

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

WEDNESDAY, 18TH DECEMBER, 2013

PRESENT: Councillor J Illingworth in the Chair

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

68 Chair's Opening Remarks

The Chair opened the meeting and welcomed everyone in attendance.

The Chair highlighted the need for brevity to ensure all the business was given due consideration.

69 Late Items

In accordance with his powers under Section 100B(4)(b) of the Local Government Act 1972, the Chair agreed to accept the following late and supplementary information for consideration at the meeting:

- Draft minutes of the meeting held on 28 November 2013 (minute 72 refers).
- Urgent and Emergency Care Review: Report of the NHS Chief Executive to the NHS England Board, 17 December 2013 (minute 73 refers).

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

70 Declaration of Disclosable Pecuniary Interests

There were no disclosable pecuniary interests declared to the meeting.

71 Apologies for Absence and Notification of Substitutes

An apology for absence was submitted by Councillor N Buckley.

72 Minutes - 28 November 2013

In considering the minutes from the previous meeting, the following points were raised:

Fundamental review of NHS Allocations Policy (minute 60 refers)

- The Chair confirmed that at its meeting on 17 December 2013, the NHS England Board had considered a report setting out the outcome of the review, alongside a range of options regarding the allocation of NHS funding for 2014/15 and 2015/16.
- Members expressed concern around the timing of the release of information and the lack of detail currently available in terms of specific allocations for Clinical Commissioning Groups.
- The Principal Scrutiny Adviser confirmed that, due to the timing of the release of the above information, it had not been possible to implement resolution (b) as detailed in the minutes, i.e.

That the Principal Scrutiny Adviser draft a formal response to the NHS Funding Allocation proposals published by NHS England, taking account of the information due to be published ahead of the NHS England Board meeting (scheduled for 17 December 2013).

- The Chair confirmed that this was a matter that the Scrutiny Board should return to at a future meeting.

RESOLVED –

- (a) That the minutes of the meeting held on 30 October 2013 be approved as a correct record.
- (b) That further consideration be given to the outcome of the Fundamental review of NHS Allocations Policy and NHS England's decisions in relation to the allocation of NHS funding for 2014/15 and 2015/16 – specifically in relation to the implications for Leeds.

73 Urgent and Emergency Care Review

The Head of Scrutiny and Member Development submitted a report that introduced further information in relation to the Scrutiny Board's consideration of Urgent and Emergency Care.

The following information was appended to the report.

- NHS England: Improving A&E Performance (Gateway ref: 00062);
- Transforming urgent and emergency care services in England – Urgent and Emergency Care Review: End of Phase 1 Report.

The report of the NHS Chief Executive, presented to the NHS England Board at its meeting on 17 December 2013, was considered as supplementary information (minute 69 refers).

The following representatives were in attendance to help the Scrutiny Board consider the information presented:

- Andy Buck (Director – NHS England (West Yorkshire))

- Nigel Grey (Chief Officer – Leeds North Clinical Commissioning Group)
- Steven Courtney (Leeds City Council, Principal Scrutiny Adviser)

The Principal Scrutiny Adviser provided a brief introduction to the report, highlighting that the details presented built on the information provided to the Board at its meetings in July 2013 (in relation to the national review of urgent and emergency care) and in November 2013 (in relation to the work of Leeds' Strategic Urgent Care Board).

In addressing the Scrutiny Board, the following points were made:

Director – NHS England (West Yorkshire)

- The review represented an important piece of work for NHS England.
- NHS England's National Medical Officer had undertaken an in-depth review of current arrangements, and set out the following five (5) key elements for action/ improvement:
 - Better support for people to 'self-care';
 - Help ensure people with urgent care needs to get the right advice in the right place, first time;
 - Provide highly responsive urgent care services outside of hospitals, so people no longer choose to queue in A&E;
 - Ensure that people with more serious or life-threatening emergency care needs receive treatment in centres with the right facilities and expertise;
 - Ensure greater connectivity between all urgent and emergency care services.
- Reference was also made to the 7-Day Week NHS forum/ report.
- Confirmation that the ten (10) Clinical Commissioning Groups across West Yorkshire had collectively confirmed urgent and emergency care as a priority.
- The longer-term aim around 'Phone before you go' was to secure greater public use of the '111' service.
- Examples of successful system re-design were highlighted, including major trauma and stroke services (in London).

