



Your details

Trust self-declaration:

Organisation name:	North Yorkshire And York PCT
Organisation code:	5NV

General statement of compliance

Please enter your general statement of compliance in the text box provided.

<p>General statement of compliance</p>	<p>In making this declaration we have taken into account: the services directly provided by PCT staff, services provided by our independent contractors and services the PCT commissions from the NHS and the private sector.</p> <p>As an organisation which was formed on 1 October 2006 from a merger of the four PCTs in North Yorkshire, North Yorkshire and York PCT is still working through a re-organisation and re-structuring process to ensure it is "fit for purpose" and achieves the required A£2.6m cost savings from Commissioning a Patient-Led NHS. This is against a background of significant financial challenge, as it seeks to repay its year-end deficit as soon as possible.</p> <p>The PCT has taken a robust and systematic approach to dealing with Standards for Better Health, despite these challenges, and is compliant with all but three core standards for the year 2006/7. The are two areas of non-compliance and one of insufficient assurance which relate to new legislative requirements on waste management and sterilisation of equipment, which have come onto the statute books during the period of organisational change and, where progress has been slowed as a result of the re-structuring process. The PCT has action plans in place to address these issues as a matter of priority.</p> <p>The PCT is fully assured that it is meeting all but three core standards covered by the declaration for services directly provided by PCT employees. It has done its best to ensure that independent contractors are compliant with the core standards. The PCT will continue to work collaboratively with all its independent contractors to use the core standards and developmental standards to drive improvement.</p> <p>The Board acknowledges the comments from Yorkshire and The Humber Strategic Health Authority (SHA), from the Overview and Scrutiny of Health Committees (OSC) for North Yorkshire County Council and the City of York Council, and from the local Patient and Public Involvement Forum (PPIF). The positive comments about public health, emergency planning, joint working, patient information and progress to implement National Service Frameworks are welcomed.</p>
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	<p>The concerns of the SHA and PPIF regarding a perceived deterioration in relationships with North Yorkshire and York GPs about our proposals for financial recovery are acknowledged, as are the comments of the PPIF around lack of dentistry provision, prison health, the slow pace of re-organisation and public participation at Board meetings.</p>
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Statement on measures to meet the Hygiene Code

Please enter this statement in the box provided.

<p>Statement on measures to meet the Hygiene Code</p>	<p>North Yorkshire and York PCT recognises that the Health Act 2006 introduced a statutory duty on NHS organisations from October 1st 2006 to observe the provisions of the Code of Practice on Healthcare Associated Infections. As a result the Board has reviewed its arrangements and is assured that it has suitable systems and arrangements in place to ensure that the Code is being observed at this trust.</p> <p>Specifically the Board can confirm there is a Director of Infection Prevention and Control for the PCT with a functioning Infection Prevention and Control Team to take forward and ensure robust arrangements are in place in respect of the code.</p>
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Safety domain - core standards

Please declare your trust's compliance with each of the following standards:

C1a	<p>Healthcare organisations protect patients through systems that identify and learn from all patient safety incidents and other reportable incidents, and make improvements in practice based on local and national experience and information derived from the analysis of incidents.</p>	Compliant
C1b	<p>Healthcare organisations protect patients through systems that ensure that patient safety notices, alerts and other communications concerning patient safety which require action are acted upon within required timescales.</p>	Compliant
C2	<p>Healthcare organisations protect children by following national child protection guidelines within their own activities and in their dealings with other organisations.</p>	Compliant
C3	<p>Healthcare organisations protect patients by following National Institute for Clinical Excellence (NICE) interventional procedures guidance.</p>	Compliant
C4a	<p>Healthcare organisations keep patients,</p>	Compliant

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	staff and visitors safe by having systems to ensure that the risk of healthcare 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).	
C4b	Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that all risks associated with the acquisition and use of medical devices are minimised.	Insufficient assurance
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.	Not met
C4d	Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that medicines are handled safely and securely.	Compliant
C4e	Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that the prevention, segregation, handling, transport and disposal of waste is properly managed so as to minimise the risks to the health and safety of staff, patients, the public and the safety of the environment.	Not met

Safety domain - non-compliance/insufficient assurance

Please complete the details below for standard C4b, which you have declared as not met or insufficient assurance:

Start date of non-compliance or insufficient assurance	01/10/2006
End date of non-compliance or insufficient assurance (planned or actual)	31/03/2007
Description of the issue (maximum of 1500 characters including spaces - this is	Lack of a single PCT wide process for acquisition and use of medical devices

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approximately 200 - 250 words)	
Actions planned or taken (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)	<p>Conduct review of present medical devices to construct an inventory</p> <p>Pull together all the current training packages to ensure one comprehensive package covering all necessary medical devices in use. Agree training format, set dates and venues</p> <p>Collate register of all staff, indicating who has undergone training for individual medical device</p> <p>Formulate proposal regarding provision of servicing and maintenance for Clinical Governance Committee and Finance consideration.</p> <p>Negotiate SLA (s)</p> <p>Write up policy and distribute</p>

Please complete the details below for standard C4c, which you have declared as not met or insufficient assurance:

Start date of non-compliance or insufficient assurance	01/10/2006
End date of non-compliance or insufficient assurance (planned or actual)	31/03/2009
Description of the issue (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)	The PCT is non - compliant with the Health Act 2006 Hygiene Code in relation to parts: Decontamination of re-useable surgical instruments. In order to achieve compliance the recommended option is for the PCT to have instruments decontaminated at a central approved sterilizing unit
Actions planned or taken (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)	Ensure all localities have Podiatry and Salaried dental instruments sterilized at central facility.

