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Leeds CITY COUNCIL

SCRUTINY BOARD (ADULT SOCIAL SERVICES, PUBLIC HEALTH, NHS)

Meeting to be held in Civic Hall, Leeds, LS1 1UR on Tuesday, 16th February, 2016 at 1.30 pm

(A pre-meeting will take place for ALL Members of the Board at 1.00 p.m.)

MEMBERSHIP

Councillors

C Anderson	Adel and Wharfedale;
B Flynn	Adel and Wharfedale;
P Gruen (Chair)	Cross Gates and Whinmoor;
A Hussain	Gipton and Harehills;
G Hussain	Roundhay;
S Lay	Otley and Yeadon;
C Macniven	Roundhay;
B Selby	Killingbeck and Seacroft;
A Smart	Armley;
E Taylor	Chapel Allerton;
S Varley	Morley South;

Co-opted Member (Non-voting)

Dr J Beal - Healthwatch Leeds
Mr R Taylor - Healthwatch Leeds

Please note: Certain or all items on this agenda may be recorded

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A G E N D A

Item No	Ward/Equal Opportunities	Item Not Open		Page No
1			**APPEALS AGAINST REFUSAL OF INSPECTION OF DOCUMENTS** To consider any appeals in accordance with Procedure Rule 25* of the Access to Information Procedure Rules (in the event of an Appeal the press and public will be excluded). (* In accordance with Procedure Rule 25, notice of an appeal must be received in writing by the Head of Governance Services at least 24 hours before the meeting).	
2			**EXEMPT INFORMATION - POSSIBLE EXCLUSION OF THE PRESS AND PUBLIC** 1 To highlight reports or appendices which officers have identified as containing exempt information, and where officers consider that the public interest in maintaining the exemption outweighs the public interest in disclosing the information, for the reasons outlined in the report. 2 To consider whether or not to accept the officers recommendation in respect of the above information. 3 If so, to formally pass the following resolution:- **RESOLVED –** That the press and public be excluded from the meeting during consideration of the following parts of the agenda designated as containing exempt information on the grounds that it is likely, in view of the nature of the business to be transacted or the nature of the proceedings, that if members of the press and public were present there would be disclosure to them of exempt information, as follows: **No exempt items have been identified.**	

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3			**LATE ITEMS** To identify items which have been admitted to the agenda by the Chair for consideration. (The special circumstances shall be specified in the minutes.)	
4			**DECLARATION OF DISCLOSABLE PECUNIARY INTERESTS** To disclose or draw attention to any disclosable pecuniary interests for the purposes of Section 31 of the Localism Act 2011 and paragraphs 13-16 of the Members' Code of Conduct.	
5			**APOLOGIES FOR ABSENCE AND NOTIFICATION OF SUBSTITUTES** To receive any apologies for absence and notification of substitutes.	
6			**MINUTES - 27 JANUARY 2016** To confirm as a correct record, the minutes of the meeting held on 27 January 2016. **(Copy to follow)**	
7			**MINUTES OF HEALTH AND WELLBEING BOARD - 20 JANUARY 2016** To receive for information purposes the minutes of the Health and Wellbeing Board meeting held on 20 January 2016.	1 - 12
8			**MINUTES OF EXECUTIVE BOARD – 20 JANUARY 2016** To receive for information purposes the minutes of the Executive Board meeting held on 20 January 2016.	13 - 18

Item No	Ward/Equal Opportunities	Item Not Open		Page No
9			**CHAIR'S UPDATE** To receive an update from the Chair on scrutiny activity, not specifically included on this agenda, since the previous Board meeting.	19 - 20
10			**NHS PROVIDERS UPDATE - FEBRUARY 2016** To consider a report from the Head of Scrutiny and Member Development introducing brief update reports, setting out key organisational issues and developments from NHS Providers in Leeds.	21 - 36
11			**CARE QUALITY COMMISSION (CQC) - INSPECTION OUTCOMES** To consider a report from the Head of Scrutiny and Member Development that details recently reported Care Quality Commission inspection outcomes for health and social care providers across Leeds.	37 - 48
12			**WATERLOO MANOR INDEPENDENT HOSPITAL** To consider a report from the Head of Scrutiny and Member Development outlining the Scrutiny Board's recent consideration of matters associated with Waterloo Manor and confirming the attendance of representatives from the Care Quality Commission.	49 - 50
13			**CANCER OUTCOMES** To consider a report from the Head of Scrutiny and Member Development introducing the Improving Cancer Outcomes report presented to a recent meeting of Leeds' Health and Wellbeing Board.	51 - 66
14			**PRIMARY CARE INQUIRY** To consider a report from the Head of Scrutiny and Member Development introducing the evaluation of the extended hours pilot in the Leeds West Clinical Commissioning Group area of the City.	67 - 110

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15			**THIRD SECTOR INVOLVEMENT IN THE PROVISION OF HEALTH AND SOCIAL CARE SERVICES IN LEEDS** To consider further input from Third Sector organisations in Leeds, as part of the Scrutiny Board's inquiry.	111 - 112
16			**WORK SCHEDULE (FEBRUARY 2016)** To consider a report from the Head of Scrutiny and Member Development introducing the Scrutiny Board's outline work schedule for the remainder of the current municipal year (2015/16).	113 - 118
17			**DATE AND TIME OF NEXT MEETING** Tuesday, 15 March 2016 at 12:30pm (pre-meeting for all Board Members at 12:00 noon) **THIRD PARTY RECORDING** Recording of this meeting is allowed to enable those not present to see or hear the proceedings either as they take place (or later) and to enable the reporting of those proceedings. A copy of the recording protocol is available from the contacts on the front of this agenda. Use of Recordings by Third Parties – code of practice a) Any published recording should be accompanied by a statement of when and where the recording was made, the context of the discussion that took place, and a clear identification of the main speakers and their role or title. b) Those making recordings must not edit the recording in a way that could lead to misinterpretation or misrepresentation of the proceedings or comments made by attendees. In particular there should be no internal editing of published extracts; recordings may start at any point and end at any point but the material between those points must be complete.	

Item No	Ward/Equal Opportunities	Item Not Open		Page No

HEALTH AND WELLBEING BOARD

WEDNESDAY, 20TH JANUARY, 2016

PRESENT: Councillor L Mulherin in the Chair

Councillors N Buckley, D Coupar, S Golton and R Harington

Representatives of Clinical Commissioning Groups

Dr Jason Broch	Leeds North CCG
Dr Andrew Harris	Leeds South and East CCG
Dr Gordon Sinclair	Leeds West CCG
Nigel Gray	Leeds North CCG

Directors of Leeds City Council
Dr Ian Cameron – Director of Public Health
Cath Roff – Director of Adult Social Services
Sue Rumbold – Children's Services

Representative of NHS (England)
Moira Dumma - NHS England

Third Sector Representative
Heather O'Donnell – Age UK Leeds

Representative of Local Health Watch Organisation
Tanya Matilainen – Healthwatch Leeds

Representatives of NHS providers
Jill Copeland - Leeds and York Partnership NHS Foundation Trust
Julian Hartley - Leeds Teaching Hospitals NHS Trust
Thea Stein - Leeds Community Healthcare NHS Trust

52 Appeals against refusal of inspection of documents
There were no appeals against the refusal of inspection of documents

53 Exempt Information - Possible Exclusion of the Press and Public
No exempt information was contained within the agenda

54 Late Items
No formal late items of business were added to the agenda, however a copy of the minutes of the meeting held 12th January 2016 were despatched to all Members of the Board prior to the meeting (Minute 58 refers)

55 Declarations of Disclosable Pecuniary Interests
There were no declarations of disclosable pecuniary interests

56 Apologies for Absence
Apologies for absence were received from Matt Ward (Leeds South & East CCG), Phil Corrigan (Leeds West CCG) and Linn Phipps (Healthwatch

Leeds). Councillor L Yeadon and Nigel Richardson (LCC Children's Services) had also sent apologies and the Chair welcomed Councillor R Harington and Sue Rumbold respectively as substitutes.

57 Open Forum

The Chair allowed a period of up to 10 minutes for members of the public to make representation on matters within the remit of the Health and Wellbeing Board (HWB)

Standard of care in Care/Residential Homes - Jill Fisher, physiotherapist, addressed the meeting on issues related to follow-on care provided in Leeds care and/or residential homes. Specifically in relation to physiotherapy, she advocated quality training for care staff to enable them to support residents appropriately, this in turn would increase mobility, support those leaving hospital and reduce health support costs in the long term and/or reduce the number of repeat hospital visits. Ms Fisher provided an overview of her personal experience of visiting care/residential homes, the availability of staff to take up training and the role of the Care Quality Commission (CQC).

The Board welcomed and noted the representation. Brief responses were received from representatives of LCC Adult Social Care, the Clinical Commissioning Groups and Leeds Community Healthcare Trust, which included

- An undertaking to discuss the matters with colleagues in CQC
- An offer to provide Ms Fisher with a link to the ongoing review of specifications of care homes, including mobility/therapeutic care
- the ongoing work with CCGs to look at holistic care support programmes

RESOLVED - To note the contents of the representation and the comments made during discussions on the matter.

58 Minutes

RESOLVED – that the minutes of the following meetings be approved as a correct record

a) 30th September 2015
b) 12th January 2016

59 Future Financial Challenge Facing the Leeds Health and Social Care Partnership

Julian Hartley presented the report of the Chief Executive, Leeds Teaching Hospitals (LTH) NHS Trust, and Chair of the Citywide Directors of Finance Group on the work done to re-fresh the analysis of the future financial challenge facing the city and actions being taken to address the situation.

Leeds has a £1.9bn per annum health and care economy but faces significant financial pressures. Previously the scale of the 5-year future financial challenge facing the city's health and social care partnership had been estimated at £650m however an updated assessment carried out on the basis of each partners' agreed 2015/16 financial plan now showed a range of values between £627m and £931m dependent on differing assumptions. The need for a different collective approach to citywide financial commissioning,

planning and delivery had been identified in order to make the most effective use of available resources. Councillor Mulherin made the point that the £8bn NHS funding investment had been front loaded whereas £10m cuts to Leeds local government funding had been frontloaded. This meant that shared place based plans must consider available resources.

To underpin this approach, a Sustainable Transformation Plan (STP) was required to be submitted to NHS England, setting out a 5 year plan to 2020/21. Importantly the NHS England planning guidance set out £1.8bn sustainability funding for NHS hospital providers in 2016/17. This funding was not expected to continue into 2017/18 and NHS England funding would be released depending on the credibility of Local Transformation Plans. Details of this and the draft STP required for 8th February; would be brought to the 17th March 2016 Board meeting.

The Board considered this matter in conjunction with following item on the agenda relating to the Council Funding Position (minute 60 refers). The following issues were discussed:

- Whether there was a desire for Leeds to consider restricting procedures where a patient's lifestyle could affect success and recovery, as other authorities had done (the example of hip operations offered to those patients identified as obese was given). The response that clinical quality, value and recovery remained paramount was noted although it was acknowledged that there were some Trusts who were looking closely at the commissioning of minor procedures.
- The suggestion that a mechanism should be developed to ensure that the money spent by Leeds on health and wellbeing benefits Leeds' service providers/users; the quality of healthcare and the Leeds health economy. The Board noted the response that the Leeds Academic Health Partnership was considering the practicalities of a similar initiative.
- The need to establish the STP quickly was recognised. The STP should reflect the engagement undertaken with service users and set out the investment required to ensure continued service delivery. The Board received assurance that the STP would address consultation, workforce engagement and detail partnership arrangements.

In conclusion, the Board acknowledged that the future financial challenge remained unclear, and that further detailed discussions were required between partners. The suggestion that a workshop be held before March 2016 to discuss the financial issues in order to inform a collaborative approach across the health and care industry was supported.

RESOLVED

a) To note the value of the future financial challenge facing the 7 statutory partners in the city and the basis of the calculation
b) To endorse the various actions being put in train by the Accountable Officers
c) To request that arrangements be made for a workshop be held before March 2016 to discuss the financial issues in order to inform a collaborative approach across the health and care industry

60 Council Funding Position - Adult Social Care, Children's Services and Public Health

The Director of Social Services submitted a report which provided an outline of the Council's financial position since 2010 with particular reference to Adult Social Care, Children's Services and Public Health. It also included the Council's Initial Budget Proposals for 2016/17; identifying the potential impact of those proposals on Health and Wellbeing services.

Steve Hume, Adult Social Services presented the report and provided context to the funding challenge:
Adult Social Care - There was an opportunity to raise funds through the setting of an additional 2% precept on the Leeds Council Tax. Funding could also be available through the Better Care Fund, although it was anticipated that this would be nearer to 2020
Children's Services - No special provisions had been made and the impact of the rising birth rate, numbers of children with complex needs and migration on resources were noted
Public Health – Against the backdrop of the projected annual reduction of £3.9m for Public Health funding, the total central government funding to LCC had reduced by £180m.

This report was discussed in conjunction with the previous item on the agenda relating to the Council Funding Position (minute 59 Refers).

The Board reiterated that the only way to meet the funding challenge was for partners to work together. The following matters were discussed:

- The pressure on school places and whether birth rate/migration predictions were accurate. The response that capital funding for expansion projects remained an issue was noted, along with the reported school leavers and starter figures for 2015 (7,000 and 10,000 respectively)
- The comment that social care remained a national issue and should not be funded locally. Concern was expressed that the opportunity for a 2% pre-set to support local adult social care set a precedent
- The comment that central government had reduced funding for prevention services, a move which was seen as having a detrimental impact on both the young and the elderly

In conclusion, the Board acknowledged that the future financial challenge remained unclear, and that further discussions were required between partners. The suggestion that a workshop be held before March 2016 to discuss the financial issues in order to inform a collaborative approach across the health and care industry was supported.

RESOLVED

a) To note the financial position of the Council and particularly for Adult Social Care, Children's Services and Public Health since 2010 as set out in the submitted report
b) To note the Council's Initial Budget Proposals for 2016/17 as set out in Appendix 1 of the submitted report and to note the comments made

during consideration of the potential impact of those proposals on Health and Wellbeing services as detailed above

c) To request that a HWB workshop be held before March 2016 to discuss the financial issues in order to inform a collaborative approach across the health and care industry

61 Summary of NHS Planning Guidance 2016/17 to 2020/21 and related requirements

The Board received a report from the Chief Operating Officer, Leeds South and East CCG, which gave a brief summary of the cost pressures facing the three Leeds CCGs and summarised the NHS Planning Guidance "Delivering the Forward View": NHS Planning Guidance 2016/17-2020/21 published on 23 December 2015.

The report highlighted the clear link with the Leeds Health and Wellbeing Strategy and the essential role the five year plan has in helping create a sustainable Health and Social System in the near future.

The report sought discussions on, and agreement to, the role of the Health and Wellbeing Board in ratifying draft and final submissions of the individual organisation plans as well as the system five year plan. Additionally, the Board was asked to discuss and endorse the approach being taken by NHS Health and Wellbeing Board members and other notable system leaders to develop the five year plan.

Sarah Lovell, Associate Director of Commissioning (Leeds South & East CCG) presented the report which reflected on the Comprehensive Spending Review and emphasised the need to plan for a sustainable NHS by restoring financial balance, delivering core access and quality standards for patients, and achieving the aims of the Five Year Forward View. The presentation showed that Leeds CCG's received on average 3% plus growth (circa £30m) albeit this has been accounted for by demand pressures and national policy commitments.

She highlighted the key elements of the NHS planning round for 2016/17 to 2020/21 as being:

- The requirement to establish a five year Sustainability and Transformation Plan (STP) by June 2016; place-based and driving the Five Year Forward View;
- The requirement to establish a one year Operational Plan for 2016-17 by March 2016; organisation based; but consistent with the emerging STP; and
- NHS Cost Pressures, Risks and Commissioning Intentions (Leeds CCGs) - The CCG Directors of Commissioning have led the process of collating and ratifying the commissioning priorities for 2016/17/18.

This year's requirements were more than just the development of a 5 year plan, as they also served as an application for funding, and placed an emphasis on a "place plan" covering provision of all services.

The Board noted the comment on the need to be mindful of the Leeds 'region' - services provided in Leeds for the wider Yorkshire area, and in some cases for northern service provision - and as a national provider. Moira Dumma (NHS England) pointed to the need to be cognisant of wider clinical and patient flows as a consequence to Leeds Teaching Hospitals specialist services. This means there is a credible argument for a West Yorkshire STP 'footprint', with the Leeds STP being part of a wider strategic 'umbrella'.

(Heather O'Donnell withdrew from the meeting for a short while at this point)

Sarah presented a proposed timetable for the drafting of the 5 year Plan with a view to HWB signing off the Plan in June 2016.

During discussions, the following points were noted;

- The expectation that the STP footprint would consider the sustainability of clinical services and focus on the wider region, given that clinical services provided in Leeds supported the wider area and that Leeds Teaching Hospitals remained sustainable through this inward investment. The Operational Plan would focus on Leeds
- The ten Yorkshire CCGs had reached agreement on how they would work together to draft the Sustainability Footprint
- The invitation of an NHS England representative to attend a meeting of the West Yorkshire HWB Chairs
- The suggestion that the timetable be amended to ensure the Leeds HWB participated in March 2016 rather than April
- The need to be mindful that not all care was hospital based. The STP footprint would focus on the sustainability of acute and clinical services; the Leeds Operational Plan would require consideration of all services provided for Leeds residents.
- The STP agenda would be much broader than the remit of the Leeds Transformation Board.

(Cath Roff withdrew from the meeting for a short while at this point)

In conclusion the Chair welcomed the opportunity for the Board to provide input into the 5 year plan in order to recognise the needs of the people of Leeds and develop a strategy to deliver services.

RESOLVED -

a) To note the requirements of the individual organisations, each represented by Health and Wellbeing Board members, to submit individual operational plans for 16-17, as well as committing to developing a single five year 'place-based' plan.

b) To note the requirement of CCGs to confirm the footprint of the five year plan to NHS England by 29 January 2016, which NHS Health and Wellbeing Board members are in agreement needs to cover Leeds (in terms of population) and Health and Wellbeing Board member organisations.

c) To note the value of CCG financial allocations for 2016-17 in the context of the cost pressures and risks facing commissioners in 2016-17.

d) To note the discussions and agree the role of the Health and Wellbeing Board in ratifying draft and final submissions of the individual organisation plans as well as the system five year plan.

e) To note the discussions and to endorse the approach being taken by NHS Health and Wellbeing Board members and other notable system leaders to develop the five year plan – including leadership and resource requirements.

62 Writing the Leeds and Health Wellbeing Strategy 2016-2021

The Director of Social Services submitted a report on proposals for a refresh of the Leeds Health and Wellbeing Strategy 2016-2021 for the Board's comment. Engagement on the Strategy would conclude on 5th February 2016 with publication scheduled for March 2016.

A copy of the "Emerging Themes for Engagement" (Plan on a Page) was attached as Appendix 1 of the report. "Writing the Leeds Health and Wellbeing Strategy 2016-21 – Getting Views" document was attached as Appendix 2.

Rob Newton, Health Partnership Team, presented the Strategy and highlighted that this would be a 5 year Strategy, focussing on health and wellbeing services and the general health and wellbeing of Leeds residents. It would also align with the STP discussed previously in the meeting. The amendments made to the document were highlighted including the revised Outcome 4 (People will be actively involved in their health and their care) and Outcome 5 (People will live in healthy, safe and sustainable communities).

The Chair reported that the Sport Leeds Board had expressed an interest in the Leeds Health and Wellbeing Strategy; its' focus on physical activity and that Sports Leeds was interested in forging a partnership with HWB to promote physical activity and the Board noted that such a partnership could extend the resources available to promote health and wellbeing. During discussions, the following points were made:

- The "plan on a page" approach and clarity provided in the document was welcomed
- Whether there would be an opportunity to include target measurements/indicators on the plan on a page in future, noting that the Board want to think qualitatively and quantitatively
- The retention of the focus on the "best start in life" was welcomed
- Health inequalities need to be referenced in each section of the LHWS
- Third Sector involvement with the LHWS and the need for consideration of the Third Sector as workforce representatives, service providers and as part of the 'right care at the right time' process
- The Strategy to comment more explicitly on how individuals can manage their own health and care. Comments were noted on the need

for a culture change amongst patients and service providers to ensure that patients could expect to participate in, make decisions on and manage their own care. The offer of liaison between Leeds Community Healthcare Trust and the Public Health team was noted
- The Strategy to link with the STP, consider future funding priorities; inequalities; and opportunities for the public to be involved in funding discussions

In conclusion, the Chair noted that HWB would receive a further report on the LHWS in March 2016 and urged partners to provide input by the deadline of 5th February 2016

RESOLVED

a) To endorse the one page overview as it presents a clear picture of what is needed to make Leeds the best city for health and wellbeing
b) To approve the outcomes stated in the "Writing the Leeds Health and Wellbeing Strategy 2016-21 – Getting Views" document attached at Appendix 2 of the report
c) To approve the strategic priorities stated in the "Writing the Leeds Health and Wellbeing Strategy 2016-21 – Getting Views" document attached at Appendix 2 of the report, having regard to the comments made during discussions on the strategic priorities
d) To note the comments made on the approach taken in the city to producing a refreshed Joint Health and Wellbeing Strategy

(Thea Stein and Tanya Matilainen withdrew from the meeting for a short while at this point)

63 Director of Public Health's Annual Report 2014/15

The Board considered the Director of Public Health's Annual Report 2014/15. The purpose of this year's Annual Report was to look to the future in the context of the significant housing growth planned for Leeds – the adopted Core Strategy includes an additional housing requirement of 70,000 new homes to be built between 2012 and 2028. This represents a 20% increase in properties and a potential 150,000 increase in population. The Annual Report described the health & wellbeing benefits of good urban design, along with the importance of engagement of individuals, families and communities.

Dr Ian Cameron presented his Annual Report and reported that the document had been presented to the CCGs seeking their input. During discussions, the Board considered the following matters:

- The mechanism for suggesting themes for future Annual Reports, noting that the Director of Public Health determined the subject matter; and the request that a timetable for the development of future Annual Reports be provided to Board Members
- Recognition that the proposed 20% residential expansion implied a 20% increase in community health provision which would impact on future health commissioning as well as acute service provision. Consideration of the nature of the communities and the services that should be built around them was required, noting that CCGs would be responsible for primary care commissioning in the future

- Welcomed the interest expressed by CCGs to input into future planning processes and the current Site Allocation Plan consultation. Key issues for the CCGs were the establishment of a mechanism for their feedback and the development of low cost housing designed for its end user. However it was noted that such developments were not popular with developers
- Acknowledged that an understanding of CCGs and healthcare could really add value to urban design
- The Board noted that the CCGs were currently undertaking a review of how patients accessed care

RESOLVED -

a) To note the contents of the report.
b) To support the recommendations of the Director of Public Health's Annual Report
c) To welcome the support expressed by partners to consider urban design and be involved in future planning process

64 Assisted Living Leeds - Progress Report

The Board considered the progress report of the Director of Adult Social Services on the successful delivery of Phase 1 of Assisted Living Leeds (ALL). The report also set out the proposed approach and development proposals for Phase 2 of ALL which included a full business case; and the work underway to identify potential funding streams and partnership models.

Phase 2 would enable the development of existing space within the north side of ALL to potentially develop seven facilities aimed at further improving the assistive technology (AT) services on offer across Leeds. This includes an AT Retail Unit, AT Smart House, AT Product Incubator / Innovation Lab (ALL INN), Dementia product and design space, Café, office space for Community Organisations/AT Companies and Assessment touchdown rooms.

Mick Ward and Liz Ward attended the meeting to present the report and highlighted key issues from the report, including:

- The success and implementation of Phase 1
- The proposals for Phase 2 emerging from the consultation with service users
- Acknowledgement that support was required from external partners to deliver the proposed services and initiatives
- Moving towards implementation, three key issues were being worked on:
    - An 'innovation partnership' as required by EU in order to access funding. This model was being tested out in pop-ups throughout the city in partnership with providers and suppliers.
    - Pro-active tele-care systems to better engage with clients
    - Consideration of a potential partnership with technology and pharmaceutical companies
- A Business Case was required in order to support a bid to the Health Innovation Fund (HIF)
- Consideration of how the activities at the ALL Headquarters repay the initial HIF loan was required

Additionally reference was made to the recent flooding in Leeds and slides showing the impact on the ALL Headquarters site were displayed. It was reported that despite the HQ building being closed, services had continued from other sites. On behalf of the Board, the Chair expressed thanks to the ALL staff who had worked hard to ensure services could still be accessed.

Jill Copeland, Leeds and York Partnership NHS Trust expressed an interest in working with ALL to support those residents who were isolated and those with learning disabilities. The response that these groups were being considered in the proposals for the pro-active tele-care system was noted. Additionally it was noted that the HWB would need to consider the future sustainability of the initiatives in due course

The Board broadly welcomed the report and the support offered by Partners to link into the work of ALL

RESOLVED –

a) To note the contents of the report, including the work currently underway to develop a full business case for Phase 2 of Assisted Living Leeds.
b) To note the support expressed by Partners to link into the work of ALL

65 Improving Cancer Outcomes in Leeds

The Board considered the report of the Director of Public Health on a review of cancer outcomes in Leeds undertaken during the summer 2015, with a focus on the three Leeds CCGs compared to the England average where possible. The report reiterated that cancer remained a strategic priority for the city. A new Cancer Strategy Group had been established in Leeds in order to improve outcomes (Appendix 1 to the report contained a copy of the Group's Terms of Reference) and the views of the Board on the governance of the Group were sought.

Professor Peter Selby, (Academic Oncologist, University of Leeds), Geoff Hall (Consultant in non-surgical oncology) and Fiona Day (Consultant in Public Health) attended the meeting.

Professor Selby introduced the report and highlighted the ageing population and lifestyle as contributing factors to incidences of cancer in Leeds, stating that half the population will experience the disease. Professor Selby set Britain's survival rates (51%) in the context of Europe (55%) and suggested Britain should aim for a 70% recovery rate by 2035. A key factor was late diagnosis which impacted on treatment outcome and these outcomes varied city wide.

He concluded that the Strategy Group would seek to promote earlier diagnosis, concentrate on lifestyle, research and innovation and supplement and contribute to national strategies.

The Board considered the following:

- recognition that Leeds had a diverse population - cancer remained a taboo subject in some communities
- The link between socio-economic status and outcomes - successful treatment was dependent on access and culture
- Education and information emphasising the positive outcomes achievable could encourage some people to present themselves to their GP
- Recognition that prevention remained key - the Board could consider how best to invest in the prevention agenda and support partners to raise awareness/develop mechanisms to advise the public about the links between lifestyle and cancer. It was noted that, due to the Public Health funding cuts implemented by Central Government, a cancer prevention campaign proposed for 2015 had not taken place
- How to encourage an uptake in cancer screening, noting the success of 'Gatekeeper' schemes such as the 'got a cough, get a check' initiative which had seen an uptake in screening and early diagnosis of lung cancer. It was noted that rolling out similar schemes for breast and colorectal cancers was being considered, however it was still true that some members of the public were reluctant to self-refer straight to screening
- Noted that Guidance from the Department of Health on the use and safety of e-cigarettes was still awaited

HWB considered the factors contributing to late diagnosis, comparison figures with other European and the comments made regarding patients engagement with their GP and the long time between diagnosis to treatment. It was noted that data from both primary and acute care services was analysed in order to identify areas of improvement and review how services respond.

