to reporting and recording changes. However, at the local authority level, police data is the only source of information informing preventative strategies of the exact nature and location of attacks. This is concerning when research carried out in the UK indicates that only about 25% to 50% of offences requiring hospital treatment are reported to the police, meaning that the police are allocating resources based on 50% or less of this information (Sheridan in McWillian, 2007; Shepherd *et al.*, 2000). A study in Bristol found that assaults on males and assaults linked to licensed premises and public streets, were less likely to be reported than those on females and at other locations (Shepherd *et al.* in Shepherd *et al.,* 2000).

The use of NHS Accident and Emergency Department data has repeatedly been recommended in Home Office reports, which are specifically concerned with the issue of alcohol-related crime and disorder. The consumption of alcohol is often implicated in a range of crime and disorder incidents, including those of violent crime, anti-social behaviour, disorderly behaviour, acquisitive crime and criminal damage (Finney and Simmonds, 2003). Whilst emergency departments do record admissions, these data systems are designed for efficient clinical administration and not for the wider intelligence needs of Crime and Disorder Reduction Partnerships (Tierney and Hobbs, 2003).

CDRPs have therefore been encouraged to work closely with local hospitals to develop mechanisms for collating relevant information. Although this does have resource implications, medical services appreciate that they have much to gain from collecting and analysing data that can contribute to the implementation of effective programmes aimed at reducing alcohol-related crime and disorder (Tierney and Hobbs, 2003). The average cost to the health service for an incident of wounding is £1,348 (Dubourg *et al.*, 2005).

In response to these findings a number of schemes have been set up to map injury surveillance data.

The Violence Reduction Unit (VRU) in Scotland has implemented Injury Surveillance pilots in 2 Glasgow hospitals. The pilots involved clinical staff completing an Assault Survey Form at the initial patient assessment or in the intensive treatment area for more seriously injured patients. The data was analysed by the VRU and confirmed the research with 65% going under-reported. The information also identified a number of problem licensed premises and gang violence hotspots. The VRU plans to trial an electronic surveillance system, with the long-term aim of rolling out a national scheme with the backing of the deputy Chief Medical Officer (McWilliam, 2007). These trials were based on a similar model set up by Professor Shepherd in Cardiff, which saw the reallocation of police resources based on anonymous A&E information, shared under Section 115 of the Crime and Disorder Act 1998. Since 2002 this has contributed to a 40% reduction in the city's A&E violence related attendances (Shepherd, 2007).

Projects such as those mentioned above, have proved successful and helped to establish best practice. The Harrogate District Safer Communities Partnership, the statutory partnership co-ordinating crime reduction, is keen to develop such a scheme locally with the backing of Government Office for the Yorkshire and Humber. Whilst crime levels and trends in the Harrogate District differ significantly to cities like Cardiff and Glasgow, we are perhaps in an even greater position to holistically tackle night-time safety and implement long-term interventions.

Currently the district suffers an average of 139 police recorded violent crimes per month, with around 58 of these being classed as assault with injury. As with most places, Friday and Saturday nights remain a peak time for dealing with intoxicated persons and violent offences. The Partnership already has an established Alcohol Harm Reduction Sub-Group chaired by a PCT representative and an operational Nightsafe project within Harrogate town centre through which interventions are delivered.

Methodology

In order to obtain a holistic overview of harm associated with the weekend, night-time environment, we propose carrying out a survey in the Emergency Department (ED) at Harrogate District Hospital, during Friday and Saturday night shifts (8:15pm – 7:45am). This would provide intelligence on violence trends (including domestic abuse) and alcohol issues (including under-age drinking) in the Harrogate District. Whilst not all patients may agree to take part, overall the dataset combined with police information will provide a clearer picture than that currently being used.

In discussion with senior health representatives, it was felt that the survey process should be 'inclusive' rather than attempting to filter by cause (e.g. assault) or effect (e.g. alcohol) during triage. Therefore all persons presenting over the age of 16 will be invited to participate in the study. This approach recognises that details on the cause of injury may not become apparent until the patient is questioned with anonymity. The age threshold acknowledges the likely demographics of alcohol-harm related attendees and the requirement for consent.

Members of the public will become aware of the survey as soon as they enter the waiting room area, where posters will publicise the project and give people time to consider taking part. Patients will then be recruited after their initial medical assessment, so as to ensure that it does not distract from them receiving the necessary medical attention. They will be informed that the survey is voluntary and that the information shared will be anonymous and have no affect on their heath care. On agreeing to take part they will be required to give written consent.

A member of non-clinical hospital staff will conduct the survey face-to-face in the cubicle area. It was considered most appropriate if this was a NHS employee with an understanding of processes and procedures within the ED. The length of the survey will vary between 5 and 10 minutes, depending on the question routing linked to the responses given. Where a patient is incapacitated (e.g. through drugs or alcohol), the survey will be attempted again at the time of discharge (if within the night-shift hours). Where consent is not given, or patients are unable to give consent, the survey will go uncompleted.

The survey will consist of a series of closed questions focusing on locations, times and contributing factors. Below is a summary of proposed question headings:

PAYE Week
Night Shift
Mode of Arrival
Patient Gender
Patient Age
Patient Ethnic Group
Patient Home Residence (postcode sector only)
Type of Incident
Time of Incident
Location of Incident
Contributing Factors

For incidents of violence:
Nature of Attack
Area(s) of body sustaining injury

Number of Assailants
Assailant Gender
Relationship with Assailant
Reported to Police
Repeat Incident (within 12-months)

Where alcohol is identified as a contributing factor:
Type and Volume of Drink Consumed
Possibility of Drink Spiking
Source of Alcohol or Last Drink
How was the Alcohol obtained (for under 18s)

The survey data will be collected in a portable (PDA or Laptop) electronic database and downloaded after each weekend period, for analysis by the Crime Data & GIS Officer at the Partnership. The analysis will include statistical exploration of the data (Excel/SNAP) and spatial analysis using Geographical Information Systems (ESRI ArcGIS).

Aims and Objectives

The analysis will be used to inform changes in the way the night-time environment is managed and policed. This will be achieved by working with all stakeholders, including licensed premises, enforcement agencies and by educating customers of the Harrogate night scene.

The overall objectives are:

To establish a true baseline as to the number of violent crimes occurring during the weekend, night-time period; along with other figures relating to community safety issues such as underage drinking.

To gather information that can be combined with police data, to provide a reliable evidence base on which to carry out or commission crime reduction projects and initiatives, linked to the Harrogate Nightsafe project.

With the following aims:

To reduce the number of police recorded violent crimes.
(Local Area Agreement Stretch Target)

To reduce alcohol-harm related hospital admission rates - PSA 25 NI 39
To reduce the assault with injury crime rate - PSA 25 NI 20
(National Indicators commencing April 2008)

(Note: pro-activity may result in a rise in police recorded crime, before a long-term decrease)

Ethical Issues

The data shared will be of a de-personalised nature, where the subject cannot be identified. The data will be shared between the responsible authorities under Section 17A and 115 of the Crime and Disorder Act 1998, amended in 2007. The Police and Justice Act 2006 (Statutory Instrument 2007 No.1831), places a duty on the Primary Care Trust or Local Health Board to disclose electronically information on assaults, mental and behavioural disorders and admissions with alcohol involvement, as the minimum dataset and encourages further information sharing following the guidelines laid out in the Crime and Disorder Act. This means that the data will be collected ethically for the purpose of crime and disorder reduction.

Special consideration will be given to the disclosure of sensitive information during the survey process, such as issues around domestic abuse and alcohol dependence. The survey staff will be trained to provide the appropriate literary guidance/advice and support contact numbers. In certain cases they may ask for verbal consent to engage with a member of clinical staff for further advice. Where a patient reveals that they have been victim of an unreported criminal offence, they will be given the option of using the department's portable phone for contacting the police.

Timetable for Project

Following the necessary approval from the responsible authorities, the project will start with a 3-month pilot (monthly review) and the option to extend with set review periods. The pilot will commence as soon as a suitable candidate is identified for the survey post and the ED sanctions all the logistical aspects. An estimated start date is June 2008.

The project will be reviewed by a monitoring group consisting of senior representatives from the ED (Modern Matron, Consultant in Emergency Medicine), other health trust stakeholders (Research and Development, Corporate Affairs), a senior representative from the Partnership, the analyst from the Partnership and the member of staff employed to do the survey. Government Office Yorkshire and Humberside (GOYH) may have an ad hoc attendance as the financial sponsor.

The monitoring group will be tasked with overseeing the project, ensuring that the correct ethical procedures are followed. This group will evaluate progress and consider the project's long-term sustainability, including the option of establishing a mainstreamed, electronic ED data collection system. This group will also oversee the production of summary reports to the CDRP, partners and GOYH on the functioning of the project after regular intervals.

Harrogate and District NHS
NHS Foundation Trust

Annex C

Resources and Costs

The current salary for a clerk is between £12,500 and £15,000 per annum for a 37.5-hour week, depending on previous experience in the NHS. In addition to this, enhanced hours payments are required for working nights, Saturdays and Sundays. Based on two 11-hour night shifts - Friday and Saturday night - the cost is estimated at around £11,500 per annum.

The long-term solution may see the survey questions adapted into the EDs existing information system, but for the purpose of the trial, an IT system is required that supports mobile data collection. Consideration will be given to the most cost-effective approach. At the top end of the scale, this may involve a palm top PC (£200-300) and specialist survey software (£1495). The advantages of this would be survey mobility (not disrupting workflow within the ED), compatibility (efficient data collection, transfer and analysis) and inclusiveness (the option of choosing different languages, making the survey accessible to the Eastern European population).

The Partnership has been granted a contribution of £3,000 from Government Office, which will help to fund the three-month pilot project including expenditure on capital equipment to get the project started. This may be increased to £7000, depending on progress. All other costs would be inherited within the day-to-day work of the Safer Communities Partnership.

Endorsement

The Harrogate District Safer Communities Partnership Executive has endorsed the project proposal.

