



## SCRUTINY BOARD (HEALTH )

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Meeting to be held in the Civic Hall on  
Tuesday, 28th April, 2009 at 10.00 am

*(A pre-meeting will be held for ALL Members of the Board at 9.30 a.m.)*

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### MEMBERSHIP

#### Councillors

A Blackburn - Farnley and Wortley;  
J Chapman - Weetwood;  
D Congreve - Beeston and Holbeck;  
P Grahame (Chair) - Cross Gates and Whinmoor;  
J Illingworth - Kirkstall;  
M Iqbal - City and Hunslet;  
G Kirkland - Otley and Yeadon;  
A Lamb - Wetherby;  
G Latty - Guiseley and Rawdon;  
A McKenna - Garforth and Swillington;  
J Monaghan - Headingley;  
L Rhodes-Clayton - Hyde Park and Woodhouse;  
L Yeadon - Kirkstall  
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#### Co-opted Members

E Mack - Leeds Voice  
S Saqfelhait - Touchstone

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**Agenda compiled by:**  
**Governance Services**  
**Civic Hall**  
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**Principal Scrutiny Advisor:**  
**Steven Courtney**  
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# A G E N D A

Item No	Ward/Equal Opportunities	Item Not Open		Page No
1			<p><b>APPEALS AGAINST REFUSAL OF INSPECTION OF DOCUMENTS</b></p> <p>To consider any appeals in accordance with Procedure Rule 25* of the Access to Information Procedure Rules (in the event of an Appeal the press and public will be excluded).</p> <p>(* In accordance with Procedure Rule 25, notice of an appeal must be received in writing by the Chief Democratic Services Officer at least 24 hours before the meeting).</p>	
2			<p><b>EXEMPT INFORMATION - POSSIBLE EXCLUSION OF THE PRESS AND PUBLIC</b></p> <p>1 To highlight reports or appendices which officers have identified as containing exempt information, and where officers consider that the public interest in maintaining the exemption outweighs the public interest in disclosing the information, for the reasons outlined in the report.</p> <p>2 To consider whether or not to accept the officers recommendation in respect of the above information.</p> <p>3 If so, to formally pass the following resolution:-</p> <p><b>RESOLVED</b> – That the press and public be excluded from the meeting during consideration of the following parts of the agenda designated as containing exempt information on the grounds that it is likely, in view of the nature of the business to be transacted or the nature of the proceedings, that if members of the press and public were present there would be disclosure to them of exempt information, as follows:-</p>	

Item No	Ward/Equal Opportunities	Item Not Open		Page No
3			<p><b>LATE ITEMS</b></p> <p>To identify items which have been admitted to the agenda by the Chair for consideration.</p> <p>(The special circumstances shall be specified in the minutes.)</p>	
4			<p><b>DECLARATIONS OF INTEREST</b></p> <p>To declare any personal / prejudicial interests for the purpose of Section 81 (3) of the Local Government Act 2000 and paragraphs 8 to 12 of the Members Code of Conduct.</p>	
5			<p><b>APOLOGIES FOR ABSENCE</b></p> <p>To receive any apologies for absence.</p>	
6			<p><b>MINUTES OF THE PREVIOUS MEETING</b></p> <p>To receive and approve the minutes of the previous meeting held on 24 March 2009</p>	1 - 6
7			<p><b>MENTAL HEALTH PROVISION</b></p> <p>To receive and consider the attached report of the Head of Scrutiny and Member Development</p>	7 - 8
8			<p><b>HOSPITAL DISCHARGES</b></p> <p>To receive and consider the attached report of the Head of Scrutiny and Member Development.</p> <p><i>Report from LPFT to follow</i></p>	9 - 10
9			<p><b>IMPROVING YOUNG PEOPLE'S SEXUAL HEALTH</b></p> <p>To receive and consider the attached report of the Head of Scrutiny and Member Development</p> <p><i>Further report to follow</i></p>	11 - 12

Item No	Ward/Equal Opportunities	Item Not Open		Page No
10			<p><b>HEALTH PROPOSALS WORKING GROUP</b></p> <p>To receive and consider the attached report of the Head of Scrutiny and Member Development</p>	13 - 16
11			<p><b>ANNUAL REPORT</b></p> <p>To receive and consider the attached report of the Head of Scrutiny and Member Development</p> <p><i>Annual Report to Follow</i></p>	17 - 18
12			<p><b>RECOMMENDATION TRACKING</b></p> <p>To receive and consider the attached report of the Head of Scrutiny and Member Development</p>	19 - 42

## SCRUTINY BOARD (HEALTH)

TUESDAY, 24TH MARCH, 2009

**PRESENT:** Councillor P Grahame in the Chair

Councillors A Blackburn, J Chapman,  
D Congreve, J Illingworth, G Kirkland,  
A Lamb, G Latty, A McKenna, J Monaghan  
L Rhodes-Clayton and Yeadon

### 81 Late Items

In accordance with her powers under Section 100B(4)(b) of the Local Government Act 1972, the Chair consented to the submission of the following late item of business:

- Item 8 - Annual Health Check – Appendices submitted by NHS Leeds and Leeds Partnerships Foundation Trust

These documents were issued late as the Trust's deadlines for producing the information fell after the date of Agenda despatch.

### 82 Minutes of the Meetings held on 13 and 17 February 2009

**RESOLVED** – That the minutes of the meetings held on 13 and 17 February 2009, be confirmed as correct records.

### 83 Performance Management

Further to the Board's request to receive a joint performance report from NHS Leeds and Leeds City Council, the first such report was submitted. The Board was asked to consider the information provided in the report and determine any matters that may require further scrutiny.

The Chair welcomed Marilyn Summers, Senior Performance Manager and Graham Brown, NHS Leeds to the meeting for this item.

The Board's attention was brought to areas of performance where there had been some cause for concern noted. These included the following:

- Health Care Associated Infections (HCAIs)
- Childhood Immunisation Programme – issues of poor uptake on immunisation and difficulty in accurately recording figures.
- Early Intervention Service
- 13 and 26 Week waiting times for inpatient and outpatient appointments following GP referrals.
- Delayed Discharges – further clarification of definition of delayed discharges had been sought.

In response to Members comments and questions, the following issues were discussed:

- With reference to the use of the Choose & Book system, it was reported that more recent performance data than detailed in the report had shown that recent targets had been met.
- Urgent care standards and the 4 hour A&E standard from arrival to admission, transfer or discharge. It was reported that those who had already missed the deadline were not kept waiting longer than those who had arrived later in order to prevent further breaches of the standard. Figures would be provided to illustrate average wait times.
- Cause for concern regarding the maximum of 62 days from urgent GP referral to treatment for all cancers – although it was acknowledged that their had been poor performance, it was reported that there had been year on year improvement with this and it was hoped to meet the target in future and aim for 100% of all referrals to initial treatment within the allotted time.
- Ambulance response times.
- Screening for MRSA – it was reported that all in-patients were screened, but it would not be possible to screen visitors as well. Figures were requested for performance on HCAs in Leeds as compared to the rest of Yorkshire and nationally.
- Further concerns surrounding dental treatment, teenage pregnancies and mental health care.

The Chair thanked Marilyn Summers and Graham Brown for their attendance.

#### **RESOLVED –**

- (1) That the report be noted
- (2) That additional information requested be supplied to the Board.

#### **84 Annual Health Check**

The report of the Head of Scrutiny and Member Development reminded the Board of the NHS performance assessment process, 'Annual Health Check' which had been introduced by the Healthcare Commission in 2005/06. As part of the health check, NHS Trusts had to submit their self assessment declarations by 1 May 2009.

A copy of the Healthcare Commission's step by step guidelines regarding the health check was appended to the report along with the Department of Health's Standards of Better Health. Submissions were made by Leeds Partnership Foundation Trust (LPFT), Leeds Teaching Hospitals Trust (LTHT) and NHS Leeds regarding their health checks.