Chief Officer – Leeds North Clinical Commissioning Group

- Work to be done in Leeds included establishing and communicating a clear, rational network of care. This would include work across West Yorkshire.
- Current layers in the local urgent and emergency care system included:
 - GP access
 - Community Pharmacies
 - Walk-in Centres
 - Minor injuries
 - Out-of-hours care
 - Emergency Centres
 - Major Emergency Centres

- Patient flows (i.e. right place, first time) would be critical to the success of re-designing existing systems, as would the role of ambulance services and building on existing protocols.

The Scrutiny Board discussed the report and the details highlighted at the meeting. A number of matters were raised, including:

- The suggestion that the Health and Social Care Act 2012 had fragmented the NHS and was contributing to the difficulties around urgent and emergency care.
- The need to understand and reflect on local issues to help with the transformation of care.
- The importance of effective communications and the difficulties often associated with changing public behaviour.
- Current system difficulties, evidenced by some of the national statistical elements in the report, including:
 - 40% of patients discharged from A&E having needed no further treatment.
 - 50% of all ambulance calls could have been managed at the scene.
- Whether or not a 'litigation culture' contributed to some of the current system difficulties.
- Concerns around the current operation and effectiveness of the '111' service locally.

The Chair expressed broad support for the 'sensible approach' being taken and recognised the significant challenges in taking forward the outcomes of the national review at a sub-regional and local level.

After the discussion on urgent and emergency care, the Director (NHS England (West Yorkshire)) made reference to matters arising from the previous meeting (minute 72 refers) and offered to attend in the New Year to assist the Scrutiny Board's further consideration of the Fundamental review of NHS Allocations Policy.

The Chair thanked those in attendance for their contribution to the discussion and looked forward to their input at future meetings of the Scrutiny Board.

RESOLVED –

- (a) To note the information presented and discussed at the meeting.
- (b) That further consideration be given to the necessary re-design of the local urgent and emergency care system, and in particular the current arrangements and operation of the '111' service.

74 Our Children Deserve Better: Prevention Pays. Annual Report of the Chief Medical officer 2012

The Director of Public Health submitted a report that set out the position in Leeds in regard to the top 5 questions for local authorities posed by the Chief

Medical Officer's Annual report (2012) – Our Children Deserve Better: Prevention Pays. The top 5 questions being:

- How does local mortality, morbidity and inequality data compare to comparable areas?
- How focused are we on early years?
- How are local schools engaging with the health agenda eg creating school connectedness, building resilience, supporting health and wellbeing and encouraging physical exercise?
- Are we enacting the Healthy Child Programme in full and are we prepared for the change in commissioning of this programme that is due shortly?
- How do we know that our health and care organisations meet the needs of children and young people? Are we using “You’re Welcome”?

The following representatives were in attendance to help the Scrutiny Board consider the information presented:

- Ian Cameron (Director of Public Health – Leeds City Council)
- Sharon Yellin (Public Health Consultant – Leeds City Council)
- Janice Burberry (Health Improvement Manager – Leeds City Council)
- Andrea Richardson (Head of Early Help Services – Leeds City Council)
- Anne Cowling (Leeds Healthy Schools and Wellbeing Manager – Leeds City Council)
- Gail Palmer Smeaton (Headteacher, Queensway Primary School (Aireborough))
- Councillor Judith Chapman (Chair, Scrutiny Board (Children’s Services) – Leeds City Council)
- Sandra Pentelow (Principal Scrutiny Adviser – Leeds City Council)

The Public Health Consultant introduced the report and made a number of points, including:

- The details highlighted in the Chief Medical Officer’s Annual report (2012) closely align to Leeds’ Children’s Trust Board priorities.
- The available data demonstrated that, despite some of the excellent work being undertaken across the City, Leeds has some significant challenges associated with child health.
- There were particular challenges in health outcomes around:
 - Teenage conceptions and sexual health.
 - Dental decay.
 - Self-harm.
 - Hospital admissions in relation to drugs and alcohol.
- Some areas of good practice were highlighted, including:
 - Immunisation coverage;
 - Health needs assessments for Looked after Children
 - Breastfeeding maintenance
 - Smoking in pregnancy

- Investment in Early Years often offered a higher level of return (on average, every £1 invested return around £3.65), however as a nation, investment tended to be skewed towards higher education.
- The successful Healthy School Scheme in the City – with 267 from 268 schools achieving 'Health Schools status' by 2011.
- The 'You're Welcome' programme/ standards were not being widely used by local health care providers.