Signed:_____

Cllr Les Ellington, Chair, Harrogate District Safer Communities Partnership

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Dubourg *et al.* (2005) 'The economic and social costs of crime against individuals and households', Home Office Online Report.

Finney, A. & Simmonds, C. (2003) 'Guidance for local partnerships on alcohol-related crime and disorder data', Home Office Development and Practice Report.

McWilliam, C. (2007) 'The Violence Reduction Unit – Injury Surveillance Paper', ActionViolence.co.uk.

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Shepherd *et al.* (2000) 'Using injury data for violence prevention', BMJ.

Shepherd, J. (2007) 'The role of Emergency Departments in Community Violence Prevention', An update of the 2004 Department of Health Paper.

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Annex D

INFORMATION ABOUT THE RESEARCH

Study title
Emergency Department survey to reduce Alcohol-Related Harm

Invitation
We would like to invite you to take part in a research study. Before you decide you need to understand why the research is being done and what it would involve for you. Please take time to read the following information carefully and talk to others present about the study if you wish. Please ask us if there is anything that is not clear or if you would like more information. Take time to decide whether or not you wish to take part. Thank you for reading this.

What is the purpose of the study?
Harrogate District Safer Communities Partnership has set up the study. The partnership consists of the police, local authorities and other organisations, working together to improve the quality of life within the community, ensuring that people feel safe and not threatened by crime and disorder.

The Harrogate District NHS Foundation Trust is one such partner organisation, working to improve the safety of the weekend, night-time environment. Information from this study will help to provide a more complete picture of harm occurring during the weekend, night-time period, as not all assaults and incidents go reported to the police.

Results from the study will affect a variety of issues from street policing and the management of licensed premises, to the availability of public transport and where to improve street lighting. We don't want to 'spoil the party' we just want to make it safer for everyone.

Why have I been invited to take part in this study?
All adults presenting to the Harrogate District Hospital, Emergency Department between 8:15pm and 7:45am on a Friday and Saturday night are being invited to participate.

Do I have to take part?
It is up to you whether you take part. We will describe the study and go through the information sheet, which we will then give you. We will then ask you to sign a consent form to show you have agreed to take part. Your decision will not alter the standard of care you receive.

What will I have to do?
The study involves a face-to-face survey, taking approximately 5-10 minutes to complete. The questions relate to the place, time and cause of your injury. You will have no further involvement or contact after completing the survey. You are free to withdraw from the study at any point during the survey without giving a reason.

What are the possible benefits of taking part?

Annex D

There may be no direct benefit to you if you take part. However, by helping us to understand the nature and cause of your injuries, we can hopefully make changes to the management and policing of the night-time environment which will help to improve the safety for everyone.

Will my taking part in the study be kept confidential?
All information that is collected during the survey will be kept strictly confidential. Your answers will be made anonymous and combined with those from the other participants. Only after this has happened will the information be shared with other organisations, which means that they won't be able to trace any of the information back to you as an individual.

What will happen to the results of the research study?
The results of the study will be shown to the organisations that form the Harrogate District Safer Communities Partnership. The partnership will then look for ways to improve safety and reduce the levels of harm. This will involve working with a variety of organisations, from the police and the council, to the licensed premises and the general public. If these outcomes are successful, then this study may be shared as good practice to other people involved in community safety.

Who is organising and funding the study?
This study is being organised by the Harrogate District Safer Communities Partnership. Government Office for Yorkshire and the Humber is paying for the study. The sponsor of the study is Harrogate and District NHS Foundation Trust.

Who has reviewed the study?
All research in the NHS is looked at by an independent group of people called a Research Ethics Committee. This is to protect your safety, rights, well-being and dignity. This study has been reviewed and given a favourable opinion by York Research Ethics Committee. The Harrogate Area Research and Development Committee have also approved the study.

Further information and contact details

For further information about the study, please contact:

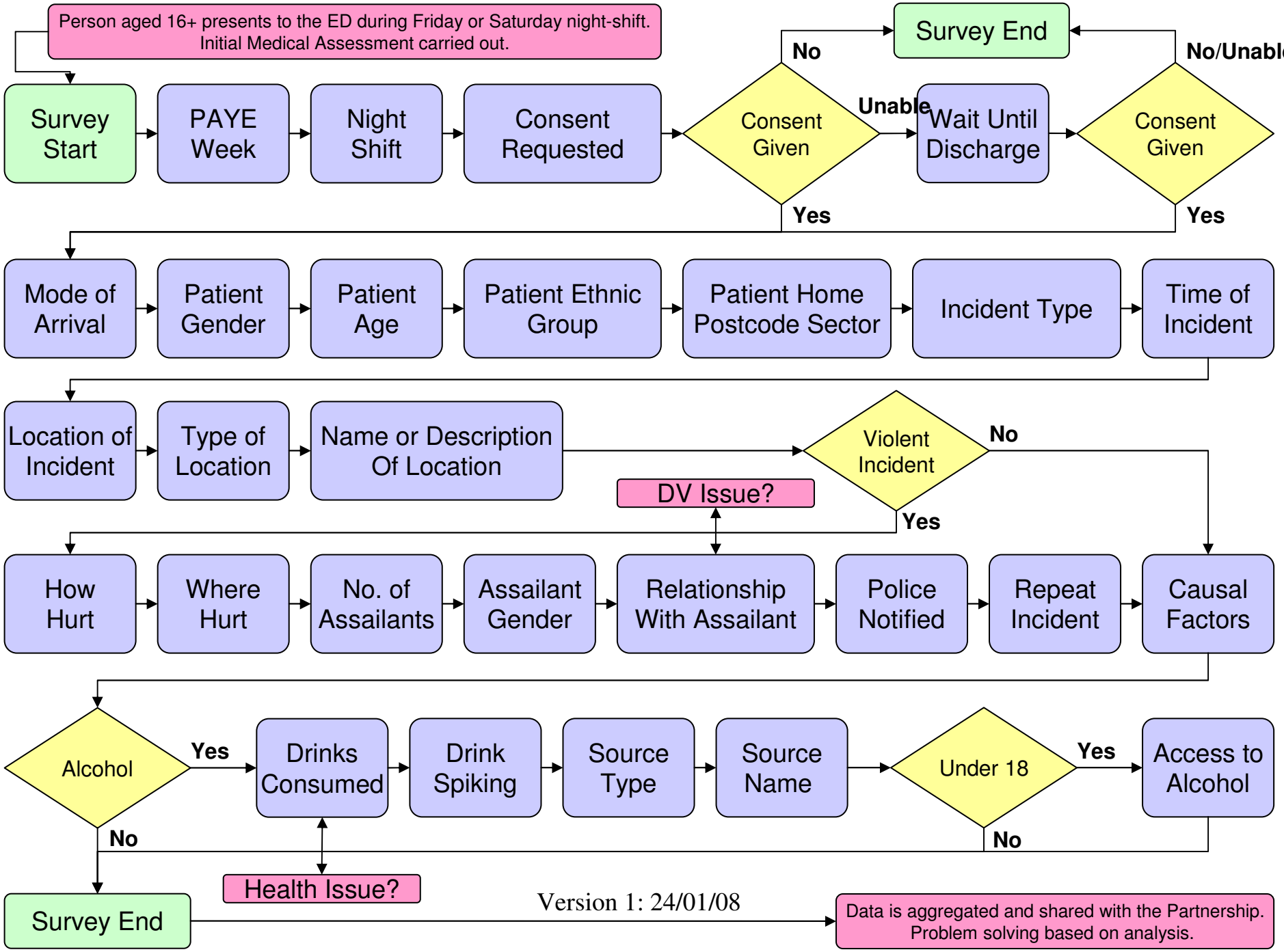
Richard Wilkinson
Harrogate District Safer Communities Partnership
01423 556504

For general information and advice about research projects, please contact:

Dr Christine Davey
North Yorkshire Alliance Research and Development Unit
01423 555740

If you are unhappy about any aspect of this study or wish to make a complaint, please contact:

The Patient, Advice and Liaison Service (PALS) at Harrogate District Hospital.
Free phone: 0845 650 0303 Email: pals@hdft.nhs.uk
If you have hearing difficulties a text phone / minicom is available: 01423 553514.


Person aged 16+ presents to the ED during Friday or Saturday night-shift.
Initial Medical Assessment carried out.
Survey Start
PAYE Week
Night Shift
Consent Requested
Consent Given
No
Survey End
Unable
Wait Until Discharge
Consent Given
No/Unable
Yes
Yes
Mode of Arrival
Patient Gender
Patient Age
Patient Ethnic Group
Patient Home Postcode Sector
Incident Type
Time of Incident
Location of Incident
Type of Location
Name or Description Of Location
Violent Incident
No
DV Issue?
Yes
How Hurt
Where Hurt
No. of Assailants
Assailant Gender
Relationship With Assailant
Police Notified
Repeat Incident
Causal Factors
Alcohol
Yes
Drinks Consumed
Drink Spiking
Source Type
Source Name
Under 18
Yes
Access to Alcohol
No
No
Health Issue?
Survey End
Data is aggregated and shared with the Partnership.
Problem solving based on analysis.

