

Public Document Pack

Late / supplementary information for Scrutiny Board (Adult Social Services, Public Health, NHS) on 15 March 2016

Pages 1-14: Agenda item 9 – Summary of recent Care Quality Commission (CQC) inspection reports

Pages 15-18: Agenda item 10 – Leeds Community Healthcare NHS Trust – Child and Adolescent Mental Health Services – Briefing Paper

Pages 19-40: Agenda item 13 – The Board has received the following updates:

- NHS Leeds North CCG, NHS Leeds South and East CCG and NHS Leeds West CCG – Update on Primary Care Co-commissioning
- NHS Leeds North CCG and NHS Leeds South and East CCG – Update on development of General Practice Services.

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SCRUTINY BOARD (ADULT SOCIAL SERVICES, PUBLIC HEALTH, NHS)

15 MARCH 2015

ITEM 9: CQC INSPECTION OUTCOMES – APPENDIX 1

SUMMARY OF RECENT CARE QUALITY COMMISSION (CQC) INSPECTION REPORTS

Publication Date	Organisation	Type of provider	Outcome	Web link to the report	Ward
29 July 2015	Human Support Group Ltd. Leeds (LS7 2AH)	Homecare	Good	http://www.cqc.org.uk/location/1-456708711	Chapel Allerton
31 July 2015	Springfield Care Home (LS25 1EP)	Residential Care	Requires improvement	http://www.cqc.org.uk/location/1-154091843	Garforth & Swillington
31 July 2015	Spinney Residential Home (LS12 3QH)	Residential Care	Requires improvement	http://www.cqc.org.uk/location/1-112270555	Armley
17 Aug. 2015	Waterloo Manor Independent Hospital (LS25 1NA)	Hospital - mental health	Inadequate	http://www.cqc.org.uk/location/1-156620871	Garforth & Swillington
18 Aug. 2015	Ethical Homecare Solutions (LS7 3DX)	Homecare	Requires improvement	http://www.cqc.org.uk/directory/1-321807303	Chapel Allerton
18 Aug. 2015	Hopton Court (LS12 3UA)	Residential Care	Requires improvement	http://www.cqc.org.uk/directory/1-309428606	Armley
18 Aug. 2015	Owlett Hall (BD11 1ED)	Nursing Care	Requires improvement	http://www.cqc.org.uk/directory/1-141599363	Morley North
20 Aug. 2015	Oakwood Hall (LS8 2PF)	Nursing Care	Requires improvement	http://www.cqc.org.uk/directory/1-123576529	Roundhay

Publication Date	Organisation	Type of provider	Outcome	Web link to the report	Ward
21 Aug. 2015	Yorkshire Ambulance Service NHS Trust (WF2 0XQ)	Ambulance Service	Requires improvement	http://www.cqc.org.uk/provider/RX8	Headquarters in Wakefield
25 Aug. 2015	Caremark (Leeds) (LS6 2QH)	Homecare	Requires improvement	http://www.cqc.org.uk/directory/1-232681786	Hyde Park & Woodhouse
26 Aug. 2015	Adel Grange Residential Home (LS16 8HX)	Residential Care	Requires improvement	http://www.cqc.org.uk/directory/1-110993039	Adel & Wharfedale
26 Aug. 2015	Atkinson Court Care Home (LS9 9EJ)	Nursing Care	Requires improvement	http://www.cqc.org.uk/directory/1-126476576	Burmantofts & Richmond Hill
7 Sept. 2015	Airedale Residential Home (LS28 7RF)	Residential Care	Requires Improvement	http://www.cqc.org.uk/directory/1-128272457	Pudsey
10 Sept. 2015	Brooklands Residential Home (LS19 7RR)	Residential Care	Inadequate	http://www.cqc.org.uk/directory/1-117613913	Otley & Yeadon
11 Sept. 2015	Oaklands Residential Home (LS26 9AB)	Residential Care	Good	http://www.cqc.org.uk/directory/1-1963864878	Kippax & Methley
11 Sept. 2015	Sheild Recruitment Limited (LS1 2NL)	Homecare Agency	Good	http://www.cqc.org.uk/directory/1-1289082975	City & Hunslet
16 Sept. 2015	Kirkstall Court (LS5 3LJ)	Rehabilitation / Residential Care	Good	http://www.cqc.org.uk/directory/1-112566812	Kirkstall
17 Sept. 2015	Oakwood Lane Medical Practice (LS8 3BZ)	GP Practice	Good	http://www.cqc.org.uk/location/1-2000523982	LS8 3BZ

Publication Date	Organisation	Type of provider	Outcome	Web link to the report	Ward
17 Sept. 2015	The North Leeds Medical Practice (LS17 6PZ)	GP Practice	Good	http://www.cqc.org.uk/location/1-574141809	Moortown
17 Sept. 2015	Carlton House (LS26 0SF)	Residential Care	Requires Improvement	http://www.cqc.org.uk/directory/1-130890582	Ardsley & Robin Hood
24 Sept. 2015	Collingham Church View Surgery (LS22 5BQ)	GP Practice	Good	http://www.cqc.org.uk/location/1-547723756	Harewood
24 Sept. 2015	Summerfield Court (LS13 1AJ)	Residential Care	Requires improvement	http://www.cqc.org.uk/directory/1-1441008775	Bramley & Stanningley
30 Sept. 2015	Suffolk Court (LS19 7JN)	Residential Care	Good	http://www.cqc.org.uk/directory/1-136455689	Otley & Yeadon
30 Sept. 2015	Oakhaven Care Home (LS6 4QD)	Residential Care	Requires improvement	http://www.cqc.org.uk/directory/1-116738339	Moortown
1 Oct. 2015	Hilton Road Surgery (LS8 4HA)	GP Practice	Requires Improvement	http://www.cqc.org.uk/location/1-583516067	Chapel Allerton
2 Oct. 2015	Brandon House Nursing Home (LS8 2PE)	Nursing Care	Requires improvement	http://www.cqc.org.uk/directory/1-126778737	Roundhay
9 Oct. 2015	Wharfedale House - Care Home Physical Disabilities (LS22 6PU)	Residential Care	Good	http://www.cqc.org.uk/directory/1-120087427	Wetherby
12 Oct. 2015	Home Lea House (LS26 0PH)	Residential Care	Good	http://www.cqc.org.uk/directory/1-136455527	Rothwell
12 Oct. 2015	Seacroft Grange Care Village (LS14 6JL)	Nursing Care	Requires improvement	http://www.cqc.org.uk/directory/1-990605516	Killingbeck & Seacroft

Publication Date	Organisation	Type of provider	Outcome	Web link to the report	Ward
15 Oct. 2015	Aire View (LS5 3ED)	Residential Care	Requires improvement	http://www.cqc.org.uk/directory/1-134645463	Armley
15 Oct. 2015	St Lukes Care Home (LS28 5PL)	Nursing Care	Requires improvement	http://www.cqc.org.uk/directory/1-116738422	Calverley & Farsley
16 Oct. 2015	Astha Limited - Leeds (LS7 2AH)	Homecare Agency	Requires improvement	http://www.cqc.org.uk/directory/1-1554674153	Chapel Allerton
22 Oct. 2015	Amber Lodge – Leeds (LS12 4LL)	Residential Care	Requires improvement	http://www.cqc.org.uk/directory/1-123208614	Farnley & Wortley
28 Oct. 2015	Anchor Trust (The Laureates) (LS20 9BJ)	Homecare Agency	Good	http://www.cqc.org.uk/directory/1-126242468	Guiseley & Rawdon
28 Oct. 2015	Rossefield Manor (LS13 3TG)	Homecare Agency	Good	http://www.cqc.org.uk/directory/1-283353126	Bramley & Stanningley
28 Oct. 2015	Acre Green Nursing Home (LS10 4HT)	Nursing Care	Requires improvement	http://www.cqc.org.uk/directory/1-309409391	Middleton Park
28 Oct. 2015	St Anne's Community Services - Leeds DCA 2 (LS11 6JU)	Homecare Agency / Supported living	Requires improvement	http://www.cqc.org.uk/directory/1-121773590	City & Hunslet
29 Oct. 2015	EcoClean Community Care (LS16 6PD)	Homecare Agency	Good	http://www.cqc.org.uk/directory/1-1177041289	Weetwood
30 Oct. 2015	Grace Homecare (LS11 6XD)	Homecare Agency	Good	http://www.cqc.org.uk/directory/1-1242015563	City & Hunslet

