# SCRUTINY BOARD (ADULT SOCIAL SERVICES, PUBLIC HEALTH, NHS)

## TUESDAY, 8TH SEPTEMBER, 2015

**PRESENT:** Councillor P Gruen in the Chair

Councillors C Anderson, B Flynn,
A Hussain, G Hussain, S Lay, C Macniven,
B Selby, A Smart, E Taylor and S Varley

***NB** Cllr P Truswell – Chair of Scrutiny Board (City Development) was also in attendance for consideration of the details outlined at Minute 35*

## 26 Chair's Opening Remarks

The Chair opened the meeting by welcoming all those present and invited formal introductions.

## 27 Late Items

There were no additional late items, however the followings details were provided as supplementary information:

- Leeds City Council consultation response/ submission (minute 33 refers)
- Revised Appendix 1: Summary of recent CQC inspection outcomes (minute 34 refers)
- Details of correspondence from the Care Quality Commission (CQC) (minute 34 refers)
- Leeds Local Medical Committee (LMC) – GP survey results (minute 35 refers)

The above details were not available at the time of agenda despatch, but were pertinent to the areas under discussion at the meeting.

## 28 Declaration of Disclosable Pecuniary Interests

There were no disclosable pecuniary interests declared to the meeting, however the following matters were brought to the attention of the Scrutiny Board for information:

- Councillor G Hussain outlined that two close family members were employees within the local NHS.

Councillor G Hussain remained present for the duration of the meeting.

## 29 Apologies for Absence and Notification of Substitutes

An apology for absence was submitted by Dr Richard Taylor, HealthWatch Leeds.

## 30 Minutes - 28 July 2015

The draft minutes from the previous meeting held on 28 July 2015 were presented for consideration.

The Principal Scrutiny Adviser provided a verbal update on the actions arising from the meeting and associated progress.

In terms of accuracy, Councillor G Hussain highlighted an error under Minute 13 (Declarations of Disclosable Pecuniary Interest) and requested this to be corrected.

**RESOLVED –**

(a) That the verbal update and associated progress outlined at the meeting be noted.
(b) That, subject to the necessary amendment highlighted at the meeting, the minutes of the Scrutiny Board (Adult Social Services, Public Health, NHS) meeting held on 28 July 2015, be approved as an accurate and correct record.

## 31 Chair's Update

The Chair presented a verbal update on the scrutiny activity since the previous Board meeting in July 2015, and not otherwise included on the Board's meeting agenda. In particular, the Chair raised the following matters:

- Progress against issues identified at the previous meeting, in particular Children's Oral Health, Leeds Maternity Strategy and Public Health budgetary issues.
- Details discussed at the recent meeting with representatives from Leeds Local Medical Committee (LMC).
- Discussions held with representatives from Leeds and York Partnership NHS Foundation Trust (LYPFT) regarding concerns in relation to procurement practices and the proposed response from Monitor (the regulator). The Chair proposed to raise concerns with the appropriate body on behalf of the Scrutiny Board.
- The forthcoming meeting of West Yorkshire Health Scrutiny Chairs, which would consider progress of the 'Healthy Futures' Programme across West Yorkshire and an update around the West Yorkshire Urgent Care Vanguard – recently announced.

**RESOLVED –** That the verbal update provided at the meeting be noted and the actions proposed by the Chair be agreed.

(Councillor S Lay joined the meeting at 2:15pm during consideration of this item.)

## 32 Public Health Budget Update

The Head of Scrutiny and Member Development submitted a report to introduce a further update from the Director of Public Health regarding the Public Health budget for 2015/16.

The following representatives were in attendance during consideration of this item:

- Ian Cameron (Director of Public Health) – Public Health, Leeds City Council

Apologies from Councillor Lisa Mulherin (Executive Member for Health, Wellbeing and Adults) were reported at the meeting.

