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Leeds CITY COUNCIL

SCRUTINY BOARD (ADULTS AND HEALTH)

Meeting to be held in Civic Hall, Leeds, LS1 1UR on
Tuesday, 10th October, 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;
H Hayden (Chair)	-	Temple Newsam;
A Hussain	-	Gipton and Harehills;
J Jarosz	-	Pudsey;
G Latty	-	Guiseley and Rawdon;
C Macniven	-	Roundhay;
J Pryor	-	Headingley;
D Ragan	-	Burmantofts and Richmond Hill;
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: (0113) 37 88666

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.**	

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 - 5 SEPTEMBER 2017** To approve as a correct record the minutes of the meeting held on 5 September 2017.	1 - 6
7			**EXECUTIVE BOARD MINUTES - 20 SEPTEMBER 2017** To consider, for information purposes, the draft minutes from the Executive Board meeting held on 20 September 2017, as they relate to the remit of the Scrutiny Board.	7 - 20
8			**CHAIR'S UPDATE** To receive an update from the Chair on specific scrutiny activity since the previous Board meeting, not specifically included elsewhere on the agenda.	21 - 22

9			**ADULTS AND HEALTH REGULATED SERVICES QUALITY ACCOUNT** To consider a report from the Head of Governance and Scrutiny Support introducing the Adults and Health Regulated Services Quality Account considered by Executive Board at its meeting on 20 September 2017.	23 - 56
10			**BETTER LIVES STRATEGY - PHASE 3 IMPLEMENTATION** To consider a report from the Head of Governance and Scrutiny Support that introduces an update on the implementation of Phase 3 of the Better Lives Strategy, as presented to the Executive Board on 20 September 2017.	57 - 70
11			**DELIVERY OF PRIMARY CARE (GP) SERVICES IN LEEDS** To consider a report from the Head of Governance and Scrutiny Support that introduces an update from Leeds CCG Partnerships on the current delivery of primary care (GP) services across the City.	71 - 130
12			**CLOSURE OF THE BLOOD DONOR CENTRE IN SEACROFT - UPDATE** To consider a report from the Head of Governance and Scrutiny Support introducing Department of Health response in relation to the concerns raised by the Scrutiny Board regarding NHS Blood and Transplant's closure of the Blood Donor Centre in Seacroft.	131 - 162
13			**WORK SCHEDULE** To consider the Scrutiny Board's work schedule for the 2017/18 municipal year.	163 - 172

14

DATE AND TIME OF NEXT MEETING

Tuesday, 14 November 2017 at 1:30pm (pre-meeting for all members of the Scrutiny Board at 1:00pm).

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.

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SCRUTINY BOARD (ADULTS AND HEALTH)

TUESDAY, 5TH SEPTEMBER, 2017

PRESENT: Councillor H Hayden in the Chair

Councillors C Anderson, B Flynn, J Jarosz, G Latty, C Macniven, J Pryor, D Ragan, P Truswell and S Varley

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

25 Late Items

The following late information was submitted to the Board:

- Agenda item 12 – Leeds Clinical Commissioning Groups (CCG) Partnership: Update.

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

26 Declaration of Disclosable Pecuniary Interests

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

- Councillor D Ragan advised that a family member had accessed services provided by adult social care.

Councillor D Ragan remained present for the duration of the meeting.

27 Apologies for Absence and Notification of Substitutes

An apology for absence was submitted by Councillor J Chapman.

28 Minutes - 18 July 2017

RESOLVED – That the minutes of the meeting held on 18 July 2017 be approved as a correct record.

29 Executive Board minutes - 17 July 2017

RESOLVED – That the minutes of the Executive Board meeting held on 17 July 2017, be noted.

30 Chair's Update

The Chair provided a verbal update on recent scrutiny activity that had not been included elsewhere on the agenda.

The key updates included:

- A meeting with Chief Executive of NHS Leeds CCG Partnership, Phil Corrigan, which covered, winter planning, new ambulance response time standards, and move to a single NHS commissioning body. In relation to the move to a single NHS commissioning body, further assurance on funding had been sought from the CCG Partnership and NHS England.
- Confirmation that a national audit on health protection was being undertaken. An update was to be provided to a future Board meeting.
- Confirmation that the Joint Health Overview and Scrutiny Committee (Calderdale and Kirklees) was considering hospital reconfiguration proposals across Huddersfield and Halifax had referred the matter to the Secretary of State for Health.

RESOLVED – That the Chair's update be noted.

31 Better Lives Strategy refresh

The Director of Adults and Health submitted a report which presented the refreshed Better Lives Strategy for comment from the Scrutiny Board.

The following were in attendance:

- Councillor Rebecca Charlwood (Executive Member for Health, Wellbeing and Adults)
- Mick Ward (Interim Deputy Director, Integrated Commissioning – Adults and Health).

The key areas of discussion were:

- Potential to develop bespoke housing to deliver support. Further details to be provided as part of future action plan reporting.
- The important role of carers. The Board was advised that more detailed information was included in the Carers Strategy, which was being submitted to Executive Board.
- The need to develop the range of activities to support vulnerable adults in communities.
- An increased reliance on neighbourhood networks to support adults with dementia. The Board was advised that a report was being submitted to Executive Board setting out a future funding model.

RESOLVED – That the Board notes the draft refresh of the Better Lives Strategy (2017-2020).

32 Care Quality Commission (CQC) - Adult Social Care Providers Inspection Outcomes

The Director of Adults and Health submitted a report which presented details of recently reported and published Care Quality Commission inspection outcomes for adult social care providers in Leeds.

The following were in attendance:

- Councillor Rebecca Charlwood (Executive Member for Health, Wellbeing and Adults)
- Mick Ward (Interim Deputy Director, Integrated Commissioning – Adults and Health)
- Mark Phillott (Head of Commissioning, Contracts and Business Development – Adult Social Care).

The key areas of discussion were:

- A suggestion that more information was needed about adult social care providers in ward member briefing emails, particularly the level of improvements required and details about specific issues that had been identified.
- Concern about the level of providers requiring improvement in relation to the 'caring' domain.
- The importance of effective leadership to deliver improvements.

RESOLVED – That the inspection outcomes for health and social care providers in Leeds, and the information discussed at the meeting, be noted.

33 Leeds Health and Care Plan

The Head of Governance and Scrutiny Support submitted a report which presented the draft 'Leeds Health and Care Plan' and associated narrative approved as the basis for public engagement and consultation regarding future health and care in Leeds.

The following were in attendance:

- Councillor Rebecca Charlwood (Executive Member for Health, Wellbeing and Adults)
- Paul Bollom (Executive Lead for the Leeds Plan (Interim), Health Partnerships Team – Adults and Health).

The key areas of discussion were:

- The need to be clear about the financial challenges faced and the impact on communities.
- Clarification sought in the report regarding anticipated future spending on the health and care system in Leeds.

- An update on development of a communication strategy and ensuring that the public was aware about how to access information on-line.
- Suggested amendments to patient participation and the role of Healthwatch Leeds.

RESOLVED – That subject to the comments above, the Board notes the draft 'Leeds Health and Care Plan' and associated narrative approved as the basis for public engagement and consultation regarding future health and care in Leeds.

(Councillor J Pryor left the meeting at 3.40pm and Councillor P Truswell at 3.45pm, during the consideration of this item.)

34 NHS Leeds Clinical Commissioning Groups Partnership - update

The Head of Governance and Scrutiny Support submitted a report which introduced an update on developments of NHS Leeds Clinical Commissioning Groups Partnership and proposals to move to a single NHS commissioning organisation in Leeds.

The following were in attendance:

- Dr Gordon Sinclair – Clinical Chair, NHS Leeds West Clinical Commissioning Group
- Jo Harding – Director of Nursing and Quality, NHS Leeds Clinical Commissioning Groups Partnership.

RESOLVED – That the Board notes the update on developments of NHS Leeds Clinical Commissioning Groups Partnership and proposals to move to a single NHS commissioning organisation in Leeds.

35 Health and Social Care Needs of Offenders

The Head of Governance and Scrutiny Support submitted a report which provided an update on development of the Scrutiny Board's inquiry and introduced a range of information, including an outline of the Council's social care responsibilities for offenders.

The following were in attendance:

- Mick Ward (Interim Deputy Director, Integrated Commissioning – Adults and Health).

The Board sought clarification about the types of support provided following an offender's release from prison, particularly in terms of access to a GP and dental care.

RESOLVED – That the issues raised as part of the Board's inquiry around the Health and Social Care Needs of Offenders, be noted.

36 Work Schedule - September 2017

The Head of Governance and Scrutiny Support submitted a report which invited Members to consider the Board's work schedule for the 2017/18 municipal year.

The Board discussed recommending to the CCG partnership that a credible plan for the efficiencies in running costs (required by NHSE as part of the process to move to a single commissioning organisation), was to earmark monies as a contribution to commissioning Neighbourhood Networks. The Board considered that this fitted with the ambition of the Leeds Health and Care Plan around locality planning, delivery of integrated health and social care services, and a focus on prevention and early intervention.

RESOLVED –

(a) That subject to comments raised at the meeting and any on-going discussions and scheduling decisions, the Board's outline work schedule, be approved.
(b) That the Board submits responses to the Better Lives Strategy refresh and the Leeds Health and Care Plan.
(c) That the Board recommends to the CCG partnership that a credible plan for the efficiencies in running costs was to earmark monies as a contribution to commissioning Neighbourhood Networks.

37 Date and Time of Next Meeting

Tuesday, 10 October 2017 at 1.30pm (pre-meeting for all Board Members at 1.00pm)

(The meeting concluded at 4.40pm)

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EXECUTIVE BOARD

WEDNESDAY, 20TH SEPTEMBER, 2017

PRESENT: Councillor J Blake in the Chair

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

SUBSTITUTE MEMBER: Councillor J Pryor

APOLOGIES: Councillor L Mulherin

52 Substitute Member

Under the provisions of Executive and Decision Making Procedure Rule 3.1.6, Councillor Pryor was invited to attend the meeting on behalf of Councillor Mulherin, who had submitted her apologies for absence from the meeting.

53 Late Items

Although no formal late items of business had been submitted for the Board to consider, prior to the meeting and with the Chair's agreement, Board Members had been in receipt of correspondence which provided an additional recommendation to agenda item 21 entitled, 'Leeds Children and Families Services' Sector Led Improvement Role' (Minute No. 71 refers).

54 Declaration of Disclosable Pecuniary Interests

There were no Disclosable Pecuniary Interests declared at the meeting, however, in relation to the agenda item entitled, 'Leeds Talent and Skills Plan – Consultation Draft', Councillor Golton drew the Board's attention to his role as an 'Inclusive Jobs Champion' with the West Yorkshire Combined Authority.

In addition, in relation to the agenda item entitled, 'Request to approve the model for continuing Leeds City Council's Investment in Neighbourhood Network Services', Councillor A Carter drew the Board's attention to his position as Chair of the Farsley, Calverley and Tyresal Live at Home Scheme

(Minute Nos. 58 and 67 refer).

55 Minutes

RESOLVED – That the minutes of the meeting held on 17th July 2017 be approved as a correct record.

ENVIRONMENT AND SUSTAINABILITY

56 The development of a new park in Moortown and an update on the Parks and Countryside Service apprenticeship scheme

The Director of Communities and Environment submitted a report which highlighted the value of community greenspaces in Leeds and how funding

from development had been used to support facilitating the improvement of existing greenspaces. In addition, the report detailed proposals for the establishment of a new park in Moortown, with associated approvals being sought regarding injection of funding and 'authority to spend', and which also highlighted the potential to support the continued expansion of the Parks and Countryside services apprenticeship programme.

Members welcomed the proposals, emphasised the importance of continuing to engage with local Ward Members during the development of the project, and also welcomed the proposal to establish an associated 'friends of' group.

Furthermore, in highlighting the benefits of looking to increase community greenspace provision, Members encouraged replicating this scheme in other areas across the city, where possible and appropriate.

RESOLVED -

(a) That the injection together with 'authority to spend' of £300k, to be fully funded from section 106 monies in order to support the development a new park in Moortown, be authorised;

(b) That the future commitment of a further £200k investment to support the ongoing maintenance of the site be noted, with the potential for this to support the continued expansion of the Parks and Countryside services apprenticeship programme also being noted.

ECONOMY AND CULTURE

57 Design and Cost report for the development and delivery of design proposals for public realm improvements at Quarry Hill

Further to Minute No. 48, 17th July 2017, the Director of City Development submitted a report outlining proposals for the Council to progress public realm improvements to the area of land known as Gateway Court and Playhouse Square which sit adjacent to West Yorkshire Playhouse.

Members welcomed the proposals which had been submitted and in response to an enquiry, received clarification on aspects of the financial implications arising from the proposals. In addition, it was also noted that there was no intention from the Council to seek a change in the name of the area known as Quarry Hill.

RESOLVED –

(a) That the injection of £1.926m into the Capital Programme (Capital Scheme no 32804) towards the proposed public realm improvements for the existing green space at Quarry Hill, known as Gateway Court and Playhouse Square, be authorised;

(b) That authority to spend £1.926m from the Capital Scheme no. 32804 for the proposed public realm improvement works to Gateway Court and Playhouse Square be approved, subject to the outcome of the

planning submission of the scheme and the tender for the proposed works being within the project's cost plan allowance;

(c) That it be noted that in July 2017 Executive Board: gave approval to the submission of a planning application later this year for the Gateway Court and Playhouse Square landscape proposals under development, as presented to this Executive Board for approval in principle; and authorised the award of the contract for the proposed landscape improvement proposals at Gateway Court and Playhouse Square, subject to the tender for the proposed works being within the project's cost plan allowance;

(d) That it be noted that in July 2017, Executive Board approved in principle the inclusion of the proposed public realm improvement works to Gateway Court and Playhouse Square in the contract for the proposed works to the West Yorkshire Playhouse;

(e) That it be noted that in July 2017, Executive Board gave approval to the Council bringing forward for disposal for residential use, the site on Quarry Hill previously held for use as a coach layover facility and to the use of the subsequent capital receipt to contribute towards the cost of the proposed public realm improvement works at Gateway Court and Playhouse Square;

(f) That subject to consultation with the Executive Member for Regeneration, Transport and Planning, approval be given to authorise the Director of City Development to negotiate and approve the final terms of all legal agreements associated with the delivery of the project, in accordance with the Council's officer delegation scheme.

EMPLOYMENT, SKILLS AND OPPORTUNITY

58 Leeds Talent and Skills Plan - Consultation Draft

The Director of City Development submitted a report which set out the recent work undertaken in order to develop the first Leeds Talent and Skills Plan for the period 2017 – 2023. The report outlined the work undertaken so far in preparation of the draft, together with the approach being taken towards proposed publication in the autumn.

Responding to Members' comments, it was highlighted that the aim of the Council was to attract new employers into the city, adding to those already operating in Leeds, in order to provide a whole range of job opportunities for local communities. In addition, the aim was also to ensure that such employers provided social value in line with Council's ambitions. With regard to the issue of relocating jobs from other parts of the UK into Leeds, the Board was provided with further detail of the benefits that such relocation would bring to the local economy.

Emphasis was also placed upon the important role to be played by the Apprenticeship Levy in the promotion and creation of opportunities, whilst Members also highlighted the collaborative approach which needed to be taken with partners in order to ensure that Leeds citizens had the appropriate skills base in order to fully benefit from current and future employment and skills opportunities.

In conclusion, Members looked forward to receiving information which provided the outcomes of the proposed consultation exercise. Also, having received an update on the current position regarding the employment opportunities being brought to the local economy by Burberry, it was suggested that further evaluation of such matters could be submitted to the Board at the appropriate time for consideration.

RESOLVED –

(a) That the publication of the Leeds Talent and Skills Plan draft be approved for the purposes of consultation;

(b) That the approach proposed by officers to engage with business and stakeholders and to seek specific commitments, be supported;

(c) That agreement be given to the Plan being published in the autumn of 2017;

(d) That it be noted that the Head of Employment Access and Growth will be responsible for the implementation of such matters.

RESOURCES AND STRATEGY

59 The New Leisure and Wellbeing Centre for East Leeds

Further to Minute No. 119, 14th December 2016, the Director of City Development submitted a report providing an update on the progress which had been made in developing proposals for a new leisure and wellbeing centre for inner east Leeds, and which sought agreement of the preferred site, for the purposes of consultation and further feasibility works.

Responding to a Member's enquiry, the Board was provided with further information in respect of proposals regarding the associated financial delivery model for the project.

RESOLVED –

(a) That approval be given for the site of the new inner east Leeds Leisure and Wellbeing Centre to be within the boundary, as set out within Appendix A to the submitted report;

(b) That following resolution (a) above, approval be given to the commencement of a public consultation exercise, the outcome of which will be used to inform the future facility mix of the new centre and to comment upon the site proposal;

(c) That following the conclusion of the consultation exercise, 'authority to spend' of £300k be approved to commission a feasibility study to develop proposals for a new Leisure and Wellbeing centre at a new location within the existing Fearnville Leisure Centre and surrounding site;

(d) That the current position regarding progress made on the wider 'Vision for Leisure & Wellbeing Centres' programme be noted, and that it also be noted that further updates will be submitted to Executive Board for consideration in February 2018;

(e) That it be noted that the Head of Sport and Active Lifestyles will be responsible for the implementation of such matters.

60 Financial Health Monitoring 2017/18 - Month 4

The Chief Officer (Financial Services) submitted a report presenting details of the Council's projected financial health position for 2017/18 as at month 4 of the financial year. In addition, the report sought approval of a virement to increase the Children and Families budget in order to provide resource to fund the additional costs of children looked after, whilst the report also sought approval for an adjustment to the 2016-17 outturn and general reserve, following the identification of two post balance sheet events, as detailed within the submitted report.

Responding to an enquiry, the Board was provided with assurances that appropriate processes were in place with regard to the Council's Carbon Reduction Commitment submission. Linked to this, Members also briefly discussed the issue of street lighting provision in the city.

Members noted the proposed virement to increase the Children and Families budget in order to fund the additional costs of children looked after, with it being noted that the level of demands on resource in this area would continue to be monitored, as part of established budget monitoring processes.

The Board also received further information regarding the Council's approach towards the provision of reserves.

RESOLVED –

(a) That the projected financial position of the authority, as at month 4, be noted, together with the ongoing work within the Children and Families directorate to balance the revenue budget;

(b) That a virement to increase the Children and Families budget by £3.7m in order to provide resources to fund the additional costs of children looked after, be approved; with it being noted that the officer responsible for the implementation of such matters is the Chief Officer (Financial Services), together with the fact that the virement will be actioned before the next reporting period;

(c) That the adjustments to the 2016-17 outturn and general reserve, following the identification of the two post balance sheet events, as outlined within the submitted report, be approved.

REGENERATION, TRANSPORT AND PLANNING

61 Leeds Local Plan - Adoption of the Aire Valley Leeds Area Action Plan

Further to Minute No. 194, 19th April 2017, the Director of City Development submitted a report which sought Executive Board's approval to recommend that Council adopt the submission draft Aire Valley Leeds Area Action Plan (AVLAAP), together with the Main Modifications to it, as recommended by the independent Inspector.

Members welcomed the advanced stage that the AVLAAP had now reached, and thanked all concerned for the work which had been undertaken to enable it to reach this stage.

Responding to a Member's enquiry, the Board received an update and further information regarding a proposal for the potential development of a rolling stock depot for HS2 within the AVLAAP area, a matter which was currently the subject of public consultation.

RESOLVED –

(a) That the recommendations and proposed Main Modifications of the Inspector, as detailed within their report (dated August 2017) at Appendix 1 to the submitted cover report, be noted;

(b) That Council be recommended to adopt the Aire Valley Leeds Area Action Plan, as submitted for examination and including: the Main Modifications recommended by the Inspector (as detailed within the submitted Appendix 1; map changes at Appendix 2 and the Additional Modifications at Appendix 3), pursuant to Section 23 of the Planning and Compulsory Purchase Act 2004 (as amended);

(c) That any further additional modifications which are required to be made as grammatical, consequential or factual updates, be delegated to the Chief Planning Officer in consultation with the relevant Executive Member.

(In accordance with the Council's Executive and Decision Making Procedure Rules, the matters referred to within this minute were not eligible for Call In as the power to Call In decisions does not extend to those decisions made in accordance with the Budget and Policy Framework Procedure Rules)

62 Key Junction Improvements (CIP Phase 1)

The Director of City Development submitted a report which sought support for the development of junction improvement schemes at Dawson's Corner, Dyneley Arms and Fink Hill, together with relevant approvals for 'authority to spend', from the West Yorkshire Combined Authority 'Corridor Improvement

Programme' grant, in order to enable the progression of Phase 1 scheme development.

Members welcomed the proposals, highlighted the need to ensure that local Ward Members were kept informed and also emphasised the need for a comprehensive consultation exercise to be undertaken in respect of the three schemes.

With specific emphasis to Dawson's Corner, a Member highlighted the need to ensure that the proposed changes enabled fluent traffic movement through the junction.

RESOLVED –

(a) That in principle support be given to the development of junction improvement schemes at Dawson's Corner, Dyneley Arms and Fink Hill, together with land acquisition where required, with it being noted that the West Yorkshire Combined Authority has approved in principle sufficient capital to substantially fund the implementation under the Corridor Improvement Programme (CIP);

(b) That 'authority to spend' £1.525M, which is funded from the West Yorkshire Combined Authority CIP grant be approved in order to enable Phase 1 of the scheme development, in advance of signing the grant funding agreements, if required;

(c) That it be noted that officers will return to Executive Board in order to seek approval for the construction of Phase 1 schemes, subject to the outcome of the development work and consultation;

(d) That it be noted that the Chief Officer Highways and Transportation is responsible for the programme delivery, with a substantial completion date of March 2021.

63 Delivering the East of Otley Housing Allocation

The Director of City Development submitted a report which sought approval to the key principles of a potential transaction for land in the Council's ownership that would enable the development of the East of Otley mixed use development allocation.

RESOLVED –

(a) That the Heads of Terms, as outlined in section 3.6 of the submitted report be approved, in order to enable a detailed agreement to be developed for further consideration by Executive Board;

(b) That the proposal to develop a marginal viability application with the developers of the East of Otley site, for submission to the Housing Infrastructure Fund (HIF), be noted.

64 Phase 2 Leeds (River Aire) Flood Alleviation Scheme

Further to Minute No. 170, 20th April 2016, the Director of City Development submitted a report providing an update on the emerging proposals for the Phase Two River Aire Leeds Flood Alleviation Scheme in advance of widespread engagement with stakeholders. In addition, the report sought approval for the submission of funding applications, together with the subsequent undertaking of an accelerated package of advanced works.

Members welcomed the innovative proposals which had been submitted and how they would build upon phase one of the scheme. With regard to phase two, Members specifically welcomed the 'whole catchment' approach which was being taken.

With regard to phase two, the Chair welcomed the offers of cross-party support which had been made during the discussion in respect of approaching Government for the financial support required to deliver such proposals.

RESOLVED –

(a) That the emerging proposals for Phase Two in relation to Natural Flood Management; the construction of actively controlled river floodwater storage areas; the removal of existing obstacles effecting the river channel in high flow events; and the residual construction of linear defences and potential terracing, be noted;

(b) That widespread engagement to be undertaken with stakeholders on the emerging proposals, be approved;

(c) That support be given to ensure that defence works are progressed as quickly as possible; that the submission of business cases to ascertain funding in relation to £3.4m of advanced works be endorsed; and subject to the outcome of those business cases, that the necessary 'authority to spend' for the undertaking of such works be delegated to the Director of City Development, in consultation with the Director of Resources and Housing;

(d) That it be noted that a further report will be submitted to Executive Board in December 2017 which seeks approval of the outline business case submission to the Department of Environment, Food & Rural Affairs and the subsequent planning application submission.

HEALTH, WELLBEING AND ADULTS

65 Better Lives - Phase 3 Implementation

Further to Minute Nos. 136 and 153, 8th February 2017, the Director of Adults and Health submitted a report providing an update regarding the implementation of Phase 3 of the Council's 'Better Lives' programme.

Responding to Members' enquiries, the Board was advised that currently, there were no plans to submit to the Board a report which considered a fourth

phase of the Better Lives Programme, although it was highlighted that such matters would continue to be kept under review.

With regard to former residents of The Green, again responding to an enquiry, the Board was provided with further information and context in respect of the choices which had been made by those residents and their families in respect of the homes that they had moved into. During the discussion, it was also acknowledged that Councillor A Carter was currently in correspondence with the Director of Adults and Health in respect of specific issues regarding The Green.

Members also discussed the submitted evaluation data regarding the outcomes from the former users of the Radcliffe Lane Day Centre.

RESOLVED –

(a) That the successful transfer of all customers to alternative services, where that was their preference, be noted;

(b) That it be noted that the closure of all establishments has been achieved without any compulsory redundancies, with staff having made a successful transition to their new posts within the Council, where they have chosen to remain in employment;

(c) That the planned opening date of November 2017 for The Green as a new recovery facility, as part of the Council's wider Leeds Recovery Service, be noted.

66 Adults and Health Regulated Services Quality Account

The Director of Adults and Health submitted a report presenting the 2017 'Quality Account' in respect of regulated Social Care services (those registered and inspected by the Care Quality Commission) for Leeds.

In receiving the submitted Quality Account, the Board discussed the aim of developing a 'one city' approach towards the evaluation of quality of care provision, and also discussed the options available, together with the potential restrictions regarding the role which could be played by members of the local community in such processes.

In addition, responding to an enquiry, Members were assured that the Council liaised with those Local Authorities who performed highly in this area, in order to share experience of good practice.

RESOLVED –

(a) That the contents of the submitted report be noted; that the work outlined within it to deliver improvements be supported; and that approval be given for the publication of the Adults and Health Quality Account for Leeds, as appended to the submitted report;

(b) That it be noted that the Head of Commissioning (Contracts and Business Development) for Adults and Health will ensure that the

Quality Account 2017 is published on the Leeds City Council website by the end of this calendar year.

67 Request to approve the model for continuing Leeds City Council's investment in Neighbourhood Network services from 1st October 2018

The Director of Adults and Health submitted a report which sought approval to proceed with the proposals to establish new arrangements for the funding, length of agreement and awarding mechanism for Neighbourhood Network services from 1st October 2018.

Members welcomed the proposals and highlighted the crucial role played by Neighbourhood Network services across the city, with an emphasis being placed upon the need to continue to raise awareness of the valued work undertaken by those organisations.

Responding to an enquiry, the Board was provided with further information regarding the formula which had been used for the submitted funding proposals, and a Member highlighted the need to ensure that the funding arrangements for such organisations was regularly evaluated in order to ensure the sustainability of those organisations.

RESOLVED – That the following proposals be approved:-

(a) To continue the contributory funding of Neighbourhood Network services for a further 5 years based largely on the current mapping of the city. This investment to commence on 1st October 2018 through to 30th September 2023, with the proviso to review the service prior to the expiry of the agreement and to seek approval for the continuation of the grant agreement for a further 5 years on a rolling programme. The formal approval process will be adhered to at the appropriate juncture.

(b) To move away from the current contracting approach to long term grant arrangements based on core, central principles aligned with the Leeds Health and Wellbeing Strategy 2016-2021, the Better Lives Strategy 2017-2022 and Best Council Plan 2017/18. A fair, open and transparent competitive grants process to be utilised for the award of funding. This would be based 100% on quality, and the price for each Neighbourhood Network area will be set before going to market, as per the details within Appendix 2 to the submitted report;

(c) To standardise the funding currently labelled as either dementia add-on or additional funding as core funding for those areas affected (16 in total);

(d) To increase the overall value of the contract by a further £564,967 per annum, with the areas that currently receive the lowest investment seeing the greatest uplifts;

(e) To engage on a case by case basis with current providers adjacent to unallocated areas of the city in order to redefine the boundaries to be covered by the funding allocation;

(f) That Commissioning Officers (Adults and Health) engage in the work necessary to develop the funding agreement document and formalise how processes will be managed for the award of funding for the ensuing 5 year period covered by the submitted report, with these proposals being submitted to the Director for Adults and Health for approval before going to market to set arrangements in place.

68 Delivery of the Leeds 'Person Held Record' (PHR) Programme

The Director of Adults and Health and the Director of Resources and Housing submitted a joint report regarding the development and proposed rollout of the 'Personal Held Record' programme in Leeds, with the report also seeking approval of the relevant expenditure.

Responding to an enquiry, assurance was provided with regard to the level of security that the system would use in order to protect the data within it.

RESOLVED – That approval be given to initially incur expenditure of £590K (year one) of a total of £1,800K over three years, in order to develop and rollout the 'Personal Held Record' programme in Leeds for those reasons as outlined within the submitted report, with subsequent releases of funding being subject to successful progress and gateway reviews.

CHILDREN'S AND FAMILIES

69 Outcome of a statutory notice to change the lower age limit of Hovingham Primary School from 3-11 years to 2-11 years

Further to Minute No. 7, 21st June 2017, the Director of Children and Families submitted a report which detailed the outcome of a statutory notice regarding a proposal to change the age range of Hovingham Primary School from 3 - 11 to 2 - 11 years, and which sought a final decision in respect of such matters.

RESOLVED –

(a) That the proposal to permanently change the lower age limit of Hovingham Primary School from 3 years to 2, changing the school's age range from 3-11 years to 2-11 years, with effect from October 2017, be approved, which will enable the school to deliver free early education entitlement for eligible 2 year olds;

(b) That it be noted that the responsible officer for implementation of such matters is the Head of Learning Systems.

70 The Role of Learning Improvement in driving up standards, with a focus on Vulnerable Learners

The Director of Children and Families submitted a report which focussed upon the role of the Council with regard to learning, and the development of the

education system in the city. The report also considered the collaborative approach being taken towards the delivery of education provision in Leeds, and how this could be developed further.

Responding to an enquiry, the Board was provided with further information on the bespoke approaches being taken to further develop the Council's learning improvement objectives with a range of cohorts across the city.

Members also discussed the current position in respect of the Education Services Grant (ESG).

Following a suggestion that this matter be referred to the relevant Scrutiny Board for consideration, it was noted that the Scrutiny Board (Children and Families) was currently conducting an inquiry into 'the impact of child poverty on attainment, achievement and attendance', and it was undertaken that the Scrutiny Board would be made aware of the matters being considered today, should they wish to take them into consideration either as part of that inquiry or associated work.

RESOLVED –

(a) That it be acknowledged that the Council has an important role to play in the future of education;

(b) That it be agreed that the Council should use Learning Improvement in order to develop a model for collaboration between schools and settings;

(c) That it be recognised that co-operation between schools and settings should be enhanced;

(d) That agreement be given to develop a stronger collaboration with key comparative cities in order to strengthen the learning improvement offer across Leeds, which will be developed in the next 12 months;

(e) That the future plans to reduce the learning gaps for vulnerable learners, be acknowledged;

(f) That it be noted that the officer responsible for the implementation of such matters is the Chief Officer Learning Improvement.

71 Leeds Children and Families' Services Sector Led Improvement Role

The Director of Children and Families submitted a report which reviewed the Children and Families directorate's recent and ongoing work with other Local Authorities in order to support their improvement, and which also set out the proposed plans for developing the directorate's future role in the field of sector led improvement.

Responding to an enquiry regarding the Council's sector led improvement role, assurances were provided that as part of the ongoing negotiation

process which was currently taking place, sufficient resource would be maintained for Leeds whilst the Local Authority undertook this role.

Prior to the meeting, Board Members had received correspondence proposing the incorporation of an additional recommendation to the submitted report. The additional recommendation was considered alongside the submitted agenda, and it was

RESOLVED –

(a) That the contents of the submitted report be noted, with the agreement that support continues to be provided in respect of the improvement agenda in Children and Families in Leeds;

(b) That in relation to the development of a formal Improvement Partnership between Leeds City Council, Kirklees and the Department for Education, the necessary authority be delegated to the Chief Executive, in consultation with the Director of Children and Families, the Executive Member for Children and Families and the City Solicitor, in order to enable him to undertake the negotiation and agreement of the detailed terms of the partnership agreement, and other agreements and arrangements to be implemented.

COMMUNITIES

72 Citizens@Leeds: Tackling Poverty and Supporting Communities - Update

Further to Minute No. 62, 21st September 2016, the Director of Communities and Environment submitted a report providing an update on the progress which had been made in supporting communities and tackling poverty in Leeds over the past 12 months, presented the ongoing and planned activities for the forthcoming year, whilst also providing information on key challenges in this area.

Responding to enquiries, the Board was provided with further information on how 'Priority Neighbourhoods' had been identified, and the collaborative approach which would be taken to ensure the delivery of an 'enhanced focus' upon those neighbourhoods. It was noted that a further report regarding the Priority Neighbourhoods was currently scheduled to be submitted to the Board in November 2017, and it was undertaken that Councillors A Carter and Golton be provided with a briefing on related matters prior to the further report being submitted to the Board.

In conclusion, Members thanked officers within the Financial Inclusion team for the valuable work which they continued to undertake.

RESOLVED –

(a) That the information as detailed within the submitted report be noted;

(b) That the progress made in delivering against the actions which had been identified for 2016/17 be noted;

(c) That the key activities being delivered in 2017/18 be noted;

(d) That a report be submitted in a further 12 months, which sets out the progress made in respect of supporting communities and tackling poverty.

DATE OF PUBLICATION: FRIDAY, 22ND SEPTEMBER 2017

LAST DATE FOR CALL IN OF ELIGIBLE DECISIONS: FRIDAY, 29TH SEPTEMBER 2017

Leeds CITY COUNCIL

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

Report of Head of Governance and Scrutiny Support

Report to Scrutiny Board (Adult and Health)

Date: 10 October 2017

Subject: Chairs Update – October 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 previous Scrutiny Board meeting in September 2017.

2 Main issues

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

2.2 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 Scrutiny Board meeting held in September 2017. It also provides an opportunity for members of the Scrutiny Board to identify and agree any further scrutiny activity that may be necessary.

2.3 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.

Report author: Steven Courtney
Tel: (0113) 378 8666

Report of Head of Governance and Scrutiny Support

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

Date: 10 October 2017

Subject: Adults and Health Regulated Services Quality Account

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 details of Leeds' Adult and Health Regulated Services Quality Account (and associated report) presented to the Executive Board at its meeting on 20 September 2017.

2 Main issues

2.1 At its meeting on 20 September 2017, Executive Board received and considered a report from the Director of Adults and Health that introduced Leeds Adult and Health Regulated Services Quality Account. The report and associated attachments are appended to this report for consideration by the Scrutiny Board.

2.2 To assist the Scrutiny Board's consideration of the details presented, the relevant extract from the draft Executive Board minutes are provided below:

The Director of Adults and Health submitted a report presenting the 2017 'Quality Account' in respect of regulated Social Care services (those registered and inspected by the Care Quality Commission) for Leeds.

In receiving the submitted Quality Account, the Board discussed the aim of developing a 'one city' approach towards the evaluation of quality of care provision, and also discussed the options available, together with the potential restrictions regarding the role which could be played by members of the local community in such processes.

In addition, responding to an enquiry, Members were assured that the Council liaised with those Local Authorities who performed highly in this area, in order to share experience of good practice.

RESOLVED –

(a) That the contents of the submitted report be noted; that the work outlined within it to deliver improvements be supported; and that approval be given for the publication of the Adults and Health Quality Account for Leeds, as appended to the submitted report;

(b) That it be noted that the Head of Commissioning (Contracts and Business Development) for Adults and Health will ensure that the Quality Account 2017 is published on the Leeds City Council website by the end of this calendar year.

2.3 Appropriate officers from Adults and Health will be in attendance to present the attached details and address any questions from the Scrutiny Board.

3. Recommendations

3.1 The Scrutiny Board (Adults and Health) is asked to consider the information provided at the meeting and determine any further scrutiny actions and/or activity.

4. Background papers[1]

None used

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

Report author: Mick Ward
Tel 0113 3783912

Report of Director of Adults and Health

Report to Executive Board

Date: 20 September 2017

Subject: Adults and Health Regulated Services Quality Account

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. On 21st September 2016, Leeds City Council Executive Board requested that the Director of Adult Social Services, working in collaboration with CQC, should routinely produce an annual statement on the quality of care across the city. The Quality Account should be published on the council's website and made available to the Executive Board, Leeds Adult Safeguarding Board and the relevant Scrutiny Boards

2. The focus of attention is to monitor and report any changes in the improvement of the quality of regulated care across the sector in Leeds. Executive Board considered that it would also provide public assurance both on the standards of care and the inspection, service monitoring and reporting arrangements in place.

3. The Adults and Health Quality Account for Regulated Care Services in Leeds (2016/17) is attached as an Appendix 1 to this report

Recommendations;

1. The Executive Board is asked to note the contents of this report, support the work outlined to deliver improvements and approve, for publication, the attached Adults and Health Quality Account for Leeds (Appendix 1).

2, The Head of Commissioning (Contracts and Business Development) for Adults and Health will ensure that the Quality Account 2017 is published on the Leeds City Council Website by the end of the calendar year.

1. Purpose of this report

1.1. This report introduces the 2017 Quality Account for regulated Social Care services (those registered and inspected by the Care Quality Commission) for Leeds

1.2 The Care Act 2014 Section 5 places a duty on local authorities to promote the diversity and quality of the market for regulated care provision along with the CQC and provide information to inform all individuals needing such care to make informed decisions regarding their care including those individuals who pay for their own care, so called self-funders.

1.3 This Quality Account forms part of the discharge of that duty;

1. Background information

1.1 The quality of the regulated care market (those services which fall under Care Quality Commission for registration and inspection) is central to supporting the Best City Plan outcome for Leeds to be the Best City to grow old in and to support the Adults and Health refreshed Better Lives Strategy.

1.2 The Adults and Health Quality Account does not consider health provision such as GP's, Hospitals, Dentists etc.; concentrating wholly on the social care sectors of regulated care in Leeds.

It does cover:

- Care provided in Residential establishments for older people, including residential Dementia/Older People's Mental Health

- Care provided in Residential establishments for people needing Nursing, and Nursing/Dementia/Older People's Mental Health care. Adults and Health do not provide nursing care.

- Care provided in people's homes including Mental Health support, Physical and Sensory Impairment, Learning Disability and supported living

1.3 The Care Quality Commission (CQC) inspect against their published framework of Fundamental Standards. These standards are broken down into five questions each one of which is judged at a CQC inspection to be Outstanding, Good, Requires Improvement or Inadequate. These five individual judgments are then combined to give an over-all judgment for the quality of the provision.

1.4 The five questions inspected against are

- Is the service Safe?
- Is the service Caring?
- Is the service Responsive? (to changes in desired outcomes and care needs).
- Is the service Effective?

- Is the service Well-Led?

1.5 Adults and Health contracts with most residential and nursing providers, as Adults and health do not provide nursing care, across the city. This allows oversight and support through contract management. There are however a large number home care providers operating in Leeds that we do not contract with and hence we cannot use our contracting arrangements to improve quality of these services. The development of a methodology, including the use of safeguarding and compliments/complaints alongside wider market knowledge, is being developed as a way of addressing this.

