

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

THURSDAY, 28TH NOVEMBER, 2013

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

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

## **55 Chair's Opening Remarks**

The Chair opened the meeting and welcomed everyone in attendance.

The Chair outlined the number of matters under consideration at the meeting and highlighted the need for brevity to ensure all the business was given due consideration.

## **56 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:

- Report relating to GP Services at Woodlands Surgery, Chapeltown (minute 61 refers).
- Letter (dated 25 November 2013) from NHS England (West Yorkshire Area Team) regarding GP Services at Woodlands Surgery, Chapeltown (minute 61 refers).
- Report of Leeds Health and Social Care Transformation Board (minute 62 refers).
- Replacement report of Leeds Health and Social Care Transformation Board (minute 62 refers).
- Report on the National Institute for Health and Care Excellence consultation on Future Public Health Quality Standards and Guidance – proposed topic list (minute 65 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.

## **57 Declaration of Disclosable Pecuniary Interests**

There were no disclosable pecuniary interests declared to the meeting.

## 58 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 Councillor James Lewis – Councillor John Hardy attending as a substitute.

## 59 Minutes - 30 October 2013

**RESOLVED** – That the minutes of the ordinary and call-in meeting held on 30 October 2013 be approved as a correct record.

## 60 Fundamental review of NHS Allocations Policy

Following the previous meetings held on 25 September 2013 and 30 October 2013, the Head of Scrutiny and Member Development submitted a report that introduced further information in relation to the Fundamental Review of NHS Allocations Policy and the potential implications for Leeds.

The following information was appended to the report.

- An update / briefing note provided by NHS England, through the West Yorkshire Area Team (Appendix 1);
- Summary of the action points arising from the 'core cities' Chief Finance Officer's meeting – 4 October 2013 (Appendix 2);
- A briefing note from the Director of Public Health regarding the Public Health budget in Leeds (Appendix 3)

The Chair of the Scrutiny Board outlined that from the written update prepared by the Director of Finance (NHS England (West Yorkshire)) there appeared to be a proposed shift in position from the initial methodology used to produce the draft allocations earlier in the year.

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

- Ian Currell (Director of Finance – NHS England (West Yorkshire))
- Visseh Pejhan-Sykes (Chief Finance Officer – Leeds West Clinical Commissioning Group)
- Councillor Lisa Mulherin (Executive Board Member for Health and Wellbeing – Leeds City Council)

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

### Director of Finance – NHS England (West Yorkshire)

- The NHSE Board would be considering NHS funding allocations at its meeting on 17 December 2013 – with papers for that meeting released 7 days beforehand.

- The NHSE Board was likely to consider a range of options around NHS funding allocations.
- Key issues were likely to include 'unmet need' and the 'pace of change'.
- A number of representations had been made following the release of draft proposals and the national team responsible for drawing this work together had met with Leeds' Clinical Commissioning Groups.

#### Chief Finance Officer – Leeds West Clinical Commissioning Group

- Pleased about the conversations with NHSE following the publication of draft allocations earlier in the year.
- A number of specific matters affecting Leeds' situation remained – including the move to GP registered populations rather than census population details.
- CCGs remained unclear about the full impact of individual elements of the formula used to produce draft allocations published earlier in the year.

#### Executive Board Member for Health and Wellbeing

- Some concerns regarding NHSE's openness and transparency on this matter remained and the involvement and engagement with local authorities had fallen short of expectations.
- The details available publically only provided a partial picture, with proposed allocations for Primary Care and Specialised Services unknown.
- An engagement event to discuss NHSE direct commissioning role around Specialised Services was scheduled to take place in London on 9 December 2013.
- The full impact of any changes in CCG funding on the plans for health and social care integration across Leeds remained unclear.