Please complete the details below for standard C4e, which you have declared as not met or insufficient assurance:

Start date of non-compliance or insufficient assurance	01/04/2006
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End date of non-compliance or insufficient assurance (planned or actual)	31/03/2007
Description of the issue (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)	Unable to ensure comprehensive segregation of waste and the application of appropriate disposal procedures that accord with all current standards (e.g. Hazardous Waste Regulations 2005).
Actions planned or taken (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)	<p>Audit current waste disposal processes across all PCT premises</p> <p>Identify systems and staff training programmes that would facilitate proper segregation of waste and compliance</p> <p>Introduce new systems across the PCT estate. Stipulate the standard required to those independent contractors providing services to the PCT and establish a process of sample auditing.</p>

Clinical and cost-effectiveness domain - core standards

Please declare your trust's compliance with each of the following standards:

C5a	Healthcare organisations ensure that they conform to National Institute for Clinical Excellence (NICE) technology appraisals and, where it is available, take into account nationally agreed guidance when planning and delivering treatment and care.	Compliant
C5b	Healthcare organisations ensure that clinical care and treatment are carried out under supervision and leadership.	Compliant
C5c	Healthcare organisations ensure that clinicians continuously update skills and techniques relevant to their clinical work.	Compliant
C5d	Healthcare organisations ensure that clinicians participate in regular clinical audit and reviews of clinical services.	Compliant
C6	Healthcare organisations cooperate with each other and social care organisations to ensure that patients' individual needs are properly managed and met.	Compliant

Clinical and cost effectiveness domain - developmental standards

Please supply the following information:

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Your level of progress in relation to developmental standard D2a	Fair
Your comments on your performance in relation to the comparative information contained in your information toolkits(s)	The PCT is fully compliant with C5 & C6 and is implementing action plans to improve compliance with NSFs
Your highest local priorities for improvement relating to developmental standard D2a	Criterion 3 3. The healthcare organisation ensures that health care professionals take into account patients' individual physical, intellectual, disability, cultural, spiritual and psychological needs and preferences when implementing nationally agreed best practice

Governance domain - core standards

Please declare your trust's compliance with each of the following standards:

C7a and C7c	Healthcare organisations apply the principles of sound clinical and corporate governance and Healthcare organisations undertake systematic risk assessment and risk management.	Compliant
C7b	Healthcare organisations actively support all employees to promote openness, honesty, probity, accountability, and the economic, efficient and effective use of resources.	Compliant
C7e	Healthcare organisations challenge discrimination, promote equality and respect human rights.	Compliant
C8a	Healthcare organisations support their staff through having access to processes which permit them to raise, in confidence and without prejudicing their position, concerns over any aspect of service delivery, treatment or management that they consider to have a detrimental effect on patient care or on the delivery of services.	Compliant
C8b	Healthcare organisations support their staff through organisational and personal development programmes which recognise the contribution and value of staff, and address, where appropriate, under-representation of minority groups.	Compliant
C9	Healthcare organisations have a systematic and planned approach to the management of records to ensure that, from the moment a record is created until its ultimate disposal, the organisation maintains information so that it serves the purpose it was	Compliant

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	collected for and disposes of the information appropriately when no longer required.	
C10a	Healthcare organisations undertake all appropriate employment checks and ensure that all employed or contracted professionally qualified staff are registered with the appropriate bodies.	Compliant
C10b	Healthcare organisations require that all employed professionals abide by relevant published codes of professional practice.	Compliant
C11a	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.	Compliant
C11b	Healthcare organisations ensure that staff concerned with all aspects of the provision of healthcare participate in mandatory training programmes.	Compliant
C11c	Healthcare organisations ensure that staff concerned with all aspects of the provision of healthcare participate in further professional and occupational development commensurate with their work throughout their working lives.	Compliant
C12	Healthcare organisations which either lead or participate in research have systems in place to ensure that the principles and requirements of the research governance framework are consistently applied.	Compliant

Patient focus domain - core standards

Please declare your trust's compliance with each of the following standards:

C13a	Healthcare organisations have systems in place to ensure that staff treat patients, their relatives and carers with dignity and respect.	Compliant
C13b	Healthcare organisations have systems in place to ensure that appropriate consent is obtained when required, for all contacts with patients and for the use of any confidential patient information.	Compliant
C13c	Healthcare organisations have systems in place to ensure that staff treat patient information confidentially, except where authorised by legislation to the contrary.	Compliant
C14a	Healthcare organisations have systems in place to ensure that patients, their	Compliant

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	relatives and carers have suitable and accessible information about, and clear access to, procedures to register formal complaints and feedback on the quality of services.	
C14b	Healthcare organisations have systems in place to ensure that patients, their relatives and carers are not discriminated against when complaints are made.	Compliant
C14c	Healthcare organisations have systems in place to ensure that patients, their relatives and carers are assured that organisations act appropriately on any concerns and, where appropriate, make changes to ensure improvements in service delivery.	Compliant
C15a	Where food is provided, healthcare organisations have systems in place to ensure that patients are provided with a choice and that it is prepared safely and provides a balanced diet.	Compliant
C15b	Where food is provided, healthcare organisations have systems in place to ensure that patients' individual nutritional, personal and clinical dietary requirements are met, including any necessary help with feeding and access to food 24 hours a day.	Compliant
C16	Healthcare organisations make information available to patients and the public on their services, provide patients with suitable and accessible information on the care and treatment they receive and, where appropriate, inform patients on what to expect during treatment, care and after care.	Compliant

Accessible and responsive care domain - core standards

Please declare your trust's compliance with each of the following standards:

C17	The views of patients, their carers and others are sought and taken into account in designing, planning, delivering and improving healthcare services.	Compliant
C18	Healthcare organisations enable all members of the population to access services equally and offer choice in access to services and treatment equitably.	Compliant

Care environment and amenities domain - core standards

Please declare your trust's compliance with each of the following standards:

C20a	Healthcare services are provided in environments which promote effective care and optimise health outcomes by being a safe and secure environment which protects patients, staff, visitors and their property, and the physical assets of the organisation	Compliant
C20b	Healthcare services are provided in environments which promote effective care and optimise health outcomes by being supportive of patient privacy and confidentiality.	Compliant
C21	Healthcare services are provided in environments which promote effective care and optimise health outcomes by being well designed and well maintained with cleanliness levels in clinical and non-clinical areas that meet the national specification for clean NHS premises.	Compliant

Public health domain - core standards

Please declare your trust's compliance with each of the following standards:

C22a and C22c	Healthcare organisations promote, protect and demonstrably improve the health of the community served, and narrow health inequalities by cooperating with each other and with local authorities and other organisations and	Compliant
	Healthcare organisations promote, protect and demonstrably improve the health of the community served, and narrow health inequalities by making an appropriate and effective contribution to local partnership arrangements including local strategic partnerships and crime and disorder reduction partnerships.	
C22b	Healthcare organisations promote, protect and demonstrably improve the health of the community served, and narrow health inequalities by ensuring that the local Director of Public Health's annual report informs their policies and practices.	Compliant
C23	Healthcare organisations have systematic and managed disease	Compliant

