The Localisation of Health and Social Care Services

Scrutiny Inquiry Report

Scrutiny Board (Health and Adult Social Care) – Localisation of Health and Social Care Services
Inquiry Report - Published May 2008
scrutiny.unit@leeds.gov.uk

Introduction and Scope

Introduction
We undertook this inquiry because we wanted to learn more about the impact on the people of Leeds of national reforms in how health and social care services are delivered (*Our Health, Our Care, Our Say*) and the local initiative to reform health and social care services in Leeds (Making Leeds Better).

The national and local reforms are both driving forward localisation of health and social care services, to provide people with care closer to home.

National reform: *Our Health, Our Care, Our Say*
In 2005, as part of the ten-year programme of reform which began with the NHS plan, in 2000, the Department of Health conducted a listening exercise, *Your Health, Your Care, Your Say*. Nearly 143,000 people contributed views of what they expect from their local social care and NHS services. People want their local services to:

- understand how they live and support them to lead healthier lives
- help them to live independently if they have ongoing health or social care needs
- be easy to get to and convenient to use
- be nearer to where they live, or easily available in the areas they work.

In January 2006, the Government published a White Paper *Our Health, Our Care, Our Say: A New Direction for Community Services*. The paper recognised how NHS and social care services work together. It identified how the delivery of those services could adapt to provide people with the health and social care services they need closer to their homes.

Local reform*:* Making Leeds Better
Making Leeds Better was launched in 2005, as the biggest health and social care reform programme in the country. The Making Leeds Better vision is for:-

> "A future where people who need health and social care get the best possible treatment and support in modern settings closer to their own homes. And when people do need hospital care it will be in up to date facilities fit for the 21st century."[1]

One of the aims of Making Leeds Better is to deliver health services locally; more care and treatment closer to home; modern facilities in the community and better and faster care out of hospital.

In June 2007, we discussed the increasing drive towards the localisation and personalisation of

[1] Sourced from the Making Leeds Better website www.makingleedsbetter.org.uk

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healthcare services in Leeds and the need to ensure that the use of local health care facilities is maximised in a way that best meets the needs of the local communities.

We agreed that, with the localisation of health and adult care services featuring as a high priority both nationally and locally, it would be timely to adopt this theme for our inquiry work for the year ahead.

We wanted to examine how decisions are reached about which method of service delivery is appropriate for a particular area of Leeds and how local people are able to contribute to the planning and decision-making process. We wanted to be sure that new local health centre facilities are being used as fully as possible. The terms of reference for this inquiry were drafted and subsequently agreed at the meeting in September 2007.

We set out to explore the localisation of health and social care services in Leeds, to see how the new direction for community services outlined in Our Health, Our Care, Our Say, is being followed in Leeds. We wanted to look, in particular, at some of the new modern facilities in the community which are key to the reforms in the White Paper and the delivery of Making Leeds Better.

During our Inquiry we carried out a number of site visits to locations where health and social care is delivered in a community setting. We also sought the views of some key stakeholders on the implications of localisation. These stakeholders included the Leeds Primary Care Trust, Leeds Teaching Hospitals NHS Trust, Adult Social Services, Leeds Voice and the staff planning, managing and delivering health and social care services at the sites we visited.

We would like to sincerely thank everyone for their commitment and contribution to our Inquiry.

Scope

The aim of this particular inquiry was to make an assessment of and, where appropriate, make recommendations on:

- The range of methods available for delivering health and social care services in Leeds, in particular, hospitals, Health Centres and GPs.
- How commissioners plan provision, how decisions are reached about where services should be located and the method of delivery.
- How commissioners involve local people in the planning and decision-making process

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The principles behind the localisation of Health and Social Care Services

At the first session of our inquiry, we heard from local NHS Trusts and Adult Social Care about the factors driving the localisation of services they commission and provide.

The public want to have services delivered closer to home and expect a wider range of services locally in GP surgeries and health centres. This was borne out in the national consultation *Your Health, Your Care, Your Say.*

We heard from Leeds PCT that a recent poll of Leeds residents supported these findings, with over 70% of people saying they would like more services delivered in local settings rather than hospitals[2].

Technological advances in recent years mean that diagnosis, care and treatment has changed over time. It is now possible to safely treat some patients in their own homes, at their GP's surgery or in a mobile health unit or local health centre.

There are long term health conditions, such as diabetes and chronic obstructive pulmonary disease, which can now be managed at home or in primary care, rather than in hospital, because services have been commissioned and developed to support this change. Telemedicine, where medical information is transferred via telephone, the Internet or other networks for the purpose of consulting, can now support people to check their own health status at home. Patients are able to access a health professionals if they need to.