The Director of Public Health gave a brief update following the details presented to the Board at its July meeting, including:

- Consultation was launched on 31 July 2015 and ran until 28 August 2015. It remained unclear when the Department of Health would make a formal announcement or decision.
- As expected, the consultation focused on how to implement the overall £200M savings across England.
- The Department of Health's preferred option was a blanket 6.2% reduction across all relevant local authority areas.
- A 6.2% reduction was the working assumption being used when considering possible reductions. This equated to £2.8M in Leeds, across an overall budget of £45M.
- The Council's Public Health budget remained approximately £6M below the target level based on the Department of Health's assessment of need.
- Work on potential options to achieve the assumed budget savings continued, with proposals likely to be reported to the Executive Board later in September 2015.
- Current considerations focused on targeting non-recurrent expenditure in 2015/16.

The Chair addressed the Board and highlighted concern regarding both the timing of the Department of Health consultation and its duration. The Chair also confirmed that given the very short consultation period, he had submitted a consultation response on behalf of the Board, which had been shared with members at the time of submission.

The Scrutiny Board discussed the information presented in the report and outlined at the meeting, raising a number of issues, including:

- Likely implications for the general public and the potential longer-term impact on the health gap across the City.
- The likely impact on NHS services in the longer-term.
- The potential impact of the likely budget reductions on the voluntary and community sector (the Third sector) in Leeds.
- Concern regarding the potential direction of travel for public health funding in the future.

The Chair summarised the discussions and invited the Director of Public Health to consider how to involve the Scrutiny Board prior to any decisions being made, and to keep the Scrutiny Board updated on any developments.

**RESOLVED –**

(a) That the details presented in the report and highlighted at the meeting be noted.
(b) That, the Director of Public Health continues to keep the Scrutiny Board updated on developments as work progresses and considers how to involve the Scrutiny Board in considering how the savings are to be achieved.

(Councillor B Selby joined the meeting at 1.25pm and Dr J Beal at 1:30pm during the consideration of this item.)

## 33 Care Quality Commission Inspection Outcomes

The Head of Scrutiny and Member Development submitted a report that provided details of recently reported Care Quality Commission inspection outcomes for health and social care providers across Leeds.

The following representatives were in attendance:

- Dr Wendy Barker (Deputy Director of Nursing) – NHS England (North) – Yorkshire and Humber sub-region
- Ged McCann (Senior Supplier Manager) – Specialised Commissioning Group, NHS England (North)
- Shona McFarlane (Chief Officer (Access and Care Delivery)) – Adult Social Services, Leeds Council
- Albert Chelliah (Group Operations Director) – Inmind Healthcare Group
- David Ramage (Hospital Director (Waterloo Manor Independent Hospital)) – Inmind Healthcare Group.

It was noted that Mr Jonathan Hepworth (Inspection Manager) from the Care Quality Commission had been invited to attend the meeting for this discussion, but was unable to attend due to a prior engagement and had formally sent his apologies.

In introducing the report, the Principal Scrutiny Adviser drew the Board's attention to the updated Appendix 1, which was circulated at the meeting. This had been updated to include some additional inspection outcomes

published since the publication of the agenda. The Chair confirmed the intention was to provide the Board with an overview and 'snapshot' of recent inspection outcomes for consideration.

The Chief Officer (Access and Care Delivery) highlighted that the Care Quality Commission (CQC) had recently changed its inspection methodology, which was considered to be much more robust. It was also highlighted that regular monthly meetings between Adult Social Services and the CQC, provided opportunities to share intelligence and any particular areas of concern. This helped inform the CQC's risk-based approach for inspection plans and scheduling. It was anticipated that over time, future overview reports will provide a more balanced service quality landscape in Leeds.

The Board's attention was also drawn to two specific inspection reports included with the agenda, in relation to Yorkshire Ambulance Service NHS Trust and Waterloo Manor Independent Hospital.

**Yorkshire Ambulance Service NHS Trust**

The Principal Scrutiny Adviser advised the Board that, given the large geographical covered by the Trust, it had been agreed that Wakefield Council's Health Overview and Scrutiny Committee would oversee improvement planning against the recommendations and monitor progress. Health Scrutiny Chairs from other relevant authorities would be invited to participate at appropriate meetings. Members of the Scrutiny Board were invited to highlight any particular matters to be raised in such discussions.