1.6 The data used in this report originates from Care Quality Commission published reports for Adult Social Care Regulated Activities (Residential Care, Home Care, and Nursing Care including sub markets of Learning Disability and Mental Health).

1.7 This data, used for the national picture or national comparison data, does not take into account services that have not yet been inspected or have been inspected but where the report has not yet been published.

2. Main issues:

2.1 The full Quality Report is attached as Appendix 1 to this report.

2.2 The report provides information on the provision and sustainability of services across a range of client groups.

2.3 The account shows that there are concerns around the quality and sustainability of parts of the social care market, especially older people's nursing care in Leeds. The report, using the independent findings from Healthwatch Leeds, also notes both examples of good quality care in Leeds and concerns with the contracted domiciliary care market in the city.

2.4 The report sets out what Adults and Health are doing to address some of the quality issues with care services in the city and what the directorate is putting in place to support providers to address issues, improve quality and to improve their ratings during a CQC inspection.

2.5 The Council has a clear ambition to drive up the quality of services across the city so Leeds' citizens can be confident in their care choices. We will do this in six strategic ways:

- By working in partnership with the sector itself, so there is joint ownership and ambition to achieve and sustain high quality services.

- By working effectively in partnership with key stakeholders such as the Care Quality Commission and the Leeds Clinical Commissioning Groups.

- By investing additional resources in a Care Quality Team to create additional capacity and to provide high support with high challenge to those services needing to improve.

- To be intelligence-led in our prioritisation: using both hard and soft intelligence to prioritise who we work with including feedback from customers, carers and staff.

- Using the assets within Organisational Development and Skills for Care to put a strong focus on high calibre leadership in care services.

- Celebrating and sharing good practice as we find it.

2.6 The Quality Account outlines future plans for joint work with NHS colleagues to develop systems to further enhance quality and address any concerns and actions to enhance the Adult Social Care monitoring team to have a stronger focus on improving quality, such as:

- Implement a single provider and commissioner approach, including Adults and Health directorate and the Leeds Clinical Commissioning Groups to address contract monitoring and quality assurance issues especially in nursing homes.

- Enhance information collection and analysis to further inform risk based targeting of support to providers.

- Improve co-operation and information sharing between Adults and Health contracts monitoring and Clinical Commissioning Groups contract monitoring teams, including, improving multi-agency and multi-disciplinary assurance of, and support to, care providers.

- Focus on key issues including the leadership of care homes by supporting a registered managers' action learning network/ Leadership Academy. This has been identified as a key issue in the National CQC Quality of Care report 2015.

- To establish a new Quality Improvement Team, funded via the Social Care precept, to work with providers to enhance quality of services in the city.

- To work with those councils and providers who evidence best practice to ensure the dissemination of such practice to improve the quality of services in Leeds.

- To work with Scrutiny Board (Adults and Health) on implementing key actions

3. Corporate considerations

3.1 Consultation and Engagement;

3.1.1 The Quality Account is a report on factual information provided by external bodies and Adults and Health's response to this information**.** That information has been sourced from CQC's publically available data and Adults and Health monitoring staff directly from service users and carers.

3.1.2. Work arising from the actions noted in the report will be developed with citizens of Leeds, especially service users and carers.

5.2 Equality and Diversity / Cohesion and Integration;

5.2.1 The Adults and Health Directorate seeks to ensure that services are provided on the basis of identified need. Routes to access these services are expected to be fair and equitable and that social care support meets those needs in a manner that is appropriate to individual cultural, and ethnicity and any other protected characteristic requirements.

5.2.2 Adults and Health assures that it meets these requirements through the Equality Impact process, ensuring that all changes and developments within the Directorate's remit are appropriately and proportionately assessed. Such assessment seeks to identify whether barriers to the service for any specific equality group exist or may be created by changes to policy or services and where appropriate identifies what can be done to mitigate or remove those barriers prior to the decision making process.

5.2.3 The Equality Impact Assessment screening tool indicates that production of the Adults and Health Quality Account is unlikely to have a differential impact on any protected equality characteristics. There are no likely public concerns caused by the production of the document. The document contains only previously published materials. It will not create any impact upon how our services, commissioning or procurement activities are organised, provided, or located. It will not create any impact upon workforce or employment practices. The Quality Account will be published on the internet, distributed to key service user and carers groups, and will be made available in different languages and formats on request.

5.2.4 The Equality Impact Assessment Screening Tool for the Quality Account will be published on the Leeds City Council website and is attached as Appendix 2 to this report.

5.3 Council Policies and Best Council Plan;

5.3.1 The quality of the regulated care market in Leeds is a key aspect of the Leeds Best City Plan breakthrough project of making Leeds "The best place to grow old".

5.3.2 The Leeds Quality Account also fits with the refreshed Better Lives strategy, ensuring the diversity, quality and availability of care to meet a the diverse range of services required to support the strength based approach being introduced in Adult Social Care

5.3.3 Maintenance and improvements of quality in the regulated care sector also support the Leeds Health and Wellbeing Strategy 2016-2021, especially 'People's quality of life will be improved by access to quality services'

5.4 Resources and value for money;

5.4.1 The Quality Account provides information for local citizens and organisations which will help them to understand the overall quality of the market and the work

of Leeds City Council Adult Social Care in ensuring continuous improvement of the quality

5.5 Legal Implications, Access to Information and Call In

5.5.1 This report forms part of the work being undertaken by Adult Social Care to meet the Care Act duty placed on the local authority under section 5 of the Act to;

.. promote diversity and quality in the provision of care in the regulated care market.

5.5.2 This report introduces a document intended to inform local citizens about the overall quality of care in Leeds and the actions of Adult Social Care and partners to improve quality and contains no confidential or exempt information. All the information in the report is publically available in other forums.

5.5.3 As a report to Executive Board this decision is subject to call in.

5.6 Risk Management

5.6.1 There are no risk management implications arising from this report as all information is already in the public domain.

6.0 Conclusions

6.1 The Quality Account sets out the quality of services as reported from CQC data. It provides an indication of the regulated services available in the city, some comparison with other local authority commissioners, details of the CQC ratings for services in the city and the actions Adults and Health are taking to improve quality in the city. It should be noted that the data is constantly changing therefore the figures quoted in the report will quickly go out of date. However, it does give a good baseline which can be used to measure progress in the future.

6.2 It is the intention, once the Quality Account has been approved by the Executive Board, to share this with the Adults and Health Scrutiny Committee. Once it has been through this process, the report can be published on the Council's website as a public document.

7.0 Recommendations

7.1 The Executive Board is asked to note the contents of this report, support the work outlined to deliver improvements, and approve, for publication, the attached Adults and Health Quality Account for Leeds (Appendix 1).

7.2 The Head of Commissioning (Contracts and Business Development) for Adults and Health will ensure that the Quality Account 2017 is published on the Leeds City Council Website by the end of the calendar year.

8.0 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 Adults and Health Directorate Social Care Quality Account for Commissioned Regulated Services 2017

Our Goal is:

To ensure that all citizens of Leeds who require (Regulated) care services have access to a diverse range of high quality services.

Introduction:

The Care Act 2014 places a duty on local authorities to shape a diverse and sustainable regulated care market, ('regulated care' refers to care services monitored and inspected by the Care Quality Commission (CQC) which for Adult Social Care means: care homes - both residential care and nursing care, home care, Shared Lives and extra care housing and support). This duty requires councils to ensure there are enough high quality providers and services for people to make an informed choice of care provider from within their local area.

This Quality Account references the CQC data[1] in their 'State of Care' report for all regulated services in the country and the CQC Leeds Local Area Profile. The account sets out what regulated care is available in the city, which of those regulated services are commissioned by Adults and Health, a comparison of all Leeds regulated services to national figures from CQC data, a breakdown of the quality of commissioned regulated services in the city and finally, what Adults and Health are doing to improve the quality of services in Leeds.

It is worth noting at this point, that whilst the CQC data lists all regulated provision, it does not break this down into the different age-related services in the way Adults and Health currently categorise services. Therefore, all CQC data or comparison data will include all service types i.e. data or comparison data for residential homes will include data for residential homes for older people, people with a learning disability, mental health and physical/sensory impairment residential homes.

[1] Further information can be found of the CQC website http://www.cqc.org.uk/

Regulated Services in the City

Leeds currently has 268 active social care locations registered with the CQC[2]. Of these 268 locations, 111 provide a domiciliary care service, 110 provide a care home without nursing, (this includes those services provided by Adults and Health) (residential homes) and 49 provide a care home with nursing (nursing homes) Adults and Health do not provide nursing homes.

Currently 205 of these social care locations have been inspected by the CQC. The table below shows overall outcome of these inspections and how services have been rated:

	Latest Rating	Number of Active Locations
2	Good	138
3	Requires improvement	64
4	Inadequate	3
Total		205

Currently there is no social care location rated as outstanding in the city.

[2] All data within this section is from the July 2017 CQC Area Profile for Leeds. A location may provide more than on type of service e.g. a residential home may also provide a domiciliary service but would be registered as one location.

Leeds Regulated Services compared to national figures from CQC data

This Leeds City Council Adults and Health Quality Account covers all social care services which are nationally regulated by the Care Quality Commission (CQC). This includes services operating in Leeds who are not under contract to Leeds City Council.

The CQC's rating for an individual service is based on five key questions:

- Is the provision safe?
- Is it caring?
- Is it responsive to changing needs and desires?
- Is it effective?
- Is the service well-led?

A judgment is made for each of these domains during the inspection, before making an overall judgment of the service as a whole on the basis of a combination of each domain. An overall judgment is not the same as the specific judgments; for example an overall judgment of good may contain 4 questions rated as good and one judged to require improvement. This can lead to confusion as in the Quality of Care report the CQC quote the % of domains rated as good at 70% which is very different to the number of services overall rated as good. Therefore, if we look at, for example, *is the service caring?* 89% of services are rated as Good in terms of caring, but this is only one of 5 domains that are aggregated to form the overall judgment. This approach by CQC must be understood to be able to properly compare service quality.

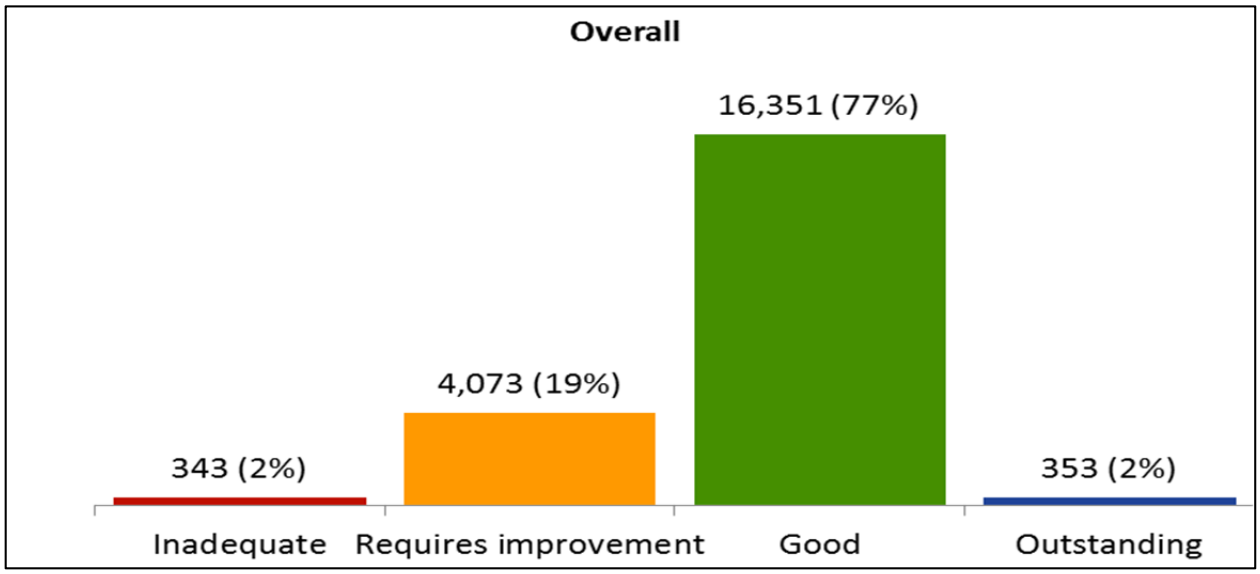
It is also worth noting that 'Requires Improvement' covers a very broad range of findings, as noted previously. There may be, within an overall judgement of Requires Improvement, 2 or 3 areas that are good, whilst the areas judged Requires Improvement can vary from example; a small number of inaccurate recordings which

can be easily remedied, or minor building work required, to much more concerning areas such as safeguarding or policy issues.

The data used in this report originates from CQC published reports for Adult Social Care regulated activities (Residential Care, Home Care, and Nursing Care including sub markets of Learning Disability and Mental Health) regulated health services, hospitals, GP's , dentists etc. have been removed. The data set used to develop the information presented here was made available by CQC on 10th May 2017.

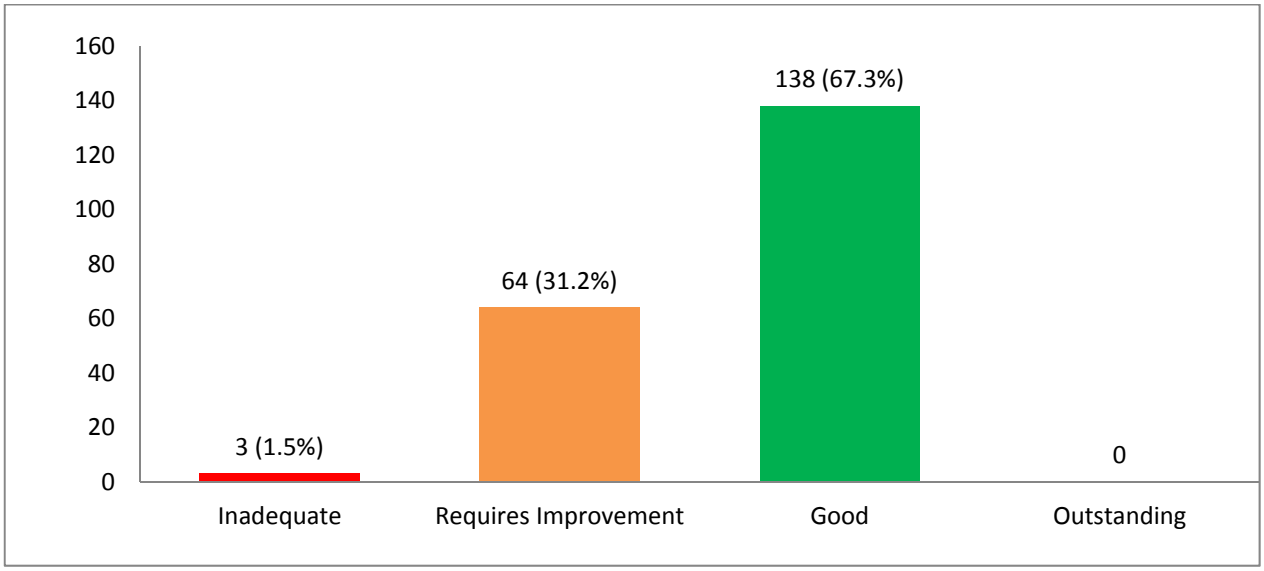
The data does not take into account services that have been inspected but where the report has not yet been published, nor does it include services not formally rated or those that have not yet been inspected.

Overall CQC ratings nationally for all regulated care services[3]:



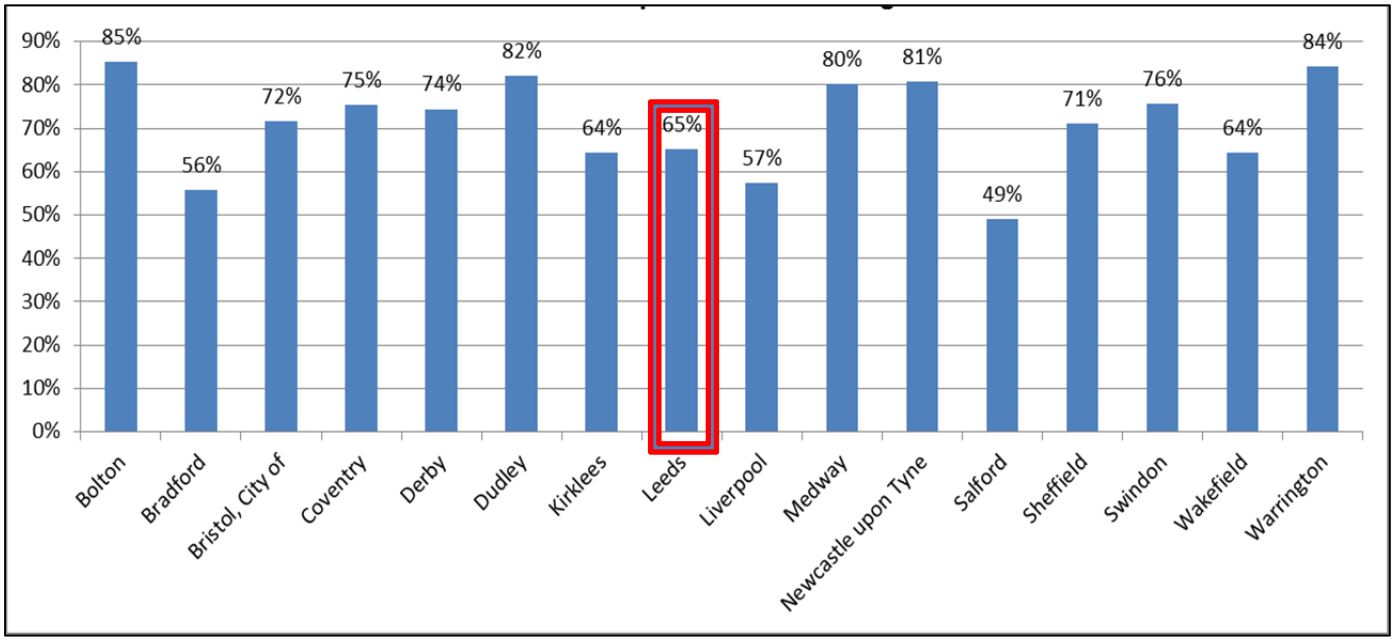
Overall CQC ratings in Leeds for all regulated services:

[3] The state of adult social care services 2014 to 2017: Data Appendices http://www.cqc.org.uk/publications/major-report/state-adult-social-care-services-2014-2017



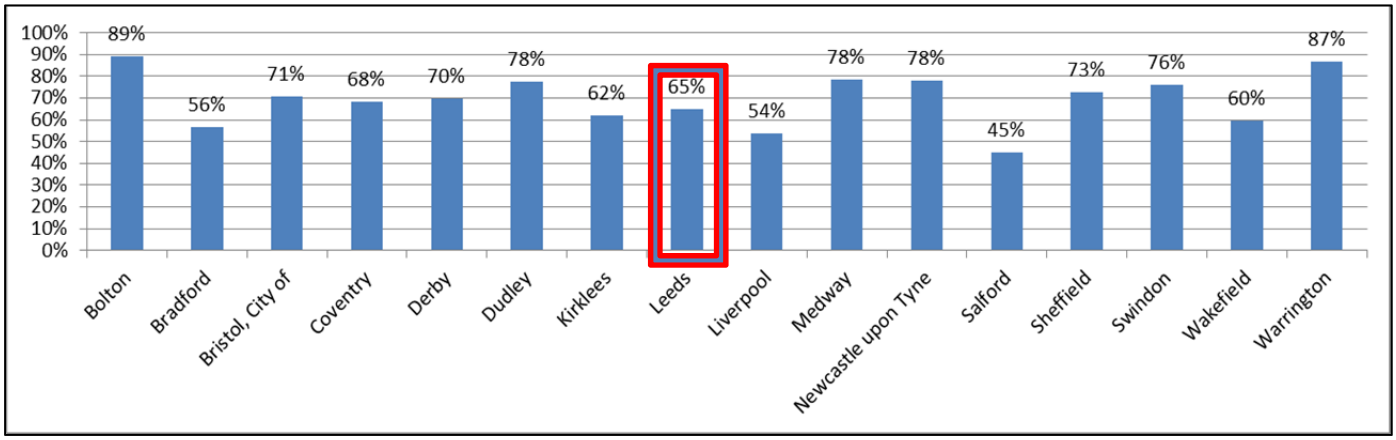
Comparison with other local authorities[4]:

The following chart shows the % **all social care services** rated as Good overall in each local authority:

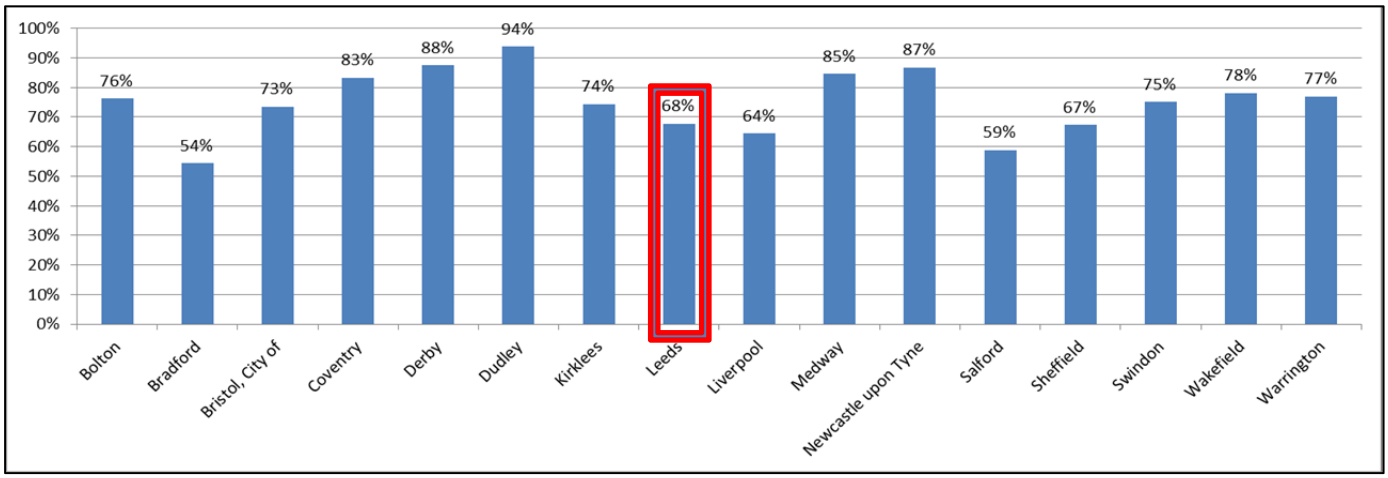


The following chart shows the % of **allCare Homes** in each authority rated as good:

[4] Based on Data released by CQC on May 10th 2017



The following chart shows the % of **all Domiciliary Care Services** in each Authority rated as Good:

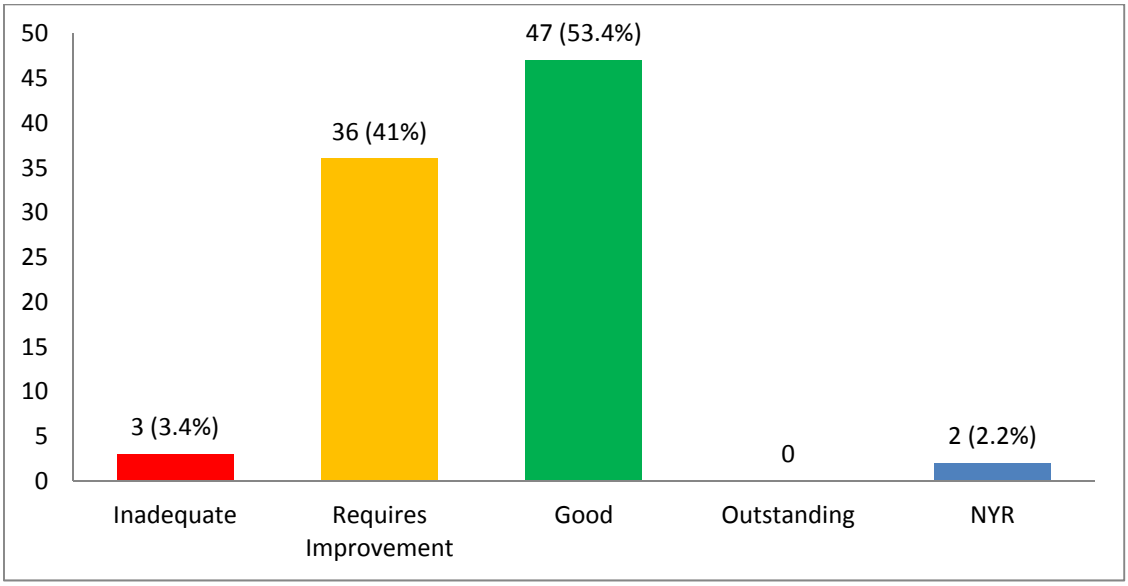


The ratings for Leeds Adults and Health contracted service areas:

Care Homes for Older People:

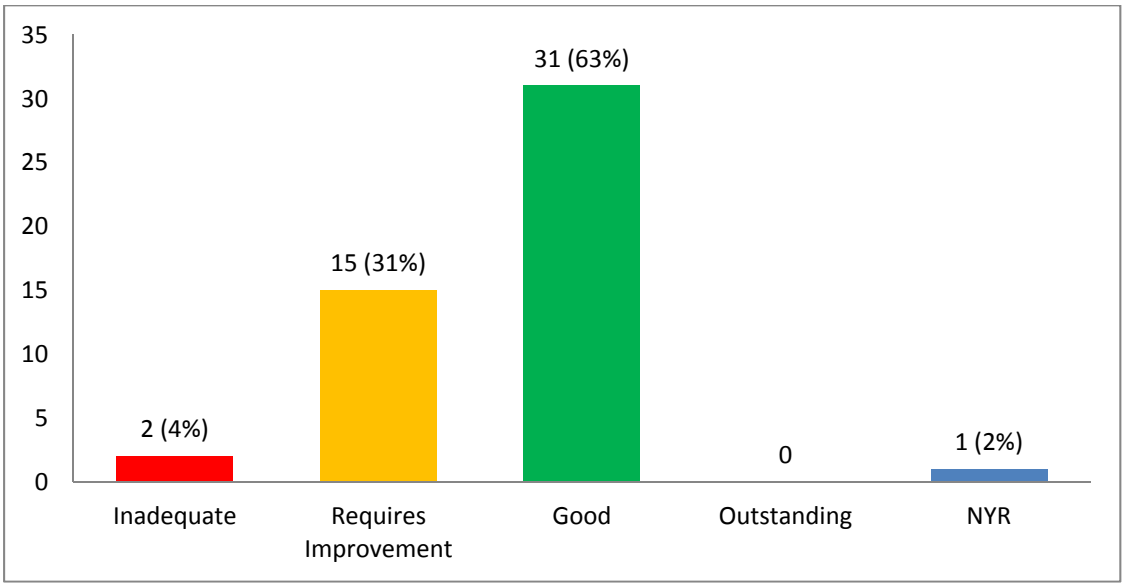
Leeds currently has 88 care homes for older people in the independent sector. There are 49 residential homes and 39 nursing homes. CQC ratings for[5]:

All older people's care homes in the independent sector



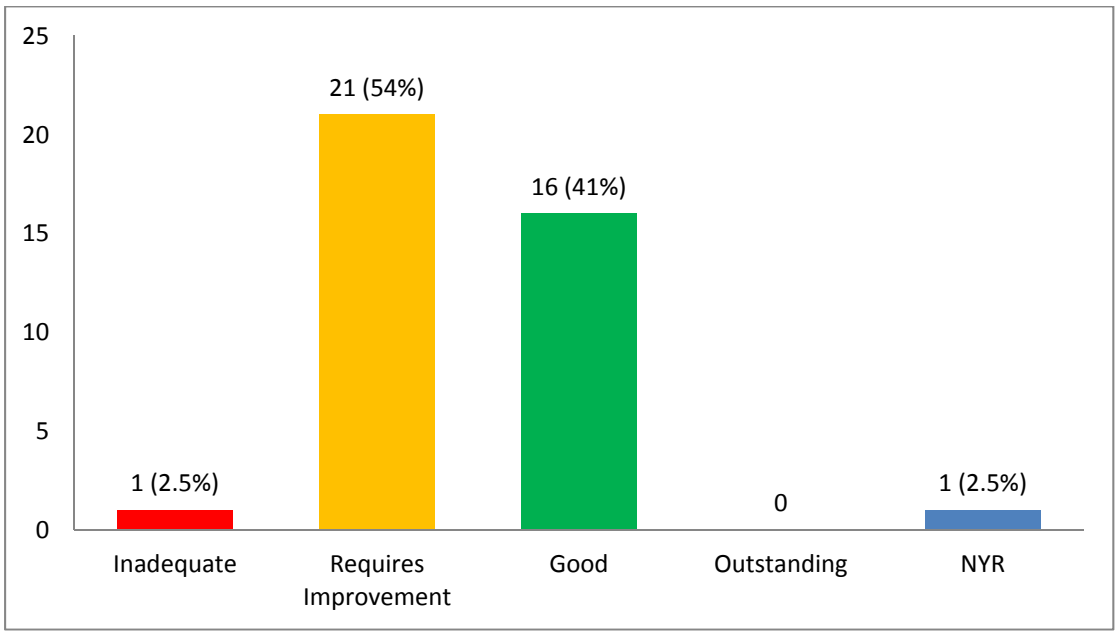
*NYR = Not Yet Rated

Older people's residential homes



[5] Data as at 30th July 2017

Older people's nursing homes



Of all the CQC inspections undertaken in care homes for older people, 51 care homes have had more than 1 inspection. Of these 51 homes, 24 homes (47%) **improved** their rating or **maintained** a good rating at their latest inspection. 24 homes (47%) **failed to improve** their rating at their latest inspection. And 2 homes (6%) had a **deteriorating** rating at their latest inspection.

In terms of the split between residential and nursing:

- Residential - 29 homes have had more than 1 inspection. 16 (55%) of these homes improved, 11 (38%) did not improve and 2 (7%) had a rating that deteriorated following their latest inspection.
- Nursing – 22 homes have had more than 1 inspection. 8 (36%) of these homes improved, 13 (59%) did not improve and 1 (5%) had a rating that deteriorated following their latest inspection.

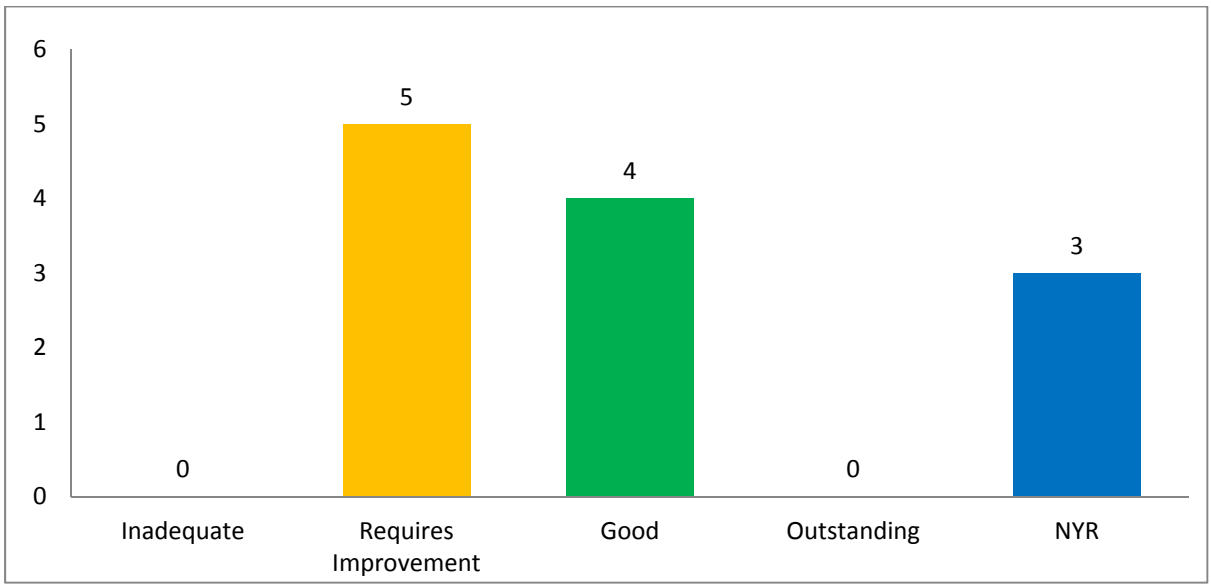
Domiciliary Care Services

Adults and Health let a new Community Homecare contract in 2016 which was let on the basis of a primary contract for six areas of the city supported by a citywide framework contract. Following a procurement exercise during 2016, the contract was let to 4 primary providers with a further 8 providers being part of the framework contract[6]. As can be seen from this and the figures mentioned above for the overall number of domiciliary care

[6] Award report for Community Home Care Contract http://democracy.leeds.gov.uk/ieDecisionDetails.aspx?ID=43031

services in the city, Adults and Health formally contract with only a small proportion of these providers.

The CQC ratings for contracted domiciliary care services:



In addition to the CQC rating, Adults and Health have commissioned Healthwatch Leeds to provide an independent verification of commissioned homecare services in the city. In undertaking this work, Healthwatch Leeds interviewed a sample number of people who use services commissioned by the council. Some of the key findings from the report[7] are below:

- The vast majority, 98%, said that they felt care workers treated them with dignity and respect and 75% stating they were satisfied or very satisfied with the care they received.
- Many respondents had praise for their individual care workers however there are concerns over communication with and responsiveness of the care providers.
- There are concerns from some people over the number of care workers who attended their home and the lack of consistency in the quality of care this can create.
- There were issues reported around the levels of personalisation of care being provided and with the care providers having adequate systems to quality assure the services being provided.

[7] http://www.healthwatchleeds.co.uk/reports-and-recommendations

This is the second year Healthwatch have undertaken a survey of people using contracted homecare services and the following table shows a comparison between the results of this year's survey and the survey carried out in 2016.

		2016		2017
			(60 Respondents)	(135 Respondents)
Who receives homecare services?	**Friend / Neighbour**		**2%**	**1%**
	Myself		**58%**	**39%**
	Other Family Member		**20%**	**36%**
	Partner / Spouse		**20%**	**23%**
Do you always have the same carers or do they change	**Mostly**		**45%**	**35%**
	Yes		**12%**	**53%**
	No		**42%**	**13%**
Do care workers come at days and times that you / your relative need them to?	**Yes**		**88%**	**79%**
	No		**12%**	**20%**
Do care workers arrive on time?	**Always**		**37%**	**19%**
	Mostly		**43%**	**59%**
	Never		**3%**	**4%**
	Sometimes		**17%**	**19%**
Do you know what the care workers should be doing?	**Yes**		**95%**	**95%**
	No		**5%**	**5%**
Do the care agency let you know if anything is going to be different with	**Not Applicable**		**18%**	**3%**
	Yes		**55%**	**52%**

your care, such as the worker is running late or there is a different worker coming instead?	**No**		**25%**	**44%**
Do the care workers treat you / your relative with dignity and respect?	**Yes**		**97%**	**98%**
	No		**3%**	**1%**
	Not Applicable		**0%**	**1%**
Do care workers do what they are meant to do?	**Mostly**		**22%**	**20%**
	Yes		**73%**	**70%**
	No		**3%**	**5%**
Do you feel you have been involved in planning the care needed by you or your relative / friend?	**Yes**		**78%**	**86%**
	No		**22%**	**13%**
How often does the care agency check that the care received continues to meet your / your relatives needs?	**Every 6 Months**		**10%**	**24%**
	Every Year		**20%**	**12%**
	Never		**27%**	**24%**
	Don't Know		**13%**	**19%**
	Other		**30%**	**21%**
When you have a change to your normal routine (e.g. a hospital appointment) does the care agency work around you?	**Yes**		**55%**	**73%**
	No		**18%**	**6%**
	Not Applicable		**27%**	**21%**
Does the service you receive meet your / your relatives needs?	**Yes**		**87%**	**90%**
	No		**13%**	**10%**
Overall, how satisfied are you / your relative with the care provided by the homecare agency?	**Very Satisfied**		**43%**	**44%**
	Satisfied		**43%**	**31%**
	Mixed Response		**0%**	**19%**
	Dissatisfied		**2%**	**2%**

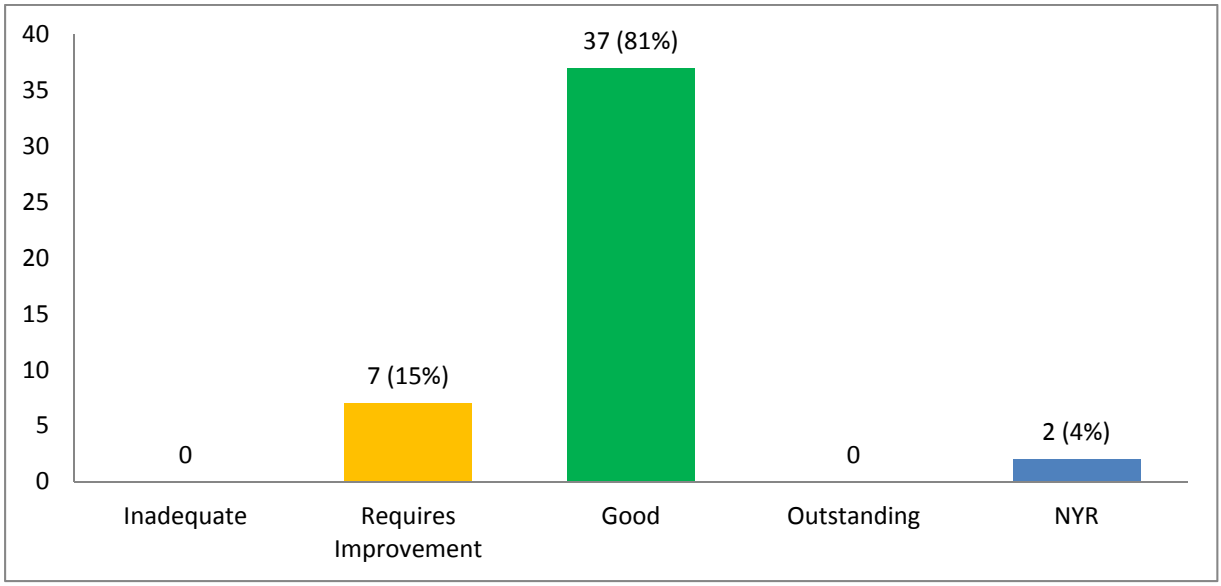
	Very Dissatisfied		**8%**	**3%**
	Blanks		**3%**	**1%**
If you were not happy with the service that you received or you had any concerns would you know who to contact?	**Yes**		**87%**	**92%**
	No		**13%**	**8%**
Do you have a copy of the Leeds City Council complaints leaflet?	**Yes**	**Question not asked in 2016.**		**24%**
	No			**41%**
	Don't Know			**28%**
	Cannot Remember			**7%**
	Blanks			**1%**

A full set of recommendations has been made by Healthwatch Leeds which is being shared with providers to develop key actions for improvement.