Sometimes particular communities have specific needs. Services might be targeted, for example, at the Super Output Areas (SOAs) with the worst health outcomes. SOAs are a new geography for the collection and publication of small area statistics, rather than wards. This is one of the ways in which health inequalities can be tackled.

Intermediate care teams, which are groups of health and social care professionals working together, can help avoid hospital admission in some cases. They can also support early discharge from hospital. Intermediate care beds, as we saw on our site visits to Middlecross and Richmond House, prevent hospital stays or provide rehabilitation after a stay in hospital, prior to returning home.

[2] Joint briefing from Leeds Primary Care Trust, Leeds Teaching Hospitals NHS Trust (LTHT) and Leeds Partnership Foundation Trust on the localisation of Health Services supplied for the Scrutiny Board meeting in November 2007

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National policy and directives, such as the Darzi review, which aims to support local change, extend patient choice and make care more personal, are factors influencing localisation.
Our local NHS trusts also cited the Leeds district partnerships as a factor influencing the location of health services because they work across all agencies to reflect what is wanted locally.

Area Committee Involvement
During this inquiry, we consulted with four of the ten area committees in Leeds to assess the extent of their involvement with the planning process for health services locally. We wanted to know whether they had been included in any consultation and engagement undertaken by any of the Trusts.

The Area Committees we spoke to (the Inner and Outer Committees in South and North West Leeds) reported that there was little or no dialogue with local health bodies. The Chair of Inner South Area Committee felt that there was no relationship with the PCT, although as a ward member she did receive occasional emails about changes of opening hours for local GP surgeries. Inner South Area Committee also reported that there was face-to face contact with their area PCT when there were five PCTs in Leeds but this has not happened since the restructure to one city-wide PCT for Leeds. We heard that there is an extensive network of local community groups in inner South Leeds, which the PCT could consult with directly. The Chair of Inner South reported that she personally attends the local community group meetings in the area and reported no health input there.

The Outer North West Committee reported receiving a progress report on Making Leeds Better in September 2006 but this was a standard progress report about the initiative. It was not a report presenting information particular to North West Leeds.

Councillors on the Inner and Outer North West Area Committees felt that it would be more useful to be kept informed about local developments in the NHS, such as the closure of a hospital ward and sale of NHS Trust land. These are both examples of actual events which Councillors were not informed about by the NHS and discovered from other sources.

In 2004, five district partnerships were set up to improve coordination and effectiveness of partnership work at the district/area level. Each of the five Leeds PCTs was represented on each relevant partnership. Since the five PCTs were restructured to form one Leeds PCT in October 2006, the Leeds PCT has been represented on each partnership.

The partnership structure was reviewed over 2007 with a view to ensuring the structures were still the most effective way of achieving improvements in the most deprived

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areas. As a result of the review the partnerships were reduced from five District Partnerships to three area Officer Co-ordination Groups in April 2008. There are still ten Area Committees, one inner and one outer committee for each of the five 'wedges'; Leeds North East, North West, South, East and West.

The three Officer Co-ordination Groups, based on the same boundaries as the revised area management structure, will each include representation from the Leeds PCT and will support the delivery of the Area Committee Plans. We understand that there is scope to develop thematic groups within each area and we would like thematic groups for Health and Social Care to be established.

One thing which Area Committee members urged us to bear in mind was that the localisation of health and social care services is not just a geographical issue – it also calls for community engagement. We would therefore like to see the health and adult social care bodies in Leeds inform and engage the ten Area Committees in the decision-making process for the services in their areas through the health and wellbeing thematic groups.

Recommendation 1:

That

- **a thematic group be developed for health and wellbeing, including adult social care, in each of the three areas**
- **the thematic groups work with the area committees to discuss and agree the nature and regularity of their dialogue in the future**

Health Centres

During the first of our inquiry sessions we raised the issue of Health Centres with the Leeds PCT. We had read with concern a report in the local press in May 2007 about the Parkside Community Health Centre, which alleged that only two out of four GP practices expected to move into the centre had actually done so. As a result, half the consultation rooms were lying empty, or being used to store furniture, almost 18 months after the centre first opened.

The Parkside Centre is one of nine LIFT (Local Improvement Finance Trust) health centres in Leeds. Not all the centres are open yet, some are still being constructed. Leeds LIFT Limited is a public/private partnership in which the local NHS and the Department of Health are shareholders. It is not the same as a Private Finance Initiative (PFI).

