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Leeds CITY COUNCIL

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

Meeting to be held in Civic Hall, Leeds, LS1 1UR on
Tuesday, 25th April, 2017 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;
B Flynn	-	Adel and Wharfedale;
P Gruen (Chair)	-	Cross Gates and Whinmoor;
A Hussain	-	Gipton and Harehills;
J Pryor	-	Headingley;
D Ragan	-	Burmantofts and Richmond Hill;
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

A G E N D A

Item No	Ward/Equal Opportunities	Item Not Open		Page No
1			**APPEALS AGAINST REFUSAL OF INSPECTION OF DOCUMENTS** 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). (* 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).	
2			**EXEMPT INFORMATION - POSSIBLE EXCLUSION OF THE PRESS AND PUBLIC** 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. 2 To consider whether or not to accept the officers recommendation in respect of the above information. 3 If so, to formally pass the following resolution:- **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: **No exempt items have been identified.**	

Item No	Ward/Equal Opportunities	Item Not Open		Page No
3			**LATE ITEMS** To identify items which have been admitted to the agenda by the Chair for consideration. (The special circumstances shall be specified in the minutes.)	
4			**DECLARATION OF DISCLOSABLE PECUNIARY INTERESTS** 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.	
5			**APOLOGIES FOR ABSENCE AND NOTIFICATION OF SUBSTITUTES** To receive any apologies for absence and notification of substitutes.	
6			**MINUTES - 28 MARCH 2017** To confirm as a correct record, the minutes of the meeting held on 28 March 2017.	1 - 10
7			**MINUTES OF THE WEST YORKSHIRE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE - 24 MARCH 2017** To receive for information purposes the minutes of the West Yorkshire Joint Health Overview and Scrutiny Committee meeting, held on 24 March 2017.	11 - 14

Item No	Ward/Equal Opportunities	Item Not Open		Page No
8			**MINUTES OF EXECUTIVE BOARD - 19 APRIL 2017** To receive for information purposes the minutes of the Executive Board meeting held on 19 April 2017. TO FOLLOW	
9			**CHAIR'S UPDATE** To receive an update from the Chair on scrutiny activity since the previous Board meeting and not specifically included elsewhere on this agenda.	15 - 20
10			**THE GREEN - MOVING FROM A RESIDENTIAL HOME TO A RECOVERY SERVICE: TRANSITION PLAN** To receive a report from the Head of Governance and Scrutiny Support introducing a report from the Director of Adults and Health due to be considered by the Executive Board at its meeting on 19 April 2017.	21 - 36
11			**RECOMMENDATION TRACKING: INVOLVEMENT OF THE THIRD SECTOR IN THE PROVISION OF HEALTH AND SOCIAL CARE SERVICES ACROSS LEEDS** To consider a report from the Head of Governance and Scrutiny Support introducing an update against the Scrutiny Board's previous recommendations following its inquiry into the involvement of the Third Sector in the provision of Health and Social Care Services across Leeds.	37 - 74

Item No	Ward/Equal Opportunities	Item Not Open		Page No
12			**PROPOSED PRESCRIBING CHANGES: FORMAL CONSULTATION** To receive and consider a report from the Head of Governance and Scrutiny Support introducing some proposed changes to prescribing changes across Leeds, as part of the formal public consultation.	75 - 120
13			**OVERVIEW OF NHS HEALTH CHECKS IN LEEDS** To receive and consider a report from the Director of Public Health providng an update on the NHS Health Check programme in Leeds, and to enable the Board to review the programme in order to enhance its role in improving men's health.	121 - 134
14			**CLOSURE OF THE BLOOD DONOR CENTRE IN SEACROFT: DRAFT SCRUTINY BOARD STATEMENT** To receive and consider a report from the Head of Governance and Scrutiny Support presenting a draft statement in relation to NHS Blood and Transplant decision to close the Blood Donor Centre in Seacroft.	135 - 148
15			**WORK SCHEDULE** To review the Scrutiny Board's work schedule for 2016/17 and identify any specific matters for potential consideration during 2017/18.	149 - 160
16			**DATE AND TIME OF NEXT MEETING** The date and time of the next meeting is to be confirmed.	

Item No	Ward/Equal Opportunities	Item Not Open		Page No
			THIRD PARTY RECORDING 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. Use of Recordings by Third Parties – code of practice 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, 28TH MARCH, 2017

PRESENT: Councillor P Gruen in the Chair

Councillors C Anderson, J Chapman, A Hussain, P Latty, J Pryor, B Selby, A Smart and P Truswell

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

142 Late Items

The following late information was submitted to the Board:

- Agenda item 8 – Draft Minutes of Executive Board meeting held on 22 March 2017
- Agenda item 9 – Letter from Ian Holmes, West Yorkshire and Harrogate STP Programme Director, to Councillor P Gruen, Chair of Scrutiny Board (Adult Social Services, Public Health, NHS) dated 23 March 2017, regarding STP Engagement
- Agenda item 12 – Information leaflet in relation to Joint Health and Social Care Team (Produced by Leeds Community Healthcare NHS Trust)
- Agenda item 13 – Leeds Community Healthcare NHS Trust – Chief Executive's Report (March 2017).

143 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:

- Dr J Beal advised that a family member was employed by Child Adolescent Mental Health Services (CAMHS). In addition, he was a member of NHS Leeds West CCG Primary Care Commissioning Committee.
- 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.

144 Apologies for Absence and Notification of Substitutes

Apologies for absence were submitted by Councillors B Flynn and S Varley.

Notification had been received that Councillor P Latty was to substitute for Councillor B Flynn.

145 Minutes - 21 February 2017

The Board requested an amendment under minute no. 134 'Care Quality Commission (CQC) – Inspection Outcomes', as follows:

- That the Board be kept updated regarding the quality landscape for homecare services across Leeds and the future development of commissioning arrangements; specifically in relation to those homecare service providers commissioned by LCC and identified by the CQC as requiring improvement.

RESOLVED – That subject to the above amendment, the minutes of the meeting held on 21 February 2017 be approved as a correct record.

146 Matters arising from the minutes

Minute no. 134 – Care Quality Commission (CQC) – Inspection Outcomes

The Board was advised that the CQC had not indicated a timescale for formally rating dentistry.

147 Minutes of Health and Wellbeing Board - 20 February 2017

RESOLVED – That the minutes of the Health and Wellbeing Board meeting held on 20 February 2017, be noted.

148 Minutes of Executive Board - 22 March 2017

RESOLVED – That the minutes of the Executive Board meeting held on 22 March 2017, be noted.

149 Chair's Update

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

The following matters were discussed:

Meetings and Visits

- Leeds Survivor Led Crisis Service (Dial House) – 20 March 2017 – joined by Councillor Billy Flynn.
- Rob Webster and Ian Holmes – 21 March 2017 – STP discussion Confirmation about resources to CCGs and subsidiarity of local plans.
- West Yorkshire Lay Members – in relation to the West Yorkshire STP – 23 March 2017.
- New Chief Officer Healthy Partnerships (Tony Cooke) – 23 March 2017.

- West Yorkshire Joint Health Overview and Scrutiny Committee – 24 March 2017.
  - Main focus on access to NHS Dental Services;
  - A statement and recommendations were being drafted. Details to be shared with the Board once completed;
  - STP development session agreed. Agreed to extend to (a limited) number of local Scrutiny Board members. Probably up to 5 members per authority. No date had been agreed yet.

- **Closure of Blood Donor Centre at Seacroft**

  - Further exchange of correspondence with NHS Blood and Transplant.
  - Advice from Independent Reconfiguration Panel that NHS Blood and Transplant followed the same process for service reconfiguration as other, local NHS commissioners and providers, particularly in terms of public engagement. By its own admission, NHS Blood and transplant had not undertaken any public consultation on the proposed closure.
  - Currently drafting a statement to be circulated to the Board for comment.

- **Letter received (Leeds West CCG): Re. Holt Park Branch Surgery Closure:**

  - GP Partners at Abbey Grange Medical Practice had applied to NHS Leeds West CCG to close their branch surgery at Holt Park.
  - Leeds West CCG had approved the formal application following an eight week engagement exercise (undertaken by Abbey Grange Medical Centre from 5 October to 30 November 2016).
  - Closure planned for Friday, 28 April 2017.
  - Abbey Grange Medical Practice in process of writing to patients registered at the practice advising them about the closure and access to GP services in the future.
  - Patients did not have to change doctors or move to a different practice unless they wished to do so.
  - As part of engagement, Abbey Medical Practice had identified the needs of its most vulnerable patients and highlighted how it was to address these.
  - To help patients with further information the Practice had set up drop-in events at the Holt Park Site in April.

RESOLVED – That the Chair's update be noted.

150 Care Quality Commission (CQC) - Inspection Outcomes

The Head of Governance and Scrutiny Support submitted a report which introduced details of recently reported and published Care Quality Commission inspection outcomes for health and social care providers across Leeds. The report also introduced details of the One City Care Home Quality and Sustainability project, including a 'Quality and Sustainability in Care

Homes' event, alongside proposals for developing future reporting arrangements for the Scrutiny Board.

The following were in attendance:

- Mick Ward – Interim Chief Officer of Commissioning, Adult Social Care.

The key areas of discussion were:

- A request that the Board received more detailed information in relation to those health and social care providers rated as requiring improvement.
- Confirmation regarding a Project Launch Event: Quality and Sustainability in Care Homes: A One City Approach on Friday, 7 April 2017.
- An update on intermediate care arrangements. The Board was advised that the outcome of the procurement exercise in relation to intermediate care was expected in April / May 2017.
- Proposed changes to the future reporting arrangements for CQC inspection outcomes.

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 Board receives more detailed information in relation to those health and social care providers rated as requiring improvement.
(c) That the following changes for presenting CQC Inspection Outcomes, be approved:

- Quarterly updates to the Scrutiny Board in contrast to monthly;
- Display of all five CQC ratings as well as overall rating;
- Date and overall rating of the last inspection;
- Additional appendix to include city wide trends.

(Councillor J Chapman left the meeting at 2.00pm during the consideration of this item.)

151 Scrutiny Inquiry - Men's Health in Leeds

The Head of Governance and Scrutiny Support submitted a report which introduced a range of information associated with the Scrutiny Board's inquiry into Men's Health – with a specific focus on suicide and suicide prevention.

The following information was appended to the report:

- Overview of Approach to Reducing Suicides in Leeds
- Audit of Suicides and Undetermined Deaths in Leeds (2011-2013)
- Working Action Plan for Leeds (2017-2020)

The following were in attendance:

- Councillor Fiona Venner – Chief Executive, Leeds Survivor Led Crisis Service
- Dr Ian Cameron – Director of Public Health, Leeds City Council
- Victoria Eaton – Chief Officer / Consultant in Public Health, Leeds City Council
- Catherine Ward – Health Improvement Principal, Leeds City Council
- Professor Alan White, Founder and Co-director of the Centre for Men's Health, Leeds Beckett University
- Dr Amanda Seims, Centre for Men's Health, Leeds Beckett University.

The key areas of discussion were:

- Targeted work in relation to suicide prevention.
- Develop of early intervention programmes, particularly work with schools.
- The need for more crisis supervision due to changes in the way individuals take their own lives.
- The important multi-agency work undertaken by crisis centres and the types of support provided.
- Robustness of some of the information and data that had been provided.
- A request that the Board be provided with comparative data and information of other core cities.
- The positive work undertaken by the Bereavement Suicide Support Service.
- The need to promote awareness of mental health issues across the Council.

RESOLVED –

(a) That the issues raised as part of the Board's inquiry into Men's Health in Leeds, be noted.
(b) That the above request for information be provided.

(Councillor A Hussain joined the meeting at 2.35pm during the consideration of this item.)

152 Integrated Health and Social Care Teams

[''The Director of Adult Social Services and Chief Executive Officer of Leeds Community Healthcare NHS Trust submitted a report which provided an update on developing partnership working across neighbourhood health and social care teams.

The following were in attendance:

- Shona McFarlane (Chief Officer (Access and Care Delivery)) – Adult Social Care, Leeds City Council

- Julie Bootle, Head of Service – Adult Social Care, Leeds City Council
- Kim Adams, Programme Manager (Health Integration) – Adult Social Care, Leeds City Council
- Thea Stein, Chief Executive (Leeds Community Healthcare NHS Trust)
- Sam Prince, Executive Director of Operations (Leeds Community Healthcare NHS Trust).

The key areas of discussion were:

- An update on new models of care and engagement with partners.
- The challenges of inspecting integrated services.
- The continued challenge of recruiting nurses.
- The work of neighbourhood teams, particularly in terms of ensuring a joined up approach.
- A greater emphasis on development of preventative strategies.

RESOLVED – That the update on developing partnership working across neighbourhood health and social care teams, be noted.

(Councillor J Pryor left the meeting at 3.20pm during the consideration of this item.)

153 Leeds Community Healthcare NHS Trust - update

The Head of Governance and Scrutiny Support submitted a report which introduced a general update on key issues in relation to Leeds Community Healthcare NHS Trust.

The following were in attendance:

- Thea Stein – Chief Executive (Leeds Community Healthcare NHS Trust)
- Sam Prince – Executive Director of Operations (Leeds Community Healthcare NHS Trust).

The key areas of discussion were:

- An update on the recent CQC inspection. The Board was advised that the outcome was not yet known, although initial feedback had been positive.
- Challenges around recruitment and retention of nursing staff.
- An update on staff influenza vaccination campaign 2016. It was reported that the Trust had topped the leader board for the most frontline staff vaccinated in a community trust.
- An update on performance against statutory and non-statutory waiting times.

RESOLVED – That the general update on key issues in relation to Leeds Community Healthcare NHS Trust, be noted.

154 Leeds Local Transformation Plan for Children and Young People's Mental Health and Wellbeing

The Head of Governance and Scrutiny Support submitted a report which introduced a range of information in relation to Leeds Local Transformation Plan for Children and Young People's Mental Health and Wellbeing and specifically autism assessment waiting times.

The following information was appended to the report:

- Leeds CAMHS Local Transformation Plan, Assurance of implementation (Quarter 3, 2016-17)
- Future in Mind: Leeds (2016-2020) 'A strategy to improve the social, emotional, mental health and wellbeing of children and young people aged 0–25 years'
- Future in Mind: Leeds (2016-2020) – Plan on a page
- Briefing paper on Child and Adolescent Mental Health Services – Autism Waits.

The following were in attendance:

- Dr Jane Mischenko – Commissioning Lead: Children & Maternity Services (NHS Leeds CCGs)
- Sam Prince – Executive Director of Operations (Leeds Community Healthcare NHS Trust).
- Janet Addison, Head of Service, CAMHS and Children's Speech and Language Therapy

The key areas of discussion were:

- An update on the local anti-stigma campaign plan. The Board was advised about work to support women with mental health needs during pregnancy. In addition, targeted work in relation to children and young people, work with schools and development of MindMate programme.
- An update on 12-week waiting time target for autism. The Board was advised that there had been a significant increase in referrals (35%). Additional clinics at weekends and evenings had been setup. The outcome on whether the target had been met would be known later in the year.
- The 'Future in Mind Strategy' and associated funding, particularly in relation to work through school clusters.

RESOLVED – That the update on Leeds Local Transformation Plan for Children and Young People's Mental Health and Wellbeing (LTP), and the further update on waiting times for autism assessments in Leeds, be noted.

155 The One Voice Project

The Head of Governance and Scrutiny Support submitted a report which provided an opportunity for the Scrutiny Board to consider Leeds Clinical Commissioning Groups (CCGs) 'One Voice' Project.

The following were in attendance:

- Phil Corrigan – Chief Executive, NHS Leeds West CCG.

The key areas of discussion were:

- An update on development of a Joint Board with a single leadership team, due to be finalised later in the week.
- The main focus was on ensuring consistency of approach and commissioning for outcomes.
- Confirmation that positive feedback had been received from the staff survey. A further staff survey was to be undertaken once the changes had been introduced.
- Confirmation that composition of the Board was to include local authority and lay member representation.

RESOLVED – That the Board notes the update on progress and proposed arrangements for the future.

(Councillor P Latty left the meeting at 4.45pm during the consideration of this item.)

156 Overview on the Development of the Leeds Health and Care Plan and West Yorkshire and Harrogate Sustainability and Transformation Plan (STP)

The Interim Executive Lead for Leeds Health and Care Plan submitted a report which provided an overview of the emerging Leeds Health and Care Plan and the West Yorkshire and Harrogate Sustainability and Transformation Plan (STP).

The following were in attendance:

- Tom Riordan – Chief Executive, Leeds City Council
- Phil Corrigan – Chief Executive, NHS Leeds West CCG
- Paul Bollam – Interim Executive Lead for Leeds Health and Care Plan, Leeds City Council.

The key areas of discussion were:

- The use of plain English to connect at a neighbourhood level.
- The relationship between the West Yorkshire and Harrogate Sustainability and Transformation Plan (STP) and the Leeds Health and Care Plan.

- Issues around governance, decision-making and stakeholder engagement at a local and West Yorkshire level.
- Further information needed about the financial implications of delivering the STP.
- The need to develop public understanding about the financial challenges faced.
- The timeline for developing the Leeds Health and Care Plan and proposals for engaging with the Scrutiny Board.

RESOLVED –

a) That the overview of the emerging Leeds Health and Care Plan and the West Yorkshire and Harrogate Sustainability and Transformation Plan (STP), be noted.
b) That necessary arrangements be put in place for the Scrutiny Board to consider the emerging Leeds Health and Care Plan in due course.

(Councillor A Hussain left the meeting at 4.55pm during the consideration of this item.)

157 Work Schedule (March 2017)

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

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

158 Date and Time of Next Meeting

Tuesday, 25 April 2017 at 1.30pm (pre-meeting for all Board Members at 1.00pm)

(The meeting concluded at 5.25pm)

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WEST YORKSHIRE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

FRIDAY, 24TH MARCH, 2017

PRESENT: Councillor P Gruen in the Chair

Councillors Yvonne Crewe, Marilyn Greenwood, Vanda Greenwood, Betty Rhodes, Joanne Sharp and Liz Smaje

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

19 Late Items

There were no formal late items, but the following supplementary information was provided following publication of the agenda:

- Item 7 – Chair's Update – letter from West Yorkshire and Harrogate STP Programme Director (minute 23 refers).
- Item 8 – Access to NHS Dental Services – submissions from NHS 111 and Dental Care Direct (minute 24 refers).

20 Declaration of Disclosable Pecuniary Interests

There were no declarations of disclosable pecuniary interests made at the meeting.

In the interests of openness and transparency, Dr J Beal advised he had previously been involved in developing and implementation 'Out of Hours Dental Services' in Leeds, Birmingham and Bristol. Dr J Beal remained present for the meeting.

21 Apologies for Absence and Notification of Substitutes

The following apologies and notification of substitutes were noted at the meeting:

- Councillor M Gibbons (Bradford Council) with Councillor J Sharp attending as a substitute member
- Councillor S Baines (Calderdale Council)
- Councillor J Hughes (Kirklees Council)
- Councillor B Flynn (Leeds City Council) with Dr John Beal attending as a substitute member.

22 Minutes - 23 January 2017

RESOLVED –

(a) The draft minutes provided were agreed as an accurate record of the meeting held on 23 January 2017.

(b) That a formal update be requested and circulated to members of the Joint Committee in relation to the autism scoping exercise referred to in minute 13.

23 Chair's Update

The Joint Committee received a report from Leeds City Council's Head of Governance and Scrutiny Support, providing an opportunity for the Chair to provide an update on any actions or specific activity since the previous meeting, on any matters not presented elsewhere on the agenda.

The Chair provided an update following a recent meeting with senior officials overseeing the development of the West Yorkshire and Harrogate Sustainability and Transformation Plan. Reference was made to the subsequent letter from the Programme Director which commented on:

- Overall STP engagement
- The stroke workstream
- Standardisation of commissioning polices
- The cancer workstream

It was suggested that there may be some merit in holding a more detailed development session for the Joint Committee, to build a better and consistent understanding of the STP approach and to consider the level and timeliness of and scrutiny activity. Members accepted the suggestion and agreed to offer some additional places to other members of the constituent health overview and scrutiny committees.

RESOLVED – That officers work with the STP programme office to help design and deliver a development session, as outlined at the meeting.

24 Access to NHS Dental Services

The Joint Committee received a report from Leeds City Council's Head of Governance and Scrutiny Support introducing a range of information and inputs from various stakeholders regarding the inquiry into Access to NHS Dental Services in West Yorkshire.

The following representatives presented information to the Joint Committee and contributed to the subsequent discussion:

- Rory Deighton – Manager Kirklees Healthwatch
- Emma Wilson – Head of Co-Commissioning (Yorkshire and Humber) – NHSE

- Mike Edmondson – Secondary Care dental lead for Yorkshire and Humber – NHSE
- Roger Furniss – Local Dental Committee
- Alan McGlaughlin – Local Dental Committee
- Andrew Cooke – Head of Service Development and Innovation NHS111 – Yorkshire Ambulance Service NHS Trust
- Linda Wolstenholme – Support Services Manager – Dental Care Direct

There was a wide ranging discussion of the issues affecting access to NHS dental services across West Yorkshire. Some of the specific areas of discussion included:

- Health inequalities, community resilience and equity of access, particularly in more deprived communities.
- The balance between preventative work and treatment.
- The new (2006) Dental Contract.
- The independent review of NHS dentistry in 2008 and subsequent 2009 report of Professor Jimmy Steele.
- Available information for (prospective) patients, NHS Choices and a single/ central point of contact.
- Availability and effective use of financial and workforce resources.
- Accessing dentists as NHS and private patients.
- Emergency and urgent dental care provision and walk-in services.
- The level of dental related calls to NHS 111.
- Increasing complexity of some dental patients.
- Dental recall intervals for patients.

The Joint Committee subsequently tasked support officers with drafting a report and series of recommendations to reflect the main areas identified for improvement at the meeting.

It was noted that the report should be based on the evidence presented and discussed at the meeting, with specific consideration given to ensuring recommendations are directed to the most appropriate relevant organisations.

At the conclusion of the discussion, the Chair thanked all those present at the meeting for their attendance and contribution to the discussion.

RESOLVED – That, based on the evidence presented and discussed at the meeting, officers draft a report and recommendations to reflect the main areas identified for improvement, to be adopted by the Joint Committee and agreed at a future meeting.

25 Work Programme

The Joint Committee received a report from Leeds City Council's Head of Governance and Scrutiny Support on the development of the Joint Committee's future work programme.

The Principal Scrutiny Adviser addressed the meeting and advised that, as previously agreed, the Joint Committee's future work programme would be developed to reflect the nine work streams/ priority areas identified in the West Yorkshire and Harrogate STP; whilst also recognising the matters of Autism and STP Governance arrangements.

The report also identified work around the Urgent and Emergency Care Vanguard and the West Yorkshire Association of Acute Trusts (WYAAT) as considerations within the work programme.

Drawing reference to the development session agreed as part of the Chair's Update (minute 23 refers), it was reported that the future work programme remains undetermined.

RESOLVED – That, taking account of the outcome of the development session referred to in minute 23, officers continue to work towards developing a proposed future work programme for presentation, discussion and agreement at a future meeting of the Joint Committee.

26 Date and Time of Next Meeting

RESOLVED – That the date and time of the next meeting be agreed in consultation with the Chair of the Joint Committee.

The meeting closed at 12:55pm.

Report author: Steven Courtney
Tel: (0113) 37 88666

Report of Head of Governance and Scrutiny Support

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

Date: 25 April 2017

Subject: Chairs Update – April 2017

Are specific electoral Wards affected? If relevant, name(s) of Ward(s):	☐ Yes	☒ No
Are there implications for equality and diversity and cohesion and integration?	☐ Yes	☒ No
Is the decision eligible for Call-In?	☐ Yes	☒ No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	☐ Yes	☒ 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 March 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 Specifically, the following information is drawn to the attention of the Scrutiny Board:

- Letter from the Chair of the Parliamentary Health Select Committee in relation to its Suicide Prevention Inquiry (Appendix 1).

- Briefing from Community Pharmacy West Yorkshire in relation to budget reductions (Appendix 2).

2.5 The Chair and Principal Scrutiny Adviser will provide a verbal update on other activity 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 papers[1]

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.

Health Committee

House of Commons London SW1A 0AA
Tel 020 7219 6182 Fax 020 7219 5171 Email healthcom@parliament.uk www.parliament.uk/healthcom

From Dr Sarah Wollaston MP, Chair

4 April 2017

Dear Chair,

As you may be aware, the House of Commons Health Committee has recently concluded an inquiry into suicide prevention. The Committee's final report was published on 16 March.

In our report, we welcomed the fact that 95 per cent of local authorities have a suicide prevention plan in place or in development. However we were concerned that there is no detail about the quality of the plans or about how effectively they are being implemented.

We noted that there is a role for local scrutiny of implementation of suicide prevention plans in the first instance and we considered that this local scrutiny could be a role for health overview and scrutiny committees within local authorities. Local scrutiny does not diminish the need for national oversight, which will be better placed to take a broad perspective of where plans are working, which plans are being implemented effectively, and which local authorities may need more support. We recommended the creation of a national implementation board to serve that purpose. Nevertheless, we consider that local scrutiny is essential for ensuring effective implementation and health overview and scrutiny committees in local authorities are well-placed to perform this important function.