Care Homes for Working Age Adults

Leeds currently has 46 care homes for working age adults in the independent sector. There are 38 residential homes and 8 nursing homes. Of the 46 care homes, 2 provide nursing care and 4 provide residential care for people with a physical or sensory impairment, 2 provide nursing care and 34 provide residential care for people with a learning disability and 4 provide nursing care for people with mental health needs. CQC ratings for[8]:

All working age adults care homes:



Nursing homes:

- Both the 2 physical or sensory impairment homes are rated Requires Improvement
- Of the 4 homes for people with Mental Health needs, 3 are rated Good and 1 is rated Requires Improvement
- Both the 2 Learning disability homes are rated Good

Residential Homes:

- All the 4 physical or sensory impairment homes are rated Good
- Of the 34 Learning disability homes, 28 are rated Good, 4 are rated Requires Improvement and 2 are Not Yet Rated

[8] Data as at 30th July 2017

Market resilience and sustainability;

A market sustainability strategy has been produced by Adults and Health as a requirement of the Care Act and provides greater insight into the issues and actions that are outlined this account.

The market sustainability strategy has assessed providers in terms of how easy or hard they would be to replace should they exit the market for whatever reason. This is based on whether the provider has a building, i.e. could someone move in and take over, whether they provide specialist support i.e. nursing or nursing dementia services, their location e.g. are they in an area of under provision, and do they hold more than 5% of the relevant bed base or market share. In addition they are risk assessed based on whether they are a large national provider, their financial status, any other intelligence and issues raised by the CQC. This work does allow Adults and Health to identify hard to replace and high risk providers, it is however resource intensive as the factors it is based on are dynamic and constantly changing.

Improving the Quality of services in Leeds.

The Council has a clear ambition to drive up the quality of services across the city so Leeds' citizens can be confident in their care choices. We will do this in six strategic ways:

1. By working in partnership with the sector itself, so there is joint ownership and ambition to achieve and sustain high quality services

2. By working effectively in partnership with key stakeholders such as the Care Quality Commission and the Leeds Clinical Commissioning Groups

3. By investing additional resources in a Care Quality Team to create additional capacity and to provide high support with high challenge to those services needing to improve

4. To be intelligence-led in our prioritisation: using both hard and soft intelligence to prioritise who we work with including feedback from customers, carers and staff

5. Using the assets within Organisational Development and Skills for Care to put a strong focus on high calibre leadership in care services

6. Celebrating and sharing good practice as we find it.

More detail is provided on these points below.

Adults and Health have initiated a project titled ‘One City Approach to Improving Care Home Quality and Sustainability’. This is a joint initiative across health and social care partners in the city and aims to:

- Raise the quality of regulated Social Care Services to a least 80% being rated as Good in the first instance.
- Enhance information collection and analysis to better inform risk based targeting of support to providers.
- Establish regular meetings between the service providers, Adults and Health and Clinical Commissioning Groups’ contract monitoring and quality assurance leads.
- Co-produce a city wide action plan to improve quality.
- Produce a joint Market Position Statement between social care and health commissioners.

A further aim of the project is to improve co-operation and information sharing between Adults and Health Contracts monitoring and the Clinical Commissioning Groups contract monitoring quality team that will improve multi-agency, multi-disciplinary assurance of and support to care providers. It will also focus on key issues like the leadership of care homes by supporting a registered manager’s action learning network/ Leadership Academy

As part of the “One City Approach to Improving and Sustaining Quality in the Care Home Sector” a summit has taken place with stakeholders chaired by the Executive Member for Adults and Health and included representatives from the CQC, the Chair of Adults and Health Scrutiny Board, the Chair of the Leeds Care Association along with commissioners from both Social Care and Health. Actions identified from this event have informed the re-commissioning of Care Homes taking place later in 2017 and on-going joint work between commissioners and providers.

The Adults and Health directorate has allocated additional funding, raised by the Council choosing to levy the adult social care precept, to establish a Care Quality Team within commissioning services to compliment the Contract Monitoring Team and enable focused support initially to those older people’s care homes who are experiencing difficulties in improving their quality rating. This team will have a particular focus on working with providers to improve quality and to raise standards in specific establishments where we have concerns, as well as across the sector as a whole.

Relationship management is a key contract management tool and enables Adults and Health to gather more informal information about the market and potentially give us early warning of issues, which will be critical in helping to monitor not just the quality of a service, but also the sustainability of the market. In addition, contract managers also undertake

reactive monitoring where unexpected events/issues occur and escalate issues where appropriate. This ability to support providers in difficulty demonstrates the importance of having a strong effective contracts monitoring team within Adults and Health but is an area we plan to develop further.

As part of these processes, Adults and Health hold regular formal meetings with CQC inspectors to discuss and decide upon actions regarding providers who are at risk.

Adults and Health has also tailored the support on offer to independent providers via the Council's own Organisational Development Service to align with Skills for Care requirements and to address any issues identified by council contracts officers or Care Quality Commission inspectors as requiring action. As part of this offer, the Organisational Development Service within the directorate is in the process of establishing a Leadership Academy in the city to develop care managers within the independent sector to understand and implement quality service provision. We know that a key part of ensuring a good quality service is that it is well-led which is why we are keen to work with the sector to establish the academy, In addition, Organisational Development colleagues make a considerable contribution to supporting the registered provision in Leeds working closely with commissioning colleagues to offer a range of support and development services.

Some examples of the support offered are:

• A range of free training courses to independent sector employees.

• The National Vocational Qualification Level 5, the required qualification for registered managers, is offered which includes funding and monthly support and development workshops.

• Organisational Development support with value based recruitment and generally provides assistance in recruitment and retention e.g. paperwork, references, work history etc. at no cost to external providers.

• Place young people 18 – 24 as apprentices and provide support for the full year. Additional training, meetings and support offered as required.

Adults and Health are further developing our ability to monitor more accurately safeguarding alerts and actions, especially with providers with which we have no contractual involvement, as this is the only route Adults and Health has to influence the providers when we have no contract with them.

In terms of continuous improvement and enhancing quality, we have aligned quality development across both commissioned and in house services, providing a level playing

field based on robust standards and inspection frameworks, and contract monitoring staff accompanying each other on visits to enhance consistency of judgment:

Adults and Health officers meet quarterly with a broad range of providers through a set of Provider Forums for each service area, as well as meeting regularly with individual key providers, and those where there are specific concerns. The provider forums are used to raise and address a wide range of issues, including capacity, sustainability, key issues and quality. These forums are also used to disseminate any national advice and guidance produced by bodies such as National Institute for Clinical Excellence/Social Care Institute for Excellence to the providers as it becomes available.

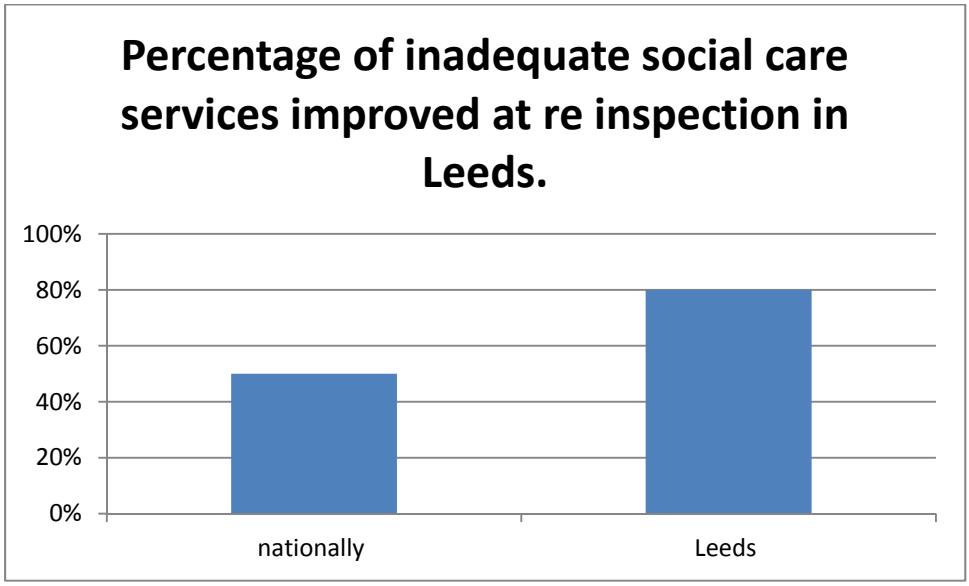
As can be seen in the paragraphs above, a main area of concern relating to the quality of services being provided in the city is in older peoples residential and nursing care provision. Currently, there is only 53% of this market that has been able to achieve a Good rating from the CQC.

The foremost focus regarding quality in this area is in supporting providers to improve services. Contracts and Commissioning within Adults and Health have a policy of suspending admissions to any provision found to be inadequate until there has been evidenced and sustained improvement to address the issues which have occurred. This approach, backed by close working with providers as noted below, has had positive outcomes, evidenced by improvements made by providers initially found to be inadequate. Since January 2015 the contracts team within Adults and Health has offered advice and support to 20 providers (12 nursing and 8 residential services) who were either rated as ‘ inadequate’ or were suspended (Adults and Health suspends new admissions where there are quality concerns or the service is inadequate).

Most have improved and are now rated as requires improvement, 3 are now rated as ‘good’ by the CQC and 2 have closed whilst 1 nursing home and 2 residential homes remain inadequate still waiting re inspection.

In those cases where services have closed we have worked closely with the providers to ensure a smooth transition for service users.

Since the start of the new inspection regime 80% of inadequate providers in the city have improved their rating at a subsequent inspection against a national figure of 50% (Ref: State of Care infographic CQC Report October 2015).



Learning Disability specific actions

Another area of good practice is the monitoring of Learning Disability (LD) provision by trained volunteer service users and carers, overseen by contracts colleagues, called the Good Life Leaders Scheme. This is a co-produced scheme where service users and carers, after training with Adults and Health followed by a graduation ceremony, the trained Good Lives Leaders monitor and report on the quality of LD services and support developments in quality. The scheme positively contributes to both the quality and resilience of the market by enabling providers' developments to be informed by experts by experience. The scheme has been widely recognised as an exemplar of good practice. In 2016 the Good Lives Leaders scheme was bolstered by further recruitment in April and the team have now visited 11 providers who provide some 37 services. This means that the team are now in the position to begin their second round of visits and will be asking providers to evidence the progress made against the actions the providers outlined they were going to implement after the initial visits.

Mental Health specific actions

Together We Can (TWC) is a network of 150 people with lived experience of seeking mental health support in Leeds. In 2015 , Together We can, supported by Leeds Involving People, were in discussion with the Clinical Commissioning Group colleagues to co-develop 'I statement's which focus on what an individual's mental health needs are, and how services can best meet those needs. The "I" statements then informed the Leeds

Mental Health Framework 2014-2017 and specific work including Community Based Mental Health, Crisis and Urgent Care, Information, and Children and Families. The overall goal is for all services to have a shared approach to the best way to meet needs, regardless of which type of service they offer, or which person they work with.

Wider Business environment

In terms of the wider business environment: Adults and Health meets twice a year with the major banks/financial institutions to discuss the broader ‘state of the market’, sharing anonymised information on financial and capacity trends, as well as longer term strategic plans.

Adults and Health also organise a regular Market Development Forum where representatives from across the social care provider services are invited to discuss issues and share their vision for the future of care services in the city with commissioners and partners.

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Appendix 2
Equality, Diversity, Cohesion and Integration Screening

As a public authority we need to ensure that all our strategies, policies, service and functions, both current and proposed have given proper consideration to equality, diversity, cohesion and integration.

A **screening** process can help judge relevance and provides a record of both the **process** and **decision.** Screening should be a short, sharp exercise that determines relevance for all new and revised strategies, policies, services and functions. Completed at the earliest opportunity it will help to determine:

- the relevance of proposals and decisions to equality, diversity, cohesion and integration.
- whether or not equality, diversity, cohesion and integration is being/has already been considered, and
- whether or not it is necessary to carry out an impact assessment.

Directorate: Adults and Health	**Service area: Strategic** Commissioning
Lead person: Richard Graham Senior Quality and Assurance officer Safeguarding and Risk.	**Contact number:** 07891 274446

1. Title
Leeds City Council Adults and Health Care Quality Account;

Is this a:

	Strategy / Policy		**Service / Function**	**YES**	**Other**

If other, please specify The Quality Account is a public statement regarding the quality of regulated care provided across the city of Leeds.

2. Please provide a brief description of what you are screening

The Quality Account is a public document outlining the quality of social care services regulated by the CQC in Leeds. The account concentrates on Residential Care, Residential Nursing Care and Home Care, and covers older peoples services, Learning Disability and Mental Health provider Services.

The Quality Account identifies the quality of care as assessed by CQC against a series of comparator authorities. It identifies the main factors that influence the quality of the care provision in Leeds and what can be done to influence that quality. This includes how the support and management of those factors is allowing Leeds City Council to work with all providers to improve the quality of care provision in the city to meet the desired outcome of ensuring that the people of Leeds have access to a high quality sustainable care.

3. Relevance to equality, diversity, cohesion and integration

All the council's strategies/policies, services/functions affect service users, employees or the wider community – city wide or more local. These will also have a greater/lesser relevance to equality, diversity, cohesion and integration.

The following questions will help you to identify how relevant your proposals are.

When considering these questions think about age, carers, disability, gender reassignment, race, religion or belief, sex, sexual orientation and any other relevant characteristics (for example socio-economic status, social class, income, unemployment, residential location or family background and education or skills levels).

Questions	**Yes**	**No**
Is there an existing or likely differential impact for the different equality characteristics?		✓
Have there been or likely to be any public concerns about the policy or proposal?		✓
Could the proposal affect how our services, commissioning or procurement activities are organised, provided, located and by whom?		✓
Could the proposal affect our workforce or employment practices?		✓
Does the proposal involve or will it have an impact on • Eliminating unlawful discrimination, victimisation and harassment • Advancing equality of opportunity • Fostering good relations		✓

*If you have answered **no** to the questions above please complete **sections 6 and 7***

4. Considering the impact on equality, diversity, cohesion and integration

If you can demonstrate you have considered how your proposals impact on equality, diversity, cohesion and integration you have carried out an impact assessment.

Please provide specific details for all three areas below (use the prompts for guidance).

How have you considered equality, diversity, cohesion and integration?
(*think about the scope of the proposal, who is likely to be affected, equality related information, gaps in information and plans to address, consultation and engagement activities (taken place or planned) with those likely to be affected*)

The Quality Account will be of interest to;

Decision makers charged with the management of the quality of care in Leeds.

The equality priorities in Leeds acknowledge the importance of making sure that people have access to the best possible information on which to base decisions regarding their care. As part of that work we have been in consultation with groups to identify the barriers to clearly communication such information.

One of the main barriers to people being able to understand information is the use of jargon and acronyms. This document will use plain simple English to maximise access for individuals of all literacy levels and those whose first language is not English.

Key findings
(*think about any potential positive and negative impact on different equality characteristics, potential to promote strong and positive relationships between groups, potential to bring groups/communities into increased contact with each other, perception that the proposal could benefit one group at the expense of another*)
Complex language and jargon used in council documents has been identified as a major barrier to accessing the information that we provide to the public.

Actions
(*think about how you will promote positive impact and remove/ reduce negative impact*)

The Quality Account will be checked by communications colleagues to ensure that it is accessible to members of the general public, and, those whose first language is not English and care has been taken in writing the document to avoid acronyms and jargon as far as possible.

This area of language and communication has been identified as being key in ensuring that we remove any potential barriers to accessing information It is also designed to be easily translated for those whose first language is not English.

Because the Quality Account is an exercise in providing information it has been written with this in mind, taking on board comments from a number of groups to facilitate ease of interpretation all potential barriers have been addressed and there are no areas of concerns that would require an Equality Impact Assessment.

5. If you are **not** already considering the impact on equality, diversity, cohesion and

integration you **will need to carry out an impact assessment**.	
Date to scope and plan your impact assessment:	N/A
Date to complete your impact assessment	N/A
Lead person for your impact assessment (Include name and job title)	N/A

6. Governance, ownership and approval Please state here who has approved the actions and outcomes of the screening		
Name	**Job title**	**Date**
Mick Ward	Interim Deputy Director (Integrated Commissioning)	

7. Publishing

This screening document will act as evidence that due regard to equality and diversity has been given. If you are not carrying out an independent impact assessment the screening document will need to be published.

If this screening relates to a **Key Delegated Decision**, **Executive Board**, **full Council** or a **Significant Operational Decision** a copy should be emailed to Corporate Governance and will be published along with the relevant report.

Date screening completed	
If relates to a Key Decision - **date sent to Corporate Governance**	
Any other decision – **date sent to Equality Team (equalityteam@leeds.gov.uk)**	

Report author: Steven Courtney
Tel: (0113) 378 8666

Report of Head of Governance and Scrutiny Support

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

Date: 10 October 2017

Subject: Better Lives – Phase 3 Implementation

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 details *Better Lives – Phase 3 Implementation* updated presented to and considered by the Executive Board at its meeting on 20 September 2017.

2 Main issues

2.1 At its meeting on 20 September 2017, Executive Board received and considered a report from the Director of Adults and Health regarding *Better Lives – Phase 3 Implementation.* The Executive Board report is appended for consideration by the Scrutiny Board.

2.2 To assist the Scrutiny Board's consideration of the details presented, the relevant extract from the draft Executive Board minutes are provided below:

Further to Minute Nos. 136 and 153, 8th February 2017, the Director of Adults and Health submitted a report providing an update regarding the implementation of Phase 3 of the Council's 'Better Lives' programme.

Responding to Members' enquiries, the Board was advised that currently, there were no plans to submit to the Board a report which considered a fourth phase of the Better Lives Programme, although it was highlighted that such matters would continue to be kept under review.

With regard to former residents of The Green, again responding to an enquiry, the Board was provided with further information and context in respect of the choices

which had been made by those residents and their families in respect of the homes that they had moved into. During the discussion, it was also acknowledged that Councillor A Carter was currently in correspondence with the Director of Adults and Health in respect of specific issues regarding The Green.

Members also discussed the submitted evaluation data regarding the outcomes from the former users of the Radcliffe Lane Day Centre.

RESOLVED –

(a) That the successful transfer of all customers to alternative services, where that was their preference, be noted;

(b) That it be noted that the closure of all establishments has been achieved without any compulsory redundancies, with staff having made a successful transition to their new posts within the Council, where they have chosen to remain in employment;

(c) That the planned opening date of November 2017 for The Green as a new recovery facility, as part of the Council's wider Leeds Recovery Service, be noted.

2.3 Appropriate officers from Adults and Health will be in attendance to present the attached details and address any questions from the Scrutiny Board.

3. Recommendations

3.1 The Scrutiny Board (Adults and Health) is asked to consider the information provided at the meeting and determine any further scrutiny actions and/or activity.

4. Background papers[1]

None used

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

Report author: Cath Roff
Tel: 83875

Report of Director of Adults and Health

Report to Executive Board

Date: 20th September 2017

Subject: *Better Lives* - Phase 3 Implementation

Are specific electoral Wards affected?	☒ Yes	☐ No
If relevant, name(s) of Ward(s): Armley (Middlecross Care Home and Day Centre) Beeston and Holbeck (Springfield Day Centre) Gipton and Harehills (Wykebeck Valley Day Centre) Horsforth (Manorfield House) Killingbeck and Seacroft (The Green Care Home and Day Centre) Morley South (Siegen Manor Care Home and Day Centre) Pudsey (Radcliffe Lane Day Centre)		
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?	☐ Yes	☒ No
If relevant, Access to Information Procedure Rule number: Appendix number:		

Summary of main issues

1. The purpose of this report is to update Executive Board on Phase Three of the Better Lives Programme.

2. The Better Lives programme is the Council's strategy for people with care and support needs. Its aim is to improve and modernise services in line with people's aspirations. This has involved diversifying the range of care and support options including developments such as inclusive day opportunities and extra care housing. It has also involved positioning in-house provision to meet a growing need for recovery services to maximise people's ability to remain living independently.

3. A key aspect of this strategy has been a strategic review of the Council's in-house services for older people. This has taken place in a number of phases since 2011. The strategy has resulted in the development of new services and the closure of some facilities. The staff affected by the changes have been supported through regular contact with trades unions, and have achieved positive outcomes in every case. The service

users affected by these changes have been transferred to a range of alternative care and support options. The transfer process has involved a dedicated team of social care staff working in accordance with a clearly defined protocol and overseen by a quality assurance group. This report informs the Executive Board of where people have moved to and the outcome of the three month review of their care.

Recommendations

Executive Board is asked to:

1. Note the successful transfer of all customers to alternative services where that was their preference.
2. Note that the closure of all establishments has been achieved without any compulsory redundancies, staff having made a successful transition to their new posts within the council where they have chosen to remain in employment.
3. Note the planned opening date of November 2017 for The Green as a new recovery facility as part of the Council's wider Leeds Recovery Service.

1 Purpose of this report

1.1 Executive Board took a decision in September 2016 to decommission three residential homes and five day centres for older people as part of the *Better Lives* Phase Three review of services. This report provides an update at the end of the transition of people to new residential or day services as a result of that decision.

1.2 It provides an update on the progress made with regard to the Green and its change in function from a long stay residential home to a community intermediate care bed facility.

2 Background information

2.1 In September 2016, following an extensive period of consultation Executive Board agreed the decommissioning of the services provided at Manorfield, Middlecross, Siegen Manor and The Green residential care homes and the decommissioning of the services provided at Middlecross, Siegen Manor, The Green, Springfield and Radcliffe Lane day centres. Executive Board was also informed that Manorfields, which already had a closure decision from Phase Two, had now reduced in the number of its residents to a point where it was not viable to sustain a safe service and appropriate caring environment, so was also added to the closure programme.

2.2 Part of the Phase Three programme enabled the remodelling of Wykebeck Valley day centre to become a complex needs centre for the east of the city and the development of a city-wide in-house integrated recovery service comprised of Assisted Living Leeds, the SkILs enablement service and a bed-based offer to support the wider Leeds Intermediate Care Strategy called the Leeds Recovery Service.

2.3 Executive Board agreed to The Green Residential Home being retained as the intermediate care/recovery beds base for the new service subject to additional funding being provided by the Leeds Clinical Commissioning Groups. It was further agreed that work should continue via the Housing and Care Futures programme to identify potential future use of decommissioned sites including the opportunity for further development of specialised older people accommodation, including extra care housing.

3 Main issues

3.1 An established, highly skilled and experienced Assessment and Transfer team supported residents and day centre users affected by closures of services during phase three of the Better Lives programme. This has entailed carrying out person-centred assessments, considering the needs and choices of the residents and service users, their families and carers. This work took place in line with the Council's established assessment and transfers protocols including its Care Guarantee, which provides reassurance on the service that residents, service users and their families can expect to receive. This included a guarantee that each person would receive the same level of service and a commitment that no resident would be worse off financially if they had to move.

3.2 The Green Residential Home, in its new format, will form part of the Leeds Recovery Service and offer the opportunity for people to recover either in their own home or in a residential bed-based service. A key aspect of the proposal is to reduce 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 gross, net of any costs of supporting the person in their own home.

3.3 Refurbishment work at The Green began on 17th July 2017 and is progressing to timescales. Expected completion is mid-October 2017. The development of the new service is on track and is expected to be open in its new form as agreed on 1st November 2017. Work is progressing on getting the Section 75 funding agreement in place and the service specification is being finalised. Entry and move-on criteria have been agreed with the CCGs and a Memorandum of Understanding is being developed with Leeds Community Healthcare NHS Trust for the supply of in-reach physiotherapy.

3.4 A review of documentation is underway to make the delivery of service more seamless across all professionals involved in the support of the person. A programme of staff training and development is in place to re-focus support around recovery. This will ensure that the service will re-open in its new format on 1st November 2017, fit for purpose and ready to accept the new cohort of short stay individuals, as agreed in the new specification.

3.5 The investment of £0.111m to establish a complex needs service at Wykebeck day centre was completed in July 2017. This complements the services that are already provided at Calverlands and Laurel Bank day centres. The new service opened on 17th July 2017 when users of The Green and Wykebeck day centres moved back into the refurbished building.

3.6 The decommissioning of Manorfields, Middlecross, Siegen Manor and The Green residential homes has delivered net savings of £1.9m. Further, the decommissioning of services at Middlecross, Siegen Manor, The Green, Springfield and Radcliffe Lane day centres has delivered net savings of £0.8m (this includes the re-investment of Wykebeck day centre). The total savings from the Phase Three closure programme is £2.7m in a full year – this is line with the planned savings reported in September 2016. However, there was a cost of £0.5m for staff leaving the service through the Early Leaver Initiative reducing the net saving to £2.2m in the first year.

3.7 **Assessment and Transfer Process**

The outcomes in relation to individual services are set out below. There were 71 residents living in the four care homes subject to decommissioning at the commencement of the *Better Lives* Phase Three programme in November 2016. As mentioned above, Executive Board was informed about the implementation of a previous decision regarding Manorfields Residential Home: an update on this is provided below alongside the Phase Three homes for information.

3.7.1 **Manorfield Care Home**

The assessment of residents, and the process of transition involving consultation with residents and their families began on 1st November 2016 and was completed on 19th December 2016. The home closed on 19th December 2016.

Of the 9 residents at this establishment: 5 moved to alternative homes rated 'good' by CQC, 2 moved to homes chosen by their families rated 'requires improvement' by CQC and 2 died prior to the start of the assessment and transition process.

Outcome of three month residents' reviews (9 people):

7	Happy & settled
2	Deceased prior to any assessment or move

3.7.2 **Middlecross Care Home**

Assessment and transition began on 2nd February 2017 and completed mid-April 2017. The home closed on1st June 2017.

Of the 15 residents at this establishment: 7 moved to alternative homes rated 'good' 3 moved to homes 'not yet rated' by CQC, 4 have moved to homes chosen by their families rated 'requires improvement' by CQC and 1 died after moving.

Outcome of three month residents 'review (15 people):

12	Happy & settled
1	Deceased prior to any assessment or move
2	Deceased following a move

3.6.3 **Siegen Manor Care Home**

Assessment and transition began on 13th January 2017 and completed in April 2017. The home closed on 2nd June 2017

Of the 20 residents at this establishment: 10 residents have moved to homes rated 'good', 4 have moved to homes chosen by their families rated 'requires improvement' by CQC and 6 residents died before assessment and any move.

Outcome of three month residents' review (20 people):

7	Happy & settled
1	Currently not settled. Referred to memory service
2	Reviews to be completed
6	Deceased prior to any assessment or move
4	Deceased following a move

3.6.4 **The Green Care Home**

Assessment and transition began on 2nd June 2017 and completed on 18th July 2017. The home closed on 18th July 2017.

Of the 27 residents at this establishment: 12 residents have moved to homes rated `good` and 3 residents to homes `not yet rated` by CQC, 8 moved to homes chosen by their families rated `requires improvement' by CQC and 4 residents passed away before assessment and any move.

Outcome of six week residents' review (27 people):

17	Happy & settled
3	Initial issues identified being resolved
1	Review still to be completed
4	Deceased prior to any assessment or move
2	Deceased following a move

People will be reviewed again at the three month point from date of move.

3.8 **Day Centre outcomes**

There were 166 day centre service users at the commencement of the Better Lives Phase 3 programme in November 2016.

3.8.1 **Springfield Day Centre**

Assessment and transition began on 1st November 2016 and completed on 30th January 2017. The day centre closed on 30th January 2017.

Of the 21 service users: 13 moved to Neighbourhood Networks, 5 moved to alternative Leeds City Council day centres, 1 moved into residential care, 1 chose to receive a Shared Lives service, 1 is receiving a combination of support from a Neighbourhood Network and a Leeds City Council day centre.

Outcome of three month service user reviews (21 people):

20	Happy & settled
1	Alternative placement being sought

3.8.2 **Radcliffe Lane Day Centre**

Assessment and transition began on 16th January 2017 and completed on 31st March 2017. The day centre closed on 3rd April 2017.

Of the 60 service users: 6 service users have moved into residential care, 1 service user moved to a home in Stockport, 10 service users have cancelled their placement for various reasons, 2 service users have moved to end of life care, 2 service users have opted for alternative packages of care, 1 service user hasn't settled in the new placement and an alternative is being sought, 35 service users have chosen to attend either Holt Park Active or Calverlands Day Centre, 3 service users died before assessment and any move.

Outcome of three month service user reviews (60 people):

47	Happy & settled
3	Reviews still to be completed
6	Deceased prior to any assessment or move
4	Deceased following moves

3.8.3 **Middlecross Day Centre**

Assessment and transition began on 2nd February 2017 and completed in mid-April 2017. The day centre closed on 1st June 2017. Of the 16 service users: 6 service users have moved into residential care, 5 service users have moved to alternative day centres, 1 service user is receiving a care package at home, 3 service users died before assessment and any move and 1 cancelled due to personal care and nursing requirements.

Outcome of three month service user reviews (16 people):

9	Happy & settled
1	Residential placement being sought
3	Review not yet completed
3	Deceased prior to any assessment or move

3.8.4 **Siegen Manor Day Centre**

Assessment and transition began on 13th January 2017 and completed in April 2017. The day centre closed on 2nd June 2017.

Of the 17 service users: 6 service users have moved into residential care, 9 service users have moved to an alternative Leeds City Council day centre (Laurel Bank), 1 service user is receiving a package of care at home and 1 service user died before assessment and any move.

Outcome of three month service user reviews (17 people):

14	Happy & Settled
1	Reviews still to be completed
1	Deceased prior to any assessment or move
1	Deceased following move

3.8.5 **Wykebeck Day Centre**

Of the 23 service users: 1 has moved to an alternative day centre, 2 have moved into residential care, 3 have cancelled their service, 2 died prior to assessment and 15 moved back to the newly refurbished complex needs hub on 17th July 2017.

Wykebeck Day Centre is now a Complex Needs Day Centre complementing the two existing hubs at Calverlands (North West) and Laurel Bank (South). Service users from Wykebeck Day Centre temporarily moved to The Green Day Centre on 15th May 2017 to allow refurbishment of the Wykebeck building. A total of 23 service users from both The Green Day Centre and Wykebeck Day Centre moved back to Wykebeck Day Centre on Monday 17th July 2017 following a programme of refurbishment.

Reviews of people's satisfaction with their new arrangements will be completed after three months, that is, in October.

3.8.6 ***The Green Day Centre***

Of the 29 service users: 1 was assessed and consequently moved into nursing care, 1 cancelled the service, 9 have transferred to an alternative Leeds City Council Day Centre, 1 is receiving end of life care at home, 1 is receiving a sitting service, 7 died prior to any move, 9 moved into residential care (4 of the people moving into residential care have subsequently died).

Reviews of people's satisfaction with their new arrangements will be completed after three months, that is, in October.

It should be noted that any former service user of the day centres who has declined a service has made that decision following an assessment of their need. During that assessment their needs will have been explored fully and service options considered with the person and their family. Further reviews will be carried out to ensure that this remains a positive and safe decision for those individuals.

3.9 **Mortality**

3.9.1 The Age UK's report 'Later Life in the United Kingdom' (September 2015) notes the increasing age of admission into care homes and the high levels of care need these people require. It reports that the median period from admission to the care home to death is 462 days (15 months).

3.9.2 Further research carried out on care home residents across England and Wales into mortality rates following admission to residential care (Mortality in older care home residents in England and Wales - Sunil Sha, et al 2013) found that of a sample group of 9772 people entering residential care 26.2% had died within one year. The same research found that 30.8% of residents admitted to nursing care had died within one year.

3.9.3 This compares with a mortality rate of 29% for those residents in the Phase Three homes subject to closure. The average age of the people who died was 88.5years.

3.9.4 In Leeds, further research has been carried out on mortality rates in order to provide a local comparator. This involved a comparison between the homes affected by closure against those homes which were unaffected by proposals. During Phase One of the Better Lives Programme over the 12 month period from October 2011 to October 2012 and across a total of 90 beds at local authority-provided homes unaffected by the Phase One proposals, the mortality rate was 40%. As part of Phase Three an updated comparison between homes impacted by the Phase Three closures and those unaffected was carried out.

3.9.5 During the period October 2015 to October 2016, for those local authority homes not subject to closure across a total of 123 beds, the mortality rate was 27%. These homes are not dementia-specialist homes so care for a slightly different cohort of older people. However, this comparison suggests that mortality rates have not been

disproportionately affected by the closures. This is despite the fact that the majority of residents at Phase Three are living with dementia and have an increased level of frailty as indicated by the number requiring nursing care in their onward move (22%).

3.10 **Staff outcomes**

3.10.1 160 staff were employed in the services at the commencement of the Better Lives Phase Three programme in November 2016. Extensive engagement with trade unions and staff throughout the process proved very successful in supporting staff through the process of change, and the support of trade unions through the process was welcomed and appreciated. All of the staff have transitioned successfully to new roles or left the authority voluntarily under the Early Leavers Initiative. Staff are now settled into their new roles and will be supported through line management supervision, appraisals, training and development opportunities appropriate to their role.

3.10.2 **Outcomes for day centre staff**

Day centre	Number of staff	ELI	Alternative role Adults and Health	Alternative role LCC	New remodelled service
Radcliffe Lane	9	5	3	1	N/A
Springfield	6	4	2	0	N/A
Middlecross	13	7	6	0	N/A
Siegen Manor	5	2	1	0	2
The Green	17	10	1	0	6
Wykebeck Valley	5	1	0	0	4
Total	**55**	**29**	**13**	**1**	**12**

3.10.3 **Outcomes for residential staff**

Care Home	Number of staff	ELI	Alternative role Adults and Health	Alternative role LCC	NHS	New remodelled service
Manorfield	16	5	11	0	0	0
Middlecross	29	7	21	0	1	0
Siegen Manor	29	9	16	0	1	3
The Green	31	7	0	0	0	24
Total	**105**	**28**	**48**	**0**	**2**	**27**

3.11 **Proposed future building use**

Close liaison has been maintained with Asset Management throughout the transition process to identify alternative uses for the vacated sites to support the development of alternative models of care delivery, maximise income to the authority and minimise the risk of vandalism and anti- social behaviour.

Service	Proposed future use
Radcliffe Lane day centre	Childrens nursery
Springfield day centre	Voluntary sector dementia day service

Service	Proposed future use
Middlecross day centre & care home	The site was identified as a possible option in the July 2017 Executive Board report on the potential for delivering extra care housing for older people under the Council Housing Growth Programme
Siegen Manor day centre & care home	The site is currently being assessed for the delivery of housing through a range of potential delivery options.
Manorfield	The site is currently being assessed for the delivery of housing through a range of potential delivery options.
The Green day centre & care home	Recovery Service for East Leeds
Wykebeck Valley day centre	East Leeds Complex needs service

4 Corporate Considerations

4.1 Consultation and Engagement

4.1.1 Extensive formal consultation was conducted as part of the Phase Three review proposals which service users and families contributed to.

4.1.2 Formal consultation with the trade unions to avoid, reduce and mitigate compulsory redundancy was undertaken. The trade union consultation was positive and constructive and resulted in all staff either leaving voluntarily or being redeployed.

4.2 Equality and Diversity / Cohesion and Integration

4.2.1 A comprehensive equality impact assessment was undertaken as part of Better Lives Phase Three review.

4.3 Council policies and the Best Council Plan

4.3.1 The *Better Lives* strategy is part of the Best Council Plan to be a compassionate city with a strong economy. It also contributes to delivering the Health and Well-being Strategy.

4.4 Resources and value for money

4.4.1 The decommissioning of Manorfields, Middlecross, Siegen Manor and The Green residential homes has delivered net savings of £1.945m. Further, the decommissioning of services at Middlecross, Siegen Manor, The Green, Springfield and Radcliffe Lane day centres has delivered net savings of £0.786m (this includes the re-investment of Wykebeck day centre). The total savings from the Phase 3 closure programme is £2.7m in a full year – this is line with the planned savings reported in September 2016. However, there was a cost of £0.534m for staff leaving the service through the Early Leaver Initiative reducing the net saving to £2.197m in the first year.

4.5 Legal Implications, Access to Information and Call In

4.5.1 There are no decisions arising from this report.

4.6 **Risk Management**

4.6.1 A detailed plan was drawn up in order to carefully manage the decommissioning of care homes and day centres and the transition of the use of The Green from a long term care home to an intermediate care/recovery centre. This included the management of identified risks.

5 Conclusions

5.1 Phase Three of the Better Lives programme has now been successfully completed. People who moved into alternative residential homes or day services will continue to be monitored 12 months after the move to ensure that new placements continue to meet their needs. The Green is currently being refurbished and is due to open as an intermediate care / recovery centre in November 2017.

6 Recommendations

Executive Board is asked to:

1. Note the successful transfer of all customers to alternative services where that was their preference

2. Note that the closure of all establishments has been achieved without any compulsory redundancies, staff having made a successful transition to their new posts within the council where they have chosen to remain in employment.

3. Note the planned opening date of November 2017 for The Green as a new recovery facility as part of the Council's wider Leeds Recovery Service.

7 Background documents[1]

7.1 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.

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Leeds CITY COUNCIL

Report author: Steven Courtney
Tel: 247 4707

Report of Head of Governance and Scrutiny Support

Report to Scrutiny Board (Adults and Health)

Date: 24 January 2017

Subject: Primary Care – GP services in 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

1 Purpose of this report

1.1 The purpose of this report is to introduce the General Practice Forward View for Leeds, recently developed by local Clinical Commissioning Groups (CCGs) and submitted to NHS England.

2 Main issues

2.1 During the 2015/16 municipal year, the former Scrutiny Board received and considered a range of information associated with the planning and provision of Primary Care across Leeds. Some of the specific issues identified during consideration of the various information included:

- Planning for the future demand for primary care services – particularly in relation to the planned housing growth across the City.
- Transfer of commissioning responsibility from NHS England to local CCGs and development of primary care strategies.
- GP closures and transfers of patients.
- Development and operation of Primary Care Committees.
- Access to services and provision of extended hours.
- The role of pharmacy services in the provision of primary care.
- The impact of proposed budget reductions for pharmacy services.
- The development and operation of integrated health and social care teams.

2.2 As part of the ongoing consideration, in January 2017 the former Scrutiny Board subsequently considered the .Delivering the GP Forward View in Leeds.

2.3 During discussions at the initial meeting in June 2017, the Scrutiny Board agreed to maintain a focus on the provision of GP services across the City.

2.4 As such, the attached paper seeks to identify some of the proposals and opportunities for developing a strong foundation of general practitioner (GP) services in Leeds; building on previous presentations made to the Board, specifically the GP Forward View Delivery plan for Leeds which was presented in January 2017 (and appended to this report for ease of reference).

