ANNEX 1

Scrutiny Board (Adults, Health and Active Lifestyles)

Update paper: Urgent Treatment Centres

Purpose of paper

1. To provide Members with an update on our progress in delivering five urgent treatment centres in Leeds.

Ongoing engagement

2. We've continued to look for opportunities to involve local citizens in our work to set up urgent treatment centres in the city. Most recently we held an event on 27 September at Leeds City Museum where people had the opportunity to find out more about the results of our formal engagement that took place earlier this year.

3. The event provided an opportunity for people to hear about our proposed next steps as we look to have five urgent treatment centres in the city over the coming years. Around 20 people attended the event with questions including car parking, access to the centres and comments around some areas of the city not being geographically near to the centres. Colleagues in attendance provided assurance around the issues discussed whilst also covering key points around availability of suitable estate and the budget we have to work to.

4. As part of our efforts to actively involve our colleagues from Scrutiny Board (Adults, Health and Active Lifestyles), we asked Councillor Hayden to open the event. Due to unforeseen circumstances, Councillor Hayden was unable to attend. However we were pleased to welcome Councillor Lay to the event and appreciated his support on the day as well as subsequent press coverage that he secured with the Wharfedale Newspapers.

5. We remain committed to making our urgent treatment centres as accessible as possible and will work with individual patients and patient representative groups to do this.

6. We have shared a letter, received from Councillor Hayden on behalf of Members, with NHS England as they have requested this. Further to this we have offered to meet with NHS England to discuss any further requirements or evidence they may need. The letter from Councillor Hayden has demonstrated how we actively involved our local Scrutiny Board in the decision making process and confirmation that Members accepted that our formal engagement was robust. If any further actions are required by NHS England we will notify Members as soon as possible.

Involving elected members

7. We remain committed to working with all elected members as much as possible through direct communication and through our work with local area committees. We will be looking to attend area committees in early 2020 with an update on progress, subject to acceptance as an agenda item from committee co-ordinators and chairs.

8. From the outset we promised to work closely with ward members for the Burmantofts and Richmond Hill and Harehills and Gipton wards due to the sensitivities around the planned move for the walk-in centre. We remain committed to working in partnership with elected members, community groups and citizens from these wards. We'll be looking to set up a meeting with these ward members to provide an update on progress and proposed plans for the move of the walk-in centre – the timescales are covered in this paper.

9. We will also look to provide a tour of the site at St James's Hospital as requested by elected members covering these two wards. We're not expecting this tour to take place for at least 12-18 months as this is the current timescale we're working to.

Progress on community-based urgent treatment centres

10. As members will have noted from previous updates, St George's Urgent Treatment Centre received official designation from NHS England at the start of this year, although all necessary work to meet the mandate was completed in December 2018.

11. We are in a continued 'plan, do, study and act' cycle at this centre which includes an initial evaluation of the service that's currently underway. This evaluation helps us make continued improvements that support better patient outcomes as well as ensuring we work with clinicians to identify ways we can integrate services to provide a seamless experience for all.

12. To manage demand we have only undertaken very local communication activities, centred in the immediate areas nearest to the St George's Urgent Treatment Centre. This includes running education sessions for GP practice staff including a short film and patient information leaflets distributed to around 40 practices in this area. There have also been two education sessions for parents and carers of children 0-5 run by clinicians from Local Care Direct based on successful sessions run by One Medical Group at the walk-in centre. We will look to do further communications activities in the future. We will work closely with staff at NHS 111 to increase the number of people who are booked in for an appointment at the centre, reducing the need to walk-in and the subsequent waiting time to be seen when accessing the service through this route.

13. We are progressing well on our work to change the current minor injury unit at Wharfedale Hospital so that it meets the core standards, set out by NHS England, to be designated as an urgent treatment centre. We expect this to be formally designated by NHS England in early 2020, although we expect all necessary work to meet the mandate to be completed at the end of 2019. We will use a similar communications approach for the Wharfedale site as we have done at St George's Centre, again to manage demand.

