

	Recommendation	Where we are up to	Stage	Complete
2	We recommend that the Local Strategic Partnership proactively challenges the level of commitment and investment made from all partners towards community development and develops an action plan aimed at further embedding community development values and principles across the partnership.	<p><u>March 2008 position</u> The Leeds Initiative Programme Manager for Harmonious Communities started in post in January 2008 and is discussing with organisations and different departments about her future work programme. This will include addressing the embedding of community development values and principles across the partnership.</p> <p><u>March 2009 update</u> The Leeds Initiative is setting up a new Harmonious Communities strategy and development group with a workshop on 11th February 2009.</p> <p>The community development issues will be discussed as part of the broader work on community engagement and empowerment. At the present time, this is being considered by several different individuals, departments and groups and we want to bring this together and be clear about how we want to take it forward in partnership. The White Paper <i>Communities in Control</i> (CLG 2008) supports work to enhance community development skills among a range of frontline professionals and the increased focus on community engagement and empowerment.</p> <p>In terms of investment, the VCF sector partnership group has taken this forward as part of the response to the research commissioned by Leeds Initiative on the sustainability of the VCF sector in Leeds. This group has a resources task group which is working on this. The current economic situation is having a detrimental effect on funding and resources are reduced. Funding for a post based within Leeds Voice was identified by the Resources Group to work with commissioners and VCF sector on future commissioning and delivery.</p> <p>The new Health and Wellbeing Plan identifies engagement and community development as a specific strand and the PCT is making explicit and specific the community development contribution expected of each VCF sector partner it funds during this commissioning period (for SLA's April 09 up to 3 years)</p>	4	

Key

1 – stop monitoring	3 – not achieved (obstacle)	5 – not achieved (progress made not acceptable)
2 – Achieved	4 – not achieved (progress made acceptable)	6 – not for review this session

	Recommendation	Where we are up to	Stage	Complete
4	<p>That the Health Leeds Partnership champions the Leeds Community Health Development Network (CHDN) and ensures that it provides opportunities for community development projects to share best practice, celebrate achievements and actively encourage joint working initiatives across the city.</p> <p>The Network should also develop a themed training programme based on the needs of community development workers and encourage broader education and understanding of community development across the city.</p>	<p><u>March 2008 position</u></p> <p>The Healthy Leeds Partnership values the Community Development Network and, in relation to the new partnership arrangements, is examining where it would need to be placed to have the most influence.</p> <p>The Community Health Development Network has identified the need to develop training as part of its future work programme. The future of the CHDN is integral to the development of accredited training for current CD workers as well as the development of induction plans for new workers. The majority of CD work is delivered by CVFS partners, and the aim is to improve the skills and competence of those workers. This development work needs to be supported through the CHDN, which would ensure local staff became competent using the National Competency Standards for CD.</p> <p><u>March 2009 update</u></p> <p>The new partnership structures for health and wellbeing came into place last year with a smaller Joint Strategic Commissioning Board as well as the Healthy Leeds Partnership. Workshops in March are looking to develop the locality partnerships.</p> <p>Community health development relates most to the Promoting Health and Wellbeing Commissioning Sub-group and they are leading on developing a partnership strategy and joint commissioning issues.</p> <p>A celebration event is planned for 18th March on the healthy living grants which support the activities of many community and voluntary sector groups.</p> <p>The Community Health Development Network is still meeting and focussing on key training issues.</p>	4	

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	Recommendation	Where we are up to	Stage	Complete
5	That the Healthy Leeds Partnership carries out an evaluation of the Community Health Development Network during its first year and explores joint funding opportunities to maintain the sustainability of the Network in the long term. The results of this evaluation will be reported back to the Scrutiny Board in April 2008.	<p><u>March 2008 position</u></p> <p>The current and potential contribution of the network is recognised at senior level by the Chief Executive of the PCT and the Director of Adult Social Services. In the previous response we agreed that evaluation of the Community Health Development Network was important but that it would be too early to do this after its first year. We can give the Scrutiny Board an update on its first year's activity and we are exploring mechanisms to do an independent evaluation at a later date.</p> <p>A meeting of key officers and Community Health Development Network representatives was convened in January to address the sustainability of the Network. From this a small task group, involving the PCT, voluntary sector and the Leeds Initiative was set up to develop a proposal to secure resources to continue to develop and maintain the Network. The PCT has secured £25K funding for a part time post to support the CHDN and work on the delivery of the recommendations. In the meantime Leeds VOICE is providing interim support for the network.</p> <p><u>March 2009 update</u></p> <p>The part-time development post started in May 2008 but there have been problems with continuity. The independent evaluation of the Community Health Development Network is being carried out by Steve Skinner Associates. It started in September/October 2008 and the final report is due in March 09. A meeting of the task group will discuss this and make recommendations on the next steps.</p>	4	

