

SCRUTINY BOARD (HEALTH)

TUESDAY, 28TH JULY, 2009

PRESENT: Councillor M Dobson in the Chair

Councillors S Bentley, J Chapman,
D Congreve, J Illingworth, M Iqbal,
G Kirkland, A Lamb, G Latty and L Yeadon

CO-OPTEE: E Mack

13 Chair's Welcome

The Chair welcomed everyone to the meeting, in particular Councillor Bentley as it was her first meeting of the Board and Mr Mack was welcomed back as the co-opted member representing Leeds Voice.

14 Late Items

In accordance with his powers under Section 100B(4)(b) of the Local Government Act 1972, the Chair admitted to the agenda two late reports:

- The report of the Chief Executive of Leeds Teaching Hospital NHS Trust to the Trust Board Meeting on 30th July 2009 entitled 'Renal Haemodialysis Satellite Unit at LGI' (Minute No. 18 refers). This report had only been published on 24th July 2009 and needed to be considered alongside other reports on the same subject on the agenda.
- A report from the Yorkshire Ambulance Service NHS Trust entitled 'Renal Transport Service' (Minute No. 19 refers). This report had been unavailable at the time of the agenda despatch and needed to be considered by the Board at this meeting, as an associated report on the provision of renal services in Leeds was also included on the agenda and the reports needed to be considered at the same time.

15 Declarations of Interest

In respect of Agenda Item 10 'Recommendation Tracking' (Minute No. 21 refers), Co-opted member Mr E Mack declared a personal interest due to his involvement with community health development with Leeds Voice.

16 Apologies for Absence

Apologies for absence were submitted on behalf of Councillor Rhodes-Clayton.

17 Minutes of the Previous Meeting

RESOLVED –

- (a) That with the addition of Councillor Congreve to the list of apologies, the minutes of the meeting held on 30th June 2009 be confirmed as a correct record.
- (b) That NHS Leeds provide the Board with a written reply on how the Out of Hours Service was coping with swine flu.
- (c) That appropriate experts attend a future meeting to address the Board on childhood obesity.

18 Renal Services - Provision at Leeds General Infirmary

The Head of Scrutiny and Member Development submitted a report attaching information on current proposals from Leeds Teaching Hospitals Trust (LTHT) associated with the provision of renal services (dialysis) across the Trust, particularly in terms of provision at Leeds General Infirmary (LGI).

To assist the Board, the following information was attached to the report:

- Appendix 1 – a timeline of decisions, actions and considerations associated with the provision of renal services by LTHT since February 2006.
- Appendix 2 – a briefing note from LTHT on the current provision of renal services and considerations.
- Appendix 3 – a joint report from NHS Leeds and Specialist Commissioning Group (SCG) (Yorkshire and Humber) on their role as commissioners of renal services and current considerations.
- Appendix 4 – a submission on behalf of the LGI Kidney Patients Association (KPA).
- Appendix 5 – a submission on behalf of the St. James' Kidney Patients Association (KPA).
- Appendix 6 – a submission on behalf of the National Kidney Federation.

The report of the Chief Executive of Leeds Teaching Hospital NHS Trust to the Trust Board Meeting on 30th July 2009, entitled 'Renal Haemodialysis Satellite Unit at LGI', was also accepted as a late item.

A separate report associated with Patient Transport Services was presented elsewhere on the agenda.

The Chair welcomed the following representatives to the meeting to present an overview of provision of renal services within Leeds and explain why there had been a change in the previous decision to reopen a renal dialysis facility at Leeds General Infirmary (LGI):

- Maggie Boyle (Chief Executive) – Leeds Teaching Hospital NHS Trust
- Philip Norman (Divisional General Manager) – Leeds Teaching Hospital NHS Trust
- Nigel Gray (Director of Development and Commissioning (Adult Services)) – NHS Leeds
- Paula Dearing (Head of Development and Commissioning (Long-term Conditions and Urgent care)) – NHS Leeds

- Jackie Parr (Senior Commissioning Manager) – Specialised Commissioning Group (Yorkshire and the Humber)

The Chief Executive of LTHT presented the background to the issues, including a brief history of events and decisions, and the reasons for the recommendation that would be presented to the NHS Trust Board on 30th July 2009, that a renal dialysis unit should not be created at the LGI site. The main points identified included:

- There was sufficient capacity within the current system to deal with current/ future demand for renal dialysis;
- Circumstances had changed, which meant that there was not a clear business case to support capital investment in the region of £1.5M;
- LTHT needed to make more efficient use of current resources to create additional capacity, such as the introduction of a 3-shift system to support the proposal not to proceed with a unit at LGI;
- There were other areas where patients were currently being denied some services.