The Scrutiny Board discussed the report and the details highlighted at the meeting. A number of matters were raised, including:

- In terms of physical activity, issues associated with schools with poor and/or no provision in terms of playing field standards.
- Access to facilities at PFI schools.
- Discussion around the 'Active Life' programme commissioned service – a city-wide programme that reached up to 15 thousand children per year in a range of physical activities.
- Discussion around the 'Change for Life' programme.
- The need for a future report mapping need and service provision, including the various programmes available across the City.
- The improvement in infant mortality rates across particular minority ethnic communities and the long-term sustainability of such improvements through continued focus.
- A brief outline of the scrutiny inquiries undertaken by the Scrutiny Board (Children and Families).
- Leeds' performance when compared internationally.
- The relatively small improvements necessary (in some performance areas) to shift performance.
- Links between the early start programme, school provision and children's centres and the following tensions for Children's Services:
- The increase in demand for statutory school places/ provision – due to the increase in population.
- The statutory responsibility to provide childcare for 20% (rising to 40%) of eligible 2-year olds (with eligibility broadly determined through the free school meal criteria).
- The link between adult smoking cessation campaigns / programmes and action around child smoking, including the work being undertaken in the City that was adding to the current national 'evidence base' in this regard.

The Chair welcomed the report in terms of its presentation and focus on areas for improvement and thanked those in attendance for their contribution to the discussion.

RESOLVED –

- (a) To note the information presented and discussed at the meeting.
- (b) To consider a 6-month update report on the issues presented in the report and discussed at the meeting, specifically including:

- The mapping of children and young people's need for physical activity against current provision and the delivery of various programmes of work.
- How the 'member lead member' roles around health and wellbeing and children are working together across the child health agenda.

75 Progress Report on Adult Social Care Better Lives Programme

The Director of Adult Social Services submitted a report that outlined details associated with the Council's 'Better Lives Programme' that was in response to the current challenges and opportunities associated with the commissioning and delivery of Adult Social Care services.

The following representatives remained in attendance to contribute to the Scrutiny Board consideration of the information presented:

- Councillor Adam Ogilvie (Executive Board Member (Adult Social Care) – Leeds City Council)
- Dennis Holmes (Deputy Director (Adult Social Services) – Leeds City Council)

By way of introduction, the Executive Board Member (Adult Social Care) outlined the three main strands of the Better Lives Programme, namely:

- Housing Care and Support
- Service Integration
- Enterprise

The Executive Board Member (Adult Social Care) and Deputy Director went on to highlight and outline a number of issues, including:

Housing Care and Support

- A needs assessment had been completed around Older People's Future Housing Needs.
- Adult Social Care was now working closely with Planning and Housing in order to explore how those future needs might be met across the City.

Service Integration

- Working in partnership with NHS / health partners was becoming much more commonplace – with the aim of delivering seamless services.
- Work was continuing across Adult Social Care and Health following Leeds being named as an 'Integration Pioneer'.
- Better Care Funding (formerly the Integration Transformation Fund) – seen as a national drive to pool resources across a number of areas, which could include Adult Social Care, NHS commissioning budgets

(through Clinical Commissioning Groups), Public Health and Children's Social Services.

- An outline of timescales for submitting proposals/ plans in order to access Better Care Funding (albeit not an additional funding stream). The key dates for submission of plans to the Department of Health being:
 - 14 February 2014 – plans for the next 2 years
 - November 2014 – plans for the next 5 years

Enterprise

- Proposals to create a staff-led 'mutual' organisation to deliver the Learning Disability Community Support service – likely to be presented to the Executive Board in February 2014.

The Executive Board Member (Adult Social Care) also highlighted that work was currently underway around the 'Future of Homecare' and requested the Scrutiny board's involvement in this review in order to help co-produce a solution. It was highlighted that a cross-party Members Advisory Board had also been established in this regard.

Members of the Scrutiny Board welcomed the invitation and opportunity to be involved in considering the Future of Homecare across the City.

Members went on to discuss the report presented and details highlighted at the meeting. A number of matters were raised, including:

- The potential scope and implications associated with the Better Care Fund.
- The engagement with staff and service users in terms of the direction of travel for the future provision of Adult Social Care.
- The potential involvement / closer working with other local authority areas around service integration.
- Some concerns around the provision of Mental Health service, reported delays in accessing services and the need to access services out of area. The Board agreed to invite Leeds and York Partnerships NHS Foundation Trust to a future meeting to report on the matters raised.
- Reducing the level of unnecessary/ inappropriate admissions to acute hospitals.

