

**SCRUTINY BOARD INQUIRY INTO LOCALISATION OF HEALTH SERVICES:
RESPONSE TO RECOMMENDATIONS**

Recommendation 1:

That :

- *a thematic group be developed for health and wellbeing, including adult social care, in each of the three new areas*
- *the thematic groups work with the area committees to discuss and agree the nature and regularity of their dialogue in the future*

Response from Leeds Primary Care Trust (PCT)

The Primary Care Trust (PCT) and Adult Social Care support this recommendation and are working together to identify the most effective way to ensure implementation on a sustainable basis. This work includes gaining a better understanding of how other large urban areas work on a locality basis. A visit to Nottingham is planned for September 2008. The PCT and Adult Social Care recognise the need for dedicated officer time for each of the three new areas. This will ensure effective coordination and link the health and wellbeing programme to the officer coordination groups, area committees, local neighbourhoods and the Healthy Leeds Partnership. Proposals are being developed and will be presented to the Scrutiny Board by the year end.

Response from Adult Social Services

Area Management is represented on the Council's Strategic Leadership Team for Health and Wellbeing - providing a direct link between citywide and area concerns.

Development of a locality focus for health and wellbeing is included in the draft Adult Social Care service plan, as are plans to increase capacity to enable improved co-ordination around Health and Wellbeing for area committees and the development of local thematic groups.

Recommendation 2:

That the results of the PCT's review of minor surgery in Leeds be reported to this scrutiny board at the earliest opportunity.

Response from Leeds Primary Care Trust (PCT)

The PCT has concluded a review of current minor surgery facilities in primary care which shows areas of under utilisation. The PCT has set goals for increasing this uptake. We have completed a service specification for minor surgery to further encourage the use of local facilities.

Discussions are now taking place with Practice Based Commissioners about how we can work with providers to increase service options and choice for patients locally. We are also working with Leeds Teaching Hospitals NHS Trust (LTHT) to ensure that any new capacity will deliver faster access to services for patients (18 weeks).

Recommendation 3:

That Leeds PCT provides quarterly reports to this Board during 2008/9 regarding the development of services in the new LIFT financed health centres in Leeds.

Response from Leeds Primary Care Trust (PCT)

Background information regarding Local Improvement Finance Trust LIFT financed health centres in Leeds is provided in Annex A.

Update on progress

Since the localisation report was published the PCT has finalised arrangements for a number of additional clinical services to be either relocated or provide clinical sessions in LIFT buildings, these include:

- specialist Diabetes services at Middleton Health Centre;
- Yorkshire Ambulance Service – Rapid Response vehicle standby point at Wetherby Health Centre;
- Childrens' Disability Team at Armley Health Centre.

The relocation of two further services is almost finalised:

- Leeds Dental Institute, and Community Dental service at Beeston Hill; and
- Leeds Addiction Unit and Physiotherapy (hand) service at Middleton.

Discussions are also taking place with the following services:

- Primary Care Independent Contractors Services;
- Podiatric surgery;
- Hand surgery;
- Overseas Travellers Clinic;
- CAMHS (Child and Adolescent Mental Health Service);
- Weight Management Team;
- Drugs Team;
- Health Access Team;
- Health Promotion advice/information;
- Primary Care Mental Health Team;
- Children's Team;
- Speech and Language Service;
- Ear, Nose and Throat services outpatients;
- Audiology outpatients;
- Ophthalmology outpatients;
- Diabetes services;
- Gynaecology outpatients;
- Dermatology outpatients;
- Urology outpatients; and
- Yorkshire Ambulance Service station relocation.

The PCT is keen to ensure the Scrutiny Board is kept up-to-date on these developments. Due to the length of time it takes to implement changes of this nature a further report to the Board is proposed in six months' time.

Recommendation 4:

That, during the summer of 2008, Leeds PCT carries out consultation to determine what services and opening times local people would like to see for their new Community Health Centres and reports the findings back to this Scrutiny Board at the October meeting.

