

SCRUTINY BOARD (HEALTH AND WELL-BEING AND ADULT SOCIAL CARE)

WEDNESDAY, 25TH SEPTEMBER, 2013

PRESENT: Councillor J Illingworth in the Chair

Councillors G Hussain, J Walker, C Fox,
K Bruce, J Lewis, E Taylor, C Towler and
S Lay

29 Late Items

The following items were submitted and accepted as supplementary information for consideration during the meeting:

- Item 7 – Better Lives for the People of Leeds: The Future of Day Services for Older People (minute 34 refers):
 - Adult Social Care briefing paper: Request for Scrutiny
- Item 8 – Fundamental Review of NHS Allocations Policy (minute 34 refers):
 - Letter from the Leader of Council to the Chair of NHS England – 30 August 2013
 - Leeds CCGs' position statement
 - Presentation slides from Ian Currell, Director of Finance (West Yorkshire Area Team), NHS England

The above documents were not available at the time of the agenda despatch, but would be made available to the public on the Council's website. Copies of the papers were also made available at the meeting.

It was also reported that under agenda item 9, Work Schedule (minute 35 refers), it had been intended to present a draft work schedule at the meeting. However, due to competing demands, this was not available.

30 Declaration of Disclosable Pecuniary Interests

There were no disclosable pecuniary interests declared to the meeting.

31 Apologies for Absence and Notification of Substitutes

Apologies for absence were received on behalf of Councillor S Varley.

There were no substitute members in attendance.

It was also reported that, due to a prior and long-standing engagement, apologies had been received on behalf of the Executive Board Member (Adult

Social Care) in respect of consideration of Better Lives for the People of Leeds: The Future of Day Services for Older People (minute 33 refers).

32 Minutes - 31 July 2013

RESOLVED – That the minutes of the meeting held on 31 July 2013 be approved as a correct record.

33 Better Lives for People of Leeds - The Future of Day Services for Older People

The Head of Scrutiny and Member Development submitted a report that outlined a number of decisions in relation to the future of day services for older people in Leeds had been taken by the Council Executive Board's at its meeting on 4 September 2013.

It was reported that the Executive Board decisions had been subject to a period of call-in, which had passed, and the decision could now be implemented. It was also reported that, quite separately, a request for scrutiny has been received that, in-part, related to the Executive Board decision around day services for older people.

The following information was appended to the report:

- Report of the Director of Adult Social Care presented to Executive Board at its meeting on 4 September 2013 (including background documents)
- Relevant extract from the draft minutes of the Executive Board meeting held on 4 September 2013
- A Request for Scrutiny submitted by GMB (which in-part, relates to the Executive Board decision on Day Services for Older People).

A briefing paper, responding to the issues raised in the 'Request for Scrutiny', was provided by Adult Social Care and submitted as supplementary information.

The following representatives were in attendance to help the Scrutiny Board consider the matters before it:

- Sandie Keene, Director, Adult Social Services, Leeds City Council
- Dennis Holmes, Deputy Director, Adult Social Services, Leeds City Council
- Jon Smith, Regional Officer, GMB Trade Union.

The GMB representative was invited to address the Scrutiny Board and made the following points:

- Acknowledged there was significant cross-over with the decisions related to Residential Care, which would be the subject of a separate call-in meeting later in the day.

- The main concerns related to:
 - Information not available during the consultation process; and
 - The content of the Executive Board report – which formed the basis of the Executive Board decision – and specifically information not made available to Executive Board prior to its decision.
- The number of staff affected by the decision was highlighted as an example of the type of information not available during the consultation period and not detailed in the Executive Board report.

Representatives from Adult Social Care were invited to respond and made the following points:

- The Executive Board report had been prepared on the need for day and residential care services, and within the context of the Council's current financial landscape.
- While staffing issues were important and a consideration for Executive Board, they were not fundamental to the decision.
- The outcome of consultation with staff was presented to Executive Board.
- Until a final decision had been made, it was difficult to provide accurate information on the number of staff affected. However, this was detailed in the supplementary information provided to the Scrutiny Board.
- Now a clear mandate has been provided by Executive Board, Adult Social Services had given an undertaking to support all affected staff.
- Members were reminded that the Executive Board decision had been informed by one of the largest consultations undertaken by the Council.
- The Department had received significant volumes of requests for information during the consultation period and deployed significant resources to provide the information requested.
- The recommendations put forward to Executive Board were, in no small part, a result of the Department's precarious financial position.
- The usage of Council run day care centres had formed part of a scrutiny inquiry in 2010.

Members considered the written submissions and the comments made at the meeting; making a number of points, including:

- Whether or not the information provided to Executive Board was sufficient.
- Whether the supplementary information provided presented a clear a picture and whether or not this would have influenced the Executive Board's decision.
- The extensive and wide-ranging consultation undertaken by Adult Social Services was acknowledged.
- Potential gaps in service as a result of Executive Board's decision;
- The potential impact of social isolation on older people without statutory care needs.
- The role of Neighbourhood Networks in helping to address the needs (including non-statutory care needs) of older people.