(Councillors N Buckley and N Harington left the meeting at this point)

The Board additionally discussed:

- Funding for advertisement/media campaign remains an issue
- Offer from the Third Sector to share information on the “Gatekeeper” initiative as widely as possible
- Acknowledgement that difficult discussions on cancer treatment for the elderly would be needed in the future – at the point where cancer becomes life-ending, rather than treatable, noting that treatment is currently based on age rather than ability to withstand treatment

RESOLVED-

a) To note the progress on cancer outcomes
b) To ensure cancer outcomes and reducing cancer inequalities remain strategic priorities for the city
c) To note the governance arrangements for the Cancer Strategy Group

66 For Information: The Better Care Fund

The Health and Wellbeing Board received a joint report from the Chief Officer Resources and Strategy (LCC Adult Social Care) and the Chief Operating Officer (Leeds South & East CCG) on the implementation of the Better Care Fund in Leeds. The report provided an overview of the Quarter 2 BCF

reporting submission made on behalf of the Board and also summarised the current guidance relating the BCF in 2016/17 and beyond.
RESOLVED - To note the contents of the report.

67 For Information: Delivering the Strategy

The Board received a copy of the January 2016 "Delivering the Strategy" document, a bi-monthly report which gives the Board the opportunity to monitor the progress of the Joint Health and Wellbeing Strategy.
RESOLVED – To note receipt of the January 2016 "Delivering the Strategy" Joint Health and Wellbeing monitoring report

68 Any Other Business

Leeds Let's Get Active (LLGA) – Further to minute 48 of the meeting held on 12th January 2016 the Director of Public Health reported on the outcome of the LLGA scheme being presented to ICE on 19th January 2016. It was noted that ICE recognised the importance of the LLGA strategy and its link with the JHWS, however funding for the scheme was an issue. It was the view of ICE that LCC should consider its funding priorities and future funding of LLGA

69 Date and Time of Next Meeting

RESOLVED –

a) To note the date and time of the next meeting as Thursday 17th March 2016 at 10.00 am
b) To note that arrangements will be made for a workshop to be held February/March 2016 to enable the Board to discuss the financial challenge facing health and wellbeing provision. The date and time to be confirmed

EXECUTIVE BOARD

WEDNESDAY, 20TH JANUARY, 2016

PRESENT: Councillor J Blake in the Chair

Councillors A Carter, D Coupar, M Dobson, S Golton, R Lewis, J Lewis, L Mulherin, M Rafique and L Yeadon

116 Late Items

There were no formal late items of business submitted, however, at the meeting, Board Members were presented with supplementary information providing illustrative examples of how the floods had impacted upon local businesses, together with a draft Strategic Recovery Plan for Members' consideration. (Minute No. 120 refers).

117 Declaration of Disclosable Pecuniary Interests

There were no Disclosable Pecuniary Interests declared at the meeting.

118 Minutes

RESOLVED – That the minutes of the meeting held on the 16th December 2015 be approved as a correct record.

RESOURCES AND STRATEGY

119 Electoral Review of Leeds City Council - Council Size and Electoral Forecast Information for submission to the Local Government Boundary Commission for England

The Assistant Chief Executive (Citizens and Communities) submitted a report which provided the Board with an update on the Local Government Boundary Commission for England's (LGBCE) Electoral Review of the Council's size and also of the number of Wards and Ward boundaries that the City Council has. In addition, the report presented the Council Size evidence and the Electorate Forecast information, as appended to the submitted report, for the purposes of approval by Executive Board prior to submission to the LGBCE.

Members welcomed the significant work which had been undertaken in the compilation of the comprehensive documentation. In considering this matter, the Board highlighted the crucial role played by Councillors, especially in the local Wards that they represent, and emphasised how this role would become even more integral, given the current projections of population growth across the city. A point which Members emphasised needed to be strongly conveyed to the Commission.

Alongside the submission, it was agreed by the Board that the Chief Executive write to LGBCE in order to reiterate from a Council officer perspective the critical role played by Ward Members in a city with the geographic scale and diversity of Leeds.

In conclusion, the Board received an overview of the LGBCE's timeframe regarding the undertaking of the review through to the implementation of any decisions made.

RESOLVED –

(a) That the Council Size evidence and Electorate Forecast information, as detailed in the addendum to the submitted report, be approved;

(b) That the Chief Executive write to the LGBCE highlighting from a Council officer perspective the critical role played by Ward Members in a city with the geographic scale and diversity of Leeds.

ECONOMY AND CULTURE

120 Storm Eva - Recovery Plan

The Assistant Chief Executive (Citizens and Communities) submitted a report regarding the extent of the impact of Storm Eva in Leeds, and provided details of both the emergency response undertaken at the time and also the short-term recovery work that has followed. In addition, the report sought approval of the strategic recovery approach proposed, with specific reference to financial support, advice and guidance, community engagement, infrastructure repair and flood alleviation proposals. Finally, the report outlined the proposed approach to be taken towards a 'lessons learned' exercise regarding the effectiveness of the Council's arrangements designed to respond to, and recover from incidents of this nature.

At the meeting, Executive Board received further information which provided specific examples of how the flooding impacted upon local businesses, together with a draft Strategic Recovery Plan for Members' consideration. In addition, during the consideration of this item, a range of images illustrating the impact of the flooding across the city were shown.

In considering the submitted report, the following key points were raised:-

- The Board as a whole paid tribute to the resilience of the local residents and those in the business community who had been badly affected by the flooding. In addition, on behalf of the Council, Members placed on record their thanks to all of those communities, Council officers, volunteers, emergency services, partner organisations and armed forces who had given up their time and who made valuable contributions towards the multi-agency recovery work which had taken place to date, and which continued to take place;
- Given the co-ordinating role which continued to be played by the Council in response to the flooding, Members emphasised how these recent events had illustrated the crucial role played by Local Government in the city;
- It was noted that building upon the flood defence schemes as originally proposed, any future feasibility study would look to update and adapt such schemes in order to address the issues which came to light as a result of the recent flooding;

- It was also highlighted that the scope of any future defence strategies would need to be widened in order to consider all water courses affecting the city, and which would require a co-ordinated approach with neighbouring authorities;
- In addition to the comments made around the impact upon the city centre and those areas in close proximity to it, emphasis was also placed upon the impact that the flooding had had upon the more outlying communities;
- Emphasis was placed upon the associated work that the Council could consider in order to mitigate risk of future flooding, such as the establishment of wetlands and reviewing the flooding risk of any sites proposed for development;
- Members highlighted the need to ensure the involvement of any affected communities in the development of associated recovery and regeneration programmes, whilst also providing support to enable communities to develop their own capacity in such areas, in order to harness the community spirit which had been present throughout the response;
- Responding to an enquiry regarding the issues which had been experienced in respect of insurance, the Board received an update on the work which was being undertaken by the Council, in liaison with the Association of British Insurers on such matters;
- The Board also received an update regarding the ongoing actions being taken by the Council as part of an overarching recovery plan, noted the latest statistics in terms of affected properties and businesses, and received the current position regarding the delivery of associated grant schemes.

The Chair advised that the White Paper Motion regarding the issue of flooding, as agreed by Council on the 13th January 2016 had been submitted to Government. In addition, the Board noted that a meeting with the Secretary of State for Environment, Food and Rural Affairs attended by the Leader, the Chief Executive and Leeds MPs had been held earlier in the day. It was highlighted that the Secretary of State had confirmed that the establishment of appropriate flood defence mechanisms in Leeds was a Government priority, together with an acknowledgement that the current city centre flood defences were not adequate. However, it was noted that no commitment was made by the Secretary of State regarding additional funding to provide flood alleviation measures in Leeds. It was noted that representations had been made at the meeting that the establishment of adequate flood defences, which included the initial development of an associated feasibility study, was urgently required. Members were also informed that a further meeting would be scheduled with the Secretary of State in order to progress such matters, and it was highlighted that all-party representation at that meeting would be sought, together with support from the local business community.

RESOLVED –

(a) That on behalf of the Executive Board, all staff, partners, local Ward Members, community representatives, volunteers and all those

affected by the floods be thanked for their efforts in supporting the recovery operation;

(b) That the implementation of a Council Flood Emergency Management Team, which is led by the Assistant Chief Executive (Citizens and Communities) and which met for the first time on the 4th January 2016, be noted;

(c) That it be noted that the Local Authority is working with other Councils and partners, especially Calderdale Council, West Yorkshire Police, West Yorkshire Fire and Rescue, the Environment Agency and other key partners on the recovery work at both a local and West Yorkshire level;

(d) That the financial support and advice arrangements which have been put in place to support affected householders and businesses, be endorsed;

(e) That the funding provided by Government to support the schemes detailed at paragraph 3.1.2 of the submitted report be noted, and that the Deputy Chief Executive be requested to keep a record of all relevant expenditure associated with responding to Storm Eva;

(f) That the Director of City Development be required to work with the Environment Agency in order to submit a report to Executive Board as soon as possible on the city's flood alleviation developments, including plans for seeking Government support for progressing phases 2 and 3 of the Leeds Flood Alleviation Scheme;

(g) That the Chief Executive be requested to write to the relevant Secretary of State requesting the urgent approval of £3m to allow for preparatory and design work to commence on Phase 2 of the Leeds (River Aire) Flood Alleviation Scheme, and which seeks a firm commitment from Government to support both phases 2 and 3;

(h) That the Director of City Development be required to work with the Environment Agency in order to identify measures that could be undertaken to increase flood resilience for all communities affected Storm Eva;

(i) That the Director of City Development be required to complete a full assessment of all impacts of Storm Eva on city infrastructure, and to develop proposals for the necessary repair and rebuild work that maybe necessary, including work required on Linton Bridge;

(j) That the Director of City Development be requested to consider the development of a regeneration based approach towards helping Kirkstall recover from Storm Eva;

(k) That the Director of City Development be required to make arrangements to undertake a statutory Section 19 investigation into the causes and impacts of the Storm Eva flooding event;

(l) That the Assistant Chief Executive (Citizens and Communities) be required to oversee the development and delivery of a Storm Eva Strategic Recovery Plan, and also be requested to report back to Members on this plan, together with a further update on recovery efforts, in March 2016;

(m) That the Assistant Chief Executive (Citizens and Communities) be required to undertake a lessons learned exercise and provide a formal report on this to the Council's Corporate Governance and Audit Committee;

(n) That the Assistant Chief Executive (Citizens and Communities) be required to ensure that the experiences of, and impacts in Leeds are fed into the national review of flooding.

(Councillor R Lewis left the meeting at 4.05 p.m., during the consideration of this item)

DATE FOR PUBLICATION: FRIDAY, 22ND JANUARY 2016

LAST DATE FOR CALL IN OF ELIGIBLE DECISIONS: 5.00P.M., FRIDAY 29TH JANUARY 2016

(Scrutiny Support will notify Directors of any items called in by 12.00noon on Monday, 1st February 2016)

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Report author: Steven Courtney
Tel: 247 4707

Report of Head of Scrutiny and Member Development

Report to Scrutiny Board (Adult Social Services, Public Health, NHS)

Date: 16 February 2016

Subject: Chairs Update Report – February 2016

Are specific electoral Wards affected? If relevant, name(s) of Ward(s):	☐ Yes	☒ No
Are there implications for equality and diversity and cohesion and integration?	☐ Yes	☒ No
Is the decision eligible for Call-In?	☐ Yes	☒ No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	☐ Yes	☒ No

1 Purpose of this report

1.1 The purpose of this report is to provide an opportunity to formally outline some of the areas of work and activity of the Chair of the Scrutiny Board since the previous Scrutiny Board meeting in January 2016.

2 Main issues

2.1 Invariably, scrutiny activity often takes place outside of the formal monthly Scrutiny Board meetings. Such activity can take the form of working groups, but can also involve specific activity and actions of the Chair of the Scrutiny Board.

2.2 The purpose of this report is to provide an opportunity to formally update the Scrutiny Board on activity since the last meeting, including any specific outcomes. It also provides an opportunity for members of the Scrutiny Board to identify and agree any further scrutiny activity that may be necessary.

2.3 The Chair and Principal Scrutiny Adviser will provide a verbal update at the meeting, as required.

3. Recommendations

3.1 Members are asked to:

a) Note the content of this report and the verbal update provided at the meeting.
b) Identify any specific matters that may require further scrutiny input/ activity.

4. Background papers[1]

4.1 None used

[1] The background documents listed in this section are available to download from the Council's website, unless they contain confidential or exempt information. The list of background documents does not include published works.

Leeds CITY COUNCIL

Report author: Steven Courtney
Tel: 247 4707

Report of Head of Scrutiny and Member Development

Report to Scrutiny Board (Adult Social Services, Public Health, NHS)

Date: 16 February 2016

Subject: NHS Provider Updates – February 2016

Are specific electoral Wards affected? If relevant, name(s) of Ward(s):	☐ Yes	☒ No
Are there implications for equality and diversity and cohesion and integration?	☐ Yes	☒ No
Is the decision eligible for Call-In?	☐ Yes	☒ No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	☐ Yes	☒ No

1 Purpose of this report

1.1 The purpose of this report is to provide the Scrutiny Board with a brief update on key issues and developments across NHS Providers in Leeds.

2 Main issues

2.1 Towards the end of October 2015, the Chair of the Scrutiny Board requested that all NHS commissioners and providers routinely submit bi-monthly updates on key organisational issues and developments that may impact on patients and services to the public. The request was made on the basis of alternating submissions from NHS commissioners and NHS providers.

2.2 The main NHS providers in Leeds are:

- Leeds Teaching Hospitals NHS Trust (LTHT);
- Leeds and York Partnerships NHS Foundation Trust (LYPFT); and,
- Leeds Community Healthcare NHS Trust (LCH)

2.3 Written updates are appended to this report, and appropriate representatives have been invited to attend the meeting to present the updates and address any questions raised by the Scrutiny Board.

3. Recommendations

3.1 Members are asked to note the content of the updates provided and identify any specific matters that may require further scrutiny input or activity.

4. Background papers[1]

4.1 None used

[1] The background documents listed in this section are available to download from the Council's website, unless they contain confidential or exempt information. The list of background documents does not include published works.

Chief Executive's Report
January/ February 2016

1. Winter pressures

The NHS nationally has been experiencing significant pressures over the last couple of months and we are no different. The Christmas and New Year holiday period was particularly busy in our hospitals with extremely high attendances at our Emergency Departments and admissions being at unprecedented levels, particularly at St James's hospital. I would like to take this opportunity to thank staff for their on-going commitment to ensure our patients receive high quality care in the timeliest manner.

We have been planning for the winter pressures for a number of months and have implemented the actions in the plan over the last few months. We have a wide range of additional capacity open across the Trust and partners in the community have also provided and commissioned additional community beds. We still however face a number of challenges and significant pressures due to the high number of patients needing to be admitted to hospital and the number of patients we have waiting to be discharged.

The extreme weather over the holiday period brought additional challenges for staff across health and social care with flooding affecting a number of local services. Staff worked extremely hard during this time to ensure services continued and patients received appropriate care and this has been recognised by the Chief Executive of NHS Improvement in a letter of thanks. Jim Mackay thanked staff for *"pulling together and co-ordinating services to provide care for those most in need"*. He recognised how hard staff had worked during this period and that this response demonstrated their *"dedication to their profession and the communities they serve".*

2. New planning guidance

On 22nd December 2015 the national planning guidance for 2016/17 was released by the six national NHS bodies; NHS England, NHS Improvement, CQC, Health Education England, NICE and Public Health England. This guidance sets out a clear list of national priorities for 2016/17 and longer-term challenges for local systems, together with financial assumptions and business rules.

From this, all NHS Trusts are asked to prepare two separate but connected plans:

- a five year Sustainability and Transformation Plan (STP), place-based and driving the Five Year Forward View; and
- a one year Operational Plan for 2016/17, organisation-based but consistent with the emerging STP.

Arrangements for the development of our Trust one year operational plan are already in progress and our planning team is working closely with clinical service units, workforce and finance teams to produce this.

The aim of STP is to bring about better health, transformed quality of care delivery, and sustainable finances. Planning by individual organisations will increasingly be supplemented with planning by place for local populations. Every health and care system is being asked to come together, to create its own ambitious local blueprint for accelerating

its implementation of the Five Year Forward View. These STPs will cover the period between October 2016 and March 2021.

The STPs will be geographically determined plans holding underneath them a number of different specific delivery plans and must cover all areas of CCG and NHS England commissioned activity including specialised services, primary medical care, better integration with local authority services and reflect the local agreed health and wellbeing strategies.

The Leeds STP is being overseen by a subgroup of the Leeds Partnership Executive representing the organisations across health and care in the City. This sub-group is chaired by Tom Riordan, CEO of Leeds City Council and the clinical commissioning groups are represented by Philomena Corrigan, Chief Executive of Leeds West Clinical Commissioning Group and I am representing the NHS provider trusts.

3. CQC Visit date confirmed

The Care Quality Commission has confirmed it will be returning to the Trust on the 10th-13th May 2016 to carry out an inspection, following its last visit in March 2014.

As part of its inspection, we know the CQC will have a particular focus on those areas it judged as requiring improvement in its 2014 report. We have worked extremely hard over the past 18 months to make real improvements to the quality of our patient care and safety and we hope the inspection will be a good opportunity to share the significant progress we have made.

4. 100K Genomes

I am delighted to let you know that the Trust is to play a major role in developing personalised medicine for patients, following approval from NHS England to set up of a new Genomic Medicine Centre (GMC) for the Yorkshire and Humber region. The centre is expected to go live early in the New Year.

Our Trust will be working in partnership with Sheffield Children's NHS Foundation Trust and Sheffield Teaching Hospitals NHS Foundation Trust to establish the new centre, which will support the delivery of the national 100,000 Genome Project.

The project will look at genomes of patients with certain rare diseases and those with certain cancers. By comparing the genomes from lots of people, the GMC will help to give a better understanding of the diseases, how they develop and which treatments may provide the greatest help to future patients.

This is fantastic news for the region and has only been possible with the help of our staff. We already have some of the world's most advanced and respected genetics services and extensive research experience and pooling our expertise with colleagues from Sheffield and across Yorkshire will help to transform healthcare, not just for people in the region but around the world.

5. Leeds Improvement Method

The Leeds Improvement Method, our work in partnership with the Virginia Mason Institute, is gathering pace particularly around our first work stream in elective orthopaedics at Chapel Allerton Hospital. In December 2015, I launched the very first Sponsor

Development Session in this area with Tony Whitfield, the Executive Director who is the Sponsor for this work. Our Trust is the first of five Trust partners to launch this work formally.

The Trust's Kaizen Promotion Office Team has been using lean techniques to map a patient's journey through a total hip or knee replacement, from the day of admission to ensuring they are safe in the recovery room. They gave us some useful insights into how we can apply a consistent and rigorous approach to reducing wasteful processes and eliminating errors, improving safety and the quality of care for our patients.

This approach relies on strong collaboration between teams and it's great that staff at Chapel Allerton and the Theatres and Anaesthesia CSUs are taking this work on board and are keen to develop it.

The next phase will involve small, frontline operational teams working together in a Rapid Process Improvement Workshop (RPIW) to cut down on waste in a number of key areas, including last minute theatre changes, the management and availability of equipment and timely access to pre-operative tests and patient data.

During January, we will be holding a number of engagement sessions with our medical staff to hear their thoughts on how we can all work together to ensure the Leeds Improvement Method helps us to improve the care we provide for our patients. We are currently finalising the next areas across the Trust where we are going to apply the Leeds Improvement Method and expect to be looking at improvements around discharge, critical care step down and how we manage referrals and bookings.

6. Junior Doctors strike

On Tuesday 12th January, junior doctors across the NHS took industrial action in response to a national dispute with the Government. This period of strike action ran from 08:00am on Tuesday until 08:00 on Wednesday.

On the day of action, our emergency and urgent services continued as normal however, we were required to rearrange around 560 outpatient appointments and six inpatient/day case procedures. I would like to thank everyone across the Trust for their excellent planning and commitment on the day to ensure we kept our patients safe and disruption to an absolute minimum.

The next period of industrial action is planned for Wednesday 10 February 2016 (24 hours but providing urgent and emergency care). Plans are in place to manage the period of industrial action and every effort is being made to ensure that we maintain the safety and quality of care we provide to our patients whilst minimising the inconvenience.

We will continue to monitor the situation and plan for disruptions but in the meantime hope that all parties continue to discuss the dispute in an attempt to find a resolution.

7. LGI plans

You may have seen the recent media coverage about our exciting vision for improving the LGI site to enable us to provide services for patients from much more modern and purpose built premises.

These plans are part of our wider Estates Strategy and are at a very early stage. Many of you will be aware we have been gradually moving clinical services from older, less appropriate accommodation at the LGI that is no longer fit for purpose and centralising inpatient care in the more modern Jubilee Wing and Clarendon Wing. Now we are starting to consider how we can achieve the maximum possible benefit for patients by redeveloping other parts of that site.

Our overall aims are to deliver our clinical strategy, which is to consolidate Leeds Children's Hospital and to have dedicated day surgery facilities, increased operating and critical care capacity, and modern outpatient services at LGI. We have had some initial discussions with Clinical Directors based on some initial ideas we asked designers to work up but we are obviously at an early stage. As plans progress we will ensure we engage with our staff, patients and other partners and keep you informed.

8. Listening and learning

- I was delighted to meet young people from West Oaks School in Leeds and present them with their certificates for successfully completing a project as part of the Trust's Get Me Better programme. The project focused on helping young people with learning disabilities feel less anxious about the prospect of coming to hospital.
- Linda Pollard and I welcomed Professor Tim Briggs, DH National Director for Clinical Quality and Efficiency and Professor Tim Evans, DH National Director for Clinical Productivity to our Trust to talk about the work they are doing across the country called Getting It Right First Time. 'Getting It Right First Time' is based on a report of the same name looking at improving orthopaedic care in the NHS. The report proposed a number of solutions for driving up the quality of care for patients while making cost savings. This work links well with our Leeds Improvement Method and Lord Carter's review. The Professors met our senior leaders and were extremely complimentary about our work and the vision we have for services in Leeds and were particularly impressed with the work we have all done around developing and living The Leeds Way.
- I met colleagues on the Joint Partnership Board, a forum with the University of Leeds, to support our application to become a designated National Institute for Health Research (NIHR) Biomedical Research Centre (BRC). We are already a BRU in musculoskeletal disease but want to further develop our NIHR portfolio and at the meeting we considered presentations on cardiovascular and gastrointestinal work to help us shape our bid.

9. Celebrating success

- Congratulations to the Colorectal Cancer Multidisciplinary Team at St James's for being named the 2015 winner of the Cancer Research Excellence in Surgical Trials (CREST) award. The award was given by the National Institute of Health Research Clinical Research Network (Cancer) for the team's success in recruiting patients to clinical trials and raising public and patient awareness of colorectal cancer.
- Well done to Anne Aspin, a Neonatal Surgical Nurse Consultant at Leeds Children's Hospital (LCH) who has been named 'SHINE Professional 2015' by the national charity SHINE. SHINE supports children, families and adults with Spina Bifida and Hydrocephalus.

- I'm very pleased to report that in the Care Quality Commission's recent National Maternity Services survey, we performed extremely well. We are among the best performing hospital trusts for care during labour and birth and have made significant improvements in postnatal care, in areas like length of stay and cleanliness.
- Congratulations to Mr Donald Dewar, a Consultant Plastic Surgeon at the Trust who has won the Plastic Surgery Trainees Association (PLASTA) Golden Scalpel Trainer Award 2016 for his excellence in plastic surgery training and to Miss Helen Douglas, one of his trainees, who has also won the Ian MacGregor medal for excellence in the Fellowship of the Royal College of Surgeons PLAST exam.
- Congratulations to Professor Stephen Smye, Director of Research and Innovation at the Trust and a Theme Lead of the National Institute for Health Research Clinical Research Network who has been awarded an OBE in the New Year's Honours List for services to health research.
- Well done to the Children's Research Team who won the Clinical Research Network's Project Twenty competition for their systematic and sustainable improvement in the number patients recruited into trials.
- Well done Sylvia O'Connell, Colorectal Admissions Officer, on the wonderful feedback from a patient recently. The patient wrote: "You have no idea how much your help, understanding and much more assisted me. Words can't express how much it meant to me." Sylvia took a great deal of care to ensure the complex admission and tracking of the patient's journey went smoothly, after the patient had a less positive experience elsewhere in care. This is a great example of how a patient-centred approach can really transform a patient's opinion of the Trust and what we do.
- Congratulations to Dr Mike Bosomworth who has been named by the Prime Minister as the UK's 430th "Point of Light" winner in recognition of his achievement earlier this year in raising £15,000 for brain research thanks to an epic cycle ride across the USA.
- A wonderful letter in The Yorkshire Post congratulated the Trust on the success of the 'Be a Hero' campaign. It was written by Ian Trenholm, the Chief Executive of NHS Blood and Transplant who praises the campaign for shedding light on 'the reality of what it's like waiting for an organ transplant, the joy of receiving a lifesaving organ and the brave decision made by families to support the donation of their loved one's organs when they die.' The campaign has seen 42,000 more people in Yorkshire join the organ donor register since July, which is a remarkable achievement. Well done to everyone involved.
- Praise for all staff across the NHS was shared in a fantastic letter in the Yorkshire Evening Post from Councillor Peter Gruen, who is Chair of the Adult Social Care, Public Health and NHS Scrutiny Board at Leeds City Council. He praises the dedication, commitment, resilience and willingness to work together of staff across the health and social care sectors in Leeds, writing: "Everyone I have spoken with, no matter in which position in their service, is passionate about, dedicated to and positive about doing the best job possible." He ends by thanking all staff in the health and social care sectors, saying, "we should be proud of their service."

Julian Hartley
Chief Executive
21st January 2016

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Leeds and York Partnership NHS Foundation Trust
Update for Scrutiny Board 16th February 2016.

1. Introduction

This paper provides a brief overview of key issues and developments within LYPFT over the last two months.

2. Changes in leadership

In December 2015, and after 10 years as Chief Executive, Chris Butler stepped down from his role to pursue other endeavours. Chris joined what was Leeds Mental Health Teaching NHS Trust as its Chief Executive in January 2005, and continued his appointment as Chief Executive following our authorisation as an NHS Foundation Trust in 2007. Chris has always been a strong advocate for mental health and learning disability service users and their carers, and he will be greatly missed within the Trust and across the city.

Jill Copeland, who has worked with the Trust for over six years, most recently as Deputy Chief Executive and Chief Operating Officer, has been appointed as Interim Chief Executive, beginning in her role on 1 January 2016. A recruitment process for a new permanent chief executive will be underway soon.

3. Impact of NHS planning guidance

The NHS planning guidance 'Delivering the Forward View: NHS planning guidance 2016/17 – 2020/21' was published in December. Two of the nine 'must do' requirements in the planning guidance are related to LYPFT services:

- Achieve and maintain the two new mental health access standards: more than 50 percent of people experiencing a first episode of psychosis will commence treatment with a NICE approved care package within two weeks of referral; 75 percent of people with common mental health conditions referred to the Improved Access to Psychological Therapies (IAPT) programme will be treated within six weeks of referral, with 95 percent treated within 18 weeks. Continue to meet a dementia diagnosis rate of at least two-thirds of the estimated number of people with dementia. (Number 7)
- Deliver actions set out in local plans to transform care for people with learning disabilities, including implementing enhanced community provision, reducing inpatient capacity, and rolling out care and treatment reviews in line with published policy. (Number 8)

There is also a requirement to improve mental health services in line with the Mental Health Taskforce report, which has yet to be published.

Along with all NHS and social care partners, we are busy developing our Operational Plan for 2016/17. In January 2016 the Board considered our priorities for 2016/17 which would not only continue to improve the outcomes we deliver, but also begin to provide a foundation in which we developed our new Trust strategy. The priorities that shape our 2016/17 Operational Plan are:

1. Supporting frontline staff to improve people's health and lives
2. Delivering care that meets essential quality standards
3. Promoting learning and engagement
4. Working with partners to develop a clear plan for the Trust's future direction

We will be testing these priorities with our staff during March through a series of listening events with the Interim Chief Executive. We have also identified our cost improvement plans for 2016/17, which includes subjecting them to a robust quality impact assessment.

