



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

Meeting to be held in Civic Hall, Leeds, LS1 1UR on
Tuesday, 20th December, 2016 at 1.30 pm

(A pre-meeting will take place for ALL Members of the Board at 1.00 p.m.)

MEMBERSHIP

Councillors

C Anderson Adel and Wharfedale;
J Chapman Weetwood;
M Dobson Garforth and Swillington;
B Flynn Adel and Wharfedale;
P Gruen (Chair) Cross Gates and Whinmoor;
A Hussain Gipton and Harehills;
J Pryor Headingley;
B Selby Killingbeck and Seacroft;
A Smart Armley;
P Truswell Middleton Park;
S Varley Morley South;

Co-opted Member (Non-voting)

Dr J Beal - Healthwatch Leeds

Please note: Certain or all items on this agenda may be recorded

**Principal Scrutiny Adviser:
Steven Courtney
Tel: 24 74707**

Produced on Recycled Paper

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 Head of Governance Services 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> <p>No exempt items have been identified.</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>DECLARATION OF DISCLOSABLE PECUNIARY INTERESTS</p> <p>To disclose or draw attention to any disclosable pecuniary interests for the purposes of Section 31 of the Localism Act 2011 and paragraphs 13-16 of the Members' Code of Conduct.</p>	
5			<p>APOLOGIES FOR ABSENCE AND NOTIFICATION OF SUBSTITUTES</p> <p>To receive any apologies for absence and notification of substitutes.</p>	
6			<p>MINUTES - 22 NOVEMBER 2016</p> <p>To confirm as a correct record, the minutes of the meeting held on 22 November 2016.</p>	1 - 8
7			<p>MINUTES OF HEALTH AND WELLBEING BOARD - 24 NOVEMBER 2016</p> <p>To receive for information purposes the draft minutes of the Health and Wellbeing Board meeting held on 24 November 2016.</p>	9 - 12
8			<p>MINUTES OF EXECUTIVE BOARD - 16 NOVEMBER 2016</p> <p>To receive for information purposes the draft minutes of the Executive Board meeting held on 16 November 2016.</p>	13 - 22

Item No	Ward/Equal Opportunities	Item Not Open		Page No
9			<p>CHAIR'S UPDATE - DECEMBER 2016</p> <p>To receive an update from the Chair on scrutiny activity since the previous Board meeting, not specifically included elsewhere on this agenda.</p>	23 - 24
10			<p>CARE QUALITY COMMISSION (CQC) - INSPECTION OUTCOMES</p> <p>To receive a report from the Head of Governance and Scrutiny Support providing the Board with details of recently reported Care Quality Commission inspection outcomes for health and social care providers across Leeds.</p>	25 - 48
11			<p>SCRUTINY BOARD INQUIRIES - RECOMMENDATION TRACKING</p> <p>To consider a report from the Head of Governance and Scrutiny Support introducing progress updates against the Scrutiny Board recommendations identified in the recent inquiries into Bereavement and Cancer Waiting Times in Leeds.</p>	49 - 60
12			<p>PROVISION OF PRE-EXPOSURE PROPHYLAXIS - UPDATE</p> <p>To consider a report from the Head of Governance and Scrutiny Support formally updating the Scrutiny Board on NHS England's announcement to fund an extension to the national HIV prevention programme led by Public Health England.</p>	61 - 66

Item No	Ward/Equal Opportunities	Item Not Open		Page No
13			<p>DRAFT WEST YORKSHIRE AND HARROGATE SUSTAINABILITY AND TRANSFORMATION PLAN: THE LEEDS PLAN</p> <p>To consider a report from the Head of Governance and Scrutiny Support that introduces the draft West Yorkshire and Harrogate Sustainability and Transformation Plan (STP), with a particular emphasis on the 'Leeds Plan' – one of 6 place-placed plans that support the overall draft STP.</p>	67 - 156
14			<p>THE AWARD OF INTERIM CONTRACTS TO EXISTING THIRD SECTOR, GP AND PHARMACY PROVIDERS OF PUBLIC HEALTH SERVICES</p> <p>To receive and consider a report from the Head of Governance and Scrutiny Support introducing details of the proposed award of interim contracts to existing third sector, GP and pharmacy providers of public health services.</p>	157 - 158
15			<p>WORK SCHEDULE (DECEMBER 2016)</p> <p>To consider the Scrutiny Board's work schedule for the remainder of the 2016/17 municipal year.</p>	
16			<p>DATE AND TIME OF NEXT MEETING</p> <p>Tuesday, 24 January 2017 at 1:30pm (pre-meeting for all Board Members at 1:00pm).</p>	

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			<p>THIRD PARTY RECORDING</p> <p>Recording of this meeting is allowed to enable those not present to see or hear the proceedings either as they take place (or later) and to enable the reporting of those proceedings. A copy of the recording protocol is available from the contacts on the front of this agenda.</p> <p>Use of Recordings by Third Parties – code of practice</p> <ul style="list-style-type: none"> a) Any published recording should be accompanied by a statement of when and where the recording was made, the context of the discussion that took place, and a clear identification of the main speakers and their role or title. b) Those making recordings must not edit the recording in a way that could lead to misinterpretation or misrepresentation of the proceedings or comments made by attendees. In particular there should be no internal editing of published extracts; recordings may start at any point and end at any point but the material between those points must be complete. 	

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

TUESDAY, 22ND NOVEMBER, 2016

PRESENT: Councillor P Gruen in the Chair

Councillors C Anderson, J Chapman,
M Dobson, B Flynn, A Hussain, J Pryor,
B Selby, A Smart, P Truswell and S Varley

Co-opted Member: Dr J Beal (Healthwatch Leeds)

78 Late Items

The following late and supplementary information was submitted to the Board:

- Agenda item 6 – Minutes of the Scrutiny Board (Adult Social Services, Public Health, NHS) meeting held on 4 October 2016
- Agenda item 13 – Care Quality Commission (CQC) – Inspection Outcomes
- Agenda item 13 – Adult Social Care Members’ Briefing Note – Donisthorpe Hall Nursing Home
- Agenda item 14 – Scrutiny Board (Adult Social Services, Public Health, NHS) – Children’s Epilepsy Surgery Services update
- Agenda item 14 – Children’s Epilepsy Surgery Services (CESS) – Public consultation outcome (November 2016)
- Agenda item 14 – Copy of letter dated 21 November 2016 from Dr Yvette Oade, Chief Medical Officer, Leeds Teaching Hospitals NHS Trust to Councillor Peter Gruen, Chair of Scrutiny Board (Adult Social Services, Public Health, NHS)
- Agenda item 14 – NHS England – Proposed changes to service specification for Children’s Epilepsy Surgery: Consultation Outcome report
- Agenda item 15 – Leeds Teaching Hospitals NHS Trust update for Scrutiny Board (Adult Social Services, Public Health, NHS).

The above information was not available at the time of agenda despatch, but was subsequently made available on the Council’s website.

79 Declaration of Disclosable Pecuniary Interests

There were no disclosable pecuniary interests declared to the meeting, however the following matters were brought to the attention of the Scrutiny Board for information:

- Councillor M Dobson advised that he was Manager of a Neighbourhood Network.
- Councillor B Selby advised that a family member was employed within the local NHS.

The above Board Members remained present for the duration of the meeting.

80 Apologies for Absence and Notification of Substitutes

There were no apologies for absence.

81 Minutes - 4 October 2016 and 25 October 2016

RESOLVED – That the minutes of the meetings held on 4 October and 25 October 2016 be approved as a correct record.

82 Matters arising from the meeting held 25 October 2016

Minute No. 69 – Budget Monitoring

The Board was advised that a working group had been setup to consider departmental budgets (revenue and capital) and budget pressures. The first meeting was scheduled for Thursday, 15 December 2016 at 10.00am.

83 Minutes of Health and Wellbeing Board - 20 October 2016

RESOLVED – That the minutes of the Health and Wellbeing Board meeting held on 20 October 2016, be noted.

84 Matters arising from Health and Wellbeing Board

Minute No. 24 – The Leeds Approach to Commissioning and Decommissioning

The Board was informed that the Health and Wellbeing Board meeting included an in-depth discussion on commissioning and decommissioning in Leeds. The Chair emphasised the important role of the Scrutiny Board when considering such matters.

Minute No. 25 – Staying Focussed on the Wider Determinants of Health

The Board sought clarification regarding work being undertaken to ensure that areas of real need were properly resourced. The Board was advised that targeting resources to areas with the greatest economic need was one of the key elements of the Health and Wellbeing Strategy.

85 Minutes of Executive Board - 19 October 2016

RESOLVED – That the minutes of the Executive Board meeting held on 19 October 2016, be noted.

86 Matters arising from Executive Board

Minute No. 83 – Outcome of the Call In of the Decision taken at Executive Board on 21 September 2016 in relation to the ‘Better Lives Programme: Phase Three: Next Steps and Progress Report

It was noted that in light of the recommendations made by the Scrutiny Board at its Call In meeting on 11 October 2016, the Executive Board had been invited to further consider its decisions. Confirmation regarding the decisions taken at Executive Board was provided to the Scrutiny Board.

87 Children's Epilepsy Surgery Services - update on decision

The Head of Governance Services submitted a report which introduced an update from NHS England regarding the future provision of Children's Epilepsy Surgery Services in England.

The following were in attendance:

- Dr Michael Gregory, Regional Clinical Director Specialised Commissioning, NHS England North
- Dr Tim Martland, Consultant Paediatric Neurologist at the Royal Manchester Children's Hospital and Clinical Lead, NORCESS
- Penny Gray, North Region Women's and Children's Programme of Care Manager and Lead Commissioner Paediatric Neuroscience Clinical Reference Group NHS England
- Matthew Groom, Assistant Regional Director, Specialised Commissioning, NHS England North.

The Board received a short presentation regarding Children's Epilepsy Surgery Services (CESS) – Public consultation outcome (November 2016).

The key areas of discussion were:

- Concern regarding the geography of the agreed CESS centres, particularly with Liverpool / Manchester being designated as the sole centre for the North of England.
- Acknowledgement regarding development of a network approach to maintain care as close to home as possible.
- The importance for Leeds Teaching Hospitals NHS Trust to continue to highlight the strategic importance of Leeds in delivering specialised services across the North of England, and to ensure the Trust's early involvement and engagement in any future review of specialised services.
- Acknowledgement regarding the relatively small number of children and families affected by the proposed changes, and Leeds Teaching Hospitals NHS Trust's commitment to working with NHS England on implementation.
- A suggestion that NHS England provides a 6-monthly progress report following implementation of the proposed changes in April 2017.

RESOLVED –

- (a) That the Board notes the update from NHS England regarding the future provision of Children’s Epilepsy Surgery Services in England.
- (b) That NHS England be requested to provide a 6-monthly progress report following implementation of the proposed changes in April 2017.

88 Leeds Safeguarding Adults Board Annual Report and Strategic Plan

The Independent Chair of Leeds Safeguarding Adults Board submitted a report which introduced the Leeds Safeguarding Adults Board Annual Report for 2015/16.

The following information was appended to the report:

- Leeds Safeguarding Adults Board – Annual Report 2015/16
- Leeds Safeguarding Adults Board – Learning from Savile – Learning Pack (October 2016)
- Leeds Safeguarding Adults Board – Strategic Plan 2016-19
- Leeds Safeguarding Adults Board – Member Organisation Commitments.

The following were in attendance:

- Richard Jones, Independent Chair, Leeds Safeguarding Adults Board
- Mick Ward, Chief Officer (Commissioning), Adult Social Services, Leeds City Council.

The key areas of discussion were:

- An update on the processes in place to protect whistle-blowers from detrimental treatment by employers.
- The benefits of joined up working, particularly the positive work undertaken with Trading Standards to tackle doorstep crime.
- An update on development of a more integrated approach involving child and adult safeguarding boards.
- A commitment by Leeds Safeguarding Adults Board to increase the number of representatives from different backgrounds on its Board. The Board was advised that discussions had taken place with the Third Sector and good progress had been made.

RESOLVED – That the Leeds Safeguarding Adults Board Annual Report for 2015/16, be noted.

89 Care Quality Commission (CQC) Inspection Outcomes

The Head of Governance Services submitted a report which presented the outcomes of recently reported Care Quality Commission (CQC) inspection

reports in relation to Health and Social Care organisations within the Leeds boundary.

The following were in attendance:

- Richard Jones, Independent Chair, Leeds Safeguarding Adults Board
- Mick Ward, Chief Officer (Commissioning), Adult Social Services, Leeds City Council
- Mark Phillott (Head of Commissioning (Contracts and Business Development)), Adult Social Services, Leeds City Council.

The key areas of discussion were:

- The aspiration to increase the overall quality of homecare provision in Leeds rated 'good' or 'outstanding' from 50% to 80%.
- The role of the Leeds Safeguarding Adults Board, particularly in terms of holding partners and individuals to account and ensuring that Leeds was a safe place to live for vulnerable adults.
- An update on Donisthorpe Hall Nursing Home following their recent CQC rating of 'inadequate'. The Board was advised that CQC had not yet confirmed whether a Notice of Decision was to be served on the provider.
- A suggestion that CQC be invited to attend a future Board meeting to discuss the sanctions available when a homecare provider had underperformed. The Board also considered development of a charter setting out good practice.
- The Board welcomed the positive news that St Gemma's Hospice had recently been rated 'outstanding'. It was noted that the Board was due to visit St Gemma's Hospice in January 2017 (Further details to be provided to Board Members in due course.)

RESOLVED –

- (a) That the inspection outcomes for health and social care providers across Leeds, and the information discussed at the meeting, be noted.
- (b) That the CQC be invited to attend a future Board meeting to discuss the sanctions available when a homecare provider had underperformed.
- (c) That a further meeting be arranged involving key stakeholders to discuss establishing a charter.

90 Scrutiny Inquiry: Involvement of the Third Sector in the provision of Health and Social Care Services across Leeds - response to the recommendations

The Head of Governance Services submitted a report which introduced the initial response to the Scrutiny Board recommendations, following its inquiry into the Involvement of the Third Sector in the provision of Health and Social Care Services across Leeds.

The following were in attendance:

- Mick Ward, Chief Officer (Commissioning), Adult Social Services, Leeds City Council.

The key areas of discussion were:

- In relation to recommendation 1, the Board requested details regarding the timescales involved.
- In relation to recommendation 2, the Board identified some budget issues for consideration by the Budget Working Group.
- It was noted that the Board may provide some further input regarding Leeds Community Healthcare NHS Trust's stakeholder engagement strategy, due for review in early 2017.

RESOLVED –

- (a) That subject to the above comments, the responses to the Board's recommendations, be noted.
- (b) That the Board regularly monitors progress against the recommendations.

91 Chair's Update - November 2016

The Chair provided a verbal update on recent scrutiny activity and points of discussion which had not been specifically included elsewhere on the agenda.

Meeting with Dr Sara Munro, Leeds and York Partnership NHS Foundation Trust (LYPFT)

- Introductory meeting to discuss the following key areas of work:
 - Integration / alignment of services
 - Partnership working across West Yorkshire
 - CQC Inspection – process and outcome.

Other Meetings

- Cancer Strategy meeting – 14 November 2016
- LTHT – CQC Quality Summit meeting – 15 November 2016
- STP – West Yorkshire JHOSC – 18 November 2016.

Working Group meetings

- LTHT estates strategy / development of the LGI – 9 December 2016, 2.00pm
- Budget discussion – 15 December 2016, 10.00am
- Notification of CQC planned inspections (January – March 2017)
 - Leeds Community Healthcare NHS Trust (31 January 2017)
 - Nuffield Independent Hospital (8 February 2017).

Whinmoor Surgery

- An update on Whinmoor Surgery and ongoing work by the CCG on the approach it should take regarding its future use.

West Yorkshire Joint Health Overview and Scrutiny Committee

- Clarification sought regarding development of a West Yorkshire or place based approach. It was advised that a further meeting of West Yorkshire Joint Health Overview and Scrutiny Committee was due to take place in January 2017 to consider key issues that had been raised.

RESOLVED –

- (a) That the Chair's update be noted.
- (b) That the Board writes to key stakeholders about the Board's involvement in the 'Leeds' aspect of the STP.

92 Budget Monitoring

RESOLVED – That budget monitoring issues be referred to the Budget Working Group meeting on Thursday, 15 December 2016.

93 Work Schedule (November 2016)

The Head of Governance Services submitted a report which invited Members to consider the Board's work schedule for the 2016/17 municipal year.

The key areas of work were:

- Delayed discharges;
- CQC summary of inspection outcomes;
- Men's health issues;
- The use of Pre-Exposure Prophylaxis (PrEP) in preventing the spread of HIV infection;
- Scrutiny inquiry updates in relation to Cancer Waiting Times and Bereavement;
- Sustainability and Transformation Plan update; and
- General performance reporting.

RESOLVED – That subject to any on-going discussions and scheduling decisions, the Board's outline work schedule be approved.

94 Leeds Teaching Hospitals NHS Trust - update

The Head of Governance Services submitted a report which introduced a general update on key issues and progress update from Leeds Teaching Hospitals NHS Trust.

Draft minutes to be approved at the meeting
to be held on Tuesday, 20th December, 2016

The following were in attendance:

- Professor Suzanne Hinchcliffe, Deputy Chief Executive (Leeds Teaching Hospital Trust)

The key areas of discussion were:

- An update on the occurrence of 4 'never' events and the actions in place to ensure that such events did not happen again.
- An update on staffing and medical pressures. It was advised that a minimum 300 nurses were needed. The Board was advised about development of an additional school of nursing (due to start in January 2017) to help address staffing issues.

RESOLVED – That the progress update from Leeds Teaching Hospitals NHS Trust (LTHT) on key issues, be noted.

(Councillor P Gruen and Councillor M Dobson left the meeting at 4.00pm during the consideration of this item.)

(Councillor P Truswell chaired the remainder of the Board meeting once Councillor P Gruen had left.)

95 Date and Time of Next Meeting

Tuesday, 20 December 2016 at 1.30pm (pre-meeting for all Board Members at 1.00pm).

(The meeting concluded at 4.25pm)

HEALTH AND WELLBEING BOARD

THURSDAY, 24TH NOVEMBER, 2016

PRESENT: Councillor R Charlwood in the Chair

Councillors P Corrigan, Dumma, S Golton,
N Gray, Jackson, G Latty, L Mulherin,
Munro, Roff, Sinclair, Sterling-Baxter and
Ward

Representatives of Clinical Commissioning Groups

Dr Gordon Sinclair	NHS Leeds West CCG
Nigel Gray	NHS Leeds North CCG
Matt Ward	NHS Leeds South and East CCG
Phil Corrigan	NHS Leeds West CCG

Directors of Leeds City Council

Cath Roff – Director of Adult Social Services
Sue Rumbold – Chief Officer, Children’s Services

Representative of NHS (England)

Moira Dumma - NHS England

Third Sector Representative

Kerry Jackson – St Gemma’s Hospice

Representative of Local Health Watch Organisation

Lesley Sterling-Baxter – Healthwatch Leeds

Representatives of NHS providers

Sara Munro - Leeds and York Partnership NHS Foundation Trust
Liz Kay - Leeds Teaching Hospitals NHS Trust
Brian Machin - Leeds Community Healthcare NHS Trust

33 Welcome and introductions

The Chair welcomed all present to this additional formal Board meeting and particularly Sara Munro, Leeds & York Partnership NHS Foundation Trust, to her first meeting as a newly appointed member.

34 Appeals against refusal of inspection of documents

There were no appeals against refusal of inspection of documents.

35 Exempt Information - Possible Exclusion of the Press and Public

The agenda contained no exempt information.

36 Late Items

No formal late items of business were added to the agenda for the meeting.

37 Declarations of Disclosable Pecuniary Interests

There were no declarations of disclosable pecuniary interests.

Draft minutes to be approved at the meeting
to be held on Monday, 20th February, 2017

38 Apologies for Absence

Apologies for absence were received from Councillor Coupar, Tanya Matilainen, Thea Stein, Jason Broch, Ian Cameron, Andy Harris, Steve Walker and Julian Hartley.

The Board welcomed Brian Machin (Leeds Community Health Care NHS Trust); Liz Kay (Leeds Teaching Hospitals NHS Trust) and Sue Rumbold (LCC Children's Services) as substitute members for this meeting.

39 NHS Leeds Clinical Commissioning Group (CCG) Operational Plans 2017-2019

The Chief Operating Officer, Leeds South & East Clinical Commissioning Group (CCG) submitted a report which provided a high level overview of the NHS Leeds CCGs Operational Plans for 2017-2019.

This additional Board meeting was necessary to consider the available information on the Plans due to NHS England timescales for completion and signing-off the Plans. The Operational Plans were required to be submitted in draft to NHS England by 24th November 2016 with a final version due on 23rd December 2016. The report also provided a summary of the NHS planning guidance and NHS England submission requirements for CCGs alongside the latest information available for the NHS Leeds CCG Operational Plans 2017-19. The report also sought the Boards' view of whether Plans took proper account of the Leeds Health and Well Being Strategy 2016-2021. Members also considered the proposed approach to the engagement of the Health and Wellbeing Board in the future review of the CCG Operational Plans.

Matt Ward, Leeds South & East CCG presented the report, emphasising the high level nature of the report and the key functions of the Operational Plans. He reported that consultation was currently ongoing along with work to complete contracts with providers. In particular, the Board was advised of work to create a "One Plan" approach across the three CCGs.

The report described the links between the Operational Plans and the Leeds Health and Wellbeing Strategy 2016-21 and the West Yorkshire and Harrogate Sustainability and Transformation Plan (STP) and supported the delivery of a sustainable health and social care system. The Operational Plans provided years 1 and 2 of the Leeds Chapter of the West Yorkshire and Harrogate STP.

The Board discussed the overview report and made the following comments:

- Concerns were raised that the report did not make further reference to the Operational Plans' impact on children & young people across more of the priorities of the Leeds Health and Wellbeing Strategy 2016-2021, except what was referred to in relation to 'Priority 1 - A Child Friendly City and the best start in life'. Assurance was sought that the full Operational Plans would reference and emphasise Early Intervention measures
- Concerns were raised around the lack of reference to the demand for services for older people (e.g. end of life outcomes) in the report for

‘Priority 2 - An Age Friendly City where people age well’ of the Leeds Health and Wellbeing Strategy 2016-2021.

- In relation to ‘Priority 3 – Strong, engaged and well-connected communities’ members referenced the opportunity to engage further with elected members through Scrutiny Board or at a local level through LCC Community Committees.
- Concerns were raised around the paper’s lack of direct reference to ‘Priority 4 - Housing and the environment enable all people of Leeds to be healthy’ and lack of detail around ‘Priority 5 - A strong economy with quality, local jobs’ and ‘Priority 6 - Get more people, more physically active, more often ‘ of the Leeds Health and Wellbeing Strategy 2016-2021.
- Concern that the overview referenced the NHS but did not acknowledge the role of the Third Sector and Public Health service providers
- Recalling the workshop prior to the meeting, concern was expressed that the report stated “consultation and engagement is not required” under the paragraph ‘consultation, engagement and hearing citizen voice’

Additionally, reference was made to the findings from a university study of social prescribing. It was agreed that a copy of the report would be shared with Board Members.

It was noted that not all Board Members were content to lend support to the high level report without seeing the detail of the full Operational Plans.

In response, Members received assurance that the high level summary report before the Board presented only a synopsis of the full Plans. The full Plans did reflect the collaborative approach to health, wellbeing and care in Leeds and addressed the comments raised by the Board. The Board also noted the short timeframe for consideration and submission of the full document and the framework the submission had to comply with.

Noting that approval of the Operational Plans was not within the Boards’ remit, Members considered how the view of the HWB could influence the development of the Plans; and not just how the Plans are delivered. Moira Dumma assured the Board that NHS England would note the comments made. She explained that the 23/12/16 deadline related to the contracts for the forthcoming two years and that there was an opportunity for the HWB to influence what was contained within the contracts.

In conclusion, the Chair reiterated that the Plans covered a two year period, and suggested that an annual review could be built in. It was agreed that Board Members would receive a copy of the full Plans for their comment, accompanied by a note addressing the specific concerns raised today, prior to the submission date

RESOLVED

- a) To note the contents of the report and the comments made during discussions

- b) That, having considered the available information, the Board determined that it could not provide an opinion on whether the available information for the NHS Leeds CCG Operational Plans 2017-19 did take proper account of the Leeds Health and Wellbeing Strategy 2016-21. As such it was agreed that Board Members would receive a copy of the full Plans accompanied by a addressing the specific concerns raised today as soon as possible to ensure that members could provide their comments and opinions prior to the submission date.
- c) To note the requirements on NHS Leeds CCGs for the development of the NHS Leeds CCG Operational Plans 2017-19 and their complementary relationship to the Leeds Plan and the West Yorkshire and Harrogate Sustainability and Transformation Plans
- d) To note the timescales for completion of plans and the proposed process for sign-off
- e) To agree the proposed approach to engagement of the Health and Wellbeing Board in the review of NHS Leeds CCG Operational Plans 2017-19

40 Comments and Questions

In response to requests from members of the public who attended the meeting, the Chair agreed to receive questions and comments the public which covered the following issues related to the CCG Operational Plans:

- The perceived status of the Operational Plans as the first step in the process of making cuts through the West Yorkshire STP
- Public consultation
- Impact of cuts on Dementia Care
- Monitoring and evaluation of the Plans

RESOLVED – To note the comments made.

41 Date and Time of Next Meeting

RESOLVED – To note the date and time of the next formal Board meeting as Monday 20th February 2017 at 9.30am. (with a pre-meeting for Board members at 9.00 am)

EXECUTIVE BOARD

WEDNESDAY, 16TH NOVEMBER, 2016

PRESENT: Councillor J Blake in the Chair

Councillors A Carter, R Charlwood,
D Coupar, S Golton, J Lewis, R Lewis,
L Mulherin, M Rafique and L Yeadon

97 Declaration of Disclosable Pecuniary Interests

There were no declarations of interest made at the meeting.

98 Minutes of the Previous Meeting

RESOLVED - That the minutes of the previous meeting held on 19th October 2016 be approved as a correct record, subject to the resolutions within Minute No. 83 (Outcome of the Call In of the Decision taken at Executive Board on 21st September 2016 in relation to the 'Better Lives Programme: Phase Three: Next Steps and Progress Report) being amended to read as follows:

- (a) That the Scrutiny Board's recommendations, as detailed at 3.2.1 to 3.2.6 of the submitted report, be accepted, noting the additional comments in relation to The Green, as per resolution (b) below;
- (b) That the original decisions taken by the Executive Board on 21st September 2016, be re-affirmed, subject to The Green being retained until there can be a seamless transition to the new facility;
- (c) Whilst the decision is to close The Green as a long term residential care service, it will remain open until there is a transition to a new function/ facility. The Board notes The Green will be retained as a community asset and that discussions will continue with the NHS about future use of the facility. A progress report, including an update on discussions with the NHS, will be brought back to the Executive Board. This update report to also provide information about how the seamless transition would work, with any associated timescales;
- (d) That it be noted and highlighted that the input of the Scrutiny Board is appreciated, and that it also be noted that the Scrutiny Board will be kept informed in order to enable it to monitor the progress made against any decisions taken.

99 Matters Arising from the Minutes

Minute No. 83 (Outcome of the Call In of the Decision taken at Executive Board on 21st September 2016 in relation to the 'Better Lives Programme: Phase Three: Next Steps and Progress Report')

Reassurance was sought that prior to the closure of the current facility at The Green being implemented, a report on such matters would be submitted to

Draft minutes to be approved at the meeting
to be held on Wednesday, 14th December, 2016

Executive Board. In response, the Board was advised that The Green would remain open until such time as a transition plan was in place, and that such plans would be detailed within the report to be submitted to the February 2017 Board meeting.

Further to this, Councillor A Carter highlighted that although he was in agreement with the amendment to the minutes which had been approved, he reiterated his position, as stated at the 19th October 2016 meeting, to abstain from voting on the Board's decision to reaffirm the resolutions regarding the 'Better Lives Programme' made on 21st September 2016.

HEALTH, WELLBEING AND ADULTS

100 Safeguarding Adults Board: Annual Report 2015/16 and Strategic Plan

Further to Minute No. 91, 18th November 2015, the Director of Adult Social Services submitted a report presenting the 2015/16 Leeds Safeguarding Adults Board Annual Report and Strategic Plan. The documents summarised the Board's achievements during the previous 12 months and set out the ambitions for the forthcoming year.

(The Board jointly considered this submitted report alongside the Leeds Safeguarding Children Board Annual Report, as referenced at Minute No. 101).

