

## **NHS Annual Health Check**

### **Draft Comments of the Scrutiny Board (Health and Adult Social Care)**

#### **Leeds Teaching Hospitals NHS Trust**

##### **Core Standard 17**

**The views of patients, their carers and others are sought and taken into account in designing, planning, delivering and improving health care services.**

As a Scrutiny Board, we feel that compliance with this particular standard is most paramount if we are to move away from an NHS service that does things to and for its patients and create a more patient-led NHS which gives patients choice about how, when, and where they receive services.

We acknowledge that the NHS has been required to consult on changes to health services for many years. However, in relation to the current statutory duties around consultation, which are set out in sections 7 and 11 of the Health and Social Care Act 2001, we are disappointed as a Scrutiny Board to have needed to react to public concerns about a lack of consultation undertaken by the Trust on three separate occasions this year. These refer to decisions made by the Trust to reconfigure renal services in Leeds, to close an elderly ward at Wharfedale Hospital, and more recently, the decision to delay the application to fund a Children's and Maternity Hospital in line with the Making Leeds Better Programme.

We believe that any proposals for service change should be discussed at an early stage with key stakeholders, to identify whether the proposals are substantial, and to gain clarity and agreement on the purpose of consultation.

In future, we would welcome regular communication between local NHS bodies and the Scrutiny Board to help identify substantial proposals at an early stage so that scrutiny can be efficient and effective. We have agreed to revisit our local protocol with all NHS bodies to explore how we can work more effectively together to ensure that where the need for consultation is identified, such consultation is carried out effectively.

##### **Core Standard 18**

**Healthcare organisations enable all members of the population to access services equally and offer choice in access to services and treatment equitably. Access to services and treatment equitably.**

The Government White Paper 'Our Health, Our Care, Our Say' states that service providers and commissioners must continuously find out what people

want from their services and emphasises the strengths of community-based health provision and the importance of giving people a choice in services.

As part of our work programme this year, we carried out an action learning project around Community Development in Health and Wellbeing. We explored the value of this approach in reducing health inequalities and promoting healthier lifestyles by empowering people to articulate their health needs and ways they might be met and then enabling action by local people. Whilst we are yet to publish a report setting out our final conclusions and recommendations, we would like to use this opportunity to emphasise the importance for all providers and commissioners of health and social care services to recognise the value of this approach in establishing the needs of the local population.

#### **C6**

**Healthcare organisations cooperate with each other and social care to ensure that patients' individual needs are properly managed and met.**

#### **D5**

**Healthcare organisations work together and with social care to meet the changing health needs of their population by a) having an appropriately constituted workforce with appropriate skill mix across the community; and b) ensuring the continuous improvement of services through better ways of working.**

In April 2006, the previous Scrutiny Board (Health and Wellbeing) concluded its Inquiry into Older People's Mental Health Services in Leeds. This Inquiry demonstrated the importance of healthcare organisations and social care cooperating with each other to meet the needs of a particular client group. Since April 2006, we have been monitoring the implementation of the recommendations arising from this inquiry.

It has been recognised, both nationally and locally, that older people with mental health problems have not benefited from some of the service developments seen in younger adult health services or for those older people without mental illness.

Whilst acknowledging that improvements had been made in recent years to services for older people with mental health problems in Leeds, there was a clear message from key partners during the Scrutiny Inquiry that resources remained tied up to a disproportionate degree in reactive, acute and institutionalised services and that not enough was being targeted at preventative measures. There was therefore a clear need for local partnerships across health, social care and the independent sector to work together and shift resources across the local economies to support and sustain such preventative services.

Fortunately the Department of Health's 'Partnerships for Older People Projects' (POPP), which was being led by its Older People and Disability Division, aimed

to test and evaluate, through the use of pilots, innovative approaches that would sustain prevention work in order to improve outcomes for older people. Leeds had been successful with its POPP bid application, which focused on the redesign and development of mental health services for older people, and consequently was awarded £4.1 million of pump-priming funding to progress with its redesign proposals.

We will continue to monitor progress in line with the inquiry recommendations and also with the delivery of the POPPs programme in Leeds. In particular, we will be monitoring the commitment from all partners to the whole system re-design of mental health services for older people in Leeds and towards the long term sustainability of the new services beyond the 2 years POPPs grant funding.

### **C13**

**Healthcare organisations have systems in place to ensure that a) staff treat patients, their relatives and carers with dignity and respect; b) appropriate consent is obtained when required for all contacts with patients and for the use of any patient confidential information; and c) staff treat patient information confidentially, except where authorised by legislation to the contrary.**

As part of our work programme this year, we conducted an Inquiry into Dignity in Care for Older People. High quality health and social care should be delivered in a person-centred way that respects the dignity of the individual receiving them. However, it is recognised nationally that older people in particular are not always treated with the respect they deserve.

The timing of our Inquiry coincided with the official launch of the Dignity in Care Challenge by the Department of Health. During our Inquiry, we focused on issues such as personalising services, listening and supporting people in expressing their needs, tackling loneliness and isolation, addressing self esteem and confidence issues, and incorporating dignity in care within staff training programmes.

