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

Meeting to be held in Civic Hall, Leeds, LS1 1UR on Wednesday, 30th April, 2014 at 10.00 am

(A pre-meeting will take place for ALL Members of the Board at 9.30 a.m.)

MEMBERSHIP

Councillors

G Hussain	-	Roundhay;
J Walker	-	Headingley;
K Bruce	-	Rothwell;
J Illingworth (Chair)	-	Kirkstall;
S Varley	-	Morley South;
J Lewis	-	Kippax and Methley;
E Taylor	-	Chapel Allerton;
C Towler	-	Hyde Park and Woodhouse;
S Lay	-	Otley and Yeadon;
N Buckley	-	Alwoodley;

Please note: Certain or all items on this agenda may be recorded

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A G E N D A

Item No	Ward/Equal Opportunities	Item Not Open		Page No
1			**APPEALS AGAINST REFUSAL OF INSPECTION OF DOCUMENTS** To consider any appeals in accordance with Procedure Rule 25* of the Access to Information Procedure Rules (in the event of an Appeal the press and public will be excluded). (* In accordance with Procedure Rule 25, notice of an appeal must be received in writing by the Head of Governance Services at least 24 hours before the meeting).	
2			**EXEMPT INFORMATION - POSSIBLE EXCLUSION OF THE PRESS AND THE PUBLIC** 1 To highlight reports or appendices which officers have identified as containing exempt information, and where officers consider that the public interest in maintaining the exemption outweighs the public interest in disclosing the information, for the reasons outlined in the report. 2 To consider whether or not to accept the officers recommendation in respect of the above information. 3 If so, to formally pass the following resolution:- **RESOLVED –** That the press and public be excluded from the meeting during consideration of the following parts of the agenda designated as containing exempt information on the grounds that it is likely, in view of the nature of the business to be transacted or the nature of the proceedings, that if members of the press and public were present there would be disclosure to them of exempt information, as follows: **No exempt items have been identified.**	

Item No	Ward/Equal Opportunities	Item Not Open		Page No
3			**LATE ITEMS** To identify items which have been admitted to the agenda by the Chair for consideration. (The special circumstances shall be specified in the minutes.)	
4			**DECLARATION OF DISCLOSABLE PECUNIARY INTERESTS** To disclose or draw attention to any disclosable pecuniary interests for the purposes of Section 31 of the Localism Act 2011 and paragraphs 13-16 of the Members' Code of Conduct.	
5			**APOLOGIES FOR ABSENCE AND NOTIFICATION OF SUBSTITUTES** To receive any apologies for absence and notification of substitutes.	
6			**MINUTES - 21 MARCH 2014 AND 28 MARCH 2014** To confirm as a correct record, the minutes of the meetings held on 21 March 2014 and 28 March 2014.	5 - 18
7			**NHS SPECIALISED SERVICES: IMPACT ASSESSMENT OF PROPOSED CHANGES TO SPECIFIC SERVICE SPECIFICATIONS** To receive a report from the Head of Scrutiny and Member Development providing an opportunity for the Scrutiny Board to further consider and formally respond to consultation around proposed changes to 14 Specialised Service specifications.	19 - 24
8			**CHILDREN'S EPILEPSY SURGERY** To consider a report from the Head of Scrutiny and Member Development providing further information to the Scrutiny Board in relation to the provision of Children's Epilepsy Surgery.	25 - 32

Item No	Ward/Equal Opportunities	Item Not Open		Page No
9			**URGENT AND EMERGENCY CARE** To consider a report from the Head of Scrutiny and Member Development presenting an update regarding the review of Urgent Care and work of the Urgent Care Board in Leeds. **THIRD PARTY RECORDING** Recording of this meeting is allowed to enable those not present to see or hear the proceedings either as they take place (or later) and to enable the reporting of those proceedings. A copy of the recording protocol is available from the contacts named on the front of this agenda. Use of Recordings by Third Parties– code of practice a) Any published recording should be accompanied by a statement of when and where the recording was made, the context of the discussion that took place, and a clear identification of the main speakers and their role or title. b) Those making recordings must not edit the recording in a way that could lead to misinterpretation or misrepresentation of the proceedings or comments made by attendees. In particular there should be no internal editing of published extracts; recordings may start at any point and end at any point but the material between those points must be complete.	33 - 38

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

FRIDAY, 21ST MARCH, 2014

PRESENT: Councillor J Illingworth in the Chair

Councillors G Hussain, J Walker, K Bruce, S Varley, J Lewis, E Taylor, S Lay, N Buckley and B Urry

101 Chair's Opening Remarks

The Chair opened the meeting and welcomed everyone in attendance.

102 Third Party Recording

The Principal Scrutiny Adviser made reference to the Council's new protocol relating to third party recording of Committees, Boards and Panels, including both video and audio recording. Copies of this protocol were available at the meeting.

103 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:

- Leeds Teaching Hospitals NHS Trust – Draft 5-Year Strategy
  - Written submission from HealthWatch Leeds
  - Written submission from Leeds Local Medical Committee
  - Written submission from Leeds City Council

  (Minute 107 refers)
- Aspiring NHS Foundation Trusts – Leeds Teaching Hospitals NHS Trust Progress Update
  - Written update from NHS Trust Development Authority

  (Minute 108 refers)

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

104 Declaration of Disclosable Pecuniary Interests

There were no disclosable pecuniary interests declared to the meeting.

105 Apologies for Absence and Notification of Substitutes

Apologies for absence were submitted by Councillor C Towler and C Fox. Notification had been received that Councillor B Urry was substituting for Councillor C Towler.

106 Minutes - 28 February 2014

The Scrutiny Board considered the draft minutes of the meeting held on 28 February 2014.

Reference was made to Care Quality Commission inspections in respect of services provided by Leeds and York Partnership Foundation Trust (LYPFT) and the request for the Trust's initial action plan produced at the conclusion of the inspection visits (minute 95 refers). It was confirmed this had been received and circulated to members of the Scrutiny Board.

RESOLVED – That the minutes of the meeting held on 28 February 2014 be approved as a correct record.

107 Leeds Teaching Hospitals NHS Trust - draft 5-year Strategy

The Head of Scrutiny and Member Development submitted a report that sought to provide an opportunity for the Scrutiny Board to consider and comment on Leeds Teaching Hospitals NHS Trust's (LTHT) draft 5-year strategy, taking into account a range of feedback from other sources.

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

- Julian Hartley (Chief Executive – Leeds Teaching Hospitals NHS Trust)
- Phil Corrigan (Chief Executive – Leeds West Clinical Commissioning Group)
- Jean Morgan (Acting Director – HealthWatch Leeds)
- Stuart Morrison (Team Leader, Community Engagement – HealthWatch Leeds

During the discussion, Rob Kenyon (Chief Officer Health Partnerships – Leeds City Council) was subsequently invited to join the meeting.

