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ADULTS, HEALTH AND ACTIVE LIFESTYLES SCRUTINY BOARD

Supplementary Information

Item 6 – Minutes - 2 April 2019

Item 8 - Bereavement Arrangements at Leeds Teaching Hospitals NHS Trust

Item 10 - Work Schedule

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SCRUTINY BOARD (ADULTS, HEALTH & ACTIVE LIFESTYLES)

TUESDAY, 2ND APRIL, 2019

PRESENT: Councillor H Hayden in the Chair

Councillors C Anderson, J Elliott, B Flynn,
J Gibson, G Harper, N Harrington, M Iqbal,
S Lay, D Ragan, K Wakefield and
A Wenham

69 Appeals Against Refusal of Inspection of Documents

There were no appeals.

70 Exempt Information - Possible Exclusion of the Press and Public

There were no exempt items.

71 Late Items

There were no formal late items, however the following supplementary information was distributed to at the beginning of the meeting in relation to Item 11, Leeds Health and Care Plan Update (Minute 79 refers.)

- Local Care Partnerships: A Model for Leeds

72 Declaration of Disclosable Pecuniary Interests

There were no declarations of disclosable pecuniary interests.

73 Apologies for Absence and Notification of Substitutes

An apology for absence was received from Dr John Beal.

74 Minutes - 15 January 2019

RESOLVED - That the minutes of the meeting held on 15th January 2019 be agreed as a correct record, subject to an amendment to a job title throughout.

75 Leeds Safeguarding Adults Board - Annual Report and Progress Update

The Head of Governance and Scrutiny Support submitted a report that introduced the Leeds Safeguarding Adults Board (LSAB) 2017/18 Annual Report and a progress update for 2018/19.

The following was appended to the report:

- LSAB Progress Report (April 2019)
- LSAB Annual Report 2017/18
- LSAB Strategic Plan 2018/19
- LSAB Executive Board Report (February 2019)

The following were in attendance:

- Richard Jones, Independent Chair, Leeds Safeguarding Adults Board
- Shona McFarLane, Deputy Director, Social Work & Social Care Service, Adults and Health

The Independent Chair introduced the report, setting out the future priorities and objectives of the Leeds Safeguarding Adults Board.

Members discussed a number of matters, including:

- *Leeds and York Partnership Foundation NHS Trust (LYPFT) Data Collection System.* Members queried whether it was acceptable that LYPFT did not have systems in place whereby safeguarding information can include a breakdown by ethnicity, and the limitations this is likely to have on understanding matters impacting on specific communities. The Board heard that one of the LSAB's key priorities for future work was engagement with BME communities, and accepted that improved data collection will form part of that work.
- *Executive powers.* Members were concerned that the LSAB did not hold any executive powers to exercise in response to concerns about any of the partnership organisations. The Board was informed that the partnership model of the LSAB was intended to enable partners to hold one another to account, as they have a shared set of objectives and intent.
- *Referrals progressing to Safeguarding Adult Reviews (SARs).* Members sought clarity regarding the lack of SARs during the reporting period, despite the high volume of referrals made during that time. Members heard that following support received through initial intervention, most clients subsequently report they feel safe and a review is not required.
- *Prosecution.* In response to queries, Members were informed that following referrals to the police, there was some inconsistency in the level of information Social Care teams are provided with regarding the progress of criminal investigations. While there was no evidence of harm arising from any communication issues, Members highlighted the need for greater consistency in information sharing between agencies represented through the partnership. .
- *Evidence within the report.* Members commented that the report was lacking in detail, and specifically noted that the report did not include any statistics or other data which limited the reader's understanding of the context.
- *Assurance processes.* Members sought clarity around the LSAB's process for seeking assurance from the partnership organisations, particularly in relation to the support and training provided to frontline

staff. Members were informed that the LSAB review assurances carried out by partner organisations.