The Leeds health and social care economy is also required to work together to develop a place-based plan as part of a West Yorkshire-wide Sustainability and Transformation Plan (STP) for submission in June 2016. The Leeds plan will be focused on new ways of working across the health and social care system, and we are seeing this as an opportunity to also revisit and refresh our own Five Year Strategy which we are aiming to launch in September of this year.

4. Five Year Forward View: New Models of Care

We have been working closely with the three clinical commissioning groups (CCGs) in Leeds to develop integrated models of care in response to the Five Year Forward View. Prototype models are being developed in each of the CCGs with a focus on services being wrapped around federations of GP practices, building on the integrated neighbourhood teams. We are involved at varying levels in each of these developments and we see them as providing an opportunity to take a far more holistic approach to health needs. For example better integrating the needs of people with physical health conditions, particularly long term conditions, with good mental health support, while ensuring those people with mental health issues receive good physical health interventions should be in everyone's best interests.

We are working closely with Leeds Community Healthcare, Adult Social Care and GP provider services to develop these new integrated models; and are also working with LCH to see where we can share "back office" functions to make better use of our resources.

5. Transforming care for people with learning disabilities

We are seeing changes to the population we serve with learning disabilities. Inpatient care demand has been reducing in recent years while community service support is increasing year on year. Commissioners in Leeds report a high volume of learning disability service users in receipt of NHS fully funded continuing care, while we expect to see the national Transforming Care programme of work, led by NHS England will work towards replacing unnecessary hospital admissions and lengthy stays with community-based care that provide intensive support.

The local Transforming Care Partnership in Leeds is being led by Leeds North CCG and is currently being established. The scope will also consider the need to develop a comprehensive learning disabilities strategy for Leeds. We currently have a number of

work-streams underway which closely link with the Transforming Care agenda. These include: quality improvements to our acute assessment and treatment inpatient service and our health respite service; a full review of our community LD services focusing on delivering improved, modern community models; work relating to a review of all service users placed out of area in specialist LD placements (including secure care); and the development of a new pilot model of respite care across the city.

6. Quality and Performance

Following publication of the CQC Inspection report in January 2015 the Trust developed a responsive action which addressed the compliance set out by the CQC. The action plan was submitted and accepted by the CQC in February 2015 and was subsequently shared with the Scrutiny Committee. The implementation of the action plan has been managed by the Trust's CQC Fundamental Standards Group, which is chaired by an Executive Director, and reports to the Board via our Quality Committee. Completion of the action plan is now at an advanced stage and we are due to meet with CQC in February 2016 to provide them with assurance following our actions.

The Trust has also established a system of Quality Reviews, designed to provide ongoing assurance of its compliance with the Fundamental Standards.

7. Recruitment

Over 150 nurses and health support workers were interviewed for vacancies across the Trust in January as part of an innovative new recruitment campaign. The prospective employees were invited to apply for a range of opportunities and they all came together to be assessed at a large recruitment event at Elland Road stadium. The Trust has been carrying a number of nursing vacancies across the Trust for a while and trying to fill them on an ad hoc basis. This approach has focused more in promotion to attract candidates, including producing short videos of our staff talking about their roles at the Trust. This worked really well and we have had around 500 candidates apply; and made over 70 offers of employment following our January event. Our next recruitment event will take place in April.

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REPORT TO SCRUTINY BOARD
(ADULT SOCIAL SERVICES, PUBLIC HEALTH, NHS)

PURPOSE OF THIS REPORT

The purpose of report is to provide Scrutiny Board with an overview of key local developments for Leeds Community Healthcare NHS Trust. It refers to external or national factors that have the potential to impact on the Trust.

Patient care: reducing the incidence of pressure ulcers

The Trust has been concerned about the incidence of pressure ulcers for some time. Any single incidence is viewed seriously and the Trust is committed to ensuring that services and staff are in a position to avoid the occurrence of pressure ulcers to patients.

This month has seen the start of the Trust's *Pressure Ulcer Prevention Campaign*. The prevention of pressure ulcers is a measure of the quality of care the Trust provides. Reducing the incidence of pressure ulcers is therefore a top priority for the Trust and all staff. Key to the campaign is the launch of the *Ten Priorities for Pressure Ulcer Prevention*.

Each member of staff from allied health professionals, administration, doctors and nursing teams has a role to play. The campaign is running between January-March 2016 and includes a suite of training initiatives, guidance for staff plus assessment and care management tools. It has started with the neighbourhood teams and then will be rolled out across all the services within the Trust. The key aim being for staff to understand that pressure ulcer prevention is everybody's responsibility.

CAMHS Waiting Lists

A significant concern and area of focus for the Trust continues to be the waiting times for the specialist community CAMHS service. The comprehensive work being undertaken to reduce the time a young person has to wait informed a recent Scrutiny Board meeting and further information will be provided in the coming months.

New Models of Care - Neighbourhood teams and primary care

The Trust is working closely with each of the three CCGs in Leeds to develop new ways of working between the neighbourhood teams and primary care to support and improve care for the most vulnerable people.

An example of this work is the developments in Armley. A recent stakeholder event was held, opened by Councillor Lowe, engaging all providers including the third sector on what could be achieved by working differently. This was a really positive event and actions are being taken forward.

Recruitment and retention

The Trust continues to make considerable progress with the recruitment of nursing and therapy staff, in a very competitive market, and is now beginning to report more positive figures. The actual contracted staff for November 2015 is 2,758.5 whole time equivalent; this compares with 2,562.7 whole time equivalent in December 2014.

The staff turnover figures are also reporting a more positive position. December 2015 saw a turnover percentage of 7.9% and the rate was 6.8% in November 2015 (target 9-13%); each of which compare favourably with rates of over 10% for each month for the earlier part of 2015/16.

Despite this more positive outlook, retention of staff remains a focus of concern.

Health and social care across Leeds: winter pressures

The Trust has played an active role in the system resilience arrangements to ensure the continuity of services across the winter period:

- Early on in the financial year, the Trust was successful in securing funding for a number of schemes aimed at assisting services to be more resilient through the difficult winter months.
- At the end of 2015, there had been a steady but significant decrease in delayed transfers of care. This work has focused on streamlining processes, reducing bureaucracy and early escalation of complex issues related to individual cases.
- There have been changes in the type and number of community beds in the system e.g. change of classification and management of the community intermediate care unit, the opening of residential beds at SLIC and additional capacity purchased within the independent sector
- Leeds Teaching Hospitals NHS Trust has continued to experience higher than average levels of activity over recent weeks including accident and emergency attendances and emergency medical admissions. The Trust's approach to partnership working is assisting in mitigating the impact of potential unnecessary admissions and delayed discharges from hospital care.
- In the last few weeks the hospital has been under extreme pressure and we have been working closely with them on a range of initiatives to stop admissions and aid discharge.

Nursing and midwifery revalidation

Currently, all registered nurses, midwives, community and public health nurses wanting to practice in the UK have to be registered by the Nursing and Midwifery Council (NMC); they have to renew their registration every three years. In 2015, the NMC set out proposals to strengthen the current requirements for nurses to meet a range of revalidation requirements designed to show that fitness to practice is being maintained.

The Trust has undertaken extensive awareness raising amongst over 1,000 nurses; 410 of whom will need to be subject to the new revalidation processes in 2016/17. Over 400 staff have attended awareness raising workshops and participants have indicated that the process is straightforward. Those staff who need to revalidate in 2016/17 have received personal letters; each clinical lead is aware of those staff with a requirement to revalidate.

Planning for 2016/17

This year's national planning guidance has been published in the context of the spending review announcements and is explicitly positioned to set out how the sector is expected to deliver the Five Year Forward View by 2020.

The planning guidance introduces a £1.8 billion Sustainability and Transformation Fund for providers in 2016/17; to support providers to move to a more financial footing. This additional funding is conditional on the NHS provider sector breaking even in 2016/17. To ensure this happens; every NHS trust and foundation trust will have to deliver an agreed financial control total for 2016/17. This will be a core part of the new financial oversight regime that NHS Improvement will put in place.

Leeds Community Healthcare have been informed by NHS Improvement that our control total is £2m. This is some £550k more than the organisation's planned 1% surplus would generate. All trusts have been asked to confirm by 8 February whether they accept the control total.

The potential consequences of this are significant. The Trust is anticipating a difficult contract negotiation with CCG commissioners and there are the known cuts to public health funding in 2016/7 and beyond. The Trust also faces significant internal cost pressures totalling over £2.3m.

The combined impact of all these factors takes the Trust's implied efficiency level from the national 2% to 4%.

All NHS/foundation trusts have also received a joint letter from Jim Mackey (Chief Executive, NHS Improvement) and Professor Sir Mike Richards (Chief inspector of hospitals, CQC) asking Boards to consider quality and finances on equal footing in their planning decisions.

Patient and public engagement on service re-locations

At its December 2015 meeting, the Board received and approved a paper which summarised the outcomes of patient and public engagement in proposals related to the disposition of a range of community services across the city. The proposals contained a number of changes and adjustments which together aimed to ensure a planned approach to the location of services. Furthermore, the changes involved the reduction to the number of locations from which some services are provided and a proposal to cease providing services in Garforth Clinic.

Having approved the proposals, the Trust has moved to implement the agreed changes. To support the changes, a programme of communication with those patients and their families who may be affected by the changes is well underway and is a combination of direct communication with patients, notices within health centre locations and coverage within the media.

Community Ventures Limited has been engaged to advise on the options for the empty Garforth Clinic; and to ensure that the Trust acts in accordance with NHS property regulations and guidance. They will ensure that once the property is fully vacated it will be secured whilst it remains in Trust ownership.

Thea Stein
Chief Executive
February 2016

Leeds CITY COUNCIL

Report author: Steven Courtney
Tel: 247 4707

Report of Head of Scrutiny and Member Development

Report to Scrutiny Board (Adult Social Services, Public Health, NHS)

Date: 16 February 2016

Subject: Care Quality Commission (CQC) – Inspection Outcomes

Are specific electoral Wards affected? If relevant, name(s) of Ward(s):	☐ Yes	☒ No
Are there implications for equality and diversity and cohesion and integration?	☐ Yes	☒ No
Is the decision eligible for Call-In?	☐ Yes	☒ No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	☐ Yes	☒ No

1 Purpose of this report

1.1 The purpose of this report is provide members of the Scrutiny Board with details of recently reported Care Quality Commission inspection outcomes for health and social care providers across Leeds.

2 Summary of main issues

2.1 Established in 2009, the Care Quality Commission (CQC) regulates all health and social care services in England and ensures the quality and safety of care in hospitals, dentists, ambulances, and care homes, and the care given in people's own homes. The CQC routinely inspects health and social care service providers, publishing its inspection reports, findings and judgments.

2.2 To help ensure the Scrutiny Board maintains a focus on the quality of health and social care services across the City, the purpose of this report is provide an overview of recently reported CQC inspection outcomes for health and social care providers across Leeds.

2.3 Since the beginning of the current municipal year, processes for routinely presenting and reporting CQC inspection outcomes to the Scrutiny Board on a monthly basis have been established. Such processes continue to be developed and refined in order to help the Scrutiny Board maintain an overview of quality across local health and social care service providers.

CQC Inspection reports

2.4 Appendix 1 provides a summary of the inspection outcomes reported to the Scrutiny Board during the current municipal year. It also specifically highlights reports published since the Board's previous meeting in January 2016 for consideration by the Scrutiny Board.

2.5 It should be noted that the purpose of this report is to provide a summary of inspection outcome across health and social care providers in Leeds. As such, full inspection reports are not routinely provided as part of this report. The full inspection reports are available from the CQC website and links to individual inspection reports are highlighted in Appendix 1.

2.6 Since the Scrutiny Board meeting in December, further discussions need to take place with the CQC around how the CQC can best support the work of the Scrutiny Board as part of this regular update.

3. Recommendations

3.1 That the Scrutiny Board considers the details set out in this report and its appendices and determines any further scrutiny activity and/or actions, as appropriate.

4. Background papers[1]

4.1 None used.

[1] The background documents listed in this section are available to download from the Council's website, unless they contain confidential or exempt information. The list of background documents does not include published works.

SCRUTINY BOARD (ADULT SOCIAL SERVICES, PUBLIC HEALTH, NHS)

17 FEBRUARY 2015

ITEM 11: CQC INSPECTION OUTCOMES – APPENDIX 1

SUMMARY OF RECENT CARE QUALITY COMMISSION (CQC) INSPECTION REPORTS

Publication Date	Organisation	Type of provider	Outcome	Web link to the report	Ward
29 July 2015	Human Support Group Ltd. Leeds (LS7 2AH)	Homecare	Good	http://www.cqc.org.uk/location/1-456708711	Chapel Allerton
31 July 2015	Springfield Care Home (LS25 1EP)	Residential Care	Requires improvement	http://www.cqc.org.uk/location/1-154091843	Garforth & Swillington
31 July 2015	Spinney Residential Home (LS12 3QH)	Residential Care	Requires improvement	http://www.cqc.org.uk/location/1-112270555	Armley
17 Aug. 2015	Waterloo Manor Independent Hospital (LS25 1NA)	Hospital - mental health	Inadequate	http://www.cqc.org.uk/location/1-156620871	Garforth & Swillington
18 Aug. 2015	Ethical Homecare Solutions (LS7 3DX)	Homecare	Requires improvement	http://www.cqc.org.uk/directory/1-321807303	Chapel Allerton
18 Aug. 2015	Hopton Court (LS12 3UA)	Residential Care	Requires improvement	http://www.cqc.org.uk/directory/1-309428606	Armley
18 Aug. 2015	Owlett Hall (BD11 1ED)	Nursing Care	Requires improvement	http://www.cqc.org.uk/directory/1-141599363	Morley North
20 Aug. 2015	Oakwood Hall (LS8 2PF)	Nursing Care	Requires improvement	http://www.cqc.org.uk/directory/1-123576529	Roundhay
21 Aug. 2015	Yorkshire Ambulance Service NHS Trust (WF2 0XQ)	Ambulance Service	Requires improvement	http://www.cqc.org.uk/provider/RX8	Headquarters in Wakefield

Publication Date	Organisation	Type of provider	Outcome	Web link to the report	Ward
25 Aug. 2015	Caremark (Leeds) (LS6 2QH)	Homecare	Requires improvement	http://www.cqc.org.uk/directory/1-232681786	Hyde Park & Woodhouse
26 Aug. 2015	Adel Grange Residential Home (LS16 8HX)	Residential Care	Requires improvement	http://www.cqc.org.uk/directory/1-110993039	Adel & Wharfedale
26 Aug. 2015	Atkinson Court Care Home (LS9 9EJ)	Nursing Care	Requires improvement	http://www.cqc.org.uk/directory/1-126476576	Burmantofts & Richmond Hill
7 Sept. 2015	Airedale Residential Home (LS28 7RF)	Residential Care	Requires Improvement	http://www.cqc.org.uk/directory/1-128272457	Pudsey
10 Sept. 2015	Brooklands Residential Home (LS19 7RR)	Residential Care	Inadequate	http://www.cqc.org.uk/directory/1-117613913	Otley & Yeadon
11 Sept. 2015	Oaklands Residential Home (LS26 9AB)	Residential Care	Good	http://www.cqc.org.uk/directory/1-1963864878	Kippax & Methley
11 Sept. 2015	Sheild Recruitment Limited (LS1 2NL)	Homecare Agency	Good	http://www.cqc.org.uk/directory/1-1289082975	City & Hunslet
16 Sept. 2015	Kirkstall Court (LS5 3LJ)	Rehabilitation / Residential Care	Good	http://www.cqc.org.uk/directory/1-112566812	Kirkstall
17 Sept. 2015	Oakwood Lane Medical Practice (LS8 3BZ)	GP Practice	Good	http://www.cqc.org.uk/location/1-2000523982	LS8 3BZ
17 Sept. 2015	The North Leeds Medical Practice (LS17 6PZ)	GP Practice	Good	http://www.cqc.org.uk/location/1-574141809	Moortown

Publication Date	Organisation	Type of provider	Outcome	Web link to the report	Ward
17 Sept. 2015	Carlton House (LS26 0SF)	Residential Care	Requires Improvement	http://www.cqc.org.uk/directory/1-130890582	Ardsley & Robin Hood
24 Sept. 2015	Collingham Church View Surgery (LS22 5BQ)	GP Practice	Good	http://www.cqc.org.uk/location/1-547723756	Harewood
24 Sept. 2015	Summerfield Court (LS13 1AJ)	Residential Care	Requires improvement	http://www.cqc.org.uk/directory/1-1441008775	Bramley & Stanningley
30 Sept. 2015	Suffolk Court (LS19 7JN)	Residential Care	Good	http://www.cqc.org.uk/directory/1-136455689	Otley & Yeadon
30 Sept. 2015	Oakhaven Care Home (LS6 4QD)	Residential Care	Requires improvement	http://www.cqc.org.uk/directory/1-116738339	Moortown
1 Oct. 2015	Hilton Road Surgery (LS8 4HA)	GP Practice	Requires Improvement	http://www.cqc.org.uk/location/1-583516067	Chapel Allerton
2 Oct. 2015	Brandon House Nursing Home (LS8 2PE)	Nursing Care	Requires improvement	http://www.cqc.org.uk/directory/1-126778737	Roundhay
9 Oct. 2015	Wharfedale House - Care Home Physical Disabilities (LS22 6PU)	Residential Care	Good	http://www.cqc.org.uk/directory/1-120087427	Wetherby
12 Oct. 2015	Home Lea House (LS26 0PH)	Residential Care	Good	http://www.cqc.org.uk/directory/1-136455527	Rothwell
12 Oct. 2015	Seacroft Grange Care Village (LS14 6JL)	Nursing Care	Requires improvement	http://www.cqc.org.uk/directory/1-990605516	Killingbeck & Seacroft
15 Oct. 2015	Aire View (LS5 3ED)	Residential Care	Requires improvement	http://www.cqc.org.uk/directory/1-134645463	Armley

Publication Date	Organisation	Type of provider	Outcome	Web link to the report	Ward
15 Oct. 2015	St Lukes Care Home (LS28 5PL)	Nursing Care	Requires improvement	http://www.cqc.org.uk/directory/1-116738422	Calverley & Farsley
16 Oct. 2015	Astha Limited - Leeds (LS7 2AH)	Homecare Agency	Requires improvement	http://www.cqc.org.uk/directory/1-1554674153	Chapel Allerton
22 Oct. 2015	Amber Lodge – Leeds (LS12 4LL)	Residential Care	Requires improvement	http://www.cqc.org.uk/directory/1-123208614	Farnley & Wortley
28 Oct. 2015	Anchor Trust (The Laureates) (LS20 9BJ)	Homecare Agency	Good	http://www.cqc.org.uk/directory/1-126242468	Guiseley & Rawdon
28 Oct. 2015	Rossefield Manor (LS13 3TG)	Homecare Agency	Good	http://www.cqc.org.uk/directory/1-283353126	Bramley & Stanningley
28 Oct. 2015	Acre Green Nursing Home (LS10 4HT)	Nursing Care	Requires improvement	http://www.cqc.org.uk/directory/1-309409391	Middleton Park
28 Oct. 2015	St Anne's Community Services - Leeds DCA 2 (LS11 6JU)	Homecare Agency / Supported living	Requires improvement	http://www.cqc.org.uk/directory/1-121773590	City & Hunslet
29 Oct. 2015	EcoClean Community Care (LS16 6PD)	Homecare Agency	Good	http://www.cqc.org.uk/directory/1-1177041289	Weetwood
30 Oct. 2015	Grace Homecare (LS11 6XD)	Homecare Agency	Good	http://www.cqc.org.uk/directory/1-1242015563	City & Hunslet
30 Oct. 2015	Helping Hand Care Services Limited (LS7 4NB)	Homecare Agency	Good	http://www.cqc.org.uk/directory/1-140567061	Chapel Allerton

Publication Date	Organisation	Type of provider	Outcome	Web link to the report	Ward
30 Oct. 2015	St Anne's Community Services – Benedicts (LS22 7TF)	Nursing Care	Good	http://www.cqc.org.uk/directory/1-121773225	Wetherby
30 Oct. 2015	Spring Gardens (LS21 3LJ)	Residential Care	Requires improvement	http://www.cqc.org.uk/directory/1-136455675	Otley & Yeadon
30 Oct. 2015	Ashcroft House – Leeds (LS16 9BQ)	Residential Care	Inadequate	http://www.cqc.org.uk/directory/1-109574569	Adel & Wharfedale
3 Nov. 2015	Berkeley Court (LS8 3QJ)	Residential Care	Requires improvement	http://www.cqc.org.uk/directory/1-145939999	Gipton & Harehills
9 Nov. 2015	Grove Court Nursing Home (LS6 3AE)	Nursing Care	Good	http://www.cqc.org.uk/directory/1-160600751	Headingley
9 Nov. 2015	Charlton Court Nursing Home (LS28 8ED)	Nursing Care	Requires improvement	http://www.cqc.org.uk/directory/1-278008729	Calverley & Farsley
10 Nov. 2015	Donisthorpe Hall (LS17 6AW)	Nursing Care	Inadequate	http://www.cqc.org.uk/directory/1-114958058	Moortown
11 Nov. 2015	Cardinal Court Extra Care Sheltered Housing (LS11 8HP)	Homecare Agency	Good	http://www.cqc.org.uk/directory/1-283353021	Beeston & Holbeck
11 Nov. 2015	Yorkshire Senior Care t/a Home Instead Senior Care (LS22 7FD)	Homecare Agency	Good	http://www.cqc.org.uk/directory/1-334454074	Wetherby
11 Nov. 2015	Total Care Nursing Limited (LS17 9NJ)		Good	http://www.cqc.org.uk/directory/1-128520276	Alwoodley

Publication Date	Organisation	Type of provider	Outcome	Web link to the report	Ward
18 Nov. 2015	Neville House (LS7 4LF)	Residential Care	Good	http://www.cqc.org.uk/directory/1-119947839	Chapel Allerton
19 Nov. 2015	CASA Leeds (LS11 7DF)	Homecare Agency	Good	http://www.cqc.org.uk/directory/1-1160833963	Beeston & Holbeck
19 Nov. 2015	Grace Homecare (LS11 6XD)	Homecare Agency	Good	http://www.cqc.org.uk/directory/1-1242015563	City & Hunslet
23 Nov. 2015	Heathcotes (Kirklands) (LS27 9PA)	Residential Care	Good	http://www.cqc.org.uk/directory/1-1788657507	Morley North
26 Nov. 2015	Bramham Medical Centre (LS23 6RN)	GP Practice	Good	http://www.cqc.org.uk/location/1-549270599	Wetherby
27 Nov. 2015	St Anne's Community Services - Leeds DCA (LS11 6JU)	Homecare Agency	Good	http://www.cqc.org.uk/directory/1-121773576	City & Hunslet
30 Nov. 2015	Red Court Care Home (LS28 7RZ)	Residential Care	Good	http://www.cqc.org.uk/directory/1-116425738	Pudsey
30 Nov. 2015	Kestrel House (LS2 7PU)	Homecare Agency	Requires improvement	http://www.cqc.org.uk/directory/1-137500639	City & Hunslet
1 Dec. 2015	Moor Allerton Care Centre (LS17 5PU)	Homecare Agency	Good	http://www.cqc.org.uk/directory/1-117976935	Alwoodley
1 Dec. 2015	Berkeley Court (LS8 3QJ)	Residential Care	Requires improvement	http://www.cqc.org.uk/directory/1-145939999	Gipton & Harehills
3 Dec. 2015	Personal Care Specialists (LS8 3LG)	Homecare Agency	Good	http://www.cqc.org.uk/directory/1-1137966450	Gipton & Harehills

Publication Date	Organisation	Type of provider	Outcome	Web link to the report	Ward
3 Dec. 2015	Comfort Call – Leeds (LS27 9SE)	Homecare Agency	Requires improvement	http://www.cqc.org.uk/directory/1-1626371041	Morley North
9 Dec. 2015	Richmond House (LS28 5ST)	Rehabilitation	Requires improvement	http://www.cqc.org.uk/directory/1-136455646	Calverley & Farsley
12 Nov. 2015	Dr Richard Hall & Partners (LS22 6RT)	GP Practice	Good	http://www.cqc.org.uk/location/1-570838556	Wetherby
14 Dec. 2015	St Katherine's Residential Home (LS8 1DR)	Residential Care	Requires improvement	http://www.cqc.org.uk/directory/1-113824084	Roundhay
16 Dec. 2015	St Anne's Community Services - Shared Lives (LS2 9BN)	Shared Lives	Good	http://www.cqc.org.uk/directory/1-121773296	Hyde Park & Woodhouse
16 Dec. 2015	Sabourn Court Nursing Home (LS8 2PA)	Nursing Care	Requires improvement	http://www.cqc.org.uk/directory/1-128272632	Roundhay
24 Dec. 2015	Alexander Residential Home (LS27 9JJ)	Residential Care	Good	http://www.cqc.org.uk/directory/1-121906361	Morley North
24 Dec. 2015	Scope Inclusion Leeds (LS11 5HL)	Homecare agency	Good	http://www.cqc.org.uk/directory/1-1883869398	City & Hunslet
24 Dec. 2015	Dr Makram Mossad	GP Practice	Good	http://www.cqc.org.uk/location/1-495121189	Cross Gates & Whinmoor
30 Dec. 2015	Radcliffe Gardens Nursing Home (LS28 8BG)	Nursing Care	Requires improvement	http://www.cqc.org.uk/directory/1-376464810	Pudsey
5 Jan. 2016	Grayson Home Care (LS23 6BH)	Homecare agency	Good	http://www.cqc.org.uk/directory/1-1783337738	Wetherby

Publication Date	Organisation	Type of provider	Outcome	Web link to the report	Ward
6 Jan. 2016	Ferndale Care Home (LS27 0DW)	Residential Care	Good	http://www.cqc.org.uk/directory/1-346180792	Morley South
8 Jan. 2016	Terry Yorath House (LS8 1BF)	Residential Care	Good	http://www.cqc.org.uk/directory/1-222658231	Roundhay
11 Jan. 2016	Angels Community Enterprises CIC (LS11 5HR)	Homecare agency	Good	http://www.cqc.org.uk/directory/1-316644795	City & Hunslet
11 Jan. 2016	House of Light (LS7 4ND)	Residential Care	Good	http://www.cqc.org.uk/directory/1-110212919	Chapel Allerton
11 Jan. 2016	Housing & Care 21 – Leeds (LS14 6UF)	Homecare agency	Good	http://www.cqc.org.uk/directory/1-260466707	Killingbeck & Seacroft
11 Jan. 2016	Willowbank Nursing Home (LS15 8SE)	Nursing Care	Good	http://www.cqc.org.uk/directory/1-124000097	Cross Gates & Whinmoor
13 Jan. 2016	Nesfield Lodge (LS10 3LG)	Residential Care	Good	http://www.cqc.org.uk/directory/1-123817308	Middleton Park
14 Jan. 2016	Homelife (Leeds) Limited (LS11 8ND)	Homecare agency	Good	http://www.cqc.org.uk/directory/1-143428278	Beeston & Holbeck
15 Jan. 2016	Elderly Care Services (LS7 1AB)	Nursing Care	Inadequate	http://www.cqc.org.uk/directory/1-415123704	City & Hunslet
15 Dec. 2015	Arthington Medical Centre	GP Practice	Good	http://www.cqc.org.uk/location/1-562663838	City & Hunslet
20 Jan. 2016	Beech Hall (LS12 3UE)	Residential Care	Good	http://www.cqc.org.uk/directory/1-2087773928	Armley
20 Jan. 2016	Hillside House (LS6 2AY)	Residential Care	Requires Improvement	http://www.cqc.org.uk/directory/1-2242192562	Headingley

Publication Date	Organisation	Type of provider	Outcome	Web link to the report	Ward
21 Jan. 2016	St Anne's Community Services – Rockhaven (LS18 5NF)	Nursing Care	Good	http://www.cqc.org.uk/directory/1-121773758	Horsforth
21 Jan. 2016	Ashlands (LS26 9JE)	Residential Care	Inadequate	http://www.cqc.org.uk/directory/1-119643340	Kippax & Methley
21 Jan. 2016	Bellbrooke Surgery	GP Practice	Good	http://www.cqc.org.uk/location/1-568336972	Burmantofts & Richmond Hill
21 Jan. 2016	Dr Haridas Upendra Pai	GP Practice	Good	http://www.cqc.org.uk/location/1-558030590	Beeston & Holbeck
21 Jan. 2016	Dr Sadiq Ali	GP Practice	Good	http://www.cqc.org.uk/location/1-512434861	City & Hunslet
21 Jan. 2016	Westgate Surgery	GP Practice	Good	http://www.cqc.org.uk/location/1-550907714	Otley & Yeadon
21 Jan. 2016	Rothwell Dental Surgery	Dental Practice	Requires Improvement	http://www.cqc.org.uk/location/1-1430655723	Rothwell
22 Jan. 2016	Siegen Manor Resource Centre (LS27 9EE)	Residential Care (Rehab.)	Good	http://www.cqc.org.uk/directory/1-136455660	Morley South
25 Jan. 2016	Morley Manor Residential Home (LS27 9DL)	Residential Care	Requires improvement	http://www.cqc.org.uk/directory/1-111200339	Morley South
28 Jan. 2016	Complete Care Agency Ltd (LS19 7ZA)	Homecare agency	Requires improvement	http://www.cqc.org.uk/directory/1-1070838441	Otley & Yeadon

Publication Date	Organisation	Type of provider	Outcome	Web link to the report	Ward
28 Jan. 2016	The Street Lane Practice (LS8 1AY)	GP Practice	Good	http://www.cqc.org.uk/location/1-538794778	Roundhay
29 Jan. 2016	Osman House (LS15 4BT)	Rehabilitation (Residential Care)	Good	http://www.cqc.org.uk/directory/1-471078901	Harewood
1 Feb. 2016	Moorcare (LS17 6FD)	Homecare agency	Good	http://www.cqc.org.uk/directory/1-387245409	Moortown
	Ark Home Healthcare Leeds (LS27 9SE)	Homecare agency	Requires improvement	http://www.cqc.org.uk/directory/1-2334043401	Morley North
1 Feb. 2016	Champion House - Care Home with Nursing Physical Disabilities (LS28 5QP)	Nursing Care	Requires improvement	http://www.cqc.org.uk/directory/1-120084728	Calverley & Farsley
1 Feb. 2016	West Yorkshire (LS11 9RT)	Community Services – nursing & homecare agency	Inadequate	http://www.cqc.org.uk/directory/1-154214570	Beeston & Holbeck
2 Feb. 2016	Cookridge Court (LS16 6NB)	Residential Care	Requires improvement	http://www.cqc.org.uk/directory/1-457462588	Weetwood

Leeds CITY COUNCIL

Report author: Steven Courtney
Tel: 247 4707

Report of Head of Scrutiny and Member Development

Report to Scrutiny Board (Adult Social Services, Public Health, NHS)

Date: 16 February 2016

Subject: Waterloo Manor Independent Hospital

Are specific electoral Wards affected? If relevant, name(s) of Ward(s):	☐ Yes	☒ No
Are there implications for equality and diversity and cohesion and integration?	☐ Yes	☒ No
Is the decision eligible for Call-In?	☐ Yes	☒ No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	☐ Yes	☒ No

1 Purpose of this report

1.1 The purpose of this report is to provide members of the Scrutiny Board with specific input from the Care Quality Commission in relation to Waterloo Manor Independent Hospital.