The Senior Commissioning Manager then outlined the role of the Specialised Commissioning Group (Yorkshire and the Humber) in commissioning renal services for the region. This included commissioning a whole range of renal care – not just dialysis services, for a wider geographical area.

The Board was also advised of the rationale of Specialised Commissioning Group (Yorkshire and the Humber) and NHS Leeds to form the opinion that the decision by LTHT not to invest in the re-provision of renal dialysis facilities at LGI would be the right decision at this time.

The Board then sought further clarification from officers, in brief summary, on the following points:

- **Whether the funding for the unit at LGI had been used to increase the number of stations at Seacroft?**

Members were assured by the Chief Executive that building the temporary unit at Seacroft did not use funding that had been allocated for the replacement unit at LGI. The cost of converting LGI would be much more expensive as it was an older building and economies of scale meant that, although the cost of providing 10 units at LGI would be in the region of £1.4m to £1.7M, the cost for 34 stations at Seacroft had been £1.7m. The Chief Executive reiterated that providing a unit at LGI was not currently an economic proposition.

- **How much it would cost to make the temporary beds at Seacroft permanent?**

Members were advised that a permanent facility at Seacroft had been completed in December 2008 and there would be no more capital cost involved at that site.

- **Whether the Trust had apologised to the patient groups?**

Members were reminded that a final decision was yet to be made. However, Members were also advised that if the Trust Board was to

accept the recommendation on 30th July 2009, then an apology would be made to the KPA and the patients it represented.

- **Spending to date.**

The Chair advised Members that the Capital Programme report presented to the LTHT Board in March 2009, suggested that the spending to date was in the region of £83k. Presumably this related to costs associated with drawing-up plans etc.

- **Timing of the Trust becoming aware of the future longer-term funding issues for the NHS?**

The Board were advised that, in the NHS funding planning started in April each year, but it was in March 2009 that the Executive Directors of the Trust concluded that it was not proper to go ahead with the LGI unit and as it was a significant decision, that a formal paper needed to go to the Hospital Trust Board.

- **Starting of the building work at LGI?**

It was confirmed that in February 2009 the planned scheme at LGI was still going ahead and if it was to be ready by December 2009 as proposed, work would have had to have started in March 2009, but it was at that time it was first proposed not to proceed with the new unit. It was also confirmed that should the Trust Board decide that the scheme should go ahead, the scheme would be delayed beyond December 2009.

- **Water treatment plant at LGI.**

It was confirmed that the planned cost of the LGI unit of £1.7m included the water treatment plant. It was also confirmed that the water treatment plant at St James's was coming to the end of its life and needed to be replaced.

- **Concern that other proposed changes to LGI would also not be going ahead.**

Members were assured that the other proposed changes, such as the centralisation of children's services to LGI, were still on track.

- **Obsolescence maintenance programmes.**

Members were advised that the Trust's capital programme consisted of:

- *Schemes resulting from clinical changes*
- *Planned preventative maintenance programme*
- *Health and safety/infrastructure investment*
- *Ring fenced external funding*

It was reported that for 2009/10 the capital programme budget was £53m and there was a maintenance back log of £200m to bring everything up to standard. As equipment could break down unexpectedly, it was necessary for the programme to be flexible. Difficult choices had to be made as there was never enough capital. This was particularly true in Leeds due to the older nature of the facilities.

- **Access to renal dialysis facilities/location of services**

Members were advised by the commissioner that more effective transport provision was one solution but there were a range of other aspects to renal replacement therapy (RRT) that formed part of a wider strategy to improve patient outcomes, such as home dialysis and increasing transplants.

Members were also advised that LTHT provided services to a wider population (ie beyond the Leeds boundary), which included the following areas:

- *Leeds*
- *Huddersfield*
- *Halifax*
- *Wakefield*
- *Pontefract*

It was important for commissioners to ensure a high standard of service that was accessible and as close to home as possible for the wider population.

- **The public's perception that the proposed changes had been planned for some time.**

Members were assured that public finance would not have been committed to working with the KPA if the intention had been not to proceed with the LGI unit. It was only when the Capital Planning Group investigated the finances in March 2009 that the proposal was made not to go ahead.

- **The robustness of decision-making. Members were of the opinion that any decisions involving large amounts of capital expenditure would have been scrutinised thoroughly at the time the decisions were made and based on a clear clinical need.**

Members were advised that the Trust were seeking to be better custodians of public funds and to make more robust decisions.