Publication Date	Organisation	Type of provider	Outcome	Web link to the report	Ward
30 Oct. 2015	Helping Hand Care Services Limited (LS7 4NB)	Homecare Agency	Good	http://www.cqc.org.uk/directory/1-140567061	Chapel Allerton
30 Oct. 2015	St Anne's Community Services – Benedicts (LS22 7TF)	Nursing Care	Good	http://www.cqc.org.uk/directory/1-121773225	Wetherby
30 Oct. 2015	Spring Gardens (LS21 3LJ)	Residential Care	Requires improvement	http://www.cqc.org.uk/directory/1-136455675	Otley & Yeadon
30 Oct. 2015	Ashcroft House – Leeds (LS16 9BQ)	Residential Care	Inadequate	http://www.cqc.org.uk/directory/1-109574569	Adel & Wharfedale
3 Nov. 2015	Berkeley Court (LS8 3QJ)	Residential Care	Requires improvement	http://www.cqc.org.uk/directory/1-145939999	Gipton & Harehills
9 Nov. 2015	Grove Court Nursing Home (LS6 3AE)	Nursing Care	Good	http://www.cqc.org.uk/directory/1-160600751	Headingley
9 Nov. 2015	Charlton Court Nursing Home (LS28 8ED)	Nursing Care	Requires improvement	http://www.cqc.org.uk/directory/1-278008729	Calverley & Farsley
10 Nov. 2015	Donisthorpe Hall (LS17 6AW)	Nursing Care	Inadequate	http://www.cqc.org.uk/directory/1-114958058	Moortown
11 Nov. 2015	Cardinal Court Extra Care Sheltered Housing (LS11 8HP)	Homecare Agency	Good	http://www.cqc.org.uk/directory/1-283353021	Beeston & Holbeck

Publication Date	Organisation	Type of provider	Outcome	Web link to the report	Ward
11 Nov. 2015	Yorkshire Senior Care t/a Home Instead Senior Care (LS22 7FD)	Homecare Agency	Good	http://www.cqc.org.uk/directory/1-334454074	Wetherby
11 Nov. 2015	Total Care Nursing Limited (LS17 9NJ)	Homecare Agency	Good	http://www.cqc.org.uk/directory/1-128520276	Alwoodley
18 Nov. 2015	Neville House (LS7 4LF)	Residential Care	Good	http://www.cqc.org.uk/directory/1-119947839	Chapel Allerton
19 Nov. 2015	CASA Leeds (LS11 7DF)	Homecare Agency	Good	http://www.cqc.org.uk/directory/1-1160833963	Beeston & Holbeck
19 Nov. 2015	Grace Homecare (LS11 6XD)	Homecare Agency	Good	http://www.cqc.org.uk/directory/1-1242015563	City & Hunslet
23 Nov. 2015	Heathcotes (Kirklands) (LS27 9PA)	Residential Care	Good	http://www.cqc.org.uk/directory/1-1788657507	Morley North
26 Nov. 2015	Bramham Medical Centre (LS23 6RN)	GP Practice	Good	http://www.cqc.org.uk/location/1-549270599	Wetherby
27 Nov. 2015	St Anne's Community Services - Leeds DCA (LS11 6JU)	Homecare Agency	Good	http://www.cqc.org.uk/directory/1-121773576	City & Hunslet
30 Nov. 2015	Red Court Care Home (LS28 7RZ)	Residential Care	Good	http://www.cqc.org.uk/directory/1-116425738	Pudsey
30 Nov. 2015	Kestrel House (LS2 7PU)	Homecare Agency	Requires improvement	http://www.cqc.org.uk/directory/1-137500639	City & Hunslet
1 Dec. 2015	Moor Allerton Care Centre (LS17 5PU)	Homecare Agency	Good	http://www.cqc.org.uk/directory/1-117976935	Alwoodley

Publication Date	Organisation	Type of provider	Outcome	Web link to the report	Ward
1 Dec. 2015	Berkeley Court (LS8 3QJ)	Residential Care	Requires improvement	http://www.cqc.org.uk/directory/1-145939999	Gipton & Harehills
3 Dec. 2015	Personal Care Specialists (LS8 3LG)	Homecare Agency	Good	http://www.cqc.org.uk/directory/1-1137966450	Gipton & Harehills
3 Dec. 2015	Comfort Call – Leeds (LS27 9SE)	Homecare Agency	Requires improvement	http://www.cqc.org.uk/directory/1-1626371041	Morley North
9 Dec. 2015	Richmond House (LS28 5ST)	Rehabilitation	Requires improvement	http://www.cqc.org.uk/directory/1-136455646	Calverley & Farsley
12 Nov. 2015	Dr Richard Hall & Partners (LS22 6RT)	GP Practice	Good	http://www.cqc.org.uk/location/1-570838556	Wetherby
14 Dec. 2015	St Katherine's Residential Home (LS8 1DR)	Residential Care	Requires improvement	http://www.cqc.org.uk/directory/1-113824084	Roundhay
16 Dec. 2015	St Anne's Community Services - Shared Lives (LS2 9BN)	Shared Lives	Good	http://www.cqc.org.uk/directory/1-121773296	Hyde Park & Woodhouse
16 Dec. 2015	Sabourn Court Nursing Home (LS8 2PA)	Nursing Care	Requires improvement	http://www.cqc.org.uk/directory/1-128272632	Roundhay
24 Dec. 2015	Alexander Residential Home (LS27 9JJ)	Residential Care	Good	http://www.cqc.org.uk/directory/1-121906361	Morley North
24 Dec. 2015	Scope Inclusion Leeds (LS11 5HL)	Homecare agency	Good	http://www.cqc.org.uk/directory/1-1883869398	City & Hunslet
24 Dec. 2015	Dr Makram Mossad	GP Practice	Good	http://www.cqc.org.uk/location/1-495121189	Cross Gates & Whinmoor

Publication Date	Organisation	Type of provider	Outcome	Web link to the report	Ward
30 Dec. 2015	Radcliffe Gardens Nursing Home (LS28 8BG)	Nursing Care	Requires improvement	http://www.cqc.org.uk/directory/1-376464810	Pudsey
5 Jan. 2016	Grayson Home Care (LS23 6BH)	Homecare agency	Good	http://www.cqc.org.uk/directory/1-1783337738	Wetherby
6 Jan. 2016	Ferndale Care Home (LS27 0DW)	Residential Care	Good	http://www.cqc.org.uk/directory/1-346180792	Morley South
8 Jan. 2016	Terry Yorath House (LS8 1BF)	Residential Care	Good	http://www.cqc.org.uk/directory/1-222658231	Roundhay
11 Jan. 2016	Angels Community Enterprises CIC (LS11 5HR)	Homecare agency	Good	http://www.cqc.org.uk/directory/1-316644795	City & Hunslet
11 Jan. 2016	House of Light (LS7 4ND)	Residential Care	Good	http://www.cqc.org.uk/directory/1-110212919	Chapel Allerton
11 Jan. 2016	Housing & Care 21 – Leeds (LS14 6UF)	Homecare agency	Good	http://www.cqc.org.uk/directory/1-260466707	Killingbeck & Seacroft
11 Jan. 2016	Willowbank Nursing Home (LS15 8SE)	Nursing Care	Good	http://www.cqc.org.uk/directory/1-124000097	Cross Gates & Whinmoor
13 Jan. 2016	Nesfield Lodge (LS10 3LG)	Residential Care	Good	http://www.cqc.org.uk/directory/1-123817308	Middleton Park
14 Jan. 2016	Homelife (Leeds) Limited (LS11 8ND)	Homecare agency	Good	http://www.cqc.org.uk/directory/1-143428278	Beeston & Holbeck
15 Jan. 2016	Elderly Care Services (LS7 1AB)	Nursing Care	Inadequate	http://www.cqc.org.uk/directory/1-415123704	City & Hunslet

Publication Date	Organisation	Type of provider	Outcome	Web link to the report	Ward
15 Dec. 2015	Arthington Medical Centre	GP Practice	Good	http://www.cqc.org.uk/location/1-562663838	City & Hunslet
20 Jan. 2016	Beech Hall (LS12 3UE)	Residential Care	Good	http://www.cqc.org.uk/directory/1-2087773928	Armley
20 Jan. 2016	Hillside House (LS6 2AY)	Residential Care	Requires Improvement	http://www.cqc.org.uk/directory/1-2242192562	Headingley
21 Jan. 2016	St Anne's Community Services – Rockhaven (LS18 5NF)	Nursing Care	Good	http://www.cqc.org.uk/directory/1-121773758	Horsforth
21 Jan. 2016	Ashlands (LS26 9JE)	Residential Care	Inadequate	http://www.cqc.org.uk/directory/1-119643340	Kippax & Methley
21 Jan. 2016	Bellbrooke Surgery	GP Practice	Good	http://www.cqc.org.uk/location/1-568336972	Burmantofts & Richmond Hill
21 Jan. 2016	Dr Haridas Upendra Pai	GP Practice	Good	http://www.cqc.org.uk/location/1-558030590	Beeston & Holbeck
21 Jan. 2016	Dr Sadiq Ali	GP Practice	Good	http://www.cqc.org.uk/location/1-512434861	City & Hunslet
21 Jan. 2016	Westgate Surgery	GP Practice	Good	http://www.cqc.org.uk/location/1-550907714	Otley & Yeadon
21 Jan. 2016	Rothwell Dental Surgery	Dental Practice	Not compliant	http://www.cqc.org.uk/location/1-1430655723	Rothwell
22 Jan. 2016	Siegen Manor Resource Centre (LS27 9EE)	Residential Care (Rehab.)	Good	http://www.cqc.org.uk/directory/1-136455660	Morley South