The Board welcomed Richard Jones CBE, Independent Chair of the Leeds Safeguarding Adults Board to the meeting, who was in attendance in order to introduce the key points of the annual report and to highlight key priorities. Mark Peel, Independent Chair of the Leeds Safeguarding Children Board, was also in attendance during the consideration of this item and contributed towards the discussion on related matters.

Responding to an enquiry, the Board, together with the Independent Chairs, considered the role of the Safeguarding Boards in Leeds, and discussed the nature of the relationship, together with the connectivity between those Boards and the Local Authority. Members also discussed the role which could be played by Elected Members in this area.

The Board also highlighted the importance of ensuring that the reporting mechanisms for safeguarding concerns were as clear and effective as possible.

In considering the procedures established to support individuals through the transitional period between the safeguarding arrangements in place for young people and the safeguarding arrangements in place for adults, it was undertaken that a briefing paper on such matters would be provided to Board Members for their information.

In conclusion, it was highlighted that the issue of safeguarding remained a top priority for the Council and that a co-ordinated and partnership approach was

taken in order to ensure that the safeguarding arrangements in place were as effective as possible.

RESOLVED –

- (a) That the contents of the submitted covering report, the contents of the Leeds Safeguarding Adults Board 2015/16 Annual Report and also in looking forward, the contents of the Board's Strategic Plan, as appended, be noted;
- (b) That a briefing paper regarding the procedures established to support individuals through the transitional period between the safeguarding arrangements in place for young people and the safeguarding arrangements in place for adults be provided to Board Members.

CHILDREN AND FAMILIES

101 Leeds Safeguarding Children Board Annual Report (2015/16): Evaluating the Effectiveness of Safeguarding Arrangements in Leeds

Further to Minute No. 92, 18th November 2015, the Independent Chair of the Leeds Safeguarding Children Board (LSCB) submitted a report which introduced and presented the key issues from the LSCB Annual Report (2015/16).

(The Board jointly considered this submitted report alongside the Leeds Safeguarding Adults Board Annual Report, as referenced at Minute No. 100).

The Board welcomed Mark Peel, Independent Chair of the Leeds Safeguarding Children Board, who was in attendance at the meeting in order to introduce the key points of the annual report and to highlight key priorities. As part of his introduction to the report, the Independent Chair highlighted and welcomed the commitment which he had experienced to safeguarding issues across the Council.

Richard Jones CBE, Independent Chair of the Leeds Safeguarding Adults Board, was also in attendance during the consideration of this item.

RESOLVED –

- (a) That the contents of the submitted report, together with the LSCB's Annual Report, as appended, be noted, and that the Director of Children's Services be requested to consider any implications for the work of Leeds City Council;
- (b) That a briefing paper regarding the procedures established to support individuals through the transitional period between the safeguarding arrangements in place for young people and the safeguarding arrangements in place for adults be provided to Board Members.

ECONOMY AND CULTURE

102 Growing the Leeds Economy

The Director of City Development submitted a report presenting the approach to be taken in order to review and replace the Leeds Growth Strategy for 2017–2020. The report outlined the main issues and opportunities, whilst also providing a timeframe for delivery. In addition, the report also provided an update on developments in national policy relevant to the Growth Strategy Review.

Members welcomed the proposal to review the current Growth Strategy, with the Board specifically highlighting the need to focus upon areas such as: 'social enterprise', 'health and medical', manufacturing and retail. In addition, emphasis was also placed upon the overriding 'inclusive growth' agenda and the sense of place that was being given to the strategy.

Also, given the Government's recent announcement regarding the HS2 route, Members highlighted the key importance of increased connectivity for Leeds, and emphasised the key role being played by the Leeds City Region in this and other significant areas.

Finally, Members emphasised the need to ensure that the Leeds Growth Strategy was used as a catalyst to maximise opportunities for all, with special reference being made to young people.

RESOLVED –

- (a) That the approach taken regarding the revision of the Leeds Growth Strategy be noted, and the strategy's publication in summer 2017 be supported;
- (b) That the approach towards strengthening the Council's commitment to working with other cities and city regions in order to develop the Northern Powerhouse agenda, moving this beyond transport in order to encompass education and skills, trade and investment, innovation and enterprise, and housing, be supported;
- (c) That the Chief Executive be asked, in consultation with the Leader of the Council, to prepare a submission to the RSA (Royal Society for the encouragement of Arts, Manufactures & Commerce) Inclusive Growth Commission, which sets out the practical steps being taken as a Council under the 'Strong Economy within a Compassionate City' agenda;
- (d) That the Chief Economic Officer, Economy and Regeneration, be requested to work with Leeds City Region LEP and the Core Cities Group, in consultation with the Leader of the Council, in order to influence the development of the National Industrial Strategy.

EMPLOYMENT, SKILLS AND OPPORTUNITY

103 Promoting Apprenticeships

The Director of Children's Services submitted a report which presented the actions being taken to work with young people, businesses, communities and partners in order to ensure that young people in particular continued to benefit from the opportunities offered by apprenticeships, whilst the report also set out how the Council could most effectively align its resources to achieve this goal.

Members welcomed the submitted report, and received a verbal update in response to an enquiry regarding the availability of further data in respect of the actions being taken to promote apprenticeships. In addition, with a view to keeping Members informed on such matters, it was requested that an update report be submitted to the Board providing further details on this issue, and which also presented statistics on performance against relevant targets and also the matter of job retention for those who had undertaken apprenticeships.

RESOLVED –

- (a) That the proposed activities, as set out within the submitted report, be endorsed;
- (b) That an update report be submitted to the Board providing further details on the promotion of apprenticeships, and which also presents statistics on performance against relevant targets and the issue of job retention for those who had undertaken apprenticeships.

RESOURCES AND STRATEGY

104 Financial Health Monitoring 2016/17 - Half Year

The Deputy Chief Executive submitted a report setting out the Council's projected financial health position for 2016/17 at the half-year point of the financial year. The report also reviewed the position of the budget and highlighted any potential key risks and variations after 6 months of the year.

Responding to a Member's enquiry, officers undertook to provide the Member in question with further information on the actions being taken within the area of Civic Enterprise Leeds to replace the loss of 7 school catering contracts, as detailed within the submitted report.

RESOLVED – That the Council's projected financial position for 2016/17 at the half year point of the financial year, as detailed within the submitted report, be noted.

105 Capital Programme Quarter 2 Update 2016-2020

The Deputy Chief Executive submitted a report providing an update on the Council's Capital Programme position as at period 6. Additionally, the report also sought some specific approvals in relation to funding injections.

RESOLVED –

- (a) That the latest position, as at period 6, on the General Fund and Housing Revenue Account (HRA) Capital programmes, be noted;
- (b) That the net increase in the General Fund and HRA Capital Programme 2016-2020 of £68.8m since Quarter 1, be noted, with the majority of these injections, £51.77m, relating to the inclusion of annual programmes in 2019-20, as shown in Appendix B to the submitted report, £45.9m of which is Council borrowing and £5.88m is grant and external contributions;
- (c) That it be noted that the borrowing required to fund the Capital Programme in 2016-17 has reduced by a further £11.8m since the Quarter 1 update. It also be noted that the Capital Programme remains affordable and that further work is underway through regular capital programme reviews to ensure that future debt costs are maintained within the overall Medium Term Financial strategy;
- (d) That the following injections into the Capital Programme, be approved:-
 - £51.77m, to reflect the roll forward of annual programmes into 2019-20, as set out in Appendix B to the submitted report, funded by £45.89m LCC borrowing and £5.88m grant;
 - £9.0m, to reflect the forecasted 1 for 1 right to buy receipts for 2017/18 and 2018/19, which will be utilised within the Council House Growth programme;
 - £232.8k in relation to Capital Receipts, to be utilised by Ward Councillors under the Capital Receipts Incentive Scheme (CRIS), as detailed at Appendix D to the submitted report;
- (e) That it be noted that the above resolutions to inject funding will be implemented by the Chief Officer (Financial Services);
- (f) That the £3.65m injection covered by the “Sustainable Communities Investment Programme Review” report which is found elsewhere on this Executive Board meeting agenda and which is included within the figures detailed within this submitted report, be noted (Minute No. 108 refers).

106 Treasury Management Strategy Update 2016/17

The Deputy Chief Executive submitted a report providing a review and update of the Council’s 2016/17 Treasury Management Strategy.

Responding to a Member’s enquiry, officers undertook to provide the Member in question with further details on how the Council’s debt, asset and liability levels compared to that of other Core Cities.

In addition, responding to a further enquiry, the Board was also provided with further information on the approach being taken by the Council to monitor and minimise the cost of borrowing.

RESOLVED –

- (a) That the update on the Treasury Management borrowing and investment strategy for 2016/17, as detailed within the submitted report, be noted;
- (b) That it be noted that full Council, at its meeting on the 9th November 2016, approved the changes to the borrowing limits for 2016/17, 2017/18 and 2018/19, as detailed in section 3.2 of the submitted report, with the proposed changes to both the Operational Boundary and the Authorised limits also being noted by the Board.

107 Aireborough Leisure Centre Refurbishment

The Director of City Development and the Assistant Chief Executive (Citizens and Communities) submitted a joint report highlighting the refurbishment works proposed to be undertaken at Aireborough Leisure Centre. The report also sought the necessary authority to spend in order to carry out the proposed works, whilst the report also highlighted a proposal for Guiseley Library to relocate into Aireborough Leisure Centre, enabling the current library building to be sold and thus generating a capital receipt.

The Board welcomed the proposals detailed within the submitted report, with a Member highlighting that such a positive approach could be used as an example in respect of future community hub provision.

RESOLVED –

- (a) That the design proposals for the proposed improvement and refurbishment of Aireborough Leisure Centre, be agreed;
- (b) That the ring fencing of the capital receipt for Guiseley Library, circa £200,000, to fund the relocation of the Library and creation of a Community 'Super' Hub with café facility, be approved;
- (c) That the necessary 'authority to spend' and funding of £1.2M for the proposed improvement and refurbishment of Aireborough Leisure Centre, be approved;
- (d) That it be noted that the Chief Officer for Culture and Sport is responsible for the implementation of such matters.

COMMUNITIES

108 Investing in our Neighbourhoods - a review of the Sustainable Communities Investment Programme and the opportunities for Holbeck

The Director of Environment and Housing and the Director of City Development submitted a joint report which set out the approach that had been taken to promote regeneration in Cross Green and the Nevilles through the Sustainable Communities Investment Programme (SCIP), detailed the

impact of the investment which had been made there and which also highlighted the lessons that could be learned from an intensive and targeted approach towards neighbourhood regeneration activities. In addition, the report also outlined the work undertaken to date in Holbeck and how this could be intensified through similar interventions. Finally, the report requested an injection into the capital programme and sought related approval of expenditure.

Members welcomed the information and the proposals detailed within the submitted report, highlighting the anticipated positive impact that the approach would have in Holbeck, and how, amongst other things, it would help address the issue of fuel poverty in the area and contribute towards the Council's 'Cutting Carbon and Improving Air Quality' Breakthrough Project.

RESOLVED –

- (a) That the outcomes from SCIP, together with the lessons learned and how they could inform future regeneration across the city, be noted;
- (b) That the contribution from the Housing Revenue Account (HRA) Housing Leeds programme 2017/18 of £850.0k, be noted;
- (c) That an injection into the capital programme of £3.65m be authorised, of which £1.5m is secured funding from the Local Growth Fund, £0.2m being Energy Company contributions, £0.45m being private sector owners' contributions, with the balance of £1.5m being from the capital programme;
- (d) That expenditure of £0.85m on the Council housing group repair in Holbeck, which will address poor housing conditions and energy efficiency, be authorised;
- (e) That expenditure of £3.65m on the private sector housing group repair in Holbeck, which will address poor housing conditions and energy efficiency, be authorised;
- (f) That responsibility be delegated to the Chief Housing Officer, Housing Leeds, in order to bring forward the group repair scheme.

ENVIRONMENT AND SUSTAINABILITY

109 Air Quality and Air Quality Update

The Director of Environment and Housing submitted a report which sought approval to the revocation of the Air Quality Management Areas at Ladybeck Close, Hunslet and Queen Street, Morley. In addition, the report also sought approval to the establishment of an Order to designate the Main Street area of Pool-in-Wharfedale and the Chapel Hill area of Morley as new Air Quality Management Areas. In addition, the report also outlined the proposal to undertake a review of air quality monitoring across the city and highlighted the work which had been undertaken this year in respect of air quality.

Members noted the recent national developments which had taken place in respect of air quality, and also noted the intention to submit a further report to Executive Board in 2017.

The Board highlighted the need to work closely with DEFRA on this issue, and also acknowledged the differing methods used by DEFRA and the Council with regard to the monitoring of air quality.

Finally, it was noted that the Scrutiny Board (Environment and Housing) was undertaking an inquiry into this issue.

RESOLVED –

- (a) That the revocation of the Air Quality Management Areas at Ladybeck Close, Hunslet and Queen Street, Morley, be approved;
- (b) That the making of an Order to designate the Main Street area of Pool-in-Wharfedale and the Chapel Hill area of Morley as new Air Quality Management Areas, be approved;
- (c) That it be noted that a review in respect of air quality monitoring across the city is to be undertaken;
- (d) That the work undertaken this year on air quality, together with the timetable to report back to Executive Board in 2017, be noted.

DATE OF PUBLICATION: FRIDAY, 18TH NOVEMBER 2016

LAST DATE FOR CALL IN OF ELIGIBLE DECISIONS: 5.00 P.M., FRIDAY, 25TH NOVEMBER 2016

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Report of Head of Governance and Scrutiny Support

Report to Scrutiny Board (Adult Social Services, Public Health, NHS)

Date: 20 December 2016

Subject: Chairs Update – December 2016

Are specific electoral Wards affected? If relevant, name(s) of Ward(s):	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Are there implications for equality and diversity and cohesion and integration?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is the decision eligible for Call-In?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

1 Purpose of this report

1.1 The purpose of this report is to provide an opportunity to formally outline some of the areas of work and activity of the Chair of the Scrutiny Board since the last meeting.

2 Main issues

2.1 Invariably, scrutiny activity can often takes place outside of the formal monthly Scrutiny Board meetings. Such activity may involve a variety of activities and can involve specific activity and actions of the Chair of the Scrutiny Board.

2.2 In 2015/16, the Chair of the Scrutiny Board established a system whereby the Scrutiny Board was formally advised of the Chairs activities between the monthly meeting cycles. It is proposed to continue this method of reporting for the current municipal year, 2016/17.

2.3 The purpose of this report is, therefore, to provide an opportunity to formally update the Scrutiny Board on the Chair’s activity and actions, including any specific outcomes, since the previous meeting in June 2016. It also provides an opportunity for members of the Scrutiny Board to identify and agree any further scrutiny activity that may be necessary.

2.4 The Chair and Principal Scrutiny Adviser will provide a verbal update at the meeting, as required.

3. Recommendations

3.1 Members are asked to:

- a) Note the content of this report and the verbal update provided at the meeting.
- b) Identify any specific matters that may require further scrutiny input/ activity.

4. Background papers¹

4.1 None used

¹ The background documents listed in this section are available to download from the Council's website, unless they contain confidential or exempt information. The list of background documents does not include published works.

Report of the Head of Governance and Scrutiny Support

Report to Scrutiny Board (Adult Social Services, Public Health, NHS)

Date: 20 December 2016

Subject: Care Quality Commission (CQC) – Inspection Outcomes

Are specific electoral Wards affected? If relevant, name(s) of Ward(s):	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Are there implications for equality and diversity and cohesion and integration?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is the decision eligible for Call-In?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

1 Purpose of this report

1.1 The purpose of this report is provide members of the Scrutiny Board with details of recently reported Care Quality Commission inspection outcomes for health and social care providers across Leeds.

2 Summary of main issues

2.1 Established in 2009, the Care Quality Commission (CQC) regulates all health and social care services in England and ensures the quality and safety of care in hospitals, dentists, ambulances, and care homes, and the care given in people’s own homes. The CQC routinely inspects health and social care service providers, publishing its inspection reports, findings and judgments.

2.2 To help ensure the Scrutiny Board maintains a focus on the quality of health and social care services across the City, the purpose of this report is provide an overview of recently reported CQC inspection outcomes for health and social care providers across Leeds.

2.3 During the previous municipal year (2015/16), a system of routinely presenting and reporting CQC inspection outcomes to the Scrutiny Board was established. The processes involved continue to be developed and refined in order to help the Scrutiny Board maintain an overview of quality across local health and social care service providers.

CQC Inspection reports

- 2.4 Appendix 1 (to follow) provides a summary of the inspection outcomes across Leeds published since 1 April 2016.
- 2.5 It should be noted that the purpose of this report is only to provide a summary of inspection outcomes across health and social care providers in Leeds. As such, full inspection reports are not routinely provided as part of this report: However, these are available from the CQC website. Links to individual inspection reports are highlighted in Appendix 1.
- 2.6 It should also be noted the details presented in Appendix 1 are a statement of fact and CQC representatives are not routinely invited to attend the Scrutiny Board. Should members of the Scrutiny Board have any specific matters they wish to raise directly with the CQC, these will have to be dealt with outside of the meeting and/or at a future Scrutiny Board.

3. Recommendations

- 3.1 That the Scrutiny Board considers the details presented in this report and its appendices; and determines any further scrutiny activity and/or actions, as appropriate.

4. Background papers¹

- 4.1 None used.

¹ The background documents listed in this section are available to download from the Council's website, unless they contain confidential or exempt information. The list of background documents does not include published works.

Care Quality Commission (CQC) - Inspection Outcomes

Date	Organisation	Type of Service	Inspection report (web link)	Ward	Outcome
01-Apr-16	Danial Yorath House	Residential Care Home	http://www.cqc.org.uk/directory/1-134123755	Garforth & Swillington	Good
01-Apr-16	Woodhouse Cottage	Residential Care Home	http://www.cqc.org.uk/directory/1-130890690	Ardley & Robin Hood	Good
05-Apr-16	Tealbeck House	Residential Care Home	http://www.cqc.org.uk/location/1-126242199	Otley & Yeadon	Requires improvement
07-Apr-16	Woodview Extra Care Housing	Homecare agency	http://www.cqc.org.uk/directory/1-283352948	Cross Gates & Whinmoor	Good
08-Apr-16	Moorfield House Nursing Home	Nursing Care Home	http://www.cqc.org.uk/directory/1-304652901	Moortown	Requires improvement
08-Apr-16	Outreach Office	Homecare agency	http://www.cqc.org.uk/directory/1-224415641	Headingley	Good
12-Apr-16	The Sycamores Nursing Home	Nursing Care Home	http://www.cqc.org.uk/directory/1-127096576	Gipton & Harehills	Good
13-Apr-16	Airedale Residential Home	Residential Care Home	http://www.cqc.org.uk/directory/1-128272457	Pudsey	Good

Care Quality Commission (CQC) - Inspection Outcomes

Date	Organisation	Type of Service	Inspection report (web link)	Ward	Outcome
13-Apr-16	Cordant Care - Leeds	Homecare agency	http://www.cqc.org.uk/directory/1-2170495605	City & Hunslet	Good
15-Apr-16	Lofthouse Grange and Lodge	Residential Care Home	http://www.cqc.org.uk/directory/1-123817278	Ardsley & Robin Hood	Good
21-Apr-16	Hillcrest Residential Home	Residential Care Home	http://www.cqc.org.uk/directory/1-516775598	Armley	Good
22-Apr-16	Copper Hill Residential and Nursing Home	Nursing Care Home	http://www.cqc.org.uk/directory/1-127503516	City & Hunslet	Requires improvement
26-Apr-16	Grove Park Care Home	Nursing Care Home	http://www.cqc.org.uk/directory/1-2013878639	Chapel Allerton	Requires improvement
27-Apr-16	Creative Support - Hampton Crescent	Homecare agency	http://www.cqc.org.uk/directory/1-1072972554	Burmantofts & Richmond Hill	Good
27-Apr-16	Headingley Hall Care Home	Residential Care Home	http://www.cqc.org.uk/directory/1-119664818	Headingley	Requires improvement
29-Apr-16	Primrose Court	Residential Care Home	http://www.cqc.org.uk/directory/1-126242712	Guiseley & Rawdon	Good

Care Quality Commission (CQC) - Inspection Outcomes

Date	Organisation	Type of Service	Inspection report (web link)	Ward	Outcome
30-Apr-16	Springfield House Retirement Home	Residential Care Home	http://www.cqc.org.uk/directory/1-118805299	Morely North	Requires improvement
05-May-16	Carr Croft Care Home	Residential Care Home	http://www.cqc.org.uk/directory/1-146208801	Moortown	Good
06-May-16	Wetherby Manor	Nursing Care Home	http://www.cqc.org.uk/directory/1-663231663	Wetherby	Good
14-May-16	The Green	Residential Care Home	http://www.cqc.org.uk/directory/1-136455703	Killingbeck & Seacroft	Good
14-May-16	Real Life Options - Yorkshire	Homecare agency	http://www.cqc.org.uk/directory/1-2159639674	Beeston & Holbeck	Requires improvement
01-Jun-16	Gledhow Lodge	Residential Care Home	http://www.cqc.org.uk/directory/1-108939262	Roundhay	Good
02-Jun-16	Mears Care Limited	Homecare agency	http://www.cqc.org.uk/directory/1-2229506609	City & Hunslet	Requires improvement
04-Jun-16	Farfield Drive	Residential Care Home	http://www.cqc.org.uk/directory/1-2064565003	Calverley & Farsley	Good

Care Quality Commission (CQC) - Inspection Outcomes

Date	Organisation	Type of Service	Inspection report (web link)	Ward	Outcome
04-Jun-16	Raynel Drive	Residential Care Home	http://www.cqc.org.uk/directory/1-2064564806	Weetwood	Good
10-Jun-16	Colton Lodges Nursing Home	Nursing Care Home	http://www.cqc.org.uk/directory/1-127503501	Temple Newsam	Requires improvement
10-Jun-16	Park Avenue Care Home	Nursing Care Home	http://www.cqc.org.uk/directory/1-128272617	Roundhay	Requires improvement
10-Jun-16	Rievaulx House Care Centre	Residential Care Home	http://www.cqc.org.uk/directory/1-123208495	Farnley & Wortley	Good
10-Jun-16	Victoria Court	Homecare agency	http://www.cqc.org.uk/directory/1-793208891	Headingley	Good
11-Jun-16	Cross Heath Drive	Residential Care Home	http://www.cqc.org.uk/directory/1-2064542599	Beeston & Holbeck	Good
11-Jun-16	Mount St Joseph – Leeds	Nursing Care Home	http://www.cqc.org.uk/directory/1-131623876	Headingley	Good
14-Jun-16	Simon Marks Court	Residential Care Home	http://www.cqc.org.uk/directory/1-126242079	Farnley & Wortley	Good

Care Quality Commission (CQC) - Inspection Outcomes

Date	Organisation	Type of Service	Inspection report (web link)	Ward	Outcome
14-Jun-16	Claremont Care Home	Nursing Care Home	http://www.cqc.org.uk/directory/1-122224585	Calverley & Farsley	Requires improvement
16-Jun-16	The Gables Nursing Home	Nursing Care Home	http://www.cqc.org.uk/directory/1-120249107	Pudsey	Inadequate
16-Jun-16	Bluebird Care (Leeds North)	Homecare agency	http://www.cqc.org.uk/directory/1-280404914	Horsforth	Good
21-Jun-16	St Armands Court	Residential Care Home	http://www.cqc.org.uk/directory/1-111148838	Garforth & Swillington	Good
21-Jun-16	Green Acres Nursing Home	Nursing Care Home	http://www.cqc.org.uk/directory/1-2259160271	Burmantofts & Richmond Hill	Requires improvement
21-Jun-16	Adel Grange Residential Home	Residential Care Home	http://www.cqc.org.uk/directory/1-110993039	Adel & Wharfedale	Requires improvement
21-Jun-16	Parkside Residential Home	Residential Care Home	http://www.cqc.org.uk/directory/1-109780793	Roundhay	Requires improvement
22-Jun-16	Oak Tree Lodge	Residential Care Home	http://www.cqc.org.uk/directory/1-1477142369	Gipton & Harehills	Requires improvement

Care Quality Commission (CQC) - Inspection Outcomes

Date	Organisation	Type of Service	Inspection report (web link)	Ward	Outcome
22-Jun-16	Ashcroft House - Leeds	Residential Care Home	http://www.cqc.org.uk/directory/1-109574569	Adel & Wharfedale	Requires improvement
24-Jun-16	Seacroft Grange Care Village	Nursing Care Home	http://www.cqc.org.uk/directory/1-990605516	Killingbeck & Seacroft	Requires improvement
24-Jun-16	Bremner House	Nursing Care Home	http://www.cqc.org.uk/directory/1-128584398	Armley	Requires improvement
25-Jun-16	The Spinney Residential Home	Residential Care Home	http://www.cqc.org.uk/directory/1-112270555	Armley	Good
25-Jun-16	UBU - 67 Elland Road	Residential Care Home	http://www.cqc.org.uk/directory/1-142626153	Morely North	Good
25-Jun-16	Harewood Court Nursing Home	Nursing Care Home	http://www.cqc.org.uk/directory/1-155030449	Chapel Allerton	Requires improvement
28-Jun-16	Mineral Cottage Residential Home Limited	Residential Care Home	http://www.cqc.org.uk/directory/1-229359398	Farnley & Wortley	Good
01-Jul-16	AJ Social Care Recruitment Limited - 4225 Park Approach	Homecare agency	http://www.cqc.org.uk/directory/1-115002084	Temple Newsam	Good

Care Quality Commission (CQC) - Inspection Outcomes

Date	Organisation	Type of Service	Inspection report (web link)	Ward	Outcome
01-Jul-16	Elmwood Care Home	Nursing Care Home	http://www.cqc.org.uk/directory/1-128272518	Roundhay	Requires improvement
06-Jul-16	Southlands Nursing Home	Nursing Care Home	http://www.cqc.org.uk/directory/1-119664848	Roundhay	Requires improvement
07-Jul-16	Hillside	Homecare agency	http://www.cqc.org.uk/directory/1-2267851709	Beeston & Holbeck	Good
07-Jul-16	Comfort Call - Leeds	Homecare agency	http://www.cqc.org.uk/directory/1-1626371041	Morely North	Requires improvement
07-Jul-16	Community Integrated Care, Leeds Regional Office	Homecare agency	http://www.cqc.org.uk/directory/1-1857243215	Kirkstall	Requires improvement
08-Jul-16	Kirkside House	Residential Care Home	http://www.cqc.org.uk/directory/1-156503084	Kirkstall	Good
08-Jul-16	Middlecross	Residential Care Home	http://www.cqc.org.uk/directory/1-136455602	Armley	Good
08-Jul-16	Gledhow	Nursing Care Home	http://www.cqc.org.uk/directory/1-312270514	Roundhay	Good

Care Quality Commission (CQC) - Inspection Outcomes

Date	Organisation	Type of Service	Inspection report (web link)	Ward	Outcome
09-Jul-16	Wetherby Home Care Limited	Homecare agency	http://www.cqc.org.uk/directory/1-1551243664	Wetherby	Good
16-Jul-16	Corinthian House	Nursing Care Home	http://www.cqc.org.uk/directory/1-1494575220	Farnley & Wortley	Requires improvement
16-Jul-16	Holmfield Court	Residential Care Home	http://www.cqc.org.uk/directory/1-120101275	Roundhay	Requires improvement
16-Jul-16	SignHealth Constance Way	Homecare agency	http://www.cqc.org.uk/directory/1-118140768	Hyde Park & Woodhouse	Requires improvement
19-Jul-16	Shadwell Medical Centre	General Practice	http://www.cqc.org.uk/directory/1-582111403	Alwoodley	Requires improvement
20-Jul-16	Kestrel House	Homecare agency	http://www.cqc.org.uk/directory/1-137500639	City & Hunslet	Good
20-Jul-16	Morley Manor Residential Home	Residential Care Home	http://www.cqc.org.uk/directory/1-111200339	Morely South	Requires improvement
22-Jul-16	Sue Ryder - Wheatfields Hospice	Hospice	http://www.cqc.org.uk/directory/1-136414799	Headingley	Requires improvement