- **The impression given that it was a choice between installing a new water treatment plant at St James's or the new dialysis unit at LGI. Members were advised that the funds had not been preallocated. If both had been funded then the NHS would have been over committed by £1.3m. The £1.3m was a non-attribution of cost.**

- **The Beeston kidney dialysis facility.**

Members were advised that this was a 10 station facility with capacity to treat 40 patients.

- **Concern by Members that the decision not to go ahead with the LGI facility was an economic decision rather than one based on clinical need.**

- **The Children's Hospital at LGI and children's dialysis facilities.**

Members were advised that all in-patient facilities for children would be centralised at St James.

- **Why was there not a dialysis facility in the west of Leeds, perhaps at the new Wharfedale Hospital or could west Leeds patients travel to the Bradford renal centre?**

Members were advised that the costs of setting up a unit at Wharfedale Hospital would be considerable as there was no water treatment plant there and it also would not be viable as the data showed that only 6 patients needed dialysis in that area which would require just 2 dialysis stations. A survey showed that 11 patients would use a facility if it was built at LGI. The Chief Executive reiterated that the current position within LTHT was that there was already sufficient capacity for renal dialysis in the system, but conceded that it might be in the wrong place.

- **Consultation and whether there had been sufficient consultation with the Scrutiny Board, the KPA and the wider public.**

The Chair reminded all present that it was the duty of NHS bodies to consult and referred to the guidance issued by the Department of Health which stated that, where the Scrutiny Board believed that the consultation was inadequate, or were not satisfied with the content of the consultation or the time allowed, that it may report the issue to the Secretary of State for Health in writing.

The Chair thanked the witnesses for attending and then welcomed the following representatives from the Kidney Patients Association (KPA) and the Yorkshire Ambulance Service (YAS):

- Lilian Black – Kidney Patients Association (LGI)
- Paul Taylor – Kidney Patients Association (St James's)
- Sarah Fatchett (Director of Operations (Patient Transport Service)) – Yorkshire Ambulance Service (YAS)
- Diane Williams (Assistant Director (Patient Transport Service – Communications)) – Yorkshire Ambulance Service (YAS)

The representatives from the KPA (LGI and St James's) addressed the Board and made in summary the following comments:

- The KPAs represent over 1000 patients and carers – which included 500 patients (approx).
- There were currently 400 patients (approx) waiting for pre-dialysis education.
- The concerns of the KPAs were focused on quality of life experienced by renal patients.
- The KPA were told on 2nd June 2009 that the unit at LGI would not be going ahead and they felt let down and saddened that the regular planning meetings with the Trust had been wasted.
- The paper submitted by the Trust did not seem a robust analysis of the facts. The KPA's knowledge and expertise had not been used and they would question that there was at present sufficient capacity, particularly as at present some patients were only receiving dialysis twice a week, which was against dialysis guidelines.
- That the national standard that patients were not supposed to be transported longer than 30 minutes was also not being fulfilled.

- The KPA had not been involved in the Trust's patients survey and had counter evidence that only 11 patients wanted dialysis at LGI. It was reported that a joint survey (undertaken in March 2008) had revealed that 38 patients (out of 96) had expressed a preference to dialyse at Seacroft.
- There was written evidence that the decision taken to not go ahead with the LGI unit was based on economics rather than clinical need. It was agreed that this evidence would be forwarded to the Chair.
- The need for a new water treatment plant at St James's had been known for some years, so it should have been part of the funding planning.
- Transplants were not the answer for all kidney dialysis patients. There was also not enough staff for home dialysis to be set up for everybody who wanted it.

Members of the Board sought clarification from the representatives of the KPA on various issues.

The representatives from the YAS then addressed the Board and made in summary the following comments:

- Given the impact of dialysis on the quality of patients lives, the importance of a quality transport service was recognised.
- YAS was acutely conscious of providing a most dignified service for patients.
- The investment for this service was twice that of elsewhere ie £28 per journey compared to £14 for the rest of Yorkshire.
- YAS met with patient groups every month to discuss how the service could be improved. The service was also keen to continue to work with commissioners both in the short and longer-term.
- YAS targets for timeliness were nationally the highest at 90% and they were currently running at 82%. They were aware of the distress to people that the figures represented.
- A service improvement plan was being established for every unit.
- Auto-plan was currently being trialled as part of the improvement programme. This would enable the Service to automatically provide the best vehicle and the best route. It was currently giving a 20% gain in efficiency.