Publication Date	Organisation	Type of provider	Outcome	Web link to the report	Ward
25 Jan. 2016	Morley Manor Residential Home (LS27 9DL)	Residential Care	Requires improvement	http://www.cqc.org.uk/directory/1-111200339	Morley South
28 Jan. 2016	Complete Care Agency Ltd (LS19 7ZA)	Homecare agency	Requires improvement	http://www.cqc.org.uk/directory/1-1070838441	Otley & Yeadon
28 Jan. 2016	The Street Lane Practice (LS8 1AY)	GP Practice	Good	http://www.cqc.org.uk/location/1-538794778	Roundhay
29 Jan. 2016	Osman House (LS15 4BT)	Rehabilitation (Residential Care)	Good	http://www.cqc.org.uk/directory/1-471078901	Harewood
1 Feb. 2016	Moorcare (LS17 6FD)	Homecare agency	Good	http://www.cqc.org.uk/directory/1-387245409	Moortown
	Ark Home Healthcare Leeds (LS27 9SE)	Homecare agency	Requires improvement	http://www.cqc.org.uk/directory/1-2334043401	Morley North
1 Feb. 2016	Champion House - Care Home with Nursing Physical Disabilities (LS28 5QP)	Nursing Care	Requires improvement	http://www.cqc.org.uk/directory/1-120084728	Calverley & Farsley
1 Feb. 2016	West Yorkshire (LS11 9RT)	Community Services – nursing & homecare agency	Inadequate	http://www.cqc.org.uk/directory/1-154214570	Beeston & Holbeck
2 Feb. 2016	Cookridge Court (LS16 6NB)	Residential Care	Requires improvement	http://www.cqc.org.uk/directory/1-457462588	Weetwood

Publication Date	Organisation	Type of provider	Outcome	Web link to the report	Ward
8 Feb. 2016	Leeds Mencap - The Rookery LS7 4PD	Residential Care	Good	http://www.cqc.org.uk/directory/1-112967127	Chapel Allerton
9 Feb. 2016	Dolphin Manor LS26 0UD	Residential Care	Good	http://www.cqc.org.uk/directory/1-136455969	Rothwell
9 Feb. 2016	Knowle Manor LS27 8QB	Residential Care	Good	http://www.cqc.org.uk/directory/1-136455555	Morley South
10 Feb. 2016	Pennington Court Nursing Home LS11 6TT	Nursing Care	Good	http://www.cqc.org.uk/directory/1-119664834	City & Hunslet
12 Feb. 2016	Cranmer Scheme LS17 5PX	Residential Care	Good	http://www.cqc.org.uk/directory/1-115928995	Alwoodley
12 Feb. 2016	Halcyon Court Care Home LS6 2EZ	Nursing Care	Good	http://www.cqc.org.uk/directory/1-126240575	Hyde Park & Woodhouse
13 Feb. 2016	ILS24 Health Care LS9 6TA	Homecare agency	Good	http://www.cqc.org.uk/directory/1-1736557138	Burmantofts & Richmond Hill

Publication Date	Organisation	Type of provider	Outcome	Web link to the report	Ward
15 Feb. 2016	Park Lodge LS8 2JH	Nursing Care	Good	http://www.cqc.org.uk/directory/1-305225538	Roundhay
16 Feb. 2016	Dolphin Lane WF3 3DN	Residential Care	Good	http://www.cqc.org.uk/directory/1-130890642	Ardsley & Robin Hood
18 Feb. 2016	Bywater Hall WF10 2DY	Residential Care	Requires improvement	http://www.cqc.org.uk/directory/1-122290171	Kippax & Methley
19 Feb. 2016	Creative Support - Leeds Service (Brandling Court) LS10 3TQ	Homecare agency	Good	http://www.cqc.org.uk/directory/1-897700083	Middleton Park
24 Feb. 2016	Ravensdale LS14 2DA	Nursing Care	Good	http://www.cqc.org.uk/directory/1-144243799	Cross Gates & Whinmoor
24 Feb. 2016	Assisi Place LS10 2PD	Homecare agency Supported Housing	Requires improvement	http://www.cqc.org.uk/directory/1-397672324	City & Hunslet
24 Feb. 2016	Caring Hearts and Hands LS18 5ND	Homecare agency	Requires improvement	http://www.cqc.org.uk/directory/1-422009787	Horsforth
25 Feb. 2016	Woodhouse Hall WF3 2JS	Residential Care	Inadequate	http://www.cqc.org.uk/directory/1-130890705	Ardsley & Robin Hood
26 Feb. 2016	Connections Care Ltd LS10 4HY	Homecare agency	Good	http://www.cqc.org.uk/directory/1-2210765181	Middleton Park

Publication Date	Organisation	Type of provider	Outcome	Web link to the report	Ward
29 Feb. 2016	Bywater Lodge WF10 2DY	Residential Care	Good	http://www.cqc.org.uk/directory/1-122290187	Kippax & Methley
1 Mar. 2016	Creative Support Leeds Service LS16 7NJ	Homecare agency	Requires improvement	http://www.cqc.org.uk/directory/1-270560779	Adel & Wharfedale
3 Mar. 2016	St Anne's Community Services - Cardigan Road LS6 3BJ	Residential Care	Good	http://www.cqc.org.uk/directory/1-121773324	Headingley
3 Mar. 2016	The Tooth Spa (LS7 3LW)	Dental Practice	Dental compliant	http://www.cqc.org.uk/directory/1-1649167076	Chapel Allerton
3 Mar. 2016	Toothpassion (LS1 6JS)	Dental Practice	Dental compliant	http://www.cqc.org.uk/directory/1-188338495	City & Hunslet
3 Mar. 2016	Shakespeare Medical Practice	GP Practice	Good	http://www.cqc.org.uk/directory/1-1765683369	Burmantofts & Richmond Hill
4 Mar. 2016	Symons House LS2 8DD	Homecare agency	Requires improvement	http://www.cqc.org.uk/directory/1-1890573252	City & Hunslet
7 Mar. 2016	Sunnyview House LS11 8QB	Nursing Care	Good	http://www.cqc.org.uk/directory/1-136312908	Beeston & Holbeck
7 Mar. 2016	Daisy Vale House WF3 3DS	Residential Care	Requires improvement	http://www.cqc.org.uk/directory/1-130890597	Ardsley & Robin Hood
8 Mar. 2016	Aberford Hall LS8 2QU	Nursing Care	Good	http://www.cqc.org.uk/directory/1-320778084	Roundhay

Publication Date	Organisation	Type of provider	Outcome	Web link to the report	Ward
8 Mar. 2016	Jays Homecare Limited LS15 8ET	Homecare agency	Good	http://www.cqc.org.uk/directory/1-2246997768	Cross Gates & Whinmoor
10 Mar. 2016	United Response - 2a St Alban's Close LS9 6LE	Residential Care	Requires improvement	http://www.cqc.org.uk/directory/1-123018728	Burmantofts & Richmond Hill
Mar. 2016	Cranmer Court LS17 5LD	Residential Care	Good	http://www.cqc.org.uk/directory/1-2055723863	Alwoodley
Mar. 2016	The Hollies LS25 1NW	Residential Care	Good	http://www.cqc.org.uk/directory/1-111148821	Garforth & Swillington

Report to: Leeds City Council Scrutiny Board

Date of meeting: 15th March 2016

Report title: Child and Adolescent Mental Health Services – Briefing Paper

1 EXECUTIVE SUMMARY

Leeds Community Healthcare NHS Trust (LCH) is the provider of tier-3 Child and Adolescent Mental Health Services (CAMHS) in Leeds.

In early 2015 the CAMHS service faced a number of pressures which included a rise in demand for services, a national requirement to make efficiencies and a shortage of specialist staff. As a result, waiting times for non-urgent elements of our service increased.

The service has worked hard to ensure that children and young people have access to routine first appointment/assessment within 12 weeks of referral, and vigorous recruitment is beginning to pay off, bringing in the needed specialist staff.

We are now tackling the waits that occur following first assessment, and expect that the average wait time for autism assessment will be 12 weeks by the end of December 2016.

This paper describes the current access position for autism assessments and recovery plan to achieve the 12 week standard by December 2016.

