

SCRUTINY BOARD (HEALTH)

TUESDAY, 16TH MARCH, 2010

PRESENT: Councillor M Dobson in the Chair

Councillors S Bentley, D Congreve,
D Hollingsworth, M Iqbal, G Kirkland,
A Lamb, P Wadsworth and L Yeadon

CO-OPTEEES A Giles (Leeds Local Involvement Network)

76 Chair's Opening Remarks

The Chair welcomed everyone to the March meeting of the Scrutiny Board (Health).

The Chair informed the Board that Councillor J Chapman had recently been unwell, but was making good progress. Members noted and welcomed that, on behalf of the Board, the Chair had sent a letter to Councillor Chapman wishing her a speedy recovery.

77 Declarations of Interest

There were no declarations made at the meeting.

78 Late Items

The Chair agreed to accept copies of the following documents as Supplementary Information:-

- Provision of Dermatology Services – Update: Submission from the Leeds Dermatology Patients Panel (LDPP) (Agenda Item 9) (Minute 83 refers)
- Provision of Dermatology Services – Update: Submission from Leeds Teaching Hospitals NHS Trust (Agenda Item 9) (Minute 83 refers)
- Provision of Dermatology Services – Update: Submission from the British Association of Dermatologists (BAD) (Agenda Item 9) (Minute 83 refers)
- Renal Services in Leeds: Response to the Scrutiny Board's Statement and Recommendations – Yorkshire and Humber Regional Network Strategy for Renal Services (2009 -10) (Agenda Item 10) (Minute 85 refers)

The documents were not available at the time of the agenda despatch.

79 Apologies for Absence

Apologies for absence was received on behalf of Councillors J Chapman, J Illingworth and Razwanah Alam, Leeds Voice.

80 Minutes of the Previous Meeting

It was noted that there were no matters arising from the minutes of the meeting held on 15 February 2010.

RESOLVED- That the minutes of the previous meeting held on 15th February 2010 be approved as a correct record.

81 The Local Health Economy - Priorities for NHS Leeds

The Head of Scrutiny and Member Development submitted a report on the local health economy – priorities for NHS Leeds.

The meeting noted that the new Chief Executive of NHS Leeds, Mr John Lawlor, formally came into post in January 2010. This meeting provided the first opportunity for the Scrutiny Board to discuss progress against the previously identified priorities and future issues likely to face the local health economy.

John Lawlor, Chief Executive, NHS Leeds was in attendance to provide a verbal overview of the local health economy and to address any associated observations and/or questions identified by the Board.

By way of introduction, Mr Lawlor outlined that, as part of the World Class Commissioning Programme, NHS Leeds was required to keep its strategic objectives under review and update its five-year strategy accordingly. This process had commenced, resulting with the following draft objectives being identified:

- Keeping People Healthy
- Supporting Children and Families
- Supporting People with Long-term Conditions
- Commissioning Sustainable Services

Specific reference was also made to the following issues:

- The downward pressure on public sector finances, including the NHS.
- The need for continued focus on the reduction of health inequalities.
- Greater collaboration between NHS Leeds and Leeds City Council in terms of joint commissioning and joint provision of services.
- Designing and delivering services differently (intermediate care and dementia care services were identified as examples).
- Ensuring the delivery of high quality services.
- Ensuring that NHS Leeds was 'fit for purpose' (which will require management costs to be reduced by 30%).

A question and answer session followed, with Board Members making reference to a number of issues, including:-

- **Greater collaboration between NHS Leeds and Leeds City Council and the possible pooling of resources**

The Chief Executive responded and confirmed the need to consider arrangements for the joint management of services and joint use of resources, including accommodation and other physical assets. It was highlighted that the collective budget of the Council and NHS Leeds was in the region of £3B (Council £1.7B and NHS Leeds £1.3B). Therefore, wherever possible it was important to remove duplication across the respective organisations.

- **Disabled access to dental facilities across the City**

The Chief Executive advised Members that he was not in a position to advise the Scrutiny Board of any disabled access issues affect dental premises. It was agreed that a written response would be provided in this regard.

- **General health and well-being issues for mental health service users**

The Chief Executive NHS Leeds confirmed there was a need for all NHS staff to consider the wider health needs of people that suffered mental ill-health, and the co-ordination of services was a key issue in this regard. However, it was also confirmed that this continued to be a significant challenge for the NHS.