- *Links to third sector.* Members commented that many vulnerable adults do not access to mainstream services, and requested more information around the LSABs approach to engaging with the charitable organisations and community groups. The Scrutiny Board was informed that LSAB worked directly with Voluntary Action Leeds (VAL) and Advonet, and intended to bring feedback on this area of work to the LSAB in the future.

RESOLVED –

- (a) That the Independent Chair of the Leeds Safeguarding Adults Board be thanked for his attendance and contribution to the discussion.
- (b) That the contents of the report and the appendices presented to the Scrutiny Board be noted.
- (c) That the Chair write to the Independent Chair of the Leeds Safeguarding Adults Board, summarising the outcome of the Scrutiny Board's discussion and any requests for further information and/or future reports.

Councillor M Iqbal arrived at 1:40pm during discussion of this item.

76 Care Quality Commission (CQC) – Adult Social Care Providers Inspection Outcomes - November 2018 to January 2019

The Director of Adults and Health submitted a report on the Care Quality Commission Inspection Outcomes for Adult Social Care providers in Leeds for the period November 2018 to January 2019.

The following was appended to the report:

- Inspection Outcomes (November 2018 - January 2019)

The following were in attendance:

- Councillor Rebecca Charlwood, Executive Member for Health, Wellbeing and Adults
- Cath Roff, Director, Adults and Health
- Mark Phillott, Head of Commissioning Contracts and Business Development, Adults and Health

The Executive Member for Health, Wellbeing and Adults addressed the meeting and acknowledged the role of the Scrutiny Board and its contribution to bringing sustained concentration and focus on the issue of quality within Leeds' care homes which has brought about some sustained improvement.

The Executive Member also acknowledged there was more to do in order to embed a consistent culture of excellence across the health and care sector.

The Head of Commissioning Contracts and Business Development introduced the report, highlighting to Members that 7 providers had improved their rating, 20 had remained the same, and 6 had received a poorer rating. A decrease in 'good' rated older people's care homes was also noted, and Members were informed this was largely within the nursing home sector.

Members discussed a number of matters, including:

- *The standard of inspections and demands on providers.* Arrangements in place for the Council and Clinical Commissioning Group to help providers continuously improve and/or maintain 'good' CQC inspection ratings.
- *'Requires Improvement' ratings.* Members were concerned that some providers had not improved their 'Requires Improvement' rating in a number of domains. The Board was informed that this was a broad category, and often the largest contributor was high turnover in management / leadership and care staff.
- *Nursing Homes.* Members sought clarity regarding the decrease in nursing homes rated as 'Good', and were informed that the relatively small number of nursing homes within the City meant that a slight change affects the percentage considerably. Members were also informed that there are recruitment issues for nursing homes.
- *Best practice.* Work being undertaken to consider establishing 'teaching' nursing homes in the City, in order to support the whole sector and share best practice.

RESOLVED – That the comments made at the meeting, alongside the contents of the report and appendices be noted.

Councillor S Lay left the meeting at 2:55pm during discussion of this item.

77 Homecare Update

The Director of Adults and Health submitted a report that provided an update on the developments in commissioned home care services since the previous report in September 2018.

The following were in attendance:

- Councillor Rebecca Charwood, Executive Member for Health, Wellbeing and Adults
- Cath Roff, Director, Adults and Health
- Mark Phillott, Head of Commissioning Contracts and Business Development, Adults and Health

The Head of Commissioning Contracts and Business Development introduced the report, providing an update on individual home care providers along with the progress of a number of projects.