Care Quality Commission (CQC) - Inspection Outcomes

Date	Organisation	Type of Service	Inspection report (web link)	Ward	Outcome
26-Jul-16	27 Ledston Avenue	Rehabilitation - Residential Care	http://www.cqc.org.uk/directory/1-296741513	Garforth & Swillington	Good
26-Jul-16	Vive UK Social Care Limited	Residential Care Home	http://www.cqc.org.uk/directory/1-122175223	City & Hunslet	Requires improvement
27-Jul-16	Dr R D Gilmore and Partners	General Practice	http://www.cqc.org.uk/directory/1-542490411	Bramley & Stanningley	Good
29-Jul-16	Dr CA Hicks & Dr JJ McPeake	General Practice	http://www.cqc.org.uk/directory/1-552591165	Morely South	Good
30-Jul-16	Positive People Recruitment Limited	Homecare agency	http://www.cqc.org.uk/directory/1-1914211820	Farnley & Wortley	Requires improvement
02-Aug-16	Kirkstall Lane Medical Centre	General Practice	http://www.cqc.org.uk/directory/1-552846870	Headingley	Outstanding
05-Aug-16	Helping Hands North	Homecare agency	http://www.cqc.org.uk/directory/1-451430539	Garforth & Swillington	Requires improvement
05-Aug-16	Meadowbrook Manor	Residential Care Home	http://www.cqc.org.uk/directory/1-112578091	Garforth & Swillington	Requires improvement

Care Quality Commission (CQC) - Inspection Outcomes

Date	Organisation	Type of Service	Inspection report (web link)	Ward	Outcome
09-Aug-16	Aspire	Community based mental health services	http://www.cqc.org.uk/directory/1-256804055	Gipton & Harehills	Requires improvement
09-Aug-16	Prestige First Call	Homecare agency	http://www.cqc.org.uk/directory/1-1321423984	Temple Newsam	Requires improvement
10-Aug-16	Paisley Lodge	Residential Care Home	http://www.cqc.org.uk/directory/1-2583919829	Armley	Requires improvement
10-Aug-16	Acacia Court	Residential Care Home	http://www.cqc.org.uk/directory/1-123208600	Pudsey	Good
16-Aug-16	Dr A Khan and K Muneer	General Practice	http://www.cqc.org.uk/directory/1-533299035	City & Hunslet	Good
16-Aug-16	West Yorkshire	Community Services - nursing / homecare agency	http://www.cqc.org.uk/directory/1-154214570	Beeston & Holbeck	Requires improvement
16-Aug-16	The Roundhay Road Surgery	General Practice	http://www.cqc.org.uk/directory/1-541883559	Gipton & Harehills	Good

Care Quality Commission (CQC) - Inspection Outcomes

Date	Organisation	Type of Service	Inspection report (web link)	Ward	Outcome
17-Aug-16	Newton Surgery	General Practice	http://www.cqc.org.uk/directory/1-552754314	Chapel Allerton	Good
18-Aug-16	Assisi Place	Homecare agency	http://www.cqc.org.uk/directory/1-397672324	City & Hunslet	Good
19-Aug-16	Elderly Care Services	Homecare agency	http://www.cqc.org.uk/directory/1-415123704	City & Hunslet	Inadequate
24-Aug-16	Rutland Lodge Medical Practice	General Practice	http://www.cqc.org.uk/directory/1-549768513	Chapel Allerton	Good
25-Aug-16	Waterloo Manor Independent Hospital	Hospital - Mental Health	http://www.cqc.org.uk/directory/1-156620871	Garforth & Swillington	Good
30-Aug-16	Drs Ross, Mason, Champaneri, Mason, Hardaker & Limaye	General Practice	http://www.cqc.org.uk/directory/1-549674372	Pudsey	Good
02-Sep-16	Sevacare - Leeds	Homecare agency	http://www.cqc.org.uk/directory/1-2544811890	Weetwood	Requires improvement
03-Sep-16	Local Care Force	Homecare agency	http://www.cqc.org.uk/directory/1-330021774	City & Hunslet	Good

Care Quality Commission (CQC) - Inspection Outcomes

Date	Organisation	Type of Service	Inspection report (web link)	Ward	Outcome
06-Sep-16	The Wilf Ward Family Trust Domiciliary Care Leeds and Wakefield	Homecare agency	http://www.cqc.org.uk/directory/1-939874319	Garforth & Swillington	Good
07-Sep-16	Pulse - Leeds	Community Services - nursing / homecare agency	http://www.cqc.org.uk/directory/1-303216298	City & Hunslet	Good
07-Sep-16	Valeo Domiciliary Care Service	Homecare agency	http://www.cqc.org.uk/directory/1-576931725	Beeston & Holbeck	Good
08-Sep-16	Leeds Federated Housing Association	Homecare agency	http://www.cqc.org.uk/directory/1-131663345	Hyde Park & Woodhouse	Good
09-Sep-16	Owlett Hall	Nursing Care Home	http://www.cqc.org.uk/directory/1-141599363	Morely North	Inadequate
09-Sep-16	Manorfield House	Residential Care Home	http://www.cqc.org.uk/directory/1-136455588	Horsforth	Good
09-Sep-16	Reflections Community Support	Homecare agency	http://www.cqc.org.uk/directory/1-973343971	Guiseley & Rawdon	Requires improvement

Care Quality Commission (CQC) - Inspection Outcomes

Date	Organisation	Type of Service	Inspection report (web link)	Ward	Outcome
09-Sep-16	The Medical Centre	General Practice	http://www.cqc.org.uk/directory/1-573811790	Killingbeck & Seacroft	Good
09-Sep-16	The Medical Centre	General Practice	http://www.cqc.org.uk/directory/1-573811763	Burmantofts & Richmond Hill	Good
10-Sep-16	New Mabgate Centre	Homecare agency	http://www.cqc.org.uk/directory/1-341088808	Armley	Good
12-Sep-16	Gibson Lane Practice	General Practice	http://www.cqc.org.uk/directory/1-570699732	Kippax & Methly	Good
13-Sep-16	Martin House	Hospice	http://www.cqc.org.uk/directory/1-101635211	Wetherby	Good
14-Sep-16	Manston Surgery	General Practice	http://www.cqc.org.uk/directory/1-2116560070	Cross Gates & Whinmoor	Good
17-Sep-16	Rest Assured Homecare Services	Homecare agency	http://www.cqc.org.uk/directory/1-164355808	Otley & Yeadon	Requires improvement
22-Sep-16	Avanta Care Ltd	Homecare agency	http://www.cqc.org.uk/directory/1-1586299768	Horsforth	Good

Care Quality Commission (CQC) - Inspection Outcomes

Date	Organisation	Type of Service	Inspection report (web link)	Ward	Outcome
23-Sep-16	Craven Road Medical Practice	General Practice	http://www.cqc.org.uk/directory/1-547429698	Hyde Park & Woodhouse	Good
23-Sep-16	Dr RI Addlestone, Dr N Mourmouris, Dr GE Orme, Dr AM Sixsmith and Dr PK Smith	General Practice	http://www.cqc.org.uk/directory/1-552575041	Armley	Good
27-Sep-16	Armley Medical Centre	General Practice	http://www.cqc.org.uk/directory/1-554538861	Armley	Good
27-Sep-16	Chapel Allerton Hospital	Acute Hospital Trust	http://www.cqc.org.uk/directory/RR819	Chapel Allerton	Good
27-Sep-16	Leeds General Infirmary	Acute Hospital Trust	http://www.cqc.org.uk/directory/RR801	Leeds City Centre	Requires improvement
27-Sep-16	Leeds Teaching Hospitals NHS Trust	Acute Hospital Trust	http://www.cqc.org.uk/directory/RR8	Leeds City Centre	Good
27-Sep-16	St James's University Hospital	Acute Hospital Trust	http://www.cqc.org.uk/directory/RR813	Gipton & Harehills	Requires improvement

Care Quality Commission (CQC) - Inspection Outcomes

Date	Organisation	Type of Service	Inspection report (web link)	Ward	Outcome
27-Sep-16	Wharfedale Hospital	Acute Hospital Trust	http://www.cqc.org.uk/directory/RR807	Otley & Yeadon	Good
28-Sep-16	Chapelton Family Surgery	General Practice	http://www.cqc.org.uk/directory/1-544269716	Chapel Allerton	Good
28-Sep-16	Manor House Residential Home	Residential Care Home	http://www.cqc.org.uk/location/1-126691746	Farnley & Wortley	Requires improvement
28-Sep-16	Woodhouse Medical Practice	General Practice	http://www.cqc.org.uk/directory/1-559425153	Hyde Park & Woodhouse	Good
29-Sep-16	BPAS - Leeds	Clinic	http://www.cqc.org.uk/location/1-129168570	City & Hunslet	Not formally rated
29-Sep-16	Woodhouse Hall	Residential Care Home	http://www.cqc.org.uk/location/1-130890705	Ardsley & Robin Hood	Requires improvement
01-Oct-16	St Gemma's Hospice - Leeds	Hospice	http://www.cqc.org.uk/location/1-109728988	Moortown	Outstanding
04-Oct-16	Otley Dental Care	Dentist	http://www.cqc.org.uk/directory/1-194252044	Otley & Yeadon	Not formally rated

Care Quality Commission (CQC) - Inspection Outcomes

Date	Organisation	Type of Service	Inspection report (web link)	Ward	Outcome
07-Oct-16	Dr F Gupta's Practice	General Practice	http://www.cqc.org.uk/directory/1-559493188	Morley North	Good
07-Oct-16	Fieldhead Surgery	General Practice	http://www.cqc.org.uk/directory/1-547501963	Horsforth	Good
10-Oct-16	Leeds Student Medical Practice	General Practice	http://www.cqc.org.uk/directory/1-541964802	Hyde Park & Woodhouse	Outstanding
12-Oct-16	Moorleigh Nursing Home	Nursing Care Home	http://www.cqc.org.uk/directory/1-120251458	Kippax & Methly	Requires improvement
15-Oct-16	Affinity Trust - Domiciliary Care Agency - North	Homecare agency	http://www.cqc.org.uk/directory/1-120590481	Beeston & Holbeck	Good
15-Oct-16	Allied Healthcare Leeds	Homecare agency	http://www.cqc.org.uk/directory/1-557596500	Cross Gates & Whinmoor	Requires improvement
18-Oct-16	Rani Care C.I.C.	Homecare agency	http://www.cqc.org.uk/directory/1-780475340	Roundhay	Good
18-Oct-16	Roche Caring Solutions	Homecare agency	http://www.cqc.org.uk/directory/1-119643355	Beeston & Holbeck	Requires improvement

Care Quality Commission (CQC) - Inspection Outcomes

Date	Organisation	Type of Service	Inspection report (web link)	Ward	Outcome
19-Oct-16	Manor Square Dental Practice	Dentist	http://www.cqc.org.uk/directory/1-211556350	Otley & Yeadon	Not formally rated
20-Oct-16	East Park Medical Centre	General Practice	http://www.cqc.org.uk/directory/1-557761878	Burmantofts & Richmond Hill	Inadequate
20-Oct-16	High Ash Dental Practice	Dentist	http://www.cqc.org.uk/directory/1-188934266	Harewood	Not formally rated
22-Oct-16	Ashlands	Nursing Care Home	http://www.cqc.org.uk/directory/1-119643340	Kippax & Methly	Inadequate
25-Oct-16	Springfield Home Care Services Limited	Homecare agency	http://www.cqc.org.uk/location/1-156230692	Garforth & Swillington	Requires improvement
26-Oct-16	Donisthorpe Hall	Residential Care Home	http://www.cqc.org.uk/location/1-114958058	Moortown	Inadequate
28-Oct-16	Ghyll Royd Nursing Home	Nursing Care Home	http://www.cqc.org.uk/location/1-113524085	Guiseley & Rawdon	Requires improvement
29-Oct-16	Caring Hearts and Hands	Homecare agency	http://www.cqc.org.uk/location/1-422009787	Horsforth	Requires improvement

Care Quality Commission (CQC) - Inspection Outcomes

Date	Organisation	Type of Service	Inspection report (web link)	Ward	Outcome
29-Oct-16	Express Healthcare UK Limited Domiciliary Care Agency	Homecare agency	http://www.cqc.org.uk/location/1-1172120629	Gipton & Harehills	Requires improvement
29-Oct-16	Southlands Care Home	Nursing Care Home	http://www.cqc.org.uk/location/1-119664848	Roundhay	Requires improvement
29-Oct-16	Southlands Nursing Home	Nursing Home	http://www.cqc.org.uk/location/1-119664848	Roundhay	Requires improvement
02-Nov-16	Hillfoot Surgery	General Practice	http://www.cqc.org.uk/location/1-547843143	Calverley & Farsley	Good
03-Nov-16	Cedars Care Home	Residential Care Home	http://www.cqc.org.uk/location/1-120284958	Kippax & Methly	Good
03-Nov-16	Radis Community Care (Leeds)	Homecare agency	http://www.cqc.org.uk/location/1-403115252	Morley South	Requires improvement
04-Nov-16	Lee Beck Mount	Residential Care Home	http://www.cqc.org.uk/location/1-123610238	Ardsley & Robin Hood	Requires improvement

Care Quality Commission (CQC) - Inspection Outcomes

Date	Organisation	Type of Service	Inspection report (web link)	Ward	Outcome
10-Nov-16	All Seasons	Homecare agency	http://www.cqc.org.uk/location/1-820131546	Garforth & Swillington	Requires improvement
10-Nov-16	United Response - 2a St Alban's Close	Residential Care Home	http://www.cqc.org.uk/location/1-123018728	Burmantofts & Richmond Hill	Good
12-Nov-16	Mears Homecare Limited - Leeds DCA	Homecare agency	http://www.cqc.org.uk/location/1-140963566	Burmantofts & Richmond Hill	Good
14-Nov-16	Dr ASA Robinson and Partners	General Practice	http://www.cqc.org.uk/location/1-672024224	Farnley & Wortley	Good
14-Nov-16	Quarry House Dental Practice	Dentist	http://www.cqc.org.uk/location/1-2562120781	City & Hunslet	Not formally rated
15-Nov-16	Leigh View Medical Practice	General Practice	http://www.cqc.org.uk/directory/1-575614656	Ardsley & Robin Hood	Good
15-Nov-16	The Dekeyser Group Practice	General Practice	http://www.cqc.org.uk/directory/1-542888227	Morley South	Good
18-Nov-16	Leeds and York Partnership NHS Foundation Trust	Acute Hospital Trust	http://www.cqc.org.uk/directory/RGD	Garforth & Swillington	Requires improvement

Care Quality Commission (CQC) - Inspection Outcomes

Date	Organisation	Type of Service	Inspection report (web link)	Ward	Outcome
18-Nov-16	St Mary's Hospital	Acute Hospital Trust	http://www.cqc.org.uk/directory/RGD17	Armley	Requires improvement
23-Nov-16	Morley Health Centre Surgery	General Practice	http://www.cqc.org.uk/location/1-2410728461	Morley South	Good
23-Nov-16	Woodleigh Care	Homecare agency	http://www.cqc.org.uk/location/1-527967595	Guiseley & Rawdon	Good
24-Nov-16	The Gables Surgery	General Practice	http://www.cqc.org.uk/location/1-584836167	Pudsey	Good
30-Nov-16	St Anne's Community Services - Croft House	Residential Care Home	http://www.cqc.org.uk/location/1-121773394	Horsforth	Good
30-Nov-16	Chelwood Dental Practice	Dentist	http://www.cqc.org.uk/location/1-219653761	Moortown	Not formally rated
30-Nov-16	High Field Surgery	General Practice	http://www.cqc.org.uk/location/1-545322613	Adel & Wharfedale	Good
01-Dec-16	Mydentist - Windsor Court	Dentist	http://www.cqc.org.uk/location/1-206165219	Morley South	Not formally rated

Care Quality Commission (CQC) - Inspection Outcomes

Date	Organisation	Type of Service	Inspection report (web link)	Ward	Outcome
02-Dec-16	The Gables Nursing Home	Nursing Home	http://www.cqc.org.uk/location/1-120249107	Pudsey	Requires improvement
02-Dec-16	Teeth	Dentist	http://www.cqc.org.uk/location/1-211331028	Roundhay	Not formally rated
03-Dec-16	Hillside House	Residential Care Home	http://www.cqc.org.uk/location/1-2242192562	Headingley	Good
03-Dec-16	Carlton House	Residential Care Home	http://www.cqc.org.uk/location/1-130890582	Ardsley & Robin Hood	Good

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Report author: Steven Courtney

Tel: 0113 247 4707

Report of the Head of Governance and Scrutiny Support

Report to Scrutiny Board (Adult Social Services, Public Health, NHS)

Date: 20 December 2016

Subject: Scrutiny Board Inquiries – recommendation tracking

Are specific electoral Wards affected? If relevant, name(s) of Ward(s):	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Are there implications for equality and diversity and cohesion and integration?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is the decision eligible for Call-In?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

1 Purpose of this report

1.1 The purpose of this report is to present responses / progress against the Scrutiny Board recommendations identified in the scrutiny inquiries into Cancer Waiting Times in Leeds and Bereavement.

2 Background information

2.1 In 2015/16, the Scrutiny Board undertook inquiries into (i) Cancer Waiting Times in Leeds; and (2) Bereavement. The final report and recommendations for each inquiry area were agreed in May 2016, with relevant organisations subsequently invited to respond to the recommendations.

2.2 A summary of the desired outcomes and associated recommendations for each inquiry is presented at Appendix 1. The Scrutiny Board received initial responses to its reports and recommendations in July 2016.

3 Response to the recommendations

3.1 The progress update in response to the inquiry around Bereavements is attached at Appendix 2.

3.2 Details relating to the recommendations around Cancer Waiting Times will be provided in advance of the meeting.

3.3 The Scrutiny Board is asked to consider the updates provided and determine any further scrutiny actions or activity that may be required.

4 Recommendations

4.1 That the Scrutiny Board (Adult Social Services, Public Health, NHS) considers the progress updates provided and determines any further scrutiny actions or activity that may be required.

5 Background documents¹

None

¹ The background documents listed in this section are available to download from the Council's website, unless they contain confidential or exempt information. The list of background documents does not include published works.

Summary of desired outcomes and recommendations: Bereavement – policies and practices

Desired Outcome – Ensure Leeds Teaching Hospital’s NHS Trust policy reviews are well planned, adequately resourced and managed, with appropriate progress monitoring and reporting

Recommendation 1:

- (a) That, when undertaking future policy reviews, Leeds Teaching Hospitals NHS Trust clearly sets out a proposed forward plan, with key milestones and timescales.
- (b) That, when establishing the forward plan (referred to in (a) above), that Leeds Teaching Hospitals NHS Trust keeps progress under review and reports any anticipated and/or unexpected delays.

Desired Outcome – Ensure matters of ‘best practice’ highlighted in this report are reflected in Leeds Teaching Hospital’s NHS Trust relevant policies and practices.

Recommendation 2:

- (a) That, by September 2016, Leeds Teaching Hospitals NHS Trust reviews and compares its current process and procedures for the timely release of the deceased, with those adopted and implemented by the Heart of England NHS Foundation Trust.
- (b) That, Leeds Teaching Hospitals NHS Trust reports the outcome of its review to the Scrutiny Board by November 2016.

Desired Outcome – Greater awareness and understanding of matters highlighted in this report across various stakeholder groups.

Recommendation 3: That, Leeds Teaching Hospitals NHS Trust considers extending invitations to its briefing sessions to key members of the wider community and outside the organisation, in order to help embed a shared understanding of the issues and processes associated with the timely release of deceased relatives.

Desired Outcome – Ensuring that the out of hours pathology service both reflects and meets the needs of Leeds’ diverse communities.

Recommendation 4:

- (a) That, by December 2016, Leeds Teaching Hospitals NHS Trust reviews its arrangements for providing out of hours pathology services and considers the potential for providing such services in partnership with neighbouring acute hospital trusts.
- (b) That, by December 2016, Leeds Teaching Hospitals NHS Trust explore the potential options for offering routine access to non-invasive post mortems to all families (where appropriate), and undertake an appropriate cost benefit analysis of such options.

Desired Outcome – Greater awareness and understanding of matters highlighted in this report across the membership of Leeds' Faiths Forum.

Recommendation 5: That by September 2016, the issues and matters highlighted in this report are brought to the attention and discussed through Leeds' Faiths Forum to share any learning and experiences in respect of the timely release of the deceased, for the purpose of burial.

Desired Outcome – Ensure that matters highlighted in this report are reflected in both the consultation response and implementation of any future Medical Examiners service, regardless of the geographic footprint.

Recommendation 6

- (a) That by 10 June 2016, when formally responding¹ to the Department of Health consultation on the implementation of Independent Medical Examiners, the responsible Director from Leeds City Council reflects relevant issues highlighted in this report;
- (b) That, at an appropriate time, the responsible Director from Leeds City Council reflects relevant issues highlighted in this report as part of the future implementation of the Medical Examiners service, regardless of the geographic footprint.
- (c) That, regardless of the geographic footprint, the responsible Director from Leeds City Council keeps the Scrutiny Board informed of any issues associated with the future implementation of the Medical Examiners service, and, as a minimum, from September 2016 provides a 6-monthly progress report for the Scrutiny Board.

¹The response might be an individual response on behalf of Leeds City Council, or part of joint response on behalf of two

Desired Outcome – Ensure that consideration is given to relevant matters highlighted in this inquiry that specifically relate to the provision of Out of Hours primary care services.

Recommendation 7: That during the course of the 2016/17 municipal year, the Scrutiny Board (Adult Social Services, Public Health, NHS) discuss current and future arrangements for the provision of Out of Hours primary care services, specifically as they relate to death certification.

Summary of desired outcomes and recommendations: Cancer Waiting Times in Leeds

Desired Outcome – The interests of patients and their families remain paramount in the commissioning and delivery of services.

Recommendation 1: That all organisations involved in the commissioning and delivery of services for the diagnosis and treatment of cancer, from across West Yorkshire, continue to work collaboratively for the benefit of patients and that organisational impacts are secondary considerations.

Desired Outcome – Ensuring cancer services remain a priority for the Scrutiny Board in 2016/17.

Recommendation 2: That commencing in the new municipal year (2016/17), the Scrutiny Board (Adult Social Services, Public Health, NHS) considers the format of future assurance on the progress associated with the early diagnosis and treatment of cancer, alongside the frequency it wishes to seek such assurance.

Desired Outcome – The work of the West Yorkshire Association of Acute Trusts achieves real patient benefits and remains open and transparent.

Recommendation 3: That by December 2016, the Chair of the West Yorkshire Association of Acute Trusts provides a further report on the achievements to date and future plans of the association.

Desired Outcome – Eradicating inequalities of access to cancer services across Leeds' health and social care economy, while tailoring services to meet local needs.

Recommendation 4: That in developing the Leeds Cancer Strategy, due consideration is given to ensuring there is a balance between providing a 'core offer' for all patients from across the City, while recognising and addressing the identified and known aspects of health inequalities across different parts of Leeds and its communities.

Desired Outcome – Greater collaboration across Leeds' health and social care economy in order to provide improved levels of patient experience data, specifically in relation to cancer services.

Recommendation 5: That by September 2016, HealthWatch Leeds, in consultation with the Director of Public Health, assesses the current level of patient experience data it holds specifically in relation to the prevention, early diagnosis and treatment of cancer, and considers its potential future role in collating such data on behalf of partners across the Leeds' health and social care economy landscape.

Desired Outcome – More effective planning and transparent decision-making, with improved and relevant patient and public involvement in the development of services.

Recommendation 6: That by December 2016, the Chair of the Leeds Cancer Strategy Group reviews its currently proposed membership to ensure this includes:

- (a) Appropriate patient and public representation; and,
- (b) Appropriate representation to reflect the diverse communities within Leeds, particularly in those areas where specific health inequalities are known to exist.

Recommendation 7: That by July 2016, the Chair of the Leeds Cancer Strategy Group reports back to the Scrutiny Board regarding the timescales associated with developing and agreeing an overall Leeds Cancer Strategy, improvement plan and associated key performance indicators, including details of where the strategy and improvement plan will be presented and agreed.

Recommendation 8: That by July 2016, and as part of the process for developing and agreeing an overall Leeds Cancer Strategy and improvement plan, the Chair of the Leeds Cancer Strategy Group:

- (a) Recognises the duty on NHS commissioners and providers to effectively involve and engage patients and the public, setting out plans for public and patient engagement and involvement.
- (b) Sets out proposals and timescales for engaging with the appropriate Overview and Scrutiny bodies.

Recommendation 9: That by September 2016, Leeds Clinical Commissioning Groups provide a joint report on the commissioning priorities and intentions for 2016/17, specifically identifying any proposed cancer prevention and early intervention initiatives, including associated timescales and budget allocations.

**Leeds Teaching Hospitals NHS Trust (LTHT)
Response to Leeds City Council Scrutiny Board and update on bereavement
services within LTHT**

In May 2016 a report was produced by the LCC Scrutiny Board (Adult Social Services, Public Health, NHS). This report listed a number of desired outcomes and recommendations for LTHT aimed at improving the experience of bereaved families seeking the timely release of deceased relatives for cultural reasons.

The LTHT response to each recommendation is set out below and this preface aims to update the Scrutiny Board on other on-going improvements affecting those who are bereaved following a death in hospital.

Access to bereavement support:

LTHT recognises the significant and long term impact that bereavement can have on families and although the Trust is not commissioned to provide on-going bereavement support it is recognised that this is an important area where there are opportunities for several organisations to work collaboratively and improve care. Significant improvements in this area recently include:

- The LTHT Bereavement Services team has developed closer links with the Leeds Bereavement Forum and other community organisations to improve signposting for the bereaved who are seeking support after death.
- Funding has been allocated within LTHT to enable the creation of a Clinical Nurse Specialist post for a bereavement worker to support families after the death of an adult and to develop education for employees within the Trust.
- Local charity 'Elliot's Footprint' has agreed to fund a post for a bereavement worker within Leeds Children's Hospital to support parents after death. The funding is initially for a two year period.

Improved information and communication

A common theme which relatives cite as being important following bereavement is having access to up to date and relevant information about what actions they need to take next. Relatives are also concerned at this difficult time about being able to have answers to questions about the care and treatment that was received by the deceased during their hospital admission. LTHT continues to make improvements in this area including:

- Developing a new external webpage which is in the process of being populated with practical information for relatives following the death of a loved one as well as information about how to access bereavement support. Links will be provided to the LCC bereavement services website and the Leeds Bereavement Forum.
- In partnership with the Patient Advice and Liaison Service (PALS), an information resource has been created to support families experiencing bereavement who wish to raise a concern about their relatives care whilst in hospital. This resource will be available in a number of different languages.

- An information resource is being created for those relatives who require timely release of a deceased relative for cultural reasons. The leaflet will set out the process which LTHT follows, the legal requirements and what the Trust and Coronial services can offer to support relatives. This resource will be available in a number of different languages and is anticipated to be completed February 2017.

General service improvements

- The Trust has worked with the Leeds City Council registrars recently to increase the number of appointments available at St James's University Hospital for registration of death. This means the medical certificate of cause of death can be collected and the death registered at one visit at one location. Having registrars co-located in the hospital with the Bereavement Services team is a resource that is extremely popular with bereaved relatives and something the Trust would be keen to further develop this through discussions with the Council.
- LTHT has entered into a contract with Co-op Funeralcare to provide funeral services, when responsibility for arranging a funeral following a death falls to the Trust. The contract, in place since July 2016, has resulted in improvements in quality and service. These improvements include greater choice with regards to location of funeral; greater opportunity for families to have direct input on the format of the funeral and accoutrements; and greater sensitivity in caring for neonates, babies, small children and stillbirths.
- The Bereavement Services team continues to provide training and updates to clinical groups of all levels around Care after Death and Bereavement. Training includes raising awareness of cultural needs and the importance of early release of the deceased for some families.
- The LTHT Bereavement Services team is planning to apply for charitable funding to make physical improvements to the public areas of the bereavement suite at St James's University Hospital.

The Trust recognises there are plans for national reforms to death certification and to introduce a Medical Examiner process. It is anticipated that these reforms will have a significant impact on the bereavement pathway, including bereaved relatives. The Trust responded to the recent Department of Health consultation on the topic and is in communication with Sheffield Teaching Hospitals NHS Foundation Trust, where a pilot has been held, to better understand what impacts the reforms may have. It is clear successful implementation will require close liaison between LCC and LTHT to ensure impact of staff and families is minimised as much as possible.

LTHT
December 2016

Leeds City Council Scrutiny Board recommendations	Leeds Teaching Hospitals NHS Trust response
<p><u>Recommendation 1a:</u> That, when undertaking future policy reviews, Leeds Teaching Hospitals NHS Trust clearly sets out a proposed forward plan, with key milestones and timescales.</p>	<ul style="list-style-type: none"> • LTHT fully accepts this recommendation.
<p><u>Recommendation 1b:</u> That, when establishing the forward plan (referred to in (a) above), that Leeds Teaching Hospitals NHS Trust keeps progress under review and reports any anticipated and/or unexpected delays.</p>	<ul style="list-style-type: none"> • LTHT fully accepts this recommendation.
<p><u>Recommendation 2a:</u> That, by September 2016, Leeds Teaching Hospitals NHS Trust reviews and compares its current process and procedures for the timely release of the deceased, with those adopted and implemented by the Heart of England NHS Foundation Trust (HOEFT).</p>	<ul style="list-style-type: none"> • LTHT has been in contact with the HOEFT and has reviewed the process and procedures of both Trusts. Additionally, processes from other Trusts have been reviewed. This action has been completed.
<p><u>Recommendation 2b:</u> That, Leeds Teaching Hospitals NHS Trust reports the outcome of its review to the Scrutiny Board by November 2016.</p>	<ul style="list-style-type: none"> • The review conducted by LTHT has identified that the difference between the Trust and the HOEFT in relation to the pathway for release of the deceased is that LTHT require sight of the 'certificate for burial/cremation' (commonly and herein referred to as the 'green form') before the release of a deceased person from one of its mortuaries; HOEFT do not. The 'green form' can only be issued by a registrar of

deaths or nominated deputy. This is the only identified difference in processes between the two Trusts.