Our recommendation to the Government is as follows: **We recommend that health overview and scrutiny committees should also be involved in ensuring effective implementation of local authorities' plans. This should be established as a key role of these committees. Effective local scrutiny of a local authority's suicide prevention plan should reduce or eliminate the need for intervention by the national implementation board.**

I wanted to draw your attention to the Committee's report, and specifically to the recommendation to the Government that effective implementation of the suicide prevention plan in local areas should be a key role of health overview and scrutiny committees. It may be that you are already carrying out this role and if so I hope you will forgive this letter and read it instead as thanking you for already doing so.

Yours sincerely,

Dr Sarah Wollaston MP
Chair of the Committee

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Community Pharmacy West Yorkshire

Community Pharmacy 2016/17 and beyond

Briefing Note

On 20th October 2016 the Government imposed a two-year funding package on community pharmacy, with a £113 million reduction in funding in 2016/17. This is a reduction of 4% compared with last year, but it will mean that pharmacies will see their funding for December 2016 to March 2017 fall by an average of 12% compared with current levels. This will be followed by a further reduction of £95 million in 2017/18, which will see funding levels from April 2017 drop by around 7.5% compared with current levels.

As you can imagine, we are extremely disappointed by this news. Community pharmacies in West Yorkshire have been working hard to serve local communities and to take pressure off other parts of the local health and care service, but these cuts will limit their ability to do so in the future. We are very concerned that contractors will need to find ways to reduce costs and that this may lead to changes in pharmacy opening hours and staffing levels that will affect people in West Yorkshire.

In response to the consultation on changes to community pharmacy, the Pharmaceutical Services Negotiating Committee (PSNC) set out the need for the Government to make decisions about community pharmacy services based on a number of principles that put the needs of patients and communities, as well as evidence, at the heart of the process. Sadly, this has not been the case, and we are instead now seeing the implementation of a decision for which no evidence has been produced and which many people, including patient and GP groups, have warned will have a detrimental effect on patient care and lead to further pressure on other healthcare services. This is a short-sighted and ill-judged approach to take, particularly when alternative constructive proposals that would address the need for the NHS to make cash savings have been put forward by PSNC.

The community pharmacy sector remains keen to work with the NHS on changes to the Community Pharmacy Contractual Framework that will allow the development of clinical community pharmacy services so that patients and the NHS can get the most benefit and best value from community pharmacy.

Pharmacy closures

Although we are unlikely to see pharmacies closing immediately, we expect that pharmacy owners will be forced to take steps to reduce costs. These are likely to include reducing opening hours and staffing, and stopping the provision of services which they are not obliged to provide, such as home delivery of medicines and the supply of medicines in compliance aids. We are very concerned about the impact that this will have on patients.

Where pharmacies are close together there may be the opportunity for mergers, but this will inevitably mean less competition, busier pharmacies and inconvenience for patients, faced with longer journeys.

Impact on patients

Pharmacies have always met demands for help from their patients, particularly in the winter, acting to relieve pressure on other NHS providers. They have done this readily and willingly, but as they are forced to review their operating costs and consider staff cuts, patients may find that they have to wait longer to receive advice that would previously have been readily available. The NHS must recognise this as winter pressures set in and it turns as usual to pharmacy for help.

Impact on other NHS services

Lots of big policies could be railroaded by these community pharmacy proposals, for instance if social care cannot cope with the increase in people left without support, there could for example, be a rise in hospital admissions. The removal of Establishment Payments will target for the greatest cuts to the low dispensing volume pharmacies in areas with the highest health needs. They would see fee income reduced by around 20% next year, at a time when the NHS has said that efficiency targets of 4% are too high to be achievable, and has reduced targets to 2%.

Pharmacy Access Scheme

The government confirmed the introduction of a Pharmacy Access Scheme (PhAS), with the stated aim of ensuring that a baseline level of patient access to NHS community pharmacy services is protected. DH states that the PhAS will protect access in areas where there are fewer pharmacies with higher health needs, so that no area need be left without access to NHS community pharmaceutical services. Qualifying pharmacies will receive an additional payment, meaning those pharmacies will be protected from the full effect of the reduction in funding from Eligibility has been calculated nationally by DH, based on data relating to how many prescription items a pharmacy dispensed in 2015/16, to assess their size and data relating to the distances between pharmacies. The action proposed by the Government will not be sufficient to guarantee that rural communities will be protected. Urban areas of high deprivation will be most affected by the proposals, and there are no details available on potential safeguards.

Ruth Buchan FFRPS
Chief Executive Officer
Community Pharmacy West Yorkshire

April 2017

Report author: Steven Courtney
Tel: (0113) 37 88666

Report of Head of Governance and Scrutiny Support

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

Date: 25 April 2017

Subject: The Green - Moving from a Residential Home to a Recovery Service: Transition Plan

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

1 Purpose of this report

1.1 The purpose of this report is to introduce a report from the Director of Adults and Health due to be considered by Executive Board at its meeting on 19 April 2017.

2 Main issues

2.1 The Executive Board report is attached at Appendix 1.

2.2 Appropriate officers have been invited to attend the meeting to update the Scrutiny Board and address any specific queries and/or points of clarification.

3. Recommendations

3.1 Members are asked to:

a) Note the update provided and identify any specific matters that may require further scrutiny input/ activity.

4. Background papers[1]

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.

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APPENDIX 1

Report author: Cath Roff
Tel: 0113 37 83884

Report of Director of Adults and Health

Report to Executive Board

Date: 19th April 2017

Subject: The Green - Moving from a Residential Home to a Recovery Service: Transition Plan

Are specific electoral Wards affected? If relevant, name(s) of Ward(s): Killingbeck & Seacroft ward	☒ Yes	☐ No
Are there implications for equality and diversity and cohesion and integration?	☒ Yes	☐ No
Is the decision eligible for Call-In?	☐ Yes	☒ No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	☐ Yes	☒ No

Summary of main issues

On the 8th February 2017 a report was brought to Executive Board to provide an update on developments affecting The Green care home. The report fulfilled the commitment given at Executive Board on 19 October 2016 and the full Council meeting on 11th January 2017, to bring an update on The Green care home following a decision about its future as part of the Better Lives Phase Three review of services. The report also set out a further commitment to report back to Executive Board with a detailed transition plan for closure of the home as part of a transition to the new service, when agreement with the NHS was confirmed. This report now sets out the process for changing The Green from a long term residential care home to a Recovery Service.

Recommendations

Executive Board is asked to:

- Note the Transition plan as set out in this report.
- Note the proposed timescales as at Appendix 3.
- Note that the Director of Adults and Health will be the responsible officer for implementing the Transition Plan.

1.0 Purpose of this report

1.1 The purpose of this report is to set out a detailed transition plan for The Green care home and day centre as it is developed into part of the city-wide in-house integrated Leeds Recovery Service.

2.0 Background information

2.1 The Green care home and day centre was one of three care homes and day centres identified for closure as part of the Better Lives Phase Three review. Executive Board agreed on the 19th October 2016 that The Green should close as a long term residential care service and day service but remain open until there was a transition to a new function.

3.0 Main issues

3.1 Confirmation has been received from the three Clinical Commissioning Groups (CCGs) to support the continuation of partnership working with Adult Social Care to develop an integrated community beds service. The service will work closely with the wider community intermediate care bed model being implemented throughout 2017/18.

3.2 The first stage of this new delivery will be achieved by the CCGs funding 37 beds at The Green from 1st November 2017. This will be through the governance of the Better Care Fund as a Section 75 agreement.

3.3 Although the proposal for The Green will offer the wider community a resource that will be available to more older people and with the potential to achieve better outcomes, the impact on existing residents, service users, their families and carers is fully acknowledged. As such, maximum care and sensitivity will be taken to ensure that the assessment and transfer process is centred on their needs and that the Care Guarantee will be applied to ensure that an equal quality of alternative service is achieved. Appendices 1 and 2 set out the Council's commitment to provide those affected with support and help throughout the whole process.

3.4 Appendix 3 sets out the timeline for this process.

4.0 Residents' Assessment and Transfer Delivery plan

4.1 The Assessment and Transfer Process is scheduled to commence at The Green care home in May 2017 with a provisional closure date of July 2017. However, and as in previous phases of the Better Lives Programme, the pace of closure will be dictated first and foremost by the needs of the residents and their families. The process will be undertaken in-line with the Council's established assessment and transfers protocols including its Care Guarantee, which provides reassurance on the service that customers and their families can expect to receive.

4.2 A number of family members have already approached the Council with requests for earlier assessments and a view to moving earlier if possible. The Assessment and Transfer Team is actively responding to these requests and will bring forward assessments on an individual basis on request.

4.3 Some next of kin have indicated that they would like to move their relative closer to where they live so each person has received a personalised list of good quality care homes that are within a five mile radius of where they live, as well as within 5 miles of The Green. This range is from around 250 to around 1000 beds in good-rated homes within Leeds. While there may not be an immediate vacancy, we have ensured a good lead in time for re-provision so people can then move when a space becomes available in their home of choice.

4.4 Choosing a care home is a very personal choice and there are a number of factors that each family need to take into consideration. Nobody will be expected to move into a home that they are not happy with and does not meet their needs. It is very much a personal choice and what suits one person may not suit another. As an aid to helping family members choose a care home, we have provided an Alzheimer's Society booklet and Information Sheet which sets out the key things to consider.

4.4 Care reviews with residents and their families will be held approximately six weeks after transfer and further reviews will take place at approximately 6 months to ensure that transfers are going well and to address any outstanding issues and concerns.

4.5 **Day Centre Service Users Assessment and Transfer Delivery Plan**

4.5.1 The Green day centre is on the same site as the care home and will close at the same time. All current service users at The Green day centre are guaranteed a place in one of the three complex needs/ dementia day services that Adult Social Care has retained.

4.5.2 The current expectation is that most service users will transfer to the nearby Wykebeck day centre. However, the Council also commissions a dementia day service from the Methodist Homes Association and this provides 20 places per day at its Bay Tree Resource Centre in Moor Allerton, Alwoodley ward. Together with the three in-house day centres, this provides an evenly distributed geographical offer for Leeds residents who may require services in the future.

5.0 Leeds Recovery Service Transition Plan

5.1 Leeds Recovery Service will play a crucial role in meeting the city's requirement for intermediate care bed-based support. The service is comprised of three key components that support recovery and rehabilitation:

- Assisted Living Leeds: offering a range of assistive technology to promote safety and peace of mind for family members

- Skills for Independent Living Service (SkILS) – a seven day a week enablement service which supports recovery in people's own home

- A bed-based service offering a "recovery hub" located in the city.

5.2 The Green will offer residential-based intermediate care, as part of the Leeds Recovery Service. The Service will be registered with the Care Quality Commission as a registered care home and have a registered manager on site.

5.3 The Recovery Service will offer:

- the opportunity to recover from a spell in hospital
- the opportunity to avoid an admission to hospital

5.4 The philosophy of the service is that recovery is multi-dimensional and holistic with attention being paid not just to someone's physical recovery but their social and emotional well-being too. Staying motivated, building confidence and having hope are recognised as being really important factors in a person's recovery journey.

5.5 The Recovery Service will act as an asset for the local area, with the staff forging close and trusted relationships with the relevant GPs and Integrated Neighbourhood Teams. General practitioners, community nurses and teams and physiotherapists will play an active role as part of a multi-disciplinary team to deliver good positive outcomes for each individual. They will also work closely with the relevant third sector agencies, especially Neighbourhood Networks to promote social inclusion and help with a safe discharge home.

5.6 The Green will offer an enhanced staffing complement that is over and above the standard long stay residential care homes. There will be an ability to flex with the SkILs service to add additional staffing easily if higher ratios are needed should a service have a profile of people with higher mobility or other support needs. The minimum staffing levels will be 5 front line staff during day hours and 3 staff during the night.

5.7 From the funding committed by the CCG's, the Council will invest an additional 2 fulltime occupational therapists as part of the skill mix. Working in conjunction with physiotherapy support which will be delivered in partnership, the occupational therapists will be able to set a bespoke recovery programme with each individual based on their personal goals. Support staff will act as agents of therapy to reinforce and support the individual in achieving their goals.

6.0 Workforce Transition plan

6.1 Consultation has been ongoing with Trade Union colleagues as part of the Better Lives phase 3 programme. To avoid, reduce or mitigate against compulsory

redundancy, staff have been offered voluntary severance or voluntary early retirement in line with the Council's Early Leavers Initiative, including staff who currently work at The Green. Any posts that subsequently become vacant can be offered to those staff who work within services that are to be decommissioned and are classed as 'at risk'. Consultation concluded that because the new role for staff at The Green will not be too dissimilar to their current role then they could have the option of remaining at The Green to deliver the Recovery Service.

6.2 During the 3 month refurbishment programme it has been agreed that staff will work flexibly across the in-house service to prevent the use of agency and overtime. The service will work closely with staff to ensure a good work life balance and take into account current work patterns and geographic locations.

6.3 The current staff team at The Green will commence the Recovery Qualification Competence Framework in April 2017 and during October (prior to moving back on site) they will complete a 7 day induction/development programme which will include: new ways of working – strengths-based approach, enabling and empowering, working towards independence, person centred approaches, working alongside nurses and therapists, building community capacity and linking people back to their local community, collaborative working with other professionals, third sector and community groups and how to promote social inclusion and support a safe discharge home.

7.0 Asset Management Transition Plan

7.1 In order to be able to begin delivering the new Recovery Service from 1st November 2017, the building requires a number of minor improvement works to ensure service compliance with the Fundamental Standards of Care published by the Care Quality Commission (CQC) for outcomes for Quality and Safety. The works are scheduled to take 3 months to complete. Planned works include minor modifications to the reception area, decoration, replacement flooring, essential equipment and furniture.

7.2 Provision to meet the initial estimate of the additional refurbishment works has been provided in the approved 17/18 capital programme.

8.0 Corporate Considerations

9.0 Consultation and Engagement

9.1 Throughout the transition, stakeholders will be kept fully engaged and informed of progress. Consultation under Employment Legislation with Trade Unions and staff and support for staff will continue throughout the decommissioning process including identifying any opportunities for employment within the Council.

10.0 Equality and Diversity / Cohesion and Integration

10.1 A comprehensive Equality Impact Assessment was undertaken as part of the Better Lives Phase 3 review and was presented as part of the Executive Board on 21 September 2016 and again at Executive Board on 19 October 2016. As this is an updating report the EIA is not appended to this report.

11.0 Council policies and the Best Council Plan

11.1 The review of the directly provided services for older people has been undertaken as part of the Adult Social Care's Better Lives Programme. This strategy focuses on the Council's capacity to help support the growing number of older people with their care and support needs. It recognises the changing expectations and aspirations of people as they grow older and the need to match these with appropriate and affordable responses.

11.2 Implementing the Better Lives Programme is key to delivering the Council's 'Best Council Plan 2015-2020'. The Plan identifies specific priorities for 2016-17 to make Leeds "The Best Place to Grow Old in" and to provide "Early Intervention… reducing health inequalities". These priorities link closely with the realignment of services to be more responsive to older people's needs, giving them greater choice and control over their care and reducing the impact on longer-term care services. The Plan also refers to Leeds' intention to "become a more efficient and enterprising council", which again is reflected by the move towards commissioning more quality services from the independent sector where it is more efficient to do so. The Plan's vision is "for Leeds to be the best city in the UK: one that is compassionate with a strong economy that tackles poverty and reduces the inequalities that still exist". Adult Social Care will continue to work with others to achieve better outcomes for the city through a "combination of innovation and efficiencies".

12.0 Resources and value for money

12.1 The agreement by the CCGs to fund the 37 beds at The Green evidences the clear business case that exists for a new Recovery Service.

12.2 The estimated value of the contract is £7.6m over a 5-year period (£1.520m per annum). The CCGs have provided confirmation that LCC has secured the provision of 37 beds at the Green at a price of £790 per bed per week. The contract commencement date is 1st November 2017.

12.3 A significant purpose of the proposal is to prevent the number of people going into long-term care straight from a hospital setting. If this service prevents one person from entering residential care then the council will have saved circa £20k per annum.

13.0 Legal Implications, Access to Information and Call In

13.1 This report is not eligible for call-in on the basis that the substantive decision was called in in September 2016. Executive and Decision Making Procedure Rules:

5.1.2 states *The power to call in decisions does not extend to decisions which have been the subject of a previous Call In.*

14.0 Risk Management

14.1 A detailed plan has been drawn up to carefully manage the transition process in-keeping with the Councils approach to managing projects

15.0 Conclusions

15.1 NHS Commissioners has confirmed the commissioning of 37 intermediate care beds at The Green and as such the detailed Transition plan can be delivered to transform The Green into a bed-based Recovery Service.

16.0 Recommendations

16.1 Executive Board is asked to:

- Note the Transition plan as set out in this report,
- Note the proposed timescales as at Appendix 3.
- Note that the Director of Adults & Health will be the responsible officer for implementing the Transition Plan.

17.0 Background documents[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.

Leeds City Council Care Guarantee – Better Lives for Older people: Future Options for Long Term Residential Care Home Service

Our Care Guarantee

It is recognized that decisions to close or re-commission any local authority care home is likely to cause anxiety for residents, their families, carers and staff.

To alleviate these anxieties, Leeds City Council Adult Social Care has developed the following Care Guarantee for people affected by the changes. This guarantee outlines our commitment to provide you with support and help throughout the whole process.

Our commitment to you:

- We have consulted fully and widely, and made sure people's views were considered before any final decisions were made by Leeds City Council, on the future of the Council's long term residential care homes.
- We will continue to consult fully and widely and secure ongoing engagement at every stage of the process.
- Older people and people acting on their behalf can contact Leeds City Council by telephoning one telephone number for information about services and we will get back to you within 1 working day (during the working week). This number is 0113 37 83821
- Information on decisions and timescales will be shared with residents and their families in a timely and accessible manner.
- When a home is closing people's dignity, choice and rights will be protected.
- People who don't have the capacity to understand what is happening will be provided with an independent advocate arranged by us.
- The health and wellbeing of residents is paramount and risk assessments will be carried out to ensure that clinical and therapeutic needs are responded to urgently and with sensitivity.
- The assessment of need, care planning and choice of alternative service will be focused on the individual, their carer/family and developed in partnership with their named social worker.
- Residents will not be asked to move until we are sure we have alternative options available; these may include housing with care schemes or residential homes in the private and independent sector – depending on the person's individual needs.
- Support will be given to residents and their carer/family in identifying and moving to an alternative home that meets the person's individually assessed need; a dedicated care manager will work with each resident throughout the whole process.
- Residents of the Council's residential care homes and their carer/family will have visits arranged to alternative home(s) of their choice where they will have the chance to meet other residents and speak with staff before any decision to move is made.
- Where the Council is currently contributing towards a resident's care home fee there will be no financial detriment to the resident or carer/family in choosing a

new care home from the Council's quality framework list. Any proposed transfer to a care home not on the Council's quality framework list will be considered on an individual basis and may incur a top-up fee. The Council will not pay any supplement relating to enhancements that a care home may offer (such as a larger room).

- Staff in the current home will work closely with any new provider to ensure that they get to know each new resident, their likes and dislikes. Ongoing support will be available for new residents and their new care provider.
- The move of residents from their existing care home to another will be carried out by a dedicated team of social workers and the process will be overseen by a group which will include therapy, nursing and medical staff to assure its quality and effectiveness. The assurance group will also advise on complex or sensitive issues as they arise.
- The social work team will work closely with the health service during this period of change and involve nurses and GPs as required.
- A resident or anyone acting on their behalf who is concerned about the transition process can speak to their social worker or the team manager.
- When a resident has moved to their new care home their care plan will be reviewed by the social work team after approximately three months or as needed. Once the resident has settled in, the care plan will be reviewed on an annual basis. The resident's social worker will be available for support and to answer any queries throughout this period.

Appendix 2

Leeds City Council Care Guarantee – Better Lives for Older people: Future Options for Day Care Support

Our Care Guarantee

It is recognized that decisions to close or re-commission residential and day care facilities will cause anxiety and uncertainty for day centre users their families and carers and staff.

To alleviate these anxieties, Leeds City Council Adult Social Care has developed the following Care Guarantee for people affected by the changes. This guarantee outlines our commitment to provide you with support and help throughout the whole process.

Our commitment to you:

- We have consulted fully and widely, and made sure people's views were considered before any final decisions were made by Leeds City Council, on the future of day care facilities.
- We will continue to consult fully and widely and secure ongoing engagement at every stage of the process.
- Older people and people acting on their behalf can contact Leeds City Council by telephoning one telephone number for information about services and we will get back to you within 1 working day (during the working week). This number is 0113 37 83821
- Information on decisions and timescales will be shared with you in a timely and accessible manner.
- When a day centre is closing people's dignity, choice and rights will be protected.
- People who don't have the capacity to understand what is happening will be provided with an independent advocate arranged by us.
- The health and wellbeing of service users is paramount and risk assessments will be carried out to ensure that clinical and therapeutic needs are responded to urgently and with sensitivity.
- The assessment of need, care planning and choice of alternative service will be focused on the individual, their carer/family and developed in partnership with their named social worker.
- You will not be asked to move until we are sure we have alternative options for you; these may include local community facilities or respite facilities depending on your individual needs.
- Service users of the Council's day centres and their carer/family will have visits arranged to alternative provision of their choice before any decision to move is made. You will have the chance to meet other service users, and speak with staff before you decide.
- There will be no financial detriment to you or your family in choosing a new placement – it will not cost you any more than it does now.
- Staff in the current day centre will work closely with any new provider to ensure that they get to know you, your likes and dislikes and will be available for

support and reassurance to you in your new centre and for support they can give the new provider.

- The move of service users from one service to another will be carried out by a dedicated team of social workers and the process will be overseen by a group which will include therapy, nursing and medical staff to assure its quality and effectiveness.
- We will work closely with the health service during this period of change and involve nurses and your GP as required.
- A service user or anyone acting on their behalf who is concerned about the transition process can speak to their social worker or the team manager.
- The transition process will be overseen by an assurance group who will advise on complex or sensitive issues as they arise.
- Once you have moved to a new service your care plan will be reviewed within the first three months by your social worker and then on request as needed. Once you are settled, the care plan will be reviewed on an annual basis. Your social worker will be available for any queries or support during this time.

Appendix 3

Workstream	Detail	Date / Timeframe
Governance	Executive Board	19 April 2017
Project Management	Transition of The Green to a Community Asset (as part of development of the Recovery Model)	April - November 2017
	Project Board	April 2017
	Project Board	May 2017
	Project Board	June 2017
	Project Board	July 2017
	Project Board	August 2017
	Project Board	September 2017
	Project Board	October 2017
	Project Board	November 2017
	Project Board	December 2017
	Project Board	January 2018
	Early Review of Service	February 2018
Stakeholder Engagement	Ongoing engagement with staff and Trade Unions to provide updates on service transition progress	April 2017 - February 2018
	Communication Strategy for new service developed	May 2017
Assessment and Transition	Assessment & Transition of The Green CH (22 Residents) & DC (16 Service Users)	April - July 2017. Closure July 2017
	6 Weeks Follow Up of Residents from The Green Residential Home Reviews	June - August 2017
	6 Month Follow Up of Residents from The Green Residential Home Reviews	October 2017-January 2018
	12 Month Follow Up of Residents from The Green Residential Home Reviews	April 2018-July 2018
Workforce	Staff start Recovery Qualification Competency Framework	April - November 2017
	Staff temporary deployed to alternative sites	July - November 2017
	Staff mobilisation and induction into new service	October 2017
Operational	Staff and customers from Wykebeck Valley temporarily move to The Green day centre while building works carried out at Wykebeck	May - June 2017
	The Green Closed as a Residential Care Home	July 2017
	Develop CQC Registration/Statement of Purpose	September - November 2017

Commissioning	The Green Recovery Hub serving Leeds North Contract Start	November 2017
Asset Management	Refurbishment works (Corporate Property Management anticipate 3 months) Leeds Recovery Service Contract Mobilisation	July - October 2017
	Snagging and service mobilisation	October 2017

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Report author: Steven Courtney
Tel: (0113) 37 88666

Report of Head of Governance and Scrutiny Support

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

Date: 25 April 2017

Subject: Recommendation Tracking: Involvement of the Third Sector in the provision of Health and Social Care Services across Leeds

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

Summary of main issues

1. In September 2016, the Scrutiny Board agreed its report and recommendations following its inquiry, '*Involvement of the Third Sector in the provision of Health and Social Care Services across Leeds'*. Following agreement of the final recommendations, a response to the recommendations was subsequently considered in November 2016.

2. Attached at Appendix 1 is a progress update against the recommendations and initial response.

Recommendations

3. The Scrutiny Board is asked to considers the details presented in the attached progress update and determine any further scrutiny actions or activity.

Background documents

4. None used[1]

[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.