Members discussed a number of matters, including:

Draft minutes to be approved at the meeting
to be held on Tuesday, 23rd April, 2019

- *Performance of the homecare contract.* The Board was advised the current contract arrangements were not operating as planned or expected, largely due to the current and ongoing market conditions of the care sector.
- *Cost of Discharge Service.* Members commented on the high cost of the discharge service, and sought assurance regarding its success. Members were advised that the expense was relative to the 'Leeds Pound', and the investment and innovation had improved outcomes for service users.
- *Retention of staff.* In response to a query, Members were informed the issue of staff retention was multi-faceted; particularly as the City was reaching 'full employment'. Competition from other sectors, including the retail sector, provided a difficult employment environment for the home care sector. It was noted that the commitment to better terms and conditions of employment, including pay, was aimed at bringing a higher degree of stability to the employment landscape across the care sector.
- *Good management.* Members were keen to understand the level of support for providers in relation to good management, and were informed that work is being progressed with providers and the appropriate unions to increase the stability of the sector.

RESOLVED – That the contents of the report be noted.

*Councillor J Elliot left the meeting at 3:15pm during discussion of this item.
Councillor G Harper left the meeting at 3:25pm at the conclusion of the discussion of this item.*

78 Care Quality Commission: Local System Review Report and Action Plan

The Head of Governance and Scrutiny Support submitted a report that introduced the Care Quality Commission's report following its review of the local health and care system in Leeds; alongside the associated action plan.

The following was appended to the report:

- Local System Review Report, December 2018
- Local System Review Action Plan

The following were in attendance:

- Councillor Rebecca Charlwood, Executive Member for Health, Wellbeing and Adults
- Cath Roff, Director, Adults and Health
- Paul Bollom, Head of Leeds Plan, Adults and Health

The Head of Leeds Plan introduced the report, informing Members of the outcomes of the Local System Review and actions for improvement.

Members discussed a number of matters, including:

- *Consultation with Elected Members.* Members sought clarity as to plans for engagement with elected members for individual Local Care Partnerships (LCPs), and were assured that there were plans to appoint elected members to LCPs through the Community Committees during the 2019/20 municipal year.
- *The Role of the Scrutiny Board.* The Chair highlighted the Scrutiny Board's role in maintaining oversight of Leeds health and care system and holding system leaders to account. The Chair expressed disappointment this was not better reflected in the improvement action identified by the Care Quality Commission. However, the Chair requested that the Scrutiny Board's role be reflected in the system's action plan and improvement actions – and specifically the governance flowchart outlined in the action plan.
- *Dashboard of Performance Indicators.* Members sought more information on the plans to produce a data dashboard, and were advised that this will include a small number of key indicators that are largely derived from people's experiences of care. The Board was also assured that there will be opportunity for Members to comment on the dashboard as it is developed.

RESOLVED –

- (a) That the contents of the report and appendices be noted.
- (b) That the Chairs comments on the Scrutiny Board's role in holding system leaders to account and being part of the overall governance framework be noted and reflected in the system's action plan and improvement actions.

79 Leeds Health and Care Plan Update

The Director of Adults and Health submitted a report detailing progress against the Leeds Health and Care Plan and the development of Local Care Partnerships.

The following was appended to the report:

- Local Care Partnerships: A Model for Leeds (presentation slides)

The following were in attendance:

- Councillor Rebecca Charlwood, Executive Member for Health, Wellbeing and Adults
- Paul Bollom, Head of Leeds Plan, Adults and Health
- Becky Barwick, Head of Programme Delivery (System Integration), NHS Leeds Clinical Commissioning Group

The Head of Leeds Plan introduced the report, highlighting the key areas of focus within the plan. The Head of Programme Delivery also provided Members with a brief update regarding Local Care Partnerships (LCPs).

Members discussed a number of matters, including:

- *Future Commissioning Responsibilities of LCPs.* Members sought clarity as to whether there were intentions for LCPs to commission local services in the future. The Board were advised that the model would hopefully evolve in this way, however, full devolution of powers was not expected.
- *GP Provision in Inner City Wards.* Members noted the lack of GP provision within city centre wards and hoped that this would improve with relationships built through LCPs. The Board was assured that the approach maintained focus on priority neighbourhoods, and that the vision embedded in the plan is expected to attract GPs to working in Leeds, along with new and varied roles within the overall workforce.
- *Neighbourhood Networks.* Members commented on the disparity between Neighbourhood Networks across the city, and queried how this might impact on the development of LCPs and how this was being addressed. The Board heard that all geographical areas in the city were covered, and that variation in effectiveness could be tackled through engagement with local communities and Elected Members.