2 Summary of main issues

2.1 At its meeting in September 2015, the Scrutiny Board considered details of the Care Quality Commission (CQC) Inspection report and associated response relating to Waterloo Manor Independent Hospital. The Inspection report had been published in August 2015 and assessed the services proved as 'Inadequate'.

2.2 At the September meeting the Scrutiny Board discussed the information presented and raised a number of issues, including:

- Significant concern regarding the 6-month delay from the CQC undertaking the inspection to publishing its report.
- Concern that despite NHS England and Adult Social Care working closely with the provider since February / March 2014, the CQC had rated service provision as 'Inadequate'.
- Concern that the Scrutiny Board had not been made aware of the significant concerns regarding service provision at Waterloo Manor in a more timely and appropriate manor.
- Concern regarding an inspection methodology where service provision can be rated as 'inadequate' in February and then seemingly rated as 'good' 6-months later.

- Assurance that the inadequacies highlighted within the CQC inspection report were not repeated across other hospitals/ service points that formed part of the Inmind Healthcare Group and that similar levels of care were not being undetected in other NHSE held contracts.
- Requests for a more detailed report of lessons learned across each of the organisations involved.

2.3 A further report and range of additional information was considered by the Scrutiny Board at its meeting on 27 January 2016. Representatives from the following organisations were in attendance for that meeting:

- NHS England – as the main service commissioner
- Inmind – as the service provider at Waterloo Manor
- Adult Social Services – as the Safeguarding authority
- Local Clinical Commissioning Groups – as a commissioner of related services
- Leeds and York Partnership NHS Foundation Trust – as a provider of related services.

2.4 At the January 2016 meeting, it was that a further CQC inspection of Waterloo Manor had taken place in August 2015. It was also reported that inspection report had not yet been completed or published.

2.5 To date, the Care Quality Commission is yet to attend the Scrutiny Board to discuss any issues specifically associated with Waterloo Manor. However, confirmation has been received that representatives will attend to discuss the outcome of recent inspections with the Scrutiny Board.

3. Recommendations

3.1 That the Scrutiny Board considers the details presented at the meeting and determines any further scrutiny activity and/or actions, as appropriate.

4. Background papers[1]

4.1 None used.

[1] The background documents listed in this section are available to download from the Council's website, unless they contain confidential or exempt information. The list of background documents does not include published works.

Leeds CITY COUNCIL

Report author: Steven Courtney
Tel: 247 4707

Report of Head of Scrutiny and Member Development

Report to Scrutiny Board (Adult Social Services, Public Health, NHS)

Date: 16 February 2016

Subject: Cancer Outcomes

Are specific electoral Wards affected? If relevant, name(s) of Ward(s):	☐ Yes	☒ No
Are there implications for equality and diversity and cohesion and integration?	☐ Yes	☒ No
Is the decision eligible for Call-In?	☐ Yes	☒ No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	☐ Yes	☒ No

1 Purpose of this report

1.1 The purpose of this report is to introduce a report around Cancer Outcomes recently presented to Leeds' Health and Wellbeing Board.

2 Summary of main issues

2.1 In June 2015, the Scrutiny Board identified Cancer Waiting Times as a specific area for inquiry during 2015/16. At its November meeting, the Scrutiny Board considered a joint performance report from Leeds West Clinical Commissioning Group and Leeds Teaching Hospitals NHS Trust.

2.2 At that meeting, it was suggested that the Scrutiny Board should also consider the outcomes of people diagnosed with cancer.

2.3 Attached is a Cancer Outcomes report recently presented to Leeds' Health and Wellbeing Board.

2.4 Appropriate representatives have been invited to attend the meeting to present the attached information, address any questions from the Board and generally contribute to the discussion.

3. Recommendations

3.1 That the Scrutiny Board considers the report, including details presented at the meeting, and determines any future scrutiny actions or activity.

4. Background papers[1]

4.1 None used.

[1] The background documents listed in this section are available to download from the Council's website, unless they contain confidential or exempt information. The list of background documents does not include published works.

Leeds Health & Wellbeing Board

Report author: Dr Fiona Day, Consultant in Public Health Medicine

Tel: 0113 8435236

Report of: Dr Ian Cameron

Report to: Leeds Health and Wellbeing Board

Date: 20th January 2016

Subject: Improving Cancer Outcomes in Leeds

Are there implications for equality and diversity and cohesion and integration? This report finds there are cancer health inequalities in Leeds and makes recommendations to reduce them	☒ Yes	☐ No
Is the decision eligible for Call-In?	☐ Yes	☒ No
Does the report contain confidential or exempt information?	☐ Yes	☒ No

Summary of main issues

The new independent Task Force's cancer strategy for England 2015-20[1] outlines the recommendations needed to improve cancer outcomes. This report reviews cancer intelligence available to the public health team in order to inform a strategic approach to cancer prevention, early diagnosis and treatment in Leeds.

Hard work and investment in specialised care has resulted in improving survival and reduced amenable deaths, this needs to be sustained.

Delays in diagnosis reduces survival in UK and Leeds (especially in deprived populations) and we are addressing this with Leeds Integrated Cancer Service and the national Accelerated, Coordinated, Evaluated 2 (ACE2) pilot leading to a radical rework of the front end, as well as investing in cancer awareness and early diagnosis in local communities. This is still work in progress. In Lung Cancer there is real progress. This work needs to be endorsed and sustained.

There is concern that a reduced public health grant may impact on prevention and cancer awareness and early diagnosis work disproportionately – this work needs to be sustained and strengthened.

In order to improve outcomes, a new Cancer Strategy Group has been established in Leeds (See Appendix 1 for the Group's Terms of Reference). The Health and Wellbeing Board is asked to advise on the governance of this group.

[1] http://www.cancerresearchuk.org/sites/default/files/achieving_world-class_cancer_outcomes_-_a_strategy_for_england_2015-2020.pdf

Recommendations

The Health and Wellbeing Board is asked to:

- Note the progress on cancer outcomes
- Ensure cancer outcomes and reducing cancer inequalities remain strategic priorities for the city
- Advise on the governance of the Cancer Strategy Group

1.0 Purpose of this report

1.1 Cancer is a strategic priority for the city and this report presents the findings of a review of cancer outcomes for the city. This paper summarises a review of cancer outcomes in Leeds undertaken by the Office of the Director of Public Health during summer 2015, with a focus on the three Leeds CCGs (Leeds North, Leeds South and East and Leeds West), compared to the England average where possible.

2.0 Background information

2.1 The new independent Task Force's cancer strategy for England 2015-20[2] outlines the recommendations needed to improve cancer outcomes, and cancer is a priority within Leeds Health and Wellbeing Strategy 2013-15. Cancer remains the single greatest cause of death in our population and is a cause of significant anxiety for the public, and is also a cause and a consequence of health inequalities.

2.2 There are multiple sources of cancer data, each with a different geography and or focus. In order to cover Leeds, comparison populations, and specific areas of interest a number of sources have been used.

1. Local Public health analyses in the appendices to this document. [3]
2. SCN annual cancer report for Yorkshire and Humber August 2015
3. PHE knowledge and intelligence team CCG cancer profiles
4. Leeds Joint Strategic Needs Assessment 2015 potential years of life lost chapter[4]

2.3 It does not cover patient reported outcome measures as these are not routinely collected. It also does not include measures on the process of care or patient experience of care.

2.4 It should be noted that there are concerns about the quality of mortality data, as described where relevant below. In addition, random spikes in incidence in any one year translate into random fluctuations in mortality and outcomes in subsequent years which can potentially misguide as to the population trend especially at smaller area levels eg CCG levels for individual tumour sites. There is no evidence to suggest there is concern over the quality of care received by patients in Leeds, but there are concerns over health inequalities in access and outcomes.

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[2] http://www.cancerresearchuk.org/sites/default/files/achieving_world-class_cancer_outcomes_-_a_strategy_for_england_2015-2020.pdf

[3] *Our analyses are based on rates which predate the formation of CCGs. ONS have therefore based the results on persons living within the geographic boundaries of the CCGs at the time of their diagnosis. There is a delay between date of death and our ability to track what is happening in terms of trends with mortality data typically lagging several years behind, this is most marked for 5 year survival data which is currently available for the period 2004-08.*

[4] http://observatory.leeds.gov.uk/leeds_jsna/

3.0 Main issues

3.1 Risk factors

3.1.1 Smoking is a key risk factor for cancer. There is a variance in terms of prevalence by practice, and quit rates by CCG and Leeds wide, reflecting in part their patient population and deprivation status. Quit rates are improving steadily in the north but are static in south and east.

3.1.2 The proportion of the population with an audit c alcohol score above 8 is rising in north CCG, SE CCG and falling in West but are very high in west- this is partly due to a very high proportion of returns coming from one practice (student medical practice) where alcohol levels are very high.

3.1.3 The percentage of population with a BMI above 30 is static in all 3 CCGs, this is encouraging evidence that the rise in obesity levels may be slowing down. The level of obesity is higher in SE than north or West CCGs.

3.2 Incidence

3.2.1 Cancer incidence is generally rising in the population due to the aging population, historical smoking and other lifestyle behaviours linked to poverty and deprivation including alcohol and obesity as well as low uptake of population screening opportunities. Nationally, cancer incidence is predicted to increase as the population ages and grows. A UK incidence modelling study[5] found that the growing and aging populations will have a substantial impact: numbers of cancers in men and women are projected to increase by 55% and 35%, respectively, between 2007 and 2030.

3.2.2 In terms of comparison between Leeds CCGs and the national average, Leeds North CCG cancer incidence is higher than the England average due to an older population (breast, bowel, urological and lung).

3.2.3 Leeds SE incidence is mixed compared to the England average, reflects higher smoking prevalence (higher lung), younger age profile and/or more deprived population (lower breast and lower bowel), also higher urological.

3.2.4 West CCG incidence is mixed compared to England average, higher lung, urological, and breast; and lower bowel. Leeds West is a mixed population with pockets of deprivation and also high rates of older people in the outer areas.

3.2.5 The National Cancer Intelligence Network cancer and equality groups report 2015[6] provides a useful national picture of cancer incidence by tumour type and ethnicity and sex for England 2006-10. Some of the variation is due to different age structures, however of note there is a well documented higher incidence of prostate cancer in Black men, accounting for over 40% of Black Men's cancer.

3.3 Early Diagnosis Outcomes

[5] http://www.nature.com/bjc/journal/v105/n11/full/bjc2011430a.html

[6] www.ncin.org.uk/view?rid=2991

3.3.1 Screening uptake

3.3.1.1 Generally screening uptake is lower in more deprived populations and without remedial local action, cancer screening can worsen health inequalities.

3.3.1.2 Screening for breast cancer rates have fallen in recent years and show significant differences at practice level across Leeds. Breast Cancer Screening: Women aged 53 to 64, of those eligible; the rate fell from 73.8% in 2012/13 to 72.7% in 2013/14. Women aged 53 to 70; the rate fell from 74% to 73.1%. Screening rates have also fallen for cervical cancer, cervical screening has fallen in all age groups. In the overall age group 25 to 64 the rate fell from 79.5% in 2012/13 to 78.4 in 2013/14. Note: target for breast and cervical cancers is 80%.

3.3.1.3 Rates for bowel cancer screening have increased however there are also significant differences at practice level reflecting cancer inequalities. Q4 2014/15 figures for Leeds CCGs: North 59.1%; SE 56.2%, West 57.9%. Some areas in YH are achieving 65% uptake. Note: target is 60%, moving to 75% by 2020.

3.3.1.4 There is no population level screening available for lung or prostate cancers. However, in Leeds there is an open access chest XRay service in two sites where the public can walk in to obtain a chest XRay. This data does not differentiate between self referrals and GP referrals. It does show an 18.5% increase in Chest x-rays between 13-14 and 14-15 (there has been a relatively static 2ww referrals and conversion rate which may suggest that the change in pathway has been successful, along with changes in lung staging).

3.3.1.5 PSA new tests data is not available.

3.3.2 Routes to Diagnosis

3.3.2.1 It is known that patients presenting for the first time via Emergency Routes have substantially lower one-year relative survival. Different cancer types show substantial differences between the proportions of cases that present by each Route. For England as a whole, in 2006, 24% of cancers where a route was known were diagnosed through emergency routes, in 2013 it was 20%[7]. We have only just got access to this data locally and will be analysing it over the next few months in detail. The rate of emergency diagnosis in Leeds is currently thought to be in the region of 15% of all cancers in which a route is known (or also expressed as 20% of all cancers diagnosed). Understanding local trends in routes to diagnosis is key to directing early diagnosis initiatives. It is anticipated that more cancers will be diagnosed as an emergency in our more deprived populations, contributing to poorer outcomes.

3.3.3 Stage at Diagnosis

3.3.3.1 The earlier stage a cancer is diagnosed, and the more planned, generally the better the long term outcome. This is not always true in the case of slow growing or latent disease where the cancer has not directly or indirectly been a cause of death. However it is considered good practice to seek to diagnose cancer earlier (new NICE guidance) and changes in the proportions of cancers diagnosed at an earlier stage is an indicator of how

[7] http://www.ncin.org.uk/publications/routes_to_diagnosis

well the local system is working in terms of early diagnosis. This is excluded from our analysis as the data is not sufficiently timely nor sufficiently robust to track over time. This will be available to us over the next few years and we will enable us to monitor trends in stage.

3.4 Mortality

3.4.1 Cancer mortality coding is one way of looking at outcomes however it has flaws relating to increasingly accurate diagnosis, recording of diagnosis, and cause of death reporting. Local analysis between Macmillan and LTHT has found that many patients with multiple relapse/recurrence events have no mention of cancer on their death certificate either as a cause of death (1a, 1b, 1c) or as an associated condition. One can conclude that cancer mortality rates must be viewed with this in mind and with caution. In addition, random fluctuations in incidence at a CCG level can be seen to translate into non-significant impacts on mortality rates for cancers and also onto potential years of life lost. This could be read as worsening mortality rates when it is a reflection of variation in underlying incidence. Aggregated data helps this to some extent.

3.4.2 Mortality in all ages

3.4.2.1 Leeds local authority all ages all cancers mortality directly age standardised rates (pooled 2011-13) do show that mortality rates are significantly worse than the Yorkshire and Humber (YH) and the England average. The worse position between YH and England remains significantly different for men and women combined, but is not statistically significant for men in Leeds alone, there is a statistically significant difference for women whose mortality rates are higher in Leeds than the YH average. The all ages all cancers trend for 1995-2013 for Leeds is improving but appears to be falling less fast than the YH rate and the England rate, this is of concern. There is no reason to believe there is concern over the quality of local services, more likely that there are inequalities in access and outcomes.

3.4.2.2 In terms of site specific mortality by CCG, generally the data is more stable than the under 75s but the same caveats around mortality data identified above remain. All neoplasms mortality in each CCG is slowly falling, this has just reached statistical significance in Leeds SE. This is also seen in males specifically and is significant in LSE and West but not in North. These improvements are less marked in women where they are static and fluctuating.

3.4.2.3 Lung mortality in North has fallen (just) significantly, it is static in West and SE CCGs. In males the rates are falling in all 3 CCGs but not significantly. In women rates are static and fluctuating.

3.4.2.4 Bowel mortality is static in all 3 CCGs. In LSE the rate is falling in men (not significant) and fluctuating in the other two CCGs. In North and LSE the rates in women are rising but this is not significant.

3.4.2.5 Prostate mortality is falling slightly in Leeds North (not significant), static in LSE, and significantly fallen in Leeds West.

3.4.2.6 Breast mortality is fluctuating for all 3 CCGs (non significant).

3.4.3 Mortality in under 75s

3.4.3.1 Mortality in under 75s is a subset of overall mortality. As many if not most cancers are age related, in a younger population, the numbers are smaller and hence the confidence limits are higher. Changes are less likely to be significant and more prone to random fluctuation, this is manifest in the trends where significant fluctuations are occurring.

3.4.3.2 When reviewed at CCG level and in the under 75s (SCN report 7.1.1), the Leeds mortality rate is higher than the YH or England average due to higher rates in SE CCG and also West CCG. North CCG rates are better than the England average. All three CCGs have shown improvements in the last 10 years compared to 2001-03, however rates have not fallen as much in SE and West as they have in North.

3.4.3.3 The rate of under 75s deaths from all cancers is greatest in LSE and the trend is decreasing over time (non significant), but remains above the England average. The rate in Leeds West is fluctuating around the England average but this is not significant. The rate in Leeds north is below the England average and is also fluctuating (not significant). Rates are generally higher in men than women. The number and proportion of all under 75s cancer deaths from different tumour types varies with each CCG. Lung and digestive system cancers (excl oesophageal) are the two most common causes of cancer deaths in the under 75s in all Leeds CCGs, accounting for over 300 cancer deaths in under 75s in North CCG in 2011-13; almost 600 in LSE; and approx. 550 in Leeds West (note divide by 3 for average annual numbers). Breast, then oesophageal, then prostate are the next most common cause of death in this age group.

3.4.3.4 There are some interesting though it must be noted, not significant, trends to note, and with the caveats of the limitations of the mortality data noted above. Female bowel cancer death rates in the under 75s are increasing in LSE. Prostate cancer death rates in the under 75s are increasing in all CCGs. Breast cancer rates are static especially Leeds West.

3.4.4 Avoidable Potential Years of Life Lost from Cancer (age under 75)

3.4.4.1 This is a new measure which takes into account the age of death as well as the cause of death. As shown in the JSNA for Leeds 2015, deaths from cancer are the single largest cause of avoidable PYLL in the city, accounting for 36.3% of all avoidable PYLL. PYLL from cancer is twice that in deprived Leeds quintile than Leeds non deprived, with higher rates of cancer PYLL in Leeds SE than Leeds West than Leeds North. Small changes in incidence do reflect on these PYLL rates, for example non significant spikes in incidence of bowel, breast and lung in 2011 in Leeds West CCG have impacted on PYLL rates in 09-11, 10-12, and 11-13. When reviewed over a five year period, it is clear that avoidable PYLL for cancer at CCG level are not stable, essentially the trend for Leeds and its CCGs appears to be static.

3.4.4.2 We have undertaken additional local analysis on ‘avoidable’ PYLL from cancer (a combination of’ preventable’ cancers using the ONS definitions and ‘amenable’ to healthcare cancers) (NB these are not mutually exclusive eg some cancers may be both preventable and amenable). The rates of avoidable cancer have increased in recent years however this is not significant. The rate of amenable cancer has reduced (significantly) in recent years suggesting that treatment outcomes in this under 75 population are improving. There is no significant difference in the rate of PYLL preventable cancers in Leeds, however rates are falling significantly in SE CCG from a

high baseline and are rising significantly in West and North CCGs. It should be noted that this is a crude analysis but highlights that prevention of cancer must remain a priority for the city.

3.4.5 Survival

3.4.5.1 It is becoming more useful to look at cancer outcomes in terms of survival. This analysis is still in development, but one and five year survival rates are starting to be routinely published. The five year survival rates are published at a West Yorkshire level due to the often small numbers. The aggregated survival rates will hide inequalities in cancer outcomes within the population with more affluent populations consistently having better outcomes. Survival data also depends on accurate mortality data coding therefore should be treated cautiously.

3.4.5.2 One year survival

The percentage survival at 1 year for all cancers combined has increased for all Leeds CCGs. Leeds CCGs survival at 1 year have increased from below 65% (1997) to 68-72% (2012); with Leeds North having exceeded the national rate significantly, and Leeds SE and Leeds West still exceeding the national rate but at a lower level than Leeds North. In 2011, the rate of survival in Leeds SE fell below the statistical outlier level for the first time, and if current rates persist this is likely to be followed by Leeds West and then Leeds North. The rate of improvement in Leeds is not keeping up with the national trend, this is likely to be due to a combination of factors such as the rest of England catching up with our earlier higher outcomes, issues relating to coding, and the persistence of local health inequalities. Survivorship in younger ages (55-64y) is greater than those aged over 75y. The worsening position with regards the England outlier position is more marked in the 55-64y age range. There is no reason to believe there is concern over the quality of local services, more likely that there are inequalities in access and outcomes.

The percentage survival at 1 year for breast (women), colorectal and lung is now available at CCG level. This shows that over the period 1997-2012, outcomes in all Leeds CCGs for patients age 15-99 have increased from 66.4% (LN), 64.2% (LSE), 64.4% (LW) in 1997 to 70.9% (LN), 69.8% (LSE), 69.6% (LW), a 4-5% increase during this period. Initially this exceeded the England average though this has levelled off in recent years, reasons for this are unclear but are likely to relate to a combination of factors such as the rest of England catching up with our higher outcomes, issues relating to coding, the persistence of local health inequalities. One year survival for these cancers is better for younger populations.

The 1 year survival for Leeds patients for Colorectal cancer has been improving steadily for LNCCG; are static for LSE; and slowly improving for LWCCG. Survival at 1 year for colorectal is over 70%, this is less favourable than the England average for Bowel 76% E&W, 2010/11.

The 1 year survival for Leeds patients for lung cancer remains very low but has been improving steadily for LNCCG; and improving significantly for LSE and West. Of note survival from lung cancer at 1 year is better than the England average England average for Lung 32% E&W, 2010/11.

The 1 year survival for Leeds patients for women with breast cancer has been static for LNCCG; are improving for LSE; and static for LWCCG. Survival from breast cancer at 1 year is over 95%, England average Breast 96% E&W, 2010/11.

3.4.5.3 Five year survival

The percentage survival at 5 years is available at a West Yorkshire level only. We do not have access to anything at Leeds or CCG level. This shows the West Yorkshire figures, for all cancers the 5 year age standardised net survival for patients diagnosed in 2008 was almost 50%, this is better than the England average. For breast/bowel/ lung it was 52.1%. This is slightly below the England average.

4 Health and Wellbeing Board Governance

4.1 Consultation and Engagement

This report has been considered by the Cancer Strategy Group and the Leeds Cancer Board.

4.2 Equality and Diversity / Cohesion and Integration

This report seeks to reduce cancer inequalities in Leeds.

4.3 Resources and value for money

Improving cancer outcomes requires cross system collaboration from a number of key partners. £34.34M is spent on cancer treatment in Leeds, less than £100K is spent on awareness raising to reduce health inequalities.

4.4 Legal Implications, Access to Information and Call In

There are no access to information and call-in implications arising from this report.

4.5 Risk Management

There is a risk of failure to improve outcomes, this paper is mitigation to that risk.

5 Conclusions

Partners are working well together, there is a need to focus on improving outcomes and reducing health inequalities including early diagnosis.

6 Recommendations

The Health and Wellbeing Board is asked to:

- Note the progress on cancer outcomes
- Ensure cancer outcomes and reducing cancer inequalities remain strategic priorities for the city
- Advise on the governance of the Cancer Strategy Group

Leeds Cancer Strategy Group

Terms of Reference

Current Status: Version v 0.10

Author: Joanna Bayton-Smith

Issue Date: November 2015 to the Leeds Cancer Strategy Group

Review Date:

Date Approved:

1. NAME OF GROUP

This is the Leeds Cancer Strategy Group

2. INTRODUCTION

The commissioning responsibility for cancer services for Leeds patients lies with a number of different agencies, working closely in conjunction with a range of providers and referrers. The purpose of this Strategy Group is to maintain a coordinated overview which includes:

- Shared understanding of the demand for cancer services in the short and medium term and jointly commissioned needs assessment data
- Shared understanding of the planning needed to meet demand
- Designing and implementing improved models of care
- Reviewing the impact of commissioned services on early identification, mortality, morbidity, equality of access and outcomes and survivorship
- Liaison with other West Yorkshire commissioners and providers
- Drawing on the intelligence from performance data which is monitored by the Elective Care working group

Members of the group are responsible for sharing the approaches of their own organisations within this group and feeding back to them to improve coordination and understanding.