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	Recommendation	Where we are up to	Stage	Complete
7	That the Leeds City Council Member Development Working Group includes community development training within the Member training programme.	<p><u>March 2008 position</u> Further information on this recommendation would be provided to the Member Development Steering Group at its April meeting.</p> <p><u>March 2009 update</u></p> <p>The Member Development Team are working with the Healthy Leeds Partnership to arrange a number of learning events for Members on community development within the wider context of community engagement and empowerment. This is planned to coincide with the launch of a corporate community engagement toolkit and the 'Talking Point' website. The training will probably include modules on Community engagement and use of the portal and Community Development and Health. Both are expected to take place early in the new municipal year.</p>	2	

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	Recommendation	Where we are up to	Stage	Complete
1	<p>That :</p> <ul style="list-style-type: none"> • a thematic group be developed for health and wellbeing, including adult social care, in each of the three new areas • the thematic groups work with the area committees to discuss and agree the nature and regularity of their dialogue in the future 	<p><u>September 2008 position</u></p> <p>Response from Leeds Primary Care Trust (PCT) The Primary Care Trust (PCT) and Adult Social Care support this recommendation and are working together to identify the most effective way to ensure implementation on a sustainable basis. This work includes gaining a better understanding of how other large urban areas work on a locality basis. A visit to Nottingham is planned for September 2008. The PCT and Adult Social Care recognise the need for dedicated officer time for each of the three new areas. This will ensure effective coordination and link the health and wellbeing programme to the officer coordination groups, area committees, local neighbourhoods and the Healthy Leeds Partnership. Proposals are being developed and will be presented to the Scrutiny Board by the year end.</p> <p>Response from Adult Social Services Area Management is represented on the Council's Strategic Leadership Team for Health and Wellbeing - providing a direct link between citywide and area concerns. Development of a locality focus for health and wellbeing is included in the draft Adult Social Care service plan, as are plans to increase capacity to enable improved co-ordination around Health and Wellbeing for area committees and the development of local thematic groups.</p> <p><u>March 2009 update</u></p> <p>Response from NHS Leeds The Public Health team at NHS Leeds is working closely with the Leeds Initiative to develop local partnership working arrangements to deliver the health and wellbeing improvement priorities in the Leeds Strategic Plan and to improve the links between the local and the city wide work. Workshops will take place during March in three areas of the city with a range of local stakeholders from different agencies in order to shape future local partnership arrangements. These will be informed by the emerging Leeds Health and Wellbeing Plan 2009-12. Plans are in place to appoint to three Locality Health and Wellbeing posts in order to support these arrangements. Work is also progressing to co-ordinate the PCTs response to locality partnerships and to develop a PCT governance framework in relation to external partnerships.</p> <p>Response from Adult Social Services Area Managers have been consulted about how best the forthcoming Health and Wellbeing Theme Plan can link to areas and inform local planning. Three introductory area workshops are being held in mid March 2009 focusing on each area, including a discussion of how best to set up a locality thematic group / partnership for health and wellbeing. It is proposed that with the introduction of these partnerships they will be supported in part by the joint funded appointment of three Locality Enablers for Health and Wellbeing.</p>	4	

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	Recommendation	Where we are up to	Stage	Complete
2	That the results of the PCT's review of minor surgery in Leeds be reported to this scrutiny board at the earliest opportunity.	<p><u>September 2008 position</u> The PCT has concluded a review of current minor surgery facilities in primary care which shows areas of under utilisation. The PCT has set goals for increasing this uptake. We have completed a service specification for minor surgery to further encourage the use of local facilities. Discussions are now taking place with Practice Based Commissioners about how we can work with providers to increase service options and choice for patients locally. We are also working with Leeds Teaching Hospitals NHS Trust (LTHT) to ensure that any new capacity will deliver faster access to services for patients (18 weeks).</p> <p><u>March 2009 update</u> NHS Leeds is continuing to work with PBC and commissioners about how we can work with providers to increase service options and choice for patients</p>	4	
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.	<p><u>September 2008 position</u> Since the localisation report was published the PCT has finalised arrangements for a number of additional clinical services to be either relocated or provide clinical sessions in LIFT buildings. The PCT is keen to ensure the Scrutiny Board is kept up-to-date on these developments. Due to the length of time it takes to implement changes of this nature a further report to the Board is proposed in six months' time.</p> <p><u>March 2009 update</u> Over the last six months a number of new services have been introduced into the PCT's existing LIFT buildings. This has focussed mainly on the under-utilised space in the south of the city which has seen the National Artificial Eye Service relocate to Parkside Community Health Centre from unsuitable accommodation in Hunslet. Parkside is also being used as a team base for the newly established Family Nurse Partnership Project, which is a clinical service providing intensive support to families, and an admin base for the Referral Management Service. At Armley Moor Health Centre a new twilight community nursing service has been set up and the Looked After Children nurses' team expanded. In January, Harrogate and District Foundation Trust began providing dermatology outpatient clinics at Wetherby Health Centre.</p>	4	