- The need for the Scrutiny Board to be engaged in pre-decision scrutiny of any future significant Adult Social Care considerations by the Executive Board.

RESOLVED –

- (a) To note that the concerns highlighted by the request for scrutiny, insofar as it relates to the decisions about residential care for older people, would be considered as part of the separate call-in meeting.
- (b) To note the concerns highlighted by the request for scrutiny, insofar as it relates to the decisions about day services for older people.
- (c) That the request for scrutiny be declined and no further consideration be given to the Executive Board decisions relating to day services for older people, at this time.
- (d) That an report be presented to a future meeting of the Scrutiny Board that includes:
 - i. A progress update on the implementation of the Executive Board's decisions relating to day services for older people;
 - ii. Details of the community facilities, services and support available to older people across the City;
 - iii. An update on the actual financial implications / savings associated with implementing the Executive Board decisions, compared to the details presented in the report that informed the decision.

Following conclusion of the item, there was a short adjournment at 11:05am. The meeting recommenced at 11:15am.

34 Fundamental review of NHS Allocations Policy

The Head of Scrutiny and Member Development submitted a report introducing a range of information associated with NHS England's fundamental review of NHS allocations policy.

The Principal Scrutiny Adviser gave a brief introduction to the report and outlined that when NHS England was launched on 1 April 2013, it announced it would conduct a fundamental review of NHS allocations within its first few months. The Advisory Committee on Resource Allocation (ACRA) had now reported its recommendation in this regard, with details published by NHS England on 15 August 2013.

It was also outlined that a series of regional workshops (to take place during September 2013) had been launched for Clinical Commissioning Groups, Commissioning Support Units, NHS England and other stakeholders. The purpose of the workshops was to discuss current thinking and to hear views about the allocations process and proposals for the future.

The report set out the following summary points from the information published by NHS England:

- Regionally, the North of England sees a reduction of 3.84% (approx. £722 million);
- Midlands & East England sees an increase of 3.51% (approx. £660 million);
- London has a reduction of 2.25% (approx. £222 million);
- South of England sees an increase of 1.78% (approx. £283 million);
- Locally in Leeds, if implemented this would appear likely to result in an overall reduction in CCG allocations of around £84 million;
- There would be similar impacts across West Yorkshire (ranging from a £2.3 million reduced allocation at Airedale, Wharfedale and Craven CCG to £43 million reduction for Wakefield CCG);
- If implemented, all CCGs across Yorkshire and Humber would experience a reduced allocation.

The report also highlighted that the allocation information currently available provided only a partial picture, as there was no indication of allocations for direct commissioning at area team level (i.e. for primary care and / or specialised services).

The following information was appended to the report to assist members consideration of the issue:

- Fundamental Review of Allocations Policy – letter to stakeholders;
- Fundamental Review of Allocations Policy – Technical Guidance;
- Working paper on CCG 2013/ 14 allocations – indicative target allocations and distance from target.

The following information was submitted as supplementary information:

- Letter from the Leader of Council to the Chair of NHS England – 30 August 2013;
- Leeds CCGs' position statement;
- Presentation slides.

The following representatives were in attendance to help the Scrutiny Board consider the matters before it:

- Ian Currell, Director of Finance (West Yorkshire Area Team), NHS England;
- Dennis Holmes, Deputy Director, Adult Social Services, Leeds City Council.

The Director of Finance (West Yorkshire Area Team) was invited to address the Scrutiny Board and go through the pre-prepared presentation slides. In summary the following points were highlighted:

- The published information, now presented to the Scrutiny Board, was a result of national policy work: As such, local NHS Area Teams had no involvement in drawing together the proposals.

- There was no existing national formula for distributing funding to Clinical Commissioning Groups (CCGs) – currently £95.6 billion;
- Commissioning responsibilities and current resource allocation (post April 2013) was:
 - 211 CCG – accounting for around 68% of the commissioning budget;
 - NHS England (direct commissioning) – accounting for around 31% of the commissioning budget;
 - 152 local authorities – accounting for around 1% of the commissioning budget.
- In December 2012, the NHS England Board did not accept the allocation formula presented and deferred a decision pending a fundamental review.
- Current CCG allocations based on the split of former Primary Care Trust (PCT) allocations (with a standard uplift).
- The national Public Health funding formula had been accepted, with 10% growth for Leeds Public Health funding in 2013/14 and a further 10% growth in 2014/15.
- The headline objectives of the allocations process was to meet the following requirements of the NHS mandate:
 - Provide equity of access to NHS healthcare
 - Advance equality and tackle health inequalities
 - Conduct a transparent allocation process
- Funding allocation was based on need, which was assessed as follows:
 - Size of population (single largest determinant);
 - Adjustment due to age of the population;
 - Adjustment due to non-age related health of population;
 - Adjustment for unavoidable costs.
- Currently, there was no adjustment for unmet health needs in an area.
- Former PCT funding formula had been based on 2001 census data, with Office for National Statistics (ONS) estimated population projections.
- The proposed allocations formula benefited from using the 2011 census data. The results being:
 - Nationally, a higher population than projected figures;
 - Locally, a lower population in Leeds than projected. This was likely to be biggest factor in reduced levels of allocated funds.
- NHS England to consider whether additional adjustments should be made to address inequalities.
- Suggested that the main parts of patient pathway where unmet need arose from inequalities (and therefore may require additional funding) were in the following areas:
 - Primary Care
 - Community Care
 - Prescribing
 - Public Health
 - Social Care