The Chair welcomed the following to the meeting:

- Craig Brigg, Leeds Teaching Hospitals Trust

Draft minutes to be approved at the meeting  
to be held on Tuesday, 28th April, 2009

- Chris Outram, Chief Executive, NHS Leeds
- Melanie Hird, Leeds Partnership Foundation Trust
- Guy Musson, Leeds Partnership Foundation Trust
- Richard Gibson, Risk Manager, Leeds Partnership Foundation Trust

It was reported that the Healthcare Commission carried out random checks on health bodies and their health check assessments and other bodies such as the Strategic Health Authority (SHA) and the Council, through its scrutiny obligations, also considered the assessments.

It was reported that Leeds Partnership Foundation Trust took a zero tolerance approach to their reporting methods and the identification of how standards should be met and had not met compliance with two standards in 2008/09. These had been Core Standards C5a – ensuring conforming to NICE technology and nationally agreed guidance when planning and delivering treatment and care, and C7e – challenging discrimination, promoting equality and respecting human rights. In relation to C5a it was reported that this would be compliant by the end of the year and C7e was also expected to meet full compliance once further work had been carried out to publish the trust's equality impact assessments. It was noted that some of the standards had been introduced since the trust's own internal inspections had been performed.

It was reported that Leeds Teaching Hospitals trust had failed to meet compliance with the following standards:

- C4a – the risk of healthcare infection is reduced
- C4c – decontamination of reusable medical devices
- C9 – record management

With regard to standard C4c, it was reported that LTHT had been meeting national guidelines, but complex issues surrounding the decontamination of different equipment from different sites coupled with the involvement of partner organisations had not enabled compliance with the standard at present. LTHT had met with the Healthcare Commission to discuss this and it was felt that full compliance would be met in future.

It was reported that NHS Leeds had to follow a slightly different process to the hospital trusts due to their commissioning role and to ensure partner organisations were compliant. Full compliance had been met with the exception of standard C4c and this was felt to be low risk and had complexities due to EU directives.

In response to Members' questions and comments, the following issues were discussed:

- LPFT's non compliance with Standard C7e was felt to be a minor issue and would be addressed with the publication of the equality impact assessment on their website.
- The role of the LINK in assisting with performance information.

- Costs of carrying out the annual health checks – it was reported that it was difficult to quantify related cost due to factors such as efficiency savings created by related performance measures.
- Reduction of health inequalities.
- Care for vulnerable and elderly patients.

The Chair thanked those present for this item for their attendance.

**RESOLVED –**

- (1) That the progress made by the Trusts in complying with core standards be noted.
- (2) That the Board be informed when compliance is made with outstanding core standards.

(Councillors Kirkland and Monaghan joined the meeting during the discussion of this item at 10.45 a.m. and 11.20 a.m. respectively)

**85 Inquiry into Hospital Discharges**

The report of the Director of Adult Social Services referred to the terms of reference for this Inquiry and provided a joint response from NHS Leeds and Leeds Teaching Hospitals Trust into Hospital Discharges.

The Chair welcomed the following to the meeting:

- John Lennon, Chief Officer – Access & Inclusion, Adult Social Services
- Emma Day, Leeds Teaching Hospitals Trust
- Andrea North, Leeds Teaching Hospitals Trust

Members attention was brought to the Joint Protocol for the Transfer of Care under the Community Care (Delayed Discharge) Act 2003 as agreed between Leeds City Council, LTHT, NHS Leeds and other local Hospital Trusts which was appended to the report.

In response to Members comments and questions, the following issues were discussed:

- It was not possible to provide accurate figures of patients who had been discharged without a care plan. Cases of where patients who had been discharged when care plans should have been implemented, could only be measured through the complaints process. Details of complaints received had been outlined in the report. Instances of patients who opted to discharge themselves had also prevented appropriate care plans being put into place.
- Assisting those who used Direct Payments.
- There would be a combined complaints process between Social Services and the Hospital Trusts from 2009 which would be able to give clearer information on the number of complaints surrounding discharges.



- Processes for informing GPs of patient discharges.
- Discharge Pathways – these were detailed in the report.

The Chair thanked those present for this item for their attendance.

**RESOLVED –**

- (1) That the report be noted.

(Councillor Illingworth left the meeting at 12.05 p.m. during the discussion on this item).

**86 Recommendation Tracking**

The report of the Head of Scrutiny and Member Development reminded Members of the previously agreed system for tracking recommendations of Scrutiny Boards. A list of the Board's outstanding recommendations and the progress to date was appended to the report.

**RESOLVED –** That the report be considered at the next Board meeting, when members will determine whether progress is considered acceptable and assign a category for each recommendation.

**87 Work Programme**

The Head of Scrutiny and Member Development submitted a report which outlined the Board's Work Programme. Also appended to the report was a copy of the Executive Board minutes from 4 March 2009.

Issues discussed in relation the Work Programme included the following:

- Leeds Partnership Foundation Trust and Mental Health Issues
- Improving Young People's Sexual Health – final report
- Update on the GP led Health Centre
- Hospital Discharges
- Presentation of the Board's Annual Report

**RESOLVED –**

- (1) That the report be noted.
- (2) That the Work Programme be amended in line with discussion.

**88 Date and Time of Next Meeting**

Tuesday, 28 April 2009. (pre-meeting for all Members at 09.30 a.m.)

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Originator: Laura Nield

Tel: 395 0492

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## Report of the Head of Scrutiny and Member Development

### Scrutiny Board (Health)

Date: 28<sup>th</sup> April 2009

Subject: Mental Health Provision

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#### Electoral Wards Affected:

Ward Members consulted  
(referred to in report)

#### Specific Implications For:

Equality and Diversity

Community Cohesion

Narrowing the Gap

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### 1.0 Introduction

- 1.1 At its meeting on 24<sup>th</sup> March, the Scrutiny Board (Health) resolved to request an item at their April meeting to discuss a range of issues relating to mental health.
- 1.2 Accordingly, an officer from Leeds Partnerships Foundation Trust has been invited to the board to engage with members in a general question and answer session around mental health issues.

### 2.0 Recommendations

- 2.1 The Board is requested to consider the information provided as part of this discussion and determine any matters that require any further scrutiny.

### 3.0 Background Papers

- 4.1 None

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Originator: Laura Nield

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## Report of the Head of Scrutiny and Member Development

### Scrutiny Board (Health)

Date: 28<sup>th</sup> April 2009

### Subject: Hospital Discharges Inquiry

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#### Electoral Wards Affected:

Ward Members consulted  
(referred to in report)

#### Specific Implications For:

Equality and Diversity

Community Cohesion

Narrowing the Gap

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## 1.0 Introduction

- 1.1 At its meeting on 12 December 2008, the Scrutiny Board (Health) agreed to undertake an inquiry into Hospital Discharges which, in broad terms, would consider the areas for improvement identified in the Independence, Wellbeing and Choice inspection report<sup>1</sup>. The terms of reference for this inquiry were agreed at the Board's meeting on 20 January 2009.
- 1.2 The first formal session of the inquiry was held at the Board's meeting on 20 January 2009, and the second was held at the meeting on 24 March 2009.
- 1.3 Following a request from the Chief Executive of the Leeds Partnerships Foundation Trust, the chair has agreed to hold a third and final session of this inquiry to examine the situation in relation to hospital discharges in the mental health sector.
- 1.4 Appended to this report is a short briefing paper on hospital discharges in the mental health sector. Officers from the Leeds Partnerships Foundation Trust will be in attendance at the meeting to answer any questions that members may have.

## 2.0 Recommendations

- 2.1 Members are asked to consider the report and determine the next steps of this inquiry.

## 3.0 Background Documents

- Terms of reference – Inquiry into Hospital Discharges (agreed 20 January 2009)

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<sup>1</sup> Leeds City Council's Service Inspection Report 'Independence, Wellbeing and Choice' was published by the Commission for Social Care Inspection (CSCI) on 3 December 2008.