2.5 It should also be noted that through the CCG One Voice programme, the primary care teams across Leeds are now working as an integrated team and therefore the attached paper reflects the approach of the city wide team.

2.6 Suitable representatives from Leeds CCGs Partnership have been invited to present the attached details and address any associated questions from the Scrutiny Board.

3. Recommendations

3.1 Members are asked to consider the information provided in relation to the scrutiny inquiry around primary care, and identify how this may inform the development of a formal report, associated recommendations and any further scrutiny activity.

4. Background papers[1]

None used

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

REPORT FOR SCRUTINY BOARD (ADULTS AND HEALTH)
DELIVERY OF PRIMARY CARE (GP) SERVICES IN LEEDS

1.0 BACKGROUND AND PURPOSE

1.1 The GP Forward View sets out a strategic aim of building sustainable and resilient general practices to enable the development of new models of care as set out in the five year forward view.

1.2 This paper will seek to identify some of the proposals and opportunities for developing a strong foundation of general practitioner services in Leeds and builds upon previous presentations made to the board, specifically the GP Forward View Delivery plan for Leeds which was presented in January 2017.

1.3 It should be noted that through the CCG One Voice programme, the primary care teams are now working as an integrated team and therefore this paper reflects the approach of the city wide team.

2.0 NATIONAL CONTEXT

2.1 The vision for primary care in the future is to strengthen the capability and capacity of general practice and to be integrated with wider primary, community and mental health services. The aim is to have a greater emphasis on population based interventions with a specific focus on prevention, self-care and pro-active management of frail and vulnerable populations.

2.2 The GP Forward View (April 2016) focussed on 5 key areas aimed at improving general practice services: investment, workforce, workload, infrastructure and overall care redesign with national planning guidance setting out some key deliverables such as

- Building sustainable and resilience general practice
- Extending access and enhancing services offered to patients in a primary care setting
- Increasing the primary care workforce
- Increase investing in primary care
- Development of ‘at scale’ primary care organisations

2.3 NHS England has recently published a useful animation which reiterates the GP Forward View and provides a national stocktake against the delivery plan. For reference, this can be found here https://www.youtube.com/watch?v=bMDTp23vy3c

3.0 CURRENT POSITION

3.1 Approximately 90% of patient contacts in the NHS take place in primary care and on average, there are over 370,000 consultations taking place each

month in Leeds general practices, demonstrating the high volume of demand and workload.

3.2 General practice continues to have high patient satisfaction, with the recent patient survey (July 2017) demonstrating that 87% of those surveyed would rate their overall experience of their general practice as good, which is higher than the national average and an overall increase for Leeds on the previous year. The Friends and Family Test for general practice also indicates that 89.9% of responses (Leeds average) would recommend their general practice.

3.3 There are now 103 separate General Practice contractors in Leeds delivering services from 130 separate premises. These range from state of the art purpose built modern health centres to converted residential properties that are a challenge to the delivery of high quality primary care.

3.4 The actual number of individual practices has reduced over the last 2 years due to the closure of a number of small and single handed practitioners and merging of practices. These include:

- Merger of Moorcroft & Nursery Lane in March 2016 to create Alwoodley Medical Centre
- Merger of Moor Grange and Abbey Medical Centre in April 2015 to create Abbey Grange Medical Centre
- Closure of Richmond Medical Centre in November 2015
- Closure of Hilton Road Surgery (following expiration of APMS contract) in May 2016
- Closure of Whinmoor Surgery in June 2017

3.5 There has also been a reduction in the number of sites that are delivering services from as practices look at ways they can support their own resilience through reducing the number of sites they are operating from such as the recent closure of the branch at Holt Park Health Centre following public consultation.

3.6 There are currently a number of proposals being considered that aim to support the sustainability of individual practices. There are specific actions that the CCG must undertake in considering any proposal and the CCG is specifically responsible for ensuring that the practices undertake robust patient engagement on any change that may affect patients.

3.7 It should be noted that we encourage practices to discuss proposals at an early stage so that we can ensure we have a strategic oversight of the future delivery of care. However, due to the sensitive nature relating to some proposals we cannot always share the details of any plans until it is clear that the practice agrees that they wish to pursue a formal application.

Proposal	Aim of Proposal	Comments
Practice Mergers	Practice mergers can support practices in sharing clinical and business functions across a larger footprint to support workforce and capacity solutions to reduce duplication and consolidate resources.	There are at least three active proposals being considered by practices in Leeds. Once a formal application for merger is received, this will be considered by the Primary Care Commissioning Committee and is subject to consultation with patients and stakeholders.
Branch Surgery Closures	Branch surgery closures support practices in managing their workload. Maintaining a service across a number of sites means practices have additional staff members available to support the service and potential for time travelling between sites.	There are two known proposals relating to branch surgery closures with one proposal currently out to consultation in respect of Green Road Surgery in Meanwood.
List Closure	Practices can formally apply to close their list to support the practice in managing any specific workload or workforce issues. Any application needs approval from the Primary Care Commissioning Committee	There are two formal list closures in place in Leeds at East Park Medical Centre and Fountain Medical Centre. We are aware of two practices that may consider applying to close their practice list but these have not yet been received as formal applications.
Surgery Closures	There have been two recent decisions relating to surgery closures in Whinmoor (June 2017) and York Road (September 2017) following the retirement of the existing GPs. Interim arrangements were identified for both sites but ultimately resulted in closure. The practice list size at closure was approx. 600 in Whinmoor Surgery and 1400 at York Road. In these circumstances, patients have choice of where to register once their surgery has closed. These decisions have arisen following a review of the provision of services in the area and an assessment on the capacity, premises suitability, the longer term sustainability of services and availability of suitable providers.	
Procurement	A number Alternative Provider Medical Services (APMS) contracts are in place across the City which are time limited contracts with specific providers. A number of these APMS contract will require re-procuring as the contract term ends.	Early conversations have already commenced with regard to specific contracts in the South of the City which expire on 31 October 2018. Future patient engagement is planned to support the development of the service specification.

Proposal	Aim of Proposal	Comments
		Additional APMS contracts exist in the City. 2 of which were procured in 2016 and 2017 (Shakespeare Community Practice and York Street Health Practice) and are 5 year contracts. An APMS contract is also in place for the surgery at The Light which will be reviewed in May 2019. An interim APMS contract has also been issued in respect of Cottingley Community Practice (list 1800c) following the retirement of single handed GP. Contract in place till 31 March 2017

3.8 Many practices are now choosing to be part of a collaboration of practices which are often referred to as networks, federations or alliances to support future resilience. GP networks and federations are organisations that can support the delivery of GP services across a larger footprint by either sharing resources or costs or in order to bid for new services such as the development of access models etc. Two formal organisations have been established in Leeds which is the South and East Leeds GP Group and the Leeds West Primary Care Network. It is voluntary to be part of a federation/network and the type of services that are available through these organisations varies such as back office support, employment of staff or the ability to hold contracts such as the provision of extended access services. Existing patient engagement mechanisms would be utilised as part of the networks/federations particularly linking back to patient participation groups.

3.9 All practices in Leeds have now received an inspection from the Care Quality Commission (CQC), the regulator for health and social care in England. CQC ensures that practices are providing services that are safe, effective, caring, responsive and well-led.

3.10 The findings of inspections of general practices nationally have recently been published and an overview of how these compare to the Leeds pictures can be found below:

	National	Leeds
Outstanding	4%	6% (6)
Good	86%	91% (93)
Requires improvement	8%	3% (3)
Inadequate	2%	0%

3.11 There was one practice that was previously rate inadequate which has now been re-inspected with an outcome of requires improvement. The CCG remains committed to ensuring that patients receive high quality, accessible services and continues to work with those practices that have been rated as requires improvement to ensure that by the time the practice is re-inspected that the practice can demonstrate improvements.

3.12 A list of practices and the overall CQC assessment can be found at Appendix A. All reports can be found on the CQC website.

4.0 GP DELIVERY PLAN (GPFV) – PROGRESS

4.1 The following section identifies some of the key actions and progress from the GP Forward View that supports the sustainability of practices and patients to have access to a broader range of services.

WORKFORCE

4.2 The need to increase and invest in the primary care workforce and to enhance the services offered to patients in primary care settings is a core component of the GPFV.

4.3 The national commitment made in the GPFV around workforce focuses on:

- **Recruitment and workforce expansion**. This commits to building the workforce capacity and an additional 5,000 doctors working in general practice by 2020 and a minimum of 5,000 other staff by 2020/21. Other staff are detailed as; 3,000 mental health therapists (1 WTE in every 2-3 practices); national investment for clinical pharmacists (1 per 30,000 population); pilot new medical assistant roles and primary care physiotherapy services. Across West Yorkshire there is an opportunity for expressing an interest in participating in an international recruitment scheme for general practitioners.
- **Development of capabilities within the workforce**. This commits to investment in a practice nurse development strategy; investing in skills development to support reception staff to navigate patients to the right professional/service first time and to be able to manage clinical correspondence; training investment in physician associates and practice manager development
    - The CCG partnership has undertaken a formal procurement exercise to appoint a provider of training for active signposting which aims to support patients to the most appropriate service through signposting. The outcome should ensure that clinical capacity and the skills and expertise of the whole primary care team is used effectively, ensuring the patient has a positive experience of care
- **Supporting the health and wellbeing of staff to retain current workforce**. In Leeds a programme of support has been commissioned through the GP resilience programme to support staff and ultimately support retention

4.4 The building of capacity and capability in the primary care workforce is core to system integration in order to deliver out of hospital care and a sustainable. Central to the strategic direction is the need to expand the workforce from core general practice to multi-disciplinary extended primary care teams. A further report on the progress of system integration will be presented to the Scrutiny Board in November.

4.5 This expansion will enable the freeing of GP capacity so GPs can focus care on the most complex patients, plus patients will get more access to the right person for their needs first time. The expectation is that this will be done through Primary Care Networks (primary care at scale) which means practices should be encouraged to work together to a level where they have a combined population of 30,000-50,000. This will allow practices to share the new workforce roles, community nursing, expanded diagnostic facilitates, community urgent care and deliver an affordable extended 7 day access offer to patients.

ACCESS

4.6 NHS England have committed to ensure that:

- 50% of the population to be receiving extended access to evening and weekend appointments by March 2018
- 100% of the population to be receiving extended access to evening and weekend appointments by March 2019

4.7 A national specification sets out some clear deliverables

- Weekday provision of access to pre-bookable and same day appointments to general practice services in evening (after 6.30pm) to provide an additional 1.5 hours per day
- Weekend provision of access to pre-bookable and same day appointments on both Saturdays and Sundays to meet local population needs
- A minimum additional 30 minutes consultation capacity per 1000 population rising to 45 minutes per 1000 population

4.8 In the context of working across the City the total coverage of the population of additional extended access (over and above the existing extended access arrangements) currently stands at 53%.

4.9 The development of access models across the City is at a crucial point. Engagement across all neighbourhoods is currently taking place with a view to developing a model that delivers an integrated pathway across primary and community urgent care services.

4.10 GP providers are working effectively together and are exploring how they can work together to deliver access models. Trajectory for delivery:

	Current provision	**March 2018**	**March 2019**
Leeds Overall	**53%**	**70%**	**100%**

ESTATES DEVELOPMENTS

4.11 One of the commitments of the GPFV nationally was to ensure that capital investment is made available to support estate (and technology) developments to support transformation of care.

4.12 A number of proposals have been submitted for funding as part of the Estates and Technology Transformation Fund which is being managed by NHS England and a summary of the proposals can be found at Appendix B.

4.13 The process of approval is complex and we are currently still awaiting confirmation on the outcome of the proposals. Unfortunately, schemes are unable to be progressed until confirmation of funding is received.

5.0 SUMMARY

5.1 There is recognition that the provision of general practice services needs to transform to ensure sustainability for the future. We will continue to focus on the key areas of workforce, workload, estates and technology whilst supporting practices and wider primary care services to redesign the way services are provided. Increasingly, we will work with the evolving GP networks and federations to look at how services can be provided innovatively and at scale whilst securing the quality of service offered to the patients of Leeds.

Appendix A – CQC Summary

GP Practice	Safe	Effective	Caring	Responsive	Well led
Ashfield Medical Centre	Good	Good	Good	Good	Good
Ashton View	Good	Good	Good	Good	Good
Beeston Village Surgery	Good	Good	Good	Outstanding	Good
Bellbrooke Surgery	Good	Good	Good	Good	Good
Church Street Surgery Dr Hussain	Good	Good	Good	Good	Good
City View Medical Practice	Good	Good	Good	Outstanding	Good
Colton Mill Medical Centre	Good	Good	Good	Good	Outstanding
Conway Medical Centre	Requires Improvement	Good	Good	Good	Good
Cottingley Community Centre Dr Pai	Good	Good	Good	Good	Good
East Park Medical Centre	Requires Improvement	Requires Improvement	Requires Improvement	Requires Improvement	Requires Improvement
Garden Surgery	Good	Good	Good	Good	Good
Garforth Medical Practice	Good	Good	Good	Good	Good
Gibson Lane Practice	Good	Good	Good	Good	Good
Drs Khan and Muneer	Good	Good	Good	Good	Good
Kippax Hall	Good	Good	Good	Good	Good
The Medical Centre (Laybourn & Partners)	Good	Good	Good	Good	Good
Leeds City Medical Practice	Good	Good	Good	Good	Good
Lincoln Green Medical Practice	Good	Good	Good	Outstanding	Good
Lingwell Croft Surgery	Good	Good	Good	Good	Good
Lofthouse Surgery	Good	Good	Good	Good	Outstanding

GP Practice	Safe	Effective	Caring	Responsive	Well led
Manston Surgery	Good	Good	Good	Good	Good
Middleton Park Surgery	Good	Good	Good	Good	Good
Moorfield House	Good	Good	Good	Outstanding	Good
New Cross Surgery	Good	Good	Good	Good	Good
Nova Scotia	Good	Good	Good	Good	Good
Oakley Medical Practice	Good	Good	Good	Good	Good
Oulton Surgery	Good	Good	Good	Good	Good
Park Edge Practice	Good	Good	Good	Good	Good
Radshan Medical Centre	Good	Good	Good	Good	Good
Roundhay Road Surgery	Good	Good	Good	Good	Good
Shaftesbury Medical Centre	Good	Good	Good	Good	Good
Shafton Lane Surgery	Good	Good	Good	Good	Good
Shakespeare Community Practice	Requires Improvement	Requires Improvement	Requires Improvement	Requires Improvement	Requires Improvement
Swillington Clinic	Good	Good	Good	Good	Good
The Arthington Medical Centre	Good	Good	Good	Good	Good
The Family Doctor	Good	Good	Good	Good	Good
The Practice at Harehills Corner	Good	Good	Good	Good	Good
The Surgery	Good	Good	Good	Good	Good
Whitfield Practice	Good	Good	Good	Good	Good
Windmill Health Centre	Good	Good	Good	Good	Good
York Street	Outstanding	Good	Good	Outstanding	Good

GP Practice	Safe	Effective	Caring	Responsive	Well led
Chapeltown Family Surgery	Good	Good	Good	Good	Good
Newton Surgery	Good	Good	Good	Good	Good
The Light Surgery - OneMedicalGroup	Good	Good	Good	Good	Good
St Martins Practice	Good	Good	Good	Outstanding	Good
Westfield Medical Centre	Good	Good	Good	Good	Good
Woodhouse Medical Practice	Good	Good	Good	Good	Good
Allerton Medical Centre	Good	Good	Good	Good	Good
Meanwood Group Practice	Good	Good	Good	Good	Good
North Leeds Medical Practice	Good	Good	Good	Good	Good
Oakwood Surgery	Good	Good	Good	Good	Good
Rutland Lodge Medical Centre	Good	Good	Good	Good	Good
Shadwell Medical Centre	Requires Improvement	Good	Good	Good	Good
The Avenue Surgery	Good	Good	Good	Good	Good
Street Lane Practice	Good	Outstanding	Good	Good	Good
Alwoodley Medical Centre	Good	Good	Good	Good	Good
Foundry Lane Surgery	Good	Good	Good	Good	Good
Oakwood Lane Medical Centre	Good	Good	Good	Good	Outstanding

Bramham Medical Centre	Good	Good	Good	Good	Good
Collingham Church View Surgery	Good	Good	Good	Good	Good
Crossley Street Surgery	Good	Good	Good	Good	Good
The Spa Surgery	Good	Good	Good	Good	Good
Wetherby Surgery - OneMedicalGroup	Good	Good	Good	Good	Good
Chevin Medical Centre	Good	Good	Good	Good	Good
Aireborough Family Practice	Good	Good	Good	Good	Good
Westgate Surgery	Good	Good	Good	Good	Good
Abbey Grange Medical Practice	Good	Good	Good	Good	Good
Armley Moor Medical Centre	Good	Good	Good	Good	Good
Beech Tree Medical Centre	Good	Good	Good	Good	Good
Burley Park Medical Centre	Good	Good	Good	Outstanding	Good
Burton Croft Surgery	Good	Outstanding	Good	Good	Outstanding
Craven Road Medical Practice	Good	Good	Good	Good	Good
Drighlington Health Centre	Good	Good	Good	Good	Good
Fieldhead Surgery	Good	Good	Good	Good	Good
Gildersome Health Centre	Good	Good	Good	Good	Good
Guiseley & Yeadon Medical Practice	Good	Good	Good	Good	Good
Hawthorn Surgery	Good	Good	Good	Outstanding	Good
Highfield Medical Centre	Requires Improvement	Good	Good	Good	Requires Improvement

GP Practice	Safe	Effective	Caring	Responsive	Well led
High Field Surgery	Good	Good	Good	Good	Good
Hillfoot Surgery	Good	Good	Good	Good	Good
Hyde Park Surgery	Good	Good	Good	Good	Good
Ireland Wood & Horsforth	Good	Good	Good	Good	Good
Kirkstall Lane Medical Centre	Good	Good	Good	Outstanding	Outstanding
Laurel Bank Surgery	Good	Good	Outstanding	Outstanding	Outstanding
Leeds Student Medical Practice	Good	Good	Outstanding	Outstanding	Outstanding
Leigh View Medical Centre	Good	Good	Good	Good	Good
Manor Park Surgery	Good	Good	Good	Outstanding	Good
Menston & Guiseley	Good	Good	Good	Outstanding	Good
Morley Health Centre	Good	Good	Good	Good	Good
Priory View Medical Centre	Good	Good	Good	Good	Good
Pudsey Health Centre	Good	Good	Good	Good	Good
Rawdon Surgery	Good	Good	Good	Outstanding	Good
Robin Lane Medical Centre	Good	Outstanding	Good	Outstanding	Outstanding
South Queen Street Surgery	Good	Good	Good	Good	Good
Sunfield Medical Centre	Good	Good	Good	Good	Good
The Fountain Medical Centre	Good	Good	Good	Good	Good
The Gables Surgery	Good	Good	Good	Good	Good
Thornton Medical Centre	Good	Good	Good	Good	Good
Vesper Road	Good	Good	Good	Good	Good
West Lodge Surgery	Good	Good	Good	Outstanding	Good
Whitehall	Good	Outstanding	Good	Good	Good
Windsor House Group Practice	Good	Good	Good	Good	Good

GP Practice	Safe	Effective	Caring	Responsive	Well led
Yeadon Tarn Medical Practice	Good	Good	Good	Good	Good

KEY

Outstanding Overall (6)

Good Overall (94)

Requires Improvement Overall (3)

Appendix B - Estates and Technology Transformation Fund Summary

	Practice Name	Patient List	Summary
1	Hillfoot Surgery	9000	ETTF – Create 2 additional consulting rooms and refurbish 3 existing consulting rooms
2	West Lodge Family Practice - Glenlea Surgery	18371 (multi-site practice)	The proposal is to construct an extension to the existing Glenlea Surgery site that will provide 1. additional 2 multi-use consulting rooms fitted with ventilation at the rate of 10ac/h that can be used for nurse treatment 2. 1 patient education suite, with associated utilities, WC's and waiting/circulation space
3	Leeds Student Medical Practice	40905	Provision of 12 additional patient-facing rooms, split by 8 additional consulting rooms, 3 additional treatment rooms, and 1 interview room. This will both increase clinical capacity for existing clinics and support the practice's service development plans, creating a wrap-around service for students. Provision of enhanced training and conference facilities to support LSMP's role in training and as an ATP hub. Reception redesign to improve peak-time queue management. Collocation of admin and back office support services to support integrated working efficiencies.
4	Fieldhead Surgery	5317	The proposal encompasses: At ground floor level, the main building will be completely remodelled and the cellular nature of the original residence opened-up to provide level access.A large new patient waiting area, reception, reception office and confidential interview room.3 additional consulting rooms and multi-function room to include practice meeting room, patient education and baby clinic.Clean Utility & Dirty Utility A new staircase and lift will provide access to the first floor which will accommodate the practice nurse team and additional administration space.
5	Westgate Surgery	5985	Expansion to surgery premises. Refurbishment of existing shell scheme expansion space to create additional consulting rooms.
6	St Martins Medical Practice	6565	New Build
7	Street Lane	13593	extension to deliver 3 additional consulting rooms, refurbished GP trainee room and improved waiting area

	Practice Name	Patient List	Summary
8	Meanwood	13624	refurbishment of vacant admin space to create 3 additional consulting rooms and 1 additional treatment room
9	Bramham	3538	Extension to building to provide one additional consultation room, a full sized treatment room, storage and improved admin area including improvements and redesign to current building to improve admin areas, reception, waiting area, staff amenities and storage.
10	Spa Surgery		Redevelopment and extension of the existing ground floor to offer improved accommodation with the potential incorporation of a pharmacy and/or space for use for other services. 2. Construction of an upper storey to the rear of the premises above an existing single storey part of the building. This would offer at least 2 and potentially up to 4 further rooms for consultation or other purposes
11	Moorfield House	4411	To extend the practice capacity by increasing clinical floor space (three extra consultation rooms) and accessibility by incorporating a lift from ground to first floor. This would allow space for additional services and access for the elderly and disabled to the first floor. Increase space for a meeting/training room (currently there is none) on floor two which is vital as we move forward, expand and collaborate.
12	Nova Scotia	5547	Reconfiguration of existing space to provide 2 additional consulting rooms
13	Windmill Health Centre	8597	New Build - a new health centre of circa 608m2 GIA on a site far more accessible and central to the local population.

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GENERAL PRACTICE

FORWARD VIEW

APRIL 2016

Delivering the GP Forward View in Leeds

DRAFT v0.22

7 December 2016

NHS Leeds North Clinical Commissioning Group

NHS Leeds South and East Clinical Commissioning Group

NHS Leeds West Clinical Commissioning Group

NHS

Delivering the GP Forward View

Contents:

1. Introduction

Welcome to our General Practice Forward View (GPFV) delivery plan for Leeds. Our starting point is a recognition that a good standard of primary care is already being delivered across large parts of the city. We recognise the unique strength of general practice in providing continuity of care for patients through the registered list and that the public relies on primary care services for the health and wellbeing of themselves and their family.

We recognise this as one of the great strengths of the NHS – "**if general practice fails, the NHS fails"**.

In the current environment of increased demand and finite resources, patients and professionals need to think creatively about how and why services are delivered and used in order to sustain and transform high quality general practice.

Our plan is set in the context of the West Yorkshire and Harrogate Sustainability and Transformation Plan (STP) and the Leeds Plan (figures 1 and 2) both of which set out the vital role that general practice will play in achieving sustainability across the whole health and social care system. Put bluntly – unless we are able to transform the way in which primary and community services are commissioned and provided, we will not deliver the STP or Leeds Plan.

This GPFV delivery plan describes the steps we will take, in partnership, with the 105 general practices across Leeds, to build on the many existing approaches to collaboration and service integration - using the GP registered list as the cornerstone to ensure:

- Patients will have an increasingly improved experience of using GP services;
- Patients will be increasingly involved in managing their own care and experience better health and wellbeing outcomes;
- The 'Leeds pound' invested in general practice will be used to better effect for maximum impact and gain;
- The overarching aim of system change to support people to stay in their own homes, families or community and that people will only spend time in hospital or residential care when needed;
- The move to a system-wide population health management approach that secures collaborative and integrated ways of working though new models of care based around general practice;
- Staff working within general practice will feel supported and confident with the vision of where general practice is going and how it will feel in the future.

We have recognised the challenges and risks in responding to this ambitious agenda and have committed to work collectively in Leeds to bring about the transformation of general practice through workforce development; reducing the workload; environmental and technological improvements in infrastructure; redesigning care including population health accountability; using available investment and aligning system incentives.

We have articulated the work required to achieve our ambition through six ambitions for general practice described in detail in the following slide.

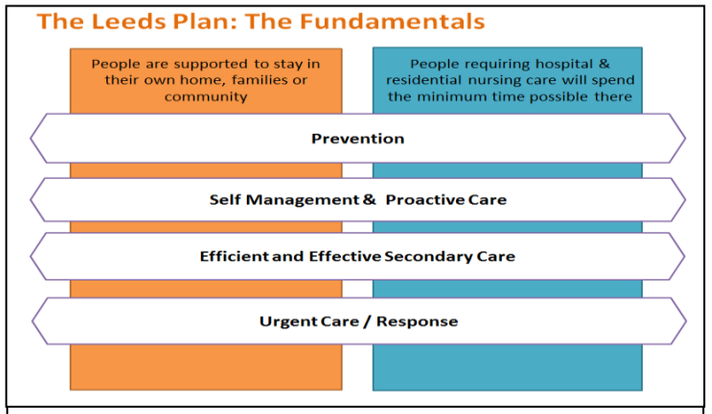
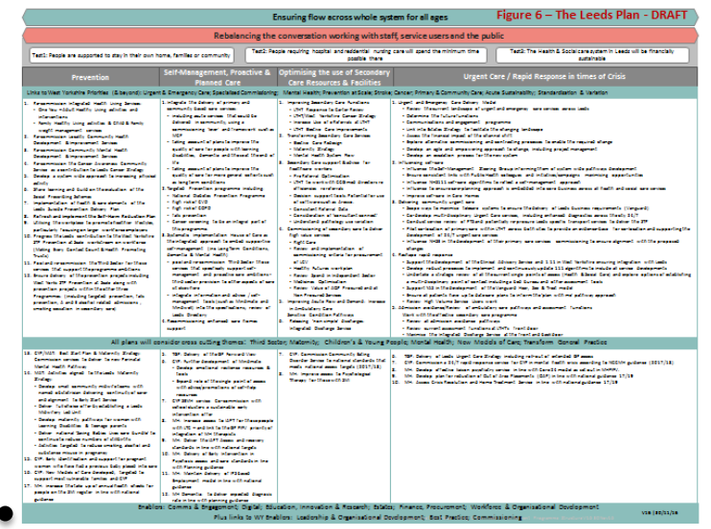


Figure 1 – Tests and cross-cutting programmes within the Leeds Plan

Figure 2 – Annotated Leeds Plan on Page to demonstrate links to GPFV Delivery Plan



The primary care transformation initiatives and models of care described within the GPFV delivery plan underpin the delivery of the Leeds Plan.

2. Vision for general practice

GENERAL PRACTICE FORWARD VIEW APRIL 2016

Our **Six Ambitions** for general practice by 2020/2021 across Leeds are to:

1. Ensure there is a motivated, engaged, integrated and healthy **workforce** with the right skills, behaviours and training, available in the right numbers.

2. Ensure all patients registered with a GP in Leeds:
- understand how, when and are able, to **access** routine and urgent primary medical care when needed; and
- are **empowered to manage their own conditions** to live fulfilling lives in their community.

3. Fully use and prioritise our collective **estates and technology** resources we have available to improve the quality of primary medical care and New Models of Care experienced and delivered by patients and professionals.

4. **Free up more time** in general practice to plan and deliver better care for patients and professionals by streamlining workload in primary care and between different care providers.

5. **Redesign the way care is delivered** by progressing a whole system model which focusses on a 'place-based' approach where everybody has a part to play, both citizens and services together.

6. Increase the **investment and resourcing** into general practice and primary care through maximising funding opportunities

Underpinning principles

The three Leeds CCGs will work, with one commissioning voice, to achieve these ambitions by:

- Working with patients, practices and partners to be a constant listener and to ensure implementing our ambitions responds to local needs.
- Working with commissioning partners and key local providers to align local contracts and incentives to deliver the priority health and wellbeing outcomes for populations in Leeds.
- Improving the quality and efficiency of general practice through greater working 'at scale'.
- Supporting general practice to establish their 'Provider Voice' across the city as a key provider of New Models of Care.
- Fully using our delegated commissioning responsibilities to align system incentives and use new contract forms to commission for improved health outcomes for patients registered with a Leeds GP.
- Ensuring commissioning intentions and decisions support the wider shift to a population health management approach .

3. What will be different when we achieve the ambitions set out in the GP Forward View (GPFV) Delivery Plan?

In the context of increased demand and finite resources, patients and professionals need to think creatively about how and why services are delivered and used in order to sustain and transform high quality general practice.

We have described what will be different from the perspectives of patients (in blue) and practices (in purple) when we deliver the full ambition described in the plan.

This summary should be read in conjunction with the detail of the GPFV delivery plan itself which outlines how these ambitions and key objectives will be achieved.

Ambition 1
Ensure there is a motivated, engaged, integrated and healthy w**orkforce** with the right skills, behaviours and training, available in the right numbers.

By 2020/21 patients will:
- Be supported to see the most appropriate professional to meet their needs
- See a greater range of health and care professionals within the practice
- Take an active part in managing their health and wellbeing through collaborative care planning

By 2020/21, practices will:
- Have access to trained staff to support patients to navigate the health and care system more effectively
- Be part of a wider team of professionals including mental health workers and clinical pharmacists working across groups of practices
- Be confident in the ability to recruit, retain and train new members of the team

Ambition 2
Ensure all patients registered with a GP in Leeds:
- understand how, when and are able to **access** routine and urgent primary medical care when needed; and
- are **empowered to manage their own conditions** to live fulfilling lives in their community.

By 2020/21 patients will:
- Have access to routine and urgent appointments 7 days a week
- Be confident to know when and where to access care
- Be supported to access a greater range of services and wider support through other routes such as digitally and virtually

By 2020/21 practices will:
- See a reduction in demand for care that could be more appropriately delivered by other providers such as community pharmacy
- Deliver a higher proportion of care through digitally enabled solutions
- Be working 'at-scale' and collaboratively with other providers to deliver extended access to routine and urgent appointments 7 days a week

Ambition 3
Fully use and prioritise our collective **estates and technology** resources to improve the quality of primary medical care and New Models of Care experienced and delivered by patients and professionals.

By 2020/21 patients will:
- Be aided to use a range of different digital skills and solutions to meet their needs
- Receive care from primary and community premises which support their wellbeing, relieves stress and aids recovery
- Be able to have more choice of locations from which to access care depending on their need

By 2020/21 practices will:
- Be able to use effective and efficient technology and digital working which supports clinician to clinician and patient to clinician interfaces
- Be able to use premises in a more flexible way
- Have premises which are utilised more effectively and are fit for purpose

Ambition 4
Free up more time within general practice to plan and deliver better care for patients and professionals by streamlining workload within practices and between different care providers.

By 2020/21, patients will:
- Be confident in being able to manage minor self limiting illnesses themselves, obtaining advice from other health professionals such as pharmacists or through other initiatives such as NHS111
- Avoid the morning 'on the day' rush for appointments through effective appointment capacity
- Have an improved overall experience of general practice

By 2020/21 practices will:
- Have been supported to review workload and will see a reduction in bureaucracy and reporting
- Experience improved communication between providers, preventing the need for re-referrals and chasing up tasks etc.
- See better managed demand and will experience a better work/life balance

Ambition 5
Redesign the way care is delivered, by progressing a whole system model which focusses on a 'place-based' approach where everybody has a part to play, both citizens and services together.

By 2020/21 patients will:
- Access a broader range of health and wellbeing services out of hospital in their community
- Be empowered to make decisions to stay well and improve their physical and mental health
- Be confident that the professionals caring for them have the right information to support them, reducing the need for repeat assessment

By 2020/21 practices will:
- Have more time for GPs to provide expert medical advice to support patients with the most complex needs
- Working more collaboratively to share resources , increase resilience and provide patients with access to a wider range of options
- Part of a wider team of health and care professionals working together to meet the needs of the local population

Engagement with patients, member practices and wider stakeholders on how we "what will be different" will be undertaken to ensure that priorities are appropriately reflected and the language is consistent with other plans in the city.

4. Collaborative working between general practices in Leeds

GENERAL PRACTICE FORWARD VIEW APRIL 2016

In Leeds, 105 individual general practices provide primary medical care services and wider primary care for the population of Leeds. These 105 general practices are diverse in size, shape and form. The list size of general practices in Leeds varies between 1,040 and 37,000 with a (median) average list size of 6,844. As individual businesses with an individual contract, there is significant variation in the way in which services are delivered to registered populations of patients. The population of Leeds is also extremely diverse and so **the ability of general practice to respond and deliver care in relation to the specific needs of different population groups is a key strength of general practice.**

As demonstrated by the outcomes of the recent Care Quality Commission (CQC) visits , **the vast majority of the 105 general practices in Leeds are providing good, and in some cases outstanding, care to patients registered with general practices** in Leeds benchmarking above average in relation to the domains assessed by CQC. However, the range and quality of services, patient experience and sustainability of care delivered to patients across general practices in Leeds can vary significantly. The ambitions described in this GPFV delivery plan aim to reduce this variation through quality improvement support and through greater collaboration between general practices.

Another key strength, unique to general practice, is to continuity of care provided to patients through the registered list. Going forward we recognise that that this unique strength of general practice must be retained within the context of greater collaboration and care redesign. General practices in Leeds are increasingly working together in collaboration to design and deliver services which respond to the needs of their populations. The drivers, structure and form of these collaborations vary between the 'formal' federation across 30 GP practices across NHS Leeds South and East CCG, the provider network in NHS Leeds West CCG and Memorandum of Understanding (MOUs) between locality grouping of GPs in NHS Leeds North CCG. The commonality across these different structural arrangements is that they enable general practices to:

- work together to identify, plan and respond to a specific need e.g. providing extended hours through hub working in NHS Leeds West CCG
- work collaboratively and with other providers to design and deliver innovative, bottom-up models of care to the needs of a defined population, such as delivering multi-provider diabetes and mental health wrap-around services for patients living in the Chapeltown locality of NHS Leeds North CCG
- share core functions to increase the efficiency and effectiveness of 'back-office' functions and care provided to improve the sustainability and resilience of general practice and improve care for patients, for example the work undertaken by the GP federation in NHS Leeds South and East CCG to support quality improvement with local GPs.

Alongside commissioning general practices to deliver primary medical care at individual practice level, going forward the Leeds CCGs will increasingly:

- work with GPs and other providers to commission services 'at scale' for populations of 30-80,000 patients
- commission services through hub and spoke models of delivery which are aligned to general practice
- consider the future sustainability of practices required to meet the need of patient populations when making decisions around the provision of general practices services across the city.

Strong collaborative working is essential for the future sustainability of general practice as the key provider of care in its own right, as well as being the foundation to develop New Models of Care (NMoC). The role of general practice in supporting and enabling emerging models of accountable care, and a wider move towards a population health management approach across the city, is described in greater detail in Section 5 Care Redesign.

Section 5. Ambition 1: Supporting and growing the workforce

GENERAL PRACTICE FORWARD VIEW APRIL 2016

Ensure there is a **motivated, engaged, integrated and healthy workforce** with the right skills, behaviours and training, available in the right number

Introduction and overview

Leeds will be a vibrant and attractive place to work, offering flexibility and innovative employment opportunities within an integrated workforce which supports a transformed primary care service.

Our members are passionate about general practice and its place within the health care system and wish to promote it with health care professionals, emphasising the importance of the role of ***general practitioner (GP)*** in the community. Leeds has a lot to offer our future GPs and we plan to expedite and target the recruitment of additional GPs, focussing on areas where recruitment is currently proving a challenge.

It is well documented that there is a need to look at **alternative workforce models** to support the sustainability of general practice given the recruitment and retention challenge that is facing us. We have several sites across Leeds testing new workforce models and we are working with our Local Medical Committee (LMC) colleagues to highlight positive case studies and identify practices who are keen to develop further.

We are **committed to working together as a city on workforce** to ensure a collective review and equity across the whole Leeds system so that workforce models reflect population need and support a reduction in health inequalities. A primary care workforce sub-group has already been established as part of the 'Leeds Plan' programme structure to ensure an appropriate focus on primary care workforce which is not isolated from the wider health and social care workforce. The group will be accountable for delivering the immediate milestones of: 1) establishing an accurate baseline of general practice workforce including gaps : 2) supporting an increase in the number of (additional) clinical pharmacists in practice (30% = 10) through engaging in the clinical pharmacist scheme: 3) implementing new care navigator / medical assistant roles in general practice following 1st cohort of training.

At a recent engagement event 71% of practice representatives (lead clinicians and managers) surveyed said that they were considering alternative workforce models, with 43% looking at working across a groups of general practices demonstrating the current transformational appetite within general practice.

Leeds has made significant progress with regard to workforce models and currently has learning to share in the following areas:

- NHS England clinical pharmacist pilot
- Practice employed pharmacists
- Direct employment of mental health workers
- Physio First and other models
- Clinical care co-ordinators
- Practice nursing preceptorship
- HCA apprenticeships
- Physician associate placements (Y1)
- Role emerging placements for occupational therapists (REPOT)
- Learning disability nurses providing routine health checks in GP
- Hub and cross-site working in the evenings and at weekends
- Inclusion health – inc paediatric asthma programme and Gypsy and Traveller health
- Introduction of the Collaborative Care and Support Planning (previously known as 'Year of Care') – GP team approach to managing long term conditions
- Care home nurses and enhanced care home teams of AHPs, incorporating the Calderdale Framework to risk assess role merging and role blending)

Supporting and growing the primary care workforce underpins the delivery of the Leeds Plan and forms part of the wider Leeds workforce strategy.