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	Recommendation	Where we are up to	Stage	Complete
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.	<p><u>September 2008 position</u> The PCT is committed to listening to the views of patients and the public when improving health services. Engagement/consultation on services and opening times for GP practices and health centres has been undertaken in the following ways:</p> <ul style="list-style-type: none"> • Citywide engagement on GP-led Health Centre • GP patient surveys and local questionnaires • Engagement on Joint Service Centres • Engagement on GP Services in Rothwell, Middleton and Swillington <p><u>March 2009 update</u> NHS Leeds continues to take forward public involvement work as highlighted above.</p>	2	
5	That Leeds PCT keeps this Board informed of progress with the programme of refurbishment over the next municipal year.	<p><u>September 2008 position</u> The PCT Board signed-off the capital investment programme for 2008/09 in July. The programme includes investment to enable the PCT to improve buildings by undertaking essential maintenance and statutory work (£1.1 million investment); and refurbishment and carbon-reducing opportunities (£0.8 million investment). The programme for 2008/09 is currently out to tender and will be delivered by March 2009. One of the first schemes to be completed is the refurbishment of Burmantofts Health Centre which will host the GP-led Primary Medical Care service delivering essential healthcare services for the people of Leeds.</p> <p><u>March 2009 update</u> Tenders have been awarded through our partnering agreement with Community Ventures (Leeds) Limited. After a formal process of competitive tendering IMS Limited have been awarded the contract of around £2.0m, for backlog maintenance and refurbishment of our health centres. The current programme expenditure projections identify the work commissioned through Community Ventures (Leeds) Limited will be delivered within time and we will deliver a substantial part of all improvement schemes by 31.3.2009. £0.32m has been allocated to Burmantofts Health Centre to deliver services as part of the GP-led Health Centre scheme. The scheme is progressing well and will be completed by the end of February 2009. Individual programmes have been produced for all sites and will be monitored carefully including finances, health and safety issues and security.</p>	2	

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	Recommendation	Where we are up to	Stage	Complete
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.	<p><u>September 2008 position</u> Leeds Teaching Hospitals Trust (LTHT) and the PCT are working closely together to develop proposals to ensure the best solution for the population of Leeds.</p> <p>LTHT is presenting a separate paper to the September Board meeting to cover their Peripheral Hospitals Strategy.</p> <p><u>Extract from Peripheral Hospitals paper</u> Wharfedale Hospital (WH) was opened in October 2004. It is a high quality facility that was designed to provide a range of healthcare services to the population of in and around Otley that are safe and appropriate to their needs. In the three and a half years since it opened, the Trust and its partners in the health economy have struggled to utilise the facilities at WH efficiently and effectively. In April 2007, the LTHT Board approved a Framework for the development of WH, which had been jointly developed by the Trust and the PCT. This framework clarified the vision and strategic direction for WH.</p> <p>Since the agreement of the strategy, the Trust and PCT have been working to deliver a better utilised hospital within the agreed parameters. The review of the 2007/8 business plans resulted in the Lymphodema Service being relocated to WH. During April 2008, all Directorate Managers and Clinical Directors within the Trust were asked to consider the following questions in relation to Wharfedale:</p> <ul style="list-style-type: none"> • How might they better utilise/expand the volume of any existing services? • Are there any new services, either for the local population or the whole city that could be relocated to Wharfedale? <p>This exercise generated a longlist of projects. Some of these are still in the process of being assessed, however, a number of developments are planned for 2008/9:</p> <ul style="list-style-type: none"> • Improved utilisation of the 2 theatres. A plan to improve utilisation will be implemented from October with the objective of achieving an average 90% utilisation across all lists (average in 2007/8 was 66%). • Establishment of a 4 chair low risk chemo facility for the local population • Full utilisation of the endoscopy facilities (part of the Endoscopy Services Business Case currently being implemented and numbers already rising) • Improved utilisation of the outpatient capacity via the roll out of direct booking and the continued efforts of directorates to allocate trust booked patients to WH • Improved utilisation of the radiology facilities and possibly creation of a permanent breast screening facility. 	2	

