

**NORTH YORKSHIRE COUNTY COUNCIL****SCRUTINY OF HEALTH COMMITTEE****11 April 2014****Mental Health: Hospital Services for Adults and Older People in Airedale, Bradford and Craven****Purpose of Report**

1. The purpose of this report is to update the Scrutiny of Health Committee on recent developments surrounding implementation of proposals that were part of a consultation carried out in 2012 on proposed changes to mental health services for adults and older people in the Airedale, Bradford and Craven area.

**Background**

1. In 2012 NHS Airedale, Bradford and Leeds (NHS ABL), the former primary care trust and lead commissioner at that time, led a formal consultation "Mental Health: Hospital Services for Adults and Older People in Airedale, Bradford and Craven". The proposals covered the future provision of inpatient and community mental health services in the area. Bradford District Care Trust (BDCT) is the main provider of these services.
2. At its meeting on 20 April 2012 this Committee was consulted formally.
3. Key extracts from the consultation document are attached as Appendix 1.
4. The Committee's initial response to the consultation is attached at Appendix 2. Subsequently leading Members of the Committee met with representatives from NHS ABL on 20 April 2012 to discuss the Committee's reservations. The meeting led to the additional response attached as Appendix 3.
5. In the build-up to the consultation, a number of options had been developed by the Trust in conjunction with commissioners and also with the newly emerging GP commissioning executive (GPCE). Extensive work was also undertaken by the Trust and commissioners with the Health Overview and Scrutiny committees for Bradford District Metropolitan Council and North Yorkshire County Council, as well as the Craven Overview and Scrutiny subcommittee.
6. The Board of NHS ABL approved the outcome of the consultations, including the changes to older people's services currently being implemented, on 29 September 2012.
7. The public consultation proposed bed reductions for Older People from 71 commissioned beds to 43 beds – 22 organic beds and 21 functional beds. Occupancy of the 71 beds was lower than expected at 52%, much lower than best practice guidance of 85%. This was due to a greater emphasis on admission avoidance via the provision of care and treatment in the community.
8. The public consultation also proposed a move away from an ageless model of care - adult mental health & older people's beds on the same wards. Some of the functional

beds for older people are located on adult wards meaning older people being admitted onto adult wards. This is not considered best practice.

9. CQC advise against ageless models of care. Ageless care contravenes 'nationally accepted good practice. By creating discrete centres of excellence for Organic and Functional care this ensures the Trust is able to provide modern, fit for purpose facilities in line with best practice guidance. The provision of an age appropriate model is also supported by the National Institute for Clinical Excellence, the Department of Health, the Royal College of Psychiatrists and the British Psychological Society who believe care and treatment for older people is best provided by professionals who have specific expertise in that area. The National Mental Health Strategy also expects services to be age appropriate and non-discriminatory.
10. Organic beds are for service users aged 65 years or older with an organic mental illness, primarily dementia. Functional beds are for the use of service users aged 65 years or older with a functional mental illness such as schizophrenia.
11. The new purpose build organic unit is to be located on the ground floor of Daisy Hill House, Lynfield Mount. The new purpose build functional unit is to be located on the Airedale Centre for mental health.
12. The programme of capital works associated with implementing the consultation outcomes has already completed a number of projects. At present the reconfiguration of the former (PICU) site at The Airedale Centre for Mental Health is underway in order to house the functional older people's unit. This is due for completion in May 2014.
13. The final scheme is the relocation the organic ward currently located at Ward 24, Airedale Hospital to the ground floor of Daisy Hill House at the Lynfield Mount site in May 2015.
14. In June 2013, a multidisciplinary team began the process of working up an outline design for the new organic unit in consultation with service user and carer representatives.
15. As part of the design process, members of the project team visited two other organic units to gain further insight into current dementia best practice design principles. Visits were undertaken at Monkwearmouth Hospital, Sunderland and Carleton Clinic.
16. A number of design options for the new organic ward were developed. Design options have been the subject of an independent review by experts at the Dementia Services Development Centre at The University of Stirling, following which two were shortlisted. These are known as Options 7 and 12.
17. As part of the design assurance process, the service were asked to carry out a practical assessment simulating the activities that would occur within a bedroom area to ensure that the bedroom areas would be functionally suitable.
18. Option 7 was the option worked up by the multidisciplinary project team and is the service preferred option. Option 12 is the alternative which meets the operational requirements of the service without reconfiguring the existing space at Daisy Hill House to the same extent as Option 7. Both options have a number of distinct advantages over the current Ward 24 offering a purpose built, quality environment, single

bedrooms, at least 50% en suites (option 7 provides 100% en suite bedrooms) and will incorporate into the internal finish, best practice guidance for dementia units, designed in consultation with the University of Stirling.