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## Report of the Head of Scrutiny and Member Development

### Scrutiny Board (Health)

Date: 28<sup>th</sup> April 2009

Subject: Inquiry into 'Improving Sexual Health among Young People'

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#### Electoral Wards Affected:

Ward Members consulted  
(referred to in report)

#### Specific Implications For:

Equality and Diversity

Community Cohesion

Narrowing the Gap

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## 1.0 Introduction

- 1.1 At the Scrutiny Board (Health) meeting in June 2008, members agreed to carry out an inquiry into Teenage Conception, following on from a statement issued by the Scrutiny Board (Health and Adult Social Care) in April 2008 which recommended that a full inquiry be carried out. Following a discussion at the July meeting, the scope of this inquiry was broadened to cover Sexual Health in general among young people and the Terms of Reference were agreed.
- 1.2 The inquiry has been conducted over a number of sessions by both the full Scrutiny Board and a Working Group.
- 1.3 A final session of the inquiry was held on 4<sup>th</sup> February 2009, and following this an initial inquiry report was drafted.
- 1.4 This draft report is attached at appendix 1. Comments from the relevant Directors and Executive members are to be tabled at the meeting.

## 2.0 Recommendations

- 2.1 Members are asked to consider this initial draft and discuss any potential changes to the report, before approving it for publication and requesting a formal response to the recommendations in line with normal procedures for scrutiny inquiry reports.

## 3.0 Background Documents

- Terms of reference – Inquiry into improving Sexual Health among Young People (agreed 22 July 2008)

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Originator: Laura Nield

Tel: 395 0492

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## Report of the Head of Scrutiny and Member Development

### Scrutiny Board (Health)

Date: 28<sup>th</sup> April 2009

Subject: Health Proposals Working Group

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#### Electoral Wards Affected:

Ward Members consulted  
(referred to in report)

#### Specific Implications For:

Equality and Diversity

Community Cohesion

Narrowing the Gap

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## 1.0 Introduction

- 1.1 The Health Proposals Working Group is a sub-group of the Scrutiny Board (Health) which meets on a regular basis to allow local NHS bodies to inform Scrutiny of future proposals for service changes at an early stage. The Working Group then discusses and agrees the status of such proposals. Any proposals deemed to be 'substantial' are brought to the full Scrutiny Board for consultation.
- 1.2 As part of the Health Proposals Working Group terms of reference, members of the group also keep the full Scrutiny Board apprised of their activity.
- 1.3 The minutes of the last meeting of the Health Proposals Working Group are appended to this report for discussion.
- 1.4 Members will note that attendance at the last Working Group was rather low, and that included in the minutes is a suggestion that arrangements for future meetings be reviewed.

## 2.0 Recommendations

- 2.1 Members are asked to consider the minutes of the last meeting of the Health Proposals Working Group, and discuss a possible format for future meetings which will maximise member involvement in this process.

## 3.0 Background Documents

- Terms of reference – Health Proposals Working Group (agreed 16<sup>th</sup> September 2008)

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# Scrutiny Board (Health)

## Health Proposals Working Group

**Minutes of the meeting held on 30<sup>th</sup> March 2009**

<b>Present:</b>	<b>Members</b>
	Councillor Linda Rhodes-Clayton
	Eddie Mack (Co-opted member)
	<b>Officers</b>
	Peter Marrington – Leeds City Council
	John England – Leeds City Council – Adult Social Services
	Lindsay Armstrong – NHS Leeds
	Julie Budd - LPFT
	Carol Cochrane – NHS Leeds
	Victoria Betton - LPFT
	Sue Whitworth - LPFT
	Rachel Richings - LPFT
	Elaine Weston -LPFT
	Nick Brindle - LPFT
	Gary Hostick - LPFT
	Jenny Thornton – Strategic Partnership/POPP
<b>Apologies:</b>	Councillor Andrea McKenna
	Councillor Pauleen Grahame

Items		Action
<b>1</b>	<b>Attendance / Introduction</b>	
	Introductions were made and the apologies received were noted.	
<b>2</b>	<b>Minutes of previous meeting: 6<sup>th</sup> October 2008</b>	
	The minutes of the meeting held on 6 <sup>th</sup> October 2008 were agreed as a correct record.	
<b>3</b>	<b>Towards an Improved Mental Health Service for Older People In Leeds</b>	
	<p>The working group received a paper and presentation on the proposed range of new improvements and changes to older people's mental health services in Leeds.</p> <p>Sue Whitworth took the group through the main proposals. This was followed by further presentations from Nick Brindle, Gary Hostick, Jenny Thornton and Julie Budd.</p> <p>A full discussion took place around the proposed service configuration which included discussions around discharges, user consultation, inpatient care and service Pathways.</p> <p>An invitation was extended to Members of the Health Scrutiny Board to</p>	<b>PM</b>

Items	Action
visit the service. This would be pursued by Peter Marrington	
<p><b>AGREED</b></p> <p><b>It was agreed that the level of change would be classed as significant variation of development – Level 3</b></p>	
<p><b>4 Reconfiguration of City Wide Treatment Service Provision</b></p>	
<p>A paper was presented which detailed proposals to reconfigure ECT service provision and transfer the twice weekly ECT sessions at the Mount to the Becklin Centre, whilst retaining some emergency ECT provision at the Mount for review in 9 – 12 months time.</p> <p>The paper also outlined proposals to consolidate the current depot, Clozapine and lithium clinics at the Becklin Centre and St Mary’s Hospital.</p> <p>Elaine Weston and Gary Hostick took the group through the main proposals in the paper and answered various questions from members of the Health Scrutiny Board.</p>	
<p><b>AGREED</b></p> <p><b>It was agreed that the level of change would be classed as Minor change – Level 2</b></p>	
<p><b>5 Other business</b></p>	
<p><u>Future meetings of the Health Proposals Working Group</u></p> <p>PM stated that whilst the current format and purpose of the Health Proposals Working Group was working well, issues of elected member attendance needed to be addressed. Possible solutions were to time the meetings to dove tail with the full Scrutiny Board meetings.</p>	
<p><b>AGREED</b></p> <p><b>PM to discuss with NHS colleagues future meeting arrangements.</b></p>	
<p><u>Future meetings dates</u></p> <ul style="list-style-type: none"> <li>• TBA</li> </ul>	



Originator: Laura Nield

Tel: 395 0492

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## Report of the Head of Scrutiny and Member Development

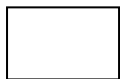
### Scrutiny Board (Health)

Date: 28<sup>th</sup> April 2009

Subject: Annual Report 2008/2009

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#### Electoral Wards Affected:



Ward Members consulted  
(referred to in report)

#### Specific Implications For:

Equality and Diversity

Community Cohesion

Narrowing the Gap

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### 1.0 Purpose of the report

1.1 The purpose of this report is to present the draft of the Board's contribution to the Scrutiny Board Annual Report.

### 2.0 Introduction

2.1 Members will be aware that the operating protocols for Scrutiny Boards require the publication of an Annual Report to Council. This year the report will combine a commentary on each of the Boards' work, progress on the Action Plan 2008/09 and details of the Action Plan being developed for 2009/2010.

### 3.0 Draft report

3.1 A draft of the contribution to the Annual Report from Scrutiny Board (Health) is attached for Members' consideration. This includes an introduction from the Chair and details of some of the work undertaken by the Board in this municipal year.

