

SCRUTINY BOARD (HEALTH)

TUESDAY, 22ND SEPTEMBER, 2009

PRESENT: Councillor M Dobson in the Chair

Councillors S Bentley, J Chapman,
D Congreve, D Hollingsworth, J Illingworth,
G Kirkland and A Lamb

CO-OPTEE: E Mack

24 Chair's Welcome

The Chair welcomed everyone to the September meeting, and particularly Councillor Hollingsworth who was attending for the first time as he had recently been appointed to the Board in place of Councillor Rhodes-Clayton.

The Chair also welcomed as an observer Tracy Wallis, Scrutiny Officer for the City of York.

25 Declarations of Interest

Councillor Dobson declared a personal interest in respect of Agenda Item 8 'KPMG Health Inequalities Report' (Minute No. 29 refers) in his capacity as a member of Leeds Initiative - Healthy Leeds Partnership.

(Councillor Kirkland declared a personal interest later in the meeting under Minute No. 28.)

26 Apologies for Absence

Apologies for absence were submitted on behalf of Councillors Yeadon, Iqbal and Wadsworth. The Chair advised that Councillor Wadsworth had been recently appointed to the Board in place of Councillor Latty.

27 Minutes of the Previous Meeting

The Minutes were agreed as a correct record although it was noted that one Member of the Board did not consider that the minutes reflected the depth of concern that Members felt with regard to the provision of renal services in Leeds.

RESOLVED – That the minutes of the meeting held on 28th July 2009 be confirmed as a correct record.

28 Update on local NHS priorities

The Head of Scrutiny and Member Development submitted a report outlining for Members previously identified priority areas for each local NHS Trust for the current year and explaining that each of the Trusts had been invited to attend the meeting to provide an update on progress against these priority areas.

The following representatives from local NHS Trusts were welcomed to the meeting:

- Beverley Bryant (Executive Director of Performance, Improvement and Delivery) – NHS Leeds, and
- Chris Butler (Chief Executive) – Leeds Partnerships NHS Foundation Trust (LPFT).

Sylvia Craven (Director of Planning) – Leeds Teaching Hospitals NHS Trust (LTHT) joined the meeting later during the consideration of this item.

The representatives reported on progress against the key issues and priorities as outlined in the report and responded to queries and comments from the Board.

In brief summary, the issues raised with the Executive Director of Performance, Improvement and Delivery (NHS Leeds) were:

- **Exercising Choice - concern was expressed by Members that the choice element had been removed for patients where services were being concentrated in one centre:**
Members were advised that it was recognised that it was necessary to have an open debate with the public as to where services were to be placed.
- **Dentistry Services – approval was expressed that there were proposals to increase the number of NHS dentists but concern that the Trust was putting obstacles in the way of a particular group of dentists who were trying to set up a practice in Otley:**
Officers could not comment on the specific example given but Members were advised that although many dentists left the NHS in 2006, they were now returning from private practice. Contracts had gone out to tender and it was important to ensure equity in the contracts. The north west of the city had experienced particular problems but a Helpline had been set up to assist patients find an NHS dentist.
- **Dentistry services and short-term contracts:**
Members were advised that an additional 28,000 NHS dental places for patients had been secured. 20,000 of these were permanent places and 8,000 were short-term places. It was intended to convert the short-term places to permanent arrangements through either current or alternative providers. It was agreed to establish whether patients of dentists working under short-term arrangements would be told of the potential short-term nature of their place and provide this information to the Board.
- **Dentistry and disabled access:**
With regard to disabled access to practices being a condition in the new contracts, Members were advised that it was a requirement that any new dentist premises met the minimum standards. It was not known however

how may existing practices were fully compliant with DDA legislation and officers agreed to provide this information to the Board.

- **Patient Choice of three GP Practices and how this might impact on hospital admissions:**

Members were advised that it was believed that choice of GP was an important right for the individual. Accident and Emergency services were under pressure and it was hoped that the new system of choice would increase the number of GP home visits rather than patients having to telephone for an ambulance. NHS Leeds monitored GP performance and those practices that were not performing well were given help to improve.