2 INTRODUCTION

2.1 A detailed description of the Child and Adolescent Mental Health Services (CAMHS) was provided to the Board in January 2016.

2.2 The specialist mental health element of the service has an annual budget of £5.4m and a staffing complement of 101.25 WTE. The workforce is multi-professional and includes clinical psychologists, nurses, psychiatrists, creative therapists, psychotherapists, family therapists, mental health practitioners (from a range of professional backgrounds including occupational therapy, social work), administration and clerical staff, team and service managers

3 Access to CAMHS

3.1 CAMHS responds reliably to the children and young people who present with the highest risk and most urgent need. All emergency and urgent referrals are prioritised by clinicians and seen rapidly (e.g. within 4 hours for self-harm presentations in A&E, and between 1-5 days for urgent referrals).

3.2 In 2015-16, CAMHS has systematically reduced the waiting time for non-urgent cases, and can now assess within 12 weeks of referral. To reach this position, the teams have diverted capacity to this assessment work, and now that we are at this 12 week standard (and have calculated the resource needed to maintain it) some capacity is

available to improve access elsewhere. We will be using this time to increase autism assessments.

4 Current position for autism

4.1 An autism assessment is undertaken by a specialist multi-disciplinary team including Child Psychiatrist / Paediatrician, Speech and Language Therapist, a CAMHS practitioner and Clinical Psychologist. The assessment includes a detailed parental interview, assessment of the child or young person, a school observation followed by a further assessment by the team in a clinic setting. A plan is formulated and discussed with the family, the school and with colleagues from the Educational Psychology Team.

- There are **155** children currently waiting for their assessment (at 9th March 2016).
- **103** children have waited more than 12 weeks
- All the children waiting over 52 weeks (**10 in total**) have an appointment scheduled to occur before the end of April 2016.
- New referrals for autism assessment are received at a rate of 2.4 per week

5. Recovery Plan

As outlined in 3.2, specialist clinicians in CAMHS will have time (freed up from other assessment work) from April 2016 onwards, and this will be put towards autism assessment. In addition to this, we have recruited to specialist positions and expect further recruitment to follow as a result of a much more vigorous and lively recruitment campaign. We have carefully and realistically calculated the resource needed to work through the backlog of children and young people waiting, and we know exactly how many appointments are needed to reach and maintain a more satisfactory position. It will not be necessary to purchase assessments outside Leeds in 2016-17 because of the recruitment and released clinical time.

- From April until December 2016, additional appointments will be provided each week by the CAMHS teams in Leeds to keep pace with new referrals and reduce the backlog of children waiting.
- Children and young people who have waited the longest will be offered appointments as soon as possible.
- Referrals that are judged to contain significant elements of clinical risk will be prioritised.
- Week-by-week monitoring will assess progress against target and allow adjustments in capacity to be made.
- By the end of December 2016, the backlog will be cleared and a 12 week wait for assessment will apply from then onwards.

6.0 Conclusions

6.1 Work is ongoing to improve all waiting times in the CAMHS service.

- 6.2 The Trust routinely meets the four-hour target to see children and young people who self-harm.
- 6.3 The Trust also sees all children and young people referred with urgent need within 1-5 days.
- 6.4 We have seen significant improvement in access to first routine appointments and a child referred today will be seen within 12 weeks of the referral.
- 6.5 The internal wait for autism assessment is not acceptable and a realistic plan is in place to clear the backlog of children waiting by the end of 2016, and then to maintain a 12 week wait for assessment for new referrals.

Nick Wood

General Manager – Children’s Services

Leeds Community Healthcare NHS Trust

9th March 2016

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**NHS LEEDS NORTH CCG, NHS LEEDS SOUTH AND EAST CCG AND NHS
LEEDS WEST CCG**

**REPORT FOR SCRUTINY BOARD (ADULT SOCIAL CARE, PUBLIC HEALTH
AND NHS) ON PRIMARY CARE CO-COMMISSIONING**

Summary

In November 2015 NHS Leeds North CCG, NHS Leeds South and East CCG and NHS Leeds West CCG submitted individual applications to NHS England to assume responsibility for the delegated responsibility of commissioning General Practice services. These applications were subsequently approved by NHS England in December 2015.

In December 2015, the CCGs presented a paper to Scrutiny Board providing assurance on the developing arrangements for accepting delegated commissioning responsibilities and an updated position was shared in January 2016.

This paper aims to provide a further update on the commissioning arrangements progressed across the CCGs. These relate to:

- Commissioning arrangements
- Governance arrangements
- Primary Care Commissioning Committee membership (PCCC)
- Updated risks and mitigating actions
- Finance

1. Commissioning Arrangements

- 1.1. Since the last update, the CCGs have made significant progress in operationalising plans to take on the agreed functions of primary care commissioning. This collaborative approach has seen the respective Leeds CCGs work closely with NHS England Area Team colleagues. The functions being formally delegated from NHS England can be found at Appendix A along with a summary of the functions being retained by NHS England.
- 1.2. The ongoing work has provided a robust understanding of the tasks that will be transferred directly across to the CCG with effect from April 2016. The CCGs and Area Team have agreed that the Area Team will continue to deliver transactional tasks for the foreseeable future. CCGs have also identified the areas where the three CCGs will work at a citywide level to deliver key commissioning tasks.
- 1.3. A single citywide document has been created by the CCGs and the Area Team outlining the division of responsibility between NHSE and the CCGs. This detailed document will underpin the Delegation Agreement to be signed between each CCG and NHS England and further supported by a Memorandum of Understanding between NHSE and the CCGs.

- 1.4. Each CCG continues to review the current capacity within their organisation. CCGs are progressing actions at CCG and citywide level to ensure adequate capacity to deliver additional commissioning responsibilities.
- 1.5. A citywide group has been established to support shared learning and development of commissioning initiatives across General Practices in Leeds. The first meeting of the city wide group has taken now place with a focus on the progress to date in preparation for the delegation of functions and auctioning any outstanding arrangements. The focus of the next meeting is to agree city wide priorities for 2016/17.

2. Quality and Governance Arrangements

- 2.1 Each CCG has submitted a signed Delegation Agreement between themselves and NHS England. This is a national standard document that sets out the detailed arrangements for how the CCG will exercise its delegated primary medical services commissioning functions, including the governance arrangements.
- 2.2 The city wide governance and quality teams have identified the additional tasks to be undertaken to support and deliver aspects of the quality components to fulfil the delegated responsibilities of primary care commissioning.
- 2.3 Preliminary conversations established the need for consistency across the city in certain areas of co-commissioning and quality and governance was of significant note due to the ability for sharing learning across providers. For example incident management support for General Practice could most effectively be delivered through securing additional support within the citywide Governance Team.
- 2.4 This function will focus on trend and theme analysis to identify and respond to citywide quality and safety themes relating to General Practice.

3. Primary Care Commissioning Committees

- 3.1. Each CCG is continuing to progress the establishment of the Primary Care Commissioning Committees (PCCC). The establishment of a PCCC within each CCG is a fundamental requirement within the Delegation Agreement and model Terms of Reference (ToR) of the PCCC have been produced nationally.
- 3.2. As set out in the Delegation Agreement each CCG PCCC will be a Committee of each CCG Board and should consist of the following membership:

Members

- Lay member for patient and public engagement
- Lay member for governance
- Chief Officer
- Chief Financial Officer
- Director of Commissioning and Strategic Development
- Director of Nursing and Quality
- Secondary Care Consultant
- Public Health Consultant

In attendance

- A representative of Leeds Health and Wellbeing Board as nominated by that organisation

- A representative of Healthwatch as nominated by that organisation
- 3.3. The CCGs acknowledge the recent request from Scrutiny Board to include the Council Health and Wellbeing Champions in the membership of the Primary Care Commissioning Committee (PCCC). We do recognise the value of having local leaders involved in the co-production of schemes that support improvements in local services and would welcome the opportunity of identifying ways of facilitating these conversations routinely as opposed to through this formal committee.
- 3.4. As PCCC are new committees taking on additional CCG responsibilities at this initial stage of establishment, the CCGs feel it is important to follow the national guidance regarding membership with the option to review the membership of the committees in the future. Each CCG has approached the Health and Wellbeing Board and Healthwatch to nominate their respective attendees. All meetings will be held in public and as such, the local Health and Wellbeing Champions are able to attend.
- 3.5. Leeds North CCG held an initial planning meeting in January 2016 to clarify the membership, frequency and terms of reference of the committee. The governance structure of existing groups and committees was also reviewed with a view to future working and developments from 1st April. Future meeting dates were agreed with the first meeting planned to take place on the 27th April 2016. The membership of the committee is:

Members

- Lay member for Patient and Public Involvement (Chair)
- Lay member for governance (Deputy Chair)
- Chief Officer
- Chief Financial Officer
- Director of Commissioning
- Non-Executive Board Nurse
- Secondary Care Consultant
- Public Health Consultant

In attendance

- A representative of Leeds Health and Wellbeing Board as nominated by that organisation
 - A representative of Healthwatch as nominated by that organisation
 - Representative of NHS England
- 3.6. Further work has been undertaken to map out the current functions, remit and work programmes of associated groups such as the Primary Care Quality Improvement Group to understand how these may change in the light of co-commissioning and the relationships to other associated groups and committees.
- 3.7. Leeds South and East CCG developed Terms of Reference for the Committee to support the application and these were agreed at the Governing Body Meeting on the 10th September.
- 3.8. The Governing Body agreed to establish the Primary Care Commissioning Committee in shadow form to enable a meeting to take place on the 31st March, prior to the commencement of the Committee in formal role, with the first meeting scheduled for May 2016.

