

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

WEDNESDAY, 30TH OCTOBER, 2013

**PRESENT:** Councillor J Illingworth in the Chair

Councillors J Walker, C Fox, S Varley,  
J Lewis, E Taylor, C Towler, N Buckley,  
J Hardy and K Mitchell

### 45 Chair's Opening Remarks

The Chair opened the meeting and welcomed everyone in attendance.

The Chair reported that Mr David Johnson – the first Chief Executive of Leeds Teaching Hospitals NHS Trust when it was formed in April 1998 – had recently passed away. Members of the Board offered their condolences for Mr Johnson's family during this difficult time.

The Chair also commented on the recent meeting of NHS England's Task and Finish Group (associated with the new review of Congenital Heart Disease (CHD) services in England) – held the preceding day (29 October 2013) in London. The Chair reported he had:

- Attempted to attend the meeting, but had been refused entry on the basis that it was not a meeting open to the public.
- Spoken to a number of those in attendance to attend the meeting, following its conclusion.

The Chair went on to make the following points in relation the previous *Safe and Sustainable* Review of Children's Congenital Cardiac Services and the new CHD review:

- The need for evidence based medicine and decision-making;
- Transparency arrangements;
- Levels of Yorkshire and the Humber representation within NHS decision-making;
- Joint Health Overview and Scrutiny Committee (JHOSC) arrangements;
- The number of Freedom of Information requests associated with the Safe and Sustainable review.

### 46 Late Items

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

- Item 7 – Fundamental Review of Allocations Policy: Response on behalf of Leeds North CCG, Leeds South & East CCG and Leeds West CCG to NHS England (minute 51 refers);
- Item 11 – Care Quality Commission (CQC) hospital inspection programme: Intelligent Monitoring (minute 50 refers).

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

#### **47 Declaration of Disclosable Pecuniary Interests**

There were no disclosable pecuniary interests declared to the meeting.

#### **48 Apologies for Absence and Notification of Substitutes**

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

- Apologies from Cllr G Hussain – Cllr J Hardy attending as a substitute.
- Apologies from Cllr K Bruce – Cllr K Mitchell attending as a substitute.
- Apologies from Cllr M Robinson – Cllr N Buckley attending as a substitute.
- Apologies from Cllr S Lay – no substitute member in attendance.

#### **49 Minutes - 25 September 2013 (Ordinary and Call in Meetings)**

##### **RESOLVED –**

That the minutes of the ordinary and call-in meeting held on 25 September 2013 be approved as a correct record.

#### **50 Care Quality Commission (CQC) hospital inspection programme: Intelligent Monitoring**

The Head of Scrutiny and Member Development submitted a report that outlined details of the Care Quality Commission (CQC) second phase of hospital inspections – due to commence in January 2014 – announced on 24 October 2013.

The report outlined that 19 NHS trusts have been identified/ selected for the second phase of inspections based on whether they scored highly using the CQC intelligent monitoring tool; are a foundation trust applicant that Monitor have requested CQC to inspect; or were previously investigated as part of the Keogh Mortality Review.

The CQC's second phase of hospital inspections would include Leeds Teaching Hospitals NHS Trust and would seek to answer the following questions:

- Are services safe?
- Are services caring?
- Are services effective?
- Are services well-led? and,
- Are services responsive to people's needs?

The first phase of inspections started in September 2013 and by December 2015, CQC will have inspected every NHS Trust in England.

The report also outlined that the CQC's intelligent monitoring tool utilises 150 different indicators covering a range of information, including patient and staff experience and statistical measures of performance, aimed at providing inspectors with a clear picture of the areas of care that need to be looked at in NHS acute trusts.

To help inform more detailed understanding, details of frequently asked questions (FAQs) relating to CQC's intelligent monitoring was appended to the report.

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

- Rod Hamilton (Compliance Manager (Leeds) – Care Quality Commission)
- Julian Hartley (Chief Executive – Leeds Teaching Hospitals NHS Trust)
- Dr Bryan Gill (Medical Director (Quality and Governance) – Leeds Teaching Hospitals NHS Trust)
- Dr Bryan Power (Joint Medical Director (Quality and Performance) – Leeds West Clinical Commissioning Group)
- Diane Hampshire (Director of Quality and Nursing – Leeds West Clinical Commissioning Group)

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

#### CQC's Compliance Manager (Leeds)

- The hospital review programme was being led by the newly appointed Chief Inspector of Hospitals, Professor Sir Mike Richards;
- The CQC was now operating under a different inspection regime, using a new methodology;
- The inspection programme would make use of larger teams and more specialist staff;
- The CQC's intelligent monitoring tool utilised indicators of risk;
- Hospitals inspections would see an assessment of risk factors.