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APPENDIX 1

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

INVOLVEMENT OF THE THIRD SECTOR IN THE PROVISON OF HEALTH AND SOCIAL CARE SERVICES ACROSS LEEDS

SCRUTINY INQUIRY REPORT RECOMMENDATIONS

Recommendation Tracker updated for April 2017 Scrutiny Board

Mick Ward
Interim Deputy Director
Adult and Health Directorate, Leeds City Council
and Leeds Clinical Commissioning Groups

Scrutiny Board Recommendation	*Agreed (Yes/No)*	*Initial Response*	*Recommendation Tracking*
Recommendation 1: To help assess the effectiveness of the new arrangements, by March 2017 the Scrutiny Board reviews the single health and social care forum service for the City, with the input of the Third Sector and commissioners, to ensure it continues to:	Yes	As it is a commissioned service, the single health and social care forum, known as 'Forum Central' will be reviewed on a regular basis by ASC Commissioning and contracts team on behalf of ASC and the CCG's. We welcome the additional over sight Scrutiny Board will bring to this process Forum Central are also supportive of this	Commissioners continue to work closely with Forum Central who have produced the information below in discussion with commissioners: In April 2016 Forum Central was launched as the single health and care third sector network for

Scrutiny Board Recommendation	*Agreed (Yes/No)*	*Initial Response*	*Recommendation Tracking*
• Support the development of a strong and vibrant Third Sector; • Deliver support to people with care and support needs; and, • Enable the sector to actively contribute to and influence strategies, policies, and plans that have an impact on the sector and the people that use their services.		recommendation and look forward to working with Scrutiny Board on this review	Leeds. Funded jointly by LCC and the CCGs, it provides a single point of access for health and care stakeholders to engage with the health and care third sector. It also enables the health and care third sector to have a strategic vehicle to influence and be part of key health and care developments in the city as well as come together, form partnerships and share best practice. Forum Central builds on many years of third sector health and care strategic input from the four third sector infrastructure networks, Leeds Older People's Forum, Tenfold, Volition and the PSI Network. Forum Central is delivered by a partnership of these four organisations and has a membership of over 250 third sector organisations working in health and care. A key focus from the very start of Forum Central was supporting the third sector to have more influence in the development of the STP, (the Sustainability and

Scrutiny Board Recommendation	*Agreed (Yes/No)*	*Initial Response*	*Recommendation Tracking*
			Transformation Plan). We created the Health and Social Care Leaders Network where people from across our extended membership meet to discuss the third sector offer and how we can raise the profile of what the sector does with CCGs and other partners. The Network has been a huge success and it's great to see our leaders really engaging with each other and owning and shaping this agenda. Meetings have been very well attended and conducted in an atmosphere of positivity and enthusiasm. Forum Central also appointed a representative to the Health and Wellbeing Board, Kerry Jackson, who is the Chief Executive of St Gemma's Hospice. Kerry's appointment and her commitment to this work means that the third sector has a well-respected and listened to voice in this key arena. In addition, Forum Central now have representation on a variety of STP working groups and Boards,

Scrutiny Board Recommendation	*Agreed (Yes/No)*	*Initial Response*	*Recommendation Tracking*
			all of which strengthens the influence and involvement of the sector at a strategic level. Forum Central have also secured a part-time post to support the third sector engage with the STP-led discussions around the use of data in a one health and care system. Forum Central has worked hard to maintain the special relationships they have with their member organisations, going out to visit them when they can, and facilitating meetings and events where organisations come together to share ideas, best practice and knowledge. They have also maintained involvement with the other infrastructure support organisations in the city, (LCF, VAL, etc.), and have a seat on Third Sector Leeds and the Third Sector Partnership Group. Forum Central value the input of their partners in Health, Transport and the Public sector, and seek to collaborate with them wherever they can, fostering a culture of co-

Scrutiny Board Recommendation	*Agreed (Yes/No)*	*Initial Response*	*Recommendation Tracking*
			design, co-production and co-delivery, and they have also developed good links with businesses in the private sector, which provides us with a different perspective on their work. Forum Central have strengthened and streamlined their communication processes and recently went 'live' with their new FC website. www.forumcentral.org.uk. From now on their news bulletins will be shared, (except with LOPF who maintain their own website as part of the requirement of the Time to Shine Programme). The specialist areas of Mental Health, Older People, Physical and Sensory Impairment and Learning Disability continue to receive bespoke support and focused strategic work: **Physical and sensory impairment**

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Scrutiny Board Recommendation	*Agreed (Yes/No)*	*Initial Response*	*Recommendation Tracking*
			Whilst the last 12 months has been a period of great change and activity for all Forum Central partners, it marks a particular landmark for the PSI Network. The network became an independent Charitable Incorporated Organisation (CIO) in March 2016. Since then Forum Central have built up membership, raised the profile of the network and of disabled people's issues, and ensured that third sector disability organisations are involved with the work of Forum Central. Membership of the PSI Network currently stands at 53 organisations, and this number is steadily increasing. Members range from grassroots self-help and peer support groups operating on a shoestring budget, local organisations delivering services commissioned by the council and NHS, to branches of large national charities. Key issues for members are: Understanding what third sector services are available for

Scrutiny Board Recommendation	*Agreed (Yes/No)*	*Initial Response*	*Recommendation Tracking*
			disabled people; Ways of combating social isolation; Increasing employment opportunities; Increasing the uptake of personal budgets and direct payments; Better support for carers; Improving access and transport "*The difference made to the PSI Network is incredible. Members have increased and it is refreshing to be at other meetings and they are talking about PSI."* **PSI Network trustee.** **Learning disabilities** The Tenfold membership currently stands at 100 members. Members range from larger, national organisations, such as Mencap, Wilf Ward Family Trust and Hft, to small User Led Organisations and projects, such as Get Cooking, which operate on a tiny budget. The membership is rich and

Scrutiny Board Recommendation	*Agreed (Yes/No)*	*Initial Response*	*Recommendation Tracking*
			diverse and encapsulates most organisations which provide LD services across the city. Forum Central continue to deliver the Tenfold Member meet ups which provide an arena for speakers to share information about relevant topics and where members can meet informally, to share ideas, good practice, concerns and challenges, and build collaborative and effective working relationships. In June 2016 they delivered a hugely successful Market Place event - 70 LD organisations showcased their services and activities and smaller groups showed off their talents, with performances from choirs, drama groups and arts and crafts demonstrations. "*We had a stall at the Tenfold event for the Learning Disability Week. It was an absolutely fantastic experience and a great opportunity for me to find out all the great work being done in*

Scrutiny Board Recommendation	*Agreed (Yes/No)*	*Initial Response*	*Recommendation Tracking*
			Leeds. We felt it a very worthwhile experience and learned so much and hopefully had an impact also." **Affinity Trust** Forum Central continue to provide support to the LD Partnership Board, and attend the Health Task Group to represent the third sector. They have also secured a place on the Leeds TCP (Transforming Care Plan) Board, to ensure the voice of members is heard in the discussions about how they provide care to vulnerable people with profound and complex needs and those in crisis. Members have a contribution to make to the development of new service models with community elements. Forum Central have worked closely and developed good relationships with the Care Management Team, on the Strengths Based Social Care Model. Following on from the success of the 'Pop Up' sessions, (a simple innovation where up to 5

Scrutiny Board Recommendation	*Agreed (Yes/No)*	*Initial Response*	*Recommendation Tracking*
			members attend Technorth over a lunchtime period per month), they delivered a very successful and hugely interactive event for care managers, social workers, commissioners, council directors and a range of Tenfold members, to explore the development of the SBSC model further. "*We need more events like this to promote shared working and ways of how we can develop new ideas together"* The project, called 'Being Me', will be an important work stream in 2017, and has already been extended by having ongoing discussions with the Transitions Team, to develop the range of support for post 18 provision from the third sector. They will also work closely with the SEN Team at Leeds CC, and consult and engage with members to ensure their views and ideas are heard, and that they play a key role in supporting people, including young

Scrutiny Board Recommendation	*Agreed (Yes/No)*	*Initial Response*	*Recommendation Tracking*
			people, in community settings in the future. As the lead partner for the Being Connected strand of the LD Strategy, they continue to develop in roads into Employment opportunities and they convened a mapping meeting where all the partners who support this agenda were invited to talk about and share their work and their approaches. This provided a good platform for making better connections across work streams, and this work will continue to be a priority in 2017 – extending across the whole of the FC specialist areas. **Mental health** In Leeds, Forum Central members have continued to be key partners of the mental health partnership board, driving forward the change pilots from the mental health framework and advocating for mental health to achieve equal

Scrutiny Board Recommendation	*Agreed (Yes/No)*	*Initial Response*	*Recommendation Tracking*
			status and investment as physical health. As an active member of the steering group, they have promoted MindWell, the new go-to mental health information resource in Leeds, to their members and partners. They have hosted Nicola Gallear, who writes all the copy for the website in such a sensitive and informed way, with those in the Forum Central office. They also continue to support other mental health initiatives in the city: the Mindful Employer network, Discovery College, suicide prevention activities, changes to Leeds & York Partnership Foundation Trust's secondary mental health services, and the development of the mental health needs assessment. At a health and care strategic level they have always aim to raise the profile of mental health wherever they go and they support the

Scrutiny Board Recommendation	*Agreed (Yes/No)*	*Initial Response*	*Recommendation Tracking*
			Health and Wellbeing Board to better understand the importance of mental health to their role. **Older people** This year has been characterised by an even greater urgency in the discussions about how the sector supports an increasingly ageing population. Greater health and social care integration has started to deliver better outcomes for older people though increased referrals coupled with members / service users with higher level needs has tested the capacity LOPF's members. Members continue to deliver a fantastic range of initiatives to tackle a whole host of issues whether it be dementia, loneliness, falls prevention, IT skills or being an invaluable safety net. LOPF has a board of active volunteers; they have monitored changes to provision such as care homes and experiences hospital discharges, advocating the views

Scrutiny Board Recommendation	*Agreed (Yes/No)*	*Initial Response*	*Recommendation Tracking*
			of older people. They continue to actively represent the membership on the Best City to Grow Old in Breakthrough Project and Ageing Well Board. They continue to promote positive representations of older people and their organisations; they make such a valuable contribution to the city of Leeds. This culminated in the International Day of Older People celebrations in Leeds. A number of these events were awarded grants* by the IDOP Planning Committee. A total of £3,560 was awarded and 18 organisations received funding. Highlights included Age UK Leeds' Scribblers group book launch, Bramley Elderly Action's Scarecrow Festival and Skippko City Snaps project. **LGBT+ Mapping Project** As a partnership, Forum Central secured funding from Leeds Community Foundation for the

Scrutiny Board Recommendation	*Agreed (Yes/No)*	*Initial Response*	*Recommendation Tracking*
			LGBT+ Mapping Project, which has uncovered a vast number of LGBT+ community groups and informal networks. Research into the needs of LGBT+ communities has taken place, supported by a very active Project Advisory Group. The report will launch mid-April along with a google map of all groups found through the project. Keep a look out on our new website! **In Conclusion** The work of Forum Central is an important part of how we transform health and social care services in Leeds. As Forum Central, the sector has now got an even better foot hold in to many of the strategic Boards and groups in Leeds, and the breadth and depth of their collective membership means that they add solutions and reality to these discussions. Forum Central will continue to profile the sector and explore what it could look like in the future Health and Social

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Scrutiny Board Recommendation	*Agreed (Yes/No)*	*Initial Response*	*Recommendation Tracking*
			Care landscape, whilst keeping the focus on reducing health inequalities for some of the most vulnerable people in Leeds.

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Scrutiny Board Recommendation	*Agreed (Yes/No)*	*Initial Response*	*Recommendation Tracking*
Recommendation 2: That, by November 2016, service commissioners across Leeds' health, wellbeing and social economy provide a joint report that clearly sets out the, current and projected, financial challenges for services commissioned through the Third Sector and how, through collaborative working, impacts across the sector have and will continue to be minimised and/or mitigated.	Yes	Commissioners are already sharing current financial plans, including commissioning and de-commissioning plans. This is being co-ordinated through the Integrated Commissioning Executive This work cuts across Third, Independent and Statutory sectors, but does include Third Sector organisations. Commissioners can share this information with Scrutiny Board as it develops further as budgets become set for 2017/18 and beyond	Commissioners have now shared their commissioning and de-commissioning plans, in the context of wider budget information. This has been used to inform specific commissioning activity, including reviews and procurements (e.g. Care Homes, Neighbourhood Networks, Community Intermediate Care Beds) and wider partnership working, including joint commissioning work under the Better Care Fund, and to inform plans for the Improved Better care Fund in 2017

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Scrutiny Board Recommendation	*Agreed (Yes/No)*	*Initial Response*	*Recommendation Tracking*
Recommendation 3: By December 2016, commissioners produce a joint report in relation to joint commissioning across Leeds' health and social care sector that sets out, in detail, the progress made to date and any future proposed actions; with a particular emphasis on the efficiencies and improved outcomes achieved and targeted.	Yes	This will be a continuum of the work overseen by ICE as noted above	As well as the activity noted above, this will now sit in the Leeds Health and Care Plan, as part of the broader west Yorkshire STP), which has been picked up elsewhere by Scrutiny. The positive engagement of the Third Sector in the Leeds Health and care Plan has been noted.

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Scrutiny Board Recommendation	*Agreed (Yes/No)*	*Initial Response*	*Recommendation Tracking*
Recommendation 4: By April 2017, Leeds Teaching Hospitals NHS Trust, Leeds Community Healthcare NHS Trust and Leeds and York Partnerships NHS Foundation Trust work collaboratively to set out the strategic relationship with the Third Sector and how that might contribute to the delivery of Trust objectives.	Yes	Each of the three NHS provider organisations actively engage with the Third Sector, this includes: **Leeds and York Partnership Foundation Trust:** LYPFTs strategic vision is developed from an understanding that partners and particularly those from the third sector can improve outcomes for service users by building a 'scaffolding' of support beyond statutory services. Initiatives in the Trust have been underway for many years from early beginnings with the Personality Disorder network to the recent Rehab and Recovery service development. These both represent examples where we are actively working with and sub-contracting elements of work to partners. LYPFT want to see increases in service developments that have been either co-produced, or where we have been commissioned to sub-contract with the third sector. How these services are specified, procured and contracted for, in a cost effective, sustainable, and legally sound way, is one aspect of the success of this work.	This work now sits overall in the work to establish Accountable Care Systems in the city. This will be based on a Population Health Management approach, looking at both populations by geography (neighbourhood) and by particular condition (e.g. COPD, Diabetes). As this work develops, there is already a strong recognition for the need for NHS providers to actively engage with the third sector. A key element will be supporting the Leeds Health and Care Plan, especially the area of focus on 'Self-Management, Proactive & Planned Care' which is where the Third Sector will probably have the largest potential impact. The broad outcome of this work is to have *Seamless, coordinated and local easily accessible care - 'Find me, support me and decide with me'*

Scrutiny Board Recommendation	*Agreed (Yes/No)*	*Initial Response*	*Recommendation Tracking*
		To ensure effective procurement LYPFT has recently completed a full tender process to create a framework of third sector providers. The Framework allows the Trust to balance the need to follow procurement rules whilst also ensuring it is in a position to mobilise service developments quickly. This is particularly important when needing to respond to commissioning or business opportunities and requirements and/or internal service strategy initiatives. Having a framework in place also allows the creation of a lead provider model which would enable the Trust to take responsibility for a full set of service outcomes whilst also establishing a partnership network to deliver elements of those outcomes. **Leeds Community Healthcare NHS Trust:** LCH's objectives around the development of integrated neighbourhood teams, new models of care and reviewing service models, provide opportunities for further collaboration and closer work with the third sector to extend their reach across the Leeds population with particular focus on reducing health inequalities.	Key actions will we take over the next three years to achieve our vision will involve engagement with the Third Sector and include: 1. We will develop a new landscape of integrated, mutually accountable provision working towards common goals based on the need of populations and empowered local health and social care teams- by September 2018. 2. We will develop an integrated person-centred workforce sharing values and dedicated to quality improvement.- by September 2018 3. We will develop a new payment and incentive mechanisms supported by better use of information and technology by September 2018 4. We will embed self-

Scrutiny Board Recommendation	*Agreed (Yes/No)*	*Initial Response*	*Recommendation Tracking*
		This work builds on current successful collaboration with third sector partners. Examples of which include: • being the lead member of a consortium with third sector partners providing improved access to psychological therapies (IAPT) service • the third sector providing activities for patients in an in-patient setting and connecting patients with activities in the community following discharge from hospital • working with third sector partners on developing innovative new models of care within our specialist services Leeds Community Healthcare NHS Trust's stakeholder engagement strategy, due for review in early 2017, will promote a more strategic approach to relationship management with the third sector and other Trusts, particularly where partnerships span patient journeys across acute and community sectors. This will link to established city-wide collaborative approaches including the Sustainability and Transformation Plan (STP) and Compact for Leeds.	management approaches for people of all ages and all health and care needs; by developing new tools and services less focused on health interventions and more focused on you and your strengths, and by training our workforce to help you look after yourself - By September 2018 5. We will improve the whole care pathways for people living with frailty and long term conditions, including those known to be at high risk, and those with low to moderate mental health needs, to help people live healthy and fulfilling lives, reduce avoidable deaths and tackle health inequalities

Scrutiny Board Recommendation	*Agreed (Yes/No)*	*Initial Response*	*Recommendation Tracking*
		Leeds Teaching Hospital Trust: LTHT actively seeks to work collaboratively with a number of different stakeholders including the Third Sector. This is in terms of both strategic and operational relationships. The initiatives described below and similar in development will be instrumental in continuing to build on these intentions. • LTHT have been involved in the development of a City Wide Co-production Charter. This has been achieved in partnership with a number of Third Sector organisations, in particular Touchstone and LIP. The charter was developed in June 2016 with a view to health and social care services being commissioned and delivered using the principles of co-production. • The LTHT Patient Reference Group and Patient Leaders programme are in development and will be bodies of individuals who can help shape and influence the services of the Trust. The Trust will be utilising Third Sector organisations as a conduit to engage with people. Additionally, this work	In regard to specific organisations: • Work is continuing between LYPFT, the third sector MH organisations, and commissioners to look at the most effective way to implement the 'Memorandum of Understanding' that has been developed, whilst ensuring the third sector is appropriately protected. • LCH work on stakeholder engagement is currently underway and will be completed by July 2017 • As with LYPFT and LCH, the LTHT work will be continued as a key element of any implementation of accountable care system.

Scrutiny Board Recommendation	*Agreed (Yes/No)*	*Initial Response*	*Recommendation Tracking*
		will contribute to the identification of additional opportunities for the Third Sector to partner with LTHT, as possibilities are discussed through these mechanisms. • The Patient Advice and Liaison Service is now using community mapping to proactively engage with people and communities. The Third Sector has been essential in facilitating this process by supporting workshops and "PALS surgeries" at events and providing quiet areas to deal with sensitive issues. • LTHT will positively contribute to discussions currently underway and facilitated by Healthwatch Leeds to work with Providers across Leeds to maximise opportunities for involvement / engagement and thus improve service delivery by working better together. It would be appropriate for this model of working to be extended to consider the role of the Third Sector and maximising the benefits of developing strategic partnerships and LTHT are	

Scrutiny Board Recommendation	*Agreed (Yes/No)*	*Initial Response*	*Recommendation Tracking*
		committed to supporting this approach. The three organisations are committed to sharing this practice across organisations and to using the range of partnership arrangements in the city to develop further work collaboratively with the Third Sector	

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Scrutiny Board Recommendation	*Agreed (Yes/No)*	*Initial Response*	*Recommendation Tracking*
Recommendation 5: That by March 2017, Leeds Health and Wellbeing Board: (a) Sets out its role in setting out the City's future vision for the role of the Third Sector in the provision of health and social care services **and in reducing health inequalities and working with people** across Leeds; and, (b) Agrees a clearly defined, articulated and understood vision for the Third Sector in the provision of health and social care services across commissioners and service providers in Leeds. (c) Reviews and reports on its relationship with the Third Sector Partnership, particularly focusing on formalising those aspects of work that are likely to have an impact on the delivery of Leeds Joint Health and Wellbeing Strategy (2016-2021).	Yes/ No	The Leeds Health and Wellbeing Strategy 2016-21 sets out the vision and priorities for Leeds. It initiates action, encourages joint working, and allows individuals to identify their own role in achieving the city's vision to improve the health of the poorest the fastest. The Strategy states that: • Leeds is well placed to respond to the 3 challenges in the 5 year Forward View – includes that we have a thriving third sector and inspiring community assets • Leeds has brilliant and diverse communities, well-established neighbourhood networks and a thriving third sector; we must harness these strengths (strong, engaged and well-connected communities) • Working fully in partnership with the third sector and those in caring and volunteer roles in the community will be crucial to make the most of our city wide assets (working as one workforce for Leeds) • We must build on the strengths of older people and recognise first and foremost their roles as employees, volunteers, investors and consumers	(a) The development of the Health and Wellbeing Board continues to demonstrate high support and inclusion of the Third Sector in reducing health inequalities and working with people. Examples include: • Health and Wellbeing Board workshop on involvement and engagement led by the Third Sector, Healthwatch, Youthwatch and Forum Central • Third Sector involvement in Health and Wellbeing Board discussions focused on Leeds Plan and STP. • Partnership Executive Group (PEG) has held a conversation with Third Sector leadership representatives to identify opportunities for joint development of health and care services. Further conversations are planned for May 2017 • Integration of Third Sector into Board to Board Summits (convening representatives from health and care organisations across Leeds).

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Scrutiny Board Recommendation	*Agreed (Yes/No)*	*Initial Response*	*Recommendation Tracking*
		(ageing well) • With collaboration across private, public, academic and community organisations, Leeds is perfectly placed to be a great location for health innovation. The Health and Wellbeing Board (HWB) has a designated member representing the Third Sector. This member is currently drawn from Forum Central. The HWB has hosted 6 opportunities (both workshops and public meetings) to engage in the development of the Leeds local Sustainability and Transformation Plan (STP). The Third Sector representative has also taken up further opportunities to engage that have not been arranged as part of the HWB's work. HWB members discussed the STP at the formal meeting on 21st April 2016. The minutes state: • Acknowledged that it was crucial to encourage individual organisations to work together and have regard to all partners to ensure delivery of services in the light of the financial constraints • Recognition of the role that Leeds	Local conversations on the Leeds Plan have included voluntary sector groups. There is ongoing dialogue with both provider groups and Third Sector leadership, which will keep updated. Third Sector will be one of the routes to conversations with the public • Forum Central has been consulted as part of this response and offers full support for the approaches taken to involve the third sector across the health and care partnership bodies (b) • The Third Sector is developing proposals for further conversations on how improvements to health and wellbeing can be made by utilising the intelligence, skills and experience of the Third Sector. This is currently expected in the autumn • Outputs from the Board to Board Summit includes actions to progress a shared out of hospital model of health and care, in which

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Scrutiny Board Recommendation	*Agreed (Yes/No)*	*Initial Response*	*Recommendation Tracking*
		Healthwatch will play in the consultation/engagement process • Recognised that the role of the members of the Third Sector as key partner organisations and solution providers should be emphasised within the STP. The recent establishment of the Third Sector Forum was noted and the Third Sector representative at the time of meeting extended an offer to work on the further development of the STP. At the public meeting of the Health and Wellbeing Board in September 2016, the Board received a report on the current health and care partnerships for Leeds and West Yorkshire. The report explored the relationships between the 'top tier' structures and the Health and Wellbeing Board (HWB). Further work is now being undertaken to inform further discussions about appropriate third sector representation in all parts of the health and care system. The HWB also plans to further explore the role of the Third Sector in a private workshop in November 2016, led by Healthwatch, the Third Sector rep and Cllrs,	Third Sector will be integral • Health and Wellbeing Board members have received a paper on a joint approach to commissioning in Leeds. This was published and is in the public domain. • The Health and Wellbeing Board continues to support market position statements, Social Value Charter and other initiatives that support the Third Sector in the provision of health and social care services (c) • The Health and Wellbeing Board maintains strong relationships with a number of other groups, bodies and meetings that support the Third Sector in Leeds. This includes the Third Sector Partnership • Communication is facilitated through shared attendance of the Chief Officer for Health Partnerships and Director of Volition (and representative of Forum Central) of both the Health

Scrutiny Board Recommendation	*Agreed (Yes/No)*	*Initial Response*	*Recommendation Tracking*
		looking at changing the conversation to work with people in Leeds.	and Wellbeing Board and the Third Sector Partnership

Scrutiny Board Recommendation	*Agreed (Yes/No)*	*Initial Response*	*Recommendation Tracking*
Recommendation 6: That all statutory and third sector organisations across Leeds health, wellbeing and social care economy continue to maintain a close dialogue in all aspects of their work to further strengthen the vibrant, mature and well established Third Sector that currently exists in Leeds.	Yes	This approach is embedded in the work of Third Sector Leeds and Forum Central and the partnership arrangements in place, including those with the statutory sector, notably the Third Sector Partnership and Young Lives Leeds. There are also a number of specific commissioning/provider forums where the third sector and statutory partners discuss relevant areas of current or future work. Work with the third sector is underpinned by the Compact for Leeds which is currently being re-freshed, overseen by the Third Sector Partnership.	This work has been incorporated into the refreshed Compact for Leeds. The final draft of this has been agreed by the Third Sector Partnership in march 2017 and the new compact will be published shortly. The Compact for Leeds (2017) is produced against a backdrop of many communities facing challenges such as poverty and social isolation while public and third sector partners face unprecedented pressures as demands for services increase whilst resources diminish. This climate creates challenges, but there are also opportunities and a drive towards innovation. For

Scrutiny Board Recommendation	*Agreed (Yes/No)*	*Initial Response*	*Recommendation Tracking*
			example, in July 2016 partners from across Leeds launched its Social Value Charter which sets out clear aims for all sectors in Leeds to be enterprising, work together, create employment opportunities and keep the Leeds pound in Leeds. Developing new ways of working requires strong relationships and good communication. As partners face new challenges it will be more important than ever to work closely and transparently, while understanding the constraints partners may have to operate under. All partners should aim to use the guidance of the Compact as their benchmark and, if for any reason this is not possible, be clear about the reason for these limits. The Compact aims to take account of: • the frequently changing policy context, • challenging financial pressures,