RESOLVED – That the contents of the report and the responses provided at the meeting be noted.

80 Chair's Update

The Board considered a report from the Head of Governance and Scrutiny Support that provided an opportunity for the Chair of the Scrutiny Board to outline some areas of work and activity since the previous Scrutiny Board meeting in January 2019.

The Chair provided an update to the Board regarding a number of matters, including:

- *Proposed changes to service locations for Urgent Dental Care from 1 April 2019.* The Chair advised the Scrutiny Board that a response to her letter from NHS England had been received. This would be shared with members of the Scrutiny Board and was due to be considered by the West Yorkshire Joint Health Overview and Scrutiny Committee at its forthcoming meeting; which would be reported to the Board at its next meeting.
- *Community Dentistry.* Leeds Community Healthcare NHS Trust's intention to commence public consultation regarding proposed site changes for community dentistry. With consultation due to start on 13th May 2019, the Board will receive an update on any early key messages arising from the public consultation and have the opportunity to

consider and comment on the detailed proposals early in the new municipal year.

- *The 'Women's Health in Leeds' report*, including the option for the Board to consider the position and progress on the report findings one year on, to coincide with International Women's Day 2020.

RESOLVED – That the contents of the report and the verbal update be noted and reflected in the development of the Board's work schedule.

81 Work Schedule

The Head of Governance and Scrutiny Support submitted a report which invited Members to consider the Board's work schedule for the remainder of the 2018/19 municipal year, and suggestions for areas of focus next municipal year. The Principal Scrutiny Adviser introduced the report and outlined the areas within the report and associated work schedule.

RESOLVED –

- (a) With the addition of matters highlighted during the meeting, the latest iteration of the 2018/19 work schedule presented at Appendix 1, be agreed.
- (b) Dementia be highlighted as a priority area for the forthcoming municipal year.
- (c) The draft minutes of the joint health scrutiny meeting (presented at Appendix 2) be endorsed and that the ongoing work associated with the provision of mental health services for adults and older people in Wetherby be reflected in the Board's statement on mental health.
- (d) The assurance provided in relation to the Hyper Acute Stoke Unit at Leeds Teaching Hospitals NHS Trust (presented at Appendix 3) be noted.
- (e) The update provided in relation to Bereavement arrangements, including the details set out in the letter presented at Appendix 4 be noted.
- (f) A fuller and more formal report regarding Bereavement arrangements to be presented to the next meeting of the Scrutiny Board – to help the Board sets out its formal position by the end of the municipal year.
- (g) The intention to present the Board's draft formal response to the proposed development of Urgent Treatment Centres to the next meeting of the Scrutiny Board on 23 April 2019, be noted.
- (h) The proposed joint approach with HealthWatch Leeds to consider local NHS healthcare providers Quality Accounts for 2019 be agreed

and that it be noted this will be the mechanism for providing any joint comments or commentary for inclusion in each of the providers draft Quality Account.

- (i) The minutes of the meetings of other Boards / Committees detailed in paragraph 3.31 and appended to this report (Appendix 5, 6 7 and 8), be noted.
- (j) The arrangements for developing work programmes for the new municipal year across all Scrutiny Boards be noted.
- (k) For planning purposes the proposed meeting arrangements for the successor Scrutiny Board, as set out in paragraph 3.38 be agreed.
- (l) The matters currently identified as 'unscheduled' be carried forward and presented to the successor Scrutiny Board by way of a draft work schedule for consideration in the new municipal year.
- (m) The intention to present a draft work schedule for 2019/20 to the next meeting of the Scrutiny Board, that reflects the outcome of the Board's discussion, be noted.

