



SCRUTINY BOARD (HEALTH)

Meeting to be held in The Auditorium, Thackray Museum, Beckett Street, Leeds on
Friday, 13th February, 2009 at 10.00 am

(Please note – there will not be a pre-meeting)

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
J Langdale	-	Temple Newsam
G Latty	-	Guiseley and Rawdon
A McKenna	-	Garforth and Swillington
J Monaghan	-	Headingley
L Rhodes-Clayton	-	Hyde Park and Woodhouse

Co-opted Members

E Mack	-	Leeds Voice
S Saqfelhait	-	Touchstone

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A G E N D A

Item No	Ward/Equal Opportunities	Item Not Open		Page No
1			<p>APPEALS AGAINST REFUSAL OF INSPECTION OF DOCUMENTS</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>EXEMPT INFORMATION - POSSIBLE EXCLUSION OF THE PRESS AND PUBLIC</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>RESOLVED – 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>LATE ITEMS</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>DECLARATIONS OF INTEREST</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>APOLOGIES FOR ABSENCE</p> <p>To receive any apologies for absence.</p>	
6			<p>MINUTES OF THE PREVIOUS MEETING</p> <p>To receive and approve the minutes of the previous meeting held on 20 January 2009</p>	1 - 6
7			<p>GP-LED HEALTH CENTRE - SCRUTINY INQUIRY</p> <p>To receive and consider the attached report of the Head of Scrutiny and Member Development</p>	7 - 12
8			<p>DATE AND TIME OF NEXT MEETING</p> <p>Tuesday, 17 February 2009 at 10.00 .a.m. (Pre-meeting for all Members at 09.30 a.m.)</p> <p>MAP AND DIRECTIONS TO MEETING VENUE</p> <p>Thackray Museum, Beckett Street, Leeds</p>	

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Agenda Item 6

SCRUTINY BOARD (HEALTH)

TUESDAY, 20TH JANUARY, 2009

PRESENT: Councillor P Grahame in the Chair

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

**Co-opted
Members:** Mr E Mack

55 Apologies for Absence

Apologies for absence were submitted on behalf of Councillor Langdale.

56 Minutes of the Previous Meeting

RESOLVED – That the minutes of the meeting held on 12 December 2008, be confirmed as a correct record.

57 GP Led Health Centre - Scrutiny Inquiry

The Head of Scrutiny and Member Development submitted a report which updated the Board on the ongoing Inquiry into the provision of a GP-led Health Centre for Leeds. Appended to the report was a paper from NHS Leeds which outlined the background to the provision of a GP-led Health Centre along with details of the preferred provider and the services which will be on offer.. Information was also provided relating to other Health Centre developments in Leeds and the wider programme of upgrades to existing primary care premises.

The Chair welcomed Kathryn Hilliam, GP Contract Lead (NHS Leeds) to the meeting.

It was reported that Care UK Clinical Services had been awarded the contract for providing the services at the new health centre. Members were informed that the new service would be known as the 'Shakespeare Medical Practice'. The Board were informed that any resident of Leeds could register with a GP at the centre as well as make use of walk-in facilities.

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

- Concern regarding people leaving their current GP services and possible effects this may have on provision elsewhere, particularly in rural areas.
- There would be a GP present at the centre between 8am and 8pm, with overall clinical responsibility for delivery of services.
- Patients will not necessarily be seen by a GP, but will be guaranteed to receive appropriate care.
- With regards to a walk-in patient's preference to see a GP at the centre rather than another health professional, such as a nurse, it was reported that this would be determined following assessment by an appropriate health professional.
- When the centre first opens, there will not be any registered patients. Service models had been studied to anticipate the number of patients wanting to register.
- Any unseen costs of running the centre will be the responsibility of the contractor. Funding will increase as the number of patients increases.
- In comparison to the walk in centre at the Light (which is commissioned by the Department of Health), the Shakespeare Centre will be overseen by NHS Leeds. The Light is also only open 5 days per week and does not provide GP services for registered patients, in addition to walk-in services.
- There would not be aggressive marketing of the centre and it would be purely patient choice to register there. It was felt that this would not have an undue impact on the provision of services elsewhere. All the bidders had to submit marketing plans as part of the bidding process.
- The contractor had submitted staffing plans that detailed contingency arrangements to ensure that the centre would always be staffed accordingly.
- Total costs for the establishment of the centre were requested.
- Home visits for registered patients – It was reported that these would be available where clinically appropriate as with any other GP service.
- As use of the centre increased, the size of the staffing would also increase, in line with prescribed patient/doctor ratios.

