By far the largest part of this year has been taken up with an ongoing scrutiny of the financial recovery plans of Selby and York PCT, the amalgamation of four local PCTs into a new North Yorkshire and York PCT and the emergence of the new PCT's initial financial management approach, together with the beginnings of a full-blown financial recovery and service modernisation plan.

One of the Committee's principal objections to the amalgamation of the four PCTs was the lack of business continuity inherent in such a proposal. There have been long delays in getting NYYPCT's management structure in place and posts occupied. At the time of writing, most of the PCT's second and third tier management positions have not yet been filled.

During the last months of SYPCT's existence and in the first six months of the new PCT's existence, much Committee time was spent on addressing matters where direction was unclear or outcomes were uncertain. With NYYPCT, that experience has been mirrored in attempting to cover ground where proposals have not yet been defined, while it has then become clear that the same ground will have to be covered again later.

Because of the wide implications of SYPCT's recovery plan and of NYYPCT's new financial management and service modernisation plan, it has been apparent that no area of PCT activity was safe from re-organisation or possible closure. Much time has therefore been spent in discussing and understanding the impact on services, staff, patients and health partners of the NYYPCT initial financial management plan and of the developing financial recovery and service modernisation plan that will replace it during the next few months. There remains great concern about the knock-on effects of these recovery plans on health partners.

The result of these external events has been that no individual scrutiny topics have been started during the year. However, some initial work has been carried out on dentistry services in York (access to NHS dentists and the effects on services of the new dental contract) and on podiatry, where extended waiting times have been a source of particular concern.

The Committee organised a well-attended Health Forum on 31st January to give health partners and the public an opportunity to contribute to the debate on the PCT's plans. During the meeting, it became clear that the delay in announcing PCT funding for voluntary organisations was causing significant problems for these bodies such that redundancy notices were about to be issued. Shortly after this, the PCT notified the levels of funding that would be released to voluntary bodies for 2007-8 and a potential catastrophe was averted.

At the time of writing, the Committee has participated in the Healthcare Commission's new annual 'Health Check' reports for the NHS, Ambulance and Primary Care Trusts. In this process, the Committee has provided comments on various aspects of the Trusts' performance during the period of the report and those comments are published on each Trust's website. Engagement with SYPCT and with NYYPCT saw the development of closer relationships with both PCTs. Relationships with Ambulance and Hospitals Trusts have been consolidated and the Committee's relationships with voluntary sector organisations have become well-established. But progress which had been made in developing links with the PPIFs was lost when it was announced that LINKs would replace these bodies later in the year. Full details have yet to emerge of the way in which the LINKs will operate and what their relationship with OSCs will be.

Ian Cuthbertson

Chair 16 April 2006