Scrutiny Board Recommendation	*Agreed (Yes/No)*	*Initial Response*	*Recommendation Tracking*
			• the differing and rapidly changing context in which partners operate, • the challenge of maintaining collaborative working in a more competitive environment, • the regular turnover in personnel who need to be aware of the Compact, • partners' existing performance management and quality assurance requirements and other audit and reporting arrangements. It is recognised that in order for the Compact to be a live and influential tool, it will: • need to be the subject of ongoing promotion, • drive development of good practice. The Compact can shape the culture and practice that helps partners to deliver on the City Priorities. It will contribute to the

Scrutiny Board Recommendation	*Agreed (Yes/No)*	*Initial Response*	*Recommendation Tracking*
			development of the thriving third sector set out in the Third Sector Ambition Statement. In its implementation, it can facilitate the action of civic enterprise and the aspirations of the city partners. The Compact is based on a clear set of Values, supported core principles: **Compact Values** • everything that we do as partners is done for the benefit of the people of Leeds, enabling resilient communities where citizens take action to make a difference, ▪ we share a commitment to the city ambitions, the spirit and practice of civic enterprise, ▪ we share a commitment to maintaining and developing a thriving third sector, ▪ we recognise that we are interdependent and work together for mutual benefit, ▪ we have to work within available

Scrutiny Board Recommendation	*Agreed (Yes/No)*	*Initial Response*	*Recommendation Tracking*
			resources that are linked to current priorities, ▪ we accept our responsibility to make the partnerships that serve the city effective. **Compact Principles** **Maximising Social Value** Creating a compassionate Leeds where everyone benefits from the city's economic growth and public and third sector partners promote social responsibility, building social capital and delivering social value. **Working Together** Creating a Leeds where partners work together to more effectively meet the needs and aspirations of the people of the city. **Engaging Communities** Creating a Leeds where partners work together to ensure that, individually and collectively, people have a voice that shapes decisions and makes a difference. **Building Resilient Communities and a Dynamic Third Sector**

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Scrutiny Board Recommendation	*Agreed (Yes/No)*	*Initial Response*	*Recommendation Tracking*
			Creating a Leeds where partners work together to support communities to become stronger, so that they can take a full part in the development of the city, recognising we need to build third sector capacity in order for it to support resilient communities and deliver services effectively. **Sharing information** Creating a Leeds where partners are open and share information and intelligence, so that everyone can make informed decisions in the interests of the people of the city. **Maximising the Impact of Resources** Creating a Leeds where partners work together to support innovation, encourage enterprise and ensure that the available local and external investment, in-kind contributions and other resources are used in the most effective way and are directed at the agreed priorities and the needs of the people of Leeds. **Promoting Volunteering** Creating a Leeds where partners work

Scrutiny Board Recommendation	*Agreed (Yes/No)*	*Initial Response*	*Recommendation Tracking*
			together to ensure that formal and informal volunteering is encouraged, promoted, valued and recognised. **Promoting Equality, Fairness, Good Community Relations and Equity of Outcomes for All** Creating a Leeds where partners work together to ensure that equality, equity and fairness are at the heart of all decision making and where conditions are created for good community relations in all parts of the city and across all communities. The Values and Principles are supported by The ***Compact for Leeds (2017) Toolkit*** This is an accompanying document which sets out the standards of practice that partners should seek to apply and that will help them to work together more effectively. The toolkit takes the Compact Principles and 'looks under the bonnet', setting out standards of practice that partners

Scrutiny Board Recommendation	*Agreed (Yes/No)*	*Initial Response*	*Recommendation Tracking*
			should seek to apply and that will help them to work together more effectively. In some cases this toolkit also provides references to more detailed codes of practice that are applied/being developed across the city

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Scrutiny Board Recommendation	*Agreed (Yes/No)*	*Initial Response*	*Recommendation Tracking*
Recommendation 7: In maintaining the dialogue with Third Sector partners, by March 2017 commissioners across Leeds health, wellbeing and social care economy specifically: (a) Deliver a 'joint commissioning' workshop for third sector organisations to provide an update on work to establish joint commissioning arrangements and any associated governance framework(s). (b) Consider how to better engage with the third sector across the personalisation agenda. (c) Review options for the best and most effective use of the Supporting Links to Commissioning Manager resource.	Yes	a) There are currently a series of workshops planned to be delivered in the Third Sector, including workshops where commissioners have been asked to present on current commissioning plans. These can be further developed to include broader information on new and developing commissioning arrangements and governance. b) This is part of the current arrangements between ASC and the Third Sector, making use of the existing provider forums which cover a range of client groups. These can be used to support the ASC Better Lives re-fresh and the move to Strength Based Social Care, which has strong links to personalisation c) Through the Third Sector Partnership, individual organisational links, and specific areas of work, such as the joint training noted above, and the recent joint work on establishing the Leeds Social Value Charter, these are already strong, but commissioners will work with VAL to discuss optimum use of the resource	This work continues to develop, largely overseen by the work of the Third Sector Partnership, Chaired by Councillor Coupar. The group has good attendance from the Third Sector, LCC and CCG Commissioners, other LCC staff, and Universities, and identifies key areas for further work to improve engagement with, and support to, the Third Sector. The range of third sector provider forums continue to be core in delivering this work, supported by forum central as noted in the response to Recommendation 1 above

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Report of Head of Governance and Scrutiny Support

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

Date: 25 April 2017

Subject: Proposed Prescribing Changes: Formal Consultation

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

1 Purpose of this report

1.1 The purpose of this report is to introduce a range of information associated with proposed changes to local prescribing arrangements; and to seek the Scrutiny Board's view on said proposals.

2 Main issues

2.1 In February 2017, the Scrutiny Board was first made aware of proposals from Leeds Clinical Commissioning Groups (CCGs) around changes to prescribing in Leeds. In summary the proposals cover the following matters:

- stop prescribing treatments / medicines for short-term, minor conditions/ailments that are available over the counter (in pharmacies or shops) at a price cheaper than an NHS prescription (or where there is insufficient evidence of clinical benefit or cost effectiveness);
- stop prescribing branded medicines where alternative medicines are available; and,
- stop prescribing gluten-free foods.

2.2 Details of the proposed changes are set in more detail in the briefing note attached at Appendix 1 with proposed draft guidance set out at Appendix 2.

2.3 The proposals are subject to a formal period of public consultation and engagement, which due to conclude at the end of May 2017. Details of the engagement plan are detailed at Appendix 3.

2.4 It should be noted that details of the online survey can be found using the following link: https://www.leedswestccg.nhs.uk/get-involved/we-need-your-views/prescribing-changes-across-leeds/

2.5 To assist and help inform the Scrutiny Board's view on the proposals, opinion from other sources has been sought, including Leeds Director of Public Health, Leeds Local Medical Committee and Community Pharmacy West Yorkshire.

2.6 Details provided by Community Pharmacy West Yorkshire are presented at Appendix 4. Other details are yet to be received; however any further details received will be provided to the Scrutiny Board in advance of the meeting.

2.7 Appropriate representatives have been invited to attend the meeting to discuss the proposals, the associated implications and address any specific queries and/or points of clarification.

3. Recommendations

3.1 The Scrutiny Board is asked to consider the information provided and:

- Agree the outline of any formal response to the proposals.
- Identify any specific matters that may require further scrutiny input/ activity.

4. Background papers[1]

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.

APPENDIX 1

February 2016

Over the counter medicines: a proposal
Briefing information for Leeds Adult Social Care, Public Health and NHS Scrutiny Board

(On behalf of NHS Leeds North Clinical Commissioning Group, NHS Leeds South and East Clinical Commissioning Group and NHS Leeds West Clinical Commissioning Group)

Background

The clinical commissioning groups (CCG) in Leeds - NHS Leeds North Clinical Commissioning Group, NHS Leeds South and East Clinical Commissioning Group and NHS Leeds West Clinical Commissioning Group - have to ensure that we spend the local health budget for our area as effectively as possible, minimise waste and promote self-care.

In line with our responsibility we have reviewed the money we spend on prescribing certain medicines, treatments, products and food items. From this review we have identified a range of items that we are proposing to stop prescribing in Leeds.

Our proposals include:

- that we stop prescribing treatments and over the counter medicines for short-term, minor conditions/ailments that are available over the counter (in pharmacies or shops) at a price cheaper than an NHS prescription, or where there is insufficient evidence of clinical benefit or cost effectiveness
- that we stop prescribing gluten-free foods

Draft guidance – attached

Some medicines that are used to treat minor ailments do not need the patient to see a GP; pharmacists are expert at providing advice around minor ailments and are easy to see without an appointment. We also want our clinicians to only prescribe medicines that are known to be clinically effective and have a health benefit for patients. We have drafted guidance that outlines these medicines that are used to treat minor ailments do not require the patient to be seen by a GP. These products can be purchased from pharmacies and supermarkets.

Within this guidance document it clearly outlines the eligibility criteria and principles behind the guidance and relates to:

- List of minor conditions for which prescriptions will not be issued.
- Treatments where there is limited or no clinical evidence for their use or cost effectiveness
- Preparations where there may not be a clinical need to treat
- Prescribing gluten free foods
- Branded drugs – Medicines will be prescribed by their generic/branded generic name only, unless due to safety reason medication needs to be prescribed by brand.

This document is to act as guidance for patients, clinicians and other prescribers in primary and secondary care.

If prescribing is deemed to be clinically necessary, only those products listed in the agreed local formularies should be prescribed. Prescribers will be required to consider whether the benefits of prescribing a treatment for an individual patient justify the expense to the NHS. Such judgements should be based purely on clinical factors and should not be influenced by socio-economic aspects such as the patient's ability to purchase the treatment should they wish to do so, if it is not prescribed.

The success of this guidance will depend upon the commitment by GPs and other prescribers to implement the restrictions and through raised public awareness and adoption of self-care approaches for suitable minor conditions.

One additional cost would be up to £40,000. This is to set up the scheme to allow eligible population to access cheap to buy Vitamin D products for prophylaxis use, from community pharmacy as part of the health living pharmacy scheme. Leeds Currently spends £600K a year on Vitamin D on both treatment and prophylaxis doses. Having this scheme may help to save on this cost.

Over the counter medicines: the case for change
Over the counter medicine refers to medicines that can literally be bought over the counter because they are considered safe enough for people to self-manage common and minor ailments. These are medicines such as painkillers, cough and cold remedies, antihistamines and some skin products. They do not include any medicines that are available by prescription only.

It is estimated that nationally there are 57 million GP consultations each year for minor ailments, a situation that costs the NHS approximately £2 billion and takes up to an hour a day on average for every GP. Most minor ailments are generally not serious and can usually be effectively managed by the individual, parents or carers. Products aimed at treating the symptoms of many of these ailments may not offer value for money and should not normally be prescribed at NHS expense - simple medications are prescribed at an inflated cost to the NHS (e.g. a 29p box of paracetamol can cost the NHS £3.17) and take up clinical and patient time. Often these products are widely available at low cost from supermarkets and pharmacies. Pharmacists (and other trained staff) are expert in providing advice around minor ailments and are easy to access without an appointment. We believe that by limiting the prescribing of such medicines we can make savings and focus our investment on the diagnosis and treatment of more serious conditions.

Gluten-free foods: the case for change
Gluten is a type of protein that is found in three types of cereal – wheat, barley and rye. A gluten-free diet is recommended for people who have been clinically diagnosed with coeliac disease. Gluten can cause symptoms that include bloating, diarrhoea, nausea, tiredness and headaches.

Certain foods are naturally gluten-free such as meat, vegetables, cheese, potatoes and rice. There are gluten-free alternatives for those foods that do traditionally contain gluten, such as bread and pasta, available to those who wish to continue to eat similar foods which contain the cereals described.

There is no cure for coeliac disease, but switching to a gluten-free diet will help control symptoms. A decision was taken over 30 years ago to include gluten-free foods on prescription, when there was limited availability of gluten-free foods to buy. Today the availability of gluten-free foods has increased dramatically and they are found in almost all major supermarkets. Health experts say that as a protein, gluten is not essential to people's diets and can be replaced by other foods. There is a lot of information available to patients via their GP, dietitian or available online about how to eat a healthy gluten-free diet. When prescribing gluten-free foods the NHS pays both for the food plus the additional cost of processing the items.

Typical costs to the NHS, however, remain high, e.g. the cost of gluten-free foods for an adult male for one month is typically £32, whereas the same products would cost the NHS £75 if provided on prescription. Coeliac disease on its own is not an exclusion criteria from prescription charges

Removing gluten-free foods from prescription will also remove the potential for inequity, as foodstuffs for patients with other conditions where dietary interventions are recommended are not prescribed.

Branded medicines: the case for change

The names of medicines can often be confusing and the same medicine can sometimes be called different things. Both do the same thing medically, but different manufacturers can give it a different name. It is similar to buying branded goods or a supermarket's own label – both products do the same job, but the supermarket's own version is usually cheaper.

Branded medicines can cost the NHS up to 56 times more than the equivalent non-branded products. It is estimated that we spend an additional £130,000 every year on prescribing branded medications instead of the equivalent non-branded products.

People who need a branded medicine for specific medical reasons will not be affected by our proposals.

Stakeholders

We have drafted medicines commissioning guidance and will survey people to gather their views. We will also need to inform other stakeholders about our proposals. The stakeholders we have identified are:

Patients

- Relatives and carers
- General public
- Pharmacists
- Scrutiny Board
- Elected members such as councillors and MP;
- Community, voluntary and faith sector
- Healthwatch
- Primary and secondary care health care professionals

APPENDIX 1

Engagement plan

We have written a plan to engage and communicate with our stakeholders to understand if they support our guidance and to gather their comments.The outline of the plan is as follows:

- We will take this to Leeds CCGs' Patient Assurance Groups (PAGs) for their comments on our engagement plans
- We will take to the Leeds Adult Social Care, Public Health and NHS Scrutiny Board, Health Service Development Group
- We will go out to engage on the draft guidance to see if people support this
- The engagement will include an online survey and a published survey
- We will work with Leeds Involving People to gather as many views as possible
- We will work with Leeds Engaging Voices who will hold meetings and focus groups to gather insight from some of our more deprived communities and areas where prescribing these drugs is high.
- We will use some examples of campaigns from other areas at the focus groups to ask people what messages they would respond to
- The guidance will go to the following meetings, heads of medicines optimisation, commissioning of medicines group, clinical directors network, CCG boards/executives.

APPENDIX 2

DRAFT
Guidance to reduce prescriptions for minor conditions, other conditions suitable for self-care, gluten free products and branded prescribing.

Version:	4
Name & Title of originator/author(s):	Lead author Heather Edmonds Head of Medicines Optimisation, NHS Leeds North Clinical Commissioning Group. Supported by Sally Bowers Head of Medicines Optimisation, NHS Leeds West Clinical Commissioning Group Helen Liddell Head of Medicines Optimisation, NHS Leeds South and East Clinical Commissioning Group
Name of responsible committee:	
Name of responsible individual:	
Date issued:	
Review date:	
Target audience:	The Leeds population and health care professionals

Contents

1 Introduction

The three Clinical Commissioning Groups (NHS Leeds North CCG,NHS Leeds West CCG and NHS Leeds South and East CCG) that cover the Leeds health economy are legally obliged to have in place and publish arrangements for making decisions and adopting guidance on whether particular health care interventions and treatments are made available. In making these arrangements the CCGs have had due regard to relevant law and guidance, including their duties under the National Health Service Act 2006, the Health and Social Care Act 2012, the National Health Service Commissioning board and Clinical Commissioning Groups (Responsibilities and Standing Rules) Regulation 2012, and relevant guidance issued by NHS England.
Some medicines that are used to treat minor conditions do not require the patient to be seen by a GP. These medicines can be purchased from pharmacies and supermarkets. Pharmacy staff are experts on providing advice around minor conditions; they are also easy for a patient to access without an appointment. This will free up GP time to see patients with more complex conditions.

Within this guidance it documents eligibility criteria, a list of suitable minor conditions and medicines and prescribing principles are clearly outlined. This document is to act as guidance for patients, clinicians and other prescribers in primary and secondary care.

The success of this guidance will depend upon the commitment by GPs and other prescribers to implement the restrictions and through raised public awareness and adoption of self-care approaches for suitable minor conditions.

2 The Position Statement for the CCGs covering the Leeds health economy

The three Clinical Commissioning Groups (CCGs) within the Leeds health economy expect that patients with minor conditions suitable for self-care will buy over-the-counter medicines when it is appropriate to do so. All prescribers within the CCGs, including non-medical prescribers, GPs, out-of-hours and A&E departments, should not prescribe readily available over-the-counter medicines.

Clinicians should only prescribe medicines that are known to be clinically effective and provide a health benefit to the patient

3 Minor conditions and treatments available

The following principles have been used when compiling the list of minor conditions for which prescriptions will not generally be issued, and medicines that the CCGs expect patients to buy and self-treat their minor conditions:

- the conditions included can be diagnosed without medical intervention.
- the conditions can be treated with over-the-counter medicines or will get better without treatment
- all relevant contraindication and cautions will apply at the point of sale and pharmacists will direct patients to appropriate services if they need medical intervention.
- this guidance applies only to situations and minor conditions where NHS Choices recommends self-care.

The table within **Appendix A** of this guidance shows:

- conditions that are considered suitable for self-care meaning that the condition(s) are self-limiting, and generally do not prevent a person from carrying out their normal functions for more than a short period of time, such as coughs, colds, headaches and indigestion.
- medicines that are available to buy in the community to relieve the symptoms of and/or aid in the recovery from minor conditions.

4 Treatments where there is limited or no clinical evidence for their use or cost effectiveness

Many of the products listed in **Appendix B** are not licensed drugs under the Medicines Act. This means that they have not undergone the stringent testing laid down by the regulatory authorities to confirm their safety, quality and efficacy. There is no summary of product characteristics (SPC) for prescribers to consult and hence no indemnity for prescribers should the treatment cause harm. Many of these products are classed as "food substitutes" and are not covered by the Advisory Committee on Borderline Substances (ACBS) regulations and/or do not appear in the current British National Formulary (BNF) or the Drug Tariff (DT). They are often not manufactured to the same high pharmaceutical standards used for licensed medicines hence there is no guarantee of consistency in formulation and potency. These treatments will not have undergone rigorous clinical trials to demonstrate that they are effective and safe. It is inappropriate to direct NHS resources towards products that do not have proven efficacy or safety in preference to licensed medicines.

5 Preparations where there may not be a clinical need to treat

Within **Appendix C** there are treatments that are clinically and cost effective when used in some patients, but not when used more widely. Also, some categories will contain treatments that are clinically effective but are not considered to be a good use of NHS resources. For some conditions this will be related to the severity of the condition (e.g. mild acne is included but severe acne requires prescription medicines)

If prescribing is deemed to be clinically necessary, only those products listed in the agreed local formularies should be prescribed. Prescribers will be required to consider whether the benefits of prescribing a treatment for an individual patient justify the expense to the NHS. **Such judgements should be based purely on clinical factors and should not be influenced by socio-economic aspects such as the patient's ability to purchase the treatment should they wish to do so, if it is not prescribed.**

6 Prescribing of Gluten Free Foods

The costs for these products are now considerably less than when the need for gluten free foods for patients with any diagnosed gluten sensitive enteropathy was identified. Gluten Free products can be very expensive when obtained via an NHS prescription and the products are often considerably more costly than the price of similar gluten free products purchased in the supermarket and other food outlets. There are a number of naturally gluten free foods available that are at the same cost to the whole population, such as potatoes, rice, all fruit and vegetables, meat, fish and poultry, which enable the population to have a healthy diet. In order to prioritise scarce resources and ensure equitable treatments are available to all, the CCGs in Leeds propose that the prescribing of gluten free (GF) foods is stopped.

7 Branded prescribing

Prescribers (people who prescribe medicines, such as GPs) are encouraged to prescribe medicines by their generic name. This is because generic medicines are usually as effective as the branded versions, but can cost up to 80% less.
This frees up NHS resources to pay for other treatments. It also gives the pharmacist the widest choice of products to dispense. This can be important, particularly if there is a shortage of a particular product.

There are some drugs where it is not safe to prescribe drugs by the generic name, due to different forms of the drug not being interchangeable, the drugs can be delivered by different devices causing confusion, or that there are a number of medicines that contain more than one drug at different strengths which could lead to confusion etc.

In order to priorities scarce resources and where it is safe to do so, prescribers within Leeds will be asked to prescribe the generic or specific branded generic version only of any medication, unless there is a clinical exception.

http://www.nhs.uk/Conditions/Medicinesinfo/Pages/Brandnamesandgenerics.aspx

8 Eligibility and exceptionality

This guidance applies to:

- all patients registered with or attending a healthcare appointment at a general practice within Leeds.
- all patients whether or not they pay for prescriptions.
- all prescribers in the CCGs within the Leeds health economy, including non-medical prescribers, GPs, out-of-hours and A&E departments.

One of the core values of the NHS is 'We have a responsibility to maximise the benefits we obtain from NHS resources, ensuring they are distributed fairly to those most in need. Nobody should be discriminated or disadvantaged, and everyone should be treated with equal respect and importance.'

Exceptionality should be based on clinical factors and not be influenced by socio-economic aspects such as the ability to purchase as this automatically introduces inequality, implying that some patients have a higher social worth than others with the same condition. Exceptionality is a question of fairness.

9 Evidence

Empowering people with the confidence and information to look after themselves - 'self-care' gives people greater control of their health and encourages behaviour that helps prevent ill health in the long-term. In many cases, people can take care of their minor conditions if they are provided with the right information, enabling health care professionals to focus on patients with more serious health concerns[1].

The majority of people feel comfortable managing everyday minor conditions like coughs and colds themselves, particularly when they feel confident in recognising the symptoms and have successfully treated themselves with over-the-counter (OTC) medicine before.

Despite people's willingness to self-treat, there are still 57 million GP consultations nationally a year for minor conditions at a total cost to the NHS of £2 billion. These appointments take up an average of one hour a day for every GP.

Research shows that people often abandon self-care earlier than they need to, typically seeking the advice of a GP within four to seven days. The main reasons for this are:

- a lack of confidence in understanding the normal progress of symptoms (e.g. a cold can last up to 14 days)
- the perceived severity and duration of symptoms
- seeking reassurance that nothing more serious is wrong
- wanting a prescription for a medicine, even though the same medicine may be available to buy
- seeking treatment for a condition that will get better on its own.

Research suggests that health-seeking behaviour is repetitive with 62 per cent of patients choosing to visit a GP if a prescription was issued on the last occasion. Conversely, past experience with self-care builds confidence in patients with 84 per cent choosing to self-care for new episodes.

Providing an environment that supports self-care has been shown to:

- improve the health and wellbeing of local communities.
- raise awareness of and increase access to suitable providers of healthcare advice and support.
- reduce avoidable appointments in general practice, thus helping safeguard appointment time for patients with more serious health problems.
- reduce avoidable visits to the local emergency departments and appointments with out-of-hours GP services.
- reduce NHS expenditure on medicines that can be bought in the community without prescription, thus helping safeguard local NHS resources for medicines that are only available on prescription, as well as other services.

1. Forum, S.C. (2016) *What do we mean by self care and why is it good for people?* Available at: http://www.selfcareforum.org/about-us/what-do-we-mean-by-self-care-and-why-is-good-for-people/ (Accessed: 28 October 2016).

10 Expected benefits of implementing this guidance

It is estimated that by implementing this guidance:

- every GP within the Leeds health economy will have up to one hour a day freed up to see patients with more serious conditions
- potentially up to £5 million a year in local NHS expenditure on prescription costs can be saved.
- there will be a reduction in medicines waste and the associated costs.
- patients and carers will be better informed of how to manage minor conditions.

11 Approach to promoting self-care for minor conditions

The CCGs recommend that information and resources such as those provided by community pharmacies, NHS Choices and NHS 111 are promoted to and used by local people and their carers to decide when minor conditions are suitable for self-care.

The CCGs will engage in a programme of communication and engagement, alongside key health and care partners, to encourage patients to manage these conditions without the need for a GP appointment, NHS prescription or visit to an emergency department. The CCGs will continue to support the delivery and promotion of existing local awareness campaigns linked to self-care and appropriate use of resources, such as Choose Well.

The CCGs also hold the responsibility to provide support to healthcare professionals in promoting self-care and raising awareness around important health matters. This document provides guidance to health professionals to support the CCGs approach to reducing consultations and prescriptions for minor conditions suitable for self-care.

12 Guidance Review statement

The three CCGs within the Leeds health economy will continue to review the impact of the implementation of this guidance on patients and health professionals.

13 Glossary of Terms

Community pharmacy: Community pharmacies dispense and check prescriptions and provide advice on prescribed medicines, treatment of minor conditions and healthy living.

Contraindication: A contraindication is a condition that makes a person unsuitable to receive a particular medicine.

Caution: A caution is a condition that needs consideration before deciding whether a medicine is suitable for a person, sometimes a caution will mean that a person should have a lower or higher dose of a medicine than other people.

General practice: General practitioners (GPs) are doctors who deal with a whole range of health problems. They also provide health education, offer advice on smoking and diet, run clinics, give vaccinations and carry out simple surgical operations. GPs usually work in practices as part of a team, which includes nurses, healthcare assistants, practice managers, receptionists and other staff. Practices also work closely with other healthcare professionals, such as health visitors, midwives, mental health services , mindwell and social care services.

General Sales List (GSL) – a medicines on the General Sales List that is deemed suitable for purchase without any medical supervision.