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	prevention and health promotion programmes which meet the requirements of the national service frameworks (NSFs) and national plans with particular regard to reducing obesity through action on nutrition and exercise, smoking, substance misuse and sexually transmitted infections.	
C24	Healthcare organisations protect the public by having a planned, prepared and, where possible, practised response to incidents and emergency situations, which could affect the provision of normal services.	Compliant

Public health domain - developmental standards

Please supply the following information:

Declared level of progress in relation to developmental standards D13a) and b)	Fair
Your comments on your performance in relation to the comparative information contained in your information toolkit(s)	The PCT is compliant with all the Public Health core standards
Your highest local priorities for improvement relating to developmental standards D13a) and b)	Full compliance with criterion 1. The PCT gathers, generates and shares high quality local intelligence about the health, health inequalities and well-being of its local population & 2.The PCT uses local intelligence to commission effective services and programmes to improve the health and well-being of its local population and to narrow health inequalities

Electronic sign off - details of individual(s)

Electronic sign off - details of individual(s)

	Title	Full name	Job title
1.	Dr	Janet Soo-Chung	Chief Executive
2.	Mr	Nicholas Steele	Director of Finance and Resources
3.	Mr	John Brown	Director of Corporate Affairs and Communications
4.	Mr	Geoffrey Donnelly	Non Executive Director - Audit Committee Chair
5.	Mrs	Sue Young	Non Executive Director

Comments from specified third parties

Please enter the comments from the specified third parties below. If you are copying text

from another document, it is advisable to copy the text and paste it into a new document as unformatted text before pasting this into your form.

<p>Strategic health authority comments</p>	<p>Dear Janet,</p> <p>North Yorkshire and York Primary Care Trust Healthcare Commission Core Standards: Final SHA comments</p> <p>As you are aware, as part of the annual health check, the SHA is invited to provide comments to be included within your declaration to the Healthcare Commission. The SHA has pre-empted invites this year to ensure SHA comments are provided in a timely manner to all organisations. Please find below the final SHA comments for 2006/07.</p> <p>STANDARD Comments</p> <p>C2 Leadership capacity for Children's services is being developed The Trust operates in a complex environment for child protection, linking two safeguarding Children's Boards</p> <p>C6 SHA are aware of tensions between the local GPs and the PCT, particularly in relation to aspects of the FRP. The challenge in your declarations is for the Board, that you provide assurance that this is being managed effectively.</p> <p>C13-C16D8, 10C17, 18 The organisation is committed to on-going strategic development and action planning to involve and engage with patients, service users, carers, relatives and the public, in accordance with Section 11 of the Health and Social Care Act policy and practice guidance, 'Strengthening Accountability'. Patient experience information is gathered to inform service improvement, through a variety of mechanisms, including an established Patient Advice and Liaison Service (PALS). Appropriate leads within the organisation are also working to address the key deliverables set out in 'A Stronger Local Voice. More specific information to support compliance with both core and developmental standards will be available following the NHS National Centre for Involvement Annual Assessment due April 2007.</p> <p>C23 Good implementation of NSFs through network and local arrangements</p> <p>C24 The Trust has systems in place to maintain their plans for emergency situations. Work is ongoing to amalgamate previous systems. The PCT has participated in table top exercises</p> <p>D6 The PCT has submitted initial plans showing a move to CfH accredited systems within the timescales as required by the DH Operational Planning Framework. Parts of the PCT have SAP and Community systems deployed. The SHA has some concerns regarding the ability to integrate plans from the former PCTs especially in the York/Selby area.</p> <p>D11 Some examples of needs assessment work and health equity audits.</p> <p>D13 Some good practice in broader health agenda.</p> <p>Yours sincerely</p> <p>Annette Laban Director of Commissioning and Performance</p>
<p>Patient and</p>	<p>COMMENTARY</p>

<p>public involvement forum comments</p>	<p>BY NORTH YORKSHIRE & YORK NHS TRUST PATIENT AND PUBLIC INVOLVEMENT FORUM</p> <p>BACKGROUND</p> <p>This document is the independent view of the Patient and Public Involvement Forum, for the period 1st April - 30th September 2006, when four PPI forums worked across North Yorkshire and York, namely Craven, Harrogate & Rural District, Hambleton & Richmondshire, Selby and York and Scarborough, Whitby & Ryedale ; when the PCTs were reconfigured on the 1st October 2006, the four PPI forums also reconfigured but continue to work as Locality Groups. This work forms part of their work-plans for 2006-2007.</p> <p>This document has been completed using the 'Criteria for Assessing Core Standards - Information for Primary Care Services' as produced by the Healthcare Commission.</p> <p>There are 24 core standards in total, as well as 13 developmental standards. These have been further broken down into seven more detailed domains that are listed below:</p> <ol style="list-style-type: none"> 1. Safety 2. Clinical and Cost Effectiveness 3. Governance 4. Patient Focus 5. Accessible and Response Care 6. Care Environment and Amenities 7. Public Health. <p>The forum was not expected to comment against each standard but where comments have been made these can be evidenced by the Forum. Members have no reason to believe that the evidence provided by the Trust is not accurate on standards where comments have not been provided.</p> <p>North Yorkshire & York Primary Care Trust is required by the Healthcare Commission to include this commentary verbatim in their declaration.</p> <p>In responding to the Core Standards, the PPI forum gives below information that it has gathered from its work. Comments in quotation marks are taken from visit reports.</p> <p>CRAVEN, HARROGATE & RURAL DISTRICT LOCALITY GROUP: At the time of preparing this document, the CHARD Locality Group has still to complete its Commentary; this will be forwarded to the Trust as soon as possible. The Forum is aware of the timescales involved in submitting this document and will forward its Commentary under separate cover.</p> <p>HAMBLETON & RICHMONDSHIRE LOCALITY GROUP The Group has commented on the following Core Standards: Domain 3 Governance (C7a, C7e) Domain 4 Patient Focus (C13a, C14a, C15a, C15b, C16.) Domain 6 Care, Environment and Amenities</p>
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(C21)
Domain 7 Public Health (C22 and C23); and
Developmental Standard Public Health (D13)

THIRD DOMAIN GOVERNANCE:

C7a Healthcare Organisations apply the principles of sound clinical and corporate governance:

Members think that there has been very slow re-organisation of the merged PCTs.

There is a weakness in appointing staff to new posts resulting in poor communication with patients and the public.