Response from Leeds Primary Care Trust (PCT)

The PCT is committed to listening to the views of patients and the public when improving health services. Engagement/consultation on services and opening times for GP practices and health centres has been undertaken in the following ways:

- **City-wide engagement on GP-led health centre**

During summer 2008 the PCT has consulted the public, patients and stakeholders about the development of a GP-led health centre in Burmantofts. This also includes views from across the city about what services and opening times people would like to see in their local GP practices and health centres. A full analysis of this feedback has been undertaken and will be available in September 2008. The information in this report will influence the services provided at the GP-led health centre in Burmantofts. It will also be taken forward through the PCT's primary care strategy which is currently being finalised.

- **GP Patient surveys and local questionnaires**

The annual patient surveys commissioned by the PCT and the Department of Health ask a question about opening times for GP practices. This allows local practices to assess the local needs and wishes of their patients and respond appropriately.

There are core opening times for all GP practices (8am to 6.30pm) and this year we have incentivised practices through a voluntary scheme (we pay them under Local Enhanced Service Payments) to open extended hours in the evening and/or at weekends. As part of this agreement they are also required to carry out an additional patient questionnaire to find out what times the patients want practices to open. 60% of our practices already undertake such surveys and open extended hours. In our community centres, extended and weekend opening times is awaiting planning permission approval as this was not included in the original planning application.

- **Engagement on Joint Service Centres**

The PCT is working in partnership with Leeds City Council to develop three Joint Service Centres in Chapeltown, Harehills and Kirkstall. Some engagement and consultation for these centres has already been undertaken and asked for feedback about the type of services people wanted to see in the centres. This will be used to influence what services are included in the centres.

- **Engagement on GP services in Rothwell, Middleton and Swillington**

The PCT has carried out a range of engagement recently over changes to GP practices in south Leeds. This included asking patients what services they wanted to see in their local GP Practice/health centre and the opening times that would be convenient for them. This information has influenced the range of services provided locally and also played a key part in selecting the organisation to provide the service.

Recommendation 5:

That Leeds PCT keeps this Board informed of progress with the programme of refurbishment over the next municipal year.

Response from Leeds Primary Care Trust (PCT)**PCT Capital Programme**

The PCT Board signed-off the capital investment programme for 2008/09 in July. The programme includes investment to enable the PCT to improve buildings by undertaking essential maintenance and statutory work (£1.1 million investment); and refurbishment and carbon-reducing opportunities (£0.8 million investment). The properties benefiting from this investment are:

- Bramley Clinic;
- Burmantofts Health Centre;
- Chapeltown Health Centre;
- Garforth Clinic;
- Gildersome Clinic;
- Halton Clinic;
- Holt Park Health Centre;
- Horsforth Clinic;
- Hunslet Health Centre;
- Kirkstall Health Centre;
- Meanwood Health Centre;
- Morley Health Centre;
- Otley Clinic;
- Pudsey Health Centre;
- Rothwell Health Centre;
- Seacroft Clinic;
- Swillington Clinic;
- Woodsley Road Health Centre

This year's refurbishment programme builds on schemes commissioned last year, such as Hunslet Health Centre which now benefits from:

- improved patient reception and waiting areas;
- disability accessible doors and toilets; and
- additional GP space to accommodate service improvements.

The programme for 2008/09 is currently out to tender and will be delivered by March 2009. One of the first schemes to be completed is the refurbishment of Burmantofts Health Centre which will host the GP-led Primary Medical Care service delivering essential healthcare services for the people of Leeds.

Other properties benefiting from the PCT Capital investment programme 2008/9 include:

- Morley Health Centre;
- Chapeltown Health Centre; and
- Hunslet Health Centre (on-going work from previous year).

Recommendation 6:

That the strategy for Wharfedale Hospital, due to be developed during early 2008, be presented to the first meeting of Scrutiny Board (Health and Adult Social Care) in the municipal year 2008/9.

Response from Leeds Primary Care Trust (PCT)

Leeds Teaching Hospitals Trust (LTHT) and the PCT are working closely together to develop proposals to ensure the best solution for the population of Leeds.

LTHT is presenting a separate paper to the September Board meeting to cover their Peripheral Hospitals Strategy.