**Waterloo Manor Independent Hospital**

The Chair invited those present to comment on the CQC inspection report that had judged service provision at the hospital to be 'inadequate' overall and across each of the five domains within the inspection process. A number of comments were made, including:

- NHS England (NHSE) had been working with the provider at Waterloo Manor since February/ March 2014 when concerns had originally emerged.
- NHSE had been surprised by the recent CQC inspection outcome, which took place in February 2015 and was reported in August 2015.
- Following the inspection in February 2015, NHSE confirmed admissions had been suspended and a review of all patients' had been undertaken.
- NHSE confirmed that the following had improvement actions had occurred since the inspection:
  - A case management review.
  - There had been significant changes to the provider's leadership and governance arrangements.
  - Change to care planning for patients.
- Representatives from Leeds City Council's Adult Social Care Directorate had been involved in undertaking safeguarding reviews (as

the host safeguarding authority) and had been working with the provider since February/ March 2014.
- Inmind Healthcare Group acknowledged there had been a clear disconnect between the senior leadership and ward staff at the hospital, but was satisfied that the hospital is now safe.
- It was confirmed that the CQC had recently re-inspected provision at Waterloo Manor, provisionally rating services as 'good'.

Members of the Scrutiny Board discussed the information presented and highlighted at the meeting, raising a number of issues, including:

- Significant concern regarding the 6-month delay from the CQC undertaking the inspection to publishing its report.
- Concern that despite NHS England and Adult Social Care working closely with the provider since February / March 2014, the CQC had rated service provision as 'Inadequate'.
- Concern that the Scrutiny Board had not been made aware of the significant concerns regarding service provision at Waterloo Manor in a more timely and appropriate manor.
- Concern regarding an inspection methodology where service provision can be rated as 'inadequate' in February and then seemingly rated as 'good' 6-months later.
- Assurance that the inadequacies highlighted within the CQC inspection report were not repeated across other hospitals/ service points that formed part of the Inmind Healthcare Group and that similar levels of care were not being undetected in other NHSE held contracts.
- Requests for a more detailed report of lessons learned across each of the organisations involved.

In summarising the discussion and future actions, the Chair made the following remarks:

- The table of published CQC inspection outcomes provided a useful 'snapshot' for the Scrutiny Board to consider on an ongoing basis.
- Changes to the CQC's inspection methodology had been noted, however the 6/7 month delay in publishing post-inspection reports was unsatisfactory.
- The distinct and legitimate role of scrutiny in maintaining an overview of quality across health and social care services is well documented. However, events surrounding Waterloo Manor have highlighted that improvements to local arrangements are needed to ensure the Scrutiny Board is kept informed in an appropriate and timely manner.
- There was a need to maintain a 'patient' focus at all times when considering issues of quality.
- In respect of Waterloo Manor and the events over the preceding 18-months, the Scrutiny Board would request a more detailed report of lessons learned across each of the organisations involved, particularly focusing on the journey from 'inadequate' to 'good'.

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

**RESOLVED –**

(a) That the details presented and discussed at the meeting be noted.
(b) That, in respect of Waterloo Manor and the events over the preceding 18-months, a more detailed report be prepared and presented to a future meeting of the Scrutiny Board, highlighting the lessons learned across each of the organisations involved – particularly focusing on the journey from 'inadequate' to 'good'.
(c) That the more detailed report referred to in (b) (above) be reflected in the Scrutiny Board's future work programme.

**34 Primary Care**

The Head of Scrutiny and Member Development submitted a report that presented a range of information relating to the Scrutiny Board's inquiry around Primary Care.

The following representatives were in attendance during consideration of this item:

- Brian Hughes (Locality Director for West Yorkshire) – NHS England (North) – Yorkshire and Humber sub-region
- Kathryn Hilliam (Head of Co-Commissioning) – NHS England (North) – Yorkshire and Humber sub-region
- Matt Ward (Chief Operating Officer) – NHS Leeds South & East CCG
- Adam Brannen (Head of Regeneration) – City Development, Leeds City Council
- Ian Cameron (Director of Public Health) – Public Health, Leeds City Council

Councillor P Truswell, Chair of the Scrutiny Board (City Development) was also in attendance.