- From a review of processes undertaken in other Trusts selected for comparison which include Calderdale and Huddersfield NHS Foundation Trust, Mid Yorkshire NHS Trust and Sheffield Teaching Hospitals NHS Foundation Trust amongst others it was clear that there were Trusts who retained the green form in their practices and those who did not. It was also evident that there was no clear majority of Trusts that worked one-way or the other.
- There is currently no national standard or definitive guidance for hospital Trusts around use of the green form.
- Serious consideration has been given to removal of the green form from Trust agreed processes. The Trust's position is that the green form provides a level of assurance that a medical certificate of cause of death (MCCD) has been accepted and reduces the risk of an MCCD being rejected after burial by the registrar of deaths. The Trust considers that removal of the green form would not significantly contribute to improving time to release the deceased and additionally is concerned that removal would increase the level of risk as above. It is also recognised that timescales for the introduction of the Medical Examiner process nationally remain unclear. This inevitably will require reassessment of Trust processes at the point of introduction and is likely to be a significant risk to achieving timely release of deceased persons in the future.
- LTHT has introduced an improved monitoring process so that the release process can be effectively analysed to assess where main

	delays occur in the pathway.
<p><u>Recommendation 3:</u> That, Leeds Teaching Hospitals NHS Trust considers extending invitations to its briefing sessions to key members of the wider community and outside the organisation, in order to help embed a shared understanding of the issues and processes associated with the timely release of deceased relatives.</p>	<ul style="list-style-type: none"> The Patient Experience Team has undertaken to develop relationships with the communities of Leeds to support understanding of bereavement processes and to hear about peoples experiences. Additionally, the Patient Advice and Liaison Services are actively delivering a community outreach programme and alongside this will work with the Trust bereavement services to identify opportunities for engagement between the Trust and the bereaved. Through this it is hoped that opportunities will become available for community representatives to visit the Trust, share their stories and assist in improving bereavement services.
<p><u>Recommendation 4a:</u> That, by December 2016, Leeds Teaching Hospitals NHS Trust reviews its arrangements for providing out of hours pathology services and considers the potential for providing such services in partnership with neighbouring acute hospital trusts.</p>	<ul style="list-style-type: none"> LTHT has reviewed its arrangements and is not currently in a position to provide an out of hours pathology service - this is limited by cost, the availability of pathologists and the availability of technical and support staff. It is not anticipated that this position will change in the near future.
<p><u>Recommendation 4b:</u> That, by December 2016, Leeds Teaching Hospitals NHS Trust explore the potential options for offering routine access to non-invasive post mortems to all families (where appropriate), and undertake an appropriate cost benefit analysis of such options.</p>	<ul style="list-style-type: none"> Post mortem examinations fall into two main categories; those ordered by HM Coroner and those requested by the hospital with appropriate consent. In the case of post mortems ordered by HM Coroner, it is for the

Coroner to decide if a non-invasive post mortem examination is acceptable or not. This is not a decision in which the Trust has input or authority and would be solely a matter for HM Coroner.

- In the case of post mortems requested by the hospital with appropriate consent, LTHT would not exclude the option of a non-invasive examination if this was requested by those giving the consent for the examination. This service is currently provided by a private company using a scanner based at the Bradford Public Mortuary. Use of this facility would incur a cost for the examination and also for the transfer of the deceased person from the hospital mortuary to the Bradford Public Mortuary and back. LTHT is not currently in a position to cover this cost.

Report of Head of Governance and Scrutiny Support

Report to Scrutiny Board (Adult Social Services, Public Health, NHS)

Date: 20 December 2016

Subject: Provision of pre-exposure prophylaxis (PrEP) – update

Are specific electoral Wards affected? If relevant, name(s) of Ward(s):	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Are there implications for equality and diversity and cohesion and integration?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is the decision eligible for Call-In?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

1 Purpose of this report

1.1 The purpose of this report is to formally update the Scrutiny Board on NHS England’s announcement to fund an extension to the national HIV prevention programme led by Public Health England.

2 Main issues

2.1 Earlier in the municipal year, the Scrutiny Board agreed to consider proposed changes to the provision of anti-retroviral drugs for the prevention of HIV, known as pre-exposure prophylaxis (PrEP) – with NHS England stating it was not responsible for commissioning/funding the treatment.

2.2 NHS England previously announced that Local Authorities should fund PrEP, as the responsibility for preventative health lies with them through local Public Health teams.

2.3 Subsequently, NHS England lost its appeal over a High Court ruling that it has the legal power to commission PrEP, with NHS England then confirming it had the ability but not the obligation to commission the treatment. The High Court advised NHS England it could fund the treatment because it was inaccurate to classify PrEP as preventative, given it acts in the body to treat infection.

2.4 Earlier in December 2016, NHS England announced that it would fund a major extension to the national HIV prevention programme, led by Public Health England.

- 2.5 This new joint HIV initiative between NHS England and Public Health England will start its first phase of implementation by launching a large scale clinical trial in early financial year 2017/18. This trial will answer any outstanding implementation questions highlighted by Public Health in regards to using PrEP on substantial scale in England.
- 2.6 A briefing note produced by NHS England is appended with this report for information. These details have been forwarded to the Director of Public Health who has been requested to provide details of any specific implications for Leeds, which will be reported to the Scrutiny Board in due course.

3 Recommendations

- 3.1 Members are asked to consider the information provided and determine any further Scrutiny activity that may be required.

4 Background papers ¹

None

¹ The background documents listed in this section are available to download from the Council's website, unless they contain confidential or exempt information. The list of background documents does not include published works.



NHS England announces major extension of national HIV prevention programme with Public Health England and funding for ten new specialised treatments

4 December 2016

NHS England will fund a major extension to the national HIV prevention programme led by [Public Health England](#) with the aim of supporting those most at risk and reducing the incidence of HIV infection.

It has also decided to routinely commission ten new specialised treatments as part of the annual prioritisation process for specialised treatments.

The new HIV initiative is joint between NHS England and Public Health England, and follows the recent Court of Appeal ruling that NHS England, alongside local authorities, has the power, although not the obligation, to fund the provision of anti-retroviral drugs for the prevention of HIV, known as pre-exposure prophylaxis (PrEP).

The first phase of implementation will be the launch of a large scale clinical trial in early financial year 2017/18. Although the evidence around the clinical effectiveness of PrEP is strong, advice from Public Health England has highlighted significant outstanding implementation questions that should be answered prior to using PrEP in a sustained way on a substantial scale in England. These questions will be answered by the clinical trial, paving the way for full rollout.

It is anticipated that the clinical trial phase will include at least 10,000 participants over the next three years. NHS England will fully fund the cost of the clinical trial phase and will work in partnership with local authorities, the Local Government Association and Public Health England to implement the findings as part of a wider national rollout.

Detailed planning will now take place to ensure the launch and the clinical trial phase can begin as swiftly as possible. Up to £10 million will be made available over the next three years to fund all aspects of the trial. Next steps will include asking both the manufacturer of the branded PrEP drug Truvada, as well as generic manufacturers to make proposals to participate in the trial.



Dr Jonathan Fielden, Director of Specialised Commissioning and Deputy National Medical Director, NHS England said: “We’re pleased to be able to announce funding not only for ten new specialised treatments but also a new ground breaking national programme for PrEP that will benefit at least 10,000 people.

“This has, in part, been made possible by the willingness of many pharmaceutical and device companies to come forward with lower and more responsible prices. Continuing this constructive joint working will enable us to fund more new drugs and treatments in the future.

“We have however, had to make some tough decisions over what we are not able to fund at this point in time within the resources we have available. We will ensure those treatments have the opportunity to be considered as part of the next annual prioritisation round in spring 2017.”

Professor Kevin Fenton, Director of Health and Wellbeing at Public Health England said: “Currently 13,500 people are living in the UK with undiagnosed HIV and we are still seeing around 5,000 new infections each year. Given we are in the fourth decade of this epidemic there are too many new infections occurring, and we need to use all tools available to save lives and money. We’re delighted to be working in partnership with NHS England on this major new addition to the national HIV prevention programme. This comes after much planning and preparation to ensure we can successfully coordinate this extremely important and large scale clinical trial.

“We encourage all those who may be at risk of HIV to ensure they get tested and we are again working with local authorities to fund the HIV home-sampling test kit as well as issuing [joint guidance for the first time with NICE](#), which supports increased uptake of HIV testing.”

Cllr Izzi Seccombe, Chairman of the Local Government Association’s Community Wellbeing Board, said: “We are pleased that NHS England has acted quickly and chosen to fund the commissioning of this trial and rollout of PrEP. We now want to stand united with the NHS to defeat the spread of HIV.

“PrEP is a ground-breaking method of treatment that has the potential to save lives and councils want to work with the NHS to help roll out the trial.



“Local authorities have invested millions in providing sexual health services since taking over responsibility for public health three years ago, and we firmly believe that PrEP could significantly reduce levels of HIV in the community.”

Dr Ian Williams, Senior Lecturer and Hon Consultant Physician, Central and North West London NHS Foundation Trust and Chair of NHS England’s Clinical Reference group for HIV said:

“This announcement demonstrates NHS England’s commitment to fund PrEP and provides the chance to best prepare England for optimal roll out following this large scale clinical trial. For now, the trial will provide access to PrEP for thousands of people most at risk of acquiring HIV.

“I’m delighted that the work of many people from the HIV Clinical Reference Group, including clinicians and patient advocates, is providing the foundations for this trial. Now we look ahead to working with partners in PHE, the voluntary sector and local government to get the trial underway across England, helping us to better understand how to integrate PrEP as part of comprehensive HIV prevention service aimed at preventing transmission of HIV and other STIs.”

The decision to routinely commission ten new specialised treatments is based on advice from NHS England’s clinical priorities advisory group which assessed the relative priority of investing in a new range of specialised treatments and interventions. This took into account revised prices submitted by some manufacturers since provisional investment decision were published in July.

The list of treatments that will now be routinely commissioned are below:

- Pegvisomant for acromegaly as a third-line treatment for adults
- Auditory brainstem implants for congenital abnormalities of the auditory nerves or cochleae
- Haematopoietic stem cell transplant : Lymphoplasmacytic lymphoma /Waldenstrom’s Macroglobulinaemia (adults)
- Everolimus for subependymal giant cell astrocytoma (SEGA) associated with tuberous sclerosis complex
- Rituximab for immunoglobulin-G4 related disease (IgG4-RD)
- Microprocessor controlled prosthetic knees
- Tolvaptan for hyponatraemia secondary to the Syndrome of Inappropriate Antidiuretic Hormone (SIADH) for patients who require cancer chemotherapy
- Ivacaftor for children (2-5 years) with cystic fibrosis (named mutations)



- Sodium oxybate for symptom control for narcolepsy with cataplexy (children)
- Pasireotide for Cushing's Disease

Both the decision to fund a new national HIV prevention programme and to routinely commission the ten new treatments follow consideration by NHS England's Specialised Services Commissioning Committee.

Further information

The PrEP clinical trial will answer questions raised by Public Health England about six key outstanding questions:

1. What proportion of genitourinary medicine (GUM) clinic attendees will be assessed as eligible for PrEP?
 2. How to identify, engage and maintain other eligible PrEP users?
 3. What proportions of the eligible will accept PrEP and will choose daily or intermittent dosing?
 4. For how long will those beginning at high risk stay on PrEP?
 5. What impact will PrEP have on HIV incidence?
 6. What impact will PrEP have on STI incidence?
- Public Health England and NICE have also announced the rollout of [new guidance](#) to increase the uptake of HIV testing
 - Public Health England has been working closely with [St Stephen's AIDS Trust](#) in developing the trial proposal
 - The three proposals with the lowest cost/benefit priority are not currently affordable and will not be routinely commissioned at this time. These policies will have the opportunity to be considered again next year in the relative prioritisation process in spring 2017. The list of proposals not funded as part of this year's prioritisation are as follows:
 - Eculizumab for treatment of recurrent C3 glomerulopathy post-kidney transplant
 - Riociguat for pulmonary arterial hypertension
 - Second allogeneic haematopoietic stem cell transplant for relapsed disease (all ages)

For more information call the NHS England press office on 0113 825 0958. For interviews please call Public Health England 0207 654 8400.



Report author: Steven Courtney
Tel: (0113) 247 4707

Report of the Head of Governance and Scrutiny Support

Report to Scrutiny Board (Adult Social Services, Public Health, NHS)

Date: 20 December 2016

Subject: Draft West Yorkshire and Harrogate Sustainability and Transformation Plan: The Leeds Plan

Are specific electoral Wards affected? If relevant, name(s) of Ward(s):	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Are there implications for equality and diversity and cohesion and integration?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is the decision eligible for Call-In?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Summary of main issues

1. The requirements for local NHS commissioning organisations to develop and submit place-based local Sustainability and Transformation Plans, alongside the engagement with key stakeholders and the public, have been the subject of ongoing discussions and consideration.
2. The Draft West Yorkshire and Harrogate Sustainability and Transformation Plan (STP) was submitted to NHS England on 21 October 2016. The draft plan, alongside a public summary for consultation, was subsequently published on 10 November 2016.
3. As previously reported to the Scrutiny Board, the draft West Yorkshire and Harrogate STP was submitted to the West Yorkshire Joint Health Overview and Scrutiny Committee at its meeting on 18 November 2016. A copy of the minutes of that meeting are attached at Appendix 1.
4. Also appended to this report is the draft West Yorkshire and Harrogate SPT. Included in this is the 'Leeds Plan' – one of six place-based plans that contribute to the overall draft STP.
5. Following discussions at the previous Scrutiny Board meeting in November 2016, the Chair of the Board wrote to key stakeholders expressing the Board's desire to give greater consideration to the 'Leeds Plan' as part of the overall West Yorkshire and Harrogate SPT. The Chair set out the intention to include this as part of the discussion for the Board's December meeting.

6. Appropriate representatives have been invited to the meeting to discuss the details of the 'Leeds Plan' as part of the overall draft West Yorkshire and Harrogate SPT and address questions from members of the Joint Committee.

Recommendations

7. That the Scrutiny Board considers the details presented and agrees any specific scrutiny actions or activity that may be appropriate.

Background documents¹

8. None.

¹ The background documents listed in this section are available to download from the Council's website, unless they contain confidential or exempt information. The list of background documents does not include published works.

WEST YORKSHIRE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

FRIDAY, 18TH NOVEMBER, 2016

PRESENT: Councillor P Gruen in the Chair

Councillors S Baines, Y Crewe, B Flynn,
M Gibbons, M Greenwood, V Greenwood,
J Hughes, B Rhodes and L Smaje

1 Late Items

The following late / supplementary information was submitted:

- In relation to Item 6: Minutes - Draft minutes from meeting held on 21 December 2015
- In relation to Item 7: West Yorkshire STP- Submission from Leeds Local Medical Committee (LMC).

2 Declaration of Disclosable Pecuniary Interests

There were no declarations of pecuniary interest and all members remained present for the meeting. However, for the purpose of openness and transparency, the following matters were brought to the attention of the Joint Committee:

- Councillor L Smaje: two close family members receiving treatment for cancer
- Councillor S Baines: Member of Calderdale and Huddersfield NHS Trust
- Councillor M Gibbons: Member of Bradford Care Trust Board.

3 Apologies for Absence and Notification of Substitutes

Apologies were received from Councillor C Pearson (Calderdale Council) with Councillor S Baines (Calderdale Council) attending as a substitute member.

4 Minutes - 21 December 2015

RESOLVED – That the minutes from the previous Joint Committee (21 December 2015) be agreed as an accurate record.

5 Draft West Yorkshire and Harrogate Sustainability and Transformation Plan

The Joint Committee considered a report from the Head of Governance Services (Leeds City Council) that introduced the draft West Yorkshire and Harrogate Sustainability and Transformation Plan (STP).

Draft minutes to be approved at the meeting
to be held in January / February 2017 (exact meeting date to be confirmed)

The following were in attendance for discussion of the item:

- Ian Holmes, Programme Director, West Yorkshire and Harrogate, STP
- Helen Hirst (Bradford Airedale and Craven CCGs)

The key areas of discussion were:

- The Joint Committee expressed significant concern regarding the development of the West Yorkshire STP and the lack of engagement with elected members and public throughout the process.
- It was suggested the West Yorkshire STP have in place two communication plans, one focusing on cross county services and the other for local areas.
- The need for clarification regarding the governance arrangements of the West Yorkshire STP and the six supporting plans.
- Concerns regarding decision-making processes for cross cutting West Yorkshire and Harrogate matters.
- The need for member representatives from Harrogate to be invited to attend future meetings of the Joint Committee.
- It was suggested that a more detailed timetable of proposed changes within the STP be used to develop and set out a draft programme of scrutiny involvement / activity on a West Yorkshire and Harrogate basis.
- The legal obligations and responsibilities around proposed variations/ development of local health services and the involvement of Health Overview and Scrutiny Committees.

RESOLVED – That a more detailed forward plan around key milestones within the STP be presented to the next meeting of the Joint Committee for discussion.

(Councillor Hughes (Kirklees Council) joined the meeting at 1:55pm during consideration of this item.)

6 Work Programme

In discussing the future work programme of the Joint Committee, the following actions were agreed:

- Officers to develop a draft forward plan for the Joint Committee, to be presented at the next meeting in late January/early February 2017.
- Cancer wait times and Autism to be included on the next agenda for the Joint Committee.
- In addition, Councillor Greenwood (Bradford Council) raised the issue of access to dentistry that had been identified by the Bradford Health Scrutiny Committee and suggested it as a matter of joint scrutiny, due to NHS England not operating on a local footprint any longer.

RESOLVED –

- (a) That a draft forward plan be presented to the next meeting of the Joint Committee for discussion and agreement.
- (b) That cancer wait times and Autism to be included on the next agenda for the Joint Committee.
- (c) That access to dentistry across West Yorkshire be included in the forward plan of the Joint Committee.

7 Date and Time of Next Meeting

RESOLVED – That the next meeting of the Joint Committee be held in late January/early February 2017, with the exact date to be confirmed.

(The meeting concluded at 3:25pm)

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West Yorkshire and Harrogate Sustainability and Transformation Plan (STP)

**Draft proposals
October 2016**

Contents

Foreword

- 1) Introduction and our approach
- 2) The triple aim
- 3) Place based proposals
- 4) West Yorkshire collaborative proposals
- 5) Enabling work streams
- 6) Creating an infrastructure for delivery
- 7) Conclusion

Annex A: Glossary of terms



Foreword

The NHS and social care system in West Yorkshire and Harrogate provides care and treatment to 2.6 million people. Every day we work across the whole social spectrum, engaging people from birth to death, head to toe, inside and out. Our 113,000 staff are entrusted with a budget approaching £5bn.

Over the past decade we can be proud of how our health and care teams have made major improvements to services. The NHS is treating more people than ever before, providing services faster, more safely and in better environments. Research and innovation is delivering world leading new treatments at the forefront of technology. Our integration “pioneers” are joining up health and care. Our seven vanguards have been leading the way in developing new models of care that better meet people’s needs in care homes, hospitals and local communities.

This history of improvement and innovation in public services is supported by a thriving third sector, excellent universities and engaged businesses too. Increasingly, we have been working together to ensure we can make the biggest changes we can to the lives of local people. We have done this with a keen eye on local variation in populations, needs and service delivery.

In 2016, we face the most significant challenges for a generation. We know that we must keep innovating and improving if we are to meet the needs of our population in a tough financial climate. Demand for services is growing faster than resources. Services in some places are not configured to meet modern standards. And local people want things to be better, more joined up, and more aligned to their needs. This is clear from the continuous engagement we have with local people, as well as the changing world we live in.

Over the past six months, the leadership and staff of West Yorkshire and Harrogate health and care organisations have been working together on how we respond to these challenges. We have been combining existing plans and seeing how we deliver ambitious improvements for people in Bradford, Calderdale, Kirklees, Leeds, Harrogate and Wakefield. In doing so, we want to close the health gap that persists between communities; the care gap that leads to unwarranted variation; and the financial gap that we see opening up in future. In doing so we will deliver our contribution to the national “Five Year Forward View”.

This document sets out our high level proposals. These are built on the ongoing work that has been taking place locally through Health and Wellbeing Boards and local partnerships. They mean an emphasis on prevention, supported self care and joined up services in communities. They mean a genuine focus on people and their mental, physical and social care needs. They mean better cooperation between hospitals to deliver good care that is safe-sized. They mean changes to the commissioning of services, to be much more joined up so that we maximise the power of our finances. They mean a much better compact with local people and local third sector organisations – changing the deal with our communities to build on their assets. And they mean making West Yorkshire and Harrogate a place people want to work and innovate.

Over the next six months we will keep engaging with staff and the public, to further develop our plans and build on engagement activities to date, ensuring the involvement of everyone in future conversations around proposals for change.

Rob Webster

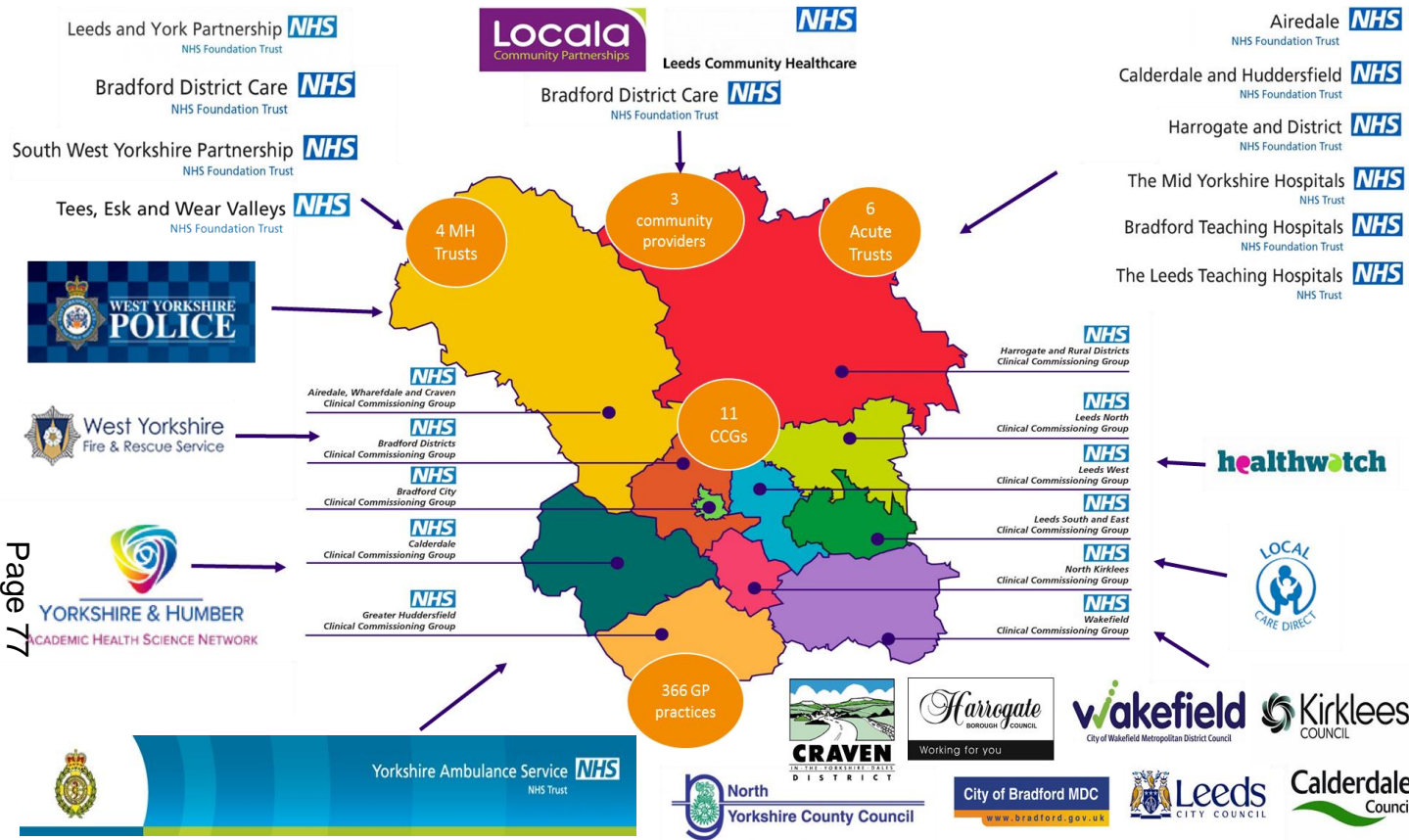
On behalf of the leadership of West Yorkshire and Harrogate



Section 1: Introduction and our approach



Our health and care economy



- Serving a population of 2.64m
- With a total allocation of £4.7bn across health by 20/21
- And 113,000 health and social care staff

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- Plus...
- 650 Care homes
 - 319 Domiciliary care providers
 - 10 hospices
 - 8 large independent sector providers
 - Thousands of Voluntary & Community Sector organisations

A vision for health and care in West Yorkshire and Harrogate

We have worked together to develop a shared vision for health and care services across West Yorkshire and Harrogate. All of our proposals, both local and at STP level support the delivery of this vision:

- Every place will be a **healthy place**, focusing on **prevention, early intervention and inequalities**
- We will work with local communities to build **community assets** and resilience for health
- People will be **supported to self-care**, with **peer support** and technology supporting people in their communities
- Care will be **person centred**, simpler and easier to navigate
- There will be **joined-up community services across mental & physical health and social care** including close working with voluntary and community sector
- Acute needs will be met through services that are **“safe sized”** with an acute centre in every major urban area, connected to a **smaller number of centres of excellence providing specialist care**
- In some areas local services will evolve into **accountable care systems** that collaborate to keep people well
- We will move to a **single commissioning arrangement** between CCGs and local authorities and have a stronger West Yorkshire and Harrogate commissioning function
- We will **share back office functions and estate** where possible, to drive efficiencies to enable investment in services
- West Yorkshire & Harrogate will be **great places to work**
- We will always **actively engage people** in planning, design and delivery of care
- West Yorkshire and Harrogate will be an international destination for **health innovation**

Leadership and guiding principles: a new way of working....

This STP has been created through our collective leadership. Our aim is to achieve the best possible outcomes for people through delivery of the Five Year Forward View

We have guiding principles that shape everything we do as we build trust and delivery

- We will be **ambitious** for the populations we serve and the staff we employ
- The West Yorkshire and Harrogate STP belongs to **commissioners, providers, local government and NHS**
- We will **do the work once** – duplication of systems, processes and work should be avoided as wasteful and potential source of conflict
- We will undertake **shared analysis** of problems and issues as the basis of taking action
- We will apply **subsidiarity** principles in all that we do – with work taking place at the appropriate level and as near to local as possible

These are critical common points of agreement that bind us together

Our approach is built on the principle that we do the work as close to local populations as possible...

West Yorkshire and Harrogate has significant pockets of deprivation and affluence. Populations with higher levels of deprivation continue to experience health inequalities and achieve worse outcomes. We have a large population of children and young people with 1 in 5 growing up in poverty and parts of the region such as Harrogate & Rural District and Craven have populations of older people growing faster than the national rate.

Our region has densely populated urban areas around the cities of Bradford, Leeds and Wakefield and large towns of Huddersfield and Halifax. Large rural areas cluster around the district of Craven.

Our different diversity of geography and communities makes West Yorkshire and Harrogate a diverse footprint and because of this it is important that we plan our health and care services to meet the needs of these different communities. The best way to do this is by planning and delivering services with and as close to these local populations as possible.

To support us in this process, we have strong local

relationships through our six Health and Wellbeing Boards and most of our transformation work is planned and delivered at this local level – based on people’s needs and circumstances. This work is a collaboration of commissioning and provider organisations across physical and mental health, social care, voluntary and community sector and Healthwatch in these local areas of Bradford District and Craven, Calderdale, Harrogate and Rural District, Kirklees, Leeds and Wakefield.

