



**Notice of meeting of
Health Scrutiny Committee**

To: Councillors Fraser, Cuthbertson (Chair), Greenwood, Kind, Looker, Moore, M Waudby and Hyman

Date: Monday, 4 September 2006

Time: 5.00 pm

Venue: Guildhall

AGENDA

1. Declarations of Interest

At this point, Members are asked to declare any personal or prejudicial interests they may have in the business on the agenda.

2. Minutes (Pages 1 - 8)

To approve and sign the minutes of the meeting of the Health Scrutiny Committee held on 31 July 2006, adjourned and reconvened on 2 August 2006.

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 1 September, at 10:00 am.**

4. “A Stronger Local Voice” – Proposals for the Replacement of Patient and Public Involvement Forums (Pages 9 - 18)

This report invites Members to consider their response to proposals, set out in the Department of Health document “A Stronger Local Voice”, to replace the Commission for Patient and Public Involvement in Health and Patient and Public Involvement Forums with Local Involvement Networks (LINKs).

5. Scrutinising Selby and York Primary Care Trust’s Measures to Restore Financial Balance (Pages 19 - 22)

This report asks Members to decide how they wish to gather evidence on those aspects of the Primary Care Trust’s financial recovery plan that they have agreed to subject to further scrutiny.

6. Forward Plan (Pages 23 - 24)

To receive a draft Forward Plan setting out proposed business for consideration at future meetings of the Committee.

Democracy Officer:

Name: Fiona Young

Contact details:

- Telephone – (01904) 551024
- E-mail – fiona.young@york.gov.uk

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

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

City of York Council

Committee Minutes

MEETING	HEALTH SCRUTINY COMMITTEE
DATE	31 JULY 2006
PRESENT	COUNCILLORS CUTHBERTSON (in the Chair), FRASER, GREENWOOD, KIND, LOOKER, MOORE and M WAUDBY
IN ATTENDANCE	PENNY JONES (Acting Chief Executive, SYPCT) JOHN BROWN (Assistant Director for Corporate Affairs, SYPCT) GARRY MILLARD (Director of Mental Health and Social Inclusion, SYPCT) ANNE BYGRAVE (Head of Learning Disabilities, Community Services) JOHN BETTRIDGE (Chair of York Voluntary Sector Mental Health Forum) SALLY HUTCHINSON (Chief Officer, Age Concern York) KEITH MARTIN (Head of Adult Services, Community Services)

7. DECLARATIONS OF INTEREST

The Chair invited Members to declare at this point any interests they might have in the business on the agenda.

Cllr Fraser declared a personal, non prejudicial interest in agenda item 5 (Scrutinising Selby and York Primary Care Trust's Measures to Restore Financial Balance), on account of his previous membership of UNISON, one of the main unions of the NHS.

Cllr Moore declared a personal, non prejudicial interest in agenda item 5 on account of his wife's employment at the Priory Medical Group.

Cllr Waudby declared a personal, non prejudicial interest in agenda item 5 on account of his wife's employment as a care worker.

8. MINUTES

RESOLVED: That the minutes of the meeting of the Health Scrutiny Committee held on 12 June 2006 be approved and signed by the Chair as a correct record.

9. PUBLIC PARTICIPATION

It was reported that there had been no registrations to speak at the meeting under the Council's Public Participation Scheme.

10. FORWARD PLAN

Members considered a draft Forward Plan setting out business proposed for consideration at the next two meetings of the Committee.

The Chair indicated that future items for discussion would be guided to some extent by the Committee's decisions in respect of the next item on the agenda. It was noted that the Forward Plan contained some unexplained acronyms; this should be corrected in the next version to ensure that it could be understood by members of the general public.

RESOLVED: That the Forward Plan be noted.

11. SCRUTINISING SELBY AND YORK PRIMARY CARE TRUST'S MEASURES TO RESTORE FINANCIAL BALANCE

Members received a report which presented the Financial Recovery Plan prepared by the Selby and York Primary Care Trust (SYPCT) and asked them to decide how they wished to examine the impact of the savings measures set out in the Plan.

Members heard from and questioned the following speakers, who had been invited by the Chair to present further information on the Plan and / or their views regarding its potential impact upon individual service areas. The speakers' comments are summarised briefly below.

