



Notice of meeting of

Health Scrutiny Committee

To: Councillors Funnell (Chair), Fraser, Kirk (Vice-Chair),
Looker, Moore, Morley and Wiseman

Date: Monday, 31 March 2008

Time: 5.00 pm

Venue: The Guildhall, York

AGENDA

- 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 - 8)
To approve and sign the minutes of the last meeting of the Committee held on 7 January 2008.
- 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 Committees 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 28 March 2008 at 5.00pm.

- 4. Local Involvement Networks (LINKs)** (Pages 9 - 12)
This report updates members on progress in establishing a LINK for the City of York Council area.

[Nigel Burchell, Senior Policy Development Officer, CYC, and a representative from the North Bank Forum have been invited to attend the meeting in connection with this item]

- 5. Work Planning for Health Scrutiny 2008** (Pages 13 - 18)
This report asks Members to confirm their work planning programme for the remainder of 2008.

- 6. Annual Health Check 2007/08** (Pages 19 - 24)
This report updates Members on work carried out to put together a commentary, to be included with the self-assessment by the local NHS trusts, as part of the Healthcare Commission's Annual Health Check for 2007/08.

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

Democracy Officer:

Name: Jill Pickering

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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
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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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HEALTH SCRUTINY COMMITTEE

Agenda item I: Declarations of interest.

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

Councillor Kirk – Governor of York Hospitals NHS Foundation Trust;

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.

Councillor Moore – as his wife works in the Health Service

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City of York Council

Committee Minutes

MEETING	HEALTH SCRUTINY COMMITTEE
DATE	7 JANUARY 2008
PRESENT	COUNCILLORS FUNNELL (CHAIR), FRASER, KIRK (VICE-CHAIR), LOOKER, MOORE, MORLEY AND WISEMAN
IN ATTENDANCE	JOHN YATES - OLDER PEOPLES ASSEMBLY PETER SUMMERFIELD AND PETER GRASBY – YORK AMBULANCE SERVICE DAVID GEDDES - MEDICAL DIRECTOR AT NORTH YORKSHIRE AND YORK PRIMARY CARE TRUST (NYPCT) PETER BRAMBLEBY - DIRECTOR OF PUBLIC HEALTH AT NYPCT MIKE PROCTOR - YORK HOSPITALS TRUST BILL HODSON - DIRECTOR HOUSING AND ADULT SOCIAL SERVICES

30. 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.

No interests were declared further to the standing personal, non-prejudicial interests declared at previous meetings and listed in the agenda.

31. MINUTES

RESOLVED: That the minutes of the meeting held on 3rd December 2007 be approved as a correct record and signed by the Chair.

32. PUBLIC PARTICIPATION

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

John Yates addressed the meeting regarding agenda item 5 (North Yorkshire and York Primary Care Trust's Referral Policies and work of the Individual Case Panel), on behalf of the Older People's Assembly, in relation to the primary care available for depressive illnesses in the elderly. Diseases, such as Alzheimer's were on the increase and could cause

isolation among the elderly. Referrals could take six to nine months or more and he felt that there was little in the papers that appreciated this.

33. ANNUAL HEALTH CHECK 2007/08

Members considered a report which asked them how they wanted to respond to the Healthcare Commission's request for comments on the annual health check process for trusts in 2008.

Members agreed that they would like to make comment on the Annual Health check of the three NHS Trusts and agreed to delegate this to the Chair, the Vice-Chair and one other Member of the Committee. Final declarations were due from the Trusts by the end of April 2008 and it was therefore important for the Committee to submit their comments to the trust in good time for inclusion with these. Spokespersons for the Yorkshire Ambulance Service and the Primary Care Trust indicated that the main emphasis of their declaration would be around Safety and Infection and offered to share the draft of this with the Health Scrutiny Committee.

