

**COUNCILLOR CALL FOR ACTION (CCfA)
SCRUTINY REVIEW PANEL**

ASHBROW HEALTH PROVISION

JUNE 2010

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1. BACKGROUND AND CONTEXT

1.1 Councillor Call for Action

- 1.1.2 On 8 December 2009 the Overview and Scrutiny Management Committee agreed to establish a Councillor Call for Action (CCfA) Review Panel in respect of health provision in the Ashbrow Ward.
- 1.1.3 CCfA was introduced by the Government under the Local Government and Public Involvement in Health Act 2007, to strengthen the role of the ward councillor. It is a process that can be used by a Councillor to act on behalf of residents to resolve a local issue of concern, acting as a last resort for issues that cannot be resolved through any other means. The expectation is that the Ward Councillor(s) must have tried to resolve an issue using all available mechanisms prior to referring the matter to the Overview and Scrutiny Management Committee.
- 1.1.4 The subject of this CCfA request was based on the view of the three Ashbrow Ward Councillors that there had been limited engagement from NHS Kirklees in response to their concerns that there needed to be an improvement to the health provision in the Ashbrow Ward. This was supported by documentation that details concerns regarding health provision in Ashbrow and attempts to resolve this since January 2005.

1.2 Health Provision

- 1.2.1 Both nationally and locally it is recognised that there is a clear link between deprivation and health and that poor health and deprivation increases the need for support and financial investment in national health services over time.
- 1.2.2 The Government White Paper "Our health, our care, our say" clearly states that one of the Government's aims is that it "*will give people more choice and a louder voice*" and "*will give patients a guarantee of registration onto a GP practice list in their locality*". In addition, the Government's vision is "*that services that would serve people better if they were placed in local communities should be located there*".
- 1.2.3 Locally the current administration of Kirklees Council has a commitment to the 'narrowing the gap' agenda with a key priority to close gaps and reduce inequalities between the different communities of Kirklees, of which health is a critical area.
- 1.2.4 NHS Kirklees has a five year strategic plan (2008-2013) in which it recognises "*that there are health inequalities - avoidable gaps in health outcomes experienced by different groups of people within Kirklees*". The plan also highlights the importance of strong primary care to the overall health care system and confirms that the "*immediate challenge is to ensure that core services are accessible to all our local people and that everyone is offered assured high quality services*".

2. TERMS OF REFERENCE

- 2.1 The terms of reference were agreed at the start of the Councillor Call for Action as being:

1. To establish the background and historical context of the CCfA.
2. To examine the current provision of healthcare within the Ashbrow Ward.
3. To understand the socio-economic 'make-up' of the Ashbrow Ward identifying health inequalities and possible gaps in health care service provision.
4. To determine why there have been blockages in providing health care provision in the Ashbrow Ward.
5. To make recommendations on a way forward.

It was also agreed that the Panel would consider relevant national policy and good practice and how the current healthcare provision fits in with the Council's narrowing the gap agenda and the priority to tackle health inequalities.

3. THE PANEL AND WORKING ARRANGEMENTS

- 3.1 The membership of the Panel was set up in accordance with the Council's requirements for establishing a CCfA Panel i.e. that a CCfA Review Panel should consist of:
- Local non executive councillors
 - A scrutiny standing panel member
 - A voluntary co-optee
- 3.2 Following nominations from the three main party Group Business Managers, the Overview and Scrutiny Management Committee formally agreed to the appointment of:
- Cllr Elizabeth Smaje (Chair)
 - Cllr Cathy Scott
 - Cllr Christine Stanfield
 - Geoff Hughes (Co-optee)
- 3.3 The Panel was supported by Richard Dunne from the Scrutiny Office.
- 3.4 The Panel held a series of meetings between 4 February 2010 and 26 March 2010 in order to receive information and evidence from a range of individuals and organisations. This included visiting the Chestnut Centre, Deighton and meeting members of the Huddersfield Deanery project to establish local residents' views and comments.
- 3.5 A full list of attendees, witnesses and details of public involvement are shown in section 6.

4. SUMMARY OF EVIDENCE RECEIVED

4.1 This section of the report will set out for each area of focus a summary of the key evidence that has been received followed by an outline of the Panel's views.

4.2 Public Consultation

4.2.1 Throughout the review the Panel has been determined to ensure that the views and comments from local residents and community groups are taken into account. This exercise in public participation has allowed the Panel to get an understanding of how the issues related to the provision of health care have affected residents and this is reflected in the Panel views that are stated throughout the evidence gathering section of this report.

4.3 Details of the various meetings, interviews and information that have been presented to the panel are detailed in section 6 of this report.

4.4 (1) To establish the background and historical context of the CCfA.

4.4.1 The request to establish this CCfA was agreed after the three Ashbrow Ward Councillors had failed over a long period of time to establish, in their view, any meaningful engagement with NHS Kirklees in response to their concerns regarding an improvement of local health provision in the Ashbrow Ward.

4.4.2 Verbal evidence received from the Ward Councillors indicates that, as far back as the late 1990's, the issue of deprivation in the area and what the Ward Councillors saw as a clear need to enhance and improve access to core health services had been raised and discussed with health professionals.

4.4.3 Ashbrow Ward Councillors made reference to a series of meetings held from 2000 onwards by a "Locality Local Area Group" which comprised of Ward Councillors, Community Nurses, General Practitioners (GPs) and a Manager from the Primary Care Trust (PCT). This progressed the issue of improvement in the provision of local health care to such an extent that an architect was commissioned to draw plans for a new surgery to accommodate up to six GPs and associated health practitioners.

4.4.4 Documentary evidence from January 2005 includes a map detailing a proposed location in Deighton for a new doctors' surgery, this is followed by a letter dated 9 March 2005 from the Estates Project Director for the then Huddersfield Central PCT which states that a new "*ideal location*" has been identified and that "*the funding for the Health Centre has been prioritised by the PCT*" and "*the PCT is totally committed to building a new facility*".