- **Sexual Health and Teenage Conception:**

Members were advised that there was a large public health team which focused on help and prevention. There was a city-wide team but it was found that the best results were achieved when specific areas were targeted. Mobile phone technology and the internet were being used to reach young people, as well as attendance at specific events, for example the Leeds Festival.

- **Partnership work between NHS Leeds and LCC:**

Members were advised that the partnership worked well but could always be improved on.

- **Public Health Reports:**

It was agreed to supply a copy of the Director of Public Health's latest Annual Report to each Member of the Board.

The issues raised with the Chief Executive – Leeds Partnerships NHS Foundation Trust were in brief summary:

- **Concern with regard to facilities for patients that suffered from mental and physical problems:**

Members were advised that there were services available for these patients in Ward 40 at the LGI but it was recognised that improvements could be made, particularly for younger people who suffered from dementia, as these services were currently structured towards older people. Work was also ongoing to improve access for those with physical disabilities to mental health services.

- **Patient Safety:**

Members were advised that all three buildings where there had previously been concerns over fire safety had recently been through a fire safety audit by the fire service and the report was awaited. However the Chief Executive was confident that fire safety provision was as it should be.

- **Health Fair at Pudsey Civic Centre:**

Members were informed that the event was well attended by people with learning disabilities.

Sylvia Craven, (Director of Planning) – Leeds Teaching Hospitals NHS Trust, was welcomed to the meeting and offered to deliver a longer presentation to the Board at a later date on the issues that faced the Trust.

After updating the Board on the key issues for the LTHT, Members raised, in brief summary, the following issues:

- **More productive bed space and the management of C. difficile and MRSA:**

It was confirmed that there was an integrated programme across the Trust that would lead to better patient care. The management of C. difficile and MRSA were linked to bed space, as any patient contracting the infections would have to stay longer in hospital. Members were also assured that although bed space would be reduced as services improved, patient care would not be compromised and the Trust would be able to treat more patients.

- **Theatre efficiency – operations being cancelled due to the unavailability of surgeons:**

Members were assured that this was not a problem in Leeds. Operations however could be cancelled due to a variety of other reasons and the Trust were seeking to minimise these.

- **Missed appointments:**

Members were advised that 'Did Not Attend' rates were improving and the Trust acknowledged the need to work in partnership with patients to reduce the figures.

The Chair thanked the officers from the NHS Trusts for attending and for their comprehensive reports.

RESOLVED –

- (a) That the report and presentations from each of the local NHS Trusts be noted.
- (b) That the following information be provided to Members by the Executive Director of Performance, Improvement and Delivery – NHS Leeds:
 - Whether patients of dentists on short-term NHS contracts were being told of the potential short-term nature of their place.
 - How many existing dental practices were fully compliant with DDA legislation.
 - A copy of the Director of Public Health's latest Annual Report.

(NB: Councillor Kirkland declared a personal interest during the consideration of this item as the premises referred to in the discussions on dentistry provision were next door to his home.)

(Note: Councillor Lamb joined the meeting at 11.05am during the consideration of this item and Mr Mack left the meeting at 11.25am at the conclusion of this item.)

29 KPMG Health Inequalities Report

The Head of Scrutiny and Member Development submitted a report presenting Members with the KPMG report on Health Inequalities (June 2009) which provided an assessment of how the Council and NHS Leeds were addressing health inequalities across the city. Also attached was the report of the Director of Adult Social Services to the Corporate Governance and Audit

Committee (29th July 2009) which included the response to the recommendations contained within the KPMG report.

The Chair welcomed the following officers to address any questions identified by the Board:

- John England (Deputy Director – Partnerships and Organisational Effectiveness) – Leeds City Council, Adult Social Services, and
- Brenda Fullard (Head of Healthy Living and Inequalities) – NHS Leeds.

Members were advised that Leeds City Council and NHS Leeds were working together on a detailed action plan to address the recommendations made in the KPMG report and this would be presented to the Executive Board in December 2009.