82 Date and Time of Next Meeting

Tuesday, 23 April 2019 at 1:30pm (pre-meeting for all Board members at 1:00pm).

The meeting ended at 4:40pm.

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Scrutiny Board (Adults, Health and Active Lifestyles) – 23 April 2019 Item 8: Bereavement Arrangements at LTHT – supplementary information

Leeds Teaching Hospitals NHS Trust Position statement on bereavement services Scrutiny Board (Adults, Health & Active Lifestyles) April 2019

1. Introduction

- 1.1 The Scrutiny Board (Adults, Health & Active Lifestyles) has requested information on bereavement services at Leeds Teaching Hospitals NHS Trust (LTHT) including information on arrangements for the release of a deceased patient out of hours and access to non-invasive post mortem investigations.
- 1.2 Scrutiny committee has asked for this information noting the need to ensure timely release of deceased patients to meet the cultural and religious requirements of communities including the Jewish and Muslim communities.
- 1.3 This paper sets out current practice within LTHT and highlights that the Trust is in the process of reviewing practice against peers within the West Yorkshire Association of Acute Trusts and more widely.

2. Current practice

- 2.1 The LTHT mortuary is currently open between 9AM - 4PM Monday to Friday and will facilitate the release of deceased patient to the bereaved family during these hours; arrangements for release out of hours are set out below.
- 2.2 In circumstances where a patient is deceased, and the death is reportable to HM Coroner, the patient's body is stored in the mortuary until such a time as the HM Coroner process concludes and the body is ready for release, this is the responsibility of HM Coroner.
- 2.3 In circumstances where a patient is deceased and the death is not reportable to HM Coroner, the treating doctor completes a Medical Certificate of Cause of Death (MCCD), and the family make an appointment at the Registrar's to register the death. Once the death has been registered the Registrar issues a Death Certificate and a Green Disposal Certificate to the family. The family pass the Green Disposal Certificate to their chosen Funeral Director who can then attend the Mortuary to remove the deceased. The Green Disposal Certificate reduces the risk of releasing a body which later becomes subject of Coronial involvement.
- 2.4 In circumstances where a death occurs during the night Monday - Friday, it may be possible for a Doctor to complete the MCCD however because the Registrar's office does not operate a 24 hour service, an appointment to register the death can only be made the next working day. The deceased can therefore not be released until the death has been registered and a Green Disposal Certificate issued.
- 2.5 In circumstances where a death occurs outside of mortuary hours, over the weekend or Bank Holidays the release of a patient is authorised and facilitated

Scrutiny Board (Adults, Health and Active Lifestyles) – 23 April 2019
Item 8: Bereavement Arrangements at LTHT – supplementary information

by the Clinical Site Managers (CSM). The treating doctor completes the MCCD and the death must be registered. The Registrar's office is open Saturday morning 9am – 12pm, by appointment only, and in addition, both Jewish and Muslim faith leaders in the Leeds area have an arrangement with the Registrar's office and are also able to issue Green Disposal Certificates over weekends and Bank Holidays. So families are able to register the death and be given a Green Disposal Certificate allowing the release of the body over the weekend period.

- 2.6 Post-mortem examinations fall into two categories, those requested by HM Coroner, and those undertaken at the request of the responsible clinician with the appropriate consent of next of kin. In both circumstances post-mortem examinations are only undertaken within histopathology working hours. The only exception to this is a paediatric forensic case due to the time sensitive nature of the police investigation.
- 2.7 LTHT does not currently offer access to non-invasive post mortem investigation however is making provision as part of planning the redevelopment of the Leeds General Infirmary known as 'Building the Leeds Way'. Funding of a non-invasive post mortem service is a consideration which will require engagement with the Coroner and Leeds City Council.