Penny Jones and **John Smith** introduced the Recovery Plan, explaining the reasons behind the savings requirements and the process followed in drawing up the Plan. It was stressed that all elements had been discussed with key stakeholders at an early stage in the process before working up developed plans in each area.

Anne Bygrave outlined the background to the proposals relating to Learning Disabilities services. These had been based largely upon savings arising from changes already planned in response to government requirements and the cost improvement programme, so were not expected to have any negative impact upon services.

Gary Millard introduced the proposals relating to Mental Health services. These were intended to make the 2.5% savings required across the country in this service area. The developed plans represented a joint effort, with the PCT working closely with Council officers to ensure that the quality of services was not affected. There had been some issues regarding communication.

John Bettridge commented on the Mental Health proposals from a voluntary sector / customer perspective. He noted that the reconfiguration of wards at Bootham and the closure of Redroofs were contentious issues and that the voluntary sector was keen to be consulted on any future changes. It was pleasing that the Plan included no reductions in funding to the voluntary sector. However, there were concerns about the uncertainty of future funding from the PCT and cutbacks to European funding.

Sally Hutchinson commented on the proposals relating to services for Older People from a voluntary sector / customer perspective. She expressed the view that there had been insufficient consultation on the Plan, and raised concerns about the proposals to reduce intermediate care beds at Archways and Grove House and speed up discharges from hospital. Other concerns included the effect on older people of changes to prescription charges, reduced referrals to hospital and staff cuts.

Keith Martin commented on the Plan with regard to its impact on services provided by City of York Council. He noted that the pace of change had made it difficult for the Council to comment on the proposals as they developed. The overall risk that the savings would impact on community services could be reduced by working together with the PCT. It was important that there be no increase to the 2.5% savings figure for Mental Health, as the level of investment in this area was already low. There were concerns about the reduction in intermediate care beds at the Groves and Archways and proposals impacting on occupational therapy and provision of equipment must be kept under review.

Dr Brian McGregor commented on Primary Care issues, and specifically the impact on GPs of the Referral and Clinical Advice Services (RACAS) introduced under the Plan. Some initial problems had been ironed out and the system was now starting to settle down and had proved effective in reducing hospital referrals. GPs still had concerns about some issues, including the impact of the prescriptions proposals. It was hoped that these would be addressed by the new referrals document, which was being re-written by GPs from across the region.

Once questions had concluded, the Chair proposed that the meeting be adjourned, to enable a representative from the York Hospitals NHS Trust to attend and for Members to discuss the issues further before deciding which aspects of the Plan they wished to scrutinise in depth and whether any of the proposals should be categorised as substantial changes requiring a statutory public consultation. The date proposed for the reconvened meeting was 2 August. Before a decision was reached on this proposal, Members discussed possible alternative dates for the meeting and whether their final decision might instead be deferred to the next scheduled meeting of the Committee.

RESOLVED: That the meeting be adjourned, and reconvened at 4:30 pm on Wednesday, 2 August.*

REASON: To enable a representative of the York Hospitals NHS Trust to attend the meeting and to allow further discussion to take place before the Committee makes its decision.

**Note: Cllrs Fraser and Kind did not concur with the decision to adjourn and asked that this be recorded.*

I Cuthbertson, Chair
[The meeting started at 5.00 pm and finished at 8.35 pm].

This page is intentionally left blank

MEETING	HEALTH SCRUTINY COMMITTEE
DATE	2 AUGUST 2006
PRESENT	COUNCILLORS CUTHBERTSON (Chair), FRASER, GREENWOOD, LOOKER, MOORE and M WAUDBY
APOLOGIES	COUNCILLOR KIND
IN ATTENDANCE	PENNY JONES (Acting Chief Executive, SYPCT) MIKE PROCTOR (Chief Operating Officer / Director of Nursing, York Hospitals NHS Trust) ROB SMITH (Consultant / Clinical Director of Children's Services, York Hospitals NHS Trust)

12. **SCRUTINISING SELBY AND YORK PRIMARY CARE TRUST'S MEASURES TO RESTORE FINANCIAL BALANCE**

Members considered how they wished to examine the impact of savings measures set out in the Financial Recovery Plan prepared by the Selby and York Primary Care Trust (SYPCT). This matter had been adjourned from the meeting on 31 July to enable Members to hear from a representative of the York Hospitals NHS Trust before coming to a decision.

