

## **SCRUTINY BOARD (HEALTH )**

**TUESDAY, 20TH JANUARY, 2009**

**PRESENT:** Councillor P Grahame in the Chair

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

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

### **55 Apologies for Absence**

Apologies for absence were submitted on behalf of Councillor Langdale.

### **56 Minutes of the Previous Meeting**

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

### **57 GP Led Health Centre - Scrutiny Inquiry**

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

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

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

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

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

The Chair thanked Kathryn Hilliam for her attendance.

#### **RESOLVED –**

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

#### **58 Hospital Discharges**

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

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

The Chair welcomed the following to the meeting:

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

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

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

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

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

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

**RESOLVED –**

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

**59 Clinical Services Reconfiguration**

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

The Chair welcomed the following to the meeting:

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

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

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

**RESOLVED –** That the report be noted.

**60 Performance Report (NHS Leeds)**

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

The Chair welcomed the following to the meeting:

- Graham Brown – Performance Manager (NHS Leeds)

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

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

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

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

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

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

**RESOLVED** – That the report be noted.

#### **61 Performance Report for Quarter 2 2008/09**

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

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

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

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

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

**RESOLVED** – That the report be noted.

## **62 Work Programme**

The head of Scrutiny and Member Development submitted a report which outlined the Board's Work Programme. Also appended to the report was a copy of the latest Executive Board minutes and attention was drawn to health issues that had been considered by the Executive Board.

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

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

**RESOLVED** –

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

## **63 Date and Time of Next Meeting**

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