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The nine centres are:-
Armley Moor Health Centre
Beeston Hill Community Health Centre
Parkside Community Health Centre
East Leeds Health Centre
Wortley Beck Health Centre
Middleton Community Health Centre
Wetherby Health Centre
Woodhouse Enhanced Primary Care Centre
Yeadon Community Health Centre

We also raised the issue of the older health buildings in Leeds, some of which we feel are in a poor state of repair.

We were told that planning had been undertaken to maximise the use of all the health facilities across the city, particularly those in the LIFT programme. There would also be investment to repair and maintain buildings.

We felt we needed to make site visits to some of the Health Centres in Leeds to assess how fully the LIFT centres were being used and compare these new facilities with one of the older health buildings. We chose to visit

- Yeadon Community Health Centre
- Beeston Hill Community Health Centre
- Middleton Community Health Centre
- Otley Clinic

The three LIFT developments (Yeadon, Beeston Hill and Middleton) were chosen because two are relatively new and one is more established. Yeadon opened in October 2007, Beeston Hill in May 2007 and Middleton in October 2005.

We chose to visit Otley Clinic, which was built in the 1960's, as an example of older building stock in need of refurbishment.

Yeadon Community Health Centre was purpose built under the LIFT initiative. Services are provided on three floors including a GP practice, Dr Marshall and Partners, on the ground floor. The sign which says "Yeadon Community Health Centre" is visible from quite a distance but when standing outside the centre, the sign for the GP practice is most prominent and there is no sign which acts as a 'menu' for all of the other community health services which are provided there.

There are two reception desks on the ground floor, one for the health centre and one for the GP practice. We feel this is confusing for service users. If there was just one reception desk, service users who have difficulty signing in for their GP appointment using the touch screen system - and we witnessed several people struggling to log in - would then be able to get assistance from staff at the main reception desk. Currently, the GP practice is very separate from the

health centre and patients asking for assistance with the touch screen at the health centre reception desk are sent across the room to ask for help from the GP reception desk.

We accept that the PCT has an obligation to work in partnership with the GP practices in its new health centres and to honour whatever reception arrangements the practices wish to put in place. In our opinion, however, the logic of the building as a centre for health is undermined by the existence of two reception desks. We feel this adds to the overall impression of the Community Health Centre as a collection of different health related services placed together in one building, rather than one coherent whole.

Disappointingly, we understand from the PCT that almost all the GP practices in these new LIFT buildings have opted for separate reception areas.

The staff room at Yeadon is very pleasant, light and airy and the public areas of the building are neat and free from posters and notices, except on designated notice boards.

Patients are sent from the ground floor reception to see clinicians in rooms on the first floor of the building. There is a purpose built reception desk on the first floor. The shutters were down on the day we visited and we were told this desk is never used and that there are no plans to use it in the future.

We were struck by the lack of security on the first floor. With no staff on reception, members of the public are free to wander around the floor unchallenged. We have genuine concerns that service users might forget which room they had been sent to and feel quite lost when faced with a floor containing numerous consulting rooms and waiting areas with no member of staff to ask for help. There is also potential for a patient to become ill and not be noticed for some time, given the low activity levels on this floor. We understand that CCTV is in place, but is monitored by busy reception staff on the ground floor.

We were shown a minor surgery suite on this floor which is not used. Doctors at the GP practice in the centre use their own consulting rooms to carry out minor surgery.
We also looked at a group therapy room which we were told was used for ante natal and post natal groups and smoking cessation. We felt this room was an excellent facility which had the potential to serve a variety of community health uses.

Finally, we visited the second floor where dental services will be provided. The equipment was in place but not the dentists. We are pleased to hear that the Community Dental service has since moved into this area and procurement is underway to fill the remaining dental chair permanently, with arrangements being made for a locum service provision in the interim.

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At Beeston Hill Health Centre, another LIFT initiative, the dental provision comprises three dental chairs. Again these were not in use at the time of our visit. There are seven training rooms which we were told the Leeds Dental Institute (LDI) will be using from Easter 2008. However, this conflicts with information received on a later site visit to the LDI, where we were told that the Beeston site is not expected to be fully operational until the autumn because of a number of delays.

We were pleased to hear that the dental chairs would be in use from late February 2008 (our visit was on February 13th). However we remain concerned about the length of time taken since the opening of Beeston Hill (May 2007) to the start of dental services.

Like Yeadon, Beeston Hill houses a minor surgery suite, which is not used. Doctors at the City View Medical Practice, co-located at the Beeston Hill Health Centre, carry out minor surgery in their own consulting rooms.