4.4.5 Further documentary evidence has been supplied by the Ashbrow Ward Councillors covering the period from June 2006 to January 2010 which details minutes of meetings, correspondence from the PCT and from NHS Kirklees, plus Ward specific documentation.

- 4.4.6 In October 2006, NHS Kirklees was formed following the merger of the three Kirklees Primary Care Trusts. Verbal evidence to the CCfA Panel from the Chief Executive of NHS Kirklees acknowledges his awareness that conversations had taken place with representatives under the old PCT structure concerning the provision of additional health premises.
- 4.4.7 However, the current management team from NHS Kirklees has been unable to comment on any discussions prior to October 2006 as they cannot locate documentation to support any formal agreement by the previous PCT management team regarding development of premises within Ashbrow Ward.
- 4.4.8 Following the creation of NHS Kirklees the new management team took the decision to stop any further work on developing new health premises in the Ward until they had developed a comprehensive estate strategy. This strategy was published in December 2007 and identified around 20 priority areas including Ashbrow.
- 4.4.9 NHS Kirklees has stated that based on where it has assessed the potential need to be, it has taken the view that the Bradley area would be the best location for the siting of new premises. In addition, NHS Kirklees has stated that discussions have taken place, which included the views of Ward Councillors, to establish the type of services that would need to be delivered from the premises.
- 4.4.10 NHS Kirklees was pursuing the plan to move forward with the development until just before the end of 2009 when the NHS operating framework was issued. The revised framework stipulated that significant savings across the health service had to be made and this resulted in NHS Kirklees having to present new financial plans in the context of this financial challenge.
- 4.4.11 Documentary evidence has been supplied that shows a table detailing the impact of the new affordability constraints on all the GP premises that are, or have been, under active consideration and planning. The document highlights the scheme for the Ashbrow Ward, which is identified as Ashbrow/Deighton, and recommends that it proceeds *“only if affordable in light of overall PCT budget position”*.

PANEL VIEW

- The Panel is confident that the evidence that has been supplied accurately reflects the background to the CCfA and supports the decision to proceed with this review.
- Based on the information and evidence that has been presented, the Panel is satisfied that it has been able to identify the issues that have contributed to the delay in progressing the development of new health premises in the Ashbrow ward.
- The Panel has concerns over the inconsistency of communication that occurred between management of the original Primary Care Trust and the new organisation, NHS Kirklees, that was formed in October 2006.
- The Panel believes that the lack of a robust audit trail in the record keeping of documentation and decision-making by the original Primary Care Trust has had a direct impact in the delays to resolving the issue of the provision of healthcare in the Ashbrow ward.

4.5

(2) To examine the current provision of healthcare within the Ashbrow Ward.

4.5.1 Documentary evidence commissioned by the Panel included a map detailing the main primary care services located in, or near to, the Ashbrow Ward. Analysis of this information shows the following provision in the Ward:

Primary Care Services within Ward Boundary

GP Practice (2 Main GP Surgeries)

- Woodhouse Hill Practice
 - 4 registered doctors
- Fartown Green Road Practice
 - 2 registered doctors

1 Branch GP Surgery +

- Keldregate Surgery (managed by the Grange Group Practice)
 - 8 registered doctors

Dentist (2 NHS Dental Practices)

- Deighton Dental Practice
 - 1 registered Dentist
- Fartown Dental Practice
 - 2 registered Dentists

Optician

No provision

Pharmacy

4 Pharmacies

- Cohens (Sheepridge road)
- Asda (Longhill Road Brackenhall) open 7 days a week
- Medicare (Cophorne Square Bradley)
- Siddique (Spaines Road Fartown)

+ Managed by the Grange Group Practice with GP availability based on restricted hours. See appendix 1 for further details

* These dental practices may also take private patients but are not required to inform NHS Kirklees about this aspect of the business.

**Primary Care Services outside but in close proximity (within ¼ mile)
to Ward Boundary**

GP Practice (2 Main GP Surgeries)

- Fartown Health Centre
 - 1 registered doctor
- The Grange Group Practice
 - 8 registered doctors

Dentist

None

Optician

None

Pharmacy

1 Pharmacy

- S T Shaw (Spaines Road Fartown)

4.5.2 Verbal evidence from the Chief Executive of NHS Kirklees focused on the different ways that health services can be delivered in a community and highlighted examples such as district nursing, health visiting and the integration of health services into facilities such as the Chestnut Centre.

4.5.3 NHS Kirklees is exploring different methods and pathways to deliver health services to local communities and states that *“the direction of travel going forward is to actually look at how we can integrate more of our community services into an integrated model of care”*. Documentary evidence provided by NHS Kirklees details a variety of initiatives that are available to the residents of the Ashbrow ward.

4.6 Health Service Initiatives

4.6.1 District Nursing

In October 2008 an initiative called District Nursing Route To a Solution (RTS) was introduced and resulted in all district nursing teams being attached to GP practices. The Ashbrow team comprises a district nurse team leader and a team of nurses who are attached to the Grange Group Practice.

4.6.2 Community Matron

Investment has been made in the appointments of Community Matrons who, like the district nurses, are allocated to a GP Practice. Four matrons have been allocated to the Huddersfield North Locality and one of the matrons has joined the Ashbrow team attached to the Grange Group Practice. The community matrons and district nurses will follow their GP's patients irrespective of where they live.

4.6.3 Staff Operating in the Ashbrow Area

The following staff currently operate in the Ashbrow Ward area¹;

Health Visitors	7	Administration	5
Nursery Nurses	1	Auxiliaries	3
District nurses	35	Community matrons	4

4.6.4 Health Visiting Service

In the Ashbrow Ward there is a team of seven health visitors, one nursery nurse and two administration staff based in the Chestnut Centre. All families who have children between the ages of 0 to 5 are allocated a health visitor who will assess each family to make an assessment of health and social needs.