NHS Choices: NHS Choices is the UK's biggest health website. See www.nhs.uk

NHS 111: NHS 111 is the NHS non-emergency number. Call 111 when you need medical help fast but it's not a 999 emergency.

Non-medical prescribers: A prescriber is a healthcare professional who can write a prescription. A non-medical prescriber is a healthcare professional who can prescribe, who is not a registered doctor or dentist. Only some healthcare professionals can become non-medical prescribers, and they usually have to undertake additional training to become a prescriber. The

following groups of healthcare professionals can become prescribers; nurses, pharmacists, optometrists, podiatrists, physiotherapists and diagnostic and therapeutic radiographers.

NSAIDs: non-steroidal anti-inflammatory drugs, an example is ibuprofen.

Over-the-counter (OTC): Over-the-counter medicines, a general term encompassing both P and GSL medicines.

Primary care; primary care services are health services such as GPs, pharmacists and dentists that people can access directly without a referral from another doctor or service.

P medicines: Pharmacy only medicines that must be sold from registered pharmacy premises under the supervision of a qualified pharmacist.

Brand drug name: this is given to a medicine by the pharmaceutical company it is developed by

The scientific or generic drug name : named for the active ingredient of the medicine, which is decided by an expert committee**.**

Branded generic drug name : is a drug that is bioequivalent to the original product, but is now marketed under another company's brand name**.**

14 Appendices

Appendix A: Minor conditions and treatments available
Appendix B: Treatments where there is limited or no clinical evidence for their use or cost effectiveness
Appendix C: Preparations where there may not be a clinical need to treat
Appendix D: Equality Impact Assessment for the Guidance
Appendix E: Guidance Consultation Process

Appendix A: Minor ailments and treatments available

Minor ailment condition	Treatment	Other brands to be aware of (N.B. this is not an exhaustive list)	Exceptions
Acute pain, headache, temperature	Paracetamol 500mg tablets Paracetamol 500mg caplets Paracetamol 500mg capsules Paracetamol 500mg soluble tablets	Anadin Mandol Diprol Panadol Hedex Panadol Advance	Long term conditions requiring regular pain relief.
	Ibuprofen 200mg tablets Ibuprofen 200mg caplets Ibuprofen 200mg liquid capsules Ibuprofen 400mg tablets Ibuprofen 100mg/5ml Susp	Anadin Ibuprofen Mandafen Anadin Joint Pain Manorfen Anadin liquifast Nurofen Calprofen Orbifen Cuprofen Phor Pain Hedex	
	Co-codamol 8/500 mg tablets Co-codamol 8/500mg capsules Co-codamol 8/500mg dispersible tablets Co-codamol 8/500mg effervescent tablets	Migraleve Yellow tabs Paracodol caps Paracodol soluble tabs	
	Paracetamol 120mg/5ml oral susp (sugar free) Paracetamol 250mg/5ml oral susp (sugar free)	Calpol Six Plus susp 250mg/5ml Calpol Infant susp 120mg/5ml Mandanol Medinol Sootheze Six Plus	
Athletes foot	Miconazole cream 2%	Daktarin	
	Terbinafine 1% cream	Lamisil AT (cream, gel, spray), Lamisil Once Cutaneous Solution 1% Scholl advanced (cream, powder & spray)	.

Minor ailment condition	Treatment	Other brands to be aware of (N.B. this is not an exhaustive list)	Exceptions
Bites/stings	Hydrocortisone cream 1%	HC45 cream Lanacort cream	
	Chlorphenamine 4mg tabs	Allercalm Piriton tabs 4mg Hayleve Pollenase tabs Piriton Allergy tabs 4mg	
	Chlorphenamine oral solution 2mg/5ml(sugar free) Chlorphenamine solution 2mg/5ml	Allerief oral soln Piriton 2mg/5ml syrup	
	Loratidine 10mg tabs	Clarityn Allergy tabs Clarityn Rapide tabs	
Cold Sores	Aciclovir cream 2%	Cymex Ultra Virasorb Lypsyl Zovirax Vectavir	
Conjunctivitis (uncomplicated)	Chloramphenicol 0.5% eye drops Chloramphenicol 1% eye ointment	Brochlor Golden Eye Optrex Infected Eye Ointment Lumicare Eye Ointment Tubilux Eye Drops	
Diarrhoea	Dioralyte sachets Electrolade sachets Oral Rehydration salts	Dioralyte Relief	
	Lopermide caps 2mg	Imodium Diaquitte Norimode Diocalm Ultra Entrocalm	
Ear Wax	Wax softening drops e.g Olive oil	Almond Oil Ear Calm Otex Exterol Cerumol Waxsol Sodium Bicarbonate Molcer	

Minor ailment condition	Treatment	Other brands to be aware of (N.B. this is not an exhaustive list)	Exceptions
Hay fever	Acrivastine 8mg caps	Benadryl Allergy Relief caps 8mg Benadryl Plus Caps	
	Beclomethasone nasal spray	Beconase hayfever spray Nasobec aqueous spray Pollenase nasal spray Vivabec Spray	
	Cetirizine 10mg tabs	Benadryl tabs Piriteze Histease Zirtek tabs Pollenshield Hayfever	
	Cetirizine1mg/ml oral solution	Benadryl Allergy Relief soln 1mg/1ml S/F Zirtek Allergy soln 1mg/ml	
	Chlorphenamine 4mg tabs	Allercalm Piriton tabs 4mg Hayleve Pollenase tabs Piriton Allergy tabs 4mg	
	Chlorphenamine oral solution 2mg/5ml(sugar free) Chlorphenamine solution 2mg/5ml	Allerief Oral soln Piriton 2mg/5ml syrup	
	Loratadine 10mg tabs	Clarityn Rapide tabs Clarityn Allergy tabs	
	Loratadine 5mg/5ml syrup	Clarityn Allergy Syrup	
	Sodium Cromoglycate 2% Eye Drops	Allercrom Optrex Allergy Catacrom Allergy Relief Pollenase Cromolux Hayfever Opticrom Hayfever	
Head lice	Dimethicone Lotion 4%	Hedrin Linicin Lyclear Mousse and Repellant Nitrid Spray Nyda Spray	
Indigestion, heartburn, Upset Stomach	Gaviscon Advance tabs Gaviscon Advance liquid	Gaviscon 250 tabs Gaviscon Cool (tabs & liquid) Gaviscon Double Action (tabs & liquid)	

Minor ailment condition	Treatment	Other brands to be aware of (N.B. this is not an exhaustive list)	Exceptions
Infant colic	Infacol Suspension 40mg/ml S/F	Dentinox Infant colic drops	
Nappy rash	Metanium Sudocrem	Bepanthen Drapolene Morhulin Zinc and Castor Oil	
Nasal congestion	Sodium Chloride 0.9% Nasal Drops SodiumChloride 0.9% Nasal Spray	Snufflebabe nasal drops Calpol Soothe & Care (nasal drops & spray) Mandanol nasal drops	
Scabies	Permethrin 5% dermal cream Crotamiton 10% cream	Lyclear Lythrin Eurax	
	Chlorphenamine 4mg tabs Chlorphenamine oral solution 2mg/5ml(sugar free)	Allercalm Piriton tabs 4mg Hayleve Pollenase tabs Piriton Allergy tabs 4mg Allerief Oral soln	
Teething	Bonjela Teething Gel	Anbesol teething gel Calgel teething gel Dentinox (teething gel & toothpaste)	
	Paracetamol 120mg/5ml oral susp(sugar free)	Calpol Infant susp 120mg/5ml Mandanol Infant Medinol	
Threadworms	Mebendazole chewable 100mg tabs Mebendazole liquid 100mg/5ml	Ovex	
Vaginal thrush	Clotrimazole cream 1% Clotrimazole pessary 500mg Fluconazole 150mg caps	Canestan Canestan oral Diflucan	
Warts & Verrucae	Bazuka Extra Strength Gel	Veracur Verrugon	
	Salactol Wart Paint	Cuplex Duofilm Occlusal Salatac	

Appendix B: Treatments where there is limited or no clinical evidence for their use or cost effectiveness

Category	Examples (N.B. this is not an exhaustive list, many of these products are not recommended for prescribing within the Leeds Health Economy)	Exceptions
Camouflage products used for cosmetic actions	Veil_Cover Crm Dermacolor_Camouflage Creme Veil_Finishing Pdr Dermacolor_Fixing Pdr Covermark_Classic Foundation Keromask_Masking Crm Covermark_Finishing Pdr Keromask_Finishing Pdr Dermablend_Ultra-Corrective Stick 15sand Dermablend_Cover Crm Dermablend_Cover Crm B12 Medium Beige Dermablend_Foundation Coverstick 16 Dermablend_Setting Pdr Dermablend_Foundation Coverstick 11 Dermablend_Foundation Coverstick 15 Dermablend_Ultra-Corrective Stick 12opal Dermablend_Ultra-CorrectiveStick17coffee	Only when considered in line with the Leeds CCGs "General Cosmetic Exceptions and Exclusions Policy including Benign Skin Lesions, Skin Tags, Scars and Keloids" policy and an individual funding request has been agreed.
Cough	Benylin cough products Codeine linctus Covonia cough products Meltus Pholcodine linctus Simple Linctus Sudafed Cough products	
Eye Care	Blephaclean Eye Lid Wipe Lid-Care Eyelid Wipe Optrex Supranettes RefreshOphth Soln 0.4ml Ud Ster Eye Cleansing Wipes	
Health Supplements	Products containing glucosamine. Products containing chondroitin. Products containing fish oils. Products containing co-enzyme Q10. Products containing Omega 7. Products containing Gamolenic Acid Icaps, Ocuvite, PreserVision Nature's own, Natures aid, Biobran (MGN-3),	Omega-3-Acid Ethyl Esters (Omacor®) for hypertriglyceridaemia also, use as an adjunct to antipsychotic therapy (only be initiated by a Specialist form Leeds and York Partnership Trust)
Herbal Remedies	St John's Wort, Heathaid, Kalms, Nytol, Bach flower remedies	
Homeopathic remedies	Weleda products, Nelson products	

Category	Examples (N.B. this is not an exhaustive list, many of these products are not recommended for prescribing within the Leeds Health Economy)		Exceptions
Nasal Congestion	Menthol & Eucalyptus Inhalation Otradrops Xylometazoline nasal (0.05% drops & 0.1%spray) Otrivine (nasal drops & spray) Sudafed tabs & elixir Galpseud tabs & linctus		
Probiotics	VSL#3		Adults (pouchitis) and Paediatrics (Hirschsprungs disease or ulcerative colitis post ileal pouch anal anastomosis)
Rubifacients	Algesal Balmosa Deep Freeze Mentholatum Radian B		
Skin products	Bio-Oil Skin Care Oil Coconut oil Products containing Dexpanthenol (Bepanthen baby protective oint, Nivea SOS products) E45 foot & heel cream, Glucosamine gel SensetSkin Cleansing Foam Skin Salvation oint Vitamin E cream		
Sore Throat	AAA Sore Throat Spray Difflam (Throat Spray & rinse) Covonia Throat Spray Dequadin Lozenges Ultra Chloraseptic Spray Dequaspray	Tyrozets Lozenges Merocaine Lozenges Strepsils Lozenges Merocet lozenges Bradasol Lozenges	

Grey shaded products are currently included in the Leeds Black light list.

Category	Examples (N.B. this is not an exhaustive list, many of these products are not recommended for prescribing within the Leeds Health Economy)	Exceptions
Vitamins, Multivitamin & all mineral preparations (including Cod liver oil, Vitamin B products, Vitamin E products, , Vitamin A& D products)	Pharmacy own brands of vitamins/multivitamins (i.e.Boots, Lloyds, Superdrug, Valupak) Haliborange, Santogen Fruitivits Sachets Spatone Seven Seas Lamb Vita E Osteocaps Vega Osteocare Premier Redoxon Centrum Eye-Q Natravits	*High dose vitamin D for proven Vitamin D deficiency still to be issued on prescription, maintenance dose to be supplied by Healthy Living Pharmacy Scheme if patient is eligible or bought OTC. *Vitamin B Co Strong is restricted for patients with refeeding and nutritional issues (to be initiated by Dietetics).

Appendix C: Preparations where there may not be a clinical need to treat

Category	Examples (N.B. this is not an exhaustive list)	Exceptions
Acne (mild)	All Benzoyl Peroxide products (including Brevoxyl, Quinoderm products and Acnecide products) Nicotinamide 4% Gel (including Freederm gel, Nicam gel)	Moderate to severe cases where OTC products have failed (follow local guidelines).
Dandruff (including cradle cap)	Alphosyl 2 in 1 shampoo Capasal shampoo Ceanel concentrate shampoo Psoriderm scalp lotion T\Gel shampoo	Unless recommended by specialist
	Benzalkonium chloride 0.5% shampoo (including Dermax) E45 Dry Scalp shampoo Ketoconazole shampoo 2% (including dandrazol, ketopine, nizoral) Selsun shampoo	
	Dentinox Cradle Cap Treatment Shampoo	(Follow BNF advice: 'cradle cap in infants may be treated with coconut oil or olive oil applications followed by shampooing'.)
Dental & Sore mouth Products (If recommended by Dentist to be purchased or prescribed on dental prescription - both NHS & private)	Duraphat Fluoride Toothpaste **(To be prescribed by Dentist)**	
	Sodium fluoride mouthwash, oral drops, tablets & toothpaste (including the brands: Colgate, En-de- Kay, Fluor-a day, fluorigard)	
	Oraldene Mouthwash	
	Hydrogen Peroxide Mouthwash 6% Peroxyl Mouthwash 1.5%,	

Category	Examples (N.B. this is not an exhaustive list)	Exceptions
Dental & Sore mouth Products (If recommended by Dentist to be purchased or prescribed on dental prescription - both NHS & private)	Benzydamine Hydrochloride mouthwash & spray (including the brands: Difflam, Oroeze)	
	Chlorhexidine gluconate mouthwash, oral spray & dental gel (including the brand Corsodyl)	
	Anbesol gel & liquid Bonjela products Iglu gel Rinstead pastilles	
Emollients & bath/ shower products	Aveeno products, Dermacool products, Dermalo Bath Emollient, Dermamist Spray, Diprobath Emollient, Eucerin products, Neutrogena products Dermol 200 Shower Emollient, Dermol Wash Doublebase products E45 products Hydromol products Oilatum products Balneum Products	* Emollients only to be prescribed for patients with a confirmed diagnosis of significant skin disease (including eczema and psoriasis). *Patients discharged from a specialist centre on a particular product should be maintained on the same product if effective (Preferred choice of emollients and bath products: ZeroAQS, Zerocream, Zerobase, Zeroguent, Zerodouble Gel, Zeroderm, Zerolatum, Zeroneum, E45 lotion, Emulsifying Ointment and Liquid & White Soft Paraffin Ointment 50:50)
Sunscreens	Ambre Solaire products Anthelios products Delph products Riemann P20 products Sunsense products Uvistat products	Only to be prescribed within ACBS criteria: protection against ultraviolet radiation in abnormal cutaneous photosensitivity, resulting from genetic disorders or photodermatoses, including vitiligo and those resulting from radiotherapy; chronic or recurrent herpes simplex labialis. Formulary products: Sunsense Ultra 50+ Uvistat 50

Appendix D: Equality Impact Assessment

Equality Impact Assessment

Title of the guidance	**Guidance to reduce prescriptions for minor conditions and other conditions suitable for self-care.**	
Names and roles of people completing the assessment		
Date assessment started/completed		

1. Outline	
Give a brief summary of the guidance	
What outcomes do you want to achieve	

2. Evidence, data or research	
Give details of evidence, data or research used to inform the analysis of impact	

3. Consultation, engagement	
Give details of all consultation and engagement activities used to inform the analysis of impact	

4. Analysis of impact			
This is the core of the assessment, using the information above detail the actual or likely impact on protected groups, with consideration of the general duty to; eliminate unlawful discrimination; advance equality of opportunity; foster good relations			
	Are there any likely impacts? Are any groups going to be affected differently? Please describe.	**Are these negative or positive?**	**What action will be taken to address any negative impacts or enhance positive ones?**
Age			
Carers			
Disability			
Sex			
Race			
Religion or			

belief			
Sexual orientation			
Gender reassignment			
Pregnancy and maternity			
Marriage and civil partnership			
Other relevant group			
If any negative/positive impacts were identified are they valid, legal and/or justifiable? Please detail.			

5. Monitoring, Review and Publication			
How will you review/monitor the impact and effectiveness of your actions			
Lead Officer		**Review date:**	

6. Sign off			
Lead Officer			
Director		**Date approved:**	

Appendix E: Guidance Consultation Process

Title of document	Guidance to reduce prescriptions for minor conditions and other conditions suitable for self-care.
Author	Heather Edmonds, Head of Medicines Optimisation Leah Sawicki, Medicines optimisation Pharmacy Technicians. NHS Leeds North Clinical Commissioning Group
New / Revised document	
Lists of persons involved in developing the guidance List of persons involved in the consultation process:	Sally Bower, Helen Liddell, Members of the Commissioning of Medicines group, Members of the medicines STP group

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Changing the way we prescribe in Leeds

The clinical commissioning groups in Leeds working together

Introduction

We want people in Leeds to have long, healthy lives; where they remain active and independent for as long as possible supported by high quality services.

A key part of this is ensuring that people feel actively involved and able to have their say in the decisions we make around health and care.

At the current time we want to know what you think about prescribing the following:

Gluten free foods

Branded medicines

Over-the-counter medicines

(when you can buy a product and do not need a prescription)

Who are we?

Clinical commissioning groups (CCGs) are responsible for planning and buying (commissioning) most of the healthcare for their populations. We look after the budget for Leeds.

Our organisations are composed of your local GPs and other healthcare professionals. We buy services such as: emergency care, hospital care, community, GP and mental health services.

What is this document about?

The three Leeds CCGs together spend over £1 billion a year. This helps support the people in Leeds to stay healthy and access the right services. We have a duty to make sure we spend the money wisely and in the most cost effective way. Your thoughts on how we spend it are important.

By reviewing how we spend money we have the chance to look at how we can use it better, to pay for newer treatments and support other services.

As newer medicines to treat more complicated medical conditions come onto the market, the overall costs of medicines go up. The higher prices of newer medicines are to pay for years of research that have gone into developing those medicines. While this is happening, a lot of products that in previous years were only available on prescription are becoming much more widely available to buy in high street shops, online, and in supermarkets.

There are several areas of prescribing where products are now widely available:

- **Gluten free products**
- **Multivitamins and vitamin D**
- **Emollients (moisturisers) for minor dry skin conditions**
- **Cosmetic products**
- **Sunscreen products**
- **Branded medicines, where equivalent generic products are available.**

This document:

- **Gives you information**
- **Outlines what the proposed changes will be**
- **Outlines why we are proposing the changes**
- **Explains how you can have your say.**

Why do things need to change?

Commissioning healthcare is challenging as we need to focus on ensuring value for money as well as quality.

The NHS only has a finite budget. However, there is increasing demand for services, e.g. people living longer with more long-term health conditions.

As a result we sometimes need to evaluate what we provide, a bit like families do when working within a budget.

This can be incredibly difficult. Sometimes decisions need to be made to make sure the finance is in place for services which face ever-increasing demand e.g. general practice (GP practices) and A&E.

What are we doing to make services more efficient and effective?

We continually look at the best ways to provide high quality services. By doing this communities in Leeds are benefiting from:

- **New models of care that support people to live independent lives, keeping them out of hospital unless medically necessary**
- **Improved access to primary care.**

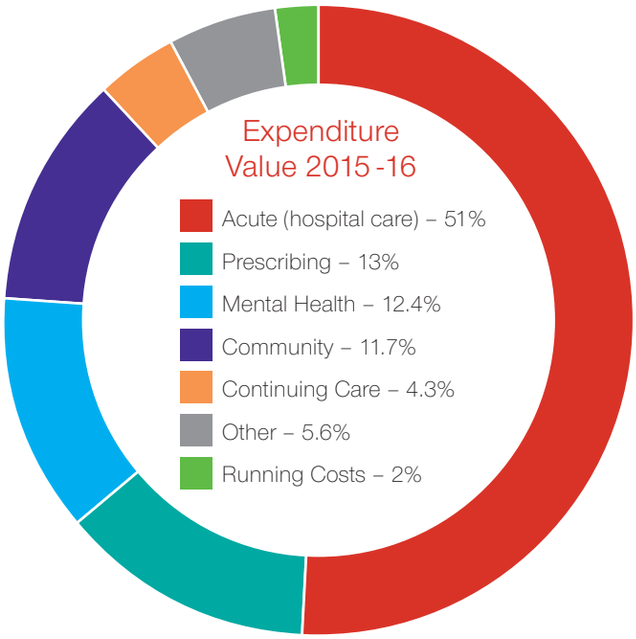
We work with other commissioning groups to look at how services can be developed across the area, including;

- **Cancer services**
- **Paediatrics**
- **Stroke**
- **Urgent & emergency care.**

Over the last year we have also encouraged people to buy their own paracetamol for pain relief.

We are looking at new models to deliver effective and efficient care in GP practices, to take the pressure off A&E and provide walk-in facilities.

How the Leeds CCGs spend NHS money



What are we proposing to change?

- **To not routinely fund gluten free foods on a prescription basis.**
- **To not routinely fund a range of "over-the-counter" medicines on prescription**
- **To routinely commission the prescribing of non-branded products unless there is a medical reason.**

Ultimately, your GP will work with you to make the final decision about your treatment, using official and recommended guidelines. They will take into account your individual circumstances and condition to make an informed decision. This will ensure that you receive the best and most effective care, whilst also helping the NHS to be more effective.

We want an open and genuine conversation with people about the proposed changes to services set out in the coming pages. We want to listen to what you think about our plans.

Please complete our questionnaires attached.

Gluten free foods

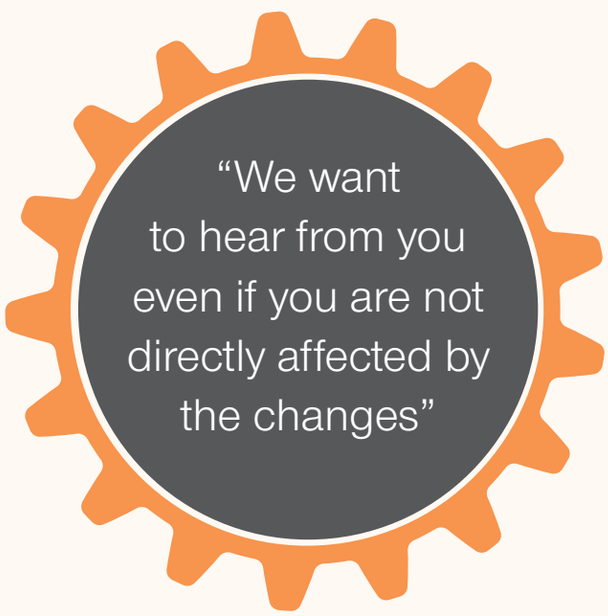
Background

For more than 30 years, the NHS has prescribed gluten free foods such as bread, flour, cereal and pasta to help people with coeliac disease follow a gluten free diet.

Many people who have been prescribed gluten free foods, because of gluten intolerance, are issued with a prescription which they take to their community pharmacy to get the foods.

When prescriptions were first used for this it was because it was very difficult to find gluten free foods. Now most supermarkets stock a wide range. Food labelling has also improved so people can see what is in their food and can avoid gluten more easily.

We spend around £450,000 a year on prescription gluten free products in Leeds.



What we are proposing

Our proposal is to not routinely fund gluten free foods on a prescription basis because:

- **It costs more for the NHS to supply gluten free products on prescription than for you to buy them from a supermarket. The issuing of a prescription includes your doctor's time, pharmacy staff resource and dispensing fees**
- **Other naturally gluten free foods are widely available e.g. potatoes, rice, corn**
- **Improved food labelling means people can see what to avoid in products.**

Who might be affected by the proposals?

- **Everyone who currently receives gluten free foods on prescription (around 900 patients).**

Who would not be affected by the proposals?

- **People who do not receive gluten free products on prescription.**

Potential saving for the NHS in Leeds: **£450,000 a year**

GLUTEN-FREE FOODS SURVEY

Do you receive gluten free prescriptions? ☐ Yes ☐ No

Does someone you care for/look after receive a gluten free prescription? ☐ Yes ☐ No

How much do you agree or disagree with the plan to not routinely prescribe gluten free products?

Strongly agree	Agree	Disagree	Strongly Disagree	Don't know

Please tell us more about your answer:

Over-the-counter medicines

Background

Over-the-counter medicines are ones you can buy, without needing a prescription, from a chemist (pharmacy) or supermarket.

What we are proposing

We are proposing that we will not routinely fund a range of products on prescription such as:

- sunscreens for skin protection from UV radiation
- camouflage creams and other products that have a predominantly cosmetic action
- multivitamins, where no specific deficiency has been identified, including vitamin D
- emollients (moisturisers), shampoos, bath and shower products and fungal nail treatments that are for cosmetic purposes or minor conditions that will get better on their own/have no long-term impact on a person's health
- painkillers (such as ibuprofen and paracetamol), unless identified by a clinician as needed to help treat a long-term condition.

Who might be affected by the proposals?

Who may be affected:

- those who receive products on prescription for largely cosmetic reasons e.g. to cover a scar or birthmark
- those with mild conditions which will get better on their own/have no long-term impact on a person's health e.g. dry skin, dandruff or fungal nail infections
- those prescribed ongoing vitamin supplements after a deficiency has been corrected or where it is taken to prevent deficiency on a long-term basis
- those who receive vitamin supplements but who do not have an underlying health condition
- those who receive painkillers on prescription for short-term pain management.