- **The implications for partnership working arising from the Council's recent experiences in relation to the Joint Service Centre in Kirkstall**

The Chief Executive NHS Leeds acknowledged there were improvements to be made and lessons learned from the various processes associated with the Joint Service Centre in Kirkstall. It was confirmed that a report focusing on the lessons learned had recently been presented to the Scrutiny Board (City and Regional Partnerships).

- **Clarification around the provision of community health care services**

The Chief Executive NHS Leeds confirmed that consideration was being given to range of hospital based services that could be delivered in the community. Key to this process was the involvement and engagement of clinicians to:

- *Promote and facilitate local solutions*
- *Provide managerial / public assurances about the safety and quality of alternative services*

Reference was made to the recently introduced Clinical Commissioning Executive, which would advise the Primary Care Trust Board prior to implementing any potential changes

- **Clarification of how NHS Leeds would achieve a 30% reduction in management costs and any impact this may have on services**

The Chief Executive NHS Leeds responded by making reference to a recent restructuring process which involved every vacancy being reviewed. It was outlined that working with and involving all staff would be a key element and it was hoped that efficiencies could be made

without the need for compulsory redundancies. The importance of protecting front line services was highlighted and re-emphasised as a key aim during this process.

It was noted that, of NHS Leeds' £1.3B budget (previously outlined), around £20M was allocated to the operational or running costs of the PCT – representing 1.5% (approx.) of the total budget.

- **Clarification of the arrangements for the Out of Hours service in Leeds**

The Chief Executive NHS Leeds responded by outlining that the PCT was responsible for ensuring access to appropriate care on a 24/7 basis. This included ensuring:

- 1. robust processes are in place to guarantee health care providers are fit to practice;*
- 2. robust arrangements for the commissioning of quality Out of Hours services;*
- 3. resources are targeted to help provide suitable access to Out of Hours services*

RESOLVED-

- a) That the contents of the report, together with the verbal update provided at the meeting, be noted.
- b) That the Chief Executive (NHS Leeds) be invited to a future meeting of the Board to provide further updates, as appropriate.

(Councillor M Iqbal joined the meeting at 10.00am during consideration of this item)

82 Joint Performance Report: Quarter 3 2009/10

The Head of Scrutiny and Member Development submitted a report presenting the joint performance report from NHS Leeds and Leeds City Council which provided an overview of progress against key improvement priorities and performance indicators relevant to the Board at Quarter 3, 2009/10.

Appended to the report was a copy of a document entitled 'Leeds City Council/NHS Leeds – Health Scrutiny Board Joint Performance Report – Quarter 3 2009/10 March 2010' for the information/comment of the meeting.

The following officers from NHS Leeds and Leeds City Council were in attendance to present the key issues highlighted in the report and to address any specific questions identified by the Scrutiny Board:-

John Lawlor, Chief Executive – NHS Leeds

Nigel Gray, Director of Commissioning and Development (Adult Services) – NHS Leeds

John England (Deputy Director – Adult Social Services) – Leeds City Council

NHS Leeds' Director of Commissioning and Development (Adult Services) and Leeds City Council's Deputy Director (Adult Social Services) offered the following matters as positive and improving aspects of performance:

- Achievement of the 18-weeks referral to treatment target generally and across the majority of speciality areas (with the exception of 'Plastics')
- Access to Cancer Services – improving for Leeds' patients.
- Good improvements in the number of MRSA incidents
- Overall achievement of the standard for A&E waiting times

Concerns were raised in relation to the following matters:

- Levels of obesity among primary school aged children
- The level of teenage conception rates
- The level of 'all cause mortality' and the continued level of health inequalities within deprived areas across the City.