3. Review of current practice

- 3.1 Responding to the enquiries made by the Scrutiny Board, LTHT is currently reviewing its practice in regard to the release of deceased patients. To inform the review a benchmarking exercise has been undertaken to establish practice within the West Yorkshire Association of Acute Trusts. From the work undertaken to date LTHT recognises that we have an opportunity to improve the experience of bereaved families by updating our processes for the release of deceased patients, and the review will consider how to do this.
- 3.3 The review will make recommendations to the LTHT Executive Management Group and is expected to be completed by 31 May 2019.

Scrutiny Statement on Urgent Treatment Centres in Leeds

Introduction

In January 2019, NHS Leeds Clinical Commission Group launched a 12-week public engagement exercise to gain the views of interested stakeholders on its proposals to develop urgent treatment centres across Leeds.

The purpose of this statement is to set out the comments and observations of the Scrutiny Board (Adults, Health and Active Lifestyles) regarding the proposals and any future consideration by the Scrutiny Board.

Background

The “*Next Steps on the NHS Five Year Forward View (5YFV)*” was published on 31 March 2017; and set out how the 5YFV’s goals would be implemented over the next two years. Urgent and Emergency Care (UEC) was identified as one of the main national service improvement priorities, with focus on improving national A&E performance whilst making access to services clearer for patients.

The UEC improvement priority included the “*Roll-out of standardised new ‘Urgent Treatment Centres’*”; and following its review of urgent treatment services across the NHS, in July 2017 NHS England published guidance (including a core set of standards) for the establishment of Urgent Treatment Centres (UTC) across England. The full guidance is available using the following link: [Urgent Treatment Centres–principles-standards \(NHS England guidance\)](#)

The aim of the guidance was to establish as much commonality as possible across all UTCs – and to address patient and public concern about the current confusing mix of services – such as walk-in centres, minor injuries units, urgent care centres and numerous GP health centres and surgeries offering varied levels of core and extended service; alongside variations in opening times and the type of services available.

The guidance set out a core set of standards for UTCs; with the aim that by December 2019 patients and the public would:

- Be able to access urgent treatment centres that are open at least 12 hours a day, GP-led, staffed by GPs, nurses and other clinicians, with access to simple diagnostics, e.g. urinalysis, ECG and in some cases X-ray.
- Have a consistent route to access urgent appointments offered within 4hrs and booked through NHS 111, ambulance services and general practice. A walk-in access option will also be retained.
- Increasingly be able to access routine and same-day appointments, and out-of-hours general practice, for both urgent and routine appointments, at the same facility, where geographically appropriate.
- Know that the urgent treatment centre is part of locally integrated urgent and emergency care services working in conjunction with the ambulance service, NHS111, local GPs, hospital A&E services and other local providers.

Scrutiny Board involvement in the development of Urgent Treatment Centres in Leeds

In August 2018, representatives from NHS Leeds Clinical Commissioning Group (CCG) attended a working group meeting of Leeds City Council's Scrutiny Board (Adults and Health). A number of Scrutiny Board members attended the meeting.

The purpose of part of the meeting was to discuss and provide a further update on the proposed development of Urgent Treatment Centres in Leeds. This followed an earlier meeting and discussion that had taken place in December 2017; where members of the Scrutiny Board had supported the overall direction of travel.

The main outcomes of that meeting included:

- Continued support for the overall proposals presented; including public and patient engagement and consultation.
- The need to ensure that local ward members were appropriately briefed and kept updated on any developments within specific wards of the City. Leeds CCG was tasked with this ongoing engagement.
- Confirmation of the substantial nature of the proposals and agreement this be categorised as a 'Level 3' service change – but with a 'level 4' standard of public engagement applied where possible. This represented a compromise agreement that would protect the level of public engagement and consultation while facilitating a speedier outcome to help ensure the timescales associated with NHS England's directive were met.

The Working Group's findings were presented to and agreed by the full Scrutiny Board at its public meeting on 18 September 2018.