Who would not be affected by the proposals?

People who would continue to receive such medicines on prescription include:

- people receiving highly specialised products, e.g. protection from visible light
- those who have been identified as having specific vitamin and mineral deficiencies and require medical intervention to treat the deficiency
- people with diagnosed eczema who are prescribed emollients to prevent the condition getting worse
- people who have a long-term condition and are prescribed painkillers to help manage it.

Potential saving for the NHS in Leeds: **£1 million a year**

OVER-THE-COUNTER MEDICINES SURVEY

How much do you agree or disagree with the proposal to not routinely prescribe certain products that can be bought over-the-counter at a chemist or supermarket?				
Strongly agree	**Agree**	**Disagree**	**Strongly Disagree**	**Don't know**

Please tell us more about your answer:

The following items can be bought in most supermarkets and/or pharmacies.

Do you think these items should be available on prescription?	Yes	No	Don't know
Sunscreens for skin protection from UV radiation			
Multivitamins (including vitamin D) except where deficiency has been diagnosed			
Camouflage products e.g. for port wine stain birthmarks			
Moisturisers and bath remedies for mild dry skin			
Painkillers (such as paracetamol and ibuprofen), except when treating a long-term condition			

Do you or someone you care for have any of these items prescribed?	Myself	Other
Sunscreens for skin protection from UV radiation		
Multivitamins (including vitamin D) except where deficiency has been diagnosed		
Camouflage products e.g. for port wine stain birthmarks		
Moisturisers and bath remedies for mild dry skin		
Painkillers (such as paracetamol and ibuprofen), except when treating a long-term condition		

Branded medicines

Background

Most medicines available from the NHS are prescribed by their chemical name rather than their brand name. There may be times when some patients require a specific brand or version of the product e.g. because they have an allergy to colourants or other ingredients. Some patients request specific brands as a personal choice.

The names of medicines can often be confusing. The same medicine can sometimes be called different things. Many medicines have two names. Both do the same thing medically, but different manufacturers can give it a different name.

It is similar to buying branded goods or a supermarket's own label – both products do the same job and usually have the same ingredients, but the supermarket's own version is usually cheaper.

Branded medicines can cost the NHS up to 56 times more than the equivalent non-branded products.

It is estimated that we spend an additional £130,000 every year on prescribing branded medications instead of the equivalent non-branded products.

What we are proposing

We will routinely commission the prescribing of non-branded products unless there is a medical reason.

Who might be affected by the proposals?

People who request a branded medicine when there is no medical reason to do so.

Who would not be affected by the proposals?

People who have a medical need for a particular product for specific reasons, such as an allergy to colourants, binders etc.

To give you an idea of the different costs for branded and non-branded medicines we have listed some examples below.

Commonly prescribed for:	**Branded item**	**Generic item**
High cholesterol	Lipitor® **£24.64**	Atorvastatin tablets **£1.09**
Treating indigestion and ulcer problems	Losec® **£13.92**	Omeprazole **91p**
Treating migraines	Imigran® **£31.85**	Sumatriptan **£1.22**
Preventing blood clots	Plavix® **£35.31**	Clopidogrel **£1.54**
Preventing recurrence of breast cancer	Arimidex® **£68.56**	Anastrozole **£1.22**
Glaucoma	Xalatan® eye drops **£12.48**	Latanoprost eye drops **£1.54**

Prices correct at October 2016

Potential saving for the NHS in Leeds: **£130,000 a year**

BRANDED MEDICINES SURVEY

How much do you agree or disagree with the proposal to not routinely prescribe branded medicines when a non-branded equivalent is available?

Strongly agree	Agree	Disagree	Strongly Disagree	Don't know

Please tell us more about your answer:

YOUR VIEWS

We would welcome any thoughts or suggestions you have.

Which one of the following statements do you agree with most? *Please tick only one answer*

The NHS should provide the most effective drugs and treatments only if they represent good value for money	
The NHS should provide only the most effective drugs and treatments, whatever they cost	
The NHS should provide all drugs and treatments no matter what they cost	
I don't know	

Which statements apply to you? *Please tick ANY answer*

I do not receive any of these items but am an interested patient	
I am a healthcare professional responding in a professional capacity	
Other, please specify	

Do you wish to make any other comments?

EQUALITY MONITORING (PART 1 OF 2)

If you would like to find out the outcome of this engagement and would like to receive information about future changes to the NHS in your local area please share your contact details below.

Name	
Address	
Postcode	
Email	
GP practice	

In order to ensure that we provide the right services and to ensure that we avoid discriminating against any section of our community, it is important for us to gather the following information. The details you provide will be kept confidential. No personal information will be shared and your information will be protected and stored securely in line with strict data protection rules.

This section is optional. Please tick **'Prefer not to say'** if there are any questions you do not wish to answer.

1. How old are you?

Example	46
Your age	

☐ Prefer not to say

2. Are you disabled?
(The Equality Act 2010 defines disability as 'a physical, sensory or mental impairment which has substantial and long-term adverse effect on a person's ability to carry out day to day activities'.)

☐ Yes ☐ No

☐ Prefer not to say

If yes what type of impairment.
Tick all that apply.

☐ **Physical impairment**

☐ **Learning disability**

☐ **Long-standing illness**

☐ **Mental health condition**

☐ **Visual impairment**
(such as blind or partially sighted)

☐ **Hearing impairment**
(such as Deaf or hard of hearing)

☐ Prefer not to say

EQUALITY MONITORING (PART 2 OF 2)

3. Ethnic background

- ☐ White English
- ☐ White Irish
- ☐ Gypsy or Irish Traveller
- ☐ Mixed White and Black Caribbean
- ☐ Mixed White and Black African
- ☐ Mixed White and Asian
- ☐ Asian/Asian British Indian
- ☐ Asian/Asian British Pakistani
- ☐ Asian/Asian British Bangladeshi
- ☐ Black/Black British Caribbean
- ☐ Black/Black British African
- ☐ Chinese
- ☐ Arab
- ☐ Any other ethnic group (please specify)

- ☐ Prefer not to say

4. Religion or belief

- ☐ Buddhist
- ☐ Hindu
- ☐ Muslim
- ☐ Christian
- ☐ Jewish
- ☐ Sikh
- ☐ No religion
- ☐ Other (Please specify in the box below)

- ☐ Prefer not to say

5. What sex are you?

☐ Male ☐ Female ☐ Prefer not to say

6. Are you transgender?

Is your gender identity the same gender you were assigned at birth?

☐ Yes ☐ No

☐ Prefer not to say

7. Sexual orientation

Please select the option that best represents your sexual orientation

- ☐ Heterosexual/Straight
- ☐ Gay man
- ☐ Lesbian/gay woman
- ☐ Bisexual
- ☐ Prefer not to say

8. Pregnancy and Maternity

(The Equality Act 2010 protects women who are pregnant or have given birth within a 26 week period.)

Are you pregnant at this time?

☐ Yes ☐ No

☐ Prefer not to say

Have you recently given birth (within 26 week period)

☐ Yes ☐ No

☐ Prefer not to say

9. Are you a carer?

☐ Yes ☐ No

☐ Prefer not to say

You can return this form in the post, addressed:

FREEPOST
RTEG-JRZR-CLZG,
NHS Leeds West CCG,
Wira House,
Wira Business Park,
West Park Ring Road,
Leeds,
LS16 6EB

(no stamp needed)

If you have any queries regarding this engagement please call:

Telephone: **0113 843 5470**

Or email: **commsleedswestccg@nhs.net**

If you like to be kept up to date about this project and other opportunities to get involved please let us know via the contact details above.

Alternative formats

An electronic version of this report is available on our website at www.leedswestccg.nhs.uk or please contact us direct if you would like to receive a printed version.

If you need this information in another language or format please contact us by telephone: 0113 84 35470 or by email: commsleedswestccg@nhs.net

'Jeśli w celu zrozumienia tych infomacji potrzebuje Pan(i) pomocy w innym języku lub innej formie, prosimy o kontakt pod numerem tel.: 0113 84 35470 lub poprzez email na adres: commsleedswestccg@nhs.net

اگرآپ کو ان معلومات کو سمجھنے کے لیئے یہ کسی اور زبان یا صورت میں درکار ہوں تو برائے مہربانی سے اس نمبر پر فون کرکے رابطہ کریں: 0113 8435470 یا اس پتہ پر ای میل لکھیں:
commsleedswestccg@nhs.net

Community Pharmacy West Yorkshire

Response to proposed changes to prescribing

Leeds CCGs – Changing the way we prescribe in Leeds Consultation April 2017

Response from Community Pharmacy West Yorkshire the Local Pharmaceutical Committee that represents all community pharmacy contactors in West Yorkshire (http://www.cpwy.org/about-us.shtml)

Each of the three proposals made by the Leeds CCGs will impact on Community Pharmacy as well as patients who use community pharmacy. It is disappointing that the Leeds CCGs have not approached Community Pharmacy West Yorkshire directly to discuss these proposals and the only documentation we have received is via the Leeds City Council's Health Overview and Scrutiny Committee.

Gluten-free products

CPWY are aware that NHS England are consulting on the availability of gluten free foods on prescription in primary care.
https://www.gov.uk/government/consultations/availability-of-gluten-free-foods-on-nhs-prescription

CPWY recommend that the decision of the Leeds proposals await the outcome of this national consultation. To forge ahead with a local solution will lead to inequitable impact for patients. Patients in Leeds may not be able to receive products that a patient in a neighbouring CCG may be able to receive on a prescription.

Branded medicines

CPWY support the proposal that the NHS prescribes medicines generically, rather than by brand, unless there is a clinical reason to supply a specific brand.

CPWY would like to make the point that currently the CCGs in Leeds make recommendations that prescribers use specific brands (including branded generics) for non-clinical reasons. The CCGs state that this is as these drugs are cheaper to prescribe. Prescribing by brand may mean that the drug is cheaper to the CCG in question but does not offer good value for the NHS as a whole and negatively impacts on the community pharmacies within the CCG[1]. The Office of Fair Trading[2] have outlined that this practice was not in the interests of the NHS and NHS Employers[3] has also issued guidance explaining the detrimental effects of branded prescribing on Community Pharmacy, the wider NHS and patients.

[1] https://psnc.org.uk/funding-and-statistics/funding-distribution/branded-generics/

[2] http://webarchive.nationalarchives.gov.uk/20140402142426/http:/www.oft.gov.uk/shared_oft/reports/comp_policy/oft967.pdf

It would be a positive move for community pharmacy if the CCGs ended their current practice of prescribing of branded (included branded generic) medicines.

[3] http://www.nhsemployers.org/~/media/Employers/Documents/Primary%20care%20contracts/Pharmacy/Guide%20to%20community%20pharmacy%20for%20GPs%20and%20practice%20staff.pdf

Over-the-counter medicines

CPWY are aware that NHS England will be leading a review of low value prescription items from April 2017 and introducing new guidance for Clinical Commissioning Groups (CCGs)[4]. NHS England will review a range of low value prescription items, including Over-The-Counter products for pain relief, cough/cold, hayfever, indigestion and suncream. NHS England state that in developing the guidance, the views of patient groups, clinicians, commissioners and providers across the NHS will be sought. This guidance will support CCGs in making decisions locally about what is prescribed on the NHS.

CPWY recommend that the decision of the Leeds proposals await the outcome of this national consultation.

In addition, CPWY would like to make the following comments relating to the Leeds CCGs proposals.

Impact on patients

Whilst we agree that all patients should be supported to self-care and manage their own self-limiting conditions careful consideration must be given to ensure that particular groups of people are not disproportionately affected.

- CPWY are concerned over the inequalities this proposal will create, especially for those on low incomes. The CCGs state that medicines are cheaper than a prescription charge but this is only relevant to those who currently pay for prescriptions. Patients may delay treatment and wait until the condition worsens.
- Liquid formulations of paracetamol / ibuprofen are more expensive than tablet formulations which impacts on parents / carers with young children.
- The current local approach proposed in Leeds to restrict the prescribing of some medicines leads to inequitable impact for patients. Patients in Leeds will not be able to receive medicines that a patient in a neighbouring CCG may be able to receive on a prescription.
- If the Leeds CCGs implement a policy to restrict prescribing of certain OTC medicines, patients must be informed and supported through this change. The messaging to patients needs to be clear that they are expected to buy the product themselves (rather than simply directing the patient to a pharmacy for the pharmacy to explain the patient needs to pay for the product).
- CPWY are mindful of the NHS Constitution[5] and patients' rights to NHS care and treatment.

Patient safety

[4] https://www.england.nhs.uk/2017/03/guidance-on-low-value-prescription-items/)
[5] https://www.gov.uk/government/publications/the-nhs-constitution-for-england/the-nhs-constitution-for-england

- CPWY strongly feel that a distinction needs to be made by the CCGs between community pharmacy and non-pharmacy retailers, and the CCGs should routinely advise patients to access advice and medicines from community pharmacy.
  Community pharmacy is part of the NHS and offers patients access to free advice, without the need for an appointment, to a health care professional. A community pharmacist is a highly-qualified health care professional, training to Masters Degree level for five years to become experts in medicines and in giving health and wellbeing advice. All staff working on the medicines counter in a pharmacy must be trained and work to operating procedures to identify patients who need advice from the pharmacist / further medical input. A non-pharmacy retailer cannot offer patients any advice or support and do not have processes in place to identify patients who are more seriously ill. NB Supermarkets may, or may not, have a community pharmacy within them and using supermarkets, rather than shops, is unhelpful.

<u>The case for change</u>

- CPWY do not agree with the cost saving calculation of the CCG, certainly if the savings have been calculated using a community pharmacy model. The NHS reimbursement price for 16 or 32 paracetamol based on the March Drug Tariff would be 35p / 70p respectively. Although pharmacies also receive a single activity fee for dispensing the product, this remuneration (and any margin element of reimbursement) are part of the core funding for pharmacy (see impact on pharmacy below) so essentially are not saved by the NHS but will be redistributed to ensure pharmacy funding remains at the agreed level. The only money that would be saved by the NHS not prescribing paracetamol would be the element of reimbursement which is not margin - i.e the amount that the pharmacy has to pay for the drug. From the recent margin survey, that is an average of 24p per 32 or 58p per 100 paracetamol, not the £3.17 quoted by the CCGs.
- In the case for change the CCGs state that “We also want our clinicians to only prescribe medicines that are known to be clinically effective and have a health benefit for patients”. This implies that all the medicines listed are not clinically affective which is not the case.

<u>Impact on community pharmacy</u>

- Currently the Leeds CCGs commission a Pharmacy First service and CPWY would like an assurance that this service will continue despite the proposed change in prescribing policy for paracetamol and ibuprofen.
  Pharmacy First is a CCG funded self-care service enables community pharmacists to support patients to self-care for minor ailments, provide printed advice and medicines to patients where necessary. Evaluations of Pharmacy First[6] and similar services from other areas[7] have demonstrated the benefits

[6] http://www.cpwy.org/pharmacy-contracts-services/research-evaluation/evaluations.shtml

of these services to patients and the NHS. NHS England have outlined their intention to see minor ailment schemes commissioned by all CCG areas by April 2018[8]. An independent review into community pharmacy clinical services was commissioned by the Chief Pharmaceutical Officer ("the Murray Review[9]") to identify the barriers preventing the best use of community pharmacy, and to make recommendations for new models of care and commissioning. The review, which was published in December 2016, notes the current pressures on the urgent and emergency care system and particularly on GPs and makes the clear recommendation that the provision of minor ailments services by community pharmacy should be supported to help manage these pressures.

- Reducing the number of items on prescription will have a detrimental impact on the community pharmacy sector in Leeds. Community pharmacy funding is heavily-based on prescription items (90-95% of community pharmacy funding comes from the NHS) so a fall in prescription volume will directly impact on pharmacy funding. Community pharmacy funding is essentially a national fixed sum. A reduction in prescription volume due to reduced prescribing of OTC or other products would lead to fees and margin on other items increasing. However, as pharmacy funding is nationally set, the impact locally in Leeds would be a net loss of NHS income. We accept that sales of medicines over-the-counter may increase but patients are likely to also buy these products from non-pharmacy retailers.
- The consultation documents discuss supply of vitamin D via a Healthy Living Pharmacy Scheme. There is currently no Vitamin D supply scheme from community pharmacy, and such a service would need to be discussed and agreed with CPWY. Licensed Vitamin D products are not 'cheap' as is suggested by the consultation.

Products

- There is a large difference in the products affected within the consultation for patients and the guidance to reduce prescriptions for minor conditions, other conditions suitable for self-care, gluten free products and branded prescribing. The guidance includes medicines for a much wider range of conditions than the consultation. This is misleading as people may respond to the consultation based on the much smaller list of products rather than understanding the large range of products affected.
- Vitamin D are included in the products affected. Many of the Vitamin D products are classed as "food substitutes" and are not covered by the Advisory Committee on Borderline Substances (ACBS) regulations and/or do not appear in the current British National Formulary (BNF) or the Drug Tariff (DT). They are often not manufactured to the same high pharmaceutical standards used for licensed medicines hence there is no guarantee of consistency in formulation and potency. These treatments will not have

[7] http://psnc.org.uk/wp-content/uploads/2014/02/Minor-ailments-service-February-2016.pdf
[8] http://researchbriefings.parliament.uk/ResearchBriefing/Summary/CDP-2017-0005
[9] https://www.england.nhs.uk/commissioning/primary-care-comm/pharmacy/ind-review-cpcs/

undergone rigorous clinical trials to demonstrate that they are effective and safe. There is a wide variation in the actual vitamin D content of products, particularly unlicensed formulations versus the stated dose[10]. It is inappropriate to direct NHS resources towards products that do not have proven efficacy or safety in preference to licensed medicines.

- The CCG state that the products can be bought, without the need for a prescription. This is the case but it must be considered that the product licences limit the sale of products;
    - A maximum quantity of 16 paracetamol / ibuprofen 200mg can be purchased from a non-pharmacy retailer. This limits the number of days supply to just 2 days. Patients would who require pain / fever relief may need to make repeated visits to a non-pharmacy retailer and the product information states that the products are for short-term use only. NB Pharmacy is permitted to supply greater quantities.
    - Babies under 2 months are not included in the over-the-counter paracetamol license and under 3 months for ibuprofen.
- The list of drugs in the appendix need to be proof checked by someone as it currently contains inaccuracies.

Ruth Buchan FFRPS
Chief Executive Officer
Community Pharmacy West Yorkshire

12 April 2017

[10] http://www.prescriber.co.uk/wp-content/uploads/sites/23/2015/12/Vitamin-D-prescribing-the-issues-with-unlicensed-products.pdf

Report author: Diane Burke
Tel: 07712214804

Report of Chief Officer / Public Health Consultant, Adults and Health Directorate

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

Date: 25 April 2017

Subject: Overview of NHS Health Checks in Leeds

Are specific electoral wards affected? If yes, name(s) of ward(s):	☐ Yes ☒ No
Are there implications for equality and diversity and cohesion and integration?	☐ Yes ☒ No
Is the decision eligible for call-in?	☐ Yes ☒ No
Does the report contain confidential or exempt information? If relevant, access to information procedure rule number: Appendix number:	☐ Yes ☒ No

Purpose of this report

To provide an update on the NHS Health Check programme in Leeds, and to enable the Board to review the programme in order to enhance its role in improving men's health.

Primary Content:

1. An overview of the NHS Health Check programme
2. Synopsis of the implementation & development of the programme in Leeds
3. Report of performance of the NHS Health Check in Leeds over the last 5 years
4. Comparison of performance in Leeds to that of other authorities in Yorkshire & Humber
5. National comparison of NHS Health Check performance in Leeds
6. Male outcome data in Leeds
7. Supporting national insight for males
8. Key challenges
9. Consultation & engagement undertaken
10. A briefing regarding the ongoing NHS Health Check comprehensive review in Leeds and a request for the board to contribute

Recommendations

1. The Board notes the update on the delivery of the NHS Health Check in Leeds
2. The Board is requested to comment on current work to review the programme, in relation to facilitating an increase in men taking up the programme.

1. Overview of the NHS Health Check programme (Background)

1.1 The NHS Health Check programme was introduced nationally by the Department of Health in 2009.

1.2 The aim of NHS Health Check programme is to prevent Cardiovascular Disease (CVD), which includes heart disease, stroke, diabetes, kidney disease and certain types of dementia.

1.3 CVD is strongly associated with health inequalities, with three times the rate of preventable deaths occurring in the most deprived communities, compared to those in the most affluent. The NHS Health Check programme therefore has a specific focus on reducing these inequalities.

1.4 Early deaths in the male deprived population are significantly higher than those in the female population. CVD contributing more to the gap in life expectancy than other factors. In England, 27.1% of the gap in life expectancy for males (between the most and least deprived fifth of areas) is due to CVD as opposed to 23.6% for females.

1.5 The need to improve men's health in Leeds is recognised in the "The State of Men's Health in Leeds report" White A., Seims A. and Newton R. (2016), which was funded by Leeds City Council and undertaken by Leeds Beckett University and Leeds City Council.

1.6 The programme is for everyone between the ages of 40 and 74, who has not already been diagnosed with CVD. Every eligible person is invited once every five years, to have an NHS Health Check.

1.7 The NHS Health Check is delivered using a rolling programme, where each year 20% of the eligible population is invited to receive their NHS Health Check.

1.8 Each NHS Health Check is delivered by a trained health professional who assesses the person and carries out tests. The NHS Health Check determines two outcomes: firstly, the risk of the person developing CVD in the future, in which case support and advice is offered to help the person to reduce or manage their risk; secondly, it generates referrals for treatment for people generating abnormal results. Referrals to healthy living services are also generated where appropriate.

1.9 The NHS Health Check Programme supports the Leeds Health and Well Being Strategy 2015-2020 by supporting outcome one; to help people to live longer healthier lives.

1.10 In addition, one of the key indicators of the Best Council plan 2015-2020 is the uptake of NHS Health Checks.

1.11 The rising cost of social and health care due to increased levels of obesity, type-2 diabetes and dementia, makes the contribution of the NHS Health Check Programme key to the management of this expenditure.

1.12 Responsibility for implementation and the associated funding for the programme, came to local authorities as a result of the Health and Social Care Act 2012, as part of the Public Health ring fenced grant. The NHS Health Check is one of the five nationally mandated Public Health programmes within the Act, and the NHS remains centrally involved in its delivery.

2. Implementation of the NHS Health Check programme in Leeds

2.1 Leeds has been offering NHS Health Checks to its eligible population since 2009, via a systematic invite process, from all NHS General Practitioner (GP) practices.

2.2 The initial delivery model development was based on consultation with all communities, including those from people living in the most deprived parts of the city. The insight gathered, highlighted that people were extremely welcoming of the programme and that their preferred provider would be their local GP practice.

2.3 Due to the disproportionally high impact that CVD has on deprived communities, the roll out of the NHS Health Check in Leeds was phased to target the most deprived communities first.

2.4 The programme was initially offered to the GP practices with more than 30% of their population living in the top 10% of most deprived areas nationally. In addition, early invitations targeted people with an estimated raised cardiovascular disease (CVD) risk.

2.5 By 2011 all GP practices were providing NHS Health Checks to their eligible population. Today all 105 GP practices in Leeds continue to offer the programme.

2.6 Leeds recognised that the NHS Health Check should be made available to its whole eligible population. However, not all people have routine access to their GP practice, therefore additional community engagement and alternative models have been explored, in order to increase the uptake in the eligible population.

2.7 In April 2011 NHS Health Checks in Leeds were extended to include people within the prison service (HMP Leeds and Wealstun). These were delivered through the Leeds Community Healthcare contract and extended NHS Health Check across the male population in Leeds, due to HMP Leeds and Wealstun being male category prisons. NHS Health Checks were offered to eligible men, who had been in prison for a period of 12 months or more. In April 2014, the commissioning responsibilities for NHS Health Checks for people in prisons and detained settings, was transferred from the Local Authority to NHS England.

2.8 From 2013 uptake to the NHS Health Check programme in Leeds was starting to decline. Further consultation was carried out, which highlighted that people wanted more flexible and accessible appointments, at different times and venues.

2.9 Leeds City Council was approached by Public Health England, to participate in a pilot for the delivery of NHS Health Checks in a non-medical setting. A partnership was established with Asda, (the national supermarket chain headquartered in Leeds) in October 2014. An 18 month pilot was commissioned to provide NHS Health Checks in 4 Asda Pharmacies across the city. To support the Asda pilot, a total of 38 GP practices participated, sending out invites offering the choice of a NHS Health Check at the GP practice or, at an Asda Pharmacy. (See Appendix 2).

2.10 Although uptake of the Asda pilot was low, with only 78 people receiving an NHS Health Check via the Asda pharmacy. Uptake amongst the male population was on average higher than for NHS Health Checks delivered in GP practices. It is not known if this variance is due to a statistical anomaly, due to the very low sample size. More data and further evidence would be needed to draw conclusions from this information.

3. NHS Health Check Performance in Leeds

3.1 From launch of the service in 2009, Leeds implemented monitoring of the NHS Health Check which is integrated with NHS GP systems.

3.2 Performance data is extracted from all GP clinical systems in Leeds on a quarterly basis, by the Leeds City Council (LCC) internal public health intelligence team, and is used to produce quarterly performance reports for NHS Health Check. Unless otherwise stated, all data in this report is sourced from the Leeds public health intelligence team reports.