3. RESPONSIBILITIES

- Ensure that there is a coordinated plan to deliver the National Cancer Strategy for the Leeds population and within the LTHT Cancer Centre
- Define the Leeds contribution towards National cancer policies through the development of the Leeds Cancer Strategy and plan.
- Ensure the vision and strategy for cancer services across Leeds remains current and in line with the national strategy and drivers for change including NICE guidance
- Oversee the implementation of the plan for cancer services across Leeds ensuring the maintenance of excellence where it exists and the identification of opportunities to improve outcomes further
- The set-up of ad-hoc task and finish groups, comprising of senior representatives from across the city, to focus on innovation and development of radical solutions or models of care as required with option to refer lead responsibilities to LICS group
- Ensure there is a coordinated response and clarity about responsibilities for delivery of actions agreed by the Strategy Group including identification of lead organisations/ accountable individuals, funding streams etc.
- Ensure a focus on cancer inequality reduction and improved outcomes, by shared oversight of the work delivered by the prevention and Early Diagnosis Steering Group and the national Outcomes datasets to monitor progress
- Ensure the identification of a portfolio of service re-design projects and maintain an overview in terms of progress and results

- Identify areas of commonality and avoid duplication of work between NHS England Specialist Commissioning, Leeds City Council - Public Health, NHS England Area Team cancer screening commissioning and 10CC Regional West Yorkshire work and the work of Leeds CCG Commissioners across Cancer services.
- Oversee the development and implementation of a monitoring strategy using a core set of success indicators to ensure progress can be measured on a yearly basis to the Health and Wellbeing strategic ambitions for the city.
- Ensure effective treatment of strategic risks deemed to need escalation to this group for resolution.

4. ACCOUNTABILITY, LINKAGES AND COMMUNICATIONS

This group is primarily a co-ordinating group and its outputs will feed into a number of other settings:

These include:

- LTHT Cancer Board
- LTHT Contract Management Board for issues related to activity, finance or performance
- CCG Governing Bodies for a variety of issues
- West Yorkshire Cancer Working Group
- Transformation Board/Elective Care Transformation group for models of care work

The group will also provide updates to the National Cancer Taskforce Group and NHS England colleagues as relevant.

5. MEMBERSHIP

Core members of this group are detailed below:

The Chair of this group is Peter Selby, Professor of Oncology and Clinical Research.
University of Leeds

LTHT - to include:

Assistant Director of Operations – Clare Smith
Chair of LTHT Cancer Board – Dave Berridge
Clinical Director Radiology – Phil Robinson
Clinical Director Oncology – David Jackson
Clinical Director Pathology – Phil Wood
Appropriate representation from Leeds Cancer Centre – Julie Owens/ Karen Henry
Medical Director – Stuart Murdoch
Associate Medical Director – Geoff Hall
Director of Informatics
Communications – Jane Westmoreland

CCGs

Director of Commissioning, Leeds West CCG – Sue Robins
Director of Commissioning, Leeds South and East CCG – Sarah Lovell
Director of Commissioning, Leeds North CCG - TBC
Head of City Wide Acute Commissioning, Leeds West CCG – Helen Lewis
Head of City Wide Cancer Commissioning, Leeds West CCG- Catherine Foster
GP Cancer Lead, Leeds North CCG – Sarah Forbes
GP Cancer Lead, Leeds South and East CCG, Andy Robinson
GP Cancer Lead, Leeds West CCG – Sarah Follon
GP Cancer Lead, Macmillan – Elaine James?
Communications – Carolyn Walker
Programme Lead – Joanna Bayton-Smith

Leeds City Council Public Health

Consultant in Public Health Medicine – Fiona Day

Leeds City Council Social Care

Head of Service, Adult Social Care, Leeds City Council - Julie Bootle
Service Delivery Manager, Adult Social Care, Leeds City Council - Phil Schofield

NHSE Specialist Commissioning

Local Services Specialist, Programme of Care, Cancer & Blood – Sharon Hodgson

Other representation

10CC/ SCN representation Matt Walsh or Andy Harris
Macmillan, Steven Edwards – Regional Advisor for System Re-design

6. FREQUENCY, FORMAT OF MEETINGS and REPORTING ARRANGEMENTS

It is proposed that this group will meet every 4 months

The group receives 3 x highlight reports a year from the following groups:

- LICS Steering Group
- Prevention and Early Diagnosis of Cancer Group (including CCG delivered activities)

In addition the group will receive exception reports from the LTHT Cancer Board and will receive additional reports on any other significant activities/ issues within the City or West Yorkshire.

The format of the meetings will be driven by a forward plan incorporating focused workshop sessions on the following areas:

- Outcomes data on mortality/morbidity/diagnosis stage
- Current Demand data on referrals including national benchmarks and referral variation

- Predictions of demand for following year and horizon scan using national evidence base and strategy information

In addition one of the meetings, on a yearly basis, will focus on the review of the strategy and vision for the model of delivery for cancer services ensuring alignment with any national policies and direction as set out by the National Cancer Taskforce and NHS England.

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Leeds CITY COUNCIL

Report author: Steven Courtney
Tel: 247 4707

Report of Head of Scrutiny and Member Development

Report to Scrutiny Board (Adult Social Services, Public Health, NHS)

Date: 16 February 2016

Subject: Inquiry into Primary Care

Are specific electoral Wards affected? If relevant, name(s) of Ward(s):	☐ Yes	☒ No
Are there implications for equality and diversity and cohesion and integration?	☐ Yes	☒ No
Is the decision eligible for Call-In?	☐ Yes	☒ No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	☐ Yes	☒ No

1 Purpose of this report

1.1 The purpose of this report is present further information relating to the Scrutiny Board's inquiry around Primary Care and to identify further details/ information required as part of the inquiry.

2 Summary of main issues

2.1 At the Board's meeting in June 2015, the Scrutiny Board identified 'Primary Care' as a specific scrutiny inquiry area for the current municipal year (2015/2016). It was further agreed in July 2015 that the inquiry was likely to consider issues around access to primary care (including GPs and dentists); future plans for primary care; workforce planning; some aspects of health inequalities.

2.2 To date, the Scrutiny Board has considered a range of information from different sources, including:

- NHS England
- Local Clinical Commissioning Groups (CCGs)
- Leeds Local Medical Committee – including details of a recent survey of GPs
- Community Pharmacy West Yorkshire

2.3 The purpose of this report is to introduce further information – specifically around the evaluation of the Extended Access Pilot in the Leeds West CCG area of the City.

2.4 To assist, representatives from each of the CCGs have been invited to attend the Scrutiny Board to discuss any implications across the City.

3. Recommendations

3.1 That the Scrutiny Board considers the report and details presented at the meeting, and:

(a) Identifies any further information and analysis that the Board should specifically consider as part of its inquiry.
(b) Determines any specific matters to include in its report on Primary Care.
(c) Determines any further scrutiny activity and/or actions, as appropriate.

4. Background papers[1]

4.1 None used.

[1] The background documents listed in this section are available to download from the Council's website, unless they contain confidential or exempt information. The list of background documents does not include published works.

Agenda Item: LW2016/18	FOI Exempt: N

NHS Leeds West CCG Governing Body Meeting

Date of meeting: 27th January 2016

Title: Enhanced Access to Primary Care - Interim Evaluation

Lead Governing Body Member: Susan Robins, Director of Commissioning, Performance & Strategy / Dr Simon Stockill, Medical Director	**Category of Paper**	**Tick as appropriate (✓)**
Report Author: Rebecca Barwick, Head of Strategic Development, Susanne Cox, Evaluation Project Manager	Decision and Approval	
Reviewed by SMT: 6th January 2016	Information	
Reviewed by Clinical Commissioning Committee: 20th January 2016	Discussion	✓

Checked by Finance: Y

Approved by Lead Governing Body member: Y

Strategic Objectives – that this report relates to	**Tick as appropriate (✓)**
1. To tackle the biggest health challenges in West Leeds, reducing health inequalities	✓
2. To transform care and drive continuous improvement in quality and safety	✓
3. To use commissioning resources effectively	✓
4. To work with members to meet their obligations as clinical commissioners at practice level and to have the best developed workforce we possibly can	✓

Joint Health & Wellbeing Strategy Outcomes – that this report relates to	**Tick as appropriate (✓)**
1. People will live longer and have healthier lives	✓
2. People will live full, active and independent lives	✓
3. People will enjoy the best possible quality of life	✓
4. People are involved in decisions made about them	✓
5. People will live in healthy and sustainable communities	✓

Assurance Framework - to which risks on the GBAF does this report relate?

N/A

EXECUTIVE SUMMARY:

1. This paper outlines the latest evaluation update of the enhanced access to primary care scheme. The detailed evaluation information can be found in Appendix 1.

2. A Primary Care Enhanced Access business case was approved in September 2014. The pilot scheme is to run for a period of 18 months from November 2014 until March 2016. This paper provides SMT with an update on the evaluation of the scheme at this 12 month point.

3. A significant non-recurrent annual investment of £4.6m was secured to enable the scheme to be implemented. The approval was made with conflicts of interest well managed during the decision making process.

4. An interim evaluation was received in summer 2015 which highlighted some of the early outcomes. This paper updates on findings following 12 months of available data.

NEXT STEPS:

5. A final evaluation of the scheme will be delivered in summer 2016.

RECOMMENDATION:

The Governing Body is asked to:

a) **RECEIVE** the evaluation update report and note next steps.

1. SUMMARY

1.1 A Primary Care Enhanced Access business case was approved in September 2014. This pilot scheme is to run for a period of 18 months from November 2014 until March 2016. This paper provides Governing Body with an update on the evaluation of the scheme at this 12 month point.

1.2 A significant non-recurrent annual investment of £4.6m was secured to enable the scheme to be implemented. The approval was made with conflicts of interest well managed during the decision making process.

1.3 An interim evaluation was received in summer 2015 which highlighted some of the early outcomes. This paper updates on findings following 12 months of available data.

2. BACKGROUND

2.1 In response to national and local drivers and following an unsuccessful bid for the first Prime Minister's challenge fund by a network of member practices a local scheme was coproduced with members and funded by the CCG to enhance access to primary care by increasing opening hours.

2.2 The scheme offered three levels of enhanced access which practices could choose apply for:

Level 1 – Increased capacity through extended hours (National Enhanced Scheme requirement): £3 per patient

Level 2 – Increased capacity through extended access (5 days): £15 per patient

Level 3 – Increased capacity through extended access (7 days). For populations over 35k**:** £30 per patient

2.3 **Implementation:**
Following the approval of the business case member practices were invited to apply to provide the scheme and to indicate at what level they intended to work at. Following the initial application process the following practices were providing enhanced services at each level.

Level 1	2
Level 2	18
Level 3	15
Not currently participating in the scheme (but providing 1 day of extended hours under the NHSE arrangements)	2
TOTAL	37

2.4 Level 3 services were provided by practices working together in hubs. In total there are currently four hubs of practices where one practice in a group hosts weekend services on behalf of all the practices in the hub.

2.5 **Expanding the scheme:**
In September 2015 Governing Body approved the roll out of Enhanced Access Level 3 until the end of March 2016 for the 22 practices who were not currently operating at this level. This was optional for practices and many felt unable to mobilise a level 3 service within these timescales particularly given that funding could not be confirmed beyond the current financial year.

2.6 Following the Governing Body decision; a workshop was held to discuss future plans for primary care whereby it was agreed that there was a need to offer flexibility given the short term nature of the funding with a focus still on supporting weekend working. The monies have therefore been offered to practices working at level 1 and 2 to support system resilience over winter and provide additional capacity for patients over both the Christmas/bank holiday period whereby there is a 4 day 'closed' period.

2.7 Practices submitted proposals that can be segmented as follows:

- ***Christmas / Bank holiday opening***

The following practices will open to provide additional capacity around the bank holiday period – Whitehall Surgery, Gildersome Medical Centre, Westlodge Surgery, Hawthorn Surgery and The Gables Surgery, operating as individual practices.

- ***Wider winter planning***

Leeds Student Medical Practice will offer a Saturday service to their population until 31st March 2016.

Armley Medical Centre, Pudsey Health Centre & Priory View Medical Centre will open Saturdays and Sundays until 31st March 2016.

The Gables Surgery currently open later 3 days of the week, during December 2015 and January 2016 this will be increased to 4 days a week.

- ***Emerging collaborative approaches***

Within the Morley locality 6 practices (Windsor House Surgery, Fountain Medical Centre, Gildersome Health Centre, Drighlington Medical Centre, Morley Health Centre & South Queen Street) will come together to offer a hub service to patients on a Saturday morning. The capacity will be delivered by GP's working from Windsor House Surgery.

2.8 Within the West locality 4 practices(Manor Park Surgery, Robin Lane Medical Centre, Beechtree Medical Centre & Highfield Medical Centre) will come together to offer a hub approach to weekend working within Pudsey/Bramley. This model will include a mixed workforce of physiotherapy, pharmacy and GP's. There will be two hubs in operation – Robin Lane & Manor Park.

2.9 These schemes offer a fantastic opportunity for practices to test out collaborative working to support future development of schemes and services.

2.10 A evaluation of the winter period will be developed once all data is available.

2.11 **Assurance:**
Assurance continues to be monitored via the regular review of the information and ongoing discussions with practices. A monitoring template has been circulated to all practices to provide assurance on the capacity delivered through the scheme.

2.12 A system of post payment verification is being developed in collaboration with NHS England to avoid duplication with any systems developed for the 'national' enhanced access scheme.

2.13 Regular reviews of the governance systems including financial assurance have taken place with the hubs with members of the primary care and finance teams.

2.14 'Mystery shopping' has also been undertaken, particularly in the early period.

3. EVALUATION

3.1 **The Governing Body is asked to note the following evaluation summary:**
The evaluation strategy was developed during implementation of the scheme and provides a focus on four domains:

- Activity in primary care
- Impact on secondary care
- Patient experience
- Staff experience.

3.2 From November 2014 to October 2015 the following findings have been highlighted (in comparison to the same period in the previous year):

a. Collaboration

- Unprecedented examples of practices working together to provide services in locality groups.
- The enhanced access scheme has been a catalyst for other projects such as the successful award of the Prime Ministers GP Access Scheme which has led to the development of Leeds West Primary Care Network. Within the network with have established leadership teams in localities with some excellent examples of leaders for the future
- The Primary Care Network was recently shortlisted for Outstanding Collaborative Leadership Award at the Regional Leadership Recognition Awards 2015 (Yorkshire and Humber Leadership Academy) https://www.youtube.com/watch?v=wjfisnWXD4A
- New groups of practices are in discussions around developing the arrangements into locality based new models of care incorporating other providers.
- Very strong platform for future system-wide change now in place.

b. Attendances in general practice:

- There have been an additional 125K attendances in general practice in Leeds West since the beginning of the scheme. **This equates to a cost of approximately £36 per additional appointment.**
- Weekend and telephone appointments have increased markedly.

- Some evidence to suggest that some of the biggest increases in attendances are from practices with relatively high deprivation.

c. Impact on wider health system

- Very slight decrease in A&E attendances, emergency admissions and Minor Injury Units.
- Marked decrease in GP OOH attendances.
- Increase in cost of emergency admissions means that there is currently no evidence that there will be any reduced spend in wider health system as a result of the scheme.
- Statistical testing has been carried out and supports the findings.

d. Patient experience

- Wide support for the scheme and a breadth of positive comments from patients.
- Some comments around lack of knowledge of the scheme and difficulty in contacting the practices.

e. Staff experience

- Practice staff feel that the scheme has had a positive impact of patient choice and access
- Some evidence that peak times such as busy Monday mornings are being positively impacted.
- Concerns expressed from all staff groups around existing resources being spread too thinly in some cases and the impact of this.

3.3 The findings above and in the attached report are broadly in line with those of the first wave of the Prime Minister's Challenge Fund scheme and other similar schemes in other parts of the country for which evaluations are available.

3.4 The key benefit of the Leeds West scheme being larger than most other examples is that we have achieved collaboration amongst groups of practices across our whole CCG area. This will be a platform for future change as the CCG looks to support the development of new models of care in our localities.

4. NEXT STEPS

4.1 A specific evaluation of the winter period will be developed once all data is available.

4.2 A final evaluation of the initial 18 months of the enhanced access scheme will be developed in summer 2016.

5. STATUTORY/LEGAL/REGULATORY/CONTRACTUAL ISSUES

5.1 N/A

6. FINANCIAL IMPLICATIONS AND RISK

6.1 The financial breakdown associated with this evaluation update can be found on pages 18 to 21 of Appendix 1.

7. COMMUNICATIONS AND INVOLVEMENT

7.1 To support the primary care extended hours scheme, the CCG's communications and engagement team undertook a range of marketing activities. Artwork was produced and signed off by the GP leaders, and the team designed and produced posters, A5 information leaflets and banners stands. These were distributed to practices when the enhanced hours scheme first launched.

7.2 In summer 2015, the team provided practices with ideas for additional, local promotional work and offered support to deliver any of the suggestions. The team have worked intensively with twelve practices to date to deliver a range of personalised marketing.

7.3 Additionally a 16 page booklet was designed, printed and distributed to all households, practices and health centres in the Leeds West area during November 2015. The total print run was 140,000 copies. Information in the booklet included GP practice opening hours, Pharmacy First information and general health messages.

7.4 To support these activities the CCG has also commissioned:

- A four week radio advertising on Heart Yorkshire for patient online services starting on 23/11/2015.
- 4 days of street team activity will including handing out the GP booklet.
- Telephone box advertising which includes geographically based in app advertising.

7.5 Local press were also provided with a series of press releases and interview opportunities throughout 2015.

8. WORKFORCE

8.1 A summary of impact on staff experience can be found on pages 32 to 34 of Appendix 1.

8.2 A formal staff survey will be completed as part of the final evaluation report in summer 2016.

9. EQUALITY IMPACT ASSESSMENT

9.1 A full EIA was completed as part of the business case process in 2014.

9.2 The EIA will be revisited as part of the final evaluation in summer 2016.

10. ENVIRONMENTAL

10.1 N/A

11. RECOMMENDATION

The Governing Body is asked to:

a) RECEIVE the evaluation update report and note next steps.

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APPENDIX 1

Impact on primary care

Appointment slots available[1]

There has been an 11.8% increase in the total appointment slots available in the period November 2014-October 2015, when compared to the same period 2013-2014. The monthly figures are markedly higher for the period May-October 2015 when compared with the same month in the previous year (Table 1).

														Change from Previous Year						
Summary of Change from Previous Year	Latest Data	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	May	Jun	Jul	Aug	Sep	Oct	Latest Month % Change
GP Practice Data - Number of Attendances	Oct-15	114,189	122,790	126,454	106,437	125,925	138,887	120,438	135,307	137,699	126,072	146,371	166,680	6,249	12,517	11,245	19,635	20,446	27,793	20.0%
Total Slots		161,674	176,834	195,738	170,153	205,072	251,395	206,355	231,841	229,162	201,721	232,377	267,000	44,681	55,007	33,424	31,568	27,305	15,605	6.2%

Table 1

Number of attendances

The total number of attendances per month has increased markedly since December 2014. The monthly figures are higher for the period December 2014-October 2015 (with the exception of January 2015), when compared with the same month in the previous year.

There were 125,032 more attendances in primary care for the 11 months from December 2014-October 2015, when compared with the same period in 2013/14. Chart 1 below shows an increased trend in the total number of attendances in 2014/15 compared to 2013/14

[1] 'Slots' data may not be reliable due to the way in which practices use their clinical information systems

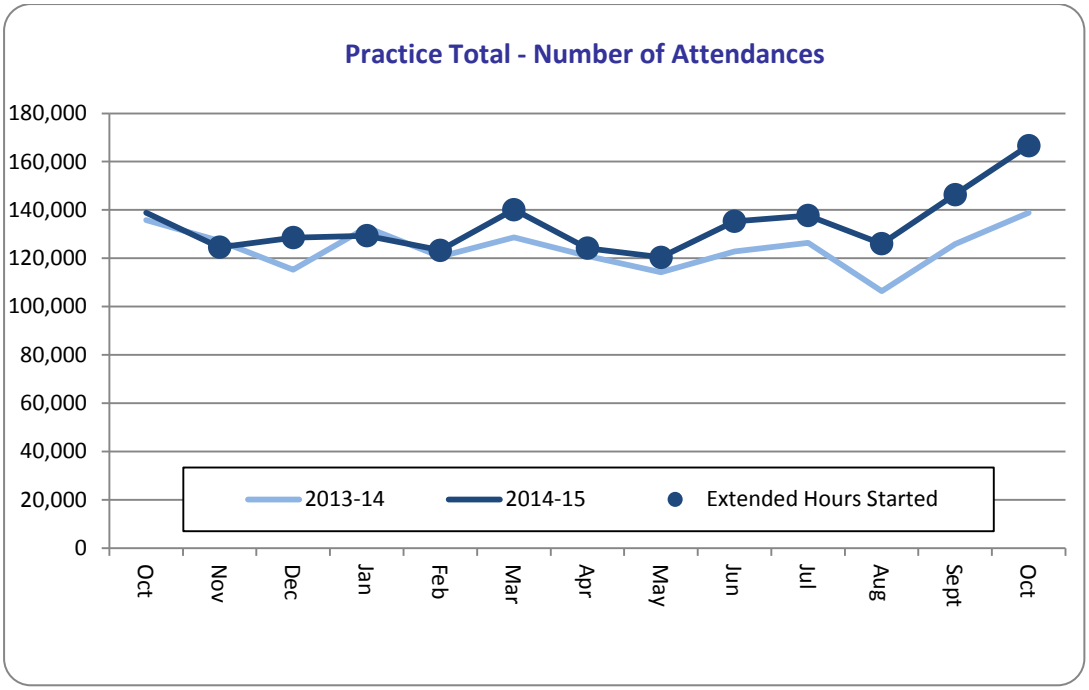

Chart 1

Total and unused slots[2]

The trend in unused slots during the period December 2014-October 2015 is similar to the trend in total slots available (Chart 2).

The number of unused slots relative to total slots available has increased during the period December 2014-October 2015, compared to the same period 2013/14 (19% vs 15%).

[2] 'Slots' data may not be reliable due to the way in which practices use their clinical information systems

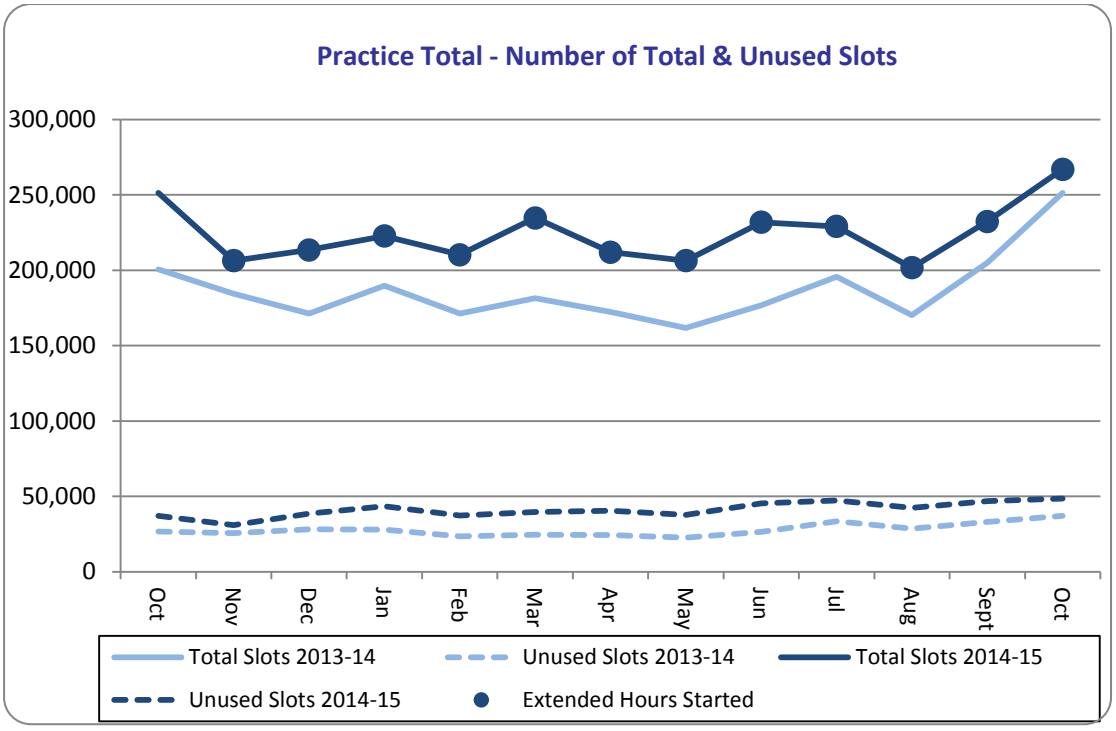

Chart 2

Did not attend (DNA) rate

The DNA rate has remained fairly static since the scheme was introduced (79,758 December 2014-October 2015) and is similar to the rate pre-scheme (76,409 for the same period 2013/14).

There were on average 7,251DNAs per month for the period December 2014-October 2015, compared to 6,946 per month for the same period 2013/14.

Telephone appointments

There continues to be an upward trend in telephone appointments (Chart 3). There were on average 14,440 telephone appointments per month for the period December 2014-October 2015, compared to 11,739 for the same period 2013/14.

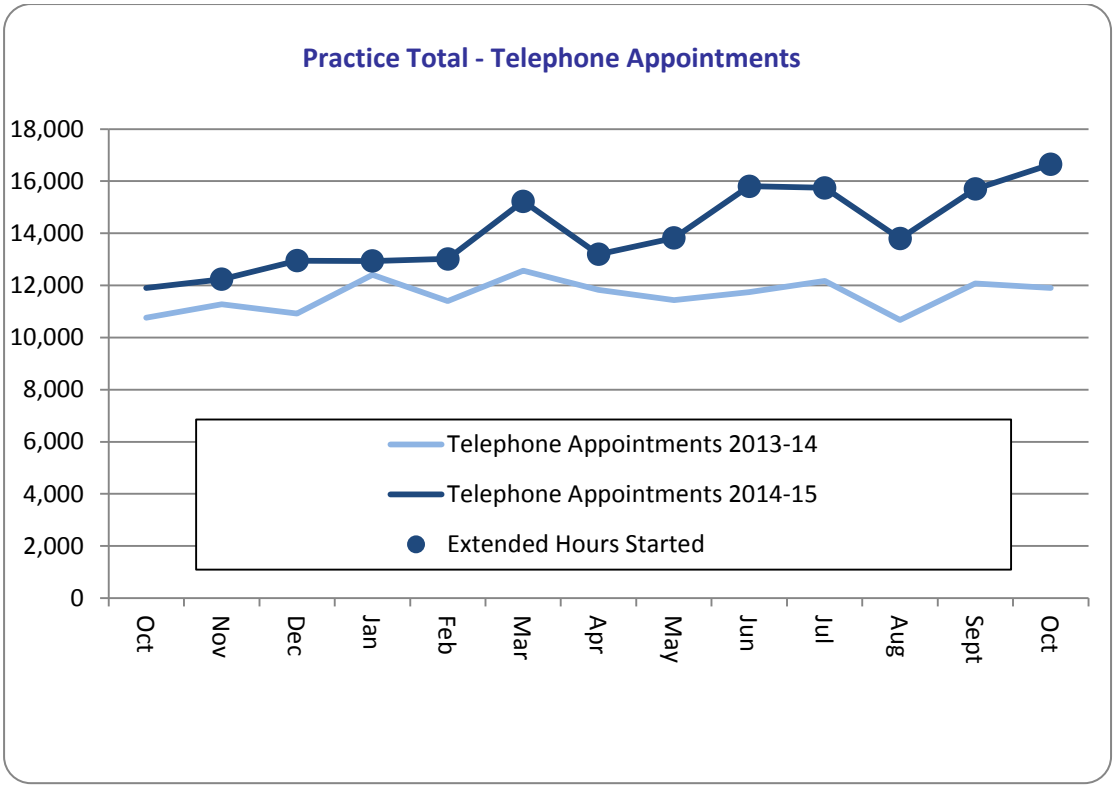

Chart 3

Time of day

Additional activity in August, September and October 2015 is evident throughout the day when compared with the same months in 2014 (Chart 4).