RESOLVED: That Members delegated to the Chairman, the vice-Chair and one other Member of the Committee the task of creating a commentary on the declarations of any of the NHS Trusts that they felt appropriate. They would report back to a future meeting of this Committee.¹

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

Action Required

1. Provide a further update to a future meeting when the necessary information is available. GR

34. NORTH YORKSHIRE AND YORK PRIMARY CARE TRUST'S REFERRAL POLICIES AND WORK OF THE INDIVIDUAL CASE PANEL

Members considered a report that updated them on North Yorkshire and York Primary Care Trust's Referral Policies and work for the Individual Case Panel. Dr Brambleby and Dr Geddes of the Primary Care Trust were present at the meeting to provide details to Members.

Dr Brambleby, Director of Public Health at North Yorkshire and York Primary Care Trust confirmed that there were three major programmes in terms of the health budget, these being:

- Circulation Disorders
- Cancers
- Mental Health

Mental Health was the biggest programme in budget terms but the per capita expenditure was lower than the national average even though it was the largest programme. It had always been a large programme that

overlapped with social services and there was need for wider community support, especially for the elderly.

The Director of Public Health suggested an informal session where he could talk about 'Investing in Health in North Yorkshire and York' which would explore where the PCT spends its money in all the major health programmes. Members agreed that this would be a good idea and the Scrutiny Officer agreed to arrange this.¹

Members discussed whether there may be other efficient but alternative therapies that had not been mentioned in the guide. They felt that the guide focussed on clinical pathways only and did not present evidence from patient forums.

Dr Geddes said that all Primary Care Trusts had responsibilities that were high cost or non-standard and there was opportunity to apply to the Individual Case Panel for extraordinary case funding. The guidance provided a clinical framework which supported the commissioning and provision of local services across the North Yorkshire and York Primary Care Trust and brought together evidence from sources such as NICE, Prodigy, the Cochrane Database, Royal Colleges and local clinical consensus. Health professionals were expected to take the guidance in this document fully into account when exercising their clinical judgement. Where an exceptional clinical need had been identified, which fell outside the scope of these guidelines, the Primary Care Trust considered funding for each request on a case by case basis via an Individual Case Panel. There had been a significant change since last year in order to meet challenging financial restrictions and therefore some treatments were not so available.

Discussions were had regarding GP specialisms and the need to focus hospital treatments on those that really needed it. It was felt that the development of GP expertise was something that needed to be looked and the balance between the need to support hospital consultants and retention of acute services was important in relation to this.

Members felt that, in terms of looking at alternative care pathways, the following services should be looked at in detail:

- Mental Health (taking a broad scope so social care is looked at as well)
- Musculo-skeletal services

RESOLVED: That Members delegate to the Chair, Vice-Chair and one other member of the Committee to do some scoping work around alternative care pathways for mental health and musculo-skeletal services.²

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

Action Required

- | | |
|---|----|
| 1. Implement Informal Session/Seminar | GR |
| 2. Present a further report to the Committee when the scoping work has been completed | GR |

COUNCILLOR C FUNNELL, Chair

[The meeting started at 5.05 pm and finished at 7.00 pm].



Health Scrutiny Committee

31 March 2008

Report of the Head of Civic, Democratic and Legal Services

Local Involvement Networks (LINKs)

Summary

1. This report updates members on progress in establishing a LINK for the City of York Council area.

Background

2. The Local Government and Public Involvement in Health Act, contains legislation to abolish Patients' Forums and start establishing Local Involvement Networks from 1 April 2008.
3. The Act gives local authorities a duty of make contractual arrangements with a host organisation for the establishment of a LINK.
4. LINKs will have a duty to:
 - a. promote, and support, the involvement of people in the commissioning, provision and scrutiny of local health and social care services
 - b. enable people to monitor, and review, the commissioning and provision of local health and social care services
 - c. obtain the views of people about their needs for, and experiences of, local health and social care services, and
 - d. make these views known and make reports and recommendations about how local health and social care services might be improved, to persons responsible for commissioning, providing, managing or scrutinising local health and social care services.
5. City of York Council have worked closely with North Yorkshire County Council in carrying out a joint procurement exercise to establish two LINKs one for each local authority area.