#### Leeds Teaching Hospitals NHS Trust (LTHT) – Chief Executive

- Welcomed the early opportunity to address the Scrutiny Board, since formally starting as Chief Executive on 14 October 2013;

- The CQC's recent announcement was an assessment of risk and was not a judgement;
- There was an awareness of some historical areas for improvement/ under-performance;
- The inspection was likely to take place early in the New Year (2014) and there was a desire to be open and transparent with any CQC work.

A detailed discussion took place, during which a number of issues were raised, including:

- Assurances sought around the hospitals inspection programme being about improvement.
- Clarification around forming/ appointing the inspection team.
- Clarification around the levels of Health Care Acquired Infections (namely C-difficile) in recent years, which had seen a reduction of 73% over the past 5 years.
- The role of LTHT in promoting healthy lifestyles – including through the use of its estate.
- Serious education concerns expressed by the Deanery / General Medical Council (GMC).
- Recognition that healthcare provision is not a risk-free enterprise.
- The relationship between the outcome of the hospitals inspection programme and the Trust Development Authority's programme for aspiring NHS foundation trusts.
- Staffing levels/ challenges, providing direct patient care and the impact of implementing the 'Ward Healthcheck' and 'e-rostering' systems.

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

#### **RESOLVED –**

- (a) To note the information presented and discussed at the meeting.
- (b) Following the inspection of Leeds Teaching Hospitals NHS Trust, to formally consider the CQC's inspection report and any associated implications.

#### **51 Fundamental review of NHS Allocations Policy**

Following the previous meeting on 25 September 2013, the Head of Scrutiny and Member Development submitted a report that highlighted some of the issues highlighted and discussed with NHS England, and introduced a range of further information associated with NHS England's fundamental review of NHS allocations policy.

The information presented included:

- An overview of Leeds bid to become an 'integrated health and social care pioneer', including an update provided to the Health and Wellbeing Board at its meeting on 2 October 2013.

- An overview of the current financial landscape of the health and social care sector in Leeds – as presented to the Health and Wellbeing Board at its meeting on 2 October 2013.
- High level budget information from each of the three local Clinical Commissioning Groups (CCGs) – including details of the current / existing budgets and allocation across the main areas of commissioning.
- Leeds wide outcome benchmarking pack – produced by NHS England.

As agreed earlier in the meeting (minute 46 refers), a response on behalf of Leeds North CCG, Leeds South & East CCG and Leeds West CCG to NHS England was submitted and considered as supplementary information.

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

- Cllr Lisa Mulherin (Executive Board Member for Health and Wellbeing – Leeds City Council)
- Nigel Gray (Chief Officer – Leeds North Clinical Commissioning Group)
- Dr Jason Broch (Clinical Chair – Leeds North Commissioning Group)
- Dr Bryan Power (Joint Medical Director (Quality and Performance) – Leeds West Clinical Commissioning Group)
- Mark Bradley (Chief Finance Officer – Leeds South and East Clinical Commissioning Group)
- Dennis Holmes (Deputy Director, Adult Social Services – Leeds City Council)
- Rob Kenyon (Chief Officer Health Partnerships – Leeds City Council)
- Dr Ian Cameron (Director of Public Health – Leeds City Council)

A brief introduction to the report was provided by the Principal Scrutiny Adviser, after which a number of specific points were highlighted by those in attendance, including the following:

#### Executive Board Member for Health and Wellbeing

- The potential loss of CCG funding in Leeds was £84M and across Yorkshire and the Humber it was around £400M;
- The huge challenges that such proposed changes in funding should not be underestimated;
- Concerns about the potential funding in Leeds had been raised by the Leader of the Council to the Chair of NHS England, Sir Malcolm Grant;
- It would appear that the ‘deprivation factor’ – previously present in funding allocations – had been removed from the new proposed funding formula;
- The proposed funding allocations would have a direct impact on achieving the aims and objectives of Leeds’ Joint Health and Wellbeing Strategy;
- The overall funding was not clear, with proposed funding levels for NHS England’s direct commissioning activity (primary care and specialist services) not being made available;

- Suggestions that Public Health funding could ‘fill the funding gap’ seemed disingenuous, given Leeds’ entire Public Health budget was less than 50% of the proposed £84M loss of CCG funding.

#### Chief Officer – Leeds North CCG

- It was important to recognise the current period of significant austerity across all public services, including the NHS;
- No decision on CCG funding allocations had yet been made;
- Leeds CCGs were working jointly in responding to the proposals;

#### Chief Finance Officer – Leeds South and East CCG

- Following the announcement in August 2013, there had been significant engagement between Leeds’ CCGs and NHS England regarding proposed funding allocations;
- Leeds’ CCG were unable to understand the detail of the proposed £84M reduction in CCG funding, but there were some significant factors that appeared to have a negative impact, including:
  - Loss of the 10% factor for deprivation;
  - Details of the 2011 census data compared with the population estimates used in funding formulas in recent years;
  - The sometime transient characteristics of some inner-city populations.
- Due to the small/ zero level of growth across NHS budgets, there appeared limited flexibility to deliver any changes in allocation other than through a very slow pace of change.
- All ‘core cities’ seem to be affected in similar ways if the proposed level allocations policy / formula is agreed and implemented. The core cities had therefore worked collaboratively in responding to NHS England’s proposals.