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Work has been undertaken in the PCT to identify potential service moves and development opportunities. A key area of work is to investigate the need, desirability and potential for some local primary care and community based services to be relocated to accommodation at Wharfedale. This might include, for example, GP and GPSI led services and community services such as podiatry, substance use services, falls clinics and audiology. The potential for some community intermediate care beds for older people to be based at Wharfedale is also being explored. The PCT is working to develop community based services for people with long term conditions (COPD, chronic vascular disease etc) so that, for those people whose care can be provided appropriately outside an acute hospital setting, services are available in the local community. We are looking at the demand for and opportunities for such services to be provided at Wharfedale. Both the PCT and LTHT acknowledge that finding a mix of services that can utilise the WH facility effectively has been, and remains, challenging. We are jointly aiming to develop a plan for the next 5 years by the end of 2008/9.

March 2009 update

Response from LTHT

See attached briefing.

Response from NHS Leeds

The urgent care procurement in Leeds and across West Yorkshire has now been concluded. From April 2009 Local Care Direct, a social enterprise company, will provide emergency dental services, minor illness and injury walk-in services at St George's Centre and Wharfedale Hospital, and GP out-of-hours appointments and home visits operating out of the latter centres in addition to Lexicon House.

The specific improvements relating to Wharfedale Hospital are:

- Introduction of GP appointments out-of-hours & weekends
- Expansion to provide nurse-led minor illness services
- Improved seamless care pathways as a result of one organisation providing both minor injury & illness walk-in services as well as out-of-hours GP appointments

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	Recommendation	Where we are up to	Stage	Complete
7	<p>That Leeds Adult Social Services and Leeds PCT make arrangements to :</p> <ul style="list-style-type: none"> • 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. 	<p><u>September 2008 position</u></p> <p>Response from Leeds Primary Care Trust (PCT)</p> <p>The PCT is arranging plain English training for a range of staff responsible for producing documents for the public and other stakeholders (such as voluntary and community groups). This training will ensure our information is clear and concise. The PCT is also developing a 'style guide' to make sure that it has clear standards and expectations in place about how information should be produced.</p> <p>Leeds PCT has a Patient Reader Group which comments on the design, layout, content and style of the PCT's patient leaflets and some corporate and public information documents. We are encouraging all services to make sure their patient leaflets are approved by this group before distribution. This ensures our information is logical, easy to understand and jargon free.</p> <p>Leeds PCT regularly communicates with the Voluntary, Community and Faith sector (VCFs) groups and supports them in the procurement process by holding 'bidder' events to explain the process and ensure equity.</p> <p>Response from Adult Social Services</p> <p>The Chief Officer, Social Care Commissioning has been asked to prepare a separate report for the Adult Social Care Scrutiny Board on commissioning practice within adult social care. In this report attention will be drawn to a commissioning toolkit which has been developed for adult social care which provides advice and guidance to staff, including the use of plain English. This report is due to be consider by the Adult Social Care Scrutiny Board at its meeting on 17 September 2008.</p> <p><u>March 2009 update</u></p> <p>Response from NHS Leeds</p> <p>One successful plain English course has already taken place and NHS Leeds have two more planned to take place in March. The NHS Leeds Patient Reader group is ongoing and public documentation is reviewed by members of this group. The group has been expanded in the past six months to enable it to review more information.</p> <p>Response from Adult Social Services</p> <p>Officers have taken two subsequent reports to the Adult Social Care Scrutiny Board in September 2008 and December 2008 detailing their approach to commissioning with smaller organisations recognising the need to provide officer support to such organisations to assist in their capacity to participate in tendering processes. The reports have indicated how such commissioning initiatives have been promoted in non-technical language to the organisations concerned.</p>	2	