Officers advised the Board of the key issues brought out in the annual Public Health Report and the challenges that faced the Council and NHS Leeds to reduce health inequalities. These were in brief:

- Reducing smoking levels.
- Locality commissioning.
- A programme management approach relating to:
 - Increasing the number of people coming through GP surgeries for health checks,
 - Infant mortality,
 - Excessive winter deaths,
 - Healthy living services.
- Joint working and a partnership approach to reducing cardiovascular deaths and levels of obesity.
- Reducing alcohol related hospital admissions.
- Maintaining investments with the voluntary sector as an interface between services and disadvantaged groups.
- Strengthening the need for staff to be accountable for delivering targets.
- Encouraging hard to reach groups to access services.
- Considering the impact of the recession on health and well being across the City.

Officers also advised that it was a relatively short period of time that health inequalities had been included on the Council agenda but inroads were being made in terms of Council services recognising the contribution that they could make to address these issues.

In brief summary, the main issues raised by Members were:

- That health inequalities were a manifestation of other inequalities in society.
- Alcohol excess and promotions - the restrictions that local authorities had in terms of licensing laws and the need to press the Government for change.
Members were advised that it was an infringement of a bar's license if their staff served alcohol to people that were already drunk.
- High levels of obesity.

- Air pollutants eg high pollen and sulphur dioxide levels created under certain weather conditions which resulted in hospital admissions due to respiratory problems.
- Recreation provision in the inner city - the importance of protecting playing fields and ensuring that planning regulations and legislation were robust.
- Addressing the life expectancy gap between the highest area of the city (Adel and Wharfedale) and the lowest (City and Hunslet):
 - the affects of pollution from the many major roads and motorways in the south of the city on people suffering from respiratory problems,
 - the proposed closure by the Council of facilities in the south of the city such as the sports centre and a day centre, which would seem at conflict with the health needs of people in that area.
- Drugs.

Members were advised that officers had recently agreed to revitalise and update the drug misuse strategy and that consultation had started on the content.
- Greater investment required in the third sector and hard to reach people – that good practice should be rolled out across the city and not just limited to the south of the city.
- Weight loss summer camp run by Carnegie Weight Management in Leeds – Concern that Leeds did not send children to this camp but other authorities did.

The Chair referred Members of the Board to the proposed Inquiry into the role of the Council and its partners in promoting good public health, the draft terms of reference of which were attached as Appendix 1 to the Report on the Updated Work Programme later on in the agenda and where the above issues would be scrutinised if Members agreed to hold this revised Inquiry.

RESOLVED –

- (a) That the contents of the reports be noted.
- (b) That the issues be further scrutinised in the Board's proposed Inquiry into the role of the Council and its partners in promoting good public health, subject to Members agreeing to hold this Inquiry and agreeing the terms of reference (see Minute No. 32).

30 Joint Performance Report: Quarter 1 - 2009/10

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 1, 2009/10.

The following officers were welcomed to the meeting to address any specific questions identified by the Board:

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

The issue of concerns regarding the data quality of NI 70 (Reduce emergency hospital admissions caused by injury to children) was raised by Members. Members were advised that this was a fairly new indicator and the data was to be available via the central Government Data Hub, but it had not been made available when it was promised.

The Board agreed to ask the Director of Children's Services to respond to the Board's concerns on the quality of the data of NI 70.

RESOLVED –

- (a) That the contents of the report and appendices be noted.
- (b) That the Director of Children's Services be requested to respond to the Board's concerns to the quality of the data of NI 70: Reduce emergency hospital admissions caused by injury to children.

31 Scrutiny Inquiry: Improving Sexual Health Among Young People - response to recommendations

The Head of Scrutiny and Member Development submitted a report attaching the formal response by the Director of Children's Services to the Executive Board on 22nd July 2009 to the recommendations presented in the Scrutiny Inquiry report: 'Improving Sexual Health Among Young People (April 2009)'.

Also attached to the report was the Ministerial Report presenting the outcome of the March 2009 review by the Teenage Pregnancy National Support Team.

Steven Courtney, Principal Scrutiny Advisor, advised Members that the Executive Board approved the proposed responses to the previous Scrutiny Board (Health)'s recommendations, as contained within the report of the Director of Children's Services and that the progress of each recommendation would be monitored in future quarterly recommendation tracking reports to the Board.

The following Officers were welcomed to the meeting to respond to any questions identified by the Board:

- Paul Bollom, Priority Outcome Commissioner (Leeds City Council, Children's Services), and
- Keira Swift, Teenage Pregnancy Co-ordinator (Leeds City Council, Children's Services).