Through discussion with the Scrutiny Board the following points were also highlighted and discussed:

- The impact of any changes to NHS/ local CCG funding should be considered in the context of general reductions in public expenditure, in particular local authority budgets.
- The uncertainty around future budgets and funding levels served to undermine and hinder forward planning.
- The ‘integration transformation funding’ was not additional funding to the system, but would represent a reallocation of some of the available resource. Any allocation of integration transformation funding would also bring associated, additional responsibilities.
- Any shift in the structure of the workforce and changing skill requirements would take time.
- The potential financial impact on local NHS providers, in particular Leeds Teaching Hospitals NHS Trust.
- The transformation programme for health and social care locally (expressed through the pioneer bid) represents a significant challenge.

- CCGs had not had access to the full funding allocations model.
- CCGs continued to work together and had a risk sharing agreement to help provide some safeguards across the local system.

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

#### **RESOLVED –**

- To note the information presented and discussed at the meeting.
- To consider an update position at the next Scrutiny Board meeting, with a view to issuing a response to NHS England ahead of its Board meeting in December 2013.

## **52 NHS England: Call to Action**

The Head of Scrutiny and Member Development submitted a report that outlined details of NHS England's Call to Action and advised the Scrutiny Board of the available information and actions taken by the Chair outside of the meeting cycle. The following information was appended to report:

- The NHS belongs to the people: A Call to Action;
- Letter from the Chair of the Scrutiny Board to the Director of NHS England's West Yorkshire Area Team (dated 16 October 2013);
- Letter from NHS England's Chief Executive to NHS Commissioners (10 October 2013).

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

- Cllr Lisa Mulherin (Executive Board Member for Health and Wellbeing – Leeds City Council)
- Nigel Gray (Chief Officer – Leeds North Clinical Commissioning Group)
- Dr Jason Broch (Clinical Chair – Leeds North Commissioning Group)
- Dr Bryan Power (Joint Medical Director (Quality and Performance) – Leeds West Clinical Commissioning Group)
- Mark Bradley (Chief Finance Officer – Leeds South and East Clinical Commissioning Group)
- Dennis Holmes (Deputy Director, Adult Social Services – Leeds City Council)
- Rob Kenyon (Chief Officer Health Partnerships – Leeds City Council)
- Dr Ian Cameron (Director of Public Health – Leeds City Council)

Through discussion with the Scrutiny Board the following points were also highlighted and discussed:

- Local CCGs had a comprehensive engagement plan, details of which would be provided (as requested);

- The local response to the Call to Action included a response through the work undertaken through the Transformation Board:
  - Considering the 'Leeds Pound';
  - Developing a Health and Social Care Strategy;
  - Considering current commissioning strategies;
  - Role of competition and procurement.
- The integration transformation fund (ITF) and its associated implications was likely to impact on providers of acute care.
- Submissions to access the ITF would need to be finalised by mid-February 2014. The Scrutiny Board expressed an interest in considering proposals prior to final submission.
- The 'Call to Action' had implications for the quality improvement agenda, in addition to the financial landscape.
- NHS England's role in providing leadership around the 'Call to Action'.

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

#### **RESOLVED –**

- (a) To note the information presented and discussed at the meeting.
- (b) To consider further progress and developments associated with NHS England's 'Call to Action' at a future meeting.
- (c) To consider proposals to access the integration transformation fund (ITF) prior to the final submission in February 2014.

Councillor E Taylor and Councillor J Walker left the meeting at 12:00noon, during consideration of this item.

### **53 Work Schedule**

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

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

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

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

- Men's health;



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

At its previous meeting (25 September 2013), the Board had agreed that its work schedule should have some initial focus on issues associated with the NHS allocation policy and should also focus its efforts on Narrowing the Gap and increasing Physical Activity.

The ongoing work to translate these issues into a more detailed work schedule was appended to the report.

**RESOLVED –**

- (a) To note the information presented and discussed at the meeting.
- (b) Subject to other issues highlighted during the meeting, the draft work schedule as presented be agreed.

Councillor J Hardy left the meeting at 12:10pm, during consideration of this item.

**54 Date and Time of the Next Meeting**

**RESOLVED –**

That, following further consultation with members of the Board, the date and time of the next meeting (due to be held in November) was to be confirmed.

(The meeting concluded at 12:25pm)