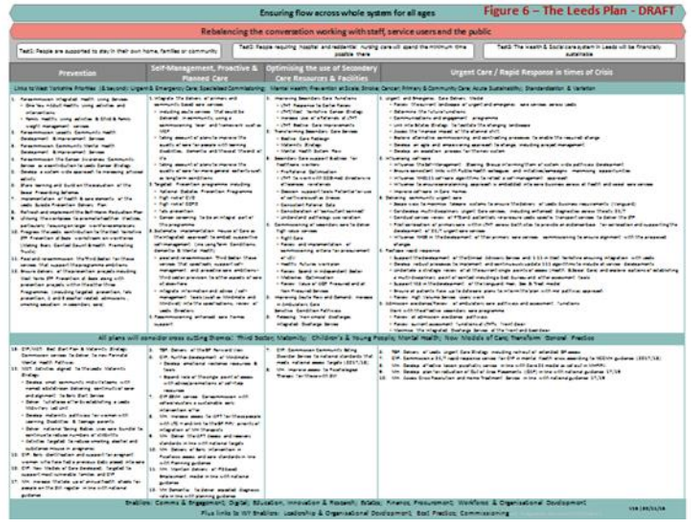


Figure 6 – The Leeds Plan - DRAFT

Ensuring flow across whole system for all ages

Rebalancing the conversation working with staff, service users and the public

Test1: People are supported to stay in their own home, families or community | Test2: People requiring hospital and residential nursing care will spend the minimum time possible there | Test3: The Health & Social care system in Leeds will be financially sustainable

Prevention	Self-Management, Proactive & Planned Care	Optimising the use of Secondary Care Resources & Facilities	Urgent Care / Rapid Response in times of Crisis
Links to West Yorkshire Priorities (& beyond): Urgent & Emergency Care Standard Commissioning; Mental Health; Prevention at Scale; Stroke; Cancer; Primary & Community Care; Acute Sustainability; Standardisation & Variation			
1. Paraphrenaissance: Integrated Health Living Services - One You: Adult Health, Living Activities and Choices - Family Health, Living activities & Child & Family management services 2. Paraphrenaissance: Leeds Community Health Development & Improvement Services 3. Paraphrenaissance: Community Mental Health Development & Improvement Services 4. Paraphrenaissance: The Human Economy: Community Services as a contributor to Leeds Human Economy Strategy: Develop a system-wide approach to increasing physical activity 5. Place, Learning and Social and Preparation of the Asset Rich Ageing Pathway Implementation of Health & Care elements of the Leeds Suicide Prevention Delivery Plan 6. Review and implement the Self-Harm Reduction Plan utilising the conference to promote/reaffirm charities, particularly 'reducing non-urgent use of ambulances' 10. Progress the public contribution to the Best Start to Life EPP Prevention of Avoidable Harm workstream and co-ordinate Making Every Contact Count & Health Promoting Trusts) 11. Food and Nourishment: The Third Better Than Nine services that support these programme ambitions 12. Ensure delivery of the prevention projects including Best Start to Life EPP Prevention at Scale along with prevention projects within the Three Programmes, including targeted prevention, 'risk prevention, 0 and 5 weather related admissions', smoking cessation in secondary care	1. Integrate the delivery of primary and community based care services: - including acute services - that would be delivered in community, using a commissioning 'lever' and framework such as LOCF - Taking account of criteria to improve the quality of care for people with learning disabilities, dementia and Missed Chance at Life - Taking account of criteria to improve the quality of care for those in general and virtual wards as long term conditions 3. Targeted Prevention programme including: - National Diabetes Prevention Programme - High risk of COPD - Falls prevention - Cancer screening - to be an integral part of this programme 4. Sustainable implementation: House of Care as the integrated approach to enabled supportive self-management - One Leeds Rank Conditions (Dementia & Mental Health) - areas and interventions: Third Better Than services that support these programme ambitions - Ensure delivery of the prevention projects including Best Start to Life EPP Prevention at Scale along with prevention projects within the Three Programmes, including targeted prevention, 'risk prevention, 0 and 5 weather related admissions', smoking cessation in secondary care 5. Recommissioning enhanced care: Frame support 6. Integrate the delivery of primary and community based care services: - including acute services - that would be delivered in community, using a commissioning 'lever' and framework such as LOCF - Taking account of criteria to improve the quality of care for people with learning disabilities, dementia and Missed Chance at Life - Taking account of criteria to improve the quality of care for those in general and virtual wards as long term conditions 7. Targeted Prevention programme including: - National Diabetes Prevention Programme - High risk of COPD - Falls prevention - Cancer screening - to be an integral part of this programme 8. Sustainable implementation: House of Care as the integrated approach to enabled supportive self-management - One Long Term Conditions (Dementia & Mental Health) - areas and interventions: Third Better Than services that support self-management and prevention and signposting - Ensure delivery of the prevention projects including Best Start to Life EPP Prevention at Scale along with prevention projects within the Three Programmes, including targeted prevention, 'risk prevention, 0 and 5 weather related admissions', smoking cessation in secondary care 9. Recommissioning enhanced care: Frame support	1. Maximising Ambulatory Care Pathways - LOCF Response to Social Needs - LOCF/Cath - Tertiary Cancer Strategy - Increase use of e-Referrals of LOCF - LOCF Medical Redesign - to 'redesigning' ambulances 2. Transforming Ambulatory Care Services - Medical Care Redesign - Diabetic Strategy - Mental Health Bottom Pass 3. Ambulatory Care support Bradford - for Leeds Residents - Psychological Optimisation - LOCF Co-locate with GOOD mental Attendance - attendance - moderate - Decision support tools: Potential for use of self-assessment at triage - Consultant Referral Rates - Consultation at 'self-assessment' - understand pathology and variation 5. Commissioning of ambulatory care to deliver high value services: - High Care - Review and implementation of commissioning criteria for assessment of LOCF - Health Outcome Intention - Review: Speech to Independent Better Than Nine Services - Review: Speech to Professional and Self-Treatment Services 6. Maximising Elective Pre and General increase in Ambulatory Care Routine Condition Pathways 7. Reducing 'non-clinical' Discharges Integrated Discharge Service	1. Urgent and Emergency Care Services - Vision - Review: Assessment processes of urgent and emergency care services across Leeds - Determine the future functions - Communications and engagement programme - Lean review Bottom Pass - for managing 'ambulances' - Assess the impact/impact of the attendance LOCF - Review attendance commissioning and monitoring processes, to enable this required change - Develop an agile and empowering approach to change, including project management - Develop an assessment process for Frame system 2. Influencing change - Urgent Care Model Management - Sharing: Review of learning from all system wide pathways development - Ensure assessment links with Public Health colleagues and initiatives/campaigns - maximising opportunities - Implement NHS111 self-care algorithms to deliver a self-management approach - Ensure the new commissioning approach is embedded into care business services at Health and social care services - Improve self-care in Care Homes 3. Delivering community urgent care - Review roles to maximise 'release' systems to ensure the delivery of Leeds Business requirements (integrated) - Co-ordinate multi-disciplinary 'urgent' Care services, including enhanced diagnostics across Tiers 2/3 - Conduct service review of 'Pillard' ambulance, to ensure Leeds specific transport services to deliver the EPP - Trial conception of primary care within EPP service that links to provide an enhanced base - for evaluation and supporting the development of 24/7 urgent care services - Influence NHSE in the development of 'the primary care services - commissioning to ensure alignment' with the proposed changes 4. Palliative ward response - Support the development of the Clinical Advisory Service and 111 in their 'sensitive ensuring integration - with Leeds - Develop robust processes to implement and continuously update 111 algorithms to include all service developments - Undertake a strategic review of all Crisis and single point of access (mental illness) Acute Care and explore additional relationship - Review and develop assessment and co-ordinating functions and other assessment tools - Develop a model in the Frame to support their 'Day & Night model' - Review all patients from care to determine where they have come from and where they will go to - Review 'high' Intensity Service - users need 5. Admission avoidance/Review - at ambulatory care and crisis and assessment - functions Work with Third Sector organisations and programme - Review: all admission avoidance pathways - Review: current assessment 'functions at CAPs, Triage Desk - Maximise 'the integrated Discharge Service' at the front and back door
All plans will consider cross cutting themes: 'Third Sector; Maternity; Children's & Young People; Mental Health; New Models of Care; Transform; General Practice			
13. EPP/LOCF: Best Start Plan & Maternity Strategy: Commission services to deliver 'to new Perinatal Mental Health Pathway 14. NSPT: Definitive aligned 'to Towards Maternity Strategy: - Develop wider community maternity with a particular emphasis on the antenatal care and engagement 'to Early Start Service - Deliver 'turbulence' of the breastfeeding 'a week Midwives' and Unit - Develop: maternity pathways for women with Learning Disabilities & Damage severity - Deliver: national Saving Babies' lives care bundle 'to significantly reduce number of stillbirths - Definitive: Targeted 'Smokefree smoking, alcohol and substance misuse in pregnancy 15. EPP: Basic identification and support for pregnant women who have had a previous baby placed into care 16. EPP: Two 'Mothers of Care Developed: 'Targeted 'to support most vulnerable 'families' and EPP 17. 'Ten' Increase Maternity use of annual Health' checks 'to assess the BMI regular 'in line with national guidance	1. 'NEW' Delivery of Health' Personal Care 2. EPP: Further development of 'Midwifery Led Units' - Develop 'emotional' support, & Team - Expand 'role of 'Doulage' as part of women with obstetric complications or self-help - EPP/BMH service: 'Comprehensive' with 'consultant' led 'Midwifery Led Unit' - 'Midwifery' led 'Unit' - 'practice' with 'obstetric' led 'Unit' - 'practice' 3. 'NEW' Delivery of 'Midwifery' led 'Unit' - 'practice' with 'obstetric' led 'Unit' - 'practice' 4. 'NEW' Delivery of 'Midwifery' led 'Unit' - 'practice' with 'obstetric' led 'Unit' - 'practice' 5. 'NEW' Delivery of 'Midwifery' led 'Unit' - 'practice' with 'obstetric' led 'Unit' - 'practice' 6. 'NEW' Delivery of 'Midwifery' led 'Unit' - 'practice' with 'obstetric' led 'Unit' - 'practice' 7. 'NEW' Delivery of 'Midwifery' led 'Unit' - 'practice' with 'obstetric' led 'Unit' - 'practice' 8. 'NEW' Delivery of 'Midwifery' led 'Unit' - 'practice' with 'obstetric' led 'Unit' - 'practice' 9. 'NEW' Delivery of 'Midwifery' led 'Unit' - 'practice' with 'obstetric' led 'Unit' - 'practice' 10. 'NEW' Delivery of 'Midwifery' led 'Unit' - 'practice' with 'obstetric' led 'Unit' - 'practice'	1. 'NEW' Delivery of 'Midwifery' led 'Unit' - 'practice' with 'obstetric' led 'Unit' - 'practice' 2. 'NEW' Delivery of 'Midwifery' led 'Unit' - 'practice' with 'obstetric' led 'Unit' - 'practice' 3. 'NEW' Delivery of 'Midwifery' led 'Unit' - 'practice' with 'obstetric' led 'Unit' - 'practice' 4. 'NEW' Delivery of 'Midwifery' led 'Unit' - 'practice' with 'obstetric' led 'Unit' - 'practice' 5. 'NEW' Delivery of 'Midwifery' led 'Unit' - 'practice' with 'obstetric' led 'Unit' - 'practice' 6. 'NEW' Delivery of 'Midwifery' led 'Unit' - 'practice' with 'obstetric' led 'Unit' - 'practice' 7. 'NEW' Delivery of 'Midwifery' led 'Unit' - 'practice' with 'obstetric' led 'Unit' - 'practice' 8. 'NEW' Delivery of 'Midwifery' led 'Unit' - 'practice' with 'obstetric' led 'Unit' - 'practice' 9. 'NEW' Delivery of 'Midwifery' led 'Unit' - 'practice' with 'obstetric' led 'Unit' - 'practice' 10. 'NEW' Delivery of 'Midwifery' led 'Unit' - 'practice' with 'obstetric' led 'Unit' - 'practice'	1. 'NEW' Delivery of 'Midwifery' led 'Unit' - 'practice' with 'obstetric' led 'Unit' - 'practice' 2. 'NEW' Delivery of 'Midwifery' led 'Unit' - 'practice' with 'obstetric' led 'Unit' - 'practice' 3. 'NEW' Delivery of 'Midwifery' led 'Unit' - 'practice' with 'obstetric' led 'Unit' - 'practice' 4. 'NEW' Delivery of 'Midwifery' led 'Unit' - 'practice' with 'obstetric' led 'Unit' - 'practice' 5. 'NEW' Delivery of 'Midwifery' led 'Unit' - 'practice' with 'obstetric' led 'Unit' - 'practice' 6. 'NEW' Delivery of 'Midwifery' led 'Unit' - 'practice' with 'obstetric' led 'Unit' - 'practice' 7. 'NEW' Delivery of 'Midwifery' led 'Unit' - 'practice' with 'obstetric' led 'Unit' - 'practice' 8. 'NEW' Delivery of 'Midwifery' led 'Unit' - 'practice' with 'obstetric' led 'Unit' - 'practice' 9. 'NEW' Delivery of 'Midwifery' led 'Unit' - 'practice' with 'obstetric' led 'Unit' - 'practice' 10. 'NEW' Delivery of 'Midwifery' led 'Unit' - 'practice' with 'obstetric' led 'Unit' - 'practice'
Enablers: Comms & Engagement; Digital; Estates; Innovation & Research; Estates; Finance; Procurement; Workforce & Organisational Development Plus links to IST Enablers: Leadership & Organisational Development; Best Practice; Commissioning			

Ambition 1: Supporting and growing the workforce

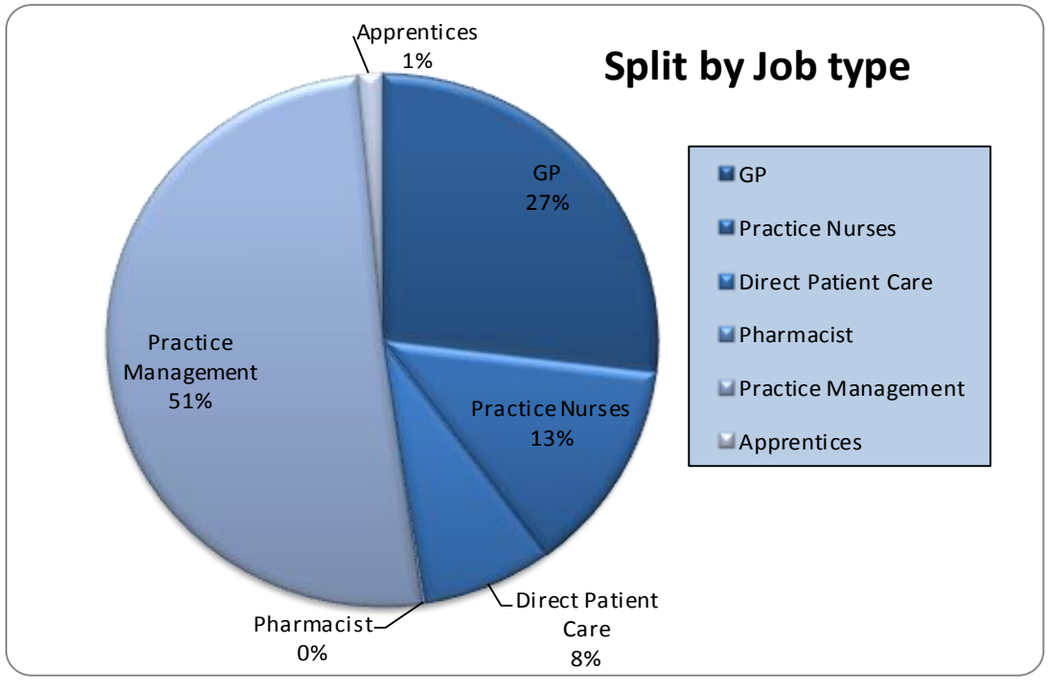
GENERAL PRACTICE FORWARD VIEW APRIL 2016

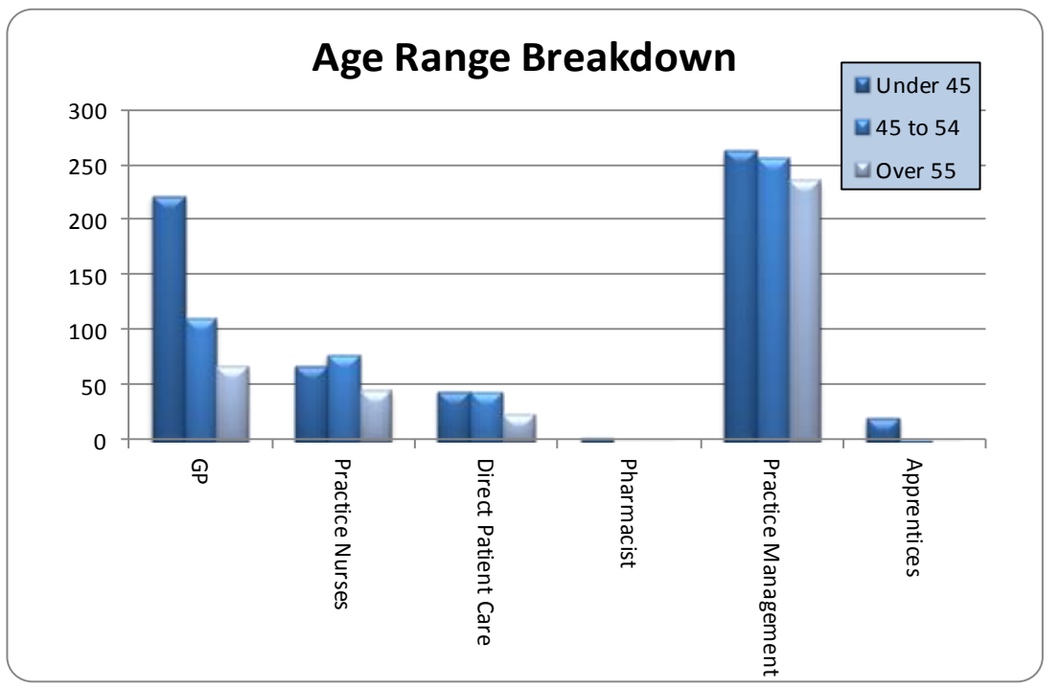
Figure 3 - Combined Leeds CCGs - Job Type Summary

Source - NHS Health Education

	Full Time Equivilant (FTE)	Male			Female		
		Under 45	45 to 54	Over 55	Under 45	45 to 54	Over 55
GP	400.93	93.60	58.11	44.84	128.38	52.78	23.22
Practice Nurses	192.96	1.00	4.00	1.00	67.86	74.00	45.10
Direct Patient Care	113.79	4.46	0	0	40.85	43.66	24.42
Pharmacist	3.41	0.21	0	0	3.20	0	0
Practice Management	756.35	28.72	15.02	8.65	234.46	242.10	227.40
Apprentices	21.92	2.60	0	0	18.15	1.17	0
Total	**1,489.36**	**130.59**	**77.53**	**54.49**	**492.90**	**413.71**	**320.14**

80 of 105 Practice Reporting





Ambition 1: Supporting and growing the workforce

City wide position

GENERAL PRACTICE FORWARD VIEW APRIL 2016

One of the key priorities for Leeds as a system is establishing an accurate baseline of the primary care workforce so that we can identify gaps and priorities at individual practice level and across localities. The data we currently hold only represents 75% of general practices in the city. In order to offer further help and support we need a complete picture of the current challenge, gaps and risks facing practices. As CCGs we have worked closely with Health Education England (HEE) and LMC colleagues to raise awareness on the importance of submitting workforce data so that it enables proactive planning in terms of recruitment and identifying hot spots as well as commissioning future training places.

The information provided from practices (figure 3) identifies a number of key risks – several practices are already highlighting problems recruiting new GPs with a number also highlighting multiple leavers over the next three years leading to concerns regarding sustainability. One of the key actions is to manage these risks and use available resources and programmes, such as the general practice resilience programme, to look at alternative recruitment options or innovative solutions.

The average list size per GP FTE for Leeds is currently at 2004. Whilst we recognise this is a traditional way of measuring demand, looking at this at a practice level highlights variation in practices, particularly where recruitment difficulties are already starting to have an impact.

Current workforce information (figure 3) shows that we have a current workforce gap of 50 GPs which represents a 12% gap in overall GP numbers. This would represent what is needed to fulfil some of the unmet needs but fails to address what is required for general practice to perform at its highest level. We would need to exceed this amount to truly bring general practice into the 21st century.

The Leeds fair share of the 5,000 additional doctors (committed to in the GPFV) equates to 74 doctors, however we know the population is expected to rise over the next five years due to the number of new housing developments. Leeds also continues to thrive as a city and other external factors such as Leeds University being awarded 'University of the Year' may further attract additional students to Leeds. We need to attract new doctors to general practice by showcasing the good work undertaken in primary care by encouraging additional practices to become training practices.

The Leeds fair share of the additional 1,000 physician associates committed in the GPFV is 15. We need to continue to model workforce numbers based on the availability of other staffing groups and use tools such as the HEEYH WRaPT tool (a planning tool to enable us to help model workforce for population groups).

By 2020/21 patients will:

- **Be supported to see the most appropriate professional to meet their needs**
- **See a greater range of health and care professionals within the practice**
- **Take an active part in managing their health and wellbeing through collaborative care planning**

By 2020/21, practices will:

- **Have access to trained staff to support patients to navigate the health and care system more effectively**
- **Be part of a wider team of professionals including mental health workers and clinical pharmacists working across groups of practices**
- **Be confident in the ability to recruit, retain and train new members of the team**

Ambition 1: Supporting and growing the workforce

City wide position continued…

As a city we already have some experience of clinical pharmacists in practice. Initial feedback from practices is that this is already having a positive effect on workload. We are committed to taking the opportunity of being an early adopter site for the clinical pharmacist scheme where we estimate having an additional 25 pharmacists across the city.

There is a growing appetite amongst primary care to embrace new roles and we have some positive examples across the city of mental health workers working in an integrated way with general practice to reflect the population needs. A number of practices have already expressed an interest in being early implementers for this role as we prioritise its expansion across Leeds, working collaboratively with our mental health commissioning colleagues to ensure alignment with the overall strategy.

We have identified that we have a moderate risk regarding GPs aged 55 and over who may be looking to retire in the next few years and to some degree a greater risk of practice nurses and practice management (which includes our administrative and clerical colleagues). A number of initiatives are in development to help support greater resilience in our workforce, including:

- Career seminars for those close to retirement, with a view to looking at options for supporting colleagues to stay in practice
- Developing alternative workforce models including employing physician associates and pharmacists
- Greater collaboration with other independent contractors such as community pharmacy with the Pharmacy First scheme which helps support patients to self-manage and a possible alternative to general practice
- Application to HEE on behalf of Leeds re: nursing associate role test site lead partner LTHT (successful application to start in Dec 2016 - trainee nurse associates to be placed in primary care as part of the programme which includes placements across secondary care, community, mental and care homes
- Implementing the general practice nurse scheme, delivered in partnership with HEE, across 16 practices in Leeds.

A key element of supporting and growing the workforce is adopting an integrated approach to staff training and developing clinical and non-clinical groups. Over the next few months we will work as a city, and with partners, to understand key issues and gaps relating to training provision particularly how we use our collective resources to maximise training opportunities across organisational boundaries. This is particularly relevant in areas of training where there has been a reduction in nationally funded training places, such as practice nurse training. Going forward, a key enabler is the cross-organisational development of a business case to establish a Leeds Health and Care Academy which would provide a system wide resource for health and social care staff.

Ambition 1: Supporting and growing the workforce

City wide approach

GENERAL PRACTICE FORWARD VIEW APRIL 2016

Current position	2016-17	2017-18	2018-19/ 2020-21
Pilots established within specific localities: clinical pharmacists : Physio First and mental health therapists All Leeds CCGs have pre-registration pharmacists doing part of their year's training in CCGs. Citywide workforce group established with key stakeholders with a specific focus on primary care workforce. Harmonising pan-Leeds workforce underway (redeployment and mandatory training). Joint CCG / LMC communication to encourage accurate recording of workforce data to truly understand baseline position. Development of the Leeds Workforce Plan, incorporating values based recruitment at every level. Leeds Institute for Quality Healthcare LIQH) development proposal being implemented across the Leeds CCGs. Including patient leaders as part of our extended team to ensure patient experience is embedded into everything we do. Working with HEIs & FEIs to inform curriculum re-design / refreshment, promoting community inclusivity and parity of esteem (physical and mental health). Scoping opportunity to work more closely with providers (esp LCH – including WE hubs, shared training opportunities). Participating in citywide collaborative recruitment events / careers fairs. Primary Care Workforce Development Group set up. Leeds Workforce Transformation Group set up.	Joint LMC / CCG workshop to take place in January 2017 to discuss workforce sustainability. Developing a core 'workforce' offer for practices taking into account the needs of the population Testing locality developments for shared staff, back office functions, urgent and routine access, home visits. Promote leadership at every level – including LIQH and induction training packages delivered through TARGET. Implement GPN Ready scheme and support new to role GPNs. Underpin training with RCGP competence assurance framework at practice level. CCG support for the successful nursing associate pilot Increase number of apprenticeships at business admin and health care assistant levels including vocational qualifications for progression into nursing - general practice to support placements for the nursing associate roles. Expand and integrate the pilots established in localities with CCG based teams - clinical pharmacists , including advanced level pharmacists , community and practice nurses collaborations Develop foundation AHP and pharmacists roles in CCGs to develop the skills required for working in primary care and GP practices. Support development of business case for proposed Leeds Health and Care Academy Ensure Cavendish Care Certificate obtained by all non-registered patient-facing clinicians.	Pilots within specific localities: evaluated and rolled out: Physio First; mental health therapists. Scaling up locality developments for shared staff, back office functions, urgent and routine access, home visits across all practices. Staff roles including health care assistants, practice nurses and advanced nurse practitioners – improve consistency and benchmarking for learning beyond registration as well as induction, preceptorship and refresher/update training. Wider integration of health and social care. Also promote parity of esteem between mental and physical health Advanced Training Practices Network – support LSMP, expand number of spoke practices, increase placement capacity to 20% of practices offering undergraduate nursing placements. by 2017 Develop new mentors and sign-off mentors n localities to support pre-registration nurses and GP mentors to support non-medical prescribing and the development of the clinical pharmacist role Develop recruitment and retention initiatives to support growth in the workforce. Include recruitment days, develop career portfolios Evaluate the outcomes of the pilots established within localities: with CCG based teams: clinical pharmacists; community and practice nurse collaborations Further roll out of the ANPs and ACPs including pharmacists roles in CCGs to develop the skills required for working in primary care and GP practices, including post graduate diplomas and non-medical prescribing. Improve IT literacy across all teams so technology can underpin improvements in administrative and consulting behaviour - best use of data; include single care record and online services (e.g. non-complex LTC review). Develop skill mixing in practice nursing and advanced nurse practitioners. Develop collaborative working between general practice and community nursing.	Actively promote healthcare careers, including recruitment days established to support practices and groups of practices in recruiting Leavers destination surveys analysed and action plan to address. Include support for those to stay in or return to work Continued roll out of schemes such as Physio First, mental health workers, ACPs and clinical pharmacists Continued development of apprenticeship schemes, Develop AHPs / ACPs including pharmacist roles in CCGs to develop the skills required for working in primary care and GP practices, including post graduate diplomas and non-medical prescribing. Continued increase in Advanced Training Practices Network, with an aspiration of 30% of practices offering undergraduate placements by 2019 Reduce dependence on temporary staffing Shift administrative burden from clinicians to administrative staff to free-up direct contact time; train and support care navigators at front desk

Additional support requirements: Local NHSE Transformation Team to provide dedicated Leeds-level capacity to lead project management and coordination of current schemes and support the Leeds PC workforce group. Support to include bid development for accessing additional monies. National support to address gap in access to practice nurse training.

Ambition 2: Improving access to general practice

GENERAL PRACTICE FORWARD VIEW APRIL 2016

Ensure all patients registered with a GP in Leeds understand how, and are able to, access routine and urgent primary medical care services when needed, are **empowered** to manage their own conditions and live fulfilling lives in their community

Introduction and context

We know, from what patients have told us, that the majority of patients in Leeds find getting an appointment with a general practice in Leeds fairly or very easy. Headlines from the GP Patient Survey in July 2016 demonstrate that 72% of patients find it very easy or fairly easy to access the GP practice via telephone and 74% of patients have a very good or fairly good experience of making an appointment. We want to build on these results to provide even better access to routine and urgent primary care from general practice and wider primary care services alongside a greater focus on supporting and empowering patients to better manage their own conditions.

While figures suggest that the majority of patients registered with a general practice in Leeds are able to easily access their general practice, we know that for other patients, this is not the case. Our patients have told us that improving access to general practice services during routine hours and for some population groups (such as those with complex needs), and continuity of seeing the same health professional, are key priorities. We know from GPs that the demand for 'routine' in-hours appointments is increasing and placing significant pressures on general practice. At the same time, the GP Patient Survey highlights that the majority of patients surveyed want additional extended hours appointments;71% of patients would like additional appointments after 6.30pm and 74% of patients would like additional appointments on Saturdays. The challenge and opportunity for the Leeds CGGs is how we balance these local priorities alongside a national directive and increasing patient expectations to establish seven day access to primary care by 2020/21.

In 2014, NHS Leeds West CCG was successfully appointed as a GP Access Fund site to test a new model of extended seven day access to GP for registered patients. This opportunity has enabled improved access to general practice for the 350,000 patients registered with a Leeds West CCG GP, and has also generated key learning and insight to be applied across the city as the CCGs work together to improve access to routine and urgent primary medical care services for the whole population of Leeds.

The CCGs have three, interrelated opportunities as we work together to improve access to routine and urgent p the whole population of Leeds:

1) Providing greater support to empower patients to better manage their own conditions
2) The Leeds urgent care system redesign, currently being developed as part of the Leeds Urgent Care Strategy
3) The huge opportunity to increase the role of technology in providing and supporting digital access to GP for patients

Urgent care forms one of the four redesign programmes in the Leeds Plan.

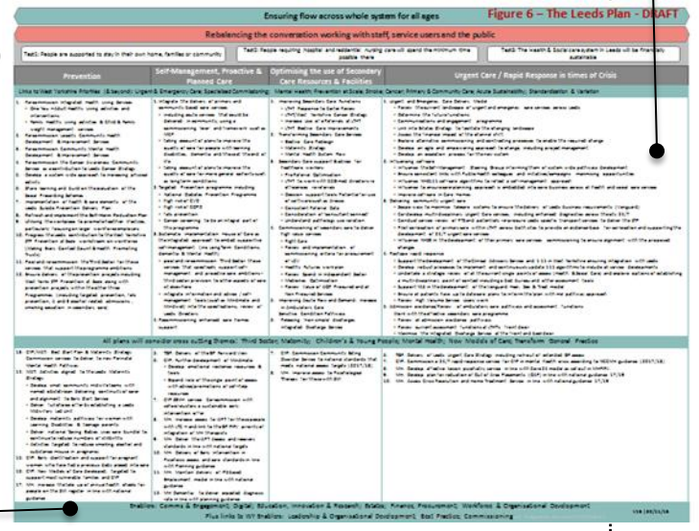


Figure 6 – The Leeds Plan - DRAFT

Developing digital capacity and infrastructure underpins the delivery of the Leeds Plan and forms part of the wider Leeds workforce strategy.

Ambition 2: Improving access to general practice

GENERAL PRACTICE FORWARD VIEW APRIL 2016

City wide approach

Supporting and empowering patients to manage their own conditions and live fulfilling lives in their community

We recognise that supporting and empowering patients to better manage their health, wellbeing and conditions is central to improved access to general practice as well as the wider transformation of health and care services. To enable this we are working as a city on the 'Leeds Conversation' a consistent approach across all health and care providers to frame all interactions between patients and services in the context of the contribution, assets and responsibilities of the patient (see Figure 8). In general practice, this is being supported through health coaching and self-management programmes such as Collaborative Care and Support Planning (previously known as 'Year of Care') approaches, and self-care campaigns. We want patients to feel confident to directly identify and access a range of services, including community pharmacy and services provided through the third sector, to meet their care and support needs.

We have developed information points such as Mindwell and Mindmate to enable patients to directly access self-help and services to support their mental health and wellbeing and commissioned social prescribing to further enable and empower patients to directly access the support and services they need. This programme of behaviour change will be further strengthened by rolling out the Leeds Medicine Communication Charter, a unique approach co-produced with patients, to support patients to get the most of their medicines through different conversations with health professionals resulting in better clinical outcomes and experience, improved patient empowerment and reduced demand for services. Supporting patients to be more activated in the management of their own health, wellbeing and care is a key component of population health management described further in Section 5 Ambition 5.

By 2020/21 patients will:
- **Have access to routine and urgent appointments 7 days a week.**
- **Be confident to know when and where to access care**
- **Be supported to access a greater range of services and wider support through other routes ,such as digital and virtual**

Leeds Urgent Care Strategy and The Leeds Plan

Our approach to improving access to routine and urgent primary medical care forms a key component part of Leeds Urgent Care Strategy, (which in itself forms one of the four work programmes in the Leeds Plan). The Leeds Urgent Care Strategy provides an opportunity for commissioners and providers to work together to take a whole-system approach to redesigning urgent care services, including general practice to address the **key challenges across the Leeds system.** These include: **1)** Variation in access for patients registered with different general practices within different CCGs; **2**) Given the finite capacity of the GP workforce across Leeds - already under significant pressure to meet levels of demand for routine appointments - the need to develop alternative workforce models to deliver urgent and routine primary care; **3)** The need to simplify what is currently a very complex urgent care system ; **4)** High levels of A&E use in early evening by families with young children and from patients living within deprived Leeds **5)** High rates of elderly admissions.

In redesigning services to address these challenges, we will better understand and respond to the unmet needs of **specific population groups** in Leeds. These include **1)** new migrant populations with low understanding of local services; **2)** young families with social and emotional support needs **3)** additional language needs within some migrant groups which require more face to face translation and care navigation **4)** Growing elderly and multiple LTC population with limited assessment / near patient testing in the community **5)** Limited digital literacy across a number of population groups with limited uptake of virtual access in working adult population.

By 2020/21 practices will:
- **See a reduction in demand for care that could be more appropriately delivered by other providers such as community pharmacy.**
- **Deliver a higher proportion of care through digitally enabled solutions**
- **Be working 'at scale' and collaboratively with other providers to deliver extended access to routine and urgent appointments 7 days a week**

Increase the role of technology in providing and supporting digital access to GP for patients

Technology, such as patient online services, provides a huge opportunity to support self care, provide direct digital access to GP and free up capacity in general practice for face-face care for groups who need this most. The opportunity for improvement is demonstrated in the most recent GP Survey results below:

- 35% of patients have awareness of online appointment booking
- 30% of patients have awareness of online repeat prescription ordering
- 6% of patients have awareness of online access to medical records
- 49% have no awareness of online services

A focus on increasing technology, digital access and digital literacy will be a key focus for the CCGs in Leeds over the next five years (see Section 5 Ambition 3 for wider context re technology development

Ambition 2: Improving access to general practice

GENERAL PRACTICE FORWARD VIEW APRIL 2016

Current position

NHS Leeds North CCG

- Practice Reference Group + '3 Things ' feedback: Improve in-hours access, continuity of care for key population groups and provide some extended hours pm and Saturday am;
- Successful system resilience scheme delivered between 8 practices and Local Care Direct since 2014. Provides enhanced access to GP appointments for all Leeds patients during system pressure. Ability and agility to flex capacity to meet demand;
- 84% of population have access to extended hours via national enhanced service.
- Member engagement feedback: future models should be hub-based, technology driven, multidisciplinary and flex to population need.

NHS Leeds West CCG

- Successful 2nd Wave GP Access Fund site delivering 7 day access to services since Oct. 14 (local and national investment);
- Hubs established in a number of localities with high patient satisfaction and attendance;
- Locality groups established to provide infrastructure for population based approaches; 12 hour enhanced access Mon-Fri in 34/37 practices. Weekend access hubs serve approx. 50% of population;
- 83% satisfaction with opening hours.

NHS Leeds South and East CCG

- Clinical pharmacy pilot providing direct patient care;
- Establish 4 collaborative hubs 37/42 practices (10,000 patients not covered);
- Improved access through additional roles within PC team provide in hours capacity, 1 hub providing additional extended opening;
- NMoC pilots established in Beeston and Cross Gates creating multidisciplinary teams
- Discussions with members regarding OOH/UC provision to inform commissioning intentions;
- 84% of the population have access to extended hours.

2016-17

Continue to support initiatives that improve access to GP and primary care whilst planning a citywide future model of care for extended primary care access as part of the developing Leeds Urgent Care Strategy. Future care model to reflect local and national learning, patient insight and member feedback.

In-year initiatives to improve access:

- Ongoing provision of CCG access schemes;
- Ongoing support to practices to achieve online service target of 15-20% by 16/17;
- To look at peer review and ways to address variation in quality – link to Right Care;
- Capacity and demand audits aligned to Primary Care Web Tool extended access data + newly developed tool;
- Continued local commissioning of community pharmacy to deliver Pharmacy First, and Prescriptions Urgent Request Medicines service (PURM);
- Deliver Phase 1 care navigator training to support signposting to effective services;
- Finalise citywide approach to 'Leeds Conversation';
- Launch of Leeds Medicine's Communication Charter.

Development and investment in future model

- Develop and test local delivery of extended access 'in' and OOHs through hub working across the city via West Yorks Vangurd (WYV) Accelerator funding;
- Test direct booking of in-hours GP-appointments from 111 through WYV to support quality triage process;
- Analysis of existing capacity, population and activity flow data to inform design of wider model for extended PC access as part of UC strategy;
- Finalise primary care estates strategy to support future hub working including evening and weekend access;
- Design models of extended access that better meet specific populations needs (families with young children; working age adults, elderly / those living with multiple LTCs; and deprived localities with lower uptake of planned and preventative services);
- Establish and support new technologies via (ETTF cohort 1) – GP mobile devices, telephony hub and Increasing digital literacy for patients;
- Seek national support to address liability issues associated with delivering extended hours.

2017-18

Further improve the quality of in-hours access, initial roll-out of extended access hub and spoke working and scope the integrated pathways across GP and Dentists, Optometrists and Pharmacists . A strong focus on signposting and communication WITH Leeds citizens will be a priority.

In-year initiatives to improve access

- Implement clear (digital) communication resources to support patients to self care and navigate wider health and care system for routine and urgent care needs;
- Training and roll-out Leeds Conversation approach with patients and providers;
- CCG investment to enable partial delivery of extended access 'at-scale' (LNCCG & LSECCG to utilise minimum of £1.50 p/h of GPFV baseline requirement, LWCCG investing £6p/h as a Challenge Fund site);
- Develop hub and spoke working to provide a form of extended access for 50% of the Leeds GP registered population;
- Spread learning from ETTF projects to increase digital literacy of patients (achieve GP online target of 30%);
- Test paediatric 'hot clinic' to respond to primary urgent care for a priority population;
- Locally develop core in-hours standards to further improve quality of in-hours access to GP (explore 15m appointment);
- Roll-out stage 2 navigator training to other staff groups
- Further support collaborative working between practices to support even more efficiency service delivery;
- Support development of non-GP workforce to support delivery of extended access.

Development and investment in future model

- Confirm and agree model for GP extended access in the context of urgent care and OOHs review including the West Yorkshire Accelerator funding. Will reflect needs of different population groups. Understand re-procurement requirements in the context of wider potential MCP developments timeframe;
- Scope requirement for wrap around and support services e.g. diagnostics, transport and near patient testing;
- Engage with dentists, optometrists and pharmacists and their associated local committees around wider integrated working;
- Work with NHSE/ WYCP re pharmacy contracting to include minor ailments, Pharmacy First and developing community

2018-19 / 2020-21

Deliver extended access by working across the city 'at-scale' through an integrated hub and spoke delivery model. Improved access will be designed to meet specific populations needs.