The Chair thanked Kathryn Hilliam for her attendance.

RESOLVED –

- (1) That the Board visit the Centre in March 2009
- (2) That an additional meeting be held in the Burmantofts area to conclude the Inquiry into the GP-led Health Centre.

58 Hospital Discharges

The Head of Scrutiny and Member Development submitted a report outlining the background to the Board's Inquiry into Hospital Discharges. Appended to the report was a copy of the Terms of Reference for the Inquiry. A request for scrutiny into Hospital Discharges had been made following a Member's

concern into the discharge process and subsequent care packages not being delivered.

The Chair welcomed the following to the meeting:

- John England – Deputy Director (Adult Social Services)
- John Lennon – Chief Officer, Access and Inclusion (Adult Social Care)
- Andrea North – Head of Intermediate Tier (NHS Leeds)
- Judith Lund – Directorate Manager for Speciality Medicine (LTHT)
- Emma Day – Matron, Speciality Medicine Directorate (LTHT)

Councillors Ewens and Fox were also present for this item as Members of the Scrutiny Board (Adult Social Care)

It was reported that of 168,000 discharges during the period April to December 2008, 11,500 had been referred for additional support. The process for discharges was explained to Members, including the different stages of the process and who was involved.

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

- It was acknowledged, that on occasion, discharges had been delayed due to appropriate follow-up care packages or requirements not being available.
- 51 complaints had been received during the aforementioned period which related to discharges.
- Discharge arrangements were often planned before a patient was admitted to hospital.
- Follow up care could fail where a patient discharged themselves before necessary plans had been made. However, the patient would not be excluded from accessing further help.
- Patient re-admissions were not necessarily related to subsequent care packages and were often for some reason unrelated to the original admission.
- There was a protocol across Hospital Trusts and local authorities in West Yorkshire which covered those who may be a hospital patient in a different area to where they would receive any subsequent care package.
- It was reported that close working arrangements were in place between NHS Leeds and Adult Social Care to improve systems for the discharge of patients. The Inquiry was welcomed and would possibly give opportunity to shape some aspects of the discharge process along with taking account of a patient's perspective.
- In response to a question of discharge where a young person would be the principal carer, it was reported that there were close links with Children's Services and this would be taken into consideration.

- Reviews of discharges were used to ensure appropriate measures had been taken with regards to issues such as ongoing requests for aids and adaptations.

RESOLVED –

- (1) That the Board confirms its intention to undertake the Inquiry into Hospital Discharges.
- (2) That the terms of reference for the Inquiry as attached at Appendix 1 of the report be agreed.

59 Clinical Services Reconfiguration

The report of the Head of Scrutiny and Member Development updated the Board on the progress of the Clinical Services Reconfiguration, which would see inpatient services for children centralised at Leeds General Infirmary and elderly medicine and the majority of inpatient acute medical services centralised at St James' Hospital.

The Chair welcomed the following to the meeting:

- Martin Ford, Head of Commissioning for Children's and Maternity Services (NHS Leeds)
- Jane Westmoreland, Head of Communications, Engagement and Diversity (NHS Leeds)
- Sylvia Craven, Director of Planning (LTHT)

It was reported that preparation for the centralisation of children's in-patient services and critical care to Leeds General Infirmary was under way. A business plan for financing the changes had been submitted and had been supported by NHS Leeds and the Strategic Health Authority. It had not been feasible to centralise all children's provision at St James' hospital and only renal services for children would remain at that site.

Further issues discussed included the engagement process with parents and the background behind the cancellation of the proposed children's hospital for Leeds.

RESOLVED – That the report be noted.