Members discussed the report and information presented to the Board, along with the details highlighted at the meeting. Members raised a number of issues, including:

- The definition of 'unmet need' and the potential implications for Leeds arising from the classification used as part of the proposed funding formula.
- Levels of deprivation and the potential impact of changes in CCG funding allocations on health inequalities across the City.
- The balance between more NHS resources being used to support older people and addressing unmet need, which can result in people dying at a younger age.
- The full impact of a potential reduction of £84M for CCGs in Leeds was unclear, particularly in terms of how such reductions would be managed (given the low levels of growth expected across the NHS in the coming years).

- The potential impact of different spending levels (per capita) across each of the 3 CCGs in Leeds.

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 –**

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

#### **61 GP Services at Woodlands Surgery, Chapeltown, Leeds**

The Head of Scrutiny and Member Development submitted a report that

To consider NHS England's decision to terminate the contract for Woodlands Surgery GP service in order to identify and agree any further action.

The information presented in the report outlined that on 29 October 2013, the Chair of the Scrutiny Board received notification that NHS England (West Yorkshire) had taken the decision to terminate the Woodlands Surgery GP practice contract. The surgery had been receiving guidance from the NHS England (West Yorkshire) and previously from NHS Leeds (the former primary care trust) because it had not been meeting the requirements of the GMS contract.

The report also detailed that on 15 November 2013, the Chair of the Scrutiny Board received a further letter from NHS England (West Yorkshire) advising of its decision to close the Woodlands Surgery on 6 December 2013. This notification was accompanied by a response to questions posed on 29 October 2013 and a public information sheet issued to patients currently registered at the Woodlands Surgery. These details were appended to the report.

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

- Ian Currell (Director of Finance – NHS England (West Yorkshire))
- Steven Courtney (Leeds City Council, Principal Scrutiny Adviser)

The Principal Scrutiny Adviser gave a brief introduction to the report and summarised the events as they had been presented by NHS England.

The Director of Finance (NHS England (West Yorkshire)) addressed the Scrutiny Board and confirmed the matter fell outside his area of expertise. It was also confirmed that there was a range of information that was already in

the public domain (including the details presented to the Scrutiny Board) and as much of the details related to an individual practitioner; NHS England was unable to add any further comment.

The Scrutiny Board discussed the report and information presented and Members raised a number of issues, including:

- There were a number of issues related to the matter under consideration that were relevant to remit of the Scrutiny Board and warranted further consideration – however it was highlighted there was no desire undertake a ‘witch hunt’ and matters needed to be handled sensitively.
- The two recent Care Quality Commission (CQC) reports produced in rapid succession but with significantly different messages.
- The need to consider issues related to and associated with ‘singleton’ GPs.
- The need for the Scrutiny Board to have significant assurance about the governance and performance management arrangements associated with Primary Care.

The Director of Finance (NHS England (West Yorkshire)) confirmed that the Director of Commissioning (NHS England (West Yorkshire)) would welcome the opportunity to attend a future meeting to outline and discuss the West Yorkshire Area Team’s assurance role in relation to GPs and primary care services in general.

The Chair thanked the Director of Finance (NHS England (West Yorkshire)) for his attendance and clarifying NHS England’s current position.

#### **RESOLVED –**

- (a) To note the information presented and discussed at the meeting.
- (b) That the Scrutiny Board revisit the matter at a future meeting to consider any ‘lessons learned’ and also consider the West Yorkshire Area Team’s assurance role in relation to GPs and primary care services in general.

## **62 Leeds Health and Social Care Transformation Board**

The Head of Scrutiny and Member Development submitted a report that introduced an update on the work of Leeds Health and Social Care Transformation Board, including its governance arrangements and main work streams.