6. Nigel Burchell, the officer of CYC who had responsibility for overseeing this process and a representative from North Bank Forum, the new host organisation, have been invited to this meeting to update members on progress.

Consultation

7. None

Options

8. Members can hear the update from the visitors to the meeting and ask questions about progress to date.

Analysis

9. The Local Government and Public Involvement in Health Act will place responsibilities on this Committee to respond to a LINK's referral regarding a social care matter. The regulation-making powers of the NHS Act 2006 are likely to be used in respect of a similar policy regarding the referral of health matters.

Corporate Priorities

10. Relevant to Corporate Priority 6 – Improve the health and lifestyles of the people who live in York, in particular among groups whose levels of health are the poorest.

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 known risks associated with the recommendations of this report.

Recommendations

13. Members are asked to receive the update from the new LINK host and ask any relevant questions.

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

Contact details:

Author:

Barbara Boyce
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Chief Officer Responsible for the report:

Quentin Baker
Head of Civic, Democratic and Legal Services

Report Approved



Date 19 March 2008

Specialist Implications Officer(s) *None*

Wards Affected:

All



For further information please contact the author of the report

Annexes

None

Background Papers

None

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Health Scrutiny Committee

31 March 2008

Report of the Head of Civic, Democratic and Legal Services

Work planning for Health Scrutiny 2008

Summary

1. This report is to ask members to confirm their work planning programme for the remainder of 2008.

Background

2. At the meeting of 24 September 2007 members agreed that their work programme for the remainder of the municipal year would include:
 - a. Contributing to the “Annual Health Check” – the self-assessment process for NHS trusts run by the Healthcare Commission.
 - b. Taking an overview of the procurement process for a host organisation to run the new Local Involvement Network (LINK) which will replace Patient and Public Involvement Forums from April 2008.
3. At the meeting of 5 November 2007 members agreed that they would consider the work of the PCT’s referral policies and individual case panel before they embark on a scrutiny review.
4. On 7 January 2008 the Director of Public Health and the Medical Director of the PCT attended the meeting and informed members about the major programmes involving expenditure from the health budget. They described how non-standard or high-cost treatments which are outside the normal clinical framework can be decided upon by an individual case panel.
5. Members decide to hold an informal seminar with the Director of Public Health to examine decision making on health budgets. This “Investing in Health” event was held on 18 February 2008 and members were joined by partners from the voluntary sector and patients’ organisations. Dr Brambleby demonstrated programme budgeting, which demonstrates which health programme money has been invested in order to plan for better efficiency, effectiveness and equity.

He used this to demonstrate marginal analysis which reveals changes in costs and benefits as resources in programmes are increased or decreased.

6. On 7 January members also agreed that the long-term conditions which they would focus on would be mental health and musculo-skeletal conditions, although resources would not be likely to permit both areas to be focused on at one time.
7. Members agreed to do some scoping work around these programme areas. This has been carried out with particular regard to mental health provision. This is potentially a very big area and it will be important to narrow the scope of any potential topic to a manageable size.
8. The advice of the Director of Housing and Adult Social Services has been sought and he is of the opinion that dementia care is both a local and national priority for attention in view of the anticipated demographic changes.
9. The Council is already embarking upon a jointly commissioned piece of work with NYYPCT on the strategic and resource issues around dementia care. Recommendations will be made to the Joint Strategic Integrated Commissioning Group. He would not therefore recommend scrutiny of dementia care in its totality, partly because of the size and complexity of the issues, and partly because it would duplicate work already being undertaken.
10. However there are other aspects of dementia care that are not within the scope of this jointly commissioned work. There are increasing numbers of older people with dementia who are accessing secondary care at York District Hospital and there may be areas around this where this committee could add value. This may be around information available to staff, the experience of carers and the challenges of providing a personalised service around a hospital setting.
11. Scoping work is not yet complete with regard to musculo-skeletal pathways. Graham Purdy from NYYPCT has been invited to the meeting to discuss the possibility of a scrutiny around this issue and an achievable scope and focus for the work. If members wanted to consider the commissioning of services they may also wish to work with the York practice-based commissioning group.