### 4.0 Recommendation

4.1 Members are asked to agree the Board's contribution to the composite Annual Report.

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Originator: Laura Nield

Tel: 395 0492

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## Report of the Head of Scrutiny and Member Development

### Scrutiny Board (Health)

Date: 28<sup>th</sup> April 2009

### Subject: Recommendation Tracking

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**Electoral Wards Affected:**

**Specific Implications For:**

Equality and Diversity

Community Cohesion

Narrowing the Gap

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## 1.0 Introduction

- 1.1 Last year Overview and Scrutiny Committee agreed to adopt a new, more formal system of recommendation tracking, to ensure that scrutiny recommendations were more rigorously followed through.
- 1.2 As a result, each Scrutiny Board now receives a quarterly report on any recommendations from previous inquiries which have not yet been completed.
- 1.3 This will allow the board to monitor progress and identify completed recommendations; those progressing to plan; and those where there is either an obstacle or progress is not adequate. The board will then be able to take further action as appropriate.
- 1.4 A standard set of criteria has been produced, to enable the board to assess progress. These are presented in the form of a flow chart at Appendix 1. The questions should help to decide whether a recommendation has been completed, and if not whether further action is required.
- 1.5 For each outstanding recommendation, a progress update is provided. In some cases there will be several updates, as the board has monitored progress over a period of time.
- 1.6 To assist members, the Principal Scrutiny Adviser has given a draft status for each recommendation. The board is asked to confirm whether these assessments are appropriate, and to change them where they are not.

- 1.7 In deciding whether to undertake any further work, members will need to consider the balance of the board's work programme.
- 1.8 This item was initially included on the agenda for the Board's March meeting. However, members ran out of time to discuss it fully and it has therefore been moved back to this meeting.
- 1.8 In accordance with the wishes of the chair, no officers have been invited to attend this meeting to discuss the progress made against recommendations. However, a full written response will be requested in relation to any issues raised by the board.

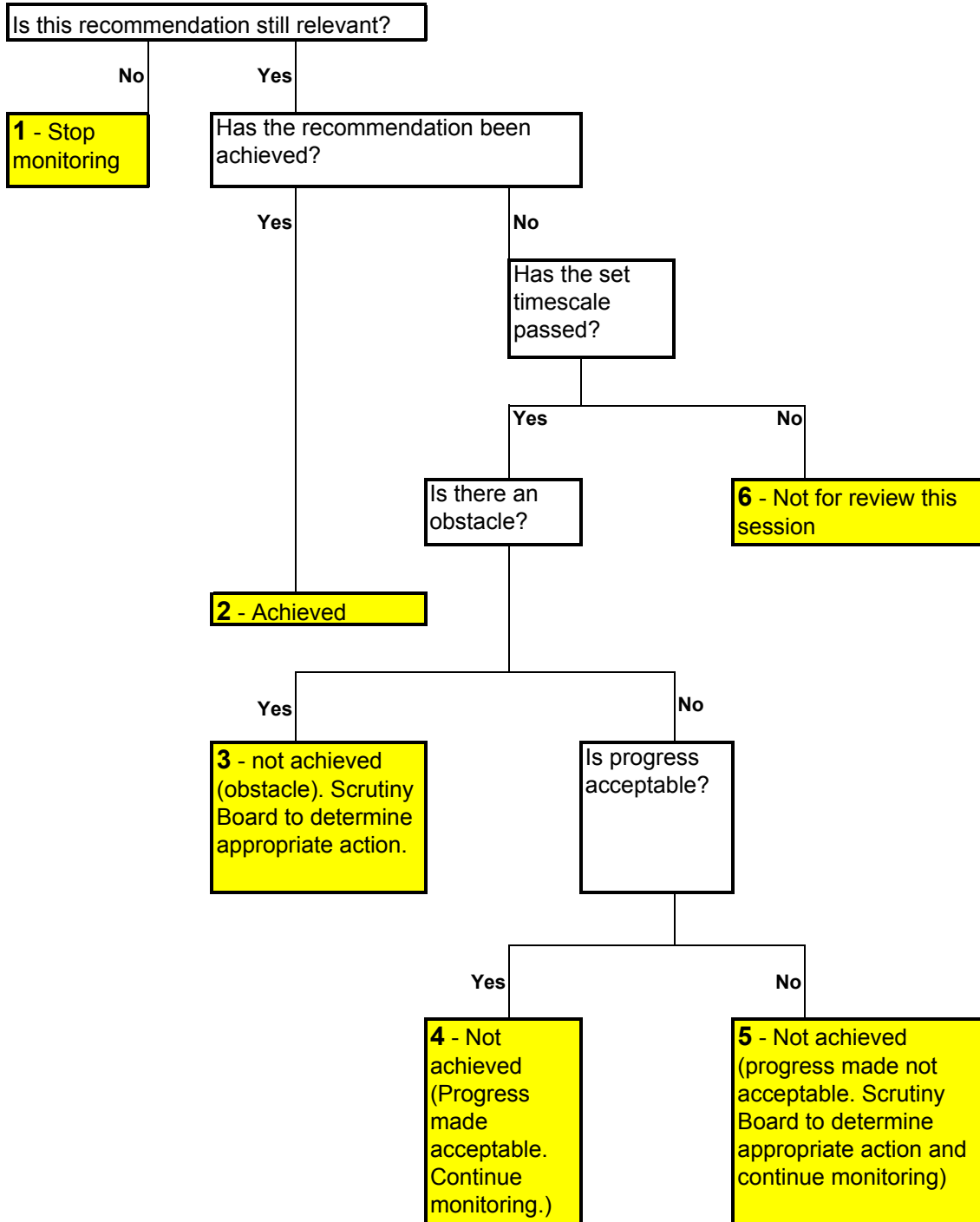
## **2.0 Recommendations**

2.1 Members are asked to:

- Agree those recommendations which no longer require monitoring;
- Identify any recommendations where progress is unsatisfactory and determine the action the board wishes to take as a result.



**Recommendation tracking flowchart and classifications:**  
**Questions to be Considered by Scrutiny Boards**



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	Recommendation	Where we are up to	Stage	Complete
2	<b>We recommend that the Local Strategic Partnership proactively challenges the level of commitment and investment made from all partners towards community development and develops an action plan aimed at further embedding community development values and principles across the partnership.</b>	<p><u>March 2008 position</u> The Leeds Initiative Programme Manager for Harmonious Communities started in post in January 2008 and is discussing with organisations and different departments about her future work programme. This will include addressing the embedding of community development values and principles across the partnership.</p> <p><u>March 2009 update</u> The Leeds Initiative is setting up a new Harmonious Communities strategy and development group with a workshop on 11<sup>th</sup> February 2009.</p> <p>The community development issues will be discussed as part of the broader work on community engagement and empowerment. At the present time, this is being considered by several different individuals, departments and groups and we want to bring this together and be clear about how we want to take it forward in partnership. The White Paper <i>Communities in Control</i> (CLG 2008) supports work to enhance community development skills among a range of frontline professionals and the increased focus on community engagement and empowerment.</p> <p>In terms of investment, the VCF sector partnership group has taken this forward as part of the response to the research commissioned by Leeds Initiative on the sustainability of the VCF sector in Leeds. This group has a resources task group which is working on this. The current economic situation is having a detrimental effect on funding and resources are reduced. Funding for a post based within Leeds Voice was identified by the Resources Group to work with commissioners and VCF sector on future commissioning and delivery.</p> <p>The new Health and Wellbeing Plan identifies engagement and community development as a specific strand and the PCT is making explicit and specific the community development contribution expected of each VCF sector partner it funds during this commissioning period (for SLA's April 09 up to 3 years)</p>	4	

**Key**

1 – stop monitoring	3 – not achieved (obstacle)	5 – not achieved (progress made not acceptable)
2 – Achieved	4 – not achieved (progress made acceptable)	6 – not for review this session