A replacement report from Leeds Health and Social Care Transformation Board was submitted to the Scrutiny Board. This corrected some inaccuracies presented in the previously circulated report. The following information was included in the revised report:

- An introduction and background information relating to the Leeds Transformation Programme;
- Transformation Outcomes and Priorities;
- Transformation Governance Arrangements and Services Strategy
- NHS Transformation Funding
- Transformation Programmes of work, including the following workstreams:
- Strategic Urgent Care
- Dementia
- Integrated Health and Social Care
- End of Life
- Improving outcomes for children

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

- Dr Andy Harris (Clinical Chief Officer – Leeds South and East Clinical Commissioning Group)
- Rob Kenyon (Chief Officer Health Partnerships – Leeds City Council)
- Councillor Lisa Mulherin (Executive Board Member for Health and Wellbeing – Leeds City Council)

A brief introduction to the report was provided by the Principal Scrutiny Adviser, after which the Clinical Chief Officer (Leeds South and East Clinical Commissioning Group) made a number of points by way of introduction, including:

- In April 2013 the NHS underwent significant structural and organisational change, in the context of significant financial challenges across the public sector.
- The purpose of the paper included detailing how the Leeds Transformation Board had redefined its role and reaffirmed partners commitment to the transformation of Leeds health and social care commenced when the Transformation Board was initially established in 2010.
- The details of the Transformation Programmes of work (outlined in the report) would contribute significantly to the health and wellbeing of Leeds' residents.

Following the brief introduction, the Scrutiny Board discussed the report and other the details highlighted at the meeting. Members raised a number of issues, including:

- The shift towards preventative actions/ medicine rather than the treatment of disease and illness, and the development of 'up-streaming care'.
- Challenges and pressures around urgent care and patients' behaviours.
- The integration of health and social care services, including the shifting/ transfer of budgets.

- The critical need for public engagement in re-designing systems and helping to create a better understanding around the existing pressures in the current system.
- The need for some greater clarity around the respective roles of the local health and social care bodies – in particular those that sit below the Health and Wellbeing Board. (It was agreed that a summary sheet, explaining such arrangements, would be provided).

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.

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

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

Following the meeting held on 30 October 2013, the Head of Scrutiny and Member Development submitted a report that presented (at Appendix 1) the formal response from Leeds Clinical Commissioning Groups (CCGs) to the issues raised by the letter from the Chair of the Scrutiny Board (dated 16 October 2013), alongside some supplementary issues identified.

The report also presented (at Appendix 2) details of the NHS England's Chief Executive report to its Board meeting on 8 November 2013.

It was reported that no NHS representatives had been specifically invited to attend the meeting to contribute to the Scrutiny Board's further consideration of this matter.

A brief introduction to the report was provided by the Principal Scrutiny Adviser, after which Members discussed the matter and highlighted a number of points, including:

- A lack of response from NHSE in relation to the letter from the Chair of the Scrutiny Board (dated 16 October 2013).
- The Clinical Commissioning Groups (CCGs) consultation event held the previous day (27 November 2013) and specifically:
  - How well and widely publicised the event had been;
  - Concern around how effective the event would have been in engaging the public.
- There appeared to be broad agreement that NHS funding was 'flat-lining'.

**RESOLVED –**

- (a) To note the information presented and discussed at the meeting.
- (b) To seek a formal response from NHS England (West Yorkshire Area Team) in the letter from the Chair of the Scrutiny Board (dated 16 October 2013).

- (c) To seek a formal response from Leeds Clinical Commissioning Groups regarding the engagement event, including the number of attendees and outcomes from the event.

(Councillor Sandy Lay left the meeting at 11:30am during consideration of the above item.)

#### **64 Government Mandate to NHS England: 2014-15 Refresh**

The Head of Scrutiny and Member Development submitted a report that presented information in relation to the Government Mandate to NHS England 2014-15.

The following information was appended to the report for consideration.

- The NHS Mandate from government;
- A summary/ explanation of the NHS Mandate
- NHS England's response to the NHS Mandate

It was reported that no NHS representatives had been specifically invited to attend the meeting and/or contribute to the Scrutiny Board's further consideration of this matter.

A brief introduction to the report was provided by the Principal Scrutiny Adviser, after which Members briefly discussed the report and associated appendices.