There are some areas where we need to work on a bigger scale in order to be successful. We apply three tests to determine when to work at this level:

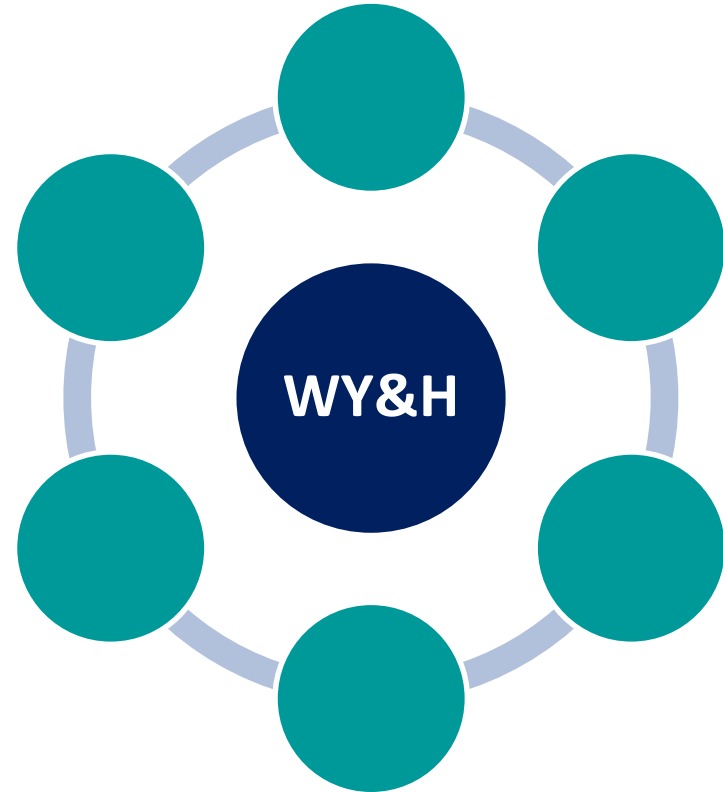
- To achieve a critical mass beyond local population level to achieve the best outcomes
- To share best practice and reduce variation
- To achieve better outcomes for people overall.

Relationship between the West Yorkshire and Harrogate led work programmes and our six localities...

The connection between the West Yorkshire and Harrogate level work streams and the six 'places' is critical.

The planning, leadership and increasingly the decision making for these work programmes will be taken at a West Yorkshire and Harrogate level jointly through collaboration of statutory organisations.

Implementation is delivered through the six localities to an agreed set of principles and standards.



From vision to impact

Local

VISION

- Prevention and early intervention;
- Community assets;
- Supported self care,
- Integration across mental and physical health;
- Working with our population
- Acute services safe sized;
- Specialist care centres of excellence
- New commissioning arrangements
- Sharing of back office functions and estate
- Innovation and best practice

APPROACH

- Planned and delivered through six places, working in partnership locally across commissioner and provider functions.
- West Yorkshire and Harrogate work programmes support this local planning and delivery
- Work planned at West Yorkshire and Harrogate level – connected to the six places for local delivery

IMPACT ON 3 GAPS

- Greater focus on prevention, turning the trend major killers and long term conditions
- Reduced demand on acute services, reduced costs and improvement in access standards
- Greater resilience of acute services; improved quality safety and reduced variation
- Efficiencies through standardisation of good practice, lower cost of estate and back office

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Regional

There are a number of common actions to drive impact in our place based plans...

Prevention and early intervention

- Programmes focused on locally relevant challenges with most areas prioritising areas such as obesity, smoking, cardiology, respiratory, mental wellbeing and frail elderly.

Supported self care

- Evidence based, person-centred approaches, which support people to take greater control and management of long-term health conditions. Training of the workforce to facilitate this elevated level of independence.

Primary and community care

- Increasing access to primary care in hours and out of hours through primary care at scale and new models of care in the community. A new compact with the voluntary and community sector. Commitment to implement the GP and Mental Health Forward Views. Managing demand for acute services.

Joined up services

- A variety of models and options for integrating services to make them more efficient and better aligned to the delivery of people's health and wellbeing outcomes and person centred care.

And we have identified the following priorities for working together at West Yorkshire & Harrogate level...

- Cancer services
- Urgent and emergency care
- Specialist services
- Stroke (hyper-acute and acute rehab)

We work together because of the need for critical mass

- Standardisation of commissioning policies
- Acute collaboration
- Primary and community services

We work together to reduce variation and share best practice

- Mental health
- Prevention at scale

We work together to achieve greater benefits

The evolution of these plans is built on previous work and future planning processes...



The foundation of these proposals is the six place based health and wellbeing strategies.

These strategies are grounded in a clear understanding of local population needs and preferences.

The development of a West Yorkshire and Harrogate collaborative programme after application of the 'three tests'.

Nine programmes planned at West Yorkshire and Harrogate level and delivered locally.

As part of the current 2 year planning process , organisations will develop detailed plans for delivery in years 2 and 3 of the 5 year STP time line



Section 2: The triple aim

The triple aim: Closing the gaps

There are three gaps outlined in the Five Year Forward View these relate to health and wellbeing, care and quality of services and finance and efficiency.

Our approach is to ensure that we can improve outcomes in health and wellbeing and care and quality whilst delivering within the resources available.

We consider all three gaps as equally important, with finance as a servant of the other two gaps. All our plans are focused on closing these three gaps in West Yorkshire and Harrogate.



Health and Wellbeing

Care and quality

Finance and efficiency

Health and wellbeing gap: Our challenges

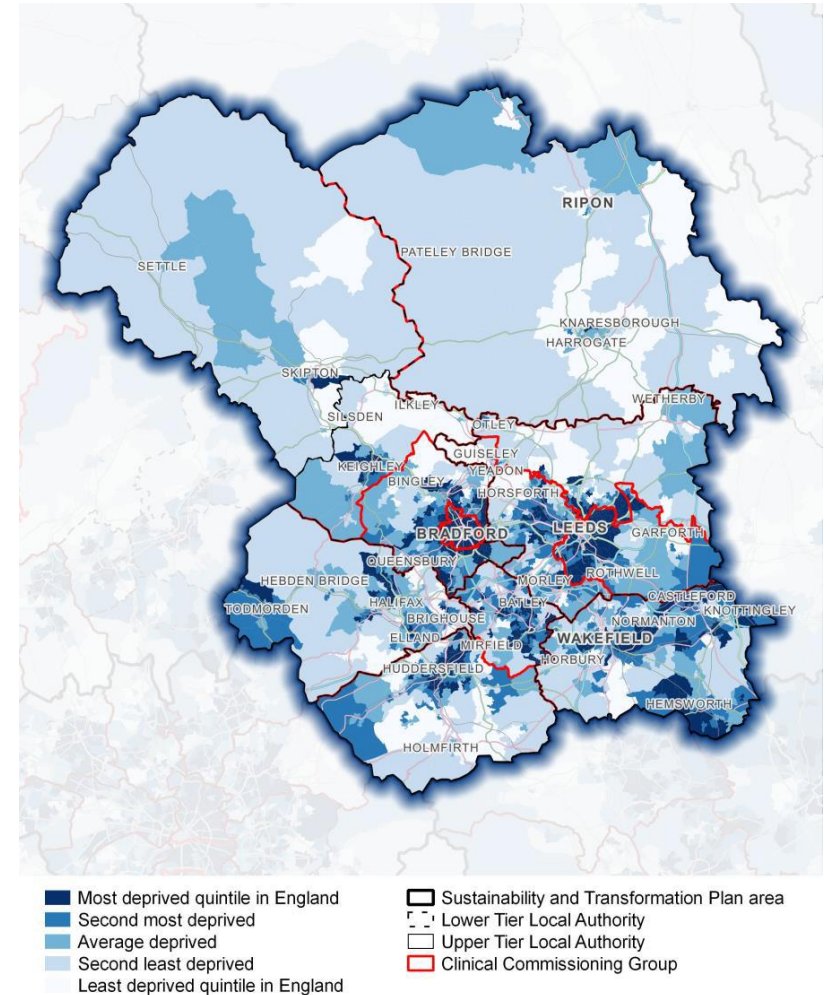
We have made significant progress on many health and wellbeing indicators of recent decades but there are still major challenges.

Where you live still has a significant impact on your life chances and health and care outcomes, for example:

- There is an 11 year variation in life expectancy for males across Leeds
- There is a 10.2 year variation in life expectancy for females across Calderdale
- We have higher than average rates of adult obesity
- We have higher than average rates of smoking, including maternal smoking at delivery.

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Deprivation across Wet Yorkshire and Harrogate STP footprint



Health and wellbeing gap: Our aspirations

THEME	ISSUE	ASPIRATION
Smoking	18.6% of our population smoke. This is higher than average and is the main preventable cause of cancer.	To reduce smoking rates to 13% by 2020-21 - approximately 125,000 fewer smokers compared to 2015-16.
Obesity	8 of 11 CCGs have significantly higher than average childhood obesity levels. 1.3 million people (50% of population) are overweight.	There are 226,000 people at risk of diabetes in West Yorkshire and Harrogate. Our aspiration is that 50% of these are offered diabetes prevention support, with a 50% success by 2021.
Alcohol	There are around 455,000 binge drinkers in West Yorkshire and Harrogate. This has major health consequences and adds significant burden on services.	To reduce alcohol related hospital admissions by 500 a year and achieve a 3% reduction in alcohol related non-elective admissions.
Cancer	Only around half of all cancers are diagnosed at a curable stage. Significant inequalities in outcomes across ethnic groups.	Increase in survival rate to 75% by 2020-21, with the potential to save 700 lives each year.
Mental Health	We have a higher prevalence of anxiety disorders and depression and a higher than average suicide rate.	A zero suicide approach to prevention, aspiring to a 75% reduction in numbers by 2020-21
CVD & Stroke	All West Yorkshire Authorities have significantly worse rates for CVD mortality in under 75s when compared to England.	Reduce cardiovascular events by 10% by 2020-21 e.g. in Bradford District & Craven this will mean a reduction in cardiovascular events for 600 people

Care and quality gap: Our challenges

- The significant majority of services are high quality, timely and offer a good experience for service users.
- Performance against key standards has dipped in recent times and patient experience for some services remains below average, for example:
 - Performance against the accident and emergency 4 hour waiting standard and the 18 week referral to treat standard have been deteriorating over time across most of the STP area.
 - Delayed transfers of care are a problem for patients and the system. They are one of the biggest challenges for acute providers in terms of performance and quality. Without action this position will deteriorate further.
 - There still differential experiences and worse outcomes for those people with mental health issues when compared to others
 - People's experience of health and care services varies considerably by service and community.
 - Half of people over 65 are not satisfied with the level of social contact they have

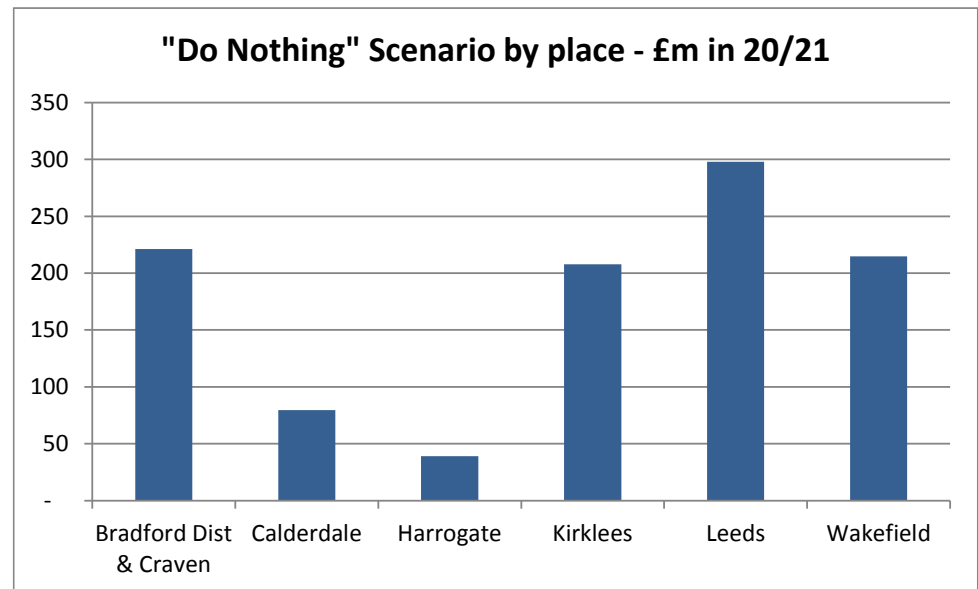
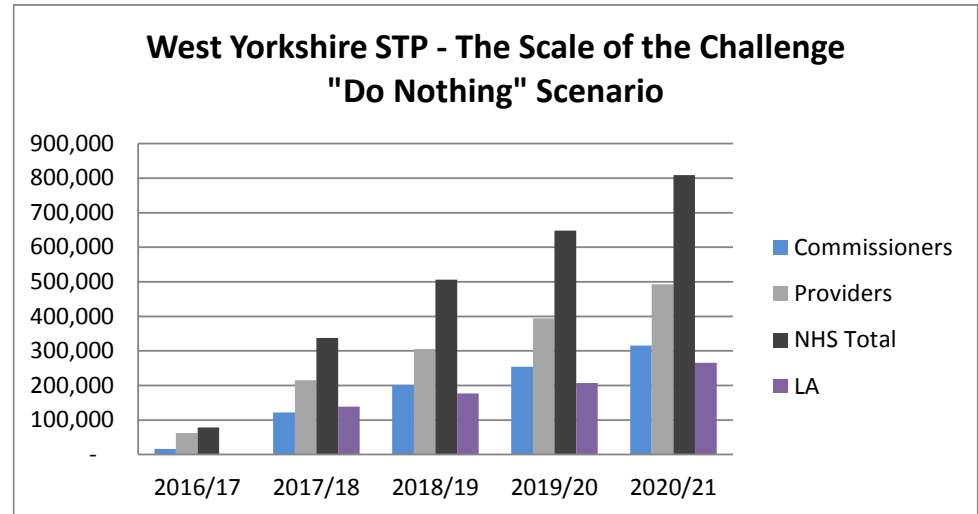
Care and quality gap: Our aspirations

THEME	ISSUE	ASPIRATION
Urgent and Emergency care	The urgent and emergency care system is complex and difficult to navigate. A&E performance is deteriorating. Pathways are often unnecessarily complicated.	To deliver the 95% 4 hour A&E standard in March 2017, and consistently thereafter. 30% all calls to 111 transferred to a clinical advisor in March 2017.
Planned care	The increasing demand for planned care is placing an unsustainable burden on the acute system leading to a deterioration in the referral to treatment standard.	To deliver the 92% 18 week referral to treatment standard consistently.
Patient experience	There are significant variations in patient experience across services, population groups and local geographies	To deliver an aggregate improvement in patient experience for all major services by 2020/21
Cancer services	There are currently a number of access standards for cancer services depending on pathway. Performance against these standards are variable.	Deliver a new 28 days to diagnosis standard for 95% of people investigated for cancer symptoms
Mental Health	People with mental health concerns are better served in the community rather than through A&E – yet A&E use is still relatively high. People needing acute mental health care are still too often placed many miles away from home.	A 40% reduction in A&E attendances for people with mental health issues by 2020-21 Elimination of out of area placements by end 2017

Finance and efficiency gap: The financial challenge

- Resources across the health sector grow from £4.2bn to £4.7bn by 2020-21. This is lower than the national average, and is far outstripped by the demand for services over the same period
- Demand for and cost of services, if unmanaged will drive a gap of £1.07bn by 2021 for health and social care – based on a bottom up analysis built up and owned by the individual organisations.
- This has captured the “Do Nothing” challenge for 2016/17 to 2020/21 which equates to £809m for the NHS plus a further £265m for social care and public health.

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Finance and efficiency gap: Our solutions by 2020/21

£m

Our solutions are developed as part of the place based planning - with West Yorkshire and Harrogate programmes supporting local delivery. The high level position for 2020-21 is as follows:

- The total value of our solutions is £983m across health and social care by 2020-21 each of which requires some further development to strengthen confidence. We are factoring in £78m of STF monies in 2020-21 towards closing the gap, and £94m for the cost of change.
- Our overall position is a deficit of £91m, made up of an NHS surplus of £43m, and a gap of £135m in social care.
- Local authorities are statutorily required to break even and we are working together to understand how this pressure can be mitigated.

Do Nothing	(1,075)
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Solutions	
1. Operational Efficiencies:	
Provider efficiencies: Carter programme - Estates	8
Provider efficiencies: Carter programme - All other	93
Provider efficiencies: Non-Carter	329
Primary medical care (GP)	7
CCG other efficiencies (e.g. CHC, prescribing, admin, other)	102
2. Activity Moderation Efficiencies:	
Specialised commissioning QIPP	30
Urgent and Emergency Care (UEC)	10
New Care Models (NCM)	34
RightCare	36
Self Care	1
Prevention	31
Low value interventions	1
3. Social Care	131
4. West Yorkshire Programmes & Opportunities	93
Gross Solution Total	906
less STF used to deliver change	(95)
Net Solution Total (as visible in the template)	811
STF Monies	172
Total	983

Residual Do Something Surplus / (Deficit)	
NHS	43
LA	(135)
Total	(91)

Finance and efficiency gap: Our approach

- We recognise the need to work collaboratively towards a West Yorkshire and Harrogate control total and are exploring how best to do so and manage our collective opportunities and risks.
- Due to our growth and the underlying financial position of some of our organisations, the scale and scope of our transformation needs to be early and radical, and requires significant revenue and capital investment in the early years.
- There is an assumption that organisations collectively will deliver their control totals in 2016/17, which would bring significant risk to the outer years if these are not achieved.
- Transformational capital is required to enable the service reconfiguration and back office efficiency gains of our provider sector, to deliver financial sustainability and tackle the long term structural challenges.
- Release of Transformation Funds in the early years will enable an faster implementation of our solutions and bring them forward from the later to the earlier years of our STP plan.

In order to deliver the proposals in this document, our preferred approach is that the available transformation resources for our footprint are devolved for management at a West Yorkshire and Harrogate level. This would give us the ability to plan ahead collectively, deploy transformation funds towards our greatest opportunities and enable rapid change.

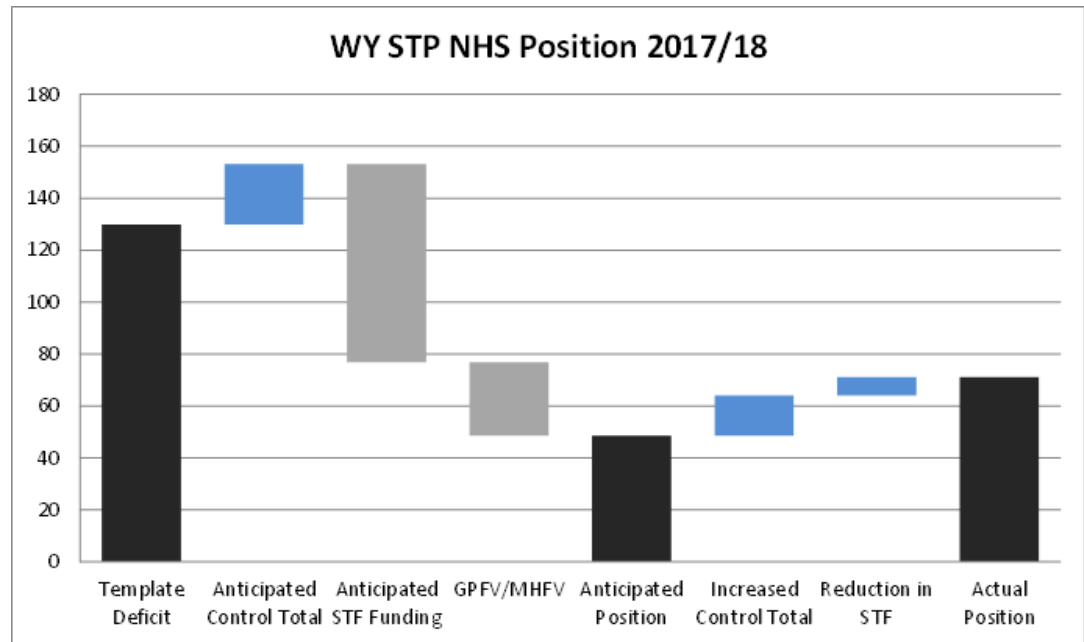
Our NHS Position in 2017/18

- The challenge facing West Yorkshire and Harrogate in 2017/18 is significant. The ability to deliver the financial position in 2016/17 will have a material impact on our plans heading in to 2017/18.

- The current STP plan forecasts a £4m surplus for CCGs, before any investment in the GP 5YFV and the MH 5YFV. This is broadly in line with national expectations.

The provider position is currently £36m from breakeven (prior to any transformation funds being received). This means a further £39m would be required to achieve the control totals that have been set by NHS Improvement.

- We believe this position will improve as the discussions around control totals continue and through receipt of transformation funding.





Section 3: Place based proposals

Place based plans: Our approach

The foundation of our proposals is the six place based health and wellbeing strategies.

West Yorkshire and Harrogate has a diverse population with a range of health and social care needs. We believe that for the majority of care and services, these needs can be best met by developing and delivering plans locally through local partnership working – rather than a top-down approach.

The following slides provide an overview of each place based plan. These plans have strong local buy-in and have been approved by the relevant Health and Wellbeing Board.

Our six 'places'



Bradford District and Craven

Calderdale

Harrogate and Rural District

Kirklees

Leeds

Wakefield

Bradford District & Craven: Overview of place and plans

Bradford District and Craven has a large geographic footprint incorporating significant deprivation, some affluence, urban, rural and city living. Our population is one of the most diverse nationally and significant health inequalities still exist across the different areas of the district. People, especially women, live a significant proportion of their lives in poor health and more than 33,000 children live in relative poverty. The District is known nationally for its work in digital healthcare in particular providing 24/7 face to face video consultation.

High level overview of plans

- Prevention and early intervention at the first point of contact with a specific focus on children, obesity, type 2 diabetes, CVD, cancer, respiratory and mental wellbeing
- Creating sustainable, high impact primary care through our primary medical care commissioning strategies and commissioning social prescribing interventions
- Supported self-care and prevention by maximising our community assets to support individuals and train our workforce to empower and facilitate independence
- Provision of high quality specialist mental health services for all ages and early intervention mental wellbeing support services.
- Delivering population health outcomes and person centred care through new contracting, payment and incentives in line with accountable care models elsewhere. This includes specific interventions that transform services to address the physical, psychological and social needs of our population, reducing inequalities and addressing the wider determinants of health.
- Developing a sustainable model for 24/7 urgent and emergency care services and planned care.

Bradford District & Craven: The triple aim

Health and Wellbeing

By 2020/21 we will:

- Reduce childhood obesity by 5%
- Reduce smoking prevalence by 5%
- Train 10% of the workforce to support people to better self-care
- Prevent cardiovascular events for 600 people
- Screen an additional 5500 women for breast cancer
- Screen an additional 1500 people for bowel cancer
- Screen an additional 500 women for cervical cancer
- Recognise and value peoples mental wellbeing and take an early action to maintain their mental health (indicators as per the mental wellbeing strategy 2016-2021).

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Care and Quality

By 2020/21 we will:

- Save 150 lives by reducing variation in care
- Reduce non-elective admissions by 4%
- Develop a sustainable care market and create a sustainable model of planned and emergency/urgent care that meets clinical and constitutional standards including seven day services in the 4 priority areas as a minimum.
- Commission primary medical care that ensures seven day access achieved for 100% of population
- Have all-age MH liaison teams in place in all acute providers and meet the “Core 24” standards
- 90% of people who access Psychological Therapies will engage through direct self-referral.
- Ensure 70% of people with diabetes experience the 8 care processes

Finance and efficiency

By 2020/21 we will have implemented plans to close the £221m gap as follows:

- £106.7m of provider and commissioner efficiencies, transforming care programmes in acute and community service areas
- Utilising £18.1m of Sustainability and Transformation Funding (STF)
- Creating the opportunity to shift additional resources into primary care (£1.8m by 2018/19)
- £46.1m of efficiencies through further work on clinical thresholds, procedures of limited clinical value, reducing unwarranted variation and further West Yorkshire and Harrogate opportunities

Through our transforming care programmes we will seek to mitigate the £50m pressure in social care.

Bradford District & Craven: Progress and next steps

Progress so far

- In 2016/17 we established provider alliances, including primary medical care at scale, and together with the commissioner alliance are progressing to our ambition of improving population health outcomes and person centred care.
- Addressing the holistic needs of patients with multiple comorbidities through complex care models across the patch. AWC is a pioneer site and has seen a 2% reduction in non-elective admissions. We are a Vanguard site (Enhancing Health in Care Homes) and are evaluating video consultation in care homes and the Gold Line service for patients at the end of life.
- Developing our first population health outcomes type of contract for Bradford ; accountable care accelerator programme in AWC designing new contracting models .
- Aligned our three CCGs under single accountable officer and chief finance officer with further shared arrangements over the next twelve months.
- Ensured the shift of secondary to primary care activity over the last ten years have been mainstreamed through the PMS review alongside improvements in primary care access .
- Our crisis care concordat and first response services have received national recognition and we have had no mental health out of area placements in over a year.
- We have a nationally recognised digital shared care record across health and social care.
- We have a big lottery funded programme Better Start Bradford aimed at improving life chances for children through a comprehensive programme of interventions and activities which will improve outcomes.

Next steps

- Building on the transformation of complex and enhanced primary care programme, AWC will move to a shadow accountable care system in April 2017 with a 'go live' aim of April 2018.
- Structured collaboration for Bradford out of hospital clinical and social care model commenced in September 2016 with intention to create a new contracting model in 2017.
- Procurement of a new model of care for diabetes awarding one outcomes-based accountable care contract in April 2017.
- We aim for a total population coverage of accountable care by 2021.
- Sign off of our mental wellbeing strategy including the Children and Young People's Mental Health Transformation Plans implementation 2016/17 & 2017/18.
- Develop a sustainable care market and a sustainable model of planned and emergency/urgent care that meets clinical and constitutional standards including seven day services in the four priority areas as a minimum for Bradford and Craven that takes account of the West Yorkshire and Harrogate acute collaboration work, workforce challenges and quality standards. Programme scope agreed by Autumn 2017.
- Review investment in Public Health expenditure by December 2016 for implementation with effect from March 2017
- Workforce strategy for the health and care system by December 2016.
- As part of the one public estate programme we will have an estates strategy for the health and care system by March 2017.
- Digital technology strategy for the health and care system by June 2017.

Calderdale: Overview of place and plans

Calderdale has a plan to improve the health of local people, and the quality and efficiency of local services. We are reimagining a new health and wellbeing system which promotes personalisation, supports healthy decisions, enables physical activity and encourages responsibility by focusing on preventative services, self-care and early intervention, and providing interventions in the community, and using community assets, we can reduce the public need to visit hospitals

High-level overview of plans

- Our system is over-reliant on emergency unplanned hospital activity compared to the rest of the country with high levels of 'avoidable' admissions - £9m avoidable admissions per annum.
- Local people tell us they would prefer to receive care closer to home, with good access to appointments and continuity of care
- Our workforce is getting older and we have difficulty retaining and recruiting in some professions.
- By focusing on preventative services, self-care and early intervention, and providing interventions in the community, and using community assets, we can reduce the public need to visit hospitals and contribute to the triple aim
- By pursuing our dual aim of changes to hospital based care and changes to primary and community based care we aim to improve care and quality of services for the people of Calderdale

Calderdale: The triple aim

Health and wellbeing

- 10% fall in mortality from causes considered preventable by 2020
- Increase number of physically active adults by 10% by 2020, equal to >9000 people
- Reduce health inequalities by focussing action with vulnerable communities. Right Care data suggests we can save 43 lives by working together on this. National benchmarks suggest we can add 10-15 years to the lives of people with long term mental health needs.

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Care and quality

- Increase proportion of people satisfied with access to care and continuity of care in the GP Patient Survey and Friends and Family tests.
- Reduce number of people admitted to hospital with a treatable or preventable condition within the community by 70% to 1,695 admissions by 2021.
- In 4 years we will achieve a 75% reduction in suicides, with an ambition to reach zero
- Halving the number of patients who have extended LOS in hospital of between 11-100+ days (reduction from current 157 to 79 per quarter from Q1 16/17 baseline)

Finance and efficiency

- Deliver the Calderdale STP solutions to reduce the financial gap for Calderdale in 2020/21 from £79m to £56m.
- Council would review medium term financial strategy to mitigate the deficit across the Council, including application of BCF, then work together as a system to mitigate the remaining Local Authority gap for example through integrated commissioning arrangements, reducing the financial gap currently forecast to be around £29m by 2020/21. This reduces the total Calderdale gap to £27m.
- Subject to CCG decision making on 20 October Right Care Right Place programme will further reduce the gap by £11m in 21/22 to £16m
- Work with partners across West Yorkshire and Harrogate to create a balanced financial plan for West Yorkshire and Harrogate

Calderdale: Progress so far and next steps

Progress so far

- We have engaged and consulted on large scale hospital change
- Community and primary care with other partners developing a fully integrated locality approach
- Created Calderdale Vanguard new care model
- We have a full value assessment/logic model of the care closer to home model including prevention and self care management
- Through the Better Care Fund we have an integrated Gateway to Health and Social Care, an integrated team managing transfer of care from hospital, an agreed approach to transforming care for people with learning difficulties, use of the NHS number as a single identifier across our system, an agreed approach to integrating our monitoring and performance management.