Key in year work areas

- **18/19** – Use £3.34 p/h to increase population coverage of extended access in LNCCG & LSECCG via hub and spoke working;
- **19/20** – Use £6 p/h to deliver extended access to 100% of Leeds population as per national specification through hub and spoke working and in partnership with other urgent care providers including GP OOHs. Transparently describe procurement approach as part of future urgent care procurement process.

- Working at scale will enable different access offers to meet specific populations needs.
- Digital literacy – online services use, 40% in 18/19, 50% in 19/20);
- Early implementation of test models of urgent care responses for different population groups e.g. same day assessment / diagnostics for frail elderly / LTCs populations and community aligned support solutions to address language and system navigation needs within migrated populations;
- Leeds Conversation is fully embedded across all patient groups and service providers.

Additional support requirements: Local NHSE Transformation Team to provide dedicated Leeds-level capacity to lead project management and coordination of Leeds approach to extended access (Business Intelligence, population need modelling and service-redesign capacity and capability).

Ambition 3: Transforming estates and technology

GENERAL PRACTICE FORWARD VIEW APRIL 2016

Develop and fully use our **collective estate and technology** resources to improve the quality of care delivered and the experiences of patients and professionals

Introduction and context

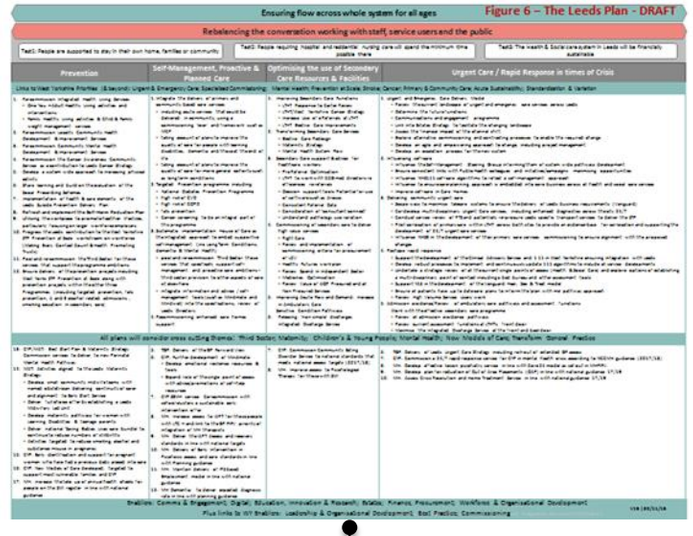
In June 2015, CCGs were asked to lead the development of local estates strategies supported by advisors from NHS Property Services. A Framework for Commissioners was produced which outlined the process required and the timescales for the work to be undertaken. This process included the formation of Strategic Estates Forums (SEF). Within Leeds this is the Strategic Estates Group which includes representation from key commissioner and provider organisations across the city. Estates strategies were to be completed initially by December 2015.

In September 2015, local health and care systems were asked to produce Local Digital Roadmaps (LDRs) by 30 June 2016, setting out how they will achieve the ambition of 'paper-free at the point of care' by 2020.

In October 2015, CCGs were invited to put forward proposals to the Estates and Technology Transformation Fund (ETTF) for future estates and technology investment, in line with their local estates and digital plans. 26 proposals were received, reviewed, prioritised and submitted as part of the national 'Stage One' process by 30 June 2016.

A draft Primary Care Estates Strategy for Leeds has recently been completed. This strategy highlights the current location and condition of general practice premises across Leeds as well as the outcomes of a number of building surveys undertaken within practices. There is enormous variation across Leeds in the quality of premises from which general practices operate and we are aware that this has a direct relationship on the quality and range of care received by patients and on the working lives of professionals.

The result of surveys undertaken as part of the primary dare estates strategy along with local practice knowledge and intelligence, regarding future housing and local infrastructure developments, provides the rationale within the estates strategy for recommendations relating to the future investment and development of general practice estate. It underpins a strategic aim to develop a built environment fit for the future in delivering our ambition of sustainable and transformed primary care as a key aspect of whole system change.



Developing improved estates, digital capacity and infrastructure underpins the delivery of the Leeds Plan and forms part of the wider Leeds workforce strategy.

Ambition 3: Transforming estates and technology

GENERAL PRACTICE FORWARD VIEW APRIL 2016

Develop and fully use our **collective estate and technology** resources to improve the quality of care delivered and the experiences of patients and professionals

The vision for the primary care estate is that it should move towards even more purpose-built, flexible, multi use, premises which are adaptable to changes in services, capacity or demand. Premises should continue to support a culture of teaching and learning both for healthcare professionals and patients. Estate is one of the biggest financial risks both from an investment, funding and ongoing maintenance perspective. Consolidating estates and 'sweating the assets' creates opportunities through developing integrated, multi-occupancy premises which include a range of providers and services, but with sufficient room for future growth/expansion. Premises development should be planned on a hub and spoke model to allow for additional services to be delivered across a whole neighbourhood.

By 2020/21 practices will:
- **Be able to use effective and efficient technology and digital working which supports clinician to clinician and patient to clinician interfaces.**
- **Be able to use premises in a more flexible way**
- **Have premises which are used more effectively and are fit for purpose**

Through the Leeds primary care estates strategy, proactive estate and infrastructure plans will be drawn up so that premises should be well managed and link whole health and social care systems. This approach will include greater partnership working with strategic landlords and others to ensure the total estate is considered. Consistent policies will be developed in relation to rent reviews, including premises reimbursements, as well as agreeing strategic decisions relating to ownership, leases and agreeing any future disposal options for estate.

Infrastructure and technology should support patients to be involved in managing their own health and wellbeing and decisions about their care through information, advice and engagement. We know that new technologies provide huge opportunities to enable patients to access services, advice and their own records digitally but that different levels of digital literacy and appetite exist across different population groups. Promoting and supporting digital access across receptive population groups will free up face to face access for patients who most need this.

By 2020 /21patients will:
- **Be aided to use a range of different digital skills and solutions to meet their needs**
- **Receive care from primary and community premises which support their wellbeing, relieve stress and aids recovery**
- **Be able to have more choice of locations from which to access care depending on their need**

We also recognise the importance and value of digital technologies in enabling greater integration and more flexible delivery of care across different service providers. This includes greater access to shared digital records, the development of near patient testing, the use of mobile devices as well as telephone and digital based solutions that enable improve real time communication between professional to deliver better and more efficient care for patients. The role of technology in delivering more efficient and effective care between patients and professionals is a key component of our wider approach to population health management

Investment in estate and technology is needed, not just to improve existing facilities and the quality of primary medical care received by patients, but to increase the sustainability and transformation of general practice.

The investment and development of flexible primary care estates and technology solutions underpin the delivery of the GP Forward View, New Models of Care and the aspiration of the city to establish a population health management approach.

Primary care estates - Citywide approach

GENERAL PRACTICE FORWARD VIEW APRIL 2016

Current position	2016-17	2017-18	2018-21
105 general practices occupying 127 premises ranging from rural branch surgeries, to large single practices in fully maintained buildings. 5,506 new homes each year for next 5 years focussed around city centre and inner area = 27,530 x 2.3 new patients per dwelling = 63,319 new patients in the next 5 years. Established Leeds Strategic Estates Plan covering all local health, social care and local authority stakeholders. 10 x LIFT buildings developed from 2004-2010. Space utilisation surveys show many buildings under used, and some such as LIFT significantly so. 54% of primary care buildings fail to meet minimum NHS standards for physical condition, 15% for functional suitability and space utilisation and 58% for statutory compliance status. Significant issues with backlog maintenance on a large number of practices. (£1.5m 2016 6 facet surveys). Numerous opportunities to consolidate primary care estate and co-location with other health and social care partners.	Primary care estates property appraisals to be completed, analysed and action planned. Estates workshops with representatives of key stakeholder groups. Workshops review the current collective stakeholder estate in each neighbourhood and identify any initial opportunities for collaborative estates development. Complete primary care estate strategy as part of wider health and social care estates strategy. Agreed NHS provider estates strategies updated and factored in to the citywide Estates Transformational Plan. Draft development and investment pipeline of potential estates schemes based on strategy and list of issues identified. Implement successful schemes from the Estates and Technology Transformation Fund. Leeds LIFT/PFI contract review to be completed. Citywide policy on approach to rent reviews, decision making around premises reimbursements agreed. Partnership working arrangements with key organisations establish to support a cohesive approach to estates of the future	Project workstream implemented for estates transformation , business cases from development and investment plan to be drafted. Improvements in the primary care estates through the One Public Estate programme. Scope 'utilities' technology to reduce estate costs Agreed future citywide transformational Primary Care Estates Development, Investment and Divestment Plan. Map citywide training capacity and other multifunctional space such as meeting rooms etc. Leeds LIFT contract: implement recommendations for actions to realise financial savings opportunities. Leeds PFI contract: implement recommendations for actions to realise financial savings opportunities. Citywide approach to estates ownership, lease agreements and future disposal of primary care estate.	Leeds LIFT building space use improved to 65% and above. Centralised shared training facility to be established – estates solution provided. Centralised CCG/LCC back office and head office accommodation estates solution agreed and delivered for health and social care partners. Integrated strategic estates and development lan developed including redesign for Leeds general Infirmary. Submission of Phase 4 One public estate bid to include primary care.

Additional support requirements – developing primary care estate is currently dependent on the successful funding of applications submitted through the ETTF from the Leeds CCGs. Specialist support required around estates development and support for practices to look a estates issues across their neighbourhoods.

Primary care estates – CCG specific actions

GENERAL PRACTICE FORWARD VIEW APRIL 2016

Current position	2016-17	2017-18	2018-21
NHS Leeds North CCG 34 buildings ranging from small converted premises to large multipurpose sites. 53% of primary care buildings fail to meet minimum NHS standards for physical condition, 18% for functional suitability and space utilisation and 56% for statutory compliance status. 5 practices flagged as high risk.	**ETTF:** CCG supported submission for 11 bids, 7 premises schemes and 4 IT schemes including one citywide IT scheme. Implementation of ETTF scheme for extension of Westgate Surgery to be completed by 2016-17. Project initiation of St Martins House development in in Chapeltown.	ETTF: Project initiation of remaining premises schemes to be completed by 2019. Scope potential hub locations to align with proposed extended access schemes and urgent care strategy. Develop and implement action plan to address priorities identified in Primary Care Estates Strategy Implement successful Phase 2 ETTF schemes.	Establish integrated community hubs aligned with the urgent care strategy and MCP models of working.
NHS Leeds South and East CCG 45 buildings ranging from small converted premises to large multipurpose sites. 52% of primary care buildings fail to meet minimum NHS standards for physical condition, 18% for functional suitability and space utilisation and 58% for statutory compliance status. 11 practices flagged as high risk.	**ETTF**: CCG supported submission for 11 bids, 10 practice bids (2 IT) , one IT CCG bid. Review of primary care estates within defined areas- LS8/9 and Garforth will be completed by 2016/17- inform future estates needs and support sustainability of PC. Potential resubmission to ETTF portal based on review/ in line with estates strategy.	Implementation of successful ETTF schemes and develop evaluation plan for ETTF Continue phased assessment of primary care across geographical areas within CCG/ shared boundaries with other CCGs- to aid understanding of estates and IT, to support development of collaboration and integration, and primary care working at scale to deliver extended access Development and implementation of action plan to address priorities identified in Primary Care Estates Strategy	Ongoing evaluation of premises development in 2017/18 to understand further need and possible further submission to ETTF.
NHS Leeds West CCG 48 buildings ranging from small converted premises to large multipurpose sites. 56% of primary care buildings fail to meet minimum NHS standards for physical condition, 9% for functional suitability and space utilisation and 58% for statutory compliance status. 2 practices flagged as high risk.	**ETTF**: Progression of 5 successful premises development schemes supported through first stage Management of locality workshops to explore potential estate for future planning/community hubs. Completion of 6 facet surveys and Leeds West Primary Care Estates Strategy .	Development of action plan to address priorities identified in Primary Care Estates Strategy . Action plan to include assurance that minimum standards for practice premises attained. Implementation of successful ETTF schemes and develop evaluation plan for ETTF. Coordinate future planning of estate needs working with locality hubs.	Evaluation of premises development in 2017/18 to identify further need.

Primary care technology - Citywide approach

GENERAL PRACTICE FORWARD VIEW APRIL 2016

Current position

Leeds Digital Roadmap (LDR) and the Leeds Plan outlines the case for improving and maximising technology.

Leeds Care Record in use across multiple providers e.g. secondary care, mental health, community and social care includes medications, allergies and adverse reactions. All GP practices signed up.

Currently 15% of patients have signed up to access online services. Less than 1% has access to detailed coded record (DCRA). Only 54 practices enabled DCRA.

Current use of Electronic-Referral Systems across Leeds average 60% (national QP target 80% by Sept 2017).

Current use of electronic discharge advice notices from secondary to primary care 84%.

90% of GP practices EPS2 compliant. Only 6% using repeat dispensing.

All practices using common Electronic Palliative Care Coordination System (EPaCCS) template.

All practices have at least 3 PCs capable of supporting Skype-like consultations.

2016-17

Scope further development and opportunity with the Leeds Care Record (LCR); develop clinical specialist advice and increased use particularly in community pharmacy and A&E.

Evaluate patients currently using patient online, who, where and how used. Increase uptake to 20% (national target 10%).

Support digital literacy skills for patients and staff increasing percentage who have all five basic digital skills. 10% of patients registered for online services to be actively using them. DCRA to be offered to all patients on 2% high risk group. Add 'flag' for other providers.

Provide tools to supported self-care e.g. telehealth, online questionnaires. Public Wi-Fi access in all GP practices. Consistent approach to practice website design and links to other services.

Implement technology to support hub and spoke and collaborative working to support delivery of extended hours and seven day working eg shared records and call handling.

Implement e-consultation - email, instant chat and video consultations with patients. 90% digital referrals.

95% of GP practices EPS2 compliant. 80% of repeat scripts to be done via EPS2. 10% via repeat dispensing.

Increase uptake of EPACCS across GP practices with more patients having palliative care plans in place.

Roll-out electronic out-patient letters from secondary care to primary care.

Scope digital support for care homes through remote access to clinical records or shared education and training opportunities.

2017-18

Roll out further use of the LCR focussed on care navigation and patient records which can be accessed on the move . Linked to new Health Information Exchange.

Increased uptake of Patient Online from 20% to 25% (national target 20%). Enable availability of clinical correspondence. 20% of patients registered for online services to be actively using them.

Undertake benefits analysis of the practice PODs and measure the impact on practice workload.

Test and further develop the e-consultation offer to patients.

Scope impact of digital Lloyd-George notes (e-LGS) to free up space from paper records.

Move towards one infrastructure footprint and service for the city including voice, data, email, collaboration tools etc.

Scoping 'utilities' technology to reduce costs of estates.

100% of practices using EPS2. 80% of all scripts via EPS2 incl acute. Increase repeat dispensing to 15%.

Introduce SNOMED DM+D - a universal identifying coding system which is used by the Dictionary of Medicines and Devices (dm+d).

Implement unified communication systems such as instant messaging, voice and video in primary care.

Additional support requirements –accelerating digital capability is dependent on the successful funding of applications submitted through the ETTF from the Leeds CCGs. Accelerating digital literacy across Leeds will be underpinned by the Leeds CCCGs receiving national monies to further support uptake of GP online as committed in the GPFV. Additional support from NHS Digital on maximising and implementing new technology.

Primary care technology – CCG specific actions

GENERAL PRACTICE FORWARD VIEW APRIL 2016

Current position	2016-17	2017-18	2018-21
NHS Leeds North CCG Investment in introduction of Surgery PODs via PCIF .	Implement the Digital Literacy Programme. Develop the Health Information Exchange to link with the GP clinical system and Leeds Care Record. Pilot for integrated nurse triage unit and call handling across multiple practices. Roll-out Wi-Fi to facilitate use of new technologies in Practices.	Evaluate Digital Literacy programme to share best practice and commission citywide. Linked Health Information Exchange with wider developments on Leeds Care Record to support population health management. Additional locality triage units linked to urgent care and new models of care strategy.	Implementation of hub and spoke working around back office, call handling and urgent care across all localities.
NHS Leeds South and East CCG 2015/16 Direct investment by CCG to support roll out of Wi-Fi in practices – supported by PCTF monies. Direct investment by CCG to support roll out of mobile working.	39/42 practices have access to Wi-Fi. By end of 2016/17 39 practices (52 sites) will have the ability to support mobile technology to support safe high quality care. ETTF: CCG supported submission for 2 IT practice bids, one IT CCG bid. LCR: encourage practice use through shared messages and development of case studies. Other clinical system and tools (EPACCS) to enhance pt care and clinical practice.	Support the implementation of city wide IT (tokens) bid during 2017-2019- facilitated learning/ standards of approach. Share learning from health pods and impact on access and workload to PC services. Explore opportunities from Vanguard sites and the evaluation to understand impact for PC. Continue phased assessment of primary care across geographical areas within CCG/ shared boundaries with other CCGs to aid understanding of estates and IT, to support collaboration and integration, and primary care working at scale to deliver extended access.	Explore options for patient held technology and integration with clinical records
NHS Leeds West CCG Establish baseline assessment of all current estate and technology requirements within the CCG.	Progress successful technology scheme to enable mobile working supported through first stage of ETTF. Wi-Fi Installation in all practices to facilitate use of new technologies. Skype Telehealth Kit installed in all practices to support virtual means of access and multi-disciplinary working Develop a standard practice website to include appropriate signposting to services Continued support to practices for access to Leeds Care Record.	Implement successful ETTF schemes. Develop evaluation plan for ETTF schemes. Work to support practices and localities through the network to: • test and increase use of video kit to improve patient care • maximise the potential of practice websites in signposting patients to self-care, obtain advice from pharmacy first and connecting to voluntary sector through social prescribing. Expand the Leeds Care Record.	Evaluate premises development in 2017/18 to identify further need

Ambition 4: Better workload management

GENERAL PRACTICE FORWARD VIEW APRIL 2016

Reduce practice burdens and help release time with the management of demand, diversion of unnecessary work and an overall reduction in bureaucracy

Introduction and context

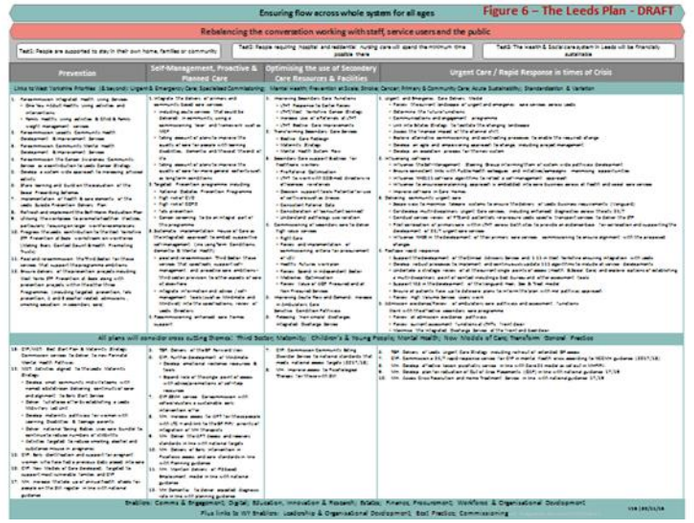
The three Leeds CCGs have successfully supported member practices in managing their workload through significant historic investment in quality improvement programmes such as the General Practice Improvement Programme (GPIP), Productive General Practice, in addition to establishing and supporting the bespoke Leeds Institute for Quality Improvement.

A key component of quality improvement is the ability to accurately assess capacity and demand and support practices to make small changes to manage appointment systems. As a national GP Access Fund site, NHS Leeds West CCG is an early implementer of a systematic approach to capacity and demand. The understanding and learning from this will be shared across the city as we launch the approach in 2017, providing dedicated support to practices. The plan will be to initially work with those practices that have currently identified specific capacity issues. We will also look at a structured approach to reducing missed appointments, focused on those practices that are indicating this is a particular issue for them and their patient population.

A standardised quality dashboard has been produced across the city which will further support how we transparently work with practices to identify and share good examples of quality improvement as well as where additional support may be required in relation to specific citywide quality themes or at specific practice level. The 'One Voice' work has emphasised the importance of primary care development support and commitment to use our collective resource to support practices on the basis of need as required.

Leeds has made significant progress in implementing a number of the national expectations relating to the NHS Standard Contract. A full review of the recommendations arising from the GPC Urgent Prescription for General Practice has been undertaken with our LMC colleagues which aims to reduce the impact on general practice. A system is established, through Leeds Provider Query to allow practices to flag where there are compliance issues and these will continue to be monitored and fed back to our local providers to continue to support the appropriate workload management in general practice.

Initiatives planned to improve the efficiency and effectiveness of the interface between within primary care and general practice will support this strand of the Leeds Plan.



Ambition 4: Better workload management

GENERAL PRACTICE FORWARD VIEW APRIL 2016

Reduce practice burdens and help release time with the management of demand, diversion of unnecessary work and an overall reduction in bureaucracy

We are working with NHS England colleagues in identifying those **practices that may benefit from the GP resilience programme**. 13 practices (and one locality) have been identified by CCGs and practices to date, in addition to at least 11 practices (or localities) receiving vulnerable practices funding. This demonstrates some of the challenges being faced by our practices and our focus will be on sustaining services for the population. Recognising the importance of the general practice registered list in providing continuity of care, we also know that by supporting increasing collaboration between practices, we will continue to identify schemes which may allow the resources to be managed at scale across a wider footprint.

The CCGs and the LMC have agreed to work together to continue to identify areas of good practice and share case studies to ensure continuous improvement and spread of initiatives across the city, particularly encouraging practices to share initiatives that have impacted upon their workload. All three CCGs have **successful social prescribing models** in place which is already starting to show an impact on supporting GP workload.

A high level review against the **10 high impact changes** has been undertaken (see figure 4) and a commitment has been made to share good practice, learning and ideas for development, particularly regarding productive work flows, in a coordinated way across the city. An identified lead for each 'high impact' area has been identified who will help to monitor and push for progress through the citywide collaborative.

Effective workload management also sits alongside the workforce chapter in identifying opportunities for other health and care professionals to work as part of an integrated team to help support a more appropriate workload depending on the needs of the population and the skills available within the practice team. A positive example of this is the integration of mental health workers in primary care reflecting the **key role of general practice is holistically supporting the mental and physical health and wellbeing needs of patients.**

A **GP wellbeing action plan** for 2016-18 has been developed across the city which aims to focus on a number of initiatives to support GP resilience including coaching and mindfulness . Feedback from GPs who have participated in the initial Mindfulness course has been extremely positive.

By 2020/21, patients will:

- **Be confident in being able to manage minor self limiting illnesses themselves, obtaining advice from other health professionals such as pharmacists or through other initiatives such as NHS111**
- **Avoid the morning 'on the day' rush for appointments through effective appointment capacity**
- **Have an improved overall experience of general practice**

By 2020/21 practices will:

- **Have been supported to review workload and will see a reduction in bureaucracy and reporting**
- **Experience improved communication between providers, preventing the need for re-referrals and chasing up tasks etc.**
- **See better managed demand and will experience a better work/life balance**

Ambition 4: Better workload management

GENERAL PRACTICE FORWARD VIEW APRIL 2016

Figure 4 - City wide assessment of progress against delivery of 10 high impact changes and links to the ambitions outlined in the GPFV delivery plan.

		Workforce	Access	Estates & Technology	Workload	Redesign
Active signposting	• Increase in use of online services • Procure new website to actively signpost • Leeds Directory • Commitment to work across the city to commission training for admin and clerical staff	✓	✓	✓	✓	✓
Personal productivity	• Coaching support for GPs • Review of TARGET session to support personal productivity • Mindfulness sessions	✓			✓	
New consultation types	• All CCGs testing new consultation types – need to consolidate efforts to reduce duplication of 'testing', share good practice • Evaluation of e-consultations underway in Leeds West as part of GPAF – funding in 2017/18 for online consultations • Various models underway – need to share learning		✓	✓	✓	
Partnership working	• Good links with CPWY – Pharmacy First • All CCGs progressing 'primary care, provided at scale' either through networks, federation, MOUs or scoping options • Prototypes established in each CCG for "New Models of Care"	✓	✓		✓	✓
Reduce missed appointments	• Support for MJOG • 'Forgotten Something' campaign • Structured approach to DNA's to be launched in 2017		✓	✓	✓	
Develop the team	• LSECCG & LNCCG part of clinical pharmacist scheme – learning to be shared • Citywide approach to workforce – pilot new roles, PA, physio /MSK in house services • LNCCG in-house diabetes led nursing management and recruitment & retention for new GPs (Chapeltown HATCH Initiative	✓				✓
Productive work flows	• All CCGs funded support packages through either Productive General Practice or General Practice Improvement Programme. • Focus on capacity and demand processes – systematic approach planned for 2017				✓	✓
Social prescribing	• All CCGs have social prescribing initiatives in place • Leeds Directory to help signpost to other services in the community	✓	✓		✓	✓
Support self care	• Leeds part of National Diabetes Prevention Programme, established collaborative care and support Planning (YOC) approach, health coaching • Procure Healthy Living Services • Pharmacy First	✓	✓		✓	✓
Develop Quality Improvement (QI) Expertise	• Review TARGET – proposal to include LIQH within TARGET to develop QI expertise locally • Productive General Practice and general practice improvement programme offered to all Leeds practices • Focus on information for improvement – standardised quality dashboard	✓			✓	✓

Ambition 4: Better workload management

City-wide approach

GENERAL PRACTICE FORWARD VIEW APRIL 2016

Current position	2016-17	2017-18	2018-21
Baseline assessment against the 10 high impact areas undertaken. Leeds identified and will continue to monitor and share good practice through the citywide primary care collaborative. NHS Leeds West CCG trialling new software to measure demand through GP Access Fund. Expression of Interest submitted to the releasing time to care programme submitted – assessing scope of programme and benefits in light of previous investment. Local training and support offered to receptionists to encourage uptake of online services to support workload management (further sessions to be arranged). Support roll out of electronic repeat prescribing. 5% practices participated in either GPIP or PGP. Use Leeds Provider Query email to understand non-compliance of acute providers against the NHS Standard Contract. Identify 1st wave priorities for GP resilience .	Leeds Institute for Quality Healthcare to offer quality improvement course to GP staff teams. Review 3 CCG engagement schemes and align where possible Collaborative Care and Support Planning consultations (previously known as 'Year of Care') scaling and targets Develop a quality strategy for general practice, capturing the positive work already in place across Leeds. Promote a culture of quality improvement amongst practices. Develop a standard quality dashboard to support workload management and identify areas of support for practices. Practice manager representation from CCGs to scope an active signposting and correspondence training offer for GP reception staff with health coaching and social prescribing models– to roll out training across the city by Jan / February 2017. Systematic approach to demand and capacity to be offered across the city. Embedding quality improvement methodologies. Continued to audit DNAs and utilise the 'Forgot Something' campaign. Development and testing of 'Mindwell' – citywide information portal to improve mental health information access, self-help and direct referral to IAPT – will divert a proportion of patients from GP direct to MH services. Continue sharing case studies and best practice across Leeds through practice manager sessions, TARGET, CCG bulletins and using the LMC Viewpoint. Engage the sessional GP workforce. Work with communication and engagement colleagues to undertake campaign for supported self management (Pharmacy First etc.)	Scope a web solution for a common front end access point to deliver: active signposting, self-management and triage (as per West Wakefield and Leeds West model). CCGs continuing to support the delivery of 10 high impact changes across GP at scale over 17/18 and 18/19. Engagement with community pharmacy colleagues to scope joint approaches to support workload management. Scope citywide social prescribing service based on pilot evaluations. Continue to increase online services through active promotion. Evaluate impact of Collaborative Care and Support Planning (previously known as 'Year of Care') Programme. City wide approach to communications and engagement to support self care through Pharmacy First and 111. Roll out Mindwell and increase awareness of the portal. Wave 2 investment (Dec 17) in more psychological therapy linked employment advisors to support those with LTCs. Develop standard templates and processes to support practices' management of housing / PLP forms etc. Share standardised protocols for reception staff to manage clinical correspondences. Further offer care navigation training with a focus on asset mapping local community resources /self-care options / pharmacy first as a route for helping navigate patients. Continue sharing of case studies and best practice across Leeds.	Further offer care navigation training with a focus on supporting patients to access new posts and functions within the general practice team and wider multidisciplinary team. Continue sharing case studies and best practice across Leeds. Continue to increase online services through active promotion.

Additional support requirements – support to be provided by the transformation Team to secure funding for bespoke resources to support quality improvement methodologies in Leeds in recognition of the significant local investment in general practice quality programmes; support to align national and local enhanced services and local schemes to reduce bureaucracy and share best practice case studies from across the Region

Ambition 5: Redesign care delivery

Progress to a whole system model which focusses on a 'place-based' approach where everybody has a part to play, both citizens and services together

Introduction and background

The ambition to redesign the way primary care is delivered is at the heart of ensuring the sustainability and transformation of both general practice and the wider health and care system. We know that **general practice's understanding of local population needs alongside the continuity of care enabled through the registered list are strengths that we will value and retain going forward**. Building from the general practice registered list provides a firm foundation for care to be delivered differently – in a more collaborative and integrated way - bringing together different providers of health and social care across the city. **This chapter outlines the central role of general practice and general practitioners in driving forward change that will support and enable the wider system transformation described within the West Yorkshire and Harrogate Sustainability and Transformation Plan (WYSTP) and the underpinning Leeds Plan.**

Leeds is recognised nationally as being ahead of the curve in relation to current levels of integration between service providers within the city. Over the last two years the Leeds CCGs have guided and supported general practices to develop new ways of working in line with the New Models of Care (NMoC) approach described in the Five Year Forward View. Across Leeds, general practices are working with community, acute and third sector providers to develop and deliver NMoC which respond to the needs of priority populations within a given locality. Joint leadership teams are being developed and supported to enable provider joint working. The aim of this approach is to **support the consideration of the use of collective resources and expertise, including the social assets of patients and communities, to deliver increasingly better outcomes for local populations.** The benefits of working in a more collaborative way includes the better use of finite system resources such as workforce and estates. We believe this will lead to improved outcomes and increased satisfaction for patients and in improvements to the working lives of front line staff through better working relationships. Supported through facilitation and resource from CCGs, the following examples illustrate how general practices are working collaboratively and with other providers to develop NMoC.

Armley Test Bed

A 'Community Wellbeing Leadership Team' has been established in the Armley locality. Membership is local leaders drawn from general practice,(representing five practices in the area) LCH, LYPFT, adult social care, the Armley One Stop Centre and the local voluntary sector. The key aims are to improve relationships, develop local leadership and promote integration. The overall aim of the group is to improve the aspirations of people in Armley. The group have identified priorities around mental health, self care and delivery of care using coaching approaches. Self-led projects are underway including setting up a 'self-care' whole system MDT to support the Adult Social Care Strengths Based Social Care innovation site in partnership with New Wortley Community Centre. The group also want to roll out coaching training to all front line clinical and non clinical staff so that all people in the area will receive a consistent response when accessing all services.

Beeston & Crossgates Test Bed

In the Beeston and Cross Gates localities of LSECCG a new model of care project is developing that aims to provide proactive, integrated, patient centred care for people with multiple LTCs including CVD or COPD. A new multidisciplinary team in in place in both localities comprising of GP, geriatrician, matron, therapist and health advisors, with provision for mental health and pharmacist input once the level of need has been identified. The model will focus on developing wellbeing plans in partnership with participants along with resilience plans that support better self-management of conditions, coordinate resources more effectively and use community assets to better effect. The team are working with small groups(approx. 600/locality) from the identified cohort to develop the model in line with participant needs, ensuring citizen feedback is integral to the service design and development.

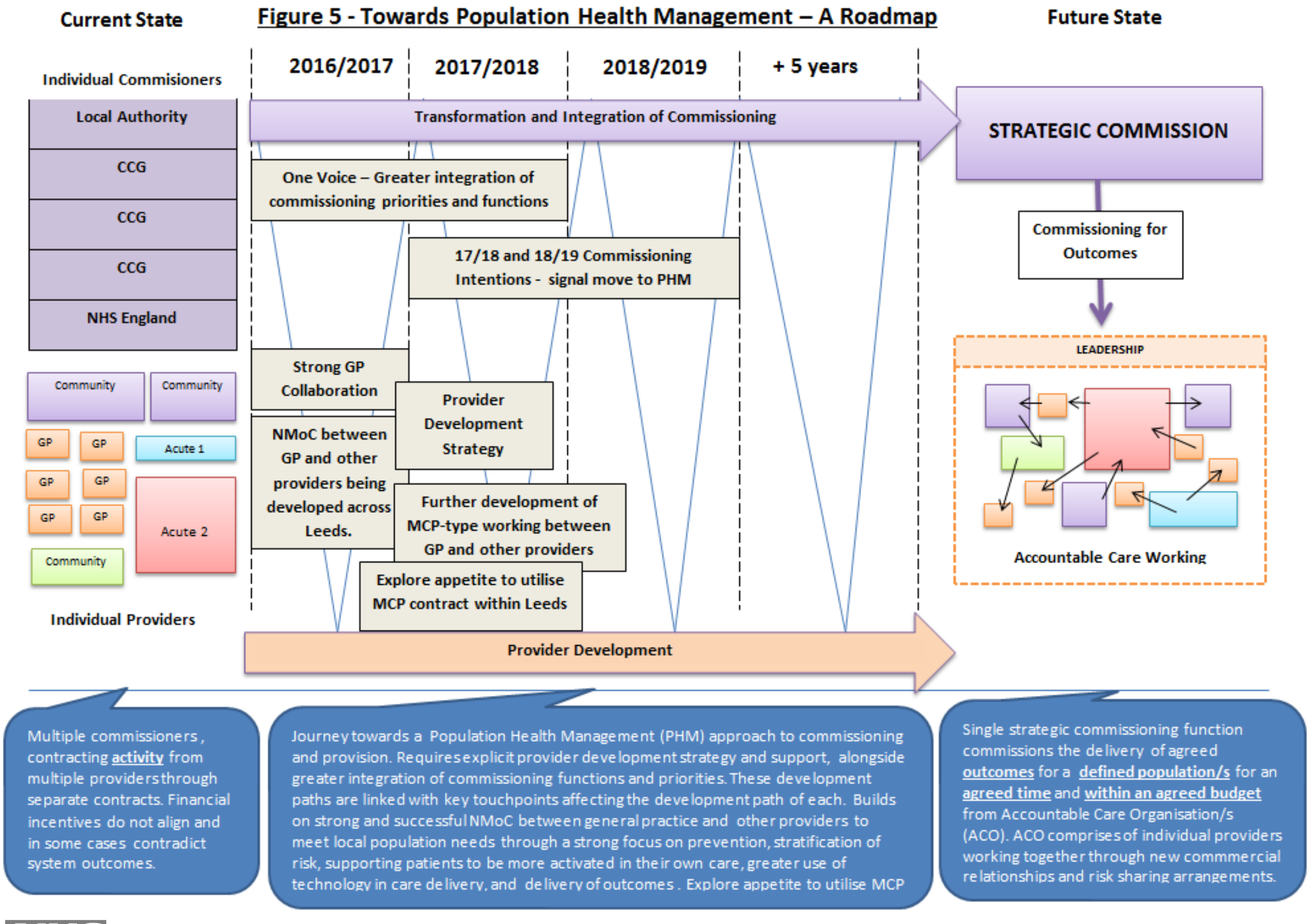
Chapeltown Test Bed

In the Chapeltown locality of LNCCG, practices have established a Memorandum of Understanding (MOU) to strengthen their ability to work together, to develop and deliver services and approaches for one of the most deprived populations in Leeds. Working alongside community providers, GPs in the locality have established a new local diabetes service. With a jointly appointed nurse specialist, the service is seeing more complex patients in the practices and upskilling the practice workforce. With mental health and third sector providers and alongside the social prescribing service 'Connect-well' the locality has also established a mental health wraparound service for local patients as an early implementer of the citywide MH Framework for Leeds. In addition, the locality has established HATCH (Health and Social Care Talent In Chapeltown and Harehills), which aims to strengthen and make more resilient the workforce in Chapeltown and make the locality a national 'go-to' destination for primary care workforce .

Working with providers, the CCGs in Leeds have described an ambition to move to a population health management (PHM) approach to commissioning for improved outcomes for the population of Leeds. The establishment and learning from the NMoC described are one of a number of key steps towards a PHM approach which include the move towards more strategic commissioning, providers working together in a more 'accountable care' way, and the alignment of contracts and incentives to support this way of working. Another step is to understand and explore the appetite and benefits of testing Multi Specialty Care Provider (MCP) contract within the city. Figure 5 outlines and describes a roadmap to PHM and some of the key steps on this journey.

Figure 5 – Approach to population Health Management (PHM)

GENERAL PRACTICE FORWARD VIEW APRIL 2016



Ambition 5:Redesign care delivery

GENERAL PRACTICE FORWARD VIEW APRIL 2016

The role of general practice in supporting delivery of the Leeds Plan and Sustainability and Transformation Plan

The Leeds Plan (Figure 6) describes the system changes required to achieve a sustainable and transformed health and care system and supports the delivery of the West Yorkshire and Harrogate Sustainability and Transformation Plan (STP). The Leeds Plan describes four work programmes which will achieve the three overarching tests of the plan; 1) People will be supported to stay in their own homes, family or community 2) People requiring hospital and residential nursing care will spend the minimum time possible there 3) The health and social care system in Leeds will be financially sustainable.

GP redesign is at the heart of supporting and enabling this change.

There are three areas of focus within the care redesign of general practice that contribute towards the wider system change to support delivery of the STP and the Leeds Plan.

By 2020/21 patients will:
- **Access a broader range of health and wellbeing services out of hospital in their community**
- **Be empowered to make decisions to stay well and improve their physical and mental health**
- **Be confident that the professionals caring for them have the right information to support them, reducing the need for repeat assessment**

1. **Redesign general practice to be sustainable** - As outlined in the preceding sections of this GPFV delivery plan, this includes the redesign of workforce, access, workload and estates and technology to increase the sustainability and transformation of general practice as the key provider of primary care for the population of Leeds . The 10 high impact actions to release GP capacity is the key starting block for sustainability and GPs being able to work at the top of their license within integrated services.

2. **Redesign the delivery of general practice services through collaborative working 'at-scale' –** By working collaboratively to share some workforce, back-office, estates and service delivery models, general practice will be more efficient, sustainable and resilient. Working together 'at-scale' across population groups of approximately 30-80,000 will shape the formation of hub and spoke working to deliver a range of GP services and enable wider alignment to support provider integration.

3. **Redesign and integrate the wider health and care system, of which the general practice registered list is the cornerstone** - This is the focus of the Leeds Plan, which consolidates four work programmes . Aligning this plan to other strategies around urgent care, pharmacy, mental health, children and families and carers is key.