The Chair welcomed the dramatic improvements across the service. The Board then sought clarification from the YAS in summary on the following issues:

- **LGI provision**

The YAS confirmed that they had been made aware of the proposals that the unit at the LGI would not be going ahead at the same time as the KPA were informed, however as a transport provider this was not a significant issue.

- **Impact of proposed change on YAS**

It was reported that the proposals did not represent a significant change in terms of planning patient transport.

- **How many people were transported from the north west of Leeds and the journey time from Otley.**

The YAS agreed to provide this information to the Board.

- **Journey times.**

The YAS advised that it was journey times from Pontefract that were giving some concern rather than from north west Leeds.

- **Aborted Journeys.**

The YAS advised that this was a significant issue. A Patient's Charter was being drawn up, requiring patients and hospitals to notify the service if transport was not required.

The Board thanked the representatives from the YAS for attending and at 12.30pm adjourned the meeting to allow the Board to draw up a statement of intent.

The meeting reconvened at 12.50pm. The Chair stated that the Board had reached an opinion on the issue of renal provision. He had requested to present the Scrutiny Board (Health)'s views at the Trust Board meeting on 30th July 2009, however this had been refused by the Trust Board. A written summary of the formal position of the Scrutiny Board (Health) would therefore be submitted.

The Principal Scrutiny Advisor read out the draft summary of the Scrutiny Board (Health)'s views:

- '1. Given the evidence presented to the Board and the Department of Health Guidance on Overview and Scrutiny for Health, this Board believes that the current proposed changes to renal dialysis provision represents a significant variation to service delivery.
2. As such, the Board feels that a statutory period of consultation is required and should take place prior to any decision of the Leeds Teaching Hospitals NHS Trust (LTHT) Board.
3. Based on the above, the Scrutiny Board recommends that the LTHT Board defer any decision on renal dialysis provision until such consultation has taken place. It should also be recognised that there are a number of outstanding issues that the Scrutiny Board would wish to pursue.'

The Chair added that, if the NHS Trust Board on 30th July 2009 was to agree the recommendations of the Trust's Senior Management Team to not support the establishment of a renal dialysis facility at LGI, that the Scrutiny Board (Health) hold a Special Meeting in August to discuss the way forward.

RESOLVED –

- (a) That the report and submissions be noted.

- (b) That the Scrutiny Board (Health)'s views as above be submitted in writing to the NHS Trust Board meeting to be held on 30th July 2009.
- (c) That a Special Meeting of the Scrutiny Board (Health) be held in August if the recommendations of the Trust's Senior Management Team to not support the establishment of a renal dialysis facility at LGI, be agreed by the NHS Trust Board on 30th July 2009.

(Note: Councillors Chapman, Iqbal, Congreve and Latty left the meeting at 12.00noon, 12.05pm, 12.30pm and 12.50pm respectively during the consideration of this item and Co-opted Member Mr E Mack left the meeting at 12.55pm at the conclusion of this item.)

19 Renal Services: Patient Transport Service

The Head of Scrutiny and Member Development submitted a report presenting the Board with a report from Yorkshire Ambulance Service (YAS) on the current performance of its Patient Transport Service for renal patients.

The Chair welcomed the following representatives from the YAS to present the report and address any additional questions not identified by the Board in the previous item:

- Sarah Fatchett - Director of Operations (Patient Transport Service)
- Diane Williams - Assistant Director (Patient Transport Service – Communications)

The Director of Operations stated that since the last time they had attended the Scrutiny Board (Health) when many concerns were expressed by Members, they had worked hard to improve the service to give people a better confidence in what the YAS was delivering. The first priority of the service was to meet its targets and to look at in particular the needs of service users who were travelling for a long while.

Members thanked the representatives from the YAS for addressing the Board's previous concerns and making improvements to the YAS.

RESOLVED –

- (a) That the current performance report of the Yorkshire Ambulance Service be noted.
- (b) That the Yorkshire Ambulance Service update the Scrutiny Board (Health) on service changes at a future meeting of the Board.

20 Joint Performance Report: Quarter 4 - 2008/09

The Head of Scrutiny and Member Development submitted a joint report from NHS Leeds and Leeds City Council providing an overview of progress against key improvement priorities and performance indicators relevant to the Board at Quarter 4, 2008/09.

The Chair welcomed the following officers to present the key issues highlighted in the report and address any specific questions identified by the Board:

- Graham Brown (Performance Manager) – NHS Leeds
- John England (Deputy Director) – Leeds City Council, Adult Social Services.