4.6.5 Chestnut Children's Centre

The Chestnut Centre houses family support workers and home start workers who provide a variety of services such as Nursery respite and financial advice. Health visitors are co-located within the centre and close working takes place to ensure that broad coverage of families takes place in order to identify and address issues. This is supplemented with monthly Every Child Matters Hub meetings which involve a variety of partners such as midwifery, housing and lifeline.

In addition, a variety of other services are offered at the centre including: a baby clinic; baby group; Contraception and CaSH (Contraception and Sexual Health) clinics and life style classes including dietary advice and smoking cessation.

4.6.6 Other initiatives

In addition to the services described above NHS Kirklees has submitted details of a number of schemes that are designed to support, improve and widen the scope for the delivery of health and health related services including:

- Minor Ailments Scheme
- Diabetes One Stop Shop
- Medicines Management Review Scheme
- D Dimer testing
- Walking initiatives
- Patient Advice and Liaisons Service
- Under 5s

Details of these schemes can be found in Appendix 2 of the report.

¹ This information was provided to the Panel after the official evidence gathering phase had been completed

PANEL VIEW

- The Panel welcomes the initiatives being introduced by NHS Kirklees, the Council and other agencies and believes that this shows a positive approach to providing health provision in local communities.
- Based on the feedback gathered from local residents the Panel believes that the communication of the health initiatives has not been very effective and Panel members are not convinced that significant numbers of local residents are aware of these services.
- Despite the variety of initiatives on offer to local residents, the Panel is still unclear as to what services are available to address health issues pertinent to each local community, for example, how elderly residents living in Bradley should get access to podiatry services.
- The Panel notes the difficulty residents have in obtaining an appointment with a doctor at the Keldregate Surgery. The Panel also notes that local residents have to request appointments at the Keldregate Surgery rather than being offered the option to be seen there.
- The Panel was surprised and concerned at the relatively large numbers of residents that are choosing to travel, in some cases significant distances, to doctors' surgeries outside the Ashbrow Ward boundary. The Panel do however note that those surgeries located in or close to the Ashbrow Ward boundary do have open lists.
- Taking account of the size of population of the Ashbrow Ward, the Panel would wish to see local residents have the choice of being able to register with a doctor that would offer access to a surgery near to where large numbers of people live.
- The Panel notes the difficulty that some residents have in accessing an NHS dentist in the Ashbrow Ward.
- The Panel notes that the vast majority of residents travel to Huddersfield Town Centre to access the services of an optician.

4.7

(3) To understand the socio-economic 'make-up' of the Ashbrow Ward identifying health inequalities and possible gaps in health care service provision.

4.7.1 Verbal evidence from the Ashbrow Ward Councillors has focused on the Ward being one of the most socially economically deprived areas in Kirklees. This point is supported by the level of neighbourhood renewal funding that the area has received, this being issued to those communities that are within the 10% most deprived in Europe.

4.7.2 The Index of Multiple Deprivation (IMD) combines a number of indicators that cover a range of economic, social and housing issues, into a single deprivation score. When looking at the 50% most deprived of Lower Super Output Areas by the IMD 2007, areas of Brackenhall, Sheepridge, Fartown and Deighton are highlighted as being in the 10% most deprived.

4.7.3 A similar index that focuses on the IMD Health Domain also shows the same areas above as being in the 10% most deprived.

- 4.7.4 Across the Ward, the percentage of council tax benefit claimants (July 2009) claiming some or all of the benefit averages 32.3%, against a Kirklees average of 24%. Some areas of Brackenhall, Sheepridge, Fartown, Deighton and Bradley show claimant levels from 38.5% to as high as 74.6%.
- 4.7.5 Other key indicators show Ashbrow Ward to have 8.5% (against a Kirklees average of 5.9%) claiming incapacity benefits (February 2009) and 33.2% of families in the Ward claim both Working Tax Credit (WTC) and Child Tax Credit (CTC) against a Kirklees average of 28.9% (August 2006).
- 4.7.6 Verbal and documentary evidence submitted by the Director for Public Health (DPH) highlighted the difficulty that NHS Kirklees has in terms of identifying specific health issues at ward level. Health data is produced by 'locality' which, for Ashbrow Ward, means it is included within Huddersfield North data.
- 4.7.7 The DPH stated that the use of data beneath locality level can become very difficult to accurately interpret due to the relatively small sample size. This has meant that the Ashbrow Ward has not been separated out in order to statistically identify its health needs and potential inequalities.
- 4.7.8 The DPH referred to the Huddersfield North Locality Health Plan which identifies the key health priorities in the area as including: alcohol; emotional wellbeing; smoking; physical activity; obesity and long term conditions (pain). All of these health issues are predominately related to deprivation, which the DPH concluded are likely to be significant in those areas of the Ashbrow Ward that have been identified as being the most deprived.
- 4.7.9 Due to the levels of deprivation in the Ward and relatively low levels of income, (a quarter of the population has income under £10,000) the need for a good public transport service to access health services is important. Documentary evidence includes a map that details the major and minor bus routes serving the ward.
- 4.7.10 Further analysis of public transport, supplied by the Community Liaison and Accessibility Coordinator for Metro, shows that significant areas of the Ward are within 15 minutes of travel time by public transport to the main GP and branch surgeries that have been identified as being located within or very close to the Ward boundaries.
- 4.7.11 Details of the sources of information that has been used to gather the various economic and social indicators relating to Ashbrow Ward and the Huddersfield North Locality are listed in section 7 of the report.

PANEL VIEW

- The Panel notes that NHS Kirklees and the Council do not analyse health data covering the Ashbrow Ward because of the statistical difficulties in accurately determining the results from a relatively small sample size.
- The Panel acknowledge that there are areas in Ashbrow Ward which suffer from high levels of deprivation and where the need for convenient access to comprehensive wide ranging health care provision is extremely important.
- The Panel is pleased that large areas of the Ashbrow Ward have access to a regular public transport service. The Panel did however note that some users of public transport experience difficulties in having to cross the busy Bradford Road at the junction in Fartown in order to access the Grange Group Practice.
- The Panel notes that some elderly residents in Bradley spend £10 on return taxi trips for a single visit to the Grange Group Practice.