19. It should be noted that the service are fully supportive of Option 7 having been involved and consulted at every stage of its development. Option 12 is less favoured both by the service and also by the Ward 24 Carers' Action Group (CAG).
20. On 27 February 2014, BDCT's Board approved a fully costed business case to support option 7.
21. As part of the public consultation, BDCT agreed to fund assisted travel support for carers/visitors who are inconvenienced by the moves. This will be for a period 36 months beyond the completion of all estates changes. The final change involves completion of the organic unit scheduled for May 2015. Ward managers ensure that carers/visitors are aware of the assisted travel scheme and ensure that those who wish to take advantage of the scheme are assisted accordingly. The Trust will support three options; the cost of additional private mileage, the costs of public transport or the costs of private taxi transport for the additional distance.
22. Representatives from the BDCT will be attending the meeting to provide more information on the progress that has been made on implementing the original proposals and, in particular, how the concerns around the suitability of the planned new service are being addressed.

### **Recommendations**

23. That Members note BDCT's progress with implementation of the outcomes of the 2012 public consultation on mental health services for adults and older people in the Airedale, Bradford and Craven area.

Bryon Hunter  
Scrutiny Team Leader

County Hall  
Northallerton  
25 March 2014

**Background Documents: None**

NHS Airedale, Bradford and Leeds  
NHS North Yorkshire and York  
Bradford District Care Trust



**Mental health:**  
Hospital services for adults  
and older people in  
Airedale, Bradford and Craven

In this leaflet we talk about some of the challenges facing Bradford District Care Trust in providing services for people with mental health problems when they need to go into hospital. These challenges provide us with an opportunity to review and improve the quality of the services that we provide for people. That is why we are asking you to tell us what you think about these issues and the options to improve them.

The Trust has told us it would like to improve the services provided at Lynfield Mount Hospital, the Airedale Centre for Mental Health and the services it provides from Ward 24 at Airedale General Hospital. These include hospital admissions for older people and for adults who need psychiatric intensive care services.

Having the best possible mental health services is important to everyone. This is why, from time to time, we review the services that are on offer and whether they are well placed to meet your needs. When we do this, as well as thinking about quality we also think about your safety, whether the treatments are effective and if the services are good value for money. The NHS needs to save money and the ideas set out in this document help us to do that without cutting the quality of the services. Your thoughts about the services are also very important in helping us make decisions.

Because of this, we asked Bradford District Care Trust to think carefully about the changes they would like to make to their services and, where it is possible, to give you some different options to think about. We talk about these options in more detail later on in this leaflet.

We know that this review of services is complicated and that you might worry about what will happen. We plan to make sure that you have plenty of information to help you make your views known to us and we promise to tell you as soon as possible when we have made a decision about what will happen next. If you are using mental health services, your care co-ordinator should be able to help you understand the changes. Please do talk to him or her about any worries you have, or contact the PALS service (tel: 01274 237555).

This consultation ends on 26 April 2012. On page 7 there are many different ways you can tell us your thoughts about the changes that we are suggesting.

When we get your views and ideas on how the services might be improved, we will consider them all and make a decision about the best way forward.

Your thoughts really matter to us, so please do take the time to send us your views.

## Who uses the services we would like to improve?

**Older people's mental health services are for people aged 65 years and over.** Sometimes people under 65 are treated by the older people's services because of the kind of illness they have – for example, someone with the early onset of dementia.

There are two types of older people's inpatient services:

- **Functional** – this describes all kinds of mental illness that someone could have at anytime in their life, such as anxiety or depression.
- **Organic** – this describes mental illnesses that usually only happen in older age, such as dementia.