Progress on co-located urgent treatment centres

14. We continue to work closely with Leeds Teaching Hospitals NHS Trust to develop plans to set up two co-located urgent treatment centres that sit alongside the city's two accident and emergency departments. As members will have noted, Leeds has now received confirmation of national funding for two new hospitals to be built at the Leeds General Infirmary site. This means the co-located urgent treatment centre at

the LGI site will need to be included in the wider estates transformation work. At this stage we are unable to give an accurate estimate as to when this work will start and when it will be completed.

15. We recently visited a co-located urgent treatment centre in London to find out more about how they set up the centre and to share best practice. Based on the key learnings from this site, the steering group is reviewing its original plan of having a four-phased approach to developing the co-located urgent treatment centre at St James's Hospital. Our initial approach was to gradually integrate services on the St James's Hospital site, and using an interim location on a medium term basis.

16. We are now considering having a single phase approach to creating an urgent treatment centre at St James's Hospital so that it is immediately based at its permanent location. This is the Ground Floor, Chancellor Wing. The project group feels this will improve patient experience, reduce confusion by taking out the option of a temporary location for the urgent treatment centre and will be more financially efficient. . An options appraisal has been written regarding how best to migrate the walk-in centre from the Burmantofts Health Centre up the road into St James's Hospital. The project steering group has unanimously agreed that the best option is - for a very short period of approximately two to four weeks - of dual running the walk-in centre and the co-located urgent treatment centre at St James's before completely moving from Burmantofts Health Centre. This dual running will take place once any necessary refurbishment works have been completed and we can run an urgent treatment centre at St James's Hospital.

Seacroft site

17. Following our formal engagement exercise earlier this year and the subsequent independent analysis, we are progressing with our proposals to have a fifth urgent treatment centre in the Seacroft area. Our early thinking, based on available estate, is that we will use the Seacroft Hospital site. However this could be subject to change due to other strategic estate commitments. Our current timescales would see this site being the final one of the five urgent treatment centres to open in the city.

Timescales

January 2019	St George's Centre officially an urgent treatment centre
September 2019 to early 2020	Wharfedale Hospital site reconfigured so that it can receive official designation as an urgent treatment centre
September 2019 to March 2021	St James's Hospital site reconfigured so that we can set up a co-located urgent treatment centre. This is to include the migration of the walk-in centre (dates to be confirmed), including a short period where we will dual run both sites
September 2019 to TBC	Leeds General Infirmary site to host a co-located urgent treatment centre. Exact dates to be confirmed as a much larger estate project underway called 'Building the Leeds Way'.
September 2019 to March 2024	Identify suitability of site in Seacroft to host an urgent treatment centre before stating any estate reconfiguration work. Project group yet to be established.

Equality impact assessment

18. Our independent analysis of our engagement includes an equality impact assessment highlighting the likely positive or negative issues that could affect people belonging to the protected characteristics as defined by the Equality Act 2010. The full report is available on our website, for simplicity we have pulled out and included the equality impact assessment from this report in appendix a. We undertook an equality impact assessment prior to our formal engagement which can be found in appendix b to this update paper.

Debra Taylor-Tate, Head of Unplanned Care, NHS Leeds Clinical Commissioning Group

October 2019

Equality impact analysis

This equality impact analysis is taken from the independent report based on the findings of our formal engagement. The full analysis report is available from the CCG website: www.leedsccg.nhs.uk/content/uploads/2019/01/2019_09_12_Brainbox_UTC_v5-.pdf

Protected characteristic or group	Impact on access	Comments
Age	There is no significant difference in access score based on age group (F (9,2568) = 1.73, p = 0.078).	The proposed changes will not differentially impact access to urgent care based on age. However, insight from the open survey questions highlight that older people may be less likely to drive, and so having good public transport to the centres is particularly important. People of working age and those with family responsibilities are more likely to need access before 8am.
Disability	People who reported they have a disability have a significantly higher access score than those without a disability (F (1, 2474) = 8.1, p = 0.004).	The proposed changes will have a positive impact on access to urgent care for people with a disability. However, insight from the open questions highlights that people who are D/deaf or hard of hearing are concerned about the availability of British Sign Language interpreters. People with a mental health problem are concerned that the urgent treatment centres are able to treat people in mental health crisis. People with other needs were concerned that staff should be trained in helping people with conditions such as autism.
Ethnicity and race	There is a marginally significant difference in access score based on ethnic group: white versus non-white (t = 2.0, p =	While the difference is not significantly different, there is a trend for the proposed urgent treatment centres to make access easier for people with white versus non-white ethnicity. Insight from the open questions suggests that this