3.9. The current GP Conflicts Committee will cease from 31st March 2016. The terms of reference will be ratified at the first Primary Care Commissioning Committee. The membership will be as follows:

Members

- Lay Chair of the Governing Body (Chair)
- Lay member leading on communications and patient and public engagement (Deputy Chair)
- Lay member leading on governance and audit
- Chief Finance Officer
- Chief Operating Officer
- Director of Nursing and Quality
- Secondary Care Consultant*¹
- Public Health Consultant*

In attendance²

- A representative of Leeds Health and Wellbeing Board as nominated by that organisation
- A representative of Healthwatch as nominated by that organisation
- A representative of NHS England

3.10. The statutory attendees have been formally invited to join the Committee.

3.11. The dates for the Leeds West CCG Primary Care Commissioning Committee have now been confirmed with the first meeting taking place on 21st April 2016. The membership of the committee can be confirmed as:

Members

- Associate Lay Member – Primary Care (Chair)
- Lay Member – Patient & Public Involvement (Deputy Chair)
- Lay Member - Governance
- Lay Member – Assurance
- Secondary Care Consultant
- Chief Officer
- Chief Finance Officer
- Medical Director
- Director of Nursing & Quality
- Director of Commissioning, Strategy & Performance
- Public Health Consultant

3.12. Standing invites will be made to a representative from the Health & Wellbeing Board Healthwatch Leeds and NHS England to attend in a non-voting capacity. Our Associate Director of Primary Care will also attend meetings.

3.13. We are endeavouring to identify venues across the CCG area to ensure visibility within the community and as close to the GP practice population as possible.

¹ There is a lay member/Executive member (majority membership). The Secondary Care Consultant and Public Health Consultant are clinicians

² Attendees are Non-voting.

- 3.14. A review of the role of each committee within Leeds West CCG is currently being undertaken and Terms of Reference are being updated as appropriate to take account of co-commissioning. The updated Terms of Reference will be presented to the Governing Body for approval on 23 March 2016
- 3.15. Where appropriate, GP members of the Board shall be invited to attend meetings to participate in strategic discussions on primary medical services' issues. They will be required to withdraw from the meeting during the deliberations leading up to a decision and from the decision making where there is an actual or potential conflict of interest.

4. Updated risks and mitigating actions

4.1. The table below provides a brief summary of risks associated with the CCG's delivery of delegated responsibilities for the commissioning of primary care from April 2016.

Summary of risks raised and discussed by members.	Mitigating Actions (February 2016)	RAG
<p>Capacity - There is a risk that the time and capacity required to fully deliver all delegated functions may prevent the CCG from leading on the transformation of primary care and realise the stated benefits of co-commissioning for the local population and member practices.</p>	<p>The three Leeds CCGs have worked closely with the NHS England (NHSE) Area Team (AT) to agree the elements of delegated commissioning responsibilities which will continue to be delivered by the AT.</p> <p>The AT has confirmed they will continue to deliver the primary care contracting and commissioning functions unless otherwise stated by CCGs. This enables a more incremental approach to the CCG's delivery of additional primary care commissioning functions. The approach being undertaken by LNCCG, LSECCG and LWCCG has been to focus on the delivery of areas from April 2016 which will have the most significant impact on improving the quality of local services for patients eg quality, estates planning and aligning CCG and AT commissioning developments. This has been formally documented to underpin the Delegation Agreement.</p> <p>It has been agreed that the more transactional and contractual tasks will continue to be delivered through the AT.</p> <p>There is agreement across the NHS LNCCG, LWCCG and LSECCG to 'share' roles across CCGs to delivery delegated responsibilities in relation to incident management and estates.</p>	

Summary of risks raised and discussed by members.	Mitigating Actions (February 2016)	RAG
<p>Consistency across the city – There is a risk of fragmentation and lack of consistency in approach to primary care commissioning across the city.</p>	<p>There is a strong history of working collaboratively across the three CCGs in relation to primary care developments and therefore there is an established network of sharing learning and developments.</p> <p>All three CCGs have had their applications for full delegated co-commissioning of primary care approved by NHSE. The three CCGs have established a strategic primary care commissioning group to maximise opportunities for consistency of primary care commissioning approaches across the three Leeds CCGs. The group has already begun to meet and commenced work on an initial programme of transactional work to ensure consistency in decision making processes across all three CCG in relation to areas such as branch closures, mergers etc.</p> <p>Sign-off and decision making in relation to primary care commissioning initiatives and decisions will be made within each CCG Primary Care Commissioning Committees.</p>	
<p>Finance</p>	<p>Discussions have been held with NHSE by each CCG to understand the financial impact and associated risk. Where any concerns were raised each CCG has worked closely with NHSE to resolve.</p> <p>Planning guidance has now been issued around allocations for each CCG which has provided a clearer picture of financial impact. Each CCG is also currently modelling the impact of the recent contractual announcement against the financial allocation to determine overall risk.</p>	
<p>Balancing Conflicts of Interest and Clinical Involvement – Concerns were raised that the absence of member practice representation on the Primary Care Commissioning Committee could limit clinical involvement.</p>	<p>Each CCG's internal governance arrangements are currently being reviewed in the light of additional co-commissioning responsibilities and to enable delivery of population health management</p> <p>CCGs have successfully embedded clinical input into service developments and would continue to utilise existing relationships to support primary care developments. However, <u>all</u> decisions relating to primary care commissioning will be taken by the Primary Care Commissioning Committee (PCCC) which excludes GPs from the</p>	

Summary of risks raised and discussed by members.	Mitigating Actions (February 2016)	RAG
	<p>membership. The PCCC terms of reference specifically permit general practice members to participate in strategic discussions, but not to be involved in decision making.</p> <p>Meetings are held in public to ensure transparency.</p>	
<p>The increase in demands on General Practice alongside significant challenges to workforce recruitment and retention creates a risk that some General Practices and services will fail - In taking on delegated responsibility for the commissioning of General Practice, the CCGs will accept the risks associated with commissioning General Practice services for their local populations</p>	<p>The CCG will be able to use its local insight regarding the way in which practices are currently delivering core primary care services to inform more localised commissioning and contracting of primary care.</p> <p>The provision of additional and more aligned support from CCG teams to support practices to work together to identify opportunities for more efficient delivery of existing services, will reduce the likelihood of practices failing to deliver core services. Support will focus on areas such as workforce planning, budgets and identifying actions that could more effectively be 'done once' across a number of practices.</p> <p>CCGs have been supporting practices in this regard prior to the delegation of commissioning responsibilities and therefore this will continue post April 2016.</p>	

5. Finance

- 5.1. With effect from the 1st of April 2016 the three Leeds CCGs will receive the funding for the Primary Medical Services contracts. Work has been undertaken between NHSE and finance leads to establish the appropriate mechanisms in place to enable the smooth transition of these monies and the associated functions.
- 5.2. Finance teams are currently modelling the primary care resource against the planned contract changes that have recently been announced via NHS England / BMA negotiations.
- 5.3. The overall financial allocation in respect of primary medical services for Leeds equates to £105.8million. From looking at historic information, the allocation for Leeds PCT equated to £100.0million.
- 5.4. It should be noted that a direct comparison of the proposed arrangements and the historic arrangements for primary care commissioning cannot be accurately presented due to the changes regarding the actual functions being delivered across organisations.
- 5.5. We know from national analysis that the spend in General Practice has declined over years, which has led to the development of campaigns from organisations such as the Royal College of General Practitioners (RCGP) "Put patients first: Back general practice". The RCGP are calling for an increase in funding for general practice from an historic low of 8.39% of the UK NHS budget back to its previous share of 11%.

5.6. We as CCGs are responding to the opportunities being presented to us by NHS England and wish to utilise the flexibilities of co-commissioning to ensure high quality and accessible services to our population through working with our members and our local communities.

