

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

TUESDAY, 25TH NOVEMBER, 2014

PRESENT: Councillor D Coupar in the Chair

Councillors J Akhtar, B Flynn, G Hussain,
G Latty, S Lay, J Lewis, K Maqsood,
E Taylor, S Varley and J Walker

Non-voting co-opted member: J Beal (HealthWatch Leeds)

36 Chair's Opening Remarks

The Chair welcomed everyone to the November meeting of the Scrutiny Board (Health and Well-Being and Adult Social Care).

In particular, the Chair welcomed Councillor Graham Latty recently appointed by Council and a returning member to the Scrutiny Board.

37 Late Items

There were no late items; however members of the Scrutiny Board received the draft minutes from the Executive Board meeting, held 19 November 2014 (minute 43 refers). The draft minutes were referred to in the report but were not available at the time of publication.

38 Declaration of Disclosable Pecuniary Interests

There were no disclosable pecuniary interests declared to the meeting. However, Councillor G Hussain drew the Board's attention to the fact that two close family members currently worked as General Practitioners (GPs) – with one working in the Leeds area. As this was not a pecuniary interest, Councillor G Hussain remained in the meeting for that part of the discussion (minute 42 refers).

39 Apologies for Absence and Notification of Substitutes

There were no apologies for absence and no substitute members were in attendance.

40 Minutes - 30 September and 28 October 2014

RESOLVED –

The minutes from the meeting held on 30 September 2014 were agreed as a correct record with no matters arising.

The minutes from the meeting held on 28 October 2014 were agreed as a correct record with no matters arising, subject to the following amendments:

Minute 32 – Leeds’ Mental Health Framework

In relation to the supporting action plans requested, these should specifically reflect the requirements of the ‘Closing the Gap’ report (published in January 2014).

Minute 33 - Leeds’ Child and Adolescent Mental Health Services and Targeted Mental Health in Schools

As part of the range of additional information to be made available and considered by the Scrutiny Board, this should specifically include details associated with current transitional arrangements between services for children and services for adults.

41 Chair's Update Report (November 2014)

The Head of Scrutiny and Member Development submitted a report that provided an outline of the Chair’s activity since the Board’s meeting in September 2014.

The Chair provided a verbal report at the meeting, drawing particular attention to the discussions / activity around the following matters:

- Provision of healthy food at Leeds’ health care establishments and Leeds City Council’s sports establishments.
- Muslim burials – release of deceased relatives.
- Work of the Joint Health Overview and Scrutiny Committee (JHOSC) for Yorkshire and the Humber.

Members discussed and commented on the information and update provided.

RESOLVED –

- (a) To note the report and update provided at the meeting.
- (b) To maintain an overview of the issues highlighted in the report and discussed at the meeting.

42 Primary Care Services in Leeds

The Head of Scrutiny and Member Development submitted a report introducing an overview of Primary Care Services in Leeds and on-going developments.

The following representatives were in attendance:

- Moira Duma (Director – NHS England (West Yorkshire))

- Kathryn Hilliam (Head of Primary Care – NHS England (West Yorkshire))
- Nigel Gray (Chief Officer) – NHS Leeds North CCG
- Sue Robins (Director of Commissioning, Strategy and Performance) – NHS Leeds West CCG
- Matt Ward (Chief Operating Officer) – NHS Leeds South and East CCG

The Director of NHS England (West Yorkshire Area Team) gave a brief introduction to the report, which provided information on the following four areas:

- General Practice
- Dental Services
- Community Pharmacy
- Community Optometry

The Scrutiny Board agreed to consider the details of the report in line with the above four areas and a number of matters were raised and discussed. A summary of the issues discussed is set out below:

General Practice (GP)

- The overall strategy for GP services was around keeping and maintaining patients out of hospital care.
- There would be a return to more 'placed based commissioning' of services through co-commissioning arrangements between NHS England and Clinical Commissioning Groups (CCGs).
- The role of GP services in addressing health inequalities and general implications around equality and diversity.
- The use of local intelligence to inform service development and commissioning.
- Available models and proposals around co-commissioning, alongside related matters such as overall governance arrangements and issues around potential conflicts of interest.
- Issues around available GP appointments and access to services.
- The changing nature of GP services and the current pilot (with Leeds West CCG) looking at the availability and delivery of the range of services under the umbrella of General Practice.
- Challenges for GP services in general, but specifically in Leeds – including the current age profile and methods of operation.
- The collection and use of patient feedback and general involvement of patients in designing services.
- Governance and accountability arrangements, including the introduction of Care Quality Commission (CQC) inspections of GP services.

Dental Services

- Equality of access to dentistry services.
- Concerns regarding factual inaccuracies within the report presented and that oral health in Leeds was poor and not the best in Yorkshire and the Humber – as portrayed.
- It was important that the Health and Wellbeing Board (the body that had previously been provided with and considered the published report) was presented with an updated and accurate report regarding dentistry.
- Building capacity and methods for achieving this – including the links with appropriate training and development opportunities.

Community Pharmacy

- Clarification that with the abolition of Primary Care Trusts (PCTs) the commissioning of community pharmacy services had moved the NHS England through its network of Area Teams.
- The potential role of community pharmacies in building capacity across primary care, through extended roles and the delivery of different services.
- Workforce issues and the role of Health Education England associated with capacity building.
- The importance of providing the right physical environment when considering the delivery of extended services within a community pharmacy setting.

Community Optometry

- Opportunities for developing and delivering enhanced optometry services.
- The availability and access to audiology services.

As a matter of a general nature, assurance was sought that commissioners were ensuring Health and Wellbeing Board members were aware of any potential issues around access, quality and patient safety across the range of primary care services, particularly in those areas likely to be subject to CQC inspections and monitoring.

RESOLVED –

- (a) To note the report and the information presented and discussed at the meeting.
- (b) That the Health and Wellbeing Board be invited to receive and consider an updated and more accurate report regarding oral health and the provision of dentistry services across Leeds.
- (c) To reflect on the issues discussed at the meeting when considering primary care at future meetings during the current municipal year.

On conclusion of the discussion, the Chair thanked those in attendance for their contribution to the discussion.

(Councillor James Lewis and Councillor Shirley Varley left the meeting at 10:45am and 12:10pm, respectively, during consideration of this item).

43 Work Schedule

The Head of Scrutiny and Member Development submitted a report setting out the progress and ongoing development of the Scrutiny Board's work schedule for the current municipal year.

Draft minutes from the Executive Board meeting held on 19 November 2014 were also presented, as agreed earlier in the meeting (minute 37 refers).

Members discussed the issues presented in the report and specifically considered the additional details around Primary Care Services the Board should consider later in the year. A number of matters were identified and discussed, including:

- The contribution of Primary Care in addressing health inequalities.
- More specific details of how Primary Care services are developing and being delivered locally, with specific examples where available.
- The provision of regular reports on the provision of Primary Care services and the involvement of providers/ practitioners at future Scrutiny Board meetings.
- The need for timely consideration of the regional Oral Health Needs Assessment and Leeds' developing Oral Health Strategy.

RESOLVED –

- (a) To note the content of the report and its appendices.
- (b) To amend the work schedule to reflect the issues raised and discussion at the meeting.

44 Date and Time of the Next Meeting

Tuesday, 16 December 2014 at 10:00am (with a pre-meeting for members of the Scrutiny Board from 9:30am).

(The meeting concluded at 12:20pm)