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Alcohol n Survey
(Version 1: 24/01/08)

***** For *ALL* patients aged 16 or over, presenting to the ED during Friday and Saturday Night Shifts *****

A1 PAYE Week: ☐

A2 Night Shift:
Friday Night ..... ☐
Saturday Night ..... ☐

A3 Signed Consent:
YES ..... ☐
NO ..... ☐

A4 Patient Identification Number: ☐

B1 Mode of Arrival:
PROMPT: ***By what means of transport did you get to the hospital?***

- *Ambulance* ☐
- *Police* ☐
- *Taxi* ☐
- *Walk-in / Friends / Family / Other* ☐

B2 Patient Gender:

- *Male* ☐
- *Female* ☐

B3 Patient Age:
PROMPT: ***What is your age?***

☐

B4 Patient Ethnicity:
PROMPT: ***With which of the listed ethnic categories do you associate yourself? (card provided)***

- *A White - British* ☐
- *B White - Irish* ☐
- *C Any Other White background* ☐
- *D Mixed - White and Black Caribbean* ☐
- *E Mixed - White and Black African* ☐
- *F Mixed - White and Asian* ☐
- *G Any Other Mixed background* ☐
- *H Asian or Asian British - Indian* ☐
- *J Asian or Asian British - Pakistani* ☐
- *K Asian or Asian British - Bangladeshi* ☐
- *L Any Other Asian backgound* ☐
- *M Black or British Black - Caribbean* ☐
- *N Black or British Black - African* ☐
- *P Any Other African background* ☐
- *R Other Ethnic Groups - Chinese* ☐
- *S Any other ethnic group* ☐
- *Z Not stated* ☐

atient Home Residence (Post Code Sector):
PROMPT: ***What is the first section of your home postcode and the first number of the second part? (You cannot be identified from this)***

- *HG1 1* ☐
- *HG1 2* ☐
- *HG1 3* ☐
- ***HG1 4*** ☐
- *HG1 5* ☐
- *HG2 0* ☐
- ***HG2 7*** ☐
- *HG2 8* ☐
- *HG2 9* ☐
- *HG3 1* ☐
- *HG3 2* ☐
- *HG3 3* ☐
- *HG3 4* ☐
- *HG3 5* ☐
- *HG4 1* ☐
- *HG4 2* ☐
- *HG4 3* ☐
- *HG4 4* ☐
- *HG4 5* ☐
- **HG5 0** ☐
- *HG5 8* ☐
- *HG5 9* ☐
- *LS17 0* ☐
- *LS17 9* ☐
- *LS21 2* ☐
- *LS22 4* ☐
- *LS22 6* ☐
- *LS24 8* ☐
- *LS29 0* ☐
- *YO23 3* ☐
- *YO26 7* ☐
- ***YO26 8*** ☐
- *YO26 9* ☐
- *YO51 9* ☐
- *YO61 2* ☐
- ***YO7 3*** ☐
- *YO7 4* ☐
- *Other* ☐

Post Code Sector: ☐

B6 Circumstance:
PROMPT: Have you come to the Accident & Emmergency department for any of these reasons?

- *Assault with injury* ☐
- *Other Violent Crime (e.g. robbery)* ☐
- *Suffering the ill effects of drugs or alcohol* ☐
- *Other/Unknown* ☐

B7 Time of Incident:
PROMPT: At approximately what time did the incident occur?

- *Prior to start of night-shift* ☐
- *20:30-21:00* ☐
- *21:01-22:00* ☐
- *22:01-23:00* ☐
- *23:01-00:00* ☐
- *00:01-01:00* ☐
- *01:01-02:00* ☐
- *02:01-03:00* ☐
- *03:01-04:00* ☐
- *04:01-05:00* ☐
- *05:01-06:00* ☐
- *06:01-07:00* ☐

PROMPT: *Where did this occur?*

B8 Town/City:

- *Harrogate* ☐
- *Knaresborough* ☐
- *Ripon* ☐
- *Rural (incl. Pateley Bridge & Boroughbridge)* ☐
- *Outside of the Harrogate District* ☐
- *Please name:* ☐

B9 Premise/Site:

- *Inside pub/bar/club* ☐
- *Outside pub/bar/club* ☐
- *In or around taxi rank/office* ☐
- *In or around take-away* ☐
- *In or around restaurant* ☐
- *In or around Off-Licence* ☐
- *On street (none of the above)* ☐
- *Park or Open Space* ☐
- *Own home* ☐
- *Someone else's home* ☐
- *Hotel* ☐
- *Workplace* ☐
- *Sports centre/field* ☐
- *Other* ☐

HARROGATE LOCATIONS

arrogate Pub/Bar/Club:

- *Alberts* ☐
- *Alexandra* ☐
- *Banyan Bar & Kitchen* ☐
- *Black Bull* ☐
- *Black Swan* ☐
- *Blues Cafe Bar* ☐
- *Carringtons* ☐
- *Christies Wine Bar* ☐
- *Claro Beagle* ☐
- *Coach & Horses* ☐
- *Crown Hotel* ☐
- *Devonshire Arms* ☐
- *Drum And Monkey* ☐
- *Empress on the Stray* ☐
- *Flares* ☐
- *Gardeners Arms* ☐
- *Hales Bar* ☐
- *Har Low Gata* ☐
- *Harrogate Arms* ☐
- *Harrogate Hockey Club* ☐
- *Harrow* ☐
- *Henry Peacock* ☐
- *Iron Duke* ☐
- *J D Wetherspoons - Winter Gardens* ☐
- *Knox Arms* ☐
- *Little Wonder* ☐
- *Lure Luxe Bar* ☐
- *Malt Shovel* ☐
- *Mansion* ☐
- *Mile Post* ☐
- *Moko Lounge* ☐
- *Montey's Rock Cafe* ☐
- *Montpellier* ☐
- *Muckles* ☐
- *Native State* ☐
- *New Inn* ☐
- *Oak Beck Public House* ☐
- *Old Bell Tavern* ☐
- *Pine Marten* ☐
- *Pitcher And Piano* ☐
- *Place at the Crown Hotel* ☐
- *Prince of Wales* ☐
- *Regency* ☐
- *Retro Bar* ☐
- *Revolution* ☐
- *Rowan Tree* ☐
- *Salt Box* ☐
- *Shepherds Dog* ☐

C1 Harrogate Pub/Bar/Club:

- Skipton ☐
- Slip Inn ☐
- Slug & Lettuce ☐
- Squinting Cat ☐
- Stonebeck ☐
- Studley Hotel ☐
- Tannin Level ☐
- Tap & Spile ☐
- Thomas Crabtree ☐
- Trotters Bar ☐
- Viper Rooms ☐
- White Hart ☐
- Wild Cats ☐
- Woodlands Hotel ☐
- XS NIghtlife ☐
- Yates Wine Lodge ☐
- Other ☐

arrogate Takeaway:

- Adams Balti, Westmoreland Street ☐
- Ali Raj Tandoori, Cheltenham Crescent ☐
- Bambino's, Kings Road ☐
- Bengal Spice, Cheltenham Crescent ☐
- Chico's The Legend, Commercial Street ☐
- Dixy Chicken, Station Parade ☐
- Knan's Balti House, Starbeck ☐
- Kowloon Chinese, Mayfield Grove ☐
- McDonalds, Cambridge Road ☐
- Mujib, Devonshire Place ☐
- Skewers, Station Parade ☐
- KFC, Starbeck ☐
- Pacino's Pizza House, Commercial Street ☐
- Pizza Express, Albert Street ☐
- Pizza Hut, Parliament Street ☐
- Pizza Pan, Starbeck ☐
- Pizza Parada, Station Parade ☐
- Pizza World, New Park ☐
- Starbeck Chinese Takeaway ☐
- Starbeck Tandoori ☐
- Subway, Beulah Street ☐
- Suncity Takeaway, Camwal Terrace, Starbeck ☐
- Taste of Bengal, Franklin Road ☐
- Thai Pavillion, Station Parade ☐
- Food Express, Kings Road ☐
- Gorgeous Chinese Take Away, Cawthorne Av. ☐
- Imperial Dragon, Westmoreland Street ☐
- Jinnah Takeaway, Ripon Road ☐
- Other ☐

C3 Harrogate Taxi Rank/Office:

- Blue Line Taxi Office, Strawberry Dale ☐
- Central Radio Cabs Office, Kings Road ☐
- Main Line Taxi Office, Lower Station Parade ☐
- Yellow Line Taxi Office, East Parade ☐
- Albert Street Rank ☐
- Cambridge Road Rank (by Post Office) ☐
- Cambridge Road Rank (by War Memorial) ☐
- James Street Rank ☐
- Kings Road Rank ☐
- Montpellier Gardens Rank (The Ginnel) ☐
- Montpellier Road Rank (by Hotel St. George) ☐
- Station Parade (by Victoria Shoping Centre) ☐
- Station Parade (near Waitrose) ☐
- West Park Rank ☐
- Other ☐

C4 Harrogate Restaurant:

- Ali Raj Tandoori
- Arezzo
- BED
- Bengal Spice
- Bettys at Harlow Carr
- Bettys Tea Rooms
- Biscaya Bay
- Bowers Bistro
- Brio Restaurants (Harrogate) Ltd
- British Home Stores
- Cafe Rouge
- Cambridge Cafe
- Casa Romana
- Cattlemen's Association
- Catwalk Cafe
- Centrex Police Training Development Authority
- Chez La Vie
- Cottage Restaurant
- Courtyard Restaurant
- Damn Yankee
- Debenhams Plc
- Dr B's Kitchen
- Duchy Nuffield Hospital
- Dynasty Restaurant
- Edinburgh Woollen Mill
- Est Est Est
- Graveley's
- Harrogate Brasserie
- Hedleys Restaurant
- Horoscope Restaurant
- Imperial Dragon
- Italian Connection
- Jinnah Spice Club
- Joe Rigatoni's
- Katana Oriental Restaurant & Wine Bar
- La Tasca
- Le D2
- Le Jardin
- L'Etoiles
- Littlewoods
- Loch Fyne
- Lords Restaurant
- Luigis
- Marks & Spencer
- Mezze Cafe
- Milan's Coffee House
- Millstones Restaurant
- Mujib of Harrogate

arrogate Restaurant:

- Olivers
- Orient Townhouse/Yaks Mongolian Rest
- Oxford Street Brasserie
- Phoenix Cantonese Restaurant
- Pinocchio's
- Pizza Express
- Pizza Hut U K Ltd
- Pollys Pantry
- Prego
- Promenade Rooms
- Quantro
- Rajput
- Reinaldo's
- Salsa Posada
- San Martino Restaurant
- Sasso
- Thai Elephant Restaurant (Hgte) Ltd
- The Tea Room
- William & Victoria
- Wing Wah Cantonese Restaurant
- Yoko's Teppanyaki
- Bettys Cookery School
- The Metro
- The Park
- Starbeck Tandoori
- Thai Pavilion
- Ginnel Coffee Shop
- Brio Pizza & Continental Bar
- Other