Referral panel terms were badly handled resulting in confusion amongst GPs and this caused subsequent fear amongst patients.

Too much emphasis has been made on the large financial deficit.

The post of Public Health Lead has still not been appointed to after six months.

Public participation at Board meetings even by PPIF representatives, which is commonplace in most Trusts, was prevented.

Contacts were made outside the Board meetings but it is important that representatives of the patients and public are seen to be active.

C7e Healthcare Organisations challenge discrimination, promote equality and respect human rights:

During the year the H&R Locality Group have visited GP Practices and Community Hospitals in their area and have found that every effort has been made to meet disability access requirements within the limitations of the buildings and that where plans are in place for the installation of such items as electric automatic doors, this is dependent upon monies being available.

FOURTH DOMAIN PATIENT FOCUS:

C13. Healthcare Organisations have systems in place to ensure that

(a) staff treat patients, their relatives and carers with dignity and respect:

From visits carried out to GP Practices and Community Hospitals, the H&R Locality Group confirms that patients, their relatives and carers are treated with dignity and respect. Comments from visit reports include:

"Our general impression was that this small surgery works hard to meet the needs and wishes of the community it serves."

"We spoke to three patients who all thought very highly of the hospital. Staff were thought to be very helpful and cheerful. All felt privacy and dignity was protected at all times."

C14. Healthcare Organisation have systems in place to ensure that patients, relatives and their carers;

(a) have suitable and accessible information to, procedures to register formal complaints and feedback on the quality of services:

From visits carried out, Members saw evidence of complaints procedures being on display but were very disappointed to see that no information on the Patient Advice and Liaison Services (PALS) was on

display in many of the premises visited. Routine visiting of GP Practices by PPIF Members showed lack of awareness of staff and patients of PALS. The lack of PALS information was highlighted in Members' Commentary last year and no changes have been made. Members feel that it is very important for patients to have PALS contact details.

C.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
- b) safety and provides a balanced diet, and patients' individual nutritional, personal and clinical dietary requirements are met, including any necessary help with feeding and access to food 24 hours a day.

When Members visited a Community Hospital they learned from patients that "Meals were thought to be excellent and were ordered one day in advance. Patients were given help with ordering and assistance with eating if needed. Special diets were catered for."

But at another Community Hospital Members were informed by a patient that they did not always receive their choice of food, due to limited supplies of such items as plated salads.

C.16 Make information available to patients and the public on their services, provide patients with suitable and accessible information on the care and treatment they receive and, where appropriate, inform patients on what to expect during treatment, care and aftercare:

From visits to GP Practices, Members found that patients leaflets/brochures were available for patients which were very informative.

SIXTH DOMAIN CARE, ENVIRONMENT AND AMENITIES

C.21 Services are provided in environments which promote effective care and optimise health outcomes by being well designed and well maintained with cleanliness levels in clinical and non-clinical areas that meet the national specification for clean NHS premises:

Comments regarding cleanliness and maintenance contained in Members' visit reports were very positive with the exception of visits to two Health Units both owned by the PCT, one of which is under consideration for redevelopment.

SEVENTH DOMAIN PUBLIC HEALTH

The four PCTs were amalgamated 1st October 2007 and have failed to attract high enough calibre candidates to appoint a Director of Public Health. In the meantime existing staff are continuing to work in their localities while re-allocating responsibilities on a PCT wide basis.

C.22 Promote, protect and demonstrably improve the health of the community served and narrow health inequalities by:

- (a) making an appropriate and effective contribution to local partnership arrangements:

Visit reports contain examples of partnership arrangements with Community Psychiatric Nurses, Dietician, Counselling Services and League of

Friends.

In Hambleton and Richmondshire locality there is a longstanding Improving Health Group which has worked hard to build effective co-operation between the PCT, Hambleton District Council, Richmond District Council, the Army base at Catterick, local voluntary organisations and patient representatives (initially from CHC, latterly from the PPIf)

- 1) PCT, Richmond District Council and Richmond CVS have been jointly involved in road shows promoting health.
- 2) PCT and District Councils have jointly appointed an Exercise Co-ordinator who has organised a data base showing physical activities available to residents in towns and villages across Hambleton and Richmondshire.
- 3) PCT has co-operated with Age Concern who have facilitated training courses for Extend Trainers and deployed them throughout the area to increase exercise among the elderly.
- 4) The Improving Health Group has been involved in the assessment of bids to Richmond District Council for an allocation of "second homes" money to improve health in their area. In 2006/07 the bids selected were endorsed by the Area Committee of the County Council and the LSP.

C23 Systematic and managed disease prevention and health promotion programmes which meet the requirements of the national service frameworks and national plans:

- 1) Smoking Cessation reports to this Committee:
- 2) GP surgeries promote smoking cessation through posters, leaflets, personal intervention by GP, Practice Nurse, Health Visitor. Some Health Visitors have devised supportive literature and organised effective courses.
- 3) Street stalls have promoted smoking cessation.
- 4) Exercise see point 3 above.
- 5) Sexually transmitted disease - local pharmacists have been encouraged in a free trail offering Chlamydia screening to young people seeking emergency hormonal contraception.
- 6) All three community hospitals in Hambleton and Richmondshire demonstrate a strong policy on infection control; there are gel dispensers outside each room on the wards and staff/visitors are encouraged to use them.

From visits Members have gained knowledge of the various specialist services patients can access, i.e. Asthma, Hypertension and Diabetes clinics.

The Falls Prevention Project initiated in Hambleton & Richmondshire in May 2006 is beginning to show impressive results and hospital admissions data show that numbers of "fallers" admitted in Quarters 2 and 3 of 2006-07 were 35 down on the same period in the previous year. Members are very pleased to learn that this will be rolled out across the whole PCT area over the coming months.

D13 (Developmental Standard)

Health care organisations

- a) identify and act upon significant public health problems and health inequality issues, with primary care trusts taking the leading role;
- b) implement effective programmes to improve health and reduce health

inequalities:

Members are concerned that:

1. There has been no NHS Dentistry available in Wensleydale for twelve months (01.04.06 - 31.03.07) A Member of the Forum was involved in the appointment process of Dentists in October 2006 and to date is not aware of any person taking up the posts.
2. No Improvement in the Hambleton & Richmondshire Emergency ambulance response times. Evidence that PCT is not commissioning 75% Category A calls in North Yorkshire.
3. Prison Health - staffing levels under contract and vacancies not being appointed to. Prisoners not receiving preventative health monitoring at appropriate level.