Significant discussion followed, primarily focused around the level of teenage conceptions across the City. In summary, members of the Board identified the following points:

- Concerns that limited progress had been made around teenage conceptions over the last fifteen years and this indicated the need for a radical change in the approach to address the issue – including examining approaches in other countries;
- The need for a clear lead agency on Leeds' approach to addressing the levels of teenage conceptions, and to ensure the approach was not fragmented;
- The need for a clear and consistent approach to the delivery of Sex and Relationship Education (SRE) within schools;
- The need to focus on alternative opportunities for young people and raise levels of aspiration

In response, it was highlighted that:

- The level of teenage conceptions was a national issue of concern and there was no easy solution;
- The issue represented a significant challenge for all concerned, with a significant amount of work still to be undertaken;
- Comparative information was being sought and shared with other core cities, with the aim of identifying and sharing areas of good practice
- The need to make best use of resources, including better partnership working and service integration, focusing work on localities
- There was some evidence that investment in services was having the desired impact in some areas of the City, but there was a need for both the NHS and the Council to be more flexible around the allocation and use of resources;
- Currently, there was no national framework for the delivery of clear and consistent Sex and Relationship Education (SRE) within schools;

- The Director of Children's Services was the lead officer for teenage pregnancy in Leeds

RESOLVED- That the contents of the report and appendices be noted.

83 Provision of Dermatology Services - Update

Referring to Minute No. 45 of the meeting held on 24 November 2009, the Head of Scrutiny and Member Development submitted a report presenting the meeting with an updated position regarding the development of dermatology services with Leeds Teaching Hospitals NHS Trust (LTHT).

The following representatives from the Leeds Teaching Hospitals NHS Trust, and the newly established patient panel (Leeds Dermatology Patients Panel (LDPP)) were in attendance to provide an update to the Board:-

Philip Norman, Divisional General Manager for Medicine – LTHT
 Judith Lund, Directorate Manager (Speciality Medicine) - LTHT
 Victor Boughton – Leeds Dermatology Patient Panel (LDPP)

Copies of the following Supplementary Information was circulated for the information/comment of the meeting:-

- Provision of Dermatology Services – Update: Submission from the Leeds Dermatology Patients Panel (LDPP)
- Provision of Dermatology Services – Update: Submission from Leeds Teaching Hospitals NHS Trust
- Provision of Dermatology Services – Update: Submission from the British Association of Dermatologists (BAD)

Leeds Teaching Hospitals NHS Trust's Directorate Manager (Speciality Medicine) advised the Board that:

- LTHT intended to continue to provide dedicated Dermatology inpatient beds;
- The continued need for dedicated inpatient beds and the need for skilled nursing staff was recognised and there was no proposal to change the level of service or support provided;
- LTHT was seeking to reprovide the inpatient beds to another ward location within the Trust;
- There had been on-going discussions with patients, consultants and the nursing team about the proposed re-provision of dermatology beds from Ward 43 LGI to another ward location within LTHT;
- A lead Matron had been dedicated to the project and, in close liaison with patients, consultants and the nursing team, a draft options paper had been produced for further comments by key stakeholders before completion.

The Leeds Dermatology Patient Panel (LDPP) representative addressed the Board and advised that:

- As the panel was newly formed and still evolving, its main aim was to contribute to the planned re-provision of Ward 43 dermatology services and to ensure a focus on maintaining current levels of high quality patient;
- The panel had established links with a number of representative groups within LTHT and were continuing to receive support from a range of national dermatology groups and organisation, such as The Skin Care Campaign and The British Association of Dermatologist;
- The panel also included a committee member of the Leeds Local Involvement Network (LINKs);
- The panel had been very active with input into the completion of the option appraisal work, including compiling a comparison list between Ward 43 at LGI and a proposed Ward 2 at Chapel Allerton Hospital (CAH);
- During the last three months, LTHT had been very helpful, open and transparent at the panel's meetings.
- The next stage would be around the more formal consultation processes.

The Chair stated that, from the outset, the main aim of the Board had been to help ensure the retention of high quality, dedicated medical and nursing care for the benefit of patients.

As such, the Chair thanked those attending for updating the Scrutiny Board on progress, stating he wished to place on record his appreciation for the contributions received from all interested parties. The Chair also stated that it was heartening to hear how patients were being actively involved in the planned re-provision of dermatology services, noting the Board's pivotal role in this regard.

RESOLVED-

- a) That the contents of the report, together with the supplementary information circulated, be noted and welcomed.
- b) That further updates on this issue be submitted to future meetings of the Board.

(Councillor D Hollingsworth joined the meeting at 11.05am during consideration of this item)

84 Updated Work Programme 2009/10

The Head of Scrutiny and Member Development submitted a report providing Members with a copy of the Board's current Work Programme. The Executive Board Minutes of 12 February 2010 were also attached to the report.