60 Performance Report (NHS Leeds)

The report of the Head and Scrutiny and Member Development reminded the Board of the desire to receive performance updates from NHS Leeds. Appended to the report was a copy of NHS Leeds' latest performance report which had been considered at their Board meeting in December 2008. Priority areas for performance were also highlighted in the report.

The Chair welcomed the following to the meeting:

- Graham Brown – Performance Manager (NHS Leeds)

Draft minutes to be approved at the meeting
to be held on Tuesday, 17th February, 2009

- Philip Grant – Choose and Book Project Manager (NHS Leeds)

The Board was given a summary of the report and it was reported that performance in the following areas had not been as good as hoped:

- Childhood Immunisation
- Early Intervention
- 13 and 26 Weeks
- MRSA

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

- MMR vaccinations – a programme to inform parents of the benefits of all vaccinations due to a low uptake. There had been no medical evidence against the use of the MMR vaccination.
- The Choose and Book system – it was reported that the PCT had a target of 90% by the end of March 2009 and a number of recommendations had been put in place to work towards this target and would be monitored closely.
- MRSA and the need to improve cleanliness in hospitals.
- Immunisation against tetanus – figures for the number of children immunised against tetanus were requested.

The Board were informed that in the next cycle, a single performance report will be presented covering both NHS and Local Authority indicators.

RESOLVED – That the report be noted.

61 Performance Report for Quarter 2 2008/09

The report of the Head of Policy, Performance and Improvement gave the Board an update on performance issues relating to health included in the Leeds Strategic Plan and Council Business Plan. The performance report contained performance indicator information and demonstrated progress towards targets within these indicators.

The Chair welcomed John England, Deputy Director (Adult Social Services) and Heather Pinches, Performance Manager (Planning, Policy and Improvement) to the meeting for this item.

Members attention was drawn to the action trackers detailed in the report. These gave background to support and explain the performance information provided

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

- Teenage conception – it was noted that figures didn't match those reported by NHS Leeds. It was explained that different systems of gathering this information had been used nationally and locally.
- An explanation was requested as to how statistics were gathered relating to the transient population of Leeds including travellers and asylum seekers. It was reported that some figures, such as mortality rates, only applied to the resident population. However, other statistics would cover anyone living in the area at a certain time – for example physical activity statistics cover all pupils attending school in Leeds.
- Circulatory and Cardio-Vascular health, particularly in relation to linked issues such as obesity, preventative medicine and physical activity.

RESOLVED – That the report be noted.

62 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 latest Executive Board minutes and attention was drawn to health issues that had been considered by the Executive Board.

Members discussed the following issues in relation to the work programme:

- Provision of Hospital Food.
- Health and Well-Being needs of local communities.
- Co-opted Members
- Hospital Discharges – the need to include quality control mechanisms as part of the Inquiry.
- The Health and Well-Being inspection.
- Working Group meetings.
- The Inquiry into GP-Led Health Centres

RESOLVED –

- (1) That the report be noted.
- (2) That the Work Programme be updated in line with issues discussed.
- (3) That an additional meeting of the Board be held to conclude the Inquiry into GP-Led Health centres.

63 Date and Time of Next Meeting

Tuesday, 17 February at 10.00 a.m. (Pre-meeting for all Board Members at 9.30 a.m).



Originator: Laura Nield

Tel: 395 0492

Report of the Head of Scrutiny and Member Development

Scrutiny Board (Health)

Date: 13th February 2009

Subject: GP-led Health Centre – scrutiny inquiry

Electoral Wards Affected:

Ward Members consulted
(referred to in report)

Specific Implications For:

Equality and Diversity

Community Cohesion

Narrowing the Gap

1.0 Introduction

1.1 At its meeting on 22 July 2008, the Scrutiny Board (Health) agreed the terms of reference for a scrutiny inquiry into GP-led Health Centres (Polyclinics) in Leeds. The scope of the inquiry is to make an assessment of and, where appropriate, make recommendations on the following areas:

- The likely impact of Lord Darzi's interim report (NHS Next Stage Review) on healthcare in Leeds in the short, medium and longer term.
- The impact which the proposed GP-led health centre will have on healthcare provision and Council Services (particularly Adult Social Care and Children's Services) in Leeds.
- How the PCT can best manage the establishment of the new health centre in order to maximise the benefits for the population of Leeds and minimise any negative impact.
- How the Council ought to approach the issue, and its overall role in managing public expectation.