CURRENT OVERVIEW HAMBLETON & RICHMONDSHIRE LOCALITY GROUP:

The PCT commissions services for local residents from the South Tees Hospital Trust (STHT) and STHT is to be complimented on the improvement to services to patients over the last two years, despite managing an ongoing financial deficit. The MRSA figures are falling at more than 25% in a very busy tertiary acute environment, and all access performance targets have been met.

The first six months of 2006-07, the PCT was Hambleton & Richmondshire which was one of the top performing PCTs in the country and carrying a very manageable small financial deficit. From October 1st 2006 the four PCTs in North Yorkshire merged and the sheer geographical size and diversity of the new PCT coupled with the large deficits in two of the other merged PCTs has caused massive problems and instability in the health economy.

Agreed and signed by David Bolam, Chairman, Hambleton & Richmondshire Locality Group at a PPIF meeting held on the 23rd April 2007.

SELBY & YORK LOCALITY GROUP:

The Group has commented on the following Core Standards:

Domain 1 Safety [C4a]

Domain 4 Patient Focus [C13a, C14a, C15, C16]

Domain 5 Accessible and Responsive Care [C17]

Domain 6 Care, Environment and Amenities [C21]

FIRST DOMAIN SAFETY:

C4 Healthcare Organisations keep patients, staff and visitors safe by having systems to ensure that:

- a) the risk of healthcare acquired infection to patients is reduced, with particular emphasis on high standards of hygiene and cleanliness, achieving year on year reductions in MRSA:

During the year the Selby & York Locality Group have visited health units in their area and have found the standard of cleanliness to be good. Members have found facilities and procedures are in place to promote

cleanliness in patients own rooms and that standards of hygiene throughout the buildings were very good and that the atmosphere was free of unpleasant smells.

FOURTH DOMAIN PATIENT FOCUS:

C13. Healthcare Organisations have systems in place to ensure that

(a) staff treat patients, their relatives and carers with dignity and respect:

From visits carried out to health units, the S&Y Locality Group confirms that patients, their relatives and carers are treated with dignity and respect. Comments from visit reports include:

"The patients and carers that we observed and spoke with were clearly comfortable and relaxed in the environment. Staff treated the patients with respect and understanding. It was evident that they respected patients' individuality and personal needs."

"In all the interaction we saw between staff and patients it was evident that they were all treated with respect and dignity. Staff were patient without being condescending."

"The unit appeared to be well organised, and welcoming to young people with its homely bright and calm environment. The atmosphere was peaceful, stable and professional, giving support to young people day and night; the unit gave the feel of a well ordered home rather than a hospital."

â€œDirect observation of staff interacting with patients showed the importance of dignity and respect."

C14. Healthcare Organisation have systems in place to ensure that patients, relatives and their carers;

(a) have suitable and accessible information to, procedures to register formal complaints and feedback on the quality of services:

From visits carried out, Members ascertained that not all Units visited displayed information about PALS but Members stated that:

"We were confident that these leaflets would be available at reception."
"Close contact with patients and family would suggest that information is available to enable users to give feedback to the Trust on the services they receive."

C.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
b) safety and provides a balanced diet, and patients' individual nutritional, personal and clinical dietary requirements are met, including any necessary help with feeding and access to food 24 hours a day.

When Members visited Health Units they learned that:

"Patients are encouraged to make their own food(under observation/with assistance if required.)"

"The standard of the cook / chill system is high in our experience."

There is access to food and drink at all times."

"All the in-patients when we visited were being treated for anorexia nervosa so food intake was of prime importance, and skilled staff provide advice and support. The unit has a family style mealtime arrangement, and family members can visit and staff, an aspect of the service that is vital for family therapy."

C.16 Make information available to patients and the public on their services, provide patients with suitable and accessible information on the care and treatment they receive and, where appropriate, inform patients on what to expect during treatment, care and aftercare:

From visits to Health Units, Members found that patients leaflets/brochures were available for patients which were very informative on health and social care services locally, as well as staff on duty, bus times and information on the local leisure centre. Literature was clear and helpful and in an accessible format, although from a visit to one Unit, the report states:

"This is based on clinical assessment only. Also since no relative / carer was present to find out their views, we do not believe the residents could do so themselves."

FIFTH DOMAIN ACCESSIBLE AND RESPONSIVE CARE

C.17 The views of patients, their carers and others are sought and taken into account in designing, planning, delivery and improving healthcare services.

From the visits undertaken by Members, they were pleased to learn that:

"If patients wanted something altering, staff would do their best to accommodate this within their practice guidelines. Mostly, the manager informed us, these suggestions were met, as it was supposed to be as close to home as possible.

"Generally, a friendly and homely unit which pays a great deal of attention to meeting the different needs of all patients."

"Patient care is tailored to individual patient's needs and is adapted as the patient's condition requires. Carers seemed to be integrated into the working of the unit, with a carers group up and running, some carers working as volunteers and one assisting with the Kings Fund project to improve the environment."

"Users are very much involved in shaping the way their healthcare is delivered through the Headspace toolkit."

SIXTH DOMAIN CARE, ENVIRONMENT AND AMENITIES

C21 Services are provided in environments which promote effective care and optimize health outcomes by being well designed and well maintained with cleanliness levels in clinical and non-clinical areas that meet the national specification for clean NHS premises:

From their visits, Members made many positive comments including:

"A modern building with some very pleasant rooms. The reception area is secure, light and welcoming. The garden area was again secure and gave a feeling of openness ..the corridors were wide and well

decorated."
"The building is modern and has three floors, with good lift and staircase facilities."
"All rooms are of good size and two on each floor are extra large, with special beds for high-dependency patients."
"(The unit has) an excellent physiotherapy gym."
"Consultation rooms and other areas that we saw were clean, fresh and bright."

Members made only two negative comments on environmental issues, i.e.

"Some areas of the corridors might be rather dimly lit on darker days and it was felt that the design of the radiators in the corridors could be a hazard to older patients whose sight and concentration might be impaired."

"The only apparent design fault is that the private bathrooms have baths with shower over, physically impossible to use for most patients, so all should have walk-in showers."

Agreed and signed by Robin McIlroy, Chairman, Selby & York Locality Group at a PPIF meeting held on the 26th April 2007.