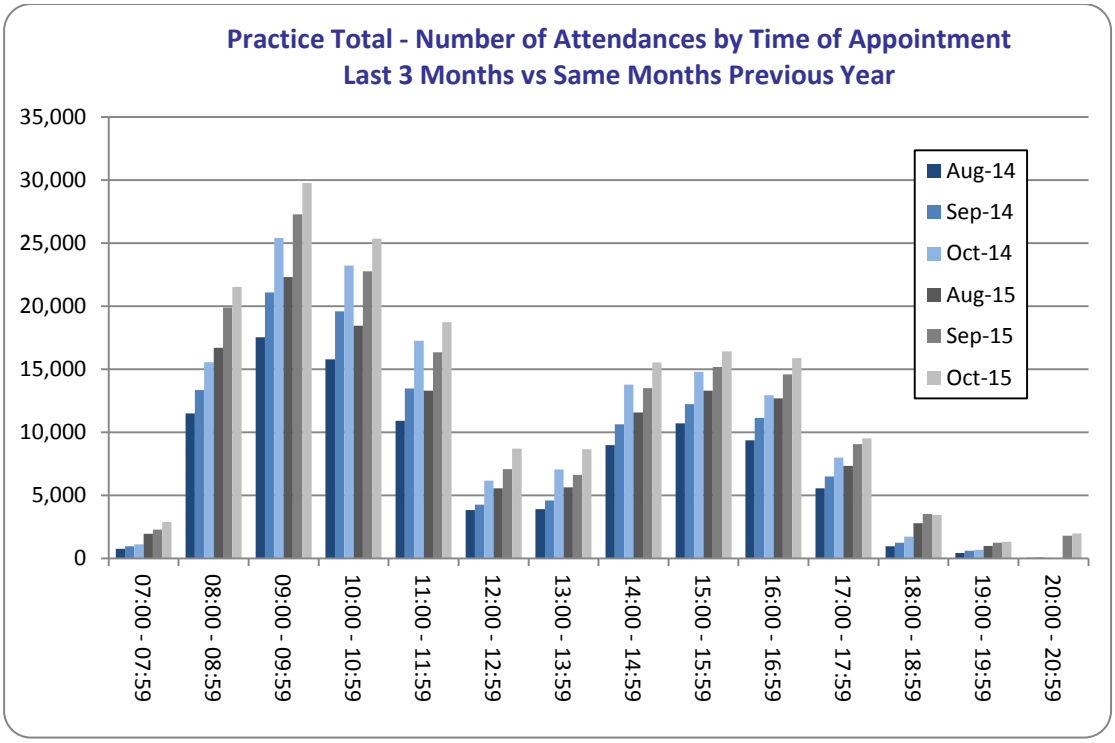

Chart 4

Take-up of weekday early morning (before 08:00) and evening appointments (after 18:00) have increased significantly compared to the same period pre-scheme (Chart 5).

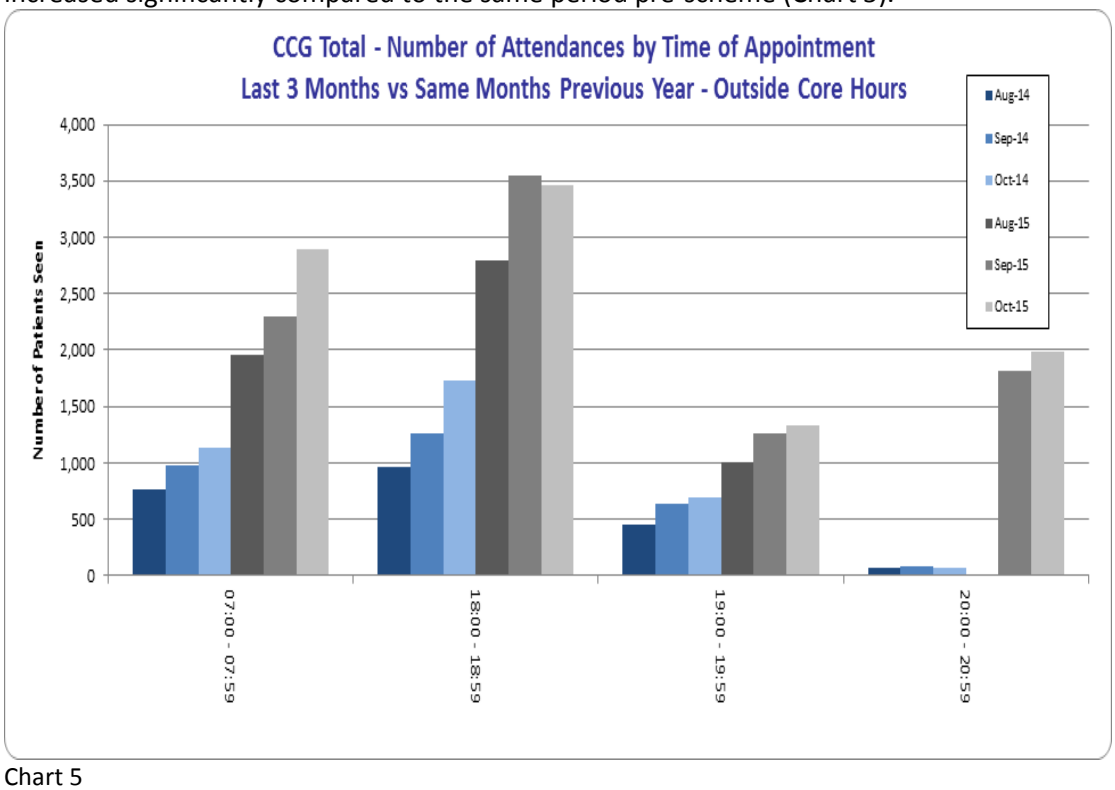

Chart 5

The data suggests that there have been approximately 1,344,500 attendances 'in core hours' pre-scheme compared to 1,339,918 post-scheme, representing a small drop (0.02%) in attendances.

'Outside of core hours' there has been a significant increase in attendances, approximately 36,500 pre-scheme compared with 118,900 post-scheme. This equates to a rise of 225%.

Day of the week

The total number of patients who attended appointments during the week has remained fairly static. There were on average 128,011 weekday attendances per month in the period December 2014-October 2015, compared with 122,378 per month during the same period in 2013/14.

The number of patients attending appointments at the weekend has increased significantly in the period December 2014-October 2015 (Chart 6). There were on average 3,262 weekend attendances per month in the period December 2014-October 2015, compared with 518 per month during the same period in 2013/14.

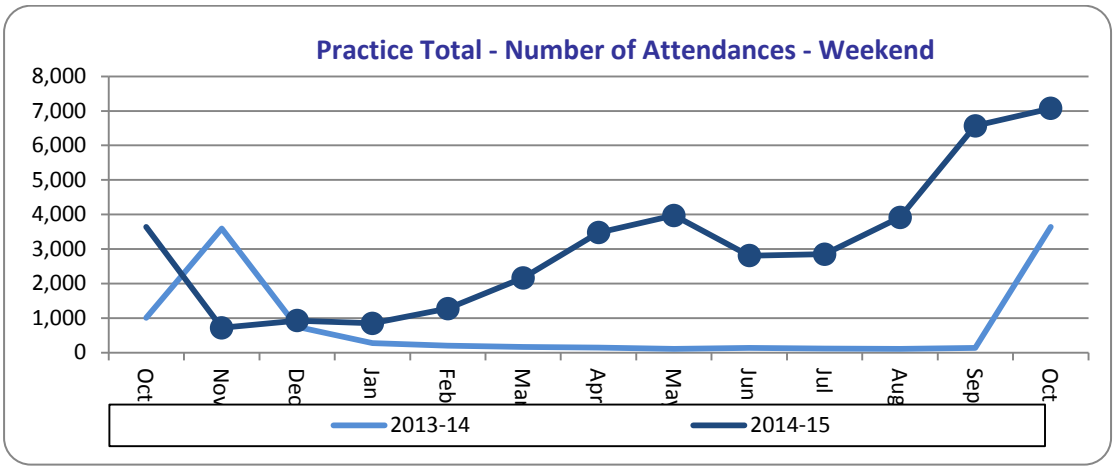

Chart 6

The following section contains specific analysis relating to:

- Age/gender split
- Disease prevalence
- Deprivation

Age/gender profile[3]

[3] Please note the age/gender data is incomplete; it does not include data from the Headingley hub, Ireland Wood hub and Hyde Park/Burley Park hub due to inconsistences in the way this data was manually collated

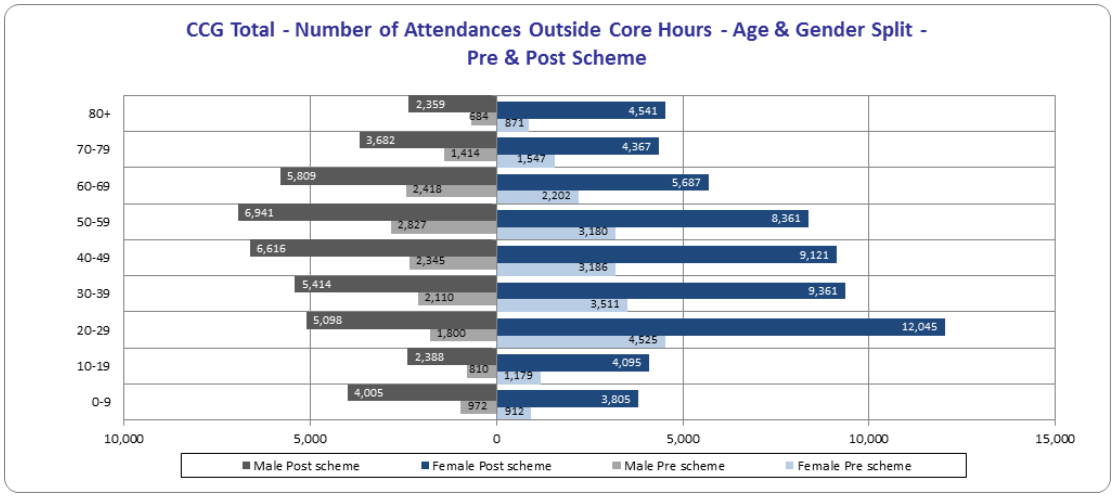

Chart 7

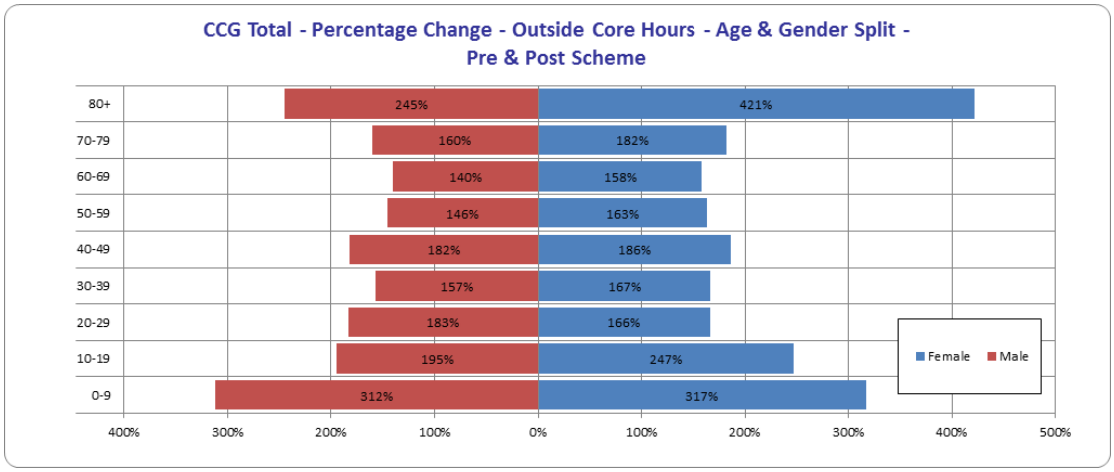

Chart 8

Prevalence

Prevalence rates for Leeds and broken down by CCG are shown in Table 2 below.

Disease Prevalance - Leeds West CCG

Comparing - July 2014 to July 2015

	Prevalance Percentage							Count of Prevalance (Number of patients)						
	CHD	Cancer	CKD	COPD	Dementia	Diabetes	Hypertension	CHD	Cancer	CKD	COPD	Dementia	Diabetes	Hypertension
All Leeds	-0.06	0.04	-0.11	0.03	0.07	0.17	0.12	-225	703	-635	450	718	1943	2230
NHS Leeds North CCG	-0.11	0.08	-0.13	-0.01	0.08	0.14	0.03	-152	251	-186	24	192	388	428
NHS Leeds South & East CCG	-0.01	-0.02	-0.06	0.05	0.08	0.27	0.40	99	152	-49	243	247	894	1567
NHS Leeds West CCG	**-0.07**	**0.06**	**-0.13**	**0.04**	**0.07**	**0.10**	**-0.04**	**-172**	**300**	**-400**	**183**	**279**	**661**	**235**

Table 2

Deprivation

Table 3 below summarises the change in patient attendances by practice in the periods before and after implementation of Enhanced Hours. The data is taken from practice systems and shows the total attendances recorded from scheme implementation date to the end of October 15 ('post scheme') compared to the same time period in the previous year ('pre scheme') together with the resultant percentage increase in attendances. The practices are grouped by Deprivation Score using local practice scores produced by Public Health Intelligence.

Comparison of the percentage increases in attendances of practices in the different deprivation groups suggests that some of the biggest increases in attendances are from practices with relatively high deprivation. There is certainly no clear evidence that the low deprivation practices are overly benefiting from increases in practices' attendance capacity.

Leeds West CCG Enhanced Hours Scheme: Comparison of Practice Attendances Pre and Post Scheme Implementation Date
Practices Grouped by Public Health Deprivation Score
Data to October 15

PH Deprivation Score = High		Attendances pre scheme	Attendances post scheme	Increase	dep. Score	Hub
B86003	ARMLEY MEDICAL PRACTICE	61,974	69,859	12.7%	39.1	
B86060	THORNTON MEDICAL CENTRE	48,055	48,734	1.4%	38.7	
B86104	THE HIGHFIELD MEDICAL CENTRE	11,649	12,883	10.6%	37.1	
B86024	PRIORY VIEW MEDICAL CENTRE	39,558	43,342	9.6%	37.1	
B86655	BEECH TREE MEDICAL CENTRE	5,489	6,029	9.8%	36.4	
B86015	MANOR PARK SURGERY	74,299	82,321	10.8%	35.0	
B86041	VESPER ROAD	22,826	24,166	5.9%	33.8	Ireland Wood
B86672	HAWTHORN SURGERY	25,957	27,991	7.8%	30.8	
B86071	WHITEHALL SURGERY	35,361	34,914	-1.3%	30.1	
PH Deprivation Score = High Total		**325,168**	**350,239**	**7.7%**	**35.3**	
PH Deprivation Score = Medium High						
B86094	THE GABLES SURGERY	19,469	22,405	15.1%	27.6	Ireland Wood
B86068	ABBEY GRANGE (total of merged practices)	52,198	46,920	-10.1%	27.1	
B86025	HYDE PARK SURGERY	48,067	48,671	1.3%	26.3	Hyde & Burley Park
B86069	BURLEY PARK MEDICAL CENTRE*	10,363	11,593	11.9%	25.8	Hyde & Burley Park
B86086	LAUREL BANK SURGERY	23,708	25,987	9.6%	23.5	Burton Croft
B86017	CRAVEN ROAD MEDICAL PRACTICE	52,084	57,949	11.3%	23.5	Burton Croft
B86109	KIRKSTALL LANE MEDICAL CENTRE	39,041	40,677	4.2%	22.9	Burton Croft
B86001	MORLEY HEALTH CENTRE	8,806	9,294	5.5%	22.0	
B86110	LEEDS STUDENT MEDICAL PRACTICE*	18,924	21,891	15.7%	21.9	
B86067	FOUNTAIN MEDICAL CENTRE	76,426	77,692	1.7%	21.7	
B86028	SOUTH QUEEN STREET MEDICAL CENTRE	16,799	16,235	-3.4%	21.4	
B86014	ROBIN LANE MEDICAL CENTRE	54,558	61,197	12.2%	20.9	
B86018	PUDSEY HEALTH CENTRE	33,538	33,643	0.3%	20.2	
PH Deprivation Score = Medium High Total		**453,981**	**474,154**	**4.4%**	**23.5**	
PH Deprivation Score = Medium Low						
B86058	SUNFIELD MEDICAL CENTRE	16,112	16,949	5.2%	19.8	
B86050	WEST LODGE SURGERY	69,444	74,814	7.7%	19.0	
B86057	WINDSOR HOUSE GROUP PRACTICE	48,935	51,180	4.6%	18.8	
B86004	HIGHFIELD SURGERY	41,372	43,345	4.8%	18.4	Ireland Wood
B86101	GILDERSOME HEALTH CENTRE	8,878	9,378	5.6%	17.2	
B86064	LEIGH VIEW MEDICAL PRACTICE	43,213	45,839	6.1%	16.9	
B86011	HILLFOOT SURGERY	41,600	41,722	0.3%	16.7	
B86678	DRIGHLINGTON MEDICAL CENTRE	7,594	8,470	11.5%	16.0	
B86030	BURTON CROFT SURGERY	44,723	47,489	6.2%	15.1	Burton Croft
B86044	IRELAND WOOD & HORSFORTH MEDICAL PRACTICE	114,818	122,636	6.8%	14.6	Ireland Wood
B86051	YEADON TARN MEDICAL PRACTICE	26,122	27,633	5.8%	14.4	Aire Valley
B86038	GUISELEY AND YEADON MEDICAL PRACTICE	39,768	42,494	6.9%	12.3	Aire Valley
PH Deprivation Score = Medium Low Total		**502,579**	**531,949**	**5.8%**	**16.6**	
PH Deprivation Score = Low						
B86074	FIELDHEAD SURGERY	24,537	25,880	5.5%	9.4	Burton Croft
B86047	RAWDON SURGERY	34,261	37,209	8.6%	9.3	Aire Valley
B86052	MENSTON & GUISELEY PRACTICE	40,502	43,746	8.0%	8.8	Aire Valley
PH Deprivation Score = Low Total		**99,300**	**106,835**	**7.6%**	**9.2**	

*Note: Only partial pre and post scheme data available for Leeds Student Medical Practice and Burley Park due to change of practice clinical systems

Table 3

Impact on the wider health care system

This section of the report sets out trend data relating to the following parts of the NHS system:

- A&E (selected treatments and investigations)
- Emergency Admissions & LTHT Assessment Unit Attendances (selected specialties)
- GP Out-of-Hours
- Minor Injury Unit
- Walk-in Centre
- NHS 111

For each part of the system, a chart showing comparative trend data is included for all three Leeds CCGs (rate per 1,000 patients) for the period April 2013-October 2015[4]. A table showing the difference in activity across the three CCGs for the period December 2013-September 2014 (pre scheme) and December 2014-September 2015 (post scheme) is also included for each part of the system.

A number of t-tests were run to see whether any perceived differences in activity (Leeds West CCG relative to Leeds North and Leeds South & East CCG pre- and post- scheme) are statistically significant. T-tests were run on the following data:

- A&E (selected treatments and investigations)
- Emergency Admissions (selected specialties)
- GP Out-of-Hours

Further detail can be found in Appendix 1 T-tests.

A&E (selected treatments)[5]

Chart 1 below shows comparative A&E activity data (selected treatments and investigations) for the three Leeds CCGs (rate per 1,000 patients). A slight downward trend in activity can be noted for all three CCGs.

[4] October 2015 SUS data is only provisional (rec) at this stage; October data was not available for GP Out-of Hours, Minor Injury Unit and NHS 111 at the time of writing this report.

[5] Treatments

Dressing, Bandage/support, Sutures, Wound closure (excluding sutures), Removal foreign body, Physiotherapy, Minor surgery, Observation/electrocardiogram, pulse oximetry/head injury/trends, Guidance/advice only, Tetanus, Recording vital signs, Wound cleaning, Dressing/wound review, Sling/collar cuff/broad arm sling, Joint aspiration, Active rewarming of the hypothermic patient, Medication administered, Occupational Therapy, Loan of walking aid (crutches), Social work intervention, Eye, Prescription/medicines prepared to take away and None (consider guidance/advice option).

Investigations

Bacteriology, Biochemistry, Clotting studies, Haematology, Immunology, None, Pregnancy test, Ultrasound, Urinalysis, X-ray plain film.

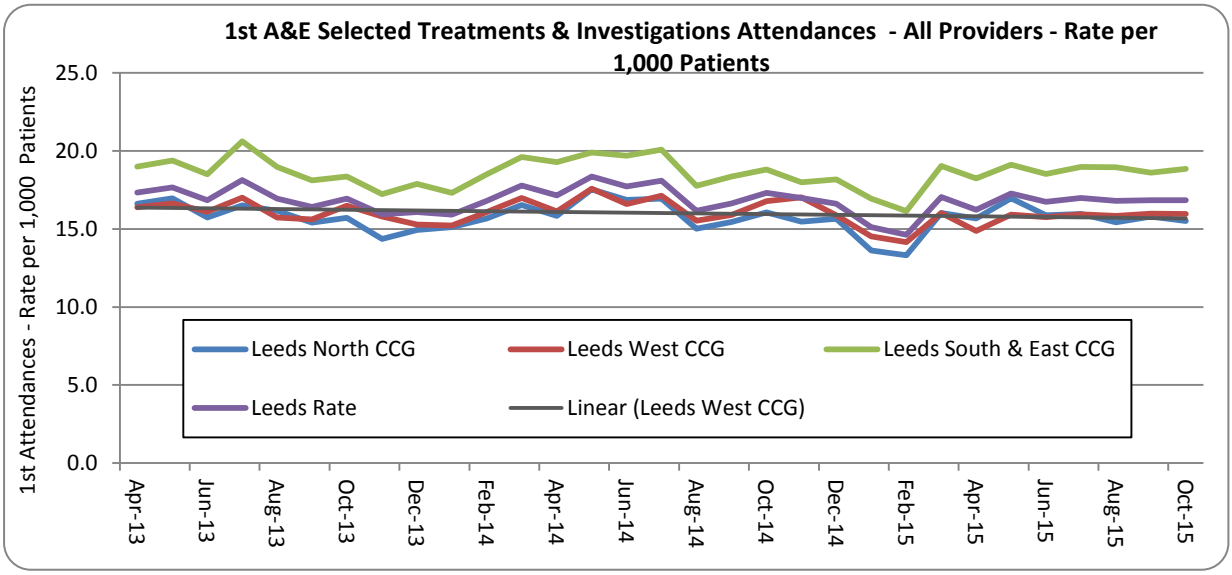

Chart 1

When this type of A&E activity is compared across the three Leeds CCGs the Leeds West rate per 1,000 patients is generally slightly higher than the Leeds North rate over time. However, during the period March–July 2015 the Leeds West rate fell below the Leeds North rate; the two rates have remained very similar since (Leeds West 15.9, Leeds North 15.6 July-Oct 2015).

The total number of attendances at A&E for selected treatments and investigations has reduced (-3.8%) across Leeds over the last year (December 2014-September 2015) when compared with the same time period 2013/14. The reduction in Leeds West (-4.7%) is marginally greater than the other two CCGs. This is shown in Table 1 below.

	Dec 2013-Sept 2014	Dec 2014-Sept 2015	Var.	Var.%
Leeds North CCG	32,547	31,410	-1,137	-3.5%
Leeds West CCG	**55,239**	**52,645**	**-2,594**	**-4.7%**
Leeds South & East CCG	53,415	51,798	-1,617	-3.0%
Leeds Total	141,201	135,853	-5,348	-3.8%

Table 1

Table 2 below relates to A&E attendances (selected treatments and investigations) and compares the difference in average attendances (rate per 1,000 patients) across the city 'before' (November 2013-October 2014) and 'after' (November 2014-September 2015) the scheme was introduced. None of the differences in average attendances are statistically significant at this stage in the scheme.

A&E (selected treatments and investigations)

Leeds West CCG compared to Leeds North CCG			
	Average attendances (per 1,000 patients)	**Average attendances (per 1,000 patients)**	**T-test**

	Leeds West CCG	Leeds North CCG	
Pre-scheme	16.25	15.86	Difference is **not statistically significant (**p-value>0.05)
Post-scheme	15.62	15.43	Difference is **not statistically significant (**p-value>0.05)

Leeds West CCG compared to Leeds South & East CCG			
	Average attendances (per 1,000 patients) Leeds West CCG	**Average attendances (per 1,000 patients) Leeds South & East CCG**	**T-test**
Pre-scheme	16.25	18.70	Difference is **not statistically significant (**p-value>0.05)
Post-scheme	15.62	18.24	Difference is **not statistically significant (**p-value>0.05)

Leeds West CCG 'before' and 'after' intervention			
	Average attendances (per 1,000 patients) – pre-scheme	**Average attendances (per 1,000 patients) – post-scheme**	**T-test**
Leeds West CCG 'before' and 'after' intervention	16.25	15.62	Difference is **not statistically significant (**p-value>0.05)

Table 2

Emergency Admissions (selected specialties[6])

Chart 2 below shows comparative emergency spells & LTHT Assessment Unit Attendances data (selected specialties) for the three Leeds CCGs (rate per 1,000 patients). A slight upward trend in emergency admissions activity can be noted for all three CCGs.

When the emergency admissions data is compared across the three Leeds CCGs the Leeds West rate per 1,000 patients is generally slightly higher than the Leeds North rate over time.

[6] General Surgery, Urology, General Medicine, Cardiology, Respiratory Medicine, Geriatric Medicine

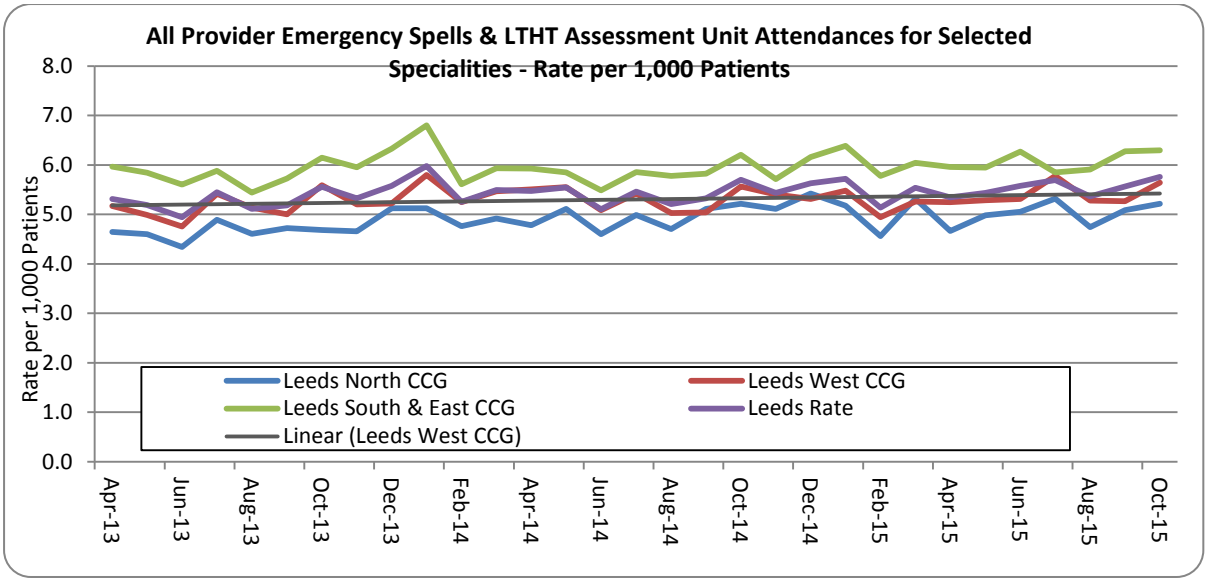

Chart 2

The total number of emergency admissions (selected specialties) has increased slightly across Leeds over the last year. However, in Leeds West there has been a very slight overall reduction in emergency admissions (-0.3%) for the period December 2014-September 2015 when compared to the same time period in 2013/14; this is in contrast to slight increases in emergency admissions for Leeds North and Leeds South and East. This is shown in Table 3 below.