The Locality Director for West Yorkshire addressed the Board and confirmed the principals outlined in the previous report (November 2014) remained relevant and the principal aims for primary care in Leeds and across West Yorkshire were:

- Sustaining and improving the quality of services
- Improving the patient experience.
- Driving integrated care (where appropriate).
- Creating a sustainable workforce: This being particularly relevant in the context of the development and redevelopment of particular areas of the City.

The Head of Commissioning (NHS England) and Chief Operating Officer (NHS Leeds South & East CCG) confirmed that primary care, and in particular

general practice, faced significant challenges and the current landscape was likely to be significantly different within 5-years. Some of the specific points included:

- Significant challenges around the workforce, finances and access to services. As a result, it was likely that:
  - GPs would have to work together (across larger footprints);
  - Current ways of working would need to adapt, including access routes to primary care and management of long term conditions.
  - There would be a need to examine different funding models – which was currently based on a core contract (£s/ head) and additional incentivised activity.
- Current pilots across England examining different ways of working, but new models of care would be needed. Such changes might include:
  - Federations or mergers of GP practices – thus reducing back office pressures.
  - Focusing on specialisms with GP practices.
  - Establishing extended access schemes (existing pilot in Leeds West CCG are currently being evaluated).
  - Considering the suitability and availability of estate / premises.
  - Providing more GP trainee places.
  - Patient access and experience significantly influenced by capacity, capability and quality of all local primary care services (not just GPs).

The Head of Regeneration confirmed the engagement of the local NHS in the planning process, stating an iterative approach was adopted around planning services to reflect housing growth and development. Reference was also made to the availability of supplementary planning guidance to assist the 'Good Place Making' responsibilities and role of the Council. Further reference was made to the recently launched NHS England and Public Health England 'Healthy New Towns' initiative.

The Scrutiny Board discussed the information presented in report and outlined at the meeting, raising a number of matters, including:

- The need to address current issues around access and equality of access to services, in addition to considering the longer-term landscape for primary care.
- How commissioners were encouraging GPs to come back into practice and how general practice was being promoted as a credible and rewarding career path for medical students.
- Concern about how successful providing additional 'GP trainee' places would be in addressing some of the workforce issues, particularly given the relatively high number of place that currently remained unfilled.
- The need to consider more details around workforce planning in general, including additional health and allied health professional roles.
- The importance within communities that primary care offered appropriate locally based services.

- Concern regarding access to dental care in Leeds – with evidence suggesting Leeds had the lowest access rate across West Yorkshire.
- Concern that historically engagement of the local NHS in the planning process was not as sophisticated as it could or should have been, however there appeared to be a willingness and desire from all parties to improve.

In summarising the discussion and future actions, the Chair made the following remarks:

- There was some concern that some of the issues discussed around workforce planning and estate infrastructure did not adequately address some the current issues faced by patients around access and equality of access to services.
- It had been surprising that the issue of missed appointments and the associated impacts had not been raised.
- Further evidence sessions would be held to consider some additional and specific details, including the evaluation of the extended access pilots in Leeds West.
- The aim of the Board was also to hear evidence from GPs, patients and the public.

**RESOLVED –** To note the information presented and discussed at the meeting and to progress further evidence sessions as outlined.

(Councillor A Hussain left the meeting at 3.00pm and Councillor S Lay at 3.15pm during the consideration of this item.)

## 35 Work Schedule

The Principal Scrutiny Adviser provided a report that introduced an updated work schedule for the remainder of the municipal year.

The Chair advised the Board that the updated work schedule reflected previous discussions while taking account of details associated with scheduling items for the remainder of the municipal year.

**RESOLVED –** That, subject to any on-going scheduling decisions, the Board's work schedule as presented be agreed.

## 36 Date and Time of Next Meeting

Tuesday, 20 October 2015 at 2:00pm (pre meeting for all Board Members at 1:30pm)

(The meeting concluded at 3:25pm)