SCARBOROUGH WHITBY AND RYEDALE LOCALITY GROUP:
The group has commented on the following Core Standards:

Domain 1 Safety [C2]
Domain 4 Patient Focus [C13, 14, 15, 16.]
Domain 5 Accessible and Responsive Care [C17, 18]
Domain 6 Care Environment and Amenities. [C20, 21]
Domain 7 Public Health. [23.]

CORE STANDARDS

DOMAIN 1 SAFETY

Patient safety is enhanced by the use of health care processes, working practices and systemic activities that prevent or reduce the risk of harm to patients.

C2 "Healthcare organisations protect children by following national child protection guidance within their own activities and in their dealings with other."

The Locality group has evidence to suggest that support for Children's services is not as robust as would be desired.

DOMAIN 4 PATIENT FOCUS

Healthcare is provided in partnership with patients, their cares, and relatives, respecting their diverse needs, preferences and choices, and in partnership with other organisations (especially social care organisations) whose services impact on patient wellbeing.

C13a "dignity and respect, consent and confidentiality."

Through participation in Food Watch and Care Watch surveys the above core standard was felt to be satisfactory.

C 14a "patients have clear access to complaints/feedback/are not discriminated

	<p>against." Group considers this standard to be satisfactory.</p> <p>C14c "are assured that organisations act appropriately on any concerns and, where appropriate, make changes to ensure improvements in service delivery" Through contact with a patient user group it is noted that concerns about changes to Pain Management have been raised with the Trust, and that the user group remains concerned about the timescale involved in its discussions and correspondence with the Trust.</p> <p>At a recent meeting Locality group members received an update on the situation and agreed to contact the user group for an update on progress</p> <p>C 15 "food/choice/safely prepared/help with feeding/access 24/7" Through participation in Food Watch and Care Watch this standard is considered to be satisfactory.</p> <p>"information on services/ suitable and accessible information about care, treatment and aftercare." On an individual basis - patients and doctors - this standard is considered satisfactory. The Locality group does have concerns about the lack of information such as PALS following the Trust reconfiguration.</p> <p>DOMAIN FIVE ACCESSIBLE AND RESPONSIVE CARE</p> <p>C 17 "views of patient, carers taken into account in designing, planning delivering and improving services." It is felt that the newly reconfigured PCT is focusing on financial issues at the expense of obtaining and acting on patient and carer views. It is considered that the recent consultation on the future of Maternity Services placed greater emphasis on cost effectiveness rather than the views of the public and patients.</p> <p>Through contact with a patient user group it is noted that concerns about changes to Pain Management have been raised with the Trust, and that the user group remains concerned about the timescale involved in its discussions and correspondence with the Trust.</p> <p>At a recent meeting Locality group members received an update on the situation and agreed to contact the user group for an update on progress</p> <p>C 18 "all members of the population access services equally, have choice and have equitable treatment." It is considered that in general access to services is provided by the PCT, but that the ability of individuals to access services is often affected by circumstances such as rural isolation. The Locality group is aware of the lack of full and equal NHS dental provision and orthodontics in the North Yorkshire & York area.</p> <p>DOMAIN 6 CARE ENVIRONMENT AND AMENITIES.</p> <p>Care is provided in environments that promote patient and staff well-being and respect for patients' needs and preferences in that they are designed for the effective and safe delivery of treatment, care or a specific function, provide as much privacy as possible, are well maintained. And are cleaned to optimise health outcomes for patients.</p> <p>C 20 "promote effective care and optimise health outcomes - safe and</p>
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Core and developmental standards declaration 2006/2007

	<p>secure environment for patients, staff, visitors, supportive of privacy and confidentiality." Through participation in Food Watch, Care Watch and PEAT inspections the Locality group considers this standard to be satisfactory.</p> <p>C 21 "optimise health outcomes by being well maintained with cleanliness levels in clinical and non-clinical areas that meet the national specification for clean NHS premises." Through participation in Food Watch, Care Watch and PEAT inspections the Locality group considers this standard to be satisfactory.</p> <p>DOMAIN 7 PUBLIC HEALTH C23 "Healthcare organisations have systematic and managed disease prevention and health promotion programmes which meet the requirements of the National Service Frameworks and national plans with particular regards to reducing obesity through action on nutrition and exercise, smoking, substance misuse and sexually transmitted infections." In regards to smoking cessation and sexually transmitted infections evidence suggests that reduction levels are not what they should be.</p> <p>Agreed by Members of the Scarborough, Whitby and Ryedale Locality Group at a meeting held on the 29th March 2007.</p>
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Overview and scrutiny committee comments

Overview and scrutiny committee 1

<p>Comments</p>	<p>City Of York</p> <p>CYC HSC's comment on Core Standards met by North Yorkshire and York PCT</p> <p>Core Standard 22a</p> <p>Examples of cooperative work between the Council and the PCT include</p> <ul style="list-style-type: none"> - Decommissioning a sheltered housing scheme and then leasing it at a peppercorn to the PCT for use as an intermediate care centre - Recent closure of 2 long stay units for people with a learning disability and replacement with supported living schemes in the community - Jointly commissioning a new long term supported housing scheme for people with mental health problems with funding from the Housing Corporation and Supporting People Programme. <p>The Council recognises that there could be improvements from stronger structural integration of commissioning & delivery processes at the individual and service level.</p>
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Overview and scrutiny committee 2