People who use the older people's service mainly live in and around Bradford, Airedale and Craven. Two primary care trusts – NHS Airedale, Bradford and Leeds and NHS North Yorkshire and York – hold the money to buy services for people living in the area. We buy services for you from Bradford District Care Trust who manage Lynfield Mount Hospital, the Airedale Centre for Mental Health and Ward 24 on the Airedale General Hospital site.

Most older people who require mental health services are seen at home and very few people are admitted to hospital.

**Adult mental health services are for people aged between 18 and 65 years.** Some people who are over 65 years might also use these services if their illness does not yet need the skills of the older people's services.

Adults and older people who have serious behavioural problems because of their mental illness may use the **psychiatric intensive care unit (PICU)**. These are mainly people who have become a risk to themselves or to other people because they are very unwell at the time. There are eight beds in PICU.

Four of the eight beds in PICU are for use by people who live in Bradford and Airedale. The other four can be bought by Primary care trusts from all over the country when they are unable to treat people in their own area.

**You can see how many adult and older people's beds the Trust has, and where they are, by looking at the table on page 11.**

## Why does Bradford District Care Trust want to change services?

The Care Trust wants to make services better for the people who use them, and spend the money they have on the services that people need the most. All NHS services must be good value for money, but quality and clinical effectiveness are just as important. Nowadays people can have lots of healthcare services at home or near the places where they live. Hospital services are not used as much as they were in the past, so it is important to make sure that money is spent on good quality mental health services.

There are five things that the Trust has been thinking about when deciding what could change. They are:

- Older people from Airedale and Craven are admitted to adult wards (Fern and Heather wards) at the Airedale Centre for Mental Health. An organisation that monitors how well Trusts run their services (called the Care Quality Commission) says that this is not good quality care for older people and needs to be changed. Older people should be cared for on wards specially designed for their needs.
- Older people do not go into hospital as much as they used to, so currently about half of the beds are empty (52.2%). We know the population of older people is growing every year but even so, less and less people need to go into hospital. This is because there are now better ways of treating people at home or the place where they live. The Trust believes that it can improve quality as well as reduce the number of beds and that this will be enough to meet local need.
- Almost eight out of ten people (79.5%) who use the PICU live in Bradford, but the PICU ward is at the Airedale Centre for Mental Health just outside Keighley. This means that people who are very unwell are taken from one site to another by ambulance in the care of two or three staff, reducing the number of staff on the wards. This also means that there are risks to the patient and staff involved in the move. Moving the unit to Bradford would reduce these risks.
- The PICU building is too small which makes it difficult to have big enough treatment and visiting areas on the ward.
- Making sure that services are good quality and value for money and that, where they are not being used well (for example, by having empty beds for too much of the time), money can be used to improve the quality of services.

The Trust has already begun talking to people who use some of these services and their carers. Their comments have helped us to decide on the proposals in this leaflet.

## What services might be improved?

The services that we are talking about in this leaflet are:

- **Clover Ward** at the Airedale Centre for Mental Health - this is the psychiatric intensive care unit (PICU) which has eight beds;
- **Heather and Fern Wards** at the Airedale Centre for Mental Health – these are the wards that are currently used by both older people and adults;
- **Ward 24** within Airedale General Hospital - this is an organic older people's ward;
- **Duchy Court and Chellow Lodge** – these are the functional and organic older people's wards at Lynfield Mount Hospital.

Part of these plans also includes swapping the use of a number of wards at Lynfield Mount Hospital. These are adult acute in-patient wards, one of which closed after a public consultation in 2009.

## What have we done so far?

In the past twelve months, Bradford District Care Trust has worked with people who use mental health services, their carers and their family doctors to help them understand some of the challenges it faces. To help focus the discussion a number of options were explored.

During these sessions, the Care Trust shared the options and used what people said to refine them or to provide more information when it was needed.

As a result, and at the request of the two primary care trusts and local family doctors (GPs), the number of options was reduced. This was because one of the options needed more money to be invested and, because of the current economic climate, it was felt to be an unrealistic option to include in a public consultation. The other option was not considered good clinical practice and so was removed.