Protected characteristic or group	Impact on access	Comments
	0.058) with white ethnic groups having higher access scores than non-white groups.	might be due to concerns that the staff in the centres may not reflect the diversity of the local area, or concerns that there will not be interpreters available.
Gender reassignment	There is no significant difference in access score based on people describing themselves as transgender (t = -0.001, p = 0.99).	The proposed changes will not differentially impact access to urgent care based on being transgender. There is one comment in the survey about a previous bad experience with an insensitive clinician but no indication of any concerns with the proposed urgent treatment centres.
Marriage and civil partnership	There is no consistent pattern of differences in access score depending on relationship status. However, there are some statistically significant differences between specific groups, with those in a civil partnership having higher access scores than those who are divorced or married (Games-Howell corrected F (6, 1957) = 2.5, p = 0.02).	There is some evidence that the proposed urgent treatment centres will make access easier for people in a civil partnership easier. There is no evidence in the open comments about why this might be.
Pregnancy and maternity	There is no significant difference in access score based on pregnancy status (t = -0.13, p = 0.89). People who reported they have recently	The proposed changes will not differentially impact access to urgent care based on pregnancy. The proposed changes will have a positive impact on access to urgent care for people who have recently given birth.

Protected characteristic or group	Impact on access	Comments
	given birth have a significantly higher access score than those who did not (t = -2.25, p = 0.03).	
Religion or belief	There is no significant difference in access score based on religious group (F (7,1980) = 1.19, p = 0.30).	The proposed changes will not differentially impact access to urgent care based on religion.
Sexual orientation	There is no significant difference in access score based on people describing themselves as heterosexual/straight versus other sexual orientations (t = 0.71, p = 0.48).	The proposed changes will not differentially impact access to urgent care based on sexual orientation.
Carer	There is no significant difference in access score based on caring responsibilities (t = 1.28, p = 0.20).	The proposed changes will not differentially impact access to urgent care based on caring responsibilities. However, insight from the survey highlights that carers often need to transport wheelchairs, so that it is important the centres are wheelchair accessible.
Parent of children under five years old	There is a marginally significant difference in access score based on parent status, with people with a child under five years having greater scores than those without (t = -1.97, p	While the difference does not quite reach statistical significance, there is a trend for the proposed urgent treatment centres to make access easier for people with children under the age of five. Insight from the open questions suggests that this might be due to late-night opening, as children are often ill in the night.

Protected characteristic or group	Impact on access	Comments
	= 0.05).	

APPENDIX B

CCG equality impact assessment prior to formal engagement

Prior to undertaking the formal engagement we carried out an equality impact assessment to identify those who could be affected (positively or negatively) by our proposed changes. The assessment is below.

Group	**Source** Where did the intelligence come from? (JSNA, provider previous engagement etc)	**Impact** (yes/no)	**Positive/ Negative/ Neutral** (describe)	**Comments** (add in further detail and how you are going to engage with this identified group)
Age (under 25/ over 65)	Data from NHS Leeds CCG informatics team Characterising non-urgent users of the emergency department (ED): A retrospective analysis of routine ED data (O'Keefe *et al.*, 2018) NHS Leeds CCG Partnership engagement on the walk-in centre (2017) Equality impact assessment to support the walk-in centre review/ engagement (2017) Accident and emergency statistics briefing paper (House of Commons Library, 2017) Mid Yorkshire clinical services strategy integrated	Yes	**Positive** - The urgent treatment centres will provide a greater number of services under one roof.	Urgent treatment centres are being established to reduce pressure on A&E units as well as reducing confusion for patients needed urgent (but not emergency) care. It's important to understand attendances at current urgent and emergency care services to assess the impact this could have. Before looking at age profiles it is worth bearing in mind that those at the older end of the age spectrum are more likely to attend A&E but this is also more likely to be an appropriate use of the service. Therefore the impact of the urgent treatment centres will be limited for this age profile except where they are carers for other younger family members. **A&E attendances** Adults aged 16 to 44 years are more likely to attend emergency departments for non-urgent presentations than older adults. People aged over 65 along with those aged 0-5 register the highest number of attendances at A&E followed by those aged 20-24.