It is clear to us that the LIFT facilities at Yeadon, Beeston Hill and Middleton are under-utilised. We were pleased to hear that some of the rooms at Beeston Hill are let out to community groups free of charge.

We visited Middleton Health Centre, because we hoped to see a contrast between Middleton, as a more established LIFT building and Yeadon and Beeston Hill, which both opened less than 12 months ago.

At Middleton, we were pleased to see one reception desk and to hear that staff from the GP practice work on reception and also take bookings for other services within the building. However, we found that the centre, despite being open since 2005, is not being used to full capacity. For example, there is an empty space on the ground floor of the building, which we were told was initially intended to be an internet café. We understand that staff are currently discussing other uses for the area, including additional seating, or children's play space.

We understand the minor surgery unit at Middleton has been used by GPs for nail surgery. It appears to us that there is not enough demand from GPs for these minor surgery units to have justified their inclusion at the planning stage.

After our site visits, we were told that the PCT is undertaking a review of minor surgery in Leeds.

Recommendation 2:

That the results of the PCT's review of minor surgery in Leeds be reported to this scrutiny board at the earliest opportunity.

To summarise our visits to the three LIFT Health Centres, we are concerned that not one of these costly

new buildings is being used to its full potential. Rooms which are seldom used are generating running costs for heating and lighting.

It appears that, as part of a forward moving plan to localise health services, there has been a huge capital investment in several new high-quality buildings in Leeds to deliver healthcare. There seems, however, to be a disconnection between capital and revenue planning, resulting in under-utilisation of the new buildings. If this is left unresolved, we feel that the people of Leeds will become increasingly concerned about the future of these new buildings.

Recommendation 3:

That Leeds PCT provides quarterly reports to this Board during 2008/9 regarding the development of services in the new LIFT financed health centres in Leeds. We hope to hear of an explicitly strategic approach which harmonises revenue and capital expenditure to make full use of the high quality buildings housing the new Community Health Centres.

We feel that greater community involvement with the centres might be one way to increase usage and we are particularly keen to see more 'joined-up care' and health promotion work for individuals with health and social problems. We feel that if local people are consulted about possible uses for the buildings, they will be more likely to feel 'ownership' of the facilities and the centres could become community resources, rather than simply outposts of the health services. We are very concerned that this issue does not seem to have been addressed by the five Leeds PCTs when the buildings were planned.

Recommendation 4:

That, during the summer of 2008, Leeds PCT carries out consultation to determine what services and opening times local people would like to see for their new Community Health Centres and reports the findings back to this Scrutiny Board at the October meeting.

We visited Otley Clinic because we wanted to look at one of the city's older health centres.

We noted a number of concerns. Firstly, the clinic is hard to find, there is no signpost on the main road.

The interior of the building is covered with unnecessary posters, signs and notices on all the walls and windows, making the small space feel very cluttered.

Some services have ceased without informing local people and the PCT doesn't seem to be aware of some of the changes. For example, we were provided with a list of the services provided by Otley Clinic for the first session of our inquiry. This included

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CASH (Contraception and Sexual Health services). However, we were told at the clinic that family planning services ceased there in mid-2007. Staff provided us with a list of CASH services elsewhere in Leeds, but none are located in the North West area of Leeds.

We are disappointed to hear that family planning services are being withdrawn from any location in Leeds, particularly at a time when the rate of teenage pregnancies in Leeds is rising. We especially feel that young people might be more comfortable visiting a clinic for contraception, than making an appointment to see their family doctor.

The age of the building inevitably means that it fares badly in comparison to the new LIFT health centres. We are pleased to note that the PCT has funds set aside for a capital programme of maintenance and refurbishment of some of its premises which are no longer fit for purpose.

We look forward to visiting some of the refurbished premises next year.

Recommendation 5:
That

- **Leeds PCT keeps this Board informed of progress with the programme of refurbishment over the next municipal year.**

Our impression of the new health centres - as a collection of different health-related services operating very independently in separate rooms within one building - was echoed at Otley Clinic. Again we felt that there was no coherent "whole" for the clinic itself and even less coherence with the neighbouring health buildings. Otley Clinic is very close to Wharfedale Hospital and Yeadon Community Health Centre, and, given the ward closure and low level of usage at Wharfedale we question whether building such an extensive new facility at Yeadon was a wise decision.

Wharfedale Hospital

We have been concerned for some time about what we feel is a lack of a strategic direction for Wharfedale hospital.

The hospital opened in October 2004 with three wards. Two of the three wards are now closed. The remaining ward houses a 26 bed older adult unit. The hospital has two operating theatres and operations are carried out through the day surgery service. The hospital is under-utilised, with an activity rate below 50% of capacity. Outpatients and the operating theatres are particularly under-used.