C5 Harrogate Hotel:

- Acorn Lodge Hotel ☐
- Alexa House Hotel ☐
- Alvera Court Hotel ☐
- Arden House ☐
- Ascot House Hotel ☐
- Ashley House Hotel ☐
- Aston Hotel ☐
- Azalea Court Hotel ☐
- Balmoral Grille ☐
- Bijou Boutique ☐
- Cairn Hotel ☐
- Camberley Hotel ☐
- Cedar Court Hotel ☐
- Dales Hotel ☐
- Gables Hotel ☐
- Geminian Guest House ☐
- Grafton Hotel ☐
- Grants Hotel ☐
- Hampden House ☐
- Harrogate Holiday Inn ☐
- Hob Green Hotel ☐
- Hopper Lane Hotel ☐
- Hotel Du Vin ☐
- Kimberley Hotel ☐
- Majestic Hotel ☐
- Old Swan Hotel ☐
- Ruskin Hotel ☐
- Shannon Court Hotel ☐
- Swallow St George Hotel ☐
- West Park Hotel ☐
- Yorkshire Hotel ☐
- Other ☐

arrogate Off-Licences:

- Asda Stores Ltd ☐
- Co-op Food Market, Jennyfield Drive ☐
- Co-op Late Shop, King Edwards Drive ☐
- Co-op Late Shop, Otley Road ☐
- Co-op Late Shop, Leeds Road ☐
- Co-op Late Shop, Otley Road ☐
- Co-op Late Shop, Knaresborough Road ☐
- Co-op Late Shop, Starbeck ☐
- Co-op Late Shop, St. Winifreds Avenue ☐
- Dragon Service Station, Skipton Road ☐
- Gateways Newsagents, Woodfield Road ☐
- Harlow Stores, Otley Road ☐
- J Sainsbury Plc, Wetherby Road ☐
- Kings Convenience Store, Chatsworth Road ☐
- Londis, Skipton Road ☐
- Mann's Newsagent, King Edwards Drive ☐
- Mayfield Stores, Mayfield Grove ☐
- Mills, Devonshire Place ☐
- Mills, Knaresborough Road ☐
- N M Patel, Minimarket, Cawthorne Avenue ☐
- Oakdale Service Station, Ripon Road ☐
- Oddbins, Prospect Place ☐
- One Stop Convenience Store, Crab Lane ☐
- Pannal Ash Stores & Post Office, Rossett Green ☐
- Pattersons Off Licence, Strawberry Dale Avenue ☐
- Premier, Cold Bath Road ☐
- Sainsbury's at Jacksons, Kings Road Local ☐
- Sainsbury's at Jacksons, King Edwards Drive ☐
- Sainsbury's at Jacksons, Cold Bath Road ☐
- Sainsbury's at Jacksons, Starbeck ☐
- Spar, Skipton Road ☐
- Tesco Harrogate Express, Knaresborough Road ☐
- Threshers Local, Grantley Drive ☐
- Threshers Local, Hookstone Chase ☐
- Threshers Wine Shop, 79 Leeds Road (nearest Leeds) ☐
- Threshers Wine Shop, 32 Leeds Road (nearest town) ☐
- Threshers Wine Shop, Kings Road ☐
- Waitrose, Station Parade ☐
- Woodlands Stop & Shop, Wetherby Road ☐
- Wm Morrisons, Hookstone Park ☐
- Wine Rack, Cold Bath Road ☐
- Other ☐

KNARESBOROUGH LOCATIONS

D1 Knaresborough Pub/Bar/Club:

- Blind Jacks ☐
- Board Inn ☐
- Borough Bailiff ☐
- Castle Vaults ☐
- Cross Keys Inn ☐
- Crown Inn ☐
- Daddy Cool's ☐
- Frazer Theatre ☐
- George & Dragon Inn ☐
- Half Moon ☐
- Hart ☐
- Ivy Cottage ☐
- Market Tavern ☐
- Marquis Of Granby ☐
- Mitre Hotel ☐
- Mother Shipton Inn ☐
- So! Bar & Eats ☐
- Union Hotel ☐
- Wellington Inn ☐
- Worlds End ☐
- Yorkshire Lass ☐
- Other ☐

D2 Knaresborough Takeaway:

- Ming Fai, High Street ☐
- Paragon Balthi Bar Takeaway, High Street ☐
- Saffron, High Street ☐
- Spice Merchant, Castlegate ☐
- The Jade Garden, High Street ☐
- Zolsha Restaurant & Cafe, High Street ☐
- Other ☐

D3 Knaresborough Taxi Rank/Office:

- Market Place ☐
- Other ☐

D4 Knaresborough Restaurant:

- Carriages Wine Bar ☐
- Hannah's Cafe ☐
- Henshaws Arts & Crafts Centre ☐
- Marigold Cafe ☐
- Off The Rails ☐
- Pollyanna's Tearooms ☐
- Prudames Cafe ☐
- Regent Chinese ☐
- Riverview Chinese Restaurant ☐
- Spice Merchant ☐
- Verralls Restaurant ☐
- Victoria's ☐
- Zolsha Restaurant & Cafe ☐
- Other ☐

D5 Knaresborough Hotel:

- Dower House Hotel ☐
- Gallon House ☐
- Groves Hotel ☐
- Newton House Hotel ☐
- Nidd Hall Hotel & Leisure Club ☐
- Other ☐

D6 Knaresborough Off-Licence:

- Co-op Late Shop, Chain Lane ☐
- Co-op Late Shop, South Grange, Elm Road ☐
- Dawn Till Dusk, Boroughbridge Road ☐
- Sainsbury's at Jacksons, High Street ☐
- Somerfield Filling Station ☐
- Manse Services, Wetherby Road ☐
- Spar, High Street ☐
- Stockwell Grocery Off Licence, Stockwell Place ☐
- Threshers Wine Shop, High Street ☐
- Other ☐

RIPON LOCATIONS

E1 Ripon Bar/Club:

- Black Bull ☐
- Black Swan ☐
- Dog & Duck Restaurant & Bar ☐
- Golden Lion ☐
- Hornblower Tavern ☐
- King William IV ☐
- Lamb & Flag ☐
- Magdalens ☐
- Matrix Night Club ☐
- Monty's Night Club ☐
- Navigation Inn ☐
- One Eye'd Rat ☐
- Orange Tree ☐
- Royal Oak ☐
- Ship ☐
- Station Hotel ☐
- Turks Head ☐
- Unicorn Hotel ☐
- Water Rat Public House ☐
- Wheatsheaf Inn ☐
- White Horse ☐
- Other ☐

E2 Ripon Takeaway:

- Azores, Kirkgate ☐
- Barbeque Kebab, Westgate ☐
- Double Luck Takeaway, Kirkgate ☐
- Giannis Pizza, Westgate ☐
- Moti Raj, High Skellgate ☐
- Papa Joes, North Street ☐
- Spice Nagar Limited, Duck Hill ☐
- The Balti House, Kirkgate ☐
- Other ☐

E3 Ripon Taxi Rank/Office:

- Market Place ☐
- Other ☐

E4 Ripon Restaurant:

- Azores ☐
- Balti House ☐
- Chimes ☐
- Dish's Cafe Bar & Bistro ☐
- Dragon Inn Chinese Restaurant ☐
- Hong Kong Restaurant ☐
- Lockwoods ☐
- March Hare Cafe ☐
- Moti Raj ☐
- Old Deanery Restaurant ☐
- Papa Joes ☐
- Perk Up ☐
- Prima Pizzeria ☐
- Restaurant 27 ☐
- Spice Nagar Limited ☐
- The Warehouse ☐
- Valentino's Restaurant ☐
- Other ☐

E5 Ripon Hotel:

- Ripon Spa Hotel ☐
- South Lodge ☐
- Other ☐

E6 Ripon Off-Licence:

- Bondgate Stores & Post Office ☐
- Co-op Late Shop, Clotherholme Road ☐
- Corner Shop, Bondgate ☐
- Drinks Well, Market Place ☐
- J Sainsbury's, Market Place ☐
- Lead Lane Newsagents ☐
- Quarry Moor Service Station ☐
- Wm Morrisons, Harrogate Road ☐
- Wine Rack, Queen Street ☐
- Other ☐

OTHER LOCATIONS

etails of Location:

VIOLENT INCIDENTS

G1 Method/Weapon Type:
PROMPT: How were the injuries inflicted?

- *Body use e.g. Fist / Foot* ☐
- *Sexually* ☐
- *Pushed over* ☐
- *Knife* ☐
- *Glass* ☐
- *Bottle* ☐
- *Other* ☐
- *Unknown* ☐
- *Please state:* ☐

G2 Area(s) of Body Sustaining Injury:
PROMPT: Where were you hurt?

- *Face* ☐
- *Other head / neck* ☐
- *Thorax* ☐
- *Back* ☐
- *Abdomen* ☐
- *Upper Limbs* ☐
- *Lower Limbs* ☐

G3 Number of Assailant(s):
PROMPT: How many people attacked you?

- *1* ☐
- *2* ☐
- *3 or more* ☐
- *Unknown* ☐

G4 Assailant(s) Gender:
PROMPT: Were the offenders male, female or a mixture of both?

- *Male* ☐
- *Female* ☐
- *Male and Female* ☐
- *Unknown* ☐

G5 Relationship with Assailant:
PROMPT: Were any of the offenders known to you?

- *Yes* ☐
- *No* ☐

G6 Known Assailant(s):
PROMPT: Would you be prepared to say how you know the offender(s)?