In addition to the report provided, the Board's Principal Scrutiny Adviser sought Board Members' views in relation to the following specific issues:-

- confirmation of Board Members availability for a meeting of the Promoting Good Public Health Working Group to be held on 19 March 2010

- whether Board Members wished to cancel the next Board meeting on 27 April 2010 and to convene a final meeting of the Board between 6 May and the date of the Annual Meeting on 27 May 2010

RESOLVED –

- a) That the contents of the report and appendices, including the Executive Board minutes of 12 February 2010, be noted.
- c) That the outline work programme as presented in Appendix 1 of the report be approved.
- d) That the Board's Principal Scrutiny Adviser be requested to investigate the possibility of cancelling the next Board meeting (scheduled for 27 April 2009) and to convene a final meeting of the Board between 6 May 2010 and the Annual Council Meeting on 27 May 2010.

85 Renal Services in Leeds - Response to the Scrutiny Board's statement and recommendations

Referring to Minute 55 of the meeting held on 15 December 2009, the Head of Scrutiny and Member Support submitted a report presenting the responses to the statement and recommendations of the Scrutiny Board (Health) as agreed in December 2009. The statement and recommendations were associated with the provision of renal services (dialysis) in Leeds, particularly in terms of provision at Leeds General Infirmary (LGI).

Appended to the report was a copy of a document entitled 'Scrutiny Statement: Renal Services in Leeds (December 2009)'. As agreed earlier in the meeting (minute 78 refers), copies of the following documents were circulated at the meeting as supplementary information:-

- Yorkshire and the Humber Renal Network Strategy for Renal Services 2009-2014 Enclosure S2 – Draft Version – 19th February 2010
- Yorkshire and the Humber Renal Network map

The following representatives were in attendance:-

Rosamond Roughton, Director of Strategy and System Reform – NHS Yorkshire and the Humber
 Cathy Edwards, Director – Specialised Commissioning Group (Yorkshire and the Humber)
 Nigel Gray, Director of Commissioning & Development (Adult Services) – NHS Leeds
 Martin Ford, Head of Commissioning (Long-term Conditions, Cancer and End-of-Life Care) – NHS Leeds
 Philip Norman, Divisional General Manager for Medicine – LTHT
 Judith Lund, Directorate Manager (Speciality Medicine) – LTHT
 Dr Mark Wright, Clinical Director and Renal Consultant – LTHT

The Chair then allowed a brief verbal presentation from each of the following representatives regarding the provision of renal services (dialysis) and the issues highlighted in the Board's statement and recommendations:-

Cathy Edwards, Director – Specialised Commissioning Group (Yorkshire and the Humber)

In summary, specific reference was made to the following key issues:-

- an update on progress in relation to producing a regional strategy for Renal Services, with an outline of the overall aims and core themes within the strategy, together with key actions and arrangements for monitoring delivery;
- the decision-making processes, including key responsibilities of the Specialised Commissioning Group Board and Primary Care Trusts across the region, including NHS Leeds;
- an outline of service priorities, including West Yorkshire's position with reference to ongoing discussions around renal dialysis provision in Huddersfield and Wakefield;
- the shortage of NHS capital to fund further capital projects.

Nigel Gray, Director of Commissioning and Development (Adult Services) – NHS Leeds

In summary, specific reference as made to the following key issues:-

- An acknowledgement that collectively, the local NHS had failed to fully engage with the Scrutiny Board and other interested parties early enough in the process – for which NHS Leeds wished to convey its apologies;
- A range of important lessons to be learned, including the need for:
 1. better communication and closer working with all relevant NHS bodies, including the Specialised Commissioning Group and Leeds Teaching Hospitals NHS Trust;
 2. improvements to the processes for collecting and using patient transport data from Yorkshire Ambulance Service (YAS);
 3. more robust processes for gathering and using patient survey information;
 4. continued engagement with patients and patient group representatives, such as the local Kidney Patients Associations.
- Recent concerns expressed by the KPA about the level and quality of medical and nursing care provided to renal patients at Seacroft Hospital. The Scrutiny Board was advised that a review of current arrangements had been jointly undertaken by senior representatives from NHS Leeds and the Specialised Commissioning Group (Yorkshire and the Humber). As a result, service commissioners were assured that significant improvements had been made in relation to the concerns raised, and monitoring of the quality of care and services provided would continue.