- 4.8 (4) To determine why there have been blockages in providing health care provision in the Ashbrow Ward.

- 4.8.1 During 2004, work was carried out between the Deighton Brackenhall Initiative (DBI) Chief Officer and the Estates Director for the PCT², where it was agreed that a new health centre for the area was a priority. This led to a site being identified and to Southdale Homes being commissioned to start developing a scheme although the site was later assessed as being unsuitable.
- 4.8.2 Verbal evidence from the DBI Chief Officer confirms that during the period 2004 - 2005 DBI was negotiating to purchase a site in the middle of Sheepridge, which was supported by the PCT. An onsite meeting was held with the PCT Chief Executive at the time to discuss the proposal and detailed plans were drawn up.
- 4.8.3 Documentary evidence in a letter dated 9 March 2005 from the Estates Project Director South Huddersfield PCT states that the Huddersfield Central PCT had identified a site with the potential to provide a new health facility. The letter confirms that the need for a facility in Deighton is of *“the highest priority”* and that the *“funding for the health centre has been prioritised by the PCT”*.
- 4.8.4 Verbal evidence from the DBI Chief Officer states that, following the creation of NHS Kirklees in October 2006, the DBI team was informed by the new PCT management team that any plans agreed by the previous organisation could not be taken forward until the completion of an estate review. This stance led to the collapse of the DBI’s plans for the site then under consideration, as it was unable to pursue the proposals for a new health centre without a firm commitment from NHS Kirklees.

² References made to the PCT prior to October 2006 relate to the old structure and management team which comprised of Huddersfield Central PCT, South Huddersfield PCT and North Kirklees PCT.

- 4.8.5 Verbal evidence from the DBI Chief Officer and the ward councillors indicates that communication with the NHS Kirklees management immediately after the introduction of the new organisation was poor, with no response being received to their requests to move discussions forward.
- 4.8.6 Notes of a meeting held on 6 January 2009 which included Ward Councillors, DBI Chief Officer, Chief Executive NHS Kirklees and other NHS Kirklees representatives states that *“the Kirklees PCT are now in a position to go ahead with the Ashbrow Plan. They will go to third party development now with GP’s”*. At the same meeting it is agreed that *“Kirklees PCT would communicate with members more readily on issues affecting the Ashbrow Ward, admitting that they had not done so very well in the past”*.
- 4.8.7 Documentary evidence from notes of a meeting held on 16 March 2009, which included those who attended 6 January meeting, stated that NHS Kirklees had approved a new health facility in Ashbrow and that the Estates Director was awaiting authorisation of expenditure. Agreed actions from the meeting included written confirmation to the Ward Councillors covering details of NHS Kirklees’ plans; clarification on whether the plans were factual or inspirational; and timescales.
- 4.8.8 Documentary evidence from a letter dated 1 April 2009 from the Chief Executive of NHS Kirklees to Ward Councillor Ken Smith states that an initial discussion with local GPs regarding relocating to a site in Sheepridge had begun and that the PCT had appointed consultants to work with GPs in moving forward with a proposed development in Bradley.
- 4.8.9 Minutes from the Ashbrow Ward Committee meeting on 17 September 2009 include comments from the Executive Director of Commissioning and Strategic Development of NHS Kirklees. While presenting an outline of the current plans for the Ashbrow area she warned that due to financial constraints it was unlikely that the development of two health facilities in the Ward would be progressed. It was agreed that the Ward Councillors would be given an update at the November 2009 meeting.
- 4.8.10 Verbal evidence from the Ward Councillors indicated that, following the September 2009 meeting, no further updates or communications had been received from NHS Kirklees, despite a number of attempts via email to progress the discussions.
- 4.8.11 Verbal evidence from the Chief Executive of NHS Kirklees stated that NHS Kirklees was actively pursuing a development in the Bradley area up until December 2009 when the NHS operating framework was issued with a directive to provide significant budget savings. The key issue highlighted against the Ashbrow development is that it could only proceed if NHS Kirklees were able to make provision for sufficient revenue to support the proposal.

PANEL VIEW

- The Panel believes that the change in the organisational structure in October 2006 that led to the creation of NHS Kirklees was a key factor in the delay in reaching a satisfactory resolution in dealing with the issue of health care provision through new health premises in the Ashbrow Ward.
- The Panel acknowledges that NHS Kirklees was taking positive steps in addressing the need to provide additional health premises in the Ashbrow Ward.
- The Panel accepts that the requirement for NHS Kirklees to revise its operating framework in December 2009 has led to financial uncertainty in the ability of NHS Kirklees to be able to fund additional premises in the Ashbrow Ward.
- The Panel believes that NHS Kirklees has not communicated effectively the reasons why there have been difficulties in establishing a suitable site and obtaining the finance for the development of new premises, despite evidence showing a number of sites being available in the Ashbrow Ward.
- This issue has not been helped by the recent move by NHS management staff to new headquarters in Bradley. The views that have been expressed by members of the public indicates that there is a perception amongst some residents that resources are available to fund new premises for NHS management staff but not for new premises to provide services for local residents in Ashbrow.

5 RECOMMENDATIONS

5.1 That NHS Kirklees should strengthen and improve its internal and external communication processes. Although it is the business of NHS Kirklees as to how it operates its internal communications, the Panel would recommend that a framework is developed for dealing with external communications that should include:

- Strengthening links and dialogue with Ward Councillors in addressing health matters which have a direct impact on Ward residents.
- Improving the methods of communication to members of the public, both to announce changes to plans affecting planned health provision and to promote new local health initiatives.
- Taking a proactive approach in communicating to members of the public, for example producing an NHS newsletter and distributing this to local residents – Panel members suggest that this may be a more effective method of communication than the common practice of producing and distributing individual health service leaflets to health practices.
- Introducing an audit trail for communication to monitor effectiveness of actions.