- *Family Member(s)* ☐
- *Partner* ☐
- *Ex-Partner* ☐
- *Friend(s)* ☐
- *Aquaintance* ☐
- *Door Staff* ☐
- *Other* ☐
- *Not prepared to say* ☐

G7 Reported to Police:
PROMPT: Have the Police been notified of the incident?

- *Yes* ☐
- *No* ☐

G8 Intention to Report:
PROMPT: Do you intend to notify the police?

- *Yes* ☐
- *No* ☐
- *Unsure* ☐

Inform them that a phone is available for them to use from their cubicle, if they wish to contact the police.

G9 Repeat Incident:
PROMPT: Have you been attacked before in the last 12-months?

- *Yes* ☐
- *No* ☐

ALL PATIENTS

H1 Background Factors:
PROMPT: Leading up to the incident, had you.?

- *Consumed any alcohol* ☐
- *Taken any illegal substances* ☐
- *Inhaled any solvent* ☐

H2 Drinks Consumed:
PROMPT: What alcoholic drinks have you had? (Where possible exact Types, Quantities & Sizes)

H3 Unit Calculation:
(Calculated after survey)

H4 Drink Spiking:
PROMPT: Do you have any reason to believe that any of your drinks were interferred with?

- *Yes* ☐
- *No* ☐
- *Unsure* ☐

Alcohol Source:
PROMPT: Where was your last alcoholic drink <u>purchased</u>, or was it already at home?

- *Home* ☐
- *Someone else's home* ☐
- *Bar/Pub/Club* ☐
- *Restaurant* ☐
- *Hotel* ☐
- *Off-License* ☐
- *Other* ☐
- *Unknown* ☐

H6 Parental Consent:
PROMPT: Was this with parental knowledge and consent?

- *Yes - with parents consent* ☐
- *No - without parents consent* ☐

H7 Underage Sales:
PROMPT: Who bought the drink?

- *Patient served underage* ☐
- *Acquired by under 18 friend/family member* ☐
- *Acquired by over 18 family member* ☐
- *Acquired by over 18 friend/Acquired* ☐
- *Acquired by over 18 stranger* ☐

HARROGATE LOCATIONS

arrogate Pub/Bar/Club:

- *Alberts* ☐
- *Alexandra* ☐
- *Banyan Bar & Kitchen* ☐
- *Black Bull* ☐
- *Black Swan* ☐
- *Blues Cafe Bar* ☐
- *Carringtons* ☐
- *Christies Wine Bar* ☐
- *Claro Beagle* ☐
- *Coach & Horses* ☐
- *Crown Hotel* ☐
- *Devonshire Arms* ☐
- *Drum And Monkey* ☐
- *Empress on the Stray* ☐
- *Flares* ☐
- *Gardeners Arms* ☐
- *Hales Bar* ☐
- *Har Low Gata* ☐
- *Harrogate Arms* ☐
- *Harrogate Hockey Club* ☐
- *Harrow* ☐
- *Henry Peacock* ☐
- *Iron Duke* ☐
- *J D Wetherspoons - Winter Gardens* ☐
- *Knox Arms* ☐
- *Little Wonder* ☐
- *Lure Luxe Bar* ☐
- *Malt Shovel* ☐
- *Mansion* ☐
- *Mile Post* ☐
- *Moko Lounge* ☐
- *Montey's Rock Cafe* ☐
- *Montpellier* ☐
- *Muckles* ☐
- *Native State* ☐
- *New Inn* ☐
- *Oak Beck Public House* ☐
- *Old Bell Tavern* ☐
- *Pine Marten* ☐
- *Pitcher And Piano* ☐
- *Place at the Crown Hotel* ☐
- *Prince of Wales* ☐
- *Regency* ☐
- *Retro Bar* ☐

I1 Harrogate Pub/Bar/Club:

- Revolution ☐
- Rowan Tree ☐
- Salt Box ☐
- Shepherds Dog ☐
- Skipton ☐
- Slip Inn ☐
- Slug & Lettuce ☐
- Squinting Cat ☐
- Stonebeck ☐
- Studley Hotel ☐
- Tannin Level ☐
- Tap & Spile ☐
- Thomas Crabtree ☐
- Trotters Bar ☐
- Viper Rooms ☐
- White Hart ☐
- Wild Cats ☐
- Woodlands Hotel ☐
- XS Nightlife ☐
- Yates Wine Lodge ☐
- Other ☐

arrogate Restaurant:

- Ali Raj Tandoori ☐
- Arezzo ☐
- BED ☐
- Bengal Spice ☐
- Bettys at Harlow Carr ☐
- Bettys Tea Rooms ☐
- Biscaya Bay ☐
- Bowers Bistro ☐
- Brio Restaurants (Harrogate) Ltd ☐
- British Home Stores ☐
- Cafe Rouge ☐
- Cambridge Cafe ☐
- Casa Romana ☐
- Cattlemen's Association ☐
- Catwalk Cafe ☐
- Centrex Police Training Development Authority ☐
- Chez La Vie ☐
- Cottage Restaurant ☐
- Courtyard Restaurant ☐
- Damn Yankee ☐
- Debenhams Plc ☐
- Dr B's Kitchen ☐
- Duchy Nuffield Hospital ☐
- Dynasty Restaurant ☐
- Edinburgh Woollen Mill ☐
- Est Est Est ☐
- Graveley's ☐
- Harrogate Brasserie ☐
- Hedleys Restaurant ☐
- Horoscope Restaurant ☐
- Imperial Dragon ☐
- Italian Connection ☐
- Jinnah Spice Club ☐
- Joe Rigatoni's ☐
- Katana Oriental Restaurant & Wine Bar ☐
- La Tasca ☐
- Le D2 ☐
- Le Jardin ☐
- L'Etoiles ☐
- Littlewoods ☐
- Loch Fyne ☐
- Lords Restaurant ☐
- Luigis ☐
- Marks & Spencer ☐

I2 Harrogate Restaurant:

- Mezze Cafe ☐
- Milan's Coffee House ☐
- Millstones Restaurant ☐
- Mujib of Harrogate ☐
- Olivers ☐
- Orient Townhouse/Yaks Mongolian Rest ☐
- Oxford Street Brasserie ☐
- Phoenix Cantonese Restaurant ☐
- Pinocchio's ☐
- Pizza Express ☐
- Pizza Hut U K Ltd ☐
- Pollys Pantry ☐
- Prego ☐
- Promenade Rooms ☐
- Quantro ☐
- Rajput ☐
- Reinaldo's ☐
- Salsa Posada ☐
- San Martino Restaurant ☐
- Sasso ☐
- Thai Elephant Restaurant (Hgte) Ltd ☐
- The Tea Room ☐
- William & Victoria ☐
- Wing Wah Cantonese Restaurant ☐
- Yoko's Teppanyaki ☐
- Bettys Cookery School ☐
- The Metro ☐
- The Park ☐
- Starbeck Tandoori ☐
- Thai Pavilion ☐
- Ginnel Coffee Shop ☐
- Brio Pizza & Continental Bar ☐
- Other ☐

arrogate Hotel:

- Acorn Lodge Hotel ☐
- Alexa House Hotel ☐
- Alvera Court Hotel ☐
- Arden House ☐
- Ascot House Hotel ☐
- Ashley House Hotel ☐
- Aston Hotel ☐
- Azalea Court Hotel ☐
- Balmoral Grille ☐
- Bijou Boutique ☐
- Cairn Hotel ☐
- Camberley Hotel ☐
- Cedar Court Hotel ☐
- Dales Hotel ☐
- Gables Hotel ☐
- Geminian Guest House ☐
- Grafton Hotel ☐
- Grants Hotel ☐
- Hampden House ☐
- Harrogate Holiday Inn ☐
- Hob Green Hotel ☐
- Hopper Lane Hotel ☐
- Hotel Du Vin ☐
- Kimberley Hotel ☐
- Majestic Hotel ☐
- Old Swan Hotel ☐
- Ruskin Hotel ☐
- Shannon Court Hotel ☐
- Swallow St George Hotel ☐
- West Park Hotel ☐
- Yorkshire Hotel ☐
- Other ☐

I4 Harrogate Off-Licence:

- *Asda Stores Ltd* ☐
- *Co-op Food Market, Jennyfield Drive* ☐
- *Co-op Late Shop, King Edwards Drive* ☐
- *Co-op Late Shop, Otley Road* ☐
- *Co-op Late Shop, Leeds Road* ☐
- *Co-op Late Shop, Otley Road* ☐
- *Co-op Late Shop, Knaresborough Road* ☐
- *Co-op Late Shop, Starbeck* ☐
- *Co-op Late Shop, St. Winifreds Avenue* ☐
- *Dragon Service Station, Skipton Road* ☐
- *Gateways Newsagents, Woodfield Road* ☐
- *Harlow Stores, Otley Road* ☐
- *J Sainsbury Plc, Wetherby Road* ☐
- *Kings Convenience Store, Chatsworth Road* ☐
- *Londis, Skipton Road* ☐
- *Mann's Newsagent, King Edwards Drive* ☐
- *Mayfield Stores, Mayfield Grove* ☐
- *Mills, Devonshire Place* ☐
- *Mills, Knaresborough Road* ☐
- *N M Patel, Minimarket, Cawthorne Avenue* ☐
- *Oakdale Service Station, Ripon Road* ☐
- *Oddbins, Prospect Place* ☐
- *One Stop Convenience Store, Crab Lane* ☐
- *Pannal Ash Stores & Post Office, Rossett Green* ☐
- *Pattersons Off Licence, Strawberry Dale Avenue* ☐
- *Premier, Cold Bath Road* ☐
- *Sainsbury's at Jacksons, Kings Road Local* ☐
- *Sainsbury's at Jacksons, King Edwards Drive* ☐
- *Sainsbury's at Jacksons, Cold Bath Road* ☐
- *Sainsbury's at Jacksons, Starbeck* ☐
- *Spar, Skipton Road* ☐
- *Tesco Harrogate Express, Knaresborough Road* ☐
- *Threshers Local, Grantley Drive* ☐
- *Threshers Local, Hookstone Chase* ☐
- *Threshers Wine Shop, 79 Leeds Road (nearest Leeds)* ☐
- *Threshers Wine Shop, 32 Leeds Road (nearest town)* ☐
- *Threshers Wine Shop, Kings Road* ☐
- *Waitrose, Station Parade* ☐
- *Woodlands Stop & Shop, Wetherby Road* ☐
- *Wm Morrisons, Hookstone Park* ☐
- *Wine Rack, Cold Bath Road* ☐
- *Other* ☐