#### **RESOLVED –**

- (a) To note the information presented and discussed at the meeting.
- (b) To seek a joint report from NHS England (West Yorkshire Area Team) and Leeds Clinical Commissioning Groups (CCGs) detailing the local implications of the NHS Mandate on the planning, commissioning and provision of local health services.

#### **65 Consultation on Future Public Health Quality Standards and Guidance - proposed topic list**

The Head of Scrutiny and Member Development submitted a report that set out details of the consultation being undertaken by the National Institute for Health and Care Excellence (NICE) around the proposed topic list for future Public Health Quality Standards and Guidance.

The Scrutiny Board was advised that the Director of Public Health had sent his apologies for the meeting due to a prior engagement and a brief introduction to the report was provided by the Principal Scrutiny Adviser.

As part of his introduction of the report, the Principal Scrutiny Adviser outlined the following matters/ initial views, highlighted by the Director of Public Health for consideration by the Scrutiny Board:



- The list is very extensive, so will need to be refined to be a workable programme
- Maternal nutrition
- Oral health promotion in the community
- School based interventions on mental wellbeing
- Clusters of unhealthy behaviours (rather than each individually)
- Smoking Harm reduction – including smokeless tobacco and role of e cigarettes

In was also reported that the Director of Public Health had suggested that should the Scrutiny Board express any specific views he would be happy to collate these into an overall consultation response from the Council.

The Scrutiny Board was advised that the consultation would run until 20 December 2013.

The Scrutiny Board discussed the report and comments put forward by the Director of Public Health. Members highlighted a number of points, including:

- The need for more guidance on dental health – with poor dental health often associated with deprivation and cardiovascular disease.
- Guidance on recreational open space, other recreational provision and work on highways to provide advice on projected health implications/ benefits, in order to inform policy decisions of the Council.
- Completing issues often associated with the Council's roles as a Public Health authority; a licensing authority and a planning authority.
- Issues arising from PFI agreements (particularly schools), the result of which often excluded local residents from making use of such facilities outside of school operating hours.

#### **RESOLVED –**

- (a) To note the information presented and discussed at the meeting.
- (b) That the Principal Scrutiny Adviser, in conjunction with the Chair of the Scrutiny Board, should provide the Director of Public Health with the comments made at the meeting to inform an overall consultation response from the Council.
- (c) That a copy of the overall consultation response from the Council (referred to in (b) above) be provided to members of the Scrutiny Board.

## **66 Work Schedule**

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

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

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

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

- Progress / implications associated with achieving NHS Foundation trust status;
- Urgent and emergency care;
- Men's health (request for scrutiny);
- Dermatology (request for scrutiny); and,
- Children's Epilepsy Surgery (request for scrutiny).

The report also highlighted that at its meeting on 25 September 2013, the Board had agreed that its work schedule should have some initial focus on issues associated with the NHS funding allocation policy.

The Principal Scrutiny Adviser outlined the on-going work to translate these issues into a more detailed work schedule, which was appended to the report. Members were specifically requested to comment on proposals for the Board to consider 'Narrowing the Gap'.

A brief update was given on the outcome of the dermatology working group meeting held on 20 November 2013.

Members discussed the report and proposals presented and a number of points were highlighted, including:

- Suggestions around how the Scrutiny Board might take forward the 'State of the City' debate, which had taken place the previous day, including inviting the Director of Development (and others as appropriate) to the next available meeting of the Board to examine the Board's role in taking matters forward.
- Support to community groups aimed at empowering communities to improve health.
- The need to draw together and conclude the Board's work in relation to the issues raised by the Leeds Dermatology Patient's Panel.
- To specifically include 'Smoking' as one of the topic areas associated with the Board's work around 'Narrowing the Gap'.

**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 John Hardy left the meeting at 12:10pm, during consideration of this item.)

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

**RESOLVED –** That the date and time for the next meeting of the Scrutiny Board was Wednesday, 18 December 2013 at 10:00am (Pre-meeting for Board Members at 9:30am)

(The meeting concluded at 12:25pm)