5.2 That priority should be given to the provision of additional health premises that provide a wide range of health services for the residents of the Ashbrow Ward. The Panel feels there is a need to offer a local choice for residents in the Ashbrow Ward to have easy and convenient access to health provision, with particular emphasis on:

- Focusing services on the most deprived families living in the ward.
- Enabling elderly residents to have the choice of where they can access their health care and tailoring services to meet their needs.
- Provision for the disabled and those who are in need of long term health care.

The Panel members appreciate the difficult financial circumstances facing NHS Kirklees but would wish to see the scheme that has been identified in the premises review as Ashbrow/Deighton being progressed as soon as it is financially viable.

5.3 That NHS Kirklees explores the usage of existing community buildings and Council owned properties to provide bases for the provision of health care. For example, the Panel has seen a room in the Chestnut Centre at Deighton that it understands meets the required standards for a doctor to hold a surgery but which is currently rarely used.

5.4 That NHS Kirklees reviews the provision of NHS dentists and opticians for the local residents of the Ashbrow Ward. This review should include:

- Consideration to include dental services in new health premises.
- Offering places with an NHS dental practice that take account of personal circumstances such as provision of transport or difficulties in access due to disability.
- An investigation into how local residents who are entitled to free eye tests could receive this service within a community setting.

- 5.5** That following the completion by NHS Kirklees of the revised financial operating budget, the Panel requests that NHS Kirklees presents to the Panel the impact on resolving the issue of local health provision in the Ashbrow Ward.

6 ATTENDEES AND WITNESSES

The review was carried out during February 2010 and March 2010 and included reviewing relevant documentation and interviews with:

- Gill Bell - NHS Kirklees
- Andi Briggs - Deighton Brackenhall Initiative Chief Officer
- Cllr Jean Calvert - Ashbrow Ward Councillor
- Jan Giles - NHS Kirklees
- Cllr Cath Harris - Ashbrow Ward Councillor
- Dr Judith Hooper - Director of Public Health
- Mark Jenkins - NHS Kirklees
- Mike Potts - NHS Kirklees
- Elaine Sergeant - NHS Kirklees
- Cllr Ken Smith - Ashbrow Ward Councillor
- Spencer Wilson - Community Governance Officer

Public Involvement

The Panel was keen to ensure that the opinions and comments from local residents and community groups were taken into consideration and decided to take a proactive approach to involving local residents, this included:

- Sending out posters advertising and promoting the review to approximately 50 locations across the Ashbrow Ward
- Issuing two press releases encouraging local residents to contribute to the review
- Developing a questionnaire for residents to complete that was also available electronically on the Kirklees website
- Sending out letters to local organisations and voluntary groups
- Using the Kirklees Local Involvement Network (LINK) to help approach individuals and groups
- Panel visits to the Chestnut Centre Deighton and the Friday Friends group (for elderly residents in Bradley) that is supported by the Deanery Project
- Public meeting held to hear public comments and views

The results of this approach are detailed below:

- 26 interviews and questionnaires completed following the visit to the Chestnut Centre
- 20 interviews and questionnaires following the visit to the Friday Friends Group
- 3 completed questionnaires submitted via Kirklees LINK
- Letters received from two local residents and a local organisation
- 2 e-mails
- Verbal presentations from 2 members of the community and a local organisation
- A petition was handed to the Panel “in support for a much needed health centre, including a doctors’ surgery, in the Bradley area” that was signed in total by 542 individuals

7 SOURCES OF EVIDENCE

- Ward Profiles (October 2009) Ashbrow - produced by the Policy and Governance Service
- Extracts from Current Living in Kirklees (CLIK) 2008
- A series of maps of the Ashbrow ward detailing:
 - Most deprived 50% of Lower Super Output Areas* by the Index of Multiple Deprivation 2007 Health Domain
 - Most deprived 50% of Lower Super Output Areas by the index of Multiple Deprivation 2007
 - Percentage of Job Seekers Allowance claimants (December 2009) by Lower Super Output Areas
 - % of Incapacity benefit/Severe Disablement Allowance claimants by Lower Super Output Areas
 - % of Council Tax Benefit claimants (July 2009)
 - Primary care Services in Ashbrow
 - Potential primary care development sites, Ashbrow ward
 - Settlement boundaries, Ashbrow Ward
 - Straight line distance from patient postcode to main GP surgery (July 2009) covering Brackenhall, Bradley & Colne Bridge, Cowcliffe, Deighton, Fartown, Fixby, Hillhouse, Sheepridge
 - Community buildings in the Ashbrow Ward
 - Properties owned by Kirklees Council located in the Ashbrow Ward
- Huddersfield North Locality Plan Executive Summary
- Extracts from Department of Health White Paper "Our health, our care, our say: a new direction for community services"
- Practice based commissioning plan, Huddersfield's Commissioning Consortium 2009/11
- Extracts from NHS Kirklees, Ambitions for a Health Kirklees, Five year Strategic Plan 2008-2013
- A selection of minutes from Ashbrow ward committee meetings 20 March 2008 - January 2010
- Presentation on the Local Area Agreement 2008-11: Worklessness Indicator NI 153 - produced by Kirklees Economic Development Service
- A selection of evidence (between 2005 - 2010) detailing correspondence; minutes of meetings and various other documents supporting meetings and discussions between the Ashbrow ward councillors and NHS Kirklees and the previous PCT
- Joint Strategic Needs Assessment for Kirklees 2009 - produced by the Kirklees Partnership
- Examples of how NHS Kirklees are engaging with hard to reach groups - supplied by NHS Kirklees
- Kirklees PCT Draft Estates Development Strategy 2009/13
- Health Centres in Ashbrow - produced by Public Health Intelligence NHS Kirklees February 2009
- Local Health Plan for Huddersfield North - Draft report supplied by NHS Kirklees
- Details of various health initiatives being supported by NHS Kirklees and Kirklees Council - supplied by NHS Kirklees
- Brief overview of the Key Priorities in Huddersfield North - Supplied by NHS Kirklees