	Recommendation	Where we are up to	Stage	Complete
4	<p><b>That the Health Leeds Partnership champions the Leeds Community Health Development Network (CHDN) and ensures that it provides opportunities for community development projects to share best practice, celebrate achievements and actively encourage joint working initiatives across the city.</b></p> <p><b>The Network should also develop a themed training programme based on the needs of community development workers and encourage broader education and understanding of community development across the city.</b></p>	<p><u>March 2008 position</u></p> <p>The Healthy Leeds Partnership values the Community Development Network and, in relation to the new partnership arrangements, is examining where it would need to be placed to have the most influence.</p> <p>The Community Health Development Network has identified the need to develop training as part of its future work programme. The future of the CHDN is integral to the development of accredited training for current CD workers as well as the development of induction plans for new workers. The majority of CD work is delivered by CVFS partners, and the aim is to improve the skills and competence of those workers. This development work needs to be supported through the CHDN, which would ensure local staff became competent using the National Competency Standards for CD.</p> <p><u>March 2009 update</u></p> <p>The new partnership structures for health and wellbeing came into place last year with a smaller Joint Strategic Commissioning Board as well as the Healthy Leeds Partnership. Workshops in March are looking to develop the locality partnerships.</p> <p>Community health development relates most to the Promoting Health and Wellbeing Commissioning Sub-group and they are leading on developing a partnership strategy and joint commissioning issues.</p> <p>A celebration event is planned for 18<sup>th</sup> March on the healthy living grants which support the activities of many community and voluntary sector groups.</p> <p>The Community Health Development Network is still meeting and focussing on key training issues.</p>	4	

**Key**

1 – stop monitoring	3 – not achieved (obstacle)	5 – not achieved (progress made not acceptable)
2 – Achieved	4 – not achieved (progress made acceptable)	6 – not for review this session

	Recommendation	Where we are up to	Stage	Complete
5	<b>That the Healthy Leeds Partnership carries out an evaluation of the Community Health Development Network during its first year and explores joint funding opportunities to maintain the sustainability of the Network in the long term. The results of this evaluation will be reported back to the Scrutiny Board in April 2008.</b>	<p><u>March 2008 position</u></p> <p>The current and potential contribution of the network is recognised at senior level by the Chief Executive of the PCT and the Director of Adult Social Services. In the previous response we agreed that evaluation of the Community Health Development Network was important but that it would be too early to do this after its first year. We can give the Scrutiny Board an update on its first year's activity and we are exploring mechanisms to do an independent evaluation at a later date.</p> <p>A meeting of key officers and Community Health Development Network representatives was convened in January to address the sustainability of the Network. From this a small task group, involving the PCT, voluntary sector and the Leeds Initiative was set up to develop a proposal to secure resources to continue to develop and maintain the Network. The PCT has secured £25K funding for a part time post to support the CHDN and work on the delivery of the recommendations. In the meantime Leeds VOICE is providing interim support for the network.</p> <p><u>March 2009 update</u></p> <p>The part-time development post started in May 2008 but there have been problems with continuity. The independent evaluation of the Community Health Development Network is being carried out by Steve Skinner Associates. It started in September/October 2008 and the final report is due in March 09. A meeting of the task group will discuss this and make recommendations on the next steps.</p>	4	

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	Recommendation	Where we are up to	Stage	Complete
7	<b>That the Leeds City Council Member Development Working Group includes community development training within the Member training programme.</b>	<p><u>March 2008 position</u> Further information on this recommendation would be provided to the Member Development Steering Group at its April meeting.</p> <p><u>March 2009 update</u></p> <p>The Member Development Team are working with the Healthy Leeds Partnership to arrange a number of learning events for Members on community development within the wider context of community engagement and empowerment. This is planned to coincide with the launch of a corporate community engagement toolkit and the 'Talking Point' website. The training will probably include modules on Community engagement and use of the portal and Community Development and Health. Both are expected to take place early in the new municipal year.</p>	2	

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	Recommendation	Where we are up to	Stage	Complete
1	<p><b>That :</b></p> <ul style="list-style-type: none"> <li>• a thematic group be developed for health and wellbeing, including adult social care, in each of the three new areas</li> <li>• the thematic groups work with the area committees to discuss and agree the nature and regularity of their dialogue in the future</li> </ul>	<p><u>September 2008 position</u></p> <p><b>Response from Leeds Primary Care Trust (PCT)</b> The Primary Care Trust (PCT) and Adult Social Care support this recommendation and are working together to identify the most effective way to ensure implementation on a sustainable basis. This work includes gaining a better understanding of how other large urban areas work on a locality basis. A visit to Nottingham is planned for September 2008. The PCT and Adult Social Care recognise the need for dedicated officer time for each of the three new areas. This will ensure effective coordination and link the health and wellbeing programme to the officer coordination groups, area committees, local neighbourhoods and the Healthy Leeds Partnership. Proposals are being developed and will be presented to the Scrutiny Board by the year end.</p> <p><b>Response from Adult Social Services</b> Area Management is represented on the Council's Strategic Leadership Team for Health and Wellbeing - providing a direct link between citywide and area concerns. Development of a locality focus for health and wellbeing is included in the draft Adult Social Care service plan, as are plans to increase capacity to enable improved co-ordination around Health and Wellbeing for area committees and the development of local thematic groups.</p> <p><u>March 2009 update</u></p> <p><b>Response from NHS Leeds</b> The Public Health team at NHS Leeds is working closely with the Leeds Initiative to develop local partnership working arrangements to deliver the health and wellbeing improvement priorities in the Leeds Strategic Plan and to improve the links between the local and the city wide work. Workshops will take place during March in three areas of the city with a range of local stakeholders from different agencies in order to shape future local partnership arrangements. These will be informed by the emerging Leeds Health and Wellbeing Plan 2009-12. Plans are in place to appoint to three Locality Health and Wellbeing posts in order to support these arrangements. Work is also progressing to co-ordinate the PCTs response to locality partnerships and to develop a PCT governance framework in relation to external partnerships.</p> <p><b>Response from Adult Social Services</b> Area Managers have been consulted about how best the forthcoming Health and Wellbeing Theme Plan can link to areas and inform local planning. Three introductory area workshops are being held in mid March 2009 focusing on each area, including a discussion of how best to set up a locality thematic group / partnership for health and wellbeing. It is proposed that with the introduction of these partnerships they will be supported in part by the joint funded appointment of three Locality Enablers for Health and Wellbeing.</p>	4	

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	Recommendation	Where we are up to	Stage	Complete
2	<b>That the results of the PCT's review of minor surgery in Leeds be reported to this scrutiny board at the earliest opportunity.</b>	<p><u>September 2008 position</u> The PCT has concluded a review of current minor surgery facilities in primary care which shows areas of under utilisation. The PCT has set goals for increasing this uptake. We have completed a service specification for minor surgery to further encourage the use of local facilities. Discussions are now taking place with Practice Based Commissioners about how we can work with providers to increase service options and choice for patients locally. We are also working with Leeds Teaching Hospitals NHS Trust (LTHT) to ensure that any new capacity will deliver faster access to services for patients (18 weeks).</p> <p><u>March 2009 update</u> NHS Leeds is continuing to work with PBC and commissioners about how we can work with providers to increase service options and choice for patients</p>	4	
3	<b>That Leeds PCT provides quarterly reports to this Board during 2008/9 regarding the development of services in the new LIFT financed health centres in Leeds.</b>	<p><u>September 2008 position</u> Since the localisation report was published the PCT has finalised arrangements for a number of additional clinical services to be either relocated or provide clinical sessions in LIFT buildings. The PCT is keen to ensure the Scrutiny Board is kept up-to-date on these developments. Due to the length of time it takes to implement changes of this nature a further report to the Board is proposed in six months' time.</p> <p><u>March 2009 update</u> Over the last six months a number of new services have been introduced into the PCT's existing LIFT buildings. This has focussed mainly on the under-utilised space in the south of the city which has seen the National Artificial Eye Service relocate to Parkside Community Health Centre from unsuitable accommodation in Hunslet. Parkside is also being used as a team base for the newly established Family Nurse Partnership Project, which is a clinical service providing intensive support to families, and an admin base for the Referral Management Service. At Armley Moor Health Centre a new twilight community nursing service has been set up and the Looked After Children nurses' team expanded. In January, Harrogate and District Foundation Trust began providing dermatology outpatient clinics at Wetherby Health Centre.</p>	4	