Recommendation 7:

That Leeds Adult Social Services and Leeds PCT make arrangements to :

- *Produce commissioning and procurement documentation in plain English*
- *Offer personal contact for voluntary and community groups to explain tender documentation and procurement processes and report these arrangements back to this Scrutiny Board by December 2008.*

Response from Leeds Primary Care Trust (PCT)

The PCT is arranging plain English training for a range of staff responsible for producing documents for the public and other stakeholders (such as voluntary and community groups). This training will ensure our information is clear and concise. The PCT is also developing a 'style guide' to make sure that it has clear standards and expectations in place about how information should be produced.

Leeds PCT has a Patient Reader Group which comments on the design, layout, content and style of the PCT's patient leaflets and some corporate and public information documents. We are encouraging all services to make sure their patient leaflets are approved by this group before distribution. This ensures our information is logical, easy to understand and jargon free.

Leeds PCT regularly communicates with the Voluntary, Community and Faith sector (VCFs) groups and supports them in the procurement process by holding 'bidder' events to explain the process and ensure equity.

Response from Adult Social Services

The Chief Officer, Social Care Commissioning has been asked to prepare a separate report for the Adult Social Care Scrutiny Board on commissioning practice within adult social care. In this report attention will be drawn to a commissioning toolkit which has been developed for adult social care which provides advice and guidance to staff, including the use of plain English. This report is due to be considered by the Adult Social Care Scrutiny Board at its meeting on 17 September 2008.

Recommendation 8:

That Leeds PCT provides a report to the Scrutiny Board in July 2008, providing information about the funding received for, and money spent on, Choosing Health priorities in 2007/8.

Response from Leeds Primary Care Trust (PCT)

Leeds PCT spent its full 2006/2007 Choosing Health allocation of £1.67m in 2007/08 on the following areas:

Scheme/ Initiative	Funding
Sexual Health - including contraception services, HIV testing, new consultant in genito-urinary medicine	£374,000
Alcohol Harm Reduction – interventions in primary care	£140,000
Health Trainers - including training at Thomas Danby college	£135,000
Childhood Obesity – to help implement the Leeds Childhood Obesity Strategy	£264,000
Leeds Healthy Schools – to support Leeds schools programme	£225,000
Health advocate support for travellers	£35,000
Mental health and well being – including an Irish health outworker, domestic violence support	£78,000
Campaigns and promotion – including work with pharmacies	£55,000
Local initiatives (from former 5 PCTs) – e.g Neighbourhood Networks, exercise on referral, healthy walking, welfare rights	£326,000
Information post - this is a role involving Geographical Informatics Systems based with the Chief Information Officer. This is a long standing post now funded by Choosing Health.	£38,000
Total	£1,670,000

Recommendation 9:

That Leeds PCT gives consideration to replicating the out of hours dental provision at Lexicon House elsewhere in Leeds to provide better coverage for areas outside the city centre.

Response from Leeds Primary Care Trust (PCT)

Leeds PCT has tendered the provision of all urgent care, in-hours and out of hours. This is a competitive dialogue process, whereby the PCT does not set out how services will be delivered, but instead looks to the bidders to develop proposals as to how patients' needs would best be met, using information from the engagement process. The final specification for the urgent care service will be available in September and an update will be provided to the Health Proposals Working Group.

Recommendation 10:

That Leeds PCT gives an assurance to this Board that it intends to provide funding for the intermediate care beds at Middlecross home for older people in 2009/10.

Response from Leeds Primary Care Trust (PCT)

The Middlecross Care Home currently provides five beds within a total of 15 dementia Intermediate Care beds. All of the Partnerships for Older Peoples Projects (POPPs) pilots are subject to evaluation of their effectiveness in terms of both quality and finance and this information will influence the future sustainability to mainstream projects. It is also recognised through the development of the Leeds Intermediate Tier Strategy that provision for people with dementia is a priority but should be as part of the PCT's Care Closer to Home programme. These types of service will be developed as part of the commissioning plan to implement the Intermediate Tier Strategy; within that will be a plan to provide Intermediate Care Beds including the dementia beds where appropriate.

Response from Adult Social Services

The intermediate care provision within Middlecross Resource Centre has been funded for a further year (April 08 – March 09) with a combination of POPP Programme slippage, Adult Social Care and PCT funding. The activity and outcomes continue to be monitored against the service milestones by the POPP Performance management group.