Next steps

- Strengthening our primary care delivery plan for Calderdale in the light of development of the General Practice FV – Ongoing
- Consultation on future provision hospital and community healthcare - CCG decision to progress October 2016
- The first point of contact for health and social care will be delivered by Spring 2017
- Roll out of integrated community services through the implementation of 5 localities by Spring 2017
- Full implementation of new care model in community and primary care by 2018.

Harrogate & Rural District: Overview of place and plan

Within the district there are pockets of deprivation and issues relating to rural isolation. We have an aging population – 10 years ahead of the national aging curve with 1 in 5 people aged over 65. There is likely to be an increase in the number of people who have a limiting long-term illness and the number living with dementia by 2020. Our population use more elective and non elective services than peer CCGs and have a positive experience of care.

High-level overview of plans

- Self care, prevention and early intervention, specific focus on evidence based lifestyle prevention services, falls prevention, stroke prevention and mental health and wellbeing.
- Supporting individual and community resilience through our Stronger Communities and My Neighbourhood programmes, and social prescribing interventions.
- Integrated, expanded community-based teams capable of supporting the person's needs holistically, including physical, mental health and social needs. Person-centred and led care, optimised through proactive management, with people supported to manage their conditions in the way that suits them and are enabled to self-care.
- Redesigning out of hospital care - primary care and community services, with enhanced access and primary care working at scale.
- System approach to reducing demand and variation in elective care.
- Developing a sustainable 24/7 urgent care system.
- Stabilising the care market, improving availability and quality.
- Developing new approaches to personal care at home to address challenges facing us now, including an ageing workforce, increase in demand for care and the complexity of this care, and a shortage of people joining the profession.
- Redesigning the way care is commissioned.

Harrogate & Rural District: The triple aim

Health and wellbeing

- 95% of patients supported by a locality Integrated Team have a single care plan by March 2017.
- 72.2% of people with a long-term condition feel supported to manage their condition in 2016/17.
- Increase in the number of people with diabetes diagnosed less than a year who attend a structured course (national av. currently 5.7%).
- Increasing the proportion of people using social care who receive self-directed support and those using direct payments.
- Increasing the number of people using personal health budgets, focusing initially on learning disabilities, mental health and children and young people with long-term healthcare conditions.
- Reduce % of children aged 10 or 11 (Year 6) who have excess weight.

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Care and quality

- Develop affordable model for planned care that supports delivery of NHS constitutional standards
- 60% of people experiencing a first episode of psychosis will commence treatment with a NICE approved care package within two weeks of referral by 2021.
- 75% people referred to IAPT begin treatment within six weeks, and 95% within 18 weeks, with a 55% recovery rate from treatment
- Long term support needs met by admission to residential and nursing care per 100,000 population aged 65+ reduces year on year.
- Increase % of new cases of cancer diagnosed at stage 1 and 2.
- Increase % of people whose blood pressure is controlled to 150/90.

Finance and efficiency

- Delivery of all organisational control totals in the local systems' organisations in 16/17 is expected
- There are recognised pressures in the system at a local level. There is currently £3.1m unmitigated risk
- Delivery required of £38.9m efficiencies against 'do nothing' trajectory (assumes no in year in risks materialise) to contribute towards delivery of financial balance across the wider system by 2020/21.
- Current local 'do something' plan identifies £17.6m 20/21 gap
- Reduction in A&E attendances by 11% by 2018/19
- Reduction in emergency admissions by 16% by 2020/21.

Harrogate & Rural District: Progress so far and next steps

Progress so far

- Implementation of our New Care Model: 'What Matters to Us'. By November 2016 we will have 4 community care teams, covering the whole district, aligned to clusters of GP practices, linked to adult social care services, ten additional community beds to support discharges from hospital and to prevent avoidable admissions and an Acute Response and Overnight Service
- Use of Calderdale framework to assess skills needed within the new care model. A clinical skills trainer is enabling staff to bring new skills into their repertoire and provide more holistic and coordinated care.
- We have engaged with our population on the design and delivery of the model.
- We are using Right Care methodology, the Elective Care Rapid Testing Programme (100 day challenge) and work on clinical thresholds to reduce elective demand and variation.
- We are working with our GP Federation and 17 practices on the GP Forward View Transformation Plan to deliver extended access and primary care at scale.
- We have discussed and agreed our local plan within our Harrogate Health Transformation Board and agreed a Memorandum of Understanding.
- We are exploring organisational forms and contractual options and having early discussions on integrated health and social care commissioning and delivery models.

Next steps

- Referral Management Service with clinical review in place (January 2017).
- Roll-out of diabetes prevention programme (during 2017/18)
- Evaluation of our New Care Model during 2017/18 to ensure it is delivering the right place-based solution of integrated care.
- Agreement on scope of Integrated Health and Social Care Commissioning arrangements (Q4 2016/17).
- Development of Out Of Hospital Strategy – to include Primary and community estate strategy to meet changes in demography and demand for healthcare services (2017/18).
- Evaluation and decision on organisational form and affordability of new care model.
- Local Digital Roadmap implementation.

Kirklees: Overview of place and plan

Kirklees has a diverse population that includes both urban and rural areas. The population is ethnically diverse, with some areas experiencing high levels of deprivation. There is variation in healthcare outcomes. The two Kirklees clinical commissioning groups: North Kirklees and Greater Huddersfield are within a single local authority footprint. Each CCG shares a main acute provider with another CCG in a different local authority; this adds complexity to the system. Some people in Kirklees wait too long to be seen for diagnosis and treatment, stay in hospital for too long and many of our patients don't have a good experience in our hospitals.. Whilst we face many challenges locally we are a forward thinking and innovative area. Our focus has been on driving integration across health and social care services and our first big step change in this was through the commissioning of an integrated model for community services across Kirklees providing a care closer to home model.

High-level overview of plans

- Early Intervention and Prevention Programme including the development of a thriving voluntary and community sector;
- Implement and build on the Healthy Child Programme;
- Development of an adult wellness model in Kirklees;
- Improving the capacity and quality of primary care (including GP Forward View);
- Making social care provision more sustainable and more effective, including the development of vibrant and diverse independent sector;
- Development of business models to encourage providers to maximise independence;
- Change the configuration of acute services to improve quality and create efficiencies through the implementation of RCRTRP, Meeting the Challenge and Healthy Futures plans (UEC, Cancer, Specialist MH, acute stroke etc.);
- New approach/model for how to support people with continuing healthcare needs;
- Implementation of the Transforming Care Programme for people with learning disabilities;
- Changes to the commissioner landscape, including more integrated approaches; and
- Changes to the provider landscape to move towards adopting new models of care across health and social care and developing alliances.

Kirklees: The triple aim

Health and wellbeing

- Improve independence of vulnerable adults and year-on-year gains in self reported QOL for adults and carers in receipt of adult social care
- Childhood Immunisations – continue to achieve the 0-5years childhood Immunisation target of 95%.
- NCMP – 86.2% Reception children measured.
- Maximising Independence: 86% reported confidence in managing own condition on exit from our therapy services which exceeds the commissioner's target of 80%.

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Care and quality

- 19% reduction in hospital admissions.
- 95% of patients demonstrate a maintained or improved level of functioning on exit from therapy services
- 98% of patients report a positive outcome on conclusion of care episode from Community Nursing, Specialist Nursing and Intermediate Care.
- 91% of patients clinically appropriate to remain at home are still at home following assessment and intervention at 24 hours
- Work with partners across the system to Reduce NEA back to 2014/15 levels (focus on care homes, frailty and LTC)
- Increase the number of people who die in their preferred place
- Increase screening rates across all cancers to national average
- Reduce number of emergency presentations for cancer

Finance and efficiency

- 'Do nothing' gap of £208m.
- Programmes in place to close that gap include the re-configuration of acute service delivery (Right Care Time Place), second stage development of community services (Care Closer to Home) and implementation of the primary care strategy.
- The outstanding 'do something' NHS gap by 20/21 is £40m. Subject to CCG decision we expect implementation of Right Care Time Place in 21/22 would significantly reduce that gap. NHS and LA are working on the 'Kirklees plan' to close the remaining social care gap.

Kirklees: Progress so far and next steps

Progress so far

- Early Intervention & Prevention model agreed, based on complex, targeted and community plus levels, and programme entering Year 2, critical part of shift to 'New Council'.
- Healthy Child Programme in procurement phase.
- Model for an adult wellness model across Kirklees has been developed. Links to diabetes prevention.
- Both CCGs have co-produced primary care strategies. Plans are in development to produce local GPFV delivery plans.
- Models developed to deliver primary care at scale through a hub and spoke approach.
- CCG resources are being targeted at supporting practices to collaborate and be stronger together through federations.
- Kirklees Vision for Social Care agreed. Commitment to single approach to supporting the independent care sector.
- Strengths based social care practice training underway.
- Public consultation around changes to acute services at CHFT undertaken. Decision regarding next steps taken in Oct 2016.
- Partners across the MYHT health economy are mobilising the final year of the planned changes to acute services. Some changes are already in place to rationalise/centralise.
- Number of workstreams identified to manage demand, promote recovery and longer term sustainability at MYHT.
- Joint Chief Officer post is being piloted across NKCCG and Kirklees Council. A similar arrangement is also being piloted across the acute interface in North Kirklees.
- Procurement and mobilisation of an integrated community model across Kirklees

Next steps

- Decision to proceed to Full Business Case on CHFT acute changes taken in October 2016
- Local delivery plans for the GPFV in place by December 2016
- Meeting the Challenge Year 3 changes to be made by April 2017 (pending further evaluation of system risk)
- Implementation of new Early Help Model for Children and families (2017/18)
- Models to deliver primary care at scale to be worked up (2017/18)
- Implementation of Healthy Child Programme (April 2017)
- New domiciliary care contract in place (April 2017)
- Roll out of new Frailty Model in North Kirklees (2017/18)

Leeds: Overview of place and plan

Leeds is ambitious: we want to be the Best City in the UK by 2030. Our vision is that ‘Leeds will be a healthy and caring city for all ages, where people who are the poorest will improve their health the fastest’. We have the people, partnerships and placed-based values to succeed.

We will be the place of choice in the UK to live, to study, for businesses to invest, for people to come and work, and as the regional hub for specialist health care.

Our services will provide a minimum ‘universal offer’ but will tailor specific provision to the areas that need it the most. These are bold statements, in one of the most challenging environments for health and care in living memory. We need to do more to change the way we have conversations across the city and develop our infrastructure and workforce to be able to respond to the challenges ahead. Much will depend on changing the relationship between the public, workforce and services, and ensuring that we work ‘with’ and not ‘doing to’. We need to encourage greater resilience in communities so that more people are able to do more themselves. This will reduce the demands on public services and help us prioritise our resources to help those most at need. We recognise that we will have to continue to change the way we work, becoming more enterprising, bringing in new service delivery models and working more closely with public, partners and workforce in Leeds, and across the region, to deliver shared priorities.

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High-level overview of plans

- Investing more in prevention, targeting those areas that will reap the greatest reward.
- Building on our 13 integrated neighbourhood teams, we will develop new models of working, increasing and integrating our primary and community offer for out-of-hospital health and social care, providing proactive care and rapid response in a time of crisis: Self Management and Proactive Care, Efficient and Effective Secondary Care, Urgent Care / Response.
- Increasing sustainability and transformation of general practice as the cornerstone for New Models of Care (NMC) designed around GP registered lists.
- Using existing estate more effectively, ensuring it is fit for purpose, and disposing of surplus estate.
- Reviewing our procurement practices and top 100 supplier organisation spend to ensure that we get best value in spending for the Leeds £, and are benefitting from economies of scale.
- Engaging ‘One Workforce’ to work collaboratively and promote a ‘working with’ approach across all partners within the Health and Social Care system to provide high quality seamless services to support the delivery of new models of care to meet the population needs.
- Work collaboratively across the system to attract recruit, retain, develop the workforce through leading edge innovation and education and optimise the use of new roles, apprentice and skills mix.
- Having nationally pioneering integrated digital capabilities being used by a ‘digitally literate’ workforce.
- Digital capabilities and consistent information to support effective discharges, referrals, transfers etc. self and assisted care and integrated intelligence to inform better whole-system operational and strategic decisions.
- Use our high quality education, innovation and research to strengthen service delivery and its outcomes.
- Creating a citywide culture of shared responsibility between citizens and services; working with’ people at every stage of change through clear communications and engagement.

Leeds: The triple aim

Health and wellbeing

- Progress the twelve priorities in the Leeds Health and Wellbeing Strategy to reduce premature morbidity and mortality and help narrow the health inequalities gap
 - Reduce smoking rates from 21% to 13% by 2020/21 (for adults aged 16 years +)
 - Breast cancer screening: increase uptake to England average of 75% by 2020
 - Bowel cancer screening: increase uptake by 3% by 2020
- Bring the Leeds suicide rate down below the national average by 2020/21
- Support 2880 people who have been identified to be at risk of developing diabetes to attend the NHS National Diabetes Prevention Programme by 2019/20

Care and quality

- Ensure 60% on Severe Mental Illness (SMI) registers undergo a physical health check each year
- Eliminate acute mental health out-of-area placements by 2020/21
- Deliver of the Emergency Care Standard
- Reduce the numbers of patients admitted as emergency cases for bed-based care
- Reduce bed days lost due to delayed discharges to 2.5% of the acute bed base by 2020/21
- Reduce the numbers of learning disability inpatient placements to 40 per million population by 2019/20
- Reduce the staff capacity gap by building multi-disciplinary teams and ensuring wider skills base for specific functions (e.g. care home worker)
- Ensure that 80% of people with a diagnosis of dementia will have been offered information and support to live with the condition, and a named contact with a 'care navigator' role, by 2020

Finance and efficiency

- Our forecast for 2020/21 across Health and Social Care is a 'do-something' deficit of c£46m.
- The partners in the city are investing resources in the continued development and implementation of our local improvement plans. Our assumption is that we will receive our 'fair share' of national Sustainability and Transformation Funds and that our gap will be bridged through a combination of this funding, further local developments and the Leeds share of benefits delivered through the West Yorkshire and Harrogate workstreams.

Leeds: Progress so far and next steps

Progress so far

- A number of New Models of Care testbed sites across the city; 13 Integrated Neighbourhood Teams and Discharge teams launched.
- 'Choose Leeds' pan-sector recruitment campaign ongoing with events supported collaboratively across the seven Leeds partners; 'Citywide Workforce Database' established. Health and Care Academy plans initiated.
- Identified opportunities to pilot a One Workforce approach across the Health and Social Care system.
- Leeds Care Record in place, with ongoing developments to link to other health and social care record systems
- Plans underway to align workforce engagement with the wider culture change ambition.
- Phased estates review underway and early recommendations for site re-configurations being taken forward.
- Citywide Procurement review covering transport, utilities, agency staffing, stationery, catering and security underway.
- National Diabetes Prevention Programme (NDPP) pilot commenced July 2016 with 66 practices recruited so far and referrals commenced.
- Significant progress on the informatics agenda through the national Pioneer informatics network, led by Leeds
- Successful bid for innovation monies for projects such as digital literacy in the workforce, health coaching, development of provider governance tools and evaluation of the proactive telecare pilot (approx. £200k).
- Digital discovery workshops held on Prevention and House of Care; and Rapid response at time of crisis (0-4hrs) set in the context of the Urgent Care strategy, with findings validated with Leeds citizens.

Next steps

- National Diabetes Prevention Programme pilot: GP practices have access to referrals process – October 2016.
- Integrated discharge service live from January 2017.
- Expand Leeds role as a centre of excellence for precision medicine during 2016-17 including the launch of the Centre for Personalised Medicine and Health in February 2017.
- New models of care pilot: Interim evaluation report and recommendations – September 2017.
- Phased Communications plan completed and enacted by December 2017.
- Early Implementer of 7 day services (LTHT site) 2017-18 and roll out of extended access to Primary Care in 2018/19 and 2019-20.
- Further development of integrated out of hospital care based on NMC work to date exploring potential new community contract models.
- Leeds General Infirmary, significant site re-development planned to support major trauma and consolidation of children's hospital as part of development of the Leeds innovation district.

Wakefield: Overview of place and plan

Our aspiration for 2020/21 is that we want people in Wakefield to have healthier, happier and longer lives with less inequality. Wakefield continues to have significant health issues despite much progress being made. Our JSNA reaffirms to us that our Health and Wellbeing Board priorities of early years (with a focus on childhood obesity, and maternal smoking at delivery), long term conditions (including diabetes, respiratory and circulatory diseases), Mental Health (including dementia and self harm) and older people (including reducing social isolation and falls) will address the health and wellbeing gap for Wakefield. We need to continue to tackle variation in care and to reduce health inequalities across the district. Constitutional indicators such as Referral to Treatment and A&E waiting times also will have a significant focus over the next five years to ensure we provide the best quality of care to our patients.

High-level overview of plans

- Continue to implement our reconfiguration of hospital services across the Mid-Yorkshire Hospital footprint through the Meeting the Challenge programme, working towards delivery of seven day services for all acute care.
- Building on Meeting the Challenge, further transforming the provision of acute care at the regional or sub regional level.
- Develop a local network of urgent Health and Social Care Provision including out of hours provision, walk in and minor injuries, emergency departments, ambulance services, hyper acute centres and effective utilisation of 111 services.
- Further collaborative working with Mid-Yorkshire Hospital to develop a demand management approach to our planned care cohort.
- Collaborate with practices and Health and Social Care providers to develop and deliver high quality, evidence based, out of hospital services including advanced diagnostic testing, maternity care, specialists doctors, nurses and therapists and viable smaller hospitals
- Deliver a collaborative approach to working across the health and social care sector to ensure integrated care across primary and community providers.
- Prevention and early intervention with a specific focus on obesity, smoking prevalence, cardiology, respiratory, mental health and frail elderly working towards a collective prevention resource across the health and social care system.
- Implement a new Multi-Speciality Community Provider led Accountable Care System in Wakefield.
- Develop an ambitious co-owned strategy for ensuring safe and healthy futures for children and young people.
- Develop a new business model for the provision of corporate functions and corporate services across Wakefield, including estates, workforce and digital.
- Ensure person-centred primary care through our deliver of the the GP Forward View.
- Deliver a collaborative approach to self care.

Wakefield: The triple aim

Health and wellbeing

- Reduce Smoking prevalence by 2.4% by 20/21 bringing it lower than the current West Yorkshire and Harrogate average.
- Reduction of physical inactivity in adults from a baseline of 29.8% (2015) by 4.8% by 20/21 bringing it below the current England average.
- Reduce premature mortality from CHD to 42 per 100,000 by 20/21.
- Reduce premature mortality from COPD to 19.5 per 100,000.
- By April 2017 to achieve access standards for Early Intervention Psychosis service of >50% of people with a first episode of psychosis receiving treatment within 2 weeks, 75% referred to IAPT being treated within 6 weeks and 95% within 12 weeks.
- By 2020/21 to have reduce Injuries from falls in people aged 65 and over to 1827 per 100,000 population.
- By 2017 we will reduce our percentage of young people who are Not in Education, Employment or Training (NEET) to 4.5%.
- As part of the Integrated Pioneer programme, roll out a workplace wellness check service for 1,000 Wakefield System employees per year from January 2017.

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Care and quality

- Working collaboratively across MYHT, the LA and the CCG to reduce DToc by 3.5%.
- Increase and maintain dementia diagnosis to 67% by 2020.
- Increase the number of GP practices signed up to carrying out health checks on adults with learning disabilities from 37 to 40.
- Maintain our performance around diabetes, sharing learning and taking part in the diabetes prevention programme.
- By April 2017, reduce maternal smoking at delivery to 18%.
- Agreed with MYHT, non face-to-face telephone appointments as the default booking approach for follow-up appointments, with defined exceptions to this, with effect from 1st October 2016.
- From 1st October 2016 agreement with MYHT for e-consultation to be the default option for GPs to access outpatient care, via specialist advice and opinion, in Cardiology, and then Gastroenterology; Ear, Nose and Throat, and Pain Management.

Finance and efficiency

- Delivery of £229m efficiencies against the 'do nothing' trajectory to deliver financial balance across the Wakefield system by 2020/21. Local contribution estimated as £185m and with additional measures at West Yorkshire & Harrogate level.
- Delivering a fully integrated model of accountable care of which a financial business case in development.
- An optimised back office for Wakefield, including workforce, IT and estates.
- Collaboration between acute care providers both on a regional and sub regional level.
- Fulfilling our statutory duties locally to achieve constitutional targets, in particular A&E 4 hour wait, 18 week Referral to Treatment and working towards our 28 day diagnosis standard.
- In addition, delivery of financial opportunities including RightCare, partnerships with public health making savings through better health and wellbeing outcomes, care home vanguard, Urgent and Emergency care redesign and planned care reform through a collaborative approach to demand management.

Wakefield: Progress so far and next steps

Progress so far

- We have centralised surgery and paediatrics as part of the ongoing Meeting the Challenge programme of service reconfiguration in Mid-Yorkshire Hospital Trust.
- We have developed the Wakefield Connecting Care Integrated Workforce Framework to support our transformation work.
- We have successful care home and MCP vanguards that have brought both commissioners and providers together to support and agree a joint committee for our MCP.
- Our new model of integrated care has been comprehensively evaluated and has highlighted that 96% of our patients felt that they were treated with kindness and compassion.
- Our five GP Federations are working in partnership with us to execute the Five Year Forward View and are fully aligned to development of an Accountable Care System.
- We have developed strong governance and accountability through our Health and Wellbeing Board supported by our STP which has clear lines of accountability
- We are better at meeting the needs of some of our most vulnerable patients having commissioned Mental Health workers in each of the Connecting Care Hubs.
- We have commissioned Mental Health Navigators in collaboration with Wakefield District Housing to support their tenants with a wide variety of mental health needs.
- Working with West Yorkshire Police we have been successful in securing £140k funding to implement a Street Triage scheme which will provide better support both to patients and police and lead to less patients inappropriately being held in s136 or custody suites and getting timely support.
- We have maintained a focus on our children and young people through our Children and Young People IAPT programme and our Future in Mind programme.

Next steps

- By January 2017 we will have an operational plan which is aligned to activity and interventions with clear lines of accountability.
- Development of a Joint Committee in across commissioners and providers for our MCP by January 2017 to support the development of an Accountable Care System.
- Final business case approval for the MCP October 16.
- Engagement process for MCP starting Oct 16 and market engagement Dec 16.
- Develop Accountable Care Organisation by 2020/2021 bringing provision and integrated commissioning together to improve quality of delivery for community care.
- Business case for integrated support services through Local Services Board 2017.
- Full implementation of the Meeting the Challenge reconfiguration of services to deliver 7 day services for all acute care by 2019



Section 4: West Yorkshire & Harrogate proposals



Prevention at Scale

379,836
smokers

Smoking

- Reduce smoking related admissions and demand on services
- Systematic implementation of NICE guidelines in acute and MH services
- Effective communications across multiple media to support quit attempts

455,000
binge
drinkers

Alcohol

- Reduce alcohol related admissions of those placing disproportionate demand on A&E and hospital beds
- Systematic implementation of hospital based alcohol liaison services, in-reach by community alcohol services and assertive outreach

1.3 m
overweight

Obesity

- Reduce the number of people currently at high risk of diabetes from going on to develop diabetes and reduce future demand on services
- Systematic early identification and intervention
- Annual review and access to healthy living services including intensive lifestyle behaviour change programmes

Workforce and prevention

To enhance the health and social care workforce contribution to place based preventative care and lifestyle behavioural change

- Embedding 'Making Every Contact Count' into everyday practice
- Embed the principles and standards of Health Promoting Hospitals

Prevention at Scale

Key milestones and decisions

- **Nov 2016** Workforce workshop to work up priorities & plan
- **Nov 2016** Leeds NDPP all practices to have access to referral process
- **Nov 2016** Calderdale, Wakefield, Kirklees NDPP bid submitted
- **March 2017** Follow up on Alcohol Care team Review with partners to identify next steps
- **March 2017** Review alcohol related A&E data to understand barriers to implementing Cardiff model
- **Summer 2017** Workforce regional conference with 3rd sector, emergency services
- **Summer 2017** New e-learning resource to support MECC
- **2017** Harrogate to be 3rd wave NDPP
- NICE guidance on smoking:
- **Mid 2017** Communications and marketing
- **End 2017** implementation community /MH Trusts
- **End 2018** Implementation Hospital Trusts

Impact

Health and wellbeing

- ↓ Alcohol related mortality reduced
- ↓ Reduce smoking prevalence from 18.6% to 13% by 2020 (or by 105,000 smokers)
- ↓ Reduce cardiovascular mortality
- ↓ Reduce cancer mortality
- ↓ Reduce numbers of high risk of developing diabetes by 30-60% by 2020

Care and quality

- ↓ Reduce alcohol related hospital admissions (narrow & broad measure) by 3%
- ↓ Reduce smoking attributable admissions in people over 35yrs
- ↑ Increase successful quit rates at 4 weeks per 100,000 smokers
- ↑ Increase numbers of identified at high risk of diabetes by 20% from baseline
- ↑ Numbers of attending NDPP programme and number of referred to Health Living Services
- ✓ Progress on meeting Health Promoting Hospitals standards
- ✓ Increased numbers of staff trained in Making every contact count

Finance and efficiency

- ↓ An investment of £825k for five Alcohol Care Teams would lead to a reduction of 500 alcohol related admissions a year, resulting in a £3.17m ROI per year (Note: does not account for current services – that is variable)
- ↓ An investment of £450k would lead to a reduction of 50,000 smokers over 5 years at a saving to the NHS of £9m. Maintenance of current investment is required to continue a similar decline and savings over the same time period.
- ↓ Diabetes cost between £1107 – £2836 per year. West Yorkshire and Harrogate has an estimated 226,000 people at high risk of diabetes, if 50% attend and 50% do not go on to diabetes the savings are £62.5m - £160m over 5 years.

Primary and community services

It is fundamental that primary care is locally planned and delivered to best meet the needs of local populations and deliver the commitments of the GP and MH Forward View documents (as set out in our six place-based plans). By working at a West Yorkshire and Harrogate level we can add value through:

- Sharing best practice and innovation
- Collectively determining what good care looks like
- Agreeing shared principles and operating to these.

In West Yorkshire and Harrogate we consider primary care to encompass a wide range of services supporting the health and wellbeing of the population, this includes general practice, community provision to meet physical health, mental health and social care. Many services delivered by councils and the third sector sit firmly within our definition of primary care.

We have defined these principles with representatives from general practice, community services, mental health services, social care, voluntary and community services with Healthwatch.

Leadership for this work is provided through two Chief Executives of community provider organisations, our RCGP Ambassador for West Yorkshire and Harrogate STP and Medical Advisor (Primary Care Strategy, NHS England Yorkshire & Humber) chairing the primary and community workforce group for West Yorkshire & Harrogate.

Next steps

The transformation of hospital care is predicated on the ability for all of primary care to work differently and collaboratively with patients' needs at its heart.

We must focus our energy in the right places and this means defining a few areas of focus in collaboration with our acute providers. These areas will be defined by:

- a) good quantitative evidence at West Yorkshire and Harrogate level that this is a material issue and can deliver benefit.
- b) evidence on a West Yorkshire level that the population's healthcare needs can be addressed in the community both effectively and sustainably.