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	Recommendation	Where we are up to	Stage	Complete
4	<b>That, during the summer of 2008, Leeds PCT carries out consultation to determine what services and opening times local people would like to see for their new Community Health Centres and reports the findings back to this Scrutiny Board at the October meeting.</b>	<p><u>September 2008 position</u> The PCT is committed to listening to the views of patients and the public when improving health services. Engagement/consultation on services and opening times for GP practices and health centres has been undertaken in the following ways:</p> <ul style="list-style-type: none"> <li>• Citywide engagement on GP-led Health Centre</li> <li>• GP patient surveys and local questionnaires</li> <li>• Engagement on Joint Service Centres</li> <li>• Engagement on GP Services in Rothwell, Middleton and Swillington</li> </ul> <p><u>March 2009 update</u> NHS Leeds continues to take forward public involvement work as highlighted above.</p>	2	
5	<b>That Leeds PCT keeps this Board informed of progress with the programme of refurbishment over the next municipal year.</b>	<p><u>September 2008 position</u> The PCT Board signed-off the capital investment programme for 2008/09 in July. The programme includes investment to enable the PCT to improve buildings by undertaking essential maintenance and statutory work (£1.1 million investment); and refurbishment and carbon-reducing opportunities (£0.8 million investment). The programme for 2008/09 is currently out to tender and will be delivered by March 2009. One of the first schemes to be completed is the refurbishment of Burmantofts Health Centre which will host the GP-led Primary Medical Care service delivering essential healthcare services for the people of Leeds.</p> <p><u>March 2009 update</u> Tenders have been awarded through our partnering agreement with Community Ventures (Leeds) Limited. After a formal process of competitive tendering IMS Limited have been awarded the contract of around £2.0m, for backlog maintenance and refurbishment of our health centres. The current programme expenditure projections identify the work commissioned through Community Ventures (Leeds) Limited will be delivered within time and we will deliver a substantial part of all improvement schemes by 31.3.2009. £0.32m has been allocated to Burmantofts Health Centre to deliver services as part of the GP-led Health Centre scheme. The scheme is progressing well and will be completed by the end of February 2009. Individual programmes have been produced for all sites and will be monitored carefully including finances, health and safety issues and security.</p>	2	

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	Recommendation	Where we are up to	Stage	Complete
6	<b>That the strategy for Wharfedale Hospital, due to be developed during early 2008, be presented to the first meeting of Scrutiny Board (Health and Adult Social Care) in the municipal year 2008/9.</b>	<p><u>September 2008 position</u> Leeds Teaching Hospitals Trust (LTHT) and the PCT are working closely together to develop proposals to ensure the best solution for the population of Leeds.</p> <p>LTHT is presenting a separate paper to the September Board meeting to cover their Peripheral Hospitals Strategy.</p> <p><u>Extract from Peripheral Hospitals paper</u> Wharfedale Hospital (WH) was opened in October 2004. It is a high quality facility that was designed to provide a range of healthcare services to the population of in and around Otley that are safe and appropriate to their needs. In the three and a half years since it opened, the Trust and its partners in the health economy have struggled to utilise the facilities at WH efficiently and effectively. In April 2007, the LTHT Board approved a Framework for the development of WH, which had been jointly developed by the Trust and the PCT. This framework clarified the vision and strategic direction for WH.</p> <p>Since the agreement of the strategy, the Trust and PCT have been working to deliver a better utilised hospital within the agreed parameters. The review of the 2007/8 business plans resulted in the Lymphodema Service being relocated to WH. During April 2008, all Directorate Managers and Clinical Directors within the Trust were asked to consider the following questions in relation to Wharfedale:</p> <ul style="list-style-type: none"> <li>• How might they better utilise/expand the volume of any existing services?</li> <li>• Are there any new services, either for the local population or the whole city that could be relocated to Wharfedale?</li> </ul> <p>This exercise generated a longlist of projects. Some of these are still in the process of being assessed, however, a number of developments are planned for 2008/9:</p> <ul style="list-style-type: none"> <li>• Improved utilisation of the 2 theatres. A plan to improve utilisation will be implemented from October with the objective of achieving an average 90% utilisation across all lists (average in 2007/8 was 66%).</li> <li>• Establishment of a 4 chair low risk chemo facility for the local population</li> <li>• Full utilisation of the endoscopy facilities (part of the Endoscopy Services Business Case currently being implemented and numbers already rising)</li> <li>• Improved utilisation of the outpatient capacity via the roll out of direct booking and the continued efforts of directorates to allocate trust booked patients to WH</li> <li>• Improved utilisation of the radiology facilities and possibly creation of a permanent breast screening facility.</li> </ul>	2	

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Work has been undertaken in the PCT to identify potential service moves and development opportunities. A key area of work is to investigate the need, desirability and potential for some local primary care and community based services to be relocated to accommodation at Wharfedale. This might include, for example, GP and GPSI led services and community services such as podiatry, substance use services, falls clinics and audiology. The potential for some community intermediate care beds for older people to be based at Wharfedale is also being explored. The PCT is working to develop community based services for people with long term conditions (COPD, chronic vascular disease etc) so that, for those people whose care can be provided appropriately outside an acute hospital setting, services are available in the local community. We are looking at the demand for and opportunities for such services to be provided at Wharfedale. Both the PCT and LTHT acknowledge that finding a mix of services that can utilise the WH facility effectively has been, and remains, challenging. We are jointly aiming to develop a plan for the next 5 years by the end of 2008/9.

#### **March 2009 update**

#### **Response from LTHT**

See attached briefing.

#### **Response from NHS Leeds**

The urgent care procurement in Leeds and across West Yorkshire has now been concluded. From April 2009 Local Care Direct, a social enterprise company, will provide emergency dental services, minor illness and injury walk-in services at St George's Centre and Wharfedale Hospital, and GP out-of-hours appointments and home visits operating out of the latter centres in addition to Lexicon House.

The specific improvements relating to Wharfedale Hospital are:

- Introduction of GP appointments out-of-hours & weekends
- Expansion to provide nurse-led minor illness services
- Improved seamless care pathways as a result of one organisation providing both minor injury & illness walk-in services as well as out-of-hours GP appointments

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	Recommendation	Where we are up to	Stage	Complete
7	<p><b>That Leeds Adult Social Services and Leeds PCT make arrangements to :</b></p> <ul style="list-style-type: none"> <li>• <b>Produce commissioning and procurement documentation in plain English</b></li> <li>• <b>Offer personal contact for voluntary and community groups to explain tender documentation and procurement processes and report these arrangements back to this Scrutiny Board by December 2008.</b></li> </ul>	<p><u>September 2008 position</u></p> <p><b>Response from Leeds Primary Care Trust (PCT)</b></p> <p>The PCT is arranging plain English training for a range of staff responsible for producing documents for the public and other stakeholders (such as voluntary and community groups). This training will ensure our information is clear and concise. The PCT is also developing a 'style guide' to make sure that it has clear standards and expectations in place about how information should be produced.</p> <p>Leeds PCT has a Patient Reader Group which comments on the design, layout, content and style of the PCT's patient leaflets and some corporate and public information documents. We are encouraging all services to make sure their patient leaflets are approved by this group before distribution. This ensures our information is logical, easy to understand and jargon free.</p> <p>Leeds PCT regularly communicates with the Voluntary, Community and Faith sector (VCFs) groups and supports them in the procurement process by holding 'bidder' events to explain the process and ensure equity.</p> <p><b>Response from Adult Social Services</b></p> <p>The Chief Officer, Social Care Commissioning has been asked to prepare a separate report for the Adult Social Care Scrutiny Board on commissioning practice within adult social care. In this report attention will be drawn to a commissioning toolkit which has been developed for adult social care which provides advice and guidance to staff, including the use of plain English. This report is due to be consider by the Adult Social Care Scrutiny Board at its meeting on 17 September 2008.</p> <p><u>March 2009 update</u></p> <p><b>Response from NHS Leeds</b></p> <p>One successful plain English course has already taken place and NHS Leeds have two more planned to take place in March. The NHS Leeds Patient Reader group is ongoing and public documentation is reviewed by members of this group. The group has been expanded in the past six months to enable it to review more information.</p> <p><b>Response from Adult Social Services</b></p> <p>Officers have taken two subsequent reports to the Adult Social Care Scrutiny Board in September 2008 and December 2008 detailing their approach to commissioning with smaller organisations recognising the need to provide officer support to such organisations to assist in their capacity to participate in tendering processes. The reports have indicated how such commissioning initiatives have been promoted in non-technical language to the organisations concerned.</p>	2	