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	Recommendation	Where we are up to	Stage	Complete
8	That Leeds PCT provides a report to the Scrutiny Board in July 2008, providing information about the funding received for, and money spent on, Choosing Health priorities in 2007/8.	<p><u>September 2008 position</u> The board received a report breaking down how Leeds PCT spent its full 2006/2007 Choosing Health allocation of £1.67m in 2007/08</p> <p><u>March 2009 update</u> There is no further update to add.</p>	2	
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.	<p><u>September 2008 position</u> Leeds PCT has tendered the provision of all urgent care, in-hours and out of hours. This is a competitive dialogue process, whereby the PCT does not set out how services will be delivered, but instead looks to the bidders to develop proposals as to how patients' needs would best be met, using information from the engagement process. The final specification for the urgent care service will be available in September and an update will be provided to the Health Proposals Working Group.</p> <p><u>March 2009 update</u> Local Care Direct will be providing both out-of-hours dental services and also the Dental Access Centre service Monday-Friday, from 1st April 2009. This will maximise efficiency of the current capacity and streamline access. Lexicon House lease is due to expire in March 2010, and the project to explore alternative estate will begin in April 2009 in preparation.</p>	2	

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	Recommendation	Where we are up to	Stage	Complete
10	That Leeds PCT gives an assurance to this Board that it intends to provide funding for the intermediate care beds at Middlecross home for older people in 2009/10.	<p><u>September 2008 position</u></p> <p>Response from Leeds Primary Care Trust (PCT) The Middlecross Care Home currently provides five beds within a total of 15 dementia Intermediate Care beds. All of the Partnerships for Older Peoples Projects (POPPs) pilots are subject to evaluation of their effectiveness in terms of both quality and finance and this information will influence the future sustainability to mainstream projects. It is also recognised through the development of the Leeds Intermediate Tier Strategy that provision for people with dementia is a priority but should be as part of the PCT's Care Closer to Home programme. These types of service will be developed as part of the commissioning plan to implement the Intermediate Tier Strategy; within that will be a plan to provide Intermediate Care Beds including the dementia beds where appropriate.</p> <p>Response from Adult Social Services The intermediate care provision within Middlecross Resource Centre has been funded for a further year (April 08 – March 09) with a combination of POPP Programme slippage, Adult Social Care and PCT funding. The activity and outcomes continue to be monitored against the service milestones by the POPP Performance management group. The service continues to meet its activity targets and is developing new and innovative ways of providing hospital admission avoidance, early supported discharge and rehabilitation for older people with dementia and physical and social needs. Plans for securing the long term sustainability of the service are in place with a Programme evaluation event planned for September 08. Following this event business plans will be developed and submitted for consideration by the commissioning teams within Adult Social Care and the PCT. This service will be considered alongside other POPP projects as part of a "whole system" package of interventions to improve the rehabilitation opportunities for older people with mental health needs.</p> <p>March 2009 update</p> <p>Response from NHS Leeds The recently published National Dementia Strategy places an emphasis on community based care for people with dementia. The local evaluation and impact assessments of all the POPPs schemes is now complete. The evaluations are positive and NHS Leeds is supportive of the continuation of these schemes including intermediate care beds for people with dementia. NHS Leeds financial plan for 2009/10 is still being refined and will be signed off at the Board in March.</p> <p>Response from Adult Social Services Awaiting Board decision on funding, this will be available after the 12th March.</p>	2	

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	Recommendation	Where we are up to	Stage	Complete
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.	<p><u>September 2008 position</u></p> <p>Everyone in a CIC bed at Richmond House has a full assessment while they are there. This can include a home visit and certainly includes a full exploration of their needs in order to return home. Most people returning home from the CIC beds do so with the support of the Intermediate Care Team. They are then reassessed at home by a member of the Joint Care Management Team in conjunction with the ICT. If longer term services are required a Care Plan is presented to the West Gatekeeping Panel.</p> <p>There are occasions when people return home and the return home does not succeed. In some cases people have then returned to a CIC bed at Richmond House. However, we are looking carefully at this practice in order to ensure that people whose need is for permanent residential care do not return to a CIC bed and wait there, possibly for several weeks, when a CIC bed is no longer required.</p> <p>As these arrangements are flexible and can accommodate a number of uncertainties, it is felt that the introduction of a 'trial run' will only add a further unnecessary step in what is already a very thorough process.</p> <p><u>March 2009 update</u></p> <p>There is no further update</p>	1	