Primary and community services

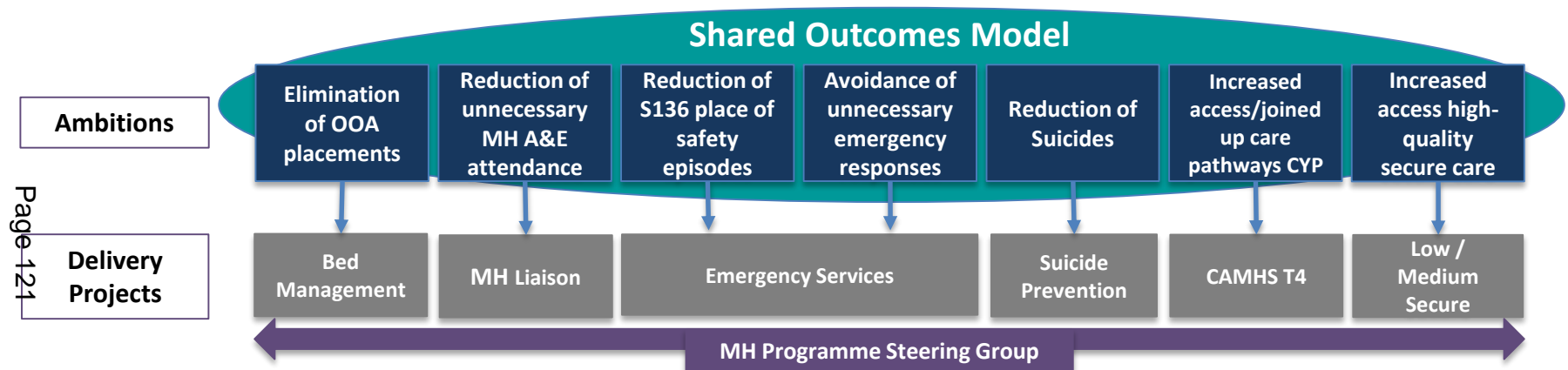
Our principles for high quality primary care in West Yorkshire and Harrogate:

- We will deliver good quality integrated primary care to local populations, with 24/7 services that meet the needs of that local population, ensuring that services are organised around peoples' needs. This will be planned around a population size of c.30,000 – 50,000 (locally determined) with all resources focused on the holistic and community oriented care of that population.
- We will be bold in the adoption of the prevention at scale transformation to create a system-wide 'left shift' as a central philosophy, which will mean a fundamental move to enabling people to self-care and stay well for longer
- We will embrace new and existing technology to support people using services, their carers (paid and unpaid) in their care
- People will be partners in their care and engaged and involved at every level – this could mean the scaling of health coaching and or asset based approaches to care
- We will breakdown the culture of organisational silos and barriers to give the best care to our populations, focusing on the values of those people who work in primary care
- We will stop medicalising issues and ensure people get the right support from the right professional. We will look outside the clinical model to deliver a more holistic service to our local populations and achieve better outcomes; prescribing will not be the default position.
- We will ensure that we have the right workforce, in the right place, to deliver services. The people who make up the workforce will be energised, happy and fulfilled in their work and not limited in their ability to care
- We will create the space for primary care thought leadership which will allow innovation to flourish for the benefit of our patients. We will recognise and better share the real examples of transformation, best practice and new ways of working. In West Yorkshire and Harrogate we have great people doing great things, we will harness and share this, learning from one another.
- We must be bold in rationalising our estate where this mutually agreed and evidence shows that this in the interests of patient care and integrated working, ensuring that more public sector estate is utilised cohesively and to best value.

Mental health

The providers of mental health services, working with commissioners and partners, are developing a **Shared Outcomes Model** to reduce variation in quality, improve outcomes and drive efficiency to ensure the sustainability of services.

Collective system ambitions and outcomes include: delivery of 7-day services, reducing out of area placements, ensuring people in crisis get the multiagency care they need, more care delivered in the community and full system pathway integration. Also key to achieving this ambition will be shared models for support services e.g. workforce planning and IT. Additional clinical areas have been identified as areas to be planned and developed at a West Yorkshire and Harrogate level these are; ADHD, Autism, eating disorders and perinatal services. The delivery of the Five Year Forward View for Mental Health is through interconnecting plans of the West Yorkshire and Harrogate level programmes and the six place-based plans. The focus of this programme is the delivery of acute/in patient services, specialist services that can be delivered over a larger footprint or where the pathway requires a full system approach.



Progress so far...

- ✓ A new Safe Haven has been established in Bradford for people experiencing mental health crisis, with work underway to evaluate and inform roll out of similar models in other parts of West Yorkshire and Harrogate.
- ✓ Safer Spaces pilot for children and young people which will be rolled out to other parts of West Yorkshire and Harrogate, ensuring that young people requiring crisis care do not end up in police cells or A&E
- ✓ Introducing a model that places mental health nurses in police control rooms to establish effective ways of ensuring people in crisis receive the appropriate mental health support they need.
- ✓ Mental health screening tool and approach to mental health training across acute wards as an in-reach approach to driving a coherent, integrated and comprehensive mental health assessment for all patients is in development
- ✓ A system-wide multi-agency suicide prevention strategy is in development

Mental health

Key milestones and decisions

Quarter 4 2016/17:

- Business case for control room MH nurses
- MH Liaison service proposal developed
- Suicide strategy and plan developed
- Business case for safer community spaces for adults and children

Target operating model developed for provider trust support services

Quarter 1 2017/18:

- Plan developed CYP in patient units (integrated with local pathways) eliminating inappropriate placements
- Plan developed for Low/medium secure services and associated pathways

Quarter 2-4 2017/18:

- Bed management proposal developed to support reduction in out of area placements
- Proposal developed for standard approach to commissioning acute mental health services across West Yorkshire & Harrogate
- Provider alliance governance to be formalised

Impact

Health and wellbeing

- ↓ Reduction in mortality rates for mental illness
- ↓ A zero suicide approach to prevention, aspiring to a 75% reduction in numbers by 2020-21

Care and quality

- ↓ Reduction in local variation of quality in services
- ↓ Elimination of out of area placements for non specialist acute care within 12 months
- ↓ 50% reduction of S136 PoS episodes both police and health based places of safety
- ↓ 40% reduction in unnecessary A&E attendance
- ✓ Deliver waiting time standard for CYP eating disorder service
- ✓ Deliver EIP target across West Yorkshire and Harrogate
- ↑ Increased access rates to IAPT services
- ↑ Increased access to 24/7 urgent and emergency mental health services for CYP
- ↑ Increased access to specialist perinatal mental health healthcare

Finance and efficiency

- ✓ Delivery of the 5YFV for MH will require investment in services.
- ✓ This programme will support the delivery of system and provider cost improvement programmes reinvested in mental health care

Cancer

The focus of the Cancer programme is to deliver the national cancer strategy in a way that makes sense in our region, ensuring that we deliver the best outcomes and experience. This includes:

Define **the characteristics of high quality primary care services** in support of the cancer ambitions

Understand the gap in diagnostic capacity required to deliver our ambition in relation to shift in stage of diagnosis.

Develop and deliver pathways for 95% of patients referred with suspicious symptoms to have a **diagnosis within 28 days**

Develop approaches to **using feedback from people affected by cancer & engaging them directly in service improvement**, e.g. pilot real-time interactive patient portal

Delivering the pledge to on **recovery package interventions and risk stratified follow-up** by 2020

Improvement in treatment services driving out variation in practice and outcome, based on best available evidence, focused on chemotherapy in first instance.

Agree protocols for MDT working to release clinical resource without compromising quality.

Develop and pilot more **strategic approaches to commissioning and provision of cancer care**.

Progress so far...

- ✓ Re-establishment of local system leadership, securing stakeholder agreement for a chief executive-led Alliance Board reflecting multi-disciplinary and geographic diversity at a senior level & supporting programme infrastructure with strong executive buy-in.
- ✓ Secured agreement for the Alliance Board to develop a single delivery plan for cancer for West Yorkshire and Harrogate with a dual emphasis on delivery of the clinical priorities in the national cancer strategy and the system behaviours and requirements to facilitate this through more collective, strategic approaches to provision and commissioning.
- ✓ Successful in bidding to host two pilot sites for multidisciplinary diagnostic centres and a 28 day standard test site.
- ✓ Cross system deep dive to agree local priorities April 2016, baseline inventory of activity against the 96 Cancer Taskforce recommendations.

Cancer

Key milestones & Decisions

2016/2017

- Agree headline diagnostic growth and cancer content for 2 year operational plans

2017/2018

- Sign off Alliance Delivery Plan (April) including 5 year diagnostic capacity building plan.
- Commit to local action plans to deliver Recovery Package & risk stratified post-treatment pathways by 2020
- Produce option appraisal for service model for strategic diagnostic growth. Agree preferred model.
- Develop and agree to pilot new strategic approaches to commissioning and provision of cancer care.

2018/19

- Implementation planning for new diagnostic models including consultation as necessary.
- Roll out new protocols for MDT working.
- Agree implementation plans for delivery of 28 day Faster Diagnosis Standard.
- Begin implementation of commissioning policy to address variation in chemotherapy prescribing.

2019/20

- All cancer patients to have tailored support to live well and as independently as possible beyond diagnosis.

2020/21

- 95% of people referred for investigation of cancer symptoms to have diagnosis within 28 days.

Impact

Focus of the Cancer Programme is on spending the West Yorkshire and Harrogate pound as cost effectively as possible to deliver the highest possible outcomes and experience.

Health and wellbeing

- ↓ Reduce adult smoking rates from 18.6% to 13% resulting in c105,000 fewer smokers and c11,250 averted admissions.
- ↑ Increase 1 year survival from 69.7% to 75% equating to c700 lives per year.
- ↑ Increase stage 1&2 diagnoses from 40% to 62% offering 3,000 extra people the chance of curative or life extending treatment.

Care and quality

- ↑ Increased % of patients formally invited to feedback to improve services over and above CPES (target TBC)
- ✓ Deliver the 28 days to diagnosis standard for 95% of people investigated for cancer symptoms to deliver faster diagnosis for c5,000 people currently diagnosed with cancer through RTT pathways.

Finance and efficiency

- ↓ Estimated savings of up to £12million over 5 years based on lower treatment costs associated with earlier stage diagnosis for many forms of cancer.
- ↑ Delivering this efficiency will require growth in diagnostic capacity of c2-3% additional to that in local baseline trajectories.

Stroke

Considerable progress has been made to improve outcomes for stroke patients across West Yorkshire and Harrogate. Variation continues to exist in outcomes and quality of services. Our work focuses on the whole stroke pathway with stroke prevention and community rehabilitation and support delivered in local places to meet the needs of the specific populations; these elements will be locally planned with a consistent approach determined by clinicians and stakeholders across West Yorkshire and Harrogate to reduce variation. We've already worked together on preventative measures to detect and treat atrial fibrillation. In West Yorkshire and Harrogate, future sustainability and patient flow requires that we focus on hyper-acute stroke services and acute rehabilitation together on a regional basis to deliver the best possible outcomes for those people affected by stroke.



Prevention
of stroke

Hyper-acute
stroke
services

Acute rehab
services

Community
support and
rehab

West Yorkshire and Harrogate planning of services

We currently have five hyper-acute stroke units in West Yorkshire and we know that this is not sustainable for the future. The Strategic Clinical Network has produced an in-depth blueprint which details service models to ensure delivery of the best clinical outcomes for patients who need hyper-acute stroke care. This indicates that we will need to reduce the number of hyper-acute stroke units across West Yorkshire and Harrogate, so that our services are safe and resilient. In doing so, we will save more lives, reduce ongoing disability and ensure better care and quality of service for patients, including provision of a consistent service over seven days.

Our plan:

- Work with key stakeholders to understand the options for delivering stroke services – we've started this process.
- Formal consultation with our population on the configuration of hyper-acute and acute rehabilitation of services
- Because of our geography, we'll be working closely with our colleagues across the wider Yorkshire and Humber footprint to ensure high quality, sustainable hyper-acute stroke services for all.

Stroke

Key milestones & Decisions

End December 2016 - Stage 1 NHSE Assurance - Strategic Case for Change (SCfC) assurance and sign off

End January 2017 - Stage 1 NHSE Assurance - SCfC sign off by NHSE

End April 2017 - Stage 2 NHSE Assurance – Outline Business Case sign off (subject to Stage 1 NHSE approval to proceed)

End May 2017 - Stage 2 NHSE Assurance – OBC sign off by NHSE and approval to proceed to Formal Consultation

End September 2017 - Stage 3 Assurance – Formal Consultation completed (Subject to NHSE Stage 2 approval)

End December 2017 - Stage 3 Assurance – Consultation outcome and recommendation considered by HF Collaborative Forum (Subject to NHSE Stage 1 and 2 approvals)

End February 2018 - Stage 4 Assurance – Delivery Plan prepared and signed off

2018/19 Mobilisation to commence subject to completion of all of above & dependent on procurement approach.

Impact

Improving access to high quality, safe, sustainable and resilient emergency & urgent stroke care for patients across the West Yorkshire and Harrogate footprint in line with agreed vision for stroke:

To reduce the incidence of stroke and avoidable deaths due to stroke, across the West Yorkshire and Harrogate health economy, minimising the long term effects and improving the quality of life for survivors. This will be achieved by providing consistently high quality care that is responsive to individual needs and through encouraging healthier lifestyles and reducing inequalities in risk factors of stroke.

Health and wellbeing

- ↓ Under 75 mortality rate from CVD NUMBERS
- ↓ Reduce hypertension QOF prevalence all ages national / West Yorkshire and Harrogate / CCG
- ↓ Reduce premature mortality from stroke
- ↓ Reduce incidence of stroke (e.g. anticoagulant treatment – for every 25 patients with AF receiving an anticoagulant, we can avoid one stroke every 18 months)

Care and quality

- ↓ Reduce median time between clock start and thrombolysis
- ↑ Increase proportion of stroke patients assessed by a stroke specialist consultant physician and nurse trained in stroke management within 24 hours of clock start
- ↑ Increase proportion of patients given swallow screen within 24 hours of clock start
- ↑ Increase proportion of patients scanned within 12 hours
- ✓ Implementation of 7 Day Standards (2, 5, 6 and 8) for stroke services

*Increase from Blueprint SSNAP performance data (Oct – Dec 2015)

Urgent and emergency care

Our vision for Urgent and Emergency Care is for:

- adults and children with **urgent care needs**, we should provide a highly responsive service that delivers care as close to home as possible, minimising disruption and inconvenience for patients, carers and families
- those people with **more serious or life-threatening emergency care needs**, we should ensure they are treated in centres with the right expertise, processes and facilities to maximise the prospects of survival and a good recovery

Our work is focused on:

- **Hear, See and Treat** – delivery of a Clinical Advice Service (CAS), integration of 111 and out of hours services, working on a Yorkshire and Humber basis to integrate 999 with 111 services, developing the ambulance service to provide a treatment service rather than conveyance function only by March 2017. So that people get the right access to the right people at the right time
- **Primary Care** – building on the local development and delivery of primary and community new care models to manage the urgent needs of patients in community settings - the delivery of direct booking from 111 extending from out of hours to extended and in-hours services. Delivery of a Pharmacy Urgent Repeat Medication service (PURMs) across West Yorkshire and Harrogate in partnership with community pharmacies.
- **Designation** – develop and deliver plans for configuration of services across West Yorkshire and Harrogate
- **7 day services** - work collaboratively to deliver sustainable 7 day services across the clinical priority areas (Vascular, Stroke, Acute Paediatrics and Cardiology)
- **Technology/inter-operability** – improved access to a patient's summary care record with an increasing amount of information available. Remote working facility for CAS clinicians. Delivery of a care record for 999 staff. Direct booking technology.

Progress so far...

- ✓ Out of hours booking facility improved. In-hours booking tested with EMIS. Remote access tested. SCR access improved for 111 staff.
- ✓ Pilot in hours booking of appointments from NHS 111 to GPs due to go live imminently with further roll-out in Quarter 4 2016/17.
- ✓ Pharmacy Urgent Repeat Medications enabling NHS 111 to direct callers to local pharmacy live
- ✓ Strong engagement in the Hear, See & Treat programme with face to face sessions in hospital and GP practice waiting rooms; meetings with voluntary and community groups and attendance at sports days, colleges and care homes. We received 2,585 completed surveys either via face to face engagement activities or social media advertising. The results show us that the majority of people that responded support the proposals. The engagement work reached over 300,000 people in West Yorkshire and Harrogate.

Urgent and emergency care – Acceleration Zone

West Yorkshire and Harrogate has been identified as the only urgent and emergency care ‘acceleration zone’ nationally in September 2016. We have developed some proposals (awaiting approval) which build on our existing work with the target to achieve 95% 4 hour A&E target and 30% 111 calls transferred to a clinical advisor in March 2017. The trajectory will be dependent on resources available which are yet to be confirmed.

Programmes	Main Projects
<p>Pre-hospital Care</p> <p>Increase availability of primary care, 111 and other alternatives to avoid A&E attendances</p>	<p>Primary care : Increase access to primary care out of hours</p> <p>111 : Mobilisation of enhanced clinical advisory (mental health, palliative care, pharmacy and generic advice) and home-working; direct booking proof of concept to 20 GP practices; West Yorkshire and Harrogate marketing campaign to promote 111</p> <p>999: Continuation of Ambulance Response Programme pilot; call centre access to A&E consultant</p> <p>Care homes (major 999 users): 111 and telemedicine in care homes</p> <p>Mental health: Pilot high volume service user team in Leeds</p>
<p>Streaming and Ambulatory Care</p> <p>Increase access to alternatives to A&E and access to ambulatory care once patients attend the emergency department</p>	<p>Streaming: Pilot NHS Pathways Reception Point (“Blackpool model”) at Dewsbury and Bradford EDs; implement trust schemes to deliver primary care streaming at EDs without 111RP; pilot online NHS Pathways app at EDs without 111RP</p> <p>Ambulatory Care: Implement trust schemes to increase access to ambulatory care pathways (aiming for 12 hours 7days)</p> <p>Mental health: Increase access to mental health liaison as part of MH Vanguard</p>
<p>Flow and Discharge</p> <p>Improve flow through hospital and discharge from hospital to reduce length of stay</p>	<p>SAFER wards: Implement SAFER bundle across all trusts: early senior review; red/green day and afternoon huddle</p> <p>Discharge: Implement trust schemes to deliver Discharge to Assess and Trusted Assessor; rollout pharmacy discharge and re-admission avoidance</p> <p>Care homes: Purple bag scheme in care homes and trusts; end of life care plans; daily bed state</p>

Urgent and emergency care

Key milestones & Decisions

October 2016: Defining and delivery of the WY UEC Acceleration Zone in the four key areas

January 2017: Agree outline approach to designation

March 2017

- 30% of calls transferred to a clinical advisor through NHS 111 by March 2017
- System delivery of the 95% A&E 4 hour standard across Acute providers
- Meet the four priority standards for 7 day services
- Pilot direct booking from 111 in 22 GP practices in-hours and further roll-out

Ongoing work: 2016/17 and 2017/18

- Significant improvements in the development of the clinical advice service which supports NHS 111, 999 and out-of-hours calls
- Reconfiguration of services, priority pathways and wider STP work
- Ongoing benefits realisation work & ROI working with YHEC and the AHSN

Impact

Health and wellbeing

- ↓ Reducing mortality rates

Care and quality

- ✓ Improve patient experiences substantially, including patient choice
- ✓ Provision of high quality and safe care across all seven days of the week
- ↓ Reduce ambulance conveyances to ED by 12% by 2021 (23,033)
- ↓ Reduce avoidable emergency admissions by 3% by 2021 (1,693)
- ↓ Management of demand and expected growth of ED attendances - reduce ED attendances by 4% by 2021
- ↓ Reduction in average length of stay
- ↓ Reduction in avoidable readmissions

Finance and efficiency – including planned savings and planned investment required

- ✓ The Vanguard ROI is expected to be £12m by 2020/21 (excluding the Imaging Collaborative) focused on the eight elements of integrated urgent care (IUC)
- ✓ Integrated urgent and emergency care services that manage demand more effectively have the potential to be significantly more cost-effective than existing arrangements

Specialised commissioning

Prevention
/ managing
demand for
specialist
care

Consistent local
prevention strategies

Specialist
treatment

West Yorkshire and Harrogate
planning of services

Our approach to specialised commissioning and provision of specialist services is two-fold. Firstly to manage the demand for specialist services e.g. reduce the increasing demand for bariatric surgery through consistent preventative approaches to tackle obesity and implementation of consistent weight management services across West Yorkshire and Harrogate. This is primarily being planned and delivered by local places in line with the needs of their local population. The second element is the provision of specialist services and how this is planned and delivered to ensure services are sustainable and fit for the future. This will mean services will be provided through a networked approach. To do this we must plan collaboratively at a West Yorkshire and Yorkshire and Humber level.

Impact

A West Yorkshire and Harrogate Specialised Services Steering Group (CCGs, Cancer Alliance Board reps, Providers and NHSE Specialised Commissioners) has been established to take forward collaborative approaches to planning and transforming services and work in 2016/17 has already commenced on:

- **CAMHS Tier 4 Beds** – aim to improve outcomes for CAMHS patients and reduce out of area placements - West Yorkshire and Harrogate Review to commence early 2017
- **Vascular** – implement the optimum model of service provision across Yorkshire & Humber that best meets the needs of patients and improves patient outcomes, addresses inequality of access and ensures quality of service provision in line with the national specification - Clinical Senate Review Nov 2016
- **Complex Neuro-rehab** – develop and agree a Yorkshire & Humber wide collaborative strategy for specialised rehabilitation for adults with acquired brain injury (ABI) which is intended to address under-provision of level 1 or 2a facilities. This will improve patient experience and reduce delays. Service review completed Q3 2016/17
- **HIV** – review arrangements to ensure future resilience and sustainability of HIV provision and improve patient access.
- **Specialist weight management** - identification and implementation of transformational opportunities for services and pathways prior to entry to tier 4 services set in the context of place-based obesity strategies.

Acute Collaboration

Clinical standardisation for efficiency

- 'Centres of excellence' approach to higher acuity specialties eliminating avoidable cost of duplication and driving standardisation
- WY standardised operating procedures and pathways. Building on current best practice and using GIRFT to drive out variation in quality as well as operational efficiency.
- Effective centres to increase quality, maximise efficiency and reduce cost
- Operational clinical networks and alliances as a vehicle for sustainable services (e.g. HAS, head and neck cancer, vascular, pathology and radiology)
- Workforce planning at scale and managing workforce risk at system level supporting free movement of bank and agency staff under single shared Bank arrangements.
- Deliver economies of scale in corporate services e.g. procurement, pathology services, estates & facilities management, informatics and other infrastructure

WY Pathology Strategy

Including specialist services and integrated IT platform

Workforce planning at scale

Focused on securing the pipeline of 'fit for purpose' staff and improved productivity

WY Strategy Corporate Services

Inclusive of:

- Procurement
- Estates & facilities management
- Finance
- HR
- Informatics

The default position for these services is collaboration. This is being explored with other providers in order to increase scale / economies of scale.

Progress to date:

- ✓ Consultation on CHFT strategy completed
- ✓ Phase 2 of MYHT reconfiguration implemented
- ✓ Diagnostic and case for collaboration jointly commissioned by WYAAT
- ✓ Established working groups for Estates & Facilities, Finance Procurement, HR & Workforce
- ✓ WYAAT Radiology Collaborative established
- ✓ Collaborative strategy and supporting programme infrastructure in development
- ✓ Proposed operating model for WYAAT alternative service delivery models in development
- ✓ Establishing Committee in Common

Acute Collaboration

Key milestones and decisions

October 2016

- Commence development of Case for change for Pathology & Corporate Services
- CHFT reconfiguration

December 2016

- Business Case for Acute Collaboration programme

December 2016

Page 132 Acute collaboration decision making Framework

March 2017

- Establish programme infrastructure
- Pathology and Corporate Service plan agreed

May 2017

- Final phase of MYHT implementation

June 2017

- Clinical standardisation plan and Timescales developed
- LGI masterplan for specialist services
- ASDM for corporate services established

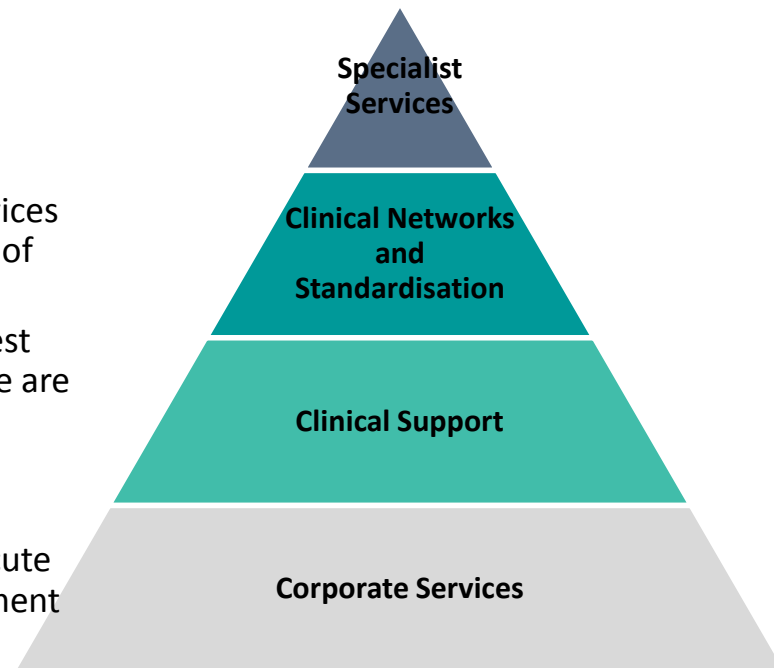
2017-2021

- 3 year programme for clinical and non-clinical transformation with milestones agreed to 2021

Impact

There are significant challenges in the acute sector and through collaborative working, standardisation and operational networks acute providers will reduce variation and improve resilience. Delivering efficiencies will require standardisation in the wider system of out of hospital care focusing on an integrated approach to demand and patient flow (Delayed Transfers of Care). The impact of the acute collaborative strategy and wider system alignment will be to fundamentally underpin our ambitions to close the three gaps in West Yorkshire and Harrogate, including:

- Consistent delivery of constitutional targets
- Improved patient experience
- Improved safety in services by consistent adoption of good practice
- Ensuring services in West Yorkshire and Harrogate are more resilient
- Reduce reference cost variation
- Underpin delivery of acute provider cost improvement programmes



Standardisation of commissioning policies

This work supports our ambition to reduced unwarranted variation and standardise clinical practice across West Yorkshire and Harrogate. We will utilise RightCare methodology, commissioning for value data and evidenced-based clinical thresholds which will enable us to commission to ensure:

- Maximum health gain from each intervention
- Consistency of access and outcomes
- Delivery of the constitutional Referral to Treatment Time (RTT) standard

This work will allow us to ensure our elective capacity is 'right-sized' and sustainable across our acute provider network. This supports the acute collaboration approach to clinical standardisation. The programme is divided into four key workstreams covering elective hospital based care, follow-ups and prescribing. The prescribing workstream is focused on reduced both costs in relation to waste medicines and prescribing. It will cover over the counter medicines, primary care and hospital based prescribing costs.

Progress so far...

- ✓ Agreed collective approach at a West Yorkshire and Harrogate footprint
- ✓ Local 'Place' and CCGs progressing earlier (e.g. 'Linking Prevention and Better Health to elective care' in Harrogate & Rural District CCG)
- ✓ Agreement of consistent implementation across West Yorkshire and Harrogate by 2020/21
- ✓ Provider and commissioner chief executive SROs in place
- ✓ Commenced discussion with Healthwatch and in some local communities
- ✓ Approach to health optimisation and reduction in variation supported by NHS England
- ✓ Identified resources to support programme work plan development and delivery

Health and wellbeing thresholds

Clinical thresholds and policies

Follow-up management

Prescribing

Standardisation of commissioning policies

Key milestones and decisions

Dec 2016: 'First wave' procedures signed-off by Healthy Futures Collaborative Forum

Jan 2017: Final agreement of future phasing of roll-out and scope of interventions

2017 – 2021: Quarterly rolling process of development, agreement and implementation of commissioning policies

2021: Standardisation of commissioning policies in place across West Yorkshire and Harrogate footprint

Impact

- ✓ Support delivery of the West Yorkshire and Harrogate targets in relation to smoking and obesity
- ✓ Support delivery of Referral to Treatment Time (RTT) standards
- ✓ Dovetail with the development of acute, mental health and provider collaborations to secure improvements in service delivery
- ↑ Clarity for patients and the public
- ↑ Improved cost effectiveness in prescribing
- ↓ Reduced variation in eligibility
- ↓ Planned savings of £50m delivered through consistent reduction in low value clinical procedures and interventions and ensuring patients are optimised for surgery



Section 5: Enabling workstreams

Context

All of our proposals are about improvement and change. To do this we must:

- Create the right workforce, in the right place with the right skills, to deliver services at the right time, ensuring the wellbeing of our staff
- Engage our communities meaningfully in co-producing services and making difficult decisions
- Using technology to drive change and create a 21st century NHS
- Place innovation and best practice at the heart of our collaboration ensuring that our learning benefits the whole population
- Ensure we have effective commissioning structures to push through the change.