- NHS Kirklees, Review of premises in the light of new affordability constraints (version Board 25 November 2009)

Keldregate Surgery opening hours

Day	Time	Staff Available
Monday	9:00 am - 12: 00 pm	GP, Practice Nurse, Nurse Practitioner
	2:00 pm - 5:00 pm	GP
Tuesday	9:00 am - 12:00 pm	Health Care Assistant
	2:00 pm - 5:00 pm	GP, Health Care Assistant
Wednesday	9:00 am - 12:00 pm	GP, Midwife
	2:00 pm - 5:00 pm	GP
Thursday	9:00 am - 12:00 pm	Practice Nurse, Midwife
	3:00 pm - 6:00 pm	GP
Friday	8:30 am - 12:30 pm	Health Care Assistant
	9:00 am - 12:00 pm	GP
	1:50 pm - 3:30 pm	Practice Nurse

Monday to Friday between the hours 8:30 am to 6:30 pm the surgery is staffed by reception staff

Health Initiatives

Minor Ailments Scheme

A Minor Ailments Scheme is commissioned for the patient population of 7 GP practices in the Fartown/Birkby area, and is provided from 10 Community Pharmacies local to the GP practices and in key locations e.g. supermarkets.

This service provides an alternative route for patients into primary health care, and includes a 10 minute consultation, provision of patient advice leaflets and over the counter medication on prescription for patients exempt from prescription charges. Patients not exempt from prescription charges can purchase the medicines over the counter. People can continue to access the free advice from pharmacists e.g. on suitable over the counter medications, etc.

Diabetes One Stop Shop

The Grange Practice have developed and deliver a “One Stop Shop” for diabetes care which brings together all the specialists that a patient would need to see in one half day appointment. The service therefore includes appointments with the dietician, ophthalmologist, specialist diabetes nurse, endocrinologist where necessary, podiatrist etc as necessary.

Feedback from the patients has been extremely positive in both improving the convenience for patients but also in increasing uptake of the services and therefore improving the quality of patient care.

This service was praised by Dr Rowan Hillson who described the service as demonstrating a model for future diabetes care.

Medicines Management Review Scheme

The Medicines Management Scheme aims to improve the patient’s experience of healthcare and optimise patient treatment through improved prescribing and medicines management and to reduce the cost of waste prescribing thereby improving value for money.

The scheme provides face to face patient medicines management reviews for patients aged over 60 years. The reviews provide an in-depth assessment of the patients prescribing needs, ensuring patients are on the appropriate treatment to protect health, as opposed to reacting to ill health.

The patients targeted for this service will predominantly have complex long term conditions and be high users of medication, i.e. 4 or more items with co-morbidity. They will possibly be at high risk of complications from prescribed medications. The housebound and less mobile patients receive home visits.

- An in-depth assessment will be used to develop tailored medicines management solutions for vulnerable older people. The pharmacist will provide intensive support for patients, developing pharmaceutical care plans that enable patients to administer their own highly complex medical

- Improving management of long term conditions e.g. prescribing additional drugs to gain better symptom control.
- Improving convenience for patients through synchronising prescriptions.
- Identifying need for patient reviews leading to better patient understanding of their medicines.

D Dimer testing

Currently being trialled at The Grange Group Practice this service provides point of care testing for suspected DVT (deep vein thrombosis). National statistics indicate that only 20% of patients presenting with potential DVT are subsequently diagnosed with DVT.

Benefits to the patient:

- access to this key diagnostic test closer to home (in GP surgery/HC).
- avoidance of a hospital attendance with associated risks and inconvenience.
- immediate reassurance if result is negative or immediate treatment plan for positive diagnosis.
- mainly dealing with known staff in a familiar setting makes for a comfortable, more streamlined process.

Training and Education

The Huddersfield Commissioning Consortium has developed a number of initiatives to increase clinical education through the provision of:

'First Tuesdays' – educational evening meetings held monthly for GPs and allied health professionals. These sessions usually involve clinical education with a specialist followed by discussion and development of local care pathways.

Clinical Peer Review for GPs – held quarterly in Huddersfield to improve clinical referral behaviour and share experiences and learning amongst GPs.

Clinical Training – using Freed up Resources made available through efficiency savings the Huddersfield Commissioning Consortium have invested £90,000 for investment in clinical education, which for example has included practice nurse attendance on sexual health courses; GPs/Nurse Practitioners attending specialist training e.g. acupuncture training, dermatology.

Practice Management – Investment in practice management and administration has also been invested in through Freed up Resources with a number of 'customer care' training sessions having been undertaken, a receptionist training programme now running and a programme for practice managers about to commence.

Walking Initiatives

Health walks (HW) in the Ward with various Meeting Points working with different organisations;

Bradley Deanery Project

HW - Monday 1.00pm contact Judith 01484 300094

Fartown Health Centre

HW - Monday 1.30pm contact Kelly 01484 234092

Woodscape Walks, Bradley Gate Woods, Stuart Place

HW - Saturday 10.00 am contact Judith 01484 349489

There are 16 trained walk leaders from Ashbrow Ward, of these, 9 are active currently and leading walks, some for partner agencies with vulnerable groups:

Deighton 5

Fartown 6

Bradley 4

Fixby 1

Patient Advice and Liaisons Service (PALS)

All GP practices in the ward signed up. The Grange Group Practice is top of the league in the ward with 112 referrals received this year.

Group activities happen in Deighton but many people in the Ward travel to the Stadium to access provision

UNDER 5s

Toddle 4 Life

Up until October 2009 Toddle 4 Life every Tuesday at 11am from Ashbrow Children's Centre. These were exceptionally well attended during the holidays. Physical Activity Development Team officers leading the walk to and from the centre and then the staff at the centre providing activities for the families on their return (making it a full day of events for them). This is going to start up again in April with an Easter launch, then it will be every Tuesday at 11.00am thereafter.