Group	**Source** Where did the intelligence come from? (JSNA, provider previous engagement etc)	**Impact** (yes/no)	**Positive/ Negative/ Neutral** (describe)	**Comments** (add in further detail and how you are going to engage with this identified group)
	impact assessment (2013)			**Walk-in centre** Data shows that the highest number of users of the walk-in centre are children 0-5 and then those aged 20-24. Proportionally there are fewer people aged over 65 using the walk-in centre so any impact for this group would be minimal. Again data, locally and nationally, shows that over 65s are more likely to be admitted to hospital via emergency admission. We will be specifically engaging with these groups in various ways, including: through the Voluntary Action Leeds (VAL) Working Voices project, the Maternity Voices programme and through further and higher education organisations.
Gender (male/female/intersex/ other)	Data from NHS Leeds CCG informatics team NHS Leeds CCG Partnership engagement on the walk-in centre (2017) Equality impact assessment to support the walk-in centre review/ engagement (2017) Accident and emergency statistics briefing paper	Yes	**Neutral**	No significant impact expected. Data suggests that there's a broadly equal gender split between male and female users. No data available on intersex or other Gender differences in A&E attendance vary by age group. Among children aged 0-14, boys are more likely to attend A&E. Among those aged 15-34, women are more likely to attend A&E. From age 35 upwards, the rate of men attending A&E is slightly higher than women.

Group	**Source** Where did the intelligence come from? (JSNA, provider previous engagement etc)	**Impact** (yes/no)	**Positive/ Negative/ Neutral** (describe)	**Comments** (add in further detail and how you are going to engage with this identified group)
	(House of Commons Library, 2017) Mid Yorkshire clinical services strategy integrated impact assessment (2013)			We will ensure that any notable trends or themes that emerge will be reported on to highlight if any gender specific issues are identified.
Disability (sensory/ mental health/ long term illness/ addiction)	Data from NHS Leeds CCG informatics team NHS Leeds CCG Partnership engagement on the walk-in centre (2017) Equality impact assessment to support the walk-in centre review/ engagement (2017) Mid Yorkshire clinical services strategy integrated impact assessment (2013)	Yes	**Positive** and **negative**	Feedback from the previous review of the walk-in centre (2017) identified issues around a language barrier for deaf and hard of hearing patients. People with learning disabilities have markedly worse health than the general population as a whole and are therefore more likely to use health services (Equality and Human Rights Commission, 2013) In Leeds there are estimated to be around 12,900 adults with a learning disability (Joint Strategic Needs Assessment) and there are around 3,090 people recorded by Leeds GPs having a learning disability (Leeds, the compassionate city: tackling inequalities, 2017). We need to understand how we can ensure we meet the accessibility needs of people with a disability as well as those experiencing mental ill health. This engagement gives us an opportunity to consider access needs especially where an attendance for a mental health issue is not a crisis.

Group	**Source** Where did the intelligence come from? (JSNA, provider previous engagement etc)	**Impact** (yes/no)	**Positive/ Negative/ Neutral** (describe)	**Comments** (add in further detail and how you are going to engage with this identified group)
				We will provide the opportunity for people to feedback specifically on accessibility issues. We will also be working with Voluntary Action Leeds and their Engaging Voices partners to ensure we are reaching as many people who may be affected by these issues as possible. We will also be working with a number of third sector organisations (such as Leeds Society for the Deaf and Blind, Tenfold etc.) to ensure these communities are represented and have the chance to feedback. An easy read version of the engagement document and materials will be available as standard.
Gender Reassignment		Unknown	Unknown	It has been mentioned to members of the engagement team that often health services can feel unwelcoming to members of the LGBTQ+ community. This engagement provides an opportunity to engage with those communities and ensure that any we are seeking out any specific considerations that might need to be made to ensure that the UTC services are accessible to all.