The service continues to meet its activity targets and is developing new and innovative ways of providing hospital admission avoidance, early supported discharge and rehabilitation for older people with dementia and physical and social needs.

Plans for securing the long term sustainability of the service are in place with a Programme evaluation event planned for September 08. Following this event business plans will be developed and submitted for consideration by the commissioning teams within Adult Social Care and the PCT. This service will be considered alongside other POPP projects as part of a "whole system" package of interventions to improve the rehabilitation opportunities for older people with mental health needs.

Recommendation 11:

That the Director of Adult Social Services explores the possibility of instigating 'trial runs' at home for patients prior to discharge from Richmond House, to assess how well they will cope.

Response from Adult Social Services

Everyone in a CIC bed at Richmond House has a full assessment while they are there. This can include a home visit and certainly includes a full exploration of their needs in order to return home. Most people returning home from the CIC beds do so with the support of the Intermediate Care Team. They are then reassessed at home by a member of the Joint Care Management Team in conjunction with the ICT. If longer term services are required a Care Plan is presented to the West Gatekeeping Panel.

There are occasions when people return home and the return home does not succeed. In some cases people have then returned to a CIC bed at Richmond House. However, we are looking carefully at this practice in order to ensure that people whose need is for permanent residential care do not return to a CIC bed and wait there, possibly for several weeks, when a CIC bed is no longer required.

As these arrangements are flexible and can accommodate a number of uncertainties, it is felt that the introduction of a 'trial run' will only add a further unnecessary step in what is already a very thorough process.

Recommendation 12:

That progress with the development of Practice Based Commissioning in Leeds, particularly the arrangements for

- *management support for the PBC Forum*
- *patient and public involvement, and*
- *the continuing discussions between Health and Adult Social Care colleagues of joint opportunities presented by PBC*

are monitored by this Scrutiny Board in 2008/9.

Response from Leeds Primary Care Trust (PCT)

Recent reconfiguration of the Practice Based Commissioning (PBC) Consortia in Leeds is outlined below:

Consortia	No. of practices	Population
H3+	31	276496
Leodis Healthcare	30	205093
North East Consortium	13	116277
Leeds Commissioning Collaborative	14	49828
The Wetherby & District Group	5	33155
Church Street Group	6	14964
Unaligned Practices	14	98265

The two largest consortia have fulfilled the requirements of “earned autonomy”, demonstrating that they have robust governance and risk management arrangements in place, and have achieved against previous years’ plans.

The PBC Governance Committee has approved ambitious strategic and operational plans for five of the consortia, and it is anticipated that remaining plans will be approved in September 2008. All PBC plans demonstrate a commitment to national and local priorities, to patient and public involvement and joint working with local authority and third sector organisations.

We anticipate that the number of unaligned practices will reduce as discussions are still taking place between some of these practices and the established PBC consortia. At least seven practices are implementing PBC as individual practices this year, and only two practices in the city have declined to participate in PBC at this stage.

Plans are being developed in partnership with the PBC Forum to establish a Commissioning Executive to ensure strategic connections between different strands of PCT commissioning and PBC. It is anticipated that the new arrangements will be in place in shadow form from October 2008.

The PCT has reviewed the management support for PBC. The dedicated PBC team provides direct support to PBC consortia and practices and facilitates support from other PCT departments, such as Finance, Information, Public Health, Patient and Public Involvement (PPI), and Commissioning. The PCT has invested in a dedicated PBC information system which enables activity and financial information to be made available to support commissioning.

PBC plans are required to describe arrangements for patient and public involvement in the development of commissioning plans and redesign proposals. All PBC consortia have completed a baseline audit of current PPI arrangements, and the PCT is providing support to develop more Patient Participation Groups at practice and consortium level. Some consortia have appointed or are currently appointing lay members to their Boards. The

APPENDIX 1

PCT's PPI team supports the development of focus groups to inform the redesign of services. The Patient Advisory Group, with a wide membership from patient groups and community and voluntary organisations in Leeds, reviews all PBC proposals from a patient and public experience perspective and makes recommendations to the PBC Governance Committee.

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

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