At the outset of the meeting, Cllr Fraser reiterated the concerns he had raised on 31 July regarding the decision to adjourn, which he considered had been taken in a manner contrary to the Council's due processes. In response, the Chair emphasised that Members had to work together to deal with the issues expeditiously. The adjournment date had been agreed at the meeting by a majority of the Committee and no political pressure had been applied.

Members then heard from and questioned the following speakers, who had been invited to attend the meeting to provide further information on the Plan and its effect upon York's hospital services:

Penny Jones outlined the latest position on development of a Service Level Agreement between the Trust and the SYPCT. Agreement had been reached on the broad principles and colleagues within the two organisations were now discussing the detail. Both parties recognised the need to work together to develop a more affordable and sustainable approach to service provision, although the challenges of this task were fully appreciated.

Mike Proctor confirmed the comments of the previous speaker and that significant progress had been made on the agreement. It was accepted that the Trust must make a significant contribution to the PCT's savings; subject to maintaining the principle of payment by results. This would be achieved by helping the PCT to make clinically sound decisions, focusing

on those areas where services could be provided equally well outside the hospital environment. The outcome would be a smaller hospital (that is, one with fewer in-patient beds) and shorter hospital stays.

Rob Smith outlined the current situation at York Hospital with regard to paediatric services. In line with national trends, admission rates were increasing and length of stay reducing – the hospital was seeing more children who were less ill. The key to greater efficiency lay in reducing admission rates by provision of alternative services at a primary care level. However, there was no question of compromising patient safety and it was not considered that the Plan would have a detrimental effect on services.

Members raised concerns about the low level of savings identified by the Trust to date, relative to the PCT's targets. It was explained that finding savings was an ongoing process and any agreement would be subject to the approval of the Health Authority. The Committee would be kept updated on progress overall towards meeting the targets. The issue of time was crucial for both the Trust and the PCT and it would be in the interests of all if the PCT were granted more time to achieve its savings requirements. In response to Members' questions on the implications for hospital services, it was confirmed that there were no plans permanently to discontinue particular classes of minor operation. Decisions would continue to be taken on a clinical basis, having assessed each case against agreed criteria. The hospital's capacity would be reduced only as demand for services reduced and it must retain sufficient capacity to deal with emergencies on a day to day basis.

Having discussed the issues and considered all the information provided at both parts of the meeting, it was

RESOLVED: (i) That the Committee write to the Secretary of State asking that the SYPCT be given more time and flexibility to meet its savings targets and that it not be required to replay the deficit brought forward from 2005/06 in the current financial year. The text of the letter to be agreed between the Chair and Cllr Fraser.

- (ii) That the Committee give further consideration to:
 - a) The final version of the clinical thresholds guidance "Commissioning Effective, Efficient and Necessary Pathways of Care" (paragraph 4.2 of the Recovery Plan refers), and how it addresses the relationship between RACAS and practice based commissioning;
 - b) Those aspects of the Recovery Plan that relate to Mental Health services, and their potential impact on these services.

(ii) That no statutory public consultation on any of the proposals in the Plan is required at this stage.

I Cuthbertson, Chair
[The meeting started at 4.30 pm and finished at 6.40 pm].

This page is intentionally left blank



Health Scrutiny Committee**4 September 2006****Report of the Head of Civic, Democratic and Legal Services****“A Stronger Local Voice” – proposals for the replacement of Patient and Public Involvement Forums****Summary**

1. The Department of Health (DoH) have issued a document entitled “A Stronger Local Voice” which gives details of the plans to replace the Commission for Patient and Public Involvement in Health (CPPIH) and Patient and Public Involvement Forums (PPIFs) with Local Involvement Networks (LINKs). Members are invited to comment on or submit queries about these proposals by 7 September 2006.

Background

2. “A Stronger Local Voice “ was issued by the DoH July 2006 (extract enclosed at Annex A). The proposal is that LINKs will be established for every local authority area which has social services responsibilities. They will replace the Patients Forums which currently exist for each individual health trust.
3. The idea is that they will provide flexible ways for communities to engage with health and social care organisations and that they will promote public accountability in health and social care.
4. LINKs will have the power to refer matters to Overview and Scrutiny Committees (OSCs) and receive an appropriate response. The DoH is of the opinion that LINKs will be able to gather information that will be useful to OSCs and that LINK members will be able to participate in OSC activities.
5. OSCs will be encouraged in future to focus their attention on the work of commissioners to make sure that they are commissioning services that reflect the health needs of the local population and that they are reflecting public priorities in the communities.