NHS LEEDS NORTH CCG, NHS LEEDS SOUTH AND EAST CCG

UPDATE REPORT FOR SCRUTINY BOARD (ADULT SOCIAL CARE PUBLIC HEALTH AND NHS) ON DEVELOPMENT OF GENERAL PRACTICE SERVICES.

Summary and Purpose of this report

In November 2015, NHS Leeds North CCG (LNCCG), Leeds South and East CCG (LSECCG) and NHS Leeds West CCG (LWCCG) provided a report to Scrutiny Board. The report outlined the three CCGs approach to improving quality and access to General Practice services. The report also described the challenges faced by General Practices in reconfiguring both teams and infrastructure to achieve seven data working across the NHS including primary care.

The purpose of this report is to provide an update to the Adult Health, Public Health and Social Care Scrutiny Board on the current arrangements and the plans for extended access to primary care within LNCCG and LSECCG.

The report describes actions taken within LNCCG and LSECCG to reflect and act on local and national learning from CCGs who have progressed alternative approaches to commissioning extended access to primary care.

1. Background Information

- 1.1 NHS England currently commissions general practice services. Through their national 'core' contract, all general practices are contracted to provide primary medical care to registered patients between 08.00-18.30 hours.
- 1.2 From April 2016, the Leeds CCGs will have delegated responsibility for the commissioning of general practice services. The Leeds CCGs currently have no plans to make any changes to the national 'core' contract with regard to the requirement to provide care to patients between 08.00-18.30 hours.
- 1.3 Over and above their core contract, General Practices can choose to be commissioned by NHS England to provide, through an optional (National) Enhanced Service Agreement, a number of extended hours appointments before 08:00hrs, after 18:30hrs or during the weekend. In Leeds, 86% (93/108) of practices provide extended hours provision, this includes 22 practices in NHS Leeds North CCG, 34 practices in NHS Leeds South and East CCG and 37 practices in NHS Leeds West CCG.
- 1.4 CCGs already have a statutory duty for improving the quality of general practice services. It is through our statutory duty to improve quality that CCGs have a responsibility to work with practices to improve access and patient experience as a recognised marker of quality.
- 1.5 On 4 October 2015, David Cameron announced a development of a voluntary GP contract for groups of practices with a combined population of 30,000 patients. The contract, to be available from April 2017, would allow groups of general practices to work together to deliver better integrated care and work more closely alongside community nurses, hospital specialists, pharmacists and other health and care professionals. The voluntary contract will also enable participating groups of practices to provide 7-day access to general practice services by 2020.

- 1.6 The NHS Five Year Forward View (5YFV) sets out a clear vision for general practice at the heart of ‘New Models of Care’. Reiterating that list based general practice will remain the cornerstone of the NHS, the 5YFV sets out that in future general practices will increasingly work together to serve a population of between 30-50,000.
- 1.7 The 5YFV also describes how, through ‘New Models of Care’ (NMoC), general practices will work in a more integrated way with community, mental health and secondary care services to deliver more joined-up care for registered patients. Nationally, funding has been provided to health and social care systems to test the establishment of NMoC through the ‘Vanguard’ programme. Each Vanguard site is an early adopter of one of several NMoC including Multi-speciality Care Providers (MCPs) and Primary and Acute Care Systems (PACs).
- 1.8 The 2016/17 NHS Planning Guidance requires CCGs to describe, within their operational and five year Sustainability and Transformation Plans how they will deliver key elements of the 5YFV and in particular:
- Develop and implement a local plan to address the **sustainability and quality of General Practice**, including workforce and workload issues.
 - Plan for a sustainable, resilient general practice and wider primary care and improve primary care infrastructure.
 - Implement enhanced access to primary care in evenings and weekends and using technology
 - Develop a “radical upgrade” in prevention, patient activation and self-care, choice and community engagement
 - Adopt new models of out-of-hospital care, e.g Multi-speciality Community Providers (MCPs) or Primary and Acute Care Systems (PACS), incorporating forthcoming best practice from the enhanced health in care home vanguard sites.
 - An ambition that 20% of the population will have enhanced access to primary care in 2016/17 which is extended to 100% of the population have access to weekend/ evening routine GP appointments by 2020. However it must be acknowledged that at present we are waiting further information regarding the associated funding being made available to commission this on a recurrent basis.

2. Patient Experience

- 2.1 The most recent National GP Survey was published in January 2016 covering the periods January-March and July-September 2015. The survey demonstrates results for Leeds that are reasonably consistent with the national results however; there continues to be wide variation across GP practices as demonstrated in Figure 1.

Figure 1	% patients giving a positive response					
	LNCCG	LSECCG	LWCCG	National	Highest Leeds Value	Lowest Leeds Value
Able to get an appointment to see or speak to someone	88%	83%	87%	85%	98%	56%
Ease of getting through to someone at GP surgery on the phone	76%	66%	74%	70%	96%	31%
Convenience of appointment	92%	92%	93%	92%	100%	84%
Satisfaction with opening hours	74%	73%	79%	75%	88%	57%

- 2.2 All three CCGs continue to work with individual General Practices to address the variation in quality and in particular access and experience as key quality markers. A summary of initiatives being progressed across all three CCGs is available to view (Appendix 1).
- 2.3 Under new co-commissioning arrangements, the three CCGs have established a primary medical care services group to support consistency in the development and commissioning of initiatives across general practices and as part of wider NMoC. This committee will also provide opportunity to share and collectively reflect on learning from initiatives approaches being progressed at CCG level both within and beyond Leeds.

3. Key learning and themes from local and national early adopter sites.

- 3.1 In February 2016, updates on some of the progress from the 50 national 'Vanguard sites', (established 12 months earlier) was published. The key learning from these sites has not yet been published however; common challenges across Vanguard sites have been identified as follows:
- Leadership and development
 - Workforce
 - Commissioning and contracting
 - Evaluation
 - Information management and technology
- 3.2 NHS England has published the initial evaluation report of wave one of the Prime Minister's Challenge Fund. Key conclusions drawn from the 20 pilot sites are as follows:
- The pilots have been successful at providing additional GP appointment time as well as more hours for patients to access other clinicians.
 - Low reported utilisation of appointments on Sunday would suggest additional hours are more likely to be well utilised if provided during the week and/or on Saturdays, particularly Saturday mornings.
 - Where pilots did choose to make appointments available over the weekend, evidence suggests these might be reserved for urgent care rather than pre-bookable slots.
 - Telephone based consultation models proved most popular and successful. Other contact modes such as video or e-consultations have yet to prove significant benefits.
 - Across the 20 pilot sites there has been a 15% reduction in minor self-presenting A&E attendances compared to a 7% reduction nationally. There is no discernible change in emergency admissions or out of hours services.
- 3.3 In January 2016, LWCCG produced an updated evaluation of their 18-month Primary Care Enhanced Access pilot scheme. This was an update to an interim evaluation produced in summer 2015, which the members of the Adult Health, Public Health and Social Care Scrutiny Board were able to view as an appendix to report produced by the Leeds CCGs in November 2015. LWCCG shared and discussed the updated evaluation at the February 2016 Adult Health, Public Health and Social Care Scrutiny Board meeting.
- 3.4 The key learning from this multi million pound pilot that can be derived from the interim and updated evaluation of the LWCCG Enhanced Access Pilot can be summarised as follows:

- **Collaboration** – The pilot has catalysed strong levels of collaboration between groups of practices, which in turn, provides a strong platform for groups of general practices to work together and with other providers to develop other models of care.
- **Additional attendances in general practice** as a result of commissioning extended opening.
- **Very slight decrease in A&E, Minor Injuries attendances, and emergency admissions** but no evidence that there will be any reduced spend in the wider health system because of the pilot.
- **Patient experience** - wide support for the scheme, positive impact for patients and the choice for patients.
- **Staff experience** – concerns expressed from all staff groups around existing resource being spread too thinly and in some cases the impact of this. Some evidence that peak times within the “core hours”, such as Monday AM are more positively managed.

4. Primary Care Developments – Current Arrangements and Future Plans

- 4.1 Both CCGs continue to work with their member practices, commissioners and other providers of health and social care through co-production and co-design to improve the health and wellbeing of their local populations. However, each CCG will take a slightly different approach to support and deliver this based on patient and public needs, General Practice workforce and workload issues whilst considering the wider infrastructure such as estates and information technology. The CCGs have outlined common initiatives affecting General Practice in Appendix 1, these are considered as initiatives focussed within General Practice (e.g. online access), and those providing services wrapped around General Practice and its registered population such as Social Prescribing approaches.
- 4.2 In 2016, all CCGs will develop plans to submit to NHS England to apply for non-recurrent funding within the national Primary Care Transformation fund. The purpose of the fund is to provide non-recurrent monies to facilitate developments in estate and technology that deliver:
- increased capacity for primary care services out of hospital;
 - commitment to a wider range of services as set out in CCGs commissioning intentions to reduce unplanned admissions to hospital;
 - improving seven day access to effective care;
 - increased training capacity
- 4.3 Whilst there are recognised differences in the individual CCG approaches to addressing national drivers, the Primary care teams within each CCG have established excellent working relationships that support effective sharing and learning from individual CCG initiatives, as well as learning from national initiatives and projects. The establishment of the Leeds Primary Care Medical Service Collaborative Commissioning Delivery Group to support delegated Co-commissioning responsibilities of primary care will only strengthen these relationships and partnership working.
- 4.4 The section below provides an overview of some of the specific initiatives and developments occurring within LNCCG and LSECCG.