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	Recommendation	Where we are up to	Stage	Complete																											
12	<p>That progress with the development of Practice Based Commissioning in Leeds, particularly the arrangements for</p> <ul style="list-style-type: none"> 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 <p>are monitored by this Scrutiny Board in 2008/9.</p>	<p><u>September 2008 position</u> Recent reconfiguration of the Practice Based Commissioning (PBC) Consortia in Leeds is outlined below:</p> <table border="1"> <thead> <tr> <th>Consortia</th> <th>No. of practices</th> <th>Population</th> </tr> </thead> <tbody> <tr> <td>H3+</td> <td>31</td> <td>276496</td> </tr> <tr> <td>Leodis Healthcare</td> <td>30</td> <td>205093</td> </tr> <tr> <td>North East Consortium</td> <td>13</td> <td>116277</td> </tr> <tr> <td>Leeds Commissioning Collaborative</td> <td>14</td> <td>49828</td> </tr> <tr> <td>The Wetherby & District Group</td> <td>5</td> <td>33155</td> </tr> <tr> <td>Church Street Group</td> <td>6</td> <td>14964</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td>Unaligned Practices</td> <td>14</td> <td>98265</td> </tr> </tbody> </table> <p>The two largest consortia have fulfilled the requirements of “earned autonomy”, demonstrating that they have robust governance and risk management arrangements in place, and have achieved against previous years’ plans.</p> <p>The PBC Governance Committee has approved ambitious strategic and operational plans for five of the consortia, and it is anticipated that remaining plans will be approved in September 2008. All PBC plans demonstrate a commitment to national and local priorities, to patient and public involvement and joint working with local authority and third sector organisations.</p> <p>We anticipate that the number of unaligned practices will reduce as discussions are still taking place between some of these practices and the established PBC consortia. At least seven practices are implementing PBC as individual practices this year, and only two practices in the city have declined to participate in PBC at this stage.</p> <p>Plans are being developed in partnership with the PBC Forum to establish a Commissioning Executive to ensure strategic connections between different strands of PCT commissioning and PBC. It is anticipated that the new arrangements will be in place in shadow form from October 2008.</p> <p>The PCT has reviewed the management support for PBC. The dedicated PBC team provides direct support to PBC consortia and practices and facilitates support from other PCT departments, such as Finance, Information, Public Health, Patient and Public Involvement (PPI), and Commissioning. The PCT has invested in a dedicated PBC information system which enables activity and financial information to be made available to support commissioning.</p>	Consortia	No. of practices	Population	H3+	31	276496	Leodis Healthcare	30	205093	North East Consortium	13	116277	Leeds Commissioning Collaborative	14	49828	The Wetherby & District Group	5	33155	Church Street Group	6	14964				Unaligned Practices	14	98265	3	
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PBC plans are required to describe arrangements for patient and public involvement in the development of commissioning plans and redesign proposals. All PBC consortia have completed a baseline audit of current PPI arrangements, and the PCT is providing support to develop more Patient Participation Groups at practice and consortium level. Some consortia have appointed or are currently appointing lay members to their Boards. The PCT's PPI team supports the development of focus groups to inform the redesign of services. The Patient Advisory Group, with a wide membership from patient groups and community and voluntary organisations in Leeds, reviews all PBC proposals from a patient and public experience perspective and makes recommendations to the PBC Governance Committee.

Significant improvements in services have already been achieved through PBC – for example, practice based diagnostic services, admissions avoidance schemes, enhanced care for people in care homes, genital warts service for the student population, improvements to 18 week pathways – and in 2007/08 almost £2 million was freed up for reinvestment in local services.

As part of the establishment of partnership arrangements between the PCT and the Local Authority, PBC Consortia have been engaged in how they can make effective links with the Local Authority through partnerships at locality level. Practice based commissioners have been encouraged to establish links with Area Committees and agree areas of joint working on the delivery of Local Area Agreement priorities.

March 2009 update

Changes have taken place with the re-configuration of some PBC Consortia and there are now five PBC Consortia with 14 Practices remaining independent. The most significant change has been the development of Calibre (former NE Consortium) with the former Wetherby Group joining, together with three Practices in the west area of the city.

Nationally, there is a drive to reinvigorate practice based commissioning and currently work is being undertaken, in partnership with practice based commissioners, to build upon the local successes in Leeds to date. This includes the development of a local incentive scheme to reflect the local priorities for 2009/2010.

Year end reviews will take place in late spring to assess achievement against plans during 2008/2009.

Key

1 – stop monitoring	3 – not achieved (obstacle)	5 – not achieved (progress made not acceptable)
2 – Achieved	4 – not achieved (progress made acceptable)	6 – not for review this session