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	Recommendation	Where we are up to	Stage	Complete
8	<b>That Leeds PCT provides a report to the Scrutiny Board in July 2008, providing information about the funding received for, and money spent on, Choosing Health priorities in 2007/8.</b>	<p><u>September 2008 position</u> The board received a report breaking down how Leeds PCT spent its full 2006/2007 Choosing Health allocation of £1.67m in 2007/08</p> <p><u>March 2009 update</u> There is no further update to add.</p>	2	
9	<b>That Leeds PCT gives consideration to replicating the out of hours dental provision at Lexicon House elsewhere in Leeds to provide better coverage for areas outside the city centre.</b>	<p><u>September 2008 position</u> Leeds PCT has tendered the provision of all urgent care, in-hours and out of hours. This is a competitive dialogue process, whereby the PCT does not set out how services will be delivered, but instead looks to the bidders to develop proposals as to how patients' needs would best be met, using information from the engagement process. The final specification for the urgent care service will be available in September and an update will be provided to the Health Proposals Working Group.</p> <p><u>March 2009 update</u> Local Care Direct will be providing both out-of-hours dental services and also the Dental Access Centre service Monday-Friday, from 1<sup>st</sup> April 2009. This will maximise efficiency of the current capacity and streamline access. Lexicon House lease is due to expire in March 2010, and the project to explore alternative estate will begin in April 2009 in preparation.</p>	2	

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10	<b>That Leeds PCT gives an assurance to this Board that it intends to provide funding for the intermediate care beds at Middlecross home for older people in 2009/10.</b>	<p><u>September 2008 position</u></p> <p><b>Response from Leeds Primary Care Trust (PCT)</b> The Middlecross Care Home currently provides five beds within a total of 15 dementia Intermediate Care beds. All of the Partnerships for Older Peoples Projects (POPPs) pilots are subject to evaluation of their effectiveness in terms of both quality and finance and this information will influence the future sustainability to mainstream projects. It is also recognised through the development of the Leeds Intermediate Tier Strategy that provision for people with dementia is a priority but should be as part of the PCT's Care Closer to Home programme. These types of service will be developed as part of the commissioning plan to implement the Intermediate Tier Strategy; within that will be a plan to provide Intermediate Care Beds including the dementia beds where appropriate.</p> <p><b>Response from Adult Social Services</b> The intermediate care provision within Middlecross Resource Centre has been funded for a further year (April 08 – March 09) with a combination of POPP Programme slippage, Adult Social Care and PCT funding. The activity and outcomes continue to be monitored against the service milestones by the POPP Performance management group. The service continues to meet its activity targets and is developing new and innovative ways of providing hospital admission avoidance, early supported discharge and rehabilitation for older people with dementia and physical and social needs. Plans for securing the long term sustainability of the service are in place with a Programme evaluation event planned for September 08. Following this event business plans will be developed and submitted for consideration by the commissioning teams within Adult Social Care and the PCT. This service will be considered alongside other POPP projects as part of a "whole system" package of interventions to improve the rehabilitation opportunities for older people with mental health needs.</p> <p><b>March 2009 update</b></p> <p><b>Response from NHS Leeds</b> The recently published National Dementia Strategy places an emphasis on community based care for people with dementia. The local evaluation and impact assessments of all the POPPs schemes is now complete. The evaluations are positive and NHS Leeds is supportive of the continuation of these schemes including intermediate care beds for people with dementia. NHS Leeds financial plan for 2009/10 is still being refined and will be signed off at the Board in March.</p> <p><b>Response from Adult Social Services</b> Awaiting Board decision on funding, this will be available after the 12<sup>th</sup> March.</p>	2	

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	Recommendation	Where we are up to	Stage	Complete
11	<b>That the Director of Adult Social Services explores the possibility of instigating 'trial runs' at home for patients prior to discharge from Richmond House, to assess how well they will cope.</b>	<p><u>September 2008 position</u></p> <p>Everyone in a CIC bed at Richmond House has a full assessment while they are there. This can include a home visit and certainly includes a full exploration of their needs in order to return home. Most people returning home from the CIC beds do so with the support of the Intermediate Care Team. They are then reassessed at home by a member of the Joint Care Management Team in conjunction with the ICT. If longer term services are required a Care Plan is presented to the West Gatekeeping Panel.</p> <p>There are occasions when people return home and the return home does not succeed. In some cases people have then returned to a CIC bed at Richmond House. However, we are looking carefully at this practice in order to ensure that people whose need is for permanent residential care do not return to a CIC bed and wait there, possibly for several weeks, when a CIC bed is no longer required.</p> <p>As these arrangements are flexible and can accommodate a number of uncertainties, it is felt that the introduction of a 'trial run' will only add a further unnecessary step in what is already a very thorough process.</p> <p><u>March 2009 update</u></p> <p>There is no further update</p>	1	

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	Recommendation	Where we are up to	Stage	Complete																											
12	<p><b>That progress with the development of Practice Based Commissioning in Leeds, particularly the arrangements for</b></p> <ul style="list-style-type: none"> <li><b>management support for the PBC Forum</b></li> <li><b>patient and public involvement, and</b></li> <li><b>the continuing discussions between Health and Adult Social Care colleagues of joint opportunities presented by PBC</b></li> </ul> <p><b>are monitored by this Scrutiny Board in 2008/9.</b></p>	<p><u>September 2008 position</u> Recent reconfiguration of the Practice Based Commissioning (PBC) Consortia in Leeds is outlined below:</p> <table border="1"> <thead> <tr> <th>Consortia</th> <th>No. of practices</th> <th>Population</th> </tr> </thead> <tbody> <tr> <td>H3+</td> <td>31</td> <td>276496</td> </tr> <tr> <td>Leodis Healthcare</td> <td>30</td> <td>205093</td> </tr> <tr> <td>North East Consortium</td> <td>13</td> <td>116277</td> </tr> <tr> <td>Leeds Commissioning Collaborative</td> <td>14</td> <td>49828</td> </tr> <tr> <td>The Wetherby &amp; District Group</td> <td>5</td> <td>33155</td> </tr> <tr> <td>Church Street Group</td> <td>6</td> <td>14964</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td>Unaligned Practices</td> <td>14</td> <td>98265</td> </tr> </tbody> </table> <p>The two largest consortia have fulfilled the requirements of “earned autonomy”, demonstrating that they have robust governance and risk management arrangements in place, and have achieved against previous years’ plans.</p> <p>The PBC Governance Committee has approved ambitious strategic and operational plans for five of the consortia, and it is anticipated that remaining plans will be approved in September 2008. All PBC plans demonstrate a commitment to national and local priorities, to patient and public involvement and joint working with local authority and third sector organisations.</p> <p>We anticipate that the number of unaligned practices will reduce as discussions are still taking place between some of these practices and the established PBC consortia. At least seven practices are implementing PBC as individual practices this year, and only two practices in the city have declined to participate in PBC at this stage.</p> <p>Plans are being developed in partnership with the PBC Forum to establish a Commissioning Executive to ensure strategic connections between different strands of PCT commissioning and PBC. It is anticipated that the new arrangements will be in place in shadow form from October 2008.</p> <p>The PCT has reviewed the management support for PBC. The dedicated PBC team provides direct support to PBC consortia and practices and facilitates support from other PCT departments, such as Finance, Information, Public Health, Patient and Public Involvement (PPI), and Commissioning. The PCT has invested in a dedicated PBC information system which enables activity and financial information to be made available to support commissioning.</p>	Consortia	No. of practices	Population	H3+	31	276496	Leodis Healthcare	30	205093	North East Consortium	13	116277	Leeds Commissioning Collaborative	14	49828	The Wetherby & District Group	5	33155	Church Street Group	6	14964				Unaligned Practices	14	98265	3	
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PBC plans are required to describe arrangements for patient and public involvement in the development of commissioning plans and redesign proposals. All PBC consortia have completed a baseline audit of current PPI arrangements, and the PCT is providing support to develop more Patient Participation Groups at practice and consortium level. Some consortia have appointed or are currently appointing lay members to their Boards. The PCT's PPI team supports the development of focus groups to inform the redesign of services. The Patient Advisory Group, with a wide membership from patient groups and community and voluntary organisations in Leeds, reviews all PBC proposals from a patient and public experience perspective and makes recommendations to the PBC Governance Committee.