Workforce

Challenges

70-80% of the West Yorkshire & Harrogate resource is spent on workforce. Every one of our STP workstreams has workforce implications

90% of the workforce we will have in 5 years' time already work for us

Longstanding shortages of clinical and support staff

Development of new skills to deliver new ways of working

Affordability of current pay bill – high locum and agency spend

Variation in team productivity

Insufficient integration across sectors

Concerns for staff wellbeing

Actions

Establishment of West Yorkshire and Harrogate STP Local Workforce Action Board
Chair: Dr Ros Tolcher (Chief Executive, Harrogate and District NHS Foundation Trust)
Co-chair: Mike Curtis (Health Education England)

Vision: West Yorkshire and Harrogate will have an affordable, skilled and resilient workforce providing sustainable health and care
Mission: To ensure that the workforce is a positive enabler and not a constraint to achieving the ambitions of the West Yorkshire and Harrogate STP

Primary and community care, and public health
Dr Andrew Sixsmith

Registered workforce initiatives
Philip Marshall

Non-registered workforce initiatives
Sandra Knight

Prevention at Scale
Dr Ian Cameron

Workforce flexibility and enablers
Jo Carr

Workforce

Programme outlines	Primary Care, Community Care and Public Health	Registered Workforce Initiatives	Non-registered workforce initiatives	Prevention at scale	Workforce flexibility and resilience enablers
Vision	Plan and secure a transformed workforce for Primary and Community care. Make Every Contact Count. <i>Working with the Primary Care & Community Services Group</i>	Plan for foreseeable demand for registered workforce capacity. Transform existing roles and influence new training programmes and supply for advanced practice and new roles.	Plan for foreseeable demand for non-registered workforce capacity. Transform existing roles and ensure supply of new training programmes	All sections of the health and care workforce contribute to the prevention agenda as a priority for future	Optimise the efficiency of HR processes through standardisation; reduce the cost of workforce gaps
Core outputs Page 138	<ul style="list-style-type: none"> A Primary and Community care workforce strategy Quantify demand for future workforce & investment required Specify adaptation requirements for primary and community care to deliver new ways of working 	<ul style="list-style-type: none"> Quantify demand for registered nursing and ACPs and secure right capacity of training to achieve a pipeline of ACPs for all sectors Quantify and address gaps in OPD workforce Strategy for medical specialty shortages 	<ul style="list-style-type: none"> Proposal for career escalator Development of a WY Excellence Centre Optimise use of apprenticeship levy 	<ul style="list-style-type: none"> Making Every Contact Count Framework and Plan for WY&H. Health Promoting Trusts proposal (TBC) Workforce development strategy for prevention priorities. 	<ul style="list-style-type: none"> Savings from internal agency Savings from standardisation
Workstreams to be developed	<p>Primary Care Workforce working in General Practice - workforce analysis</p> <p>Investment plan – for wider roles in primary care (adaptation and innovative roles) nurses, pharmacists, advanced practitioners, physicians associates, clinical support workers, care navigators</p> <p>New Care Models, new ways of working</p> <p>Support for self care, expert patients & volunteers</p>	<p>ACP supply</p> <ul style="list-style-type: none"> ODP function supply Endoscopists Physicians Associates Social workers <p>Nurse recruitment strategies at WY&H level</p>	<p>Development of the West Yorkshire Excellence Centre</p> <ul style="list-style-type: none"> Pathway for B1-4 Support to the primary care workstream Working with Advanced Training Practices 	<p>Development of an STP Prevention at Scale plan</p> <ul style="list-style-type: none"> Priorities TBC (Nov 16) Workforce development of all prevention priorities. MECC Health Promoting Hospitals/Health and Care (TBC) Support and links to primary care 	<p>Development of Internal Agency</p> <p>Workforce passports</p> <p>Improve quality and value for money of GP locum market</p> <p>Standardisation of HR processes & streamlining</p> <p>Adoption of digital & technology solutions</p>

Digital and interoperability

Building on the six Local Digital Roadmaps, there are some key themes where we know digital solutions can drive change across our health and social care economy and support our overarching aims, including:



Development **Record Sharing technology across West Yorkshire and Harrogate** to ensure **access to individuals' health and care information across all care settings** improving safety, experience and clinical effectiveness



Technology to support **knowledge, education and self-care** to ensure **people are empowered to manage their own health and wellbeing**



Technology implementation to support **clinical models e.g. clinical advice hub, direct booking, telehealth / telecare**

In addition, the digital support is fundamental to delivery of our transformation plans in local places and to our collaborative workstreams. Some of this work has already started and further priorities will be identified as the draft proposals for our workstreams are further developed.

Progress to date

- ✓ **CIOs Group** – Establishing a group of Chief Information Officers across CCGs, local authorities and NHS providers and expanding to form a network of Clinical Chief Information Officers (CCIOs)
- ✓ **Established digital leadership** with director leadership from commissioner and provider organisations and GP sponsor
- ✓ **Designing a data sharing architecture** this as a priority workstream with sign-up from all our acute providers. We have also formally secured the input from NHS Digital to this at a senior level. This work underpins anything that we will need to do around integrated and shared records, capabilities such as cross-organisational appointment booking etc.
- ✓ Themes across 6 **Local Digital Roadmaps** under review to identify consolidated opportunities to use technology to support STP delivery
- ✓ **UEC Vanguard** - A full technology work programme is in place and opportunities reviewed as part of the Acceleration Zone
- ✓ Technology to **assist the implementation of Carter efficiencies**

Harnessing the power of communities

We will establish a new relationship with our communities built around good work on the co-production of services and care. Our proposals to support people to self-care, prevent ill-health, implement the GP 5YFV and join up community services require a new relationship that sees people as assets not issues. They are fundamentally linked to building resilience through community assets, local populations and the large numbers of thriving voluntary and community sector organisations across West Yorkshire and Harrogate.

We are already seeing this in the digital space with the development of the mHealthhabitat programme out of mental health, sponsorship of the #YHDigitalcitizen programme and the People Driven Digital movement. These are also reflected in local vanguards and the AHSN is sponsoring a developing social movement through our Digital Health & Wellbeing Ecosystem. This is a platform for health and social care, academic, industry, the voluntary sector and patient organisations, to collaborate to increase the uptake of digital health technology. This will enhance patient care and participate in shared learning across the ECHAlliance International Permanent Network of Ecosystems.

We already rely on the involvement of the wider VCS in strategy development, leadership, engagement and service delivery. We will form new relationships, support innovative ways of working, and the development of community capacity building. This will be supported by new compact with the 3rd sector.



YORKSHIRE & HUMBER
ACADEMIC HEALTH SCIENCE NETWORK



Leeds
CITY COUNCIL

European Health Futures Forum



Harnessing the power of communities

Principles

- We will work together on a **'no surprises'** basis and set out a realistic case for change at both a local and regional level.
- Our emerging plan draws on existing **insight** and local **intelligence**. We want to build on the engagement and consultation work already underway and consider what we have already been told.
- Starting **conversation with the public** about their role in managing their own care
- Secure **political and public buy-in through a compelling case for change**
- **Nurture** our partner, stakeholder relationships and develop new to achieve our ambition together.
- Engaging our **health and social care workforce** is critical if we are to reach realistic improved outcomes
- We will **formally consult** where there is a proposal for significant service change

Progress to date

- ✓ Every local place-based plan has been built up from a wealth of information which local people have told us about local services
- ✓ Local plans have been developed and approved by local Health and Wellbeing Boards (or equivalent structures)
- ✓ Healthwatch is a key partner in our STP and provide leadership, assurance and challenge acting as the voice of the patient and has supported our Vanguard engagement e.g. reaching over 300,000 on our Hear, See and Treat proposals
- ✓ We will always fulfil our legal duties to consult and we are already consulting formally with our populations on some of our proposals e.g. reconfiguration of hospital and community services in Calderdale and Huddersfield
- ✓ A strategic communications and engagement lead has been employed to support engagement and communication with all our stakeholders across the STP. This role is embedded within the STP Programme Management Office and works closely with the STP Lead
- ✓ This role is supported by an established multi-agency communications and engagement regional network to ensure the approach is embedded in all organisations and existing communication channels are used to full effect.

Sharing our proposals

- Local place-based plans have been designed and approved by all local Health and Wellbeing Boards (HWB) or equivalent and are in the public domain. Council leaders and Chairs of the HWB meet on a regional level
- We are fully committed to sharing all proposals with our population and will publish our plan and public summary during the week commencing 31 October 2016
- Sharing our proposals will start a series of public engagement activities.

Harnessing the power of our communities

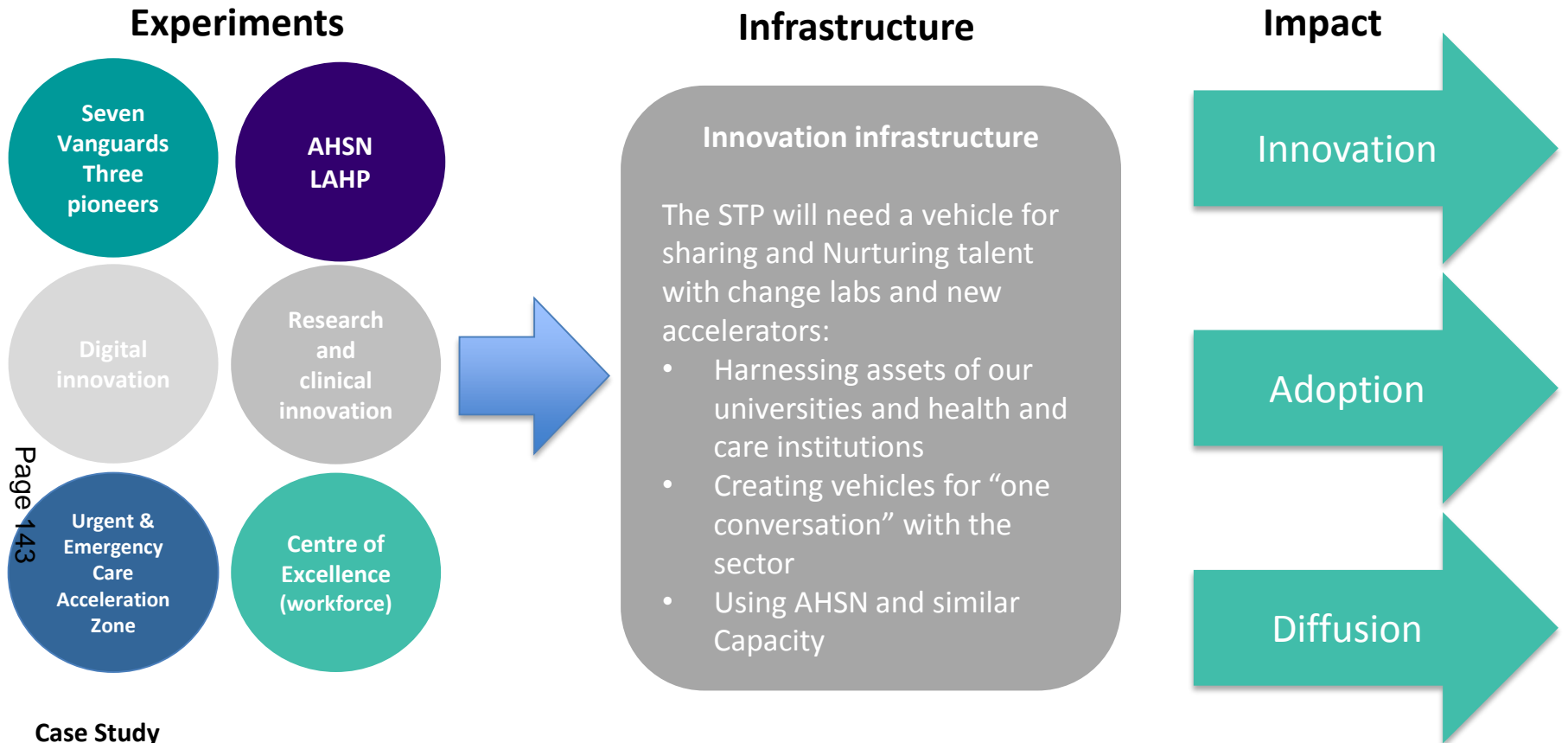
In line with our principles, we have reviewed our recent engagement activity across our CCG footprints which is identified below. This information has informed the development of our plans to date and will support us in identifying where further engagement work is required with populations on some of our proposals. This will be a fundamental part of our developing proposals further.

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	Airedale, Wharfedale, Craven	Bradford City	Bradford District	Calderdale	Greater Huddersfield	Harrrogate and Rural District	Leeds North	Leeds South and East	Leeds west	North Kirklees	Wakefield	Key themes
Prevention		E	E	E	E	E C	E	E	E	E	E C	Care Closer to Home, Vanguard, Bowel Cancer, Smoking, Personal Health Budgets, Long Term Conditions Care Planning, Self-Care, Early Intervention and Prevention, Winter Health Strategy Consultation, Autism Strategy for North Yorkshire, Learning Disabilities Strategy Consultation, Healthy Weight, Healthy Lives Strategy Consultation, Shared Decision Making
Primary and community services	E	E C	E C	E C	E C	E	E	E	E	E	E	Care Closer to Home, Right Care, Right Time, Right Place, Our Street, Unplanned Care, Walk in Centres, GP services - extended hours/changes/closures and access (including enhanced access), NHS Dentist, Care Homes, Winter Campaigns, What Matters to us, Integrated Care, Community Equipment Services, Enhanced Care, Access to primary care for people with a learning disability, Scribble live, Anti-coagulation, Closure of GP practice, Endoscopy and Gynaecology services, PMS and PBSR, ENT, Ophthalmology, Discharge, Connecting Care, IAPT, Primary Strategies, APMS, Adult Hearing Services, Gynaecology, ENT, Year of Care, Single point of access
Mental Health	E	E C	E C	E	E	E	E	E	E	E	E	Children and Young people (CAMHS), Crisis Intervention, Section 136, SWYFHT Transformation, Mental Health strategies, The Future in Mind, Autism, bereavement services
Stroke	E	E	E C			E					E	Improvements to Stroke Services, Reconfiguration of Services, patient surveys
Cancer				E	E	E	E	E	E			Breast, Gynaecological, Prostate, Colorectal, Childhood and Young Adults services, Cancer Services CHFT, living with and beyond cancer project, surviving cancer
Urgent & Emergency care	E	E	E	E C	E C	E	E	E	E	E C	E C	Urgent and Emergency Care Strategy, Right Care, Right Time, Right Place, Meeting the Challenge, What Matters to us, Urgent Care Transformation Programme
Specialised commissioning		E	E									Eating disorders, Specialised Mental Health
Acute reconfiguration		E	E	E C	E C					E C	E C	Meeting the Challenge, Right Care, Right time, Right Place, Accountable Care
Standardisation		E C	E C	E	E		E	E	E	E	E	Patient Transport, Talk Health, IVF, Stop Before your OP, Medicines Management, Gluten Free, OTC medicines, cows' milk intolerance

Innovation and best practice

Our ambition is to become an international destination for health innovation



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Case Study

Airedale has been working successfully for several years across health and social care to develop an integrated health record which enables more seamless care for the population. This provides an integrated workflow across providers and improves the experiences of people accessing services ensuring information is collected from people only once. This also supports reduced duplication as set out in the Getting It Right First Time (GIRFT) programme and Carter Review. We are talking to Connected Yorkshire (Leeds University) to see how we can use our data to understand our population health and bring the biggest benefit through health and care interventions.



Section 6: Creating the infrastructure for delivery

Creating an infrastructure to deliver

These proposals require a different way of working across organisations in West Yorkshire and Harrogate.

There are a number of components to this:

- Establishing appropriate governance arrangements to allow us to work more closely and take decisions collectively across commissioners, providers, health and social care
- Evolving our current commissioning arrangements so that there is a great emphasis on place and a stronger infrastructure at a West Yorkshire and Harrogate level
- Rapidly expanding capacity and resources to do the work through realignment of existing roles and functions, both at local organisation and Arms Length Body (ALB) level

The following section sets out our proposals for taking this forward.



Strategic commissioning

A West Yorkshire & Harrogate wide commissioning / contractor function dealing with acute and some specialist services

- Design of evidence based pathways and service standards
- System wide outcomes and payment incentives
- Extension / formalisation of the CCG joint committee arrangements
- Identification of services that need to be commissioned on a WY basis

and...

A place based commissioner bringing together the functions of LAs CCGs and NHS England (primary care) commissioning

- Organisations collaborate on a defined geographic footprint – collective accountability
- Essential that we maintain 'connection' between West Yorkshire and Harrogate and place based commissioning

And / or...

A local 'commissioning' function embedded within ACO models

- ACOs working to a capitated budget will need to make decisions about how resources are used to best meet population needs.
- Therefore some 'commissioning' competencies required aligned to strategic function of organisation.

Example services

WEST YORKSHIRE & HARROGATE

- Low volume, high cost, high risk planned care
- Emergency centres and co-dependencies
- Specialised & tertiary services
- Inpatient mental health services
- 'Hard Pressed' specialties
- Specialised diagnostics
- High volume, low cost, low risk planned care

Shared view of strategic intent and planning

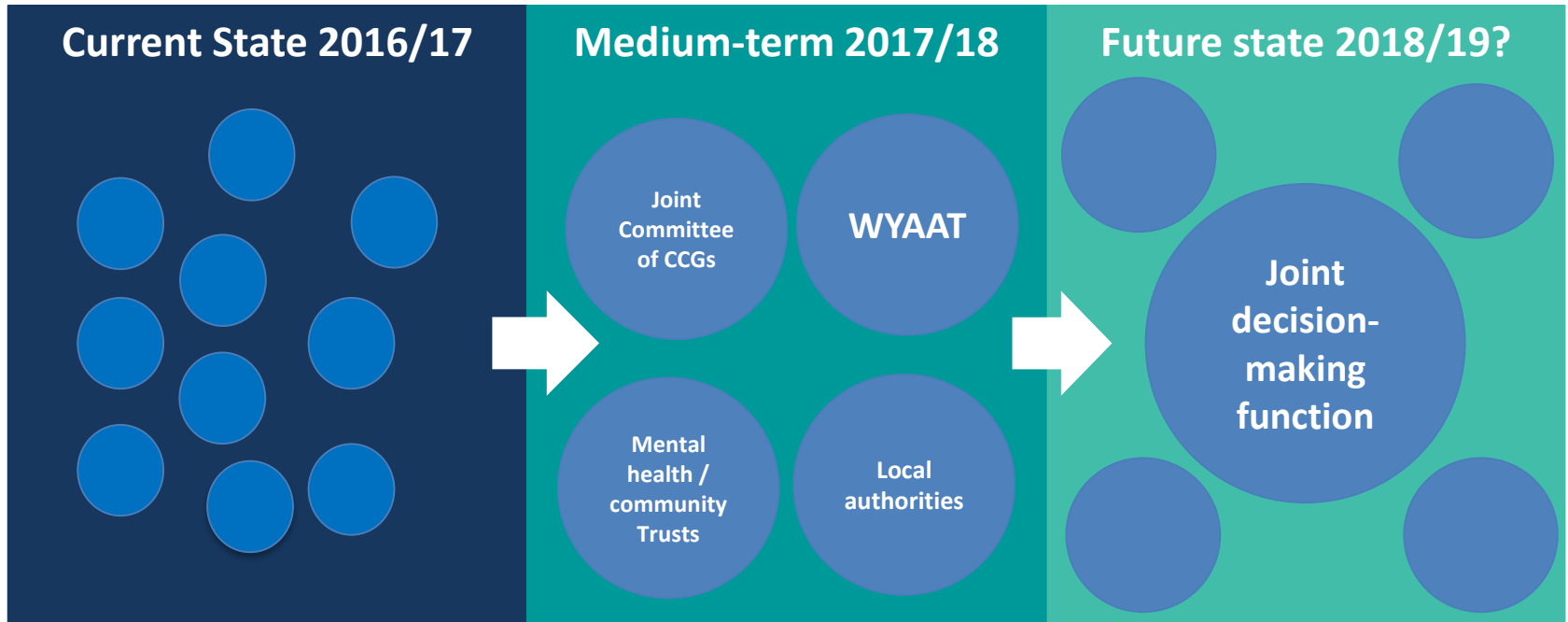
LOCAL

- Diagnostics
- Primary and community care
- Social care
- Long term conditions management
- Frailty services
- Community Mental Health

Governance and decision-making

- Health and Wellbeing Boards are the key mechanism for taking decisions on place based proposals at local level. Alongside our partnership with Local Authorities, this will continue to be an important way of ensuring our proposals represent the views and interests of local people.
- We have developed an approach based on collaboration and partnership – leadership group, steering group, CCG forum and clinical forum. These have been important vehicles to move the STP forward – but they have not been tested in terms of challenging decisions and they do not go far enough given the expectations placed on the STP as a planning area.
- The arrangements are therefore changing in line with the increased responsibilities placed on STP areas. Over the course of the next 12 months we will move to more formal joint decision making arrangements within sector in order to support collective decision making.
- Beyond that, we recognise that closer working and decision making across traditional sector boundaries will become increasingly important as we take decisions that put place over organisation. As a leadership group we are considering mechanisms to facilitate place based governance and decision making.
- The following slide illustrates this journey.

Moving forward we intend to formalise the current arrangements and move towards joint decision making



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- Single statutory organisations
- Some groupings / informal collaboration of providers and of commissioners
- Formalised collaborative structures of commissioners and providers to support collective decision-making
- Run new commissioning model in shadow form
- Joint decision-making function where appropriate, or in the best interests to do so representing commissioners and providers joint-decision making function
- Supported by formal collaborative structures established in 2017/18



Section 7: Conclusion

Conclusion

We are committed to delivering the vision set out in this document. The STP sets out the strategic context in West Yorkshire and Harrogate and high-level proposals for how we might get there.

Our focus now shifts to building on conversations we have already had with our communities to developing meaningful coproduction for turning these high-level proposals into more detailed implementable plans.

Our next important milestone is the two-year operational NHS planning process through which we will translate into delivery.





Annex

Annex A: Glossary 1

Item	Description
ABI	Acquired Brain Injury
ACO (also ACS)	Accountable Care Organisation / System. ACOs are an approach to population-based commissioning for outcomes as opposed to activity.
ACP	Advanced Clinical Practitioner
ADHD	Attention Deficit Hyperactivity Disorder
AF	Atrial Fibrillation
AHSN	Academic Health Science Network. AHSNs are organisations which link different parts of the health system to ensure that health improvement initiatives are considered and evaluated using proven methodology.
ASDM	Alternative Service Delivery Model
AWC	Airedale, Wharfedale and Craven
A&E	Accident and Emergency [department]
BD&C	Bradford District and Craven

Item	Description
CAMHS	Child and Adolescent Mental Health Service
CAS	Clinical Advice Service
CCG	Clinical Commissioning Group. CCGs are organisations that commission most of the hospital and community NHS services in the local areas for which they are responsible.
CCIO	Chief Clinical Information Officer
CHD	Coronary Heart Disease
CHFT	Calderdale and Huddersfield NHS Foundation Trust
COPD	Chronic Obstructive Pulmonary Disease
CPES	Cancer Patient Experience Survey
CVD	Cardiovascular Disease
CYP	Children and Young People
DToC	Delayed Transfer of Care

Glossary 2

Item	Description
ED	Emergency Department
EMIS	A supplier providing electronic patient record systems to primary care
ENT	Ear, Nose and Throat
FYFV	Five Year Forward View. This national document, published in October 2014, sets out a new shared vision for the future of the NHS based around new models of care.
GP	General Practice / Practitioner
GPFV	General Practice Forward View. This national document, published in April 2016, setting out intentions to improve general practice.
GIRFT	Getting it Right First Time
HAS	Hyper-acute Stroke
HFCF	Healthy Futures Collaborative Forum. A collaborative meeting of all the 11 CCGs across the West Yorkshire and Harrogate STP.

Item	Description
HIV	Human Immunodeficiency Virus
HWBB	Health and Wellbeing Board. Hosted by local authorities, these boards bring together the NHS, public health, adult social care and children's services, including elected representatives and Local Healthwatch, to plan how best to meet the needs of the population.
IAPT	Improving Access to Psychological Therapies
IUC	Integrated Urgent Care
IVF	In Vitro Fertilisation
JSNA	Joint Strategic Needs Assessment
LA	Local Authority
LTC	Long Term Condition
LTHT	Leeds Teaching Hospitals NHS Trust
LOS	Length of Stay

Glossary 3

Item	Description
MCP	Multispecialty Community Provider. This is a new model of care focusing on bringing together services operating in the community.
MDT	Multi-disciplinary Team
MYHT	Mid Yorkshire Hospitals NHS Trust
MECC	Making Every Contact Count
MH	Mental Health
MHFV	Five Year Forward View for Mental Health. This national document, published in February 2016, sets out 59 recommendations of the Mental Health Taskforce aiming to improve Mental Health service provision.
NCMP	National Child Measurement Programme
NEET	Young people who are “Not in Education, Employment of Training”
NHS	National Health Service

Item	Description
NHSE	NHS England
NICE	National Institute for Health and Care Excellence
OBC	Outline Business Case
ODP	Operating Department Practitioner
OP	Outpatient
OTC	Over the Counter
PBSR	Practice Based Services Review
PMS	Personal Medical Services [contract]
PoS	Place of Safety
PURMs	Pharmacy Urgent Repeat Medication service
QOF	Quality and Outcomes Framework
QOL	Quality of Life

Glossary 4

Item	Description
ROI	Return on Investment
RTT	Referral to Treatment Time (a national legal right to start non-emergency NHS consultant-led treatment within a maximum of 18 weeks from referral, unless a patient chooses to wait longer or it is clinically appropriate that they wait longer.)
SCfC	Strategic Case for Change
SCR	Summary Care Record
SSNAP	Sentinel Stroke National Audit Programme
STF	Sustainability and Transformation Fund
STP	Sustainability and Transformation Plan. Every health and care system in England will produce a multi-year Sustainability and Transformation Plan (STP), showing how local services will evolve and become sustainable over the next five years.

Item	Description
SWYPFT	Also; SWYFT / SWYFHT – South West Yorkshire Partnership NHS Foundation Trust
UEC	Urgent and Emergency Care
Vanguard	Vanguards are a group of organisations and partnerships which will take a lead on the development of new care models which will act as the blueprints for the NHS moving forward, piloting new models of care identified in the Five Year Forward View.
WYAAT	West Yorkshire Association of Acute Trusts
WY&H	West Yorkshire and Harrogate
YAS	Yorkshire Ambulance Service
YHEC	York Health Economics Consortium

West Yorkshire & Harrogate STP



A partnership between, health services, clinical commissioning groups, care providers, local councils, and Healthwatch

westyorkshirestp@nhs.net

Report of Head of Governance and Scrutiny Support

Report to Scrutiny Board (Adult Social Services, Public Health, NHS)

Date: 20 December 2016

Subject: The award of interim contracts to existing third sector, GP and pharmacy providers of public health services

Are specific electoral Wards affected? If relevant, name(s) of Ward(s):	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Are there implications for equality and diversity and cohesion and integration?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is the decision eligible for Call-In?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

1 Purpose of this report

1.1 The purpose of this report is to provide an opportunity to formally outline some of the areas of work and activity of the Chair of the Scrutiny Board since the last meeting.

2 Main issues

2.1 On 25 November 2016, a new notice of a forthcoming Key Decision was published; relating to the award of interim contracts to existing third sector, GP and pharmacy providers of public health services. The decision maker will be Director of Public Health.

2.2 As part of the notification, it was stated:

‘When Public Health transferred to the Council, the existing PCT contracts held with the third sector, GPs and pharmacies were reviewed and new 3 year contracts were awarded, which are due to expire on 31st March 2017. Since the transfer, Public Health has been undertaking a structured approach to re-commissioning public health services to ensure a high quality and value for money solutions are achieved.

This decision is seeking approval to award new contracts to some existing third sector, pharmacy and GP providers from 1st April 2017 to maintain service continuity and to provide additional time for Public Health to participate in their strategic reviews. The contracts with the third sector organisations deliver a range of services including women’s, street workers, travellers and for public mental

health. The GP and pharmacy contracts provide locally enhanced services (LESS) to directly support people with their substance misuse and sexual health.'

- 2.3 At the time of publication of the notification, the Chair of the Scrutiny Board requested that sufficient time be allowed for the details to be reported to, and considered by the Scrutiny Board, prior to any final decision. The decision date has been stated as '*...not before 3 January 2017*'.
- 2.4 The Director of Public Health has since advised the decision-making report is due to be published on 16 December 2016. As such, the decision-making report will be provided to members of the Scrutiny Board in advance of its meeting, for consideration on 20 December 2016.
- 3 Recommendations** Members are asked to consider the content of this report and any additional information provided, in order to identify any specific matters that may require further scrutiny input/ activity.
- 4. Background papers¹**
- 4.1 None used

¹ The background documents listed in this section are available to download from the Council's website, unless they contain confidential or exempt information. The list of background documents does not include published works.