KNARESBOROUGH LOCATIONS

J1 Knaresborough Pub/Bar/Club:

- Blind Jacks ☐
- Board Inn ☐
- Borough Bailiff ☐
- Castle Vaults ☐
- Cross Keys Inn ☐
- Crown Inn ☐
- Daddy Cool's ☐
- Frazer Theatre ☐
- George & Dragon Inn ☐
- Half Moon ☐
- Hart ☐
- Ivy Cottage ☐
- Market Tavern ☐
- Marquis Of Granby ☐
- Mitre Hotel ☐
- Mother Shipton Inn ☐
- So! Bar & Eats ☐
- Union Hotel ☐
- Wellington Inn ☐
- Worlds End ☐
- Yorkshire Lass ☐
- Other ☐

J2 Knaresborough Restaurant:

- Carriages Wine Bar ☐
- Hannah's Cafe ☐
- Henshaws Arts & Crafts Centre ☐
- Marigold Cafe ☐
- Off The Rails ☐
- Pollyanna's Tearooms ☐
- Prudames Cafe ☐
- Regent Chinese ☐
- Riverview Chinese Restaurant ☐
- Spice Merchant ☐
- Verralls Restaurant ☐
- Victoria's ☐
- Zolsha Restaurant & Cafe ☐
- Other ☐

J3 Knaresborough Hotel:

- Dower House Hotel ☐
- Gallon House ☐
- Groves Hotel ☐
- Newton House Hotel ☐
- Nidd Hall Hotel & Leisure Club ☐
- Other ☐

J4 Knaresborough Off-Licence:

- Co-op Late Shop, Chain Lane ☐
- Co-op Late Shop, South Grange, Elm Road ☐
- Dawn Till Dusk, Boroughbridge Road ☐
- Sainsbury's at Jacksons, High Street ☐
- Somerfield Filling Station ☐
- Manse Services, Wetherby Road ☐
- Spar, High Street ☐
- Stockwell Grocery Off Licence, Stockwell Place ☐
- Threshers Wine Shop, High Street ☐
- Other ☐

RIPON LOCATIONS

K1 Ripon Bar/Club:

- Black Bull ☐
- Black Swan ☐
- Dog & Duck Restaurant & Bar ☐
- Golden Lion ☐
- Hornblower Tavern ☐
- King William IV ☐
- Lamb & Flag ☐
- Magdalens ☐
- Matrix Night Club ☐
- Monty's Night Club ☐
- Navigation Inn ☐
- One Eye'd Rat ☐
- Orange Tree ☐
- Royal Oak ☐
- Ship ☐
- Station Hotel ☐
- Turks Head ☐
- Unicorn Hotel ☐
- Water Rat Public House ☐
- Wheatsheaf Inn ☐
- White Horse ☐
- Other ☐

K2 Ripon Restaurant:

- Azores ☐
- Balti House ☐
- Chimes ☐
- Dish's Cafe Bar & Bistro ☐
- Dragon Inn Chinese Restaurant ☐
- Hong Kong Restaurant ☐
- Lockwoods ☐
- March Hare Cafe ☐
- Moti Raj ☐
- Old Deanery Restaurant ☐
- Papa Joes ☐
- Perk Up ☐
- Prima Pizzeria ☐
- Restaurant 27 ☐
- Spice Nagar Limited ☐
- The Warehouse ☐
- Valentino's Restaurant ☐
- Other ☐

K3 Ripon Hotel:

- Ripon Spa Hotel ☐
- South Lodge ☐
- Other ☐

K4 Ripon Off-Licence:

- Bondgate Stores & Post Office ☐
- Co-op Late Shop, Clotherholme Road ☐
- Corner Shop, Bondgate ☐
- Drinks Well, Market Place ☐
- J Sainsbury's, Market Place ☐
- Lead Lane Newsagents ☐
- Quarry Moor Service Station ☐
- Wm Morrisons, Harrogate Road ☐
- Wine Rack, Queen Street ☐
- Other ☐

L1 Name of Other Source:

Thank you for taking part in the study [SURVEY END]

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Annex G

Draft Remit

Alcohol Harm Reduction Strategy Scrutiny Review
Health Scrutiny Committee

Aim

To scrutinise the performance and value for money of the North Yorkshire & York Primary Care Trust's (NYYPCT) alcohol treatment services, particularly in relation to hospital admissions and the impact on NI (National Indicator) 39 of the Local Area Agreement (LAA) to facilitate examination of the effect of alcohol on the health of the population of York.

Key Objectives

i. To understand how North Yorkshire & York Primary Care Trust (NYYPCT) provides its various alcohol treatment services.

ii. To examine the performance and value for money of these services

iii. To explore the way information is currently provided in relation to hospital admissions and NI 39.

iv. To identify more effective ways of collecting the information in relation to the two points below:

- How many hospital admissions are specifically related to alcohol as their primary cause
- From where are these people taken i.e. from city centre locations/premises or private/domestic settings.

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Health Scrutiny Committee **11th May 2009**

Report of the Head of Civic, Legal & Democratic Services

Annual Health Check 2008/2009 - Update

Summary

1. This report is to update Members on further developments in relation to the Annual Health Check 2008/2009.

Background

2. The Care Quality Commission (formerly the Healthcare Commission) is an independent body, which is responsible for assessing and reporting on the performance of NHS and other health care organisations.

3. The Annual Health Check is the system used to assess the performance of all NHS trusts and a few other types of organisation in the NHS in England. In 2008/2009 it will be assessing:

- Acute Trusts (including Foundation Trusts)
- Ambulance Trusts
- Mental Health Trusts (including Foundation Trusts)
- Learning Disability Trusts
- Primary Care Trusts (both as providers and commissioners of care)
- Care Trusts
- The Health Protection Agency
- NHS Direct
- NHS Blood & Transplant

4. The Care Quality Commission has a statutory duty to publish an annual rating of performance for each organisation. This is done in two parts. The first is a score for quality of services. For most organisations, this is in two parts: an assessment of compliance with core standards set by the Department of Health, on whether requirements have been met, and an assessment based on indicators. The core standards set out the basic standards of healthcare that patients can expect to receive. They cover areas of real importance to patients such as the safety and quality of care and the accessibility of services. The

indicators are based on a set of 'vital signs' that are published by the Department of Health to provide a national framework of priority issues within which local services are to be planned and provided.

5. In 2008/2009, a score on the quality of financial management, derived from work done by the Audit Commission for non-Foundation Trusts and Monitor for Foundation Trusts, will form the second part of the rating. This replaces the 'use of resources' score in previous years.

6. To demonstrate achievement of the core standards NHS Trust boards are required to make a self-assessment and a public declaration on the extent to which they consider that they have met the standards. These declarations can be supplemented by third party comments from partners in the community such as Local Authority Overview and Scrutiny Committees. These are considered to be important as they substantiate the self-assessments and ensure that different perspectives are included in the returns.

7. The Annual Health Check will now separately assess Primary Care Trusts (PCTs) in their roles as commissioners and providers of services. Further information can be found on the Care Quality Commission website which is frequently updated.

   http://www.cqc.org.uk/

Work Undertaken Since the Last Report to Committee

8. At a meeting on 5th January 2009 Members of the Committee agreed to delegate to the Chair, Vice-Chair and Conservative Party representative, the responsibility of creating commentaries on the declarations produced by the three NHS Trusts. An informal meeting was held on 7th April 2009 to prepare the commentaries; this meeting was also attended by a representative of NHS North Yorkshire & York, who spoke briefly about which core standards they would be declaring compliance with. The commentaries have now been forwarded to the relevant trusts and are attached as annexes to this report as follows:

   Annex A Yorkshire Ambulance Trust
   Annex B York Hospitals Foundation Trust
   Annex C NHS North Yorkshire & York

9. The three Trusts will include the relevant commentary from the Committee in their declarations and these must be included word for word. The deadline for Trusts to submit their declarations to the Care Quality Commission is midday on 1st May 2009 and they will be made public on 22 May 2009. The results of the Annual Health Check will be published in October 2009.

Future Annual Health Checks

10. Until 31st March 2009 the Healthcare Commission, the Mental Health Act Commission and the Commission for Social Care Inspection were the independent bodies responsible for the regulation of health, mental health and

adult social care. As of 1st April 2009 these organisations ceased to exist and have been replaced with the Care Quality Commission.

11. The next financial year (2009/2010) will be treated as a 'transition year' before registration standards come into force in April 2010 and from April 2009, the aggregated quality of services score, used in the annual health check, will be dropped. Instead, providers will be assessed against core standards, national priorities, financial management and on their use of the Mental Health Act and Mental Capacity Act. The core standards assessments will take place mid-year, rather than at the end of the year, meaning self-declarations will be due in early November 2009.

Consultation

12. Members of the Committee received a presentation from the Yorkshire Ambulance Trust at their meeting on 30th March 2009. Various Members of the Committee also met with York Hospitals Foundation Trust and NHS North Yorkshire & York informally to discuss their declarations.

Options

13. This report is for information only.

Analysis

14. Evidence based information about how patients and the public are experiencing NHS services forms a valuable contribution to the Trusts' self-assessments. Overview and Scrutiny Committees are invited to comment because the Care Quality Commission (formerly the Health Care Commission) recognises that information collected in scrutiny reviews and through discussions between Health Scrutiny Committees and NHS Trusts can provide a patient and public experience that cannot be collected from anywhere else.