4.5 NHS Leeds North Clinical Commissioning Group (LNCCG)

- I. NHS Leeds North Clinical Commissioning Group continues to work in partnership with its 28 member practices to support and commission initiatives to improve the health and wellbeing outcomes of our population. In addition to the quality improvement initiatives (described at Appendix 1) each CCG is progressing across the city, LNCCG is supporting and facilitating groups of practices to respond to the NHS 5YFV and our local 'Commissioning Futures' strategic direction of travel.
- II. As a membership organisation, we are acutely aware of the workforce and workload challenges within general practice and the risk this poses to the delivery of high quality and sustainable general practice. Our approach as a CCG is to support General Practices and partner organisations to develop solutions, which maximise the existing resources available and respond to the specific needs of local populations groups. Examples of initiatives being developed and commissioned across LNCCG include:
 - The design and commissioning of additional nursing workforce between General Practices and the Neighbourhood Team in Otley to better meet the needs of the complex housebound population.
 - General Practices within Chapeltown working together to pool resources to establish a shared diabetes nurse to improve the care of the diabetic population within this locality and to integrate with specialist diabetes services.
 - The pooling of resources across practices with the most deprived populations to establish screening and immunisation champions to engage with patients and increase uptake within the most vulnerable patient groups.
 - Workforce development initiatives between practice nurses and community nurses to strengthen relationships and increase resilience across locality nursing.

Commissioning additional GP capacity at times of system pressure

- III. High-levels of system pressure across Acute, Community and Primary Care in April 2015 resulted in Leeds North working with 111 and the Out of Hours (OOHs) provider (Local Care Direct) to commission member practices to provide additional GP capacity over the four day Easter 2015 period.
- IV. Four Leeds North practices provided appointments, which were booked by the GP OOHs provider. Appointments were utilised by any Leeds (or non-Leeds) patients triaged by 111 as needing an urgent primary care appointment in Leeds. The initiative therefore had a significant whole-system impact, alleviating pressure on the citywide GP OOHs service over Easter weekend and improving access to primary care services for patients across the city during this period.
- V. Following the success of this initiative, the scheme was commissioned at Christmas 2015, February 2016 and is planned for Easter 2016. The scheme was also incorporated into working arrangements in early February 2015 to provide enhanced primary care access across Leeds when LTHT and the OOHs provider, Local Care Direct were under significant pressure.

Future Plans

- I. Over the last twelve months, LNCCG has engaged with member practices and patient groups to inform our approach to the planning and commissioning of enhanced access to general practice services.
- II. In September 2015, we talked to our Patient Assurance Group (PAG) about enhanced access to general practice and extended hours. Patients talked about the lack of GPs to provide extended hours, and questioned how we could provide extended hours when General Practices are already 'stretched'. The feedback from the group was that the key focus should be on improvements to in hours where this is still needed.
- III. Following discussion with our PAG, questionnaires were sent to each General Practice Reference Group (PRGs) to support further discussion and feedback regarding primary care in-hours, Out of Hours and extended hours. Based on the feedback received from discussions at seven PRGs, there was no overwhelming voice asking for late opening and weekend. Feedback reflected that Sunday opening was not considered a good idea though opening earlier morning access was more of a priority. If patients have an 'urgent' need they are usually happy to see any GP and patients were concerned that trying to spread existing resources between 8am-8pm will result in care being too thinly stretched.
- IV. In June 2015 and January 2016 LNCCG held a workshop as part of its Council of Members meeting, to review and plan our approach to enhanced access to primary care and extended hours. At the January meeting, members discussed and reviewed a breadth of information including the evaluation of our own enhanced access scheme, learning from both national challenge fund initiatives as well as the learning from the LWCCG extended hours pilot, feedback from patient groups as well as local data analysis.
- V. Feedback from member practices was to continue to progress the existing scheme of proactively commissioning additional primary care capacity for all patients registered within LNCCG at times of known system demand (Christmas, Easter etc) as well as at times of unforeseen system pressure. The approach was seen to maximise the existing resource across the city (within General Practice services and Local Care Direct) and not place additional pressure on General Practice to spread existing resources 'too thinly'.
- VI. Based on the views of patients and General Practices, this approach will therefore continue to be progressed and improved by LNCCG, working in partnership with member practices and Local Care Direct, through 2016/17.
- VII. In addition to LNCCG's approach to commissioning enhanced access to primary care at times of system demand, the CCG is commissioning and supporting the embedding of different technologies to further support enhanced access to general practice services.

Examples include:

- Commissioning of 'Practice Pods' for all practices to enable patients to have key tests undertaken in advance of seeing a clinician. This will improve patient choice and free-up appointment capacity within general practices.
- Commissioning of Wi-Fi for all LNCCG practices to provide enhanced access to general practice services between different services (e.g. between care homes and General practices) and for patients (via skype-like consultations).

- Working with practices to increase the range of services and information that patients can access from their practices through on-line access
- VIII. To address and reduce inequalities in access in access to General Practice services, LNCCG is commissioning initiatives around the needs of specific population groups. Examples include:
- The commissioning of a Care Homes Scheme to improve the quality of primary care for people residing in care home access.
 - Working in partnership with Public Health member practices to provide support, advocacy and signposting support to Eastern European communities in relation to the appropriate use of primary and urgent care services

4.6 NHS Leeds South and East CCG current working:

- I. The CCG has commissioned a winter resilience scheme in both 2014/15 and 2015/16. This scheme focused on supporting collaborative working between practices and increasing capacity and access during November 2015 and March 2016, targeting scarce resources to peak demand.

The uptake for this scheme has increased from 2014/15 levels, demonstrating progression by practices to consider and be involved in ways of working to support improving access and joint working with other practices. Thirty-three practices (78.5%) are participating in the scheme, providing extended access to approximately 91% of the population. Practices are working collaboratively with other practices across eleven hubs to deliver an additional 738 appointments per week, including GP and Practice Nurse availability. Again, the scheme was supported by an extensive communication campaign including personalised letters to those households registered with the participating practices and bus stop advertising close to participating practices.

An evaluation of the scheme in relation to impact on urgent care services will be completed and considered against 2014/15 data.

- II. The Level 3, Quality Improvement Scheme launched in September 2015 has seen four bids submitted by 4 General Practice collaborative hubs, involving 36 practices (86%) in LSECCG. Each collaborative group had to consider Collaboration, Access, Long Term Condition Management and Innovation for Local Populations as key enablers of the scheme. The CCG evaluation panel met in January 2016 and reviewed the bids; each bid met the criteria.

The Practices have perceived access in two ways:

- a) Increase of Provision beyond Core Hours: Three collaborative hubs are exploring and looking at the ability to create working hubs to provide their populations with a number of acute/planned appointments over six/seven days. The collaborative hubs are citing the planned appointments as additional times/capacity for populations to attend for screening, immunisations and long-term condition management alongside acute needs.
- b) Innovation in Practice: All the collaborative hubs are considering schemes that will strengthen the sustainability and capacity of primary care through differing use of workforce including:

- a. Patient liaison officers – following up at risk groups who do not attend appointments, signposting to appropriate services when primary care is not appropriate
- b. Visiting for housebound patients by a multi-disciplinary team
- c. Use of Physiotherapy triage in primary care

The CCG panel will monitor all Schemes quarterly and evaluate to understand outcomes and share any learning.

Other initiatives within Leeds South and East to support improving access:

- III. Developments within Primary Care:
The formation of the Leeds South and East Group Federation in 2015 has seen its membership grow to 29 practices, with two other practices currently considering membership. The Federation led a bid for the National pilot: Clinical Pharmacist within Primary Care, which is a three-year pilot with an expectation that Practices will continue delivering the service model after the end of the pilot. The bid was successful and this initiative will see the implementation of Clinical Pharmacists working in Beeston and Seacroft practices and will contribute to improving access in primary care through the freeing up of GP capacity.