Officers were invited by the Chair to give a brief overview of the progress made against key improvement priorities and performance indicators. It was reported that the overall purpose of the report was to help demonstrate progress being made by NHS Leeds and Leeds City Council working jointly to address a number of areas aimed at improving health and well-being across the City.

In brief summary, the following issues were then raised by Members:

- **NI 8: Adult Participation in sport and active recreation** – concerns that the targets were low in comparison to the level of childhood obesity as indicated in NI 55 (Obesity in Yrs R and 6 primary school children). It was noted that obesity was known to lead to serious future health problems. *Officers advised that this target was set nationally by Sport England. It was acknowledged that a more sophisticated measure needed to be developed at local level. Public Health were aware and concerned of the obesity figures for Yr 6.*
 - **Bariatric Surgery**
Members were advised that this could be undertaken on the NHS. The NHS did however commission this surgery from other providers and the operation therefore could be carried out in private hospitals. Officers agreed to provide the Board with the data.
 - **Weight loss camp for children run by Carnegie Weight Management at Leeds Metropolitan University** - Members expressed concern that Leeds NHS Trust was not using this facility. *Officers agreed to find out the level of uptake by Leeds' residents.*
- **NI 112: Teenage pregnancy rates**
Officers advised that these figures were the latest available information and apologised that 2009 was probably a typographical error. Officers agreed to confirm this with Members and also to supply them with a full definition of this indicator, that is whether it included all conceptions.
- **NI 70: Reduce emergency hospital admissions caused by injury to children** – concern was expressed by Members that there were no targets and the indicator did not specify whether the injuries were unintentional or deliberate.
Officers advised that this indicator was set by central Government and that the apparent increase in hospital admissions might be the result of improved data collection.
- **NI 134: Number of emergency bed days per head of population** – a Member expressed concern that there had been no emergency bed available for two residents in his Ward.

Officers advised that this was a fairly new target; the definition having been slightly changed from previously. Officers advised that there were no concerns about the availability of data for this indicator and in future they would ensure that the Board would receive as much information as possible.

The Chair thanked officers for attending.

RESOLVED –

- (a) That the contents of the report and appendices be noted.
- (b) That the following information be provided to Members:
 - Data on Bariatric Surgery carried out in Leeds.
 - The level of uptake by Leeds' residents at the weight loss camp for children run by Carnegie Weight Management at Leeds Metropolitan University.
 - To confirm NI 112: Teenage pregnancy rates and to confirm whether these figures included all conceptions.

21 Recommendation Tracking

The Head of Scrutiny and Member Development submitted a report attaching an update on outstanding recommendations from previous inquiries of the Board in order to assist the Board in monitoring progress.

Steven Courtney, Principal Scrutiny Adviser, presented the report and advised the Board that the recommendations made on Community Development and Localisation were still being monitored.

Members indicated that, as the recommendations had not yet been achieved, they would like to continue monitoring their progress.

RESOLVED –

- (a) That the contents of the report and appendices be noted.
- (b) That the Board continue to monitor the progress of the Community Development and Localisation recommendations.

22 Work Programme

The Head of Scrutiny and Member Development submitted a report presenting an outline work programme for the Board to consider, amend and agree as appropriate. Attached to the report was a draft Terms of Reference for the Board's proposed inquiry into alcohol related harm.

Steven Courtney, Principal Scrutiny Adviser, presented the report.

With regard to the Work Programme, Members requested that appropriate experts on childhood obesity be invited to address the Board at a future meeting.

With regard to the draft terms of reference for the Inquiry into the role of the Council and its partners in reducing alcohol related harm, Members requested that a young adult from the university population be added to the list of witnesses and that brewery witnesses include representatives from pubs that were tied to certain breweries.

RESOLVED –

- (a) That the contents of the report and appendices be noted.
- (b) That the outline work programme as attached at Appendix 1 be agreed with the inclusion of inviting appropriate experts on obesity to address a future meeting of the Board.
- (c) That the draft terms of reference in relation to the proposed Inquiry into reducing alcohol related harm as outlined in Appendix 2, with the additions to the witnesses as requested above, and the associated inquiry selection criteria pro-forma as outlined in Appendix 3 be noted and agreed.

23 Date and Time of Next Meeting

Noted that the next scheduled meeting of the Board was on Tuesday 22nd September 2009 at 10.00am, with a pre-meeting for Board Members at 9.30am. However a Special meeting of the Board might be organised depending on the results of the NHS Trust Board meeting on 30th July 2009.

The meeting concluded at 1.35pm.