<u>Leeds Teaching Hospitals NHS Trust</u>

In addressing the Scrutiny Board, the Chief Executive made a number of points, including:

- Satisfaction with the level of response to the consultation on the Trust's draft 5-year strategy, which had included:
  - Internal (staff) responses
  - External responses – statutory bodies and Trust members

- The Trust needed a clear mandate to progress the direction of travel outlined in the draft strategy across the main themes of:
  - The best for patient safety, quality and experience;
  - The best place to work;
  - A specialist provider and centre of excellence for research, education and innovation;
  - Seamless integrated care across organisational boundaries;
  - Financial stability.
- There was overall support for the direction of travel outlined in the draft strategy, but as this was relatively early on in the process, more detail was needed.

HealthWatch Leeds

The Acting Director of HealthWatch Leeds highlighted the significant use of jargon within the draft strategy – which was not helpful in terms of engaging the wider public. Concern was also expressed regarding the level of public influence offered by the consultation – given the relatively short consultation period.

Leeds City Council

The Chief Officer Health Partnerships reported that as part of its consultation, the Trust had engaged with a cross-party members group and a number of local Members of Parliament.

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

- General concern regarding:
  - The timing of the consultation;
  - Public accessibility (i.e. the consultation was promoted as web-only access).
  - Ease of access to respond (unique code required);
  - Consideration of the consultation needs of specific groups within the community (i.e. older people, communities where English is a second language, those with limited access to technology and/or skills to use technology).
- The Trust's funding, particularly in relation to its 'teaching hospital' status.
- Governance and accountability mechanisms in the Trust – now and in the future.
- Public knowledge and awareness of what to service to expect when accessing acute care.
- Public involvement and engagement.
- Questions around the consultation process and the target audience.
- Opportunities for singe points of access for the NHS within the City.
- The role and relationship of the Trust (and other providers) with Leeds' Health and Wellbeing Board.
- Reflecting on the comments presented by the Leeds Local Medical Committee, the Trusts working relationship with GPs across the City.

- There was general support for the priority areas identified, however further and more detailed explanations around how the priorities would be achieved were required.

The Chief Officer Health Partnerships reminded the Scrutiny Board that:

- There had been an unprecedented level of change across health and social care generally and in particular across the NHS – nationally and locally.
- As a City and local health and social care system, Leeds was held as a national exemplar of good practice.
- Notwithstanding any further improvements to the approach to consultation, the level of consultation undertaken by the Trust had improved significantly.

In response to some of the issues raised, the Chief Executive of LTHT made a number of points, including:

- The consultation represented a genuine attempt by the Trust to engage local communities, however it was recognised improvements could be made for the future and it was important to capture learning from thi consultation.
- Feedback on the draft strategy had been received via other sources (i.e. not just web-based responses).
- There was still the opportunity to provide further feedback, as the final plan was due to be submitted in June 2014.
- The funding landscape for the Trust was changing and it may be worthwhile for the Scrutiny Board to have a dedicated discussion in the future.

RESOLVED –

(a) To note the information presented and discussed at the meeting.

(b) That, in consultation with the Chair, the Principal Scrutiny Adviser drafts a formal response on behalf of the Scrutiny Board.

(c) That the Trust's changing funding landscape, particularly in relation to its 'teaching hospital' status, be the subject of further discussion at a future meeting of the Scrutiny Board.

(d) That the final 5-year strategy be presented to the Scrutiny Board following submission in June 2014.

(e) That further and more detailed action plans, detailing how the priorities would be achieved, be reported to a future meeting of the Scrutiny Board for more detailed consideration.

(Councillor J Lewis left the meeting at 1.10pm at the conclusion of this item.)

108 Aspiring NHS Foundation Trusts - Leeds Teaching Hospitals NHS Trust progress update

The Head of Scrutiny and Member Development submitted a report that introduced an update around the progress towards Foundation Trust status of Leeds Teaching Hospitals NHS Trust.

The following additional information was provided for the Scrutiny Board to consider (Minute 103 refers):

- Written update from NHS Trust Development Authority

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

- Julian Hartley (Chief Executive – Leeds Teaching Hospitals NHS Trust)
- Phil Corrigan (Chief Executive – Leeds West Clinical Commissioning Group)

Leeds Teaching Hospitals NHS Trust

In addressing the Scrutiny Board and outlining the Trust's progress against the previously agreed Recovery Plan, the Chief Executive made a number of points, including:

- There had been a huge improvement in Accident and Emergency (A&E) treatment/ waiting times.
- The 18-week referral to treatment target had not yet been achieved consistently across the Trust. This would be achieved by June 2014.
- The Trust faced a significant financial challenge that needed to be addressed through a robust 3-year financial strategy.
- The benefits of being a NHS Foundation Trust included:
  - Through its membership and governance arrangements, the Trust would be more significantly routed in the community.
  - NHS Foundation Trusts are free from central government control.
  - The regulator (Monitor), reported directly to Parliament.
  - Any financial surplus generated by the Trust could be retained and reinvested in service improvement.

Clinical Commissioning Groups

The Chief Executive (Leeds West Clinical Commissioning Group (CCG)) outlined the three CCGs across Leeds believed the Trust was approaching its 5-year strategy in the correct way and had confidence in the new approach that included genuine engagement, with a focus on delivery.

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

- The financial legacy of previous decisions associated with the Trust.
- The Trust's current estate and how this compared to other Trusts.

- Queries regarding the Trust's progress over the past five years and the 'big obstacles'.
- Questioned whether the A&E improvements were sustainable (without the additional government funding provided in 2013/14)
- It was noted the desire to achieve the 18-week referral to treatment target had slipped from January 2014 to June 2014.

The Scrutiny Board also noted the update provided by the NHS Trust Development Authority in respect of LTHT, however concern was expressed in respect of the update around Leeds Community Healthcare NHS Trust; specifically the departure of the Chief Executive and the outcome of the Care Quality Commission inspection of services delivered at the South Leeds Independence Centre (reported in December 2013) – matters which had not been brought to the attention of the Scrutiny Board.

RESOLVED –

(a) To note the update and progress reported in respect of Leeds Teaching Hospitals NHS Trust progress towards NHS Foundation Trust status.

(b) To express concern in respect of the update provided by the NHS Trust Development Authority around Leeds Community Healthcare NHS Trust; specifically the departure of the Chief Executive and the outcome of the Care Quality Commission inspection of services delivered at the South Leeds Independence Centre (reported in December 2013) – matters which had not been brought to the attention of the Scrutiny Board.

(c) That, on behalf of the Scrutiny Board, the Chair and Principal Scrutiny Adviser explores the circumstances around the information flows to the Scrutiny Board in this specific instance, and more generally across the local Health and Social Care system.

At the conclusion of the discussion, the Chair thanked those in attendance for their contributions to the meeting and discussion.

(Councillor E Taylor left the meeting at 1:15pm, during the Scrutiny Board's consideration of this item.)

109 Date and Time of the Next Meeting

Friday, 28 March 2014 at 10:00am (with a pre-meeting for Board Members at 9:30am).