Tots Bee- Fit

Weekly activity - Deighton

Mini moo -vers

Weekly activity - Deighton

Moving More Often (MMO)

24 trained leaders from the Ashbrow area, some do not necessarily lead group activities within the Ward but in other settings but MMO group activities are running at:

Willow Dene Care Home

Deighton Sports Centre

Sundale House

Over 50s clubs Fartown

Deanery Project, Bradley

Activities for Teenage Girls

Deighton Centre - girls breakdance 10 - 16 target age group

Cheerleading as part of holiday activity scheme with approx 40-50 girls between the ages of 10-16 were part of this. These girls were from the areas i.e. Deighton, Ashbrow and Bradley.

Links also with primary schools for dance activity and Mission Active Kirklees.

All schools in the Ward have been or will be offered the opportunity to get involved with Essentially Dance.

9. ACTION PLAN

COUNCILLOR CALL FOR ACTION SCRUTINY PANEL

ASHBROW HEALTH PROVISION

Recommendation	Responsibility to co-ordinate response	Recommendation agreed? Yes/no/already happening/ work required	Lead Officer to implement action	Estimated date of completion of action
<p>1. That NHS Kirklees should strengthen and improve its internal and external communication processes. Although it is the business of NHS Kirklees as to how it operates its internal communications, the Panel would recommend that a framework is developed for dealing with external communications that should include:</p> <ul style="list-style-type: none"> • Strengthening links and dialogue with Ward Councillors in addressing health matters which have a direct impact on ward 	NHS Kirklees	Work is ongoing with Kirklees Council on how we develop locality working and engage effectively with the community and local elected members. The Primary Care Trust (PCT) is	Merran McRae – Kirklees Council, Mike Potts & Sheila Dilks – NHS Kirklees	NHS Kirklees to agree timescales with Kirklees Council ³

³ The Panel acknowledge that the Council are implementing revised area governance arrangements. It is understood that the terms of reference for these committees may include providing a forum for consultation with health partners. The Panel believe that the success of this action will depend on the effectiveness of the new structures and how NHS Kirklees are able to interact with them.

Recommendation	Responsibility to co-ordinate response	Recommendation agreed? Yes/no/already happening/ work required	Lead Officer to implement action	Estimated date of completion of action
<p>residents.</p> <ul style="list-style-type: none"> Improving the methods of communication to members of the public, both to announce changes to plans affecting planned health provision and to promote new local health initiatives. Taking a proactive approach in communicating to members of the public, for example, producing an NHS newsletter and distributing this to local residents – Panel members suggest that this may be 		<p>committed to supporting this work.</p> <p>Agreed, with proviso that many initiatives/services are targeted at those with specific needs, ie not for whole population, so we will use frontline staff or specific networks to communicate. The re-focus of Area Committees should help with this work. Where services have been commissioned, such as the minor ailments scheme, NHS Kirklees will commit to: reviewing and improving methods of promotion and where appropriate re-launching an initiative.</p> <p>Not accepted. Already have produced 4 editions of such a newsletter with very little impact. NHS Kirklees is however committed to the use of extensive media to promote universal</p>	<p>Lead will be allocated dependent on the subject or initiative.</p>	<p>With immediate effect and Ongoing</p>

Recommendation	Responsibility to co-ordinate response	Recommendation agreed? Yes/no/already happening/ work required	Lead Officer to implement action	Estimated date of completion of action
<p>a more effective method of communication than the common practice of producing and distributing individual health service leaflets to health practices.</p> <ul style="list-style-type: none"> Introducing an audit trail for communication to monitor effectiveness of actions. 		<p>initiatives.</p> <p>Plans are already in place for carrying out a review of communication activity. For example:</p> <ul style="list-style-type: none"> A recent initiative for producing a joint Kirklees/NHS Kirklees newsletter will be reviewed to assess its effectiveness. A public survey is carried out by the Strategic Health Authority. Conversations have taken place with Voluntary Action Kirklees around the evaluation process of the effectiveness of NHS Kirklees communication & involvement work with local people 	<p>Helena Corder, NHS Kirklees</p>	<p>Current and Ongoing</p>

Recommendation	Responsibility to co-ordinate response	Recommendation agreed? Yes/no/already happening/ work required	Lead Officer to implement action	Estimated date of completion of action
		<ul style="list-style-type: none"> The responses to various initiatives in the area are also used as evidence of successful communication, although this is shown by the individual initiative Further details on the NHS Kirklees communication initiatives can be found in the Patient & Public Involvement Annual Report. 		
<p>2. That priority should be given to the provision of additional health premises that provide a wide range of health services for the residents of the Ashbrow Ward. The Panel feels there is a need to offer a local choice for residents in Ashbrow Ward to have easy and convenient access to health provision⁴, with particular emphasis on:</p>		<p>The provision of new health premises in the Bradley area remains a priority when the financial position improves.</p>	<p>Bryan Machin & Mike Potts – NHS Kirklees</p>	<p>From October 2010 as part of the 2011/12 budget setting process.</p>

⁴ The Panel is pleased to note that in response to the Panel view, regarding the difficulty residents have in obtaining an appointment with a doctor at Keldregate Surgery, NHS Kirklees has stated that the receptionists at the Grange Group Practice will now take a more proactive approach in offering residents the option to be seen at the Keldregate Surgery.