Consultation

12. The scrutiny officer has been in regular contact with officers of the leading Health Service organisations and officers from Adult Social Services in connection with their contributions to the Committee's work.

Options

- a. Members may or may not decide to focus on mental health (dementia care) or on musculo-skeletal pathways. They may decide to carry out further scoping work on one or both of these areas.
- b. They may also agree the draft work plan attached at annex A.

Corporate Priorities

13. Relevant to Corporate Priority 7 – Improve the health and lifestyles of the people who live in York, in particular among groups whose levels of health are the poorest.

Implications

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

Risk Management

15. In compliance with the Council's risk management strategy. There are no known direct risks associated with the recommendations of this report.

Recommendations

16. Members are asked to decide if they wish to carry out an investigation into one of the topics mentioned above and to carry out further scoping work with a view to agreeing a remit for the project at their next formal meeting.
17. Members are also asked to agree the draft workplan attached at Annex A.

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

Contact details:

Author:
Barbara Boyce
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Chief Officer Responsible for the report:
Quentin Baker
Head of Civic, Democratic and Legal Services

Report Approved **Date** 19 March 2008

Specialist Implications Officer(s) None

Wards Affected:

All

For further information please contact the author of the report

Annexes

Annex A – Draft Work plan

Background Papers

None

Health Scrutiny Committee Work Plan 2008

April 2008	Submit commentaries to NHS Trusts on core standards as part of Annual Healthcheck.
April/May 2008	Develop relationships with LINK for CYC area. Receive update from PCT on financial recovery.
June/July 2008	Receive update from PCT regarding dental provision in York.
April/October 2008	Carry out review on provision for long-term condition(s) and make recommendations to trust(s)
April/December 2008	Ongoing work with LINK and regular updates from trusts
December 2008	Begin preparations for 2008/9 Annual Healthcheck

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Health Scrutiny Committee

31 March 2008

Report of the Head of Civic, Democratic and Legal Services

Annual Health Check 2007/2008

Summary

1. This report is to update members on work carried out to put together a commentary to be included with the self-assessments by the local NHS trusts as part of the Healthcare Commission's Annual Health Check for 2007/8.

Background

2. The Healthcare Commission is an independent body which is responsible for assessing and reporting on the performance of NHS and other healthcare organisations.
3. In 2005/6 they introduced a new system of assessment for the NHS – the annual health check. This looks at a broader range of performance than the previous system of star ratings. A key part of the annual health check is the rating of every NHS organisation on quality of services and use of resources. The aim is to ensure that healthcare organisations offer high quality services as well as value for money.
4. The government published *Standards for Better Health* in July 2004 which set out the core standards which trusts are to be assessed against.
5. 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 (OSCs). These are considered to be important as they substantiate the self-assessments and ensure that different perspectives are included in the returns. OSCs can provide important feedback to the Healthcare Commission from communities and their elected representatives that can help develop understanding as to how the trusts are performing. Also third party commentaries help the commission to ensure that trusts are putting patients and the public at

the heart of everything they do.

6. The former Social Services and Health Scrutiny Committee participated in the first health check in 2005/6, and this Committee commented in 2006/7.
7. Final declarations will be due from the trusts by the end of April 2008. It will important to send the Committee's comments to the trusts in good time for them to be included with the declarations.
8. At the meeting of 7 January 2008 this committee agreed that Cllrs Funnell, Kirk and Wiseman would work together to produce a commentary for each of the three trusts that impact on City of York.
9. Meetings were held with North Yorkshire and York PCT and Yorkshire Ambulance Trust on 3 March, and with York Hospitals Foundation Trust on 14 March.
10. At these meetings the members discussed the standards that it would be appropriate to comment on for each trust.
11. The members then worked together to agree a relevant commentary for each standard/trust.