When visiting the hospital, we were immediately impressed by the commitment and dedication of the Matron and nursing staff we spoke to. We also noted the very high standard of cleanliness throughout the building.

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What concerned us on our visit, was seeing for ourselves the empty wards and the low activity levels throughout the hospital areas. We were pleased to hear that the lymphoedema service has recently transferred to Wharfedale from Cookridge Hospital, taking patients from all over Leeds. This is utilising some of the empty space with a very necessary service.

At our first inquiry session, we received a document produced in April 2007 entitled A Framework for the Development of the Strategic Direction of Wharfedale Hospital, developed by the Leeds Teaching Hospitals NHS Trust; Leeds PCT and the Wharfedale Hospital Forum. This sets out some good intentions to use Wharfedale Hospital to its full potential and serve both the local and wider community in a safe, efficient and effective way. It is merely a framework, however and, as such, it does not provide any detail.

Overall, we feel there isn't sufficient sense of urgency, on the part of the Leeds Teaching Hospital's Trust and PCT, to address this issue of under-utilisation at Wharfedale. The hospital has excellent potential which needs to be fully maximised. We feel this should be a high priority for the local NHS.

We look forward to receiving the detailed strategy:-

Recommendation 6:

That the strategy for Wharfedale Hospital, due to be developed during early 2008, be presented to the first meeting of Scrutiny Board (Health and Adult Social Care) in the municipal year 2008/9.

Capacity to deliver services locally

We gratefully acknowledge the work that the many local voluntary and community organisations carry out to provide much needed services to the people of Leeds. Localisation of health and social care services, where there is an emphasis on keeping people at or close to home during periods of illness or incapacity, will lead to an increased demand for help in the future, which is likely to be commissioned from these third sector agencies.

We want to encourage the third sector and it concerns us that smaller organisations may find the commissioning and procurement processes difficult to navigate, discouraging them from bidding for contacts which they could actually deliver very well. Small voluntary and community groups are not always run by professional staff and commissioning language can be very hard to understand. We would like to see commissioners make more effort to use plain English in their commissioning and procurement processes and make personal contact

with small organisations to offer assistance.

Recommendation 7:

That Leeds Adult Social Services and Leeds PCT make arrangements to

- **Produce commissioning and procurement documentation in plain English**
- **Offer personal contact for voluntary and community groups to explain tender documentation and procurement processes**

and report these arrangements back to this Scrutiny Board by December 2008.

Preventative Health

Knowing what to do to maintain good health, prevent illness and take responsibility for our own health, is directly relevant to the localisation agenda, which aims to reduce the number of hospital admissions for severe illnesses. It follows on from the Government's White Paper in 2004, *Choosing Health*, which sets out the principles for supporting the public to make healthier and more informed choices about their health.

We were concerned to read in the national press in October about a British Medical Journal report stating that NHS Trusts across England had used funds intended for public health to avoid financial crisis. These were funds earmarked to tackle key *Choosing Health* issues such as obesity, alcohol misuse and sexual health.

We requested information from Leeds PCT about the 2006/7 public health allocation for Leeds, specifically if the funding was spent on public health or used for other purposes.

We were disappointed to hear that none of the five former Leeds PCTs chose to spend all of its Choosing Health public health allocation of funds for 2006/7 on public health programmes. Leeds South PCT spent just over a quarter of its allocation on public health programmes (26.19%). Of the total allocation of £1.687m for the whole of Leeds, just £1.143m (68%) was spent on public health programmes.

We were, however, pleased to receive confirmation from the Chief Executive of Leeds PCT that the total allocation of Choosing Health funding for 2006/7 is fully available from 2007/8 to meet Choosing Health priorities. We look forward to hearing about how the money was spent:-

Recommendation 8:

That Leeds PCT provides a report to the Scrutiny Board in July 2008, providing information about the funding spent on Choosing Health priorities in 2007/8.

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Leeds Dental Institute and the out of hours dental provision

We wanted to include dental services in our inquiry, as the provision of NHS dentistry in Leeds is an issue the Board scrutinised last year and we have revisited this year.

We went to the Leeds Dental Institute. Students at the Institute provide free treatment to around 40-60 walk-in patients per day. There is always a consultant on hand in case of difficulties. This is a very valuable service for the people of Leeds, which only exists because we are fortunate enough to have a dental school in Leeds. At present, the dental school is in a very secure position, with a high research rating and no danger of closure. However, we are concerned that this free service, which so many people rely on, is vulnerable because it is dependent upon the University of Leeds Dental School, rather than the PCT.