3.3 Data is broken down by age, gender, ethnicity, deprivation, smoking status and new diagnoses. A recent Freedom of Information (FOI) request by the national Men's Health Forum, demonstrated that only 52 Local Authorities including Leeds out of a total of 152, knew the proportion of NHS Health Checks delivered to men, and only 33 of these including Leeds, knew how many had been offered to men.

3.4 Leeds data shows that in 2015/2016 there were 208,751 people eligible for an NHS Health Check in Leeds. Of this number 100,409 were male and 108,342 were female.

3.5 In the 5 years to 31 March 2016, 189,850 people were invited for an NHS Health Check. This represents approximately 90.9% of the eligible population, pro-rata over the five year invitation cycle. This percentage assumes that the eligible population was constant at the FY2015/2016 level of 208,751 across all five years.

3.6 In the 5 years to 31 March 2016, a total of 114,339 people received an NHS Health Check in Leeds, representing 54.8% of the eligible population. This percentage assumes that the eligible population was constant at the FY2015/2016 level of 208,751 across all five years.

3.7 Of the 114,339 people receiving an NHS Health Check in the 5 years to 31 March 2016, 52,215 were male and 62,124 female.

3.8 Comparing the difference between males and females who were eligible for an NHS Health Check in 2015/2016 and those who received one, 52.0% of the eligible male population received an NHS Health Check, compared to 57.3% of females.

3.9 As a result of the above performance LCC received an award for best impact on patient experience in 2015. The Leeds Pubic Health team has presented at each national annual NHS Health Check Conference since 2014, presenting learning and best practice with the following themes:

- NHS Health Check Provision for homeless and vulnerable housed people of Leeds (2014)
- Leeds patient insight and engagement from vulnerable groups: how to reduce inequalities (2015)
- Improving cardiovascular disease risk management in Leeds (2016)
- Preventing Type 2 diabetes in Leeds (2017).

3.10 In total over the last seven years there have been over 16,000 people identified to be at high risk of developing CVD over the next 10 years. As a result almost 10,000 new diagnoses of cardiovascular disease have been made in Leeds which are enabling effective management to take place, supported by disease registers in primary care. This programme can be seen to have contributed to the recent narrowing of the gap in early death from CVD in Leeds.

3.11 In general, lifestyle assessment and advice is being offered to people. However, recordings of referrals into healthy living services are low, which could be a result of people self-referring to services and therefore the data is not captured in GP systems.

4. Comparison of NHS Health Check Performance in Leeds to Yorkshire & Humber

4.1 National data covers the period from 2013/2014 Q1 to 2016/2017 Q3.

4.2 In 2016/2017 the eligible population had reduced from 208,751 in 2015/2016 to 199,752 in 2016/2017. This figure is used in all national comparisons

4.3 Furthermore, national data is only taken from 2013 due to the legislative changes.

4.4 As a result national data covers a 3.5 year period which under-records the performance of authorities such as Leeds who implemented the NHS Health Check early. Effectively, the data does not take into account early achievers such as Leeds, by not presenting the full achievement in respect of the eligible population. It rewards those authorities who are currently over-achieving in order to address previous delays in establishing effective delivery (please see section 8 Key Challenges for further information).

4.5 In comparison to other Yorkshire and Humber local authorities Leeds performs well in the NHS Health Checks. In 2016/2017 Leeds had a total eligible population of 199,752, significantly higher than Wakefield (101,589) and Doncaster (89,937).

In the Public Health England record for Leeds, 61.4% of the eligible population have been offered a NHS Health Check in the 3 years up to 31st March 2016, which is significantly higher than Wakefield (56.5%) and Doncaster (52.6%). http://healthierlives.phe.org.uk/topic/nhs-health-check

4.6 Of those offered an NHS Health Check in Leeds, Public Health England record that 65.3% attended their appointment and received an NHS Health Check (2013-2016). This is higher than Wakefield and Doncaster who achieved an uptake of 35.1% and 54.9% respectively.

5. National comparison of NHS Health Check Performance in Leeds

5.1 The NHS Health Check programme was launched in Leeds in 2009 and we have been offering a city wide service via all 105 GP practices in the city since 2011, a period of six years.

5.2 As each person is eligible to receive an NHS Health Check once every five years NHS England targets each Local Authority to invite 20% of the eligible population each year. This ensures that 100% of the eligible population is offered an NHS Health Check over a five year cycle.

5.3 Nationally 69.7% of the eligible population has been offered an NHS Health Check since 2013. In Leeds we have offered 90.9% in the 5 years between 1 April 2011 and 31 March 2016.

5.4 Public Health England record this performance as 61.4% for the reasons outlined below:

5.4.1 National data is only taken by Public Health England, from April 2013 due to legislative changes.

5.4.2 As a result national data covers a 3.5 year period which under-records the performance of authorities such as Leeds who implemented the NHS Health Check early. Effectively the data penalises early achievers such as Leeds by not presenting the full achievement in respect of the eligible population. It rewards those authorities who are currently over-achieving in order to address previous weaknesses or delays in establishing effective delivery (please see section 8 Key Challenges for further information).

5.4.3 Meeting the Public Health England invitation targets of 20% of the eligible population being invited per annum drives a maximum possible invitation achievement over a 3.5 year period of 70% of the eligible population. Hence in achieving a 61.4% invitation rate, Leeds has effectively achieved an 87.7% coverage of the eligible population during this period on a pro-rata basis, placing Leeds in a ranked position of 23rd out of the 152 local authorities recorded.

5.5 Nationally 48.5% of the eligible population take up the offer of an NHS Health Check. In Leeds over the last 5 years, the take up was between 57% and 62%. Public Health England record performance for Leeds over the last 3.5 years as 65.3%.

5.6 Performance in Leeds over the last five years in offering the NHS Health Check to its eligible population is 30% higher than the national average.

5.7 Performance in Leeds over the last five years in delivering the NHS Health Check to its eligible population is 13% higher than the national average.

5.8 It is important to note that in PHE published statistics, (http://healthierlives.phe.org.uk/topic/nhs-health-check) Leeds is shown with a red status in the category of “people invited for an NHS Health Check”. Whilst LCC acknowledges that the data is correct, the explanation in section 5.4 demonstrates that the data is incomplete. As a result the performance reported for Leeds by Public Health England, could be viewed as confusing and potentially misleading.

5.9 In PHE statistics, (http://healthierlives.phe.org.uk/topic/nhs-health-check) Leeds is shown as green in respect of “People receiving an NHS Health Check” and “People taking up an NHS Health Check invite”.

6. Male outcome data in Leeds

6.1 Uptake levels for men have been consistently lower than those of females and have declined in the last year.

6.2 When males do attend an NHS Health Check they are more likely to be classified as high risk of CVD.

6.3 Males from a Chinese and Black ethnic background are less likely to attend an NHS Health Check than their White counterparts.

6.4 In the latest figures for 2016/17, male uptake was 48.7 % down from the 52.0% average achieved over the previous 5 years. Conversely the female uptake is 59.9%, up from the previous 57.3% 5 year average. This trend is in line with national data from a study in 2015 covering 655 GP practices, which showed that men were less likely to attend. Robson, et al (2016) The NHS Health Check in England: an evaluation of the first 4 years. BMJ open, No 6 Vol.

7. Supporting National Insight for males

7.1 No national statistics are available to differentiate between the effectiveness of the NHS Health Check programme for males as opposed to females, although it is known that males in the most deprived fifth of areas in England will live on average 27.1% shorter lives, than those in the least deprived fifth of areas.

7.2 Nationally the NHS Health Check programme rapid evidence synthesis for 2016 highlighted that there appears to be a higher uptake among older people, as well as deprived populations. This evidences the role of the NHS Health Check in reducing early death and in reducing health inequalities.

7.3 The NHS Health Check programme rapid evidence synthesis for 2016 also highlighted that uptake is generally higher in women. It also highlighted that the setting in which NHS Health Checks are delivered appears to influence who attends. For example NHS Health checks delivered in community settings including sports clubs and places of worship may encourage more men to attend, if there is a system in place to ensure this is systematic and recorded on the primary care system.

7.4 At the NHS Health Check conference in February 2017, a workshop was held and led by the national men's health forum, focussing on the barriers and solutions to engaging men in an NHS Health Check. Some key barriers and suggested solutions were highlighted:

- Lack of knowledge and awareness - Only 22% of those surveyed in 2016 (718 men) had heard of the NHS Health Check Programme. Of those a 65% said they'd been invited, and 81% of those invited said they had attended. Resulting in an 11.5% attendance rate from this sample of men.
- Attitudinal and practical barriers - lack of time and prioritising work ahead of health**.**
- Workplace culture and employer attitude towards health - These were found to be critical factors in uptake. Including issues of long hours and commuting long distances. The 2016 survey showed 18% of men will never take time off work to see a GP, no matter what the problem or symptom. This was particularly prevalent in those with a more traditional view of masculinity. The GP Patient Survey shows all age-groups of men under 65 in full-time work, are less likely to visit the GP than working women of the same age.
- Engagement with national employers – Working with employer organisations and sports bodies to unlock greater access for Local Authorities via workplaces and community venues, was recommended.
- Media initiatives – Including coverage in soap operas and reality TV programming. This was recently addressed in a showing of EastEnders where a male accessed an NHS Health Check.

7.5 The LGA Report 'Checking the Health of the Nation: Implementing the NHS Health Check programme', acknowledges the challenge local authorities face in achieving the target NHS Health Check uptake. The review sets out five different delivery models/ strategies deemed effective, based on the available evidence. This includes, using volunteers, community pharmacies, behavioural insight, GP support and delivery in targeted community settings. It is important to note that many of the delivery methods highlighted in the review operate across different delivery methods, suggesting that there is no one size fits all approach to the delivery of NHS Health Checks.

8. Key Challenges

8.1 The outcome data published by Public Health England (PHE), records only a 3.5 year period for a service where PHE sets targets to drive a five year rolling programme. As a result the performance of early adopters and achievers like Leeds is understated. This situation skews the rankings and in the area of "People Invited for a Health Check", Leeds is reported as providing NHS Health Check invitations to only 61.4% of the eligible population, ranking Leeds at a rank of 106 out of 152 Local Authorities. Given that the actual performance in Leeds is 90.9% we need to work with Public Health England to establish a more representative view of the performance of Leeds, compared to the rest of the country. Please see Appendix 1 for further information.

8.2 The NHS Health Check in Leeds has now been in place for almost 8 years. People living in deprived communities are still being reached across Leeds but the proportion of people attending NHS Health Checks from the most deprived areas of the city, has decreased by 5% in the last 4 years. This is not in line with the national trend, where attendance from deprived communities is increasing. It should be noted however that national attendance levels are below those in Leeds therefore the comprehensive review needs to determine the root cause of this difference.

8.3 The percentage of the eligible population being invited for an NHS Health Check in Leeds has declined in recent years. The reasons for this and potential improvements will be identified as part of the NHS Health Check comprehensive review.

8.4 In Leeds, for the first time there are higher numbers attending an NHS Health Check from more affluent areas in Leeds. Again this is not in line with the national trend.

8.5 The differences highlighted in sections 8.2 and 8.4 could be a result of the phased introduction of the programme in Leeds where deprived and high risk people were seen early and before Public Health England figures started to be published. The difference is being analysed and addressed as part of the NHS Health Check comprehensive review in Leeds.

8.6 In relation to ethnicity, the largest uptake is from people with a white background compared to other ethnic groups. This is not proportionate to the 2011 ONS census particularly for people from Asian communities. Uptake from other ethnic groups has improved over the last six years, but it is still not fully reaching the diverse ethnic groups in the city.

8.7 Men are being invited for an NHS Health Check, however they are less likely to attend.

8.8 No national guidelines or best practice exist today to inform public health leaders in Leeds regarding the most effective methods to increase NHS Health Check uptake in men.

8.9 More work is required to understand the uptake from other key groups, including people with learning disabilities and mental illness.

8.10 The ability of Leeds City Council to maintain and potentially improve its performance of the NHS Health Check is reliant upon retaining the current budget.

9. Consultation and Engagement

9.1 The NHS Health Check model in Leeds was initially developed using consultation and engagement in 2009 and has been continuously enhanced using further consultation with service users.

9.2 In April 2016 the Council commenced the next round of consultation and engagement, as part of a comprehensive NHS Health Check review in Leeds. This is in preparation for the re-procurement of services after March 2018. The Men's Health Forum has been included in this round of consultation. Please see section 10 for further details.

9.3 Guidance from the scrutiny panel is requested in relation to additional engagement and this will provide input to the NHS Health Check comprehensive review, to direct our future plans and activities.

10. NHS Health Check comprehensive review

10.1 In February 2017 the Leeds project group commenced an NHS Health Check comprehensive review process to determine key actions for improvement and milestones to track future progress and outcomes.

10.2 Consultation events have so far taken place at Clinical Commissioning Group engagement events, to target General Practitioners, practice nurses and health care assistants, to establish their views on the strengths and weaknesses of the current delivery model.

10.3 A further stakeholder event was held on 4 April 2017 with over seventy delegates who represented the diverse population of Leeds in order to gather further insight from wider stakeholders. Attendees included those representing Black, Minority and Ethnic groups, including those of Asian ethnicity. Males and Females.

10.4 As part of the ongoing review, LCC will consult with other areas who are achieving better outcomes to transfer best practice into Leeds.

10.5 The LGA report and the NHS Health Check conference workshop in relation to men's health have been included within the scope of the review.

10.6 The information gathered from this and related events will be collated in a report with recommendations by July 2017, which will be taken to the executive board. The findings from this report will contribute to the procurement decision. Should the service be re-procured the new provider will be in place by no later than April 2019.

10.7 Some potential recommendations which Leeds will consider as part of the review are: other settings such as workplace programmes, and other places where men attend or congregate, for example sports clubs, and places of worship.

10.8 Establishing a future delivery model to include wider settings (beyond the current GP based settings), would require a system in place to liaise with the practice registered list. We will take input from the systems employed and the learning from the Leeds Asda trial and similar trials in England as part of the review.

10.9 Future models of delivery will also take into account the potential for greater focus on ensuring GP delivered NHS Health Checks work for men, taking into account extended hours and online booking. The future delivery model will also be designed to address men's concerns about NHS Health Checks via tailored communication.

11. Corporate considerations

12. Equality and diversity / cohesion and integration

12.1 A full equality impact assessment of the NHS Health programme was carried out in 2014.

12.2 A further full equality impact assessment is being carried out as part of the current NHS Health Check comprehensive review in Leeds.

13. Council policies and best council plan

13.1 The NHS Health Check programme is a key outcome of the Leeds Health and Wellbeing Strategy 2016-2021 and supports the Best council plan 2015-2020.

14. Resources and value for money

14.1 The NHS Health Check is funded from within the Public Health ring fenced grant. The budget is subject to national recurrent cuts.

15. Legal implications, access to information, and call-in

15.1 There are no legal implications to consider

16. Risk management

16.1 The recommendations within this report seek to reduce the risk of future non delivery of the programme to men and protecting the contribution of the NHS Health Check to the ongoing reduction of early deaths from CVD.

17. Conclusions

17.1 Overall the NHS Health Check programme in Leeds has made a substantial contribution to reducing early death from CVD in Leeds. Rates of uptake are now steadily declining and there is a particular concern in the most deprived areas of Leeds, for men and from BME communities. Leeds City Council are taking the opportunity to undertake a comprehensive review of the programme in order to further improve outcomes in the future.

17.2 The performance in Leeds is being understated in Public Health England figures and the Leeds Public Health team are addressing this.

17.3 Uptake was initially high in the most in deprived communities in Leeds (due to specific targeting and prioritisation of these communities in the early years) and for the first time in 2015/2016 we saw higher uptake from affluent areas than from deprived communities. This trend is in contradiction to the national trend reported by Public Health England, although it remains to be determined if this is due to Leeds commencing the NHS Health Check programme much earlier than the national average.

17.4 Uptake of men is an issue, with the uptake with men being recently highlighted by the Men's Health Needs Assessment in Leeds. we are focussing on the output of

the NHS Health Check Comprehensive Review in Leeds, to generate local insights and recommendations.

17.5 Uptake within BME communities and particularly groups with Asian ethnicity has improved in Leeds over recent years, but remains an issue. We are focussing on the output of the NHS Health Check Comprehensive Review in Leeds, to generate local insights and recommendations for improving uptake in BME communities in the future.

17.6 Overall, uptake of the NHS Health Check is starting to decline and the service is undergoing a comprehensive review ahead of re-procurement with new providers starting between April 2018 and March 2019.

18. Recommendations

18.1 The Board receives and notes the update on the delivery of the NHS Health Check in Leeds

18.2 The Board is requested to comment on current work to undertake a review of the programme specifically in relation to facilitating an increase in men taking up the programme

19. Background papers[1]

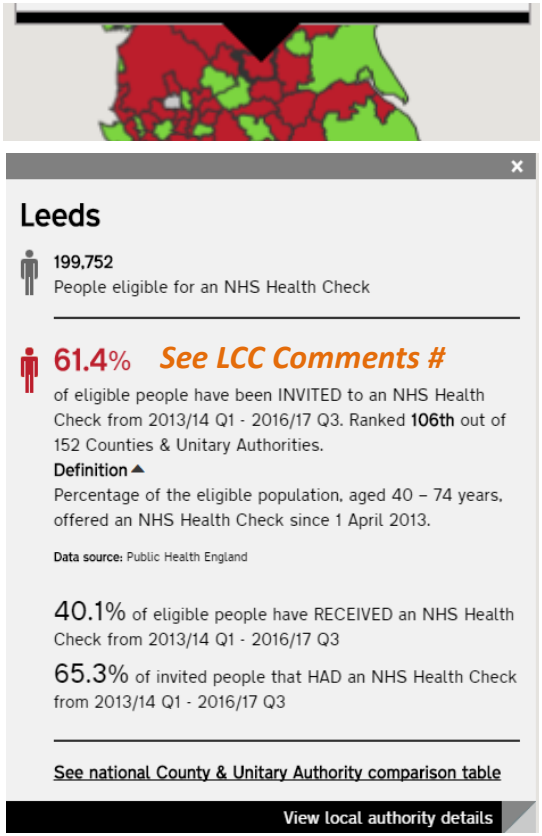
None

[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.

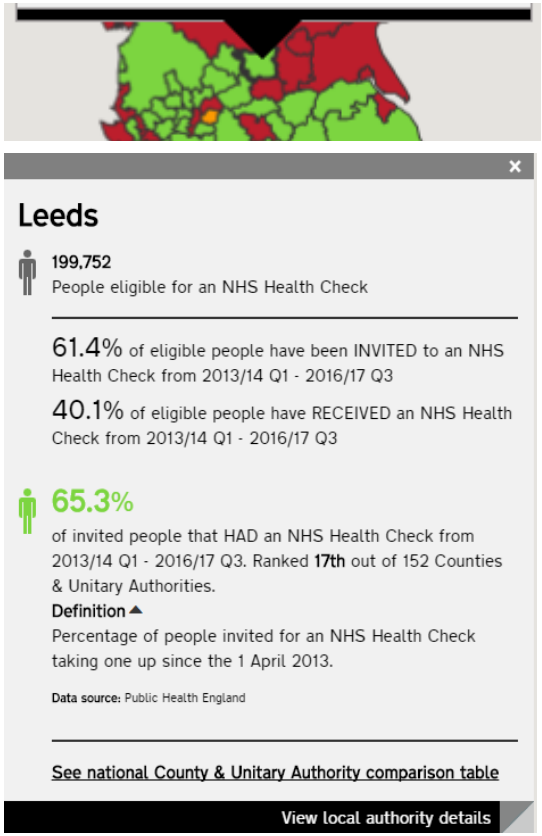
Appendix 1: Comparison of Public Health England 3.5 year reported performance for Leeds with LCC 5 year statistics

Comparison of performance to National Average (3.5 & 5 year views)

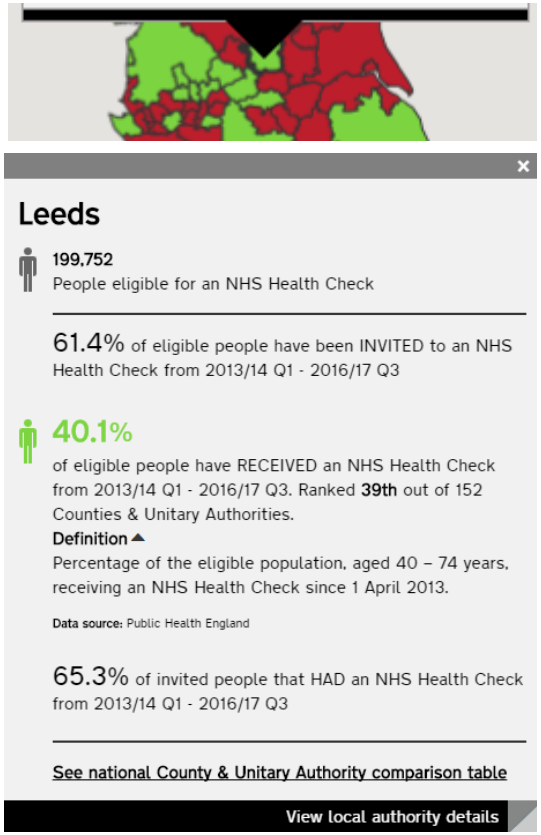
Percentage of eligible population invited for an NHS Health Check



Percentage of invited people receiving an NHS Health Check



Percentage of eligible population receiving an NHS Health Check



Source: Public Health England http://healthierlives.phe.org.uk/topic/nhs-health-check

LCC Comments #

90.9% Actual LCC 5 year performance

60.2% Actual LCC 5 year performance

54.8% Actual LCC 5 year performance

Public Health England figures are accurate, but understate the actual performance in Leeds
Public Health England figures compare performance over a 3.5 year period with the total eligible population who are entitled to an NHS Health Check once every five years
The NHS Health Check has been running in Leeds for over 5 years, hence the Leeds performance is understated as 18 months performance figures are missing from the PHE data

Appendix 2: Leeds and LCC Evaluation of the pilot NHS Health Check programme in Leeds

NOTE Please double click on the electronic version of this document in the area of the document below to open the full version of this report.

Leeds NHS Health Check: Asda pharmacy pilot Evaluation Report

September 2016
Lucy Jackson – Consultant in Public Health
Diane Burke- Head of Public Health - Long term Conditions
Hanna Kirby – Advanced Health Improvement Specialist

Background:

The commissioning and monitoring of the NHS Health Check is one of the mandatory public health functions for Local Authorities. Leeds has been offering NHS Health Checks to eligible citizens since 2009 delivered via primary care and one of the aims of the NHS Health Check is that those most at risk of vascular disease (for example people living in the most deprived areas; particular vulnerable groups, and some ethnic minorities) take up this offer and attend the NHS Health Check.

Following insight carried out in 2014 in a variety of community settings, it became apparent that there is a need to offer more flexible and accessible opportunities for eligible citizens to access an NHS Health Check thereby giving more choice with an overall aim of increasing uptake in Leeds, and addressing inequalities in health.

Leeds was approached by Public Health England to pilot a model whereby the NHS Health Check would be delivered through Asda pharmacies within 4 Asda supermarkets (Morley, Seacroft, Pudsey and Holt Park) in addition to the current GP providers.

Following consultation with GP practices, a structured temporary trial service with Asda Pharmacy was developed and implemented to evaluate the benefits and outcomes of Asda pharmacy providing a more convenient flexible and open offer to people as part of a whole system approach with the primary care record at its centre.

To ensure the NHS Health Check was provided at the same high standard as within primary care it was agreed and written into the service specification and operating standard procedures for the following to be adhered to:

- The NHS Health Check to be delivered in a private setting within an Asda Pharmacy
- Staff providing the NHS Health Check were to be the equivalent of a Health Care Assistant with a pharmacist on site to give any further advice.
- 30 Pharmacy staff received the same training that is provided to primary care colleagues in relation to undertaking the NHS Health Check (2 days which included CVD and NHS Health Check, motivational interviewing, walk through of the NHS Health Check including POCT and Leeds Let's Change)
- Staff followed a clearly documented protocol supported by an electronic template which had been modelled on those currently used in GP practice.
- To provide the best experience and outcomes for people, staff were also trained in motivational interviewing to promote behavior change refer people to healthy living interventions (in line with One You Leeds).

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Report author: Steven Courtney
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Report of Head of Governance and Scrutiny Support

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

Date: 25 April 2017

Subject: Closure of the Blood Donor Centre in Seacroft: Draft Scrutiny Board statement

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

1 Purpose of this report

1.1 The purpose of this report is to introduce a draft response for agreement in relation to NHS Blood and Transplant's decision to close the Blood Donor Centre in Seacroft.

2 Main issues

2.1 The Scrutiny Board first became aware of NHS Blood and Transplant's proposed closure of the Blood Donor Centre in Seacroft in December 2016. Since that time, there have been various exchanges of correspondence between the Chair of the Scrutiny Board and NHS Blood and Transplant.

2.2 A draft response on behalf of the Scrutiny Board is presented at Appendix 1 for consideration, alongside a summary timeline of events.

3. Recommendations

2.1 Members are asked to consider and agree the attached statement (subject to any identified amendments) as the Board's official position regarding the closure.