Group	**Source** Where did the intelligence come from? (JSNA, provider previous engagement etc)	**Impact** (yes/no)	**Positive/ Negative/ Neutral** (describe)	**Comments** (add in further detail and how you are going to engage with this identified group)
				We will be working with Voluntary Action Leeds to engage with these communities as well as the Leeds City Council Equality LGBT Hub.
Marriage/ civil partnership		Unknown		There has been no identified impact on marriage/civil partnerships, however any noted themes or trends that are identified over the course of the engagement will be reported on and taken into consideration as part of the final recommendations.
Pregnancy/ maternity (breastfeeding / adoption/ single or teenage parents		No		There has been no identified impact on pregnancy/maternity groups, however any noted themes or trends that are identified over the course of the engagement will be reported on and taken into consideration as part of the final recommendations.
Race (non-English speakers/ refugees/ asylum seekers/ travellers)	Data from NHS Leeds CCG informatics team NHS Leeds CCG PCCC paper: personal medical services equitable funding (2018) NHS Leeds CCG Partnership engagement on the walk-in centre (2017) Equality impact assessment	Yes	**Positive** - providing gaps around previously identified language barriers for non-English speaking patients are addressed	Feedback from the previous review of the walk-in centre (2017) identified issues around a language barrier for non-English speaking patients. Data has shown that BAME and non-English speaking populations are consulting more frequently and that consultations ae longer and more complex due to English not being the first spoken language.(NHS Leeds CCG, 2018) This engagement gives us an opportunity to consider how we engage with existing BAME and new migrant communities in Leeds. It's important

Group	**Source** Where did the intelligence come from? (JSNA, provider previous engagement etc)	**Impact** (yes/no)	**Positive/ Negative/ Neutral** (describe)	**Comments** (add in further detail and how you are going to engage with this identified group)
	to support the walk-in centre review/ engagement (2017) Mid Yorkshire clinical services strategy integrated impact assessment (2013)			that we understand their views on accessing urgent care services as they may have accessed healthcare differently in their country of origin. The number of Leeds residents that were born outside of the UK almost doubled - from 47,636 (6.7% of the population) in 2001 to 86,144 (11.5%) in 2011. Of these, 27,221 people were born in Europe, including 12,026 from EU accession countries (mainly Poland) and 58,923 were born elsewhere in the world. We will work with Voluntary Action Leeds, through the Engaging Voices programme, as well as other third sector organisations to engage with BAME and migrant communities. Surveys and communications will be available in alternative languages wherever needed. We will also work with the Leeds Equality BME Hub to reach out to as many members of the BAME groups in Leeds as possible.
Religion/ Belief (or non)	Data around religion is not collected at A&E or walk-in centres	Unknown		There has been no identified impact specifically relating to religion/belief, however any noted themes or trends that are identified over the course of the engagement will be reported on and taken into consideration as part of the final recommendations.

Group	**Source** Where did the intelligence come from? (JSNA, provider previous engagement etc)	**Impact** (yes/no)	**Positive/ Negative/ Neutral** (describe)	**Comments** (add in further detail and how you are going to engage with this identified group)
Sexual orientation (lesbian, gay/ bisexual)	Leeds LGBTQ+ Hub meeting, February 2018	Unknown		It has been mentioned to members of the engagement team that often health services can feel unwelcoming to members of the LGBTQ+ community. This engagement provides an opportunity to engage with those communities and ensure that any we are seeking out any specific considerations that might need to be made to ensure that the UTC services are accessible to all. We will be working with Voluntary Action Leeds to engage with these communities as well as the Leeds City Council Equality LGBT Hub.
Socio-economic deprivation	Socio-economic data is based on postcode data which shows presentation levels are higher from some of the most deprived wards.	Yes		We need to understand the impact on those from inner city deprived areas that are registered with practices that show higher levels of attendance at A&E with a number of these falling in the six priority wards. Homeless people or those with chaotic lives (such as people with a dependency on drugs/alcohol) need to be engaged to find out how they access services currently and whether the services provided by a UTC would help them
If your analysis has highlighted any gaps please outline what action you will take in section 7. Carers play a key role in helping people access services with around 74,000 unpaid carers in the city (Carers Leeds, 2018), we will look to engage with carers				

APPENDIX B