The options below have been discussed and developed in partnership with local people and agreed as reasonable options to be included in a public consultation. We recognise that some of the proposals may make it more difficult for some carers to visit their relatives whilst they are in hospital. We will work to ensure that we provide appropriate help and support to those affected. For example, we could use volunteer drivers or private hire vehicles to support people visiting the hospitals.

However, if you have a suggestion about something else that you think might be useful for us to consider, we will be happy to do so.

## What are the options for change?

Appendix A (page 11 onwards) contains lots of information that has been used to develop the following options. We would like you to tell us what you think about the three options below. Details on how to do this are on page 7 of this leaflet.

We would also like to hear any other options that you think might work.

### Option 1: No change in the number of beds provided but some minor changes in where they are located.

In this option:

- PICU would stay at the Airedale Centre for Mental Health;
- The 71 older people's beds across four units at Lynfield Mount and Airedale General Hospital would remain;
- The 22 organic beds currently provided from Chellow Lodge would be moved to Daisy Hill House on the same site at Lynfield Mount Hospital - near to the functional mental health ward already there (because Chellow Lodge cannot be made suitable for older people's organic beds – see page 12)
- Staff from Chellow Lodge would also move to provide care for people using the extra beds at Daisy Hill House.



What is good about this option?

- There would still be functional and organic older people's beds at both Lynfield Mount and Airedale General Hospital.

What isn't so good about this option?

- By not separating functional older people's beds from the adult acute wards at Airedale, this would mean that the Trust could not meet the best practice levels set by Care Quality Commission (CQC) - see page 13;
- No money would be released to reinvest back into older people's services;
- There would still be low bed occupancy levels.
- Because PICU would not move from Airedale, more people would still have to travel a long way to use or visit it.

### **Option 2: No change in the number of beds provided BUT the PICU unit would be moved to Bradford from the site near Keighley.**

- PICU would move to Lynfield Mount Hospital;
- The 71 older people's beds across four units at Lynfield Mount and Airedale General Hospital would remain;
- The 22 organic beds currently provided from Chellow Lodge would be moved to Daisy Hill House on the same site at Lynfield Mount Hospital - close to the functional mental health ward already there (because Chellow Lodge cannot be made suitable for older people's organic beds – see page 12);
- Staff from Chellow Lodge would also move to provide care for people using the extra beds at Daisy Hill House.

What is good about this option?

- There would still be functional and organic older people's beds at both Lynfield Mount and Airedale General Hospital;
- Most people would not have to travel as far to use the PICU or to visit people using it.

What isn't so good about this option?

- By not separating functional older people's beds from the adult acute wards at Airedale, this would mean that the Trust could not meet the best practice levels set by CQC (see page 13);
- No money would be released to reinvest back into older people's services;
- There would still be low bed occupancy levels;
- Some people would still have to travel to access the PICU.

### **Option 3: Moving PICU to Lynfield Mount Hospital, reducing the number of beds and making separate wards for functional and organic illnesses.**

In this option:

- PICU would move to Lynfield Mount Hospital;
- The number of older people's mental health beds would be reduced from 71 to 43;
- The number of older people's units are reduced from four to two and there would be dedicated wards for functional (21 beds) and organic (22 beds) illnesses;
- Higher staffing levels could be maintained on the wards.

What is good about this option:

- Best practice guidance for providing specialist care for older people would be met;
- There would be savings of about £1.15 million a year;
- Money could be invested in improving the staffing levels of the wards to give people a high quality service;
- Two highly specialist functional and organic wards designed to deliver high quality care and staffed by a team with specialist skills;
- Most people would not have to travel as far to use PICU, or visit people using it.

What isn't so good about this option:

- Some patients and carers would be inconvenienced by having to travel further to use the older people's wards;
- Some people will still have to travel to use the PICU.

## What do you think about the options?

Let us know which of the options you think will work best. Or you might want to tell us about a different plan that you think might work. But remember - there is no more extra money available to fund mental health services. Any changes have to be funded by saving money from under-used services or those that are not very efficient.