(The meeting concluded at 1:30pm)

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

FRIDAY, 28TH MARCH, 2014

PRESENT: Councillor J Illingworth in the Chair

Councillors G Hussain, J Walker, K Bruce, S Varley, E Taylor, S Lay, N Buckley, M Harland and J Jarosz

110 Chair's Opening Remarks

The Chair opened the meeting and welcomed everyone in attendance.

111 Third Party Recording

The Principal Scrutiny Adviser made reference to the Council's protocol relating to third party recording of Committees, Boards and Panels, including both video and audio recording. Copies of the protocol were available at the meeting.

112 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:

- NHS Specialised Services and consultation on proposed changes to specific service specifications
  - Proposed changes to 14 specialised service areas
  - Submission by Leeds Teaching Hospitals NHS Trust

  (Minute 117 refers)

- The UK Strategy for Rare Diseases and NHS England's associated Statement of Intent
  (Minute 116 refers)

- Report on Joint Health Overview and Scrutiny Committee (Yorkshire and Humber)
  (Minute 118 refers)

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

It was noted there was no supplementary paper associated with the Work Schedule (Minute 119 refers), as suggested in the cover report.

113 Declaration of Disclosable Pecuniary Interests

There were no disclosable pecuniary interests declared to the meeting.

114 Apologies for Absence and Notification of Substitutes

The following apologies for absence had been received and were reported to the Scrutiny Board.

- Councillor C Towler – Councillor J Jarosz attending as a substitute member
- Councillor J Lewis – Councillor M Harland attending as a substitute member
- Councillor C Fox – no substitute member attending

It was noted that, due to a private appointment, apologies had also been received from Councillor Adam Ogilvie (Executive Board Member (Adult Social Care)), who had been invited to attend the Board in relation to the discussion around proposals to establish a social enterprise to deliver the Council's Learning Disability Community Support Service (Minute 115 refers).

It was reported that in relation to the discussion around the UK Strategy for Rare Diseases and NHS England's associated Statement of Intent (Minute 116 refers) and NHS Specialised Services and consultation on proposed changes to specific service specifications (Minute 117 refers), the Chair from each of the Health Overview and Scrutiny Committees across West Yorkshire had been invited to attend the meeting, as follows:

- Councillor McAllister (Calderdale Council) – apologies received
- Councillor Gibbons (City of Bradford Council) – apologies received
- Councillor Rhodes (Wakefield Council) – apologies received
- Councillor Kendrick (Kirklees Council) – apologies received

It was noted that a member of the Scrutiny Board, Councillor C Fox, was currently unwell. Through the Chair, all members of the Scrutiny Board extended their sympathy and wished Councillor Fox a speedy recovery.

115 Creation of a Social Enterprise to deliver the Council's Learning Disability Community Support Service - consultation on proposals

The Head of Scrutiny and Member Development submitted a report that introduced a report submitted to the Executive Board meeting on 14 February 2014.

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

- Paul Broughton (Chief Officer Care Delivery (Adult Social Care)) – Leeds City Council

- Andrew Rawnsley (Head of Service (Learning Disability Community Support Services) (Adult Social Care)) – Leeds City Council
- Jean Morgan (Acting Director – HealthWatch Leeds)

In addressing the Scrutiny Board, the Chief Officer Care Delivery (Adult Social Care) summarised the Executive Board report and briefly outlined progress since February 2014, which included:

- The Executive Board member (Councillor Ogilvie) had written to all affected members of staff.
- A carers and service user workshop
- Establishment of a Project Board – Chaired by the Executive Board member.
- Production of a 'Frequently Asked Questions (FAQs)' document.
- Application to the Cabinet Office for external funding to assist in the establishment/ development of a social enterprise.
- Planning for a wide range of activity.

The Head of Service (Learning Disability Community Support Services) provided more details on the proposed consultation plans, staff ballot and involvement of service users and carers.

In addressing the Scrutiny Board, the Acting Director of HealthWatch Leeds made a number of points, including:

- In any consultation it was important for service users to have a voice and the ability to influence decision-making.
- While acknowledging the established arrangements to involve service users and carers, it was important to recognise and involve groups and organisations outside the 'recognised system'.

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

- Impacts on service users and carers.
- Future regulation and monitoring arrangements for any future delivery structure/ organisation.
- Consideration of the 'key drivers' for the proposals:
    - Service improvements
    - Service user advantage
    - Financial challenges
- Public Sector ethos and future management techniques.
- Future organisational structure, governance and accountability arrangements, and staffing levels.
- Impact/ implications of service users opting to manage their own needs through 'Direct Payments'.
- Initial and current staff views on proposals.
- Future freedoms over form and function of 'back office' arrangements.

Overall, the Scrutiny Board was reassured by the details provided in response to the issues raised and discussed at the meeting.

RESOLVED –

(a) To note the information presented and discussed at the meeting, including the outline of the proposals and progress to date.
(b) That a further report, detailing progress and outcome of the consultation processes, be presented to the Scrutiny Board prior to any future Executive Board report and/or decision.

116 The UK Strategy for Rare Diseases and NHS England's associated Statement of Intent

The Head of Scrutiny and Member Development submitted a late report (Minute 112 refers) that introduced the UK Strategy for Rare Diseases and associated commitments produced by the Department of Health in November 2013. The report also introduced NHS England's Statement of Intent in relation to Rare Diseases, published in February 2014.

It was proposed to consider the details presented jointly with the next item on the agenda, NHS Specialised Services and consultation on proposed changes to specific service specifications (Minute 117 refers).

RESOLVED – To note the information presented and consider any specific matters jointly with the details presented on NHS Specialised Services and consultation on proposed changes to specific service specifications.

117 NHS Specialised Services and consultation on proposed changes to specific service specifications

The Head of Scrutiny and Member Development submitted a report to help the Scrutiny Board consider the process for developing the national Specialised Services Strategy and the potential implications associated with concentrating expertise in a reduced number of centres.

The report also aimed to help provide an opportunity for the Scrutiny Board to respond to consultation around proposed changes to 14 Specialised Service specifications.

The following additional information was provided for the Joint Committee to consider (Minute 112 refers):

- Proposed changes to 14 specialised service areas
- Written submission/ briefing by Leeds Teaching Hospitals NHS Trust

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

- Cathy Edwards (Director of Commissioning) – NHS England (South Yorkshire & Bassetlaw Area Team)
- Laura Sherburn (Head of Specialised Commissioning) – NHS England (South Yorkshire & Bassetlaw Area Team)

- Julian Hartley (Chief Executive – Leeds Teaching Hospitals NHS Trust)
- Dr Mark Smith (Chief Operating Officer – Leeds Teaching Hospitals NHS Trust)
- David Berridge (Medical Director (Operations) – Leeds Teaching Hospitals NHS Trust)

In addressing the Scrutiny Board, the Director of Commissioning (NHS England (South Yorkshire & Bassetlaw Area Team)) outlined a number of matters, including:

- The UK Strategy for Rare Diseases aimed to provide consistency in approach across the four countries of the UK and formed part of NHS England's consideration as it developed a 5-year Specialised Services Strategy.
- NHS England's Statement of Intent in response to the UK Strategy for Rare Diseases included commitments to:
    - Involve patients (through patient representatives on 75 national Clinical Reference Groups (CRGs) – responsible for developing service specifications in relation to specialised services.
    - Working with partners.
    - Working with industry.
    - Implementation of the UK Strategy for Rare Diseases.
- In developing the 5-year Specialised Services Strategy, NHS England was adopting a 3 phase approach:
    - Phase 1 – scoping and defining the strategy (to end of April 2014). This involved a number of engagement events and developing the case for change (i.e. a reduced number of specialised centres).
    - Phase 2 – analysis of Phase 1 and development of a draft 5-year strategy (April – June 2014).
    - Phase 3 – Public Consultation – 12 weeks commencing in July 2014.
- The aim was to have a final 5-year Specialised Services Strategy by October/ November 2014 that included a 5-year vision that set out a service plan and quality measures for the future.