Another site we visited during our Inquiry was Leeds PCT's out of hours dental treatment centre at Lexicon House. The centre is operated by Local Care Direct, on behalf of Leeds PCT.

We heard that call rates to the centre vary but would typically be between 30-40 per night. There is a telephone triage process to decide whether attendance at the centre is the appropriate option for the patient and, if so, the patient is given a time slot within which to attend, rather than a timed appointment.

We feel the out of hours dental provision is a valuable service. The public has clearly identified the advantage of being able to attend a dentist at a more convenient time. Unfortunately this has led to some patients using the out of hours emergency service as they might use a general dental practitioner.

We would like consideration to be given to replicating the out of hours clinic in one or two other areas of the city to provide better coverage for dental emergencies, in view of the shortage of NHS dental provision.

Recommendation 9:

That Leeds PCT gives consideration to replicating the out of hours dental provision at Lexicon House elsewhere in Leeds to provide better coverage for areas outside the city centre.

Intermediate Care

We visited Middlecross Resource Centre and Richmond House to look at intermediate care services. Middlecross specialises in providing care for older people with dementia. There is a day centre and a Home for Older People (HOP) on the Middlecross site. The home has 32 beds. 24 beds are for permanent residents, three are for respite care and five are for intermediate care use. Richmond House has eight

intermediate care beds out of a total of twenty. There are also 11 respite beds and one permanent resident.

At Middlecross, funding for the intermediate care beds is secured for 2008/9, partly through the Partnerships for Older People Programme (POPP). After 2009, we understand the funding is less certain. Intermediate care is multi-disciplinary, with occupational therapy, physiotherapy, community psychiatric nursing and mental health teams working in partnership with Middlecross care staff.

We were interested to hear how working together has helped staff to share skills and good practice with each other. Middlecross staff have picked up lots of knowledge from the therapists working there and the PCT staff have learned useful techniques for working with people with dementia from the staff at Middlecross. Task-based rehabilitation works best, such as how to make toast or a cup of tea, or to learn to walk from the bed to the bathroom, etc.

The staff we spoke to at Middlecross demonstrated a high level of caring and commitment, which is much appreciated by the users and carers they provide the service for. We spoke to one husband/carer who said the day centre helped him and his wife. It allowed him to take a break from caring and it provided stimulating activities and company for his wife.

The facilities and activities on site provide opportunities for residents to mix with others or be quiet on their own, however they choose. Family members are welcome and free to come and go, without set 'visiting times'.

There is a large and growing demand for services for older people and Middlecross and Richmond House are working to full capacity. There are no unfilled places at the Middlecross day centre and rarely any empty beds at Middlecross HOP or Richmond House. We are anxious to make sure that intermediate care continues, grows and develops and there is adequate funding, post-POPP:-

Recommendation 10:

That Leeds Adult Social Care and Leeds PCT keep this Board informed, during 2008/9, of the future funding situation for the intermediate care provision at Middlecross Resource Centre.

The majority of people treated by the intermediate care team at Richmond House have suffered fractures, although the service is open to anyone who is having difficulties with standing, walking, washing or managing medication. The priority is to help people regain their mobility and independence. Staff work alongside the neighbourhood care teams to ensure that the correct care packages are being provided and that relatives are happy with the situation.

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Patients are not currently able to have a 'trial run' before they are discharged, although they are assessed at home by the Occupational Therapist on their return. We feel that this area is worth exploring, as it might give people the opportunity to access more support in their own home.

Recommendation 11:

That the Director of Adult Social Services explores the possibility of instigating 'trial runs' at home for patients prior to discharge from Richmond House, to assess how well they will cope.

Practice Based Commissioning (PBC)

PBC is a government policy which devolves responsibility for commissioning services from PCTs to local GP practices. Under the scheme, practices will be given a commissioning budget which they will have the responsibility for using to provide services. The aim is to give local clinicians greater control over resources, freeing them to respond better to local and individual need.

In Leeds, practices have grouped together into consortia to implement PBC. We were disappointed to learn that the consortia in Leeds are not configured around localities, but are groups of 'like minded' practices. We feel this works against the aim to be responsive to local need.

A Patient Advisory Group (PAG) has been established for PBC in Leeds, advising the PBC Governance Committee, which is a sub-committee of the Leeds PCT Board. Membership of the PAG is drawn from a range of patient groups and community and voluntary organisations in Leeds.