1.2 A working group of the Board was established to carry out initial discussion around these issues, and a number of discussions were also held at full board meetings. Attached at Appendix 1 is a timeline which provides a very brief description of the dates, external attendees and content of each session of the inquiry to date.

2.0 Recommendations

2.1 The Board is requested to:

- 2.1.1 Consider the information provided in this report and appendix and any specific matters discussed at the meeting;
- 2.1.2 Identify any additional information that may be required and determine any specific matters that require further scrutiny;
- 2.1.3 Determine and confirm the next steps of the inquiry.

3.0 Background Papers

Terms of reference – Inquiry into GP-Led Health Centres/Polyclinics (agreed 22 July 2008)

GP-Led Health Centres – Summary of meetings

19th August 2008 - Working Group meeting

Officers attending:

John Lennon (Adult Social Care)
Christine Farrar (Healthy Leeds Partnership)
Sue Whitworth (Leeds Partnerships Foundation Trust)

Areas discussed:

General Background information. Focus on Consultation, Procurement and Proposed location

21st August 2008 – Working Group meeting

Officers attending:

Emma Wilson (Leeds PCT)
Carolyn Walker (Leeds PCT)
Christine Farrar (Healthy Leeds Partnership)

Areas discussed:

It was stressed that the centre being developed at Burmantofts would **not** be known as a Polyclinic. Further discussion was held around Procurement, Consultation and Patient numbers.

16th September 2008 – Full Board meeting

Officers attending:

Emma Wilson (Leeds PCT)

Areas discussed:

Information relating to the consultation process, including analysis of the results, was presented to the board.

7th October 2008 – Site visit to Burmantofts Health Centre

Officers attending:

Shabir Pandor, Capital Programme Manager (NHS Leeds (formerly Leeds PCT))
Jonathan Kutte, Capital Planning Manager (NHS Leeds (formerly Leeds PCT))

Areas discussed:

Members were shown around the building and given an explanation of the proposed refurbishment works.

29th October 2008 – Working Group meeting

Officers attending:

Emma Wilson (NHS Leeds)

Areas discussed:

The types of services due to be on offer at the new GP-led Health Centre, and the financing of these services.

18th November 2008 – Full Board meeting

Officers attending:

None

Areas discussed:

Members of the working group updated the rest of the board on progress of the inquiry to date.

6th December 2008 – Full Board meeting

Officers attending:

John England (Deputy Director, Adult Social Services)

Christine Outram (Chief Executive, NHS Leeds)

Dr Damian Riley (Director of Primary Care, NHS Leeds)

Areas discussed:

Members received reports from both Adult Social Care and NHS Leeds, and raised a number of concerns around the type of services likely to be on offer at the centre, and the way that these services would be delivered. Members also discussed the differences between the services being offered and the expectations of local people.

16th January 2009 – Site visit to Burmantofts Health Centre

Officers attending:

Dr Damian Riley (Director of Primary Care, NHS Leeds)

Kathryn Hilliam (Head of GP Contracts, NHS Leeds)

Jane Westmoreland (Head of Communications, Engagement and Diversity, NHS Leeds)

Jonathan Kutte (Capital Planning Manager, NHS Leeds)

Areas discussed:

Members inspected the refurbishment works which had been carried out, and had a further discussion with officers about the services due to be offered at the centre.

20th January 2009 – Full Board Meeting

Officers attending:

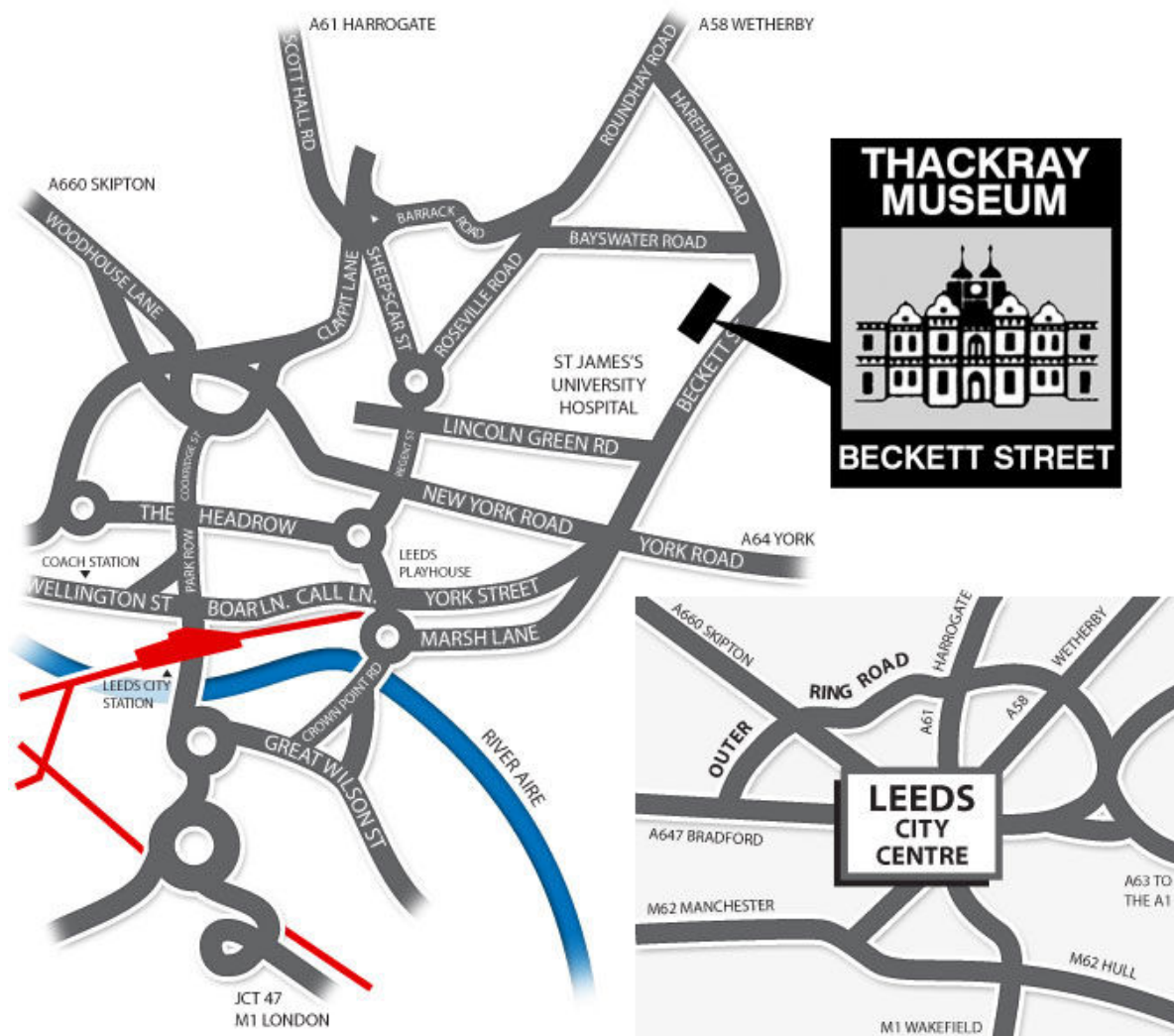
Kathryn Hilliam (Head of GP Contracts, NHS Leeds)

Areas discussed:

Members were informed that the GP-led Health Centre will be known as the Shakespeare Medical Practice. Further concerns were raised about public perceptions of the services on offer, in particular the workforce arrangements. Concerns were also raised about the subtle differences between each of the five 'walk-in' centres in Leeds.

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THACKRAY MUSEUM, BECKETT STREET, LEEDS



The Museum is next to St. James' Hospital in Leeds, 2 Miles to the North East of the City Centre.

By Bus – Frequent bus services run from Leeds City Centre. Numbers 4, 42, 49 50, 50A, 61 all stop outside the museum.

By Car – From M621 follow signs for York (A64) then follow the brown tourist signs. From the north take the A58 towards the city, and then follow the brown tourist signs.

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