Addressing the Scrutiny Board, the Chief Executive of Leeds Teaching Hospitals NHS Trust (LTHT), outlined a number of matters, including:

- There was a significant challenge between balancing devolving and improving specialist expertise and identifying the necessary critical mass of population.
- It was important the any future arrangements reflected the needs and different geographies of the Yorkshire and Humber region.

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

- Current delivery of specialised services across Yorkshire and the Humber.

- The financial implications/ importance of specialised services on LTHT (accounting for £400M (approx.) per annum).
- The importance of a network approach to delivering specialised services and the associated patient flows.
- The notion of 15-30 specialised centres across England.
- Changes in the number of Junior Doctors and Specialist Trainees.
- The number of specialised (103) and highly specialised (5) services currently delivered at LTHT.

In discussing the proposed changes to the identified (14) specialised service specifications, Members raised concerns around the consultation approach and the lack of details around the impact, implications and significance of the proposed changes.

In response, representative from NHS England offered to provide an analysis of the impact, implications and significance of the proposed changes (specifically in relation to Yorkshire and the Humber) by 11 April 2014, for future consideration by the Scrutiny Board.

RESOLVED –

(a) To note the information presented and discussed at the meeting.
(b) To consider NHS England's analysis of the impact, implications and significance of the proposed changes to the identified (14) specialised service specifications at its meeting in April 2014.

At the conclusion of the discussion, the Chair thanked those in attendance for their contributions to the meeting and discussion.

118 Joint Health Overview and Scrutiny Committee (Yorkshire and Humber)

The Head of Scrutiny and Member Development submitted a report that, following the outcome of the Full Council meeting (26 March 2014), sought a nomination from within the membership of the Scrutiny Board to serve as the Leeds City Council's representative on the Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber) in relation to the new review of Congenital Heart Disease services.

RESOLVED – To nominate the Chair, Cllr John Illingworth, as Leeds City Council's representative to serve on the Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber) in relation to the new review of Congenital Heart Disease services.

119 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 Principal Scrutiny Adviser provided a verbal update and highlighted a number of matters likely to be of interest and the subject of further consideration by the Scrutiny Board, including:

- The Better Care Fund – the final submission had been signed-off by the Health and Wellbeing Board on 27 March 2014.
- Leeds Clinical Commission Groups were in the process of finalising their 2-year and 5-year commissioning plans/ strategies.
- Primary Care – NHS England had recently (20 March 2014) published its first phase report on Improving General Practice.

RESOLVED – To note the information presented and agree that the Principal Scrutiny Adviser, in consultation with the Chair, amend the future work schedule.

120 Date and Time of Next Meeting

Wednesday, 30 April 2014, commencing at 10:00am (with a pre-meeting for Board Members at 9:30am).

(The meeting concluded at 12:10pm)

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Report author: Steven Courtney
Tel: 24 74707

Report of Head of Scrutiny and Member Development

Report to Scrutiny Board (Health and Well-being and Adult Social Care)

Date: 30 April 2014

Subject: NHS Specialised Services: Impact assessment of proposed changes to specific service specifications

Are specific electoral Wards affected? If relevant, name(s) of Ward(s):	☐ Yes	☒ No
Are there implications for equality and diversity and cohesion and integration?	☐ Yes	☒ No
Is the decision eligible for Call-In?	☐ Yes	☒ No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	☐ Yes	☒ No

1 Purpose of this report

1.1 The purpose of this report is to provide an opportunity for the Scrutiny Board to further consider and formally respond to consultation around proposed changes to 14 Specialised Service specifications.

2 Background

2.1 NHS Specialised Services are those services provided in relatively few hospitals, to catchment populations of more than one million people. The number of patients accessing these services is small, and a critical mass of patients is needed in each treatment centre in order to achieve the best outcomes and maintain the clinical competence of NHS staff.

2.2 The Health and Social Care Act 2012 set out the following four factors that should be taken into consideration when determining which prescribed specialised services should be directly commissioned by the NHS England:

- The number of individuals who require the provision of the service or facility;
- The cost of providing the service or facility;
- The number of persons able to provide the service or facility; and
- The financial implications for Clinical Commissioning Groups (CCGs) if they were required to arrange for the provision of the service or facility

2.3 At its previous meeting in March 2014, the Scrutiny Board considered NHS England's plans for developing a 5-year Strategy for Specialised Services, alongside proposed changes to 14 Specialised Service specifications.

2.4 In discussing the proposed changes to the identified (14) specialised service specifications, Members raised concerns around the consultation approach and the

lack of details around the impact, implications and significance of the proposed changes.

2.5 In response, representative from NHS England offered to provide an analysis of the impact, implications and significance of the proposed changes (specifically in relation to Yorkshire and the Humber) by 11 April 2014, for future consideration by the Scrutiny Board.

3 Main issues

3.1 The impact analysis work undertaken and submitted by NHS England (South Yorkshire and Bassetlaw Area team) is attached at Appendix 1 for consideration.

3.2 Representatives from NHS England and Leeds Teaching Hospitals NHS Trust (LTHT) have been invited to the meeting to contribute to the discussion and assist members in considering the details presented.

3.3 In addition, bodies responsible for patient transport (i.e. Yorkshire Ambulance Service and Embrace) have been invited to provide details of any specific issues associated with transportation of patients and associated services. Any information provided will be shared with the Scrutiny Board and (if appropriate) representatives invited to attend the meeting to address any questions from the Scrutiny Board.

3.4 It should be noted that consultation on the identified service specifications will run until 21 May 2014. Any submission from the Scrutiny Board should be submitted by this deadline.

4 Recommendations

4.1 Members of the Scrutiny Board are asked to consider the information presented and:

4.1.1 Agree any specific comments to be included in a formal consultation response to the proposals under consideration.

4.1.2 Identify any specific matters that require further and/or more detailed scrutiny.

5 Background papers[1]

5.1 None used

[1] The background documents listed in this section are available to download from the Council's website, unless they contain confidential or exempt information. The list of background documents does not include published works.

Revised Specialised Service Specifications in Consultation 26th February – 21st May 2014

Key changes and potential impacts

Introduction

NHS England, in its role as the sole commissioner of specialised services, has agreed a regular programme of engagement and consultation as part of its responsibility for developing single national service specifications for the specialised services it commissions.