Monitoring of the development of PBC in Leeds, particularly the PAG, and other mechanisms for local engagement in PBC, is something which we feel the Scrutiny Board should undertake in the new municipal year. The Patient and Public Involvement Forums (PPIFs) are represented on the PAG at present. We hope that there will be interim arrangements in place for patient representation on the PAG after the abolition of the PPIFs and before the new Local Involvement Network (LINk) is up and running.

The PBC Forum has been set up in Leeds to bring together clinical leaders from the PBC consortia with strategic commissioners from the PCT to allow PBC to take place in the context of the overall vision and strategic priorities for the PCT. It also enables sharing of commissioning plans between consortia and looks at opportunities to work collaboratively.

Some of the frustrations which local doctors have reported to us, through our consultation with the Leeds Local Medical Committee (LLMC), are that the PBC Forum hasn't yet carried out much commissioning, nor has it had

any significant influence so far on the main provider of services in Leeds, LTHT.

LLMC report that the health data from the LTHT and the PCT in Leeds is quite poor. The committee has concerns about the accuracy of the statistics to support PBC. Key data about what procedures are being done and how much it is costing for example, or knowing what budget is available.

The LLMC advise that one of the successes so far would appear to be a drop in the number of referrals to secondary care, as GPs are making use of the new outreach clinics that are being set up through PBC, although it is hard to be certain about this without seeing full city-wide figures.. Progress with PBC in Leeds also compares reasonably well with progress elsewhere in the country. On the downside, there is little room for expansion in the buildings housing most GP practices, which will limit the new services which might be provided. LLMC also feels that PBC in Leeds would benefit from an increase in management support.

PBC has the potential to shape local services in Leeds and we will watch its progress with interest. We are pleased to hear that Health and Adult Social Care colleagues in Leeds have begun discussions to identify how PBC could help co-location opportunities and the adjustment of services to reduce duplication and maximise efficiency and effectiveness of staff.

Recommendation 12:

That progress with the development of Practice Based Commissioning in Leeds, particularly the arrangements for

- **management support for the PBC Forum**
- **patient and public involvement, and**
- **the continuing discussions between Health and Adult Social Care colleagues of joint opportunities presented by PBC**

are monitored by this Scrutiny Board in 2008/9.

Joint Strategic Needs Assessment

The new statutory duty to develop a Joint Strategic Needs Assessment (JSNA) comes into force on 1st April 2008. This assessment of current and future health and well-being needs in Leeds will be jointly led by the Director of Adult Social Services, the Director of Children's Services and the Director of Public Health. It will highlight the health inequalities that exist locally and inform future service planning so that commissioning priorities are set to improve health and well-being outcomes and reduce inequalities.

The JSNA is an important piece of work of great interest to this Board. We look forward to receiving regular reports on the findings as they emerge over the next few months.

Evidence

Leeds CITY COUNCIL

Membership of the Board 2007/08

Councillors:-
J Bale
J Chapman (Chair – part year)
J Dowson
G Driver
P Ewens
C Fox (part year)
S Golton (Chair – part year)
J Illingworth
M Iqbal
G Kirkland
M Rafique
L Russell
P Wadsworth (part year)

Co-opted Members:-
J Fisher (Alliance of Service Users and Carers
E Mack (Leeds Voice Health Forum)
S Morgan (Equalities)
S Saqfelhait (Touchstone)
L Wood (PPI forums)

Background Papers, Reports and Publications Submitted

The NHS Improvement Plan: Putting People at the Heart of Public Services, Executive Summary (DoH, June 2004)

Health Reform in England: update and next steps (DoH, December 2005)

Our Health, Our Care, Our Say: A new direction for community services (Govt White Paper, January 2006)

The Future of Health and Adult Social Care: A partnership approach for well-being (Local Government Association)

Our Health, Our Care, Our Say: making it happen (October 2006)

The Vision and Key Goals of Making Leeds Better on the MLB website (www.makingleedsbetter.org.uk)

Joint briefing from Leeds Primary Care Trust, Leeds Teaching Hospitals NHS Trust (LTHT) and Leeds Partnership Foundation Trust on the localisation of Health Services supplied for the Scrutiny Board meeting in November 2007

Framework for the Development of the Strategic Direction of Wharfedale Hospital, April 2007, LTHT

Evidence

Background Papers, Reports and Publications Submitted (continued)

Briefing from the Deputy Director of Leeds Adult Social Care on Localisation: The Adult Social Care Perspective.

Briefing from Leeds Primary Care Trust on the planning and decision-making process for commissioning health services in Leeds, supplied for the Scrutiny Board meeting in January 2008.