2.2 Members are also asked to identify any other specific matters that may require further scrutiny input or activity.

4. Background papers[1]

[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

4.1 None used

Closure of the Blood Donor Centre in Seacroft:

Draft Scrutiny Board statement

Introduction

1. As a Scrutiny Board we (the Scrutiny Board (Adult Social Services, Public Health, NHS) discharge Leeds City Council's health scrutiny function. In this we would specifically highlight the following functions:

   - To review and scrutinise any matter relating to the planning, provision and operation of the health service in its area and to make reports and recommendations on any such matter it has reviewed or scrutinised;
   - To comment on, make recommendations about, or report to the Secretary of State in writing about such proposals as are referred to the authority by a relevant NHS body or a relevant health service provider.

2. In December 2016, we first became aware of the proposed closure for the Blood Donor Centre in Seacroft. Press coverage reported proposals to close the blood donor centre in Seacroft on 27 January 2017.

3. At our Board meeting on 20 December 2016 we raised concerns about the apparent lack of consultation regarding the proposals and ensured further details were being sought from the provider of the service/facility, NHS Blood and Transplant (NHSBT).

4. Accordingly, a letter was sent to NHSBT by the Chair on 22 December 2016, detailing our concerns and requesting further details about the reported closure, alongside any service user/public consultation and engagement that may have taken place.

5. We received a response from NHSBT on 13 January 2017 and considered all the additional information provided at our Board meeting on 24 January 2017. At that Board meeting we:

   - Noted the intended closure of the Blood Donor Centre in Seacroft had been brought forward from the end of February 2017 to 27 January 2017- due to the centre running at a reduced capacity.
   - Noted evidence of attempts by NHS Blood and Transplant (NHSBT) to inform/engage with the local scrutiny process, however out of date contact details had been used and there were no details around how NHSBT may have tried to verify the information.
   - Highlighted our concerns around the lack of any formal public consultation regarding the proposed closure.
   - Highlighted further concerns regarding the general lack of awareness of the proposal across Leeds 'Health and Social Care economy (including service commissioners and providers alike).
   - Considered the proposed closure as a substantial variation that merited a much more robust approach to engagement and consultation.

6. Subsequently, we considered whether or not to refer the closure to the Secretary of State for Health.

7. After much deliberation, and taking a somewhat pragmatic approach given the timings and reported current state of the service, we agreed not to make a formal referral to the Secretary of State for Health on this occasion.

8. However, we agreed the Chair should write to NHSBT and other key stakeholders setting out our concerns and seeking assurances that lessons would be learned.

9. We also agreed to request a further report from NHSBT to consider the impact of the closure on service users and the levels of blood donation across Leeds.

10. In addition, we requested this report be provided for September 2017, which will also require appropriate NHSBT staff to attend the Scrutiny Board meeting to present the report and address any of our questions and/or concerns at that time.

Comments and observations

11. The following comments and observations should be considered alongside the timeline of key events and dates, attached at Appendix 1.

12. We recognise NHSBT is a Special Health Authority for England and Wales that supplies critical biological products and related clinical services to the NHS within a highly regulated environment.

13. We also recognise this is a national service and that NHSBT holds a special relationship with the Department of Health and is accountable directly to that department.

14. Nonetheless, we are disappointed by NHSBT's decision to close a Blood Donor Centre in Leeds without any involvement, engagement or consultation with the local body charged with maintaining oversight of health services across the City.

15. While we recognise that NHSBT deliver a national service, we are also concerned by NHSBT's apparent lack of awareness or disregard for its duties and responsibilities to proactively involve, engage and consult with local Health Overview and Scrutiny Committees.

16. We believe that NHSBT is "a responsible person", as defined by 'The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013', and is therefore subject to the same requirements and has the same responsibilities as any other body within that definition.

17. As such, NHSBT has responsibility to help support local authorities to discharge their health scrutiny functions. In this instance, we believe NHSBT has failed to adequately discharge this responsibility.

18. We would view the closure of the NHSBT Blood Donor Centre as a 'substantial variation' of service, as we would of any proposed closure of a local health care facility. As such, we believe the proposals should have been subject to a process of formal public consultation, alongside full engagement with the Scrutiny Board.

19. As a minimum, and in line with the 2013 regulations, we would have expected NHSBT to:

    - Formally consult with us (the Scrutiny Board);
    - Provide details of the intended date of decision;
    - Be explicit about the date when any response to the proposals should be provided;
    - Inform us of any changes to its decision-making timetable.
    - Formally publish details of this decision-making timetable.

20. Furthermore, from the ongoing exchange of correspondence, we remain unconvinced that NHSBT acknowledge its specific responsibilities around public consultation and engagement with the health scrutiny process. Rather, NHSBT appear to suggest that its relationship with the Department of Health absolves it of these fundamental duties.

21. Although we recognise there is some evidence of NHSBT attempting to engage with the local scrutiny process, it has ultimately been proven ineffective for the following reasons:

    - The use of out of date contact details with no details of how NHSBT may have tried to verify the information. Councillor Coupar ceased to be the Chair of the Scrutiny Board in May 2015.
    - The use of a residential address for correspondence rather than the formal business address for Leeds City Council.
    - Failure to provide the authority with the proposed date by which NHSBT intended to make a decision as to whether to proceed with the proposal; and the date by which NHSBT required the authority to provide any comments.
    - Failure to inform the authority of any change to the dates provided; and,
    - Failure to publish those dates, including any change in those dates.

22. From our perspective, we believe NHSBT has failed to comply with the regulations associated with service reconfiguration.

23. We understand that the regulations should also be considered alongside the 'four tests of service change' which the government mandate requires NHS England to test proposed service changes against.

24. We have discussed NHSBT's role as a Special Health Authorities with the Independent Reconfiguration Panel (IRP). The IRP has made clear that NHSBT should be required to consider its proposed service changes against the following 'four tests'

    1) Strong public and patient engagement
    2) Clear, clinical evidence base
    3) Support for proposals from commissioners
    4) Consistency with current and prospective need for patient choice

25. As we have not been proactively notified and/or engaged in the development of NHSBT's plans, it is difficult to fully assess the extent to which NHSBT has taken into account all the key considerations.

26. Nonetheless, based on the information which has been provided to us, our assessment would be as follows:

Strong public and patient engagement

27. By its own admission, NHSBT failed to undertake any formal public consultation regarding the proposed closure of the Blood Donor Centre in Seacroft.

28. While existing and known service users may have been informed of the closure this should not be mistaken for formal consultation.

29. The approach did not seek the views of service users on the 'proposals': Rather it provided information on the consequences of a decision to close the centre.

30. This failed to provide the opportunity for existing service users to adequately input into the decision-making process.

31. It also failed to provide the opportunity for prospective or future service users to have a voice in the decision-making process.

32. Furthermore, there was also a complete lack of awareness of NHSBT's proposals across the local health and social care economy. This failed to provide any opportunity for other matters or prospective changes across the local landscape to be adequately identified and/or considered as part of the decision-making process.

33. We can perhaps conclude that NHSBT failed to meet the government's first test or standard for service reconfiguration.

Clear, clinical evidence base

34. Despite NHSBT providing some clinical evidence base and information in support of the decision to close the site in Seacroft, in our view, NHSBT has not provided sufficient information in relation to the following:

    - Evidence of support for the service model from senior clinicians whose services will be affected by the reconfiguration.
    - Evidence of engagement with clinical commissioners on the outcome of internal and independent external reviews of the clinical evidence base.
    - Evidence of plans for future.

35. Therefore we believe NHSBT has failed to deliver a clear, clinical evidence base for its proposed reconfiguration.

Support for proposals from commissioners

36. As mentioned elsewhere, there is not sufficient evidence to suggest NHSBT has worked collaboratively to inform its decision-making process. Our enquiries suggest there was a lack of awareness across the various statutory bodies that make up Leeds local health and social care economy.

37. As a result, we believe NHSBT failed to provide any real opportunity for other matters or prospective changes across the local health and social care economy to be adequately identified and/or considered as part of the decision-making process.

Consistency with current and prospective need for patient choice

38. We have already established that NHSBT did not carry out any public/service user consultation regarding the proposed closure of the donor centre. However, we are aware that affected donors were informed of the proposal to close the centre with invitations to attend alternative sessions in the area.

39. We acknowledge there is another donor centre located in the city centre of Leeds and that NHSBT run mobile sessions in community venues across the Leeds area; therefore donors still have the opportunity to donate locally.

40. However, we believe the failure to properly engage and consult on the proposed closure has resulted in there being a lack of any local intelligence regarding future demand and patient choice or preferences.

41. In addition, we are equally concerned that the Department of Health Triennial Review of NHS Blood and Transplant did little to enhance or reinforce NHSBT's duties and responsibilities in relation to service reconfiguration when recommending that, *'…NHSBT's blood collection modernisation strategy be accelerated, but monitored through a phased plan, with key decision points reflecting analysis of the impact on donor behaviours'*

42. While recognising the need to consider donor behaviour, in our view, there was a missed opportunity to reinforce NHSBT's responsibilities to engage with local health overview and scrutiny committees, other local health and social care bodies and local service users, when considering specific actions and any proposed changes to the local service offer.

Summary and Conclusions

43. We believe NHSBT has:

    - Failed to comply with the letter and the spirit of current legislation and regulations governing service reconfiguration within the NHS; and,
    - Failed to adequately address the majority (if not all) of the government's tests for service reconfiguration.

44. As a Scrutiny Board that aims to maintain the interests of patients, service users and the general public, we are most concerned by the lack of any formal public consultation or effective engagement with us regarding the proposed closure of the Blood Donor Centre in Seacroft.

45. Failure to observe the statutory duty regarding service reconfiguration permits us to refer the closure decision to the Secretary of State for Health. Our original decision was not to take this formal course of action, but to stress the importance for NHSBT to consider its actions and provide assurances that lessons have been learned, for future reference.

46. Given the latest response from NHSBT (Mike Stredder, Director of Blood Donation) on 10 March 2017, we have significant concerns regarding NHSBT's understanding of its duties and responsibilities and how regulations and guidance apply to it as a Special Health Authority.

47. As such, we will formally submit this statement and seek responses to its findings from:

    - NHS Blood and Transplant
    - The Department of Health
    - The independent Reconfiguration Panel.

48. We trust this statement and the views expressed will serve to enhance future decision-making processes, and we would like to thank all those that have contributed to the production of this statement.

Cllr Peter Gruen, Chair
On behalf of the Scrutiny Board (Adult Social Services, Public Health, NHS)

April 2017

Date	Summary of event
DECEMBER 2016	
20 December	**Scrutiny Board (Adult Social Services, Public Health, NHS) first became aware of the proposed closure for the Blood Donor Centre in Seacroft.** ○ **20 December 2016 (Scrutiny Board Meeting) -** Concerns were raised about the apparent lack of consultation regarding the proposals and ensured further details were being sought from the provider of the service/facility, NHS Blood and Transplant (NHSBT).
22 December	**22 December 2016**- A letter was sent to NHSBT by the Chair, detailing the concerns and requests for further details of NHSBT's decision and any service user/public consultation and engagement that informed the decision.
JANUARY 2017	
13 January	○ **NHSBT response received on 13 January 2017-** letter highlights details of the decision & engagement/consultations: - Due to two blood donor centres in Leeds that collect both platelets and whole blood (NHSBT centre at Bridle Path and City Centre of Leeds) in close proximity led to reviewing donor centre provision. - Decision by Department of Health Advisory Committee on the Safety of Blood Tissues and Organs (SaBTO) to collect fewer platelets by apheresis procedure and ongoing decline in hospital demand for blood. - Leeds Headrow site best placed to serve Leeds (bigger blood donor base, higher footfall, better placed to attract BME donors). - Closure of Leeds Bridle Path Donor Centre will not affect NHSBT's ability to collect and supply blood/blood products to meet demand of hospitals - NHSBT wrote to Cllr Coupar (May 2016) regarding long term options of centres in Leeds and Sheffield. Further letter (September 2016) informing the decision to close the Leeds Bridle Path Blood Donor Centre. - Collective consultation with staff side representatives for those impacted by the proposed change - Decision to go ahead with closure of the Bridle Path Donor Centre taken on 4 November 2016**.** - Individual consultation with affected staff.
17 January	○ **Email sent by Principal Scrutiny Adviser on behalf of the Chair on 17 January 2017-** following receipt of NHSBT's response letter. A number of queries were requested: - Electronic copies of letters sent to Cllr Coupar, confirmation of capacity in which Cllr Coupar was contacted, information used to confirm Cllr Coupar as the appropriate contact, confirmation on how the letters were originally sent and attempts made to confirm receipt. - Details of any local stakeholders involved in discussions around the proposed closure and/or those informed once a closure decision had been made. - Details of any local ward councillors involved in discussion about

	the proposed closure (including any feedback received). - Details of any public/service user engagement and involvement, including feedback. (To share any communications/engagement plan developed as part of the process around the proposed closure). - Date on which the decision to close the blood donor centre was agreed and to confirm the decision-making body, details of any minutes and paperwork from the meeting. - Confirmation on who owns the blood donor centre in Seacroft and any future plans for the facility - Details to confirm current arrangements for blood donations across Leeds (times and locations), and the changes once the proposed closure is implemented (how are blood donors and wider public being informed of these).
20 January	○ **20 January 2017-** A letter was sent to NHSBT by the Chair, requesting for the proposed closure of the Leeds Bridle Pathway Donor Centre (scheduled 27 January 2017) to be deferred for the foreseeable future, in order to allow sufficient time for the Scrutiny Board to fully consider all information.
23 January	○ **NHSBT response received on 23 January 2017-** Following the queries raised via email on 17 January 2017 the following further information was provided: - Electronic copies of the two letters sent to Cllr Coupar in May 2017 and September 2016 were included. - Information regarding the process for contacting Cllr Coupar was limited due to the member of staff who contacted Cllr Coupar being on maternity leave. The standard procedure for NHSBT is to check the council website for details of relevant committee members to contact. - In terms of discussions with other local stakeholders around the proposed closure, NHSBT wrote to the following MPs: Rachel Reeves MP, Fabian Hamilton MP, Greg Mulholland MP, Hilary Benn MP and Richard Burgon MP. The letters provided the same information that was included in the letters to Cllr Coupar. - NHSBT did not contact any ward Councillors in relation to the proposed closure. - NHSBT did not carry out any public/service user engagement consultations about the proposed closure. NHSBT wrote to affected donors in September 2016 to inform them they were considering a proposal to close the donor centre and wrote to them again in December to confirm this closure, inviting them to alternative sessions in the area. - The decision to close the blood donor centre was formally communicated to staff on 4 November 2016 after the collective staff consultations came to an end on 28 October 2016. Documents of the minutes for consultation meetings and the final decision were also provided. - Confirmation that the NHSBT Leeds Bridle Path site, which included the donor centre, is owned by NHSBT. - There are currently two blood donor centres in Leeds that collect platelets and whole blood. One is located at the NHSBT centre at Bridle Path, while the other donor centre is located in the city

	centre of Leeds at a leased property. - NHSBT currently runs 488 mobile sessions per year in community venues across the Leeds area, of these around 50 sessions are within 6 miles of the current Bridle Path site. Following the closure of the donor centre at Bridle Path, all donors wishing to donate locally will still have the opportunity to do so. Also, following the request the defer the closure of the donor centre as set out in the letter sent by the Chair on 20 January 2017: - NHSBT stated they are unable to do so due to already running the centre at reduced capacity (3 rather than 6 donation beds) and reduced opening hours due to some staff leaving early ahead of the closure, going on sick leave, agreeing with mutual consent to terminate employment early. As a result the closure was brought forward from the end of February to 27 January, donors informed of the closure date and staff redeployment/redundancy dates have been agreed. Therefore it would not be operationally viable to continue opening the centre beyond this point.
24 January	○ **24 January 2017 (Scrutiny Board Meeting)-** Details of the exchange in correspondence between the Chair of the Scrutiny Board and NHSBT were shared with the Board. The Scrutiny Board considered the additional information and: - Noted the intended closure in Seacroft being brought forward from the end of February 2017 to 27 January 2017- due to the centre running at reduced capacity. - Noted Evidence of attempts by NHSBT to inform/engage with the local scrutiny process, however out of date contact details had been used and there were no details around how NHSBT may have tried to verify the information. - Raised concerns around lack of any formal public consultation regarding the proposed closure. - Raised further concerns regarding the general lack of awareness of the proposals across Leeds' Health and Social Care economy (including both service commissioners and providers). - Considered whether or not to register the closure to the Secretary of State for Health. After some Deliberation, the Scrutiny Board agreed not to make a formal referral to the Secretary of State for Health but agreed that the Chair should write to NHSBT and other key stakeholders setting out the concerns of the Scrutiny Board regarding the process followed by NHSBT and seeking assurances that lessons would be learned. The Scrutiny Board also agreed to request a further report from NHSBT to consider the impact of the closure on service users and the levels of blood donation across Leeds.
FEBRUARY 2017	
17 February	○ **17 February 2017-** Letter sent to NHSBT by the Chair, following the Scrutiny Board meeting held on Tuesday 24 January 2017, in which

	the proposed closure of the Leeds Bridle Path Donor Centre was considered. Draft minutes from the meeting were enclosed as an extract to summarise the discussion and outcome. The letter highlighted the main issues considered by the Scrutiny Board which centred on the lack of any: - Formal public consultation regarding the proposed closure; and, - Effective engagement with the Scrutiny Board. The letter includes the Boards intention to contact to contact NHSBT again with fuller details of the Scrutiny Boards concerns and observations. Also included is the final resolution of the Scrutiny Board; that in September 2017, NHSBT provide a further report on the impact of the closure.
22 February	○ **22 February 2017-** Letter sent to Mr Mike Stredder (Director of Blood Donation, NHSBT), following the comments attributed to him in the Yorkshire Evening Post (17 Feb 2017). The letter requests Mr Stredder to explain his views regarding NHSBT not having any obligation to consult with the public on the proposal to close the Leeds Bridle Path Donor Centre. The Scrutiny Boards views on the matter are made clear as well as the intention to contact NHSBT again with fuller details of the Boards concerns and observations.
MARCH 2017	
10 March	○ **10 March 2017 (Response from Mike Stredder received)-** In response to the letter sent on 22 February, Mike Stredder highlighted the following in regards to public consultation: - NHSBT did not carry out any public consultation about the proposed closure but donors were informed of the proposal and decision to close. - Unlike other local health service providers, NHSBT does not have a mandatory requirement to provide a specific number of donation sessions in a given area and responsibility is to collect enough blood to meet hospital demand. - The closure of the site does not prevent donors from donating in the Leeds area. As an Arm's Length Body (ALB), NHSBT is accountable directly to the Department of Health and ensures both DH Sponsors and the Secretary of State for Health is kept updated on planned changes.

Report author: Steven Courtney
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Report of the Head of Governance and Scrutiny Support

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

Date: 25 April 2017

Subject: Work Schedule (April 2017)

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

1 Purpose of this report

1.1 The purpose of this report is to consider the progress against the Scrutiny Board's work schedule for the current municipal year (2016/17), any outstanding matters and an assessment of matters to be considered as part of the work schedule for the forthcoming municipal year (2017/18).

2 Summary of main issues

2.1 A summary of the Board's work schedule is attached at Appendix 1. As the end on the municipal year approaches, this provides an outline of the main areas considered by the Scrutiny Board during the year and provides a brief assessment of matters to be considered as part of the work schedule for the forthcoming municipal year (2017/18).

2.2 Appendix 1 also identifies areas/ matters where final agreement of any outstanding reports is required.

2.3 In considering the work schedule, the Scrutiny Board should always be mindful and take account of the resources available to support its work.

3. Recommendations

3.1 The Scrutiny Board (Adult Social Services, Public Health, NHS) is asked to:

a) Note the content of this report and its attachments;

b) Identify any specific matters to be considered as part of the work schedule for 2017/18; and,
c) Identify any other relevant matters.

4. Background papers[1]

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.

APPENDIX 1

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

2016/17 WORK SCHEDULE

Title	Type of Item	Notes	Apr-17	May-17 (TBC)
SCRUTINY INQUIRY TOPICS/ AREAS				
Service Quality	*Performance Review*	Nuffield Independent Hospital - CQC inspection schedueld for 8 February 2017	CQC Inspection Reports Summary	CQC Inspection Reports Summary
- LTHT CQC outcome	*Performance Review*			
- LYPFT CQC outcome	*Performance Review*			
- LCH CQC outcome	*Performance Review*	Timing to be confirmed. CQC inspection schedueld for 31 January 2017		
Better Lives Strategy	*Performance Review*	Monitor progress on implementation of Phase 3. Development of Phase 4 TBC.		
Budget Monitoring	*Performance Review*	Focus on impact of budget reductuions on patients / service users	ASC & PH 2016/17 budget monitoring report	
Primary Care	*Scrutiny Inquiry*	Continued focus on Primary Care services in Leeds.		Scrutiny Board report / statement

APPENDIX 1

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

2016/17 WORK SCHEDULE

Title	Type of Item	Notes	Apr-17	May-17 (TBC)
Integrated Health & Social Care Teams	*Scrutiny Inquiry*	Update report on progress against actions identified in July 2015 TBC.		
Third Sector Involvement in Health & Socuial Care in Leeds	*Scrutiny Inquiry*	Progress / updates to be provided as part of the Board's recommendation tracking	Recommendation Tracking	
Men's Health	*Scrutiny Inquiry*	Reports from commisioners on changes to commissioning arrangements in light of issues highlighted in the State of Men's Health report.	NHS Healthchecks	Scrutiny Board report/ statement (TBC)
Hospital Discharges	*Scrutiny Inquiry*	Progress delayed. Consider later in the year and/or 2017/18.		
West Yorkshire & Harrogate Sustainability and Transformation Plan	*Performance Review*	Further consideration of the Leeds Plan (as part of the wider WY&H STP) required. Invite CEx to attend SB.		Leeds Health and Care Plan:Working Group meeting
One Voice Project		Invite CCGs to discuss proposals under the 'One Voice' project and associated implications. Deferred from January 2017.	Progress update	
PERFORMANCE REVIEW				

APPENDIX 1

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

2016/17 WORK SCHEDULE

Title	Type of Item	Notes	Apr-17	May-17 (TBC)
Recommendation Tracking	*Performance Review*		Involvement of the Third Sector inquiry: progress update	
NHS provider updates	*Performance Review*	Progressing to include general updates, progress against CQC actions, key performance measures and specific matters identied by the Scrutiny Board.		
				Draft Statement on Autsim
PROPOSED SERVICE CHANGES				
Renal Patient Transport	*Progress Review*	Issues highlighted by Kidney Patients Association in August 2016.		

APPENDIX 1

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

2016/17 WORK SCHEDULE

Title	Type of Item	Notes	Apr-17	May-17 (TBC)
Children's Epilepsy Surgery Services	*Progress Review*	6-month post implementation update due in October 2017.		
Proposed Closure of Blood Donor Centre in Seacroft		Identifed in December 2016. More details from NHS Blood and Transplant in January 2017. Update on outcome for Sept 2017.	Draft statement	
OTHER MATTERS				
Request for Scrutiny	*Request for Scrutiny*			
	Request for Scrutiny			
Briefings				
WORKING GROUPS / VISITS	*Working Group*	Confirm arrangements for HSDWG in 2017/18		**Quality Accounts** - Part 2 (3 May 2017)

APPENDIX 1

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

2016/17 WORK SCHEDULE

Title	Type of Item	Notes	Apr-17	May-17 (TBC)
CALL-IN				

APPENDIX 1

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

2016/17 WORK SCHEDULE

Title	Type of Item	Unscheduled / Carry over 2017/18
SCRUTINY INQUIRY TOPICS/ AREAS		
Service Quality	*Performance Review*	
- LTHT CQC outcome	*Performance Review*	
- LYPFT CQC outcome	*Performance Review*	
- LCH CQC outcome	*Performance Review*	
Better Lives Strategy	*Performance Review*	Re-commissioning of Independent Sector Care Homes: Work of Advisory Board
Budget Monitoring	*Performance Review*	
Primary Care	*Scrutiny Inquiry*	

APPENDIX 1

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

2016/17 WORK SCHEDULE

Title	Type of Item	Unscheduled / Carry over 2017/18
Integrated Health & Social Care Teams	*Scrutiny Inquiry*	
Third Sector Involvement in Health & Socuial Care in Leeds	*Scrutiny Inquiry*	Recommendation Tracking
Men's Health	*Scrutiny Inquiry*	Recommendation tracking
Hospital Discharges	*Scrutiny Inquiry*	Possible scrutiny inquiry
West Yorkshire & Harrogate Sustainability and Transformation Plan	*Performance Review*	
One Voice Project		Progress update
PERFORMANCE REVIEW		

APPENDIX 1

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

2016/17 WORK SCHEDULE

Title	Type of Item	Unscheduled / Carry over 2017/18
Recommendation Tracking	*Performance Review*	Follow-up bereavement issues with the Coroner
NHS provider updates	*Performance Review*	
		Monitor perfomance
PROPOSED SERVICE CHANGES		
Renal Patient Transport	*Progress Review*	Update / progress report

APPENDIX 1

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

2016/17 WORK SCHEDULE

Title	Type of Item	Unscheduled / Carry over 2017/18
Children's Epilepsy Surgery Services	*Progress Review*	
Proposed Closure of Blood Donor Centre in Seacroft		Response to statement. Update on outcome for September 2017
OTHER MATTERS		
Request for Scrutiny	*Request for Scrutiny*	
	Request for Scrutiny	
Briefings		
WORKING GROUPS / VISITS	*Working Group*	

APPENDIX 1

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

2016/17 WORK SCHEDULE

Title	Type of Item	Unscheduled / Carry over 2017/18
CALL-IN		