By 2020 /21 practices will:
- **Have more time for GPs to provide expert medical advice to support patients with the most complex needs.**
- **Working more collaboratively to share resources , increase resilience and provide patients with access to a wider range of options.**
- **Part of a wider team of health and care professionals working together to meet the needs of the local population**

Delivering redesign across the three levels outlined above is predicated on fully accessing the funding and resources committed in the GPFV as well as realigning existing resources, including finance and workforce, between existing provider boundaries.

Figure 6 – The Leeds Plan - DRAFT

Ensuring flow across whole system for all ages

Rebalancing the conversation working with staff, service users and the public

Test1: People are supported to stay in their own home, families or community

Test2: People requiring hospital and residential nursing care will spend the minimum time possible there

Test3: The Health & Social care system in Leeds will be financially sustainable

Prevention	Self-Management, Proactive & Planned Care	Optimising the use of Secondary Care Resources & Facilities	Urgent Care / Rapid Response in times of Crisis
Links to West Yorkshire Priorities (& beyond): Urgent & Emergency Care; Specialised Commissioning; Mental Health; Prevention at Scale; Stroke; Cancer; Primary & Community Care; Acute Sustainability; Standardisation & Variation			
1. Re-commission Integrated Health Living Services: • One You – Adult Healthy Living activities and interventions • Family Healthy Living activities & Child & Family weight management services 2. Re-commission Locality Community Health Development & Improvement Services 3. Re-commission Community Mental Health Development & Improvement Services 4. Re-commission the Cancer Awareness Community Service as a contribution to Leeds Cancer Strategy 5. Develop a system wide approach to increasing physical activity 6. Share learning and build on the evaluation of the Social Prescribing Schemes 7. Implementation of health & care elements of the Leeds Suicide Prevention Delivery Plan **8. Refresh and implement the Self-Harm Reduction Plan** 9. Utilising the workplace to promote healthier lifestyles, particularly focusing on larger workforce employers 10. Progress the Leeds contribution to the West Yorkshire STP Prevention at Scale workstream on workforce (Making Every Contact Count & Health Promoting Trusts) 11. Pool and re-commission the Third Sector for those services that support the programme ambitions 12. Ensure delivery of the prevention projects including West Yorks STP Prevention at Scale along with prevention projects within the other three Programmes: (including targeted prevention, falls prevention, A and E alcohol related admissions , smoking cessation in secondary care)	1. Integrate the delivery of primary and community based care services: • including acute services that could be delivered in community, using a commissioning 'lever' and framework such as MCP • taking account of plans to improve the quality of care for people with learning disabilities, dementia and those at the end of life • taking account of plans to improve the quality of care for more general cohorts such as long term conditions 2. Targeted Prevention programme including: • National Diabetes Prevention Programme • high risk of CVD • high risk of COPD • falls prevention • Cancer screening to be an integral part of this programme. 3. Systematic implementation House of Care as the integrated approach to embed supportive self-management (inc Long Term Conditions, dementia & Mental Health) • pool and re-commission Third Sector those services that specifically support self-management and proactive care ambitions - third sector provision to other aspects of care sit elsewhere • integrate information and advice / self-management tools (such as Mindmate and Mindwell) into the specifications; review of Leeds Directory 4. Recommissioning enhanced care homes support	1. Improving Secondary Care Functions • LTHT Response to Carter Review • LTHT/West Yorkshire Cancer Strategy • Increase Use of e Referrals at LTHT • LTHT Elective Care Improvements 2. Transforming Secondary Care Services • Elective Care Redesign • Maternity Strategy • Mental Health System Flow 3. Secondary Care support & advice for healthcare workers • Pre Referral Optimisation • LTHT to work with CCG med directors re efficiencies re referrals • Decision support tools. Potential for use of software such as Arezzo. • Consistent Referral Data • Consideration of 'consultant connect' • Understand pathology use variation 4. Commissioning of secondary care to deliver high value services • Right Care • Review and implementation of commissioning criteria for procurement of LCV • Healthy Futures work plan • Review Spend in Independent Sector • Medicines Optimisation • Review Value of AQP Procured and all Non Procured Services 5. Improving Acute Flow and Demand: Increase in Ambulatory Care Sensitive Condition Pathways 6. Releasing 'non simple' discharges: Integrated Discharge Service	1. Urgent and Emergency Care Delivery Model • Review the current landscape of urgent and emergency care services across Leeds • Determine the future functions • Communications and engagement programme • Link into Estates Strategy to facilitate the changing landscape • Assess the financial impact of the channel shift • Explore alternative commissioning and contracting processes to enable the required change • Develop an agile and empowering approach to change, including project management • Develop an escalation process for the new system 2. Influencing self-care • Influence the Self-Management Steering Group informing them of system wide pathways development • Ensure consistent links with Public Health colleagues and initiatives/campaigns maximising opportunities • Influence NHS111 self-care algorithms to reflect a self-management approach • Influence to ensure care-planning approach is embedded into core business across all health and social care services • Improve self-care in Care Homes 3. Delivering community urgent care • Scope ways to maximise telecare systems to ensure the delivery of Leeds business requirements (Vanguard) • Co-develop multi-disciplinary Urgent Care services, including enhanced diagnostics across the city 24/7 • Conduct service review of PTS and potentially re-procure Leeds specific transport services to deliver the STP • Pilot co-location of primary care within LTHT across both sites to provide an evidence-base for co-location and supporting the development of 24/7 urgent care services • Influence NHSE in the development of their primary care services commissioning to ensure alignment with the proposed changes 4. Reshape rapid response • Support the development of the Clinical Advisory Service and 1 11 in West Yorkshire ensuring integration with Leeds • Develop robust processes to implement and continuously update 111 algorithms to include all service developments • Undertake a strategic review of all the current single points of access (Health & Social Care) and explore options of establishing a multi-disciplinary point of contact including a bed bureau and other assessment tools • Support YAS in the development of the Vanguard Hear, See & Treat model • Ensure all patients have up to date care plans to inform the 'plan with me' pathway approach • Review High Volume Service Users work 5. Admission avoidance/Review of ambulatory care pathways and assessment functions Work with the effective secondary care programme • Review all admission avoidance pathways • Review current assessment functions at LTHT's front door • Maximise the Integrated Discharge Service at the front and back door
All plans will consider cross cutting themes: Third Sector; Maternity; Children's & Young People; Mental Health; New Models of Care; Transform General Practice			
13. CYP/MAT: Best Start Plan & Maternity Strategy: Commission services to deliver to new Perinatal Mental Health Pathway 14. MAT: Activities aligned to the Leeds Maternity Strategy: • Develop small community midwife teams with named obstetrician delivering continuity of carer and alignment to Early Start Service • Deliver full choice offer by establishing a Leeds Midwifery Led Unit • Develop maternity pathways for women with Learning Disabilities & teenage parents • Deliver national 'Saving Babies Lives care bundle' to continue to reduce numbers of stillbirths • Activities targeted to reduce smoking, alcohol and substance misuse in pregnancy 15. CYP: Early identification and support for pregnant women who have had a previous baby placed into care 16. CYP: New Models of Care developed, targeted to support most vulnerable families and CYP 17. MH: increase the take up of annual health checks for people on the SMI register in line with national guidance	5. TGP: Delivery of the GP Forward View 6. CYP: Further development of Mindmate: • Develop emotional resilience resources & tools • Expand role of the single point of access with advice/promotions of self-help resources 7. CYP SEMH service: Co-commission with school clusters a sustainable early intervention offer 8. MH: Increase access to IAPT for those people with LTC – and link to the GP FYFV priority of integration of MH therapists 9. MH: Deliver the IAPT Access and recovery standards in line with national targets 10. MH: Delivery of Early Intervention in Psychosis access and care standards in line with Planning guidance 11. MH: Maintain delivery of IPS based Employment model in line with national guidance 12. MH Dementia: to deliver expected diagnosis rate in line with planning guidance	7. CYP: Commission Community Eating Disorder Service to national standards that meets national access targets (2017/18) 8. MH: Improve access to Psychological Therapy for those with SMI	6. TGP: Delivery of Leeds Urgent Care Strategy including roll-out of extended GP access 7. CYP: Commission a 24/7 rapid response service for CYP in mental health crisis according to NCCMH guidance (2017/18) 8. MH: Develop effective liaison psychiatry service in line with Core 24 model as set out in MHFYFV. 9. MH: Develop plan for reduction of Out of Area Placements (OAP) in line with national guidance 17/19 10. MH: Assess Crisis Resolution and Home Treatment Service in line with national guidance 17/19

Enablers: Comms & Engagement; Digital; Education, Innovation & Research; Estates; Finance, Procurement; Workforce & Organisational Development

Plus links to WY Enablers: Leadership & Organisational Development; Best Practice; Commissioning

Ambition 5: Redesign care delivery

GENERAL PRACTICE FORWARD VIEW APRIL 2016

The layers of redesign

1. Redesign general practice to be sustainable

The initial focus of redesign is to support GP sustainability.

Building on the delivery of the previous four sections of this plan, general practice will be supported to work through and adopt the changes in the 10 high impact actions which will release capacity within general practice. The focus of the 10 high impact areas is likely to vary across the city depending upon local population and practice needs. For example, focussing on the high impact action on social prescribing may be a higher priority in areas of deprivation where there is a high need to support the wider social needs. The capacity created will support greater redesign and integration of the wider health and care system, notably this will free GPs time to work more at the 'top of their licence' and support the management of complex patients who have multiple needs. This would see GPs having more dedicated capacity to support system flow, for example, supporting the discharge process by actively supporting patients out of secondary care and aligning the management of care home and 'housebound' patients. This capacity will also support better in hours access to care. Figure 7 below demonstrates the future focus of GP capacity within the integrated health and care system and management of patients with complex and multiple needs.

2. Redesign the delivery of general practice services through collaborative working 'at-scale'

The second area of focus is to support GP collaboration, through this we can deliver a foot print for hub working on which the next layer of redesign can be based. The assumption here is that collaborative and hub working is used to support delivery of services and functions where this makes sense and that this builds on, as opposed to replaces, the registered list and care that is more appropriately delivered at individual practice level.

We know there are existing high levels of public satisfaction with general practice, however, due to the workload pressure in general practice, some patients have reported difficulty accessing services. As described at Ambition 2, the GPFV has committed extra national money to extend access to core primary care medical services to be delivered through collaborative working in hubs. This will encourage and support general practices to work at scale. Working at scale supports the STP and Leeds Plan place based approach to care and the ability to integrate general practice and community services through hub working. It is envisaged that hubs in Leeds will cover localities consisting of population footprints of approximately 30-80,000.

There will be two phases to developing hub working. The first will be to support general practice collaboration to work more collectively to deliver extended access, the second phase will be to align more community health, mental health and third sector services around hub working. We envisage future hubs will offer a skilled mixed team with some specialist services to meet local populations needs. As an example, we will explore how hub working could enable delivery of specialist paediatric care via hot clinics to meet existing needs for same day early evening access to care for unwell children.

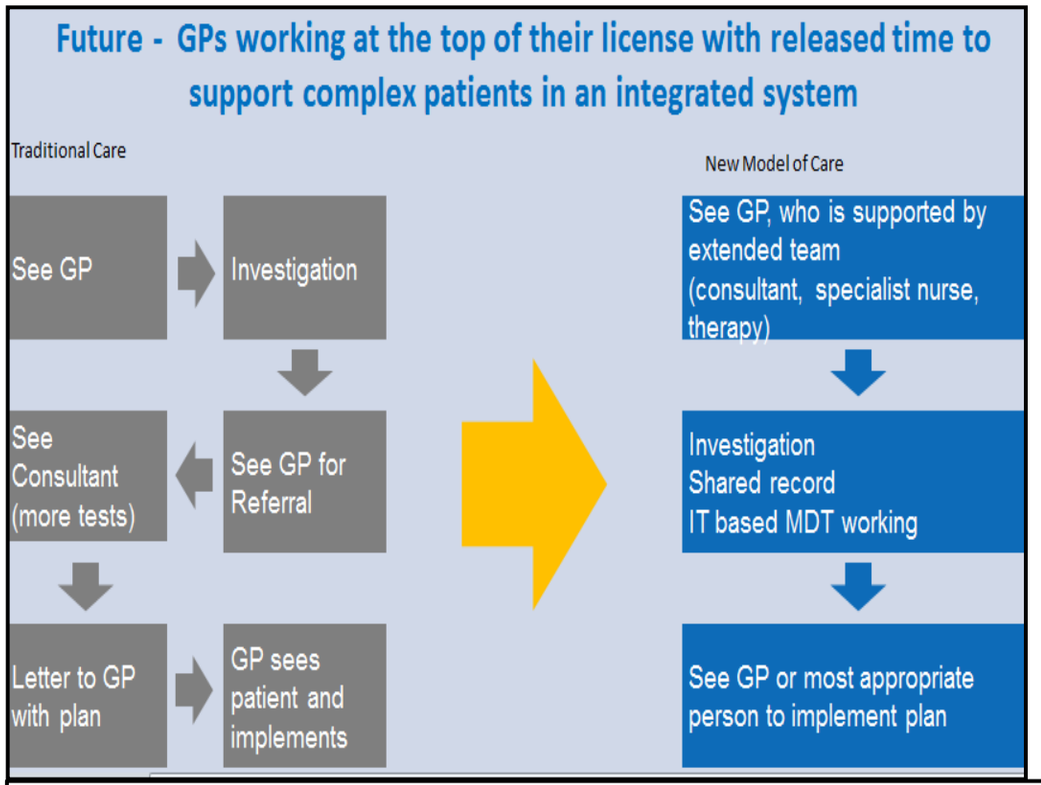


Figure 7 – Future focus of GP capacity within integrated health and care system

Ambition 5: Redesign care delivery

GENERAL PRACTICE FORWARD VIEW

The layers of redesign

3. Redesign and integrate the wider health and care system, of which the GP list is the cornerstone

The third focus of redesign is to align and integrate primary care, including general practice, with pharmacy, community health, mental health, children's and maternity services and third sector providers around geographical neighbourhoods, localities or hubs. Working together in this way helps to build relationships as providers come together to consider and plan the delivery of their services in response to local needs.

This system redesign and renewed focus will support the achievement of the four key Leeds Plan work programmes as well as the 'Leeds Conversation' each of which are described in further detail below.

Prevention work programme

Integrating health and social care including third sector providers will bring a renewed focus on promoting health and wellbeing and preventing ill-health across the city. General practices in Leeds are already commissioned by CCGs and Leeds City Council to deliver activities aimed at promoting health and wellbeing and preventing people from becoming ill e.g. delivery of NHS Health Checks, and commissioning screening champions within the most deprived practices in the city. The Leeds Plan prevention programme consolidates and builds on the work already being undertaken and places specific emphasis on targeting resources to support the city's most deprived populations addressing the inequalities gap and improving the health of the poorest fastest. A much stronger focus on prevention and the use of new technology to support this is a key component of a future population health management approach.

Proactive care and self-management work programme

For some time, general practice in Leeds, has been changing the way support is offered to patients to self-manage. A significant programme is already under way to roll out the collaborative care and support planning (previously know as Year of care). This approach enables patients to set their own goals, and skills staff to provide health coaching and will be adopted and used as a fundamental model of interaction with patients throughout the integrated teams . A self-management approach to care through the use of decision support, asset based approaches and common signposting will be fundamental in care redesign. Care redesign for general practice will also involve ensuring patients are informed and clear about their medications (through the launch of a Leeds Medicines Charter), receptionists are skilled and trained to signpost and ensure patients are seeing the right professional first time and patients expectations about this are managed well. Proactive ,rather than reactive, care will be delivered through more integrated care models, with proactive care and case management targeted at patients with more complex needs e.g. those living in care homes or with multiple long term conditions. Care delivered in a range of settings will be enabled by a greater use of technology and the increasing participation of patients as they take more control of their own health. These are both key features of a future population health management approach.

Optimising the use of secondary care resources and facilities work programme

GPs and secondary care consultants will be supported to maximise their clinical capacity in order to work more jointly to support patient care in the community. GPs will be freed to work at the 'top of their license' and support the management of more clinically complex patients. The programme will explore ways of working that ensures patients are only in hospital for as long as clinically needed with GPs playing a role in proactively support their care back into primary care. The programme also aims to increase the capacity for diagnostic and rapid assessment of patients across primary and secondary care.

Urgent Care /Rapid Response in times of crisis work programme

It is well recognised that the majority of urgent care is delivered in general practice. The programme will explore how the primary care contribution has maximum impact across the urgent care system by reshaping the 'crisis response' including extending access to general practice across the city. Changing the way that same day urgent care need is responded to across the system will be a key part of the required transformation for future sustainability. See Ambition 2 for further information.

Ambition 5: Redesign care delivery

GENERAL PRACTICE FORWARD VIEW APRIL 2016

Enabler to redesign –the Leeds Conversation

The Leeds Conversation – an enabler to system sustainability

The Leeds Conversation will 'activate' patients to be owners and partners in their own care and using this system is fundamental to supporting prevention and self-management. Leeds will create a 'one team' approach to care delivery. This will support person centred care, empower staff to do the right things and remove duplication in care. Developing the Leeds Conversation between patients, the public and professionals and which all providers will support, will help us have transparent conversations WITH people about the services we are delivering and people's role in their own care.

This approach is crucial to support a culture change in both staff and the public and help with the shift towards scaled prevention, self-management and system sustainability and is central to the future approach of population health management.

The Leeds Conversation features in a number of strategies and plans that set out the delivery of improved outcomes for populations and across care pathways. These include urgent care; mental health; children and maternity services; and Carers.

Longer term system redesign

A longer term, 10 year redesign of current approaches to commissioning and provision with a move towards population health management (Figure 5) will move the strategic commissioning of outcomes for defined populations within an agreed budget within an agreed timeframe for new ways of working to deliver accountable care, supported by aligned incentives and contractual levers across the system.

Figure 8 – The Leeds Conversation and its key component parts

Ambition 5. Redesign care delivery

Citywide delivery approach:

GENERAL PRACTICE FORWARD VIEW APRIL 2016

Current position	2016-17	2017-18	2018-21
Core GP redesign and hub working • CCG commissioned engagement schemes moving general practice towards more prevention, supported self-management, managing populations and working jointly together. • GPs are at the heart of NMoC test projects for segments of the population or a via a placed based approach. • General practice 'at scale' through federations, networks or across local agreements to support hub working. • CCGs taken on level 3 delegated commissioning of core GP contract in April 2016. **Wider system redesign** • 13 neighbourhood teams based around the GP registered list. • Leeds Plan developed with identified work streams. • Leeds Care Record supports sharing of appropriate health and social care information across providers. • Quality improvement methodology across providers (LIQH courses) • Developing the PHM approach. • Developing a 'one team' approach to service provision. • Concept of a social contract signed up to.	***The focus in 2016-17 is to understand where opportunities exist to support collaboration between practice and integration with other providers*** **Key in year work areas** **Core GP redesign and hub working** • Scoping the opportunities and learning from elsewhere around GP contract changes with QOF/ES. • Review CCG commissioned GP engagement schemes to support alignment of resources towards system wide priority populations in 2017-19. To focus care to be proactive and on secondary prevention. • Support and develop patient participation groups (PPGs) to be active in their role as part of the whole system redesign and support development of the 'Leeds Conversation'. • Consolidate any core NMoC learning into commissioning planning for 2017-19. • Continue to skill GP staff to deliver collaborative and care support planning towards supported self-management. • Continue to support and facilitate collaborative working through federation, networks or alignment to have a strong GP provider voice. • Facilitate collaboration to hub working to support access. **GP as part of wider system redesign** • The city is developing a population health management (PHM) approach as a framework for the future health and care system. • Further develop and agree segmented priority populations. • Deliver a further quality improvement programme to support joint working and learning to address variation in care. • Facilitate providers to align in NMoC development to create the 'one team' approach. • Develop the 'Leeds Conversation' through a social contract between providers and citizens for the city.	***The focus in 2017-18 will be to align community providers to deliver joint population outcomes. To develop an MCP model for Leeds and scope where general practice sits within this model*** **Key in year work areas** **Core GP redesign and hub working** • Continue to support and develop PPGs and virtual PPGs. • Scope service changes that GP could deliver in the Leeds Plan (supported by expanded access to GP, community pathways, point of care testing). • GP to continue to be part of NMoC test projects and develop more supported self-management. • Implement a joined/ coordinated Leeds GP engagement scheme. • To scale collaborative and care support planning. • To further roll out extended access via hub working and scope alignment of other services **GP as part of wider system redesign** • Ensure general practice is part of MCP model conversations, scoping and development. • Continue developing and testing the PHM approach. • Test population budgets. • Build clear expectations around NMoC and PHM joint working into all CCG provider contracts. • Support integrated nursing approach for practice and community nursing teams through empowering front line staff to make change. • Embed the 'Leeds Conversation' through a social contract between providers and citizens for the city • Use the social contract as a tool to support culture change and shared vision for the workforce. • Develop models / plans for community care hubs which integrate urgent care, 111, rapid assessments, diagnostics and extended GP access. • Scale health coaching skills roll out across health and care staff to support self-management.	***The focus between 2018-21 will be on full MCP model working and aligning contract outcomes to deliver integrated care*** **Key in year work area** **Core GP redesign and hub working** • Scale NMoC learning. • Support clinical leadership with better data sources. • Develop improved GP access to specialist opinion (physical and mental health). • Deliver extended access supported by skilled mixed teams as part of hub working. **GP as part of wider system redesign** • To use the PHM approach for managing more priority populations / place based care. • Roll out / go live on some population budgets. • Review and further develop the 'Leeds Conversation' through a social contract between providers and citizens for the city. • Commission community care hubs which integrated urgent care, 111, rapid assessments, diagnostics and align to extended GP access. • Alliance or integrated MCP contract in place.

Additional support requirements – transformation team to support the alignment of the STP and GPFV delivery plans and support the Leeds Conversation movement and provide regional and national support for local communications and engagement to manage patient expectations with any service changes

Ambition 6: Investment and resourcing of General Practice and Primary Care

GENERAL PRACTICE FORWARD VIEW APRIL 2016

Delivering our ambition is predicated on fully accessing the funding and resources committed in the GPFV as well as realigning existing resources, including finance and workforce, between existing provider boundaries across Leeds. The table below outlines our **investment plan** incorporating **local** and **national** investments to deliver all aspects of the GP Forward View in 2016/17

Ambition	NHS Leeds North CCG	NHS Leeds South and East CCG	NHS Leeds West CCG
1. Supporting and Growing the Workforce			
a) Clinical pharmacists (local investment)	£305,000	£224,000	
b) TARGET (£60K city wide in S+E budget)	£22,500	£60,000	£38,000
c) Supporting and growing workforce clinical navigator training national allocation	£18,000	£24,000	£32,000
d) Health & wellbeing FD	£2,667	£2,667	£2,667
2. Improving Access to General Practice			
a) Improving quality schemes (CCG engagement that supports patients through increased access & self care)	£1,872,000	£5,183,344	£5,760,840
b) Extended access enhanced service (£1.90) Per patient	£326,147	£522,200	£701,488
c) Improving Access to general Practice			£2,215,223
3. Transforming Estates and Technology			
a) WIFI	£126,000		
b) Infection control audits	£2,833	£3,750	£4,000
c) Surgery pods	£144,000		
d) GP IT (based on registered capitation split)	£543,086	£695,150	£934,107
4. Better Workload Management			
a) Secondary care requested bloods	£34,000	£45,000	£60,000
b) Vulnerable practices 16.17	£32,000	£40,200	£15,000
c) Fair share of national GP resilience funding	£59,106	£76,269	£102,246
d) CCG Social prescribing	£666,667	£460,000	£278,833
5. Redesign of Care Delivery			
a) Enhanced provision to care homes	£229,000	£446,000	£475,000
b) Prevention and health inqualities	£200,000	£489,000	
c) New care models support	£710,000	£800,000	£429,000
6. Core Contract			
a) Delegated Primary Medical Services	£24,813,853	£35,107,800	£40,728,512
b) Core Contract Uplift	£768,000	£1,043,000	£1,089,842
c) PMS Premium	£128,000	£227,000	£387,158
Total Primary Care Resource	**£31,002,859**	**£45,449,380**	**£53,253,916**

Ambition 6: Investment and resourcing of General Practice and Primary Care

GENERAL PRACTICE FORWARD VIEW APRIL 2016

Delivering our ambition is predicated on fully accessing the funding and resources committed in the GPFV as well as realigning existing resources, including finance and workforce, between existing provider boundaries across Leeds. The table below outlines our **investment plan** incorporating **local** and **national** investments to deliver all aspects of the GP Forward View in 2017/18 is**:**

The local **investment plan** to deliver all aspects of the GP Forward View in 2017/18 is:

Ambition	NHS Leeds North CCG	NHS Leeds South and East CCG	NHS Leeds West CCG
1. Supporting and Growing the Workforce			
a)Clinical pharmacists		£321,000 (+National Funding)	
Fair Share of Clinical pharmacists National funding	£414,101	£532,718	£713,618
b)TARGET £60K city wide in S+E budget	£22,500	£60,000	£38,000
c)Supporting and growing workforce clinical navigator training	£36,692	£47,579	£63,836
d)Practice manager training	£22,176	£28,546	£38,300
2. Improving Access to General Practice			
a)Improving quality schemes (CCG engagement that supports patients through increased access & self care)	£1,872,000	£4,769,626	£1,856,802
b)Extended access enhanced service (1.90) Per patient	£329,408	£525,887	£705,585
c) Improving Access to general Practice			£2,228,162
3. Transforming Estates and Technology			
a)Infection control audits	£2,833	£3,750	£4,000
b)GP IT	£543,086	£695,150	£934,107
c)GP IT Transformation	£250,000	£320,000	£430,000
d)GP Software	£55,443	£71,368	£95,755
4. Better Workload Management			
a)Secondary care requested bloods	£34,000	£45,000	£60,000
b)Fair share of GP resilience	£29,625	£38,134	£51,165
c)Social prescribing CCG	£333,333	£460,000	£488,500
d)Fair share Releasing time to care	£110,883	£142,731	£191,503
5. Redesign of Care Delivery			
a)Enhanced provision to care homes	to be confirmed	£446,000	£475,000
b)Prevention and health inequalities	£100,000	£125,000	
c)New care models support		£800,000	
d) Redesign of care delivery £1.50PP (CCG using this funding differently) Leeds North for access, Leeds S+E for Transformation and Leeds West for Leadership to support new models of care)	£322,536	£413,718	£555,423
6. Core Contract			
a) Delegated Primary Medical Services	£25,581,853	£35,624,913	£41,112,769
b) Core Contract Uplift	£418,739	£1,568,200	£2,271,314
c) PMS Premium	£192,000	£341,000	£616,332
Total Primary Care Resource	**£30,671,208**	**£47,059,320**	**£52,930,170**
		* Future investment pending evaluation of Non Recurrent schemes	

Ambition 6: Investment and resourcing of General Practice and Primary Care

Delivering our ambition is predicated on fully accessing the funding and resources committed in the GPFV as well as realigning existing resources, including finance and workforce, between existing provider boundaries across Leeds. The table below outlines our **investment plan** incorporating **local** and **national** investments to deliver all aspects of the GP Forward View in 2018/19.

The local **investment plan** to deliver all aspects of the GP Forward View in 2018/19 is:

Ambition	NHS Leeds North CCG	NHS Leeds South and East CCG	NHS Leeds West CCG
1. Supporting and Growing the Workforce			
a)Clinical pharmacists		£172,000 (+National Funding)	
Clinical pharmacists National funding	£248,461	£319,631	£418,171
b)TARGET £60K city wide in S+E budget	£22,500	£60,000	£38,000
c)Supporting and growing workforce clinical navigator training	£36,975	£47,566	£63,418
d)Practice manager training	£22,184	£38,230	£28,538
2. Improving Access to General Practice			
a)Improving quality schemes (CCG engagement that supports patients through increased access & self care)	£1,872,000	£1,379,060 (additional investment to be advised*)	£1,866,691
b)Extended access enhanced service (1.90) Per patient	£332,703	£529,527	£709,342
c) Improving Access to general Practice	£723,585	£930,852	£2,240,029
3. Transforming Estates and Technology			
a)Infection control audits	£2,833	£3,750	£4,000
b)GP IT	£543,086	£695,150	£934,107
c)GP IT Transformation			
d)GP Software	£73,949	£95,132	£127,436
4. Better Workload Management			
a)Secondary care requested bloods	£34,000	£45,000	£60,000
b)GP resilience 16.17 17.18 and 18.19	£29,701	£38,208	£51,183
c)Social prescribing CCG	to be confirmed	To be advised*	£506,500
d)Releasing time to care	£110,920	£143,269	£191,148
5. Redesign of Care Delivery			
a)Enhanced provision to care homes		£446,000	£475,000
b)Prevention and health inequalities	£100,000	£125,000	
c)New care models support		To be advised*	
d) Redesign of care delivery £1.50PP (CCG using this funding differently) Leeds North for access, Leeds S+E for Transformation and Leeds West for Leadership to support new models of care)	£322,536	£413,718	£555,423
6. Core Contract			
a) Delegated Primary Medical Services	£26,192,592	£37,193,113	£43,384,083
b) Core Contract Uplift	£421,705	£1,055,360	£1,501,575
c) PMS Premium	£256,000	£454,000	£454,000
Total Primary Care Resource	**£31,345,730**	**£42,633,506**	**£53,608,644**
		* Future investment pending evaluation of Non Recurrent schemes	

Ambition 6: Investment and resourcing general practice and primary care

GENERAL PRACTICE FORWARD VIEW APRIL 2016

The table below summarises the regional and national support required to deliver the Leeds GPFV delivery plan. Each support requirement links to the phased delivery plan for the ambitions outlined in section 5.

Ambition	Areas of regional and national support required
1. Supporting and growing the workforce	• Local NHSE transformation team to provide: ➢ Dedicated Leeds level capacity to lead project management and co-ordination of current schemes. ➢ Project management support to the Leeds primary care workforce group. ➢ Support in bid development for accessing local, regional and national monies. • National support to address gap in access to practice nurse training. • Explore GP resilience funds to support health and wellbeing plans for practice staff (across the region).
2. Improving access to general practice	• Local NHSE transformation team to provide dedicated Leeds level capacity to lead project management and coordination of Leeds approach to extended access (business intelligence and service redesign capacity and capability). • Assumes access to West Yorkshire Vanguard Accelerator funding in 16/17 to pump-prime additional enhanced access • Assumes receipt of nationally available monies to support extended access in 18/19 (£3 per head) and 19/20 (£6 per head).
3. Transforming estates and technology	• Developing primary care estate and accelerating digital capability is dependent on the successful funding of applications submitted through the ETTF from the Leeds CCGs. • Accelerating digital literacy across Leeds will be underpinned by the Leeds CCGs receiving national monies to further support uptake of GP online as committed in the GPFV.
4. Better workload management	• Bespoke resources (over and above Releasing Time to Care Programme) to support quality improvement methodologies within Leeds in recognition of the significant local investment in general practice quality programmes. • Support to align national and local enhanced services and local schemes to reduce bureaucracy. • Sharing best practice case studies from across the region.
5. Redesign care delivery	• Local NHSE transformation team to support the alignment of the STP and GPFV delivery plans and support the social contract movement and provide regional and national support to manage communications and engagement to manage patient expectations with any service changes.

6. Engagement

GENERAL PRACTICE FORWARD VIEW APRIL 2016

Summary of engagement undertaken to date and plans for future engagement

Introduction and context
The initiatives, priorities and ambitions described within the GPFV delivery plan have been developed in response to engagement undertaken and feedback received by the three Leeds CCGs from a range of stakeholders. A summary of areas of engagement with key stakeholders undertaken to date and activities planned for the future is described in the summary table below. Going forward, a full engagement plan to support the design, delivery and evaluation of initiatives taken forward through the GPFV delivery plan will be developed and implemented.

Stakeholder Group	Engagement undertaken and insight gathered to inform content of GPFV Delivery Plan	Principles of engagement in the future: Engagement should underpin activity at every stage, including feedback when changes have been implemented (You said, we did)
Patients and public	• Engagement with patient reference groups or patient participation groups (PPGs) to inform scope and priorities within plan – in particular in relation to emerging models of extended access • 3 Things campaign – has identified a range of local patient and public priorities relating to the workforce, access and technology sections of the GPFV delivery plan. • National GP Patient Survey • Update relating to the development of the citywide GPFV Delivery Plan presented to all 3 Leeds PCCC (public meetings) • Feedback from Patient Assurance Groups.	• We will undertake targeted specific engagement initiatives to inform the implementation of specific initiatives within the GPFV Delivery Plan. We know from feedback that a key focus of engagement will be on developing and communicating new workforce models such as the roles of pharmacists, physiotherapists and care navigators in general practices. Others areas include working with children and families to scope the development and test of paediatric “hot” clinics in the extended access initiative. • Regular updates regarding the overall implementation of the plan through communications to patient reference/participation groups and the virtual patient reference groups and networks. • Future conversations with public and patients regarding how best to positon the concept of the social contract as part of the wider ‘Leeds conversation’ work.
CCG members	• Ongoing and regular workshops with member practices around different elements of the plan as part of formal members meetings, operational working groups and locality meetings. • Work with clinical leads for specific ambitions within the plan to scope and describe plans.	• Specific task and finish groups to progress specific elements of the GPFV delivery plan. • Ongoing updates regarding implementation of GPFV delivery plan at members meetings.

6. Engagement

Summary of engagement (continued)

Stakeholder Group	Engagement undertaken and insight gathered to inform content of GPFV Delivery Plan	Principles of engagement in the future: Engagement should underpin activity at every stage, including feedback when changes have been implemented (You said, we did)
Partners, including CCG workforce	• Work has been undertaken to engage with citywide commissioning teams i.e. teams leading on programmes and initiatives that interface with key elements of the plan, Examples include the citywide urgent care Team, primary care workforce group, citywide informatics team. • LMC – the three CCGs have worked closely with the LMC to understand the implications and commitments made within the GPFV and in relation to the content of the plan going forward. This has included specific LMC meetings and presenting the draft GPFV delivery plan at a recent LMC STP conference in Nov 16.	• Ongoing engagement with key internal partners in the implementation and more detailed scoping of initiatives within the plan.
Local authority and elected members	• Commissioning primary medical care services across the three Leeds CCGs was a specific area of enquiry by the Adult Social Services, Public Health and NHS Scrutiny Committee in 2015/16. Key feedback was received in relation to adopting a citywide approach to commissioning and in particular in relation to extended access. This feedback has been reflected through the development of the citywide GPFV delivery plan. • A draft copy of the GPFV has been shared with adult and children's social services, public health and local councillor health and wellbeing champions for review and feedback.	• Continue to engage with community committees on the GPFV delivery plan and its implementation
CCG Primary Care Commissioning Committees	• Update and briefing provided to PCCCs outlining the proposed approach to the development of the GPFV delivery plan • Final draft of the GPFV delivery plan to be presented to PCCC for approval in December 2016 in advance of final submission 23 December 2016.	• Regular updates and briefings relating to the implementation of the plan – standing item at each meeting.

7. Risks and mitigations

The three Leeds CCGs work together to identify, review and control collective risks relating to the sustainability and transformation of general practices . The level of differential risk and mitigating actions are reported to each of the three Primary Care Commissioning Committees. A summary of the current identified overall risk with specific reference to the implementation of the GP Forward View delivery plan is provided below. This should be read alongside each CCG's wider primary care risk register.

Risk ID	Risk Description	Initial Risk Rating	Controls and Measures in Place	Mitigated Risk Rating
GPFV workforce	There is a risk that general practices in Leeds are unable to recruit and retain workforce within general practice and within partner organisations . This is due to local and national workforce shortages resulting in the inability to provide high quality core primary care services and develop and deliver new models of care.		Leeds CCGs working with members to support a wide variety of workforce development initiatives aimed at improving the recruitment, retention and resilience of general practice workforce. These include: • recruitment programmes, • development programmes, • reviewing skills mix, • new community pharmacy roles, • trial of new physiotherapy roles and initiatives between primary care and community nursing. Workforce challenges and needs are being reviewed as part of the wider strategic workforce work and through the citywide primary care workforce working group.	
GPFV access	There is a risk that CCGs are unable to deliver access to routine and urgent primary care appointments 7 days a week due to lack of available workforce and financial resource and resistance to change, resulting in reduced patient experience, potential pressure on the wider health and care system and non-delivery of a national directive.		Leeds CCGs are working together to: • support a variety of workforce initiatives (see mitigating actions above), • engage with member practice to develop and test new models of care for extended primary care access, • develop the model of extended access as part of the Leeds Urgent Care Strategy to maximise workforce and reduce service duplication • fully utilise nationally available funds to commission new models of extended access • monitor outcomes and impact of schemes on demand management and the wider Health and Social Care system	
GPFV estates and IT	There is a risk that the Leeds CCGs are unable to support the transformation of primary care and new models of care due to the limitations of current primary care estate and technology; resulting in patients experiencing a poor quality of care and practices being unable to deliver improved models of care for patients.		• Practices encouraged to apply for capital funding via the National Estates and Technology Transformation Fund (ETTF) . • Primary care estate is being reviewed as part of the wider citywide strategic estates work to understand the totality of available estate across all providers on a locality by locality basis. • Draft Primary Care Estates Strategy completed for Leeds.	
GPFV workload	There is a risk that the significant workload currently placed on general practice due to increasing demand and reducing capacity will result in the inability of general practices to deliver high quality care for patients, increased pressure of general practice workforce and the inability to transform and re-design general practice.		• CCG investment in quality improvement methodologies. • Supported programme to roll out 10 high impact changes across general practice underway across Leeds – positive feedback received already • Work with LMC to improve workload at interface between general practice and other providers.	

7. Risks and mitigations (continued)

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Risk ID	Risk Description	Initial Risk Rating	Controls and Measures in Place	Mitigated Risk Rating
GPFV redesign of care delivery	There is a risk that engagement and relationships between the Leeds CCGs and member practices will deteriorate due to potentially unpopular decisions that may need to be made in relation to commissioning and contracting general practice services. This may affect the ability of the Leeds CCGs and member practices to work effectively to design and plan the delivery of the transformation of primary care and new models of care		Proactive open and transparent discussions with members utilising existing infrastructure, ensuring clinical engagement is central in the development of all proposals relating to primary care	
GPFV investment	There is a risk to the sustainability of general practice due to funding challenges resulting from the PMS equitable funding review; other contract changes; and non-recurrently funded schemes resulting in the inability of practices to deliver high quality services for their local populations .		• Systematic approach to the utilisation of PMS premium funding and wider investment in general practice. • In year contract review meetings incorporating financial information and intelligence. • Significant local CCG investment in general practice through the commissioning of local quality improvement schemes, subject to affordability. • Application to maximise nationally available resources • Strong relationships between the three CCG primary care and finance teams, supported through citywide Primary Care	
GPFV quality	There is a risk that general practices are unable to deliver high quality services due to workforce, workload, estates and finance challenges; resulting patients experience poor quality and/or unsafe care.		• A citywide general practice quality dashboard has been produced to enable the Leeds CCGs to systematically identify and respond to quality issues and concerns at a CCG and individual practice level • See mitigating actions described in relation to the workload, workforce, finance and estates mitigating actions above.	
GPFV CCG capacity	There is a risk that the Leeds CCGs are unable to fully deliver responsibilities associated with primary care commissioning due to lack of capacity and capability within the primary care commissioning and locality teams resulting in the inability to implement the ambitions described in the GPFV delivery plan for Leeds.		• Through the One Voice work, CCG primary care commissioning and locality teams working together to maximise primary care commissioning capacity and capability across the city • Citywide delivery of GPFV delivery plan and associated monitoring arrangements will identify risks to delivery and the implementation of mitigating actions.	