6. Funding will be allocated to local authorities who will be expected to consult with local organisations to identify the most appropriate arrangements for hosting the LINK. Guidance will be provided to assist local authorities in tendering for a host organisation to run the LINK.
7. The DoH is seeking views on how the new system should be developed. The particular points that they asking for opinions about are listed in Annex A.

Options

8. Members may
 - a. Respond to the questions in the document listed at Annex A and/or
 - b. Make other comments or
 - c. Make no response to the document

Analysis

9. Currently PPIFs have the power of inspection of health care providers, it does not appear from the document that this right will be transferred to the new LINKs. There is also no indication at this stage as to how much funding will be made available to local authorities in order to set up the LINKs.

Implications

10. There are no known Financial, HR, Equalities, Legal, Crime and Disorder, IT or other implications at this stage.

Risk Management

11. In compliance with the Councils risk management strategy. There are no risks associated with the recommendations of this report.

Recommendations

12. Members are asked to consider their response to the "A Stronger Local Voice" document and decide what comments and/or questions they wish to submit, if any.

Reason

In order to make a response to the document before the deadline of 7 September 2006.

Contact details:

Author:

Barbara Boyce
Scrutiny Officer
01904 551714
barbara.boyce@york.gov.uk

Chief Officer Responsible for the report:

Suzan Hemingway
Head of Civic, Democratic and Legal Services

Report Approved Date

Wards Affected:

All

For further information please contact the author of the report

Annexes

Annex A – Extract from the document and questions from the DoH.

Background Papers

"A Stronger Local Voice" DoH July 2006

http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT_ID=4137040&chk=U6PSmq

This page is intentionally left blank

Annex A

Local involvement networks (LINKs)

LINKs will be at the heart of the new arrangements to strengthen the voice of local people. Each local authority with social service responsibilities will be appropriately funded to carry out a new statutory duty to make arrangements providing for the establishment of a LINK in its area.

Purpose

We believe that people can have a real impact on the nature and quality of services, and for that to happen we need to:

- provide a flexible way for local people and communities to engage with health and social care organisations;
- support and strengthen open and transparent communication between people, commissioners and providers; and
- make sure organisations that commission and provide health and social care services are more accountable to the public and build positive relationships with them.

We believe LINKs will be able to deliver these aims in ways that are flexible, inclusive and appropriate to local people and communities, and for this reason, we think it is important that LINKs are set up and managed locally.

What will LINKs do?

LINKs will have the flexibility to work with the changing landscape of the NHS and social care systems and to fit in with their local circumstances. They can:

- gather information from a wide range of people and a wide range of sources – information about what local people need in terms of both their health and social care services and about their experiences of using these services in their area. Information could be gathered from existing sources such as PALS, complaints, the national survey and through other means of engaging people such as dedicated websites, user groups and focus groups;
- analyse the information and decide what to pass on. They will identify and pass on trends and make recommendations to the organisations (commissioners, providers, managers, OSCs and regulators) responsible for delivering and scrutinising health and social care services;
- be a means by which commissioners, OSCs and regulators access the views of the local population;
- encourage and support users and the public to participate in commissioning, scrutinising and reviewing health and social care services; and
- be involved in the development of the 'prospectus-style' document, proposed in *Health reform in England: commissioning framework* (DH, 2006c).

The information they gather will help:

- commissioners make informed decisions about what people in the area need, and assist them in their role as contract managers;
- providers who need ongoing feedback to know what it is like to be a recipient of the services they have delivered;
- managers to know whether commissioners are purchasing services that meet the needs of local people and whether providers are meeting those needs;
- OSCs base their reviews on actual feedback (the LINK can inform the OSC, and members of the LINK may be able to participate in OSC activity);
- the regulators have access to local information on the public's and users' needs and experiences; and
- local strategic partnerships, which work to draw together priorities and initiatives within local area agreements.

The LINK:

- will have the ability to set its own agenda within the scope of its statutory functions, enabling local people to champion local issues;
- is not there to replace wider involvement, it is there to promote it – it is one of the ways in which commissioners and other decision makers can access local opinion;
- will establish a specific relationship with OSCs, and the information it gathers will help OSCs carry out their functions; and
- will want to build an effective relationship with the local strategic partnerships.