- With little 'new money', any future decision was likely to involve a debate around the pace of change – considering fairness against stability.
- NHS England Board was due to consider proposals in December 2013, where it was likely decisions would be made on the allocation of funding for 2014/15 and 2015/16.

The Deputy Director (Adult Social Services) suggested that, in considering the proposed shift in NHS funding (and its potential impact in Leeds), the Scrutiny Board might also wish to consider the context of funding to the Council and the overall impact of reduced levels of public spending in the City.

In summary the following comments were made by members of the Scrutiny Board and highlighted during the discussion.

- The impact of 'fixed costs' in Acute Trusts, such as those arising from PFI agreements.
- Funding for Primary Care and Specialist Hospital Care was also be reviewed: Proposals would also be considered by the NHS England Board in December 2013.
- Queries around how the health needs of unregistered patients (which was more prevalent in particular communities) were being taken into account.
- Issues associated with a need existing in some areas / communities, but where services were not accessed.
- The impact of the proposals on joint working / local commissioning arrangements including, for example, the interface with the health and social care Integration Transformation Fund announced earlier in the 2013.
- It was confirmed there were no formal arrangements for national NHS policy initiatives to be considered by local health overview and scrutiny committees.

The Chair thanked those in attendance for their contribution to the meeting and subsequent discussion.

RESOLVED –

- (a) To note the information presented and discussed at the meeting.
- (b) To give further consideration to the matter at a future meeting – inviting input from a range of bodies representing the local health and social care sector. The aim of further discussions being to consider issues raised during the discussion, including (but not restricted to):
 - i. The current financial plans and commissioning activity of local CCGs;
 - ii. The potential implications of the proposed allocations on local CCGs and their associated commissioning activities;
 - iii. The potential impact on the aspirations and target set out in the Leeds Joint Health and Wellbeing Strategy;

- iv. The potential implications for the work of the Leeds Health and Social Care Transformation Board.
- (c) In consultation with the Chair, information to be presented to future meetings of the Scrutiny Board to be initially determined by the Principal Scrutiny Adviser.

35 Work Schedule

The Head of Scrutiny and Member Development submitted a report that outlined the on-going development of the Scrutiny Board's work schedule for 2013/14.

The report reminded the Scrutiny Board that, at its meeting on 21 June 2013, members had identified the following themes to form the broad direction of its work programme for 2013/14:

- Narrowing the Gap;
- Service quality;
- Urgent and emergency care;
- Progress / implications associated with achieving NHS Foundation Trust status;
- Information flows/ data sharing

It was also highlighted that at its meeting on 31 July 2013, the Scrutiny Board also considered and agreed to undertake further work around the following requests for scrutiny:

- Men's health;
- Dermatology; and,
- Children's Epilepsy Surgery.

Work to translate these issues into a more detailed work schedule was continuing. However, it was highlighted that the Principal Scrutiny Adviser was unable to present a more detailed written schedule at this time and further reflection on the matters considered elsewhere on the agenda would also be needed.

The Chair suggested that, due to the timescales involved, it would be necessary to have some initial focus on issues associated with the NHS allocation policy discussed elsewhere on the agenda. The Chair also suggested that the Board should focus its efforts on Narrowing the Gap and increasing Physical Activity – although the precise methodology needed to be confirmed.

RESOLVED –

- (a) To note the information presented and discussed at the meeting.
- (b) That the work schedule should have some initial focus on issues associated with the NHS allocation policy (as set out under the previous item (minute 35 refers)).

- (c) That the Scrutiny Board should focus its efforts on Narrowing the Gap and increasing Physical Activity, with a report setting out a proposed methodology presented to a future meeting of the Scrutiny Board.

36 Date and Time of the Next Meeting

Noted that the next meeting was scheduled for Wednesday, 30 October 2013 at 10.00am (with a pre-meeting at 9:30am for members of the Scrutiny Board).

(The meeting concluded at 12:15pm)