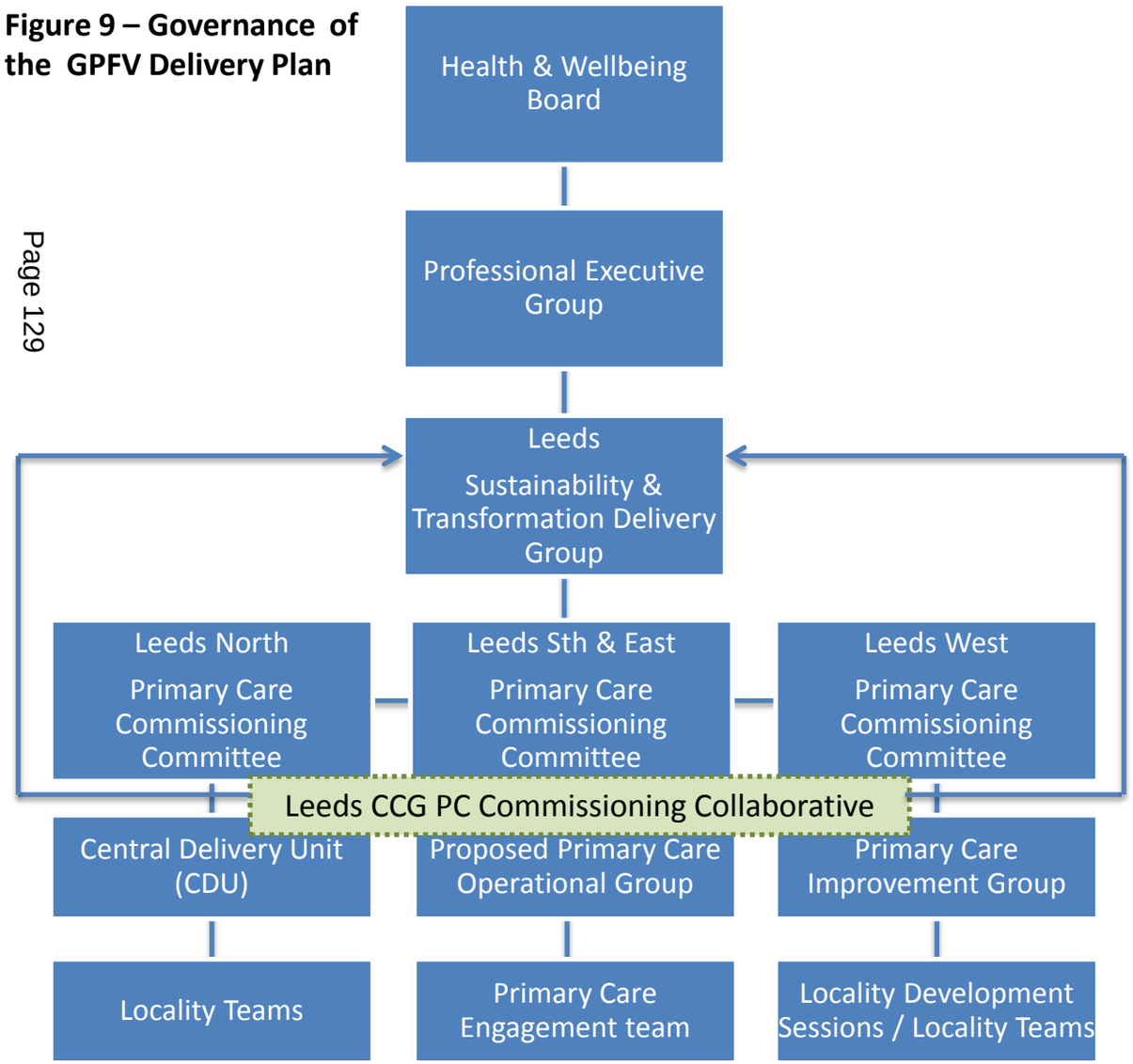
KEY
Red = No effective plan to reduce risk - intervention required
Amber = Plan in place to address risk - significant residual risk
Green = Plan in place to mitigate risk to reasonable level

8. Governance

GENERAL PRACTICE FORWARD VIEW APRIL 2016

The governance arrangements to assure each CCG and NHS England that the plan is being delivered fully and on time

Figure 9 – Governance of the GPFV Delivery Plan



- The GPFV delivery plan will be presented to the Primary Care Commissioning Committees of the three Leeds CCGs in December 2016 for sign off in advance of the plan being submitted on the 23 December 2016.

- Through the Leeds CCG Primary Care Commissioning Collaborative Group, the three Leeds CCGs will continue to work together to implement the GPFV delivery plan through a citywide approach. This will be further strengthened by wider One Commissioning Voice programme being undertaken to align the CCGs' approach to commissioning across the city.

- Each CCG will formally report on the delivery of the GPFV delivery plan to its respective Primary Care Commissioning Committee. As part of the One Commissioning Voice programme, these three statutory committees will become increasingly aligned. The delivery of the component parts of the plan will be led by the three CCG primary care development teams, through the operational groups underpinning the PCCCs (see Figure 9) and working in partnership with appropriate stakeholders.

- Risks in relation to the sustainability of primary care in general and specifically in achieving the ambitions of the GPFV delivery plan, will be assessed, owned and reported through existing CCG governance structures.

- The GPFV delivery plan underpins the wider Leeds Plan. CCG primary care and New Models of Care leads will form part of the delivery teams for each of the four programmes for the Leeds Plan. Within this, there will be a requirement to report and provide assurance on the delivery of the GPFV delivery plan to the Leeds Sustainability and Transformation Plan delivery group.

- Each CCG will work closely with internal patient assurance groups to provide assurance to PCCCs and CCG Boards and Governing Body that the GPFV delivery plan is being implemented with full and appropriate levels of patient engagement and communication.

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

Report of Head of Governance and Scrutiny Support

Report to Scrutiny Board (Adults and Health)

Date: 10 October 2017

Subject: Closure of the Blood Donor Centre in Seacroft – update

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 update on the Scrutiny Board's consideration of NHS Blood and Transplant's decision to close the Blood Donor Centre in Seacroft, and subsequent activity.

2 Main issues

2.1 The Scrutiny Board (Adult Social Services, Public Health, NHS) first became aware of NHS Blood and Transplant's proposed closure of the Blood Donor Centre in Seacroft in December 2016. Various exchanges of correspondence between the Chair of the Scrutiny Board (on behalf of the Scrutiny Board) and NHS Blood and Transplant followed.

2.2 Following consideration of the all information made available, in April 2017 (subject to final drafting amendments) the Scrutiny Board agreed a statement in response to NHS Blood and Transplant's closure decision. The agreed statement, published in May 2017, is attached to this report for information.

2.3 In line with the Scrutiny Board's agreed statement, responses were sought from the identified organisations in May 2017, with a deadline of 30 June 2017.

2.4 The following responses were received and considered by the Scrutiny Board at its meeting on 18 July 2017.

- NHS Blood and Transplant – dated 6 June 2017
- The Independent Reconfiguration Panel (IRP) – dated 21 June 2017

2.5 At the meeting in July 2017, it was noted that a response from the Department of Health (NHS Blood and Transplant triennial review team) had not been received.

2.6 Following consideration of the various information presented at the meeting in July 2017, the Scrutiny Board resolved:

(a) That the responses to the Board's statement following NHS Blood and Transplant's decision to close the blood donor centre in Seacroft, Leeds, be noted.

(b) That the Board writes a letter to the Secretary of State for Health to:

i. Express disappointment at the lack of response from the Department of Health.

ii. Express disappointment that the general response from NHS Blood and Transplant (a publically funded body) was not in the spirit of an open, transparent and learning organisation

iii. Seek clarification about the responsibilities of Special Health Authorities around proposed service changes and/or developments and specifically the applicability of the 'four tests' announced in May 2010.

2.7 Details of the Scrutiny Board's letter and associated enclosures are appended to this report; alongside the Department of Health response (dated 5 September).

3. Recommendations

3.1 Members of the Scrutiny Board are asked to consider the attached details and agree any specific follow-up action, input or 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.

Jeremy Hunt MP
Secretary of State for Health
Department of Health
Richmond House
79 Whitehall
London
SW1A 2NS

Councillor Helen Hayden
Chair, Scrutiny Board (Adults and Health)
3rd Floor (East)
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LEEDS
LS1 1UR

Sent via e-mail only

E-Mail address: Helen.hayden @leeds.gov.uk
Civic Hall tel: 0113 3950456
Our ref: HH/SMC

4 August 2017

Dear Secretary of State,

Re: Closure of Blood Donor Centre in Seacroft, Leeds

In May 2017, the Scrutiny Board agreed the enclosed statement in relation to the closure of the Bridle Path Blood Donor Centre in Seacroft, Leeds: A summary of key events is provided in the timeline attached at Appendix 1 within the statement.

On 3 May 2017, the statement was issued to following bodies for comment and response:

- NHS Blood and Transplant (NHSBT);
- Department of Health – Triennial Review Programme Team (DH); and,
- Independent Reconfiguration Panel (IRP).

A response deadline of 30 June 2017 was provided; and responses were received from NHSBT (6 June 2017) and IRP (21 June 2017). These responses are attached for your information. Please note that a response from DH is still to be received.

The Scrutiny Board considered the responses at its meeting on 18 July 2017; I have enclosed the relevant extract from the draft minutes of that meeting, but would draw your attention to the following elements:

That the Board writes a letter to the Secretary of State for Health to:

i. Express disappointment at the lack of response from the Department of Health.
ii. Express disappointment that the general response from NHS Blood and Transplant (a publically funded body) was not in the spirit of an open, transparent and learning organisation.
iii. Seek clarification about the responsibilities of Special Health Authorities around proposed service changes and/or developments and specifically the applicability of the 'four tests' announced in May 2010.

Cont./

I trust these elements are self-explanatory; however I would add the following additional context for your consideration.

In its response to the Scrutiny Board, NHSBT is clear that the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulation 2013 do not apply to Special Health Authorities: Indeed, Special Health Authorities are specifically excluded. However, NHSBT is silent on the matter of the 'four tests' for service change (reconfiguration) announced by your predecessor in May 2010 – despite the Scrutiny Board statement making specific and significant reference to this area.

Furthermore, the response from the IRP states that it would seem 'reasonable' for any proposal to implement a clinical service change should be subject to evaluation against the 'four tests' – including the strength of public and patient engagement.

From its response, it is clear that the IRP is in broad agreement with the Scrutiny Board statement that there are clear lessons to be learnt for the future and hopes that all parties involved *'…can work together in a spirit of co-operation, openness and transparency*'.

Nonetheless, having reviewed the original statement and the respective responses from NHSBT and the IRP, the Scrutiny Board's view was that NHSBT's response failed to acknowledge that any lessons had been learnt and as the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulation 2013 do not apply to Special Health Authorities, it was not necessary to address any other aspect of the Scrutiny Board's statement and assessment of the proposals against the 'four tests'.

As a publically funded body that forms part of the overall NHS family, I believe it is incumbent on NHSBT to provide a much more detailed response to the issues raised by the Scrutiny Board; rather than simply stating it is not bound to the same duties and responsibilities of local health providers. As Secretary of State for Health, I would urge you to seek (and share with the Scrutiny Board) a more detailed and specific response from NHSBT.

I would also be grateful for your general comments on the range of matters raised by this letter and associated enclosures: However, given the lack of specific guidance regarding the applicability of the 'four tests' to Special Health Authorities, on behalf of the Scrutiny Board, I would welcome your clarification on this specific matter and any further directions that may subsequently be required.

I trust these details are helpful and I look forward to your full response in due course.

Yours sincerely

Councillor Helen Hayden
Chair, Scrutiny Board (Adults and Health)

cc Mike Stredder, Director of Blood Donation, NHS Blood and Transplant
Martin Houghton, Secretary to the Independent Reconfiguration Panel
Councillor Rebecca Charlwood, Executive Board Member for Adults and Health, Leeds City Council
All Members of the Scrutiny Board (Adults and Health), Leeds City Council

Scrutiny Board Statement

Closure of Blood Donor Centre in Seacroft, Leeds

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

May 2017

Leeds CITY COUNCIL

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.

Introduction

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 and responsibilities.

Comments and Observations

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 against each of the four tests is set out below.

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.

Comments and Observations

29. The approach did not seek the views of service users on the 'proposals': Rather it provided information on the consequences of a decision already taken 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 and future design of the service..

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 the 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, we have not been provided with any 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.

Comments and Observations

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. Following local media coverage of the proposed closure for the Blood Donor Centre in Seacroft; we first raised concerns about the lack of NHSBT's engagement and consultation at our Board meeting on 20 December 2016.

44. We invited NHSBT to attend a meeting with us to discuss the proposals and we also asked NHSBT to delay the proposed closure to allow more time to consider and review the proposals.

45. NHSBT did not attend a meeting with us and advised the proposed closure would occur earlier than originally planned due to prevailing circumstances – particularly in terms of staffing.

46. Nonetheless, 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.

47. The interests of patients, service users and the general public are paramount. As such, we are most concerned by the lack of any formal public engagement or consultation regarding the proposed closure of the Blood Donor Centre in Seacroft.

48. Failure to observe statutory duties 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.

49. We also agreed to request a further report from NHSBT by September 2017, to consider the impact of the closure on service users and levels of blood donation across Leeds.

50. However, 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.

51. 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.

52. 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
Scrutiny Board (Adult Social Services, Public Health, NHS)

May 2017

Appendix 1: Timeline

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.** o **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	**Letter to NHSBT –** 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	o **NHSBT response** – 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.

Appendix 1: Timeline

Date	Summary of event
17 January	o **Email from Principal Scrutiny Adviser on behalf of the Chair –** requesting a range of information: - 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	o **Letter to NHSBT**, 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 the available information.

Appendix 1: Timeline

Date	Summary of event
23 January	o **NHSBT response -** 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 2016 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.

Appendix 1: Timeline

Date	Summary of event
	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	o **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 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.

Appendix 1: Timeline

Date	Summary of event
FEBRUARY 2017	
17 February	o **Letter to NHSBT** 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. An extract of the draft minutes were enclosed 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 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	o **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	o **Response from Mike Stredder received -** highlighting the following in regards to public consultation: - NHSBT did not carry out any public consultation 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.

NHS
Blood and Transplant

Head Office
Oak House
Reeds Crescent
Watford
Hertfordshire
WD24 4QN

Tel: 01923 366800
www.nhsbt.nhs.uk

Councillor Peter Gruen
Chair, Scrutiny Board
(Adult Services, Public Health, NHS)
3rd Floor (East)
Civic Hall
Leeds
LS1 1UR

By email

06 June 2017

Dear Councillor Gruen,

Re: Closure of the Leeds Bridle Path Donor Centre in Seacroft

I respond to your letter of 3 May, regarding feedback from the Leeds Health Scrutiny Board about NHSBT's decision to close the blood donation centre at our Leeds Bridle Path site.

I have considered carefully the points you have made. NHSBT's responsibility is to collect enough blood nationally to care for patients across England. We do not provide a local health service.

In 2016/17 NHSBT collected just over 1.6 million donations from around 900,000 donors across England. Once collected each donation is processed and tested before being issued to hospitals throughout England in line with patient need. The amount of blood hospitals need is lower than it was due to improvements in clinical practice. We need to react to this by proposing some changes to collections. As a publicly funded organisation, we have a duty to collect blood as efficiently and effectively as possible. Every saving we make is money that is released back to hospitals to invest in frontline patient care.

I would again like to stress that the closure of the Leeds Bridle Path Donor Centre will not affect NHSBT's ability to collect and supply enough blood and blood products to meet the demand of hospitals in Leeds or anywhere else in England. In addition, every donor that wants to give blood will still have the opportunity to do so.

Point 16 of the Scrutiny Board statement you have sent us states that *"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."*

The 2013 Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) regulations says "a responsible person means a relevant NHS body or a health service provider" and clarifies that this definition is based on section 244(3) of the NHS Act 2006 as amended by the section 190(1) and (4) of the Health and Social Care Act 2012.

The definitions in both Acts also have clauses that clearly state that "relevant NHS body" in relation to overview and scrutiny committees means an NHS body, **other than a Special Health Authority**, which is prescribed for those purposes in relation to the authority.

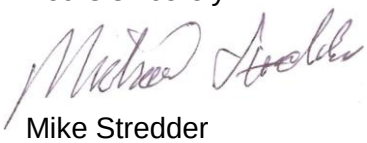
NHS
Blood and Transplant

NHSBT is a Special Health Authority. We remain committed to ensuring that we are as open as possible when communicating changes to our blood collection programme. We are not bound, however, to the same duties and responsibilities in relation to engagement and consultation with local Health Scrutiny Committees that local health providers are by legislation.

I hope that the information provided here has been helpful in addressing the queries raised.

Please do not hesitate to contact me if you have any further queries.

Yours sincerely



Mike Stredder
Director of Blood Donation

IRP

6th Floor
157-197 Buckingham Palace Road
London
SW1W 9SP

Cllr Peter Gruen
Chair, Scrutiny Board
Leeds City Council
3rd Floor Civic Hall
Leeds LS1 1UR

21 June 2017

Dear Cllr Gruen

Closure of the Leeds Bridle Path Blood Donor Centre in Seacroft

Thank you for your letter of 3 May 2017 regarding the above requesting a response by 30 June 2017 to the Scrutiny Board Statement that accompanied your letter.

The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 define "a responsible person" as "a relevant NHS body or a relevant health service provider". Examination of the primary legislation underpinning the Regulations confirms that the meaning of "relevant NHS body" and "relevant health service provider" is contained in section 244(3) of the National Health Service Act 2006 as amended by section 190(1) and (4) of the Health and Social Care Act 2012. Subsection (4) states:

> (4) For subsection (3) substitute—
> "(3) For the purposes of subsections (2) and (2ZA)—
> "relevant NHS body", in relation to an authority to which this section applies, means an NHS body, other than a Special Health Authority, which is prescribed for those purposes in relation to the authority;
> "relevant health service provider", in relation to an authority to which this section applies, means a body or person which—
> (a) provides services in pursuance of arrangements made—
> (i) by the Board or a clinical commissioning group under section 3, 3A, 3B or 4 or Schedule 1,
> (ii) by a local authority for the purpose of the exercise of its functions under or by virtue of section 2B or 6C(1) or Schedule 1, or
> (iii) by the Board, a clinical commissioning group or a local authority by virtue of section 7A, and
> (b) is prescribed, or is of a description prescribed, for those purposes in relation to the authority."

You may wish to seek advice from your own legal department but the IRP takes this section to mean that special health authorities are exempt from the requirements for health scrutiny by local authorities that apply to other NHS bodies.

The introduction of the Secretary of State's four tests for service change (reconfiguration) was announced by the then Secretary of State for Health, Andrew Lansley, in May 2010. The tests, that apply to proposals for changes to NHS clinical services, are *"designed to build confidence within the service, with patients and communities"*. Guidance on the application of the tests was issued to all NHS chief executives on 29 July 2010. While it is not known by the IRP whether the guidance was intended to cover special health authorities (unlike the scrutiny legislation, it does not appear specifically to exclude them), it seems reasonable to the Panel that any proposal to implement a clinical service change should be subject to evaluation against the four tests, including the strength of public and patient engagement.

The NHS, and indeed, the government is committed to the principle of public and patient involvement in NHS service development. Much guidance has been issued to the NHS in this respect. The IRP agrees with the broad thrust of your Statement that there are lessons to be learnt for the future and hopes that, moving forward, the parties involved in this matter can work together in a spirit of co-operation, openness and transparency.

Yours sincerely

Martin Houghton
Secretary to IRP

Independent Reconfiguration Panel
Tel: 020 7389 8045/6 E Mail: *irpinfo@dh.gsi.gov.uk*
Website: https://www.gov.uk/government/organisations/independent-reconfiguration-panel

Scrutiny Board (Adults and Health)

Extract from the draft minutes of the meeting held on 18 July 2017

22 *Closure of the Blood Donor Centre in Seacroft - responses to Scrutiny Board statement*

The Head of Governance and Scrutiny Support submitted a report which introduced responses to the Board's statement following NHS Blood and Transplant's decision to close the blood donor centre in Seacroft, Leeds.

The following information was appended to the report:

- *Scrutiny Board (Adult Social Services, Public Health, NHS) Statement – Closure of Blood Donor Centre in Seacroft, Leeds (May 2017)*
- *NHS Blood and Transplant response (dated 6 June 2017)*
- *The Independent Reconfiguration Panel (IRP) response (dated 21 June 2017)*

The Principal Scrutiny Adviser introduced the item and outlined the background to the statement produced by the former Scrutiny Board in May 2017. As part of the introduction, the Principal Scrutiny Adviser confirmed no response from the Department of Health had been received.

In discussing the item and the information presented, the Board made a number of comments and observations, including:

- *Disappointment that the Department of Health had not provided a response.*
- *Acknowledgement that 'Special Health Authorities' were exempt from the requirements of health scrutiny by local authorities that apply to other NHS bodies.*
- *Recognition that the 'four tests' – announced by the Secretary of State for Health in May 2010 – were designed to build confidence within the service, with patients and communities.*
- *Disappointment that the response from NHS Blood and Transplant failed to address or acknowledge the issues highlighted in the Scrutiny Board statement as being relevant to the 'four tests'.*
- *Acknowledgment that there was a lack of clarity in relation to the applicability of the 'four tests'.*
- *Disappointment that the general response from NHS Blood and Transplant (a publically funded body) was not in the spirit of an open, transparent and learning organisation.*

RESOLVED –

(a) That the responses to the Board's statement following NHS Blood and Transplant's decision to close the blood donor centre in Seacroft, Leeds, be noted.

(b) That the Board writes a letter to the Secretary of State for Health to:

i. Express disappointment at the lack of response from the Department of Health.

ii. Express disappointment that the general response from NHS Blood and Transplant (a publically funded body) was not in the spirit of an open, transparent and learning organisation

iii. Seek clarification about the responsibilities of Special Health Authorities around proposed service changes and/or developments and specifically the applicability of the 'four tests' announced in May 2010.

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Department of Health

From Jackie Doyle-Price MP
Parliamentary Under Secretary of State for Care and Mental Health

Richmond House
79 Whitehall
London
SW1A 2NS

020 7210 4850

PO-1093843

Councillor Helen Hayden
Chair, Scrutiny Board (Adults and Health)
Leeds City Council
By email to: steven.courtney@leeds.gcsx.gov.uk

5 SEP 2017

Dear Cllr Hayden,

Thank you for your letter of 4 August to Jeremy Hunt about the closure of NHS Blood and Transplant's (NHSBT's) blood donor centre in Seacroft.

I would like to apologise for the fact that the Scrutiny Board did not receive a reply from the Department to its letter of 3 May. The letter was, unfortunately, sent to a mailbox that had been used during the Department's triennial review into NHSBT and is no longer in use. I hope you will accept this as a reply to both letters.

After reading the enclosures to your letter, it would appear there has been a misunderstanding about NHSBT's legal status and the services it provides. NHSBT's legal status is as a special health authority, not an NHS body, accountable to the Secretary of State for Health and supplying critical biological products and related clinical services to the NHS, within a highly regulated environment.

One of NHSBT's functions is to provide a safe, reliable and efficient supply of blood to hospitals in England. For this function, NHSBT depends entirely on altruistic donation from blood donors and is not providing a clinical service to patients. Blood donated in the Leeds blood donor centre is taken to NHSBT's manufacturing site in Manchester for testing and processing before being despatched to NHS hospitals throughout England for transfusion, in line with patient need. NHSBT texts blood donors to thank them and to let them know which hospital received their blood donation.

Due to improvements in clinical practice, the demand for blood is declining each year. Therefore, NHSBT has had to review where it collects blood from. NHSBT's Blood 2020 Strategy, which can be found at www.nhsbt.nhs.uk by searching for 'performance and strategy', aims to improve donors' experiences of donating blood,

but also to modernise its blood collection service by making it as efficient, effective and economic as possible, whilst maintaining high safety and quality requirements.

NHSBT has to balance the need for improvements whilst encouraging existing donors, and new donors, to donate at times when NHSBT needs those donors' blood types to meet patient need. For example, NHSBT has to meet a high demand for O negative blood and urgently needs 40,000 more donors from black African and black Caribbean backgrounds as they are more likely to have the Ro subtype that is used for the treatment of an increasing number of patients with sickle cell disease.

NHSBT is directly responsible for its decision to close the blood donor centre at Seacroft, which is not a clinical service change. The Department therefore supports NHSBT's view that the blood collection service is exempt from both scrutiny by local authorities and the four tests for service reconfiguration.

NHSBT is constantly reviewing the clinical evidence when developing its policies and strives to be an open, transparent and learning organisation. I am aware that when considering making significant changes to blood collection sessions, NHSBT first consults with its employees before writing to affected donors, MPs and councils, to make them aware of proposed changes. After the employee consultation period has ended, and the responses have been reviewed, NHSBT makes an operational decision in line with the 2020 strategy. The decision is then relayed to staff, donors, MPs and councils. NHSBT has a good track record in helping support its staff to find alternative jobs within NHSBT or alternative employment elsewhere.

For any proposed changes relating to its blood stock holding units, testing or manufacturing sites, NHSBT additionally writes to local hospitals but, again, this is not a clinical service change.

I hope this letter clarifies the position and also sets out how much importance we place on the generosity of blood donors in Leeds, and in England. I understand that NHSBT has reviewed its communications with the Scrutiny Board and has made improvements to ensure committees like yours are better informed of any planned changes in their area in the future.

If you would like to discuss this matter further, please contact externalaffairs@nhsbt.nhs.uk to arrange a meeting with NHSBT's Executive Director of Blood Donation, Mike Stredder.

A copy of this letter has been sent to Mr Stredder and Martin Houghton, Secretary to the Independent Reconfiguration Panel.

Department of Health

I hope this reply is helpful.

JACKIE DOYLE-PRICE

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Report author: Steven Courtney
Tel: 0113 378 8666

Report of Head of Governance and Scrutiny Support

Report to Scrutiny Board (Adults and Health)

Date: 10 October 2017

Subject: Work Schedule – October 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 Scrutiny Board's work schedule for the remainder of the current municipal year (2017/18).

2 Main issues

2.1 During discussions at the Board's initial meeting in June 2017, the Scrutiny Board discussed a range of matters for possible inclusion within the overall work schedule for 2017/18. The areas discussed included the following matters:

- Partnership working, including development of Leeds' health and care plan and associated cost implications.
- Quality of care affecting all service users, especially focused on social care providers judged as 'requiring improvement'.
- The types of support offered as part of the transforming care agenda – i.e. around the repatriation of patients subject to long-term hospital placements.
- A potential review of care arrangements for offenders in prison.
- GP provision across the city.
- Support available to working age adults.
- Transition from hospital to home (hospital discharge), developing links with housing (specifically in relation to adaptations) and work across localities.
- The development of digital technology to support patient care needs.
- The role of public health, particularly in relation to health inequalities.
- Mental health provision with a particular focus on transition from children to adults.
- NHS performance and workforce issues.

- Progress of the 'One Voice' project
- The role of third sector in the delivery of health and social care services, including but not restricted to the neighbourhood networks, and associated funding arrangements.
- Maintaining an overview of proposed service changes.

2.2 The Board previously acknowledged that, due to the resources directly available to support the Board's work, there would be limitations on the work schedule; and that the Scrutiny Board would need to prioritise its main areas of focus for 2017/18.

2.3 In July 2017, details in the following table were subsequently proposed and agreed as particular priorities for the remained of the current municipal year 2017/18.

Topic / work area	Scope
Quality of Care Services in Leeds	• Quarterly updates on published CQC inspection reports/ outcomes • Leeds Quality Account • Leeds Better Lives Strategy – strategy update and implementation/ progress of previous phases • Re-commissioning of the Residential and Nursing Care Services Contract – overview of progress and outcomes • Leeds Shared Lives service • Hospital discharges
Health and Care Needs of Offenders	• Leeds City Council's care obligations in relation to offenders. • Current commissioning and delivery arrangements of offender health services, particularly focusing on HMP Leeds. • Specific health issues identified by Independent Monitoring Boards. • Outcome of Healthwatch Leeds' work around offender's experience of health and care services.
Leeds Health and Care Plan	• Maintaining an overview on the development of Leeds Health and Care Plan, including any specific service change proposals that result. • Having due regard of activity and any proposals being developed on a wider, West Yorkshire and Harrogate footprint.

Topic / work area	Scope
Current provision of GP services and the future vision	• Current delivery of Primary Care (GP) services across the City. • Current challenges and how these will be addressed in the short and longer-term (specific focus around the South East of the City). • Future vision and system integration proposals. • Patients and public involvement and engagement. • Potential role and implications for the Third Sector.
Health Service Developments Working Group	• Proposed NHS services changes and/or developments. • Quarterly NHS provider updates. • NHS key performance reports. • Adults and Health 2017/18 budget and performance reports.

2.4 These details are reflected in the outline work schedule presented at Appendix 1 for consideration by the Scrutiny Board.

2.5 In order to consider and address matters as they arise during the course of the year, it is important to retain flexibility within the scope of the Board's work and to therefore recognise the work schedule presented may be subject to change. As such, the work schedule should be considered to be indicative rather than precisely definitive.

2.6 In order to deliver the work schedule, the Board has needed to take a flexible approach and undertaken some activities outside the formal schedule of meetings – such as working groups and site visits, where this is deemed appropriate. This flexible approach may also require additional formal meetings of the Scrutiny Board.

3. Recommendations

3.1 Members are asked to consider and agree/ amend the proposals identified in this report and the overall work schedule presented at Appendix 1.

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

SCRUTINY BOARD (ADULTS AND HEALTH)

2017/18 WORK SCHEDULE

Title	Type of Item	Notes	Oct-17	Nov-17	Dec-17	Jan-18
Men's Health	*Scrutiny Inquiry*	Summary of outcomes from 2016/17.	Position statement / summary (TBC)			
Quality of Health & Social Care in Leeds	*Scrutiny Inquiry*	Quarterly report on CQC outcomes for social care regulated services in 2017/18. Reports on health regulated services.	Leeds CCG Partnership Report: CQC Inspection Outcomes ***(Primary Care details included in GP services report)***	LCH Report: Jan 2017 CQC inspection outcome **(Possibly include as part of HSDWG Sept. meeting)**	ASC Report: CQC Inspection Outcomes	
		Other aspects / update report to include Better Lives Strategy overall; updates on implementation of previous phases; Leeds Quality Account; Re-commissioining of independent sector care homes; Shared Lives service	ASC Reports: (1) Leeds Quality Account (2) Better Lives Strategy - implementation of previous phases	ASC Report: (1) Progress update on re-commissioning of independent sector care homes	ASC Report: (1) Shared lives service	Health Partnerships Report: (1) Hospital discharges in Leeds
Health and Social Care Needs of Offenders	*Scrutiny Inquiry*	Scope to be fully determined, but likely to include: (1) LCC's care obligations and implications (2) Current commissioning & delivery arrangements of offender health services (focus on HMP Leeds) (3) Health issues identied in IMB report (21 June 2017) (4) Outcome of HWL work around health and care service experience		Further report presenting (1) Summary of current health service commissioning/ provision arrangements (2) Key performance data (3) Update on scope of HWL activity	To be confirmed	To be confirmed
Current provision of GP services and the future vision	*Scrutiny Inquiry*	To include: (1) current delivery of GP services across the city, with specific focus on South East Leeds challenges and proposed action (2) System integration / vision for the future (3) public / patient involvement and engagement (4) role/ implications for the Third Sector	Leeds CCG Partnerships reports: Current delivery of GP services across the city, with specific focus on South East Leeds challenges and proposed action in the short term	Leeds CCG Partnerships reports: System Integration	Leeds CCG Partnerships reports: Public and patient involvement and engagement across the City	Leeds CCG Partnerships reports: Role and implications for the Third Sector
Leeds Health and Care Plan	*Policy Review*	Further consideration of the Leeds Health and Care Plan. Proposals and engagement.		Health Partnerships Report: Update report & consultation analysis		

APPENDIX 1

SCRUTINY BOARD (ADULTS AND HEALTH)

2017/18 WORK SCHEDULE

Title	Type of Item	Notes	Oct-17	Nov-17	Dec-17	Jan-18
Budget scrutiny		Budget monitoring forms part of the extended remit of the Health Service Developments Working Group.			ASC & PH report: Initial 2018/19 budget proposals	Draft response to 2018/19 budget proposals
Other matters	*Various*	Various issues, including (1) One Voice Project (2) Renal Patient Transport (3) Children's Epilepsy Surgery Services (4) Blood Donor Centre in Seacroft (5) Community Dental Services	NHS Blood and Transplant Report: Update on response from DH	Health Partnerships Report: (1) Health and Social Care Academic Partnership	NHS England Report: Childen's Epilepsy Surgery Services update	NHS Blood and Transplant Report: Update on impact of the closure of the Blood Donor Centre in Seacroft
				ASC Report (1) Leeds Safeguarding Adults Board - Annual Report		
				Leeds CCG Partnerships report: Renal Patient Transport Update		
HEALTH SERVICE DEVELOPMENTS WORKING GROUP	*Various*	HSDWG arrangements for 2017/18 confirmed in July. Includes an expanded remit beyond proposed service changes.	***Meeting date: 4 October 2017***			***Meeting date: 5 January 2018***
	Service change	An opportuntity to identify and discuss any proposed service changes and/or developments				
NHS provider updates	*Performance Review*	Provider updates to include progress against CQC actions, key performance measures, quality account actions and specific matters identied by the Scrutiny Board. Also to include some CCG assurance. Consider inviting updates from Leeds' hospices at future working group meetings.				Details provided by LTHT, LCH, LYPFT and Leeds CCG Partnership
ASC & PH Performance Monitoring	*Performance Review*	Performance information in relation to ASC and PH.	ASC & PH performance report			ASC & PH performance report

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SCRUTINY BOARD (ADULTS AND HEALTH)

2017/18 WORK SCHEDULE

Title	Type of Item	Notes	Oct-17	Nov-17	Dec-17	Jan-18
ASC & PH Budget Monitoring	*Performance Review*	Focus on impact of budget decisions on patients / service users	ASC & PH 2017/18 budget monitoring report			ASC & PH 2017/18 budget monitoring report
OTHER MATTERS / WORKING GROUPS / VISITS	*Briefings*	To be identifed as and when required.			Joint work with HWL - Quality account (TBC)	

APPENDIX 1

SCRUTINY BOARD (ADULTS AND HEALTH)

2017/18 WORK SCHEDULE

Title	Type of Item	Notes	Feb-18	Mar-18	Apr-18	Unscheduled / Carry over 2018/19
Men's Health	*Scrutiny Inquiry*	Summary of outcomes from 2016/17.				
Quality of Health & Social Care in Leeds	*Scrutiny Inquiry*	Quarterly report on CQC outcomes for social care regulated services in 2017/18. Reports on health regulated services.	Leeds CCG Partnership Report: CQC Inspection Outcomes	ASC Report: CQC Inspection Outcomes		
		Other aspects / update report to include Better Lives Strategy overall; updates on implementation of previous phases; Leeds Quality Account; Re-commissioining of independent sector care homes; Shared Lives service		Draft Scrutiny Board report/ statement (if required)		
Health and Social Care Needs of Offenders	*Scrutiny Inquiry*	Scope to be fully determined, but likely to include: (1) LCC's care obligations and implications (2) Current commissioning & delivery arrangements of offender health services (focus on HMP Leeds) (3) Health issues identied in IMB report (21 June 2017) (4) Outcome of HWL work around health and care service experience	Draft Scrutiny Board report/ statement (if required)			
Current provision of GP services and the future vision	*Scrutiny Inquiry*	To include: (1) current delivery of GP services across the city, with specific focus on South East Leeds challenges and proposed action (2) System integration / vision for the future (3) public / patient involvement and engagement (4) role/ implications for the Third Sector		Leeds CCG Partnerships reports: Delivery of GP services across the city, including challenges and proposed actions in the longer-term	Draft Scrutiny Board report/ statement (if required)	
Leeds Health and Care Plan	*Policy Review*	Further consideration of the Leeds Health and Care Plan. Proposals and engagement.		Health Partnerships Report: Update report		

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SCRUTINY BOARD (ADULTS AND HEALTH)

2017/18 WORK SCHEDULE

Title	Type of Item	Notes	Feb-18	Mar-18	Apr-18	Unscheduled / Carry over 2018/19
Budget scrutiny		Budget monitoring forms part of the extended remit of the Health Service Developments Working Group.				
Other matters	*Various*	Various issues, including (1) One Voice Project (2) Renal Patient Transport (3) Children's Epilepsy Surgery Services (4) Blood Donor Centre in Seacroft (5) Community Dental Services				
HEALTH SERVICE DEVELOPMENTS WORKING GROUP	*Various*	HSDWG arrangements for 2017/18 confirmed in July. Includes an expanded remit beyond proposed service changes.			***Meeting date: 6 April 2018***	
	Service change	An opportuntity to identify and discuss any proposed service changes and/or developments				
NHS provider updates	*Performance Review*	Provider updates to include progress against CQC actions, key performance measures, quality account actions and specific matters identied by the Scrutiny Board. Also to include some CCG assurance. Consider inviting updates from Leeds' hospices at future working group meetings.			Details provided by LTHT, LCH, LYPFT and Leeds CCG Partnership	
ASC & PH Performance Monitoring	*Performance Review*	Performance information in relation to ASC and PH.			ASC & PH performance report	

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SCRUTINY BOARD (ADULTS AND HEALTH)

2017/18 WORK SCHEDULE

Title	Type of Item	Notes	Feb-18	Mar-18	Apr-18	Unscheduled / Carry over 2018/19
ASC & PH Budget Monitoring	*Performance Review*	Focus on impact of budget decisions on patients / service users			ASC & PH 2017/18 budget monitoring report	
OTHER MATTERS / WORKING GROUPS / VISITS	*Briefings*	To be identifed as and when required.			Joint work with HWL - Quality account (TBC)	Joint session with HWL to discuss Annual Report / future work areas in more detail (Timing TBC)