15. Due to the large number of Core Standards contained within the Annual Health Check, the delegated Members of the Committee chose to predominantly comment on those that they could evidence from information received at Health Scrutiny Committee meetings.

Corporate Priorities

16. This relates to the following Corporate Priority:

    'Improve the health and lifestyles of the people who live in York, in particular among groups whose levels of health are the poorest.'

Implications

17. There are no known financial, human resources, equalities, legal, crime & disorder, IT or other implications associated with the recommendations in this report.

Risk Management

18. In compliance with the Council's risk management strategy there are no known risks associated with this report.

Recommendations

19. Members are asked to note the report.

    Reason: To enable the Health Scrutiny Committee to carry out their duty to promote the health needs of the people they represent.

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Report Approved ✓ **Date** 23rd April 2009

Specialist Implications Officer(s)

None

Wards Affected: **All** ✓

For further information please contact the author of the report

Background Papers:

Care Quality Commission website:
http://www.cqc.org.uk/

Annexes

Annex A Yorkshire Ambulance Trust
Annex B York Hospitals Foundation Trust
Annex C NHS North Yorkshire & York

Annex A

CYC Health Scrutiny Committee's comment on Core Standards met by Yorkshire Ambulance Service (YAS)

Core Standard C4a and C4c

C4a

Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that the risk of health care acquired infection to patients is reduced, with particular emphasis on high standards of hygiene and cleanliness, achieving year-on-year reductions in Methicillin-Resistant Staphylococcus Aureus (MRSA)

C4c

Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that all reusable medical devices are properly decontaminated prior to use and that the risks associated with decontamination facilities and processes are well managed.

Members of the Committee are concerned regarding the recent comments in the press from the Care Quality Commission. These articles name YAS as one of the NHS Trusts failing to meet targets on hygiene and decontamination. They trust that any problems will be dealt with in a timely manner.

Core Standard C7e

Healthcare organisations have systems in place to ensure that staff treat patients, their relatives and carers with dignity and respect.

YAS were invited to take part in discussions and meetings regarding the Health Scrutiny Committee's Review on Dementia (Accessing Secondary Care). Representatives of YAS attended one meeting (although they had been invited to attend a number of others) and commented that Yorkshire Ambulance Service could have little impact on the Review, and, more importantly, on any improvement to services to the patient/carers, which might result, as the subject was not directly related to their work.

Health Scrutiny Committee felt that the response received from YAS was weak especially in light of them now declaring non-compliance with this core standard. YAS had been given opportunities to join discussions 'on protecting vulnerable adults' (which was a key factor in the Dementia Review) but had quite clearly not engaged with the Council or the other service providers on the matter. A copy of the Dementia Review is available on request.

Annex A

Core Standard C17

The views of patients, their carers and others are sought and taken into account in designing, planning, delivering and improving healthcare services

Members of the Committee received a presentation from YAS at their meeting on 30th March 2009. YAS confirmed that their 'turn around' times had been significantly reduced and this had also had a positive knock on effect on other service providers as well (e.g. York Hospital – which has also confirmed that this has considerably assisted them, and improved the service available to patients). Members of the Committee commend YAS for their achievements in this respect.

Core Standard C22a&c

Healthcare organisations promote, protect and demonstrably improve the health of the community served, and narrow health inequalities by:

a) Co-operating with each other and with local authorities and other organisations
c) Making an appropriate and effective contribution to local partnership arrangements including Local Strategic Partnerships and Crime and Disorder Reduction Partnerships

YAS have only attended meetings of the Health Scrutiny Committee a few times this year (1 informal meeting and 2 formal meetings). Members of the Committee have expressed concern at the few times that the YAS have sent representatives to the meeting and would like to see more input from the YAS in the future.

This concern reflects comments made by the Committee at the time of the mergers of ambulance services, creating YAS as an essentially regional service, that there was a need to retain a local focus, for areas such as City of York. We do not consider that this has so far been achieved.

Annex B

CYC Health Scrutiny Committee's comment on Core Standards met by York Hospital Foundation Trust

Core Standard C4a

Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that the risk of health care acquired infection to patients is reduced, with particular emphasis on high standards of hygiene and cleanliness, achieving year-on-year reductions in Methicillin – Resistant Staphylococcus Aureus (MRSA)

City of York Council's Health Scrutiny Committee welcome the further improvements being made by York Hospital regarding infection control measures. There had been 5 reportable cases of MRSA for the Trust against a trajectory of 12 (there were other cases attributed to the PCT) and on Clostridium Difficile (Cdiff) the Hospital will report 108 incidents against a trajectory of 122.

The incidence of MRSA and Cdiff was already extremely low and has shown further improvement in the course of this year. We would comment that this has been a remarkable achievement from such a challenging base, but recognise, as does the Trust, that there is no room for complacency and that senior managers and clinicians will continue to treat this as a priority.

Core Standard C6

Healthcare organisations co-operate with each other and social care organisations to ensure that patients' individual needs are properly managed and met.

Representatives from York Hospital played an active role in City of York Council's Health Scrutiny Committee's Review on Dementia (Accessing Secondary Care). They were involved in cross provider discussions between the Health Scrutiny Committee, various voluntary organisations, the Primary Care Trust and CYC Adult Social Services. The recommendations arising from the review identified several areas for improvement some of which directly impacted on the Hospital. These were met with a positive response and an agreement by all parties for an update to be provided to the Health Scrutiny Committee in the summer of 2009. We look forward to working jointly with the Trust in the future to continue improving services for vulnerable patients and their carers.

Core Standard 11a

Healthcare organisations ensure that staff concerned with all aspects of the provision of healthcare are appropriately recruited, trained and qualified for the work they undertake.

Annex B

The Committee's Review on Dementia (Accessing Secondary Care) as mentioned above provided evidence of possible deficiencies in training. Representatives from York Hospital had a significant input into the Review, taking an active part in discussions concerning possible improvements to staff training. Further information connected with this is detailed in the comments on Care Standard C13a

Core Standard C13a

Healthcare organisations have systems in place to ensure that staff treat patients, their relatives and carers with dignity and respect.

The Committee's Review on Dementia (Accessing Secondary Care) as mentioned above, provided first hand accounts that suggested possible non-compliance with this standard. Representatives from York Hospital had a significant input into the Review taking an active part in discussions concerning possible improvements to the way patients with dementia were treated by staff. Members of the Committee were able to talk to front line staff about some of the concerns the Review had raised. Their responses were included in the Review document, a copy of which is available on request. At all times senior managers and senior clinicians have recognised there are areas for improvement and have expressed a wish to react positively to the recommendations we have presented.

Core Standard C13c

Healthcare organisations have systems in place to ensure that staff treat patient information confidentially, except where authorised by legislation to the contrary

There has been a recent incident where some patients' records/notes have been found in the street and handed to the local newspaper. Health Scrutiny Committee in York were concerned about how patient information came to be found in the street but have confidence in the Hospital's processes that a thorough, high level investigation of the incident is currently being carried out.

Core Standard C17

The views of patients, their carers and others are sought and taken into account in designing, planning, delivering and improving healthcare services

City of York Council's Health Scrutiny Committee commends the work of the Yorkshire Ambulance Service and the Hospital in reducing turn around time. The average turnaround time at the hospital is now 22 minutes. This has enabled the Trust to further improve their processes of patient care, particularly at discharge.

Annex B

Core Standard C22a&c

Healthcare organisations promote, protect and demonstrably improve the health of the community served, and narrow health inequalities by:

a) Co-operating with each other and with local authorities and other organisations
c) Making an appropriate and effective contribution to local partnership arrangements including Local Strategic Partnerships and Crime and Disorder Reduction Partnerships

Representatives of York Hospital attend City of York Council's Health Scrutiny Committee meetings when they are able and are generally supportive of the Committee's requests for information. They played an active part in discussions arising during the Dementia Review.

Members of the Health Scrutiny Committee have had several opportunities to visit the hospital. Staff have shown them around several departments and have always been willing to answer Members' questions.

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Annex C

CYC Health Scrutiny Committee's comment on Core Standards met by NHS North Yorkshire & York (formerly North Yorkshire & York Primary Care Trust)

Core Standard C2

Healthcare organisations protect children by following national child protection guidance within their own activities and in their dealings with other organisations.

NHS North Yorkshire & York play an active role alongside City of York Council and other organisations on the Safeguarding Children Board. Inspectors from Ofsted visited the authority earlier this year to carry out a Joint Area Review (JAR), evaluating how local services contribute to the wellbeing of children and young people growing up in the city. The review particularly focused on children with learning difficulties and/or disabilities and children who are looked after (cared for by the council) or who require safeguarding. The inspection team highlighted York as one of the best authorities in the country for services for children and young people, classing it as 'outstanding and continuing to improve outstandingly'.

Core Standard C6

Healthcare organisations co-operate with each other and social care organisations to ensure that patients' individual needs are properly managed and met.

NHS North Yorkshire & York played an active role in City of York Council's Health Scrutiny Committee's Review on Dementia (Accessing Secondary Care). They were involved in cross provider discussions between the Health Scrutiny Committee, various voluntary organisations, York Hospital and CYC Adult Social Services. The recommendations arising from the review identified several areas for improvement some of which directly impacted on the Primary Care Trust. These were met with a positive response and an agreement by all parties for an update to be provided to the Health Scrutiny Committee in the summer of 2009.

Core Standard C13a

Healthcare organisations have systems in place to ensure that staff treat patients, their relatives and carers with dignity and respect.

NHS North Yorkshire & York had a significant input into the Review on Dementia (Accessing Secondary Care) as mentioned above. They took an active part in discussions concerning possible improvements to the way patients with dementia were treated by staff. A copy of the Dementia Review document is available on request.

Annex C

Core Standard C22a&c

Healthcare organisations promote, protect and demonstrably improve the health of the community served, and narrow health inequalities by:

a) Co-operating with each other and with local authorities and other organisations
c) Making an appropriate and effective contribution to local partnership arrangements including Local Strategic Partnerships and Crime and Disorder Reduction Partnerships

Representatives of NHS North Yorkshire & York attend City of York Council's Health Scrutiny Committee meetings on a regular basis and are very supportive of the Committee's requests for information. They played an active part in discussions arising during the Dementia Review.