The Chair thanked the Executive Board Member (Adult Social Care) and Deputy Director for their attendance and contribution to the discussion at the meeting.

RESOLVED –

- (a) To note the information presented and discussed at the meeting.
- (b) To accept the request to undertake some work around the Future of Homecare and incorporate this into the work schedule.

- (c) To invite Leeds and York Partnerships NHS Foundation Trust to a future meeting to report on the concerns raised around the provision of Mental Health service, reported delays in accessing services and the need to access services out of area.

76 Care Quality Commission (CQC) hospital inspection programme: Request for information

Following the meeting held on 30 October 2013, the Head of Scrutiny and Member Development submitted a report that provided a brief update on the Care Quality Commission (CQC) Hospital Inspection Programme.

The Principal Scrutiny Adviser gave a brief introduction to the report and highlighted the following points:

- Confirmation that the inspection at Leeds Teaching Hospitals NHS Trust (LTHT) would take place week commencing 17 March 2014.
- There was an opportunity for the Scrutiny Board to submit any details to the CQC (to help inform the inspection). Details would need to be submitted by 14 February 2014.
- An outline of the details discussed at the Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber) on 11 December 2013 – specifically in relation to the temporary suspension of services associated with Children’s Cardiac Surgery in March/ April 2013.

The Scrutiny Board discussed the report and the details highlighted at the meeting. A number of matters were raised, including:

- The reputational damage to LTHT caused by the temporary suspension of services associated with Children’s Cardiac Surgery in March/ April 2013 and concern regarding the length of time being taken by NHS England to conclude and report its findings of the review.
- The apparent succession of financial difficulties faced by LTHT over a number of years.
- LTHT’s performance in relation to healthcare acquired infections (eg MRSA).

RESOLVED – To note the information and update presented and discussed at the meeting.

(Councillor James Lewis left the meeting at 12:15pm following consideration of the above item.)

77 Work Schedule

The Head of Scrutiny and Member Development submitted a report that presented the current draft iteration of Scrutiny Board’s work schedule for 2013/14.

The report identified the main areas identified by the Scrutiny Board in June 2013 to form the broad direction of its work programme for 2013/14, alongside a range of additional areas members had agreed to include in the work programme later in the year.

The Principal Scrutiny Adviser outlined the on-going work to translate the issues identified and agreed by members into a more detailed work schedule, which was appended to the report. The following issues were specifically highlighted and discussed:

- The desire to reschedule the January 2014 meeting, to avoid a clash with the timing of the Health and Wellbeing Board.
- The Budget report due to be considered by the Executive Board later that day (i.e. 18 December 2013).
- The Director of Public Health's Annual Report 2013 – Protecting health in Leeds: the story continues
- Delays in commissioning a report on 'Children's Epilepsy Surgery'.
- Agreement to undertake some work around 'The Future of Homecare' (minute 75 refers).
- The decision to invite Leeds and York Partnerships NHS Foundation Trust to a future meeting to report on the concerns raised around the provision of Mental Health service, reported delays in accessing services and the need to access services out of area (minute 75 refers).
- The future work schedule was becoming increasingly busy and the likelihood was that a number of matters would not be considered and/or concluded during the current municipal year.

RESOLVED –

- (a) To note the information presented and discussed at the meeting.
- (b) That the draft work schedule as presented be broadly agreed and that, in discussions with the Chair, the detailed scheduling of matters to be considered be undertaken by the Principal Scrutiny Adviser.

78 Date and Time of the Next Meeting

The next scheduled Scrutiny Board meeting was discussed, particularly in terms of its clash with the meeting date and time of the Health and Wellbeing Board meeting.

RESOLVED – That the date for the next meeting of the Scrutiny Board was confirmed as Wednesday, 29 January 2014, but with a revised start time of 1:30pm (with a pre-meeting for Board Members at 1:00pm).

The Chair thanked members for their attendance and contribution to the meeting and, in closing the meeting, offered his best wishes for the coming Christmas and New Year festivities.

(The meeting concluded at 12:25pm)

Minutes approved as a correct record
at the meeting held on Wednesday, 29th January, 2014