<p>Comments</p>	<p>North Yorkshire County Council</p> <p>County Councillor John Blackie Dryden House Market Place HAWES North Yorkshire DL8 3RA</p> <p style="text-align: right;">27th</p> <p>April 2007</p> <p>Dear Janet</p> <p>Comments from the North Yorkshire Scrutiny of Health Committee: Healthcare Commission Annual Health Check - Final Declaration 2006/07</p> <p>Thank you for the way in which your Trust has co-operated with the County Council's Scrutiny of Health Committee on this important matter. Please pass on my particular thanks to Paddy Pearce and Dr Andrew Clark for the way in which they engaged with Members and the information they provided on Thursday 12th April 2006.</p> <p>This letter provides comments from the Scrutiny of Health Committee but it is important that these comments are put in context in that they focus on activity in 2006/07. When the NYY PCT came into being it needed to address a number of serious issues it had largely inherited from the former PCTs. As a new organization it also had to face a number of developmental and organisational issues. While this led to some difficulties in the early part of the year the situation did improve as time progressed and the new organisation adapted to its wider role. The Scrutiny of Health Committee looks forward to continued improved partnership working with the PCT in 2007/08. This is something which I focus on further in my closing remarks.</p> <p>On that basis I would be grateful if you would include the following comments from the Scrutiny of Health Committee in your Healthcare Commission 2006/07 Annual Health Check:</p> <p>Since the North Yorkshire and York (NYY) Primary Care Trust (PCT) came into being on 1st October 2006 the North Yorkshire Scrutiny of Health Committee (SoHC) has had a good deal of involvement with it, most notably on the following issues.</p> <p>Janet Soo-Chung Copy to: Cllr David Billing Chief Executive Cllr David Heather North Yorkshire & York PCT Bryon Hunter The Hamlet Hornbeam Park HARROGATE HG2</p>
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	<p>8RE</p> <p>1. PCT's Financial Deficit and Impact on Healthcare</p> <p>Background</p> <p>The NYY PCT inherited significant financial deficits from the former 4 PCTs covering North Yorkshire. In December 2006 the PCT announced that it was facing a deficit in the region of £45m for the financial year 2006/07 and was seeking to reduce this deficit to £35m by the end of that financial year.</p> <p>It was against this background that on 22nd December 2006 the PCT wrote to all acute trusts and GPs in the County informing them that it was setting up a Prior Approvals Panel and suspending automatic access of GP referrals to a range of secondary care procedures which, in the view of the PCT, were non-life threatening conditions such as wisdom teeth, carpal tunnel syndrome, varicose veins, bunions and ganglions. The proposals took immediate effect.</p> <p>The SoHC was not consulted or informed of the proposals. It should be noted that the County Council's Director of Adult and Community Services was not consulted on the proposals prior to the letter being sent out. In view of the possible impact that the proposals would have on patients, particularly the elderly, the SoHC would have expected that the Director would have been consulted. The SoHC was extremely concerned at the impact that these measures would have on patient safety and the public's peace of mind particularly as GPs were stating publicly that lives could be put at risk by the suspension of automatic access diagnostic procedures such MRI and CT scans.</p> <p>The proposals were announced as temporary measures until the end of the financial year.</p> <p>Following the 22nd December 2006 letter the Chairman, Chief Executive and senior staff from the PCT have attended a range of formal and informal consultation meetings with relevant stakeholders including elected Members, GPs and the voluntary sector. For instance they attended a seminar for all County Councillors on 10 January 2007 and the meeting of the SoHC on 9 February 2007.</p> <p>The outcome of this consultation led to the PCT announcing on 7th March 2007 a reduced range of conditions that would be covered by the Prior Approvals Panel and the commitment to work the primary and secondary care sector to establish more clear guidelines on pathways into care. The consultation also led to the publication of the PCT's Financial Recovery and Service Modernisation Plan.</p> <p>Conclusions - Commentary Against Relevant Core/Developmental Standards</p> <p>Second domain: Clinical and cost effectiveness Domain outcome: patients achieve healthcare benefits that meet their individual needs through healthcare decisions and services, based on what assessed research evidence has shown provides effective clinical outcomes.</p> <p>C6 Healthcare organisations co-operate with each other and social</p>
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care organisations to ensure that patient's individual needs are properly managed and met.

Comments:

In the events leading up to 22nd December 2006 and the original setting up of the Prior Approvals Panel there is little evidence to the Scrutiny of Health Committee that the NYY PCT undertook any real consultation and co-operation with acute trusts, GPs and Social Services. Leading GPs informed the SoHC that they were particularly concerned at the restricted access to MRI/CT scans and commented that lives were being put at risk.

However, the announcement on 7th March 2007 of the new arrangements under which the Prior Approvals Panel would operate indicates that the PCT is prepared to consult and be influenced so that patients' needs are being properly managed and met.

Third domain: Governance

Domain outcome: managerial and clinical leadership and accountability, as well as the organisation's culture, systems and working practices, ensure that probity, quality assurance, quality improvement and patient safety are central components of all activities of the healthcare organisation.

C7d) ensure financial management achieves economy, effectiveness, efficiency, probity and accountability in the use of resources

Comments:

The PCT is clearly taking very seriously its obligations to ensure its financial management achieves economy, effectiveness and efficiency and there is probity and accountability in the use of resources.

Fifth domain: Accessible and responsive care

Domain outcome: patients receive services as promptly as possible, have choice in access to services and treatments, and do not experience unnecessary delay at any stage of service delivery or the care pathway.

C17 The views of patients, their carers and others are sought and taken into account in designing, planning, delivering and improving healthcare services.

Comments:

In the events leading up to 22nd December 2006 and the original setting up of the Prior Approvals Panel there is little evidence to the SoHC that the NYY PCT sought and took into account the views of patients, carers and others in the setting up of the Prior Approvals Panel.

Between 22nd December 2006 and 7 March 2007 there is a good deal of evidence which indicates the PCT was adopting a more consultative approach towards the end of the

	<p>year.</p> <p>2. Reduction in beds at Whitby and Ripon Community Hospitals</p> <p>Background</p> <p>The PCT took the decision to close a ward at Whitby Community Hospital and reduce the number of beds from 20 to 10 at Ripon Community Hospital during early autumn of 2006 with very little meaningful prior consultation with the SoHC. The PCT did attend a meeting of the SoHC in September to consider the impact of the proposals at Ripon Community during which the Committee was informed that the proposals had been implemented. The PCT declined a similar invitation to attend a public meeting of the Committee on 1st March 2007 in Whitby.</p> <p>Members of the public in the communities of Whitby and Ripon and their hinterlands made clear their extreme level of concern at what appeared to them to be a reduction in services available at their local Community Hospitals. These two Hospitals are held in the highest esteem by the communities they serve, and local people place a very high value on the services they provide.</p> <p>In both cases the SoHC did not consider that the PCT's actions reconciled with the Department of Health's paper Our Health, Our Care, Our Community; Investing in the Future of Community Hospitals and Services (Published on 5 July 2006) which clearly states that proposals to close community hospitals or to reduce their scope must be reconsidered if their only purpose is to make short term financial savings.</p> <p>Conclusions - Commentary against Relevant Core/Developmental Standards</p> <p>Fifth domain: Accessible and responsive care Domain outcome: patients receive services as promptly as possible, have choice in access to services and treatments, and do not experience unnecessary delay at any stage of service delivery or the care pathway.</p> <p>C17 The views of patients, their carers and others are sought and taken into account in designing, planning, delivering and improving healthcare services.</p> <p>Comments:</p> <p>The NYY PCT did not undertake any meaningful consultation with the Scrutiny of Health Committee, nor is there any evidence of direct consultation with patients in respect of the changes at Ripon and Whitby Community Hospitals.</p> <p>But the PCT has indicated its willingness to engage with the SoHC to discuss the impact that the reduction in beds is having at Whitby Hospital. In respect of Ripon Hospital the PCT has always emphasised that the changes are not irreversible.</p> <p>3. Scarborough Hospital Pain</p>
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Clinic