In brief summary, Members raised the following issues:

- That YSHAG (Young Sexual Health Action Group) should be consulted on the response – The Chair referred to the proposed inquiry into the role of the Council and its partners in promoting good public health which was to be considered under the next agenda item and where under Session 1 it was proposed to consider issues associated with improving sexual health and reducing the level of teenage pregnancies.

The Priority Outcome Commissioner advised that his was a new post and assured the Board that young people would be involved in setting up strategic commissioning.

The Teenage Pregnancy Co-ordinator advised that workshops had been held recently which had proved very useful.

- Teenage Pregnancy – Concern was expressed that this data (NI 112: Teenage pregnancy rates) was 18 months out of date, that it was therefore difficult to monitor progress and that the targets should be challenged as unachievable.

Members were also keen that officers should adopt the good practice of other local authorities such as Derby, which had greatly reduced teenage pregnancy rates.

Officers advised that it was a national target to reduce teenage pregnancy rates to 22.7 per 1,000 girls aged 15 to 17 by 2010 and agreed that it was worth investigating national as well as European best practice to reduce rates.

RESOLVED –

- (a) That the contents of the report and appendices be noted.
- (b) That the issues raised above be further scrutinised in the Board's proposed Inquiry into the role of the Council and its partners in promoting good public health, subject to Members agreeing to hold this Inquiry and agreeing the terms of reference (see Minute No. 32).

32 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.

Appended to the report were copies of the following documents for the information/comment of the Board:-

- Draft Terms of Reference for a Scrutiny Board (Health) Inquiry into the role of the Council and its partners in promoting good public health (Appendix 1 refers) with the associated inquiry selection criteria pro-forma (Appendix 2).
- Scrutiny Board (Health) - Draft Work Programme 2009/2010 (Appendix 3).
- Scrutiny Board (Health) – Health Proposals Working Group Terms of Reference (Appendix 4).
- Minutes of the Executive Board meetings held on 22nd July and 26th August 2009 (Appendices 5 and 6).

The Chair advised Members that the Board were being requested to reconsider their decision at their meeting on 30th June 2009 not to re-establish the Health Proposals Working Group. This was due to subsequent discussions with officials at NHS Leeds revealing the degree to which the working group had provided a useful vehicle to keep members of the Scrutiny Board appraised of developments across local NHS Trusts. As such, the previously proposed terms of reference were attached to the report for Members' reconsideration.

Following discussion, Members agreed to reinstate the Health Proposals Working Group. With regard to membership of the working group, it was

agreed that there would be a core membership of Councillors Dobson and Chapman and that all other members of the Board would attend whenever possible.

With reference to the Executive Board Minutes of 26th August 2009 and the Council's proposal to establish barbecue areas on Woodhouse Moor, a Member of the Scrutiny Board raised the issue of whether respiratory conditions were affected by barbecue smoke.

Following discussion it was agreed to seek advice from NHS Leeds regarding the impact of air pollutants, such as barbecue smoke and emissions caused by road traffic and power stations, on people with respiratory difficulties.

RESOLVED –

- (a) That the contents of the report and appendices be noted.
- (b) That the draft terms of reference for the Inquiry into the role of the Council and its partners in promoting good public health (Appendix 1) and the associated inquiry selection criteria pro-forma (Appendix 2) be agreed in lieu of the previously agreed terms of reference for a scrutiny inquiry solely around alcohol related harm.
- (c) That the outline work programme, as attached at Appendix 3 to the report, be agreed.
- (d) That the Health Proposals Working Group be re-established in line with the draft terms of reference as attached at Appendix 4 to the report, and that there would be a core membership of Councillors Dobson and Chapman, with other Members of the Board attending whenever possible.
- (e) That NHS Leeds be requested to provide advice on the impact of air pollutants, such as barbecue smoke and emissions caused by road traffic and power stations, on people with respiratory difficulties, in order for the Board to determine whether this issue required scrutiny.

33 Date and Time of Next Meeting

Noted that the next meeting of the Board would be held on Tuesday 20th October 2009 at 10.00am, with a pre-meeting for Board Members at 9.30am.

The meeting concluded at 12.40pm.