Service specifications set out what is expected from providers and define access to a service. They also set out a series of core and developmental standards. Core standards are those which any reasonable provider of a service should be able to demonstrate, whilst developmental standards are in place to improve services over a period of time.

15 of these service specifications are currently out to consultation. All 15 service specifications have already been subject to consultation when first published, however, we are now consulting on changes made to those documents. South Yorkshire and Bassetlaw Area Team have selected the specifications where these changes are sufficiently material to warrant further discussion, and summarised the changes and any potential impacts in Yorkshire and Humber, for the OSC's consideration. These service specifications are:

A10/S/a Adult Cardiac Surgery Service Specification
D01/S/d Complex Disability Equipment Prosthetics Service Specification
E07/S/b Paediatric Critical Care - Level 2

For clarity, the service specifications where the changes are not perceived to be material (ie wording changes only, no significant impact on services) do not form part of this paper, these are as follows:

A06/S/a In centre haemodialysis
A06/S/b Home haemodialysis Service Specification
A06/S/c Peritoneal Dialysis Service Specification
A06/S/e Assessment and Preparation Renal Replacement Therapy
A06/S-d AKI Service Specification
E07/S/a Paediatric Critical Care - Level 3
E07/S/c Paediatric Long Term Ventilaton
E07/S/d Paediatric Critical Care Transport
E08/S/a Neonatal Critical Care
E08/S/b Neonatal Critical Care Transport
E10/S/(HSS)a Gestational Trophoblastic Disease *(provided by Sheffield Teaching Hospitals only)*
E11 Specialised Maternity – Anticipatory maternal management insert for inclusion in other relevant specifications

If at a subsequent stage of the consultation, the service providers notify the Area Team of any significant impact within the latter specifications that we had not previously foreseen, we will brief the OSC accordingly.

Summary of material changes and potential impacts

1. E07/S/b Paediatric Critical Care - Level 2

This specification is new for 2014-15 and is in the stakeholder testing stage; previously part of the overarching paediatric critical care specification, now the Level 2 requirements are spelled out in a bespoke specification.

Paediatric Critical Care (PCC) has been defined in 3 levels:

- Level 1 paediatric Critical Care Units (PCCUs) will be located in all hospitals providing inpatient care to children and will deliver level 1 PCC care. (provided in all district general hospitals (DGHs) which provide in-patient facilities and is not commissioned by NHS England)
- Level 2 PCCUs may be specialist or non-specialist and are provided in tertiary hospitals and a limited number of DGHs and will deliver level 1 & 2 care. These were formerly classified as HDUs. (commissioned by NHS England)
- Level 3 PCCUs are usually located in tertiary centres or specialist hospitals and can provide all 3 levels of PCC. (commissioned by NHS England)

This specification describes Level 2 PCCUs.

Key changes/impacts:

- The Paediatric Critical Care Level 2 service specification states that any Level 1 patient who has had critical care interventions lasting more than 24 hours meets the criteria for referral to Level 2 and therefore should move into a Level 2 service (which will either be provided in a tertiary centre, or at certain existing Level 2 providers in Y&H which are located in Bradford and Hull). This is a change from the current position, which is that patients who have had Level 1 care for more than 24 hours continue their care in Level 1 units where felt to be clinically appropriate, with support from the tertiary/Level 2 unit as required. The implementation of this requirement could potentially result in more patients being treated in tertiary centres or Level 2 Units. As yet this increase is unquantified, and there would be more work needed to assess the volume of activity, in order to understand the impact of the change on both the receiving and referring organisations in terms of capacity and sustainability. It would also result in more transport activity around the region, as the children would need the Embrace service to move them from Level 1 units to Level 2/tertiary centres.
- There is emphasis in the document on rapid repatriation of patients from Level 3 critical care to Level 2. While this is entirely consistent with the principles of care closer to home, further work is required to ensure that this does not add any additional unnecessary steps to the pathway, and that patient and carer choice will be taken into account.
- The Paediatric Critical Care Level 2 specification also includes standards relating to staffing numbers and training packages that Level 2 units must meet. It is not known to commissioners at this point how readily the units would be able to meet these standards, however the Operational Delivery Network for Paediatric Critical Care in Y&H have raised this as an issue and will be feeding back their views as part of the formal consultation.

2. A10/S/a Adult Cardiac Surgery Service Specification

This service specification has been updated significantly, although these updates primarily address a broad lack of content in the original draft. Additions to the original draft are briefly described below.

Key additions:

- National/Local Context; the revised version adds significantly to speciality description around acquired heart disease, and the numbers of patients being operated on, which has stabilised over the last few years, although there is growth in elderly patients and the numbers of patients being operated on semi-urgently.
- NHS Outcomes Framework Domains and Indicators; all patients undergoing heart surgery will have their results entered into the National Adult Heart Surgery Audit Database (NICOR). NICOR will produce a report every year, detailing the results for the procedures performed and giving unit and individual results, including on a named surgeon basis.
- Aims and objectives of the service have been described more comprehensively within the service specification, as have the interdependencies with other services/providers; there is a clear emphasis on all current providers working more closely and effectively together, and with providers of Complex Invasive Cardiology and District General Hospitals.

The changes described above are intended to strengthen the original draft specification, in terms of overall content, service description, applicable standards and the quality of services expected from Cardiac Surgery providers. There are no indications that these changes would necessitate any changes to the current provider landscape in Yorkshire & the Humber.

3. D01/S/d Complex Disability Equipment Prosthetics Service Specification

This service specification has been updated to make clear the level of service provision required to ensure optimal outcome for people with limb loss. Key additions to the original draft are briefly described below.

- The national/local context section now describes how the service will benefit the patient by improving health and well-being outcomes for persons of all ages with limb loss and any related condition(s) by offering personalised care, whilst supporting, facilitating and enabling patient choice and by putting patients first. This will also support equity, equality and ease of access to the highest quality services.
- A new section makes clear and provides detail in the areas to focus on in order to maximise independence of patients following limb loss.
- There is greater focus on the appropriate level of support for education and workforce development for the current and trainee workforce.
- The core requirements of the service have been redefined with specific emphasis on multidisciplinary team working, access to consultants who specialise in amputee rehabilitation; access to a full range of therapeutic interventions; services for children; links with charities and patients user groups and patient support systems etc.
- There is a new section that describes how services will have collective responsibility within the spirit co-production, participation and collaboration to improve and innovate service(s) locally, regionally and nationally.
- The designated providers of this service are listed. In Yorkshire and the Humber this includes the currently NHS England commissioned services at Hull and East Yorkshire Hospitals NHS Trust; Leeds Teaching Hospitals NHS Trust; and Sheffield Teaching Hospitals NHS Foundation Trust.

There are no indications that these specification changes would necessitate any changes to the current provider landscape in Yorkshire & the Humber.

Next Steps

The consultation closes on 21st May 2014. The Area Team itself will be feeding comments back on the service specifications as a formal response to the consultation, as will various Operational Delivery Networks (ODNs), most notably the PCC ODN.