Philip Norman, Divisional General Manager for Medicine – LTHT

In summary, specific reference was made to the following key issues:-

- An acknowledgement that LTHT had failed to fully engage with the Scrutiny Board and other interested parties in a timely manner – for which the Trust wished to convey its apologies;
- Reiteration of the lessons learned previously identified by NHS Leeds (above) and a firm commitment for an improved approach in the future;
- That Recommendation 1 of the Scrutiny Board's statement (i.e. in relation to the dialysis facility at the LGI) would be discussed at a future meeting of the Trust Board – likely to be 20 May 2010;
- Levels of available capital investment and the need for the Trust to consider the needs of all patients;
- Current levels of capacity for renal dialysis across Leeds, and in particular at Seacroft Hospital.

Rosamond Roughton, Director of Strategy and System Reform – NHS Yorkshire and the Humber

The Director of Strategy and System Reform opened her address by stating she had read the Scrutiny Board's statement with increasing dismay and acknowledged that the events and processes had damaged the reputation of the local NHS. In summary, specific reference was made to the following key issues:-

- Assurance that the issues highlighted by the Scrutiny Board's statement would be considered by NHS Yorkshire and the Humber as part of appropriate accountability processes for both NHS Leeds and LTHT, including:
 - Foundation Trust assurance (in particular the Public Engagement and Financial Management domains);
 - The World Class Commissioning Programme and associated assurance processes.
- Support for the areas of improvement outlined by NHS Leeds and LTHT and a commitment for NHS Yorkshire and the Humber to contribute to making the process work.

The Chair thanked all those attending for their presentations to the Board. The Chair went on to state that it was clear that the Scrutiny Board had significantly raised its profile since June 2009, having raised a number of concerns on behalf of the patient population of Leeds. The Chair recognised that the Scrutiny Board's statement had raised a number of concerns and highlighted a number of areas for improvement. As such, the Chair welcomed the collective view and acknowledgement of the local NHS that significant improvements had to be made – particularly around engagement with the Scrutiny Board and, more importantly, patients and their representatives.

The Chair then invited comments and questions from other members of the Board. In summary, specific reference was made to the following issues:-

- The need to acknowledge that this had been and continued to be a major issue for the Board;

- Appreciation that there had been admissions made at the Board that processes in some areas had failed;
- Acknowledgement that the local Kidney Patient Associations had played a key and important role in the Board's review;
- The need for the local NHS to acknowledge that there was a moral obligation to reprovide renal dialysis provision at the LGI, with clarification sought around the recommendations likely to be made to the LTHT Board
(The Director of Commissioning and Development (Adult Services) NHS Leeds responded and advised that the NHS had a moral obligation to make the most appropriate decision – particularly in the context of the changing financial environment. The Divisional General Manager for Medicine responded and confirmed that the report for the LTHT Board had not yet been written)
- The continued need to ensure that people living in areas situated to the North and North West of Leeds City Centre were not disadvantaged by the location of dialysis provision across the City, acknowledging that there was a major issue around the geographical location of Seacroft Hospital;
(The Director–Specialised Commissioning Group responded and confirmed the need to consider access issues with a view to making improvements, which could include an expansion of home dialysis)
- Clarification of the long term plans around proposed changes to home dialysis, how such changes will be funded, how such changes may affect patients in the North and North–West of the City, and reasons why such arrangements had not been undertaken in the past.
(The Clinical Director and Renal Consultant responded and agreed to provide the relevant data for Board Members in this respect)
- The need for the Scrutiny Board's Statement and Recommendations and the outcome of this discussion to be given due and proper consideration at the NHS Trust Board on 20 May 2010

RESOLVED-

- a) That the content of the report, appendices and information provided at the meeting be noted.
- b) To review the decision of the LTHT Board (expected on 20 May 2010) and consider any available options for the Scrutiny Board (Health) as soon as practicable at a future meeting of the Board .

(Councillor D Congreve left the meeting at 12.15pm during discussions of the above item)

86 Date and Time of Next Meeting

Confirmation that the meeting scheduled to take place on Tuesday 27 April 2010 would be cancelled, with an alternative meeting to be held sometime after 6 May 2010 and before 27 May 2010.

It was agreed that Members of the Scrutiny Board would be consulted and advised of the arrangements as soon as practicable.

(The meeting concluded at 12.30pm)