- IV. Use of technologies to increase capacity within Primary Care:
The CCG commissioned a patient messaging system (MJog) for 40 practices from June 2015, which sends messages linked to appointments, reminders, and targeted health messages such as book your flu vaccination. This system also enables patients to cancel their appointment through the messaging system whilst also removing the appointment from the GP clinical system. The impact of this service relating to appointments and non-attendances is as follows:
 - The total number of appointments cancelled using MJog during the first 3 months in LSE practices totals 2783. The number of patients cancelling appointments in this way has a positive impact and releases primary care appointments (2783 between Sept-Nov 2015) to benefit other patients during core hours and reduces the number of non-attendances within practices.

MJog allows the CCG and member practices to engage further with their patients e.g. through bespoke patient surveys, targeted to specific cohorts of patients in understanding their experience of primary care services. A survey relating to MJog is being used to share a survey with patients in south and east Leeds in order to demonstrate the quality of 2015/16 Primary Care Quality Improvement Scheme (QIS) from a patient perspective and the results of this survey will be available in April 2016.

- V. Wi-fi and mobile technology:
The CCG made available a Primary Care Transformation fund to practices within collaborations in 2015/16. The aim of the fund is to support the development and transformation of Primary Care. The CCG received 2 bids from groups of practices, one of which was the Federation covering 29 practices, and a smaller bid. This fund will support the introduction of Wi-fi and mobile technology across 41 practices, this wide scale implementation will support efficiencies within Primary Care, improve patient safety related to delay record keeping and prescribing, promote continuity of care and increase communication with other providers regarding patients. Practices will also be able to direct patients and the public to trusted resources for education and information about their health conditions or concerns which in turn will increase self-management and potential reduce reliance on traditional health services.

- VI. Improving access for specific populations: Practices with 10 or more residents residing in a non-nursing home have been offered a scheme to support the delivery of high quality care through a weekly ward round, post hospital discharge assessment and annual review approach since 2013. In October 2014, this was expanded to include people living in nursing homes. This scheme is a proactive approach to support the needs of a defined cohort of the population which increases access to primary care. The scheme is delivered by 17 practices, across 26 non-nursing homes and 10 nursing homes and provides a service to 735 patients of the care home population.
- VII. Additional capacity during periods of system demand: Building on success of the Local Care Direct scheme led by LNCCG in April 2015, in which practices offered primary care premises and capacity to support the Out of Hours provision over 4 day bank holiday periods. Leeds South and East CCG joined with LNCCG to build on this scheme, which was rolled out at Christmas 2015, February 2016 and is planned for Easter 2016. Practitioners from LSECCG have delivered sessions within the citywide hubs for December and January and at Easter; a hub will be available in LSECCG, supported by LSE clinicians. This provision is over and above the CCG commissioned service.

Future Plans:

- I. Level 3 Quality Improvement Scheme:
Throughout 2016/17, the four collaborative hubs will deliver their schemes. A CCG panel will review and evaluate the schemes in partnership with the collaborative leads on a quarterly basis. Any learning from the collaborative hubs and panel review meetings could lead to some schemes developing further and faster based on positive impact and outcomes, whilst others may discontinue.
- II. Clinical Pharmacist Role:
Following the successful bid by the Federation for the National Clinical Pharmacist pilot, the CCG has made available comparative funding similar to that in the national pilot. This funding is available from April 2016 and will ensure that all Practices who wish to participate and utilise a Clinical Pharmacist role within their Practice and free up GP capacity will be able to do so. The CCG and Federation will develop an evaluation similar to that of the national pilot for consistency.
- III. Primary Care Strategy:
Whilst the CCG recognises the national direction of travel outlined in the 5 Year Forward View and New Models of Care, it is important that a local CCG strategy is created. During the first part of 2016, the CCG will build on previous Primary Care Strategy work to co-produce a Primary Care Strategy. The first part of this journey will be held with Member Practices in March, followed by stakeholder engagement and public consultation. The strategy will enable the CCG to support the transformation of primary care on a local footprint responding to local population needs. It is anticipated this work will encompass issues such as access, workforce, partnership working, population based health care and outcomes.
- IV. New Models of Care:
During 2016 the CCG will commission two proposed early implementers New Models of Care sites within the Beeston and Crossgates area. This multi-disciplinary service will be for a small cohort of patients with frailty and or four or more long-term conditions. The aim is to deliver proactive care management through a multidisciplinary model, which consider

alternative work force models to the traditional approach and may influence access to other health and social care services.

5. Governance:

Consultation and Engagement

- 5.1 This paper aims to provide an update on primary care developments across LNCCG and LSECCG, including the development of enhanced and extended access to General Practice Services and the current plans for development. Each individual organisation has undertaken its own specific consultation and engagement process in the development of the individual schemes identified.

Equality and Diversity / Cohesion and Integration

- 5.2 Primary Care Teams within each CCG have established excellent working relationships that support effective sharing and learning from individual CCG initiatives as well as learning from national initiatives and projects. There is currently no national mandated specification for 7-day GP services. The development and implementation of improved access to General Practice Services is being progressed at CCG level within the context of feedback from patients and practices and within the context of CCG's wider primary care and MoC strategies.
- 5.3 Each CCG will be responsible for undertaking an equality impact assessment for the individual schemes commissioned locally. The establishment of the Leeds Primary Care Medical Service Collaborative Commissioning Delivery Group to support delegated Co-commissioning responsibilities of primary care will only strengthen these relationships and partnership working.

Resources and value for money

- 5.4 As detailed, each CCG is working within their member organisations and collectively across the system to ensure that the development of enhanced access to General Practice services contributes to a sustainable health and social care system in Leeds and maximises the use of the Leeds £. To achieve this, it is essential that the development of enhanced access to General Practice services: forms part of CCGs' wider strategy for the development of NMoC, works within the context of existing workforce challenges and is underpinned by sustainable funding and reflects value for money across the whole system. This will be achieved by ensuring that the CCGs and partners continue to work together to review and evaluate learning from local and national initiatives in the refining and development of local plans and developments.

6. Conclusions

- 6.1 The policy for delivering 7 day working and enhanced access to General Practice services is still evolving with a number of national and local pilots underway. Learning arising from the pilot within LWCCG alongside learning from Challenge Fund and Vanguard sites will continue to be shared and reviewed locally to inform future plans.
- 6.2 There are varying views from patients and clinicians with regard to the policy development and ability to deliver extended access to general practice services within the context of limited workforce and infrastructure; there are significant resource implications to consider within a constrained financial envelope.

- 6.3 Primary care is not a “one size fits all” and therefore ensuring local services are aligned to local populations is an important approach in developing our approaches to primary care delivery. Quality improvement approaches being progressed within LNCCG and LSECCG have been designed through engagement with patients and General Practices. These reflect the wider strategic approach to the development of Primary Care and NMoC within CCGs
- 6.4 Overall, there is a willingness to test out new models of delivery to support the overall system resilience whilst continuing to learn from the existing schemes in operation.
- 6.5 CCGs will continue to work together to share learning and support overall system transformation and collaborations of practices to test out new models of care.

Appendix 1

A summary of initiatives being progressed across all three CCGs

Initiative	LNCCG	LSECCG	LWCCG
Increase usage of online services to support self-management and access to appointments	✓	✓	✓
Development of pharmacy first services to support self-management and improved access to services	✓	✓	✓
Roll out of 'house of care' approach to long term conditions to support patients being involved in their care, led by Public Health	✓	✓	✓
Workforce development initiatives to support recruitment and retention in primary care including testing out new workforce models <ul style="list-style-type: none"> • Clinical Pharmacists in practice, • Health Care Assistant apprenticeships, • Physician associates • Nurse leadership initiatives 	✓	✓	✓
Ensure all practice complete the Health Education England workforce tool to understand the risks relating to workforce and prioritise initiatives to those areas of greatest need	✓	✓	✓
Development of social prescribing models to support people to access non-medical sources of support and activities in the community reducing the need to access primary and urgent care services and therefore creating more capacity and improved access to these services	✓	✓	✓
Development of medicines optimisation initiatives to improve the quality and efficiency of prescribing	✓	✓	✓
Reviewing Friends and Family test data to understand real time patient experience	✓	✓	✓
Supporting practices to tackle people who Do Not Attend (DNAs) through various initiatives such the use of technology to support patients to receive reminders for appointments and complete surveys etc.	✓	✓	✓

Initiative	LNCCG	LSECCG	LWCCG
Identifying scope for productivity and efficiencies through Quality Improvement Programmes such as General Practice Improvement Programme (GPIP) or Productive General Practice (PGP). A module of these programmes support capacity and demand modelling to support improving internal systems for appointments	✓	✓	✓
CCG quality improvement schemes in place to support improvements through the identification of key actions that will help to address local priorities	✓	✓	✓
Utilise the Primary Care Webtool to understand variation across general practice by highlighting where practices are a statistical outlier against local and national benchmarks.	✓	✓	✓

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