## How to tell us what you think

You can tell us what you think about the ideas in this leaflet like this:

in writing, or by using the tear off slip on this leaflet, to:

You do not need to use a stamp

or you can email:

or you can go on our website and fill in the reply form:

or you can telephone our Patient Advice and Liaison (PALS) service

or by putting a comment on our NHS Bradford and Airedale on Facebook

or Twitter pages:

or text us:  
(only one text for each phone number will be accepted)

Mental health services review  
FREEPOST RLZH-XTUZ-YAZK  
Douglas Mill  
Bowling Old Lane  
Bradford BD5 7JR

[consultation@bradford.nhs.uk](mailto:consultation@bradford.nhs.uk)

<http://www.bradford.nhs.uk/category/get-involved/current-consultations/>

01274 237555

[www.facebook.com/NHSBradfordandAiredale](http://www.facebook.com/NHSBradfordandAiredale)

[www.twitter.com/nhsbradford](http://www.twitter.com/nhsbradford)

Text mhealth plus the option you prefer to  
07797 870001 for example: mhealth option 1

**County Councillor Jim Clark**  
**(Harrogate/Harlow Division)**

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25 May 2012

Mick James  
Mental Health and Learning Disabilities Commissioner  
NHS Airedale, Bradford and Leeds  
Douglas Mill  
Bowling Old Lane  
BRADFORD BD5 7JR

Dear Mr James

**Mental Health: Hospital Services for Adults and Older People in Airedale, Bradford and Craven**

Thank you for attending the meeting of the North Yorkshire Scrutiny of Health Committee on 20 April 2012 and for guiding Elected Members through your consultation document on this matter. I would also like to take this opportunity to thank Nick Morris and Rob Armstrong from Bradford District Care Trust for the way they have engaged with the Committee on this matter. Their work with the Committee spans almost 12 months.

The response below is on behalf of the whole Committee.

The first thing to say is that the Committee fully acknowledges the need to increase bed occupancy (currently 52%), overcome problems of providing services in outdated buildings and to separate older patients suffering from functional mental health problems from the adult acute wards at Airedale Hospital. We also support the movement towards providing more services in the community, closer to people's own homes.

However, we do have some reservations and comments on information in the consultation document. Unless these are addressed we would find it difficult to comment conclusively on any option for change.

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At our meeting on 20 April, local Members from the Committee and the public disputed statements in the consultation document that beds in the Heather and Fern wards at the Airedale Centre for Mental Health (in the grounds of Airedale Hospital) assigned to older people were actually empty. We heard claims that these beds were in fact being occupied by adults of working age. We acknowledged that in light of similar comments you have already received as part of the consultation you issued an addendum to clarify this issue and extended the closing date to the consultation from 26 April to 26 May 2012. However it is clear that doubts over whether the beds are actually empty persist and against this background there is still a feeling that it will be difficult for the Bradford District Care Trust to release significant funding for reinvestment in new services. Indeed it is disappointing that the consultation document gives very little information on what new services will be put in place, both in terms of in-patient services and services in the community and how they will be funded.

The proposals would include the Psychiatric Intensive Care Unit (PICU) and the whole of the Dementia Care Unit (Ward 24) being moved from the Airedale Hospital site to Lynfield Mount in Bradford, some 11 miles further away for Craven residents. The PICU will be converted into a new ward for over 65 year old patients with functional mental health problems. Travelling to Airedale Hospital from Craven, particularly from the northern part of the district is already a difficult journey. Travelling to Lynfield Mount would be even more difficult for patients and their carers relying on public transport. Unfortunately there is very little information in the consultation document on measures that will be put in place to ease these travel problems by, for instance, improved community transport.

The seeming lack of consideration of transport problems for people in Craven is in stark contrast to the considerations being given to people from Bradford who currently travel to the PICU at Airedale Hospital. The last bullet point on page 13 of the consultation document in referring to the current location of the Psychiatric Intensive Care Unit states "people who use the service from Bradford are further away from their families, carers and support networks and their families find it difficult to visit them." This may be the case but a journey by public transport from Bradford to Airedale Hospital will be far less of an ordeal than for people trying to get across to Lynfield Mount from Craven which could involve 4 bus journeys and take 3 to 4 hours. Whilst there may be less travelling for people in Bradford the impact on Craven residents, whilst being fewer in number, would be far more significant on an individual to individual comparison. An Equalities Impact Assessment of the proposals should have been included in the consultation document. Assuming an assessment has been produced I would welcome sight of it so I can understand how the proposals will impact on communities in Craven.