If Leeds Overview and Scrutiny Committee wish to have further discussions with the Area Team regarding any of the above statements, please contact Laura Sherburn, Interim Head of Specialised Commissioning, (laura.sherburn@nhs.net, tel 0113 8253421) who will be very happy to assist.

Leeds CITY COUNCIL

Report author: Steven Courtney
Tel: 247 4707

Report of Head of Scrutiny and Member Development

Report to Scrutiny Board (Health and Wellbeing and Adult Social Care)

Date: 30 April 2014

Subject: Children's epilepsy surgery

Are specific electoral Wards affected? If relevant, name(s) of Ward(s):	☐ Yes	☒ No
Are there implications for equality and diversity and cohesion and integration?	☐ Yes	☒ No
Is the decision eligible for Call-In?	☐ Yes	☒ No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	☐ Yes	☒ No

1 Purpose of this report

1.1 The purpose of this report is to provide further information to the Scrutiny Board in relation to the provision of Children's Epilepsy Surgery.

2 Background

2.1 In July 2013, following a request for scrutiny, the Scrutiny Board agreed to consider issues associated with the provision of Children's Epilepsy Surgery and associated procurement processes.

2.2 In March 2013, the Chair of the Scrutiny Board wrote to NHS England seeking a response to the matters raised during consideration of the request for scrutiny. A copy of the letter is attached at Appendix 1.

3 Main issues

3.1 A response to the issues raised has now been received. This has been provided by NHS England (South Yorkshire and Bassetlaw Area team) and is attached at Appendix 2 for consideration.

3.2 Representatives from NHS England and Leeds Teaching Hospitals NHS Trust (LTHT) have been invited to the meeting to contribute to the discussion and assist members in considering the details presented.

4 Recommendations

4.1 Members of the Scrutiny Board are asked to consider the information presented and identify any specific matters that require further and/or more detailed scrutiny.

5 Background papers[1]

5.1 None used

[1] The background documents listed in this section are available to download from the Council's website, unless they contain confidential or exempt information. The list of background documents does not include published works.

Councillor John Illingworth
Chair, Scrutiny Board
(Health and Wellbeing and Adult Social Care)
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LEEDS LS1 1UR

Mr Andy Buck, Director
NHS England (West Yorkshire Area Team)
3 Leeds City Office Park
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Leeds
LS11 5BD

E-Mail address john.illingworth@leeds.gov.uk
Civic Hall Tel. 0113 39 50456
Civic Fax 0113 24 78889
Your ref
Our ref JI/SMC
Date 4 March 2014

Sent by e-mail only

Dear Andy,

Children's Epilepsy Surgery

In July 2013, concerns were raised with Leeds City Council's Scrutiny Board (Health and Wellbeing and Adult Social Care) regarding the *Safe and Sustainable* review of Children's Neurosurgical Services and the subsequent proposals for the treatment of children with epilepsy.

Details presented to the Scrutiny Board and the associated minutes from the meeting are available using the following link:

http://democracy.leeds.gov.uk/ieListDocuments.aspx?CId=799&MId=6379&Ver=4

From the details presented and discussed at the meeting, specific concerns identified by the Scrutiny Board included:

- The potential shift from procuring 'additional capacity' for children's epilepsy surgery to successful providers being consider the 'sole' providers of services;
- The consideration of 'patient's needs' and 'geographical distribution' within the procurement process;
- The consistency of the procurement process;
- Concerns associated with the overall '*Safe and Sustainable'* programme.

At that time, the Scrutiny Board agreed to include this area within its work programme for 2013/14 and to invite NHS England to be to provide a written briefing/ update on the Safe and Sustainable review of Children's Neurosurgical Services for consideration at a future meeting consider. However, with such a broad remit and the level of unprecedented change across health and social care, other matters have taken a higher priority.

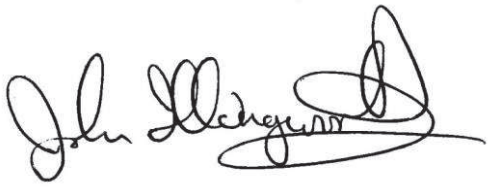
Cont./

To date, NHS England has not been invited to comment on this matter and/or attend a meeting to discuss the concerns raised. Nonetheless, while I recognise that NHS England is a relatively new body and much of the work in this area pre-dates its establishment, with the recently announced imperative to develop a strategy and review the provision of all Specialised Services, it seems both appropriate and timely to ensure these matters are drawn to your attention for comment.

There are a number of other issues to consider in terms of NHS England's approach to reviewing all Specialised Services and I hope to discuss these in the near future. However, I trust the general maters around Specialised Services will not prevent or delay a detailed response to the issues raised regarding the *Safe and Sustainable* review of Children's Neurosurgical Services and the treatment of children with epilepsy.

Should you need any further information and/or clarification, please do not hesitate to contact me. Otherwise, I look forward to receiving NHS England's substantive response in the very near future.

Yours sincerely



Councillor John Illingworth
Chair, Scrutiny Board (Health and Wellbeing and Adult Social Care)

cc: Members of the Scrutiny Board (Heath and Wellbeing and Adult Social Care)
Cllr Lisa Mulherin, Chair, Leeds Health and Wellbeing Board
Leeds Clinical Commissioning Groups
Leeds Teaching Hospitals NHS Trust
Healthwatch Leeds
Health Scrutiny Chairs – Yorkshire and the Humber

APPENDIX 2

Our Ref: CE/jh
Your Ref:
Email: cathy.edwards2@nhs.net
Direct Dial 0113 82 53362
Date: 11th April 2014

Oak House
Moorhead Way
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S66 1YY

Sent via email
Councillor John Illingworth
Chair
Leeds Overview and Scrutiny Committee
3rd Floor (East)
Civic Hall
Leeds
LS1 1UR

Dear Cllr John Illingworth,

Re: Paediatric Neurosciences – Paediatric Epilepsy

Thank you for your letter to Andy Buck dated 4th March concerning children's epilepsy surgery. As the responsible commissioner for these services within Yorkshire and Humber, your correspondence has been passed to me to respond.

I thought it would be helpful to structure our response into three key areas: the background and context; key issues raised within the request for further scrutiny and NHS England's response to these; and the development of the Paediatric Neurosciences Network, which underpins the way forward.

Background

Following a national procurement process that concluded in May 2012 four providers were identified to provide Children's Epilepsy Surgery Service (CESS)

1. Birmingham Children's Hospital NHS Foundation Trust
2. North Bristol NHS Trust with University Hospitals Bristol NHS Foundation Trust
3. Great Ormond Street Hospital for Children NHS Trust (GOSH)
4. Alder Hey Children's NHS Foundation Trust with Central Manchester University Hospitals NHS Foundation Trust

Sheffield THFT, Newcastle THFT and Leeds THT initially worked on a bid to become a centre, but due to difficulties in the three Trusts reaching an agreed proposal, the bid did not go forward.