It is important to help create a zero tolerance of lack of dignity in the care of older people, in any care setting. There is a need to inspire and equip local people, be they service users, carers, relatives or care staff with the information, advice and support they need to take action to drive up standards of care with respect to dignity for the individual.

The findings and final recommendations of our Inquiry will be published end of April 2007 and will be shared with the Healthcare Commission in line with its current work around Dignity in Care.

## C14

**Healthcare organisations have systems in place to ensure that patients, their relatives and carers a) have suitable and accessible information about, and clear access to, procedures to register formal complaints and feedback on the quality of services; b) are not discriminated against when complaints are made; and c) are assured that organisations act appropriately on any concerns and, where appropriate, make changes to ensure improvements in service delivery.**

As part of our Inquiry into Dignity in Care for Older People, we explored the complaints procedures and whistle-blowing policies of local NHS Trusts. It is paramount that patients and their relatives and carers are able to voice any concerns regarding a service and that staff are also given opportunities to express concerns without the fear of retribution from an employer.

Whilst procedures within different Trusts are there to meet the needs of patients and staff, we feel that there would be benefits in developing more consistent complaints procedures and developing common standards across the city to address concerns that have been raised, such as the length of time to resolve complaints and the lack of feedback following complaints.

### **Leeds Primary Care Trust**

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We believe that any proposals for service change should be discussed at an early stage with key stakeholders, to identify whether the proposals are substantial, and to gain clarity and agreement on the purpose of consultation.

In future, we would welcome regular communication between local NHS bodies and the Scrutiny Board to help identify substantial proposals at an early stage so that scrutiny can be efficient and effective. We have agreed to revisit our local protocol with all NHS bodies to explore how we can work more effectively together to ensure that where the need for consultation is identified, such consultation is carried out effectively.

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It has been recognised, both nationally and locally, that older people with mental health problems have not benefited from some of the service developments seen in younger adult health services or for those older people without mental illness.

Whilst acknowledging that improvements had been made in recent years to services for older people with mental health problems in Leeds, there was a clear message from key partners during the Scrutiny Inquiry that resources remained tied up to a disproportionate degree in reactive, acute and institutionalised services and that not enough was being targeted at preventative measures. There was therefore a clear need for local partnerships across health, social care and the independent sector to work together and shift resources across the local economies to support and sustain such preventative services.

Fortunately the Department of Health's 'Partnerships for Older People Projects' (POPP), which was being led by its Older People and Disability Division, aimed to test and evaluate, through the use of pilots, innovative approaches that would sustain prevention work in order to improve outcomes for older people. Leeds had been successful with its POPP bid application, which focused on the redesign and development of mental health services for older people, and consequently was awarded £4.1 million of pump-priming funding to progress with its redesign proposals.

We will continue to monitor progress in line with the inquiry recommendations and also with the delivery of the POPPs programme in Leeds. In particular, we will be monitoring the commitment from all partners to the whole system redesign of mental health services for older people in Leeds and towards the long term sustainability of the new services beyond the 2 years POPPs grant funding.

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The timing of our Inquiry coincided with the official launch of the Dignity in Care Challenge by the Department of Health. During our Inquiry, we focused on issues such as personalising services, listening and supporting people in expressing their needs, tackling loneliness and isolation, addressing self esteem

and confidence issues, and incorporating dignity in care within staff training programmes.

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#### **C23**

**Healthcare organisations have systematic and managed disease prevention and health promotion programmes which meet the requirements of the National Service Frameworks and national plans with particular regard to reducing obesity through action on nutrition and exercise, smoking, substance misuse and sexually transmitted infections.**

In April 2006, the previous Scrutiny Board (Health and Wellbeing) concluded its Inquiry into Childhood Obesity Prevention and Management. In February 2007, we received a progress report on the implementation of the Board's recommendations and on the delivery of the new Leeds Childhood Obesity Strategy.

We learned that a full-time Childhood Obesity Coordinator to support the implementation of the Strategy is yet to be recruited and that the reconfiguration of Primary Care Trusts in Leeds had contributed to this delay in recruitment. We therefore urge that this is addressed as soon possible.

### **Leeds Mental Health Teaching NHS Trust**

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#### **C11**

**Healthcare organisations ensure that staff concerned with all aspects of the provision of health care a) are appropriately recruited, trained and qualified for the work they undertake; b) participate in mandatory training programmes; and c) participate in further professional and occupational development commensurate with their work throughout their working lives.**

In October 2005, a scrutiny inquiry into the Fire Safety Standards of Leeds Mental Health Teaching NHS Trust's PFI Buildings was carried out. As it is mandatory for all staff to receive fire safety training and attend fire safety refresher courses on an annual basis, concerns were raised during the Inquiry about the lack of a consistent approach towards fire safety training for staff within the buildings.

It was recommended to the Trust that it carries out an audit of staff training immediately and reports the findings to its Health and Safety Committee for consideration and action. To help manage the monitoring of such training, it was recommended that this is carried out using a centralised mechanism rather than by individual ward areas.

We have continued to monitor the Trust's progress in implementing our recommendations this year and have welcomed the improvements made. However, it is vital that the Trust's own Health and Safety Committee now continues to monitor the training situation with staff.