	Dec 2013-Sept 2014	Dec 2014-Sept 2015	Var.	Var.%
Leeds North CCG	10,020	10,239	219	2.2%
Leeds West CCG	**18,140**	**18,077**	**-63**	**-0.3%**
Leeds South & East CCG	16,839	17,166	327	1.9%
Leeds Total	44,999	45,482	483	1.1%

Table 3

Table 4 below relates to Emergency Admissions & LTHT Assessment Unit Attendances (selected specialties) and compares the difference in average attendances (rate per 1,000 patients) across the city 'before' (November 2013-October 2014) and 'after' (November 2014-September 2015) the scheme was introduced. Of note, is the Leeds West average compared to the Leeds North. Whilst the difference in average attendances pre-scheme is statistically significant, this is not the case post-scheme.

Emergency Admissions & LTHT Assessment Unit Attendances (selected specialties)

Leeds West CCG compared to Leeds North CCG			
	Average attendances (per 1,000 patients) Leeds West CCG	**Average attendances (per 1,000 patients) Leeds North CCG**	**T-test**
Pre-scheme	12.44	11.54	Difference **is statistically significant (**p-value<0.05)

Post-scheme	12.68	11.73	Difference is **not statistically significant (**p-value>0.05)

Leeds West CCG compared to Leeds South & East CCG			
	Average attendances (per 1,000 patients) Leeds West CCG	**Average attendances (per 1,000 patients) Leeds South & East CCG**	**T-test**
Pre-scheme	12.44	13.99	Difference is **not statistically significant (**p-value>0.05)
Post-scheme	12.68	14.06	Difference is **not statistically significant (**p-value>0.05)

Leeds West CCG 'before' and 'after' intervention			
	Average attendances (per 1,000 patients) – pre-scheme	**Average attendances (per 1,000 patients) – post-scheme**	**T-test**
Leeds West CCG 'before' and 'after' intervention	12.44	12.68	Difference is **not statistically significant (**p-value>0.05)

Table 4

GP Out-of-Hours

Chart 3 below shows comparative GP Out-of-Hours (Local Care Direct Urgent Care) data for the three Leeds CCGs (rate per 1,000 patients). The data shows a similar pattern of use across the city with peaks in activity reflecting traditional holiday periods.

When the data is compared across the three Leeds CCGs there is a clear shift in activity post February 2015. Since then, Leeds West had the fewest out-of-hours attendances per 1,000 patients each month (February-September 2015). Prior to this time Leeds West frequently had the highest monthly rate of attendances per 1,000 patients. This shift in activity post February 2015 may be associated with weekend hub appointments starting to become available in January/February 2015.

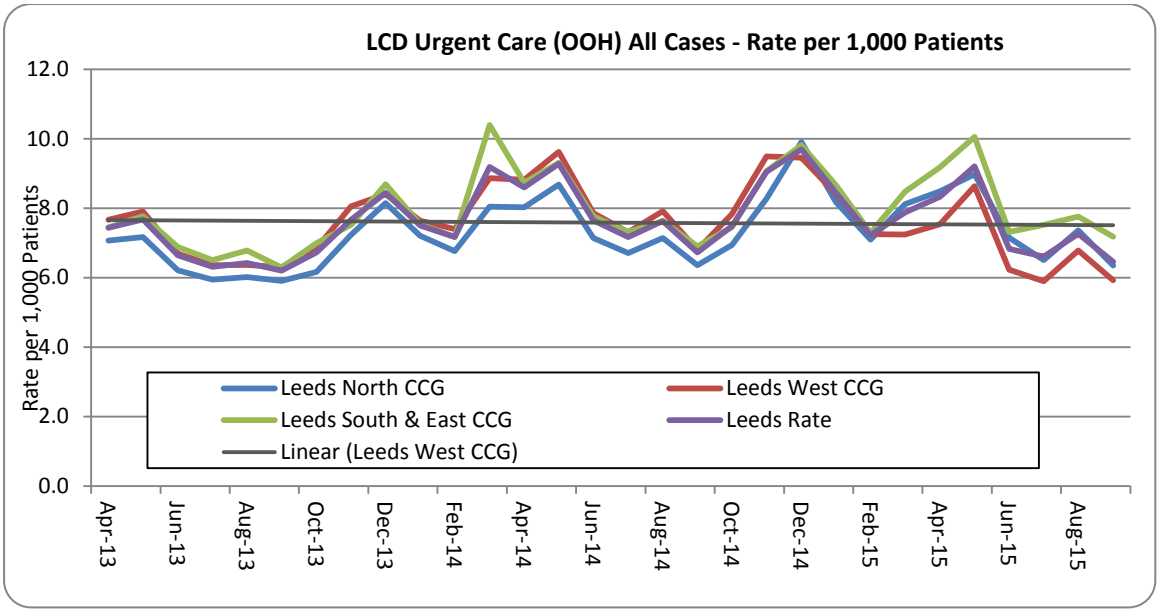

Chart 3

The total number of GP Out-of-Hours attendances has decreased slightly (-1.8%) across Leeds over the last year. However, there has been a marked shift in attendances across the three CCGs during the period December 2014-September 2015 relative to the same period in 2013/14. Whilst Leeds West has seen a marked decrease in attendances (-9.0%) compared with the same period in the previous year, the other two CCGs have seen an increase in the number of out-of-hours attendances. This variance across the city is shown in Table 5 below.

	Dec 2013-Sept 2014	Dec 2014-Sept 2015	Var.	Var.%
Leeds North CCG	15,105	15,901	796	5.3%
Leeds West CCG	**27,415**	**24,948**	**-2,467**	**-9.0%**
Leeds South & East CCG	23,092	23,598	506	2.2%
Leeds Total	65,612	64,447	-1,165	-1.8%

Table 5

Table 6 below relates to GP Out-of-Hours attendances and compares the difference in average attendances (rate per 1,000 patients) across the city 'before' (November 2013-October 2014) and 'after' (November 2014-September 2015) the scheme was introduced. Of note, is the Leeds West average compared to the Leeds North. Whilst the difference in average attendances pre-scheme is statistically significant, this is not the case post-scheme. Again, this may suggest that the gap in average attendances between Leeds West and Leeds North has closed since the scheme was introduced.

GP Out-of-Hours

Leeds West CCG compared to Leeds North CCG			
	Average attendances (per 1,000 patients) Leeds West CCG	**Average attendances (per 1,000 patients) Leeds North CCG**	**T-test**
			Difference **is statistically**

Pre-scheme	8.04	7.37	**significant (**p-value<0.05)
Post-scheme	7.53	7.85	Difference is **not statistically significant (**p-value>0.05)

Leeds West CCG compared to Leeds South & East CCG			
	Average attendances (per 1,000 patients) Leeds West CCG	**Average attendances (per 1,000 patients) Leeds South & East CCG**	**T-test**
Pre-scheme	8.04	8.03	Difference is **not statistically significant (**p-value>0.05)
Post-scheme	7.53	8.39	Difference is **not statistically significant (**p-value>0.05)

Leeds West CCG 'before' and 'after' intervention			
	Average attendances (per 1,000 patients) – pre-scheme	**Average attendances (per 1,000 patients) – post-scheme**	**T-test**
Leeds West CCG 'before' and 'after' intervention	8.04	7.53	Difference is **not statistically significant (**p-value>0.05)

Table 6

Minor Injury Unit

Chart 4 below shows comparative Minor Injury Unit data[7] for the three Leeds CCGs (rate per 1,000 patients). The Leeds West rate is generally higher than Leeds North but lower than Leeds South and East. There is a very slight downward trend in activity for Leeds West CCG patients. This is in contrast to the other two CCGs, where activity has remained static.

[7] St George's Centre and Wharfedale Hospital MIU combined

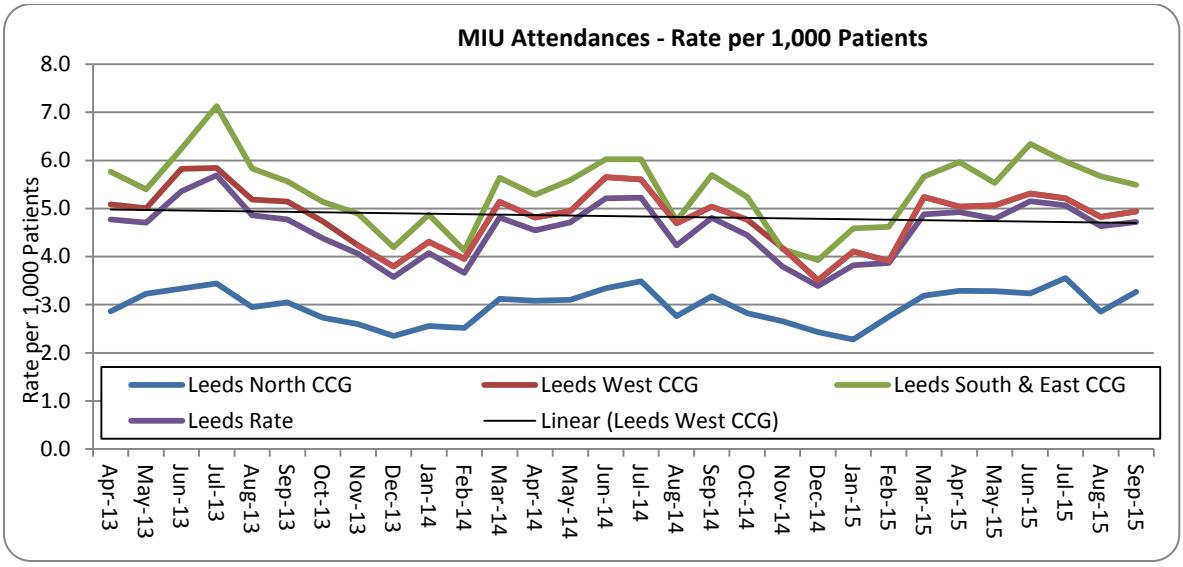

Chart 4

When comparing activity across the three CCGs, Leeds West has seen a slight decrease in activity (-1.7%) compared with the same period in 2014. In contrast, both Leeds North and Leeds South and East have seen a slight increase in activity over the same period. This variance across the city is shown in Table 7 below.

	Dec 2013-Sept 2014	Dec 2014-Sept 2015	Var.	Var.%
Leeds North CCG	6,005	6,131	126	2.1%
Leeds West CCG	**16,302**	**16,032**	**-270**	**-1.7%**
Leeds South & East CCG	14,797	15,245	448	3.0%
Leeds Total	37,104	37,408	304	0.8%

Table 7

Walk-in Centre

Chart 5 below shows comparative Shakespeare Medical Practice (Walk-in-Centre) data for the three Leeds CCGs (rate per 1,000 patients). Data is only available from March 2014.

Leeds West activity is generally lower than the other two CCGs. The general downward trend in activity for Leeds West CCG patients is in contrast to Leeds North CCG, which has remained relatively static, and Leeds South and East CCG which has seen a slight upward trend.

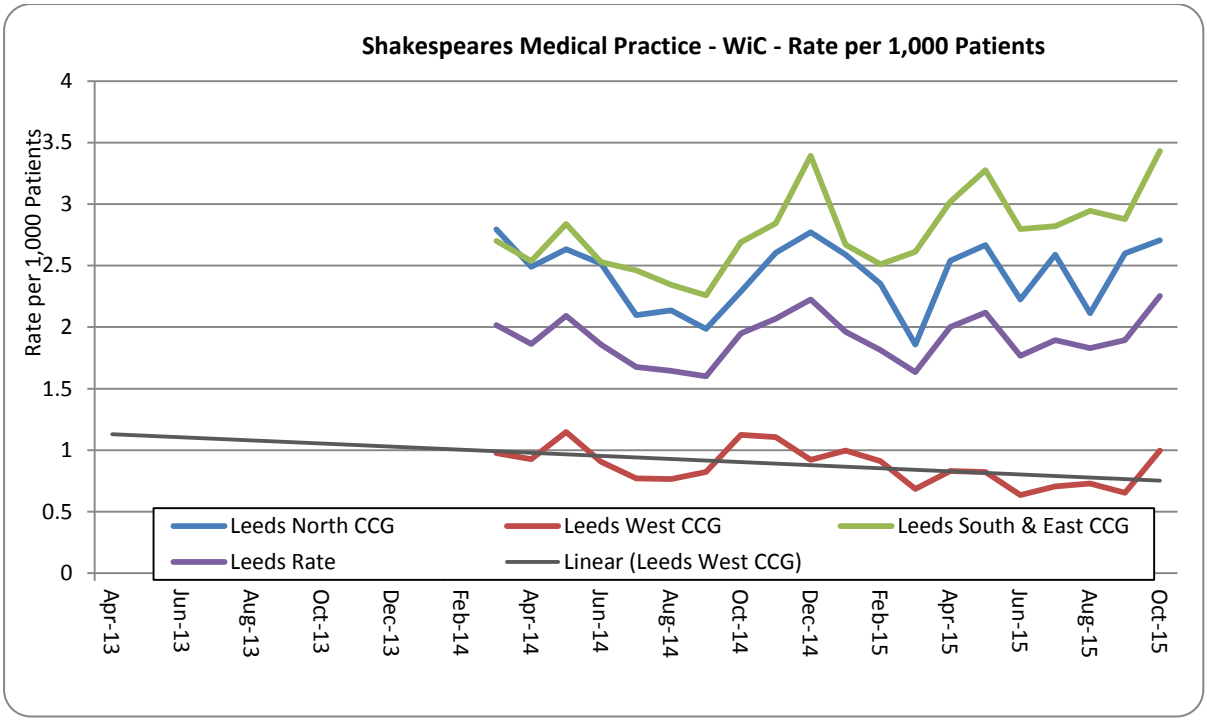

Chart 5

When comparing activity across the three CCGs it is important to note that Leeds West has seen a marked decrease in attendance (-19.8%) compared with the same period in 2014. Leeds North activity has remained static over the same period, whilst Leeds South and East has seen a marked increase in activity. This variance across the city is shown in Table 8 below.

	March 2014-Sept 2014	March 2015-Sept 2015	Var.	Var.%
Leeds North CCG	3,390	3,377	-13	-0.4%
Leeds West CCG	**2,147**	**1,721**	**-426**	**-19.8%**
Leeds South & East CCG	5,010	5,770	760	15.2%
Leeds Total	10,547	10,868	321	3.0%

Table 8

NHS 111

Chart 6 below shows comparative NHS 111 data for the three Leeds CCGs (rate per 1,000 patients). The data shows a similar pattern of use across the city with peaks in activity reflecting traditional holiday periods.

The chart shows a general upward trend in NHS 111 activity across the city. Leeds West activity is generally higher than Leeds North and similar to Leeds South and East. When activity is compared across the three Leeds CCGs there is a clear shift in activity for Leeds West post February 2015. Prior to this time Leeds West frequently had the highest monthly rate of NHS 111 activity per 1,000 patients (alongside Leeds South and East). Again, this shift in activity post February 2015 may be associated with weekend hub appointments starting to become available in January/February 2015.

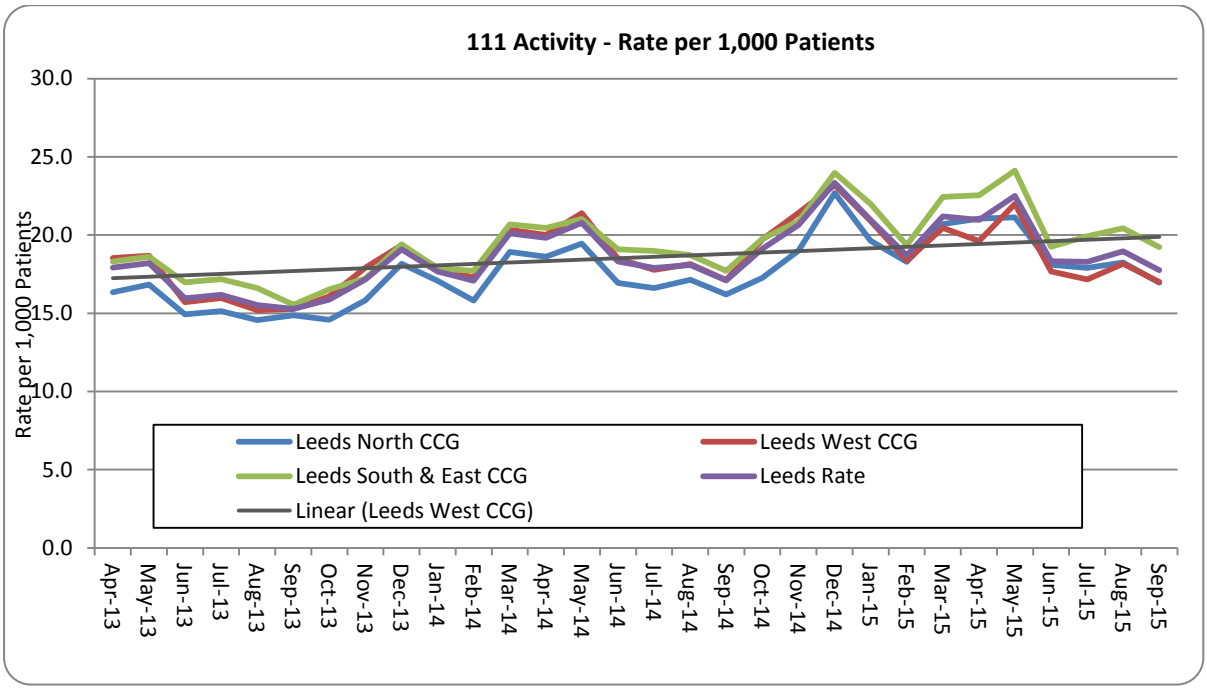

Chart 6

The total number of NHS 111 attendances has remained static across Leeds over the last year. This is shown in Table 9 below.

	Dec 2013-Sept 2014	Dec 2014-Sept 2015	Var.	Var.%
Leeds North CCG	174.9	194.7	19.8	0.11
Leeds West CCG	**187.8**	**194.5**	**6.7**	**0.04**
Leeds South & East CCG	191.6	213.2	21.6	0.11
Leeds Total	185.9	201.0	15.1	0.08

Table 9

Financial impact

The tables below set out the financial impact of the enhanced access scheme split by scheme level, month and service. Further comparative analysis by Leeds CCG is also included[8].

With regard to potential savings identified from secondary care services, because the three Leeds CCGs currently have a fixed income agreement with Leeds Teaching Hospitals NHS Trust any savings from A&E and emergency admissions will not be cash releasing in 2015/16, but may reduce the income agreement in future years.

Whilst the figures suggest the CCG is almost £1million over on non-elective spend, it is important to note that for any spend above the non-elective threshold the provider only receives 30% of the normal

[8] Total list size is based on weighted population

price. The commissioner is usually expected to reinvest the remaining 70% to control demand for emergency care.

A major caveat in this data is that there are several transformation schemes running across services in Leeds currently, all of which will be claiming any service, financial or activity improvements. It will therefore be extremely difficult to isolate and assess direct and absolute impact of any individual scheme on another part of the healthcare system (for example impact of the primary care enhanced hours scheme on emergency admissions).

List sizes in the tables below are **weighted**.

Totals in tables show in aggregated format for the most part. This does mask achievements at individual practice level where improvements can been seen in the data.

Impact by Point of Delivery

CCG	ENHANCED ACCESS LEVEL	A&E	111	MIU	LCD - OOH	Shakespeare WIC	Emergency Admissions	Total	Total List Size	£ cost per patient
Leeds West CCG	1	£4,830	£2,516	-£1,704	£2,472	-£232	-£40,451	**-£32,568**	22,651	-£1.44
	2	£76,999	£12,590	-£181	-£28,630	-£8,901	£545,281	**£597,158**	185,334	£3.22
	3	-£16,210	-£5,106	-£8,918	-£147,936	-£12,610	£537,648	**£346,869**	134,669	£2.58
	TOTAL	**£65,619**	**£10,001**	**-£10,803**	**-£174,094**	**-£21,743**	£1,042,478	**£911,458**	342,654	£2.66

Table 1

Table 1 above suggests that Level 1 practices appear to be generating small cost savings (cost per patient -£1.44); this in contrast to Level 2 (£3.22) and Level 3 (£2.58) practices. As expected, reduction in spend relates primarily to reduced Out-of-Hours activity.

Impact by month

CCG	ENHANCED ACCESS LEVEL	Dec	Jan	Feb	Mar	Apr	May	June	July	August	September	October	Total	Total List Size	£ cost per patient
Leeds West CCG	1	-£23,634	£30,249	-£22,078	£6,739	£79,652	-£26,788	£7,174	£57,633	£1,786	-£5,078	-£138,224	**-£32,568**	22,651	-£1.44
	2	£188,626	£130,075	£2,577	-£230,331	£53,916	-£4,467	£26,715	£231,112	£29,673	£125,580	£43,682	**£597,158**	185,334	£3.22
	3	£48,296	-£1,980	£146,965	-£94,258	-£93,572	-£96,973	-£11,662	£125,592	£76,758	£111,436	£136,267	**£346,869**	134,669	£2.58
	TOTAL	**£213,288**	**£158,344**	**£127,464**	**-£317,850**	**£39,995**	**-£128,227**	**£22,227**	**£414,337**	**£108,217**	**£231,939**	**£41,725**	**£911,458**	342,654	£2.66

Table 2

Table 2 above suggests the majority of savings in Level 1 practices were generated in October 2015, whilst the majority of savings in level 2 practices were generated in March 2015 and in Level 3 practices in the period March-May 2015. Only Level 1 practices generated a reduced overall spend (-£32,568).

Impact by Point of Delivery projected for full 18 months

CCG		A&E	111	MIU	LCD - OOH	Shakespeare WIC	Emergency Admissions	Total
Leeds West CCG		**£98,429**	**£15,001**	**-£16,204**	**-£261,141**	**-£32,614**	**£1,563,716**	**£1,367,187**

Table 3

It would appear that based on current data the scheme does not have the potential to reduce spend over the 18 months.

Emergency Admissions by Treatment Function

Impact	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Total
General Surgery	-£116,195	-£8,349	-£38,612	-£77,351	-£19,861	-£212,998	£29,054	£90,309	-£34,877	-£2,024	-£35,598	**-£426,502**
Urology	£9,704	£23,096	-£17,778	-£12,200	£49,819	-£40,906	-£8,386	£24,318	-£35,781	£5,176	£14,593	**£11,656**
General Medicine	£129,805	£13,598	£83,738	£52,099	-£4,511	£8,215	£63,079	£190,735	£156,707	£58,193	-£39,563	**£712,094**
Cardiology	£4,739	-£44,119	-£75,344	-£117,266	-£88,842	-£71,403	-£29,106	£33,710	£52,613	-£41,785	-£30,713	**-£407,516**
Respiratory Medicine	£20,680	£3,816	-£40,218	-£13,175	-£1,720	-£23,954	-£12,382	-£38,646	£1,723	-£30,658	£18,090	**-£116,444**
Geriatric Medicine	£126,022	£179,223	£193,270	-£21,938	£136,387	£257,049	£5,952	£145,193	-£62,118	£215,571	-£15,498	**£1,159,113**
Total Impact	£174,755	£167,265	£105,056	-£189,831	£71,272	-£83,997	£48,212	£445,619	£78,268	£204,472	-£88,689	**£932,400**

Table 4

Table 4 above shows emergency admissions broken down by treatment function. This suggests that whilst there has been a reduction in non-elective spend on General Surgery, Cardiology & Respiratory Medicine, there has been an increase in spend on General Medicine and Geriatric Medicine.

Impact of Level 3 practices by hub

CCG	ENHANCED ACCESS LEVEL	A&E	111	MIU	LCD - OOH	Shakespeare WIC	Emergency Admissions	Total	Total List Size	£ cost per patient
Level 3 HUBs	Aire Valley	£24,492	-£3,321	-£8,736	-£46,973	-£278	-£35,856	**-£70,672**	**34,547**	**-£2.05**
	Headingley	-£28,614	-£942	£435	-£30,624	-£6,166	£269,388	**£203,476**	**36,205**	**£5.62**
	Ireland Wood	£7,002	£183	-£1,305	-£46,654	-£3,570	£378,328	**£333,984**	**45,208**	**£7.39**
	Hyde/Burley Park	-£19,090	-£1,025	£689	-£23,686	-£2,596	-£74,212	**-£119,920**	**18,709**	**-£6.41**
	TOTAL	**-£16,210**	**-£5,106**	**-£8,918**	**-£147,936**	**-£12,610**	**£537,648**	**£346,869**	**134,669**	**£2.58**

Table 5

Table 5 above compares financial impact at hub level. This suggests that the Aire Vally hub and Hyde Park/Burley Park hub have generated small cost savings (-£70,672 and -£119,920 respectively). This is in contrast to the Headingley hub and Ireland Wood hub.

Impact by Point of Delivery: All three Leeds CCGs

CCG	ENHANCED ACCESS LEVEL	A&E	111	MIU	LCD - OOH	Shakespeare WIC	Emergency Admissions	Total	Total List Size	£ cost per patient
Leeds North CCG	TOTAL	£51,560	£22,756	£4,568	£42,826	£3,338	£475,662	£600,709	205,454	£2.92
Leeds S+E CCG	TOTAL	£208,648	£40,937	£16,240	£61,248	£44,969	£837,282	£1,209,324	285,465	£4.24
Leeds West CCG	TOTAL	£65,619	£10,001	-£10,803	-£174,094	-£21,743	£1,042,478	£911,458	342,654	£2.66

Table 6

Table 6 above compares financial impact across all three Leeds CCGs. This suggests minimal reduction in spend relative to Leeds North and Leeds South & East CCGs.

Impact by month: All three Leeds CCGs

CCG	ENHANCED ACCESS LEVEL	Dec	Jan	Feb	Mar	Apr	May	June	July	August	September	October	Total	Total List Size	£ cost per patient
Leeds North CCG	TOTAL	£99,079	£182,235	£33,926	£2,395	£27,244	£40,439	£82,290	£136,582	£33,980	£25,439	-£62,899	£600,709	205,454	£2.92
Leeds S+E CCG	TOTAL	£125,621	£16,846	£88,828	£219,713	£171,846	£330,125	£232,761	-£31,547	£73,453	£38,887	-£57,210	£1,209,324	285,465	£4.24
Leeds West CCG	TOTAL	£213,288	£158,344	£127,464	-£317,850	£39,995	-£128,227	£22,227	£414,337	£108,217	£231,939	£41,725	£911,458	342,654	£2.66

Table 7

Leeds West CCG saw a reduction in spend in March and May 2015. Both Leeds North and Leeds South & East CCG saw a reduction in spend in October 2015 (Table 7).

Impact on Patient Experience

As part of the early evaluation work, Healthwatch Leeds conducted a survey in May/June 2015, the key aim of which was to identify whether the enhanced opening hours had an impact on patient access to their GP surgery. Over 400 patients participated in the survey, which involved visits to 22 surgeries. Findings from this survey were included in the July 2015 update report.