Significant improvements in services have already been achieved through PBC – for example, practice based diagnostic services, admissions avoidance schemes, enhanced care for people in care homes, genital warts service for the student population, improvements to 18 week pathways – and in 2007/08 almost £2 million was freed up for reinvestment in local services.

As part of the establishment of partnership arrangements between the PCT and the Local Authority, PBC Consortia have been engaged in how they can make effective links with the Local Authority through partnerships at locality level. Practice based commissioners have been encouraged to establish links with Area Committees and agree areas of joint working on the delivery of Local Area Agreement priorities.

#### **March 2009 update**

Changes have taken place with the re-configuration of some PBC Consortia and there are now five PBC Consortia with 14 Practices remaining independent. The most significant change has been the development of Calibre (former NE Consortium) with the former Wetherby Group joining, together with three Practices in the west area of the city.

Nationally, there is a drive to reinvigorate practice based commissioning and currently work is being undertaken, in partnership with practice based commissioners, to build upon the local successes in Leeds to date. This includes the development of a local incentive scheme to reflect the local priorities for 2009/2010.

Year end reviews will take place in late spring to assess achievement against plans during 2008/2009.

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## SCRUTINY BOARD (HEALTH) LOCALISATION OF SERVICES INQUIRY

### WHARFEDALE HOSPITAL - UPDATE MARCH 2009

This briefing paper provides a general update and set out the clinical areas where significant changes have happened since September 2008.

#### **Bilberry Unit**

Bilberry Unit opened on Monday 5th January and consists of 13 Community Integrated Care (CIC) beds; they are provided by LTHT on behalf of NHS Leeds. These 13 beds were previously an integral part of Ward 1.

The purpose of the unit is to provide 'sub acute' care closer to home. This is achieved by supporting discharge from acute hospital beds into the 'community'. There are many reasons why patients sometimes cannot go straight home e.g. patients unable to go home due to being alone, or patients who require a period of rehabilitation. Patients being admitted to CIC beds should however be medically fit. This means that CIC beds are therapy-led involving multi-disciplinary working between nurses', physiotherapists and occupational therapists.

Another key role for the unit is to avoid the need for acute hospital admission for patients who may need further assessment, treatment or care which cannot happen at home. They may have suffered 'functional decline' and became too dependant to remain at home. Patients continue to be cared for by a GP but are not unwell enough to need a hospital admission. These patients often benefit from the slower paced environment offered here at Wharfedale.

Patients and relatives frequently tell us that they want to be cared for 'closer to home' and Bilberry Unit's CIC beds allow this to happen, patients and relative frequently welcome this environment rather than have to travel to Leeds.

#### **Cancer Treatment Unit**

A new nurse-led cancer treatment service opened at Wharfedale in January 2009. This means cancer patients in Otley and the surrounding area together with north Leeds can now benefit from chemotherapy and other supportive treatment much closer to home.

Two cancer nurses who currently deliver the treatment at the St James's Institute of Oncology travel to Wharfedale Hospital two days a week to provide this additional service, supported by an advanced nursing assistant.

It has been specially tailored to the needs of residents of north Leeds and the surrounding area already undergoing treatment at Leeds Teaching Hospitals. A range of chemotherapy as well as blood transfusions, iron infusions and other supportive treatment can be safely delivered in Wharfedale Hospital, meaning local patients do not have as far to travel.

Patients will have their initial assessment at the regional cancer centre at St James's and then be given the opportunity to have their treatment at Wharfedale Hospital.

The unit is based on the 1st floor of Wharfedale Hospital and can treat six patients at any one time. Typically treatment times last from half an hour up to five hours, so the capacity is expected to be around 8 patients on each of the two days once the service is fully established.

### **Day Case Surgery**

As a result of an evaluation of surgical services 6 overnight stay beds have been re-introduced 3 days per week as of 1st August 2008 with medical support cover for these three days per week.

In order to maximise the opportunities for overnight stay it was agreed to rotate the 3 nights on a 2 weekly basis. As a result of these changes there has been a rise in session theatre utilisation from 66 % in general surgery to 89%. Work continues to investigate how the remaining theatre space can be better utilised

### **Out patient Services**

Out patient activity at the hospital continues to rise with new services being commenced on a regular basis. Examples include urology, ENT, a cardiac arrhythmia clinic, and a nurse-led incontinence clinic.

Direct booking service now available for most of the clinics, those that aren't available through direct booking are being addressed and it is hoped they will be on line soon. Discussions are underway with a number of services within the Trust about setting up additional and new clinics at the hospital.

### **Diabetes care**

Emphasis over the past year has been to give patients the choice of returning to their GP for their care where it is appropriate. Wharfedale was unusual in Leeds in providing services that could be provided in a primary care within the hospital.

The remaining diabetes service remains stable and new referrals are still being received. In addition a PCT led community diabetes clinic is now being provided out of Wharfedale Diabetes Centre (this is in the hospital) by PCT staff to help ensure effective use of resources.

### **Day Hospital**

The services which were traditionally provided out of the day hospital have now been relocated and are provided by the physiotherapy and occupational therapy departments at the hospital. This has enabled the vacant space to be used as an educational and multi-use area.

### **Pre assessment / Preadmissions**

In April an expanded preassessment / preadmission department will transfer into the vacated Day Hospital suite. Since the increase in activity and with better scheduling of patients for theatre and new MRSA screening requirements the service needs a bigger department. The vacant preassessment department will now enable outpatient services to expand further.

### **Ward 1 – Older people**

Care for older people remains an important element of hospital care for many people in the area. Currently patients are admitted to the Leeds General Infirmary prior to being transferred

to Wharfedale Hospital. This gives access to diagnostic tests which only occur on the LGI site to be done more quickly before transfer to a more appropriate care environment.

Ward 1 is able to offer limited direct admission service if beds are available and the patient is deemed suitable for the site.

### **Urgent Care**

The NHS Leeds urgent care procurement has now been concluded. From April 2009 Local Care Direct , a social enterprise company, will provide emergency dental services, minor illness and injury walk-in services at Wharfedale Hospital, GP out-of-hours appointments and home visits.

The specific changes relating to Wharfedale Hospital are:

- Introduction of GP appointments out-of-hours & weekends
- Expansion to provide nurse-led minor illness services
- Improved seamless care pathways as a result of one organisation providing both minor injury & illness walk-in services as well as out-of-hours GP appointments

### **Environment and Infection Control**

Wharfedale continues to perform well against infection control standards. There were no MRSA bacteraemias in 2008. C. Diff rates were comparatively low.

In 2008 Wharfedale Hospital was awarded **Excellent** in all areas in the annual Patient Environment Action Team (PEAT) Assessment. This work assesses the environment through a user perspective. The team carrying out the assessment includes patient representatives. It covers:

- general and specific cleanliness (toilets and bathrooms)
- Infection control
- Environment (overall presentation)
- Access
- Safety and security
- Food
- Privacy and dignity

### **Next Steps**

Apart from a small amount of clinic space there is no spare accommodation for new services. Our focus now will be to ensure services provided out of Wharfedale are used to their maximum potential.

A very successful GP open evening was held at Wharfedale Hospital in January to help raise awareness of the services available to local GPs. Approximately 10% of the local GPs attended the evening. Further sessions will be held in the future as a rolling education / information giving session.

### **LTHT**

**March 2009**

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