Background

In the autumn of 2006 patients of the Pain Clinic expressed concern to the SoHC regarding the range of services the PCT was prepared to commission at the Scarborough and North East Yorkshire NHS Trust. Consequently the matter was considered by the SoHC at its meeting in December 2006. The Pain Clinic Support Group and the Acute Trust were represented at that meeting. The PCT provided a briefing paper but declined the invitation to attend.

The SoHC felt that had the PCT attended it may have been possible to achieve an early resolution to the problems.

It should be noted that the SoHC was informed at a meeting with the PCT on Thursday 12th April 2007, which took place to discuss the Committee's comments for the 2006/07 Health Checks, that the Chief Executive and other senior managers from the PCT are going to meet with representatives of the Pain Clinic on 1st May 2007.

Conclusions - Commentary against Relevant Core/Developmental Standards

Fifth domain: Accessible and responsive care

Domain outcome: patients receive services as promptly as possible, have choice in access to services and treatments, and do not experience unnecessary delay at any stage of service delivery or the care pathway.

C17 The views of patients, their carers and others are sought and taken into account in designing, planning, delivering and improving healthcare services.

Comments:

Originally the NYY PCT did not undertake any meaningful consultation with the SoHC, nor is there any evidence of direct consultation with patients in respect of the changes at Scarborough Hospital Pain Clinic. The PCT has indicated that consultation with patients will take place on 1 May 2007.

4. Out of Hours Service

Background

In October 2006 the NYY PCT briefed the SoHC on the extent to which the PCT complies with National Quality Requirements in the Delivery of Out of Hours Service. The SoHC Committee heard how at the end of March 2006 the service across the County did broadly meet the standards and the level of complaints received as a percentage of patient contacts was less than 0.09%. However, concerns regarding the robustness of the Out of Hours Services continue to be expressed to the Committee and to individual Members.

Conclusions - Commentary Against Relevant Core/Developmental

	<p>Standards</p> <p>Fifth domain: Accessible and responsive care Domain outcome: patients receive services as promptly as possible, have choice in access to services and treatments, and do not experience unnecessary delay at any stage of service delivery or the care pathway.</p> <p>C17 The views of patients, their carers and others are sought and taken into account in designing, planning, delivering and improving healthcare services.</p> <p>Comments:</p> <p>In overall terms the NYY PCT demonstrated to the Scrutiny of Health Committee that it complies with the National Quality Requirements in the Delivery of Out of Hours Services. The PCT's willingness to engage with the Committee on this matter has been welcomed but the Committee has lingering doubts regarding the robustness of the service, particularly in isolated rural communities.</p> <p>5. Annual Report of the Director of Public Health</p> <p>Background</p> <p>Senior representatives from the PCT attended the Committee meeting on 13th October 2006 to guide Members through the health and wellbeing issues facing the County and the PCT's role in the development of the North Yorkshire Local Area Agreement. The Committee heard how the PCT is leading on the Healthy Communities and Older People "block" and that the PCT plays a key role in the North Yorkshire Healthy Communities Thematic Strategic Partnership.</p> <p>The PCT has sent the SoHC a copy of its Public Health Annual Report which the Committee will use to inform its own work programme.</p> <p>Conclusions - Commentary Against Relevant Core/Developmental Standards</p> <p>Seventh domain: Public health Domain outcome: programmes and services are designed and delivered in collaboration with all relevant organisations and communities to promote, protect and improve the health of the population served and reduce health inequalities between different population groups and areas.</p> <p>C22 Healthcare organisations promote, protect and demonstrably improve the health of the community served, and narrow health inequalities by:</p> <p>a) cooperating with each other and with local authorities and other organizations ensuring that the local Director of Public Health's annual report informs their policies and practices making an appropriate and effective contribution to local partnership arrangements including local strategic partnerships and crime and disorder reduction partnerships.</p> <p>Comments:</p> <p>The PCT is taking a leading role in the North Yorkshire Strategic</p>
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Partnership to ensure that health improvement and health inequalities are tackled in a "joined-up" way across the County.

The Committee was impressed at the level of engagement and joint working between the PCT and other stakeholders.

D13 Healthcare organisations;

a) Identify and act upon significant public health problems and health inequalities issues, with primary care trusts taking the leading role.

Comments:

Appropriate "stretch" targets for health improvement and tackling health inequalities have been included in the North Yorkshire Local Area Agreement.

Closing Comments

The SoHC recognises that the NYY PCT inherited a very serious and deteriorating financial situation from the 4 former PCTs that were operating immediately before it came into existence. The SoHC also recognizes that it is a primary duty of the NYY PCT to operate within a financial envelope and not run up in-year deficits - to commission and provide healthcare services that are affordable having due regard to the finances that are available to fund these services.

During its first 5 months there was very little evidence of a willingness on the part of the NYY PCT to engage meaningfully with key stakeholders and partners in healthcare provision, including the SoHC, as the various assessments included here demonstrate. As serious was the lack of engagement demonstrated by the NYY PCT with members of the public directly, and the failure to properly inform them through the media.

It is heartening to record therefore that there has been a sea-change in approach since those early days and during the month of March 2007 it was patently obvious that a new strategy involving close involvement, engagement and consultation with key stakeholders and partners in healthcare provision, including the SoHC, the public and the media had been adopted by the NYY PCT to guide the way it goes about its business in the future.

This is encouraging given the essential need to have all stakeholders, partners, and above all the public on board and taking ownership not only of the problems caused by the severe financial difficulties that challenge healthcare provision in the County of North Yorkshire, but also the solutions that have to be implemented to deal with these problems.

Yours sincerely

County Councillor John Blackie (Upper Dales Division)
Chairman North Yorkshire County Council Scrutiny of Health Committee