Consultation

12. Members have carried consultation and co-ordination with the relevant NHS Trusts who are required to make returns to the Healthcare Commission.

Options

13. Members are asked to consider the draft commentary to be included with the Annual Healthcheck of each of the three NHS Trusts (to follow) They can decide to send them to the trusts unamended, amend them as they see appropriate or not send remarks on a particular standard.

Analysis

14. If members do provide evidence-based information about how patients and the public are experiencing NHS services it will form a valuable contribution to the self-assessment. OSCs are invited to comment because the Healthcare Commission recognise that information collected in Scrutiny reviews and through discussions between Health OSCs and NHS Trusts about the planning and development of health services can provide a view of patient and public experience that cannot be collected from anywhere else.

Corporate Priorities

15. Relevant to Corporate Priority 6 – 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. There are no known Financial, HR, Equalities, Legal, Crime and Disorder, IT or other implications at this stage.

Risk Management

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

Recommendations

18. Members are asked to consider the draft commentaries and decide if they wish for them to be forwarded to the NHS trusts for inclusion with their declaration to the Healthcare Commission

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

Contact details:

Author:

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Chief Officer Responsible for the report:

Quentin Baker
Head of Civic, Democratic and Legal Services

Report Approved



Date 19 March 2008

Specialist Implications Officer(s) *None*

Wards Affected:

All

For further information please contact the author of the report

Annexes Annex A – Draft commentaries to follow

Background Papers

Revised criteria for assessing the core standards, Healthcare Commission November 2007

<http://www.healthcarecommission.org.uk/healthcareproviders/serviceproviderinformation/annualhealthcheck/annualhealthcheck2007/2008/criteriaforassessingcorestandards.cfm>

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Draft Commentary on Healthcare Commission
Annual Health Check 2007/08

CYC HSC's comment on Core Standards met by North Yorkshire and York PCT

Core Standard 22

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

- a) **cooperating 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**

North Yorkshire and York Primary Care Trust and CYC have a joint appointment in the Associate Director of Public Health. There is collaboration on the provision of mental health and learning disabilities provision.

The Director of Public Health has presented at an Overview and Scrutiny Committee Meeting (OSC) and attended a Public Meeting organised by the OSC to share his work on healthcare commissioning as a result of which he has agreed to attend further meetings with local voluntary groups.

Directors and officers of the PCT have regularly attended meetings of the OSC to answer members' questions. They have also taken part in community events to discuss their plans and priorities.

CYC HSC's comment on Core Standards met by York Hospitals NHS Foundation Trust

Core Standard 15

Where food is provided healthcare organisations have systems in place to ensure that:

- a) **patients are provided with a choice and that it is prepared safely and provides a balanced diet**
- b) **patients' individual nutritional, personal and clinical dietary requirements are met, including any necessary help with feeding and access to food 24 hours a day.**

Members have met with the Deputy Chief Executive of the York Hospital NHS Foundation Trust who has provided evidence that these standards are being met.

Draft Commentary on Healthcare Commission
Annual Health Check 2007/08

Core Standard 22

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

- a) **cooperating with each other and with local authorities and other organisations**

Officers from York Hospital have regularly attended meetings of the OSC to answer members' questions. They have also taken part in community events to discuss their plans and priorities.

**CYC HSC's comment on Core Standards met by
Yorkshire Ambulance Trust**

Core Standard 22

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

- b) **cooperating with each other and with local authorities and other organisations**

Officers from YAS have regularly met with members of the Health Scrutiny Committee to answer questions and explain aspects of the service to members.