Opportunities

LINKs should operate in an inclusive way with a membership that includes user groups, local voluntary and community sector organisations and interested individuals. It is important that these arrangements offer scope to groups such as children and young people, especially those who are not always included. There will be opportunities for existing patient forum members to get involved in the new arrangements and to work alongside a more diverse range of people and organisations. However, how members are appointed will be decided at a local level.

We think that members of the community who are involved in LINKs may be ideally placed to take an active role in the OSCs' review activities. This may include, for example, acting as an adviser during a particular review.

The period leading up to LINKs being established will be an opportunity for forum members to forge and strengthen links with relevant community groups and voluntary organisations. **Q?**

In the future there will be a greater emphasis on joint commissioning for health and well-being; LINKs will well placed to work with commissioners across health and social care boundaries.

Funding

We wish to make funds available to local communities to help them develop LINKs in ways that are right for them. Money will be given to the local authorities, which will, perhaps jointly where that seems appropriate, consult with local organisations such as voluntary and community groups or social enterprises to identify the most appropriate arrangements for hosting the LINKs. A guide and model contract outlining the basic principles will be provided to assist local authorities in tendering for a host organisation to run the LINK. Q?

Governance

The host organisation will:

- develop the LINK;
- recruit members; Q?
- establish good communication arrangements; and
- support the development and management of a governance structure. Q?

Overview and scrutiny committees (OSCs) and commissioning

The OSC has a vital role in scrutinising the activities of organisations that provide local health and social care services and asking:

- whether the services are appropriate to the needs of local people;
- if decisions are based on evidence; and
- if the experiences of patients and users of services are leading to improvements in the way services are delivered.

They will be encouraged to focus their attention on the work of commissioners but there is no intention to limit their role. Commissioners are very important in the new system and will be responsible for the decisions they make about which services to purchase and for making sure providers deliver services against the requirements set out in the contracts.

OSCs are ideally placed to ask commissioners about:

- how they have involved local people in the decisions they have made and how they have decided local priorities;
- what evidence they have to support the decisions; and
- the actions they are proposing to take to address failings, concerns and gaps in services.

OSC reviews will have the most impact if they centre on the decision-making activities of PCTs and local authorities, in particular to scrutinise how well they have met the requirements of the revised duties to involve, consult and respond.

Opportunities

It is recognised that there are limits to the capacity of OSCs, not only on their time but also to the degree to which they can be fully informed about the needs

and experiences of users and the public. There is a need to make sure that OSCs can access a wider range of views and to equip them to pursue critical issues based on the evidence of users' experience. The best way to do this will be through the OSCs having a strong relationship with the LINK.

LINks will have the power to refer matters to OSCs and receive an appropriate response.

Simplifying and strengthening the duties to involve and consult

Purpose

We will simplify, clarify and strengthen the current legislation on health service consultation. Section 11 of the Health and Social Care Act 2001 places a duty on all NHS organisations to make arrangements to involve and consult patients and the public in the development, planning and operation of services. These requirements will be strengthened, and new legislation will set out clearly what is required of both NHS commissioners and providers.

In addition to the existing duties, commissioners of NHS services will also be required to respond to the community, as well as involve and consult them. As part of their existing planning arrangements commissioners will be required to have arrangements in place for engaging service users and the public. There will be a structured process whereby commissioners will publish regular reports of what they have done differently as a result of what they have heard and say why they might not have taken forward some suggestions. The process will be open and there will be transparent communication to develop trust and confidence and increase accountability to local people. **Q?**

The LINK will be one way in which commissioners can reach a range of views from local people. However, all organisations should develop their own ways of involving and consulting patients and the public so they can be sure that they have as wide a range of views and experiences as possible available to inform their planning and decisions.

Underpinning all these requirements will be one constant theme – to make sure people affected by change, of whatever nature, are appropriately involved in planning, and consulted on proposals for change. This includes consulting with all staff who may be affected by the changes.

Annex A

The questions relate to sections on the extract from “A Stronger Local Voice” document printed above:

Page 2

Q? What arrangements can we put in place to make sure there is a smooth transition to the new system?
How can we build on existing activity in the voluntary and community sector?

Page 3

Q? What do you think should be included in a basic model contract to assist local authorities tendering for a host organisation to run a LINK?