The nationally agreed model of care for children's epilepsy surgery was set out in a letter to all Trusts in September 2012.This model determined that:

- Surgery for children aged six years and over may be appropriately performed locally but must be with the prior agreement of the relevant CESS and on a case by case basis.
- All cases being considered for epilepsy surgery must be discussed by the multidisciplinary team (MDT) in the relevant CESS centre.
- Epilepsy surgery being considered for children aged 5 years and under must only be undertaken by the relevant CESS.
- In Y&H there would be the expectation that referrals would be made to Alder Hey/Manchester, on the basis that

- this will offer a more easily assessable service to children and families and,
- with the establishment of Children's Neuroscience Networks, provide an opportunity for the development of effective clinical relationships across the North of England

Key issues raised within the request for scrutiny *(made by LTHT in July 2013)*

In July 2013, clinicians from Leeds Teaching Hospitals NHS Trust brought a number of concerns to the attention of the OSC. They included:

- the failure of NHS England to formally consult on proposals
- a perception that the procurement process had been deeply flawed
- a concern that all epilepsy surgery would be commissioned from the 4 designated centres only
- a concern that children previously treated in Leeds would need to travel to London/Liverpool/Manchester for surgery

In response to the above points, NHS England would state the following:

- NHS England were not legally required to publicly consult, as this did not constitute a major service change, rather it was a change to treatment thresholds, and there is no legal requirement to consult on changes to clinical criteria for referral
- The national procurement process had been undertaken within a framework which NHS England considered to be legally robust
- The change only affects children under 5 years old requiring epilepsy surgery, and does not mean that all surgery will be undertaken elsewhere. Data submitted to NHS England by LTHT for the period 01.04.12 to 30.09.13 (18m) stated there was a total of 3 children aged 0-5 who received procedure for epilepsy at LTHT during that time. This would equate on average to 2 children per year who would be referred to Liverpool/Manchester
- It is true that children under 5 years old that require epilepsy surgery will have to travel for treatment, however as described above, the anticipation is that this will only affect on average 2 patients per year.
- Furthermore, this change is based on a fundamental principle that through effective network development (see below), the aspects of the treatment undertaken in the centre will be limited to the surgery and complex interventions only, with as much of the pathway being retained locally as possible.

Paediatric Neurosciences Operational Delivery Network

Crucial to the effectiveness of the above arrangements is the development of a North East Paediatric Neurosciences Operational Delivery Network (NEPNN). This will ensure clinically effective pathways are in place for all children with neurological needs, an element of which are the necessary relationships with CESS centres to ensure that the best clinical outcomes are achieved for children under 5 years old requiring epilepsy surgery.

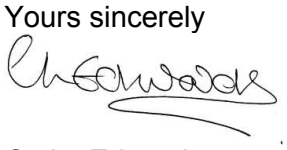
Clinical and management colleagues from Sheffield Children's NHS Foundation Trust,Newcastle upon Tyne Hospitals Trust and Leeds Teaching Hospitals Trust have agreed that representatives from the three Trusts would come together as an Interim Executive Management Group to:

- Work with commissioning staff from South Yorkshire and Bassetlaw Area Team and Cumbria, Northumberland, Tyne and Wear Area Team to explore hosting arrangements for the Network (subsequently recommended that this should be Sheffield Childrens Foundation Trust).
- Develop a vision for the Network
- Agree the Principles that will underpin the Network
- Agree the Executive Group Membership for the Network
- Agree the scope and core membership of the Network
- Agree the skill mix and support required to make the Network a success.

A workshop is scheduled for 2 May 2014 that will outline the arrangements for going live with NEPNN, host arrangements and work programme. The Interim Executive Management Group has already agreed a vision and a set of principles for the NEPNN, and worked through the NEPNN Executive Group Membership should be, the scope of and key resources required to support the NEPNN. It is felt that this network is developing successfully.

I hope the above information provides sufficient assurance at this stage to the Overview and Scrutiny Committee; please do not hesitate to contact me if any further detail or discussion is required.

Yours sincerely



Cathy Edwards
Director of Commissioning
NHS England (South Yorkshire & Bassetlaw)

Cc.	Stephen Courtney	Principle Scrutiny Advisor, Leeds OSC
	Andy Buck	NHS England Director (West Yorkshire Area Team)
	Mark Smith	Chief Operating Officer, Leeds Teaching Hospitals NHS Trust

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Leeds CITY COUNCIL

Report author: Steven Courtney
Tel: 24 74707

Report of Head of Scrutiny and Member Development

Report to Scrutiny Board (Health and Well-being and Adult Social Care)

Date: 30 April 2014

Subject: Urgent and Emergency Care

Are specific electoral Wards affected? If relevant, name(s) of Ward(s):	☐ Yes	☒ No
Are there implications for equality and diversity and cohesion and integration?	☐ Yes	☒ No
Is the decision eligible for Call-In?	☐ Yes	☒ No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	☐ Yes	☒ No

1 Purpose of this report

1.1 The purpose of this report is to present an update regarding the review of Urgent Care and work of the Urgent Care Board in Leeds.

2 Background

2.1 NHS England has stated that it wants to improve public understanding of the best place to go for care. By helping the public to go to the right place first, both they – and those who have very serious illnesses and injuries – will be seen more quickly by specialist clinical teams with the right qualifications and facilities. In January 2013, NHS England detailed that:

- Local commissioning will be at the heart of the review, which follows the commitment in the recent planning guidance.
- The review will aim to enable CCGs to shape services for the future and put in place arrangements that meet the needs of patients.
- The review team would work closely with clinical commissioning groups (CCGs) to ensure the views of all those with an interest are taken into account in developing a national framework offer to help ensure high-quality, consistent standards of care across the country.
- As well as seven-day working, the review would aim to help CCGs find the right balance between providing excellent clinical care in serious complex emergencies and maintaining or improving local access to services for less serious problems.

- The review will set out the different levels and definitions of emergency care – ranging from top-level trauma centres at major hospitals to local accident and emergency departments and facilities providing access to expert nurses and GPs for the treatment of more routine but urgent health problems.
- The review will also assess transfer processes between these levels of emergency care.
- The review will take account of the way that emergency care in England works with other areas of the NHS, such as GP surgeries, community care, and the 24-hour NHS 111 advice line.

2.2 Urgent and Emergency Care was identified by the Scrutiny Board as one of the general themes for its work over the course of the current municipal year (2013/14). To date, the Scrutiny Board has considered associated matters on three separate occasions – in July, November and December 2013.

July 2013

2.3 The Scrutiny Board received details associated with NHS England's intentions to review the model of urgent and emergency care as part of plans for more seven-day services, including confirmation that the review, led by Medical Director Sir Bruce Keogh, would set out proposals for the best way of organising care to meet the needs of patients.

2.4 The Scrutiny Board was advised of an A&E Improvement Plan, published by NHS England – setting out a tripartite agreement between NHS England, Monitor and the NHS Trust Development Agency (NTDA) to ensure improvement plans are in place for each A&E.

November 2013

2.5 As part of an overall update on the work of Leeds Health and Social Care Transformation Board, members considered an update on the work around Leeds' Strategic Urgent Care programme – being led by Leeds North Clinical Commissioning Group (CCG).

