

Scrutiny Board (Health)

Health Service Developments Working Group

14 December 2010

NOTES OF MEETING

Attendance:	
Members	
Councillor Mark Dobson (Chair) Councillor Penny Ewens Councillor Eileen Taylor	Arthur Giles (Co-opted member) Emma Stewart (Co-opted member)
Officers	
<u>NHS Leeds:</u> Matt Ward (MW), Associate Director of Commissioning Sherry Hirst (SH), Associate Director of Corporate Services (Acting)	
<u>Leeds City Council</u> Steven Courtney (SMC), Scrutiny Support	
Apologies:	
Councillor Suzi Armitage Councillor Peter Harrand	Councillor Graham Kirkland Phil Corrigan (NHS Leeds) Carolyn Walker (NHS Leeds)

Items	Action
1 ATTENDANCE / INTRODUCTION	
The Chair welcomed all those present to the meeting of the Health Service Developments Working Group. Introductions were made and the apologies received were noted.	
2a NHS LEEDS ESTATES STRATEGY (2010 – 2015)	
<p>MW gave a summary of the paper presented in the agenda pack, outlining that NHS Leeds had reviewed its estate using the latest guidance provided by the Department of Health. The review had shown that the estate varies in terms of age, design, quality and ability to provide the appropriate infrastructure likely to be needed to deliver future health care services. Through joint working around the delivery of services and the condition/ location of premises, the main aims of the Estates Strategy were outlined as being to:</p> <ul style="list-style-type: none"> • improve the condition, functions and increase the use of the estate in line with providing care closer to home ; • ensure that facilities are in the right place and that they are easily accessible by public transport; • ensure they are clean and functionally suitable; • centralise /co-locate city-wide services in a city centre NHS location • support super-neighbourhood services by investing in key geographical /NHS community hubs; • provide neighbourhood services wherever possible in existing 	

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<p>community facilities, not necessarily in NHS owned estate;</p> <ul style="list-style-type: none"> • improve the GP estate by identifying priority investment on an annual basis • meet all mandatory and statutory requirements including fire regulations, asbestos checks, legionella checks, health and safety, health and safety, Disability Discrimination Act compliance, reduced CO² emissions by 10% by 2013; • declare as surplus any estate that does not or cannot meet any of the NHS standards; and • invest in estate which is to be maintained over the next five years, (subject to available resources). <p>There was overall agreement in terms of the rationale of the strategy and the broad direction of travel. However, there was a discussion around transparency of proposals/ decisions relating to individual facilities/ premises and the need for the early involvement of local stakeholders in discussions/ proposals, including patient groups, staff representatives and local councillors. The need for joint working with other public sector providers to establish joint priorities and shared facilities (where appropriate) was also highlighted.</p>	<p>NG/ SMC</p>
<p>AGREED</p> <p>(a) That the information / report be noted.</p> <p>(b) That the significance of the proposals and the associated level of patient and public involvement be broadly agreed as level 3 (significant change), subject to individual work streams and proposals.</p> <p>(c) That progress against the Estates Strategy form a standing item on future agendas for the working group, until agreed otherwise.</p>	
<p>2b RELOCATION OF THE MUSCULOSKELETAL SERVICE</p>	
<p>MW gave an outline of the paper, which detailed the proposal to relocate the Musculoskeletal (MSK) outpatient service from the Physiotherapy Gymnasium LGI site to the new MSK Suite within the existing re-developed Meanwood Health Centre.</p> <p>Current data showed that the service provided around 650 appointments per annum and it was outlined that the current facilities at the LGI site were not fit-for-purpose going forward. It was also stated that the new site would offer all the current clinical services offered at the LGI, along with additional and enhanced clinic options for the MSK patients. The proposal was presented as a level 3 (significant) change.</p> <p>Members discussed the details outlined in the proposal paper and raised at the meeting. Some concern was expressed around patient access to the proposed new location – particularly in terms of patients from South Leeds. Nonetheless, there was broad agreement that the proposed level of engagement (a 12 week stakeholder engagement process) was appropriate. Members requested a copy of the detailed engagement plan.</p>	

Items	Action
<p>AGREED</p> <p>(a) That the proposed relocation of the MSK outpatients service represents a Level 3 (significant) change in service.</p> <p>(b) That, as proposed, a 12 week stakeholder engagement process be undertaken.</p> <p>(c) That a copy of the detailed engagement plan be provided to all Members of the Scrutiny Board (Health).</p>	<p>NG/ JW</p>
<p>2c CLINICAL VALUE IN ELECTIVE CARE</p>	
<p>MW gave an outline of the paper, which detailed a joint workstream (between NHS Leeds, LTHT and GP Commissioners) aimed at assessing the effectiveness of elective (planned) care and, using a clinical evidence base, identifying any efficiencies. It was outlined that this may included:</p> <ul style="list-style-type: none"> • Reviewing follow-up outpatients appointments in secondary care (such as hospital settings); • Exploring the use of alternative technology in secondary care – such as telephone clinics; <p>It was recommended that the proposal represented a level 3 (significant) change.</p> <p>There was a discussion around what changes might mean for patients accessing services and broad agreement that the proposal represented a significant change. However, it was also recognised that there may be varying changes to different types of services, which may warrant varying degrees of patient and public engagement.</p>	
<p>AGREED</p> <p>(a) That the information / report be noted.</p> <p>(b) That the significance of the proposals and the associated level of patient and public involvement be broadly agreed as level 3 (significant change), subject to individual work streams and proposals.</p> <p>(c) That progress against the Clinical Value in Elective Care proposal form a standing item on future agendas for the working group, until agreed otherwise.</p>	
<p>3 PROGRESS UPDATE</p>	
<p>An update on previously presented proposals was provided, as detailed in the agenda papers. In particular, it was noted that the work around Farsley Clinic had now ceased and that staff were due move out of the building on 26 December 2010. It was agreed to remove this matter from future reports.</p>	
<p>AGREED</p> <p>(a) That the information presented and the progress reported be noted.</p> <p>(b) That Farsley Clinic be removed from future reports.</p>	

12	HORIZON SCANNING	
	Not discussed in detail.	
13	ANY OTHER BUSINESS	
	No other business identified.	
	<u>Date of Next Meeting</u> It was agreed that the next meeting would be arranged for <u>15 February 2011 at 2:00pm.</u>	SMC

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