Page 3

Q? How can we best attract members and make people aware of the opportunities to be members of LINKs?

Page 3

Q? What governance arrangements do you think a LINK should have to make sure it is managed effectively?

Page 4

Q? What is the best way for commissioners to respond to the community on what they have done differently as a result of the views they have heard? For example, should it be part of the proposed PCT prospectus? (As referred to in *Health reform in England: commissioning framework* (DH, 2006c))

Having read this document you may have further questions. We would welcome hearing from you so we can address any queries you have. Please send your ideas and comments to ppmailbox@dh.gsi.gov.uk or write to the PPI Team, 692D Skipton House, 80 London Road, London SE1 6LH no later than 7 September 2006.

This page is intentionally left blank



Health Scrutiny Committee**4 September 2006****Report of the Head of Civic, Democratic and Legal Services****Scrutinising Selby and York Primary Care Trust's Measures to Restore Financial Balance****Summary**

1. At the meeting of 12 June 2006, Members agreed to scrutinise the PCT's financial recovery plan and to identify aspects of the plan for a more detailed examination. On 2 August (adjourned from 31 July), Members agreed which parts of the plan would be subject to further scrutiny. This report is to ask Members to decide how they wish to gather evidence on these aspects of the recovery plan.

Background

2. Members have decided to give further consideration to the clinical thresholds guidance entitled "Commissioning Effective Efficient and Necessary Pathways of Care". They are to consider how it addresses the relationship between the Referral and Clinical Advice Service (RACAS) and practice based commissioning.
3. This guidance was circulated as a working draft to GPs and acute trusts in North Yorkshire and York in May 2006. Members of this Committee received a copy with the agenda for the June meeting, The working draft is currently being implemented and a new updated version is currently being created.
4. The PCT has introduced RACAS in order to manage referrals. Assessment of orthopaedic referrals commenced in May 2006 and it is expected to be rolled out to other services within the next few months.
5. Practice Based Commissioning (PBC) transfers commissioning responsibilities, along with the associated budget, from the PCT to primary care clinicians, including nurses. They will determine the range of services to be provided for their population with the

PCT acting as their agent to undertake any required procurements and to carry out the administrative tasks to underpin those processes.

6. Dr David Geddes, Medical Director of Selby and York PCT has agreed to address the meeting about the functioning of RACAS and the move towards PBC.
7. At the adjourned meeting on 2 August members also agreed to review the aspects of the PCT's recovery plan which impact upon the provision of mental health services.

Options

8. Members need to consider if there is other evidence which may impact upon their opinion as to whether or not the services being delivered are appropriate to the needs of the population of York.
9. Members will need to decide how they will evaluate the impact of the changes on mental health provision.

Analysis

10. Members are advised to set themselves a timetable of work with an agreed date when their recommendations will be offered to the PCT.

Implications

11. There are no known Financial, HR, Equalities, Legal, Crime and Disorder, IT or other implications at this stage.

Risk Management

12. In compliance with the Councils risk management strategy. There are no risks associated with the recommendations of this report.

Recommendations

13. Members are asked to consider the evidence offered by Dr Geddes and agree a programme of work for their review of the aspects of Selby and York PCT's recovery plan which will be subject to Scrutiny.

Reason

In order to meet the requirement for a democratic involvement in the delivery of health services

Contact details:

Author:

Barbara Boyce
Scrutiny Officer
01904 551714
barbara.boyce@york.gov.uk

Chief Officer Responsible for the report:

Suzan Hemingway
Head of Civic, Democratic and Legal Services

Report Approved

Date

Wards Affected:

All

For further information please contact the author of the report

Annexes

None

Background Papers

"Commissioning Effective Efficient and Necessary Pathways of Care"
– enclosed with papers for meeting of 12 June, and can be viewed on
page 11 at

[http://sql003.york.gov.uk/Published/C00000444/M00001996/\\$\\$ADocPackPublic.pdf](http://sql003.york.gov.uk/Published/C00000444/M00001996/$$ADocPackPublic.pdf)

This page is intentionally left blank

4 September 2006

Forward Planning for Health Scrutiny Committee 2006/7

Date of meeting	Activity/Agenda item
9 October 2006	Presentation from Yorkshire Ambulance Service on Community Responders service. Continued work on response to PCT recovery plan.

This page is intentionally left blank