Consideration of the proposals

Further consideration was given to the proposed development of UTCs across Leeds at a further working group meeting on 11 March 2019. The aims of this discussion included:

- To receive any specific feedback from the public consultation and engagement events, to date.
- Consideration of the future decision-making timetable
- Agreeing any formal comments in response to the proposals and/or the details outlined at the meeting

As part of the working group meeting, members considered Leeds CCG's public engagement documentation, which included:

- An outline/ description of an urgent treatment centre
- Current access urgent care in Leeds currently
- The vision for urgent treatment centres in Leeds and the case for change
- Learning from the urgent treatment centre pilot
- Proposals on the sites hosting urgent treatment centres

Summary of the proposals

NHS Leeds CCG's proposals comprised a total of five UTCs in the city, based at the following locations:

- Two community-based urgent treatment centres, as follows:
 - One located at Wharfedale Hospital in Otley (the site of an existing minor injuries service)
 - St George's Centre in Middleton (currently open as a UTC)
- Co-located urgent treatment centres within the city's accident and emergency departments at Leeds General Infirmary (LGI) and St James's University Hospital (SJUH).
- A fifth urgent treatment centre in east Leeds. The exact location remained to be decided but initial thoughts that this would be in the Seacroft area.

Public engagement and consultation

NHS Leeds CCG undertook some pre-engagement work regarding future of the walk-in centre at Burmantofts. This took place over a period of 6 weeks and generated approximately 400 responses.

The formal public engagement and consultation commenced on 21 January 2019; running until 15 April 2019: A full 12-week process as previously agreed with the Scrutiny Board.

At the time of the working group meeting, approximately 1300 survey responses had been received; together with feedback received through the programme of engagement events across the City.

The working group was assured that the outcome of all the engagement and consultation activity would be summarised in an independently produced consultation report, which would be completed by the end on May 2019.

Comments and observations from the Scrutiny Board

Overall, the Scrutiny Board welcomed the proposals to develop five urgent treatments centres across Leeds; recognising that in the main hospital settings in Leeds, urgent treatments centres would represent 'the front door' to Accident and Emergency.

The Scrutiny Board also recognised the development of urgent treatments centres represented part of the transformation work associated with current/traditional Accident and Emergency services – alongside other developments, such as the Frailty Unit.

As part of the consideration of the urgent treatment centre proposals, the Scrutiny Board also highlighted a range of other related matters. These included:

- The availability and variability of access to GP services across parts of the City, which is likely to impact on the numbers of patients access urgent treatment centres.
- Recognising the urgent treatment centre proposals represent a significant behaviour change for patient and the public; Leeds' Health and Care system has an important and long-term role in getting a clear, easy to understand and consistent message to patients and the public about accessing different types of care across the City.
- The need to recognise the diverse nature of communities across Leeds and the impact this can have in providing consistent messages to patients and the public.
- The need to ensure that community pharmacists are sufficiently engaged as an integral part of Leeds Health and Care system.
- Recognising the success of the urgent treatment centre proposals (alongside most other service developments) is underpinned by the quality and robustness of the overall health and care workforce strategy – in terms of recruitment, retention and ongoing training and development.
- The potential for urgent treatment centres becoming the location for urgent dental services (in the longer-term).
- The need for service providers responsible for service delivery at urgent treatment centres to work collaboratively with each other – and within the developing local care partnerships.
- As part of its decision-making process, the need for NHS Leeds CCG to provide indicative timescales for its plans to develop the fifth urgent treatment centre in East Leeds.

Decision-making and future involvement

It was confirmed that the independent consultation report would be completed by the end of May 2019.

It was agreed the consultation report alongside an initial analysis of how the consultation outcomes might impact of the original proposals would be reported to the Scrutiny Board in July 2019.

It is anticipated that NHS Leeds CCG Governing Body will consider any final decisions in September 2019.

The Scrutiny Board will consider the outcome of NHS Leeds CCG Governing Body and determine any future activity that might arise.

April 2019