They also provide regular updates on access to NHS dental services in York and have been working with the Committee on preparing a standard reporting template for presenting statistics on this subject. Information is usually provided to us in writing prior to meetings for inclusion in agendas. The Health Scrutiny Committee had previously raised concerns regarding the provision of emergency dental services and are pleased to see that there have been continuing improvements to the York based Sunday emergency dental service which had been introduced in November 2007.

The Assistant Director of Commissioning and Service Development has attended 3 meetings this reporting year (2 formal and 1 informal).

Representatives of the Health Scrutiny Committee and NHS North Yorkshire and York have also met to discuss the forthcoming changes to their mental health provider role.

There are also successful jointly commissioned schemes between the Council and the Primary Care Trust including; mental health services and Learning Disability (LD) services.

The Chair of the Health Scrutiny Committee has attended a seminar run by the Primary Care Trust to launch their approach to developing World Class Commissioning.

The Group Manager (Assessment and Personalisation) within City of York Council's Housing and Adult Social Services Directorate commented that: 'The Joint Equipment Store (JES) service has been running as a joint health social care service for at least 10 years and year by year has provided an increasing level of service to people in York, which has been a consistently high performing service, jointly provided by the PCT and the Council. Over the last two years the significant reorganisation of the Primary Care Trust has meant that service developments which could have benefited both health and social care customers have been delayed; hopefully there is now an opportunity to take these forward. This service has been consistently reaching a 96% delivery target for equipment to be delivered within 7 days of assessment.

CITY OF YORK COUNCIL

Health Scrutiny Committee **11th May 2009**

Report of the Head of Civic, Democratic & Legal Services

Health Scrutiny Networking

Summary

1. This report is to inform Members of the Committee about recent events attended by both Members and Officers outside of the formal meeting cycle of the Health Scrutiny Committee.

Background

2. Both Members and Officers attend events on a regular basis and in the past these have not been reported back to the Committee. Many of these events are directly linked with some of the work set out in the Committee's work plan.

Consultation

3. The following paragraphs detail the events and meetings that have taken place.

Informal meeting with LINks (13.01.2009)

4. Representatives of LINks, North Bank Forum, CYC Adult Social Services and CYC Health Scrutiny Committee attended this meeting chaired by the Head of Strategic Partnerships at the Council. The meeting covered issues about the governance of LINks, how LINks would be working with various partners and how they would address work planning. In terms of Health Scrutiny discussions were had regarding how LINks would refer things to the Committee and how these would be integrated into the Committee's work plan. At this point in time no decision has been made about how this will be done. A copy of LINks work plan is attached at Annex A to this report.

5. Discussions were had regarding using LINks as a consultee when feasibility reports were prepared for newly registered scrutiny topics. It was decided that the Scrutiny Officer would ask LINks for their input into these but there may be some possible conflicts regarding response timescales that would need to be looked at in the future.

Regional Health Scrutiny Officers' Network (22.01.2009)

6. Health Scrutiny Officer's across the Yorkshire and Humber meet on a regular basis. At a recent meeting they discussed progress in relation to adopting a protocol for Joint Health Scrutiny Committees. Discussions also took place about the Annual Healthcheck, and the possibility of this being held in November of this year as well as April.

7. The Regional Health Scrutiny Officer Network still has some funds left and discussions were had regarding the possibility of producing a pack that could be used to embed health and well being into all areas of scrutiny. Discussions regarding this were still ongoing.

Meeting with Hospital Governors (11.03.2009)

8. The Scrutiny Officer attended a meeting, along with two Members of the Health Scrutiny Committee, who are also Hospital Governors regarding the Annual Health Check. The Deputy Director of Performance and Compliance at York Hospitals NHS Foundation Trust gave a presentation on the Core Standards for Health and the processes that the Hospital would be following to prepare their declaration to the Care Quality Commission.

Councillor Call for Action (CCfA) (16.03.2009)

9. The Scrutiny Officer attended a workshop to explore the new Councillor Call for Action legislation. The Government has enacted, in the Local Government and Public Involvement in Health Act 2007, at Section 119, provisions for a CCfA, providing Members with the opportunity to ask for discussions at scrutiny committees on issues where local problems have arisen and where other methods of resolution have been exhausted. A more in depth report regarding this subject was presented to Scrutiny Management Committee on 24th March 2009 and can be found on the Council's website: www.york.gov.uk

LINKs Annual General Meeting (AGM) (26.03.2009)

10. The Chair and Scrutiny Officer attended the first LINks AGM. The Partnership Co-ordinator for York LINk gave a presentation on their Governance Framework and Annual Report. LINks members also voted on items to include in their work plan, this is attached at Annex A to this report. Members of LINks chose to concentrate on 5 topics and sub-groups will be formed to work on these. The Partnership Co-ordinator will be in attendance at the meeting should Members have any questions.

Meeting with Chief Executive of NHS North Yorkshire & York (09.04.2009)

11. The Chair, Vice-Chair and Scrutiny Officer met with the Chief Executive and the Assistant Director of Corporate and Public Affairs. The Chief Executive, Jayne Brown, had been appointed a few months ago and this had been the first opportunity to meet and discuss the Health Scrutiny Work Plan with her. Discussions were had regarding Clinical Care Pathways, especially in relation to musculo-skeletal issues, as well as World Class Commissioning and

'Access to Dental Services' in York. Further quarterly meetings are being scheduled to keep her up to date with the work of the Committee and the issues that they are looking at.

Options

12. This report is for information only.

Analysis

13. Members and Officers who undertake work in relation to Health Scrutiny attend many events outside of the Committee's formal meeting cycle. This report has been prepared for the purposes of transparency and information sharing.

Corporate Strategy

14. This relates to the following Corporate Value:

    'Encouraging improvement in everything we do'.

Implications

15. There are no known Financial, Human Resources, Equalities, Legal, Crime and Disorder, Information Technology, Property or other implications associated with this report.

Risk Management

16. This report is for information only and there are no known risks associated with it.

Recommendations

17. Members are requested to note the report.

    Reason: To keep Members informed of events attended that are relevant to Health Scrutiny.

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Report Approved ✓ **Date** 23rd April 2009

Specialist Implications Officer(s)

None

Wards Affected: **All** ✓

For further information please contact the author of the report

Background Papers:

None

Annexes

Annex A Copy of LINks Work Plan

Annex A

York LINk Work Plan Voting

The four most important issues for the LINk were voted on at the AGM. Provision was also made for people who were unable to attend the event to vote prior to the meeting. The following are the voting results in order:

1. Dignity and respect in health and social care
2. The future of Mental Health Services in York & North Yorkshire
3. Planning and buying your own care services
4. Implementation of an End of Life Care Strategy
5. Provision of hospital facilities for people with Long Term Conditions such as Neurological conditions
6. Carers rights
7. Treatment of older people with mental health problems in York Hospital
8. Implementation of procedures to Safeguard Adults
9. Discharge from Hospital
10. Coronary Heart disease (CHD)
11. Homelessness in York
12. Access to Dental Services
13. Advice on food and exercise to tackle obesity
14. Teenage pregnancies

Other issues were listed on the voting forms as follows:

- Provision of support for children with disabilities

- 10 minute restriction on consultation time with GP's for older people with multiple conditions
- Intermediate Care (two people)
- Provision for alternative medicine
- Child to adult transitional services

Health Scrutiny Committee Work Plan

Work Area	Tasks	Timeframe	Responsible Officer
LINks	• Participate in training and events in connection with the development of the LINk in conjunction with Host (North Bank Forum) • Receive regular updates from Trusts • Report back with a detailed working relationship between LINks, NBF & the Health Scrutiny Committee	Ongoing Ongoing September 2009	Nigel Burchell / Scrutiny Officer (as appropriate)
Dental Provision In York	• Receive regular update from NYYPCT • Receive additional information requested in relation to the proposed scrutiny topic on 'Access to Dental Services'	May 2009	Scrutiny Officer together with appropriate persons from the PCT.
Annual Healthcheck	• Further update on the Annual Health Check & copies of commentaries sent	May 2009	Scrutiny Officer in conjunction with the three Trusts
Alcohol Reduction Strategy (Proposed Scrutiny Topic)	A joint briefing paper be prepared by the Primary Care Trust and the Hospital to include: • Clarification as to the data that is currently collected • Confirmation of targets and how these are reported (including the definition of an alcohol related hospital admission) • Historical data • Feedback from the pilot being carried out by Harrogate Accident and Emergency Department in respect of the electronic collection of data. •	May 2009	NYYPCT/Safer York Partnership/Scrutiny Officer
General	• Health Scrutiny Networking Update	May 2009	Scrutiny Officer
Clinical Pathways & Referral Guide	• Update on clinical pathways	June	Scrutiny Officer
Dementia Review Recommendation Tracking	• To receive an update from the PCT, York Hospital & Ambulance Trust regarding the implementation of the Scrutiny Review recommendations.	June/July 2009	Scrutiny Officer in conjunction with the three Trusts

Health Scrutiny Committee Work Plan

Outreach Workers (Proposed Scrutiny Topic)	To receive an update report detailing the outcome of discussions with stakeholders, representative agencies and providers about the commissioning of services and partnership working to provide these services; in order to ascertain whether a more broadly focused scrutiny review should be undertaken on this matter in the future.	Autumn 2009	Director of Housing and Adult Social Services
Feasibility Reports	• To prepare feasibility reports for new topics submitted for review	As and when required	Scrutiny Officer
Information Reports	• Updates on Legislation, Consultation documents etc	As and when required	Scrutiny Officer
Seminar on 'Delivering Healthy Ambitions'	• Arrange an informal seminar for Members and invite representatives of SHA and NHS North Yorkshire & York to make presentations at this.	TBC	Scrutiny Officer