Report of the Director of Adult Social Services on the development of the Leeds Joint Strategic Needs Assessment and potential options for the future co-location of Health and Social Care Staff.

Guidance on Joint Strategic Needs Assessment (DoH 2008)

Report from Leeds PCT on care closer to home, supplied for the Scrutiny Board meeting in February 2008.

Information supplied by Middlecross House including:

POPPs Resource Centres Operational Policy.

Eligibility Criteria, Dementia Day Services.

Outcry over health centre used to store furniture, Yorkshire Post 19th May, 2007

Vital sections of new health centres unused, Yorkshire Post 20th September 2007

Monitoring arrangements

Standard arrangements for monitoring the outcome of the Board's recommendations will apply.

The decision-makers to whom the recommendations are addressed will be asked to submit a formal response to the recommendations, including an action plan and timetable, normally within two months.

Following this the Scrutiny Board will determine any further detailed monitoring, over and above the standard quarterly monitoring of all scrutiny recommendations.

Evidence

Leeds CITY COUNCIL

Witnesses Heard

Cllr B Anderson	Area Committee Member (Outer North West)
Maggie Boyle	Chief Executive, Leeds Teaching Hospitals NHS Trust
Lisa Butland	Director of Planning and Commissioning (Capital and Transport)
Cllr C Campbell	Area Committee Member (Outer North West)
Jill Copeland	Director of Strategic Development, Leeds PCT
Clare Dean	Practice Manager, City View GP Practice, Beeston Hill
John England	Deputy Director, Strategy and Performance, Adult Social Services
Joanne Evans	Practice Manager, Dr Marshall and Partners, Yeadon
Cllr C Fox	Area Committee Member (Outer North West)
Cllr Angela Gabriel	Chair, Area Committee (Inner South)
Cllr Terry Grayshon	Chair, Area Committee (Outer South)
Mark Harrington	Leeds Dental Institute
Dennis Holmes	Chief Officer, Commissioning, Adult Social Care
Martin Hudson	Manager, Middlecross HOP
Samatha Hunter	Dental Services Manager, Leeds Out of Hours Dental
Sandie Keene	Director of Adult Social Services
Alison Keighley	Health Centre Administrator, Yeadon
Zoe Kirk	Matron, Wharfedale Hospital
Sandy Lay	Senior Charge Nurse, Wharfedale Hospital
Judith Lund	Assistant Director, LTHT
Susan Meehan	Manager, Middlecross Daycentre
Cllr Elizabeth Minkin	Area Committee Member (Inner North West)
Cllr James Monaghan	Chair, Area Committee (Inner North West)
Christine Outram	Chief Executive, Leeds Primary Care Trust
Sam Prince	Director of Operations for West Leeds
Angela Richardson	Dental Services Co-ordinator
Dave Richmond	Area Manager, South Leeds
Catherine Scott	Health Centre Administrator, Beeston Hill
Maggie Shires	Senior Sister, Surgical Ward, Wharfedale Hospital
Mike Simpson	Principal Unit Manager, Adult Social Services
Jason Singh	Acting North West Area Manager
Sue Stead	Health Centre Administrator, Otley Clinic
Martyn Stenton	Partnerships Manager, Neighbourhoods and Housing
Jackie Todd	Consultant Physiotherapist
Cllr Chris Townsley	Chair, Area Committee (Outer North West)
Julie Turner	Executive Support Manager, Leeds PCT
Dr Richard Vautrey	Leeds Local Medical Committee
Linda Wolstenholme	Customer Services Manager, Leeds Out of Hours Dental Service

District Nursing, Health Visitor and Podiatry staff at Otley Clinic
Staff at Richmond House

Evidence

Leeds CITY COUNCIL

Dates of Scrutiny

19th November 2007	**Scrutiny Board Meeting**
17th December 2007	**Scrutiny Board Meeting**
21st January 2008	**Scrutiny Board Meeting and site visit to the Leeds Out of Hours Dental Surgery**
28th January 2008	**Site Visits to Otley Clinic and Wharfedale Hospital**
31st January 2008	**Site Visit to Yeadon Community Health Centre**
4th February 2008	**Site Visit to Richmond House**
12th February 2008	**Site Visit to Middlecross Day Centre and HOP**
13th February 2008	**Beeston Hill and Middleton Park Avenue Health Centres**
18th February 2008	**Scrutiny Board Meeting**
21st February 2008	**Meeting with Leeds PCT regarding Yeadon Community Health Centre**
3rd March 2008	**Site Visit to the Leeds Dental Institute**
17th March 2008	**Scrutiny Board Meeting**
21st April 2008	**Scrutiny Board Meeting**