In essence the Committee acknowledged the need to reconfigure the service but felt that the consultation had missed an opportunity to describe the new models of service provision in the community and measures that would be put in place to support patients and their families and carers from Craven come to terms with the proposals. Due to the absence of this information perhaps it is understandable that the general feeling expressed by the public at the meeting and to local members in recent months is that services are being moved closer to Bradford at the expense of Craven residents.

It is disappointing the consultation contains no information on the extent to which any of the options have been future proofed in terms of increased life expectancy and the associated increase in levels of dementia in communities.

Summing up the Committee's view is that there is insufficient information in the consultation document for it to be able to comment conclusively on the proposals. It suggests that before any final decision is made on the proposed arrangements the NHS should carry out further engagement with local communities. This work, in addition to addressing the issues highlighted above, should set out how funds will be reinvested and new services will be phased in – both in the community and in in-patient settings. Improved transport arrangements between Craven and Lynfield Mount must also be a key element of those plans. Finally more work is required to ensure the proposed arrangements meet the outcomes desired by people with dementia and their carers as set out in the National Dementia Strategy.

In accordance with the national guidance which underpins the role of local authorities in scrutinising substantial changes in health care services I look forward to receiving a response to the issues I have raised in this letter by Saturday, 23 June 2012 .

Yours sincerely

A rectangular area of the document is redacted with a solid yellow color, obscuring the signature of the County Councillor.

County Councillor Jim Clark  
Chairman – North Yorkshire County Council Scrutiny of Health Committee

Copy to:

All Members of the North Yorkshire Scrutiny of Health Committee  
Nick Morris and Rob Armstrong - Bradford District Care Trust  
Judith Knapton - NHS North Yorkshire and York  
Seamus Breen - NYCC

**County Councillor Jim Clark**  
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13 July 2012

Mick James  
Mental Health and Learning Disabilities Commissioner  
NHS Airedale, Bradford and Leeds  
Douglas Mill  
Bowling Old Lane  
BRADFORD BD5 7JR

Dear Mr James

**Mental Health: Hospital Services for Adults and Older People in Airedale, Bradford and Craven**

Further to my letter of 25 May 2012 and the helpful response we received from Judith Knapton (NHS North Yorkshire and York), our meeting earlier this week was extremely useful and clarified a number of issues which the Committee raised in that initial letter.

I think it is helpful to set out what I feel were the main points arising from our discussions from the perspective of local Members and myself, as follows:

- There will be no actual loss in the number of in-patient beds provided for older people with dementia in the Airedale Centre for Mental Health at Airedale Hospital. (As the Scrutiny Committee itself acknowledged these beds are being occupied by adults with functional mental health problems so not referring older people to beds which they are not currently occupying will make no difference.)
- The very fact that older people are not being referred to the in-patient beds means that they are already being supported in the community. We welcomed the commitment from Bradford District Care Trust (BDCT) to work with the Clinical Commissioning Group and North Yorkshire County Council in looking to the future needs for modern mental health services in Craven.

Cont/d ...

- BDCT will cover the additional transport costs encountered by Craven families wishing to visit the relatives in Lynfield Mount on a case by case basis, thus taking an individualised approach. Acknowledging that the proposals will take a while before they are fully implemented we agreed that a report will be brought back to the North Yorkshire Scrutiny of Health Committee after these arrangements have operated for a full year.
- Moving the in-patient beds for older people with dementia to the unit at Lynfield Mount will facilitate Craven residents being able to benefit from a multi-disciplinary team approach including occupational therapists and physiotherapists which has already been developed for Bradford residents in the unit.

Summing up, local Members and myself now feel assured that the reconfiguration will not have an adverse effect on older people from Craven and accept the proposals as the most appropriate way forward across the area.

If you need any further information on this matter please do not hesitate to contact me.

Yours sincerely

County Councillor Jim Clark  
Chairman – North Yorkshire County Council Scrutiny of Health Committee

Copy to:  
County Councillor Shelagh Marshall  
County Councillor Polly English  
Seamus Breen, Assistant Director Health Reform & Development, NYCC  
Judith Knapton, Head of Commissioning (Adult and Community Services), NHS  
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