2.6 It was highlighted the vision was a commitment from all stakeholders (both service users and professionals) to work in unison to design and deliver a system that is consistent with both national guidance (from the Urgent and Emergency Care review) and one that meets the needs and expectations of the local population. As such, the system design principles were that any local urgent care system:

- Provides consistently high quality and safe care, across all seven days of the week
- Is simple and guides good choices by patients and clinicians.
- Provides the right care in the right place, by those with the right skills, the first time.
- Is efficient in the delivery of care and services.
- Urgent care is planned (where possible). For example, where an exacerbation of a long term condition is likely that not only the individual has a plan through IHSC for this event, but that we also plan appropriately responsive urgent care services to meet this need.
- Services are commissioned based on populations of need rather than planning based on the assessment of demand for conventional urgent care services.

2.7 At that meeting, it was also outlined that:

- Plans to develop engagement events for children and young people's experiences of urgent care were underway.

- Urgent care services could be improved by designing services that take into account the following three key principles:
  (1) Care should be well co-ordinated – flexible to the needs of the patients, responsive and integrated
  (2) Continuity and Care - consistent between services and mindful of the whole person, including their mental health needs, their on-going health care needs and reassurance/support during potentially frightening episodes
  (3) Communication – to build trust and understanding and offer choice over the kind of interaction you have (face to face/online/phone etc.)

- Production of a significant Urgent Care Health Needs Assessment was set to be completed in spring 2014.

- Anticipated that the experiences of the 2013/14 winter would prove invaluable in informing the on-going collaborative strategy, including the assessment of the impact of the various schemes being implemented across the city and further afield.

- The Strategic Urgent Care Board would be undertaking an Outcomes Based Accountability exercise in December 2013 to form the means by which progress can be determined.

- The following workstreams had been identified:
  (1) Patient Need and Pathways
  (2) System changes – including process, workforce and infrastructure
  (3) Public and Professional Engagement and Communication

- Workstreams and involvement would begin on a phased basis from November 2013, beginning with further engagement and involvement of the public in raising issues and themes.

- A website was under development to support the local review process and would become the primary source for information about next steps.

<u>December 2013</u>

2.8 The Scrutiny Board considered NHS England's published 'End of phase 1 report' (November 2013), which set out the findings and conclusions following engagement with patients, clinicians and commissioners across the NHS. In that report, the following proposals were put forward in five key areas:

- **Providing better support for people to self-care –** The NHS will provide better and more easily accessible information about self-treatment options so that people who prefer to can avoid the need to see a healthcare professional

- **Helping people with urgent care needs to get the right advice in the right place, first time –** The NHS will enhance the NHS 111 service so that it becomes the smart call to make, creating a 24 hour, personalised priority contact service. This enhanced service will have knowledge about people's medical problems, and allow them to speak directly to a nurse, doctor or other healthcare professional if that is the most appropriate way to provide the help and advice they need. It will also be able to directly book a call back from, or an appointment with, a GP or at whichever urgent or emergency care facility can best deal with the problem.

- **Providing highly responsive urgent care services outside of hospital so people no longer choose to queue in A&E -** This will mean: putting in place faster and consistent same-day, every-day access to general practitioners, primary care and community services such as local mental health teams and community nurses to address urgent care needs; harnessing the skills, experience and accessibility of community pharmacists; developing our 999 ambulance service into a mobile urgent treatment service capable of treating more patients at scene so they don't need to be conveyed to hospital to initiate care.

- **Ensuring that those people with more serious or life threatening emergency needs receive treatment in centres with the right facilities and expertise in order to maximise chances of survival and a good recovery.** Once it has enhanced urgent care services outside hospital, the NHS will introduce two types of hospital emergency department with the current working titles of Emergency Centres and Major Emergency Centres. Emergency Centres will be capable of assessing and initiating treatment for all patients and safely transferring them when necessary. Major Emergency Centres will be much larger units, capable of not just assessing and initiating treatment for all patients but providing a range of highly specialist services. The NHS envisages around 40-70 Major Emergency Centres across the country. It expects the overall number of Emergency Centres – including Major Emergency Centres – carrying the red and white sign to be broadly equal to the current number of A&E departments.

- **Connecting urgent and emergency care services so the overall system becomes more than just the sum of its parts.** Building on the success of major trauma networks, the NHS will develop broader emergency care networks. These will dissolve traditional boundaries between hospital and community-based services and support the free flow of information and specialist expertise. They will ensure that no contact between a clinician and a patient takes place in isolation – other specialist expertise will always be at hand.

2.9 At the time of publishing the Phase 1 report, NHS England outlined that Phase 2 of the review – also described as the delivery phase of the review – would turn the ideas developed into reality.

'…focus on improving these proposals in the light of further public debate, and putting in place mechanisms for realising the ambition of the proposals set out in this report. This will include establishing groups to develop and test: the clinical standards, skills and workforce needs, financial impact and commissioning support

that will be required to deliver the new system. An update on progress will be published in Spring 2014'.

2.10 In order to achieve the objectives of phase 2 of the review, NHS England established a Delivery Group of experts from across the urgent and emergency care system.

2.11 It was highlighted that while Phase 1 of the review set out some principles, there was no simple solution. It was stated that the principles would need to be developed locally to suit varying local circumstances and wishes – with different approaches in metropolitan, rural or remote areas and it may take three to five years to enact the necessary changes, although significant progress in the following areas would be expected over the next six months (i.e. from November 2013):

- Working closely with local commissioners as they develop their five-year strategic and two-year operational plans;
- Identifying and initiating transformational demonstrator sites to trial new models of delivery for urgent and emergency care and seven-day services;
- Developing new payment mechanisms for urgent and emergency care services, in partnership with Monitor;
- Completing new NHS 111 service specification so that the new service – which will go live during 2015/16 – can meet the aspirations of the review;
- Co-producing with clinical commissioning groups the necessary commissioning guidance and specifications over the remainder of 2014/15.

3 Main issues

3.1 At its previous meeting (in December 2013), it was confirmed that:

- The national review of Urgent and Emergency care represented an important piece of work for NHS England.
- 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.
- Work to be done in Leeds included establishing and communicating a clear, rational network of care, that 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.

3.2 Together with the information presented in the background section of this report, the details above provide a summary of the information considered by the Scrutiny Board during the current municipal year.

3.3 Representatives from Leeds North CCG (leading on Leeds' Strategic Urgent Care programme) have been invited to provide a written update on progress and appropriate representatives have been invited to attend the meeting.

3.4 The Scrutiny Board may wish to identify and consider any specific matters in more detail. However, it should be recognised any further consideration of maters is likely to take place in the new municipal year (i.e. 2014/15).

4 Recommendations

4.1 Members of the Scrutiny Board are asked to consider the content of this report and determine any future scrutiny activity.

5 Background papers[1]

5.1 None used

[1] The background documents listed in this section are available to download from the Council's website, unless they contain confidential or exempt information. The list of background documents does not include published works.