Recommendation	Responsibility to co-ordinate response	Recommendation agreed? Yes/no/already happening/ work required	Lead Officer to implement action	Estimated date of completion of action
<ul style="list-style-type: none"> Focusing services on the most deprived families living in the ward. Enabling elderly residents to have the choice of where they can access their health care and tailoring services to meet their needs. Provision for the disabled and those who are in need of long term health care. 		<p>Already happening with caveat NHS care focuses on clinical/behavioural need not deprivation per se. Also outreach services play a significant role in engaging with hard to reach individuals and groups.</p> <p>All GPs have open lists and provide a full range of services for elderly people. If clinically appropriate, GPs will carry out home visits for patients, including elderly, disabled and those who are in need of long term health care. The PCT is starting to introduce telehealth care⁵ for those with long term conditions</p>	<p>Sheila Dilks and Joanne Crewe, NHS Kirklees</p>	<p>Current and ongoing</p> <p>Current and ongoing</p>

⁵ Telehealth is a new service that provides technology to allow patients to manage their illness from the comfort of their own home. Currently there is one patient in the Ashbrow Ward using this technology (there was a second but this service was withdrawn as it wasn't suitable for the patient). The plan is to increase the use of this technology over the coming months and years. The first 100 units are now being rolled out across Kirklees and further expansion of the service will be ongoing subject to the suitability of patients being able to use this technology.

Recommendation	Responsibility to co-ordinate response	Recommendation agreed? Yes/no/already happening/ work required	Lead Officer to implement action	Estimated date of completion of action
<p>The Panel members appreciate the difficult financial circumstances facing NHS Kirklees, but would wish to see the scheme that has been identified in the premises review as Ashbrow/Deighton being progressed as soon as it is financially viable.</p>		<p>which allow patients to be monitored in their own homes.</p> <p>As mentioned above, the provision of new health premises in the Bradley area remains a priority when the financial position improves.</p>	<p>Bryan Machin & Mike Potts – NHS Kirklees</p>	<p>as shown above</p>
<p>3. That NHS Kirklees explores the usage of existing community buildings and council owned properties to provide bases for the provision of health care. For example, the Panel has seen a room in the Chestnut Centre at Deighton that it understands meets the required standards for a doctor to hold a surgery but which is currently rarely used.</p>	<p>NHS Kirklees</p>	<p>The offer of a room at the Chestnut Centre is appreciated although there are minimum accommodation and space requirements to comply with primary care practice guidance. This is to ensure appropriate patient privacy and dignity, control of infection, security of patient records, accommodation for administrative staff and appropriate treatment facilities.</p> <p>A Doctors surgery requires space in excess of 200 sq m to establish</p>		

Recommendation	Responsibility to co-ordinate response	Recommendation agreed? Yes/no/already happening/ work required	Lead Officer to implement action	Estimated date of completion of action
		<p>a proper service. This would incur additional cost and in the current financial climate this would not be a priority for the PCT when Dr Ahmed's practice is around 400m away and that our declared priority, when the financial situation allows, is to build a new health centre in the Bradley area. NHS Kirklees is however committed to reviewing the facilities available at the Chestnut Centre with a view to consider the appropriateness of use for the delivery of other health services.</p> <p>Joanne Bartholomew, Assistant Director for Physical Resources & Procurement Kirklees Council is leading a piece of work to look at how the council and its partners make best use of buildings and assets. David Henworth Director of Health Property Management will be engaging in this work on</p>	<p>Elaine Sergeant – NHS Kirklees</p> <p>Joanne Bartholomew, Kirklees Council & David Henwood NHS Kirklees</p>	<p>With immediate effect</p> <p>Timescales yet to be agreed</p>

Recommendation	Responsibility to co-ordinate response	Recommendation agreed? Yes/no/already happening/ work required	Lead Officer to implement action	Estimated date of completion of action
		behalf of NHS Kirklees		
<p>4. That NHS Kirklees reviews the provision of NHS dentists and opticians for the local residents of the Ashbrow Ward. This review should include:</p> <ul style="list-style-type: none"> • Consideration to include dental services in new health premises. • Offering places with an NHS dental practice that take account of personal circumstances such as provision of transport or difficulties in access due to disability. • An investigation into how local residents who are entitled to free 	NHS Kirklees	<p>Requires further work to understand demand.</p> <p>Dentists with whom the PCT has an NHS contract have to satisfy a range of conditions in relation to their premises one of which is access for those with a disability. We also have a community dental service which caters for those people with complex and special needs. Our PALS service also offers support and advice on access issues.</p> <p>Patients can already access any community optician and receive a</p>	Clare Priestley and Mark Jenkins NHS Kirklees	Not assessed as a priority this year, but will be reviewed against the action plan 2011/12.

Recommendation	Responsibility to co-ordinate response	Recommendation agreed? Yes/no/already happening/ work required	Lead Officer to implement action	Estimated date of completion of action
eye tests could receive this service within a community setting.		<p>free NHS eye test if they are eligible.</p> <p>Information about free NHS eye tests are advertised on posters in health premises, benefits advice and information and Kirklees Information points. Most residents will be able to access optical services in the town centre, however, domiciliary NHS sight tests can be provided on request to those local residents who cannot access community optical practices unaccompanied, as a result of mental or physical disability. Not all practices provide this service.</p>	Jenny Bruniges, NHS Kirklees	Current and ongoing
5. That following the completion by NHS Kirklees of the revised financial operating budget, the Panel requests that NHS Kirklees presents to the panel the impact on resolving the issue of local health	NHS Kirklees	The operating budget for 2010/11 has now been set and approved by the Board in accordance with the national efficiency requirements.	Bryan Machin &	Inclusion of the Bradley scheme will be considered

Recommendation	Responsibility to co-ordinate response	Recommendation agreed? Yes/no/already happening/ work required	Lead Officer to implement action	Estimated date of completion of action
provision in the Ashbrow Ward.		<p>It has not been possible to budget for the provision of new health premises in Bradley in the current financial year.</p> <p>NHS Kirklees are happy to meet with the Panel to discuss the matter further.</p>	<p>Mike Potts - NHS Kirklees</p> <p>Mike Potts – NHS Kirklees</p>	<p>again in the 2011/12 budget setting process.</p> <p>From October 2010</p>