In July 2015 NHS Leeds West CCG Governing Body requested that further patient experience data be collated, focusing specifically on those practices working as part of a hub. As a result, Leeds Involving People (LIP) were asked to conduct a focused piece of work with those practices (16) working as part of a hub.
The aims of the work were to find out:

- Whether patients were aware of the enhanced opening hours offered by their GP practice/weekend hub service
- Whether patients had used the enhanced opening hours/weekend hub service; if not, why
- What patients think about the enhanced opening hours/weekend hub service
- What action patients would have taken if they had not been able to get an appointment at the weekend
- How patients feel about not seeing the same healthcare professional
- Whether patients would recommend the enhanced opening hours/weekend hub service

A semi-structured survey was used to collate patient's views. This focused on

- Patients attending their own GP practice during the week (LIP Appendix 1)
- Patients attending the hub practice at the weekend (LIP Appendix 2)

LIP staff visited all 16 practices during a one-month period (07/11/15 - 07/12/15). Visits were planned in order to get a range of views from patients attending the surgeries at different times and on different days of the week, as well as at weekends (LIP Appendix 3). Patients were surveyed in the practice waiting area. All information was collated using iPads. In total 326 patients were surveyed (230 patients during the week and 96 patients at the weekend). The key findings are described below.

Patients attending their own GP practice during the week

A total of 230 patients were surveyed during the week (Monday-Friday). LIP staff visited all 16 GP practices on a weekday. Patients were asked about their experience of using the enhanced service[9] provided by their own GP practice, as well as the weekend service provided by their local hub practice (see LIP Appendix 4 for details of which practices are working together as a hub)[10]. Key findings plus qualitative comments are set out below.

Patient views on the weekday enhanced service provided by their own GP practice

Overall, 76% (175) of respondents were aware that their practice is now offering early morning and evening appointments with a healthcare professional, less than one quarter of respondents (55, 24%) were not aware.

Just over one quarter of respondents (27%, 61) had used the early morning/evening service provided by their practice.

[9] Before 8am and after 6.30pm

[10] Hyde Park Surgery (Saturdays) and Burley Par Medical Centre (Sundays), Guiseley and Yeadon Medical Practice, Ireland Wood & New Croft Medical Practice, Burton Croft Surgery

Those who had used the weekday enhanced service

Of those who had used the early morning/evening service:

- 48% (29) had a long-standing health condition
- 69% (42) were female, 23% (14) were male
- 70% (43) were White British, 13% (8) identified themselves as BME
- 54% (33) were aged < 55, 31% (19) aged ≥56

Almost all respondents (98%, 60) had **confidence and trust** (definitely, to some extent) in the healthcare professional that they saw. Comments suggested that the main reason for this was seeing someone that they knew. Other reasons given included generally being happy with their appointment, getting what they needed, generally trusting the staff, and staff being reassuring and empathetic.

"Was my usual GP who I like"
"Was just like seeing a GP as normal. Was seen very quickly"
"They gave me the medication I needed"
"They believed me and listened to me"

Only one respondent said they didn't have confidence and trust in the healthcare professional they saw, this person reported feeling "rushed".

Almost all respondents (97%, 59) were **satisfied** (very, fairly) with the service they received. Comments suggested that the main reason for this was being seen quickly. Other reasons for this included getting what they needed from the appointment, receiving good advice/care and having confidence in the healthcare professional that they saw.

"Got in when I needed to"
"Seen within an hour, for my daughter as well"
"Appointment and follow-up were very good and quick"
"Really good advice, high quality care"
"They're experts in their field, and they put me on the pathway to a better situation"

More general comments included:

"Good service, friendly, informed, efficient, good relationship with pharmacy, fits with my life"
"It was my normal doctor. It enabled me not to take time off work"

Of those who said they were fairly satisfied with the service they received, long waiting times and being unable to see the same doctor featured in comments:

"Usually long waiting times"
"It's good, but it's hard to see a regular doctor, but this has saved me having to travel to Leeds for out of hours at Wharfedale"

Almost all respondents (97%, 59) said that they would **recommend** the early morning/evening service, based on their previous experience. When asked about how the service could be improved, respondents commented on the need to improve waiting times and difficulty in booking appointments.

"Waiting for appointments, can wait 30 minutes"
"Can't always get an appointment"
"More early appointments"
"Need more phone lines"

Two respondents felt that the enhanced service wasn't publicised well enough.

Six respondents commented very positively:

"No. It is brilliant"

"No, as it's already being done with the weekend availability"

Those who had not used the weekday enhanced service

73% of respondents (164) had not used the early morning/evening service. Of these, the majority (61) said that this was because they hadn't needed to use the service, followed by respondents not being aware of the service (36). Several respondents (33) said they had not used the service because they were able to attend appointments during normal hours, these respondents were mostly retired or students.

"I can attend daytime appointments"
"My child is usually in bed in the evening, so daytime appointments are easier for me"
"Due to my old age I don't like to attend early morning or late appointments"
"If find early mornings hard due to my medication"

More general comments included:

"Not sure if it's a good idea as there is already a lot of pressure on GPs and they are already working over hours"

Overall, respondents were very positive about the enhanced opening hours at their practice. Very few respondents had complaints. Those that did have complaints focused on difficulty booking appointments first thing in the morning and waiting times at walk-in clinics.

Patient views on the weekend hub service

Overall, 74% of respondents (170) were aware that their practice is now offering appointments with a healthcare professional at weekends as part of a group of practices.
Only 15% of respondents (35) had used the weekend hub service.

Those who had used the weekend hub service

Of those who had used the weekend hub service:

- 43% (15) had a long-standing health condition
- 74% (26) were female, 17% (6) were male
- 71% (25) were White British, 17% (6) identified themselves as BME
- 60% (21) were aged < 55, 14% (5) aged ≥56

Almost all respondents (33) had **confidence and trust** (definitely, to some extent) in the healthcare professional that they saw at the hub. Comments suggested that the main reason for this was being happy with their appointment in general. This was followed by seeing a knowledgeable healthcare professional, convenience, and getting what they needed from their appointment.

"Felt listened to"
"They knew what was wrong with me, they were knowledgeable"
"Rang up at 1pm and had an appointment at 3pm, really satisfied"

Less positive comments from those who had confidence and trust in the healthcare professional 'to some extent' included:

"Rushed appointment"

"Didn't listen, made his mind up what was wrong"
"Not as much as with my own GP"

Almost all respondents (94%, 31) were **satisfied** (very, fairly) with the service they received. Comments suggested that the main reason for this was being happy with the service overall. This was followed by the convenience of appointment and being seen quickly.

"I was able to see my regular GP"
"Appointment at 9:30, got in very quickly"
"Seen quickly, doctor knew what they were talking about"

Other positive comments included:
"Good for workers, not just 9-5"
"Prevented a trip to hospital, so really satisfied"
"Fact that I didn't need to go to A&E and could just go to a surgery"

Almost all respondents (97%, 32) said that they would **recommend** the weekend hub service.

Those who had not used the weekend hub

Of those respondents who had not used the weekend hub service (189), more than half (57%, 107) said that this was because they had not needed to use the service. A further 15 respondents added to this, saying that they hadn't used the service as they can access weekday appointments. 18% (35) of respondents said that they weren't aware of the weekend service, whilst four respondents said that their hub practice wasn't convenient. Other comments related to the availability of appointments/staff.

"I would need to get a taxi" (92 year old with a long-standing health condition, physical disability and sensory disability)
"Too far" (79 year old with a long-term health condition)
"Couldn't get an appointment"
"Nurse I wanted to see wasn't available"
"No female doctor available"

Respondents were given an opportunity to add general comments about their practice's enhanced opening hours at the end of the survey. One hundred and nine patients made further comments.

Eighty-nine respondents made positive comments. These included:

"Much better now, especially at weekends"
"When I need an appointment, I usually get one"
"It's easier to get appointments around work. Used to have to book on my day off"
"Great for workers and consistency for GP - more nurses"
"I think it's excellent. Lot of talk about seven day service and this is providing it"
"In recent months it has improved, much more accessible. I work 8-6, so need evening, early morning or weekend appointments"
"Much more accessible, it's always been good. They will fit you in. They will also let you book the doctor that you want to see"
"I like the flexibility of varied times"

"I rarely have to wait more than 2 or 3 days for an appointment"
"It is better now, you have more choice now"

Ten respondents made comments about it being hard to book appointments and waiting times at walk-in clinics. These comments included:

"It takes a while to get an appointment"
"Hard to get appointment, walk in clinic can be 2 hours. Cannot book appointments in advance. Have to constantly ring at 6:30 or 8:30"
"It seems to be that no one is available at……, so the earliest appointment I can usually get is at…... This is within a reasonable time"
"I find it difficult when you have to ring at 8am sharp to get an appointment and sometimes you miss out completely"
"It is poor that you have to ring on the day to get an appointment or you have to wait weeks"
"The opening hours are better. Just that more appointments need to be available"

Six respondents commented on the enhanced opening hours not being advertised enough.

Other comments included:

"Individual surgeries should be open on the weekend rather than in clusters. It would be hard for me to get to the other surgery on the weekend"
"The hours are fine, there is no need to have Sundays"
"The practice uses a lot of trainees and students which means it is hard to develop a relationship"

Patients attending a hub practice at weekends

Visits to hub practices took place on a Saturday and Sunday. Ninety-six surveys were completed by patients attending a hub practice. The majority of respondents were registered at the hub practice (i.e. they were attending their own practice) (Table 1).

Hyde Park Surgery/Burley Park Medical Centre	
	Respondents
Hyde Park Surgery	10
Burley Park Medical Centre	10
Unsure	1
Not answered	1
Total	**22**
Burton Croft Surgery	
Burton Croft Surgery	21
Hollybank Surgery (Craven Road Medical Practice)	9
Kirkstall Lane Medical Centre	2
The Highfield Medical Centre	0
Laurel Bank Surgery	0
Total	**32**
Guiseley & Yeadon Medical Practice	
Guiseley and Yeadon Medical Practice	10

Yeadon Tarn Medical Practice	7
Rawdon Surgery	1
Menston & Guiseley Practice	0
Total	**18**
Ireland Wood & New Croft Medical Practice	
New Croft Medical Practice (Ireland Wood & New Croft Medical Practice)	7
Vesper Road Surgery	5
High Field Surgery	4
Ireland Wood Surgery (Ireland Wood & New Croft Medical Practice)	4
Abbey Grange Medical Centre	2
Holt Park Health Centre (Abbey Grange Medical Centre)	2
Total	**24**

Table 1

Just over half of the respondents (51%, 49) had used the hub service previously.
Of the respondents:

- 31% (30) had a long-standing health condition
- 65% (62) were aged < 55, 34% were aged ≥ 56
- 70% (67) were female, 30% (29) male

When asked about 'today's appointment', 32% of respondents (31) had booked their appointment on the day of the appointment; 23% (22) had booked their appointment the previous day, whilst a further 30% (29) had booked their appointment a few days ago.

The majority of respondents (84%, 81) felt that they could get an appointment with a healthcare professional at a time that is convenient for them.

Almost all respondents (91%, 87) felt that having access to weekend services at the hub practice helps them to better manage their own healthcare. Reasons focused on being able to get appointments whenever they needed them, being able to fit appointments around work, and the need to have children seen as quickly as possible.

"When you ring up they are very attentive and go the extra mile to ensure they can give you an appointment"
"I work 8-6, so find it hard to make appointments"
"I can fit appointments around work, family and studying"
"I have small children and don't have to wait worrying about their health"
"It's important to have access to immediate appointments for my child"

Other positive comments included:

"I'm grateful to have an alternative to A&E"
"I can get temporary residency appointments for my daughter when I need them, shared custody, have her at weekend"

Less positive comments included:

" I was signposted through NHS 111 which took two hours".
"My son is ill and I need someone to see him but there are no appointments. I came in the hope that someone would see him"

Just over a quarter of respondents (28%, 27) felt that it was important (very, quite) for them to see a particular healthcare professional, whilst a third of respondents (33%, 32) said that it depended on the situation. A third of respondents (36%, 35) said that they did not consider it important. Those that considered it to be very important were more representative of the BME community, and also those aged over 55. Those that said that it depended on the situation suggested that if they wanted to see someone about a long-standing health matter they would prefer to see a particular healthcare professional. The majority of these respondents were aged ≤55.

Of those who felt that it was important to see a particular healthcare professional, reasons included familiarity with the healthcare professional and them knowing the patient. Comments included:

"I have a relationship with that person"
"I want to speak to someone who I'm familiar with"
"I trust the GP"
"I'd prefer to see a particular healthcare professional for something personal"
"It's important to me as I have a long-standing health condition"
"I have certain health needs, so like to see the same person about them"

Of those respondents who said it depended on the situation, comments included:

"It's important if the matter is relating to an ongoing problem or long-term health condition"
"I don't want to have to explain myself again when I see someone different"
"I just prefer to see my own GP"
"I'd rather see a female healthcare professional for certain matters"
"It would be helpful to see the same GP but it doesn't matter too much"
"All the staff are equally experienced so it doesn't really matter"
"I want my child to be seen as quickly as possible so I don't mind who I see"
"In an emergency I'll see anyone"

Of those respondents who said it was not important, access to an appointment seemed to take priority:

"I just want to be seen"
"I don't have a long-term health condition so it doesn't really matter to me who I see"
"All staff have access to my health records – it's not important to me to be seen by the same person
"As long as they're qualified I don't mind, I respect them all the same"

One respondent commented:

"I'm more bothered about the convenience of the location"

More than half of respondents (56%, 59) said that if they had not been able to get a weekend appointment at the hub, they would have waited for the next available appointment at their practice. Nine patients said that they would have attended A&E (Chart 1 below)

Chart 1

Those who had used the weekend hub service before

Of those who had used the weekend hub service previously, almost all (90%, 44) said that they had **confidence and trust** (definitely, to some extent) in the healthcare professional that they saw. The most common reasons given for this was the staff member being knowledgeable, followed by the staff member being familiar.

"No different to weekday, saw one of regular doctors"
"As they have access to my records it is just like seeing my own GP"
"They were helpful and provided advice"
"She was quick to diagnose and treat"

Some respondents commented less positively:

"Would have preferred my own doctor"
"GP didn't know me and couldn't access my details, so I had to come back a week later"

One respondent who had previously attended the weekend hub but was not seen, commented on feeling quite frustrated – she was there with a child and felt it was important to be seen. When asked where-else she would attend she was one of the few respondents who said A&E.

Of those respondents who had used the weekend hub service previously, almost all (90%, 44) reported that they were **satisfied** (very, fairly) with the service that they received. The most common reasons

included respondents being generally happy with their appointment, and getting what they needed from their appointment.

"Rang up on morning, in in an hour"
"Same as seeing my usual GP"
"Got what we needed. I was worried and was reassured. Given advice about what to do at home for child"

Some comments were less positive:

"Really hard to get through and book an appointment on the day. Find it frustrating that I can't pre book appointments"
"If a child is really ill, they should make sure they are seen. Under 5s should be seen without any questions"

Almost all respondents (96%, 44) who had used the weekend hub service previously said that they would r**ecommend** the service.

Those who had not used the weekend hub service before

Of those who had not used the weekend hub service previously (46), the most common reason given was they had not needed to use the weekend service, followed by them not knowing about the service.

"Didn't know about extended hours until I checked website this morning"

The weekend respondents were mostly positive about the enhanced access saying that it gave them flexibility around their working lives. Those that were less positive about the service focused on not being able to book appointments in advance and waiting times. Very few respondents mentioned concerns about not seeing a familiar healthcare professional.

Respondents were given an opportunity to add further comments about their practice's enhanced opening hours at the end of the survey. Fifty-six patients made further comments.

Thirty-eight respondents made positive comments. These included:

"Fast, efficient & no waiting at pharmacy"
"I'm impressed, open longer than my old practice"
"Always pleased. Easy to get appointment"
"We very much appreciate the drop in weekday surgery, as getting non urgent appointments has otherwise meant a long wait"
"Love the variation of hours. Evening openings are good as well"
"Really good. Convenient when you have kids and are working……..reduces hospital need when you have babies"

Eighteen respondents made less positive comments. These related to availability of appointments and difficulty booking appointments.

"Hard to get appointments, even when my youngest daughter was really poorly"
"I had to wait 2 weeks for an appointment which I wasn't happy about. I would have preferred to have gone during the week and leave the weekend appointment for someone who can't get in during the week"

"Even though they open longer, you still have a problem getting in"
"Really inconvenient, have to ring up and book appointment for the day. By the time I get through I can't get one"
"More than one receptionist or phone line would help"
"It can be hard to get prescriptions when you need them. The different surgeries don't communicate well when you need a prescription"

Next steps

The findings from this survey will be used to inform a small number of unstructured interviews exploring in more depth patient experience of the weekend hub service. These interviews will be conducted by Jayne Garnett, (Project Officer – Patient Experience & Involvement, NHS Leeds West CCG) in early 2016.

Impact on practice staff

General practice staff are key to the delivery of the enhanced access scheme. It is therefore important to measure the impact of the scheme on staff pre- and post-implementation of the enhanced hours.

What do we know about staff experience?

There are approximately 1,000 staff working in our 37 member practices. One of the key drivers for the scheme is that staff were reporting working under increasing stress and pressure. It is therefore important to measure and report any changes in staff morale and wellbeing at work post-implementation of the scheme.

A staff survey was developed and conducted in November/December 2014. All practice staff were invited to complete the baseline survey as practice applications were approved. Four hundred and fifty two completed surveys were received, which represents a response rate of approximately 45%.

Overall staff reported that they felt reasonably confident about achieving future change. The staff survey will be repeated at the end of the project and the findings compared.

Whilst the launch of the enhanced access scheme was met with mixed feelings with a large number of practices disengaged from the scheme, there has been a marked difference in how practices are now viewing the scheme and we have seen a significant shift in the way member practices are engaging with the CCG and their appetite for change.

The survey will be re-run for the final evaluation of the scheme in spring / summer 2016, however it was seen as important to include some staff views in this report and we therefore invited practice staff to give us some comments about how they felt the scheme had been for them

We received 22 detailed responses from a range of practices and staff groups and a summary can be found below. This can in no way be viewed as scientific or used to draw conclusions however it is helpful to get a feel for the sorts of views of our GP practice workforce.

Themes – November 2015

There were several comments about the positive effect the scheme has had on **patient choice**. This was the most common theme in the comments we received.

> *"It is a great service for patients to access us and offers much better access and options for patients when booking an appointment"*
>
> *"Good for patients who need to be accompanied by relatives, lifts, support etc. Especially the elderly who don't like to inconvenience working relatives"*

Also related to this was a theme around the **reduced pressure on GPs**.

> *"Excellent service, patients have responded so positively to the extra appointments available at a time they can attend. Taken the pressure off the Doctors as the amounts of extras have gone down and patients happier with the service. Please don't take this service away.*
> *Thank you"*

There were several comments about having the **benefits of having specimen collections later in the day.**

> *"Happy that pathology collections are now later - benefits all patients."*

There were also comments about the **popularity of the evening and weekend appointments** on offer.

> *"We have been able to offer an extra 10 sessions a week, including 8pm Monday to Thursday and also extra appointments on a weekend, where we have over 92% usage"*

However there were some comments that expressed confusion about what the **purpose of the enhanced access** was and also reporting that it was **not used effectively** at all times.

> *"Overall its good service but not used effectively all the time. Still confusing as if it's meant for out of hours or routine appointments or both. I feel must be streamlined to each individual Hub need. Frequent DNAs"*

There were comments about the **additional pressure placed on supporting teams** as a result of the increased number of appointments.

> *"There has been a noticeable increase in work generated by the enhanced access scheme which was possibly not planned for when setting it up. The workload has largely been carried by existing staff - doctors in terms of follow up of letters, results, prescriptions and admin staff in term of appointments referral etc. We have spent all of the funding on providing increased Doctor appointments while not accounting for additional administrative costs to the practice (the work generates at least one full time administrative staff member's worth of time)"*

Additionally there were some comments about **increased stress levels** and **detrimental effect on work-life balance** as a result of the additional hours.

> *"For staff 12-13 hour days are very long and I suspect clinical decision making is affected late on in the day."*

> *"Early and late starts have had a detrimental impact on my home-life, stress levels, health and enjoyment of the job."*

> *"I really hate re the tiredness on the long days, somehow seeing patients until late is different from staying late to catch up on paperwork. I get home dog tired."*

There were also **concerns expressed that the funding would be withdrawn**.

> *"Many GPs suspect that funding will be withdrawn leaving practices with decision to revert back to standard working hours or continue this level of service without appropriate funding- a further example of primary care doing more for less. "*

> *"My main concern is that if funding is withdrawn later we will have difficult reducing the service, esp. when we have taken more staff hours on to provide the longer hours. We felt we had to take this work on because practice profits have dropped again this year-- the 4th or 5th year running, but actually after taking on or extending the hours of staff, we are just working harder for the same money. I fear that this may put new GPs off joining us as they already have said they think we work too hard. It seems a catch 22. I'd like to retire, but worry*

for the practice if I do, as GP applications are so low, so I don't know how easy it would be to replace me."

There were a number of comments around the **positive effect the scheme has had on demand during core hours.**

"Our scheme has had a major impact on our practice – ironing out the peaks and troughs making a major impact on our practice workload especially on Mondays."

"My Friday afternoons have been made less stressful. People usually want an appointment on Mondays but being able to offer Saturdays and Sundays has received very positive comments from patients."

Finally, there were comments made about the **impact of the scheme on the wider health economy.**

"Not clear is actually saving any money or really impacting on A&E attendance however"

"Reduced in OOH including A & E for our practice - information provided by the CCG"

Next steps

The formal survey will be re-run for the final evaluation of the scheme in spring / summer 2016 and the themes highlighted above will be used to develop new questions in order to focus down on the key areas.

Leeds CITY COUNCIL

Report author: Steven Courtney
Tel: 24 74707

Report of Head of Scrutiny and Member Development

Report to Scrutiny Board (Adult Social Services, Public Health, NHS)

Date: 16 February 2016

Subject: Third Sector Involvement in the Provision of Health and Social Care services in Leeds

Are specific electoral Wards affected? If relevant, name(s) of Ward(s):	☐ Yes	✓☐ No
Are there implications for equality and diversity and cohesion and integration?	☐ Yes	✓☐ No
Is the decision eligible for Call-In?	☐ Yes	✓☐ No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	☐ Yes	✓☐ No

Summary of main issues

1. At the beginning of the current municipal year (2015/16) the Scrutiny Board identified Third Sector involvement in the provision of health and social care services across Leeds as an area for more detailed consideration.

2. In October 2015, in order to provide the Scrutiny Board with an overview of Third Sector commissioning, Adult Social Services, Public Health, Leeds' Clinical Commissioning Groups and NHS England were asked to provide the following information:

   a) Current involvement of the 3rd sector (in terms of services provided and value/ cost)
   b) Level/ ratio of savings 3rd sector orgs required to make over recent years.
   c) Quality measures/ outcomes – how these are set and managed
   d) Any examples of joint working in commissioning the 3rd sector
   e) Future plans

3. A joint report was submitted and considered by the Scrutiny Board at its meeting in December 2015.

4. At the meeting in December 2015, it was suggested that the Scrutiny Board should seek the input from other Third Sector organisations.

5. A number of organisations have been invited to provide additional input into the work of the Scrutiny Board and attend the meeting. Further details will be provided as soon as possible in advance of the meeting.

Recommendations

6. Members are asked to consider the details presented and determine any future scrutiny activity.

Background documents[1]

7. None

[1] The background documents listed in this section are available to download from the Council's website, unless they contain confidential or exempt information. The list of background documents does not include published works.

Leeds CITY COUNCIL

Report author: Steven Courtney
Tel: 247 4707

Report of Head of Scrutiny and Member Development

Report to Scrutiny Board (Adult Social Services, Public Health, NHS)

Date: 17 February 2016

Subject: Work Schedule (February 2016)

Are specific electoral Wards affected? If relevant, name(s) of Ward(s):	☐ Yes	☒ No
Are there implications for equality and diversity and cohesion and integration?	☐ Yes	☒ No
Is the decision eligible for Call-In?	☐ Yes	☒ No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	☐ Yes	☒ No

1 Purpose of this report

1.1 The purpose of this report is to consider the progress and development of the Scrutiny Board's work schedule for the current municipal year.

2 Summary of main issues

2.1 The Board's outline work schedule, which reflects discussions at the Board's previous meetings, is attached at Appendix 1. It is important to retain sufficient flexibility in the Board's work programme in order to react to any specific matters that may arise during the course of the year, therefore the work schedule may be subject to change and should be considered to be indicative rather than definitive.

2.2 In order to deliver the work schedule, it is likely that the Board will need to take a flexible approach and may need to undertake some activities outside the formal schedule of meetings. Adopting a flexible approach may also require additional formal meetings of the Scrutiny Board.

3. Recommendations

3.1 The Scrutiny Board (Adult Social Services, Public Health, NHS) is asked to:

a) Note the content of this report and its attachments.
b) Identify any specific matters to be incorporated into the work schedule for the remainder of the current municipal year.
c) Prioritise any competing demands where necessary and agree the work schedule for the remainder of the current municipal year.

4. Background papers[1]

4.1 None used.

[1] The background documents listed in this section are available to download from the Council's website, unless they contain confidential or exempt information. The list of background documents does not include published works.

APPENDIX 1

SCRUTINY BOARD (ADULT SOCIAL SERVICES, PUBLIC HEALTH, NHS)

2015/16 WORK SCHEDULE

Title	Jan.	Feb.	March	April	Unscheduled/ Carry Forward
Integrated Health & Social Care Teams				Scrutiny Board report / statement for agreement - possibly combine with primary care report	
Air Quality					Consider as Inquiry area for 2016/17
Primary Care	Community Pharmacy (WY)			Scrutiny Board report / statement	
* Access to GPs/ dentists		Extended hours evaluation		for agreement	
* Workforce planning					
* Future plans for primary care			Co-commissioning arrangements		
* Some aspects of health inequalities					
Cancer Wait Times		Cancer Outcomes	Scrutiny Board report/ statement for agreement		

APPENDIX 1

SCRUTINY BOARD
(ADULT SOCIAL SERVICES, PUBLIC HEALTH, NHS)

2015/16 WORK SCHEDULE

Title	Jan.	Feb.	March	April	Unscheduled/ Carry Forward
Involvement of 3rd Sector		Input from 3rd sector organisations		Scrutiny Board report / statement for agreement	
Co-commissioning - specialised commissioning		To be confirmed	To be confirmed	To be confirmed	
Integrated performance reports					Consider arrangements for 2016/17
CQC Inspection outcome	Standing item Waterloo Manor lessons learned Progress from providers	Standing item Waterloo Manor	Standing item LCH - progress LYPFT - progress LTHT - progress	Standing item	Consider reporting arrangements for 2016/17
Care Act Implementation					Progress report from Dir ASC

APPENDIX 1

SCRUTINY BOARD
(ADULT SOCIAL SERVICES, PUBLIC HEALTH, NHS)

2015/16 WORK SCHEDULE

Title	Jan.	Feb.	March	April	Unscheduled/ Carry Forward
Adult Safeguarding - Annual Report				Adult Safeguarding Update report	Annual Adult Safeguarding Report
Health Protection Board					Progress report on work of HPB
Director of Public Health - Annual Report					Annual Report (TBC) Review progress on previous recommendations
Quality Accounts - monitoring / development	Joint working group with HWL				Joint working group with HWL (May 2016)
CAMHS & TaMHS	Follow-up report.		Recovery plan (autism)		Regular monitoring of local transformation plan
Future provision of homecare					Progress report from Dir ASC

APPENDIX 1

SCRUTINY BOARD
(ADULT SOCIAL SERVICES, PUBLIC HEALTH, NHS)

2015/16 WORK SCHEDULE

Title	Jan.	Feb.	March	April	Unscheduled/ Carry Forward
Children's Epilepsy			Update to HSDWG		To be determined
Maternity Strategy				CCG progress report	
Children's Oral Health Plan				DPH progress report	
Budget performance/ proposals			2016/17 budget implementation plans		
Public Health Budget Reduction					
Health Service Developments			W/G meeting	W/G meeting	Confirm arrangements for 2016/17